

START UP CONFERENCE FROM VISION TO REALITY

Please select a track:

**First attendee from each

resource manual

agency/group will receive a start up

Home Health Track

Hospice Track



October 9-10, 2014

Caesars Palace Hotel

3570 Las Vegas Blvd South

Las Vegas, NV 89109

Total:

Program Description

Whether you are interested in starting an agency from the ground up. purchasing an existing agency or adding services to your existing agency do your homework and get the facts before you invest. Expert faculty will show you the ropes, from getting a business license to hiring, setting up your office, creating your referral network and branding your organization. These comprehensive programs will cover all the "need to know" information to turn your vision into reality.

Home Health Track: The program will review everything from the application process to licensing and certification to surveys. The program will cover applicable local, state and federal regulations governing Medicare certified home health providers. Participants will hone in on key operational processes ranging from marketing and intake to supervision and management structure. They will also learn about Chart of Accounts, Financial Statements, Recording Medicare Revenue, NRS Billing, Benchmarking and Dashboards, Labor Laws, Professional Practice Acts and other subject relevant to the Start-Up of a Medicare certified agency.

Hospice Track: The Hospice program was designed to introduce hospice business as a stand alone service or addition to existing services. It will help you understand CMS requirements for facility, financial, time, and personnel. Understand how to create effective billing, budget and other financial systems/processes.

Private Duty Track: The Private Duty program will cover medical and non -medical home care business. Currently there is licensure for this level of service in about half of the states. Get the latest update and learn what if means for you to start your business now. This track will help you understand requirements for location, operations, financial requirements, local state and federal regulations and laws and personnel.

Program Schedule:

October 9 (Day 1):

8:00am - 9:00am - Registration 9:00am - 4:00pm - Conference

12:00pm - 1:00pm - Lunch

4:00pm - 6:00pm - Expo / Reception

October 10 (Day 2):

8:00am - 9:00am - Breakfast (Expo Hall)

12:00pm - 1:30pm - Lunch (Expo Hall)

9:00am - 4:30pm - Conference

Faculty:

Home Health Track

Mary Lou Connolly, RN MS, Consultant, McCoy & Connolly Consulting, Inc. Nancy McCoy, RN MS, Consultant, McCoy & Connolly Consulting, Inc. Thomas Boyd, BA, MBA, Vice President of Reimbursable Services, Boyd and Nicholas, Inc

Hospice Track

Cindy Hatton, RN, MSN, CEO, Hospice of the East Bay.

Virginia Bruski, RN, MN, BSN, Vice President of Quality, Education and Compliance, Hospice of the East Bay

Private Duty Track

Lucy Andrews, RN MS, CEO, At Your Service Home Care Brittnei Salerno, President/CEO, La Jolla Nurses Homecare

How to Register

ON-LINE at www.cahsah.org/startup.asp

FAX to: (916) 641-5881 **PHONE** in to (916) 641-5795 ext. 113

MAIL registration to: CAHSAH

3780 Rosin Court, Suite 190, Sacramento, CA 95834

Continuing Education Units

Provider approved by the California Board of Registered Nursing (Provider #CEP2463 and by the California Board of Behavioral Sciences (Provider #PCE588) for twelve (12) contact hours of continuing education. You must be present for the entire workshop to earn Continuing Education Units. No partial credits can be given.

Private Duty Track Phone: (866) 227-5944				
RATE SCHEDULE	Early Bird by Sept 12	Advanced Rate by Sept 26	Late/ On-Site Rate	Sub-total
Member (1st Attendee) **	\$495	\$520	\$570	\$
Member (Add'l Attendee)	\$350	\$370	\$420	\$
Non-Member (1st Attendee)**	\$695	\$715	\$765	\$
Non-Member (Add'l Attendee)	\$525	\$545	\$595	

Is your organization not a CAHSAH member?

Contact Membership at (916) 641-5795 ext. 114 to find out how you can join and receive member benefit discounted registration rates for this important training program!

Company Name	
Attendee Name & Title	RN License #
Attendee Name & Title	RN License #
Company Mailing Address	
City	State Zip
Phone #	Fax#
Email Address Pre-payment is required (re	egistration will not be processed without payment)
Method of Payment	Check (payable to CAHSAH)
☐ Visa ☐ Master Card	Amex
Credit Card #	Exp. Date
CC Billing Address	City/State Billing Zip Code
Cardholder Name (please print)	Cardholder Signature

CANCELLATIONS: Cancellations are subject to 20% handling fee, there will be NO REFUNDS issued for cancellations received within 10 business days prior to program. Cancellations must be in writing. Refunds will NOT be made for no-shows. However, substitutions will be allowed. Should CAHSAH cancel the program, a full registration fee refund will be issued.