



Presents
**OASIS D Snapshot
Webinar**

Tuesday, May 1, 2018 (1:30 p.m. to 3:00 p.m.) CST

The OASIS D will be implemented on January 1, 2019 and the new proposed changes have just been released. This is just one step in moving to a uniform assessment for post-acute settings.

What is changing? What is being added? What OASIS Items are being removed? Why would they remove that one? I thought that one was really important! How do I make sense of this report?

Take a deep breath and let Lisa Selman-Holman guide you and your staff through the proposed changes and explain the rationale for proposed changes. Take advantage of her vast knowledge and expertise on the numerous changes she has seen through the years.

This 90 minute webinar will put you on the right track for a successful implementation.



Presenter: Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O, HCS-H, has more than 30 years in home care as a RN and Attorney practicing exclusively in home care. She is the Owner of Selman-Holman & Associates, LLC & CoDR-Coding Done Right. Additionally, Lisa sits on the Home Care Coding Specialist-Diagnosis (HCS-D) national advisory board for the Board of Medical Specialty Coding and Compliance (BMSCC) Board HCS-O for OASIS Competency.

Continuing Education: The presenters and program planners have no conflict of interest in regard to this webinar. **RNs and LPNs** must participate in the entire presentation in order for contact hours to be awarded. To apply for nursing contact hours, please mail or fax an evaluation form and a \$10 processing fee for each individual requesting hours. Additionally, send in a completed sign-in sheet, listing the individuals at your facility that participated and noting those requesting contact hours. Individuals requesting contact hours will receive a certificate of contact hours earned. Approved provider status does not imply endorsement by the provider, ANCC, OBN or ONA of any products displayed in conjunction with an activity.

Ohio Council for Home Care and Hospice is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91) (OH -157, 4/1/2019).

Registration Fee: Member rate is \$159.00 - Non-members \$259.00. Indicate if you will be calling into the live webinar or purchasing the audio recording (fee is the same). The live webinar includes the opportunity to ask questions of the presenters. If you desire to purchase both the live webinar and the audio recording, pay the registration fee and an additional \$30.

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Individuals requesting contact hours will receive a certificate of contact hours earned. Please make sure that you enter the Contact Person's name in the Registration Form. All correspondence and site registration information will be sent to this person. No commercial support has been provided for this program.

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**OASIS D Snapshot
Webinar Registration Form
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REGISTRATION INSTRUCTIONS:

1. Use a separate form for each registration. Photocopy of original is acceptable. Each registration is for one (1) phone connection only. **SHARING OF REGISTRATION OR FEES WITH OTHER AGENCIES AND/OR INDIVIDUALS IS PROHIBITED.**
2. **No registration will be accepted without payment in full** by either a credit card or business check (Personal checks cannot be accepted). Visa, MasterCard, Amex and Discover are acceptable forms of credit card payments. The webinar fee must be paid in full before the registrant will be allowed to participate in the program. A confirmation will be sent via email to verify site registration, as will the handouts, Internet link and 800 number for entering the webinar, and instructions for participation. If your **Contact Person** does not receive the E-mail confirmation two (2) business days prior to the webinar, please contact our office to verify your status.
3. **Faxed registrations will be accepted only with payment by a credit card.** Credit card information must be complete and contain the authorized signature. Send completed forms to P.O. Box 80124, Lafayette, LA 70598, or FAX 337-231-0089. Mail and/or faxed registrations represent your commitment to attend and cancellation policies will apply.
4. **Please note our cancellation policy:** If you cancel your registration prior to five business days before the program, you will receive a refund less 25% for administrative costs. All cancellations must be made in writing. No refunds for cancellations or exchanges within five business days of the program. If due to unforeseen circumstances we must cancel this event, registrants will receive a full refund.
5. Payments are not deductible as charitable contributions for federal income tax purposes. However, payments may be deductible under other provisions of the IRS.

Please complete the following information and mail or fax (a credit card must be used to provide payment at the time of faxing a registration) with payment to: HomeCare Association of Louisiana, Fax:337-231-0089, Ph: 337-231-0080. For questions contact Liz Langley at liz@hclanet.org or call 337-231-0080.

Contact Person: _____ E-mail: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

REGISTRATION FEE PER SITE/PHONE CONNECTION: Registration fees are for one (1) phone connection. For additional sites, please copy this registration form and send in with proper payment amount. Indicate if you will be calling into the live webinar or purchasing the audio recording (fee is the same). The live webinar includes the opportunity to ask questions of the presenter. Contact hours may be earned for listening to the audio recording up to 6 months following the live webinar. If you desire to purchase both the live webinar and the audio recording, pay the registration fee and an additional \$30.

Member

☐ \$159.00

Non-Member

☐ \$259.00

TOTAL AMOUNT ENCLOSED

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Live webinar or audio recording? ☐ Live Webinar ☐ Audio Recording

I wish to purchase the live webinar AND the audio recording ☐ (Pay registration fee and an additional \$30)

Payment Information: ☐ Visa ☐ MasterCard ☐ Check

Name on Card: _____ Card Number: _____

Exp Date: _____ Amount: _____ Date: _____

Signature: _____ 3-Digit Code: _____