



SONJA M. JOHNSON BSN, RN
Senior Manager

Experience:

- Twenty-two years of continuous home care experience
 - Hospital based, free standing, for-profit, not-for-profit
 - Director of Corporate Compliance, Reimbursement Coordinator, Agency Director, Field Nurse.
 - Broad base of knowledge in all aspects of home health care operations
- Knowledgeable of Conditions of Participation, OASIS, OBQI/OBQM, JCAHO and many State regulations and State Practice Acts
 - Assisted multiple agencies select their OBQI Target Outcome(s) and develop their OBQI Plan of Action(s).
 - Assisted multiple agencies through a successful JCAHO survey
 - ICD-9 Coding for maximum home care reimbursement and meeting HIPAA guidelines
- Policy and Form Development
- Orientation/Competency Program Development
- Ability to Cope with Difficult Situations
- Open Door Leadership Style
- Computer Skills – Word, Excel, Power Point and Corel
- Enjoy providing education
- Ability to travel
- Current on industry changes and trends by reading home care periodicals, internet and seminar attendance

Position: Director of Clinical Services

Clinical and operational responsibility for eight sites which included quarterly on-site visits, annual agency reviews and financial oversight.

Duties:

- Policy and Forms - review/revision and development
- Development of a Orientation/Competency Program
- Development of Power Point In-services for staff education related to OASIS, Palmetto GBA's Training Manual, Episode Management, etc.
- Assisted in the development of the company's Pre-Hab program.
- Presented on various topics at each management meeting
- Working with Realtors, Property Managers, Attorneys and Architects as it related to procuring and planning office space.
- Services were provided in Washington, Colorado, Utah, and Florida

Position: Regional Director of Clinical Services

Home Health clinical and regulatory compliance for 13 sites in Tennessee and Virginia.



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Senior Manager (cont'd)

Duties:

- Quarterly on-site visits
- Annual agency assessments completed during quarterly visits
- Development and follow-up to plans of correction
- On-going education to ensure compliance with state and federal regulations and JCAHO standards
- Policy and forms - review, revision and development
- Operationalize performance improvement plans including OBQI/OBQM
- Development, implementation, and training related to Clinical Tracks
- Point Person for JCAHO preparation
- Involved in the integration of new acquisitions
- HQS software training to multi-sites
- Clinical/regulatory component for a due diligence
- Documentation to the company and agency file for all services
- Services also provided in Louisiana, Alabama, South Carolina, Texas, Florida and Georgia

Position: Independent Contractor

Duties:

- Worked with a team of consultants to resolve serious deficiencies sited during a state survey for a large multi-site agency

Positions: Acquisition/Integration Clinical Specialist
Director of Performance Improvement and Compliance

Duties:

Participated in due diligence for potential acquisitions and integration of new acquisitions and a company resource for issues related to JCAHO, OASIS, clinical and regulatory issues. Responsibilities included:

- Resolving deficiencies and preparing the Plans of Correction post regulatory or accreditation surveys
- On-site assessments and consulting
- Assisted with the development of the OASIS compliance plan for all Beverly owned home care agencies
- Point person for implementation of the Closure Plan for a large home health and hospice agency in California
- Services were provided in Missouri, Illinois, Tennessee and California
- Reports were provided for company and agency files for services provided



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Senior Manager (cont'd)

Position: Home Care Consultant

Duties: Consulting services included on-going assessment and assurance of compliance with regulatory bodies and JCAHO standards. Additional services included:

- Coordinating mock survey teams to assess compliance with JCAHO, OSHA, State and Conditions of Participation for any agency scheduled for survey
- Medical record audits for compliance, coverage, quality and appropriate utilization
- 1-3 month interim position as a Director of Nursing or Administrator when positions were vacated without notice
- Workshops and in-services on documentation, reimbursement and coverage issues
- Review, revision and development of policies, processes and forms
- Documentation to the agency and company file of services provided
- Services were provided in Virginia, North Carolina, Texas, Oklahoma, Arkansas, Florida, Louisiana, Missouri and Tennessee

Position: Reimbursement Coordinator

Duties: Responsible for the overall function of the medical records, billing and transcription departments. Responsibilities included:

- Timely billing of all claims and follow-up on inquires or denials
- Rate negotiations with case managers
- Documentation/reimbursement in-services
- Management of 10-12 employees
- Data collection and completion of the Agency's Annual Statistical Report
- Compliance with state, federal and accreditation standards for areas of responsibility

Positions: Staff Nurse/Assistant Director
Director of Home Health Services

Duties: Responsible for implementation and management of all services required to operate a successful JCAHO accredited home health agency. Volunteer Coordinator of the Community Lifeline Program

- Management of 20-25 employees
- Member of the Hospital Management Team
- Member of Hospital Committees including Discharge Planning and Utilization Review