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**Call to Order – Mitchell P. Davis, NHA, Board Chair**

- Welcome and Introductions
- Mission of the Board

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**Approval of Minutes**

- New Board Member Orientation – December 16, 2019
- Board Meeting – December 17, 2019
- Formal Hearing – December 17, 2019
- WebEx Training Session – September 11, 2020
- For informational purposes only – Informal Conferences – August 18, 2020

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**Ordering 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.*

*\*\*\*For more information and instructions related to public comment, please refer to page 3 of the Agenda\*\*\**

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**Agency Report – David E. Brown, D.C., Director, and Barbara Allison-Bryan, M.D., Deputy Director**

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**Presentation**

- Virginia Nursing Home Administrator and Assisted Living Facility Administrator Workforces, 2020 – **Elizabeth A. Carter, Ph.D. and Yetty Shobo, Ph.D., Healthcare Workforce Data Center**

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**Staff Reports**

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

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**Board Counsel Report – Erin Barrett, Assistant Attorney General**

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**Committee and Board Member Reports**

- Board of Health Professions Report – **Derrick Kendall, NHA**

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**Legislative and Regulatory Report – Elaine Yeatts, Senior Policy Analyst**

- Policy Updates – Electronic Meeting Policy (Emergency and Statutory)
  - Legislative/Regulatory Updates
- 

**Board Discussions and Actions – Corie E. Tillman Wolf and Elaine Yeatts**

- Consideration of Revisions to Guidance Document 95-8, Bylaws
  - Consideration of Adoption of Guidance Document – Continuing Education Requirements (18VAC95-20-175 and 18VAC95-30-70)
  - Consideration of Continuing Education Exemption for 2021 Renewals
  - Consideration of Action - AIT Training During COVID-19 Pandemic
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**Next Meeting** – December 8, 2020

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**New Business**

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**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 Virginia Code Section 2.2-3707 (F).

**Virginia Board of Long-Term Care Administrators**  
**Instructions for Accessing the September 15, 2020 Virtual Board Meeting**  
**and Providing Public Comment**

- **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Written Public Comment:** Written comments are **strongly preferred** due to the limits of the electronic meeting platform and should be received by email to [Corie.Wolf@dhp.virginia.gov](mailto:Corie.Wolf@dhp.virginia.gov) no later than 12:00 noon on September 14, 2020. The written comments will be made available to the Board members for review prior to the meeting.
- **Oral Public Comment:** Oral comments will be received during the full board meeting from persons who have submitted an email to [Corie.Wolf@dhp.virginia.gov](mailto:Corie.Wolf@dhp.virginia.gov) no later than 12:00 noon on September 14, 2020 indicating that they wish to offer oral comment. Comment may be offered by these individuals when their name is announced by the Board President.
- Public participation connections will be muted following the public comment period.
- Please call from a location without background noise.
- Dial (804) 367-4595 to report an interruption during the broadcast.
- FOIA Council Electronic Meetings Public Comment form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

**JOIN BY AUDIO ONLY**

+1-517-466-2023 US Toll  
+1-866-692-4530 US Toll Free

Meeting number (access code): 171 194 5493

**JOIN THE INTERACTIVE MEETING:**

Click or copy one of the links below:

<https://covaconf.webex.com/covaconf/j.php?MTID=m2b2c400b925eb5d0515438c4b55d5fe6>

# Approval of Minutes

**December 16, 2019**

Members of the Virginia Board of Long-Term Care Administrators convened for new board member orientation on Monday, December 16, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 2, Henrico, Virginia.

#### **BOARD MEMBERS PRESENT**

Ali Faruk, Citizen Member  
Jenny Inker, ALFA  
Ashley Jackson, NHA

#### **GUESTS OR PARTICIPANTS PRESENT**

Jason Graves, FSL, Member, Board of Funeral Directors and Embalmers

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

Erin Barrett, Assistant Attorney General  
Trasean Boatwright, Licensing Specialist  
Sarah Georgen, Licensing and Operations Manager  
Kelley Palmatier, J.D., Deputy Executive Director  
Angela Pearson, Discipline Operations Manager  
Corie Tillman Wolf, J.D., Executive Director

#### **INTRODUCTIONS AND ROLES**

Ms. Tillman Wolf began the meeting at 1:34 p.m. and welcomed the new members. She asked the Board members and staff to introduce themselves.

#### **OVERVIEW OF THE BOARDS**

Ms. Tillman Wolf provided an overview of the Boards to include the Agency and Board structure, budget, staffing, committees, and main functions.

#### **BOARD MEMBER ROLES AND RESPONSIBILITIES**

Ms. Barrett provided a presentation on the Board Member Roles and Responsibilities and Administrative Hearings and Appeals.

#### **POWERS AND DUTIES OF THE BOARDS**

Ms. Barrett and Ms. Tillman Wolf provided an overview of the powers and duties of the Boards to include relevant sections of the Code of Virginia, Regulations, Administrative Process Act, Freedom of Information Act, Conflict of Interest Act, and confidentiality provisions.

### **COMPLAINT PROCESS AND DISCIPLINARY CASES**

Ms. Palmatier provided an overview of the complaint process and how disciplinary cases are managed by the Board.

### **LICENSURE ITEMS**

Ms. Georgen provided an overview of the licensure items to include applications, frequently asked questions, and staff process.

### **OPERATIONS ITEMS**

Ms. Georgen provided an overview of the operations items to include travel reimbursement and compensation, board staff contact information, and meeting materials.

### **AGENCY PROGRAMS AND POLICIES**

Ms. Tillman Wolf provided an overview on the agency programs and policies to include the Health Practitioners' Monitoring Program, Prescription Monitoring Program, Health Workforce Data Center, and Communication policy.

### **OTHER ITEMS AND REMINDERS**

Ms. Tillman Wolf provided an overview on other items and reminders included building security, electronic records, training opportunities, board member travel, and requests for presentations.

### **ADJOURNMENT**

With all business concluded, the meeting adjourned at 4:10 p.m.

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Corie Tillman Wolf, J.D., Executive Director

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Date

**December 17, 2019**

The Virginia Board of Long-Term Care Administrators convened for a board meeting on Tuesday, December 17, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia.

**BOARD MEMBERS PRESENT**

Mitchell P. Davis, NHA, Chair  
Basil Acey, Citizen Member  
Shervonne Banks, Citizen Member  
Ali Faruk, Citizen Member  
Martha H. Hunt, ALFA  
Jenny Inker, ALFA  
Ashley Jackson, NHA  
Derrick Kendall, NHA

**BOARD MEMBERS ABSENT**

Marj Pantone, ALFA, Vice-Chair

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

Erin Barrett, Assistant Attorney General  
Trasean Boatwright, Licensing Specialist  
David Brown, D.C., DHP Director  
Sarah Georgen, Licensing and Operations Manager  
Kelley Palmatier, J.D., Deputy Executive Director  
Corie Tillman Wolf, J.D., Executive Director  
Elaine Yeatts, Senior Policy Analyst

**OTHERS PRESENT**

Rebekah Allen, Virginia Department of Health, Office of Licensure and Certification  
Michael Capps, Virginia Department of Health, Office of Licensure and Certification  
Missy Currier, Virginia Department of Social Services, Licensing  
Judy Hackler, Virginia Assisted Living Association  
Dana Parsons, LeadingAge Virginia  
Annette Kelley, Deputy Executive Director, Board of Pharmacy  
Kathy Martin, Hancock, Daniel, & Johnson P.C.  
Angela Pearson, Discipline Operations Manager  
Edward Richardson, Virginia Department of Social Services, Licensing  
Katharine Sousa, Medical Facilities of America  
Karen Stanfield, NHA

## **CALL TO ORDER**

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

## **Welcome New Board Members**

Mr. Davis welcomed Jenny Inker, ALFA, Ashley Jackson, NHA, and Ali Faruk, Citizen Member, to the Board.

## **QUORUM**

With eight members present a quorum was established.

## **MISSION**

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

Ms. Tillman Wolf read the Emergency Egress Procedures.

## **APPROVAL OF MINUTES**

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Hunt, the Board voted to accept the September 27, 2019 meeting minutes as written. The motion passed unanimously.

## **ORDERING OF THE AGENDA**

Upon a **MOTION** by Ms. Hunt, and properly seconded by Ms. Jackson, the Board voted to accept the agenda as written. The motion passed unanimously.

## **PUBLIC COMMENT**

Judy Hackler, Virginia Assisted Living Association (VALA), provided public comment (Attachment A).

## **AGENCY REPORT – Dr. David Brown, DC, Director**

Dr. Brown congratulated and welcomed the new Board members.

Dr. Brown announced that DHP held Board Member Training on October 7, 2019, which was well received by participants. He stated that DHP would offer another training in the near future and more information would be provided as it becomes available.



Dr. Brown reminded the Board members that Conflict of Interest Act training was required, in accordance with § 2.2-3132, within two months after becoming a Board member and at least once during each consecutive period of two calendar years thereafter. He requested that any Board member unable to attend the training should complete the training module online at <http://ethics.dls.virginia.gov/> or contact [ethics@dls.virginia.gov](mailto:ethics@dls.virginia.gov).

With no questions, Dr. Brown concluded his report.

## PRESENTATIONS

*Cannabidiol Oil and Vertical Pharmaceutical Processors – Annette Kelley, Deputy Executive Director, Board of Pharmacy*

Mr. Davis welcomed Annette Kelley, Deputy Executive Director with the Board of Pharmacy to provide an overview of cannabidiol oil and requirements for vertical processors.

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

Ms. Tillman Wolf welcomed the new Board members and stated that an inclusive Board member orientation was provided on December 16, 2019. Ms. Tillman Wolf also congratulated Mr. Davis and Ms. Hunt on their reappointment to the Board.

Ms. Tillman Wolf provided the following report:

### *Expenditure and Revenue Summary*

Cash Balance as of June 30, 2019	\$ 44,674
YTD FY20 Revenue	\$ 44,410
Less: YTD Direct and In-Direct Expenditures	\$ <u>163,331</u>
Cash Balance as of October 31, 2019	<b>\$(74,247)</b>

### *NAB Updates*

Ms. Tillman Wolf reported that the National Association of Long Term Care Administrator Boards (NAB) held the Mid-Year Meeting on November 13-15, 2019. She stated that Ms. Hunt participated in the RC/AL Exam Committee, Ms. Hahn served in her second year as the NAB Chair, and that she served as the Recorder for the State Board Execs Forum.

Ms. Tillman Wolf reported on updates for the Health Services Executive (HSE) credential, the continuing education registry, and the Administrator-In-Training manual.

### *Staff Updates*

Since the last meeting, Ms. Tillman Wolf participated in meetings of the Nursing Facility Action Committee (NFAC), Assisted Living Stakeholders, and Mental Health Task Force.

Ms. Tillman Wolf provided the following Licensing Update:

Current License Count – ALFA and NHA

ALFA	December 2019	NHA	December 2019
ALFA	671	NHA	961
ALF AIT	105	NHA AIT	73
Preceptor	213	Preceptor	232
Total ALFA	776	Total NHA	1034
<b>TOTAL COMBINED</b>	<b>1,810</b>		

Ms. Tillman Wolf reported on the trends in license count, which continued to show relatively flat growth from December 2013 to December 2019.

*Virginia Performs – Customer Service Satisfaction*

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

*Notes*

Ms. Tillman Wolf provided reminders to the Board members regarding any updated contact information. She thanked the Board members for their assistance with scheduling requests and their dedication to the Board. She reminded Board members to contact Board staff if they were unable to attend a meeting to ensure the establishment of a quorum.

Ms. Tillman Wolf reviewed the 2020 Board meeting schedule with the Board members:

- Tuesday, March 24, 2020
- Tuesday, June 16, 2020
- Tuesday, September 15, 2020
- Tuesday, December 8, 2020

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

**DISCIPLINE REPORT – Kelley Palmatier – Deputy Executive Director**

As of December 13, 2019, Ms. Palmatier reported the following disciplinary statistics:

- 99 total cases
  - 2 in Formal Hearing
  - 0 in Informal Conferences
  - 36 in Investigation
  - 56 in Probable Cause
  - 5 at APD

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

- Q1 2018 – 15/5
- Q2 2018 – 24/8
- Q3 2018 – 13/8
- Q4 2018 – 16/31
- Q1 2019 – 31/14
- Q2 2019 – 23/6
- Q3 2019 – 23/27
- Q4 2019 – 14/100
- Q1 2020 – 20/25

Ms. Palmatier reported the following Virginia Performs statistics for Q4 2019:

- Clearance Rate – 100% Received 16 patient care cases and closed 16 cases
- Pending Caseload over 250 days at 41% was over the 20% goal which represented 33 cases

Ms. Palmatier reported on the last six quarters case information:

	Percentage of all cases closed in 1 year					
	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019	Q1-2020
<b>LTC</b>	29.0%	64.3%	36.4%	42.6%	64.3%	64.4%
<b>Agency</b>	80.6%	85.5%	84.0%	76.4%	82.3%	78.2%

	Average days to close a case					
	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019	Q1-2020
<b>LTC</b>	395.5	253	396.8	400	433	291
<b>Agency</b>	201.1	173.8	169.2	258	204	214

With no questions, Ms. Palmatier concluded her report.

**BOARD COUNSEL REPORT**

Ms. Barrett did not have a report.

**BREAK**

The Board recessed at 11:11 a.m. The Board reconvened at 11:24 a.m.

## PRESENTATION

*Information Regarding Approved Training Programs through NAB – Michelle Grachek, National Association of Long Term Care Administrator Boards (NAB)*

Mr. Davis welcomed Michelle Grachek, National Association of Long Term Care Administrator Boards (NAB), to provide information regarding approved third-party training programs for RC/AL and NHA through NAB.

## COMMITTEE AND BOARD MEMBER REPORTS

*Board of Health Professions Report*

Mr. Kendall noted that the Board of Health Professions report was included in the agenda packet.

*NAB Mid-Year Meeting Report*

Ms. Hunt provided a brief report on the NAB Mid-Year Meeting held in November 2019 and described her role on the RC/AL Examination Committee.

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

*Legislation and Regulation Updates*

Ms. Yeatts reported on House Bill 41: *Adverse childhood experiences; Board of Medicine to adopt regulations for screening.*

Ms. Yeatts reported on the status of the fast-track regulations related to the Board handling fee. She stated that the proposed action will be published in the Virginia Register of Regulations and would potentially become effective February 6, 2020 following public comment.

*Adoption of NOIRA for Administrator-In-Training Program Considerations/Recommendations of Regulatory Advisory Panel (18VAC95-20-10 et seq., 18VAC95-30-10 et seq.)*

Ms. Tillman Wolf and Ms. Yeatts provided an overview of recommended action items for regulation from the Regulatory Advisory Panel on AITs.

Upon a **MOTION** by Ms. Jackson, and properly seconded by Ms. Hunt, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding continuing education for preceptors (*Regulations 18VAC 95-20-175 and 18VAC 95-30-70*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Inker, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding the minimum hour requirements for face-to-face or other on-site requirements for instruction of AITs (*Regulations 18VAC95-20-340, 18VAC 95-30-180, and 18VAC*

95-30-190) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Jackson, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding an alternative pathway to qualify as an Assisted Living Facility Administrator-In-Training based on health care experience in a managerial or supervisory role and an 80 hour course in assisted living administration (*Regulation 18VAC 95-30-100(A)(1)*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Dr. Inker, and properly seconded by Ms. Hunt, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding the modification of the current, minimum 30 hour education requirement for AIT applicants to mirror the Department of Social Services' education requirement for residential administrators (*Regulation 18VAC 95-30-100(A)(1)(a)*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Dr. Inker, and properly seconded by Ms. Banks, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding training facility requirements as they relate to the bed size of and type of facility (*Regulation 18VAC 95-30-170 (A), (B)*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Hunt, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding use of the NAB Administrator-In-Training manual by preceptors and AITs during the AIT program (*Regulations 18VAC 95-20-390 and 18VAC 95-30-160*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Dr. Inker, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding the completion of an 80-hour training course based on NAB-approved standards with credit towards training hours for NHA and ALFA AITs (*Regulations 18VAC 95-30-100, -150, -160, and -190, and 18VAC 95-20-300, -310, and -400*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Mr. Faruk, and properly seconded by Ms. Banks, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding requiring training or continuing education courses in mental health, dementia, and Alzheimer's disease (*Regulations 18VAC 95-20-175 and 18VAC 95-30-70*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Ms. Jackson, and properly seconded by Dr. Inker, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding the total amount of training hours that an AIT or an Acting AIT is permitted to work per week (*Regulations 18VAC 95-20-310 and 18VAC 95-30-160*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

The Board discussed a petition for rulemaking received regarding whether ALF AIT hours should count toward the completion of a Nursing Home AIT program. The Board took no action.

Ms. Tillman Wolf requested to defer the discussion of applicants with barrier crimes to a future meeting.

## **BREAK**

The Board recessed at 12:50 p.m. The Board reconvened at 1:06 p.m.

### *Approval of Revised Memorandum of Understanding with the Virginia Department of Health, Office of Licensure and Certification (Guidance Document 95-1)*

Ms. Tillman Wolf provided a brief summary of the proposed updates to the Memorandum that currently exists between the Board and the Virginia Department of Health, Office of Licensure and Certification, and which is included in the Board's Guidance Documents as 95-1.

Upon a **MOTION** by Ms. Hunt, and properly seconded by Ms. Banks, the Board voted accept the revised Memorandum of Understanding with the Virginia Department of Health, Office of Licensure and Certification (Guidance Document 95-1). The motion passed unanimously.

### *Consideration of Adoption of Fast Track Regulation Related to Agency Subordinate Proceedings*

Ms. Yeatts provided an overview of draft regulations related to the use of agency subordinates for informal fact-finding proceedings. Regulations relating to the use of agency subordinates are not currently included in the Board's regulations.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Mr. Faruk, the Board voted to adopt new Chapter 15 Regulations Governing Delegation to an Agency Subordinate for proceedings involving both NHA and ALFA by a fast-track action as drafted and presented. The motion passed unanimously.

## **ELECTIONS**

Mr. Davis opened the floor for nominations for Chair of the Board of Long-Term Care Administrators. Mr. Kendall nominated Mr. Davis for the position of Chair. The nominations were closed.

Upon a **MOTION** by Ms. Hunt, and properly seconded by Ms. Jackson, the Board voted to elect Mr. Davis as Chair of the Board of Long-Term Care Administrators. The motion passed unanimously.

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

Upon a **MOTION** by Dr. Inker, and properly seconded by Mr. Kendall, the Board voted to elect Ms. Pantone as Vice-Chair of the Board of Long-Term Care Administrators. The motion passed unanimously.

## **RECOGNITION OF BOARD MEMBER**

Mr. Davis recognized Ms. Stanfield for her contributions to the Board. He presented Ms. Stanfield with a plaque and thanked her for her years of dedication to the Board.

**NEXT MEETING**

Mr. Davis announced the next full Board meeting will be held on March 24, 2020. He reminded the Board that the meeting will begin at 9:30 a.m. Further, he reminded the Board of Dementia Friends training to be provided by LeadingAge during lunch on that date in March.

**ADJOURNMENT**

With all business concluded, the meeting adjourned at 1:20 p.m.

\_\_\_\_\_  
Mitchell P. Davis, NHA, Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Virginia Assisted Living Association

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

To: Virginia Board of Long-Term Care Administrators

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

Date: December 16, 2019

Re: Public Comments – Potential Changes to AIT Requirements

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The Virginia Assisted Living Association (VALA) represents licensed assisted living communities from throughout Virginia. We thank the Board of Long-Term Care Administrators for considering areas of improvement and support regarding the recruitment, licensure, and retention of licensed assisted living facility administrators. Below are a couple of comments

- **Collaboration with provider associations on the industry and available resources** – VALA supports the collaboration between Virginia agencies/departments and associations and is proud to report that links are now available on the association’s website for several of the areas referenced by the Regulatory Advisory Panel including the Virginia Healthcare Occupational Roadmap, the available NAB preceptor training, the voluntary Preceptor listing.
- **Board to consider adding an alternative pathway to registration for AIT training based upon experience in a long-term care setting** – VALA supports an additional pathway to registration as an Administrator-in-Training that would include consideration for employment history within an assisted living community. The current minimum requirement of at least 30 semester hours from a college/university or graduation from an LPN or RN program limits the workforce pool of desirable candidates passionate about caring for the elderly and possibly discriminates against individuals with a lower income that could not afford college/university education.
- **Board to consider restricting the pathway to registration for AIT training based upon the chosen coursework for the college/university hours received** – Due to the current shortage of licensed administrators and the impending retirement of a large portion of the administrator workforce, VALA opposes adding a restriction to registration as an AIT by limiting the subject areas allowed for entrance into the AIT program. One of the primary reasons for requesting the Commonwealth to review requirements of the AIT program was to ease the current burdens experienced by the industry in recruitment of candidates, and adding a coursework requirement would further impede entrance to the administrator-in-training program for potential licensure. VALA recognizes that the AIT program with the varied requirements of 320-640 training hours is designed to review areas of strengths and weaknesses for AITs to provide an in-depth training that covers the core domains of practice an individual would need to learn to become a safe and competent administrator.

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



Unapproved  
**VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS  
FORMAL ADMINISTRATIVE HEARING  
MINUTES**

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**December 17, 2019**                      **Department of Health Professions  
Perimeter Center  
9960 Mayland Drive  
Henrico, Virginia 23233**

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**CALL TO ORDER:**                      The formal hearing of the Board was called to order at 1:40 p.m.

**MEMBERS PRESENT:**                      Mitchell Davis, NHA, Board Chair  
Martha Hunt, ALFA  
Jenny Inker, ALFA  
Ashley Jackson, NHA  
Basil Acey, Citizen Member  
Shervonne Banks, Citizen Member  
Ali Faruk, Citizen Member

**BOARD COUNSEL:**                      Erin L. Barrett, Assistant Attorney General

**DHP STAFF PRESENT:**                      Kelley Palmatier, Deputy Executive Director  
Sarah Georgen, Licensing and Operations Manager

**COURT REPORTER:**                      Able Forces Professional Services, Inc.

**PARTIES ON BEHALF OF  
COMMONWEALTH:**                      James Schliessmann, Senior Assistant Attorney  
General  
Jessica Kelley, Adjudication Specialist

**COMMONWEALTH'S  
WITNESSES:**                      Robin Carroll, Senior Investigator, DHP  
Michele (Wright) Pennings, DSS Licensing Inspector  
Angel Hurd, Russell County Adult Protective Services

**RESPONDENT'S WITNESS:**                      Betty Beutler

**OTHERS PRESENT:**                      Trasean Boatwright  
Betty Beutler  
Corie Tillman Wolf  
Leslie Knachel

Kelli Moss  
Celia Wilson  
Laura Paasch

**MATTER:** **Leasha Carol Pridemore Kiser, ALFA**  
**License No. 1706-000406**  
**Case No.'s: 187676 & 189963**

**ESTABLISHMENT OF A QUORUM:** With seven (7) members present, a quorum was established.

**DISCUSSION:** Ms. Kiser appeared before the Board in accordance with a Notice of Formal Hearing dated July 25, 2019. The Formal Hearing was continued and a letter was sent by first class and certified mail on September 3, 2019 notifying Ms. Kiser of the continuance. Ms. Kiser was not represented by counsel.

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

**CLOSED SESSION:** Upon a motion by Martha Hunt, and duly seconded by Ashley Jackson, the Board voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Leasha Carol Pridemore Kiser, ALFA. Additionally, she moved that Ms. Palmatier, Ms. Georgen and Ms. Barrett attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

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

**DECISION:** Upon a motion by Martha Hunt, and duly seconded by Shervonne Banks, the Board moved to Revoke the license of Leasha Carole Pridemore Kiser, ALFA to practice as an Assisted Living Administrator in Virginia. The motion carried.

**VOTE:**

The vote was unanimous.

**ADJOURNMENT:**

The Board adjourned at 3:43 p.m.

\_\_\_\_\_  
Mitchell P. Davis, NHA, Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



Unapproved  
**VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS  
FORMAL ADMINISTRATIVE HEARING  
MINUTES**

**December 17, 2019**

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

**CALL TO ORDER:**

The formal hearing of the Board was called to order at 4:07 p.m.

**MEMBERS PRESENT:**

Derrick Kendall, NHA, Chair  
Jenny Inker, ALFA  
Ashley Jackson, NHA  
Basil Acey, Citizen Member  
Shervonne Banks, Citizen Member  
Ali Faruk, Citizen Member

**BOARD COUNSEL:**

Erin L. Barrett, Assistant Attorney General

**DHP STAFF PRESENT:**

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

**COURT REPORTER:**

Able Forces Professional Services, Inc.

**PARTIES ON BEHALF OF  
COMMONWEALTH:**

James Schliessmann, Senior Assistant Attorney General  
Jessica Kelley, Adjudication Specialist

**COMMONWEALTH'S  
WITNESS:**

Robin Carroll, Senior Investigator, DHP

**MATTER:**

**Chad Edward Williams, NHA  
License No. 1701-002297  
Case No.'s: 172535**

**ESTABLISHMENT OF A  
QUORUM:**

With six (6) members present, a quorum was established.

**DISCUSSION:**

Chad Williams did not appear before the Board in accordance with a Notice of Formal Hearing dated August 13, 2018. The Formal Hearing date was continued and a continuance letter was sent by mail and email on November 25, 2019. The Certified mail was returned to the Board on December 12, 2019 but the first class mail was not returned. Mr. Williams was not represented by legal counsel.

Mr. Schliessmann stated that proper notice of the hearing was provided to Chad Williams to the address of record with the Board.

Mr. Kendall ruled that proper notice of the hearing was provided to Chad Williams and the Board proceeded in his absence. The Board received evidence and sworn testimony on behalf of the Commonwealth regarding the allegations in the Notice.

**CLOSED SESSION:**

Upon a motion by Jenny Inker, and duly seconded by Shervonne Banks, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Chad Edward Williams, NHA. Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf, Ms. Palmatier, and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations

**RECONVENE:**

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

**DECISION:**

Upon a motion by Jenny Inker and duly seconded by Ali Faruk, the Board moved to Dismiss the case against Chad Edward Williams, NHA. The motion carried.

**VOTE:**

The vote was unanimous.

**ADJOURNMENT:**

The Board adjourned at 5:05 p.m.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

.....

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

---

**August 18, 2020**

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

---

**CALL TO ORDER:** A Special Conference Committee of the Board was called to order at 9:04 a.m.

**MEMBERS PRESENT:** Derrick Kendall, NHA Chair  
Martha Hunt, ALFA

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

**OTHERS PRESENT:** Chavioleyette Mitchell

**MATTER:** **Vanessa Y. Johnson, ALF, Administrator-In-Training**  
**License Number: 1708-000693**  
**Case Numbers: 195290 & 196772**

**DISCUSSION:** Ms. Johnson appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated April 28, 2020.

The Committee fully discussed the allegations as referenced in the April 28, 2020, Notice of Informal Conference.

**CLOSED SESSION:** Upon a motion by Martha Hunt, and duly seconded by Derrick Kendall, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Vanessa Y. Johnson, , ALF, Administrator-In-Training. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed

meeting was deemed necessary and would aid the Committee in its discussions.

**RECONVENE:**

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

**DECISION:**

Upon a motion by Martha Hunt and duly seconded by Derrick Kendall, the Committee voted to refer this matter to a Formal Administrative Hearing. The motion carried.

**ADJOURNMENT:**

The Committee adjourned at 10:41 a.m.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





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

---

**August 18, 2020**

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

---

**CALL TO ORDER:**

A Special Conference Committee of the Board was called to order at 1:32 p.m.

**MEMBERS PRESENT:**

Derrick Kendall, NHA Chair  
Martha Hunt, ALFA

**DHP STAFF PRESENT:**

Kelley Palmatier, Deputy Executive Director  
Angela Pearson, Discipline Manager  
Claire Foley, Adjudication Specialist

**MATTER:**

**Happie C. Harris, ALF, Administrator-In-Training Applicant**  
**Applicant ID: 1295288**  
**Case Number: 203552**

**DISCUSSION:**

Ms. Harris appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated July 22, 2020.

The Committee fully discussed the allegations as referenced in the July 22, 2020, Notice of Informal Conference.

**CLOSED SESSION:**

Upon a motion by Martha Hunt, and duly seconded by Derrick Kendall, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Happie C. Harris, ALF, Administrator-In-Training Applicant. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their

presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

**RECONVENE:**

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

**DECISION:**

Upon a motion by Martha Hunt and duly seconded by Derrick Kendall, the Committee voted and ordered that Ms. Harris' application for Administrator-In-Training is denied. The motion carried.

**ADJOURNMENT:**

The Committee adjourned at 2:39 p.m.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Presentation

**DRAFT**

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# *Virginia's Nursing Home Administrator Workforce: 2020*

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Healthcare Workforce Data Center

May 2020

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-367-2115, 804-527-4466 (fax)  
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 your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
*Director*

**Barbara Allison-Bryan, MD**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

Elizabeth Carter, PhD  
*Director*

Yetty Shobo, PhD  
*Deputy Director*

Laura Jackson, MSHSA  
*Operations Manager*

Rajana Siva, MBA  
*Research Analyst*

Christopher Coyle  
*Research Assistant*

# Virginia Board of Long-Term Care Administrators

## ***Chair***

Mitchell P. Davis, NHA  
*Salem*

## ***Vice-Chair***

Marj Pantone, ALFA  
*Virginia Beach*

## ***Members***

Basil Acey  
*Henrico*

Shervonne Banks  
*Hampton*

Ali Faruk, MPA  
*Richmond*

Martha H. Hunt, ALFA  
*Richmond*

Jenny Inker, PhD, MBA, ALFA  
*Williamsburg*

Ashley Jackson, MBA, NHA  
*Chesapeake*

Derrick Kendall, NHA  
*Blackstone*

## ***Executive Director***

Corie E. Tillman Wolf, JD

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

### The Workforce

Licensees:	964
Virginia's Workforce:	751
FTEs:	780

### Background

Rural Childhood:	46%
HS Degree in VA:	55%
Prof. Degree in VA:	76%

### Current Employment

Employed in Prof.:	86%
Hold 1 Full-Time Job:	89%
Satisfied?:	95%

### Survey Response Rate

All Licensees:	84%
Renewing Practitioners:	99%

### Health Admin. Edu.

Admin-in-Training:	42%
Masters:	26%

### Job Turnover

Switched Jobs:	12%
Employed Over 2 Yrs.:	50%

### Demographics

Female:	57%
Diversity Index:	30%
Median Age:	50

### Finances

Median Inc.: \$110k-\$120k	
Retirement Benefits:	74%
Under 40 w/ Ed. Debt:	54%

### Time Allocation

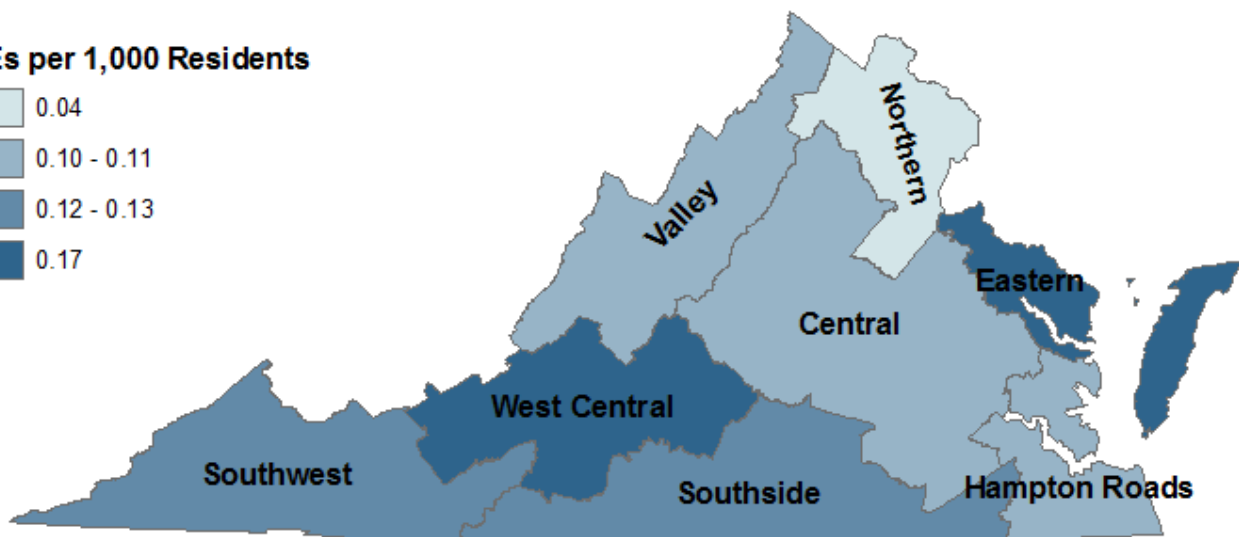
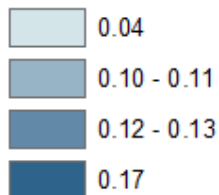
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

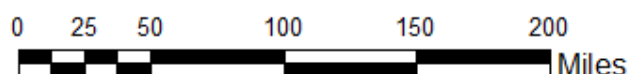
## Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2018  
Source: U.S. Census Bureau, Population Division





This report contains the results of the 2020 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 84% of the 964 NHAs who are licensed in the state and 99% of renewing practitioners.

The HWDC estimates that 751 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 780 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

Nearly 60% of all NHAs are female, and the median age of the NHA workforce is 50. In a random encounter between two NHAs, there is a 30% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes the NHA workforce less diverse than the state's overall population, which has a diversity index of 57%. Nearly half of all NHAs grew up in a rural area, and 32% of these professionals currently work in non-metro areas of Virginia. In total, 19% of all NHAs work in non-metro areas of the state.

More than four out of every five NHAs are currently employed in the profession, 89% hold one full-time job, and 42% work between 40 and 49 hours per week. Meanwhile, 3% of NHAs have experienced involuntary unemployment at some point in the past year, and 1% have experienced underemployment during the same time period. More than 60% of all NHAs work in the for-profit sector, while another 36% work in the non-profit sector. With respect to establishment types, more than half of all NHAs are employed at skilled nursing facilities, while another 18% work at assisted living facilities. The typical NHA earns between \$110,000 and \$120,000 per year. In addition, 98% of all NHAs receive at least one employer-sponsored benefit, including 74% who have access to a retirement plan. More than nine out of every ten NHAs are satisfied with their current work situation, including 69% who indicate that they are "very satisfied".

## Summary of Trends

---

In this section, all statistics for this year are compared to the 2015 NHA workforce. The number of licensed NHAs in Virginia has increased by 5% (964 vs. 920). In addition, the size of the NHA workforce has also increased by 5% (751 vs. 715). Despite this increase, the number of FTEs provided by this workforce has fallen by 1% (780 vs. 791). Virginia's NHAs are more likely to respond to this survey (99% vs. 88%).

Virginia's NHAs are relatively less likely to be female (57% vs. 60%). Meanwhile, the NHA workforce has become more diverse (30% vs. 22%), and this effect was even more pronounced among those NHAs who are under the age of 40 (34% vs. 24%). The percentage of NHAs who grew up in rural areas has increased (46% vs. 41%), and these professionals are more likely to work in non-metro areas of Virginia (32% vs. 29%).

Although the percentage of NHAs who work in the profession has fallen (86% vs. 87%), so too has the percentage of NHAs who are underemployed (1% vs. 3%). Virginia's NHA workforce is experiencing increasing job turnover. The percentage of NHAs who have switched jobs has increased (12% vs. 8%), while the percentage of NHAs who have been employed at their primary work location for more than two years has fallen (50% vs. 55%). Although skilled nursing facilities remain the most common establishment type among Virginia's NHAs, they are relatively less likely to work in them (52% vs. 56%). Instead, NHAs are relatively more likely to work in assisted living facilities (18% vs. 12%).

The median annual income of Virginia's NHAs has increased (\$110k-\$120k vs. \$100k-\$110k). In addition, NHAs are slightly more likely to receive at least one employer-sponsored benefit (98% vs. 97%), including those who have access to dental insurance (82% vs. 79%) and a retirement plan (74% vs. 67%). However, the percentage of NHAs who indicate that they are satisfied with their current work situation fell slightly (95% vs. 96%), and this decline was even larger among those NHAs who indicate that they are "very satisfied" (69% vs. 73%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	782	81%
New Licensees	79	8%
Non-Renewals	103	11%
<b>All Licensees</b>	<b>964</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

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

Definitions

- 1. The Survey Period:** The survey was conducted in March 2020.
- 2. Target Population:** All NHAs who held a Virginia license at some point between April 2019 and March 2020.
- 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	14	33	70%
30 to 34	9	55	86%
35 to 39	21	73	78%
40 to 44	11	87	89%
45 to 49	17	116	87%
50 to 54	18	107	86%
55 to 59	19	118	86%
60 and Over	50	216	81%
<b>Total</b>	<b>159</b>	<b>805</b>	<b>84%</b>
<b>New Licenses</b>			
Issued in Past Year	46	33	42%
<b>Metro Status</b>			
Non-Metro	16	108	87%
Metro	79	528	87%
Not in Virginia	64	169	73%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	805
Response Rate, All Licensees	84%
Response Rate, Renewals	99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 964  
 New: 8%  
 Not Renewed: 11%

Response Rates

All Licensees: 84%  
 Renewing Practitioners: 99%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

NHA Workforce: 751  
 FTEs: 780

### Utilization Ratios

Licensees in VA Workforce: 78%  
 Licensees per FTE: 1.24  
 Workers per FTE: 0.96

Source: Va. Healthcare Workforce Data Center

## Definitions

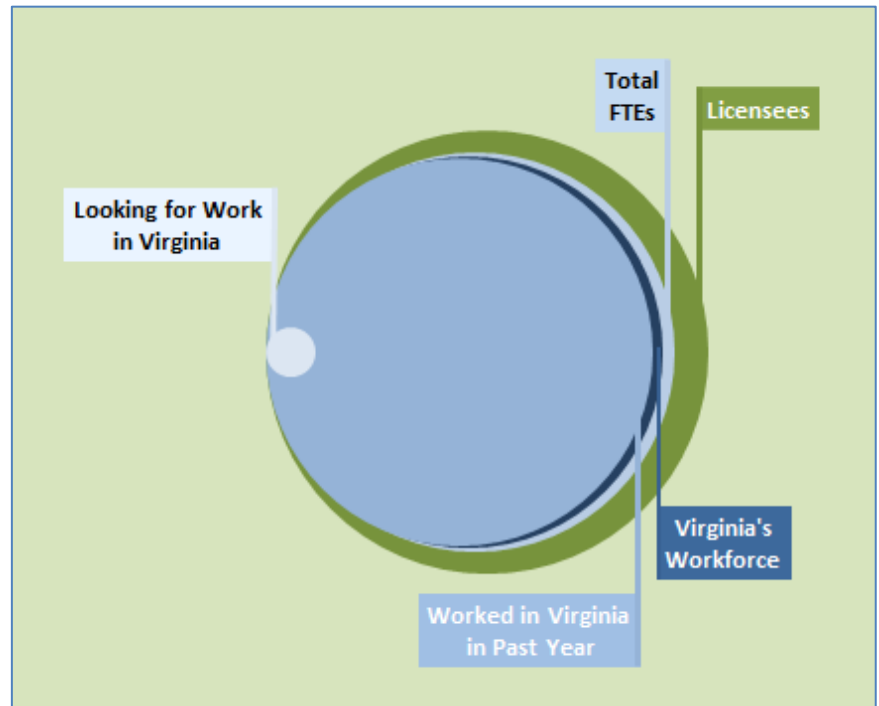
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline 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	738	98%
Looking for Work in Virginia	12	2%
Virginia's Workforce	751	100%
Total FTEs	780	
Licensees	964	

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	31%	28	69%	41	6%
30 to 34	22	46%	25	54%	47	7%
35 to 39	40	52%	36	48%	76	11%
40 to 44	37	49%	38	51%	76	11%
45 to 49	27	29%	66	71%	93	14%
50 to 54	34	44%	44	56%	78	12%
55 to 59	43	47%	49	53%	92	14%
60 and Over	69	43%	92	57%	160	24%
<b>Total</b>	<b>285</b>	<b>43%</b>	<b>378</b>	<b>57%</b>	<b>663</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 57%  
 % Under 40 Female: 54%

**Age**

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

**Diversity**

Diversity Index: 30%  
 Under 40 Div. Index: 34%

Source: Va. Healthcare Workforce Data Center

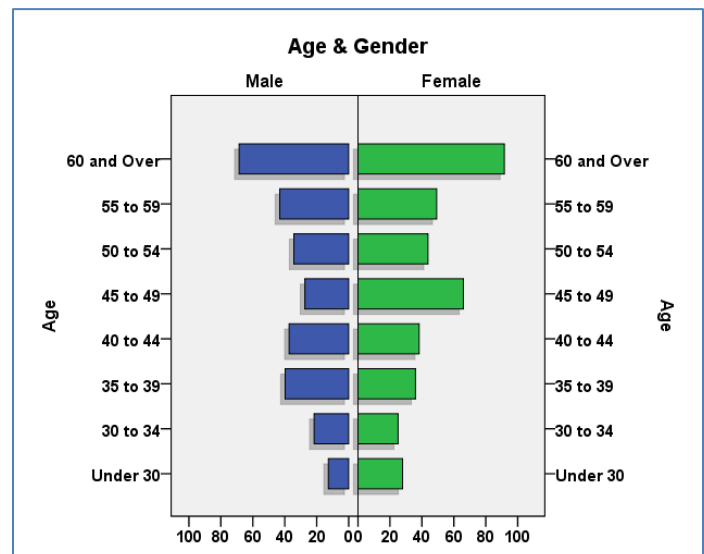
*In a random encounter between two NHAs, there is a 30% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 57%.*

Race & Ethnicity					
Race/Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	61%	552	83%	130	80%
Black	19%	82	12%	22	13%
Asian	7%	5	1%	0	0%
Other Race	0%	2	0%	0	0%
Two or More Races	3%	7	1%	3	2%
Hispanic	10%	18	3%	8	5%
<b>Total</b>	<b>100%</b>	<b>666</b>	<b>100%</b>	<b>163</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, 2018.

Source: Va. Healthcare Workforce Data Center

*One-fourth of all NHAs are under the age of 40, and 54% of these professionals are female. In addition, there is a 34% chance that two randomly chosen NHAs from this age group would be of different races or ethnicities.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 15%  
 Rural Childhood: 46%

### Virginia Background

HS in Virginia: 55%  
 Prof. Edu. in VA: 76%  
 HS or Prof. Edu. in VA: 81%

### Location Choice

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

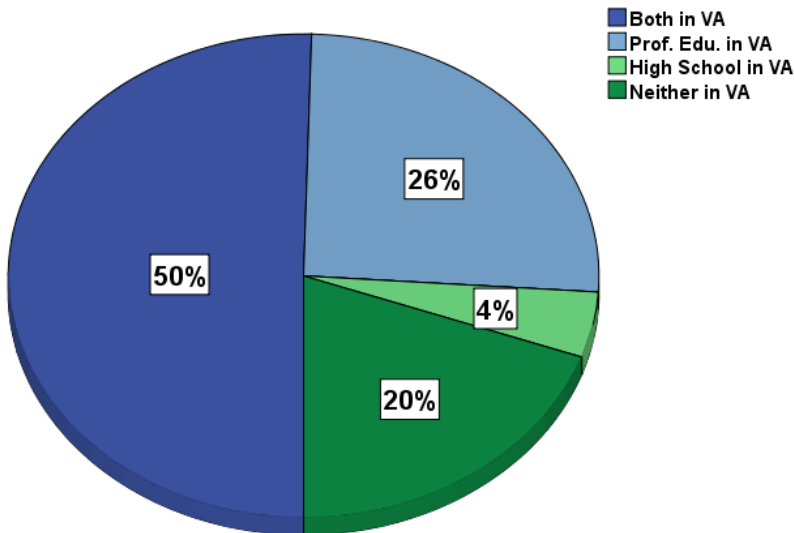
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	31%	50%	19%
2	Metro, 250,000 to 1 Million	54%	35%	11%
3	Metro, 250,000 or Less	58%	31%	11%
<b>Non-Metro Counties</b>				
4	Urban Pop., 20,000+, Metro Adjacent	78%	22%	0%
6	Urban Pop., 2,500-19,999, Metro Adjacent	77%	13%	11%
7	Urban Pop., 2,500-19,999, Non-Adjacent	88%	13%	0%
8	Rural, Metro Adjacent	90%	11%	0%
9	Rural, Non-Adjacent	68%	21%	11%
<b>Overall</b>		<b>46%</b>	<b>39%</b>	<b>15%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all NHAs grew up in rural areas, and 32% of these professionals currently work in non-metro areas of Virginia. Overall, 19% of all NHAs currently work in non-metro areas of the state.

## Top Ten States for Nursing Home Administrator Recruitment

Rank	All Nursing Home Administrators			
	High School	#	Professional School	#
1	Virginia	365	Virginia	467
2	New York	39	Ohio	19
3	Ohio	32	Maryland	15
4	West Virginia	25	North Carolina	10
5	Outside U.S./Canada	22	West Virginia	10
6	Pennsylvania	22	New York	10
7	Maryland	19	Tennessee	7
8	North Carolina	18	Kentucky	6
9	New Jersey	15	Texas	6
10	Tennessee	14	Pennsylvania	6

Source: Va. Healthcare Workforce Data Center

*More than half of all licensed NHAs received their high school degree in Virginia, and 76% obtained 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 76% obtained their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	122	Virginia	175
2	Outside U.S./Canada	18	North Carolina	8
3	Ohio	17	Ohio	6
4	West Virginia	11	Maryland	5
5	North Carolina	10	West Virginia	5
6	New Jersey	9	Florida	4
7	Maryland	7	Kentucky	4
8	New York	7	Texas	3
9	Florida	5	California	2
10	Tennessee	4	Missouri	2

Source: Va. Healthcare Workforce Data Center

*More than one-fifth of all licensees were not a part of Virginia's NHA workforce. Nearly 90% of these licensees worked at some point in the past year, including 80% who worked as NHAs.*

### At a Glance:

#### Not in VA Workforce

Total:	213
% of Licensees:	22%
Federal/Military:	0%
Va. Border State/D.C.:	14%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Degree	Highest Degree			
	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	23	4%	-	-
Admin-in-Training	269	42%	-	-
High School/GED	-	-	8	1%
Associate	15	2%	45	7%
Baccalaureate	142	22%	291	44%
Graduate Cert.	8	1%	14	2%
Masters	170	26%	294	44%
Doctorate	4	1%	9	1%
Other	13	2%	-	-
<b>Total</b>	<b>644</b>	<b>100%</b>	<b>663</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

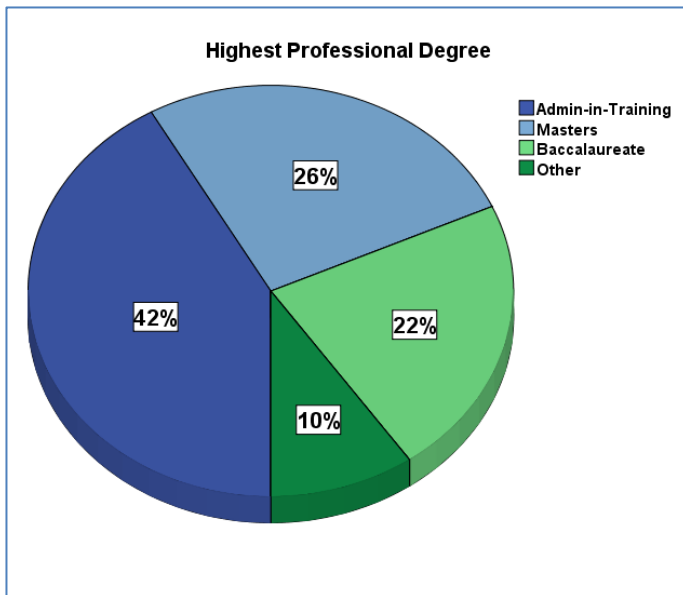
## At a Glance:

**Health Admin. Education**  
 Admin-in-Training: 42%  
 Masters Degree: 26%  
 Baccalaureate Degree: 22%

**Education Debt**  
 Carry Debt: 36%  
 Under Age 40 w/ Debt: 54%  
 Median Debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

More than one-third of NHAs carry education debt, including 54% of those under the age of 40. For those with education debt, the median debt burden is between \$30,000 and \$40,000.



Source: Va. Healthcare Workforce Data Center

Amount Carried	All NHAs		NHAs Under 40	
	#	%	#	%
None	363	64%	65	46%
Less than \$10,000	39	7%	12	9%
\$10,000-\$19,999	27	5%	8	6%
\$20,000-\$29,999	31	5%	13	9%
\$30,000-\$39,999	16	3%	1	1%
\$40,000-\$49,999	12	2%	7	5%
\$50,000-\$59,999	12	2%	5	4%
\$60,000-\$69,999	11	2%	8	6%
\$70,000-\$79,999	6	1%	4	3%
\$80,000-\$89,999	11	2%	8	6%
\$90,000-\$99,999	7	1%	4	3%
\$100,000 or More	34	6%	6	4%
<b>Total</b>	<b>569</b>	<b>100%</b>	<b>140</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Licenses/Registrations

Nurse (RN or LPN):	13%
ALFA:	2%
CNA:	1%

### Job Titles

Administrator:	42%
Executive Director:	14%
President/Exec. Officer:	13%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Licenses and Registrations		
License/Registration	#	%
<b>Nursing Home Administrator</b>	657	87%
<b>Nurse (RN or LPN)</b>	97	13%
<b>ALF Administrator</b>	17	2%
<b>Certified Nursing Assistant</b>	7	1%
<b>Physical Therapist</b>	7	1%
<b>Registered Medication Aide</b>	5	1%
<b>Occupational Therapist</b>	4	1%
<b>Speech-Language Pathologist</b>	2	0%
<b>Respiratory Therapist</b>	1	0%
<b>Other</b>	32	4%
<b>At Least One License</b>	<b>660</b>	<b>88%</b>

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
<b>Administrator</b>	318	42%	41	5%
<b>Executive Director</b>	103	14%	12	2%
<b>President or Executive Officer</b>	94	13%	7	1%
<b>Assistant Administrator</b>	24	3%	5	1%
<b>Owner</b>	14	2%	2	0%
<b>Other</b>	124	17%	24	3%
<b>At Least One Title</b>	<b>629</b>	<b>84%</b>	<b>85</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

*More than 40% of NHAs hold the title of administrator at their primary work location. Another 14% hold the title of executive director.*



## At a Glance:

### Employment

Employed in Profession: 86%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-Time: 89%  
2 or More Positions: 2%

### Weekly Hours:

40 to 49: 42%  
60 or More: 13%  
Less than 30: 3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in a Capacity Related to Long-Term Care	574	86%
Employed, NOT in a Capacity Related to Long-Term Care	59	9%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	6	1%
Voluntarily Unemployed	15	2%
Retired	9	1%
<b>Total</b>	<b>665</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than four out of every five NHAs are currently employed in the profession, 89% hold one full-time job, and 42% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	30	5%
One Part-Time Position	27	4%
Two Part-Time Positions	3	0%
One Full-Time Position	582	89%
One Full-Time Position & One Part-Time Position	12	2%
Two Full-Time Positions	0	0%
More than Two Positions	1	0%
<b>Total</b>	<b>655</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	30	5%
1 to 9 Hours	8	1%
10 to 19 Hours	7	1%
20 to 29 Hours	4	1%
30 to 39 Hours	17	3%
40 to 49 Hours	276	42%
50 to 59 Hours	221	34%
60 to 69 Hours	64	10%
70 to 79 Hours	13	2%
80 or More Hours	10	2%
<b>Total</b>	<b>650</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Annual Income	#	%
Volunteer Work Only	8	2%
Less than \$40,000	26	5%
\$40,000-\$59,999	23	4%
\$60,000-\$79,999	36	7%
\$80,000-\$99,999	71	13%
\$100,000-\$119,999	131	25%
\$120,000-\$139,999	107	20%
\$140,000-\$159,999	56	11%
\$160,000-\$179,999	21	4%
\$180,000-\$199,999	19	4%
\$200,000 or More	33	6%
<b>Total</b>	<b>533</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

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

**Benefits**  
Paid Vacation: 97%  
Employer Retirement: 74%

**Satisfaction**  
Satisfied: 95%  
Very Satisfied: 69%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	556	97%
Paid Sick Leave	484	84%
Dental Insurance	470	82%
Group Life Insurance	447	78%
Retirement	424	74%
Signing/Retention Bonus	81	14%
<b>At Least One Benefit</b>	<b>562</b>	<b>98%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

*The median annual income for NHAs is between \$110,000 and \$120,000. In addition, 98% of NHAs receive at least one employer-sponsored benefit, including 74% who have access to a retirement plan.*

*Nearly all NHAs are satisfied with their current work situation, including 69% who indicate that they are "very satisfied".*

Job Satisfaction		
Level	#	%
Very Satisfied	450	69%
Somewhat Satisfied	166	26%
Somewhat Dissatisfied	25	4%
Very Dissatisfied	9	1%
<b>Total</b>	<b>651</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 . . . ?	#	%
Switch Employers or Practices?	88	12%
Work Two or More Positions at the Same Time?	42	6%
Experience Voluntary Unemployment?	33	4%
Experience Involuntary Unemployment?	23	3%
Work Part-Time or Temporary Positions, But Would Have Preferred a Full-Time/Permanent Position?	10	1%
<b>Experience At Least One</b>	<b>166</b>	<b>22%</b>

Source: Va. Healthcare Workforce Data Center

*Among all NHAs, 3% experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.7% during the same time period.<sup>1</sup>*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 3%  
Underemployed: 1%

**Turnover & Tenure**

Switched Jobs: 12%  
New Location: 32%  
Over 2 Years: 50%  
Over 2 Yrs., 2<sup>nd</sup> Location: 36%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	16	3%	16	19%
Less than 6 Months	88	14%	15	17%
6 Months to 1 Year	90	14%	13	15%
1 to 2 Years	129	20%	11	13%
3 to 5 Years	126	20%	15	17%
6 to 10 Years	73	11%	9	10%
More than 10 Years	117	18%	7	8%
<b>Subtotal</b>	<b>637</b>	<b>100%</b>	<b>86</b>	<b>100%</b>
Did Not Have Location	17		647	
Item Missing	97		18	
<b>Total</b>	<b>751</b>		<b>751</b>	

Source: Va. Healthcare Workforce Data Center

*One-half of all NHAs 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 a Glance:

### Concentration

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

### Locations

2 or More (Past Year):	16%
2 or More (Now*):	11%

Source: Va. Healthcare Workforce Data Center

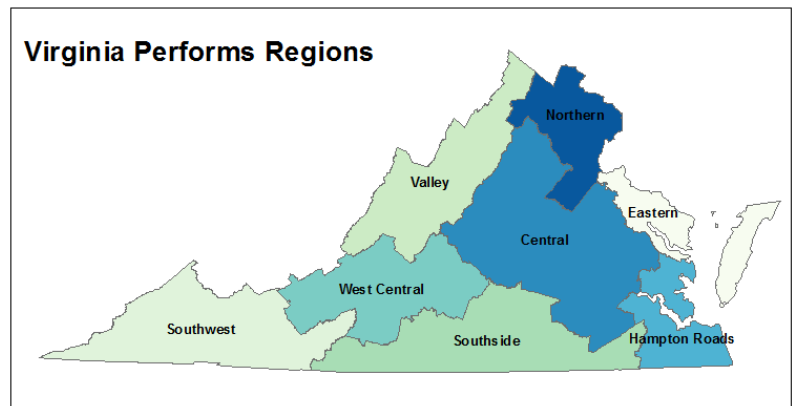
Three out of every five NHAs work in Central Virginia, Hampton Roads, and Northern Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	133	21%	16	18%
Hampton Roads	131	21%	22	25%
Northern	114	18%	9	10%
West Central	97	15%	16	18%
Valley	52	8%	4	5%
Southside	47	7%	1	1%
Southwest	40	6%	8	9%
Eastern	20	3%	2	2%
Virginia Border State/D.C.	0	0%	1	1%
Other U.S. State	0	0%	8	9%
Outside of the U.S.	0	0%	0	0%
<b>Total</b>	<b>634</b>	<b>100%</b>	<b>87</b>	<b>100%</b>
Item Missing	100		17	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



While 11% of NHAs currently have multiple work locations, 16% 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%	23	4%
1	529	82%	549	85%
2	77	12%	53	8%
3	15	2%	10	2%
4	2	0%	1	0%
5	1	0%	0	0%
6 or More	7	1%	7	1%
<b>Total</b>	<b>644</b>	<b>100%</b>	<b>644</b>	<b>100%</b>

\*At the time of survey completion, March 2020.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	377	61%	57	67%
Non-Profit	218	36%	23	27%
State/Local Government	15	2%	4	5%
Veterans Administration	2	0%	1	1%
U.S. Military	1	0%	0	0%
Other Federal Government	1	0%	0	0%
<b>Total</b>	<b>614</b>	<b>100%</b>	<b>85</b>	<b>100%</b>
Did Not Have Location	17		647	
Item Missing	119		19	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

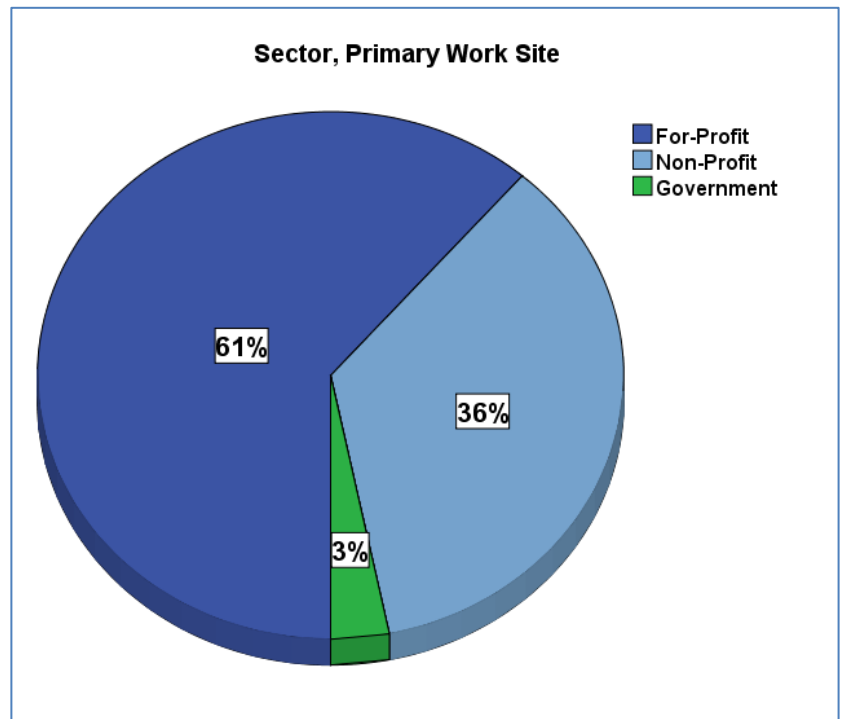
For-Profit:	61%
Federal:	1%

**Top Establishments**

Skilled Nursing Facility:	52%
Assisted Living Facility:	18%
Continuing Care	
Retirement Community:	15%

Source: Va. Healthcare Workforce Data Center

Nearly all NHAs work in the private sector, including 61% who work in the for-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	388	52%	49	7%
Assisted Living Facility	132	18%	13	2%
Continuing Care Retirement Community	115	15%	8	1%
Acute Care/Rehabilitative Facility	23	3%	1	0%
Home/Community Health Care	20	3%	2	0%
Hospice	17	2%	1	0%
Adult Day Care	6	1%	1	0%
PACE	6	1%	0	0%
Academic Institution	5	1%	3	0%
Other Practice Type	55	7%	10	1%
<b>At Least One Establishment</b>	<b>628</b>	<b>84%</b>	<b>83</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

*More than half of all NHAs are employed at skilled nursing facilities as their primary work location.*

Location Type				
Organization Type	Primary Location		Secondary Location	
	#	%	#	%
Facility Chain	331	58%	49	64%
Independent/Stand-Alone	152	27%	17	22%
Integrated Health System (Veterans Administration, Large Health System)	26	5%	2	3%
Hospital-Based	25	4%	2	3%
College or University	1	0%	3	4%
Other	31	5%	4	5%
<b>Total</b>	<b>566</b>	<b>100%</b>	<b>77</b>	<b>100%</b>
Did Not Have Location	17		647	
Item Missing	169		27	

Source: Va. Healthcare Workforce Data Center

*Nearly 60% of NHAs work at facility chain organizations as their primary work location. Another 27% of NHAs are employed at independent/stand-alone organizations.*

## At a Glance: (Primary Locations)

### Typical Time Allocation

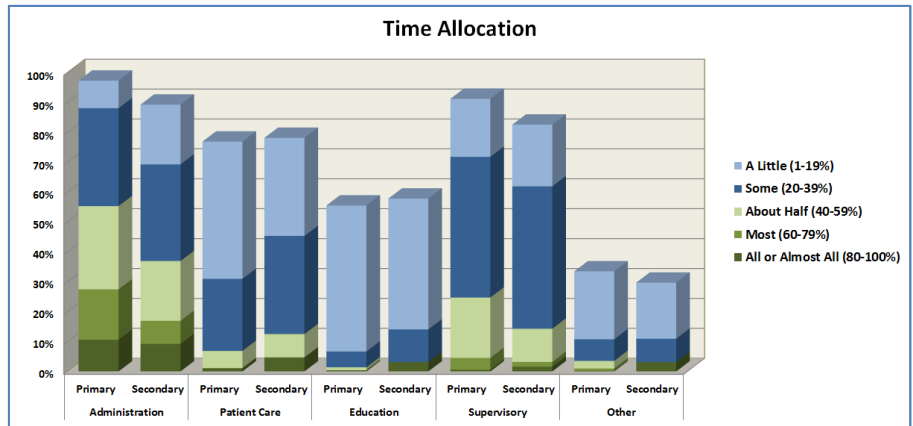
Administration: 40%-49%  
 Supervisory: 20%-29%  
 Patient Care: 10%-19%  
 Education: 1%-9%

### Roles

Administration: 27%  
 Supervisory: 5%  
 Patient Care: 1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



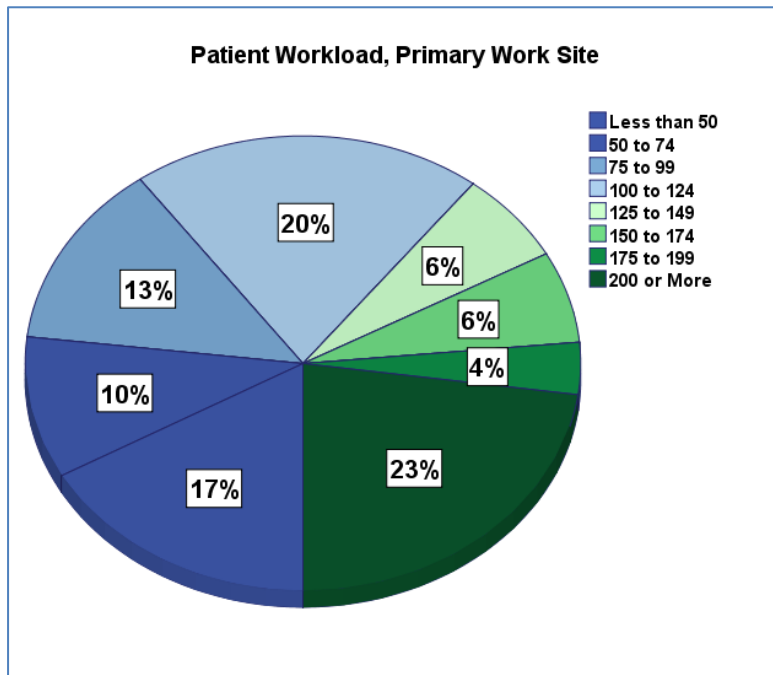
Source: Va. Healthcare Workforce Data Center

*A typical NHA spends approximately half of her time performing administrative tasks and one-quarter of her time performing supervisory tasks. In addition, 27% 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>	11%	9%	1%	5%	0%	3%	1%	2%	0%	3%
<b>Most (60-79%)</b>	17%	8%	0%	0%	0%	0%	4%	2%	1%	0%
<b>About Half (40-59%)</b>	28%	20%	6%	8%	1%	0%	20%	11%	3%	0%
<b>Some (20-39%)</b>	33%	33%	24%	33%	5%	11%	47%	47%	7%	8%
<b>A Little (1-19%)</b>	9%	20%	46%	33%	49%	44%	19%	20%	23%	19%
<b>None (0%)</b>	3%	11%	23%	22%	44%	42%	9%	17%	67%	70%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Patient Workload  
(Median)**

Primary Location: 100-124

Secondary Location: 75-99

Source: Va. Healthcare Workforce Data Center

*The median patient workload for NHAs at their primary work location is between 100 and 124 patients. For those NHAs who also have a secondary work location, the median patient workload is between 75 to 99 patients.*

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
<b>None</b>	57	10%	15	19%
<b>1-24</b>	18	3%	6	8%
<b>25-49</b>	21	4%	3	4%
<b>50-74</b>	58	10%	14	18%
<b>75-99</b>	75	13%	11	14%
<b>100-124</b>	117	20%	16	20%
<b>125-149</b>	37	6%	5	6%
<b>150-174</b>	37	6%	6	8%
<b>175-199</b>	21	4%	1	1%
<b>200-224</b>	22	4%	0	0%
<b>225-249</b>	6	1%	0	0%
<b>250-274</b>	7	1%	0	0%
<b>275-299</b>	6	1%	0	0%
<b>300 or More</b>	91	16%	2	3%
<b>Total</b>	<b>572</b>	<b>100%</b>	<b>80</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>	10	2%	-	-
<b>50 to 54</b>	18	3%	1	0%
<b>55 to 59</b>	50	8%	11	4%
<b>60 to 64</b>	116	19%	44	15%
<b>65 to 69</b>	242	40%	129	43%
<b>70 to 74</b>	121	20%	88	29%
<b>75 to 79</b>	16	3%	8	3%
<b>80 or Over</b>	9	1%	6	2%
<b>I Do Not Intend to Retire</b>	25	4%	15	5%
<b>Total</b>	<b>607</b>	<b>100%</b>	<b>302</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Retirement Expectations

**All NHAs**

Under 65: 32%

Under 60: 13%

**NHAs 50 and Over**

Under 65: 19%

Under 60: 4%

Time Until Retirement

Within 2 Years: 9%

Within 10 Years: 29%

Half the Workforce: By 2040

Source: Va. Healthcare Workforce Data Center

Nearly one-third of all NHAs expect to retire before the age of 65. Among NHAs who are at least age 50, 19% expect to retire by the age of 65.

Within the next two years, 13% of NHAs expect to begin accepting Administrators-in-Training, and 11% of NHAs expect to pursue additional educational opportunities.

**Future Plans**

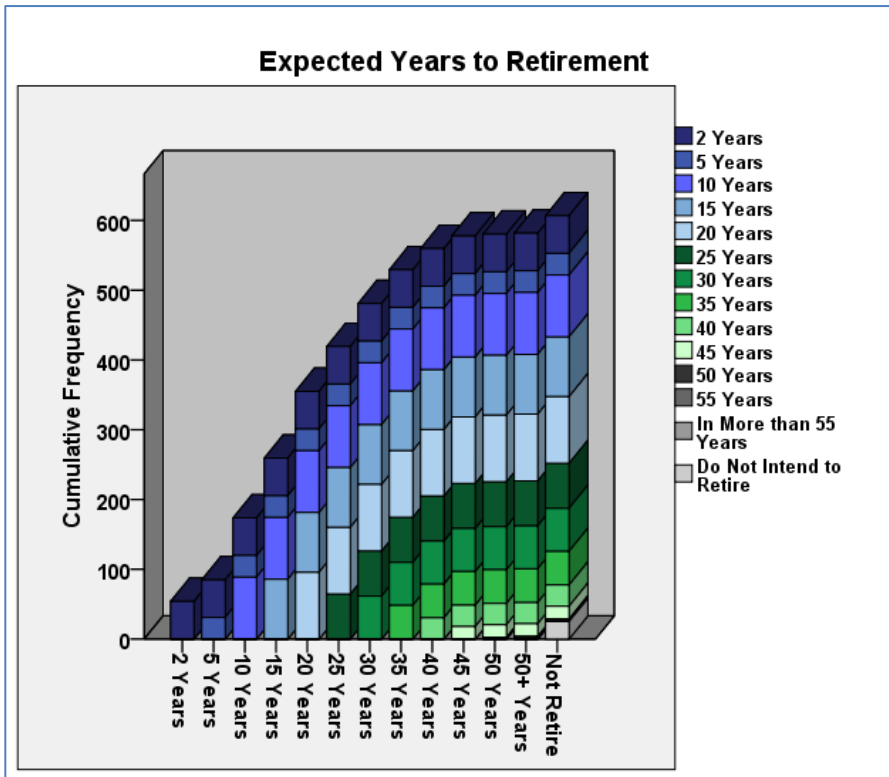
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Virginia</b>	37	5%
<b>Decrease Patient Care Hours</b>	34	5%
<b>Leave Profession</b>	18	2%
<b>Cease Accepting Trainees</b>	6	1%
<b>Decrease Teaching Hours</b>	2	0%
<b>Increase Participation</b>		
<b>Begin Accepting Trainees</b>	99	13%
<b>Pursue Additional Education</b>	86	11%
<b>Increase Patient Care Hours</b>	45	6%
<b>Increase Teaching Hours</b>	24	3%
<b>Return to the Workforce</b>	10	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NHAs. While 9% of NHAs expect to retire in the next two years, 29% expect to retire within the next decade. More than half of the current NHA workforce expect to retire by 2040.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
<b>2 Years</b>	54	9%	9%
<b>5 Years</b>	31	5%	14%
<b>10 Years</b>	89	15%	29%
<b>15 Years</b>	86	14%	43%
<b>20 Years</b>	96	16%	59%
<b>25 Years</b>	64	11%	69%
<b>30 Years</b>	62	10%	79%
<b>35 Years</b>	48	8%	87%
<b>40 Years</b>	30	5%	92%
<b>45 Years</b>	18	3%	95%
<b>50 Years</b>	3	0%	96%
<b>55 Years</b>	0	0%	96%
<b>In More than 55 Years</b>	1	0%	96%
<b>Do Not Intend to Retire</b>	25	4%	100%
<b>Total</b>	<b>607</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 2030. Retirement will peak at 16% of the current workforce around 2040 before declining to under 10% again by 2055.

## At a Glance:

### FTEs

Total: 780  
 FTEs/1,000 Residents<sup>2</sup>: .092  
 Average: 1.06

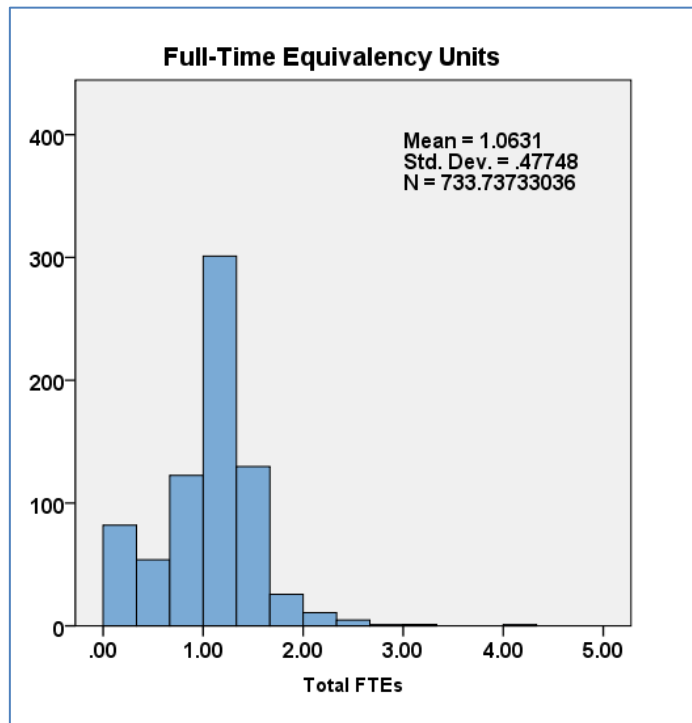
### Age & Gender Effect

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:

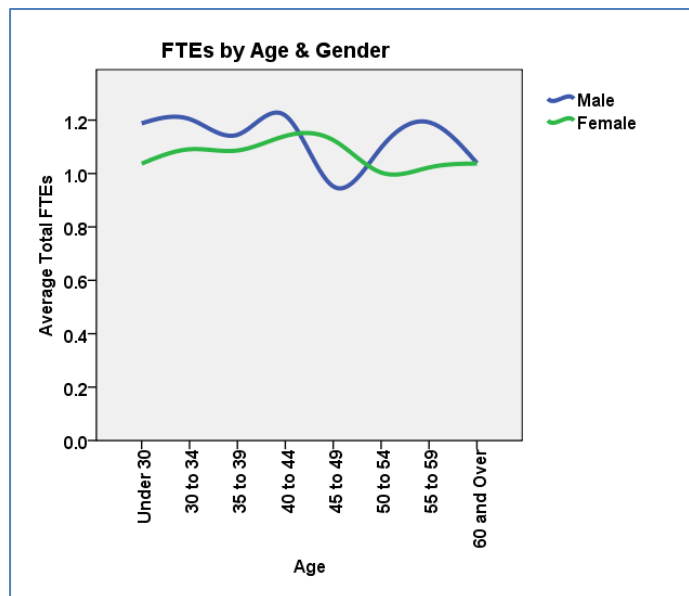


Source: Va. Healthcare Workforce Data Center

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

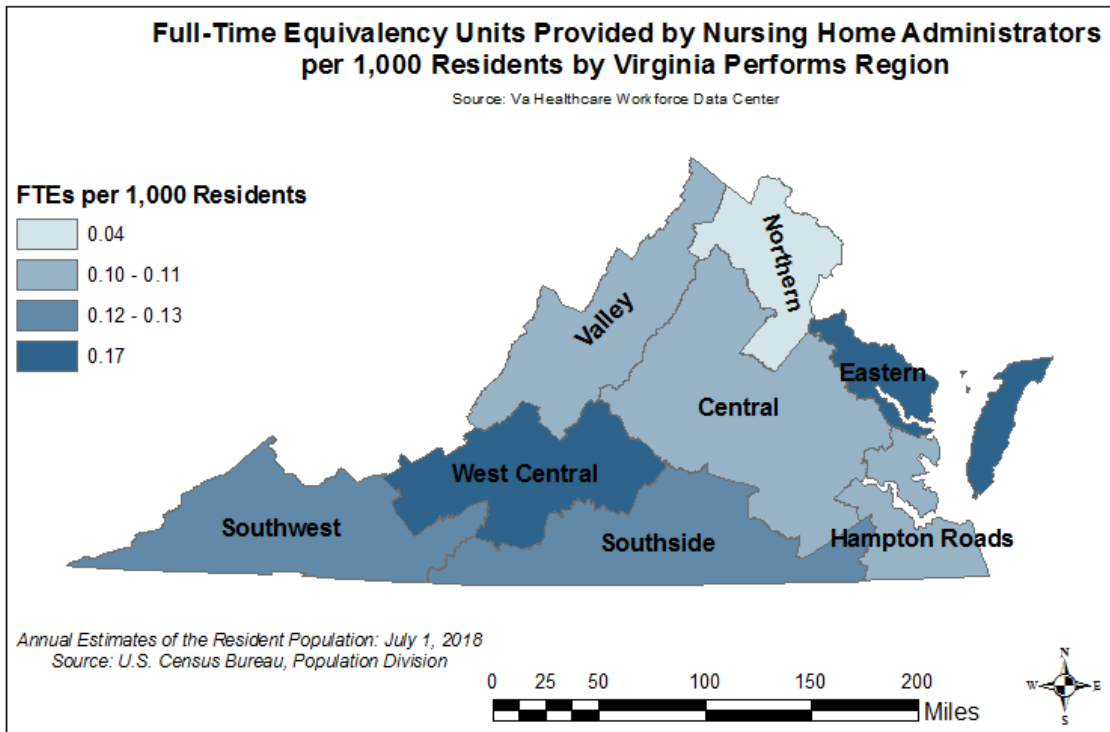
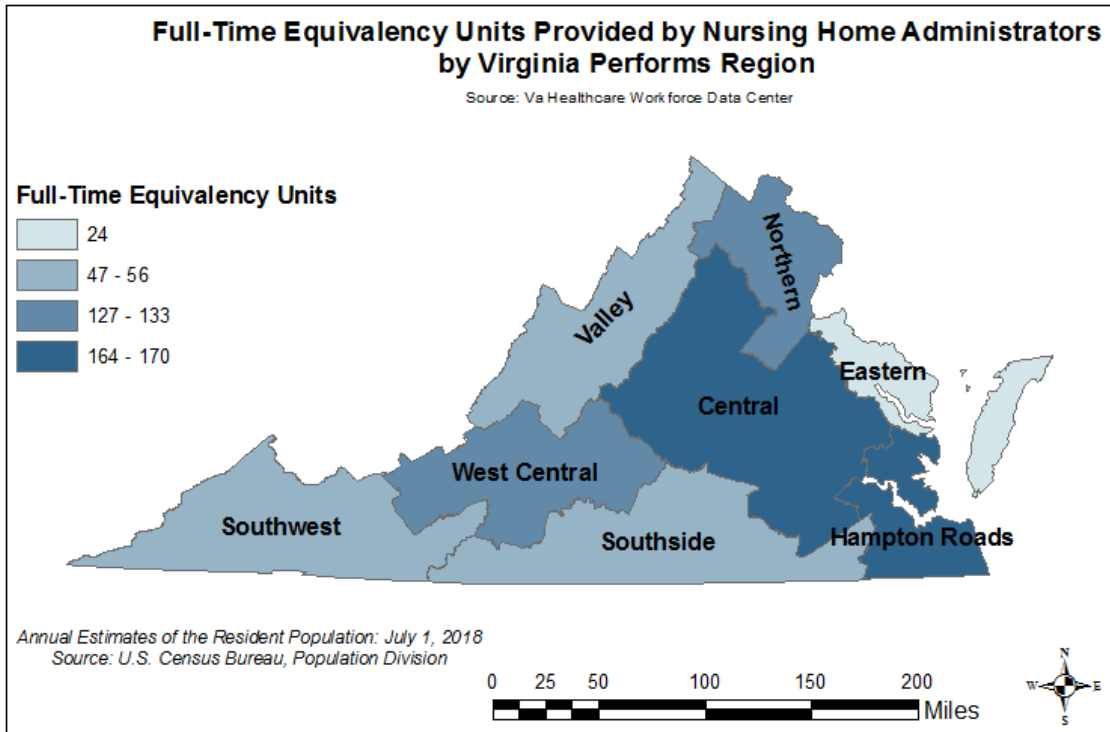
Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	1.08	1.09
30 to 34	1.10	1.05
35 to 39	1.11	1.18
40 to 44	1.16	1.18
45 to 49	1.06	1.05
50 to 54	1.07	1.05
55 to 59	1.13	1.27
60 and Over	0.94	1.08
<b>Gender</b>		
Male	1.12	1.18
Female	1.07	1.15

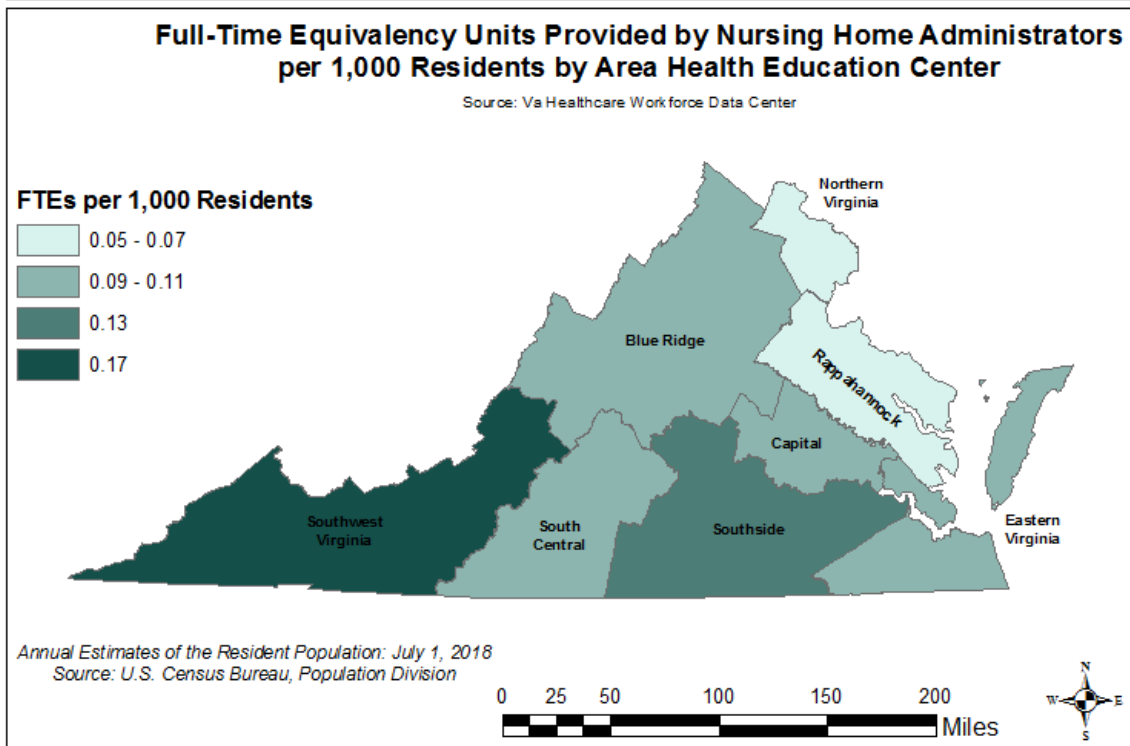
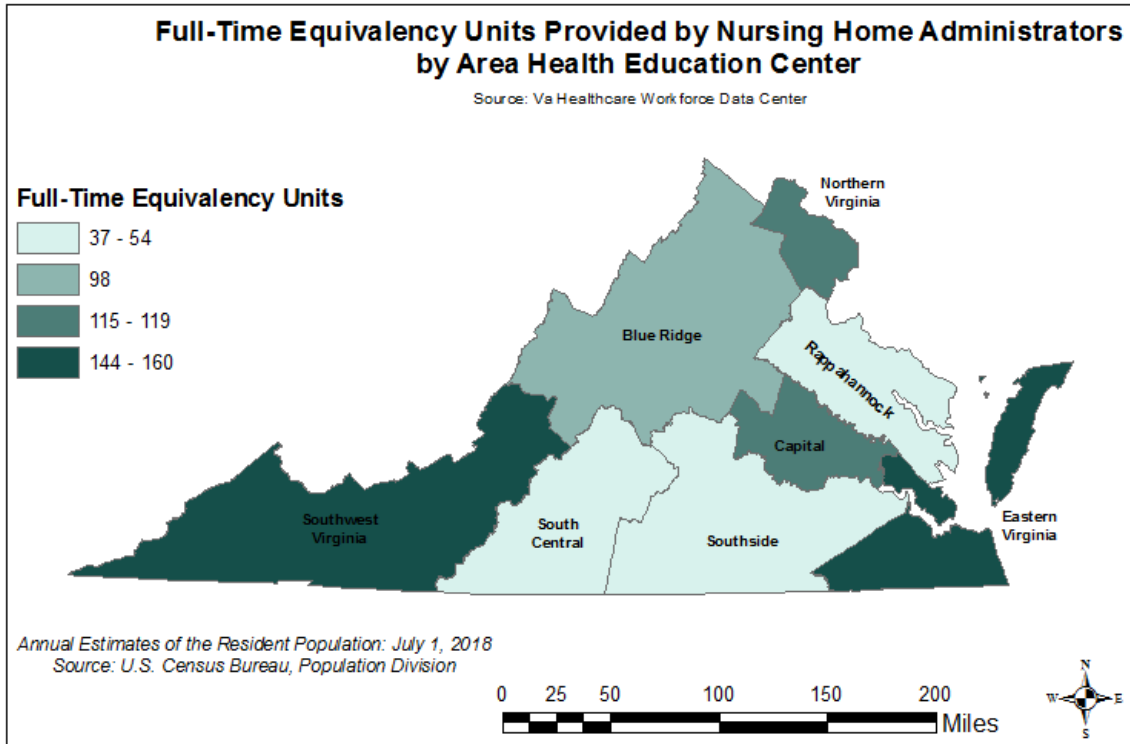
Source: Va. Healthcare Workforce Data Center

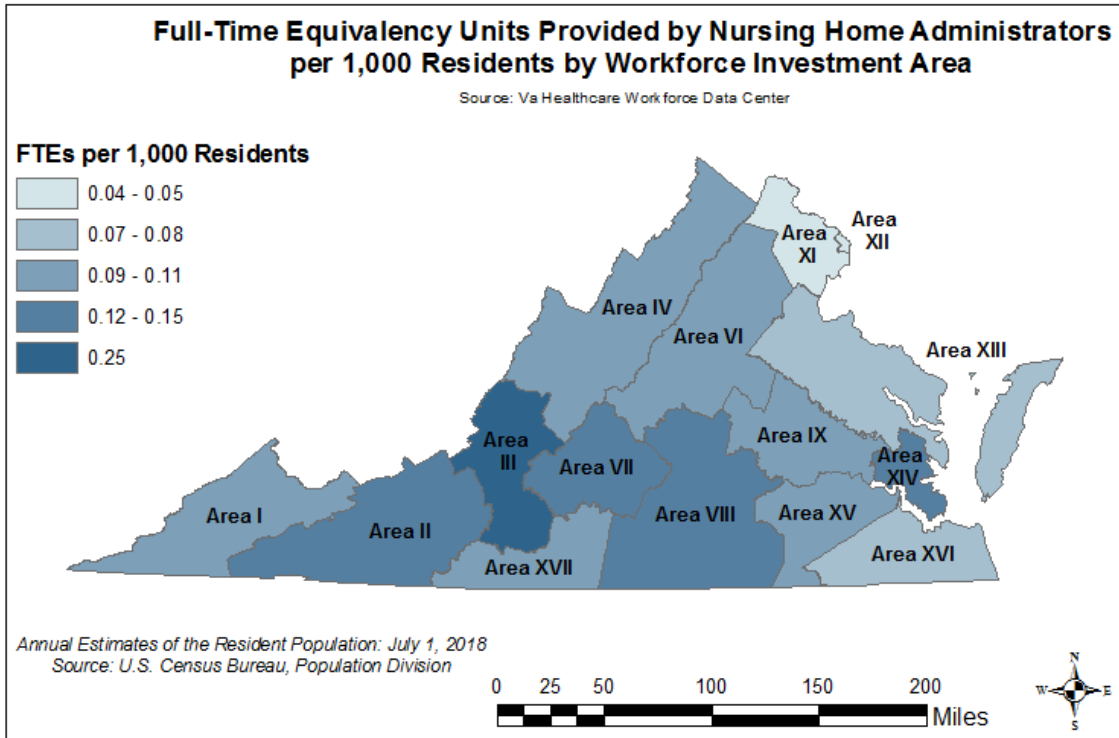
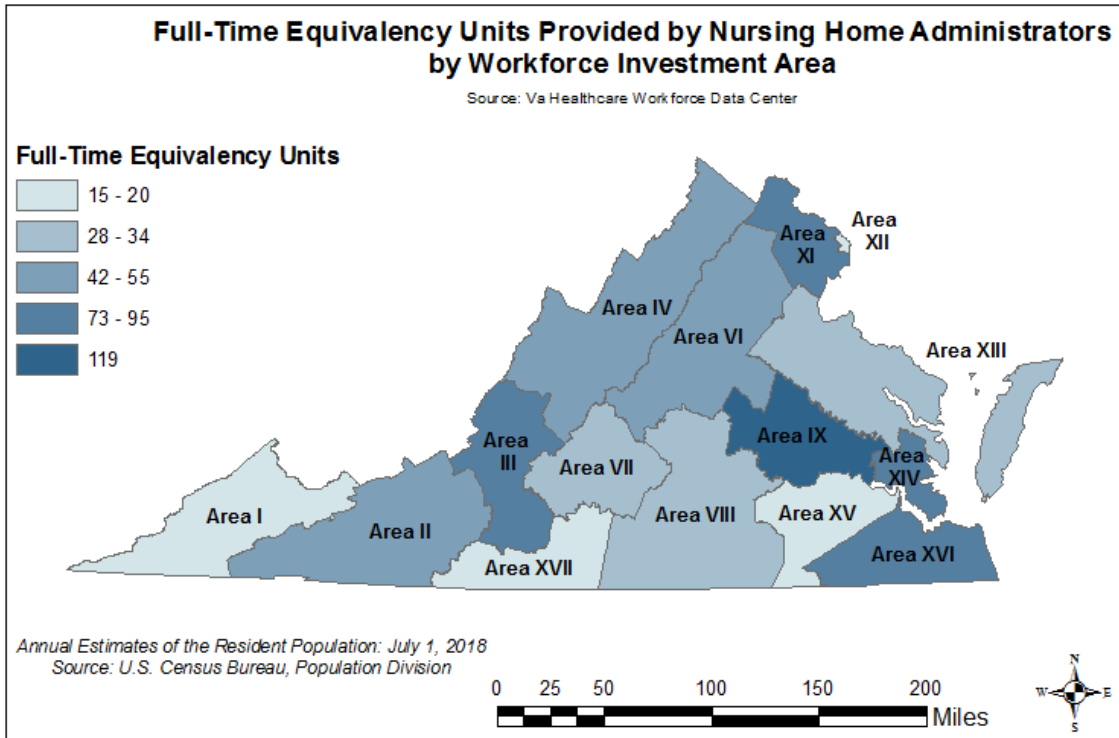


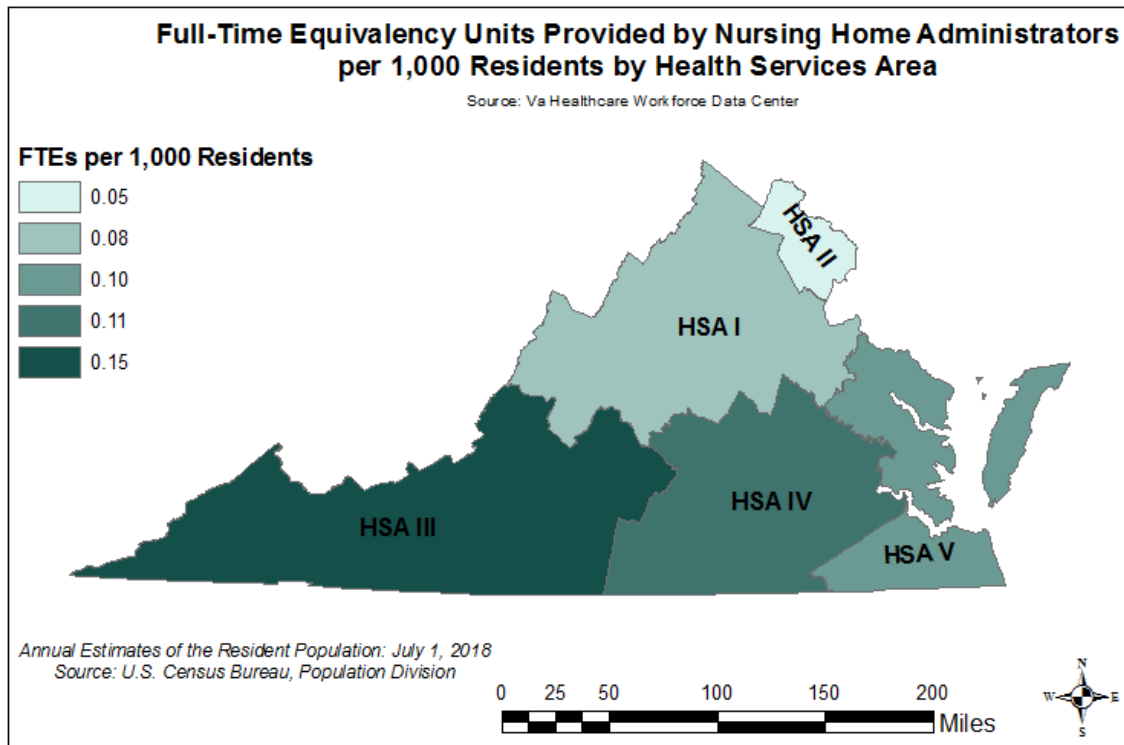
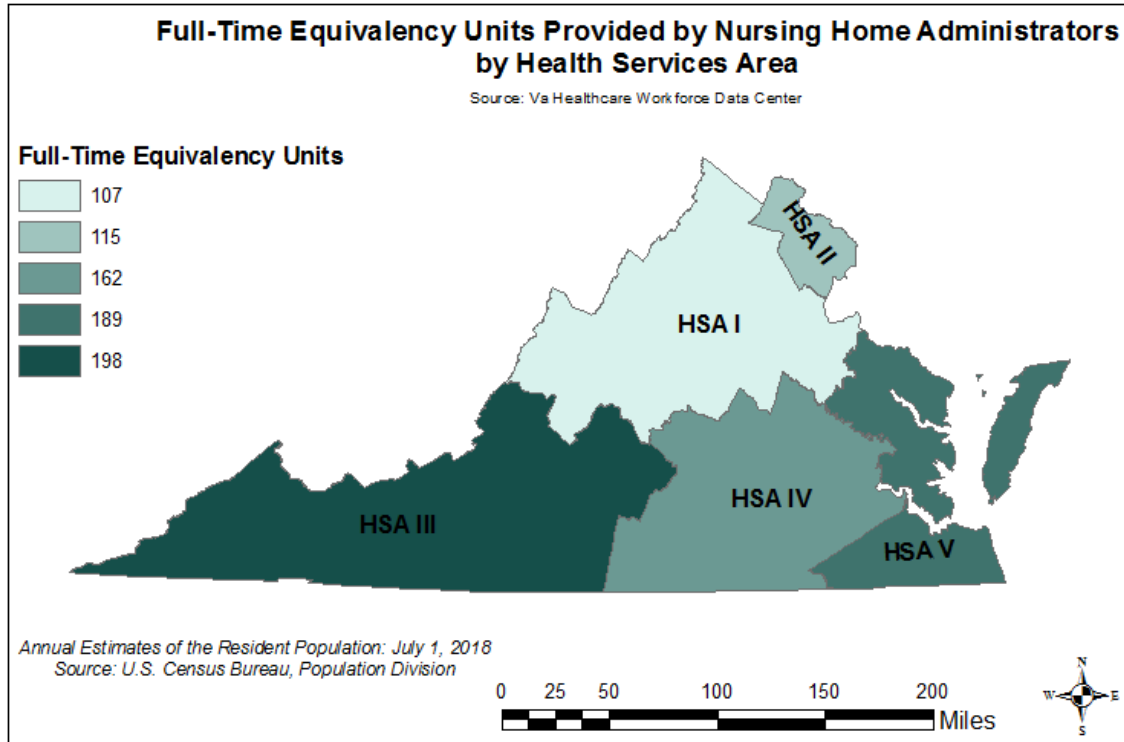
Source: Va. Healthcare Workforce Data Center

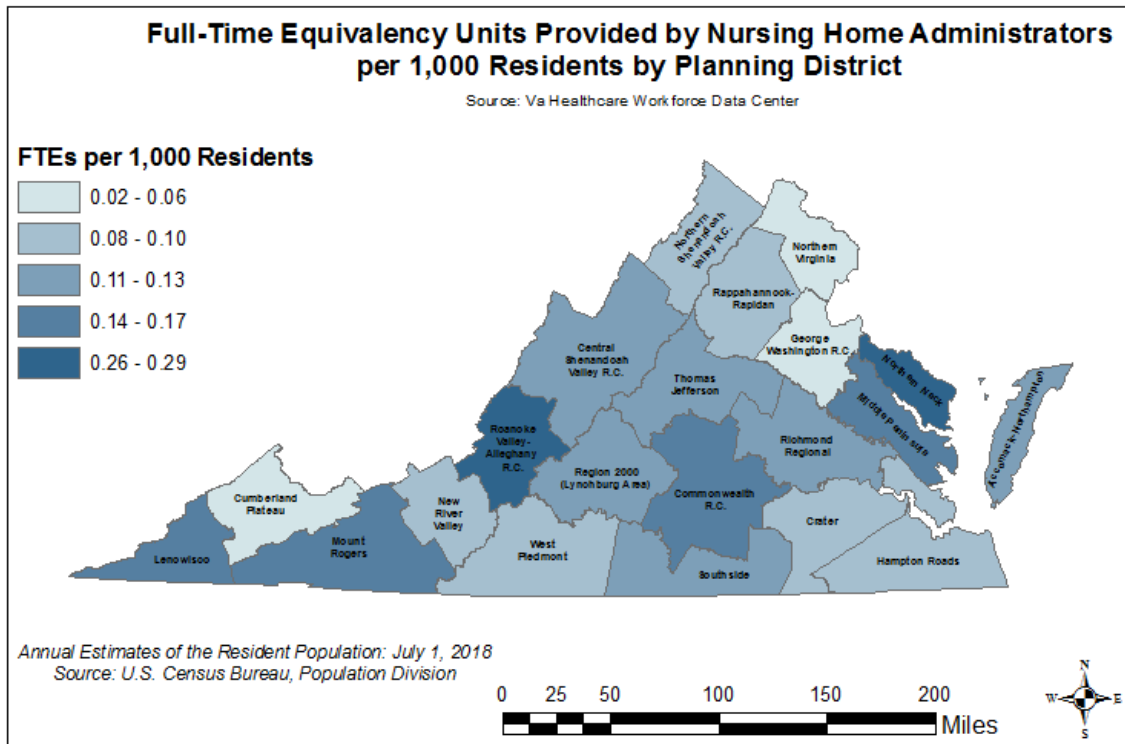
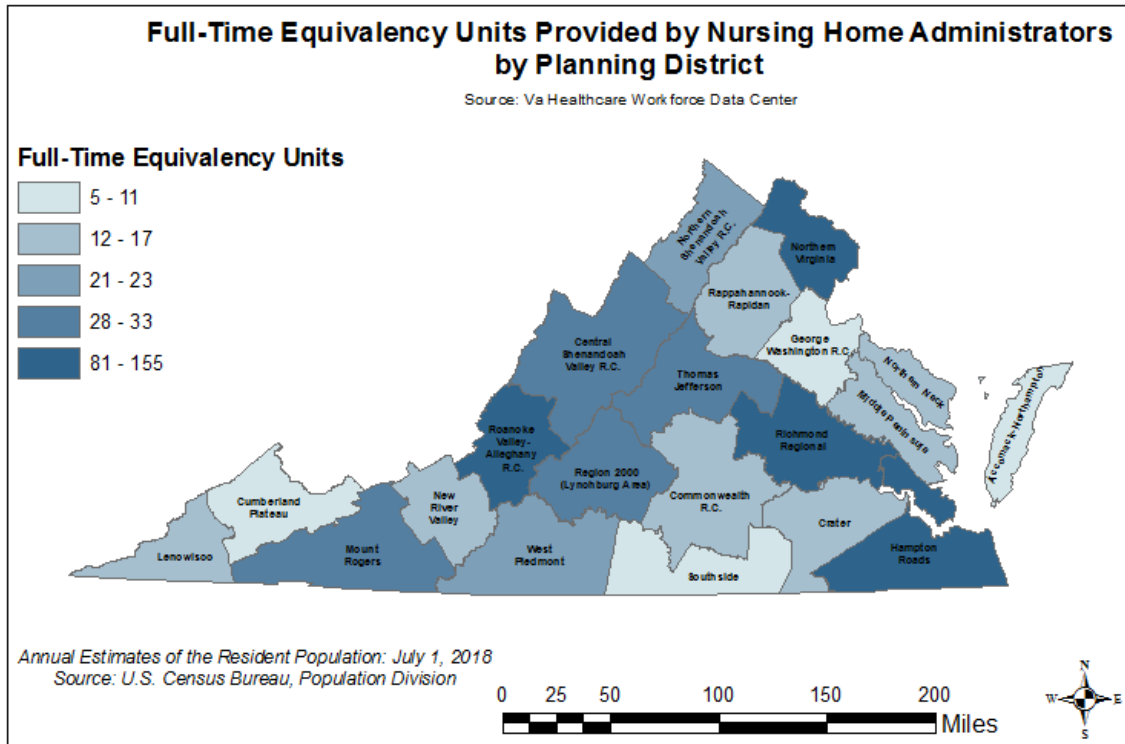
<sup>2</sup> Number of residents in 2018 was used as the denominator.













## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	412	85.92%	1.164	1.095	1.384
<b>Metro, 250,000 to 1 Million</b>	119	85.71%	1.167	1.097	1.388
<b>Metro, 250,000 or Less</b>	76	94.74%	1.056	0.993	1.255
<b>Urban Pop., 20,000+, Metro Adj.</b>	12	83.33%	1.200	1.163	1.427
<b>Urban Pop., 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban Pop., 2,500-19,999, Metro Adj.</b>	45	91.11%	1.098	1.032	1.305
<b>Urban Pop., 2,500-19,999, Non-Adj.</b>	19	89.47%	1.118	1.070	1.202
<b>Rural, Metro Adj.</b>	29	82.76%	1.208	1.137	1.437
<b>Rural, Non-Adj.</b>	19	84.21%	1.188	1.117	1.412
<b>Virginia Border State/D.C.</b>	140	72.14%	1.386	1.304	1.649
<b>Other U.S. State</b>	93	73.12%	1.368	1.286	1.627

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	47	70.21%	1.424	1.255	1.649
<b>30 to 34</b>	64	85.94%	1.164	1.026	1.347
<b>35 to 39</b>	94	77.66%	1.288	1.135	1.490
<b>40 to 44</b>	98	88.78%	1.126	0.993	1.304
<b>45 to 49</b>	133	87.22%	1.147	1.011	1.327
<b>50 to 54</b>	125	85.60%	1.168	1.030	1.352
<b>55 to 59</b>	137	86.13%	1.161	1.023	1.344
<b>60 and Over</b>	266	81.20%	1.231	1.085	1.425

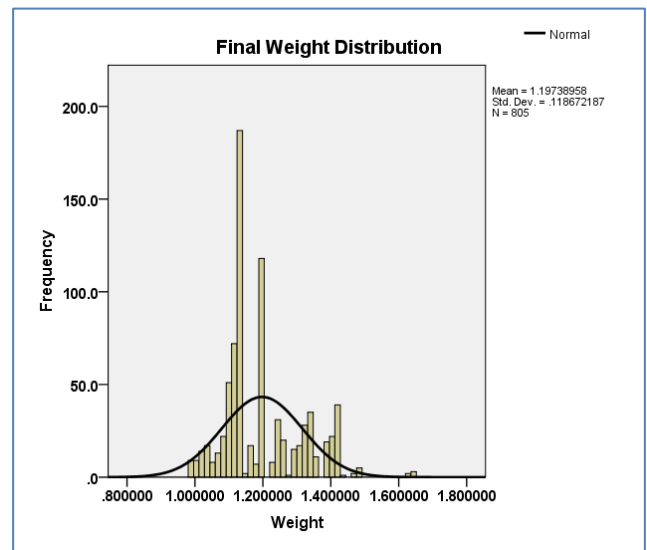
Source: Va. Healthcare Workforce Data Center

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:

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

**Overall Response Rate: 0.835062**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Assisted Living Facility Administrator Workforce: 2020*

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Healthcare Workforce Data Center

May 2020

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 your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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Derrick Kendall, NHA  
*Blackstone*

## ***Executive Director***

Corie E. Tillman Wolf, JD

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

## The Workforce

Licensees:	690
Virginia's Workforce:	646
FTEs:	734

## Background

Rural Childhood:	45%
HS Degree in VA:	60%
Prof. Degree in VA:	93%

## Current Employment

Employed in Prof.:	90%
Hold 1 Full-Time Job:	83%
Satisfied?:	95%

## Survey Response Rate

All Licensees:	82%
Renewing Practitioners:	96%

## Health Admin. Edu.

Admin-in-Training:	35%
Baccalaureate:	15%

## Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	61%

## Demographics

Female:	78%
Diversity Index:	43%
Median Age:	51

## Finances

Median Inc.:	\$80k-\$90k
Retirement Benefits:	50%
Under 40 w/ Ed. Debt:	49%

## Time Allocation

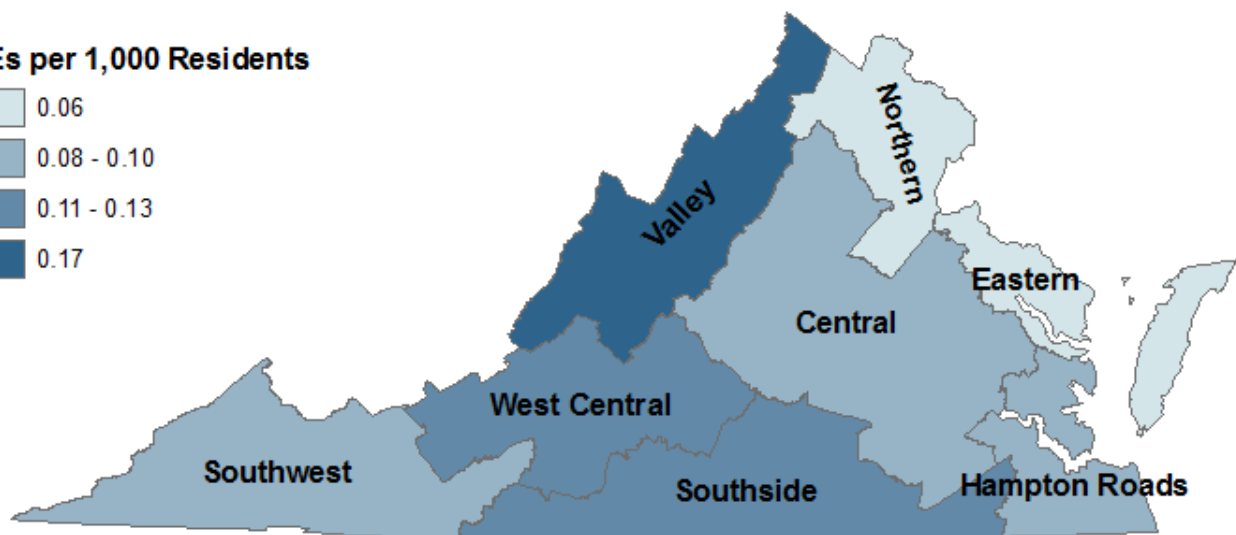
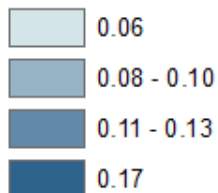
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

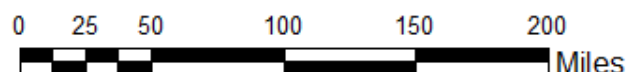
## Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2018  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2020 Assisted Living Facility Administrator (ALFA) Workforce Survey. More than 500 ALFAs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for ALFAs. These survey respondents represents 82% of the 690 ALFAs who are licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 646 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 734 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

More than three-quarters of all ALFAs are female, and the median age of the ALFA workforce is 51. In a random encounter between two ALFAs, there is a 43% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes the ALFA workforce less diverse than the state's overall population, which has a diversity index of 57%. Nearly half of all ALFAs grew up in a rural area, and 25% of this group currently work in non-metro areas of Virginia. In total, 15% of all ALFAs work in non-metro areas of the state.

Nine out of every ten ALFAs are currently employed in the profession, 83% hold one full-time job, and 43% work between 40 and 49 hours per week. Meanwhile, 2% of ALFAs have experienced involuntary unemployment at some point in the past year, and 1% have experienced underemployment over the same time period. Nearly all ALFAs work in the private sector, including 79% who work in the for-profit sector. More than 70% of all ALFAs are employed at assisted living facilities, while another 4% work at continuing care retirement communities. The typical ALFA earns between \$80,000 and \$90,000 per year. In addition, 86% of all ALFAs receive at least one employer-sponsored benefit. Nearly all ALFAs are satisfied with their current work situation, including 70% who indicate that they are "very satisfied".

## Summary of Trends

---

In this section, all statistics for this year are compared to the 2015 ALFA workforce. The number of licensed ALFAs in Virginia has increased by 3% (690 vs. 673). In addition, the size of the ALFA workforce has also increased by 3% (646 vs. 628). However, the number of FTEs provided by this workforce has actually fallen by 1% (734 vs. 740). Virginia's ALFAs are considerably more likely to respond to the survey (96% vs. 85%).

Virginia's ALFAs are relatively less likely to be female (78% vs. 82%), and this decline is even more pronounced among those ALFAs who are under the age of 40 (69% vs. 79%). At the same time, the median age of this workforce has fallen (51 vs. 53). The ALFA workforce has also become more diverse (43% vs. 39%). The percentage of ALFAs who grew up in rural areas has fallen (45% vs. 47%), and this group is less likely to work in non-metro areas of Virginia (25% vs. 31%). Overall, the percentage of all ALFAs who work in non-metro areas of the state has declined (15% vs. 21%).

ALFAs are less likely to work in the profession (90% vs. 92%). In addition, ALFAs are also less likely to work between 40 and 49 hours per week (43% vs. 53%). Instead, ALFAs are relatively more likely to work either between 50 and 59 hours per week (31% vs. 25%) or between 60 and 69 hours per week (13% vs. 9%). Relatively fewer ALFAs work in the for-profit sector (79% vs. 81%), while the percentage of ALFAs who work in the non-profit sector has increased (19% vs. 18%). Meanwhile, the percentage of ALFAs who work in independent/stand-alone organizations has fallen (49% vs. 55%). Instead, ALFAs are relatively more likely to be employed at facility chain organizations (43% vs. 38%).

The median annual income of Virginia's ALFAs has increased (\$80k-\$90k vs. \$60k-\$70k). In addition, ALFAs are more likely to receive at least one employer-sponsored benefit (86% vs. 81%), including those who have access to dental insurance (63% vs. 54%) and a retirement plan (50% vs. 37%). Regardless, there was no change in the percentage of ALFAs who indicate that they are satisfied with their current work situation (95% vs. 95%), and the percentage of ALFAs who indicate that they are "very satisfied" has fallen (70% vs. 72%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	567	82%
New Licensees	54	8%
Non-Renewals	69	10%
<b>All Licensees</b>	<b>690</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

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

Definitions

- 1. The Survey Period:** The survey was conducted in March 2020.
- 2. Target Population:** All ALFAs who held a Virginia license at some point between April 2019 and March 2020.
- 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	3	14	82%
30 to 34	8	41	84%
35 to 39	13	49	79%
40 to 44	15	61	80%
45 to 49	19	85	82%
50 to 54	7	91	93%
55 to 59	20	83	81%
60 and Over	38	143	79%
<b>Total</b>	<b>123</b>	<b>567</b>	<b>82%</b>
<b>New Licenses</b>			
Issued in Past Year	29	25	46%
<b>Metro Status</b>			
Non-Metro	14	111	89%
Metro	97	410	81%
Not in Virginia	12	46	79%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	567
Response Rate, All Licensees	82%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 690  
 New: 8%  
 Not Renewed: 10%

Response Rates

All Licensees: 82%  
 Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Workforce

ALFA Workforce: 646  
 FTEs: 734

### Utilization Ratios

Licensees in VA Workforce: 94%  
 Licensees per FTE: 0.94  
 Workers per FTE: 0.88

Source: Va. Healthcare Workforce Data Center

## Definitions

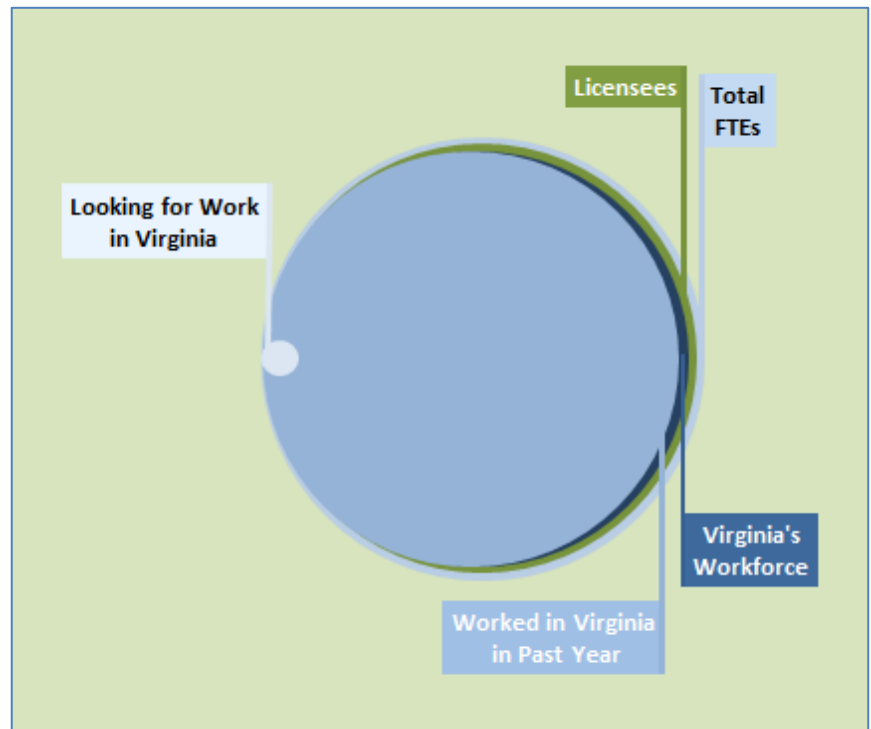
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline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

### Virginia's ALFA Workforce

Status	#	%
Worked in Virginia in Past Year	641	99%
Looking for Work in Virginia	5	1%
Virginia's Workforce	646	100%
Total FTEs	734	
Licensees	690	

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 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
<b>Under 30</b>	6	40%	10	61%	16	3%
<b>30 to 34</b>	12	29%	28	71%	40	7%
<b>35 to 39</b>	16	31%	37	69%	53	10%
<b>40 to 44</b>	18	27%	48	73%	66	12%
<b>45 to 49</b>	15	19%	63	81%	78	14%
<b>50 to 54</b>	14	19%	61	81%	74	14%
<b>55 to 59</b>	11	13%	72	87%	83	15%
<b>60 and Over</b>	31	23%	105	77%	137	25%
<b>Total</b>	<b>123</b>	<b>23%</b>	<b>424</b>	<b>78%</b>	<b>547</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
<b>White</b>	61%	401	73%	76	72%
<b>Black</b>	19%	100	18%	14	13%
<b>Asian</b>	7%	25	5%	6	6%
<b>Other Race</b>	0%	8	1%	2	2%
<b>Two or More Races</b>	3%	7	1%	4	4%
<b>Hispanic</b>	10%	9	2%	3	3%
<b>Total</b>	<b>100%</b>	<b>550</b>	<b>100%</b>	<b>105</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, 2018.

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Gender**

% Female: 78%  
% Under 40 Female: 69%

**Age**

Median Age: 51  
% Under 40: 20%  
% 55 and Over: 40%

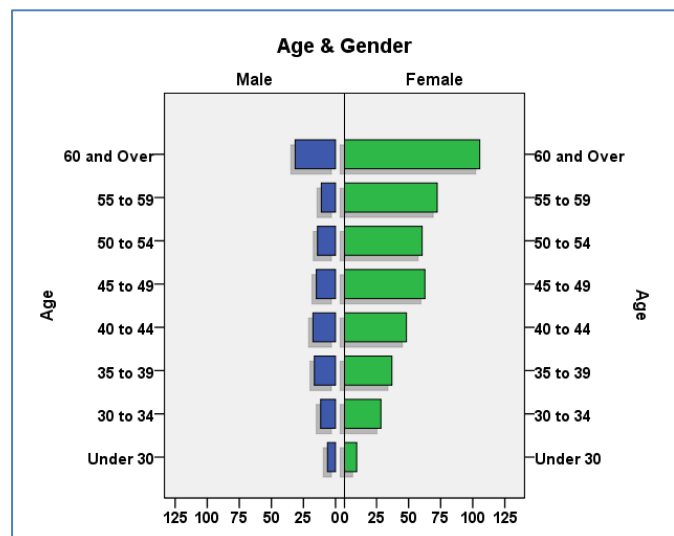
**Diversity**

Diversity Index: 43%  
Under 40 Div. Index: 45%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two ALFAs, there is a 43% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 57%.*

*One out of every five ALFAs are under the age of 40, and 69% of these professionals are female. In addition, there is a 45% chance that two randomly chosen ALFAs from this age group would be of different races or ethnicities.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 18%  
 Rural Childhood: 45%

### Virginia Background

HS in Virginia: 60%  
 Prof. Edu. in VA: 93%  
 HS or Prof. Edu. in VA: 94%

### Location Choice

% Rural to Non-Metro: 25%  
 % Urban/Suburban to Non-Metro: 7%

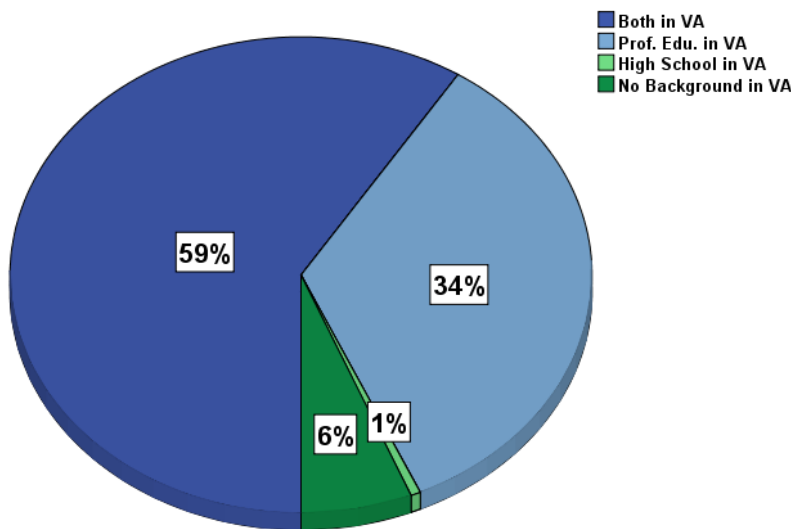
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	32%	47%	21%
2	Metro, 250,000 to 1 Million	55%	27%	19%
3	Metro, 250,000 or Less	61%	30%	9%
<b>Non-Metro Counties</b>				
4	Urban Pop., 20,000+, Metro Adjacent	73%	9%	18%
6	Urban Pop., 2,500-19,999, Metro Adjacent	76%	21%	3%
7	Urban Pop., 2,500-19,999, Non-Adjacent	68%	0%	32%
8	Rural, Metro Adjacent	78%	11%	11%
9	Rural, Non-Adjacent	100%	0%	0%
<b>Overall</b>		<b>45%</b>	<b>37%</b>	<b>18%</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 one-quarter of these professionals currently work in non-metro areas of Virginia. Overall, 15% of all ALFAs currently work in non-metro areas of the state.

## Top Ten States for Assisted Living Facility Administrator Recruitment

Rank	All Assisted Living Facility Administrators			
	High School	#	Init. Prof. Degree	#
1	Virginia	326	Virginia	449
2	Outside U.S./Canada	49	North Carolina	9
3	New York	27	New Jersey	4
4	North Carolina	18	California	2
5	Pennsylvania	17	Georgia	2
6	Maryland	16	Texas	2
7	Florida	10	Pennsylvania	1
8	New Jersey	9	Maryland	1
9	California	7	Illinois	1
10	Illinois	6	Iowa	1

*Three out of every five licensed ALFAs received their high school degree in Virginia, and 93% obtained their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*Among ALFAs who have been licensed in the past five years, 59% received their high school degree in Virginia, and 90% obtained their initial professional degree in the state.*

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	126	Virginia	172
2	Outside U.S./Canada	19	North Carolina	4
3	New York	11	New Jersey	3
4	North Carolina	7	California	2
5	Maryland	7	Georgia	2
6	Pennsylvania	5	Texas	2
7	New Jersey	4	Maryland	1
8	Florida	4	Iowa	1
9	California	3	Florida	1
10	Indiana	3	New York	1

Source: Va. Healthcare Workforce Data Center

*More than 5% of all licensees were not a part of Virginia's ALFA workforce. More than 90% of these licensees worked at some point in the past year, including 84% who worked as ALFAs.*

### At a Glance:

#### Not in VA Workforce

Total:	43
% of Licensees:	6%
Federal/Military:	0%
Va. Border State/D.C.:	24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	72	14%	-	-
Admin-in-Training	185	35%	-	-
High School/GED	-	-	119	22%
Associate	55	10%	105	20%
Baccalaureate	79	15%	191	36%
Graduate Cert.	11	2%	17	3%
Masters	54	10%	95	18%
Doctorate	1	0%	4	1%
Other	70	13%	-	-
<b>Total</b>	<b>527</b>	<b>100%</b>	<b>530</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Health Admin. Education**

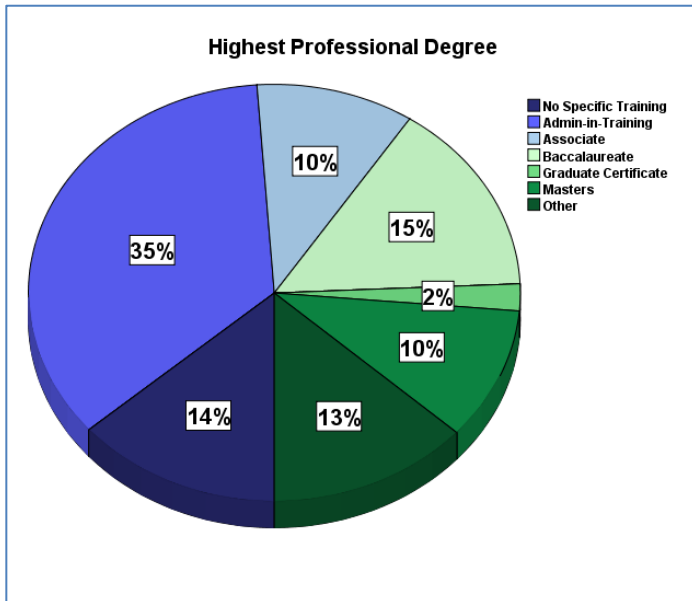
- Admin-in-Training: 35%
- Baccalaureate Degree: 15%
- Associate Degree: 10%

**Education Debt**

- Carry Debt: 29%
- Under Age 40 w/ Debt: 49%
- Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Nearly 30% of ALFAs carry education debt, including nearly half of those under the age of 40. For those with education debt, the median debt burden is between \$20,000 and \$30,000.



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All ALFAs		ALFAs Under 40	
	#	%	#	%
None	333	71%	47	49%
Less than \$10,000	23	5%	7	7%
\$10,000-\$19,999	25	5%	7	7%
\$20,000-\$29,999	21	4%	5	5%
\$30,000-\$39,999	15	3%	7	7%
\$40,000-\$49,999	10	2%	7	7%
\$50,000-\$59,999	5	1%	2	2%
\$60,000-\$69,999	7	1%	2	2%
\$70,000-\$79,999	5	1%	1	1%
\$80,000-\$89,999	1	0%	0	0%
\$90,000-\$99,999	7	1%	1	1%
\$100,000 or More	19	4%	8	8%
<b>Total</b>	<b>472</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):	20%
RMA:	14%
CNA:	4%

### Job Titles

Administrator:	37%
Executive Director:	22%
Owner:	8%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Licenses and Registrations		
License/Registration	#	%
<b>ALF Administrator</b>	544	84%
<b>Nurse (RN or LPN)</b>	130	20%
<b>Registered Medication Aide</b>	91	14%
<b>Certified Nursing Assistant</b>	27	4%
<b>Nursing Home Administrator</b>	5	1%
<b>Occupational Therapist</b>	1	0%
<b>Physical Therapist</b>	1	0%
<b>Other</b>	33	5%
<b>At Least One License</b>	<b>549</b>	<b>85%</b>

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
<b>Administrator</b>	237	37%	25	4%
<b>Executive Director</b>	142	22%	13	2%
<b>Owner</b>	52	8%	5	1%
<b>President or Executive Officer</b>	34	5%	7	1%
<b>Assistant Administrator</b>	32	5%	6	1%
<b>Other</b>	130	20%	26	4%
<b>At Least One Title</b>	<b>518</b>	<b>80%</b>	<b>69</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

*More than one-third of ALFAs hold the title of administrator at their primary work location. Another 22% hold the title of executive director.*

## At a Glance:

### Employment

Employed in Profession: 90%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-Time: 83%  
2 or More Positions: 10%

### Weekly Hours:

40 to 49: 43%  
60 or More: 17%  
Less than 30: 3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in a Capacity Related to Long-Term Care	492	90%
Employed, NOT in a Capacity Related to Long-Term Care	42	8%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	5	1%
Voluntarily Unemployed	7	1%
Retired	0	0%
<b>Total</b>	<b>547</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Nine out of every ten licensed ALFAs are currently employed in the profession, 83% hold one full-time job, and 43% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	12	2%
One Part-Time Position	29	5%
Two Part-Time Positions	7	1%
One Full-Time Position	442	83%
One Full-Time Position & One Part-Time Position	32	6%
Two Full-Time Positions	8	1%
More than Two Positions	4	1%
<b>Total</b>	<b>534</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	12	2%
1 to 9 Hours	4	1%
10 to 19 Hours	4	1%
20 to 29 Hours	10	2%
30 to 39 Hours	20	4%
40 to 49 Hours	227	43%
50 to 59 Hours	161	31%
60 to 69 Hours	67	13%
70 to 79 Hours	12	2%
80 or More Hours	9	2%
<b>Total</b>	<b>526</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	2	1%
Less than \$30,000	26	6%
\$30,000-\$39,999	14	3%
\$40,000-\$49,999	29	7%
\$50,000-\$59,999	40	10%
\$60,000-\$69,999	52	12%
\$70,000-\$79,999	48	11%
\$80,000-\$89,999	61	14%
\$90,000-\$99,999	57	13%
\$100,000-\$109,999	33	8%
\$110,000-\$119,999	23	5%
\$120,000-\$129,999	11	3%
\$130,000 or More	28	7%
<b>Total</b>	<b>426</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

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

**Benefits**  
Paid Vacation: 83%  
Employer Retirement: 50%

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

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	407	83%
Paid Sick Leave	333	68%
Dental Insurance	310	63%
Group Life Insurance	269	55%
Retirement	244	50%
Signing/Retention Bonus	48	10%
<b>At Least One Benefit</b>	<b>423</b>	<b>86%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

*The median annual income for ALFAs is between \$80,000 and \$90,000. In addition, 86% of ALFAs receive at least one employer-sponsored benefit, including 83% who receive paid vacation time.*

*Nearly all ALFAs are satisfied with their job, including 70% who are very satisfied with their current work circumstances.*

Job Satisfaction		
Level	#	%
Very Satisfied	373	70%
Somewhat Satisfied	133	25%
Somewhat Dissatisfied	18	4%
Very Dissatisfied	8	2%
<b>Total</b>	<b>533</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 . . . ?	#	%
Work Two or More Positions at the Same Time?	87	13%
Switch Employers or Practices?	47	7%
Experience Voluntary Unemployment?	24	4%
Experience Involuntary Unemployment?	11	2%
Work Part-Time or Temporary Positions, But Would Have Preferred a Full-Time/Permanent Position?	6	1%
<b>Experience At Least One</b>	<b>151</b>	<b>23%</b>

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Unemployment Experience**

Involuntarily Unemployed: 2%  
Underemployed: 1%

**Turnover & Tenure**

Switched Jobs: 7%  
New Location: 20%  
Over 2 Years: 61%  
Over 2 Yrs., 2<sup>nd</sup> Location: 54%

Source: Va. Healthcare Workforce Data Center

Only 2% of Virginia's ALFAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.7% during the same time period.<sup>1</sup>

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	10	2%	2	3%
Less than 6 Months	36	7%	9	13%
6 Months to 1 Year	54	10%	8	12%
1 to 2 Years	106	20%	13	19%
3 to 5 Years	95	18%	15	22%
6 to 10 Years	66	13%	3	4%
More than 10 Years	157	30%	19	28%
<b>Subtotal</b>	<b>523</b>	<b>100%</b>	<b>69</b>	<b>100%</b>
Did Not Have Location	12		561	
Item Missing	111		16	
<b>Total</b>	<b>646</b>		<b>646</b>	

Source: Va. Healthcare Workforce Data Center

More than 60% of 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 a Glance:

### Concentration

Top Region:	25%
Top 3 Regions:	64%
Lowest Region:	1%

### Locations

2 or More (Past Year):	16%
2 or More (Now*):	13%

Source: Va. Healthcare Workforce Data Center

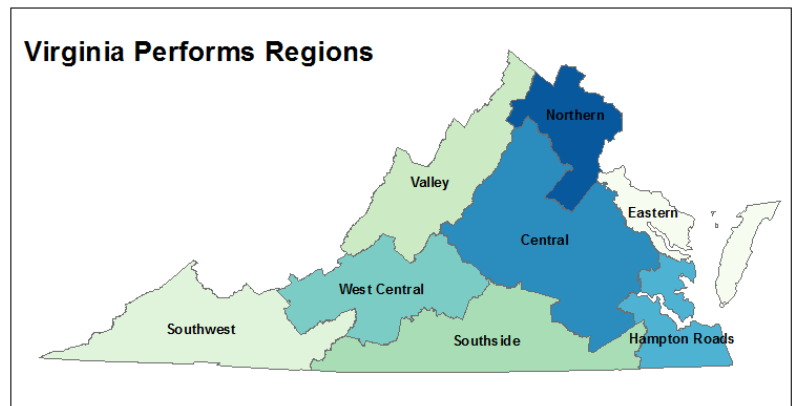
Nearly two-thirds of all ALFAs in the state work in Central Virginia, Northern Virginia, and Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	129	25%	18	24%
Northern	108	21%	16	21%
Hampton Roads	92	18%	10	13%
West Central	69	13%	9	12%
Valley	59	11%	10	13%
Southside	29	6%	6	8%
Southwest	19	4%	4	5%
Eastern	4	1%	1	1%
Virginia Border State/D.C.	4	1%	1	1%
Other U.S. State	1	0%	0	0%
Outside of the U.S.	0	0%	0	0%
<b>Total</b>	<b>514</b>	<b>100%</b>	<b>75</b>	<b>100%</b>
Item Missing	121		10	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



While 13% of ALFAs currently have multiple work locations, 16% have had multiple work locations over the past 12 months.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	5	1%	11	2%
1	438	83%	445	85%
2	42	8%	42	8%
3	33	6%	21	4%
4	2	0%	2	0%
5	2	0%	2	0%
6 or More	4	1%	3	1%
<b>Total</b>	<b>526</b>	<b>100%</b>	<b>526</b>	<b>100%</b>

\*At the time of survey completion, March 2020.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	398	79%	51	78%
Non-Profit	96	19%	11	17%
State/Local Government	9	2%	2	3%
Veterans Administration	0	0%	0	0%
U.S. Military	1	0%	0	0%
Other Federal Government	1	0%	1	2%
<b>Total</b>	<b>505</b>	<b>100%</b>	<b>65</b>	<b>100%</b>
Did Not Have Location	12		561	
Item Missing	129		20	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

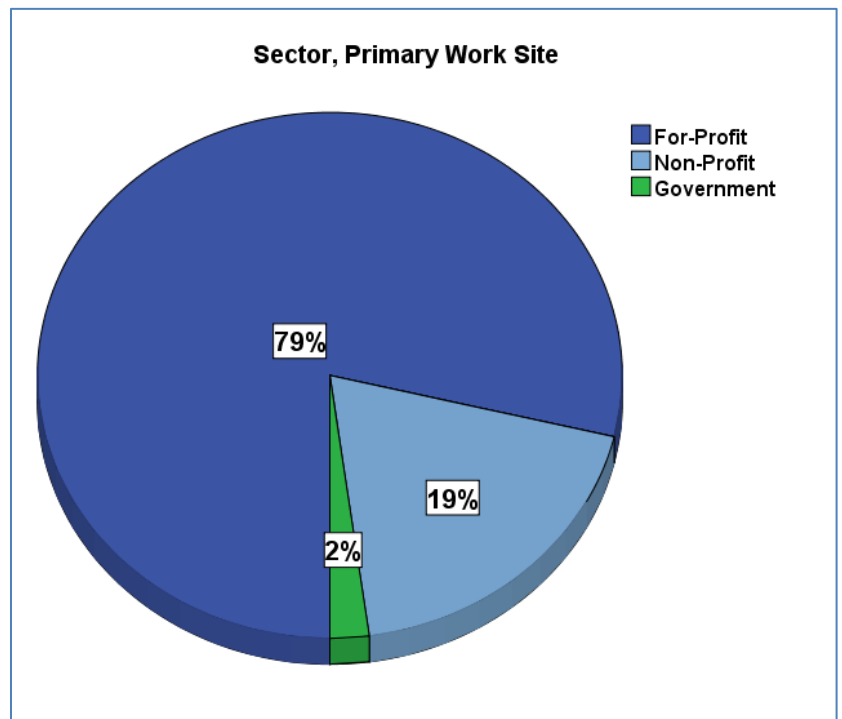
For-Profit:	79%
Federal:	0%

**Top Establishments**

Assisted Living Facility:	72%
Continuing Care	
Retirement Community:	4%
Skilled Nursing Facility:	2%

Source: Va. Healthcare Workforce Data Center

Nearly all ALFAs work in the private sector, including 79% 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>	464	72%	56	9%
<b>Continuing Care Retirement Community</b>	26	4%	1	0%
<b>Skilled Nursing Facility</b>	12	2%	2	0%
<b>Hospice</b>	11	2%	5	1%
<b>Adult Day Care</b>	11	2%	4	1%
<b>Home/Community Health Care</b>	11	2%	4	1%
<b>Academic Institution</b>	4	1%	2	0%
<b>Acute Care/Rehabilitative Facility</b>	4	1%	0	0%
<b>PACE</b>	2	0%	0	0%
<b>Other Practice Type</b>	23	4%	7	1%
<b>At Least One Establishment</b>	<b>518</b>	<b>80%</b>	<b>70</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

*More than 70% of all ALFAs are employed at assisted living facilities as their primary work location.*

Location Type				
Organization Type	Primary Location		Secondary Location	
	#	%	#	%
<b>Independent/Stand-Alone</b>	224	49%	29	47%
<b>Facility Chain</b>	197	43%	22	35%
<b>Hospital-Based</b>	10	2%	2	3%
<b>Integrated Health System (Veterans Administration, Large Health System)</b>	2	0%	1	2%
<b>College or University</b>	1	0%	1	2%
<b>Other</b>	24	5%	7	11%
<b>Total</b>	<b>458</b>	<b>100%</b>	<b>62</b>	<b>100%</b>
<b>Did Not Have Location</b>	12		561	
<b>Item Missing</b>	176		22	

Source: Va. Healthcare Workforce Data Center

*Nearly half of ALFAs are employed at independent/stand-alone organizations as their primary work location. Another 43% of ALFAs are employed at facility chain organizations.*

## At a Glance: (Primary Locations)

### Typical Time Allocation

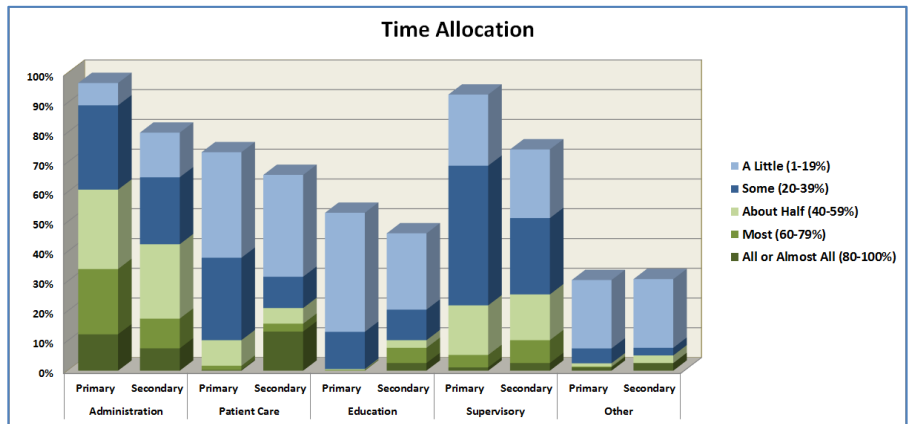
Administration: 40%-49%  
 Supervisory: 20%-29%  
 Patient Care: 10%-19%  
 Education: 1%-9%

### Roles

Administration: 34%  
 Supervisory: 5%  
 Patient Care: 2%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



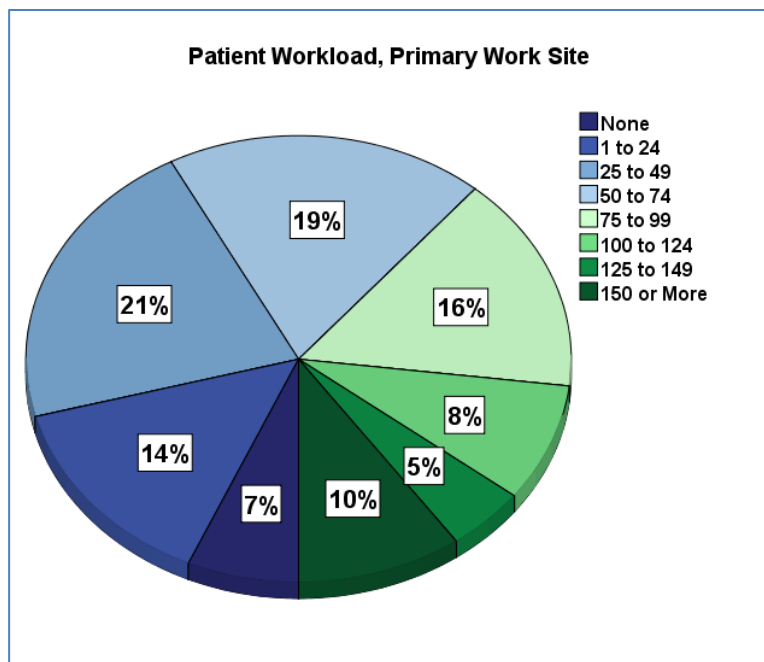
Source: Va. Healthcare Workforce Data Center

*A typical ALFA spends approximately half of her time performing administrative tasks. In addition, 34% 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>	12%	8%	0%	13%	0%	3%	1%	3%	1%	3%
<b>Most (60-79%)</b>	22%	10%	1%	3%	0%	5%	4%	8%	0%	0%
<b>About Half (40-59%)</b>	27%	25%	9%	5%	0%	3%	17%	15%	1%	3%
<b>Some (20-39%)</b>	28%	23%	28%	10%	12%	10%	47%	25%	5%	3%
<b>A Little (1-19%)</b>	7%	15%	35%	33%	40%	25%	24%	23%	23%	23%
<b>None (0%)</b>	3%	20%	27%	33%	47%	53%	7%	25%	70%	68%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Patient Workload  
(Median)**

Primary Location: 50-74  
Secondary Location: 25-49

Source: Va. Healthcare Workforce Data Center

*The median patient workload for ALFAs at their primary work location is between 50 and 74 patients. For those ALFAs who also have a secondary work location, the median patient workload is between 25 to 49 patients.*

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
<b>None</b>	31	7%	8	12%
<b>1-24</b>	67	14%	17	26%
<b>25-49</b>	101	21%	17	26%
<b>50-74</b>	89	19%	6	9%
<b>75-99</b>	74	16%	5	8%
<b>100-124</b>	40	8%	7	11%
<b>125-149</b>	22	5%	1	2%
<b>150-174</b>	12	3%	3	5%
<b>175-199</b>	9	2%	1	2%
<b>200-224</b>	2	0%	0	0%
<b>225-249</b>	4	1%	1	2%
<b>250-274</b>	1	0%	0	0%
<b>275-299</b>	0	0%	0	0%
<b>300 or More</b>	19	4%	0	0%
<b>Total</b>	<b>471</b>	<b>100%</b>	<b>66</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>	2	0%	-	-
<b>50 to 54</b>	14	3%	0	0%
<b>55 to 59</b>	33	7%	12	4%
<b>60 to 64</b>	72	15%	38	14%
<b>65 to 69</b>	183	37%	94	35%
<b>70 to 74</b>	113	23%	81	30%
<b>75 to 79</b>	28	6%	16	6%
<b>80 or Over</b>	11	2%	9	3%
<b>I Do Not Intend to Retire</b>	34	7%	20	7%
<b>Total</b>	<b>491</b>	<b>100%</b>	<b>270</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All ALFAs**

Under 65: 25%  
Under 60: 10%

**ALFAs 50 and Over**

Under 65: 19%  
Under 60: 4%

**Time Until Retirement**

Within 2 Years: 5%  
Within 10 Years: 27%  
Half the Workforce: By 2040

Source: Va. Healthcare Workforce Data Center

*One-quarter of all ALFAs expect to retire before the age of 65. Among ALFAs who are already at least age 50, 19% expect to retire by age 65.*

*Within the next two years, 15% of ALFAs expect to pursue additional educational opportunities, and 14% of ALFAs expect to begin accepting Administrators-in-Training.*

**Future Plans**

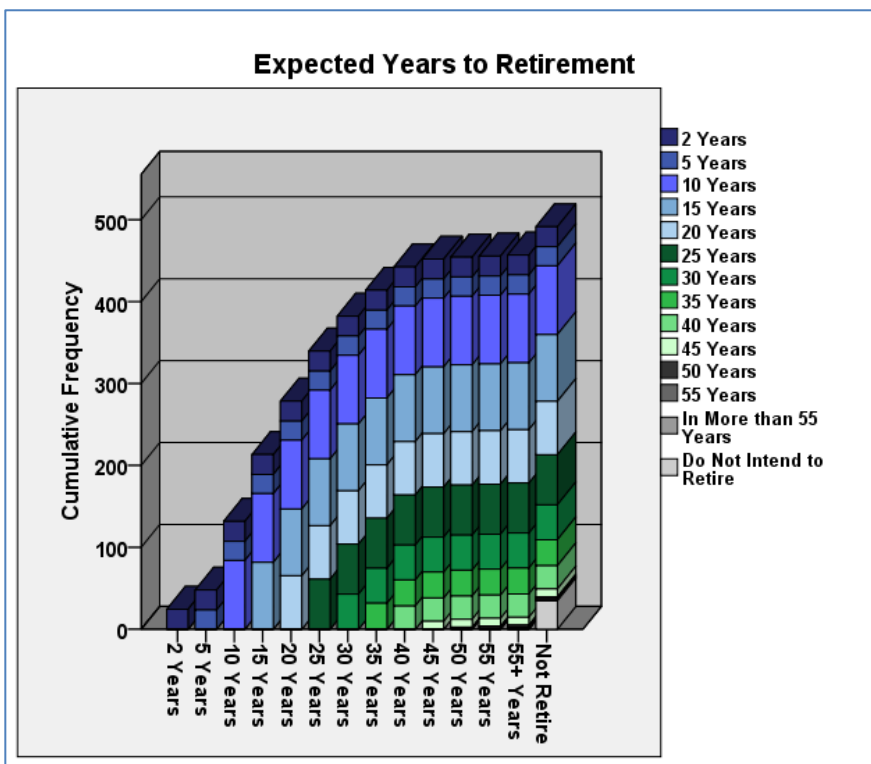
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Decrease Patient Care Hours</b>	51	8%
<b>Leave Virginia</b>	38	6%
<b>Leave Profession</b>	11	2%
<b>Cease Accepting Trainees</b>	6	1%
<b>Decrease Teaching Hours</b>	0	0%
<b>Increase Participation</b>		
<b>Pursue Additional Education</b>	94	15%
<b>Begin Accepting Trainees</b>	88	14%
<b>Increase Patient Care Hours</b>	36	6%
<b>Increase Teaching Hours</b>	17	3%
<b>Return to the Workforce</b>	4	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While 5% of ALFAs expect to retire in the next two years, 27% expect to retire within the next decade. More than half of the current ALFA workforce expect to retire by 2040.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	24	5%	5%
5 Years	23	5%	10%
10 Years	84	17%	27%
15 Years	82	17%	43%
20 Years	65	13%	57%
25 Years	61	12%	69%
30 Years	43	9%	78%
35 Years	32	7%	84%
40 Years	28	6%	90%
45 Years	10	2%	92%
50 Years	2	0%	92%
55 Years	1	0%	93%
In More than 55 Years	1	0%	93%
Do Not Intend to Retire	34	7%	100%
<b>Total</b>	<b>491</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 2030. Retirement will peak at 17% of the current workforce around the same time before declining to under 10% again by 2050.



## At a Glance:

### FTEs

Total: 734  
 FTEs/1,000 Residents<sup>2</sup>: .086  
 Average: 1.16

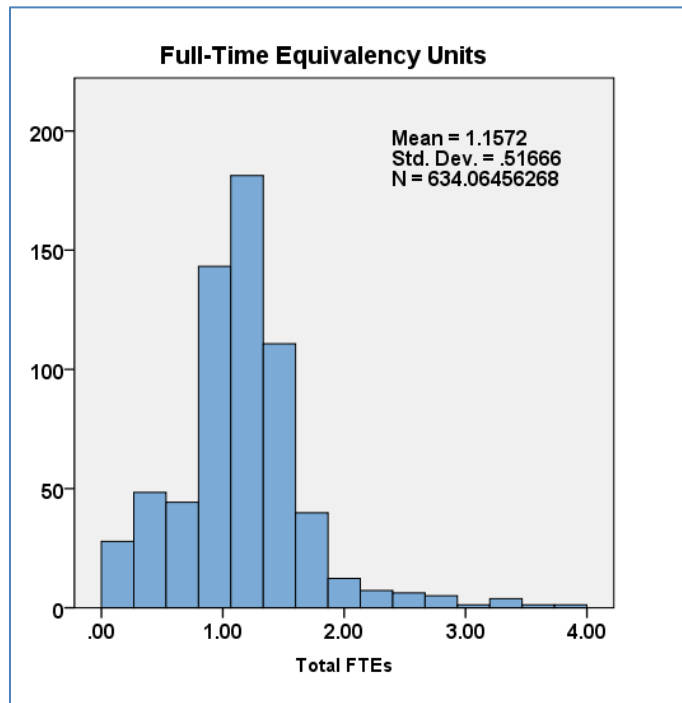
### Age & Gender Effect

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:

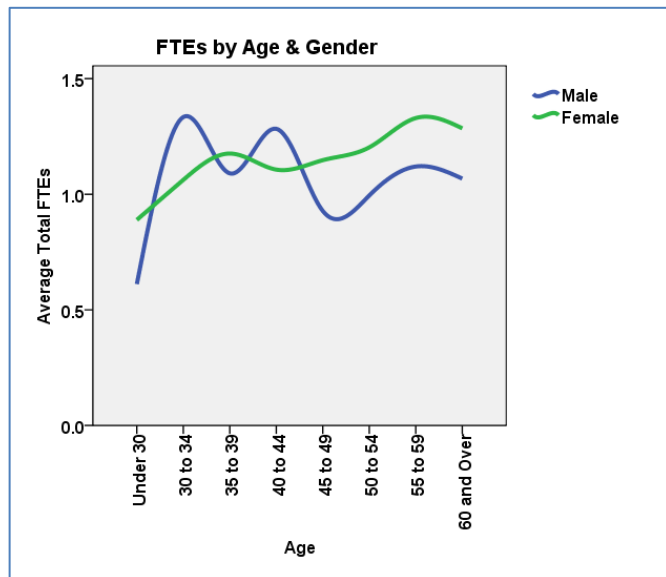


Source: Va. Healthcare Workforce Data Center

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

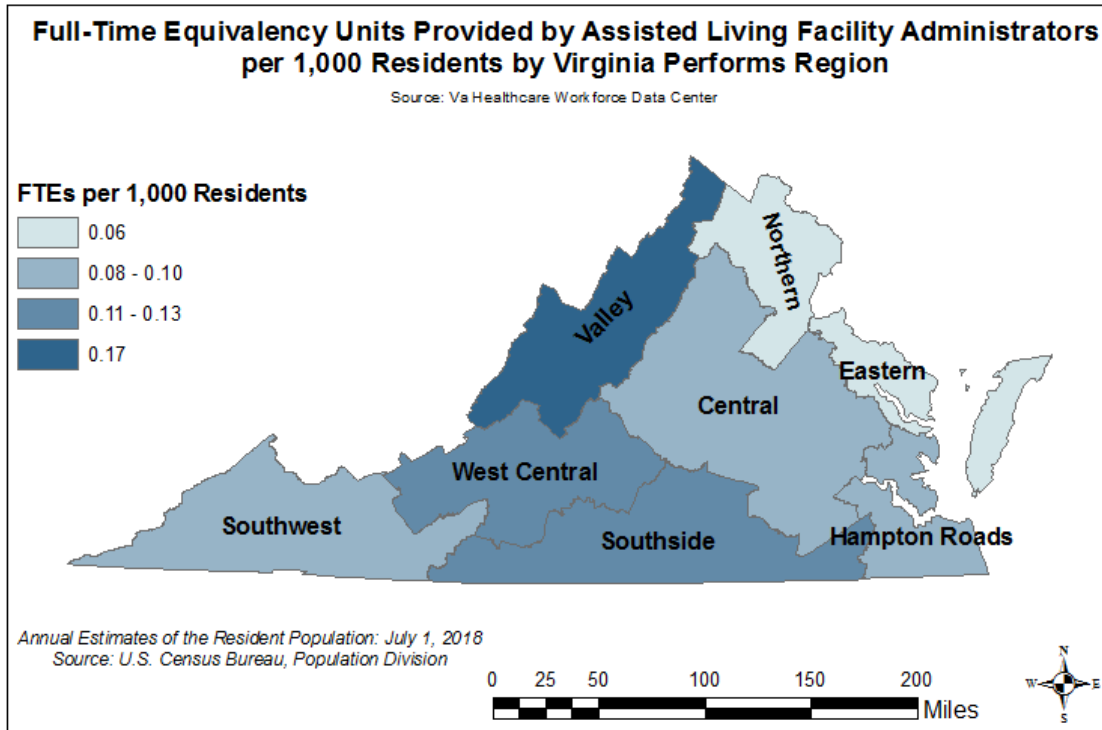
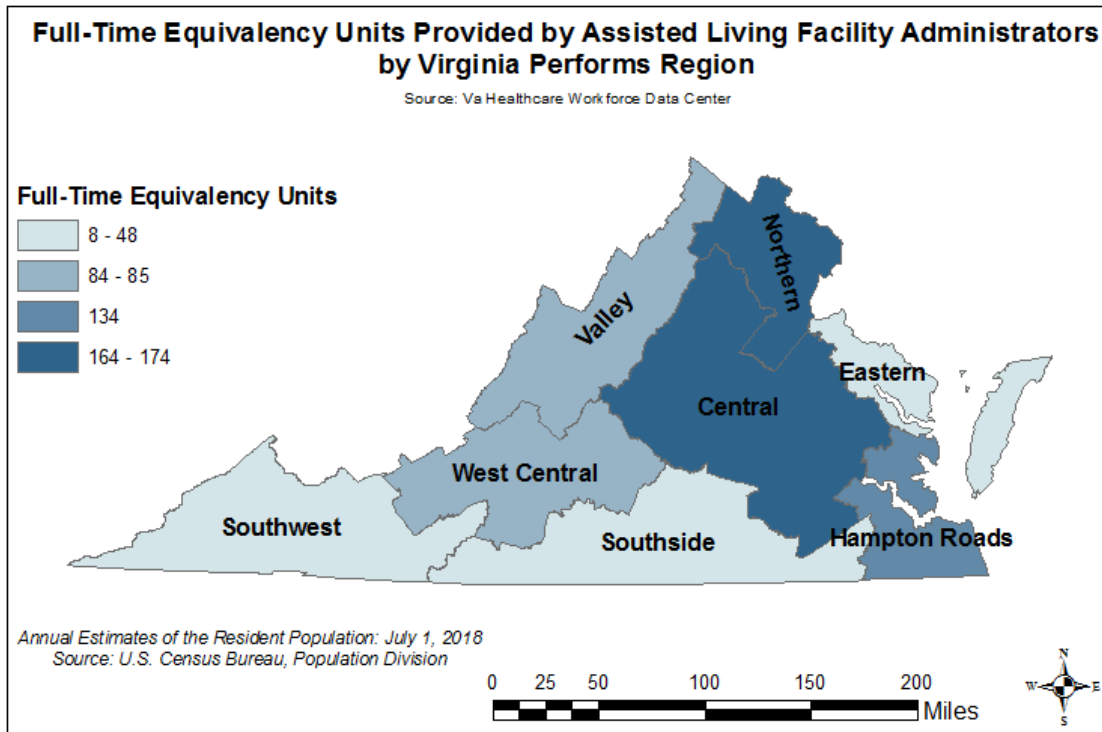
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.79	0.99
30 to 34	1.13	1.09
35 to 39	1.09	1.13
40 to 44	1.15	1.09
45 to 49	1.09	1.01
50 to 54	1.07	1.15
55 to 59	1.35	1.33
60 and Over	1.20	1.09
Gender		
Male	1.08	1.09
Female	1.21	1.18

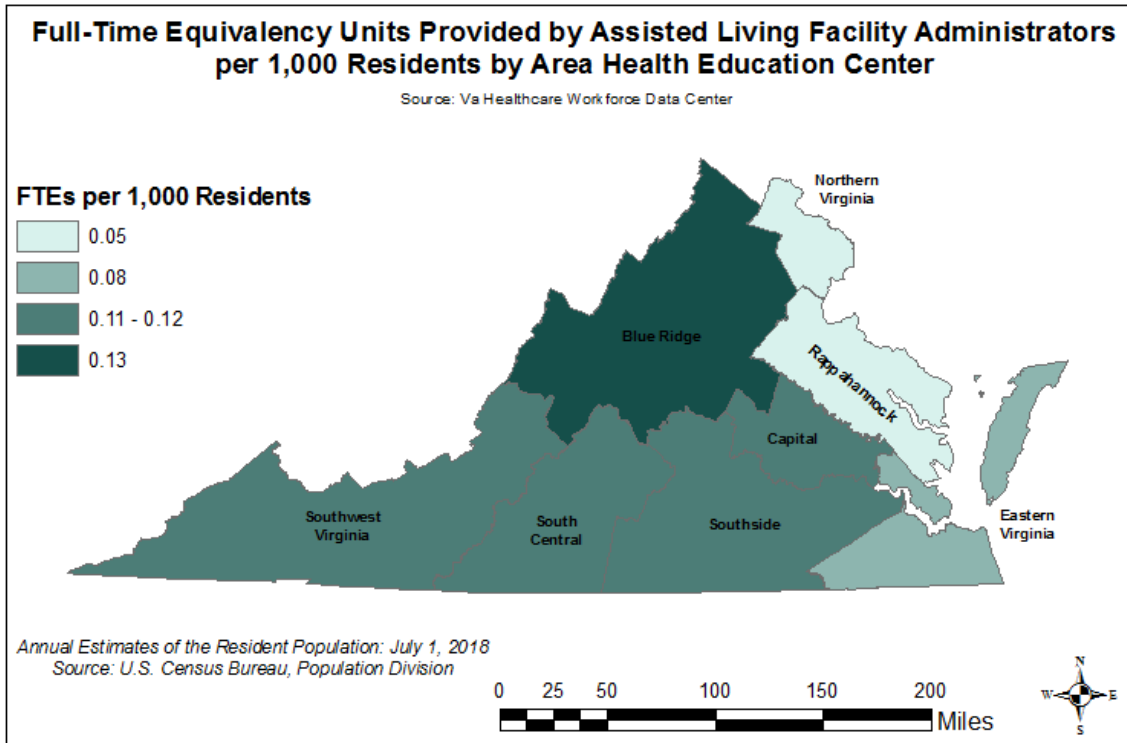
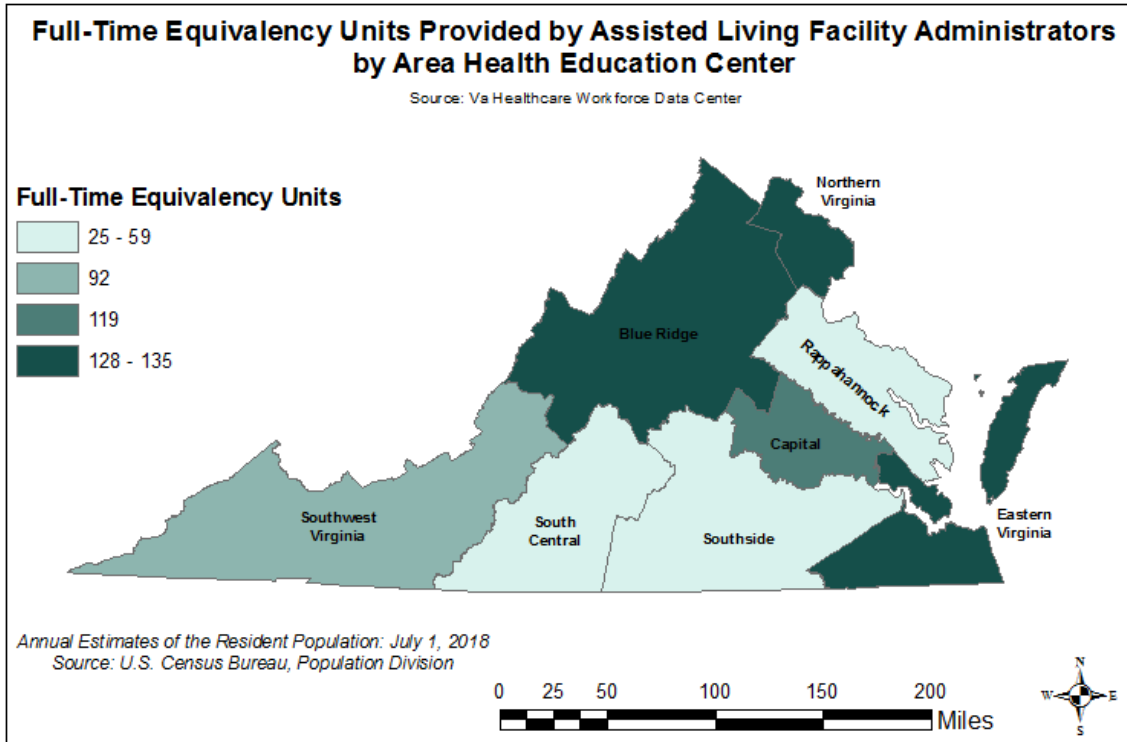
Source: Va. Healthcare Workforce Data Center

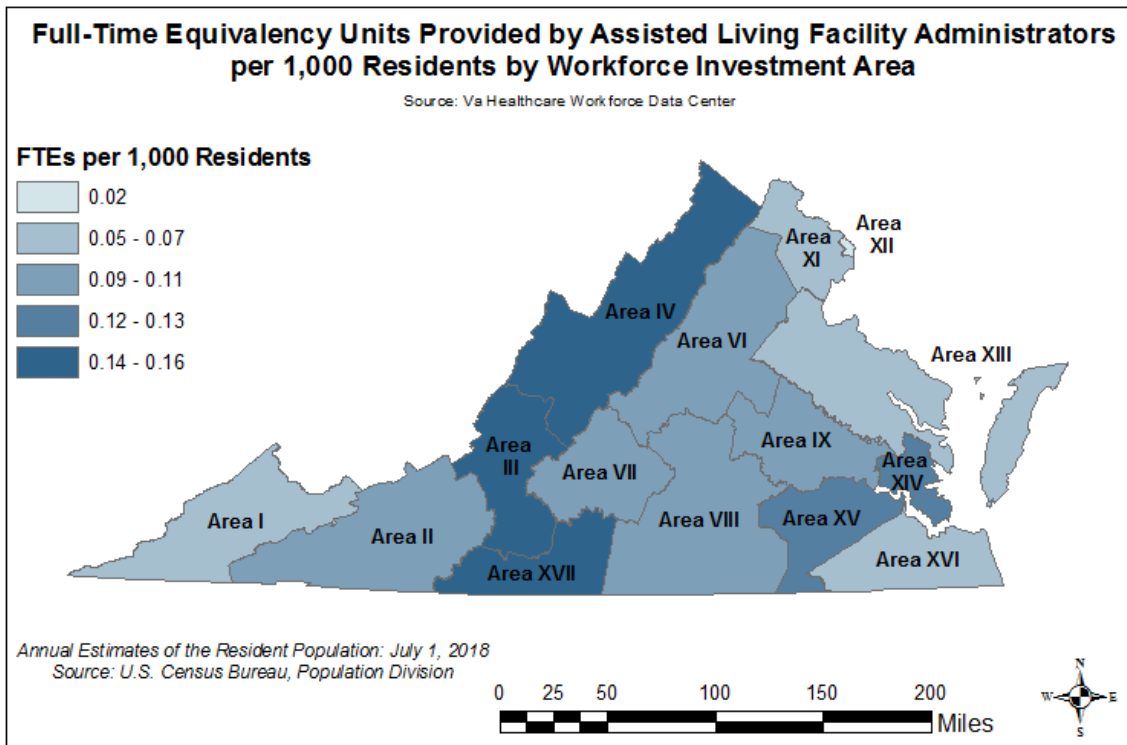
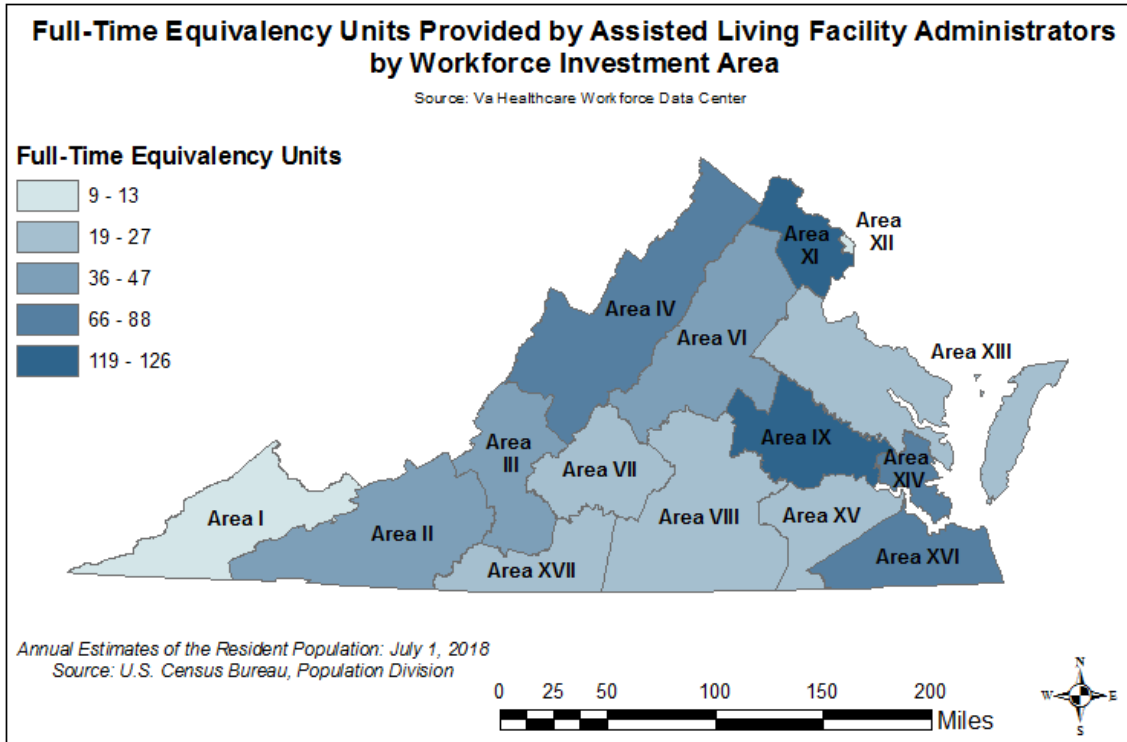


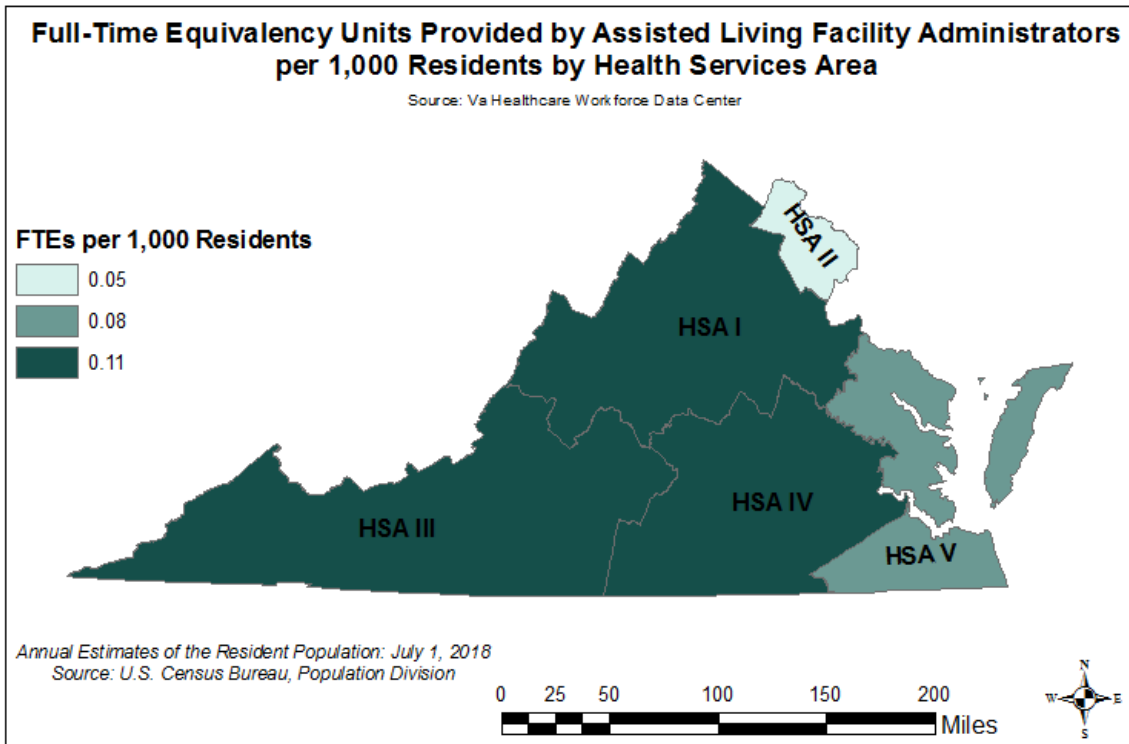
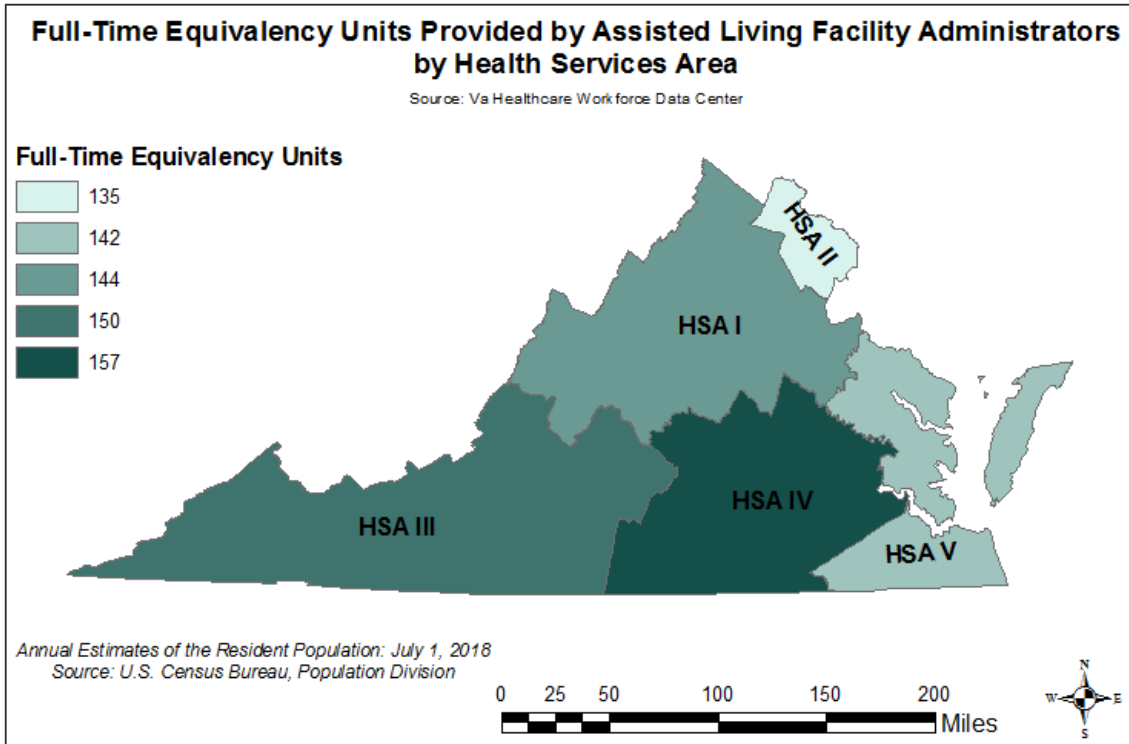
Source: Va. Healthcare Workforce Data Center

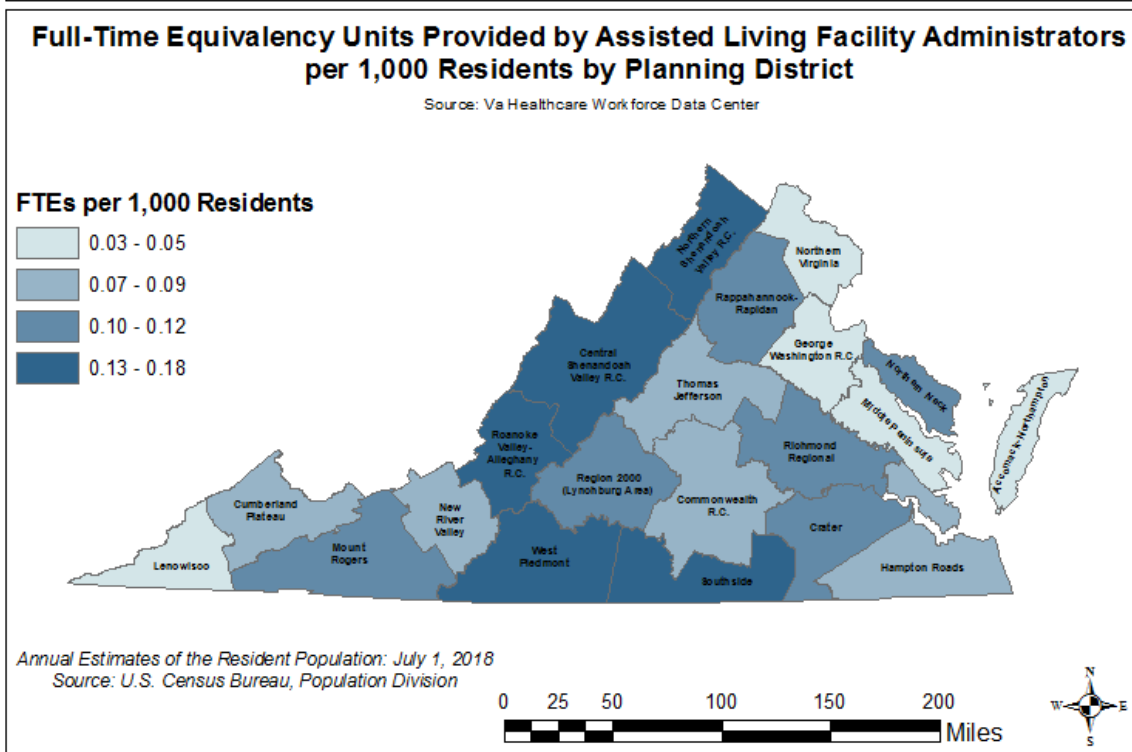
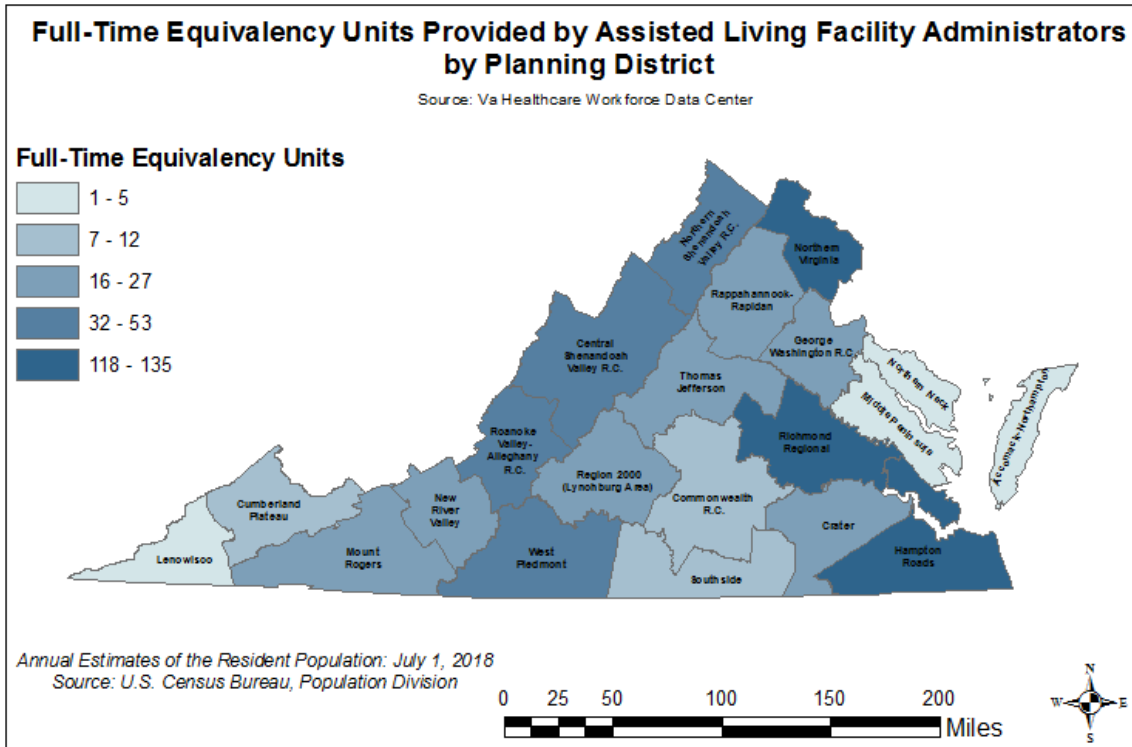
<sup>2</sup> Number of residents in 2018 was used as the denominator.











## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	376	82.45%	1.213	1.073	1.262
<b>Metro, 250,000 to 1 Million</b>	65	75.38%	1.327	1.174	1.380
<b>Metro, 250,000 or Less</b>	66	77.27%	1.294	1.145	1.346
<b>Urban Pop., 20,000+, Metro Adj.</b>	16	93.75%	1.067	0.944	1.109
<b>Urban Pop., 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban Pop., 2,500-19,999, Metro Adj.</b>	54	87.04%	1.149	1.017	1.195
<b>Urban Pop., 2,500-19,999, Non-Adj.</b>	26	84.62%	1.182	1.046	1.229
<b>Rural, Metro Adj.</b>	17	94.12%	1.063	0.940	1.105
<b>Rural, Non-Adj.</b>	12	91.67%	1.091	0.965	1.135
<b>Virginia Border State/D.C.</b>	46	80.43%	1.243	1.100	1.293
<b>Other U.S. State</b>	12	75.00%	1.333	1.180	1.387

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	17	82.35%	1.214	1.060	1.324
<b>30 to 34</b>	49	83.67%	1.195	1.048	1.271
<b>35 to 39</b>	62	79.03%	1.265	1.105	1.379
<b>40 to 44</b>	76	80.26%	1.246	1.088	1.358
<b>45 to 49</b>	104	81.73%	1.224	1.072	1.341
<b>50 to 54</b>	98	92.86%	1.077	0.940	1.180
<b>55 to 59</b>	103	80.58%	1.241	1.088	1.360
<b>60 and Over</b>	181	79.01%	1.266	1.105	1.387

Source: Va. Healthcare Workforce Data Center

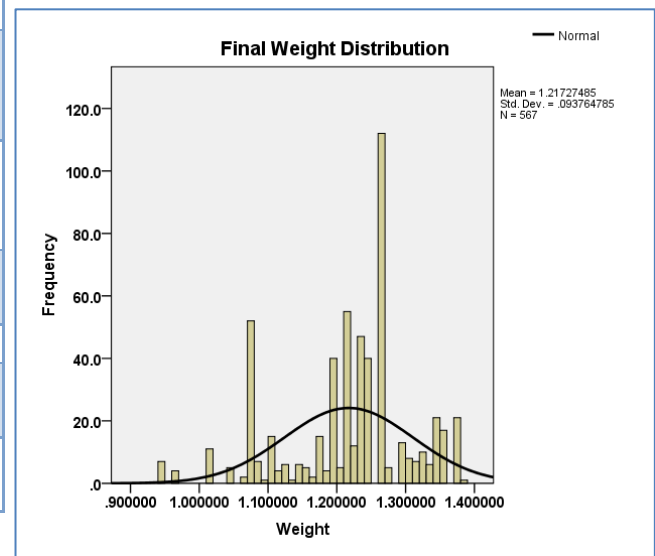
See the Methodology section on the HWDC website for details on HWDC methods:

<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: 0.821739**



Source: Va. Healthcare Workforce Data Center

# Executive Director's Report



Virginia Department of Health Professions  
Cash Balance  
As of June 30, 2020

	<b>114- Long Term Care Administrators</b>
<b>Board Cash Balance as June 30, 2019</b>	\$ 44,674
<b>YTD FY20 Revenue</b>	589,200
<b>Less: YTD FY20 Direct and Allocated Expenditures</b>	<u>490,536</u>
<b>Board Cash Balance as June 30, 2020</b>	<u><u>\$ 143,338</u></u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
4002400	Fee Revenue				
4002401	Application Fee	95,475.00	86,355.00	(9,120.00)	110.56%
4002406	License & Renewal Fee	489,580.00	468,485.00	(21,095.00)	104.50%
4002407	Dup. License Certificate Fee	390.00	175.00	(215.00)	222.86%
4002409	Board Endorsement - Out	1,785.00	1,925.00	140.00	92.73%
4002421	Monetary Penalty & Late Fees	1,970.00	11,030.00	9,060.00	17.86%
	<b>Total Fee Revenue</b>	<u>589,200.00</u>	<u>567,970.00</u>	<u>(21,230.00)</u>	<u>103.74%</u>
	<b>Total Revenue</b>	<u>589,200.00</u>	<u>567,970.00</u>	<u>(21,230.00)</u>	<u>103.74%</u>
5011110	Employer Retirement Contrib.	8,255.88	10,529.00	2,273.12	78.41%
5011120	Fed Old-Age Ins- Sal St Emp	4,690.22	6,471.00	1,780.78	72.48%
5011140	Group Insurance	853.64	1,021.00	167.36	83.61%
5011150	Medical/Hospitalization Ins.	18,174.20	24,315.00	6,140.80	74.74%
5011160	Retiree Medical/Hospitalizatn	762.30	912.00	149.70	83.59%
5011170	Long term Disability Ins	404.15	483.00	78.85	83.67%
	<b>Total Employee Benefits</b>	<u>33,140.39</u>	<u>43,731.00</u>	<u>10,590.61</u>	<u>75.78%</u>
5011200	Salaries				
5011230	Salaries, Classified	65,240.16	77,873.00	12,632.84	83.78%
	<b>Total Salaries</b>	<u>65,240.16</u>	<u>77,873.00</u>	<u>12,632.84</u>	<u>83.78%</u>
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,050.00	2,650.00	1,600.00	39.62%
5011380	Deferred Compnstn Match Pmts	102.00	720.00	618.00	14.17%
	<b>Total Special Payments</b>	<u>1,152.00</u>	<u>3,370.00</u>	<u>2,218.00</u>	<u>34.18%</u>
5011400	Wages				
5011410	Wages, General	-	6,699.00	6,699.00	0.00%
	<b>Total Wages</b>	<u>-</u>	<u>6,699.00</u>	<u>6,699.00</u>	<u>0.00%</u>
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	554.06	-	(554.06)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<u>554.06</u>	<u>-</u>	<u>(554.06)</u>	<u>0.00%</u>
5011930	Turnover/Vacancy Benefits				
	<b>Total Personal Services</b>	<u>100,086.61</u>	<u>131,673.00</u>	<u>31,586.39</u>	<u>76.01%</u>
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	142.00	142.00	0.00%
5012120	Outbound Freight Services	5.05	-	(5.05)	0.00%
5012140	Postal Services	4,157.84	1,300.00	(2,857.84)	319.83%
5012150	Printing Services	27.86	500.00	472.14	5.57%
5012160	Telecommunications Svcs (VITA)	211.75	1,320.00	1,108.25	16.04%
5012190	Inbound Freight Services	35.91	-	(35.91)	0.00%
	<b>Total Communication Services</b>	<u>4,438.41</u>	<u>3,262.00</u>	<u>(1,176.41)</u>	<u>136.06%</u>
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,500.00	-	100.00%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	<b>Total Employee Development Services</b>	1,500.00	1,500.00	-	100.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	<b>Total Health Services</b>	-	110.00	110.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	9,716.48	7,990.00	(1,726.48)	121.61%
5012440	Management Services	164.82	6.00	(158.82)	2747.00%
5012470	Legal Services	24.30	500.00	475.70	4.86%
	<b>Total Mgmnt and Informational Svcs</b>	9,905.60	8,496.00	(1,409.60)	116.59%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	64.14	-	(64.14)	0.00%
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
5012530	Equipment Repair & Maint Srvc	849.88	500.00	(349.88)	169.98%
	<b>Total Repair and Maintenance Svcs</b>	914.02	517.00	(397.02)	176.79%
5012600	Support Services				
5012630	Clerical Services	-	27.00	27.00	0.00%
5012640	Food & Dietary Services	377.17	783.00	405.83	48.17%
5012660	Manual Labor Services	526.52	1,182.00	655.48	44.54%
5012670	Production Services	2,313.51	2,960.00	646.49	78.16%
5012680	Skilled Services	3,112.77	1,408.00	(1,704.77)	221.08%
	<b>Total Support Services</b>	6,329.97	6,360.00	30.03	99.53%
5012700	Technical Services				
5012760	C.Operating Svcs (By VITA)	930.22	-	(930.22)	0.00%
	<b>Total Technical Services</b>	930.22	-	(930.22)	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,160.87	2,680.00	519.13	80.63%
5012850	Travel, Subsistence & Lodging	177.75	500.00	322.25	35.55%
5012880	Trvl, Meal Reimb- Not Rprtble	171.02	400.00	228.98	42.76%
	<b>Total Transportation Services</b>	2,509.64	3,580.00	1,070.36	70.10%
	<b>Total Contractual Svcs</b>	26,527.86	23,825.00	(2,702.86)	111.34%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	5.61	-	(5.61)	0.00%
5013120	Office Supplies	1,407.20	1,200.00	(207.20)	117.27%
5013130	Stationery and Forms	105.95	100.00	(5.95)	105.95%
	<b>Total Administrative Supplies</b>	1,518.76	1,300.00	(218.76)	116.83%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	6.23	-	(6.23)	0.00%
	<b>Total Medical and Laboratory Supp.</b>	6.23	-	(6.23)	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	24.06	-	(24.06)	0.00%
5013530	Electrcal Repair & Maint Matrl	1.15	2.00	0.85	57.50%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Repair and Maint. Supplies	25.21	2.00	(23.21)	1260.50%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	32.38	81.00	48.62	39.98%
5013630	Food Service Supplies	30.51	-	(30.51)	0.00%
5013640	Laundry and Linen Supplies	0.83	-	(0.83)	0.00%
5013650	Personal Care Supplies	22.31	-	(22.31)	0.00%
	Total Residential Supplies	86.03	81.00	(5.03)	106.21%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	13.86	-	(13.86)	0.00%
	Total Specific Use Supplies	13.86	-	(13.86)	0.00%
	Total Supplies And Materials	1,650.09	1,383.00	(267.09)	119.31%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	300.00	300.00	0.00%
	Total Awards, Contrib., and Claims	-	300.00	300.00	0.00%
	Total Transfer Payments	-	300.00	300.00	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	59.66	25.00	(34.66)	238.64%
	Total Insurance-Fixed Assets	59.66	25.00	(34.66)	238.64%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	7.29	-	(7.29)	0.00%
5015350	Building Rentals	7.20	-	(7.20)	0.00%
5015390	Building Rentals - Non State	4,658.52	5,148.00	489.48	90.49%
	Total Operating Lease Payments	4,673.01	5,148.00	474.99	90.77%
5015500	Insurance-Operations				
5015510	General Liability Insurance	296.24	91.00	(205.24)	325.54%
5015540	Surety Bonds	12.63	6.00	(6.63)	210.50%
	Total Insurance-Operations	308.87	97.00	(211.87)	318.42%
	Total Continuous Charges	5,041.54	5,270.00	228.46	95.66%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	16.97	-	(16.97)	0.00%
	Total Computer Hrdware & Sftware	16.97	-	(16.97)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	36.00	36.00	0.00%
	Total Educational & Cultural Equip	-	36.00	36.00	0.00%
5022400	Medical and Laboratory Equip				
5022420	Medical and Dental Equip	4.46	-	(4.46)	0.00%
	Total Medical and Laboratory Equip	4.46	-	(4.46)	0.00%
5022600	Office Equipment				

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2019 and Ending June 30, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
			Budget		
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	<b>Total Office Equipment</b>	<b>-</b>	<b>117.00</b>	<b>117.00</b>	<b>0.00%</b>
5022700	Specific Use Equipment				
5022710	Household Equipment	75.11	-	(75.11)	0.00%
	<b>Total Specific Use Equipment</b>	<b>75.11</b>	<b>-</b>	<b>(75.11)</b>	<b>0.00%</b>
	<b>Total Equipment</b>	<b>96.54</b>	<b>153.00</b>	<b>56.46</b>	<b>63.10%</b>
	<b>Total Expenditures</b>	<b>133,402.64</b>	<b>162,604.00</b>	<b>29,201.36</b>	<b>82.04%</b>
<b>Allocated Expenditures</b>					
20600	Funeral\LTCA\PT	97,537.24	95,801.10	(1,736.14)	101.81%
30100	Data Center	58,570.02	91,695.62	33,125.60	63.87%
30200	Human Resources	6,444.58	5,151.68	(1,292.90)	125.10%
30300	Finance	22,061.20	24,983.39	2,922.19	88.30%
30400	Director's Office	8,136.64	9,989.38	1,852.73	81.45%
30500	Enforcement	117,819.19	155,245.58	37,426.39	75.89%
30600	Administrative Proceedings	16,463.64	45,327.40	28,863.76	36.32%
30700	Impaired Practitioners	293.84	15.95	(277.89)	1842.41%
30800	Attorney General	19,638.83	19,641.25	2.42	99.99%
30900	Board of Health Professions	6,194.72	7,268.73	1,074.02	85.22%
31100	Maintenance and Repairs	-	566.35	566.35	0.00%
31300	Emp. Recognition Program	112.52	233.12	120.59	48.27%
31400	Conference Center	65.08	135.73	70.65	47.94%
31500	Pgm Devlpmnt & Implmentn	3,796.06	4,383.36	587.30	86.60%
	<b>Total Allocated Expenditures</b>	<b>357,133.56</b>	<b>460,438.63</b>	<b>103,305.07</b>	<b>77.56%</b>
	<b>Net Revenue in Excess (Shortfall) of Expenditures</b>	<b>\$ 98,663.80</b>	<b>\$ (55,072.63)</b>	<b>\$ (153,736.43)</b>	<b>179.15%</b>

## Long-Term Care Administrators Monthly Snapshot for March 2020

Long-Term Care Administrators received more cases in March than closed. Long-Term Care Administrators has closed 4 patient care cases and 4 non patient care cases for a total of 8 cases.

Cases Closed	
Patient Care	4
Non-Patient Care	4
<b>Total</b>	<b>8</b>

Long-Term Care Administrators has received 3 patient care cases and 6 non-patient care cases for a total of 9 cases.

Cases Received	
Patient Care	3
Non-Patient Care	6
<b>Total</b>	<b>9</b>

As of March 31, 2020, there are 68 patient care cases open and 20 non-patient care cases open for a total of 88 cases.

Case Open	
Patient Care	68
Non-Patient Care	20
<b>Total</b>	<b>88</b>

There are 2320 Long-Term Care Administrators licensees as of April 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	7
ALF-Administrator-In-Training	95
Assisted Living Facility Administrator	688
Assisted Living Facility Preceptor	221
NH-Administrator-in-Training	82
Nursing Home Administrator	987
Nursing Home Preceptor	240
<b>Total for Long-Term Care Administrators</b>	<b>2320</b>

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

License Issued	
Acting ALF-Administrator-In-Training	2
ALF-Administrator-In-Training	4
Assisted Living Facility Administrator	5
Assisted Living Facility Preceptor	1
NH-Administrator-in-Training	4
Nursing Home Administrator	5

Nursing Home Preceptor	1
<b>Total for Long-Term Care Administrators</b>	<b>22</b>

## Long-Term Care Administrators Monthly Snapshot for April 2020

Long-Term Care Administrators have closed more cases in April than received. Long-Term Care Administrators have closed 4 patient care cases and 6 non-patient care cases for a total of 10 cases.

Cases Closed	
Patient Care	4
Non-Patient Care	6
<b>Total</b>	<b>10</b>

The board has received 2 patient care cases and 1 non-patient care case for a total of 3 cases.

Cases Received	
Patient Care	2
Non-Patient Care	1
<b>Total</b>	<b>3</b>

As of April 30, 2020 there are 68 patient care cases open and 16 non-patient care cases open for a total of 84 cases.

Case Open	
Patient Care	68
Non-Patient Care	16
<b>Total</b>	<b>84</b>

There are 2091 Long-Term Care Administrators licensees as of May 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	7
ALF-Administrator-In-Training	102
Assisted Living Facility Administrator	615
Assisted Living Facility Preceptor	186
NH-Administrator-in-Training	85
Nursing Home Administrator	887
Nursing Home Preceptor	209
<b>Total for Long-Term Care Administrators</b>	<b>2091</b>

There were 17 licenses issued for Long-Term Care Administrators for the month of April. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Acting ALF-Administrator-In-Training	1
ALF-Administrator-In-Training	6
Assisted Living Facility Administrator	1
NH-Administrator-in-Training	4
Nursing Home Administrator	5
<b>Total for Long-Term Care Administrators</b>	<b>17</b>



## Long-Term Care Administrators Monthly Snapshot for May 2020

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

Cases Closed	
Patient Care	0
Non-Patient Care	3
<b>Total</b>	<b>3</b>

The board has received 6 patient care cases and 3 non-patient care cases for a total of 9 cases.

Cases Received	
Patient Care	6
Non-Patient Care	3
<b>Total</b>	<b>9</b>

As of May 31, 2020 there are 73 patient care cases open and 17 non-patient care cases open for a total of 90 cases.

Case Open	
Patient Care	73
Non-Patient Care	17
<b>Total</b>	<b>90</b>

There are 2123 Long-Term Care Administrators licenses as of June 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Profession	Current Licenses
<i>Acting ALF-Administrator-In-Training</i>	4
<i>ALF-Administrator-In-Training</i>	99
<i>Assisted Living Facility Administrator</i>	632
<i>Assisted Living Facility Preceptor</i>	197
<i>NH-Administrator-in-Training</i>	69
<i>Nursing Home Administrator</i>	900
<i>Nursing Home Preceptor</i>	222
<b>Total for Long-Term Care Administrators</b>	<b>2123</b>

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

License Issued	
Profession	License Issued
<i>ALF-Administrator-In-Training</i>	4
<i>Assisted Living Facility Administrator</i>	5
<i>Assisted Living Facility Preceptor</i>	1
<i>NH-Administrator-in-Training</i>	3
<i>Nursing Home Administrator</i>	7
<i>Nursing Home Preceptor</i>	1

**Total for Long-Term Care Administrators**

**21**

## Long-Term Care Administrators Monthly Snapshot for June 2020

Long-Term Care Administrators has received more cases in June than closed cases. Long-Term Care Administrators has closed 5 patient care cases and 2 non-patient care cases for a total of 7 cases.

Cases Closed	
Patient Care	5
Non-Patient Care	2
<b>Total</b>	<b>7</b>

The board has received 7 patient care cases and 3 non-patient care cases for a total of 10 cases.

Cases Received	
Patient Care	7
Non-Patient Care	3
<b>Total</b>	<b>10</b>

As of June 31, 2020 there are 79 patient care cases open and 19 non-patient care cases open for a total of 98 cases.

Case Open	
Patient Care	79
Non Patient Care	19
<b>Total</b>	<b>98</b>

There are 2141 Long-Term Care Administrators licensees as of July 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	7
ALF-Administrator-In-Training	94
Assisted Living Facility Administrator	641
Assisted Living Facility Preceptor	192
NH-Administrator-in-Training	84
Nursing Home Administrator	912
Nursing Home Preceptor	211
<b>Total for Long-Term Care Administrators</b>	<b>2141</b>

There were 30 licenses issued for Long-Term Care Administrators for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Acting ALF-Administrator-In-Training	1
ALF-Administrator-In-Training	3
Assisted Living Facility Administrator	7
Assisted Living Facility Preceptor	2
NH-Administrator-in-Training	6
Nursing Home Administrator	10
Nursing Home Preceptor	1
<b>Total for Long-Term Care Administrators</b>	<b>30</b>

## Long-Term Care Administrators Monthly Snapshot for July 2020

Long-Term Care Administrators has closed more cases in July than received. Long-Term Care Administrators has closed 8 patient care cases and 6 non-patient care cases for a total of 14 cases.

Cases Closed	
Patient Care	8
Non-Patient Care	6
Total	14

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

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

As of July 30, 2020 there are 75 patient care cases open and 14 non-patient care cases open for a total of 89 cases.

Cases Open	
Patient Care	75
Non-Patient Care	14
Total	89

There are 2,165 Long-Term Care Administrators licensees as of August 1, 2020. The number of current licenses are broken down by profession in the following chart.

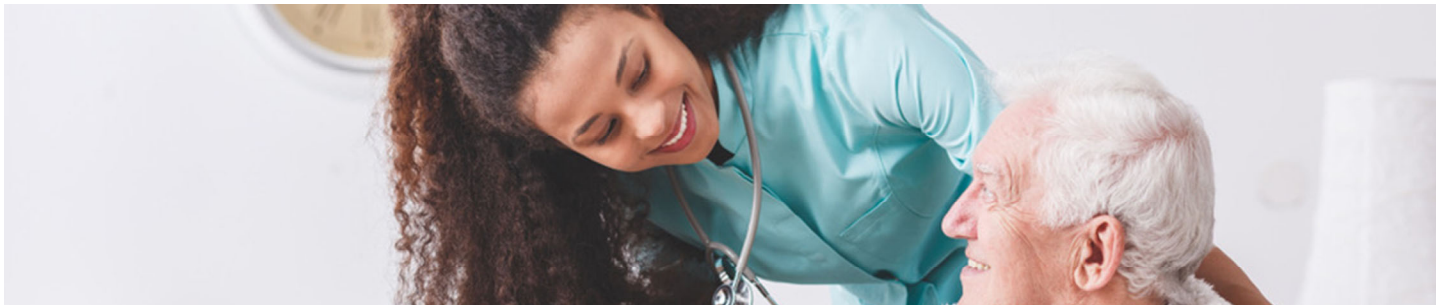
Current Licenses	
Acting ALF-Administrator-In-Training	4
ALF-Administrator-In-Training	97
Assisted Living Facility Administrator	648
Assisted Living Facility Preceptor	192
NH-Administrator-in-Training	87
Nursing Home Administrator	924
Nursing Home Preceptor	213
Total for Long-Term Care Administrators	2,165

There were 25 licenses issued for Long-Term Care Administrators for the month of July. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
ALF-Administrator-In-Training	7
Assisted Living Facility Administrator	2
NH-Administrator-in-Training	6
Nursing Home Administrator	8
Nursing Home Preceptor	2
Total for Long Term Care Administrators	25

A State of Emergency Has Been Declared for Virginia in Response to COVID-19

[Virginia Department of Health](#) > [Coronavirus](#) > [Health Professionals](#) > Virginia Long-Term Care Task Force



## VIRGINIA LONG-TERM CARE TASK FORCE

In response to increasing cases of COVID-19 in Virginia's long-term care facilities, Governor Northam established the Virginia COVID-19 Long-Term Care Task Force on April 10 to:

1. Ensure long-term care facilities have the resources they need to combat the virus;
2. Strengthen staffing, testing and infection control measures at long-term care facilities; and
3. Keep stakeholders informed about the impact of COVID-19 on long-term care facilities.

Membership of the task force is broad based, including state agency representatives from the Virginia Department of Health, Virginia Department of Medical Assistance Services, Department of Social Services, Department of Behavioral Health and Developmental Services, Department of Aging and Rehabilitative Services, and Department of Veterans Services; long term care facility representatives including Virginia Health Care Association, Virginia Assisted Living Association, and LeadingAge Virginia; Medicaid managed care organizations, the Virginia Hospital and Healthcare Association, facility medical directors as well as the Virginia National Guard and family members of long-term care facility residents and their advocates.

Issue areas being reviewed by the Task Force include facility staffing and financing, infection control, personal protective equipment and supplies, COVID-19 testing, communications, and discharge planning.

### Testing Guidance for LTCFs

- [VDH Guidance for Public Health Prioritization of COVID-19 Point Prevalence Surveys \(8/19/20\)](#)
- [VDH Interim Point-of-Care Antigen Testing Recommendations for Nursing Homes \(8/7/20\)](#)
- [CDC – Testing for Coronavirus in Nursing Homes](#)

### Guidance Documents

#### Nursing Homes/Skilled Nursing Facilities/Assisted Living Facilities/Other Long-Term Care Facilities:

- **(NEW)** [Recommendations for Hospitalized Patients Being Discharged to a Long-Term Care Facility During the COVID-19 Pandemic \(8/25/20\)](#)
- [Department of Medical Assistance Services CARES Act Enrollment and Reimbursement](#)
- [Virginia COVID-19 Long-Term Care Facility Task Force Playbook \(7/10/20\)](#)
- [VDH Guidance for LTCFs \(6/19/20\)](#)

### Contact Information

If you have any additional input or suggestions pertaining to the task force, please contact Brenden Rivenbark at [brenden.rivenbark@vdh.virginia.gov](mailto:brenden.rivenbark@vdh.virginia.gov).

### Primary Resource Links

[Task Force Membership](#)

CDC:

- [Mini Webinar Series - COVID-19 Prevention Training for LTC Staff \(6/25/2020\)](#)
- [Preparing for COVID-19: Long-Term Care Facilities and Nursing Homes](#)
- [Responding to Coronavirus \(COVID-19\) in Nursing Homes](#)
- [CDC Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)

- [VDH Facility Employee Daily Screening Form](#)
- [VDH Optimization Strategies for PPE](#)
- [VDH Role of Public Health and LTCFs in Preparedness and Response Efforts \(6/15/20\)](#)
- [VDH Guidelines for Cleaning and Disinfection](#)
- [VDH Line List for COVID-19 Outbreaks](#)
- [OSHA COVID-19 Guidance for Nursing Home and Long Term Care Facility Workers](#)
  - [English](#)
  - [Spanish](#)

#### **Nursing Homes/Skilled Nursing Facilities:**

- [VDH Nursing Home Reopening Guidance \(7/17/20\)](#)
  - [REDCap: Phase Change Attestation Form for Virginia Nursing Homes](#)
  - [PDF: Phase Change Attestation Form for Virginia Nursing Homes](#)
  - [Nursing Home Reopening Guidance FAQs \(7/17/20\)](#)

#### **Assisted Living Facilities:**

- [Recommendations for Reopening Assisted Living Facilities](#)
- [COVID-19 Virginia Personal Protection Equipment \(PPE\) Weekly Use Survey for Assisted Living Facilities](#)
- [Communal Activities Tips and Best Practices](#)
- [Transportation Tips and Best Practices](#)
- [COVID-19 Mitigation Plan for Assisted Living Facilities](#)
- [Barber and Cosmetology Tips and Best Practices](#)
- [Communal Dining Tips and Best Practices](#)
- [Visitors Tips and Best Practices](#)

#### **Template Letters to Residents and Families – from VHCA and LeadingAge**

- [VHCA Template Letter for Family Members for Confirmed Case in LTCF \(5/4/20\)](#)
- [LeadingAge – Positive Diagnosis – Letter to Residents and Families \(5/4/20\)](#)
- [LeadingAge – Positive Diagnosis in Staff – Letter to Residents and Families \(5/4/20\)](#)
- [LeadingAge – COVID-19 Death – Letter to Residents and Families \(5/4/20\)](#)

#### **Nursing Homes, Assisted Living, and Multi-Care Facilities Reporting Outbreaks of COVID-19**

The list of facilities included in this report represent nursing, assisted living, or multi-care facilities. Data are obtained from the Virginia Outbreak Surveillance System (VOSS) and the Virginia Electronic Disease Surveillance System (VEDSS). Reported outbreaks are managed in VOSS. Patient-specific reportable disease surveillance information is managed in VEDSS. The two systems complement each other but do not contain the same data. A confirmed outbreak in a long-term care facility is defined as the identification of two or more laboratory-confirmed cases of illness, with onset dates within one incubation period (14 days). Outbreaks are typically closed when two incubation periods (28 days) have passed without onset of new illness. Outbreaks are labeled as “Pending Closure” if 28 days have passed without a documented new case and the outbreak has not yet been closed in VOSS.

The numbers (counts) associated with each outbreak represent both residents and staff, and are based on the information in VEDSS and VOSS. The number of cases and deaths listed per facility are cumulative counts for the COVID-19 pandemic. If fewer than 5 cases or between 0 and 5 deaths are associated with a facility, the counts will be represented by an asterisk (\*) in order to preserve patient anonymity.

This information is intended to provide awareness of COVID-19 outbreaks among a vulnerable population. The presence of an outbreak does not indicate a facility's given capacity to care for their residents.

#### **Comparison of VDH Data to [CMS Nursing Home Data](#):**

On June 4, 2020, CMS posted its first report outlining COVID-19 data reported by nursing homes. Nursing facilities report these data to the CDC's National Healthcare Safety Network (NHSN). The general public is able to view facility-specific data about COVID-19 cases, deaths, and more.

Due to different reporting requirements and case classifications, timelines, and other factors, the CMS data will likely be inconsistent with data reported by VDH.

For NHSN, facilities are being asked to report new confirmed and suspected cases to try to get at the incidence of COVID-19. Meaning, on the day the facilities report data to NHSN, they should only be reporting new confirmed or suspected cases since the last time they reported.

- A Confirmed case is defined as a resident or staff/facility personnel with new laboratory-positive COVID-19

#### **NHSN Reporting:**

- [National Healthcare Safety Network \(NHSN\) LTCF COVID-19 Module](#)
- [NHSN Enrollment Webpage for LTCFs](#)
- [Requirements for Notification of Confirmed and Suspected COVID-19 Cases in Nursing Homes \(5/6/2020\)](#)
- [Instructions on Conferring Rights to VDH in the NHSN](#)
- [Nursing Home COVID-19 NHSN Reporting](#)

#### **CMS:**

- [CMS FAQ on Nursing Home Visitation \(6/23/2020\)](#)
- [CMS Nursing Home Reopening Recommendations \(5/18/2020\)](#)
- [CMS Nursing Home Reopening Recommendations FAQ \(5/18/2020\)](#)
- [CMS Guidance for COVID-19 in Long-Term Care Facilities \(4/2/2020\)](#)
- [CMS Nursing Home Five Star Quality Rating System Updates, Nursing Home Staff Counts, and FAQs\(4/27/2020\)](#)
- [CMS Program Guidance and Information About COVID-19](#)

#### **VDH:**

- [VDH Long-Term Care Infection Prevention Assessment Tool for COVID-19](#)
- [VDH FAQs on COVID-19 in LTCFs](#)
- [Project ECHO: Find and Register for a VDH ECHO Session](#)

- A Suspected case is defined as a resident (or staff) with signs and symptoms suggestive of COVID-19 as described by CDC's [guidance](#) but does not have a laboratory positive COVID-19 test result. This may include residents (or staff) who have not been tested or those with pending test results. It may also include residents (or staff) with negative test results but continue to show signs/symptoms suggestive of COVID-19.

For VDH, we follow the [CSTE Case Definitions](#) for COVID-19. The VDH surveillance case definitions are specific, especially for cases that are considered 'probable'. The NHSN definitions for residents and staff are not based on epidemiological linkages or other laboratory results that are based on symptoms and possible exposure by being in a facility. Because the NHSN definition for suspected cases is broader and focuses solely on the signs and symptoms suggestive of COVID-19, there will be differences between what is being counted at the state vs. what is being reported to NHSN.

There are some limitations with the CMS nursing home data. Not all nursing homes are reporting in NHSN at this time, and some are experiencing technical difficulties with this data system that are out of their control. As with any new reporting program, some facilities will struggle with their first submissions, and therefore, some of the data from their early submissions may be inaccurate. Since facilities may correct data in future weeks, the data is subject to fluctuations as data for previously reported weeks may change when the website is updated.

Facilities may opt to report cumulative data retrospectively back to January 1, 2020 in NHSN though they are not required to do so. Therefore, some facilities may be reporting higher numbers of cases/deaths compared to other facilities, due to their retrospective reporting.

**Nursing Homes, Assisted Living, and Multi-Care Facilities Reporting Outbreaks of COVID-19**

Facility	Facility Type	Status	Date VDH Notified	Cases	Deaths
Charlottesville Health and Rehab Center	Nursing Home	Outbreak in Progress	8/4/2020	17	0
Monroe Health & Rehabilitation Center	Multicare	Outbreak in Progress	8/18/2020	8	0
The Colonnades	Nursing Home	Outbreak in Progress	8/14/2020	8	0
Westminster Canterbury of The Blue Ridge ..	Multicare	Outbreak in Progress	8/14/2020	*	0
Goodwin House - Alexandria	Assisted Living	Outbreak in Progress	6/30/2020	14	0
Woodbine Rehabilitation & Healthcare Cent..	Nursing Home	Outbreak in Progress	4/17/2020	55	*
Fairmont Crossing Rehabilitation & Healthc..	Nursing Home	Outbreak in Progress	7/29/2020	5	0
Appomattox Health and Rehab	Multicare	Outbreak in Progress	7/29/2020	*	0
Sunrise at Bluemont Park	Assisted Living	Outbreak in Progress	8/19/2020	16	0
Sunrise of Arlington	Assisted Living	Outbreak in Progress	8/5/2020	*	0
Bland County Nursing and Rehab	Multicare	Outbreak in Progress	8/10/2020	14	0
The Glebe Retirement Community	Multicare	Outbreak in Progress	8/25/2020	7	0
NHC Healthcare	Nursing Home	Outbreak in Progress	8/10/2020	*	0
Rehab Center and Memory Care of Bristol	Assisted Living	Outbreak in Progress	8/4/2020	9	*
Commonwealth Assisted Living at Hillsville	Assisted Living	Outbreak in Progress	8/14/2020	18	*
Cedars Healthcare Center	Nursing Home	Outbreak in Progress	7/10/2020	142	20
Chesapeake Place ALF	Assisted Living	Outbreak in Progress	7/21/2020	7	0
Commonwealth Memory Care	Assisted Living	Outbreak in Progress	7/16/2020	14	*
Sentara Nursing Center - Chesapeake	Nursing Home	Outbreak in Progress	7/24/2020	6	*
Virginia Home for Adults	Assisted Living	Outbreak in Progress	8/11/2020	*	0
Auburn Hill Senior Living	Assisted Living	Outbreak in Progress	8/10/2020	*	0
Elmcroft of Chesterfield	Assisted Living	Outbreak in Progress	6/24/2020	*	0
Laurels of Willow Creek	Nursing Home	Outbreak in Progress	5/27/2020	25	8
The Crossings at Bon Air	Assisted Living	Outbreak in Progress	7/22/2020	*	0
The Memory Center of Richmond	Assisted Living	Outbreak in Progress	8/5/2020	*	0
Tyler's Retreat at Iron Bridge	Nursing Home	Outbreak in Progress	8/5/2020	*	0
Culpeper Health and Rehab	Nursing Home	Outbreak in Progress	7/21/2020	27	0
Riverside Health and Rehabilitation Center	Multicare	Outbreak in Progress	7/13/2020	34	*
Roman Eagle Memorial Home	Nursing Home	Outbreak in Progress	7/20/2020	20	*
Emporia/Greenville Manor	Nursing Home	Outbreak in Progress	5/30/2020	36	*
Eugene H Bloom Retirement Center	Assisted Living	Outbreak in Progress	7/6/2020	*	0
Arbor Terrace at Herndon	Assisted Living	Outbreak in Progress	5/12/2020	5	*
Greenspring Village Assisted Living	Multicare	Outbreak in Progress	8/6/2020	7	0
Harmony at Spring Hill	Assisted Living	Outbreak in Progress	5/12/2020	*	0
Mount Vernon Nursing and Rehabilitation C..	Nursing Home	Outbreak in Progress	4/9/2020	79	15
Sunrise of Hunter Mill	Assisted Living	Outbreak in Progress	5/27/2020	*	0
Sylvestery of Vinson Hall	Multicare	Outbreak in Progress	5/27/2020	8	0

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# Committee and Board Member Reports



***DRAFT***

**9960 Mayland Dr, Henrico, VA 23233**

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

The recorded meeting may be found here: <https://youtu.be/Jr6FrJ8v96U>

**In Attendance** Sahil Chaudhary, Citizen Member  
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling  
Louise Hershkowitz, CRNA, MSHA, Board of Nursing  
Louis Jones, FSL, Board of Funeral Directors and Embalmers  
Steve Karras, DVM, Board of Veterinary Medicine  
Derrick Kendall, NHA, Board of Long-Term Care Administrators  
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology  
John Salay, MSW, LCSW, Board of Social Work  
Herb Stewart, PhD, Board of Psychology  
James Watkins, DDS, Board of Dentistry  
James Wells, RPh, Citizen Member

**Absent** Sheila E. Battle, MHS, Citizen Member  
Helene Clayton-Jeter, OD, Board of Optometry  
Allen Jones, Jr., DPT, PT, Board of Physical Therapy  
Ryan Logan, RPh, Board of Pharmacy  
Kevin O'Connor, MD, Board of Medicine  
Martha Rackets, PhD, Citizen Member  
Maribel Ramos, Citizen Member

**DHP Staff** Barbara Allison-Bryan, MD, Deputy Director DHP  
David Brown, DC, Director DHP  
Elizabeth A. Carter, PhD, Executive Director BHP  
Laura Jackson, MSHSA, Operations Manager BHP  
Rajana Siva, MBA, Research Analyst BHP  
Yetty Shobo, PhD, Deputy Executive Director BHP  
Elaine Yeatts, Senior Policy Analyst DHP

<b>DHP Staff Cont'd</b>	Corie E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Kelli Moss, Deputy Executive Director, Boards of Audiology & Speech-Language Pathology, Optometry and Veterinary Medicine Anthony Morales, DHP Staff Celia Wilson, DHP Staff
<b>OAG</b>	Charis Mitchell, Assistant Attorney General
<b>Speakers</b>	No speakers signed-up to provide virtual comment.
<b>Call to Order</b>	Dr. Stewart, Board Vice Chair, chaired this meeting as Board Chair, Dr. Allen Jones, Jr. was unable to attend. Time: 10:07 a.m. Quorum: Established with 11 members in attendance
<b>Public Comment</b>	No public comment was provided to Dr. Carter prior to the June 25, 2020 8:00 a.m. deadline
<b>Approval of Minutes</b>	Minutes from the February 27, 2020 meeting were approved as presented.
<b>Director's Report</b>	Dr. Brown provided information regarding the Governor's Executive Orders relating to the COVID19 pandemic. He noted provisions that permit electronic meetings; issuance of temporary licenses by the behavioral science, nursing and medical boards; and greater use of telemedicine. He also noted that the Executive Orders provide key information on the specific phases of reopening the state. He reported that, overall, COVID19 patients have not overrun Virginia hospitals. He stated that DHP will continue to hold meetings, virtually and in person based upon current social distancing requirements. He reported that DHP has utilized teleworking to allow employees to continue the work of the Boards. At this time, DHP has approximately 75% of its positions teleworking. Teleworking protects the public, as well as staff, as there are less people in the building allowing for social distancing and the use of masks. DHP is working with the Secretary's office on getting expired board members seats filled.
<b>Legislative and Regulatory Report</b>	Ms. Yeatts provided documents that are included in the agenda packet.

<b>Board Chair Report</b>	Dr. Stewart informed attendees that Dr. Watkins (Board of Dentistry) and Dr. O'Connor (Board of Medicine) have come to the end of their terms on their boards as well as BHP. He thanked them on behalf of the Board for their time and service to the Commonwealth.
<b>Executive Director's Report</b>	Board Budget and Agency Statistics/Performance Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance. The 2020 Board work plan will be updated to include the two studies currently underway.
<b>Virginia Board of Health Professions Amendments to Document 75-4 Bylaws</b>	At the February 27, 2020 Full Board meeting, a request was made that the Board consider adding a new position of 2nd Vice Chair to the existing board positions. This necessitates amending the Bylaws. The following details the recommended changes: Under ARTICLE IV-Officers and Election. Item 1 should be changed to read as follows: "1. The Officers of the Board shall be the Chair, the First Vice Chair, and the Second Vice Chair." Under ARTICLE V-Duties of Officers. Item 2 should be changed to read as follows:"2.The First Vice Chair shall act as Chair in the absence of the Chair, and the Second Vice Chair shall act in the absence of both the Chair and the First Vice Chair."
<b>Motion to Amend Article 75-4 Board Bylaws</b>	Ms. Hershkowitz moved that the Bylaws be amended as noted above. It was properly seconded. In response to discussion, Ms. Hershkowitz amended the motion to include that the term "Chairman" be replaced with the term "Chair" throughout the entire document.
<b>Amended Motion</b>	The amended motion was seconded by Dr. Doyle. The motion passed with all members in favor, none opposed.
<b>Healthcare Workforce Data Center</b>	Dr. Carter and Dr. Shobo provided an update on the Center's workforce reports, presentations, and data requests.
<b>Board Studies</b>	The General Assembly has requested that the Board of Health Professions perform sunrise reviews on the following two professions: Diagnostic Medical Sonographer and Naturopathic Physician.
<b>Diagnostic Medical Sonographer Motion</b>	Ms. Jackson presented the workplan for the Diagnostic Medical Sonographer.  A motion was made by Mr. Wells to proceed with the study and was seconded by Dr. Watkins. All members were in favor, none opposed.
<b>Naturopathic Physician</b>	Dr. Carter presented the workplan for the Naturopathic Physician.

**Motion** A motion was made by Dr. Doyle and seconded by Ms. Hershkowitz. All members were in favor, none opposed. Both studies will be moved to the Boards Regulatory Research Committee.

**Individual Board Reports**

- Board of Nursing - Ms. Hershkowitz (Attachment 1)
- Board of Dentistry - Dr. Watkins (Attachment 2)
- Board of Counseling - Dr. Doyle (Attachment 3)
- Board of Social Work - Mr. Salay (Attachment 4)
- Board of Long-Term Care Administrators - Mr. Kendall (Attachment 5)
- Board of Veterinary Medicine - Dr. Karras (Attachment 6)
- Board of Psychology - Dr. Stewart (Attachment 7)
- Board of Audiology & Speech-Language Pathology - Dr. King (Attachment 8)
- Board of Funeral Directors & Embalmers - Mr. Jones (Attachment 9)
- Board of Optometry - Dr. Clayton-Jeter was not in attendance (Attachment 10)
- Board of Medicine - Dr. O'Connor was not in attendance
- Board of Pharmacy - Mr. Logan was not in attendance
- Board of Physical Therapy - Dr. Jones, Jr. was not in attendance

**New Business** There was no new business.

**Next Full Board Meeting** Dr. Stewart advised the Board that the next meeting is scheduled for August 20, 2020 at 10:00 a.m.

**Adjourned** The meeting adjourned at 11:47 a.m.

**Vice Chair Signature** Herbert Stewart, PhD  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Board Exec. Director Signature** Elizabeth A. Carter, PhD  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Board of Health Professions attachments can be found at  
[https://www.dhp.virginia.gov/bhp/bhp\\_calendar.htm](https://www.dhp.virginia.gov/bhp/bhp_calendar.htm)

# Legislative and Regulatory Report

**Report on Regulatory Actions  
Board of Long-Term Care Administrators  
(as of August 28, 2020)**

Board		Board of Long-Term Care Administrators
Chapter	Action / Stage Information	
[18 VAC 95 - 15 ]	Regulations Governing Delegation to an Agency Subordinate [under development]	<p><u>Replacement of section from Chapter 20 on delegation to an agency subordinate [Action 5465]</u></p> <p><b>Fast-Track</b> - At Governor's Office for 89 days</p>
[18 VAC 95 - 30 ]	Regulations Governing the Practice of Assisted Living Facility Administrators	<p><u>Recommendations of RAP on qualifications for licensure [Action 5471]</u></p> <p><b>NOIRA</b> - At Secretary's Office for 218 days</p>

# Board Discussions and Actions



## **Board Discussion and Actions**

- Consideration of Revisions to Guidance Document 95-8, Bylaws

### Documents:

- Proposed Changes to Bylaws (Interlined)
- Proposed Changes to Bylaws (clean copy)

## VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS

### BYLAWS

#### Article I. Officers Election, Terms of Office, Vacancies

##### 1. Officers

The officers of the Virginia Board of Long-Term Care Administrators (Board) shall be a Chair and a Vice-Chair.

##### 2. Election.

The organizational year for the Board shall run from July 1<sup>st</sup> through June 30<sup>th</sup>. At the ~~first last~~ ~~regularly scheduled~~ meeting of the organizational year, the Board shall elect from its members a Chair and a Vice-Chair.

##### 3. Terms of Office.

The terms of office of the Chair and Vice-Chair shall be for one year. An officer may be re-elected in that same position for a second consecutive term. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.

##### 4. Vacancies.

A vacancy occurring in any office shall be filled by a special election at the next meeting of the Board.

#### Article II. Duties of Officers

##### 1. Chair.

The Chair shall preside at all meetings and conduct all business according to the Administrative Process Act and Robert's Rules; shall appoint all committees except where specifically provided by law; shall appoint agency subordinates; shall sign certificates and documents authorized to be signed by the Chair; and, may serve as an ex-officio member of committees.

##### 2. Vice- Chair.

The Vice-Chair shall perform all duties of the Chair in the absence of the Chair.

#### Article III. Duties of Members

##### 1. Qualifications.

After appointment by the Governor, each member of the Board shall forthwith take the oath of office to qualify for service as provided by law.

##### 2. Attendance at meetings.

Members of the Board shall attend all regular and special meetings of the full Board, meetings of committees to which they are assigned and all hearings conducted by the Board at which

their attendance is requested by the Executive Director, unless prevented by illness or other unavoidable cause. In the case of an unavoidable absence of any member from any meeting, the Chair may reassign the duties of such absent member.

#### **Article IV. Meeting**

##### **1. Number.**

The Board shall schedule at least three regular meetings in each year, with the right to change the date or cancel any board meeting with the exception that a minimum of one board meeting will take place annually. The Chair shall call meetings at any time to conduct the business of the Board and shall convene conference calls when needed to act on summary suspensions and settlement offers. ~~Additional Special~~ meetings shall be called by the Chair upon the written request of any ~~two~~ three members of the Board.

##### **2. Quorum.**

Five members of the Board, including one who is not a licensed nursing home administrator or assisted living facility administrator, shall constitute a quorum.

##### **3. Voting.**

All matters shall be determined by a majority vote of the members present.

#### **Article V. Committees**

##### **1. Standing Committees.**

As part of their responsibility to the Board, members appointed to a committee shall faithfully perform the duties assigned to the committee. The standing committees of the Board shall be the following:

- Legislative and Regulatory Committee
- Credentials Committee
- Special Conference Committees

##### **2. Ad Hoc Committees.**

The Chair may appoint an Ad Hoc Committee of two or more members of the Board to address a topic not assigned to a standing committee.

##### **3. Committee Duties.**

###### **a) Legislative/Regulatory Committee.**

The Legislative/Regulatory Committee shall consist of two or more members, appointed by the Chair. This Committee shall consider matters bearing upon state and federal regulations and legislation and make recommendations to the Board regarding policy matters. The Committee shall conduct a periodic review of the laws and regulations. Proposed changes in State laws, or in the Regulations of the Board, shall be distributed to all Board members prior to scheduled meetings of the Board.

###### **b) Credentials Committee.**

The Credentials Committee shall consist of two or more members appointed by the Chair and shall review all non-routine applications for licensure to determine if the applicant satisfies the requirements established by the Board. The committee shall review requests for exemptions from extensions of time to earn continuing education and may grant such requests for circumstances beyond the control of the administrator ~~good-cause~~ on a one-time basis. The Committee shall not be required to meet collectively to complete initial reviews. The ~~C~~committee chair shall provide guidance to staff on the action to be taken as a result of the initial review.

**c) Special Conference Committees.**

Special Conference Committees shall consist of two or more members appointed by the Chair. ~~The Committees and shall review investigation reports to determine if there is probable cause to conclude that a violation of law or regulation has occurred,~~ hold informal fact-finding conferences and ~~direct~~ provide guidance to staff on the disposition of disciplinary cases. The Chair may designate additional board members to serve as alternates who may be contacted to serve in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. ~~The Committee shall not be required to meet collectively to complete the initial review. The committee chair shall provide guidance to staff on the action to be taken as a result of the probable cause review.~~

## Article VI. Executive Director

1. Designation.

The Administrative Officer of the Board shall be designated the Executive Director of the Board.

2. Duties.

The Executive Director shall:

- a) Supervise the operation of the Board office and be responsible for the conduct the staff and the assignment of cases to agency subordinates~~;~~
- b) Carry out the policies and services established by the Board~~;~~
- c) Provide and disburse all forms as required by law to include, but not be limited to, new and renewal application forms.
- d) Keep accurate record of all applications for licensure, maintain a file of all applications and notify each applicant regarding the actions of the Board in response to their application. Prepare and deliver licenses to all successful applicants. Keep and maintain a current record of all licenses issued by the Board.
- e) Notify all members of the Board of regular and special meetings of the Board. Notify all Committee members of regular and special meetings of Committees. Keep true and accurate minutes of all meetings and distribute such minutes to the Board members prior to the next meeting.
- f) Issue all notices and orders, render all reports, keep all records and notify all individuals as required by these Bylaws or law. Affix and attach the seal of the Board to such documents, papers, records, certificates and other instruments as may be directed by law.

- g) Keep accurate records of all disciplinary proceedings. Receive and certify all exhibits presented. Certify a complete record of all documents whenever and wherever required by law.
- h) Present the biennial budget with any revisions to the Board for approval.

### Article VII: General Delegation of Authority

1. The Board delegates to Board staff the authority to issue and renew licenses, registrations and certificates where minimum qualifications have been met.
2. The Board delegates to the Executive Director the authority to reinstate licenses, registrations and certificates when the reinstatement is due to the lapse of the license, registration or certificate and not due to previous Board disciplinary action unless specified in the Board order.
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents used in the disciplinary process.
4. The Board delegates to the Executive Director the authority to sign as entered any agreement, Order or Board-approved Consent Order resulting from the disciplinary process.
5. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary, ~~and the authority to approve requests for disclosure of investigative information pursuant to Virginia Code § 54.1-2400.2(D) and (F)~~.
6. The Board delegates to the Executive Director, who shall consult with a member of ~~the Board-a special conference member~~, the authority to review information regarding alleged violations of law or regulations and determine whether probable cause exists to proceed with possible disciplinary action.
7. The Board delegates to the Chair, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
8. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.
9. The Board delegates to the Executive Director, the authority to approve applications with criminal convictions in accordance with Guidance Document 95-12.
10. The Board delegates to the Executive Director the authority to grant an individual request for an extension of continuing education requirements for up to one (1) year for circumstances beyond the control of the administrator upon written request from the licensee prior to the renewal date.

11. The Board delegates to the Executive Director the authority to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(G), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

12. The Board delegates to the Executive Director the authority to offer a confidential consent agreement or a Consent Order for action consistent with any board-approved guidance document, or to negotiate a Consent Order in consultation with the chair of a Special Conference Committee or formal hearing.

14. The Board authorizes the Executive Director to delegate tasks to the Deputy Executive Director.

### **Article VIII. Amendments**

A board member or the Executive Director may propose amendments to these Bylaws by presenting the amendment in writing to all Board members prior to any scheduled meeting of the Board.

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

### **BYLAWS**

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##### **2. Election.**

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##### **3. Terms of Office.**

The terms of office of the Chair and Vice-Chair shall be for one year. An officer may be re-elected in that same position for a second consecutive term. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.

##### **4. Vacancies.**

A vacancy occurring in any office shall be filled by a special election at the next meeting of the Board.

#### **Article II. Duties of Officers**

##### **1. Chair.**

The Chair shall preside at all meetings and conduct all business according to the Administrative Process Act and Robert's Rules; shall appoint all committees except where specifically provided by law; shall appoint agency subordinates; shall sign certificates and documents authorized to be signed by the Chair; and, may serve as an ex-officio member of committees.

##### **2. Vice- Chair.**

The Vice-Chair shall perform all duties of the Chair in the absence of the Chair.

#### **Article III. Duties of Members**

##### **1. Qualifications.**

After appointment by the Governor, each member of the Board shall forthwith take the oath of office to qualify for service as provided by law.

##### **2. Attendance at meetings.**

Members of the Board shall attend all regular and special meetings of the full Board, meetings of committees to which they are assigned and all hearings conducted by the Board at which

their attendance is requested by the Executive Director, unless prevented by illness or other unavoidable cause. In the case of an unavoidable absence of any member from any meeting, the Chair may reassign the duties of such absent member.

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##### **1. Number.**

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##### **2. Quorum.**

Five members of the Board, including one who is not a licensed nursing home administrator or assisted living facility administrator, shall constitute a quorum.

##### **3. Voting.**

All matters shall be determined by a majority vote of the members present.

#### **Article V. Committees**

##### **1. Standing Committees.**

As part of their responsibility to the Board, members appointed to a committee shall faithfully perform the duties assigned to the committee. The standing committees of the Board shall be the following:

- Legislative and Regulatory Committee
- Credentials Committee
- Special Conference Committees

##### **2. Ad Hoc Committees.**

The Chair may appoint an Ad Hoc Committee of two or more members of the Board to address a topic not assigned to a standing committee.

##### **3. Committee Duties.**

###### **a) Legislative/Regulatory Committee.**

The Legislative/Regulatory Committee shall consist of two or more members, appointed by the Chair. This Committee shall consider matters bearing upon state and federal regulations and legislation and make recommendations to the Board regarding policy matters. The Committee shall conduct a periodic review of the laws and regulations. Proposed changes in State laws or in the Regulations of the Board, shall be distributed to all Board members prior to scheduled meetings of the Board.



**b) Credentials Committee.**

The Credentials Committee shall consist of two or more members appointed by the Chair and shall review all non-routine applications for licensure to determine if the applicant satisfies the requirements established by the Board. The committee shall review requests for exemptions from continuing education and may grant such requests for circumstances beyond the control of the administrator on a one-time basis. The Committee shall not be required to meet collectively to complete initial reviews. The Committee chair shall provide guidance to staff on the action to be taken as a result of the initial review.

**c) Special Conference Committees.**

Special Conference Committees shall consist of two or more members appointed by the Chair. The Committees shall hold informal fact-finding conferences and provide guidance to staff on the disposition of disciplinary cases. The Chair may designate additional board members to serve as alternates who may be contacted to serve in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.

**Article VI. Executive Director****1. Designation.**

The Administrative Officer of the Board shall be designated the Executive Director of the Board.

**2. Duties.**

The Executive Director shall:

- a) Supervise the operation of the Board office and be responsible for the conduct the staff and the assignment of cases to agency subordinates.
- b) Carry out the policies and services established by the Board.
- c) Provide and disburse all forms as required by law to include, but not be limited to, new and renewal application forms.
- d) Keep accurate record of all applications for licensure, maintain a file of all applications and notify each applicant regarding the actions of the Board in response to their application. Prepare and deliver licenses to all successful applicants. Keep and maintain a current record of all licenses issued by the Board.
- e) Notify all members of the Board of regular and special meetings of the Board. Notify all Committee members of regular and special meetings of Committees. Keep true and accurate minutes of all meetings and distribute such minutes to the Board members prior to the next meeting.
- f) Issue all notices and orders, render all reports, keep all records and notify all individuals as required by these Bylaws or law. Affix and attach the seal of the Board to such documents, papers, records, certificates and other instruments as may be directed by law.
- g) Keep accurate records of all disciplinary proceedings. Receive and certify all exhibits presented. Certify a complete record of all documents whenever and wherever required by law.
- h) Present the biennial budget with any revisions to the Board for approval.

## Article VII: General Delegation of Authority

1. The Board delegates to Board staff the authority to issue and renew licenses, registrations and certificates where minimum qualifications have been met.
- 2..The Board delegates to the Executive Director the authority to reinstate licenses, registrations and certificates when the reinstatement is due to the lapse of the license, registration or certificate and not due to previous Board disciplinary action unless specified in the Board order.
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents used in the disciplinary process.
4. The Board delegates to the Executive Director the authority to sign as entered any agreement, Order or Board-approved Consent Order resulting from the disciplinary process.
5. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
6. The Board delegates to the Executive Director, who shall consult with a member of the Board, the authority to review information regarding alleged violations of law or regulations and determine whether probable cause exists to proceed with possible disciplinary action.
7. The Board delegates to the Chair, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
8. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.
9. The Board delegates to the Executive Director the authority to approve applications with criminal convictions in accordance with Guidance Document 95-12.
10. The Board delegates to the Executive Director the authority to grant an individual request for an extension of continuing education requirements for up to one (1) year for circumstances beyond the control of the administrator upon written request from the licensee prior to the renewal date.
11. The Board delegates to the Executive Director the authority to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(G), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.
12. The Board delegates to the Executive Director the authority to offer a confidential consent agreement or a Consent Order for action consistent with any board-approved guidance document, or to negotiate a Consent Order in consultation with the chair of a Special Conference Committee or formal hearing.

14. The Board authorizes the Executive Director to delegate tasks to the Deputy Executive Director.

#### **Article VIII. Amendments**

A board member or the Executive Director may propose amendments to these Bylaws by presenting the amendment in writing to all Board members prior to any scheduled meeting of the Board.

DRAFT

### **Board Discussion and Actions**

- Consideration of Adoption of Guidance Document – Continuing Education Requirements (18VAC95-20-175 and 18VAC95-30-70)
- Consideration of Continuing Education Exemption for 2021 Renewals

#### Documents:

- Current COVID-related Board guidance - website
- Draft Guidance Document
- Current Regulations - Continuing Education

## **Continuing Education – Current Extension, Course Questions**

### **March 18, 2020**

The Board of Long-Term Care Administrators has granted an extension of continuing competency requirements for a period of six months after the deadline for any renewal due by March 31.

You are encouraged to complete continuing education hours on-line before the renewal deadline (Per the Board's Regulations, up to 10 of the 20 hours may be obtained through Internet or self-study courses).

Remember that you will have to make up incomplete hours and will not be able to double count CE hours for the next renewal period.

On the renewal form, you will need to check "no" to the question about completion of continuing competency requirements. Do not falsify information on the form by checking "yes" if you are using the six-month extension. You will still be able to renew and your license/registration will be valid. There will be a notation in the system that you have a six-month extension.

### **March 19, 2020**

During the six-month extension of continuing competency requirements that must be obtained for the licensure period between April 1, 2019 – March 31, 2020, programs delivered via teleconference or webcast where there is an opportunity to interact with the speaker in real time ("interactive course") will count toward the 10 hours of continuing competency requirements that must be taken in addition to the 10 hours of internet or self-study hours. Evidence of attendance or participation as provided by the approved sponsor for each interactive course taken is still required to be maintained for a period of 3 renewal years.

#### **Questions for Board Consideration:**

1. Should the language for interactive teleconference or webcast be extended to CE courses during the public health emergency? (i.e. beyond the 6 month extension)
2. Should the language for interactive teleconference or webcast be extended to all required CE courses?
  - Should the language for interactive teleconference or webcast be incorporated into a guidance document for the Board? (i.e. the Board interprets that attendance of live CE programs includes real-time, interactive programs delivered via teleconference or webcast where there is an opportunity to interact with the speaker)
3. Should the Board address the requirement for having a signature of an authorized representative of the approved sponsor where electronic CE certificates issued through the NAB CE Registry do not always include a signature?

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

### **Guidance on Continuing Education**

#### **1. Mode of Completing Courses**

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

##### ***18VAC95-20-175. Continuing Education Requirements.***

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

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

##### ***18VAC95-30-70. Continuing Education Requirements.***

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

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

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

#### **2. Signature from an authorized representative of the approved sponsor**

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

##### ***18VAC95-20-175. Continuing Education Requirements.***

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

*C. Documentation of continuing education.*

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

- a. Date the course was taken;*
- b. Hours of attendance or participation;*
- c. Participant's name; and*
- d. Signature of an authorized representative of the approved sponsor.*

**18VAC95-30-70. Continuing Education Requirements.**

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

*C. Documentation of continuing education.*

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

- a. Date the course was taken;*
- b. Hours of attendance or participation;*
- c. Participant's name; and*
- d. Signature of an authorized representative of the approved sponsor.*

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

**Current Regulations – Continuing Education**

**18VAC95-30-175**

**18VAC95-30-70**



## **18VAC95-20-175. Continuing Education Requirements. (NHA)**

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

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

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.
2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:
  - a. Date the course was taken;
  - b. Hours of attendance or participation;
  - c. Participant's name; and
  - d. Signature of an authorized representative of the approved sponsor.
3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters. The request for an extension shall be received in writing and granted by the board prior to the renewal date.

## **18VAC95-30-70. Continuing Education Requirements. (ALFA)**

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

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.
2. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic.
3. A licensee is exempt from completing continuing education requirements for the first renewal following initial licensure in Virginia.

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

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.
2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:
  - a. Date the course was taken;
  - b. Hours of attendance or participation;
  - c. Participant's name; and
  - d. Signature of an authorized representative of the approved sponsor.
3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters. The request for an extension shall be submitted in writing and granted by the board prior to the renewal date.

## **Board Discussion and Actions**

Consideration of Action - AIT Training During COVID-19  
Pandemic

## Consideration of Action - AIT Training During COVID-19 Pandemic

### Current Regulations

*(The ALFA regulations below parallel NHA regulations 18VAC95-20-310, -330, -340, -390, -400, -430, -440)*

#### **18VAC95-30-150. Required Hours of Training.**

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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 program 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.**

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

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

### **18VAC95-30-170. Training Facilities.**

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- A. Training in an ALF AIT program or for an internship shall be conducted only in:
1. An assisted living facility or unit licensed by the Virginia Board of Social Services or by a similar licensing body in another jurisdiction;
  2. An assisted living facility owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or
  3. An assisted living unit located in and operated by a licensed hospital as defined in § [32.1-123](#) of the Code of Virginia, a state-operated hospital, or a hospital licensed in another jurisdiction.
- B. A new ALF AIT program or internship shall not be conducted in a facility with a provisional license as determined by the Department of Social Services.

### **18VAC95-30-180. Preceptors.**

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- A. Training in an ALF AIT program shall be under the supervision of a preceptor who is registered or recognized by Virginia or a similar licensing board in another jurisdiction.
- B. To be registered by the board as a preceptor, a person shall:
1. Hold a current, unrestricted Virginia assisted living facility administrator or nursing home administrator license;
  2. Be employed full time as an administrator in a training facility for a minimum of two of the past four years immediately prior to registration or be a regional administrator with on-site supervisory responsibilities for a training facility;
  3. Provide evidence that he has completed the online preceptor training course offered by NAB; and
  4. Submit an application and fee as prescribed in [18VAC95-30-40](#). The board may waive such application and fee for a person who is already approved as a preceptor for nursing home licensure.
- C. A preceptor shall:
1. Provide direct instruction, planning, and evaluation;
  2. Be routinely present with the trainee in the training facility as appropriate to the experience and training of the ALF AIT and the needs of the residents in the facility; and
  3. Continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.
- D. A preceptor may supervise no more than two trainees at any one time.
- E. A preceptor for a person who is serving as an acting administrator while in an ALF AIT program shall be present in the training facility for face-to-face instruction and review of the trainee's performance for a minimum of four hours per week.
- F. To renew registration as a preceptor, a person shall:
1. Hold a current, unrestricted Virginia assisted living facility or nursing home license and be employed by or have an agreement with a training facility for a preceptorship; and
  2. Meet the renewal requirements of [18VAC95-30-60](#).

**18VAC95-30-190. Reporting Requirements.**

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- A. The preceptor shall maintain progress reports on forms prescribed by the board for each month of training. For a person who is serving as an acting administrator while in an ALF AIT program, the preceptor shall include in the progress report evidence of face-to-face instruction and review for a minimum of two hours per week.
- B. The trainee's certificate of completion plus the accumulated original monthly reports shall be submitted by the preceptor to the board within 30 days following the completion of the program.

**18VAC95-30-200. Interruption or Termination of Program.**

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- 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.

**Questions Received**

- 1. If my AIT is not permitted to access the training facility, can they participate in outside learning activities and have those hours counted toward their AIT program?
- 2. If my AIT is currently working in the training facility, but I am not permitted to access the facility as a non-employee, can I engage with my AIT through the use of interactive video to satisfy the physical presence requirement during the COVID pandemic?

**Considerations for the Board**

- 1. Are there any permissible options available to AITs to either continue training or engage in learning outside of training in the facility? What are the limitations?

The monthly AIT reporting forms include the following:

<b>4. VISITS OUTSIDE THE FACILITY, EDUCATIONAL CONFERENCES, IN-SERVICE EDUCATION ATTENDED AND TIME:</b>
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- 2. Should the language (below) that currently appears on the Board website be converted into a Guidance Document for purposes of the pandemic and/or other temporary health emergencies that would prevent a preceptor from physically entering an AL facility?

Current Language:

### **"Routine Presence" of Preceptors**

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In accordance with the Board's Regulations for Assisted Living Facility Administrators, [18VAC95-30-150\(A\)](#), "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...](#)"

Further, [18VAC95-30-180](#) (C)(2) requires that: "A preceptor shall [b]e routinely present with 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."

The Board recognizes that facility access constraints during the COVID-19 pandemic have limited the ability of outside preceptors to have access to training facilities and, consequently, to be "routinely present" with the trainee in the facility.

During the COVID-19 pandemic, to fulfill the "routine presence" requirement, the Board will permit a preceptor to communicate remotely via video technology with an AIT who is physically present at a training facility. Preceptors and AITs should take appropriate action to ensure the confidentiality of resident information and records during their communications.

**September 11, 2020**

The Virginia Board of Long-Term Care Administrators convened for an electronic WebEx Training Session on Friday, September 11, 2020 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

**BOARD MEMBERS PRESENT**

Mitchell P. Davis, NHA, Board Chair  
Marj Pantone, ALFA, Vice-Chair  
Derrick Kendall, NHA  
Jenny Inker, PhD, MBA, ALFA  
Martha Hunt, ALFA

**BOARD MEMBERS NOT ON THE CALL**

Shervonne Banks, Citizen Member  
Ali Faruk, MPA, Citizen Member  
Ashley Jackson, MBA, NHA

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

Trasean Boatwright, LTCA Program Specialist  
Sarah Georgen, Licensing and Operations Manager  
Kelley Palmatier, Deputy Executive Director  
Angela Pearson, Senior Discipline Operations Manager  
Corie Tillman Wolf, Executive Director

**CALL TO ORDER**

Ms. Tillman Wolf called the meeting to order at 2:05 p.m. She welcomed participants and completed a roll call.

**WEBEX TRAINING SESSION**

Ms. Georgen and Ms. Tillman Wolf discussed the meeting logistics and functions for the upcoming virtual board meeting to be conducted on September 15, 2020.

**ADJOURNMENT**

With all business concluded, the meeting adjourned at 2:31 p.m.

\_\_\_\_\_ Date: \_\_\_\_\_  
Mitchell P. Davis, NHA, Board Chair

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