

October 5, 2017  
Board Room #3  
9:30 a.m.

**Call to Order**

**Derrick Kendall, NHA, Chair**

**Emergency Egress Instructions**

**Corie Tillman Wolf, JD, Executive Director**

**Public Hearing** – To receive public comments on proposed changes to the *Regulations Governing the Practice of Nursing Home Administrators* (18VAC95-20-10 et seq.) and the *Regulations Governing the Practice of Assisted Living Facility Administrators* (18VAC95-30-10 et seq.)

**Public Hearing Adjournment**

**Business Meeting of the Board**

▪ **Approval of Minutes – pages 19 - 30**

**Derrick Kendall**

- June 13, 2017 - Board Meeting
- June 13, 2017 – Formal Hearings

▪ **Ordering of Agenda**

**Derrick Kendall**

▪ **Public Comment** - *The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

▪ **Agency Report**

**Dr. David Brown, DC**

▪ **Workforce Data Center Report** – Nursing Home and Assisted Living Facility Administrators, 2017 – **pages 32 - 91**

**Dr. Elizabeth A. Carter, PhD**

▪ **Legislative and Regulatory Report – pages 93 - 96**

**Elaine Yeatts, Senior Policy Analyst**

- Proposed Revisions to Bylaws – Guidance Document 95-8

▪ **Staff Reports**

- Executive Director’s Report – **pages 98 - 106**
- Discipline Report

**Corie Tillman Wolf**

**Lynne Helmick, Deputy Executive Director**

▪ **New Business**

- Election of Chair and Vice-Chair
- Board Meeting Dates for 2018 – **page 108**

▪ **Next Meeting** – December 19, 2017

▪ **Business Meeting Adjournment**

## **Public Hearing**

- **Proposed Regulations Governing the Practice of Nursing Home Administrators (18VAC95-20-10 et seq.) and Regulations Governing the Practice of Assisted Living Facility Administrators (18VAC95-30-10 et seq.)**



## Proposed Text

**Action:** Periodic review

**Stage:** Proposed

8/10/17 9:51 AM [latest] ▼

18VAC95-20-10

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~~ U.S. Department of Education.

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

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

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

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

"Continuing education" means the educational activities ~~which~~ that 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.

"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.

"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~~ NAB or any other examination approved by the board.

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

18VAC95-20-80

18VAC95-20-80. Required fees.

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

1. AIT program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Nursing home administrator license renewal	\$315
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

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

<del>1. Nursing home license renewal</del>	<del>\$100</del>
<del>2. Preceptor renewal</del>	<del>\$20</del>

18VAC95-20-175

18VAC95-20-175. Continuing education requirements.

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

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

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

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

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

C. Documentation of continuing education.

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

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

a. Date 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 shall be received in writing and granted by the board prior to the renewal date.

18VAC95-20-180

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~~ late fee.

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

18VAC95-20-200

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

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

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

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

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

3. Evidence of requalifying for licensure by meeting the requirements prescribed in 18VAC95-20-220 or 18VAC95-20-225.

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

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

#### 18VAC95-20-220

##### 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 college or university; (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 institution; (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. Administrator-in-training program. The applicant shall have (i) successfully completed an AIT program ~~which that~~ meets the requirements of Part IV (18VAC95-20-300 et seq.) of this chapter ~~and~~, (ii) received a passing grade on the national examination, ~~and (iii) completed the Domains of Practice form required by the board; or~~

4. Health Services Executive (HSE) credential. The applicant shall provide evidence that he has met the minimum education, experience, and examination standards established by NAB for qualification as a Health Services Executive.

#### 18VAC95-20-221

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

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

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

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

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

18VAC95-20-225

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

The board may issue a license to any person who:

1. Holds a current, unrestricted license from any state or the District of Columbia; and

2. Meets one of the following conditions:

a. Has ~~practiced nursing home administration for one year~~ been engaged in active practice as a licensed nursing home administrator; or

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

18VAC95-20-230

18VAC95-20-230. Application package.

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

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

1. A completed application as provided by the board;

2. Additional documentation as may be required by the board to determine eligibility of the applicant;

3. The applicable fee;

4. An attestation that he has read and understands and will remain current with the applicable Virginia laws and regulations relating to the administration of nursing homes; and

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

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

18VAC95-20-300

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 institution;
2. Obtain a registered preceptor to provide training;
3. Submit the fee prescribed in 18VAC95-20-80;
4. Submit the application and Domains of Practice form provided by the board; and
5. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the AIT program.

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

18VAC95-20-340

18VAC95-20-340. Supervision of trainees.

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

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

C. A preceptor shall:

1. Provide direct instruction, planning, and evaluation in the training facility;
2. Shall be routinely present with the trainee in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility; and
3. Shall continually evaluate the development and experience of the AIT to determine specific areas in the Domains of Practice that need to be addressed.

18VAC95-20-380

18VAC95-20-380. Qualifications of preceptors.

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

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

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



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

2. Meet the renewal requirements of 18VAC95-20-170.

18VAC95-20-390

18VAC95-20-390. Training plan.

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

18VAC95-20-430

18VAC95-20-430. Termination of program.

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

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

18VAC95-20-470

Part V

Refusal, Suspension, Revocation, and Disciplinary Action

18VAC95-20-470. Unprofessional conduct.

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

1. Conducting the practice of nursing home administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;

2. Failure to comply with federal, state, or local laws and regulations governing the operation of a nursing home;

3. Conviction of a felony or any misdemeanor involving abuse, neglect, or moral turpitude;

4. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.), and ~~this chapter~~ chapter 31 (§ 54.1-3100 et seq.) of the Code of Virginia or regulations of the board; ~~or~~

5. Inability to practice with reasonable skill or safety by reason of illness or substance abuse or as a result of any mental or physical condition;

6. Abuse, negligent practice, or misappropriation of a resident's property;

7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include actions that result in personal gain at the expense of the resident, an inappropriate personal involvement or sexual conduct with a resident;

8. The denial, revocation, suspension, or restriction of a license to practice in another state, the District of Columbia, or a United States possession or territory;

9. Assuming duties and responsibilities within the practice of nursing home administration without adequate training or when competency has not been maintained;

10. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;

11. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents;

12. Fraud or deceit in procuring or attempting to procure a license or registration or seeking reinstatement of a license or registration; or

13. Employing or assigning unqualified persons to perform functions that require a license, certificate, or registration.

18VAC95-20-471

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

~~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.~~

18VAC95-30-10

Part I

General Provisions

18VAC95-30-10. Definitions.

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

"Assisted living facility"

"Assisted living facility administrator"

"Board"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18VAC95-30-40

18VAC95-30-40. Required fees.

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

1. ALF AIT program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Assisted living facility administrator license renewal	\$315
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
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:~~

<del>1. Assisted living facility administrator license renewal</del>	<del>\$100</del>
<del>2. Preceptor renewal</del>	<del>\$20</del>

18VAC95-30-70

18VAC95-30-70. Continuing education requirements.

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

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

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

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

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

C. Documentation of continuing education.

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

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

a. Date 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 shall be submitted in writing and granted by the board prior to the renewal date.

18VAC95-30-90

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.~~ United States jurisdiction or in the ~~U.S.~~ United States armed services during the period licensure in Virginia was lapsed.
3. Evidence of requalifying for licensure by meeting the requirements prescribed in 18VAC95-30-100 and 18VAC95-30-110.

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

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

18VAC95-30-100

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~~ 480 hours in an ALF AIT program;
  - e. Hold a master's or a baccalaureate degree in health care-related field or a

comparable field that meets the requirements of subsection B of this section with no internship or practicum and 320 hours in an ALF AIT program; or

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

2. Certificate program.

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

3. Degree and practical experience.

Hold a baccalaureate or higher degree in a health care-related field that meets the course content requirements of subsection B of this section from an accredited college or university and have completed not less than a 320-hour internship or practicum that addresses the Domains of Practice as specified in 18VAC95-30-160 in a licensed assisted living facility as part of the degree program under the supervision of a preceptor.

B. To meet the educational requirements for a degree in a health care-related field, an applicant must provide ~~a~~ 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. ~~Resident/client services management~~ Customer care, supports, and services;

2. ~~Human resource management~~ resources;

3. ~~Financial management~~ Finance;

4. ~~Physical environment management~~ Environment;

5. ~~Leadership and governance~~ management.

18VAC95-30-120

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 of this section;

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~~ been engaged in active practice as an assisted living facility administrator in an assisted living facility that provides assisted living care as defined in § 63.2-100 of the Code of Virginia ~~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

18VAC95-30-130. Application package.

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

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

1. A completed application as provided by the board;

2. Additional documentation as may be required by the board to determine eligibility of the applicant, to include the most recent survey report if the applicant has been serving as an acting administrator of a facility;

3. The applicable fee;

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

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

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

18VAC95-30-140

Part IV

Administrator-in-Training Program

18VAC95-30-140. Training qualifications.

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

1. Meet the requirements of 18VAC95-30-100 A 1;

2. Obtain a registered preceptor to provide training;

3. Submit the application and Domains of Practice form provided by the board and the fee prescribed in 18VAC95-30-40; and

4. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the ALF AIT program.

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

## 18VAC95-30-150

## 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 program applicant with prior health care work experience may request approval to receive hours of credit toward the total hours as follows:

1. An applicant who has been employed full time for one of the past four years immediately prior to application as an assistant administrator in a licensed assisted living facility or nursing home or as a hospital administrator shall complete 320 hours in an ALF AIT program;

2. An applicant who holds a license or a multistate licensure privilege as a registered nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years in a licensed assisted living facility or nursing home shall complete 320 hours in an ALF AIT program; or

3. An applicant who holds a license or a multistate licensure privilege as a licensed practical nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years in a licensed assisted living facility or nursing home shall complete 480 hours in an ALF AIT program.

## 18VAC95-30-170

## 18VAC95-30-170. Training facilities.

A. 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.

B. Training shall not be conducted in a facility with a provisional license as determined by the Department of Social Services.

## 18VAC95-30-180

## 18VAC95-30-180. Preceptors.

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

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

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

2. Be employed full time as an administrator in a training facility 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. Provide evidence that he has completed the online preceptor training course offered by NAB; and

4. Submit an application and fee as prescribed in 18VAC95-30-40. The board may waive such application and fee for a person who is already approved as a preceptor for nursing home licensure.

C. A preceptor shall:

1. Provide direct instruction, planning, and evaluation;

2. Be routinely present with the trainee in the training facility as appropriate to the experience and training of the ALF AIT and the needs of the residents in the facility; and

3. Continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

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

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

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

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

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

18VAC95-30-200

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

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

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

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

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

18VAC95-30-210

Part V

Refusal, Suspension, Revocation and Disciplinary Action

18VAC95-30-210. Unprofessional conduct.

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

1. Conducting the practice of assisted living administration in such a manner as to

constitute a danger to the health, safety, and well-being of the residents, staff, or public;

2. Failure to comply with federal, state, or local laws and regulations governing the operation of an assisted living facility;

3. Conviction of a felony or any misdemeanor involving abuse, neglect, or moral turpitude;

4. ~~Failure to comply with any regulations of the board;~~ or Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.), and 31 (§ 54.1-3100 et seq.) of the Code of Virginia or regulations of the board;

5. Inability to practice with reasonable skill or safety by reason of illness or substance abuse or as a result of any mental or physical condition;

6. Abuse, negligent practice, or misappropriation of a resident's property;

7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include actions that result in personal gain at the expense of the resident, an inappropriate personal involvement or sexual conduct with a resident;

8. The denial, revocation, suspension, or restriction of a license to practice in another state, the District of Columbia or a United States possession or territory;

9. Assuming duties and responsibilities within the practice of assisted living facility administration without adequate training or when competency has not been maintained;

10. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;

11. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents;

12. Fraud or deceit in procuring or attempting to procure a license or registration or seeking reinstatement of a license or registration; or

13. Employing or assigning unqualified persons to perform functions that require a license, certificate, or registration.

## **Board Minutes**

**DRAFT 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, June 13, 2017 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #1, Henrico, Virginia 23233.

**BOARD MEMBERS PRESENT**

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

**BOARD MEMBERS ABSENT**

Mitchell P. Davis, NHA  
Doug Nevitt, ALFA

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

Corie Tillman Wolf, Executive Director  
Lynne Helmick, Deputy Executive Director  
Dr. David E. Brown, D.C., Agency Director  
Elaine Yeatts, Senior Policy Analyst  
Heather Wright, Program Manager, LTCA Board  
Asia Pham, Intern  
Erin Barrett, Assistant Attorney General, Board Counsel

**GUESTS PRESENT**

Judy Hackler, VALA  
Elizabeth Wilkins, Manorhouse Management, Inc.  
Jennifer Pryor, Virginia Commonwealth University  
Neal Kauder, VisualResearch, Inc.  
Kim Small, VisualResearch, Inc.

**CALLED TO ORDER**

Derrick Kendall, NHA, Chair, called the Board meeting to order at 9:35 a.m.

Board members and staff introduced themselves. With 7 Board members present, a quorum was established.

Mr. Kendall stated the following before the first order of business:

- 1) He reminded the members to speak into the microphones.
- 2) Computers were provided to the Board members for the purpose of the meeting only and have no connection to the internet. The material that they are able to review on the computer is the same material that has been made available to the public.

Ms. Tillman Wolf then read the emergency egress instructions.

### ACCEPTANCE OF MINUTES

Upon a motion by Karen Stanfield, NHA, and properly seconded by Mary Brydon, Citizen member, the Board voted to accept the following meeting minutes:

- Minutes of Board Meeting – March 14, 2017
- March 9, 2017 - Telephone Conference Call

The motion passed unanimously.

### ORDERING OF AGENDA

Upon a motion by Karen Stanfield, NHA, and properly seconded by Marj Pantone, ALFA, the Board voted to accept the Agenda. The vote was unanimous.

### PUBLIC COMMENT PERIOD

There was no public comment provided.

### AGENCY DIRECTOR'S REPORT- Dr. David E. Brown, Agency Director

Dr. David E. Brown, Agency Director, discussed recent developments in the efforts to address the opioid epidemic, including recent legislation that will become effective in 2020 to require electronic opioid prescriptions, as well as the development of a DHP-lead workgroup to discuss the challenges and obstacles to implementation of the legislation. Dr. Brown discussed a second workgroup that will be led by the Secretary of Health and Human Resources and will focus on the addition of education regarding the proper prescribing of opioids to the curricula in schools educating and training health professionals. With no further questions, Dr. Brown concluded his report.

### EXECUTIVE DIRECTOR'S REPORT- Corie Tillman Wolf, Executive Director

Corie Tillman Wolf, Executive Director, began her report with the Expenditure and Revenue Summary.

Cash Balance as of June 30, 2016	(\$45,267)
YTD FY 17 Revenue	\$532,910

<u>Less direct and In-Direct Expenses</u>	<u>\$478,616</u>
Cash Balance as of April 30, 2017	\$ 9,027

Ms. Tillman Wolf provided the following updates from the National Association of Long-Term Care Administrator Boards (NAB):

- Ms. Tillman Wolf will be attending the NAB Annual Meeting scheduled for June 14-16, 2017, and will be able to provide the Board with additional information regarding the Health Services Executive (HSE) and the new exam process.
- The new exam structure for NAB will be released in July 2017. The new exam consists of a multi-component exam with the Core Exam and a Line of Service Exam specific to NHA, RC/AL (Assisted Living), and HCBS (Home and Community Based Services), which is not used in Virginia. There will be an exam blackout period for candidates from June 17-July 4, 2017, while NAB switches to the new exam.
- NAB provided statistics for the pass rates for the NHA and RC/AL (Assisted Living) examinations.
  - In CY 2016, the average pass rate for the RC/AL exam was 60.06% nationally; in Virginia the pass rate was 50.72%. Other states' passage rates ranged from 45.65-84.65%.
  - In CY 2016, the average pass rate for the NHA exam was 62.96% nationally; in Virginia the pass rate was 57.45%. Other states' passage rates ranged from 25-100%.
- In reviewing Virginia's database information for RC/AL exam results, from January 1, 2016, to June 7, 2017, approximately 108 candidates took a total of 181 RC/AL exams. 66 candidates passed the exam, some after multiple attempts. The new exam structure from NAB may impact the results.

Ms. Tillman Wolf provided the following staff updates:

- The LTC licensure application process is now online. Ms. Tillman Wolf thanked Heather Wright for her efforts in bringing the process to the finish line. The Board has begun receiving applications through the online process. The online application process will benefit the Board and Board staff, particularly with processing payments by credit card instead of check.
- The Board of Medicine recently enacted Emergency Regulations for Opioid Prescribing (effective March 15, 2017). The emergency regulations do not apply to nursing homes or assisted living facilities with sole source pharmacies. A reminder regarding this exclusion will be included in the next e-mail blast to administrator licensees.
- A Board Brief was sent to all licensees in April 2017 with information about CE hours, pending regulations, and exam updates.

Ms. Tillman Wolf then provided the Licensure Report:

- Ms. Tillman Wolf reported the numbers of current licensees in the State of Virginia are as follows:
  - Assisted Living Facility Administrators (ALFA)

- ALFA – 578
  - ALFA Administrator-In-Training (AIT) – 115
  - Acting AIT's – 3
  - Preceptors – 191
  - Nursing Home Administrators (NHA)
    - NHA – 859
    - NHA Administrator-In-Training (AIT) – 75
    - Preceptors – 218
  - Total NHA & ALFA Combined – 2,039
- 
- Ms. Tillman Wolf confirmed that including the preceptor numbers does create a double counting within the combined total ALFAs and NHA's, however the combined total number represents the total number of licenses that exist under each category.
  - Customer Satisfaction Survey Results - Ms. Tillman Wolf provided the recent results from customer satisfaction surveys, which resulted in no results for Q3 2017. Ms. Tillman Wolf gave kudos to Heather Wright, the Board's Program Manager, as well as Laura Mueller and Vicki Saxby, who are cross-trained, for the consistently high survey results.

Ms. Tillman Wolf provided reminders to Board members about contact information, e-mail correspondence, and the upcoming meeting calendar.

The next Board meetings are scheduled for:

- September 12, 2017
- December 19, 2017

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

### **DISCIPLINE REPORT – Lynne H. Helmick, Deputy Executive Director for Discipline**

Lynne Helmick, Deputy Executive Director, reported on the current number of open cases, discipline statistics, and Key Performance Measures.

- 68 open cases
  - 3 cases in APD
  - 2 in Formal status
  - 4 in Informal status
  - 15 in Investigation
  - 44 in Probable Cause
- 7 Compliance cases

For Q3 2017, the Board's clearance rate for patient care cases was 143% for Q3 2017; the Board received 7 cases and closed 10 cases. The pending caseload over 250 days at 20%, which is right on goal. The Board closed 67% of patient care cases within 250 days (closed 6 of 10 cases within 250 days); the goal is 90%.

Ms. Helmick provided a summary of some of the reasons why cases age, including possible delays at the investigation, Board, and adjudication stages.

For Q3 2017, for all cases received by the Board (patient care and non-patient care), the Board received 9 cases and closed 13 cases; closed 69.2% of all cases within 250 days (agency average 81.7%); and averaged 282.8 days to close a case (agency average 222.8).

Ms. Helmick provided a summary of the categories of cases processed by the Board in FY16 and the first three quarters of FY17.

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

### **BOARD COUNSEL REPORT – Erin Barrett, Assistant Attorney General**

Ms. Barrett discussed an issue related to expert testimony that arose based upon a recent Board of Medicine case where a licensee respondent wanted to testify on her own behalf as an expert witness. As a result of the ruling of the Court of Appeals in that case, Ms. Barrett presented to the Board two proposed standards to be considered by the Board for admissibility of expert testimony in hearings. The Attorney General's Office recommends the adoption of Standard #1 (Traditional Virginia Standard).

Upon a motion by Karen Stanfield, NHA, and properly seconded by Marj Pantone, ALFA, the Board voted to adopt Standard #1 (Traditional Virginia Standard) as presented as the standard for expert witness testimony. The vote was unanimous.

### **BOARD OF HEALTH PROFESSIONS REPORT- Derrick Kendall, NHA, Chair**

Derrick Kendall, NHA, Chair, did not have any additional information to report regarding the Board of Health Professions.

Dr. Brown amended his previous agency report to provide an overview of the all-staff training conducted by the agency in May 2017. He discussed the training provided to the investigators by Board staff, which had a primary focus on Long-Term Care cases. He commended Board staff for the organization and style of the training, and commended Kathy Petersen for providing case examples. With no further questions, Dr. Brown concluded his amended report.

### **NEW BUSINESS - Legislative and Regulatory Update - Elaine Yeatts, Senior Policy Analyst**

Elaine Yeatts, Senior Policy Analyst, reported that she had a telephone conference scheduled for tomorrow, Wednesday, June 14, 2017, with the Department of Planning and Budget to discuss the Board's proposed regulations that resulted from the periodic review. With no further questions, Ms. Yeatts concluded her report.



**PRESENTATION – VCU School of Gerontology – Assisted Living Facility Administrator Program (NAB-Accredited)**

Jennifer Pryor, MA, MS, ALFA, shared a video about the VCU School of Gerontology, and provided an overview of the School's Assisted Living Facility Administrator Program, which was accredited with conditions by NAB in November 2016. Ms. Pryor reported that the program has completed the conditions and anticipates receiving full accreditation by NAB at the Annual Meeting scheduled for this week. The program is the first NAB-accredited program in Virginia and the accredited AL program will officially start for the 2017-2018 school year. Ms. Pryor anticipates that approximately 30 students per year will enroll in the AL program. Currently students enrolled at the VCU School of Gerontology who take the examinations for licensing have a 66% passage rate.

Shervonne Banks, Citizen Member, commended VCU for the program and for providing an opportunity for gerontologists in the area of assisted living.

Ms. Pryor answered questions of Board members regarding community partnerships and preceptor support. She further provided positive feedback for the AIT manual and preceptor training developed by NAB.

With no further questions, Ms. Pryor concluded her presentation.

**PRESENTATION – Sanctioning Reference Points – Neal Kauder and Kim Small**

Neal Kauder, President, and Kim Small, Senior Research Associate, VisualResearch, Inc., provided an overview of the Sanctioning Reference Points (SRP) tool currently used by the Board in discipline cases, primarily informal conferences. He described how the sanctioning tool was developed and how it is used to promote consistency. The current SRP tool used by the Board was adopted in March 2010 based upon 45 cases that were adjudicated between 1999-2009 and has not been revised since that time. Ms. Small then walked the Board members through a sample case showing how a case would be scored using the current SRP worksheet. With no further questions, Mr. Kauder and Ms. Small concluded their report.

Upon a Motion made by Marj Pantone and properly seconded by Karen Stanfield, the Board voted to proceed with updates to the Sanctioning Reference Point tool. The vote was unanimous.

**TRAINING - Erin Barrett, Assistant Attorney General**

Erin Barrett, Assistant Attorney General, Board Counsel, provided training to Board members regarding the disciplinary process, including the process for formal hearings, the sanctions that can be imposed, and the appeals process. With no further questions, Ms. Barrett concluded her training.

## NEXT MEETING

The next Board meeting is scheduled for September 12, 2017. Mr. Kendall indicated that that date may conflict with another meeting and that the Board meeting may need to be rescheduled. Additional information about a possible reschedule date will be forthcoming.

## ADJOURNMENT

Prior to the conclusion of the meeting, Ms. Tillman Wolf introduced Asia Pham, a rising sophomore at Virginia Commonwealth University, as the summer intern for the Boards of Long-Term Care Administrators, Funeral Directors & Embalmers, and Physical Therapy.

With all business concluded, the meeting was adjourned at 12:05 p.m.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**UNAPPROVED**

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

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**June 13, 2017**

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

**Henrico, Virginia**

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**CALL TO ORDER:** A panel of the Board was called to order at 1:09 p.m.

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

**MEMBERS ABSENT:** Doug Nevitt, ALFA  
Mitchell Davis, NHA

**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:** Amy Weiss, Adjudication Specialist

**COMMONWEALTH WITNESSES:** Joyce Johnson, Senior Investigator

**MATTER SCHEDULED:** Rita Lynn Moore, ALFA  
License No.: 1706-000031  
Case No.: 180121

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

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

**CLOSED SESSION:** Upon a motion by Martha Hunt, and duly seconded by Karen Stanfield, the Board voted to convene a closed meeting at 1:38 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 Rita Moore, ALFA Reinstatement Applicant. 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 Karen Stanfield, the Board voted to re-convene at 2:17 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 Marj Pantone, the Board approved Ms. Moore's application for reinstatement to serve as an Assisted Living Facility Administrator in the Commonwealth of Virginia

**VOTE:** The vote was unanimous.

**ADJOURNMENT:** The Board adjourned at 2:22 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**

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June 13, 2017

Department of Health Professions  
9960 Mayland Drive, Suite #300

Henrico, Virginia

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**CALL TO ORDER:** A panel of the Board was called to order at 2:36 p.m.

**MEMBERS PRESENT:** Derrick Kendall, NHA, Chair  
Karen Stanfield, NHA  
Basil Acey, Citizen Member  
Mary Brydon, Citizen Member  
Shervonne Banks, Citizen Member

**MEMBERS ABSENT:** Doug Nevitt, ALFA  
Mitchell Davis, NHA

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

**STAFF PRESENT:** Corie Tillman Wolf, Executive Director  
Lynne Helmick, Deputy Executive Director

**COURT REPORTER:** Crane Snead Court Reporting

**PARTIES ON BEHALF OF  
COMMONWEALTH:** Julia Bennett, Assistant Attorney General  
Amy Weiss, Adjudication Specialist

**COMMONWEALTH  
WITNESSES:** Ann Hardy, Senior Investigator  
Rosemarie Keith, Retired DSS Inspector

**PARTIES ON BEHALF OF  
RESPONDENT:** David O. Prince, Esq.

**RESPONDENT  
WITNESSES:** Trina Andrews  
Mary Jones

**MATTER SCHEDULED:** Mable B. Jones, ALFA  
License No.: 1706-000478  
Case No.: 159813

**ESTABLISHMENT OF A QUORUM:** With five (5) members of the Board present, a quorum was established.

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

**RECESS:** The Board enter into a recess 7:02 p.m.

**RECONVENE:** The Board reconvened at 7:10 p.m.

**CLOSED SESSION:** Upon a motion by Karen Stanfield, and duly seconded by Shervonne Banks, the Board voted to convene a closed meeting at 7:22 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 Mable Jones, ALFA. Additionally, she moved that Ms. Tillman Wolf, Ms. Barrett 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 Karen Stanfield, and duly seconded by Shervonne Banks, the Board voted to re-convene at 8:20 p.m.

**CERTIFICATION:** Karen Stanfield 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 Basil Acey, the Board issued a ninety (90) day suspension, followed by two years of probation for date of Order entry. Ms. Jones shall submit all inspection reports to the Board within ten days of her response and/or completed plan of correction.

**VOTE:** The vote was unanimous.

**ADJOURNMENT:** The Board adjourned at 8:32 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.*

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Derek Kendall, NHA, Chair

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Corie E. Tillman Wolf, Executive Director

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Date

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Date

## **Workforce Data Center Reports - 2017**

- **Nursing Home Administrators**
- **Assisted Living Facility Administrators**



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# *Virginia's Nursing Home Administrator Workforce: 2017*

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Healthcare Workforce Data Center

May 2017

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Richmond, VA 23233  
804-367-2115, 804-527-4466(fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

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

*756 Nursing Home Administrators voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Long-Term Care Administrators express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, D.C.**  
*Director*

**Lisa R. Hahn, MPA**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

**Dr. Elizabeth Carter, Ph.D.**  
*Executive Director*

**Yetty Shobo, Ph.D.**  
*Deputy Director*

**Laura Jackson**  
*Operations Manager*

**Christopher Coyle**  
*Research Assistant*

# Virginia Board of Long-Term Care Administrators

## ***Chair***

Derrick Kendall, NHA  
*Blackstone*

## ***Vice-Chair***

Martha H. Hunt, ALFA  
*Richmond*

## ***Members***

Karen Hopkins Stanfield, NHA  
*Dinwiddie*

Marj Pantone, ALFA  
*Virginia Beach*

Cary Douglas Nevitt, ALFA  
*Fredericksburg*

Mitchell P. Davis, NHA  
*Salem*

Shervonne Banks  
*Hampton*

Mary B. Brydon  
*Richmond*

Basil Acey  
*Henrico*

## ***Executive Director***

Corie E. Tillman Wolf, J.D.

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

### The Workforce

Licensees:	906
Virginia's Workforce:	703
FTEs:	765

### Background

Rural Childhood:	43%
HS Degree in VA:	52%
Prof. Degree in VA:	74%

### Current Employment

Employed in Prof.:	88%
Hold 1 Full-time Job:	88%
Satisfied?:	96%

### Survey Response Rate

All Licensees:	83%
Renewing Practitioners:	97%

### Health. Admin. Edu.

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

### Job Turnover

Switched Jobs:	10%
Employed over 2 yrs:	54%

### Demographics

Female:	56%
Diversity Index:	23%
Median Age:	51

### Finances

Median Inc.: \$100k-\$110k	
Vacation:	94%
Retirement:	72%

### Time Allocation

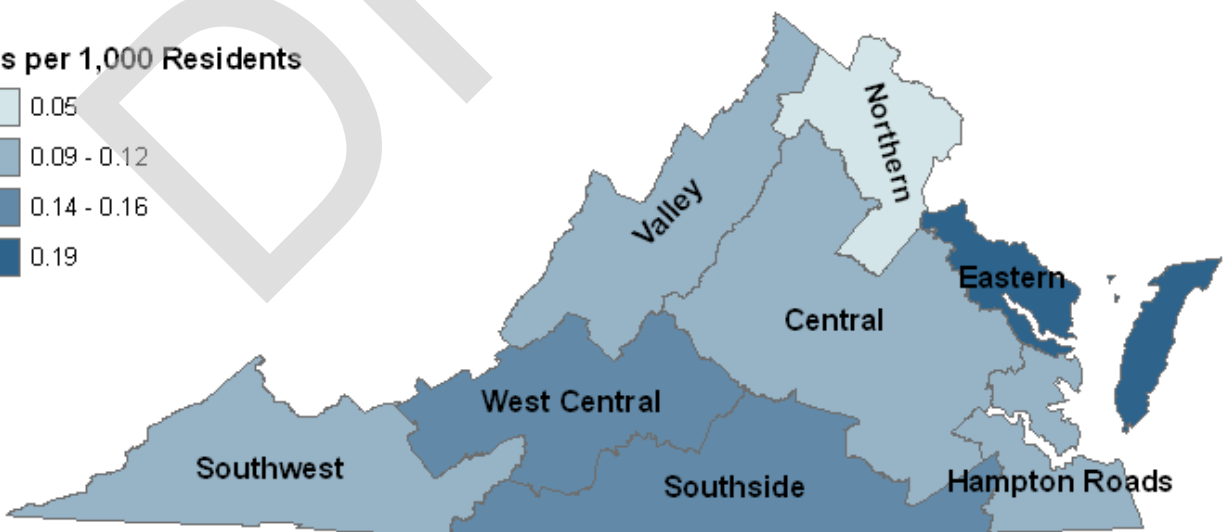
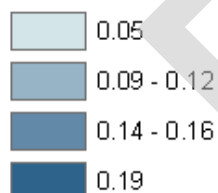
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units per 1,000 Residents by Council on Virginia's Future Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2015  
Source: U.S. Census Bureau, Population Division



756 Nursing Home Administrators (NHAs) voluntarily took part in the 2017 Nursing Home Administrator Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for NHAs. These survey respondents represent 83% of the 906 NHAs who are licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 703 NHAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an NHA at some point in the future. Between April 2016 and March 2017, Virginia's NHA workforce provided 765 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

56% of NHAs are female, including 48% of those NHAs who are under the age of 40. Overall, the median age of Virginia's NHA workforce is 51. In a random encounter between two NHAs, there is a 23% chance that they would be of different races or ethnicities, a measure known as the diversity index. Among NHAs who are under the age of 40, this index falls slightly to 22%. Virginia's NHA workforce is considerably less diverse than the state's overall population, which currently has a diversity index of 56%.

43% of all NHAs grew up in a rural area, and 30% of these professionals currently work in non-metro areas of the state. Overall, 18% of Virginia's NHAs work in non-metro areas of the state. Meanwhile, 77% of Virginia's NHA workforce has some educational background in the state, including 48% who received both their high school and initial professional degrees in the state.

40% of Virginia's NHAs hold an Administrator-in-Training certificate as their highest professional degree, while another 26% have earned a Master's degree in health administration. 42% of all NHAs in the state hold the title of Administrator at their primary work location, while another 14% hold the title of Executive Director. In addition to being licensed as an NHA, 13% of the workforce is also licensed as a nurse (either a RN or a LPN) and 4% are licensed as an Assisted Living Facility Administrator (ALFA).

88% of Virginia's NHAs are currently employed in the profession, and just 1% are involuntarily unemployed at the moment. 88% of Virginia's NHA workforce holds one full-time job, while 4% hold multiple positions simultaneously. 45% of all NHAs work between 40 and 49 hours per week, while 15% work at least 60 hours per week. Only 1% of NHAs work less than 30 hours per week.

The median annual income for NHAs is between \$100,000 and \$110,000. In addition, 95% of NHAs receive at least one employer-sponsored benefit, including 94% who receive paid vacation time and 72% who have access to some form of a retirement plan. 96% of NHAs indicate they are satisfied with their current employment situation, including 71% who indicate they are "very satisfied".

While 10% of Virginia's NHAs have switched jobs in the past year, 54% of all NHAs have remained at the same primary work location for at least two years. 62% of all NHAs are employed by a for-profit organization, and 54% work at a skilled nursing facility, making it the most common establishment type among Virginia's NHA workforce.

A typical NHA spends nearly half of her time on administrative tasks, and 28% of all NHAs serve an administrative role, meaning that at least 60% of their time is spent on administrative activities. In addition, the typical NHA spends approximately one-quarter of her time performing supervisory tasks and 15% of her time treating patients. On average, the typical NHA is responsible for between 100 and 124 patients at her primary work location.

29% of NHAs expect to retire by the age of 65. 29% of Virginia's NHA workforce also expects to retire in the next ten years, while half the current workforce expects to retire by 2037. Over the next two years, 13% of all NHAs expect to pursue additional educational opportunities, while 12% plan to begin accepting administrators-in-training.

## Summary of Trends

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In 2013, there were 844 NHAs who were licensed in the state of Virginia, but this number has increased to 906 licensees in 2017. At the same time, these licensees were more likely to respond to the NHA survey. 634 NHAs responded to the 2013 NHA survey, which represents 75% of all licensees and 88% of renewing practitioners. Meanwhile, 756 NHAs responded to the 2017 NHA survey, which represents 83% of all licensees and 97% of renewing practitioners.

During the same time period, the size of the NHA workforce has increased from 674 to 703. However, the increase in the size of the NHA workforce has not translated into a large increase in the number of FTEs provided by these NHAs. In 2013, Virginia's NHA workforce provided 760 FTEs across the state, but this figure has only increased to 765 FTEs for the 2017 NHA workforce.

Although 60% of all NHAs were female in 2013, this percentage has fallen to 56% in 2017. This decline in the percentage of NHAs who are female has been even more pronounced among those who are under the age of 40. In fact, while a majority of all NHAs are still female, this is not the case for NHAs who are under the age of 40. For those under the age of 40, 59% were female in 2013 compared to 48% in 2017.

At the same time, Virginia's NHA workforce has become somewhat more diverse. In 2013, the diversity index for Virginia's NHA workforce was 18%, but this percentage has increased to 23% for the 2017 NHA workforce. On the other hand, there was no corresponding increase for those NHAs who are under the age of 40. In fact, the current diversity index for those NHAs who are under the age of 40 remains the same as it was in 2013, 22%.

In 2013, 42% of all NHAs in the state reported that they grew up in a rural area during their childhood. This percentage increased slightly to 43% in 2017. At the same time, the percentage of NHAs who grew up in a rural area and work in a non-metro area of the state also increased slightly from 29% to 30%. On the other hand, the overall percentage of Virginia's NHA workforce who worked in a non-metro area of the state has remained unchanged over the past four years at 18%.

With respect to the employment situation of Virginia's NHA workforce, the percentage of NHAs who are employed in the profession has increased from 86% to 88%. In addition, the percentage of NHA who hold one full-time job has increased similarly from 86% to 88%. Virginia's NHA workforce is also more likely to work between 40 and 49 hours per week in 2017. While 39% of NHA worked between 40 and 49 hours per week in 2013, this percentage increased to 45% in 2017.

The median annual income for the typical NHA in 2013 was between \$75,000 and \$100,000. This increased to between \$100,000 and \$110,000 per year for the typical NHA in 2017. At the same time, NHAs were also somewhat more likely to receive an employer-sponsored benefit in 2017. 92% of all NHAs received at least one employer-sponsored benefit in 2013, but this percentage increased to 95% for the 2017 NHA workforce. Thanks in part to the improving financial situation of Virginia's NHA workforce, these professionals were more satisfied with their work circumstances in 2017. While 93% of NHAs indicated that they were satisfied with their current work situation in 2013, 96% of NHAs indicated likewise in 2017.

Virginia's 2017 NHA workforce was more likely to work in the for-profit sector. 59% of all NHAs worked in this sector in 2013, a percentage that increased to 62% for the 2017 NHA workforce. There was also a slight percentage increase in NHA employment in state and local governments from 3% in 2013 to 4% in 2017. By contrast, NHA employment in the non-profit sector fell from 38% in 2013 to 34% in 2017.

There has been a small shift in retirement expectations among Virginia's NHA workforce over the past four years. In 2013, 31% of all NHA expected to retire by age 65, but only 29% expected to do the same in 2017. Within the next 10 years, 29% of all 2017 NHAs expect to retire. In 2013, on the other hand, 31% had expected to retire within the next ten years.

## Survey Response Rates

### A Closer Look:

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	746	82%
<b>New Licensees</b>	70	8%
<b>Non-Renewals</b>	90	10%
<b>All Licensees</b>	<b>906</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. 97% of renewing NHAs submitted a survey. These respondents represent 83% of all NHAs who held a license at some point in the past year.*

### At a Glance:

#### Licensed Administrators

Number:	906
New:	8%
Not Renewed:	10%

#### Response Rates

All Licensees:	83%
Renewing Practitioners:	97%

### Response Rates

<b>Completed Surveys</b>	<b>756</b>
<b>Response Rate, all licensees</b>	<b>83%</b>
<b>Response Rate, Renewals</b>	<b>97%</b>

Source: Va. Healthcare Workforce Data Center

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
<b>Under 30</b>	10	19	66%
<b>30 to 34</b>	6	54	90%
<b>35 to 39</b>	13	65	83%
<b>40 to 44</b>	12	81	87%
<b>45 to 49</b>	21	109	84%
<b>50 to 54</b>	17	109	87%
<b>55 to 59</b>	21	104	83%
<b>60 and Over</b>	50	215	81%
<b>Total</b>	<b>150</b>	<b>756</b>	<b>83%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	35	35	50%
<b>Metro Status</b>			
<b>Non-Metro</b>	15	107	88%
<b>Metro</b>	62	505	89%
<b>Not in Virginia</b>	74	144	66%

Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Workforce

NHA Workforce: 703  
 FTEs: 765

### Utilization Ratios

Licensees in VA Workforce: 78%  
 Licensees per FTE: 1.18  
 Workers per FTE: 0.92

Source: Va. Healthcare Workforce Data Center

Virginia's NHA Workforce		
Status	#	%
Worked in Virginia in Past Year	689	98%
Looking for Work in Virginia	14	2%
Virginia's Workforce	703	100%
Total FTEs	765	
Licensees	906	

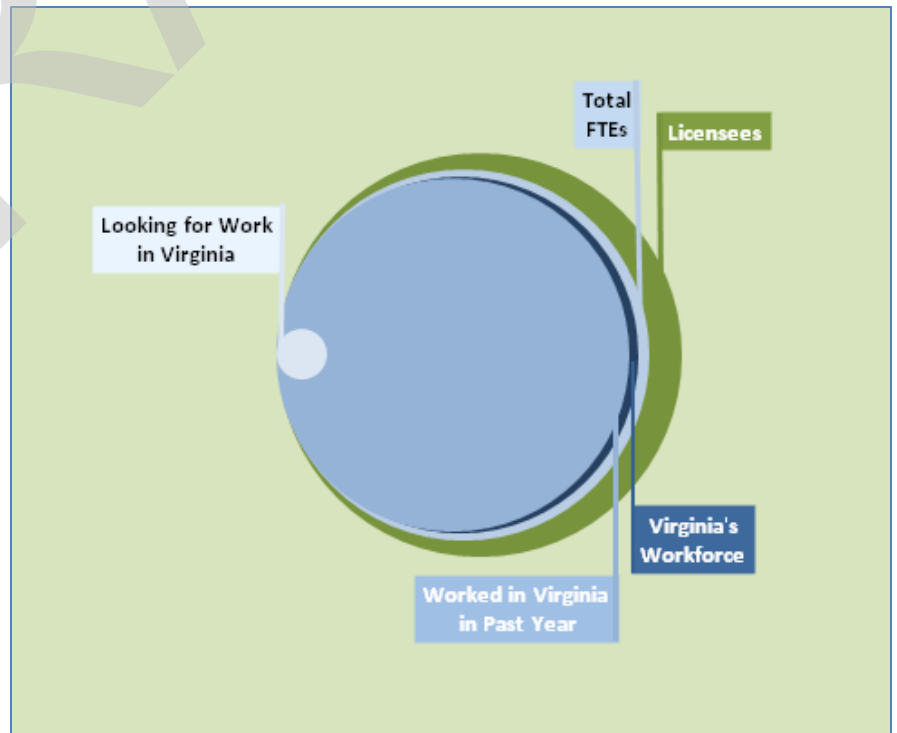
Source: Va. Healthcare Workforce Data Center

## Definitions

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

*This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:*

[www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	13	49%	14	51%	26	4%
30 to 34	24	46%	28	54%	52	8%
35 to 39	37	60%	25	41%	62	10%
40 to 44	22	31%	48	69%	70	11%
45 to 49	39	40%	60	60%	99	16%
50 to 54	36	42%	50	58%	86	14%
55 to 59	39	46%	46	54%	85	13%
60 +	70	46%	84	54%	154	24%
<b>Total</b>	<b>280</b>	<b>44%</b>	<b>355</b>	<b>56%</b>	<b>636</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 56%  
 % Under 40 Female: 48%

**Age**

Median Age: 51  
 % Under 40: 22%  
 % 55+: 38%

**Diversity**

Diversity Index: 23%  
 Under 40 Div. Index: 22%

Source: Va. Healthcare Workforce Data Center

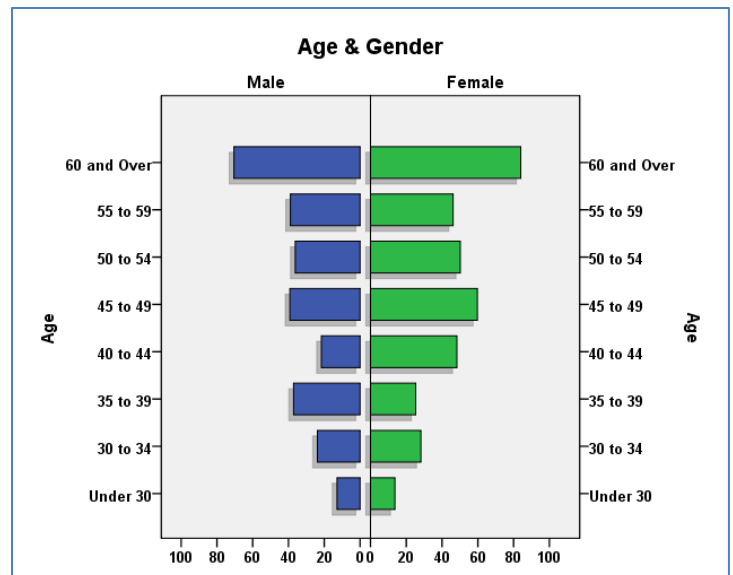
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	63%	554	87%	122	88%
Black	19%	62	10%	11	8%
Asian	6%	7	1%	1	1%
Other Race	0%	2	< 1%	0	0%
Two or more races	3%	3	< 1%	2	1%
Hispanic	9%	8	1%	3	2%
<b>Total</b>	<b>100%</b>	<b>636</b>	<b>100%</b>	<b>139</b>	<b>100%</b>

\* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two NHAs, there is a 23% chance they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 56%.

22% of all NHAs are under the age of 40, and 48% of these professionals are female. In addition, there is a 22% chance that two randomly chosen NHAs from this age group would be of a different race or ethnicity.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 13%  
 Rural Childhood: 43%

### Virginia Background

HS in Virginia: 52%  
 Prof. in VA: 74%  
 HS or Prof. in VA: 77%

### Location Choice

% Rural to Non-Metro: 30%  
 % Urban/Suburban to Non-Metro: 10%

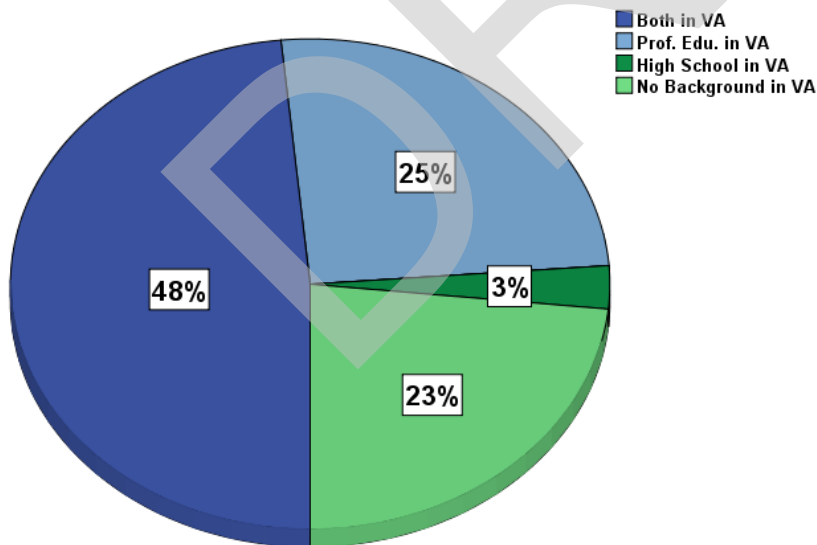
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	30%	54%	17%
2	Metro, 250,000 to 1 million	49%	42%	9%
3	Metro, 250,000 or less	56%	37%	7%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	58%	37%	5%
6	Urban pop, 2,500-19,999, Metro adj	65%	24%	12%
7	Urban pop, 2,500-19,999, nonadj	81%	14%	5%
8	Rural, Metro adj	74%	26%	0%
9	Rural, nonadj	73%	20%	7%
<b>Overall</b>		<b>43%</b>	<b>45%</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

## Expected Years to Retirement



43% of all NHAs grew up in a rural area, and 30% of these professionals currently work in non-metro areas of the state. Overall, 18% of NHAs currently work in non-metro areas of the state.

Source: Va. Healthcare Workforce Data Center

## Top Ten States for Nursing Home Administrator Recruitment

Rank	All Nursing Home Administrators			
	High School	#	Init. Prof Degree	#
1	Virginia	327	Virginia	442
2	New York	34	Maryland	19
3	West Virginia	31	West Virginia	18
4	Pennsylvania	26	Ohio	16
5	Maryland	22	Tennessee	14
6	Outside U.S./Canada	20	New York	11
7	Tennessee	20	North Carolina	10
8	Ohio	20	Washington, D.C.	6
9	North Carolina	17	Pennsylvania	6
10	New Jersey	13	Texas	4

*52% of licensed NHAs received their high school degree in Virginia, and 74% earned their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof Degree	#
1	Virginia	88	Virginia	137
2	Outside U.S./Canada	13	Maryland	8
3	New York	12	Ohio	6
4	West Virginia	11	North Carolina	6
5	Maryland	10	West Virginia	5
6	Ohio	9	Tennessee	4
7	Tennessee	8	Washington, D.C.	4
8	North Carolina	8	Texas	3
9	Pennsylvania	6	Georgia	3
10	New Jersey	5	Arizona	3

*Among NHAs who have been licensed in the past five years, 41% received their high school degree in Virginia, while 67% earned their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*22% of licensees were not a part of Virginia's NHA workforce. 93% of these licensees worked at some point in the past year, including 82% who worked as NHAs.*

### At a Glance:

#### Not in VA Workforce

Total:	203
% of Licensees:	22%
Federal/Military:	0%
Va Border State/DC:	16%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Highest Degree				
Degree	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	30	5%	-	-
Admin-in-Training	249	40%	-	-
High School/GED	-	-	12	2%
Associate	15	2%	47	7%
Bachelors	130	21%	297	47%
Graduate Cert.	9	1%	9	1%
Masters	158	26%	257	41%
Doctorate	3	0%	9	1%
Other	22	4%	-	-
<b>Total</b>	<b>616</b>	<b>100%</b>	<b>630</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Health Administration Education**

- Admin-in-Training: 40%
- Master's Degree: 26%
- Bachelor's Degree: 21%

**Licenses/Registrations**

- Nurse (RN or LPN): 13%
- ALFA: 4%
- CNA: 1%

**Job Titles**

- Administrator: 42%
- Executive Director: 14%

Source: Va. Healthcare Workforce Data Center

*40% of all NHAs have an Administrator-in-Training certificate as their highest professional education, while 26% have earned a Master's degree in health administration.*

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
Administrator	298	42%	29	4%
Executive Director	101	14%	20	3%
President or Executive Officer	69	10%	3	< 1%
Assistant Administrator	25	4%	8	1%
Owner	10	1%	0	0%
Other	129	18%	32	5%
<b>At Least One</b>	<b>592</b>	<b>84%</b>	<b>88</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

Licenses and Registrations		
License/Registration	#	%
Nursing Home Administrator	633	90%
Nurse (RN or LPN)	94	13%
ALF Administrator	30	4%
Certified Nursing Assistant	10	1%
Registered Medication Aide	7	1%
Physical Therapist	2	< 1%
Occupational Therapist	1	< 1%
Other	39	6%
<b>At Least One</b>	<b>634</b>	<b>90%</b>

Source: Va. Healthcare Workforce Data Center

*42% of Virginia's NHA workforce held the title of Administrator at their primary work location. Another 14% held the title of Executive Director.*

## At a Glance:

### Employment

Employed in Profession: 88%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-time: 88%  
2 or More Positions: 4%

### Weekly Hours:

40 to 49: 45%  
60 or more: 15%  
Less than 30: 1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	1	< 1%
Employed in a capacity related to long-term care	555	88%
Employed, NOT in a capacity related to long-term care	51	8%
Not working, reason unknown	0	0%
Involuntarily unemployed	3	1%
Voluntarily unemployed	20	3%
Retired	4	1%
<b>Total</b>	<b>634</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*88% of licensed NHAs are currently employed in the profession, and only 1% are involuntarily unemployed. In addition, 88% of all NHAs hold one full-time job, and 45% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	27	4%
One Part-Time Position	23	4%
Two Part-Time Positions	0	0%
One Full-Time Position	555	88%
One Full-Time Position & One Part-Time Position	19	3%
Two Full-Time Positions	1	< 1%
More than Two Positions	3	< 1%
<b>Total</b>	<b>628</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	27	4%
1 to 9 hours	1	< 1%
10 to 19 hours	1	< 1%
20 to 29 hours	4	1%
30 to 39 hours	10	2%
40 to 49 hours	280	45%
50 to 59 hours	204	33%
60 to 69 hours	80	13%
70 to 79 hours	6	1%
80 or more hours	5	1%
<b>Total</b>	<b>618</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Hourly Wage	#	%
<b>Volunteer Work Only</b>	8	2%
<b>Less than \$60,000</b>	41	8%
<b>\$60,000-\$69,999</b>	13	3%
<b>\$70,000-\$79,999</b>	31	6%
<b>\$80,000-\$89,999</b>	46	9%
<b>\$90,000-\$99,999</b>	74	14%
<b>\$100,000-\$109,999</b>	72	14%
<b>\$110,000-\$119,999</b>	43	8%
<b>\$120,000-\$129,999</b>	64	12%
<b>\$130,000-\$139,999</b>	29	6%
<b>\$140,000-\$149,999</b>	18	3%
<b>\$150,000-\$159,999</b>	24	5%
<b>\$160,000 or More</b>	54	11%
<b>Total</b>	<b>516</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$100k-\$110k

**Benefits**  
Paid Vacation: 94%  
Employer Retirement: 72%

**Satisfaction**  
Satisfied: 96%  
Very Satisfied: 71%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
<b>Paid Vacation</b>	522	94%
<b>Paid Sick Leave</b>	468	84%
<b>Group Life Insurance</b>	435	78%
<b>Dental Insurance</b>	429	77%
<b>Retirement</b>	398	72%
<b>Signing/Retention Bonus</b>	66	12%
<b>At Least One Benefit</b>	<b>530</b>	<b>95%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

*The median income for NHAs is between \$100,000 and \$110,000 per year. In addition, 95% of NHAs receive at least one employer-sponsored benefit, including 94% who receive paid vacation time.*

*96% of NHAs are satisfied with their job, including 71% who are very satisfied with their current work circumstances.*

Job Satisfaction		
Level	#	%
<b>Very Satisfied</b>	444	71%
<b>Somewhat Satisfied</b>	150	24%
<b>Somewhat Dissatisfied</b>	23	4%
<b>Very Dissatisfied</b>	5	1%
<b>Total</b>	<b>622</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	11	2%
Experience Voluntary Unemployment?	37	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	9	1%
Work two or more positions at the same time?	49	7%
Switch employers or practices?	72	10%
<b>Experienced at least one</b>	<b>157</b>	<b>22%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 2%  
Underemployed: 1%

**Turnover & Tenure**

Switched Jobs: 10%  
New Location: 29%  
Over 2 years: 54%  
Over 2 yrs, 2<sup>nd</sup> location: 40%

Source: Va. Healthcare Workforce Data Center

*Only 2% of Virginia's NHAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 4.0% during the past year.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	7	1%	13	14%
Less than 6 Months	77	13%	11	12%
6 Months to 1 Year	71	12%	17	18%
1 to 2 Years	122	20%	14	15%
3 to 5 Years	130	22%	19	20%
6 to 10 Years	77	13%	8	9%
More than 10 Years	118	20%	10	11%
<b>Subtotal</b>	<b>602</b>	<b>100%</b>	<b>93</b>	<b>100%</b>
Did not have location	14		599	
Item Missing	87		11	
<b>Total</b>	<b>703</b>		<b>703</b>	

*54% of NHAs have worked at their primary location for more than 2 years.*

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.6% in April 2016 to 3.8% in March 2017.



## At a Glance:

### Concentration

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

### Locations

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

Source: Va. Healthcare Workforce Data Center

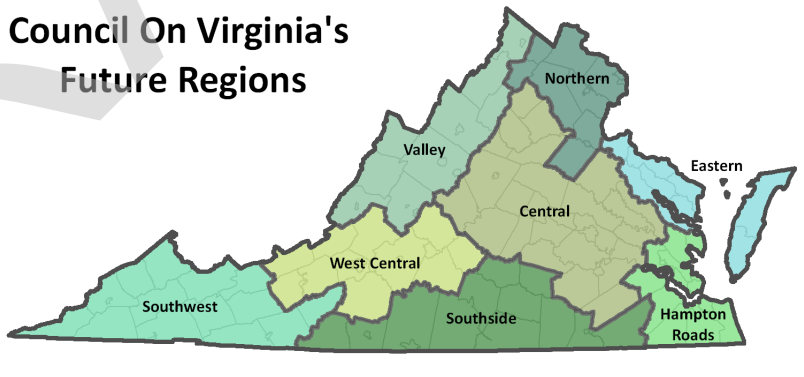
59% of all NHAs in the state work in Central Virginia, Hampton Roads, and Northern Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	129	21%	9	10%
Eastern	19	3%	7	8%
Hampton Roads	113	19%	26	28%
Northern	112	19%	20	22%
Southside	41	7%	2	2%
Southwest	42	7%	2	2%
Valley	45	7%	9	10%
West Central	97	16%	13	14%
Virginia Border State/DC	1	< 1%	0	0%
Other US State	6	1%	5	5%
Outside of the US	0	0%	0	0%
<b>Total</b>	<b>605</b>	<b>100%</b>	<b>93</b>	<b>100%</b>
Item Missing	84		12	

Source: Va. Healthcare Workforce Data Center

## Council On Virginia's Future Regions



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

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	12	2%	14	2%
1	504	82%	520	85%
2	63	10%	56	9%
3	22	4%	16	3%
4	4	1%	2	< 1%
5	1	< 1%	0	0%
6 or More	8	1%	7	1%
<b>Total</b>	<b>615</b>	<b>100%</b>	<b>615</b>	<b>100%</b>

\*At the time of survey completion, March 2017.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	365	62%	63	72%
<b>Non-Profit</b>	198	34%	22	25%
<b>State/Local Government</b>	21	4%	0	0%
<b>Veterans Administration</b>	1	< 1%	0	0%
<b>U.S. Military</b>	0	0%	1	1%
<b>Other Federal Government</b>	0	0%	2	2%
<b>Total</b>	<b>585</b>	<b>100%</b>	<b>88</b>	<b>100%</b>
<b>Did not have location</b>	14		599	
<b>Item Missing</b>	105		15	

Source: Va. Healthcare Workforce Data Center

### At a Glance: (Primary Locations)

**Sector**

For Profit: 62%

Federal: < 1%

**Top Establishments**

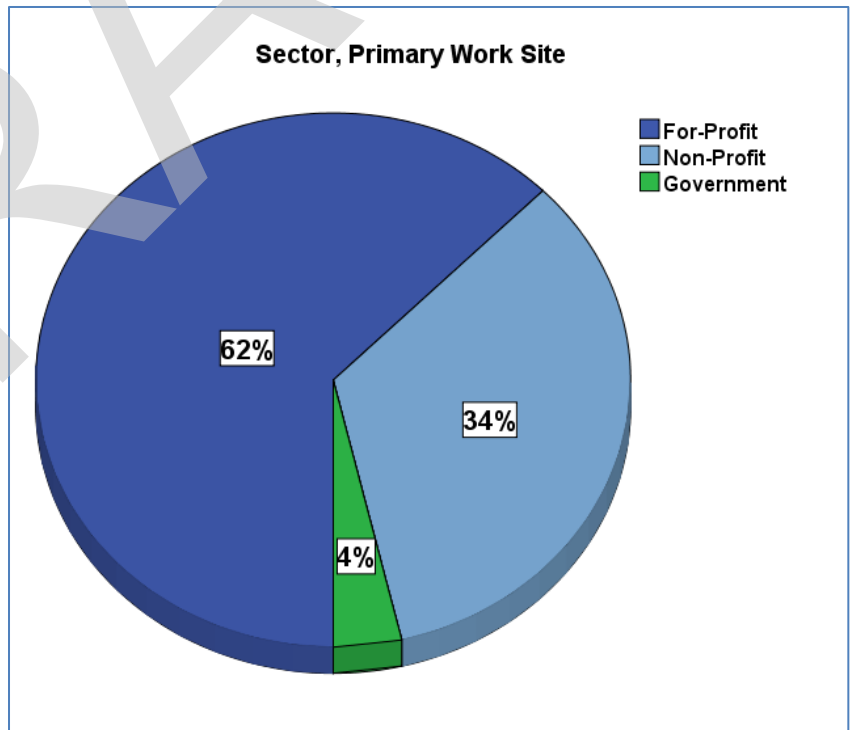
Skilled Nursing Facility: 54%

Assisted Living Facility: 18%

Continuing Care Retirement Comm.: 16%

Source: Va. Healthcare Workforce Data Center

*96% of all NHAs work in the private sector, including 62% who worked at a for-profit establishment.*



Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Skilled Nursing Facility</b>	378	54%	54	8%
<b>Assisted Living Facility</b>	126	18%	14	2%
<b>Continuing Care Retirement Community</b>	115	16%	7	1%
<b>Rehabilitation Facility</b>	78	11%	5	1%
<b>Home/Community Health Care</b>	16	2%	0	0%
<b>Hospice</b>	11	2%	0	0%
<b>PACE</b>	7	1%	1	< 1%
<b>Adult Day Care</b>	4	1%	0	0%
<b>Academic Institution</b>	3	< 1%	4	1%
<b>Other Practice Type</b>	66	9%	9	1%
<b>At Least One Establishment</b>	<b>604</b>	<b>86%</b>	<b>88</b>	<b>13%</b>

*54% of Virginia's NHA workforce are employed at a skilled nursing facility as their primary work location.*

Source: Va. Healthcare Workforce Data Center

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Facility Chain</b>	306	56%	48	58%
<b>Independent/Stand Alone</b>	159	29%	15	18%
<b>Hospital-Based</b>	32	6%	7	8%
<b>Integrated Health System</b>	20	4%	4	5%
<b>College or University</b>	1	< 1%	3	4%
<b>Other</b>	29	5%	6	7%
<b>Total</b>	<b>547</b>	<b>100%</b>	<b>83</b>	<b>100%</b>
<b>Did Not Have Location</b>	14		599	
<b>Item Missing</b>	142		21	

*56% of NHAs are employed at a facility chain organization as their primary work location. Another 29% of Virginia's NHAs are employed at an independent/stand-alone organization.*

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

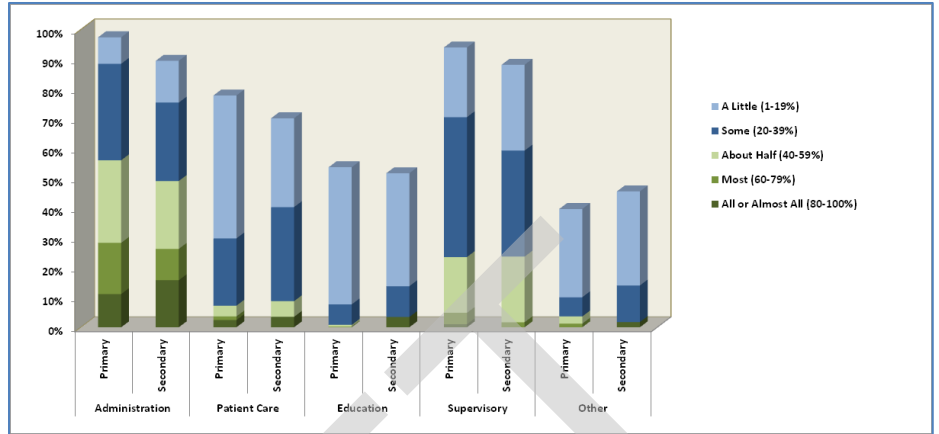
Administration: 40%-49%  
 Supervisory: 20%-29%  
 Patient Care: 10%-19%  
 Education: 1%-9%

### Roles

Administration: 28%  
 Supervisory: 5%  
 Patient Care: 4%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



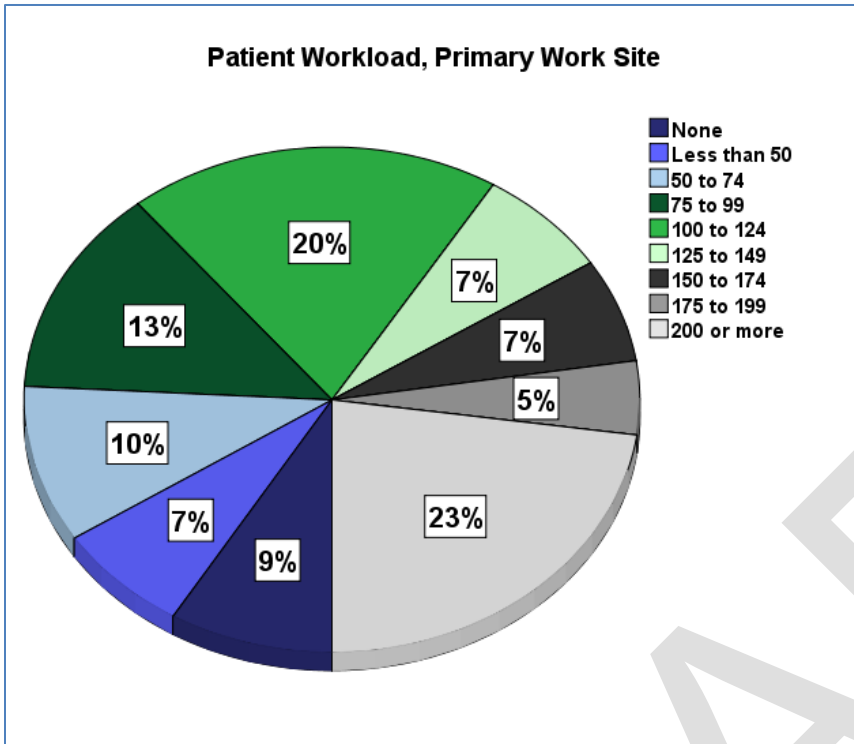
Source: Va. Healthcare Workforce Data Center

*A typical NHA spends nearly half of her time performing administrative tasks. In addition, 28% of NHAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.*

Time Spent	Time Allocation									
	Admin.		Patient Care		Education		Supervisory		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	11%	16%	2%	3%	0%	3%	1%	0%	0%	2%
<b>Most (60-79%)</b>	17%	10%	1%	0%	0%	0%	4%	2%	1%	0%
<b>About Half (40-59%)</b>	28%	22%	4%	5%	1%	0%	19%	22%	2%	0%
<b>Some (20-39%)</b>	32%	26%	23%	31%	7%	10%	47%	36%	6%	12%
<b>A Little (1-19%)</b>	9%	14%	48%	29%	46%	38%	23%	29%	30%	31%
<b>None (0%)</b>	3%	10%	22%	29%	46%	48%	6%	12%	60%	53%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Patient Workload (Median)**

Primary Location: 100-124

Secondary Location: 75-99

Source: Va. Healthcare Workforce Data Center

*The typical NHA is responsible for between 100 and 124 patients at their primary work location. Those NHAs who also have a secondary work location are typically responsible for an additional 75 to 99 patients.*

Patient Workload Responsibility				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	48	9%	14	17%
1-24	18	3%	9	11%
25-49	22	4%	2	2%
50-74	57	10%	7	8%
75-99	75	13%	10	12%
100-124	110	20%	18	22%
125-149	40	7%	7	8%
150-174	37	7%	4	5%
175-199	26	5%	3	4%
200-224	19	3%	1	1%
225-249	16	3%	0	0%
250-274	8	1%	0	0%
275-299	6	1%	0	0%
300 or more	79	14%	8	10%
<b>Total</b>	<b>561</b>	<b>100%</b>	<b>83</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs over 50	
	#	%	#	%
<b>Under age 50</b>	11	2%	-	-
<b>50 to 54</b>	14	2%	4	1%
<b>55 to 59</b>	38	7%	6	2%
<b>60 to 64</b>	102	18%	44	15%
<b>65 to 69</b>	241	43%	140	49%
<b>70 to 74</b>	101	18%	60	21%
<b>75 to 79</b>	20	4%	12	4%
<b>80 or over</b>	3	1%	2	1%
<b>I do not intend to retire</b>	31	6%	18	6%
<b>Total</b>	<b>561</b>	<b>100%</b>	<b>286</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All NHAs**

Under 65: 29%  
Under 60: 11%

**NHAs 50 and over**

Under 65: 19%  
Under 60: 3%

**Time until Retirement**

Within 2 years: 9%  
Within 10 years: 29%  
Half the workforce: By 2037

Source: Va. Healthcare Workforce Data Center

29% of all NHAs expect to retire before the age of 65. This falls to 19% for those NHAs who are age 50 and over. Meanwhile, 28% of Virginia's NHA workforce expects to work at least until age 70.

Within the next two years, 13% of NHAs plan on pursuing additional educational opportunities, and 12% also expect to begin accepting Administrators-in-Training.

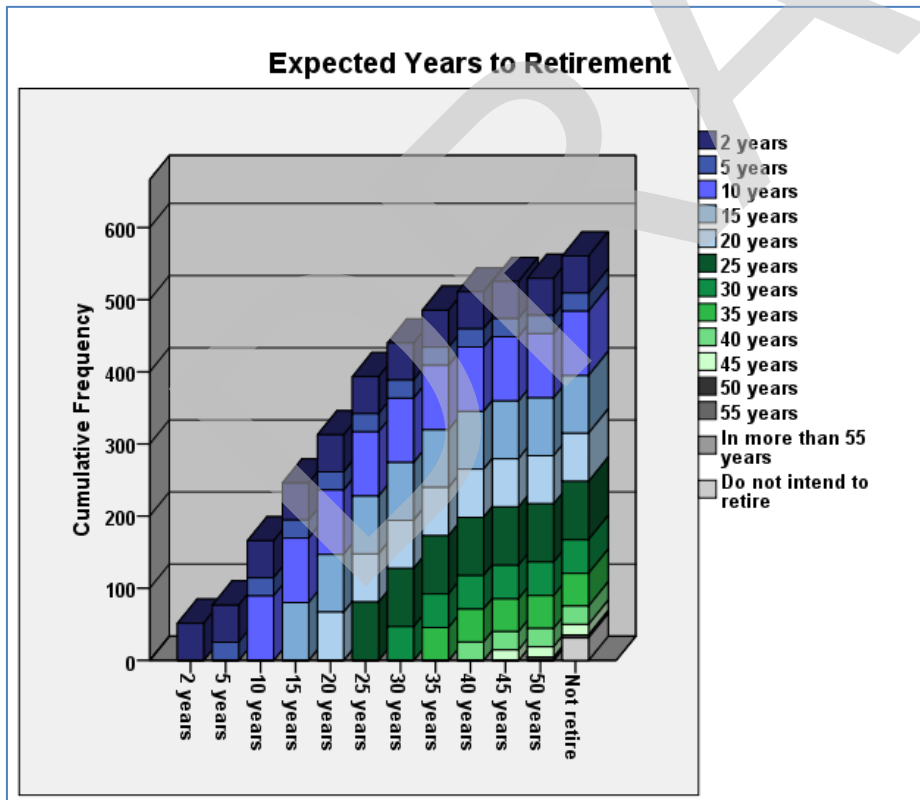
Future Plans		
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	24	3%
<b>Leave Virginia</b>	35	5%
<b>Decrease Patient Care Hours</b>	37	5%
<b>Decrease Teaching Hours</b>	1	< 1%
<b>Cease Accepting Trainees</b>	4	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	40	6%
<b>Increase Teaching Hours</b>	26	4%
<b>Pursue Additional Education</b>	90	13%
<b>Return to the Workforce</b>	9	1%
<b>Begin Accepting Trainees</b>	86	12%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NHAs. While only 9% of NHAs expect to retire in the next two years, 29% expect to retire within the next decade. More than half of the current NHA workforce expects to retire by 2037.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	51	9%	9%
5 years	25	4%	14%
10 years	89	16%	29%
15 years	80	14%	44%
20 years	67	12%	56%
25 years	81	14%	70%
30 years	47	8%	78%
35 years	45	8%	86%
40 years	25	4%	91%
45 years	14	2%	93%
50 years	4	1%	94%
55 years	0	0%	94%
In more than 55 years	0	0%	94%
Do not intend to retire	31	6%	100%
<b>Total</b>	<b>561</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2027. Retirements will peak at 16% of the current workforce around the same time before declining to under 10% again around 2047.

## At a Glance:

### FTEs

Total: 765  
 FTEs/1,000 Residents: .091  
 Average: 1.11

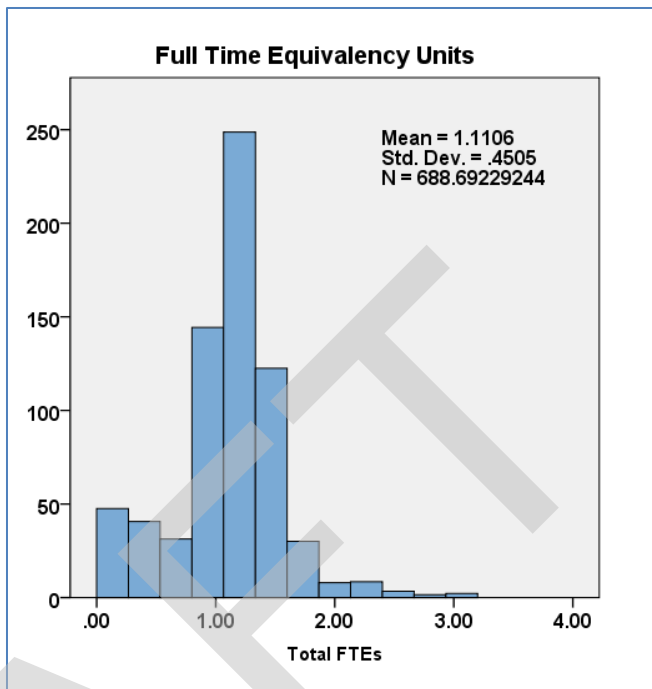
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Small  
 Gender, Partial Eta<sup>2</sup>: None

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

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

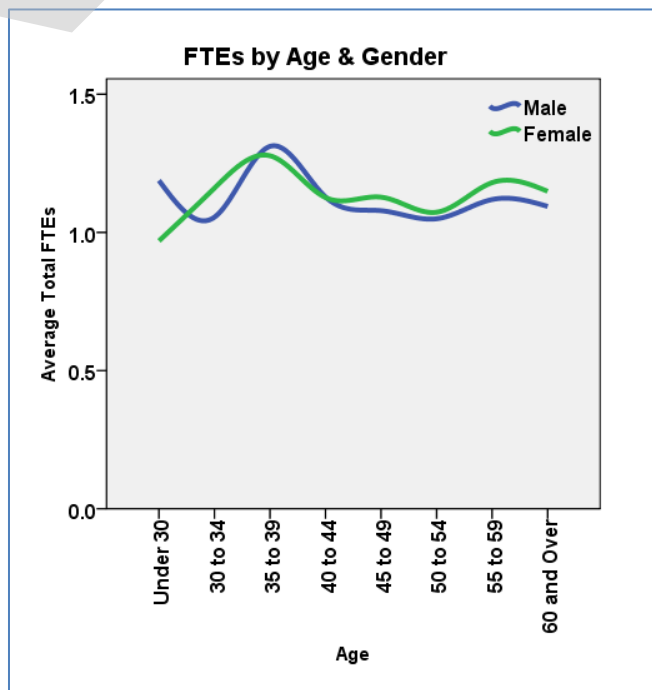


Source: Va. Healthcare Workforce Data Center

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

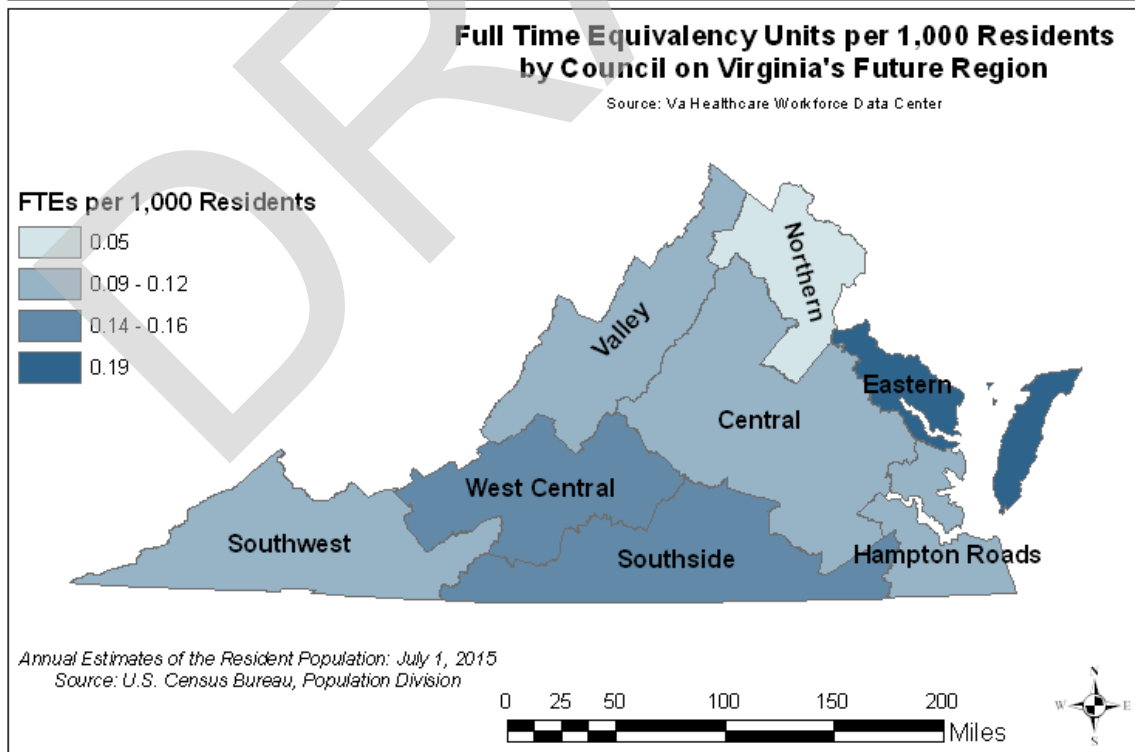
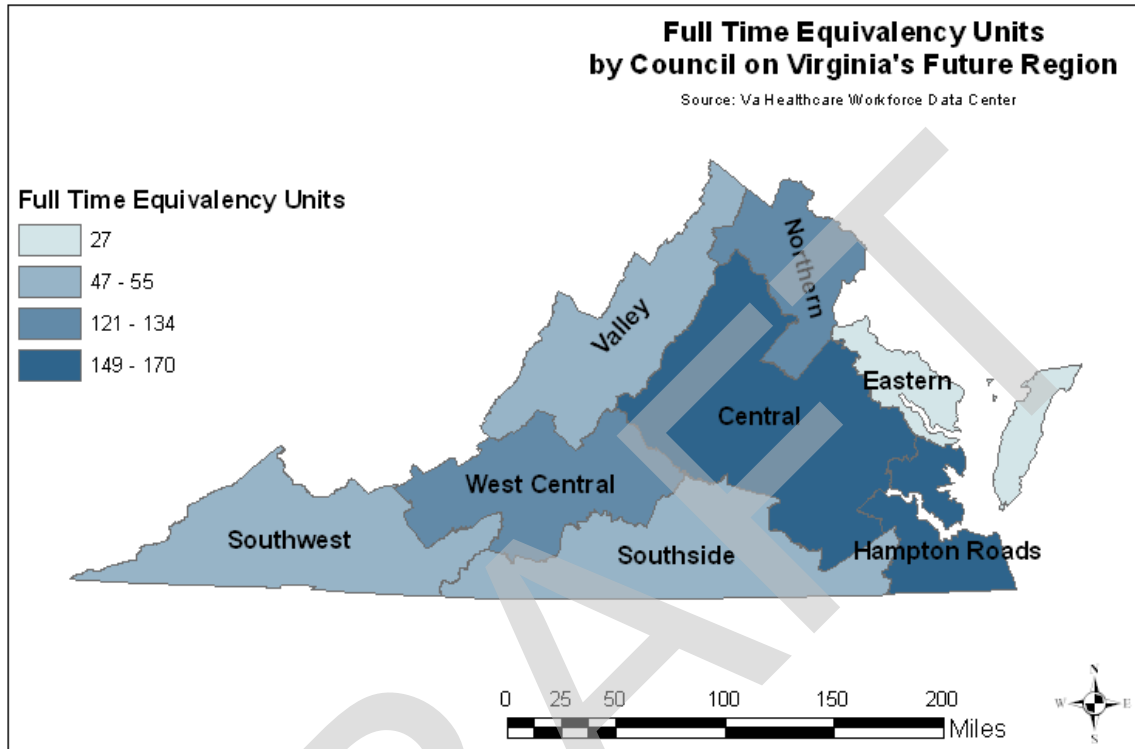
Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	1.09	1.18
30 to 34	1.11	1.15
35 to 39	1.29	1.30
40 to 44	1.12	1.13
45 to 49	1.04	1.10
50 to 54	1.07	1.17
55 to 59	1.15	1.20
60 and Over	1.09	1.15
<b>Gender</b>		
Male	1.12	1.18
Female	1.14	1.18

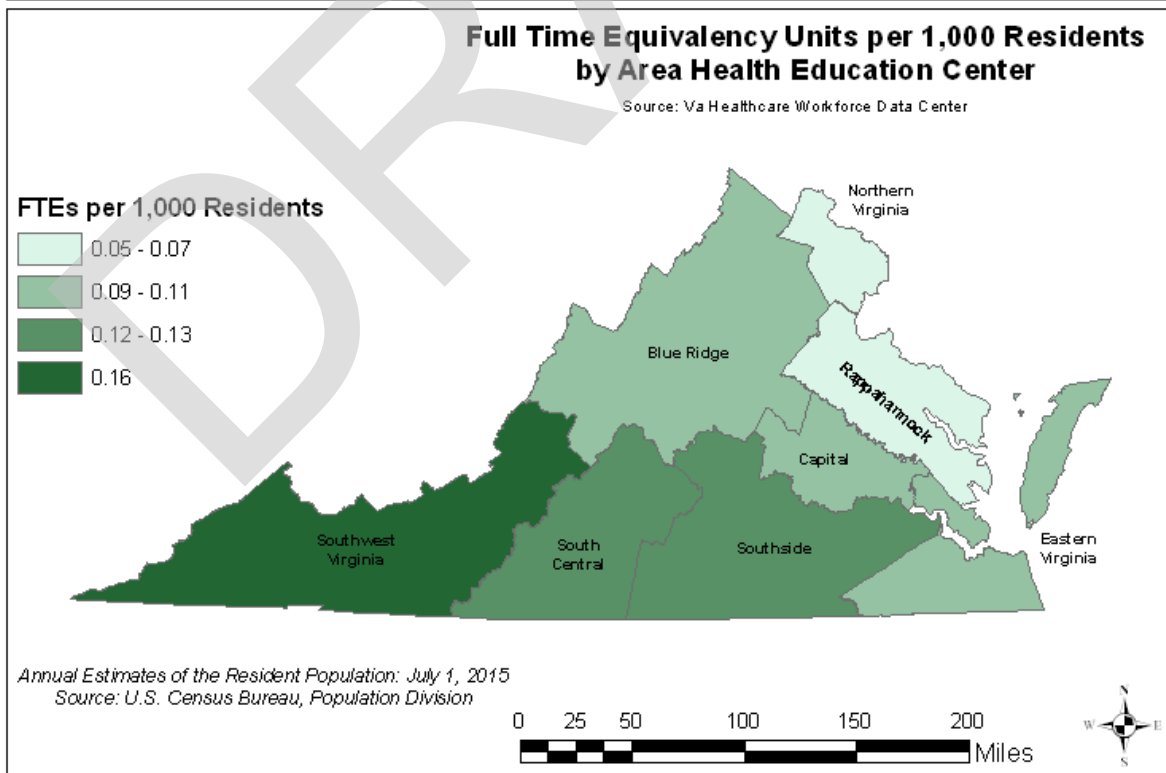
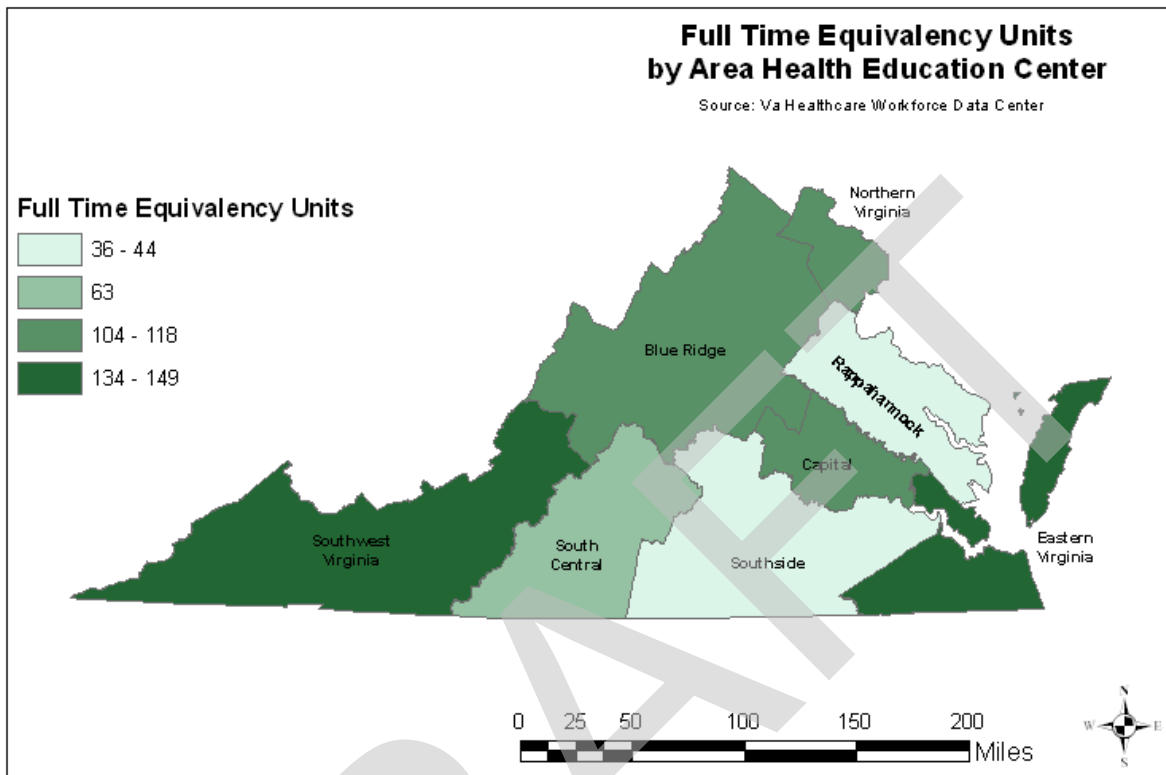
Source: Va. Healthcare Workforce Data Center

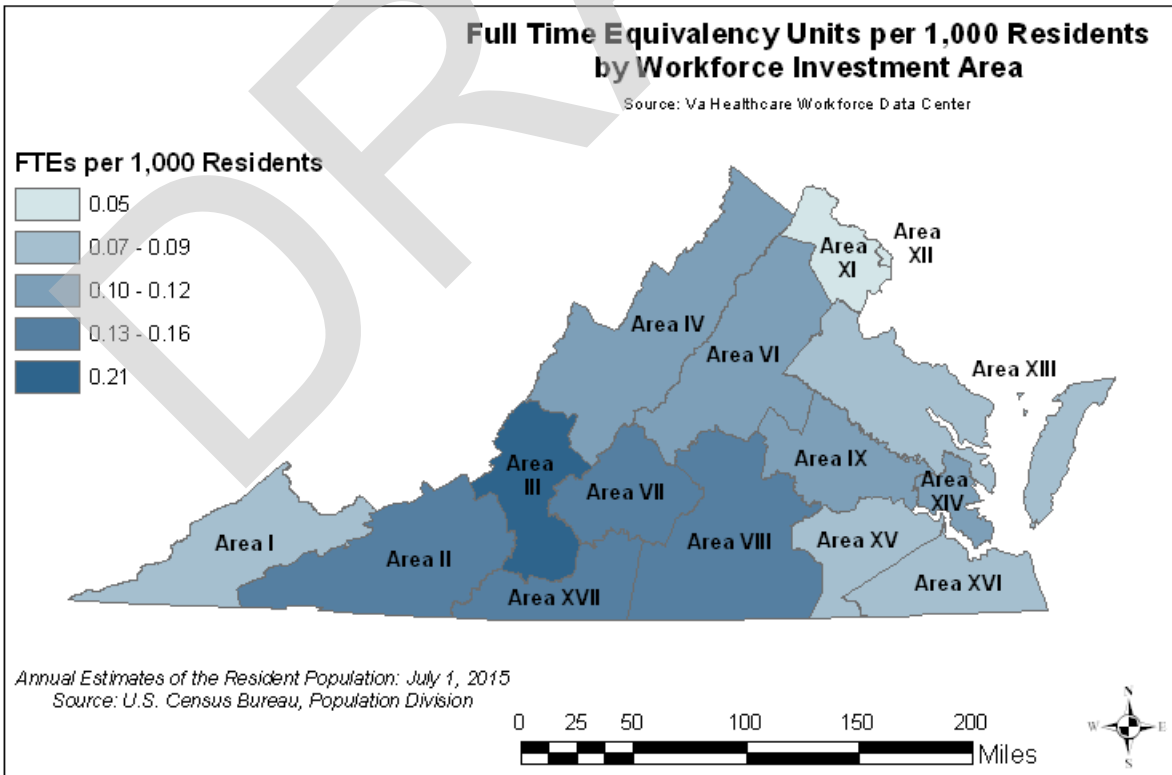
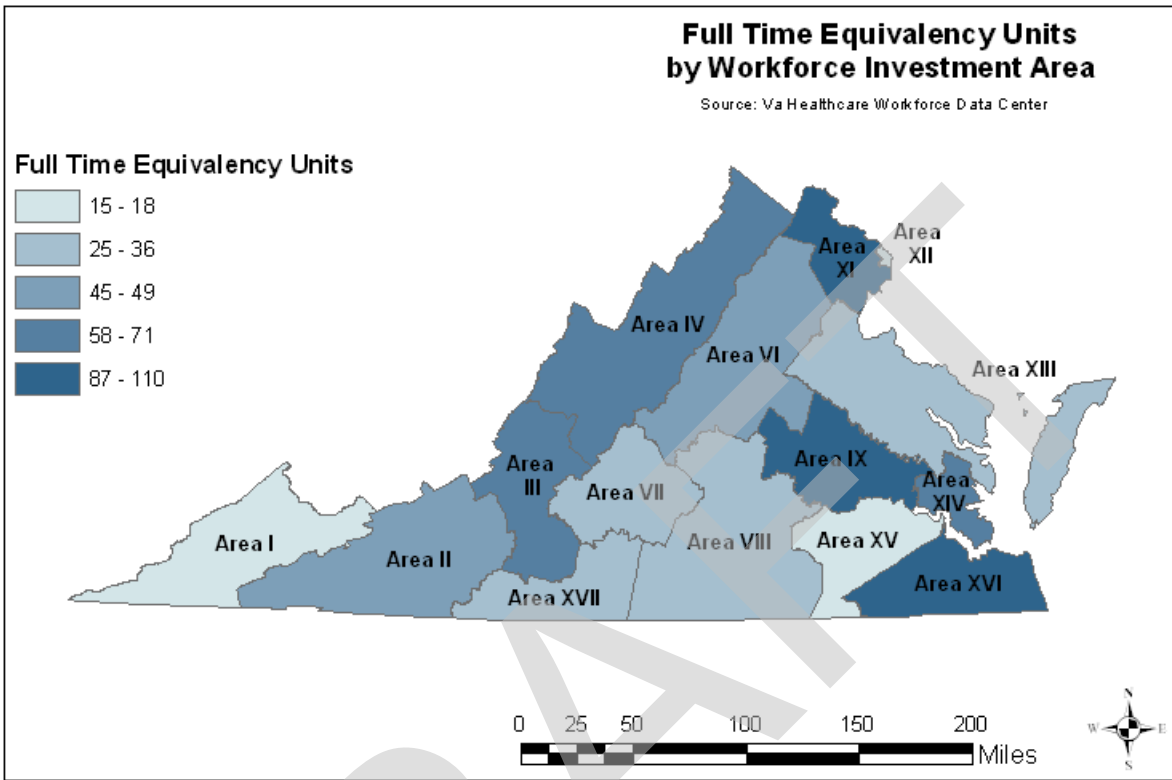


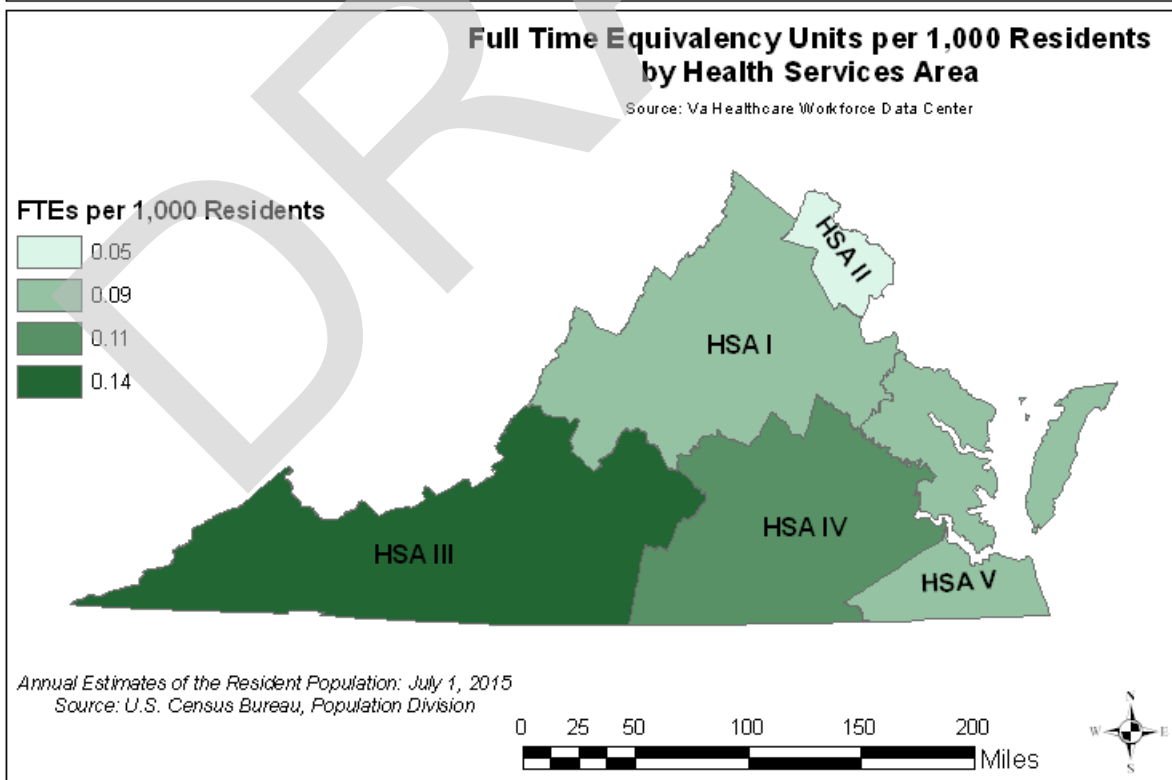
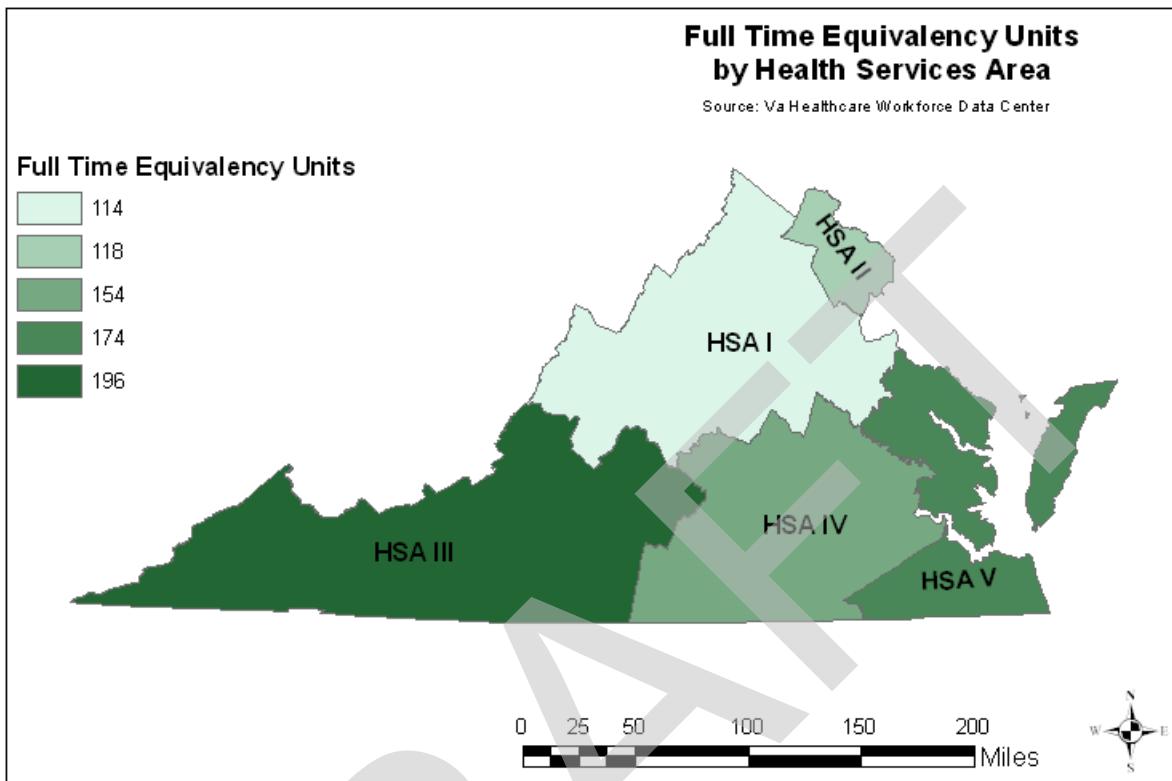
Source: Va. Healthcare Workforce Data Center













Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	387	89.41%	1.118497	1.03587	1.42296
Metro, 250,000 to 1 million	108	86.11%	1.16129	1.07551	1.47741
Metro, 250,000 or less	72	91.67%	1.090909	1.01032	1.38787
Urban pop 20,000+, Metro adj	15	86.67%	1.153846	1.06861	1.18541
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	45	97.78%	1.022727	0.94718	1.05071
Urban pop, 2,500-19,999, nonadj	25	80.00%	1.25	1.15766	1.59026
Rural, Metro adj	23	73.91%	1.352941	1.253	1.38996
Rural, nonadj	14	92.86%	1.076923	0.99737	1.10639
Virginia border state/DC	126	65.08%	1.536585	1.47051	1.95486
Other US State	92	67.39%	1.483871	1.37426	1.52447

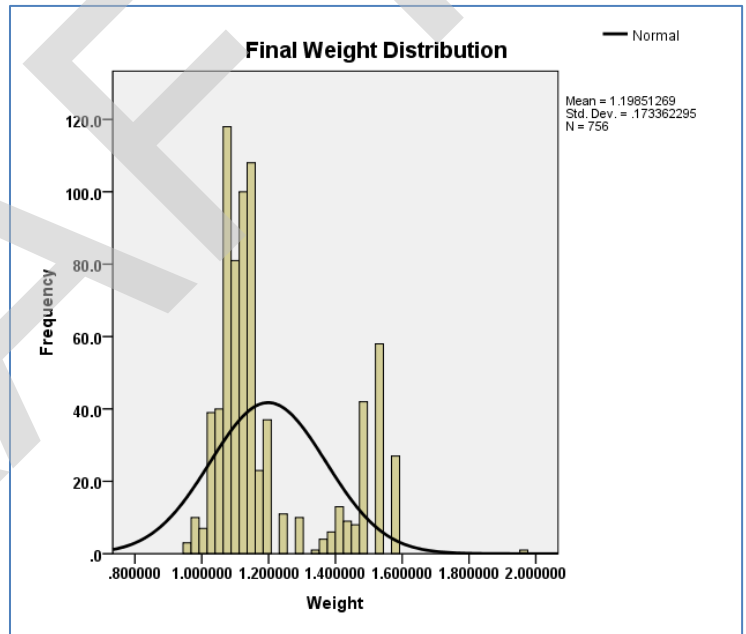
Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	29	65.52%	1.526316	1.38787	1.95486
30 to 34	60	90.00%	1.111111	0.94718	1.37426
35 to 39	78	83.33%	1.2	1.02295	1.53692
40 to 44	93	87.10%	1.148148	0.97875	1.47051
45 to 49	130	83.85%	1.192661	1.0167	1.52752
50 to 54	126	86.51%	1.155963	0.98541	1.48052
55 to 59	125	83.20%	1.201923	1.02459	1.53939
60 and Over	265	81.13%	1.232558	1.05071	1.57862

See the Methods section on the HWDC website for details on HWDC Methods: [www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

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

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

**Overall Response Rate: 0.833517**



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# *Virginia's Assisted Living Facility Administrator Workforce: 2017*

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Healthcare Workforce Data Center

May 2017

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Richmond, VA 23233  
804-367-2115, 804-527-4466(fax)  
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Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

*506 Assisted Living Facility Administrators voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Long-Term Care Administrators express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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*Research Assistant*



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*Blackstone*

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## ***Executive Director***

Corie E. Tillman Wolf, J.D.

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

## The Workforce

Licensees:	643
Virginia's Workforce:	616
FTEs:	725

## Background

Rural Childhood:	44%
HS Degree in VA:	60%
Prof. Degree in VA:	92%

## Current Employment

Employed in Prof.:	87%
Hold 1 Full-time Job:	82%
Satisfied?:	95%

## Survey Response Rate

All Licensees:	79%
Renewing Practitioners:	94%

## Health Admin. Edu.

Admin-in-Training:	32%
Baccalaureate:	13%

## Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	64%

## Demographics

Female:	84%
Diversity Index:	41%
Median Age:	52

## Finances

Median Income:	\$70k-\$80k
Vacation:	81%
Retirement:	50%

## Time Allocation

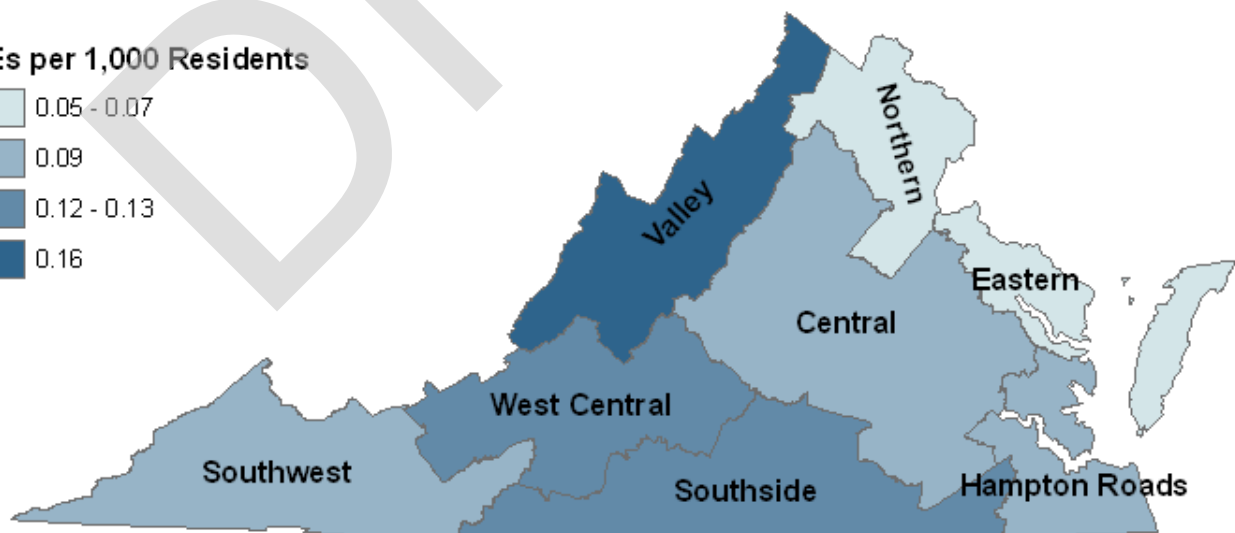
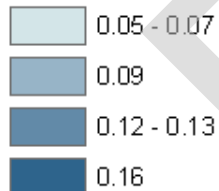
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units per 1,000 Residents by Council on Virginia's Future Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2015  
Source: U.S. Census Bureau, Population Division



506 Assisted Living Facility Administrators (ALFAs) voluntarily took part in the 2017 Assisted Living Facility Administrator Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for ALFAs. These survey respondents represent 79% of the 643 ALFAs who are licensed in the state and 94% of renewing practitioners.

The HWDC estimates that 616 ALFAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an ALFA at some point in the future. Between April 2016 and March 2017, Virginia's ALFA workforce provided 725 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

84% of ALFAs are female, including 78% of those ALFAs who are under the age of 40. Overall, the median age of Virginia's ALFA workforce is 52. In a random encounter between two ALFAs, there is a 41% chance that they would be of different races or ethnicities, a measure known as the diversity index. Among ALFAs who are under the age of 40, this index rises to 45%. Regardless, this makes Virginia's ALFA workforce less diverse than the state's overall population, which currently has a diversity index of 56%.

44% of all ALFAs grew up in a rural area, and 26% of these professionals currently work in non-metro areas of the state. Overall, 16% of Virginia's ALFAs work in non-metro areas of the state. In addition, 93% of Virginia's ALFA workforce has some educational background in the state, including 58% who received both their high school and initial professional degrees in the state.

32% of Virginia's ALFAs hold an Administrator-in-Training certificate as their highest professional degree, while another 13% have earned a bachelor's degree in health administration. 42% of all ALFAs in the state hold the title of Administrator at their primary work location, while another 22% hold the title of Executive Director. In addition to being licensed as an ALFA, 20% of the workforce is also licensed as a nurse (either a RN or a LPN) and 14% are licensed as a Registered Medication Aide (RMA).

87% of Virginia's ALFAs are currently employed in the profession, and just 1% are involuntarily unemployed at the moment. 82% of Virginia's ALFA workforce holds one full-time job, while 10% hold multiple positions simultaneously. 47% of all ALFAs work between 40 and 49 hours per week, while 17% work at least 60 hours per week. Only 2% of ALFAs work less than 30 hours per week.

The median annual income for ALFAs is between \$70,000 and \$80,000. In addition, 84% of ALFAs who work receive at least one employer-sponsored benefit, including 81% who receive paid vacation time and 50% who have access to some form of a retirement plan. 95% of ALFAs indicate they are satisfied with their current employment situation, including 72% who indicate they are "very satisfied".

While 8% of Virginia's ALFAs have switched jobs in the past year, 64% of all ALFAs have remained at the same primary work location for at least two years. 81% of all ALFAs work at a for-profit establishment, and assisted living facilities were by far the most common primary establishment type, employing 74% of Virginia's ALFA workforce.

A typical ALFA spends nearly half of her time on administrative tasks, and 31% of all ALFAs serve an administrative role, meaning that at least 60% of their time is spent on administrative activities. In addition, the typical ALFA spends approximately one-quarter of her time performing supervisory tasks and 15% of her time treating patients. On average, the typical ALFA is responsible for between 50 and 74 patients at her primary work location.

25% of ALFAs expect to retire by the age of 65. 29% of Virginia's ALFA workforce expects to retire in the next ten years, while half the current workforce expects to retire by 2037. Over the next two years, 12% of all ALFAs expect to pursue additional educational opportunities, while 11% plan to begin accepting administrators-in-training.

Over the past four years, there has been essentially no change in the number of licensed ALFAs in Virginia. In 2013, there were 642 licensed ALFAs in the state, but this figure only increased by one to 643 in 2017. On the other hand, these licensees were more likely to respond to the ALFA survey in 2017. 436 ALFAs responded to the 2013 ALFA survey, which represented 68% of all licensees and 81% of renewing practitioners. However, 506 ALFAs completed the survey in 2017, which represents 79% of all licensees and 94% of renewing practitioners.

The size of the ALFA workforce has also hardly changed since 2013. There were 612 ALFAs in Virginia's 2013 ALFA workforce, but this number has only increased to 616 in 2017. At the same time, the number of FTEs furnished by this workforce has decreased slightly over the past four years. The 2013 ALFA workforce provided 728 FTEs, but only 725 FTEs were furnished by Virginia's ALFA workforce in 2017.

Females make up the majority of the ALFA workforce, and this percentage has actually increased slightly since 2013. 83% of Virginia's ALFA workforce were female in 2013, and this percentage has drifted upward to 84% in 2017. On the other hand, the percentage of female ALFAs who are under the age of 40 has decreased slightly from 79% to 78%. At the same time, Virginia's ALFA workforce has become more diverse. In 2013, the diversity index of Virginia's ALFA workforce was 37%, but this percentage has increased to 41% in 2017. As for ALFAs who are under the age of 40, the same trend also holds. Their diversity index has increased from 41% to 45% since 2013.

With respect to the background of Virginia's ALFA workforce, these professionals were less likely to grow up or work in non-metro areas of the state. In 2013, 49% of all ALFAs spent their childhoods in a rural area of the state, but this percentage has fallen to 44% in 2017. At the same time, those ALFAs who grew up in rural areas of Virginia were less likely to stay there. In particular, the percentage of ALFAs who grew up in a rural area and chose to work in a non-metro area of the state decreased from 33% in 2013 to just 26% in 2017. Overall, the percentage of ALFAs who work in non-metro areas of the state has fallen from 21% to 16%.

There have also been some significant changes in the employment situation of Virginia's ALFA workforce. For example, 93% of all ALFAs were employed in the profession in 2013, but this percentage fell to 87% in 2017. In addition, the percentage of ALFAs who hold one full-time job has fallen from 85% to 82% during the same time period. There was a similar decline in percentage of ALFAs who work between 40 and 49 hours per week from 51% in 2013 to 47% in 2017. At the same time, the percentage of ALFAs who hold two or more positions has increased from 8% to 10%, while the percentage of ALFAs who work 60 or more hours per week has increased from 8% to 10%.

With respect to location sectors, there was a shift in employment away from the non-profit sector in favor of employment in the for-profit sector and in state or local governments. In 2013, 20% of ALFAs were employed in the non-profit sector, but only 16% of ALFAs worked in this sector in 2017. Meanwhile, the percentage of ALFAs who work in the for-profit sector has increased from 79% to 81%, while the percentage who works in the state or local government has increased from 1% to 2%.

Although there hasn't been much change in the typical time allocation or patient workload for the ALFA workforce since 2013, there was a large increase in the percentage of ALFAs who serve an administrative role. In 2013, 23% of all ALFAs spent at least 60% of their time on administrative tasks, but this percentage has increased to 31% in 2017. There was also a small increase in the percentage of ALFAs who serve a patient care role from 1% to 2%.

Meanwhile, there were some significant changes in the future plans of Virginia's ALFAs. For instance, while 18% of Virginia's ALFA workforce expected to pursue additional education within the next two years in 2013, only 12% expect to do so in 2017. At the same time, the percentage of ALFAs who plan on increasing patient care hours has decreased from 8% to 5%.

**A Closer Look:**

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	511	79%
<b>New Licensees</b>	54	8%
<b>Non-Renewals</b>	78	12%
<b>All Licensees</b>	<b>643</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed Administrators**

Number:	643
New:	8%
Not Renewed:	12%

**Response Rates**

All Licensees:	79%
Renewing Practitioners:	94%

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. 94% of renewing ALFAs submitted a survey. These respondents represent 79% of all ALFAs who held a license at some point in the past year.*

Response Rates	
<b>Completed Surveys</b>	<b>506</b>
<b>Response Rate, all licensees</b>	<b>79%</b>
<b>Response Rate, Renewals</b>	<b>94%</b>

Source: Va. Healthcare Workforce Data Center

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
<b>Under 30</b>	3	11	79%
<b>30 to 34</b>	9	31	78%
<b>35 to 39</b>	11	44	80%
<b>40 to 44</b>	21	62	75%
<b>45 to 49</b>	8	77	91%
<b>50 to 54</b>	19	61	76%
<b>55 to 59</b>	23	89	80%
<b>60 and Over</b>	43	131	75%
<b>Total</b>	<b>137</b>	<b>506</b>	<b>79%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	27	27	50%
<b>Metro Status</b>			
<b>Non-Metro</b>	20	94	83%
<b>Metro</b>	108	377	78%
<b>Not in Virginia</b>	9	35	80%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted in March 2017.
- 2. Target Population:** All ALFAs who held a Virginia license at some point between April 2016 and March 2017.
- 3. Survey Population:** The survey was available to ALFAs who renewed their licenses online. It was not available to those who did not renew, including some ALFAs newly licensed in the past year.

## At a Glance:

### Workforce

ALFA Workforce: 616  
 FTEs: 725

### Utilization Ratios

Licensees in VA Workforce: 96%  
 Licensees per FTE: 0.89  
 Workers per FTE: 0.85

Source: Va. Healthcare Workforce Data Center

Virginia's ALFA Workforce		
Status	#	%
Worked in Virginia in Past Year	602	98%
Looking for Work in Virginia	14	2%
Virginia's Workforce	616	100%
Total FTEs	725	
Licensees	643	

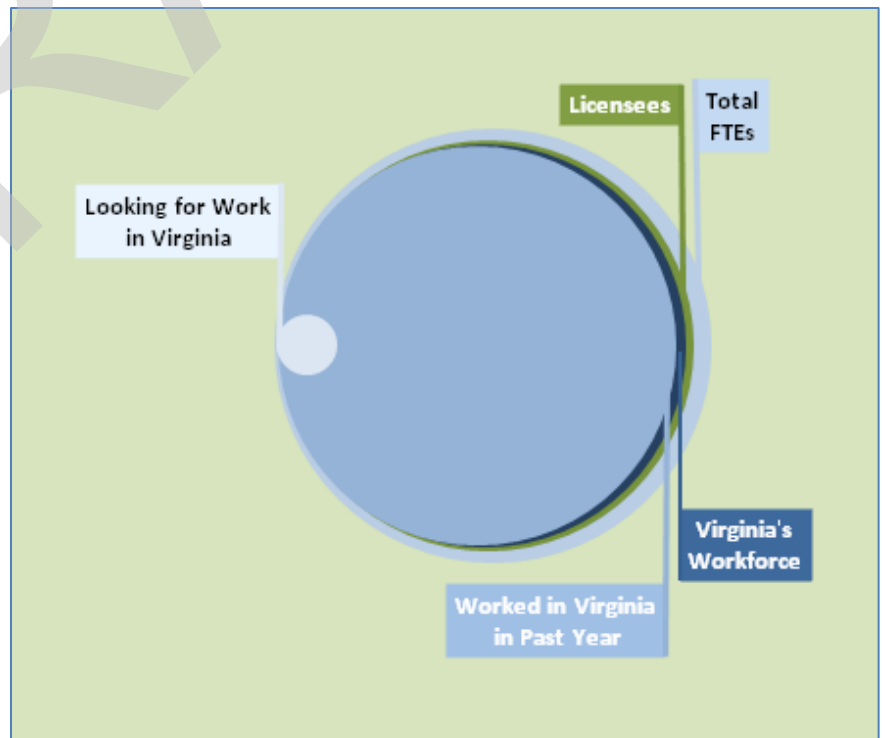
Source: Va. Healthcare Workforce Data Center

## Definitions

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

*This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:*

[www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	7	50%	6	50%	13	2%
30 to 34	10	27%	28	73%	38	7%
35 to 39	5	10%	45	90%	50	9%
40 to 44	4	7%	57	94%	61	11%
45 to 49	13	20%	55	81%	68	13%
50 to 54	16	24%	50	76%	65	12%
55 to 59	11	12%	88	89%	100	19%
60 +	22	16%	119	84%	142	26%
<b>Total</b>	<b>88</b>	<b>17%</b>	<b>448</b>	<b>84%</b>	<b>537</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Gender**  
 % Female: 84%  
 % Under 40 Female: 78%

**Age**  
 Median Age: 52  
 % Under 40: 19%  
 % 55+: 45%

**Diversity**  
 Diversity Index: 41%  
 Under 40 Div. Index: 45%

Source: Va. Healthcare Workforce Data Center

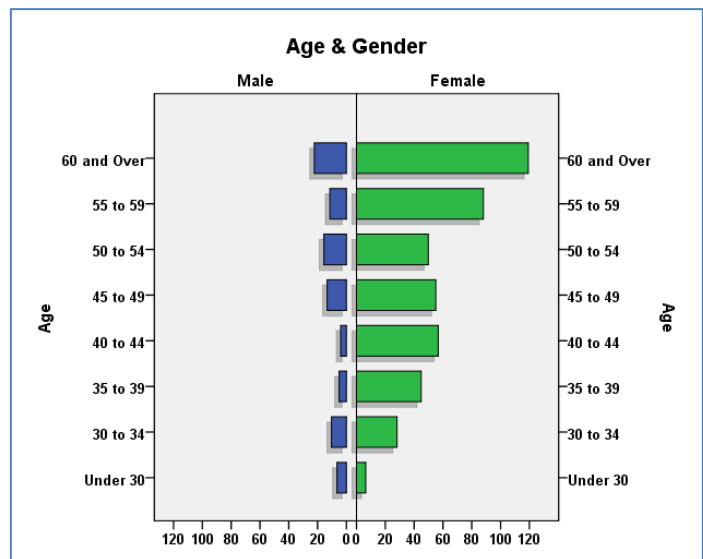
Race & Ethnicity					
Race/ Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
White	63%	408	75%	72	72%
Black	19%	98	18%	16	16%
Asian	6%	18	3%	5	5%
Other Race	0%	5	1%	2	2%
Two or more races	3%	4	1%	1	1%
Hispanic	9%	12	2%	4	4%
<b>Total</b>	<b>100%</b>	<b>545</b>	<b>100%</b>	<b>100</b>	<b>100%</b>

\* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two ALFAs, there is a 41% chance they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 56%.

19% of all ALFAs are under the age of 40, and 78% of these professionals are female. In addition, there is a 45% chance that two randomly chosen ALFAs from this age group would be of a different race or ethnicity.



Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Childhood

Urban Childhood: 16%  
 Rural Childhood: 44%

### Virginia Background

HS in Virginia: 60%  
 Prof. in VA: 92%  
 HS or Prof. in VA: 93%

### Location Choice

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

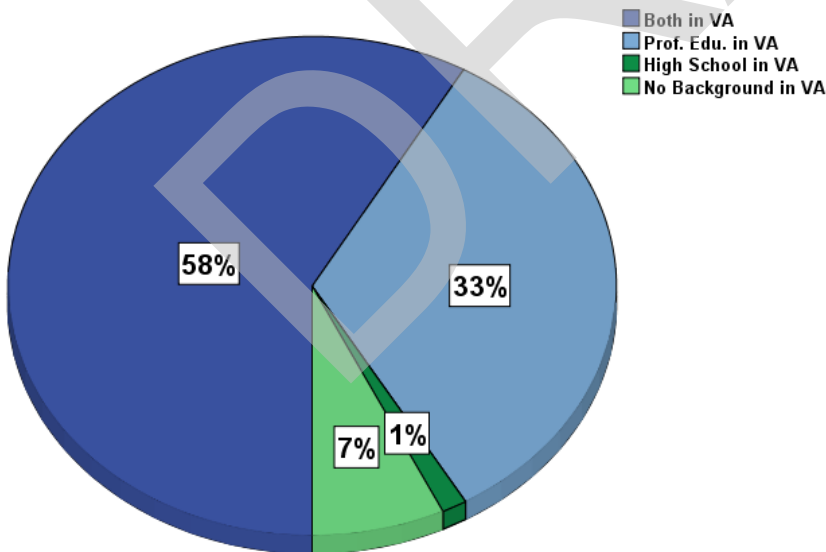
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	30%	49%	21%
2	Metro, 250,000 to 1 million	63%	30%	8%
3	Metro, 250,000 or less	63%	24%	14%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	83%	17%	0%
6	Urban pop, 2,500-19,999, Metro adj	66%	26%	8%
7	Urban pop, 2,500-19,999, nonadj	80%	15%	5%
8	Rural, Metro adj	71%	14%	14%
9	Rural, nonadj	25%	75%	0%
<b>Overall</b>		<b>44%</b>	<b>40%</b>	<b>16%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



44% of all ALFAs grew up in a rural area, and 26% of these professionals currently work in non-metro areas of the state. Overall, 16% of ALFAs currently work in non-metro areas of the state.

Source: Va. Healthcare Workforce Data Center

## Top Ten States for Assisted Living Facility Administrator Recruitment

Rank	All Assisted Living Facility Administrators			
	High School	#	Init. Prof Degree	#
1	Virginia	321	Virginia	448
2	New York	29	North Carolina	10
3	Outside U.S./Canada	26	Maryland	9
4	North Carolina	21	New Jersey	4
5	Pennsylvania	18	New York	3
6	Maryland	15	Illinois	3
7	New Jersey	12	Iowa	3
8	Illinois	10	Minnesota	1
9	West Virginia	10	South Carolina	1
10	California	7	Oklahoma	1

60% of licensed ALFAs received their high school degree in Virginia, and 92% earned their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof Degree	#
1	Virginia	104	Virginia	153
2	North Carolina	14	North Carolina	5
3	Maryland	11	New Jersey	3
4	New York	10	Maryland	3
5	Outside U.S./Canada	8	Illinois	3
6	Pennsylvania	5	Minnesota	1
7	New Jersey	5	South Carolina	1
8	Illinois	4	Oklahoma	1
9	West Virginia	4	New York	1
10	Ohio	4	Iowa	1

Among ALFAs who have been licensed in the past five years, 54% received their high school degree in Virginia, while 88% earned their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

4% of licensees were not a part of Virginia's ALFA workforce. 85% of these licensees worked at some point in the past year, including 78% who worked as ALFAs.

### At a Glance:

#### Not in VA Workforce

Total:	27
% of Licensees:	4%
Federal/Military:	0%
Va Border State/DC:	29%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	75	15%	-	-
Admin-in-Training	166	32%	-	-
High School/GED	-	-	132	25%
Associate	50	10%	116	22%
Bachelors	66	13%	181	34%
Graduate Cert.	11	2%	26	5%
Masters	41	8%	78	15%
Doctorate	1	< 1%	1	< 1%
Other	105	20%	-	-
<b>Total</b>	<b>517</b>	<b>100%</b>	<b>534</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Health Administration Education**

- Admin-in-Training: 32%
- Bachelor's Degree: 13%
- Associate Degree: 10%

**Licenses/Registrations**

- Nurse (RN or LPN): 20%
- RMA: 14%
- CNA: 4%

**Job Titles**

- Administrator: 42%
- Executive Director: 22%

Source: Va. Healthcare Workforce Data Center

32% of all ALFAs have an Administrator-in-Training certificate as their highest professional education, while 13% have earned a bachelor's degree in health administration.

Licenses and Registrations		
License/Registration	#	%
<b>ALF Administrator</b>	530	86%
<b>Nurse (RN or LPN)</b>	122	20%
<b>Registered Medication Aide</b>	88	14%
<b>Certified Nursing Assistant</b>	24	4%
<b>Nursing Home Administrator</b>	8	1%
<b>Occupational Therapist</b>	1	< 1%
<b>Speech-Language Pathologist</b>	1	< 1%
<b>Other</b>	41	7%
<b>At Least One</b>	<b>534</b>	<b>87%</b>

Source: Va. Healthcare Workforce Data Center

42% of Virginia's ALFA workforce held the title of Administrator at their primary work location. Another 22% held the title of Executive Director.

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
<b>Administrator</b>	258	42%	19	3%
<b>Executive Director</b>	138	22%	17	3%
<b>Owner</b>	52	8%	8	1%
<b>Assistant Admin.</b>	29	5%	4	1%
<b>Pres./Exec. Officer</b>	19	3%	5	1%
<b>Other</b>	116	19%	33	5%
<b>At Least One</b>	<b>501</b>	<b>81%</b>	<b>70</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 87%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-time: 82%  
2 or More Positions: 10%

### Weekly Hours:

40 to 49: 47%  
60 or more: 17%  
Less than 30: 2%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	1	< 1%
Employed in a capacity related to long-term care	470	87%
Employed, NOT in a capacity related to long-term care	40	8%
Not working, reason unknown	0	0%
Involuntarily unemployed	5	1%
Voluntarily unemployed	10	2%
Retired	11	2%
<b>Total</b>	<b>538</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

87% of licensed ALFAs are currently employed in the profession, and only 1% are involuntarily unemployed. In addition, 82% of all ALFAs hold one full-time job, and 47% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	26	5%
One Part-Time Position	19	4%
Two Part-Time Positions	3	1%
One Full-Time Position	436	82%
One Full-Time Position & One Part-Time Position	29	5%
Two Full-Time Positions	11	2%
More than Two Positions	8	2%
<b>Total</b>	<b>532</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	26	5%
1 to 9 hours	2	< 1%
10 to 19 hours	3	1%
20 to 29 hours	6	1%
30 to 39 hours	11	2%
40 to 49 hours	246	47%
50 to 59 hours	143	27%
60 to 69 hours	56	11%
70 to 79 hours	16	3%
80 or more hours	17	3%
<b>Total</b>	<b>526</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	1	< 1%
Less than \$30,000	23	6%
\$30,000-\$39,999	32	8%
\$40,000-\$49,999	48	11%
\$50,000-\$59,999	43	10%
\$60,000-\$69,999	55	13%
\$70,000-\$79,999	52	12%
\$80,000-\$89,999	52	12%
\$90,000-\$99,999	41	10%
\$100,000-\$109,999	36	9%
\$110,000-\$119,999	6	1%
\$120,000 or More	31	8%
<b>Total</b>	<b>422</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$70k-\$80k

**Benefits**  
Paid Vacation: 81%  
Employer Retirement: 50%

**Satisfaction**  
Satisfied: 95%  
Very Satisfied: 72%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	380	81%
Paid Sick Leave	323	69%
Dental Insurance	284	60%
Group Life Insurance	251	53%
Retirement	234	50%
Signing/Retention Bonus	46	10%
<b>At Least One Benefit</b>	<b>396</b>	<b>84%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

*The median income for ALFAs is between \$70,000 and \$80,000 per year. In addition, 84% of ALFAs receive at least one employer-sponsored benefit, including 81% who receive paid vacation time.*

*95% of ALFAs are satisfied with their job, including 72% who are very satisfied with their current work circumstances.*

Job Satisfaction		
Level	#	%
Very Satisfied	376	72%
Somewhat Satisfied	116	22%
Somewhat Dissatisfied	19	4%
Very Dissatisfied	9	2%
<b>Total</b>	<b>521</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	14	2%
Experience Voluntary Unemployment?	27	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	10	2%
Work two or more positions at the same time?	78	13%
Switch employers or practices?	50	8%
<b>Experienced at least one</b>	<b>159</b>	<b>26%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Unemployment Experience 2017**

Involuntarily Unemployed: 2%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 8%  
New Location: 22%  
Over 2 years: 64%  
Over 2 yrs, 2<sup>nd</sup> location: 44%

Source: Va. Healthcare Workforce Data Center

*Only 2% of Virginia's ALFAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 4.0% during the past year.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	10	2%	10	12%
Less than 6 Months	28	6%	12	15%
6 Months to 1 Year	61	12%	10	12%
1 to 2 Years	80	16%	15	18%
3 to 5 Years	96	19%	10	12%
6 to 10 Years	60	12%	5	6%
More than 10 Years	171	34%	21	26%
<b>Subtotal</b>	<b>507</b>	<b>100%</b>	<b>82</b>	<b>100%</b>
Did not have location	19		523	
Item Missing	90		11	
<b>Total</b>	<b>616</b>		<b>616</b>	

*64% of ALFAs have worked at their primary location for more than 2 years.*

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.6% in April 2016 to 3.8% in March 2017. The unemployment rate from March 2017 was still preliminary at the time of publication.

## At a Glance:

### Concentration

Top Region:	23%
Top 3 Regions:	64%
Lowest Region:	2%

### Locations

2 or more (Past Year):	17%
2 or more (Now*):	14%

Source: Va. Healthcare Workforce Data Center

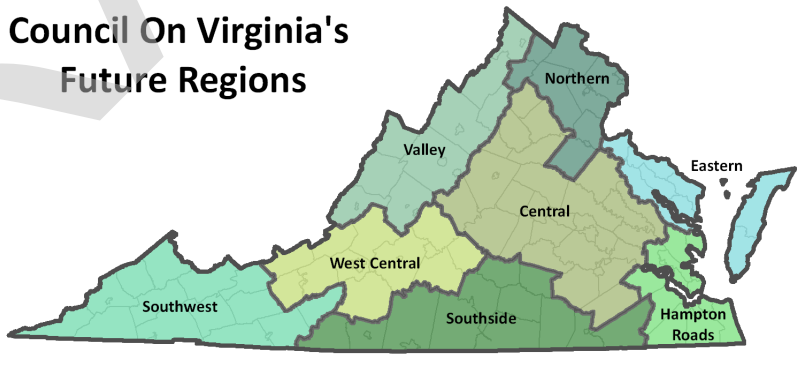
64% of all ALFAs in the state work in Hampton Roads, Northern Virginia, and Central Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	102	20%	17	20%
Eastern	8	2%	1	1%
Hampton Roads	115	23%	23	28%
Northern	104	21%	13	16%
Southside	32	6%	4	5%
Southwest	22	4%	4	5%
Valley	48	10%	5	6%
West Central	65	13%	11	13%
Virginia Border State/DC	0	0%	4	5%
Other US State	4	1%	1	1%
Outside of the US	1	< 1%	0	0%
<b>Total</b>	<b>501</b>	<b>100%</b>	<b>83</b>	<b>100%</b>
Item Missing	96		11	

Source: Va. Healthcare Workforce Data Center

## Council On Virginia's Future Regions



14% of ALFAs currently have multiple work locations, while 17% have had multiple work locations over the past 12 months.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	14	3%	21	4%
1	415	80%	429	82%
2	54	10%	45	9%
3	25	5%	19	4%
4	3	1%	3	1%
5	2	1%	1	< 1%
6 or More	6	1%	3	1%
<b>Total</b>	<b>520</b>	<b>100%</b>	<b>520</b>	<b>100%</b>

\*At the time of survey completion, March 2017.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	396	81%	50	68%
<b>Non-Profit</b>	77	16%	17	23%
<b>State/Local Government</b>	12	2%	5	7%
<b>Veterans Administration</b>	0	0%	0	0%
<b>U.S. Military</b>	0	0%	0	0%
<b>Other Federal Government</b>	1	< 1%	1	1%
<b>Total</b>	<b>486</b>	<b>100%</b>	<b>73</b>	<b>100%</b>
<b>Did not have location</b>	19		523	
<b>Item Missing</b>	111		20	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

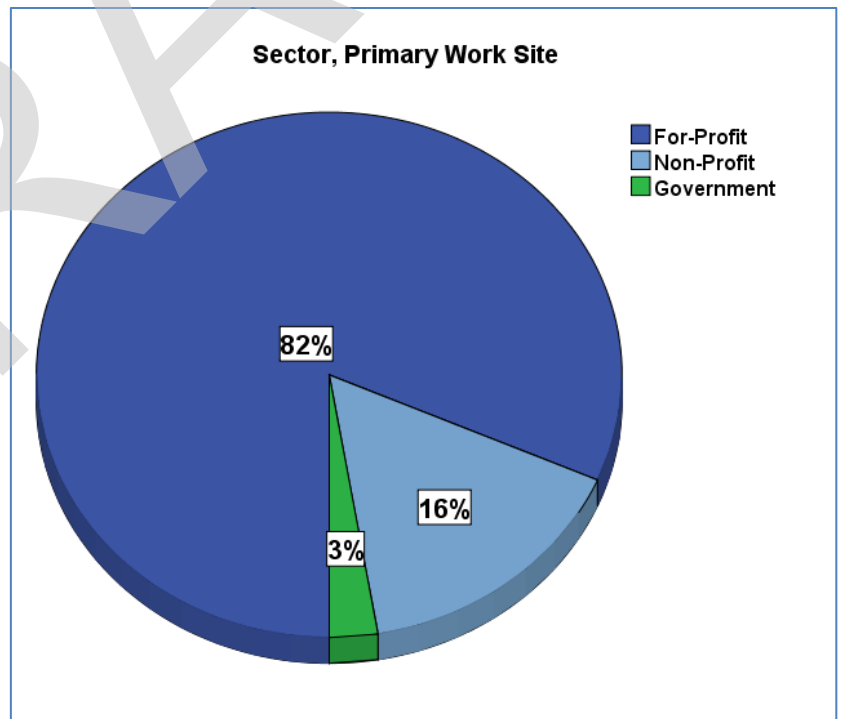
**Sector**

For Profit: 81%  
Federal: < 1%

**Top Establishments**

Assisted Living Facility: 74%  
Continuing Care Retirement Comm.: 3%  
Home/Community Health Care: 2%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*97% of all ALFAs work in the private sector, including 81% who worked at a for-profit establishment.*



Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Assisted Living Facility</b>	453	74%	56	9%
<b>Continuing Care Retirement Community</b>	20	3%	0	0%
<b>Home/Community Health Care</b>	14	2%	5	1%
<b>Skilled Nursing Facility</b>	9	1%	4	1%
<b>Adult Day Care</b>	9	1%	3	< 1%
<b>Rehabilitation Facility</b>	8	1%	2	< 1%
<b>Hospice</b>	5	1%	1	< 1%
<b>Academic Institution</b>	4	1%	3	< 1%
<b>Other Practice Type</b>	29	5%	16	3%
<b>At Least One Establishment</b>	<b>507</b>	<b>82%</b>	<b>80</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

74% of Virginia's ALFA workforce is employed at an Assisted Living Facility as their primary work location.

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Independent/Stand Alone</b>	222	51%	32	44%
<b>Facility Chain</b>	186	43%	33	45%
<b>Hospital-Based</b>	5	1%	1	1%
<b>College or University</b>	3	1%	3	4%
<b>Integrated Health System</b>	1	< 1%	0	0%
<b>Other</b>	20	5%	4	5%
<b>Total</b>	<b>437</b>	<b>100%</b>	<b>73</b>	<b>100%</b>
<b>Did Not Have Location</b>	19		523	
<b>Item Missing</b>	160		21	

Source: Va. Healthcare Workforce Data Center

51% of ALFAs are employed at an independent/stand-alone organization as their primary work location. Another 43% of Virginia's ALFAs are employed at a facility chain organization.

## At a Glance: (Primary Locations)

### Typical Time Allocation

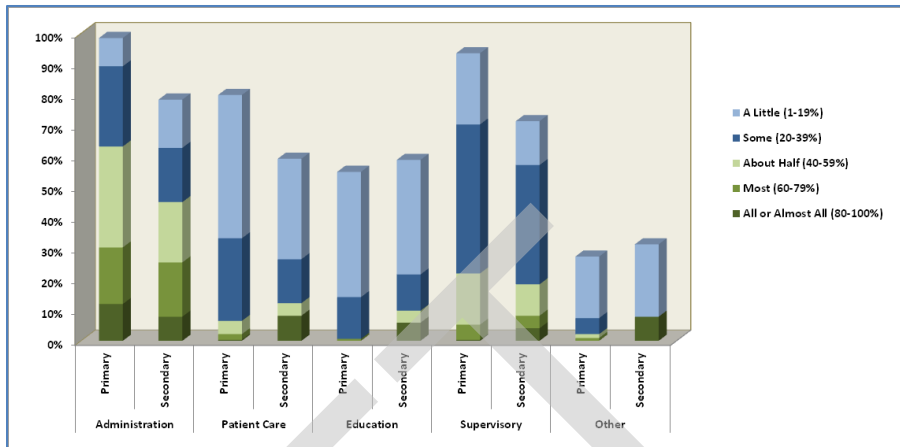
Administration: 40%-49%  
 Supervisory: 20%-29%  
 Patient Care: 10%-19%  
 Education: 1%-9%

### Roles

Administration: 31%  
 Supervisory: 5%  
 Patient Care: 2%  
 Education: 1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



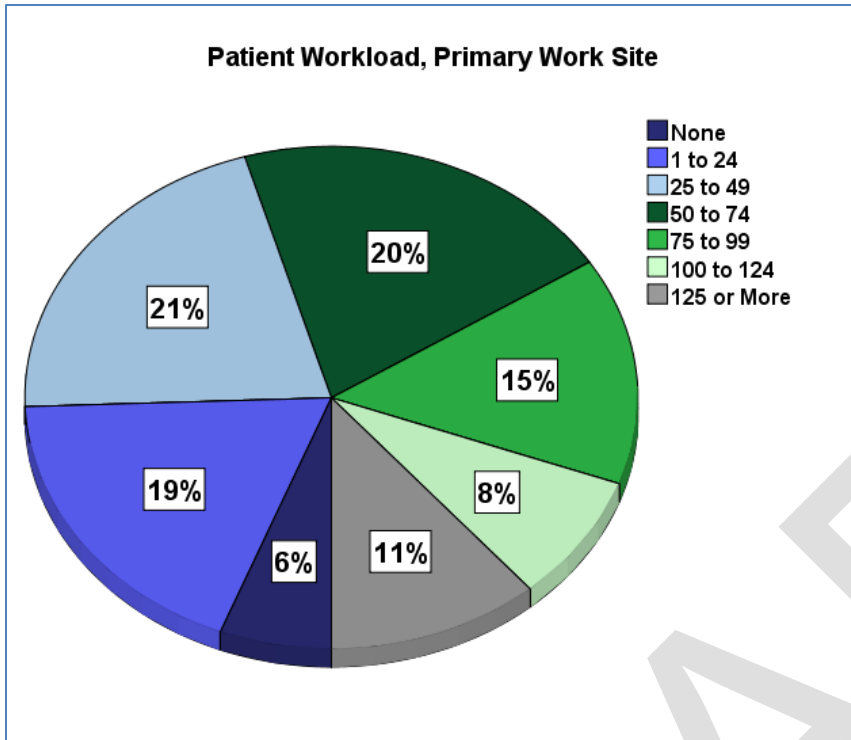
Source: Va. Healthcare Workforce Data Center

*A typical ALFA spends nearly half of her time performing administrative tasks. In addition, 31% of ALFAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.*

Time Spent	Time Allocation									
	Admin.		Patient Care		Education		Supervisory		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	12%	8%	0%	8%	0%	6%	0%	4%	0%	8%
<b>Most (60-79%)</b>	19%	18%	2%	0%	1%	0%	5%	4%	1%	0%
<b>About Half (40-59%)</b>	33%	20%	4%	4%	0%	4%	17%	10%	1%	0%
<b>Some (20-39%)</b>	26%	18%	27%	14%	14%	12%	48%	37%	5%	0%
<b>A Little (1-19%)</b>	9%	16%	47%	31%	41%	37%	23%	14%	20%	24%
<b>None (0%)</b>	2%	22%	20%	39%	45%	41%	6%	27%	73%	69%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Patient Workload (Median)**

Primary Location: 50-74

Secondary Location: 50-74

Source: Va. Healthcare Workforce Data Center

*The typical ALFA is responsible for between 50 and 74 patients at their primary work location. Those ALFAs who also have a secondary work location are typically responsible for an additional 50 to 74 patients.*

Patient Workload Responsibility				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
<b>None</b>	26	6%	15	20%
<b>1-24</b>	83	19%	17	23%
<b>25-49</b>	94	21%	4	5%
<b>50-74</b>	91	20%	14	19%
<b>75-99</b>	65	15%	10	14%
<b>100-124</b>	37	8%	4	5%
<b>125-149</b>	15	3%	1	1%
<b>150-174</b>	7	2%	0	0%
<b>175-199</b>	4	1%	4	5%
<b>200-224</b>	6	1%	1	1%
<b>225-249</b>	0	0%	0	0%
<b>250-274</b>	1	< 1%	0	0%
<b>275-299</b>	0	0%	0	0%
<b>300 or more</b>	16	4%	4	5%
<b>Total</b>	<b>446</b>	<b>100%</b>	<b>74</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All ALFAs		ALFAs over 50	
	#	%	#	%
<b>Under age 50</b>	5	1%	-	-
<b>50 to 54</b>	5	1%	1	0%
<b>55 to 59</b>	22	5%	8	3%
<b>60 to 64</b>	78	18%	36	14%
<b>65 to 69</b>	168	38%	96	38%
<b>70 to 74</b>	84	19%	58	23%
<b>75 to 79</b>	31	7%	24	9%
<b>80 or over</b>	10	2%	9	4%
<b>I do not intend to retire</b>	39	9%	24	9%
<b>Total</b>	<b>442</b>	<b>100%</b>	<b>256</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All ALFAs**

Under 65: 25%  
Under 60: 7%

**ALFAs 50 and over**

Under 65: 18%  
Under 60: 4%

**Time until Retirement**

Within 2 years: 9%  
Within 10 years: 29%  
Half the workforce: By 2037

Source: Va. Healthcare Workforce Data Center

25% of all ALFAs expect to retire before the age of 65. This number falls to 18% for those ALFAs who are age 50 and over. Meanwhile, 37% of Virginia's ALFA workforce expect to work at least until age 70.

Within the next two years, 12% of ALFAs plan on pursuing additional educational opportunities, and 11% also expect to begin accepting Administrators-in-Training.

**Future Plans**

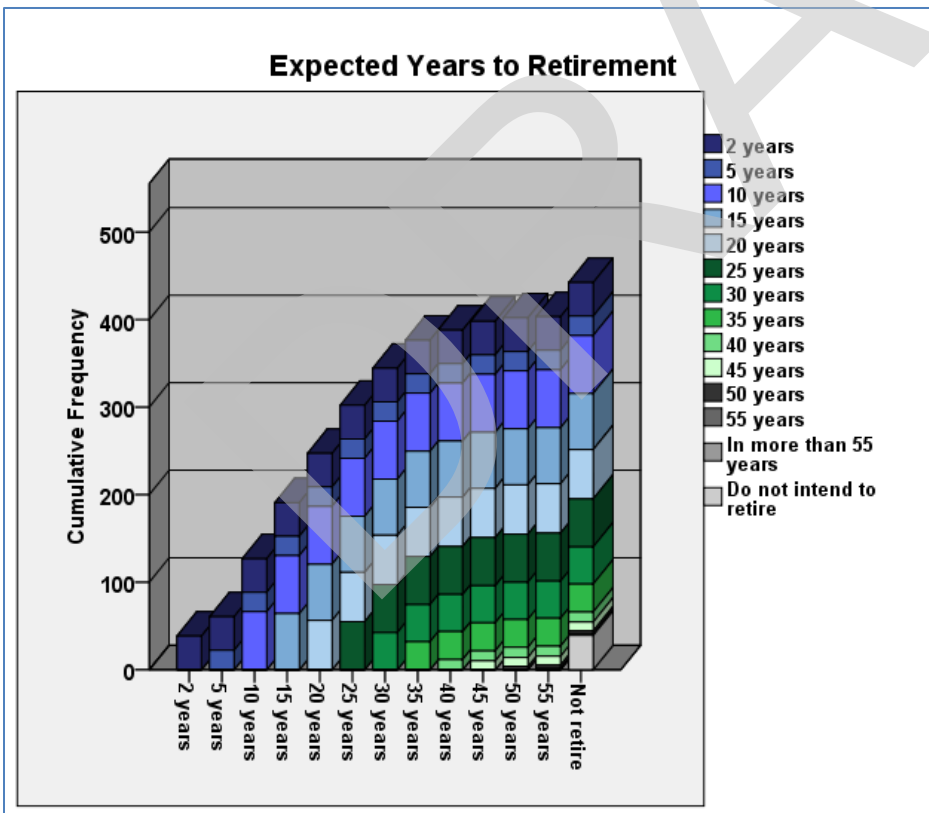
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	6	1%
<b>Leave Virginia</b>	32	5%
<b>Decrease Patient Care Hours</b>	41	7%
<b>Decrease Teaching Hours</b>	4	1%
<b>Cease Accepting Trainees</b>	7	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	31	5%
<b>Increase Teaching Hours</b>	19	3%
<b>Pursue Additional Education</b>	74	12%
<b>Return to the Workforce</b>	9	1%
<b>Begin Accepting Trainees</b>	70	11%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While only 9% of ALFAs expect to retire in the next two years, 29% expect to retire within the next decade. More than half of the current ALFA workforce expects to retire by 2037.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	38	9%	9%
5 years	22	5%	14%
10 years	66	15%	29%
15 years	64	14%	43%
20 years	56	13%	56%
25 years	55	12%	68%
30 years	42	10%	78%
35 years	32	7%	85%
40 years	12	3%	88%
45 years	10	2%	90%
50 years	4	1%	91%
55 years	1	0%	91%
In more than 55 years	0	0%	91%
Do not intend to retire	39	9%	100%
<b>Total</b>	<b>442</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2027. Retirements will peak at 15% of the current workforce around the same time before declining to under 10% again around 2052.

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### FTEs

Total: 725  
 FTEs/1,000 Residents: .086  
 Average: 1.21

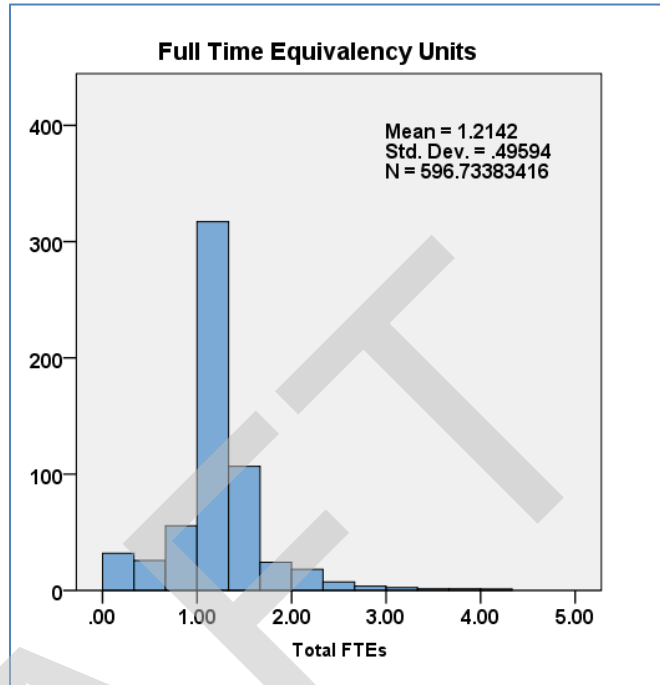
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Small  
 Gender, Partial Eta<sup>2</sup>: None

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

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

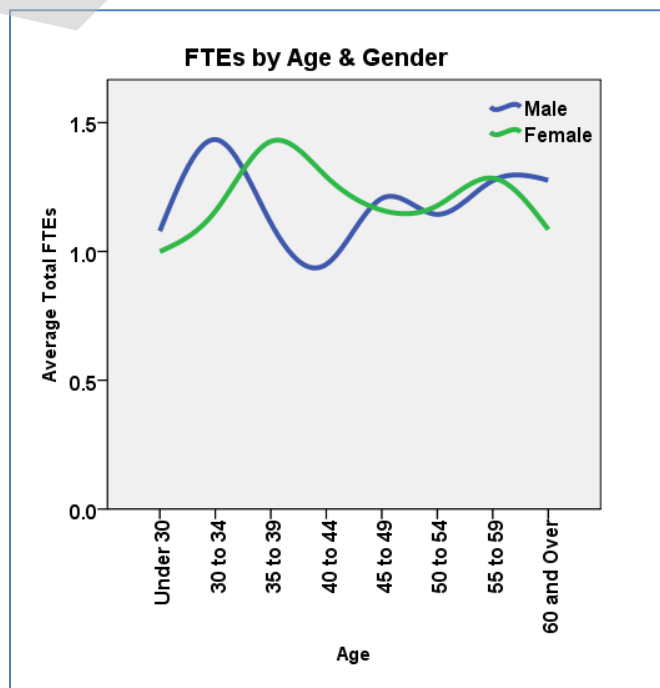


Source: Va. Healthcare Workforce Data Center

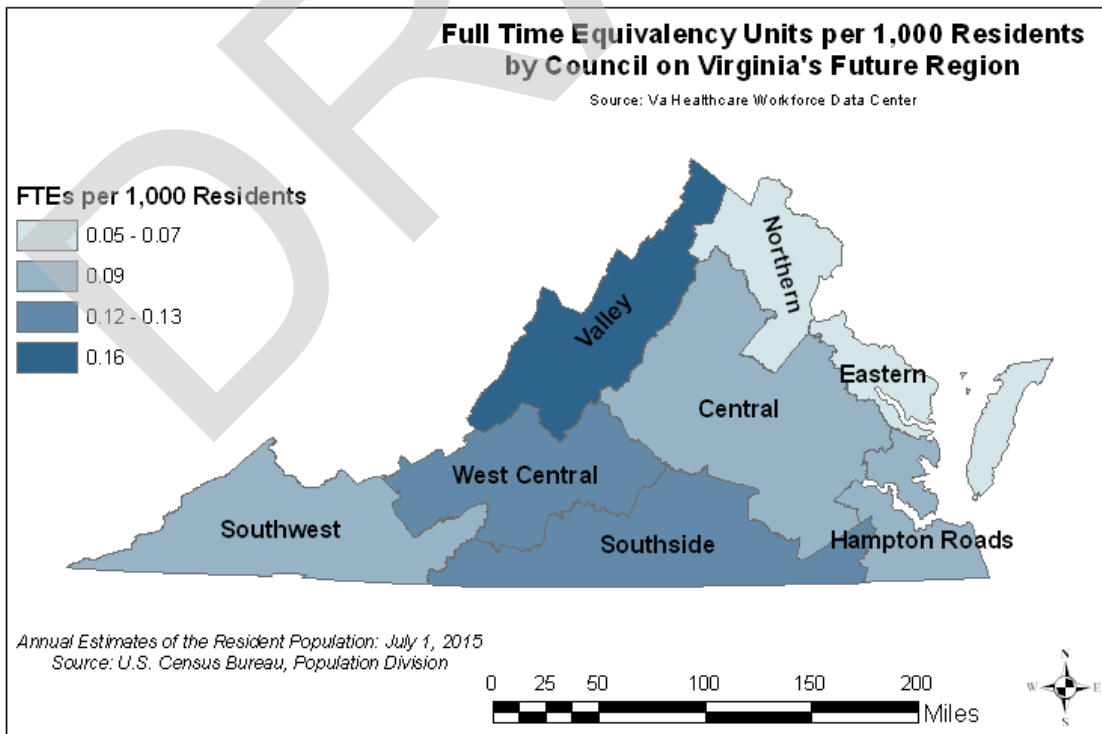
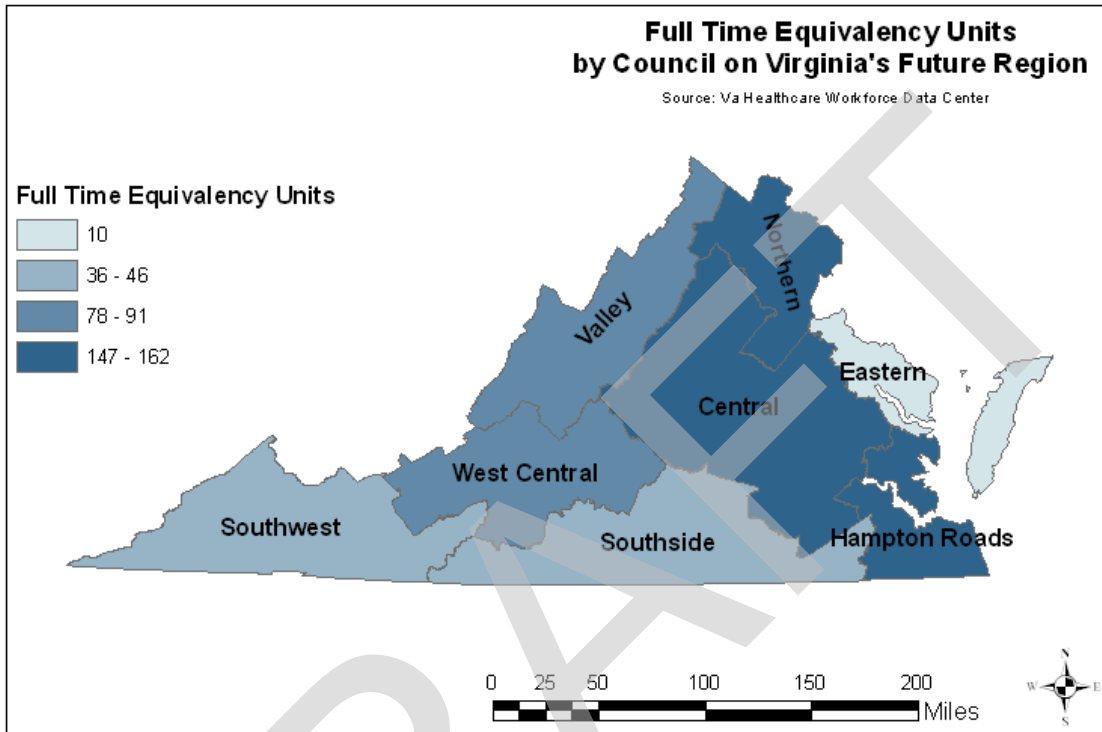
*The typical ALFA provided 1.18 FTEs in the past year, or approximately 47 hours per week for 50 weeks. Statistical tests do not indicate that FTEs vary by age or gender.*

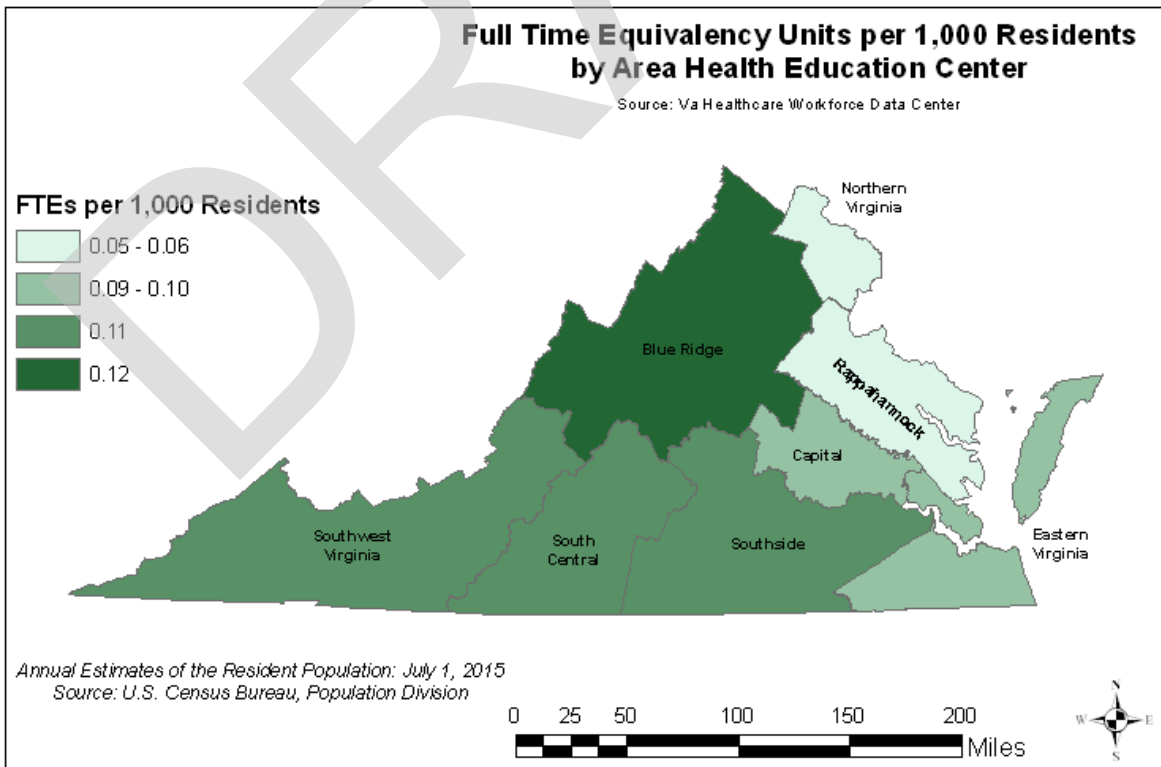
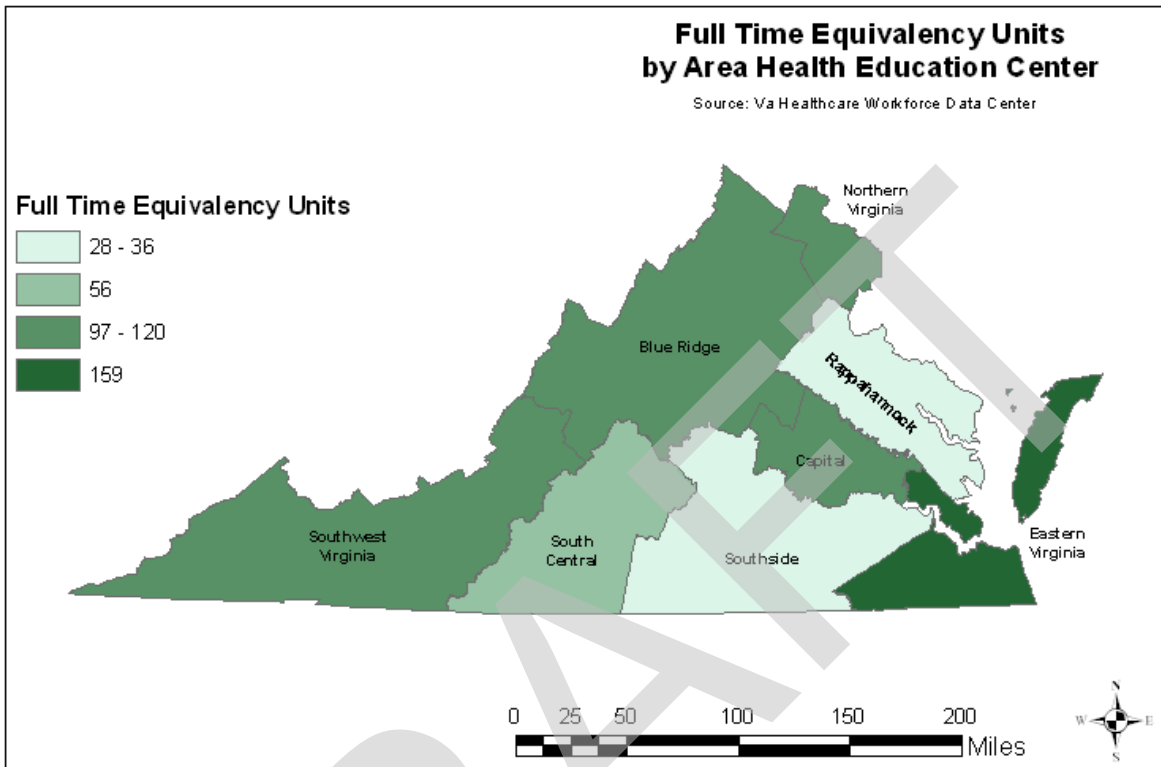
Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	1.05	1.07
30 to 34	1.23	1.30
35 to 39	1.41	1.27
40 to 44	1.25	1.17
45 to 49	1.17	1.18
50 to 54	1.18	1.25
55 to 59	1.29	1.22
60 and Over	1.13	1.17
<b>Gender</b>		
Male	1.22	1.22
Female	1.21	1.18

Source: Va. Healthcare Workforce Data Center

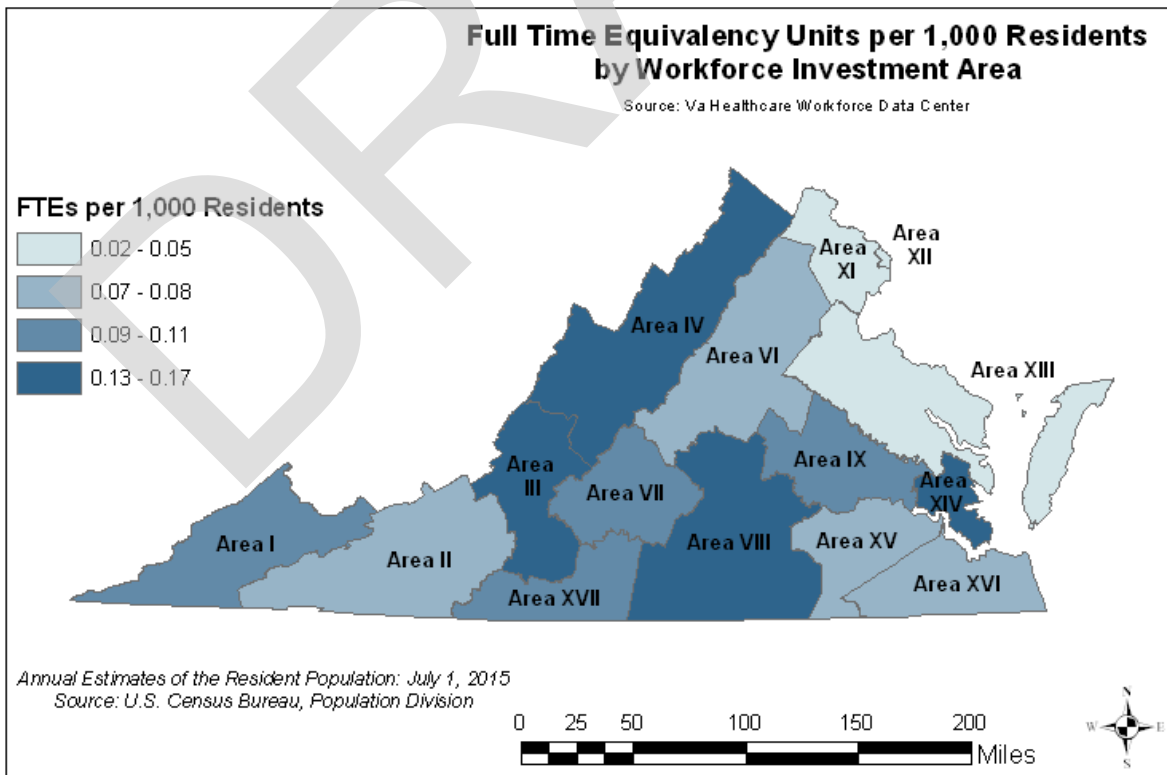
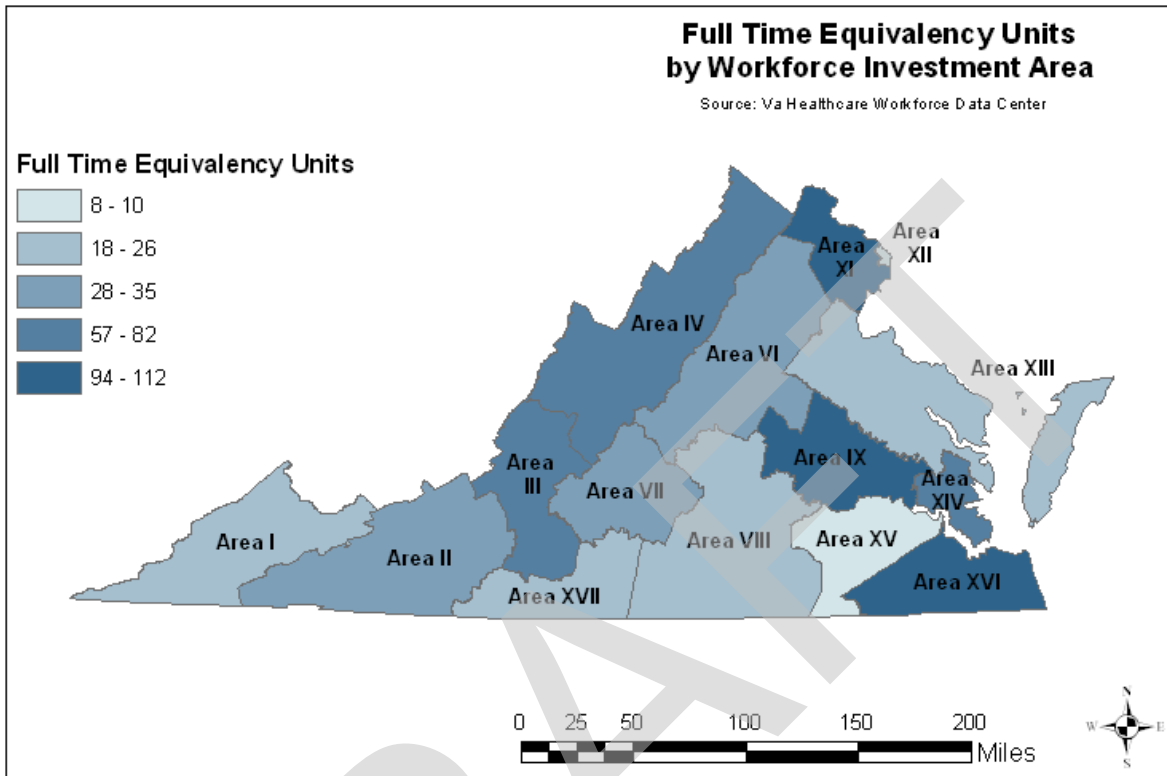


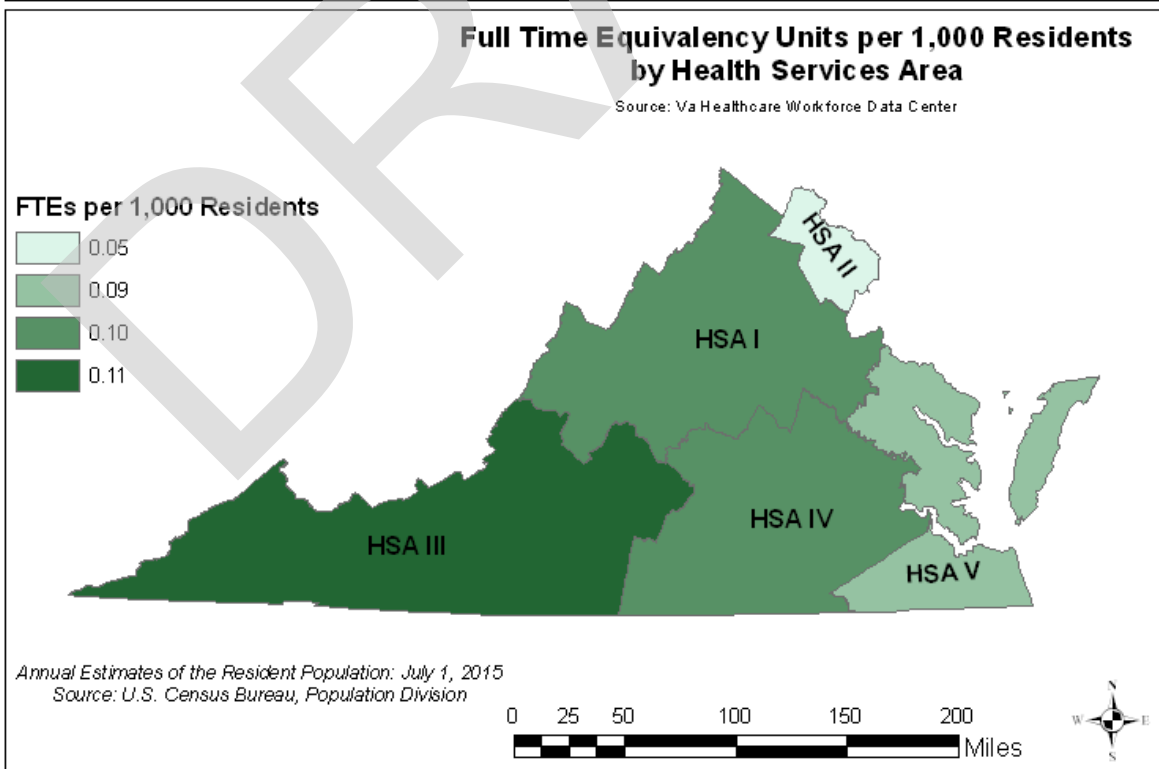
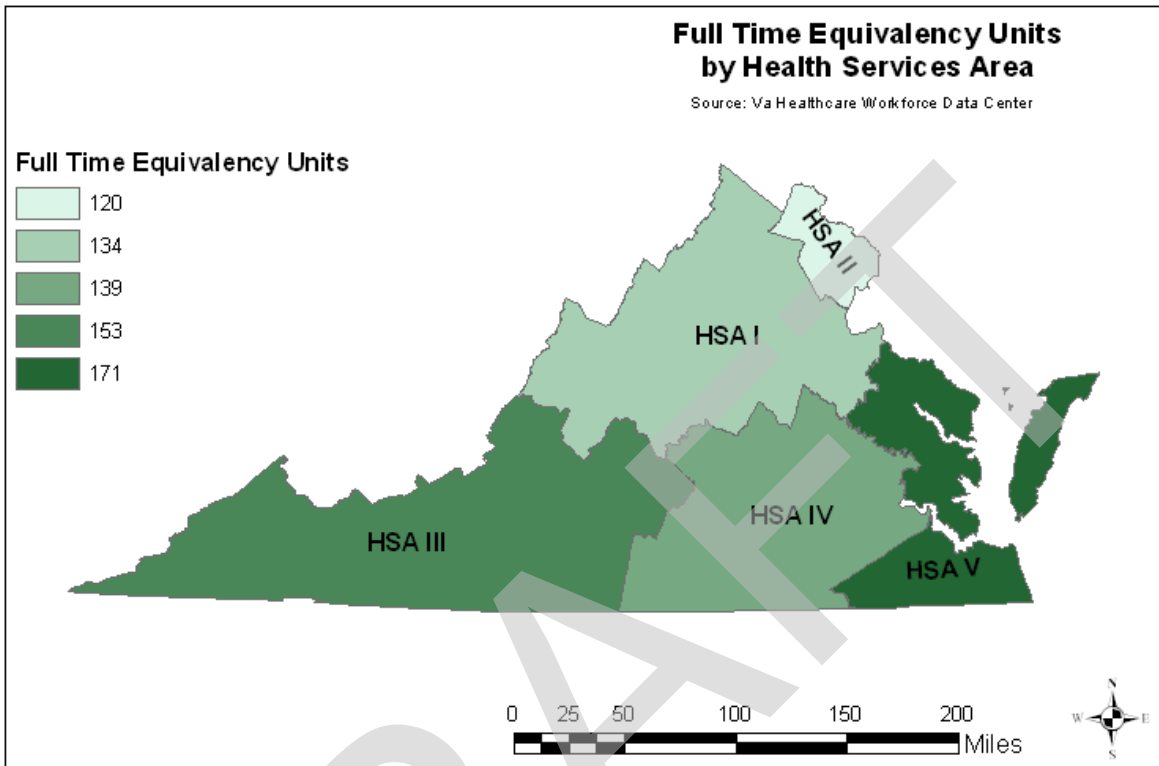
Source: Va. Healthcare Workforce Data Center

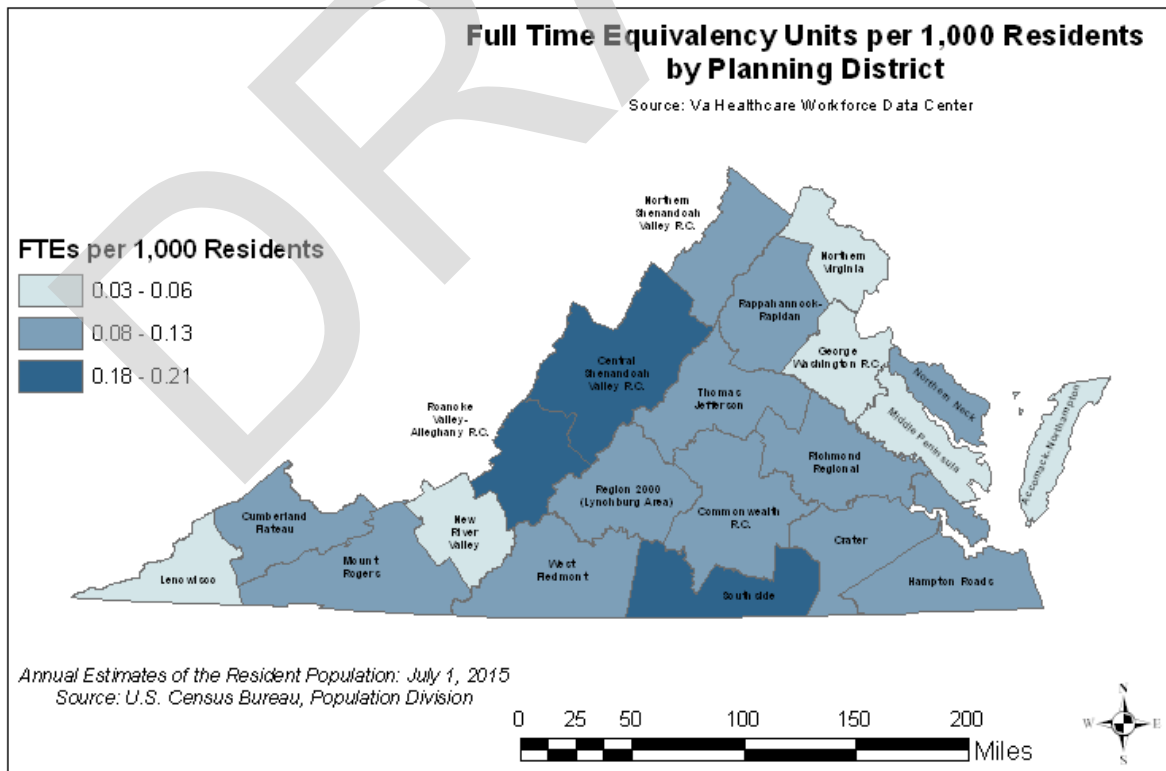
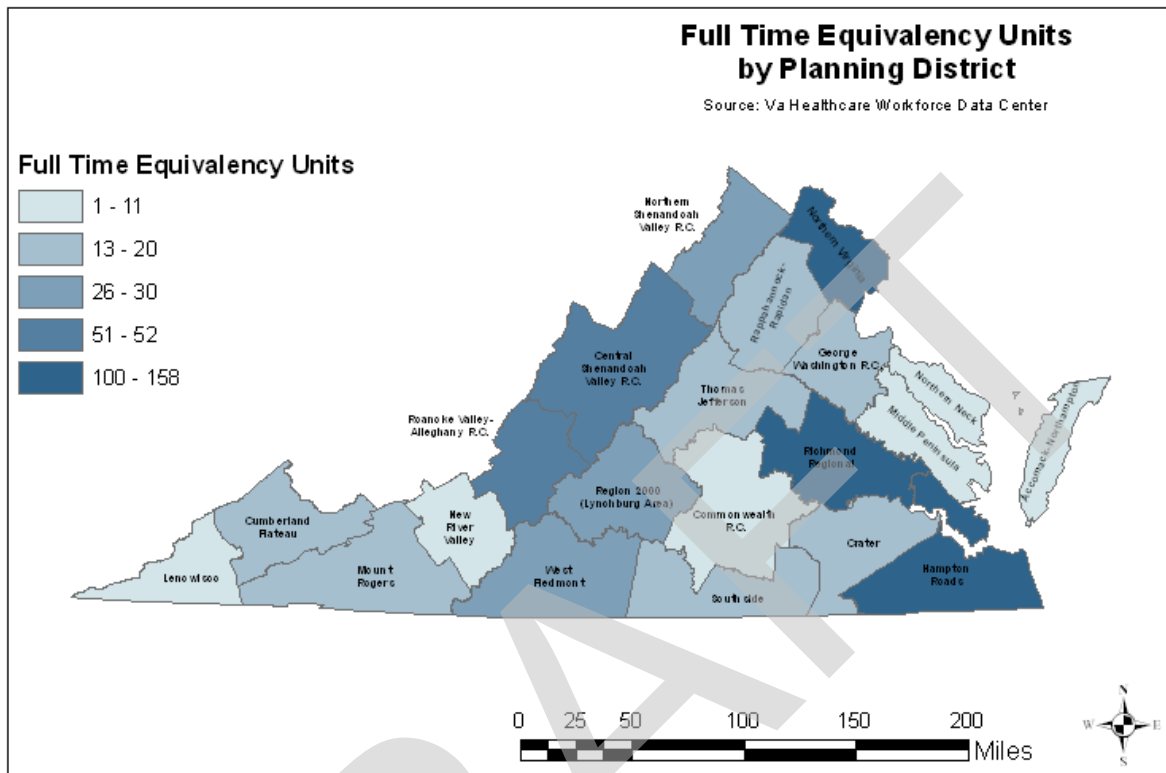












Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	360	77.50%	1.290323	1.1209	1.35933
Metro, 250,000 to 1 million	61	81.97%	1.22	1.05981	1.28525
Metro, 250,000 or less	64	75.00%	1.333333	1.15826	1.40464
Urban pop 20,000+, Metro adj	16	81.25%	1.230769	1.06916	1.28645
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	51	84.31%	1.186047	1.03031	1.24948
Urban pop, 2,500-19,999, nonadj	26	80.77%	1.238095	1.07553	1.30431
Rural, Metro adj	12	83.33%	1.2	1.04244	1.25429
Rural, nonadj	9	77.78%	1.285714	1.1169	1.34389
Virginia border state/DC	35	80.00%	1.25	1.08587	1.31685
Other US State	9	77.78%	1.285714	1.1169	1.35447

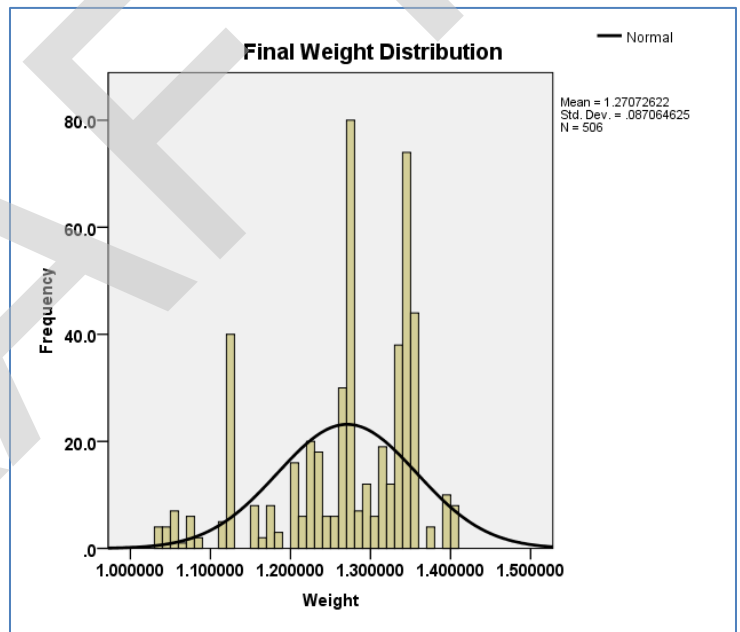
Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	14	78.57%	1.272727	1.18789	1.33541
30 to 34	40	77.50%	1.290323	1.20431	1.35387
35 to 39	55	80.00%	1.25	1.16668	1.31156
40 to 44	83	74.70%	1.33871	1.24948	1.40464
45 to 49	85	90.59%	1.103896	1.03031	1.15826
50 to 54	80	76.25%	1.311475	1.22406	1.37606
55 to 59	112	79.46%	1.258427	1.17454	1.3204
60 and Over	174	75.29%	1.328244	1.23971	1.39366

See the Methods section on the HWDC website for details on HWDC Methods: [www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

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

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

**Overall Response Rate: 0.786936**



## **Legislation and Regulatory Actions**

## VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS

### BYLAWS

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

##### 1. Officers

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

##### 2. Election.

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

##### 3. Terms of Office.

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

##### 4. Vacancies.

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

#### Article II. Duties of Officers

##### 1. Chair.

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

##### 2. Vice- Chair.

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

#### Article III. Duties of Members

##### 1. Qualifications.

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

##### 2. Attendance at meetings.

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

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

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

**1. Number.**

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

**2. Quorum.**

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

**3. Voting.**

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

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

**1. Standing Committees.**

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

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

**2. Ad Hoc Committees.**

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

**3. Committee Duties.**

**a) Legislative/Regulatory Committee.**

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

**b) Credentials Committee.**

The Credentials Committee shall consist of two or more members appointed by the Chair and shall review all non-routine applications for licensure to determine if the applicant satisfies the requirements established by the Board. The committee shall review requests for 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, and the authority to approve requests for disclosure of investigative information pursuant to Virginia Code § 54.1-2400.2(D) and (F)."
6. The Board delegates to the Executive Director, who shall consult with a member of 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.

## **Executive Director's Report**

Virginia Department of Health Professions  
Cash Balance  
As of June 30, 2017

	<b>114- Long Term Care Administrators</b>
<b>Board Cash Balance as of June 30, 2016</b>	<b>\$ (45,267)</b>
<b>YTD FY17 Revenue</b>	<b>564,060</b>
<b>Less: YTD FY17 Direct and In-Direct Expenditures</b>	<b>549,402</b>
<b>Board Cash Balance as June 30, 2017</b>	<b><u>(30,609)</u></b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	93,005.00	79,450.00	(13,555.00)	117.06%
4002406	License & Renewal Fee	454,595.00	473,400.00	18,805.00	96.03%
4002407	Dup. License Certificate Fee	115.00	175.00	60.00	65.71%
4002408	Board Endorsement - In	4,550.00	-	(4,550.00)	0.00%
4002409	Board Endorsement - Out	2,415.00	875.00	(1,540.00)	276.00%
4002421	Monetary Penalty & Late Fees	9,030.00	7,330.00	(1,700.00)	123.19%
4002432	Misc. Fee (Bad Check Fee)	35.00	-	(35.00)	0.00%
	<b>Total Fee Revenue</b>	<b>563,745.00</b>	<b>561,230.00</b>	<b>(2,515.00)</b>	<b>100.45%</b>
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	315.00	-	(315.00)	0.00%
	<b>Total Sales of Prop. &amp; Commodities</b>	<b>315.00</b>	<b>-</b>	<b>(315.00)</b>	<b>0.00%</b>
	<b>Total Revenue</b>	<b>564,060.00</b>	<b>561,230.00</b>	<b>(2,830.00)</b>	<b>100.50%</b>
5011110	Employer Retirement Contrib.	10,741.31	11,293.00	551.69	95.11%
5011120	Fed Old-Age Ins- Sal St Emp	5,552.29	6,404.00	851.71	86.70%
5011130	Fed Old-Age Ins- Wage Earners	62.55	497.00	434.45	12.59%
5011140	Group Insurance	1,036.33	1,097.00	60.67	94.47%
5011150	Medical/Hospitalization Ins.	19,286.42	19,357.00	70.58	99.64%
5011160	Retiree Medical/Hospitalizatn	932.81	988.00	55.19	94.41%
5011170	Long term Disability Ins	524.23	553.00	28.77	94.80%
	<b>Total Employee Benefits</b>	<b>38,135.94</b>	<b>40,189.00</b>	<b>2,053.06</b>	<b>94.89%</b>
5011200	Salaries				
5011230	Salaries, Classified	75,394.58	83,715.00	8,320.42	90.06%
5011250	Salaries, Overtime	763.21	-	(763.21)	0.00%
	<b>Total Salaries</b>	<b>76,157.79</b>	<b>83,715.00</b>	<b>7,557.21</b>	<b>90.97%</b>
5011300	Special Payments				
5011310	Bonuses and Incentives	262.50	-	(262.50)	0.00%
5011380	Deferred Compnstn Match Pmts	534.00	816.00	282.00	65.44%
	<b>Total Special Payments</b>	<b>796.50</b>	<b>816.00</b>	<b>19.50</b>	<b>97.61%</b>
5011400	Wages				
5011410	Wages, General	817.74	6,503.00	5,685.26	12.57%
	<b>Total Wages</b>	<b>817.74</b>	<b>6,503.00</b>	<b>5,685.26</b>	<b>12.57%</b>
5011530	Short-trm Disability Benefits	3,184.66	-	(3,184.66)	0.00%
	<b>Total Disability Benefits</b>	<b>3,184.66</b>	<b>-</b>	<b>(3,184.66)</b>	<b>0.00%</b>
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	<b>Total Personal Services</b>	<b>119,092.63</b>	<b>131,223.00</b>	<b>12,130.37</b>	<b>90.76%</b>
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	168.22	142.00	(26.22)	118.46%
5012140	Postal Services	2,037.74	1,500.00	(537.74)	135.85%
5012150	Printing Services	65.98	500.00	434.02	13.20%
5012160	Telecommunications Svcs (VITA)	1,120.57	1,320.00	199.43	84.89%
5012170	Telecomm. Svcs (Non-State)	330.96	-	(330.96)	0.00%
5012190	Inbound Freight Services	1.90	-	(1.90)	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 June 30, 2017

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	<b>Total Communication Services</b>	3,725.37	3,462.00	(263.37)	107.61%
5012200	<b>Employee Development Services</b>				
5012210	Organization Memberships	1,500.00	1,200.00	(300.00)	125.00%
5012240	Employee Trainng/Workshop/Conf	121.67	200.00	78.33	60.84%
5012250	Employee Tuition Reimbursement	-	802.00	802.00	0.00%
	<b>Total Employee Development Services</b>	1,621.67	2,202.00	580.33	73.65%
5012300	<b>Health Services</b>				
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	<b>Total Health Services</b>	-	110.00	110.00	0.00%
5012400	<b>Mgmnt and Informational Svcs</b>				
5012420	Fiscal Services	8,835.63	7,990.00	(845.63)	110.58%
5012440	Management Services	143.12	6.00	(137.12)	2385.33%
5012470	Legal Services	350.00	150.00	(200.00)	233.33%
5012490	Recruitment Services	86.00	-	(86.00)	0.00%
	<b>Total Mgmnt and Informational Svcs</b>	9,414.75	8,146.00	(1,268.75)	115.58%
5012500	<b>Repair and Maintenance Svcs</b>				
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
	<b>Total Repair and Maintenance Svcs</b>	-	17.00	17.00	0.00%
5012600	<b>Support Services</b>				
5012630	Clerical Services	-	27.00	27.00	0.00%
5012640	Food & Dietary Services	307.64	683.00	375.36	45.04%
5012660	Manual Labor Services	772.19	1,182.00	409.81	65.33%
5012670	Production Services	4,651.35	2,960.00	(1,691.35)	157.14%
5012680	Skilled Services	122.92	1,408.00	1,285.08	8.73%
	<b>Total Support Services</b>	5,854.10	6,260.00	405.90	93.52%
5012800	<b>Transportation Services</b>				
5012820	Travel, Personal Vehicle	2,096.76	2,680.00	583.24	78.24%
5012830	Travel, Public Carriers	35.69	300.00	264.31	11.90%
5012850	Travel, Subsistence & Lodging	18.00	800.00	782.00	2.25%
5012880	Trvl, Meal Reimb- Not Rprtble	-	400.00	400.00	0.00%
	<b>Total Transportation Services</b>	2,150.45	4,180.00	2,029.55	51.45%
	<b>Total Contractual Svcs</b>	22,766.34	24,377.00	1,610.66	93.39%
5013000	<b>Supplies And Materials</b>				
5013100	<b>Administrative Supplies</b>				
5013120	Office Supplies	792.11	400.00	(392.11)	198.03%
5013130	Stationery and Forms	22.03	100.00	77.97	22.03%
	<b>Total Adminstrative Supplies</b>	814.14	500.00	(314.14)	162.83%
5013200	<b>Energy Supplies</b>				
5013230	Gasoline	13.85	-	(13.85)	0.00%
	<b>Total Energy Supplies</b>	13.85	-	(13.85)	0.00%
5013500	<b>Repair and Maint. Supplies</b>				
5013520	Custodial Repair & Maint Matrl	3.08	-	(3.08)	0.00%
5013530	Electrcal Repair & Maint Matrl	-	2.00	2.00	0.00%
	<b>Total Repair and Maint. Supplies</b>	3.08	2.00	(1.08)	154.00%
5013600	<b>Residential Supplies</b>				

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
5013620	Food and Dietary Supplies	-	81.00	81.00	0.00%
	Total Residential Supplies	-	81.00	81.00	0.00%
	Total Supplies And Materials	831.07	583.00	(248.07)	142.55%
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	36.01	25.00	(11.01)	144.04%
	Total Insurance-Fixed Assets	36.01	25.00	(11.01)	144.04%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	7.83	-	(7.83)	0.00%
5015390	Building Rentals - Non State	7,622.33	7,381.00	(241.33)	103.27%
	Total Operating Lease Payments	7,630.16	7,381.00	(249.16)	103.38%
5015500	Insurance-Operations				
5015510	General Liability Insurance	129.26	91.00	(38.26)	142.04%
5015540	Surety Bonds	7.63	6.00	(1.63)	127.17%
	Total Insurance-Operations	136.89	97.00	(39.89)	141.12%
	Total Continuous Charges	7,803.06	7,503.00	(300.06)	104.00%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022180	Computer Software Purchases	387.32	-	(387.32)	0.00%
	Total Computer Hrdware & Sftware	387.32	-	(387.32)	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	387.32	153.00	(234.32)	253.15%
	Total Expenditures	150,880.42	164,239.00	13,358.58	91.87%
	Allocated Expenditures				
20600	Funeral\LTCA\PT	83,867.67	88,804.20	4,936.53	94.44%
30100	Data Center	72,241.80	82,127.84	9,886.04	87.96%
30200	Human Resources	13,697.99	20,380.05	6,682.06	67.21%
30300	Finance	19,677.36	19,622.31	(55.05)	100.28%
30400	Director's Office	11,073.42	11,541.21	467.79	95.95%
30500	Enforcement	129,912.87	96,546.12	(33,366.74)	134.56%
30600	Administrative Proceedings	44,969.88	26,470.92	(18,498.95)	169.88%

Virginia Department of Health Professions  
 Revenue and Expenditures Summary  
 Department 11400 - Long-Term Care Administrators  
 For the Period Beginning July 1, 2016 and Ending June 30, 2017

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
30700	Impaired Practitioners	-	12.87	12.87	0.00%
30800	Attorney General	10,801.33	10,660.63	(140.69)	101.32%
30900	Board of Health Professions	5,328.06	7,610.11	2,282.06	70.01%
31100	Maintenance and Repairs	-	400.50	400.50	0.00%
31300	Emp. Recognition Program	540.15	260.81	(279.34)	207.10%
31400	Conference Center	249.20	210.58	(38.62)	118.34%
31500	Pgm Devlpmnt & Implmentn	6,161.74	5,901.82	(259.92)	104.40%
<b>Total Allocated Expenditures</b>		<u>398,521.47</u>	<u>370,549.99</u>	<u>(27,971.48)</u>	<u>107.55%</u>
<b>Net Revenue in Excess (Shortfall) of Expenditures</b>		<u>\$ 14,658.11</u>	<u>\$ 26,441.01</u>	<u>\$ 11,782.90</u>	<u>55.44%</u>



# COMMONWEALTH of VIRGINIA

David E. Brown, D.C.  
Director

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## MEMORANDUM

**TO:** Members, Board of Long-Term Care Administrators

**FROM:** David E. Brown, D.C.

**DATE:** August 11, 2017

**SUBJECT:** Revenue and Expenditure Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The adjustment can be either an increase or decrease.

The Board of Long-Term Care Administrators ended the 2014 - 2016 biennium (July 1, 2014, through June 30, 2016) with a cash balance of (\$45,267). Current projections indicate that expenditures for the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) will exceed revenue by approximately \$11,004. When combined with the Board's (\$45,267) cash balance as of June 30, 2016, the Board of Long-Term Care Administrators projected cash balance on June 30, 2018, is (\$56,271).

We recommend no action to change license fees be taken at this time. Please note that these projections are based on internal agency assumptions and are, therefore, subject to change based on actions by other state agencies, the Governor and/or the General Assembly.

We are grateful for continued support and cooperation as we work together managing the fiscal affairs of the Board and the Department.

Please do not hesitate to call me if you have questions.

cc: Corie E. Tillman Wolf, J.D, Executive Director  
Lisa R. Hahn, Chief Deputy Director  
Charles E. Giles, Budget Manager  
Elaine Yeatts, Senior Policy Analyst



NAB is proud to introduce NABVerify, the home of NAB's Continuing Education (CE) Registry service as well as the Health Services Executive™ (HSE) application.

## CE REGISTRY:

The NAB CE Registry is the first of its kind and will be free of charge to long term care licensees. This system will enable you to track both CE approved by NAB's National Continuing Education Review Service (NCERS) and non NCERS approved CE. Once your license is due, you simply release your registry to your stateboard/Agencies(s) electronically.

Signing up for a registry is easy. Individuals can simply visit the NAB website and go to the member login section. If you do not currently have a NAB user account (which is different from your exam account) you will need to choose "Not a Member? Sign Up!" Once signing up for a NAB account, you will have access to your registry as well as the option to begin an HSE application.

Beginning in spring 2018, all NAB approved NCERS providers will be required to report credit to the CE registry. If credit is reported directly to the registry, a certificate of course completion will be auto generated. Prior to mandatory reporting by NCERS providers you will be able to manually enter your NCERS earned CEs into your record to assure a complete CE portfolio.

A NABVerify User Guide will launch in September 2017. For more information on the NAB CE Registry, please visit the Continuing Education page of the NAB website or email [nab@nabweb.org](mailto:nab@nabweb.org).

## HSE QUALIFICATION APPLICATION:

The NAB Health Services Executive™ (HSE) is a broad based qualification which will allow our most talented administrators to practice along the continuum of care of health services and supports while enjoying portability of their license in states adopting the NAB HSE standards.

Applying for the HSE is easy! Individuals can simply visit the NAB website and go to the member login section. If you do not currently have a NAB user account (which is different from your exam account) they will need to choose "Not a Member? Sign Up!" Once signing up for a NAB account, you will have the option to begin an HSE application and/or access the CE Registry.

The NAB is pleased to offer a grandfathering provision and exam discounts to early applicants through January 31, 2018. Grandfathering provisions can be found on the NAB website at: <https://www.nabweb.org/health-services-executive>.



## Individuals who qualify using NAB's Career pathway can apply now!

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

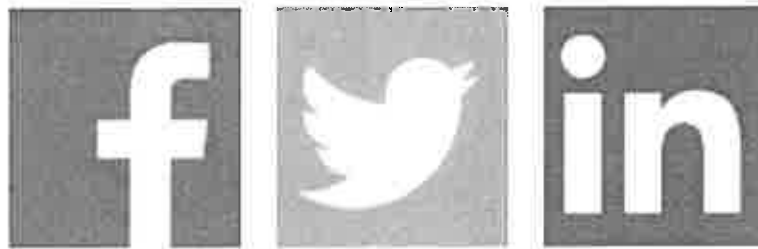
The HSE application fee is \$70. The following items will need to be provided:

- An official copy of your university transcript
- A copy of your National Practitioner Data Bank (NPDDB) report (not more than 30 days old)
- A transfer to NAB of all exam scores (if taken prior to January 1, 2012)

Once you are HSE qualified, your application can be transferred to other states in which you are applying for licensure.

For more information on the NAB HSE qualification, please visit the Health Services Executive page of the NAB website or email [hse@nabweb.org](mailto:hse@nabweb.org).

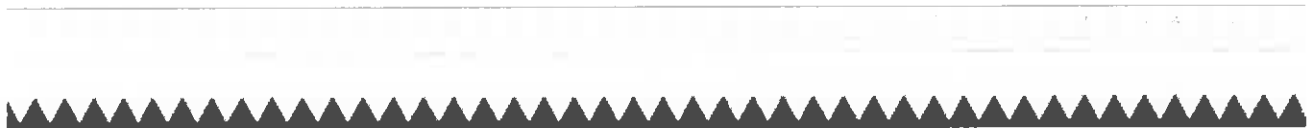
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## **Board Meeting Dates for 2018**

**Board of Long-Term Care Administrators**  
**2018 Meeting Dates**

March 15 <sup>th</sup> (Thurs)	9:30 a.m.	Board Room 4
June 28 <sup>th</sup> (Thurs)	9:30 a.m.	Board Room 2
September 12 <sup>th</sup> (Wed)	9:30 a.m.	Board Room 1
December 13 <sup>th</sup> (Thurs)	9:30 a.m.	Board Room 1