

MDS 3.0 Update

September 26 - Fort Smith

NEW LOCATION: DoubleTree Fort Smith City Center, Dallas Room, 700 Rogers Avenue, Fort Smith, AR 72901

September 27 – Jonesboro

St. Bernards Health & Wellness Conference Room, 1416 E. Matthews, Jonesboro, AR 72401

September 28 – Little Rock

Red & Blue Events Venue, 1415 W 7th Street (7th & Woodlane), Little Rock, AR 72201

8:30 a.m. – 4:30 p.m.
Registration beginning at 8:30 a.m.
Training from 9:00 a.m. – 4:30 p.m.
Members \$75, Non-Members \$375
Lunch and Materials Included

Presenter: Cassie Crafton, RN

Are you ready for the MDS changes effective October 1, 2018?

Each year, CMS makes changes to the MDS 3.0 Item Set. This 1-day MDS 3.0 Update will help facilities understand the MDS 3.0 changes and Resident Assessment Instrument (RAI) manual changes that are effective October 1, 2018. Understanding these changes is imperative to facilities' success in implementing standardized assessment and for facilitating care management.

Course Objectives Include:

- Understand new MDS 3.0 items in Sections GG, N, M that will be effective October 1, 2018.
- Know which MDS 3.0 items that will be removed.
- Understand and interpret Quality Measures, Quality Reporting Program (QRP), and Value Based Purchasing (VBP).
- Review Five Star reports and Nursing Home Compare.

For more information, please contact the Association at 501-374-4422 or registration@arhealthcare.com.

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Billing Address: ___

Email Credit Card Receipt to: _

Please Check One:
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To register, send this completed form to: Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: registration@arhealthcare.com. The information contained herein, together with all attached documents, will be regarded as property of AHCA. First Name Last 4 digits of SSN Last Name Mailing Address State Cell Phone Email Address (Confirmation and class materials will be sent to this address) Employer Current Title Employer's Address State City Zip License Number (if applicable) Dates of Employment Attendee's Signature Date PAYMENT TOTAL: \$ _____ Check #: _____ Visa Master Card American Express Name on Card: __ Credit Card Number: _____ V-Code: Expiration Date:

SPACE IS LIMITED. ADVANCED REGISTRATION IS REQUIRED.
PAYMENT DUE BY FIRST DAY OF TRAINING.
CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT.

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