

Who Should Attend:

KCAL and KDOA have designed this seminar to address the complexities of managing Home and Community Based Services in the Assisted Living Setting. This seminar is especially beneficial to Operators, Administrators, Business Office Managers, and Nurses involved in the care planning and billing of HCBS clients.

Program Objectives:

At the conclusion of this program, participants should be able to:

- 1) Understand the principles of HCBS.
- 2) Understand client obligation and its relationship to facility reimbursement.
- 3) Understand principles of documentation for reimbursement.
- 4) Understand the role and importance of the relationship with the Case Manager.

About the Speakers:

Krista (Rose) Engel

- Graduated from Kansas State University with a Bachelor's in Sociology and a secondary in Gerontology.
- 1998 – 2000 worked as a Contracted Case Manager with the Northeast Kansas Area Agency on Aging, covering Jackson County.
- 2000 – 2001 worked as a Case Manager with the Jayhawk Area Agency on Aging, covering Shawnee County.
- 2001 – Present is the HCBS/FE Provider Manager with the Kansas Department on Aging.

Laura Graham

- Graduated from Kansas University with a Bachelor in Psychology.
- Has worked with both the MR/DD and FE Home and Community Based Services program for 7 years.
- 1995 – 1998 Worked as a Case Manager with Kansas Elks Training Center for the Handicapped.
- 2000 – 2006 worked as a Patient Services Coordinator for MSSC Project Access; a program of donated medical services at the Medical Society of Sedgwick County.
- 1998-1999 and 2006-2008 Worked as a Contracted Case Manager with the Central Plains Area Agency on Aging.
- Presently is the Targeted Case Management Program Manager with the Kansas Department on Aging.



**In Cooperation with
Kansas Home Care
Association**

Presents

***HCBS... From the
Beginning***

**A focus on Home and
Community Based
Service as they relate to
Assisted Living
Residents**

10:00am – 3:30pm

July 22nd 10:00 Hays
July 23rd 10:00 Wichita

**Sign-in begins at
9:30am at each location.**

Locations:

Tuesday, July 22, 2008

Sign-In - 9:30a.m.
10:00a.m. – 3:30p.m.
Holiday Inn Convention Center
3603 Vine Street

Hays

1-785-6257371

Wednesday, July 23, 2008

Sign-In - 9:30a.m.
10:00a.m. – 3:30p.m.
Holiday Inn Select
549 Rock Road

Wichita

316-686-7131

Check www.khca.org and click the education calendar for more educational opportunities.

Attention

**Triple A Case Managers &
Kansas Home Care Association
Members:**

**Up to three Case Managers from
an office or three homecare
workers from an agency may
attend at the KCAL member rate.**

**Contact KCAL for more
information**



Other Policies:

For comfort, it's recommended that you wear layered clothing since room temperatures at meeting facilities vary widely.

KCAL members may request to be billed, however payment should be received prior to the event.

Non KCAL members must provide payment with this registration form.

Cancellations must be received in writing 72 hours prior to the program for an 85% refund. Substitutes are welcome.

For questions about registration call the KCAL office at (785) 267-6003.

Continuing Education Credits:

Administrators - This course is approved for 4.0 continuing education clock hours for adult care home administrators in the core area of Administration by the Kansas Department of Health & Environment. Long-Term Sponsorship number: LTS-A0001.

Nurses - This educational offering is approved for 4 contact hours applicable for RN/LPN and LMHT relicensure. Kansas State Board of Nursing Provider number: LT0030-0338.

**Pre-registration is strongly
advised as seating is limited in
some locations.**

Registration Form HCBS From the Beginning

Facility _____

Telephone _____

Address _____

City/Zip _____

Email _____

1) Name _____

Lic.# _____

2) Name _____

Lic.# _____

Registration Fee Per Person:

KCAL Members - \$45.00 per person

Non KCAL Members - \$75.00 per person

Total amount enclosed: \$ _____

Please send check and registration form to:
KHCA/KCAL
117 SW 6th Ave., Suite 200, Topeka, KS 66603
Fax 785-267-0833

Credit Card Type _____ MC _____ Visa
Account Number: _____

Expiration Date: _____

Signature _____

Check the session you plan to attend.

X	Date	Time	City
	July 22	10:00	Hays
	July 23	10:00	Wichita