

# Homecare 101

**Workshop**

July 23<sup>rd</sup>, 2020 | 9:00 am – 4:30 pm

## Registration Fee

**OCHCH Member:** \$195 - First Person

\$175 - Each additional from same agency

**Non-Member:** \$390 – First Person

\$350 – Each additional from same agency

## Location

OCHCH Office

1105 Schrock Road, Suite #140,  
Columbus, OH 43229

## Hotel

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

A hotel room rate of \$94.00 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 **6.5 contact hours** to **RNs, 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

The purpose of this introductory program is to give attendees an *up-to-date* overview of the operations of a Medicare certified home health agency. The participants will gain knowledge of the Conditions of Participation (CoPs), Medicare Manuals (defines PPS billing requirements, plan of care completion, and skilled, intermittent, homebound, reasonable and necessary care), an overview of survey preparation and process, and the role of clinicians in driving financial results. Individuals will gain an understanding of the role of OASIS and adverse events in agency operations. The Ohio Home Care Program (Medicaid) and PASSPORT will also be discussed. This program offers continuing education credits to RNs, LPNs, OTs, PTs, and SLPs.

### **This program will address:**

- Informational links and resources of federal and state governments.
- CoPs and the requirements for survey.
- OASIS, OBQI/OBQM reports used by an agency.
- Fundamentals of HIPPA (Code Sets, Privacy, Security)
- Guidelines for home health eligibility - skilled care/homebound

Lunch and continental breakfast are included in the registration fee.

Registration opens at 8:30am

## 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.



**OHIO COUNCIL**  
FOR HOME CARE & HOSPICE

**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: \_\_\_\_\_

## Make Your Selections:

OCHCH Member - \$195  
(First Person)

Non-Member - \$390  
(First Person)

OCHCH Member - \$175  
(Each Additional Registration –Same Agency)

Non-Member - \$350  
(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: \_\_\_\_\_

**Fax completed form with payment to (614) 899-0192 or**

**Mail to OCHCH, 1105 Schrock Rd., Suite 120, Columbus, OH 43229.**