



Clinician Conference: CoPs, Documentation and Star Ratings

September 6, 2018
Younes Conference Center
Kearney, Nebraska

7.75 Continuing Education Contact Hours have
been awarded by Iowa Western Community
College, Iowa Board of Nursing Provider #6



Teresa Northcutt, BSN, RN, COS-C, HCS-D, HCS-H

Teresa specializes in training on OASIS Assessment, documentation, and coding, focusing on customized education for clinical staff. She has also presented on quality outcome improvement, agency communications and processes, and care transitions for state and regional conferences. Teresa brings comprehensive and contemporary knowledge of home care and quality improvement methods.



Purpose Statement:

Review the 2018 Conditions of Participation requirements for Patient Rights, Care Planning and Care Coordination; identify documentation requirements for CMS eligibility and payment; and review measures used to calculate the Home Health Quality of Care Star rating.

Objectives:

1. Understand the CoPs related to Patient Rights, Care Planning and Care Coordination.
2. Identify 3 documentation requirements for CMS eligibility and payment.
3. State a "best practice" to improve one Home Health Quality of Care Star rating measure.

Conflict of Interest Statement

Teresa Northcutt, BSN, RN, COS-C, HCS-D, HCS-H 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 the conference.
2. Sign the attendance sheet.
3. Complete and submit a continuing education half sheet.
4. Complete and submit an evaluation form.

Agenda

8:00 am - Review the 2018 Conditions of Participation requirements for Patient Rights, Care Planning and Care Coordination.

10:00 am - Break

10:15 am - Discuss strategies to explain patient rights, and include patients and caregivers in care planning and goal setting and for care coordination activities. Identify key documentation points.

12:00 pm - Lunch

12:45 pm - Explain documentation requirements for homebound status, skilled care and medical necessity. Discuss clinician's role and responsibilities r/t face to face requirements. Identify components of HHRG calculation and essential information to support payment on OASIS responses, diagnoses, and in the comprehensive assessment and visit notes.

2:30 pm Break

2:45 pm - Review the 8 measures used to calculate the Home Health Quality of Care Star rating. Discuss best practices to improve the outcome measures (Bathing, Transfers, Ambulation, Pain, Dyspnea), the process measures (Timely Initiation of Care, Medication Education), and to reduce Acute Care Hospitalizations.

5:00 pm - Evaluation & Adjourn

Hotel Reservation Information:

Deadline for the Nebraska Home Care Association Group Rate:
August 7, 2018



Comfort Inn
118 3rd Avenue
Kearney, NE
308-236-3400
\$104.95

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Name(s) of Participant(s) and Credentials (if applicable)

1. _____ Email : _____
2. _____ Email : _____
3. _____ Email : _____
4. _____ Email : _____
5. _____ Email : _____
6. _____ Email : _____

Agency: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: _____

Nebraska Home Care Association Member Fee Options:

1st Representative from your agency/organization	\$150	\$ _____
Additional representatives from your agency/organization	_____ x \$140	\$ _____

Prospective Nebraska Home Care Association Member Fee Options:

1st Representative from your agency/organization	\$200	\$ _____
Additional representatives from your agency/organization	_____ x \$190	\$ _____
Total		\$ _____

Note: A \$3 processing fee will be added to all credit card transactions.

Cancellation Policy:

A 50% fee refund will be given on cancellations submitted to the Nebraska Home Care Association office by August 30, 2018. All refunds will be processed after accounts have been completed.

Payment Methods

- Check - Print this form, fill it out, and send to the Nebraska Home Care Association with a check made payable to the Nebraska Home Care Association.
- Credit Card - [Click here to register/pay online.](#)

Mail your registration form with payment information to:

Nebraska Home Care Association • 1633 Normandy Ct., Suite A • Lincoln, NE 68512 or Fax to 402.476.6547 •
Email: nebraskahomecare@assocoffice.net

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.