

## CREDIT APPROVAL NOTICE

**Each individual webinar has been submitted for approval by the accredited continuing education organizations listed below.**

**See individual session descriptions for CEU eligibility.**

This program has been approved, by NAB/Ncers for continuing education for 22.5 total participant hours. Approval Program Code: 20220405-23.50-A73543-DL

PACAH is an approved provider through the Department of Human Services Bureau of Human Services Licensing. Total CEUs available: 12

This program offers 22.5 total credit hours fulfilling the requirements of the Pennsylvania State Board of Nursing.

PACAH is registered with the Pennsylvania State Board of Accountancy and is approved for 8 total credit hours.

This program has been approved for continuing education (CE) hours by the Certifying Board for Dietary Managers for 22.5 General CE Hours. Approval #165923

## CEU LEGEND

NHA - Nursing Home Administrators  
RC/AL - Assisted Living Administrators  
PC - Personal Care Home Administrators

RN - Nursing  
CPE - Fiscal  
CBDM - Dietary



## CERTIFICATES OF ATTENDANCE

Certificate of attendance retrieval information will be distributed via email by June 3, 2021. NAB/Ncers CEUs will be uploaded to the registry per NAB/Ncers guidelines.

## TUESDAY, APRIL 6

### **“SOMEBODY’S WATCHING YOU: WHAT ARE YOUR PDPM, PEPPER, AND FACILITY RISK AREAS?”**

9 - 10 a.m.

NHA - 1

RC/AL - 1

RN - 1

CBDM - 1

CMS will continue to scrutinize facility operations and care even during the COVID pandemic. They will utilize trends from reporting and expose sub-par care and /or deviations from regulated standards. It is important that your therapy team are active participants in the early identification of risk areas and contribute to the compliant delivery of care and services at all levels. Collaboration with IDT members is imperative to positively impact LOS, D/C planning and focus areas on you PEPPER and QM reporting.

Objectives:

- Participant will explain and list the important steps/systems needed to mitigate risk areas in the facility.
- Participant will describe the areas of focus for each patient to improve in areas of function, LOS and D/C planning.
- Participant will define PDPM Pepper tracking and ways to reduce risk of being an outlier.

*Heather Meadows, CCC/SLP, Executive Director of PA, CDP  
Premier Therapy, LLC*

**“THE INTERSECTION BETWEEN ADMISSION AGREEMENTS AND THE COLLECTION PROCESS**

**10:30 - 11:30 a.m.**

NHA – 1  
RC/AL - 1  
PC - 1  
RN – 1  
CPE - 1  
CBDM - 1

The disruption to cash flow by delinquent accounts is an issue that can arise in a long-term care facility. It is becoming increasingly common for residents to engage in both pre- and post-admission financial planning, utilizing such devices as annuities and trusts to protect assets. Additional issues, such as the inability or refusal of an agent under a power of attorney to meet their obligations as a responsible person, or worse, the misappropriation of assets by an agent, can lead to serious consequences. This session will review the ways that a facility can enhance its ability to manage these issues. Emphasis will be placed on Admission Agreement provisions, including obligations of responsible persons. The presenters will describe how the application and admission process can be used to identify assets, screen applicants, and ultimately collect a delinquent account. Finally, the presenters will review possible grounds for litigation against residents, responsible persons and agents, and demonstrate how the Admission Agreement and application can be used to pursue cases of non-payment. The relationship between the Admission Agreement and MA eligibility also will be addressed. The presentation would be helpful to all types of nursing facility providers that may face a collection problem.

*Steve M. Montresor, Esq., Senior Associate  
Dayna E. Mancuso, Esq., Senior Associate  
Latsha Davis & Marshall, P.C.*

**THURSDAY, APRIL 8**

**PELICAN TRAINING - “COVID-19 FOCUSED INFECTION CONTROL SURVEYS ARE HERE TO STAY”**

**9 - 10:30 a.m.**

NHA – 1.5  
RC/AL - 1.5  
RN – 1.5  
CBDM - 1.5

The Centers for Medicare and Medicaid Services (CMS) has directed survey agencies to conduct more frequent Focused Infection Control (FIC) surveys and to include FIC tasks into annual recertification surveys as well. CMS has also created an entirely new enhanced enforcement and penalty scheme for noncompliance cited at F880. This is a harbinger of things to come. McKnight’s reported on February 12, 2021 that CMS director for the Division of Nursing Homes, Evan Shulman, indicated that tougher survey enforcement is coming as nursing homes and surveyors have learned more about COVID. He is quoted as saying: “We do not support collaborative surveys and here’s why: The foundation of oversight depends on accountability from a regulator and the people that it regulates, ... “That needs to be objective.”

What does this mean for you? What do you need to do if you receive an F880 deficiency? This session will help you:

- Understand what events can trigger a focused infection control survey
- Evaluate steps you need to take to be in substantial compliance with F880 requirements
- Distinguish between “normal” sanctions and those enhanced enforcement penalties imposed for F880 violations, including directed plans of correction (DPOCs) and discretionary denials of payment for new admissions (DDPNAs)

*Paula G. Sanders, Esq., Co-Chair, Health Care Practice Group, Chair - COVID-19 Taskforce  
Post & Schell, P.C.*

## **PELICAN TRAINING - "COMBATING LONELINESS IN SENIOR CARE LIVING"**

11 a.m. - noon

NHA – 1

RC/AL - 1

PC - 1

RN – 1

CBDM - 1

Long before the current COVID-19 pandemic, loneliness has been a significant challenge for many elderly people. Loneliness can be triggered by several events in an individual's life. The loss of a loved one who may have played a major role in the person's life leading to a void that is difficult, if not impossible to fill. Aside from losing a loved one, factors such as loss of physical and/or mental health, the loss of independence to meet one's needs, or the loss of one's home can have devastating effects. Some seniors find themselves losing many of these cherished relationships and possessions at the same time while having no option, but to move into an unfamiliar setting with people who they don't know and trust. Trying to reestablish a sense of belonging within the world is difficult, especially when the individual has sensory deficits such as vision and hearing. Senior care facilities strive to address their resident's socialization needs by offering a variety of activities including communal dining, exercise programs, games, crafts, musical entertainment, spiritual services, and special occasion events. Many residents take advantage of these activities. For others, there remains a loss of purpose and meaningful life. Tapping into that part of the human experience is key in helping elderly residents regain their self-worth to escape the web of loneliness.

Objectives:

- Discuss the loneliness experienced by the elderly population
- Examine the physical and mental impact of loneliness and social isolation on senior care residents
- Explore person-centered approaches to engage residents while promoting holistic well-being

*Susan Lucot, MSN, RN, MLT (ASCP), CPHRM, Senior Patient Safety and Risk Consultant  
MedPro Group*

## **TUESDAY, APRIL 13**

### **"PRACTICAL APPLICATION OF INFORMATION BLOCKING AND INTEROPERABILITY RULES"**

9 - 10 a.m.

NHA – 1

RC/AL - 1

PC - 1

RN – 1

CBDM - 1

This seminar will provide clarity on the HHS Office of National Coordinator for Health Information Technology information blocking rules in practical language. The speaker will review and apply the information blocking rules as they relate to several potential information blocking scenarios. Scenarios will be discussed from the provider perspective and that may 'require/ collaboration between the provider and the software vendor. Our goal is for all attendees to be prepared for potential claims of information blocking, including a discussion of when these might or might not really be considered for information blocking. The session will provide the necessary information for healthcare professionals to remain in compliance with industry changes and avoid information blocking penalties. Information blocking rules in practical language.

On May 1, 2020 (effective date June 30, 2020), CMS published a final regulation aiming to improve patient access to and electronic exchange of claims data. The final regulation, titled Interoperability and Patient Access, is designed for payers who contract with the Agency (e.g., Medicare Advantage, Medicaid, CHIP, and Qualified Health Plan issuers on the Federally Facilitated Exchanges). CMS calls for payers to use the same standards-based APIs that ONC outlines for the vendor community in their rule. The goals of the CMS regulation are to improve patient access to data held by payers as well as exchange of electronic health information.

*Dr. Robert Latz, PT, DPT, CHCIO, Chief Information Officer  
Trinity Rehabilitation Services*

*Alan Swenson, VP of Interoperability, Kno2*

## **"ANATOMY OF A BREACH - THE ROLE OF CYBER SECURITY"**

10:30 - 11:30 a.m.

NHA - 1

RC/AL - 1

PC - 1

RN - 1

CBDM - 1

The increase in cyber events (ransomware, phishing attacks, etc.) has been alarming in all industries but especially in the health care industry (including long-term care). These cyber events lead to Health Insurance Portability and Accountability Act (HIPAA), Gramm-Leach-Bliley Act (GLBA) and other regulatory violations. The cyber events result in threats to the sensitive, confidential and valuable data a health care organization possesses. The loss of reputation from the cyber-breach is also a significant loss to the compromised organization. Many organizations have come to realize the threat should be thought of as "when", not "if" attacks will come.

Understanding of cyber security is critical. In this session, we will identify the difference between cyber security and cyber events. A thorough review of the risks encountered by a health care organization will be conducted along with the resulting threats to the sensitive data maintained. A review of various threats and the root causes of those threats are addressed. In addition, the primary defense will be reviewed - the implemented controls - including those that should be considered. Case studies will be presented based upon actual events. The attendees will be questioned on what went wrong, what control(s) assisted in mitigating the impact of the cyber event, what controls could have further strengthened the control environment and other potential issues resulting from the cyber event.

Objectives:

- Provide attendees an increased understanding of the risks impacting their information security environment and the ability to recognize and detect conditions that result in threats to their organization
- Identify and assess the various controls to strengthen the organization's information security environment
- The attendees' role in an effective information security environment including the impact of working remotely
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*Christopher E. Joseph, CPA, CISA, CRISC, CITP, Partner – Consulting Services  
Arnett Carbis Toothman LLP*

## **THURSDAY, APRIL 15**

### **"BULLYING AMONG OLDER ADULTS: NOT JUST A PLAYGROUND PROBLEM"**

9 - 10 a.m.

NHA - 1

RC/AL - 1

PC - 1

RN - 1

CBDM - 1

Bullying is an increasingly common problem among seniors. While the communal-living nature of senior living communities can open the door for socialization and friendship, it can also be the location of cliques, gossip, abuse and bullying behavior. Unfortunately, bullying is not just exhibited on the playground - it is a behavior that spans multiple demographics and age groups.

In this session, participants learn the definition and incidence of bullying in adult living communities including what older adult bullying looks like in this population. Characteristics of older adult bullies as well their targets and gender differences are explored. The reasons why bullying occurs as well as the five different types of bullies are defined. It is not enough just to define bullying - communities must know the warning signs, physical and emotional impact, and what to do if it happens to them. Therefore, interventions for organization, bully, and target will be reviewed to help communities minimize (and prevent where possible) bullying and mitigate the effects on the target. Addressing bullying behavior among older adults is critically important for enhancing quality of life and promoting emotional well-being; strategies to create caring and empathic communities for all residents and staff members are reviewed.

Objectives:

- Describe the incidence and characteristics of bullying behaviors.
- Identify the five different types of bullies and their intended targets
- Describe the impact of bullying on older adults
- Identify Organizational interventions that may help to minimize community bullying

*Dr. Kathleen D. Weissberg, MS, OTD, OTR/L, CMDCP, CDP, National Director of Education  
Select Rehabilitation*

**“A TRAUMA-INFORMED APPROACH TO DISASTER OR PANDEMIC: STRATEGIES FOR CAREGIVERS”**

10:30 - 11:30 a.m.

NHA – 1

RC/AL - 1

PC - 1

RN – 1

CBDM - 1

Any pandemic (like COVID-19), natural or community disaster, or widespread infection will be associated with increased uncertainty and stress. When we are under stress, we are more likely to trigger the “survival” or “fight or flight” responses in our brain. For some, this may mean difficulty with executive functions, for others, difficulty managing emotional responses, and for others, it may mean difficulty making decisions. How we respond to these situations is individualized. Each of these situations will affect us as healthcare workers and the residents whom we serve. How should we as staff care for and approach our residents? How should we approach our staff? And how will future interactions be affected? This session reviews these concepts and more as we look at using a trauma-informed approach to address pandemic situations. Specifically, the session reviews key definitions related to trauma-informed care. It then builds upon these definitions and using the six key elements of a trauma-informed approach to care (safety, trust, collaboration, peer support, empowerment, and culture) offers participants realistic strategies they can implement with staff and residents to facilitate health and healing when disaster strikes. The session also includes specific techniques supervisors can utilize to connect with employees, address trauma and secondary trauma, and provide leadership through a trauma-informed lens.

Objectives:

- Define the key elements of a trauma informed approach to care and apply these to a pandemic environment
- Identify suggested guidance and practical strategies for addressing residents and staff during crisis
- Describe techniques supervisors can utilize to address trauma and secondary trauma in employees

*Dr. Kathleen D. Weissberg, MS, OTD, OTR/L, CMDCP, CDP, National Director of Education  
Select Rehabilitation*

## TUESDAY, APRIL 20

**“UNDERSTANDING THE ROLE OF AN INFECTION PREVENTIONIST”**

9 - 10 a.m.

NHA – 1

RC/AL - 1

RN – 1

CBDM - 1

Over the past three years the revised Requirements of Participation (RoP) for skilled nursing facilities have been implemented with Phase 3 SNF §483.80(b) Infection Preventionist requirements implemented on November 28, 2019. As part of the new requirements, nursing facilities were required to designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP.

Shortly after the revised RoPs were implemented, a public health emergency was declared due to the COVID-19 pandemic. Many processes, policies and procedures needed developed or revised based on CMS and CDC guidelines. Understanding the role of the Infection Preventionist has become essential. This program will review the infection control skilled nursing regulations, discuss the role and day to day responsibilities of the infection preventionist, and real examples and audits tools will be shared to assist in the success of the infection preventionist.

## Objectives

- Understand the infection control federal regulations for skilled nursing facilities.
- State the role and day to day responsibilities of an infection preventionist.
- Give examples of audit tools used in an effective infection control program.

*Patty L. Klinefelter, MBA, BC, BSN, RN, Director  
LW Consulting, Inc.*

## **“NURSING AND THERAPY RESPIRATORY CARE FOCUS FOR THE COVID AND POST-COVID PATIENT”**

**10:30 - 11:30 a.m.**

NHA – 1

RC/AL - 1

PC - 1

RN – 1

CBDM - 1

This session will review basic respiratory care principles and procedures that nurses, and therapists can implement in the care of a COVID or post-COVID patient in order to improve outcomes and quality of care. A review of respiratory complications and indications for care will be discussed. Care delivery by nurses, physical, occupational and speech therapists will each be highlighted. The collaborative care that these team members can provide, aside from having a licensed Respiratory Therapist, will be discussed.

## Objectives:

- Participants will demonstrate an understanding of typical respiratory complications, and residual effects of COVID on the respiratory and cardio-vascular function of a patient.
- Participants will know basic care delivery tasks that nurses, physical, occupational, and speech therapists can include in their care plans.
- Participants will feel confident to support care delivery of the post-COVID through a team approach which includes nurses and all therapy disciplines.

The target audience is all members of the Interdisciplinary Team, including Nursing Home Administrators, Directors of Nursing, Rehab Directors, Social Service members.

*Kay P. Hashagen, PT, MBA, RAC-CT, Senior Consultant  
Annette Sanders, MSN, RN, CLNC, Senior Consultant  
LW Consulting, Inc.*

## **WEDNESDAY, APRIL 21**

### **KEYNOTE SPEAKER, CHRISTOPHER RIDENHOUR “TRIUMPH OVER CHANGE, 2021 AND BEYOND!”**

**9 - 10 a.m.**

NHA – 1

RC/AL - 1

PC - 1

RN – 1

CBDM - 1

Few things encourage “shift” quite like a global pandemic, political pandemonium, civil unrest, and lest we forget, murder hornets. Despite the stress and exhaustion that always accompanies change, this is not the time to trade in your credentials for a one-way airline ticket and butterfly net! There’s not one chapter in the “leadership manual” that prepares us for enduring mayhem and change. Through it all, have you grown more patient, more resilient, or do the words “punch drunk” and “jetlagged” better describe your current mood? Whether you thrive during chaos, or not, rest assured there is some other tribulation waiting to pounce and offer more.... uh, “growth”! Friends, hold tight, Triumph Over Change, 2021 and Beyond! is less keynote than it is a Revival!



The weight of crisis management has left our providers and team members exhausted and easily triggered. They are starving

for greater connection, elevated compassion, and confident optimism in addition to our guidance. Unleashing hope and higher performance from others, however, fails without our courage to self-assess and course correct.

Before leveling up, here's a quick assessment:

1. Would you consider yourself a role model and coach for managing negative feelings and reactions as workplace storms rage?
2. Do you recognize a need for additional research-based best practices that encourage others toward increased compliance and cooperation?
3. Have you ever struggled in situations requiring greater courage, enthusiasm, understanding, or empathy?
4. Are you willing to work for it more than hope for it?

Answering, "Yes" to any or all of the questions makes you the perfect candidate for this experience.

Session Objectives - Attendees will:

- Discover and practice tools to deescalate the stress that negatively impacts our outlook and ability to effectively influence others to positive outcomes
- Assess strengths and areas for growth toward increased courage, resilience, and grace during situations requiring emotional intelligence
- Create an action plan designed to use "change theory" as a tool for continued growth as a coach, mentor, and role model to internal and external customers

*Christopher Ridenhour, GFN, Leadership Educator and Trainer*

## **"PACAH BUSINESS MEETING & PELICAN BUSINESS MEETING"**

**10:30 a.m. - noon**

PACAH's Executive Director will update members and attendees on current policy, regulatory and legislative issues impacting long-term care facilities. These updates will include information on the budget, IGT, Community HealthChoices, and other pertinent issues. Advocacy plans and suggestions will also be discussed.

PELICAN Insurance, RRG's annual business meeting will immediately follow.

## **THURSDAY, APRIL 22**

### **"MANAGE YOUR SALES PROCESS LIKE CLINICAL"**

**9 - 10 a.m.**

NHA - 1

RC/AL - 1

PC - 1

RN - 1

CBDM - 1

As we move into 2021, we pray that the virus will finally be under control. Our we focus on revenue goals, census mix and occupancy, sales productivity will once again be paramount. This presentation is designed for healthcare leadership. It is not designed to teach sales skills or marketing strategy. It will provide operational solutions for developing, motivating and managing the entire sales process.

Objectives:

- Describe the important segments of the sales process from hiring top-performing salespeople, strategic marketing to successful move-in admissions and the challenges with each step
- Explain how an operational approach to each step mitigates the challenges and how a mindset similar to our approach in managing clinical outcomes and protocols have proven successful
- Demonstrate the use of sales-focused management tools that can effectively set expectations, improve productivity and produce exceptional results

*Veronica (Roni) Fogelman, President & Founder  
Ledgerock Solutions*

## **"SOCIAL MEDIA MARKETING TRENDS AND STRATEGIES FOR 2021"**

10:30 - 11:30 a.m.

NHA - 1

RC/AL - 1

PC - 1

RN - 1

CBDM - 1

Using social media, but not really sure if it's working? Undecided about which members of your staff should be able to post and comment on your platforms? Looking for consistency in your messaging and branding, but unclear how to get there?

Social Media Marketing Trends and Strategies for 2021 is an in-depth and easy to understand presentation geared towards operators and marketing specialists in the healthcare industry.

In this presentation, we'll look at what tried and true platforms you should be using, along with the most efficient way to create, post, reply to comments, and plan.

We'll also discuss the five pitfalls you and your staff can encounter when presenting a specific image to your customers and referral sources: privacy concerns, poor post performance/reach, inconsistent branding, irregular posting, and blanketing.

*Morgan Fogelman, Senior Consultant  
Ledgerock Solutions*

## **TUESDAY, APRIL 27**

### **"2021 LONG TERM CARE PROVIDER STATE AND FEDERAL LEGAL UPDATE"**

9 - 10 a.m.

NHA - 1

RC/AL - 1

RN - 1

CPE - 1

CBDM - 1

The presenters will provide updates on the important legal issues flowing from the COVID-19 pandemic. The session will address immunity/liability issues for providers, operational issues with respect to the testing and immunization of residents and staff, the adoption of risk management policies and procedures, federal and state enforcement and reporting requirements, and the responsibilities and obligations associated with the receipt of federal and state financial payments. The presenters will also review the current status of various waivers implemented in response to the pandemic.

The presenters will also discuss the latest developments from a survey and enforcement perspective and the status of the Pennsylvania Department of Health's initiatives to enact revised licensure regulations. From a financial perspective, the presentation will address current and proposed federal and state reimbursement changes, including the impact of planned therapy cuts. The session also will discuss hot topics and recent developments in fraud and abuse, including significant revisions to the Anti-Kickback Safe Harbors and Stark Exceptions, proposed modifications to the HIPAA Privacy Rule and the federal government's audit of provider compliance with HIPAA requirements, and other operational issues, while providing guidance on how to address those matters to ensure compliance with current law.

*David C. Marshall, Esq., Partner  
Tanya Daniels Harris, Esq., Senior Attorney  
Latsha Davis & Marshall, P.C.*

### **"UNDERSTANDING THE ROLE OF GUARDIANS AND AGENTS UNDER POWER OF ATTORNEY"**

10:30 - 11:30 a.m.

NHA - 1

RC/AL - 1

PC - 1

RN - 1

CPE - 1

Long-term care facilities deal with guardians and agents under power of attorney every day for any number of financial or healthcare matters affecting their residents. From Medicaid applications to decisions regarding a resident's healthcare, a guardian, or an agent under power of attorney can be an invaluable source of information and assistance. The goal of this presentation is to educate the audience on the distinctions between a guardian and an agent under power of attorney, including the appointment process, limitations on authority, and a facility's options when a guardian or an agent under power of attorney is not acting in the resident's best interest. The presenters will also discuss the instances in which the appointment of an emergency guardian may be appropriate to address certain financial matters or healthcare decisions.

*John N. Kennedy, Esq., Founder, President & CEO*  
*Benjamin J. Glatfelter, Esq., Shareholder*  
*Casey L. Slotter, Esq., Attorney*  
*Kennedy, PC Law Offices*

## THURSDAY, APRIL 29

### **"IMPROVING CLINICAL & FINANCIAL OUTCOMES WITH LIVE PATIENT DATA DURING TIMES OF CRISIS"**

9 - 10 a.m.

NHA - 1

RC/AL - 1

RN - 1

CPE - 1

CBDM - 1

The COVID-19 pandemic has exposed a lot of inefficiencies within healthcare — one of the largest being the ability to access and analyze live patient data to improve clinical and financial outcomes.

During this session we will discuss how live patient data within the EHR can improve patient care coordination and increase patient referrals with hospital partners. We'll also explore how live interventional analytics enables clinical leaders to reduce hospital readmissions, accurately manage PDPM reimbursements, detect early onsets of infectious disease, and automate antibiotic surveillance.

Objectives:

- Improve care coordination with ACOs, hospitals, and community partners
- Expand patient referrals with hospital partners Establish a collaborative centralized infection and antibiotic surveillance program
- Achieve accurate reimbursements

*Tricia Whaley, Senior Director, Provider Relations*  
*Complete HealthCare Resources – Eastern, Inc*

*Cheryl Scalzo, RN, Clinical Specialist*  
*Real Time Medical Systems*

### **"SOCIAL DISTANCING - THE GOOD AND THE BAD"**

10:30 - 11:30 a.m.

NHA - 1

RC/AL - 1

PC - 1

RN - 1

CBDM - 1

Studies show that social distancing and isolation have a negative impact on both the mental and the physical health of older people. These negative effects include anxiety, depression, sleep disorders, physical inactivity, and deconditioning. The goal to contain the COVID-19 virus and protect our residents and staff in our nursing homes has resulted in using social distancing as a non-pharmaceutical intervention to prevent the spread of the disease. Social distancing to our residents means isolation and uncertainty. It is imperative that therapy and nursing collaborate to recognize and provide the appropriate interventions

to mitigate the negative effects of isolation. In this session, nursing home administrators and clinical staff will learn: how to identify the signs and symptoms of isolation, the positive impact of physical and mental activity, and the role nursing and therapy play in helping our nursing home residents attain or maintain their highest physical, mental, and psychosocial well-being .... even during a pandemic.

*Dave Lishinsky, PT*

*Lisa A. Beck, MS, CCC, SLP, Clinical Director*

*AdvantageCare Rehabilitation, LLC*

## TUESDAY, MAY 4

### **“COVID-19 FUNDING - WHERE DO WE GO FROM HERE?”**

**9 - 10 a.m.**

NHA – 1

RC/AL - 1

RN – 1

CPE - 1

CBDM - 1

No one could have predicted how the COVID-19 pandemic would impact the long-term care industry or the duration of the impact back in March 2020. Some relief was felt when the government began sending aid with minimal guidance. Funding from the U.S. Department of Health and Human Services (HHS), PA Act 24 Paycheck Protection Program (PPP), and the Federal Emergency Management Agency (FEMA) are just some of the funding resources. With this funding, organizations could retain staff, purchase much needed personal protective equipment (PPE) to keep staff and residents safe, and restructure facilities to prepare for or respond to COVID-19 cases. In the following months, the HHS issued guidance through FAQs to direct facilities on how the funds should be used. In September and again in October, seemingly contradictory guidance was released, and many questions arose as to how the funding could actually be spent. What do you do when you have already spent the money? What did the new guidance mean? Are we accounting for the funding appropriately? How do we possibly plan for the future when we struggle to maintain operations daily? There are many questions as to future operations and proper accounting for all the funding that has been received. Proper maintenance of supporting documentation is critical for potential future audits. We will provide guidance to assist your organization with proper accounting and compliance requirements.

Objectives:

- Understand the various funding reporting requirements
- Accounting for COVID-19 funding
- Maintaining compliance with funding requirements

*Michael J. Kessler III, CPA, CGMA, Partner – Health Care Services*

*Jennifer E. Cidila, CPA, Partner – Health Care Services*

*Brandon W. Harlan, CPA, Partner – Health Care Services*

*Arnett Carbis Toothman LLP*

### **“BENEFITS OF MODERNIZATION AND TECHNOLOGY”**

**10:30 - 11:30 a.m.**

NHA – 1

RC/AL - 1

PC - 1

RN – 1

CBDM - 1

Technology is advancing at an unprecedented rate, yet many organizations don't know where to turn for help in identifying which programs and services on the market would be right to help them manage their employee data, employee benefits, and open enrollment processes.

Our presentation and expertise focus on helping employers identify which benefits administration platform would be the best fit for their specific organization. Health care organizations, whether hospitals, long-term care facilities, or home health care services, have needs that are unique to their industry. We have multiple clients in each of these industries.

Another key element in the decision-making process is beginning with the end in mind - what do you want your system to do? What types of reports will you want to retrieve? Do you want the system to include employee communication and logistics tools? What about ACA assistance? Just a few of the elements to keep in mind.

Paper documents are still prevalent for most health care organizations. Merging employee data and benefits into a paperless benefits administration system can save HR valuable time and financial resources, while providing employees 24/7 access to their benefits information.

Our presentation takes a step-by-step approach to breaking down the various components so clients can more easily identify exactly what they want and need - and where to find it.

*Elsie Fairchild, Chief Inspiration Officer  
BeneChoice Enrollment Solutions & Technology, Inc.*

## WEDNESDAY, MAY 5

### **"FISCAL OFFICERS GROUP MEETING/OFFICE OF LONG TERM CARE UPDATE"**

10 - 11:30 a.m.

NHA - 1  
RC/AL - 1  
RN - 1  
CPE - 1  
CBDM - 1

The Department of Human Services' (DHS) Office of Long-Term Living (OLTL) staff will report on current initiatives, including a focus on Community HealthChoices in Pennsylvania. The discussion will include implementation throughout the state, any ongoing issues, payment of claims, and answer any questions from attendees. Other initiatives being undertaken by OLTL and DHS will also be discussed as well as the current budget.

*Jamie Buchenaur, Deputy Secretary  
Daniel Sharar, Chief Financial Officer/Director of Finance  
Pennsylvania Office of Long Term Living*

*Michael J. Kessler III, CPA, CGMA, Partner - Health Care Services  
Edward Klik, Partner - Health Care Services  
Arnett Carbis Toothman, LLP*

## THURSDAY, MAY 6

### **"THE INS AND OUTS OF WHAT WE LEARNED THE FIRST YEAR OF PDPM"**

9 - 10 a.m.

NHA - 1  
RC/AL - 1  
RN - 1  
CPE - 1  
CBDM - 1

This session will review the areas that providers struggled most with in the first year of PDPM. During the presentation, attendees will examine the root cause of these issues, identifying steps that facilities can immediately take to ensure these issues do not arise going forward. Additionally, the presenters will review common billing mistakes made under PDPM.

*Kay P. Hashagen, PT, MBA, RAC-CT, Senior Consultant  
Jennifer Matoushek, MBA/HCM, CPC, Senior Consultant  
LW Consulting, Inc.*

**“MCO PANEL”**

**10:30 - 11:30 a.m.**

NHA – 1

RC/AL - 1

RN – 1

CPE - 1

CBDM - 1

Join representatives from the three Managed Care Organizations (MCOs) involved in Community HealthChoices (CHC). Now that CHC has been implemented in all regions of the state, this interactive session will allow for the MCOs to answer frequently asked questions as well as respond to attendee comments and questions on anything related to CHC. The MCOs will also provide any necessary updates and program information to attendees as well as other information that will help attendees plan for or adjust to ongoing implementation of managed care in Pennsylvania.

*Norris Bennis, Vice President, Legislative & Government Affairs  
PA Health & Wellness*

*Jill Blessington, Manager, Ancillary Contracting  
AmeriHealth Caritas Pennsylvania*

*Andrea M. Farrell, Director, Ancillary and LTSS Network Management  
UPMC Health Plan/UPMC Community HealthChoices*

*Moderator: Chase Cannon, Executive Director, PACAH*