

DETAILS/PROGRAM SCHEDULE

After successfully completing this workshop, participants will be able to:

1. Utilize Interpretative Guidelines for regulatory compliance
2. Identify an instance when Title 22 supersedes the CoPs
3. List requirements for HHA acceptance of patients
4. Differentiate between a referral and an admission based on #3
5. List policy requirements for making records or OASIS corrections

You will also receive the latest copy of the **Medicare Conditions of Participation & Interpretive Guidelines** a resource item offered through CAHSAH.

Workshop

9:00 am - 4:00 pm (Registration 8:00 - 9:00 am)

Networking Lunch provided

WHO SHOULD ATTEND

Whether you are new to the Medicare Home Health program or a veteran, this workshop will be invaluable training to help you achieve & strive for full regulatory compliance. This class is recommended for new members, management, and as a follow up for attendees of the Home Care Manager Certificate Program.


(This workshop does NOT cover hospice)

CEUs

Provider approved by the California Board of Registered Nursing (Provider #CEP2463 and by the California Board of Behavioral Sciences (Provider #PCE588) for six and one half (6.5) contact hours of continuing education. You must be present for the entire workshop to earn Continuing Education Units. No partial credits can be given.

PRESORTED
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California Association for Health Services at Home
3780 Rosin Court, Suite 190
Sacramento, CA 95834
www.cahsah.org



CoP's 2009: Medicare's Mandates

April 21, 2009

Radisson Hotel
Sacramento, CA

April 23, 2009

Marriott Ontario Airport
Ontario, CA

Brought to you by:

California Association for
Health Services at Home



Sponsored by:



Strategic Healthcare Programs, LLC

This full day workshop, presented by Connie Little, provides an in depth coverage of the federally mandated regulations, the Medicare CoPs, their Interpretative Guidelines plus the State Operations Manual.

AGENDA

8:00 - 9:00am Registration

9:00 - 10:30am Overview of the Medicare Conditions of Participation (CoPs) followed by the surveyors' use of the State Operations Manual (SOM) and the Interpretative guidelines. Medicare coverage, including qualifying services will be detailed. In-depth discussion: Patient Rights, Compliance with Federal, State & Local laws & Organization, Services & Administration.

10:45 - 12:00pm Acceptance of Patients, PoC, Medical Supervision; Services: Nursing, Therapy, Medical Social Services plus Home Health Aide; Outpatient Therapy

12:00 - 1:00pm Lunch (included)

1:00 - 2:30pm Comprehensive Assessment of Patients (OASIS), Reporting OASIS Information and correcting OASIS Information.

2:45 - 3:45pm Complete the day with Clinical Records; Evaluation of the Agency's Program, Group of Professional Personnel

3:45 - 4:00pm Questions & Answers

HOTEL INFORMATION

April 21, 2009
Radisson Hotel
500 Leisure Lane
Sacramento, CA 95815
916-922-2020

April 23, 2008
Marriott Ontario Airport
2200 East Holt Blvd
Ontario, CA 91761
909-975-5000

ABOUT FACULTY

Connie Little, RN, MS

Connie has extensive history in home health care. She is faculty for CAHSAH's Home Care Manager Certificate Program and Survey Workshops. Previously she has held Home Health Agency director positions of West Bay Home Health and Community Services and served as Senior VP of CAHSAH. In her CAHSAH position, Connie was responsible for legislative and regulatory policy and training, and assisting CAHSAH members during their surveys.

HEAR WHAT PAST ATTENDEES HAVE TO SAY

"Connie as usual gives a 'fresh approach' to a necessary topic! A gifted presenter who is knowledgeable regarding all updated information"

"This workshop was very educational and informative, it is highly recommended for employees of the home health industry."

"This has been a very informative and well-planned workshop. Connie Little was excellent (as always!). She is extremely knowledgeable and presents information in a highly effective and interesting manner. I am looking forward to the next one."

HOW TO REGISTER

- **ON-LINE** with your credit card at: www.cahsah.org
- **FAX** your registration to: (916) 641-5881
- **MAIL** your registration to:
CAHSAH
3780 Rosin Court, Suite 190
Sacramento, CA 95834
- **PHONE** in your registration with credit card payment to: (916) 641-5795 ext. 113
- **QUESTIONS?**
Contact CAHSAH at (916) 641-5795 ext. 113

CANCELLATIONS: Received 10 days prior to the program date are subject to a 20% handling fee. Cancellations must be in writing. **NO REFUNDS** will be issued for cancellations received within 10 days of the program. Refunds will NOT be made for no-shows. However, substitutions will be allowed. Should CAHSAH cancel the program, a full registration fee refund will be issued.

REGISTRATION FORM

April 21, 2009 - Sacramento, CA

April 23, 2009 - Ontario, CA

RATE SCHEDULE	Member	Non-member	Sub-total
<input type="checkbox"/> Early Registration Must be received by March 20th	\$175	\$350	_____
<input type="checkbox"/> Advance Registration Must be received by April 6th	\$195	\$390	_____
<input type="checkbox"/> On-Site Registration Day of program - space permitting	\$235	\$470	_____
<input type="checkbox"/> Check here if registering 2 or more people - Receive \$10.00 off each registrant. (Must submit at the same time)			Total \$ _____

Not a CAHSAH member? Contact CAHSAH at (916) 641-5795 ext. 114 to find out how you can join and receive member benefit discounted registration rates for this important training program!

Company Name _____

Attendee Name & Title _____

RN Number _____

Attendee Name & Title _____

RN Number _____

Company Mailing Address _____

City _____

State _____

Zip Code _____

Phone # _____

Fax # _____

Email Address (Confirmations will be sent to this address) _____

Pre-payment is required

Method of Payment		<input type="checkbox"/> Check (payable to CAHSAH)
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit Card # _____	Exp. date _____	
Credit Card Billing Address _____	City, State, Billing Zip Code (required) _____	
Cardholder Name (please print) _____		
Signature (required) _____		