

Nebraska
Home Care Association

2024

OASIS-E Accuracy

Tuesday, June 18

& COS-C Exam

Wednesday, June 19

Comfort Keepers

(Quality Career Pathways Building)

5437 N. 103rd Street

Omaha, NE 68134

Scan QR Code

or

[Click Here to Register Here](https://www.nebraskahomecare.org)

<https://www.nebraskahomecare.org>



An application for nurse contact hours has been submitted to Iowa Western Community College Board of Nursing Provider #6 and is pending approval.

Objectives

Purpose Statement:

OASIS-E accuracy is an essential component of care planning, reimbursement and quality for a home health agency. The data collected not only affects reimbursement during the time that it is completed, but also plays a role in future payment for the agency.

During this fast paced 1-day session participants will review OASIS conventions and how to apply them to the item set using a scenario-based approach. Each section of the OASIS-E will be presented based on the most up-to-date CMS guidance and interpretation to ensure success. Anyone who is seeking further understanding of OASIS-E or is preparing to take the OASIS-E certification would benefit from this informative day of learning.



To receive a Certificate of Completion:

1. Attend the entire conference.
2. Complete the evaluation form.
3. Register your contact hours (CE) through the online portal provided by Iowa Western Community College Board of Nursing Provider #6 **by June 25, 2024.**

Objectives:

1. The learner will be able to discuss how OASIS-E plays an impact in their daily practice.
2. The learner will be able to understand the key elements of the risk adjustment model.
3. The learner will review each of the OASIS items and guidance of those items.
4. The learner will be able to recognize scenarios to apply these rules to the OASIS items.

Speaker

Heather Curren RN, BSN, COS-C, HCS-D, HCS-H, has been in the home care industry for more than 30 years. Heather earned her Bachelors Degree in Nursing in 1992 from the University of Alabama in Birmingham. She has extensive field and case management experience in both home health and hospice.

Heather has held various positions in home health and hospice agencies with expertise in performance improvement, staff development and appeals. She has a vast knowledge of state and federal regulatory guidelines in both home health and hospice.

Heather holds certifications in both OASIS competency and ICD-10 coding in home health and hospice, and has authored a book on medical necessity for home health. Heather currently works as a Director of Education for SimiTree HC in the coding and OASIS division.



Heather Curren has identified no actual, potential or perceived conflict of interest.

The Nurse Planners have identified no actual, potential or perceived conflict of interest.

Agenda



Location:

Comfort Keepers

(Quality Career Pathways Building)

5437 N. 103rd Street

Omaha, NE 68134

7:30 a.m. - 8:00 a.m.
Registration & Check-In

8:00 a.m. - 8:30 a.m.

- OASIS history along with review of the conventions, role in outcomes and impact on reimbursement

8:30 a.m. - 9:00 a.m.

- Social Determinants of Health
- OASIS section A

9:00 a.m. - 10:00 a.m.

- Sections B & C - Hearing, speech, and cognitive functioning
- Sections E & F - Behavior and living arrangement and preferences

10:00 a.m. - 10:15 a.m.
Break

10:15 a.m. - 12:15 p.m.

- Section G - Functional status and conventions
- Section GG - Functional Ability

OASIS-E Accuracy

Tuesday, June 18, 2024

8:00 a.m. - 5:00 p.m.

12:15 p.m. - 12:45 p.m.
Lunch

12:45 p.m. - 3:00 p.m.

- Section H & I - Elimination and active diagnosis
- Section J - Health conditions
- Section K - Nutrition
- Section M - Skin conditions

3:00 p.m. - 3:15 p.m.
Break

3:15 p.m. - 5:00 p.m.

- Section N - Medications
- Section O - Treatments/procedures and programs
- Section Q - Participation in assessment
- Other discharge items

OASIS-E Accuracy & COS-C Exam Registration Form

Tuesday, June 18, & Wednesday, June 19, 2024

Name(s) of Participant(s), Credentials (if applicable), Contact Information, Nursing Contact Hours (CEs), In-Person or Online attendance/Computer exam, and COS-C Exam options:

(Select "Online" under Attendance / Computer Exam options if you are unable to attend in-person for OASIS-E Accuracy, the COS-C Exam, or both.)

		<u>Continuing Education</u>	<u>Attendance / Computer Exam</u>	<u>COS-C Exam Option</u>
1. _____	Email: _____	<input type="checkbox"/> CE (\$5 Fee) / <input type="checkbox"/> In-Person <input type="checkbox"/> Online) /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. _____	Email: _____	<input type="checkbox"/> CE (\$5 Fee) / <input type="checkbox"/> In-Person <input type="checkbox"/> Online) /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. _____	Email: _____	<input type="checkbox"/> CE (\$5 Fee) / <input type="checkbox"/> In-Person <input type="checkbox"/> Online) /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. _____	Email: _____	<input type="checkbox"/> CE (\$5 Fee) / <input type="checkbox"/> In-Person <input type="checkbox"/> Online) /	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact - Name: _____ Phone: _____

Special Dietary Needs: _____

Organization: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Media acknowledgement (Be sure to read description before selecting):

- By clicking this box I acknowledge photos and videos will be taken at the event and images of myself and others attending on behalf of the organization for which I am registering may be used publicly for future conference, social media, and association promotional use.
- I decline to have images of myself and others attending on behalf of the organization for which I am registering to be used for marketing and promotional purposes.

Nebraska Home Care Association Member Fees:

1st Representative from your organization (Lunch included)	\$150	\$ _____
Additional representatives from your organization (Lunch included)	_____ x \$140	\$ _____
Number of representatives wanting contact hours (nursing CE) to be filed with the Iowa Western Board of Nursing	_____ x \$5	\$ _____
Member Total		\$ _____

Prospective Member Fees:

1st Representative from your organization (Lunch included)	\$300	\$ _____
Additional representatives from your organization	_____ x \$290	\$ _____
Number of prospective representatives wanting contact hours (nursing CE) to be filed with the Iowa Western Board of Nursing	_____ x \$5	\$ _____
Prospective Member Total		\$ _____

Note: A \$3 processing fee will be added to all credit card transactions.

Payment Methods:

- Check - Print this form, fill it out, and mail with a check made payable to "Nebraska Home Care Association".
- Credit Card (Requires \$3 Credit Card Processing Fee) - [Click here to register/pay online](#)

Mail your registration form and payment information to:

Nebraska Home Care Association • 3901 Normal Blvd., Suite 100 • Lincoln, NE 68506 or
Email: nebraskahomecare@assocoffice.net • Fax: 402.476.6547

Cancellation Policy:

A 50% fee refund will be given on cancellations submitted to the Nebraska Home Care Association by June 4, 2024. All refunds will be processed after the event accounts have been completed.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

COS-C Exam Information Wednesday, June 19, 2024



COS-C EXAM
Paper & Pencil (P&P)



Certificate for OASIS Specialist-Clinical Exam

The Certificate for OASIS Specialist-Clinical (COS-C) Exam is a voluntary certificate examination for those interested in demonstrating and establishing their expertise and commitment to OASIS data accuracy. Administered the day following the Blueprint for OASIS Accuracy training, the scope of the COS-C exam is similar to the Blueprint workshop agenda, covering current CMS OASIS data collection rules and guidance related to OASIS time points, regulations, patient populations, and OASIS item-specific scoring.

Candidates who successfully pass the examination are awarded the COS-C designation.

Call OASIS Answers, Inc. at (425) 868 - 2304 or visit oasisanswers.com to learn more or to register for the COS-C examination.

Secure a spot by registering at least two weeks in advance. Onsite exam registration may not be available.

OMAHA, NE

Comfort Keepers
(Quality Career Pathways building)
5437 N. 103rd Street
Omaha, NE 68134

June 19, 2024

Registration 8:15 am - 8:45 am
Must be seated by 8:45 am
Testing 9:00 am - 11:30 am

EXAM REGISTRATION FEE:

Initial Exam: \$300
Renewal Exam: \$250

Register online at
oasisanswers.com



OASISanswers

COS-C Exam Application Form on page 6.

Please note:

A minimum requirement of 15 participants are necessary to conduct the in-person COS-C Exam. If less than 15 register for the in-person COS-C Exam, credit will be applied to OASIS Answers' testing center option.

The registration deadline for the in-person COS-C Exam is
Tuesday, June 4, 2024.

Hotel

MainStay Suites

Omaha Old Mill

360 S 108th Ave,
Omaha, NE 68154.



Reservation deadline **Saturday, May 18.**

Rates for Monday, June 17, and Tuesday, June 18, are per night at a rate of \$159.00 for single queen rooms and \$179.00 for rooms with two beds, plus any applicable fees and taxes.

To reserve your room,
email Fheadrick@gulfcoasthm.com or
call 402-758-2848 ext. 2, and refer to the
Nebraska Home Care Association Group.

COS-C Exam Registration Form Wednesday, June 19, 2024

COS-C EXAM APPLICATION



OASISanswers™

simplifying the complex

PAPER & PENCIL TEST

Registration also available at oasisanswers.com

PLEASE CAREFULLY PRINT WHEN COMPLETING THE FORM BELOW.

ALL REGISTRATION PAYMENTS MUST BE RECEIVED PRIOR TO A CANDIDATE SITTING FOR ANY EXAM. **NO EXCEPTIONS!**

Paying by credit card? Complete form and fax to 425.868.5484.

Paying by check? Make checks payable to OASIS Answers.

Mail with form to: PO Box 2768, Redmond, WA 98073.

COS-C EXAM LOCATION - CITY:

STATE:

EXAM DATE:

CANDIDATE'S FULL NAME:

As you would like it to appear on your certificate. PLEASE PRINT!

CANDIDATE'S E-MAIL ADDRESS:

Must be unique! For confirmation and to verify exam history.

WORK _____

PERSONAL _____

CANDIDATE'S DATE OF BIRTH (DAY / MONTH / YEAR):

AGENCY / COMPANY NAME:

CANDIDATE'S ADDRESS:

Where your results are mailed. Please indicate address type. (Street, City, State, Zip Code)

WORK HOME

CONTACT PHONE:

WORK HOME CELL

ARE YOU A CURRENT COS-C? YES NO

HAVE YOU TAKEN THE COS-C EXAM BEFORE? YES NO

SELECT YOUR REGISTRATION RATE:

*Registration is discounted by \$50 if the exam is preceded by OASIS Answers' "Blueprint for OASIS Accuracy" Workshop.

INITIAL EXAM

RENEWAL EXAM**

Regular registration rate

\$300

\$250

**Renewal rates available only to active COS-C's

"Blueprint" exam discounted rate*

\$250

\$200

CREDIT CARD TYPE: AMEX MC VISA

EXPIRATION:

/

ZIP CODE:

CARD NUMBER:

CSC CODE:

NAME ON CARD:

SIGNATURE:

CANCELLATIONS/TRANSFERS: Exam Registration fee is non-refundable. Transfer or product credit will apply.