We've Got You Covered! We have a plan to help you succeed with PDPM

A new payment model for all skilled nursing facility Medicare Part A payments takes effect on **OCTOBER 1, 2019**
- Patient clinical characteristics in totality will determine payment
- Quick and highly accurate assessment and diagnosis will be critical
- Payment will no longer be focused on therapy minutes and ADLs but will rely on over 180 MDS item fields
- Failing to accurately code patient needs will have a significant impact on adequate and accurate payment for high quality care
- Staff roles must change to operate effectively under PDPM

**THE COUNTDOWN TO PDPM HAS BEGUN AND WE CAN HELP**

CAHCF/CCAL is partnering with its national association, The American Health Care Association (AHCA), for a multi-faceted training initiative on PDPM - The PDPM ACADEMY - which includes both in-person training as well as online education with continuous updates and support.

**IT'S A MARATHON, NOT A SPRINT**

The implementation PDPM cannot be completed quickly and requires an organized and detailed transition plan. The PDPM Academy is a 10-month education curriculum to guide SNFs through the implementation process so that they are ready on **October 1, 2019**.

To be successful with PDPM the following should be included in the training process: Administrators, MDS/Billing Staff, DNS, and Therapists.

**Provider Members of AHCA and CAHCF/CCAL who attend the PDPM ACADEMY will have access to:**
- PDPM 101 workshop webinar
- One-day in person training workshop
- Monthly webinars on key topics and emerging PDPM issues
- "How To" webinars on implementing additional AHCA developed tools

At the in-person workshop, participants will go in-depth with hands on experiential learning by:
- Aligning buildings and companies to transition to PDPM using AHCA’s PDPM Readiness Tools® and related core competencies;
- Classifying Residents into Case Mix Groups;
- Assessing market position in a PDPM environment;
- Using organization Business and Management Tools to reconfigure business planning.

**When:** January 30, 2019

**Presenters:**
Molly Grady, Project Director, AHCA/NCAL
Maureen McCarthy, President, Celtic Consulting

**Where:** Aqua Turf, Southington, CT

**Time:** 8:00 a.m. - 4:30 p.m.
**CEU's:** 7.0

**Registration Fees:**
The PDPM Academy is limited to AHCA and CAHCF Facility Members in GOOD-STANDING.

- **$350** First registrant from a facility or corporate office.
- **$250** Registrants 2 - 5 from the same facility.
- **$200** Registrants 6 or more from the same facility.

In order to be eligible for the reduced registration fees, **registrations must be received on the same registration form and ALL attendees must be from the SAME FACILITY.**

Payment must be made at the time of registration.

**Sponsored By:**

www.senior-planning.com
AHCA PDPM Academy
January 30, 2019  8:00 a.m. to 4:00 p.m.
Aqua Turf, Southington, CT  CEU's: 7

Registration:
- Registration in the AHCA PDPM Academy is limited to FACILITY MEMBERS OF AHCA AND CAHCF/CCAL IN GOOD STANDING. Registrants who are not in good standing will be notified.
- Please send the completed registration form, along with payment to CAHCF/CCAL no later than 1/24/19. We cannot process your registration without payment. Full payment is due PRIOR to the event. Your registration is your commitment to pay, if you do not attend you will be responsible for payment.
- Registrants WILL NOT BE ALLOWED TO ENTER the event if FEES ARE UNPAID.
- Walk-In Registrations WILL NOT BE ACCEPTED.

Confirmations: Confirmation letters will be sent via email to email address on file for the person, if there is not an email address on file, it will go to the Administrator. If you do not receive a confirmation by January 25, 2019 please contact Adriana Manning at amanning@cahcf.org

Cancellations: Cancellations must be made by January 24, 2019, please call CAHCF/CCAL to confirm the cancellation and obtain a Cancellation Number prior to 1/24/19. NO REFUNDS will be given after 1/24/19. Substitutions can be made, please call or email Adriana Manning to make the changes.

Fax registration forms to: 860-290-9478
Please make checks payable to CAHCF and mail it along with this registration form. Your registration will be held pending receipt of payment. Please note: Registration requirements were set by AHCA.

Who Should Register: To be successful with PDPM the following MUST BE included in the training and education process: Administrators, MDS/Billing staff, nurses/DNS, and Therapists.
In order to be eligible for the reduced registration fees, registrations must be received on the same registration form and ALL attendees must be from the SAME FACILITY or Corporate Office. Note: Corporate Staff must register under the Corporate office.

Fees:  
- $350 First registrant from a facility or corporate office.
- $250 Registrants 2 - 5 from the same facility or corporate office
- $200 Registrants 6 or more from the same facility or corporate office

Name: ______________________________  Position: ______________________________
Email Address: ______________________________  Kosher Meal: ___ Yes  ___ No

Name: ______________________________  Position: ______________________________
Email Address: ______________________________  Kosher Meal: ___ Yes  ___ No

Name: ______________________________  Position: ______________________________
Email Address: ______________________________  Kosher Meal: ___ Yes  ___ No

Name: ______________________________  Position: ______________________________
Email Address: ______________________________  Kosher Meal: ___ Yes  ___ No

Facility: ______________________________
Address: ______________________________
City:_________________________ State:_________ Zip:______ Phone:________________________

Kosher Meal Option: Please see below!
Credit Card Authorization Form

PCI COMPLIANCE MANDATES THAT THIS FORM MUST BE FAXED - DO NOT EMAIL
FAX NUMBER: (860) 290-9478

Company: ____________________________________________________________

Name: _______________________________________________________________

Address: _____________________________________________________________

City, State, Zip: _______________________________________________________

Telephone: ___________________________________________________________

Email Address: _________________________________________________________

Billing Address (if different):
Address: _____________________________________________________________

City, State, Zip: _______________________________________________________

Telephone: ___________________________________________________________

Credit Card Information:

Type of Card: _________________________________________________________

Credit Card Number: _________________________________________________

Expiration Date: 
Example: 06/20

3 digit security code (on back) __________________

SECURITY CODE: 4 digit security code (American Express only, on front) ______

Amount to Charge: ____________________________________________________

Reason for Charge: ____________________________________________________

I agree to pay above total amount according to card issuer agreement.

Signature: ____________________________________________________________

Print Name: ___________________________________________________________