LeadingAge™ Minnesota

MDS 3.0/RUG IV

Distance Learning *Audio Conference* Series
January – May 2015

TIME:
Noon – 1:30 p.m.

In cooperation with

LeadingAge™ Ohio

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DATES:

- Jan. 8 – **BASIC: Breaking Down the MDS: Section A - Which Assessment and When** *(Nursing)*
- Jan. 15 – **BASIC: Breaking Down the MDS: Sections B, C, D, E and F** *(Social Services, Activities, Nursing)*
- Jan. 22 – **BASIC and INTERMEDIATE: The Nitty Gritty of Section G - ADLs and Reimbursement** *(Nursing, Therapy)*
- Jan. 29 – **BASIC: Breaking Down the MDS: Sections H and I** *(Nursing)*
- Feb. 5 – **BASIC: Breaking Down the MDS: Sections K and L** *(Dietary, Nursing)*
- Feb. 13 – **BASIC: Breaking Down the MDS: Section J; Eliminating Alarms and Reducing Falls** *(Interdisciplinary Team/IDT)*
- Feb. 19 – **BASIC: Breaking Down the MDS: Sections O and Q** *(Nursing, Therapy, Social Services)*
- Feb. 26 – **BASIC: Breaking Down the MDS: Sections M, N and P** *(Nursing)*
- March 12 – **BASIC: Breaking Down the MDS: Sections V, Z and Working the CAAs** *(Interdisciplinary Team/IDT)*
- March 20 – **INTERMEDIATE: What Do I Need to Know About Corporate Compliance** *(Interdisciplinary Team/IDT)*
- March 27 – **INTERMEDIATE: Medicare Reviews ARE Reality-Is your Facility Really Ready?** *(Nursing, Therapy, Billing)*
- April 9 – **INTERMEDIATE: Can I Skill this Resident?** *(Administrator, Nursing)*
- April 16 – **INTERMEDIATE: How Do We Get Paid for Medicare Part A Beneficiaries?** *(Nursing, Therapy)*
- April 24 – **INTERMEDIATE: Reaching for the Stars - Five-Star** *(Administrator, DON, Corporate Staff, Nursing)*
- May 1 – **INTERMEDIATE: Common Coding Issues on the MDS** *(Interdisciplinary Team/IDT)*
- May 7 – **INTERMEDIATE: Nursing Restorative Programming** *(Nursing)*
- May 14 – **INTERMEDIATE: Quality Measures and Survey** *(Nursing, Social Services, Activities, Dining Services)*
- May 21 – **INTERMEDIATE: QA/PI-Up and Running** *(Administrator, DON, Corporate Staff, Nursing, Social Services, Activities, Dining Services)*
- May 28 – **INTERMEDIATE: Are you a Strong Partner in Today's Health Care Continuum?** *(Administrator, DON)*

BASICS – SESSIONS #1 – 9

These sessions focus on developing a foundation of knowledge about key sections of the MDS 3.0 and may also serve as a refresher for interdisciplinary team members already working with the document.

Session #1 – Breaking Down the MDS: Section A – Which Assessment and When
Thursday, January 8, 2015 – Noon – 1:30 p.m.

Audience
- Administrator/CEO
- Director of Nursing
- Corporate Staff

Description
We start our breakdown of the MDS with Section A and the items related to the type of assessment to be completed as it is critical for survey and appropriate reimbursement. Whether a rookie to the process or an experienced MDS nurse, the MDS 3.0 items in A0310 with the multiple revisions and updates have created confusion and frustration about what assessment to do and when. In this session we will complete a brief review of the key resident identification items and then shift to identifying the types of assessments required for both OBRA and PPS and the timing for completion and submission.

Learning Objectives
- Identify the key items and coding issues in the resident information portion of Section A.
- Delineate the Types of Assessment including the Federal OBRA Reasons, PPS Assessments, Other Medicare Required Assessments and Entry/Discharge Reporting.
- Detail the timing issues of assessment completion and submission.

Session #2 – Breaking Down the MDS: Sections B, C, D, E, and F
Thursday, January 15, 2015 – Noon – 1:30 p.m.

Audience
- Activities
- MDS Coordinator
- Administrator
- Social Workers
- Director of Nursing and Other Nursing Staff

Description
Gain insights during a review of the information gathering processes and interviews used to determine the resident's hearing, speech and vision (Section B), cognitive patterns (C), mood (D), behaviors (E), and their preferences for daily routines and activities (F). We will also discuss interview tips and timing of the interviews. These sections are vital to accurate care planning, culture change, Quality Measures and reimbursement.

Learning Objectives
- Discuss the accuracy needed for completion of the resident's assessment of vision, speech, and vision.
- Delineate the components of the Brief Interview for Mental Status (BIMS) as well as the Signs and Symptoms of Delirium.
- Describe the Resident Mood Interview (PHQ-9) and how to determine the Total Severity Score.
- Review coding and completion of the Behavior section (E) of the MDS 3.0.
- Break down the interview process for determining the resident's daily preferences and activity preferences.

Session #3 – The Nitty Gritty of Section G – ADLs and Reimbursement
Thursday, January 22, 2015 – Noon – 1:30 p.m.

Audience
- CEO/Administrator
- Director of Nursing
- Corporate Staff
- Therapists

Description
Unfortunately it still seems that the Activities of Daily Living (ADLs-Section G) offers several coding challenges for members of the team responsible for its accuracy. Any lack of accuracy even if minimal can amount to hundreds of dollars of lost reimbursement for the facility. The care was provided, but the facility did not take credit for the services provided. Review the assessment process and definitions for determining the resident's level of performance in ADLs and the key difference in coding the amount of support provided to accomplish the task. Review how to complete the balance and range of motion portions of the MDS. We will look at how Section G accuracy affects reimbursement, survey, Quality Measures, Five-Star ratings, and care planning.

Learning Objectives
- Detail the definitions used to complete item G0110 on the MDS 3.0.
- Describe the difference between limited assistance and extensive Assistance.
- Identify the testing used to complete the Balance and Functional Limitation in Range of Motion items.
- Review the impact of ADL coding on the RUG IV ADL scoring.

Session #4 – Breaking Down the MDS: Sections H and I
Thursday, January 29, 2015 – Noon – 1:30 p.m.

Audience
- Administrator/CEO
- Director of Nursing and Other Nursing Staff
- Corporate Staff

Description
Gain a working knowledge of Section H of the MDS 3.0 with a 7-day look back which describes appliance use, the use and response to urinary toileting programs, urinary and bowel continence status and bowel training programs. We will also review the determination of an active diagnosis for Section I.

Learning Objectives
- Review definitions of appliances and implications for care planning.
- Delineate the types of toileting programs and the documentation needed for the trial of a toileting program.
- Describe the revised definition of incontinence (both bladder and bowel).
- Identify the time frames for determining active and inactive diagnoses for the completion of Section I.

Session #5 – Breaking Down the MDS: Sections K and L
Thursday, February 5, 2015 - Noon – 1:30 pm CST

Audience
- Administrator/CEO
- Corporate Staff
- Dietitian
- Director of Nursing and Other Nursing Staff

Description
As we continue our guidance for accurate coding of the MDS, we will focus on the conditions that could affect the resident's ability to maintain adequate nutrition and hydration with a look at Section K (Swallowing/Nutritional Status), and we will review the items in K involving accurate calculations about Percent Intake by Artificial Route. The session will end with a discussion regarding the assessment process for the oral cavity and coding of the dental items in Section L.

Learning Objectives
- Review the key elements and coding guidelines for Swallowing/Nutritional Status, and Oral/Dental Status.
- Conduct a nutritional assessment with the resident and then what to do with that information on the Care Area Assessment (CAA) and plan of care.
- Assess and code findings of the oral cavity and dental examination for Section L.

Session #6 – Breaking Down the MDS: Section J: Eliminating Alarms and Reducing Falls
Friday, February 13, 2015 – Noon – 1:30 p.m.

Audience
- Administrator/CEO
- Director of Nursing and Other Nursing Staff
- Social Worker
- Therapists

Description
As we continue our guidance for accurate coding of the MDS, we will focus on the pain assessment, falls, and the other health conditions detailed in Section J. In addition, we will spend time on fall interventions and CMS' push to eliminate personal alarms. F tag 323 continues to be one of the most frequently cited deficiencies in the annual and complaint survey processes, but with implementation of person-centered care we need to investigate fall reduction in a new way.

Learning Objectives
- Review the components of the pain assessment interview and what to do with the information.
- Delineate the key elements in Section J of the MDS and the coding guidelines for pain, other health conditions, and falls.
- Identify strategies and interventions to reduce the use of personal alarms and still reduce falls.

Session #7 – Breaking Down the MDS: Sections O and Q
Thursday, February 19, 2015 –Noon – 1:30 p.m.

Audience
- Administrator/CEO
- Director of Nursing and Other Nursing Staff
- Social Workers
- Therapists

Description
This session will look at the following sections of the MDS 3.0: Section O (Special Treatments, Procedures, and Programs) and the timing for the coding of particular procedures and treatments; coding of delivered rehabilitative therapy minutes, distinct calendar days; respiratory therapy; what restorative programs can be coded and recording of the

resident's participation and expectations for goal setting (Section Q) and what steps must be taken with the information.

Learning Objectives
- Delineate the items in Section O including special treatments and programs, and vaccines.
- Identify the accurate coding of therapy days and minutes.
- Review the implications of Section Q regarding the resident's overall expectations and return to the community.

Session #8 – Breaking Down the MDS: Sections M, N, and P
February 26, 2015 – Noon – 1:30 p.m.

Audience
- Administrator
- Corporate Staff
- Director of Nursing and Other Nursing Staff

Description
In talking with nurses, there are always many questions about the coding of the items in Section M, especially staging of pressure ulcers, accurate coding of present on admission and worsening pressure ulcers. In addition, in Section N we will review coding of injections and medications received. Finally for Section P (Restraints) we will break down the definition of a physical restraint and the appropriate coding of those items in P0100. As always, we will leave time at the end of the program for your questions and answers.

Learning Objectives
- Delineate the items in Section M including determination of risk present on admission and worsening in pressure ulcer status.
- Identify the appropriate coding of the other wounds and skin problems from Section M.
- Identify the accurate coding of numbers and orders for injections and the classification categories of medications in Section N.
- Review the physical restraint definition for Section P and appropriate coding of the devices.

Session #9 – Breaking Down the MDS: Sections V, Z and Working the CAAs
Thursday, March 12, 2015 – Noon – 1:30 pm CST

Audience
- Administrator
- Corporate Staff
- Other Department Directors and staff
- Director of Nursing and Other Nursing Staff

Description
Section V summarizes care areas triggers or the CATs and then leads to completion of the Care Area Assessments (CAAs). We will look at this additional assessment process and completion timelines and what must be documented after the review of each triggered CAA. We will review the documentation components required for the completion of the items in Section V on the actual MDS and how that information provides the foundation for the resident's plan of care. We will close with a review of the documentation of billing information and documentation of the participants in the Assessment Administration (Section Z).

Learning Objectives
- Identify the 20 Care Assessment Areas and the triggering process.
- Describe the Care Assessment Area review process and documentation requirements.
- Review coding instructions and timing requirements for Section V and Z on the MDS 3.0.

INTERMEDIATE – SESSIONS #10 – 19

These sessions are designed to be a deeper dive into the operational issues related to MDS 3.0 and RUG IV so that organizations can comply with key regulations, improve quality outcomes and capture appropriate levels of reimbursement for services provided.

Session #10 – What Do I Need to Know About Corporate Compliance?
March 20, 2015 – Noon – 1:30 p.m.

Audience
- Administrator/CEO
- Director of Nursing and Other Nursing Staff
- Corporate Staff
- Other Department Directors

Under the Affordable Care Act, Medicare and Medicaid certified nursing homes were required to have effective corporate compliance and ethics programs in place by March 23, 2013. Although the final rules for these programs have not yet been published, the requirements are in effect NOW. Corporate compliance is no longer voluntary-it is MANDATORY. We will look at the essential elements that should be considered and opportunities for improvement to existing plans. Has your corporate compliance manual gathered dust? It has been hard to sustain efforts with all the reimbursement cuts, regulatory changes and updates, the numerous Medicare reviewers' reports and the terrifying news releases related to improper payments. Let's get a fresh look as you realize that your effective compliance efforts are regulatory-driven but also an insurance policy against government scrutiny. We will provide a review of the requirements and identify common problems and evaluation of their existing plans.

Learning Objectives
- Review the essential elements of a mandated compliance plan.
- Identify the risk areas that the government wants every provider to address through its compliance plan.
- Develop a strategy for getting an effective compliance plan in action or sustaining current efforts.

Session #11 – Medicare Reviews ARE a Reality – Is Your Facility Really Ready?
March 27, 2015 – Noon – 1:30 p.m.

Audience
- Administrator/CEO
- CFO
- Corporate Staff
- Director of Nursing and Other Nursing Staff
- Therapists

Description
As part of your corporate compliance program the facility must be ready at all times for continued and ever increasing scrutiny of Medicare claims – both Part A and Part B. The government continues to surpass the targeted goals to recapture overpayments to providers. The alphabet soup of reviewers (CMS, MAC, ZPIC, PEPPER reports, and the RA to name a few) has not slowed down in their efforts to prevent improper payments or reduce payment error. So what is a facility to do? How can you be ready? What action steps can you take now before the reviewers hit? How can you tie your mandatory corporate compliance program into this process? In this session we will take a high level review of the different contractors as well as discuss red flags, common reasons for denials, how to conduct a triple check meeting, and what steps to take when the review letter arrives in the mail!

Learning Objectives
- Identify the CMS contractors who review Medicare claims and their particular role in the process of claims processing.
- Delineate the known red flags and common errors that can trigger a review.
- Describe the needed steps to follow to reduce the risk of unfavorable decisions at the time of a review.
- Detail the components of the Medicare Review Readiness team and their responsibilities, including the triple check process.
- Review the five (5) levels for the Medicare Appeals Process.

Session #12 – Can I Skill this Resident?
April 9, 2015 – Noon – 1:30 p.m.

Audience
- Administrator/CEO
- Director of Nursing and Other Nursing Staff

Description
As a consultant, I get this question so frequently – "can this resident be skilled?" This session will focus on the components of the traditional Medicare program – technical and administrative criteria as well as the clinical criteria – especially the other reasons to skill a resident if he/she cannot be skilled for rehabilitation (therapy) services. In other words, the Medicare world beyond therapy!

We will make certain that the participants understand the starting and ending of a benefit period. In addition, we will look at the basics of what it takes to skill the resident and the covered services and appropriate documentation.

Learning Objectives
- Detail the basics of skilled Medicare Part A for all skilled nursing home residents and what it takes to keep them "skilled".
- Describe the technical, administrative and clinical criterion for determining Medicare Part A skilled services.
- Identify the role of the MDS in Medicare reimbursement.
- Describe the supportive documentation requirements, including tools to support MDS coding and the needed back-up documentation.

Session #13 – How Do We Get Paid for Medicare Part A Beneficiaries?
April 16, 2015 – Noon – 1:30 p.m.

Audience
- Administrator/CEO
- Corporate Staff
- Director of Nursing and Other Nursing Staff
- Therapists

Description
Now that we know what comprises the skilled level of care services, we will continue our focus on the Medicare resident, but this time on the payment system, RUG IV (Resource Utilization Groups, Version IV). What are all those acronyms, like RUC, RMA, and CB2? We will review the components of the Resource Utilization Group IV methodology for PPS (skilled Medicare) reimbursement, what specific items from the MDS 3.0 drive reimbursement and how they impact the payment categories. Also, we will review the scheduling dilemmas caused by the multiple Other Medicare Required Assessments (OMRAs), such as the End of Therapy, Start of Therapy and Change of Therapy.

Learning Objectives
- Identify the items on the MDS 3.0 that drive reimbursement.
- Delineate the RUG IV methodology, including index maximizing, ADL scores, grouping criterion and the resulting payments for PPS.
- Describe the scheduling requirements for the Other Medicare Required Assessments (OMRAs) and the impact on payment.

Session #14 – Reaching for the Stars - Five-Star
April 24, 2015 – Noon – 1:30 p.m.

Audience
- Administrator/CEO
- Corporate Staff
- Director of Nursing and Other Nursing Staff

Description
With so many benchmarks, performance measures and outcomes to analyze, have you figured out the changes on Medicare's Nursing Home Compare website? With the latest changes, consumers have an easier time identifying facility performance issues and comparing performance to surrounding facilities. Whether we like it or not, the facility is still "Star Ranked" related to:
- Health inspections: considering the number, scope and severity of deficiencies identified during annual surveys and complaint surveys;
- Staffing: nursing home staffing levels for RN hours and total nursing staff hours; and the
- Quality Measures (QMs): using nine (9) of the 18 QMs posted and based solely on MDS 3.0 assessments.

Review these components, how they are scored and tabulated and what the facility needs to do with the data and how to improve the rankings. Also, differentiate which measures are used for the Five Star rating.

Learning Objectives
- Review the history and background of the federally driven Five-Star program from the original implementation in 2008 to the present national update.
- Identify the three (3) major components that generate the overall facility Five-Star rating.
- Discuss the strategies for impacting the facility's Five-Star rating.

Session #15 – Common Coding Issues on the MDS
May 1, 2015 – Noon – 1:30 p.m.

Audience
- Administrator/CEO
- Corporate Staff
- Other Department Directors
- Director of Nursing and Other Nursing Staff

Description
The changes to the MDS manual have continued with errata documents and revisions and clarifications. CMS has continued to try to clarify the MDS items in each section, but unfortunately there are still many questions. We will look at the major areas of confusion in the sections and focus on the Reasons for Assessment (the Other Medicare Required Assessments, in particular), setting the Assessment Reference Date (ARD), clarification of the resident interview items, and weight loss/gain, unhealed pressure ulcers and isolation to name a few. Learn up-to-date changes and clarifications in the manual. The driving force for all we do in long-term care is the MDS and to make it all click, the MDS has to be accurate. Provide your team with the information needed to assist in the assessment of pinpoint accuracy of the facility's MDSs.

Learning Objectives
- Identify the most common coding errors in the various sections of the MDS.
- Delineate the keys to determine when to do what assessment and when to combine assessments and when to not.
- Differentiate between late and missed assessments.
- Describe the concept of flexibility in setting the ARD for some MDSs.

Session #16 – Nursing Restorative Programming
May 7, 2015 – Noon – 1:30 p.m.

Audience
- Administrator
- Corporate Staff
- Director of Nursing and Other Nursing Staff

Description
As the scrutiny on medically reasonable and necessary services has increased for therapy services, the importance of a strong and aggressive restorative program in the facility has taken on significant importance to the delivery of quality services. Take an in-depth look at the portion of Section O that determines restorative participation. Review key decisions for determining when and if to skill a resident with restorative programming. Focus on the management and provision of restorative programs in the day-to-day operations of the facility. Review the documentation requirements for restorative programming.

Learning Objectives
- Identify those sections in the MDS 3.0 that drive restorative nursing programs, such as eating, range of motion, walking, transfer, communication, dressing and amputation care.
- Describe the necessary components of providing restorative services in the facility.
- Review the restorative nursing documentation requirements.

Session #17 – Quality Measures and Survey
May 14, 2015 – Noon – 1:30 p.m.

Audience
- Activities
- Administrator
- Corporate Staff
- Dietitian
- Director of Nursing and and Other Staff
- Social Workers

Description
Just like with the Five-Star rating, the revised Quality Measures have generated confusion and frustration as facilities try to figure out what impacts which measure and what set of measures are being reported to the public versus the CASPER reports. Where do the numbers come from? How do we know if the resident is a long-stay or short stay? How do you respond to a nursing home prospect or their family about the reasons for your numbers? The answer is in understanding the QMs and where they are derived–what are the exclusions, which indicators have covariates? This session will focus on the measures – what they are, the definitions and risk factors and how the facility can use the information to identify root causes of care problems, measure goals, reduce risk of further adverse events and fulfill a portion of the quality pledges and initiatives that continue to play a huge part in the success of each facility.

Learning Objectives
- Review the background of the revised federal Quality Measures.
- Identify the major components of the measures – target period, target assessment, numerator and denominator.
- Define the exclusions, risk factors and covariates and how they impact the QM.
- Discuss the strategies for improving or impacting the facility's Quality Measures.

Session #18 – QAPI - Up and Running
May 21, 2015 – Noon – 1:30 p.m.

Audience
- Activities
- Administrator/CEO
- Corporate Staff
- Social Workers
- Dietitian
- Director of Nursing and Other Nursing Staff

Description
According to a provision of the Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) must "establish QAPI standards and provide technical assistance to nursing homes on best practices to meet these practices." Also, the Act requires that all nursing homes develop QAPI programs. CMS is also charged to coordinate the implementation of QAPI with the existing quality assessment and assurance activities already in the annual certification survey process (F-tag 520). The aim of the initiative is to expand the scope of current activities to correct quality deficiencies and to put practices in place to monitor all NH care and services to continuously improve performance. The reporting process will be critical to the process. All nursing homes will be required to submit to the Secretary of HHS a plan to meet the standards and implement QAPI best practices. Determine the readiness and the sustainability of your program. Review the five elements of the program, and discuss steps to building the QAPI program. Strategize a facility plan by focusing on a CMS Quality Measure as a sample to view the ongoing positive results of the QAPI program.

Learning Objectives
- Review the background of CMS' QAPI Initiative.
- Identify the five (5) elements of QAPI.
- Discuss the strategies to building and maintaining a strong QAPI in-facility program.

Session #19 – Are You a Strong Partner in Today's Health Care Continuum?
May 28, 2015 – Noon – 1:30 p.m.

Audience
- Administrator/CEO
- Corporate Staff
- Director of Nursing and Other Nursing Staff

Description
With the ever-evolving changes in our industry, the focus of every facility must be working with other providers across the continuum of care to meet the demands of value-based purchasing, reduced reimbursements, and readmission penalties. Have you determined your value proposition to the other health care providers? What questions do you need to be asking to be able to discuss your value? What data do you have to prove that the facility delivers high-quality care at a lower cost? This session will discuss Medicare healthcare reform measures and the impact on post-acute care partners. We will look at strategies for collaborations that will facilitate future success as partnerships are very much in our future.

Learning Objectives
- Identify the key elements in defining the facility's value as a post-acute care provider of choice.
- Review data needed as the facility builds strong relationships.
- Discuss the strategies to building and maintaining strong partnerships in the health care continuum.

Speaker
JANE BELT, Consulting Manager, Plante Moran, PLLC, Columbus, Ohio. Jane Belt has been involved with long-term care for over 39 years serving as a director of nursing and a nurse consultant. She has a Master's in Nursing and is a Certified Resident Assessment Coordinator and a Master Teacher through the American Association of Nurse Assessment Coordinators (AANAC).

CEUs
CEUs are available for the live audio conferences only and after the participant successfully passes a post test with a score of 70% or better. In addition, certificates of attendance/CEUs will be granted solely to those persons whose facility or corporate office has paid a registration fee to participate.

Application is being made to the Minnesota Board of Examiners for Nursing Home Administrators for the following Sessions: #1, 2, 3, 6, 7, 9, 10, 11, 12, 13, 14, 16, 17, 18,19.

These sessions have been designed to meet the approved education criteria for licensed professional nurses of the Minnesota Board of Nursing: #1-19 (all).

LeadingAge Minnesota has applied to the Minnesota Board of Social Work to be a provider of continuing education for licensed social workers under its new organizational name. The following sessions are pertinent to social work practice: #2, 6, 7, 9, 17, 18.

Other professional staff may request a general certificate of attendance to submit to their respective credentialing organizations and licensure boards.

Minnesota Specific Training
LeadingAge Minnesota will be offering a separate program via webinar on Feb. 24, 2015 from 1:30 - 3 p.m. that will discuss MDH survey trends for SNFs related to the MDS 3.0. Registration for this webinar is separate from the audio conference series. Featured faculty will be Nadine Olness of MDH. Registration information will be available in early 2015.

Registration Fees
Members – Per phone line/per facility for each session.
Corporate offices must register as a separate entity.
Live – $85   Live + CD – $105

Prospective Members - Per phone line/per facility for each session.
Corporate offices must register as a separate entity.
Live – $105   Live + CD – $125

Registration fee includes long distance charges, handouts and CEUs. Each session is designed for a variety of staff to participate in keeping the per person cost lower for each program. Each facility or corporate office must designate a key contact on the registration form. That individual is responsible for seeing that participants receive copies of the handouts, sign the CEU Sign-Up Sheet and are forwarded the link to the post test for each of the applicable sessions.

The recorded audio conference for each session will be available for purchase through the LeadingAge Minnesota book store for the price as the per session registration fee - $85 (members) or $105 (prospective members)

Registration
Questions about the program or CEUs –
Heidi Simpson at hsimpson@leadingagemn.org
Registration questions – Paula Bell at pbell@leadingagemn.org
Local calls: 651.645.4545
Toll free: 800.462.5368

REGISTRATION FORM
MDS 3.0/RUG IV Distance Learning *Audio Conference* Series
Please indicate which date(s)/sessions your team plans to participate in.

BASIC SERIES	Add CD? ($20 each/program)		INTERMEDIATE SERIES	Add CD? ($20 each/program)	
☐ Session #1/January 8 (#6305)	☐ Yes	☐ No	☐ Session #10/March 20 (#6405)	☐ Yes	☐ No
☐ Session #2/January 15 (#6315)	☐ Yes	☐ No	☐ Session #11/March 27 (#6415)	☐ Yes	☐ No
☐ Session #3/January 22 (#6325)	☐ Yes	☐ No	☐ Session #12/April 9 (#6425)	☐ Yes	☐ No
☐ Session #4/January 29 (#6335)	☐ Yes	☐ No	☐ Session #13/April 16 (#6435)	☐ Yes	☐ No
☐ Session #5/February 5 (#6345)	☐ Yes	☐ No	☐ Session #14/April 24 (#6445)	☐ Yes	☐ No
☐ Session #6/February 13 (#6355)	☐ Yes	☐ No	☐ Session #15/May 1(#6455)	☐ Yes	☐ No
☐ Session #7/February 19 (#6365)	☐ Yes	☐ No	☐ Session #16/May 7 (#6465)	☐ Yes	☐ No
☐ Session #8/February 26 (#6375)	☐ Yes	☐ No	☐ Session #17/May 14 (#6475)	☐ Yes	☐ No
☐ Session #9/March 12 (#6385)	☐ Yes	☐ No	☐ Session #18/May 21 (#6485)	☐ Yes	☐ No
			☐ Session #19/May 28 (#6495)	☐ Yes	☐ No

Please print clearly and complete all information.

Key Contact:_____Email_____

Required for confirmation

Facility or Corporate Office_____

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	Live	Live + CD
Members – Per phone line/per facility for each session.	$85	$105
Prospective Members - Per phone line/per facility for each session	$105	$125

Send registration form and fee (payable to):   **LEADINGAGE MINNESOTA**
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TIME:
Noon – 1:30 p.m.

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