

## HEAR WHAT PAST ATTENDEES HAD 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*

## PROGRAM AGENDA

### Tuesday, February 23

- 8:00 - 8:15 Welcome/Overview  
8:15 - 9:00 Health Care Trends  
9:00 - 10:00 *Good to Great: Taking Your Hospice to the Next Level*  
10:00 - 10:30 Break  
10:30 - 12:00 Practical Application: Hospice & Palliative Care of Western Colorado  
12:00 - 1:00 Lunch  
1:00 - 4:00 Integrating Successful Performance Management Strategies  
4:00 - 5:00 Networking Reception

### Wednesday, February 24

- 8:00 - 8:15 Welcome/Overview of Day  
8:15 - 10:00 Essential Elements of Hospice Financial Management  
10:00 - 10:30 Break  
10:30 - 12:00 Finance continued  
12:00 - 1:00 Lunch  
1:00 - 4:00 Finance continued

### Thursday, February 25

- 8:00 - 8:15 Welcome/Overview of Day  
8:15 - 10:00 Compliance Management in Hospice Organizations  
10:00 - 10:30 Break  
10:30 - 12:00 Compliance Management continued  
12:00 - 1:00 Lunch  
1:00 - 2:30 Case Studies: From Strategic Planning to Execution!  
2:30 - 3:00 Break  
3:00 - 4:00 Case Studies: From Strategic Planning to Execution!

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

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## Hospice Administrator Certificate Program

February 23-25, 2010

Swan & Dolphin Hotel – Buena Vista, FL

Brought to you by:



Supported by:

Florida Hospices and Palliative Care

Sponsored by:



## EXPECTED OUTCOMES

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 is to provide a supportive learning environment for administrators and senior managers. This program will strengthen your competencies to position your organization for success and help you integrate the complexities of quality, compliance, financial, and strategic performance.

The Hospice program 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.

## PROGRAM SCHEDULE

*(Registration begins at 7:00 am on Tuesday)*  
 Tuesday, February 23, 8:00 am – 4:00 pm  
 Wednesday, February 24, 8:00 am – 4:00 pm  
 Thursday, February 25, 8:00 am – 4:00 pm

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

**Registration is only open to the first 70 attendees.**

Please make travel arrangements to arrive before 8:00am on Tuesday, February 23, and leave after 6:30pm on Friday, February 25. 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.

### 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 or upper level management

### LOCATION INFORMATION & HOTEL RESERVATIONS

Swan & Dolphin Hotel  
 1500 Epcot Resosts Blvd ♦ Buena vista, FL 32830  
 PH: (407) 934-4645

#### \$129 ROOM RATES

For hotel reservations call 407-934-4645 & ask for the "CAHSAH" special room rate of \$129 Single/Double (plus tax).

**Hotel reservation deadline is February 1, 2010.**

### HOW TO REGISTER

1) **ON-LINE** with your credit card at:  
[http://www.cahsah.org/educational\\_events/HACP.asp](http://www.cahsah.org/educational_events/HACP.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 Richard Starks at (916) 641-5795 x 117 or [rstarks@cahsah.org](mailto:rstarks@cahsah.org)

## REGISTRATION FORM

February 23-25, 2010 (Buena Vista, FL)

Fee Schedule * per person	Member CAHSAH TCG NAHC FHPC	Non Member	# of People	Sub-total
<b>Early Bird Registration</b> Received on or before: January 25, 2010	\$700	\$1,050	x _____	\$ _____
<b>Advanced Registration</b> Received between Jan 14 and February 8, 2010	\$750	\$1,125	x _____	\$ _____
<b>On-site Registration</b> Received after: February 8, 2010	\$800	\$1,200	x _____	\$ _____

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

**DISCOUNT:** Register two or more people from the same agency **on-line** and **SAVE \$25** off each registration.

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 IS REQUIRED)

Check (payable to CAHSAH)  Visa  MasterCard  American Express

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

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

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

CC Billing City: \_\_\_\_\_ Zip & State \_\_\_\_\_

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

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