

**Alabama Board of Examiners of Nursing Home Administrators  
4156 Carmichael Road  
Montgomery, Alabama 36106**

**NOTICE OF INTENDED ACTION**

The Alabama Board of Examiners of Nursing Home Administrators intends to adopt amendments to its existing rules and regulations as follows:

|                                     |                    |  |
|-------------------------------------|--------------------|--|
| <b><u>Rule No. &amp; Title:</u></b> | 620-X-2-.01        | Definitions                            |
|                                     | 620-X-5-.09        | Temporary Management                   |
|                                     | 620-X-13-.01       | Fees                                   |
|                                     | 620-X-14-.01       | Effective Date                         |
|                                     | Appendix A Form 4  | Application for Renewal of NHA License |
|                                     | Appendix A Form 15 | Application for Temporary Manager      |

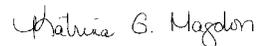
**Intended Action:** The Alabama Board of Examiners of Nursing Home Administrators proposes to amend the following rules: 620-X-2-.01, 620-X-13-.01, 620-X-14-.01, Appendix A – Form 4. The Alabama Board of Examiners of Nursing Home Administrators proposes to repeal the following rules: 620-X-5-.09 and Appendix A – Form 15.

**Substance of Proposed Action:** We are proposing to delete the definition of “Temporary Manager” and all references and forms thereof. The Board is proposing to add the social security number to the renewal form. The Board is also proposing to correct the misspelling of the word “recertification” and add clarification regarding the amount charged for a bad check return fee. The Board will also change the effective date of the rules.

**Time, Place, manner of Presenting Views:** Interested persons may present their views orally or in writing to the executive Secretary of the Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama 36106. Requests for copies of the proposed amendments should be addressed to Katrina G. Magdon, Executive Secretary (334) 271-2342 or can be viewed on the Board web site at [www.alboenha.state.al.us](http://www.alboenha.state.al.us).

**Final Date for Comment and Completion of Notice:** Deadline for comments is March 6, 2012.

**Contact Person at Agency:** Katrina G. Magdon, Executive Secretary, Alabama Board of Examiners of Nursing Home Administrators, 4156 Carmichael Road, Montgomery, Alabama, 36106, (334) 271-2342.



Katrina G. Magdon, Executive Secretary

## Chapter 2. General Definitions

### 620-X-2-.01      Definitions.

Whenever used in these rules and regulations, unless expressly otherwise stated, or unless the context or subject matter requires a different meaning, the following terms shall have the respective meanings hereinafter set forth or indicated.

(a) "Acting Administrator" means a person, other than a licensed nursing home administrator, who administers a nursing home immediately after the unexpected death, incapacitation, or resignation of the licensed nursing home administrator who was administering the nursing home.

(b) "Applicant" means one who has applied for and is fulfilling the requirements for licensure as a nursing home administrator.

(c) "Accredited College or University" means a college or university that appears in the accredited post secondary institution database by the United States Department of Education ([www.ope.ed.gov/accreditation/](http://www.ope.ed.gov/accreditation/)).

(d) "Board" means the Board of Examiners of Nursing Home Administrators of the State of Alabama.

(e) "Examiner" means a member of the Board of Examiners of Nursing Home Administrators of the State of Alabama.

(f) "Nursing Home" means any institution or facility defined as such for licensing purposes under the state law.

(g) "Nursing Home Administrator" means any individual who is charged with the general administration of a nursing home whether or not such individual has an ownership interest in such home, and whether or not his function and duties are shared with one or more other individuals.

(h) "Person" means an individual and does not include the term firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(i) "Petty Traffic Offense" means any misdemeanor arising out of the operation of a motor vehicle except: driving while under the influence of liquors, narcotics, or hallucinating drugs; leaving the scene of an accident; and manslaughter resulting from the operation of a motor vehicle.

(j) "Practice of Nursing Home Administration" means the planning, organizing, directing, and control of the operation of a nursing home.

(k) "Secretary" means the Secretary of the Board of Examiners of Nursing Home Administrators of the State of Alabama.

~~(l) "Temporary Management" means the temporary appointment by HCFA or the State of a substitute facility manager or administrator with authority to hire, terminate or reassign staff, obligate facility funds, alter facility procedures, and manage the facility to correct deficiencies identified in the facility's operation.~~

**REPEAL SECTION**

### General Information

~~— (1) The Board will approve persons to act as temporary managers based on information submitted to the Board. The approval shall be effective for a period of three years, after which the temporary manager must reapply. However, the Board may disapprove a temporary manager who has failed to remain in compliance with these requirements. The Board may disapprove a temporary manager at any time for good cause.~~

~~— (2) Each person desiring to be a temporary manager must submit an application showing:~~

~~— (a) his/her name, address, and age;~~

~~— (b) that he/she has been a licensed and practicing nursing home administrator in Alabama for at least three years;~~

~~— (c) the states and dates of issuance of all his/her professional licenses, including those as a nursing home administrator and that no disciplinary action has been taken against him/her;~~

~~— (d) that he/she has been in direct management control as administrator for at least two of the last five years, and that the facilities have had a continuous operating history free from significant deficiencies;~~

~~— (e) that he/she agrees to not to be a temporary manager if he/she is related, with the first degree of kinship, to the nursing facility's owner, manager, administrator, or other management principle to the facility to be managed;~~

~~— (f) that he/she agrees not to be a temporary manager if he/she has any pecuniary interest in or pre-existing fiduciary duty to the nursing facility to be managed;~~

~~— (g) that he/she agrees to be able to respond and relocate to a facility in need of a temporary manager within 48 hours of notice by the Department of Public Health, Division of Health Care Facilities; and~~

~~— (h) that he/she agrees not to be a temporary manager if he/she currently serves or, within the past 2 years has served as a member of the staff of the facility to be managed.~~

~~— (3) The temporary manager applicant must show that his/her education, experience, and knowledge qualify him/her to correct deficiencies identified in a facility's operation.~~

~~— (4) The temporary manager shall be of good moral character.~~

~~— (5) A person desiring to be a temporary manager must apply, renew annually and qualify under the terms of this rule.~~

~~— (6) The temporary manager shall have the authority to act as a nursing home administrator including, but not limited to, all of the following: overseeing the correction of violations; overseeing and advising on the management, hiring, and discharge of any consultant or employee, including the administrator of the nursing facility; ensuring that expenditure of the revenues of the nursing facility is done in a reasonable, prudent manner; overseeing the continuation of the business and the care of the residents; overseeing those acts necessary to accomplish to goals of Requirements of Participation; and directing and overseeing regular accountings.~~

~~—— (7) The temporary manager must file weekly reports with the Department of Public Health, Division of Health Care Facilities and send a copy to the Board. Each report shall be signed by the temporary manager, and should be filed every Monday. The weekly reports should contain information showing progress made to the correct deficiencies identified in the facility's operation.~~

~~—— (8) The temporary manager shall observe the confidentiality of the operating policies, procedures, employment practices, financial information, and all similar business information of the nursing facility, except that the temporary manager shall make reports as described in 620-X-5-.08 (11).~~

~~—— (9) The temporary manager shall be bonded in an amount equal to the facility's revenues for the month preceding the appointment of the temporary manager.~~

~~—— (10) The temporary manager shall not have the authority to:~~

~~—— (a) Enter into any contract with a duration beyond one year;~~

~~—— (b) Borrow funds from any lender or financial institution on behalf of the facility or the owner;~~

~~—— (c) Cause or direct the nursing facility to cancel or reduce its liability or casualty insurance coverage;~~

~~—— (d) Cause or direct the nursing facility to default upon any valid obligations previously undertaken by the owners or operators of the nursing facility, including but not limited to, leases, mortgages and security interests; and~~

~~—— (e) To incur capital expenditures in excess of \$2,000.00 without the permission of the owner of the facility.~~

~~—— (11) The temporary manager should immediately report to the Department of Public Health, Division of Health Care Facilities and the Board, the failure by the facility to relinquish authority to the temporary manager or the failure to pay the salary of a temporary manager.~~

~~—— (12) Temporary management ends when the facility meets any of the following conditions:~~

~~—— (a) CMS or the State determines that the facility has achieved substantial compliance and is capable of remaining in substantial compliance;~~

~~—— (b) CMS or the State terminates the provider agreement; or~~

~~—— (c) The facility which has not achieved substantial compliance reassumes management control.~~

## Chapter 13. Fees

### 620-X-13-.01 Fees.

The fee requirements of this chapter shall apply to all nursing home administrators. The fees to be paid are as follows:

- (1) A state examination fee not to exceed \$700.00;
- (2) An application fee not to exceed \$300.00;
- (3) An original license fee not to exceed \$300.00;
- (4) An emergency permit fee not to exceed \$1500.00;
- (5) A renewal fee not to exceed \$300.00;
- (6) An AIT application fee (200 - 500 hour program) not to exceed \$400.00;
- (7) An AIT application fee (1000 hour program) not to exceed \$500.00;
- (8) An AIT application fee (2000 hour program) not to exceed \$700.00;
- (9) A preceptor certification and recertification ~~rectification~~ fee not to exceed \$300.00;
- (10) A late renewal penalty not to exceed \$800.00;
- (11) A reciprocity questionnaire fee not to exceed \$150.00;
- (12) An inactive status reactivation fee not to exceed \$1,000.00;
- ~~(13) A temporary manager's fee and renewal fee not to exceed \$5,000 each;~~
- (13) ~~(14)~~ Copying of records at a fee not to exceed \$3.00 per page; and
- (14) ~~(15)~~ A Return Check fee in accordance with the maximum fee allowed by Code of Alabama 1975 §8-8-15.

Chapter 14. Effective Date of Rules and Regulations

620-X-14-.01 Effective Date.

These revised Rules and Regulations shall become effective on ~~October 1, 2011~~ May 1, 2012.

**Alabama Board of Examiners of Nursing Home Administrators  
4156 Carmichael Road, Montgomery, Alabama 36106  
(334) 271-2342**

**Application for Renewal of NHA License**

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NHA License # \_\_\_\_\_ E-mail address \_\_\_\_\_ Date \_\_\_\_\_ Social Security # \_\_\_\_\_

In accordance with Act No. 986, Regular Session, 1969, I hereby make application for renewal of my license as a nursing home administrator with the Alabama Board of Examiners of Nursing Home Administrators.

NAME: \_\_\_\_\_  
(Title) (Last) (First) (Middle)

ADDRESS: (Street) \_\_\_\_\_ (City) \_\_\_\_\_

(State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
*Please give current home address*

NAME OF FACILITY OR BUSINESS: \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

During the last year, have you been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

No  Yes  If yes, attach copy of relevant documents.

In addition to this license, I hold the following other professional licenses:

License: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
(Title) (Number) (State)  
\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_  
(Title) (Number) (State)

Not Applicable

**Affidavit of Applicant**

I hereby certify that the \_\_\_\_\_ (total hours) continuing education hours listed on this application are true and correct to the best of my knowledge and belief.

In witness whereof, I set my hand and seal this \_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
(Signature of Applicant)

Sworn to and Subscribed before me this \_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

# REPEAL FORM

Appendix A – Form 15

Alabama Board of Examiners of Nursing Home Administrators  
4156 Carmichael Road, Montgomery, Alabama 36106  
(334) 271-2342

## Application for Temporary Manager

(Please print clearly or type all answers – if there is not sufficient space, use additional sheets and number accordingly).

— NHA License # \_\_\_\_\_ Date of Issuance \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
— (Last) — (First) — (Middle) —

ADDRESS: (Street) \_\_\_\_\_ (City) \_\_\_\_\_

— (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

*Please give current home address*

TELEPHONE: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision; been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

— No —  — Yes —  — If yes, attach copy of relevant documents.

In addition to this license, I hold the following other professional licenses: — Not Applicable —

License: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
\_\_\_\_\_ (Title) \_\_\_\_\_ (Number) \_\_\_\_\_ (State)

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
\_\_\_\_\_ (Title) \_\_\_\_\_ (Number) \_\_\_\_\_ (State)

Have you had any disciplinary action taken against any professional license you hold? — No —  — Yes —

If yes, please explain \_\_\_\_\_

Please list the names, addresses, and dates of the facilities in which you have been in direct management control over the last five years. *Please list current facilities first and provide copies of HCFA 2567's or HCFA 2567L's of all facilities listed.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your experience that would qualify you to become a temporary manager.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please submit a copy of your current resume.*

Education: ~~Please submit a copy of all degrees and certificates you have received.~~

~~(a) Please circle the highest grade completed: 6 7 8 9 10 11 12~~

~~(b) Did you graduate? Yes  No  Date of Graduation \_\_\_\_\_~~

~~(c) Name of High School \_\_\_\_\_~~

~~Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)~~

~~(d) Name of College or University \_\_\_\_\_~~

~~Address \_\_\_\_\_~~

~~(e) Degree \_\_\_\_\_~~

~~(f) Major undergraduate subjects: \_\_\_\_\_~~

~~(g) Major graduate university subjects: \_\_\_\_\_~~

~~(h) Other educational training: Name \_\_\_\_\_~~

~~Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)~~

~~Dates attended: \_\_\_\_\_ Certificate Received: Yes  No   
(From To)~~

~~Subjects: \_\_\_\_\_~~

~~By making application as a temporary manager, I hereby agree and understand if appointed by HCFA or the State as a temporary manager I will:~~

~~— Be bonded in an amount equal to the facility's revenues for the month preceding my appointment as a temporary manager;~~

~~— Not serve if I am related, with the first degree of kinship, to the nursing facility's owner, manager, administrator, or other management principle to the facility to be managed;~~

~~— Not serve if I have any pecuniary interest in or pre-existing fiduciary duty to the nursing facility to be managed;~~

~~— Not serve if I currently serve or, within the past two years have served as a member of the staff of the facility to be managed; and~~

~~— Be able to respond and relocate to the nursing facility to be managed within 48 hours of notice by the Department of Public Health, Division of Licensure and Certification.~~

~~I hereby certify that the information listed on this application are true and correct to the best of my knowledge and belief.~~

~~In witness whereof, I set my hand and seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.~~

~~\_\_\_\_\_  
(Signature of Applicant)~~

~~Sworn to and Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.~~

~~\_\_\_\_\_  
(Notary Public)~~

~~My Commission Expires \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_~~