



Agenda

Board of Long-Term Care Administrators

Full Board Meeting

March 14, 2017
Board Room 3
9:30 a.m.

-
- **Call to Order** Derrick Kendall, NHA, Chair

 - **Emergency Egress** Corie Tillman Wolf, J.D.

 - **Ordering of Agenda – page 1** Derrick Kendall, Chair

 - **Approval of Minutes – pages 2 - 33** Derrick Kendall, Chair
 - September 20, 2016 - Board Meeting
 - October 17, 2016 – Telephone Conference Call
 - November 18, 2016 – Telephonic Conference Call
 - January 17, 2017 - Formal Hearings (2)

 - **Public Comment**

 - **Agency Director’s Report** Dr. David Brown, D.C.

 - **Staff Reports** Corie Tillman Wolf
Lynne Helmick, Deputy ED
 - Executive Director’s Report – pages 35 - 60
 - Discipline Report

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

 - **New Business** Elaine Yeatts
 - **Guidance Documents – pages 62 - 65**
 - Consideration of revisions to GD 95-2 – Procedures for Auditing Continued Competency Requirements
 - Consideration of revisions to Confidential Consent Agreements GD 95-4

 - **Overview – Health Practitioners’ Monitoring Program (HPMP) – pages 67 - 68** Peggy Wood

 - **Training – Board Counsel** Erin Barrett, OAG

 - **Old Business - pages 70 - 109** Elaine Yeatts
 - Periodic Review of NHA and ALFA Regulations – Consideration of Proposed Regulations

 - **Next Meeting – June 13, 2017**

 - **Meeting Adjournment**
-

Board Minutes

**UNAPPROVED MINUTES
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
MEETING MINUTES**

The Virginia Board of Long Term Care Administrators convened for a board meeting on Tuesday, September 20, 2016 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

The following members were present:

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

The following members were absent for the meeting:

Doug Nevitt, ALFA
Shervonne Banks, Citizen Member

DHP staff present for all or part of the meeting included:

Corie E. Tillman Wolf, J.D., Executive Director
Lynne Helmick, Deputy Executive Director
Missy Currier, Deputy Executive Director
Lisa R. Hahn, Chief Deputy
Elaine Yeatts, Senior Policy Analyst
Heather Wright, Program Manager, Board of LTC

BOARD COUNSEL

Erin Barrett, Assistant Attorney General

Quorum:

With 7 members present a quorum was established.

Guests Present:

Matt Mansell, Virginia Health Care Association (VHCA)

CALLED TO ORDER

Ms. Hopkins Stanfield, Chair, called the board meeting to order at 10:07 a.m.

ORDER OF AGENDA

A motion was made by Marj Pantone and properly seconded by Mary Brydon to accept the agenda as written. The motion passed unanimously.

PUBLIC COMMENT PERIOD

Public comment was not received.

ACCEPTANCE OF MINUTES

Upon a motion by Mitch Davis and properly seconded by Martha Hunt, the board voted to accept the following minutes:

- Board Meeting – December 15, 2015
- Formal Hearing – March 15, 2016
- Formal Hearing – March 15, 2016
- Summary Suspension Teleconference – May 6, 2016

The motion passed unanimously.

INFORMAL CONFERENCES HELD (Informational Purposes Only)

Ms. Hopkins Stanfield, Chair mentioned that the following Informal Conferences were held:

- (2) January 7, 2016
- (2) August 30, 2016

AGENCY DIRECTOR’S REPORT – Lisa R. Hahn, Chief Deputy

Ms. Hahn provided the following Agency news:

- The Board Member Training is scheduled for October 24, 2016 from 9:30 – 3:30. This year’s training will benefit both new members as well as seasoned members and topics will include FOIA, Investigative Procedures & Experiences, and the agency and its responsibilities.
- The Citizens Advocacy Center just concluded their report on the audit of the Health Practitioners Monitoring Program (HPMP) which monitors impaired practitioners. DHP has completed all of the recommendations provided in the audit.

EXECUTIVE DIRECTOR’S REPORT – Lisa R. Hahn

Welcome

Ms. Hahn welcomed Corie Tillman Wolf, J.D. as the new Executive Director for the boards of Long Term Care Administrators, Physical Therapy, and Funeral Directors and Embalmers. Ms. Hahn stated that Ms. Tillman Wolf was a former Assistant Attorney General in the Health Professions Unit, and also served as the Statewide Facilitator for Victims of Domestic Violence.

Ms. Hahn also introduced Basil Acey as the newest Citizen Member on the board. She stated Mr. Acey was a retired Architect, that he succeeded Dr. Koontz and that the board was looking forward to working with him.

Budget

FY16

■ Cash Balance as of June 30, 2015	\$(130,525)
■ YTD FY16 Revenue	557,330
■ <u>Less direct and In-Direct Expenditures</u>	<u>472,072</u>
■ Cash Balance as of June 30, 2016	\$ (45,267)

FY17 – Projected

■ Cash Balance as of June 30, 2016	\$(130,525)
■ YTD FY17 Revenue	561,230
■ <u>Less direct and In-Direct Expenditures</u>	<u>468,795</u>
■ Cash Balance as of June 30, 2017	\$ 47,168

- FY 14 - (\$368,103)
- FY15 - (\$130,525)
- FY 16 - \$ 106,814
- FY17 - \$ 47,168

Board Business

SCHEV

Ms. Hahn reminded the board that during the December meeting she had reported having conversations with Dr. Joseph DeFilippo regarding the best method of disseminating information to the colleges about the requirement for the AIT program. As a follow-up, Dr. DeFilippo issued a letter to the educational institutions requesting that they modify their program to include a 320-hour internship experience, at least as an option; or include a statement on the program website and marketing materials to clarify that any student planning to seek LTCA licensure will need to perform at least a minimum 320-hour internship, and that they will be responsible for arranging such.

Ms. Hahn concluded that we hope that these efforts will reduce the number of applicants who call staff confused about the requirements.

Presentations

Board staff conducted the following presentations:

- vaLTC Spring Conference - May 4, 2016
- VCAL Symposium - July 14, 2016
- VALA Fall Conference. – September 21, 2016

National Examination Statistics (Combined NHA & RC/AL)

Ms. Hahn stated that staff has reported having received several calls over the past few weeks from applicants who have taken the RC/AL exam and have expressed that it has become much more difficult. Ms. Hahn then shared the following statistics:

<u>Year</u>	<u>Virginia Avg. % P/F</u>	<u>*National Avg. % P/F</u>
2009	66/34	n/a
2010	69/31	62/38
2011	74/26	72.5/27.5
2012	82/18	70/30
2013	69/31	68.5/31.5
2014	64/36	64/36
2015	54/46	56.5/43.5
2016 ytd.	50/50	RC/AL-53.8/NHA -n/a
P = Pass F = Fail	Virginia results from MLO – Licensure Software Program	*National results from the 2015 NAB Annual Report

We have contacted NAB and PSI and they will be researching possible reasons for the lower average passing scores and will follow up with Ms. Tillman Wolf.

NAB & ACHCA National AIT Program and Online Preceptor Training Program

Ms. Hahn was pleased to announce that both programs will be officially launched during the NAB Mid-Year Meeting in November. She provided an overview of the AIT Program including the history

of the development, special recognition to the task force participants, phases of the program, and examples of how the AIT manual interacts. The board members shared their enthusiasm for the program and thanked Ms. Hahn for her hard work.

Staff Notes

- If you have a change of address, email address, cell phone number, please remember to contact us so that we have the most current information.
- Please try to respond to email requests within a timely manner especially when the email requests a reply for availability or a response to a licensure or disciplinary question.
- If you are going to be on vacation for an extended length of time, please let us know in advance so that we don't inundate you with emails.

2016 Meetings

- October 24th - Board Member Training
- December 13th – Board Meeting

2017 Tentative Calendar

- March 14th
- June 13th or 20th
- September 12th or 19th
- December 19th

Ms. Hahn stated that it had been a pleasure working with the board and that she will truly miss them but that they are in great hands with Corie and the rest of the staff.

Ms. Hahn concluded her report and gave special thanks to Lynne Helmick and Missy Currier for their hard work managing the operations of the three boards.

LICENSURE REPORT – Missy Currier, Deputy Director of Licensure

Licensee Statistics:

ALFA's

	9/16	9/15	9/14
ALFA's	610	610	614
AIT's	121	118	88
Acting AIT	1	6	4
Preceptors	204	196	182
Total ALF	936	930	888

NHA's

	9/16	9/15	9/14
NHA's	876	845	842
AIT's	81	95	67
Preceptors	229	225	233
Total NHA	1,186	1,165	1,142
Combined (NHA & ALFA)	2,122	2,095	2,030

Minimal change in past 3 years (9.5%)

Licenses/Registrations Issued (07/01/2015 – 06/30/2016)

• Acting ALF-Administrator-In-Training -	6
• NHA Administrator-in-Training	38
• ALF-Administrator-In-Training	58
• Assisted Living Facility Administrator	53
• Assisted Living Facility Preceptor	22
• Nursing Home Administrator	690
• Nursing Home Preceptor	16
Total	283

Ms. Currier stated that these numbers did not include pending applications.

Fees Processed

• Renewals	1,728
• Applications	424
• Miscellaneous	14
• Total Fees	2,166

Projects/Goals

Ms. Currier reported that we are working with our IT Department to convert our initial applications from paper forms to online. Our goal is to have this in place by January of 2017. This will streamline the process for both applicants and staff and will allow applicants the ability to pay by credit card.

Customer Service Satisfaction

Ms. Currier reported that surveys are sent to anyone who has been recently licensed and that the information is then compiled into a survey report and published on a quarterly basis. She then gave special recognition to Heather Wright, Program Manager for the Board for her excellent and continued customer service for always going above and beyond to assist our applicants! All of the Licensure staff provides excellent service and for Board of Long Term Care Administrators Ms. Currier was pleased to report an overall rating of 100% during the following quarters:

Q1 2014, Q2 2014, Q4 2014, Q1 2015, Q2 2015, Q3 2015, Q1 2016, Q2 2016 & Q4 2016.

Ms. Currier concluded her report.

DISCIPLINE REPORT – Lynne Helmick, Deputy Executive Director, Discipline

Discipline Statistics

As of 9/9/2016	As of December 2015
■ 63 open cases: <ul style="list-style-type: none">■ 5 cases in APD■ 2 in Entry Status■ 6 in Informal Status■ 27 in Investigations■ 23 in Probable Cause	42 open cases: <ul style="list-style-type: none">1 in APD2 in Informal Stage2 in Formal Stage12 in Investigations25 In Probable Cause
■ 6 Compliance Cases	11 Compliance Cases

Fiscal Year End Statistics

- **FY 2012**
 - 63 cases received
 - 57 cases closed
 - 9 (16%) of closed cases went to IFC
- **FY 2013**
 - 45 cases received
 - 56 cases closed
 - 6 (11%) of closed cases went to IFC
- **FY 2014**
 - 47 cases received
 - 38 cases closed
 - 5 (13%) of closed cases went to IFC

■ **FY15**

- 64 cases received
- 52 cases closed
 - 19 of closed cases (36%) were ALFA
 - 33 of closed cases (64%) were NHA
 - 5 (9%) of closed cases went to IFC

■ **FY16**

- 78 cases received
- 55 cases closed
 - 2 of closed cases (3%) were ALF-AIT
 - 18 (33%) were ALFA
 - 35 (64%) were NHA
- 6 (11%) of closed cases went to an IFC
- 2(3%) of closed cases went to a Formal Hearing

Virginia Performs (Patient Care Cases Only) – Fourth Quarter 2016

- **Clearance Rate** - % of cases closed as compared to number of cases received. 100% goal
 - Agency Wide 94% (previous quarter was approx. 120%)
 - LTCA 36% (previous quarter was over 150%)
- **Age of Pending Caseload** – % of open patient care cases over 250 business days old. 20% goal
 - Agency Wide 18%
 - LTCA 15%
- **Time to Disposition** - % of patient care cases closed within 250 business days for cases received within the preceding eight quarters. 90% goal
 - Agency Wide 87%
 - LTCA 80%

All Case Information – Fourth Quarter FY2014 - 2016

- **% of all cases closed in 250 days**

	FY2014	FY2015	FY2016
LTCA	100.0%	84.6%	85.7%
Agency	97.4%	88.3%	85.6%

- **Average days to close a case**

LTCA	143.8	260.5	232.3
Agency	170.1	186.7	188.5

Case Categories (Cases in which disciplinary action was taken)

<u>FY15</u>	<u>FY16</u>
• 14 cases total	11 cases total
• 3 standard of care	2 standard of care
• 1 compliance with Order	1 compliance with Order
• 2 CE	1 CE
• 2 failure to report	2 failure to report
• 1 criminal convictions	2 criminal conviction
• 1 drug diversion	1 drug storage
• 3 fraud	1 confidentiality
	1 abuse
	2 deficiencies with other regs (DSS, OLC)

Ms. Helmick concluded her report.

BREAK

The Board took a recess from 11:16 a.m. until 11:25 a.m.

HEALTHCARE WORKFORCE DATA REPORT – Dr. Elizabeth Carter

Dr. Carter provided informative statistical information regarding the Virginia Nursing Home Administrator survey results conducted by the Healthcare Workforce Data Center. She stated that she had already presented on the Assisted Living Facility Administrators during their December 2015 meeting. She was pleased to share that they received an 88% response rate from the survey which gave an accurate picture of the NHA workforce.

Dr. Carter concluded her report and thanked everyone for filling out the surveys.

Upon a motion by Marj Pantone and properly seconded by Mitch Davis, the board voted to approve the October 2015 Nursing Home Administrator Healthcare Workforce Data Report. The motion carried unanimously.

NEW BUSINESS

Legislative Report – Elaine Yeatts

Ms. Yeatts had nothing to report at this time.

PPG Regulatory Change – Fast Track (Attachment A)

Ms. Yeatts explained in detail the revisions in 18VAC95-11-50 the board needed to consider for the adoption of an amendment by a Fast-track action to the regulations for “Public Participation Guidelines (PPG) regarding Public comment.

Upon a motion by Martha Hunt and properly seconded by Mary Brydon, the board accepted the draft language as presented in order to conform to the Code of Virginia, Title 2.2, Chapter 40 of the Administrative Process Act.

Consideration of CE Credit for Voluntary Work (Attachment B)

NHA

Ms. Yeatts explained that board would need to promulgate regulations that would allow some volunteer service time to count towards meeting CE requirements. Following discussion and review of the draft verbiage in 18VAC 95-20-175 Continuing Education Requirements, the board agreed to grant 1 hour of credit for continuing education for 1 hour of volunteer services for up to a maximum credit of two hours. Upon a motion by Marj Pantone and properly seconded by Mary Brydon, the board accepted the draft language with suggested changes in section A. 2. and section B.

ALFA

Ms. Yeatts explained that board would need to promulgate regulations that would allow some volunteer service time to count towards meeting CE requirements. Following discussion and review of the draft verbiage in 18VAC 95-30-70 Continuing Education Requirements, the board agreed to grant 1 hour of credit for continuing education for 1 hour of volunteer services for up to a maximum credit of two hours. Upon a motion by Martha Hunt and properly seconded by Mitch Davis, the board accepted the draft language with suggested changes in section A. 2. and section B.

Periodic Review of Regulations (18VAC 95-30 & 18VAC95-20)

Ms. Yeatts began by sharing that no public comment was received during the comment period related to the notice of periodic review. Ms. Yeatts furthered that if the board agreed, they would be acting on this day as the committee as a whole to review all sections of both the NHA and ALF regulations to determine which regulations the Board intended to review for possible amendment. She explained that the staff conducted a thorough review and had noted several recommendations for the board to consider. Ms. Yeatts then reviewed those specific sections of the NHA and ALFA regulations.

Following discussion, a motion was made by Marj Pantone and properly seconded by Derrick Kendall to approve the Notice of Intent of Regulatory Action (NOIRA) based on the review of NHA regulations. The motion passed unanimously.

A motion was made by Marj Pantone and properly seconded by Mary Brydon to approve the Notice of Intent of Regulatory Action (NOIRA) based on the review of ALFA regulations. The motion passed unanimously.

Guidance Document 95-12 for Processing Licensure Applications (Attachment C)

Ms. Helmick reviewed the guidance document which outlines the process for reviewing applications with criminal convictions. It was noted by Erin Barrett, Board Counsel to change the title in the last section on page 2 from Board President to Board Chair.

Upon a motion by Mitch Davis and properly seconded by Marj Pantone, the board voted to adopt Guidance Document 95-12 for processing licensure applications with the suggested change by Erin Barrett. The motion passed unanimously.

Revisions to Guidance Document 95-8 Bylaws (Attachment D)

Ms. Tillman Wolf reviewed suggested changes to Guidance Document 95-8. Upon a motion by Martha Hunt and properly seconded by Derrick Kendall, the board voted to adopt Guidance Document 95-8 with the suggested revisions. The motion passed unanimously.

OFFICER ELECTIONS

A motion was made by Marj Pantone and properly seconded by Mary Brydon to elect Derrick Kendall as Chair. The motion passed unanimously.

A motion was made by Mitch Davis and properly seconded by Mary Brydon to elect Martha Hunt as Vice-Chair. The motion passed unanimously.

ADJOURNMENT

Ms. Hopkins Stanfield adjourned the meeting at 1:37 p.m.

Derrick Kendall, NHA, Chair

Corie E. Tillman Wolf, Executive Director

Date

Date

Attachment A

18VAC95-11-50. Public comment.

- A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.
1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.
 2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.
- B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:
1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).
 2. For a minimum of 60 calendar days following the publication of a proposed regulation.
 3. For a minimum of 30 calendar days following the publication of a repropoed regulation.
 4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
 5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
 6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
 7. Not later than 21 calendar days following the publication of a petition for rulemaking.
- C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.
- D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § 2.2-4013 C of the Code of Virginia.
- E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § 2.2-4012 E of the Code of Virginia.

Attachment B

18VAC95-20-175. Continuing education requirements.

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

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

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

2.3. 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 be related to health care administration and shall be approved or offered by the National Association of Long Term Care Administrator Boards (NAB), an accredited institution, or a government agency, or as provided in 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 or dates 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.

18VAC95-30-70. Continuing education requirements.

- A. In order to renew an assisted living administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.
1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.
 2. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic.
 - 2.3. 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 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 as provided in 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 or dates 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.

Attachment C

Virginia Board of Long Term Care Administrators
Guidance document: 95-12
Adopted: September 20, 2016
Guidelines for Processing Applications for Licensure:
Examination, Endorsement and Reinstatement

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

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

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

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

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

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

Replying "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It simply means more information must be gathered and considered before a decision can be made. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Long Term Care Administrators has the ultimate authority to approve or deny an applicant for licensure, registration, or certification. (Regulations Governing the Practice of Nursing Home Administrators 18VAC95-20-470 and Regulations Governing the Practice of Assisted Living Facility Administrators 18VAC95-30-210)

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

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

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

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

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

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

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

1. The applicant's history of a criminal conviction does not constitute grounds for denial (any felony or any misdemeanor involving abuse, neglect, or moral turpitude) or constitute grounds for Board action pursuant to Regulations Governing the Practice of Nursing Home Administrators 18VAC95-20-470 and Regulations Governing the Practice of Assisted Living Facility Administrators 18VAC95-30-210. (Article VII, Bylaws)
2. The applicant has a history of criminal conviction for felonies or misdemeanors involving abuse, neglect or moral turpitude, but the following criteria are met:
 - Conviction history includes only misdemeanors which are greater than 5 years old, as long as court requirements have been met;
 - If one misdemeanor conviction is less than 5 years old, the court requirements have been met, and the crime was unrelated to the license or registration sought; or
 - If the applicant was convicted of one felony more than 10 years ago, when that one felony was non-violent in nature and all court/probationary/parole requirements have been met.
3. Reported juvenile convictions.
4. Applicants with a conviction history previously reviewed and approved by the Board of Long Term Care Administrators provided no subsequent criminal convictions exist. (Article VII, Bylaws.)

Attachment D

VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
Guidance Document: 95-8 Revised: September 20, 2016

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 1st through June 30th. ~~During the first quarter of the year~~ At the 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. ~~or until the next election of officers, unless their term on the Board expires before that time.~~ An officer may be re-elected in that same position for a second consecutive term. ~~No officer shall be eligible to serve for more than three consecutive terms in the same office unless serving an unexpired 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 meetings shall be called by the Chair upon the written request of any two members of the Board.

2. Quorum.

~~A majority of the members of the Board shall constitute a quorum at any meeting. 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 extensions of time to earn continuing education and may grant such requests for good cause 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 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 the disposition of disciplinary cases. 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.
4. The Board delegates to the Executive Director the authority to sign as entered any 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 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.

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
UNAPPROVED MINUTES**

Monday, October 17, 2016

9:00 A.M.

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

DATE, TIME & PLACE: On October 17, 2016, at 9:08 a.m., the Board of Long-Term Care Administrators convened by telephone conference call to consider whether a practitioner's ability to practice nursing home administration constituted a substantial danger to public health and safety pursuant to Va. Code §54.1-2408.1. A quorum of the Board was present, with Derrick Kendall, Board Chair, presiding.

MEMBERS PRESENT: Derrick Kendall, NHA, Chair
Karen Stanfield, NHA
Marj Pantone, ALFA
Mary Brydon
Shervonne Banks
Basil Acey

MEMBERS ABSENT: Doug Nevitt, ALFA
Martha Hunt, ALFA
Mitchell Davis, NHA

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director
Missy Currier, Deputy Executive Director
Kathy Petersen, Discipline Operations Manager
Lynne Helmick, Deputy Executive Director

PARTIES ON BEHALF OF COMMONWEALTH: Wayne Halbleib, Senior Assistant Attorney General

MATTER CONSIDERED: Sharon Mae Bartlett, NHA
License No.: 1701-000973
Case No.: 174286

The Board received information from Senior Assistant Attorney General, Wayne Halbleib in order to determine whether Ms. Bartlett's ability to practice as a nursing home

administrator constituted a substantial danger to public health and safety. Mr. Halbleib provided details of the case to the Board for its consideration.

CLOSED SESSION:

Upon a motion by Karen Stanfield, and duly seconded by Marj Pantone, the Board voted to convene a closed meeting at 9:36 a.m., 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 Sharon M. Bartlett, NHA. Additionally, she moved that Ms. Tillman Wolf, Ms. Currier, Ms. Petersen, Ms. Helmick 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:

Upon a motion by Ms. Stanfield, and duly seconded by Ms. Pantone, the Board voted to reconvene at 9:10 a.m.

CERTIFICATION:

Ms. Stanfield certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia and the Board reconvened in open session.

DECISION:

Upon a motion by Ms. Banks, and duly seconded by Ms. Pantone, the Board determined that Ms. Bartlett's ability to practice constituted a substantial danger to the public health and safety. The Board voted to summarily suspend her license to practice as a nursing home administrator, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia.

VOTE:

The vote was unanimous.

DECISION:

Upon a motion by Ms. Stanfield, and duly seconded by Ms. Banks, the Board voted to offer Ms. Bartlett a consent order in lieu of a formal administrative hearing.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 10:11 a.m.

Karen Stanfield, NHA, Chair

Corie Tillman Wolf, Executive Director

Date

Date

**VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
UNAPPROVED MINUTES**

Friday, November 18, 2016

10:00 A.M.

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

DATE, TIME & PLACE: On November 18, 2016, at 10:02 a.m., the Board of Long-Term Care Administrators convened by telephone conference call to consider whether a practitioner's ability to practice assisted living facility administration constituted a substantial danger to public health and safety pursuant to Va. Code §54.1-2408.1. A quorum of the Board was present, with Derrick Kendall, Board Chair, presiding.

MEMBERS PRESENT: Derrick Kendall, NHA, Chair
Basil Acey
Doug Nevitt, ALFA
Martha Hunt, ALFA
Mitchell Davis, NHA

MEMBERS ABSENT: Karen Stanfield, NHA
Marj Pantone, ALFA
Mary Brydon
Shervonne Banks

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director
Missy Currier, Deputy Executive Director
Kathy Petersen, Discipline Operations Manager
Lynne Helmick, Deputy Executive Director

PARTIES ON BEHALF OF COMMONWEALTH: James Schliessmann, Senior Assistant Attorney General
David Kazzie, Adjudication Specialist

MATTER CONSIDERED: **Andrea S. Emodi, ALFA**
License No.: 1706-000774
Case No.: 173242

The Board received information from Senior Assistant Attorney General, James Schliessmann in order to determine whether Ms. Emodi's ability to practice as an assisted living

facility administrator constituted a substantial danger to public health and safety. Mr. Schliessmann provided details of the case to the Board for its consideration.

CLOSED SESSION:

Upon a motion by Martha Hunt, and duly seconded by Doug Nevitt, the Board voted to convene a closed meeting at 10:12 a.m., 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 Andrea S. Emodi, ALFA. Additionally, she moved that Ms. Tillman Wolf, Ms. Currier, Ms. Petersen, Ms. Helmick 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:

Upon a motion by Ms. Hunt, and duly seconded by Mr. Nevitt, the Board voted to reconvene at 10:31 a.m.

CERTIFICATION:

Ms. Hunt certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia and the Board reconvened in open session.

DECISION:

Upon a motion by Mr. Nevitt, and duly seconded by Ms. Hunt, the Board determined that Ms. Emodi's ability to practice constituted a substantial danger to the public health and safety. The Board voted to summarily suspend her license to practice as an assisted living facility administrator, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia.

VOTE:

The vote was unanimous.

Derrick Kendall, NHA, Chair

Corie Tillman Wolf, Executive Director

Date

Date

**VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
UNAPPROVED MINUTES**

Friday, November 18, 2016

10:00 A.M.

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

DATE, TIME & PLACE: On November 18, 2016, at 10:34 a.m., the Board of Long-Term Care Administrators convened by telephone conference call to consider whether a practitioner's ability to practice assisted living facility administration constituted a substantial danger to public health and safety pursuant to Va. Code §54.1-2408.1. A quorum of the Board was present, with Derrick Kendall, Board Chair, presiding.

MEMBERS PRESENT: Derrick Kendall, NHA, Chair
Basil Acey
Doug Nevitt, ALFA
Martha Hunt, ALFA
Mitchell Davis, NHA

MEMBERS ABSENT: Karen Stanfield, NHA
Marj Pantone, ALFA
Mary Brydon
Shervonne Banks

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director
Missy Currier, Deputy Executive Director
Kathy Petersen, Discipline Operations Manager
Lynne Helmick, Deputy Executive Director

PARTIES ON BEHALF OF COMMONWEALTH: James Schliessmann, Senior Assistant Attorney General
David Kazzie, Adjudication Specialist

MATTER CONSIDERED: **Trinette U. Emodi, ALFA**
License No.: 1706-000606
Case No.: 163243 & 173241

The Board received information from Senior Assistant Attorney General, James Schliessmann in order to determine whether Ms. Emodi's ability to practice as an assisted living

facility administrator constituted a substantial danger to public health and safety. Mr. Schliessmann provided details of the case to the Board for its consideration.

CLOSED SESSION:

Upon a motion by Martha Hunt, and duly seconded by Doug Nevitt, the Board voted to convene a closed meeting at 10:39 a.m., 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 Trinetta U. Emodi, ALFA. Additionally, she moved that Ms. Tillman Wolf, Ms. Currier, Ms. Petersen, Ms. Helmick 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:

Upon a motion by Ms. Hunt, and duly seconded by Mitchell Davis, the Board voted to reconvene at 10:46 a.m.

CERTIFICATION:

Ms. Hunt certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia and the Board reconvened in open session.

DECISION:

Upon a motion by Mr. Nevitt, and duly seconded by Ms. Hunt, the Board determined that Ms. Emodi's ability to practice constituted a substantial danger to the public health and safety. The Board voted to summarily suspend her license to practice as an assisted living facility administrator, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia.

VOTE:

The vote was unanimous.

Derrick Kendall, NHA, Chair

Corie Tillman Wolf, Executive Director

Date

Date

UNAPPROVED

**VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING**

January 17, 2017

Department of Health Professions
9960 Mayland Drive, Suite #300

Henrico, Virginia

CALL TO ORDER: A panel of the Board was called to order at 9:57 a.m.

MEMBERS PRESENT: Derrick Kendall, NHA, Chair
Martha Hunt, ALFA
Karen Stanfield, NHA
Marj Pantone, ALFA
Doug Nevitt, ALFA
Mitchell Davis, NHA
Basil Acey, Citizen Member
Mary Brydon, Citizen Member
Shervonne Banks, Citizen Member

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

STAFF PRESENT: Corie Tillman Wolf, Executive Director
Missy Currier, Deputy Executive Director
Kathy Petersen, Discipline Operations Manager

COURT REPORTER: Crane Snead Court Reporting

PARTIES ON BEHALF OF COMMONWEALTH: James Schliessmann, Sr. Assistant Attorney General/Chief
David Kazzie, Adjudication Specialist

COMMONWEALTH WITNESSES: Wendy Morris, Senior Investigator
Kimberly Wright, VDH

PARTIES ON BEHALF OF RESPONDENT: Taylor Boone, Esq.

RESPONDENT WITNESSES: Kerry Kelly

MATTER SCHEDULED: Andrea S. Emodi, ALFA
License No.: 1706-000774
Case No.: 173242

ESTABLISHMENT OF A QUORUM:

With nine (9) members of the Board present, a quorum was established.

OUTSTANDING MOTIONS RULING:

Derrick Kendall overruled all outstanding motions that had been filed by both the Commonwealth and Respondent.

OBJECTION:

Mr. Boone, on behalf of Ms. Emodi, renewed his pre-hearing motion to strike the Commonwealth's evidence.

RULING:

The Chair overruled Mr. Boone's objection.

DISCUSSION:

Ms. Emodi appeared before the Board in accordance with the Board's Amended Notice of Formal Hearing dated December 15, 2016. Ms. Emodi was present and was represented by Taylor Boone, Esq. The Board received evidence and sworn testimony from the parties called by the Commonwealth, regarding the matters as set forth in the Statement of Particulars.

CLOSED SESSION:

Upon a motion by Martha Hunt, and duly seconded by Karen Stanfield, the Board voted to convene a closed meeting at 11:05 a.m., pursuant to §2.2-3711.A(7) of the Code of Virginia, for the purpose of consultation with the provision of legal advice by Board Counsel in the matter of Andrea S. Emodi. Additionally, she moved that Ms. Tillman Wolf, Ms. Barrett, Ms. Petersen and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Upon a motion by Martha Hunt, and duly seconded by Karen Stanfield, the Board voted to re-convene at 11:20 a.m.

CERTIFICATION:

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

OBJECTION: Mr. Boone, on behalf of Ms. Emodi, made a motion to strike the Commonwealth's evidence and to dismiss all allegations against Ms. Emodi.

CLOSED SESSION: Upon a motion by Martha Hunt, and duly seconded by Karen Stanfield, the Board voted to convene a closed meeting at 11:05 a.m., pursuant to §2.2-3711.A(7) of the Code of Virginia, for the purpose of consultation with the provision of legal advice by Board Counsel in the matter of Andrea S. Emodi. Additionally, she moved that Ms. Tillman Wolf, Ms. Barrett, Ms. Petersen and Ms. Carrier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Martha Hunt, and duly seconded by Karen Stanfield, the Board voted to re-convene at 11:20 a.m.

CERTIFICATION: Ms. Hunt certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.

RULING: The Chair overruled Mr. Boone's Motion to Strike and Motion to Dismiss.

DISCUSSION: The Board received evidence and sworn testimony from the parties called by the Respondent, regarding the matters as set forth in the Statement of Particulars.

RECESS The Board recessed at 1:35 p.m.

RECONVENE: The Board reconvened at 2:15 p.m.

DISCUSSION: The Board continued to receive evidence and sworn testimony from the parties called by the Respondent, regarding the matters as set forth in the Statement of Particulars.

OBJECTION: Mr. Boone, on behalf of Ms. Emodi, renewed his motion to strike the Commonwealth's evidence and to dismiss all allegations against Ms. Emodi.

CLOSED SESSION:

Upon a motion by Martha Hunt, and duly seconded by Doug Nevitt, the Board voted to convene a closed meeting at 2:45 p.m., 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 Andrea S. Emodi. Additionally, she moved that Ms. Tillman Wolf, Ms. Barrett, Ms. Petersen and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Upon a motion by Martha Hunt, and duly seconded by Karen Stanfield, the Board voted to re-convene at 3:55 p.m.

CERTIFICATION:

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

RULING:

The Chair overruled Mr. Boone’s motion to strike the Commonwealth’s evidence and to dismiss all allegations against Ms. Emodi.

DECISION:

Upon a motion by Karen Stanfield, and duly seconded by Doug Nevitt, the Board moved to continue the suspension of Ms. Emodi’s license indefinitely. Before applying for reinstatement, Ms. Emodi shall complete a Board-approved 320 hour Administrator in Training program with a Board-approved preceptor at a Board-approved location. She shall complete forty hours of continuing education in specific areas ordered by the board.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 4:17 p.m.

The decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decisions of this formal hearing panel.

Derek Kendall, NHA, Chair

Corie E. Tillman Wolf, Executive Director

Date

Date

UNAPPROVED

**VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING**

January 17, 2017

**Department of Health Professions
9960 Mayland Drive, Suite #300**

Henrico, Virginia

CALL TO ORDER: A panel of the Board was called to order at 4:42 p.m.

MEMBERS PRESENT: Derrick Kendall, NHA, Chair
Martha Hunt, ALFA
Karen Stanfield, NHA
Marj Pantone, ALFA
Doug Nevitt, ALFA
Mitchell Davis, NHA
Basil Acey, Citizen Member
Mary Brydon, Citizen Member
Shervonne Banks, Citizen Member

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

STAFF PRESENT: Corie Tillman Wolf, Executive Director
Lynne Helmick, Deputy Executive Director
Kathy Petersen, Discipline Operations Manager

COURT REPORTER: Crane Snead Court Reporting

PARTIES ON BEHALF OF COMMONWEALTH: James Schliessmann, Sr. Assistant Attorney General/Chief
David Kazzie, Adjudication Specialist

PARTIES ON BEHALF OF RESPONDENT: Taylor Boone, Esq.

MATTER SCHEDULED: **Trinette U. Emodi, ALFA**
License No.: 1706-000606
Case No.: 163243 & 173241

ESTABLISHMENT OF A QUORUM: With nine (9) members of the Board present, a quorum was established.

CLOSED SESSION:

Upon a motion by Martha Hunt, and duly seconded by Mitchell Davis, the Board voted to convene a closed meeting at 4:44 p.m., pursuant to §2.2-3711.A(7) of the Code of Virginia, for the purpose of consultation with the provision of legal advice by Board Counsel in the matter of Trinette U. Emodi. Additionally, she moved that Ms. Tillman Wolf, Ms. Barrett, Ms. Petersen and Ms. Helmick attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Upon a motion by Martha Hunt, and duly seconded by Marj Pantone, the Board voted to re-convene at 5:06 p.m.

CERTIFICATION:

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

DECISION:

Upon a motion by Karen Stanfield, and duly seconded by Mitchell Davis, the Board moved to accept the Consent Order as presented by the parties.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 5:10 p.m.

The decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decisions of this formal hearing panel.

Derek Kendall, NHA, Chair

Corie E. Tillman Wolf, Executive Director

Date

Date

Executive Director's Report

Virginia Department of Health Professions
Cash Balance
As of January 31, 2017

	<u>114- Long Term Care Administrators</u>
Board Cash Balance as of June 30, 2016	\$ (45,267)
YTD FY17 Revenue	94,735
Less: YTD FY17 Direct and In-Direct Expenditures	<u>355,975</u>
Board Cash Balance as January 31, 2017	<u><u>(306,508)</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
4002400	Fee Revenue				
4002401	Application Fee	49,010.00	79,450.00	30,440.00	61.69%
4002406	License & Renewal Fee	42,885.00	473,400.00	430,515.00	9.06%
4002407	Dup. License Certificate Fee	115.00	175.00	60.00	65.71%
4002409	Board Endorsement - Out	1,470.00	875.00	(595.00)	168.00%
4002421	Monetary Penalty & Late Fees	905.00	7,330.00	6,425.00	12.35%
4002432	Misc. Fee (Bad Check Fee)	35.00	-	(35.00)	0.00%
	Total Fee Revenue	94,420.00	561,230.00	466,810.00	16.82%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	315.00	-	(315.00)	0.00%
	Total Sales of Prop. & Commodities	315.00	-	(315.00)	0.00%
	Total Revenue	94,735.00	561,230.00	466,495.00	16.88%
5011110	Employer Retirement Contrib.	7,083.72	11,293.00	4,209.28	62.73%
5011120	Fed Old-Age Ins- Sal St Emp	3,739.72	6,404.00	2,664.28	58.40%
5011130	Fed Old-Age Ins- Wage Earners	62.55	497.00	434.45	12.59%
5011140	Group Insurance	681.17	1,097.00	415.83	62.09%
5011150	Medical/Hospitalization Ins.	12,027.65	19,357.00	7,329.35	62.14%
5011160	Retiree Medical/Hospitalizatn	612.87	988.00	375.13	62.03%
5011170	Long term Disability Ins	345.30	553.00	207.70	62.44%
	Total Employee Benefits	24,552.98	40,189.00	15,636.02	61.09%
5011200	Salaries				
5011230	Salaries, Classified	49,137.14	83,715.00	34,577.86	58.70%
5011250	Salaries, Overtime	681.34	-	(681.34)	0.00%
	Total Salaries	49,818.48	83,715.00	33,896.52	59.51%
5011300	Special Payments				
5011310	Bonuses and Incentives	262.50	-	(262.50)	0.00%
5011380	Deferred Compnstrn Match Prmts	360.00	816.00	456.00	44.12%
	Total Special Payments	622.50	816.00	193.50	76.29%
5011400	Wages				
5011410	Wages, General	817.74	6,503.00	5,685.26	12.57%
	Total Wages	817.74	6,503.00	5,685.26	12.57%
5011530	Short-trm Disability Benefits	3,184.66	-	(3,184.66)	0.00%
	Total Disability Benefits	3,184.66	-	(3,184.66)	0.00%
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	Total Personal Services	78,996.36	131,223.00	52,226.64	60.20%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	42.93	142.00	99.07	30.23%
5012140	Postal Services	835.16	1,500.00	664.84	55.68%
5012150	Printing Services	-	500.00	500.00	0.00%
5012160	Telecommunications Svcs (VITA)	844.89	1,320.00	475.11	64.01%
5012170	Telecomm. Svcs (Non-State)	236.40	-	(236.40)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
5012190	Inbound Freight Services	1.50		(1.50)	0.00%
	Total Communication Services	1,960.88	3,462.00	1,501.12	56.64%
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,200.00	(300.00)	125.00%
5012240	Employee Training/Workshop/Conf	121.67	200.00	78.33	60.84%
5012250	Employee Tuition Reimbursement		802.00	802.00	0.00%
	Total Employee Development Services	1,621.67	2,202.00	580.33	73.65%
5012300	Health Services				
5012360	X-ray and Laboratory Services		110.00	110.00	0.00%
	Total Health Services		110.00	110.00	0.00%
5012400	Mgmt and Informational Svcs				
5012420	Fiscal Services	137.28	7,990.00	7,852.72	1.72%
5012440	Management Services	77.82	6.00	(71.82)	1297.00%
5012470	Legal Services		150.00	150.00	0.00%
5012490	Recruitment Services	86.00		(86.00)	0.00%
	Total Mgmt and Informational Svcs	301.10	8,146.00	7,844.90	3.70%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Svc	-	17.00	17.00	0.00%
	Total Repair and Maintenance Svcs		17.00	17.00	0.00%
5012600	Support Services				
5012630	Clerical Services		27.00	27.00	0.00%
5012640	Food & Dietary Services	83.40	683.00	599.60	12.21%
5012660	Manual Labor Services	458.07	1,182.00	723.93	38.75%
5012670	Production Services	2,817.10	2,960.00	142.90	95.17%
5012680	Skilled Services	122.92	1,408.00	1,285.08	8.73%
	Total Support Services	3,481.49	6,260.00	2,778.51	55.61%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,375.02	2,680.00	1,304.98	51.31%
5012830	Travel, Public Carriers	35.69	300.00	264.31	11.90%
5012850	Travel, Subsistence & Lodging	-	800.00	800.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtble		400.00	400.00	0.00%
	Total Transportation Services	1,410.71	4,180.00	2,769.29	33.75%
	Total Contractual Svcs	8,775.85	24,377.00	15,601.15	36.00%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	341.31	400.00	58.69	85.33%
5013130	Stationery and Forms	22.03	100.00	77.97	22.03%
	Total Administrative Supplies	363.34	500.00	136.66	72.67%
5013200	Energy Supplies				
5013230	Gasoline	13.85	-	(13.85)	0.00%
	Total Energy Supplies	13.85		(13.85)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2016 and Ending January 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matrl	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	-	2.00	2.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	81.00	81.00	0.00%
	Total Residential Supplies	-	81.00	81.00	0.00%
	Total Supplies And Materials	377.19	583.00	205.81	64.70%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	300.00	300.00	0.00%
5014150	Unemployment Comp Reimbursemt	-	100.00	100.00	0.00%
	Total Awards, Contrib., and Claims	-	400.00	400.00	0.00%
	Total Transfer Payments	-	400.00	400.00	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	25.00	25.00	0.00%
	Total Insurance-Fixed Assets	-	25.00	25.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	2.73	-	(2.73)	0.00%
5015390	Building Rentals - Non State	4,453.09	7,381.00	2,927.91	60.33%
	Total Operating Lease Payments	4,455.82	7,381.00	2,925.18	60.37%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	91.00	91.00	0.00%
5015540	Surety Bonds	-	6.00	6.00	0.00%
	Total Insurance-Operations	-	97.00	97.00	0.00%
	Total Continuous Charges	4,455.82	7,503.00	3,047.18	59.39%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022180	Computer Software Purchases	256.62	-	(256.62)	0.00%
	Total Computer Hrdware & Sftware	256.62	-	(256.62)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	36.00	36.00	0.00%
	Total Educational & Cultural Equip	-	36.00	36.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	Total Office Equipment	-	117.00	117.00	0.00%
	Total Equipment	256.62	153.00	(103.62)	187.73%
	Total Expenditures	92,861.84	164,239.00	71,377.16	56.54%
	Net Revenue in Excess (Shortfall) of				
	Expenditures Before Allocated Expenditures	\$ 1,873.16	\$ 396,991.00	\$ 395,117.84	0.47%

HEALTH SERVICES EXECUTIVE

BACKGROUND and HISTORY

NAB's Background, Research and Initial Stakeholder Engagement:

In response to the challenges and changing long term care environment the National Association of Long Term Care Administrator Boards (NAB) began a forward looking approach to how long term care leaders are educated, trained and licensed to practice along the continuum of care. At the same time, NAB committed to addressing the challenges of professional image, inconsistent practice standards, licensure portability, meeting the needs of employers, regulators and supporting NAB's member regulatory boards and agencies in their role of public protection.

The first step was to validate the role of the contemporary long term care leader to practice along the continuum of care and within lines of specialized service. This was accomplished through conducting a professional practice analysis (PPA) that examined both common and specialized tasks, knowledge and skills (KSs) required along multiple lines of service. The results of the PPA validated the hypothesis that a significant common core of KSs cross multiple lines of service supporting establishment of a broad based approach to how LTC leaders are trained, educated and licensed. The PPA supports the establishment of a new aspirational and voluntary qualification standard for the Health Services Executive (HSE).

The approach is simple; the HSE qualification recognizes a common core and unique entry level competencies by line of service. Successful demonstration of this combination of competencies as measured by education, experience and examination meets or exceeds the current requirements of licensure to practice as a nursing home administrator (NHA), an assisted living administrator (RCAL), and administrators practicing in the field of home and community based services (HCBS) in the majority of jurisdictions. Thus the NAB has positioned this approach as "Licensure by Equivalency". It continues to support examination and licensure of NHA and RCAL while adding the option of licensure for HCBS professionals who choose to be licensed in a single line of service.

NAB's Proposed Licensure by Equivalency:

Licensure by Equivalency offers an additional solution to licensure portability. Licensure portability models, based on common competency standards, have been successful in other professions as an acceptable pathway for entry level and experienced practitioners to demonstrate qualification for licensure. NAB proposes a new qualification standard, the HSE as a broader, inclusive combination of education, experience and examination as meeting the equivalence of licensure qualifications for NHA, RCAL and HCBS. Graduates of a NAB Accredited HSE degree programs (BA/BS), of which two years are dedicated to the long term care administration major and includes a minimum 1000 hour field experience, would be eligible to apply for the HSE. An additional pathway will be offered that recognizes current licensed administrators who meet NAB's HSE qualification standard.

- The "Licensure by Endorsement" is NAB's approach to portability. Other occupational professions approach to portability; (i.e., Pharmacy, Occupational Therapy, Nursing, and Medicine) have established national standards adopted by participating states (see Appendix A for additional information on these models). States will maintain their individual existing pathways to current licensure for NHA, RCAL and HCBS as applicable which is important for a new licensee that elects to maintain permanent state residence and/or practice in a specific line of service. States are asked to add the option of the HSE qualification standard as an additional pathway to support practice in multiple lines of service and portability of licensure.
- Currently, most states have models representing:
 - o Licensure by Exam: minimum education coursework, AIT/Practicum, state and NAB exam as indicated by state decisions (51 different state models).
 - o Licensure by Endorsement: minimum experience standard for applicants moving across jurisdictional lines (51 different state models).
 - o Licensure by Reciprocity: the practice of exchanging documents with others for mutual benefit, especially privileges granted by one state to another.

- Licensure by Equivalency (as proposed) recognizes the HSE qualification standard as meeting licensure requirements for their jurisdiction (i.e. education, experience and national examination). Upon validation from NAB of meeting the HSE equivalency qualification, the state of practice issues the applicable license to the candidate.

Principles of Licensure by Equivalency:

- Consensus exists that the highest level of Education, Examination(s) and Experience combined meet entry-level competencies in the creation of the Health Services Executive qualification standard.
- Licensure by Equivalency provides a nationally recognized standard, validated by NAB, to be accepted by the state to issue an individual license that meets the nursing home, assisted living or home and community based services administrator requirements of that state.
- States desire exceptional candidates to efficiently earn the privilege to practice in their jurisdiction while promoting public safety through rigorous education, ongoing competency development and accountability.

Why address this issue:

1. Protects the public by assuring highly trained Health Services Executives.
2. Recognizes the evolving long term care services and supports continuum.
3. Recognizes the long standing LNHA licensure transfer challenge confronting LTC professionals and national providers, and streamlines the regulatory interstate portability of license requirements.
4. Acknowledges the issue of licensure portability. Nationally, many occupations are faced with portability of license and the artificial unintended barriers established by each jurisdiction.
5. Additional recent drivers of this recommended change include the White House report "Occupational Licensing: A Framework for Policy Makers". Member organizations of the Federation of Associations of Regulatory Boards (i.e. Nursing, Pharmacy, Medicine, Occupational Therapy, and Optometry) are proactively accepting the challenge with interstate compacts and portability models. Not officially endorsing, but strongly encouraging success of this model is the Centers for Medicaid and Medicare Services (CMS). Meetings with Leading Age, American Health Care Association, and the American College of Health Care

Administrators have resulted in positive support of this approach to licensure.

6. Enhances the image of the profession while removing unnecessary barriers to initial licensure and portability. Offers expanded career opportunities, which enhance recruitment and retention of a highly qualified leadership workforce.

NAB SOLUTION

Proposed HSE Pathways and Standards:

Experience Pathway to Health Services Executive Designation Requirements

- Online HSE application completed and submitted through NAB Verify.
- Official Transcript verifying BA/BS from an accredited college or university.
- Passing exam score from time of initial licensure as an NHA, RCAL, and/or HCBS.
- Successful passing of additional 50 item specialty exams (NHA, RCAL, and/or HCBS) not included in exam of initial licensure.
- Review within the National Practitioner Data Bank (NPDB) and finding no disqualifying actions.
- Verification of active engagement in the long term care field and/or long term care administrator profession in a licensed capacity in the following categories noted below as meeting the state AIT/ practice requirements.

Current License	NHA	NHA and RCAL
Education	BA/BS	BA/BS
Addition 50 Item Examination(s)	RCAL + HCBS	HCBS
# Years of NHA Practice/Active Engagement	3 years	3 years

Education Entry-Level Pathway to Health Services Executive Designation Requirements

- Online HSE application completed and submitted through NAB Verify.
- Official Transcript from a NAB-HSE Accredited college/university program showing completion.

- Successful completion of NAB Examination(s) required of a HSE within the two (2) years following application. Required HSE requirements are:
 - o Complete and pass a 100 item core exam plus a one specialty exam (NHA, RCAL, or HCBS).
 - o Additional 50 Item specialty exams (NHA, RCAL, or HCBS) not completed above.
- Review within the National Practitioner Data Bank (NPDB) and finding no disqualifying actions.

Education	Graduate of a NAB HSE Accredited Program
Administrator in Training (AIT)	1,000 hours incorporated into the NAB-Accredited Program
# Years of NHA Practice/Active Engagement	HSE (core exam and three specialty exams)

PROPOSED STATE ACTION AND STATUTORY LANGUAGE:

State Action:

The following items are provided to promote consistent and uniform language for each state to determine whether Licensure by Equivalency is best approached through statutes, rules or administrative policy. The global intent is to provide each state common minimum language to add to their compliance requirements to assure consistency of qualifying standards and maintain the operational aspects governed by NAB.

Options for State Licensure

NAB recommends one of two options to recognize a licensure candidate who has been validated and qualified as a HSE by the NAB.

- 1) **HSE as a New Licensure Category:** Establish through statute, regulations or rules a new license category "Health Services Executive (HSE)". Recognize candidates who have been qualified as a HSE by NAB as meeting the states requirements for an HSE license with this license meeting the state requirements to practice as a nursing home, assisted living or home and community based services administrator as applicable to state licensure requirements.
- 2) **HSE Meets or Exceeds Current Licensure Equivalency:** Establish through statute, regulations or rules qualifications for licensure for candidates who have been qualified as HSEs by NAB as meeting the states' requirements to practice as a nursing

home, assisted living or home and community based services administrator and issue them a license in the applicable category of state licensure.

Glossary of Terms

Definition: NAB

"NAB" stands for The National Association of Long Term Care Administrator Boards.

Definition: Accredited College or University

"Accreditation" is an academic institution of higher learning that includes general education courses as requisite to the institution's principal educational programs and that has received institutional accreditation from a regional accrediting organization for higher education or at least one of the following organizations: Middle States Commission on Higher Education, New England Association of Schools and Colleges, the Higher Learning Commission, Northwest Commission on Colleges and Universities, Southern Association of College and Schools, or Western Association of Schools and Colleges (WASC) Senior College and University Commission.

Definition: Active Engagement

Active engagement means continuous practice as the Administrator of Record (AOR) or a licensed administrator serving in a supervisory capacity over other AORs. Independent validation must verify the three years of active engagement. For each facility/agency where duties were performed related to the AOR or other long term care supervisory experience, a letter on official organization stationary must be submitted verifying employment. The letter must include:

- The dates of employment with the facility/agency.
- The title(s) of any position(s) held within the facility/agency.
- The number of persons directly supervised by the individual, the number of total employees, and budget size.
- The letter signed and dated by another licensed nursing home administrator (LNHA), a supervisor, or an official of the organization's human resource department

Definition: Licensure by Equivalency

"Licensure by Equivalency" means the board may license any person qualified as a Health Services Executive (HSE) by the National Association of Long Term Care Administrator Boards (NAB) through licensure by equivalency as meeting the minimum qualifications of a

nursing home, assisted living, or home and community based service administrator (as applicable to state licensure requirements). The state may require a state jurisprudence examination. All final licensure decisions are made by the state board.

Definition: Health Services Executive

“Health Services Executive” is a licensed individual who has entry level competencies of a nursing facility, assisted living community or home and community based service provider in this jurisdiction or another jurisdiction. The Health Services Executive has met NAB’s minimum standards and the state may grant a license for Health Services Executive, nursing home, assisted living, or for the home and community based services administrator.

Definition: Practice as Health Services Executive

“Practice as Health Services Executive” is a qualification that is developed to recognize and promote a quality entry-level education, continued competency, and accountability of leadership that ultimately provides quality services and support in a home-like setting with a commitment to choice, dignity, independence, individuality, and privacy based on client/resident needs and preference in skilled nursing facilities, assisted living communities, and home and community-based services. The Health Services Executive has broad knowledge competencies across the continuum and may be granted licensure as a Health Services Executive, nursing home, assisted living, or a home and community based services administrator in this jurisdiction.

Definition: NAB Domains of Practice

“NAB Domains of Practice” are the tasks performed and the knowledge and skills identified as necessary to perform those tasks by NAB in its Professional Practice Analysis. The NAB Domains of Practice can be found on the National Association of Long Term Care Administrator Boards website. The domains are validated through a national survey of administrators representing multiple lines of service and updated every five to seven years.

Definition: NAB Verify

NAB Verify is the national application and review process for HSE qualification.

Definition: National Practitioner Data Bank (NPDB)

National Practitioner Data Bank (NPDB) is an electronic information repository created by Congress. It contains information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers. Federal law specifies the types of actions reported to the NPDB, who submits the reports, and who queries to obtain

copies of the reports. Organizations must be authorized according to federal law to submit reports and/or query the NPDB. Organizations authorized to access these reports use them to make licensing, credentialing, privileging, or employment decisions. Individuals and organizations who are subjects of these reports have access to their own information. The reports are confidential and not available to the public. (Information obtained from <https://www.npdb.hrsa.gov/>)

NAB: HSE APPLICATION AND OPERATIONAL PROCEDURES:

Proposed minimums on HSE Application:

1. Applicants for the Health Services Executive qualification must provide the following for NAB Verify:
 - a. Online application with fee.
 - b. Personal and demographic information.
 - c. Official Transcript from NAB Approved HSE Academic Program for entry level applicant or an official Transcript showing award of BA/BS from an accredited college/university for experience pathway candidates.
 - d. Employment/practice history
 - e. NPDB query
2. HSE Applicants to the individual state will continue to meet the state’s application requirements:
 - a. Current application with new option of HSE Licensure by Equivalency
 - b. Associated state application fees
 - c. State jurisprudence examination if applicable AND
 - d. Validation of the National Association of Boards for Long Term Care Administrators HSE Standard through NAB Verify:

Frequently asked Questions (FAQs)

- Q. Who makes the final licensure decision?
A. The state board or licensing agency.
- Q. Who issues the License?
A. The state board or licensing agency.

Q. Does the HSE qualification standard impact my board/agency's applicant revenue?

A. No, the states maintain their current fee structure.

Q. What is the role of NAB Verify?

A. NAB Verify is designed as a member service to take the burden of initial HSE standard review and verification off the state board's staff. The HSE qualification will be provided to the state by NAB Verify. The state maintains final authority to issue a license. NAB has no licensing authority.

Q. Who will pay for the NAB Verify?

A. The applicant will be assessed a fee for the HSE NAB Verify review service.

Q. What is the benefit of NAB Verify to the Applicant?

A. NAB Verify will provide the applicant with membership in a national licensure registry that will support and facilitate licensure portability throughout their career. NAB is exploring additional benefits such as adding a disciplinary databank and the ability to maintain continuing education credits within the applicant's NAB Verify record.

Q. How do I transfer the Health Services Executive qualification to a different state board?

A. The request for transfer can be made through NAB Verify. The fee to transfer HSE documents is \$70.00.

Q. What is required for state participation?

A. Agreement to adopt the NAB HSE qualifications as a state standard in determining licensure eligibility for HSE candidates at the state level.

membership. The NABP Clearinghouse is a national database of the licensed profession and all licensure transfers must be processed through the Clearinghouse. Requirements include education, experience, examination, disciplinary records, licensed in good standing, moral/ethical standards and meet continuing education requirements.

<http://www.nabp.net/about/constitution-and-bylaws>

Occupational Therapy

All occupational therapists must be certified by the National Association of Boards of Occupational Therapy to qualify for state licensure.

Nursing

The Nurse Licensure Compact is an interstate compact. It allows the nurse to have one multi-state license in the primary state of residency. This permits the nurse to practice in other member states both physically and electronically but is subject to each state's practice laws. It is modeled after the driver's license compact which follows the mutual recognition model of licensure. Nurses can practice in multiple states with one license.

<https://www.ncsbn.org/nurse-licensure-compact.htm>

Medicine

An interstate compact based on a uniform application, model policies, credentials verification defined in the Federation of State Medical Boards (FSMB) Interstate Medical Compact. Participating states must sign onto and abide by the terms of the FSMB. Participation is voluntary by both physicians and state regulatory boards. The compact establishes eligibility factors; examination, education, disciplinary record. License issued by each state of practice.

<http://www.licenseportability.org/>

APPENDIX A

Portability Models

Pharmacy

The National Association of State Boards of Pharmacy established the NABP Clearinghouse many years ago to facilitate the transfer of licensure across state lines. The NABP's bylaws (Article II) require member participation in the NABP Clearinghouse as a condition for

HEALTH SERVICES EXECUTIVE

LICENSURE BY EQUIVALENCY PROPOSAL

Overview

NAB's proposed Licensure by Equivalency offers a solution to licensure portability. Portability models based on common competency standards have been successful in other professions (e.g., doctors, nurses, pharmacists, occupational therapists) as an acceptable pathway for entry-level and experienced practitioners to demonstrate qualification for licensure. NAB proposes the new qualification standard of "Health Services Executive" (HSE) as a broader, more inclusive combination of education, experience, and examination as meeting the equivalence of licensure qualifications for nursing home administrators (NHA), assisted living administrators (RCAL), and for home- and community-based services (HCBS).

Approach

Graduates of a NAB-accredited HSE program, of which two years is dedicated to the long-term care administration major and which includes a minimum 1000-hour field experience, would be eligible to apply for the HSE. An additional pathway will be offered that recognizes currently licensed administrators who meet the new HSE qualification standard. Under this approach, states will maintain their individual existing pathways to current licensure for NHA, RCAL, and HCBS, as applicable, which is especially important for the new licensee that elects to maintain permanent state residence and/or practice in a specific line of service. In addition to their existing licensure categories, states are only asked to adopt the HSE qualification standard as an alternative pathway to support practice in multiple lines of service and portability of an individual's license. States desire exceptional candidates to efficiently earn the privilege to practice, while promoting public safety through rigorous education, ongoing competency development, and accountability.



Importance of the Issue

Adopting this HSE licensure proposal protects the public by assuring highly trained individuals serving residents in health and aging services while recognizing the evolving continuum of care and services. Additionally, the HSE proposal recognizes the licensure transfer challenge confronting professionals and national providers, and streamlines the regulatory interstate portability of license requirements. This proposal is driven by the White House report "Occupational Licensing: A Framework for Policy Makers" and the knowledge that members of the Federation of Associations of Regulatory Boards (i.e., nursing, pharmacy, medicine, occupational therapy, optometry) are proactively accepting this challenge with interstate compacts and models. The Centers for Medicaid and Medicare Services (CMS) cannot officially endorse this proposal, but strongly encourages the success of this model. NAB held meetings with LeadingAge, the American Health Care Association, and the American College of Health Care Administrators, which have garnered support of this approach. This proposal aids in enhancing the profession's image, removes barriers to licensure and portability of license, and offers expanded career choices, to enhance recruitment and retention of a highly qualified leadership workforce.



January 26, 2017
By email and USPS

Dear NAB Member Boards and Agencies,

This letter is to provide you with official notification that on November 11, 2016 in Atlanta, Georgia, the NAB Board of Governors approved a new NAB examination fee structure as part of the adoption of the Health Services Executive Examination Proposal. Examination administration will transition NAB's existing 150-item examinations to a two-part component exam model for the Nursing Home Administrator (NHA) and Residential Care/Assisted Living (RC/AL) exam administration (see attached).

The NAB will also launch an examination for Home and Community Based Service Administrators, the NAB HSE Qualification and NAB Verify which will support the HSE Qualification application and review process and provide a registry for licensees to build a portfolio of earned continue education credits.

At this time, it is projected that the new HSE exam program will launch sometime in July of 2017. As soon as we have a firm launch date, we will inform you and also provide you with a timeline of transition, which will require a brief blackout period for exam administration as we transition to the new exam forms. At the time of launch, the exam fee schedule included in the attached document will be effective.

Some of the benefits of moving to a component exam model are outlined in the attached document.

Also attached is a revised "Manual of Administration" that replaces the current version and the new exam specifications for each type of exam. A revised "Candidate Handbook" will be provided to you at least 90 days prior to the launch of the HSE examination program. The candidate application system (CDOM) is also being revised prior to launch.

Please refer any questions to President and CEO Randy Lindner at rlindner@bostrom.com

Thank you,

A handwritten signature in black ink that reads "Randy Lindner". The signature is written in a cursive style with a large, looped "L" at the end.

Randy Lindner
President and CEO



NAB Health Services Executive Examinations Administration

NAB's Professional Practice Analysis which was adopted by the NAB Board of Governors in November of 2015 included several goals:

- Identify and validate the commonalities and differences in the body of knowledge for professionals responsible for leadership, management and administration of multiple lines of long term care supports and services.
- update the body of knowledge for nursing home administrators and assisted living administrators/executive directors
- validate the body of knowledge of home and community based managers/administrators
- establish a broad based measure of competency and recognition for professionals to practice in multiple lines of service—the Health Services Executive (HSE)
- enhance the image of the profession
- facilitate licensure mobility based on common standards for qualification

The outcome of the PPA validated that 82% of the core of knowledge is common across all lines of service.

NAB is now moving into the final stages of restructuring its item banks and examination programs to support the goals and outcome of the PPA and to provide a structure for qualification as a Health Services Executive. NAB will maintain an examination structure for nursing home (NHA) and assisted living administrators (RCAL); and, add an examination for home and community based services.

NAB's current exam structure is a 165 item fixed form examination for nursing home and assisted living administration (150 items are scored plus 15 unscored pre-test items). One of the weaknesses of the current exam structure is that a candidate could score high on the core items and low on unique items on the exam and still be successful in passing the examination. The current structure also requires that if the examination is failed, the entire examination must be taken again.

NAB will transition to a two part component exam structure with the introduction of the HSE exam program in July of 2017. The component exam will consist of a 110 item core of knowledge exam (100 items scored plus 10 unscored pre-test items) plus a line of service exam (LOS exam) of 55 items (50 items scored plus 5 pretest items). To qualify for licensure, candidates will be required to pass both the core of knowledge and the appropriate line of service (NHA, RCAL, and/or HCBS) examinations.

This structure will result in a higher level of validation of competency for both the common core and line of service knowledge. A benefit to candidates will be that if they are successful on one component of the exam and not the other, they will only have to repeat the component that they failed.

The primary impact on state licensing boards and agencies will be that two separate scores will be received for each candidate, one for the core of knowledge exam, one for the line of service exam. It will be important to assure that prior to issuing a license the candidate has passed both components of the examination.

To further illustrate, candidates may schedule and take each component separately or in a combined session. Two hours would be allowed for the core of knowledge exam, one hour for the line of service exam (LOS exam).

NHA Exam	RCAL Exam	HCBS Exam
110 Item Core Exam	110 Item Core Exam	110 Item Core Exam
55 Item NHA LOS Exam	55 Item RCAL LOS Exam	55 Item HCBS LOS Exam

Possible candidate results

Exam Type	Score Result Scenario 1	Score Result Scenario 2	Score Result Scenario 3	Score Result Scenario 4
110 Item Core Exam	Pass	Fail (Retake Required)	Fail (Retake Required)	Pass
55 Item LOS Exam	Fail (Retake Required)	Pass	Fail (Retake Required)	Pass
	Incomplete	Incomplete	Incomplete	Pass

Several policy decisions were adopted by the NAB Board of Governors on November 11, 2016 to support a transition to the component exam model.

- 1) Adopted the two part component exam model consisting of a 110 item core of knowledge exam (100 scored items plus 10 unscored pre-test items) and a 55 item line of service exam (50 scored items plus 10 unscored pre-test items)
- 2) Candidates apply to the state board/agency (jurisdiction) for eligibility to take initial examinations and receive a 60 day window to schedule and sit for the exam(s)

- 3) Candidates who fail one of more components of the exam will be required to reapply to the jurisdiction for eligibility for a retake and will receive a new 60 day window to schedule and sit for the exam(s)
- 4) NAB will construct four forms of the core of knowledge exam, four forms of the NHA LOS exam, and two forms of the RCAL and HCBS LOS exams annually
- 5) Candidates may not take the core of knowledge exam more than 4 times (or less if the jurisdiction's policy is less than 4 times) in a twelve month period
- 6) Candidates may not take the NHA LOS exam more than 4 times (or less if the jurisdiction's policy is less than 4 times) in a twelve month period
- 7) Candidates may not take the RCAL LOS exam more than 3 times (or less if the jurisdiction's policy is less than 3 times) in a twelve month period with the third retake a scrambled version of the first LOS exam form taken
- 8) Candidates may not take the HCBS LOS exam more than 3 times (or less if the jurisdiction's policy is less than 3 times) in a twelve month period with the third retake a scrambled version of the first LOS exam form taken
- 9) NAB will provide jurisdiction with pass/fail results for each component with domain scores by component
- 10) Exam content specifications (see attached)
- 11) Fee Structure Effective July 2017

Component Model Exam Fees

Core + NHA	\$425
Core + RCAL	\$400
Core + HCBS	\$400
Core Only	\$300
NHA LOS	\$175
RCAL LOS	\$175
HCBS LOS	\$175

Content Specifications

Test Specifications: Core and LOS-- 8/29/16

Domain	Overall test specs		Core		Each LOS module		Proportion Core to LOS module	Annotation findings
	% of exam	# items	% of core	# items	% of module	# items		
10 Customer Care, Supports, and Services	34%	51	30%	30	42%	21	~ 60% to 40%	More differences across LOSS
20 Human Resources	14%	21	15%	15	12%	6	~ 70% to 30%	Fewer differences across LOSS
30 Finance	14%	21	15%	15	12%	6	~ 70% to 30%	Fewer differences across LOSS
40 Environment	13%	20	10%	10	20%	10	~ 50% to 50%	More differences across LOSS
50 Management and Leadership	25%	37	30%	30	14%	7	~ 80% to 20%	Least differences across LOSS
	100%	150	100%	100	100%	50		



Examination Administration Manual

For Computer Based Testing Administration
Revised July, 2017

- A. Examination Application Procedures.
- (i) The Examining Agency may provide eligible Candidates with a copy of the applicable *Information for Candidates (Nursing Home Administrator or Residential Care/Assisted Living Administrator)* handbook or direct them to the NAB website (nabweb.org) for an electronic copy.
 - (ii) Candidates shall be instructed to submit an application through NAB's CDOM system at the NAB website (nabweb.org). A paper-based application process will be available under extenuating circumstances at an additional fee of \$75. Candidates should be discouraged from this option as it is more expensive and involves more processing time. Exam(s) fees are payable to NAB at the time of application. The CDOM system will accept Visa, MasterCard, American Express and bank debit cards.
 - (iii) The Examining Agency shall be solely responsible for determining Candidate eligibility.
 - (iv) Examinations (the Exam(s)) will be administered in two components, a CORE Exam of 110 items (100 scored items plus 10 pretest items) plus a Line of Service (LOS) Exam of 55 items (50 scored items plus 5 pretest items) specific to Nursing Home Administration (NHA LOS), Residential Care/Assisted Living Administration (RCAL LOS) and/or Home and Community Based Services (HCBS LOS). Depending on the type of licensure (NHA, RCAL or HCBS) candidates must pass both a CORE component Exam and the applicable LOS component Exam. Candidates may take the NAB Core of Knowledge Exam (CORE) and/or the NAB Nursing Home Administrator Line of Service Exam (NHA LOS) up to four (4) times in any twelve (12) month period. Candidates may take the Residential Care/Assisted Living Line of Service (RCAL LOS) and/or Home and Community Service Based Line of Service (HCBS LOS) Exam up to three (3) times in any twelve (12) month period. However, candidates who wish to retake Exam(s) will be required to reapply through the on-line system, and resubmit all required fees. Candidates seeking licensure in multiple lines of service will only be required to pass a CORE Exam one time.
 - (v) Upon a finding that a Candidate is eligible to take an Exam(s), the Examining Agency shall indicate eligibility through the CDOM system.
 - (vi) The CDOM system shall send an email to each eligible Candidate informing the Candidate of his/her authorization to sit for the Exam(s) along with their eligibility letter (the "Authorization Letter"). The Authorization Letter shall contain the CBT vendor's toll-free telephone number for use in scheduling the Exam(s), a list of CBT testing centers, as well as instructions on the scheduling process. Candidates will also be provided with a direct link through the CDOM site that will allow them to schedule their Exam(s) on-line with a PSI Services testing center.

- (vii) Candidates can schedule to take the Exam(s) at a CBT vendor site of their choice. Candidates must schedule and sit for the Exam(s) within sixty (60) days of the date on the Authorization Letter (the 'Eligibility Period'). If the Candidate fails to schedule and sit for the Exam(s) within the sixty (60) day Eligibility Period, they will be automatically removed from the Eligibility List. Candidates taking both a CORE and LOS Exam are strongly encouraged to schedule both in back-to-back testing sessions which is both more time efficient and economical.
- (viii) Candidates declared ineligible to take the Exam(s) because of their failure to schedule and sit for the Exam(s) before the end of their sixty (60) day Eligibility Period shall be required to resubmit their applications, including the Exam Fees.
- (ix) Candidates may reschedule to take the Exam(s) up to two (2) working days prior to the scheduled Exam(s) date by calling the CBT Vendor's toll-free telephone number. There is a rescheduling fee of \$10.00. Candidates may withdraw their Exam(s) application up to one-day prior to their scheduled Exam(s) date. Withdrawals must be requested using the withdrawal option through the CDOM system (if paper based, withdrawals must be received in writing by PSI within the same time frame). Appropriate withdrawal fees (reference candidate handbook) will be deducted from candidate refunds.
- (x) Candidates who (a) fail to give two (2) working days notice to the CBT Vendor of their intention to reschedule the Exam(s) within their sixty (60) eligibility period; or (b) fail to sit for the Exam(s) as scheduled within their sixty (60) day eligibility period, shall forfeit their Exam Fees.
- (xi) The Examining Agency may either provide a copy of the appropriate *Information for Candidates Handbook* to Candidates or direct them to download an electronic copy from the NAB website (nabweb.org) which provides information on Exam Fees forfeiture provisions.

B. Exam Administration Procedures.

- (i) The Examining Agency may either provide a copy of the appropriate *Information for Candidates Handbook* to Candidates or direct them to download an electronic copy from the NAB website (nabweb.org) which includes the "Examination Administration Procedures" that appear in this Section B.
- (ii) Candidates shall be instructed to arrive at the CBT Vendor, at which they have scheduled to take the Exam(s), fifteen (15) minutes prior to their scheduled appointment. At the CBT Vendor, Candidates will be asked to show "proof-of-identity." Proof-of-identity can be shown by the Candidate presenting a government-issued identification that bears a positive photo of the Candidate (e.g., passport, driver's license, etc...), and a second piece of identification which must, at the very least, contain the Candidate's signature (e.g., credit card, school identification).

- (iii) Prior to sitting for the Exam(s), all Candidates will be thumb-printed and photographed at the CBT Vendor. All Exam sessions are videotaped.
- (iv) Candidates shall have three (2) hours to take the CORE Exam and one (1) hour to take any one of the NHA LOS, RCAL LOS or HCBS LOS Exams and two (2) hours for state law Exams. Prior to an Exam beginning, a tutorial will be presented to familiarize the Candidate with the Exam's format. During the Exam, Candidates can move forward or backward between items, and if they choose, mark items for later review.

C. Examination Scoring; Score Reports.

- 1) Candidates' pass/fail status is available to Candidates at the CBT Vendor for each Exam component*. Within 15 working days after the candidate takes the Exam(s), the Service shall compile and post to the candidate record in the CDOM system and notify the Examining Agency by e-mail that Exam scores have been posted. Both print and electronic versions of the candidate score report will be available through the CDOM system. NAB will provide jurisdiction with pass/fail results for each component with domain scores by component

***Note: Candidates for initial licensure must pass both the CORE and the applicable LOS exam (NHA, RCAL or HCBS) to receive a passing status for purposes of qualification for initial licensure. Candidates are strongly encourage to schedule the CORE and applicable LOS Exam(s) in back-to-back sessions.**

- (ii) The Examining Agency shall be responsible for releasing or distributing individual Exam pass/fail results to its Candidates and for assuring that the candidate has passed both the CORE and applicable LOS Exams.
- (iii) A Candidate may request that the Service transfer his/her Exam scores to multiple jurisdictions through the CDOM system. Such score transfer service shall be provided upon payment by the Candidate to the Service of a "Score Transfer Fee" for each such score transfer requested.
- (iv) Candidates who fail one of more Exam components will be required to reapply to the jurisdiction for eligibility for a retake and will receive a new 60 day window to schedule and sit for the Exam(s)

D. Fee Payment.

Eligible Exam Candidates shall be responsible for payment of the NAB Exam Fee(s). This fee is payable to NAB by the Candidate at the time of application through the CDOM system. The current per candidate Exam fee(s) are as follows:

- ❑ CORE plus NHA LOS Exams \$425.00
- ❑ CORE plus RCAL LOS Exams \$400.00
- ❑ CORE plus HCBS LOS Exams \$400.00
- ❑ CORE Exam only \$300.00
- ❑ NHA LOS Exam only \$175.00
- ❑ RCAL LOS Exam only \$175.00
- ❑ HCBS LOS Exam only \$175.00

*NAB reserves the right to increase the per candidate Exam fees at its discretion with 90 days prior written notice to the Examining Agency.

- E. NAB shall be solely responsible for approving Candidate requests for special accommodations under the *Americans With Disabilities Act of 1990* (Public Law 101-336) (the “ADA”), provided this candidate provides timely notice and request of specific reasonable accommodations. Requests for special accommodation should be indicated at the time of candidate application. Candidate documentation to support the specific request for reasonable accommodation is required. The agency will make eligibility determination for NAB approved accommodations as specified in the CDOM. All other requests must be approved by NAB.

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Listing of NAB Accredited Colleges and Universities

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The following institutions are currently accredited by NAB:

- Bowling Green State University (Ohio)
- Concordia College (Minnesota)
- George Washington University (DC)
- Kent State University (Ohio)
- Ohio University
- Shawnee State University (Ohio)
- Southern Adventist University (Tennessee)
- St. Joseph's College (Maine)
- University of Scranton (Pennsylvania)

- University of Wisconsin—Eau Claire
- Virginia Commonwealth University
- Western Kentucky University

Bowling Green State University

Nancy A. Orel, Ph.D., LPC, Program Director
Gerontology Program
Bowling Green State University
College of Health and Human Services
218 Health Center
Bowling Green, OH 43403
Phone: 419/372-7768
Fax: 419/372-2400
norel@bgsu.edu
<http://www.bgsu.edu/departments/dhs/gorc/>
Program: Baccalaureate

Concordia College

Daniel Anderson, Program Director
901 8th Street South
Moorhead, MN 56562
Phone: 218/299-3950
Fax: 218/299-4277
danderso@cord.edu
<http://www.concordiacollege.edu/>
Program: Baccalaureate

George Washington University

Robert Burke, Program Director
Department of Health Services Management and Leadership,
School of Public Health and Health Services
The George Washington University
2175 K Street, NW, Suite 320
Washington, DC 20037

Phone: 202/994-5564

Fax: 202/299-4277

bobburke@gwu.edu

<http://sphhs.gwu.edu/departments/healthservicesmanagement/leadership/index.html>

Program: Master's

Kent State University

Mary Dellmann-Jenkins

Director, Lifespan Development & Education Sciences

College of Education, Health & Human Services

405 White Hall

Kent, OH 44242

mdellman@kent.edu

http://www.kent.edu/ehhs/ldes/programs/nursing_home_admin.cfm

Program: Baccalaureate

Ohio University

Lisa Yehl

School of Health Sciences

Health Administration

Grover Center E317

Athens, OH 45701

Phone: 740/593-1223

yehl@ohio.edu

<http://www.ohiou.edu/healthsciences/index.htm>

Program: Baccalaureate

Saint Joseph's College

Philip DuBois, CNHA, FACHCA

Program Manager, Long-Term Care Administration

278 Whites Bridge Road

Standish, ME 04084-5263

Phone: 207/893-7423

Fax: 207/893-7987

pdubois@sjcme.edu

<http://www.sjcme.edu/>

Program: Baccalaureate and Masters

Shawnee State University

Sarah Boehle, PhD, LNHA, LSW

Assistant Professor, Health Care Administration

142 ATC Building

Shawnee State University

940 Second Street

Portsmouth, OH 45662

sboehle@shawnee.edu

P: (740) 351-3605

F: (740) 351-3663

<http://www.shawnee.edu/academics/business-administration/majors/healthcare.aspx>

Program: Baccalaureate

Southern Adventist University

Verlyne Starr

School of Business & Management

P.O. Box 370

Collegedale, TN 37315-0370

Phone: 423/236-2680

Fax: 423/236-1527

vstarr@southern.edu

<https://www.southern.edu/business/undergraduate/Pages/default.aspx>

Program: Baccalaureate

University of Scranton

Robert Spinelli, Ph.D.

Room 423

Panuska College of Professional Studies

Scranton, PA 18510

Phone: 570/941-5872

spinellir2@UofS.edu
<http://matrix.scranton.edu/>
Program: Baccalaureate

University of Wisconsin—Eau Claire

Jennifer Johs-Artisensi, Ph.D., MPH
Associate Professor & Program Director
Health Care Administration, 419 Schneider Hall
Eau Claire, WI 54702-4004
Phone: 715/836-3589
johsarjl@uwec.edu
<http://www.uwec.edu/cob/incad/>
Program: Baccalaureate

Virginia Commonwealth University

Jennifer Pryor, MA, MS, LALFA
Training and Education Coordinator
Department of Gerontology

PO Box 980228
Richmond, VA 23298
Phone: 804-828-5259
melanie.eaton@wku.edu
<http://sahp.vcu.edu/departments/gerontology/programs/assisted-living-administrator-training/>
Program: Baccalaureate (RCAL)

Western Kentucky University

Melanie Eaton, FACHCA, CNHA, MBA
Instructor, LTC Certificate Program
1906 College Heights Blvd.
Bowling Green, KY 42101-1082
Phone: 270/745-5854
melanie.eaton@wku.edu
<http://www.wku.edu>
Program: Baccalaureate

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New Business

Virginia Board of Long Term Care Administrators

Procedures for Auditing Continuing Education

1. The Department of Health Professions Board of Long Term Care Administrators *may* audits a random sample of licensees to investigate compliance with the Board's continuing education requirements. ~~and reports the results of the audits to the Board.~~ *The Board may also audit active licensees, who by terms of a Confidential Consent Agreement ("CCA") or Board Order, are required to take CE courses in addition to the continued competency requirements for renewal of a license*
2. Board staff reviews each audit report and either:
 - a. ~~Sends a letter of appreciation for cooperation with the audit and for compliance with the Board's requirements to the licensee and files the audit record; or, Sends an acknowledgement letter of fulfillment of the continuing education requirements, or~~
 - b. Opens a case for probable cause. ~~and~~
 - e. ~~Includes renewal applications to show if the assurance of compliance is checked.~~
3. ~~The Board's Informal Conference Committee reviews each opened case for probable cause and decides to either: Once a case is opened for probable cause, staff may:~~
 - a. ~~Close the case for substantial compliance or in response to explanatory information provided by the licensee;~~
 - a. *Issue a CCA for the first violation if the licensee was truthful in responding to the renewal attestation. The following sanctions may apply:*
 1. *Monetary Penalty of \$100 per missing contact hour, up to a maximum of \$1,000.*
 2. *Require submission of proof of completion of the missing contact hour(s) within 90 days of Order entry. These contact hours cannot be used toward the next annual requirement for renewal.*
 - b. ~~Issue a Pre-Hearing Consent Order ("PHCO") specifying the sanctions: for a second violation or if the licensee was not truthful in responding to the renewal attestation. The following sanctions may apply:~~
 1. ~~Fine \$100 per missing credit hour, Monetary Penalty of \$100 per missing contact hour, up to a maximum of \$1,000;~~
 2. ~~Fine \$300 for a fraudulent renewal certification, and~~
 3. ~~Require submission of proof of completion of the missing credit contact-hours within 90 days of entry of the order. This CE is to be in addition to the annual requirement for renewal; or, These~~

contact hours cannot be used toward the next annual requirement for renewal.

- c. ~~Refer for an informal conference.~~
- c. *If the licensee fails to respond to the audit or does not wish to sign the offered CCA or PHCO, the case will be referred to an informal fact-finding conference (IFC).*
- d. *If the licensee has been previously disciplined for not meeting the continuing competency requirements, the matter may be referred directly to an IFC.*

Virginia Board of Long-Term Care Administrators

Policy on CCAs/CONFIDENTIAL CONSENT AGREEMENTS

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

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

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

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

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

- ~~1. Intake Investigations/offline cases to be reviewed by the Executive Director for a decision regarding:

 - ❖ closure
 - ❖ further investigation or
 - ❖ assignment to a member of the Special Conference Committee (SCC) for probable cause review.~~
- ~~2. Consideration of CCAs will be addressed in the probable cause reviews conducted by a member of the Special Conference Committee, and Staff will implement the decision.~~

3. ~~SCCs may use CCAs to address minor or technical violations to include:~~
 - ~~Missing five (5) or fewer continuing education credits~~
 - ~~*First violation regarding continuing education requirements (see Guidance Document 95-2)*~~
 - ~~*First violation of minor record keeping requirements*~~
 - ~~Technical probation violation~~
 - ~~Failing to follow policy where there is no negative patient outcome~~
 - ~~A single misdemeanor conviction involving moral turpitude, without any other issues~~
 - ~~HPIP participant not eligible for a stay but with minimal practice issues~~
 - ~~*Inadvertent failure to report incidents as required by facility licensure regulations and the failure to report did not place residents at risk.*~~

4. ~~A proposal from a respondent for a CCA will only be considered during probable cause review and shall not be considered once a notice is executed.~~

HPMP



“Ensuring a Safe Return to Practice”

HEALTH PRACTITIONERS MONITORING PROGRAM

What is the HPMP?



The [Health Practitioners Monitoring Program \(HPMP\)](#) monitors the recovery of practitioners who may be impaired by chemical dependencies or who suffer from physical or mental disabilities. The Department of Health Professions (DHP) contracts with the Department of Psychiatry at the Virginia Commonwealth University Health System to provide confidential services for health practitioners enrolled in the HPMP. This voluntary program refers impaired practitioners to appropriate treatment and offers continuous monitoring of progress for participants. The [HPMP Orientation Handbook](#) provides further details about the HPMP program and monitoring process.

Am I Eligible?



In order to be eligible for participation in the program, you must hold one of the following documents issued by the Department of Health Professions:

- a current active license;
- a current Virginia certification;
- a current Virginia registration.

You may also be eligible for up to one year if you:

- are applying for licensure, certification or registration for the first time;
- are applying for a reinstatement of your license, certification or registration.

How do I contact HPMP?



Virginia HPMP

701 E Franklin St.

Suite 1407

Richmond, VA 23219

Email vahpmp@vcuhealth.org

Telephone: 1-866-206-4747

Hours: Mon-Fri 8:30 to 5:00 except [Holidays](#)

The mission of the Health Practitioners Monitoring Program (HPMP) is to provide an alternative to disciplinary action for impaired practitioners by providing comprehensive and effective monitoring services toward the goal of each participant's return to safe, productive practice.

What is the program?

The HPMP is designed to monitor healthcare professionals who are diagnosed with chemical dependency, mental impairment, or physical impairment. Participation in the program provides individualized referrals to assist a practitioner with their progress toward recovery, health and a safe return to practice.

How do I get started?

To enter the HPMP, a practitioner must contact **Virginia HPMP toll free at 1-866-206-4747**.

The [HPMP website](#) lists helpful resources and includes important information about the program. For additional information email HPMP at vahpmp@vcuhealth.org

Who can participate?

Participants include healthcare practitioners who may suffer from chemical dependency or who are impaired physically or mentally. Requirements are listed on the front of this publication.

What can I expect?

Interested practitioners must contact the intake representative at VA HPMP, and must sign a participation contract before entering the HPMP. If represented by an attorney, participants will be asked to sign a release of information form allowing the attorney access to their program information.

What is the cost?

Enrollment in the monitoring program is free. However, any costs associated with treatment and/or screening are the responsibility of the participant.

Will this result in disciplinary action?

In many cases, voluntary participation may avoid disciplinary action and, in the absence of criminal behavior or Board action, public records may not be generated.

Old Business



townhall.virginia.gov

Notice of Intended Regulatory Action (NOIRA) Agency Background Document

Agency name	Board of Long-Term Administrators; Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC95-20 18VAC95-30
Regulation title(s)	Regulations Governing the Practice of Nursing Home Administrators Regulations Governing the Practice of Assisted Living Facility Administrators
Action title	Periodic review
Date this document prepared	11/16/16

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Subject matter and intent

Please describe briefly the subject matter, intent, and goals of the planned regulatory action.

As stated in the Notice of Periodic Review, the goal of this regulatory action is protection of public health, safety, and welfare and to ensure that it is clearly written and easily understandable. To that end, many of the amendments that the Board has identified in its periodic review are editorial or intended to clarify existing language.

In addition, however, the Board intends to include the Health Services Executive (HSE) credential as a qualification for licensure; the HSE is a new credential approved by the National Association of Long-Term Care Administrator Boards. The Board also intends to expand the grounds for disciplinary actions or denial of licensure to include causes that would be considered

unprofessional conduct but are not explicitly listed in the current regulation. Causes or grounds for action currently listed in regulations of other boards, such as Nursing, will be adopted in amendments for these professions. The goal would be a greater ability to fulfill its mission of public protection by citing more specific grounds for action in disciplinary cases.

Legal basis

Please identify the (1) the agency (includes any type of promulgating entity) and (2) the state and/or federal legal authority for the proposed regulatory action, including the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable. Your citation should include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Regulations of the Board of Long-Term Care Administrators are promulgated under the general authority of Title 54.1, Chapter 24 of the Code of Virginia.

Chapter 24 establishes the general powers and duties of health regulatory boards including the responsibility to promulgate regulations in accordance with the Administrative Process Act which are reasonable and necessary.

§ 54.1-2400. General powers and duties of health regulatory boards.—*The general powers and duties of health regulatory boards shall be:*

The general powers and duties of health regulatory boards shall be:

- 1. To establish the qualifications for registration, certification, licensure or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
- 3. To register, certify, license or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.*
- 4. To establish schedules for renewals of registration, certification, licensure, and the issuance of a multistate licensure privilege.*
- 5. To levy and collect fees for application processing, examination, registration, certification or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.*
- 6. To promulgate regulations in accordance with the Administrative Process Act (§2.2-4000 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such*

regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title.

The specific mandate for the Board of Long-Term Care Administrators to license nursing home and assisted living facility administrators is found in:

§ 54.1-3102. License required.

A. In order to engage in the general administration of a nursing home, it shall be necessary to hold a nursing home administrator's license issued by the Board.

B. In order to engage in the general administration of an assisted living facility, it shall be necessary to hold an assisted living facility administrator's license or a nursing home administrator's license issued by the Board. However, an administrator of an assisted living facility licensed only to provide residential living care, as defined in § 63.2-100, shall not be required to be licensed.

Purpose

Please describe the specific reasons why the agency has determined that the proposed regulatory action is essential to protect the health, safety, or welfare of citizens. In addition, please explain any potential issues that may need to be addressed as the regulation is developed.

In addition to updating and clarifying the regulations, the Board will consider inclusion of the Health Services Executive (HSE) credential as a qualification for licensure; the HSE is a new credential approved by the National Association of Long-Term Care Administrator Boards (NAB). Since the HSE incorporates and broadens the current qualifications for licensure as a nursing home administrator or an assisted living facility administrator, it will provide adequate assurance of competency for practice and protection of the health and safety of the public served in those facilities.

Additionally, the Board intends to expand the grounds for disciplinary actions or denial of licensure to include causes that would be considered unprofessional conduct but are not explicitly listed in the current regulation. Causes or grounds for action currently listed in regulations of other boards, such as Nursing, will be adopted in amendments for these professions. With more specificity on unprofessional conduct, the Board will have a greater ability to fulfill its mission of public protection.

Substance

Please briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

Many of the amendments that the Board has identified in its periodic review are editorial or intended to clarify existing language. Specifically, the Board will consider changes in the following sections:

Chapter 20: Regulations Governing the Practice of Nursing Home Administrators (NHA)

18 VAC 95-20-10. Definitions.

- Include additional definitions to clarify references in regulations.

18 VAC 95-20-175. Continuing Education Requirements.

- Include additional requirements for extension requests
- Include preceptor training for continuing education credit

18 VAC 95-20-180. Late renewal.

- Eliminate mail requirement for late renewal request (can be online)

18 VAC 95-20-220. Educational and training requirements for initial licensure.

- Consider addition of designation as Health Services Executive by NAB as category that meets qualifications for initial licensure as NHA

18 VAC 95-20-221. Required content for coursework.

- Require official transcript from accredited college or university
- Rename content area categories to align with those in Domains of Practice

18 VAC 95-20-225. Qualifications for licensure by endorsement.

- Consider inclusion of requirement that applicant pass a Board-approved national credentialing examination for administrators of nursing home facilities

18 VAC 95-20-230. Application package.

- Require submission of Domains of Practice form with application
- Include employer verifications as documents that are not required to be part of the application package to be submitted at the same time

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

- Require that registered preceptors provide training
- Require submission of Domains of Practice form with application
- Clarify references to NHA Administrator-In-Training (AIT) program

A new section may be added to set out requirements for preceptors which many include training for preceptors using preceptor training modules now available through NAB

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

- Consistent reference to NHA AIT program

18 VAC 95-20-400. Reporting requirements.

- Clarify timing and submission of progress reports
- Clarify references to NHA AIT program

18 VAC 95-20-430. Termination of program.

- Clarify requirements and timing of written explanations to be provided to the Board upon termination of NHA AIT program

18 VAC 95-20-470. Unprofessional conduct.

- Retitle regulation/section
- Define license to include registrations and certificates for purposes of section
- Add enumerated causes that would permit Board to refuse, deny, suspend, revoke, or otherwise impose discipline

Additional section:

- Consider addition of section and/or language related to reinstatement of licenses following disciplinary action

Chapter 30: Regulations Governing the Practice Assisted Living Facility Administrators (ALFA)

18 VAC 95-30-10. Definitions.

- Include additional definitions to clarify references in regulations.

18 VAC 95-30-70. Continuing Education Requirements.

- Include additional requirements for extension requests

18 VAC 95-30-80. Late renewal.

- Eliminate mail requirement for late renewal request (can be online)

18 VAC 95-30-100. Educational and training requirements for initial licensure.

- Consider streamlining/placement of language for hourly training requirements for ALF AIT program to avoid duplication and confusion regarding how many hours of ALF AIT program training are needed for which education and training level

- Consistent reference to ALF AIT *program*
- Require official transcript of accredited college or university coursework
- Make coursework references consistent with terminology in NAB Domains of Practice

18 VAC 95-30-130. Application package.

- Require submission of Domains of Practice form with application
- Include employer verifications as documents that are not required to be part of the application package to be submitted at the same time

18 VAC95-30-140. Training Qualifications.

- Require that registered preceptors provide training
- Require submission of Domains of Practice form with application

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

- Consider increase in required years of full-time employment in (B)(1)-(3)
- Consider streamlining/placement of language for hourly training requirements for ALF AIT program to avoid duplication and confusion regarding how many hours of ALF AIT program training are needed for which education and training level
- Consistent reference to ALF AIT *program*

18 VAC 95-30-170. Training facilities.

- Consider inclusion of requirement that training not occur at provisional or provisionally licensed facilities as defined by the Department of Social Services; include definition of provisional/provisional licensure.

18 VAC 95-30-180. Preceptors.

- Consider increase in required years of full-time employment for registration as a preceptor
- Consider increase in weekly face-to-face instruction and review time with trainee or acting administrator trainee
- Require training for preceptors using preceptor training modules now available through NAB

18 VAC 95-30-190. Reporting requirements.

- Clarify timing and submission of progress reports
- Clarify paragraph structuring of enumerated requirements

18 VAC 95-30-200. Interruption or termination of program.

- Clarify requirements and timing of written explanations to be provided to the Board upon termination of ALF AIT program

18 VAC 95-30-210. Unprofessional conduct.

- Retitle regulation/section
- Define license to include registrations and certificates for purposes of section
- Add enumerated causes that would permit Board to refuse, deny, suspend, revoke, or otherwise impose discipline

Additional sections:

- Consider addition of section and/or language related to reinstatement of licenses following disciplinary action
- Consider addition of section regarding delegation to agency subordinate

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.

Since the requirements for licensure and practice are set in regulation, amendments are necessary to make any changes. There are no alternatives that meet the essential purpose of protection of the public.

Public participation

Please indicate whether the agency is seeking comments on the intended regulatory action, including ideas to assist the agency in the development of the proposal and the costs and benefits of the alternatives stated in this notice or other alternatives. Also, indicate whether a public hearing is to be held to receive comments. Please include one of the following choices: 1) a panel will be appointed and the agency's contact if you're interested in serving on the panel is _____; 2) a panel will not be used; or 3) public comment is invited as to whether to use a panel to assist in the development of this regulatory proposal.

The agency is seeking comments on this regulatory action, including but not limited to: ideas to be considered in the development of this proposal, the costs and benefits of the alternatives stated in this background document or other alternatives, and the potential impacts of the regulation.

The agency is also seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include: projected reporting, recordkeeping, and other administrative costs; the probable effect of the regulation on affected small businesses; and the description of less intrusive or costly alternatives for achieving the purpose of the regulation.

Anyone wishing to submit comments may do so via the Regulatory Townhall website , www.townhall.virginia.gov, or by mail, email or fax to Elaine Yeatts, Agency Regulatory

Coordinator, 9960 Mayland Drive, Henrico, VA 23233 or elaine.yeatts@dhp.virginia.gov or by fax to (804) 527-4434. Written comments must include the name and address of the commenter. In order to be considered comments must be received by the last day of the public comment period.

A public hearing will be held following the publication of the proposed stage of this regulatory action and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<http://www.townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://www.virginia.gov/connect/commonwealth-calendar>). Both oral and written comments may be submitted at that time.

A regulatory panel will not be used to develop the proposed regulation, which will be drafted by the Regulatory Committee of the Board in consultation with representatives of the nursing home and assisted living organizations.

Periodic review and small business impact review report of findings

If this NOIRA is the result of a periodic review/small business impact review, use this NOIRA to report the agency's findings. Please (1) summarize all comments received during the public comment period following the publication of the Notice of Periodic Review and (2) indicate whether the regulation meets the criteria set out in Executive Order 17 (2014), e.g., is necessary for the protection of public health, safety, and welfare, and is clearly written and easily understandable. In addition, as required by 2.2-4007.1 E and F, please include a discussion of the agency's consideration of: (1) the continued need for the regulation; (2) the nature of complaints or comments received concerning the regulation from the public; (3) the complexity of the regulation; (4) the extent to which the regulation overlaps, duplicates, or conflicts with federal or state law or regulation; and (5) the length of time since the regulation has been evaluated or the degree to which technology, economic conditions, or other factors have changed in the area affected by the regulation.

- 1) A notice of periodic review was posted on the Virginia Regulatory Townhall on June 26, 2016 with comment requested until July 26, 2016. The notice was also published in the Register of Regulations and sent to interested parties on the Board's public participation guidelines mailing list. There were no public comments.
- 2) The regulation for licensure is necessary for the protection of a population of very vulnerable residents for whom long-term care in a nursing home or assisted living facility is required. Administrators of such facilities are accountable for the safety and health of those residents and are required to be licensed by the Board in accordance with the Code of Virginia. Regulations are generally clearly written and easily understandable as evidenced by the lack of comments or suggestions for amendments as a result of the notice of periodic review.
- 3) The Board has identified some provisions that may be clarified or streamlined and will include those changes in the adoption of amendments.
- 4) There is no overlap, duplication, or conflict with state law or regulation.
- 5) These regulations have been amended 12 times in the last ten years to maintain their currency and effectiveness. Amendments proposed in 2012 and effective in 2013 were the result of a periodic review and were clarifying in nature or intended to make the requirements somewhat less restrictive. For example, the Board allowed credit towards completion of a nursing home administrator-in-training program for an applicant with years of service as a licensed assisted

living administrator and included acceptance of continuing education offered by a government agency.

NHA Regulations

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Commonwealth of Virginia



REGULATIONS

GOVERNING THE PRACTICE OF NURSING HOME ADMINISTRATORS

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

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

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

~~Effective Date: July 16, 2015~~

Draft Date: September 20, 2016

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Part I. General Provisions.

18VAC95-20-10. Definitions.

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

“Board”

“Nursing home”

“Nursing home administrator”

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

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

“Active Practice” means

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

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

"Approved sponsor" means an individual, business or organization approved by the National Association of Long Term Care Administrator Boards or by an accredited institution to offer continuing education programs in accordance with this chapter.

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

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

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

“HSE” means Health Service Executive

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

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"National examination" means a test used by the board to determine the competence of candidates for licensure as administered by the National Association of Long Term Care Administrator Boards or any other examination approved by the board.

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

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

18VAC95-20-60. Posting of license.

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

18VAC95-20-70. Accuracy of information.

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

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

18VAC95-20-80. Required fees.

A. The applicant or licensee shall submit all fees below which apply:

1. A.I.T. program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Nursing home administrator license renewal	\$315
6. Preceptor renewal	\$65
7. Penalty for nursing home administrator late renewal	\$110
8. Penalty for preceptor late renewal	\$25
9. Nursing home administrator reinstatement	\$435
10. Preceptor reinstatement	\$105
11. Duplicate license	\$25
12. Duplicate wall certificates	\$40
13. Reinstatement after disciplinary action	\$1,000

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~~B. For the first renewal after the effective date of this regulation, the following one-time shortfall assessment shall apply:~~

1. Nursing home license renewal	\$100
2. Preceptor renewal	\$20

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

18VAC95-20-130. Additional fee information.

A. There shall be a fee of \$35 for returned checks.

B. Fees shall not be refunded once submitted.

C. Examination fees are to be paid directly to the service or services contracted by the board to administer the examinations.

Part II. Renewals and Reinstatements.

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

18VAC95-20-170. Renewal requirements.

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

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

C. A nursing home administrator license or preceptor registration not renewed by the expiration date shall be invalid.

18VAC95-20-175. Continuing education requirements.

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

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

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

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B. In order for continuing education to be approved by the board, it shall be related to health care administration and shall be approved or offered by the National Association of Long Term Care Administrator Boards (NAB), an accredited institution, or a government agency.

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 or dates 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 must be received in writing and granted by the board prior to the renewal date.**

18VAC95-20-180. Late renewal.

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

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

2. Submit the applicable renewal fee and penalty fee.

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

18VAC95-20-190. (Repealed.)

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

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

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

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

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

18VAC95-20-210. (Repealed.)

Part III. Requirements for Licensure.

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

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

1. Degree and practical experience. The applicant shall (i) hold a baccalaureate or higher degree in a health care -related field that meets the requirements of 18VAC95-20-221 from an accredited institution; (ii) have completed not less than a 320-hour internship that addresses the Domains of Practice as specified in 18VAC95-20-390 in a licensed nursing home as part of the degree program under the supervision of a preceptor; and (iii) have received a passing grade on the national examination;

2. Certificate program. The applicant shall (i) hold a baccalaureate or higher degree from an accredited institution; (ii) successfully complete a program with a minimum of 21 semester hours study in a health care-related field that meets the requirements of 18VAC95-20-221 from an accredited college or university; (iii) successfully complete not less than a 400-hour internship that addresses the Domains of Practice as specified in 18VAC95-20-390 in a licensed nursing home as part of the certificate program under the supervision of a preceptor; and (iv) have received a passing grade on the national examination; ~~or~~

3. Health Services Executive (HSE). The applicant meets the requirements for the HSE Credential by the National Association of Long Term Care Administrator Boards (NAB); or

3. 4. Administrator-in-training program. The applicant shall have (i) successfully completed an A.I.T. program which meets the requirements of Part IV (18VAC95-20-300 et seq.) of this chapter and (ii) received a passing grade on the national examination.

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

To meet the educational requirements for a degree in a health care-related field, an applicant must provide an **official** transcript from an accredited college or university that documents successful completion of a minimum of 21 semester hours of coursework concentrated on the administration and management of health care services to include a minimum of three semester hours in each of the content areas in subdivisions 1 through 4 of this section, six semester hours in the content area set out in subdivision 5 of this section, and three semester hours for an internship.

1. Resident care ~~management and quality of life~~: Course content shall address program and service planning, supervision and evaluation to meet the needs of patients, such as (i) nursing, medical and pharmaceutical care; (ii) rehabilitative, social, psycho-social and recreational services; (iii) nutritional services; (iv) safety and rights protections; (v) quality assurance; and (vi) infection control.

~~2. Human resources~~ **Personnel management**: Course content shall focus on personnel leadership in a health care management role and must address organizational behavior and personnel management skills such as (i) staff organization, supervision, communication and evaluation; (ii) staff recruitment, retention, and training; (iii) personnel policy development and implementation; and (iv) employee health and safety.

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

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

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

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

The board may issue a license to any person who:

1. Holds a current, unrestricted license from any state or the District of Columbia; ~~and~~
2. ~~Has successfully passes a national credentialing examination for administrators of nursing home facilities approved by the board; and~~
- ~~2.~~ 3. Meets one of the following conditions:
 - a. Has practiced nursing home administration for one year; or

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b. Has education and experience equivalent to qualifications required by this chapter and has provided written evidence of those qualifications at the time of application for licensure.

18VAC95-20-230. Application package.

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

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

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

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

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

Part IV. Administrator-In-Training Program.

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

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

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

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

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

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

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

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

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

a. Regulatory;

b. Fiscal;

c. Supervisory;

d. Personnel; and

e. Management; or

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

C. An A.I.T. applicant with the following educational qualifications shall meet these requirements:

1. An applicant with a master's or a baccalaureate degree in health care administration or a comparable field with no internship shall complete 320 hours in an A.I.T. program;

2. An applicant with a master's degree in an unrelated field shall complete 1,000 hours in an A.I.T. program;

3. An applicant with a baccalaureate degree in an unrelated field shall complete 1,500 hours in an A.I.T. program; or

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

D. An **NHA** A.I.T. shall be required to serve weekday, evening, night and weekend shifts to receive training in all areas of nursing home operation.

18VAC95-20-320. (Repealed.)

18VAC95-20-330. Training facilities.

Training in an A.I.T. program shall be conducted only in:

1. A nursing home licensed by the Virginia Board of Health or by a similar licensing body in another jurisdiction;
2. An institution operated by the Virginia Department of Behavioral Health and Developmental Services in which long-term care is provided;
3. A certified nursing home owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or
4. A certified nursing home unit that is located in and operated by a licensed hospital as defined in § [32.1-123](#) of the Code of Virginia, a state-operated hospital, or a hospital licensed in another jurisdiction.

18VAC95-20-340. Supervision of trainees.

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

B. A preceptor may supervise no more than two A.I.T.'s at any one time.

C. A preceptor shall:

1. Provide direct instruction, planning and evaluation;
2. Shall be routinely present with the trainee in the training facility; and **(define routinely?)**
3. Shall continually evaluate the development and experience of the A.I.T. to determine specific areas in the Domains of Practice that need to be addressed.

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

18VAC95-20-380. Qualifications of preceptors.

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

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1. Hold a current, unrestricted Virginia nursing home administrator license and be employed full time as an administrator in a training facility for a minimum of two of the past three years immediately prior to registration; and
2. Meet the application requirements in 18VAC95-20-230.

18VAC95-20-390. Training plan.

Prior to the beginning of the A.I.T. program, the preceptor shall develop and submit for board approval a training plan that shall include and be designed around the specific training needs of the administrator-in-training. The training plan shall address the Domains of Practice approved by the National Association of Long Term Care Administrator Boards that is in effect at the time the training program is submitted for approval. An A.I.T. program shall include training in each of the learning areas in the Domains of Practice.

18VAC95-20-400. Reporting requirements.

A. The preceptor shall maintain **and submit monthly** progress reports on forms prescribed by the board **within 10 business days** for each month of training.

B. The **NHA's** A.I.T.'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 **NHA** A.I.T. program.

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

18VAC95-20-430. Termination of program.

A. If the **NHA** A.I.T. program is terminated prior to completion, the trainee **and or** the preceptor shall each submit a written explanation of the causes of program termination to the board within ~~five working~~ **10 business** days.

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

18VAC95-20-440. Interruption of program.

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

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

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

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

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Part V. Refusal, Suspension, Revocation or Disciplinary Action; Reinstatement.

18VAC95-20-470. Grounds for refusal, suspension, revocation, probation, reprimand, discipline, or denial of license.

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

1. Conducting the practice of assisted living facility administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;
2. Failure to comply with federal, state, or local laws and regulations governing the operation of an assisted living facility;
3. Conviction of any felony or any misdemeanor involving moral turpitude, abuse, or neglect;
4. Failure to comply with any regulations of the board or violating or cooperating with others in violating any of the provisions of Chapters 1 and 24 of Title 54.1 of the Code of Virginia, Chapter 31 of the Code of Virginia or regulations of the Board;
5. Inability to practice assisted living facility administration with reasonable skill and safety by reason of illness, substance abuse, or as a result of any mental or physical condition.
6. Abuse, negligent practice, or misappropriation of a resident's property.
7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include but not limited to actions that result in personal gain at the expense of the resident, an inappropriate personal involvement or sexual conduct with a resident;
8. The denial, revocation, suspension or restriction of a license to practice in another state, the District of Columbia or a United States possession or territory;
9. Failure to comply with continued competency requirements set forth in 18VAC95-30-70;
10. Assuming duties and responsibilities within the practice of assisted living facility administration without adequate training or when competency has not been maintained;
11. Obtaining supplies, equipment, or drugs for personal or other unauthorized use; or
12. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents.
13. Fraud or deceit in procuring or attempting to procure a license or seeking reinstatement of a license; or
14. Employing or assigning unqualified persons to perform functions that require a license.

For purposes of this section license means license, registration, or certificate.

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18VAC95-20-471. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in subdivisions 1, 3 and 5 of 18VAC95-20-470, except as may otherwise be determined by a special conference committee of the Board.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate 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 heard.

18VAC95-20-472. Reinstatement following disciplinary action.

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

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

ALFA

Regulations

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Commonwealth of Virginia



REGULATIONS

**GOVERNING THE PRACTICE OF
ASSISTED LIVING FACILITY
ADMINISTRATORS**

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

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

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

~~Effective Date: November 4, 2015~~

Draft Date: September 20, 2016

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Part I. General Provisions.

18VAC95-30-10. Definitions.

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

“Assisted living facility”

“Assisted living facility administrator”

“Board”

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

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

“ALF AIT” shall mean an assisted living facility administrator-in-training.

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

“Acting Administrator of Record” means

“Active Practice” means

"Approved sponsor" means an individual, business or organization approved by the National Association of Long Term Care Administrator Boards or by an accredited institution to offer continuing education programs in accordance with this chapter.

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

“Domains of practice” means the content areas of tasks, knowledge and skills necessary for administration of a residential care/assisted living facility as approved by the National Association of Long Term Care Administrator Boards.

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

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

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

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

"National examination" means a test used by the board to determine the competence of candidates for licensure as administered by the National Association of Long Term Care Administrator Boards or any other examination approved by the board.

"Preceptor" means an assisted living facility administrator or nursing home administrator currently licensed and registered or recognized by the ~~a nursing home administrator~~ licensing board to conduct an administrator-in-training (A.I.T.) program.

18VAC95-30-20. Posting of license.

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

18VAC95-30-30. Accuracy of information.

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

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

18VAC95-30-40. Required fees.

A. The applicant or licensee shall submit all fees below that apply:

1. ALF AIT program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Assisted living facility administrator license renewal	\$315
6. Preceptor renewal	\$65
7. Penalty for assisted living facility administrator late renewal	\$110
8. Penalty for preceptor late renewal	\$25
9. Assisted living facility administrator reinstatement	\$435

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10. Preceptor reinstatement	\$105
11. Duplicate license	\$25
12. Duplicate wall certificates	\$40
13. Returned check	\$35
14. Reinstatement after disciplinary action	\$1,000

B. Fees shall not be refunded once submitted.

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

~~D. For the first renewal after the effective date of this regulation, the following one-time shortfall assessment shall apply:~~

1. Assisted living facility administrator license renewal	\$100
2. Preceptor renewal	\$20

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

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

Part II. Renewals and Reinstatements.

18VAC95-30-60. Renewal requirements.

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

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

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

18VAC95-30-70. Continuing education requirements.

A. In order to renew an assisted living administrator license, an applicant shall attest on 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. A licensee is exempt from completing continuing education requirements for the first renewal following initial licensure in Virginia.

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B. In order for continuing education to be approved by the board, it shall 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.

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 or dates 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 extension must be submitted in writing and granted by the board prior to the renewal date.**

18VAC95-30-80. Late renewal.

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

1. Submit the renewal notice or request renewal **by mail** to the board;
2. Submit the applicable renewal fee and penalty fee;
3. Provide evidence as may be necessary to establish eligibility for renewal.

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

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

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

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

1. Evidence of the equivalent of 20 hours of continuing education for each year since the last renewal, not to exceed a total of 60 hours.
2. Evidence of active practice in another state or U.S. jurisdiction or in the U.S. armed services during the period licensure in Virginia was lapsed.

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

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

Part III. Requirements for Licensure.

18VAC95-30-95. (Repealed).

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

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

1. Administrator-in-training program.

a. Complete at least 30 semester hours in an accredited college or university in any subject and 640 hours in an ALF AIT Program as specified in 18VAC95-30-150;

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

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

~~d. Complete at least 30 semester hours in an accredited college or university with courses in the content areas of (i) Client/resident care; (ii) Human resources management; (iii) Financial management; (iv) Physical environment; and (v) Leadership and governance; and 320 hours in an ALF AIT;~~

e. Hold a master's or a baccalaureate degree in health care related field or a comparable field that meets the requirements of subsection B of 18VAC95-30-100 with no internship or practicum and 320 hours in an ALF AIT program; or

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

2. Certificate program.

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

3. Degree and practical experience.

Hold a baccalaureate or higher degree in a health care related field that meets the course content requirements of subsection B of this section from an accredited college or university and have completed not less than a 320-hour internship or practicum that addresses the

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Domains of Practice as specified in 18VAC95-30-160 in a licensed assisted living facility as part of the degree program under the supervision of a preceptor.

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

1. Residential care management/~~client services management~~;
2. Human resource management;
3. ~~Financial~~ **Organizational** management;
4. Physical environment management;
5. ~~Leadership and governance~~. **Business/financial management**

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

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

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

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

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

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

18VAC95-30-130. Application package.

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

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

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

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

Part IV. Administrator-in-Training Program.

18VAC95-30-140. Training qualifications.

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

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

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

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

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

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

1. An applicant who has been employed full time for **one two** of the past four years immediately prior to application as an assistant administrator in a licensed assisted living

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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~~ **two** 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~~ **two** of the past four consecutive years, in a licensed assisted living facility or nursing home shall complete 480 hours in an ALF AIT **program**.

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

A. Prior to the beginning of the training program, the preceptor shall develop and submit for board approval a training plan which 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.

Training in an ALF AIT program or for an internship ~~or practicum~~ 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.
4. **May not be conducted in a provisional facility as defined by the Department of Social Services as a license that may be issued upon expiration of a regular license when the licensee is temporarily unable to substantially comply with the requirements of the law and regulations.**

18VAC95-30-180. Preceptors.

A. Training in an ALF AIT program shall be under the supervision of a preceptor who is registered or recognized by Virginia or a similar licensing board in another jurisdiction.

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

1. Hold a current, unrestricted Virginia assisted living facility administrator or nursing home administrator license;

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2. Be employed full-time as an administrator in a training facility or facilities for a minimum of ~~one~~ two of the past four years immediately prior to registration or be a regional administrator with on-site supervisory responsibilities for a training facility or facilities; and
3. Submit an application and fee as prescribed in 18VAC95-30-40. The board may waive such application and fee for a person who is already approved as a preceptor for nursing home licensure.

C. A preceptor shall:

1. Provide direct instruction, planning and evaluation;
2. Be routinely present with the trainee in the training facility; and shall be at a minimum present in the training facility for face-to-face instruction and review of the trainee's performance for a minimum of ~~two~~ four hours per week.
3. Continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

D. A preceptor may supervise no more than two trainees at any one time.

E. A preceptor for a person who is serving as an acting administrator while in an ALF AIT program shall be present in the training facility for face-to-face instruction and review of the trainee's performance for a minimum of ~~two~~ four hours per week.

18VAC95-30-190. Reporting requirements.

A. The preceptor shall maintain ~~and submit monthly~~ progress reports to the board within 10 business days 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 ~~monthly~~ 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.

C. For a trainee who is serving as an acting administrator while in an ALF AIT program, the certificate of completion ~~and monthly reports~~ shall be submitted to the board within five business days of completion of the program.

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

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

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

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

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

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

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

Part V. Refusal, Suspension, Revocation or Disciplinary Action; Reinstatement.

18VAC95-30-210. Grounds for refusal, suspension, revocation, probation, reprimand, discipline, or denial of license.

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

1. Conducting the practice of assisted living facility administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;
2. Failure to comply with federal, state, or local laws and regulations governing the operation of an assisted living facility;
3. Conviction of any felony or any misdemeanor involving moral turpitude, abuse, or neglect;
4. Failure to comply with any regulations of the board or violating or cooperating with others in violating any of the provisions of Chapters 1 and 24 of Title 54.1 of the Code of Virginia, Chapter 31 of the Code of Virginia or regulations of the Board;
5. Inability to practice assisted living facility administration with reasonable skill and safety by reason of illness, substance abuse, or as a result of any mental or physical condition.
6. Abuse, negligent practice, or misappropriation of a resident's property.
7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include but not limited to actions that result in personal gain at the expense of the resident, an inappropriate personal involvement or sexual conduct with a resident;
8. The denial, revocation, suspension or restriction of a license to practice in another state, the District of Columbia or a United States possession or territory;
9. Failure to comply with continued competency requirements set forth in 18VAC95-30-70;
10. Assuming duties and responsibilities within the practice of assisted living facility administration without adequate training or when competency has not been maintained;
11. Obtaining supplies, equipment, or drugs for personal or other unauthorized use; or
12. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents.
13. Fraud or deceit in procuring or attempting to procure a license or seeking reinstatement of a license; or
14. Employing or assigning unqualified persons to perform functions that require a license.

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For purposes of this section license means license, registration, or certificate.

18VAC95-30-220. Reinstatement following disciplinary action.

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

18VAC95-30-301. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in subdivisions 1, 3 and 5 of 18VAC95-20-470, except as may otherwise be determined by a special conference committee of the Board.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate 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 heard.