



Maryland State Board of Long-Term Care Administrators

4201 Patterson Avenue

Baltimore, MD 21215-2299

Telephone: (410) 764-4750, FAX (410) 358-9187

E-mail: kelliec.smith@maryland.gov

ciaraj.lee1@maryland.gov

Website: health.maryland.gov/bonha

Guidelines for the Administrator-In-Training Program

The Administrator-In-Training (AIT) program is a supervised 12-month full-time (40 hours per week) or 18-month part-time (30 hours per week) internship during which the AIT works under the guidance and supervision of a preceptor, a licensed administrator meeting the qualifications set out in Section .14 of the 10.33.01 regulations. The AIT program is a required phase of education consisting of both the supervised practice of nursing home administration in the environment of the nursing facility, and performing and participating in the day-to-day duties of each position, when legally permissible, in each of the following service areas:

- | | |
|-------------------------|--|
| (1) Administration | (7) Dietary |
| (2) Business office | (8) Maintenance |
| (3) Nursing | (9) Environmental, including housekeeping/laundry |
| (4) Resident activities | (10) Rehabilitation services; and |
| (5) Social services | (11) Quality assurance |
| (6) Medical records | |

The AIT program will consist of twelve (12) months (for a full-time program) or eighteen (18) months (for a part-time program) of consecutive training in an approved nursing facility under a qualified preceptor, unless the AIT candidate receives partial credit for prior experience as outlined in Section .13 of the 10.33.01 regulations. It is required that applications be filed at least by the 15th of the month preceding the month the AIT candidate and preceptor are scheduled to appear before the Credentials Committee for a pre-authorization interview.

A written course of instruction, designed to include the 11 basic areas of the core of knowledge for Nursing Home Administrators as outlined in Section .13 of the 10.33.01 regulations, shall be developed by the candidate and preceptor and sent to the Board for approval. The course outline for provision of practical training, experience and learning situations for the twelve (12) months (or amount of time to be spent in training as determined by the Board and outlined in Section .13) shall be developed in line with the Board's recommended course content, the AIT's past experience and allocation of clinical experiences in the nursing facility. It is required that the written course of instruction be sent to the Board for approval by at least the 15th of the month preceding the month the applicant and preceptor appear before the Credentials Committee.

The preceptor shall perform direct on-site communication/conferences and/or supervision of the AIT as required by the specific program.

1. Regular personal contact between the preceptor and the AIT is necessary, and every effort should be made to guide the AIT toward the ethics, philosophies and practices that should be required to promote the formation of a professional Nursing Home Administrator.
2. Joint conferences may be planned with other nursing facility administrative personnel for instructive purposes (e.g. utilization review, staff meetings, fire drills, etc.) with the preceptor in attendance.
3. Delegation of instructive learning experiences to other nursing facility personnel shall not replace the preceptor's prime responsibility for direct on-site conference. The preceptor must spend a minimum of 16 hours per week providing direct, on-site supervision to the AIT.
4. If specific areas of concern are not available in the designated nursing facility (e.g. Medicare certification, department cost analysis, purchasing supplies, unionization, etc.), plans for provision of these topics should be designated elsewhere.

The Board will approve AIT programs to start monthly. It is recommended that applications should be filed and interviews planned at least thirty days in advance to have the approval granted to start the AIT program. Applications received after the 15th of the month preceding the planned starting month, will be held until the following month.

Progress Reports for Accountability: The AIT and preceptor shall maintain progress reports for the training program on forms prescribed by the Board every three months of the training program. The reports shall be submitted to the Board's office on the dates specified by the Board, and shall include the following:

1. Brief description of activity/area covered, and dates of rotation.
2. Evaluative checklist report including signatures from preceptor, AIT, and department managers to verify that the AIT trained in those departments.
3. The final report shall include a brief survey to be completed by the AIT and returned to the Board's office providing feedback with suggestions for continuing improvements.
4. If the reports are not submitted to the Board's office on the date specified by the Board, the AIT shall be deemed to have violated the terms of the AIT contract.

To confirm progression through the AIT program as planned by the preceptor, an on-site visit with Board-appointed members will be conducted during the training program. This visit is intended to assist the AIT in reviewing the training already completed, and to give the AIT the opportunity to assess the total program with the Board including goals, administrative processes, and core of knowledge.

Change of Program: Preceptor or AIT - Each is to report separately to the Board in writing any change of supervision or nursing facility within ten (10) days of such change or interruption of the program. Before such a change is made, it must have Board approval for consideration in order to continue in the AIT program (see COMAR 10.33.01.13).

Pre-requisite for the Nursing Facility Experience:

1. The designated nursing facility must provide appropriate environment for training and experience needed by the candidate in the AIT program.
2. The designated nursing facility must meet the conditions for participation in Title XIX.

Pre-requisites for Administrator-In-Training – Applicants:

The Maryland Board shall interview all persons prior to the issuance of approval as an AIT and shall satisfy themselves that the background, circumstances, etc. of the applicant and the preceptor are suitable to qualify for this position. Suitable means "fitness for the job" and the following are recommended qualities in establishing an applicant's suitability for licensure as a Nursing Home Administrator:

- Absence of physical impairments to perform duties of a Nursing Home Administrator including good health and freedom from contagious disease.
- Absence of any mental impairment that would appear to the Board to be likely to interfere with the performance of the duties of a Nursing Home Administrator.
- Ability to understand and communicate general and technical information necessary for the administration and operation of a nursing facility.
- Ability to assume responsibilities for administration of a nursing facility as evidenced by prior activities and prior experiences satisfactory to the Board.
- Ability to relate the physical, psychological, spiritual, emotional and social needs of patients to the administration of the nursing facility, including personnel of the nursing facility, and create a climate necessary to meet the needs of the patients.

Reference: Dept. H.E.W. - Program Regulation Guide - September 13, 1972.

The AIT shall have no outside employment during training hours or outside such training hours unless such employment is known to, and approved by the Board.

An AIT may be allowed two weeks' leave for compulsory military training, vacation, and sick leave each year without loss of credit for the required practical training and experience.

Reports

The following quarterly reports must be submitted to the Board's Office on the dates outlined in letter of approval. Please mail completed and signed reports to:

**Maryland State Board of Long-Term Care Administrators
4201 Patterson Avenue, Room 305
Baltimore, MD 21215-2299**

4th Quarter Report of AIT Program – Also Submit Corresponding Dates of Completion

Name of AIT: _____ Name of Preceptor: _____

Facility: _____

Domain of Practice (e.g., Administration, Business Office...): _____

Describe Activity/Area Covered and Dates of Rotation: _____

Affidavits

Preceptor

How would you rate the AIT's attendance? Excellent Good Fair Poor

How many hours did you personally train this AIT? _____.

Did anyone else assist the AIT with their training? If so, please list name and title.

_____. _____.

In general, what is your overall rating of the AIT? Excellent Good Fair Poor

Does the AIT know the regulatory resources governing nursing homes in Maryland? Yes No

Does the AIT possess the knowledge, skills and ability to oversee/manager or direct a long term care facility?

Yes No

Do you hereby certify that this Report is correct and the information as indicated in the departments/area listed was under your personal supervision in the practice of nursing home administrator.

Signature of Preceptor / Date

Signature of AIT / Date

Department Head

I hereby certify that the above named AIT rotated through this department as stated.

Signature of Department Head / Printed Name of Dept. Head / Department / Date

SURVEY ON THE MARYLAND STATE BOARD OF LONG-TERM CARE ADMINISTRATORS
AIT PROGRAM

We are interested in your thoughts and experience about the AIT program in Maryland. As a part of our internal quality assurance, your comments are extremely important.

1. Was the information provided to you over the telephone or through the website accurate and helpful?
Poor ___ Fair ___ Good ___ Excellent ___.
2. Did the Board's office address your concerns?
Poor ___ Fair ___ Good ___ Excellent ___.
3. Were the instructions for completing the information on the application form easily understood?
Poor ___ Fair ___ Good ___ Excellent ___.
4. Overall, were you satisfied with the service you received from the Board's office?
Poor ___ Fair ___ Good ___ Excellent ___.
5. List any change or recommendation for improving customer satisfaction:

6. How would you rate the following aspects of the AIT program:
 - a. Application process including paperwork and turn-around time.
Poor ___ Fair ___ Good ___ Excellent ___.
 - b. Appearing before Credentials Committee.
Poor ___ Fair ___ Good ___ Excellent ___.
 - c. The 16 hours of direct on-site supervision per week by your preceptor.
Poor ___ Fair ___ Good ___ Excellent ___.
 - d. The preceptor's level of knowledge:
Poor ___ Fair ___ Good ___ Excellent ___.
 - e. The coverage of core content areas during your rotation.
Poor ___ Fair ___ Good ___ Excellent ___.
 - f. The visit made by a Board Member and Executive Director during your program:
Poor ___ Fair ___ Good ___ Excellent ___.
 - g. The examination process.
Poor ___ Fair ___ Good ___ Excellent ___.

7. List any change or recommendation for improving the licensure process:

8. Was the completion of the 100-hour course beneficial, both to the training program and as preparation for the national examination? Yes? No? Please explain:

9. Would you prefer to extend the program completion time in order to incorporate outside employment, e.g. spend 30 hour per week in the AIT program, but take 18 months to complete your rotation? Yes? No? Explain:

- Overall, how would you rate the quality of training that you received in your AIT program in Maryland?
Poor ___ Fair ___ Good ___ Excellent ___.

Explain (Add additional pages if necessary):

Maryland State Board of Long-Term Care Administrators
Preceptor/Administrator-In-Training Agreement

I (name of proposed preceptor) _____, agree to be preceptor for

(Name of proposed AIT) _____, at

Facility: _____.

Facility Address: _____
_____.

Starting date: _____.

Facility Telephone Number: _____.

Years of experience as a nursing home administrator: _____.

Last experience as preceptor in Maryland: _____.

I fully understand my responsibilities as stated in the Code of Maryland Regulations 10.33.01.13 and 10.33.01.14, and recommended course content areas of the AIT program. I agree to file quarterly reports on forms supplied by the Board. I also agree to inform the Board immediately if there is any change in this arrangement. Attached is a detailed program of study including the dates of rotation submitted for approval by the Board.

It is understood that in addition to the attached program of study, the AIT must also have a baccalaureate or masters degree in health care administration from an accredited college or university; or have a baccalaureate or masters degree in a field other than health care administration from an accredited college or university and complete a minimum of 100 hours in a course of study in health care administration approved by the Board.

At the appropriate time, the AIT must pass the NAB Examination for Nursing Home Administrators and a written test on Maryland's laws, rules, and regulations that apply to nursing facilities.

Signature of AIT

Date

Signature of Preceptor

Date

Administrator-In-Training (AIT) Program – Domains of Practice

Curriculum Based on 52 Week Internship Program

| | |
|--------------|--------------------|
| Name of AIT: | Name of Preceptor: |
|--------------|--------------------|

Instructions: Please submit outline with completed dates of rotation for initial review and approval. Use outline form for subsequent quarterly reports indicating dates of completion, with signature of AIT, preceptor, and department head.

A. ADMINISTRATION – 5 WEEKS

DATES OF ROTATION: _____

| Demonstrate an Understanding of: | Dates of Completion |
|---|---------------------|
| Facility wide staffing and budgeting | |
| Job descriptions | |
| Policy and procedures – development and implementation | |
| Long range planning | |
| Pertinent Federal, State and local laws and regulations | |
| Survey procedures and governmental interrelationships | |
| Quality improvement | |
| Patient rights and patient abuse | |
| Community agencies and other resources | |
| Departmental organization and management | |
| Electronic data processing | |
| Consultant and contractual services | |
| Orientation of new employees | |
| Labor laws, union organizing, negotiations and contracts, civil rights laws | |
| Collective bargaining – policy, agreements and procedures | |
| Record keeping and documentation | |
| Salary and wage administration | |
| Diversity awareness | |
| Written and verbal communications to personnel | |
| Employee interview process | |
| Basic counseling procedures and Grievance procedures | |
| Federal requirements for personnel files | |
| Recruiting procedures | |
| Employment history and verification procedures | |
| Procedures to analyze absenteeism and turnover | |
| Staff disciplinary procedures | |
| Legal liability | |
| Staff recognition and appreciation techniques | |
| Employee benefits policies | |
| Medicare and Medicaid | |
| Licensing boards and Governing entities | |
| Mission statement, bylaws, legal aspects of types of ownership | |
| Legal liability of the facility and legal liability of administration | |
| Ethical policies of the governing entity | |
| Professional ethics of the nursing home administrator | |
| Signatures of AIT: _____ | Preceptor: _____ |
| Department Head: _____ | |

B. BUSINESS OFFICE – 5 WEEKS**DATES OF ROTATION:**

| Demonstrate an Understanding of: | Dates of Completion |
|---|---|
| Departmental staffing and organization | |
| Job descriptions | |
| Business office procedures | |
| Basic accounting and bookkeeping methods | |
| Basic computer operations for budgeting | |
| Techniques for determining costs | |
| Financial statements | |
| Reimbursement mechanisms and income sources | |
| Facility's capital needs | |
| Regulatory requirements for budgeting, purchasing procedures and controls | |
| Need for reserve/profit | |
| Third party payment organizations | |
| Record keeping requirements | |
| Documentation for reimbursements | |
| Purchasing procedures | |
| Inventory control | |
| Revenue and expense reporting | |
| RUGS | |
| Cash flow procedures | |
| Cash flow needs and trends | |
| Basic property, liability, and casualty requirements | |
| Banking procedures | |
| Financial reports | |
| Regulatory accounting requirements | |
| Collection procedures | |
| Billing procedures | |
| Resident financial assessment | |
| Resident banking procedures and account management | |
| Ancillary and other revenue-producing sources | |
| CPA audit reports | |
| Staffing hours and wages in relation to staffing schedule | |
| Payroll procedures and documentation | |
| Signatures of AIT: _____ | Preceptor: _____ Department Head: _____ |

C. NURSING – 12 WEEKS**DATES OF ROTATION:**

| Demonstrate an Understanding of: | Dates of Completion |
|--|---|
| The aging process (psychological) | |
| The aging process (physiological) | |
| Basic principles of restorative nursing | |
| Definition, concept and basic principles of nursing | |
| Medication monitoring | |
| Basic principles of drug administration | |
| Basic pharmacological terminology | |
| Drugs, alcohol and their effect on patients and staff | |
| Role of the medical director and staff physicians | |
| Principles of infection control related to resident care | |
| Resident care needs | |
| Overall care plan requirements and process | |
| Techniques of auditing care outcomes | |
| Professional ethics of licensed nursing personnel | |
| Departmental staffing and organization | |
| Job descriptions | |
| Relevant codes, rules and regulations | |
| Disease recognition and prevention | |
| Medical terminology | |
| Care plans | |
| Utilization review/Assessment of needs | |
| Prevention of accidents and falls | |
| Orientation and training of employees | |
| Nurse and aide satisfaction, performance and turnover | |
| Quality assurance | |
| Patient rights and patient abuse | |
| PRI/MDS/QI Indicators | |
| Dealing with dementia | |
| Signatures of AIT: _____ | Preceptor: _____ Department Head: _____ |

D. RESIDENT ACTIVITIES – 3 WEEKS**DATES OF ROTATION:**

| Demonstrate an Understanding of: | Dates of Completion |
|---|---|
| Basic therapeutic recreational needs of residents | |
| Types of recreation and activity needs of residents | |
| Individual needs assessments | |
| Adaptive therapeutic equipment | |
| Volunteer resources/Community resources | |
| Care plan requirements | |
| Techniques of activity program evaluation | |
| Job descriptions | |
| Signatures of AIT: _____ | Preceptor: _____ Department Head: _____ |

E. SOCIAL SERVICES – 4 WEEKS**DATES OF ROTATION:** _____

| Demonstrate an Understanding of: | Dates of Completion |
|--|---|
| Personalization of environment | |
| Departmental organization and staffing | |
| Job descriptions | |
| Relevant codes, rules and regulations | |
| Social, psychological, spiritual and financial needs of residents and families | |
| Basic principles of family consultation | |
| Dynamics of interpersonal relationships | |
| Social worker functions | |
| Social worker functions | |
| Community, local and state resources | |
| Grieving process | |
| Death and dying | |
| Group dynamics | |
| Anxiety, Depression, Motivation, Separation reaction | |
| Admitting procedures/discharge planning | |
| Group work, e.g., resident council, newcomers groups, relative councils | |
| Care plan requirements | |
| Residents' rights | |
| Advanced medical directives | |
| Signatures of AIT: _____ | Preceptor: _____ Department Head: _____ |

F. MEDICAL RECORDS – 3 WEEKS**DATES OF ROTATION:** _____

| Demonstrate an Understanding of: | Dates of Completion |
|--|---|
| Departmental staffing and organization | |
| Job descriptions | |
| Relevant codes, rules and regulations | |
| Basic medical record-keeping systems | |
| Medical terminology | |
| Clinical medical record content | |
| Federal documentation requirements including minimum data sets | |
| Basic confidentiality policies | |
| Safeguarding clinical record information | |
| Signatures of AIT: _____ | Preceptor: _____ Department Head: _____ |

G. DIETARY – 6 WEEKS**DATES OF ROTATION:** _____

| Demonstrate an Understanding of: | Dates of Completion |
|---|---|
| Departmental staffing and organization | |
| Job descriptions | |
| Relevant codes, rules and regulations | |
| Cost control and Inventory control | |
| Meal planning | |
| Basic nutritional requirements | |
| Effects of dining experience on residents | |
| Frequency of meals | |
| Types of therapeutic diets | |
| Principles of dietary sanitation including dishwashing and water temperatures | |
| Dietary service audit techniques | |
| Role of registered dietician | |
| Food service delivery | |
| Food storage temperature | |
| Storage and serving | |
| Nutritional supplement requirements | |
| Adaptive feeding equipment | |
| Care plan requirements | |
| HACCP plan (Hazard Analysis Critical Control Points) | |
| Disaster plan, emergency menus | |
| Food borne illnesses | |
| Signatures of AIT: _____ | Preceptor: _____ Department Head: _____ |

H. MAINTENANCE – 5 WEEKS**DATES OF ROTATION:** _____

| Demonstrate an Understanding of: | Dates of Completion |
|--|---|
| Codes, rules and regs. for buildings, grounds, equipment, and maintenance | |
| Departmental staffing and organization | |
| Job descriptions | |
| Preventive maintenance systems | |
| Equipment and operating manuals | |
| Disaster/emergency planning | |
| Equipment replacement program | |
| Fire safety | |
| Physical plant needs | |
| Environmental design needs of nursing home residents | |
| Evacuation resources | |
| Cost control | |
| Inventory control | |
| Security measures | |
| Basic safety training programs | |
| Federal rules and regs. governing employee health and safety, including OSHA | |
| Injury prevention procedures | |
| Signatures of AIT: _____ | Preceptor: _____ Department Head: _____ |

I. ENVIRONMENTAL – 5 WEEKS INCLUDING HOUSEKEEPING AND LAUNDRY DATES OF ROTATION:

| Demonstrate an Understanding of: | Dates of Completion |
|--|---|
| Job descriptions | |
| Departmental staffing and organization | |
| Relevant codes, rules and regulations | |
| Infection control and sanitation | |
| Inventory control | |
| Patients' needs and wants to personalize their environment | |
| Basic housekeeping concepts and procedures | |
| Basic sanitation concepts and procedures | |
| Basic infection control concepts and procedures | |
| Pest control | |
| Basic concepts regarding safety devices | |
| Potential hazards | |
| Required lighting | |
| Signatures of AIT: _____ | Preceptor: _____ Department Head: _____ |

J. REHABILITATION SERVICES:

| Demonstrate an Understanding of: | Dates of Completion |
|--|---|
| Basic principles of rehabilitation | |
| Roles of all rehabilitation service disciplines | |
| Rehabilitation equipment | |
| Audit procedures for evaluation of rehabilitation program outcomes | |
| Overall care plan requirements and process | |
| Departmental staffing and organization | |
| Job descriptions | |
| Relevant codes, rules and regulations | |
| Medical terminology | |
| Care plans | |
| Utilization review/Assessment of needs | |
| Prevention of accidents and falls | |
| Orientation and training of employees | |
| Billing and Reimbursement | |
| Consultants and Contractual Services | |
| Record Keeping | |
| Signatures of AIT: _____ | Preceptor: _____ Department Head: _____ |

K. QUALITY ASSURANCE

| Demonstrate an Understanding of: | Dates of Completion |
|--|----------------------------|
| Policy and procedures – development & implementation | |
| Pertinent Federal, State & local laws & regulations | |
| Survey procedures & government interrelationships | |
| Quality improvement | |
| Patient rights & patient abuse | |
| Techniques of quality care outcomes | |
| Long range planning | |
| | |
| | |

PRECEPTOR'S REPORT – page 1
(One report should be submitted each quarter of the AIT program)

This confidential report is to be scanned and e-mailed, faxed, or mailed in a separate envelope to the Board Office. Please provide specifics of your AIT's progress and how he/she is learning the course content you have planned. Examples to include are: learning abilities (ease or difficulty); ability to assume problem-solving responsibilities; exercises in good judgment (insight into problems); initiative to learn the administrator role; personnel relationships and reactions to your program of practical training. Continue on additional pages, if necessary. **ALL INFORMATION IS CONFIDENTIAL.**

QUARTER _____

Name of AIT _____
(Printed)

Name of Preceptor _____
(Printed)

Signature of Preceptor _____

Date _____

Name of AIT _____
(Printed)

Name of Preceptor _____
(Printed)

Signature of Preceptor _____

Date _____