

The New Medicare Conditions of Participation: An Intensive CoP Training for Home Health Agencies

See Reverse for Registration Form

Dates & Location

March 27, 2017
Ontario, CA

Ontario Airport Hotel
700 N Haven Avenue
Ontario, CA 91764
(909) 980-0400

March 29, 2017
Sacramento, CA

Courtyard Sacramento
Midtown
4422 Y Street
Sacramento, CA 95817
(916) 455-6800

Program Schedule

7am - 8am	Sign-in & registration
8am - 12pm	Program
12pm - 1pm	Lunch (provided)
1pm - 4pm	Program

Sponsored by



Overview

Compliance with the revised CoPs will be required effective July 13, 2017. Is your home health agency ready to comply with new conditions and standards related to Infection Control and Quality Assurance/Performance Improvement?

Attend this one-day, interactive session with Nancy McCoy and Mary Lou Connolly to ensure that your agency won't be caught unprepared. Nancy and Mary Lou are industry consultants who have worked with many home health agencies to improve compliance with the regulations and ensure satisfactory survey performance. They will provide attendees with practical tools and guidance during their presentation including lecture, discussion and group work.

The focus of the day will be the revised conditions with a brief review of ALL the CoPs. The information covered throughout the duration of the workshop pertains to Medicare Certified Home Health agencies only. Attendance is recommended for home health agency staff responsible for compliance, performance improvement and/or direct supervision of clinicians.

Program Objectives:

- Participants will identify the new Conditions of Participations (CoPs) that become effective July 2017.
- Participants will cite at least two requirements that have been eliminated effective July 2017.
- Participants will return to their home health agencies with knowledge of how to develop an action plan to ensure their agency is in compliance with the revised CoPs.

Certificate of Completion & CEU Credits

Provider approved by the California Board of Registered Nursing (Provider # CEP2463) for up to six and one half (6.5) contact hours of continuing education. You must be present for the entire program to earn continuing education credit. No partial credits can be given. Certificates are distributed at the close of the program.

Faculty



Mary Lou Connolly, RN, MS
Consultant
McCoy & Connolly
Consulting



Nancy McCoy, RN, MS
Consultant
McCoy & Connolly
Consulting



The New Medicare Conditions of Participation: An Intensive CoP Training for Home Health Agencies

Registration Form

Ways to Register

ONLINE at www.cahsah.org/educational_events/17CoP.php
FAX registration form to: (916) 641-5881
PHONE in registration to: (916) 641-5795 ext. 113
MAIL registration to: CAHSAH, 3780 Rosin Ct, Suite 190, Sacramento, CA 95834

Cancellation Policy

Cancellations are subject to 20% handling fee. There will be no refunds issued for cancellations received within 10 business days prior to program. Cancellations must be in writing. Refunds will not be made for no-shows. However, substitutions will be allowed. Should CAHSAH cancel the program, a full registration fee refund will be issued.

FILL IN ATTENDEE INFORMATION (ALL FIELDS REQUIRED)

Company Name

Company Phone Number Fax

Company Mailing Address City State Zip

Attendee #1 Name Email Cell Phone

Attendee #2 Name Email Cell Phone

Is your organization not a CAHSAH® member? Contact Membership 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!

REGISTRATION FEES

SELECT DATE & LOCATION

- MARCH 27, 2017 ONTARIO, CA MARCH 29, 2017 SACRAMENTO, CA

Registration Fee & Deadline	CAHSAH Members	Non Members	# of Attendees
Early Bird Register by 2/27/2017	\$190	\$245	x _____
Advanced Register by 3/13/2017	\$210	\$265	x _____
On-Site/Late Register after 3/13/2017	\$250	\$305	x _____




SPECIAL OFFER: Register two or more people online and receive \$10 off each registrant. *Applies to online registrations only.*

TOTAL DUE \$ _____

FILL IN PAYMENT INFORMATION

PRE-PAYMENT REQUIRED. Registration will not be processed without payment.

PAYMENT TYPE

- ___ Check # _____ (Make check payable to CAHSAH)
 ___ Charge   

Credit Card Number

CC Exp. Date CC Billing Zip