

Compliance & Elder Abuse

On-Demand Webinar



Purchase, use a projector, and train multiple staff members at one time
Earn 1 AIHC Preapproved Continuing Education Unit

Sponsored by



American Institute of Healthcare Compliance, Inc.

431 W. Liberty Street Medina, Ohio 44256

Toll Free: 866-571-5635 / Cleveland/Akron Area: 330-241-5635

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Visit our web site at www.aihc-assn.org

An Internationally Recognized Compliance Training & Certification Leader in Health Care
501(c)(3) Non-Profit Organization

What will I learn from this webinar?

Links to Additional Resources Provided Throughout the Presentation

Elder Abuse

- Understanding the Crisis of Elder Abuse
 - Elder Abuse in the News
 - Resident Rights
 - Types of Elder Abuse & Neglect
 - Detection, Prevention, & Reporting
- LTC Ombudsman
- Freedom to Choose: Options For Families and Providers

Improving the Quality of Care

- 5-Star Rating System
- CMS Quality Measures
- Nursing Home Quality Initiative
- SNF Quality Reporting Program
- Quality Indicator Survey (QIS)

Minimizing Potential Risk: Improving Internal Compliance in Long Term Care Facilities

- What Does the Federal Government Require?
- Frequently Asked Questions (FAQs) About Nursing Home Compliance Programs
 - Benefits of a Strong Compliance Program
 - Making Compliance a Part of Your Organization's Culture
- Nursing Home Enforcements
- Resources and Links for Consumers & Providers



Can I earn Continuing Education Units (CEUs)?

Yes! Earn 1 Continuing Education Unit



1 CEU: This program has been approved for 1 continuing education unit by the American Institute of Healthcare Compliance for AIHC Certified Professionals. [Click Here](#) to access the online CEU renewal chart.

What is included with this webinar?

- The webinar consists of a 60 minute presentation including a Question & Answer Session.
- A webinar transcript with resource links is provided.
- After purchase, your organization may download the transcript, view, and listen to the recorded webinar as many times as you need during the access period of 6 months.
- AIHC Membership for six months (*for first time members only*).
- Earn 1 Continuing Education Unit when you submit the CEU tracking number provided after successful completion of the webinar.

Are there specific computer requirements needed for this course?

Yes! You will need high-speed internet access, email, and a supported web browser. Examples of supported web browsers include Google Chrome, Safari, Firefox, Opera, & Microsoft Edge.

How long do I have access to this webinar?

After purchase, you have access to this webinar for six months.

What is the cost? Webinar Full Price: \$59

Visit the [AIHC Promotions](#) page to see if there are current discounts available for your registration!

Non-Members: [Click Here](#) to purchase this webinar online

AIHC Members: Register through the [AIHC Member Store](#) and pay only **\$35!**




OR scroll down for a hard copy registration form

View the [AIHC Refund Policy](#) online by visiting the American Institute of Healthcare Compliance website.



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Enrollment Form

Enrollment Date: 	<p align="center"><u>Enrollment (Check Appropriate Box)</u></p> <p>Compliance & Elder Abuse Webinar:</p> <input type="checkbox"/> Full Price: \$59.00 <input type="checkbox"/> Coupon Code: _____ (if applicable) <p>AIHC Member?</p> <input type="checkbox"/> AIHC Member Price: \$35.00 <input type="checkbox"/> Coupon Code: _____ (if applicable)
Print Name & Credentials: (one form per person) 	
Employer Name & Address: 	
Home Address: 	
Print Position & Check Highest Level of Education:	
Clearly Print Your Email Address(es): (For website administration & confirmation of registration) Primary: Alternate:	Work Phone Number: Alternate Phone / Cell Number:
<div style="display: flex; justify-content: space-around; align-items: center;">    </div>	
Charge My Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover	
Amount Approved on Credit Card: \$ _____	
Card #: _____ Sec. Code _____ Exp. Date _____	
Billing Address for Credit Card: _____	
Name As It Appears on the Card: _____	
Authorized Signature & Date: _____	
<p align="center">Paying by Corporate Check? Amount Due: \$ _____</p>	
<p align="center">Please make checks payable to: AIHC</p>	
<p align="center">Mail to: American Institute of Healthcare Compliance 431 W. Liberty Street Medina, OH 44256</p>	
<p align="center">PHONE: 330-241-5635 / FAX: 330-952-0716</p>	
<p align="center">Please visit our website at www.aihc-assn.org for more information about our company.</p>	
<p align="center">Inquiries should be made to Contact Us</p>	
<p align="center">How did you hear about us?</p>	
<input type="checkbox"/> Mailing <input type="checkbox"/> Email <input type="checkbox"/> Co-worker <input type="checkbox"/> AIHC web site <input type="checkbox"/> AHIA web site <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____	

American Institute of Healthcare Compliance, Inc.

Membership Application ~ Required for non-members enrolling in this program

(Membership is included in the price of tuition for *new members only*)

Job/Position (title & brief description):

Are you certified by any organization? Please indicate certification and company name:

Are you a licensed clinical professional? Please check all appropriate boxes:

- | | |
|---|---|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse Practitioner/Midwife |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Registered Pharmacist |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other: (specify) |
| <input type="checkbox"/> Kinesiotherapist | _____ |

OIG exclusion

Have you ever been:

1) Notified that you were under investigation for; investigated for; charged with; or convicted of any offense relating to Medicaid or Medicare fraud?

2) On the OIG exclusion list?

Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold to a higher standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals.

For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections [1128](#) and [1156](#) of the [Social Security Act](#), and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website at exclusions.oig.hhs.gov)

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC; and any member whose name is added to this list will have his/her membership status revoked without refund.

“My signature below indicates I have read this restriction to membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance.”

Signature

Date