Sunset Review: Evaluation of the State Board of Examiners of Nursing Home Administrators

Department of Legislative Services
Office of Policy Analysis

Annapolis, Maryland

October 2001

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DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF THE EXECUTIVE DIRECTOR
MARYLAND GENERAL ASSEMBLY

October 31, 2001

Karl S. Aro
Executive Director

The Honorable Thomas V. Mike Miller, Jr.
The Honorable Casper R. Taylor, Jr.
Honorable Members of the General Assembly

Ladies and Gentlemen:

The Department of Legislative Services has completed its evaluation of the State Board of Examiners of Nursing Home Administrators as required by the Maryland Program Evaluation Act. This evaluation process is more commonly known as sunset review since the agencies subject to evaluation are usually subject to termination; typically, legislative action must be taken to re-authorize them. This report was prepared to assist the Senate Finance and House Environmental Matters Committees, the committees designated to review the board, in making recommendations to the General Assembly.

State regulation of nursing home administrators is mandated by the federal government. Federal regulations covering reimbursement for nursing home services under Medicaid and Medicare require states to have a licensing program for nursing home administrators. Discontinuing the board could result in the loss of federal funding for nursing home services in Maryland. Therefore, Legislative Services recommends that the board be continued and its termination date be extended by ten years. In addition, we recommend amending statute to enhance the membership on the board and improve the board's ability to prosecute certain cases. We also make several administrative recommendations related to the board's licensing activities and its complaint investigation and resolution process. Draft legislation to implement statutory changes is included as an appendix to the report. The draft legislation includes uncodified language requiring the board to report on its implementation of the recommendations contained in this report.

We would like to acknowledge the cooperation and assistance provided by the board and its staff throughout the review process. The board was provided a draft copy of the report for factual review and comment prior to its publication, and its written comments are included as an appendix to this report.

Sincerely,

Karl S. Aro
Executive Director

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Executive Summary

Pursuant to the Maryland Program Evaluation Act, the Department of Legislative Services (DLS) has evaluated the State Board of Examiners of Nursing Home Administrators (BENHA), which is scheduled to terminate on July 1, 2003. In Maryland, a nursing home may not operate unless it is under the direction of a licensed nursing home administrator.

The Department of Health and Mental Hygiene (DHMH) regulates both nursing homes and nursing home administrators through different agencies. Nursing homes are licensed by the Office of Health Care Quality (OHCQ), whereas BENHA licenses nursing home administrators.

The findings and recommendations of this evaluation are summarized below.

State regulation of nursing home administrators is mandated by the federal government. Federal regulations covering reimbursement for nursing home services under Medicaid and Medicare require states to have a licensing program for nursing home administrators. Licensure came about in response to concerns at the federal level that government was paying for poor quality services in nursing homes or for services that were not provided at all. Discontinuing the board could result in the loss of federal funding for nursing home services in Maryland.

Recommendation 1: BENHA should be continued, and its termination date should be extended by ten years to July 1, 2013. Uncodified language should require the board to report to the Senate Finance and House Environmental Matters Committees on or before October 1, 2002, on the implementation of the recommendations contained in this sunset evaluation report.

The sunset review conducted ten years ago recommended that the composition of the board be modified to include representation from certain other State agencies, thereby creating a valuable link between this board and the agencies involved in the delivery and quality of nursing home services. Although that recommendation was not adopted, it should be reconsidered in light of problems noted throughout this report.

Recommendation 2: Statute should be amended to establish two *ex officio* seats on the board: one representative from the State Ombudsman Program in the Department of Aging and one representative from OHCQ.

Maryland's administrator-in-training (AIT) program allows applicants to gain the necessary experience in administering a nursing home before they take the required examinations for licensure. Although the program appears to be comprehensive, certain requirements may be too restrictive and the program does not appear to put sufficient emphasis on quality of care.

Recommendation 3: The board should evaluate the AIT program and examine how it could make the AIT program more effective. The evaluation should address such issues as:

- **the appropriate length of time for an AIT program;**

- **giving more credit for related experience and/or appropriate education; and**

- **how an AIT program can incorporate more quality of care training.**

The board should report to the Senate Finance and House Environmental Matters Committees on its evaluation of the AIT program and its recommendations on or before October 1, 2003.

Exam results reported by the board indicate that Maryland's exam for licensure is more challenging than the National Association of Boards of Examiners of Long Term Care Administrators' (NAB) version. This means that Maryland's standards exam requires a greater knowledge and understanding of the profession in Maryland.

Recommendations 4: The board should continue to use its own standards exam to test for Maryland-specific knowledge and should not pursue use of the NAB version of the state standards exam.

Maryland nursing home administrators must complete 40 hours of continuing education units (CEUs) every two years. Because licensees are not required to complete a certain number of credits in any particular area, large numbers of administrators could be lacking knowledge in certain important subject areas. OHCQ noted that many administrators could not identify the components of a quality assurance program.

Recommendation 5: The board should require specific CEUs to improve knowledge in areas that are found to be deficient. The board should identify specific subject areas in which nursing home administrators may be undertrained, designate CEUs required to meet these needs, and issue regulations to implement the new requirements. The board may utilize many resources, such as reports from OHCQ nursing home inspections, to determine what course work is most needed.

Although BENHA's current process for renewing licenses is satisfactory, efficiencies might be realized if the board renewed licenses once or twice a year instead of monthly. Moreover, the board should more routinely communicate with its licensees.

Recommendation 6: The board should develop a plan to improve communication with licensees. Improvements should include making better use of its newsletters to licensees by including summaries of new legislation, outcomes of disciplinary actions, summary of complaints filed with the board, and a summary of survey deficiencies reported to the board.

It is not clear that Maryland will have enough nursing home administrators to meet future demands, given significant growth projected in the elderly population and a high attrition rate in the administrator profession. Other states are facing similar issues and are considering changing their requirements or conducting outreach efforts to increase the number of applicants to the profession.

Recommendation 7: The board should evaluate the potential of a shortage of nursing home administrators by monitoring the number of practicing licensees. If the board detects a shortage, it

should address the issue by implementing a program to attract and retain licensees.

When OHCQ finds a problem at a nursing home during its inspections or complaint investigations, the office forwards a deficiency survey to the board as required by federal regulations. The board does not use these survey deficiency reports as an investigative tool. The board postpones investigation of serious or repeated violations while waiting for the facility to develop and submit a corrective action plan and then for the OHCQ to conduct a follow-up survey.

Recommendation 8: The board should not wait until OHCQ completes its investigation to initiate an investigation against the nursing home administrator. The board should develop protocols on: when it is appropriate to initiate an investigation against an administrator after receiving an OHCQ deficiency survey report; what actions are appropriate to address an administrator responsible for an OHCQ deficiency report; and how the board can keep a record of each licensee's survey deficiencies and implement a program for investigating a pattern of deficiencies.

Complaint volume has fluctuated, with the board receiving between 17 and 35 new cases each year. This pattern is surprising since complaints might be expected to increase significantly due to tighter scrutiny over nursing homes as a result of nursing home reform legislation enacted in 2000 and the increased surveillance required by the federal Centers for Medicare and Medicaid. Improving the process for reporting complaints to the board will likely increase the number of complaints.

Recommendation 9: The board should develop a plan to make it easier for consumers to file complaints. The plan should at least address:

- **changing its voice mail message to notify callers that it will take complaints about nursing home administrators;**
- **taking complaints via telephone; and**
- **including on its website a complaint form and instructions for filing a complaint with the board.**

When complaints are investigated, case resolution takes too long and prosecution is rarely pursued. The board attempts to settle cases instead of litigate them. The Office of the Attorney General (OAG) and the State's Attorney's Office have advised the board that prosecution of cases will be lengthy because of the backlog of cases in general and that it would be better to resolve cases by the use of a consent order.

Recommendation 10: The board should work with the OAG and the State's Attorney's Office to examine the complaint investigation and resolution process and determine how to conclude investigations in a more timely manner and ensure that prosecution is initiated when warranted.

Statutory restrictions limit the ability to prosecute unauthorized practice cases. Unauthorized practice of nursing home administration is a misdemeanor and, therefore, subject to Maryland's one-year statute of limitations for prosecuting misdemeanor offenses.

Recommendation 11: The statute of limitations should be expanded for prosecuting misdemeanor offenses under the Health Occupations Article, bringing the limitation period for nursing home administrators more in line with the statute limiting the prosecution of the unauthorized practice of medicine. In addition, the definition of unauthorized practice should be amended to include individuals who knowingly induce, aid, direct, or supervise an unlicensed nursing home administrator.

Unlike other health occupations boards, BENHA is supported with general funds instead of special funds. There is no statutory requirement that this board set fees to produce funds which would approximate the cost of maintaining the board. Although the General Assembly generally has a policy of regulatory boards being self-supporting to the extent possible, this board does not collect sufficient revenues to cover its expenses. A survey of states with similar numbers of licensees reveals that most are required to be self-supporting and that their fees are greater than Maryland's.

Recommendation 12: The board should develop a plan to raise fees so that its contribution to the general fund is more significant. It is unlikely that the board's revenues could equal expenses because its number of licensees is too small, but the board could close the gap between revenue and expenses. The board should focus on increasing renewal fees and possibly reinstatement fees so as to not make initial application and licensure cost-prohibitive for prospective administrators. The board should implement regulations increasing fees as required.

The board is required to conduct continuing studies of nursing homes and nursing home administrators to improve licensing standards and procedures for enforcing those standards. However, the board has not conducted the surveys required by State and federal law. In lieu of a formal ongoing research program, the board should meet its statutory requirements by using deficiency survey reports from OHCQ to evaluate the quality of practice in Maryland.

Chapter 1. Introduction

The Sunset Review Process

This evaluation was undertaken under the Maryland Program Evaluation Act (§ 8-400 *et seq.* of the State Government Article), which establishes a process also known as sunset review. Enacted in 1978, the Maryland Program Evaluation Act requires the Department of Legislative Services (DLS) to periodically evaluate certain State agencies according to a statutory schedule. The agencies subject to review are usually subject to termination; typically, legislative action must be taken to re-authorize them. The goal of the sunset review process is to promote accountability in government operations.

The State Board of Examiners of Nursing Home Administrators (BENHA) is one of 68 entities currently subject to evaluation. The board last underwent full evaluation as part of sunset review during 1991. This is the third sunset evaluation of BENHA. A preliminary evaluation conducted in 2000 recommended a full evaluation to assess the board's finances, its complaint investigation and resolution process, and quality of care issues. This evaluation was undertaken to provide the General Assembly with additional information in making the determination about whether to re-authorize the board and for what period of time. Recommendations to improve the operations of the board are made throughout this document.

A draft of this evaluation report was provided to BENHA for review; the board's response is attached as **Appendix 8.** Appropriate factual corrections and clarifications have been made throughout the document.

Research Activities

In conducting this sunset evaluation, DLS staff reviewed board-related documents, including minutes, newsletters, disciplinary files, complaint files, survey reports from the Department of Health and Mental Hygiene (DHMH) Office of Health Care Quality (OHCQ), literature related to nursing home administration, and federal and State laws and regulations.

In addition, staff attended meetings of the board, the Credential Committee, the Legislative Committee, and complaint resolution hearings. Staff also made site visits to observe evaluations of administrators-in-training (AITs) at nursing homes. Interviews were conducted either in person or by telephone with:

- the chairman and other members of the board as well as the executive director, secretary, and assistant attorney general for the board;
- executive directors of other states' boards of examiners of nursing home administrators;
- representatives of the American College of Health Care Administrators (ACHCA) and the National Association of Boards of Examiners of Long Term Care Administrators (NAB);
- the director and assistant attorney general for OHCQ; and
- budget analysts for DHMH.

Additionally, on July 13, 2001, DLS staff held a focus group meeting which included eight professionals involved in the nursing home industry and related State agencies. Represented were two members of the board, the board's assistant attorney general, and representatives from the Maryland Department of Aging (MDOA), OHCQ, Health Facilities Association of Maryland (HFAM), the Mid-Atlantic Non-Profit Health Association (MANPHA), and the Nursing Home Oversight Committee. The purpose of the focus group was to discuss issues, problems, and trends in the industry and examine ways to improve the industry. To follow up on some issues raised by the focus group, directors of several other state boards of examiners of nursing home administrators were contacted by telephone and interviewed about their AIT programs, licensing requirements, use of survey deficiency reports, complaint investigation procedures, licensee population, and fees.

Report Organization

Chapter 2 provides information on the nursing home administrator profession, the nursing home industry, and licensing trends. **Chapter 3** reviews the complaint investigation process and the board's disciplinary authority. **Chapter 4** discusses administrative issues. **Appendix 1** contains draft legislation to enact statutory recommendations.

Regulation of the Nursing Home Industry

In Maryland, as in all other states, Puerto Rico, and the District of Columbia, nursing homes and nursing home administrators are regulated. A nursing home administrator is an individual licensed by the state who administers, directs, manages,

supervises, or is in general administrative charge of a nursing home, whether or not the individual has an ownership interest in the home.

Licensure came about in response to concerns at the federal level that government was paying for poor quality services in nursing homes or for services that were not provided at all. The U.S. Congress decided to hold nursing home administrators responsible for assuring high quality care. In 1968, Congress amended the Social Security Act to require a state program for the licensing of nursing home administrators, withholding federal funding for Medicare and Medicaid reimbursement of such services from states which did not have a licensing program.

Structure for Regulation in Maryland

The Department of Health and Mental Hygiene regulates both nursing homes and nursing home administrators through different agencies within DHMH. Nursing homes in Maryland are licensed by the OHCQ (formerly known as the Office of Licensing and Certification). OHCQ regularly monitors the quality of care and compliance with both State and federal regulations in 8,000 health-care facilities and health-related services and programs. To regulate these institutions and programs, OHCQ conducts more than 10,000 inspections yearly. OHCQ also initiates administrative action against facilities that violate State rules and regulations.

Nursing home administrators in Maryland are licensed by the State Board of Examiners of Nursing Home Administrators. The board was created by the General Assembly in 1970 and is under the direction of the Office of the Secretary in DHMH. In Maryland, a nursing home may not operate unless it is under the direction of a licensed nursing home administrator.

State Board of Examiners of Nursing Home Administrators Is Required by Federal Law

From the outset, the purpose of the board has been to license, regulate, and discipline members of the profession to protect the general public, particularly the aged, infirm, and chronically ill residents of nursing homes. The board is to ensure that individuals employed as nursing home administrators meet and maintain the qualifications, standards, and professionalism necessary to competently operate a nursing home. More specifically, federal regulations, reflected in State law, require the board to:

- develop, impose, and enforce licensure standards;

- develop and apply appropriate techniques for examination of applicants for licensure and investigation of credentials;
- issue, deny, suspend, or revoke licenses, as appropriate;
- investigate and take appropriate action with respect to any complaint;
- conduct a continuing study and investigation of nursing homes and administrators to improve licensing standards and the procedures and methods for enforcing the standards (42 USC § 1396 g and CFR §§ 431.700-715).

Licensure of nursing home administrators is necessary to guarantee competent managers of nursing homes and to enable the State to hold administrators responsible for the management of nursing homes. The absence of regulation would weaken the State's efforts to provide quality health care in nursing homes. Moreover, there is a federal mandate that nursing home administrators be regulated. Discontinuing the licensing program would result in a loss of federal funds to the State.

Recommendation 1: The State Board of Examiners of Nursing Home Administrators should be continued, and its termination date should be extended by ten years to July 1, 2013. Uncodified language should require the board to report to the Senate Finance and House Environmental Matters Committees on or before October 1, 2002, on the implementation of the recommendations contained in this sunset evaluation report.

Reform of the Industry Continues Against the Backdrop of Quality of Care Issues

In 1995, the Clinton administration implemented the toughest nursing home regulations ever. Nevertheless, the Health Care Financing Administration (HCFA, now known as the federal Centers for Medicare and Medicaid or CMS) and the U.S. General Accounting Office (GAO) found that many nursing homes were not meeting the requirements and that state enforcement efforts were uneven and often inadequate. Consequently, new federal initiatives were instituted in 1998 to provide enhanced protection to nursing home residents and to target needed improvements in nursing home care. HCFA was ordered to impose penalties on nursing homes without establishing a grace period, inspect more frequently facilities with poor records, and establish a national data bank for allowing consumers to compare one facility with another. As a result of this federal initiative, Maryland was cited for delaying investigation of serious allegations of harm to nursing home residents.

In 1999, two GAO reports found that states were doing a poor job of investigating complaints. Specifically, GAO reported that:

- states had practices and procedures which may have limited the filing of complaints;
- the seriousness of complaints was understated;
- complaints were inconsistently and inappropriately prioritized;
- complaints were not being investigated within priority time frames; and
- states were not establishing quality improvement programs or baseline performance measures for nursing home complaints.

Maryland's OHCQ was targeted in those reports for failure to comply with nursing home regulations, its poor complaint investigation procedures, and poor regulatory oversight.

At the same time as the federal initiatives occurred, Maryland launched its own quality of care investigation. The General Assembly in 1999 adopted legislation establishing the Task Force on the Quality of Care in Nursing Homes (Chapters 382 and 383, Acts of 1999). The task force's findings and recommendations culminated in legislation, adopted in the 2000 session, which has impacted on the administration of nursing homes. Included in the new legislation are requirements that every nursing home implement a written quality assurance program, establish a quality assurance committee which meets monthly, and provide for the orderly transfer of residents in case there is a closure of a facility. The new legislation also requires that OHCQ conduct two unannounced full surveys per year of each nursing home. Increased monetary penalty provisions were included in the legislation. A committee to monitor the quality of care in nursing homes was established to ensure that these provisions were implemented.

Board Composition Needs Further Refinements

The most notable statutory updates to the board since the last sunset review have related to the board's composition as shown in **Exhibit 1.1**; other changes have been minor, generally reflecting changes for all the health occupations boards and changes in federal regulations. For example, the General Assembly adopted legislation in 1992 that:

- required the Governor to fill a vacancy within 60 days, if feasible;
- authorized the Governor to terminate a board member for excessive absenteeism;

- extended the term of office from three to four years;
- increased the total number of board members from 10 to 11; and
- increased the number of consumer members from two to three.

Exhibit 1.1
Legislative Changes Since the Last Sunset Review

Year	Chapter	Change
1992	433	Required the Governor, whenever practicable, to fill a vacancy on the board within 60 days*
		Authorized the Governor to remove a member who has been absent, without adequate reason, for two consecutive meetings of the board
		Directed the board to determine the duties for each officer
1992	434	Increased a board member's term from three to four years
1992	481	Increased the total number of board members from 10 to 11
		Increased the number of consumer members from two to three
		Extended the termination date for the board to July 1, 2003
1994	272	Eliminated the position of secretary of the board and created the position of executive director instead
		Changed the board composition from four to five nursing home administrators, from four to two members who are active in related professional areas, and from three to four consumer members *
		Required an owner of a nursing home to immediately designate a licensed nursing home administrator when one leaves, dies, or has been fired
		Provided for a waiver of educational requirements at any time instead of under a grandfather provision
		Increased the requirement for a waiver of educational requirements from one to three years of licensed practice in another state*
		Increased fines for a conviction under the statute for a first and subsequent offense from $100 to $1,000 and from $500 to $5,000, respectively

*Conforms to or is more stringent than federal requirement
Source: Laws of Maryland

In 1994, the legislature again adjusted the membership of the board to increase the representation of consumers.

Currently, the 11-member board comprises four consumers, five active licensees, and two representatives from related health professions. All members are appointed by the Governor for a four-year term, and no board member may serve more than two consecutive full terms. A roster of board members is included as **Appendix 2**.

The sunset review conducted ten years ago recommended that the composition of the board be modified to include representation from certain other State agencies, thereby creating a valuable link between this board and the other agencies involved in the delivery and quality of nursing home services. Although membership was increased to ensure additional consumer representation, the other representation provision was not adopted. However, the board's composition should be reconsidered in light of problems noted throughout this report.

Ex officio representation of State agencies that assist nursing home residents and their families as well as those that regulate the homes could provide valuable insights to the board. The board has not undertaken any outreach efforts to obtain feedback from the Ombudsman Program in the Department of Aging, the staff who are in close contact with residents and families and have knowledge of the types of problems in nursing homes. Additionally, OHCQ conducts regular inspections of nursing homes and is often the first agency to discover potential problems.

Recommendation 2: Statute should be amended to establish two *ex officio* seats on the board: one representative from the State Ombudsman Program in the Department of Aging and one representative from OHCQ.

Chapter 2. Licensing the Profession

The Nursing Home Administrator Profession

Final responsibility for the operation of a nursing home lies with the owner, which is the legal entity licensed by the State to operate the facility. The owner sets policies, adopts rules, and enforces them for the health care and safety of patients. The person in charge of the day-to-day management is the administrator. Nursing home administrators plan and direct operations of nursing homes and long-term care facilities. Their duties include the supervision of personnel, oversight of budget and financial matters, coordination with the medical staff for medical needs of the residents, procurement of supplies and equipment, oversight of facility maintenance, and supervision of the nursing and pharmaceutical services in their facilities.

Most administrators work in only one nursing home. Some work for large corporations that control many facilities. Others are involved in teaching and research. Salaries range from $40,000 to about $125,000 annually. Educational requirements differ among states, but most require nursing home administrators to have at least a bachelor's degree in nursing home administration or some other field and to complete an internship program for administrators in training. All states require applicants to take and pass an exam. For a summary of all state licensing requirements for nursing home administrators, see **Appendix 3.**

Maryland's Professional Standards Have Been Enhanced

The State Board of Examiners of Nursing Home Administrators (BENHA) has raised professional standards for nursing home administrators over the past 20 years. At the time of the 1981 sunset evaluation, administrators did not need more than a high school diploma and must have completed a specified training program. Currently, to qualify for licensure an applicant must:

- be at least 18 years of age and of good moral character;
- have a baccalaureate or master's degree in health care administration or another field -- if the degree is not in health care administration, the applicant must satisfactorily complete 100 hours of health care administration approved by the board;

- complete an administrator-in-training (AIT) program approved by the board or have completed one year of full-time nursing home administration in a nursing home;

- submit an application;

- pay all fees; and

- pass the national and State standards licensure exams.

The board and its credential committee typically meet on a monthly basis to determine applicant qualifications (meetings are not held in January, July, or August). Some of these requirements may be waived for alternative educational or work experience. This waiver will cease to be effective if a future federal law requires otherwise.

Comprehensive Administrator-in-Training Program Important but Certain Requirements Should Be Modified

Maryland has a comprehensive administrator-in-training program, which allows applicants to gain the necessary experience in administering a nursing home before they take the required examinations and are licensed. Each AIT must complete a one-year internship. All internship programs and the preceptors must be approved in advance by the board, and AITs and their preceptors are interviewed by the credential committee prior to starting the internship. The preceptor and AIT sign an agreement incorporating the requirements of the AIT program. No preceptor can supervise more than two AITs at a time. The board makes at least one site visit within the first half of the internship to assess the program. AITs are required to get experience in union and non-union facilities. Progress reports are required as part of the program.

Maryland's requirement for completing a one-year AIT program may be too lengthy, particularly since credit is only allowed for up to six months of work-related experience. As noted by industry participants in a focus group meeting, individuals with many years of health care experience who might be interested in becoming a nursing home administrator are deterred by the requirement that they must abandon their current employment to become a full-time AIT for at least six months (if credit is given) but possibly for a year. The 1991 sunset evaluation also noted that the industry had the same concerns about the length of the program and lack of sufficient credit for related work experience. While a one-year requirement is not unusual among other states, the amount of required training varies considerably. In addition, most states use a combination of training and experience in granting credit toward these requirements.

Having a comprehensive AIT program is important -- participants learn about complex federal and State requirements, unique administrative needs of a nursing home, clinical needs, and ways to provide quality of care for residents. These are areas in which even a veteran health care professional would require instruction if he or she had not previously worked in a nursing home. Even so, Maryland's AIT program does not put sufficient emphasis on the quality of care. There is an overly broad focus on the more tangible and easily learned regulations. The focus on quality care and even the kind of documentation that is required was lacking from the two AIT evaluations that DLS staff observed. The national standards exam does not put much emphasis on quality of care either.

Recommendation 3: The board should evaluate the AIT program and examine how it could make the AIT program more effective. The evaluation should address such issues as:

- **the appropriate length of time for an AIT program;**
- **giving more credit for related experience and/or appropriate education; and**
- **how an AIT program can incorporate more quality of care training.**

The board should report to the Senate Finance and House Environmental Matters Committees on its evaluation of the AIT program and its recommendations on or before October 1, 2003.

Maryland's Tests for Licensure Should Not Be Changed at This Time

Candidates for licensure must pass two examinations: a national standards exam, which tests in a broad spectrum of areas for administration; and a State standards exam, which tests for Maryland-specific knowledge. Before requesting permission to sit for the examinations, candidates must complete at least eight months of a preceptorship, or its equivalent, and successfully complete the required 100-hour course. Candidates are charged an administrative fee by the board for processing their application and maintaining a permanent record of the exam results. There is no limit to the number of times candidates may take either exam before passing. There is also no requirement that candidates (the AITs) be required to take additional courses for having failed the exam several times.

In January 2000, the board began using the computerized version of the National Association of Boards of Examiners of Long Term Care Administrators' (NAB) national standards exam, which is administered monthly at Sylvan Learning Centers around the State. In addition to the national standards exam, most states administer their own state's

standards exam to test applicants on areas of the law that are unique to the individual state. NAB has also developed a computerized exam to replace the individual state standards exams. The board considered using this exam and decided to wait until it could evaluate the experience of other boards who use it. There was some concern that the NAB state standards exam, because it is not specific for Maryland law, would be too simplified.

Exam results reported by the board indicate that Maryland's exam is more challenging than NAB's version. This means that Maryland's standards exam requires a greater knowledge and understanding of the profession in Maryland.

Recommendations 4: The board should continue to use its own standards exam to test for Maryland-specific knowledge and should not pursue use of the NAB version of the state standards exam.

Continuing Education Requirements for License Renewal Should Be Modified

In addition to paying the license renewal fee of $100 every two years, Maryland nursing home administrators must complete 40 hours of continuing education units (CEUs) every two years. This parallels the federal requirement that nursing home administrators have 20 hours of CEUs annually. The course work must be in a subject matter which is relevant to nursing home work and is a subject of the licensing examination. Licensees are not required to complete a certain numbers of credits in any particular area.

Since licensees can choose any area of course work to fulfill their continuing education requirements, large numbers of administrators could be lacking knowledge in certain important subject areas. For example, the Office of Health Care Quality noted in a recent study that many administrators could not identify the components of a quality assurance program.

During board meetings in 1999, the board also noted a need for specific course work. The board considered whether a special seminar was needed to address a disturbing trend in the number of complaints about the physical care and the clinical aspects of providing services to residents. The chairman advised that it would be discussed at the next meeting; however, there is no indication that the issue was ever addressed in future meetings.

Recommendation 5: The board should require specific CEUs to improve knowledge in areas that are found to be deficient. The board should identify specific subject areas in which nursing home administrators may be undertrained, designate CEUs required to meet these needs, and issue regulations to implement

the new requirements. The board may utilize many resources, such as reports from OHCQ nursing home inspections, to determine what course work is most needed.

Additional Efficiencies Possible in Licensing Function

The board is doing an adequate job of screening applicants, administering the State's standards test, issuing licenses, and administering the AIT program. It also has a satisfactory process for approving continuing education units. The board keeps records on all original and current licensees to be able to answer inquiries from other states when an individual applies for an out-of-state license. Board records are complete and well organized.

To handle the licensing function, the board relies heavily on its executive director and administrative secretary, both of whom have many years of experience serving the board. Licenses are renewed monthly as they expire; however, this may not be the most efficient use of staff time. The board has always processed licenses in a timely manner. Given that there are fewer than 600 licensees and only two staff members, it may be more efficient to renew licenses once or twice a year. Concentrating renewal efforts during specific periods would allow board staff to spend more time on complaint investigation and other board issues, such as reviewing the AIT program. The board should consider whether reviewing licenses once or twice a year, rather than handling renewals on a monthly basis, would be a more efficient use of staff time.

Communication with Licensees Should Be Improved

While the board's licensure process is satisfactory, its communication with licensees could be improved. The board appears to be operating in a vacuum. For example, the board did not inform its licensees about the work and findings of the 1999 Task Force on the Quality of Care in Nursing Homes nor has the board taken any initiative to inform its licensees about the requirements of the 2000 enactments. The nursing home reform legislation enacted in 2000 had a goal of improving quality of care in nursing homes. However, OHCQ reports that few nursing home administrators seem to understand the process for developing a quality assurance program. Licensees need to be aware of these developments.

The board publishes a newsletter infrequently which mostly includes notices about license renewal or reporting CEUs. The board should make more creative use of the newsletter and its website. The newsletter should have been used to disseminate information about the nursing home reform legislation enacted in 2000 as it impacted on nursing home administration. Unlike other health occupations boards, BENHA does not

publish the final outcome and case summary of formal investigations. There is no summary of the deficiency survey reports it receives from the OHCQ.

Recommendation 6: The board should develop a plan to improve communication with licensees. Improvements should include making better use of its newsletters to licensees by including summaries of new legislation, outcomes of disciplinary actions, summary of complaints filed with the board, and a summary of survey deficiencies reported to the board.

Looking Ahead -- Will the State Have Enough Nursing Home Administrators to Meet Future Demands?

Over the last decade the number of total licensees in Maryland has remained stable at just under 600; with the 50 to 60 new applicants a year offsetting the number of licensees who choose not to renew. While these numbers appear to reflect a stable profession, there are increasing indications that many licensees are no longer actually working as nursing home administrators. Two important industry trends portend a shortage of qualified administrators in Maryland.

First, the elderly population is growing nationwide, and Maryland is not an exception. According to the Maryland Department of Planning, numbers of citizens 65 years of age and older are due to increase by 80 percent from 500,000 to 900,000 by 2020. With this rate of growth, there may not be enough nursing home administrators if there is little or no growth in the profession.

Second, the high attrition rate in the profession is a cause for concern. Among Maryland licensees, widespread dissatisfaction was reported in the results of a June 2000 survey conducted by BENHA (see **Appendix 4** for BENHA survey and **Appendix 5** for national information). The board received 312 responses from a questionnaire that was sent to 588 licensees, a response rate of 53 percent. Two-thirds of the respondents are no longer practicing their profession. Reasons for leaving the profession included increased responsibility and stress levels, dissatisfaction with the industry, inadequate compensation, staffing problems, budgetary constraints, lack of quality positions, excessive regulation of the industry, long hours, and the negative image held by the industry.

Many boards in other states have considered changing their requirements or conducting outreach efforts in an attempt to increase the numbers of applicants. The reported decline is consistent with opinions expressed in the focus group discussion with Maryland industry professionals. In the meeting, it was generally agreed that individuals with years of experience in health care are discouraged from obtaining a license because the stringent requirements of the AIT program discourage them from entering the

profession. There was also concern expressed that, in general, the AIT requirements were too stringent and a barrier to entering the profession.

Recommendation 7: The board should evaluate the potential of a shortage of nursing home administrators by monitoring the number of practicing licensees. If the board detects a shortage, it should address the issue by implementing a program to attract and retain licensees.

Chapter 3. Complaint Investigation Process and Use of Disciplinary Authority

Board Does Not Use Survey Deficiency Reports as an Investigative Tool

When the Office of Health Care Quality (OHCQ) finds a problem at a nursing home during its inspections or complaint investigations, the office forwards a deficiency survey to the board as required by federal regulations (see **Appendix 6**). From August 2000 to August 2001, about 20 percent of OHCQ surveys identified deficiencies that were serious enough to warrant corrective action plans. The State Board of Examiners of Nursing Home Administrators (BENHA) used to investigate the "complaints" against nursing home administrators that were referred by the Office of Health Care Quality (OHCQ) as part of the deficiency survey reports.

However, the board amended its complaint investigation procedures in 1992 to provide that no action would be taken by the board on survey deficiencies until a plan of correction was submitted by the facility and a follow-up survey was completed by OHCQ. The board believed these changes to the complaint investigation process would make it more efficient. Board members complained that OHCQ was referring first-time serious offenses to them for review as well as repeated offenses.

This change in policy is troubling because the board postpones investigation of serious or repeated violations while waiting for the facility to develop and submit a corrective action plan and then for the OHCQ to conduct a follow-up survey. These delays in investigation can be significant; the following case reveals the pitfalls of the board's current complaint investigation procedures.

> *In 1992, a nursing home in Baltimore City was found to have numerous serious deficiencies. These deficiencies were repeated over a period of four years. The home submitted plans of correction as required by OHCQ but soon thereafter repeated the violations. The case received unfavorable publicity in the Baltimore Sun before the nursing home was finally closed by OHCQ in 1996. Charges were filed by OHCQ against the administrator after the nursing home was closed. The board did act promptly to revoke the administrator's license once charges were filed. However, the board could have initiated a complaint investigation and sanctioned the nursing home administrator without waiting for formal charges from OHCQ.*

Until OHCQ finishes its follow-up surveys, the board's involvement with a case is limited. The chairman reviews all deficiency surveys and reports to the board the

number of complaints and the status of each complaint at the monthly board meeting. However, the board takes no action; it does not review with the administrator the cause of the deficiency nor does it ensure that an administrator has referred practice errors to other health occupations boards. The board's handling of the deficiency survey reports does not recognize the intent of the federal requirement, which is that the deficiency surveys be used by the board to enforce standards for administrators.

Other states with similar numbers of licensees use the survey deficiency reports as a basis for promoting better administration and improved quality of care. **Exhibit 3.1**

Exhibit 3.1

Other States' Board Investigations Based on Deficiency Survey Results *

	Nursing Home Administrator Licensees (Active)	Nursing Homes	Board Uses Deficiency Survey	Board Initiates Survey-Related Investigation
Alabama	520	250	✔	✔
Arizona	731	424	✔	✔
Colorado	500	236		✔**
Iowa	731	424	✔	✔
Kansas	730	335	✔	✔
Louisiana	700	306	✔	✔
Maryland	**590**	**268**		
Mississippi	400	195	✔	✔
North Carolina	770	415	✔	✔
South Carolina	403	200	✔	✔
Tennessee	747	351	✔	✔
Texas *	2,300	1,193	✔	✔
Virginia	699	285	✔	✔**
Washington	481	271	✔	✔

* For comparison, one state with a very high number of licensed nursing home administrators was contacted.
** Surveys are reviewed by the enforcement division and referred to the board if an investigation is necessary.

Source: Interviews with other states' boards and www.medicare.gov/"Nursing Home Compare"

shows that Maryland's current practice is out of step with similar states. Telephone interviews of the executive directors of 12 state boards with 400 to 750 active licensed nursing home administrators revealed that all of their boards use the survey reports in some capacity. Texas, a state with a much higher number of licensees, was also contacted for further comparison -- Texas also uses the survey reports to assist in its investigations. Some state boards use a formal tracking system and maintain a data base indicating what kind of deficiencies are associated with each administrator. One state has just designated the state's attorney as the agent to follow up on survey deficiencies. Depending upon the severity of the deficiency, states use the survey reports for informal proceedings or to initiate a formal investigation and complaint. One state initiates a complaint and investigation of every nursing home administrator who has received a survey deficiency report.

Recommendation 8: The board should not wait until OHCQ completes its investigation to initiate an investigation against the nursing home administrator. The board should develop protocols on: when it is appropriate to initiate an investigation against an administrator after receiving an OHCQ deficiency survey report; what actions are appropriate to address an administrator responsible for an OHCQ deficiency report; and how the board can keep a record of each licensee's survey deficiencies and implement a program for investigating a pattern of deficiencies.

Few Complaints Filed with Board

The board can also receive complaints from consumers, but the board's process creates many obstacles for the consumers. The board requires all complaints to be in writing. This places an unnecessary burden on the complainant. Requiring a complaint to be in writing is a barrier to filing a complaint and may limit the number of complaints received. The board has no voice or electronic mail procedure for filing a complaint against a nursing home administrator. Instead, the board's voice mail directs all complainants to a phone number in OHCQ. An additional barrier is the lack of a form or procedure on the board's website for filing a complaint.

Complaint volume has fluctuated for the board, with between 17 and 35 new cases each year as shown in **Exhibit 3.2**. This pattern is surprising since complaints might be expected to increase significantly due to tighter scrutiny over nursing homes as a result of nursing home reform legislation enacted in 2000 and the increased surveillance required by the federal Centers for Medicare and Medicaid (CMS).

Exhibit 3.2
Complaint History for BENHA and OHCQ
FY 1995 - 2001

	BENHA Complaint Caseload			OHCQ
Year	Open Cases from Prior Years	New Cases	Cases Carried Forward to Next Year	New Cases
1995	10	19	2	n/a
1996	2	33	11	n/a
1997	11	17	2	n/a
1998	2	20	2	643
1999	2	25	5	1,013
2000	5	35	3	1,711
2001	3	23	n/a	1,430

Source: Governor's Budget Books, Fiscal 1995 - 2000; Board Minutes, 1998 - 2001; OHCQ; BENHA

The complaint volume for BENHA is doubly surprising in light of the increased complaints against nursing homes in Maryland. Since 1998, complaints against Maryland nursing homes have increased in excess of 200 percent. Improving the process for reporting complaints to the board will likely increase the number of complaints.

Recommendation 9: The board should develop a plan to make it easier for consumers to file complaints. The plan should at least address:

- **changing its voice mail message to notify callers that it will take complaints about nursing home administrators;**
- **taking complaints via telephone; and**
- **including on its website a complaint form and instructions for filing a complaint with the board.**

Regulatory and Statutory Deficiencies Hamper Board's Disciplinary Authority

With the increased demands on BENHA's oversight function, more substantive legislative changes are needed to ensure that nursing home administrators provide quality health services and that unlicensed individuals are discouraged from attempting to act as nursing home administrators. Currently, the board may impose fines upon conviction for the violation of the statute. Available sanctions include denial of a license, reprimand, probation, suspension, or revocation.

When Complaints Are Investigated, Case Resolution Takes Too Long and Prosecution Is Rarely Pursued

The board was found to have a backlog of complaints on its last sunset review, but that problem has largely been resolved. Recently, the board had one investigator assigned to it on a part-time basis. The addition of an investigator has helped eliminate the backlog and has aided the board in making timely investigations. Previously, however, the board, through no fault of its own, had to wait until an investigator had time to take a case. Even though the backlog has been reduced, the time that the board takes to close a case after it has been investigated appears to be excessive. Given the lengthy resolution process, administrators with significant problems can continue to operate nursing homes for extended periods of time. For example:

> *On March 1, 1999, the OHCQ filed a complaint charging a nursing home administrator with transferring a resident with medical complications from a Maryland facility to a Delaware facility. The complications should have deterred the transfer. The patient's family complained that the patient's complications were the result of the poor nursing care she had received in the Maryland facility. The patient died five days after the transfer due to complications from a critically low sodium level and pneumonia. The board agreed that the facts warranted investigation and initiated a complaint investigation in May 1999. The board was asked by the assistant state's attorney in July 1999 to hold off on taking any action since the State's Attorney's Office needed to devote its time to a major fraud case.*
>
> *With the case still unresolved, the board went ahead on its own and asked for the surrender of the nursing home administrator's license. In April 2000, the nursing home administrator made on offer of resolution with terms not acceptable to the board. The board wanted the nursing home administrator to surrender his license for two years and take additional training. Several offers of resolution have gone back and forth since but*

none has been accepted. The case is still pending and the administrator is free to practice until this case is resolved.

Complaints are still taking a long time to resolve because more licensees are hiring an attorney to defend them when they are notified of a complaint investigation. The board itself still has a tendency to prolong final decisions or actions on violations because the board attempts to settle cases instead of litigating them. The board's frustration with the slowness of the Office of the Attorney General to prosecute civil complaints is evidenced by a resolution directing the board's executive director to make a monthly inquiry as to the status of each case. The board essentially has no choice but to accept the services and advice offered by the Office of the Attorney General. In the past, it often took several months for the assistant attorney general assigned to the board to prepare charging documents and orders. After the orders were prepared, minor changes were made, and several more months lapsed before a final version was ready. However, this problem appears to be resolved, as the board's current assistant attorney general is meeting the board's needs by preparing charging documents and board orders in a timely manner.

The board has also had difficulty in the past when attempting to pursue criminal prosecutions. The State's Attorney's Office has not taken an aggressive approach to prosecuting violators. Non-licensees may be criminally charged for: (1) practicing without a license; (2) misrepresentation as a licensed nursing home administrator; (3) license fraud; and (4) operating a nursing home without a nursing home administrator. An individual found guilty of any of these offenses is guilty of a misdemeanor and subject to a $1,000 fine for a first offense and a $5,000 fine or six-month imprisonment for any subsequent offenses. The board has referred cases to the State's Attorney's Office for prosecution. However, the board has been advised by the State's Attorney's Office that the prosecution of these cases will be very lengthy because of the backlog of cases in general.

Recommendation 10: The board should work with the OAG and the State's Attorney's Office to examine the complaint investigation and resolution process and determine how to conclude investigations in a more timely manner and ensure that prosecution is initiated when warranted.

Statutory Restrictions Limit the Ability to Prosecute Unauthorized Practice Cases

Unauthorized practice of nursing home administration is a misdemeanor and, therefore, subject to Maryland's one-year statute of limitations for prosecuting misdemeanor offenses. Due to the length and complexity of such cases, however, it is not always possible to prosecute them within the year, and thus many cases fall through

the cracks. Cases are often not reported immediately, and investigations frequently take more than a year to complete.

The statute of limitations contains an exception for the unauthorized practice of medicine which allows prosecution for such offenses within three years of the offense. This exception should be expanded to include unauthorized practice in any health care occupation.

Further, the definition of unauthorized practice of nursing home administration currently does not include individuals who induce, aid, direct or supervise an unlicensed person in unauthorized practice. This definition should be expanded so as not to foreclose prosecution of the owners of nursing homes who are complicit in putting an unlicensed person in charge of a nursing home.

Recommendation 11: The statute of limitations should be expanded for prosecuting misdemeanor offenses under the Health Occupations Article, bringing the limitation period for nursing home administrators more in line with the statute limiting the prosecution of the unauthorized practice of medicine. In addition, the definition of unauthorized practice should be amended to include individuals who knowingly induce, aid, direct, or supervise an unlicensed nursing home administrator.

Chapter 4. Administrative Issues

The Board Needs to Improve Its Fiscal Performance

Unlike other health occupations boards, the State Board of Examiners of Nursing Home Administrators (BENHA) is supported with general funds instead of special funds. The board's fees are directly deposited into the general fund. There is no statutory requirement that this board set fees to produce funds to approximate the cost of maintaining the board. The revenue generated from all fees and services is not sufficient to cover the expenses of the board. This issue was addressed in the two prior sunset reviews. Because of the small number of licensees, it is unlikely that the board will be able to cover all of its expenses. However, the board could still make a more significant contribution to its upkeep with higher fee collections.

As shown in **Exhibit 4.1**, there has not been any significant increase in the board's actual expenditures over the last six years. The board employs two full-time individuals to fill the positions of executive director and administrative secretary. There are also two part-time positions for an investigator and an assistant attorney general. The part-time assistant attorney general that the board uses is paid for out of indirect costs. If the board were special funded, the annual deficit would be in excess of $100,000. This could be decreased if fees for applications, renewals, reinstatement, administrators-in-training, and original licenses were increased.

Exhibit 4.1
Fiscal History of the
State Board of Examiners of Nursing Home Administrators
FY 1996 - 2002

	1996	1997	1998	1999	2000	2001	2002
Total Revenues	$46,055	$46,760	$54,000	$48,955	$52,813	$44,025	$60,225
Total Costs							
Direct Costs	120,448	120,400	123,605	133,406	133,045	147,234	157,960
Indirect Costs	$33,323	$31,958	$29,507	$23,223	$26,640	$35,635	$29,768
Deficit	($107,716)	($105,598)	($99,112)	($107,674)	($106,872)	($138,844)	($127,503)

Note: FY 2002 figures are projected
Source: Governor's Budget Books, FY 1997 - 2002; final budget reports from DHMH

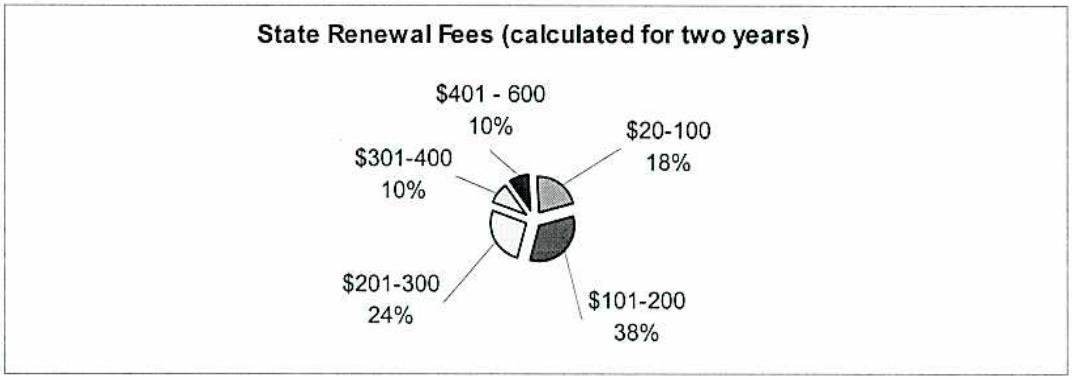
The board has not raised its fees since 1990 when it doubled licensure fees and added exam fees. **Exhibit 4.2** shows the current schedule of fees. Maryland's fees for licensure and renewal of a nursing home administrator are low in comparison to surrounding states. More than four-fifths of all states have higher renewal fees than Maryland as shown in **Exhibit 4.3**. Most states have set their renewal fees between $150 and $400 for a two-year period. For a list of all states and their renewal fees see **Appendix 7**.

Exhibit 4.2
Schedule of Fees: State Board of Examiners of Nursing Home Administrators

Initial application	$100
Original license	$100
Biennial licensure renewal	$100
Reinstatement	$100
Administrator-in-training program	$ 50
NAB examination administration	$100
State standards examination	$125

Source: Code of Maryland Regulations - 10.33.01

Exhibit 4.3
Range of Renewal Fees Charged by Other States for Nursing Home Administrators



Source: State Licensure Requirements and College Directory, NAB, 1999 and State Boards of Examiners of Nursing Home Administrators

Although the General Assembly generally has a policy of regulatory boards being self-supporting to the extent possible, this board clearly does not collect sufficient revenues to cover its expenses. As shown in **Exhibit 4.4**, a survey of states with similar numbers of licensee as Maryland reveals that most are required to be self-supporting. Renewal fees in these states range from $180 to $600 for two years. Most states renew licenses on a biennial basis; the fees for states that renew annually have been stated for a two-year period.

Exhibit 4.4

States Requiring Board of Examiners of Nursing Home Administrators to Be Fiscally Self-sufficient

State	Number of Licensees	Require Fiscal Self-sufficiency	Renewal Fee for Two Years
Alabama	520	✔	$300
Arizona	731		$240
Colorado	500	✔	$600
Iowa	731		$90
Kansas	730		$100
Louisiana	700	✔	$490
Maryland	**590**		**$100**
Mississippi	400	✔	$350
North Carolina	770	✔	$375
South Carolina	403	✔	$300
Tennessee	747	✔	$180
Virginia	699	✔	$250
Washington	481	✔	$590

Note: Fees for states that renew annually have been stated for a two-year period.

Source: State Boards of Examiners of Nursing Home Administrators

Recommendation 12: The board should develop a plan to raise fees so that its contribution to the general fund is more significant. It is unlikely that the board's revenues could equal expenses because its number of licensees is too small, but the board could close the gap between revenue and expenses. The board should focus on increasing renewal fees and possibly reinstatement fees so as to not make initial application and licensure cost-prohibitive for prospective administrators. The board should implement regulations increasing fees as required.

Board Has Not Conducted Surveys Required by State and Federal Law

The board is required to conduct continuing studies of nursing homes and nursing home administrators to improve licensing standards and procedures for enforcing those standards. Federal requirements are reflected in the State law. BENHA believes that this requirement is being accomplished adequately at the national level. Few states seem to be complying with this survey requirement except by way of tracking nursing home deficiency survey results.

The board has never conducted ongoing studies. The availability of staff may limit the degree of research that could be done. Nevertheless, it is important to document the problems that nursing home administrators are coping with so that measures can be initiated to improve the practice. If the board initiates a program of investigating nursing home administrators involved in substandard care deficiency reports, it will have sufficient information to evaluate standards of practice in Maryland.

In lieu of a formal ongoing research program, the board should meet its statutory requirements by using deficiency survey reports to evaluate the quality of practice in Maryland.

Appendix 1. Draft Legislation

Bill No.: _____
Requested: _____
Committee: _____

Drafted by: Hopwood
Typed by: Paula
Stored – 10/30/01
Proofread by _____
Checked by _____

By:

A BILL ENTITLED

AN ACT concerning

Maryland Board of Nursing Home Administrators – Sunset Extension and Program Evaluation

FOR the purpose of continuing the Maryland Board of Nursing Home Administrators in accordance with the provisions of the Maryland Program Evaluation Act (Sunset Law) by extending to a certain date the termination provisions relating to the statutory and regulatory authority of the Board; extending the statute of limitations for the prosecution of certain offenses under the Health Occupations Article; altering the composition of the Board; expanding the definition of unauthorized practice; requiring that an evaluation of the Board and the statutes and regulations that relate to the Board be performed on or before a certain date; requiring the Board to submit certain reports on or before certain dates; and generally relating to the Maryland Board of Nursing Home Administrators.

BY repealing and reenacting, without amendments,
Article – Courts and Judicial Proceedings
Section 5–106(s)
Annotated Code of Maryland
(1998 Replacement Volume and 2001 Supplement)

BY adding to

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.

Article – Courts and Judicial Proceedings

Section 5–106(y)

Annotated Code of Maryland

(1998 Replacement Volume and 2001 Supplement)

BY repealing and reenacting, with amendments,

Article – Health Occupations

Section 9–202(a) and (b), 9–401, and 9–502

Annotated Code of Maryland

(2000 Replacement Volume and 2001 Supplement)

BY repealing and reenacting, without amendments,

Article – State Government

Section 8–403(a)

Annotated Code of Maryland

(1999 Replacement Volume and 2001 Supplement)

BY repealing and reenacting, with amendments,

Article – State Government

Section 8–403(b)(43)

Annotated Code of Maryland

(1999 Replacement Volume and 2001 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Courts and Judicial Proceedings

5–106.

(s) A prosecution for an offense under § 14–601 of the Health Occupations Article of practicing, attempting to practice, or offering to practice medicine without a

license shall be instituted within 3 years after the offense was committed.

(Y) A PROSECUTION FOR A MISDEMEANOR OFFENSE UNDER TITLE 9 OF THE HEALTH OCCUPATIONS ARTICLE SHALL BE INSTITUTED WITHIN 3 YEARS AFTER THE OFFENSE WAS COMMITTED.

Article – Health Occupations

9–202.

(a) (1) The Board consists of **[**11**]** 13 members.

(2) Of the **[**11**]** 13 Board members:

(I) ONE MEMBER SHALL BE FROM THE STATE OMBUDSMAN PROGRAM IN THE DEPARTMENT OF AGING, AS AN EX OFFICIO NONVOTING MEMBER;

(II) ONE MEMBER SHALL BE FROM THE OFFICE OF HEALTH CARE QUALITY, AS AN EX OFFICIO NONVOTING MEMBER;

[(i)**]** (III) Five members shall be licensed nursing home administrators who are practicing actively and have at least 5 years experience as licensed nursing home administrators;

[(ii)**]** (IV) Two shall be individuals who are not nursing home administrators but who are engaged actively in professions that are concerned with the care of chronically ill, infirm, or aged individuals; and

[(iii)**]** (V) Four shall be consumer members.

(3) **[**Not**]** EXCEPT FOR THE EX OFFICIO MEMBERS, NOT more than two members may be officials or full–time employees of this State or of any of its political subdivisions.

(b) (1) The Governor shall appoint the consumer members with the advice of the Secretary and the advice and consent of the Senate.

(2) (i) Except for the consumer members AND THE EX OFFICIO

MEMBERS, the Governor shall appoint each Board member, with the advice of the Secretary.

(ii) The Secretary shall make each recommendation after consulting with the associations and societies appropriate to the disciplines and professions representative of the vacancy to be filled.

9–401.

Except as otherwise provided in this title, **[**a person**]** AN INDIVIDUAL may not **[**practice**]**:

(1) PRACTICE, attempt to practice, or offer to practice as a nursing home administrator in this State unless licensed by the Board; OR

(2) SUPERVISE, DIRECT, INDUCE, OR AID AN UNLICENSED INDIVIDUAL TO PRACTICE AS A NURSING HOME ADMINISTRATOR.

9–502.

Subject to the evaluation and reestablishment provisions of the Program Evaluation Act, this title and all rules and regulations adopted under this title shall terminate and be of no effect after July 1, **[**2003**]** 2013.

Article – State Government

8–403.

(a) On or before December 15 of the 2nd year before the evaluation date of a governmental activity or unit, the Legislative Policy Committee, based on a preliminary evaluation, may waive as unnecessary the evaluation required under this section.

(b) Except as otherwise provided in subsection (a) of this section, on or before the evaluation date for the following governmental activities or units, an evaluation shall be made of the following governmental activities or units and the statutes and regulations that relate to the governmental activities or units:

(43) Nursing Home Administrators, State Board of Examiners of (§ 9–201 of the Health Occupations Article: July 1, **[**2002**]** 2012);

SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Board of Nursing Home Administrators shall report to the Senate Finance Committee and the House Environmental Matters Committee on or before October 1, 2002, in accordance with § 2–1246 of the State Government Article, on the implementation of the recommendations of the Department of Legislative Services contained in the sunset evaluation report dated October 2001.

SECTION 3. AND BE IT FURTHER ENACTED, That the Maryland Board of Nursing Home Administrators shall report to the Senate Finance Committee and the House Environmental Matters Committee on or before October 1, 2003, on recommendations of the Board for the Administrator–in–Training program. The report should include an evaluation of: (1) the appropriate length of time for an Administrator–in–Training program; (2) giving more credit for related experience or appropriate education; (3) whether an Administrator–in–Training can train in a facility with 75 beds or less; and (4) how an Administrator–in–Training program can incorporate more quality of care training.

SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2002.

Appendix 2. Roster of Board Members

Joyce A. Malin, Chairman

Gloria W. Boddie-Epps

Valencia Campbell

Timothy A. Johnson

Paul E. Joyce

Janice E. Mattare

Cheryle A. Mines

Stanley H. Snow

Alan F. Stauffer, Jr.

William N. Welsh

Vacant

Office Staff

Howard E. White

Patricia A. Hannigan

Legal Counsel

S. Earlene Pendley

Appendix 3. Licensure Requirements Summary

	Licensure Requirements		AIT Training		Exam		CE Hours
State	Education	Renewal	Period	*Cert	National	State	Required
AL	BA and AIT	Annually	1000 - 2000 hrs	Yes	Yes	Yes	24/yr
AK	BA and 1 yr exp	Biennially	None	----	Yes	No	None
AZ	BA, course, AIT	Biennially	1000 hrs	No	Yes	Yes	50/2 yrs
AR	AA, or HS + exp	Annually	New program pending	Yes	Yes	Yes	20/yr
CA	MA and exp/or BA + AIT	Biennially	1000 hrs	Yes	Yes	Yes	40/2 yrs
CO	AA and AIT/BA/AA and exp	Annually	6-12 mos	Yes	Yes	Yes	None
CT	BA, courses, AIT/MA	Annually	500-900 hrs	No	Yes	Yes	None
DE	BA and AIT/AA & RN + exp	Biennially	3-12 mos	Yes	Yes	No	48/2 yrs
DC	BA degree/15 hr course/exp	Biennially	1 year	No	Yes	Yes	20/yr
FL	BA and intern or AIT	Biennially	1000 - 2000 hrs	Yes	Yes	Yes	40/2 yrs
GA	MA and AIT or exp/BA, AIT	Biennially	6 mos	Yes	Yes	Yes	40/2 yrs
HI	BA with NHA courses & AIT	Biennially	1 year	Yes	Yes	No	None
ID	BA and AIT/HS and exp	Annually	1 year	Yes	Yes	Yes	20/yr
IL	BA/AA & exp/NHA course	Biennially	None	----	Yes	Yes	36/2 yrs
IN	BA and AIT/AA LTC and AIT	Biennially	6 mos	Yes	Yes	Yes	40/2 yrs
IA	AA in LTC/NHA course	Biennially	720 hrs	No	Yes	Yes	36/2 yrs
KS	BA and 480 hr practicum	Biennially	480 hrs	Yes	Yes	Yes	60/2 yrs
KY	BA and 6 mos exp	Biennially	None	----	Yes	No	30/2 yrs
LA	AA or AIT	Biennially	6 mos	Yes	Yes	Yes	30/2 yrs
ME	BA, courses/BA in LTC	Annually	1040 hrs	Yes	Yes	Yes	24/yr
MD	BA or MA and AIT	Biennially	1 year	Yes	Yes	Yes	40/2 yrs
MA	MA in HCA/BA and AIT	Annually	1040 hrs	Yes	Yes	No	30/2 yrs
MI	BA or MI RN lic/app courses	Biennially	None	----	Yes	Yes	36/2 yrs
MN	BA with 9 courses in NHA	Annually	400	No	Yes	Yes	30/yr
MO	Educ and exp	Annually	300 hrs	Yes	Yes	Yes	20/yr
MS	AA or exp in LTC	Biennially	6 mos	Yes	Yes	Yes	40/2 yrs
MT	3,600 points of ed, exp	Annually	None	----	Yes	Yes	25/yr
NE	AA and courses, and AIT	Biennially	640 hrs	Yes	Yes	Yes	50/2 yrs
NV	Educ and exp	Biennially	1000 hrs	No	Yes	No	40/2 yrs
NH	BA & courses and AIT	Biennially	12 mos	No	Yes	Yes	25/yr
NJ	BA and exp or AIT	Biennially	450 - 1750 hrs	Yes	Yes	No	40/2 yrs

Licensure Requirements			AIT Training		Exam		CE Hours
State	Education	Renewal	Period	*Cert	National	State	Required
NM	BA and NHA courses	Annually	None	----	Yes	No	24/yr
NY	BA & exp	Biennially	1 year	Yes	Yes	Yes	No 48/2/ yrs
NC	2 yr col/courses/AIT	Biennially	12 to 50 wks	Yes	Yes	Yes	30/2 yrs
ND	BA in LTC/BA courses	Annually	480 hrs	----	Yes	No	25/yr
OH	BA, AIT or MA, BA in NHA	Annually	3 to 9 mos	No	Yes	Yes	20/yr
OK	HS, NHA courses, BA, MA	Annually	560 hrs	Yes	Yes	Yes	20/yr
OR	BA or BS	Biennially	960 hrs	Yes	Yes	Yes	60/2 yrs
PA	120 hr study/exp/training	Biennially	None	----	Yes	Yes	48/2 yrs
RI	BA w/NHA courses and AIT	Biennially	350 hrs	----	Yes	No	40/2 yrs
SC	BA in NHA & exp/BA & exp	Annually	None	----	Yes	Yes	20/ yr
SD	BA and AIT	Annually	6 mos	Yes	Yes	Yes	20/yr
TN	BA or MA in LTC/BA & AIT	Biennially	6 - 12 mos	Yes	Yes	Yes	18/yr
TX	BA, practicum, NHA course	Biennially	1000 hrs	Yes	Yes	Yes	40/2 yrs
UT	BA w/health adm courses	Biennially	1000 hrs	No	Yes	Yes	40/2 yrs
VT	AA, and/or exp	Biennially	None	----	Yes	Yes	40/2 yrs
VA	BA in NHA and AIT	Annually	2080 hrs	Yes	Yes	Yes	20/yr
WA	BA and AIT	Annually	500 - 1500 hrs	Yes	Yes	Yes	54/3 yrs
WV	BA in HA and exp	Annually	1 year	Yes	Yes	Yes	20/yr
WI	AA NHA/courses	Biennially	None	----	Yes	Yes	24/2 yrs
WY	BA and AIT	Annually	6 mos	No	Yes	No	25/yr

* Are AIT Preceptors certified by the Board?

Note: Data shown are for comparison purposes and are current as of January 2000. However, some states have since changed their requirements and may be reflected differently elsewhere in this report.

Source: American College of Health Care Administrators; reprinted with permission

Appendix 4. BENHA Survey of Licensees

Nursing Home Administrator Activity Survey

During the February 9, 2000 Board meeting, there was a discussion about the number of licensed Nursing Home Administrators in Maryland, and that the Board has not had the opportunity to do an actual survey on how many of the current 593 Nursing Home Administrators are active as NHA's; active in the health care industry, but not practicing as NHA's; working in a non-health care related area, etc.

Therefore, for statistical purposes only, the Board would very much appreciate your participating in this survey by taking a few minutes of your time and answering the following questions appropriate to your current status:

1. Active nursing home administrator in a nursing home. Yes ☐ No ☐
2. Licensed, but active in a nursing home as an assistant administrator. Yes ☐ No ☐
3. Licensed, but active in a nursing home as a department head. Yes ☐ No ☐
4. Licensed, but active in the health care industry in another capacity. Yes ☐ No ☐
5. Licensed, but active in a non-health related industry. Yes ☐ No ☐
6. Licensed, but not currently employed due to retirement, illness in family, etc. Yes ☐ No ☐
7. If not practicing as a nursing home administrator, please indicate what factors led to your decision to leave the industry:

   ☐ Dissatisfied with the health care industry.
   ☐ Inadequate compensation.
   ☐ Lack of available positions.
   ☐ Increased responsibilities/stress level.
   ☐ Other _____

Now that you have been kind enough to answer the above question(s), would you care to give a brief description of your current activities and employment as it relates to your answer(s).

Brief Description: _____

_____

_____ _____

Licensed NHA (please print) License Nº Date

Thank you very much for your participation. The information submitted by you will be used strictly for the Board's information and review. It will not be disseminated to any person, company, corporation, association, etc.

Return Form to:

Howard E. White, Executive Director
Board of Examiners of Nursing Home Administrators
4201 Patterson Avenue, Room 318
Baltimore, MD 21215-2299

Survey Results

Statistics:

1. Active nursing home administrators in a nursing home.....178

2. Licensed, but active as an assistant administrator.....18

3. Licensed, but active as a department head.....8

4. Licensed, but active in health care industry in another capacity.....75
   [See Page 2 for list of related health care positions.]

5. Licensed, but active in a non-health related industry.....3
   [Manager of a retail business/Currently with Census 2000, will then take two year sabbatical/Religious assignment.]

6. Licensed, but not currently employed.....30

   Retired.....16, Illness.....3, Family Reasons.....5, Not specified.....6

7. If not practicing - factors leading to decision *
   *Many respondents checked more than one reason from the following list:
   [See Pages 3 - 5 for comments made by respondents.]

   Dissatisfied with health care industry.....16

   Inadequate compensation.....9

   Lack of available positions.....10

   Increased responsibilities/stress level.....27

   Other.....40

Mailed survey forms to 588 licensed Nursing Home Administrators, and received 312 responses, representing a 53% response rate.

Question 4:

Responses to Question 4: licensed, but active in the health care industry in another capacity:

President and CEO of a senior housing management & consulting firm.
Regional director in charge of multi-center operations.
CEO of a nursing home & involved in long range planning, development.
VP of management services for a LTC company.
Private consultant to a facility currently seeking licensure.
Nursing professor.
Presently consulting with clients and their dept. heads for cost effective project developmental and managerial skills.
Division Director of Senior Life Services-oversee many services for seniors.
Regional director.
Chief, Nursing Home Care - VA headquarters.
Partially retired, but still Chairman of the Board for facility.
In health care field as consultant. (Multiple replies)
Director of Clinical Services for a Latino clinic.
VP of Operations & Human Resources.
Consultant to nursing home clients of CPA firm.
Hospital administrator responsible for ambulatory and acute care services.
Own/operate assisted living facility. (Multiple replies)
Operate two walk in medical centers.
Executive Director of adult day care center.
Consultant and special projects with medical health review company.
Health care consulting - provide market studies for post acute services.
Marketing and administrative services for US Army research programs.
Geriatric care manager.
CEO of community hospital.
Board of directors of SNF's.
Acute care setting.
VP retirement and healthcare services.
Senior VP of operations
Regional director of operations.
VP for senior care services for a hospital.
Information Services Director.
Charge nurse.
Pharmaceutical sales representative.
Maternal child nurse in local hospital.
Teaching graduate school and raising young children.
Teaching staff development, continuing education and consulting.
Eucharistic Minister at area hospital and volunteer in grass roots group home for juveniles ages 13 - 17

Comments:

Regulatory environment is totally out of control. There will be fewer and fewer Administrators in the years ahead. Many Administrators are looking to "get out".

I am currently practicing in a nursing facility but am looking to leaving the industry in the very near future.

Loved the work but personal issues, now have more flexible hours, summers off with children with teaching (big cut in pay, however).

I would not enjoy going back to running a nursing home due to the no win situation created by lack of understanding by so many for the industry. Something needs to be done to attract qualified - - talented administrators.

Have not left industry. Continue to enjoy the industry - was promoted to regional position in industry.

Regulations and negative feelings about long term care by public.

Decided to "downsize" myself (including pay) to return to job satisfaction for the hard work. The past 5-6 years of my 15 years as DON in nursing homes have been unbelievably stressful, due to the present "corporate revolution." We just play "musical chairs" all over the place.

After 31 years in health care, I had accomplished my career goals and it was time to enter a new phase of life. Currently retired and relaxed. Should I decide to return to gainful employment, it will be in an unrelated field. I do not intend to renew my license.

I will say if I were not fortunate enough to work at a fine place like...I would not continue to work in the industry. The stress and regulatory pressure when you work in a building that cannot afford adequate staffing and supplies is overwhelming. The federal government continues to expect facilities to do more with less - they want miracles. I have worked in these types of situations....12-hour days take a toll on a person regardless of the compensation. I will state for the record...three years ago, I was burned out and ready to leave the industry. Fortunately, as stated above, I landed in a good facility. It is also very scary to see your peers brought up on criminal charges. I think we all reflect on our career choice when things of that nature occur. More and more good, even great individuals, will leave, and have left, the industry because of these factors. Long term career is not glamorous or easy. Perhaps something should be done to address the issues administrators face on a daily basis. Thank you for the survey.

I have been in this business for 30 years, and I assure you that: I am sick and tired of individuals who are absolute morons setting the industry's agenda. These idiots have no

clue how to operate a LTC and have no clue how to run a business. They usually are total failures in life - can only create problems, not solve, and are only interested in what "feels good." These same flag wagging incompetent jerks wear their emotions on their sleeves and usually don't have a clue as to what the hell they are doing. Just look at recent state legislation going through the hopper - the language validates my comments and concerns.

It is hard to cope with all of the "negative" publicity surrounding nursing homes. It seems as if nobody (media, politicians, regulators) has any positive comments about the hard work we do on a daily basis. I am glad though that my residents and families, as well as local officials (ombudsman, health department) are pleased with the care we give.

I chose not to be an administrator due to the regulations, inability to hire staff, the 24-hour on-call responsibility, plus the intense pressure of dealing with a state survey.

Inadequate quantity and quality of direct care staff to provide good resident care.

The nursing home industry is far too regulated!!!

After serving residents for twenty years, credentials have changed and many facilities prefer a business degree and masters in NHA rather than experience.

Prefer autonomy of private practice.

Have been employed for 18 years; however, there are times due to constant changes in the health care industry, I feel Administrators don't get the recognition or compensation that correlates to the responsibilities and stress that goes with the job.

I am trying to break the State record for active nursing home administrator without being committed to a mental health facility - voluntarily or involuntarily.

I am called often for temporary assignments and will <u>never</u> consider doing this again because of the personal liability. I, like every other NHA I know, will be watching the pending case closely. My license will be renewed at my next expiration date because I have completed the needed CEU's. After that, I will not renew.

In regards to this questionnaire - If I could find something, I probably wouldn't be in the industry any longer either. No more troubled facilities for me.

Trend toward stricter regulations and reimbursement reductions gradually making it tougher and tougher.

Frustrated by trying to meet high standards of the industry with low paid, uneducated employees. To have high quality nursing homes you need high quality employees!

Moved out of state. Decided to retire rather than join the rat race in another state.

Combination of new enforcement, reduced staffing and funding and increased consumer demand. I am leaving NH administration to attend law school in August 2000, for the above reason.

Offers of positions were quite a distance from home. Would involved 3-4 hours of commuting. Other positions were in places (facilities) with major problems.

Was not ready for the everyday challenges in a skilled nursing home.

I am enjoying retirement and doubt if I will work again, but I always enjoyed my role.

At one time it was fun as well as rewarding to go to work. Recently with the changes that have taken place it has been very frustrating to say the least. Examples: Nursing Home Administrators are now having criminal suits brought against them. Medicare cuts have been a nightmare for administrators to deal with. Work ethics of our younger personnel while dealing with the elderly is not very comforting. Being on call 24 hours a day, 7 days a week, being called 11 p.m., 2 a.m., when the phone would ring in the middle of the night from the nursing home saying the fire alarm had gone off, it was terrifying, even if it was a false alarm. I was astounded at the last few seminars I have attended with so many non-practicing administrators. After speaking with them, I found their views were the same as mine for leaving their profession. Some of the reasons were the drastic changes in our profession, fear of being sued, overwhelming paperwork from the corporations, etc. The frustration involving the increased responsibilities/stress level is overwhelming.

Took advantage of an opportunity, however, I do feel that a licensed NHA currently has an extremely difficult position given the climate in the industry.

Currently administrator, but thinking about leaving because the stress level.

Corporate greed and lack of nursing care.

Too many paperwork responsibilities to have time to know my staff, residents and their families. Saw a need to care for confused/frail elderly in a much smaller environment.

Lack of job security/greed on part of nursing home owners. The bottom line was #1, not improved patient care and improved resident care.

I am not encouraged re: future of nursing homes as "stand-alone" facilities. I would prefer to work in an environment where the facility is one aspect of health care support system such as in a CCRC. Not many opportunities for open LNHA positions. I also believe the pressures are more intense for those in charge.

Afraid of being sued. I will not be renewing my license in September, 2000.

End of year contract, retired and moved out of state. Will most likely work in field.

Wanted different challenges.

Increased stress and dislike of corporations owning nursing homes.

Nursing staff shortages are a big problem in this industry. The State needs to look at this and come up with a solution.

Appendix 5. NAB: Declines in Nursing Home Administrators

National Association of Boards of Examiners
of Long Term Care Administrators
1444 I Street, NW, Suite 700, Washington, DC 20005
Tel: 202-712-9040 Fax: 202-216-9646
E-mail: NAB@bostromdc.com Web: www.nabweb.org

For Immediate Release

For more information, contact:
Randy Lindner, 202-712-9040

March 2, 2001

Nursing Home Administrators: A Vanishing Profession?

Third Year of Decline, Increasing Need, Signals Crisis-in-the-Making

Washington, D.C. – The number of long term care professionals interested in becoming administrators of skilled nursing facilities is in steep decline. The number of applicants for the National Association of Board of Examiners of Long Term Care Administrators (NAB) Nursing Home Administrator Licensing Examination has declined sharply for the third straight year. The examination is a requirement for becoming an administrator.

The NAB leadership is alarmed about this precipitous decline and its implications for the future of skilled nursing facilities. The number of exam candidates dropped 36.5 percent over the last three years from the ten-year average. Historically, the number of exam candidates averaged 3,778 from 1988 through 1997, with a high of 4640 in 1989 and a low of 3519 in 1991. The first significant decline began in 1998 with a 12% decline below the ten-year average of 3778 from 1988 to 1997. In 1999 the number declined an additional 11% from the prior year to 2975, and in 2000 a 19% decline from the prior year to 2423.

"As a long term care professional, I am deeply concerned over this steep decline in the number of new candidates entering long term care administration," said Steven Chies, Senior Vice President for Benedictine Health System, Long Term Care and Housing Division, and Secretary for the American Health Care Association. "This should be a wake-up call to America's public policymakers: they need to step up and be part of the process to address the growing crisis of long term care policy. Punitive regulatory systems, inadequate public funding, and draconian personal penalties do not attract the best and brightest candidates into long term care. This shortage is just the tip of the iceberg and demands swift and decisive leadership by all parties."

"With the nation's elderly population projected to more than double over the next 30 years, what does this decline mean to state boards who have the responsibility to ensure that the frail elderly are cared for in a safe and caring environment?" asked NAB Executive Director Randy Lindner. "Who will care for the elderly in the future if properly educated, well-trained professionals are not entering the field?"

Finding answers to that question will require a partnership between government, industry and academia to explore and identify the reasons that long term care professionals are leaving the field, and why college graduates are not considering long term care administration as a career option. With this knowledge, programs and action plans can be developed to address the issues and reverse the downward trend.

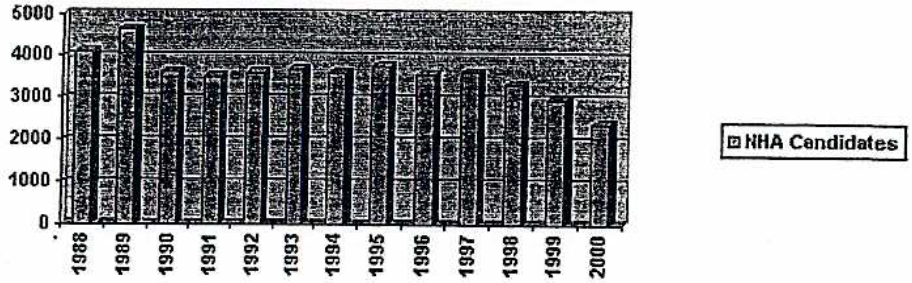
"We see dropping enrollment as a symptom of an increasingly ailing profession," said Charles H. Roadman, II, M.D., CEO and president of the American Health Care Association. "More and more I hear from my members that they're disheartened. Administrators say they are not doing what they signed on to do; they're cornered by a mountain of

regulation into spending much of their day deciphering onerous regulations and trying to comply with them. I know they'd rather spend more of their time providing hands-on management and care."

Dr. Roadman added, "This decline in people who are willing to care for our elderly does not bode well for the millions of baby boomers who will be needing care in the coming years. We hope we can work with the new Congress and Administration to address the array of problems the caregiver profession faces."

Some of the reasons for the decline appear to be obvious on the surface but require validation. Some of the reasons may be: a punitive regulatory environment; compensation commensurate with responsibility; long hours; staffing shortages; a good economy offering many attractive career options; growth of the assisted living industry; need for industry career path development programs; funding shortages; industry financial distress; and negative press.

Thanks to its members – nursing home administrator licensing boards and agencies from virtually every state and territory in the U.S. – NAB is taking the lead in calling for an exploration of, and response to, these issues. NAB members have a responsibility to ensure the health, safety and welfare of the nation's elderly.



36.5% Decline -- 1997-2000

Source: National Association of Boards of Examiners of Long Term Care Administrators (Jan 2001)

For more details about the drop in nursing home administrator exam candidates, contact NAB Executive Director Randy Lindner at 202-712-9040 (NAB@bostromdc.com).

###

NAB Education Committee
Survey Concerning Decline in Licensure Applicants

In April, the NAB Education Committee sent a survey to all of the state/jurisdiction licensing boards to determine whether they are experiencing a decline in the number of administrators entering the field of nursing home administration and what steps they might be taking to correct such a problem.

Thirty-six boards responded to the survey. Because of the nature of the survey, not all respondents answered all questions, as shown by the following summary table:

Numerical summary of responses:

Survey Question:	Total	Yes	No	% Yes	% No
1. Decline in applicants:					
a. Have seen a decline in new applicants?	36	21	15	58%	42%
b. Have seen a decline in endorsement applications?	32	12	20	38%	63%
2. Can quantify decline:	27	14	13	52%	48%
3. Changes to attract more candidates:					
a. Have changed education requirements (or plan to)?	29	5	24	17%	83%
b. Have changed AIT requirements (or plan to)?	28	9	19	32%	68%
c. Have changed endorsement requirements (or plan to)?	28	8	20	29%	71%
d. Have discontinued state exam (or plan to)?	26	2	24	8%	92%
e. Have made other requirement changes (or plan to)?	27	4	23	15%	85%
4. Outreach efforts:					
a. Have initiated outreach to trade/professional associations?	27	7	20	26%	74%
b. Have initiated outreach to academic institutions?	27	15	12	56%	44%
c. Outreach: have actively marketed the profession?	26	2	24	8%	92%
d. Outreach: other?	26	5	21	19%	81%
5. Have experienced no decline - reasons given:	27	11	16	41%	59%
6. Other information offered concerning the issue:	25	15	10	60%	40%

Summary of responses to individual questions:

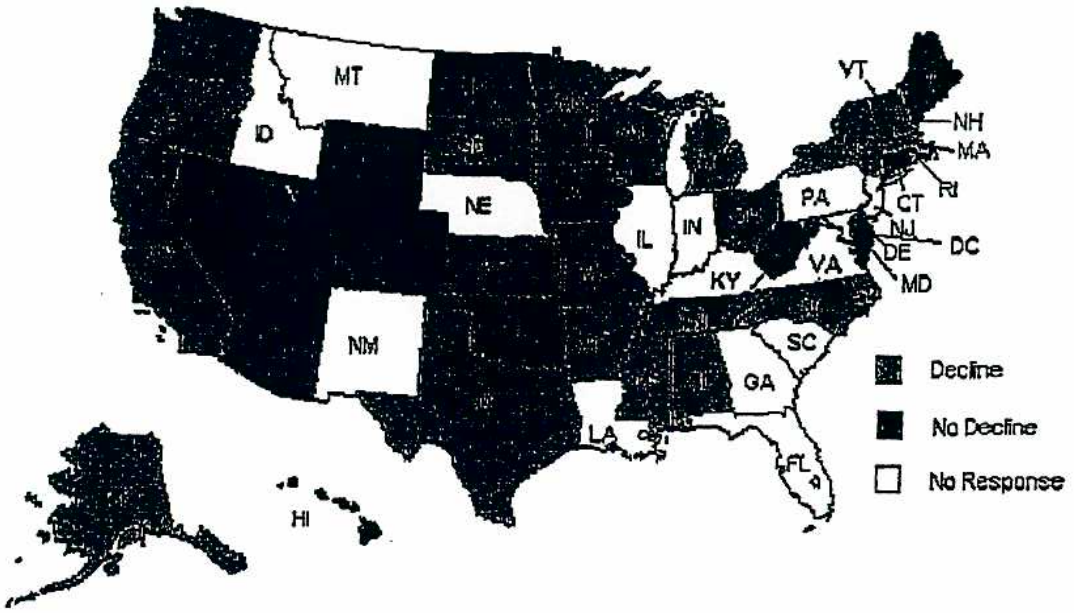
Respondents also provided a considerable amount of valuable anecdotal information. While it is not feasible to include all of that information here, the following is an attempt to capture the essence of it, including some of the specific comments included in the responses.

1. Has your licensing board experienced a decline in the number of candidates applying for licensure?

   - 36 replies received:
     - 21 (58%) experienced a decline in new applicants
     - 12 (38%) experienced a decline in endorsement applications
     - 10 (28%) experienced a decline in both new and endorsement applications
     - 11 (31%) experienced a decline in new applicants, but not in endorsement applications
     - 2 (6%) experienced a decline in endorsement applications, but not in new applicants
   - several checked no decline and did not answer further
   - several states indicated that they cannot accurately measure trends in the number of applications for licensure by endorsement

Nearly three-fifths (58%) of respondents reported experiencing a decline in new licensure applicants and more than a third (38%) experienced a decline in endorsement applicants, confirming that there is a problem. The survey results were searched to identify possible regional trends. As the map below shows, there are several large groups of states experiencing a decline, particularly in the middle of the country, and on the west coast. However, in numerous instances, neighboring states responded differently. For example, of the six New England states responding, three answered yes to a decline in new applicants, and three answered no. Similarly, Oregon said yes, while Washington said no.

NAB Education Committee Survey
States Showing Decline in New NHA Applicants



2. If yes, can you quantify the extent and time period of the decline in your state?

   - 12 said that they can quantify the decline:
     - several showed a decline of about 50% over the past 3-4 years,
     - the amount of decline ranged from 23% to 75% over a 3-5 year period.
   - Several said that they had experienced a decline in the late 1990s but it had increased or stabilized in last couple of years

3. If you have experienced a decline in licensure candidates, have you made, or are you contemplating making, any changes in your licensure requirements to attract more candidates, including:

   a. Changing education requirements to allow more potential candidates to qualify?

      - 5 have changed their education requirements:
        - allow associates degree or other bachelor's degrees + AIT
        - more flexibility in college programs qualifying
        - require less experience for candidates with degrees
        - accepting any four year degree
        - added provisional requirements to attract and assist candidates

b. Changing internship or Administrator-In-Training (AIT) requirements to allow more potential candidates to qualify?

➢ 9 have changed their AIT requirements:
- allow AIT training in lieu of experience
- allowed more flexible AIT schedules
- decreased AIT hours for some candidates with degrees
- allow AIT to be completed over longer time
- accept ACHCA AIT program
- added option of using combination of experience & education to qualify for AIT
- more flexibility in allowing substitution of experience for part of AIT
- demo program to provide financial assistance for AITs and training facility

c. Changing requirements to allow more administrators from other jurisdictions to qualify for licensure through endorsement?

➢ 8 have changed their endorsement requirements
- all 8 now accept ACHCA Certification
- one allows administrators with good record in other states to have one year provisional license prior to taking state exam

d. Discontinuing the state exam, if you have required one in the past?

➢ 2 have discontinued the state exam
- both have already done so

e. Other requirement changes?

➢ 4 have made other requirement changes:
- more flexibility for serving as Preceptor
- reviewing rules re provisional licenses and endorsements
- reducing number of CEU hours for relicensure

4. If you have experienced a decline in licensure candidates, have you initiated any outreach efforts to increase the number of licensed administrators in your state, including:

a. Joining forces with trade or professional organizations to address the issue?

➢ 7 have initiated outreach with trade/professional associations:
- exploring working with Adult Care Execs.
- 4 states are working with their state nursing home associations or other associations
- have shared info with provider associations
- working with ACHCA
- jointly developing a model AIT program

b. Joining forces with academic institutions to address the issue?

- 15 have initiated outreach efforts with academic institutions:
  - available to colleges doing research re the industry
  - several state boards are in contact with colleges to make faculty and students aware of licensing requirements
  - participation in career nights
  - trying to clarify definition of course requirements
  - working on how to do this
  - several have academics on the licensing board
  - exploring options with coordinators of the college programs

c. Actively marketed the profession?

- 2 are actively marketing the profession or working on a plan to do so

d. Other types of outreach?

- 5 have initiated other outreach:
  - mentoring article in newsletter, discussions with preceptors/AITs
  - educating administrators and schools about the decline
  - utilizing preceptors to seek additional candidates
  - monitoring the situation
  - website development for applications and regulatory information

5. If you have NOT experienced a decline in licensure applicants, to what do you attribute it, given the widespread problem in many other jurisdictions?

- Reasons for lack of decline in those states not experiencing a decline:
  - opening of new facilities. Expect a decline soon
  - candidates moving in from other states
  - changes two years ago giving more flexibility in substituting experience
  - number licensed has always been small
  - continuous growth of elderly and growing need for more administrators
  - candidates trying to beat new 4 yr. degree requirement
  - candidates trying to beat new AIT requirement
  - influx of new facilities
  - more coming from other states through endorsement

6. Is there any other information you would like to contribute to assist NAB in defining and addressing this issue?

- Other information:

  - regulatory issues need to be addressed. Much too risky a business
  - PES testing process much too lengthy, too many delays
  - examination process too cumbersome and lengthy
  - Computer-based testing too expensive
  - unstable job market, increasing regulations, increasing risk to administrators
  - growth of the more attractive "easier" assisted living field
  - increase in early 90s due to fear that OBRA regs would raise standard

- Other information (continued):

  - regulations, fear of liability, and regulatory variations among states
  - same regulatory issues as twenty years ago, plus new ones
  - decline in renewals based on burnout and the regulatory process
  - total number of licensees (new and renewal) is declining
  - computerized national exam, cost of exam, time for applicants having to schedule exam
  - need to speak positively about the rewards of the profession
  - need to look within for new licensees
  - need realistic expectations from HCFA and state surveyors
  - just one piece of a larger, more complex issue. Need comprehensive federal/state effort to determine future of long-term care in the U.S.

Observations:

The following points appear to be worth noting:

- The impact of the decline is widespread.

- The extent of the decline, or lack thereof, seems to be felt largely on a state-by-state basis. That suggests that it may have to do with variations in state licensing regulations;

- Responses indicated considerable variation in the ability of state boards to document trends;

- Some survey responses included comments questioning whether licensure regulations are tough enough;

- Several states indicated that they have made their regulations more stringent in recent years;

- A common theme coming out of the anecdotal comments is that more work is needed to market the profession, both to non-administrators (e.g., assistant administrators, nursing directors), and to newcomers. This confirms actions taken by the Education Committee at the Mid-Year meeting, and creation of a NAB marketing task force. Only two states indicated any specific effort to undertake such marketing, though others indicated in other survey answers that they are, in effect, doing some informal marketing.

This report is presented to the Education Committee for consideration of further actions based on its contents.

Appendix 6. Federal Regulations: Requirement for Notification of Deficiency Surveys

TITLE 42--PUBLIC HEALTH

CHAPTER IV--HEALTH CARE FINANCING ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES--(Continued)

PART 488--SURVEY, CERTIFICATION, AND ENFORCEMENT PROCEDURES--Table of Contents

Subpart E--Survey and Certification of Long-Term Care Facilities

Sec. 488.**325** Disclosure of results of surveys and activities.

...

(g) Information which must be provided to State by a facility with substandard quality of care.

(1) To provide for the notice to physicians required under sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Act, not later than 10 working days after receiving a notice of substandard quality of care, a SNF or NF must provide the State with a list of--

(i) Each resident in the facility with respect to which such finding was made; and

(ii) The name and address of his or her attending physician.

(2) Failure to disclose the information timely will result in termination of participation or imposition of alternative remedies.

(h) Information the State must provide to attending physician and State board. Not later than 20 calendar days after a SNF or NF complies with paragraph (g) of this section, the State must provide written notice of the noncompliance to--

(1) The attending physician of each resident in the facility with respect to which a finding of substandard quality of care was made; and

(2) The State board responsible for licensing the facility's administrator.

[59 FR 56238, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]
[Code of Federal Regulations, Title 42, Volume 3, Parts 430 to end, Revised as of October 1, 2000]
From the U.S. Government Printing Office via GPO Access
[**CITE: 42CFR488.325**]
[Pages 825-826]

Appendix 7. State Renewal Fees for Nursing Home Administrators

State	Renewal Fee
Indiana	20
New York	40
Utah	40
Massachusetts*	50
Iowa	90
Illinois	100
Kansas	100
Kentucky	100
Maryland	100
Missouri*	100
Pennsylvania	108
Michigan	120
Rhode Island	120
Washington, D.C.	120
Wisconsin	120
Georgia	125
New Hampshire	150
New Jersey	150
South Dakota	150
Hawaii	170
Delaware	172
Montana*	180
Tennessee	180
California	190
Arkansas*	200
Connecticut*	200
Nevada	200
North Dakota*	200
West Virginia*	200
Alaska	220
Florida	235
Arizona	240

State	Renewal Fee
New Mexico*	250
Texas	250
Virginia*	250
Nebraska	252
Alabama*	300
Maine*	300
Oklahoma*	300
Oregon	300
South Carolina*	300
Vermont	325
Idaho*	350
Mississippi	350
North Carolina	375
Minnesota*	400
Ohio*	420
Louisiana*	490
Washington*	590
Colorado*	600
Wyoming*	600

*Indicates state annual renewal fee adjusted to reflect two-year period for comparison

Source: State Boards of Examiners of Nursing Home Administrators

Appendix 8: Written Comments of the State Board of Examiners of Nursing Home Administrators

STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

State Board of Examiners of Nursing Home Administrators
Howard E. White, Executive Director

October 25, 2001

Mr. Warren G. Deschenaux, Director
Department of Legislative Services
Office of Policy Analysis
Maryland General Assembly
Legislative Services Building
90 State Circle
Annapolis, MD 21401-1991

Dear Mr. Deschenaux:

Thank you for your letter of October 16, 2001, enclosing a draft copy of the evaluation of the State Board of Examiners of Nursing Home Administrators.

I am responding to your letter because on January 3, 2001, the Honorable Governor Parris N. Glendening appointed me Chairperson of the Board of Examiners of Nursing Home Administrators. As requested, the draft copy has been reviewed in its entirety, and attached is a list of what the Board feels are discrepancies/factual errors for your consideration.

If you have any questions, please do not hesitate to contact the Board.

Sincerely,

Joyce A. Malin
Chairperson

JAM/pah
Attachment
cc. Dr. Georges C. Benjamin
Mr. Karl S. Aro

410-764-4750 • Fax 410-358-9187
Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us

STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

State Board of Examiners of Nursing Home Administrators
Howard E. White, Executive Director

Response to Sunset Review: Evaluation of the State Board of Examiners of Nursing Home Administrators, dated October 16, 2001:

Page 2 - Regulation of the Nursing Home Industry

The Report states that, "*A nursing home administrator is an individual who administers...*" The Board recommends adding the language to indicate "*A nursing home administrator is an individual* ***licensed by the state,*** *who administers....*"

Page 4, Fourth and Fifth Bullets

The fourth and fifth bullets should be combined to read: *"conduct a continuing study and investigation of nursing homes and administrators to improve licensing standards and procedures for enforcing these standards (42 USC § 1396 g and CFR §§ 431.700-715)."*

Page 4, Recommendation 1

The Board concurs with this recommendation.

Page 7, Recommendation 2

Although the Board agrees that there should be links between this Board and other agencies, we recommend that it be done through an open invitation to the State Ombudsman in the Department of Aging and the Office of Health Care Quality to attend scheduled meetings. We invite these agencies to forward to the Board any concerns that may arise in their course of daily responsibilities. Subsection 9-202 of Title 9 of the Health Occupations Article of the Annotated Code of Maryland stipulates that "(3) Not more than 2 members may be officials or full-time employees of this State or any of its political subdivision." The board meetings are open to these two agencies and the Board welcomes them as ex officio members of the Board. The Board feels it is inappropriate for regulatory agencies to be a part of this Board. As you are aware, the Board plays no role in the nomination or appointment of members on the Board because this is reserved for the Secretary of Health and the Governor. See Exhibit 1 - Health Occupation Boards' Composition.

410-764-4750 • Fax 410-358-9187
Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us

Response to Sunset Review Evaluation of the State Board of
Examiners of Nursing Home Administrators Dated October 16, 2001

Page 9, Maryland's Professional Standards Have Been Enhanced

The Report states in the second sentence of the opening paragraph, *"At the time of the 1981 sunset evaluation, administrators did not need more than a high school diploma and did not need to complete a specified training program."* The Board wishes to advise that there has always been a specified training program in Maryland. At one time, there were two acceptable plans of training, but the Board eliminated the assistant administrator-training program, and now uses only the formal Administrator-In-Training program.

Also, the second bullet in this section could lead to the misinterpretation that an applicant must have a baccalaureate or master's degree in health care administrator ***or*** the 100 hours of health care administration. Therefore, the Board recommends that this bullet read: *"have a baccalaureate or master's degree in health care administration or another field. If the degree is not in health care administration, applicant shall satisfactorily complete 100 hours of health care administration approved by the board;".*

Page 10, Comprehensive Administrator-in-Training Program Important but Certain Requirements Should be Modified.

Board recommends that the word "internship" replace the term "preceptorship" in the four incidences that it occurs in the first paragraph. Also the sixth sentence in this paragraph should be reworded to read as follows: "The Board makes at least one *on*-site visit within the first *half* [six months] of the *internship* to *assess* [ensure that] the program. [is being followed].

In the first sentence of the second paragraph of this section, the Board does not concur with this statement. Please refer to COMAR 10.33.01.13D(5) which states, "The applicant shall participate in training provided in not more than two duly licensed related institutions or continuing care facilities, approved by the Board for training. One of the licensed related institutions or continuing care facilities shall exceed a 75-bed capacity." The Board has approved training in facilities with less than 75-beds, but has required the trainee to gain exposure to larger facilities as stipulated in subsection (4) of this same section which states, "If there are subject areas as specified in the list of subjects provided in Regulation .09 of this chapter that are not available in a facility as required in §D(3) of this regulation, the Board may require training in other facilities." The Report states, *"Further, facilities have been downsizing or converting some of their beds to assisted living facilities, making this requirement harder to fulfill."* The Board does not have figures to substantiate this statement. At the present time, managers of assisted living facilities in Maryland are not required to be licensed. The last sentence of this paragraph states, *"...preceptors have to be employed by the facility where an AIT is training."* This statement is incorrect.

Response to Sunset Review Evaluation of the State Board of
Examiners of Nursing Home Administrators Dated October 16, 2001

COMAR 10.33.01.13D(8) states, "The preceptor may or may not be the administrator of record of the facility in which the training is to take place, but the preceptor may not be the administrator of record of a facility other than the one designated for training."

Page 11, Recommendation 3.

The Board concurs with this recommendation.

Page 12, Recommendation 4.

The Board concurs with this recommendation.

Page 13, Recommendation 5.

The Board does not concur with this recommendation. As professionals, licensed nursing home administrators should be able to select pre-approved programs to attend. These courses are developed to meet the needs of nursing home administrators. See Exhibit 2 - Approved Continuing Education Courses.

Page 13 - Additional Efficiencies Possible in Licensing Function.

The report states, *"The board has always processed licenses in a timely manner. Given that there are fewer than 600 licensees and only two staff members it may be more efficient to renew licenses once or twice a year."* The Board does not feel that this would a more efficient use of time. The few health occupation boards that still renew once or twice a year must hire additional staff during the renewal cycle to complete this task.

Page 14, Recommendation 6.

The Board will appoint a communications committee and develop guidelines for information dissemination, as the law will permit. However, to improve the newsletter and website, the Board will need necessary staff, technical support and funding.

Page 15, Recommendation 7.

The Board will continue to monitor the number of licensed nursing home administrators in Maryland. It is the Board's practice to maintain a list of available licensed nursing home administrators, however, government cannot recruit for the industry, and it is the industry's responsibility to recruit its own employees.

Response to Sunset Review Evaluation of the State Board of
Examiners of Nursing Home Administrators Dated October 16, 2001

Page 19, Recommendation 8.

It is improper for the Board to proceed with charges against an administrator prior to it being legally established that he or she, in fact, has violated the laws and regulations of the Office of Health Care Quality and the Board of Examiners of Nursing Home Administrators. The Board will establish a data bank outlining each nursing home administrator's survey deficiencies and implement a program for investigating a pattern of deficiencies.

Page 20, Exhibit 3.2

The information included on this exhibit is not accurate. New Cases for 2000 and 2001 should reflect 35 and 23 respectively.

Page 20, Recommendation 9.

The Board concurs with this recommendation. The voice mail message has already been changed, and the website has the complaint form and instructions posted.

Page 22, Recommendation 10.

The Board concurs with this Recommendation. The Board has already taken initiatives during the past two years to facilitate frequent communication with the prosecutorial division of the Office of the Attorney General, specifically with the Assistant Attorney Generals who serve as administrative prosecutors and prosecute Board cases.

Clarifications and factual corrections to some of the statements made in the discussion preceding Recommendation #10 on pages 21-22 of the Report follow:

(1) Page 21-22, regarding the case given as an example of delay: The Report states that: *"The board was asked by the assistant state's attorney in July 1999 to hold off on taking any action since the Office of the Attorney General needed to devote its time to a major fraud case."* It was the State's Attorney's Office, not the Office of the Attorney General, that was involved in the prosecution of a major fraud case. The nursing home administrator in this case was a defendant in that fraud case. The Board is actively working with the Office of the Attorney General toward resolution of this case.

(2) Page 22, first full paragraph: The Report states that: *"The Board itself still has tendency to prolong final decisions or actions on violations. This delay is primarily a result of the board's effort to settle cases instead of litigating."* The Board's effort to settle cases instead of litigating may contribute in small part to delay in bringing cases to a final decision or action, but it is certainly not the primary reason as concluded in the Report. Delays result

for a variety of reasons. For example, the Board cannot directly control the length of time required for the investigator to complete an investigation as the time required to investigate a case can vary depending upon the complexity of the case, the witnesses to be interviewed, and the documents to be subpoenaed.

Similarly, when a case is referred to the prosecutorial division of the Office of the Attorney General, the Board cannot directly control the length of time it takes for the administrative prosecutor to complete an investigation. The administrative prosecutor must thoroughly review all the evidence to determine the sufficiency of the evidence to prove the case if it goes to trial. In addition, the administrative prosecutor may be delayed in preparing and issuing a charging document because of the need to conduct additional investigation, to have the case reviewed by an expert witness, and to conduct additional witness interviews. After the charging document is issued, several more months pass while the case is awaiting trial before an administrative law judge who then takes 90 days following the trial to issue a proposed decision. Another few months are then required for the exceptions process before the Board and the preparation of the Board's Final Order.

For the above reasons, the delays in the time from opening an investigation to closure of a case cannot be attributed solely to the Board. Many of the delays that do occur are justifiable and necessary to provide time for the development of a case that can be proven should the case go to trial.

(3) Page 22, the second full paragraph reads:

"The Office of the Attorney General has not taken an aggressive approach to prosecuting violators. Any violation of Title 9 of the Health Occupations Article is a misdemeanor, and a fine of not more than $1,000 can be imposed for the first violation. Any subsequent violation of the same provision is subject to a fine of not more than $5,000 or six months imprisonment or both.

No administrator has ever been convicted of a misdemeanor. The board has referred cases to the Attorney General's Office for prosecution. However, the board has been advised by the Attorney General's Office that the prosecution of these cases will be very lengthy because of the backlog of the cases in general and that it would be better to resolve these cases by the use of a consent order."

The statement in the second sentence of the first paragraph above states that *"[a]ny violation of Title 9 of the Health Occupations Article is a misdemeanor,"* is inaccurate. Any violation of Title 9 is **not** a misdemeanor. The majority of the Board's disciplinary cases have been brought against licensees for violation of the 12 disciplinary grounds set forth in section 9-314(b) of the Act. In cases brought under section 9-314(b), the Board only has jurisdiction to take action on the violator's license, *e.g.* reprimand, suspension, probation, or revocation; it has no statutory authority to convict a licensee of a misdemeanor; impose a

fine, or order imprisonment for violating one or more of the disciplinary grounds set forth in section 9-314(b). Thus, the Report's assertion that the Office of the Attorney General has not taken an aggressive approach in obtaining misdemeanor convictions is apparently based on the erroneous assumption that the prosecutorial division of the Office of the Assistant Attorney General can obtain criminal convictions for licensees charged for violating one of the disciplinary grounds set forth in section 9-314(b) through administrative proceedings at the Office of the Administrative Hearings. This assumption is erroneous for the following legal reasons.

Pursuant to section 9-407, under subtitle 4 (entitled, "Prohibited Acts; Penalties") of the Maryland Nursing Home Administrators Licensing Act, criminal penalties of misdemeanor conviction, fine, and/or imprisonment can be imposed only upon nonlicensees who commit certain prohibited acts also set forth in subtitle 4 as follows: (1) practicing without a license (§ 9-401); (2) misrepresentation as licensed nursing home administrator (§9-402); (3) license fraud ((§9-403); (4) operating a nursing home without a licensed nursing home administrator (§ 9-404). Subtitle 4 exists to provide a means of taking action against nonlicensees who commit fraudulent acts that the Board cannot otherwise sanction because they hold no license. Contrary to what is asserted in the report, the Office of the Attorney General cannot prosecute these cases. A criminal conviction for any of the prohibited acts in subtitle 4 of the Act can only be obtained by referring these cases to the State's Attorney's office for prosecution in the criminal court system. Once referred, the State's Attorney assigned to the case makes all subsequent decisions regarding how the case will proceed. For example, the State's Attorney assigned to the case may decline to even prosecute these cases because of a heavy caseload consisting of much more serious crimes, such as murder, rape, and drug offenses. If the State's Attorney decides to prosecute, the State's Attorney decides whether or not to plea bargain or otherwise settle the case rather than taking to trial.

Even if the State's Attorney takes a case referred by the Board for unauthorized practice, another major obstacle to criminal prosecution is presented by the one-year statute of limitations in Md. Code Ann., Court & Judicial Proceedings Article § 5-106. The Board's investigation of a case must precede referral to the State's Attorney's and often takes the better part of a year. Thus, if a criminal conviction is to be obtained, the Board would have only a few months to complete its investigation and refer it to the State's Attorney's Office who would then have to act very quickly. As noted in the following response to Recommendation #11, the Board has already drafted a proposed amendment to section 5-106(s) of the Courts & Judicial Proceeding Article to extend this time limitation from one to three years and intends to introduce this amendment during the 2003 legislative session.

(4) Page 22, third full paragraph: The Report attributes the responsibility for preparation and issuance of Board orders and charging documents together and is apparently based on the erroneous assumption that the same division within the Office of

the Attorney General is responsible for the preparation of both. In reality, the Board receives legal representation from two different divisions with the Office of the Attorney General. The Board receives legal representation from an assistant attorney general within the Board Counsel division of the Office of the Attorney General who serves as counsel to the Board and provides legal advice to the Board on legal issues that arise in its overall operations, but primarily regarding licensure and disciplinary matters. As discussed previously, the Board also receives legal representation from administrative prosecutors in the prosecutorial division of the Office of the Attorney General in the prosecution of cases that the Board charges.

(5) Page 22, fourth full paragraph: The Report discusses problems with the timeliness of the legal services, specifically the preparation and finalization of legal documents that the Board receives from the Office of the Attorney General. However, as the Report points out in this paragraph, the problem of timeliness of preparation of documents "appears to be resolved as the Board's current assistant attorney general is meeting the board's needs."

Page 23, Recommendation 11.

The Report reads, *"The statute of limitations should be expanded for prosecuting misdemeanor offenses under the Health Occupations Article, bringing the limitation period more in line with the statute limiting the prosecution of the unauthorized practice of medicine."* The Board concurs with this recommendation, and attempts were made to introduce this amendment to the law, however, the Board did not gain sufficient support to introduced this amendment during the 2002 legislative session. The Board will try to introduce this amendment during the 2003 legislative session.

Page 28, Recommendation 12.

The Board will evaluate the fee structure so that its contribution to the general fund better reflects the cost of processing.

State Board of Examiners of Nursing Home Administratofs
Response to Susnet Evaluation
Exhibit 1 - Health Occupation Boards' Composition

Health Occupation Boards' Composition

Board	Professionals	Consumers	Other	Total
Acupuncture	5	2	0	7
Audiology/Speech/ Hearing Aid	3 of each	2	2 Otolaryngologists	7
Chiropractor	5	2	0	7
Dental	9	3	3 Dental Hygienists	15
Dietetic	7*	2	0	9
Electrologist	4	1	0	5
Mortician	8	4	0	12
Occupational Therapist	4	2	1 OT Assistant	7
Optometry	5	2	0	7
Pharmacy	10	2	0	12
Physical Therapy	5	2	1 PT Assistant	8
Physician Quality Assur.	11**	3***	1 Representative of DHMH	15
Podiatry	5	2	0	7
Professional Counselor	5	2	1 Marriage & Family Therapist. 1 Licensed Alcohol & Drug 1 Alcohol & Drug Advisor	10
Psychologist	7	2	0	9
Social Worker	9****	2	0	11

*All seven are licensed dietitians or nutritionists, one must be engaged primarily in clinical dietetic practice, one in community of public health dietetic practice, one in administrative dietetic practice, one in consulting dietetic practice, one must be a faculty member in the field of dietetics or nutritional sciences, and two licensed nutritionists who may not be registered dietitians.
**One physician must be appointed by Governor.
***One consumer member must be knowledgeable in risk management and quality assurance
****One licensed Social Worker must from DHR.

State Board of Examiners of Nursing Home Administrators
Response to Sunset Evaluation
Exhibit 1 - Approved Continuing Education Programs

Programs Approved by the National Association of Long Term Care Administrators Scheduled to be held in Maryland during the Calendar year of 2001:

Medical Direction and Practice in Long Term Care
Approval number: 01011-052-RS
Approved hours: 5.0
Date: Saturday, January 06, 2001
Baltimore, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Dementia Care Grand Rounds 2002
Approval number: 01091-273-6
Approved hours: 6.0
Date: Tuesday, January 09, 2001
Sykesville, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

Medicaid And Medicare In Baltimore, Maryland
Approval number: 01101-860-6
Approved hours: 6.0
Date: Wednesday, January 10, 2001
Baltimore, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell
715/833-3940

Confidentiality of Medical Records in Maryland
Approval number: 01111-968-6
Approved hours: 6.0
Date: Thursday, January 11, 2001
Annapolis, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell
715/833-3940

Resident Assessment Protocols
Approval number: 01221-121-6
Approved hours: 6.0
Date: Wednesday, January 24, 2001
Hunt Valley, MD
National Institute for Health and Human Services
Contact: Sandra Schneider
315/422-3700

Basic ICD-9 Coding & an Overview of HCPCS Coding
Approval number: 01011-054-RS
Approved hours: 6.0
Date: Friday, January 26, 2001
Annapolis, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
301/490-8413

Improving Quality of Care Through Clinical Practice
Approval number: 01011-052-RS
Approved hours: 6.0
Date: Tuesday, January 30, 2001
Baltimore, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Care Planning Simplified
Approval number: 02021-175-3
Approved hours: 3.0
Date: Thursday, February 01, 2001
Towson, MD
Foundation for Health Care, Inc.
Contact: Brenda Bates
410/337-7400

2001 Maryland Public Policy Forum
Approval number: 01011-052-RS
Approved hours: 5.0
Date: Monday, February 05, 2001
Baltimore, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle 410/381-2401 x20

Dementia Care Grand Rounds 2002
Approval number: 01091-273-6Approved hours: 6.0
Date: Tuesday, February 06, 2001
Sykesville, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

Confidentiality of Medical Records in Maryland
Approval number: 02131-053-6
Approved hours: 6.0
Date: Tuesday, February 13, 2001
Baltimore, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell
715/833-3940

MDS & Resident Care Plans: The HEART of the Survey Process
Approval number: 05020-845-6
Approved hours: 6.0
Date: Thursday, February 22, 2001
Baltimore, MD
Medical Educational Services (MEDS)
Contact: Tristan Colonna
262/798-5242

MOSH/OSHA Compliance Update
Approval number: 02271-063-6
Approved hours: 6.0
Date: Tuesday, February 27, 2001
Baltimore, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell 715/833-3940

Osteoporosis: Falls, Fractures & Mortality
Approval number: 01011-054-RS
Approved hours: 6.0
Date: Tuesday, February 27, 2001
Annapolis, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
301/490-8413

Time Off in Maryland: State and Federal Laws on Employee Leave, Vacations, and Holidays
Approval number: 02281-055-6
Approved hours: 6.0
Date: Wednesday, February 28, 2001
Annapolis, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell
715/833-3940

Food Sanitation Certification
Approval number: 01011-054-RS
Approved hours: 16.0
Date: Friday, March 02, 2001 - Friday, March 23, 2001
Annapolis Junction, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

Confidentiality of Medical Records in Maryland
Approval number: 03061-062-3
Approved hours: 3.0
Date: Tuesday, March 06, 2001
Rockville, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell
715/833-3940

Dementia Care Grand Rounds 2002
Approval number: 01091-273-6
Approved hours: 6.0
Date: Tuesday, March 06, 2001
Sykesville, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

Multi-Role & Multi-Task Challenges
Approval number: 03091-385-4
Approved hours: 4.0
Date: Friday, March 09, 2001
Baltimore, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

Service Organization and Business Corporation
Approval number: 03011-081-6
Approved hours: 6.0
Date: Wednesday, March 14, 2001
Columbia, MD
BetterLife,Inc.
Contact: Leo M. Van Everbroeck
215/942-7929

Care Planning Simplified
Approval number: 02021-175-3
Approved hours: 3.0
Date: Thursday, March 15, 2001
Towson, MD
Foundation for Health Care, Inc.
Contact: Brenda Bates
410/337-7400

MDS - The Key to Facility Survival
Approval number: 03221-221-3
Approved hours: 3.0
Date: Thursday, March 22, 2001
Towson, MD
Foundation for Health Care, Inc.
Contact: Brenda Bates
410/337-7400

What's Hot in Long Term Care?
Approval number: 01011-052-RS
Approved hours: 5.0
Date: Friday, March 23, 2001
Columbia, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

2001 Mid-Atlantic Pain Management Conference
Approval number: 01011-052-RS
Approved hours: 6.0
Date: Friday, March 30, 2001
Baltimore, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Dementia Care Grand Rounds 2002
Approval number: 01091-273-6
Approved hours: 6.0
Date: Tuesday, April 03, 2001
Sykesville, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

The Contemporary Concepts of Corporations
Approval number: 04041-082-6
Approved hours: 6.0
Date: Wednesday, April 18, 2001
Columbia, MD
BetterLife,Inc.
Contact: Leo M. Van Everbroeck
215/942-7929

Rehab PPS - How to Master the Changes
Approval number: 04181-397-5
Approved hours: 5.0
Date: Thursday, April 19, 2001
Baltimore, MD
AmeriNet Central
Contact: Gretchen Bacco
724/772-7226

Excellence in Patient Safety
Approval number: 01011-054-RS
Approved hours: 6.0
Date: Monday, April 23, 2001
Baltimore, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

Excellence in Patient Safety
Approval number: 010111-054-RS
Approved hours: 6.0
Date: Monday, April 23, 2001
Baltimore, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390x 101

Dementia Care Grand Rounds 2002
Approval number: 01091-273-6
Approved hours: 6.0
Date: Tuesday, May 01, 2001
Sykesville, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

Health Care System: Friend or Foe?
Approval number: 05041-594-5
Approved hours: 5.0
Date: Friday, May 04, 2001
BWI Airport/Sheraton, MD
Maryland Gerontological Association
Contact: Susan Seim
410/560-7450

MANPHA's 20th Annual Conference: A Greater Dignity
Approval number: 01011-052-RS
Approved hours: 22.0
Date: Tuesday, May 08, 2001 - Friday, May 11, 2001
Ocean City, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Plan For the Future Seminar: "Preventing Medication Errors: An Operational Plan For Excellence"
Approval number: 03161-390-5
Approved hours: 5.0
Date: Tuesday, May 22, 2001
Linthicum Heights, MD
NeighborCare
Contact: Terry Logan
732/572-2000

Handling Change Effectively
Approval number: 05091-095-6
Approved hours: 6.0
Date: Wednesday, May 23, 2001
Columbia, MD
BetterLife,Inc.
Contact: Leo M. Van Everbroeck 215/942-7929

Medical Directors and Physician Services Regulation
Approval number: 01011-054-RS
Approved hours: 5.0
Date: Thursday, May 24, 2001
Linthicum Heights, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390x 101

Basic ICD-9 Coding and an Overview of HCPCS Coding
Approval number: 010111-054-RS
Approved hours: 6.0
Date: Friday, May 25, 2001
Annapolis, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
301/490-8413x 101

NSCA Certification Program for Nurse Assessment Coordinator
Approval number: 03011-329-14
Approved hours: 14.0
Date: Thursday, May 31, 2001 - Saturday, June 02, 2001
Baltimore, MD
National Assn for Subacute/Post Acute Care
Contact: Judy L. Redding
410/661-5826

Food Sanitation Certification
Approval number: 01011-054-RS
Approved hours: 16.0
Date: Friday, June 01, 2001 - Friday, June 22, 2001
Annapolis Junction, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

Dementia Care Grand Rounds 2002
Approval number: 01091-273-6
Approved hours: 6.0
Date: Tuesday, June 05, 2001
Sykesville, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

Survivor Island of the Survey Process
Approval number: 01011-052-RS
Approved hours: 3.0
Date: Tuesday, June 05, 2001
Baltimore, MD
The Beacon Institute Inc
Contact: Cynthia Pyle
410/381-2401x 20

Committed to Compliance: Surviving the Challenges of Compliance Through Strong Communication and Camaraderie
Approval number: 05081-633-5
Approved hours: 5.0
Date: Wednesday, June 06, 2001
Clarksville, MD
Genesis Hospitality Services
Contact: Andrew Pron
410/494-8175

SOS: Stimulating Operational Solutions
Approval number: 06071-795-5
Approved hours: 5.0
Date: Thursday, June 07, 2001
Greenbelt, MD
District of Columbia Health Care Association
Contact: Janine Finck
202/547-5772

Staying Alive Minimizing Loss and Maximizing Potential
Approval number: 01011-054-RS
Approved hours: 6.0
Date: Thursday, June 07, 2001
Baltimore, MD
Health Facilities Association Of Maryland
Contact: Patty Stehle
410/792-4390x 101

Admissions to Billing in Long Term Care
Approval number: 01011-052-RS
Approved hours: 3.0
Date: Wednesday, June 20, 2001
Columbia, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Fundamentals of MD Medicaid Billing for LTC
Approval number: 01011-052-RS
Approved hours: 4.0
Date: Wednesday, June 20, 2001
Columbia, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Guidelines for the Maryland Preceptor AIT Program
Approval number: 01011-052-RS
Approved hours: 8.0
Date: Thursday, June 21, 2001
Columbia, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Estate & Elder Law Planning in Maryland
Approval number: 06221-522-5
Approved hours: 5.0
Date: Friday, June 22, 2001
Annapolis, MD
Medical Educational Services (MEDS)
Contact: Tristan Colonna
262/798-5242

Medical Direction and Practice in Long Term Care
Approval number: 01011-052-RS
Approved hours: 5.0
Date: Friday, June 22, 2001
Baltimore, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle 410/381-2401 x20

Maryland Medicaid Reimbursement
Approval number: 01011-054-RS
Approved hours: 3.0
Date: Tuesday, July 10, 2001
Hagerstown, MD
Health Facilities Association Of Maryland
Contact: Patty Stehle
410/792-4390x 101

Maryland Medicaid Reimbursement
Approval number: 01011-054-RS
Approved hours: 3.0
Date: Tuesday, July 17, 2001
Towson, MD
Health Facilities Association Of Maryland
Contact: Patty Stehle
410/792-4390x 101

Back to the Basics: Medicare
Approval number: 01011-052-RS
Approved hours: 7.0
Date: Wednesday, July 18, 2001
Columbia, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Function and Dynamics of Personal, Prof'l and Organizat'l Negotiation Specific to the Long Term Care Facility
Approval number: 06201-612-6
Approved hours: 6.0
Date: Wednesday, July 18, 2001
Columbia, MD
BetterLife,Inc.
Contact: Leo M. Van Everbroeck
215/942-7929

Maryland Medicaid Reimbursement 101
Approval number: 01011-052-RS
Approved hours: 5.0
Date: Wednesday, July 18, 2001
Baltimore, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Maryland Medicaid Reimbursement
Approval number: 01011-054-RS
Approved hours: 3.0
Date: Thursday, July 19, 2001
Hyattsville, MD
Health Facilities Association Of Maryland
Contact: Patty Stehle
410/792-4390x 101

Maryland Medicaid Reimbursement 101
Approval number: 01011-052-RS
Approved hours: 5.0
Date: Thursday, July 19, 2001
Hagerstown, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Nursing-Home Malpractice in Maryland: Successful Case Management From Investigation to Trail
Approval number: 07251-739-6
Approved hours: 6.0
Date: Wednesday, July 25, 2001
Baltimore, MD
NBI, Inc.
Contact: Jamie Larsheid
715/835-8525

Communication as the Process of Conversations that Actualize the Organization
Approval number: 07251-611-6
Approved hours: 6.0
Date: Wednesday, August 08, 2001
Columbia, MD
BetterLife,Inc.
Contact: Leo M. Van Everbroeck
215/942-7929

Business Office Staff and the Cost Report Process
Approval number: 01011-052-RS
Approved hours: 6.0
Date: Wednesday, August 15, 2001
Columbia, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Time Off in Baltimore, Maryland: State and Federal Laws on Employee Leave, Vacations and Holidays
Approval number: 08211-766-6
Approved hours: 6.0
Date: Tuesday, August 21, 2001
Baltimore, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell
715/833-3940

SNF and Therapy Coding
Approval number: 01011-052-RS
Approved hours: 6.0
Date: Wednesday, August 29, 2001
Columbia, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Dementia Care Grand Rounds 2001
Approval number: 09051-027-4
Approved hours: 4.0
Date: Wednesday, September 05, 2001
Sykesville, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

Time Off in Rockville, Maryland: State and Federal Laws on Employee Leave, Vacations and Holidays
Approval number: 09061-673-6
Approved hours: 6.0
Date: Thursday, September 06, 2001
Rockville, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell 715/833-3940

Food Sanitation Certification
Approval number: 01011-054-RS
Approved hours: 16.0
Date: Friday, September 07, 2001 - Friday, September 21, 2001
Annapolis Junction, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

Ensuring Adequacy of Mental Health
Approval number: 01011-052-RS
Approved hours: 3.0
Date: Wednesday, September 12, 2001
Adamstown, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Quality of Life-Quality of Care: The Essential Yet Elusive Goal of Nursing Home Administration
Approval number: 08221-593-6
Approved hours: 6.0
Date: Wednesday, September 12, 2001
Columbia, MD
BetterLife,Inc.
Contact: Leo M. Van Everbroeck
215/942-7929

MDS Advanced: Beyond the Basics
Approval number: 09131-963-6
Approved hours: 6.0
Date: Thursday, September 13, 2001
Hagerstown, MD
Allegany College of Maryland
Contact: Mary Huebner
301/784-5533

MDS Advanced: Beyond the Basics
Approval number: 09131-963-6
Approved hours: 6.0
Date: Thursday, September 20, 2001
Largo, MD
Allegany College of Maryland
Contact: Mary Huebner
301/784-5533

Serv-Safe Sanitation RE-Certification
Approval number: 01011-054-RS
Approved hours: 6.0
Date: Friday, September 21, 2001
Columbia, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

2001, An Assisted Living Odyssey
Approval number: 09231-131-13
Approved hours: 13.0
Date: Sunday, September 23, 2001 - Tuesday, September 25, 2001
Solomons, MD
Maryland Assisted Living Association
Contact: Heather Drazin
410/290-8098

Basic ICD-9 Coding and an Overview of HCPCS Coding
Approval number: 010111-054-RS
Approved hours: 6.0
Date: Friday, September 28, 2001
Annapolis, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
301/490-8413x 101

MDS Advanced: Beyond the Basics
Approval number: 09131-963-6
Approved hours: 6.0
Date: Tuesday, October 02, 2001
Columbia, MD
Allegany College of Maryland
Contact: Mary Huebner
301/784-5533

Dementia Care Grand Rounds 2001
Approval number: 09051-027-4
Approved hours: 4.0
Date: Wednesday, October 03, 2001
Sykesville, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

Detecting,Preventing&Investigating Abuse & Neglect
Approval number: 01011-054-RS
Approved hours: 7.0
Date: Tuesday, October 09, 2001
St. Michaels, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

Patients Rights In Maryland
Approval number: 10091-905-6
Approved hours: 6.0
Date: Tuesday, October 09, 2001
Baltimore, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell
715/833-3940

Detecting,Preventing&Investigating Abuse & Neglect
Approval number: 01011-054-RS
Approved hours: 7.0
Date: Thursday, October 11, 2001
Linthicum, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

MDS Advanced: Beyond the Basics
Approval number: 09131-963-6
Approved hours: 6.0
Date: Friday, October 12, 2001
Salisbury, MD
Allegany College of Maryland
Contact: Mary Huebner
301/784-5533

Detecting, Preventing & Investigating Abuse & Neglect
Approval number: 01011-054-RS
Approved hours: 7.0
Date: Monday, October 15, 2001
Hagerstown, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

Medicaid & Medicaid Planning in Maryland
Approval number: 10191-843-5
Approved hours: 5.0
Date: Friday, October 19, 2001
Baltimore(Townson), MD
Medical Educational Services (MEDS)
Contact: Tristan Colonna
262/798-5242

HFAM's 53rd Annual Convention and Exposition
Approval number: 01011-054-RS
Approved hours: 16.0
Date: Tuesday, October 23, 2001 - Friday, October 26, 2001
Ocean City, MD
Health Facilities Association Of Maryland
Contact: Patty Stehle 410/792-4390x 101

Collection Law For The Health Care Industry In Maryland
Approval number: 10251-836-6
Approved hours: 6.0
Date: Thursday, October 25, 2001
Annapolis, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell
715/833-3940

Resolving Medication Issues in Assisted Living
Approval number: 01011-052-RS
Approved hours: 5.0
Date: Tuesday, October 30, 2001
Baltimore, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Putting the SUPER in Supervision
Approval number: 01011-052-RS
Approved hours: 12.0
Date: Wednesday, October 31, 2001 - Thursday, November 01, 2001
Columbia, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle 410/381-2401 x20

Legal Issues Concerning Wound Care
Approval number: 01011-054-RS
Approved hours: 5.0
Date: Thursday, November 01, 2001
Columbia, MD
Health Facilities Association Of Maryland
Contact: Patty Stehle
410/792-4390x 101

MDS Advanced: Beyond the Basics
Approval number: 09131-963-6
Approved hours: 6.0
Date: Friday, November 02, 2001
Cumberland, MD
Allegany College of Maryland
Contact: Mary Huebner
301/784-5533

Serv-Safe Sanitation Certification
Approval number: 01011-054-RS
Approved hours: 16.0
Date: Friday, November 02, 2001
Columbia, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

Compliance Coding for Skilled Nursing & LTC Facil.
Approval number: 01011-054-RS
Approved hours: 3.0
Date: Tuesday, November 06, 2001
Columbia, MD
Health Facilities Association Of Maryland
Contact: Patty Stehle
410/792-4390x 101

Dementia Care Grand Rounds 2001
Approval number: 09051-027-4
Approved hours: 4.0
Date: Wednesday, November 07, 2001
Sykesville, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

Legal and Financial Issues of Long Term Care for the Elderly in Maryland
Approval number: 11091-065-6
Approved hours: 6.0
Date: Friday, November 09, 2001
Columbia, MD
Health Education Network, LLC
Contact: Lois J. Postlewaite
715/839-8055

Serv-Safe Sanitation Certification (Part 2)
Approval number: 01011-054-RS
Approved hours: 16.0
Date: Friday, November 09, 2001
Columbia, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

Optimizing End of Life Care
Approval number: 01011-052-RS
Approved hours: 6.0
Date: Saturday, November 10, 2001
Baltimore, MD
The Beacon Institute, Inc.
Contact: Cynthia Pyle
410/381-2401 x20

Eden Alternative Associate Training
Approval number: 07131-727-21
Approved hours: 21.0
Date: Tuesday, November 13, 2001 - Thursday, November 15, 2001
Baltimore, MD
Eden Alternative, Inc.
Contact: Brenda May
607/674-5232

MDS Beyond the Basic Assessment
Approval number: 01011-054-RS
Approved hours: 5.0
Date: Tuesday, November 13, 2001
Columbia, MD
Health Facilities Association Of Maryland
Contact: Patty Stehle
410/792-4390x 101

Mission Possible: Delivering Customer Satisfaction through a strong Pro-Employee Culture
Approval number: 10231-223-5
Approved hours: 5.0
Date: Tuesday, November 13, 2001
Clarksville, MD
Genesis Hospitality Services
Contact: Andrew Pron
410/494-8175

A Plan for the future Conference "How Do You Spell Relief: Insights in pain Management"
Approval number: 09061-048-5
Approved hours: 5.0
Date: Thursday, November 15, 2001
Linthicum Heights, MD
NeighborCare
Contact: Terry Logan 732/572-2000

Serv-Safe Sanitation Certification (Part 3)
Approval number: 01011-054-RS
Approved hours: 16.0
Date: Friday, November 16, 2001
Columbia, MD
Health Facilities Association of Maryland
Contact: Patty Stehle
410/792-4390 x101

Dementia Care Grand Rounds 2001
Approval number: 09051-027-4
Approved hours: 4.0
Date: Wednesday, December 05, 2001
Sykesville, MD
The Copper Ridge Institute, Inc.
Contact: Alva Baker
410/552-3208

Medicaid and Medicare in Maryland
Approval number: 01112-264-6
Approved hours: 6.0
Date: Friday, January 11, 2002
Baltimore, MD
Lorman Business Center, Inc.
Contact: Kari J. Campbell
715/833-3940

MDS Advanced: Beyond the Basics
Approval number: 09131-963-6
Approved hours: 6.0
Date: Friday, February 08, 2002
Baltimore, MD
Allegany College of Maryland
Contact: Mary Huebner
301/784-5533

WoundCare Seminar: Developing a Blueprint, Building a Foundation, Constructing a " House"
Approval number: 01152-946-20
Approved hours: 20.0
Date: Tuesday, April 30, 2002 - Thursday, May 02, 2002
Baltimore, MD

Approved Correspondence Courses

Ethics	6
Quality Management - Level I	8
Quality Management - Level II	8
Quality Management - Level III	8
Management - Level I	4
Management: Level II	8
Fundamentals of Documentation	10
Writing a Business Plan	8
Strategic Planning	4
How to Make Meetings Work	6
Benchmarking - - Understanding the Basics	6

Sponsored by: Professional Services Consultants, Inc., Contact: Mr. G. Louis Ruppersberger - (410) 838-2725

Organizational Process in the Health Care Facility	8
The Art of Management: A Primer for All Managers	6
Managing Difficult People	6
Business Success in the 21st Century	7
Staff Development: Training and Continuing Education	6

Sponsored by: Center to Promote Health Care Studies, Inc. Contact: John E. Baer - (914) 725-4893

Getting Control of Life's Treadmill: Keys to Freedom and Success in Your Life and Work	7
Understanding Death	8
Hiring and Firing with Confidence	5
Powers of Words	7
Communication Skills Using Body Language	7
Managers Are Human Too	6
Personality Portraits	7
Learning to be a Better Speaker	5
Business Etiquette	8
To be 80!	8

Exhibit 1 - Approved Continuing Education Programs

Small Stuff	8
I'm Just Not You! A Study in Diversity	12
People Like You, People Like Me	14
Sponsored by: Medical Update Contact: Leslie Oyler - (423) 926-6612, or (888) 359-9600	
Power Tools for Long-Term Care Marketing	8
Privilege & Responsibility: Working in a Nursing Home	6
From Soup to Nuts: The Best Practices for Finding, & Keeping Health Care Employees	6
Sailing to Your Success	5
The Nursing Home & the Resident's Relatives	5
Providing & Receiving Consultation in Long-Term Care	4
A Personal Orientation Manual for the NHA	6
Avoiding Deficiencies, Fines and Penalties as a Result of Investigations by Licensing Agencies	3
Ethics In Health Care	5
The Winning Administrator	8
Dying, Death, and Loss in Long-Term Care	6
The Long-Term Care Family Manual	5
Enhancing Your Knowledge of Health Care Administration	12
Risk Management in Long-Term Care	5
Enhancing Self Esteem of the Nursing Home Resident	4
Home Study Program for Health Care Administrators	15
Marketing for Profitable Results	8
Advance Directives: What, When, Who & A Lot More	6
Supervision in Heathcare Facilities	6
Public Relations in Health Care	6
Satisfaction Surveys in Long Term Care	12
Nursing Home Federal Requirements and Guidelines to Surveyors	12
AIT/Preceptor Programs for HC Administrator	12
Keeping in Touch with the Community	2
Sponsored by: SIR, Contact: Dr. Robert W. Haacker - (318) 746-8407	
How to Protect a Facility's Legal Rights in a Government Investigation	1
What Administrators Need to Know about the Fair Labor Standards Act	3
Quality of Care and Resident Rights Risk Management: Use of the OIG Corporate Compliance Guidelines and Surveyor Investigative Protocols	3
When the Union Knocks: How to Respond to a Union Organizing Campaign	1
A Practical Approach to Labor Negotiations	1
An Overview of the Medicare Balanced Budget Act of 1997 and the Balanced Budget Act of November 1999	2
Venture Capital	2
Show Me the Money, Show Me the Way	2
Health Care Fraud: Potential Pitfalls for Healthcare Providers	1
What Nursing Home Owners Need to Know About Assisted Living	2
Capital for the Small and Medium Sized Providers	1
The Ten Commandments of Accounts Receivable Management	1
Nursing Facility Managed Care Contracts	2
Knowing Your Financing Options	1
LTC/The Internet and Your Advertising Dollar	1
Establishing an Outpatient Rehabilitation Unit	2
Prospective Payment System/A Strategy for Success	2
Health Care Fraud, Abuse and the Compliance Committee	2
Critique of Regulatory Changes Affecting Nursing Home Operations	2
Pharmacy and the Medicare Prospective Payment System: Creating Positive Outcomes with Minimal Disorder	2
Automation Solutions for the Balanced Budget Act of 1997	2
Survey Certification and Enforcement - The Final Rule	1
How to Comply with the Ergonomics Component of the OSHA Special Emphasis Program in Nursing Homes	2
Implementing Medicare's New Prospective Payment System	3
Specific Problems Facing Nursing Home Administrators in Workmen's Compensation	2
Quality Assurance Committee	1
Subtleties of Patient Abuse	2
Critical Pathways - A Key to the Future	1
MDS 2.0	3
Taking the Mystery out of the JCAHO Survey Process	2
Should Your Facility Seek C.A.R.F. Accreditation?	2
Sponsored by: Evaluation Associates, Phone (508) 746-7641	

Exhibit 1 - Approved Continuing Education Programs

Programs Approved by the Maryland Board of Examiners of Nursing Home Administrators for the Calendar Year of 2001:

February 5, 2001
"Communicating for Results in the Nursing Home Environment"
6½ Hours, Folder #2678
Hampton Inn, Annapolis, MD
Sponsored by: Miriam Kimball Training
Contact: Miriam Kimball
Phone (301) 934-4383

February 26, 2001
"Nursing Home Administrator's Guide to Developing Emotional Intelligence"
6½ Hours, Folder #2679
Hampton Inn, Annapolis, MD
Sponsored by: Miriam Kimball Training
Contact: Miriam Kimball:
Phone (301) 934-4383

March 7, 2001
"Behavioral Symptom Management in Long Term Care: From Dilemma to Discovery"
5½ Hours, Folder #2681
Martinsburg, WV
Chesapeake Health Education Prog.
Contact: Eileen V. Savage
Phone: (410) 642-1857

March 8, 2001
"The Basics of Residents' Rights: Cultivating Quality of Life" 5½ Hours, Folder #2682
VA Medical Center, Perry Point, MD
Chesapeake Health Education Prog.
Contact: Eileen V. Savage
Phone: (410) 642-1857

March 13, 2001
"Closing the Communication Gap: Powerful Communication & Listening Skills"
5½ Hours, Folder #2683
Chesapeake Health Education Prog.
Contact: Eileen V. Savage
Phone: (410) 642-1857

March 14, 2001
"The Art of Coaching & Mentoring: Evoking Excellence in Others"
5½ Hours, Folder #2682
Eastern Shore Hosp. Ctr., Cambridge
Chesapeake Health Education Prog.
Contact: Eileen V. Savage
Phone: (410) 642-1857

March 19, 2001
"Nursing Home Administrator's Guide to Change and Creative Problem Solving"
7 Hours, Folder #2680
Hampton Inn, Annapolis, MD
Miriam Kimball Training
Contact: Miriam Kimball
Phone: (301) 934-4383

March 22, 2001
"Diversity Consciousness: A Key to Quality Health Care"
5½ Hours, Folder #2685
VA Medical Center, Perry Point, MD
Chesapeake Health Education Prog.
Contact: Eileen V. Savage
Phone: (410) 642-1857

March 26, 2001
"Releasing Stress and Creating Success"
5½ Hours, Folder #2686
Eastern Shore Hosp. Ctr. Cambridge, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

March 26, 2001
"Advances in Neurorehabilitation of Stroke Patients"
4 Hours, Folder #2687
VA Medical Center, Baltimore, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

April 9, 2001
"Taming Tigers, Lions & Barracudas: How to Manage Conflict Successfully"
5½ Hours, Folder #2688
VA Medical Center, Baltimore, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

Exhibit 1 - Approved Continuing Education Programs

April 10, 2001
"Ensuring Customer Satisfaction"
5½ Hours, Folder #2689
VA Medical Center, Perry Point, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

April 11, 2001
"Changing Conflict into Collaboration"
5½ Hours, Folder #2690
VA Medical Center, Martinsburg, WV
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

May 10, 2001
"Reconciling Evidence: A Basic Course for Caregiving Organizations"
6½ Hours, Folder #2701
TBA, Washington DC, or Montgomery County, MD
Dangremond Consulting
Contact: Dale Dangremond
Phone: (301) 608-8286

May 17, 2001
"Myers Briggs Type Inventory"
5½ Hours, Folder #2691
VA Medical Center, Perry Point, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

May 21 - 23, 2001
"Conducting Serious Incident Investigations: A Basic Course for Caregiving Organizations"
16½ Hours, Folder #2702
TBA, Washington DC, or Montgomery County, MD
Dangremond Consulting
Contact: Dale Dangremond
Phone: (301) 608-8286

May 22, 2001
"Senior Solutions 2001: Finding the Forest Through the Trees"
4 Hours, Folder #2700
Sheppard Pratt Conference Center
Towson, MD
Baltimore County Dept. of Aging &
Baltimore County Commission on Aging
Contact: Susan Green
Phone: (410) 887-2594

May 24, 2001
"Broken Boundaries: Sexual Exploitation in the Professional/Client Relationship"
5½ Hours, Folder #2692
VA Medical Center, Perry Point, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

May 30, 2001
"Calming Hostile Customers"
5½ Hours, Folder #2693
VA Medical Center, Martinsburg, WV
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

June 5, 2001
"The Miracle of Motivation: How to Keep It & How to Spread It"
5½ Hours, Folder #2694
VA Medical Center, Perry Point, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

June 6, 2001
"Generations at Work: Managing & Motivating Today's Diverse Workforce"
5½ Hours, Folder #2695
VA Medical Center, Perry Point, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

June 7, 2001
"Aging, Memory & Depression: Essential Knowledge for the Geriatric Professional"
5½ Hours, Folder #2696
VA Medical Center, Perry Point, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

June 12, 2001
"Developing High Performance Supervisors: Leaders as Learners"
5½ Hours, Folder #2697
Eastern Shore Hosp. Ctr. Cambridge, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

June 13, 2001
"Coaching & Mentoring for a High Performance Workplace"
5½ Hours, Folder #2698
VA Medical Center, Perry Point, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

June 14, 2001
"Is Judge Judy in Your Future? Exploring Contemporary Legal Issues in Health Care"
5½ Hours, Folder #2699
VA Medical Center, Perry Point, MD
Chesapeake Health Education Program
Contact: Eileen V. Savage
Phone: (410) 642-1857

June 28, 2001
"23rd Long Term Care Workshop"
6 Hours, Folder #2703
Sheppard Pratt Conference Center
Towson, MD
MdHIMA - Maryland Health Information Management Assn., Inc.
Contact: Maxine Uttenreither
Phone: (410) 922-4589 or (410) 616-9016

September 12, 2001
"Pebbles in the Pond: The Far-Reaching, Ripple Effect of Ethics and Aging"
Eastern Shore Hospital Center, English Hall, Cambridge, MD
Folder #2705, 5½ Hours
Chesapeake Health Education Program, Inc. (11E)
Contact: Eileen V. Savage
Phone: (410) 642-1195

September 14, 2001
"Releasing Stress and Creating Success"
VA Medical Center - Post Theater, Martinsburg, WV
Folder #2706, 5½ Hours
Chesapeake Health Education Program, Inc. (11E)
Contact: Eileen V. Savage
Phone: (410) 642-1195

September 19, 2001
"The Painful Secret of Elder Abuse: Breaking the Silence"
VA Medical Center, Perry Point, MD
Folder #2707, 5½ Hours
Chesapeake Health Education Program, Inc. (11E)
Contact: Eileen V. Savage
Phone: (410) 642-1195

September 20, 2001
"Go Team! - Maximize Team Performance"
VA Medical Center, Perry Point, MD
September 20, 2001
Folder #2708, 5½ Hours
Chesapeake Health Education Program, Inc. (11E)
Contact: Eileen V. Savage
Phone: (410) 642-1195