



# Minimum Data Set (MDS) Coding For Long-Term Care

## *A Fundamental RAI/MDS Training Course*

**Tuesday, June 5 - Wednesday, June 6, 2018**

**8:30 am - 4:30 pm**

**Handelman Conference Center  
7090 Samuel Morse, Suite #400  
Columbia, MD 20146**

***(Registration/Scan-In & Breakfast - 8:00 am. Doors open at 8:00 )***

### **TARGET AUDIENCE**

- Administrators
- Nurses
- MDS Coordinators

### **CEU – 13.0**

- Administrator

### **FEES: (SEE BACK)**

### **OBJECTIVES**

1. Understanding the principles and process of RAI/MDS 3.0
2. Understanding MDS Timing and Scheduling
3. Understanding MDS 3.0 Coding for each session
4. Completion of Care Area Assessment Summary (CAAS)

### **PROGRAM**

This 2-day course is designed for MDS coordinator new to the position or/and for persons who need to update BASIC knowledge, skills and abilities in the RAI process. Learn the details needed to ensure a successful implementation of MDS 3.0 use the RAI correctly and accurately. The class discusses the timing and scheduling; reviews each section of the MDS, the RAI manual instructions for coding as well as practical tips about where to find the supporting documentation and how to assist other disciplines with accurate coding of assigned sections. The class includes introduction to appropriate completion of Care Area Assessments.

### **SPEAKER**

Terry Raser, RN, RAC-CT, DNS-CT, QCP  
Senior Consultant , MDS 3.0 “Gold Standard Nurse”  
LW Consulting

### **AGENDA**

#### **DAY ONE**

8:00 am – 8:30 am Registration/Scan-In & Breakfast  
8:30 am – 9:00 am Brief History  
9:00 am – 10:15 am Principles and process RAI/MDS  
10:00 am – 10:15 am Break  
10:15 am – 12:00 pm Timing and scheduling  
12:00 pm – 1:00 pm Lunch  
1:00 pm – 2:15pm Timing and scheduling (cont.)  
2:15 pm – 2:30 pm Break  
2:30 pm – 4:30 pm Understand Coding for Session A through F  
4:30 pm Adjourn

#### **DAY TWO**

8:00 am – 8:30 am Registration/Scan-In & Breakfast  
9:00 am – 10:00 am Understand Coding for Session GG  
10:00 am – 10:15 am Break  
10:15 am – 12:00 pm Understand Coding for Session H, I, and J  
12:00 pm – 1:00 pm Lunch  
1:00 pm – 2:15pm Understand Coding for Session L  
2:15 pm – 2:30 pm Break  
2:30 pm – 4:30 pm Understand Coding for Session M and N  
4:30 pm Adjourn

**FEES: REGISTER BY CREDIT CARD OR CHECK — REGISTRATION DEADLINE : MAY 30, 2018**

<b>LIFESPAN MEMBER</b>	<b>\$300.00</b>
<b>NONMEMBER</b>	<b>\$400.00</b>

**LOCATION**

Handelman Conference Center (Located at the rear of building)  
7090 Samuel Morse Drive, Suite #400  
Columbia, MD

**REGISTRATION & CANCELLATION 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. Registrations and payment must be received prior to the workshop.
3. We reserve the right to cancel this program due to insufficient registration.
4. Refunds, minus a \$100 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.*

**CONTINUING EDUCATION**

This program is sponsored by the Beacon Institute. This program is approved for 13.0 continuing education hours. 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.

**REGISTRATION FORM**

***MDS Coding for Long-Term Care***  
***June 5-6, 2018***

Name \_\_\_\_\_ Title \_\_\_\_\_

Email ( **REQUIRED** ) \_\_\_\_\_

NH Administrator License \_\_\_\_\_ NAB CE Registry ID # \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Fee: **Lifespan Members \$300** \_\_\_\_\_ **Nonmember \$400** \_\_\_\_\_ **Total Amount Due:** \_\_\_\_\_

Please mail with check payable to: **THE BEACON INSTITUTE**, 7090 Samuel Morse Dive, 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** \_\_\_\_\_