

June 13, 2017
Board Room #1
9:30 a.m.

▪ Call to Order	Derrick Kendall, NHA, Chair
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▪ Emergency Egress	Corie Tillman Wolf, JD
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▪ Approval of Minutes – pages 2-15	Derrick Kendall
<ul style="list-style-type: none"> ○ March 14, 2017 - Board Meeting ○ March 9, 2017 – Telephone Conference 	

▪ Ordering of Agenda	Derrick Kendall
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▪ Public Comment	
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▪ Agency Director’s Report	Dr. David Brown, DC
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▪ Staff Reports	
<ul style="list-style-type: none"> ○ Executive Director’s Report – pages 16-25 ○ Discipline Report ○ Board Counsel Report – pages 26-27 	Corie Tillman Wolf Lynne Helmick, Deputy Executive Director Erin Barrett, Assistant Attorney General

▪ Board of Health Professions Report	Derrick Kendall
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▪ New Business	
<ul style="list-style-type: none"> ▪ Legislative and Regulatory Update 	Elaine Yeatts, Senior Policy Analyst

▪ Presentation – VCU School of Gerontology – Assisted Living Facility Administrator Program (NAB-accredited)	Jennifer Pryor, MA, MS, ALFA
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▪ Presentation – Sanctioning Reference Points – pages 29-46	Neal Kauder, President Kim Small, Senior Research Associate VisualResearch, Inc.
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▪ Training – Board Counsel	Erin Barrett
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▪ Next Meeting – September 12, 2017	
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▪ Meeting Adjournment	
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Board Meeting Minutes

UNAPPROVED MINUTES

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

The Virginia Board of Long Term Care Administrators convened for a board meeting on Tuesday, March 14, 2017 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #3, Henrico, Virginia 23233.

The following members were present:

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

The following members were absent:

Mitchell P. Davis, NHA
Doug Nevitt, ALFA

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

Corie Tillman Wolf, Executive Director
Lynne Helmick, Deputy Executive Director
Dr. David E. Brown, Agency Director
Elaine Yeatts, Senior Policy Analyst
Heather Wright, Program Manager, LTC Board
Kathy Petersen, Discipline Operations Manager

Representative from the Office of the Attorney General present for the meeting:

Erin Barrett, Assistant Attorney General

Quorum:

With 7 members present, a quorum was established.

Guests Present:

Judy Hackler, VALA
Matt Mansell, VHCA
Randy Scott, Leading Age Virginia

CALLED TO ORDER

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

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

- 1) He reminded the members to speak up as the microphones are not functioning.
- 2) Laptops were provided to the board members for the purpose of the meeting only and have no connection to the internet. The material that they are able to review on the computer is the same material that has been made available to the public.

Ms. Tillman Wolf then read the emergency egress instructions.

ORDERING OF AGENDA

Ms. Tillman Wolf asked that the training presentation from Board Counsel Erin Barrett be moved to last on the Agenda.

Upon a motion by Karen Stanfield, NHA, and properly seconded by Martha H. Hunt, ALFA, Vice-Chair, the Board voted to accept the Agenda.

ACCEPTANCE OF MINUTES

Upon a motion by Karen Stanfield, NHA and properly seconded by Marj Pantone, ALFA, the Board voted to accept the following minutes of the meetings:

- Minutes of Board Meeting – September 20, 2016
- October 17, 2016- Telephone Conference Call
- November 18, 2016- Telephone Conference Call
- January 17, 2017- Formal Hearings (2)

The motion passed unanimously.

PUBLIC COMMENT PERIOD

There was no public comment.

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

Dr. David E. Brown, Agency Director, discussed the opioid epidemic and the impact on Virginia citizens. Dr. Brown discussed efforts that have been undertaken to combat the issue, including bills passed during the 2017 General Assembly session. The Boards of Medicine, Dentistry, and Veterinary Medicine have implemented or proposed new regulations, including limitations on prescriptions, urine testing of chronic pain patients to verify they are taking their medication, and stricter standards on the storage of opioids to prevent diversion.

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

Ms. Tillman Wolf began her report with the Expenditure and Revenue Summary.

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

- The NAB Mid-Year Meeting was held on November 21, 2016. Corie Tillman-Wolf attended as Board Administrator and Martha Hunt attended as an RC/AL Exam Item Writer. Lisa Hahn currently serves as NAB's Chairman-Elect on the Board of Directors.
- AIT and Preceptor Training Programs: At the November meeting, NAB and the American College of Health Care Administrators (ACHCA) introduced two new training programs: the Administrator-in-Training (AIT) Program and the Preceptor Program.
- New Exam Format: NAB will release a new exam format in July 2017 and the exam will now be a multi-component test which will contain a core exam (100 scored questions) and a line of service exam – NHA (Nursing Home Administration), RC/AL (Residential Care/Assisted Living), HCBS (Home and Community Based Services) (50 scored questions).
- Health Services Executive (HSE) - NAB has introduced the new Health Services Executive (HSE) credential. Qualifications for this credential will be based upon education, experience, and examination. Some of the potential benefits promoted by NAB are that it addresses inconsistent practice standards across states, applicants are validated by NAB, increases licensure portability, and recognizes evolution of long-term care services. There are two proposed options for use of the HSE in state licensure:
 - "Licensure by Equivalency" – Upon validation by NAB that an individual meets HSE equivalency, the state can issue applicable license (pursuant to regulation).
 - HSE as a new licensure category (pursuant to statute).
- Virginia Commonwealth University (VCU) is offering an Assisted Living Baccalaureate program through the Department of Gerontology. VCU's program was recently granted conditional approval as a NAB-accredited program. VCU's program is one of 12 programs currently accredited by NAB and the only one located in the state of Virginia.

Ms. Tillman Wolf provided staff updates and a summary of planned projects for 2017.

Ms. Tillman Wolf then provided the Licensure Report:

- Ms. Tillman Wolf reported the numbers of current licensees in the State of Virginia are as follows: 78 nursing home administrators in training, 121 assisted living facility administrators in training, 632 assisted living facility administrators, 220 assisted living facility preceptors; 927 nursing home administrators and 234 nursing home preceptors.

- In 2016, the Board issued a total of 277 new licenses and registrations, and processed a total of 2,201 fees for renewals, applications, and miscellaneous fees.
- Customer Satisfaction Survey Results - Ms. Tillman Wolf provided the recent results from customer satisfaction surveys, which are sent to anyone recently licensed and the results are compiled in a quarterly survey reports. Ms. Tillman Wolf gave kudos to Heather Wright, the Board's Program Manager, as well as Laura Mueller and Vicki Saxby, who are cross-trained.
- The Board of Long Term Care Administrator's online applications are in the testing phase and should be live by mid-April. The online application process will streamline the process for applicants and staff.

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

The next board meetings are scheduled for:

- June 13, 2017
- September 12, 2017
- December 19, 2017

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

Lynne Helmick, Deputy Executive Director, reported there are currently 68 open cases. Additionally, 44 of the cases are in the probable cause level, 3 are in the Administrative Proceedings Division (APD), 4 are at the informal stage, 2 are in the formal stage, and 15 are in investigation. The Board's clearance rate is currently 54%; the Board has received 13 cases and closed 7 cases.

Ms. Helmick reviewed discipline statistics and Key Performance Measure slides with the Board. Ms. Helmick provided a summary of the categories of cases processed by the Board in FY16 and the first two quarters of FY17.

BOARD OF HEALTH PROFESSION'S REPORT- Derrick Kendall, NHA, Chair

Derrick Kendall, NHA, Chair, reported that he attended the recent Board of Health Professions meeting where they discussed the opioid crisis, Health Practitioners Monitoring Program (HPMP), and new regulations for spa treatments such as hair removal and Botox. He reported that Virginia is one of the only states that have a workforce data collection mechanism in place, where voluntary survey data is collected at the end of the online license renewal process. He further reported on the Healthcare Occupational Roadmap created and disseminated by DHP to students who may be enrolled in technical programs or interested in pursuing healthcare careers, including careers as Nursing Home and Assisted Living Facility Administrators.

Health Practitioners Monitoring Program (HPMP)- Peggy Wood, Program Manager
Mrs. Wood provided a presentation to Board members about the Health Practitioners Monitoring Program, which provides monitoring for healthcare professionals with mental health, substance abuse, or physical impairments.

The Board recessed for a 15 minute break at 11:30 a.m.

NEW BUSINESS- Elaine Yeatts, Senior Policy Analyst

Guidance Document 95-2 - Procedures for auditing continued competency requirements - Attachment A

Ms. Yeatts explained proposed revisions to Guidance Document 95-2 regarding procedures for auditing continuing competency requirements. Following discussion of the proposed language and amendments to the language regarding the use of and proposed terms of confidential consent agreements and pre-hearing consent orders, a motion was made by Karen Stanfield and properly seconded by Marj Pantone to accept the draft language as presented and as amended and to re-adopt Guidance Document 95-2. The motion carried unanimously.

Guidance Document 95-4 - Confidential Consent Agreements – Attachment B

Ms. Yeatts explained proposed revisions to Guidance Document 95-4 regarding Confidential Consent Orders. Following discussion and review of the draft verbiage, a motion was made by Karen Stanfield and properly seconded by Martha Hunt to accept the draft language as presented and to re-adopt Guidance Document 95-4. The motion carried unanimously

OLD BUSINESS- Elaine Yeatts, Senior Policy Analyst

Periodic review of Nursing Home Administrator and Assisted Living Facility Administrator Regulations – Consideration of Proposed Regulations

Ms. Yeatts explained that the proposed regulations for review by the Board were based upon a staff draft for the periodic review. The public comment period for the NOIRA closed on February 22, 2017, and no comments were received. She then led the Board through the review of the proposed regulations for any suggested edits, deletions, additions and revisions.

Nursing Home Administrator Regulations

- 18VAC95-20-10. Definitions.
 - Upon a motion by Karen Stanfield and properly seconded by Marj Pantone, the board voted, to define “Active Practice” as “a minimum of 1,000 hours of professional practice as a Nursing Home Administrator within the preceding 24 months.” The motion passed unanimously.

- Upon a motion by Karen Stanfield and properly seconded by Derrick Kendall, the Board voted to accept the proposed HSE definition, as amended to delete the words “licensed individual.” The motion passed unanimously.
- 18VAC95-20-80. Required fees.
 - Ms. Yeatts explained that the proposed language to be stricken regarding a shortfall assessment is no longer relevant, as this assessment has already been applied.
- 18VAC95-20-175. Continuing education requirements.
 - Ms. Yeatts explained that language has been proposed for subsection D that a request for an extension of continuing education requirements must be received in writing and granted by the board prior to the renewal date.
- 18VAC95-20-180. Late Renewal.
 - The Board made no changes to this section.
- 18VAC95-20-220. Qualifications for initial licensure.
 - Upon a motion by Karen Stanfield and properly seconded by Mary Brydon, the Board voted to accept the Health Services Executive (HSE) credential as a qualification for Virginia licensure to be added as paragraph #4 under Administrator-In-Training (#3) in licensure requirements. The motion passed unanimously.
- 18VAC95-20-221. Required content for coursework.
 - Ms. Yeatts explained that the staff proposed changing the names of the five areas of required coursework. Ms. Tillman Wolf clarified that the five areas of coursework are based upon the five Domains of Practice as used by NAB.
- 18VAC95-20-225. Qualifications for licensure by endorsement.
 - Upon a motion by Karen Stanfield and properly seconded by Marj Pantone, the board voted not to include the proposed requirement of passing the NAB NHA examination/national credentialing examination for Nursing Home Administrators who are applying to Virginia by endorsement. The motion passed unanimously.
 - Upon a motion by Karen Stanfield and properly seconded by Mary Brydon, the Board voted that an applicant be required to have engaged in “active practice” as previously defined by the Board to become licensed by endorsement in Virginia. The motion passed unanimously.
- 18 VAC95-20-230. Application package.
 - Ms. Yeatts explained the proposed inclusion of the online preceptor training course offered by NAB as a requirement for preceptor registration with the Board and the placement of the requirement in a later section. Ms. Yeatts explained the proposed addition of employer verifications as part of the application package in subparagraph C.

- 18VAC95-20-300. Administrator-in-training qualifications.
 - Ms. Yeatts explained that the proposed addition of the requirements that a *registered* preceptor provide training to an Administrator-in-Training (AIT) and that for approval as an AIT, a person shall submit the Domains of Practice form provided by the board with the application.
- 18VAC95-20-340. Supervision of trainees.
 - Upon a motion by Karen Stanfield and properly seconded by Martha Hunt, the Board voted to accept the revision to 18VAC 95-20-340, Supervision of Trainees, as read by Ms. Yeatts to include the words “as appropriate to the experience and training of the AIT and the needs of the residents in the facility” in subsection (C)(2). The motion passed unanimously.
- 18VAC95-20-380. Qualifications of preceptors.
 - Upon a motion by Karen Stanfield and properly seconded by Marj Pantone, the board voted to add the NAB Preceptor Training as a requirement for registration as a preceptor pursuant to 18VAC95-20-380, Qualifications of preceptors. The motion passed unanimously.
 - Upon a motion by Karen Stanfield and properly seconded by Marj Pantone, the Board voted to require that preceptors have current, unrestricted administrator licenses at the time of renewal, to remove the draft language requiring full time employment, and to accept the language as read by Ms. Yeatts, “to hold a current, unrestricted Virginia nursing home license and be employed by or have an agreement with a training facility for a preceptorship.” The motion passed unanimously.
- 18VAC95-20-400. Reporting requirements.
 - Board members considered revisions to regulation 18VAC95-20-400 Reporting requirements for the Administrator-In-Training program. The Board made no changes to this section.
- 18VAC95-20-430. Termination of Program.
 - Ms. Yeatts explained proposed staff changes to this section to lengthen and clarify the time frame for submission of AIT termination reports to the Board.
- 18VAC95-20-470. Unprofessional conduct.
 - Upon a motion by Karen Stanfield and properly seconded by Mary Brydon, the Board voted to adopt the proposed amendments to the regulation. The motion passed unanimously.
- 18 VAC 95-20-471. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.
 - Ms. Yeatts explained the proposed language and recommended that this section be placed in a new chapter.

- 18 VAC 95-20-472. Reinstatement following disciplinary action.
 - Ms. Yeatts explained that the proposed language for reinstatement and recommended that the language be placed in 18VAC95-20-200 regarding reinstatement of nursing home administrator license or preceptor registration.
 - Upon a motion by Karen Stanfield and properly seconded by Marj Pantone, the Board voted to adopt amendments to 18VAC95-20-471 and 18VAC95-20-472 as read and to move the sections as recommended by Ms. Yeatts. The motion passed unanimously.

Upon a motion by Karen Stanfield and properly seconded by Mary Brydon, the Board voted to adopt the proposed Nursing Home Administrator regulations, as amended. The motion passed unanimously.

The Board recessed for a 15 Minute Lunch Break at 1:30 p.m.; the Board reconvened at 1:49 p.m.

Assisted Living Facility Administrator Regulations

- 18VAC95-30-10. Definitions.
 - Ms. Yeatts explained that the definitions have been pulled from the Nursing Home Administrator Regulations. The “Active Practice” definition was previously discussed by the Board. Ms. Tillman Wolf explained that a draft definition for “Administrator of Record” paralleled the definition in the new regulations adopted by DSS.

Ms. Yeatts then focused the discussion on the proposed regulation amendments that were not previously discussed as part of the proposed amendments to the Nursing Home Administrator Regulations.

- 18 VAC 95-30-100. Educational and training requirements for initial licensure.
 - Ms. Yeatts explained the proposed changes to this section. Ms. Tillman Wolf further explained the staff rationale for the proposed change.
- 18 VAC 95-30-150. Required hours of training.
 - Upon a motion by Marj Pantone and properly seconded by Karen Stanfield, the Board voted to keep the health care work experience requirements the same as the current regulation (employment for one of the past four years). The motion passed unanimously.
- 18VAC95-30-170. Training facilities.
 - Board members discussed proposed language regarding whether an ALF AIT program can be conducted in a facility with a provisional license as issued by DSS.

- 18VAC95-30-180. Preceptors.
 - Board members discussed the use of the same language for presence at the facility as proposed for the Nursing Home Administrator regulations (subsection C). The Board members further discussed the increase of required hours of face-to-face instruction and review of the trainee's performance (subsection E).
 - Upon a motion by Marj Pantone and properly seconded by Martha Hunt, the Board voted to change the minimum number of hours a preceptor is required to spend face-to-face with an Assisted Living Facility Administrator-In-Training from 2 hours to 4 hours. The motion passed unanimously.

Upon a motion by Marj Pantone and properly seconded by Karen Stanfield, the board voted to adopt proposed Assisted Living Facility Administrator Regulations, as amended. The motion passed unanimously.

TRAINING - Erin Barrett, Assistant Attorney General

The planned training by Board counsel was postponed until the next Board meeting scheduled for June 13, 2017

ADJOURNMENT

With all business concluded, the meeting was adjourned at 2:04 p.m.

Derrick Kendall, NHA, Chair

Corie Tillman Wolf, Executive Director

Date

Date

ATTACHMENT A

Virginia Board of Long-Term Care Administrators

Procedures for Auditing Continuing Education

A. The Board of Long Term-Care Administrators at the Department of Health Professions may audit a random sample of licensees to investigate compliance with the Board's continuing education ("CE") requirements. The Board may also audit active licensees, who by terms of a Confidential Consent Agreement ("CCA") or Board Order, are required to take CE courses in addition to the continuing education requirements for renewal of a license.

B. Board staff will review each audit report and either:

1. Send an acknowledgement letter of fulfillment of the continuing education requirements, or
2. Open a case for probable cause.

C. Once a case is opened for probable cause, Board staff may:

1. Issue a CCA if the licensee: a) was truthful in responding to the CE attestation on renewal; b) has not previously been found in violation of CE requirements; and c) is missing 10 hours or less of the 20 hours required for renewal. The CCA may require the licensee to submit proof of completion of the missing contact hours(s) within 90 days of the effective date of the CCA. Such contact hours cannot be used toward fulfillment of the next annual CE requirement for renewal.

2. Issue a pre-hearing consent order ("PHCO") if the licensee: a) was not truthful in responding to the CE attestation on renewal; b) has previously been found in violation of CE requirements; or c) is missing more than 10 hours of the 20 hours required for renewal. The following sanctions may apply:

(a) Monetary penalty of \$100 per missing contact hour, up to a maximum of \$1,000.

(b) Monetary penalty of \$300 for a fraudulent renewal attestation.

The PHCO may require submission of proof of completion of the missing contact hours within 90 days of entry of the order. Such contact hours cannot be used toward fulfillment of the next annual CE requirement for renewal.

D. The case will be referred to an informal fact-finding conference if the licensee:

1. Fails to respond to the audit or does not sign the CCA or PHCO that is offered; or
2. Has previously been disciplined pursuant to a Board Order for not meeting the CE requirements.

ATTACHMENT B**Board of Long-Term Care Administrators****CONFIDENTIAL CONSENT AGREEMENTS**

Virginia Code § 54.1-2400(14) authorizes the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a Confidential Consent Agreement (“CCA”). This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner.

A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his/her practice in such a manner as to be a danger to the health and welfare of patients or the public.

A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.

A CCA may be offered and accepted at any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. A CCA may be considered by the board in future disciplinary proceedings. A practitioner may only enter into two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period following the entry of two CCAs unless the board finds that there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.

Violations of regulation or statute that may qualify for resolution by a Confidential Consent Agreement include, but are not limited to:

- First violation regarding continuing education requirements (see Guidance Document 95-2).
- First violation of minor record keeping requirements.
- Inadvertent failure to report incidents as required by facility licensure regulations and the failure to report did not place residents at risk.

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

Thursday, March 9, 2017
9:30 A.M.

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

DATE, TIME & PLACE: On March 9, 2017, at 9:34 a.m., the Board of Long-Term Care Administrators convened by telephone conference call to consider a possible settlement agreement, in lieu of a formal administrative hearing which was scheduled for Wednesday, March 15, 2017.

A quorum of the Board was present, with Derrick Kendall, Board Chair, presiding.

MEMBERS PRESENT: Derrick Kendall, NHA, Chair
Basil Acey
Doug Nevitt, ALFA
Mitchell Davis, NHA
Mary Brydon
Shervonne Banks

MEMBERS ABSENT: Karen Stanfield, NHA

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

DHP STAFF PRESENT: Corie Tillman Wolf, Executive Director
Missy Currier, Deputy Executive Director
Lynne Helmick, Deputy Executive Director

MATTER CONSIDERED: Gregory Cole, NHA
License No.: 1701-001430
Case No.: 160542

Ms. Helmick presented the proposed settlement agreement to the Board for its consideration.

CLOSED SESSION: Upon a motion by Doug Nevitt, and duly seconded by Mary Brydon, the Board voted to convene a closed meeting at 9:48 a.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Gregory Cole, NHA. Additionally, he moved that Ms. Tillman Wolf, Ms. Currier, Ms. Helmick and Ms. Barrett

attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Mr. Nevitt, and duly seconded by Ms. Brydon, the Board voted to reconvene at 9:56 a.m.

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

DECISION: Upon a motion by Mr. Davis, and duly seconded by Ms. Banks, the Board accepted the proposed Consent Order as presented.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 9:58 a.m.

Derrick Kendall, NHA, Chair

Corie Tillman Wolf, Executive Director

Date

Date

Executive Director's Report

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

Board Cash Balance as of June 30, 2016

YTD FY17 Revenue

Less: YTD FY17 Direct and In-Direct Expenditures

Board Cash Balance as April 30, 2017

114- Long Term Care Administrators	
\$	(45,267)
	532,910
	478,616
	<u>9,027</u>

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

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	73,875.00	79,450.00	5,575.00	92.98%
4002406	License & Renewal Fee	445,510.00	473,400.00	27,890.00	94.11%
4002407	Dup. License Certificate Fee	115.00	175.00	60.00	65.71%
4002408	Board Endorsement - In	4,550.00	-	(4,550.00)	0.00%
4002409	Board Endorsement - Out	2,135.00	875.00	(1,260.00)	244.00%
4002421	Monetary Penalty & Late Fees	6,375.00	7,330.00	955.00	86.97%
4002432	Misc. Fee (Bad Check Fee)	35.00	-	(35.00)	0.00%
	Total Fee Revenue	532,595.00	561,230.00	28,635.00	94.90%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	315.00	-	(315.00)	0.00%
	Total Sales of Prop. & Commodities	315.00	-	(315.00)	0.00%
	Total Revenue	532,910.00	561,230.00	28,320.00	94.95%
5011110	Employer Retirement Contrib.	9,676.07	11,293.00	1,616.93	85.68%
5011120	Fed Old-Age Ins- Sal St Emp	5,009.58	6,404.00	1,394.42	78.23%
5011130	Fed Old-Age Ins- Wage Earners	62.55	497.00	434.45	12.59%
5011140	Group Insurance	932.89	1,097.00	164.11	85.04%
5011150	Medical/Hospitalization Ins.	16,866.83	19,357.00	2,490.17	87.14%
5011160	Retiree Medical/Hospitalizatn	839.63	988.00	148.37	84.98%
5011170	Long term Disability Ins	472.12	553.00	80.88	85.37%
	Total Employee Benefits	33,859.67	40,189.00	6,329.33	84.25%
5011200	Salaries				
5011230	Salaries, Classified	67,498.04	83,715.00	16,216.96	80.63%
5011250	Salaries, Overtime	681.34	-	(681.34)	0.00%
	Total Salaries	68,179.38	83,715.00	15,535.62	81.44%
5011300	Special Payments				
5011310	Bonuses and Incentives	262.50	-	(262.50)	0.00%
5011380	Deferred Compnstn Match Pmnts	483.00	816.00	333.00	59.19%
	Total Special Payments	745.50	816.00	70.50	91.36%
5011400	Wages				
5011410	Wages, General	817.74	6,503.00	5,685.26	12.57%
	Total Wages	817.74	6,503.00	5,685.26	12.57%
5011530	Short-trm Disability Benefits	3,184.66	-	(3,184.66)	0.00%
	Total Disability Benefits	3,184.66	-	(3,184.66)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	106,786.95	131,223.00	24,436.05	81.38%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	123.54	142.00	18.46	87.00%
5012140	Postal Services	1,419.69	1,500.00	80.31	94.65%
5012150	Printing Services	-	500.00	500.00	0.00%
5012160	Telecommunications Svcs (VITA)	1,168.45	1,320.00	151.55	88.52%
5012170	Telecomm. Svcs (Non-State)	307.32	-	(307.32)	0.00%
5012190	Inbound Freight Services	1.90	-	(1.90)	0.00%

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

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Communication Services	3,020.90	3,462.00	441.10	87.26%
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,200.00	(300.00)	125.00%
5012240	Employee Training/Workshop/Conf	121.67	200.00	78.33	60.84%
5012250	Employee Tuition Reimbursement	-	802.00	802.00	0.00%
	Total Employee Development Services	1,621.67	2,202.00	580.33	73.65%
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	3,688.22	7,990.00	4,301.78	46.16%
5012440	Management Services	128.32	6.00	(122.32)	2138.67%
5012470	Legal Services	350.00	150.00	(200.00)	233.33%
5012490	Recruitment Services	86.00	-	(86.00)	0.00%
	Total Mgmnt and Informational Svcs	4,252.54	8,146.00	3,893.46	52.20%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
	Total Repair and Maintenance Svcs	-	17.00	17.00	0.00%
5012600	Support Services				
5012630	Clerical Services	-	27.00	27.00	0.00%
5012640	Food & Dietary Services	307.64	683.00	375.36	45.04%
5012660	Manual Labor Services	663.45	1,182.00	518.55	56.13%
5012670	Production Services	3,825.02	2,960.00	(865.02)	129.22%
5012680	Skilled Services	122.92	1,408.00	1,285.08	8.73%
	Total Support Services	4,919.03	6,260.00	1,340.97	78.58%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,615.78	2,680.00	1,064.22	60.29%
5012830	Travel, Public Carriers	35.69	300.00	264.31	11.90%
5012850	Travel, Subsistence & Lodging	18.00	800.00	782.00	2.25%
5012880	Trvl, Meal Reimb- Not Rprtble	-	400.00	400.00	0.00%
	Total Transportation Services	1,669.47	4,180.00	2,510.53	39.94%
	Total Contractual Svs	15,483.61	24,377.00	8,893.39	63.52%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	564.35	400.00	(164.35)	141.09%
5013130	Stationery and Forms	22.03	100.00	77.97	22.03%
	Total Administrative Supplies	586.38	500.00	(86.36)	117.28%
5013200	Energy Supplies				
5013230	Gasoline	13.85	-	(13.85)	0.00%
	Total Energy Supplies	13.85	-	(13.85)	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	3.08	-	(3.08)	0.00%
5013530	Electrcal Repair & Maint Matrl	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	3.08	2.00	(1.08)	154.00%
5013600	Residential Supplies				

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

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5013620	Food and Dietary Supplies	-	81.00	81.00	0.00%
	Total Residential Supplies	-	81.00	81.00	0.00%
	Total Supplies And Materials	603.31	583.00	(20.31)	103.48%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	300.00	300.00	0.00%
5014150	Unemployment Comp Reimbursemt	-	100.00	100.00	0.00%
	Total Awards, Contrib., and Claims	-	400.00	400.00	0.00%
	Total Transfer Payments	-	400.00	400.00	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	25.00	25.00	0.00%
	Total Insurance-Fixed Assets	-	25.00	25.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	6.13	-	(6.13)	0.00%
5015390	Building Rentals - Non State	6,442.37	7,381.00	938.63	87.28%
	Total Operating Lease Payments	6,448.50	7,381.00	932.50	87.37%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	91.00	91.00	0.00%
5015540	Surety Bonds	-	6.00	6.00	0.00%
	Total Insurance-Operations	-	97.00	97.00	0.00%
	Total Continuous Charges	6,448.50	7,503.00	1,054.50	85.95%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022180	Computer Software Purchases	387.32	-	(387.32)	0.00%
	Total Computer Hrdware & Sftware	387.32	-	(387.32)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	36.00	36.00	0.00%
	Total Educational & Cultural Equip	-	36.00	36.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	Total Office Equipment	-	117.00	117.00	0.00%
	Total Equipment	387.32	153.00	(234.32)	253.15%
	Total Expenditures	129,709.69	164,239.00	34,529.31	78.98%
	Net Revenue in Excess (Shortfall) of				
	Expenditures Before Allocated Expenditures	\$ 403,200.31	\$ 396,991.00	\$ (6,209.31)	101.56%
Allocated Expenditures					
20600	FuneraRLTCAIPT	71,775.49	88,804.20	17,028.71	80.82%
30100	Data Center	62,432.41	82,127.84	19,695.42	76.02%
30200	Human Resources	7,599.12	20,380.05	12,780.93	37.29%
30300	Finance	17,933.97	19,622.31	1,688.35	91.40%
30400	Director's Office	9,801.20	11,541.21	1,740.01	84.92%

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

Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over) Budget	% of Budget
30500	Enforcement	118,573.25	96,546.12	(22,027.13)	122.82%
30600	Administrative Proceedings	39,672.57	26,470.92	(13,201.64)	149.87%
30700	Impaired Practitioners	-	12.87	12.87	0.00%
30800	Attorney General	10,801.33	10,660.63	(140.69)	101.32%
30900	Board of Health Professions	4,638.27	7,610.11	2,971.84	60.95%
31100	Maintenance and Repairs	-	400.50	400.50	0.00%
31300	Emp. Recognition Program	210.68	260.81	50.13	80.78%
31400	Conference Center	256.44	210.58	(45.86)	121.78%
31500	Pgm Devlpmnt & Implmentn	5,211.56	5,901.82	690.26	88.30%
Total Allocated Expenditures		<u>348,906.28</u>	<u>370,549.99</u>	<u>21,643.71</u>	<u>94.16%</u>
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ 54,294.03</u>	<u>\$ 26,441.01</u>	<u>\$ (27,853.02)</u>	<u>205.34%</u>

Attention Exam Candidates and Prospective Examinees:

In July 2017, NAB will transition its examinations to a new structure: examinees will need to pass a 100-item Core of Knowledge exam and a 50-item line of service exam. Please be advised that there will be a brief "blackout" period during this transition, in which no NAB exams will be administered. Examinees and prospective examinees must either plan to take the exam in its current form by June 17, or to prepare to take the new examination form after July 1. Please note that this blackout applies to state exams administered through NAB as well as the national exams.

In addition to the changes in exam structure, effective July 1, 2017, candidates will apply for examination eligibility through a new application system at <https://nab.useclarus.com>. **Please note that this new website will not be operational until July 1.** All candidate records from the current application system will be transferred to the new application system.

NAB's examinations test for entry-level knowledge in long term care administration. The Nursing Home Administrator Exam (NHA) has been developed and administered by NAB for decades and is taken by over 2,000 candidates across the nation annually. The Residential Care/ Assisted Living Administrator Exam (RC/AL), has been offered by NAB since 2000; hundreds of candidates sit for this national exam, both from states that require the RC/AL as a condition of licensure and from voluntary candidates who are seeking to enhance their employment opportunities and increase their knowledge base.

Timeline of Upcoming Events

June 1, 2017	June 17, 2017	June 30, 2017	July 1, 2017	July 5, 2017
Last day for candidates and prospective examinees to apply for current NHA and RCAL examinations			Candidates and prospective examinees may begin using the new application system	
	Last day for candidates and prospective examinees to take current NHA and RCAL examinations			First day of testing under new NAB exam structure introducing Core of Knowledge examination
		Last day candidates will have access to the existing application and results website		



News Brief

National Prescription Drug Take Back Day

National Prescription Drug
TAKE BACK DAY
Turn in your unused or
expired medication
for safe disposal
April 29, 2017



April 29th marks the 12th annual drug takeback day in Virginia. Safely dispose of your expired or unused prescriptions in a safe, convenient, and responsible way at a drug takeback location near you.

- [Read a letter from DHP Director Dr. David Brown](#)
- [Learn more about the DEA prescription drug takeback initiative](#)
- [Find a collection site near you](#)

Pending Regulatory Actions

A Periodic Review is underway for the **Regulations Governing the Practice of Nursing Home Administrators** (18 VAC 95 – 20) and the **Regulations Governing the Practice of Assisted Living Facility Administrators** (18 VAC 95 – 30).



For more information or updates on the current stage and proposed language for these pending regulatory actions, please visit **The Virginia Regulatory Townhall Website** at <http://townhall.virginia.gov>.

Reminder - Continuing Education Credits for Volunteer Services – New Regulations Became Effective March 9, 2017

18VAC95-30-70. Continuing education requirements. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic.

18VAC95-20-175. Continuing education requirements. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic.

NEWS FROM THE NATIONAL ASSOCIATION OF LONG-TERM CARE ADMINISTRATOR BOARDS (NAB)

New NAB Examination Structure

Attention Exam Candidates and Prospective Examinees:



In July 2017, NAB will transition its examinations to a new structure: examinees will need to pass a 110 item Core of Knowledge exam and a 55 item line of service exam. Please be advised that there will be a brief “blackout” period during this transition, in which no NAB exams will be administered. Examinees and prospective examinees must either plan to take the exam in its current form by June 17, or to prepare to take the new examination form after July 1. Candidate Handbooks, study guides and reference lists will be revised in accordance with the new exam structure some time this spring.

In addition to the changes in exam structure, effective July 1, 2017, candidates will apply for examination eligibility through a new application system at <https://nab.useclarus.com>. **Please note that this new website will not be operational until July 1.** All candidate records from the current application system will be transferred to the new application system.

NAB’s examinations test for entry-level knowledge in long term care administration. The Nursing Home Administrator Exam (NHA) has been developed and administered by NAB for decades and is taken by over 2,000 candidates across the nation annually. The Residential Care/ Assisted Living Administrator Exam (RC/AL), has been offered by NAB since 2000; hundreds of candidates sit for this national exam, both from states that require the RC/AL as a condition of licensure and from voluntary candidates who are seeking to enhance their employment opportunities and increase their knowledge base.

Timeline of Upcoming Events

June 1, 2017	June 17, 2017	June 30, 2017	July 1, 2017	July 5, 2017
Last day for candidates and prospective examinees to apply for current NHA and RCAL examinations			Candidates and prospective examinees may begin using the new application system	
	Last day for candidates and prospective examinees to take current NHA and RCAL examinations			First day of testing under new NAB exam structure introducing Core of Knowledge examination
		Last day candidates will have access to the existing application and results website		

*The above information has been obtained from the National Association of Long-Term Care Administrator Boards (NAB). For more information, please visit NAB’s website at www.nabweb.org.

Be sure to check our website often for updated news and information.

Contact Information

Board of Long-Term Care Administrators
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4595 – Office
804-527-4413 – Fax
ltc@dhp.virginia.gov

Board Counsel Report

Expert admissibility standards to consider:

Traditional Virginia Standard:

To qualify to serve as an expert witness, an individual:

must possess sufficient knowledge, skill, or experience regarding the subject matter of the testimony to assist the trier of fact in the search for the truth. Generally, a witness possesses sufficient expertise when, through experience, study or observation the witness acquires knowledge of a subject beyond that of persons of common intelligence and ordinary experience.

Virginia Medical Malpractice Standard:

To qualify to serve as an expert witness, an individual:

[a]ny health care provider who is licensed to practice in Virginia shall be presumed to know the statewide standard of care in the specialty or field of practice in which he is qualified and certified....A witness shall be qualified to testify as an expert on the standard of care if he demonstrates expert knowledge of the standards of the defendant's specialty and of what conduct conforms or fails to conform to those standards and if he has had active clinical practice in either the defendant's specialty or a related field of medicine within one year of the date of the alleged act or omission forming the basis of the action.

New Business

Sanctioning Reference Points

SANCTIONING REFERENCE POINTS

INSTRUCTION MANUAL

Board of Long-Term Care Administrators

Prepared for
Virginia Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233
(t) 804.367.4400

Prepared by
VisualResearch, Inc.
Post Office Box 1025
Midlothian, Virginia 23113
(t) 804.794.3144
www.vis-res.com

Adopted March 8, 2010
Guidance Document #(95-3)



COMMONWEALTH of VIRGINIA

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March 2010

Dear Interested Parties:


In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members..." The purposes and goals of this study are consistent with state statutes which specify that the Board of Health Professions periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

Each health regulatory board hears different types of cases, and as a result, considers different factors when determining an appropriate sanction. After interviewing selected Board members and staff, a research agenda was developed involving one of the most exhaustive statistical studies of sanctioned Long-Term Care Administrators in the United States. The analysis included collecting approximately 50 factors on all Board of Long-Term Care Administrators sanctioned cases in Virginia over a 10-year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanction reference points. Using both the data and collective input from the Board of Long-Term Care Administrators and staff, analysts spent several months developing a usable sanction worksheet as a way to implement the reference system.

One of the most important features of this system is its voluntary nature; that is, the Board is encouraged to depart from the reference point recommendation when aggravating or mitigating circumstances exist. The Sanctioning Reference Points system attempts to model the *typical* Board of Long-Term Care Administrators case. Some respondents will be handed down sanctions either above or below the SRP recommended sanction. This flexibility accommodates cases that are particularly egregious or less serious in nature.

Equally important to recommending a sanction, the system allows each respondent to be evaluated against a common set of factors—making sanctioning more predictable, providing an educational tool for new Board members, and neutralizing the possible influence of "inappropriate" factors (e.g., race, sex, attorney presence, identity of Board members). As a result, the following reference instrument should greatly benefit Board members, health professionals and the general public.

Sincerely yours,


Sandra Whitley Ryals
Director

Cordially,



Elizabeth A. Carter, Ph.D.
Executive Director
Virginia Board of Health Professions

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General Instructions

Overview The Virginia Board of Health Professions has spent the last 7 years studying sanctioning in disciplinary cases. The study is examining all 13 health regulatory boards, with the greatest focus most recently on the Board of Long-Term Care Administrators. The Board of Long-Term Care Administrators is now in a position to implement the results of the research by using a set of voluntary *Sanctioning Reference Points*. This manual contains some background on the project, the goals and purposes of the system, and the offense-based sanction worksheet that will be used to help Board members determine how a similarly situated respondent has been treated in the past. This sanctioning system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Long-Term Care Administrators. Moreover, the worksheet has not been tested or validated on any other groups of persons. Therefore, they should not be used at this point to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The Sanctioning Reference system is comprised of a single worksheet which scores case type, offense and respondent factors identified using statistical analysis. These factors have been isolated and tested in order to determine their influence on sanctioning outcomes. Sanctioning thresholds found on the worksheet recommend a range of sanctions from which the Board may select in a particular case.

In addition to this instruction booklet, separate coversheets and worksheets are available to record Board specific information, the recommended sanction, the actual sanction and any reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the SRPs. These instructions and the use of the SRP system fall within current Department of Health Professions and Board of Long-Term Care Administrators policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes.

Background In April of 2001, the Virginia Board of Health Professions (BHP) approved a work plan to conduct an analysis of health regulatory board sanctioning and to consider the appropriateness of developing historically-based SRPs for health regulatory boards, including the Board of Long-Term Care Administrators. The Board of Health Professions and project staff recognize the complexity and difficulty in sanction decision-making and have indicated that for any sanction reference system to be successful, it must be “*developed with complete Board oversight, be value-neutral, be grounded in sound data analysis, and be totally voluntary*”—that is, the system is viewed strictly as a Board decision tool.

Goals The Board of Health Professions and the Board of Long-Term Care Administrators cite the following purposes and goals for establishing Sanctioning Reference Points:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for the Board and those involved in proceedings
- “Neutralizing” sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Constraining the influence of undesirable factors—e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services and terms

Methodology The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a *descriptive approach*) or whether it should be developed normatively (a *prescriptive approach*). A normative approach reflects what policymakers feel sanction recommendations *should be*, as opposed to what they *have been*. SRPs can also be developed using historical data analysis with normative adjustments to follow.

This approach combines information from past practice with policy adjustments, in order to achieve some desired outcome. The Board of Long-Term Care Administrators chose a descriptive approach with normative adjustments.

Qualitative Analysis

Researchers conducted in-depth personal interviews with Board members and staff, as well as representatives from the Attorney General's office. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further frame the analysis. Additionally, interviews helped ensure the factors considered when sanctioning were included during the quantitative phase of the study. A literature review of sanctioning practice across the United States was also conducted.

Quantitative Analysis

Researchers analyzed detailed information on Long-Term Care Administrators' disciplinary cases ending in a violation between 1999 and 2009; approximately 45 sanctioning "events." Over 50 different factors were collected on each case in order to describe the case attributes Board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation that is made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the offense and respondent factors which were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the significant factors along with their relative weights were derived. These factors and weights were formulated into a sanctioning worksheet with three thresholds, which are the basis of the SRPs.

Offense factors such as financial gain and case severity (priority level) were analyzed as well as prior history factors such as substance abuse,

and previous Board orders. Some factors were deemed inappropriate for use in a structured sanctioning reference system. For example, respondent gender was considered an “extra-legal” factor, and was explicitly excluded from the SRPs. Although many factors, both “legal” and “extra-legal” can help explain sanction variation, only those “legal” factors the Board felt should consistently play a role in a sanction decision were included in the final product. By using this method, the hope is to achieve more neutrality in sanctioning, by making sure the Board considers the same set of “legal” factors in every case.

Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanction range that encompasses roughly 74% of historical practice. This means that 26% of past cases had received sanctions either higher or lower than what the reference points indicate, acknowledging that aggravating and mitigating factors play a role in sanctioning. The wide sanctioning ranges recognize that the Board will sometimes reasonably disagree on a particular sanction outcome, but that a broad selection of sanctions falls within the recommended range.

Any sanction recommendation the Board derives from the SRP worksheets must fall within Virginia law and regulations. If a Sanctioning Reference Point worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policies supercede any worksheet recommendation.

The Sanctioning Factors

The Board indicated early in the study that sanctioning is influenced by a variety of circumstances. The empirical analysis supported the notion that not only do case types affect sanctioning outcomes, but certain offense, respondent and prior record factors do as well. To this end, the Long-Term Care Administrators SRP system scores two groups of factors in order to arrive at a sanctioning recommendation. The first set of factors relates to the case type. The second group relates to elements of the offense, the respondent, and his or her prior record.

Therefore, a respondent before the Board for a fraud case will receive points for the type of case and can potentially receive points for act of commission, multiple patient involvement, and/or for having a history of disciplinary violations.

**Three Sanctioning
Thresholds**

The SRP worksheet uses three thresholds for recommending a sanction. Once all factors are scored, the corresponding points are then added for a total worksheet score. The total is used to locate the sanctioning threshold recommendation found at the bottom of the worksheet. For instance, a respondent having a total worksheet score of 40 would be recommended for a Reprimand/Monetary Penalty.

Voluntary Nature

The SRP system is a tool to be utilized by the Board of Long-Term Care Administrators. Compliance with the SRPs is voluntary. The Board will use the system as a reference tool and may choose to sanction outside the recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences, Consent Orders, or Pre-Hearing Consent Orders. The SRPs can also be referenced and used by agency subordinates where the Board deems appropriate. The coversheet and worksheet will be referenced by Board members during Closed Session.

**Worksheets Not Used
in Certain Cases**

The SRPs will not be applied in any of the following circumstances:

- **Formal Hearings** — SRPs will not be used in cases that reach a Formal Hearing level.
- **Mandatory suspensions** – Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the licensee must be suspended. The sanction is defined by law and is therefore excluded from the SRPs system.
- **Compliance/reinstatements** – The SRPs should be applied to new cases only.
- **Action by another Board** – When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Long-Term Care Administrators, the Board often attempts to mirror the sanction handed down by the other Board. The Virginia Board of Long-Term Care Administrators usually requires that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply as the case has already been heard and adjudicated by another Board.
- **Confidential Consent Agreements (CCA)** - SRPs will not be used in cases settled by CCA.

Case Selection When Multiple Cases Exist

When multiple cases have been combined into one “event” (one order) for disposition by the Board, only one coversheet and worksheet should be completed and it should encompass the entire event. If a case (or set of cases) has more than one case type only one is selected for scoring according to the case type that appears highest on the following table and receives the highest point value. For example, a respondent found in violation for an inspection deficiency and misappropriation of property would receive thirty points, since Fraud is above Business Practice Issues on the list and receives the most points. If an offense type is not listed, find the most analogous offense type and use the appropriate score.

Sanctioning Reference Points Case Type Table

Case Type	Included Case Categories	Applicable Points
Inability to Safely Practice	<ul style="list-style-type: none"> • Impairment due to use of alcohol, illegal substances, or prescription drugs • Incapacitation due to mental, physical or medical conditions • Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity 	40
Fraud	<ul style="list-style-type: none"> • Misappropriation of property 	30
Business Practice Issues	<ul style="list-style-type: none"> • Records, inspections, audits • Required report not filed 	20
Continuing Education	<ul style="list-style-type: none"> • Failure to obtain or document continuing education requirements 	10

Completing the Coversheet & Worksheet

Ultimately, it is the responsibility of the Board to complete the SRP coversheet and worksheet in all applicable cases.

The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the Board and respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. However, copies of the SRP Manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: www.dhp.virginia.gov (paper copy also available on request).

Scoring Factor Instructions

To ensure accurate scoring, instructions are provided for scoring each factor on the SRP worksheet. When scoring a worksheet, the numeric values assigned to a factor on the worksheet *cannot be adjusted*. The scoring weights can only be applied as 'yes or no' - with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board has final say in how a case is scored.

Coversheet

The coversheet is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for system monitoring and evaluation.

If the Board feels the sanctioning threshold does not recommend an appropriate sanction, the Board is encouraged to depart either high or low when handing down a sanction. If the Board disagrees with the sanction recommendation and imposes a sanction greater or less than the recommended sanction, a short explanation should be recorded on the coversheet to explain the factors or reasons for departure. This process will ensure worksheets are revised appropriately to reflect current Board practice. If a particular reason is continually cited, the Board can examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Prior record
- Dishonesty/Obstruction
- Motivation
- Remorse
- Restitution/Self-corrective action
- Multiple offenses/Isolated incident

A space is provided on the coversheet to record the reason(s) for departure. Due to the uniqueness of each case, the reason(s) for departure may be wide-ranging. Sample scenarios are provided below:

Departure Example #1

Sanction Threshold Recommendation: Recommend Formal or Accept Surrender

Imposed Sanction: Probation

Reason(s) for Departure: Respondent was particularly remorseful and had already begun corrective action.

Departure Example #2

Sanction Threshold Recommendation: Reprimand/ Monetary Penalty

Imposed Sanction: Probation, Terms – Administrator in training with preceptor

Reason(s) for Departure: Respondent displayed a lack of knowledge that could be corrected with further training.

Determining a Specific Sanction

The bottom of the SRP worksheet lists three sanction thresholds that encompass a variety of specific sanction types. The table below lists the sanctions most often used by the Board that fall under each threshold. After considering the sanction recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

Sanctioning Reference Points Threshold Table

Worksheet Score	Available Sanctions
0-50	Reprimand Monetary Penalty Stayed Monetary Penalty
51-90	Corrective Action Stayed Suspension Probation Terms: Continuing Education (CE) HPMP Submit all surveys Board approved management consultant May only be an assistant administrator Administrator in training with preceptor Submit verification of employment
91 or more	Suspension Revocation Accept Surrender Recommend Formal

Long-Term Care Administrators - SRP Coversheet

- Complete *Case Type* section.
- Complete the *Offense and Respondent Factors* section
- Determine the *Sanctioning Recommendation* using the scoring results and the *Sanction Thresholds*.
- Complete this coversheet.

Case Number(s)

Respondent Name _____
Last First

License Number _____

Case Category Inability to Safely Practice
 Fraud
 Business Practice Issues
 Continuing Education

Sanction Threshold Result 0-50
 51-90
 91 or more

Imposed Sanction Reprimand
 Monetary Penalty - enter amount \$ _____
 Stayed Monetary Penalty - enter amount \$ _____
 Probation _____ months
 CE _____ hours
 HPMP
 Stayed Suspension
 Suspension
 Revocation
 Accept Surrender
 Recommend Formal
 Other sanction _____

 Terms _____

Reasons for Departure from Sanction Threshold Result _____

Worksheet Preparer(name) _____ Date completed: _____

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.

Long-Term Care Administrators - SRP Worksheet Instructions

Step 1: Case Type *(score only one)*

Select the case type from the list and score accordingly.

When multiple cases have been combined into one "event" (one order) for disposition by the Board, only one case type can be selected. If a case (or set of cases) has more than one offense type, one case type is selected for scoring according to the offense group that receives the highest point value.

Inability to Safely Practice – 40 Points

- Impairment due to use of alcohol, illegal substances, or prescription drugs
- Incapacitation due to mental, physical or medical conditions
- Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity

Fraud – 30 Points

- Misappropriation of property

Business Practice Issues – 20 Points

- Records, inspections, audits
- Required report not filed

Continuing Education – 10 Points

- Failure to obtain or document continuing education requirements

Step 2: Offense and Respondent Factors

(score all that apply)

Score all factors relative to the totality of the case presented.

Enter "40" if the respondent was impaired at the time of the offense due to substance abuse (alcohol or drugs) or mental/physical incapacitation.

Enter "30" if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental or physical capabilities. Examples include: prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function safely or properly.

Enter "30" if there was financial or material gain by the respondent.

Enter "30" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.

Enter "20" if the respondent was employed for more than three years with the facility associated with the current case.

Enter "20" if the respondent has any prior violations. Prior violations may have been decided by the Virginia Board of Long-Term Care Administrators, another state Board or another entity. DOH/DSS survey violations are not scored here.

Enter "20" if a patient was injured. Patient injury is deprivation, neglect, or when a minimum of first aid was administered. This factor can be scored regardless of a respondent's lack of intent to harm (i.e. neglect or accidental injury).

Enter "10" if the offense involves two or more patients. Patient involvement does not require direct contact with patient (i.e. fraudulently billing multiple patients).

Enter "10" if there were violations at multiple locations. Score this factor if the respondent has committed violations at more than one physical location and those violations are being considered as a part of the current case.

Enter "10" if the case involved a Department of Health or Department of Social Services Survey.

Enter "10" if there are more than 12 founded survey violations.

Enter "10" if there were survey violations upon re-inspection.

Step 3: Add Case Type and Offense and Respondent Factor Scores for a Total Worksheet Score

Step 4: Determining the Sanction Recommendation

The Total Worksheet Score corresponds to the sanctioning recommendations located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score. These points correspond to the recommended sanction in the right column. For instance, a Total Worksheet Score of 40 is recommended for "Reprimand/Monetary Penalty."

Step 5: Coversheet

Complete the coversheet including the SRP sanction threshold result, the imposed sanction, and the reasons for departure if applicable.

Long-Term Care Administrators - Sanctioning Reference Points Worksheet

Case Type (score only one)	Points	Score	
Inability to Safely Practice	40	_____	score only one
Fraud	30	_____	
Business Practice Issues	20	_____	
Continuing Education	10	_____	

Offense and Respondent Factors (score all that apply)

Respondent impaired during the incident (drugs, alcohol, mental, physical)	40	_____	score all that apply
Past difficulties (drugs, alcohol, mental, physical)	30	_____	
Financial/Material gain by the respondent	30	_____	
Act of commission	30	_____	
More than three years in current position	20	_____	
Any prior violation (by Va. Board, other state or entity)	20	_____	
Patient injury	20	_____	
Two or more patients involved	10	_____	
Violations at multiple locations	10	_____	
Case involved a Department of Health/DSS Survey	10	_____	
More than 12 survey violations cited	10	_____	
Survey violations resulting from re-inspection	10	_____	

Total Worksheet Score

Score	Sanctioning Recommendations
0 - 50	Reprimand/Monetary Penalty
51 - 90	Corrective Action/CE
91 or more	Recommend Formal or Accept Surrender

Respondent Name: _____ Date: _____