



Below you will find a comprehensive list of frequently asked questions (FAQs) regarding the Health Services Executive (HSE). This document will be updated as additional questions are received.

Category	Question	Answer
Health Services Executive	Does our board need to change our existing regulations for NHA, RCAL, and/or HCBS to adopt the HSE?	No, although some states are adopting the HSE as a new licensure category, most are accepting the HSE Qualification as licensure by equivalency. NAB does have sample rules/regulatory language from states that have adopted the HSE upon request.
Health Services Executive	Does our board have to start licensing RCAL and/or HCBS to adopt the HSE?	No, while individuals will need to successfully complete both the RCAL and HCBS line of service exams, it is not necessary for states to license either RCAL or HCBS.
Health Services Executive	Why should our board adopt the HSE if we don't license RCAL and/or HCBS?	The Health Service Executive is modeled after other national approaches to address the issue of licensure portability. This is NAB's attempt at creating a solution for this critical workforce issue with a value added blending of classroom and internship skill building for the contemporary executive. As the nation's workforce becomes more mobile, it is crucial to address a growing need of individuals to hold multi-state licenses.
Health Services Executive	How will adoption of the model AIT and Preceptor Programs support the HSE?	NAB's Mission is to provide tools for its member states to be successful in their local, public safety role. The two new tools for the AIT and the Preceptor provide a national consistent framework in the promotion of researched based best practices. Both of these model programs and the HSE provide the highest standard of training in a national model, while still allowing states to build additional education for the state specific requirements.
Health Services Executive	Do we have to increase our existing AIT requirements to adopt the HSE?	No, as the HSE addresses the portability of licensure, the NAB Model AIT and Preceptor training programs further ensure a standard training regimen. NAB's AIT program is designed to cover the Domains of Practice in their entirety. You can be confident that NAB HSE Qualified candidates that pass the state exam in your jurisdiction (if required), have met the HSE requirement of a combination of AIT and/or practice experiences (minimum of 3 years as a nursing home

		<p>administrator or active engagement), under this program. Additionally, graduates of an NAB HSE accredited academic program must complete a minimum of a 1,000 hour AIT program.</p>
Health Services Executive	Is this NAB's response to "portability of license" and similar to the national 'nursing compact' and medicine's interstate compact?	<p>NAB's approach is portability of qualifications based on a national standard, rather than portability of a license. The state will continue to issue a license to practice. The HSE is modeled after other national approaches for the licensure portability. This is NAB's solution for this critical workforce issue with a value-added blending of classroom and internship skill building for the contemporary executive. The higher overall standard allows for all states to accept the HSE credential as meeting their state's requirement with minimum statutory, rule or administrative rule revisions. States can maintain their existing license processes and ADD this additional qualification pathway.</p>
Health Services Executive	Our state doesn't license other lines of service, only skilled care?	<p>Only one state requires all three lines of service to hold a license at the present time (Oklahoma). The mission of LTC Administrator Boards should encompass the notion of public safety as the core of the work of the board and, therefore, it is consistent to believe new administrators/executives/leaders should have broader exposure to and comprehension of the full continuum of care. The HSE academic accreditation exceeds all states' individual academic, classroom training and field experience when both elements are combined. It is estimated that two years of academic course work focused on the long term care professional practice analysis (<i>the science behind the requirements</i>) amounts to 4,120 hours in additional to the minimum 1,000 hours required to apply the knowledge to actual practice required in the Health Service Executive. If a state cannot agree to that principle of combined classroom and experiential knowledge, they may not be able to participate. Currently, no state requires more than 2,500 hours of combined classroom and field experience.</p>
Health Services Executive	Our entry level requirement has a minimum vocational or on the job training hours which is more than 1000 hours and doesn't rely on college courses?	<p>The highest HSE standard requires proven learning principles of blending classroom with internship hours. Combined, no state has more than 3,000 hours as required in the Health Service Executive track covering additional services for our nations' elders and other populations served.</p>

Health Services Executive	I've been licensed and worked in multiple lines of service, is there a grandparenting clause?	Yes, grandparenting for the experienced Executive occurs until January 31, 2018 . Experienced Administrators that apply and can provide verified evidence of their past experience will not require additional examinations. See https://www.nabweb.org/health-services-executive . After that date, they will be required to complete the examinations in the areas not currently licensed.
Health Services Executive	Are there examples of other state's that have enacted the Health Service Executive?	Currently, North Dakota, and Kansas though Administrative rule have authorization to license candidates that are NAB HSE Qualified. Nevada passed statutory language through its legislature in 2017 making it the first state to establish an HSE license as meeting their requirements to practice as an NHA and/or RCAL administrator. Minnesota, Ohio and several other states are also drafting language for their 2018 legislative sessions. All of those examples and the different approaches are found on the NAB website.
Health Services Executive	Is this our role as a nursing home licensure board?	Public Safety Boards do not exist to protect the industry, or board members. The role is to protect society when it is unable to otherwise protect itself. Boards provide consumers with an assurance of the qualifications of licensees along with a means of enforcement for the benefit of the public. The public benefits when HSE leaders have additional exposure to other settings that will benefit their overall quality of life and is the current operating expectation for many states. At the same time, new emerging leaders in long term care are asking for a 'refresh or reset' of their baseline education to assure they have the skillset for tomorrow's elder population needing new service models.
Health Services Executive	What if we don't participate at this time?	NAB will continue to offer their current stand-alone examination packages of the skilled nursing home administrator exam as well as the Residential Care/Assisted Living exam. In July 2017, the Home and Community Based Services exam was added and can be taken as a stand-alone exam as well. States will continue to recognize their existing examination requirements currently provided by the NAB examination process.