



Providing Adequate Oversight of Therapy Services to Minimize Facility Risk



DATE & LOCATION

June 19, 2018

9:00 am – 1:15 pm

**Handelman Conference Center
7090 Samuel Morse Drive
Suite #400**

Columbia, Maryland

Registration / Breakfast begin at 8:30 am. Doors open at 8:15 am

TARGET AUDIENCE

- Executive Directors
- Administrators
- DON / ADON
- Therapy Staff
- Compliance Officers

CEU — 4.0

- Administrator

FEES

- LifeSpan Members — \$85
- Nonmembers — \$185

PROGRAM

With this ever-changing healthcare industry, the importance of reducing risk, by providing appropriate oversight of therapy services, has never been more critical. This session will provide you with resources and information to minimize facility reimbursement risk related to provision of physical, occupational and speech therapy. Whether providing in house therapy or utilizing a contract therapy company, you are still signing the UB-04 and asserting the claim is accurate. The risk is on the facility to ensure that the documentation supports what is being billed. This presentation will discuss how to mitigate risk when providing therapy services.

OBJECTIVES

1. Identify oversight of therapy services for both in-house or contract therapy provision
2. Outline steps that can be taken to mitigate risk associated with providing therapy services, especially those related to the False Claims Act
3. Understand oversight related to
4. Staff competency, Patient safety, Infection control, HIPPA, Appropriate documentation of supervision requirements and supervision of licensed assistants and aides
5. Learn how to minimize risk using tools and programs: Evaluation, Medical/treatment diagnoses, Treatments Frequency/Duration, Goals, Standardized Assessments
6. Learn how to utilize strategies to comprehend therapy documentation requirements: Evaluation, Medical / treatment diagnoses, Treatments Frequency/ Duration, Goals, Standardized Assessments
7. Identify differences in Medicare A vs. Medicare B Documentation Requirements
8. Apply recommended oversight strategies: Weekly tactics (including Rehab, Medicare and CMI meetings); Weekly tactics (including Rehab, Medicare and CMI meetings)

AGENDA

8:30 AM Sign-in/ Breakfast

9:00-10:45AM

- Introduction
- Review of Objectives
- Oversight Review
- Identification of Risks
- Staff Criteria
- Infection Control
- HIPPA
- Importance of Supervision

10:45-11:00AM Break

11:00-1:15PM

- Evidence based practice
- Restorative program
- Staff Training
- Denied claims management
- Documentation Requirements
- Medicare A vs. Medicare B Requirements
- Oversight Strategies

1:15PM Adjourn

SPEAKER

Kay P. Hashagen, PT, MBA, RAC-CT, Senior Consultant

Kay is a seasoned Senior Consultant for LW Consulting, Inc. bringing more than thirty-five years of healthcare experience, specializing in geriatric rehabilitation in skilled nursing facilities, Personal/Assisted Living and Independent Living, and out-patient rehabilitation. She has a proven track record in providing excellent customer service, managing operations with strong performance metrics, and developing programs while maintaining appropriate compliance monitoring for Medicare. Kay has expertise in completing patient assessments using the FIM instrument and uses this experience when auditing for in-patient rehabilitation facilities.

SPEAKER

Deena Trzuppek Farley, MS, OTR/L, CMAC, Consultant

Deena has more than 13 years of clinical experience in skilled nursing and outpatient settings. She has been employed by LW Consulting, Inc. since 2014 serving many capacities including medical necessity and technical audits. She is proficient in Medicare billing requirements for rehabilitation and is a Certified Medicare Assessment Coordinator (CMAC). She has collaborated on a variety of program development projects providing therapy recommendations for quality improvement and education to our clients. Her most recent clinical experience includes serving as a Rehab Program Director for a local senior living facility where she received a Clinical Excellence Therapy Award. I

Continuing Education Credits

This program is approved for 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 Policies

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

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 substitutions in their places without prior notification.

Inclement Weather Policy

If Howard County Public Schools are closed or opening late due to inclement weather, all seminars are **CANCELLED**. Registrants will be contacted regarding rescheduling arrangements.

SEMINAR LOCATION

HANDELMAN CONFERENCE CENTER

**7090 SAMUEL MORSE DRIVE
SUITE #400
COLUMBIA, MD 21046**

(Located at rear of building)

Registration Form

Providing Adequate Oversight of Therapy Services to Minimize Facility Risk

Tuesday, June 19, 2018

PLEASE PRINT. Copy this form for multiple registrants. Please register and return by **June 14, 2018**.

Name _____ Title _____

NH Administrator License _____ NAB CE Registry ID # _____

Email (Work) _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fee: LifeSpan Members **\$85** Non-members **\$165** Total Amount Due \$ _____

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

Or fax with credit card information to **410.381.6061**

VISA

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Name on Card _____ Account No. _____

CVV2 Security Code _____ Expiration Date _____ Signature _____

Credit Card Billing Address _____

Card Holder Email Address _____