

## DETAILS/PROGRAM SCHEDULE

### Schedule for day 1:

7:30am - 8:30am - Registration  
8:30am - 4:00pm - Workshop  
(networking lunch provided from 12-1pm)

### Schedule for day 2:

7:30am - 8:30am - Registration  
8:30am - 12:30pm - Workshop  
2:00pm - 4:30pm - COS-C Exam  
(Exam is optional - separate registration is required)

## COS-C EXAM

The scope of the COS-C exam includes CMS instructions related to the OASIS time points, regulations, patient populations and item specific scoring and always tests on guidance that is current as of the testing date. Candidates who successfully complete the examination are awarded the Certificate for OASIS Specialist – Clinical (COS-C) designation.

Call the OCCB at (800) 283-4252 or (337) 231-6981 or visit their website at [www.oasiscertificate.org](http://www.oasiscertificate.org) to learn more or to register for the COS-C examination. **SEPARATE REGISTRATION IS REQUIRED.**

### Exam Registration Fee:

\$250 – CAHSAH members  
\$300 – Non members

### Exam Dates/Times:

March 2nd, 2010 - Sacramento, CA  
March 4th, 2010 - Ontario, CA  
2:00pm - 4:30pm (Registration begins at 1:15pm)

## CEUs

Continuing Education Units 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 ten (10) contact hours of continuing education. You must be present for the entire workshop to earn Continuing Education Units. No partial credits can be given.

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



# OASIS-C: Don't Just Survive - Thrive!

March 1-2, 2010  
Radisson Hotel  
Sacramento, CA

March 3-4, 2010  
Marriott Ontario Airport  
Ontario, CA

COS-C Exam offered in both locations

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## WHAT TO EXPECT

### Day 1:

- Review history of OASIS-C – timelines, demo and affect on agency with training and intake: new info needed and M0110
- Review crosswalk of OASIS-C to OASIS-B1
- Review content of OASIS-C Guidance Manual
- Detail Conventions of Completing OASIS-C
- Review Data Accuracy, Encoding & Transmission requirements
- Review M item instructions from Chapter 3 of OASIS-C Guidance Manual – specifically: Clinical Record Items, Patient History & Diagnoses, Living Arrangements, Sensory Status, Integumentary Section, Respiratory Status, Cardiac Status, Elimination Status, Neuro/Emotional/Behavioral Status, ADL/IADLs, Medications, Care Management, Therapy Need & Plan of Care, Emergent Care & Discharge

### Day 2:

- Review the calculation of the HHRG & HIPPS code. Review the Episode Exceptions – LUPA, PEP, SCIC, Outlier & Therapy
- Review reimbursement calculation and the affect that OASIS-C documentation has on reimbursement
- Review casemix weights before & after OASIS-C Calculate dollars lost due to pressure ulcer change
- Review the calculation for NRS reimbursement
- Review required documentation on OASIS-C, orders & notes for NRS

## HOTEL INFORMATION

**March 1-2, 2010**  
Radisson Hotel  
500 Leisure Lane  
Sacramento, CA 95815  
916-922-2020

**March 3-4, 2010**  
Marriott Ontario Airport  
2200 East Holt Blvd.  
Ontario, CA 91761  
909-975-5000

CAHSAH has set aside a courtesy room block for each location. Please contact the hotel and ask for the CAHSAH discounted room rate when booking your overnight stay.

## FACULTY

### Melinda Gaboury



Gaboury is co-founder and Chief Executive Officer of Healthcare Provider Solutions, Inc. (HPS). Melinda Gaboury and Mark Cannon founded the company in April 2001 to provide financial, reimbursement, clinical and cost reporting services to the home health, hospice and rehabilitation therapy industries.

Prior to the inception of Medicare PPS Gaboury began researching, auditing and review processes with OASIS, ICD-9 Coding and clinical documentation. She has developed and taught clinician and billing Medicare PPS Training Workshops in a variety of venues. Gaboury's priority remains bridging the gap between clinical and financial issues in home health agencies. The one unique thing that Gaboury brings to the home health field is the development of very effective OASIS and ICD-9 Coding Education while being able to also teach the reimbursement aspect and how they are directly related. Gaboury has been a speaker for several state home care associations. She is also actively conducting OASIS and Billing Seminars throughout the country. In addition to her speaking engagements and consulting, she is also a consultant to reporters for weekly national home health newsletters.

## 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

March 1-2, 2010 - Sacramento, CA

March 3-4, 2010 - Ontario, CA

RATE SCHEDULE	Member	Non-Member	Sub-total
<input type="checkbox"/> Early Bird Registration Must be received by February 1, 2010	\$275	\$450	_____
<input type="checkbox"/> Advance Registration Must be received by February 15, 2010	\$295	\$490	_____
<input type="checkbox"/> On-Site Registration Day of program - space permitting	\$335	\$570	_____
Register two or more people online and receive \$10 off each registrant. <b>SPECIAL OFFER ONLY FOR ONLINE REGISTRATION.</b>			<b>Total \$</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 Name & Title \_\_\_\_\_

RN Number \_\_\_\_\_

Attendee Name & Title \_\_\_\_\_

RN Number \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

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

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

Email Address (Confirmations will be sent to this address) \_\_\_\_\_

### Pre-payment is required

<b>Method of Payment</b>		<input type="checkbox"/> Check (payable to CAHSAH)
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit Card # _____	Exp. date _____	
Credit Card Billing Address _____	City, State, Billing Zip Code (required) _____	
Cardholder Name (please print) _____		
Signature (required) _____		