National Administrator-in-Training Program Manual

MODULE 1

ACHCA
American College of
Health Care Administrators

NAB
NATIONAL ASSOCIATION
OF LONG TERM CARE
ADMINISTRATOR BOARDS

Special Appreciation to the AIT & Preceptor Task Force

Special Appreciation to the following volunteers for their contribution to the AIT Preceptor Manual, developed in collaboration with the American College of Health Care Administrators and the National Association of Long Term Administrator Boards.

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The National Administrator-in-Training Program

An Administrator-in-Training (AIT) Program is a supervised internship during which the AIT works under the guidance and supervision of a preceptor, who is a licensed administrator meeting the qualifications established for preceptors by their respective states. The internship is a unique phase of education consisting of the supervised practice of long term care administration in the Nursing Home (NHA), Assisted Living (RCAL) and/or Home and Community Based Services (HCBCS) environment.

In this manual, we refer primarily to the AIT Program for the Nursing Home Administrator. However, the manual, forms, and Self-Assessment Instrument can be applied to any of the service lines.

The purpose of the AIT Program is to spur and enhance the professional development of the AIT in the field of long term care (LTC) administration. It equips the AIT with the tools and knowledge for when they become an administrator. A significant portion of the program involves observing and participating in activities associated with administration or resident/patient care.

Many college/university level health care administration programs have incorporated an internship/AIT program into their curricula. All National Association of Long Term Care Administrator Boards (NAB) accredited schools have an AIT component built into their programs. There have been several research studies that have validated the importance of the AIT experience towards a successful LTC administrator career.

The goal of this manual is to help to provide the AIT with a solid foundation in the exciting field of long term care. Another objective is to encourage state licensing boards to adopt this manual for their AIT programs. The more states that use the Model AIT Program, the more consistent our AIT training and our requirements continue to become.

1 Chapter 1

Guidelines for Designing an Administrator-in-Training Program

The most successful AIT Program is designed by both the Preceptor and the AIT. They are developed specifically for the AIT based upon education, experience, knowledge, skills and abilities. The Preceptor and AIT are expected to exercise considerable initiative in planning and implementing the training program in order for the AIT to succeed.

The AIT program must conform to the number of AIT hours required by your State Board or jurisdiction. Please be advised that, in addition to the following guidelines for designing the program, there may be a requirement in your state to submit the proposed Administrator-in-Training Program to the appropriate state board for approval prior to the beginning of the AIT Program. State boards typically have standard forms to use. However, sample forms can be found under Forms & Flashcards in Module 1. for your review and use.

Required Activity Areas:

The AIT Program should be based on the NAB Domains of Practice, which are covered in the various departments found in a long term care facility. The tool presents the departments as modules and rotations; it is through these departments/modules that the program should be designed, so that the individual AIT can meet an appropriate and tailored amount of time in each of the domains as appropriate. These modules include:

- **Administration**
- **Human Resources**
- **Nursing**
- **Business Office/Financial Management**
- **Dietary**
- **Rehabilitation**
- **Medical Records**
- **Activities**
- **Social Services/Admissions**
- **Housekeeping/Laundry**
- **Environmental Management/ Maintenance**

The AIT must complete a rotation in each of these areas. The preceptor and the AIT will work together to determine the order in which these modules are undertaken, and the amount of time allocated to each. For example, if the AIT's background experience is in nursing, they would ideally spend less time in nursing, and more in other areas. However, each activity area, including those in which the AIT has prior experience, must still be included in the training program.

The AIT should, through a combination of observation and participation, become familiar with all aspects of each activity area, including its purpose, the services it provides, staffing, and any problem areas. They should try to gain an understanding of the roles of the front line staff in that area, the role of its department manager, and the administrator's perspective on how to oversee that area. They should also understand how that area interacts with other areas in the provision of care and services.

Inventory of Knowledge:
Self-Assessment Instrument

The preceptor and AIT are encouraged to develop an inventory of the AIT's knowledge in each of these areas to determine where the AIT Program should be focused. To help with this process, we have included a Self-Assessment Instrument for the AIT to complete at the initiation of the AIT Program. Once this instrument is completed, the Preceptor will have a better indication of the AIT's strengths and weaknesses.

We also recommend that a Self-Assessment be completed again, either midway or at the end of the program, to indicate the progress of the AIT.

Other Activities:

Since state licensing regulations differ in terms of the number of AIT Program hours required, the AIT experience must be customized to individual needs based upon the state's particular licensing requirements. The tool we provide enables the preceptor and/or the jurisdiction to make such customization.

The preceptor is strongly encouraged to either arrange for the AIT to visit or conduct research to become familiar with state licensing agencies and trade associations, such as the state affiliates of the American Health Care Association (https://www.ahcancal.org/), Leading Age (http://www.leadingage.org/), and American College of Health Care Administrators (http://www.achca.org/), as well as the National Association of Long-Term Care Administrators Boards (http://www.nabweb.org/). The purpose of such visits is to provide the broadest possible experience for the AIT. Membership in and attending meetings of relevant industry associations and/or professional organizations should also be encouraged.

Length of the Program:

Since state licensing regulations differ in terms of the number of Administrator-in-Training Program hours required, the AIT experience must be customized to the AIT's needs based upon the state's particular licensing requirements and the tool provided will assist the preceptor to make such customization.

NAB recommends a minimum of 1,000 hours for an AIT Program. Some state boards require 2,000 hours for an NHA AIT, but there are also states that require less than 1,000 hours. Some state boards award credit based upon education and supervisory experience. NAB includes state-by-state board requirements on its website at http://www.nabweb.org/state-licensure-requirements for reference.

Training Schedule:

Typically, it is expected that the AIT will work a full-time (40 hours/week) schedule. The AIT can be completed on a part-time basis unless your state precludes this type of schedule.

The AIT generally works a usual day shift of the facility where the training is taking place. However, it is strongly suggested that each program also include some coverage of night and weekend shifts to familiarize the AIT with the unique aspects of senior living administration during those times. The schedule should be individualized for each AIT. It is expected that the preceptor and AIT develop a schedule that maximizes exposure to new and previously unfamiliar aspects of the community.

Administrator in Training Program Approval

Once the preceptor and the AIT have developed a program outline, it may be required to be sent to the state board for approval, using the appropriate form that the board requires. In some states, the program may not begin without such approval.

We have developed sample forms for the state boards to utilize or adapt for their own needs, if they so choose. These forms were created by reviewing many of the states' current forms.

The *Administrator in Training Program Forms* can be located in the: Forms and Flashcards section of Module 1.

Chapter 2   AIT Program Process

Phase 1: Application and Interview Process

The Preceptor/ AIT partnership can be advantageous to both parties. The Preceptor can provide valuable training to the AIT, and both the AIT and the community will benefit as a result of the AIT completing quality improvement projects and other activities. It is ultimately the Preceptor's decision if the AIT is a good fit for training in their senior living community. Through this experience, it may be realized that the AIT may be better suited for other career options.

The AIT must carefully select his/her Preceptor, and should be someone from whom the AIT feels they can learn. It is very important that you select someone you respect and who is willing to share information with you that will ensure a quality internship that will prepare you for a successful career in long term care administration. Therefore, prior to committing yourself to an internship, it is very important to spend time with a potential preceptor in their building to learn their management style; how they relate to staff, residents, and families; to what extent they are professionally involved; and their longevity with the corporation. The AIT should also be familiar with other information about the preceptor's corporation. From visiting with the potential preceptor, you should be able to recognize the personality of the community. The quality of the facility is based on the leadership of the community, which takes on the personality of its leader.

If you are having difficulty finding a Preceptor, you might want to arrange an informational interview with a corporation and share the *AIT Sample Learning Activities,* which is included in Module 2. It is a comprehensive list of projects that an AIT could perform for the organization and will hopefully help to demonstrate how valuable the AIT could be to their organization.

In most cases, the AIT Program is initiated with an interview between the Preceptor and the AIT. Prior to the interview, the AIT should provide a resume to the Preceptor and a follow up call to meet with the Preceptor. The interview should center on the AIT's prior work experience, educational background, and professional goals. It is very important for the AIT to make the very best impression on the Preceptor at this initial interview.

The learning environment is most important to your success. You want to feel welcomed, accepted, and a part of the organization.   Office space, access to a computer and telephone are contributing factors to a solid learning environment. A preceptor that provides a strong learning environment sends a positive message to the AIT and to a successful internship.

Phase 2– Self-Assessment Instrument

Once the Preceptor and the AIT commit to the AIT Program, the Preceptor should have the AIT complete the Self-Assessment Instrument.

The Self-Assessment Instrument helps establish a foundation of what the AIT thinks they already know. It is important for the AIT to be honest and open in this

self-assessment; it is not a test but a guideline instrument to help the Preceptor develop a quality plan of action for the AIT. The self-assessment includes various tasks that the AIT scores numerically based on their own knowledge and skills in each of the Domains of Practice. This provides the Preceptor the ability to tailor the AIT program in order to make the most of the experience based on the AIT's strengths and weaknesses. The Preceptor will see areas that may need more focus and areas that will need less and can design the program accordingly.

The Self-Assessment Instrument is where the Preceptor determines how much time the AIT should expect to spend in each of the departments. For example, if the AIT has a nursing background, we would expect less time devoted to that related domain and perhaps more somewhere else, such as Human Resources or Finance. On the other hand, if the AIT has an accounting background, they would likely need to spend more time in Customer Care and less in Finance. This tool assists the Preceptor and AIT in making these determinations.

This tool can be found in Module 3 of the appropriate line of service.

We also recommend the use of NAB's Practice Examinations during the beginning phase of the AIT and at the conclusion of the AIT program. Taking this examination in the beginning will provide a good assessment of the areas of strength and weakness, and also help inform the candidate of their areas of competency and where they need further development, even prior to completing the self-assessment. The information on the Practice Examinations can be found at http://www.nabweb.org/practice-exams. The results of the practice examination will include your overall score and will provide the percentage of passage within each domain.

Phase 3 – AIT Program Design

The next phase is designing the AIT Program using the Self-Assessment Instrument. The Preceptor should input the number of state mandated AIT hours in the Self-Assessment Instrument in the variable column. Once the required hours are entered, it will self-populate a suggested number of hours in each sub-task and domain. The Preceptor and AIT should go through this tool together to determine modifications that would individualize this program for the AIT, as previously addressed.

Creation of the AIT Professional Development Plan involves determining activities that are designed to meet the objectives of each subtask. There are sample activities included in the Self-Assessment Instrument as well as the Manual, but they are not exhaustive but rather should be used as a sort of "brainstorming" platform by the Preceptor in designing the plan of study. The goal is to design an "AIT Plan" that both works for the Preceptor and advances the AIT's development. For the first-time Preceptor,   a master template should be saved so it can set the foundation for future AITs. It will allow the Preceptor to fine-tune these activities and improve at teaching and demonstrating the objectives. Another advantage of using this tool is that it helps the Preceptor to communicate with the Department Heads (who also spend considerable time with the AIT) exactly what the objectives are and how the team intends to get that message across. For that reason, it is also a good idea to include the Department Heads in the development of the plan and the design of the activities that will help teach the objectives.

NAB recommends all AITs go through CNA (Certified Nurse Aide) training if the AIT does not have a nursing background. These hours can count towards your AIT program.

Incorporated in the References, found in Module 4, are several tools—including a glossary and flashcards, to assist the AIT in successful AIT Program completion and passage of the national examinations. Additionally, NAB's Nursing Home Administrators Examination Bibliography References and the Assisted Living Administrators Examination Bibliography References can be found at http://www.nabweb.org/exam-references.

Phase 4 – The AIT Experience

Research has shown that Preceptors play a significant role in influencing the AIT's success.[1] The learning environment is also very important to the success of the AIT. Making the AIT feel welcomed, providing adequate office space including a computer, name badge and an email address will help the AIT to feel a part of the organization.

Phase 5- Program Completion

Once you have completed your AIT program, submit the required forms to your state board. We have included generic NAB AIT Forms in case the state board wishes to utilize them.

The following Forms are included and can be found under Forms & Flashcards.
Proposed AIT Program
AIT Monthly Report
AIT Program Hours Completed
AIT Documentation of Completion Form

If your state board utilizes these forms, we recommend that you initially submit the AIT Application along with the Proposed AIT Program to your state board. If your state board requires monthly reports, we have included a monthly report for your usage. At the conclusion of your program, we recommend that you complete and submit both the Completion AIT Program Form and the Documentation of Completion Form.

[1]Johs-Artisensi, J. & Olson, D. (2012). *Advancing Practices to Enhance the Field Experience of Developing Long Term Care Administrators*, White Paper, New York City/Washington DC: The Commonwealth Fund and NAB Foundation.

Chapter 3

AIT Model Standards Covering the Domains of Practice

We have incorporated NAB's 2020 Professional Practice Analysis, which applies to NHA, Assisted Living, and Home and Community Based Services and HSE. This manual will refer to the AIT Program for the Nursing Home Administrator. However, the manual, forms and Self-Assessment Instrument can be applied to any of the service lines with some small modifications. Suggested AIT Activities and Assignments for each of the Domains of Practice follow each section. These can also be found in the Self-Assessment Instrument.

Domain 1 - Care, Services, and Supports

1A1 - Medical and Nursing Care Practices.
Knowledge/Understanding of general medical terminology and standards of practice and guidance for nursing as relates to long-term care.

1A2 - Medication Management and Administration.
Knowledge/Understanding of common LTC medications, requirements/limitations, interactions, record keeping, storage requirements, etc.

1A3 - Disease Management (e.g., acute vs. chronic conditions).
Knowledge of care practices, interventions, complications, prevention efforts, etc.

1A4 - Nutrition and Hydration (e.g., specialized diets).
Knowledge of the value of food and drink in maintaining health and well-being.

1A5 - Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs).
Knowledge of daily self-care activities including feeding ourselves, bathing, dressing, grooming, work, homemaking, hygeine, leisure, hobbies. Includes knowledge of adaptive equipment and devices used to enhance and increase independence in performing these activities. Refers to some of the most basic functions of living.

1A6 - Rehabilitation and Restorative Programs.
Knowledge of the proper roles of therapists (ocupational, physical, speech...) and nursing staff.

1A7 - Care Recipient Assessment and Interdisciplinary Care Planning.
Knowledge of the process and participants in the care planning processes and required timelines.

1A8 - Clinical and Medical Records and Documentation Requirements (e.g., storage, retention, destruction).
Knowledge of the process, participants and required timelines in care planning.

1A9 - Medical Director.
Knowledge of the role of the medical director, requirements, policies, etc.

1A10 - Emergency Medical Services (e.g., CPR, first aid, Heimlich maneuver, AED).
Knowledge of EMS policies/procedures, equipment, requirements.

1A11 - Transistion of Care (e.g., admission, move-in, transfer, discharge, and move-out).
Knowledge of the movement of a resident from one setting of care (hospital, ambulatory primary or specialty care practice, long-term care, home health, rehabilitation facility) to another. More specifically, to and from long-term care.

1A12 - Basic Healthcare Terminology.
Knowledge of basic (common) healthcare terms, and more specifically, those more common in the long-term care setting.

1B1 - Psychosocial Needs (e.g., social, spiritual, community, cultural).
Knowledge relevant to a patient as well as their family's mental, social, cultural, spiritual, and developmental needs arising from emotional response to their diagnosis, social and role limitations, loss of phyiscal and/or mental abilties and other complexities.

1B2 - Person-Centered Care and Comprehensive Care Planning.
Knowledge relevant to empowering people to take charge of their own helath rather than being passive recipients of services based on the patient views, input and experience help improve outcomes; knowledge of a plan of car thtat outlines goals of care, planned medical, nursing and allied health activities for a resident.

1B3 - Care Recipient Bill of Rights and Responsibilities.
Knowledge of the federal Nursing Home Reform Law enacted in 1987 in the Social Security Act and the requirements to promote and proted the rights of each resident with a strong emphasis on individual dignity and self-determination.

1B4 - Care Recipient Safety (e.g., fall prevention, elopement prevention, adverse events).
Knowledge of interventions, equipment, reporting requirements, investigation requirements, etc.

1B5 - Care Recipient (and Representative) Grievance, Conflict, and Dispute Resolution.
Knowledge of processes for grievances, conflict resolution, dispute resolution, investigation, reporting requirements.

1B6 - Care Recipient Advocacy (e.g., Ombudsman, resident and family council).
Knowledge of your role as residents' liaison between staff and doctors.

1B7 - Care Recipient Decision-Making (e.g., capacity, power of attorney, guardianship, conservatorship, code status, advance directives, ethical decision-making).
Knowledge of legal requirements, definitions, limitations, ethics.

1B8 - Care Recipeint (and Representative) Satisfaction.
Knowledge of methods to understand and predict satisfaction and methods to improve.

1B9 - Recognition of Maltreatment (e.g., abuse, neglect, exploitation).
Knowledge of legal definitions of abuse, neglect, exploitation; reporting requirements, investigation techniques, etc.

1B10 - Mental and Behavioral Health (e.g., cognitive impairment, depression, social support systems).
Knowledge of the difference between the two; understanding issues related to depression, anxiety, diabetes management, weight loss, smoking cessate and drinking or drug problems; understanding the connection between behaviors and the health and well-being of the body, mind and spirit; relevance to preventing illness or promoting health.

1B11 - Trauma-Informed Care (e.g., PTSD).
Knowledge of the principles of a trauma-informced care approach.

1B12 - Pain Management.
Knowledge of interventional procedures, medication management, therapies, counseling and support, alternative therapies and how to refer to medical specialists.

1B13 - Death, Dying, and Grief.
Knowledge of the processes and stages.

1B14 - Restraint Usage and Reduction.
Knowledge of the proper use of restraints and what constitutes a restraint, knowledge of legal requirements if they are used and limitations and documentation requirements.

1B15 - Foodservice (e.g., choice and menu planning, dietary management, food storage and handling, dining services).
Knowledge of culture change impacts on food service choices, requirements for staffing, requirements for storage, food handling requirements, illness prevention, risks of foodborne illnesses, etc.

1B16 - Social Services Program.
Knowledge of culture change impacts on food service choices, requirements for staffing, requirements for storage, food handling requirements, illness prevention, risks of foodborne illnesses, etc.

1B17 - Therapeutic Recreation and Activity Programs.
Knowledge of various therapy activities that offer benefits to support the health and well-being of residents; knowledge of similar activities specific to seniors with Alzheimiers and Dementia.

1B18 - Community Resources.
Knowledge of existing community resources available and how programs come to exist through legislation, who uses the resources, and how they are delivered.

1C1 - Hospice and Palliative Care.
Knowledge of the differences, knowledge of pain management and psychosocial and spritual needs, family needs, etc. Knowledge of legal limitations/guidance.

1C2 - Specialized Medical Equipment (e.g., oxygen, durable medical equipment).
Knowledge of equipment and supplies to include devices, controls or appliances, specified in the care plan to enable individuals to increase their abilities to perform ADLs or to perceive, control or communicate with their environment. Also includes life support, ancillary supplies and equipment. Knowledge of limitations and costs, etc.

1C3 - Transportation for Care Recipients.
Knowledge of requirements to transport.

1C4- Telemedicine (e.g., e-health.)
Knowledge of CMS guidance - Telehealth and Telemedicine Tool Kit.

1C5 - Diagnositics Services (e.g., radiology, lab services).
Knowledge of availability of various services within and near the facility; limitations and requirements, etc.

1C6 - Dental and Oral Care Services.
Knowledge of availability of various services within and near the facility; limitations and requirements, etc.

1C7 - Healthcare Partners and Clinical Providers (e.g., MD/DO, Nurse Practitioner, Psychiatrist, Podiatrist, Dentist).
Knowledge of availability of various services within and near the facility; limitations and requirements, etc.

1C8 - Volunteer Programs.
Knowledge of volunteer programs, to include Ombudsman programs and others; limitations and regulations.

Domain 2 - Operations

2A1 - Budgeting and Forecasting.
Knowledge of tools and purposes of budgeting, forecasting, generally accepted accounting principles.

2A2 - Financial Analysis (e.g., ratios, profitability, debt, revenue mix, depreciation, operating margin, cash flow).
Knowledge of financial analysis tools and ability to calculate different indicators and understand what they mean.

2A3 - Revenue Cycle Management (e.g., billing, accounts receivable, accounts payable, collections).
Comprehension of the revenue cycle and the administrator's role along the way.

2A4 - Financial Statements (e.g., income/revenue statement, balnce sheet, statement of cash flows, cost reporting).
Understand financial statements and interpret what they mean to the facility.

2A5 - Revenue and Reimbursement (e.g., PDPM, PDGM, ACOs, HMOs, Medicaid, private payors).
Comprehension of the various revenue sources, calculations, implications, etc.

2A6 - Financial Reporting Requirements (e.g., requirements for not-for-profit, for-profit, and governmental providers).
Knowledge of the financial reporting requirements for different facility types.

2A7 - Integration of Clinical and Financial Statements (e.g., EMR/HER, MDS).
Knowledge of policies, procedures, practices; compliance implications, viability implications; planning methods, implementation methods.

2A8 - Internal Financial Management Controls (e.g., segregation of duties, access).
Knowledge of policies, procedures, practices; compliance implications, viability implications; planning methods, implementation methods.

2A9 - Supply-Chain Management (e.g., inventory control).
Knowledge of cost/time/waste minimization techniques.

2A10 - Resident Trust Accounts for Personal Funds.
Knowledge of policies and procedures and requirements for maintaining trust accounts and reporting/spending requirements.

2B1 - OSHA Rules and Regulations.
Knowledge of rules, regulations, policies, procedures for a safe environment for employees; training, equipment requirements.

2B2 - Workers Compensation.
Knowledge of how to maintain a safe work environment; implicaitons of not doing so.

2B3 - Ethical Conduct and Standards of Practice.
Understand ethical concerns and standards of practice for various professions working within the facility.

2B4 - Compliance Programs.
Knowledge of the plethora of regulations relating to diversity, safety, risk management, professional development, ethics, etc.

2B5 - Risk Management Process and Programs.
Knowledge/Understanding of how to identify risks, analyze risks, evaluate/rank risks, risk treatment techniques, cycles, etc.

2B6 - Quality Improvement Processes (e.g., root cause analysis, PDCA/PDSA).
Working knowledge of QAPI processes from risk management paradigm.

2B7 - Scope of Practice and legal Liability.
Knowledge/Understanding of medical/professional liability issues (eg, changes in the PPACA); relative to increased use of PAs, NPs, etc.

2B8 - Internal Investigation Protocols and Techniques (e.g., incidents, adverse events).
Working knowledge of investigation procedures and techniques.

2B9 - Mandatory Reporting Requirements (e.g., incidents, adverse events, abuse, neglect, financial exploitation, fraud).
Thorough understanding of definitions of abuse, neglect, exploitation; working knowledge of reporting requirements.

2B10 - Insurance Coverage (e.g., liability, property).
Knowledge/Understanding of insurance requirements relative to risk management.

2B11 - Healthcare Record Requirements (e.g., confidentiality, disclosure, safeguarding, HIPAA, HITECH).
Working knowledge of HIPAA; working knowledge of record keeping requirements.

2B12 - Security (e.g., cameras, monitoring systems, locks, staff location reporting).
Knowledge of technology available, limitations by law, etc.

2B13 - Contracted Services (e.g., roles, responsibilities, oversight, back-ground checks).
Knowledge/Understanding of implications of managed care, case management, reimbursement, benefits, structuring, etc.

2C1 - Federal Human Resources Laws, Rules, and Regulations (e.g., ADA, FMLA, Wage and Hour, FLSA).
Knowledge/Understanding of federal HR laws, rules, regulations.

2C2 - Selection and Hiring Practices (e.g., EEOC, interviewing, adverse impact, protected classes, occupational qualifications).
Working knowledge of valid hiring practices and what you can and cannot do/ask/say, etc.

2C3 - Compensation and Benefits Programs (e.g., time off, healthcare insurance, employee pay and payroll).
Working knowledge of compensation and benefit programs.

2C4 - Organizational Staffing Requirement and Reporting (e.g., PBJ).
Working knowledge of staffing/reporting requirements.

2C5 - Staff Certification and Licensure Requirements.
Working knowledge of certification and licensure requirements of all professionals within the field of LTC.

2C6 - Professional Development (e.g., maintenance of credentials, continuing education).
Knowledge of CE requirements for credential maintenance and professional development of staff (and self).

2C7 - Employee Training and Orientation.
Knowledge of periodic training requirements to include orientation training.

2C8 - Performance Evaluation.
Knowledge/Understanding of how to identify risks, analyze risks, evaluate/rank risks, risk treatment techniques, cycles, etc.

2C9 - Human Resources Policies (e.g., drug-free workplace, discipline, job classifications, photography and video, social media usage, mobile phone usage).
Knowledge/Understanding of HR Policies (reasons for, options to change, etc).

2C10 - Employee Record-Keeping Requirements.
Knowledge/Understanding of the lifecycle of records/disposition, safeguards, regulatory requirements.

2C11 - Employee Grievance, Conflict, and Dispute Resolution.
Knowledge/Understanding of resolution strategies, documentation requirements, what consititues a grievance (act/omission, situaion, decision, perceptions).

2C12 - Employee Satisfaction, Engagement, and Retention.
Knowledge/Understanding of best practices in the field, current trends, how to respond, tools available, etc.

2C13 - Cultural Competence and Diversity Awareness.
Knowledge/Understanding of the ongoing evolution of cultural competence, awareness, knowledge, understanding, sensitivity and skill.

2C14 - Labor Relations (e.g., union, collective bargaining [CBA], contract/ pool staff).
Knowledge/Understanding of various labor relation issues.

Domain 3 - Environment

3A1 - Federal Codes and Regulations for Building Equipment, Maintenance and Grounds.
Knowledge/Understanding/working knowledge of the Life Safety Code rules/ regulations and the survey process.

3A2 - Person-Centered Environment (e.g., home-like environment).
Knowledge/Understanding of role/importance of the environment in providing a home-like environment; dignity, coordination of care; personalized care; development of strengths and abilities for improved independence, etc.

3A3 - Safety and Accessibility (e.g., ADA, safety data sheets).
Knowledge/Understanding of documentation required for chemicals/substances in building (SDSes); familiarity with requirements of ADA for private vs. government buildings (Titles I, II, and III).

3A4 - Facility Management and Environmental Services.
Knowledge/Understanding of available strategies/approaches commensurate with culture and other factors.

3A5 - Information Systems Infrastructure (e.g., configurations, data security, technical controls).
Knowledge/Understanding of compliance issues (HIPAA, CMS, HITECH) and current best practices.

3A6 - Preventative and Routine Maintenance Programs (e.g., pest control, equipment, mechanical systems).
Working knowledge of equipment, systems, maintenance requirements.

3A7 - Infection Control and Sanitation (e.g., linens, kitchen, hand washing, healthcare acquired infections, hazardous materials).
Working knowledge of infection control issues relevant to environmental issues.

3A8 - Disaster and Emergency Planning, Preparedness, Response, and Recovery (e.g., Appendix Z).
Working knowledge of the coordinated, cooperative process of preparing to match urgent needs with available resources; includes research, wirting, disseminating, testing, updating. Emergency plans are living documents and adapt to changing circumstances - protocols, procedures, division of responsibilities...vary somewhat by geography and known risks in the area (tornadoes, hurricanes, earthquakes, etc).

3B1 - Federal Healthcare Laws, Rules, and Regulations.
Working knowledge of federal healthcare laws, rules and regulations as they pertain to facility and life safety code issues.

3B2 - Government Programs and Entities (e.g., Medicare, Medicaid, waivers).
Working knowledge of QAPI for Medicare/Medicaid compliance relative to Requirements of Participation; F-Tag compliance.

3B3 - Certification and Licensure Requirements for the Organization.
Working knowledge of licensure requirements; Requirements of Participation for re-certification standard surveys.

3B4 - Regulatory Survey and Inspection Process.
Working knowledge of; ability to run a "mock" survey/inspection.

3B5 - Procedures for Informal Dispute Resolution (IDR).
Working knowledge of the process.

3B6 - Centers for Medicare and Medicaid Services (CMS) Quality Measures.
Working knowledge of the tools used to measure or quantify healthcare processes, outcomes, patient perceptions and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. Goals include: effective, safe, efficient, patient-centered, equitable and timely care.

3B7 - Quality Assurance and Performance Improvement (QAPI).
Working knowledge of QAPI, principles, processes, tools, purpose, elements of QAPI, QAPI F-Tags and federal requirements, etc.

3B8 - Bed-Hold Requirements.
Working knowledge of Medicaid bed hold policies and requirements (Medicare restrictions).

3B9 - Pre-Admission Screening Annual Review (PASSR).
Working knowledge of federal pre-admission screening and annual review requirements (applicability and definitions).

3B10 - Facility Assessment.
Working knowledge of the requirement and purpose of an annual facility assessment; familiarity with tools for conducting these assessments.

Domain 4 - Leadership and Strategy

4A1 - Organizational Structures (e.g., roles, responsibilities, functions, systemic processes).
Understanding of the purpose of different organizational structures and different types of structures.

4A2 - Organizational Change Management.
Understand methods and manners to describe and implement change within its internal and external processes; understand how to develop a structured approach to change; understand how to beneficially transition while mitigating disruption.

4A3 - Organizational Behavior (e.g., organizational culture, team building, group dynamics).
Understand the behavioral dynamics of individuals and groups in organizational settings; working knowledge of what motivates employees and how they interact with each other to be better able to meet short- and long-term goals.

4A4 - Leadership Principles (e.g., communications, styles, mentoring, coaching, personal professional development).
Working knowledge of numerous leadership principles, leadership styles, tools, techniques.

4A5 - Governance (e.g., board of directors, governing bodies, corporate entities, advisory boards).
Working knowledge of the role and responsibilities of governance entities in LTC; legal framework, oversight responsibilities, reporting indicators for governing bodies, strategic role; concepts such as collaborative governance.

4A6 - Professional Advocacy and Governmental Relations.
Understand the relationships of different organizations and the processes for impactful advocacy for strengthening LTC policies/procedures/rules/laws (meaningful public policy change).

4B1 - Mission, Vision, and Value Statements.
Working knowledge; understand what mission, vision and value statements are about and how to write good ones. Able to translate into foundation for strategic planning.

4B2 – Strategic Business Planning (e.g., new lines of service, succession management, staffing pipeline).
Working knowledge of the processes of strategic planning and execution of the plan.

4B3 – Business Analytics (e.g., evidence-based practice, data analytics).
Working knowledge of technological tools to effectively process important data for improved outcomes.

4B4 – Business Development (e.g., sales, marketing, partnerships, ACOs, contracts and agreements, negotiations).
Understanding of ideas, initiatives, and activities that yields desired growth; includes building strategic partnerships and making strategic business decisions.

4B5 – Public Relations and External Stakeholders (e.g., hosptials, referrals sources, local community, donors).
Working knowledge of techniques to attract referrals, partnerships and to satisfy and retain residents.

Task Statements:

1. Establish and maintain care recipient service policies and procedures that comply with applicable requirements and regulations.
2. Implement and evaluate care recipient service practices to promote quality of care and quality of life, and ensure compliance with policies and procedures.
3. Ensure plans of care are established, implemented, updated, and monitored according to evidence-based practice, care recipient (and representative) preferences, and assessed needs.
4. Ensure transitions of care are executed according to requirements, regulations, and standards of quality.
5. Ensure care recipients' psychosocial needs and preferences are assessed and addressed at each level of care.
6. Ensure health information management programs meet applicable documentation requirements, regulations, and standards of quality.
7. Ensure the medication management process supports the needs of the care recipient and meets standards of quality.
8. Ensure the rehabilitation and restorative programs maximize level of functioning and independence for care recipients.
9. Coordinate and oversee contracted care and services.
10. Ensure effective environmental services, including housekeeping and laundry services, are provided.
11. Ensure nutritional needs and dining preferences of care recipients are met.
12. Advocate for care recipients' rights, self-determination, and preferences within all aspects of care.
13. Ensure care recipient representatives are considered and included to maximize care recipient quality of life.
14. Ensure ancillary services are available to meet care recipients, needs and preferences.
15. Establish and maintain human resources policies and procedures that comply with applicable requirements and regulations.
16. Implement and evaluate human resources practices to ensure compliance with policies, procedures, and standards for effectiveness.
17. Establish and lead an organizational culture that fosters professional development, employee engagement, ethical practice, and sensitivity to diverse backgrounds.
18. Ensure a safe and secure work environment is established and maintained.
19. Establish a process for effective interdisciplinary and interdepartmental communication and coordination.
20. Develop, implement, and evaluate risk management programs and interventions to ensure regulatory compliance.
21. Develop, implement, and evaluate business development and public relations practices.
22. Develop, implement, and evaluate the organization's quality assurance and performance improvement programs.
23. Develop, lead, and evaluate organizational change initiatives.
24. Develop, implement, and evaluate practices to ensure compliance with directives of governing body and strategic plan.

25. Promote satisfaction and engagement of care recipients and their representatives, and resolve any grievances.

26. Establish and maintain financial management policies and procedures that comply with applicable requirements and regulations.

27. Implement and evaluate financial management practices to promote financial viability and ensure compliance with policies, procedures, and standards for effectiveness.

28. Plan, implement, and evaluate financial management systems and practices that improve financial outcomes and comply with Generally Accepted Accounting Principles (GAAP).

29. Negotiate, interpret, and implement contractual agreements to ensure compliance and optimize organizational performance and outcomes.

30. Establish care environment policies and procedures that comply with applicable requirements and regulations.

31. Implement care environment policies and procedures that comply with applicable requirements and regulations.

32. Maintain care environment policies and procedures that comply with applicable requirements and regulations.

33. Ensure a safe and secure care environment that includes consideration of infection control, sanitation, and disaster preparedness.

34. Ensure facility management and maintenance activities are performed according to applicable requirements, regulations, and standards of quality.

35. Establish and evaluate information systems and technology infrastructure to ensure data privacy and protection, and to comply with applicable requirements and regulations.

36. Educate stakeholders on services provided, regulatory requirements, and standards of care.

37. Manage the survey and inspection process.

38. Establish, implement, and evaluate internal investigation and mandatory reporting processes.

Chapter 4

Preparation for the NAB Examination

As you prepare for the NAB examination, you will want to keep in mind the approximate distribution of questions that will come from each of the Domains.

	Core	NHA	RCAL	HCBS		Core	NHA	RCAL	HCBS
	100	60	60	60		100	60	60	60
By Domain and Subdomain	QUESTIONS					PERCENTAGE			
1 - Care, Services, and Supports	39	27	45	28		39.00%	45.00%	75.00%	46.67%
1A - Quality of Care	12	8	16	8		12.00%	13.33%	26.67%	13.33%
1B - Quality of Life	20	15	26	16		20.00%	25.00%	43.33%	26.67%
1C - Ancillary Services	7	4	3	4		7.00%	6.67%	5.00%	6.67%
2 - Operations	37	17	7	17		37.00%	28.33%	11.67%	28.33%
2A - Financial Management	10	4	4	7		10.00%	6.67%	6.67%	11.67%
2B - Risk Management	13	7	3	3		13.00%	11.67%	5.00%	5.00%
2C - Human Resources	14	6	0	7		14.00%	10.00%	0.00%	11.67%
3 - Environment & Quality	13	16	8	15		13.00%	26.67%	13.33%	25.00%
3A - Care Setting	9	7	3	7		9.00%	11.67%	5.00%	11.67%
3B - Regulatory Compliance	4	9	5	8		4.00%	15.00%	8.33%	13.33%
4 - Leadership & Strategy	11	0	0	0		11.00%	0.00%	0.00%	0.00%
4A - Leadership	6	0	0	0		6.00%	0.00%	0.00%	0.00%
4B - Organizational Strategy	5	0	0	0		5.00%	0.00%	0.00%	0.00%

The NAB examination is an entry level examination. You need to familiarize yourself with the type of questions that you will find on the examination. Don't forget that there are NAB practice examinations available that may help you become more comfortable with the examination and hopefully more confident with the content. NAB also offers an online Study Guide to help in perpetration for the CORE and Line of Service exams.

Please familiarize yourself with the tools that are included in this manual to assist in preparation for the national examinations. Some of these tools, such as the Flashcards in Module 1 and Glossary items can be found in the Appendices in Module 4. Additionally, NAB's Nursing Home Administrators Examination Bibliography References for all lines of service can be found at http://www.nabweb.org/exam-references.

We wish you the best of luck and a successful career in Long Term Care!

Forms & Flashcards

**Proposed Curriculum and Checklist
AIT/Preceptor Agreement/Training Permit**

Forms

Proposed AIT Program
AIT Monthly Report
AIT Program Hours Completed
AIT Documentation of Completion Form

Flashcards

Already used by many states, you can also get an app for your Smart Phone to study these anywhere.

Domain 1	https://quizlet.com/635801565/domain-1-care-services-and-supports-flash-cards/	274 items
Domain 2	https://quizlet.com/635802643/domain-2-operations-flash-cards/	213 items
Domain 3	https://quizlet.com/635803266/domain-3-environment-quality-flash-cards/	14 items
Domain 4	https://quizlet.com/635803833/domain-4-leadership-strategy-flash-cards/	34 items
Therapeutic Actions	https://quizlet.com/635804551/therapeutic-actions-of-drugs-flash-cards/	45 items
Prefixes	https://quizlet.com/635813424/prefixes-flash-cards/	114 items
Suffixes	https://quizlet.com/639797743/suffixes-flash-cards/	51 items
Abbreviations	https://quizlet.com/635808678/abbreviations-flash-cards/	139 items
Common Diagnoses	https://quizlet.com/639798069/common-diagnoses-flash-cards/	46 items