



# Home Health 201

**December 5-6, 2018**

9:00 am - 4:00 pm Eastern

**IAHHC Conference Room**

*Sponsored by Hall Render Killian Heath & Lyman*

6320-G Rucker Road, Indianapolis, IN 46220

Attendees will participate in a comprehensive review of Indiana Code Law and Indiana Administrative Codes for Home Health. The Federal CoPs for Home Health will be discussed in depth with the opportunity to review the Interpretive Guidelines that apply to the new CoPs and daily application. Discussion of specific topics that fulfill the requirements will be highlighted. These include:

- ◆ HH QAPI & QAPI Project Development
- ◆ HH Compare/Star Ratings
- ◆ The Pepper Reports
- ◆ Patient Rights
- ◆ Interdisciplinary Relationships
- ◆ Coordination of Care
- ◆ Initial and Comprehensive Assessments
- ◆ The Medical Plan of Care
- ◆ Delegation of Services
- ◆ HH Survey/SOMs&IGs
- ◆ Program Integrity
- ◆ How to be successful with the Face to Face
- ◆ HHCCN
- ◆ Emergency Preparedness/Infection Control

Content of the CMS Manual Systems will be made available to attendees both in hard copy and resource locations; ensuring reference materials for Agency use are the most current version available.

Medicaid processes will be discussed. These include:

- ◆ PA Prep
- ◆ Medicaid Eligibility
- ◆ Using the IHCP Programs Manual
- ◆ IHCP Bulletins and Banner Pages

## Who Should Attend

- ◆ Medicare/Medicaid Front Line Managers
- ◆ Field Nurses and Therapists
- ◆ Administrators
- ◆ Owners

*Attendees will receive all handout materials which are suitable as an agency reference.*

## Presenters

**Cindi Wessel**, Home Health and Hospice Resource Director  
Director

**Michelle Stein-Ordonez**, Membership Services  
Director

## Cancellation/No Show Policy

There are no refunds 10 days prior to the program date. All refunds will have a \$25 processing fee. **No Shows will be charged the full amount of the program.** If you are unable to attend, you may send a substitute. Please contact the IAHHC Office with the person's name.

## Registration Fee (per person)

<b>Voting Member/Staff</b>	\$450
<b>Associate Member/Staff</b>	\$800
<b>Non-members/Investors</b>	\$1450

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

**Method of Payment**  Check (payable to IAHHC)  Visa  MasterCard

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Amount Due \$** \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Mail:** IAHHC, 6320-G Rucker Road, Indianapolis, IN 46220

**Fax:** (317) 775-6674

**Online:** [www.iahhc.org](http://www.iahhc.org)

**For more information, call:** (317) 775-6675 or [tori@iahhc.org](mailto:tori@iahhc.org)