

## Hear What HACP Alumni Have to Say...

"Useful, concise, practical data for successful leadership in today's fast paced hospice environment."

-Annette Ryan, Cameron Home Care and Hospice

"I have attended numerous seminars in my hospice career. To date, this is the most informative, well organized, and well presented program I have attended. Speakers were knowledgeable and really cared about each participant."

-Nancy Capocy, CNS Home Health and Hospice

## Certified Hospice Administrator Exam & CEUs

Attend the program in its entirety and successfully pass the exam offered onsite at the end of the Hospice Program and become certified as a "**Certified Hospice Administrator (CHA)**" and use your designation proudly.

Provider approved by the California Board of Registered Nursing (Provider #CEP 2463) for up to 18 contact hours, and by the California Board of Behavioral Sciences (Provider #PCE 588) for up to 18 contact hours. Please verify with your state's licensing body that credit offered by this provider is accepted in your state.

### **Certified Hospice Administrator Exam**

The certification exam consists of 100 multiple choice questions. A pass rate of 80% is required to receive the certification of hospice administrator (CHA). Results are mailed approximately six weeks following completion of the program. Participants who pass the certificate exam will receive a Certified Hospice Administrator's certificate.

**\*Exam registration included in program fee**

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

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# HACP

## Hospice Administrator Certificate Program

Brought to you by:



Sponsored by:



Supported by:



**February 11 – 13, 2009**  
Hotel Monteleone  
214 Royal Street ♦ New Orleans, LA 70130  
Phone: (504) 523-3341

## ARE YOU A CERTIFIED HOSPICE ADMINISTRATOR?

## PROGRAM SCHEDULE

## REGISTRATION FORM

CAHSAH, The Corridor Group and NAHC have put together this great program to give you the education you need to further your professional career.

The goal of the Hospice Administrator Certificate Program (HACP) is to provide a supportive learning environment for administrators and senior managers. The HACP will strengthen your competencies to position your organization for success and help you integrate the complexities of quality, compliance, financial, and strategic performance.

The HACP is broken down into a three module curriculum. Each participant will receive a comprehensive manual that is a must-have resource for years to come.

### Module I Outcomes

- Identify trends in health care and their impact in hospice organizations.
- Discuss the role of leadership in building a strong Hospice management team to successfully position the organization.
- Understand the quality approach to performance management.
- Interpret benchmarking data and identify improvement opportunities.
- Understand the NHPCO National Data Set and peer benchmarking efforts.
- Identify at least one action item for improving the position of your hospice organization.

### Module II Outcomes

- State the essential elements of hospice financial management.
- Read and interpret major financial reports.
- Identify the importance of closely monitoring accounts receivable in hospice.
- List key items important to develop a hospice budget.
- Analyze hospice cost per day.
- Understand implications of the Hospice Cost Report on providers.
- Determine if the hospice CAP amount is relevant to your organization.

### Module III Outcomes

- Discuss the broad risks of liabilities and sanctions that exist for hospice providers.
- List and describe the essential elements of an effective compliance plan.
- Identify the principal areas for review of an effective compliance program.
- Identify where to access information on OIG reports from the Internet.
- Participate actively in case study discussions.
- Identify new practices to integrate quality improvement, financial, operational, compliance and customer service goals.

*(Registration begins at 7:00 am on Wednesday)*  
 Wednesday, February 11, 8:00 am – 4:00 pm  
 Wednesday, February 11, 4:00 pm – 5:00 pm, Reception  
 Thursday, February 12, 8:00 am – 4:00 pm  
 Friday, February 13, 8:00 am – 4:30 pm

Registration fee includes admission, materials, morning coffee, danishes, lunch and afternoon snacks daily.

**Registration is only open to the first 65 attendees.**

Please make travel arrangements to arrive before 8:00am on Wednesday, February 11, and leave after 6:30pm on Friday, February 13. Allow 2 hours for airport departures (NO FLIGHTS BEFORE 6:30 P.M.) EXCEPTIONS are NOT permitted for late arrivals/early departures for CEU's or taking HCA exam.

### Who Should Attend

Senior administrators, directors, supervisors, CEOs, CFOs, COOs and any other upper level management.

Recommended: At least one year of Hospice Administrator experience.

### Location Information & Hotel Reservations

Hotel Monteleone  
 214 Royal Street ♦ New Orleans, LA ♦ 70130  
 Phone: (504) 523-3341

**For reservations call the "Hotel Monteleone" at:** (800) 217-2033. Ask for the "California Association for Health Services at Home" special room rate of \$169 Single/Double (plus tax). CAHSAH only reserved a minimum amount of rooms at the discounted group rate so make sure you reserve your room as soon as possible. **Hotel reservation deadline is January 20.**

### How to Register

1) **ON-LINE** with your credit card at:  
[http://www.cahsah.org/educational\\_events/Cert\\_Programs.asp](http://www.cahsah.org/educational_events/Cert_Programs.asp)

2) **FAX** your registration to 916-641-5881

3) **MAIL** your registration to:  
 CAHSAH  
 3780 Rosin Ct., Suite 190  
 Sacramento, CA 95834

4) **PHONE** in your registration to:  
 916-641-5795 x 113

For more information contact CAHSAH at  
 (916) 641-5795 x 117 or [rstarks@cahsah.org](mailto:rstarks@cahsah.org)

### HACP – Feb. 11 – 13, 2009 (New Orleans, LA)

Fee Schedule * per person	CAHSAH TCG NAHC LMHPCO Member	Non Member	# of People	Sub-total
<b>Early Bird Registration</b> Received on or before: January 13, 2009	\$700	\$1,050	x _____	\$ _____
<b>Advanced Registration</b> Received between Jan 14 and Jan 27, 2009	\$750	\$1,125	x _____	\$ _____
<b>On-site Registration</b> Received after: January 27, 2009	\$800	\$1,200	x _____	\$ _____

Check here if you are registering 2 or more people for \$25 discount off each registration. Discount only applies if registrations are received at the same time. \_\_\_\_\_ # of attendees x \$25/registration = \$ \_\_\_\_\_ DISCOUNT

Subtotal: \$ \_\_\_\_\_

Discount: \$ < \_\_\_\_\_ >

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

Company \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Attendee #1 Name and Job Title \_\_\_\_\_

Attendee #1 Email \* \_\_\_\_\_ RN# \_\_\_\_\_

Attendee #2 Name and Job Title \_\_\_\_\_

Attendee #2 Email \* \_\_\_\_\_ RN# \_\_\_\_\_

\*Confirmations will be sent via email to each individual  
 (Make additional copies of this form if you have more than 2 people attending)

### Method of Payment (Pre-payment Required)

Check (payable to CAHSAH)  Visa  MasterCard  American Express

CC#: \_\_\_\_\_

CVV: \_\_\_\_\_ (security code) Exp. Date \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

CC Billing City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_