



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

MICHIGAN BOARD OF NURSING HOME ADMINISTRATORS JUNE 6, 2017 MEETING

APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Michigan Board of Nursing Home Administrators met on June 6, 2017, at the Ottawa Building, Conference Room 4, 611 West Ottawa Street, Lansing, Michigan 48933.

CALL TO ORDER

Kimberly Kimbrough-Wozniak, Chairperson, called the meeting to order at 10:01 a.m.

ROLL CALL

Members Present: Kimberly Kimbrough-Wozniak, Chairperson NHA
Ricky Ackerman, NHA, Vice-Chairperson
Kristine Dozeman, Public Member
Paul Barber, NHA
Jana Broughton, NHA
Margaret Chatti, BSN, NHA
Bridget Looby Staffileno, Public Member (arrived at 10:05 a.m.)
Ian Koffler, Public Member (arrived at 10:05 a.m.)

Members Absent: Patricia Lyden, RN, MS, LNHA, LNC

Staff Present: Brian Hoot, Board Support, Boards and Committees Section
Weston MacIntosh, Analyst, Boards and Committees Section
Wendy Helmick, Analyst, Compliance Section

APPROVAL OF AGENDA

MOTION by Ackerman, seconded by Barber, to approve the agenda with the removal of item 7B, Master Resolution Discussion.

A voice vote was taken.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Broughton, seconded by Barber, to approve the March 7, 2017 meeting minutes as presented.

A voice vote was taken.

MOTION PREVAILED

REGULATORY CONSIDERATIONS

None

OLD BUSINESS

HPRC Appointment

MacIntosh explained that the HPRC appointment was discussed at the March 7, 2017 meeting. MacIntosh provided a memorandum (Addendum #1) from Karen Carpenter, Analyst in Boards and Committees Section, regarding the HPRP Program. MacIntosh requested contact information for any interested candidate.

NEW BUSINESS

Chair Report

Kimbrough-Wozniak discussed 2 documents she provided to the Board.

The first handout (Addendum #2) discusses content changes to the Nursing Home Administrator Exam (NHA) and a new method of candidate registration to sit for the examination. The content of the exam will change to 100 questions based on knowledge and 50 questions based on service. The new registration process will cause a blackout period, during which an individual cannot register for the old or new exam. This period will start approximately June 1, 2017 and end July 1, 2017.

The second handout (Addendum #3) discussed the American College of Health Care Administrators (ACHCA) National Preceptor Training Program and a recommendation by the National Association of Long Term Care Administrator Boards (NAB) that state boards adopt the Health Service Executive (HSE) standards, which require 3 separate credentials plus completion of an Administrator in Training (AIT) Program. The 3 credentials required would be Nursing Home Administrator, an Assisted Living Administrator, and administrators practicing in the field of Home and Community Based Services.

Department Update

MacIntosh updated the Board on some Department staff changes. Cheryl Pezon has been promoted from Manager of Boards and Committees Section to Deputy Director of Bureau of Professional Licensing. Forrest Pasanski has been promoted from Manager of Drug Monitoring Section, to Division Director of Legal Affairs/Enforcement Division. Kerry Przybylo has been promoted from Analyst to Manager of Boards and Committees Section. MacIntosh introduced himself as a new Analyst for the Boards and Committees Section.

PUBLIC COMMENT

None

ANNOUNCEMENTS

The next regularly scheduled meeting will be held September 5, 2017 at 10:00 a.m. at the Ottawa Building, 611 West Ottawa Street, Upper Level Conference Center, Conference Room 4, Lansing, Michigan.

ADJOURNMENT

MOTION by Looby Staffileno, seconded by Chatti, to adjourn the meeting at 10:16 a.m.

A voice vote was taken.

MOTION PREVAILED

Minutes approved by the Board on September 5, 2017.

Prepared by:
Brian Hoot, Board Support
Bureau of Professional Licensing

June 6, 2017

Addendum #1



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

Memorandum

DATE: June 6, 2017
TO: Board of Nursing Home Administrators
FROM: Karen M. Carpenter, Departmental Analyst *KMC*
SUBJECT: Health Professional Recovery Committee Representative

Under the provisions of MCL 333.16165 of the Public Health Code, each board established under Article 15 of the Code is authorized to appoint a member to the Health Professional Recovery Committee (HPRC) to represent its profession. The HPRC is responsible for oversight of the Health Professional Recovery Program, (HPRP). The HPRP is a monitoring program for impaired professionals. For Fiscal Year 2015-2016, there was a total of 764 regulatory and non-regulatory participants.

The HPRC establishes policies and procedures for the HPRP program contractor to follow. The HPRC meets quarterly and subcommittee meetings are typically conducted via teleconference and email. Your Board is currently not represented. I am asking for your support and consideration in identifying and approving an appropriate person to serve as your representative on the HPRC.

To be considered, please have your nominee submit his or her curriculum vitae and a letter of interest to my attention. If you, or your nominee, have any questions about the HPRC or the HPRP, please contact me at (517) 335-3294 or carpenterk@michigan.gov.

Attachments:
Public Health Code Excerpts:
MCLs 333.16135, 333.16165, and 333.16167

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.16135 Board, committee, or task force; qualifications of members.

Sec. 16135. (1) Except as otherwise provided in subsection (2), a member of a board, the committee, or a task force created by this article shall meet all of the following requirements:

- (a) Be 18 or more years of age.
- (b) Be of good moral character.
- (c) Be a resident of this state for not less than the 6 months immediately preceding appointment and remain a resident of this state throughout the term of the appointment.
- (d) Be currently licensed or registered in this state where licensure or registration in a health profession is a requirement for membership. The member shall have actively practiced that profession or taught in an approved educational institution that prepares applicants for licensure or registration in that profession, or a combination of both, in any state for not less than the 2 years immediately preceding appointment.

(2) Subject to subsection (3), for a board created on or after January 1, 1989, the governor may appoint as the members of the board who are required to be licensed or registered under subsection (1)(d) individuals who meet either or both of the following requirements:

- (a) Are certified or otherwise approved by a national organization that certifies or otherwise approves individuals in the profession to be licensed or registered by the board.
- (b) Have actively practiced the profession licensed or registered by the board or taught in an educational institution that prepares applicants for licensure or registration in that profession, or a combination of both, for not less than the 2 years immediately preceding their appointment.

(3) Each individual appointed under subsection (2) shall be licensed or registered under this article in the profession licensed or registered by that board within 3 years after the effective date of the amendatory act that created the board.

333.16165 Health professional recovery committee; creation; appointment of members; ex officio member; qualifications.

Sec. 16165.

(1) The health professional recovery committee is created in the department and shall consist of the following voting members, appointed as follows:

(a) Subject to subsection (4), each board created under this article and the physician's assistants task force, in consultation with the appropriate professional associations, shall appoint 1 health professional member.

(b) The director shall appoint 2 public members, 1 of whom has specialized training or experience, or both, in treatment of individuals with addictive behavior.

(2) The director shall serve as an ex officio member of the committee without vote.

(3) The director and the boards and the physician's assistants task force shall not appoint as a member of the committee an individual who is at the time of appointment a member of a board or task force.

(4) The members appointed by the boards and the physician's assistants task force under subsection (1)(a) shall have education, training, and clinical expertise in the treatment of individuals with addictive behavior or mental illness, or both.

333.16167 Committee; duties.

Sec. 16167.

The committee shall do all of the following:


- (a) Establish the general components of the health professional recovery program and a mechanism for monitoring health professionals who may be impaired.
- (b) Subject to sections 16169 and 16170 and in conjunction with the health professional recovery program consultants described in section 16168, develop and implement criteria for the identification, assessment, and treatment of health professionals who may be impaired.
- (c) In conjunction with the health professional recovery program consultants described in section 16168, develop and implement mechanisms for the evaluation of continuing care or aftercare plans for health professionals who may be impaired.
- (d) Develop a mechanism and criteria for the referral of a health professional who may be impaired to a professional association when appropriate for the purpose of providing assistance to the health professional. In developing criteria under this subdivision, the committee shall require that a referral be made only with the consent of the health professional.
- (e) Annually report to each board and the physician's assistants task force created under this article on the status of the health professional recovery program. The committee shall include in the report, at a minimum, statistical information on the level of participation in the program of each health profession. The committee may include in the report recommendations for changes in the health professional recovery program and for participation by the boards and the physician's assistants task force, professional associations, substance abuse treatment and prevention programs, and other appropriate agencies.

Addendum #2

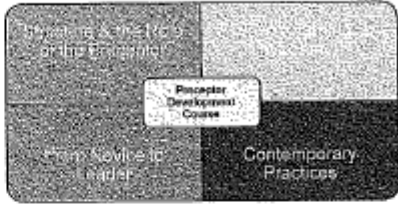

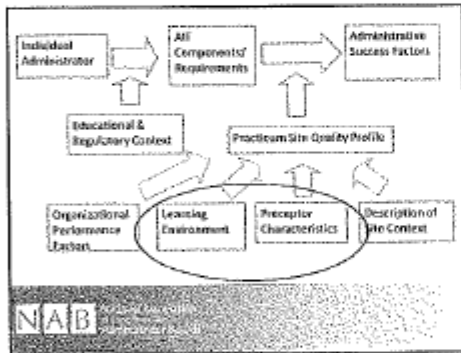
6/5/2017

NATIONAL PRECEPTOR TRAINING PROGRAM

Jennifer Johns-Artisani, PhD, MPH
 AIT/Preceptor Task Force & Preceptor Training Sub-Committee Chair






4 Components

Structure & the Role of the Preceptor

Objectives

- Explain the need for preceptors and AIT experiences
- Describe the structure of the Practicum/AIT experience
- Identify roles and responsibilities of preceptor and student






What & Why?

Create an elevated standard

Administrators → good preceptors



Increase # of capable, prepared preceptors → Easier for AITs to find qualified preceptors



The "Learning Environment"

Objectives

- Identify strategies for cultivating a welcoming learning environment for practicum students
- Discuss principles of adult learning or various/the 4 major learning styles
- Describe the role of the preceptor in orientation of the practicum student
- Explain strategies to support the four transitional phases a new licensee may progress through as they reconcile ideals learned in school with the practical reality of the health care environment

6/5/2017

From Novice to Leader

Objectives

- Identify how preceptors help students develop professional skills and relationships
- Explain the importance of verbal and nonverbal communication
- Discuss three communication patterns used by students and preceptors
- Demonstrate guidelines for providing effective feedback
- Describe the transition from coaching to-mentorship

NAB

HSE Accreditation

- HSE Accreditation Program with a 1,000 hour AIT requirement by January 1, 2019
- ALL new and current NHA Accredited schools will transition to HSE Accreditation by December 31, 2021
- Emphasis will be on core skills necessary across settings, focus area will remain NH setting due to licensure requirements, but exposure across all service lines required

NAB

So what?

Wow this should help our administrators be both better preceptors as well as better leaders as they develop their own organization's talent!

What a great resource from NAB/ACHCA!

Our state should USE this!

NAB

So what?

We should encourage our state boards to consider accepting the HSE credential because we will attract well-qualified administrators to practice in our state!

We should encourage our colleges and universities to pursue NAB HSE Accreditation!

We should recommend prospective administrators attend NAB HSE Accredited schools!

NAB

"Health Service Executive"

- HSE Accredited Programs:
 - A direct pathway to the HSE Credential
 - A more portable credential
 - Offers preparation across a breadth of services
 - Greater employment opportunities

NAB

Addendum #3

Attention Exam Candidates and Prospective Examinees:

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

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

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

Timeline of Upcoming Events

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