

BUILDING EXCELLENCE IN LONG-TERM CARE.





**A LITTLE
ABOUT ME.**



MY FAMILY



OUR FURBABIES

- ▶ Koda
- ▶ Scooter
- ▶ Shiloh

Objectives:

- TELS & Change of Administrator Forms
- Renewals
- Discipline
- Frequently Asked Questions

Cheers

- ▶ Working Through Change
- ▶ Communication
- ▶ Challenges





TEMPORARY EMERGENCY LICENSE (TEL)

Temporary Emergency License (TEL)

- ❖ Must be an emergency.
- ❖ Applied for by the facility and an applicant no later than 10 working days of the vacancy of the fully licensed administrator if the facility is unable to employ a fully licensed administrator.
- ❖ TEL application must be accompanied with application for full licensure.
- ❖ Vacating administrator must submit an updated employment form to the BNHA office.
- ❖ Visit BNHA website @ <https://health.mo.gov/information/boards/bnha/> for the TEL checklist.

TELS Cont.

- ❖ If approved, the TEL is granted to the applicant at the facility for 120 days. No extensions.
- ❖ The TEL administrator is fully responsible for the facility as if fully licensed by the Board.
- ❖ Board determines if applicant is qualified or not to examine for full licensure – qualified applicant can examine and obtain full licensure before the expiration of the TEL.
- ❖ Call BNHA office at 573-751-3511 for any questions.

TEL CHECKLIST

Temporary Emergency License (TEL) Application Checklist

Pursuant to 19 CSR 73-2.080 and section 344.030.4, RSMo

*Please be advised that section 344.020, RSMo, prohibits an unlicensed person from acting or serving in the capacity of a licensed administrator without first securing a license from this office. To do so is a violation of the Board's statute and can be grounds to deny licensure. Applicants **cannot** begin working as a temporary licensed administrator of the facility until the TEL has been approved and a temporary administrator license has been issued to the applicant.*

- ☐ Complete initial application for licensure and TEL application must be received in the Board office no later than 10 working days of the administrator position being vacated, pursuant to 19 CSR 73-2.080.
- ☐ If an application for licensure is not already on file with the Board office for the person applying for the TEL, the person applying for the TEL must follow the appropriate level of licensure (RCAL or NHA) application checklist. The application checklist provides two options to send the application for licensure and pay the fee online.
 - The application for licensure, checklist, and online fee payment are available under License Application on our website, www.health.mo.gov/bnha, and select the appropriate licensure level.
 - If the person applying for the TEL currently has or have had an administrator's license in other states, please follow the reciprocity checklist available under License Application on our website and select the appropriate licensure type.
- ☐ The TEL application must be completed and signed by a facility authorized representative and the person applying for the TEL. There is no fee associated with the TEL application.
 - Email or fax the completed and signed TEL application:
 - Email: BNHA@health.mo.gov
 - Fax: (573) 526-4314
- ☐ The TEL application cannot be processed until the TEL Application and application for licensure (including required documents* and fee) have been received in the Board office. These items must be received within 10 working days of the administrator position being vacated.
 - If any of the required information is missing, the person applying for the TEL and/or the facility authorized representative will be notified immediately by email.
- ☐ The Board office will notify the person applying for the TEL via email of the decision. If approved, the TEL is only valid during the timeframe (no more than 120 days) indicated on the temporary license and letter.

To expedite the TEL review process, please ensure the following:

- Full application for licensure is submitted and on file with this office.
- Fee paid for full application for licensure.
- Copy of Birth Certificate/Passport is included with full application for licensure.*
- Copy of High School/GED completion is included with full application for licensure for those not applying for reciprocity.*
- If possible, vacating or vacated administrator must update employment with our office at BNHA@health.mo.gov.

NOTE - No TEL extensions are granted.

Questions? Please email the Board office at BNHA@health.mo.gov



RENEWALS

RENEWAL HELPFUL TIPS

Renewal reminders are first sent on February 01.

A second renewal reminder will be sent April 01.

A rule of thumb is to have renewal application to the BNHA office by May 31st.

All renewal applications are due to the BNHA office by June 30th.

If your renewal has not been approved by June 30th, you may no longer hold yourself as an administrator. A fully licensed administrator will need to step in on July 01, or a TEL will need to be applied for.

What Happens if my License Expires?

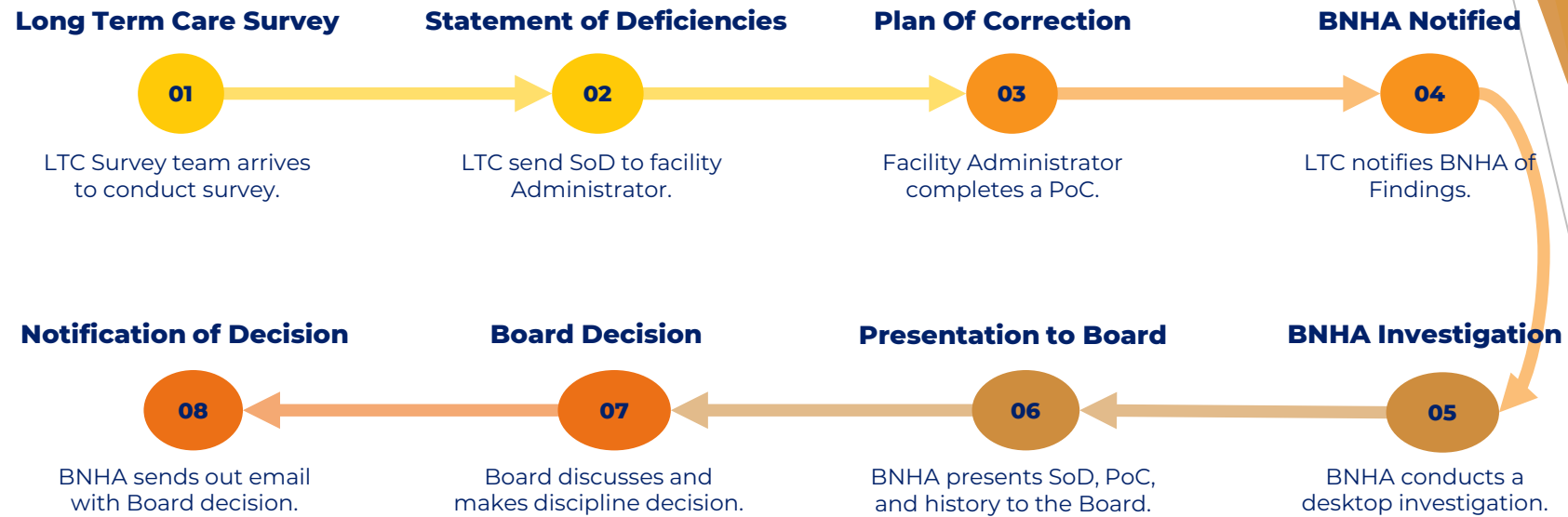
- ▶ Practicing with an expired license is not permitted in Missouri. Depending on the length of time expires, additional requirements or fees may apply to reinstate the license.
- ▶ In some instances, an expired license applicant will need to start the licensure process over and reapply and reexam.

What Continuing Education (CE) is Required?

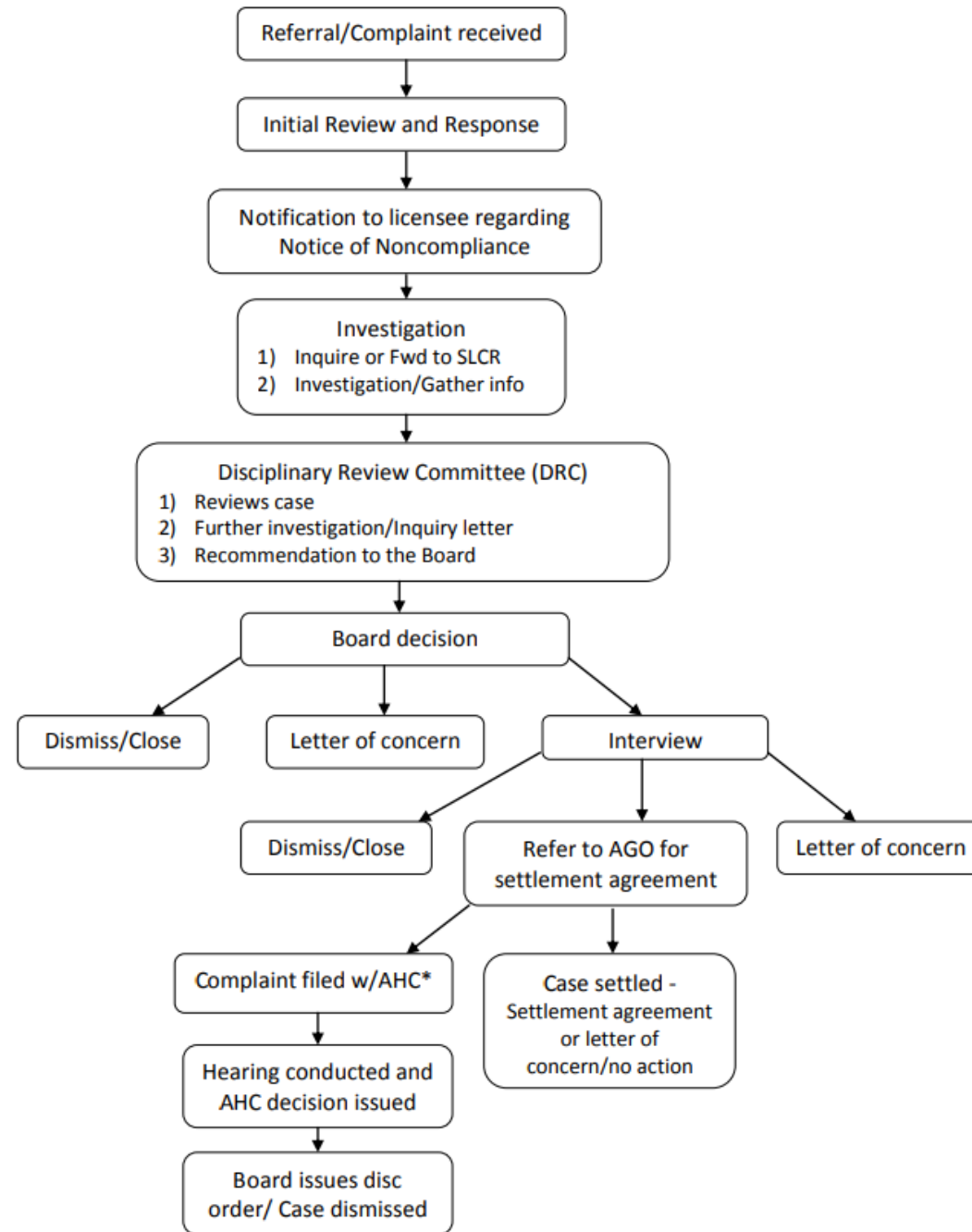
- ▶ Licensees must complete the required number of approved continuing education hours during each 2-year renewal cycle which a total of 40 hours.
- ▶ No CEs may be used for multiple renewal cycles.
- ▶ Documentation must be retained in case of an audit.
- ▶ Highly recommended to utilize the NAB CE registry.



DISCIPLINE



Disciplinary Tree



TYPES OF DISCIPLINE

Letter of No Action

Letter of Concern

Letter of Strong Concern

Letter of Inquiry

Interview w/Board

Probation of License

Revocation of License

SUBJECT: Annual Licensure Survey – Class I

Dear **NAME**:

On **DATE**, the Missouri Board of Nursing Home Administrators reviewed the Statement of Deficiencies dated **DATE**, for **FACILITY** along with your response. Following review, the Board determined no further action is necessary regarding your administrator license.

Thank you for your cooperation during this process. If you have questions, please contact the Board office.

Sincerely,

A handwritten signature in black ink that reads "April Mertens". The script is cursive and fluid.

April Mertens
Board Administrator

/am

Letter of “NO ACTION”

Letter of Concern

SUBJECT: Complaint Investigation – Class I

Dear **NAME**:

On **DATE**, the Missouri Board of Nursing Home Administrators reviewed the Statement of Deficiencies dated **DATE** and the related Notice of Noncompliance for **FACILITY** along with the response. Although corrective action was taken, the Board remains concerned about the seriousness of the violations. No disciplinary action will be taken, but this letter serves as a formal expression of concern.

The Section for Long Term Care Regulation (SLCR) conducted a complaint investigation on **DATE**, citing a Class I violation. The facility failed to:

- CITATIONS

Following a revisit on **DATE**, the facility was found to be in substantial compliance.

As outlined in 19 CSR 73-2.095(1), administrators are accountable for resident care, facility management, and ensuring compliance with long-term care regulations. The Board expects you to reflect on these responsibilities and apply this experience toward strengthening your oversight.

For details on the Board's disciplinary process, please visit: <https://health.mo.gov/information/boards/bnha/disciplinaryinfo.php>. Questions regarding this letter may be directed in writing to bnha@health.mo.gov.

Sincerely,



April Mertens
Board Administrator

LETTER OF STRONG CONCERN

SUBJECT: Complaint Investigation – Class I

Dear **NAME**:

On **DATE**, the Missouri Board of Nursing Home Administrators reviewed the Statement of Deficiencies dated **DATE**, and the related Notice of Noncompliance at **FACILITY**, along with your response. While corrective efforts were made, the violations remain serious. This letter of strong concern is issued in connection with potential violations of administrator licensing regulations.

Section for Long Term Care (SLTC) conducted a complaint investigation on **DATE**, citing the following violation(s). The facility failed to:

- **CITATIONS.**

Following a revisit on **DATE** the facility was found in substantial compliance.

As required under 19 CSR 73-2.095(1), administrators are responsible for resident care, staff oversight, and enforcing facility procedures to ensure compliance with state law. The Board urges you to reflect on these responsibilities and strengthen your practices accordingly.

For more information on the disciplinary process, please visit: <https://health.mo.gov/information/boards/bnha/disciplinaryinfo.php>. Questions regarding this letter may be directed to bnha@health.mo.gov.

Sincerely,



April Mertens
Board Administrator

LETTER OF INQUIRY

SUBJECT: Annual Licensure Inspection Revisit – Uncorrected Class II

Dear **NAME**:

On **DATE**, the Missouri Board of Nursing Home Administrators reviewed the Statement of Deficiencies dated **DATE**, regarding **FACILITY**, which included an Uncorrected Class II Notice of Noncompliance. **As Administrator, you are required to provide a written response by DATE.**

Your response should:

1. Explain the circumstances surrounding the violation
2. Detail immediate corrective actions taken.
3. Describe long-term changes in staff training and communication.
4. Share what you have learned and your understanding of your role as Administrator.
5. **Other inquiries as needed per SoD.**

The Board will review your response and may request additional information or your appearance at a future meeting. For more information on the disciplinary process, visit: <https://health.mo.gov/information/boards/bnha/disciplinaryinfo.php>.

As required under 19 CSR 73-2.095(1), administrators are responsible for resident care, staff oversight, and enforcing facility procedures to ensure compliance with state law. The Board urges you to reflect on these responsibilities and strengthen your practices accordingly

You will be informed in writing of the Board's decision after its meeting on **DATE**. Direct any questions to the Board in writing at bnha@health.mo.gov.

Sincerely,



April Mertens
Board Administrator

INTERVIEW LETTER

SUBJECT:

Dear **NAME**:

The Board of Nursing Home Administrators (Board) reviewed the Statement of Deficiencies dated **DATE** regarding **FACILITY** and your written response. The Board requests your appearance at its meeting on **DATE** at **TIME** a.m., at 920 Wildwood Drive, Jefferson City. This is an informal meeting, not a hearing, intended to gather additional information.

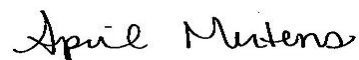
The Board requests your appearance at its meeting on **DATE**, at **TIME** a.m., at 920 Wildwood Drive, Jefferson City. This is an informal meeting, not a hearing, intended to gather additional information.

Since 2002, under section 198.026.3, RSMo, the Board's Disciplinary Review Committee has reviewed all Notices of Noncompliance issued to long-term care facilities. The Board receives those and the DRC of the Board, under 19 CSR73-2.105 and its authority found at 344.010-344.108, makes recommendations.

When appropriate, the Administrator is invited to meet with the Board to provide perspective and assist in resolving the matter.

Please confirm your attendance no later than **DATE**, by contacting me at (573) 522-2319 or april.mertens@health.mo.gov.

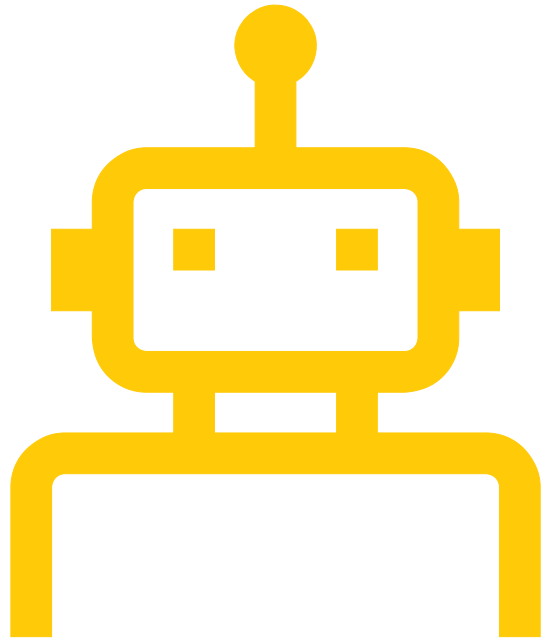
Sincerely,



April Mertens
Board Administrator



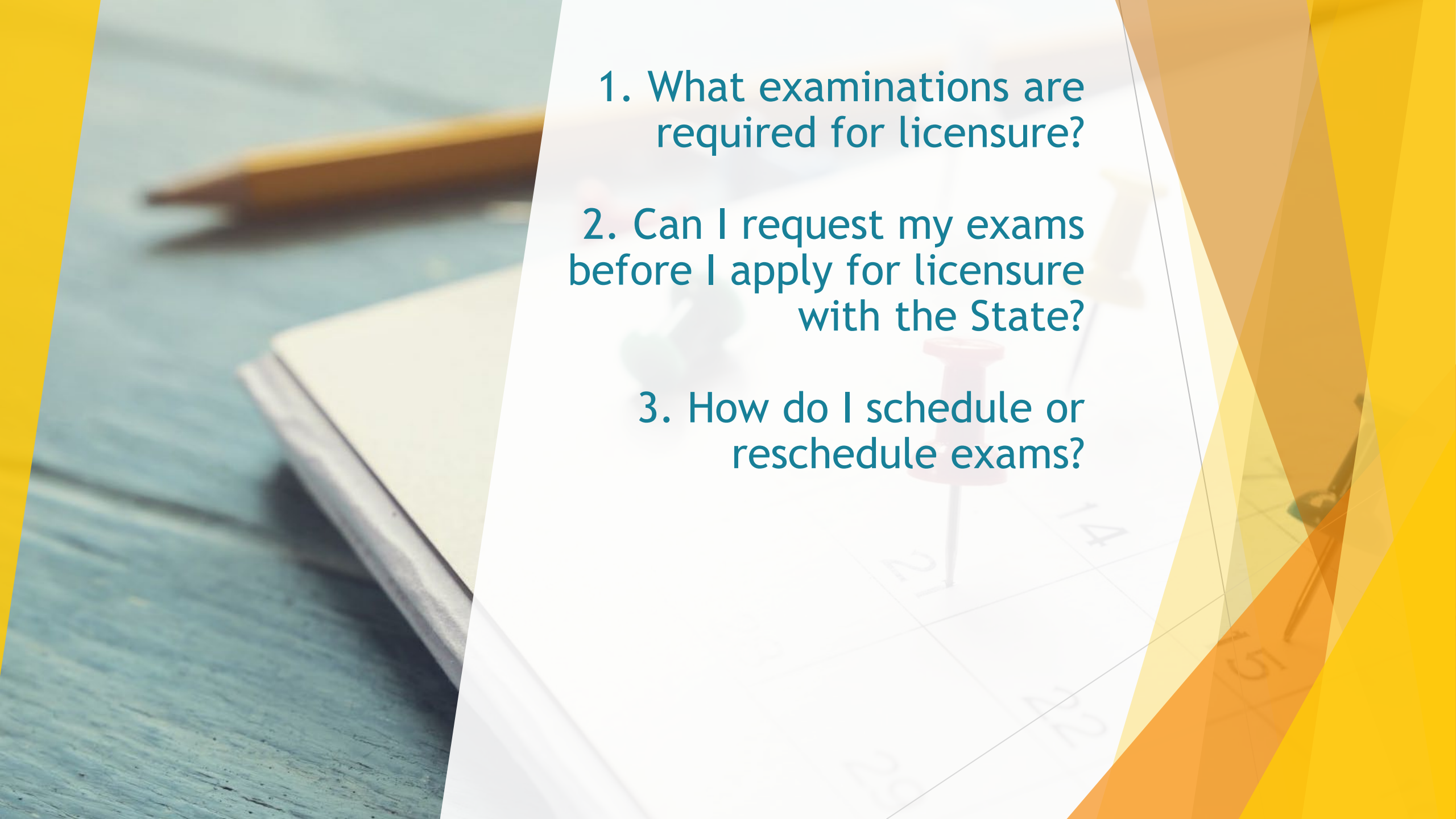
FAQs

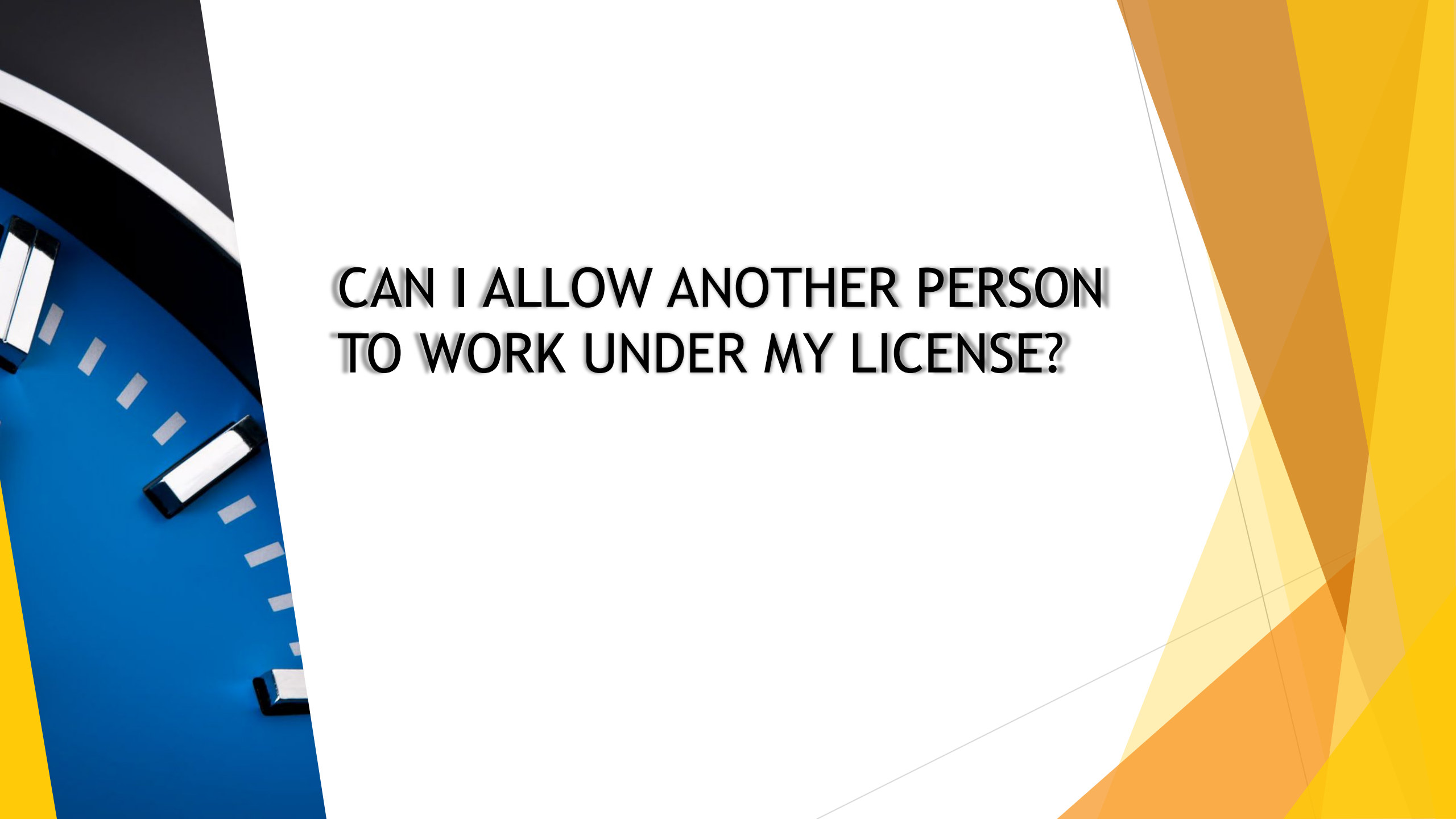


Who is required
to be licensed
by Missouri
BNHA?



How will I
know if my
application is
incomplete?

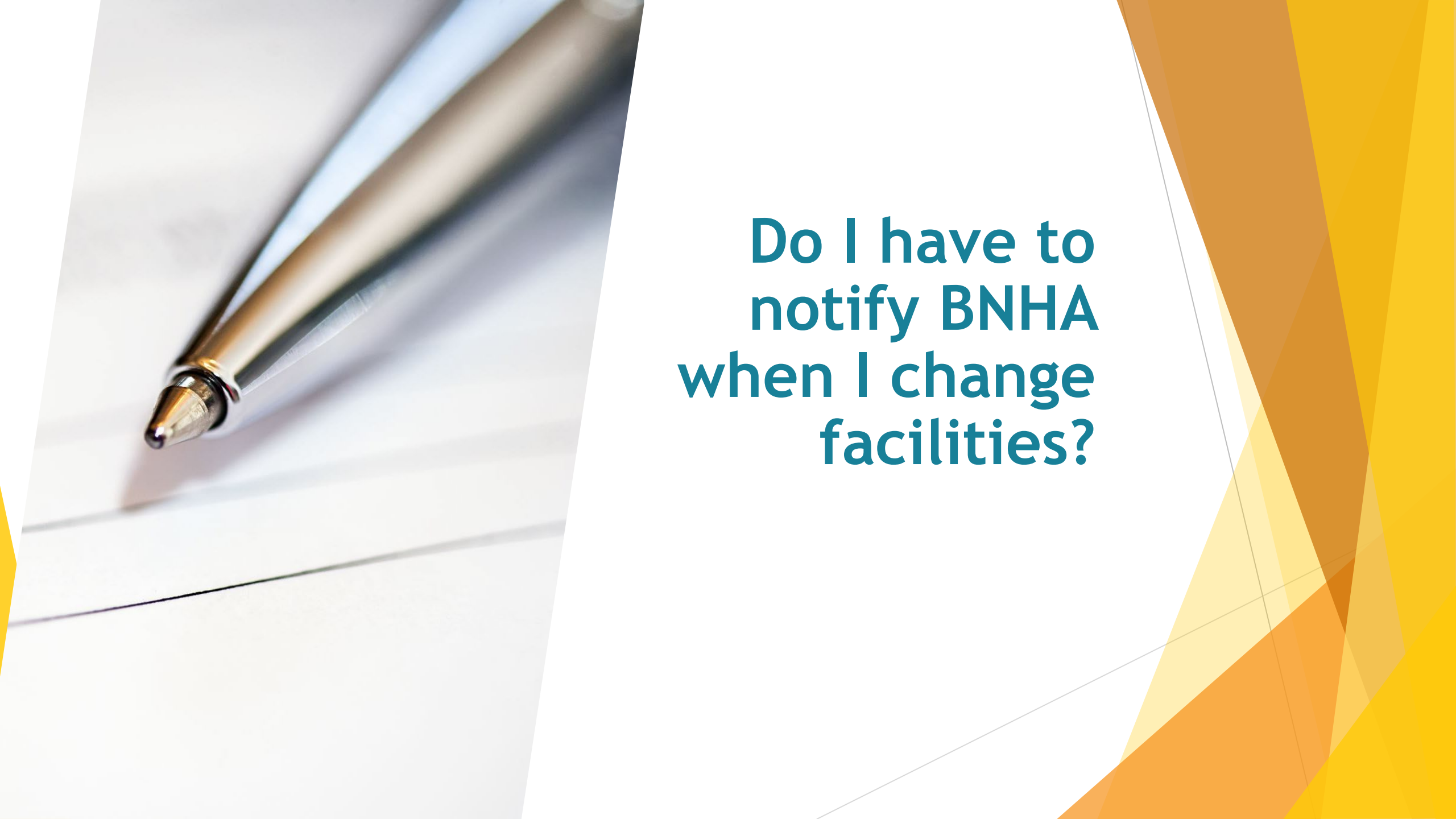
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1. What examinations are required for licensure?
2. Can I request my exams before I apply for licensure with the State?
3. How do I schedule or reschedule exams?

The background features a white central area with abstract geometric shapes in shades of orange and yellow on the right side. On the left side, there is a blue circular graphic with white dashed lines and three small white rectangular markers, resembling a clock face or a stylized wheel.

**CAN I ALLOW ANOTHER PERSON
TO WORK UNDER MY LICENSE?**



**CAN I GET AN
EXTENSION ON MY
▶ TEL?**



**Do I have to
notify BNHA
when I change
facilities?**

New Rule Change - effective 06/30/23

19 CSR 73-2.130 - Notice of Change of Contact Information and Missouri Administrator Employment

1. Each administrator shall notify the board office of his/her current contact information within ten (10) calendar days of change for any of the following:
 - A. Personal contact information, which shall include administrator license number, personal mailing address, email, and telephone number(s); and
 - B. Missouri administrator employment, which shall include, administrator license number, facility name, mailing address, telephone number(s), and employment dates.

To notify the board of contact information changes, please fill out the **Administrator Information Update Form**

BNHA WEBSITE

Administrator Information Update Form

Are you updating your: *

- ☒ Personal Contact Information
- ☐ Administrator Employment Information
- ☐ All of the above

Personal Contact Information Update

Administrator license number *

Name *

First Last

Personal Mailing Address

Street Address

City

State / Province / Region

Postal / Zip Code

United States

▼

Country

Email

Phone Number

-

-

####

Submit

FORM



WHO IS RESPONSIBLE?

- ▶ Facility responsibility
 - ▶ Administrator responsibility
- 

I was not able to renew my license by
June 30th, can I hold myself out as an
administrator?



I received a letter from the Board, do I have to respond to it?



How Often Does ▶ the Board Meet?



HELPFUL HINTS

Helpful tips...we have your back!

- ❖ Visit our website at <https://health.mo.gov/bnha> - can't find information, please call or email us.
- ❖ Visit the NAB website at www.nabweb.org.
- ❖ Join one or more professional associations – networking and support, minimal CE costs, education, etc.
- ❖ Join LinkedIn.
- ❖ Attend trade shows, conferences, and meetings.
- ❖ Leadership Coach through QIPMO – for certified facilities.
- ❖ Communicate and connect with your Section for Long Term Care Regulation survey office.
- ❖ Take care of yourself.

Website - <https://www.health.mo.gov/bnha/>

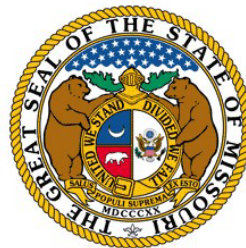
Email: bnha@health.mo.gov

PO Box 570

Jefferson City, MO 65102

(573) 751-3511 or (573) 522-2319 (Office)

(573) 526-4314 (Fax)





QUESTIONS?



BNHA@health.mo.gov



573-751-3511



Health.Mo.Gov/bnha



THANK YOU!