

ROOM ACCOMMODATIONS

Hotel Accommodations are the responsibility of individual participants.

ATTENTION PERSONS WITH DISABILITIES

Kansas Association of Homes and Services for the Aging will make reasonable efforts to make our workshops accessible to persons with disabilities. If you are a person with a disability who wishes to attend our workshop and need to request accommodations relating to your disability, please contact KAHSA at (785) 233-7443. A request should be made before each scheduled workshop, at least 10 days in advance of the workshop.

FEES/CANCELLATIONS:

All fees must accompany registrations. Registrations will not be processed without fees. Your fee includes all materials and breaks. Note: There will be a \$20 fee assessed to walk-in registrants. No refunds will be given for cancellations. Substitutions are welcome.

CONTINUING EDUCATION

Each workshop is approved for 6.5 continuing education clock hours for Adult Care Home Administrators by the Kansas Department of Health and Environment in the core of Administration. KDHE HOC Credentialing Approved Provider number LTS A0009.

Approved for 6.5 hours for Dietitians Provider number LTS D0010.

The Kansas State Board of Nursing approves the Kansas Association of Homes and Services for the Aging as a provider of continuing education. This course is approved for 6.5 continuing education hours applicable to RN and LPN re-licensure (KSBN LT0102-1115)

Other disciplines will receive a certificate of attendance.



**Kansas Association of Homes
and Services for the Aging**
217 SE 8th Avenue
Topeka, KS 66603-3906

2010 Medicare PPS & RUGs IV

Come to this workshop for the latest information for
Medicare PPS under RUGs IV to be implemented
October 1, 2010



KAHSA
creating the future of aging services

**September 8th, 2010
The Cedars
1021 Cedars Drive
McPherson, KS 67460**

2010 Medicare PPS and RUGs IV

Description:

This workshop will present the updates and changes to Medicare PPS under RUG IV that will be implemented 10/1/2010. During the workshop we will cover the following topics: what stays the same under Medicare A, what changes with focus on new RUG categories, MDS items that trigger the new RUGs, how to compute an ADL sum score, concurrent therapy, additional mandated assessments and billing issues. Time will be given for questions and discussion.

Who Should Attend?

Administrators, DON, MDS Coordinators, Medicare Coordinators, Medical Records, Business Office Personnel, Social Services, Activities and Dietary

Faculty:

Diane Atchinson, RN-BC, MSN, ANP, RAC-CT

Seminar Outline:

7:45 - 8:30	Registration
8:30 - 9:30	What Stays the Same <ul style="list-style-type: none">3 day qualifying hospital stayReasonable and necessaryPractical matter30 Usage of Medicare APresumption of coverageTherapy days and minutes for rehab/extensive and rehab RUGsCerts and denial lettersUse of grace/late daysMidnight rule
9:30 - 9:45	Break
9:45 - 11:00	Changes - Part I <ul style="list-style-type: none">ARD dateTransmissionWhat can be counted back into the hospital stayNew assessments-start of therapy, dischargeMDS section OTypes of therapy-individual, concurrent and groupStart of therapy dateEnd of therapy dateOMRA between assessments-start of therapy
11:00 - 12:00	Changes - Part II <ul style="list-style-type: none">ADL sum scores
12:00 - 1:00	Lunch
1:00 - 2:30	Changes - Part III <ul style="list-style-type: none">RUG changes
2:30 - 2:45	Break
2:45 - 3:30	Changes - Part IV <ul style="list-style-type: none">Short stay assessment
3:30 - 4:00	Changes - Part V <ul style="list-style-type: none">Billing issuesDefault rateHIPPS codesMedicare assessment errors
4:00 - 4:30	Questions

Registration Form - 2010 Medicare PPS and RUGs IV

To register online: kahsa.org/rugs

Please print or type on registration form. Only one registrant per form please. Copy this form as needed.

Name _____

Title _____ License# (must have) _____

Organization Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

(Required for confirmation/information)

FEES: Per seminar, per person (includes materials, breaks and lunch)

Space is limited so get your registration in early: Registration deadline is August 27th, 2010

KAHSA Members \$109

Non-Members \$ 149

Enclosed is my payment to KAHSA in the amount of \$ _____

PAYMENT METHOD: _____ Check _____ Visa _____ MasterCard (Information MUST be legible)

Credit Card No. _____ Exp. Date _____

Cardholder's Name _____ Signature _____

PLEASE COMPLETE AND RETURN THIS FORM WITH PAYMENT TO:

KAHSA, 217 SE 8th Avenue, Topeka, KS 66603

Ph: 785-233-7443 Fax: 785-233-9471

Faxed registrations must be accompanied by a credit card number