As many of you know, the Centers for Medicare & Medicaid Services (CMS) released new Requirements for Participation (RoP) for nursing homes last October, 2016. The new requirements will be phased in over a 3-5 year time period. November 28, 2017, will begin Phase 2 of implantation.

While there has been much conversation about specific challenges that facilities will face during the implementation of these requirements, little is being said about the responsibilities and challenges that are being presented to the Activity and Social Service Departments as a direct result of these new mandates. The CMS RoP, in specific language, details requirements and initiatives that are either the partial, or complete, responsibility of the Activity Professional or the Social Worker/Designee.

In this training, Cat will be covering all aspects of the CMS RoP that relate to the activities and social services departments, as well as components of the recently released new survey process that will go into effect this November. Some of the requirements that will be addressed:

- Quality of Life
- Residents’ Rights
- Behavioral Health Services
- Dementia Care
- End of Life Care
- Comprehensive Care Planning
- Discharge Planning
- Reduction of Antipsychotics/Unnecessary Medications
- Competency Skills/Professional Standards/Training
- Facility Assessment
- New Survey Process

FACULTY: Catherine R. “Cat” Selman, BS

Educator. Motivator. Communicator. Consultant. Author...Catherine R. “Cat” Selman, BS, uses her dynamic personality and compelling presence to spread the message of positive, realistic, and common-sense strategies for the aging services professional. She presently serves as President and Co-owner of The Healthcare Communicators, Inc., a company specializing in continuing education for healthcare professionals. Ms. Selman received her degree from Trevecca Nazarene University, with continued graduate work at the University of Southern Mississippi.

With over 30 years’ experience in management, education and consultation, Ms. Selman has trained providers and surveyors in all 50 states. Since 1989, she has often been requested by the Centers for Medicare and Medicaid Services (CMS) to sit on stakeholder/expert panels responsible for the revision of surveyor guidance and compliance issues. In demand, and on topic, she is considered an authority in aging services.
Date & Location

July 26, 2017
Fellowship Center (Masonic Village)
1114 Oxmead Road
Burlington, NJ 08016
(609)239-3822
(609)239-3913

Hotels in the Burlington area:
- Hilton Garden Inn/Mt. Holly/Westhampton
  111 Hancock Lane
  Westhampton, NJ
  (609)702-1600
- Hampton Inn Burlington/Mt. Holly
  2024 County Road 541, RD 1
  Westhampton, NJ
  (609)702-9888

Program Schedule

Registration: 8:00 a.m. - 8:30 a.m.
Presentation: 8:30 a.m. - 4:00 p.m.
Lunch: 11:45 a.m. - 12:45 p.m.
(Lunch & Refreshment breaks included in your registration fee.)

Education Credit

Applications for six (6) hours of education credit have been submitted to the appropriate approval bodies for the following disciplines:
- Nurses (see statement below)
- Social Workers - National Board (NASW)
- Activity Professionals - National Board (NCCAP)

This activity has been submitted to the Mississippi Nurses Foundation, Inc. for approval to award contact hours. The Mississippi Nurses Foundation, Inc. is accredited as an approver of continuing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Program Fees

$125 per person

Payment must be received before date of session. Late Fee of $20 will be required for any payment received after date of seminar. Lunch & refreshment breaks included in fee.

Special Note: Participant substitutions must be approved directly by our office 24 hours prior to attended course session.

Register today on-line, by mail, or e-mail!

Mail to:
The Healthcare Communicators, Inc.
PO Box 207
Vonore, TN 37885
www.thehealthcarecommunicators.com
E-mail: HealthcareComm@aol.com

Call (601) 497-9837 with any questions

Registration Form

1. Seminar: “The Reality of Activities, Social Services and the CMS Requirements for Participation”
   - [ ] One Day (July 26, 2017)

2. Attendee(s) Name & Title (Please print or type.)

   __________________________________________
   __________________________________________
   __________________________________________

3. Contact Information: (* REQUIRED)
   (Please type or print clearly.)
   *Phone: ( )
   *E-mail: ________________________________

4. Mailing Address: (Please print or type clearly.)
   Facility Name: __________________________
   Address: ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Method of Payment: [ ] Money Order [ ] Facility Check [ ] MasterCard [ ] Visa [ ] Today’s Date __________

Name as it appears on Credit Card: (Please print) ____________________________________________________________________________

Credit Card Number ___________________________ Expiration Date ___________ 3-Digit Security Code __________________

Amount to be charged: __________________________ Signature: __________________

If paying by credit card, address MUST match billing address on record. My signature authorizes The Healthcare Communicators, Inc. to make the above charge to my credit card. No personal checks will be accepted. Credit Card receipts will be provided to individuals by email.
# SEMINAR AGENDA

**The Reality of Activities, Social Services and the CMS Requirements of Participation**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00 a.m. -</td>
<td>Registration</td>
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<tr>
<td>8:30 a.m.</td>
<td>Overview of Requirements Impacting Activities/Social Services</td>
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<tr>
<td>10:00 a.m.</td>
<td>• Residents’ Rights</td>
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<td>• Abuse &amp; Neglect</td>
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<td>• Quality of Life/Quality of Care</td>
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<td>• End of Life/Palliative Care</td>
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<td>• Behavioral Health Services</td>
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<td>• Discharge Planning</td>
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<td>10:00 a.m. -</td>
<td>BREAK (Provided)</td>
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<td>10:15 a.m.</td>
<td>Initiatives:</td>
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<td>11:45 a.m.</td>
<td>• Dementia Care</td>
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<td>• Reduction of Antipsychotics (Psychotropics)</td>
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<td>11:45 a.m. -</td>
<td>LUNCH (Provided)</td>
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<tr>
<td>12:45 p.m.</td>
<td>Person-Centered Care Planning</td>
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<td>2:00 p.m.</td>
<td>• Comprensive Care Plan</td>
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<td>• Activity Input</td>
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<td>• Social Service Input</td>
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<td>• Medically Related Social Services</td>
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<td>• Survey Focus</td>
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<td>• Training/Competency Skills/Sufficient Staff</td>
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<tr>
<td>2:00 p.m. -</td>
<td>BREAK (Provided)</td>
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<tr>
<td>2:15 p.m.</td>
<td>CMS’ New Survey Process</td>
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<td>4:00 p.m.</td>
<td>• Combination of Traditional/QI Survey</td>
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<td>• Sample</td>
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<td>• Surveyor Tasks</td>
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<td>• Renumbering of Ftags/Regulations</td>
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<td>• Facility Assessment</td>
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<td>• Resident Councils</td>
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<tr>
<td>4:00 p.m.</td>
<td>Evaluations &amp; Award of CEU Certificates</td>
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Yes! Please add my name and addresses to your mail list.

Contact Information:  *(Please type or print clearly.)*

Name: ____________________________________________

Phone: (   ) ________________________________________

E-mail: ____________________________________________

Mailing Address:
Facility Name: _______________________________________

Address: __________________________________________

City: ________________________________  State: _______  Zip: __________________________

Date: ___________________  Signature: ____________

Please email to:  healthcarecomm@aol.com, or bring to seminar on July 26, 2017. You may also mail to:  
The Healthcare Communicators, Inc.   PO Box 207   Vonore, TN  37885