Virginia Department of
Health Professions
Board of Long-Term Care Administrators

Agenda
Full Board Meeting

June 24, 2025
Board Room 1
9:00 a.m.

Call to Order – Lisa Kirby, NHA, Board Chair

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

Approval of Minutes (p. 4-17)

- Board Meeting – March 11, 2025
- Regulatory Advisory Panel Meeting – March 11, 2025

Ordering and Approval of Agenda

Public Comment

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

Presentations

- Virginia's Nursing Home Administrator and Assisted Living Facility Administrator Workforces: 2025 – **Yetty Shobo, PhD, Director, and Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center** (p. 19-84)
- Report on Administrator-in-Training Preceptor Survey Data – **Yetty Shobo, PhD, Director, and Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center**
- Administrator Prelicensure Courses – **April Payne, MBA, NHA, Virginia Health Care Association/Virginia Center for Assisted Living**

Agency Report – Arne Owens, Director

Staff Reports

- Executive Director's Report - **Corie E. Tillman Wolf, JD, Executive Director**
- Discipline Report – **Annette Kelley, MS, CSAC, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Board Administrator**

Board Counsel Report – Brent Saunders, Senior Assistant Attorney General

Committee and Board Member Reports

- NAB Annual Meeting Report - **Lisa Kirby, NHA, Board Chair**

Legislative and Regulatory Report – Erin Barrett, Director of Legislative and Regulatory Affairs, and Matt Novak, Policy and Economic Analyst (p. 86)

- 2026 General Assembly – Legislative Proposals
- Report on Status of Regulatory Actions

Board Action and Discussion – Erin Barrett, Matt Novak, and Corie Tillman Wolf

- Consideration of a Notice of Intended Regulatory Action (NOIRA) to Conduct a Periodic Review of Regulations (Chapters 18VAC95-15, 18VAC95-20, 18VAC95-30)
- Finalization of Periodic Review of Regulations (Chapter 18VAC95-11)
- Review and Discussion of Recommendations from Regulatory Advisory Panel on Administrators-in-Training
  - Consideration of Amendments to Regulations Related to Preceptors (Chapters 18VAC95-20, 18VAC95-30) (p. 98-100)
  - Consideration of Amendments to Regulations Related to Size of Training Facility for Assisted Living Facility Administrators-in-Training (Chapter 18VAC95-30)
- Consideration of Petition for Rulemaking and Public Comments (Simmons) (p. 101-105)

Next Meeting – September 24, 2025

Business Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to the Code of Virginia.

Approval of Minutes

Virginia Department of Health Professions
Board of Long-Term Care Administrators

The Virginia Board of Long-Term Care Administrators convened a Regulatory Advisory Panel on Tuesday, March 11, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Lisa Kirby, NHA, Chair
Kimberly Brathwaite, ALFA
Jasmine Montgomery, NHA

PANEL MEMBERS PRESENT:

Maryanne Lee, Virginia Assisted Living Association
Dana Parsons, Vice President and Legislative Counsel, LeadingAge Virginia
Tara Ragland, Department of Social Services
Jennifer Yañez Pryor, ALFA, Virginia Commonwealth University

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Sarah Georgen, Licensing and Operations Supervisor
Annette Kelley, MS, CSAC, Deputy Executive Director
Matt Novak, Policy and Economic Analyst
M. Brent Saunders, Senior Assistant Attorney General
Corie E. Tillman Wolf, JD, Executive Director

OTHER GUESTS PRESENT

Bess Toole, McGuireWoods Consulting

CALL TO ORDER

Ms. Kirby called the meeting to order at 10:01 a.m. and asked the meeting participants to introduce themselves.

Ms. Tillman Wolf then read the emergency egress instructions.

REVIEW OF AGENDA

Ms. Kirby requested proposed changes to the ordering of the agenda.

Ms. Kirby stated that panel members had printed handouts to help facilitate the discussion, including a document that outlines previous discussions by the Panel and the status of recommendations to the full Board. Ms. Tillman Wolf reviewed the handouts with panel members.

CHARGE OF THE REGULATORY ADVISORY PANEL (RAP)

Ms. Kirby provided an overview of the charge of the RAP. She stated that the RAP was convened to continue regulatory discussions with stakeholders resulting from the ALF AIT Resources and Supports Workgroup meetings. Ms. Kirby noted that the discussion surrounding the challenges faced by Administrators-in-Training (AIT) in the long term care setting continues and that specific areas of discussion and input were requested from the RAP, including recommendations on (1) the size of training sites for Assisted Living Facility (ALF) AIT programs; (2) preceptor registration requirements; (3) concerns related to the national examination for assisted living; (4) the development of resources and continued stakeholder collaboration in this area.

DISCUSSION AND RECOMMENDATIONS

Size of Training Facilities for ALF AIT Programs

Ms. Tillman Wolf provided the draft AIT findings of a survey developed with the DHP Healthcare Workforce Data Center related to possible training obstacles in the AIT program.

Ms. Ragland provided information on the observations of facilities within the Department of Social Services (DSS) purview. She stated that types of violations remain unchanged but noted that the severity of the violations appears to have increased. Ms. Ragland noted that there are data challenges with the new DSS system, but she would work with DHP to compare available data and any correlations. She stated that, anecdotally, there seemed to be a higher number of enforcement actions related to facilities with newer administrators and in smaller facilities. Ms. Tillman Wolf supported the collaboration with the DSS and suggested the possible review of order data from applicable companion cases through the Board of Nursing and the Board of Long-Term Care Administrators.

Preceptor Registration Requirements

Ms. Kirby reviewed the suggested amendments to the regulations related to assisted living facility administrators (18VAC95-30-10 et seq.). Ms. Tillman Wolf stated that the Board could consider a parallel change to the nursing home administrator regulations.

Ms. Tillman Wolf suggested a recommendation to the full Board to waive the preceptor application requirements for ALF for a person already approved as a Nursing Home Administrator (NHA) Preceptor. She also suggested continuing to clarify NHA requirements for precepting in assisted living facilities based on the NHA preceptor registration.

The Panel discussed continuously updating the Voluntary Preceptor Directory on the Board website to include any additional restrictions for preceptors to provide training.

The Panel discussed unpaid AIT programs that create an undue burden toward licensure, as well as opportunities for grants or funding support for AITs, suggesting the continued collaboration with stakeholders in this area.

The Panel discussed possible regulatory amendments to address the concerns raised about the current limitation on the size of an ALF facility for training of AITs. The Panel discussed possible regulatory actions related to capacity restrictions, observational hours in a secondary facility, or a prelicensure course based on an approved National Association of Long Term Care Administrator Boards (NAB) curriculum. The Panel consensus was to forward all of the possible regulatory amendments discussed to the full Board for consideration.

Concerns Related to National Examination for Residential Care/Assisted Living (RCAL)

The Panel discussed concerns related to the National Examination for Residential Care/Assisted Living (RC/AL), suggesting continued collaboration with stakeholders. Ms. Tillman Wolf stated that she would continue to share concerns on tools and resources to support examination candidates with NAB as challenges arise.

The Panel reviewed different avenues for AITs and Preceptors to strengthen their skills. The Panel agreed that educational and training opportunities offered by stakeholders would benefit these efforts.

Ms. Tillman Wolf stated that April Payne, Virginia Health Care Association/Virginia Center for Assisted Living, was planning to present information on prelicensure courses under development by VHCA/VCAL.

Development of Prelicensure Courses

Ms. Kirby stated that Ms. Payne was scheduled to provide additional information at the full Board meeting related to VHCA's efforts to develop a prelicensure course for NHAs and the ALFAs using a model from the Ohio Certified Executive for Assisted Living (CEAL) certification program.

Stakeholder Collaboration and Resource Development

The Panel discussed increasing the knowledge base for AITs and Preceptors through stakeholder support.

The Panel discussed new administrator training similar to DSS Phase 2 trainings that were provided in the past.

WRAP UP/NEXT STEPS

Ms. Tillman Wolf provided a recap of the recommendations proposed by the Panel (Attachment A).

Upon a ***MOTION*** by Ms. Montgomery, properly seconded by Ms. Brathwaite, the Panel voted to provide the recommendations discussed with the full Board for consideration and possible action. The motion passed unanimously.

Ms. Kirby stated that the recommendations from the RAP meeting would be presented to the full Board for consideration.

Ms. Kirby thanked the participants for their time and collaboration.

ADJOURNMENT

With all business concluded, the meeting adjourned at 11:35 a.m.

_____
Corie Tillman Wolf, J.D., Executive Director

_____
Date

Regulatory Advisory Panel – Assisted Living Facility Administrators-in-Training

Considerations for Board of Long-Term Care Administrators – Final Recommendations

Area	Concern	Recommendation	Actions for Consideration
Preceptors	Clarification that licensees who serve as regional administrators of buildings can obtain initial registration as preceptor even if not currently working as the administrator in a building	1. Amend 18VAC95-30-180(B) to clarify requirements for initial registration of preceptors	Board Discussion; Board motion to initiate regulatory action – whether NOIRA or Fast-Track Action
		2. Consider parallel amendment to 18VAC95-20-380(A) for NHA process	Board Discussion; Board motion to initiate regulatory action – whether NOIRA or Fast-Track Action
	Confusion regarding separate ALF Preceptor registration process for Nursing Home Administrators (NHAs) who serve as preceptors in assisted living	3. Waive application and fee requirement in 18VAC95-30-180(B)(4) for ALF Preceptor Registration for a person who is already approved as a NHA Preceptor	Board Discussion; Board motion to waive application and fee requirement or Motion to Adopt Board Guidance Document, if necessary
		4. Update Board application, registration, and renewal processes to clarify/to implement that NHA licensees are not required to register separately as ALF preceptors, but may precept in assisted living facilities based upon NHA preceptor registration	Staff to implement based upon Board action
	Allowance for preceptors to oversee training for more AITs at one time - will allow for more prospective AITs to match with preceptors who may have capacity to train an additional AIT	5. Amend 18VAC95-30-180(D) and 18VAC95-20-340(B) to permit preceptors to train three AITs at one time	Board Discussion; Board motion to initiate regulatory action – whether NOIRA or Fast-Track Action
	Difficulty in matching prospective AITs with preceptors, particularly if preceptors are permitted only to supervise training of AITs affiliated with their parent company/ corporate entity	6. Continuously update information in Voluntary Preceptor Directory available on Board website to include any additional restrictions for preceptors to provide training	Staff to continue to ask for updated information during preceptor renewal process and to provide link for submission of information to Board in licensee communications

Area	Concern	Recommendation	Actions for Consideration
	Preceptors who charge to provide training for AITs – puts undue burden on both prospective AITs and smaller operators to pay for AIT training	7. Add fields to Voluntary Preceptor Directory and ask Preceptors whether they or their company pay AITs for training or whether the Preceptor or their company charge for AIT training	Staff to amend preceptor information submission form to include questions regarding payment/charge for AIT training
		8. Consider other actions to address concerns related to preceptor fees for AIT programs	Board Discussion; continue to collaborate with stakeholders in this area
	Unpaid AIT programs – puts undue burden on AITs to either work in an unpaid position or work a second job at the same time they are trying to fulfill AIT hour requirements	9. Encourage building/facility owners to prioritize payment for AITs in their facilities while the AITs are completing on-the-job training	Board Discussion; continue to collaborate with stakeholders in this area
		10. Explore options or opportunities for grants or other funding to support payment of AITs for training in long-term care facilities	Board Discussion; continue to collaborate with stakeholders in this area
Training Facilities	Limitation on size of ALF facility for training of AITs in 18VAC95-30-170(B)(4) creates an undue burden on smaller providers	11. Consider possible regulatory action in this area based upon the following options discussed by the RAP: a. Strike existing ALF resident capacity restriction in 18VAC95-30-170(B)(4); b. Amend resident capacity number in 18VAC95=30-170(B)(4); c. Add language to 18VAC95-30-170(B)(4) to approve primary training in facility <20 residents, but that AIT complete a minimum of x% training or observational hours in a secondary facility with 20 or more residents; or d. Require completion of 80-hour prelicensure course based upon approved NAB curriculum if facility size restriction eliminated, with hours to count toward overall AIT hours.	Board Discussion; Board motion to initiate regulatory action – whether NOIRA or Fast-Track Action
		12. Collaborate with DSS on tracking and comparing data on violations and/or discipline related to facilities or administrators in individual databases	Staff to coordinate with DSS staff in this area
National Examination for RC/AL	Concern regarding passage rates for NAB national examination for assisted living administrators	13. Continue to encourage use of the VCU RCAL Exam Preparation Course as an exam preparation tool developed and offered by an accredited NAB program	Continue to collaborate with stakeholders in this area

Area	Concern	Recommendation	Actions for Consideration
	(CORE and RCAL) and whether passage rates create a barrier to licensure		
		14. Support the development of prelicensure courses by VHCA/VCAL for NHA and ALFA applicants, based upon the 80-hour NAB-approved curricula for pre-licensure courses, which hours may be approved by the Board toward AIT required training hours	Board Discussion; Board motion to initiate regulatory action - whether NOIRA or Fast-Track Action; Continue to collaborate with stakeholders in this area;
		15. Support the development of a webinar series by LeadingAge Virginia, in conjunction with the Board, NAB, VCU, and other stakeholders to support AIT training and AIT/Preceptor networking	Continue to collaborate with stakeholders in this area
		16. Continue to provide feedback to NAB regarding the revision and/or development of resources and tools to enhance preparation for exam candidates (streamlined reference lists for primary vs. secondary resources, recommended study courses list)	Staff to continue to provide information to NAB on concerns raised by stakeholders and feedback on tools and resources to support exam candidates
	Concerns regarding misinformation about the NAB examinations	17. Ensure dissemination of correct information about the NAB exam and what needs to be studied – whether on administrator online forums or elsewhere	Staff to continue to provide information to NAB on concerns raised by stakeholders, feedback on tools and resources to support exam candidates,
	Concerns regarding NHA content on CORE and RCAL exams	18. Update link to NAB RCAL AIT Manual information once updated by NAB to remove confusing/legacy NHA material (mid-January 2025)	Staff to confirm that updated RCAL materials are linked to Board website/provided to applicants
Ongoing training for newer administrator licensees	Concerns about new(er) administrators and uptick in complaints to the Board	19. Continue discussion regarding impactful ways of providing education to new administrators regarding investigation and reporting of incidents, mandatory reporting, FRI and report writing, etc. (e.g. DSS Phase II training)	Continue to collaborate with stakeholders in this area

Virginia Department of Health Professions
Board of Long-Term Care Administrators

Draft Minutes
Full Board Meeting

March 11, 2025

The Virginia Board of Long-Term Care Administrators convened for a full board meeting on Tuesday, March 11, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Lisa Kirby, NHA, Chair
Kimberly Brathwaite, ALFA, Vice-Chair
Lynn Campbell, LPN, Citizen Member
Felita Creekmore, ALFA
Pamela Dukes, MBA, Citizen Member
Jasmine Montgomery, NHA
Dennis Pregent, ALFA, NHA

BOARD MEMBERS NOT PRESENT:

Latonya Hughes, PhD, RN, NHA

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Erin Barrett, Director of Legislative and Regulatory Affairs
Sarah Georgen, Licensing and Operations Supervisor
Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center
Annette Kelley, MS, CSAC, Deputy Executive Director
Arne W. Owens, Agency Director
Matt Novak, Policy and Economic Analyst
M. Brent Saunders, Senior Assistant Attorney General, Board Counsel
Yetty Shobo, PhD, Director, Healthcare Workforce Data Center
Corie E. Tillman Wolf, JD, Executive Director

OTHER GUESTS PRESENT

None

CALL TO ORDER

Ms. Kirby called the meeting to order at 1:04 p.m. and asked the Board members and staff to introduce themselves.

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

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

Ms. Kirby reminded the Board members and audience about microphones, computer agenda materials, and breaks.

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF MINUTES

Ms. Kirby opened the floor to any edits or corrections regarding the draft minutes for a Board meeting and Formal Hearing held on December 3, 2024, a formal hearing held on December 4, 2025, and a Regulatory Advisory Panel Meeting held on December 9, 2024.

Ms. Tillman Wolf requested an amendment to the agenda to correct the approval of the minutes date for the formal hearing held on December 4, 2024.

The minutes were approved as presented.

ORDERING OF THE AGENDA

Ms. Tillman Wolf requested that the agenda be amended, noting the absence of Ms. Payne and the report on the Nursing Home Administrators Prelicensure Course.

Upon a ***MOTION*** by Brathwaite, properly seconded by Dukes, the Board voted to accept the agenda as amended. The motion passed unanimously (6-0).

Mr. Pregent arrived at 1:08 p.m.

PUBLIC COMMENT

There was no public comment.

AGENCY REPORT – Arne W. Owens, Agency Director

Mr. Owens recognized Long Term Care Administrator's Week and thanked the administrators in the profession for their commitment and perseverance in the support of residents, families, and staff in long-term care facilities.

Mr. Owens reported on the conclusion of the 2025 General Assembly. He announced the passing of Senate Bill 1363 (2025) regarding the elimination of the Board of Health Professions.

Mr. Owens provided a brief report about agency operations and employee retention efforts, including the recent conclusion of an agency salary study.

With no questions, Mr. Owens concluded his report.

STAFF REPORTS

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

In recognition of Long Term Care Administrator's Week, Ms. Tillman Wolf thanked all licensees for their commitment to the profession.

Board Updates

Ms. Tillman Wolf provided updates on the 2024 accomplishments of the Board, including updates to the board website format, frequently asked questions, applications, correspondence bots, and continued stakeholder discussions regarding Administrators-in-Training (AIT) and Preceptors.

Ms. Tillman Wolf provided an overview of planned 2025 activities, including the presentation of Assisted Living Facility AIT recommendations, the completion of regulatory reduction efforts, updates to the case review process and policy documents, a deeper analysis of discipline case data, and leveraging technology for administrative processes.

NAB Updates

Ms. Tillman Wolf reported that the National Association of Long Term Care Administrator Boards (NAB) Annual Meeting would be held on June 11-13, 2025, in Seattle, Washington. She announced the successful transition of NAB's examination vendor to PearsonVue as of January 3, 2025. She reported that the Board application and eligibility process was not impacted during the transition.

Ms. Tillman Wolf provided an update on the Health Services Executive (HSE) credential offered through NAB. She reported that 15 college/university programs are HSE accredited, and 13 HSEs in Virginia have been credentialed, with additional applications pending.

2025 Board Meeting Schedule

Ms. Tillman Wolf reminded Board members of the 2025 Board meeting schedule.

- June 24, 2025
- September 24, 2025
- December 2 or 9, 2025

Notes and Reminders

Ms. Tillman Wolf provided reminders to the Board Members regarding quorum requirements and changes to contact information. She thanked members for their dedication and service to the Board.

Ms. Kirby requested clarification on the Board of Health Professions dissolution. Mr. Owens responded that the Department of Health Professions as an agency was not changing, but rather the Board of Health Professions only.

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

Discipline Report – Annette Kelley, MS, CSAC, Deputy Executive Director

As of January 31, 2025, Ms. Kelley reported the following disciplinary statistics:

- 83 Patient Care Cases
  - 2 at Informal
  - 0 at Formal
  - 22 at Enforcement
  - 58 at Probable Cause
  - 1 at Administrative Proceedings Division

- 32 Non-Patient Care Cases
  - 0 at Informal
  - 0 at Formal
  - 13 at Enforcement
  - 18 at Probable Cause
  - 1 at Administrative Proceedings Division

- 4 at Compliance

Ms. Kelley spoke about the importance of the probable cause review process and the necessity of Board Member participation.

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

- Q2 2022 – 26/39
- Q3 2022 – 19/20
- Q4 2022 – 19/17
- Q1 2023 – 23/39
- Q2 2023 – 14/22
- Q3 2023 – 18/23
- Q4 2023 – 23/18
- Q1 2024 – 24/14
- Q2 2024 – 26/22
- Q3 2024 – 26/36
- Q4 2024 – 27/30
- Q1 2025 – 21/16
- Q2 2025 – 26/16

With no questions, Ms. Kelley concluded her report.

Licensure Report – Sarah Georgen, Licensing and Operations Supervisor

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

Current License Count – ALFA and NHA

ALFA	Q2 – 2025	NHA	Q2 – 2025
ALFA	667	NHA	982
ALF AIT	103	NHA AIT	86

Preceptor	218	Preceptor	221
Total ALFA	988	Total NHA	1,289

Ms. Georgen reviewed the trends of licensure counts since Q1 – 2019.

License Renewal Notifications

Ms. Georgen provided information regarding the upcoming 2025 licensure renewal notifications.

Email Addresses on File

Ms. Georgen provided an update on the email addresses on file with the Board to ensure accurate communication with licensees during the renewal process.

Customer Satisfaction

Ms. Georgen provided information on the 2024 fiscal year customer satisfaction survey results.

Call Trends

Ms. Georgen provided updated data on calls to the Board line since 2019.

Licensure Updates - On the Horizon

Ms. Georgen announced the creation of a continuing education audit bot to assist in providing notifications and correspondence to licensees.

Updates for Expense Reimbursement Vouchers

Ms. Georgen provided information regarding recent updates to the Internal Revenue Service standard mileage rate increase and the Federal General Services Administration per diem increase. She also provided a reminder regarding the Virginia Department of Accounts remittance electronic data interchange.

With no questions, Ms. Georgen concluded her report.

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

Mr. Saunders provided an update on a court case involving the Board.

COMMITTEE AND BOARD MEMBER REPORTS

Regulatory Advisory Panel – Assisted Living Facility Administrators-in-Training

Ms. Kirby provided a report on the Regulatory Advisory Panel meeting related to Assisted Living Facility Administrators-in-Training, which was held that morning. Recommendations from the RAP meeting will be presented to the full Board at its meeting in June.

With no questions, Ms. Kirby concluded her report.

LEGISLATIVE AND REGULATORY REPORT

2025 General Assembly Report

Mr. Novak provided an update on the 2025 General Assembly.

Report on Status of Regulations

Mr. Novak provided an update on pending regulatory actions.

With no questions, Mr. Novak concluded his report.

BOARD ACTION

Consideration of Petition for Rulemaking and Public Comments (Pressman)

Mr. Novak provided information on the Petition for Rulemaking and public comments.

Upon a ***MOTION*** by Ms. Brathwaite, properly seconded by Ms. Campbell, the Board voted to take no action on the petition, stating that the Regulatory Advisory Panel on Administrators-in-Training was proposing changes for Board consideration that were in line with the petition. The motion passed unanimously (7-0).

Adoption of Revisions to Board Policy on Guidelines for Processing Applications for Licensure

Ms. Tillman Wolf and Mr. Novak provided information on the considerations of revisions to the policy document for Guidelines for Processing Applications for Licensure.

Upon a ***MOTION*** by Ms. Dukes, properly seconded by Ms. Campbell, the Board voted to adopt the proposed amendments to the Board's Policy document for the processing of licensure applications. The motion passed unanimously (7-0).

BREAK

The Board took a break at 1:55 p.m. and reconvened at 2:06 p.m.

PRESENTATIONS

Licensee Burnout Data – Preliminary Findings - Yetty Shobo, PhD, Director, and Barabara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center

Dr. Shobo and Dr. Hodgdon presented licensee burnout data collected during the annual workforce survey process and the preliminary findings.

NEXT MEETING

The next scheduled meeting date is June 24, 2025.

ADJOURNMENT

With all business concluded, the meeting adjourned at 2:19 p.m.

_____
Corie Tillman Wolf, J.D., Executive Director

_____
Date

Presentations

Virginia's Nursing Home Administrator Workforce: 2025

DRAFT

Virginia's Nursing Home Administrator Workforce: 2025

Healthcare Workforce Data Center

April 2025

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

In total, 825 Nursing Home Administrators voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Long-Term Care Administrators express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne W. Owens, MS
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD	Barbara Hodgdon, PhD	Rajana Siva, MBA	Christopher Coyle, BA
Director	*Deputy Director*	*Data Analyst*	*Research Assistant*

Virginia Board of Long-Term Care Administrators

Chair

Lisa Kirby, NHA
Suffolk

Vice-Chair

Kimberly R. Brathwaite, ALFA
Fairfax

Members

Lynn Campbell
Richmond

Felita Creekmore, LPN, ALFA
Suffolk

Pamela Dukes, MBA
Fincastle

Latonya D. Hughes, PhD, RN, NHA
Hampton

Jasmine Montgomery, NHA
Dumfries

Dennis Pregent, ALFA, NHA
Powhatan

Executive Director

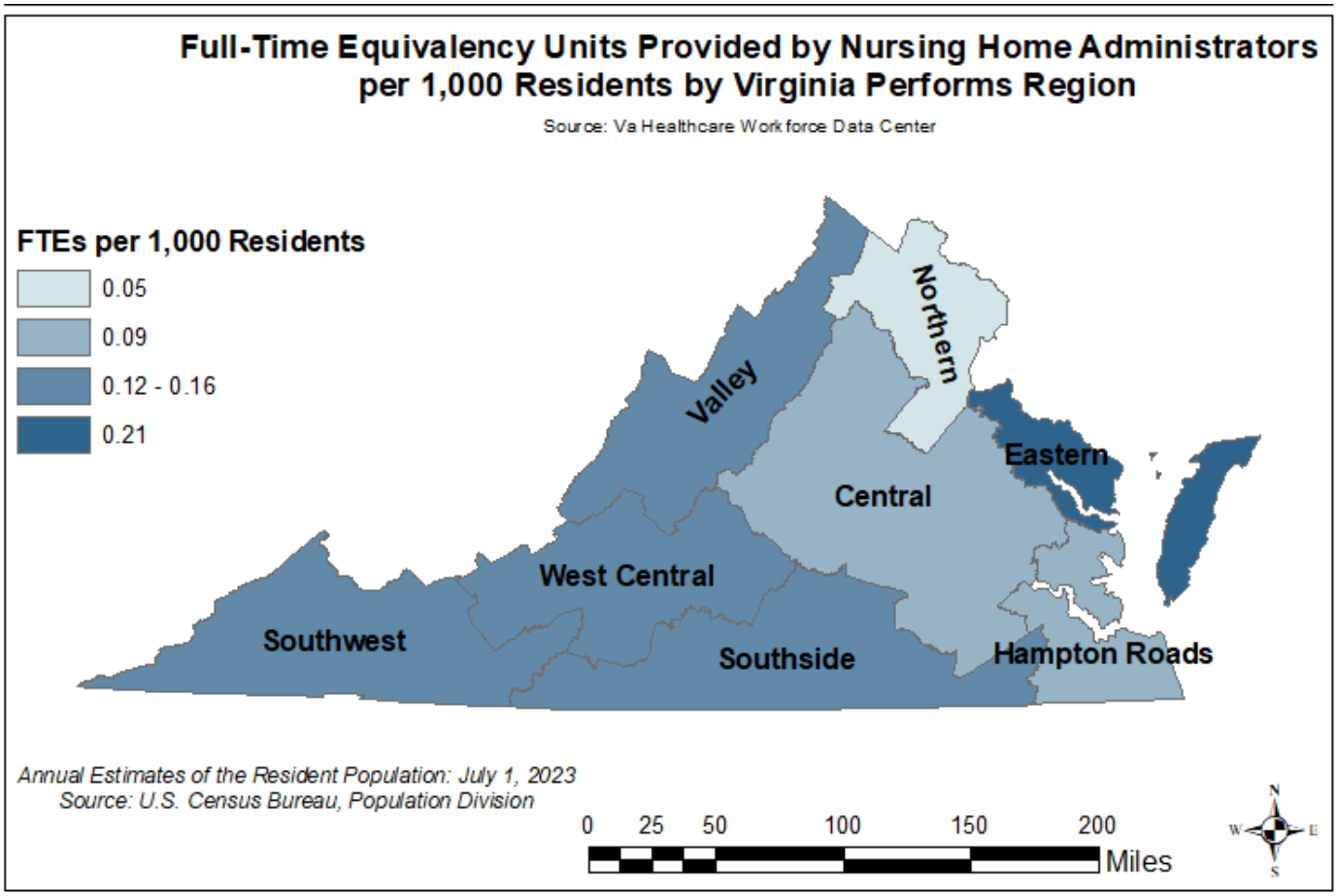
Corie E. Tillman Wolf, JD

Contents

The Nursing Home Administrator Workforce At a Glance:

The Workforce		Background		Current Employment	
Licensees:	979	Rural Childhood:	46%	Employed in Prof.:	83%
Virginia's Workforce:	770	HS Degree in VA:	55%	Hold 1 Full-Time Job:	85%
FTEs:	787	Prof. Degree in VA:	81%	Satisfied?:	92%
Survey Response Rate		**Health Admin. Edu.**		**Job Turnover**	
All Licensees:	84%	Admin-in-Training:	38%	Switched Jobs:	13%
Renewing Practitioners:	99%	Masters:	28%	Employed Over 2 Yrs.:	46%
Demographics		**Finances**		**Time Allocation**	
Female:	60%	Median Inc.:	$130k-$140k	Administration:	40%-49%
Diversity Index:	39%	Retirement Benefits:	76%	Supervisory:	20%-29%
Median Age:	49	Under 40 w/ Ed. Debt:	63%	Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2025 Nursing Home Administrator (NHA) Workforce Survey. In total, 825 NHAs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for NHAs. These survey respondents represent 84% of the 979 NHAs licensed in the state and 99% of renewing practitioners.

The HWDC estimates that 770 NHAs participated in Virginia's workforce during the survey time period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's NHA workforce provided 787 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Three out of every five NHAs are female, including 64% of those NHAs who are under the age of 40. In a random encounter between two NHAs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 45% for those NHAs who are under the age of 40. For Virginia's population as a whole, the comparable diversity index is 60%. Nearly half of all NHAs grew up in a rural area, and 29% of NHAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 17% of all NHAs work in a non-metro area of the state.

Among all NHAs, 83% are currently employed in the profession, 85% hold one full-time job, and 44% work between 40 and 49 hours per week. Two-thirds of all NHAs work in the for-profit sector, while another 29% of NHAs work in the non-profit sector. More than three out of every five NHAs are employed at a facility chain organization, while another 26% work at an independent or stand-alone organization. The typical NHA earns between $130,000 and $140,000 per year. In addition, 96% of all NHAs receive at least one employer-sponsored benefit. Among all NHAs, 92% are satisfied with their current work situation, including 58% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 NHA workforce. The number of licensed NHAs in Virginia has increased by 6% (979 vs. 920). In addition, the size of the NHA workforce has increased by 8% (770 vs. 715), but the number of FTEs provided by this workforce has fallen by 1% (787 vs. 791). Virginia's renewing NHAs are more likely to respond to this survey (99% vs. 88%).

Among all NHAs, there has been no change in the percentage who are female (60%). However, this percentage has increased among those NHAs who are under the age of 40 (64% vs. 55%). Over the same period, the diversity index of Virginia's NHA workforce has increased (39% vs. 22%), a trend that has also occurred among those NHAs who are under the age of 40 (45% vs. 24%). NHAs are more likely to have grown up in a rural area (46% vs. 41%). However, the percentage of all NHAs who work in a non-metro area of Virginia has fallen (17% vs. 19%). NHAs are more likely to hold either an Administrator-in-Training certificate (38% vs. 35%) or a Master's degree (28% vs. 26%) instead of a baccalaureate degree (22% vs. 25%) as their highest professional degree.

Virginia's NHAs are less likely to be employed in the profession (83% vs. 87%) or hold one full-time job (85% vs. 88%). At the same time, NHAs are relatively more likely to work 60 or more hours per week (15% vs. 13%) than between 40 and 49 hours per week (44% vs. 46%). Meanwhile, NHAs are more likely to start work in a new location (31% vs. 26%) and less likely to have worked at their primary work location for more than two years (46% vs. 55%). NHAs are more likely to be employed in the for-profit sector (66% vs. 61%) than in the non-profit sector (29% vs. 35%).

The median annual income of Virginia's NHAs has increased ($130k-$140k vs. $100k-$110k). However, NHAs are slightly less likely to receive at least one employer-sponsored benefit (96% vs. 97%). Regardless, NHAs are more likely to have access to certain employer-sponsored benefits such as dental insurance (80% vs. 79%) and a retirement plan (76% vs. 67%). The percentage of NHAs who indicated that they are satisfied with their current work situation has declined (92% vs. 96%). This is also the case among those NHAs who indicated that they are "very satisfied" (58% vs. 73%).

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	796	81%
New Licensees	82	8%
Non-Renewals	101	10%
All Licensees	**979**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing NHAs, 99% submitted a survey. These respondents represent 84% of the 979 NHAs who held a license at some point in the past year.

Definitions

1. **The Survey Period:** The survey was conducted in March 2025.
2. **Target Population:** All NHAs who held a Virginia license at some point between April 2024 and March 2025.
3. **Survey Population:** The survey was available to NHAs who renewed their licenses online. It was not available to those who did not renew, including some NHAs newly licensed in the past year.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	12	33	73%
30 to 34	15	59	80%
35 to 39	20	78	80%
40 to 44	19	107	85%
45 to 49	15	98	87%
50 to 54	21	134	87%
55 to 59	13	122	90%
60 and Over	39	194	83%
Total	**154**	**825**	**84%**
New Licenses			
Issued in Past Year	44	38	46%
Metro Status			
Non-Metro	11	124	92%
Metro	91	512	85%
Not in Virginia	52	189	78%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**825**
Response Rate, All Licensees	**84%**
Response Rate, Renewals	**99%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number:	979
New:	8%
Not Renewed:	10%

Response Rates

All Licensees:	84%
Renewing Practitioners:	99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

NHA Workforce:	770
FTEs:	787

Utilization Ratios

Licensees in VA Workforce:	79%
Licensees per FTE:	1.24
Workers per FTE:	0.98

Source: Va. Healthcare Workforce Data Center

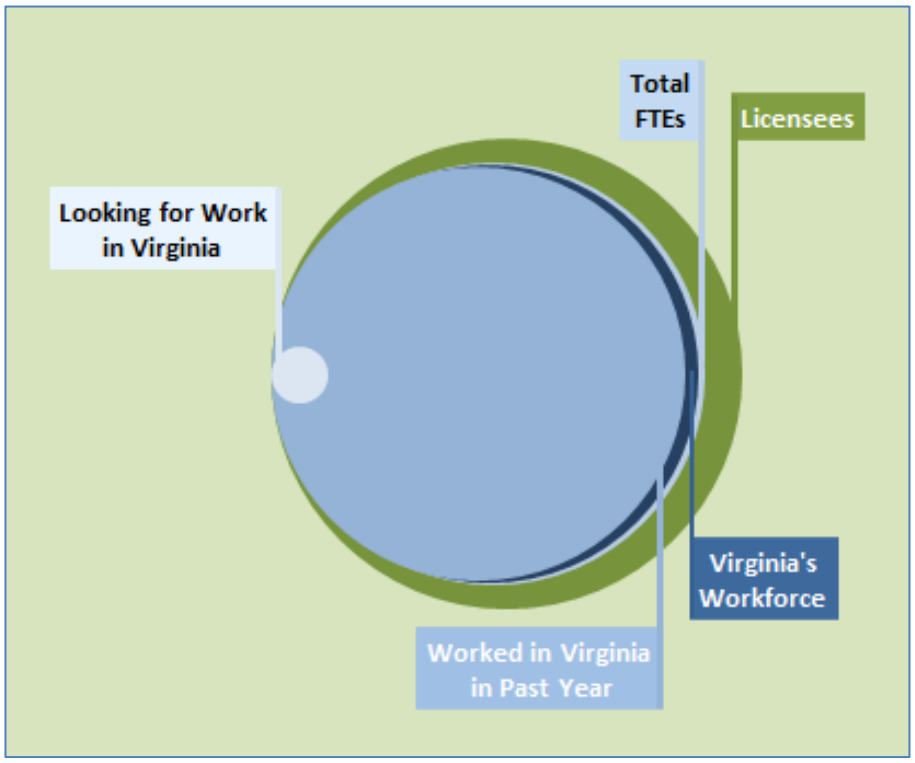
Definitions

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

Virginia's NHA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	756	98%
Looking for Work in Virginia	14	2%
Virginia's Workforce	**770**	**100%**
Total FTEs	**787**	
Licensees	**979**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	8	21%	31	79%	39	6%
30 to 34	25	41%	36	59%	62	9%
35 to 39	31	38%	51	62%	82	12%
40 to 44	43	45%	53	56%	96	14%
45 to 49	35	43%	45	57%	80	12%
50 to 54	30	30%	70	70%	100	15%
55 to 59	38	46%	45	54%	82	12%
60 and Over	57	45%	70	55%	127	19%
Total	**267**	**40%**	**402**	**60%**	**669**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	59%	504	76%	126	70%
Black	19%	128	19%	43	24%
Asian	7%	2	0%	0	0%
Other Race	0%	3	0%	1	1%
Two or More Races	3%	13	2%	4	2%
Hispanic	11%	14	2%	5	3%
Total	**100%**	**664**	**100%**	**179**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

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

Age

Median Age:	49
% Under 40:	27%
% 55 and Over:	31%

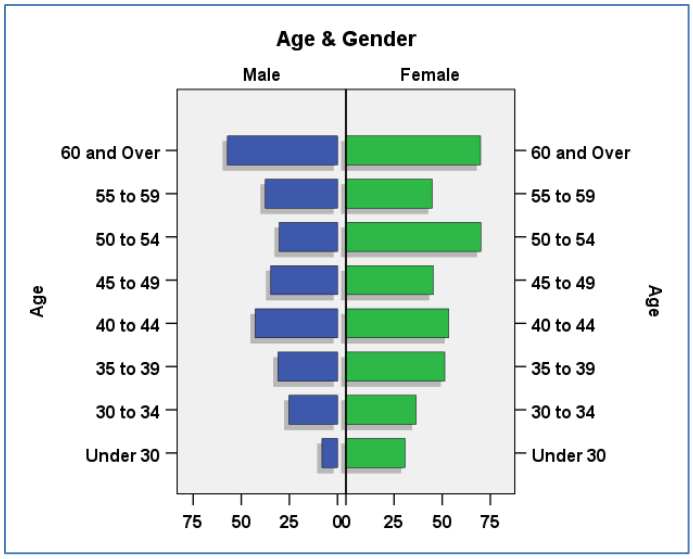
Diversity

Diversity Index:	39%
Under 40 Div. Index:	45%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two NHAs, there is a 39% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 60%.

More than one out of every four NHAs are under the age of 40, and 64% of NHAs who are under the age of 40 are female. In addition, the diversity index among NHAs who are under the age of 40 is 45%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	14%
Rural Childhood:	46%

Virginia Background

HS in Virginia:	55%
Prof. Edu. in VA:	81%
HS or Prof. Edu. in VA:	83%

Location Choice

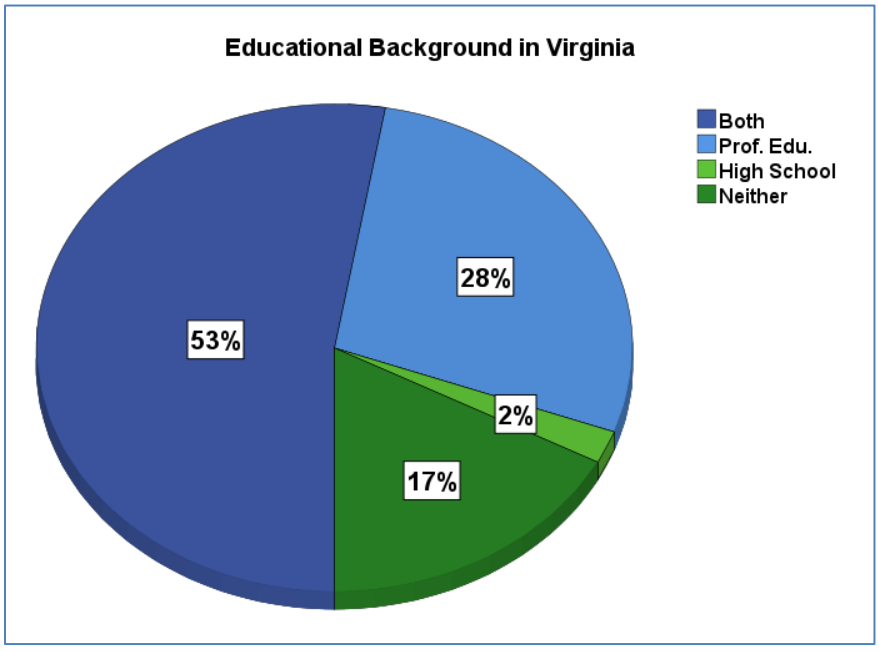
% Rural to Non-Metro:	29%
% Urban/Suburban to Non-Metro:	7%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	31%	48%	21%
2	Metro, 250,000 to 1 Million	53%	42%	5%
3	Metro, 250,000 or Less	66%	27%	8%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	79%	21%	0%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	72%	23%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	95%	5%	0%
8	Rural, Metro Adjacent	94%	6%	0%
9	Rural, Non-Adjacent	59%	29%	12%
	Overall	**46%**	**40%**	**14%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly half of all NHAs grew up in a rural area, and 29% of NHAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 17% of all NHAs currently work in a non-metro area of the state.

Top Ten States for Nursing Home Administrator Recruitment

Rank	All Nursing Home Administrators			
	High School	#	Professional School	#
1	Virginia	367	Virginia	498
2	New York	38	Maryland	22
3	West Virginia	30	West Virginia	11
4	Outside U.S./Canada	25	North Carolina	11
5	Ohio	25	Tennessee	9
6	Pennsylvania	24	Ohio	7
7	Maryland	20	Massachusetts	5
8	North Carolina	20	Pennsylvania	5
9	New Jersey	14	Minnesota	4
10	Tennessee	13	Florida	4

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 55% received their high school degree in Virginia, and 81% received their initial professional degree in the state.

Among NHAs who have been licensed in the past five years, 54% received their high school degree in Virginia, and 78% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	127	Virginia	171
2	North Carolina	10	Maryland	9
3	West Virginia	10	West Virginia	5
4	New York	10	North Carolina	4
5	Outside U.S./Canada	9	Ohio	4
6	Pennsylvania	7	Minnesota	3
7	Maryland	7	Tennessee	3
8	Ohio	6	Montana	3
9	Florida	5	Florida	3
10	Texas	5	Texas	3

Source: Va. Healthcare Workforce Data Center

More than one out of every five licensees were not a part of Virginia's NHA workforce. Among these licensees, 93% worked at some point in the past year, including 81% who currently work as an NHA.

At a Glance:

Not in VA Workforce

Total:	210
% of Licensees:	21%
Federal/Military:	1%
VA Border State/DC:	23%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		Degree in All Fields	
	#	%	#	%
No Specific Training	22	3%	-	-
Admin-in-Training	249	38%	-	-
High School/GED	-	-	6	1%
Associate	11	2%	42	6%
Baccalaureate	145	22%	288	43%
Graduate Cert.	13	2%	12	2%
Masters	181	28%	302	45%
Doctorate	15	2%	16	2%
Other	17	3%	-	-
Total	**653**	**100%**	**666**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Admin. Education

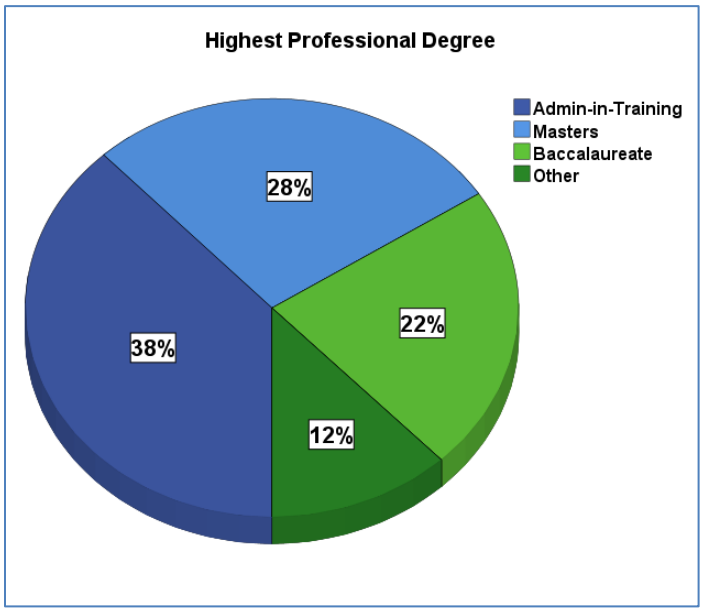
Admin-in-Training: 38%
Master's Degree: 28%
Baccalaureate Degree: 22%

Education Debt

Carry Debt: 45%
Under Age 40 w/ Debt: 63%
Median Debt: $40k-$50k

Source: Va. Healthcare Workforce Data Center

Close to half of all NHAs carry education debt, including 63% of NHAs who are under the age of 40. For those with education debt, the median outstanding balance is between $40,000 and $50,000.



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All NHAs		NHAs Under 40	
	#	%	#	%
None	311	55%	58	37%
Less than $10,000	22	4%	8	5%
$10,000-$19,999	28	5%	10	6%
$20,000-$29,999	34	6%	13	8%
$30,000-$39,999	17	3%	8	5%
$40,000-$49,999	25	4%	14	9%
$50,000-$59,999	15	3%	5	3%
$60,000-$69,999	20	4%	8	5%
$70,000-$79,999	12	2%	7	4%
$80,000-$89,999	12	2%	5	3%
$90,000-$99,999	6	1%	2	1%
$100,000 or More	60	11%	19	12%
Total	**563**	**100%**	**157**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses/Registrations

Nurse (RN or LPN):	11%
ALFA:	4%
CNA:	2%

Job Titles

Administrator:	42%
Executive Director:	14%
President/Exec. Officer:	10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licenses and Registrations		
License/Registration	**#**	**%**
Nursing Home Administrator	659	86%
Nurse (RN or LPN)	87	11%
ALF Administrator	32	4%
Certified Nursing Assistant	17	2%
Registered Medication Aide	15	2%
Occupational Therapist	5	1%
Physical Therapist	2	0%
Respiratory Therapist	1	0%
Other	34	4%
At Least One License	**664**	**86%**

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Administrator	327	42%	25	3%
Executive Director	109	14%	8	1%
President or Executive Officer	79	10%	8	1%
Assistant Administrator	17	2%	2	0%
Owner	9	1%	5	1%
Other	116	15%	27	4%
At Least One Title	**607**	**79%**	**71**	**9%**

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 42% hold the title of administrator at their primary work location. Another 14% hold the title of executive director.

At a Glance:

Employment

Employed in Profession: 83%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 85%
2 or More Positions: 5%

Weekly Hours:

40 to 49: 44%
60 or More: 15%
Less than 30: 2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	0	0%
Employed in a Capacity Related to Long-Term Care	555	83%
Employed, NOT in a Capacity Related to Long-Term Care	78	12%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	10	1%
Voluntarily Unemployed	19	3%
Retired	6	1%
Total	**667**	**100%**

Source: Va. Healthcare Workforce Data Center

In total, 83% of all NHAs are currently employed in the profession, 85% hold one full-time job, and 44% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	35	5%
One Part-Time Position	32	5%
Two Part-Time Positions	4	1%
One Full-Time Position	556	85%
One Full-Time Position & One Part-Time Position	21	3%
Two Full-Time Positions	4	1%
More than Two Positions	4	1%
Total	**656**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	35	5%
1 to 9 Hours	1	0%
10 to 19 Hours	5	1%
20 to 29 Hours	10	2%
30 to 39 Hours	21	3%
40 to 49 Hours	288	44%
50 to 59 Hours	197	30%
60 to 69 Hours	78	12%
70 to 79 Hours	11	2%
80 or More Hours	10	2%
Total	**656**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	8	1%
Less than $60,000	18	3%
$60,000-$69,999	16	3%
$70,000-$79,999	16	3%
$80,000-$89,999	22	4%
$90,000-$99,999	23	4%
$100,000-$109,999	38	7%
$110,000-$119,999	32	6%
$120,000-$129,999	52	10%
$130,000-$139,999	70	13%
$140,000-$149,999	56	10%
$150,000-$159,999	44	8%
$160,000-$169,999	33	6%
$170,000-$179,999	20	4%
$180,000-$189,999	24	4%
$190,000-$199,999	8	2%
$200,000 or More	64	12%
Total	**547**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $130k-$140k

Benefits

Paid Vacation: 94%

Employer Retirement: 76%

Source: Va. Healthcare Workforce Data Center

The median annual income for NHAs is between $130,000 and $140,000. In addition, 96% of NHAs receive at least one employer-sponsored benefit, including 76% who have access to a retirement plan.

Employer-Sponsored Benefits		
Benefit	**#**	**%**
Paid Vacation	519	94%
Dental Insurance	442	80%
Retirement	422	76%
Paid Sick Leave	419	75%
Group Life Insurance	402	72%
Signing/Retention Bonus	89	16%
At Least One Benefit	**535**	**96%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Satisfaction

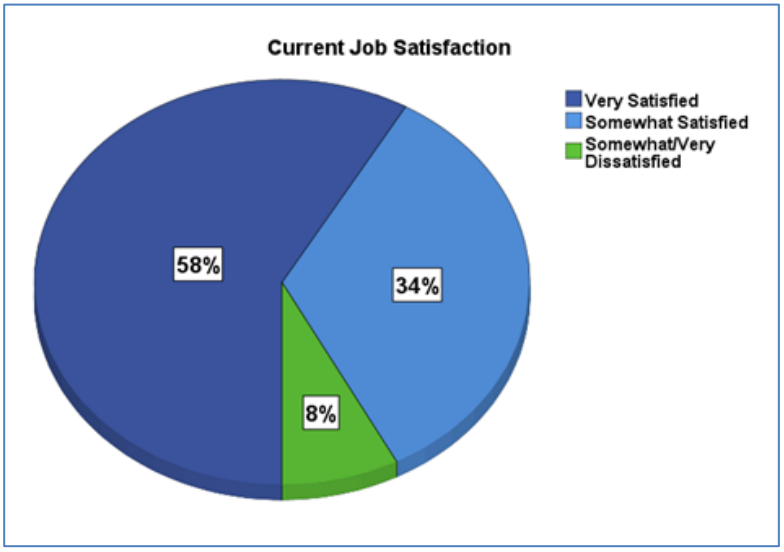
Satisfied:	92%
Very Satisfied:	58%

Exhaustion

Burned Out:	38%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	379	58%
Somewhat Satisfied	221	34%
Somewhat Dissatisfied	31	5%
Very Dissatisfied	19	3%
Total	**650**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 92% are satisfied with their current employment situation, including 58% who indicated that they are "very satisfied."

Nearly two out of every five NHAs are feeling burned out with their job. Among these NHAs, nearly two-thirds will continue to work in their current position.

Burned Out?		
	#	**%**
Yes	239	38%
No	396	62%
Total	**635**	**100%**
Experiencing Burnout	**#**	**%**
Will Continue to Work in Current Position	156	65%
Planning to Leave LTC Profession within 1-2 Years	45	19%
Seeking Another Position in LTC Profession	21	9%
Seeking Professional Resources to Deal with Burn Out	17	7%
Total	**239**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	26	3%
Experience Voluntary Unemployment?	30	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	18	2%
Work Two or More Positions at the Same Time?	48	6%
Switch Employers or Practices?	97	13%
Experience At Least One?	**180**	**23%**

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 3% experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.[1]

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 3%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 13%
New Location: 31%
Over 2 Years: 46%
Over 2 Yrs., 2nd Location: 30%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	14	2%	9	13%
Less than 6 Months	77	12%	11	16%
6 Months to 1 Year	92	15%	13	19%
1 to 2 Years	156	25%	15	22%
3 to 5 Years	112	18%	7	10%
6 to 10 Years	78	12%	6	9%
More than 10 Years	99	16%	8	12%
Subtotal	**627**	**100%**	**69**	**100%**
Did Not Have Location	24		688	
Item Missing	119		13	
Total	**770**		**770**	

Source: Va. Healthcare Workforce Data Center

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

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 3.3%. At the time of publication, the unemployment rate from February 2025 was still preliminary, and the unemployment rate from March 2025 had not yet been released.

At a Glance:

Concentration

Top Region:	21%
Top 3 Regions:	60%
Lowest Region:	4%

Locations

2 or More (Past Year):	12%
2 or More (Now*):	9%

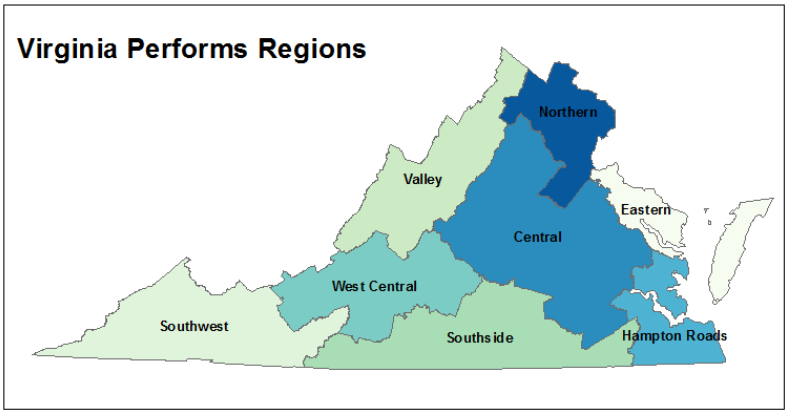
Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	126	20%	20	28%
Eastern	22	4%	1	1%
Hampton Roads	129	21%	18	25%
Northern	119	19%	12	17%
Southside	34	5%	3	4%
Southwest	38	6%	1	1%
Valley	59	9%	2	3%
West Central	94	15%	12	17%
Virginia Border State/D.C.	4	1%	0	0%
Other U.S. State	2	<1%	2	3%
Outside of the U.S.	0	0%	0	0%
Total	**627**	**100%**	**71**	**100%**
Item Missing	117		10	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	14	2%	20	3%
1	543	86%	554	87%
2	50	8%	39	6%
3	21	3%	16	3%
4	2	<1%	1	<1%
5	1	<1%	1	<1%
6 or More	3	1%	3	1%
Total	**635**	**100%**	**635**	**100%**

*At the time of survey completion, March 2025.

Source: Va. Healthcare Workforce Data Center

While 9% of NHAs currently have multiple work locations, 12% have had multiple work locations over the past 12 months.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	404	66%	41	63%
Non-Profit	179	29%	18	28%
State/Local Government	24	4%	4	6%
Veterans Administration	2	0%	1	2%
U.S. Military	1	0%	1	2%
Other Federal Government	0	0%	0	0%
Total	**610**	**100%**	**65**	**100%**
Did Not Have Location	24		688	
Item Missing	134		17	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

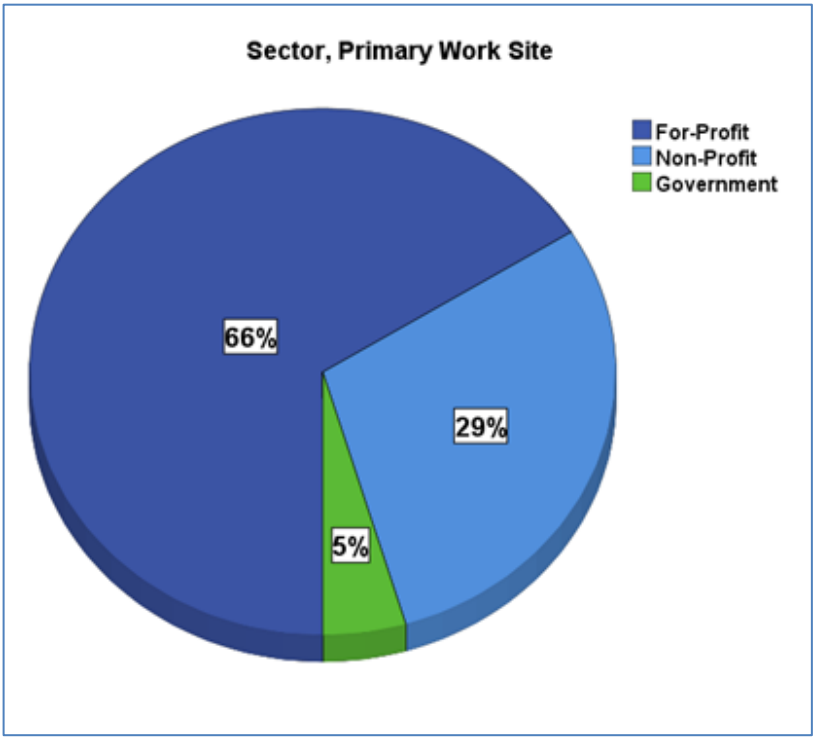
For-Profit: 66%
Federal: 0%

Top Establishments

Skilled Nursing Facility: 50%
Assisted Living Facility: 18%
Continuing Care Retirement Community: 15%

Source: Va. Healthcare Workforce Data Center

Two-thirds of all NHAs work in the for-profit sector, while another 29% work in the non-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	386	50%	39	5%
Assisted Living Facility	138	18%	9	1%
Continuing Care Retirement Community	119	15%	1	0%
Acute Care/Rehabilitative Facility	29	4%	2	0%
Home/Community Health Care	21	3%	6	1%
Hospice	9	1%	1	0%
Adult Day Care	9	1%	0	0%
PACE	4	1%	1	0%
Academic Institution	3	<1%	4	1%
Other Practice Type	67	9%	14	2%
At Least One Establishment	**627**	**81%**	**71**	**9%**

Source: Va. Healthcare Workforce Data Center

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

More than three out of every five NHAs work at a facility chain organization as their primary work location. Another 26% of NHAs are employed at an independent/stand-alone organization.

Location Type				
Organization Type	Primary Location		Secondary Location	
	#	%	#	%
Facility Chain	355	61%	34	58%
Independent/Stand Alone	150	26%	8	14%
Hospital-Based	21	4%	2	3%
Integrated Health System (Veterans Administration, Large Health System)	14	2%	3	5%
College or University	0	0%	5	8%
Other	42	7%	7	12%
Total	**582**	**100%**	**59**	**100%**
Did Not Have Location	24		688	
Item Missing	163		22	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	31%
French:	15%
Korean:	14%

Means of Communication

Virtual Translation:	70%
Other Staff Members:	39%
Onsite Translation:	13%

Source: Va. Healthcare Workforce Data Center

More than three out of every ten NHAs are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	241	31%
French	113	15%
Korean	109	14%
Tagalog/Filipino	109	14%
Chinese	105	14%
Arabic	101	13%
Vietnamese	98	13%
Hindi	92	12%
Persian	85	11%
Amharic, Somali, or Other Afro-Asiatic Languages	74	10%
Urdu	74	10%
Pashto	73	9%
Others	62	8%
At Least One Language	**283**	**37%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Virtual Translation Services	198	70%
Other Staff Member is Proficient	109	39%
Onsite Translation Service	38	13%
Respondent is Proficient	17	6%
Other	10	4%

Source: Va. Healthcare Workforce Data Center

Seven out of every ten NHAs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

At a Glance:
(Primary Locations)

Typical Time Allocation

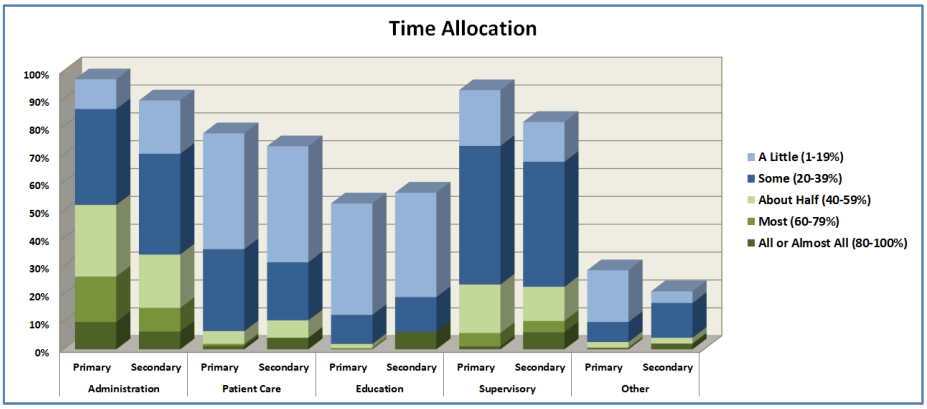
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%
Education:	1%-9%

Roles

Administration:	26%
Supervisory:	6%
Patient Care:	2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

NHAs typically spend approximately half of their time performing administrative tasks. In fact, 26% of NHAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Supervisory		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	10%	6%	1%	4%	0%	6%	1%	6%	0%	2%
Most (60-79%)	16%	8%	1%	0%	0%	0%	5%	4%	0%	0%
About Half (40-59%)	26%	18%	5%	6%	2%	0%	17%	12%	2%	2%
Some (20-39%)	34%	35%	29%	20%	10%	12%	50%	45%	7%	12%
A Little (1-19%)	11%	18%	42%	41%	40%	37%	20%	14%	18%	4%
None (0%)	3%	10%	22%	27%	48%	43%	7%	18%	71%	78%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	69	13%	18	26%
1-24	8	2%	5	7%
25-49	21	4%	5	7%
50-74	60	12%	7	10%
75-99	78	15%	5	7%
100-124	96	19%	12	18%
125-149	39	8%	3	4%
150-174	36	7%	3	4%
175-199	23	4%	4	6%
200-224	13	3%	1	1%
225-249	4	1%	0	0%
250-274	5	1%	1	1%
275-299	4	1%	1	1%
300 or More	60	12%	2	3%
Total	**517**	**100%**	**68**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Primary Location: 100-124
Secondary Location: 50-74

Resident Capacity (Median)

Primary Location: 100-150
Secondary Location: 50-100

Source: Va. Healthcare Workforce Data Center

The median patient workload for NHAs at their primary work location is between 100 and 124 patients. In addition, the typical NHA works at a facility that contains between 100 and 150 beds for residents.

Resident Capacity				
# of Beds	Primary Location		Secondary Location	
	#	%	#	%
Not Applicable	82	13%	21	30%
10 or Less	5	1%	3	4%
10-25	3	<1%	0	0%
25-50	21	3%	5	7%
50-100	162	26%	13	19%
100-150	182	30%	15	22%
150-250	98	16%	12	17%
More than 250	60	10%	0	0%
Total	**613**	**100%**	**69**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs 50 and Over	
	#	%	#	%
Under Age 50	20	3%	-	-
50 to 54	22	4%	1	0%
55 to 59	74	12%	20	7%
60 to 64	146	24%	64	23%
65 to 69	206	34%	111	40%
70 to 74	82	14%	56	20%
75 to 79	21	3%	13	5%
80 or Over	4	1%	2	1%
I Do Not Intend to Retire	25	4%	10	4%
Total	**601**	**100%**	**277**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NHAs

Under 65:	44%
Under 60:	19%

NHAs 50 and Over

Under 65:	31%
Under 60:	8%

Time Until Retirement

Within 2 Years:	8%
Within 10 Years:	28%
Half the Workforce:	By 2045

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 44% expect to retire before the age of 65. Among NHAs who are age 50 and over, 31% expect to retire by the age of 65.

Within the next two years, 16% of NHAs expect to begin accepting Administrators-in-Training, and 11% of NHAs expect to pursue additional educational opportunities.

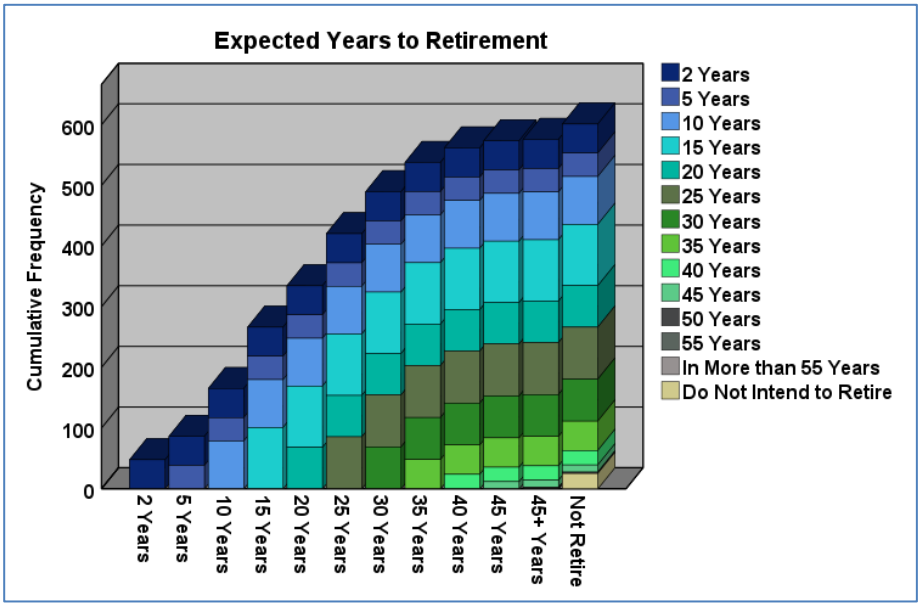
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	36	5%
Leave Virginia	51	7%
Decrease Patient Care Hours	51	7%
Decrease Teaching Hours	1	<1%
Cease Accepting Trainees	3	<1%
Increase Participation		
Increase Patient Care Hours	47	6%
Increase Teaching Hours	24	3%
Pursue Additional Education	83	11%
Return to the Workforce	9	1%
Begin Accepting Trainees	123	16%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NHAs. While 8% of NHAs expect to retire in the next two years, 28% expect to retire within the next decade. More than half of the current NHA workforce expect to retire by 2045.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	48	8%	8%
5 Years	39	6%	14%
10 Years	79	13%	28%
15 Years	101	17%	44%
20 Years	68	11%	56%
25 Years	86	14%	70%
30 Years	69	11%	82%
35 Years	48	8%	90%
40 Years	24	4%	94%
45 Years	12	2%	96%
50 Years	2	<1%	96%
55 Years	0	0%	96%
In More than 55 Years	0	0%	96%
Do Not Intend to Retire	25	4%	100%
Total	601	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2035. Retirement will peak at 17% of the current workforce around 2040 before declining to under 10% again by 2060.

At a Glance:

FTEs

Total: 787
FTEs/1,000 Residents[2]: .090
Average: 1.06

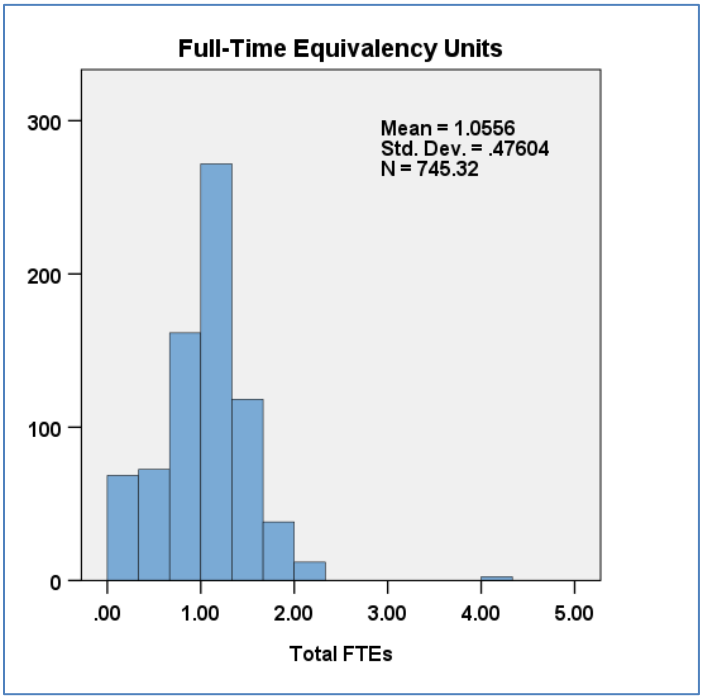
Age & Gender Effect

Age, *Partial Eta*^{2}: Small
Gender, *Partial Eta*^{2}: Negligible

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

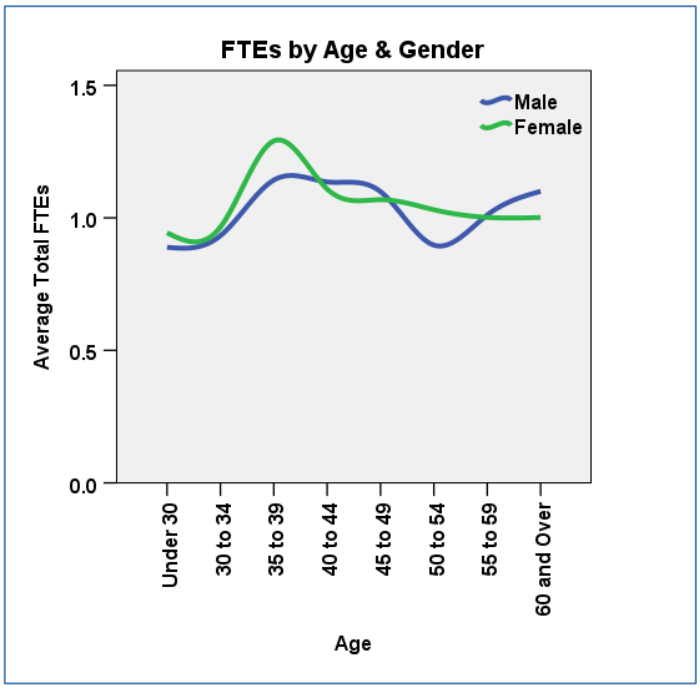


Source: Va. Healthcare Workforce Data Center

The typical NHA provided 1.08 FTEs in the past year, or approximately 43 hours per week for 50 weeks. Statistical tests indicate that FTEs vary by age.

Full-Time Equivalency Units		
Age	**Average**	**Median**
Under 30	0.93	1.04
30 to 34	0.95	1.01
35 to 39	1.22	1.18
40 to 44	1.08	1.09
45 to 49	1.20	1.22
50 to 54	0.98	0.96
55 to 59	1.00	1.03
60 and Over	1.03	1.06
Gender		
Male	1.05	1.09
Female	1.06	1.09

Source: Va. Healthcare Workforce Data Center

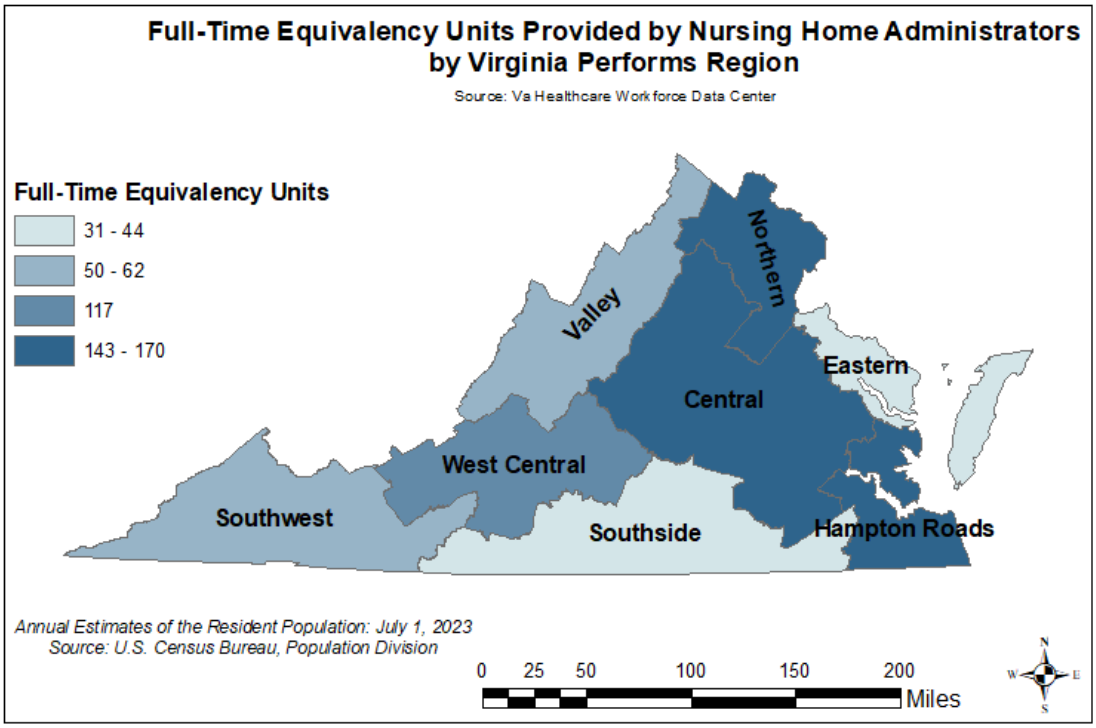


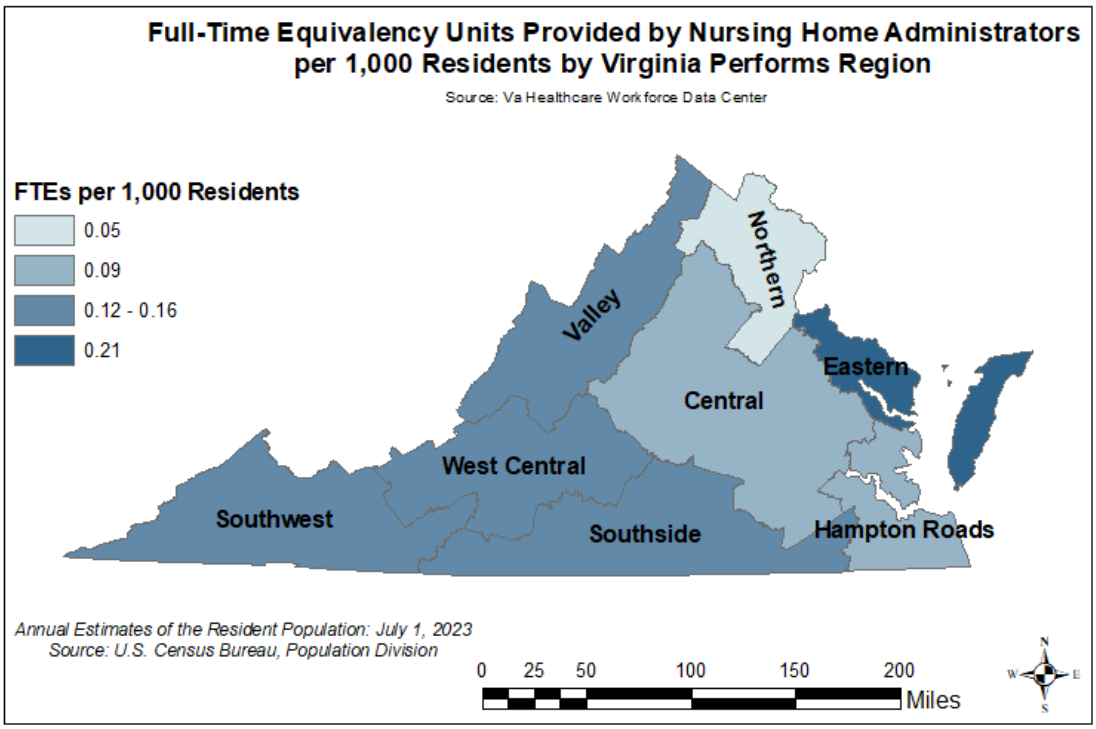
Source: Va. Healthcare Workforce Data Center

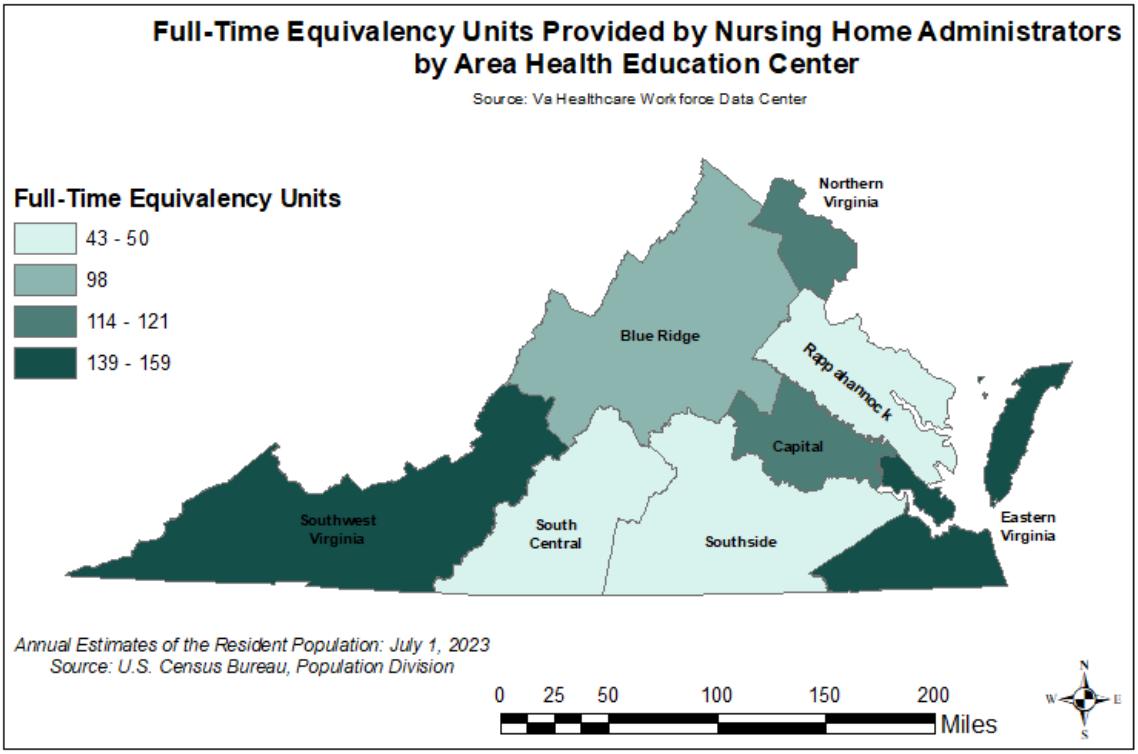
[2] Number of residents in 2023 was used as the denominator.

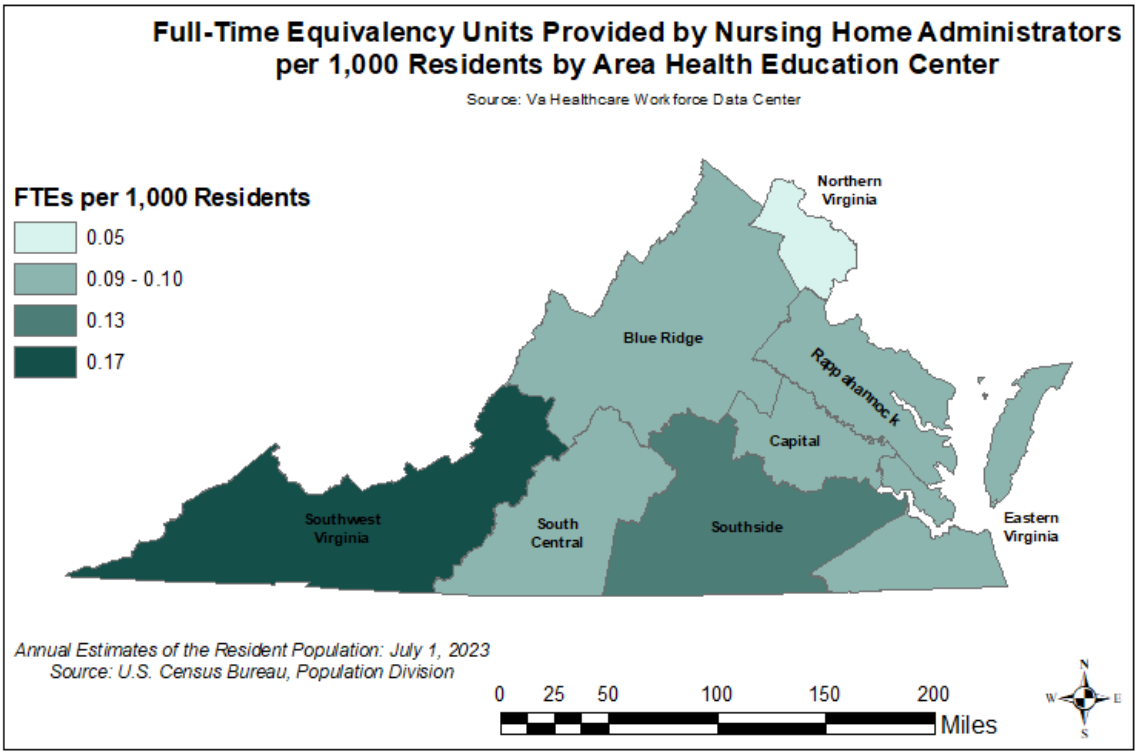
Maps

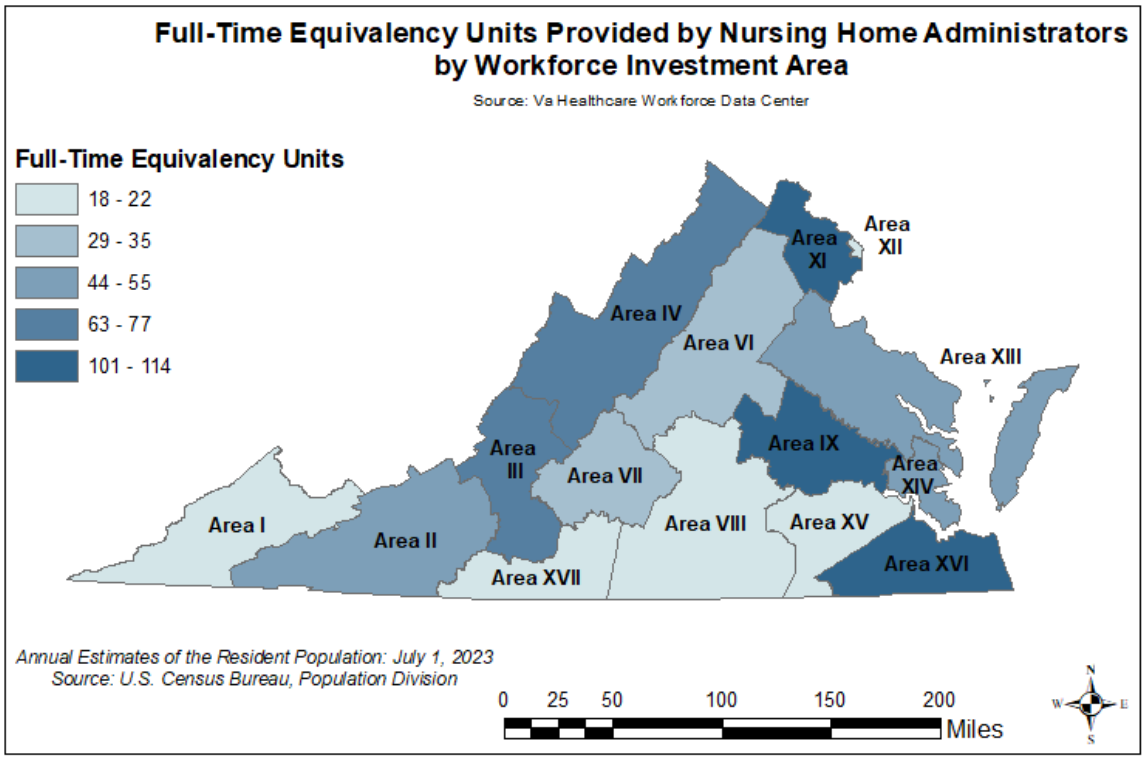
Virginia Performs Regions

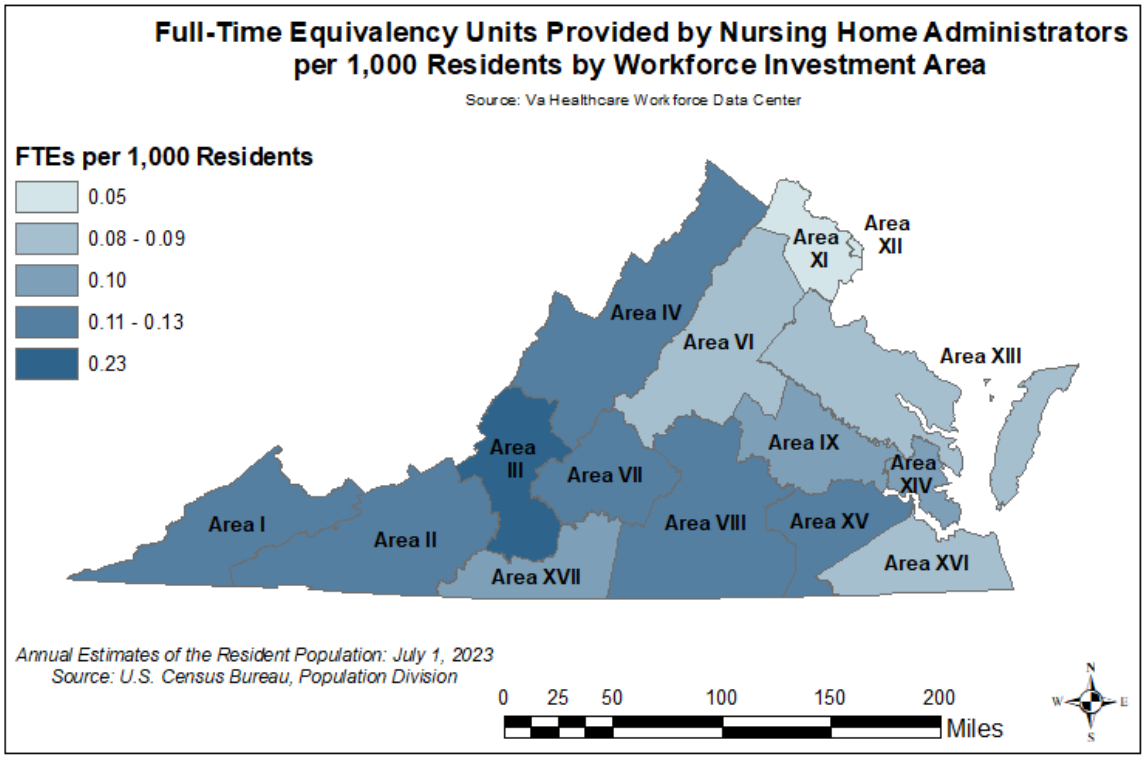


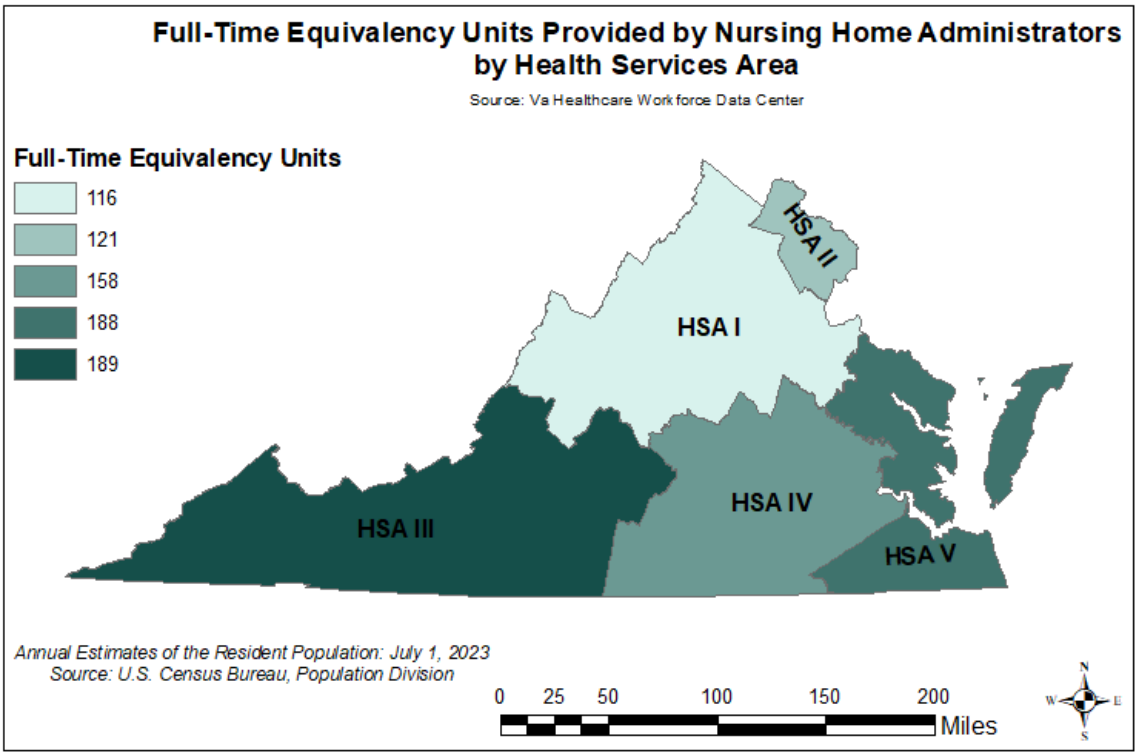


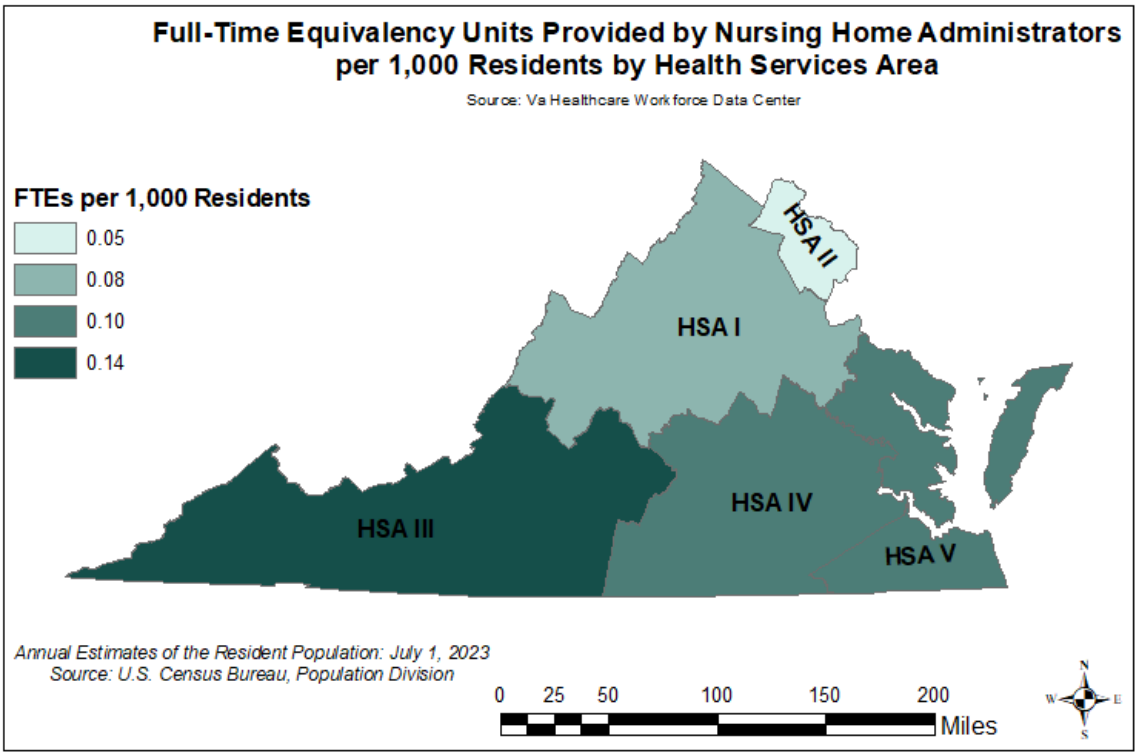

Full-Time Equivalency Units Provided by Nursing Home Administrators by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
43 - 50
98
114 - 121
139 - 159
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

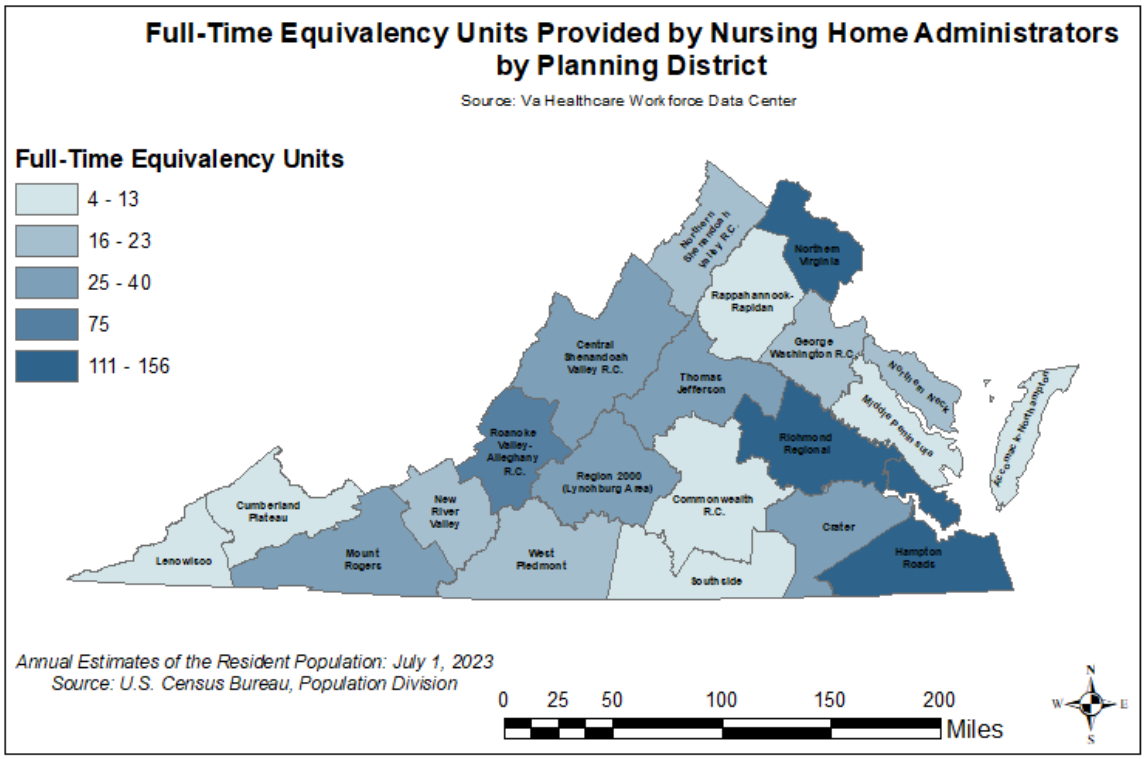

Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05
0.09 - 0.10
0.13
0.17
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

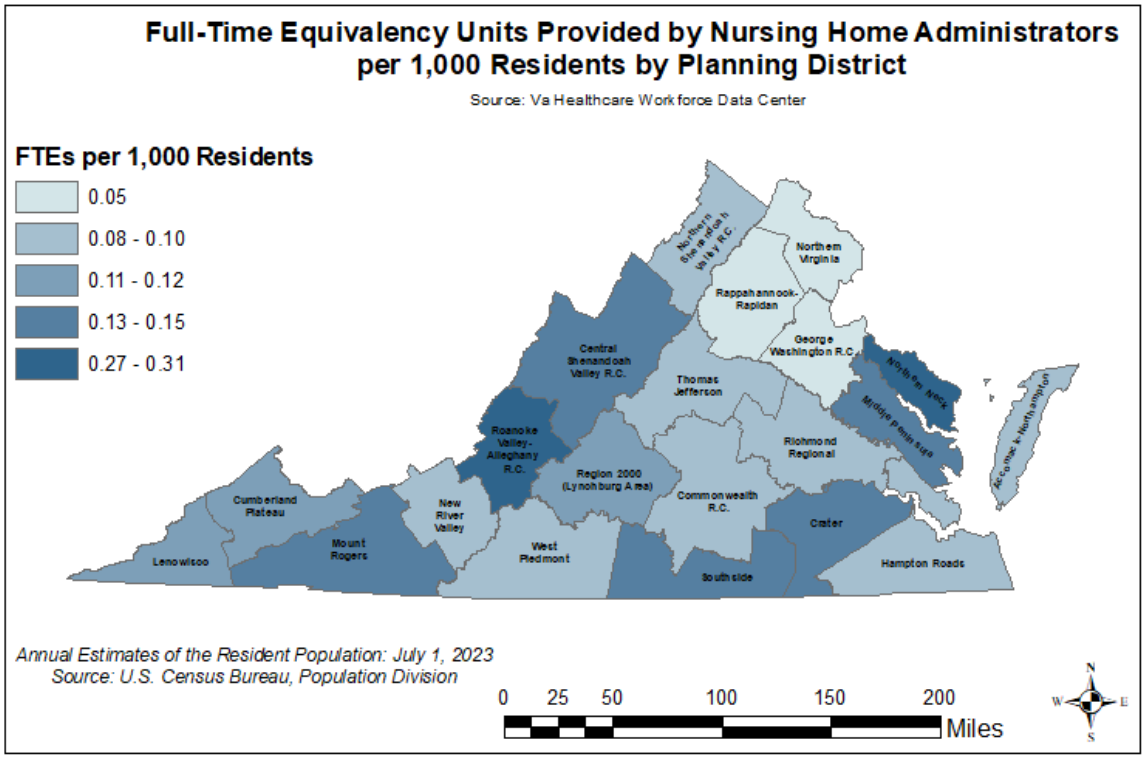

Full-Time Equivalency Units Provided by Nursing Home Administrators by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
18 - 22
29 - 35
44 - 55
63 - 77
101 - 114
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05
0.08 - 0.09
0.10
0.11 - 0.13
0.23
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Nursing Home Administrators by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
116
121
158
188
189
HSA II
HSA I
HSA IV
HSA III
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05
0.08
0.10
0.14
HSA II
HSA I
HSA IV
HSA III
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
4 - 13
16 - 23
25 - 40
75
111 - 156
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Northern Neck
Middle Peninsula
Accomack-Northampton
Central Shenandoah Valley R.C.
Thomas Jefferson
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
New River Valley
Cumberland Plateau
Mount Rogers
West Piedmont
Lenowisco
South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05
0.08 - 0.10
0.11 - 0.12
0.13 - 0.15
0.27 - 0.31
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
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Middle Peninsula
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Central Shenandoah Valley R.C.
Thomas Jefferson
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Crater
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South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	403	83.62%	1.196	1.115	1.374
Metro, 250,000 to 1 Million	111	86.49%	1.156	1.078	1.329
Metro, 250,000 or Less	89	88.76%	1.127	1.051	1.295
Urban, Pop. 20,000+, Metro Adj.	11	100.00%	1.000	0.932	1.149
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	54	94.44%	1.059	0.987	1.217
Urban, Pop. 2,500-19,999, Non-Adj.	27	92.59%	1.080	1.007	1.143
Rural, Metro Adj.	29	86.21%	1.160	1.082	1.228
Rural, Non-Adj.	14	85.71%	1.167	1.088	1.235
Virginia Border State/D.C.	138	80.43%	1.243	1.159	1.429
Other U.S. State	103	75.73%	1.321	1.231	1.517

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	45	73.33%	1.364	1.149	1.517
30 to 34	74	79.73%	1.254	1.057	1.396
35 to 39	98	79.59%	1.256	1.121	1.398
40 to 44	126	84.92%	1.178	0.992	1.310
45 to 49	113	86.73%	1.153	0.972	1.283
50 to 54	155	86.45%	1.157	0.975	1.287
55 to 59	135	90.37%	1.107	0.932	1.231
60 and Over	233	83.26%	1.201	1.012	1.336

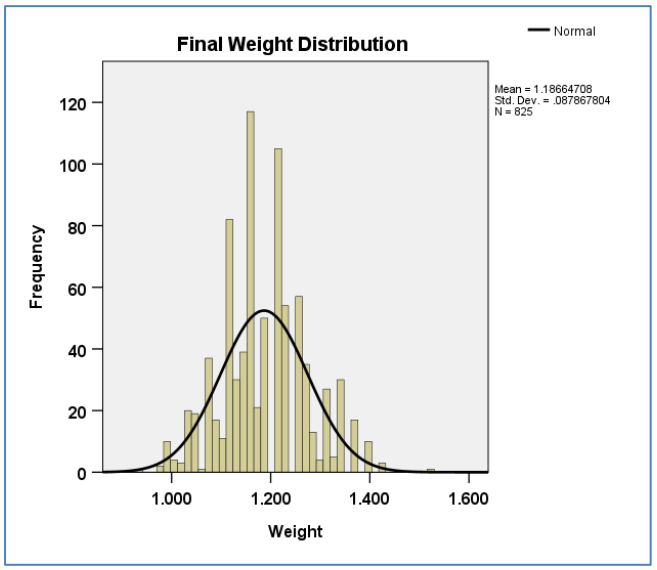
Source: Va. Healthcare Workforce Data Center

See the Methodology section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

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

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.842697



Source: Va. Healthcare Workforce Data Center

Virginia's Assisted Living Facility Administrator Workforce: 2025

DRAFT

Virginia's Assisted Living Facility Administrator Workforce: 2025

Healthcare Workforce Data Center

April 2025

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 500 Assisted Living Facility Administrators voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Long-Term Care Administrators express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne W. Owens, MS
Director

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Dennis Pregent, ALFA, NHA
Powhatan

Executive Director

Corie E. Tillman Wolf, JD

Contents

The Assisted Living Facility Administrator Workforce At a Glance:

The Workforce

Licensees:	679
Virginia's Workforce:	632
FTEs:	683

Survey Response Rate

All Licensees:	81%
Renewing Practitioners:	97%

Demographics

Female:	76%
Diversity Index:	51%
Median Age:	51

Background

Rural Childhood:	44%
HS Degree in VA:	60%
Prof. Degree in VA:	93%

Health Admin. Edu.

Admin-in-Training:	40%
Baccalaureate:	18%

Finances

Median Inc.:	$100k-$110k
Retirement Benefits:	61%
Under 40 w/ Ed. Debt:	48%

Current Employment

Employed in Prof.:	88%
Hold 1 Full-Time Job:	83%
Satisfied?:	94%

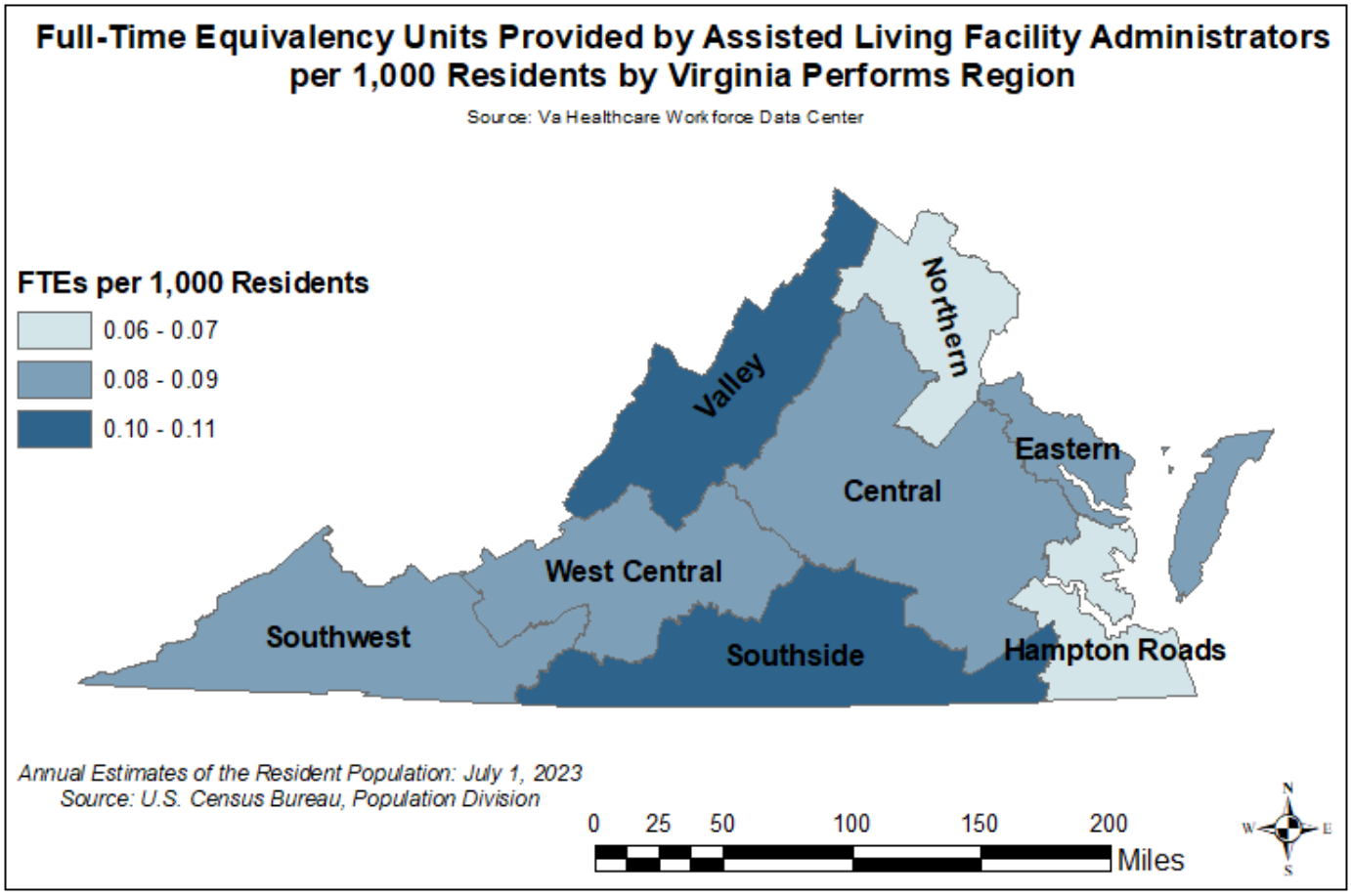
Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	58%

Time Allocation

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

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2025 Assisted Living Facility Administrator (ALFA) Workforce Survey. In total, 549 ALFAs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for ALFAs. These respondents represent 81% of the 679 ALFAs licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 632 ALFAs participated in Virginia's workforce during the survey time period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's ALFA workforce provided 683 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than three out of every four ALFAs are female, and the median age of the ALFA workforce is 51. In a random encounter between two ALFAs, there is a 51% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index falls to 50% among those ALFAs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. More than two out of every five ALFAs grew up in a rural area, and 28% of ALFAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 14% of all ALFAs work in a non-metro area of the state.

Among all ALFAs, 88% are currently employed in the profession, 83% hold one full-time job, and 43% work between 40 and 49 hours per week. More than four out of every five ALFAs work in the for-profit sector, while another 17% work in the non-profit sector. The median annual income for ALFAs is between $100,000 and $110,000. In addition, 85% of all ALFAs receive at least one employer-sponsored benefit, including 61% who have access to a retirement plan. Among all ALFAs, 94% are satisfied with their current work situation, including 64% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 ALFA workforce. The number of licensed ALFAs in Virginia has increased by 1% (679 vs. 673). In addition, the size of the ALFA workforce has also increased by 1% (632 vs. 628), but the number of FTEs provided by this workforce has fallen by 8% (683 vs. 740). Virginia's renewing ALFAs are more likely to respond to the survey (97% vs. 85%).

The percentage of Virginia's ALFAs who are female has declined (76% vs. 82%), and this decline has also occurred among those ALFAs who are under the age of 40 (72% vs. 79%). Over the same period, the diversity index of Virginia's ALFA workforce has increased (51% vs. 39%). In addition, the diversity index among those ALFAs who are under the age of 40 has risen as well (50% vs. 42%). This has occurred during a time in which the diversity index of the state's overall population has also increased (60% vs. 54%). ALFAs are less likely to have grown up in a rural area (44% vs. 47%), and ALFAs who grew up in a rural area are less likely to work in a non-metro area of Virginia (28% vs. 31%). In total, the percentage of all ALFAs who work in a non-metro area of the state has also declined (14% vs. 21%).

ALFAs are less likely to work in the profession (88% vs. 92%) but more likely to hold one full-time job (83% vs. 82%). At the same time, ALFAs are relatively more likely to work 60 or more hours per week (22% vs. 15%) than between 40 and 49 hours per week (43% vs. 53%). While ALFAs are less likely to have worked at their primary work location for more than two years (58% vs. 68%), they are more likely to have a new work location (23% vs. 16%). Meanwhile, there has been a shift in employment toward facility chain organizations (44% vs. 38%) and away from independent or stand-alone organizations (44% vs. 55%).

The median annual income for Virginia's ALFA workforce has increased ($100k-$110k vs. $60k-$70k). In addition, ALFAs are more likely to receive at least one employer-sponsored benefit (85% vs. 81%), including those ALFAs who have access to paid sick leave (68% vs. 64%), dental insurance (67% vs. 54%), and a retirement plan (61% vs. 37%). ALFAs are slightly less likely to indicate that they are satisfied with their current employment situation (94% vs. 95%). In addition, there was a larger decline among those ALFAs who indicated that they are "very satisfied" (64% vs. 72%).

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	539	79%
New Licensees	56	8%
Non-Renewals	84	12%
All Licensees	**679**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing ALFAs, 97% submitted a survey. These respondents represent 81% of the 679 ALFAs who held a license at some point in the past year.

Definitions

1. **The Survey Period:** The survey was conducted in March 2025.
2. **Target Population:** All ALFAs who held a Virginia license at some point between April 2024 and March 2025.
3. **Survey Population:** The survey was available to ALFAs who renewed their licenses online. It was not available to those who did not renew, including some ALFAs newly licensed in the past year.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	6	11	65%
30 to 34	7	30	81%
35 to 39	11	64	85%
40 to 44	17	62	79%
45 to 49	21	66	76%
50 to 54	15	90	86%
55 to 59	12	85	88%
60 and Over	41	141	78%
Total	**130**	**549**	**81%**
New Licenses			
Issued in Past Year	31	25	45%
Metro Status			
Non-Metro	20	98	83%
Metro	94	405	81%
Not in Virginia	16	46	74%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**549**
Response Rate, All Licensees	**81%**
Response Rate, Renewals	**97%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number:	679
New:	8%
Not Renewed:	12%

Response Rates

All Licensees:	81%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

ALFA Workforce:	632
FTEs:	683

Utilization Ratios

Licensees in VA Workforce:	93%
Licensees per FTE:	0.99
Workers per FTE:	0.92

Source: Va. Healthcare Workforce Data Center

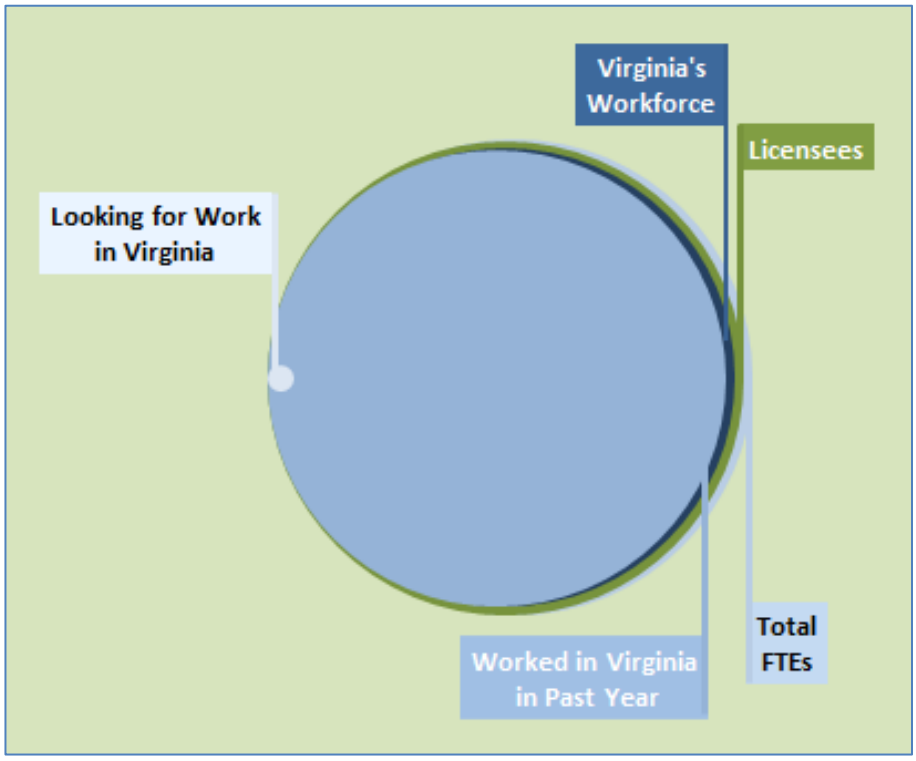
Definitions

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

Virginia's ALFA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	629	100%
Looking for Work in Virginia	2	>1%
Virginia's Workforce	**632**	**100%**
Total FTEs	**683**	
Licensees	**679**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	4	37%	8	63%	12	2%
30 to 34	9	26%	25	74%	33	6%
35 to 39	18	28%	45	72%	63	12%
40 to 44	21	31%	47	69%	68	13%
45 to 49	14	22%	49	78%	63	12%
50 to 54	19	24%	58	76%	77	15%
55 to 59	15	19%	65	81%	80	15%
60 and Over	26	20%	104	80%	130	25%
Total	**126**	**24%**	**401**	**76%**	**528**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	76%
% Under 40 Female:	72%

Age

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

Diversity

Diversity Index:	51%
Under 40 Div. Index:	50%

Source: Va. Healthcare Workforce Data Center

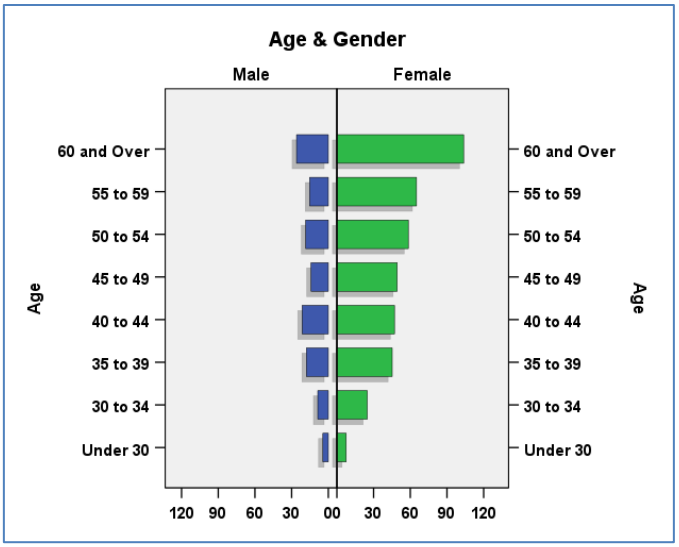
Race & Ethnicity					
Race/ Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
White	59%	353	66%	72	68%
Black	19%	119	22%	19	18%
Asian	7%	30	6%	7	7%
Other Race	0%	4	1%	0	0%
Two or More Races	3%	11	2%	2	2%
Hispanic	11%	18	3%	6	6%
Total	**100%**	**535**	**100%**	**106**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two ALFAs, there is a 51% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 60%.

One out of every five ALFAs are under the age of 40, and 72% of ALFAs who are under the age of 40 are female. In addition, the diversity index among ALFAs who are under the age of 40 is 50%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	17%
Rural Childhood:	44%

Virginia Background

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

Location Choice

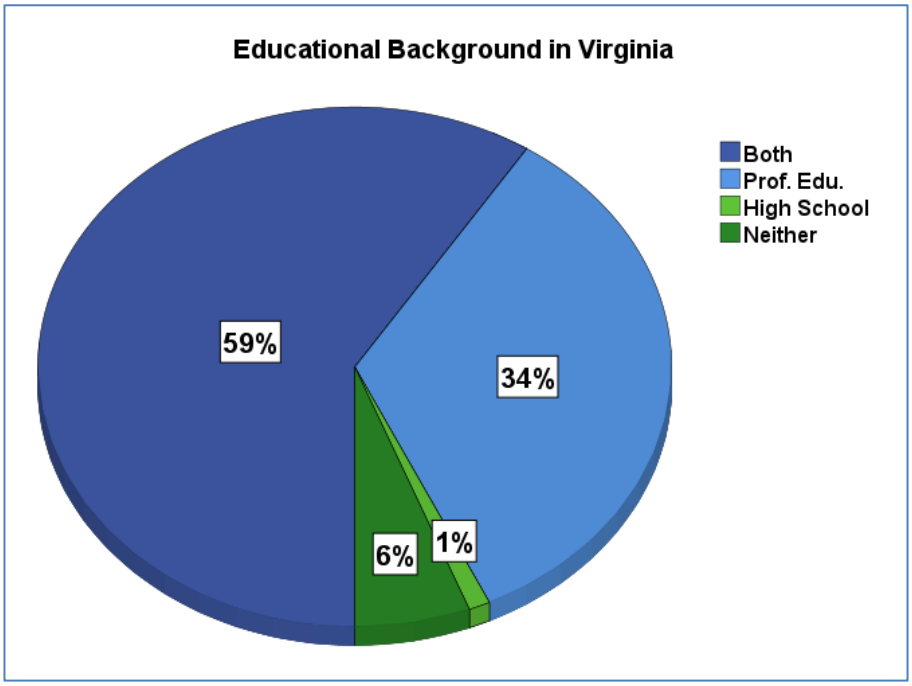
% Rural to Non-Metro:	28%
% Urban/Suburban to Non-Metro:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	31%	50%	19%
2	Metro, 250,000 to 1 Million	61%	22%	17%
3	Metro, 250,000 or Less	42%	40%	18%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	94%	6%	0%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	96%	5%	0%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	80%	0%	20%
8	Rural, Metro Adjacent	100%	0%	0%
9	Rural, Non-Adjacent	25%	25%	50%
	Overall	**44%**	**39%**	**17%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than two out of every five ALFAs grew up in a rural area, and 28% of ALFAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 14% of all ALFAs currently work in a non-metro area of the state.

Top Ten States for Assisted Living Facility Administrator Recruitment

Rank	All Assisted Living Facility Administrators			
	High School	#	Init. Prof. Degree	#
1	Virginia	317	Virginia	431
2	Outside U.S./Canada	52	North Carolina	8
3	New York	32	Florida	5
4	Maryland	15	Maryland	5
5	North Carolina	13	Georgia	3
6	Pennsylvania	12	South Carolina	3
7	California	8	New York	1
8	Illinois	7	West Virginia	1
9	West Virginia	6	Illinois	1
10	New Jersey	6	Nevada	1

Source: Va. Healthcare Workforce Data Center

Among all licensed ALFAs, 60% received their high school degree in Virginia, and 93% received their initial professional degree in the state.

Among ALFAs who have been licensed in the past five years, 56% received their high school degree in Virginia, and 89% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	114	Virginia	162
2	Outside U.S./Canada	19	North Carolina	5
3	New York	8	Florida	4
4	Maryland	7	Maryland	4
5	Pennsylvania	7	Georgia	2
6	California	6	South Carolina	2
7	Illinois	5	Illinois	1
8	Ohio	5	Nevada	1
9	Georgia	3	Minnesota	1
10	Massachusetts	3	Washington, D.C.	1

Source: Va. Healthcare Workforce Data Center

In total, 7% of all licensees were not a part of Virginia's ALFA workforce. Among these licensees, 92% worked at some point in the past year, including 74% who currently work as an ALFA.

At a Glance:

Not in VA Workforce

Total:	48
% of Licensees:	7%
Federal/Military:	0%
VA Border State/DC:	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		Degree in All Fields	
	#	%	#	%
No Specific Training	49	10%	-	-
Admin-in-Training	201	40%	-	-
High School/GED	-	-	99	19%
Associate	46	9%	110	21%
Baccalaureate	89	18%	167	33%
Graduate Cert.	7	1%	16	3%
Masters	62	12%	116	23%
Doctorate	2	0%	6	1%
Other	44	9%	-	-
Total	502	100%	513	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Admin. Education

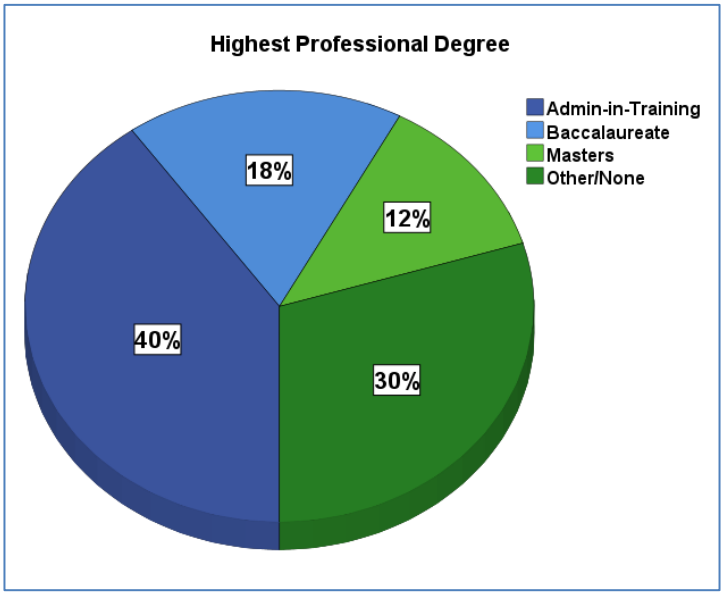
Admin-in-Training:	40%
Baccalaureate Degree:	18%
Master's Degree:	12%

Education Debt

Carry Debt:	34%
Under Age 40 w/ Debt:	48%
Median Debt:	$30k-$40k

Source: Va. Healthcare Workforce Data Center

More than one out of every three ALFAs carry education debt, including 48% of those ALFAs who are under the age of 40. For those ALFAs with education debt, the median outstanding balance is between $30,000 and $40,000.



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All ALFAs		ALFAs Under 40	
	#	%	#	%
None	283	66%	45	51%
Less than $10,000	19	4%	4	4%
$10,000-$19,999	18	4%	7	8%
$20,000-$29,999	20	5%	5	6%
$30,000-$39,999	16	4%	1	1%
$40,000-$49,999	14	3%	2	2%
$50,000-$59,999	6	1%	4	4%
$60,000-$69,999	9	2%	4	4%
$70,000-$79,999	7	2%	2	2%
$80,000-$89,999	2	0%	1	1%
$90,000-$99,999	6	1%	1	1%
$100,000 or More	27	6%	12	13%
Total	426	100%	89	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses/Registrations

RMA:	18%
Nurse (RN or LPN):	17%
CNA:	5%

Job Titles

Administrator:	36%
Executive Director:	23%
President/Exec. Officer:	7%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licenses and Registrations		
License/Registration	**#**	**%**
ALF Administrator	521	82%
Registered Medication Aide	112	18%
Nurse (RN or LPN)	109	17%
Certified Nursing Assistant	33	5%
Nursing Home Administrator	8	1%
Occupational Therapist	1	0%
Physical Therapist	1	0%
Speech-Language Pathologist	1	0%
Other	39	6%
At Least One License	**526**	**83%**

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Administrator	227	36%	22	3%
Executive Director	146	23%	13	2%
President or Executive Officer	42	7%	9	1%
Owner	39	6%	7	1%
Assistant Administrator	28	4%	1	0%
Other	94	15%	22	3%
At Least One Title	**471**	**75%**	**62**	**10%**

Source: Va. Healthcare Workforce Data Center

More than one-third of all ALFAs hold the title of administrator at their primary work location. Another 23% hold the title of executive director.

At a Glance:

Employment

Employed in Profession: 88%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 83%
2 or More Positions: 13%

Weekly Hours:

40 to 49: 43%
60 or More: 22%
Less than 30: 3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	0	0%
Employed in a Capacity Related to Long-Term Care	463	88%
Employed, NOT in a Capacity Related to Long-Term Care	58	11%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	3	1%
Voluntarily Unemployed	3	1%
Retired	0	0%
Total	**527**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all ALFAs, 88% are currently employed in the profession, 83% hold one full-time job, and 43% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	6	1%
One Part-Time Position	16	3%
Two Part-Time Positions	6	1%
One Full-Time Position	427	83%
One Full-Time Position & One Part-Time Position	31	6%
Two Full-Time Positions	22	4%
More than Two Positions	9	2%
Total	**517**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	6	1%
1 to 9 Hours	3	1%
10 to 19 Hours	3	1%
20 to 29 Hours	10	2%
30 to 39 Hours	18	4%
40 to 49 Hours	216	43%
50 to 59 Hours	134	27%
60 to 69 Hours	74	15%
70 to 79 Hours	20	4%
80 or More Hours	18	4%
Total	**502**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	5	1%
Less than $30,000	15	4%
$30,000-$39,999	8	2%
$40,000-$49,999	11	3%
$50,000-$59,999	10	2%
$60,000-$69,999	24	6%
$70,000-$79,999	32	8%
$80,000-$89,999	47	11%
$90,000-$99,999	45	11%
$100,000-$109,999	60	14%
$110,000-$119,999	37	9%
$120,000-$129,999	38	9%
$130,000-$139,999	16	4%
$140,000-$149,999	20	5%
$150,000 or More	55	13%
Total	**424**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $100k-$110k

Benefits

Paid Vacation: 82%

Retirement: 61%

Source: Va. Healthcare Workforce Data Center

The median annual income for ALFAs is between $100,000 and $110,000. In addition, 85% of ALFAs receive at least one employer-sponsored benefit, including 61% who have access to a retirement plan.

Employer-Sponsored Benefits		
Benefit	**#**	**%**
Paid Vacation	378	82%
Paid Sick Leave	315	68%
Dental Insurance	312	67%
Retirement	283	61%
Group Life Insurance	258	56%
Signing/Retention Bonus	76	16%
At Least One Benefit	**393**	**85%**
*From any employer at time of survey.		

Source: Va. Healthcare Workforce Data Center

At a Glance:

Satisfaction

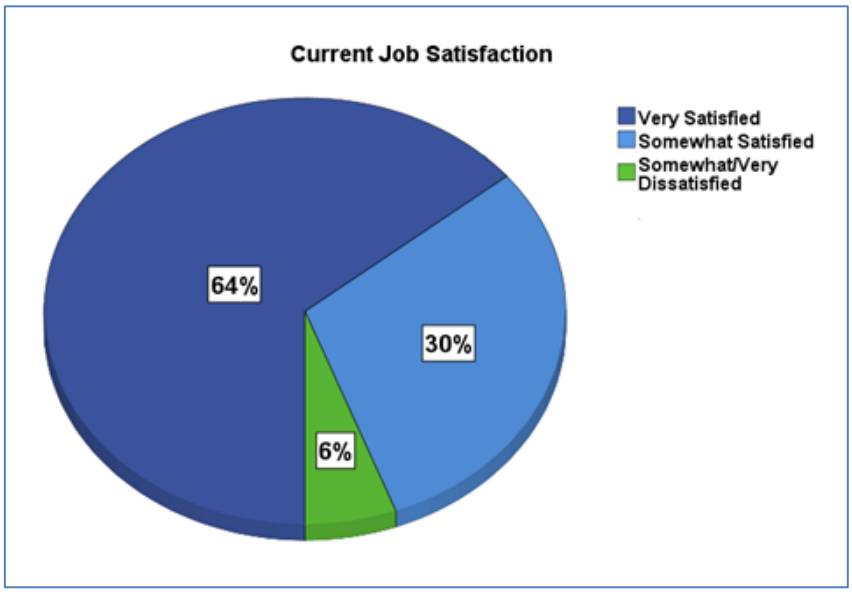
Satisfied:	94%
Very Satisfied:	64%

Exhaustion

Burned Out:	40%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	332	64%
Somewhat Satisfied	156	30%
Somewhat Dissatisfied	17	3%
Very Dissatisfied	12	2%
Total	**517**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all ALFAs, 94% are satisfied with their current employment situation, including 64% who indicated that they are "very satisfied."

Two out of every five ALFAs are feeling burned out with their job. Among these ALFAs, 63% will continue to work in their current position.

Burned Out?		
	#	**%**
Yes	207	40%
No	307	60%
Total	**514**	**100%**
Experiencing Burnout	**#**	**%**
Will Continue to Work in Current Position	131	63%
Planning to Leave LTC Profession within 1-2 Years	30	14%
Seeking Another Position in LTC Profession	30	14%
Seeking Professional Resources to Deal with Burn Out	16	8%
Total	**207**	**99%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	10	2%
Experience Voluntary Unemployment?	16	3%
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?	112	18%
Switch Employers or Practices?	42	7%
Experience at Least One?	**167**	**26%**

Source: Va. Healthcare Workforce Data Center

Among Virginia's ALFAs, 2% experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.[1]

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 7%
New Location: 23%
Over 2 Years: 58%
Over 2 Yrs., 2nd Location: 54%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	4	1%	10	14%
Less than 6 Months	52	10%	5	7%
6 Months to 1 Year	53	11%	5	7%
1 to 2 Years	101	20%	13	19%
3 to 5 Years	84	17%	15	21%
6 to 10 Years	67	13%	5	7%
More than 10 Years	139	28%	18	26%
Subtotal	**500**	**100%**	**70**	**100%**
Did Not Have Location	12		554	
Item Missing	119		8	
Total	**632**		**632**	

Source: Va. Healthcare Workforce Data Center

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

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 3.3%. At the time of publication, the unemployment rate from February 2025 was still preliminary, and the unemployment rate from March 2025 had not yet been released.

At a Glance:

Concentration

Top Region:	27%
Top 3 Regions:	67%
Lowest Region:	2%

Locations

2 or More (Past Year):	15%
2 or More (Now*):	13%

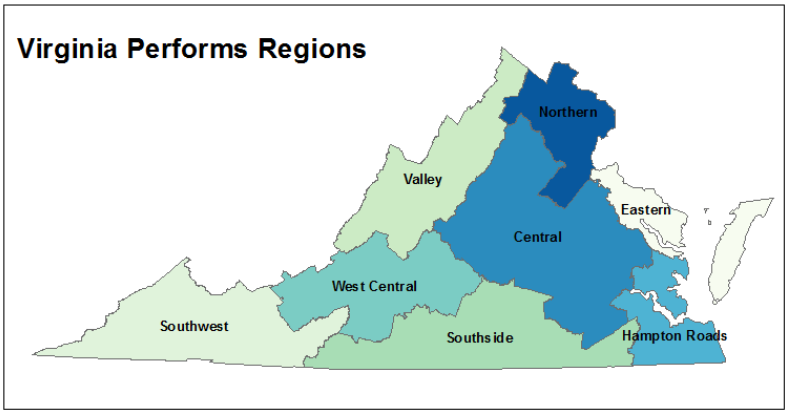
Source: Va. Healthcare Workforce Data Center

Two out of every three ALFAs in the state work in Northern Virginia, Central Virginia, or Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	107	22%	15	21%
Eastern	8	2%	2	3%
Hampton Roads	88	18%	14	20%
Northern	131	27%	16	23%
Southside	29	6%	8	11%
Southwest	24	5%	1	1%
Valley	42	9%	5	7%
West Central	56	11%	7	10%
Virginia Border State/D.C.	0	0%	1	1%
Other U.S. State	3	1%	1	1%
Outside of the U.S.	0	0%	0	0%
Total	**488**	**100%**	**70**	**100%**
Item Missing	133		6	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	2	1%	4	1%
1	423	84%	434	87%
2	51	10%	47	9%
3	16	3%	10	2%
4	0	0%	1	0%
5	5	1%	4	1%
6 or More	4	1%	1	0%
Total	**501**	**100%**	**501**	**100%**

*At the time of survey completion, March 2025.

Source: Va. Healthcare Workforce Data Center

While 13% of ALFAs currently have multiple work locations, 15% have had multiple work locations over the past 12 months.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	392	81%	50	79%
Non-Profit	83	17%	9	14%
State/Local Government	10	2%	3	5%
Veterans Administration	0	0%	0	0%
U.S. Military	0	0%	0	0%
Other Federal Government	0	0%	1	2%
Total	**485**	**100%**	**63**	**100%**
Did Not Have Location	12		554	
Item Missing	135		15	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

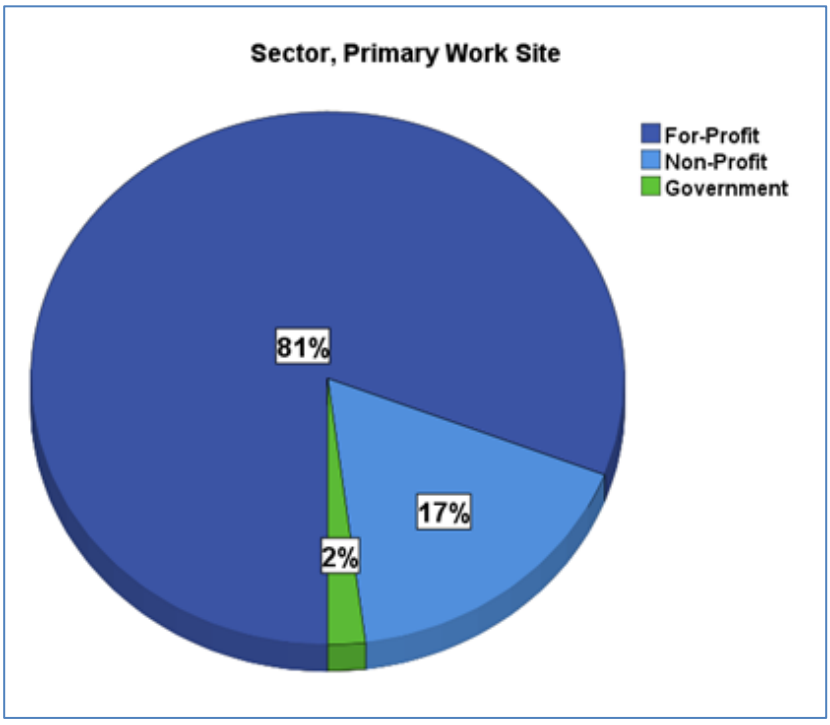
For-Profit: 81%
Federal: 0%

Top Establishments

Assisted Living Facility: 65%
Continuing Care Retirement Community: 6%
Skilled Nursing Facility: 3%

Source: Va. Healthcare Workforce Data Center

Among all ALFAs, 81% work in the for-profit sector, while another 17% work in the non-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Assisted Living Facility	411	65%	44	7%
Continuing Care Retirement Community	36	6%	4	1%
Skilled Nursing Facility	19	3%	1	0%
Home/Community Health Care	16	3%	9	1%
Hospice	14	2%	0	0%
Adult Day Care	7	1%	1	0%
Acute Care/Rehabilitative Facility	7	1%	0	0%
Academic Institution	2	<1%	5	1%
PACE	1	<1%	0	0%
Other Practice Type	37	6%	5	1%
At Least One Establishment	**491**	**78%**	**67**	**11%**

Source: Va. Healthcare Workforce Data Center

Nearly two out of every three ALFAs are employed at an assisted living facility as their primary work location.

Among all ALFAs, 44% are employed at an independent/stand-alone organization as their primary work location. Another 44% of ALFAs are employed at a facility chain organization.

Location Type				
Organization Type	Primary Location		Secondary Location	
	#	%	#	%
Independent/Stand Alone	202	44%	28	47%
Facility Chain	200	44%	24	40%
Integrated Health System (Veterans Administration, Large Health System)	4	1%	1	2%
Hospital-Based	4	1%	0	0%
College or University	<1	0%	3	5%
Other	45	10%	4	7%
Total	**457**	**100%**	**60**	**100%**
Did Not Have Location	12		554	
Item Missing	163		19	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	16%
Tagalog/Filipino:	5%
French:	4%

Means of Communication

Other Staff Members:	70%
Respondent:	30%
Virtual Translation:	21%

Source: Va. Healthcare Workforce Data Center

Among all ALFAs, 16% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	100	16%
Tagalog/Filipino	29	5%
French	25	4%
Amharic, Somali, or Other Afro-Asiatic Languages	12	2%
Arabic	11	2%
Hindi	11	2%
Korean	8	1%
Urdu	6	1%
Chinese	5	1%
Pashto	2	0%
Persian	2	0%
Vietnamese	2	0%
Others	23	4%
At Least One Language	**141**	**22%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Other Staff Member is Proficient	99	70%
Respondent is Proficient	43	30%
Virtual Translation Services	30	21%
Onsite Translation Service	6	4%
Other	6	4%

Source: Va. Healthcare Workforce Data Center

Seven out of every ten ALFAs who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.

At a Glance:
(Primary Locations)

Typical Time Allocation

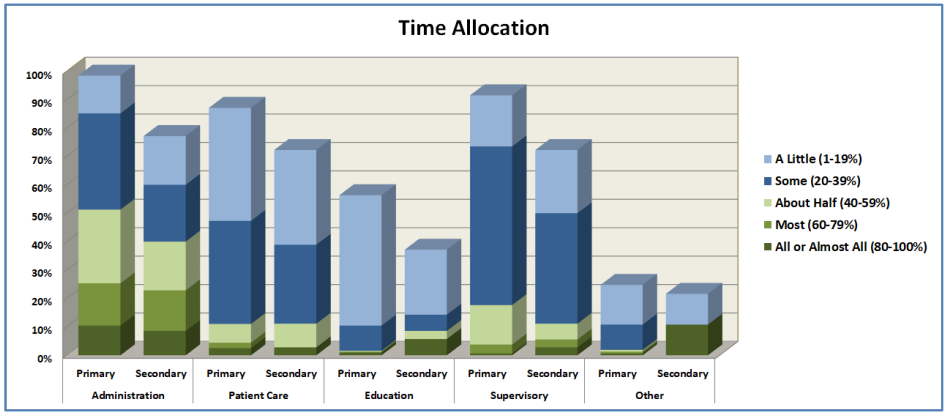
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%
Education:	1%-9%

Roles

Administration:	25%
Patient Care:	4%
Supervisory:	4%
Education:	1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

ALFAs spend close to half of their time performing administrative tasks. In fact, 25% of ALFAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Supervisory		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	10%	8%	3%	3%	1%	6%	1%	3%	1%	11%
Most (60-79%)	15%	14%	2%	0%	0%	0%	3%	3%	1%	0%
About Half (40-59%)	26%	17%	7%	8%	0%	3%	14%	6%	1%	0%
Some (20-39%)	34%	19%	36%	28%	9%	6%	56%	39%	9%	0%
A Little (1-19%)	13%	17%	40%	33%	46%	22%	18%	22%	14%	11%
None (0%)	2%	22%	13%	28%	44%	61%	9%	28%	75%	81%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	23	6%	10	17%
1-24	72	17%	15	26%
25-49	69	17%	4	7%
50-74	90	22%	9	16%
75-99	64	15%	6	10%
100-124	38	9%	6	10%
125-149	16	4%	2	3%
150-174	12	3%	1	2%
175-199	2	0%	0	0%
200 or More	26	6%	4	7%
Total	**414**	**100%**	**58**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

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

Resident Capacity (Median)

Primary Location: 50-100
Secondary Location: 10-25

Source: Va. Healthcare Workforce Data Center

The median patient workload for ALFAs at their primary work location is between 50 and 74 patients. In addition, the typical ALFA works at a facility that contains between 50 and 100 beds for residents.

Resident Capacity				
# of Beds	Primary Location		Secondary Location	
	#	%	#	%
Not Applicable	42	9%	18	27%
10 or Less	38	8%	10	15%
10-25	39	8%	6	9%
25-50	57	12%	3	4%
50-100	168	34%	14	21%
100-150	84	17%	8	12%
150-250	40	8%	4	6%
More than 250	20	4%	4	6%
Total	**488**	**100%**	**67**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All ALFAs		ALFAs 50 and Over	
	#	%	#	%
Under Age 50	3	1%	-	-
50 to 54	18	4%	1	0%
55 to 59	32	7%	10	4%
60 to 64	77	17%	38	15%
65 to 69	176	38%	92	35%
70 to 74	85	18%	60	23%
75 to 79	22	5%	21	8%
80 or Over	17	4%	14	5%
I Do Not Intend to Retire	33	7%	26	10%
Total	**464**	**100%**	**262**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All ALFAs

Under 65: 28%

Under 60: 11%

ALFAs 50 and Over

Under 65: 19%

Under 60: 4%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 28%

Half the Workforce: By 2045

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all ALFAs expect to retire before the age of 65. Among ALFAs who are age 50 and over, 19% expect to retire before the age of 65.

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

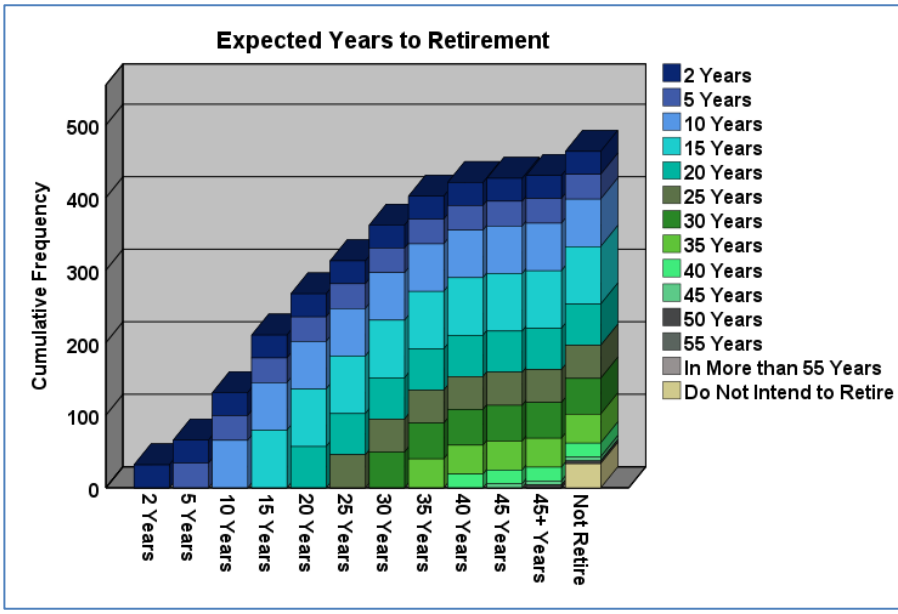
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	32	5%
Leave Virginia	28	4%
Decrease Patient Care Hours	54	9%
Decrease Teaching Hours	4	1%
Cease Accepting Trainees	10	2%
Increase Participation		
Increase Patient Care Hours	46	7%
Increase Teaching Hours	23	4%
Pursue Additional Education	76	12%
Return to the Workforce	1	0%
Begin Accepting Trainees	74	12%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While 7% of ALFAs expect to retire in the next two years, 28% expect to retire within the next decade. More than half of the current ALFA workforce expect to retire by 2045.

Time to Retirement			
Expect to Retire Within. . .	**#**	**%**	**Cumulative %**
2 Years	32	7%	7%
5 Years	34	7%	14%
10 Years	66	14%	28%
15 Years	79	17%	45%
20 Years	57	12%	58%
25 Years	45	10%	67%
30 Years	49	11%	78%
35 Years	40	9%	87%
40 Years	19	4%	91%
45 Years	6	1%	92%
50 Years	4	1%	93%
55 Years	0	0%	93%
In More than 55 Years	0	0%	93%
Do Not Intend to Retire	33	7%	100%
Total	**464**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2035. Retirement will peak at 17% of the current workforce around 2040 before declining to under 10% again by 2060.

At a Glance:

FTEs

Total:	683
FTEs/1,000 Residents[2]:	.078
Average:	1.10

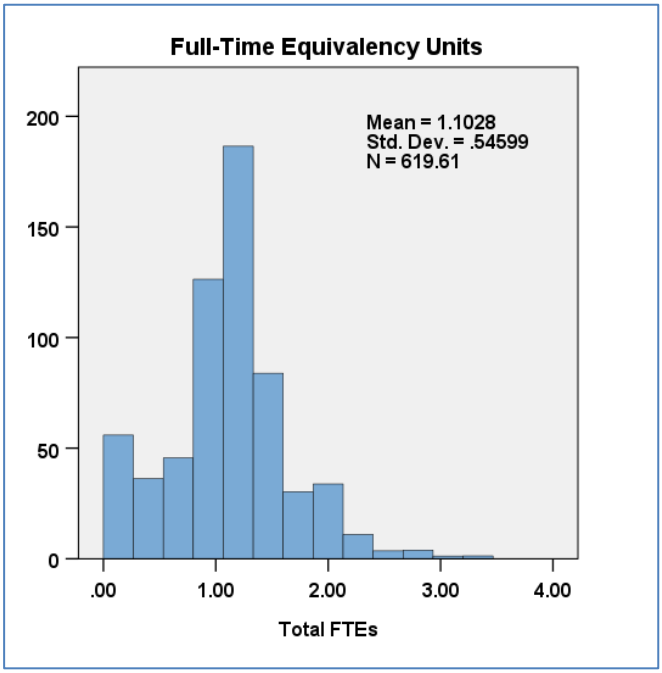
Age & Gender Effect

Age, *Partial Eta*^{2}:	Small
Gender, *Partial Eta*^{2}:	Negligible

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

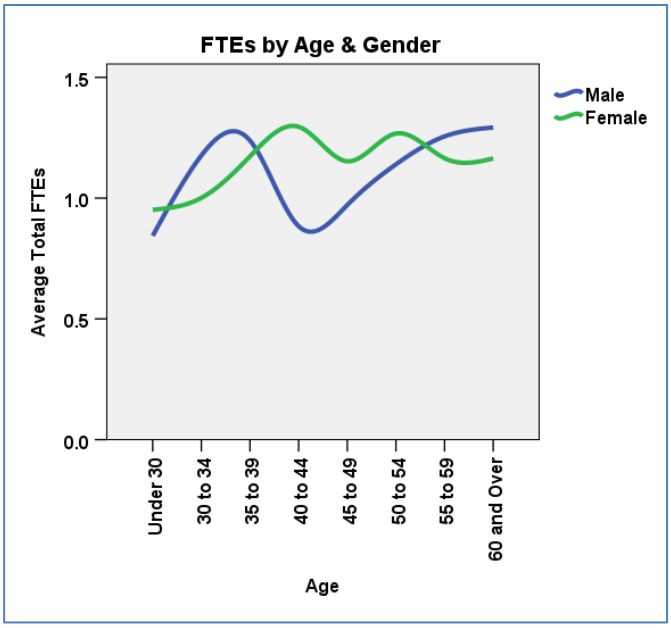


Source: Va. Healthcare Workforce Data Center

The typical ALFA provided 1.10 FTEs in the past year, or approximately 44 hours per week for 50 weeks. Statistical tests did not indicate that FTEs vary by either age or gender.

Full-Time Equivalency Units		
Age	**Average**	**Median**
Under 30	1.01	1.07
30 to 34	0.97	1.06
35 to 39	1.20	1.20
40 to 44	1.14	1.20
45 to 49	0.88	1.05
50 to 54	1.15	1.13
55 to 59	1.16	1.18
60 and Over	1.13	1.09
Gender		
Male	1.13	1.09
Female	1.18	1.22

Source: Va. Healthcare Workforce Data Center

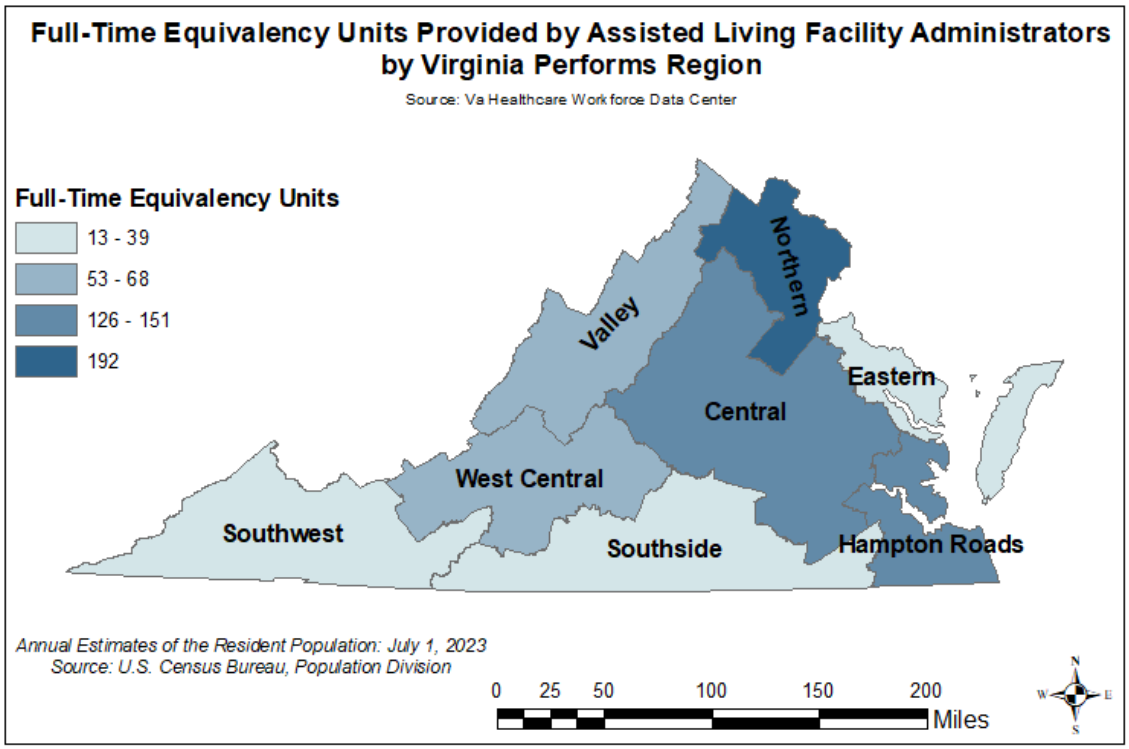


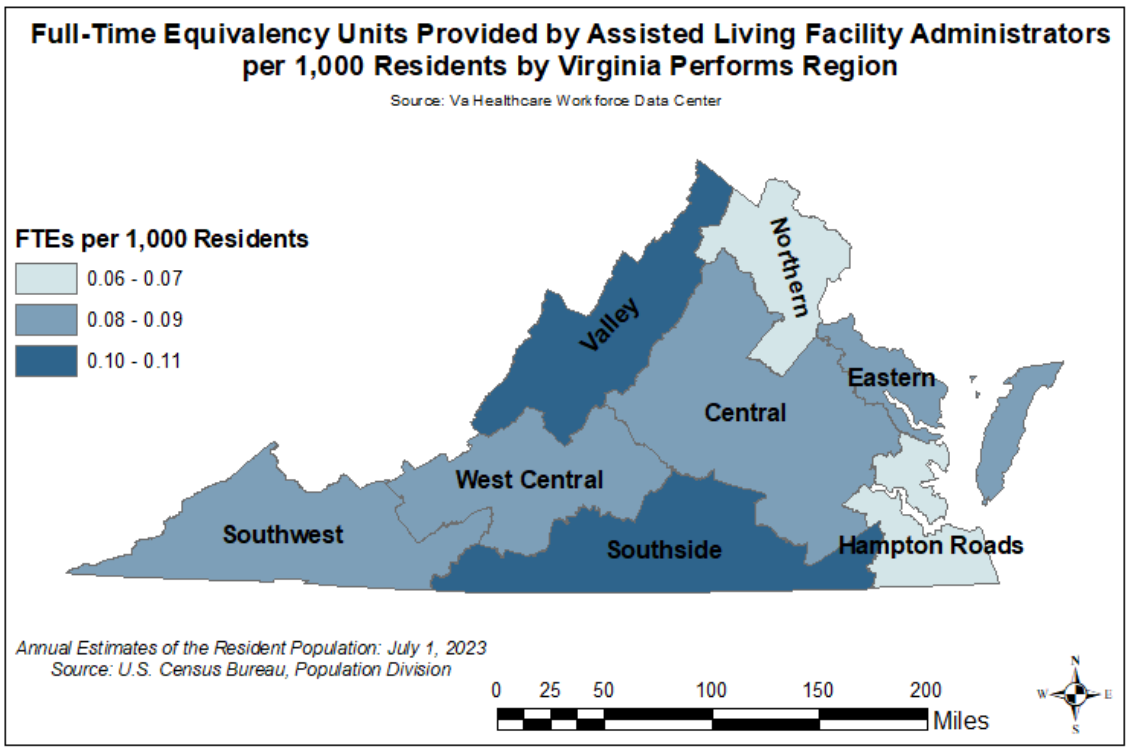
Source: Va. Healthcare Workforce Data Center

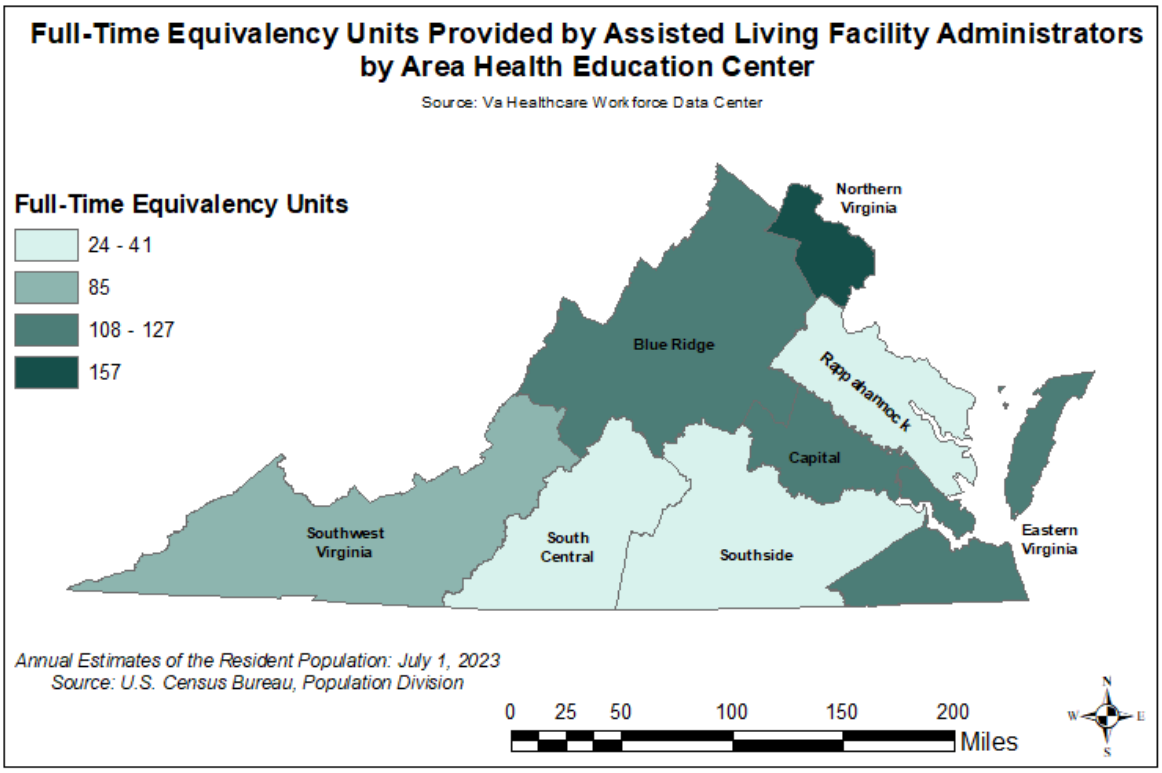
[2] Number of residents in 2023 was used as the denominator.

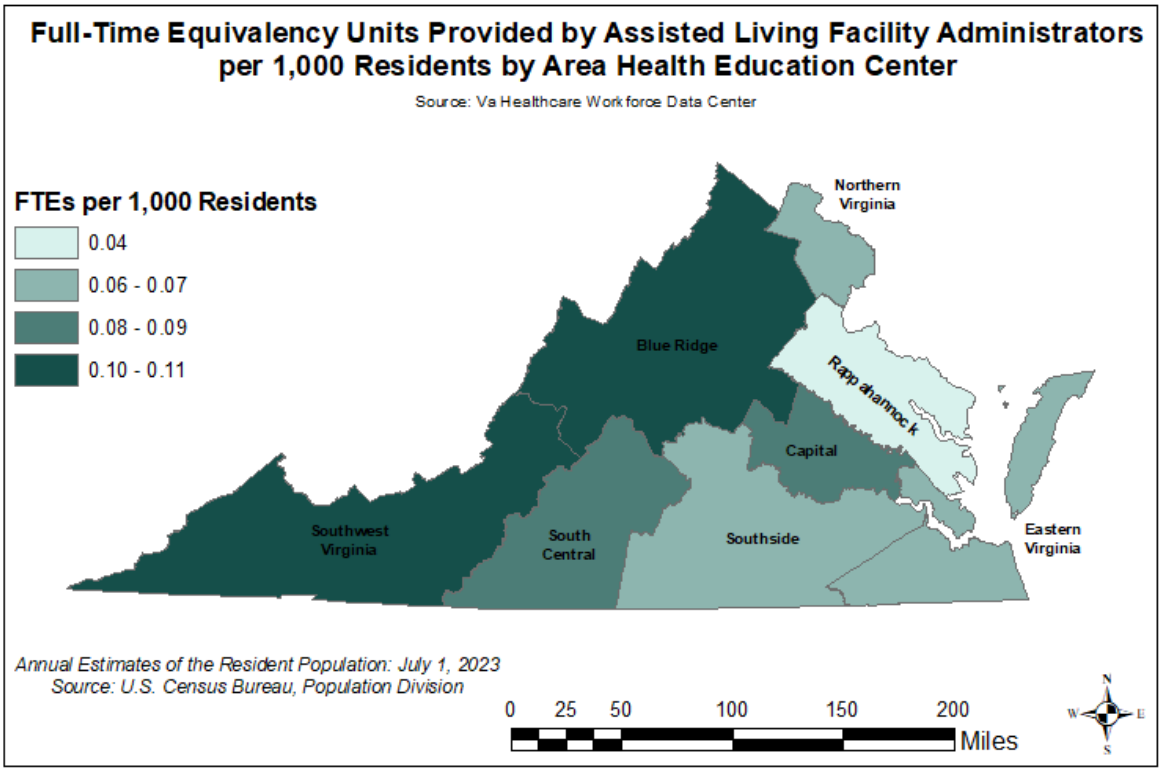
Maps

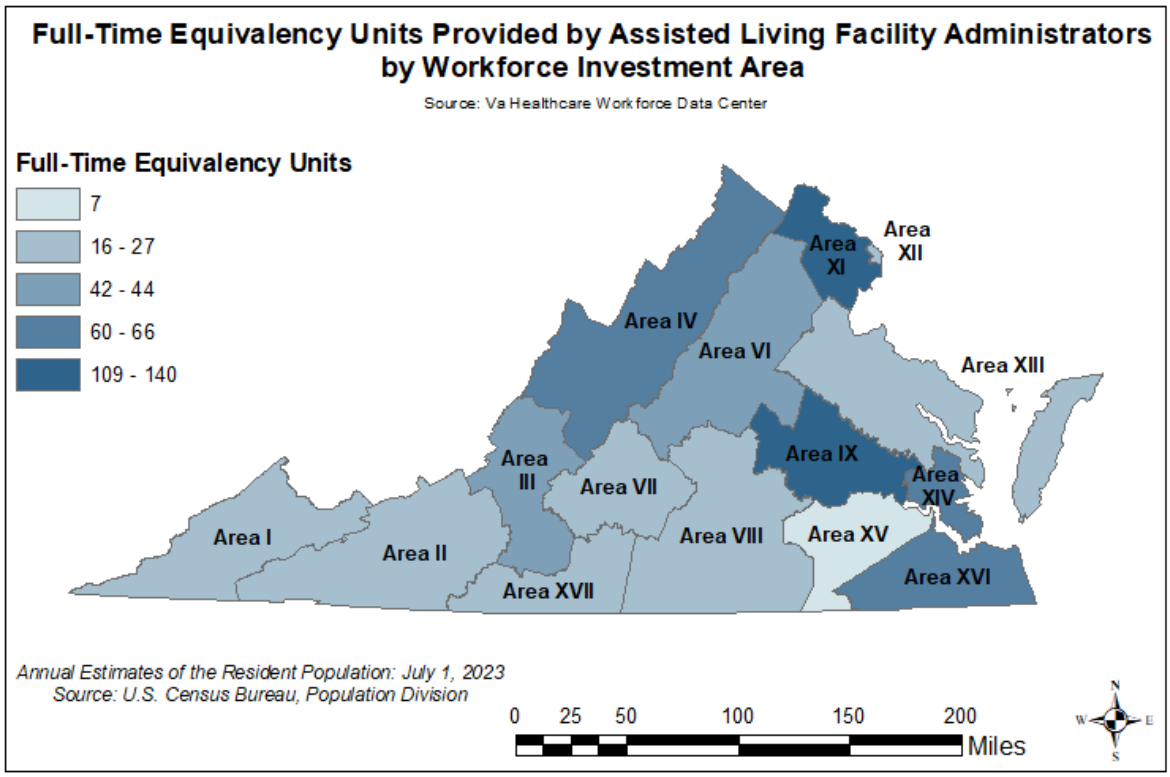
Virginia Performs Regions

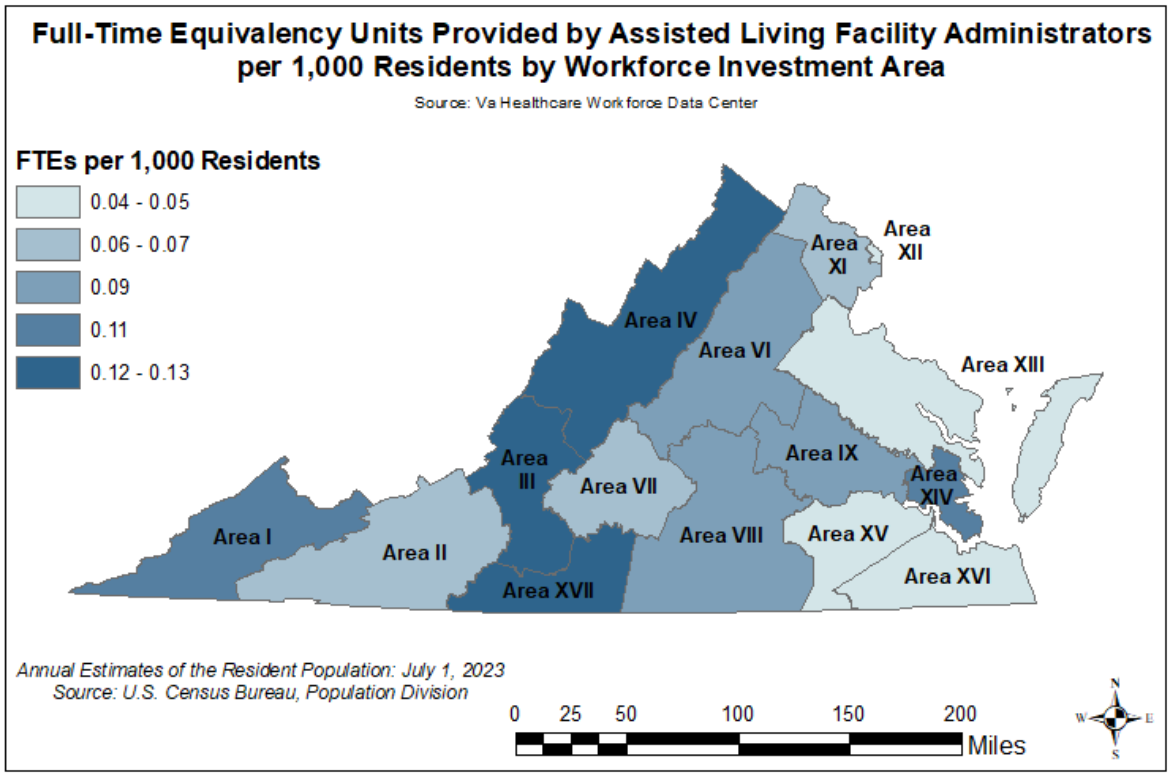


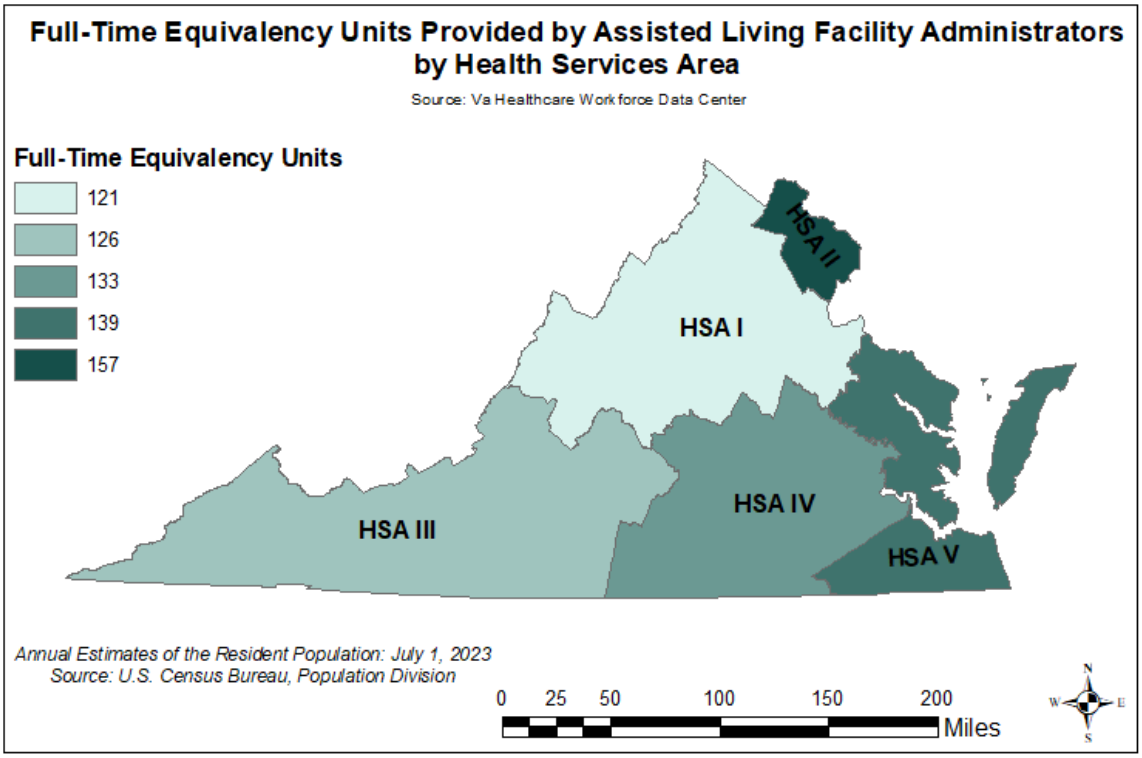


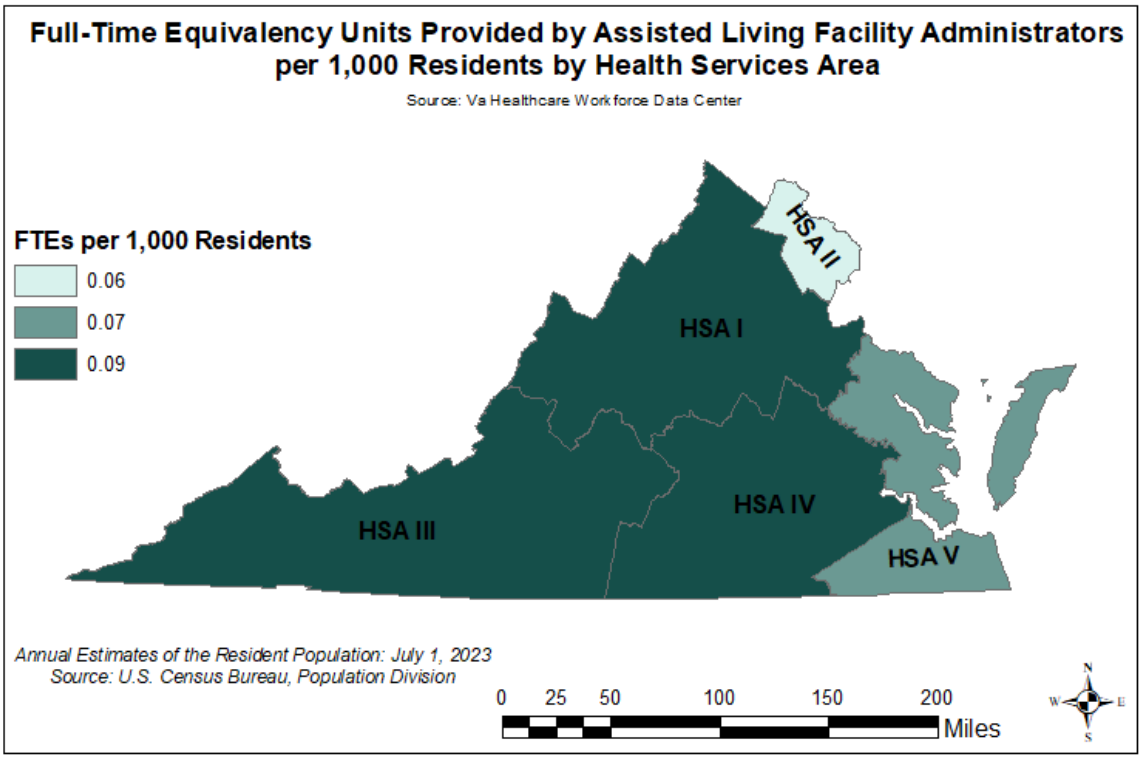

Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
24 - 41
85
108 - 127
157
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

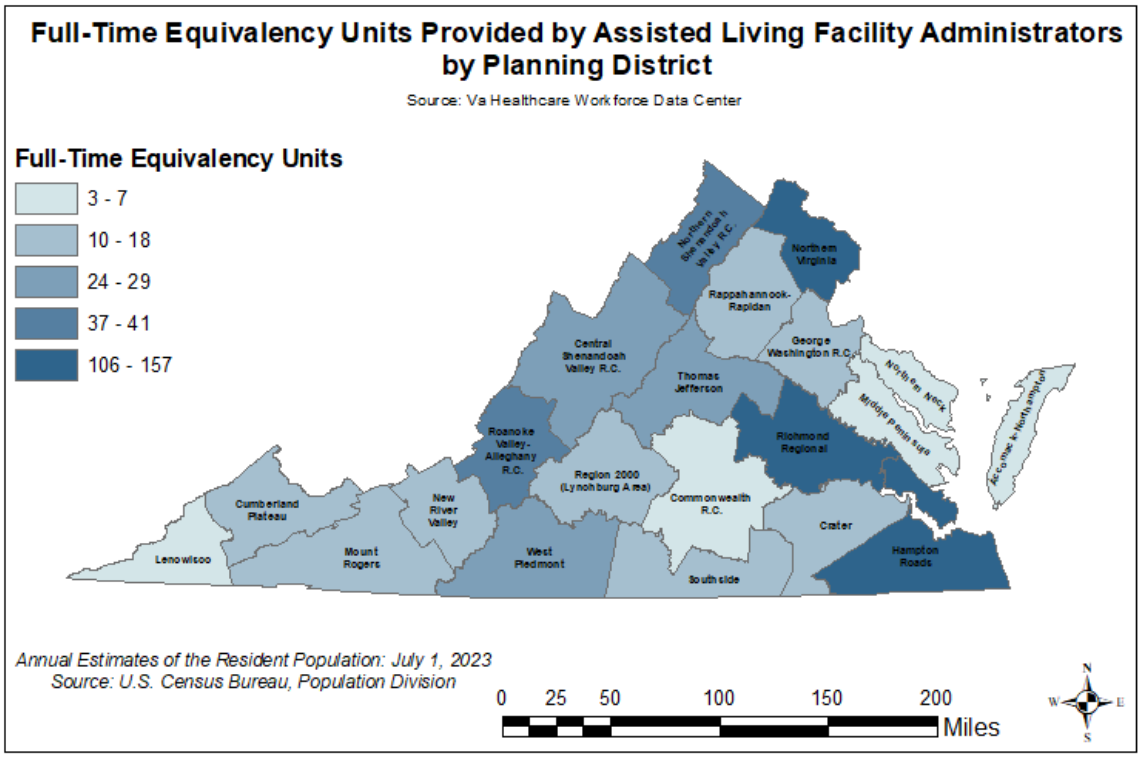

Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.04
0.06 - 0.07
0.08 - 0.09
0.10 - 0.11
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

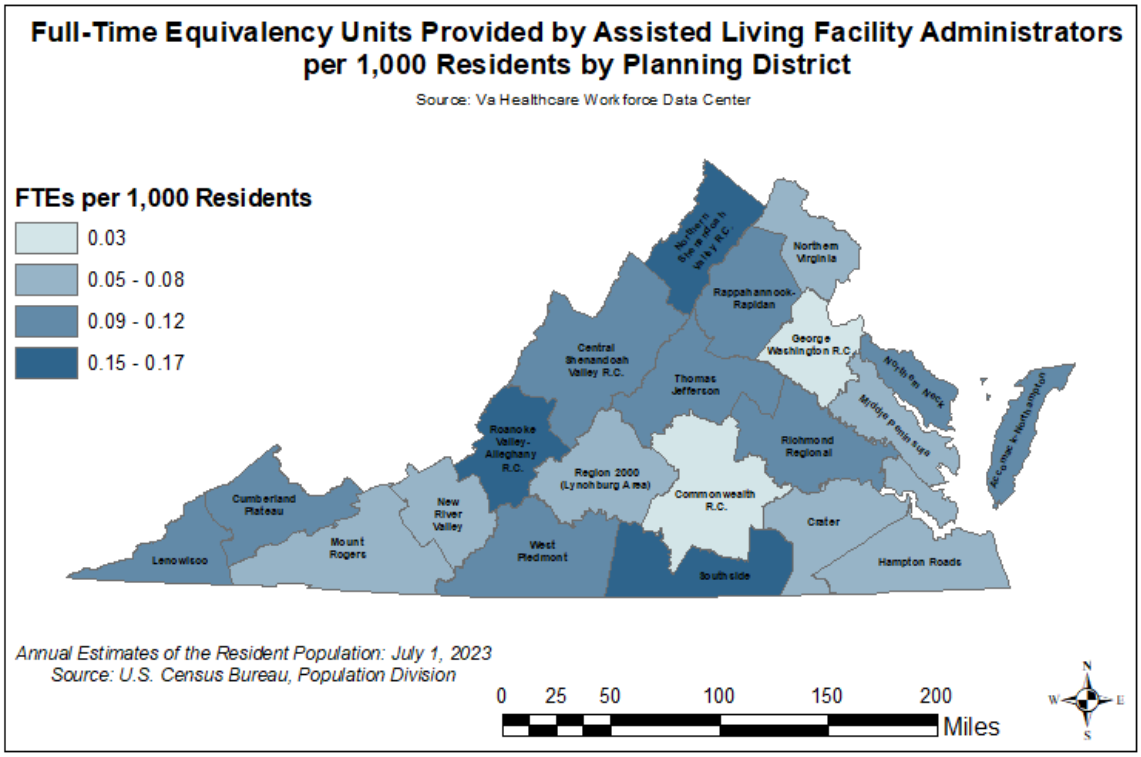

Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
7
16 - 27
42 - 44
60 - 66
109 - 140
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.04 - 0.05
0.06 - 0.07
0.09
0.11
0.12 - 0.13
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
121
126
133
139
157
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.06
0.07
0.09
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
3 - 7
10 - 18
24 - 29
37 - 41
106 - 157
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
South side
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.03
0.05 - 0.08
0.09 - 0.12
0.15 - 0.17
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
South side
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	391	81.33%	1.230	1.135	1.536
Metro, 250,000 to 1 Million	60	85.00%	1.176	1.086	1.470
Metro, 250,000 or Less	48	75.00%	1.333	1.230	1.421
Urban, Pop. 20,000+, Metro Adj.	15	73.33%	1.364	1.258	1.423
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	50	84.00%	1.190	1.098	1.269
Urban, Pop. 2,500-19,999, Non-Adj.	26	88.46%	1.130	1.043	1.205
Rural, Metro Adj.	16	81.25%	1.231	1.136	1.312
Rural, Non-Adj.	11	81.82%	1.222	1.128	1.276
Virginia Border State/D.C.	45	80.00%	1.250	1.153	1.332
Other U.S. State	17	58.82%	1.700	1.569	1.774

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	17	64.71%	1.545	1.470	1.536
30 to 34	37	81.08%	1.233	1.173	1.330
35 to 39	75	85.33%	1.172	1.071	1.611
40 to 44	79	78.48%	1.274	1.165	1.405
45 to 49	87	75.86%	1.318	1.205	1.421
50 to 54	105	85.71%	1.167	1.066	1.604
55 to 59	97	87.63%	1.141	1.043	1.569
60 and Over	182	77.47%	1.291	1.180	1.774

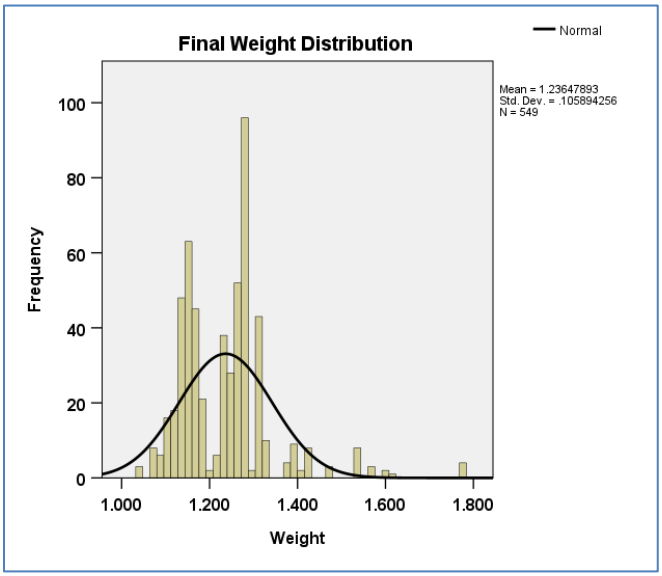
Source: Va. Healthcare Workforce Data Center

See the Methodology section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

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

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.808542**



Source: Va. Healthcare Workforce Data Center

Legislative and Regulatory Report

Board of Long-Term Care Administrators
Current Regulatory Actions
As of May 29, 2025

Recently effective or awaiting publication:

VAC	Stage	Subject Matter	Publication Date	Effective Date	Notes
18VAC95-20 18VAC95-30	Final	Regulatory reduction 2023	3/10/2025	4/9/2025	Regulatory reduction action

Board Action and Discussion

Agenda Item: Consideration of a Notice of Intended Regulatory Action to Conduct a Periodic Review of Regulations

Staff Note: This agency is using a new process for conducting a periodic review which involves issuing a NOIRA and indicating a periodic review will take place. This is done in place of the previously used process of opening a periodic review, closing it, and then initiating a regulatory action. After issuance of this NOIRA, the regulatory committee will begin reviewing Chapters 15, 20, and 30 to identify what changes are appropriate before bringing those changes before the full Board for discussion.

Action Needed:

- Motion to issue a Notice of Intended Regulatory Action for 18VAC95-15, 20 and 30.

Agenda Item: Closure of Periodic Review of Chapter 11

Included in your agenda package:

- TownHall page for this Periodic Review; and
- Chapter 11

Staff Note: This periodic review was filed in 2023 along with several other boards and forgotten about. This language only changes when DPB publishes new public participation guidance, which they have not done since this chapter was last updated. Therefore, we are requesting this periodic review be closed and the chapter retained as is.

Action Needed:

- Motion to retain 18VAC95-11 without changes.

Agency **Department of Health Professions**

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

Chapter **Public Participation Guidelines [18 VAC 95 - 11]**

Edit Review

Review 2469

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 10/2/2023

Notice of Periodic Review
Pursuant to Executive Order 19 (2022) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 19 https://TownHall.Virginia.Gov/EO-19-Development-and-Review-of-State-Agency-Regulations.pdf.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information	
Name / Title:	Corie Tillman Wolf / *Executive Director*

Address:	9960 Mayland Drive Suite 300 Henrico, VA 23233-1463
Email Address:	corie.wolf@dhp.virginia.gov
Telephone:	(804)367-4595 FAX: (804)527-4413 TDD: ()-

Publication of Notice in the Register and Public Comment Period

Published in the Virginia Register on 10/23/2023 [Volume: 40 Issue: 5]

Comment Period begins on the publication date and ended on 11/13/2023

Comments Received: 0

Review Result

Pending

TH-07 Periodic Review Report of Findings *(not yet submitted)*

ORM Economic Review Form (10/2/2023)

Attorney General Certification

Submitted to OAG: 10/2/2023
Review Completed: 10/25/2023
Result: Certified

Review Memo

This periodic review was created by Matthew Novak on 10/02/2023 at 9:22am

Chapter 11. Public Participation Guidelines

18VAC95-11-10. Purpose.

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

18VAC95-11-20. Definitions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18VAC95-11-30. Notification list.

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

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

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

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

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

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

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

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

1. A notice of intended regulatory action (NOIRA).

2. A notice of the comment period on a proposed, a reproposed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.

3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to § 2.2-4007.06 or 2.2-4013 C of the Code of Virginia.

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

18VAC95-11-50. Public comment.

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

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.

2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

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

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).

2. For a minimum of 60 calendar days following the publication of a proposed regulation.

3. For a minimum of 30 calendar days following the publication of a reproposed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.

5. For a minimum of 30 calendar days following the publication of a fast-track regulation.

6. For a minimum of 21 calendar days following the publication of a notice of periodic review.

7. Not later than 21 calendar days following the publication of a petition for rulemaking.

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

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

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

18VAC95-11-60. Petition for rulemaking.

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

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

1. The petitioner's name and contact information;

2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and

3. Reference to the legal authority of the agency to take the action requested.

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

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

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

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

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

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

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

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or

2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

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

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

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

1. There is no longer controversy associated with the development of the regulation;

2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or

3. The agency determines that resolution of a controversy is unlikely.

18VAC95-11-90. Meetings.

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

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

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

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

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

1. The agency's basic law requires the agency to hold a public hearing;

2. The Governor directs the agency to hold a public hearing; or

3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

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

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

A. The agency shall conduct a periodic review of its regulations consistent with:

1. An executive order issued by the Governor pursuant to § 2.2-4017 of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and

2. The requirements in § 2.2-4007.1 of the Administrative Process Act regarding regulatory flexibility for small businesses.

B. A periodic review may be conducted separately or in conjunction with other regulatory actions.

C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.

Agenda Item: Consideration of Fast-Track Regulatory Action to Amend Regulations Related to Preceptors

Included in your agenda package:

- Draft language for chapters 20 and 30 regarding preceptors

Staff Note: These changes follow discussion with the Regulatory Advisory Panel over the last several months to expand who may precept and how many trainees a preceptor may supervise. Staff is requesting Board member input with one wording suggestion, highlighted in your packet.

Action Needed:

- Motion to amend 18VAC95-20 and 30 by fast-track action.

Ch. 20 – Regulations Governing the Practice of Nursing Home Administrators

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~~ three AIT's at any one time.

C. A preceptor shall:

1. Provide direct instruction, planning, and evaluation in the training facility;

2. Shall be routinely present with the trainee for on-site supervision in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility; and

3. Shall continually evaluate the development and experience of the AIT to determine specific areas in the Domains of Practice that need to be addressed.

18VAC95-20-380. 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~~;

2. Have at least two years in practice as an administrator [of record] in the past three years immediately prior to registration, and either (i) be employed full time in or be under contract or written agreement with the facility where training occurs or (ii) be a regional administrator with on-site supervisory responsibilities for a training facility;

~~2~~ 3. Provide evidence that he has completed the online preceptor training course offered by NAB; and

~~3~~ 4. Meet the application requirements in 18VAC95-20-230.

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

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

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

Ch. 30 – Regulations Governing the Practice of Assisted Living Facility Administrators

18VAC95-30-180. Preceptors.

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

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

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

2. ~~Be employed full time as an administrator in a training facility for a minimum of two of the past four years immediately prior to registration~~ Have at least two years in practice as an administrator [of record] in the past four years immediately prior to registration, and either (i) be employed full time in or be under contract or written agreement with the facility where training occurs or (ii) be a regional administrator with on-site supervisory responsibilities for a training facility;

3. Provide evidence that he has completed the online preceptor training course offered by NAB; and

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

C. A preceptor shall:

1. Provide direct instruction, planning, and evaluation;

2. Be routinely present for on-site supervision of the trainee in the training facility as appropriate to the experience and training of the ALF AIT and the needs of the residents in the facility; and

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

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

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

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

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

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

Agenda Item: Consideration of Petition for Rulemaking (Simmons)

Included in your agenda package:

- Petition for Rulemaking, in which the petitioner requests that the Board amend 18VAC95-20-310 to allow credit for similar content from an assisted living facility administrator-in-training ("AIT") program to count toward a nursing home administrator AIT program;
- Comments received on TownHall; and
- 18VAC95-30-310

Action Needed:

- Motion to either:
    - Accept the petition and initiate rulemaking; OR
    - Take no action on the petition, clearly stating why.

COMMONWEALTH OF VIRGINIA
Board of Long-Term Care Administrators

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4595 (Tel)
(804) 527-4413 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,) Bertha Simmons		
Street Address 8500 Saddle Court	**Area Code and Telephone Number** 703-915-2233	
City Manassas	**State** Virginia	**Zip Code** 20110
Email Address (optional) simmonsb@comcast.net	**Fax (optional)**	

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC95-20-310. Required hours of training

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

The Domains of Practice for the AIT program is the same for training both Assisted Living Administrators and Nursing Home Administrators. The NAB exam for Assisted Living contains questions that are nursing home content, i.e. Medicare/Medicaid, Quality Assurance, etc. Preceptors have to prepare the ALF AIT for terminology and situations that are for NHFs. Some AITs in ALF plan to go on to become Nursing Home Administrators. It seems fair that credit from their ALF AIT program should be counted toward a Nursing Home Administrator AIT program. I am asking for consideration of some credit hours to be considered toward an AIT Nursing Home Administrator program if the candidate has completed an AIT in Assisted Living Administration.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is <u>other</u> legal authority for promulgation of a regulation, please provide that Code reference.

§ 54.1-3101. The Board of Long-Term Care Administrators is established as a policy board, within the meaning of § 2.2-2100

Signature: Bertha Simmons **Date:** 2/18/2025

Bertha Simmons, LNHA, LALFA, LBSW, Licensed Preceptor, Certified Mediator

Export to PDF Export to Excel

Agency **Department of Health Professions**

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

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

3 comments

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Anonymous 3/27/25 12:58 pm

Respecting the AIT

With how much information learned in the ALF AIT is also applicable to the NHF AIT, it would be extremely helpful to candidates who are looking to expand their capabilities to not be required to repeat the same information twice. I think by getting credit it respects the AIT and the work they are putting in, rather than just making them jump through more hoops. The credit also gives them more time to focus on where the information differs rather than having to give time and energy repeating the same materials.

CommentID: **233329**

Commenter: Larry Rouvelas 3/29/25 7:11 am

Cross-operational learning

Operators of assisted living and skilled nursing can learn much from each other. The proposed rule change would encourage cross-fertilizing ideas when administrators can readily move between them.

CommentID: **233335**

Commenter: Current AIT 3/29/25 9:02 am

Credit from AL AIT to be used for NH AIT

During my AIT training in assisted living, I am learning that many of the code sections on the Domains are also for nursing home instruction. 15% of the codes are specifically for nursing home instruction. Once I have my Assisted Living Facility Administration license, in the future I plan to do the nursing home AIT program. I am hoping that I will be able to use some of the hours from my AL AIT program for the NH AIT program.

CommentID: **233339**

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

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

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

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

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

a. Regulatory;

b. Fiscal;

c. Supervisory;

d. Personnel; and

e. Management; or

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

C. An AIT applicant with the following educational qualifications shall meet these requirements:

1. An applicant with a master's or a baccalaureate degree in a health care-related field that meets the requirements of 18VAC95-20-221 with no internship shall complete 320 hours in an AIT program;

2. An applicant with a master's degree in a field other than health care shall complete 1,000 hours in an AIT program;

3. An applicant with a baccalaureate degree in a field other than health care shall complete 1,500 hours in an AIT program; or

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

D. An AIT shall be required to serve weekday, evening, night and weekend shifts and to receive training in all areas of nursing home operation. An AIT shall receive credit for no more than 40 hours of training per week.

E. An AIT shall complete training on the care of residents with cognitive or mental impairments, including Alzheimer's disease and dementia.