

Hospice 101

Virtual Workshop

April 15, 2021 | 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 **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

Description: The purpose of this virtual workshop is to give attendees an *up-to-date* overview of the operations of a Medicare/Medicaid certified hospice. The participants will gain knowledge of the Conditions of Participation (CoP), describe Medicare certification and licensure, define hospice core services, levels of care, plans of care, notice of election, revocation, discharge and transfer. A brief overview of the billing process for Medicare and Medicaid and the basic elements of cost reporting will also be provided.

Who Should Attend: This program is developed for newly certified hospice staff including administration and clinical; new staff of an existing hospice; social workers, and private duty hospice administrators considering becoming Medicare certified.

This virtual workshop will address:

- Coverage and services available under the Hospice Medicare Benefit
- Conditions of Participation specific to the Hospice Medicare Benefit
- Coordination of care requirements for the hospice patient in a nursing facility
- Medicare's billing and reimbursement processes for hospice care
- Hospice program differences between Medicare and Ohio Medicaid
- Strategies for managing hospice patients under a PASSPORT/Waiver service plan
- Operational processes important to hospice care and program management
- Available resources related to hospice care delivery and program management

About the Presenter



Kathy Royer, RN, MBA, DMin, CHPN, CHPCA is the hospice 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.



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.

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.