

DETAILS/PROGRAM SCHEDULE

Workshop

8:00 - 9:00 am Registration
9:00 - 12:00 pm Workshop
12:00 - 1:00 pm Networking Lunch (provided)
1:00 - 4:00 pm Workshop

Please make travel arrangements to arrive before 9:00 am and leave after 4:00 pm. Allow time for traffic before and after the workshop. You must attend the workshop in it's entirety to obtain continuing education credits. Partial credits will not be given. No exceptions.

WHO SHOULD ATTEND

This seminar would be helpful to anyone considering entry into the licensed/certified home health business, existing licensed providers thinking about expanding into Medicare certified, or agencies awaiting licensure.

RESOURCE SPECIALS

Title 22 Side by Side

Members: Regular price: \$70.69

Workshop Special: \$ 55.00

Non-Members: Regular price: \$135.94

Workshop Special: \$ 110.00

HHA Start Up Kit

Members: Regular price: \$226.20

Workshop Special: \$ 200.00

Non-Members: Regular price: \$443.70


Workshop Special: \$ 400.00

CEUs

Provider approved by the California Board of Registered Nursing (Provider #CEP2463 and by the California Board of Behavioral Sciences (Provider #PCE588) for five and one half (5.5) 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
FIRST-CLASS MAIL
U.S. POSTAGE PAID
SACRAMENTO, CA
PERMIT NO. 1971

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



How to Start Up a Home Health Agency: The Nuts and Bolts

August 26, 2009
Knott's Berry Farm Resort
Buena Park, CA

Brought to you by:

California Association for
Health Services at Home



Supported by:

Strategic Healthcare Programs, LLC



This all day seminar will cover the nuts and bolts of establishing a Medicare certified or licensed home health agency. The session will focus on the materials, tools, and systems necessary to consider, as well as the financial, staff, and personal (think fortitude, perseverance, patience) resources necessary for initial success. In addition, important regulatory and financial information will be presented, as well as a discussion of Medicare: 2010 and beyond in regards to HIPAA, P4P, payment rates, MAC, RAC, and ZPIC.

AGENDA

- Type of Agency: Licensed, Medicare certified, Niche market
- Setting up: Financial Records, Billing, Budget, Chart of Accounts, Fiscal Period and MORE
- Financial Statement, Medicare Credit Balance Report and Cost Report, Tax Withholdings and Returns, Dashboard/benchmarks and MORE
- Q&A Financial Session
- Regulatory/Accreditation Requirements/Options
- Facility Requirements
- Manuals, Chart Documents, Information Systems
- Clinical Processes: Referral/Intake, Scheduling/Staffing, Patient Care System/Model, Supervision, Orientation, Documentation
- Management Processes: Governing Body, Advisory Board, Administrative Personnel, Quality Management/Improvement, Program Evaluation
- Discussion of "Medicare:2010 and Beyond in regards to HIPAAP4P, payment rates, MAC, RAC, and ZPIC.
- Discussion/Q&A

FACULTY

Mary Lou Connolly, RN, MS
Consultant
McCoy & Connolly Consulting, Inc.
Former Administrator, UCSD Home Care

Nancy McCoy, RN, MS
Consultant
McCoy & Connolly Consulting, Inc.
Former Dir. Of Clinical Services,
UCSD Home Care

Thomas Boyd, BA, MBA
Principal
Boyd and Nicholas, Inc

HOTEL INFORMATION

August 26, 2009
Knott's Berry Farm Resort
7675 Crescent Avenue
Buena Park, CA 90620
(714) 995-1111

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

August 26, 2009 - Buena Park, CA

| RATE SCHEDULE | Member | Non-member | Sub-total |
|--|--------|------------|-----------------------|
| <input type="checkbox"/> Early Bird Registration Must be received by July 24, 2009 | \$175 | \$350 | _____ |
| <input type="checkbox"/> Advance Registration Must be received by August 7, 2009 | \$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. ONLINE DISCOUNT ONLY (Must submit registration at 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) _____ | | |