

Application - Continued

12. Attach a detailed time schedule for each program, showing breakdown of each day's activities, including starting and ending times.
13. Organizational philosophy and objectives _____

14. Background in continuing education _____

15. Background in nursing home administration and long term care administration _____

16. Describe nursing home administrator involvement in program planning _____

17. Specify length of time records kept _____
18. Describe method for recording attendance during the program (attendance must be monitored throughout the entire day) and attach form used _____

19. How are evaluations utilized? _____

20. Our organization agrees to have periodic OSBELTCA monitoring of individual programs.
21. Attach an example of the Certificate of Attendance to be issued to attendees.

Signature of person submitting application

Title

DATE

OFFERING EDUCATION SESSION APPROVAL WORKSHEET

Program Application (copy form as needed)

Instructions: Provide Information to meet criteria for Objectives, Content, Time
Frames, Faculty, and Teaching Methods

TITLE OF SESSION:

OBJECTIVES – (List Objectives in Operational/Behavioral terms)

CONTENT – (Topics)

TIME FRAME – (State the time frame for the topic area)

FACULTY – (List the faculty person or presenter for each topic)

TEACHING METHOD – (Describe the teaching method(s) used for each

BIOGRAPHICAL DATA FORM

Instructions: Make as many copies of this form as necessary to provide information required to document adherence to the criteria. Do not send curriculum vitae.

Name: _____

Address: _____

Phone: _____

Present Position: Title: _____

Agency: _____

PROFESSION and ACADEMIC PREPARATION

Institution	Degree	Major	Year

Please submit a brief overview (a few sentences) of YOUR CURRENT RESPONSIBILITIES:

List pertinent experiences (no more than three) that you believe qualify you to speak on the subject of your presentation

DOMAINS OF PRACTICE

Exhibit 1
Validated NHA Tasks, Knowledge, and Skills

DOMAIN 10. RESIDENT CENTERED CARE AND QUALITY OF LIFE

Tasks:

- 10.01 Ensure the development, implementation, and review of resident care policies and procedures.
- 10.02 Ensure that nursing services are planned, implemented, and evaluated to maximize resident quality of life and quality of care.
- 10.03 Ensure that the admission process is planned, implemented, and evaluated to promote communication with residents and realistic expectations.
- 10.04 Ensure that social service programs are planned, implemented, and evaluated to meet resident psychological and social needs and preferences to maximize resident quality of life and quality of care.
- 10.05 Ensure that the food service program and dining experience are planned, implemented, and evaluated to meet the nutritional needs and preferences of residents to maximize resident quality of life and quality of care.
- 10.06 Ensure that medical services are planned, implemented, and evaluated to meet resident medical care needs and preferences to maximize resident quality of life and quality of care.
- 10.07 Ensure that therapeutic recreation/activity programs are planned, implemented, and evaluated to meet the needs, and interests of residents to maximize resident quality of life and quality of care.
- 10.08 Ensure that a health information management program for resident care is planned, implemented, and evaluated to meet documentation requirements to maximize resident quality of life and quality of care.
- 10.09 Ensure that pharmaceutical services is planned, implemented, and evaluated to support medical care for residents to maximize resident quality of life and quality of care.
- 10.10 Ensure that a rehabilitation program is planned, implemented, and evaluated to maximize residents' optimal level of functioning and independence.
- 10.11 Identify, monitor, and ensure that quality indicators and quality assurance programs are utilized to maximize effectiveness in resident care and services and quality of life.
- 10.12 Ensure the integration of Resident Rights and resident individuality with all aspects of resident care and quality of life.
- 10.13 Ensure the integration of stakeholders' perspectives to maximize resident quality of life and quality of care.
- 10.14 Ensure that resident care services comply with federal and state standards and regulations.

Knowledge of:

- Federal and state standards and regulations
- aging process (psychosocial)
- aging process (physiological)
- basic principles and concepts of nursing
- basic principles of restorative nursing
- basic principles of rehabilitation
- basic principles of infection control
- basic principles and regulations for handling, administration, labeling, record keeping, and destruction/disposal of drugs and biologicals
- basic principles of pain management
- basic principles of wound prevention and skin care management
- basic principles of chemical and physical restraints
- Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process
- admission, transfer, bed hold, and discharge requirements and regulations
- techniques for auditing resident care and service outcomes
- roles and relationship of resident care staff and consultants
- emotional, psychosocial, spiritual, financial, and legal service needs of residents
- interpersonal relationships and group dynamics
- available resources (e.g., community, social, financial)
- basic principles of hospice and palliative care
- grieving process
- death and dying
- Resident Rights
- Advance directives
- basic nutritional requirements
- basic principles of food storage, handling, preparation, and presentation
- resident dining experience
- meal frequency
- therapeutic or specialized diets
- principles of dietary sanitation
- nutritional supplements
- basic medical terminology
- provision of basic specialty medical services (e.g., optometry, podiatry, dental, psychiatry, psychology, audiology)
- physician services (e.g., frequency of visits, physician/resident relationship, accessibility)
- role of Medical Director
- provision of emergency medical services
- quality assurance processes as they relate to resident care and services
- basic elements of a therapeutic recreation/activity program
- basic elements of a social services program
- medical record content, format, and documentation requirements
- confidentiality and safeguarding medical record information
- Center for Medicare and Medicaid Services (CMS) quality indicators and measures

- multi-cultural needs of residents
- resident/person centered care
- transportation requirements for residents
- disaster preparedness
- ethical decision making

DOMAIN 20. HUMAN RESOURCES

Tasks:

- 20.01 Facilitate effective communication among management and staff.
- 20.02 Develop, implement, and monitor recruitment, staff development, evaluation, and retention programs to maximize resident quality of life, quality of care, and staff job satisfaction (e.g., recognition programs, staff continuing education, work culture).
- 20.03 Ensure that human resource programs are planned, implemented, and evaluated to address diversity.
- 20.04 Develop, implement, and monitor compensation and benefit programs.
- 20.05 Ensure the development and implementation of employee health and safety programs.
- 20.06 Ensure that human resource management policies and programs are planned, implemented, and evaluated to comply with federal and state standards and regulations.

Knowledge of:

- federal and state standards and regulations (e.g., Family Medical Leave Act, Occupational Health and Safety Act, Americans with Disabilities Act, Equal Employment Opportunity Commission, immigration law, Health Information Portability and Accountability Act)
- methods of communication (e.g., formal and informal, verbal and non-verbal)
- technology (e.g., e-mail, voice mail, computer software)
- criminal background checks/nursing assistant registry
- employee interview techniques
- facility staffing needs and requirements
- staff position qualifications
- staff licensure requirements
- staff education/in-service requirements
- confidentiality requirements
- recruitment and retention methods
- employment history and verification methods
- drug-free workplace program
- mandatory reporting requirements
- staff development requirements, resources, and models
- employee discipline and grievance process
- staff recognition and appreciation programs
- employee evaluation process
- safety programs and requirements
- worker's compensation rules and procedures
- professional ethics
- compensation and benefit programs (e.g., employee assistance programs, insurance, salary, retirement)

- disaster preparedness
- diversity (e.g., cultural, spiritual, ethnic, socioeconomic, sexual)
- succession planning /leadership development
- union and labor relations

DOMAN 30. FINANCE

Tasks:

- 30.01 Develop annual operating and capital budgets to effectively forecast fiscal requirements.
- 30.02 Manage annual operating and capital budgets to effectively use fiscal resources.
- 30.03 Generate and collect revenue to ensure financial viability of the facility.
- 30.04 Negotiate, interpret, and implement contractual agreements (e.g., organized labor, managed care, vendors, consultative services).
- 30.05 Ensure the integrity of financial audit programs and reporting systems.
- 30.06 Ensure protection of the facility's financial assets (e.g., insurance coverage, risk management).
- 30.07 Ensure that financial practices are planned, implemented, and audited to comply with federal and state standards and regulations.

Knowledge of:

- federal and state regulations affecting nursing home reimbursement
- budgeting methods and financial planning
- accounting methods (e.g., Generally Accepted Accounting Practices [GAAP], cash and accrual) and regulatory requirements)
- financial statements (e.g., income statement, balance sheet, statement of cash flows) and measures (e.g., operating margin, days cash on hand, per patient day [PPD] analysis)
- reimbursement sources and methods (e.g., Centers for Medicare and Medicaid Services [CMS], managed care, Resource Utilization Groups [RUGS], Prospective Payment Systems [PPS])
- additional revenue sources (e.g., fund raising, grants, ancillary services)
- internal controls (e.g., segregation of duties, reconciliation, audits)
- payroll procedures and documentation
- billing, accounts receivable, and collections management
- accounts payable procedures
- eligibility and coverage requirements from third party payors
- resident trust fund
- importance of integration of clinical and financial systems (e.g., MDS, case mix)
- contracts (e.g., pharmacy, hospice, managed care, therapy)
- general and professional liability insurance (e.g., property, clinical, governing body, workers compensation)

DOMAIN 40. ENVIRONMENT

Tasks:

- 40.01 Ensure that a comprehensive system for maintaining and improving buildings, grounds, and equipment is planned, implemented, and evaluated.
- 40.02 Ensure that the facility provides a clean, attractive, and home-like environment for residents, staff, and visitors.
- 40.03 Ensure the planning, implementation, and evaluation of an environmental safety program that will maintain the health, welfare, and safety of residents, staff, and visitors.
- 40.04 Ensure the planning, implementation, and evaluation of an emergency preparedness program that protects the safety and welfare of residents, visitors, staff, and property.
- 40.05 Ensure that quality assurance programs are implemented to maximize effective environmental services.
- 40.06 Ensure residents are provided with an environment that fosters choice, comfort, and dignity.
- 40.07 Ensure development, implementation, and review of environmental services policies and procedures.
- 40.08 Ensure that facility complies with federal and state standards and regulations (e.g., ADA, OSHA, CMS, Life Safety Code).

Knowledge of:

- federal and state standards and regulations for buildings, grounds, equipment and maintenance including ADA, OSHA, Life Safety Codes, and NFPA
- preventative maintenance programs for buildings, grounds, and equipment
- roles of environmental staff (e.g., housekeeping, maintenance, laundry)
- waste management, including infectious waste
- basic sanitation and infection control concepts and procedures (e.g., personal protective equipment, universal precautions)
- potential hazards (e.g., biohazards, blood-borne pathogens, hazardous materials)
- basic housekeeping, maintenance, and laundry requirements
- pest control
- resident and facility security measures (e.g., elopement prevention, monitoring devices, access control)
- fire and disaster preparedness
- community emergency resources
- in-house emergency equipment
- evacuation resources and requirements (e.g., transfer agreements, transportation)
- design principles that create a home-like atmosphere

50. LEADERSHIP AND MANAGEMENT

Tasks:

- 50.01 Ensure that policies and procedures are developed, implemented, monitored, and evaluated to comply with directives of governance (e.g., owner, board of directors, corporate entity).
- 50.02 Promote and monitor resident's and family's/responsible party's satisfaction with quality of care and quality of life.
- 50.03 Manage the facility's role throughout the entire survey process
- 50.04 Educate stakeholders with regard to interpretation of and compliance with regulatory requirements.
- 50.05 Identify areas of potential legal liability, and develop and implement an administrative intervention or risk management program to minimize or eliminate exposure.
- 50.06 Develop and/or direct the strategic planning process.
- 50.07 Participate in and promote professional development activities.
- 50.08 Develop leadership skills of management team and key staff.
- 50.09 Ensure that information management systems support facility operations.
- 50.10 Ensure sufficient resources (e.g., supplies, medical equipment, technology, trained staff) to provide resident care and to promote quality of life.
- 50.11 Develop and implement comprehensive marketing and public relations strategies.
- 50.12 Foster and maintain relationships between the facility and other community resources (e.g., educational institutions, hospitals, vendors).
- 50.13 Ensure that policies and procedures are developed, implemented, monitored, and evaluated to comply with federal and state standards, regulations, and guidelines (e.g., facility/NHA license, professional responsibility).

Knowledge of:

- federal and state regulations, agencies, and programs (e.g. Centers for Medicare and Medicaid Services (CMS), Occupational Safety and Health Administration (OSHA), Americans with Disabilities Act (ADA), Fair Labor Standards Act (FLSA), Equal Employment Opportunity Commission (EEOC), Safe Medical Devices Act (SMDA), Health Information Portability and Accountability Act [HIPAA])
- corporate compliance
- legal liability of the facility
- legal and criminal liability of administrator
- legal and criminal liability of other staff members
- legal and criminal liability of governing entities
- roles and responsibilities of governing entities
- codes of ethics and standards of practice
- quality improvement models (e.g., continuous quality improvement [CQI], quality assurance [QA], total quality management [TQM])
- facility licensing requirements
- types of surveys (e.g., certification, annual, extended, complaint, life safety)
- survey process (e.g., scope and severity grid, acceptable plan of correction, Informal Dispute Resolution [IDR], appeals process, remedies)
- CMS quality indicators reports, on-line survey certification reports (OSCAR), and other available systems/reports for outcome measurement
- management information systems

- technology to support facility operations (e.g., medical, security, environmental, work-place safety)
- services available in the healthcare continuum
- role of the facility in the healthcare continuum
- resource management
- functions of all departments and services provided
- management principles and philosophies
- leadership principles and philosophies
- methods for assessing and monitoring resident's and family's/responsible party's satisfaction with quality of care and quality of life
- grievance procedures for residents and families/responsible parties
- internal investigation protocols and techniques
- Resident Rights
- the role of the resident ombudsman
- risk management principles
- public relations and marketing techniques
- culture change concepts for providing resident/person-centered care

CORE SKILLS USED ACROSS ALL DOMAINS

- conducting effective meetings
- leading the change process
- analyzing and interpreting data
- informed decision making
- creating and communicating a vision
- developing and implementing a strategic plan
- delegating
- inspiring and motivating
- prioritizing
- negotiating
- problem solving
- time management
- conflict resolution and mediation
- oral and written communications
- cultivating effective relationships
- leading organizational behavior
- team building
- consensus building
- active listening
- coaching, teaching, and mentoring

SUBCHAPTER 9. CONTINUING EDUCATION

by the Board.

[Source: Codified 7-1-07]

[Source: Added at 24 Ok Reg 1607, eff 7-1-07; Amended at 26 Ok Reg 2706, eff 7-25-09]

Section

- 490:1-9-1. General provisions for continuing education programs
- 490:1-9-2. Criteria for continuing education Programs
- 490:1-9-3. Approval for continuing education Programs
- 490:1-9-4. Continuing education requirements
- 490:1-9-5. Auditing of continuing education hours

490:1-9-1. General provisions for continuing education programs

- (a) In order to receive Board recognition and continuing education credit, continuing education programs shall be submitted to the Board for approval prior to presentation as indicated under this Chapter.
- (b) All continuing education programs submitted to the Board for its evaluation and possible 'approval' for purposes of granting Oklahoma continuing education credit hours will be submitted with a \$55.00 per credit hour, non-refundable fee. Approval will be granted only for specific programs for specific dates of presentation. The Board, in its sole discretion, may waive this fee for programs sponsored by other State or federal agencies. Recurring presentations also require Board approval, but may be considered and approved by the Board based upon a report of program changes from the previously-approved program.
- (c) The Board shall withdraw approval for continuing education credit should subsequent information come to its attention that program content differed from that approved.
- (d) Sponsors shall be responsible for obtaining satisfactory documentation of attendance.
- (e) All programs approved by the National Continuing Education Review Service (NCERS), National Association of Long Term Care Administrator Boards (NAB) that receive a NCERS/NAB approval number will be presumptively accepted by the Board for purposes of meeting Oklahoma's annual continuing education requirements.
- (f) The Board may approve, sponsor and/or conduct its own educational and training programs for continuing education credit if such programs meet the criteria established in this Chapter.
- (g) The Board reserves the right to monitor any and all approved programs.
- (h) Programs that deal specifically with internal affairs of an organization do not qualify for continuing education hours.
- (i) Programs from the Administrator University may qualify for continuing education hours if they meet the criteria outlined in this Chapter and have been approved

490:1-9-2. Criteria for continuing education programs

- (a) In order for the Board to approve a program for continuing education hours, an application shall be completed by the sponsor and reviewed and approved by the Board.
- (b) Sponsors shall submit their application to the Board 30 days in advance of the program, provided however, should the Board fail to meet through lack of a quorum or other circumstance, the application will be reviewed at the next meeting of the Board and if approved, hours will be awarded retroactively.
- (c) The application shall contain documentation that certifies the following criteria are being met:
 - (1) The program shall relate to Long Term Care Administration and be designed to promote continued knowledge, skills and attitudes consistent with current standards in long term care administration.
 - (2) The program shall be designed to assist administrators to improve their professional competencies.
 - (3) The program shall be open and available to all long term care administrators in Oklahoma.
 - (4) The facility where the program will be conducted shall provide adequate space to accommodate potential attendees and have the ability to supply the needed equipment.
 - (5) The faculty must have experience in long term care supervision and administration, or have expertise in teaching and instructional methods suitable to the subject presented, or have suitable academic qualifications and experience for the subject presented.
 - (6) The learning objectives in the program must be reasonable and clearly stated in behavioral terms which define the expected outcomes for participants.
 - (7) The learning objectives must be consistent with the program content and the mechanism by which learning objectives are shared with participants must be identified.
 - (8) The teaching methods in the program must be clearly stated, must be appropriate to the subject matter, and must allow suitable time.
 - (9) Instructional aids and resource materials that will be utilized in the program must be described.
 - (10) Sponsors must have expertise in the subject matter presented and should be from an accredited educational institution, a professional association and/or trade association, a private educational group, or a state agency.

- (11) The registration fee for a program must be published clearly on promotional material.
- (12) Registration fees may be reviewed by the Board.
- (13) The sponsor must allow the Board to evaluate the program.
- (14) The sponsor must provide an evaluation form, approved by the Board, for each program participant's responses.
- (15) Within 15 days after the conclusion of the program, the sponsor must provide to the Board a list of participants and a summary of the evaluations for each program.
- (16) The application presented to the Board must state the method to be used in certifying attendance.
- (17) To receive full credit, attendees must attend the full program.
- (18) Partial credit with a minimum of two clock hours may be earned in a divisible program.
- (19) Program content shall be considered by the Board in determining whether partial credit will be granted.
- (20) Instructional hours must be based upon clock hours (60 minutes = 1 clock hour).
- (21) The agenda must show registration, meal times (not included in credit hours), and a breakdown of the daily educational activities.
- (22) The maximum number of hours that can be approved or earned shall be seven clock hours per day.
- (23) The target group for programs shall be long term care administrators and other disciplines related to long term care.

[Source: Added at 24 Ok Reg 1607, eff 7-1-07]

490:1-9-3. Approval of continuing education Programs

- (a) In order to be approved, continuing education programs shall be appropriately designed for Long Term Care Administrators and shall meet the criteria outlined in this Chapter.
- (b) If a program is disapproved, the sponsor shall be notified in writing of the reasons for rejection within ten (10) working days of the Board's decision.
- (c) If a program is disapproved, the sponsor has 30 days to appeal in writing. The appeal must include a copy of the original application package and any additional information the sponsor feels is needed for further clarification.
- (d) The Board may approve program content or a portion of the program content, even though the same content or a portion of the program content has been previously approved by the Board for the same calendar year. However, licensed administrators who have attended and received credit for such previously

approved program content shall be denied credit for attending subsequent duplicate programs.

[Source: Added at 24 Ok Reg 1608, eff 7-1-07; Amended at 26 Ok Reg 2707, eff 7-25-09]

490:1-9-4. Continuing education requirements

- (a) Each licensee shall be responsible for identifying his/her own continuing education needs, taking the initiative in seeking continuing professional education activities to meet those needs, and integrating new knowledge and skills into their duties.
- (b) Individuals who are newly licensed are required to successfully complete continuing education hours equivalent to two (2) hours per month, beginning with the month following the month his/her license is issued, for each month he/she holds the license during the current licensing year.
- (c) Licensees holding an 'Active' license, shall successfully complete twenty-four (24) clock hours of continuing education during each licensing year.
- (d) Licensees are responsible for maintaining their own continuing education records.
- (e) Carry-over of continuing education hours earned in one licensing year that were in excess of the hours required for that year to a subsequent licensing year is not permitted.
- (f) A licensee who cannot meet the continuing education requirement due to illness, emergency or hardship may petition the Board, in writing, requesting a waiver of the CEU requirement. Any such waiver request must be received and acted-upon by the Board prior to the end of the licensing year in which the CEU requirement will not be met. The waiver request shall explain why compliance is not possible, and include appropriate documentation. Waiver requests will be evaluated and acted upon by the Board on a case-by-case basis.
- (g) In the event a licensee fails to provide the Board with documentation that the continuing education requirements have been met, the licensee will be subject to sanction by the Board, including suspension or revocation of his/her license.
- (h) A licensee whose license is suspended by the Board for disciplinary reasons is not exempt from the continuing education requirements, and must, therefore, successfully complete twenty-four (24) continuing education hours during any licensing year(s) in which his/her license is under suspension. Licensee shall, upon Board request, furnish documentation that the continuing education requirements have been met. Failure to provide such requested documentation shall subject licensee to sanction by the Board, including suspension or revocation of his/her license.
- (i) Continuing education hours are not required for a licensee whose license is in inactive status except as otherwise required at OAC 490:10-1-10.(b)2.

(j) All CEU hours earned for programs approved by the NCERS/NAB or approved by the Board may be utilized by a licensee for purposes of meeting the annual CEU requirement in the licensing year in which the hours were earned.

[Source: Added at 24 Ok Reg 1608, eff 7-1-07; Amended at 25 OK Reg 2568, eff 7-11-08; Amended at 26 Ok Reg 2707, eff 7-25-09]

490:1-9-5. Auditing of continuing education hours

(a) The Board may request continuing education information from sponsors for audit purposes only.

(b) The Board does not retain any record of continuing education hours completed by individual administrators except as it may otherwise obtain in its performance of the annual CEU compliance audit.

(c) An annual audit of at least 5% of the total number of licensed administrators will be made to verify compliance with the annual CEU requirement. This percentage may be increased at the Board's discretion.

(d) Failure of a licensee to provide verification of continuing education hours completed, if requested by the Board, shall result in disciplinary action against the licensee.

[Source: Added at 24 Ok Reg 1608, eff 7-1-07; Amended at 26 Ok Reg 2707, eff 7-25-09]

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