

Blueprint for OASIS Accuracy OASIS D Data Set



October 22 & 23, 2018
Workshop

8:00am to 4:00pm

October 24, 2018
COS-C Exam

9:00am to 11:30am

Individuals may register for the workshop, the exam or both. Please note the exam fee is in addition to the two-day workshop fee.

To register for the exam online go to: www.oasisanswers.com or complete the attached form and send to OASIS Answers, Inc. as noted on the form.

Workshop/Exam Location

VNSNY – Corporate Office
107 E. 70th Street
1st Floor Conference Room
New York, NY 10021

Hotel Accommodations

Doubletree by Hilton
Metropolitan - NYC
569 Lexington Avenue
New York, NY 10022

HCA has reserved a limited block of rooms at the rate of \$289 per night. Please call (800) 222-8733 before **September 7** and ask for the Home Care Association of NYS Block.

2-Day OASIS-D Data Collection Workshop

OASIS data collection continues to evolve! This workshop provides instruction on the significant changes implemented with OASIS-D January 1, 2019 based on the most current CMS guidance available. This effective, up-to-the-minute education is targeted for field data collectors, their supervisors, OASIS educators and reviewers, quality improvement staff, and those preparing for the COS-C Exam.

Experience the comprehensive and nationally acclaimed two-day Blueprint for OASIS Accuracy workshop and learn to confidently teach, audit and collect OASIS-D items accurately. Through guided, expert instruction, and participation in problem-solving discussions and application scenarios, achieve mastery of the OASIS items, conventions, and the latest data collection rules.

Rather than provide opinions, assumptions, or unfounded interpretations, the “Blueprint” presenters will model reliance on CMS guidance documents and provide and demonstrate strategies for how to find defensible answers to your OASIS questions.

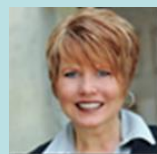
This 2-Day, 13 Contact Hour Workshop objectives include:

- Selecting OASIS responses that accurately represent clinical assessment findings
- Providing accurate data for quality measurement and reimbursement
- Documenting OASIS data collection compliant with CMS resources and instructions.

OASIS ANSWERS PRESENTERS:



Rhonda Will, RN, BS, COS-C
Senior Consultant



Annette Lee, RN, MS, HCS-D, COS-C
Senior Associate Consultant

October 24, 2018- OPTIONAL: COS-C 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 CMS guidelines related to OASIS time points, regulations, patient populations, and OASIS-D item specific scoring. Candidates who successfully pass the examination are awarded the COS-C designation.

Blueprint for OASIS Accuracy – OASIS D

2-Day Workshop – October 22 & 23, 2018



REGISTRANT INFORMATION

Registration deadline is October 12

Name: _____

Title: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Ext. _____ Fax: _____

Email: _____
(Required)

Walk-in registrations will not be accommodated.

Cancellation Policy: Refunds will be issued for those that cancel the workshop by October 5, less a 25% administrative fee. Cancelling after this date or for no shows will forfeit the registration fee. Substitutions are permitted for the workshop. Cancellations must be received in writing via e-mail at info@hcanys.org

WORKSHOP ONLY REGISTRATION FEE*

HCA Member Fee \$559

Non-Member Fee \$829

*Workshop fee includes instructors for two days, two days light breakfast and handout materials. Exam fee is additional.

Two ways to register with OASIS Answers to take the COS-C Exam:

1. Register on their website at: www.oasisanswers.com
Select: EXAMS, COS-C Exam, Paper & Pencil Test (P&P), New York, NY, October 24, 2018
2. Complete the COS-C Exam Application Form and submit to OASIS Answers.

“Blueprint” Exam Discounted Rates

<u>Initial Exam Registration Fee</u>
\$250
<u>Renewal Exam Fee</u>
\$200

Registrations for the exam must be received two weeks prior to the exam date.

PAYMENT

Please check method of payment: (Checks must be received by workshop date).

___ MasterCard ___ VISA ___ American Express ___ Check*

*Make checks payable to: **HCA Education and Research**
and mail to: **388 Broadway, 4th Floor, Albany, NY 12207**

Card Number _____ Security Code _____ Expiration Date _____

Name on Card _____

Card Billing Address (Street/Suite/Room Number) _____

City, State, Zip _____

Authorized Signature _____



Fax to (518) 426-8788

COS-C EXAM APPLICATION



OASISANSWERS™

simplifying the complex

PAPER & PENCIL

Online exam application 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 DATE OF BIRTH:

Use the format 01/01/1900

CANDIDATE'S E-MAIL ADDRESS:

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

WORK

PERSONAL

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.

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

	INITIAL EXAM	RENEWAL EXAM**
Regular registration rate	<input type="checkbox"/> \$300	<input type="checkbox"/> \$250
"Blueprint" exam discounted rate*	<input type="checkbox"/> \$250	<input type="checkbox"/> \$200

CREDIT CARD TYPE: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	EXPIRATION:	/	ZIP CODE:
CARD NUMBER:			3-DIGIT CODE:

NAME ON CARD:

SIGNATURE:

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