

# KDOA MDS 3.0 Statewide Education

Two Days of Intensive, step by step training  
targeting nurses who will complete the MDS 3.0.

Jointly Sponsored By:  
Kansas Health Care Association  
Kansas Adult Care Home Executives  
Kansas Association of Homes and Services for the Aging

Kansas Department on Aging  
503 S Kansas Ave  
Topeka, KS 66603

<b>KACE</b>	<b>KAHSA</b>	<b>KHCA</b>
<p><b>Please register with KACE for the following training dates:</b></p>	<p><b>Please register with KAHSA for the following training dates:</b></p>	<p><b>Please register with KHCA for the following training dates:</b></p>
<p>June 9 &amp; 10 Wichita Larksfield Place 7373 East 29th Street North Wichita, KS 67226 316 636 1000</p>	<p>July 14 &amp; 15 Wichita Kansas Masonic Home 401 S Seneca Wichita, KS 67213 316-267-0271</p>	<p>September 1 &amp; 2 Pittsburg Holiday Inn Express 4011 North Parkview Drive Pittsburg, KS 66762 620-231-1177</p>
<p>June 23 &amp; 24 Salina Smokey Hill Ed Center 605 East Crawford Salina, KS 67401 785-825 9185</p>	<p>August 4 &amp; 5 Topeka Aldersgate Village Wesley Hall 7 220 SW Asbury Drive Topeka, Kansas 66614 785-478 9440</p>	<p>September 15 &amp; 16 Topeka Holiday Inn 605 SW Fairlawn Road Topeka, KS 785-272-8040</p>
<p>July 21 &amp; 22 Topeka Aldersgate Village Wesley Hall 7220 SW Asbury Drive 66614 Topeka, Kansas 66614 785-478 9440</p>	<p>October 20 &amp; 21 Salina Bi-Centennial Center 800 The Midway, Salina, KS 67401 785-826-7463</p>	<p>September 29 &amp; 30 Augusta Lakepoint of Augusta 901 LakePoint Drive Augusta, KS 316-775-6333</p>

# Resident Assessment Instrument (RAI) Course Objectives

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## Upon completion of the workshop, participants should be able to:

- Complete a Minimum Data Set Screening (MDS) of a resident in a nursing home and a patient in a swing bed. The MDS incorporates a core set of screening, clinical and functional status elements of the resident and patient.
- Determine the schedule and timing for completion of the Minimum Data Set Screenings and Comprehensive Assessments.
- Describe the difference between the Prospective Payment System Assessments (PPS) and the required Omnibus Reconciliation Act (OBRA) Assessments.
- Understand the relationship between the MDS and Care Area Assessment in conducting a comprehensive assessment of the clinical and functional status of a resident in a nursing home.
- Develop an individualized Care Plan for a resident in a nursing home based on the Care Area Assessment (CAA).

## RAI/MDS AGENDA

Agenda for the Resident Assessment Instrument (RAI)/Minimum Data Set 3.0 sponsored by Kansas Department on Aging (KDOA)

The course instruction will be taught by Caryl Gill, RN, BSN of KDOA and Vera VanBruggen, RN, BA of KDOA.



### Agenda for Wednesday

8:00-8:30 Registration  
12:00-1:00 Lunch on your own  
1:00-4:30 Adjourn

### Agenda for Thursday

8:00-8:30 Registration  
12:00-1:00 Lunch on your own  
1:00-4:00 Adjourn



## How to Register:

This program is being hosted by KHCA, KAHSA and KACE. **You must register with the group hosting your preferred training day and location.**

To register for your preferred location, see the enclosed registration insert. Each training site is strictly limited to 70 individuals and registration is first come first served.

Please only register two persons from each facility or corporate office for any one training site.

KDOA training staff is providing training under its obligation to CMS as the state survey agency. Please bring an MDS3.0/RAI Manual to the class. Be advised that the January 27, 2010 edition is scheduled to be revised in June 2010. Follow this link to print a manual from the CMS website. [http://www.cms.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp)

## Questions ? Contact:

Denise Howell - KAHSA  
785-233-7443

Phyllis Kelly - KACE  
785-273-4393

Linda MowBray - KHCA  
785-267-6003



**KACE Classes:** Application has been made for 12 CE's in the Administration area. CE's for Nurses will be applied for through Hutchinson Community College.

**KAHSA Classes: Administrators** - This course is approved for twelve (12) continuing education clock hours for adult care home administrators in the core area of Administration by the Kansas Department of Health & Environment. Long-Term Sponsorship number: LTS-A0009.

**Nurses** - The Kansas Association of Homes and Services for the Aging is approved as a provider of continuing education by the Kansas State Board of Nursing. This offering is approved for twelve (12) contact hours applicable for RN and LPN relicensure (KSBN LT0102-1116).

**KHCA Classes: Administrators** - This course is approved for twelve (12) continuing education clock hours for adult care home administrators in the core area of Administration by the Kansas Department of Health & Environment. Long-Term Sponsorship number: LTS-A0001.

**Nurses** - The Kansas Health Care Association is approved as a provider of continuing education by the Kansas State Board of Nursing. This offering is approved for twelve (12) contact hours applicable for RN and LPN relicensure (KSBN LT0030-0338).

# KDOA MDS 3.0 Statewide Education

## Registration for Continuing Education

Facility/Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name on Name Tag (if different): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License type: \_\_\_\_\_ License #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name on Name Tag (if different): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License type: \_\_\_\_\_ License #: \_\_\_\_\_

The registration fee is: \$125 per person for continuing education - limit two per facility

Payment method:  Check  MasterCard  Visa

**If paying by credit card please indicate the following:**

\_\_\_\_\_  
Name on card (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Expiration Date

Amount enclosed or authorized for charge: \$ \_\_\_\_\_

**Please check date preferred  
and register with KACE  
for these trainings:**

\_\_\_\_\_ June 9 & 10

Wichita

\_\_\_\_\_ June 23 & 24

Salina

\_\_\_\_\_ July 21 & 22

Topeka

**KACE**

**3601 SW 29th, Suite 202**

**Topeka, KS 66614**

**785-273-4393**

**FAX 785-273-8681**

**Please check date preferred  
and register with KAHSA  
for these trainings:**

\_\_\_\_\_ July 14 & 15

Wichita

\_\_\_\_\_ August 4 & 5

Topeka

\_\_\_\_\_ October 20 & 21

Salina

**KAHSA**

**217 SE 8th Ave**

**Topeka, KS 66603**

**785-233-7443**

**FAX 785-233-9471**

**Please check date preferred  
and register with KHCA  
for these trainings:**

\_\_\_\_\_ September 1 & 2

Pittsburg

\_\_\_\_\_ September 15 & 16

Topeka

\_\_\_\_\_ September 29 & 30

Augusta

**KHCA**

**117 SW 6th Ave, Suite 200**

**Topeka, KS 66603**

**785-267-6003**

**FAX 785-267-0833**