



AANAC Resident Assessment Coordinator — Certified (RAC-CT®) Certification Workshop



DATE & LOCATION

March 27-29, 2019

8:00 am – 5:00 pm

**Handelman Conference Center
7090 Samuel Morse Dr, STE 400
Columbia, Maryland**

Registration & Breakfast begin at
7:30 am. Doors open at 7:30 am

TARGET AUDIENCE

Registered Nurses, Licensed Practical Nurses, Nurse Assessment Coordinators, MDS Coordinators, Administrators, Social Workers, Activity Professionals, Physical Therapists, Occupational Therapists, Speech Therapists, Health Information Professionals, Dietitians, and all members of the Interdisciplinary Teams involved in assessment and care planning.

CEU/CONTACT HOURS

22.5

- Nursing
- Administrator
- Social Work / Services
- Activity Professional

FEES (See Back)

ELECTRONIC HANDOUTS (IMPORTANT)

Handouts will be provided to attendees electronically for this workshop. Students can download the materials to her/his device of choice to bring to the workshop. Students also have the option to download and print the materials. Access information will be sent via email to each student prior to the beginning of the workshop.

PROGRAM

Increase your knowledge of clinical assessment and care planning, completion of the MDS, and the regulations surrounding the RAI/MDS process by attending the three-day AANAC Resident Assessment Coordinator—Certified (RAC-CT®) certification workshop. Having the RAC-CT credential behind your name shows that you are a knowledgeable and capable MDS professional.

This certification is the most widely-recognized and respected MDS 3.0 certification available in the long-term care profession, as well as the mark of nurses who understand more than a paper form—they understand resident assessment.

The workshop will increase your knowledge and skills required to perform accurate assessments using the RAI manual.

Course Completion Requirements

CCEU/Es for a live workshop are based upon actual classroom attendance for the duration of the scheduled educational activity and are verified through sign-in sheets. If a student must leave before the activity is scheduled to end or is late arriving, he/she will not receive full CEU/CE credit. Partial credit may be awarded. Each attendee, based on sign-in sheets/attendance, will receive the CEU/CE certificate upon the completion of the education activity. Final exams are not a requirement for claiming a CEU/CE certificate for a live workshop.

PRESENTER

Kristin Breese, RN, BSN, RAC-CT, RAC-MT, CPC, QCP-MT, Post Acute Clinical Advisors, LLC

TOPICS

This workshop covers the following content from the RAC-CT curriculum:

- **Accurately Assessing Functional Status and the MDS 3.0:** Understand the survey process as it relates to assessment or functional status
- **Care Area Assessments:** Identify the 20 care areas, documentation, requirements, and timing for completion
- **Care Planning:** Improve your critical thinking skills and understanding of interim and “I Format” care plans so your residents have every opportunity to thrive while doing what they love in a way that works for them
- **Five-Star Quality Rating System:** Understand how the annual licensing and certification survey impacts your facilities Five-Star Quality Rating System
- **Medicare Part A:** Navigate your facility through government audits by helping other teammates capture the right assessment information and knowing what MDS documentation auditors will ask for when they arrive
- **MDS 3.0 Coding for OBRA and PPS:** Learn how to accurately code the MDS 3.0
- **OBRA Timing and Scheduling:** Understand the requirements for scheduling and Timing OBRA-required assessments and how to appropriately use the discharge assessment as well as identifying the criteria for completing the Significant Change in Status Assessment
- **PPS Timing and Scheduling:** Review scheduled and unscheduled assessments requirements and transmission to the national QIES and ASAP systems databases
- **Quality Measures:** Understand the components of each Quality Measure score calculation and the facility processes necessary to achieve good scores
- **Resource Utilizations Group IV: Utilize** the RUG-IV system to ensure all of your residents are getting the level of care they require and that your facility is being fairly paid for the care and services it provides

REGISTRATION FEES:	Early Registration (Before or on March 13)	Late Registration After March 13	REGISTRATION DEADLINE March 21, 2019
LifeSpan Members/Nonmembers Nonmembers AANAC/AAPACN	\$775.00	\$960.00	CANCELLATION POLICY Refunds, minus a \$100 processing fee per registrant, will be honored if requested in writing SEVEN (7) business days prior to the date of the seminar. In the event of emergency, attendees may send substitutes in their places without prior notification.
AANAC/AAPACN Members To become an AANAC member visit their website at www.aanac.org	\$575.00	\$710.00	

<p align="center"><u>REGISTRATION POLICY</u></p> <ol style="list-style-type: none"> 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. Please enclose a check or complete the credit card registration below. Faxed registrations must include credit card or purchase order information. Registrations and payment must be received prior to the workshop. Registrations and payment must be received no later than five days prior to the workshop. We reserve the right to cancel this program due to insufficient registration. 	<p align="center"><u>CONTINUING EDUCATION / CONTACT HOURS</u></p> <p>This program is approved for 22.5 continuing education hours.</p> <p>The American Association of Post-Acute Care Nursing (AAPACN)* is accredited by the American Nurses Credentialing Center's Commission on Accreditation.</p> <p>This program is approved by: The National Continuing Education Describe Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators. National Certification Council for Activity Professionals (NCCAP) for continuing education for activity professionals. Category I continuing education credits for social workers license in Maryland</p> <p><small>*AAPACN d/b/a American Association of Nurse Assessment Coordination (AANAC)</small></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

REGISTRATION FORM
AANAC RAC-CT® Workshop
March 27-29, 2019

Name _____ Title _____

Email (**REQUIRED**) _____

AANAC Member Number (If Applicable) _____

NH Administrator License _____ NAB CE Registry ID # _____

Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fee: Lifespan Member & Nonmember _____ AANAC member _____ **Total Amount Due:** _____

Please mail with check payable to: **THE BEACON INSTITUTE**, 7090 Samuel Morse Drive, Suite 400, Columbia, MD 21046

Or fax with credit card information to 410.381.6061



Name on Card _____ Account No. _____

CVV2 Security Code _____ Expiration Date _____ Signature _____

Credit Card Billing Address _____

Card Holder Email Address _____