

Medicaid 101

Workshop

August 20th | 9:00 am – 4:30pm

Registration Fee

OCHCH Member: \$175 - First Person

\$155 - Each additional from same agency

Non-Member: \$275 – First Person

\$250 – Each additional from same agency

Registration check-in is from 8:30 am to 9:00 am

Hotel Location

Crowne Plaza, 6500 Doubletree Ave., Columbus, OH 43229, PH: 614-885-1885

A hotel room rate of \$92.00 plus tax is available on a space available basis. Please phone the hotel & ask for the **Home Care & Hospice Rate**.

Continuing Education

Attendance for the entire program is required to earn Contact Hours. A copy of the completed Continuing Education Certificate must also be submitted. This program will provide contact **hours to RNs and LPNs**.

Ohio Council for Home Care and Hospice is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91) (OH - 157, 4/1/2019)



**OHIO COUNCIL
FOR HOME CARE & HOSPICE**
www.ochch.org
614.885.0434

Overview

OCHCH is excited to provide this introductory program to provide attendees an *up-to-date* overview of the state requirements for a Medicare/Medicaid and Department of Aging certified home health agency. Participants will gain knowledge of each of the Medicaid Programs' Conditions of Participation (CoPs) and rules; the required coordination of services with or without case management; the role of Medicaid's oversight contractor, and Medicaid managed care. Discussion will include the following Medicaid programs: State Plan Home Health and Private Duty Nursing Services, Ohio Home Care Program, PASSPORT Waiver; and Assisted Living Waiver.

The main components and requirements of "basic" state plan Medicaid

- Improve coordination of "basic" state plan Medicaid services with Home and Community Based Services (HCBS) waivers
- "Basic" and "related" state plan Medicaid services included are – Home health (HH) services – Private duty nursing (PDN) services

The main components and requirements of HCBS waiver services

- Improve coordination of HCBS waivers with "basic" state plan Medicaid services
- HCBS include: Ohio Home Care Waiver; PASSPORT Waiver, and Assisted Living Waiver
- Waiver alignment of the departments of Medicaid and Aging.

Lunch and continental breakfast are included in the registration fee.

About the Presenter



Beth Foster, RN, BA, CPHQ, CEHCH is the Regulatory Affairs Director for the Ohio Council for Home Care and Hospice. She has been in this position for the last 13 years. Her home care career began in 1989 as a visiting nurse, progressing into other positions including aide/intake coordinator, hospital system liaison, clinical care manager and director. Previously she served as an Ohio Dept. of Health Surveyor for all provider types including Home Care & Hospice.

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Registration Instructions

Use a separate registration form for each attendee registration; photocopies of the original form are acceptable. **A registration may not be split between individuals.**

Registrations will not be accepted without payment in full. Fees must be paid in full in order to participate.

Cancellation Policy: If you cancel your registration prior to five business days before the program, you will receive a refund less a 25% administrative fee. All cancellations must be made in writing. No refunds for cancellations or exchanges within four business days from the date of the program. If due to unforeseen circumstances OCHCH must cancel this event, you will receive a full refund.

Individuals requiring special arrangements as stated in the Americans with Disabilities Act, should notify OCHCH at least 48 hours prior to the program.

The presenters and planners have declared no conflict of interest for this program and will present fairly and without bias. No commercial support has been provided for this program.



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Registration Form

Please complete the following information and mail or fax it to OCHCH with payment.

Name: _____ Title: _____

Agency: _____

Address: _____

City _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Make Your Selections:

OCHCH Member - \$175
(First Person)

Non-Member - \$275
(First Person)

OCHCH Member - \$155
(Each Additional Registration –Same Agency)

Non-Member - \$250
(Each Additional Registration –Same Agency)

Total Amount Due \$ _____

Payment Information

Visa MasterCard American Express Discover Check

Name on Card: _____

Card Number: _____ Amount: _____

Exp. Date: _____ Security Code: _____ Date: _____

Signature: _____

This fax is provided to keep you informed of OCHCH educational programs. If you'd prefer to not receive contact: ochch@ochch.org

Fax completed form with payment to (614) 899-0192 or Mail to OCHCH, 1105 Schrock Rd., Suite 120, Columbus, OH 43229