Nursing and Therapy Collaboration to Drive Case Mix Index (CMI)

May 2, 2017
9:00 am -1:15 pm
Registration/Breakfast: 8:30 am
Doors open at 8:15 am

Allegany College of Maryland
Continuing Education & Workforce Development Bld.
12401 Willowbrook Road SE, Room #8
Cumberland, Maryland

OR

May 9, 2017
9:00 am -1:15 pm
Registration/Breakfast: 8:30 am
Doors open at 8:15 am

Handelman Conference Center
10280 Old Columbia Rd STE #215
Columbia, Maryland

TARGET AUDIENCE

- Administrators
- Nursing Staff
- Therapy / Rehab Staff

CEU – 4.0

- Administrator

OBJECTIVES

1. Define CMI and describe how it is calculated
2. Discuss therapy and nursing communication systems and processes
3. Describe CMI audit and training
4. Impact of Quality Measures and Reporting Program

SPEAKERS

Advantage Care Rehabilitation

Kathy Kemmerer, LPNAC, RAT-CT, CPRA

Dave Lishinsky, PT, VP of Clinical Compliance

FEES: *(See Back)*

PROGRAM

As Maryland Skilled Nursing Facilities are operating under the new reimbursement system effective January 1, 2017, it is imperative that facility administration, nursing, and therapy understand how to drive Case Mix Index (CMI) to meet the operational and clinical goals of the facility. Learn how nursing and therapy need to collaborate to capture the most accurate and clinically appropriate MDS, RUG level, and CMI score. You will understand the importance of ADL coding, restorative nursing programs, and therapy clinical programming to meet your CMI goals. Also learn how communication systems between nursing and therapy impact CMI management. Attendees will understand the importance of nursing and therapy documentation supporting the skilled services provided to LTC residents. Finally, you will learn the impact comprehensive CMI management will have on your 5 Star Rating and success in the SNF Quality Reporting Program (QRP).

AGENDA

8:30 AM Registration/Breakfast

9:00 AM — 11:00 AM

A. What is CMI?
B. How is CMI calculated?
C. MDS Accuracy
   a. MDS Validation Worksheet process
   b. Continuing Stay Review Spreadsheet and PASSRs
D. ADL Coding and Training
E. Restorative Nursing
F. LTC Advocacy Programming
   a. Facility Referral to Therapy Process
   b. Screening Process
   c. Other therapy clinical programs

11:00 AM — 11:15 AM Break

11:15 AM — 1:15 PM

G. Medicare Part B CPT Coding & Billing
H. Therapy & Nursing Communication Systems and Processes
I. Documentation to Support Skilled Services
   a. Nursing Documentation
   b. Therapy Documentation
   c. Documentation Audits
   d. Documentation Training
J. CMI Audit and Training
K. Impact on 5 Star Rating Quality Measures
L. Impact on Quality Reporting Program (QRP) Fiscal Impact

1:15 PM Adjourn

FEES: REGISTER ONLINE BY CHECK OR CREDIT CARD

LIFESPAN MEMBER: $85	NONMEMBER: $185

CONTINUING EDUCATION

This program is sponsored by the Beacon Institute. This program is approved for four (4.0) credit/contact hours. This program is approved by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators.

REGISTRATION POLICY

1. Please mail or fax your registration early. Space is filled on a first served basis. Policy and deadlines for registration are the same by fax as by mail.
2. Please enclose a check or complete the credit card registration below. Faxed registrations must include credit card or purchase order information.
3. Registrations and payment must be received no later than five days prior to the workshop.
4. We reserve the right to cancel this program due to insufficient registration.

CANCELLATION POLICY

Visit our website www.lifespan-network.org to read the Registration Policy. Refunds, minus a $25 processing fee per registrant, will be honored if requested in writing **FIVE** (5) business days prior to the date of the seminar. In the event of emergency, attendees may send substitutes in their places without prior notification. *Additional fees may apply.*

REGISTRATION FORM

Nursing and Therapy Collaboration to Drive CMI

PLEASE SELECT ONLY ONE DATE (First Come-First Served)

_____ May 2, 2017 (Allegany College — Cumberland)

_____ May 9, 2017 (Handelman Conference Center)

Name _____ Title_____

Email ***(REQUIRED)*** _____

Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fee: ___**Lifespan Members** ___**Nonmember** ***Total Amount Due***:_____

Please mail with check payable to:

THE BEACON INSTITUTE, 10280 Old Columbia Road, Suite 220, Columbia, MD 21046

Or fax with credit card information to 410.381.6061

☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS

Registration will not be process without a form of payment. Manual payment due with registration.

Name on Card _____ Account No. _____

CVV2 Security Code _____ Expiration Date _____ Signature_____

Credit Card Billing Address _____

_____

Card Holder Email Address _____

For additional information please call Annmarie Gordon at 410.381.2401, x240 or agordon@lifespan-network.org