



**OASIS-C2 Accuracy  
(Right Assessment – Right  
Answer – Right Care)  
Conference**

**October 25-26, 2017  
8:15 a.m. - 4:30 p.m.**

**15.6 Contact Hours**  
Continuing Education Contact Hours awarded by Iowa Western  
Community College, Iowa Board of Nursing Provider #6

**The Leadership Center  
2211 Q St.  
Aurora, NE 68818**

**Hotel Room Rate:  
Call: (402) 694-3934  
Single Occupancy: \$86.80 per night + tax  
Multiple Occupancy: \$108.50 per night + tax**

# Conference Presenter

## Judy Adams, RN, BSN, HCS-D, HCS-O

Judy Adams is President and Owner of Adams Home Care Consulting, Inc. and provides clinical and operational consultation and education services to home care, home health and hospice organizations. She offers over 35 years of experience as a nurse executive and consultant. Her nursing experience includes educational, supervisory, administrative and staff positions in a variety of institutional and community health settings. Judy's experiences include working closely with regulators, third-party payers, occupational licensing boards and home care providers on numerous issues involving health and social supportive services in the home and community settings. For the past 20+ years, Judy has provided a variety of operational and clinical consultative services to large and small home care and hospice organizations in the eastern half of the United States and has taught hundreds of teleconferences and day-long workshops on ICD-9 and ICD-10 diagnosis coding, OASIS, home health prospective payment system, coverage and documentation, Conditions of Participation and a variety of other clinical and regulatory home health and hospice topics for individual agencies, state associations and national organizations. Judy earned a Diploma in Nursing from Norwalk Hospital School of Nursing and her bachelor degree in nursing from the University of North Carolina at Chapel Hill. She has been certified as a Homecare Coding Specialist – Diagnosis (HCS-D) since 2003 and a Home Care Clinical Specialist – OASIS (HCS-O) since March 2011 from the Board of Medical Specialty Coding and Compliance and became an AHIMA approved ICD-10-CM Trainer in June 2012.

### Purpose Statement

Provide Medicare home health agencies with a forum for review, interactive discussion and Q&A of the most current official CMS guidance for Home Health OASIS-C2. Offer an opportunity to identify accurate completion of the Home Health OASIS-C2 portion of the CMS home health comprehensive assessment which is critical to documenting improvement in outcomes for patients receiving home health services and for home health agencies to receive accurate payment for their services.

### Objectives

1. Identify purposes and use of the OASIS-C2 data set used by Medicare home health agencies to include CMS regulatory requirements, the HH Quality Reporting Program (HHQRP) and rationale for revisions to the data set.
2. Describe the relationship of OASIS-C2 to home health agency reimbursement and to the CMS Home Health Quality Reporting Program (HHQRP), including quality outcome and process measures, the Home Health Star Rating system, and the risk adjustment of these measures.
3. Identify and review core documents (including where to find them) which provide the basis for compliant and accurate use of the OASIS-C2 data set.
4. Define CMS criteria for accurate assessment and completion of OASIS-C2 items critical to reimbursement and quality indicator reporting, to include the use of the guidance manual, current Q&A, and selected strategies and tools to improve accuracy and avoid errors.
5. State how to correctly assess patients and select appropriate M-item responses in multiple scenarios using CMS OASIS-C2 conventions, item-specific guidance from Chapter 3, and current CMS Q&A.

### Conflict of Interest Statement

Judy Adams, RN, BSN, HCS-D, HCS-O has identified no actual, potential or perceived conflict of interest. The nurse planners for this conference have identified no actual, potential or perceived conflict of interest.

In order to receive a Certificate of Completion:

1. Attend both days of the conference (either in person or by remote participation).
2. Sign and return an attendance sheet for both days of the conference.
3. Complete and submit a continuing education half sheet.
4. Complete and submit an evaluation form.

# OASIS C2 Accuracy (Right Assessment – Right Answer – Right Care) Conference Registration

Name(s) of Participant(s) and Credentials (if applicable) and email address (required for sending information).

1 : \_\_\_\_\_ Email: \_\_\_\_\_  
 2 : \_\_\_\_\_ Email: \_\_\_\_\_  
 3 : \_\_\_\_\_ Email: \_\_\_\_\_  
 4 : \_\_\_\_\_ Email: \_\_\_\_\_  
 5 : \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Nebraska Home Care Association Member Fee Options:

#### *Attending in Person at The Leadership Center:*

1st Representative from your agency/organization \$300 \$ \_\_\_\_\_  
 Additional representatives from your agency/organization \_\_\_\_\_ x \$290 \$ \_\_\_\_\_

#### *Remote Participation (note: a minimum of 10 people must register in order to offer remote service):*

1st Representative from your agency/organization \$250 \$ \_\_\_\_\_  
 Additional representatives from your agency/organization \_\_\_\_\_ x \$240 \$ \_\_\_\_\_

### Prospective Nebraska Home Care Association Member Fee Options:

#### *Attending in Person at The Leadership Center:*

1st Representative from your agency/organization \$450 \$ \_\_\_\_\_  
 Additional representatives from your agency/organization \_\_\_\_\_ x \$440 \$ \_\_\_\_\_

#### *Remote Participation note: a minimum of 10 people must register in order to offer remote service):*

1st Representative from your agency/organization \$400 \$ \_\_\_\_\_  
 Additional representatives from your agency/organization \_\_\_\_\_ x \$390 \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

Registrations must be received no later than October 18, 2017.

Payment Method:  Visa  Mastercard  American Express  Discover  Check (Payable to Nebraska Home Care Association). Note: a \$3 processing fee will be added to all credit card transactions.

Name as it appears on credit card \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ Sec Code \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

Send payment to: Nebraska Home Care Association, 1633 Normandy Ct., Suite A, Lincoln, NE 68512  
 or fax to: (402) 476-6547 (Credit Card payment only)

Cancellation policy: A 50% fee refund will be given on cancellations submitted to the Nebraska Home Care Association office by October 18, 2017. All refunds will be processed after accounts have been completed.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

# Agenda

Wednesday, October 25, 2017

7:15 - 8:15 a.m. Registration and Continental Breakfast

8:15 - 8:30 a.m. Welcome and Announcements

8:30 - 10:00 a.m. Medicare Home Health Regulatory Requirements for Comprehensive Assessment; Home Health Conditions of Participation; CMS Home Health Quality Reporting Program (HHQRP); and Rationale for Revisions to the OASIS C-2 Data Set

OASIS C-2 Impact on Process and Outcome Measures, Utilization Measures, Agency Reimbursement

10:00 - 10:15 a.m. Break

10:15 a.m. - 12:00 p.m. OASIS C-2 Conventions and Definitions; Core Elements of OASIS-C-2; Item-Specific Guidance in OASIS C-2 Manual; WOCN Guidance; and CMS Q&A Documents

12:00 - 1:00 p.m. Lunch (included with your registration)

1:00 - 2:30 p.m. CMS Criteria for Accurate Assessment and Completion of OASIS-C2 Items

2:30 p.m. Break

2:45 - 4:30 p.m. OASIS-C2 Patient Tracking Items; Clinical Record Items (M008-M0110); Patient History and Diagnosis (M1000 – M1056)

4:30 p.m. Evaluation & Adjourn

# Agenda

Thursday, October 26, 2017

7:15 - 8:15 a.m. Registration and Continental Breakfast

8:15 - 8:30 a.m. Welcome and Announcements

8:30 - 10:00 a.m. OASIS C2 Living Arrangements (M1100); Sensory Status (M1200-M1242); Integumentary Status (M1300-M1350); Respiratory and Cardiac Status (M1400-M1510)

10:00 - 10:15 a.m. Break

10:15 a.m. - 12:00 p.m. OASIS C2 Elimination Status (M1600-1630); Neuro/Emotional/Behavioral Status (M1700-M1750); Functional Aspects – ADLs & IADLs (M1800 – M1910)

12:00 - 1:00 p.m. Lunch (included with your registration)

1:00 - 2:30 p.m. OASIS C2 Medications (M2000-M2040); Care Management (M2100-M2110); Therapy Need and Plan of Care (M2200-M2250)

2:30 p.m. Break

2:45 - 4:30 p.m. OASIS C2 Emergent Care (M2300-M2310); Discharge (M2400-M2430), (903 and 906)

Discussion: What Have We Learned and Question & Answer

4:30 p.m. Evaluation & Adjourn