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**Call to Order – Jenny Inker, PhD, ALFA, Board Chair**

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

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**Approval of Minutes (p. 4-14)**

- Board Meeting – March 7, 2023
- Telephonic Conferences – May 10, 2023, and May 22, 2023

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**Ordering and Approval of Agenda**

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**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.*

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**Agency Report – Arne Owens, Director**

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**Presentation (p. 16-77)**

- 2023 Workforce Report - Nursing Home Administrator and Assisted Living Facility Administrator – **Yetty Shobo, PhD, Director, and Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center**

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**Staff Reports**

- Executive Director's Report - **Corie E. Tillman Wolf, JD, Executive Director**
- Discipline Report – **Melanie Pagano, JD, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Licensing and Operations Supervisor**

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**Board Counsel Report – Brent Saunders, Senior Assistant Attorney General**

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**Committee and Board Member Reports**

- Board of Health Professions Report – **Mitch Davis, NHA**

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## **Legislative and Regulatory Report – Matt Novak, Policy and Economic Analyst (p. 79)**

- Report on Status of Regulatory Actions
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## **Board Discussion and Actions – Matt Novak, Corie Tillman Wolf (p. 81-127)**

- Initiation of the Periodic Review of Public Participation Guidelines (18VAC95-11-10 et seq.)
  - Consideration and Adoption of Proposed Amendments - Regulatory Reduction of Board Regulations Governing Nursing Home Administrators (18VAC95-20-10 et seq.) and Assisted Living Facility Administrators (18VAC 95-30-10 et. seq.)
  - Adoption of Revisions to the Electronic Meeting Policy (§2.2-3708.3)
  - Delegation of Acceptance and Signature of Consent Orders for Surrender, Suspension, and Revocation to Executive Director
  - Adoption of Guidance Document 95-1, Qualifying for Licensure: Required Content for College Coursework and Approval of Nursing Home Administrator-in-Training Training Hours
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## **Presentation**

- LeadingAge Virginia: New Advanced Certified Nurse Aide Curriculum Toolkit and Website Resources for AITs and Preceptors – **Dana Parsons, Vice President and Legislative Counsel**
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## **Board Member Recognition**

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**Next Meeting** – December 14, 2023

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## **Business Meeting Adjournment**

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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 the Code of Virginia.

# Approval of Minutes

**March 7, 2023**

The Virginia Board of Long-Term Care Administrators convened for a full board meeting on Tuesday, March 7, 2023, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room #4, Henrico, Virginia.

**BOARD MEMBERS PRESENT:**

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

**BOARD MEMBERS NOT PRESENT:**

Kimberly Brathwaite, ALFA  
Mitchell Davis, NHA

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

Erin Barrett, J.D., Director of Legislative and Regulatory Affairs  
Sarah Georgen, Licensing and Operations Supervisor  
James Jenkins, RN, Chief Deputy  
Arne W. Owens, Agency Director  
Matt Novak, Policy Analyst  
M. Brent Saunders, Senior Assistant Attorney General  
Corie E. Tillman Wolf, J.D., Executive Director  
Florence Venable, Discipline Operations Supervisor  
Heather Wright, Senior Licensing Program Coordinator

**OTHER GUESTS PRESENT**

Victor Hudleston, Administrator-in-Training  
Dana Parsons, LeadingAge Virginia  
April Payne, Virginia Health Care Association/Virginia Center for Assisted Living

**CALL TO ORDER**

Dr. Inker called the meeting to order at 10:04 a.m. and asked the Board members and staff to introduce themselves.

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

Dr. Inker read the mission of the Board, which is also the mission of the Department of Health Professions.

Dr. Inker reminded the Board members and audience about microphones, computer agenda materials, and breaks.

Ms. Tillman Wolf then read the emergency egress instructions. Due to the statewide tornado drill, she provided additional instructions regarding actions to be taken in the event of a tornado emergency.

### **APPROVAL OF MINUTES**

Dr. Inker opened the floor to any edits or corrections regarding the draft minutes for the Board meeting and formal administrative hearing held on September 9, 2022, a Legislative/Regulatory Committee meeting held on December 9, 2022, and a Telephonic Conference held on January 12, 2023. With no edits or corrections, the minutes were approved as presented.

### **ORDERING OF THE AGENDA**

Ms. Tillman Wolf noted that Mr. Davis was not in attendance and could not provide a report for the Board of Health Professions. Upon a **MOTION** by Ms. Williams properly seconded by Ms. Jackson, the Board voted to accept the agenda as amended. The motion passed unanimously (7-0).

### **PUBLIC COMMENT**

There was no public comment.

### **AGENCY REPORT – Arne W. Owens, Agency Director**

Mr. Owens introduced himself as the new agency Director.

Mr. Owens reported on the creation of a health workforce study to focus on the healthcare workforce and licensure in the Commonwealth.

Mr. Owens spoke briefly about the 2023 General Assembly session, which included four DHP bills. He stated that a separate budget item for an Earn to Learn grant program related to nursing education remained outstanding.

Mr. Owens stated that the DHP Enforcement Division was working with the DHP Administrative Proceedings Division to respond to complaints and disciplinary cases. He also said he was evaluating a strategic planning process for DHP to ensure greater internal function and performance. Additionally, he said the Conference Center was undergoing a technology update expected to be completed in April 2023.

Mr. Owens thanked the Board Members for their public service and for helping to accomplish DHP's public safety mission.

With no questions, Mr. Owens concluded his report.

## STAFF REPORTS

### *Executive Director's and Discipline Report – Corie E. Tillman Wolf, J.D., Executive Director*

#### *Board Updates*

Ms. Tillman Wolf welcomed Florence Venable as the new Discipline Operations Supervisor for the Board. She reported that the Deputy Executive Director position was currently in the hiring phase.

Ms. Tillman Wolf provided an overview of recent activities of the Board, including discussions with Virginia Commonwealth University (VCU) and LeadingAge Virginia related to resources available for Administrators-in-Training (AITs).

Ms. Tillman Wolf noted that the renewal process was ongoing and would end on March 31, 2023.

Ms. Tillman Wolf stated that additional information regarding the Board's regulatory reduction efforts and pending updates to licensure applications would be provided later in the agenda.

#### *Updates to Regulations*

Ms. Tillman Wolf provided an overview of the final regulations that became effective on December 21, 2022. She noted that these changes were based on Regulatory Advisory Panel meetings in 2019 and 2021 and included input from stakeholders. She noted that licensees were notified of the changes by email communication in December 2022.

#### *NAB Updates*

Ms. Tillman Wolf provided updates to the Board from the National Association of Long Term Care Administrator Boards (NAB) regarding resource materials that were updated to reflect the reorganized Domains of Practice. She also reported on NAB's migration to a new examination portal for exam candidates in November 2022. She also reported on the upcoming NAB Annual Meeting scheduled for June 14-16, 2023, in Columbus, Ohio. Ms. Tillman Wolf shared that NAB announced an increase in their annual membership dues beginning in Fiscal Year 2024.

#### *Expenditure and Revenue Summary as of June 30, 2022*

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of June 30, 2022.

Cash Balance as of June 30, 2021	\$265,921
YTD FY22 Revenue	\$611,915
YTD FY22 Direct & In-Direct Expenditures	\$498,166
<b>Cash Balance as of June 30, 2022</b>	<b>\$379,670</b>

#### *Discipline Report*

As of January 31, 2023, Ms. Tillman Wolf reported the following disciplinary statistics:

- 75 Patient Care Cases
  - 1 at Formal
  - 30 at Enforcement
  - 44 at Probable Cause
  - 0 at APD
- 8 Non-Patient Care Cases
  - 1 at Informal
  - 0 at Formal
  - 8 at Enforcement
  - 9 at Probable Cause
  - 0 at APD
- 1 at Compliance

Ms. Tillman Wolf reported the following Total Cases Received and Closed:

- |                   |                   |
|-------------------|-------------------|
| • Q4 2020 – 25/18 | • Q2 2022 – 26/39 |
| • Q1 2021 – 16/28 | • Q3 2022 – 19/20 |
| • Q2 2021 – 20/23 | • Q4 2022 – 19/17 |
| • Q3 2021 – 21/16 | • Q1 2023 – 23/39 |
| • Q4 2021 – 28/23 | • Q2 2023 – 14/22 |
| • Q1 2022 – 20/19 |                   |

Ms. Tillman Wolf announced that Board staff has moved to sharing disciplinary files primarily through a new electronic system called “Box.” If Board members have difficulty accessing files, please contact Board staff as we are all learning this new electronic file system.

*2023 Board Meeting Dates*

Ms. Tillman Wolf reminded Board Members of the remaining 2023 Board meeting dates.

- June 13, 2023
- September 14, 2023
- December 14, 2023

Ms. Tillman Wolf thanked members for all they do in support of the Board.

Dr. Inker requested additional information on the NAB membership increase.

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

***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	Q2 – 2023	NHA	Q2 – 2023
ALFA	654	NHA	972
ALF AIT	114	NHA AIT	97
Preceptor	216	Preceptor	223
<b>Total ALFA</b>	<b>984</b>	<b>Total NHA</b>	<b>1,292</b>

Ms. Georgen reviewed the trends of licensure counts since Q4 – 2018.

*Board Regulations Updates*

Ms. Georgen provided an overview of the Board regulations updates effective December 21, 2022, to include changes to the continuing education (CE), the AIT Program requirement, an additional pathway for ALFA licensure, and updates from the National Association of Long Term Care Administrator Boards (NAB) on the Domains of Practice, exams, and AIT resources.

Ms. Georgen stated that the Board updated their forms and FAQs based on the December 2022 updates. Further, she noted that all Board forms were updated to reflect new legislation to remove questions related to mental health conditions or impairment.

*2023 Renewals*

Ms. Georgen provided information on the 2023 renewals, including notification dates of notices to licensees.

*Customer Satisfaction*

Ms. Georgen reported on the customer satisfaction statistics for Q2 – 2022 to Q2 – 2023.

*Updates for Expense Reimbursement Vouchers*

Ms. Georgen provided information on changes to the IRS Standard Mileage Rate increase effective January 1, 2023. She provided information to the Board Members on using an optional Virginia Department of Accounts Remittance Electronic Data Interchange (REDI) system for pending deposit notifications.

With no questions, Ms. Georgen concluded her report.

**BOARD COUNSEL REPORT – M. Brent Saunders, Senior Assistant Attorney General**

Nothing to report.

**COMMITTEE AND BOARD MEMBER REPORTS**



Dr. Inker provided a report on the Legislative/Regulatory Committee meeting held on December 9, 2022. She reported that the Committee reviewed possible regulatory reductions and practical recommendations to the AIT reporting forms to reduce the burden on applicants.

## LEGISLATION AND REGULATORY ACTIONS

### *Report on Status of Regulations – Erin Barrett, Director of Legislative and Regulatory Affairs*

Ms. Barrett provided an update on pending regulatory actions and the status of bills of interest in the General Assembly. The Board briefly discussed these updates.

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

## BOARD DISCUSSION AND ACTIONS

### *Initiation of Notice of Intended Regulatory Action (NOIRA) – Board Regulations Governing Nursing Home Administrators (18VAC95-20-10 et seq.) and Assisted Living Facility Administrators (18VAC95-30-10 et seq.)*

Ms. Barrett provided an overview of the Governor’s directive regarding reducing regulations and the Legislative/Regulatory Committee’s recommendations.

Upon a **MOTION** by Ms. Hunt, properly seconded by Ms. Jackson, the Board voted to accept the Legislative/Regulatory Committee’s recommendation to initiate a NOIRA regarding the Board’s Chapter 20 and Chapter 30 Regulations (18VAC95-20-10 et seq. and 18VAC95-30-10 et seq.) as presented. The motion passed unanimously (7-0).

### *Licensee Question – “Routine Presence” of Preceptors during the COVID-19 Pandemic*

Ms. Tillman Wolf requested Board guidance regarding a licensee question about the “routine presence” requirement for a preceptor supervising the training of an assisted living facility (ALF) AIT – namely, whether the Board’s previous allowance for communication between remote preceptors and on-site AITs via video technology would still apply to satisfy the “routine presence” requirement. Ms. Tillman Wolf noted that this COVID-19 accommodation was reflected in the Board’s September 2020 minutes and posted to the Board’s website. Ms. Tillman Wolf further noted that the recent changes to the Board’s regulations in December 2022 contain language that clarifies that routine presence applies to “on-site” supervision of AITs.

After discussion, the Board stated that throughout the training experience, preceptors may augment their contact with their AITs through remote video technology, but that remote video technology cannot serve to replace the required routine presence of a preceptor for on-site supervision of the AIT’s training.

## NEXT MEETING

The next scheduled meeting date is June 13, 2023.

**ADJOURNMENT**

With all business concluded, the meeting adjourned at 11:15 p.m.

**PROBABLE CAUSE REVIEW**

Dr. Inker requested that all Board Members participate in the probable cause review of disciplinary cases after the meeting if they were not scheduled to attend the informal conference.

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Corie Tillman Wolf, J.D., Executive Director

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Date

**Unapproved**  
**VIRGINIA BOARD OF LONG-TERM CARE**  
**ADMINISTRATORS**  
**SPECIAL SESSION - MINUTES**

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**May 10, 2023**

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

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**CALL TO ORDER:**

The Board of Long-Term Care Administrators convened by telephone conference call on May 10, at 2:00 p.m. to ratify the Consent Order for case 218479. A quorum of the Board was present, with Dr. Jenny Inker, Board Chair, presiding.

**MEMBERS PRESENT:**

Lisa Kirby, NHA  
Martha Hunt, ALFA  
Kimberly Brathwaite, ALFA  
Pamela Dukes, MBA, Citizen Member  
Mitchell Davis, NHA

**DHP STAFF PRESENT:**

Corie Tillman Wolf, Executive Director  
Melanie Pagano, Deputy Executive Director  
Florence Venable, Discipline Operations Supervisor  
Sarah Georgen, Licensing Operations Supervisor

**BOARD COUNSEL:**

Brent Saunders, Assistant Attorney General

**MATTER:**

**Josiah Adam Osborn, NHA**  
**License #1701002775**  
**Case Number 218479**

**DISCUSSION:**

The Board received information from Corie Tillman Wolf regarding the Consent Order in the matter of Josiah Adam Osborn, NHA

**DECISION:**

Upon a motion by Lisa Kirby and duly seconded by Dr. Jenny Inker, the Board moved to ratify the Consent Order dated April 11, 2023, for Josiah Adam Osborn, NHA

**VOTE:**

The vote was unanimous, (6-0).

**ADJOURNMENT:**

The Committee adjourned at 2:11 p.m.

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Corie Tillman Wolf, Executive Director

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Date

**Unapproved**  
**VIRGINIA BOARD OF LONG-TERM CARE**  
**ADMINISTRATORS**  
**SPECIAL SESSION - MINUTES**

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**May 22, 2023**

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

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**CALL TO ORDER:**

The Board of Long-Term Care Administrators convened by telephone conference call on May 22, at 10:06 a.m. to accept the Consent Order for case 221758. A quorum of the Board was present, with Dr. Jenny Inker, Board Chair, presiding.

**MEMBERS PRESENT:**

Mitchell Davis NHA  
Ashley Jackson, MBA, NHA  
Kimberly Brathwaite, ALFA  
Pamela Dukes, MBA, Citizen Member  
Ali Faruk, MPA, Citizen Member

**DHP STAFF PRESENT:**

Corie Tillman Wolf, Executive Director  
Melanie Pagano, Deputy Executive Director  
Florence Venable, Discipline Operations Supervisor

**BOARD COUNSEL:**

Brent Saunders, Assistant Attorney General

**MATTER:**

**Brenda Sydnor Seal, ALFA**  
**License #1706000698**  
**Case Number 221758**

**DISCUSSION:**

The Board received information from Corie Tillman Wolf regarding the Consent Order in the matter of Brenda Sydnor Seal, ALFA

**DECISION:**

Upon a motion by Mitchell Davis and duly seconded by Dr. Jenny Inker, the Board moved to accept the Consent Order dated May 10, 2023, for Brenda Sydnor Seal, ALFA

**VOTE:**

The vote was unanimous, (6-0).

**ADJOURNMENT:**

The Committee adjourned at 10:11 a.m.

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Corie Tillman Wolf, Executive Director

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Date

# Presentation

## 2023 Workforce Report

Nursing Home Administrator  
and  
Assisted Living Facility  
Administrator

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# *Virginia's Nursing Home Administrator Workforce: 2023*

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Healthcare Workforce Data Center

May 2023

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](mailto:HWDC@dhp.virginia.gov)

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

Get a copy of this report from:

<https://www.dhp.virginia.gov/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***

**Arne W. Owens, MS**  
*Director*

**James L. Jenkins, Jr., RN**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Director*

**Barbara Hodgdon, PhD**  
*Deputy Director*

**Rajana Siva, MBA**  
*Data Analyst*

**Christopher Coyle, BA**  
*Research Assistant*

# Virginia Board of Long-Term Care Administrators

## ***Chair***

Jenny Inker, PhD, MBA, ALFA  
*Williamsburg*

## ***Vice-Chair***

Lisa Kirby, NHA  
*Suffolk*

## ***Members***

Kimberly R. Brathwaite, ALFA  
*Fairfax*

Mitchell P. Davis, NHA  
*Salem*

Pamela Dukes, MBA  
*Fincastle*

Ali Faruk, MPA  
*Richmond*

Martha H. Hunt, ALFA  
*Smithfield*

Ashley Jackson, MBA, NHA  
*Chesapeake*

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:	969
Virginia's Workforce:	757
FTEs:	813

## Background

Rural Childhood:	44%
HS Degree in VA:	55%
Prof. Degree in VA:	77%

## Current Employment

Employed in Prof.:	86%
Hold 1 Full-Time Job:	88%
Satisfied?:	93%

## Survey Response Rate

All Licensees:	83%
Renewing Practitioners:	100%

## Health Admin. Edu.

Admin-in-Training:	40%
Masters:	27%

## Job Turnover

Switched Jobs:	15%
Employed Over 2 Yrs.:	46%

## Demographics

Female:	60%
Diversity Index:	36%
Median Age:	50

## Finances

Median Inc.: \$130k-\$140k	
Retirement Benefits:	68%
Under 40 w/ Ed. Debt:	60%

## Time Allocation

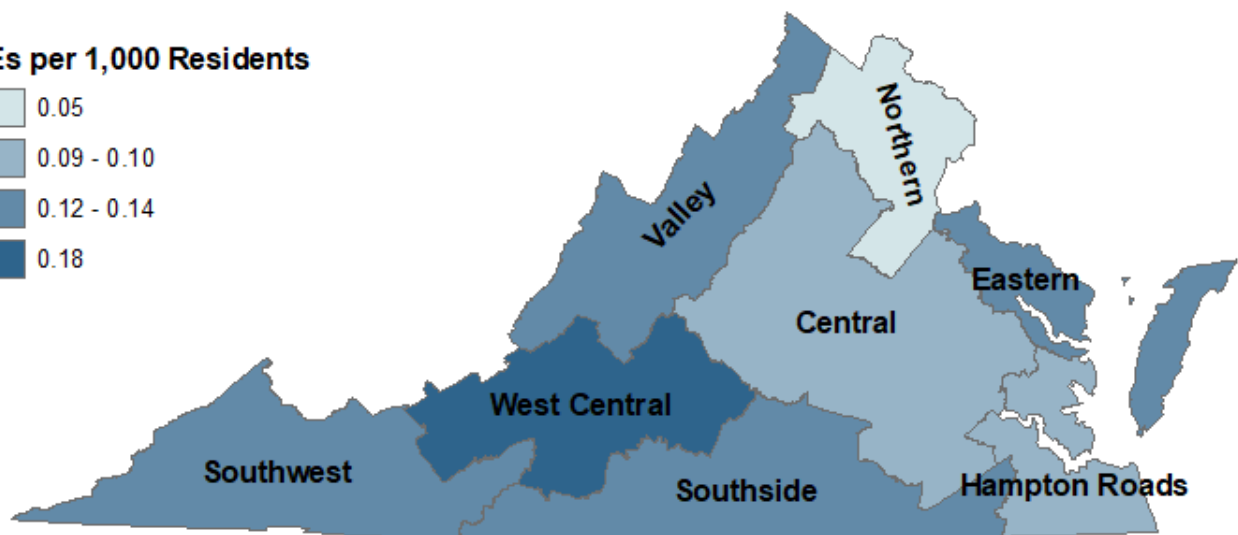
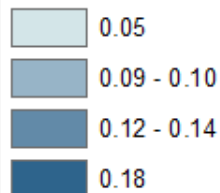
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

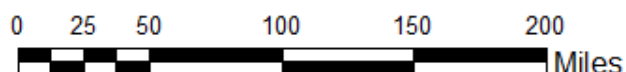
## Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2023 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 969 NHAs licensed in the state and 100% of renewing practitioners.

The HWDC estimates that 757 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 813 "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 64% of those NHAs who are under the age of 40. In a random encounter between two NHAs, there is a 36% chance that they would be of different races or ethnicities, a measure known as the diversity index. For NHAs who are under the age of 40, this diversity index increases to 44%. This makes Virginia's NHA workforce less diverse than the state's overall population, which has a comparable diversity index of 58%. More than two out of every five NHAs grew up in a rural area, and 29% of NHAs who grew up in a rural area 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, 86% are currently employed in the profession, 88% hold one full-time job, and 45% work between 40 and 49 hours per week. Nearly two-thirds of all NHAs work in the for-profit sector, while another 30% of NHAs work in the non-profit sector. Skilled nursing facilities were identified as the primary work location of 52% of all NHAs, while another 18% work at an assisted living facility. The typical NHA earns between \$130,000 and \$140,000 per year. In addition, 93% of all NHAs receive at least one employer-sponsored benefit. Among all NHAs, 93% are satisfied with their current work situation, including 59% who indicated that they are "very satisfied."

## Summary of Trends

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In this section, all statistics for the current year are compared to the 2018 NHA workforce. The number of licensed NHAs in Virginia has increased by 6% (969 vs. 916). In addition, the size of the NHA workforce has increased by 4% (757 vs. 730), but the number of FTEs provided by this workforce has remained essentially constant (813 vs. 811). Virginia's renewing NHAs are more likely to respond to this survey (100% vs. 98%).

The percentage of Virginia's NHAs who are female has increased (60% vs. 56%), and this increase is even larger among NHAs who are under the age of 40 (64% vs. 50%). Likewise, the diversity index of Virginia's NHA workforce has increased as well (36% vs. 24%), and NHAs who are under the age of 40 have seen their diversity index increase to an even greater extent (44% vs. 25%). NHAs are more likely to have grown up in a rural area (44% vs. 41%), but NHAs who grew up in a rural area are less likely to work in a non-metro area of Virginia (29% vs. 32%). 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 slightly less likely to be currently employed in the profession (86% vs. 87%) or hold one full-time job (88% vs. 89%), but they are more likely to work between 40 and 49 hours per week (45% vs. 41%). At the same time, the one-year rates of involuntary unemployment (1% vs. 4%) and underemployment (1% vs. 2%) have both fallen. Meanwhile, NHAs are less likely to have worked at their primary work location for more than two years (46% vs. 52%). NHAs have become more likely to work in the for-profit sector (65% vs. 61%) instead of the non-profit sector (30% vs. 35%).

NHAs are more likely to carry education debt (38% vs. 30%), a trend that has also occurred among NHAs who are under the age of 40 (60% vs. 49%). For those NHAs with education debt, their median debt amount has increased (\$40k-\$50k vs. \$30k-\$40k). The median annual income of NHAs has increased (\$130k-\$140k vs. \$110k-\$120k). However, NHAs are less likely to receive at least one employer-sponsored benefit (93% vs. 97%), including those NHAs with access to a retirement plan (68% vs. 78%). The percentage of NHAs who indicated that they are satisfied with their current work situation has fallen (93% vs. 94%), including those NHAs who indicated that they are "very satisfied" (59% vs. 68%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	788	81%
New Licensees	67	7%
Non-Renewals	114	12%
All Licensees	969	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing NHAs, 100% submitted a survey. These respondents represent 83% of the 969 NHAs who held a license at some point in the past year.

Definitions

- 1. The Survey Period:** The survey was conducted in March 2023.
- 2. Target Population:** All NHAs who held a Virginia license at some point between April 2022 and March 2023.
- 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
<b>By Age</b>			
Under 30	12	27	69%
30 to 34	13	57	81%
35 to 39	20	79	80%
40 to 44	17	95	85%
45 to 49	13	100	89%
50 to 54	19	141	88%
55 to 59	13	107	89%
60 and Over	58	198	77%
<b>Total</b>	<b>165</b>	<b>804</b>	<b>83%</b>
<b>New Licenses</b>			
Issued in Past Year	47	20	30%
<b>Metro Status</b>			
Non-Metro	28	108	79%
Metro	71	511	88%
Not in Virginia	66	185	74%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	804
Response Rate, All Licensees	83%
Response Rate, Renewals	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 969  
 New: 7%  
 Not Renewed: 12%

Response Rates

All Licensees: 83%  
 Renewing Practitioners: 100%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

NHA Workforce: 757  
 FTEs: 813

### Utilization Ratios

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

Source: Va. Healthcare Workforce Data Center

## Definitions

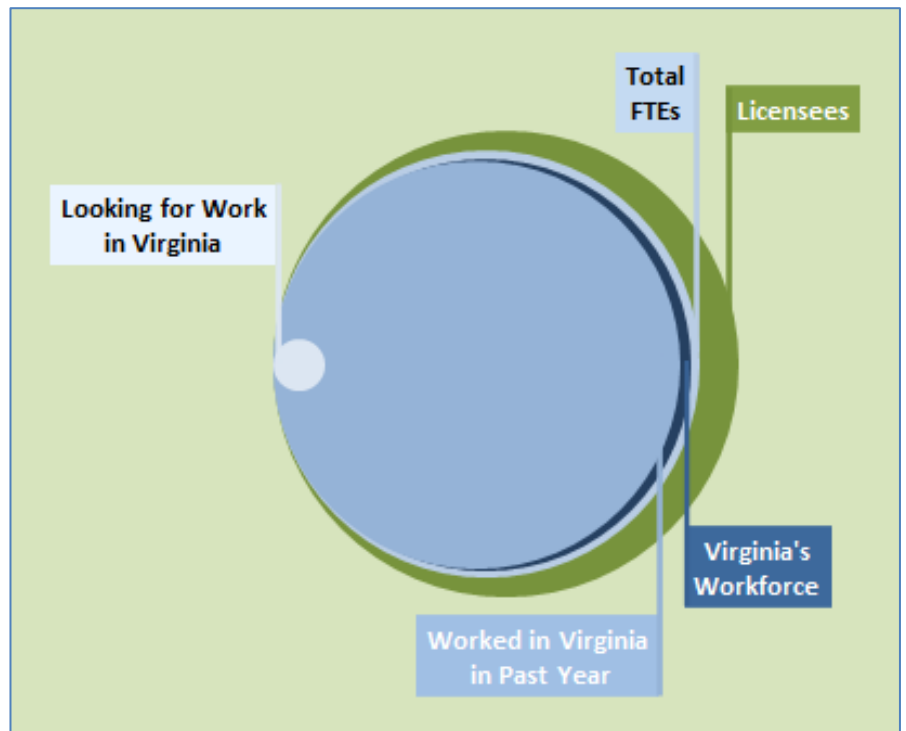
- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline 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	745	98%
Looking for Work in Virginia	12	2%
Virginia's Workforce	757	100%
Total FTEs	813	
Licensees	969	

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	13	39%	20	61%	33	5%
30 to 34	18	31%	39	69%	57	9%
35 to 39	29	39%	45	61%	73	11%
40 to 44	44	52%	40	48%	85	13%
45 to 49	20	26%	57	74%	76	12%
50 to 54	38	36%	67	64%	105	16%
55 to 59	36	42%	50	58%	86	13%
60 and Over	69	47%	76	53%	145	22%
<b>Total</b>	<b>266</b>	<b>40%</b>	<b>393</b>	<b>60%</b>	<b>660</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	60%	521	78%	121	72%
Black	19%	105	16%	32	19%
Asian	7%	8	1%	3	2%
Other Race	0%	1	0%	1	1%
Two or More Races	3%	16	2%	5	3%
Hispanic	10%	13	2%	6	4%
<b>Total</b>	<b>100%</b>	<b>664</b>	<b>100%</b>	<b>168</b>	<b>100%</b>

\*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, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 60%  
% Under 40 Female: 64%

**Age**

Median Age: 50  
% Under 40: 25%  
% 55 and Over: 35%

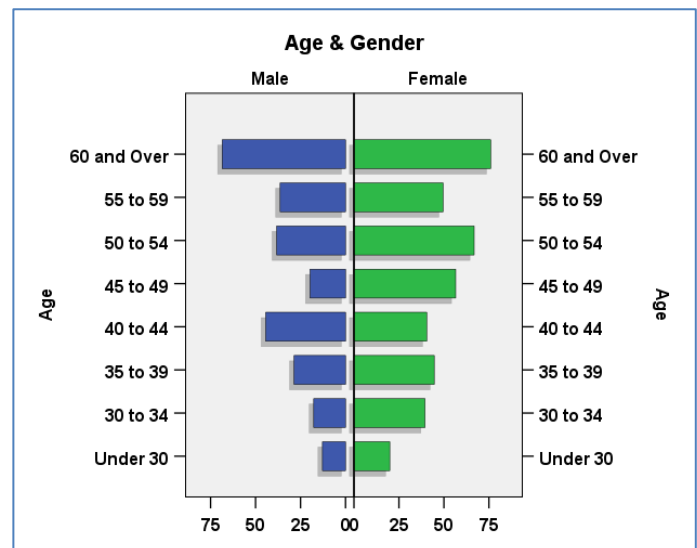
**Diversity**

Diversity Index: 36%  
Under 40 Div. Index: 44%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two NHAs, there is a 36% 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 58%.

One-quarter of all NHAs are under the age of 40, and 64% of NHAs who are under the age of 40 are female. In addition, the diversity index among NHAs who are under the age of 40 is 44%.



Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Childhood

Urban Childhood: 13%  
 Rural Childhood: 44%

### Virginia Background

HS in Virginia: 55%  
 Prof. Edu. in VA: 77%  
 HS or Prof. Edu. in VA: 81%

### Location Choice

% Rural to Non-Metro: 29%  
 % Urban/Suburban to Non-Metro: 8%

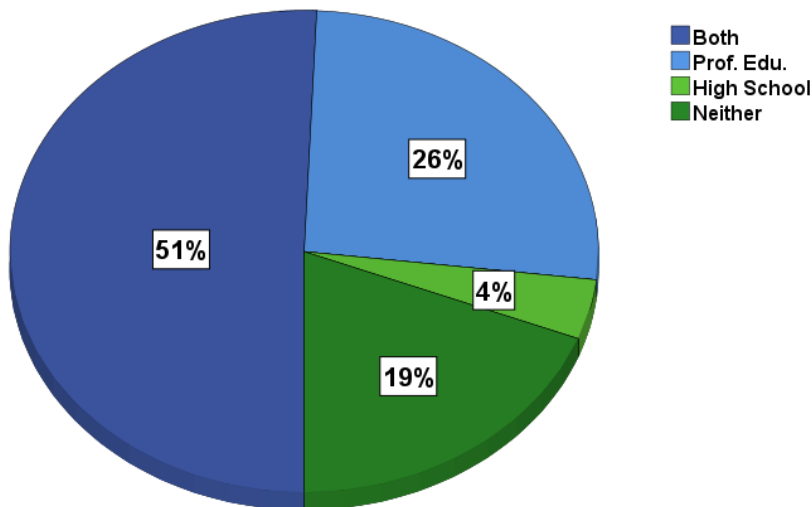
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	30%	52%	18%
2	Metro, 250,000 to 1 Million	47%	44%	8%
3	Metro, 250,000 or Less	61%	33%	7%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	65%	35%	0%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	75%	20%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	86%	9%	5%
8	Rural, Metro Adjacent	65%	35%	0%
9	Rural, Non-Adjacent	70%	10%	20%
<b>Overall</b>		<b>44%</b>	<b>44%</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than two out of every five NHAs grew up in a rural area, and 29% of NHAs who grew up in a rural area 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	365	Virginia	482
2	West Virginia	35	Ohio	16
3	New York	34	North Carolina	16
4	Ohio	29	West Virginia	15
5	Outside U.S./Canada	23	Maryland	14
6	North Carolina	22	New York	7
7	Pennsylvania	21	Texas	7
8	New Jersey	18	Florida	6
9	Maryland	16	Pennsylvania	6
10	Tennessee	12	New Jersey	5

Source: Va. Healthcare Workforce Data Center

*Among all NHAs, 55% received their high school degree in Virginia, and 77% received their initial professional degree in the state.*

*Among NHAs who have been licensed in the past five years, 50% received their high school degree in Virginia, and 73% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	109	Virginia	150
2	West Virginia	17	West Virginia	8
3	Ohio	12	North Carolina	8
4	North Carolina	11	Ohio	6
5	Outside U.S./Canada	8	Florida	6
6	New York	6	Texas	5
7	California	5	Maryland	3
8	Florida	5	California	3
9	Maryland	5	Oklahoma	2
10	New Jersey	5	New York	2

Source: Va. Healthcare Workforce Data Center

*More than one-fifth of all licensees were not a part of Virginia's NHA workforce. More than 90% 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:	212
% of Licensees:	22%
Federal/Military:	0%
VA Border State/DC:	12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		Degree in All Fields	
	#	%	#	%
No Specific Training	30	5%	-	-
Admin-in-Training	259	40%	-	-
High School/GED	-	-	3	0%
Associate	19	3%	47	7%
Baccalaureate	135	21%	295	45%
Graduate Cert.	11	2%	13	2%
Masters	175	27%	284	43%
Doctorate	9	1%	16	2%
Other	17	3%	-	-
<b>Total</b>	<b>655</b>	<b>100%</b>	<b>659</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

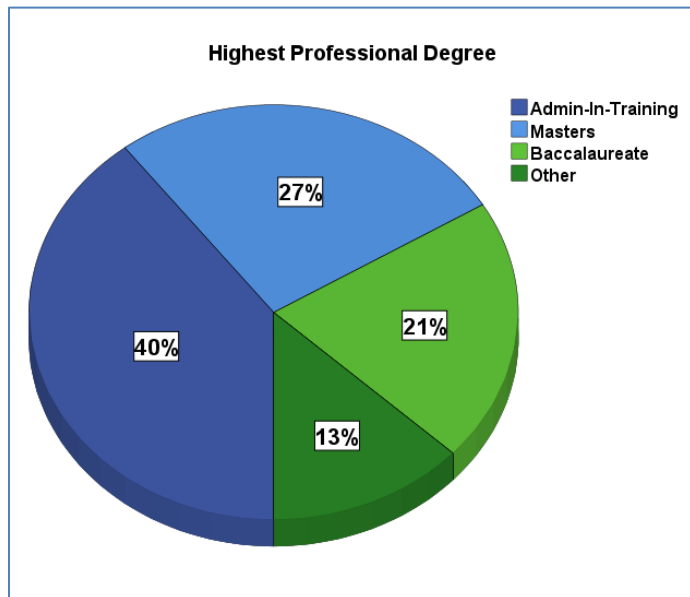
### At a Glance:

**Health Admin. Education**  
 Admin-in-Training: 40%  
 Master's Degree: 27%  
 Baccalaureate Degree: 21%

**Education Debt**  
 Carry Debt: 38%  
 Under Age 40 w/ Debt: 60%  
 Median Debt: \$40k-\$50k

Source: Va. Healthcare Workforce Data Center

Nearly two out of every five NHAs carry education debt, including 60% 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	346	62%	59	40%
Less than \$10,000	36	6%	13	9%
\$10,000-\$19,999	20	4%	10	7%
\$20,000-\$29,999	23	4%	11	8%
\$30,000-\$39,999	16	3%	5	3%
\$40,000-\$49,999	24	4%	9	6%
\$50,000-\$59,999	20	4%	9	6%
\$60,000-\$69,999	17	3%	8	5%
\$70,000-\$79,999	12	2%	7	5%
\$80,000-\$89,999	5	1%	1	1%
\$90,000-\$99,999	9	2%	5	3%
\$100,000 or More	33	6%	9	6%
<b>Total</b>	<b>560</b>	<b>100%</b>	<b>146</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Licenses/Registrations

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

### Job Titles

Administrator:	44%
Executive Director:	13%
President/Exec. Officer:	10%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Licenses and Registrations		
License/Registration	#	%
Nursing Home Administrator	653	86%
Nurse (RN or LPN)	103	14%
ALF Administrator	29	4%
Certified Nursing Assistant	10	1%
Registered Medication Aide	6	1%
Occupational Therapist	3	0%
Physical Therapist	3	0%
Speech-Language Pathologist	3	0%
Respiratory Therapist	1	0%
Other	37	5%
<b>At Least One License</b>	<b>661</b>	<b>87%</b>

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
Administrator	332	44%	45	6%
Executive Director	100	13%	17	2%
President or Executive Officer	79	10%	9	1%
Assistant Administrator	15	2%	4	1%
Owner	9	1%	1	0%
Other	112	115%	21	3%
<b>At Least One Title</b>	<b>598</b>	<b>79%</b>	<b>90</b>	<b>12%</b>

Source: Va. Healthcare Workforce Data Center

*More than 40% of NHAs hold the title of administrator at their primary work location. Another 13% hold the title of executive director.*

## At a Glance:

### Employment

Employed in Profession: 86%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-Time: 88%  
2 or More Positions: 5%

### Weekly Hours:

40 to 49: 45%  
60 or More: 15%  
Less than 30: 2%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	0	0%
Employed in a Capacity Related to Long-Term Care	569	86%
Employed, NOT in a Capacity Related to Long-Term Care	64	10%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	4	1%
Voluntarily Unemployed	12	2%
Retired	11	2%
<b>Total</b>	<b>661</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*In total, 86% of all NHAs are currently employed in the profession, 88% hold one full-time job, and 45% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	27	4%
One Part-Time Position	18	3%
Two Part-Time Positions	4	1%
One Full-Time Position	576	88%
One Full-Time Position & One Part-Time Position	23	4%
Two Full-Time Positions	2	0%
More than Two Positions	2	0%
<b>Total</b>	<b>652</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	27	4%
1 to 9 Hours	5	1%
10 to 19 Hours	8	1%
20 to 29 Hours	2	0%
30 to 39 Hours	15	2%
40 to 49 Hours	289	45%
50 to 59 Hours	205	32%
60 to 69 Hours	64	10%
70 to 79 Hours	16	2%
80 or More Hours	16	2%
<b>Total</b>	<b>647</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	6	1%
Less than \$60,000	29	6%
\$60,000-\$69,999	15	3%
\$70,000-\$79,999	19	4%
\$80,000-\$89,999	11	2%
\$90,000-\$99,999	28	5%
\$100,000-\$109,999	40	8%
\$110,000-\$119,999	51	10%
\$120,000-\$129,999	57	11%
\$130,000-\$139,999	74	14%
\$140,000-\$149,999	58	11%
\$150,000-\$159,999	37	7%
\$160,000 or More	99	19%
<b>Total</b>	<b>522</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$130k-\$140k

**Benefits**  
Paid Vacation: 90%  
Employer Retirement: 68%

**Satisfaction**  
Satisfied: 93%  
Very Satisfied: 59%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	511	90%
Dental Insurance	444	78%
Paid Sick Leave	426	75%
Retirement	386	68%
Group Life Insurance	373	66%
Signing/Retention Bonus	94	17%
<b>At Least One Benefit</b>	<b>528</b>	<b>93%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

*The median annual income for NHAs is between \$130,000 and \$140,000. In addition, 93% of NHAs receive at least one employer-sponsored benefit, including 68% who have access to a retirement plan.*

*More than nine out of every ten NHAs are satisfied with their current work situation, including 59% who indicated that they are "very satisfied."*

Job Satisfaction		
Level	#	%
<b>Very Satisfied</b>	381	59%
<b>Somewhat Satisfied</b>	217	34%
<b>Somewhat Dissatisfied</b>	34	5%
<b>Very Dissatisfied</b>	12	2%
<b>Total</b>	<b>644</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	10	1%
Experience Voluntary Unemployment?	37	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	10	1%
Work Two or More Positions at the Same Time?	49	6%
Switch Employers or Practices?	111	15%
<b>Experience At Least One?</b>	<b>173</b>	<b>23%</b>

Source: Va. Healthcare Workforce Data Center

*Among all NHAs, 1% experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.<sup>1</sup>*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 1%

**Turnover & Tenure**

Switched Jobs: 15%  
New Location: 33%  
Over 2 Years: 46%  
Over 2 Yrs., 2<sup>nd</sup> Location: 38%

Source: Va. Healthcare Workforce Data Center

**Location Tenure**

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	15	2%	15	17%
Less than 6 Months	69	11%	11	13%
6 Months to 1 Year	118	19%	12	14%
1 to 2 Years	137	22%	16	18%
3 to 5 Years	112	18%	17	20%
6 to 10 Years	80	13%	9	10%
More than 10 Years	98	16%	7	8%
<b>Subtotal</b>	<b>629</b>	<b>100%</b>	<b>87</b>	<b>100%</b>
Did Not Have Location	12		657	
Item Missing	117		12	
<b>Total</b>	<b>757</b>		<b>757</b>	

Source: Va. Healthcare Workforce Data Center

*Among all NHAs, 46% have worked at their primary location for more than two years.*

<sup>1</sup> 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 2.4% and a high of 3.3%. At the time of publication, the unemployment rate from March 2023 was still preliminary.

## At a Glance:

### Concentration

Top Region:	21%
Top 3 Regions:	59%
Lowest Region:	3%

### Locations

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

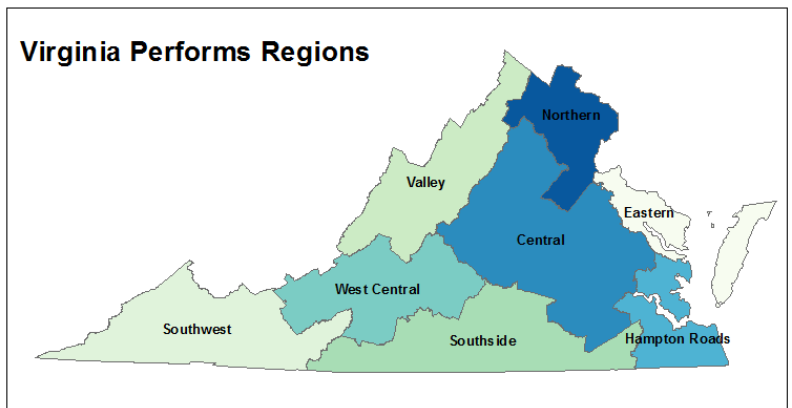
Source: Va. Healthcare Workforce Data Center

Nearly three out of every five NHAs work in Central Virginia, Hampton Roads, or Northern Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	133	21%	17	19%
Eastern	17	3%	2	2%
Hampton Roads	125	20%	19	22%
Northern	118	19%	20	23%
Southside	38	6%	4	5%
Southwest	37	6%	2	2%
Valley	55	9%	5	6%
West Central	104	16%	14	16%
Virginia Border State/D.C.	0	0%	0	0%
Other U.S. State	5	1%	5	6%
Outside of the U.S.	0	0%	0	0%
<b>Total</b>	<b>632</b>	<b>100%</b>	<b>88</b>	<b>100%</b>
Item Missing	113		9	

Source: Va. Healthcare Workforce Data Center



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	12	2%	21	3%
1	528	83%	543	85%
2	67	11%	52	8%
3	21	3%	15	2%
4	4	1%	1	0%
5	0	0%	0	0%
6 or More	5	1%	3	1%
<b>Total</b>	<b>636</b>	<b>100%</b>	<b>636</b>	<b>100%</b>

\*At the time of survey completion, March 2023.

Source: Va. Healthcare Workforce Data Center



A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	393	65%	63	73%
<b>Non-Profit</b>	180	30%	18	21%
<b>State/Local Government</b>	27	4%	5	6%
<b>Veterans Administration</b>	1	0%	0	0%
<b>U.S. Military</b>	0	0%	0	0%
<b>Other Federal Government</b>	0	0%	0	0%
<b>Total</b>	<b>601</b>	<b>100%</b>	<b>86</b>	<b>100%</b>
<b>Did Not Have Location</b>	12		657	
<b>Item Missing</b>	144		13	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

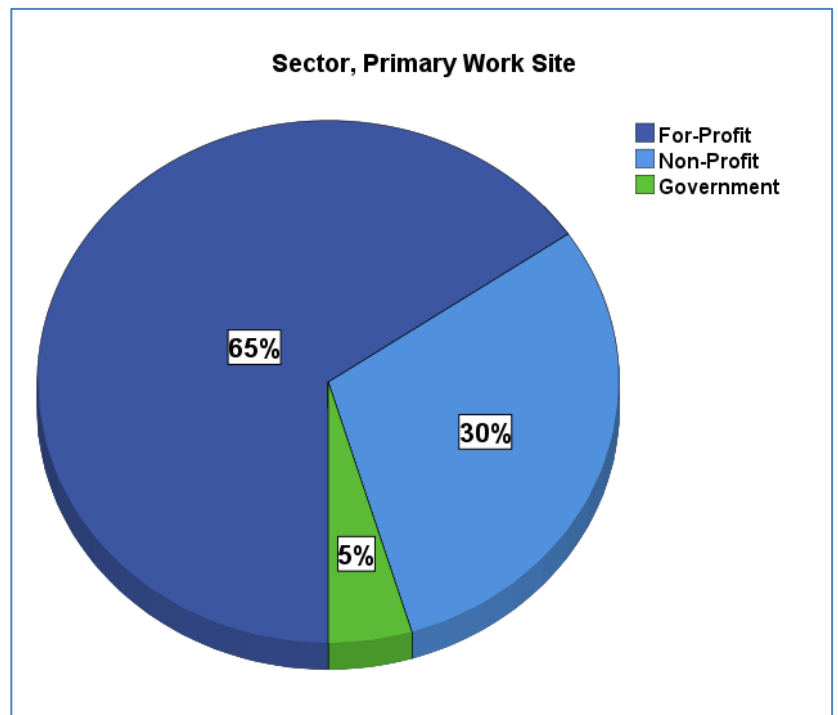
For-Profit:	65%
Federal:	0%

**Top Establishments**

Skilled Nursing Facility:	52%
Assisted Living Facility:	18%
Continuing Care	
Retirement Community:	14%

Source: Va. Healthcare Workforce Data Center

*Nearly two-thirds of all NHAs work in the for-profit sector, while another 30% work in the non-profit sector.*



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	394	52%	54	7%
Assisted Living Facility	135	18%	18	2%
Continuing Care Retirement Community	107	14%	6	1%
Acute Care/Rehabilitative Facility	31	4%	3	0%
Hospice	18	2%	0	0%
Home/Community Health Care	16	2%	1	0%
Adult Day Care	7	1%	0	0%
Academic Institution	5	1%	5	1%
PACE	2	0%	0	0%
Other Practice Type	63	8%	12	2%
<b>At Least One Establishment</b>	<b>621</b>	<b>82%</b>	<b>89</b>	<b>12%</b>

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	332	59%	46	54%
Independent/Stand Alone	162	29%	17	20%
Hospital-Based	25	4%	7	8%
Integrated Health System (Veterans Administration, Large Health System)	8	1%	5	6%
College or University	1	0%	5	6%
Other	33	6%	5	6%
<b>Total</b>	<b>561</b>	<b>100%</b>	<b>85</b>	<b>100%</b>
Did Not Have Location	12		657	
Item Missing	184		14	

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five NHAs work at a facility chain organization as their primary work location. Another 29% of NHAs are employed at an independent/stand-alone organization.

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	26%
French:	10%
Chinese:	10%

### Means of Communication

Virtual Translation:	67%
Other Staff Members:	42%
Onsite Translation:	17%

Source: Va. Healthcare Workforce Data Center

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

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	197	26%
French	79	10%
Chinese	72	10%
Korean	70	9%
Vietnamese	59	8%
Arabic	58	8%
Hindi	54	7%
Tagalog/Filipino	52	7%
Persian	44	6%
Pashto	40	5%
Urdu	39	5%
Amharic, Somali, or Other Afro-Asiatic Languages	37	5%
Others	39	5%
<b>At Least One Language</b>	<b>223</b>	<b>29%</b>

Source: Va. Healthcare Workforce Data Center

## Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	149	67%
Other Staff Member is Proficient	94	42%
Onsite Translation Service	37	17%
Respondent is Proficient	22	10%
Other	13	6%

Source: Va. Healthcare Workforce Data Center

*Two-thirds of all NHAs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.*

## At a Glance: (Primary Locations)

### Typical Time Allocation

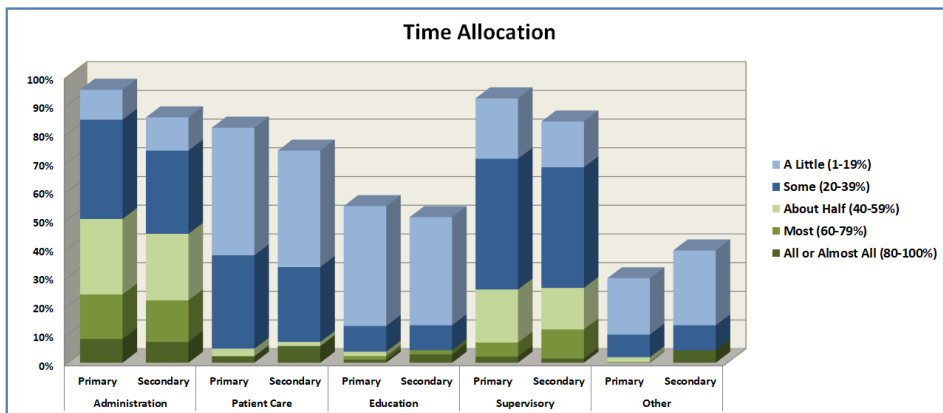
Administration: 40%-49%  
 Supervisory: 20%-29%  
 Patient Care: 10%-19%  
 Education: 1%-9%

### Roles

Administration: 24%  
 Supervisory: 7%  
 Patient Care: 2%  
 Education: 2%

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, nearly 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	
<b>All or Almost All (80-100%)</b>	8%	7%	2%	6%	1%	3%	2%	1%	0%	4%	
<b>Most (60-79%)</b>	16%	14%	0%	0%	1%	1%	5%	10%	0%	0%	
<b>About Half (40-59%)</b>	26%	23%	3%	1%	1%	0%	19%	14%	2%	0%	
<b>Some (20-39%)</b>	35%	29%	33%	26%	9%	9%	46%	42%	8%	9%	
<b>A Little (1-19%)</b>	10%	12%	44%	41%	42%	38%	21%	16%	20%	26%	
<b>None (0%)</b>	5%	14%	18%	26%	45%	49%	8%	16%	70%	61%	

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
<b>None</b>	55	11%	14	17%
<b>1-24</b>	16	3%	1	1%
<b>25-49</b>	21	4%	8	10%
<b>50-74</b>	53	11%	13	16%
<b>75-99</b>	66	13%	9	11%
<b>100-124</b>	98	20%	13	16%
<b>125-149</b>	51	10%	11	13%
<b>150-174</b>	30	6%	2	2%
<b>175-199</b>	29	6%	7	8%
<b>200-224</b>	8	2%	1	1%
<b>225-249</b>	3	1%	0	0%
<b>250-274</b>	0	0%	0	0%
<b>275-299</b>	2	0%	0	0%
<b>300 or More</b>	64	13%	4	5%
<b>Total</b>	<b>497</b>	<b>100%</b>	<b>83</b>	<b>100%</b>

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: 50-100

Source: Va. Healthcare Workforce Data Center

Resident Capacity				
# of Beds	Primary Location		Secondary Location	
	#	%	#	%
<b>Not Applicable</b>	64	10%	15	17%
<b>10 or Less</b>	4	1%	1	1%
<b>10-25</b>	0	0%	0	0%
<b>25-50</b>	29	5%	6	7%
<b>50-100</b>	143	23%	25	29%
<b>100-150</b>	201	33%	23	27%
<b>150-250</b>	96	16%	14	16%
<b>More than 250</b>	75	12%	2	2%
<b>Total</b>	<b>612</b>	<b>100%</b>	<b>86</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	24	4%	-	-
<b>50 to 54</b>	20	3%	5	2%
<b>55 to 59</b>	55	10%	18	6%
<b>60 to 64</b>	123	21%	57	20%
<b>65 to 69</b>	231	40%	137	47%
<b>70 to 74</b>	74	13%	46	16%
<b>75 to 79</b>	15	3%	10	3%
<b>80 or Over</b>	1	0%	0	0%
<b>I Do Not Intend to Retire</b>	31	5%	16	6%
<b>Total</b>	<b>574</b>	<b>100%</b>	<b>289</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Retirement Expectations

**All NHAs**

Under 65: 39%  
Under 60: 17%

**NHAs 50 and Over**

Under 65: 28%  
Under 60: 8%

Time Until Retirement

Within 2 Years: 9%  
Within 10 Years: 28%  
Half the Workforce: By 2043

Source: Va. Healthcare Workforce Data Center

*Nearly 40% of all NHAs expect to retire before the age of 65. Among NHAs who are age 50 and over, 28% expect to retire by the age of 65.*

*Within the next two years, 14% of NHAs expect to begin accepting Administrators-in-Training, and 9% of NHAs expect to pursue additional educational opportunities.*

**Future Plans**

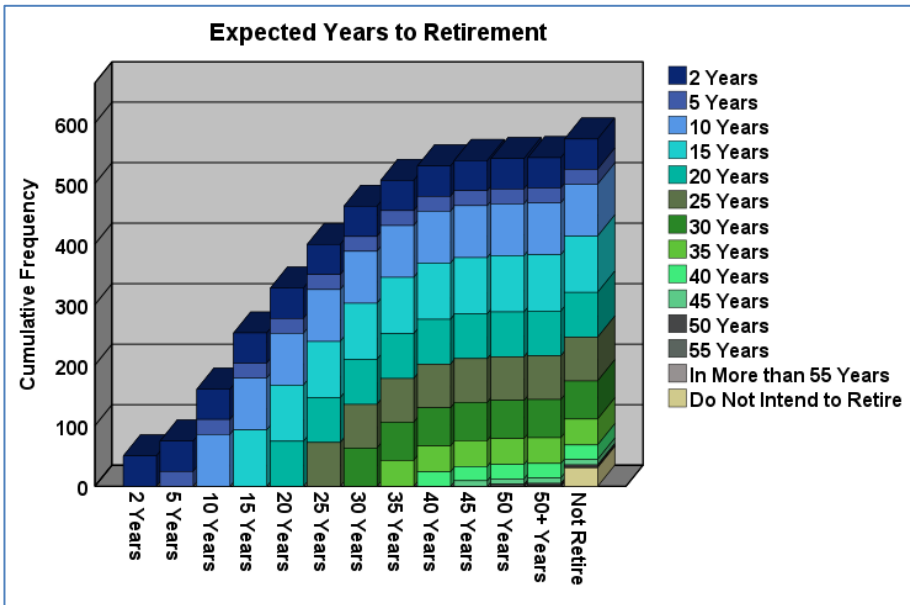
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	43	6%
<b>Leave Virginia</b>	39	5%
<b>Decrease Patient Care Hours</b>	56	7%
<b>Decrease Teaching Hours</b>	3	0%
<b>Cease Accepting Trainees</b>	4	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	48	6%
<b>Increase Teaching Hours</b>	37	5%
<b>Pursue Additional Education</b>	71	9%
<b>Return to the Workforce</b>	6	1%
<b>Begin Accepting Trainees</b>	106	14%

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, 28% expect to retire within the next decade. More than half of the current NHA workforce expect to retire by 2043.

Time to Retirement			
Expect to Retire Within...	#	%	Cumulative %
2 Years	50	9%	9%
5 Years	25	4%	13%
10 Years	86	15%	28%
15 Years	93	16%	44%
20 Years	74	13%	57%
25 Years	72	13%	70%
30 Years	63	11%	81%
35 Years	43	7%	88%
40 Years	24	4%	92%
45 Years	9	2%	94%
50 Years	3	1%	94%
55 Years	0	0%	94%
In More than 55 Years	2	0%	95%
Do Not Intend to Retire	31	5%	100%
<b>Total</b>	<b>574</b>	<b>100%</b>	

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 2033. Retirement will peak at 16% of the current workforce around 2038 before declining to under 10% again by 2058.

## At a Glance:

### FTEs

Total: 813  
 FTEs/1,000 Residents<sup>2</sup>: .094  
 Average: 1.09

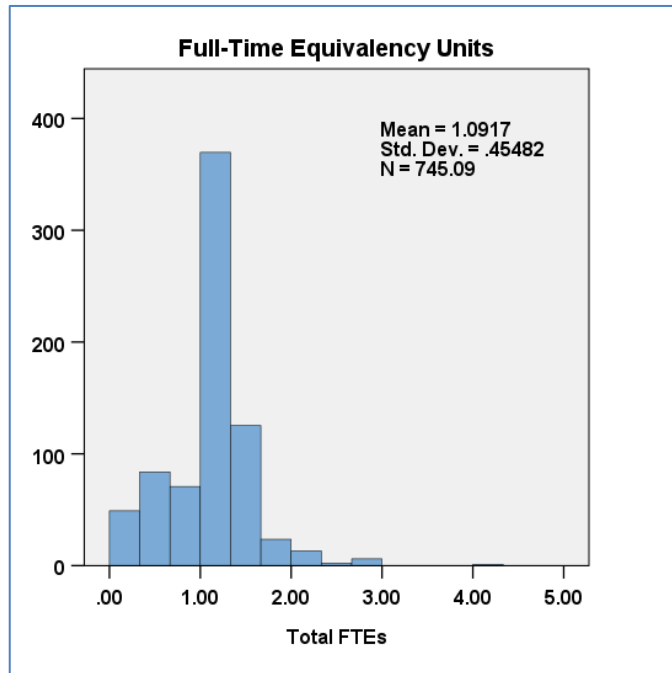
### Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

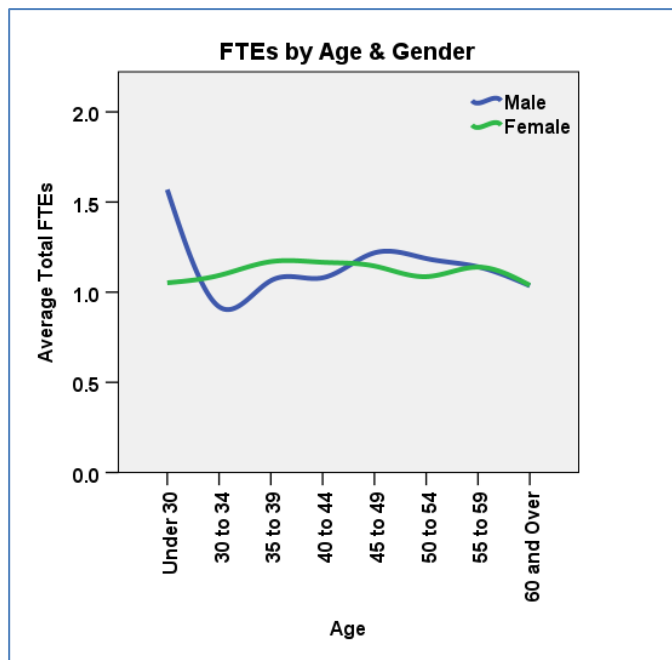


Source: Va. Healthcare Workforce Data Center

The typical NHA provided 1.09 FTEs in the past year, or approximately 44 hours per week for 50 weeks. Statistical tests did not indicate that FTEs vary by either age or gender.

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	1.25	1.13
30 to 34	1.05	1.09
35 to 39	1.12	1.18
40 to 44	1.12	1.15
45 to 49	1.15	1.09
50 to 54	1.12	1.09
55 to 59	1.13	1.18
60 and Over	0.97	1.08
Gender		
Male	1.12	1.15
Female	1.11	1.18

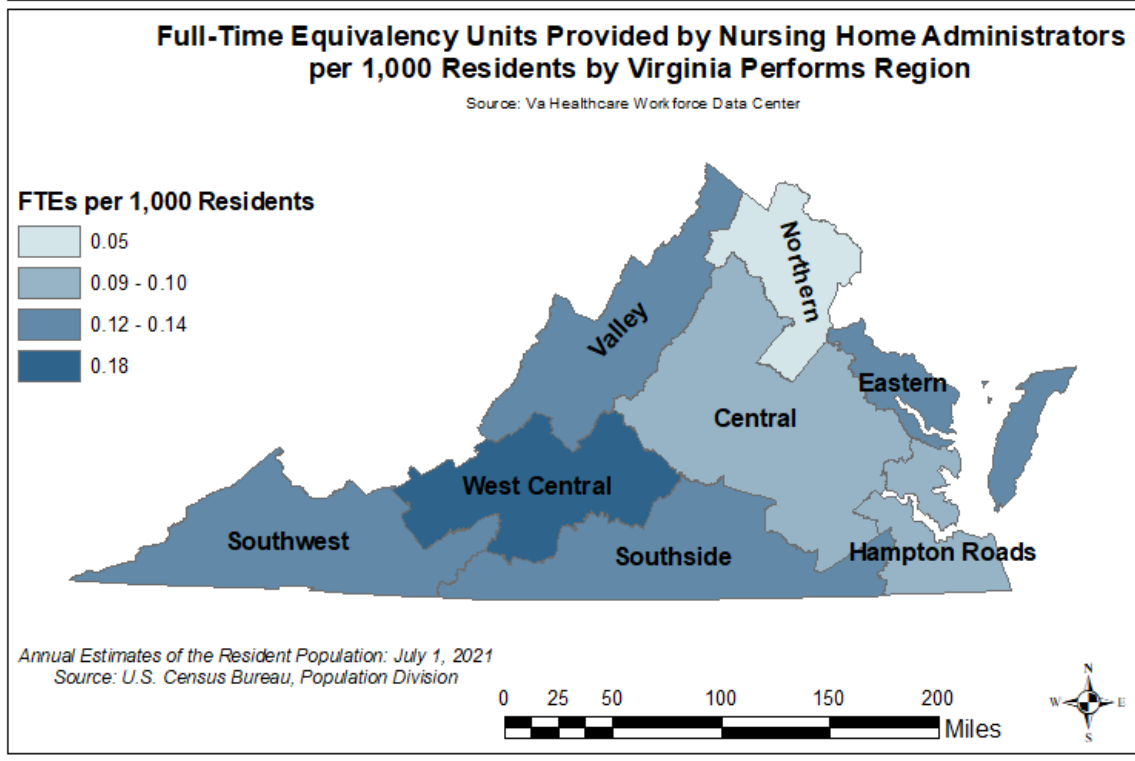
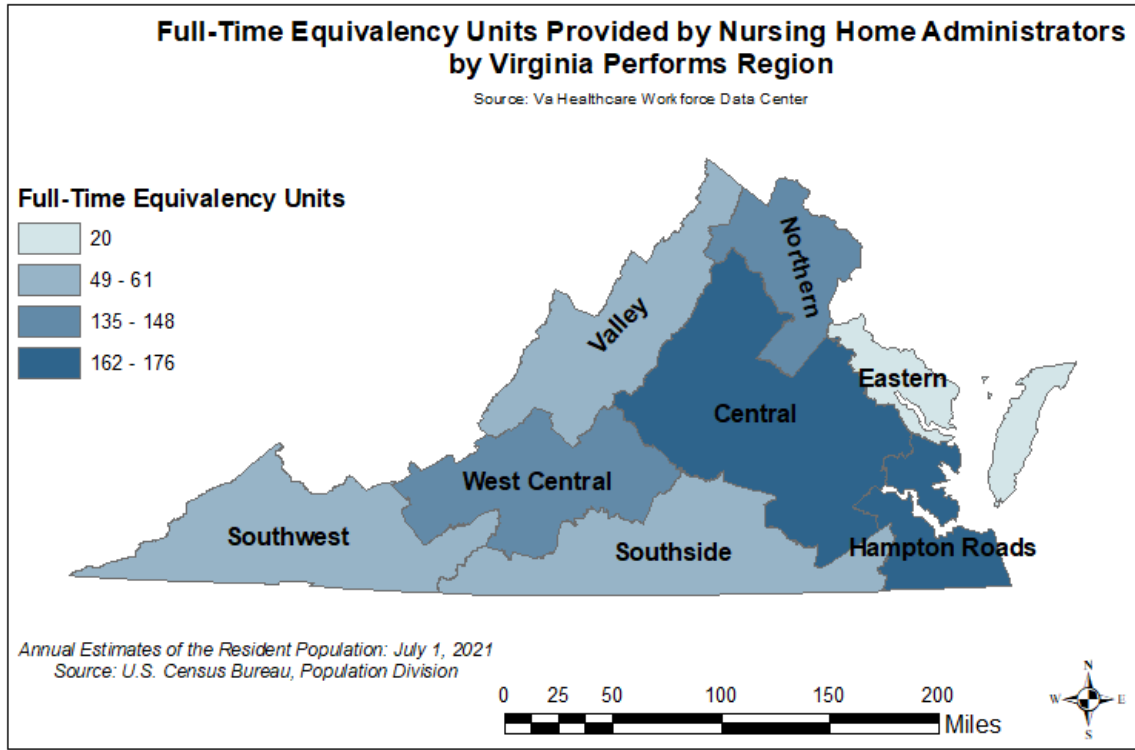
Source: Va. Healthcare Workforce Data Center

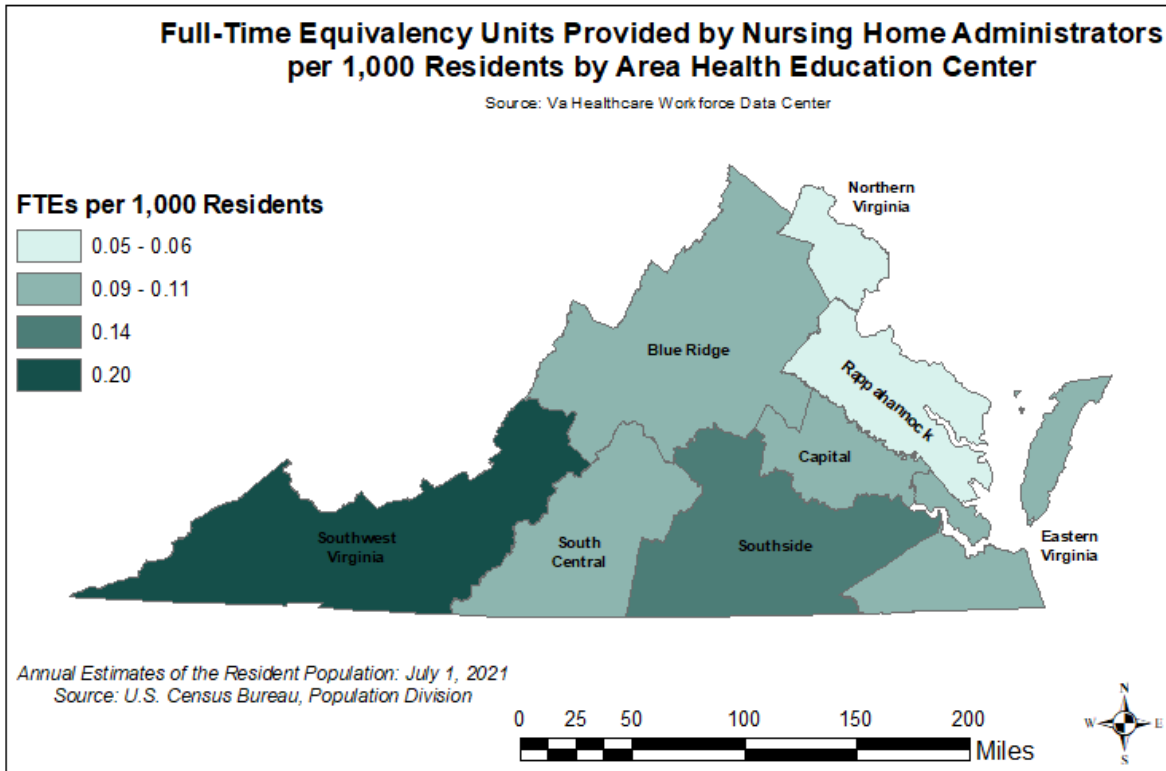
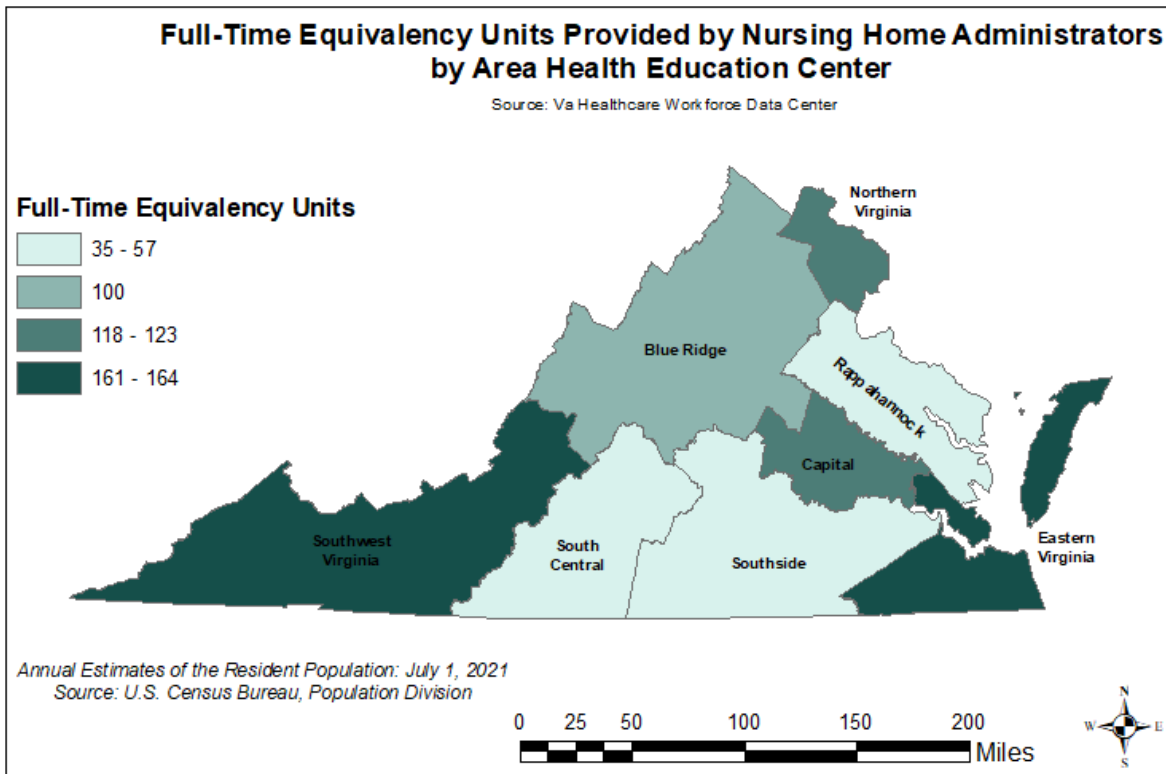


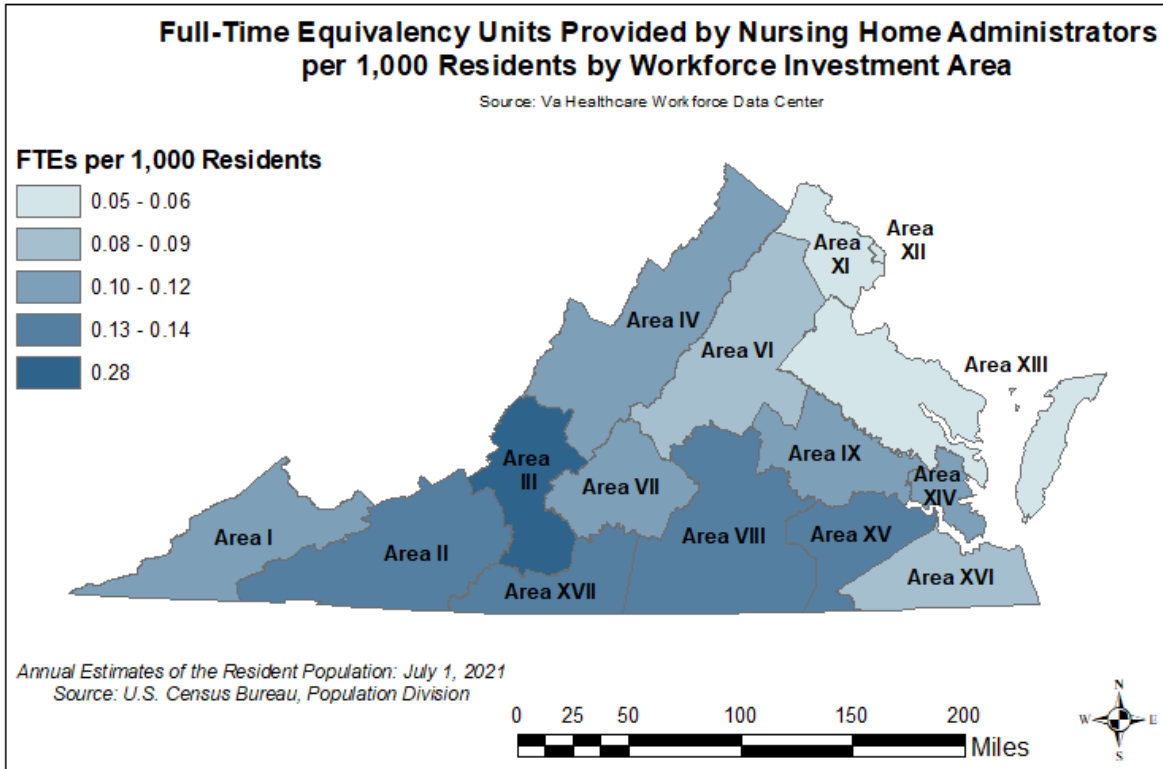
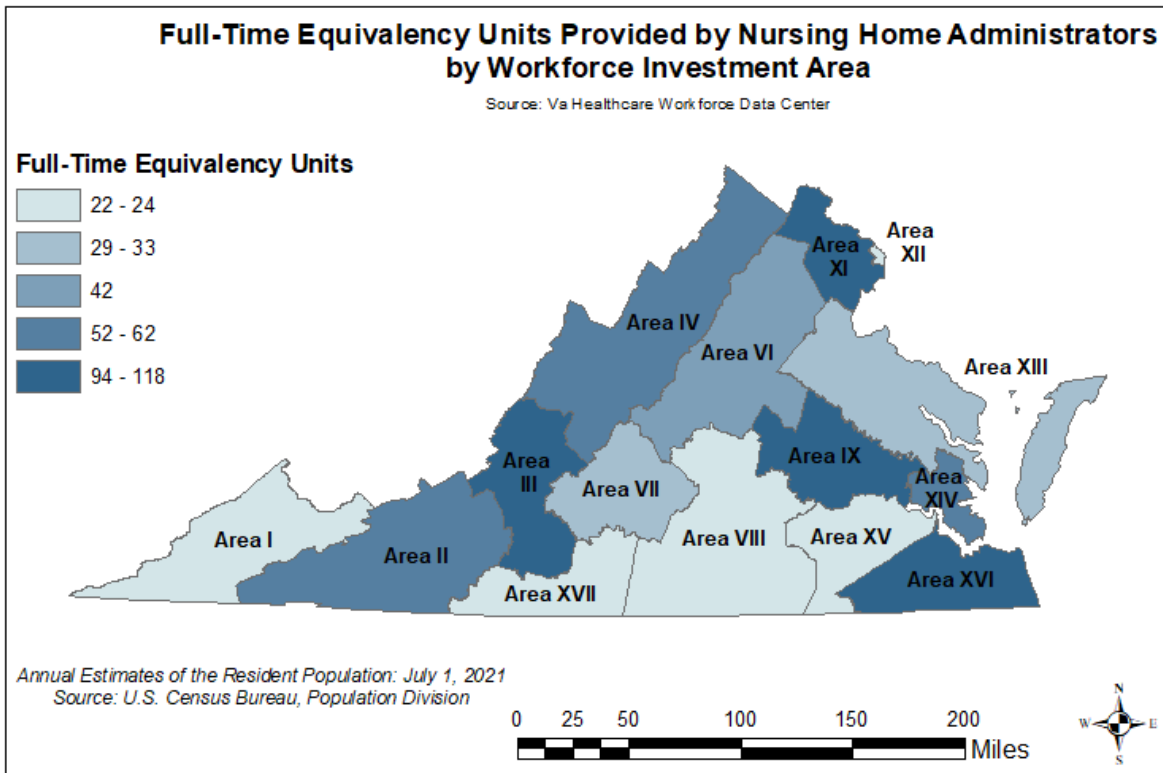
Source: Va. Healthcare Workforce Data Center

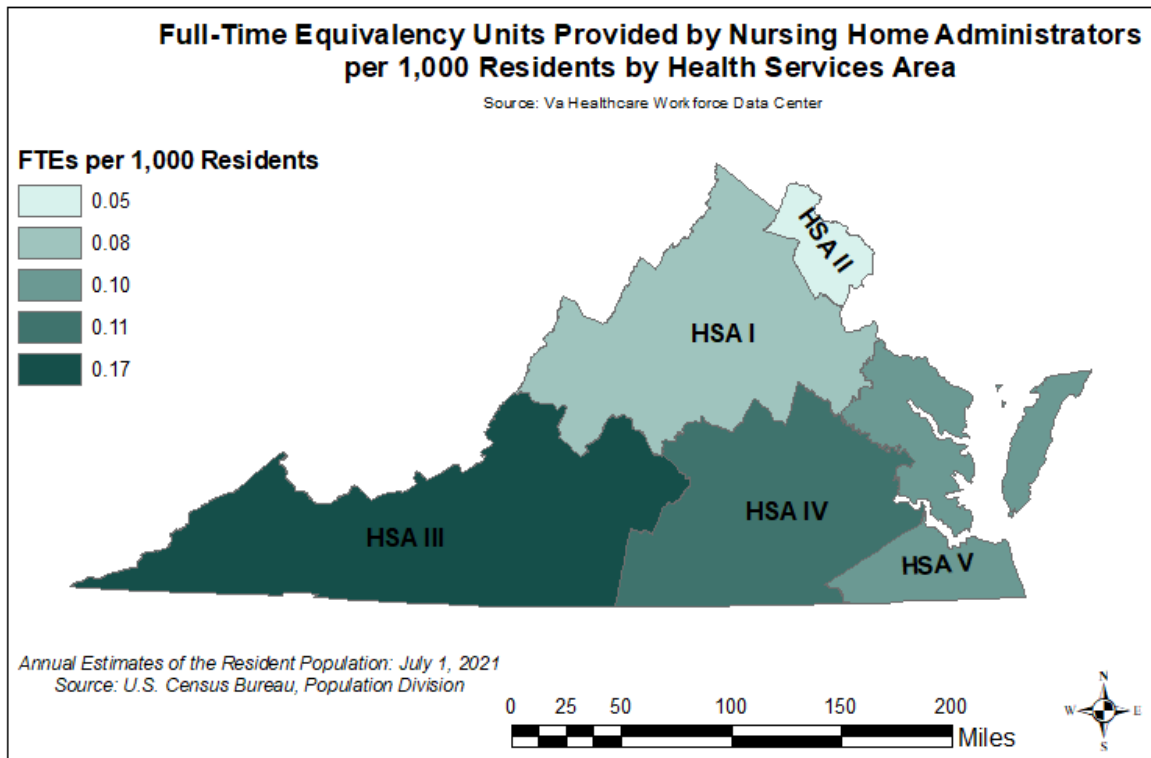
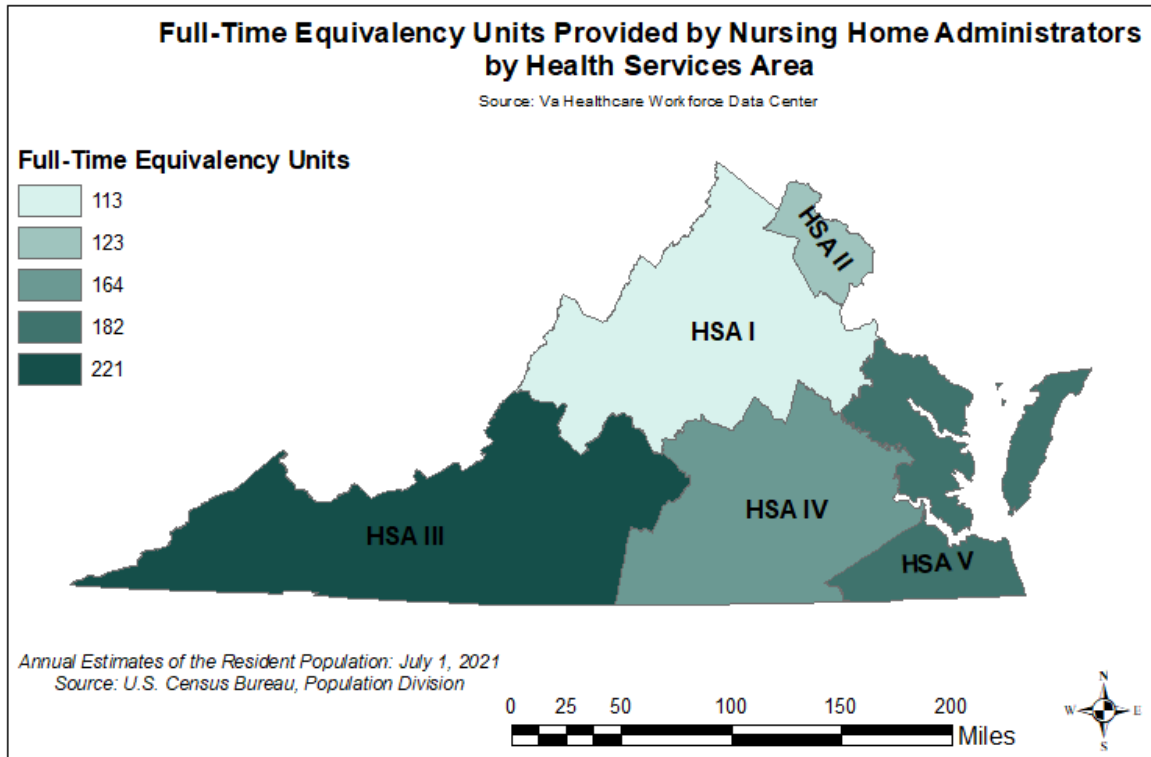
<sup>2</sup> Number of residents in 2021 was used as the denominator.

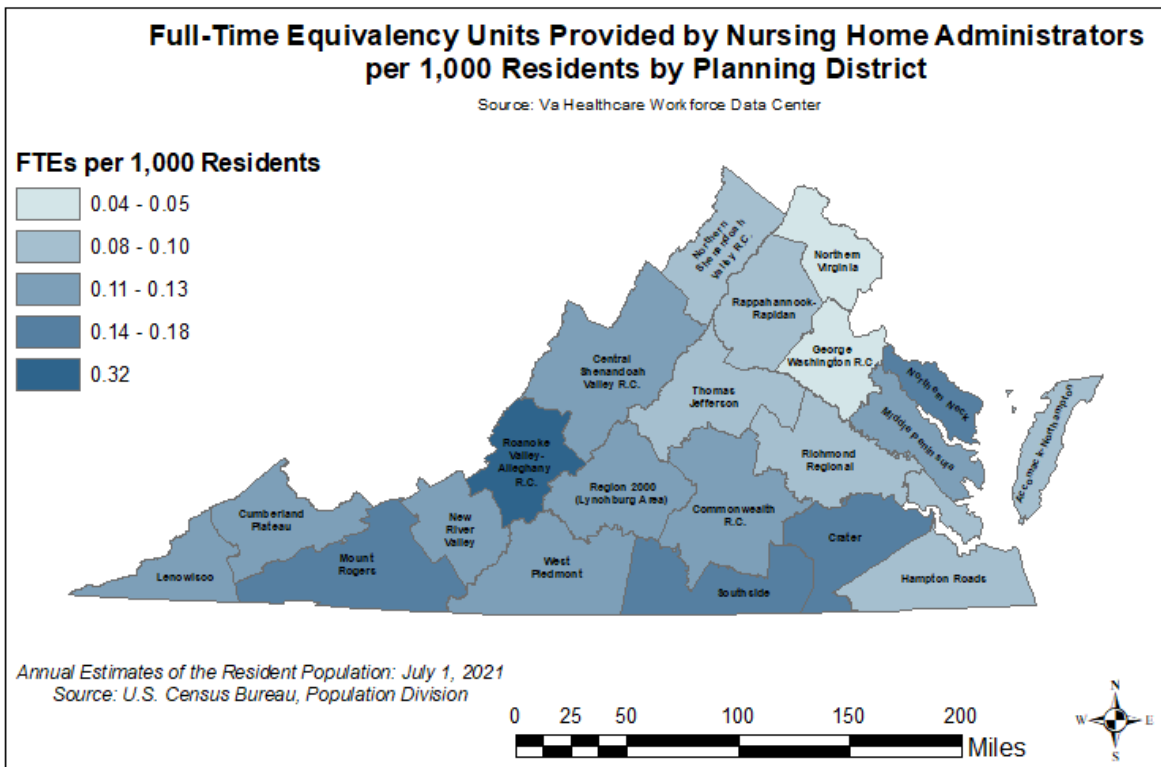
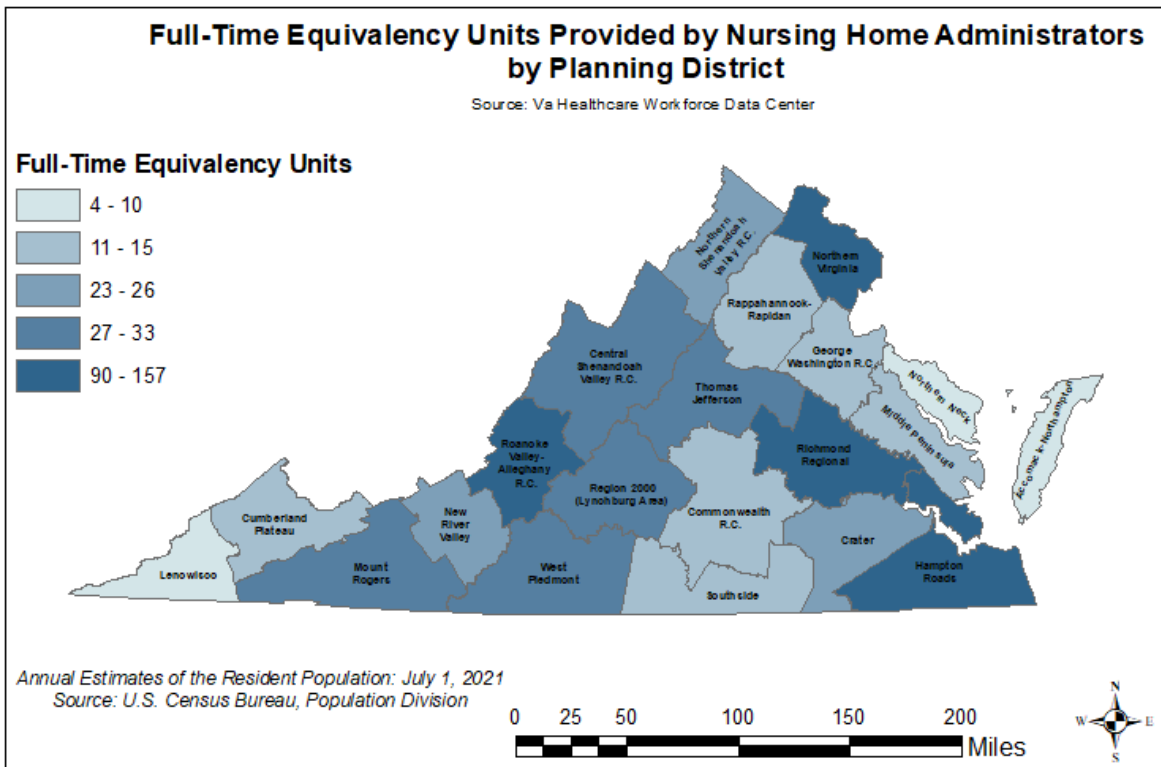












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	385	87.79%	1.139	1.060	1.365
<b>Metro, 250,000 to 1 Million</b>	115	90.43%	1.106	1.029	1.325
<b>Metro, 250,000 or Less</b>	82	84.15%	1.188	1.106	1.424
<b>Urban, Pop. 20,000+, Metro Adj.</b>	12	66.67%	1.500	1.412	1.798
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	52	76.92%	1.300	1.210	1.395
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	29	86.21%	1.160	1.079	1.390
<b>Rural, Metro Adj.</b>	26	88.46%	1.130	1.052	1.355
<b>Rural, Non-Adj.</b>	17	70.59%	1.417	1.318	1.520
<b>Virginia Border State/D.C.</b>	144	70.83%	1.412	1.314	1.692
<b>Other U.S. State</b>	107	77.57%	1.289	1.200	1.545

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	39	69.23%	1.444	1.325	1.798
<b>30 to 34</b>	70	81.43%	1.228	1.127	1.444
<b>35 to 39</b>	99	79.80%	1.253	1.150	1.473
<b>40 to 44</b>	112	84.82%	1.179	1.082	1.467
<b>45 to 49</b>	113	88.50%	1.130	1.037	1.328
<b>50 to 54</b>	160	88.12%	1.135	1.041	1.412
<b>55 to 59</b>	120	89.17%	1.121	1.029	1.318
<b>60 and Over</b>	256	77.34%	1.293	1.186	1.609

Source: Va. Healthcare Workforce Data Center

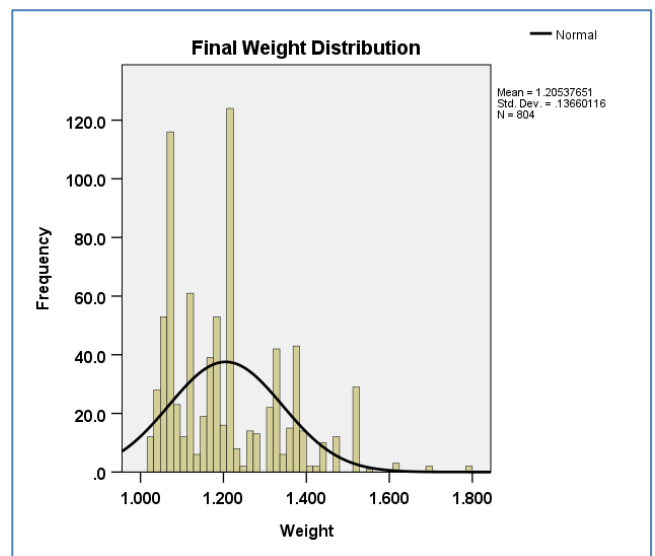
See the Methodology section on the HWDC website for details on HWDC methods:

<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: 0.829721**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Assisted Living Facility Administrator Workforce: 2023*

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Healthcare Workforce Data Center

April 2023

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
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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!***

***Virginia Department of Health Professions***

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*Williamsburg*

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*Chesapeake*

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Corie E. Tillman Wolf, JD

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# The Assisted Living Facility Administrator Workforce At a Glance:

## The Workforce

Licenses:	676
Virginia's Workforce:	634
FTEs:	698

## Background

Rural Childhood:	45%
HS Degree in VA:	62%
Prof. Degree in VA:	92%

## Current Employment

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

## Survey Response Rate

All Licenses:	77%
Renewing Practitioners:	95%

## Health Admin. Edu.

Admin-in-Training:	42%
Baccalaureate:	17%

## Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	59%

## Demographics

Female:	79%
Diversity Index:	48%
Median Age:	52

## Finances

Median Inc.:	\$90k-\$100k
Retirement Benefits:	63%
Under 40 w/ Ed. Debt:	41%

## Time Allocation

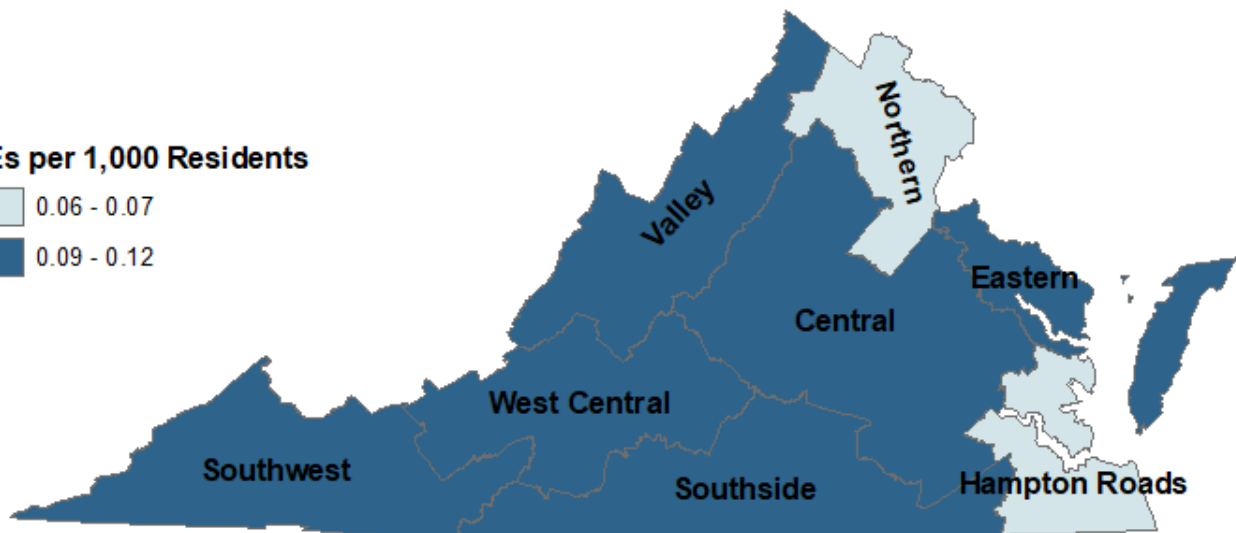
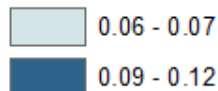
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

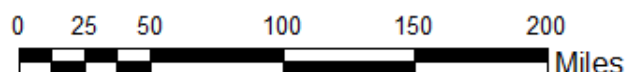
## Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2023 Assisted Living Facility Administrator (ALFA) Workforce Survey. In total, 522 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 respondents represent 77% of the 676 ALFAs licensed in the state and 95% of renewing practitioners.

The HWDC estimates that 634 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 698 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly 80% of all ALFAs are female, and the median age of the ALFA workforce is 52. In a random encounter between two ALFAs, there is a 48% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 50% for those ALFAs who are under the age of 40. This makes Virginia's ALFA workforce less diverse than the state's overall population, which has a comparable diversity index of 58%. Nearly half of all ALFAs grew up in a rural area, and 27% of ALFAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 17% of all ALFAs work in a non-metro area of the state.

Among all ALFAs, 84% are currently employed in the profession, 84% also hold one full-time job, and 45% work between 40 and 49 hours per week. More than three-quarters of all ALFAs work in the for-profit sector, while another 19% work in the non-profit sector. The median annual income for ALFAs is between \$90,000 and \$100,000. In addition, 90% of all ALFAs receive at least one employer-sponsored benefit. Among all ALFAs, 95% are satisfied with their current work situation, including 68% who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2018 ALFA workforce. The number of licensed ALFAs in Virginia has increased by 4% (676 vs. 653). In addition, the size of the ALFA workforce has increased by 2% (634 vs. 620), but the number of FTEs provided by this workforce has fallen by 7% (698 vs. 751). Virginia's renewing ALFAs are slightly more likely to respond to the survey (95% vs. 94%).

The percentage of Virginia's ALFAs who are female has declined (79% vs. 81%), a trend that has also occurred among ALFAs who are under the age of 40 (77% vs. 80%). The diversity index of Virginia's ALFA workforce has increased (48% vs. 41%), although there has been no change in the diversity index among those ALFAs who are under the age of 40 (50%). Likewise, there has been no change in the percentage of ALFAs who grew up in a rural area (45%), but ALFAs who grew up in a rural area are slightly more likely to work in a non-metro area of Virginia (27% vs. 26%). The percentage of all ALFAs who work in a non-metro area of the state has not changed (17%).

ALFAs are more likely to hold an Administrator-in-Training certificate (42% vs. 33%), a baccalaureate degree (17% vs. 11%), or a master's degree (12% vs. 7%) as their highest professional degree. ALFAs are less likely to currently work in the profession (84% vs. 90%) or work between 40 and 49 hours per week (45% vs. 46%). In addition, ALFAs are less likely to have worked at their primary work location for more than two years (59% vs. 63%). ALFAs are relatively more likely to work in the non-profit sector (19% vs. 16%) instead of the for-profit sector (77% vs. 80%). With respect to establishment types, the percentage of ALFAs who work at an assisted living facility has declined (63% vs. 70%).

Among ALFAs who are under the age of 40, the percentage who carry education debt has fallen considerably (43% vs. 59%). However, the median debt amount among all ALFAs who carry education debt has increased (\$30k-\$40k vs. \$20k-\$30k). At the same time, the median annual income for Virginia's ALFAs has also increased (\$90k-\$100k vs. \$70k-\$80k). In addition, ALFAs are more likely to receive at least one employer-sponsored benefit (90% vs. 87%). Although there has been no change in the percentage of all ALFAs who indicated that they are satisfied with their current work situation (95%), there was a decline among those ALFAs who indicated that they are "very satisfied" (68% vs. 70%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	526	78%
New Licensees	52	8%
Non-Renewals	98	14%
<b>All Licensees</b>	<b>676</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing ALFAs, 95% submitted a survey. These respondents represent 77% of the 676 ALFAs who held a license at some point in the past year.*

Definitions

- 1. The Survey Period:** The survey was conducted in March 2023.
- 2. Target Population:** All ALFAs who held a Virginia license at some point between April 2022 and March 2023.
- 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
<b>By Age</b>			
Under 30	7	8	53%
30 to 34	9	26	74%
35 to 39	20	62	76%
40 to 44	18	52	74%
45 to 49	23	73	76%
50 to 54	16	88	85%
55 to 59	18	80	82%
60 and Over	43	133	76%
<b>Total</b>	<b>154</b>	<b>522</b>	<b>77%</b>
<b>New Licenses</b>			
Issued in Past Year	35	17	33%
<b>Metro Status</b>			
Non-Metro	29	100	78%
Metro	110	375	77%
Not in Virginia	15	47	76%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	522
Response Rate, All Licensees	77%
Response Rate, Renewals	95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 676  
 New: 8%  
 Not Renewed: 14%

Response Rates

All Licensees: 77%  
 Renewing Practitioners: 95%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

ALFA Workforce: 634  
 FTEs: 698

### Utilization Ratios

Licensees in VA Workforce: 94%  
 Licensees per FTE: 0.97  
 Workers per FTE: 0.91

Source: Va. Healthcare Workforce Data Center

## Definitions

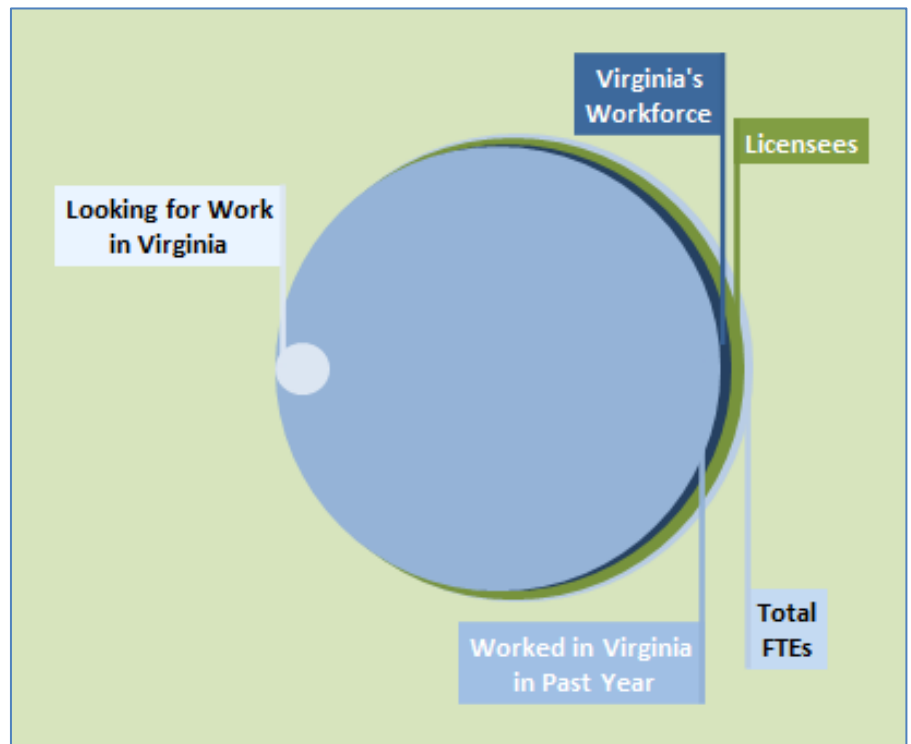
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline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

### Virginia's ALFA Workforce

Status	#	%
Worked in Virginia in Past Year	625	99%
Looking for Work in Virginia	9	1%
Virginia's Workforce	634	100%
Total FTEs	698	
Licensees	676	

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	0	0%	11	100%	11	2%
30 to 34	6	21%	24	80%	30	6%
35 to 39	19	28%	50	72%	69	14%
40 to 44	16	26%	45	74%	61	12%
45 to 49	13	19%	57	81%	70	14%
50 to 54	17	22%	60	78%	76	15%
55 to 59	15	21%	57	79%	72	14%
60 and Over	21	18%	97	82%	118	23%
<b>Total</b>	<b>108</b>	<b>21%</b>	<b>400</b>	<b>79%</b>	<b>507</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 79%  
 % Under 40 Female: 77%

**Age**

Median Age: 52  
 % Under 40: 22%  
 % 55 and Over: 37%

**Diversity**

Diversity Index: 48%  
 Under 40 Div. Index: 50%

Source: Va. Healthcare Workforce Data Center

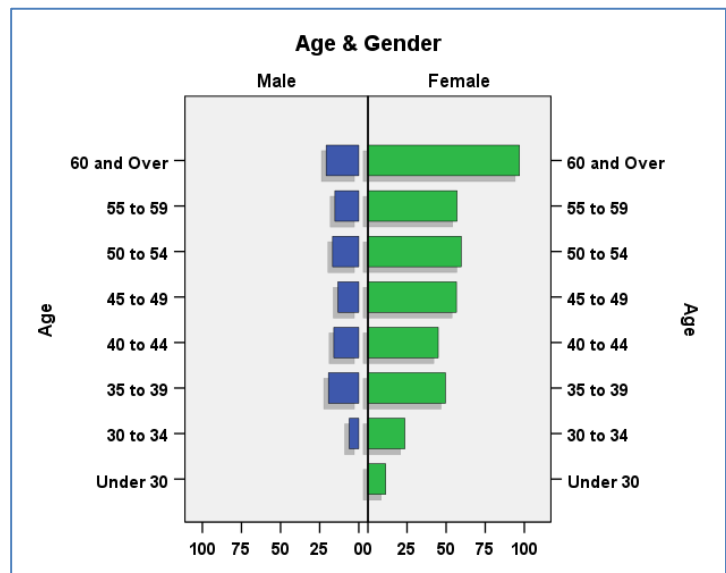
Race & Ethnicity					
Race/ Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
White	60%	359	69%	75	68%
Black	19%	107	20%	16	15%
Asian	7%	22	4%	8	7%
Other Race	0%	5	1%	1	1%
Two or More Races	3%	15	3%	4	4%
Hispanic	10%	14	3%	6	5%
<b>Total</b>	<b>100%</b>	<b>522</b>	<b>100%</b>	<b>110</b>	<b>100%</b>

\*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, 2021.

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 58%.

More than one out of every five ALFAs are under the age of 40, and 77% of ALFAs who are under the age of 40 are female. In addition, the diversity index among ALFAs who are under the age of 40 is 50%.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 17%  
 Rural Childhood: 45%

### Virginia Background

HS in Virginia: 62%  
 Prof. Edu. in VA: 92%  
 HS or Prof. Edu. in VA: 94%

### Location Choice

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

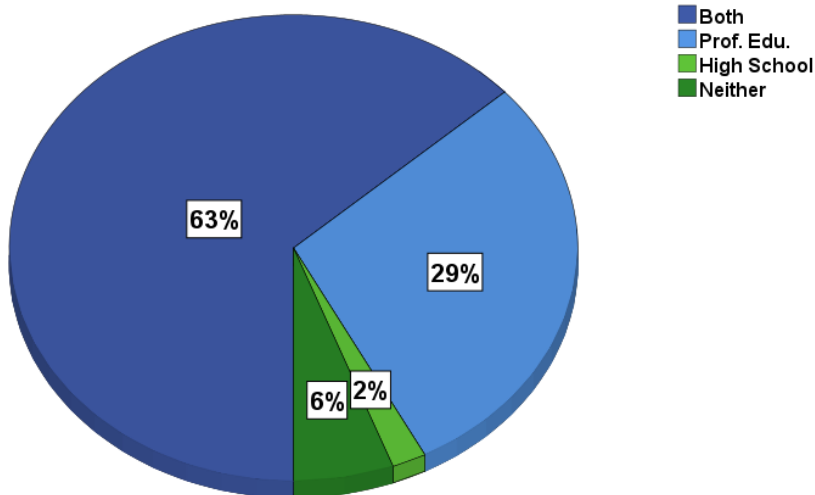
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	31%	49%	20%
2	Metro, 250,000 to 1 Million	55%	25%	20%
3	Metro, 250,000 or Less	60%	33%	7%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	80%	20%	0%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	74%	26%	0%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	65%	12%	24%
8	Rural, Metro Adjacent	71%	14%	14%
9	Rural, Non-Adjacent	80%	0%	20%
<b>Overall</b>		<b>45%</b>	<b>39%</b>	<b>17%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all ALFAs grew up in a rural area, and 27% of ALFAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 17% 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	320	Virginia	431
2	Outside U.S./Canada	41	Maryland	5
3	New York	29	New York	5
4	Pennsylvania	18	North Carolina	5
5	Maryland	16	California	3
6	North Carolina	14	U.S. Virgin Islands	3
7	West Virginia	8	South Carolina	3
8	Florida	8	Florida	2
9	New Jersey	6	Georgia	2
10	Illinois	6	New Hampshire	1

Source: Va. Healthcare Workforce Data Center

*Among all licensed ALFAs, 62% received their high school degree in Virginia, and 92% received their initial professional degree in the state.*

*Among ALFAs who have been licensed in the past five years, 63% received their high school degree in Virginia, and 89% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	111	Virginia	141
2	Outside U.S./Canada	12	Maryland	5
3	Maryland	10	North Carolina	4
4	New York	7	U.S. Virgin Islands	3
5	California	5	California	1
6	Pennsylvania	4	New Hampshire	1
7	North Carolina	4	Florida	1
8	West Virginia	4	West Virginia	1
9	Tennessee	3	Texas	1
10	Ohio	2	-	-

Source: Va. Healthcare Workforce Data Center

*In total, 6% of all licensees were not a part of Virginia's ALFA workforce. Among these licensees, 96% worked at some point in the past year, including 90% who currently work as an ALFA.*

### At a Glance:

#### Not in VA Workforce

Total:	43
% of Licensees:	6%
Federal/Military:	0%
VA Border State/DC:	32%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		Degree in All Fields	
	#	%	#	%
No Specific Training	50	10%	-	-
Admin-in-Training	209	42%	-	-
High School/GED	-	-	110	21%
Associate	33	7%	101	20%
Baccalaureate	83	17%	178	35%
Graduate Cert.	7	1%	18	4%
Masters	58	12%	102	20%
Doctorate	4	1%	4	1%
Other	55	11%	-	-
<b>Total</b>	<b>498</b>	<b>100%</b>	<b>512</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Health Admin. Education**

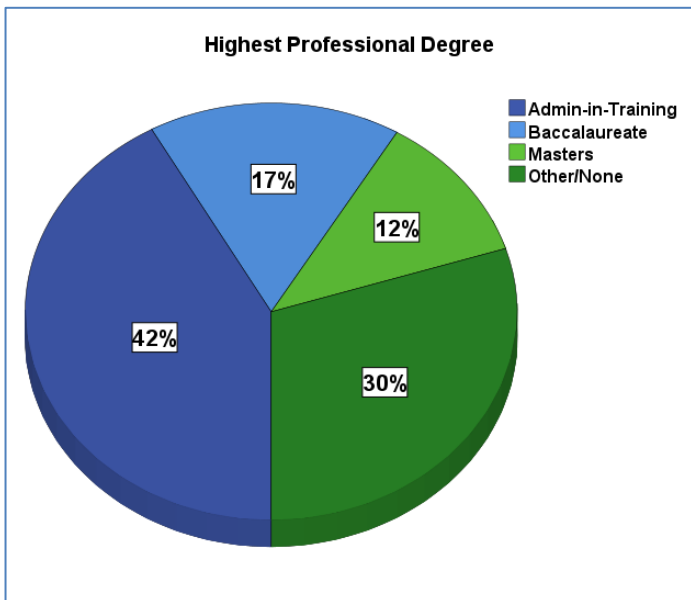
- Admin-in-Training: 42%
- Baccalaureate Degree: 17%
- Master's Degree: 12%

**Education Debt**

- Carry Debt: 28%
- Under Age 40 w/ Debt: 41%
- Median Debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

Nearly 30% of all ALFAs carry education debt, including 41% of those ALFAs who are under the age of 40. For those ALFAs 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	313	72%	57	59%
Less than \$10,000	16	4%	8	8%
\$10,000-\$19,999	18	4%	4	4%
\$20,000-\$29,999	18	4%	4	4%
\$30,000-\$39,999	9	2%	1	1%
\$40,000-\$49,999	8	2%	3	3%
\$50,000-\$59,999	10	2%	5	5%
\$60,000-\$69,999	5	1%	0	0%
\$70,000-\$79,999	5	1%	3	3%
\$80,000-\$89,999	5	1%	3	3%
\$90,000-\$99,999	5	1%	2	2%
\$100,000 or More	20	5%	8	8%
<b>Total</b>	<b>432</b>	<b>100%</b>	<b>96</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Licenses/Registrations

Nurse (RN or LPN):	18%
RMA:	16%
CNA:	4%

### Job Titles

Administrator:	35%
Executive Director:	20%
Owner:	6%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Licenses and Registrations		
License/Registration	#	%
<b>ALF Administrator</b>	514	81%
<b>Nurse (RN or LPN)</b>	115	18%
<b>Registered Medication Aide</b>	104	16%
<b>Certified Nursing Assistant</b>	26	4%
<b>Nursing Home Administrator</b>	5	1%
<b>Physical Therapist</b>	2	0%
<b>Occupational Therapist</b>	1	0%
<b>Other</b>	44	7%
<b>At Least One License</b>	<b>518</b>	<b>82%</b>

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
<b>Administrator</b>	219	35%	22	3%
<b>Executive Director</b>	128	20%	11	2%
<b>Owner</b>	41	6%	1	0%
<b>President or Executive Officer</b>	31	5%	4	1%
<b>Assistant Administrator</b>	22	3%	0	0%
<b>Other</b>	103	16%	21	3%
<b>At Least One Title</b>	<b>457</b>	<b>72%</b>	<b>55</b>	<b>9%</b>

Source: Va. Healthcare Workforce Data Center

*More than one-third of all ALFAs hold the title of administrator at their primary work location. Another 20% hold the title of executive director.*

## At a Glance:

### Employment

Employed in Profession: 84%  
Involuntarily Unemployed: 1%

### Positions Held

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

### Weekly Hours:

40 to 49: 45%  
60 or More: 17%  
Less than 30: 2%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	4	1%
Employed in a Capacity Related to Long-Term Care	435	84%
Employed, NOT in a Capacity Related to Long-Term Care	62	12%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	5	1%
Voluntarily Unemployed	10	2%
Retired	3	1%
<b>Total</b>	<b>519</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

More than four out of every five ALFAs are currently employed in the profession, 84% hold one full-time job, and 45% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	18	4%
One Part-Time Position	20	4%
Two Part-Time Positions	0	0%
One Full-Time Position	420	84%
One Full-Time Position & One Part-Time Position	23	5%
Two Full-Time Positions	14	3%
More than Two Positions	6	1%
<b>Total</b>	<b>501</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	18	4%
1 to 9 Hours	2	0%
10 to 19 Hours	2	0%
20 to 29 Hours	7	1%
30 to 39 Hours	23	5%
40 to 49 Hours	224	45%
50 to 59 Hours	138	28%
60 to 69 Hours	62	12%
70 to 79 Hours	13	3%
80 or More Hours	9	2%
<b>Total</b>	<b>498</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	3	1%
Less than \$30,000	20	5%
\$30,000-\$39,999	9	2%
\$40,000-\$49,999	12	3%
\$50,000-\$59,999	23	6%
\$60,000-\$69,999	28	7%
\$70,000-\$79,999	56	14%
\$80,000-\$89,999	29	7%
\$90,000-\$99,999	49	12%
\$100,000-\$109,999	50	13%
\$110,000-\$119,999	25	6%
\$120,000-\$129,999	31	8%
\$130,000 or More	61	16%
<b>Total</b>	<b>396</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	379	87%
Paid Sick Leave	309	71%
Dental Insurance	302	69%
Retirement	274	63%
Group Life Insurance	245	56%
Signing/Retention Bonus	62	14%
<b>At Least One Benefit</b>	<b>392</b>	<b>90%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$90k-\$100k

**Benefits**  
Paid Vacation: 87%  
Retirement: 63%

**Satisfaction**  
Satisfied: 95%  
Very Satisfied: 68%

Source: Va. Healthcare Workforce Data Center

*The median annual income for ALFAs is between \$90,000 and \$100,000. In addition, 90% of ALFAs receive at least one employer-sponsored benefit, including 63% who have access to a retirement plan.*

*Among all ALFAs, 95% are satisfied with their current employment situation, including 68% who indicated that they are "very satisfied."*

Job Satisfaction		
Level	#	%
Very Satisfied	340	68%
Somewhat Satisfied	136	27%
Somewhat Dissatisfied	19	4%
Very Dissatisfied	8	2%
<b>Total</b>	<b>504</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	8	1%
Experience Voluntary Unemployment?	28	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?	79	12%
Switch Employers or Practices?	49	8%
<b>Experience at Least One?</b>	<b>153</b>	<b>24%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 1%

**Turnover & Tenure**

Switched Jobs: 8%  
New Location: 26%  
Over 2 Years: 59%  
Over 2 Yrs., 2<sup>nd</sup> Location: 33%

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 2.9% during the same time period.<sup>1</sup>*

**Location Tenure**

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	6	1%	9	15%
Less than 6 Months	38	8%	9	15%
6 Months to 1 Year	63	13%	13	21%
1 to 2 Years	87	18%	11	18%
3 to 5 Years	73	15%	8	13%
6 to 10 Years	79	16%	4	7%
More than 10 Years	133	28%	8	13%
<b>Subtotal</b>	<b>479</b>	<b>100%</b>	<b>61</b>	<b>100%</b>
Did Not Have Location	19		563	
Item Missing	135		9	
<b>Total</b>	<b>634</b>		<b>634</b>	

Source: Va. Healthcare Workforce Data Center

*Nearly three out of every five ALFAs have worked at their primary location for more than two years.*

<sup>1</sup> 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 2.4% and a high of 3.3%. At the time of publication, the unemployment rate from February 2023 was still preliminary, and the unemployment rate from March 2023 had not yet been released.

## At a Glance:

### Concentration

Top Region:	24%
Top 3 Regions:	65%
Lowest Region:	2%

### Locations

2 or More (Past Year):	14%
2 or More (Now*):	11%

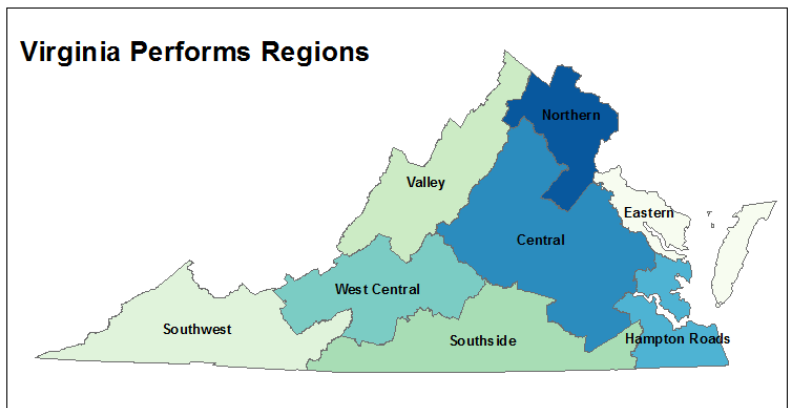
Source: Va. Healthcare Workforce Data Center

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

## A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	117	24%	14	24%
Eastern	9	2%	0	0%
Hampton Roads	84	18%	13	22%
Northern	111	23%	10	17%
Southside	30	6%	4	7%
Southwest	23	5%	1	2%
Valley	48	10%	11	19%
West Central	55	11%	5	9%
Virginia Border State/D.C.	1	0%	0	0%
Other U.S. State	1	0%	0	0%
Outside of the U.S.	0	0%	0	0%
<b>Total</b>	<b>479</b>	<b>100%</b>	<b>58</b>	<b>100%</b>
Item Missing	135		12	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

While 11% of ALFAs currently have multiple work locations, 14% 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%	10	2%
1	407	84%	423	87%
2	46	10%	38	8%
3	14	3%	10	2%
4	6	1%	1	0%
5	1	0%	1	0%
6 or More	1	0%	1	0%
<b>Total</b>	<b>485</b>	<b>100%</b>	<b>485</b>	<b>100%</b>

\*At the time of survey completion, March 2023.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	364	77%	46	85%
<b>Non-Profit</b>	91	19%	6	11%
<b>State/Local Government</b>	13	3%	2	4%
<b>Veterans Administration</b>	3	1%	0	0%
<b>U.S. Military</b>	0	0%	0	0%
<b>Other Federal Government</b>	1	0%	0	0%
<b>Total</b>	<b>472</b>	<b>100%</b>	<b>54</b>	<b>100%</b>
<b>Did Not Have Location</b>	19		563	
<b>Item Missing</b>	143		16	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For-Profit: 77%

Federal: 1%

**Top Establishments**

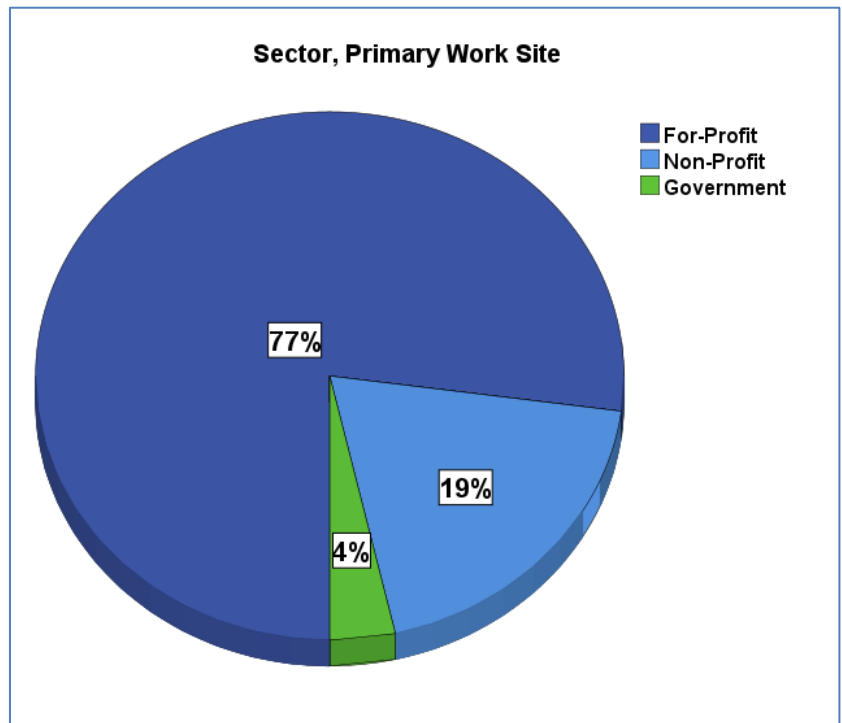
Assisted Living Facility: 63%

Continuing Care Retirement Community: 4%

Home/Community Health Care: 3%

Source: Va. Healthcare Workforce Data Center

Among all ALFAs, 96% work in the private sector, including 77% who work in the for-profit sector.



Source: Va. Healthcare Workforce Data Center



Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
<b>Assisted Living Facility</b>	399	63%	43	7%
<b>Continuing Care Retirement Community</b>	28	4%	4	1%
<b>Home/Community Health Care</b>	21	3%	0	0%
<b>Skilled Nursing Facility</b>	16	3%	4	1%
<b>Adult Day Care</b>	9	1%	0	0%
<b>Academic Institution</b>	7	1%	3	0%
<b>Acute Care/Rehabilitative Facility</b>	7	1%	1	0%
<b>Hospice</b>	4	1%	2	0%
<b>PACE</b>	1	0%	0	0%
<b>Other Practice Type</b>	40	6%	6	1%
<b>At Least One Establishment</b>	<b>474</b>	<b>75%</b>	<b>60</b>	<b>9%</b>

Source: Va. Healthcare Workforce Data Center

Nearly 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	
	#	%	#	%
<b>Facility Chain</b>	204	46%	32	63%
<b>Independent/Stand Alone</b>	187	43%	10	20%
<b>Integrated Health System (Veterans Administration, Large Health System)</b>	8	2%	0	0%
<b>Hospital-Based</b>	6	1%	1	2%
<b>College or University</b>	4	1%	3	6%
<b>Other</b>	30	7%	5	10%
<b>Total</b>	<b>439</b>	<b>100%</b>	<b>51</b>	<b>100%</b>
<b>Did Not Have Location</b>	19		563	
<b>Item Missing</b>	175		19	

Source: Va. Healthcare Workforce Data Center

Nearly nine out of every ten ALFAs are employed at either a facility chain organization or an independent/stand-alone organization as their primary work location.

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	14%
Tagalog/Filipino:	3%
French:	1%

### Means of Communication

Other Staff Members:	78%
Respondent:	25%
Virtual Translation:	19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	87	14%
Tagalog/Filipino	20	3%
French	9	1%
Arabic	5	1%
Korean	5	1%
Hindi	4	1%
Urdu	4	1%
Amharic, Somali, or Other Afro-Asiatic Languages	2	0%
Chinese	1	0%
Vietnamese	1	0%
Others	19	3%
<b>At Least One Language</b>	<b>118</b>	<b>19%</b>

Source: Va. Healthcare Workforce Data Center

Among all ALFAs, 14% are employed at a primary work location that offers Spanish language services for patients.

## Means of Language Communication

Provision	#	% of Workforce with Language Services
<b>Other Staff Member is Proficient</b>	92	78%
<b>Respondent is Proficient</b>	30	25%
<b>Virtual Translation Services</b>	22	19%
<b>Onsite Translation Service</b>	6	5%
<b>Other</b>	1	1%

Source: Va. Healthcare Workforce Data Center

Nearly four out of every five 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

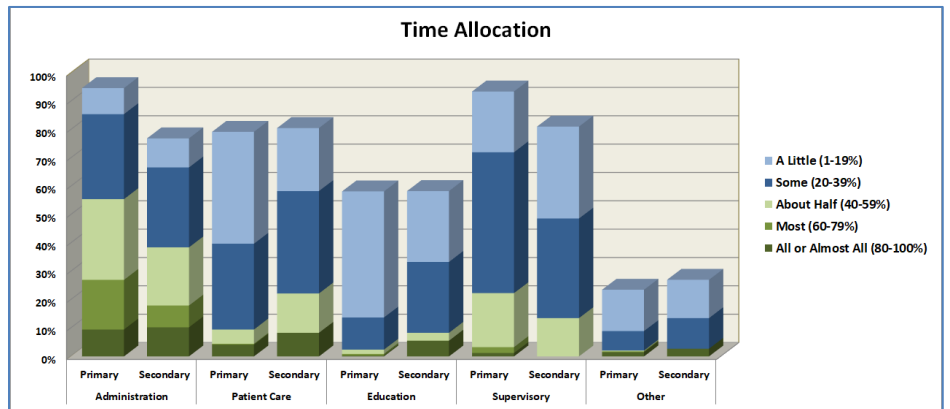
Administration: 40%-49%  
 Supervisory: 20%-29%  
 Patient Care: 10%-19%  
 Education: 1%-9%

### Roles

Administration: 27%  
 Patient Care: 4%  
 Supervisory: 3%  
 Education: 1%

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, 27% 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
<b>All or Almost All (80-100%)</b>	10%	11%	4%	8%	0%	5%	1%	0%	1%	3%
<b>Most (60-79%)</b>	18%	8%	0%	0%	1%	0%	2%	0%	0%	0%
<b>About Half (40-59%)</b>	29%	22%	5%	14%	1%	3%	19%	14%	0%	0%
<b>Some (20-39%)</b>	30%	30%	30%	35%	11%	24%	50%	35%	7%	11%
<b>A Little (1-19%)</b>	9%	11%	40%	22%	44%	24%	21%	32%	15%	14%
<b>None (0%)</b>	5%	24%	21%	19%	42%	41%	7%	19%	76%	73%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
<b>None</b>	32	8%	11	21%
<b>1-24</b>	67	17%	14	26%
<b>25-49</b>	72	18%	13	25%
<b>50-74</b>	82	21%	6	11%
<b>75-99</b>	54	14%	1	2%
<b>100-124</b>	29	7%	5	9%
<b>125-149</b>	16	4%	0	0%
<b>150-174</b>	10	3%	1	2%
<b>175-199</b>	5	1%	0	0%
<b>200 or More</b>	27	7%	1	2%
<b>Total</b>	<b>393</b>	<b>100%</b>	<b>53</b>	<b>100%</b>

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	
	#	%	#	%
<b>Not Applicable</b>	58	12%	11	19%
<b>10 or Less</b>	28	6%	8	14%
<b>10-25</b>	31	7%	4	7%
<b>25-50</b>	56	12%	9	16%
<b>50-100</b>	179	38%	14	24%
<b>100-150</b>	79	17%	8	14%
<b>150-250</b>	19	4%	3	5%
<b>More than 250</b>	24	5%	1	2%
<b>Total</b>	<b>474</b>	<b>100%</b>	<b>58</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All ALFAs		ALFAs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	5	1%	-	-
<b>50 to 54</b>	17	4%	1	0%
<b>55 to 59</b>	19	4%	5	2%
<b>60 to 64</b>	100	22%	57	24%
<b>65 to 69</b>	175	39%	81	35%
<b>70 to 74</b>	68	15%	46	20%
<b>75 to 79</b>	23	5%	17	7%
<b>80 or Over</b>	12	3%	10	4%
<b>I Do Not Intend to Retire</b>	31	7%	17	7%
<b>Total</b>	<b>449</b>	<b>100%</b>	<b>234</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All ALFAs**

Under 65:	31%
Under 60:	9%

**ALFAs 50 and Over**

Under 65:	27%
Under 60:	3%

**Time Until Retirement**

Within 2 Years:	6%
Within 10 Years:	29%
Half the Workforce:	By 2043

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, 27% expect to retire before the age of 65.*

*Within the next two years, 13% of ALFAs expect to pursue additional educational opportunities, and 10% expect to begin accepting Administrators-in-Training.*

**Future Plans**

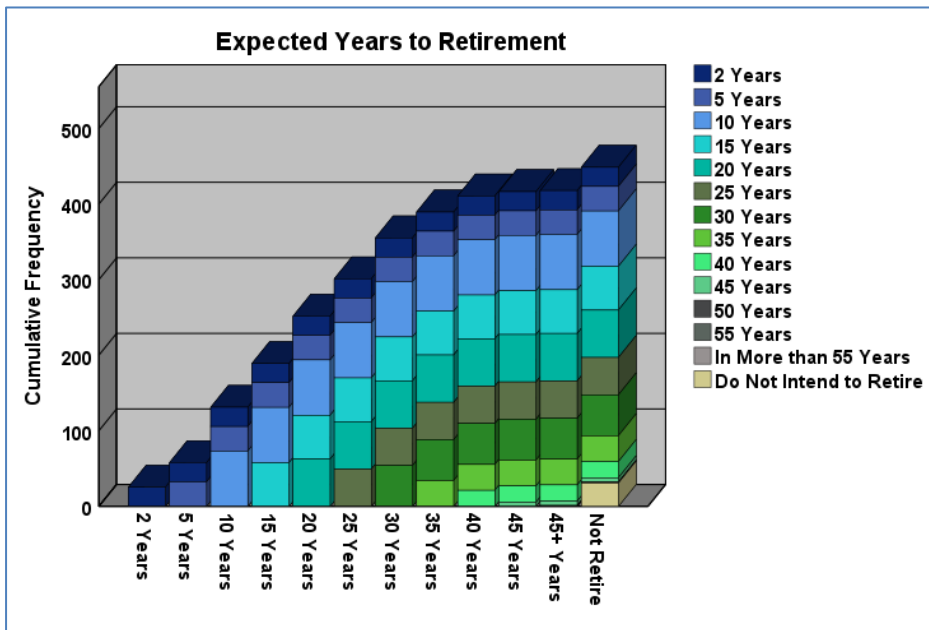
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
Leave Profession	13	2%
Leave Virginia	29	5%
Decrease Patient Care Hours	63	10%
Decrease Teaching Hours	4	1%
Cease Accepting Trainees	7	1%
<b>Increase Participation</b>		
Increase Patient Care Hours	27	4%
Increase Teaching Hours	26	4%
Pursue Additional Education	81	13%
Return to the Workforce	5	1%
Begin Accepting Trainees	63	10%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While 6% of ALFAs expect to retire in the next two years, 29% expect to retire within the next decade. More than half of the current ALFA workforce expect to retire by 2043.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	25	6%	6%
5 Years	33	7%	13%
10 Years	73	16%	29%
15 Years	58	13%	42%
20 Years	63	14%	56%
25 Years	49	11%	67%
30 Years	54	12%	79%
35 Years	34	8%	87%
40 Years	21	5%	91%
45 Years	6	1%	93%
50 Years	1	0%	93%
55 Years	0	0%	93%
In More than 55 Years	0	0%	93%
Do Not Intend to Retire	31	7%	100%
<b>Total</b>	<b>449</b>	<b>100%</b>	

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 2033. Retirement will peak at 16% of the current workforce around the same time before declining to under 10% again by 2058.

## At a Glance:

### FTEs

Total: 698  
 FTEs/1,000 Residents<sup>2</sup>: .081  
 Average: 1.14

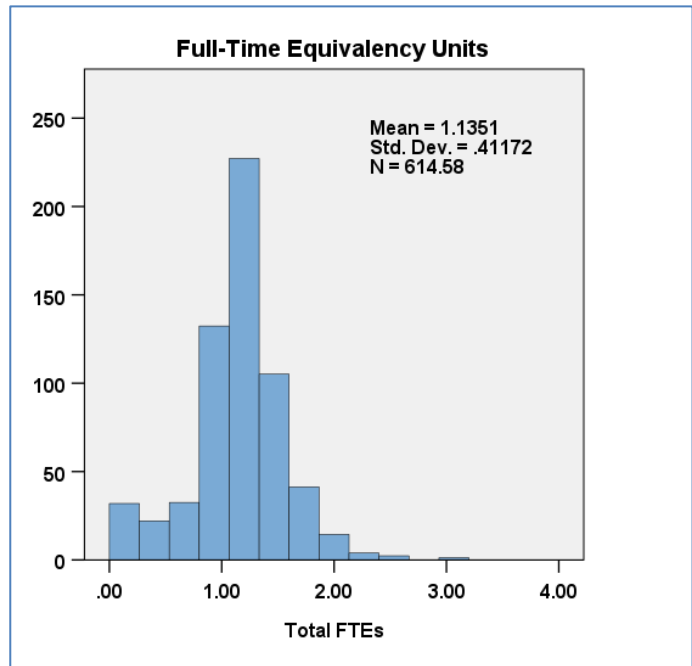
### Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

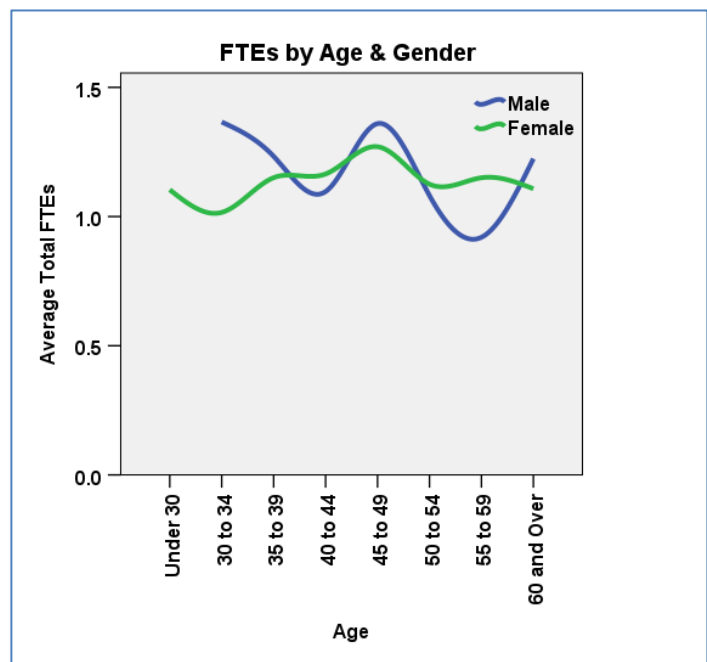


Source: Va. Healthcare Workforce Data Center

*The typical ALFA provided 1.09 FTEs in the past year, or approximately 44 hours per week for 50 weeks. Statistical tests did not indicate that FTEs vary by either age or gender.*

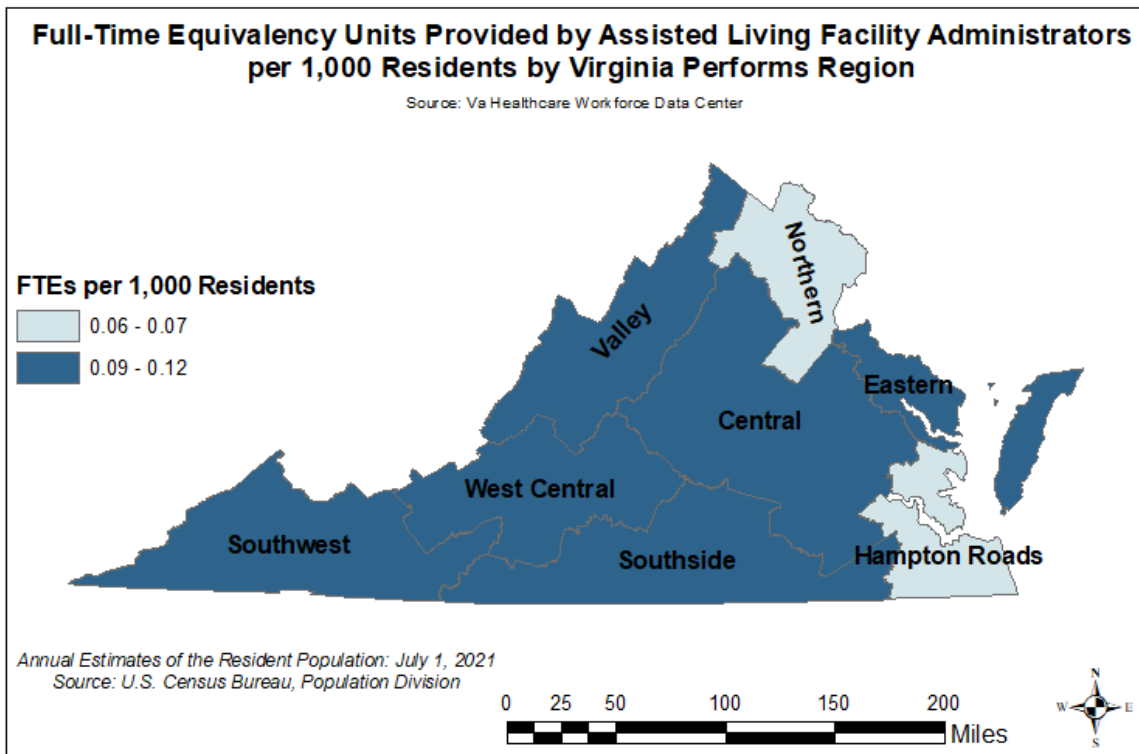
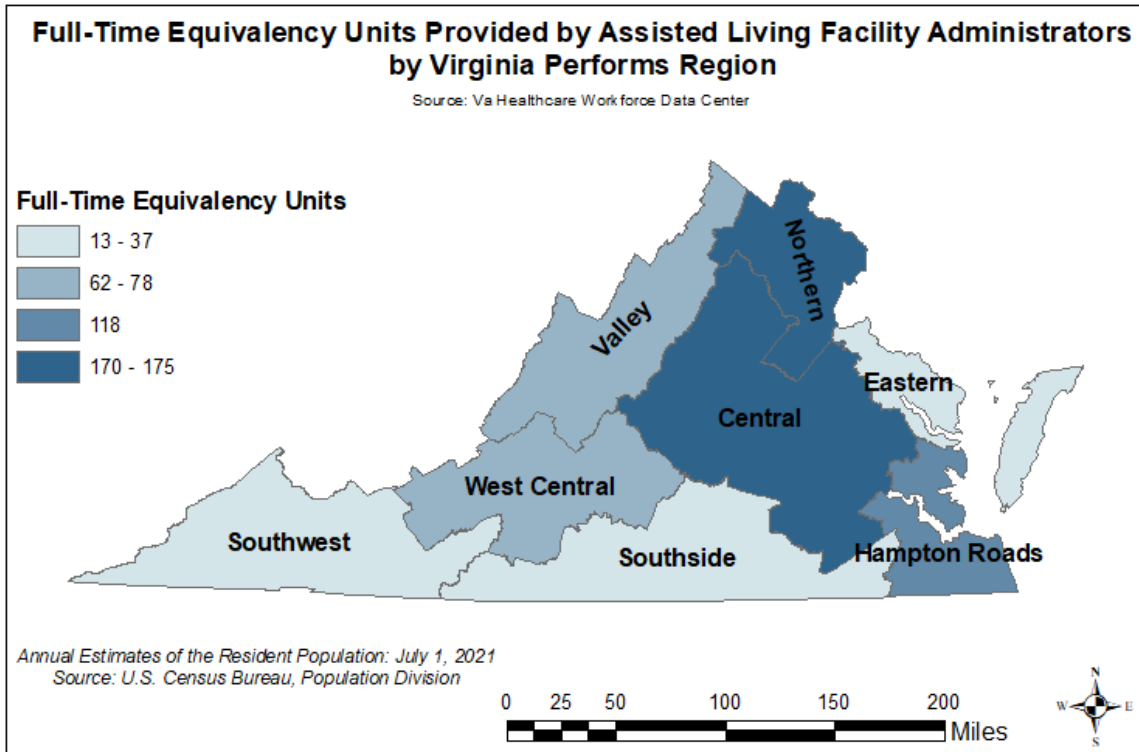
Full-Time Equivalency Units		
Age	Average	Median
Under 30	1.08	1.14
30 to 34	1.11	1.09
35 to 39	1.16	1.14
40 to 44	1.14	1.09
45 to 49	1.29	1.35
50 to 54	1.09	1.07
55 to 59	1.08	1.03
60 and Over	1.11	1.09
Gender		
Male	1.17	1.20
Female	1.15	1.18

Source: Va. Healthcare Workforce Data Center

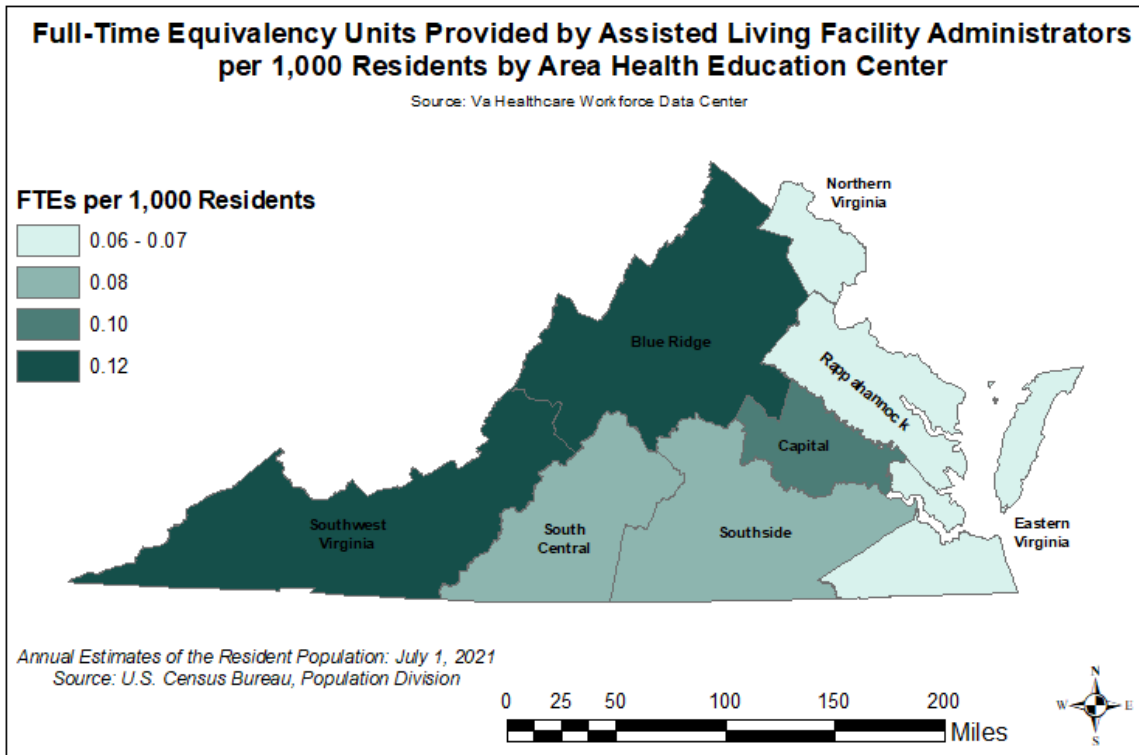
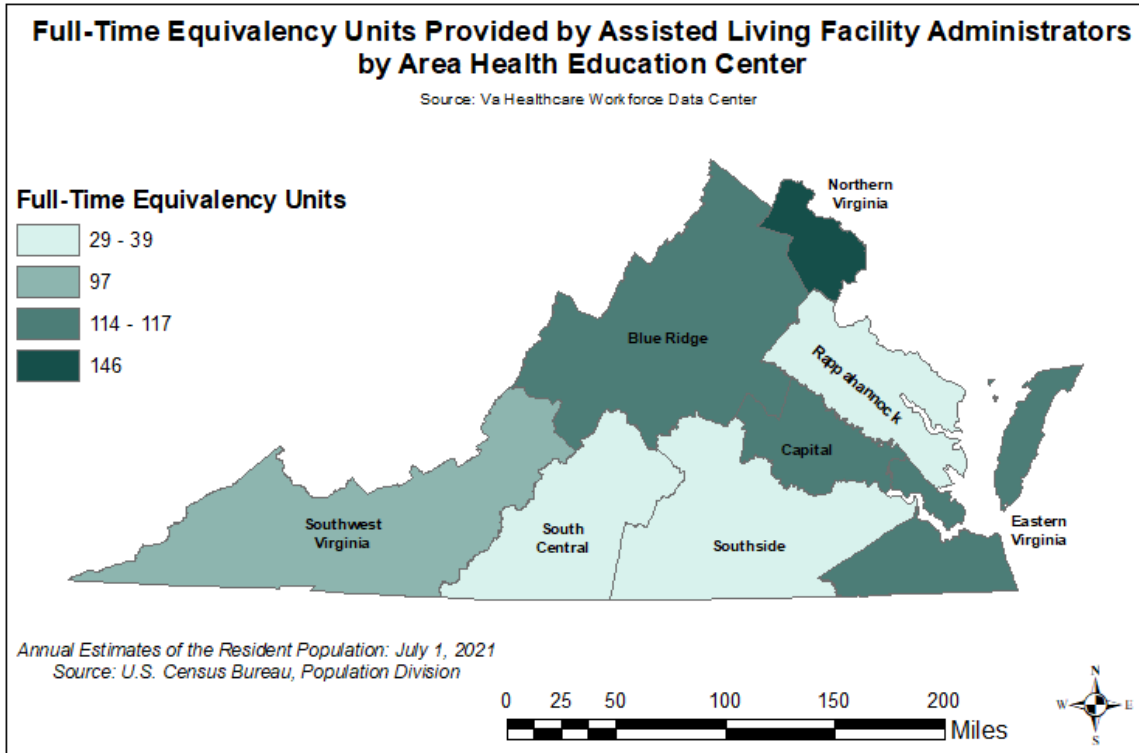


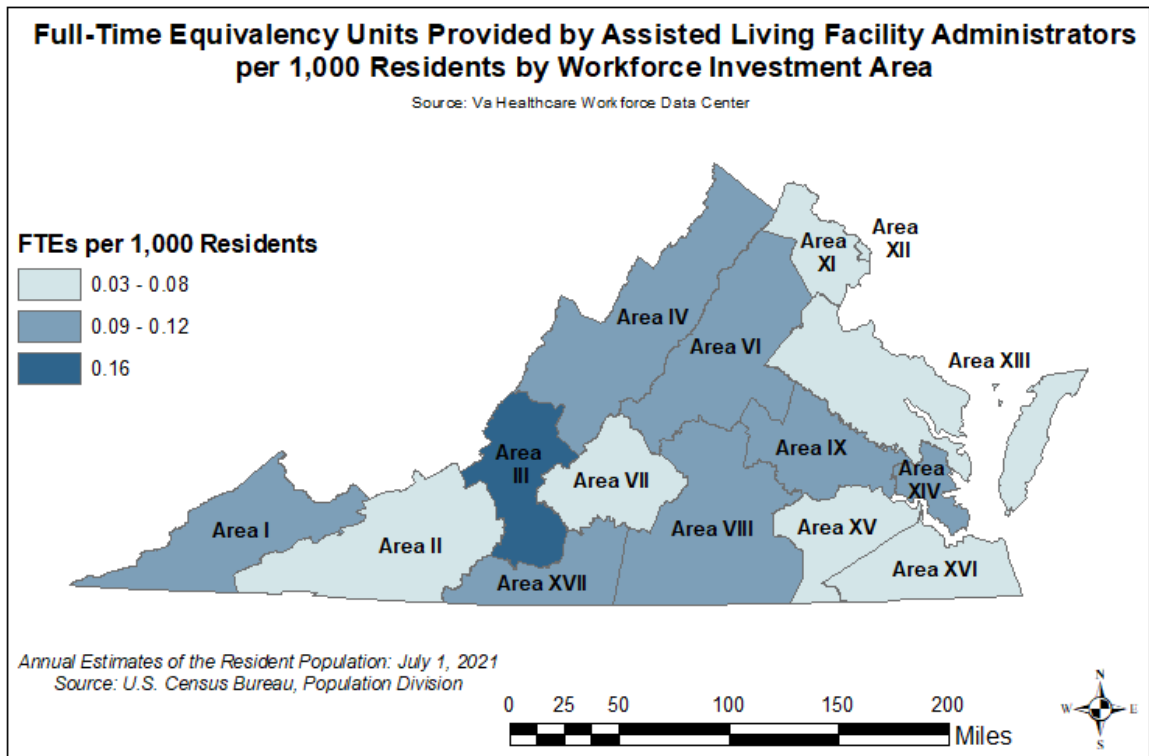
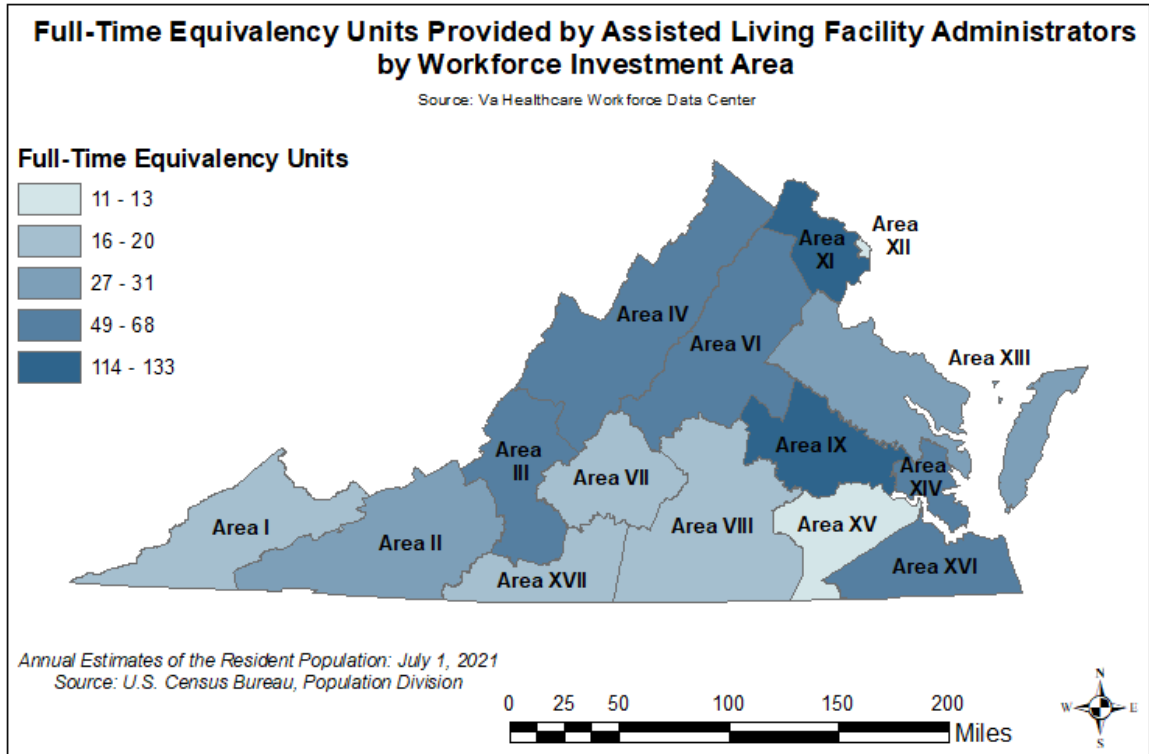
Source: Va. Healthcare Workforce Data Center

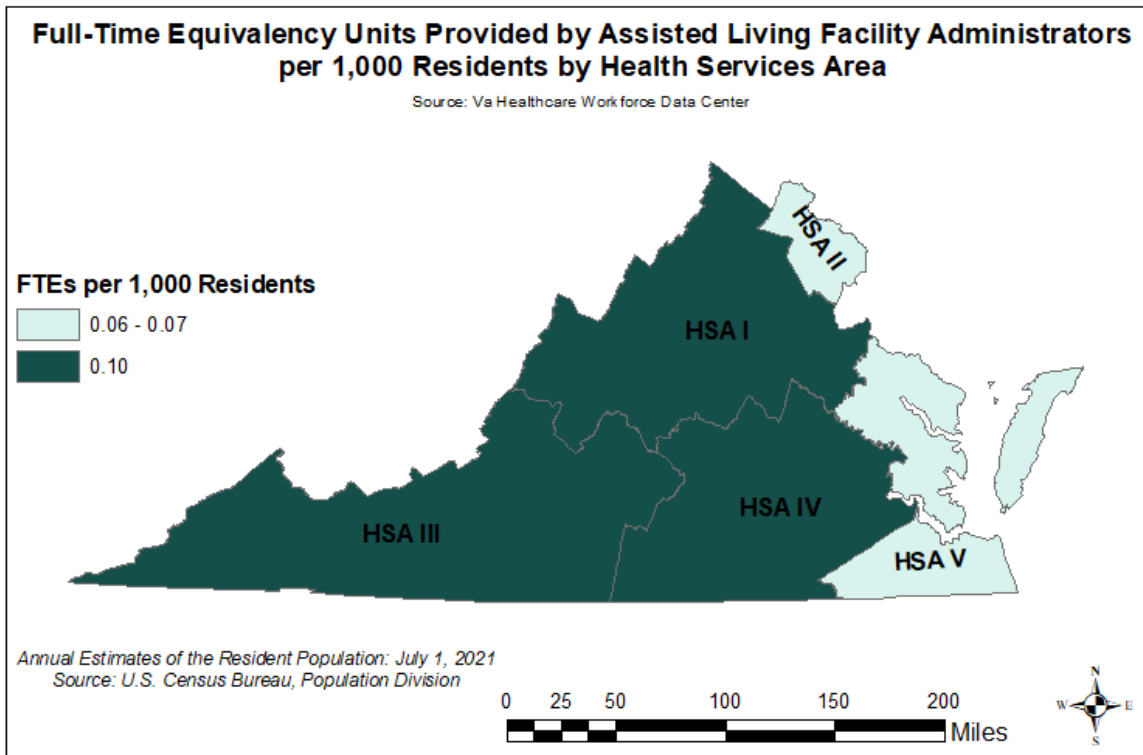
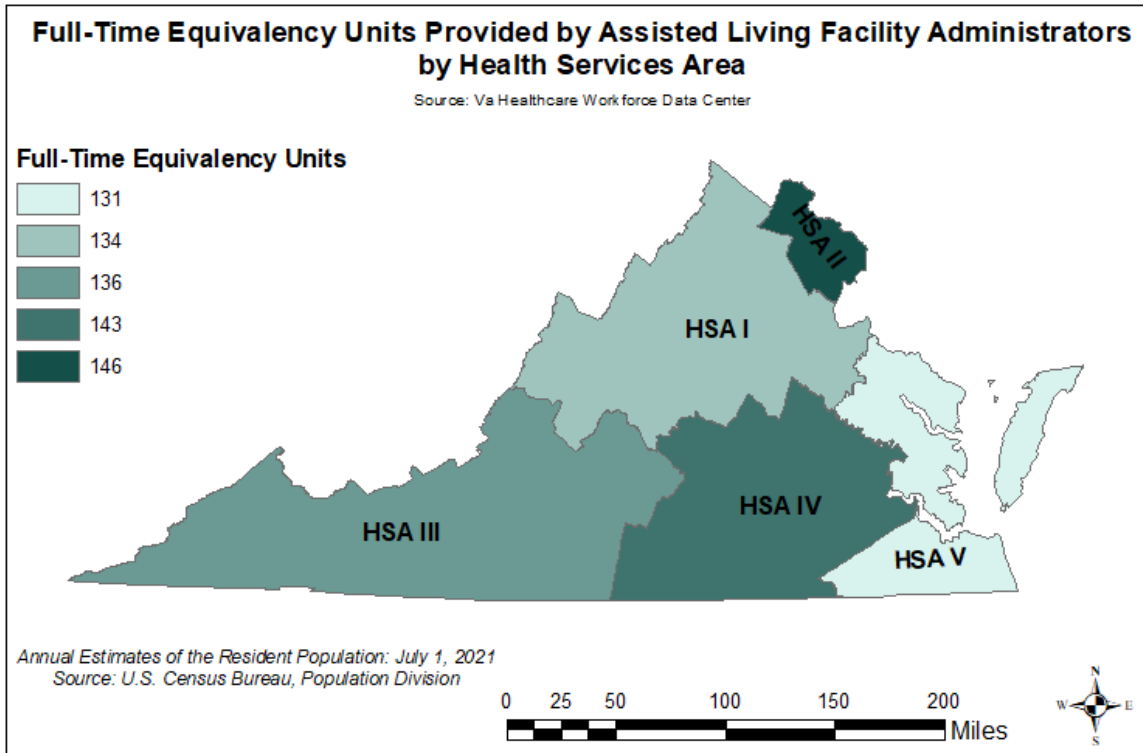
<sup>2</sup> Number of residents in 2021 was used as the denominator.

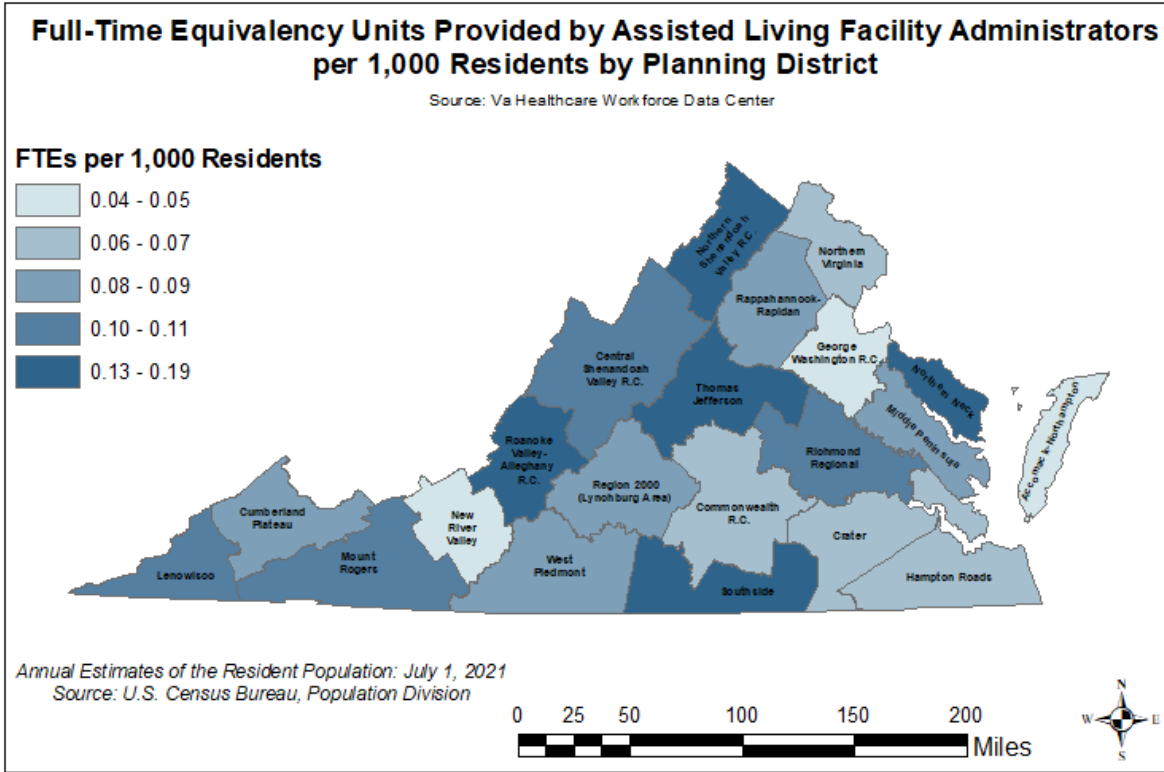
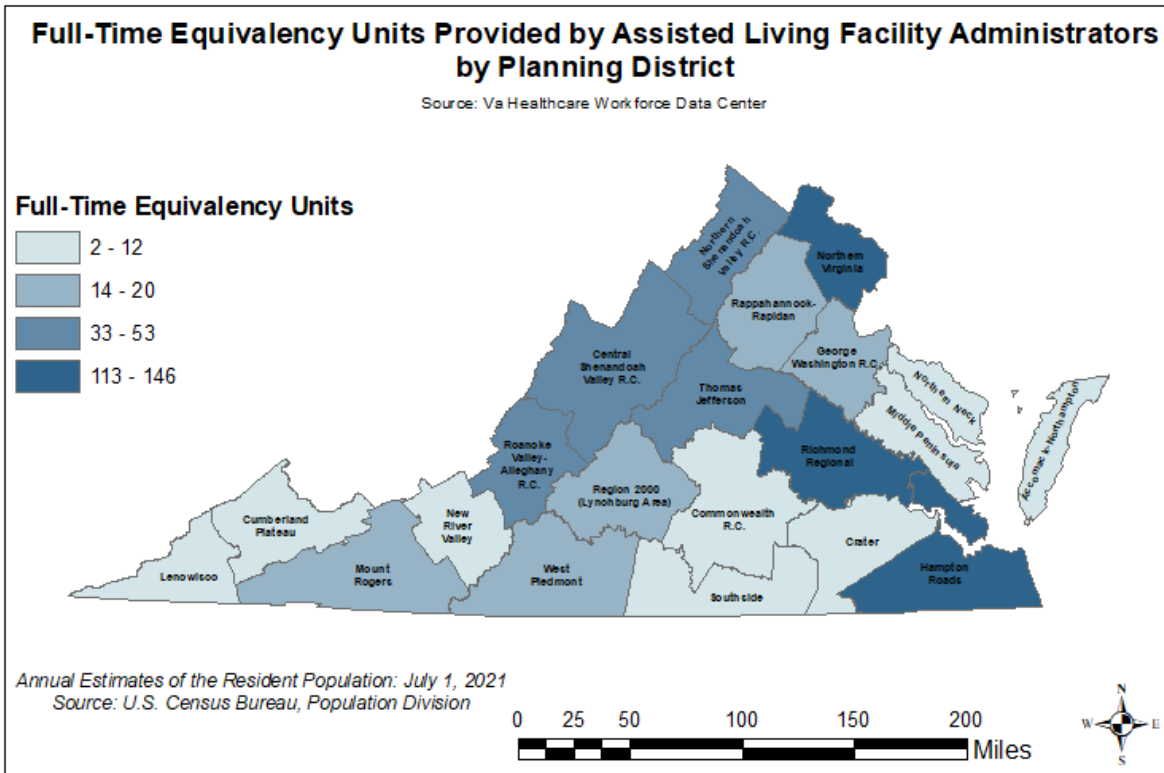












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	369	80.22%	1.247	1.138	1.805
<b>Metro, 250,000 to 1 Million</b>	62	74.19%	1.348	1.230	1.401
<b>Metro, 250,000 or Less</b>	54	61.11%	1.636	1.493	2.369
<b>Urban, Pop. 20,000+, Metro Adj.</b>	16	68.75%	1.455	1.327	1.512
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	56	75.00%	1.333	1.217	1.386
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	28	85.71%	1.167	1.065	1.213
<b>Rural, Metro Adj.</b>	18	77.78%	1.286	1.173	1.336
<b>Rural, Non-Adj.</b>	11	81.82%	1.222	1.156	1.270
<b>Virginia Border State/D.C.</b>	45	82.22%	1.216	1.110	1.761
<b>Other U.S. State</b>	17	58.82%	1.700	1.551	1.767

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	15	53.33%	1.875	1.761	2.369
<b>30 to 34</b>	35	74.29%	1.346	1.213	1.767
<b>35 to 39</b>	82	75.61%	1.323	1.191	1.736
<b>40 to 44</b>	70	74.29%	1.346	1.213	1.701
<b>45 to 49</b>	96	76.04%	1.315	1.185	1.726
<b>50 to 54</b>	104	84.62%	1.182	1.065	1.551
<b>55 to 59</b>	98	81.63%	1.225	1.104	1.608
<b>60 and Over</b>	176	75.57%	1.323	1.192	1.737

Source: Va. Healthcare Workforce Data Center

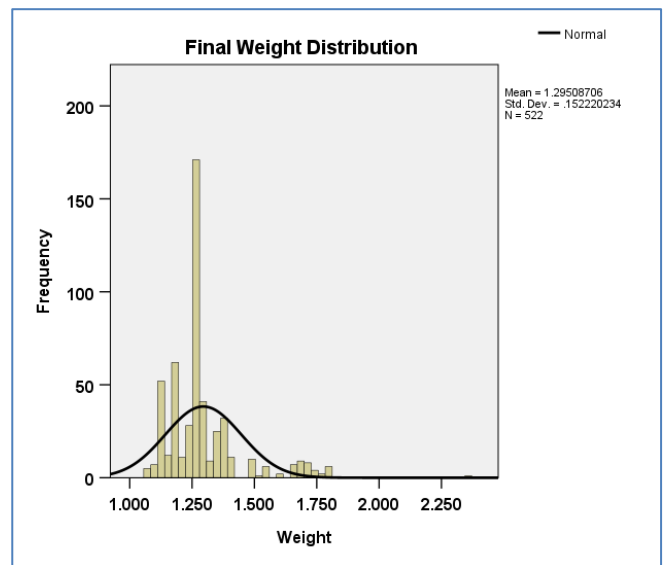
See the Methodology section on the HWDC website for details on HWDC methods:

<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: 0.772189**



Source: Va. Healthcare Workforce Data Center

# Legislative and Regulatory Report

**Board of Long-Term Care Administrators**  
**Current Regulatory Actions**  
**As of September 5, 2023**

VAC	Stage	Subject Matter	Date Published	Effective Date	Notes
18VAC95-20 18VAC95-30	NOIRA	Regulatory reduction 2023	8/14/2023	Comment period closed 9/13/2023	Board to vote on proposed changes today

# Board Discussion and Actions



**Agenda Item: Initiation of periodic review of public participation guidelines contained in 18VAC95-11**

**Included in your agenda packet:**

- 18VAC95-11

**Staff Note:** Agencies are required to conduct periodic reviews of regulatory chapters every 4 years. Although this particular chapter is only changed when the Department of Planning and Budget provides new model language, the Board is still required to conduct a periodic review.

**Action Needed:**

- Motion to initiate periodic review of 18VAC95-11.

*Commonwealth of Virginia*



# **PUBLIC PARTICIPATION GUIDELINES**

## **VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS**

**Title of Regulations: 18 VAC 95-11-10 et seq.**

**Statutory Authority: §§ 54.1-2400 and 2.2-4007  
of the *Code of Virginia***

**Revised Date: January 12, 2017**

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## **Part I**

### **Purpose and Definitions**

#### **18VAC95-11-10. Purpose.**

The purpose of this chapter is to promote public involvement in the development, amendment or repeal of the regulations of the Board of Long-Term Care Administrators. This chapter does not apply to regulations, guidelines, or other documents exempted or excluded from the provisions of the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).

#### **18VAC95-11-20. Definitions.**

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

"Administrative Process Act" means Chapter 40 (§2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"Agency" means the Board of Long-Term Care Administrators, which is the unit of state government empowered by the agency's basic law to make regulations or decide cases. Actions specified in this chapter may be fulfilled by state employees as delegated by the agency.

"Basic law" means provisions in the Code of Virginia that delineate the basic authority and responsibilities of an agency.

"Commonwealth Calendar" means the electronic calendar for official government meetings open to the public as required by §2.2-3707 C of the Freedom of Information Act.

"Negotiated rulemaking panel" or "NRP" means an ad hoc advisory panel of interested parties established by an agency to consider issues that are controversial with the assistance of a facilitator or mediator, for the purpose of reaching a consensus in the development of a proposed regulatory action.

"Notification list" means a list used to notify persons pursuant to this chapter. Such a list may include an electronic list maintained through the Virginia Regulatory Town Hall or other list maintained by the agency.

"Open meeting" means any scheduled gathering of a unit of state government empowered by an agency's basic law to make regulations or decide cases, which is related to promulgating, amending or repealing a regulation.

"Person" means any individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, government, political subdivision, or any other legal or commercial entity and any successor, representative, agent, agency, or instrumentality thereof.

"Public hearing" means a scheduled time at which members or staff of the agency will meet for the purpose of receiving public comment on a regulatory action.

"Regulation" means any statement of general application having the force of law, affecting the rights or conduct of any person, adopted by the agency in accordance with the authority conferred on it by applicable laws.

"Regulatory action" means the promulgation, amendment, or repeal of a regulation by the agency.

"Regulatory advisory panel" or "RAP" means a standing or ad hoc advisory panel of interested parties established by the agency for the purpose of assisting in regulatory actions.

"Town Hall" means the Virginia Regulatory Town Hall, the website operated by the Virginia Department of Planning and Budget at [www.townhall.virginia.gov](http://www.townhall.virginia.gov), which has online public comment forums and displays information about regulatory meetings and regulatory actions under consideration in Virginia and sends this information to registered public users.

"Virginia Register" means the Virginia Register of Regulations, the publication that provides official legal notice of new, amended and repealed regulations of state agencies, which is published under the provisions of Article 6 (§2.2-4031 et seq.) of the Administrative Process Act.

## **Part II**

### **Notification of Interested Persons**

#### **18VAC95-11-30. Notification list.**

A. The agency shall maintain a list of persons who have requested to be notified of regulatory actions being pursued by the agency.

B. Any person may request to be placed on a notification list by registering as a public user on the Town Hall or by making a request to the agency. Any person who requests to be placed on a notification list shall elect to be notified either by electronic means or through a postal carrier.

C. The agency may maintain additional lists for persons who have requested to be informed of specific regulatory issues, proposals, or actions.

D. When electronic mail is returned as undeliverable on multiple occasions at least 24 hours apart, that person may be deleted from the list. A single undeliverable message is insufficient cause to delete the person from the list.

E. When mail delivered by a postal carrier is returned as undeliverable on multiple occasions, that person may be deleted from the list.

F. The agency may periodically request those persons on the notification list to indicate their desire to either continue to be notified electronically, receive documents through a postal carrier, or be deleted from the list.

**18VAC95-11-40. Information to be sent to persons on the notification list.**

A. To persons electing to receive electronic notification or notification through a postal carrier as described in 18VAC95-11-30, the agency shall send the following information:

1. A notice of intended regulatory action (NOIRA).
2. A notice of the comment period on a proposed, a repropoed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.
3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to §2.2-4007.06 or 2.2-4013 C of the Code of Virginia.

B. The failure of any person to receive any notice or copies of any documents shall not affect the validity of any regulation or regulatory action.

### **Part III Public Participation Procedures**

**18VAC95-11-50. Public comment.**

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

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.
2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

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

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).
2. For a minimum of 60 calendar days following the publication of a proposed regulation.
3. For a minimum of 30 calendar days following the publication of a repropoed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
7. Not later than 21 calendar days following the publication of a petition for rulemaking.

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

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

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

**18VAC95-11-60. Petition for rulemaking.**

A. As provided in §2.2-4007 of the Code of Virginia, any person may petition the agency to consider a regulatory action.

B. A petition shall include but is not limited to the following information:

1. The petitioner's name and contact information;
2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and
3. Reference to the legal authority of the agency to take the action requested.

C. The agency shall receive, consider and respond to a petition pursuant to §2.2-4007 and shall have the sole authority to dispose of the petition.

D. The petition shall be posted on the Town Hall and published in the Virginia Register.

E. Nothing in this chapter shall prohibit the agency from receiving information or from proceeding on its own motion for rulemaking.

**18VAC95-11-70. Appointment of regulatory advisory panel.**

A. The agency may appoint a regulatory advisory panel (RAP) to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

B. Any person may request the appointment of a RAP and request to participate in its activities. The agency shall determine when a RAP shall be appointed and the composition of the RAP.

C. A RAP may be dissolved by the agency if:

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

**18VAC95-11-80. Appointment of negotiated rulemaking panel.**

A. The agency may appoint a negotiated rulemaking panel (NRP) if a regulatory action is expected to be controversial.

B. A NRP that has been appointed by the agency may be dissolved by the agency when:

1. There is no longer controversy associated with the development of the regulation;
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or
3. The agency determines that resolution of a controversy is unlikely.

**18VAC95-11-90. Meetings.**

Notice of any open meeting, including meetings of a RAP or NRP, shall be posted on the Virginia Regulatory Town Hall and Commonwealth Calendar at least seven working days prior to the date of the meeting. The exception to this requirement is any meeting held in accordance with §2.2-3707 D of the Code of Virginia allowing for contemporaneous notice to be provided to participants and the public.

**18VAC95-11-100. Public hearings on regulations.**

A. The agency shall indicate in its notice of intended regulatory action whether it plans to hold a public hearing following the publication of the proposed stage of the regulatory action.

B. The agency may conduct one or more public hearings during the comment period following the publication of a proposed regulatory action.

C. An agency is required to hold a public hearing following the publication of the proposed regulatory action when:



1. The agency's basic law requires the agency to hold a public hearing;
2. The Governor directs the agency to hold a public hearing; or
3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

D. Notice of any public hearing shall be posted on the Town Hall and Commonwealth Calendar at least seven working days prior to the date of the hearing. The agency shall also notify those persons who requested a hearing under subdivision C 3 of this section.

**18VAC95-11-110. Periodic review of regulations.**

- A. The agency shall conduct a periodic review of its regulations consistent with:
  1. An executive order issued by the Governor pursuant to §2.2-4017 of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and
  2. The requirements in §2.2-4007.1 of the Administrative Process Act regarding regulatory flexibility for small businesses.
- B. A periodic review may be conducted separately or in conjunction with other regulatory actions.
- C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.

**Agenda Item: Adoption of Proposed Regulatory Changes for Regulatory Reduction**

**Included in your agenda packet are:**

- **Proposed regulations for 18VAC95-20**
- **Proposed regulations for 18VAC95-30**
- **Public comments received regarding NOIRA**

**Staff Note: There were 16 comments provided, most of which address regulations housed within a different agency. One comment requests a RAP and one comment offers general support for the identified areas of change.**

**Action Needed:**

- **Motion to adopt proposed regulations for 18VAC95-20, Regulations Governing the Practice of Nursing Home Administrators**
- **Motion to adopt proposed regulations for 18VAC95-30, Regulations Governing the Practice of Assisted Living Facility Administrators**

*Commonwealth of Virginia*



# **REGULATIONS**

## **GOVERNING THE PRACTICE OF NURSING HOME ADMINISTRATORS**

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

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

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

**Effective Date: December 21, 2022**

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## **Part I. General Provisions.**

### **18VAC95-20-10. Definitions.**

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

“Board”

“Nursing home”

“Nursing home administrator”

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

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

"Active practice" means a minimum of 1,000 hours of practice as a licensed nursing home administrator within the preceding 24 months.

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

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

"Approved sponsor" means an individual, business or organization approved by NAB or by an accredited institution to offer continuing education programs in accordance with this chapter.

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

"Domains of Practice" means the content areas of tasks, knowledge, and skills necessary for administration of a nursing home as approved by NAB.

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

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

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

"National examination" means a test used by the board to determine the competence of candidates for licensure as administered by the NAB or any other examination approved by the board.

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

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

**18VAC95-20-60. Posting of license.**

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

**18VAC95-20-70. Accuracy of information.**

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

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

**18VAC95-20-80. Required fees.**

The applicant or licensee shall submit all fees in this section that apply:

1. AIT program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Nursing home administrator license renewal	\$315
<u>6. Inactive nursing home administrator license renewal</u>	<u>\$150</u>
<del>7</del> 6. Preceptor renewal	\$65
<del>8</del> 7. <u>Penalty-Fee</u> for nursing home administrator late renewal	\$110
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<del>10</del> 9. <u>PenaltyFee for late inactive licensure renewal</u>	<u>\$35</u>
<del>11</del> 9. Nursing home administrator reinstatement	\$435
<del>12</del> 10. Preceptor reinstatement	\$105
<del>13</del> 1. Duplicate license	\$25
<del>14</del> 2. Duplicate wall certificates	\$40
<del>15</del> 3. Reinstatement after disciplinary action	\$1,000

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

**18VAC95-20-130. Additional fee information.**

- A. There shall be a fee of \$50 for a returned check or a dishonored credit card or debit card.
- B. Fees shall not be refunded once submitted.
- C. Examination fees are to be paid directly to the service or ~~services contracted by the board to administer the examinations~~ entity that administers the examinations.

**Part II. Renewals, ~~and~~ Reinstatements, and Inactive Licenses.**

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

**18VAC95-20-170. Renewal requirements.**

- A. A person who desires to renew his license or preceptor registration for the next year shall, not later than the expiration date of March 31 of each year, submit a completed renewal form and fee.
- B. The renewal form and fee shall be received no later than the expiration date. Postmarks shall not be considered.
- C. A nursing home administrator license or preceptor registration not renewed by the expiration date shall be invalid.

**18VAC95-20-175. Continuing education requirements.**

- A. In order to renew a nursing home administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.
  - 1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.
  - 2. 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 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; and

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 or as documented in the NAB continuing education registry.

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.

#### **18VAC95-20-180. Late renewal.**

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

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

2. Submit the applicable renewal fee and late fee.

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

#### **18VAC95-20-190. (Repealed.)**

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

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

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

1. Evidence of the equivalent of 20 hours of continuing education for each year since the last renewal, not to exceed a total of 60 hours.
2. Evidence of active practice in another state or U.S. jurisdiction or in the U.S. armed services during the period licensure in Virginia was lapsed.
3. Evidence of requalifying for licensure by meeting the requirements prescribed in 18VAC95-20-220 or 18VAC95-20-225.

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

D. Any person whose license or registration has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC95-20-470 shall, in order to be eligible for reinstatement, (i) submit a reinstatement application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

#### **18VAC95-20-201. Inactive licensure.**

A. A nursing home administrator who holds a current, unrestricted license in Virginia shall, upon a request for inactive status on the renewal application and submission of the required renewal fee, be issued an inactive license.

1. An inactive licensee shall not be entitled to perform any act requiring a license to practice nursing home administration or registration to serve as a preceptor in Virginia.
2. The holder of an inactive license shall not be required to meet continuing education requirements, except as may be required for reactivation in subsection B of this section.

B. A nursing home administrator who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the year in which the license is being reactivated; and
2. Providing proof of completion of the number of continuing competency hours required for the period in which the license has been inactive, not to exceed three years.

[text]

**18VAC95-20-210. (Repealed.)**

### **Part III. Requirements for Licensure.**

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

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

1. Degree and practical experience. The applicant shall (i) hold a baccalaureate or higher degree in a health care -related field that meets the requirements of 18VAC95-20-221 from an accredited institution; (ii) have completed not less than a 320-hour internship that addresses the Domains of Practice as specified in 18VAC95-20-390 in a licensed nursing home as part of the degree program under the supervision of a preceptor; and (iii) have received a passing grade on the national examination;
2. Certificate program. The applicant shall (i) hold a baccalaureate or higher degree from an accredited institution; (ii) successfully complete a program with a minimum of 21 semester hours study in a health care-related field that meets the requirements of 18VAC95-20-221 from an accredited college or university; (iii) successfully complete not less than a 400-hour internship that addresses the Domains of Practice as specified in 18VAC95-20-390 in a licensed nursing home as part of the certificate program under the supervision of a preceptor; and (iv) have received a passing grade on the national examination;
3. Administrator-in-training program. The applicant shall have (i) successfully completed an AIT program that meets the requirements of Part IV (18VAC95-20-300 et seq.) of this chapter and (ii) received a passing grade on the national examination, ~~and (iii) completed the Domains of Practice form required by the board;~~ or
4. Health Services Executive (HSE) credential. The applicant shall provide evidence that he has met the minimum education, experience, and examination standards established by NAB for qualification as a Health Services Executive.

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

To meet the educational requirements for a degree in a health care-related field, an applicant must provide 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 three semester hours in each of the content areas in subdivisions 1 through 4 of this section, six semester hours in the content area set out in subdivision 5 of this section, and three semester hours for an internship.

1. Customer care, supports, services: Course content shall address program and service planning, supervision and evaluation to meet the needs of patients, such as (i) nursing, medical and pharmaceutical care; (ii) rehabilitative, social, psycho-social and recreational services; (iii) nutritional services; (iv) safety and rights protections; (v) quality assurance; and (vi) infection control.
2. Human resources: Course content shall focus on personnel leadership in a health care management role and must address organizational behavior and personnel management skills such as (i) staff organization, supervision, communication and evaluation; (ii) staff recruitment, retention, and training; (iii) personnel policy development and implementation; and (iv) employee health and safety.

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

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

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

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

The board may issue a license to any person who:

1. Holds a current, unrestricted license from any state or the District of Columbia; and
2. Meets one of the following conditions:
  - a. Has been engaged in active practice as a licensed nursing home administrator; or
  - b. Has education and experience equivalent to qualifications required by this chapter and has provided written evidence of those qualifications at the time of application for licensure.

**18VAC95-20-230. Application package.**

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

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

1. A completed application as provided by the board;
2. Additional documentation as may be required by the board to determine eligibility of the applicant;
3. The applicable fee; and
4. ~~An attestation that he has read and understands and will remain current with the applicable Virginia laws and regulations relating to the administration of nursing homes; and~~
5. ~~A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).~~

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

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

## **Part IV. Administrator-In-Training Program.**

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

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

1. Have received a passing grade on a total of 60 semester hours of education from an accredited college or university;
2. Obtain a registered preceptor to provide training;
3. Submit the fee prescribed in 18VAC95-20-80;
4. Submit the application and Domains of Practice form provided by the board; and
5. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the AIT program.

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

### **18VAC95-20-310. 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 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.

**18VAC95-20-320. (Repealed.)**

**18VAC95-20-330. Training facilities.**

Training in an AIT program shall be conducted only in:

- 1. A nursing home licensed by the Virginia Board of Health or by a similar licensing body in another jurisdiction;
- 2. An institution operated by the Virginia Department of Behavioral Health and Developmental Services in which long-term care is provided;
- 3. A certified nursing home owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or

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

**18VAC95-20-340. Supervision of trainees.**

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

B. A preceptor may supervise no more than two 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.

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

**18VAC95-20-380. Qualifications of preceptors.**

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

1. Hold a current, unrestricted Virginia nursing home administrator license and be employed full time as an administrator of record in a training facility for a minimum of two of the past three years immediately prior to registration; and
2. Provide evidence that he has completed the online preceptor training course offered by NAB; and
3. Meet the application requirements in 18VAC95-20-230.

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

1. Hold a current, unrestricted Virginia nursing home administrator license and be employed by or have an agreement with a training facility for a preceptorship; and
2. Meet the renewal requirements of 18VAC95-20-170.

**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 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 final report of completion 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.

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

**18VAC95-20-430. Termination of program.**

A. If the AIT program is terminated prior to completion, the trainee and the preceptor shall each submit a written explanation of the causes of program termination to the board within 10 business days.

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

**18VAC95-20-440. Interruption of program.**

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

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

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

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

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

**18VAC95-20-470. Unprofessional conduct.**

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



1. Conducting the practice of nursing home administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;
2. Failure to comply with federal, state, or local laws and regulations governing the operation of a nursing home;
3. Conviction of a felony or any misdemeanor involving abuse, neglect or moral turpitude;
4. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.) and 31 (§ 54.1-3100 et seq.) of the Code of Virginia or regulations of the board;
5. Inability to practice with reasonable skill or safety by reason of illness or substance abuse or as a result of any mental or physical condition;
6. Abuse, negligent practice, or misappropriation of a resident's property;
7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include actions that result in personal gain at the expense of the resident, an inappropriate personal involvement with a resident, or sexual conduct with a resident;
8. The denial, revocation, suspension, or restriction of a license to practice in another state, the District of Columbia, or a United States possession or territory;
9. Assuming duties and responsibilities within the practice of nursing home administration without adequate training or when competency has not been maintained;
10. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;
11. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents;
12. Fraud or deceit in procuring or attempting to procure a license or registration or seeking reinstatement of a license or registration; or
13. Employing or assigning unqualified persons to perform functions that require a license, certificate, or registration.

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

*Commonwealth of Virginia*



# REGULATIONS

## GOVERNING THE PRACTICE OF ASSISTED LIVING FACILITY ADMINISTRATORS

### Virginia Board of Long-Term Care Administrators

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

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

**Effective Date: December 21, 2022**

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## Part I. General Provisions.

### 18VAC95-30-10. Definitions.

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

“Assisted living facility”

“Assisted living facility administrator”

“Board”

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

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

"Active practice" means a minimum of 1,000 hours of practice as an assisted living facility administrator within the preceding 24 months.

"Administrator-of-record" means the licensed assisted living facility administrator designated in charge of the general administration and management of an assisted living facility, including compliance with applicable regulations, and identified as such to the facility's licensing agency.

"ALF AIT" means a person enrolled in an administrator-in-training program in a licensed assisted living facility.

"Approved sponsor" means an individual, business, or organization approved by NAB or by an accredited institution to offer continuing education programs in accordance with this chapter.

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

"Domains of Practice" means the content areas of tasks, knowledge and skills necessary for administration of a residential care or assisted living facility as approved by NAB.

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

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

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

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

"National examination" means a test used by the board to determine the competence of candidates for licensure as administered by NAB or any other examination approved by the board.

"Preceptor" means an assisted living facility administrator or nursing home administrator currently licensed and registered to conduct an ALF AIT program.

**18VAC95-30-20. Posting of license.**

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

**18VAC95-30-30. Accuracy of information.**

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

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

**18VAC95-30-40. Required fees.**

A. The applicant or licensee shall submit all fees in this subsection that apply:

1. ALF AIT program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Assisted living facility administrator license renewal	\$315
<u>6. Inactive license renewal</u>	<u>\$150</u>
<u>7</u> 6. Preceptor renewal	\$65
<u>8</u> 7. <u>Penalty Fee</u> for assisted living facility administrator late renewal	\$110
<u>9</u> 8. <u>Penalty Fee</u> for preceptor late renewal	\$25
<u>10</u> . <u>Penalty Fee for inactive license late renewal</u>	<u>\$35</u>
<u>11</u> 9. Assisted living facility administrator reinstatement	\$435
<u>12</u> 10. Preceptor reinstatement	\$105
<u>13</u> 11. Duplicate license	\$25
<u>14</u> 12. Duplicate wall certificates	\$40
<u>15</u> 13. Returned check or dishonored credit card or debit card	\$50
<u>16</u> 14. Reinstatement after disciplinary action	\$1,000

B. Fees shall not be refunded once submitted.

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

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

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

## **Part II. Renewals, ~~and Reinstatements,~~ and Inactive Licensures.**

### **18VAC95-30-60. Renewal requirements.**

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

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

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

### **18VAC95-30-70. Continuing education requirements.**

A. In order to renew an assisted living administrator license, an applicant shall attest on 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; and

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 or as documented in the NAB continuing education registry.

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.

#### **18VAC95-30-80. Late renewal.**

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

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

2. Submit the applicable renewal fee and penalty fee;

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

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

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

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

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

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

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

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

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

D. Any person whose license or registration has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC95-30-210 shall, in order to be eligible for reinstatement, (i) submit a reinstatement application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

### **18VAC95-30-91. Inactive licensure.**

A. An assisted living facility administrator who holds a current, unrestricted license in Virginia shall, upon a request for inactive status on the renewal application and submission of the required renewal fee, be issued an inactive license.

1. An inactive licensee shall not be entitled to perform any act requiring a license to practice assisted living facility administration or registration to serve as a preceptor in Virginia.

2. The holder of an inactive license shall not be required to meet continuing education requirements, except as may be required for reactivation in subsection B of this section.

B. An assisted living facility administrator who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the year in which the license is being reactivated; and

2. Providing proof of completion of the number of continuing competency hours required for the period in which the license has been inactive, not to exceed three years.

[text]

## **Part III. Requirements for Licensure.**

**18VAC95-30-95. (Repealed).**

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

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

1. Administrator-in-training program.



- a. Complete at least 30 semester hours of postsecondary education in an accredited college or university 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 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;
- 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.

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

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

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

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

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

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

### **18VAC95-30-130. Application package.**

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

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

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

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

## **Part IV. Administrator-in-Training Program.**

### **18VAC95-30-140. Training qualifications.**

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

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

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

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

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

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

1. An applicant who has been employed full time for one of the past four years immediately prior to application as an assistant administrator in a licensed assisted living facility or nursing home or as a hospital administrator shall complete 320 hours in an ALF AIT program;
2. An applicant who holds a license or a multistate licensure privilege as a registered nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years, in a licensed assisted living facility or nursing home shall complete 320 hours in an ALF AIT program; or
3. An applicant who holds a license or a multistate licensure privilege as a licensed practical nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years, in a licensed assisted living facility or nursing home shall complete 480 hours in an ALF AIT program.

**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 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. 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 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 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 four hours per week.

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

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

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

1. Credit for training shall resume when a new preceptor is obtained and approved by the board.
2. If an alternate training plan is developed, it shall be submitted to the board for approval before the trainee resumes training.

B. If the training program is terminated prior to completion, the trainee and the preceptor shall each submit a written explanation of the causes of program termination to the board within 10 business days. The preceptor shall also submit all required monthly progress reports completed prior to termination within 10 business days.

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

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

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

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

**18VAC95-30-210. Unprofessional conduct.**

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

1. Conducting the practice of assisted living administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;
2. Failure to comply with federal, state, or local laws and regulations governing the operation of an assisted living facility;

3. Conviction of a felony or any misdemeanor involving abuse, neglect, or moral turpitude;
4. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.), and 31 (§ 54.1-3100 et seq.) of the Code of Virginia or regulations of the board;
5. Inability to practice with reasonable skill or safety by reason of illness or substance abuse or as a result of any mental or physical condition;
6. Abuse, negligent practice, or misappropriation of a resident's property;
7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include actions that result in personal gain at the expense of the resident, an inappropriate personal involvement with a resident, or sexual conduct with a resident;
8. The denial, revocation, suspension, or restriction of a license to practice in another state, the District of Columbia or a United States possession or territory;
9. Assuming duties and responsibilities within the practice of assisted living facility administration without adequate training or when competency has not been maintained;
10. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;
11. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents;
12. Fraud or deceit in procuring or attempting to procure a license or registration or seeking reinstatement of a license or registration; or
13. Employing or assigning unqualified persons to perform functions that require a license, certificate, or registration.



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

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

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**Commenter:** Michelle Hamilton

9/8/23 2:25 pm

**Administrator Regulations**

Administrator Regulations

1. **22VAC40-73-140. Administrator qualifications - A - *The administrator shall be at least 21 years of age.***
  - To increase the workforce potential, I recommend to change the age to 18.
2. **22VAC40-73-140. Administrator qualifications**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator. The current requirements are cumbersome, costly, and time consuming. Suggest studying other nearby states and to lessen preceptor hours, time, and testing.
3. **22VAC40-73-150. Administrator provisions and responsibilities - B.2**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing.
4. **22VAC40-73-150. Administrator provisions and responsibilities - B.3-4 –**
  - Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.
5. **22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**
  - This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.
6. **22VAC40-73-150. Administrator provisions and responsibilities - B.9**



- With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220178

**Commenter:** Kim Hurt

9/8/23 3:06 pm

## Administrator Regulations

1. **22VAC40-73-140. Administrator qualifications - A** - *The administrator shall be at least 21 years of age.*

- To increase the workforce potential, I recommend to change the age to 18.

2. **22VAC40-73-140. Administrator qualifications**

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3. **22VAC40-73-150. Administrator provisions and responsibilities - B.2**

- Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing. The current testing does not apply to license assisted living in the state of Virginia. It is not necessary to have an assisted living administrator pass a national test for nursing homes; this requirement create a barrier for the business and most especially for the health of seniors in VA.

4. **22VAC40-73-150. Administrator provisions and responsibilities - B.3-4** –

- Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.

5. **22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**

- This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.

6. **22VAC40-73-150. Administrator provisions and responsibilities - B.9**

- With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220180

**Commenter:** Margaret Nolen

9/8/23 3:31 pm

## Administrator Regulations

1. **22VAC40-73-140. Administrator qualifications - A** - *The administrator shall be at least 21 years of age.*

- To increase the workforce potential, I recommend to change the age to 18.

2. **22VAC40-73-140. Administrator qualifications**

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**3. 22VAC40-73-150. Administrator provisions and responsibilities - B.2**

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**4. 22VAC40-73-150. Administrator provisions and responsibilities - B.3-4 –**

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**5. 22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**

- This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.

**6. 22VAC40-73-150. Administrator provisions and responsibilities - B.9**

- With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220181

**Commenter:** Samuel Estep

9/8/23 3:51 pm

**Administrator Regulations**

**Administrator Regulations**

**1. 22VAC40-73-140. Administrator qualifications - A - *The administrator shall be at least 21 years of age.***

- To increase the workforce potential, I recommend to change the age to 18.

**2. 22VAC40-73-140. Administrator qualifications**

- Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator. The current requirements are cumbersome, costly, and time consuming. Suggest studying other nearby states and to lessen preceptor hours, time, and testing.

**3. 22VAC40-73-150. Administrator provisions and responsibilities - B.2**

- Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing. The current testing does not apply to license assisted living in the state of Virginia. It is not necessary to have an assisted living administrator pass a national test for nursing homes; this requirement create a barrier for the business and most especially for the health of seniors in VA.

4. **22VAC40-73-150. Administrator provisions and responsibilities - B.3-4 –**
  - Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.
5. **22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**
  - This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.
6. **22VAC40-73-150. Administrator provisions and responsibilities - B.9**
  - With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220183

**Commenter:** Brandie French

9/8/23 11:49 pm

## **Administrator Requirements**

## **Administrator Regulations**

1. **22VAC40-73-140. Administrator qualifications - A - *The administrator shall be at least 21 years of age.***
  - To increase the workforce potential, I recommend to change the age to 18.
2. **22VAC40-73-140. Administrator qualifications**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator. The current requirements are cumbersome, costly, and time consuming. Suggest studying other nearby states and to lessen preceptor hours, time, and testing.
3. **22VAC40-73-150. Administrator provisions and responsibilities - B.2**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing. The current testing does not apply to license assisted living in the state of Virginia. It is not necessary to have an assisted living administrator pass a national test for nursing homes; this requirement create a barrier for the business and most especially for the health of seniors in VA.
4. **22VAC40-73-150. Administrator provisions and responsibilities - B.3-4 –**
  - Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.
5. **22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**
  - This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.
6. **22VAC40-73-150. Administrator provisions and responsibilities - B.9**

- With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220188

**Commenter:** Alice Reynolds

9/10/23 12:52 pm

## **Administrator Review**

### **Administrator Regulations**

1. **22VAC40-73-140. Administrator qualifications - A** - *The administrator shall be at least 21 years of age.*
  - No recommendations
2. **22VAC40-73-140. Administrator qualifications**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator. The current requirements are cumbersome, costly, and time consuming. Suggest studying other nearby states and to lessen preceptor hours, time, and testing.
3. **22VAC40-73-150. Administrator provisions and responsibilities - B.2**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing. The current testing does not apply to license assisted living in the state of Virginia. It is not necessary to have an assisted living administrator pass a national test for nursing homes; this requirement create a barrier for the business and most especially for the health of seniors in VA.
4. **22VAC40-73-150. Administrator provisions and responsibilities - B.3-4** –
  - Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.
5. **22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**
  - This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.
6. **22VAC40-73-150. Administrator provisions and responsibilities - B.9**
  - With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220197

**Commenter:** Commonwealth Senior Living

9/11/23 6:36 am

## **Regional Vice President**

### **Administrator Regulations**

1. **22VAC40-73-140. Administrator qualifications - A** - The administrator shall be at least 21 years

of age.

- To increase the workforce potential, I recommend to change the age to 18.

2. 22VAC40-73-140. Administrator qualifications

- Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator. The current requirements are cumbersome, costly, and time consuming. Suggest studying other nearby states and to lessen preceptor hours, time, and testing.

3. 22VAC40-73-150. Administrator provisions and responsibilities - B.2

- Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing. The current testing does not apply to license assisted living in the state of Virginia. It is not necessary to have an assisted living administrator pass a national test for nursing homes; this requirement create a barrier for the business and most especially for the health of seniors in VA.

4. 22VAC40-73-150. Administrator provisions and responsibilities - B.3-4 –

- Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.

5. 22VAC40-73-150. Administrator provisions and responsibilities - B.5-6

- This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.

6. 22VAC40-73-150. Administrator provisions and responsibilities - B.9

- With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220199

**Commenter:** Patrice Cherry

9/11/23 12:14 pm

**Administrator Regs**

1. **22VAC40-73-140. Administrator qualifications - A** - *The administrator shall be at least 21 years of age.*

- To increase the workforce potential, I recommend to change the age to 18.

2. **22VAC40-73-140. Administrator qualifications**

- Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator. The current requirements are cumbersome, costly, and time consuming. Suggest studying other nearby states and to lessen preceptor hours, time, and testing.

3. **22VAC40-73-150. Administrator provisions and responsibilities - B.2**

- Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing. The current testing does not apply to license assisted living in the state of Virginia. It is not necessary to have an assisted living administrator pass a national test for nursing homes; this requirement creates a barrier for the business and most especially for the health of seniors in VA.

4. **22VAC40-73-150. Administrator provisions and responsibilities - B.3-4 –**

- Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.

5. **22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**

- This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.

6. **22VAC40-73-150. Administrator provisions and responsibilities - B.9**

- With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220202

**Commenter:** Luke Peterson

9/11/23 12:15 pm

**Administrator Regulations**

1. **22VAC40-73-140. Administrator qualifications - A - *The administrator shall be at least 21 years of age.***

- To increase the workforce potential, I recommend to change the age to 18.

2. **22VAC40-73-140. Administrator qualifications**

- Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator. The current requirements are cumbersome, costly, and time consuming. Suggest studying other nearby states and to lessen preceptor hours, time, and testing.

3. **22VAC40-73-150. Administrator provisions and responsibilities - B.2**

- Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing. The current testing does not apply to license assisted living in the state of Virginia. It is not necessary to have an assisted living administrator pass a national test for nursing homes; this requirement creates a barrier for the business and most especially for the health of seniors in VA.

4. **22VAC40-73-150. Administrator provisions and responsibilities - B.3-4 –**

- Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.

5. **22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**

- This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.

6. **22VAC40-73-150. Administrator provisions and responsibilities - B.9**

- With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220203

**Commenter:** Erika Cruz

9/11/23 12:16 pm

## Comment re: Administrator Regs

1. **22VAC40-73-140. Administrator qualifications - A** - *The administrator shall be at least 21 years of age.*
  - To increase the workforce potential, I recommend to change the age to 18.
2. **22VAC40-73-140. Administrator qualifications**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator. The current requirements are cumbersome, costly, and time consuming. Suggest studying other nearby states and to lessen preceptor hours, time, and testing.
3. **22VAC40-73-150. Administrator provisions and responsibilities - B.2**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing. The current testing does not apply to license assisted living in the state of Virginia. It is not necessary to have an assisted living administrator pass a national test for nursing homes; this requirement create a barrier for the business and most especially for the health of seniors in VA.
4. **22VAC40-73-150. Administrator provisions and responsibilities - B.3-4** –
  - Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.
5. **22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**
  - This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.
6. **22VAC40-73-150. Administrator provisions and responsibilities - B.9**
  - With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220204

**Commenter:** Tommy Comer, CHRO for Commonwealth Senior Living

9/11/23 1:36 pm

### Recommendations

1. **22VAC40-73-140. Administrator qualifications - A** - *The administrator shall be at least 21 years of age.*
  - To increase the workforce potential, I recommend to change the age to 18. Other industries, including the US military, are able to cultivate talent as young as 18.
2. **22VAC40-73-140. Administrator qualifications**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator. The current requirements are cumbersome, costly, and time consuming. Suggest studying other nearby states and to lessen preceptor hours, time, and testing.

3. **22VAC40-73-150. Administrator provisions and responsibilities - B.2**

- Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing. The current testing does not apply to license assisted living in the state of Virginia. It is not necessary to have an assisted living administrator pass a national test for nursing homes; this requirement create a barrier for the business and most especially for the health of seniors in VA.

4. **22VAC40-73-150. Administrator provisions and responsibilities - B.3-4 –**

- Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.

5. **22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**

- This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.

6. **22VAC40-73-150. Administrator provisions and responsibilities - B.9**

- With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220205

**Commenter:** Virginia Assisted Living Association (VALA)

9/11/23 5:24 pm

### Reduce Barriers to 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) 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, **Virginia's regulations for licensure as an Assisted Living Facility Administrator are amongst the strictest in the nation and present a significant barrier to entry.** According to the Virginia Health Care Workforce Data Center report *Virginia's Assisted Living Facility Administrator Workforce: 2022*, it is expected that half of the currently licensed workforce will be retired within 20 years. This is alarming and does not include the licensed administrators that have left the industry within the last few years due to burn-out. With an industry that provides for the care and support of Virginia's aging population that will exponentially increase in the next 20 years, it is imperative that Virginia streamline the licensure process for administrators.

The two biggest barriers to licensure as an assisted living facility administrator in Virginia are the significant number of hours required for an AIT program and the requirement of applicants to pass a national test that sometimes conflicts with Virginia's regulations. We welcome the review to reduce these burdensome regulations pursuant to Executive Order 19.

Listed below are some recommendations for improvements and regulations of concern:

- **18VAC95-30-10. Definitions. B.** "ALF AIT" means a person enrolled in an administrator-in-training program ~~in a licensed assisted living facility.~~
  - 18VAC95-30-170 establishes requirements of training facilities.
- **18VAC95-30-30. Accuracy of Information.**
  - Recommend allowance for electronic notification.



- **18VAC95-30-60. Renewal Requirements. B.** ~~The renewal form and fee shall be received no later than the expiration date.~~ Postmarks shall not be considered.
  - 18VAC95-30-60-A provides an expiration date.
- **18VAC95-30-70. Continuing education requirements. C. 2. d.** ~~Signature of an authorized representative of the approved sponsor.~~
  - Many online training courses do not provide a “signature”. This requirement is outdated for the current CEU training platforms available.

- **18VAC95-30-80. Late Renewal.**

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

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

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

- 18VAC95-30-100. Education and training requirements for initial licensure
  - Recommend reducing the number of AIT hours, as the current requirements are cumbersome, costly, and time consuming.
  - The current number of required hours prevent significant barriers to entry in multiple capacities including in acquiring a preceptor to commit to the specified number of hours.
  - With the shortage of preceptors and the limitations of available ALFs to host AIT trainings, VALA recommends the creation of a training program that could be administered by stakeholder associations, educational institutions, and/or Virginia agencies to provide core training to ALFA applicants in Virginia with a specified number of hours required within an assisted living facility. Virginia could offer workforce training grants to ALFs to serve as training hosts for applicants in the training program.
- 18VAC95-30-110. Examination requirements for initial licensure.
  - Requiring applicants to pass a national examination that sometimes conflicts with Virginia regulations is a barrier to passage. The AIT program is to teach applicants how to be a qualified administrator, which would need to understand and practice based on the applicable regulations. The AIT program should be able to focus on the same regulations and practices instead of having to supplement teaching applicable skills and requirements to be able to pass a national examination that often is focus on nursing home requirements and practices. This could be a contributing factor to the significantly low pass rates of 49.5% experienced by Virginia’s ALFA applicants compared to the national average of 63.8%. The AIT programs should be able to 100% focus on applicable regulations and procedures for serving as an administrator of an assisted living facility in Virginia. As is often stated in education, teaching to the test does not adequately prepare the students for success in the future.
  - Recommend creating an examination based on Virginia regulations. Another option would be to allow the applicant to choose whether to pass a Virginia-based examination or the NAB examination.
- 18VAC95-30-120. Qualification for licensure by endorsement or credentials.
  - We encourage Virginia to follow the lead of South Dakota in welcoming most of the licenses and credentials issued by other states by expanding the acceptance of licensure as an administrator of an assisted living facility or similarly named senior living facility.
- 18VAC95-30-130. Application package. B. 4.
 

~~An attestation that he has read and understands and will remain current with the applicable Virginia laws~~

~~and the regulations relating to assisted living facilities; and~~

- To serve as an administrator, the individual is required to abide by applicable laws and regulations.
- 18VAC95-30-150. Required hours of training. A.
  - The requirement for an acting administrator to complete the training in 150 days can be difficult to meet with an AIT needing 640 hours (at no more than 40 hours/week) = 16 weeks = 112 days. This timeline does not include the timeframe experienced by mailing systems, state processing times, nor timelines for scheduling available testing dates.
- 18VAC95-30-170. Training facilities. B.
  1. An assisted living facility with a provisional license as determined by the Department of Social Services in which the AIT program is a new ALF AIT program unless the preceptor has been a licensed administrator for at least # years;
  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 unless the preceptor has been a licensed administrator for at least # years;
  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.~~
    - Sometimes, the best training occurs when correcting previous mistakes. ALFs that are on the pathway to achieving compliance should not be excluded from teaching applicants.
    - This requirement puts an even greater barrier on qualified training opportunities and discriminates against smaller providers. Due to workforce shortages, many facilities must train new talent, and this requirement prevents many ALFs from achieving compliance through training resulting in them potentially operating without an administrator for extended periods of time awaiting qualified applicants that may not exist in the area.
- **18VAC95-30-180. Preceptors.**
  - The limitation of no more than 2 trainees at one time creates a barrier to entry by new applicants seeking a licensed preceptor. Many applicants utilize the voluntary preceptor listing to contact preceptors, but they are often denied preceptorship due to the preceptor already maxed at 2 trainees.
  - Expanding the pool of preceptors is crucial to maintaining a supply of licensed administrators, as unfortunately, some interested applicants have been quoted a rate of more than \$10,000 to have a preceptor.
- **18VAC95-30-200. Interruption or termination of program.**

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

- Due to the significant shortage of preceptors, the AIT may not be able to successfully secure a new preceptor within 60 days.

Being able to welcome staff members from a variety of backgrounds, professions, and industries helps to provide continuity of care for Virginia's seniors. Improving Virginia's administrator-in-training program by reducing barriers to entry will eliminate the unintentional discrimination of AIT candidates based on income status, employment at small businesses, or employment in rural areas.

Virginia's long-term care communities need more opportunities to recruit, to train, and to license administrators. With these considerations in mind, **we thank the Board of Long-Term Care Administrators for considering these recommendations and concerns of the Regulations Governing the Practice of Assisted Living Facility Administrators.** Please let us know if you have any questions regarding these comments.

CommentID: 220210

**Commenter:** Leigh Morehead

9/12/23 8:39 pm

### Licensing Requirements

1. **22VAC40-73-140. Administrator qualifications - A** - *The administrator shall be at least 21 years of age.*
  - To increase the workforce potential, I recommend to change the age to 18.
2. **22VAC40-73-140. Administrator qualifications**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator. The current requirements are cumbersome, costly, and time consuming. Suggest studying other nearby states and to lessen preceptor hours, time, and testing.
3. **22VAC40-73-150. Administrator provisions and responsibilities - B.2**
  - Recommend to collaborate with Virginia Board of Long-Term Care Administrators to reduce barriers to licensure as an Administrator, Suggest studying other nearby states and to lessen preceptor hours, time, and testing. The current testing does not apply to license assisted living in the state of Virginia. It is not necessary to have an assisted living administrator pass a national test for nursing homes; this requirement creates a barrier for the business and most especially for the health of seniors in VA.
4. **22VAC40-73-150. Administrator provisions and responsibilities - B.3-4 –**
  - Improve clarity and allow for qualification by experience as is currently an eligible qualification for the AIT program.
5. **22VAC40-73-150. Administrator provisions and responsibilities - B.5-6**
  - This timeline can be difficult to meet with an AIT needing 640 hours = (at no more than 40 hrs/wk) = 16 weeks = 112 days. This does not include the timeframe of mail systems and state processing, nor availability of testing dates.
6. **22VAC40-73-150. Administrator provisions and responsibilities - B.9**
  - With the current workforce shortages, this Standard significantly hinders an industry that has a high rate of retirement and turnover. Recommend eliminating this restriction from the Standards and the Code.

CommentID: 220262

**Commenter:** Kristen Gregory, Gregory's Assisted living facility

9/13/23 9:49 am

### Administrator regulations

Please help us get qualified individuals the chance to give great care with a good licensing process.

CommentID: 220308



# Virginia Assisted Living Association

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

To: Virginia Board of Long-Term Care Administrators

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

Date: September 13, 2023

Re: NOIRA: Regulations Governing the Practice of Assisted Living Facility Administrators

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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 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, **Virginia’s regulations for licensure as an Assisted Living Facility Administrator are amongst the strictest in the nation and present a significant barrier to entry.** According to the Virginia Health Care Workforce Data Center report *Virginia’s Assisted Living Facility Administrator Workforce: 2022*, it is expected that half of the currently licensed workforce will be retired within 20 years. This is alarming and does not include the licensed administrators that have left the industry within the last few years due to burn-out. With an industry that provides for the care and support of Virginia’s aging population that will exponentially increase in the next 20 years, it is imperative that Virginia streamline the licensure process for administrators.

The two biggest barriers to licensure as an assisted living facility administrator in Virginia are the significant number of hours required for an AIT program and the requirement of applicants to pass a national test that sometimes conflicts with Virginia’s regulations. We welcome the review to reduce these burdensome regulations pursuant to Executive Order 19.

Listed below are some recommendations for improvements and regulations of concern:

- **18VAC95-30-10. Definitions. B.** “ALF AIT” means a person enrolled in an administrator-in-training program ~~in a licensed assisted living facility.~~
  - 18VAC95-30-170 establishes requirements of training facilities.
- **18VAC95-30-30. Accuracy of Information.**
  - Recommend allowance for electronic notification.
- **18VAC95-30-60. Renewal Requirements. B.** ~~The renewal form and fee shall be received no later than the expiration date.~~ Postmarks shall not be considered.
  - 18VAC95-30-60-A provides an expiration date.
- **18VAC95-30-70. Continuing education requirements. C. 2. d.** ~~Signature of an authorized representative of the approved sponsor.~~
  - Many online training courses do not provide a “signature”. This requirement is outdated for the current CEU training platforms available.
- **18VAC95-30-80. Late Renewal.**
  - A. A person who fails to renew his license or preceptor registration by the expiration date ~~shall~~ may, within one year of the initial expiration date:
    1. Submit the renewal notice or request renewal ~~by mail~~ to the board;
  - B. ~~The documents required in subsection A of this section shall be received in the board office within one year of the initial expiration date.~~ Postmarks shall not be considered.

- **18VAC95-30-100. Education and training requirements for initial licensure**
  - Recommend reducing the number of AIT hours, as the current requirements are cumbersome, costly, and time consuming.
  - The current number of required hours prevent significant barriers to entry in multiple capacities including in acquiring a preceptor to commit to the specified number of hours.
  - With the shortage of preceptors and the limitations of available ALFs to host AIT trainings, VALA recommends the creation of a training program that could be administered by stakeholder associations, educational institutions, and/or Virginia agencies to provide core training to ALFA applicants in Virginia with a specified number of hours required within an assisted living facility. Virginia could offer workforce training grants to ALFs to serve as training hosts for applicants in the training program.
- **18VAC95-30-110. Examination requirements for initial licensure.**
  - Requiring applicants to pass a national examination that sometimes conflicts with Virginia regulations is a barrier to passage. The AIT program is to teach applicants how to be a qualified administrator, which would need to understand and practice based on the applicable regulations. The AIT program should be able to focus on the same regulations and practices instead of having to supplement teaching applicable skills and requirements to be able to pass a national examination that often is focus on nursing home requirements and practices. This could be a contributing factor to the significantly low pass rates of 49.5% experienced by Virginia's ALFA applicants compared to the national average of 63.8%. The AIT programs should be able to 100% focus on applicable regulations and procedures for serving as an administrator of an assisted living facility in Virginia. As is often stated in education, teaching to the test does not adequately prepare the students for success in the future.
  - Recommend creating an examination based on Virginia regulations. Another option would be to allow the applicant to choose whether to pass a Virginia-based examination or the NAB examination.
- **18VAC95-30-120. Qualification for licensure by endorsement or credentials.**
  - We encourage Virginia to follow the lead of South Dakota in welcoming most of the licenses and credentials issued by other states by expanding the acceptance of licensure as an administrator of an assisted living facility or similarly named senior living facility.
- **18VAC95-30-130. Application package. B. 4.**

~~An attestation that he has read and understands and will remain current with the applicable Virginia laws and the regulations relating to assisted living facilities; and~~

  - To serve as an administrator, the individual is required to abide by applicable laws and regulations.
- **18VAC95-30-150. Required hours of training. A.**
  - The requirement for an acting administrator to complete the training in 150 days can be difficult to meet with an AIT needing 640 hours (at no more than 40 hours/week) = 16 weeks = 112 days. This timeline does not include the timeframe experienced by mailing systems, state processing times, nor timelines for scheduling available testing dates.
- **18VAC95-30-170. Training facilities. B.**
  1. An assisted living facility with a provisional license as determined by the Department of Social Services in which the AIT program is a new ALF AIT program unless the preceptor has been a licensed administrator for at least # years;
  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 unless the preceptor has been a licensed administrator for at least # years;
  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.~~
    - Sometimes, the best training occurs when correcting previous mistakes. ALFs that are on the pathway to achieving compliance should not be excluded from teaching applicants.
    - This requirement puts an even greater barrier on qualified training opportunities and discriminates against smaller providers. Due to workforce shortages, many facilities must train new talent, and this requirement prevents many ALFs from achieving compliance through training resulting in them potentially operating without an administrator for extended periods of time awaiting qualified applicants that may not exist in the area.

- **18VAC95-30-180. Preceptors.**
  - The limitation of no more than 2 trainees at one time creates a barrier to entry by new applicants seeking a licensed preceptor. Many applicants utilize the voluntary preceptor listing to contact preceptors, but they are often denied preceptorship due to the preceptor already maxed at 2 trainees.
  - Expanding the pool of preceptors is crucial to maintaining a supply of licensed administrators, as unfortunately, some interested applicants have been quoted a rate of more than \$10,000 to have a preceptor.
- **18VAC95-30-200. Interruption or termination of program.**

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

  - Due to the significant shortage of preceptors, the AIT may not be able to successfully secure a new preceptor within 60 days.

Being able to welcome staff members from a variety of backgrounds, professions, and industries helps to provide continuity of care for Virginia's seniors. Improving Virginia's administrator-in-training program by reducing barriers to entry will eliminate the unintentional discrimination of AIT candidates based on income status, employment at small businesses, or employment in rural areas.

Virginia's long-term care communities need more opportunities to recruit, to train, and to license administrators. With these considerations in mind, **we thank the Board of Long-Term Care Administrators for considering these recommendations and concerns of the Regulations Governing the Practice of Assisted Living Facility Administrators.** Please let us know if you have any questions regarding these comments.



**September 13, 2023**

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

**From: Dana Parsons, Vice President & Legislative Counsel**

**Re: Comments – NOIRA: Regulations Governing the Practice of Nursing Home and Assisted Living Administrators 18VAC95 - 20 & 30**

Thank you for the opportunity to comment on the Notice of Intended Regulatory Action (NOIRA) for the Regulations Governing the Practice of Nursing Home and Assisted Living Administrators 18VAC95-20 & 30.

Given the specificity of the proposed changes included in the NOIRA, we suggest that regulatory advisory panels (RAP) be convened to address the provisions.

In closing, LeadingAge Virginia welcomes the opportunity to serve as a member of the RAP groups.

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**Agenda Item: Adoption of revised policy on meetings held with electronic participation pursuant to statutory changes**

**Included in your agenda package:**

- Proposed revised electronic participation policy;
- Virginia Code § 2.2-3708.3

**Action needed:**

- Motion to revise policy on meetings held with electronic participation as presented.



## **Virginia Department of Health Professions**

### **Meetings Held with Electronic Participation**

#### **Purpose:**

To establish a written policy for allowing electronic participation of board or committee members for meetings of the health regulatory boards of the Department of Health Professions or their committees.

#### **Policy:**

Electronic participation by members of the health regulatory boards of the Department of Health Professions or their committees shall be in accordance with the procedures outlined in this policy.

#### **Authority:**

This policy for conducting a meeting with electronic participation shall be in accordance with [Virginia Code § 2.2-3708.3](#).

#### **Procedures:**

1. One or more members of the Board or a committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to:
  - a. a temporary or permanent disability or other medical condition that prevents the member's physical attendance;
  - b. a medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;
  - c. the member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
  - d. the member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter.

No member, however, may use remote participation due to personal matters more than two meetings per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. Participation by a member through electronic communication means must be approved by the board chair or president. The reason for the member's electronic participation shall

be stated in the minutes in accordance with Virginia Code § 2.2-3708.3(A)(4). If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

3. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; the remote location, however, does not need to be open to the public and may be identified by a general description.

Draft

## § 2.2-3708.3. (Effective September 1, 2022) Meetings held through electronic communication means; situations other than declared states of emergency

A. Public bodies are encouraged to (i) provide public access, both in person and through electronic communication means, to public meetings and (ii) provide avenues for public comment at public meetings when public comment is customarily received, which may include public comments made in person or by electronic communication means or other methods.

B. Individual members of a public body may use remote participation instead of attending a public meeting in person if, in advance of the public meeting, the public body has adopted a policy as described in subsection D and the member notifies the public body chair that:

1. The member has a temporary or permanent disability or other medical condition that prevents the member's physical attendance;
2. A medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;
3. The member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
4. The member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. However, the member may not use remote participation due to personal matters more than two meetings per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public and may be identified in the minutes by a general description. If participation is approved pursuant to subdivision 1 or 2, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to a (i) temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 3, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to the distance between the member's principal residence and the meeting location. If participation is approved pursuant to subdivision 4, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.

If a member's participation from a remote location pursuant to this subsection is disapproved because such participation would violate the policy adopted pursuant to subsection D, such

disapproval shall be recorded in the minutes with specificity.

C. With the exception of local governing bodies, local school boards, planning commissions, architectural review boards, zoning appeals boards, and boards with the authority to deny, revoke, or suspend a professional or occupational license, any public body may hold all-virtual public meetings, provided that the public body follows the other requirements in this chapter for meetings, the public body has adopted a policy as described in subsection D, and:

1. An indication of whether the meeting will be an in-person or all-virtual public meeting is included in the required meeting notice along with a statement notifying the public that the method by which a public body chooses to meet shall not be changed unless the public body provides a new meeting notice in accordance with the provisions of § 2.2-3707;
2. Public access to the all-virtual public meeting is provided via electronic communication means;
3. The electronic communication means used allows the public to hear all members of the public body participating in the all-virtual public meeting and, when audio-visual technology is available, to see the members of the public body as well;
4. A phone number or other live contact information is provided to alert the public body if the audio or video transmission of the meeting provided by the public body fails, the public body monitors such designated means of communication during the meeting, and the public body takes a recess until public access is restored if the transmission fails for the public;
5. A copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished to members of a public body for a meeting is made available to the public in electronic format at the same time that such materials are provided to members of the public body;
6. The public is afforded the opportunity to comment through electronic means, including by way of written comments, at those public meetings when public comment is customarily received;
7. No more than two members of the public body are together in any one remote location unless that remote location is open to the public to physically access it;
8. If a closed session is held during an all-virtual public meeting, transmission of the meeting to the public resumes before the public body votes to certify the closed meeting as required by subsection D of § 2.2-3712;
9. The public body does not convene an all-virtual public meeting (i) more than two times per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater, or (ii) consecutively with another all-virtual public meeting; and
10. Minutes of all-virtual public meetings held by electronic communication means are taken as required by § 2.2-3707 and include the fact that the meeting was held by electronic communication means and the type of electronic communication means by which the meeting was held. If a member's participation from a remote location pursuant to this subsection is disapproved because such participation would violate the policy adopted pursuant to subsection D, such disapproval shall be recorded in the minutes with specificity.

D. Before a public body uses all-virtual public meetings as described in subsection C or allows members to use remote participation as described in subsection B, the public body shall first

adopt a policy, by recorded vote at a public meeting, that shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting. The policy shall:

1. Describe the circumstances under which an all-virtual public meeting and remote participation will be allowed and the process the public body will use for making requests to use remote participation, approving or denying such requests, and creating a record of such requests; and
2. Fix the number of times remote participation for personal matters or all-virtual public meetings can be used per calendar year, not to exceed the limitations set forth in subdivisions B 4 and C 9.

Any public body that creates a committee, subcommittee, or other entity however designated of the public body to perform delegated functions of the public body or to advise the public body may also adopt a policy on behalf of its committee, subcommittee, or other entity that shall apply to the committee, subcommittee, or other entity's use of individual remote participation and all-virtual public meetings.

2022, c. [597](#).

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

**Agenda Item: Adoption of Guidance Document 95-1, Qualifying for Licensure Required Content for College Coursework and Approval of NHA AIT Training Hours**

**Included in your agenda package is:**

- **Proposed version of Guidance Document 95-1**

**Action Needed:**

- **Motion to adopt Guidance Document 95-1**

## Virginia Board of Long-Term Care Administrators

### Qualifying for Licensure: Required Content for College Coursework and Approval of NHA AIT Training Hours

#### Required Content for College Coursework

The requirements for licensure as a nursing home administrator are addressed in the Regulations Governing the Practice of Nursing Home Administrators at [18 VAC 95-20-220](#). The educational requirement for licensure by degree and practical experience or by certificate program through a “baccalaureate or higher degree in a health-care related field” is for college coursework in nursing home administration or a health care administration field that meets the requirements set forth in [18 VAC 95-20-221](#). The Board notes that the coursework requirements are intended to focus on coursework relevant to administration in a nursing home setting that generally tracks the Domains of Practice.

To meet the educational requirements for licensure an applicant must provide a transcript from an accredited college or university that documents successful completion of a minimum of 21 semester hours of coursework concentrated on the administration and management of health care services. This coursework must include a minimum of 3 semester hours in each of the Content Areas 1, 2, 3, and 4 below. A minimum of 6 semester hours is required in Content Area 5. Further description of each of the specific content areas can be found in [18VAC95-20-221](#).

#### 5 Required Content Areas:

1. Customer care, supports, services.
2. Human resources.
3. Finance.
4. Environment.
5. Leadership and management.

#### Approval of NHA AIT Training Hours

The required training hours for qualification for licensure for a Nursing Home Administrator-in-Training (AIT) are set forth in the Board’s Regulations Governing the Practice of Nursing Home Administrators at [18VAC95-20-310](#).

The Board recognizes that there may be instances where an applicant is concurrently enrolled in a degree program and desires to or is required to meet licensure requirements by completing training in an AIT program.

Where an individual applicant is in the process of completing a degree program, Board staff may approve registration for an Administrator-in-Training program for the number of hours based upon the anticipated degree to be conferred. In the event the applicant does not complete the anticipated degree requirements, the applicant still may be required to complete additional AIT training hours in order to qualify for licensure.