DRIVEN TO DISTINCTION

At Accreditation Commission for Health Care (ACHC), we recognize the need for providers to differentiate themselves in an ever-evolving and increasingly competitive market. Last year we launched an industry-first Distinction in Oncology program with that in mind. Earlier this year we launched two additional accreditation distinctions: one for HIV and one for Palliative Care. Designed as add-on options for ACHC Accreditation in Specialty Pharmacy and Home Health, Hospice, or Private Duty, respectively, these programs allow providers to demonstrate specialization and commitment to quality in their field.

Turn to Pages 8 and 9 to learn more.
It’s hard to believe, but next year marks the fourth round of surveys since accreditation became mandatory for DMEPOS providers in 2009. Many providers will be due for re-accreditation surveys next year. It may feel far away, but now is the time to look at your organization to determine how well you’ve maintained compliance with standards.

**HAVE YOU KEPT COMPLETE PERSONNEL FILES?**
**HAVE ALL PERSONNEL COMPLETED THE REQUIRED ANNUAL IN-SERVICES?**
**HAVE YOU MAINTAINED YOUR PI PROGRAM OVER THE PAST TWO YEARS?**
**ARE PERSONNEL PREPARED TO ANSWER INTERVIEW QUESTIONS FROM THE SURVEYOR?**

These are just a few of the questions you should be asking yourself to determine if you have maintained compliance with standards.

To aid you with the review of your organization, there are resources available on Customer Central to help you monitor your compliance throughout the three years between surveys. This includes items such as the 6-, 12-, 24- and 36-Month Checklists that can be found in the Resources tab area under Continued Compliance as well as the Pre-Survey Checklist, Client/Patient File Checklist, and Performance Improvement Made Simple document under Accreditation Resources. Another good practice is to review the Plan of Correction from your prior survey to determine if you have maintained benefit from the corrections made.

If after reviewing these tools you still need more assistance, you may also contact Accreditation University for a variety of consulting services and products to help guide you back into compliance.

You also should be thinking about the best time to submit the application for your next survey. It is ideal to submit your application at least eight months prior to your expiration date to ensure that you give yourself enough time to get through the application, survey and post-survey process. Remember that you want to have your survey completed well in advance of your expiration date to allow time after the survey to submit a Plan of Correction (POC) with any required evidence and allow ACHC time to review and approve them. Please contact your Account Advisor if you have any questions about accessing these resources or completing your application.
OVER THE PAST FEW YEARS, ACHC HAS MADE TREMENDOUS PROGRESS ON EVERY FRONT.

Just when I thought we couldn’t possibly surpass our growth, both financially and culturally, I am pleasantly proven wrong. The past six months have exceeded all expectations. Even in market segments that have been challenged for various reasons, we continue to see growth. This progress speaks to the philosophy and commitment to our mission that every ACHC employee demonstrates. Providing exceptional customer service, educating providers and ultimately delivering value for their investment has resulted in a record number of providers choosing ACHC. **Our goal is not simply to gain customers but to earn advocates by consistently delivering the best possible experience.**

This philosophy is resonating globally. ACHC International Surveyors have been traveling to the United Arab Emirates every month since January. We are in discussions with our international partners to add more countries to our portfolio. Further updates on our international activity as well as our expanding services can be found within this issue. Stay tuned as ACHC International continues to establish a more prominent presence around the globe.

ACHC continues to support local charities that focus on child welfare. Most recently, we sponsored and participated in the Links for Lucy Golf Tournament in support of the Lucy Daniels Center to help children lead emotionally healthy lives. Earlier this year, ACHC contributed to the Tucson Conquistadores Classic, with proceeds benefitting youth athletic programs in Southern Arizona. These events provide ACHC the opportunity to connect with our partners and providers and, most importantly, give back to our communities for the benefit of children. Case in point: Our May 22nd “Chipping in for Charity” golf tournament at the Brier Creek Country Club in Raleigh, NC. Beneficiaries included Big Brothers Big Sisters of the Triangle, which provides youth mentoring, and SAFEChild, an organization committed to eliminating child abuse by helping adults and children create nurturing environments free from abuse and neglect. Through the support and generosity of our players and sponsors, we were able to donate $15,000 to each charity.

**Thank you to each of our providers and partners for choosing ACHC and for making all of this possible. Your choice has a more positive impact than you could possibly ever know.**

José Domingos, CEO
BioPlus Specialty Pharmacy earned ACHC Specialty Pharmacy Accreditation in 2014. In addition, BioPlus earned a Distinction in Oncology in 2016, becoming one of only eight companies to do so. BioPlus also has two sister specialty pharmacy sites that have successfully completed the accreditation process this year. These accreditations let our patients, providers, and insurance payors know that our company is committed to the highest level of quality and accountability.

BioPlus Specialty Pharmacy is a leading independent national specialty pharmacy and the first and only specialty pharmacy to offer a two-hour turnaround from referral to patient acceptance.

Our company celebrates 27 years of innovative excellence in specialty pharmacy, working closely with payors as well as with prescribers to get prompt treatment for patients, and directly supporting our patients nationwide to achieve optimal health outcomes.

We provide a complete range of specialty services, including for hepatitis C, cancer, multiple sclerosis, and other complex, chronic conditions.

visit: www.bioplusrx.com
At ACHC we are driven by our mission of partnering with organizations and healthcare providers to offer the industry's best possible accreditation experience. ACHC has been partnering with providers and organizations for over three decades in an effort to find innovative solutions to challenges they face. The goal is to offer an accreditation solution that helps providers improve outcomes and patient safety. These partnerships also allow us to collaborate on educational events such as webinars, workshops, speaking engagements and more.

Our partners - from state and national associations to consulting firms to provider network organizations - are committed to supporting healthcare providers through initiatives that build stronger communities in the industry while enhancing education and developing cost-effective solutions. These dynamic partnerships allow for sharing resources, knowledge and expertise in order to make a meaningful impact.

ACHC is excited to give members access to special pricing options and educational resources for our nationally recognized accreditation services. Members can use their unique code to receive a discount off accreditation when submitting an application online at cc.achc.org. They can also use their discount code to receive $50 off when purchasing a workbook or registering for a workshop through www.AccreditationUniversity.com.

For more information on ACHC’s Partnership Program, please contact Lindsey Holder – lholder@achc.org.
Bryan Prince knows that USP <800> can be a bitter pill for the independent pharmacist to swallow. The owner of Lab·Red Pharmacy Consultants who is an expert in cleanroom design, chemical handling and workflow understands the challenges pharmacy owners face as they try to balance a commitment to worker safety with the realities of running a business.

Set to become official – i.e., enforceable by a regulatory entity such as a state board of pharmacy – on July 1, 2018, USP <800> describes practice and quality standards for handling hazardous drugs (as identified by National Institute for Occupational Safety and Health, or NIOSH) in healthcare settings.

"The reality is it's a huge financial investment," Prince said about USP <800>, noting that many pharmacists are wondering where they will find the space and/or the money to redesign or expand their cleanrooms/storage areas to meet requirements.

"We've got four different aspects of compounding," Prince explained, "which equals four different rooms: USP <795>, nonsterile, nonhazardous; USP <797> sterile nonhazardous. Now we're going to add on USP <800>, nonsterile hazardous, and USP <800>, sterile hazardous.

Think of it from the independent pharmacy owner's perspective, he said: "You're telling me I've got to have four separate rooms? Where am I going to find that space?"

From a broader perspective, though, can't one assume that pharmacists already understand the risks and thus are doing the right things when it comes to HD handling?

"I've heard this: 'Bryan, I've been doing this (HD compounding) for 20 years, and I'm OK.' Then I've heard the flip side: The gentleman who said 'After 20 years of doing this, I had some tumors removed.' He couldn't pinpoint it, but he felt like it was exposure to chemicals.

"At a conference, I met a young woman who said, 'I've had three miscarriages. Do you think that's because I work in a compounding pharmacy and I handle chemicals?" And I told her 'I can't make that determination for you.'

"But the reality is, I think this is the next 'mesothelioma' waiting to happen," Prince said, adding that he wonders why there aren't yet legal ads on TV to the tune of: 'If you've been working in a compounding pharmacy for X number of years and suffer from Y or Z … "

While Prince believes that USP <800> is long overdue, he believes the need for it is stronger than ever. "Where we are today is different from where we were five years ago. There are more and more stories of exposure. The whole meningitis outbreak (scores of deaths traced to contaminated steroid injections from New England Compounding Center) kicked this thing off full throttle. The government took it and went to the next level with it."

"Did the independent pharmacy industry need some sort of regulatory change as it relates to chemical handling? Absolutely. I'm always going to be on the side of the fence that says this has been a long time coming" which may be in opposition to the pharmacy owner, he acknowledged.

"But we have to get to a place where we understand that chemicals are dangerous."

Bryan Prince will be presenting during a workshop sponsored by ACHC's Accreditation University on July 25-26 at Fairleigh Dickinson University School of Pharmacy and Health Sciences in Florham Park, NJ. This PCAB Sterile and Non-Sterile Compounding and USP <800> Compliance Workshop will provide pharmacy personnel with a comprehensive overview of the accreditation process and a standard-by-standard review of the requirements for each, along with a detailed examination of USP <800> and <797> guidelines.

For more information and to register, visit AccreditationUniversity.com or contact Chelsie Rigsbee at (919) 785-1214 or crigsbee@AccreditationUniversity.com.
There is a significant need to prepare individualized drug dosage forms or individualized drug dosages for special needs, such as in veterinary practices and various specialties of medicine such as allergy/immunology and dermatology.

Addressing the issue concerning compounding of pharmacologic agents, Donald Miller, PharmD, professor of pharmacy practice, College of Health Professionals, North Dakota State University, and lead author of the ACR’s position statement on compounding, says that the ACR has looked carefully at the issue of pharmaceutical compounding and is lobbying the appropriate agencies for positions favorable to rheumatology.

The statement highlights the ACR’s position regarding the importance of allowing rheumatologists to follow the standard of care in compounding and administering certain medications in the office setting, and supports PCAB accreditation of compounding sites to ensure patient safety.

Did you know the American College of Rheumatology (ACR) supports PCAB accreditation to ensure patient safety?

For more info on PCAB Accreditation, please contact Jon Pritchett – jpritchett@achc.org.
ACHC DISTINCTION PROGRAMS

SPECIALTY PHARMACY

Providers with ACHC Specialty Pharmacy Accreditation now have an additional tool for demonstrating their ability to serve patients with complex needs in a dynamic, competitive marketplace: Distinction in Infectious Disease Specific to HIV.

The Distinction in HIV was developed in partnership with AIDS Healthcare Foundation (AHF) to elevate the practice of treating HIV.

"ACHC is thrilled to partner with AHF in an effort to provide the HIV community with resources and services that will lead to enhanced quality and efficiency of treatments," said Tim Safley, ACHC Director, DMEPOS, Pharmacy, and Sleep. "We are encouraged by AIDS Healthcare Foundation’s forward thinking and development of the association to support HIV providers and their patients. It is a step in the right direction for the entire industry and will serve to support physicians with quality standards, best practices, and educational resources."

Specialty pharmacies treat more than 400,000 patients in the United States who are HIV-positive, and have become an important aspect in maintaining contact with these individuals.

HOME HEALTH, HOSPICE, & PRIVATE DUTY

ACHC rolled out the industry’s first Distinction in Palliative Care in April 2017 for agencies that provide palliative care services in addition to their home health, hospice and/or private duty program. The Distinction in Palliative Care allows agencies to demonstrate their program meets or exceeds industry best practices through compliance with standards that provide a framework for the implementation of a palliative care program.

Palliative care is a patient- and family-centered approach that optimizes quality of life for those diagnosed with a life-limiting illness by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing the physical, intellectual, emotional, social, and spiritual needs to facilitate patient autonomy, access to information, and choice.

ACHC worked with a committee of hospice and palliative care providers, facilitated by Judi Lund Person, Vice President of Regulatory and Compliance for the National Hospice and Palliative Care Organization (NHPCO), to develop the industry’s first Distinction in Palliative Care standards based on the National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care.

Incorporating palliative care services can help you retain customers who would prefer to remain with your agency for the palliation of their symptoms.
MVHPC, which has been ACHC-accredited for hospice since 2007, began providing palliative care services about five years ago. In late 2015, ACHC invited MVHPC to join a team – facilitated by Judi Lund Person of the National Hospice and Palliative Care Organization – that helped to develop ACHC’s Palliative Care Standards based on the National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care. In early 2017, MVHPC served as ACHC’s beta test site for those standards, undergoing a survey and ultimately earning the distinction. It was an experience that Watson says helped to make MVHPC’s palliative care program stronger and more structured, and that put the organization “a step above.”

ACHC: Talk about your experience incorporating the ACHC standards into your practice.

DENISE WATSON: I put a team together with some of our top leadership and our medical director and our practitioners, and we started reviewing our (palliative care) policies and comparing what was lacking and where we did not meet the standards. We found we had a lot of work to do. So we went standard by standard to make sure that we had a policy. And we of course had to educate the practitioners and everybody that was a part of the program on what they had to do, because it was additional work, additional assessments. So it was a transition of changing a lot of the way we were doing things.

ACHC: How did ACHC work with you to amend the standards based on your feedback?

DW: I really appreciate the fact that ACHC was open to listening to how the standards worked for us, per se, by changing policies and our procedures. It was nice to know that we were part of making sure that we didn’t have overkill on the standards or maybe we didn’t have them strong enough. There was some movement there and flexibility that we could all come to an agreement, especially around the comprehensive assessment. Sometimes there’s a “one and done visit” and you never see (the patient) again, so we had to take that into account.

Palliative Care, it’s different from hospice. With hospice there’s a comprehensive assessment for the nurse, chaplain, social worker. The issue is when our practitioners go out there to do the (palliative care) assessment, they have to ask questions about psychosocial; it’s all embedded in all these comprehensive assessments. What we elected to do is to have them ask a couple of simple questions. If they identify from those questions a need for spiritual or psychosocial assistance, then they make the referral to that discipline to do all those questions. What we were trying to do was limit the amount of detailed information a nurse practitioner or a physician had to get.

ACHC: What was an area in which you found you needed work?

DW: We didn’t really have any formal policies related to the interdisciplinary team. We were meeting once a month, roughly. We had to change the time and make it regular and really focus on that team care as opposed to just “here’s a referral; the nurse practitioner needs to see them.” So there was more structure and they had to follow certain policies and standards and processes that we were really very vague before.

ACHC: How has MVHPC most benefitted from having achieved the Distinction in Palliative Care?

DW: We had tried, the entire time we were doing palliative care, to make our program structured. But we were lacking in structure and lacking...
Continued from page 9...

in everybody knowing what they really should capture in a visit and then how they bring this back and share what they’re doing as a team, and then really talk as a team about goals of care. Everybody’s on the same page. It’s been beneficial for us, for sure.

ACHC: What does having the ACHC Distinction in Palliative Care mean to you?

DW: It means we have taken the extra step to ensure our program provides quality service. We are taking steps that we didn’t have to do to improve our program. I think it says that we are doing this for the right reasons. The ultimate goal is to provide the best care to these patients. It’s a sense that somebody’s looking over our shoulder. Somebody’s looked at our program. Somebody has said, “You’re doing what you’re supposed to be doing.” It sets us a step above.

Mountain Valley Hospice & Palliative Care provides hospice services to terminally ill patients and their families in 17 counties from eight locations in North Carolina and Southern Virginia.

For more information or to download ACHC Distinction in Palliative Care Standards, visit www.achc.org, email customerservice@achc.org or call 855-937-2242.

NEW CoP INTENSIVE WORKSHOP

For the first time ever, Accreditation University is offering a two-day workshop that features an in-depth look at ACHC Home Health Accreditation as well as a Conditions of Participation (CoP) Intensive. This workshop will offer guidance in all phases of the accreditation process, from pre-survey to post-survey requirements, plus a full day focusing on the new Medicare CoPs.

ACHC is committed to keeping its customers educated on industry updates. We look forward to offering this workshop and working with home health providers as they familiarize themselves with the requirements behind the new Conditions of Participation (CoPs).”

— Greg Stowell, Education and Consulting Manager

Topics to be covered include:

- Resources that contain audit tools and hints
- Guidance on preparing a Preliminary Evidence Report (PER)
- An understanding of the new CoPs and how the ACHC survey process will be impacted
- Essential components for accreditation preparation and best practices for a successful on-site survey

Participants have the option of attending both days with Home Health on Day 1 or just the CoP Intensive on Day 2.
The primary purpose of the revisions is that CMS seeks to "develop a more continuous, integrated care process across all aspects of home health services based on a patient-centered assessment, care planning, service delivery, and quality assessment and performance improvement."

**HOME HEALTH PROVIDERS CAN EXPECT TO SEE CHANGES IN:**
- Comprehensive Assessment, care planning, and care coordination
- Patient rights, admission, and discharge
- Quality Assessment and Performance Improvement (QAPI) Program and Infection Prevention and Control Program
- Emergency preparedness
- Personnel qualifications
- Organization and administration of services and clinical records

With these revisions comes heightened anxiety and concern regarding the ability to demonstrate compliance.

We are in the process of revising the ACHC Home Health Accreditation Standards and associated materials. We will provide our customers with education and guidance regarding the expectations for compliance with the new CoPs and ACHC Accreditation Standards in the months to come.

Regardless of the implementation date, there are several things that agencies may want to start reviewing and revising as necessary in order to be ready. For example, agencies need to update policies and procedures and provide staff education regarding:
- Patient rights and responsibilities
- Plan of care revisions and requirements

**The Medicare Home Health Conditions of Participation (CoPs) have been revised for the first time in decades.**

- Acceptance of verbal orders
- Discharge and transfer expectations
- Coordination of care
- Patient education expectations
- Emergency preparedness

Agencies may also want to review and revise the job description for the Clinical Manager role and the Administrator.

As always, agencies must adhere to the most stringent requirement. Requirements deleted from the CoPs may still be a requirement in your state, so check state licensure requirements, as applicable, prior to revising any current practice.

CMS has issued the final rule for the Home Health Conditions of Participation (CoP) delay. Items that previously had a July 13, 2017, implementation date have been delayed until January 13, 2018.

The phase-in date for Performance Improvement Projects has been revised to July 13, 2018, with all other QAPI requirements effective January 13, 2018.

Please call us at (855) 937-2242 or email customerservice@achc.org for more information on the new Medicare Conditions of Participation.
ACHC is committed to providing the best possible experience.

ACHC IS NOW OFFERING ACCELERATED SLEEP LAB ACCREDITATION

Big news in the sleep world has many providers wide awake. Recent changes to Medicare coverage policies for sleep studies will require sleep-specific accreditation for providers in 13 states.

Effective June 5, 2017, sleep lab facilities in Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming and certain U.S. territories are required to have sleep-specific accreditation to be eligible for coverage.

ACCELERATED SLEEP LAB ACCREDITATION PROCESS:

1. First submit an application (available in your Customer Central account) and a $1,500 nonrefundable deposit (applicable to accreditation fees).
2. Your contract will then be emailed to you by your Account Advisor.
3. Next, you will need to complete an Accelerated Sleep Accreditation Preliminary Evidence Report (PER) Checklist.
4. In order for ACHC to issue an approval letter and certificate, all submitted PER items must go through a successful clinical desk review and we must have the following items:
   » Signed contract
   » Payment in full
5. The approval letter will grant you accreditation for one year. ACHC will then work with you to schedule an on-site survey as quickly as possible.
6. Once ACHC has completed the site visit, you will receive an updated accreditation certificate that will expire three years from the original accreditation date.

Customer Satisfaction Survey data gathered from 7/2015-present.

ACHC IS VESTED IN THE DEVELOPMENT AND SUCCESS OF ITS ACCREDITED AGENCIES. WE FIND IT A JOY TO WORK WITH ACHC.”
— HOME HEALTH PROVIDER, GRAFTON, NC

98% of our customers regard their experience with ACHC as positive.

98% of our customers would recommend ACHC.

Please call us at (855) 937-2242 or email customerservice@achc.org to learn more.
Accreditation Commission for Health Care (ACHC) International has expanded its footprint into the Middle East. In the summer of 2016, the Health Authority - Abu Dhabi (HAAD) enacted a requirement for all home care facilities to become accredited. ACHC International created a set of relevant, realistic home care standards that align with HAAD requirements. In February 2017, ACHC International accredited its first set of home care facilities in Abu Dhabi and is scheduled to perform surveys every month through the summer of 2017.

With the help and support of its local representative in the Middle East, Dr. Abdullah Bani Irshaid, ACHC International is able to respond to and assist all customers in real time. ACHC International has developed an accreditation process that is not only unmatched by its competitors but also is able to help home care facilities undergo a process that is brand new to them.

ACHC International is poised for remarkable growth. In expanding its services to retail pharmacies and medical centers, ACHC International has its sights set on additional countries that have shown an interest in its accreditation program.

For additional information or to learn more about ACHC International, please contact Matt Hughes, Director of Business Development, at (855) 937-2242 or mhughes@achc.org.

ACHC has become synonymous with providing value, integrity, and the industry’s best customer service. Our mission is simple – we aim to deliver the best possible accreditation experience. We created the Transition Program to meet the specific needs of providers who have decided to make the switch to ACHC Accreditation. Transitioning can happen at any point during your accreditation cycle.

Contact us at (855) 937-2242 or visit achc.org to see how transitioning to ACHC can work for you.
Thank you to all of our 2017 sponsors and donors for helping make our tournament a success!

THANK YOU TO OUR DONORS!

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ACHC recognizes the need for healthcare organizations to have access to comprehensive educational resources that facilitate quality patient care, efficient business operations, and compliant practices. For this reason, Accreditation University has focused resources within ACHC to create a diverse menu of exceptional educational offerings aimed at meeting the individual needs of providers.

Accreditation University is working to expand its product line to offer more industry-focused education and the best options for becoming and staying compliant for accreditation.

We are currently working with industry professionals in the DMEPOS and Pharmacy spaces to create webinars that will be held live and then on-demand for customers on our website. These webinars will focus on changes in the industry and popular topics such as USP <800> compliance and accreditation renewals. Previous and upcoming webinars will be posted on AccreditationUniversity.com.

Other products that have recently been added or will be added to the Accreditation University lineup include:

- Performance Improvement Tools
- Online trainings
- Customizable Policy and Procedure Manuals
- Self-assessments

Visit AccreditationUniversity.com for information on newly released products, as well as other great educational resources.

AU training is led by ACHC industry experts and offers an in-depth review of the accreditation process.

- Workshops
- On Demand Webinars
- Consultant Training

AU consulting packages are program-specific and customizable to your needs.

- Readiness Assessment
- Gap Analysis
- Mock Survey
- On-site and remote services available
Accreditation University workshops are specifically designed to prepare healthcare organizations for the initial or renewal accreditation process. Upon completion, all attendees will receive a free digital copy of the ACHC Accreditation Guide to Success workbook, a Certificate of Completion, and $250 off the cost of accreditation.

Unless otherwise noted, workshops are held at ACHC's Corporate Headquarters in Cary, NC.

**UPCOMING WORKSHOPS**

- **DMEPOS**
  - August 1
  - December 5

- **SPECIALTY PHARMACY**
  - August 2
  - December 6

- **INFUSION PHARMACY**
  - August 3
  - December 7

- **COMPOUNDING PHARMACY**
  - July 25-26 (Florham Park, NJ)
  - November 7-8

- **USP <800> COMPLIANCE**
  - July 26 (Florham Park, NJ)
  - November 8

- **HOSPICE**
  - August 8 (Los Angeles, CA)
  - September 28

- **HOME HEALTH & CoP INTENSIVE (2-DAY)**
  - August 9-10 (Los Angeles, CA)
  - September 26-27

- **CoP INTENSIVE ONLY (1-DAY)**
  - August 10 (Los Angeles, CA)
  - September 27

- **PRIVATE DUTY**
  - December 14

- **SLEEP**
  - August 7 (Los Angeles, CA)