

Call to Order – Mitchell P. Davis, NHA, Board Chair

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

Approval of Minutes

- Board Meeting – March 12, 2019
 - Formal Hearings – March 12, 2019
 - Regulatory Advisory Panel – April 26, 2019; July 19, 2019
 - Informal Conferences (*for informational purposes only*) – March 11, 2019; June 18, 2019; July 31, 2019
-

Ordering of Agenda

Public Comment

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

Agency Report

Presentations

- Overview of the DHP Enforcement Division – **Michelle Schmitz, Director of Enforcement**
 - 2019 Workforce Report – Assisted Living Facility Administrators and Nursing Home Administrators – **Elizabeth A. Carter, Ph.D. and Yetty Shobo, Ph.D.**
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Staff Reports

- Executive Director's Report – **Corie E. Tillman Wolf, JD, Executive Director**
 - Discipline Report – **Kelley Palmatier, JD, Deputy Executive Director**
-

Board Counsel Report – Erin Barrett, Assistant Attorney General

Committee and Board Member Reports

- Board of Health Professions Report – **Derrick Kendall, NHA**
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- Regulatory Advisory Panel – **Marj Pantone, ALFA**
-
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Discussion and Possible Board Action

- Considerations/Recommendations of Regulatory Advisory Panel – **Marj Pantone, ALFA and Corie Tillman Wolf, JD, Executive Director**
 - Consideration of Notice of Intended Regulatory Action
-
-

Legislative and Regulatory Report – Elaine Yeatts, Senior Policy Analyst

- Petitions for Rule-making (Simmons)
 - Adoption of Fast Track Regulation Related to Handling Fee for Dishonored/Returned Checks or Payments
-
-

Next Meeting – December 17, 2019

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).

Approval of Minutes

March 12, 2019

The Virginia Board of Long-Term Care Administrators convened for a board meeting on Tuesday, March 12, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

BOARD MEMBERS PRESENT:

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

BOARD MEMBERS ABSENT:

Shervonne Banks, Citizen Member

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Erin Barrett, Assistant Attorney General
Barbara Allison-Bryan, M.D. Chief Deputy Director, DHP
Sarah Georgen, Licensing and Operations Manager
Lisa Hahn, Chief Operations Officer
Lynne Helmick, Deputy Executive Director, Discipline
Corie Tillman Wolf, J.D., Executive Director
Heather Wright, Program Manager
Elaine Yeatts, Senior Policy Analyst

OTHERS PRESENT:

Dana Parsons, Leading Age Virginia
Jennifer Pryor, Virginia Commonwealth University, Department of Gerontology
Kim Small, VisualResearch, Inc.
Hannah Morier, Virginia Commonwealth University
Hailey Wilson, Virginia Commonwealth University
Katie Jones, Virginia Commonwealth University
April Payne, Virginia Health Care Association/Virginia Center for Assisted Living

QUORUM:

With seven members present at the beginning of the meeting, a quorum was established.

CALL TO ORDER

Mr. Davis called the meeting to order at 10:30 a.m. and asked the Board members and staff to introduce themselves.

Mr. Davis read the mission of the Board and reminders for the meeting.

Ms. Tillman Wolf read the Emergency Egress Procedures.

APPROVAL OF MINUTES

Upon a **MOTION** by Ms. Stanfield, and properly seconded by Mr. Kendall, the Board voted to accept the following meeting minutes:

- Board Meeting – December 13, 2018
- Telephonic Conference – November 19, 2018

The motion passed unanimously.

ORDERING OF THE AGENDA

Upon a **MOTION** by Ms. Stanfield, and properly seconded by Ms. Hunt, the Board voted to accept the agenda as written. The motion passed unanimously.

PUBLIC COMMENT

There was no public comment.

AGENCY REPORT – Lisa Hahn and Dr. Allison-Bryan

Ms. Hahn congratulated the Board on its acceptance of the Health Services Executive (HSE) credential. She announced that the National Association of Long Term Care Administrator Boards (NAB) has created a taskforce to evaluate and revise, as necessary, the Administrators-in-Training manual and preceptor training. She requested that Board members submit any suggestions to Ms. Tillman Wolf, or to herself for consideration.

Ms. Hahn discussed the Virginia examination scores, and stated that she and Ms. Tillman Wolf were researching pathways to licensure to identify ways to assist future applicants with increasing their testing scores.

Ms. Hahn provided an update of future agency website changes.

Dr. Allison-Bryan provided an update on the 2019 General Assembly, and briefly spoke about telemedicine. Dr. Allison-Bryan briefly spoke about the possible current barriers of foreign applicants obtaining licensure in Virginia and stated that DHP was reviewing ways to equalize regulations.

Dr. Allison-Bryan reported that the Board of Health Professions was reviewing criteria for a study in regards to music therapists and stated that the Board would provide a recommendation to the General Assembly in 2020 regarding possible licensure.

Dr. Allison-Bryan provided a brief overview of the Board of Pharmacy’s approval of five vertical processors for CBD Oil and THC-A Oil, as well as new legislation related to designation of a registered agent to receive the CBD oil on behalf of patient.

With no further questions, Ms. Hahn and Dr. Allison-Bryan concluded their reports.

EXECUTIVE DIRECTOR’S REPORT – Corie Tillman Wolf, J.D.

Ms. Tillman Wolf welcomed the students from Virginia Commonwealth University who were observing the Board meeting.

Ms. Tillman Wolf provided the following report:

Expenditure and Revenue Summary

Cash Balance as of June 30, 2018	\$(1,418)
YTD FY19 Revenue	\$ 84,410
Less: YTD Direct and In-Direct Expenditures	\$ <u>319,493</u>
Cash Balance as of January 31, 2019	\$(236,501)

NAB Updates

Ms. Tillman Wolf provided a brief review of the newly recognized Health Services Executive (HSE) credential which was included in the recent revisions of the Board’s regulations for Nursing Home Administrators (18VAC95-20-10 et seq.). Ms. Tillman Wolf noted that this credential also applies to applicants by endorsement which will help facilitate mobility between jurisdictions.

Additionally, Ms. Tillman Wolf reported on the Continuing Education Registry offered by NAB, which is used by over 1,000 Virginia licensees.

Ms. Tillman Wolf shared with the Board staff planning objective for 2019 to include review of Administrator-In-Training (AIT) training and regulations by a Regulatory Advisory Panel, updates to the Memoranda of Understanding with the Department of Social Services and the Virginia Department of Health/Division of Licensure and Certification, continued dissemination of information to licensees, and continued steps to reduce the disciplinary case backlog.

Ms. Tillman Wolf provided the Licensing Report.

Assisted Living Facility Administrators - Current License Count

	December 2018	March 2019	+/-
ALFA's	660	679	19
AIT's	102	102	0
Acting AIT	4	3	-1
Total ALFA	766	784	18
Preceptors	215	220	5

Nursing Home Administrators - Current License Count

	December 2018	March 2019	+/-
NHA's	931	963	32
AIT's	88	81	-7
Total NHA	1,019	954	65
Preceptors	238	244	6
NHA and ALFA Combined	1,785	1,828	43

Ms. Tillman Wolf reported on the trends in license count, which showed relatively flat growth from December 2013 to March 2019.

Updates – Exam Scores

Ms. Tillman Wolf stated that the previous trends reported in December 2018 related to exam scores for the NHA, CORE, and RC/AL examinations continued to be similar in overall pass/fail percentages as compared to the national averages. Ms. Tillman Wolf is analyzing preliminary data to determine whether there are any identifiable links between education, training hours, or preceptors and success on the exam. Because the numbers are only preliminary, Ms. Tillman Wolf stated that she did not wish to publish that data at this time, but that the data would be shared for the consideration of the Regulatory Advisory Panel on AITs.

Virginia Performs – Customer Service Satisfaction

- FY16 Q1 – 100%
- FY16 Q2 – 100%
- FY16 Q3 – No results
- FY16 Q4 – 100%
- FY17 Q1 – 100%
- FY17 Q2 – 100%
- FY17 Q3 – No results
- FY17 Q4 – 100%
- FY18 Q1 – 100%
- FY18 Q2 – 100%
- FY18 Q3 – 100%
- FY18 Q4 – 100%
- FY19 Q1 – 100%

Ms. Tillman Wolf reported the agency average for FY19 Q1 was 89.4%.

Licensing Updates

Ms. Tillman Wolf reported that the changes to the Board's Regulations resulting from the Periodic Review were finalized on March 6, 2019. She stated that the updated AIT Reporting forms and updates to the licensing applications were available on the Board's website.

Notes

Ms. Tillman Wolf provided reminders to the Board members regarding any updated contact information. She thanked the Board members for their assistance with scheduling requests and their dedication to the Board.

Ms. Tillman Wolf reviewed the remaining 2019 Board meeting schedule with the Board members:

- Tuesday, June 18, 2019 at 10:00 a.m. in Board Room 4
- Thursday, September 12, 2019 at 10:00 a.m. in Board Room 2
- Tuesday, December 17, 2019 at 10:00 a.m. in Board Room 4

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

DISCIPLINE REPORT – Lynne Helmick – Deputy Executive Director, Discipline

As of March 6, 2019, Ms. Helmick reported the following disciplinary statistics:

- 98 total cases
 - 4 in Formal Hearing
 - 3 in Informal Conferences
 - 39 in Investigation
 - 52 in Probable Cause (2 cases need to be scheduled for an IFC and 6+ are ready for Board member review)
 - 7 in Compliance

Ms. Helmick reported the following Virginia Performs statistics for Q1 2019:

- Clearance Rate – 41% Received 17 cases and closed 7 cases
- Pending Caseload over 250 days at 31%

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

- | | |
|-------------------|--------------------------------|
| • Q2 2017 – 12/11 | • Q3 2018 – 13/8 |
| • Q3 2017 – 9/13 | • Q4 2018 – 16/31 |
| • Q4 2017 – 18/20 | • Q1 2019 – 31/14 |
| • Q1 2018 – 15/5 | • Q2 2019 (unofficial) – 22/11 |
| • Q2 2018 – 24/8 | |

Ms. Helmick reported that the discipline team has closed 18 cases so far this quarter.

Ms. Helmick announced her retirement.

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

BOARD COUNSEL REPORT

Ms. Barrett did not provide a report.

COMMITTEE AND BOARD MEMBER REPORTS

Board of Health Professions Report

Mr. Kendall noted that the Board of Health Professions report was included in the agenda packet.

LEGISLATIVE AND REGULATORY ACTIONS – Elaine Yeatts, Senior Policy Analyst

Regulatory Report – Status of Periodic Review

Ms. Yeatts noted that the proposed revisions to the Regulations Governing the Practice of Nursing Home and Assisted Living Facility Administrators resulting from the Periodic Review became effective March 6, 2019.

Legislative Report

Ms. Yeatts provided an overview of bills that could impact DHP professions and bills that would impact long-term care.

Ms. Yeatts provided the Board with information regarding a bill (HB 2228) passed in the 2019 Session of the General Assembly to rebalance the terms of members on several health regulatory boards, including the Board of Long-Term Care Administrators. Ms. Yeatts noted that no board action is required and that it was for informational purposes only.

Ms. Yeatts further reported on a recent discussion between VHCA, the Board of Pharmacy, and the Board of Long-Term Care Administrators regarding the potential impact of SB 1719 and other recent legislation related to CBD and THC-A oil on long-term care facilities.

Regulatory Advisory Panel (RAP) on Administrator-in-Training Issues – Corie Tillman Wolf, Executive Director

Ms. Tillman Wolf discussed the convening of a Regulatory Advisory Panel (RAP). A RAP is created to provide professional specialization and technical assistance to the Board to address a specific regulatory issue or when individuals indicate an interest in working with the agency on a specific regulatory issue. She stated that the Board would rely on the professional specialization and technical assistance of panelists to address the issue of Administrators-in-Training (AITs) and whether there are any improvements that can be made in the program structure and requirements or accompanying regulations. She said that the Board has also received interest from stakeholders in working with the Board on this issue. The RAP will make recommendations to the full Board for consideration and action.

GUIDANCE DOCUMENTS – Corie Tillman Wolf, Executive Director

Ms. Tillman Wolf provided a brief explanation regarding the recommended repeal of Guidance Document 95-5: Document of Department of Health; Common understanding of definitions and terms used to identify resident mistreatment. Mr. Davis opened the floor for discussion.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Stanfield, the Board voted to repeal Guidance Document 95-5: Document of Department of Health; Common understanding of definitions and terms used to identify resident mistreatment. The vote was unanimous.

STATUS OF UPDATES TO GUIDANCE DOCUMENTS – Corie Tillman Wolf, Executive Director

Ms. Tillman Wolf provided the status of updates regarding Guidance Documents 95-1: Memorandum of Understanding with the Virginia Department of Health, Division of Licensure and Certification and 95-10: Memorandum of Understanding with the Virginia Department of Social Services, Division of Licensing Programs on Assisted Living Facilities.

BREAK

The Board recessed at 11:42 a.m. The Board reconvened at 11:54 a.m.

Ms. Stanfield left the Board meeting at 11:44 a.m.

PRESENTATIONS

Mr. Davis welcomed Dana Parsons from LeadingAge. Ms. Parsons provided a presentation to the Board on Dementia Friends and Grants for Advanced Practice CNAs. Leading Age, in collaboration with the Virginia Department of Aging and Rehabilitative Services, is launching Dementia Friends, one-hour session information sessions to provide information on five key messages that everyone should know about dementia. In addition, LeadingAge is currently working with the Board of Nursing to develop a training curriculum for advanced practice certified nurse aides using grant funds from CMS civil monetary penalties. After the three-year curriculum development period, grant funds will be available to fund training scholarships for CNAs.

Mr. Davis welcomed Jennifer Pryor from Virginia Commonwealth University's Department of Gerontology. Ms. Pryor provided an overview and video presentation, "Disrupt Ageism," which was developed at VCU as a means of dispelling the myths that surround aging.

Mr. Davis welcomed Kim Small from VisualResearch, Inc. Ms. Small provided a training presentation on the use of the revised Sanctioning Reference Points Worksheet.

Mr. Davis deferred the presentation on the Disciplinary Process – Jurisdiction, Procedures and Options to the next scheduled Board meeting due to time constraints.

LUNCH DISCUSSION WITH STUDENTS

Board members answered questions and engaged in general discussion with three students from the Assisted Living Program at VCU's Department of Gerontology.

NEXT MEETING

Mr. Davis announced the next full Board meeting will be held on June 18, 2019.

ADJOURNMENT

With all business concluded, the meeting adjourned at 1:28 p.m.

Mitchell P. Davis, NHA, Chair

Corie Tillman Wolf, J.D., Executive Director

Date

Date

Unapproved
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING
MINUTES

March 12, 2019

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: The formal hearing of the Board was called to order at 8:46 a.m.

MEMBERS PRESENT: Mitchell Davis, NHA, Board Chair
Karen Hopkins Stanfield, NHA
Derrick Kendall, NHA
Martha Hunt, ALFA
Basil Acey, Citizen Member
Mary Brydon, Citizen Member

BOARD COUNSEL: Erin L. Barrett, Assistant Attorney General

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director
Angela Pearson, Senior Discipline Manager

COURT REPORTER: Farnsworth and Taylor Court Reporting

PARTIES ON BEHALF OF COMMONWEALTH: Jess Kelley, Adjudication Specialist

COMMONWEALTH WITNESS: Joyce S. Johnson, Senior Investigator, DHP

OTHERS PRESENT: Jennifer Pryor
Judy Hackler
Katie Jones
Hannah Morier
Hailey Wilson

MATTER: **Kim Brandveen, AFLF-AIT Applicant**
Applicant #1157622
Case #188146

ESTABLISHMENT OF A QUORUM:

With six (6) members present, a quorum was established.

DISCUSSION:

The Board received evidence and sworn testimony from the witness called by the Commonwealth.

CLOSED SESSION:

Upon a motion by Derrick Kendall, and duly seconded by Mitchell Davis, the Board voted to convene a closed meeting 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 Kim Brandveen, ALF Administrator-In-Training Applicant. Additionally, he moved that Ms. Tillman Wolf, Ms. Barrett and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

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

DECISION:

Upon a motion by Mitchell Davis and duly seconded by Derrick Kendall, the Board moved to deny Ms. Brandveen’s ALF Administrator-In-Training Application. The motion carried.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 10:30 a.m.

Mitchell P. Davis, NHA, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING
MINUTES

March 12, 2019

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: The formal hearing of the Board was called to order at 1:47 p.m.

MEMBERS PRESENT: Mitchell Davis, NHA, Board Chair
Marj Pantone, ALFA
Derrick Kendall, NHA
Martha Hunt, ALFA
Basil Acey, Citizen Member
Mary Brydon, Citizen Member

BOARD COUNSEL: Erin L. Barrett, Assistant Attorney General

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director
Lynne Helmick, Deputy Executive Director
Angela Pearson, Senior Discipline Manager

COURT REPORTER: Andrea Pegram Court Reporting Service

PARTIES ON BEHALF OF COMMONWEALTH: Julia Bennett, Assistant Attorney General
Claire Foley, Adjudication Specialist

COMMONWEALTH WITNESS: Ann S. Hardy, Senior Investigator, DHP
Kelli Moss, Senior Investigator, DHP
Kimberly Rodriguez, Licensing Inspector, VDSS

OTHERS PRESENT: Jennifer Pryor
Katie Jones
Hannah Morier
Hailey Wilson

MATTER: **Destiny R. White, ALFA**
License #1706000781
Case #182663 & 185221

ESTABLISHMENT OF A QUORUM:

With six (6) members present, a quorum was established.

DISCUSSION:

The Board received evidence and sworn testimony from the witnesses called by the Commonwealth.

CLOSED SESSION:

Upon a motion by Marj Pantone, and duly seconded by Mitchell Davis, the Board voted to convene a closed meeting 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 Destiny White, ALFA. Additionally, he moved that Ms. Tillman Wolf, Ms. Helmick, Ms. Barrett and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

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

DECISION:

Upon a motion by Mitchell Davis and duly seconded by Martha Hunt, the Board moved to revoke Ms. White's license. The motion carried.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Board adjourned at 8:15 p.m.

Mitchell P. Davis, NHA, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



The Virginia Board of Long-Term Care Administrators convened for a Regulatory Advisory Panel meeting on Friday, April 26, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Marj Pantone, ALFA, Panel Chair
Martha Hunt, ALFA
Basil Acey, Citizen Member

OTHER PANELISTS PARTICIPATING:

Rebekah Allen, JD, Office of Licensure and Certification, Virginia Department of Health
Charles O. Flynn, ALFA, NHA AIT, Friendship Retirement Community
Judy Hackler, Virginia Assisted Living Association
Lisa Hahn, Virginia Department of Health Professions
Ashley Jackson, NHA, Bay Lake Independent Living, Assisted Living and Memory Care
Sharon Lindsay, Department of Social Services
Dana Parsons, LeadingAge Virginia
April Payne, NHA, Virginia Health Care Association/Virginia Center for Assisted Living
Jennifer Pryor, MA, MS, ALFA, Virginia Commonwealth University, Department of Gerontology
J. Randolph Scott, NHA, ALFA, St. Mary's Woods
Alexa Van Aartrijk, ALF AIT, Virginia Commonwealth University
Paul Wade, Office of Licensure and Certification, Virginia Department of Health

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Erin Barrett, Assistant Attorney General, Board Counsel
Elizabeth Carter, PhD, Virginia Workforce Data Center
Sarah Georgen, Licensing and Operations Manager
Lynne Helmick, Deputy Director
Corie Tillman Wolf, Executive Director
Elaine Yeatts, Sr. Policy Analyst

OTHER GUESTS PRESENT

Maribeth Bersani, Argentum
Missy Currier, Department of Social Services
W. Scott Johnson, Esq., Hancock Daniel Johnson PC
Randy Lindner, National Association of Long-Term Care Administrator Boards
Elizabeth Wilkins, Manorhouse Management, Inc.
Paul Williams, Argentum

CALL TO ORDER

Ms. Pantone called the meeting to order at 9:03 a.m. and asked the Board members, panel members and staff to introduce themselves.

Ms. Tillman Wolf then read the emergency egress instructions.

ORDERING OF THE AGENDA

Ms. Pantone requested proposed changes to the ordering of the agenda. Hearing none, she proceeded with the meeting.

PUBLIC COMMENT

There was no public comment.

CHARGE OF THE RAP

Ms. Pantone stated that the Regulatory Advisory Panel (RAP) was convened pursuant to 18VAC95-11-70 of the Board's Regulations related to Public Participation. The RAP was convened to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

Ms. Pantone stated that the RAP was convened for exactly those purposes - to convene stakeholders and other individuals interested in this issue to provide input and technical assistance to the Board regarding the Board's regulation of Administrators-in-Training who are training for licensure as Nursing Home and Assisted Living Facility Administrators.

Ms. Pantone stated that the meeting was to set the stage or build the foundation for the discussion and ultimate recommendations by looking at some of the available data and to answer some initial questions about AITs and the Administrator workforce:

- Who is in and who is coming into the administrator workforce? Who is leaving the workforce?
- Who is entering the pipeline to become an administrator? Who are the AITs and who are the preceptors? What issues have arisen regarding licensure?
- Where are the administrators and AITs working? What facility-based issues exist according to the available data, and what issues are related to the administrators?
- What issues do providers in the field experience? With AITs? With Preceptors? Who do the providers want in the pipeline?
- Finally, how does Virginia compare nationally? Are these issues the same as those experienced elsewhere? What can we learn from the national trends? What resources are out there?

Ms. Pantone asked the panel members to think about the following questions for additional discussion toward the end of the meeting:

- What are we doing well?
- What information are we missing?
- What is the ultimate goal?
- What recommendations are there for the Board? (Do these recommendations fit with the mission of the Board - to ensure safe and competent patient care by licensing administrators, enforcing standards of practice, and providing information to health care practitioners and the public?)
- What opportunities exist for other stakeholders?

DISCUSSION

Overview of Workforce Data Trends for Administrators

Ms. Pantone welcomed Dr. Carter, Executive Director of the Healthcare Workforce Data Center. Dr. Carter provided a presentation related to Virginia's Long-Term Care Administrator Workforce, highlighting data and trends from the 2018 Workforce Reports for Assisted Living and Nursing Home Administrators.

Overview of Administrator Licensure and Discipline Data from the Board of Long-Term Care Administrators

Ms. Pantone welcomed Ms. Tillman Wolf, Executive Director of the Board. Ms. Tillman Wolf provided a presentation of Administrator Licensure and Discipline Data from the Board of Long-Term Care Administrators. Ms. Tillman Wolf discussed the available data regarding the licensing and discipline of administrators, including trends in license count, examination scores, case types, and sanctions imposed.

Overview of Facility Data for Assisted Living Facilities

Ms. Pantone welcomed Ms. Lindsay from the Virginia Department of Social Services. Ms. Lindsay and Ms. Currier provided an overview of facility data and information for assisted living facilities. Ms. Lindsay briefly reviewed the different types of licenses that are issued, the number and types of violations identified during inspections, and the number and location of facilities within the Commonwealth.

Overview of Facility Data for Nursing Facilities

Ms. Pantone welcomed Mr. Wade from the Office of Licensure and Certification, Virginia Department of Health. Mr. Wade provided an overview of facility data for nursing facilities. He briefly reviewed information regarding the violations identified by the teams throughout the Commonwealth that conduct surveys. He noted that the types and numbers of violations relating specifically administrators were noted in the agenda packet and reviewed the documentation with the panel.

BREAK

The Panel took a break at 10:15 a.m. The Panel reconvened at 10:26 a.m.

The Provider Perspective in Virginia – Administrator Trends and Data

Ms. Pantone welcomed Ms. Hackler from the Virginia Assisted Living Association. Ms. Hackler spoke about the need for alternate pathways for licensure to ensure a consistent workforce, and the need to review the Voluntary Preceptor Directory as trainees were finding it difficult to secure a Preceptor. She stated that additional information had been provided in the agenda packet for the panel's review.

Ms. Pantone welcomed Ms. Payne from the Virginia Health Care Association/Virginia Center for Assisted Living. Ms. Payne noted several areas of concern including staff retention, incentivizing staff to stay in the workforce, staff stability, and attraction to the profession.

Ms. Pantone welcomed Ms. Parsons from LeadingAge Virginia. Ms. Parsons stated that the panel should assess the requirements for Administrators-in-Training (AITs) and the process to make it more relevant. She noted that LeadingAge Virginia was working on a task force with a local ECPI program. She noted that LeadingAge Virginia created a workforce cabinet to review solutions for workforce, and a leadership academy to train leaders in the field. She also stated that there are several LeadingAge programs in place of interest to the panel, including the Center for Workforce Solutions, National Emerging Leaders Summit, and Economic Impact Study.

The National Landscape for Administrators in Long-Term Care

Ms. Pantone welcomed Mr. Lindner from the National Association of Boards of Long-Term Care Administrators (NAB). Mr. Lindner provided a presentation on Leadership in Senior Living and Health Services. Mr. Lindner discussed efforts at the national level to promote leadership and academic programming in long term care through the Vision 20/25 Summit to be convened in Chicago in June, 2019, as well as the efforts of NAB to promote academic accreditation, licensure portability, training resources for AITs and preceptors, and validated examinations. Mr. Lindner discussed information gathered through a number of studies related to successful AIT training and examination performance. He further provided information on the NAB Health Services Executive (HSE) credential, continuing education registry, and study resources.

PANEL DISCUSSION

Ms. Pantone asked the panel to focus on the questions asked at the beginning of the meeting to start the overall discussion about AITs. Ms. Hackler proposed discussion on how many nursing home administrators were over assisted living facility administrators. Mr. Flynn stated that the NAB study guide was helpful for trainees.

NEXT STEPS

Ms. Pantone announced the next steps, including reviewing the requirements for becoming an AIT and the path to licensure, as well as the structure and requirements of the program itself. She stated that the panel will also develop the specific recommendations to the Board based upon discussion from the panel and discussion about the AIT experience.

Ms. Pantone said that the panel will hear from recent AITs and get their perspective about what they learned, how they learned, and whether their training translated into preparation for examination and licensure.

Ms. Pantone stated that the panel will also hear from preceptors and their insights into the training process and their relationship with their AITs.

She requested that the panel members begin thinking about the questions discussed as they relate to the requirements for AIT registration and training:

- What are we doing well?
- What information are we missing?
- What is the ultimate goal?
- What recommendations are there for the Board? (*Do these recommendations fit with the mission of the Board?*)
- What opportunities exist for other stakeholders?

NEXT MEETING

Ms. Tillman Wolf announced that she would follow up with participants regarding the resources referenced during the meeting. Ms. Pantone announced that the next panel meeting would convene in late June/early July pending availability of panel members.

ADJOURNMENT

With all business concluded, the meeting adjourned at 11:47 a.m.

Marj Pantone, ALFA, Panel Chair

Corie Tillman Wolf, J.D., Executive Director

Date

Date

The Virginia Board of Long-Term Care Administrators convened for a Regulatory Advisory Panel meeting on Friday, July 19, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Marj Pantone, ALFA, Panel Chair
Basil Acey, Citizen Board Member
Martha Hunt, ALFA

OTHER PANELISTS PARTICIPATING:

Rebekah Allen, JD, Office of Licensure and Certification, Virginia Department of Health
Tara Davis-Ragland, MSA, NHA, Department of Social Services
Charles O. Flynn, ALFA, NHA AIT, Friendship Retirement Community
Judy Hackler, Virginia Assisted Living Association
Lisa Hahn, Virginia Department of Health Professions
Ashley Jackson, NHA
Randy Lindner, National Association of Long-Term Care Administrator Boards
Dana Parsons, LeadingAge Virginia
Jennifer Pryor, MA, MS, ALFA, Virginia Commonwealth University, Department of Gerontology
Judy Raymond, NHA
J. Randolph Scott, NHA, ALFA
Alexa Van Aartrijk, ALF AIT, Virginia Commonwealth University
Paul Wade, Office of Licensure and Certification, Virginia Department of Health

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Erin Barrett, Assistant Attorney General, Board Counsel
Trasean Boatwright, Licensing Specialist
Elizabeth Carter, PhD, Virginia Workforce Data Center
Sarah Georgen, Licensing and Operations Manager
Kelley Palmatier, Deputy Director
Corie Tillman Wolf, Executive Director
Elaine Yeatts, Sr. Policy Analyst

OTHER GUESTS PRESENT

Ed Corbeil, Commonwealth Senior Living
Amy Feather, The Kensington Falls Church
Kathy Petersen, Department of Social Services

CALL TO ORDER

Ms. Pantone called the meeting to order at 1:06 p.m. Ms. Pantone welcomed back the participants of the Regulatory Advisory Panel and asked all panel members to introduce themselves.

Ms. Pantone reminded those in attendance in the public to sign in and indicate if they will provide public comment.

Ms. Tillman Wolf then read the emergency egress instructions.

ORDERING OF THE AGENDA

Ms. Pantone requested proposed changes to the ordering of the agenda. Hearing none, she proceeded with the meeting.

APPROVAL OF MINUTES

Ms. Pantone requested if any panel members had any amendments or proposed changes to the draft April 26, 2019 Regulatory Advisory Panel meeting minutes for consideration by the full Board. Hearing none, she proceeded with the meeting.

PUBLIC COMMENT

Ms. Feather provided public comment (Attachment A).

Mr. Corbeil provided public comment (Attachment B).

CHARGE OF THE RAP

Ms. Pantone stated that the Regulatory Advisory Panel (RAP) was convened pursuant to 18VAC95-11-70 of the Board's Regulations related to Public Participation. The RAP was convened to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

Ms. Pantone stated that the RAP was convened for exactly those purposes - to convene stakeholders and other individuals interested in this issue to provide input and technical assistance to the Board regarding the Board's regulation of Administrators-in-Training who are training for licensure as Nursing Home and Assisted Living Facility Administrators.

DISCUSSION

Review of April 26, 2019 Regulatory Advisory Panel meeting – Corie E. Tillman Wolf

Ms. Pantone asked Ms. Tillman Wolf to provide an overview of the April 26, 2019 meeting.

Ms. Tillman Wolf directed participants to information in the meeting packets, including an update from the HealthCare Workforce Data Center regarding the number of licensees who hold multiple license and updated population statistics from the University of Virginia. She further identified a working draft of initial issues and discussion from the last meeting to assist panel members in framing their discussion and considerations for the Board.

Report from the Vision 2025 Summit and NAB Updates – Randy Lindner, President and CEO, National Association of Long-Term Care Administrator Boards (NAB)

Mr. Lindner provided a report on the recent Vision 2025 Summit held in Chicago in June 2019.

Mr. Lindner stated that representatives from colleges and universities, providers and associations, and business partners attended the summit to provide insights regarding opportunities to improve partnerships between long-term care facilities and academia, and the challenges encountered in the development of academic programs. He stated that the goal is to have 25 long-term care college/university programs approved with 1,000 individuals graduating by the year 2025.

Mr. Lindner stated that the summit highlighted several issues for individuals entering the long-term care administration field. A number of preliminary recommendations were made such as increasing access to paid internships and AIT training through provider investments and partnerships with academic programs; reducing confusion related to terms associated with long-term care and rebranding the profession through common terminology and messaging; investing in programs and looking at available grant opportunities; designing multiple career paths for individuals with different levels of experience within the long-term care area; creating a comprehensive core curriculum; and enhancing collaboration of stakeholders to increase exposure of students to long-term care as a profession.

Mr. Lindner discussed workforce issues and stated that the summit participants suggested a supply/demand study. The NAB foundation would be working on such a study in partnership with a university and the Commonwealth of Virginia's Healthcare Workforce Data Center.

Mr. Lindner provided updated information related to the Nursing Home Administrator (NHA) line of service exam scores in Virginia. He noted that Virginia test takers had the weakest performance in the Domain of Practice for Finance, followed by Human Resource Management and Environmental Management.

Review of Current Administrator-in-Training Requirements – Marj Pantone

Ms. Pantone reviewed the current AIT requirements, including the educational and experience pathways to qualification and the training program hours and credit.

Perspective of Recent AITs – Alexa van Aartrijk and Charles Flynn, ALFA, NHA AIT

Ms. van Aartrijk provided the perspective of her recent AIT experience. She stated that she found it difficult to find a preceptor willing to provide training. She noted difficulty beginning the program in determining where to start with her training program and how to gauge the initial training needed. Ms. van Aartrijk stated that her preceptor had difficulty beginning the process as well, so she began working with other directors in the training facility to learn more about the role of an administrator. She stated that she was fortunate to have

her internship as part of her degree program, as she would have faced difficulties if she were required to do an unpaid AIT program out of the school setting. She stated that she had a great experience with her preceptor. She used the NAB AIT Manual and found the tasks in the manual helpful. A weekly journal with some specific guided questions would have been helpful to her in knowing what to ask her preceptor.

Mr. Flynn provided the perspective of his recent AIT experiences in assisted living and nursing home administration. For his ALFA AIT, he stated that he was able to identify a preceptor that did not charge him for training. He stated that he and his preceptor met weekly to review training and had daily phone calls throughout his experience. For his NHA AIT, he trained in two different buildings, which was helpful in providing different perspectives. A facility survey was conducted at the end of his training hours, which proved to be helpful in his training. He found the NAB AIT Manual to be helpful in providing a roadmap for his NHA AIT. He stated that he used the NAB online study guide and completed practice examinations. He encouraged AITs to use the AIT manual, and to use the resources listed. He suggested that the ALFA AITs have a preceptor specifically trained as an ALFA to ensure that training is consistent.

Insights from Current Preceptors on the Training Process – Judy Raymond, NHA, and J. Randolph Scott, NHA, ALFA

Ms. Raymond provided the perspective of the preceptor on the training process. She stated that she receives several inquiries per month to be a preceptor from in-state and out-of-state AITs. She stated that her facility has developed policies, job descriptions and outlines to assist during the training program. She stressed the importance of using the NAB materials and allowing the AIT to experience every department within the facility. She did not provide any recommendations on the process, stating that it was easy to become a preceptor and encourages more licensed individuals to become preceptors. She inquired if the Board would review the regulations to allow additional AITs to train in larger facilities. She stated that she attended a five-day continuing education program in Pennsylvania, with three days focused on the federal regulations. She recommended that a program be developed in Virginia through professional organizations to better prepare individuals for the examination.

Mr. Scott provided the perspective of the preceptor on the training process. He stated that he receives several inquiries per month to be a preceptor. He stated that he frequently uses the NAB materials throughout the training program and recommended that the Board consider allowing continuing education credit to be a preceptor. He stated that his facility has a peer review process to audit other facilities, which also serves as a helpful training tool for AITs to conduct the audits.

Comparison of Hours to Other Jurisdictions – Corie E. Tillman Wolf

Ms. Tillman Wolf provided a comparison of hours from other jurisdictions for the panel's review.

BREAK

The Panel took a break at 2:24 p.m. The Panel reconvened at 2:40 p.m.

Panel Discussion of Recommendations to Full Board

The panel discussed recommendations to the full Board (Attachment C).

Recommendations Regarding Pending Petitions for Rule-making (Simmons)

Ms. Yeatts provided a summary of the Petitions for Rule-making that were submitted to the Board for consideration. She noted that the comment period had ended for the petitions, but that it would be helpful for the panel to review the petitions for consideration by the full Board.

NEXT STEPS

Ms. Pantone announced that the information provided was sufficient to provide to the full Board for consideration. She stated that another Regulatory Advisory Panel meeting would not be necessary. She thanked the participants for their time to ensure that the process continued to be a successful program for up and coming Administrators.

ADJOURNMENT

With all business concluded, the meeting adjourned at 4:05 p.m.

Marj Pantone, ALFA, Panel Chair

Corie Tillman Wolf, J.D., Executive Director

Date

Date

**Regulatory Advisory Panel – Administrators-in-Training
Considerations for the Board of Long-Term Care Administrators**

Area	Concern	Proposed Action Items for Consideration
Workforce Development	How to interest individuals in administration as a career	<ul style="list-style-type: none"> <input type="checkbox"/> DHP’s Healthcare Workforce Data Center to continue to disseminate Occupational Roadmap to community colleges, schools, and will reach out to the Virginia Healthcare Workforce Authority to share resources <input type="checkbox"/> Provider associations to share Occupational Roadmap on their websites <input type="checkbox"/> Provider associations to build relationships with schools to increase exposure to administration as a career
	Development of academic programs as pipeline for building career administrators	<ul style="list-style-type: none"> <input type="checkbox"/> NAB and National provider associations to continue to collaborate with academic programs to implement recommendations of Vision 2025 Summit, including recommendations to encourage investment in administration as a profession and career path; to encourage investment in/funding for/support of AIT training programs; to develop a common branding, terminology, and messaging for the profession; to study the supply/demand of administrators through NAB foundation and academic program; to establish a comprehensive core curriculum of study in long-term care administration
	Building leadership talent through education and investment, including investment in AIT training	<ul style="list-style-type: none"> <input type="checkbox"/> NAB and National provider associations to collaborate to promote leadership training, as well as financial support of/investment in AIT programs and internships
Preceptor Development and Engagement	Preceptor Directory – updates and utilization	<ul style="list-style-type: none"> <input type="checkbox"/> Board to encourage currently-listed preceptors to (1) update current information and (2) encourage additional preceptors to include information together with any restrictions they may have on their ability to oversee training (e.g. internal only) <input type="checkbox"/> Board to collaborate with provider associations to continue to “get the word out” about the availability of voluntary resource <input type="checkbox"/> Board to collaborate with provider associations to look at resources for matching preceptors and AITs
	Increasing engagement of/availability of preceptors in the AIT training process	<ul style="list-style-type: none"> <input type="checkbox"/> Board to consider change to regulations to permit preceptors to earn CE credit for supervising an AIT program <input type="checkbox"/> Board to collaborate with provider organizations and stakeholders to provide resources and additional training to preceptors <input type="checkbox"/> Board and provider associations to encourage use of NAB preceptor training modules beyond requirements related to initial registration/reinstatement
	Ensuring active involvement of preceptors in the training process	<ul style="list-style-type: none"> <input type="checkbox"/> Board to consider adequate training and oversight of AIT by preceptors when preceptor may not be on-site by reviewing minimum amount of face-to-face time for all AITs (not just Acting AITs) <input type="checkbox"/> Board to consider on-site requirements for preceptors

Area	Concern	Proposed Action Items for Consideration
AIT – Pathways to Registration – Education and Experience	Additional pathway for ALFA AIT based upon experience and/or other relevant educational requirements	<input type="checkbox"/> Board to consider change to regulations to add another pathway to registration for AIT training based upon experience in the long-term care setting (example of at least 2-3 years in managerial or supervisory role within long-term care setting), combined with 80-hour training requirement as prerequisite (NAB provides third party certification of 80 hour program based upon NAB curriculum standards and Domains of Practice); 80 hour program through provider association (not-for-profit) or academic program for implementation of 80-hour training program
	Current requirement for 30 hours of education “in any subject” as basis for approval of applicant to begin ALFA AIT	<input type="checkbox"/> Board to consider change to regulations to strengthen current minimum educational pathway to create link between 30 hours of coursework with coursework related to business and/or health services similar to requirement for residential-only administrators of record per DSS regulations (22VAC40-73-140)
Acting AITs	Review provisions related to Acting AITs for consistency with DSS regulations	<input type="checkbox"/> Board and DSS to collaborate to ensure consistency of regulations and processes related to acting AITs serving as Acting Administrators of record
AIT Training Facility Requirements	Clarifications regarding training facility where AIT conducted to promote comprehensive training and public safety	<input type="checkbox"/> Board to consider changes to regulations related to training facility requirements <ul style="list-style-type: none"> <input type="checkbox"/> Consider whether there should be a minimum size or bed capacity at the training facility, or in the alternative, consider whether a percentage of training hours must be conducted at a comprehensive care facility <input type="checkbox"/> Clarify that training for AL must occur at assisted living facility licensed by DSS that is not a residential-only AL facility <input type="checkbox"/> Consider provision that Acting AIT cannot be conducted at applicant’s own new/conditionally licensed facility
AIT Reporting Requirements	Improve reporting process for AITs	<input type="checkbox"/> Board to conduct ongoing review of reports for content to ensure reports accurately capture training experience and learning of AIT <input type="checkbox"/> Board to consider adoption of guidance document to use NAB training manual as basis for training <input type="checkbox"/> Board to increase awareness among AITs and preceptors of expectations related to reporting process
AIT Preparation and Training	Preparation for AITs for the examinations required for licensure	<input type="checkbox"/> Board to collaborate with provider associations and stakeholders regarding review course based upon NAB standard for 80-hour course; consider course hours to count as credit toward AIT training hours
	Improve/Increase mental health and dementia/Alzheimer’s training for AITs and Administrators	<input type="checkbox"/> Board to consider incorporation of additional training related to mental health and dementia/Alzheimer’s related needs of residents <input type="checkbox"/> Board to collaborate with provider organizations, DSS, and other stakeholders related to implementing additional mental health training for administrators

Unapproved
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
SPECIAL CONFERENCE COMMITTEE
MINUTES

March 11, 2019

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A Special Conference Committee of the Board was called to order at 1:02 p.m.

MEMBERS PRESENT: Karen Stanfield, NHA Chair
Marj Pantone, ALFA

DHP STAFF PRESENT: Lynne Helmick, Deputy Executive Director
Angela Pearson, Discipline Manager
Jess Kelley, Adjudication Specialist

OTHERS PRESENT: Ryan Dunkle

MATTER: **Katy L. Reed, ALFA**
License #1706000657
Case #188013

DISCUSSION: Ms. Reed appeared before the Committee in accordance with the Board's Notice of Informal Conference, dated February 5, 2019. Ms. Reed was present and was represented by John B. Mahn, Esquire.

The Committee fully discussed the allegations as referenced in the February 5, 2019, Notice of Informal Conference.

CLOSED SESSION: Upon a motion by Marj Pantone, and duly seconded by Karen Stanfield, the Committee voted to convene a closed meeting 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 Katy L. Reed, ALFA. Additionally, she moved that Ms. Helmick and Ms. Pearson attend the closed meeting because their

presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Marj Pantone and duly seconded by Karen Stanfield, the Committee voted and ordered completion of continuing education in reporting, restraints and restraint reduction. The motion carried.

ADJOURNMENT:

The Committee adjourned at 2:20 p.m.

Karen Stanfield, NHA Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
SPECIAL CONFERENCE COMMITTEE
MINUTES

June 18, 2019

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A Special Conference Committee of the Board was called to order at 1:04 p.m.

MEMBERS PRESENT: Derrick Kendall, NHA Chair
Marj Pantone, ALFA

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director
Angela Pearson, Discipline Manager
Jess Kelley, Adjudication Specialist

OTHERS PRESENT: Mr. Davis

MATTER: **Irene H. Davis, ALFA, ALFA-Preceptor**
License #1706000175
Case #184376

DISCUSSION: Ms. Davis appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated April 30, 2019. Ms. Davis was not represented by counsel.

The Committee fully discussed the allegations as referenced in the April 30, 2019, Notice of Informal Conference, with Ms. Davis.

CLOSED SESSION: Upon a motion by Marj Pantone, and duly seconded by Derrick Kendall, the Committee voted to convene a closed meeting 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 Irene H. Davis, ALFA, ALFA-Preceptor. Additionally, she moved that Ms. Tillman Wolf and Ms. Pearson attend the closed meeting because their presence in the closed meeting

was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Marj Pantone and duly seconded by Derrick Kendall, the Committee voted and ordered probation for not less than 12 months and completion of an online preceptor training course offered by the National Association of Long-Term Care Administrator Boards. The motion carried.

ADJOURNMENT:

The Committee adjourned at 2:11 p.m.

Derrick Kendall, NHA Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
SPECIAL CONFERENCE COMMITTEE
MINUTES

June 18, 2019

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A Special Conference Committee of the Board was called to order at 2:19 p.m.

MEMBERS PRESENT: Derrick Kendall, NHA Chair
Marj Pantone, ALFA

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director
Angela Pearson, Discipline Manager
Claire Foley, Adjudication Specialist

OTHERS PRESENT: Katherine Barger
Valerie Seay

MATTER: **Leasha C. Kiser, ALFA**
License #1706000406
Case #187676 & 189963

DISCUSSION: Ms. Kiser appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated May 1, 2019. Ms. Kiser was not represented by counsel.

The Committee fully discussed the allegations as referenced in the May 1, 2019, Notice of Informal Conference, with Ms. Kiser.

CLOSED SESSION: Upon a motion by Marj Pantone, and duly seconded by Derrick Kendall, the Committee voted to convene a closed meeting 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 Leasha C. Kiser, ALFA. Additionally, she moved that Ms. Tillman Wolf and Ms. Pearson attend the closed meeting because

their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Marj Pantone and duly seconded by Derrick Kendall, the Committee voted to refer this matter to a Formal Administrative Hearing. The motion carried.

ADJOURNMENT:

The Committee adjourned at 3:47 p.m.

Derrick Kendall, NHA Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
SPECIAL CONFERENCE COMMITTEE
MINUTES

June 18, 2019

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A Special Conference Committee of the Board was called to order at 3:56 p.m.

MEMBERS PRESENT: Derrick Kendall, NHA Chair
Marj Pantone, ALFA

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director
Angela Pearson, Discipline Manager
Claire Foley, Adjudication Specialist

MATTER: Vicki Hartway, NHA, ALFA Preceptor
License #1701002736 & #1707000352
Case #181710 & 181988

DISCUSSION: Ms. Hartway appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated March 26, 2019 and later continued by letter dated April 23, 2019. Ms. Hartway was not represented by counsel.

The Committee fully discussed the allegations as referenced in the March 26, 2019, Notice of Informal Conference, with Ms. Hartway.

CLOSED SESSION: Upon a motion by Marj Pantone, and duly seconded by Derrick Kendall, the Committee voted to convene a closed meeting 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 Vicki Hartway, NHA, ALFA Preceptor. Additionally, she moved that Ms. Tillman Wolf and Ms. Pearson attend the closed meeting because their presence in the closed meeting

was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Marj Pantone and duly seconded by Derrick Kendall, the Committee voted and ordered a reprimand. The motion carried.

ADJOURNMENT:

The Committee adjourned at 5:44 p.m.

Derrick Kendall, NHA Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
**VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
SPECIAL CONFERENCE COMMITTEE
MINUTES**

July 31, 2019

**Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233**

- CALL TO ORDER:** A Special Conference Committee of the Board was called to order at 1:05 p.m.
- MEMBERS PRESENT:** Derrick Kendall, NHA Chair
Marj Pantone, ALFA
- DHP STAFF PRESENT:** Kelley Palmatier, Deputy Executive Director
Angela Pearson, Discipline Manager
David Kazzie, Adjudication Specialist
- OTHERS PRESENT:** Nora Ciancio, Esq.
Michael Goodman, Esq.
Carole Schriefer, Esq.
Sandra Cephas
- MATTER:** John A. Byrd, Reinstatement Applicant
NHA, NHA-Preceptor & ALFA, ALFA-Preceptor
License Numbers: 1703001710, 1703001009,
1706000030, & 1707000012
Case Numbers: 190635 & 190636
- DISCUSSION:** Mr. Byrd appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated March 26, 2019. Mr. Byrd was present and represented by counsel, Michael Goodman, Esquire.
- The Committee fully discussed the allegations as referenced in the March 26, 2019, Notice of Informal Conference, with Mr. Byrd.
- CLOSED SESSION:** Upon a motion by Marj Pantone, and duly seconded by Derrick Kendall, the Committee voted to convene

a closed meeting 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 John Byrd, NHA, NHA Preceptor & ALFA, ALFA-Preceptor. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Marj Pantone and duly seconded by Derrick Kendall, the Committee voted and ordered that the NHA and ALFA Licenses be reinstated and the NHA-Preceptor and ALFA-Preceptor Licenses be reinstated contingent upon terms of the Board order. The motion carried.

ADJOURNMENT:

The Committee adjourned at 2:11 p.m.

Derrick Kendall, NHA Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Unapproved
**VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
SPECIAL CONFERENCE COMMITTEE
MINUTES**

July 31, 2019

**Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233**

CALL TO ORDER: A Special Conference Committee of the Board was called to order at 2:22 p.m.

MEMBERS PRESENT: Derrick Kendall, NHA Chair
Marj Pantone, ALFA

DHP STAFF PRESENT: Kelley Palmatier, Deputy Executive Director
Angela Pearson, Discipline Manager
Jessica Kelley, Adjudication Specialist

OTHERS PRESENT: Carole Schriefer, Esq.

MATTER: Sandra V. Cephias, ALFA
License Number: 1706000342
Case Number: 182078

DISCUSSION: Ms. Cephias appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated May 30, 2019. Ms. Cephias was present and was represented by counsel, Carole Schriefer, Esquire.

The Committee fully discussed the allegations as referenced in the May 30, 2019, Notice of Informal Conference, with Ms. Cephias.

CLOSED SESSION: Upon a motion by Marj Pantone, and duly seconded by Derrick Kendall, the Committee voted to convene a closed meeting 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 Sandra Cephias, ALFA. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because

their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Marj Pantone and duly seconded by Derrick Kendall, the Committee voted and ordered completion of continuing education in Employment Documentation and Ethical Decision Making. The motion carried.

ADJOURNMENT:

The Committee adjourned at 3:50 p.m.

Derrick Kendall, NHA Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Presentations

Virginia's Assisted Living Facility Administrator Workforce: 2019

Healthcare Workforce Data Center

May 2019

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

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

Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>

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

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
Deputy Director

Laura Jackson, MSHSA
Operations Manager

Rajana Siva, MBA
Research Analyst

Christopher Coyle
Research Assistant

Virginia Board of Long-Term Care Administrators

Chair

Mitchell P. Davis, NHA
Salem

Vice-Chair

Marj Pantone, ALFA
Virginia Beach

Members

Derrick Kendall, NHA
Blackstone

Martha H. Hunt, ALFA
Richmond

Karen Hopkins Stanfield, NHA
Dinwiddie

Shervonne Banks
Hampton

Mary B. Brydon
Richmond

Basil Acey
Henrico

Executive Director

Corie E. Tillman Wolf, JD

Contents

Results in Brief.....	2
Summary of Trends	2
Survey Response Rates.....	3
The Workforce.....	4
Demographics.....	5
Background	6
Education	8
Licenses & Job Titles	9
Current Employment Situation	10
Employment Quality.....	11
Labor Market.....	12
Work Site Distribution	13
Establishment Type	14
Time Allocation	16
Patient Workload	17
Retirement & Future Plans	18
Full-Time Equivalency Units.....	20
Maps	21
Virginia Performs Regions	21
Area Health Education Center Regions	22
Workforce Investment Areas	23
Health Services Areas	24
Planning Districts.....	25
Appendices.....	26
Appendix A: Weights	26

The Assisted Living Facility Administrator Workforce: At a Glance:

The Workforce

Licensees:	688
Virginia's Workforce:	645
FTEs:	742

Background

Rural Childhood:	45%
HS Degree in VA:	60%
Prof. Degree in VA:	91%

Current Employment

Employed in Prof.:	90%
Hold 1 Full-Time Job:	83%
Satisfied?:	94%

Survey Response Rate

All Licensees:	79%
Renewing Practitioners:	93%

Health Admin. Edu.

Admin-in-Training:	34%
Baccalaureate:	12%

Job Turnover

Switched Jobs:	9%
Employed Over 2 Yrs:	63%

Demographics

Female:	80%
Diversity Index:	45%
Median Age:	52

Finances

Median Inc.:	\$70k-\$80k
Retirement Benefits:	51%
Under 40 w/ Ed Debt:	56%

Time Allocation

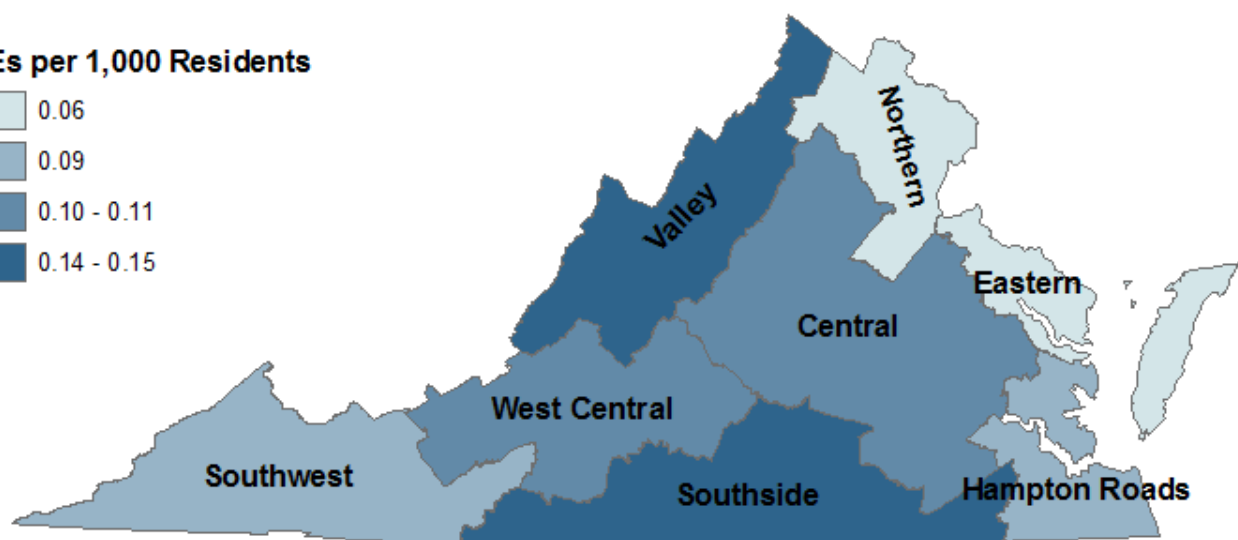
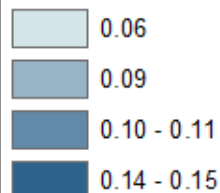
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

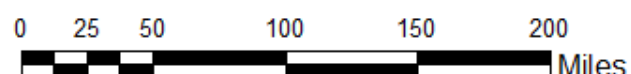
Full Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



More than 500 Assisted Living Facility Administrators (ALFAs) voluntarily took part in the 2019 Assisted Living Facility Administrator Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for ALFAs. These survey respondents represent 79% of the 688 ALFAs who are licensed in the state and 93% of renewing practitioners.

The HWDC estimates that 645 ALFAs participated in Virginia's workforce during the survey period, which is defined as those ALFAs who worked at least a portion of the year in the state or who live in the state and intend to return to work as an ALFA at some point in the future. Over the past year, Virginia's ALFA workforce provided 742 "full-time equivalency units".

Nearly 20% of all ALFAs are under the age of 40. Within this age group, nearly three-quarters are female. In addition, there is a 55% chance that two randomly chosen ALFAs from this age group would be of a different race or ethnicity, a measure known as the diversity index. This makes ALFAs who are under the age of 40 nearly as diverse as the overall statewide population with its diversity index of 57%. Meanwhile, 45% of ALFAs grew up in a rural area, and 26% of these professionals currently work in non-metro areas of Virginia. In total, 17% of all ALFAs currently work in non-metro areas of the state.

Nine out of every ten ALFAs are currently employed in the profession, while only 1% of ALFAs have been involuntarily unemployed at some point over the past year. Nearly all ALFAs work in the private sector, including 81% who are employed at for-profit establishments. Assisted Living Facilities employ 70% of all ALFAs in the state, while another 6% work at either continuing care retirement facilities or home/community health care establishments.

The typical ALFA earns between \$70,000 and \$80,000 per year. In addition, 85% of ALFAs receive at least one employer-sponsored benefit, including 51% who have access to a retirement plan. At the same time, 28% of ALFAs currently carry education debt, including 56% of those ALFAs who are under the age of 40. For those ALFAs with education debt, the median debt burden is between \$30,000 and \$40,000. More than 90% of ALFAs are satisfied with their current work situation, including 75% who indicate that they are "very satisfied".

Summary of Trends

Since 2014, the number of licensed ALFAs in Virginia has increased by 5% (688 vs. 656), and the survey response rate among these licensees has increased considerably (79% vs. 72%). The size of Virginia's ALFA workforce has also increased by 5% (645 vs. 612), while the number of FTEs provided by this workforce has increased by 3% (742 vs. 718).

ALFAs are less likely to be female (80% vs. 83%), and this decline is even more pronounced among ALFAs who are under the age of 40 (74% vs. 79%). Meanwhile, the diversity index of Virginia's ALFAs has increased significantly (45% vs. 35%). This is also true among those ALFAs who are under the age of 40 (55% vs. 42%). At the same time, Virginia's ALFAs are less likely to have grown up in a rural area (45% vs. 49%). Overall, the percentage of ALFAs who work in non-metro areas of Virginia has declined (17% vs. 19%).

Although the percentage of ALFAs who are employed in the profession has not changed since 2014, they are more likely to work between 50 and 59 hours per week (28% vs. 23%) instead of between 40 and 49 hours per week (44% vs. 51%). In addition, ALFAs are less likely to have worked at their primary work location for at least two years (63% vs. 71%). With respect to organization type, ALFAs are more likely to work at a facility chain organization (41% vs. 35%) in lieu of an independent/stand-alone organization (52% vs. 58%).

The median annual income of Virginia's ALFA workforce has increased (\$70,000-\$80,000 vs. \$60,000-\$70,000), and ALFAs are also more likely to receive at least one employer-sponsored benefit (85% vs. 83%). Although fewer ALFAs indicate that they are satisfied with their current work situation (94% vs. 96%), slightly more ALFAs indicate that they are "very satisfied" (75% vs. 74%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	544	79%
New Licensees	69	10%
Non-Renewals	75	11%
All Licensees	688	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. More than 90% of renewing ALFAs submitted a survey. These respondents represent 79% of all ALFAs who held a license at some point in the past year.

Definitions

- 1. The Survey Period:** The survey was conducted in March 2019.
- 2. Target Population:** All ALFAs who held a Virginia license at some point between April 2018 and March 2019.
- 3. Survey Population:** The survey was available to ALFAs who renewed their licenses online. It was not available to those who did not renew, including some ALFAs newly licensed in the past year.

Statistic	Response Rates		
	Non Respondents	Respondents	Response Rate
By Age			
Under 30	4	11	73%
30 to 34	8	40	83%
35 to 39	11	45	80%
40 to 44	19	62	77%
45 to 49	18	80	82%
50 to 54	16	88	85%
55 to 59	28	79	74%
60 and Over	42	137	77%
Total	146	542	79%
New Licenses			
Issued in Past Year	37	32	46%
Metro Status			
Non-Metro	23	105	82%
Metro	111	395	78%
Not in Virginia	12	42	78%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	542
Response Rate, All Licensees	79%
Response Rate, Renewals	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 688
 New: 10%
 Not Renewed: 11%

Response Rates

All Licensees: 79%
 Renewing Practitioners: 93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

ALFA Workforce: 645
 FTEs: 742

Utilization Ratios

Licensees in VA Workforce: 94%
 Licensees per FTE: 0.93
 Workers per FTE: 0.87

Source: Va. Healthcare Workforce Data Center

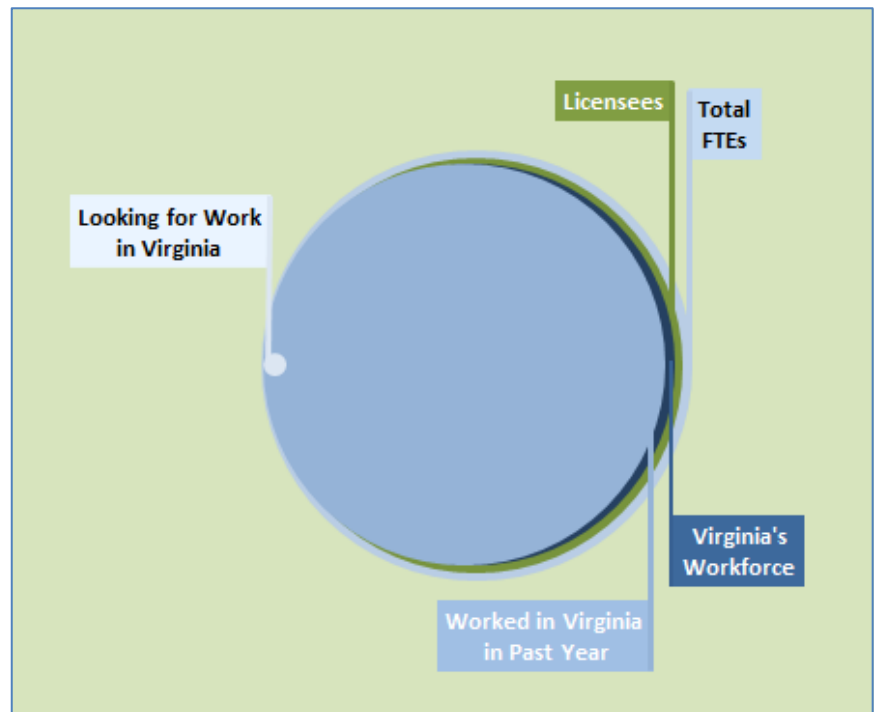
Virginia's ALFA Workforce		
Status	#	%
Worked in Virginia in Past Year	643	100%
Looking for Work in Virginia	2	0%
Virginia's Workforce	645	100%
Total FTEs	742	
Licensees	688	

Source: Va. Healthcare Workforce Data Center

Definitions

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

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	3	21%	10	79%	13	2%
30 to 34	12	30%	28	70%	39	7%
35 to 39	10	23%	34	77%	45	8%
40 to 44	18	28%	47	72%	66	12%
45 to 49	12	18%	56	82%	69	13%
50 to 54	16	18%	69	82%	85	16%
55 to 59	14	16%	72	84%	86	16%
60 and Over	22	17%	112	84%	134	25%
Total	107	20%	429	80%	536	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
White	62%	387	71%	61	64%
Black	19%	109	20%	16	17%
Asian	7%	22	4%	7	7%
Other Race	0%	8	1%	5	5%
Two or More Races	3%	9	2%	5	5%
Hispanic	9%	10	2%	1	1%
Total	100%	545	100%	95	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 80%
% Under 40 Female: 74%

Age

Median Age: 52
% Under 40: 18%
% 55 and Over: 41%

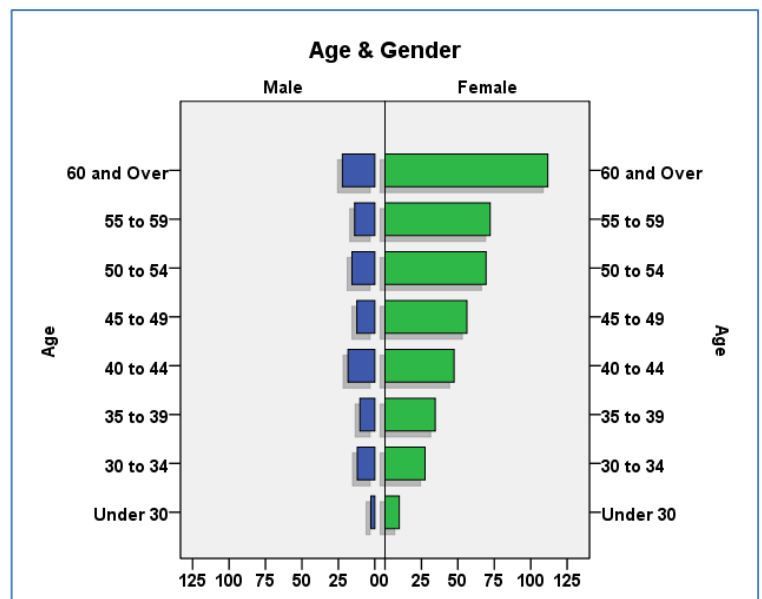
Diversity

Diversity Index: 45%
Under 40 Div. Index: 55%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two ALFAs, there is a 45% chance that 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 57%.

Nearly 20% of all ALFAs are under the age of 40, and 74% of these professionals are female. In addition, there is a 55% chance that two randomly chosen ALFAs from this age group would be of a different race or ethnicity.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 17%
 Rural Childhood: 45%

Virginia Background

HS in Virginia: 60%
 Prof. Edu. in VA: 91%
 HS or Prof. Edu. in VA: 92%

Location Choice

% Rural to Non-Metro: 26%
 % Urban/Suburban to Non-Metro: 10%

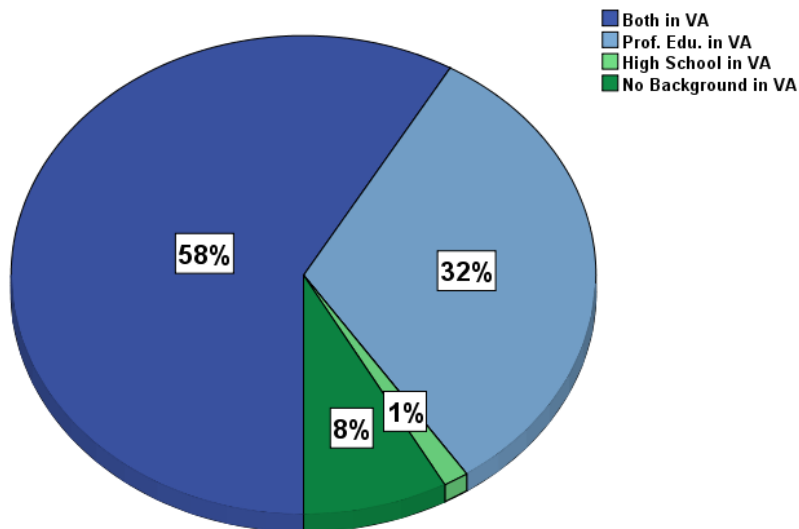
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	33%	46%	21%
2	Metro, 250,000 to 1 Million	58%	25%	17%
3	Metro, 250,000 or Less	55%	38%	7%
Non-Metro Counties				
4	Urban Pop. 20,000+, Metro Adjacent	71%	24%	6%
6	Urban Pop., 2,500-19,999, Metro Adjacent	61%	29%	10%
7	Urban Pop., 2,500-19,999, Non-Adjacent	67%	11%	22%
8	Rural, Metro Adjacent	100%	0%	0%
9	Rural, Non-Adjacent	80%	0%	20%
Overall		45%	38%	17%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all ALFAs grew up in a rural area, and 26% of these professionals currently work in non-metro areas of Virginia. Overall, 17% of ALFAs currently work in non-metro areas of the state.

Top Ten States for Assisted Living Facility Administrator Recruitment

Rank	All Assisted Living Facility Administrators			
	High School	#	Init. Prof. Degree	#
1	Virginia	320	Virginia	439
2	Outside U.S./Canada	37	North Carolina	10
3	New York	29	New York	4
4	Pennsylvania	18	New Jersey	4
5	North Carolina	15	Pennsylvania	3
6	Maryland	11	Illinois	3
7	Illinois	9	Iowa	3
8	Florida	9	Texas	3
9	New Jersey	9	Delaware	1
10	West Virginia	8	Washington, D.C.	1

Three out of every five licensed ALFAs received their high school degree in Virginia, and 91% earned their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

Among ALFAs who have been licensed in the past five years, 56% received their high school degree in Virginia, while 88% earned their initial professional degree in the state.

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	120	Virginia	175
2	Outside U.S./Canada	17	North Carolina	4
3	New York	12	New Jersey	4
4	North Carolina	7	Texas	3
5	Pennsylvania	5	New York	2
6	Connecticut	5	Pennsylvania	2
7	Florida	4	Washington	1
8	West Virginia	4	Illinois	1
9	New Jersey	4	New Mexico	1
10	Iowa	4	California	1

Source: Va. Healthcare Workforce Data Center

More than 5% of all licensees were not a part of Virginia's ALFA workforce. More than 90% of these licensees worked at some point in the past year, including 83% who worked as ALFAs.

At a Glance:

Not in VA Workforce

Total:	43
% of Licensees:	6%
Federal/Military:	0%
VA Border State/D.C.:	35%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	74	14%	-	-
Admin-in-Training	180	34%	-	-
High School/GED	-	-	125	23%
Associate	51	10%	107	20%
Baccalaureate	61	12%	172	32%
Graduate Cert.	14	3%	21	4%
Masters	56	11%	102	19%
Doctorate	1	0%	6	1%
Other	84	16%	-	-
Total	522	100%	533	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Administration Education

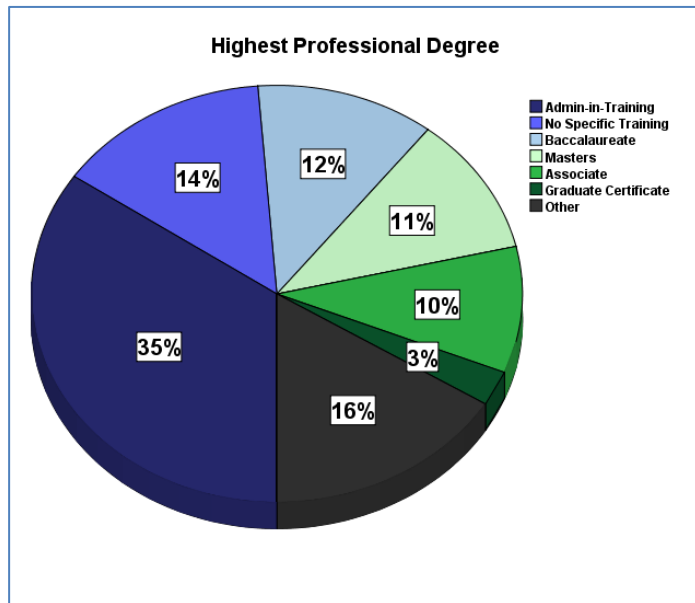
Admin-in-Training: 34%
 Baccalaureate Degree: 12%
 Master's Degree: 11%

Education Debt

Carry Debt: 28%
 Under Age 40 w/ Debt: 56%
 Median Debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

Nearly 30% of ALFAs carry education debt, including 56% of those under the age of 40. For those with education debt, their median debt burden is between \$30,000 and \$40,000.



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All ALFAs		ALFAs Under 40	
	#	%	#	%
None	340	72%	36	44%
Less than \$10,000	25	5%	13	16%
\$10,000-\$19,999	14	3%	4	5%
\$20,000-\$29,999	15	3%	6	7%
\$30,000-\$39,999	21	4%	7	9%
\$40,000-\$49,999	11	2%	5	6%
\$50,000-\$59,999	11	2%	2	2%
\$60,000-\$69,999	7	1%	3	4%
\$70,000-\$79,999	5	1%	3	4%
\$80,000-\$89,999	1	0%	0	0%
\$90,000-\$99,999	6	1%	2	2%
\$100,000 or More	15	3%	1	1%
Total	473	100%	82	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses/Registrations

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

Job Titles

Administrator:	37%
Executive Director:	23%
Owner:	7%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licenses and Registrations		
License/Registration	#	%
ALF Administrator	527	82%
Nurse (RN or LPN)	127	20%
Registered Medication Aide	88	14%
Certified Nursing Assistant	23	4%
Nursing Home Administrator	5	1%
Occupational Therapist	1	0%
Other	44	7%
At Least One License	533	83%

Source: Va. Healthcare Workforce Data Center

Title	Job Titles			
	Primary		Secondary	
	#	%	#	%
Administrator	240	37%	28	4%
Executive Director	151	23%	15	2%
Owner	42	7%	9	1%
Assistant Administrator	33	5%	5	1%
President or Executive Officer	24	4%	1	0%
Other	122	19%	25	4%
At Least One Title	508	79%	73	11%

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Employment

Employed in Profession: 90%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 83%
2 or More Positions: 8%

Weekly Hours:

40 to 49: 44%
60 or More: 17%
Less than 30: 4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	0	0%
Employed in a Capacity Related to Long-Term Care	478	90%
Employed, NOT in a Capacity Related to Long-Term Care	36	7%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	6	1%
Voluntarily Unemployed	9	2%
Retired	0	0%
Total	529	100%

Source: Va. Healthcare Workforce Data Center

Nine out of every ten licensed ALFAs are currently employed in the profession, and only 1% are involuntarily unemployed. In addition, 83% of all ALFAs hold one full-time job, and 44% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	15	3%
One Part-Time Position	28	5%
Two Part-Time Positions	5	1%
One Full-Time Position	433	83%
One Full-Time Position & One Part-Time Position	25	5%
Two Full-Time Positions	10	2%
More than Two Positions	3	1%
Total	519	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	15	3%
1 to 9 Hours	4	1%
10 to 19 Hours	4	1%
20 to 29 Hours	14	3%
30 to 39 Hours	22	4%
40 to 49 Hours	227	44%
50 to 59 Hours	143	28%
60 to 69 Hours	64	12%
70 to 79 Hours	7	1%
80 or More Hours	18	3%
Total	518	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	1	0%
Less than \$30,000	37	9%
\$30,000-\$39,999	16	4%
\$40,000-\$49,999	35	9%
\$50,000-\$59,999	34	8%
\$60,000-\$69,999	47	11%
\$70,000-\$79,999	46	11%
\$80,000-\$89,999	53	13%
\$90,000-\$99,999	45	11%
\$100,000-\$109,999	42	10%
\$110,000-\$119,999	20	5%
\$120,000-\$129,999	7	2%
\$130,000 or More	38	9%
Total	420	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
Paid Vacation: 84%
Employer Retirement: 51%

Satisfaction
Satisfied: 94%
Very Satisfied: 75%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	403	84%
Paid Sick Leave	343	72%
Dental Insurance	297	62%
Group Life Insurance	257	54%
Retirement	243	51%
Signing/Retention Bonus	41	9%
At Least One Benefit	408	85%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

The median income for ALFAs is between \$70,000 and \$80,000 per year. In addition, 85% of ALFAs receive at least one employer-sponsored benefit, including 84% who receive paid vacation time.

Nearly 95% of ALFAs are satisfied with their job, including 75% who are very satisfied with their current work circumstances.

Job Satisfaction		
Level	#	%
Very Satisfied	392	75%
Somewhat Satisfied	100	19%
Somewhat Dissatisfied	18	4%
Very Dissatisfied	11	2%
Total	521	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In The Past Year Did You . . . ?	#	%
Experience Involuntary Unemployment?	8	1%
Experience Voluntary Unemployment?	20	3%
Work Part-Time or Temporary Positions, But Would Have Preferred a Full-Time/Permanent Position?	4	1%
Work Two or More Positions at the Same Time?	86	13%
Switch Employers or Practices?	55	9%
Experienced At Least One	159	25%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia’s ALFAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the past year.¹

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 9%
New Location: 22%
Over 2 Years: 63%
Over 2 Yrs, 2nd Location: 49%

Source: Va. Healthcare Workforce Data Center

Location Tenure

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	9	2%	7	9%
Less than 6 Months	38	7%	11	14%
6 Months to 1 Year	56	11%	10	13%
1 to 2 Years	87	17%	13	17%
3 to 5 Years	102	20%	11	14%
6 to 10 Years	60	12%	7	9%
More than 10 Years	161	31%	20	26%
Subtotal	514	100%	78	100%
Did Not Have Location	7		554	
Item Missing	124		13	
Total	645		645	

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of ALFAs have worked at their primary location for more than two years.

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate increased from 2.7% in April 2018 to 3.0% in March 2019. At the time of publication, the unemployment rate from March 2019 was still preliminary.

At a Glance:

Concentration

Top Region:	23%
Top 3 Regions:	66%
Lowest Region:	1%

Locations

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

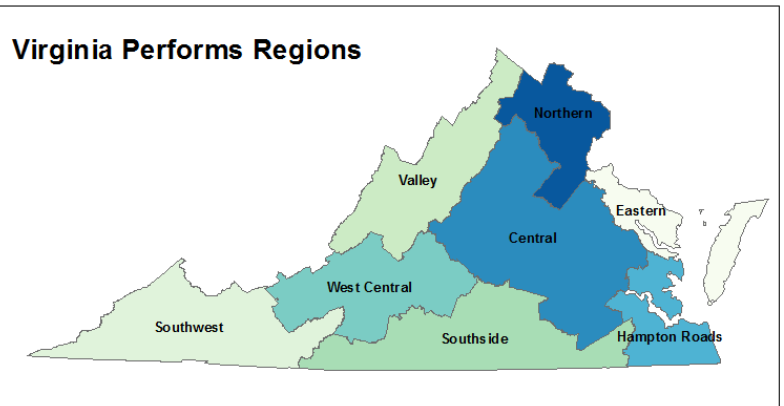
Source: Va. Healthcare Workforce Data Center

Two-thirds of all ALFAs in the state work in Central Virginia, Hampton Roads, and Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	119	23%	17	22%
Hampton Roads	114	22%	18	23%
Northern	103	20%	19	24%
West Central	60	12%	8	10%
Valley	48	9%	4	5%
Southside	35	7%	6	8%
Southwest	23	5%	1	1%
Eastern	6	1%	1	1%
Virginia Border State/D.C.	0	0%	3	4%
Other U.S. State	2	0%	1	1%
Outside of the U.S.	0	0%	0	0%
Total	510	100%	78	100%
Item Missing	127		13	

Source: Va. Healthcare Workforce Data Center



Nearly 15% of ALFAs currently have multiple work locations, while 17% have had multiple work locations over the past 12 months.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	2	1%	6	1%
1	423	82%	438	85%
2	50	10%	41	8%
3	31	6%	23	5%
4	1	0%	1	0%
5	1	0%	1	0%
6 or More	6	1%	4	1%
Total	515	100%	515	100%

*At the time of survey completion, March 2019.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	399	81%	61	78%
Non-Profit	83	17%	13	17%
State/Local Government	11	2%	3	4%
Veterans Administration	1	0%	0	0%
U.S. Military	0	0%	0	0%
Other Federal Government	0	0%	1	1%
Total	494	100%	78	100%
Did Not Have Location	7		554	
Item Missing	145		14	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

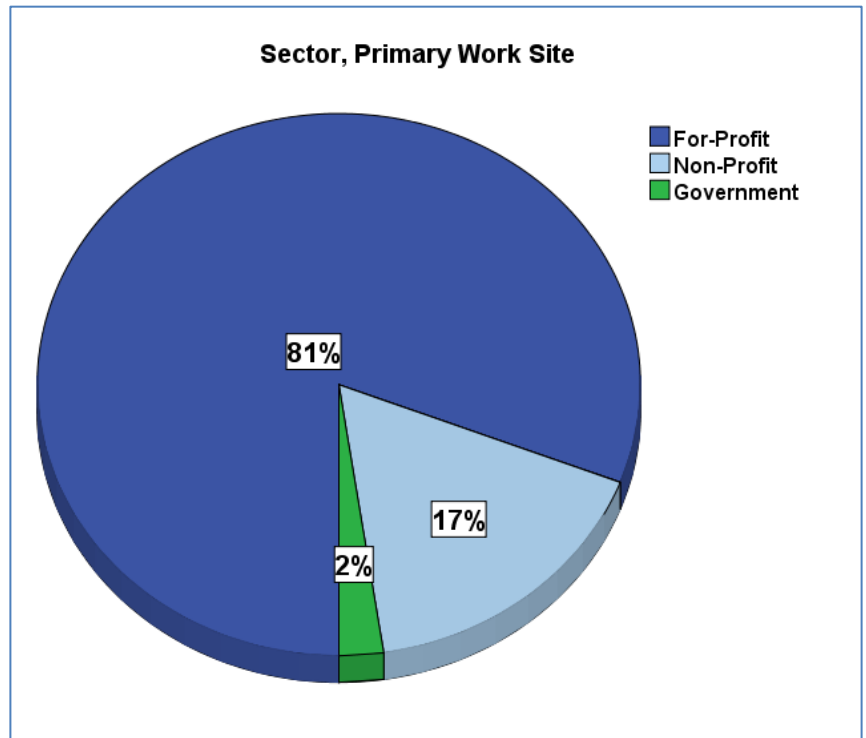
For Profit:	81%
Federal:	0%

Top Establishments

Assisted Living Facility:	70%
Continuing Care	
Retirement Community:	3%
Home/Community Care:	3%

Source: Va. Healthcare Workforce Data Center

Nearly all ALFAs work in the private sector, including 81% who work at a for-profit establishment.



Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Assisted Living Facility	453	70%	60	9%
Continuing Care Retirement Community	22	3%	3	0%
Home/Community Health Care	17	3%	5	1%
Skilled Nursing Facility	13	2%	5	1%
Adult Day Care	8	1%	1	0%
Academic Institution	4	1%	1	0%
Hospice	6	1%	2	0%
Acute Care/Rehabilitative Facility	3	0%	0	0%
PACE	1	0%	0	0%
Other Practice Type	31	5%	13	2%
At Least One Establishment	509	79%	78	12%

Source: Va. Healthcare Workforce Data Center

Seven out of every ten ALFAs are employed at an assisted living facility as their primary work location.

More than half of ALFAs are employed at an independent/stand-alone organization as their primary work location. Another 41% of Virginia's ALFAs are employed at a facility chain organization.

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Independent/Stand-Alone	220	52%	30	42%
Facility Chain	173	41%	24	34%
Hospital-Based	10	2%	1	1%
College or University	3	1%	0	0%
Integrated Health System (Veterans Administration, Large Health System)	2	0%	0	0%
Other	18	4%	16	23%
Total	426	100%	71	100%
Did Not Have Location	7		554	
Item Missing	212		21	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

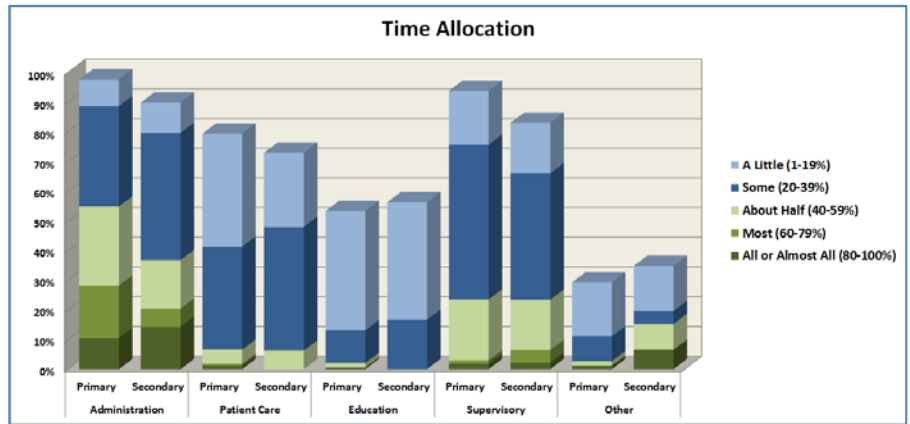
Administration: 40%-49%
 Supervisory: 20%-29%
 Patient Care: 10%-19%
 Education: 1%-9%

Roles

Administration: 28%
 Supervisory: 3%
 Patient Care: 2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



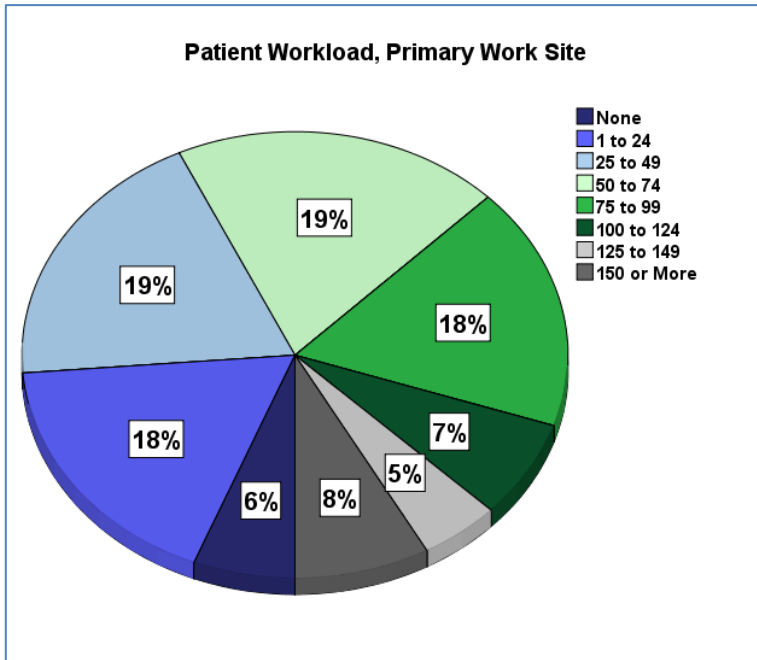
Source: Va. Healthcare Workforce Data Center

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

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Supervisory		Other	
	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%)	10%	15%	1%	0%	1%	0%	2%	2%	1%	6%
Most (60-79%)	18%	6%	1%	0%	0%	0%	1%	4%	0%	0%
About Half (40-59%)	26%	17%	5%	6%	1%	0%	21%	17%	1%	9%
Some (20-39%)	34%	45%	35%	43%	11%	17%	52%	43%	8%	4%
A Little (1-19%)	9%	11%	38%	26%	40%	40%	18%	17%	18%	15%
None (0%)	2%	11%	21%	28%	47%	45%	6%	17%	71%	64%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Primary Location: 50-74

Secondary Location: 50-74

Source: Va. Healthcare Workforce Data Center

The median patient workload for ALFAs at their primary work location is between 50 and 74 patients. For those ALFAs who have a secondary work location, the median patient workload is also between 50 to 74 patients.

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	27	6%	12	16%
1-24	80	18%	20	27%
25-49	87	19%	4	5%
50-74	88	19%	11	15%
75-99	80	18%	12	16%
100-124	32	7%	5	7%
125-149	21	5%	5	7%
150-174	13	3%	1	1%
175-199	7	2%	1	1%
200-224	3	1%	0	0%
225-249	0	0%	0	0%
250-274	1	0%	0	0%
275-299	0	0%	0	0%
300 or More	13	3%	1	1%
Total	452	100%	73	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All ALFAs		ALFAs Over 50	
	#	%	#	%
Under Age 50	5	1%	-	-
50 to 54	14	3%	1	0%
55 to 59	24	5%	5	2%
60 to 64	91	18%	48	17%
65 to 69	187	38%	115	40%
70 to 74	96	19%	63	22%
75 to 79	23	5%	17	6%
80 or Over	5	1%	5	2%
I Do Not Intend to Retire	48	10%	35	12%
Total	493	100%	289	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All ALFAs

Under 65: 27%

Under 60: 9%

ALFAs Over 50

Under 65: 19%

Under 60: 2%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 26%

Half the Workforce: By 2039

Source: Va. Healthcare Workforce Data Center

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

Within the next two years, 15% of ALFAs expect to pursue additional educational opportunities, and 13% of ALFAs expect to begin accepting Administrators-in-Training.

Future Plans

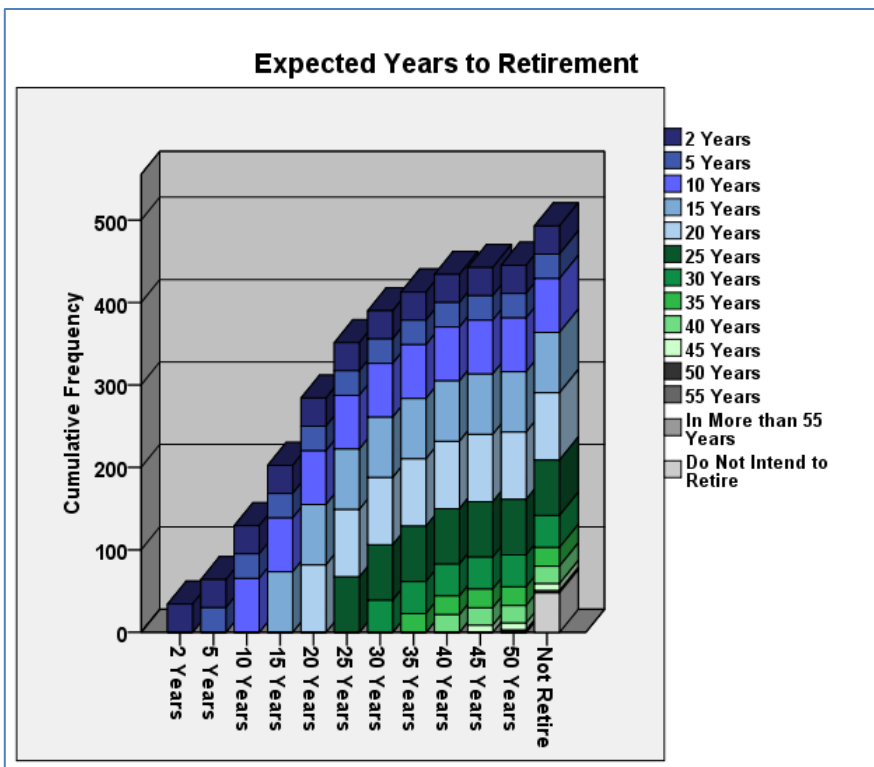
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	17	3%
Leave Virginia	26	4%
Decrease Patient Care Hours	39	6%
Decrease Teaching Hours	5	1%
Cease Accepting Trainees	12	2%
Increase Participation		
Increase Patient Care Hours	35	5%
Increase Teaching Hours	13	2%
Pursue Additional Education	99	15%
Return to the Workforce	2	0%
Begin Accepting Trainees	81	13%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While 7% of ALFAs expect to retire in the next two years, 26% expect to retire within the next decade. More than half of the current ALFA workforce expect to retire by 2039.

Time to Retirement			
Expect to Retire Within...	#	%	Cumulative %
2 Years	34	7%	7%
5 Years	30	6%	13%
10 Years	65	13%	26%
15 Years	73	15%	41%
20 Years	82	17%	58%
25 Years	67	14%	71%
30 Years	39	8%	79%
35 Years	23	5%	84%
40 Years	21	4%	88%
45 Years	8	2%	90%
50 Years	3	1%	90%
55 Years	0	0%	90%
In More than 55 Years	0	0%	90%
Do Not Intend to Retire	48	10%	100%
Total	493	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2029. Retirement will peak at 17% of the current workforce by 2039 before declining to under 10% again by 2049.

At a Glance:

FTEs

Total: 742
 FTEs/1,000 Residents²: .088
 Average: 1.16

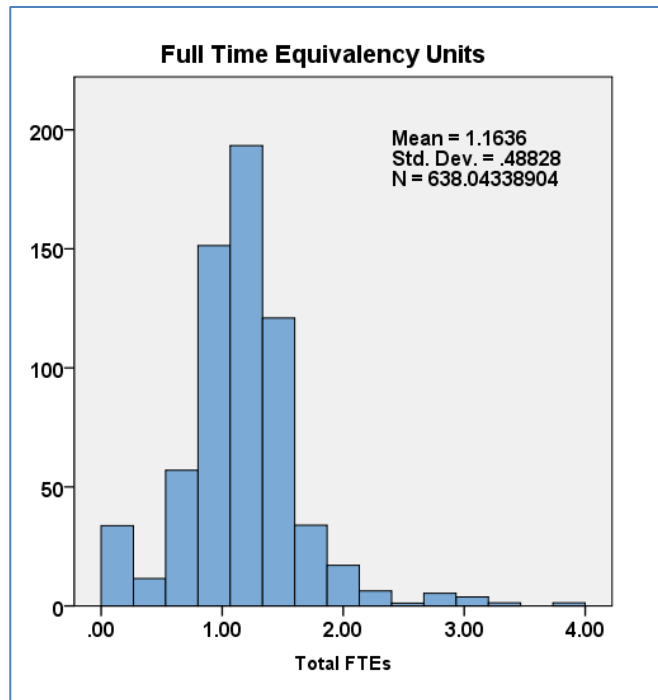
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

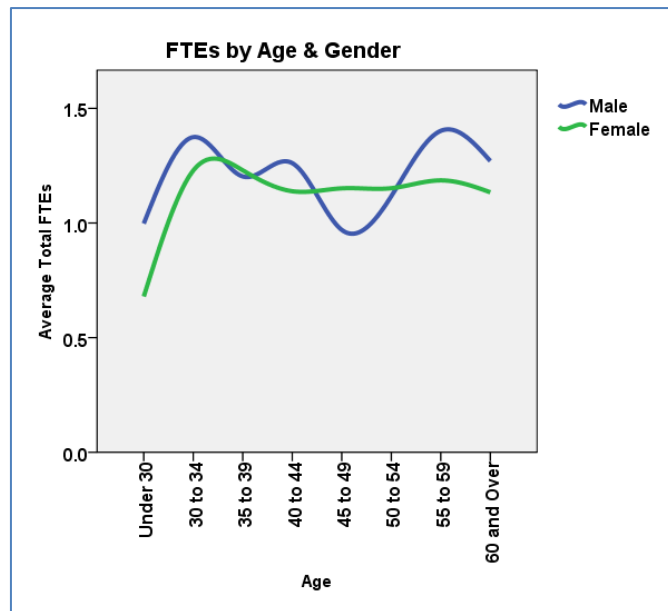


Source: Va. Healthcare Workforce Data Center

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

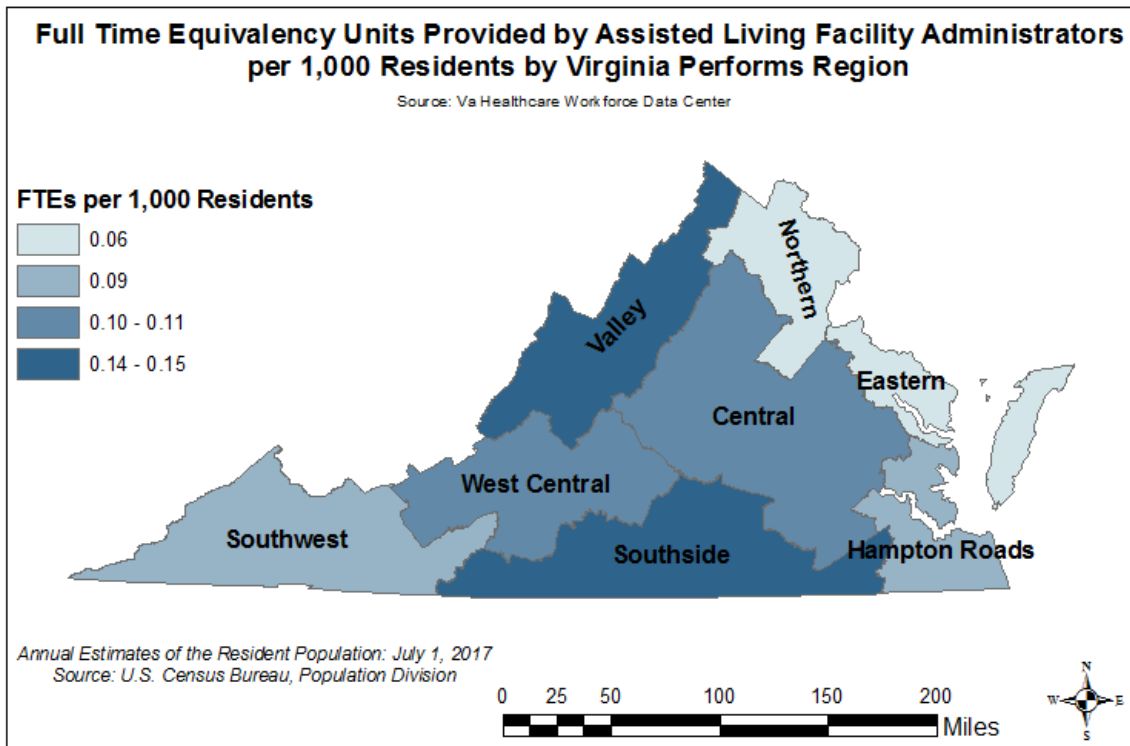
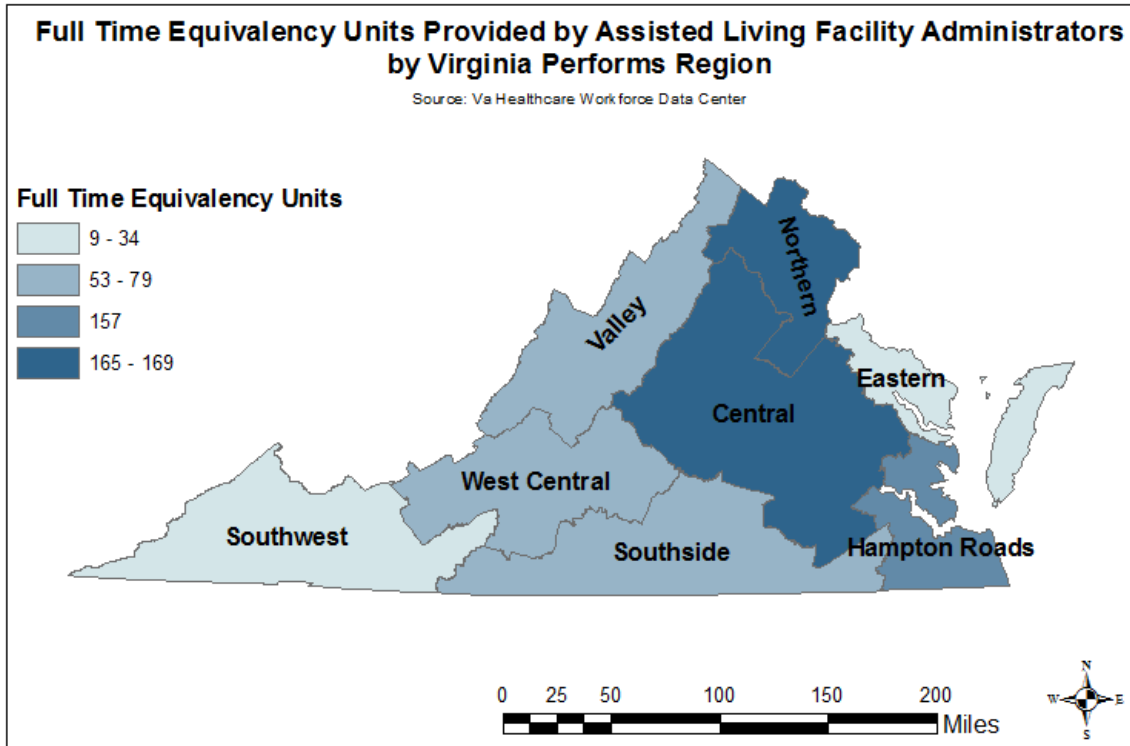
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.79	0.89
30 to 34	1.25	1.09
35 to 39	1.19	1.13
40 to 44	1.18	1.05
45 to 49	1.17	1.22
50 to 54	1.08	1.09
55 to 59	1.17	1.18
60 and Over	1.20	1.22
Gender		
Male	1.23	1.22
Female	1.15	1.15

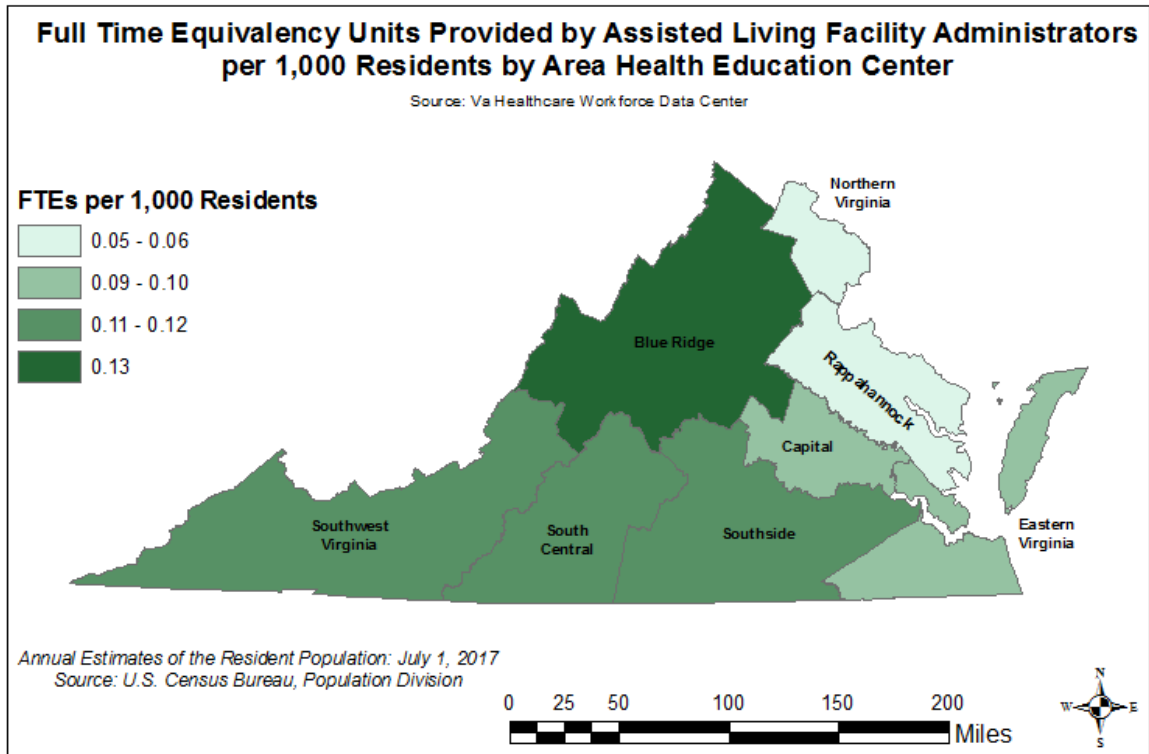
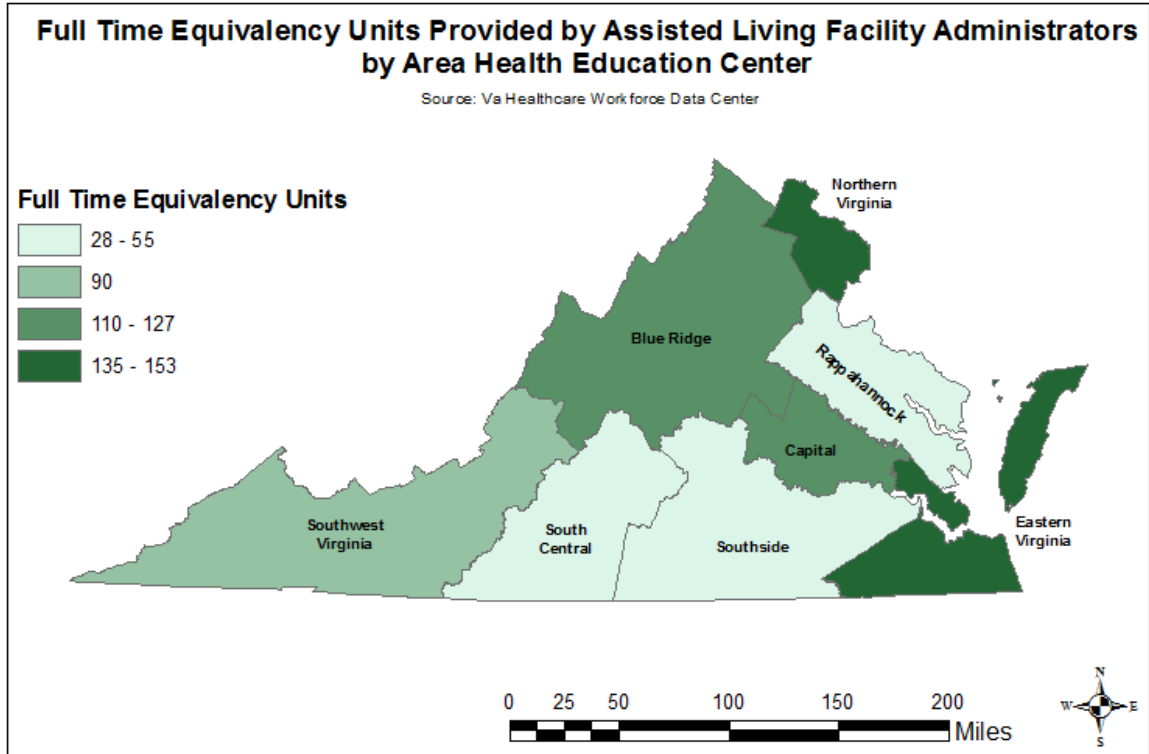
Source: Va. Healthcare Workforce Data Center

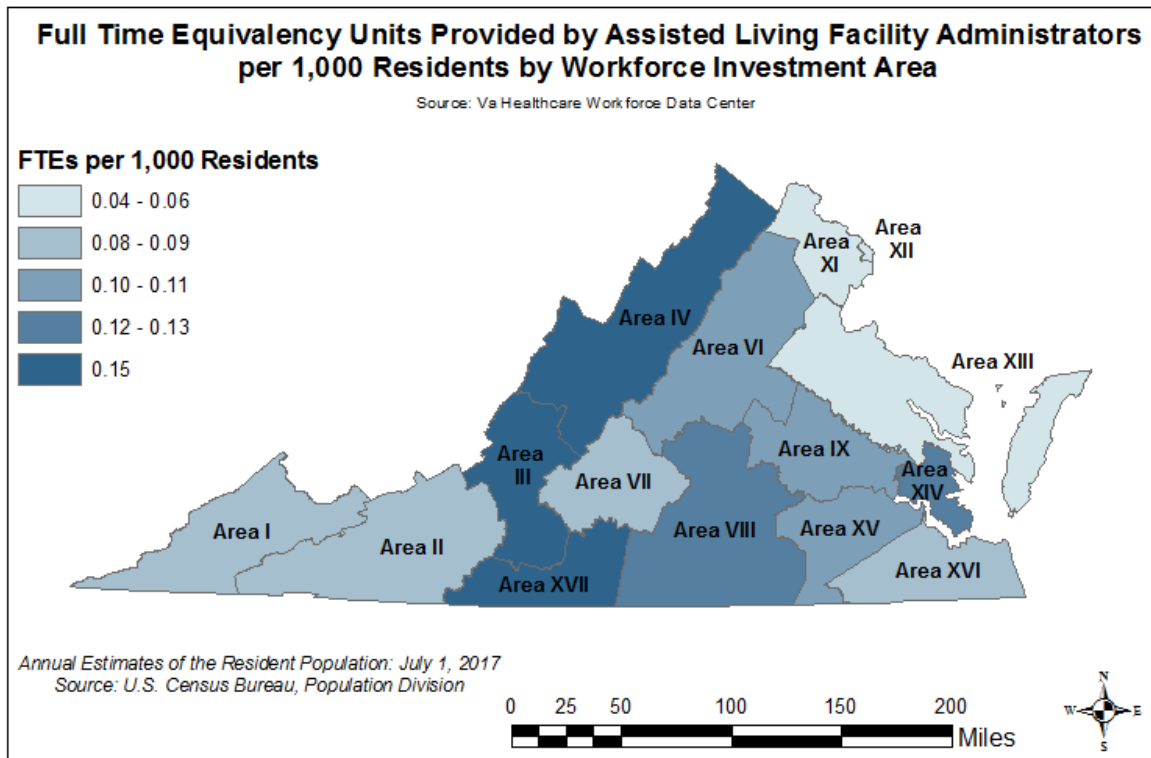
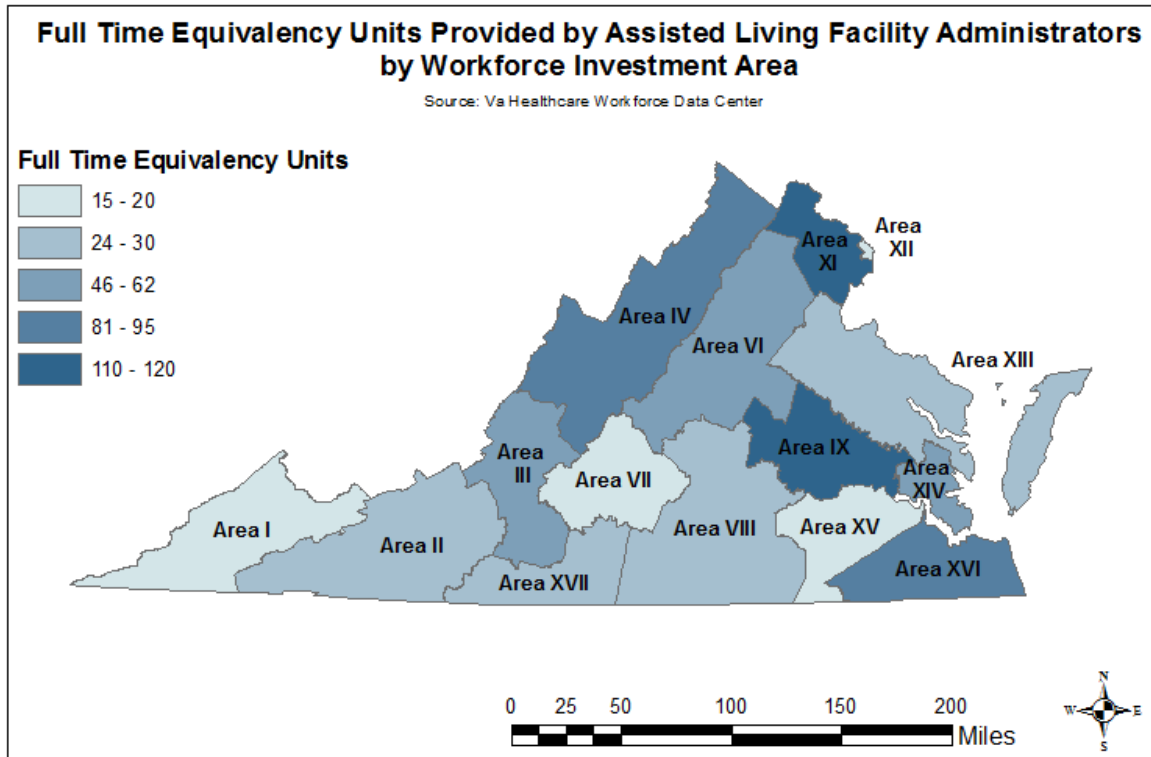


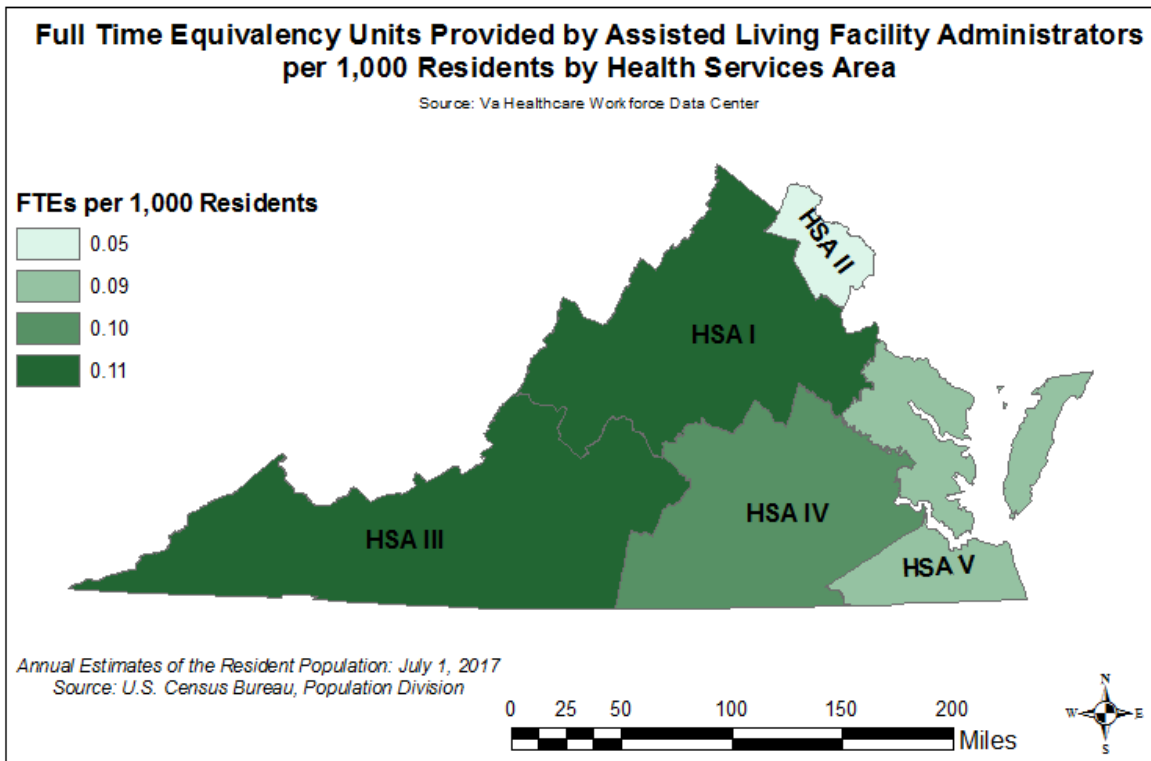
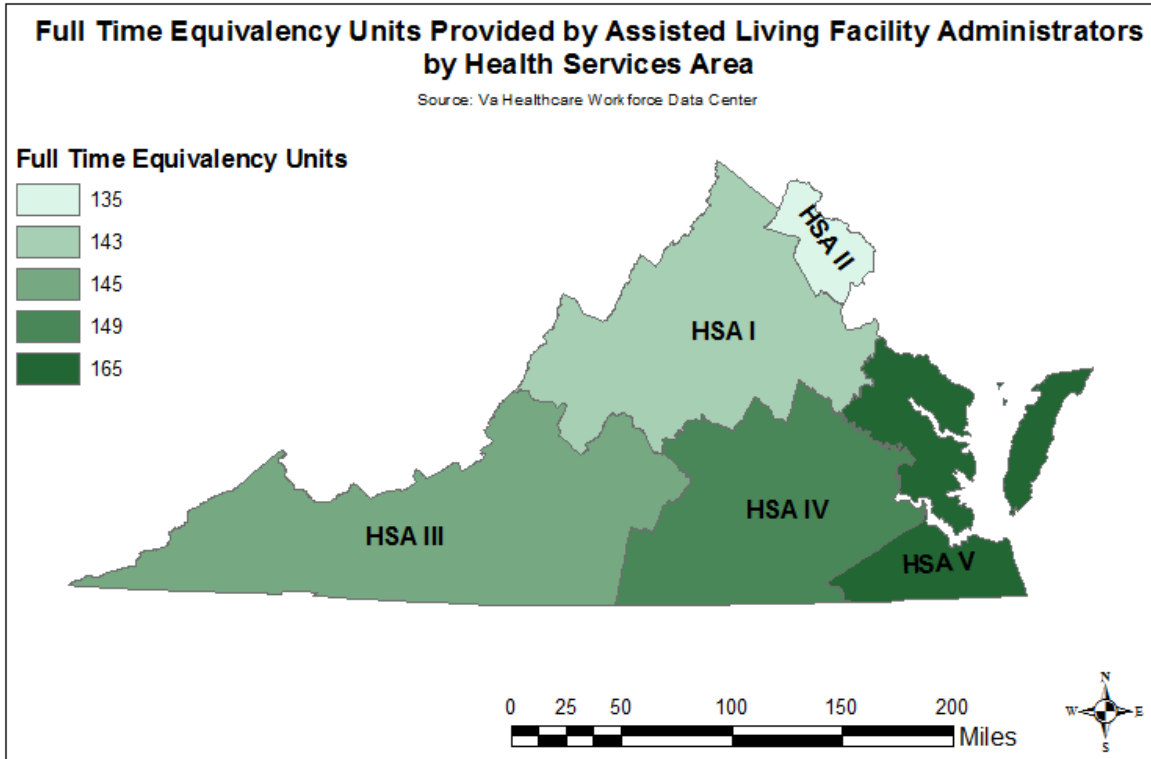
Source: Va. Healthcare Workforce Data Center

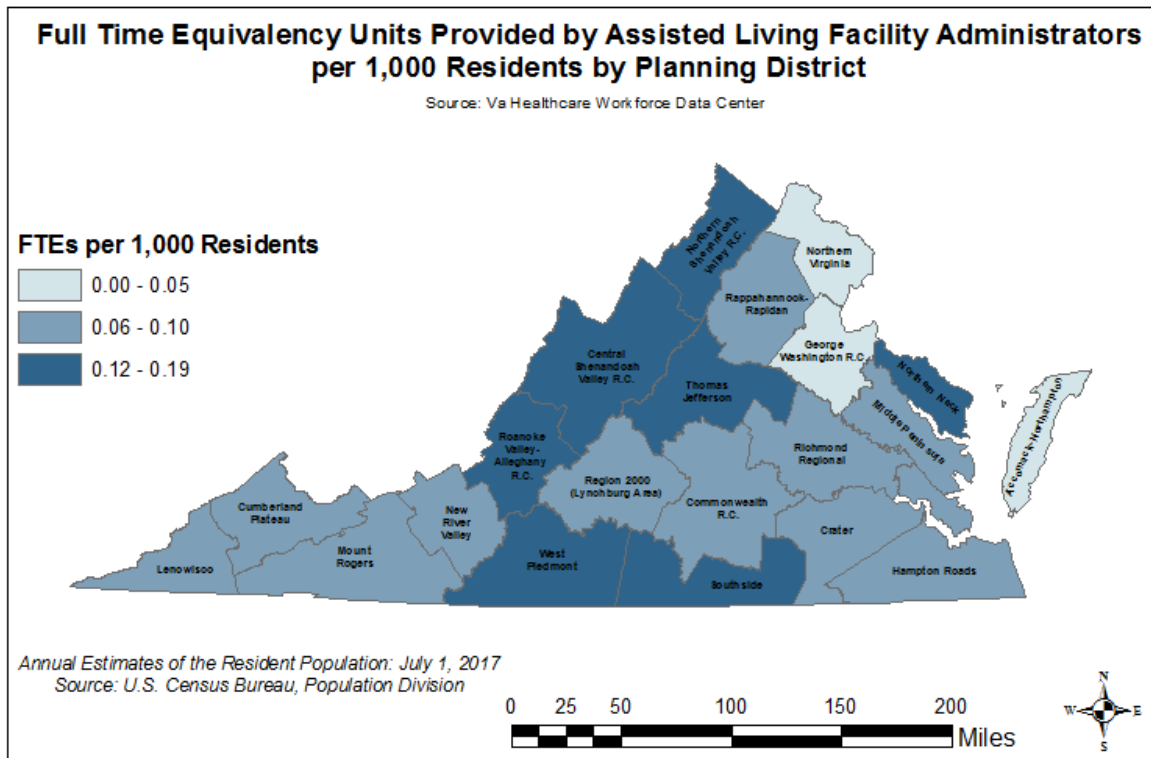
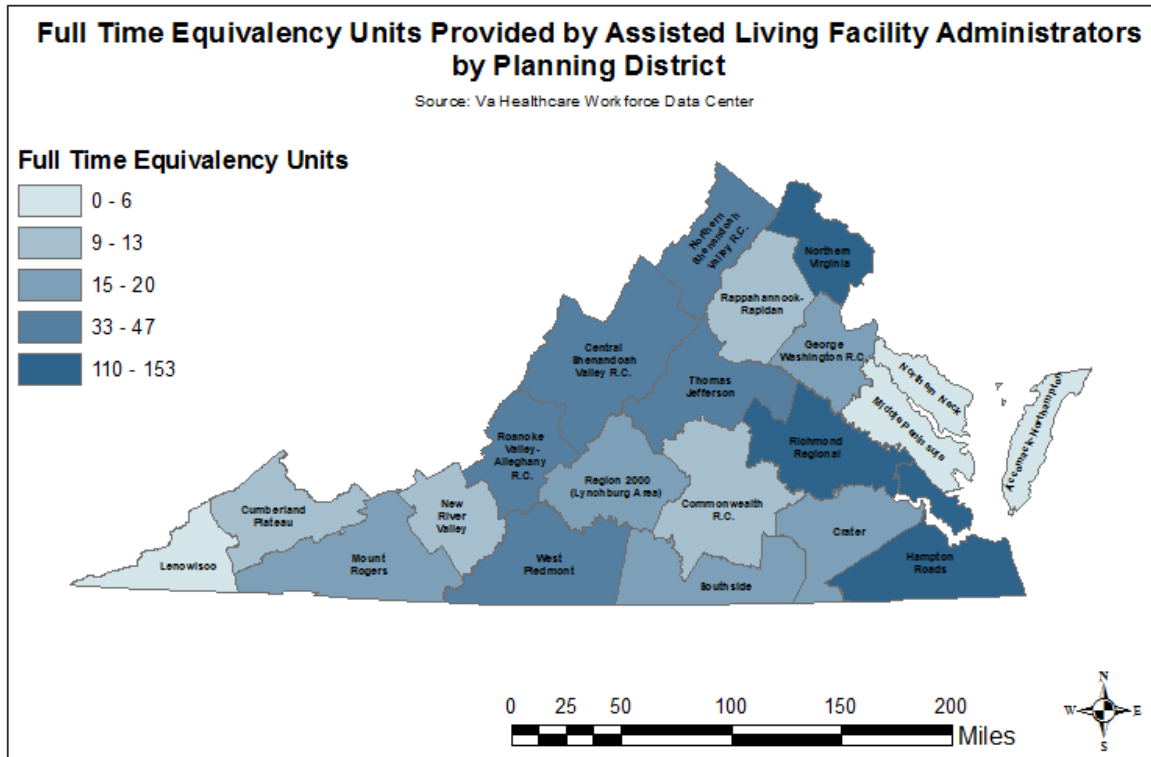
² Number of residents in 2017 was used as the denominator.











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	377	78.78%	1.26936	1.18181	1.36362
Metro, 250,000 to 1 Million	62	82.26%	1.215686	1.13184	1.30596
Metro, 250,000 or Less	67	70.15%	1.425532	1.32721	1.53139
Urban Pop. 20,000+, Metro Adj.	20	75.00%	1.333333	1.24137	1.42268
Urban Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	55	85.45%	1.170213	1.0895	1.25711
Urban Pop., 2,500-19,999, Non-Adj.	25	88.00%	1.136364	1.05798	1.22075
Rural, Metro Adj.	16	68.75%	1.454545	1.35422	1.56256
Rural, Non-Adj.	12	83.33%	1.2	1.11723	1.23516
Virginia Border State/D.C.	40	82.50%	1.212121	1.12852	1.29334
Other U.S. State	14	64.29%	1.555556	1.44826	1.65979

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	15	73.33%	1.363636	1.22075	1.56256
30 to 34	48	83.33%	1.2	1.10626	1.37505
35 to 39	56	80.36%	1.244444	1.11405	1.42598
40 to 44	81	76.54%	1.306452	1.16956	1.49703
45 to 49	98	81.63%	1.225	1.09664	1.50118
50 to 54	104	84.62%	1.181818	1.05798	1.44826
55 to 59	107	73.83%	1.35443	1.21251	1.65979
60 and Over	179	76.54%	1.306569	1.16966	1.60114

Source: Va. Healthcare Workforce Data Center

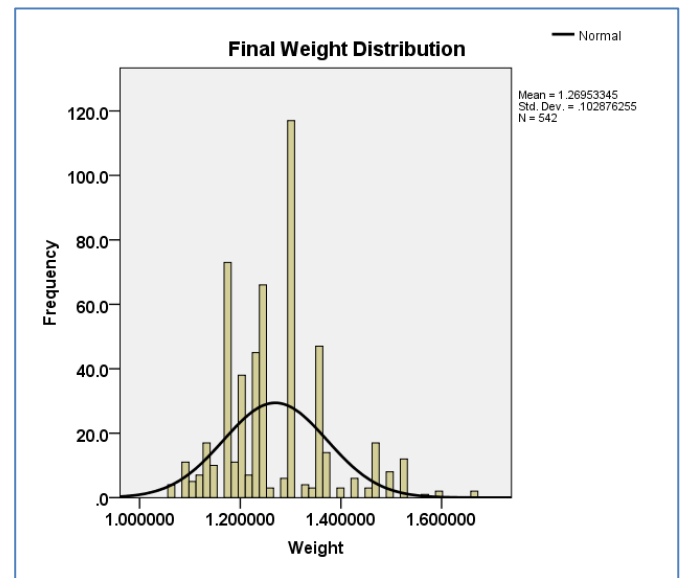
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhp.virginia.gov/hwdc/

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

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

Overall Response Rate: 0.787791



Source: Va. Healthcare Workforce Data Center

Virginia's Nursing Home Administrator Workforce: 2019

Healthcare Workforce Data Center

April 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Henrico, VA 23233
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>

Nearly 800 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!

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Contents

Results in Brief.....	2
Summary of Trends	2
Survey Response Rates.....	3
The Workforce.....	4
Demographics.....	5
Background	6
Education	8
Licenses & Job Titles	9
Current Employment Situation	10
Employment Quality.....	11
Labor Market.....	12
Work Site Distribution	13
Establishment Type	14
Time Allocation	16
Patient Workload	17
Retirement & Future Plans	18
Full-Time Equivalency Units.....	20
Maps	21
Virginia Performs Regions	21
Area Health Education Center Regions	22
Workforce Investment Areas	23
Health Services Areas	24
Planning Districts.....	25
Appendices.....	26
Appendix A: Weights	26

The Nursing Home Administrator Workforce: At a Glance:

The Workforce

Licensees:	945
Virginia's Workforce:	743
FTEs:	823

Background

Rural Childhood:	42%
HS Degree in VA:	54%
Prof. Degree in VA:	78%

Current Employment

Employed in Prof.:	86%
Hold 1 Full-Time Job:	86%
Satisfied?:	94%

Survey Response Rate

All Licensees:	83%
Renewing Practitioners:	98%

Health Admin. Edu.

Admin-in-Training:	39%
Masters:	27%

Job Turnover

Switched Jobs:	10%
Employed Over 2 Yrs:	53%

Demographics

Female:	57%
Diversity Index:	28%
Median Age:	50

Finances

Median Inc.:	\$110k-\$120k
Retirement Benefits:	79%
Under 40 w/ Ed Debt:	50%

Time Allocation

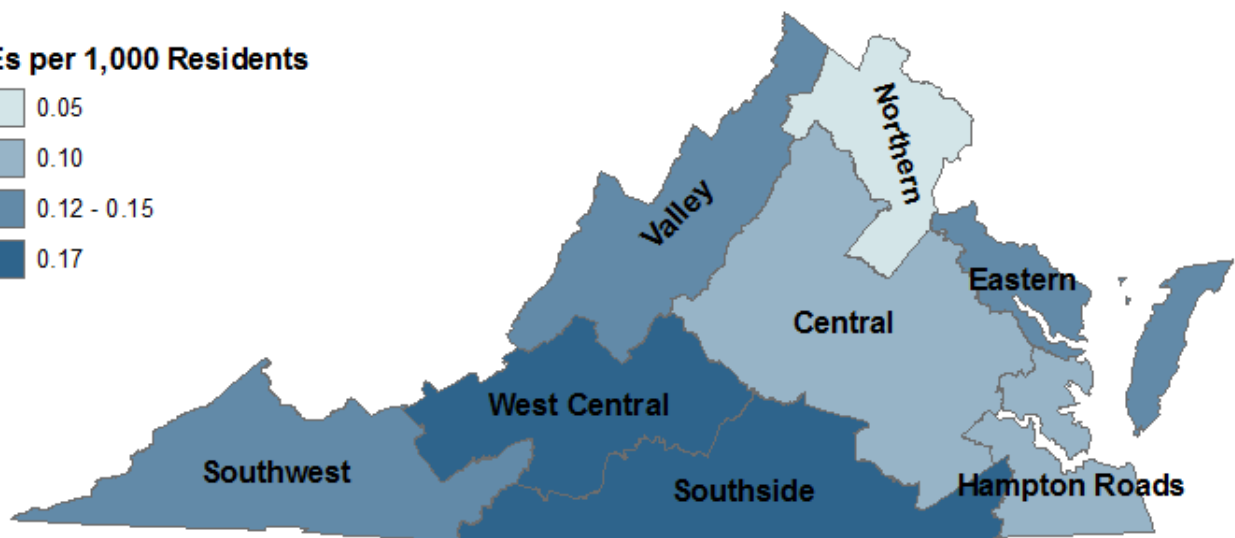
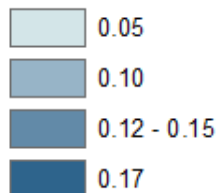
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

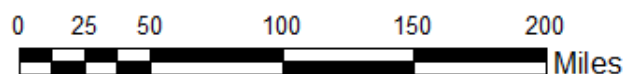
Full Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



Nearly 800 nursing home administrators (NHAs) voluntarily took part in the 2019 Nursing Home Administrator Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for NHAs. These survey respondents represent 83% of the 945 NHAs who are licensed in the state and 98% of renewing practitioners.

The HWDC estimates that 743 NHAs participated in Virginia's workforce during the survey period, which is defined as those NHAs 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. Over the past year, Virginia's NHA workforce provided 823 "full-time equivalency units".

Nearly one-quarter of all NHAs are under the age of 40, and 54% of these professionals are female. In addition, the diversity index among those NHAs who are under the age of 40 is 36%. While this is higher than the diversity index of 28% for NHAs as a whole, it is still lower than the diversity index of 57% for Virginia's overall population. More than two out of every five NHAs grew up in a rural area, and one-third of these professionals currently work in non-metro areas of the state. In total, 20% of all NHAs work in non-metro areas of Virginia.

Nearly 40% of NHAs hold an Administrator-in-Training certificate as their highest professional degree, while another 27% hold a Master's degree. One-third of NHAs carry education debt, including one-half of those NHAs who are under the age of 40. For those NHAs with education debt, the median debt amount is between \$30,000 and \$40,000. At the same time, the median annual income of Virginia's NHAs is between \$110,000 and \$120,000. In addition, 98% of NHAs receive at least one employer-sponsored benefit, including 79% who have access to a retirement plan.

More than 85% of NHAs are currently employed in the profession. Meanwhile, only 2% of NHAs have been involuntarily unemployed at some point in the past year. Nearly all NHAs work in the private sector, including 59% who are employed in the for-profit sector. With respect to establishment types, 52% of NHAs work for skilled nursing facilities, and 16% work at assisted living facilities. Overall, 94% of NHAs are satisfied with their current employment situation, including 66% who indicate that they are "very satisfied".

Summary of Trends

Since 2014, the number of licensed NHAs in Virginia has increased by 8% (945 vs. 873), and these licensees are more likely to respond to the HWDC survey (83% vs. 78%). In addition, the size of Virginia's NHA workforce has increased by 11% (743 vs. 667), and this workforce has increased the number of FTEs provided in the state by 8% (823 vs. 763).

Although still a majority of all NHAs in the state, the percentage of females in Virginia's NHA workforce has declined (57% vs. 59%). On the other hand, the diversity index of Virginia's NHAs has increased (28% vs. 22%). This is also true of those NHAs who are under the age of 40 (36% vs. 24%). Virginia's NHAs are more likely to have grown up in a rural area (42% vs. 40%). In addition, NHAs are also more likely to work in non-metro areas of the state (20% vs. 19%).

The median annual income of Virginia's NHA workforce has increased since 2014 (\$110,000-\$120,000 vs. \$100,000-\$110,000). In addition, Virginia's NHAs are more likely to receive at least one employer-sponsored benefit (98% vs. 96%), including those who have access to a retirement plan (79% vs. 69%). Regardless, Virginia's NHAs are somewhat less likely to be satisfied with their current work situation (94% vs. 96%). This is also true among those NHAs who indicate that they are "very satisfied" with their current work situation (66% vs. 69%).

Virginia's NHAs are slightly less likely to hold one full-time job (86% vs. 87%). Instead, NHAs have become more likely to hold two or more positions simultaneously (5% vs. 4%). At the same time, NHAs are less likely to stay at their primary work location for at least two years (53% vs. 57%). Virginia's NHAs are more likely to work in Hampton Roads (22% vs. 20%) instead of Central Virginia (20% vs. 22%). Although the typical NHA still spends approximately half of her time in administrative tasks, they are now less likely to fill an administrative role (27% vs. 32%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	755	80%
New Licensees	92	10%
Non-Renewals	98	10%
All Licensees	945	100%

Source: Va. Healthcare Workforce Data Center

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

Definitions

- 1. The Survey Period:** The survey was conducted in March 2019.
- 2. Target Population:** All NHAs who held a Virginia license at some point between April 2018 and March 2019.
- 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.

Statistic	Response Rates		
	Non Respondents	Respondents	Response Rate
By Age			
Under 30	19	30	61%
30 to 34	7	51	88%
35 to 39	13	68	84%
40 to 44	13	90	87%
45 to 49	24	104	81%
50 to 54	25	106	81%
55 to 59	13	119	90%
60 and Over	51	212	81%
Total	165	780	83%
New Licenses			
Issued in Past Year	56	36	39%
Metro Status			
Non-Metro	21	106	84%
Metro	81	517	87%
Not in Virginia	63	157	71%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	780
Response Rate, All Licensees	83%
Response Rate, Renewals	98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 945
 New: 10%
 Not Renewed: 10%

Response Rates

All Licensees: 83%
 Renewing Practitioners: 98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

NHA Workforce: 743
 FTEs: 823

Utilization Ratios

Licensees in VA Workforce: 79%
 Licensees per FTE: 1.15
 Workers per FTE: 0.90

Source: Va. Healthcare Workforce Data Center

Virginia's NHA Workforce		
Status	#	%
Worked in Virginia in Past Year	730	98%
Looking for Work in Virginia	13	2%
Virginia's Workforce	743	100%
Total FTEs	823	
Licensees	945	

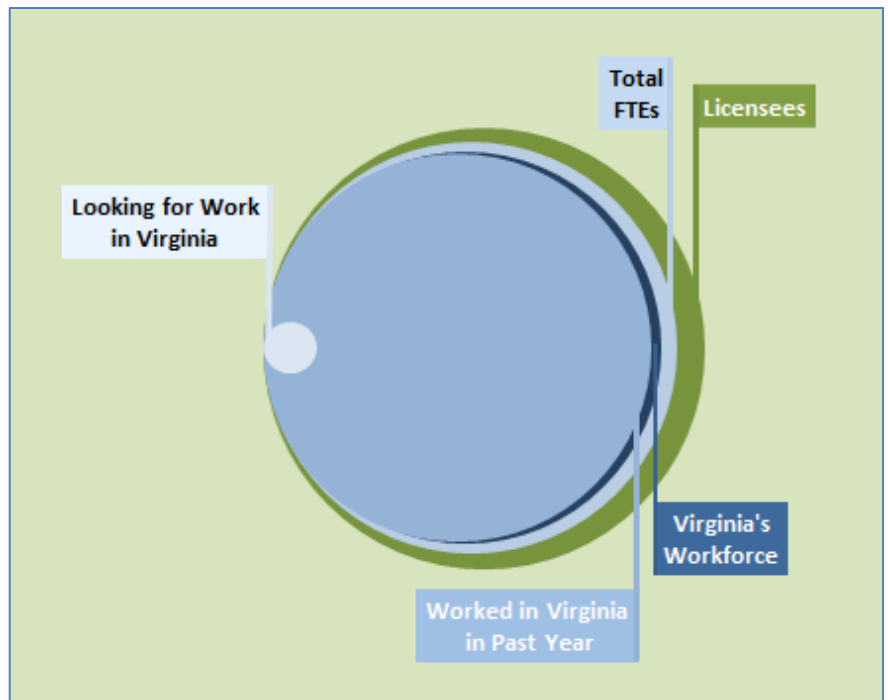
Source: Va. Healthcare Workforce Data Center

Definitions

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

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

www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	18	44%	24	56%	42	6%
30 to 34	18	38%	30	62%	49	7%
35 to 39	35	55%	29	45%	64	10%
40 to 44	33	42%	45	58%	78	12%
45 to 49	29	29%	74	72%	103	15%
50 to 54	46	50%	47	50%	93	14%
55 to 59	38	44%	49	56%	86	13%
60 and Over	68	45%	82	55%	150	23%
Total	286	43%	379	57%	665	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	62%	558	84%	120	78%
Black	19%	83	13%	22	14%
Asian	7%	3	0%	2	1%
Other Race	0%	1	0%	0	0%
Two or More Races	3%	8	1%	4	3%
Hispanic	9%	10	2%	5	3%
Total	100%	663	100%	153	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 57%
% Under 40 Female: 54%

Age

Median Age: 50
% Under 40: 23%
% 55 and Over: 35%

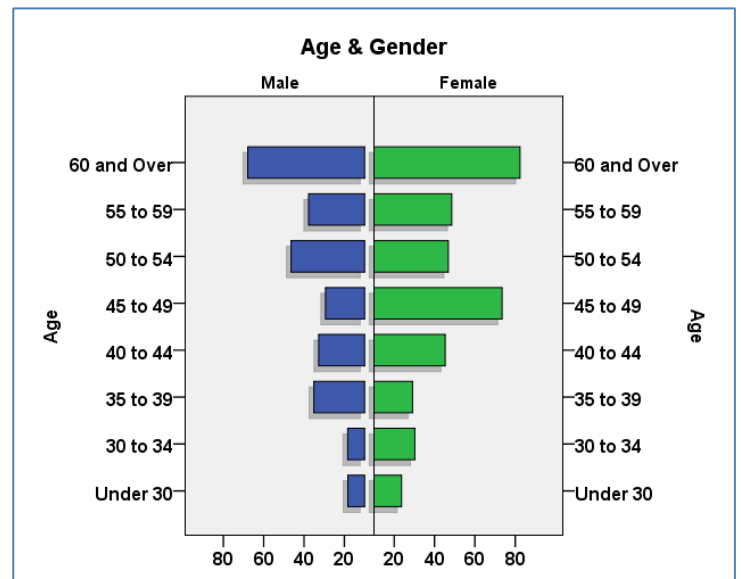
Diversity

Diversity Index: 28%
Under 40 Div. Index: 36%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two NHAs, there is a 28% 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 57%.

Nearly one-quarter of all NHAs are under the age of 40, and 54% of these professionals are female. In addition, there is a 36% chance that two randomly chosen NHAs from this age group would be of a different race or ethnicity.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 14%
 Rural Childhood: 42%

Virginia Background

HS in Virginia: 54%
 Prof. Edu. in VA: 78%
 HS or Prof. Edu. in VA: 81%

Location Choice

% Rural to Non-Metro: 33%
 % Urban/Suburban to Non-Metro: 10%

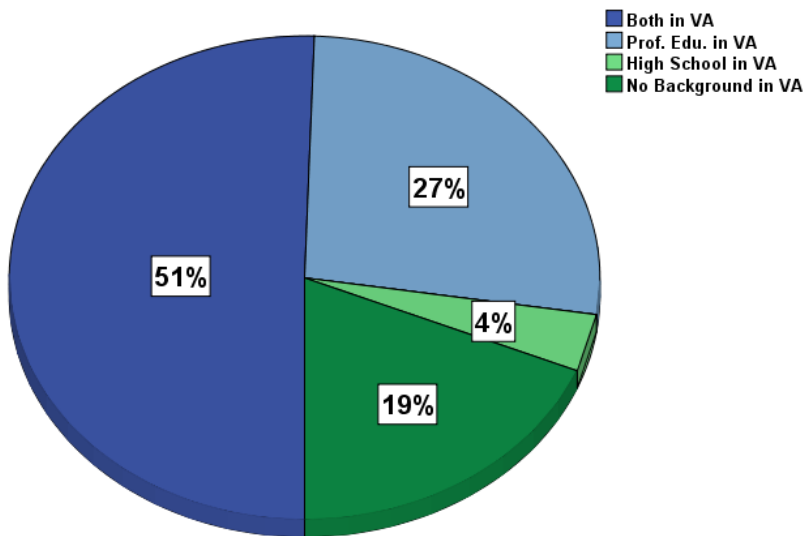
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	28%	54%	17%
2	Metro, 250,000 to 1 Million	44%	41%	14%
3	Metro, 250,000 or Less	59%	36%	6%
Non-Metro Counties				
4	Urban Pop. 20,000+, Metro Adjacent	78%	17%	6%
6	Urban Pop., 2,500-19,999, Metro Adjacent	67%	27%	7%
7	Urban Pop., 2,500-19,999, Non-Adjacent	75%	14%	11%
8	Rural, Metro Adjacent	61%	28%	11%
9	Rural, Non-Adjacent	75%	17%	8%
Overall		42%	44%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than 40% of all NHAs grew up in a rural area, and 33% of these professionals currently work in non-metro areas of Virginia. Overall, one-fifth of NHAs currently work in non-metro areas of the state.

Top Ten States for Nursing Home Administrator Recruitment

Rank	All Nursing Home Administrators			
	High School	#	Init. Prof Degree	#
1	Virginia	359	Virginia	484
2	New York	39	Maryland	18
3	West Virginia	29	Ohio	15
4	Pennsylvania	29	North Carolina	12
5	Ohio	28	West Virginia	11
6	North Carolina	22	New York	9
7	Maryland	18	Tennessee	8
8	New Jersey	17	Washington, D.C.	8
9	Outside U.S./Canada	17	Pennsylvania	6
10	Tennessee	14	Florida	6

More than half of licensed NHAs received their high school degree in Virginia, and 78% earned their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

Among NHAs who have been licensed in the past five years, 50% received their high school degree in Virginia, while 72% earned their initial professional degree in the state.

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof Degree	#
1	Virginia	107	Virginia	151
2	Ohio	14	North Carolina	8
3	North Carolina	9	Ohio	8
4	New York	9	Maryland	7
5	West Virginia	8	Washington, D.C.	4
6	Outside U.S./Canada	8	Florida	4
7	New Jersey	8	Illinois	3
8	Pennsylvania	6	West Virginia	3
9	Maryland	6	Vermont	3
10	Tennessee	6	Tennessee	3

Source: Va. Healthcare Workforce Data Center

More than one out of every five licensees were not a part of Virginia's NHA workforce. Nearly 90% of these licensees worked at some point in the past year, including 80% who worked as NHAs.

At a Glance:

Not in VA Workforce

Total:	202
% of Licensees:	21%
Federal/Military:	0%
VA Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	34	5%	-	-
Admin-in-Training	255	39%	-	-
High School/GED	-	-	9	1%
Associate	13	2%	47	7%
Baccalaureate	144	22%	293	45%
Graduate Cert.	10	2%	16	2%
Masters	176	27%	282	43%
Doctorate	3	0%	11	2%
Other	14	2%	-	-
Total	650	100%	658	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Administration Education

Admin-in-Training: 39%

Master's Degree: 27%

Bachelor's Degree: 22%

Education Debt

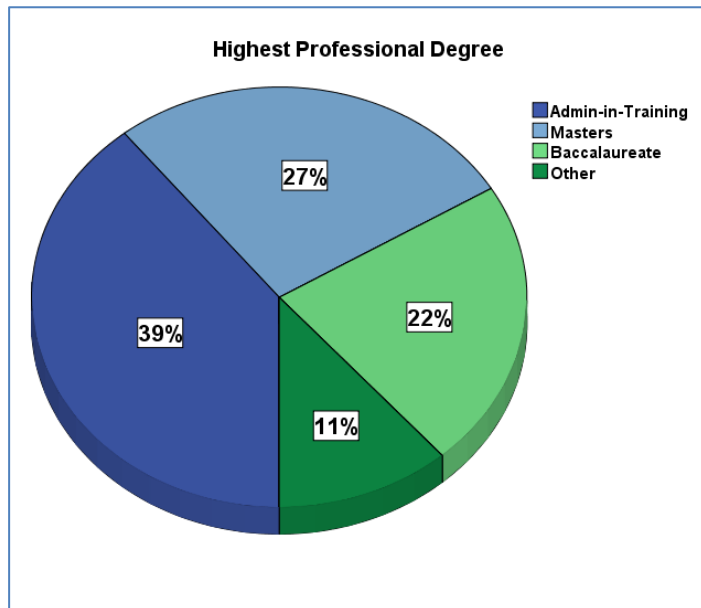
Carry Debt: 34%

Under Age 40 w/ Debt: 50%

Median Debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

One-third of NHAs carry education debt, including 50% of those under the age of 40. For those with education debt, their median debt burden is between \$30,000 and \$40,000.



Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All NHAs		NHAs Under 40	
	#	%	#	%
None	375	66%	63	49%
Less than \$10,000	35	6%	13	10%
\$10,000-\$19,999	33	6%	11	9%
\$20,000-\$29,999	22	4%	9	7%
\$30,000-\$39,999	20	4%	9	7%
\$40,000-\$49,999	16	3%	5	4%
\$50,000-\$59,999	15	3%	3	2%
\$60,000-\$69,999	14	2%	6	5%
\$70,000-\$79,999	3	1%	0	0%
\$80,000-\$89,999	4	1%	0	0%
\$90,000-\$99,999	4	1%	2	2%
\$100,000 or More	28	5%	7	5%
Total	569	100%	129	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses/Registrations

Nurse (RN or LPN):	11%
ALFA:	3%
CNA:	2%

Job Titles

Administrator:	45%
Executive Director:	15%
President/Exec. Officer:	12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licenses and Registrations		
License/Registration	#	%
Nursing Home Administrator	654	88%
Nurse (RN or LPN)	84	11%
ALF Administrator	19	3%
Certified Nursing Assistant	14	2%
Registered Medication Aide	6	1%
Occupational Therapist	4	1%
Physical Therapist	2	0%
Speech-Language Pathologist	2	0%
Respiratory Therapist	1	0%
Other	42	6%
At Least One License	658	89%

Source: Va. Healthcare Workforce Data Center

Title	Job Titles			
	Primary		Secondary	
	#	%	#	%
Administrator	338	45%	44	6%
Executive Director	111	15%	11	1%
President or Executive Officer	87	12%	11	1%
Assistant Administrator	28	4%	4	1%
Owner	14	2%	4	1%
Other	107	14%	28	4%
At Least One Title	622	84%	95	13%

Source: Va. Healthcare Workforce Data Center

Nearly half of Virginia's NHA workforce held the title of Administrator at their primary work location. Another 15% held the title of Executive Director.

At a Glance:

Employment

Employed in Profession: 86%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 86%
2 or More Positions: 5%

Weekly Hours:

40 to 49: 43%
60 or More: 14%
Less than 30: 2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	0	0%
Employed in a Capacity Related to Long-Term Care	565	86%
Employed, NOT in a Capacity Related to Long-Term Care	62	10%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	3	1%
Voluntarily Unemployed	18	3%
Retired	11	2%
Total	659	100%

Source: Va. Healthcare Workforce Data Center

More than 85% of licensed NHAs are currently employed in the profession, and only 1% are involuntarily unemployed. In addition, 86% of all NHAs hold one full-time job, and 43% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	32	5%
One Part-Time Position	31	5%
Two Part-Time Positions	5	1%
One Full-Time Position	561	86%
One Full-Time Position & One Part-Time Position	21	3%
Two Full-Time Positions	2	0%
More than Two Positions	2	0%
Total	654	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	32	5%
1 to 9 Hours	5	1%
10 to 19 Hours	3	0%
20 to 29 Hours	5	1%
30 to 39 Hours	19	3%
40 to 49 Hours	276	43%
50 to 59 Hours	220	34%
60 to 69 Hours	65	10%
70 to 79 Hours	12	2%
80 or More Hours	12	2%
Total	649	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	6	1%
Less than \$60,000	38	7%
\$60,000-\$69,999	21	4%
\$70,000-\$79,999	27	5%
\$80,000-\$89,999	37	7%
\$90,000-\$99,999	39	7%
\$100,000-\$109,999	80	15%
\$110,000-\$119,999	69	13%
\$120,000-\$129,999	61	12%
\$130,000-\$139,999	38	7%
\$140,000-\$149,999	28	5%
\$150,000-\$159,999	21	4%
\$160,000 or More	66	12%
Total	533	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$110k-\$120k

Benefits
Paid Vacation: 96%
Employer Retirement: 79%

Satisfaction
Satisfied: 94%
Very Satisfied: 66%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	545	96%
Dental Insurance	471	83%
Paid Sick Leave	470	83%
Group Life Insurance	444	79%
Retirement	444	79%
Signing/Retention Bonus	83	15%
At Least One Benefit	555	98%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

The median income for NHAs is between \$110,000 and \$120,000 per year. In addition, 98% of NHAs receive at least one employer-sponsored benefit, including 96% who receive paid vacation time.

Nearly 95% of NHAs are satisfied with their job, including 66% who are very satisfied with their current work circumstances.

Job Satisfaction		
Level	#	%
Very Satisfied	429	66%
Somewhat Satisfied	177	27%
Somewhat Dissatisfied	26	4%
Very Dissatisfied	15	2%
Total	647	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In The Past Year Did You . . . ?	#	%
Experience Involuntary Unemployment?	12	2%
Experience Voluntary Unemployment?	32	4%
Work Part-Time or Temporary Positions, But Would Have Preferred a Full-Time/Permanent Position?	17	2%
Work Two or More Positions at the Same Time?	49	7%
Switch Employers or Practices?	71	10%
Experienced At Least One	155	21%

Source: Va. Healthcare Workforce Data Center

Only 2% of Virginia’s NHAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia’s average monthly unemployment rate was 2.9% during the past year.¹

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 10%
New Location: 29%
Over 2 Years: 53%
Over 2 Yrs, 2nd Location: 36%

Source: Va. Healthcare Workforce Data Center

Location Tenure

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	12	2%	13	14%
Less than 6 Months	64	10%	24	26%
6 Months to 1 Year	82	13%	12	13%
1 to 2 Years	137	22%	9	10%
3 to 5 Years	138	22%	20	22%
6 to 10 Years	70	11%	7	8%
More than 10 Years	127	20%	6	7%
Subtotal	631	100%	91	100%
Did Not Have Location	15		634	
Item Missing	98		18	
Total	743		743	

Source: Va. Healthcare Workforce Data Center

More than half of NHAs have worked at their primary location for more than two years.

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate increased from 2.7% in April 2018 to 3.0% in March 2019. At the time of publication, the unemployment rate from March 2019 was still preliminary.

At a Glance:

Concentration

Top Region:	22%
Top 3 Regions:	58%
Lowest Region:	2%

Locations

2 or More (Past Year):	16%
2 or More (Now*):	12%

Source: Va. Healthcare Workforce Data Center

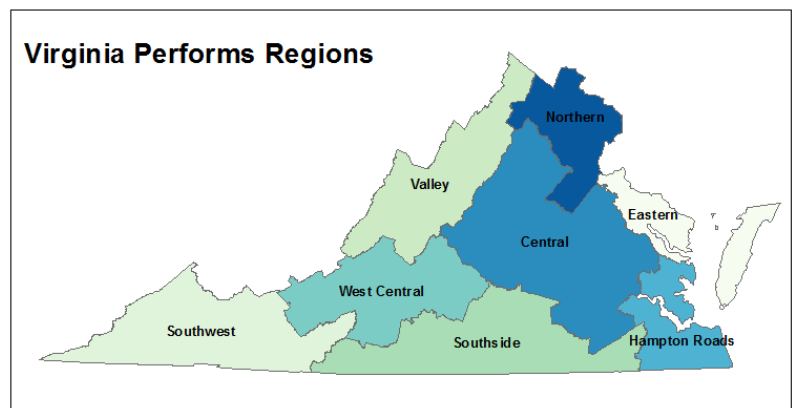
Nearly 60% of all NHAs in the state work in Hampton Roads, Central Virginia, and Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	122	20%	12	13%
Eastern	14	2%	2	2%
Hampton Roads	135	22%	29	31%
Northern	106	17%	15	16%
Southside	46	7%	4	4%
Southwest	50	8%	8	9%
Valley	46	7%	3	3%
West Central	98	16%	16	17%
Virginia Border State/D.C.	3	0%	0	0%
Other U.S. State	4	1%	4	4%
Outside of the U.S.	0	0%	0	0%
Total	624	100%	93	100%
Item Missing	105		16	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



More than 10% of NHAs currently have multiple work locations, while 16% have had multiple work locations over the past 12 months.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	13	2%	21	3%
1	524	81%	545	85%
2	71	11%	53	8%
3	21	3%	13	2%
4	5	1%	3	0%
5	2	0%	4	1%
6 or More	7	1%	5	1%
Total	643	100%	643	100%

*At the time of survey completion, March 2019.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	363	59%	62	67%
Non-Profit	225	37%	26	28%
State/Local Government	24	4%	2	2%
Veterans Administration	0	0%	1	1%
U.S. Military	0	0%	0	0%
Other Federal Government	2	0%	1	1%
Total	614	100%	92	100%
Did Not Have Location	15		634	
Item Missing	115		16	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

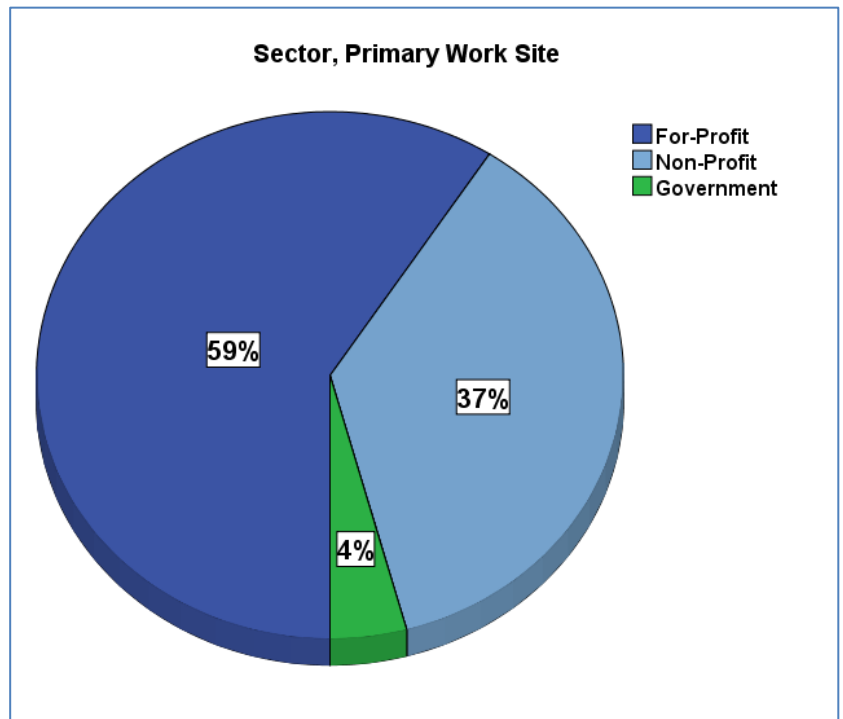
For Profit:	59%
Federal:	0%

Top Establishments

Skilled Nursing Facility:	52%
Assisted Living Facility:	16%
Continuing Care	
Retirement Community:	15%

Source: Va. Healthcare Workforce Data Center

Nearly all NHAs work in the private sector, including 59% who work at a for-profit establishment.



Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	386	52%	58	8%
Assisted Living Facility	118	16%	21	3%
Continuing Care Retirement Community	115	15%	7	1%
Acute Care/Rehabilitative Facility	23	3%	4	1%
Home/Community Health Care	16	2%	7	1%
Hospice	9	1%	2	0%
Academic Institution	4	1%	6	1%
Adult Day Care	3	0%	3	0%
PACE	1	0%	1	0%
Other Practice Type	63	8%	10	1%
At Least One Establishment	626	84%	96	13%

Source: Va. Healthcare Workforce Data Center

More than half of Virginia's NHA workforce are employed at a skilled nursing facility as their primary work location.

More than half of NHAs are employed at a facility chain organization as their primary work location. Another 26% of Virginia's NHAs are employed at an independent/stand-alone organization.

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Facility Chain	318	55%	50	61%
Independent/Stand Alone	152	26%	17	21%
Hospital-Based	37	6%	4	5%
Integrated Health System (Veterans Administration, Large Health System)	28	5%	3	4%
College or University	2	0%	5	6%
Other	41	7%	3	4%
Total	578	100%	82	100%
Did Not Have Location	15		634	
Item Missing	151		27	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

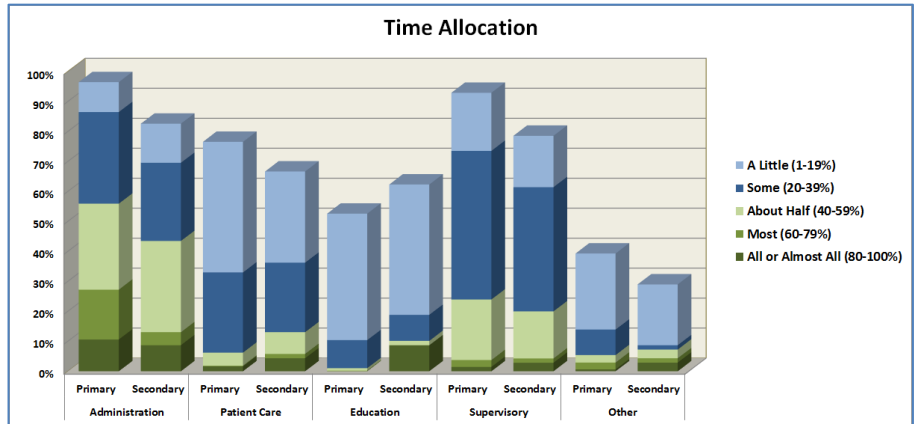
Administration: 40%-49%
 Supervisory: 20%-29%
 Patient Care: 10%-19%
 Education: 1%-9%

Roles

Administration: 27%
 Supervisory: 4%
 Patient Care: 2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



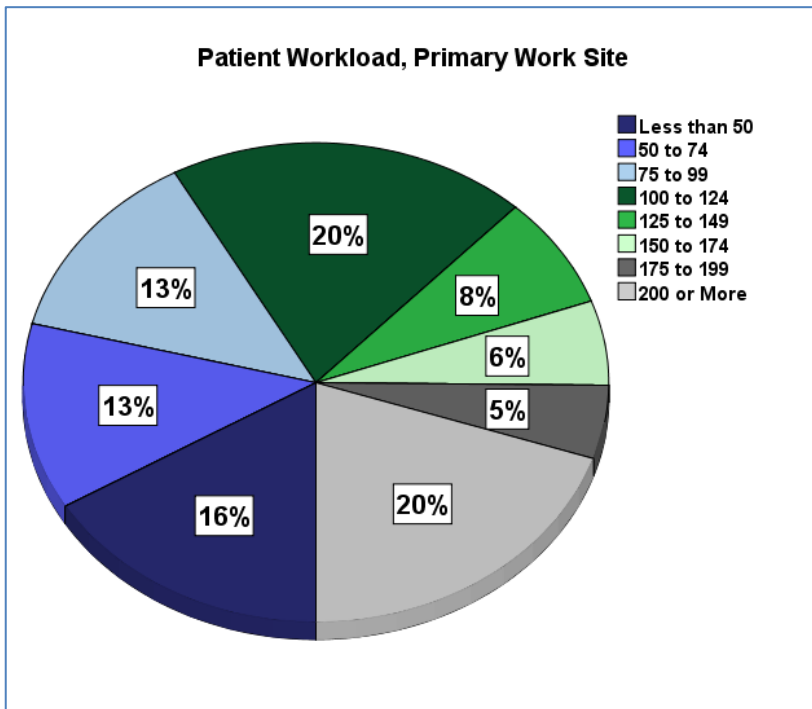
Source: Va. Healthcare Workforce Data Center

A typical NHA spends approximately half of her time performing administrative tasks. In addition, 27% of NHAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Supervisory		Other	
	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%	9%	2%	4%	0%	9%	1%	3%	1%	3%
Most (60-79%)	17%	4%	0%	1%	0%	0%	2%	1%	2%	1%
About Half (40-59%)	29%	30%	4%	7%	1%	1%	20%	16%	2%	3%
Some (20-39%)	31%	26%	27%	23%	9%	9%	49%	41%	9%	1%
A Little (1-19%)	10%	13%	44%	30%	42%	43%	19%	17%	25%	20%
None (0%)	4%	17%	23%	33%	47%	37%	7%	21%	61%	70%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Primary Location: 100-124

Secondary Location: 75-99

Source: Va. Healthcare Workforce Data Center

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

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	55	10%	14	16%
1-24	14	3%	7	8%
25-49	20	4%	1	1%
50-74	69	13%	13	15%
75-99	72	13%	12	14%
100-124	110	20%	10	11%
125-149	41	7%	10	11%
150-174	31	6%	8	9%
175-199	27	5%	1	1%
200-224	17	3%	2	2%
225-249	4	1%	2	2%
250-274	4	1%	1	1%
275-299	8	1%	0	0%
300 or More	75	14%	5	6%
Total	550	100%	88	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs Over 50	
	#	%	#	%
Under Age 50	16	3%	-	-
50 to 54	14	2%	1	0%
55 to 59	46	8%	9	3%
60 to 64	124	21%	52	18%
65 to 69	239	40%	134	47%
70 to 74	108	18%	67	23%
75 to 79	16	3%	12	4%
80 or Over	4	1%	2	1%
I Do Not Intend to Retire	24	4%	11	4%
Total	591	100%	288	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NHAs

Under 65:	34%
Under 60:	13%

NHAs 50 and Over

Under 65:	22%
Under 60:	3%

Time Until Retirement

Within 2 Years:	8%
Within 10 Years:	29%
Half the Workforce:	By 2039

Source: Va. Healthcare Workforce Data Center

One-third of all NHAs expect to retire before the age of 65. Among NHAs who are already at least age 50, 22% still expect to retire by age 65.

Within the next two years, 12% of NHAs expect to begin accepting Administrators-in-Training, and 11% expect to pursue additional educational opportunities.

Future Plans

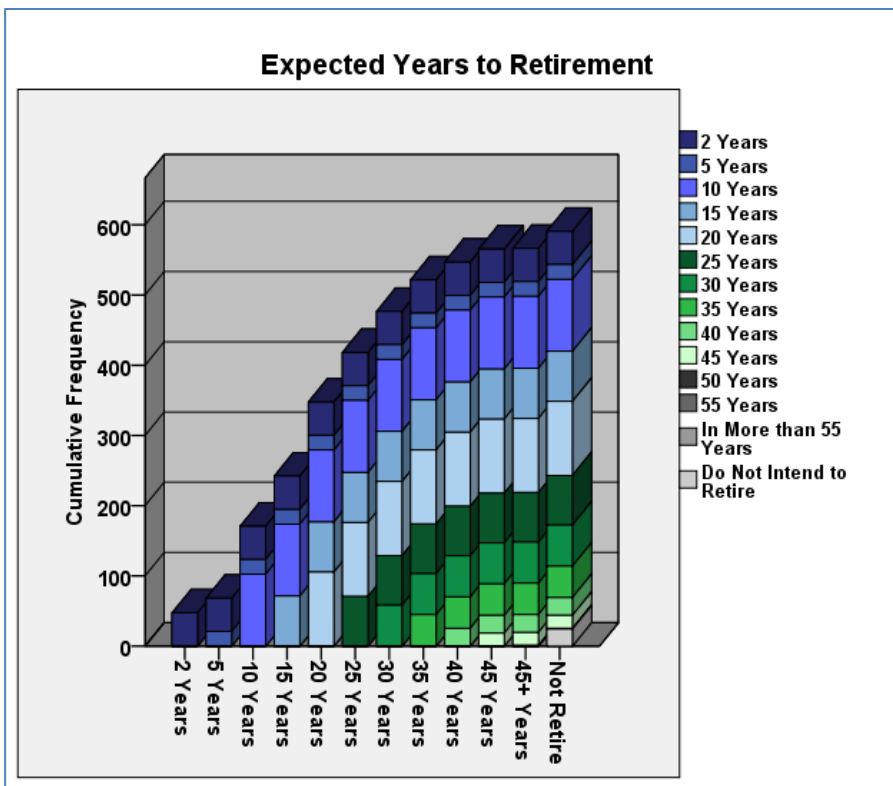
Two Year Plans:	#	%
Decrease Participation		
Leave Profession	17	2%
Leave Virginia	38	5%
Decrease Patient Care Hours	43	6%
Decrease Teaching Hours	2	0%
Cease Accepting Trainees	1	0%
Increase Participation		
Increase Patient Care Hours	44	6%
Increase Teaching Hours	31	4%
Pursue Additional Education	84	11%
Return to the Workforce	8	1%
Begin Accepting Trainees	86	12%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NHAs. While 8% of NHAs expect to retire in the next two years, 29% expect to retire within the next decade. More than half of the current NHA workforce expect to retire by 2039.

Time to Retirement			
Expect to Retire Within...	#	%	Cumulative %
2 Years	47	8%	8%
5 Years	21	4%	12%
10 Years	103	17%	29%
15 Years	71	12%	41%
20 Years	105	18%	59%
25 Years	71	12%	71%
30 Years	58	10%	81%
35 Years	45	8%	88%
40 Years	25	4%	92%
45 Years	19	3%	96%
50 Years	0	0%	96%
55 Years	0	0%	96%
In More than 55 Years	1	0%	96%
Do Not Intend to Retire	24	4%	100%
Total	591	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2029. Retirement will peak at 18% of the current workforce by 2039 before declining to under 10% again by 2054.

At a Glance:

FTEs

Total: 823
 FTEs/1,000 Residents²: .097
 Average: 1.13

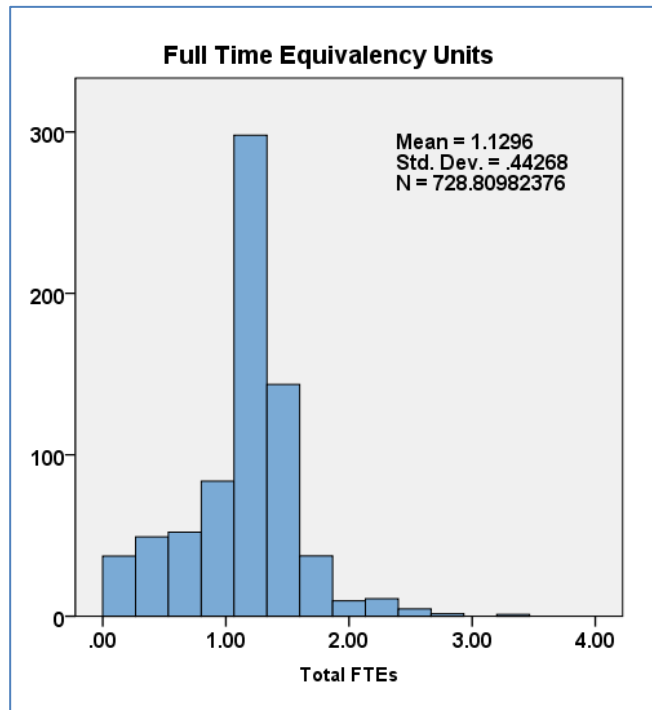
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

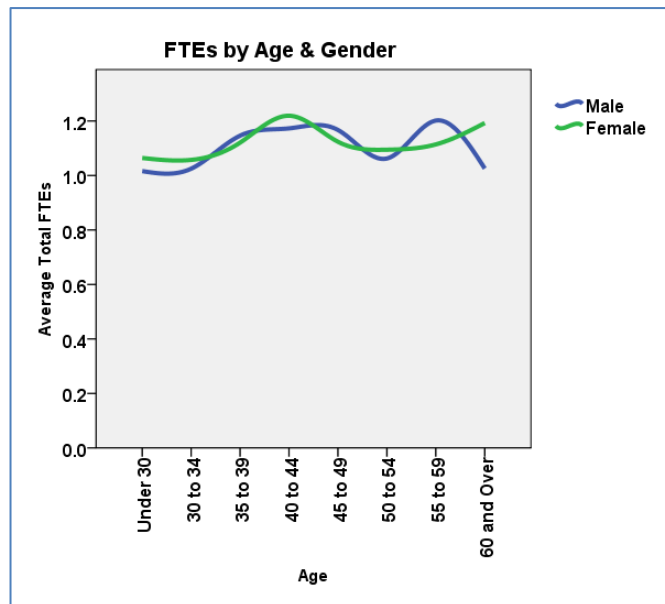


Source: Va. Healthcare Workforce Data Center

The typical NHA provided 1.20 FTEs in the past year, or approximately 48 hours per week for 50 weeks. Statistical tests do not indicate that FTEs vary by age or gender.

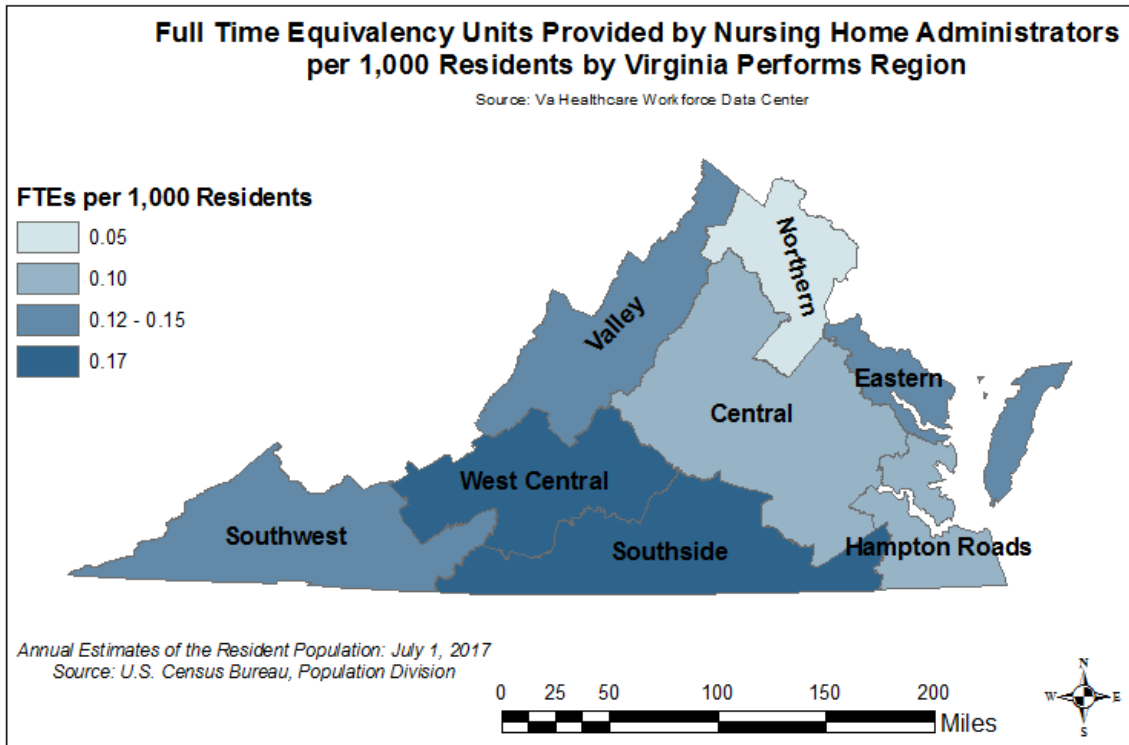
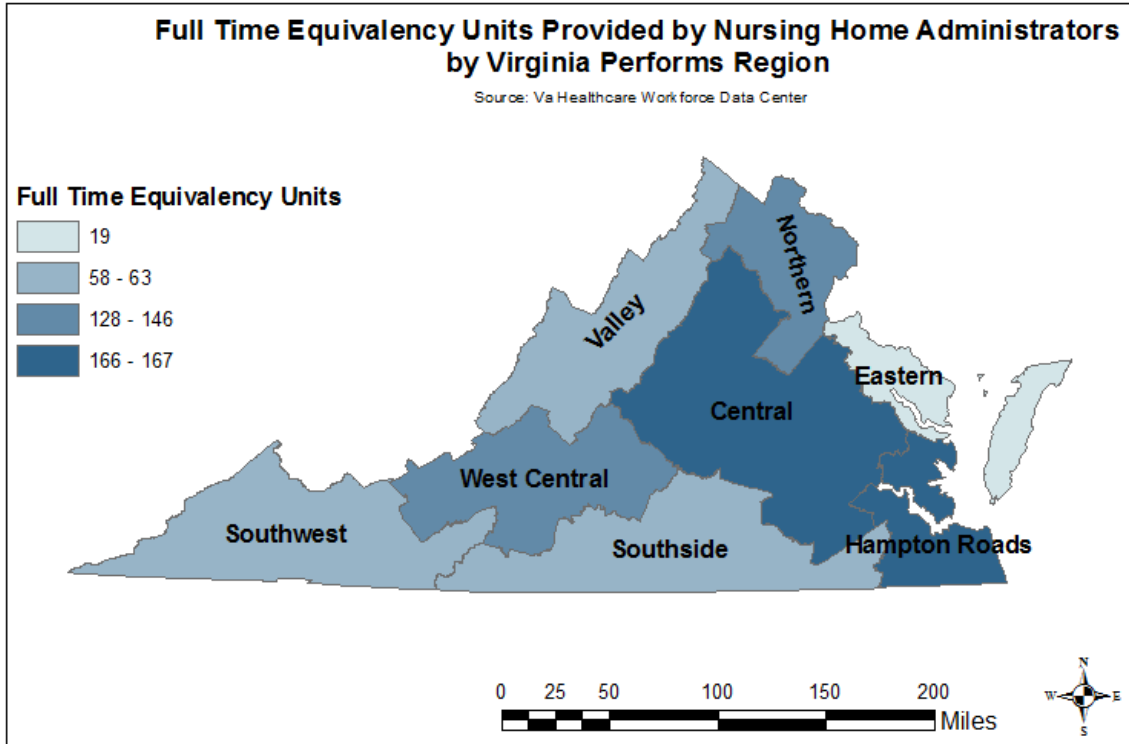
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	1.04	1.09
30 to 34	1.05	1.09
35 to 39	1.13	1.17
40 to 44	1.19	1.18
45 to 49	1.10	1.18
50 to 54	1.10	1.22
55 to 59	1.17	1.23
60 and Over	1.16	1.22
Gender		
Male	1.10	1.18
Female	1.14	1.18

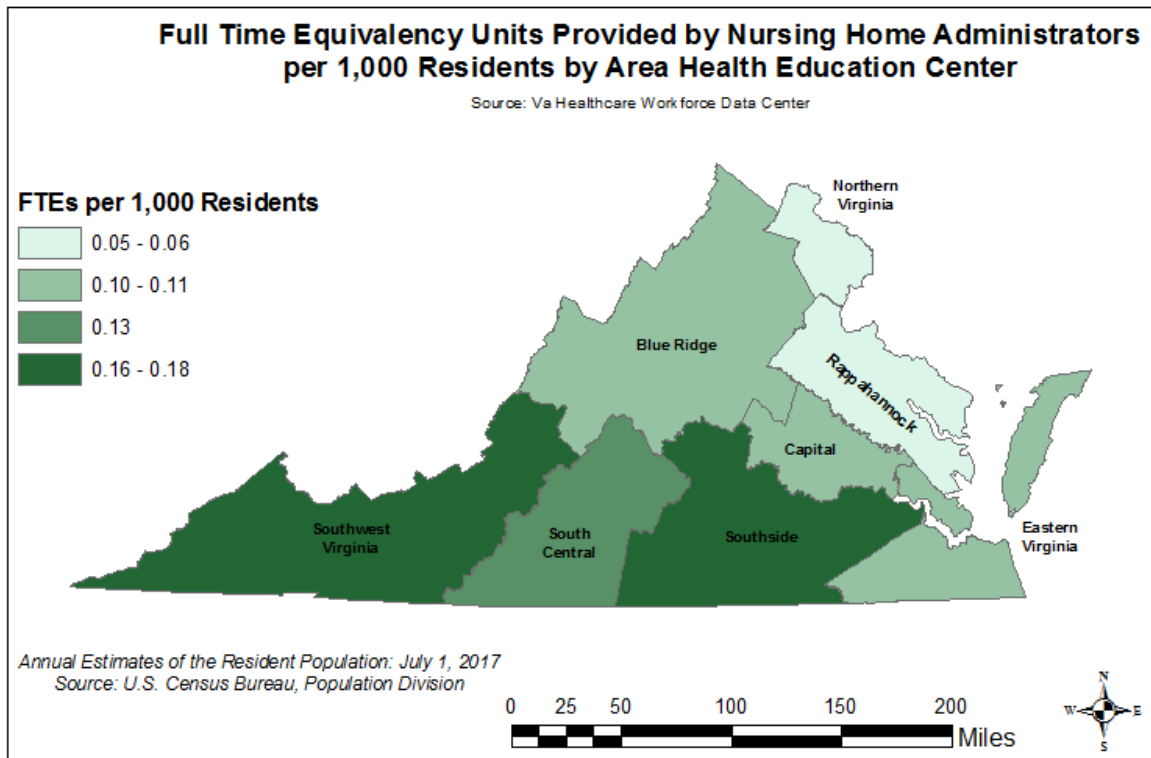
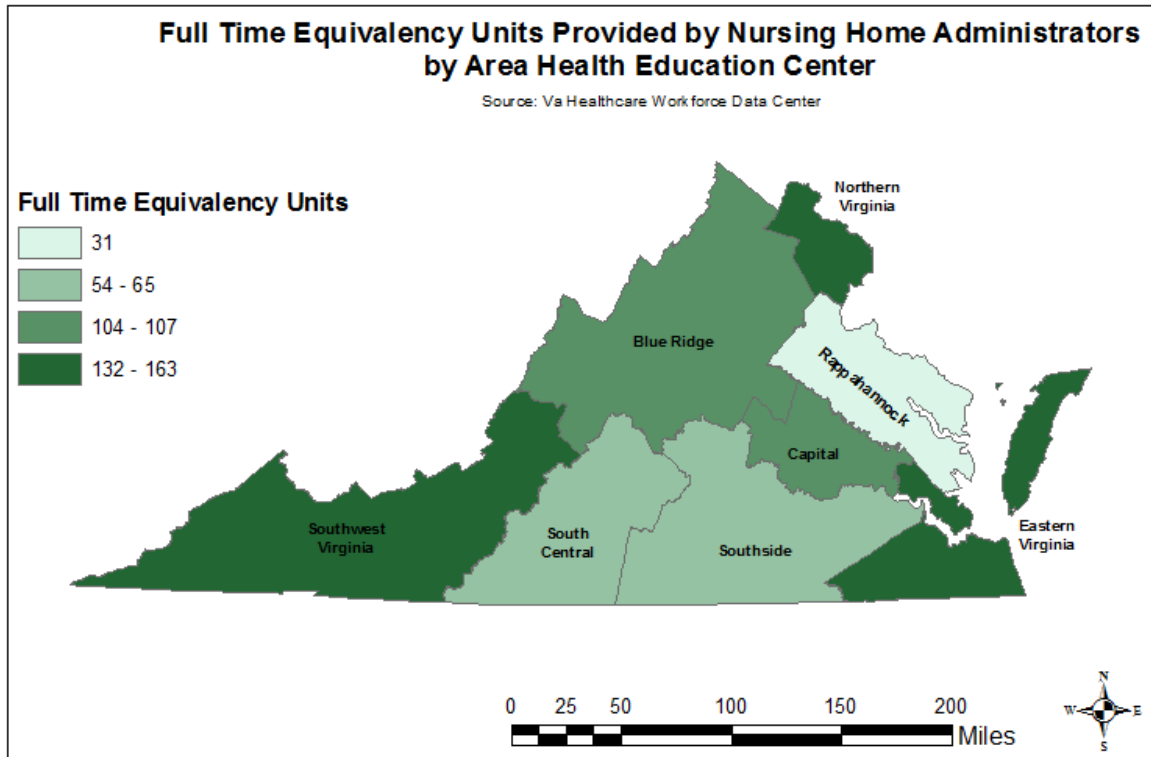
Source: Va. Healthcare Workforce Data Center

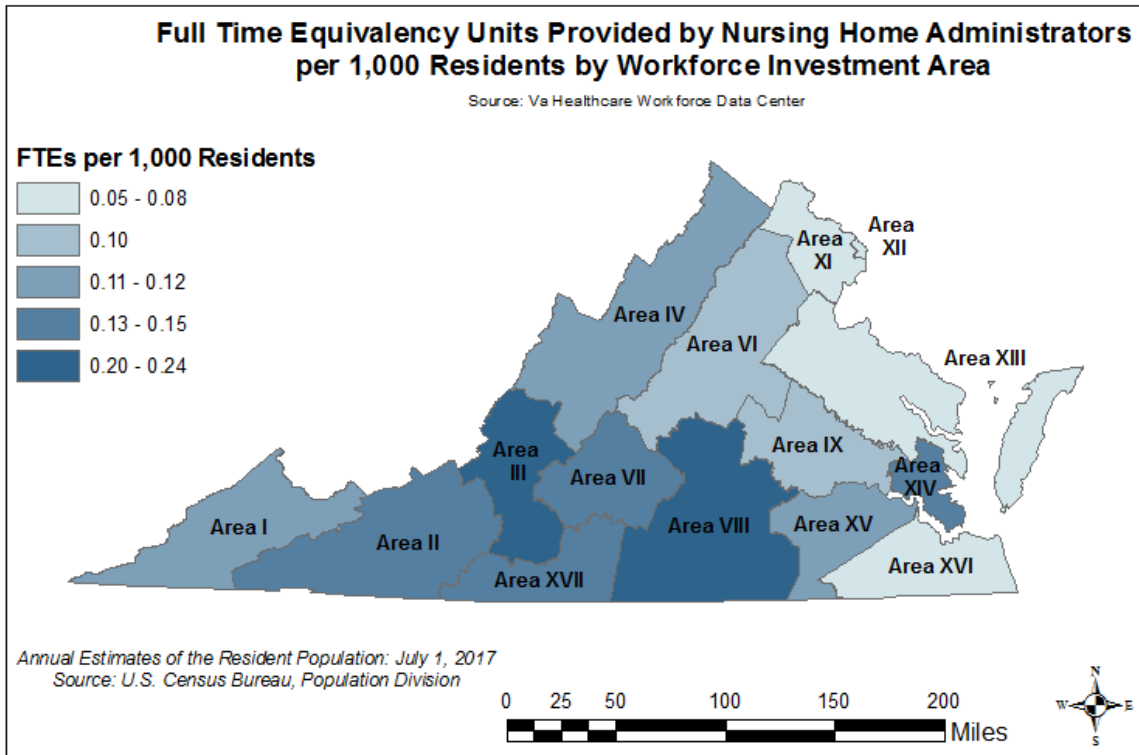
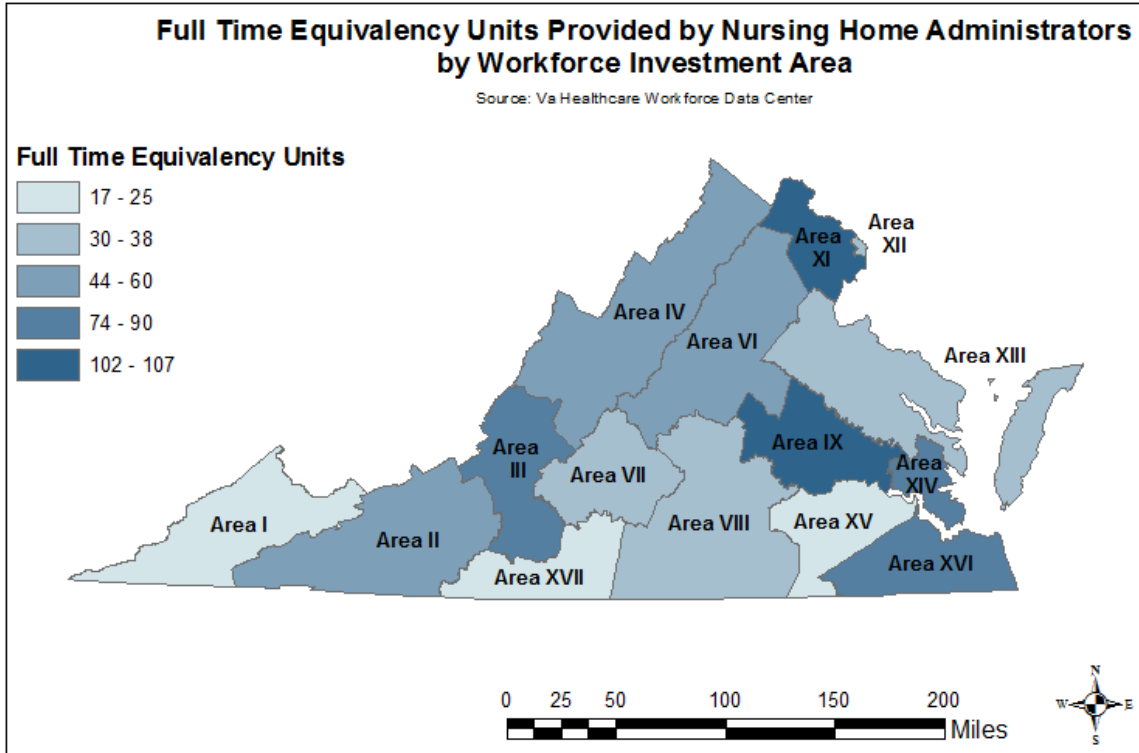


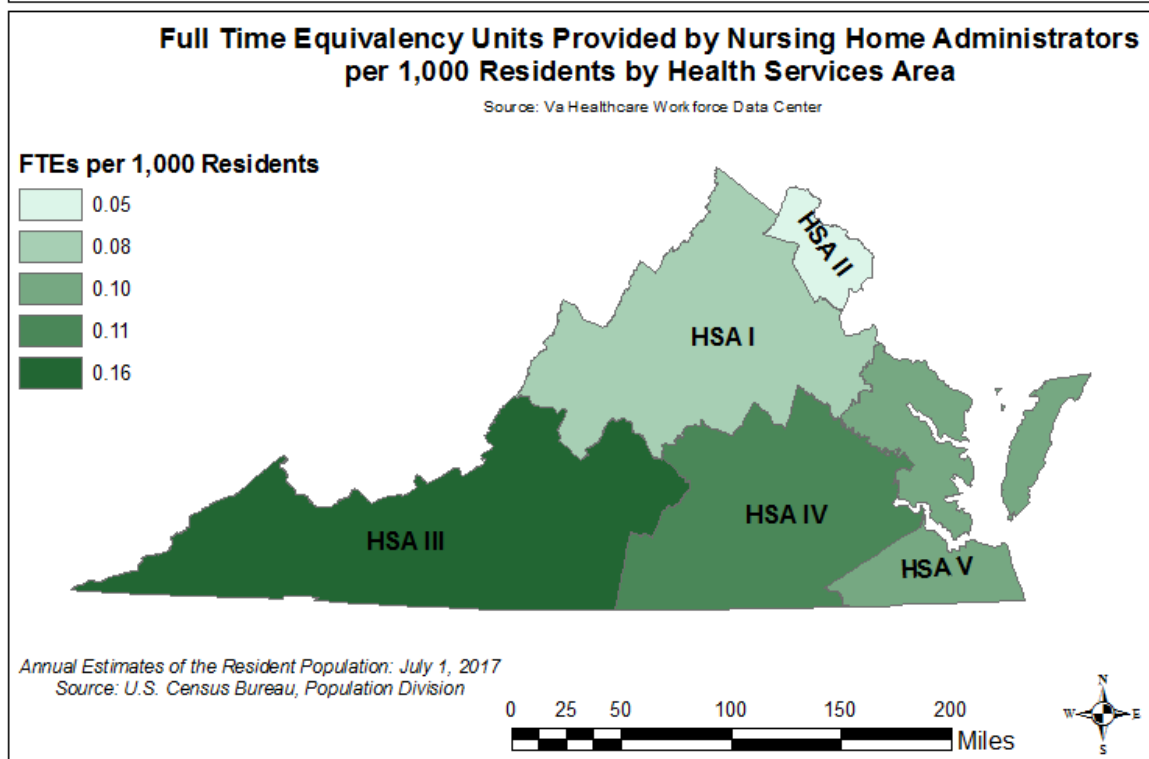
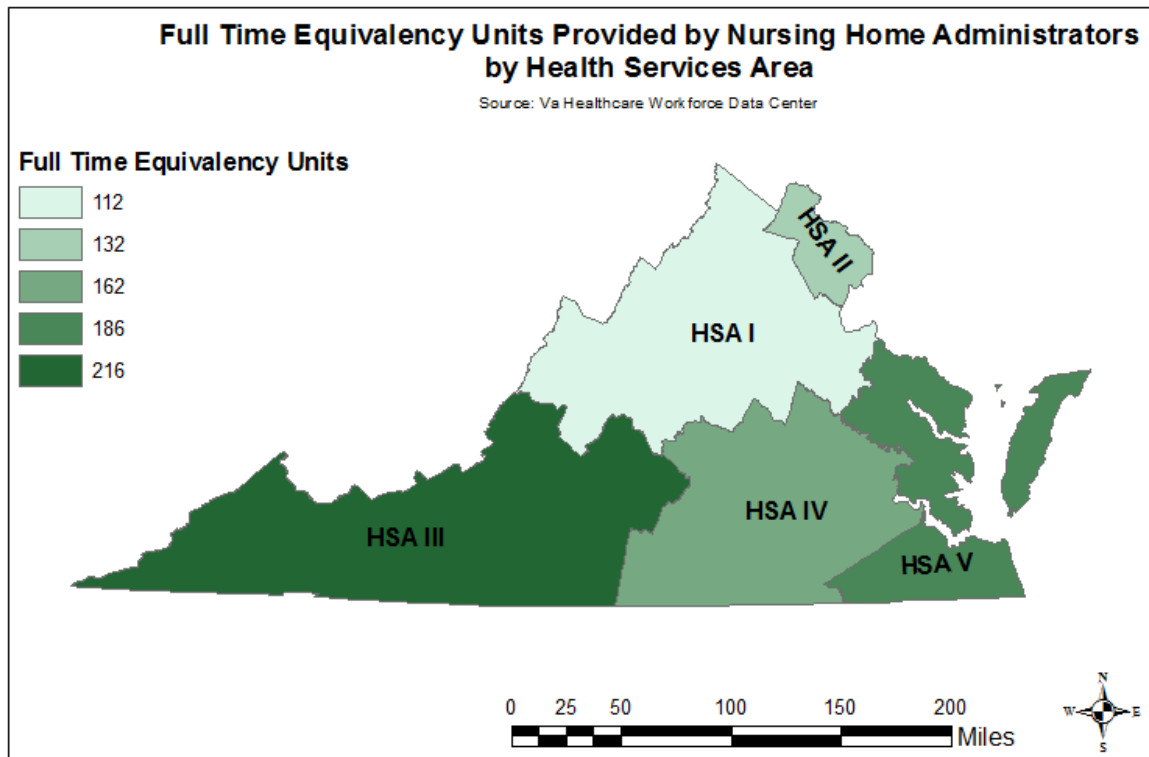
Source: Va. Healthcare Workforce Data Center

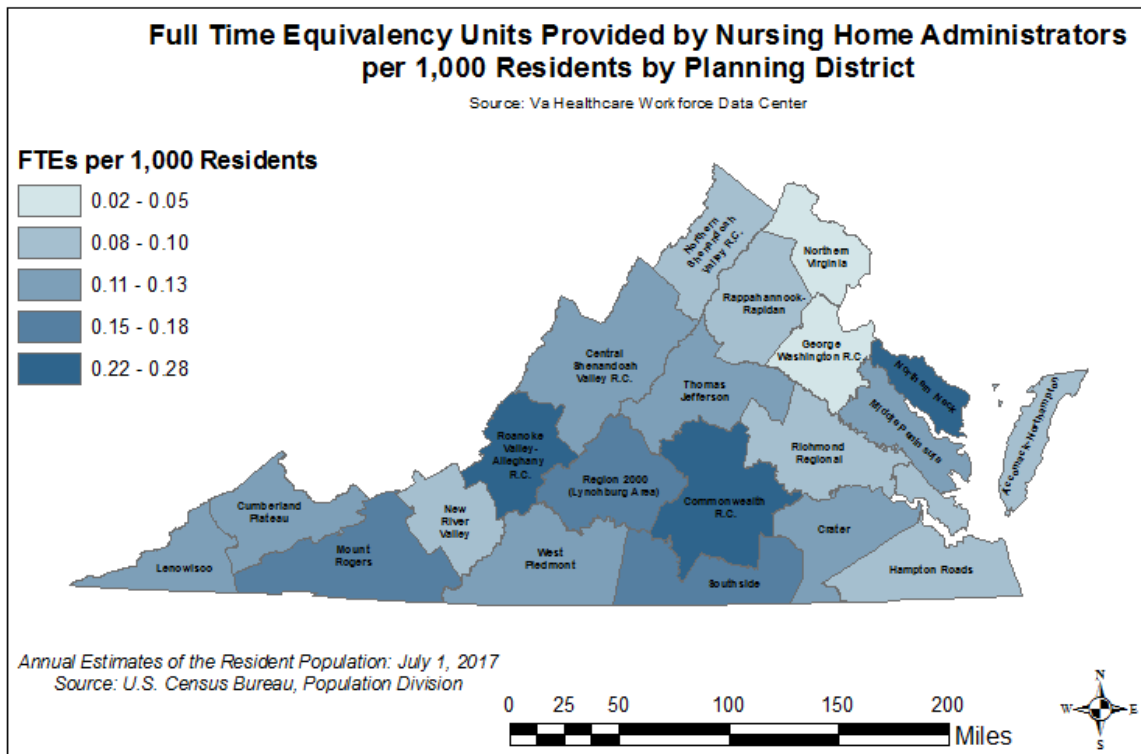
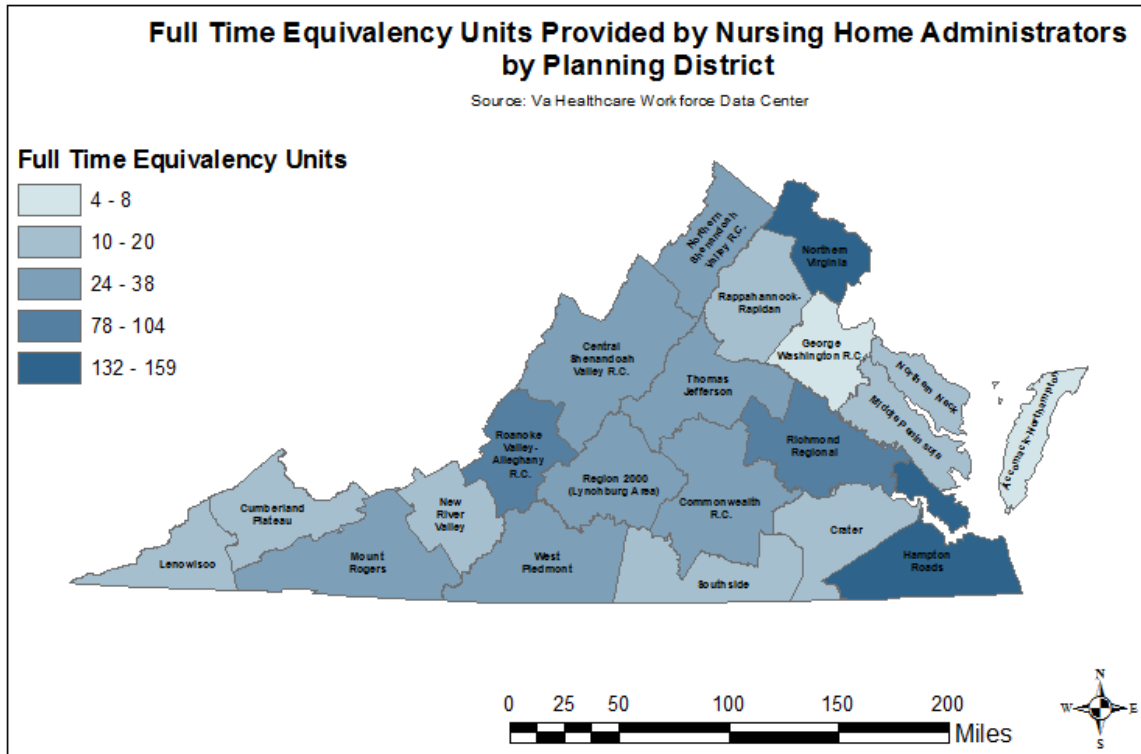
² Number of residents in 2017 was used as the denominator.











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	402	86.57%	1.155172	1.05764	1.55734
Metro, 250,000 to 1 Million	121	86.78%	1.152381	1.05508	1.55358
Metro, 250,000 or Less	75	85.33%	1.171875	1.07293	1.57986
Urban Pop. 20,000+, Metro Adj.	15	80.00%	1.25	1.14446	1.68519
Urban Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	47	87.23%	1.146341	1.04955	1.17381
Urban Pop., 2,500-19,999, Non-Adj.	20	75.00%	1.333333	1.22076	1.79753
Rural, Metro Adj.	25	84.00%	1.190476	1.08996	1.219
Rural, Non-Adj.	20	85.00%	1.176471	1.07714	1.58606
Virginia Border State/D.C.	124	70.16%	1.425287	1.30495	1.9215
Other U.S. State	96	72.92%	1.371429	1.25563	1.84889

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	49	61.22%	1.633333	1.55358	1.9215
30 to 34	58	87.93%	1.137255	1.08173	1.3379
35 to 39	81	83.95%	1.191176	1.12708	1.40133
40 to 44	103	87.38%	1.144444	1.08286	1.34636
45 to 49	128	81.25%	1.230769	1.16454	1.44791
50 to 54	131	80.92%	1.235849	1.16934	1.45389
55 to 59	132	90.15%	1.109244	1.04955	1.30495
60 and Over	263	80.61%	1.240566	1.17381	1.45944

Source: Va. Healthcare Workforce Data Center

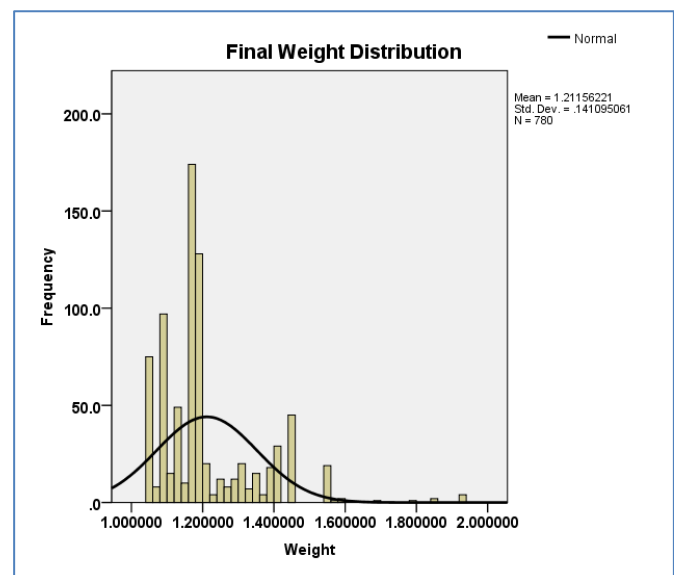
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhp.virginia.gov/hwdc/

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

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

Overall Response Rate: 0.825397



Source: Va. Healthcare Workforce Data Center

Staff Reports

Virginia Department of Health Professions
Cash Balance
As of June 30, 2019

	114- Long Term Care Administrators
Board Cash Balance as June 30, 2018	\$ (1,418)
YTD FY19 Revenue	595,280
Less: YTD FY19 Direct and Allocated Expenditures	<u>549,188</u>
Board Cash Balance as June 30, 2019	<u><u>44,674</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
4002400 Fee Revenue					
4002401	Application Fee	98,760.00	86,355.00	(12,405.00)	114.37%
4002406	License & Renewal Fee	485,215.00	461,560.00	(23,655.00)	105.13%
4002407	Dup. License Certificate Fee	475.00	175.00	(300.00)	271.43%
4002409	Board Endorsement - Out	1,925.00	1,925.00	-	100.00%
4002421	Monetary Penalty & Late Fees	8,870.00	11,030.00	2,160.00	80.42%
4002432	Misc. Fee (Bad Check Fee)	35.00	-	(35.00)	0.00%
	Total Fee Revenue	<u>595,280.00</u>	<u>561,045.00</u>	<u>(34,235.00)</u>	<u>106.10%</u>
	Total Revenue	<u>595,280.00</u>	<u>561,045.00</u>	<u>(34,235.00)</u>	<u>106.10%</u>
5011110 Employer Retirement Contrib.					
5011110	Employer Retirement Contrib.	7,718.80	10,256.00	2,537.20	75.26%
5011120	Fed Old-Age Ins- Sal St Emp	4,301.09	5,803.00	1,501.91	74.12%
5011130	Fed Old-Age Ins- Wage Earners	-	513.00	513.00	0.00%
5011140	Group Insurance	749.26	994.00	244.74	75.38%
5011150	Medical/Hospitalization Ins.	17,367.22	28,998.00	11,630.78	59.89%
5011160	Retiree Medical/Hospitalizatn	669.17	888.00	218.83	75.36%
5011170	Long term Disability Ins	355.38	471.00	115.62	75.45%
	Total Employee Benefits	<u>31,160.92</u>	<u>47,923.00</u>	<u>16,762.08</u>	<u>65.02%</u>
5011200 Salaries					
5011230	Salaries, Classified	58,779.66	75,852.00	17,072.34	77.49%
5011250	Salaries, Overtime	923.55	-	(923.55)	0.00%
	Total Salaries	<u>59,703.21</u>	<u>75,852.00</u>	<u>16,148.79</u>	<u>78.71%</u>
5011300 Special Payments					
5011340	Specified Per Diem Payment	1,300.00	2,650.00	1,350.00	49.06%
5011380	Deferred Compnstn Match Pmts	130.75	720.00	589.25	18.16%
	Total Special Payments	<u>1,430.75</u>	<u>3,370.00</u>	<u>1,939.25</u>	<u>42.46%</u>
5011400 Wages					
5011410	Wages, General	-	6,699.00	6,699.00	0.00%
	Total Wages	<u>-</u>	<u>6,699.00</u>	<u>6,699.00</u>	<u>0.00%</u>
5011600 Terminatn Personal Svce Costs					
5011620	Salaries, Annual Leave Balanc	224.45	-	(224.45)	0.00%
5011640	Salaries, Cmp Leave Balances	101.64	-	(101.64)	0.00%
5011660	Defined Contribution Match - Hy	11.08	-	(11.08)	0.00%
	Total Terminatn Personal Svce Costs	<u>337.17</u>	<u>-</u>	<u>(337.17)</u>	<u>0.00%</u>
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	Total Personal Services	<u>92,632.05</u>	<u>133,844.00</u>	<u>41,211.95</u>	<u>69.21%</u>
5012000 Contractual Svs					
5012100 Communication Services					
5012110	Express Services	18.75	142.00	123.25	13.20%
5012120	Outbound Freight Services	9.10	-	(9.10)	0.00%
5012130	Messenger Services	13.79	-	(13.79)	0.00%
5012140	Postal Services	2,157.36	1,300.00	(857.36)	165.95%
5012150	Printing Services	95.11	500.00	404.89	19.02%
5012160	Telecommunications Svcs (VITA)	451.58	1,320.00	868.42	34.21%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
5012190	Inbound Freight Services	15.61	-	(15.61)	0.00%
	Total Communication Services	2,761.30	3,262.00	500.70	84.65%
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,500.00	-	100.00%
	Total Employee Development Services	1,500.00	1,500.00	-	100.00%
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	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	9,770.62	7,990.00	(1,780.62)	122.29%
5012440	Management Services	92.53	6.00	(86.53)	1542.17%
5012460	Public Infrmtnl & Relatn Svcs	230.83	-	(230.83)	0.00%
5012470	Legal Services	940.00	500.00	(440.00)	188.00%
	Total Mgmnt and Informational Svcs	11,033.98	8,496.00	(2,537.98)	129.87%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
5012530	Equipment Repair & Maint Srvc	873.22	500.00	(373.22)	174.64%
	Total Repair and Maintenance Svcs	873.22	517.00	(356.22)	168.90%
5012600	Support Services				
5012630	Clerical Services	215.10	27.00	(188.10)	796.67%
5012640	Food & Dietary Services	465.91	783.00	317.09	59.50%
5012660	Manual Labor Services	565.40	1,182.00	616.60	47.83%
5012670	Production Services	3,279.62	2,960.00	(319.62)	110.80%
5012680	Skilled Services	15.61	1,408.00	1,392.39	1.11%
	Total Support Services	4,541.64	6,360.00	1,818.36	71.41%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,273.90	2,680.00	406.10	84.85%
5012850	Travel, Subsistence & Lodging	101.97	500.00	398.03	20.39%
5012880	Trvl, Meal Reimb- Not Rprtbl	62.25	400.00	337.75	15.56%
	Total Transportation Services	2,438.12	3,580.00	1,141.88	68.10%
	Total Contractual Svcs	23,148.26	23,825.00	676.74	97.16%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,261.46	1,200.00	(61.46)	105.12%
5013130	Stationery and Forms	-	100.00	100.00	0.00%
	Total Administrative Supplies	1,261.46	1,300.00	38.54	97.04%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matr	2.04	-	(2.04)	0.00%
5013530	Electrcal Repair & Maint Matr	0.52	2.00	1.48	26.00%
	Total Repair and Maint. Supplies	2.56	2.00	(0.56)	128.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	37.65	81.00	43.35	46.48%
5013630	Food Service Supplies	41.94	-	(41.94)	0.00%
5013640	Laundry and Linen Supplies	5.43	-	(5.43)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5013650	Personal Care Supplies	4.45	-	(4.45)	0.00%
	Total Residential Supplies	89.47	81.00	(8.47)	110.46%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	2.22	-	(2.22)	0.00%
	Total Specific Use Supplies	2.22	-	(2.22)	0.00%
	Total Supplies And Materials	1,355.71	1,383.00	27.29	98.03%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	300.00	300.00	0.00%
	Total Awards, Contrib., and Claims	-	300.00	300.00	0.00%
	Total Transfer Payments	-	300.00	300.00	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	28.96	25.00	(3.96)	115.84%
	Total Insurance-Fixed Assets	28.96	25.00	(3.96)	115.84%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3.40	-	(3.40)	0.00%
5015350	Building Rentals	4.80	-	(4.80)	0.00%
5015390	Building Rentals - Non State	4,816.49	4,569.00	(247.49)	105.42%
	Total Operating Lease Payments	4,824.69	4,569.00	(255.69)	105.60%
5015500	Insurance-Operations				
5015510	General Liability Insurance	103.96	91.00	(12.96)	114.24%
5015540	Surety Bonds	6.13	6.00	(0.13)	102.17%
	Total Insurance-Operations	110.09	97.00	(13.09)	113.49%
	Total Continuous Charges	4,963.74	4,691.00	(272.74)	105.81%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	36.00	36.00	0.00%
	Total Educational & Cultural Equip	-	36.00	36.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	Total Office Equipment	-	117.00	117.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	16.80	-	(16.80)	0.00%
	Total Specific Use Equipment	16.80	-	(16.80)	0.00%
	Total Equipment	16.80	153.00	136.20	10.98%
	Total Expenditures	122,116.56	164,196.00	42,079.44	74.37%
	Allocated Expenditures				
20600	Funeral\LTCA\IPT	89,713.11	90,092.70	379.59	99.58%
30100	Data Center	96,274.01	91,741.98	(4,532.03)	104.94%
30200	Human Resources	4,610.65	10,637.47	6,026.82	43.34%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
30300	Finance	18,583.78	23,634.92	5,051.13	78.63%
30400	Director's Office	8,470.88	9,412.98	942.09	89.99%
30500	Enforcement	137,584.19	151,365.08	13,780.88	90.90%
30600	Administrative Proceedings	43,273.17	52,083.07	8,809.90	83.08%
30700	Impaired Practitioners	12.34	-	(12.34)	0.00%
30800	Attorney General	17,071.86	18,177.64	1,105.79	93.92%
30900	Board of Health Professions	6,117.59	7,585.34	1,467.75	80.65%
31100	Maintenance and Repairs	6.16	1,669.24	1,663.09	0.37%
31300	Emp. Recognition Program	452.80	236.01	(216.79)	191.86%
31400	Conference Center	140.92	146.04	5.12	96.49%
31500	Pgm Devlpmnt & Implmentn	4,760.10	5,507.01	746.91	86.44%
Total Allocated Expenditures		<u>427,071.58</u>	<u>462,289.47</u>	<u>35,217.89</u>	<u>92.38%</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ 46,091.86</u>	<u>\$ (65,440.47)</u>	<u>\$ (111,532.33)</u>	<u>70.43%</u>



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
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FAX (804) 527- 4475

MEMORANDUM

TO: Members, Board of Long-Term Care Administrators

FROM: David E. Brown, D.C. 

DATE: May 13, 2019

SUBJECT: Revenue and Expenditure Analysis

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

The Board of Long-Term Care Administrators ended the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) with a cash balance of (\$1,418). Current projections indicate that expenditures for the 2018 - 2020 biennium (July 1, 2018, through June 30, 2020) will exceed revenue by approximately \$132,995. When combined with the Board's (\$1,418) cash balance as of June 30, 2018, the Board of Long-Term Care Administrators projected cash balance on June 30, 2020, is (\$134,413).

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

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

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

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

Committee and Board Member Reports

DRAFT

In Attendance

Sahil Chaudhary, Citizen Member
Helene Clayton-Jeter, OD, Board of Optometry
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Mark Johnson, DVM, Board of Veterinary Medicine
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Maribel Ramos, Citizen Member
John Salay, MSW, LCSW, Board of Social Work
Herb Stewart, PhD, Board of Psychology
James Watkins, DDS, Board of Dentistry

Absent

James Wells, RPh, Citizen Member
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
Martha Rackets, PhD, Citizen Member
Vacant - Board of Nursing
Vacant - Citizen Member

DHP Staff

David Brown, DC, Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Laura Jackson, MSHSA, Operations Manager BHP
Charis Mitchell, Assistant Attorney General
Rajana Siva, MBA, Research Analyst BHP
Elaine Yeatts, Senior Policy Analyst DHP

Speakers

Shelby Reynolds, Virginia State Task Force for Music Therapy

Observers

Jerry Gentile, DPB
Ben Traynham, Hancock Daniel
Kaycee Ensigy, Medical Society of Virginia

Emergency Egress

Elizabeth Carter, PhD

Call to Order

Dr. Jones, Jr.
Time: 10:00 a.m.
Quorum: Established

Public Comment

Dr. Jones, Jr.
Shelby Reynolds with the Virginia State Task Force for Music Therapy thanked the Board for their time and advised that she was available to answer any questions that the Board may have in regard to the Music Therapy study.

Approval of Minutes

Motion

Dr. Jones, Jr.

Discussion: A motion to accept meeting minutes from the May 14, 2019 Full Board was made and properly seconded. All members were in favor, none opposed.

Director's Report

Dr. Brown

Dr. Brown announced that agency Board Member Training will be held October 7, 2019. The Agency will be bringing in guest speakers to discuss specific topics, such as FOIA. He asked that each board member relay this information at their next board meeting.

The Agency's website redesign is allowing for a more user friendly approach for applicants, consumers and DHP staff. He stated that the software being used allows for easier and quicker updates to each boards webpage. He requested that each board member take a look at the website and provide feedback on what they feel is working or should be changed.

The Council on Licensure, Enforcement and Regulation (CLEAR) is an organization designed to help those in professional regulation have access to resources. At the annual CLEAR meeting in September, DHP's research and analysis into the workload of the Enforcement Division staff will be presented by DHP's Enforcement Director Ms. Schmitz and Visual Research, Inc. President Neal Kauder.

DHP is working diligently to utilize our workforce data to inform the public of what the agency does. One example is the research describing how physical therapy assistants are now being utilized to assist individuals with pain management, decreasing the need for opioid prescriptions.

Reordering of Agenda

Motion

Dr. Jones, Jr. requested a reordering of the agenda. The motion to reorder the agenda was made and properly seconded.

**Legislative and
Regulatory Report**

Ms. Yeatts

Ms. Yeatts requested board member introductions.

Ms. Yeatts provided a brief overview of the regulations provided in the meeting packet. Also provided was a handout (Attachment 1) with information regarding a bill to amend 54.1-2405, relating notification to patients of a practitioner closure, sale or relocation of professional practice.

Motion

After board discussion a motion was made and properly seconded to change the existing language in 54.1-2405 to include the language "either electronically or" to the code. All members were in favor, none opposed.

Board Chair Report

Dr. Jones, Jr. provided Dr. Clayton-Jeter with a plaque thanking her for her service as previous board Chair.

Dr. Jones, Jr. also passed out Department of Health Professions lapel pins to each board member.

Individual Board Reports	<p>Board of Veterinary Medicine - Dr. Johnson (Attachment 2)</p> <p>Board of Dentistry - Dr. Watkins (Attachment 3)</p> <p>Board of Optometry - Dr. Clayton-Jeter (Attachment 4)</p> <p>Board of Psychology - Dr. Stewart (Attachment 5)</p> <p>Board of Long - Term Care Administrators - Mr. Kendall (Attachment 6)</p> <p>Board of Counseling - Dr. Doyle (Attachment 7)</p> <p>Board of Physical Therapy - Dr. Jones, Jr. (Attachment 8)</p> <p>Board of Audiology & Speech Language Pathology - Dr. Carter (Attachment 9)</p> <p>Board of Funeral Directors and Embalmers - Mr. Jones (Attachment 10)</p> <p>Board of Social Work - Mr. Salay (Attachment 11)</p>
Committee Reports	<p>Mr. Wells provided details regarding the Regulatory Research Committee's study review of the need to license music therapists in Virginia.</p> <p>Mr. Wells advised the Board that the Committee's final recommendation was for licensure of music therapists, with the best placement being under the Board of Counseling.</p>
Motion	<p>A motion for licensure of music therapists in Virginia, to be placed under the Board of Counseling, was made and properly seconded. 10 members were in favor, one abstained and one opposed.</p> <p>Dr. Carter advised of next steps as noted in the music therapist study work plan.</p>
Break	<p>Dr. Jones, Jr. requested a brief break at 11:04 a.m.</p>
Reconvene	<p>Dr. Jones, Jr. reconvened the meeting at 11:11 a.m.</p>
Executive Director's Report	<p>Dr. Carter reviewed the Board's budget and provided insight into the agencies statistics and performance.</p> <p>Dr. Carter has requested Charles Giles, DHP Budget Manager, to provide an update of the Agency's finances at the November 4, 2019 meeting.</p> <p>Dr. Carter also requested that a workgroup meet to discuss the Board's update to its Mission Statement. Communications Director, Ms. Powers, will be aiding the workgroup. Dr. Jones, Jr. will appoint members who will meet in person prior to the November 4, 2019 full board meeting.</p>
Healthcare Workforce Data Center	<p>Dr. Carter provided a PowerPoint presentation on the Healthcare Workforce Data Center. (Attachment 12)</p> <p>Dr. Clayton-Jeter requested that Optometry workforce information be shared with out of state schools of Optometry as there are currently no schools in Virginia.</p>
New Business	<p>Agenda item for November 4, 2019 meeting: Discussion of other states' approaches to placement of professions within regulatory boards and agencies. Dr. Carter will provide a briefing on these approaches.</p>

Agenda item for November 4, 2019 meeting: Discussion of the existing telehealth/telemedicine guidance documents from the respective boards.

Dr. Jones, Jr. appointed Dr. Clayton-Jeter and Mr. Salay to the Nominating Committee. The Committee will meet prior to the November 4, 2019 Full Board meeting to provide a slate of officers for the Fall election for Chair and Vice Chair.

Next Meeting Dr. Jones, Jr. advised the Board that the next meeting is scheduled for November 4, 2019 at 10:00 a.m.

Meeting Adjourned 12:23 p.m.

Chair Allen Jones, Jr., DPT, PT

Signature _____ /____/_____

Board Executive Director Elizabeth A. Carter, PhD

Signature _____ /____/_____

Board of Health Professions attachments can be found at
https://www.dhp.virginia.gov/bhp/bhp_calendar.htm

Legislative and Regulatory Report



COMMONWEALTH OF VIRGINIA Board of Long-Term Care Administrators

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

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

Petition for Rule-making

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

Please provide the information requested below. (Print or Type)		
Petitioner's full name (Last, First, Middle initial, Suffix,)		
Bertha Simmons		
Street Address		Area Code and Telephone Number
8500 Saddle Court		703-915-2233
City	State	Zip Code
Manassas	Virginia	20110
Email Address (optional)		Fax (optional)
simmonsbc@comcast.net		
Respond to the following questions:		
1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.		
18VAC95-30-190. Reporting requirements		
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. As a former Board member (2005-2011), I think there were some factors that we did not consider in writing the regulations for the ALF AIT program. ALF Acting Administrator AITs have to be in the facility 40 hours a week. Other ALF AITs can do part-time AIT assignments. Since Acting Administrators are actually running the facility, most of the time they are working over 40 hours. We only count up to 40 hours of training on the monthly AIT report. I am suggesting to increase the amount of hours to be counted on the monthly report to allow over 40 hours when the Acting Administrator is working those hours in any of the Domains.		
3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is <u>other</u> legal authority for promulgation of a regulation, please provide that Code reference.		
§ 54.1-3101. The Board of Long-Term Care Administrators is established as a policy board, within the meaning of § 2.2-2100		
Signature: <i>Bertha Simmons</i>		Date: <i>2/17/19</i>
Bertha Simmons, LNHA, LALFA, LSW, Licensed Preceptor, Certified Mediator		

July 2002



COMMONWEALTH OF VIRGINIA

Board of Long-Term Care Administrators

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

Petitioner's full name (Last, First, Middle initial, Suffix,)

Bertha Simmons

Street Address

8500 Saddle Court

City

Manassas

Email Address (optional)

simmonsbc@comcast.net

Area Code and Telephone Number

703-915-2233

State

Virginia

Zip Code

20110

Fax (optional)

Respond to the following questions:

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

18VAC95-20-310. Required hours of training

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

Having a required NAB exam for ALF Administrators has changed the way we train AITs in ALF. The NAB exam for Assisted Living has many questions that are for nursing home. So Preceptors have to prepare the ALF AIT for terminology and situations that are for NHFs too. Some AITs in ALF plan to go on to become Nursing Home Administrators. It seems some credit from their ALF AIT program should be counted toward a Nursing Home Administrator AIT program. Domains of Practice are almost the same for both. So I am asking for consideration of some credit hours to be considered toward an AIT Nursing Home program if the candidate has completed an AIT in Assisted Living.

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

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

Signature: *Bertha Simmons*

Date: 2/14/19

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

July 2002

Board action: Amendment to fee for returned checks

Included in agenda package:

Applicable sections of the Code of Virginia

Revised Fee section

Staff note:

Auditors from the Office of the Comptroller have advised DHP that we should be charging \$50 for a returned check, rather than the current \$35. That amount was based on language in § 2.2-614.1. However, § 2.2-4805 (from the Va. Debt Collection Act) requires the fee for a returned check to be \$50.

Board counsel for DHP boards has advised that the handling fee of \$50 in Virginia Code 2.2-4805 governs. Section 2.2-614.1 states that a “penalty of \$35 or the amount of any costs, **whichever is greater**,” shall be imposed. By amending § 2.2-4805 in 2009, the General Assembly determined that the costs, in the form of a “handling fee,” is \$50, and thus greater than the \$35 penalty imposed under 2.2-614.1.

Therefore, all board regulations will need to be amended to reflect the higher “handling” fee.

§ 2.2-4805. Interest, administrative charges and penalty fees

A. Each state agency and institution may charge interest on all past due accounts receivable in accordance with guidelines adopted by the Department of Accounts. Each past due accounts receivable may also be charged an additional amount that shall approximate the administrative costs arising under § 2.2-4806. Agencies and institutions may also assess late penalty fees, not in excess of ten percent of the past-due account on past-due accounts receivable. The Department of Accounts shall adopt regulations concerning the imposition of administrative charges and late penalty fees.

B. Failure to pay in full at the time goods, services, or treatment are rendered by the Commonwealth or when billed for a debt owed to any agency of the Commonwealth shall result in the imposition of interest at the judgment rate as provided in § 6.2-302 on the unpaid balance unless a higher interest rate is authorized by contract with the debtor or provided otherwise by statute. Interest shall begin to accrue on the 60th day after the date of the initial written demand for payment. A public institution of higher education in the Commonwealth may elect to impose a late fee in addition to, or in lieu of, interest for such time as the institution retains the claim pursuant to subsection D of § 2.2-4806. Returned checks or dishonored credit card or debit card payments shall incur a handling fee of \$50 unless a higher amount is authorized by statute to be added to the principal account balance.

C. If the matter is referred for collection to the Division, the debtor shall be liable for reasonable attorney fees unless higher attorney fees are authorized by contract with the debtor.

D. A request for or acceptance of goods or services from the Commonwealth, including medical treatment, shall be deemed to be acceptance of the terms specified in this section.

1988, c. 544, § 2.1-732; 2001, c. 844; 2009, c. 797.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Code of Virginia
Title 2.2. Administration of Government
Chapter 6. General Provisions

§ 2.2-614.1. Authority to accept revenue by commercially acceptable means; service charge; bad check charge.

A. Subject to § 19.2-353.3, any public body that is responsible for revenue collection, including, but not limited to, taxes, interest, penalties, fees, fines or other charges, may accept payment of any amount due by any commercially acceptable means, including, but not limited to, checks, credit cards, debit cards, and electronic funds transfers.

B. The public body may add to any amount due a sum, not to exceed the amount charged to that public body for acceptance of any payment by a means that incurs a charge to that public body or the amount negotiated and agreed to in a contract with that public body, whichever is less. Any state agency imposing such additional charges shall waive them when the use of these means of payment reduces processing costs and losses due to bad checks or other receivable costs by an amount equal to or greater than the amount of such additional charges.

C. If any check or other means of payment tendered to a public body in the course of its duties is not paid by the financial institution on which it is drawn, because of insufficient funds in the account of the drawer, no account is in the name of the drawer, or the account of the drawer is closed, and the check or other means of payment is returned to the public body unpaid, the amount thereof shall be charged to the person on whose account it was received, and his liability and that of his sureties, shall be as if he had never offered any such payment. A penalty of \$35 or the amount of any costs, whichever is greater, shall be added to such amount. This penalty shall be in addition to any other penalty provided by law, except the penalty imposed by § 58.1-12 shall not apply.

2002, c. 719; 2004, c. 565.

Project 6154 - none

BOARD OF LONG-TERM CARE ADMINISTRATORS

Handling fee

18VAC95-20-130. Additional fee information.

A. There shall be a fee of ~~\$35~~ \$50 for ~~a returned checks~~ check or a dishonored credit card or debit card.

B. Fees shall not be refunded once submitted.

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

18VAC95-30-40. Required fees.

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

1. ALF AIT program application	\$215
2. Preceptor application	\$65
3. Licensure application	\$315
4. Verification of licensure requests from other states	\$35
5. Assisted living facility administrator license renewal	\$315
6. Preceptor renewal	\$65
7. Penalty for assisted living facility administrator late renewal	\$110
8. Penalty for preceptor late renewal	\$25
9. Assisted living facility administrator reinstatement	\$435
10. Preceptor reinstatement	\$105
11. Duplicate license	\$25
12. Duplicate wall certificates	\$40
13. Returned check <u>or dishonored credit card or debit card</u>	\$35 <u>\$50</u>
14. Reinstatement after disciplinary action	\$1,000

B. Fees shall not be refunded once submitted.

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