

FAX ORDER FORM

Fax To: 262-692-3590

Texas RUGs - Assessing for MN & LOC

**Clinical Training for the Medical Necessity & Level of Care [MN & LOC]
Assessment for Texas Medicaid Community Care Nursing Facility Waivers**

The Texas Association for Home Care (TAHC) brings you Sheri Kennedy, an Expert Consultant for the Centers for Medicare and Medicaid (CMS), as well as an experienced trainer to nursing facilities on medical necessity assessments, who presents this exclusive clinical training for Registered Nurses (RN) on the Medical Necessity & Level of Care (MN & LOC) Assessment used to determine Medical Necessity for Texas Medicaid Waiver programs. In this four-part workshop your agency RNs will learn how to accurately complete the Community Care MN & LOC assessment; understand how the Community Care MN & LOC assessment relates to the 34 Resource Utilization Groups (RUG) set by CMS; and receive a greater understanding of how an accurate assessment affects the calculation of the RUG. Sheri has extensive experience with the nursing facility version of the assessment, the MDS 2.0, from which the Community Care MN & LOC is derived. She now brings this expertise to the Texas Medicaid Home and Community Based Services Waiver programs and your agency through this informative 4-part video stream. Approved for 4.4 Contact Hrs, Nursing. Only properly registered & subscribed nursing staff are eligible to view training series and earn contact hours.

Texas RUGs - Assessing for MN & LOC

4-Part Training Series

	Non-Member Rate	TAHC Member Rate	Your Agency Subscription is Based on the Total Number of Nurses to be Trained and your TAHC Membership Status. Submit Names on the accompanying form.
Less than 10 Nurses	<input type="checkbox"/> \$ 445	<input type="checkbox"/> \$ 345	
10 - 19 Nurses	<input type="checkbox"/> \$ 795	<input type="checkbox"/> \$ 595	
20 - 39 Nurses	<input type="checkbox"/> \$1,295	<input type="checkbox"/> \$ 995	
40 or more Nurses	<input type="checkbox"/> \$1,795	<input type="checkbox"/> \$1,395	

TAHC Member ID:

Subscription good for unlimited, on-demand access via the Internet, from home or office, 24 / 7 through 9/30/09.

Please print order information clearly.

Organization Name: _____

Organization Address: _____

City: _____ St: _____ Zip: _____

Contact Name: _____

E-mail: _____

Phone: _____ Fax: _____

PAYMENT

<input type="checkbox"/> Visa	Card Number	<input type="text"/>
<input type="checkbox"/> MasterCard	Expires	<input type="text"/>
<input type="checkbox"/> American Express	MO <input type="text"/> YR <input type="text"/>	Sec Code <input type="text"/>
<input type="checkbox"/> Check Enclosed	Name on Card:	<input type="text"/>
<input type="checkbox"/> Receipt Reqd		Total: <input type="text"/>

Make Checks Payable to: Home Care Information Network - **Mail to:** HCIN, 419 Fredonia Avenue, Fredonia, WI 53021

Only credit card orders are accepted for immediate activation. If you need to make other payment arrangements, please contact us at 866-436-7047. Orders submitted by fax or mail are processed on the business day they are received. Following credit card verification, we will send an acknowledgement e-mail with your agency's access information to the contact listed above. The acknowledgement e-mail will be sent from vieweraccess@homecareinformation.net - please make certain that your spam filter does not block this communication by adding this email address to your safe-senders list. If you do not receive your acknowledgement e-mail within 24 hours check your junk mailbox first, then contact us at info@homecareinformation.net. **Credit Card charges will appear on your credit card statement as Stony Hill Management, Inc.** The individual designated as your HCIN account administrator is responsible for loading information on all staff that require continuing education credits or verification of participation. Your viewing period begins when your seminar is activated. If you already have an HCIN account, you will receive notification that the seminar has been placed in your catalog and is waiting to be activated.

Staff Registration Form

TEXAS RUGs: Assessing for MN LOC Clinical Training

Complete and fax this form with your order to register clinical staff. Contact HCIN at 866-436-7047 for changes.

Agency Name: _____

	First Name	Last Name	MI	Emp ID	Type	Discipline
	Ex: Rebecca	Smith			F	RN
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

TYPE CODES: F=Full Time P=Part Time C=Contract