

Dear Administrator

Minnesota law allows organizations to share an administrator to meet compliance of the federal requirement for a licensed administrator. Minnesota pioneered this approach to acknowledge the need for facility to have flexibility with different leadership models in creating diverse campuses serving elders and maintaining federal requirements. This law was not created to avoid administrator expense or to circumvent the LNHA licensure process. Leadership sets the environment for both staff and residents in creating quality environments. Research clearly shows an onsite engaged LNHA can impact the environment and onsite of the facility. The board needs to assure the public that licensees “do not hang their license on the wall” to meet a regulation. Rather, that they engage in models of leadership that promote quality outcomes and be engaged in continuous quality improvement. The LNHA must maintain a sufficient on-site presence and is ultimately responsible for the operations of the facility.

To assist the licensee in meeting the board’s expectations, the attached laws and guidance documents offer additional direction:

Current Practice Responsibilities for the LNHA
Original language for Shared Licensed Administrator
Minnesota Rules 4658.0055 and 4658.0060

Minnesota Rules 6400.5000-3790
Minnesota Statute 144A.04 NAB
Domain of Practices

The board does not wish to create mandatory rules of enforcement but offers you the listed guidelines to direct you in operational excellence. The Domains of Practice are critical in assuring your responsibility. If MDH annual surveys or complaint investigations focus on administration, the Standards of Practice Committee of the board may request the facility policies and procedures on delegation of authority, as required in Minn. Stat. 144A.04. The board expects the signature of the Administrator of Record/Appointed Authority (per your Provider Agreement) on the CMS 2567, on all formal Minnesota Department of Health correspondence and complaint investigations to assure that the LNHA is effectively managing the facility. The board also requires you to abide with Minnesota Rules 4658.0060 which list current expectations.

Minnesota authored this approach recognizing the different models of administrative leadership and management exist. Rigid, disciplined models of regulation become law when negative outcomes regularly occur in practice. BELTSS must assure the public that residents are effectively served through qualified, innovative, resident focused administrators. An additional license must be granted by the board office to post in a conspicuous location at the second facility. A \$250.00 processing fee is required for a second license. This fee is paid online when you submit your shared NH/HS application using your BELTSS Online Portal account.

Sincerely,

Steve Jobe DC, MBA, LHNA, & LALD
Executive Director

Application for Shared Administrator Assignment Skilled Nursing Facility

Name of Licensee:	License #	Facility #1 Legal Entity Name:
Facility #1 Physical Address:		Facility #1 HFID:
Current Services offered:		
Skilled Beds #		
Assisted Living Unit #		
Apartments #		
Home Health Agency License Type		
Other Services Offered		
Current CMS Star Rating	_____ Stars	

Facility #2 Physical Address:		Facility #2 Legal Entity Name:
Current Services offered:		Facility #2 HFID:
Skilled Beds #		
Assisted Living Unit #		
Apartments #		
Home Health Agency License Type		
Other Services Offered		
Current CMS Star Rating	_____ Stars	
Distance Between Facilities in miles:		
Do you anticipate this assignment to be permanent or temporary?	Permanent (more than 6 months) Temporary (6 months or less)	

For Office Use Only		Date: _____
Ck# _____	Amount: \$250.00	Fee Type: 640118
		Deposit #: _____

Best Practices for a Shared Administrator

Refer to Best Practices Document

1. Be Available and Be Visible:

Describe your typical communication system for residents, families and staff? Develop, publicly post and submit a copy of your written policy as to minimum contact information during normal business hours at each site. This will be completed prior to issuing the second license. Describe your active participation required of the Administrator of Record relating to each of the following areas; staff evaluations, staff QAPI and education, emergency preparedness, IDT, QAPI, and QAA meeting active participation.

2. Create detailed policy on Delegation of Authority and enhance the use of technology when not physically available.

How do you intend to maintain on-site presence at both campuses? Provide your anticipated schedule, i.e. Two days at Facility X, Two at Facility Y, alternating days, or weeks?

When physically not present, what policies do you have or will create to assure the completion of the responsibilities and domains of practice of the LNHA are met?

What are the operational goals and opportunity to be gained by utilizing a shared Administrator?

Please attach a copy of your procedures to communicate your availability to residents, families and staff, within seven days prior to or after the beginning of this assignment. _____ Enclosed _____ Not Enclosed

By my signature, I acknowledge that I have reviewed the following guidance documents and best practices to aid in the performance in service as a shared administrator.

Best Practices and Administrator Expectations: *I have reviewed the following the documents:*

- [Minnesota Rules for Administrator of Record](#)
- [NAB –National Domains of Practice –Knowledge, skills and abilities for the LNHA](#)
- [National Nursing Home Quality Care Collaborative”](#)
- [Minnesota Rules for Administrator of Record](#)
- [Best Practices for Shared Administrators](#)

Minnesota State Rules and Statutes:

- [Minnesota Statute 144A.04](#).....Original language for Shared Licensed Administrator
- [Minnesota Rules 4658.0055 and 4658.0060](#).....Current Practice Responsibilities for the LNHA
- [Minnesota Rules 6400.5000-3790](#).....Current Nursing Home Administrators standards
- [2015 Domains of Practice Standards-National Association of Board](#).....Minimal Expectations

Signature of Licensed Nursing Home Administrator

Date

Printed Name of Licensed Nursing Home Administrator

Appointing Authority – Required Authorization:

I/we acknowledge the identified Licensed Nursing Home Administrator (LNHA) will be the Administrator of Record assigned to the two named licensed entities. Best practices indicate time management is a critical skill set to assure the onsite presence of the single individual in serving both communities. As the appointing authority, support is granted the LNHA to actively engage in both communities to the best of their ability.

Signature of Appointing Authority

Signed: _____

Date: _____

Board Chair/Owner/Appointing Authority

Address: _____

City

State

Zip

Phone: _____

Email: _____

**This form is not considered complete without a signed appointing authority authorization.
Pages 2-5 must be submitted with the appropriate fee for the submission to be accepted.**