

## Who Should Attend:

KCAL and KDOA have designed this seminar to address the complexities of managing Home and Community Based Services in the Assisted Living Setting. This seminar is especially beneficial to Operators, Administrators, Business Office Managers, and Nurses involved in the care planning and billing of HCBS clients.

## Program Objectives:

At the conclusion of this program, participants should be able to:

- 1) Understand the principles of HCBS.
- 2) Understand client obligation and its relationship to facility reimbursement.
- 3) Understand principles of documentation for reimbursement.
- 4) Understand the role and importance of the relationship with the Case Manager.

## About the Speakers:

### **Krista (Rose) Engel**

- Graduated from Kansas State University with a Bachelor's in Sociology and a secondary in Gerontology.
- 1998 – 2000 worked as a Contracted Case Manager with the Northeast Kansas Area Agency on Aging, covering Jackson County.
- 2000 – 2001 worked as a Case Manager with the Jayhawk Area Agency on Aging, covering Shawnee County.
- 2001 – Present is the HCBS/FE Provider Manager with the Kansas Department on Aging.

### **Laura Graham**

- Graduated from Kansas University with a Bachelor in Psychology.
- Has worked with both the MR/DD and FE Home and Community Based Services program for 7 years.
- 1995 – 1998 Worked as a Case Manager with Kansas Elks Training Center for the Handicapped.
- 2000 – 2006 worked as a Patient Services Coordinator for MSSC Project Access; a program of donated medical services at the Medical Society of Sedgwick County.
- 1998-1999 and 2006-2008 Worked as a Contracted Case Manager with the Central Plains Area Agency on Aging.
- Presently is the Targeted Case Management Program Manager with the Kansas Department on Aging.



## ***Presents***

## ***HCBS... From the Beginning***

**A focus on Home and Community Based Services as they relate to Assisted Living Residents**

**November 12, 2008  
Wednesday**

**10:00am – 3:30pm**

**Holiday Inn Holidome  
605 SW Fairlawn  
Topeka, KS**

**Sign-in begins at  
9:30am.**

## Locations:

**Wednesday, November 12, 2008**

Sign-In - 9:30a.m.

10:00a.m. – 3:30p.m.

Holiday Inn Holidome

605 SW Fairlawn Road

**Topeka**

785-272-8040

Check [www.khca.org](http://www.khca.org) and click the education calendar for more educational opportunities.

**Attention  
Triple A Case Managers &  
Kansas Home Care Association  
Members:**

**Up to three Case Managers from  
an office or three homecare  
workers from an agency may  
attend at the KCAL member rate.  
Contact KCAL for more  
information.**



## Other Policies:

For comfort, it's recommended that you wear layered clothing since room temperatures at meeting facilities vary widely.

**KCAL members may request to be billed, however payment should be received prior to the event.**

**Non KCAL members must provide payment with this registration form.**

Cancellations must be received in writing 72 hours prior to the program for an 80% refund. Substitutes are welcome.

For questions about registration call the KCAL office at (785) 267-6003.

### Continuing Education Credits:

**Administrators** - This course is approved for 4.0 continuing education clock hours for adult care home administrators in the core area of Administration by the Kansas Department of Health & Environment. Long-Term Sponsorship number: LTS-A0001.

**Nurses** - This educational offering is approved for 4 contact hours applicable for RN/LPN and LMHT relicensure. Kansas State Board of Nursing Provider number: LT0030-0338.

**Pre-registration is strongly  
advised as seating is limited.**

## Registration Form *HCBS From the Beginning*

Facility: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Lic Type: \_\_\_\_\_

Lic.# \_\_\_\_\_

Name: \_\_\_\_\_

Lic Type: \_\_\_\_\_

Lic.# \_\_\_\_\_

**Registration Fee Per Person:  
KCAL Members - \$45.00 per person  
Non KCAL Members - \$75.00 per person**

Total amount enclosed: \$ \_\_\_\_\_

Please send check and registration form to:  
KHCA/KCAL  
117 SW 6<sup>th</sup> Ave., Suite 200, Topeka, KS 66603  
Or Fax to 785-267-0833  
Please, No phone registrations

Credit Card Type \_\_\_\_\_ MC \_\_\_\_\_ Visa  
Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_