

## DETAILS/PROGRAM SCHEDULE

### Blueprint for OASIS Accuracy Workshop

April 1, 2009 - Sacramento, CA

April 2, 2009 - Ontario, CA

Time: 8:00am-4:00pm

(Registration begins at 7am)

*Networking lunch provided*

### **EXAM**

April 2, 2009 - Sacramento, CA (Courtyard by Marriott)

April 3, 2009 - Ontario, CA (Hilton Ontario Airport)

Time: 9:00am - 11:30am

(Registration 8:00 - 8:45 am)

**Separate registration required please call (337) 231-6981 or visit [www.oasiscertificate.org](http://www.oasiscertificate.org) to register.**

## COS-C EXAM

The **OASIS Certificate and Competency Board (OCCB)** is a non-profit organization dedicated to promoting greater reliability in OASIS data, through consistent application of guidelines provided by the Centers for Medicare & Medicaid Services (CMS). Efforts to achieve that goal include offering a **voluntary certificate examination** which home care providers may take in order to demonstrate and establish their expertise and commitment to OASIS data accuracy. Candidates who successfully complete the examination are awarded the Certificate for OASIS Specialist – Clinical (COS-C) designation.

**Call the OCCB at (337) 231-6981 or visit [www.oasiscertificate.org](http://www.oasiscertificate.org) to learn more or to register for the COS-C examination.**

### Exam Registration Fee:

\$250 – CAHSAH members

\$300 – non members

*Exam registration must be received 2 weeks prior to exam date.*

## 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.

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California Association for Health Services at Home  
3780 Rosin Court, Suite 190  
Sacramento, CA 95834  
[www.cahsah.org](http://www.cahsah.org)



## Blueprint for OASIS Accuracy Workshop

**April 1, 2009**

Courtyard by Marriott  
Sacramento, CA

**April 2, 2009**

Hilton Ontario Airport  
Ontario, CA

**Brought to you by:**

California Association for  
Health Services at Home



**COS-C EXAM TO BE OFFERED THE  
FOLLOWING DAY**

## A “Must” For Every Data Collector!

This **highly structured and tested** workshop replaces didactic classroom education with **exciting and entertaining coaching geared toward the adult learner**.

Instruction and activities, led by Linda Krulish and Sparkle Sparks (two highly entertaining and professional presenters), allow **hands-on application of strategies presented**.

**Learn practical skills and strategies** to allow you to locate the information you need to answer your day-to-day OASIS data collection questions – **now, and in the future!**

If you've attended before... come back and **join the 17,000+ providers nationwide** who RELY on the **Blueprint for OASIS Accuracy** Program to keep them up-to-date! Updated with all the data collection details you will need to prepare you to hit the ground running in 2009.

## ABOUT FACULTY

### Linda Krulish, PT, MHS, COS-C

Linda is a physical therapist practicing in home care since 1988 and is a nationally recognized expert on OASIS. She has served as a consultant to CMS and its contractors to assist in the development of OASIS, OBQI and PPS-related projects and training materials. She is President of **OASIS ANSWERS, Inc.** in Redmond, WA, and is the President and a founding member of the **OASIS Certificate & Competency Board (OCCB)**.

### Sparkle Sparks, MPT, COS-C, HCS-D

Sparkle Sparks has been in home care as a consultant, direct care provider, PPS analyst, staff educator and OASIS & ICD-9 coding instructor since 1994. Ms. Sparks is a **Homecare Coding Specialist-Diagnosis** and served as an advisor to and member of the Board of Specialty Medical Coding. She is also the 2007 recipient of the APTA's “**Excellence in Homecare Award**” in recognition of the exceptional contribution of a Home Health Section member in promoting home care and physical therapy practice. Sparkle is a Senior Associate Consultant with **OASIS Answers, Inc.**

## EDUCATIONAL GOALS

- To support the educational needs of home health clinicians in achieving comprehension and accuracy in OASIS data collection using guidelines established by the Centers for Medicare & Medicaid Services (CMS)
- To enhance compliance with OASIS PPS data set changes
- To provide a preparatory review for candidates for the COS-C (Certificate for OASIS Specialist –Clinical) examination
- To provide a status update on **OASIS-C** and make implementation recommendations

## HOTEL INFORMATION

**April 1, 2009**

Courtyard By Marriott  
4422 Y Street ♦ Sacramento, CA 95817  
(916) 403-9275

*For Room Reservations call (916) 403-9275 and ask for the CAHSAH room rate. Deadline is March 22, 2009.*

**April 2, 2009**

Hilton Ontario Airport  
700 North Haven Avenue ♦ Ontario, CA 91764  
(909) 980-0400

*For Room Reservations call (909) 980-0400 and ask for the CAHSAH room rate. Deadline is March 3, 2009.*

## HOW TO REGISTER

- **ON-LINE** with your credit card at: [www.cahsah.org](http://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 1, 2009 - Sacramento, CA**

**April 2, 2009 - Ontario, CA**

RATE SCHEDULE	Member	Non-Member	Sub-total
<input type="checkbox"/> <b>Early Bird Registration</b> <b>Must be received by March 2nd</b>	\$175	\$350	_____
<input type="checkbox"/> <b>Advance Registration</b> <b>Must be received by March 16th</b>	\$195	\$390	_____
<input type="checkbox"/> <b>On-Site Registration</b> <b>Day of program - space permitting</b>	\$235	\$470	_____
<input type="checkbox"/> Check here if registering 2 or more people - Receive \$10.00 off each registrant. <b>(Must submit at the same time)</b>			<b>Total \$</b> _____

**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

<b>Method of Payment</b>		<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) _____		