

Mississippi Health Care Association
Phase 3: Rules of Participation (RoP) Training
Presented by
Marilynn Winborne

February 27, 2020

8:30 a.m. to 9:00 a.m. Registration
9:00 a.m. to 4:30 p.m. Event

MHCA Auditorium
303 Brame Road
Ridgeland, MS 39157

Overview:

This session will provide an overview of the concentrated areas of the Phase Three Requirements of Participation (RoP). During this session, participants will review regulatory requirements related to Residents Rights, Abuse and Neglect Prevention, Trauma-Informed Care and Behavioral Health Services, Phase III Training Requirements, a Compliance and Ethics Program, and Quality Assurance/Performance Improvement. This session offers an overview of the regulatory expectations in each of these areas, along with practical strategies for assessing and developing systems and programs necessary to achieving compliance.

Objectives:

At the conclusion of this series, the participant will be able to:

1. Describe the regulatory expectations for Phase III of the RoP relative to the areas of concentration;
2. Explain the policies and practices necessary to be in compliance in each of the areas of concentration;
3. Develop improved methods for the assessment and person-centered care planning for residents with behavioral health needs

Audience: Appropriate to all clinical disciplines and positions

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Marilynn Winborne is a newly retired Bureau Director with the Bureau of Health Facilities Licensure and Certification at the Mississippi State Department of Health. She served in this position for approximately 13 1/2 years with the last seven (7) years being the Bureau Director for Long Term Care (LTC), Licensure and Certification. Prior experience includes Branch Manager, Division Director, Health Facility Surveyor with the CLIA program, with overall experience related to the licensure and certification programs, and as a Laboratory Technologist with the Public Health Laboratory.

This continuing educational program has been approved for 5.5 hours of continuing education for Nursing Home Administrators

NAME OF ATTENDEE(s)

EMAIL ADDRESS (for receipt of handouts)

MHCA Members - \$100.00 per Attendee

Non-members - \$300.00 per Attendee

Facility: _____

Address: _____

City, State, Zip: _____

Method of Payment: Check# _____ **Total Amount Paying** _____

Visa # _____ **-** _____ **-** _____ **Expiration Date** _____ **V-Code** _____

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**SEASON TICKETS
ACCEPTED**

REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED

For Questions call 601-898-8320

NOTE CHANGE OF ADDRESS:

Mail Registration & Payment to: **Scan/Email Registration with Credit Card Payment to** memberservices@mshca.com
Mississippi Health Care Association **Fax Registration with Credit Card Payment to** **601-898-8341**
303 Brame Road Ridgeland, MS 39157

Note: MHCA Educational Policies can be found on the
MHCA website at www.mshca.com

If you need special aids for services identified under the Americans with Disabilities Act, please call MHCA at 601-898-8320