

Faculty:

Judy Adams, RN, BSN

Judy Adams, RN, BSN has spent many hours over the last year and a half tracking the evolution of OASIS C along with the many clarifications related to individual OASIS items. This is an excellent opportunity to clarify any outstanding questions or discuss tools and strategies that can assist your agency to make this significant transition from OASIS B-1 to OASIS C. Judy is a well known health care consultant and speaker with over 30 years of health care experience and extensive experience in home care and home health management. Judy holds the Homecare Coding Specialist – Diagnosis certification from the Board of Advanced Medical Coding and the Certificate for OASIS Specialist – Clinical from the OASIS Certification and Competency Board.



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

OASIS-C ROUND UP

Audio Conference

PART 2

**February 25, 2010
12:00 p.m. to 1:30 p.m.
(PST)**

Brought to you by:
California Association for Health Services at Home



About the program:

Now that the implementation of OASIS C has taken place, do you or your clinical staff still have some questions related to OASIS C? Are there still issues about how to respond to any of the new process assessment items or the plan of care or intervention synopsis? Are there lingering questions related to the intent or scoring guidelines related to the new and changed OASIS items? **OASIS C ROUNDUP PART 2** will highlight the most frequently asked questions on OASIS C, address and clarify the latest CMS Q&A's and allow plenty of time for participant questions - so don't be shy!

If you have a particular question or issue you would like the presenter to address, please email by February 11 to the following email address: richard-fowlkes@homeandhospicecare.org All submissions will be forwarded to Judy Adams to be incorporated into the presentation.

Continuing Education Units:

Approved Provider of continuing nursing education by the NC Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. **Please submit the roster, along with each individual evaluation at the end of the teleconference in order to receive continuing education credits.**

Enjoy the convenience and cost-efficiency of a telephone seminar!

There is no travel time involved and no limit to the number of attendees from your agency who may participate at your site through one phone line. All you need to participate is a speaker telephone and a room large enough for your staff. It is a controlled, radio-like environment where you will gather your staff, dial a toll free number, state your verbal password and you're connected.

The teleconference will take place from 12:00 p.m. until 1:30 p.m. (PST). Due to the expense of using the teleconference hook-up, registrations may not be shared between agencies – the agency's registration covers the access of only one phone line into the teleconference*. The handout will be emailed to you prior to the call to the email address you provide.

Your email confirmation will include:

Details of how to dial into the teleconference on a toll-free telephone line, the handout, and evaluation. Fees will be refunded only if written cancellation is received by CAHSAH two weeks prior to the workshop, and are subject to a handling fee. **No refunds will be given after the dial-in number is sent to your agency**

***Please note that all phone lines are tracked. Each dial in location will be charged accordingly**

Registration:

OASIS-C Round Up Part 2 - February 25, 2010

Fee Schedule	Member	Non Member
Deadline is Feb. 19	\$199	\$299

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: _____

Contact Name: _____

Company Mailing Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Pre-payment is required

Method of Payment	<input type="checkbox"/> Check (Payable to CAHSAH)	
<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
Credit Card #:	_____	
Cardholder Name (please print):	_____	
Exp. Date:	_____	CRV#: _____
Signature:	_____	
Billing address:	_____	Zipcode: _____