

Board of Long-Term Care Administrators

Department of Health Professions

Perimeter Center

9960 Mayland Drive, Suite 200

Henrico, Virginia 23233-1463

Board Room #4

June 14, 2016

10:00 a.m.

AGENDA

CALL TO ORDER

ORDERING OF AGENDA

PUBLIC COMMENT PERIOD

ACCEPTANCE OF MINUTES – Tab 1

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

INFORMAL CONFERENCES HELD

- (2) January 7, 2016

AGENCY DIRECTOR'S REPORT – Dr. David Brown, DC

EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn - Tab 2

NEW BUSINESS

- Legislative Update – Elaine Yeatts – Tab 3
 - Periodic Review Notice
 - PPG Regulatory Change – Fast Track
- 2015 Nursing Home Administrator Workforce Data Report – Dr. Elizabeth Carter – Tab 4

ADJOURNMENT

Tab 1

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

The Virginia Board of Long Term Care Administrators convened for a board meeting on Tuesday, December 15, 2015 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

The following members were present:

Karen Hopkins Stanfield, NHA, Chair
Derrick Kendall, NHA, Vice-Chair
Marj Pantone, ALFA
Doug Nevitt, ALFA
Mitchell P. Davis, NHA
Warren Koontz, MD, Citizen Member
Mary B. Brydon, Citizen Member

The following members were absent for the meeting:

Shervonne Banks, Citizen Member
Martha H. Hunt, ALFA

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

Lisa R. Hahn, Executive Director
David Brown, DC, Agency Director
Elaine Yeatts, Senior Policy Analyst
Lynne Helmick, Deputy Executive Director
Missy Currier, Deputy Executive Director
Heather Wright, Program Manager, Board of LTC

BOARD COUNSEL

Erin Barrett, Assistant Attorney General

Quorum:

With 7 members present a quorum was established.

Guests Present:

Judy Hackler, Virginia Assisted Living Association (VALA)
Matt Mansell, Virginia Health Care Association (VHCA)
Basil Acey

CALLED TO ORDER

Ms. Hopkins Stanfield, Chair, called the Board meeting to order at 9:37 a.m.

PUBLIC COMMENT PERIOD

Judy Hackler, spoke on behalf of the Virginia Assisted Living Association (VALA) and stated they were highly supportive of anything the board could do in order to gain enough qualified administrators into the industry to sustain the community.

ACCEPTANCE OF MINUTES

Upon a motion by Dr. Koontz and properly seconded by Marj Pantone, the board voted to accept the following minutes:

- Minutes of Board Meeting – September 22, 2015

The motion passed unanimously.

AGENCY DIRECTOR'S REPORT – Dr. David Brown, D.C.

Dr. Brown provided the following Agency news:

- Lisa Hahn had been appointed by the Governor to serve as the new Chief Deputy Director of the Agency. Ms. Hahn would continue in her role as the Executive Director for the boards of Physical Therapy, Long Term Care Administrators, and Funeral Directors & Embalmers until sometime following the 2016 General Assembly Session.
- The Healthcare Workforce Data Center provides wonderful and useful information to the boards and to the public. He shared that 95% of Assisted Living Facility Administrators responded that they were satisfied with their job and that with a 60k – 70k average salary; they should be able to recruit effectively. Dr. Brown added that it is an agency goal to condense workforce data reports and share them with the schools and guidance counselors who can use them.

This concluded the Agency Directors Report.

EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn

Ms. Hahn reported on the following:

Budget

■ Cash Balance as of June 30, 2015	\$(130,525)
■ YTD FY16 Revenue	39,700
■ <u>Less direct and In-Direct Expenditures</u>	<u>175,156</u>
■ Cash Balance as of October 31, 2015	\$(265,980)

Ms. Hahn pointed out that through the hard work and efforts of Dr. Brown, Elaine Yeatts, Charles Giles and herself, they were able to get the regulations for a fee increase approved. With that being said, she was pleased to say that the board would be back in the black by the end of fiscal year 2016 and she shared the past and future numbers below:

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

Licensee Statistics:

ALFA's

	12/15	12/14	12/13
ALFA's	627	646	617
AIT's	116	107	81
Acting AIT	5	6	5
Preceptors	204	198	180
Total ALF	952	957	883

NHA's

	12/15	2/14	12/13
NHA's	872	883	847
AIT's	89	82	75
Preceptors	232	244	238
Total NHA	1,193	1,209	1,160

Combined	2,145	2,166	2,043
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Minimal change in past 3 years

Licenses/Registrations Issued (07/01/2014 – 06/30/2015)

Acting ALF-Administrator-In-Training -	12
NHA Administrator-in-Training	62
ALF-Administrator-In-Training	69
Assisted Living Facility Administrator	63
Assisted Living Facility Preceptor	30
Nursing Home Administrator	64
Nursing Home Preceptor	15
Total	315

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

Discipline Statistics

- **42 open cases:**
 - 12 cases in Investigations
 - 25 in Probable Cause
 - 1 in APD
 - 2 at Informal Stage
 - 2 at Formal Stage

- 11 LTC Compliance Cases being monitored by Lynne Helmick who also manages the disciplinary cases.

Historical Case Data

- **FY 2012**
 - 63 cases received
 - 57 cases closed
 - 9 (16%) of closed cases went to IFC

- **FY 2013**
 - 45 cases received
 - 56 cases closed
 - 6 (11%) of closed cases went to IFC

- **FY 2014**
 - 47 cases received
 - 38 cases closed
 - 5 (13%) of closed cases went to IFC

- **FY15**
 - 64 cases received
 - 52 cases closed
 - 19 of closed cases (36%) were ALFA
 - 33 of closed cases (64%) were NHA
 - 5 (9%) of closed cases went to IFC

Ms. Hahn stated that the cases were voluminous and the cases take a lot of time to review. She and Ms. Helmick are working with the Enforcement Division to ensure that they are focusing and gathering the evidence we need to make case decisions and not obtaining information that is not useful. Ms. Hahn added that she would be asking for assistance from members of the SCC Committee to make recommendations for the reduction of unnecessary information.

2015 Hearings Held

- 9 Informal Conferences:
 - 5 – ALFA Hearings
 - 3 - NHA Hearings
 - 1 Respondent held both ALFA & NHA Licenses (case was referred to a formal)
- 2 Formal Hearings:
 - 1– ALFA
 - 1- Respondent held both ALFA & NHA Licenses

Virginia Performs (Patient Care Cases) – First Quarter 2016

- Clearance Rate – 54%
- Age of Pending caseload older than 250 days – 13%
- % of Cases closed within 250 days – 71%
- Q4 2015 Caseloads: received=13, closed=7
Pending over 250=5
Closed within 250=5
- Customer Satisfaction
 - Q1 2016 – 100%
 - Q4 2015 – 96.3%
 - Q3 2015 – 100%
 - Q2 2015 – 100%

Ms. Hahn was pleased to report on the excellent customer satisfaction ratings for the board and attributed her staff for doing a great job.

Increase in Patient Care Cases

- High number of patient care cases in Q 1
- Q1 16 - 18 cases and 12 were patient care
- Q4 15- 12 cases and 3 were patient care
- Average time to close a case is also taking longer
- One main reason is the size of the cases in CY 14 the largest case size was between 200-350 pages with 2 being 1450 pages.
- Compared to CY 15 year

Board Business

SHEV

Ms. Hahn reported that during the September meeting she contacted Dr. Joseph DeFilippo at the State Council of Higher Education for Virginia to discuss the best method of disseminating information to the colleges about the requirement for the AIT program.

Followed up with Dr. DeFilippo and at his request we provided him with statistics from applicants who applied from Virginia schools (744 over the past 5 years).

In our conversations he suggested that perhaps SHEV could issue a memo to the schools about disclosing the Virginia requirements for licensure and to suggest that the schools who don't offer an internship issue a disclaimer in their advertising about the requirements.

Dr. DeFilippo will be back in touch with Ms. Hahn.

NAB Business

Ms. Hahn reported that she and Missy Currier and I attended the Mid-Year Meeting in November. I am on the Board of Directors and serve as NAB's treasurer. Do to unforeseen circumstances; Karen Stanfield had to cancel last minute so Missy served as our voting state delegate.

■ Key Topics & Presentations:

- HSE Overview & Implementation plan for the Professional Practice Analysis (PPA) and the new Health Services Executive (HSE).
- AIT Task Force Overview & Accomplishments which more details would be provided later in meeting.
- AIT manual with national standards
- Preceptor training program
- NAB Exam Programs - Preparing for the Future –New exam projected for release on July 1, 2017.
- PPA Exam Resources – New Training Manual & Test Exam.
- Proposed Changes to NAB's Academic Accreditations Program to encompass the HSE Credential.

Board Communications

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

2016 Board Meeting Schedule

- Ms. Hahn requested that the members reserve the following dates for the entire day: That the dates are also used for our Formal Hearings and how imperative it is that they commit to these dates.

- March 15th
- June 14th
- September 20th
- December 13th

Ms. Hahn concluded her report and thanked the board for all their hard work & dedication!

NEW BUSINESS

Regulatory Report – Elaine Yeatts

Ms. Yeatts reported that at this time there were no active regulatory actions. She did review in detail the regulations for the oversight of an acting administrator which became effective on November 4th.

Legislative Report – Elaine Yeatts

Ms. Yeatts reported that there were no regulatory actions at this time. She did say that DHP would be introducing 14 Bills during the 2016 General Assembly Session and that Dr. Brown and Ms. Hahn would be quite busy during that time.

Guidance Document 95-8 (ByLaws) – Elaine Yeatts

The revision to Guidance Document 95-8 in order to conform to the Code of Virginia was tabled until the next full board meeting.

BREAK

The Board took a recess from 10:10 a.m. until 10:20 a.m.

DHP Guidance Document 76-34 – Elaine Yeatts

Ms. Yeatts opened from the break session by requesting that the board review DHP Guidance Document 76-34 as it was just amended in November 2015. She stated that they should be aware of to what they are required to report, to whom, when, etc. and that by not reporting, penalties could be assessed. She stated that Home Health and Hospice had been added to the list of required reporters.

Model AIT & Preceptor Program Update – Lisa R. Hahn

Ms. Hahn gave a presentation on the Model AIT Program which she has co-chaired and been an integral part of the development over the past couple of years. She gave a general overview of the different sections of the program including a self-assessment that the AIT candidate completes as well as the actual program that is ultimately developed from the self-assessment. She demonstrated study components which included “flashcards” that can be studied online.

Ms. Hahn was most happy to report that Virginia will be the first state to pilot the program which she hopes will be ready within the next couple of months. She was also pleased to announce that the programs will be offered free of charge as everyone has the common goal to achieve consistent programs across all jurisdictions.

Ms. Hahn concluded that a Preceptor training program is also currently being developed and we hope to have this component completed by Spring 2016. This program will also be free of charge to the states.

The Board was very excited to learn about the programs and the progress that was made. Several of the members already have volunteered to use the National Model AIT Program as soon as Virginia receives the go ahead.

Presentation – Healthcare Workforce Data – Dr. Elizabeth Carter

Dr. Carter provided informative statistical information regarding Virginia survey results conducted by the Healthcare Workforce Data Center. She stated that during this meeting she would be presenting on the Assisted Living Facility Administrators and that she would report on the Nursing Home Administrators during the next meeting in 2016. She stated that they received an 85% response rate from the survey which gave an accurate picture of the ALFA workforce.

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

Upon a motion by Derrick Kendall and properly seconded by Doug Nevitt, the board voted to approve the September 2015 Healthcare Workforce Data Report. The motion carried unanimously.

ADJOURNMENT

Ms. Hopkins Stanfield adjourned the meeting at 11:18 a.m.

Karen Hopkins Stanfield, NHA, Chair

Lisa R. Hahn, Executive Director

Date

Date

UNAPPROVED

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

March 15, 2016

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

Henrico, Virginia

CALL TO ORDER: A panel of the Board was called to order at 10:22 a.m.

MEMBERS PRESENT: Derrick Kendall, NHA, Chair
Marj Pantone, ALFA
Doug Nevitt, ALFA
Mitchell Davis, NHA
Dr. Warren Koontz, Citizen Member
Mary Brydon, Citizen Member

MEMBERS ABSENT: Shervonne Banks, Citizen Member

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

STAFF PRESENT: Lisa R. Hahn, Executive Director
Missy Currier, Deputy Executive Director

COURT REPORTER: Andrea Pegram, Certified Court Reporter

**PARTIES ON BEHALF OF
COMMONWEALTH:** David Kazzie, Adjudication Specialist
Kelli Moss, Senior Investigator
Linda Boston, DSS

MATTER SCHEDULED: Linda Walker, ALFA
License No.: 1706-000173
Case No.: 157536

**ESTABLISHMENT OF A
QUORUM:** With six (6) members of the Board present, a quorum was established.

DISCUSSION: Ms. Walker did not appear before the Board in accordance with the Board's Amended Notice of Formal Hearing dated February 18, 2016. Mr. Kazzie stated proper notice was made to Ms. Walker at her address of record with the Board and he stated he had not received any

communication from Ms. Walker regarding her appearance before the Board.

Mr. Kendall ruled that proper notice of the hearing was provided to Ms. Walker and the Board proceeded in her absence.

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

CLOSED SESSION:

Upon a motion by Doug Nevitt, and duly seconded by Dr. Warren Koontz, the Board voted to convene a closed meeting at 11:26 a.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Linda Walker, ALFA. Additionally, he moved that Ms. Hahn, Ms. Barrett, and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Upon a motion by Doug Nevitt, and duly seconded by Dr. Warren Koontz, the Board voted to re-convene at 12:05 p.m.

CERTIFICATION:

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

DISCUSSION:

Ms. Walker appeared for her hearing while the Board was deliberating in closed session. The Board agreed to allow Ms. Walker to take the stand to receive her sworn testimony regarding the matters set forth in the Statement of Particulars.

CLOSED SESSION:

Upon a motion by Doug Nevitt, and duly seconded by Mitchell Davis, the Board voted to convene a closed meeting at 1:50 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Linda Walker, ALFA. Additionally, he moved that Ms. Hahn, Ms. Barrett, and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Doug Nevitt, and duly seconded by Dr. Warren Koontz, the Board voted to re-convene at 2:40 p.m.

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

DECISION: Upon a motion by Doug Nevitt, and duly seconded by Marj Pantone, the Board moved to INDEFINITELY SUSPEND Ms. Walker's license for not less than two years, with said suspension being STAYED. Ms. Walker's license shall be placed on INDEFINITE PROBATION for not less than two years of actual employment as an assisted living facility administrator and shall be subject to certain terms and conditions.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 2:45 p.m.

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

Derrick Kendall, NHA, Chair

Lisa R. Hahn, Executive Director

Date

Date

UNAPPROVED

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

March 15, 2016

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

Henrico, Virginia

CALL TO ORDER: A panel of the Board was called to order at 3:05 p.m.

MEMBERS PRESENT: Karen Stanfield, NHA, Chair
Derrick Kendall, NHA
Doug Nevitt, ALFA
Mitchell Davis, NHA
Dr. Warren Koontz, Citizen Member
Mary Brydon, Citizen Member

MEMBERS ABSENT: Shervonne Banks, Citizen Member

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

STAFF PRESENT: Lynne Helmick, Deputy Executive Director
Missy Currier, Deputy Executive Director

COURT REPORTER: Andrea Pegram, Certified Court Reporter

**PARTIES ON BEHALF OF
COMMONWEALTH:** Amy Weiss, Adjudication Specialist
James Wall, Senior Investigator
Jennifer Jarvis
Angela Hughes

MATTER SCHEDULED: **Sandi Hall, NHA**
License No.: 1701-002649
Case No.: 160857

**ESTABLISHMENT OF A
QUORUM:** With six (6) members of the Board present, a quorum was established.

DISCUSSION: Ms. Hall appeared before the Board in accordance with the Board's Notice of Formal Hearing dated February 18, 2016. Ms. Hall was present and was not represented by counsel.

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

CLOSED SESSION:

Upon a motion by Derek Kendall, and duly seconded by Dr. Warren Koontz, the Board voted to convene a closed meeting at 5:46 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Sandi Hall, NHA. Additionally, he moved that Ms. Helmick, Ms. Barrett, and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Upon a motion by Derek Kendall, and duly seconded by Marj Pantone, the Board voted to re-convene at 6:25 p.m.

CERTIFICATION:

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

DECISION:

Upon a motion by Derek Kendall, and duly seconded by Marj Pantone, the Board found there was no clear and convincing evidence to support finding of any violation of the laws and regulations governing the practice of nursing home administrator and moved to DISMISS the case.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 6:31 p.m.

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

Karen Stanfield, NHA, Chair

Lisa R. Hahn, Executive Director

Date

Date

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

Friday, May 6, 2016
11:30 A.M.

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

DATE, TIME & PLACE: On May 6, 2016, at 11:42 a.m., the Board of Long-Term Care Administrators convened by telephone conference call with a quorum of the Board present. Karen Stanfield, Board Chair presided, to consider whether a practitioner's ability to practice assisted living facility administration constituted a substantial danger to public health and safety pursuant to Va. Code §54.1-2408.1.

MEMBERS PRESENT: Karen Stanfield, N.H.A., Chair
Doug Nevitt, ALFA
Marj Pantone, ALFA
Derrick Kendall, NHA
Martha Hunt, ALFA
Mitchell Davis, NHA
Dr. Warren Koontz
Mary Brydon

MEMBERS ABSENT: Shervonne Banks

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

DHP STAFF PRESENT: Lisa Hahn, Executive Director
Missy Currier, Deputy Executive Director
Kathy Petersen, Discipline Operations Manager

PARTIES ON BEHALF OF COMMONWEALTH: Wayne Halbleib, Senior Assistant Attorney General
David Kazzie, Adjudication Specialist

MATTER CONSIDERED: **RACHEL A. ZACARIAS, ALFA**
License No.: 1706-000446
Case No.: 172228

The Board received information from Sr. AAG Wayne Halbleib in order to determine whether Ms. Zacarias' ability to practice as an assisted living facility administrator constituted a substantial danger to public health and safety.

Mr. Halbleib provided details of the case to the Board for its consideration.

CLOSED SESSION:

Upon a motion by Doug Nevitt, and duly seconded by Martha Hunt, the Board voted to convene a closed meeting at 12:00 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Rachel A. Zacarias, ALFA. Additionally, he moved that Ms. Hahn, Ms. Currier, Ms. Petersen and Ms. Barrett attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Upon a motion by Martha Hunt, and duly seconded by Dr. Koontz, the Board voted to re-convene at 12:11 p.m.

CERTIFICATION:

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

DECISION:

Upon a motion by Ms. Hunt, and duly seconded by Dr. Koontz, the Board determined that Ms. Zacarias' ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend her right to renew her license, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia.

VOTE:

The vote was unanimous.

DECISION:

Upon a motion by Ms. Hunt, and duly seconded by Ms. Dailey, the Board voted to offer Ms. Zacarias a consent order revoking her right to renew her license.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 12:14 p.m.

Karen Stanfield, NHA, Chair

Lisa R. Hahn, Executive Director

Date

Date

Tab 2

Virginia Department of Health Professions
Cash Balance
As of March 31, 2016

	114- Long Term Care Administrators
Board Cash Balance as of June 30, 2015	\$ (130,525)
YTD FY16 Revenue	512,075
Less: YTD FY16 Direct and In-Direct Expenditures	<u>358,113</u>
Board Cash Balance as March 31, 2016	<u><u>23,437</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2015 and Ending March 31, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	65,300.00	88,035.00	22,735.00	74.18%
4002406	License & Renewal Fee	442,440.00	586,850.00	144,410.00	75.39%
4002407	Dup. License Certificate Fee	225.00	-	(225.00)	0.00%
4002409	Board Endorsement - Out	1,225.00	1,905.00	680.00	64.30%
4002421	Monetary Penalty & Late Fees	2,535.00	4,215.00	1,680.00	60.14%
4002432	Misc. Fee (Bad Check Fee)	35.00	-	(35.00)	0.00%
	Total Fee Revenue	511,760.00	681,005.00	169,245.00	75.15%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	315.00	-	(315.00)	0.00%
	Total Sales of Prop. & Commodities	315.00	-	(315.00)	0.00%
	Total Revenue	512,075.00	681,005.00	168,930.00	75.19%
5011110	Employer Retirement Contrib.	9,100.86	10,291.00	1,190.14	88.44%
5011120	Fed Old-Age Ins- Sal St Emp	4,672.53	5,537.00	864.47	84.39%
5011140	Group Insurance	783.04	862.00	78.96	90.84%
5011150	Medical/Hospitalization Ins.	13,969.39	18,837.00	4,867.61	74.16%
5011160	Retiree Medical/Hospitalizatn	690.97	760.00	69.03	90.92%
5011170	Long term Disability Ins	434.28	478.00	43.72	90.85%
	Total Employee Benefits	29,651.07	36,765.00	7,113.93	80.65%
5011200	Salaries				
5011230	Salaries, Classified	65,896.04	72,367.00	6,470.96	91.06%
5011250	Salaries, Overtime	286.55	-	(286.55)	0.00%
	Total Salaries	66,182.59	72,367.00	6,184.41	91.45%
5011300	Special Payments				
5011380	Deferred Compnstrn Match Prmts	446.00	696.00	250.00	64.08%
	Total Special Payments	446.00	696.00	250.00	64.08%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	96,279.66	109,828.00	13,548.34	87.66%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	20.04	142.00	121.96	14.11%
5012140	Postal Services	954.33	1,500.00	545.67	63.62%
5012150	Printing Services	112.04	500.00	387.96	22.41%
5012160	Telecommunications Svcs (VITA)	955.62	1,320.00	364.38	72.40%
5012170	Telecomm. Svcs (Non-State)	283.68	-	(283.68)	0.00%
5012190	Inbound Freight Services	25.08	-	(25.08)	0.00%
	Total Communication Services	2,350.79	3,462.00	1,111.21	67.90%
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,200.00	(300.00)	125.00%
5012240	Employee Training/Workshop/Conf	500.00	200.00	(300.00)	250.00%
5012250	Employee Tuition Reimbursement	-	802.00	802.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2015 and Ending March 31, 2016

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Employee Development Services	2,000.00	2,202.00	202.00	90.83%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	Total Health Services	-	110.00	110.00	0.00%
5012400	Mgmt and Informational Svcs				
5012420	Fiscal Services	4,099.55	7,990.00	3,890.45	51.31%
5012440	Management Services	43.82	6.00	(37.82)	730.33%
5012460	Public Infrmtnl & Relatn Svcs	12.00	-	(12.00)	0.00%
5012470	Legal Services	350.00	150.00	(200.00)	233.33%
	Total Mgmt and Informational Svcs	4,505.37	8,146.00	3,640.63	55.31%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	7.33	-	(7.33)	0.00%
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
	Total Repair and Maintenance Svcs	7.33	17.00	9.67	43.12%
5012600	Support Services				
5012630	Clerical Services	-	1,027.00	1,027.00	0.00%
5012640	Food & Dietary Services	464.12	683.00	218.88	67.95%
5012660	Manual Labor Services	522.30	2,182.00	1,659.70	23.94%
5012670	Production Services	3,634.32	2,960.00	(674.32)	122.78%
5012680	Skilled Services	-	4,408.00	4,408.00	0.00%
	Total Support Services	4,620.74	11,260.00	6,639.26	41.04%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,528.91	4,680.00	3,151.09	32.67%
5012830	Travel, Public Carriers	-	300.00	300.00	0.00%
5012850	Travel, Subsistence & Lodging	94.04	800.00	705.96	11.76%
5012880	Trvl, Meal Reimb- Not Rprtble	51.00	400.00	349.00	12.75%
	Total Transportation Services	1,673.95	6,180.00	4,506.05	27.09%
	Total Contractual Svcs	15,158.18	31,377.00	16,218.82	48.31%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	310.26	400.00	89.74	77.57%
5013130	Stationery and Forms	-	100.00	100.00	0.00%
	Total Administrative Supplies	310.26	500.00	189.74	62.05%
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matri	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	-	2.00	2.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	19.00	81.00	62.00	23.46%
	Total Residential Supplies	19.00	81.00	62.00	23.46%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	3.12	-	(3.12)	0.00%
	Total Specific Use Supplies	3.12	-	(3.12)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2015 and Ending March 31, 2016

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Supplies And Materials	332.38	583.00	250.62	57.01%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	120.00	300.00	180.00	40.00%
5014150	Unemployment Comp Reimbursemt	-	100.00	100.00	0.00%
	Total Awards, Contrib., and Claims	120.00	400.00	280.00	30.00%
	Total Transfer Payments	120.00	400.00	280.00	30.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	25.00	25.00	0.00%
	Total Insurance-Fixed Assets	-	25.00	25.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	1.03	-	(1.03)	0.00%
5016390	Building Rentals - Non State	5,630.08	7,246.00	1,615.92	77.70%
	Total Operating Lease Payments	5,631.11	7,246.00	1,614.89	77.71%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	91.00	91.00	0.00%
5015540	Surety Bonds	-	6.00	6.00	0.00%
	Total Insurance-Operations	-	97.00	97.00	0.00%
	Total Continuous Charges	5,631.11	7,368.00	1,736.89	76.43%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	90.83	36.00	(54.83)	252.31%
	Total Educational & Cultural Equip	90.83	36.00	(54.83)	252.31%
5022600	Office Equipment				
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	Total Office Equipment	-	117.00	117.00	0.00%
	Total Equipment	90.83	153.00	62.17	59.37%
	Total Expenditures	117,612.16	149,709.00	32,096.84	78.56%
	Expenditures Before Allocated Expenditures	\$ 394,462.84	\$ 531,296.00	\$ 136,833.16	74.25%
	Allocated Expenditures				
20600	Funeral\LTCA\PT	50,202.65	87,599.10	37,396.45	57.31%
30100	Data Center	51,028.35	69,964.34	18,935.99	72.93%
30200	Human Resources	6,085.70	4,354.32	(1,731.38)	139.76%
30300	Finance	15,639.40	13,230.84	(2,408.56)	118.20%
30400	Director's Office	8,064.82	7,679.70	(385.12)	105.01%
30500	Enforcement	76,618.53	73,247.94	(3,370.58)	104.60%
30600	Administrative Proceedings	17,108.75	18,200.09	1,091.34	94.00%
30700	Impaired Practitioners	-	86.38	86.38	0.00%
30800	Attorney General	7,077.89	10,155.70	3,077.81	69.69%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11400 - Long-Term Care Administrators
 For the Period Beginning July 1, 2015 and Ending March 31, 2016

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
30900	Board of Health Professions	4,609.08	4,252.99	(356.09)	108.37%
31100	Maintenance and Repairs	83.52	400.50	316.98	20.85%
31300	Emp. Recognition Program	133.51	175.53	42.02	76.06%
31400	Conference Center	113.72	210.58	96.86	54.00%
31500	Pgm Devlpmnt & Implimentn	3,735.35	4,493.06	757.71	83.14%
	Total Allocated Expenditures	<u>240,501.26</u>	<u>294,051.06</u>	<u>53,549.80</u>	<u>81.79%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 153,961.58</u>	<u>\$ 237,244.94</u>	<u>\$ 83,283.36</u>	<u>64.90%</u>

Long Term Care Administrators

License Count Report

<i>As of:</i>	<i>06/2016</i>	<i>06/2015</i>	<i>06/2014</i>
<i>NHA Administrator in Training</i>	77	95	67
<i>ALF Administrator in Training</i>	116	118	88
<i>“Acting” ALF Administrator in Training</i>	2	6	4
<i>Nursing Home Administrator</i>	862	845	842
<i>Assisted Living Facility Administrator</i>	596	610	614
<i>Nursing Home Preceptor</i>	226	225	233
<i>Assisted Living Facility Preceptor</i>	193	196	182
<i>Total</i>	2,072	2,095	2,030

APPLICANT SATISFACTION SURVEY RESULTS
APPROVAL RATE

FISCAL YEAR 2016, QUARTER ENDING 03/31/2016

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

* Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range. An "n/a" is used if no response was received for that board during the specified timeframe.

AGENCY	CURRENT												
	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	
Board													
Audiology/Speech Pathology	100.0%	94.8%	85.7%	100.0%	100.0%	89.6%	83.3%	100.0%	86.7%	76.7%	100.0%	N/A	
Counseling	76.3%	80.1%	83.2%	87.7%	92.8%	83.3%	91.1%	83.9%	80.8%	79.6%	83.3%	100.0%	
Dentistry	94.7%	90.9%	95.9%	92.3%	88.9%	86.3%	91.7%	100.0%	93.3%	96.4%	83.3%	N/A	
Funeral Directing	100.0%	100.0%	100.0%	88.9%	100.0%	N/A	100.0%	100.0%	97.0%	88.9%	100.0%	N/A	
Long Term Care Administrator	N/A	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%	100.0%	N/A	
Medicine	87.5%	91.1%	91.8%	92.2%	95.0%	92.2%	81.2%	84.8%	89.6%	80.8%	80.6%	89.2%	
Nurse Aide	99.1%	97.2%	99.7%	96.5%	100.0%	96.6%	97.3%	88.9%	98.9%	100.0%	98.2%	100.0%	
Nursing	96.5%	94.3%	96.4%	94.5%	94.5%	95.6%	94.9%	98.1%	97.2%	92.4%	86.7%	82.5%	
Optometry	100.0%	100.0%	100.0%	N/A	N/A	100.0%	100.0%	N/A	66.7%	100.0%	N/A	N/A	
Pharmacy	97.3%	97.7%	98.1%	97.6%	99.1%	98.8%	98.3%	100.0%	99.5%	96.3%	98.9%	N/A	
Physical Therapy	98.6%	96.9%	98.7%	100.0%	90.5%	94.3%	97.3%	100.0%	100.0%	96.9%	89.7%	N/A	
Psychology	99.1%	88.6%	92.6%	88.9%	96.0%	89.6%	76.8%	90.0%	84.9%	83.3%	93.2%	100.0%	
Social Work	94.9%	86.6%	90.7%	95.8%	88.5%	92.0%	92.0%	90.7%	92.6%	90.7%	94.4%	N/A	
Veterinary Medicine	93.3%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	91.7%	100.0%	N/A	N/A	
AGENCY	93.5%	93.6%	95.0%	94.2%	95.1%	94.2%	92.5%	95.1%	93.9%	90.6%	88.1%	85.0%	

APPLICANT SATISFACTION SURVEY RESULTS

APPROVAL RATE*

LAST FIVE FISCAL YEARS

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

*Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range. "N/A" indicates that no response was received for that board during the specified timeframe.

Board	FY11	Change Between		FY12	Change Between		FY13	Change Between		FY14	Change Between		FY15
		FY12 & FY11	FY13 & FY12		FY14 & FY13	FY15 & FY14							
Audiology/Speech Pathology	91.8%	-1.4%	9.1%	90.5%	-4.8%	98.7%	-7.6%	94.0%	-1.1%	86.9%	-7.6%	86.9%	
Counseling	75.7%	-1.8%	-2.4%	74.3%	17.1%	72.5%	84.9%	84.9%	-1.1%	83.9%	-1.1%	83.9%	
Dentistry	95.7%	-2.9%	2.0%	92.9%	-3.2%	94.8%	91.8%	91.8%	0.3%	92.1%	0.3%	92.1%	
Funeral Directing	95.2%	5.0%	0.0%	100.0%	-3.0%	100.0%	97.0%	97.0%	1.4%	98.3%	1.4%	98.3%	
Long Term Care Administrator	N/A	100.0%	-100.0%	96.3%	100.0%	n/a	98.5%	98.5%	-0.5%	98.0%	-0.5%	98.0%	
Medicine	94.1%	2.6%	-6.4%	96.5%	1.9%	90.3%	92.0%	92.0%	-3.3%	89.0%	-3.3%	89.0%	
Nurse Aide	97.5%	0.4%	-0.1%	97.9%	0.5%	97.8%	98.3%	98.3%	-1.0%	97.3%	-1.0%	97.3%	
Nursing	94.8%	1.6%	-1.1%	96.3%	-0.3%	95.2%	94.9%	94.9%	1.2%	96.0%	1.2%	96.0%	
Optometry	100.0%	0.0%	-7.1%	100.0%	7.6%	92.9%	100.0%	100.0%	-8.3%	91.7%	-8.3%	91.7%	
Pharmacy	97.7%	-0.9%	1.1%	96.8%	0.1%	97.9%	98.0%	98.0%	1.0%	98.9%	1.0%	98.9%	
Physical Therapy	95.3%	2.4%	-0.8%	97.6%	0.4%	96.8%	97.2%	97.2%	-0.9%	96.3%	-0.9%	96.3%	
Psychology	88.1%	-4.0%	7.9%	84.6%	0.2%	91.3%	91.5%	91.5%	-8.3%	83.9%	-8.3%	83.9%	
Social Work	90.6%	-5.8%	3.2%	85.5%	1.0%	88.2%	89.1%	89.1%	3.1%	91.9%	3.1%	91.9%	
Veterinary Medicine	97.7%	-0.1%	-1.8%	97.6%	3.7%	95.8%	99.3%	99.3%	-4.0%	95.4%	-4.0%	95.4%	
Agency Total	94.6%	0.7%	-1.8%	95.3%	0.8%	93.6%	94.3%	94.3%	-0.6%	93.8%	-0.6%	93.8%	

Open Case Report

As of June 2016:

23 cases in Investigations

26 cases in Probable Cause

2 cases in APD

0 cases at Informal Stage

1 cases at Formal Stage

52 Total Open Cases

As of June 2015:

24 cases in Investigations

15 in Probable Cause

1 in APD

1 at Informal Stage

0 at Formal Stage

41 Total Open Cases

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q3 2012 - Q3 2016

David E. Brown, D.C.
Director

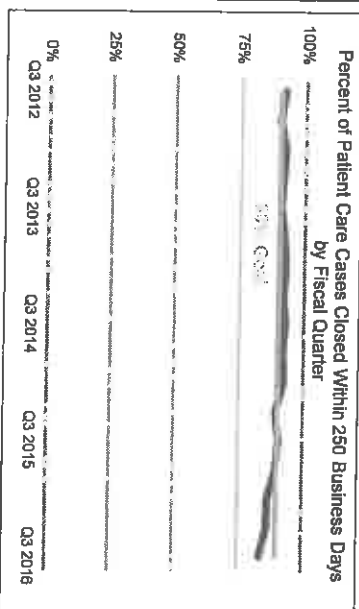
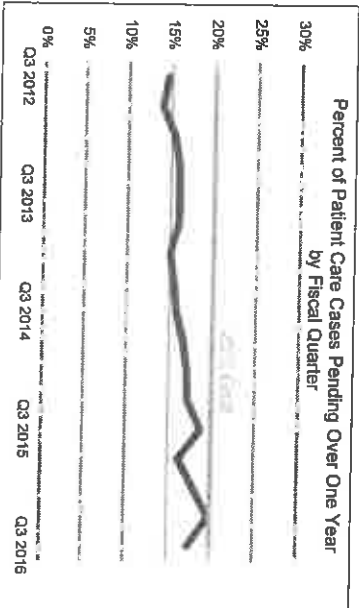
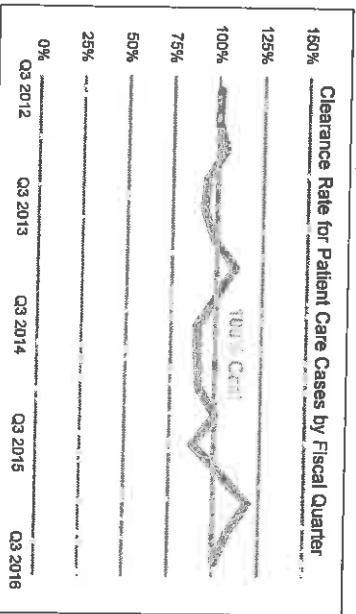
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload: Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016. The current quarter's clearance rate is 101%, with 1,003 patient care cases received and 1,014 closed.

Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20% through the end of FY 2016. The current quarter shows 17% patient care cases pending over 250 business days with 2,382 patient care cases pending and 415 pending over 250 business days.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016. The current quarter shows 84% percent of patient care cases being resolved within 250 business days with 992 cases closed and 830 closed within 250 business days.

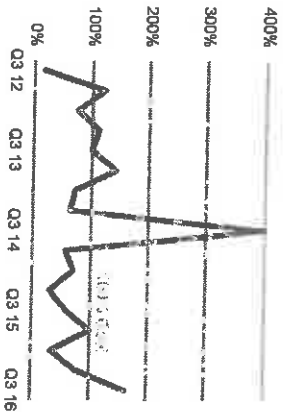


Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

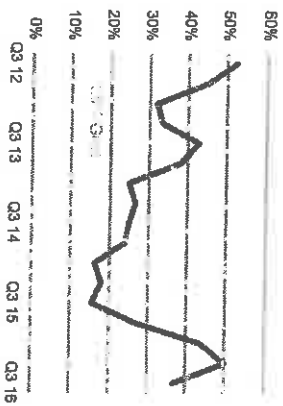
Clearance Rate

Psychology - In Q3 2016, the clearance rate was 163%, the Pending Caseload older than 250 business days was 37% and the percent closed within 250 business days was 29%.

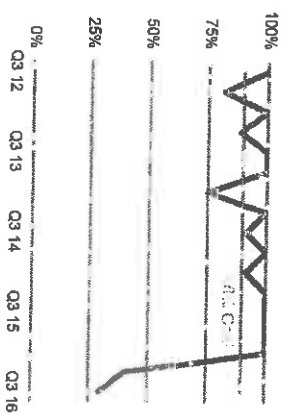
Q3 2016 Caseloads:
 Received=16, Closed=26
 Pending over 250 days=22
 Closed within 250 days=7



Age of Pending Caseload (percent of cases pending over one year)



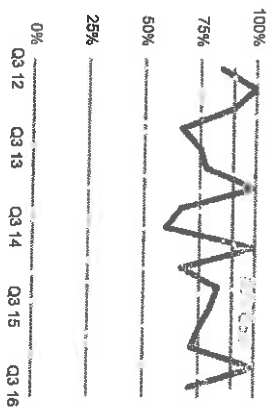
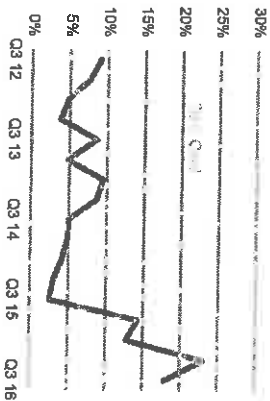
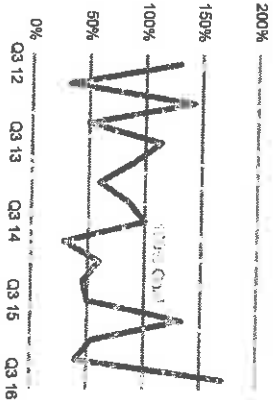
Percent Closed in 250 Business Days



Long-Term Care - In Q3 2016,

the clearance rate was 170%, the Pending Caseload older than 250 business days was 18% and the percent closed within 250 business days was 71%.

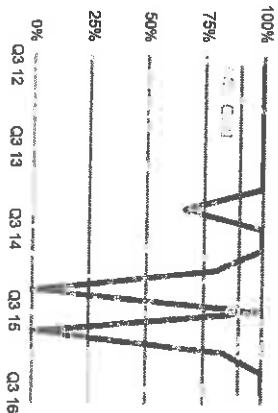
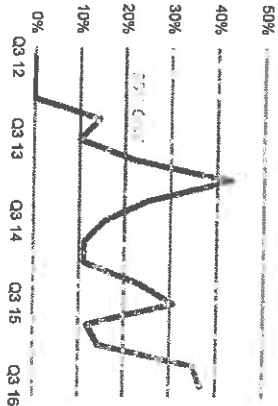
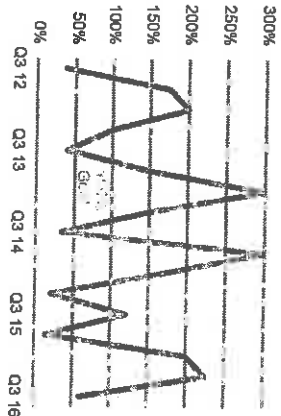
Q3 2016 Caseloads:
 Received=10, Closed=17
 Pending over 250 days=7
 Closed within 250 days=12



Optometry - In Q3 2016, the

clearance rate was 60%, the Pending Caseload older than 250 business days was 37% and the percent closed within 250 business days was 100%.

Q3 2016 Caseloads:
 Received=5, Closed=3
 Pending over 250 days=7
 Closed within 250 days=3



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Tab 3

Periodic Review

Board of Long Term Care Administrators Regulations

Date Filed: 5/31/2016

Review Announcement

Pursuant to Executive Order 17 (2014) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Long Term Care Administrators is conducting a periodic review and small business impact review of:

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

The review of this regulation will be guided by the principles in Executive Order 17 (2014).
<http://dph.virginia.gov/regs/EO17.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.

The comment period begins June 27, 2016 and ends on July 27, 2016.

Comments may be submitted online to the Virginia Regulatory Town Hall at <http://www.townhall.virginia.gov/L/Forums.cfm>. Comments may also be sent to Name: Elaine Yeatts, Title: Agency Regulatory Coordinator, Address: 9960 Mayland Drive, Suite 300, City: Henrico, State: Virginia, Zip: 23233, FAX: 804-527-4434, email address: elaine.yeatts@dhp.virginia.gov.

Comments must include the commenter's name and address (physical or email) information in order to receive a response to the comment from the agency. 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.

Public Comment Period

Begin Date: 6/27/2016 End Date: 7/27/2016

Virginia.gov Agencies | Governor



Logged in as

Elaine J. Yeatts

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]

[Edit Review](#)

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 5/31/2016

Review Announcement

Pursuant to Executive Order 17 (2014) and §§2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Long Term Care Administrators is conducting a periodic review and small business impact review of: 18VAC95-20-10 et seq., Regulations Governing the Practice of Nursing Home Administrators and 18VAC95-30-10 et seq., Regulations Governing the Practice of Assisted Living Facility Administrators.

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Public Comment Period

Begin Date: 6/27/2016 End Date: 7/27/2016

Review Result

Pending

Attorney General Certification

Pending

Agenda Item: Fast-track Regulations for amending regulations for “Public Participation Guidelines (PPG)”

Included in your agenda package are:

A copy of the Administrative Process Act relating to PPG’s

A copy of the fast-track regulations for consideration

Board action:

Adoption of amendment by a Fast-track action

Code of Virginia
Title 2.2. Administration of Government
Chapter 40. Administrative Process Act

§ 2.2-4007.02. Public participation guidelines.

A. Public participation guidelines for soliciting the input of interested parties in the formation and development of its regulations shall be developed, adopted, and used by each agency pursuant to the provisions of this chapter. The guidelines shall set out any methods for the identification and notification of interested parties and any specific means of seeking input from interested persons or groups that the agency intends to use in addition to the Notice of Intended Regulatory Action. The guidelines shall set out a general policy for the use of standing or ad hoc advisory panels and consultation with groups and individuals registering interest in working with the agency. Such policy shall address the circumstances in which the agency considers the panels or consultation appropriate and intends to make use of the panels or consultation.

B. In formulating any regulation, including but not limited to those in public assistance and social services programs, the agency pursuant to its public participation guidelines shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency, to include an online public comment forum on the Virginia Regulatory Town Hall, or other specially designated subordinate and (ii) be accompanied by and represented by counsel or other representative. However, the agency may begin drafting the proposed regulation prior to or during any opportunities it provides to the public to submit comments.

2007, cc. 873, 916; 2012, c. 795.

Project 4747 - none

BOARD OF LONG-TERM CARE ADMINISTRATORS

Conform to APA

Part III

Public Participation Procedures

18VAC95-11-50. Public comment.

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

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

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

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

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

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

3. For a minimum of 30 calendar days following the publication of a repropoed regulation.
4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
7. Not later than 21 calendar days following the publication of a petition for rulemaking.

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

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

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

Tab 4

Virginia's Nursing Home Administrator Workforce: 2015

Healthcare Workforce Data Center

October 2015

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

Follow us on Tumblr: www.vahwdc.tumblr.com

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

Thank You!

Virginia Department of Health Professions

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Virginia Board of Long-Term Care Administrators

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**Karen Hopkins Stanfield, NHA
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Executive Director

Lisa R. Hahn

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The Nursing Home Administrator Workforce: At a Glance:

The Workforce

Licenses:	920
Virginia's Workforce:	715
FTEs:	791

Survey Response Rate

All Licensees:	75%
Renewing Practitioners:	88%

Demographics

Female:	60%
Diversity Index:	22%
Median Age:	50

Background

Rural Childhood:	41%
HS Degree in VA:	55%
Prof. Degree in VA:	76%

Highest Prof. Degree

Admin-in-Training:	35%
Masters:	26%

Finances

Median Income:	\$105,000
Paid Vacation:	96%
Retirement:	67%

Current Employment

Employed in Prof.:	87%
Hold 1 Full-time Job:	88%
Satisfied?:	96%

Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	55%

Time Allocation

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

Source: Va Healthcare Workforce Data Center

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

Source: Va Healthcare Workforce Data Center

Legend

FTEs per 1,000 Residents

	0.05
	0.09 - 0.10
	0.13
	0.17 - 0.18



*July 2014 Population Estimates
from the University of Virginia's
Weldon Cooper Center for Public Service*



694 Nursing Home Administrators (NHAs) voluntarily took part in the 2015 Nursing Home Administrator Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for NHAs. These survey respondents represent 75% of the 920 NHAs who are licensed in the state and 88% of renewing practitioners.

The HWDC estimates that 715 NHAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a NHA at some point in the future. Between April 2014 and March 2015, Virginia's NHA workforce provided 791 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

60% of NHAs are female, including 55% of those NHAs who are under the age of 40. In a random encounter between two NHAs, there is a 22% chance that they would be of different races or ethnicities, a measure known as the diversity index. Among NHAs who are under the age of 40, the diversity index increases only slightly to 24%. By way of comparison, the diversity index is 54% for Virginia's overall population.

41% of all NHAs grew up in a rural area of Virginia, and 29% of these professionals currently work in non-Metro areas of the state. Overall, 19% of Virginia's NHA workforce is employed in rural areas of the state. In addition, nearly 80% of NHAs have some educational background in Virginia, including 51% who received both their high school and initial professional degrees in the state.

More than one-third of all NHAs hold an Administrator-in-Training certificate as their highest professional degree, while another 26% have earned a Master's degree. Another 25% hold a bachelor's degree as their highest professional degree. 45% all NHAs in the state hold the title of Administrator at their primary work location, while 14% hold the title of Executive Director.

87% of Virginia's NHAs are currently employed in the profession, and only 1% are involuntarily unemployed at the moment. 88% of all NHAs hold one full-time position, while just 4% currently work multiple jobs. 46% of all NHAs work between 40 and 49 hours per week, while 13% work at least 60 hours per week.

The median annual income for a typical NHA is between \$100,000 and \$110,000. In addition, 97% of NHAs receive at least one employer-sponsored benefit, including 96% who receive paid vacation time. 96% of NHAs indicate they are satisfied with their current employment situation, including 73% who indicate they are "very satisfied".

Over the past year, 8% of Virginia's NHAs have switched jobs, and 18% have been employed at multiple work locations. Meanwhile, 55% of Virginia's NHA workforce has remained at the same primary work location for at least two years. 61% of all NHAs work at a for-profit establishment, while another 35% are employed at non-profit institutions. More than half of all NHAs work at a skilled nursing facility at their primary work location.

A typical NHA spends nearly half of her time on administrative tasks, and nearly one-third of all NHAs serve an administrative role, meaning that at least 60% of their time is spent on administrative activities. In addition, the typical NHA spends approximately one-quarter of her time performing supervisory tasks and an additional 15% of her time treating patients. On average, the typical NHA treats between 100 and 125 total patients at her primary work location.

31% of the NHA workforce expects to retire in the next ten years, while half the current workforce is planning to retire by 2035. Over the next two years, only 3% of Virginia's NHA workforce plans to leave the profession, while 5% expect to leave the state to practice elsewhere. Meanwhile, 16% hope to pursue additional educational opportunities, and 6% expect to increase their patient care activities.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	721	78%
New Licensees	98	11%
Non-Renewals	101	11%
All Licensees	920	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 88% of renewing NHAs submitted a survey. These respondents represent 75% of all NHAs who held a license at some point in the past year.

At a Glance:

Licensed Administrators

Number:	920
New:	11%
Not Renewed:	11%

Response Rates

All Licensees:	75%
Renewing Practitioners:	88%

Response Rates	
Completed Surveys	694
Response Rate, all licensees	75%
Response Rate, Renewals	88%

Source: Va. Healthcare Workforce Data Center

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	15	26	63%
30 to 34	25	47	65%
35 to 39	14	59	81%
40 to 44	22	83	79%
45 to 49	28	91	77%
50 to 54	24	102	81%
55 to 59	29	98	77%
60 and Over	69	188	73%
Total	226	694	75%
New Licenses			
Issued in Past Year	71	27	28%
Metro Status			
Non-Metro	28	93	77%
Metro	118	456	79%
Not in Virginia	82	146	64%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted in March 2015.
- 2. Target Population:** All NHAs who held a Virginia license at some point between April 2014 and March 2015.
- 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.

At a Glance:

Workforce

NHA Workforce: 715
FTEs: 791

Utilization Ratios

Licenses in VA Workforce: 78%
Licenses per FTE: 1.16
Workers per FTE: 0.90

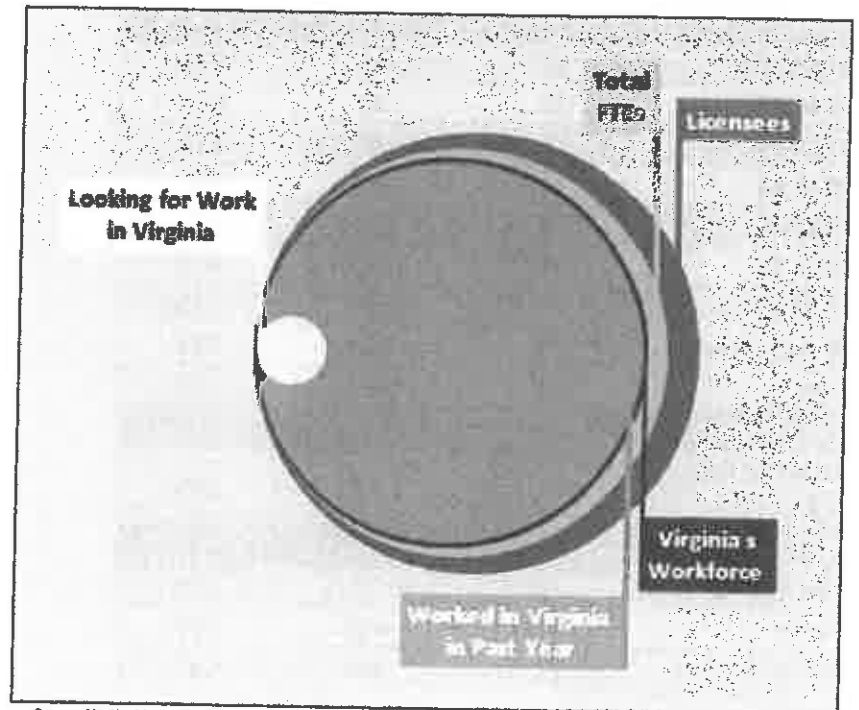
Source: Va. Healthcare Workforce Data Center

Virginia's NHA Workforce		
Status	#	%
Worked in Virginia In Past Year	692	97%
Looking for Work in Virginia	23	3%
Virginia's Workforce	715	100%
Total FTEs	791	
Licenses	920	

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. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses 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.



Source: Va. Healthcare Workforce Data Center

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

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	13	41%	19	59%	32	5%
30 to 34	31	53%	28	47%	58	9%
35 to 39	25	42%	35	58%	60	9%
40 to 44	25	29%	62	71%	87	13%
45 to 49	34	37%	59	63%	93	14%
50 to 54	39	44%	49	56%	88	13%
55 to 59	37	40%	55	60%	92	14%
60 +	71	43%	96	58%	167	25%
Total	275	41%	403	60%	678	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity						
Race/Ethnicity	Virginia*		NHAs		NHAs Under 40	
	%	#	%	#	%	#
White	64%	598	88%	132	87%	132
Black	19%	64	9%	12	8%	12
Asian	6%	5	1%	1	1%	1
Other Race	0%	1	0%	1	1%	1
Two or more races	2%	5	1%	1	1%	1
Hispanic	8%	6	1%	5	3%	5
Total	100%	679	100%	152	100%	152

*Population data in this chart is from the US Census, ACS 1-yr estimates, 2011 vintage.

Source: Va. Healthcare Workforce Data Center

22% of all NHAs are under the age of 40, and 55% of these professionals are female. In addition, there is a nearly one-in-four chance that two randomly chosen NHAs from this age group would be of a different race or ethnicity.

At a Glance:

Gender

% Female: 60%
% Under 40 Female: 55%

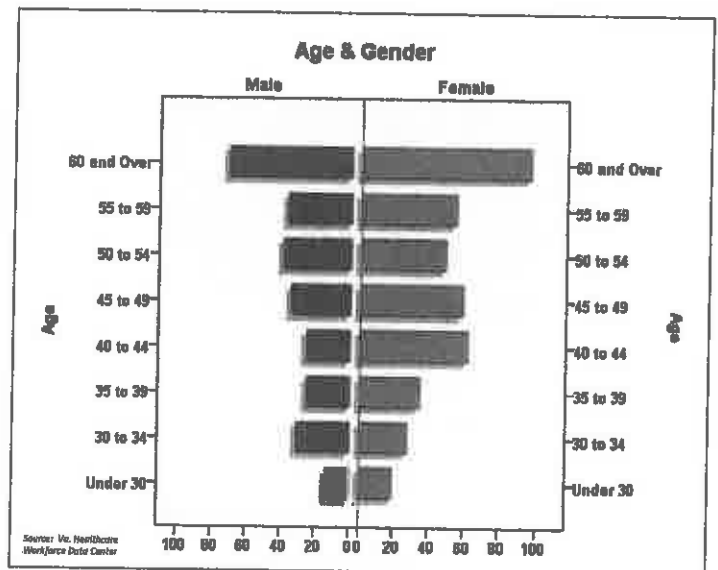
Age

Median Age: 50
% Under 40: 22%
% 55+: 38%

Diversity

Diversity Index: 22%
Under 40 Div. Index: 24%

In a chance encounter between two NHAs, there is a 22% chance they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 54%.



At a Glance:

Childhood

Urban Childhood: 13%
 Rural Childhood: 41%

Virginia Background

HS in Virginia: 55%
 Prof. in VA: 76%
 HS or Prof. in VA: 79%

Location Choice

% Rural to Non-Metro: 29%
 % Urban/Suburban to Non-Metro: 13%

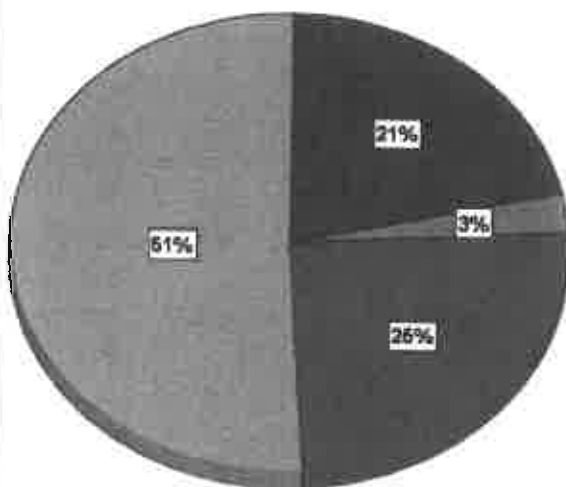
Source: VA Healthcare Workforce Data Center

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+	28%	56%	16%
2	Metro, 250,000 to 1 million	55%	38%	8%
3	Metro, 250,000 or less	46%	41%	13%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adj	62%	33%	5%
6	Urban pop, 2,500-19,999, Metro adj	62%	24%	14%
7	Urban pop, 2,500-19,999, nonadj	56%	41%	4%
8	Rural, Metro adj	70%	13%	17%
9	Rural, nonadj	50%	40%	10%
Overall		41%	46%	13%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

41% of all NHAs grew up in a rural area of Virginia, and 29% of these professionals currently work in non-Metro areas of the state. Overall, 19% of NHAs currently work in rural areas of the state.

Top Ten States for Nursing Home Administrator Recruitment

All Nursing Home Administrators				
Rank	High School	#	Init. Prof Degree	#
1	Virginia	370	Virginia	484
2	Pennsylvania	32	Ohio	21
3	New York	31	Tennessee	18
4	Ohio	24	Maryland	16
5	West Virginia	22	West Virginia	11
6	Maryland	21	North Carolina	11
7	North Carolina	19	New York	8
8	Tennessee	18	Florida	6
9	Outside U.S./Canada	17	Pennsylvania	6
10	Illinois	9	Washington, D.C.	5

Source: Va. Healthcare Workforce Data Center

55% of licensed NHAs received their high school degree in Virginia, and 76% earned their initial professional degree in the state.

Among NHAs who have been licensed in the past five years, 53% received their high school degree in Virginia, while 75% earned their initial professional degree in the state.

Licensed in Past Five Years				
Rank	High School	#	Init. Prof Degree	#
1	Virginia	115	Virginia	155
2	Outside U.S./Canada	11	Ohio	8
3	Ohio	10	Tennessee	8
4	Pennsylvania	10	Maryland	6
5	North Carolina	9	North Carolina	6
6	New York	6	West Virginia	4
7	Tennessee	6	Florida	2
8	West Virginia	6	Vermont	2
9	New Jersey	5	Georgia	2
10	Maryland	4	Minnesota	2

Source: Va. Healthcare Workforce Data Center

22% of licensees were not a part of Virginia's NHA workforce. 95% of these licensees worked at some point in the past year, including 84% who worked as NHAs.

At a Glance:

Not in VA Workforce

Total:	206
% of Licensees:	22%
Federal/Military:	0%
Va Border State/DC:	15%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	17	3%	-	-
Admin-in-Training	234	35%	-	-
High School/GED	-	-	17	3%
Associate	17	3%	48	7%
Bachelors	170	25%	289	43%
Graduate Cert.	16	2%	18	3%
Masters	176	26%	280	42%
Doctorate	6	1%	16	2%
Other	32	5%	-	-
Total	668	100%	668	100%

Source: Va. Healthcare Workforce Data Center

More than one-third of all NHAs have an Administrator-in-Training certificate as their highest professional education, while more than one-quarter have earned a Master's degree.

At a Glance:

Health Admin. Education

- Admin-in-Training: 35%
- Master's Degree: 26%
- Bachelor's Degree: 25%

Licenses/Registrations

- Nurse (RN or LPN): 14%
- ALFA: 4%
- RMA: 1%

Job Titles

- Administrator: 45%
- Executive Director: 14%

Source: Va. Healthcare Workforce Data Center

Licenses and Registrations		
License/Registration	#	%
Nurse (RN or LPN)	102	14%
ALF Administrator	26	4%
Registered Medication Aide	10	1%
Certified Nursing Aide	8	1%
Occupational Therapist	5	1%
Other	46	6%
At Least One	180	25%

45% of Virginia's NHA workforce held the title of Administrator at their primary work location. Another 14% held the title of President/Executive Office.

Title	Job Titles			
	Primary		Secondary	
	#	%	#	%
Administrator	322	45%	35	5%
Executive Director	25	3%	16	2%
Pres./Exec. Officer	102	14%	11	2%
Assistant Admin.	78	11%	1	0%
Owner	12	2%	6	1%
Other	140	20%	33	5%
At Least One	638	89%	96	13%

Current Employment Situation

At a Glance:

Employment

Employed in Profession: 87%
Involuntarily Unemployed: 1%

Positions Held

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

Weekly Hours:

40 to 49: 46%
60 or more: 13%
Less than 30: 2%

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	1	0%
Employed in a capacity related to long-term care	590	87%
Employed, NOT in a capacity related to long-term care	56	8%
Not working, reason unknown	0	0%
Involuntarily unemployed	7	1%
Voluntarily unemployed	19	3%
Retired	7	1%
Total	681	100%

Source: Va. Healthcare Workforce Data Center

88% of licensed NHAs currently hold one full-time job, and 87% are currently employed in a profession related to long-term care. 46% of all NHAs work between 40 and 49 hours per week, while 13% of NHAs work at least 60 hours per week.

Current Positions		
Positions	#	%
No Positions	33	5%
One Part-Time Position	15	2%
Two Part-Time Positions	7	1%
One Full-Time Position	595	88%
One Full-Time Position & One Part-Time Position	23	3%
Two Full-Time Positions	0	0%
More than Two Positions	0	0%
Total	673	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	33	5%
1 to 9 hours	4	1%
10 to 19 hours	5	1%
20 to 29 hours	4	1%
30 to 39 hours	6	1%
40 to 49 hours	310	46%
50 to 59 hours	226	34%
60 to 69 hours	72	11%
70 to 79 hours	10	1%
80 or more hours	4	1%
Total	674	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	8	2%
Less than \$30,000	12	2%
\$30,000-\$49,999	15	3%
\$50,000-\$69,999	38	7%
\$70,000-\$89,999	101	19%
\$90,000-\$109,999	167	31%
\$110,000-\$129,999	89	16%
\$130,000-\$149,999	47	9%
\$150,000-\$169,999	32	6%
\$170,000-\$189,999	19	3%
\$190,000 or More	21	4%
Total	547	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

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

Benefits

Paid Vacation: 96%

Employer Retirement: 67%

Satisfaction

Satisfied: 96%

Very Satisfied: 73%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	566	96%
Paid Sick Leave	493	84%
Group Life Insurance	475	81%
Dental Insurance	469	79%
Retirement	397	67%
Signing/Retention Bonus	80	14%
Receive at least one benefit	575	97%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

The median income for NHAs is between \$100,000 and \$110,000 per year. In addition, 97% of NHAs receive at least one employer-sponsored benefit at their place of work, including 96% who receive paid vacation time.

96% of NHAs are satisfied with their job, including 73% who are very satisfied with their current work circumstances.

Job Satisfaction		
Level	#	%
Very Satisfied	485	73%
Somewhat Satisfied	153	23%
Somewhat Dissatisfied	21	3%
Very Dissatisfied	8	1%
Total	667	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you ...?	#	%
Experience Involuntary Unemployment?	18	3%
Experience Voluntary Unemployment?	32	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	19	3%
Work two or more positions at the same time?	50	7%
Switch employers or practices?	58	8%
Experienced at least 1	146	20%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Unemployment Experience 2015

Involuntarily Unemployed: 3%
Underemployed: 3%

Turnover & Tenure

Switched Jobs: 8%
New Location: 26%
Over 2 years: 55%
Over 2 yrs, 2nd location: 43%

Source: Va. Healthcare Workforce Data Center

3% of Virginia's NHAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 5.0% during the past year.¹

Tenure	Location Tenure			
	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	9	1%	5	5%
Less than 6 Months	55	9%	16	16%
6 Months to 1 Year	83	13%	16	16%
1 to 2 Years	145	23%	20	20%
3 to 5 Years	154	24%	24	24%
6 to 10 Years	65	10%	6	6%
More than 10 Years	133	21%	14	14%
Subtotal	644	100%	102	100%
Did not have location	23		594	
Item Missing	48		19	
Total	715		715	

Source: Va. Healthcare Workforce Data Center

55% of NHAs have worked at their primary location for more than 2 years – the job tenure normally required to get a conventional mortgage loan.

¹ As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 5.5% in July/August 2014 to 4.5% in December 2014.

Work Site Distribution

At a Glance:

Concentration

Top Region:	22%
Top 3 Regions:	59%
Lowest Region:	3%

Locations

2 or more (Past Year):	18%
2 or more (Now*):	14%

Source: Va. Healthcare Workforce Data Center

22% of all NHAs are employed in Central Virginia, the most of any region in the state. Hampton Roads and West Central Virginia are also significant employers of the state's NHA workforce

A Closer Look:

COVF Region	Regional Distribution of Work Locations			
	Primary Location		Secondary Location	
	#	%	#	%
Central	142	22%	16	15%
Eastern	19	3%	6	6%
Hampton Roads	133	21%	20	19%
Northern	99	15%	20	19%
Southside	52	8%	7	6%
Southwest	45	7%	6	6%
Valley	43	7%	7	6%
West Central	109	17%	13	12%
Virginia Border State/DC	0	0%	4	4%
Other US State	4	1%	9	8%
Outside of the US	0	0%	0	0%
Total	646	100%	108	100%
Item Missing	45		14	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



14% of Virginia's NHA workforce currently have multiple work locations, while 18% of all NHAs have worked at multiple locations over the past year.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	23	3%	25	4%
1	525	79%	551	82%
2	73	11%	57	9%
3	34	5%	25	4%
4	0	0%	0	0%
5	3	0%	3	0%
6 or More	12	2%	8	1%
Total	670	100%	670	100%

*At the time of survey completion, March 2015.

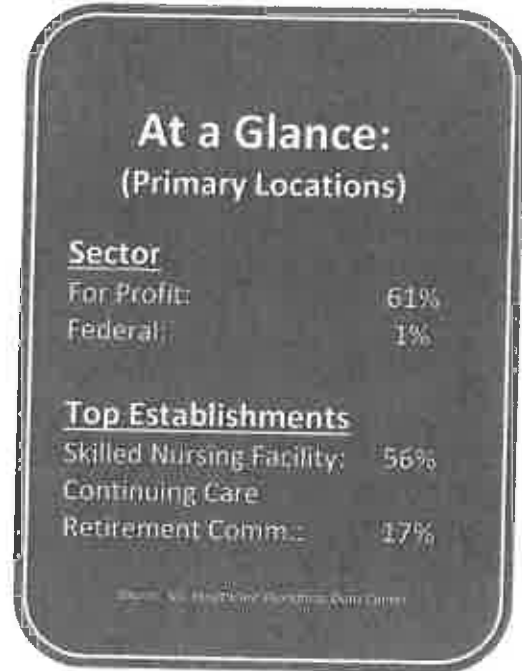
Source: Va. Healthcare Workforce Data Center

Establishment Type

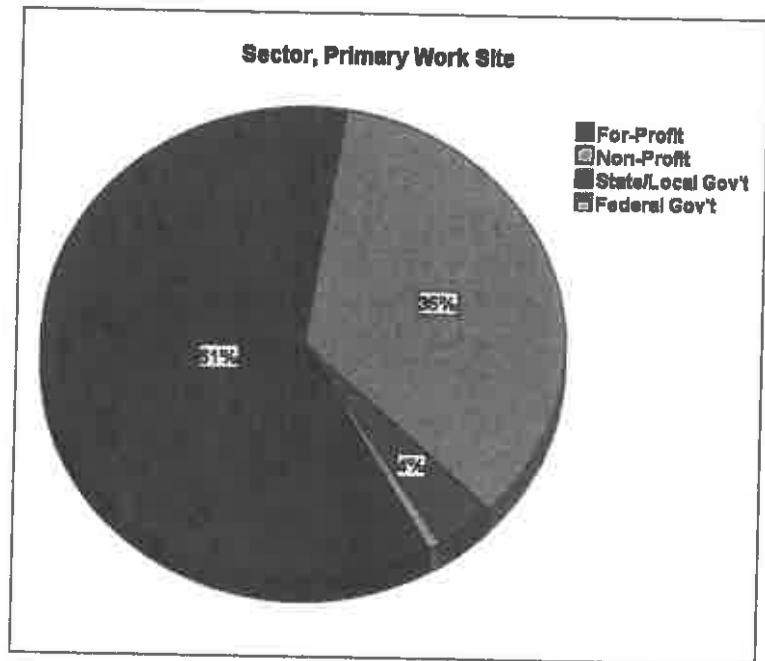
A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	378	61%	72	71%
Non-Profit	217	35%	25	25%
State/Local Government	23	4%	4	4%
Veterans Administration	4	1%	0	0%
U.S. Military	0	0%	0	0%
Other Federal Government	1	0%	0	0%
Total	623	100%	101	100%
Did not have location	23		594	
Item Missing	68		21	

Source: Va. Healthcare Workforce Data Center



Approximately 95% of all NHAs work in the private sector, including 61% who work at a for-profit establishment.



Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	403	56%	53	7%
Continuing Care Retirement Community	121	17%	14	2%
Assisted Living Facility	86	12%	8	1%
Rehabilitation Facility	70	10%	8	1%
Home/Community Health Care	23	3%	4	1%
Hospice	11	2%	5	1%
Academic Institution	8	1%	6	1%
PACE	4	1%	2	0%
Adult Day Care	4	1%	0	0%
Other Practice Type	77	11%	20	3%
At Least One Establishment	647	90%	105	15%

Source: Va. Healthcare Workforce Data Center

56% of Virginia's NHA workforce is employed at a Skilled Nursing Facility at their primary work location.

55% of NHAs are employed at a facility chain organization at their primary work location. Another 26% are employed at an independent/stand-alone organization.

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Facility Chain	318	55%	49	52%
Independent/Stand Alone	150	26%	19	20%
Hospital-Based	41	7%	7	7%
Integrated Health System	24	4%	4	4%
College or University	3	1%	6	6%
Other	44	8%	10	11%
Total	580	100%	95	100%
Did Not Have Location	23		594	
Item Missing	112		26	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

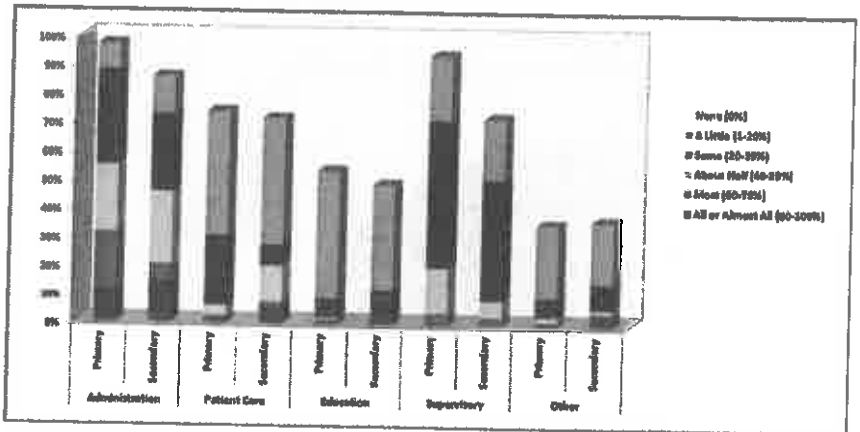
Administration: 40%-49%
 Supervisory: 20%-29%
 Patient Care: 10%-19%
 Education: 1%-9%

Roles

Administration: 31%
 Supervisory: 4%
 Patient Care: 2%
 Education: 1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



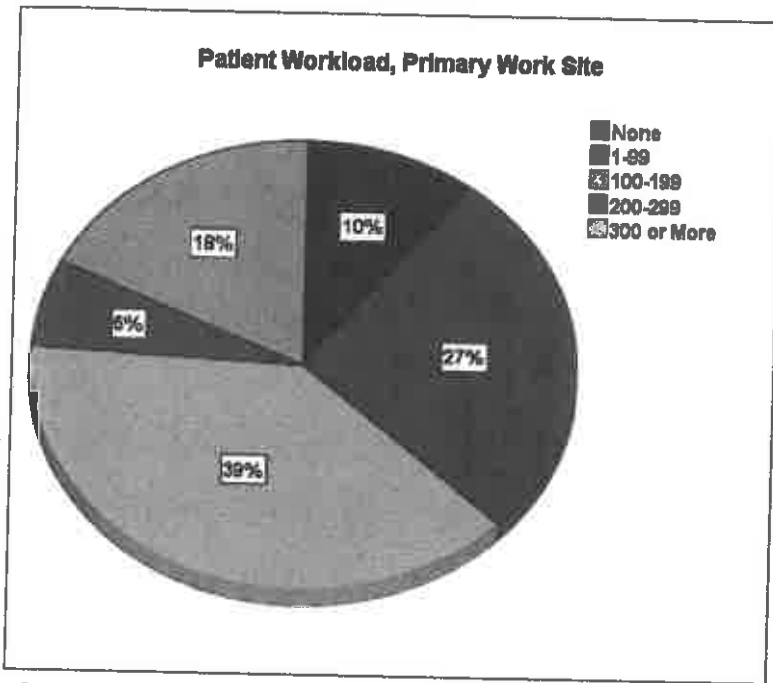
Source: Va. Healthcare Workforce Data Center

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

Time Spent	Time Allocation									
	Admin.		Patient Care		Education		Supervisory		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	11%	14%	2%	6%	1%	9%	1%	0%	1%	3%
Most (60-79%)	20%	6%	1%	1%	0%	1%	3%	3%	0%	1%
About Half (40-59%)	24%	26%	4%	13%	1%	0%	16%	6%	2%	1%
Some (20-39%)	33%	27%	25%	7%	7%	1%	51%	43%	6%	9%
A Little (1-20%)	9%	13%	43%	44%	44%	37%	23%	21%	25%	21%
None (0%)	3%	14%	26%	29%	47%	51%	6%	29%	65%	63%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

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

SOURCE: VA HEALTHCARE WORKFORCE DATA CENTER

The typical NHA is responsible for between 100 and 124 patients at their primary work location and an additional 50 to 74 patients at their secondary work location, if they had one.

Patient Workload Responsibility

# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	60	10%	26	27%
1-24	17	3%	11	11%
25-49	21	4%	4	4%
50-74	50	8%	7	7%
75-99	72	12%	12	13%
100-124	115	19%	11	11%
125-149	42	7%	4	4%
150-174	31	5%	5	5%
175-199	41	7%	2	2%
200-224	16	3%	3	3%
225-249	8	1%	0	0%
250-274	4	1%	0	0%
275-299	9	2%	0	0%
300 or more	105	18%	11	11%
Total	590	100%	96	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs over 50	
	#	%	#	%
Under age 50	5	1%		
50 to 54	22	4%	1	0%
55 to 59	36	6%	10	3%
60 to 64	115	19%	55	17%
65 to 69	260	44%	154	49%
70 to 74	103	17%	64	20%
75 to 79	17	3%	8	3%
80 or over	9	2%	6	2%
I do not intend to retire	28	5%	17	5%
Total	594	100%	315	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NHAs	
Under 65:	30%
Under 60:	11%
NHAs 50 and over	
Under 65:	21%
Under 60:	3%

Time until Retirement

Within 2 years:	7%
Within 10 years:	31%
Half the workforce:	by 2035

Source: Va. Healthcare Workforce Data Center

30% of all NHAs expect to retire before the age of 65, while 26% plan on working until at least age 70. Among NHAs who are age 50 and over, 21% still expect to retire by age 65, while 30% plan on working until at least age 70.

Within the next two years, just 3% of Virginia's NHA workforce expects to leave the profession and 5% plan on leaving the state. Meanwhile, 16% of NHAs plan on pursuing additional educational opportunities, and 6% also expect to increase patient care hours.

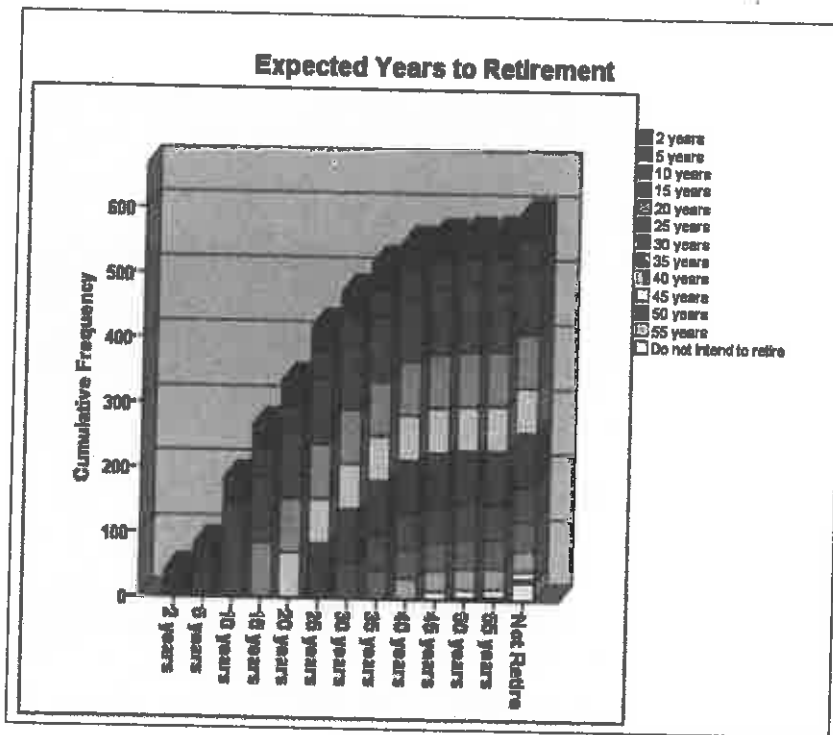
Future Plans		
2 Year Plans:	#	%
Decrease Participation:		
Leave Profession	19	3%
Leave Virginia	33	5%
Decrease Patient Care Hours	37	5%
Decrease Teaching Hours	2	0%
Cease Accepting Trainees	2	0%
Increase Participation		
Increase Patient Care Hours	42	6%
Increase Teaching Hours	23	3%
Pursue Additional Education	115	16%
Return to the Workforce	10	1%
Begin Accepting Trainees	75	10%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NHAs. While only 7% of NHAs expect to retire in the next two years, 31% expect to retire within the next decade. More than half of the current NHA workforce expects to retire by 2035.

Time to Retirement			
Expect to retire within...	#	%	Cumulative %
2 years	40	7%	7%
5 years	41	7%	14%
10 years	101	17%	31%
15 years	84	14%	45%
20 years	69	12%	56%
25 years	84	14%	71%
30 years	54	9%	80%
35 years	44	7%	87%
40 years	32	5%	92%
45 years	12	2%	94%
50 years	3	1%	95%
55 years	1	0%	95%
In more than 55 years	0	0%	95%
Do not intend to retire	28	5%	100%
Total	594	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2025. Retirements will peak at 17% of the current workforce around the same time before declining to under 10% again around 2045.

Full-Time Equivalency Units

At a Glance:

FTEs

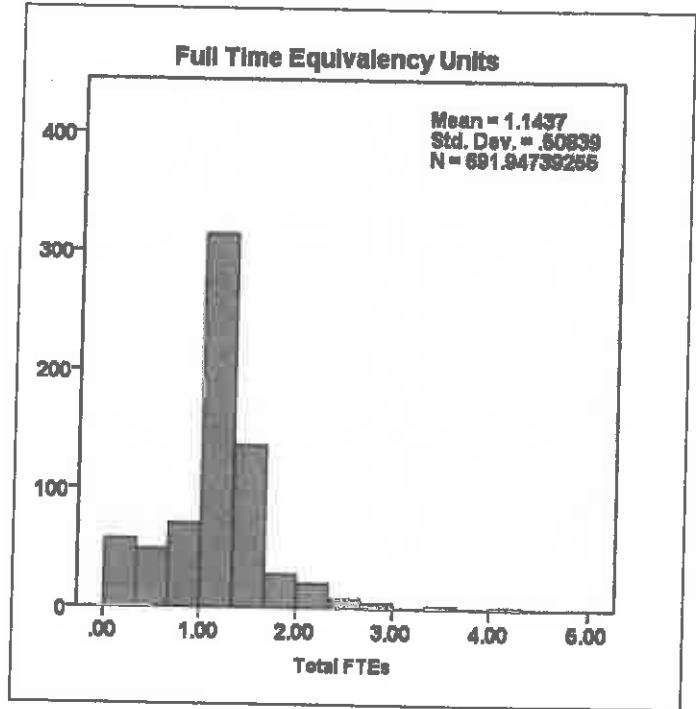
Total: 791
 FTEs/1,000 Residents: .095
 Average: 1.14

Age & Gender Effect

Age, Partial Eta²: Small
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

A Closer Look:

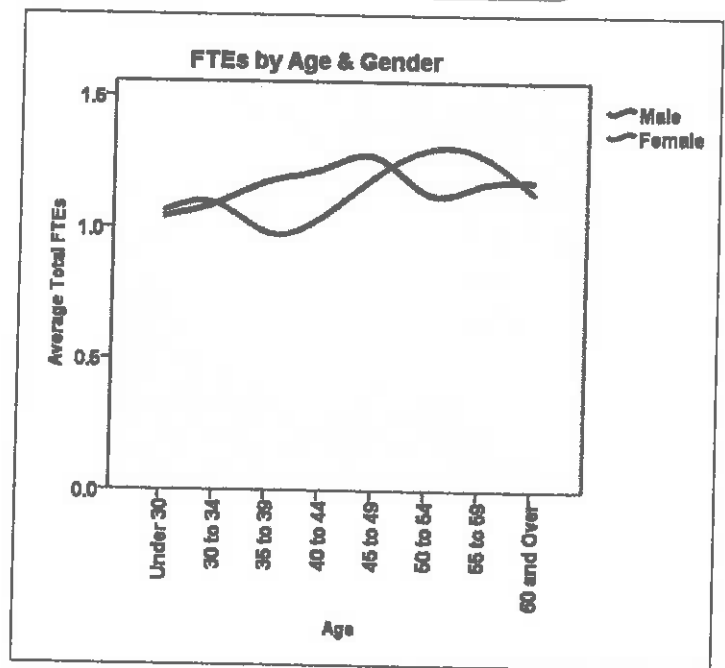


Source: Va. Healthcare Workforce Data Center

The typical NHA provided 1.18 FTEs in the past year, or approximately 47 hours per week for 50 weeks. Statistical tests did not verify that a difference exists.²

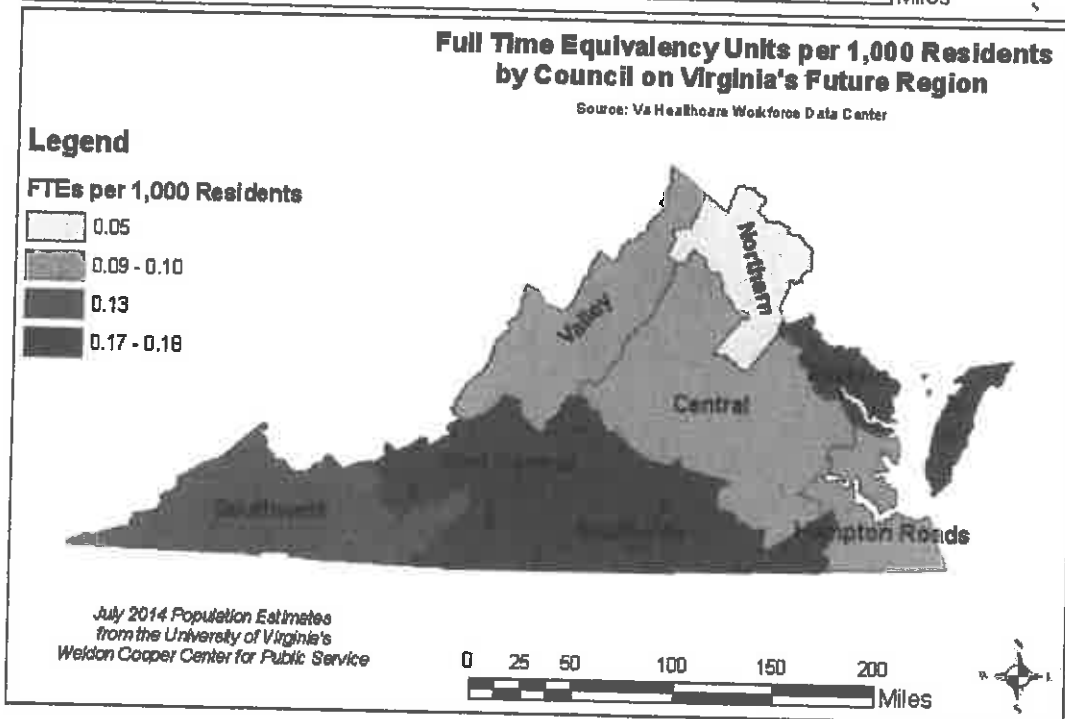
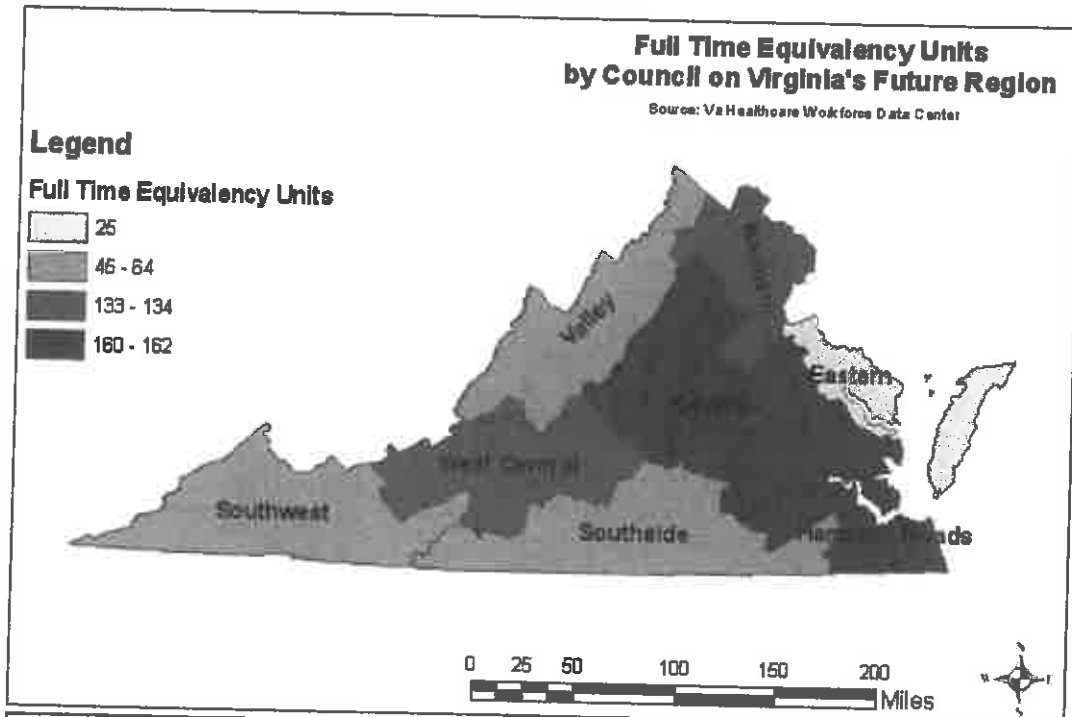
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	1.05	1.09
30 to 34	1.09	1.18
35 to 39	1.07	1.22
40 to 44	1.09	1.18
45 to 49	1.17	1.18
50 to 54	1.24	1.25
55 to 59	1.23	1.22
60 and Over	1.12	1.15
Gender		
Male	1.17	1.20
Female	1.15	1.18

Source: Va. Healthcare Workforce Data Center

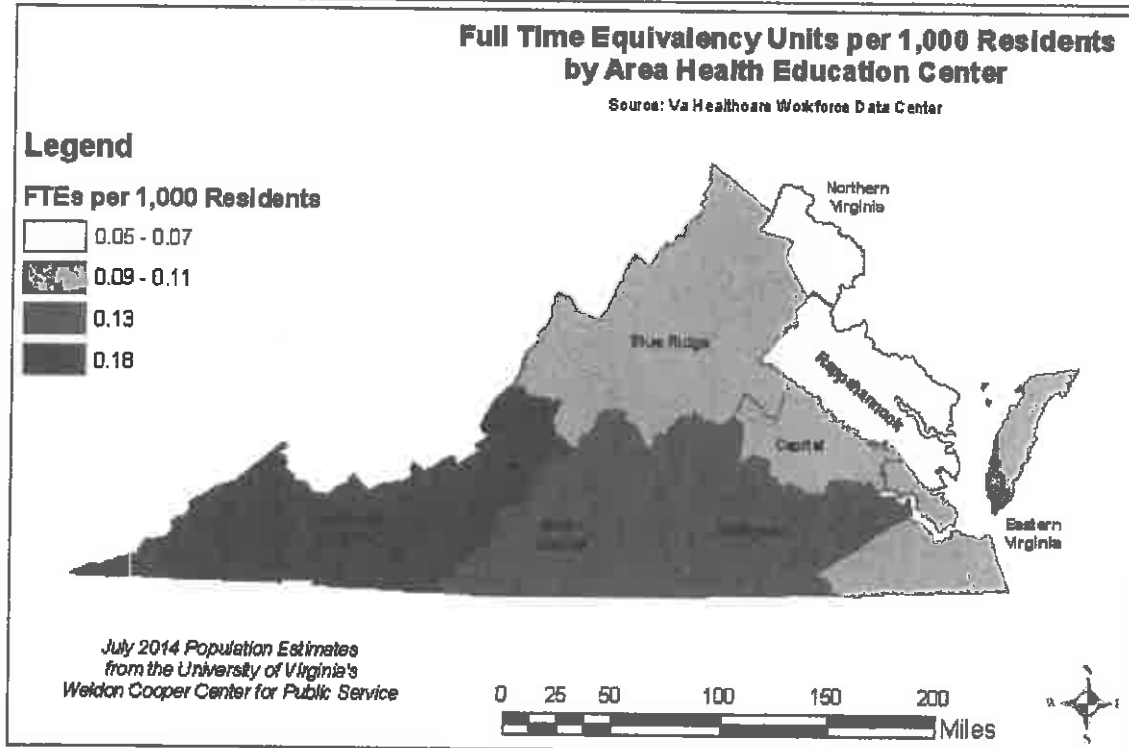
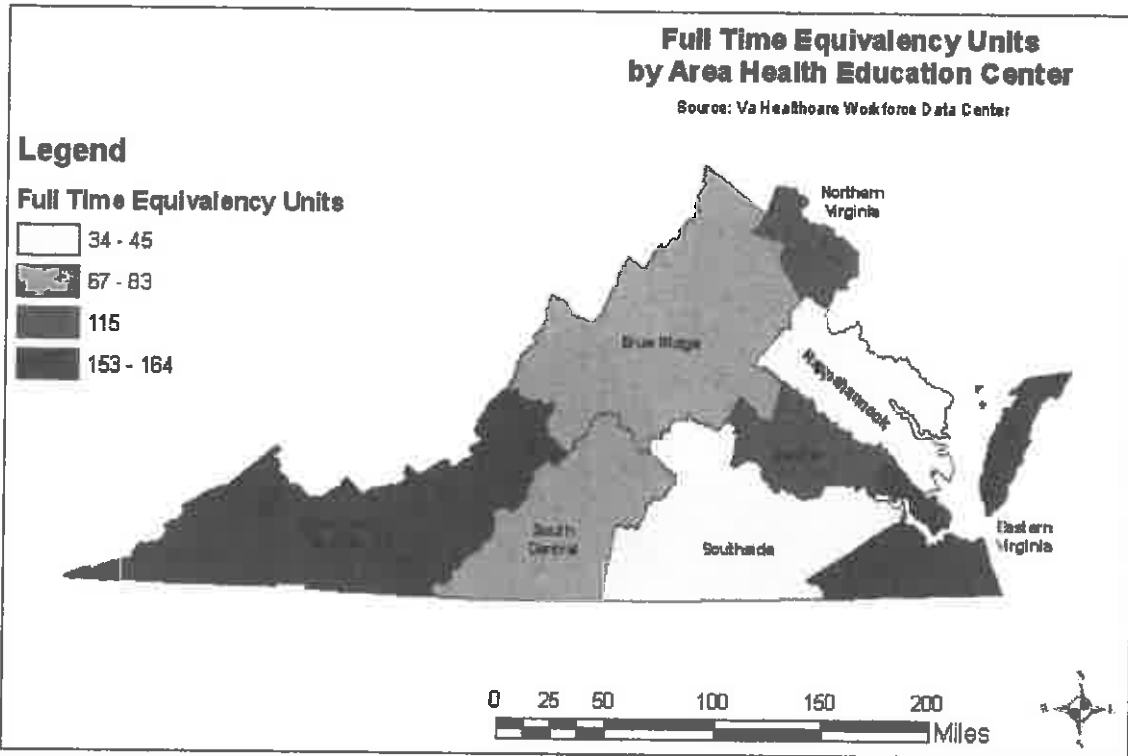


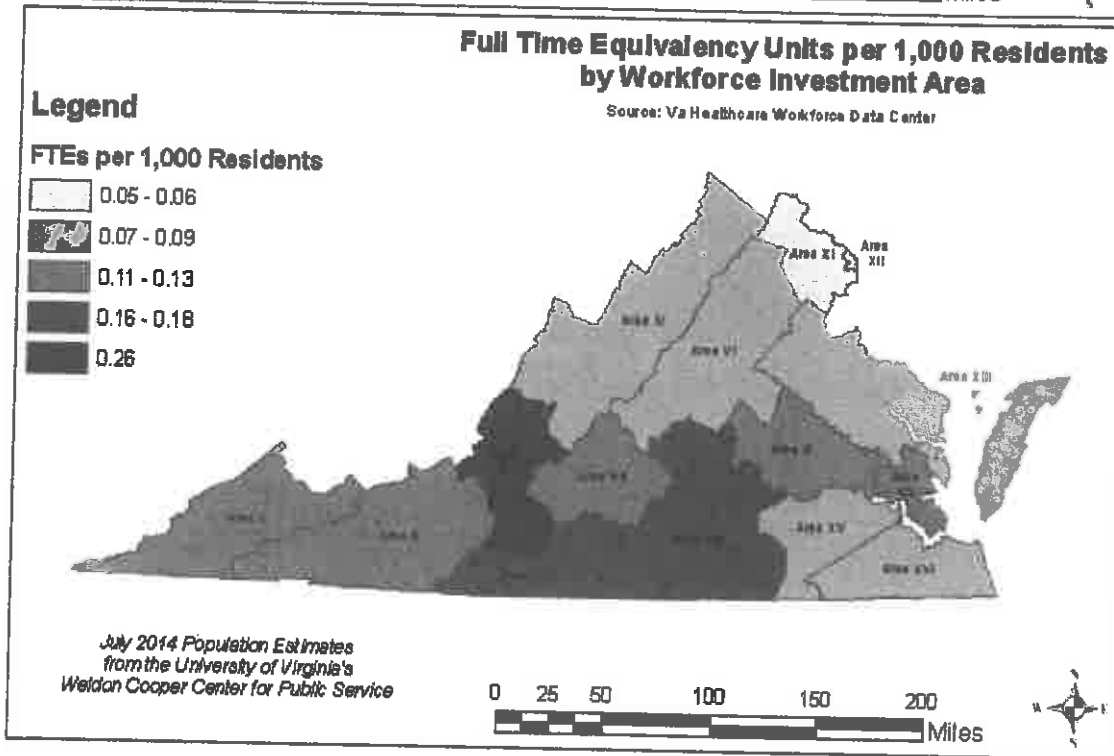
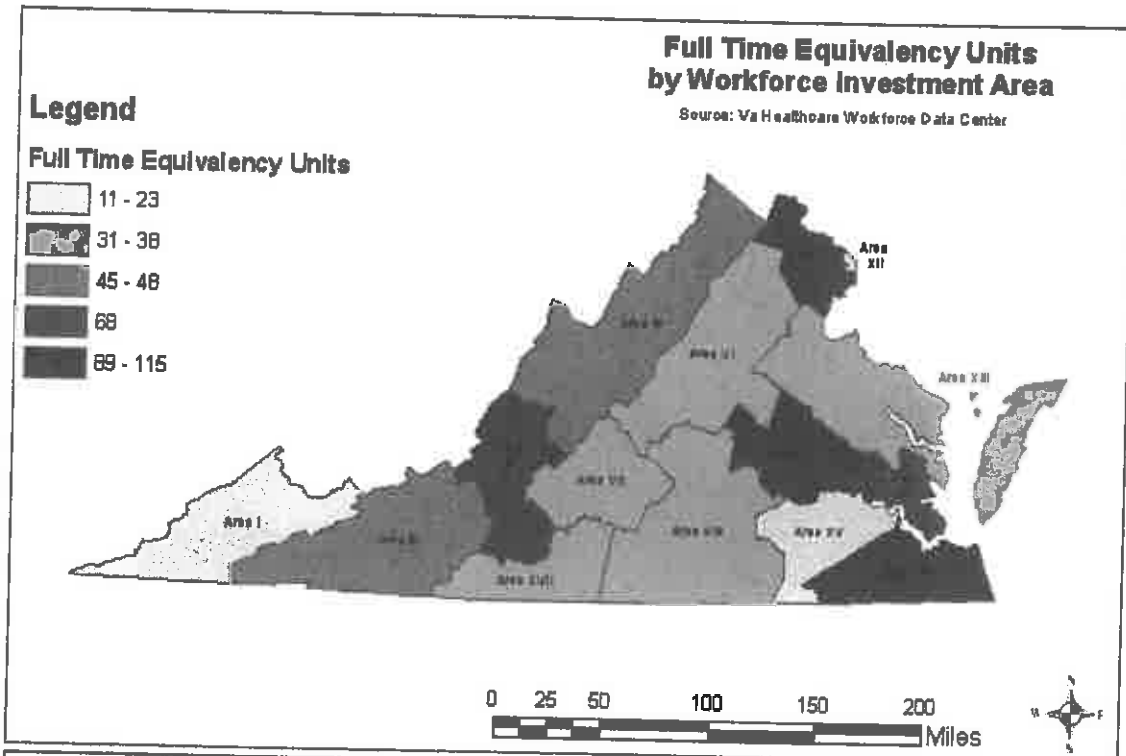
Source: Va. Healthcare Workforce Data Center

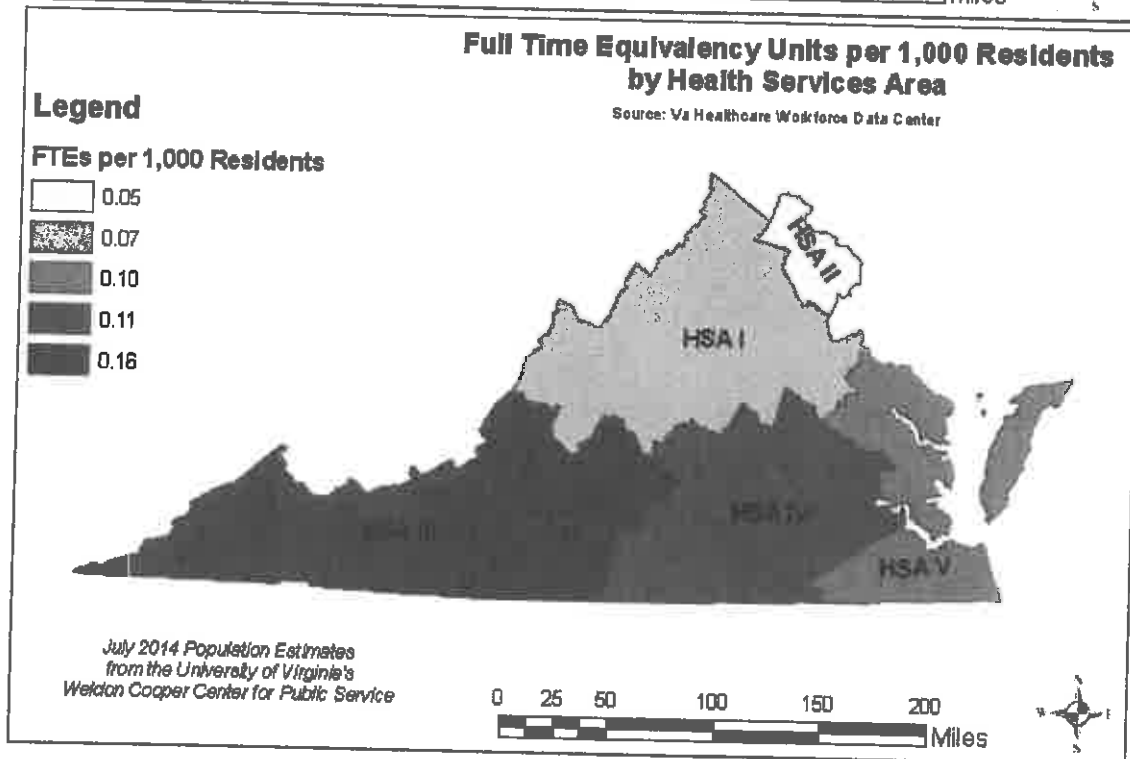
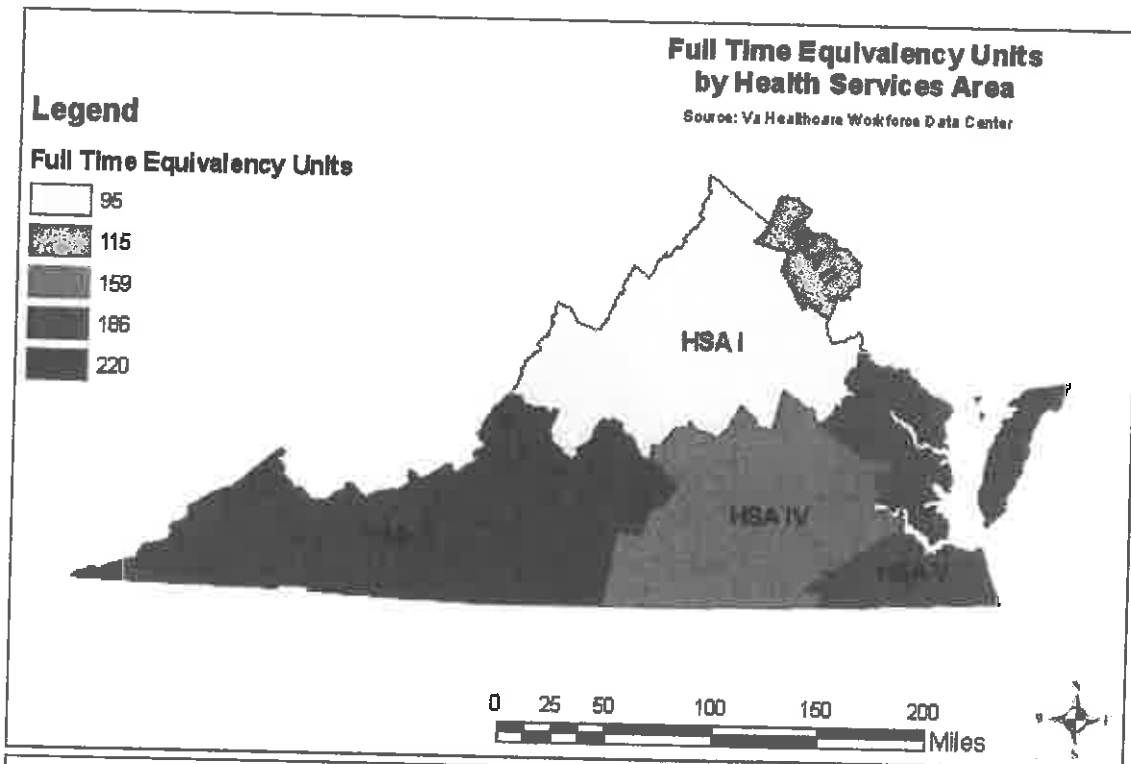
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

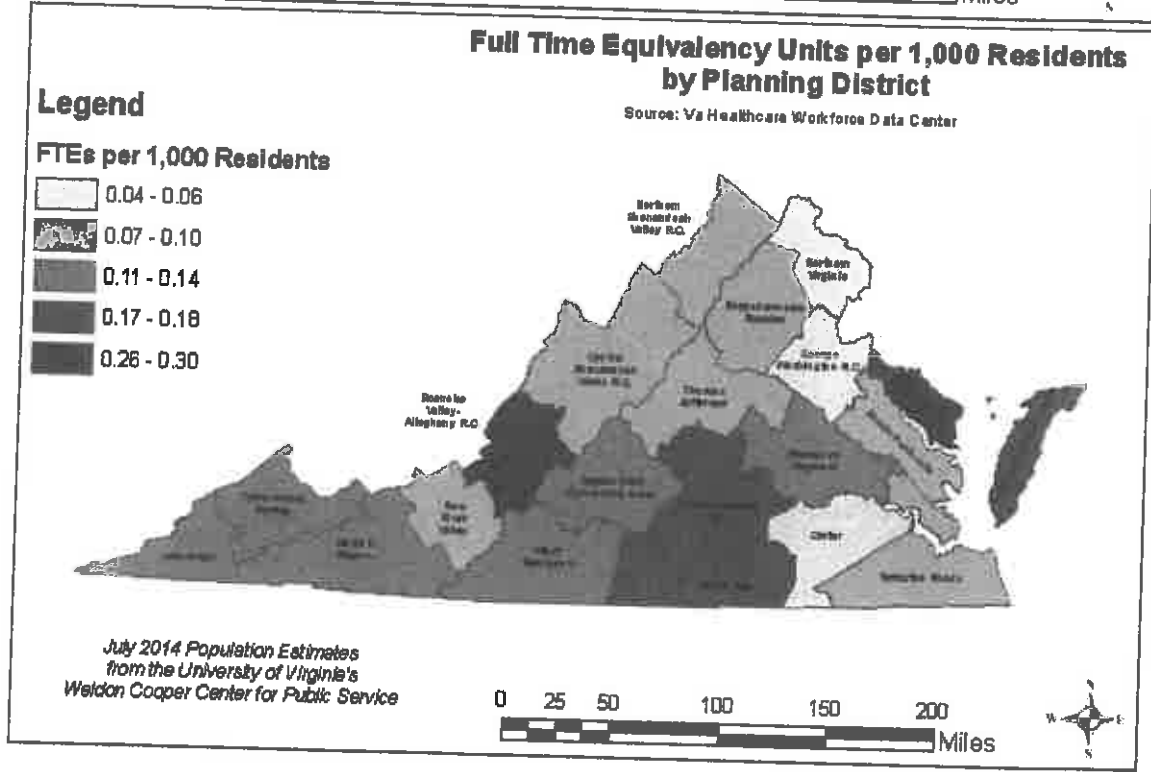
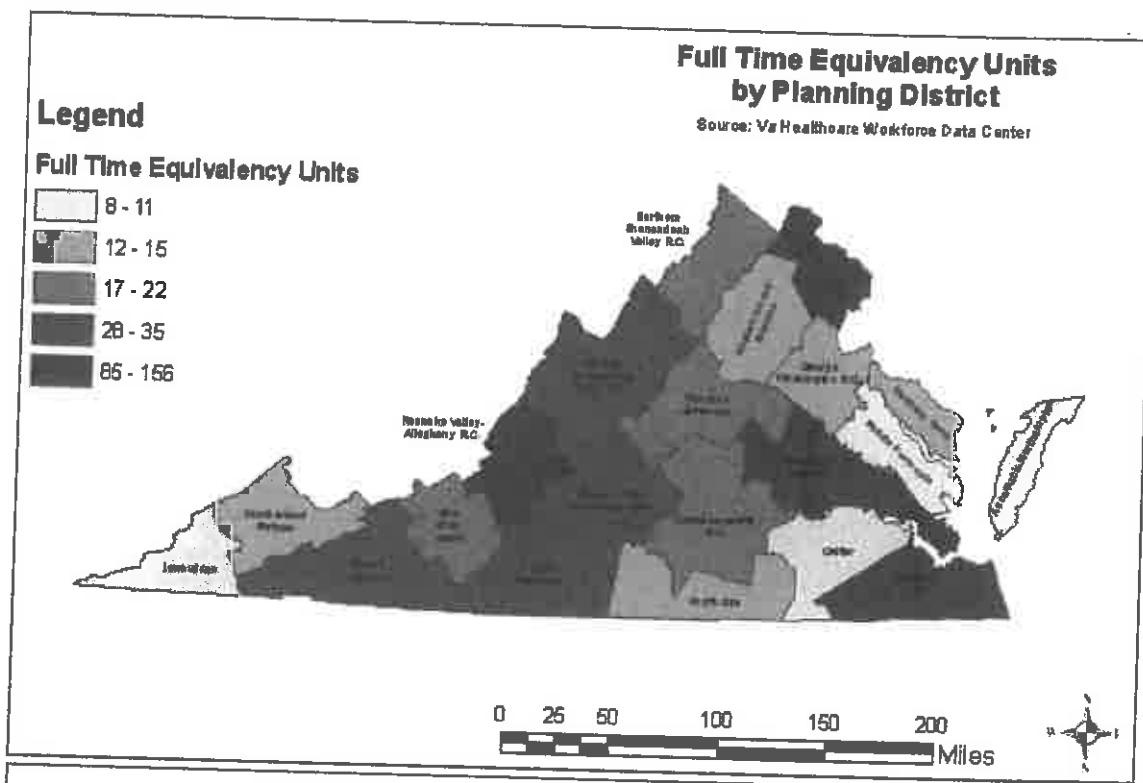


Area Health Education Center Regions









Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	381	80.58%	1.241042	1.15436	1.4736
Metro, 250,000 to 1 million	124	79.03%	1.265306	1.17693	1.50241
Metro, 250,000 or less	69	73.91%	1.352941	1.25844	1.60647
Urban pop 20,000+, Metro adj	13	76.92%	1.3	1.26854	1.49955
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	48	83.33%	1.2	1.11618	1.42487
Urban pop, 2,500-19,999, nonadj	19	89.47%	1.117647	1.03958	1.32708
Rural, Metro adj	25	60.00%	1.666667	1.55025	1.9225
Rural, nonadj	16	68.75%	1.454545	1.35513	1.67782
Virginia border state/DC	135	61.48%	1.626506	1.5129	1.9313
Other US State	93	67.74%	1.47619	1.37308	1.75282

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	41	63.41%	1.576923	1.32708	1.9313
30 to 34	72	65.28%	1.531915	1.28921	1.9225
35 to 39	73	80.82%	1.237288	1.04126	1.55275
40 to 44	105	79.05%	1.26506	1.06463	1.58761
45 to 49	119	76.47%	1.307692	1.10051	1.64111
50 to 54	126	80.95%	1.235294	1.03958	1.55025
55 to 59	127	77.17%	1.295918	1.0906	1.62633
60 and Over	257	73.15%	1.367021	1.15044	1.71557

See the Methods section on the HWDC website for details on HWDC Methods: [http://www.hwdc.com](#)

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

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

Overall Response Rate: 0.752979

