

Minimum Data Set (MDS) 3.0 Training

2-Day Training Sessions

Beginning June 17th ~ *Register TODAY!*

Presented by: Marjorie Ray, RAI Coordinator, DSHS/ADSA & Team

Select the location that works best for your staff and *Register TODAY!*
Space is limited!

MDS 3.0 Training Schedule

June 17-18, 2010	Wenatchee
June 21-22, 2010	Vancouver
June 24-25, 2010	Olympia
June 29-30, 2010	Yakima
July 8-9, 2010	Bellevue
July 12-13, 2010	Tacoma
July 15-16, 2010	SeaTac
July 19-20, 2010	Silverdale
July 22-23, 2010	Mt. Vernon
July 27-28, 2010	Spokane
August 2-3, 2010	Kennewick

Registration Fees: \$149.00 or \$129.00 per attendee with 3 or more registered!

The implementation date for rollout of MDS 3.0 is October 1, 2010!

The Minimum Data Set (or MDS) In response to changes in nursing home care, resident characteristics, advances in resident assessment methods, and provider and consumer concerns about performance of the MDS 2.0, CMS has contracted with others to undertake a significant revision and national testing of this tool.

The goals of the MDS 3.0 revision are to introduce advances in assessment measures, increase the clinical relevance of items, improve the accuracy and validity, and increase the resident's voice by introducing more resident interview items. Improving the reliability, accuracy, and usefulness of the MDS has profound implications for Nursing Home care and public policy.

Objectives:

- Become familiar with the new MDS assessment forms and their use;
- Understand the new coding conventions for retained as well as new MDS items;
- Differentiate between and know when to do resident interviews versus staff interviews;
- Learn the new Care Area Assessment process, including the two new care areas (Pain and Return to Community);
- Know what impact the new MDS 3.0 will have on the LTC survey process.



**WA State Nursing Home Staff—
their 'mascot' ~ Cousin IT**

Visit our websites for details!



www.agingwa.org



www.whca.org

MDS 3.0 Training Schedule | Select ONE!

June 17-18 Wenatchee _____
 Red Lion Hotel Wenatchee [\(link\)](#)
 1225 N. Wenatchee Avenue
 Wenatchee, WA 98801
 Phone: 509-663-0711

June 21-22 Vancouver _____
 Red Lion Hotel Vancouver at the Quay [\(link\)](#)
 100 Columbia Street
 Vancouver, WA 98660
 Phone: 360-694-8341

June 24-25 Olympia _____
 Lacey Community Center [\(link\)](#)
 6729 Pacific Avenue Southeast
 Lacey, WA 98503
 Phone: 360-491-0857

June 29-30 Yakima _____
 Red Lion Hotel Yakima Center [\(link\)](#)
 607 E. Yakima Avenue
 Yakima, WA 98901
 Phone: 509-248-5900

July 8-9 Bellevue _____
 Red Lion Hotel Bellevue [\(link\)](#)
 11211 Main Street
 Bellevue, WA 98004
 Phone: 425-455-5240

July 12-13 Tacoma _____
 Hotel Murano [\(link\)](#)
 1320 Broadway Plaza
 Tacoma, WA 98402
 Phone: 253-238-8000

July 15-16 SeaTac _____
 Red Lion Hotel Seattle Airport [\(link\)](#)
 18220 International Blvd
 Seattle, WA 98188
 Phone: 206-246-5535

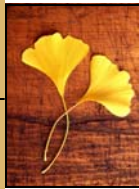
July 19-20 Silverdale _____
 Silverdale Beach Hotel [\(link\)](#)
 3073 Northwest Bucklin Hill Road
 Silverdale, WA 98383
 Phone: 360-698-1000

July 22-23 Mt. Vernon _____
 Best Western Cotton Tree Inn [\(link\)](#)
 2300 Market Street
 Mt Vernon, WA 98273
 Phone: 360-428-5678

July 27-28 Spokane _____
 Red Lion Hotel at the Park [\(link\)](#)
 W. 303 North River Drive
 Spokane, WA 99201
 Phone: 509-326-8000

August 2-3 Kennewick _____
 Red Lion Hotel Columbia Center [\(link\)](#)
 N. 1101 Columbia Center Blvd
 Kennewick, WA 99336
 Phone: 509-783-0611

Select the site and/or date that works BEST for your staff!



MDS 3.0 Training Registration Form

(Print clearly)

Organization: _____

Full Name: _____

Title: _____

Add. Name: _____

Title: _____

Add. Name: _____

Title: _____

Add. Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Email address: _____

Main contact required for confirmation and agenda!

Phone number: _____

***Registration Fees: \$149.00 ea. ** \$129.00 (3 or more)**

Registration includes: Breakfast, Lunch & Break both days, 14 CEUs and materials.

Payment amount: _____ Please Invoice: _____

PAYMENT METHOD: Check__ VISA__ MasterCard__

Name on Card: _____

Signature: _____

Credit Card #: _____ Exp. Date: _____

No Cancellations * No Refunds—Replacements are welcome!
 On-site registration available if space permits.

Registration questions? Contact Cassi | cmerritt@agingwa.org

Don't delay! Complete form and fax to: 253- 964- 8876

Send payment to:
 Aging Services of Washington
 1570 Wilmington Drive, Suite 220, DuPont WA 98327

Questions? Email
 Pat | psylvia@agingwa.org Brenda | brendaorffer@whca.org