

# Medicaid 101

Workshop

April 8<sup>th</sup> | 9:00 am – 4:30pm

## 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)

## 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.

## About the Presenter



**Kathy Royer, RN, MBA, DMin, CHPN, CHPCA** is the Regulatory Director for the Ohio Council for Home Care and Hospice. She is a registered nurse with more than 22 years of experience in hospice. She served as a corporate division director with a demonstrated history of improvement in quality scores. She has expertise in hospice and hospital environments. Kathy is skilled in corporate leadership development, operations management, regulatory consultation, coaching, Palliative Care, team building, and as a cultural change agent.



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[www.ochch.org](http://www.ochch.org)  
614.885.0434

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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: \_\_\_\_\_

### Individual Attendee Selection:

OCHCH Member - \$149  
(Per Person)

Non-Member - \$249  
(Per Person)

**Try the new Unlimited Attendee Pass! One price for unlimited staff to attend this course. Great for multiple new staff members!**

OCHCH Member - \$249

Non-Member - \$349

Please list staff members name and emails you wish to attend this virtual workshop

Total Amount Due \$ \_\_\_\_\_

## Payment Information

Visa  MasterCard  American Express  Discover  Check

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Date: \_\_\_\_\_

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

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