



Retirement  
Connection

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# CEU Poster Guidelines & Resources

More info about CEU Events available at  
[retirementconnection.com/education](http://retirementconnection.com/education)

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## CEU Approval Overview

Retirement Connection staff submits, retains and pays fees to seek CEU approval. The poster presentations are pre-approved by the Commission for Case Manager Certification (CCMC) to provide 1.0 continuing education credit to Certified Case Managers. Every Resource Fair is unique and will be assigned a NEW CEU credit. Old or new, all posters go through the approval process every event.

## Poster Standards per CCMC Approval Process

**Register:** Exhibit space is limited. [Sign up](#) for the specific event you'd like to participate in to secure your preferred spot! To maximize your exposure, we ask that you prepare a poster presentation that offers 5 minutes of educational, non-promotional content. Retirement Connection will provide each attendee with a game sheet so they can accrue CEUs by interacting with exhibitors. You will acknowledge attendees have visited your poster and listened to your presentation by initialing the game sheet. This also serves as their door prize entry. Your registration allows two (2) company representatives to attend work your booth.

**Deadline:** Poster PDFs should be submitted to [Amy@RetirementConnection.com](mailto:Amy@RetirementConnection.com) 35 days prior to the event date – this date is distinguished on the registration page(s). We cannot make exceptions to this date in order to get CEU approval, and ensure YOU have time to get your poster printed. We recommend you submit your poster a week earlier so we can offer feedback or suggestions to help ensure your poster will meet the CEU requirements.

**Content:** The subject matter of your poster must be EDUCATIONAL, not promotional. Content should take approximately 5 minutes for a reader to review and comprehend (*roughly 750 words*) Posters are reviewed for approval as stand-alone submissions. No supporting materials will be sent for approval. Remember the target audience is Case Managers, Nurses and Social Workers.

**Promotional Branding Restrictions:** In 2019, CCMC became ANCC-accredited and made changes to their Pre-Approved Continuing Education (PACE) process to align with ANCC guidelines/standards. The biggest change is *ANY promotional branding goes against the CCMC requirements*, as stated in their PACE Guide: "Content must be balanced and free from any commercial bias." Simply put – *no logos, no contact information*.

Although posters cannot include branding, as a CEU presenter you can absolutely bring additional marketing materials to handout and display at your table. You can also create a second PDF of your poster with your branding to print off as handouts – attendees appreciate walking away with a reminder of what they just learned.

Retirement Connection submits a final packet for approval 35 days prior to each event. This packet includes: each poster submission and all related evaluations, certificates, tracking and paid fees. The entire packet is either APPROVED or DENIED.

**Agenda:** Each poster needs to be accompanied by an Agenda (outline/overview of talking points). This consists of bullet points pertaining to the poster content covering 10-15 statements of overview.

**Catchy Title:** The title should excite and draw in your audience. Don't be afraid to be bold, humorous or trendy. Your title should give your audience a sneak peek into what your CEU is about, similar to Magazine or Newspaper Headlines.

**Citations:** If referencing research or third party websites and articles, please use citations.

**Visually:** Color, graphics, images and white space can help deliver a clearer message. If your poster is visually easy to read and appealing this will convey professionalism. If you do not have a designer, consider hiring a professional. If you tackle your design on your own, be sure to have a few different people proof your design. Ask them what stands out to them? What did they retain? Are words too small or too light in color? Are the images pixelated or grainy at full size?

**Display Poster Requirements:** The finished printed poster should be 2ft x 3ft PORTRAIT size and self-standing, or bring a table top easel. You are responsible for arranging the design and printing of your poster and bringing it to the event.

## Topic Ideas

Need a topic? Visit the [National Institutes of Health website](#). This institute supports many scientific studies and can provide some inspiration for your CEU topic.

## Design & Printing Resources

Whether you're designing the poster yourself or working with a designer, once the design is final, the next step is to get it printed. We're happy to recommend a good partner for these steps of the process. Retirement Connection has worked with the following business on CEU posters in the past:

### Strategic Print & Promotions

Contact: Maribeth Niece

Email: [Info@Print-Promos.com](mailto:Info@Print-Promos.com)

Cell: 503-367-8454 | Office: 503-303-7541

Address: 15645 SE 114th Ave

Clackamas, OR 97015

Website: [www.Print-Promos.com](http://www.Print-Promos.com)

## Example CEU Poster

### PATIENT FREEDOM OF CHOICE & DISCHARGE PLANNING

Both the Balanced Budget Act of 1997 and the Conditions of Participation (COPs) for hospitals guarantees a patient's right to freedom of choice which all providers are required to abide by.

**The Balanced Budget Act of 1997 (BBA) requires hospitals to develop a list of home health agencies and skilled nursing facilities (SNF), not hospices. The list of home health providers must include agencies that:**

- are Medicare certified
- provide services to the geographic areas where patients reside
- are to be on the list
- if hospital has a financial interest in any agency that appears on the list, it must be disclosed on the list

Under the BBA, the provider must make a request to the hospital to be listed and must be listed on the geographic area where the patient resides. SNFs are not required to appear on the list. The Center for Medicare & Medicaid Services (CMS) recommends that SNFs can be identified from CMS's website at the Nursing Center. Complete list can be calling a 800-MEDICARE (800-633-6422). SNFs should be kept on the list even if they do not have available beds.

**Discharge planners/case managers are required to always give a "neutral presentation" of the list to patients without "prejudicing the case."**

Care managers/discharge planners may not try to dissuade them or make negative statements about their choices. However, there is a clear difference between choosing for patients, which care managers/discharge planners cannot do, and assisting patients with making informed choices.

Hospitals are required to document in the patient's medical record that a list of home health or SNF was presented to the patient or their representative. However, the hospital is not required to document the list in the patient's medical record. The hospital also has the flexibility to determine how to document in the medical record that the list was presented.

**BBA/97 Amendments Impacting Discharge Planning**

Hospitals must identify patients who will need post-hospital extended care, home health, or hospice services at an early stage in their hospital stay. This requirement applies to all patients in Medicare and Medicaid participating hospitals even if they are covered by Medicare, Medicaid, managed care, private insurance or private pay. The hospital must evaluate patients that they have identified will need post-hospital services and patients for whom an evaluation has been requested by the patient, their representative, or physician. The evaluation must be performed by a qualified professional nurse, social worker or other qualified personnel on an ongoing basis and in a timely manner to avoid delay in discharge and ensure that post-hospital care is in place. The discharge evaluation must be included in the patient's medical record and be made discussed with the patient and/or their representative.

**Preferred Provider Agreements by Discharge Planners/Case Manager**

Preferred Provider Agreements may be verbal or written. They should outline care managers to refer patients to specified inpatient providers. However, these agreements should not include a specific number of patients that care managers are required or required to refer. They should explicitly indicate that care managers make no promises about the number or types of patients who will be referred.

**Physician Orders for a Specific Agency**

- When attending physicians indicate that they prefer private post-care providers and patients do not choose other providers (instead they the physician preferences) must be honored.
- When patients cannot choose and their attending physicians have not indicated preferences for a particular post-care provider then discharge planners/case managers may wish to encourage patients to choose a preferred provider.

Sound relationships with post-care providers are crucial to the practice of case management and the use of Preferred Provider Agreements may help foster those relationships.

**Private Duty Referrals**

An advance for patients, discharge planners/case managers have an obligation to make sure that patients understand all of the options available to them including the option to pay privately for home care services.

Care managers/discharge planners also have an ethical obligation to inform patients about the availability of private duty services. Patients cannot make choices about the care they wish to receive unless they have information about all services available including private duty services. Discharge planners/case managers have a clear ethical obligation to provide information about private duty home care services to all patients who may benefit from them.

Patients will make the choice on type of care and providers but they cannot make appropriate choices unless they have information about all of the types of available care.

**Hospital CoPs Require that Providers:**

- Inform patient of freedom of choice
- Respect patient preferences
- Make no directly or indirectly specified providers

**Hospital CoPs – Compliance Review Checklist**

- Was list furnished?
- Was patient's choice respected?
- Was choice of home health or hospice listed?
- Was patient appropriately assessed?
- Was the patient informed of any financial interest?

**Actions to Enforce Patient Freedom of Choice**

- HHA Medical Director to contact Hospital or SNF Medical Director
- Complaint to State Survey Office
- Letter to CMS Survey and Certification
- Hospital CoPs or SNF Discharge Planning
- Letter to Joint Commission
- Report to HHS (oig.hhs.gov)

If violations are at the condition level of deficiencies, hospitals could lose their right to participate in the Medicare/Medicaid Programs.

Most discharge planners/case managers are licensed as either nurses or social workers. When they fail to fulfill the obligations described above with regard to private duty care, they may risk discipline by state licensure boards.

[Click to view larger](#)

Additional poster examples can be viewed [online](#)

## Example Agenda for CEU Poster

### Honoring Patient Freedom of Choice RE: Balance Budget Act and Conditions of Participation with Medicare

- Respecting patient freedom of choice
  - Education for patient
  - Present Options
    - Furnish a complete list
    - Give information without prejudice
    - Track compliance
  - Managing Preference
    - With Dr orders
    - Who is required to be on the list
    - Preferred provider relationships
- Managing Compliance
  - How to track for compliance
  - reporting non compliance
  - checklist to monitor compliance
  - possible results from non-compliance
  - Where to find resources or manage a list
- Q/A