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## Proposed Regulation Agency Background Document

<b>Agency name</b>	Board of Long-Term Care Administrators; Department of Health Professions
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	18VAC95-20-10 et seq.; 18VAC95-30-10 et seq.
<b>VAC Chapter title(s)</b>	Regulations Governing the Practice of Nursing Home Administrators; Regulations Governing the Practice of Assisted Living Facility Administrators
<b>Action title</b>	Administrator-in-Training (AIT) Program Requirements
<b>Date this document prepared</b>	10/28/21

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

## Brief Summary

*Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.*

The Board has amended its regulations to: 1) clarify and enhance training and supervision requirements for prospective nursing home and assisted living facility administrators receiving pre-licensure training in an Administrator-in-Training (AIT) program; 2) establish an additional pathway for individuals to qualify for AIT training in the assisted living setting and strengthen the current requirement for college or university coursework to include coursework in business and/or human services; 3) offer continuing education credit for preceptors who supervise AITs and to enhance the training and continuing education received by both AITs and administrators related to mental impairments, including, but not limited to dementia and Alzheimer's; and 4) specify limitations on the assisted living facilities that qualify for an AIT program.

## Acronyms and Definitions

*Define all acronyms used in this form, and any technical terms that are not also defined in the “Definitions” section of the regulation.*

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AIT = Administrator-in-training

ALF AIT = Assisted living facility administrator-in-training

NAB = National Association of Long Term Care Administrator Boards

## Mandate and Impetus

*Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, “mandate” has the same meaning as defined in Executive Order 14 (as amended, July 16, 2018), “a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part.”*

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The impetus for this action is a set of recommendations for action from a Regulatory Advisory Panel (RAP) on Administrators-in-Training convened by the Board in April and July of 2019. On September 27, 2019, the Chair of the RAP presented to the Board a series of collaborative and regulatory recommendations to improve the AIT program for prospective nursing home and assisted living facility administrator licensees. Members of the Board requested additional time for discussion of and research and information related to the regulatory recommendations of the RAP. Additional research and information was presented to the Board at its December 17, 2019 meeting, which led to the Board’s decision to initiate rulemaking.

## Legal Basis

*Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency’s overall regulatory authority.*

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Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia, Section 54.1-2400, which provides the Board of Long-Term Care Administrators the authority to promulgate regulations to administer the regulatory system:

**§ 54.1-2400. General powers and duties of health regulatory boards.**

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

6. To promulgate regulations in accordance with the Administrative Process Act (§ [2.2-4000 et seq.](#)) that are reasonable and necessary to administer effectively the regulatory system, ... Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ [54.1-100 et seq.](#)) and Chapter 25 (§ [54.1-2500 et seq.](#))....

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

**§ 54.1-3102. License required.**

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

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

### Purpose

*Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it's intended to solve.*

The purpose of this regulatory action is to strengthen current training and supervision requirements for prospective administrator licensees in the nursing home and assisted living settings. Training is essential for prospective administrators not only as preparation for examination and licensure, but also as a means of ensuring safety and competency for practice within the long-term care setting, which in turn enhances public health and safety.

The Board has also strengthened training for current and prospective administrators in the area of mental impairments, including dementia and Alzheimer's, to ensure that administrators are adequately equipped to handle the needs of residents in their care who are facing these challenges.

### Substance

*Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.*

The Board has amended its regulations to: 1) clarify and enhance training and supervision requirements for prospective nursing home and assisted living facility administrators receiving pre-licensure training in an Administrator-in-Training (AIT) program; 2) establish an additional pathway for individuals to qualify for AIT training in the assisted living setting and strengthen

the current requirement for college or university coursework to include coursework in business and/or human services; 3) offer continuing education credit for preceptors who supervise AITs and to enhance the training and continuing education received by both AITs and administrators related to mental impairments, including, but not limited to dementia and Alzheimer’s; and 4) specify limitations on the assisted living facilities that qualify for an AIT program.

**Issues**

*Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.*

- 1) The primary advantages are more opportunity for persons to become administrators of assisted living facilities to alleviate shortages, incentive for administrators to serve as preceptors for persons in training, and more emphasis on training and education in mental or cognitive impairment to better serve an affected population. There are no disadvantages to the public.
- 2) There are no advantages or disadvantages to the Board or the Department.
- 3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. The Board is authorized under 54.1-2400 to “promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq. which are reasonable and necessary to administer effectively the regulatory system.” Any restraint on competition that results from this regulation is in accord with the General Assembly’s policy as articulated in § 54.1-100.

**Requirements More Restrictive than Federal**

*Identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.*

There are no applicable federal regulations.

**Agencies, Localities, and Other Entities Particularly Affected**

*Identify any other state agencies, localities, or other entities particularly affected by the regulatory change. “Particularly affected” are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. “Locality” can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.*

Other State Agencies Particularly Affected - None

Localities Particularly Affected - None

Other Entities Particularly Affected - None

**Economic Impact**

*Pursuant to § 2.2-4007.04 of the Code of Virginia, identify all specific economic impacts (costs and/or benefits), anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Keep in mind that this is change versus the status quo.*

**Impact on State Agencies**

<p><i>For your agency:</i> projected costs, savings, fees or revenues resulting from the regulatory change, including:                  a) fund source / fund detail;                  b) delineation of one-time versus on-going expenditures; and                  c) whether any costs or revenue loss can be absorbed within existing resources</p>	<p>There are no projected costs or savings resulting from the change. As a special fund agency, the Board must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal and application fees it charges to practitioners for necessary functions of regulation; The agency will incur no additional costs for mailings to the Public Participation Guidelines mailing lists, conducting a public hearing, and sending notice of final regulations to regulated entities.</p>
<p><i>For other state agencies:</i> projected costs, savings, fees or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.</p>	<p>None</p>
<p><i>For all agencies:</i> Benefits the regulatory change is designed to produce.</p>	<p>None</p>

**Impact on Localities**

<p>Projected costs, savings, fees or revenues resulting from the regulatory change.</p>	<p>None</p>
<p>Benefits the regulatory change is designed to produce.</p>	<p>None</p>

**Impact on Other Entities**

<p>Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.</p>	<p>Regulatory changes would primarily affect persons in AIT programs (nursing home and assisted living) and licensees who are registered as preceptors.</p>
<p>Agency's best estimate of the number of such entities that will be affected. Include an estimate</p>	<p>Numbers of entities are:                  Acting administrator in ALF AIT – 6</p>

<p>of the number of small businesses affected. Small business means a business entity, including its affiliates, that:</p> <ul style="list-style-type: none"> <li>a) is independently owned and operated and;</li> <li>b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</li> </ul>	<p>ALF administrator-in-training – 86                  ALF preceptor – 188                  Nursing home administrator-in-training – 72                  Nursing home preceptor – 209</p> <p>Most of the nursing home AIT programs are operated in large facilities that are part of a regional or national group. Many of the ALF AIT programs are in facilities that would be considered small businesses.</p>
<p>All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Be specific and include all costs including, but not limited to:</p> <ul style="list-style-type: none"> <li>a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses;</li> <li>b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change;</li> <li>c) fees;</li> <li>d) purchases of equipment or services; and</li> <li>e) time required to comply with the requirements.</li> </ul>	<p>There will be no additional costs. New CE and training requirements in the care of residents with mental or cognitive impairment can be fulfilled by choosing such courses or training as part of existing hourly requirements. Likewise, the requirement for at least 15 hours of the 30 hours of postsecondary education can be fulfilled by choosing coursework that meets the qualification for participation in an ALF AIT program.</p>
<p>Benefits the regulatory change is designed to produce.</p>	<p>The primary benefit of the proposed regulation is an additional pathway to licensure as an assisted living facility administrator. The ALF community believes this is urgently needed to fill currently open positions and those that will be needed to meet future needs in long term care.</p>

**Alternatives to Regulation**

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

This regulatory action stemmed from a set of recommendations for action from a Regulatory Advisory Panel (RAP) on Administrators-in-Training convened by the Board in April and July 2019. On September 27, 2019, the Chair of the RAP presented to the Board a series of collaborative and regulatory recommendations to improve the AIT program for prospective nursing home and assisted living facility administrator licensees. Members of the Board requested additional time for discussion of and research and information related to the regulatory recommendations of the RAP. Additional research and information was presented to the Board at its December 17, 2019 meeting, which led to the Board’s decision to initiate rulemaking.

There was extensive information provided to the RAP and the Board about requirements in other states for preceptors, AIT programs and qualifications for licensure, regulations for assisted living facilities and nursing homes, and the training information from the National Association of

Long Term Care Administrator Boards (NAB). It was used to inform members and RAP participants in the development of proposed regulations.

### Regulatory Flexibility Analysis

*Pursuant to § 2.2-4007.1B of the Code of Virginia, describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.*

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

### Public Comment

*Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.*

There was a 30-day comment period on the NOIRA from March 1, 2021 to March 31, 2021; no comments were posted on Townhall or received by the Board.

A working draft of proposed regulations was distributed prior to the Regulatory/Legislative Committee on June 15, 2021. Interested parties were invited to provide comment on the draft for inclusion in the Committee’s agenda package. There were comments in support on many provisions in the draft, as well as some recommendations for changes. The Committee considered the suggested changes and recommended that the Advisory Panel be reconvened to review the regulations for additional consideration before proposed regulations were adopted by the Board.

On September 9, 2021, there was a joint meeting of members of the Advisory Panel (representatives of nursing home and assisted living facilities) and the Regulatory/Legislative Committee. The proposed regulations in this action resulted from their recommendations.

### Public Participation

*Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.*

The Board of Long Term Care Administrators is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, and (iii) the potential impacts of the regulation.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: <https://townhall.virginia.gov>. Comments may also be submitted by mail, email or fax to Elaine Yeatts, 9960 Mayland Drive, Suite 300, Richmond, VA 23233; phone (804) 367-4688; fax (804) 527-4434; [Elaine.yeatts@dhp.virginia.gov](mailto:Elaine.yeatts@dhp.virginia.gov). In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of this stage, and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<https://townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://commonwealthcalendar.virginia.gov/>). Both oral and written comments may be submitted at that time.

**Detail of Changes**

*List all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.*

**Chapter 20: Nursing home administrators**

<b>Current chapter-section number</b>	<b>Current requirements in VAC</b>	<b>Change, intent, rationale, and likely impact of new requirements</b>
95-20-175	Sets continuing education requirements for nursing home administrators	Subsection A is amended to: <ul style="list-style-type: none"> <li>• Include requirement that administrators obtain at least two hours of continuing education hours for each renewal year on the care of residents with mental impairments, including Alzheimer’s disease and dementia.</li> </ul> <i>So many residents of long term care facilities are affected by mental impairment that continuous education is essential to appropriately plan for and execute their care. There are new and developing techniques and treatments that require administrators to stay current and knowledgeable.</i>



		<ul style="list-style-type: none"> <li>• Include language to permit preceptors who supervise administrators-in-training to obtain one hour of continuing education credit for every week of training for a maximum of 10 hours of self-study each renewal year.</li> </ul> <p><i>The intent of this action is to encourage and reward preceptors for administrator-in-training programs. Serving as a preceptor is a time-consuming responsibility and a learning experience for the preceptor as well as the trainee. Half of the required CE hours could be satisfied by serving as a preceptor, but the other half (10 hours) would still need to be obtained from an approved CE provider.</i></p>
<p>95-20-310</p>	<p>Establishes the required hours of training in an AIT program</p>	<p>Subsection D is amended to specify that an AIT can receive credit for no more than 40 hours of training per week.</p> <p><i>A 40-hour week is considered to be a full-time job; the intent of the limitation is to ensure that an AIT completes all the training with the range of experiences and expertise expected of a nursing home administrator. A person with no education or experience in health care is required to complete 2,000 hours in training, which can be accomplished in one year. An AIT with certain education and licensure qualifications can complete a program with as few as 320 hours (equivalent of 8 weeks at 40 hours per week).</i></p> <p>Subsection E is added to require an AIT to complete training on the care of residents with cognitive or mental impairments, including Alzheimer’s disease and dementia.</p> <p><i>As with the requirement for CE, competency in the care of such residents is an essential aspect of preparing someone to run a nursing home facility.</i></p> <p><i>Note:</i>  <i>In the NOIRA, the Board said it would consider whether to require NHA AITs to complete 80-hour course in nursing home</i></p>

		<p><i>administration based upon curriculum that meets NAB-approved standards, with course hours to count toward total AIT hours. However, as the regulations were being considered, a NHA pre-licensure course was still in the approval process with NAB and there were not any pre-licensure programs/courses in place yet in Virginia that would have fit the specifications for such a course. The RAP/Committee agreed that such a course would be helpful, and it may be something that can be implemented at a later date.</i></p>
<p>95-20-340</p>	<p>Sets out requirements for supervision of trainees in an AIT program</p>	<p>Subsection C is amended to clarify that the requirement for the preceptor to be “routinely present” with the trainee means he/she is in the training facility for on-site supervision. <i>The Board has sought ways to ensure an AIT is receiving appropriate and necessary supervision. A specified number of hours for on-site, face-to-face supervision was considered, but the Board chose to leave it to the judgement of the preceptor to determine how often he/she need to be present for on-site supervision. A new AIT may require frequent, hands-on oversight; while an experienced AIT less so.</i></p>
<p>95-20-390</p>	<p>Sets out the requirements for a training plan for each AIT program</p>	<p>The section on requirements for the training plan is amended to specify that an AIT program include training in each of the learning areas as outlined in the NAB AIT manual. <i>A training plan is currently required to address the Domains of Practice approved by NAB. The training manual from NAB provides specific learning areas that address each of the Domains, as well as the knowledge and skills necessary to be competent in those areas. While each AIT program can be tailored to meet the needs of the person in training, the manual is a valuable resource for ensuring that the program has addressed all Domains of Practice and has adequately prepared a person to pass the national examination.</i></p>

<p>95-20-400</p>	<p>Sets out the reporting requirements for a preceptor on training of an AIT</p>	<p>Subsection A is amended to require the preceptor to document evidence of on-site supervision of AIT training.  <i>To ensure compliance with the requirement in section 340 for routine, on-site supervision, the Board wants some documentation in the progress reports for an AIT.</i>                      Subsection B is amended to clarify that the AIT receives a final report of completion rather than a “certificate” of completion.</p>
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**Chapter 30 – Assisted living facility administrators**

<p>95-30-70</p>	<p>Sets out requirements for continuing education</p>	<p>Subsection A is amended to:</p> <ul style="list-style-type: none"> <li>• Include requirement that administrators obtain at least two hours of continuing education hours for each renewal year on the care of residents with mental impairments, including Alzheimer’s disease and dementia.  <i>So many residents of long term care facilities are affected by mental impairment that continuous education is essential to appropriately plan for and execute their care. There are new and developing techniques and treatments that require administrators to stay current and knowledgeable.</i></li> <li>• Include language to permit preceptors who supervise administrators-in-training to obtain one hour of continuing education credit for every week of training for a maximum of 10 hours of self-study each renewal year.  <i>The intent of this action is to encourage and reward preceptors for administrator-in-training programs. Serving as a preceptor is a time-consuming responsibility and a learning experience for the preceptor as well as the trainee. Half of the required CE hours could be satisfied by serving as a preceptor, but the other half (10 hours) would still need to be obtained from an approved CE provider.</i></li> </ul>
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<p>95-30-100</p>	<p>Sets out the educational and training requirements for initial licensure</p>	<p>Subsection A sets out the qualifications one must have in addition to a high school diploma or GED. There are two amendments to qualify for an administrator in training program: 1) of the 30 hours of postsecondary education, at least 15 must be hours in business or human services; and 2) a new pathway is created for someone with at least three years of health care experience with at least one year in a managerial or supervisory role in a health care setting.</p> <p><i>The qualification of 15 hours of the 30 hours of postsecondary education is necessary to ensure there is some educational preparation for a person to be the administrator of an assisted living facility. Thirty hours at a community college without some specified coursework (plus 640 hours in an AIT program) may not prepare an individual to handle the complexity of managing the health care needs, the financial and regulatory responsibilities, and the human resource issues of a facility.</i></p> <p><i>In the RAP convened to discuss the AIT program, there was strong support for an additional pathway for persons who have managerial or supervisory experience in health care settings, but who do not have the 30 hours of postsecondary education or a degree as a nurse. The amendment in subsection A (1)(g) would allow a person who has been the food services manager, or the activities director, or the human resources manager to qualify for an ALF AIT program and become qualified to be an assisted living facility administrator. With an increasingly aging population, there is an ongoing need for more administrators in the field. This additional pathway will open up opportunity for some individuals to climb the career ladder into that role.</i></p>
<p>95-30-160</p>	<p>Establishes the required content of an ALF administrator-in-training program</p>	<p>Subsection A is amended to specify that an AIT program include training in each of the learning areas as outlined in the NAB AIT manual.</p>

		<p><i>A training plan is currently required to address the Domains of Practice approved by NAB. The training manual from NAB provides specific learning areas that address each of the Domains, as well as the knowledge and skills necessary to be competent in those areas. While each AIT program can be tailored to meet the needs of the person in training, the manual is a valuable resource for ensuring that the program has addressed all Domains of Practice and has adequately prepared a person to pass the national examination.</i></p> <p>Subsection C is added to specify that an AIT can receive credit for no more than 40 hours of training per week. <i>A 40-hour week is considered to be a full-time job; the intent of the limitation is to ensure that an AIT completes all the training with the range of experiences and expertise expected of an assisted living administrator. The maximum number of hours required in an ALF AIT is 640 hours (equivalent of 16 weeks at 40 hours per week); the minimum number of hours is 320 which can be completed in 8 weeks.</i></p> <p>Subsection D is added to require an AIT to complete training on the care of residents with cognitive or mental impairments, including Alzheimer’s disease and dementia. <i>As with the requirement for CE, competency in the care of such residents is an essential aspect of preparing someone to run a nursing home facility.</i></p>
<p>95-30-170</p>	<p>Sets out the requirements for assisted living facilities that serve as training facilities</p>	<p>Currently, subsection B specifies that an ALF AIT cannot be conducted in an assisted living facility with a provisional licensed as determined by DSS. The RAP/Committee recommended 3 additional limitations based on the need to train administrators with the competencies to safely run an ALF. An AIT program cannot be operated: 1) in an ALF</p>

	<p>with a conditional license in which the AIT applicant is the owner of the facility; 2) in a facility that is only licensed for residential care (not assisted living); and 3) in a facility with resident capacity of less than 20 residents.</p> <p><i>If the person who wants to operate an ALF AIT is the owner of the facility and it has been given a conditional license by DSS, there are concerns that the owner would be serving as the Acting AIT of their own new facility, thereby resulting in inadequate AIT training and/or supervision.</i></p> <p><i>If a facility is only licensed for residential care, a licensed administrator is not required and there would be insufficient oversight and training opportunities for an ALF AIT. For example, residents handle their own medications, rather than employing medication aides or nurses for that task.</i></p> <p><i>The RAP/ Committee used data estimates from the Department of Social Services to make its recommendation about the bed capacity of an ALF facility in which an AIT program could be operated. It concluded that a facility with fewer than 20 beds did not have the breadth and depth of staff and experience to adequately prepare a person in training to safely and effectively operate an assisted living facility.</i></p> <p><i>DSS estimated that of the 571 facilities licensed to provide assisted living care, there were approximately 100 that are in the range of 3-10 beds (73 of those are located in Fairfax and Central Virginia; none were located in the Western district of the state). Therefore the Board agreed with the recommendation of the RAP/Committee that there was ample opportunity in all parts of the state for AIT programs in facilities with adequate bed capacity needed for training of competent administrators.</i></p>
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<p>95-30-180</p>	<p>Sets out requirements for preceptors in an ALF AIT program</p>	<p>Subsection C is amended to clarify that the requirement for the preceptor to be “routinely present” with the trainee means he/she is in the training facility for on-site supervision. <i>The Board has sought ways to ensure an AIT is receiving appropriate and necessary supervision. A specified number of hours for on-site, face-to-face supervision was considered, but the Board chose to leave it to the judgement of the preceptor to determine how often he/she need to be present for on-site supervision. A new AIT may require frequent, hands-on oversight; while an experienced AIT less so.</i></p> <p>Subsection F is amended to require a person who is renewing registration as a preceptor to have a written agreement with training facility if he/she is not an employee of that facility. <i>Having an agreement in writing will ensure that roles and responsibilities of the preceptor are clearly set out.</i></p>
<p>95-30-190</p>	<p>Sets out the reporting requirements for a preceptor on training of an AIT</p>	<p>Subsection A is amended to require the preceptor to document evidence of on-site supervision of ALF AIT training. In an ALF AIT where the person in training is also the acting administrator, the requirement for face-to-face instruction and review is increased from two to four hours per week. <i>To ensure compliance with the requirement in section 180 for routine, on-site supervision, the Board wants some documentation in the progress reports for an AIT. Additionally, the Board believes the current requirement for supervision of a person who is training but is also the acting administrator is insufficient to ensure the health and safety of residents in that facility. Four hours per week should be the bare minimum time a supervisor is in the facility meeting face-to-face with an acting administrator/AIT trainee.</i></p> <p>Subsection B is amended to clarify that the AIT receives a final report of completion rather than a “certificate” of completion.</p>