

## PROGRAM SCHEDULE

June 24-25, 2010

### Schedule for June 24 (Day 1):

8:00am - 9:00am - Registration  
9:00am - 4:00pm - Workshop  
(Networking lunch provided from 12-1pm)

### Schedule for June 25 (Day 2):

8:00am - 9:00am - Registration  
9:00am - 4:00pm - Workshop  
(Networking lunch provided from 12-1pm)

For more information and a detailed agenda, please visit our website [www.cahsah.org](http://www.cahsah.org)

## HOTEL INFORMATION

### TREASURE ISLAND

3300 Las Vegas Blvd. South  
Las Vegas, NV 89109  
PH: (702) 894-7111

For discounted hotel reservations, please call: (888) 503-8999 and ask for the "CAHSAH" special room rate of \$79 for June 23-24 and \$149 June 25. A charge of \$30.00 per person, per night, will be added for each third and fourth person sharing the same room/suite, regardless of age, with a maximum of four (4) guests per room/suite.

**Reservation deadline is Monday, May 24, 2010**

## CONTINUING EDUCATION

Continuing Education Hours will be provided to participants who attend both days of the program in its entirety. Provider approved by the California Board of Registered Nursing (Provider # CEP2463) and by the California Board of Behavioral Sciences (Provider #PCE588) for up to twelve (12) contact hours of continuing education. You must be present for the entire workshop to earn Continuing Education hours. No partial credit can be given.

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CURRENT RESIDENT

California Association for Health Services at Home  
3780 Rosin Court, Suite 190  
Sacramento, CA 95834  
[www.cahsah.org](http://www.cahsah.org)



# The Stakes are High

Ensuring Your New  
Home Health Agency's Success



**Brought to you by:**  
California Association for Health Services at Home



**Sponsored by:**  
**KINNSER**

## WORKSHOP SUMMARY

Attend this two-day program to learn everything you need to know in order successfully start or run your new agency. The program will review everything from the 855A application process to licensing and certification to surveys. The program will cover applicable local, state and federal regulations governing Medicare certified home health providers in California and Nevada.

Attendees will hone in on key operational processes ranging from marketing and intake to supervision and management structure. They will also learn about Chart of Accounts, Financial Statements, Recording Medicare Revenue, NRS Billing, Benchmarking and Dashboards, Labor Laws, Professional Practice Acts and other subject relevant to the Start-Up of a Medicare certified agency.

Each participating agency will receive a complimentary copy of the "HHA Start Up Manual" a CAHSAH resource valued at \$400.

## LEARNING OBJECTIVES

- Obtain and complete the Medicare Provider Enrollment Form-855A
- Determine the appropriate background and experience for key agency hires
- Make informed decisions regarding the purchase of policies and procedures, information systems, documentation tools and other agency necessities
- Possess a working knowledge of the Medicare Conditions of Participation
- Know how to avoid fraud and abuse issues
- Accounting requirements for a Medicare HHA
- Financial reports filed with Medicare
- Awareness of regulatory business requirements
- Know the value of best business practices
- Keen awareness of the governmental agencies that may and will affect you

## WHO SHOULD ATTEND

- Anyone who is starting a Medicare-Certified HHA
- Anyone wanting to purchase a HHA
- A state licensed HHA considering becoming Medicare-Certified
- Newly employed management staff for a HHA
- Recent Medicare-Certified Agencies
- Agencies waiting for certification

## FACULTY

**Mary Lou Connolly, RN, MS**  
 Consultant  
 McCoy & Connolly Consulting, Inc.  
 Former Administrator, UCSD Home Care

**Nancy McCoy, RN, MS**  
 Consultant  
 McCoy & Connolly Consulting, Inc.  
 Former Dir. Of Clinical Services,  
 UCSD Home Care

**Thomas Boyd, BA, MBA**  
 Principal  
 Boyd and Nicholas, Inc



## HOW TO REGISTER

**ON-LINE** with your credit card at: [www.cahsah.org](http://www.cahsah.org)

**FAX** your registration to: (916) 641-5881

**MAIL** your registration to:  
 CAHSAH  
 3780 Rosin Court, Suite 190  
 Sacramento, CA 95834

**PHONE** in your registration with credit card  
 payment to: (916) 641-5795 ext. 113

**QUESTIONS?** Contact CAHSAH at (916) 641-5795 ext. 113

**CANCELLATIONS:** Received 10 days prior to the program date are subject to a 20% handling fee. Cancellations must be in writing.

**NO REFUNDS** will be issued for cancellations received within 10 days of the program. 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.

## REGISTRATION FORM

RATE SCHEDULE	Member	Non-Member	Sub-total
<b>EARLY BIRD RATE</b> <i>Rcvd by 5/26/10</i>			
<input type="checkbox"/> First attendee*	<u>\$475</u>	<u>\$675</u>	_____
<input type="checkbox"/> Additional attendee(s) from same agency (Qty): _____	<u>\$325</u>	<u>\$525</u>	_____
<b>ADVANCED RATE</b> <i>Rcvd by 6/09/10</i>			
<input type="checkbox"/> First attendee*	<u>\$495</u>	<u>\$695</u>	_____
<input type="checkbox"/> Additional attendee(s) from same agency (Qty): _____	<u>\$345</u>	<u>\$545</u>	_____
<b>ONSITE RATE</b> <i>Rcvd after 6/09/10</i>			
<input type="checkbox"/> First attendee*	<u>\$535</u>	<u>\$735</u>	_____
<input type="checkbox"/> Additional attendee(s) from same agency (Qty): _____	<u>\$385</u>	<u>\$585</u>	_____
Register two or more people online and receive \$10 off each registrant. <b>SPECIAL DISCOUNT only available for registrations made online.</b>	*Registration fee includes one Start Up Manual (valued up to \$400) per agency.		
		<b>Total</b>	<b>\$ _____</b>

Not a CAHSAH member? Contact CAHSAH 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!

Company Name \_\_\_\_\_

Attendee #1: Name & Title \_\_\_\_\_ RN Number (if applicable) \_\_\_\_\_

Email Address for Attendee #1 (Confirmation will be sent to this address) \_\_\_\_\_

Attendee #2: Name & Title \_\_\_\_\_ RN Number (if applicable) \_\_\_\_\_

Email Address for Attendee #2 (Confirmation will be sent to this address) \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### Pre-payment is required

**Method of Payment**  Check (payable to CAHSAH)

Visa  MasterCard  American Express

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ City, State, Billing Zip Code (required) \_\_\_\_\_

Cardholder Name (please print) \_\_\_\_\_

Signature (required) \_\_\_\_\_