

SS-W

**NEBRASKA HEALTH CARE LEARNING CENTER  
NEBRASKA HEALTH CARE ASSOCIATION**

3900 NW 12th St Ste 100  
Lincoln NE 68521-3037

# SOCIAL SERVICE DESIGNEE TRAINING

The social service designee training offers the basic knowledge to fulfill the role of social service in a nursing facility under 120 beds as defined in the state and federal requirements for nursing facilities/long term care.

**JULY 27, 28, 29, 30, 2010**

**MDS ASSESSMENT:**

Via MDS 2.0 Online Training

**OR**

Attended the MDS 3.0  
Training in June 2010

**JULY 27-30 TRAINING LOCATION: LINCOLN**

**VETTER LEARNING CENTER (NHCA Office)  
3900 Northwest 12th Street, Suite 100, Lincoln, Nebraska  
Phone: (402) 435-3551**



*A training program for the*  
**NEBRASKA HEALTH CARE ASSOCIATION**  
*offered through the*  
**NEBRASKA HEALTH CARE LEARNING CENTER**



# SOCIAL SERVICE DESIGNEE TRAINING

## FORMAT

The total training will be taught in two parts. Attendance at all days' sessions is required for completion of the training. Any missed days must be made up the next time the training is offered.

## WHO SHOULD ATTEND

The training is designed for the person with primary responsibility for the social service program in a nursing facility.

## OBJECTIVES

At the completion of the social service designee training, the participant will be able to:

1. Function in the role of social service designee in a nursing facility,
2. Assess the psycho-social and spiritual needs of the resident in a nursing facility,
3. Develop an appropriate psycho-social plan of care for residents in a nursing facility,
4. Contribute to an interdisciplinary team plan of care conference,
5. Utilize Nebraska resources in meeting resident needs,
6. Participate in the care team that provides services to the resident, and
7. Function in the advocate role on behalf of the resident.

## SCHEDULE AND CONTENT

*Registration begins at 8:30 am on July 27*

### MDS ASSESSMENT

Introduction to the RAI  
Completing the MDS  
Identifying RAPs from the Completed MDS  
Completing the RAPs

**Social Service Designee Training registrants will complete the MDS 2.0 training online. The confirmation letter will provide the details of the MDS 2.0 online training including how to access and complete the training,**

**OR**

**Social Service Designee Training registrants must have attended the June 2010 MDS 3.0 Training.**

**July 27  
9:00 am to 5:00 pm**

Elderly and Aging  
Overview State Rules and Regulations and Survey

**July 28  
8:00 am to 4:30 pm**

Legal Aspects of Long Term Care  
Guardianship  
Conservatorship  
Power of Attorneys  
Living Wills and DNR

**July 29  
8:00 am to 5:00 pm**

Counseling with Families  
Health and Human Services  
Medicare/Medicaid  
Senior Care Options  
PASP (PASARR)

**July 30  
8:00 am to 3:00 pm**

Ombudsman Program  
Communication Strategies

## CONTINUING EDUCATION CREDIT

This training meets the criteria of an approved continuing education program for social work – 41 hours.

## COLLEGE CREDIT

Training may be taken as credit or non-credit. The Nebraska Health Care Learning Center will award 4.1 hours of college credit upon successful completion of 41 hours of classroom instruction. See the Nebraska Health Care Learning Center Catalog (Catalog number 7; date published: May 2010) for credit requirements. View and/or print this catalog from the Nebraska Health Care Association Web site.

NHCA Web site: [www.nehca.org/nhclc](http://www.nehca.org/nhclc)

## FACILITATOR

CONNIE WAGNER, R.N., Nebraska Health Care Association, Lincoln, Nebraska.

## FACULTY

- TRUDY KUBICEK, CSW, COORDINATOR, Crete, Nebraska.  
SEPTEMBER STONE, R.N., M.S.N., Administrator of LTCWIN and NHC-LC, Lincoln, Nebraska.  
SUE SCHLICHTEMEIER-NUTZMAN, Ph.D., Training Consultant, Nehawka, Nebraska.  
KEVIN RUSER, J.D., Director, Civil Clinical Law Program, University of Nebraska College of Law, Lincoln, Nebraska.  
PATTY PIERSON, Long Term Care Ombudsman, Unit on Aging, Long Term Care Services Section, Division of Medicaid and Long Term Care, Nebraska Department of Health and Human Services, Lincoln, Nebraska.  
DAN TAYLOR, R.N., RAC-CT, Long Term Care Facilities, Licensure Unit, Health Licensure and Investigation Section, Division of Public Health, Nebraska Department of Health and Human Services, Lincoln, Nebraska.  
ROSEMARY STUBBENDECK, R.N., Long Term Care State Plan Services Unit, Long Term Care Services Section, Division of Medicaid and Long Term Care, Nebraska Department of Health and Human Services, Lincoln, Nebraska.  
JOYCE SCHNEIDER, B.S., Eligibility Worker, Division of Medicaid and Long Term Care, Nebraska Department of Health and Human Services, Lincoln, Nebraska.  
KENDRA RATHJEN, SHIIP Program Coordinator, Nebraska Department of Insurance, Lincoln, Nebraska.  
SUSAN RIPPE, CSW, AseraCare Hospice, Lincoln, Nebraska.  
SAMMY HEUSMAN, CSW, AseraCare Hospice, Lincoln, Nebraska.

## Casual Dress for All Days!

*Please bring a sweater or jacket to ensure your comfort in the classroom.*

**ALL PARTICIPANTS: BRING A 3-INCH 3-RING NOTEBOOK!**



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Treasury Regulation §1.162-5 Coughlin vs. Commissioner, 203 F.2d 307, permits an income tax deduction for education expenses (registration fees and cost of travel, meals and lodging) undertaken to: (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.

# SOCIAL SERVICE DESIGNEE TRAINING

## NEBRASKA HEALTH CARE LEARNING CENTER POLICIES

The Nebraska Health Care Learning Center policies regarding admission, withdrawal, attendance, grades, transcripts, and refunds are located in the Nebraska Health Care Learning Center Catalog (Catalog number 7; date published: May 2010). View and/or print this catalog from the Nebraska Health Care Association Web site. NHCA Web site: [www.nehca.org/nhclc](http://www.nehca.org/nhclc)

## REGISTRATION INFORMATION

### LIMITED REGISTRATION!

Registration is limited to the first 55 registrants. This limitation has been imposed to assure that participants have the opportunity for meaningful exchange with faculty.

### Register by mail, fax, or online!

#### TO REGISTER BY MAIL OR FAX:

Use the attached Registration/Enrollment Form

TO REGISTER ONLINE, GO TO THIS WEB SITE:

[www.nehca.org](http://www.nehca.org)

**WRITTEN PRE-REGISTRATION IS REQUIRED.** No phone registrations will be accepted. Payment for tuition and fees must be included with the registration/enrollment form.

### A letter of confirmation will be sent and is necessary for admission!

## REFUND POLICIES

Students who withdraw from courses may receive a prorated tuition refund. Refunds shall be mailed within 30 days of official request. If the official request occurs within 72 hours of registration/enrollment, a full refund is appropriate. The request must be in writing and be postmarked within 72 hours of registration/enrollment. If official request occurs after 72 hours of registration/enrollment but before classes have begun, a \$150 registration fee is NOT refundable and all remaining tuition and fees will be refunded. After classes have begun, a \$150 registration fee is NOT refundable and remaining tuition and fees will be refunded as follows:

- Day 1—50% refund of tuition and fees over \$150
- Day 2—25% refund of tuition and fees over \$150
- Day 3—no refund of tuition and fees

After classes have begun, costs associated with course materials are nonrefundable.

## ABSENTEE/MAKE-UP POLICY

In order to receive credit, participants must attend all days of the training. If a day is missed, it must be made up by attending that day the next time the training is offered. It is the responsibility of the participant to make registration arrangements for make-up days.

There will be a \$45 charge for each make-up day.



**NHC-LC**

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## TUITION AND FEES

For the  
Social Services Designee Training Program

### Members of NHCA, NALA, and LPNAN—All Days:

Tuition (member).....\$205

Fees (member).....\$172

#### Total Member Tuition and Fees

per person.....\$377

Make-up Day, Member.....\$45 per day

### Non-Members—All Days:

Tuition (non-member).....\$205

Fees (non-member).....\$553

#### Total Non-Member Tuition and Fees

per person.....\$758

Make-up Day, Non-Member.....\$45 per day

⇒ Payment for tuition and fees must be included with the registration/enrollment form.

⇒ The tuition and fees payment includes lunch, breaks, and handouts for all days.

If a registrant wishes a vegetarian meal or has other dietary restrictions, make a notation on the registration form.

⇒ Rates apply whether or not the participant elects college credit.

⇒ Refer to the Absentee/Make-up Policy.



If a registrant has a disability that requires special needs, attach a written description of the needs to the registration form.

## TAPING—CELLULAR PHONES—PAGERS

Material presented at this training is the property of the speakers or NHCA. Therefore, taping of the training is not allowed. NHCA also asks that all cellular phones and pagers be turned off during training sessions.

## HOTEL ROOM BLOCKS

For the training on July 27-30, 2010, a block of sleeping rooms is available for the nights of July 26, 27, 28, and 29 at:

### Country Inn and Suites

5353 North 27th Street, Lincoln NE

Phone: (402) 476-5353

Rate: \$74 per night — Release date: June 25, 2010

### Sleep Inn

3400 Northwest 12th Street, Lincoln NE

Phone: (402) 475-1550

Rate: \$55 per night — Release date: June 25, 2010

### Hampton Inn

1301 West Bond Circle, Lincoln, Nebraska

Phone: (402) 474-2080

Rate: \$70 per night — Release date: June 25, 2010

### Staybridge Suites

2701 Fletcher Avenue, Lincoln, Nebraska

Phone: 402-438-7829

Rate: \$70 per night for a studio suite — Release date: June 25, 2010



# Nebraska Health Care Learning Center

## Registration/Enrollment Form — Social Service Designee Training

Date: July 27, 28, 29, 30, 2010 Location: Lincoln, Nebraska

**Payment for tuition and fees must be included with this registration/enrollment form. Make a copy of this form for your records.**

**To register/enroll by mail:** Complete this registration/enrollment form, include payment (use any of the payment methods listed below), and mail to: Nebraska Health Care Learning Center, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037.

**To register/enroll by fax:** You must pay by credit card in order to register/enroll by fax. Complete this registration/enrollment form, check "Credit Card" as payment method, complete credit card information, and fax the completed form to (402) 475-6289.

A student's Social Security number is required as a condition of enrollment. A student's Social Security number constitutes an "educational record" under the Federal Educational Rights and Privacy Act (FERPA). That information will be disclosed only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

### PLEASE PRINT

Social Security Number: \_\_\_\_\_

Student Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F

Race (used for statistical purposes only):

- Asian/Pacific Island
- Black/African American
- Hispanic/Latino
- Native American
- White/Non-Hispanic
- Other

Veteran Status or Dependant Using Military Benefits:  Yes  No

Resident Status:  Resident of Nebraska  Non-resident of Nebraska

Course Number: **110**

Course Title: **Social Service Designee Training**

Credit: **4.1 Quarter Credits**

Tuition and Fees:  Member—\$377  Non-member—\$758

Make-Up Day(s) — \$45/Day — Circle Day(s): MDS 1 2 3 4

If paying "Member" tuition and fees through a facility membership, provide facility name and city:

Facility Name: \_\_\_\_\_ City: \_\_\_\_\_

Check One Box (For Credit or Not For Credit):

- For Credit (If requesting credit hours, must have high school transcript or equivalent on file with the Learning Center)
- Not For Credit

**Payment must be included.**

**We are unable to bill.**

Billing Information:  Check  Cash  Credit Card  Money Order

If payment is by credit card, complete the credit card information in this box: ↓

**Make checks and money orders payable to:**

Nebraska Health Care Learning Center  
3900 Northwest 12th Street, Suite 100  
Lincoln, Nebraska 68521-3037  
Phone: (402) 435-3551  
Fax: (402) 475-6289

Cardholder's Name (PRINT): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Security Code on Card Back: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Billing Address, City State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

↑ Your signature on the line above will authorize this transaction.

Submission of this form indicates that I understand the following: My registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed. Should I officially drop, withdraw, or cancel, any refund in tuition will be determined by the date I submit my request to the Learning Center. Failure to attend does not constitute an official drop/withdrawal. The personal information is correct as shown; changes in the personal information must include the appropriate documentation. Students enrolling in courses through the Nebraska Health Care Learning Center consent to being photographed and videotaped during educational sessions for the possible inclusion in educational materials published by the Learning Center, NHCF, NHCA, and NALA. It is the policy of the Nebraska Health Care Learning Center to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, gender, religion, national origin, or disability. Inquiries concerning the Nebraska Health Care Learning Center policies on equal opportunity and nondiscrimination should be directed to the Director of LTCWIN, 3900 Northwest 12th Street, Suite 100, Lincoln, Nebraska 68521, Phone: (402) 435-3551, Fax: (402) 475-6289, or E-mail: septembers@nehca.org.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_