CAHCF/CCAL
Connecticut Association of Health Care Facilities
Connecticut Center for Assisted Living

Virtual - CAHCF/CCAL Member Only Event

Best Practices - Hot Topics Series: Everything You Need to Know to Stay in Compliance!

Presenters:
Heather Berchem, Esq., Murtha Cullina LLC

This **3-part** in-depth review will include **all updates**

It is recommended that at least <u>one person</u> **from** <u>each facility</u> **attend this important seminar series. This information will not be found elsewhere.**

October 19, 2022
- New Interpretative Guidance
- New Legislation/CMS Guidance
- Reporting

November 18, 2022
- Survey Issues/Common Deficiencies
- Enforcement Penalties
- IJs and Citations
- Past Non-Compliance

December 1, 2022 - Co-Presenter Mairead Painter, LTC Ombudsman
- Best Practices for Transfers and Discharges
- Room Changes
- Leave of Absence (LOA)
- Visitations
- Co-presented by Heather Berchem and Mairead Painter, Long-Term Care Ombudsman.

Virtual Event -
- <u>**Individual**</u> webinar links will be sent out the day before the session. The webinar will not be recorded.
- Only the **registered and paid attendee** will receive the CEU certificate.
- If you purchase the package you can select to send different people to each session, please note that the person attending the seminar will receive the webinar link and CEU certificate

WHEN:
October 19, 2022
November 18, 2022
December 1, 2022

Online via Zoom

TIME:
9:00 a.m. to 12:00 p.m.

CONTACT HOURS:
3 per session

FEES:

Members Only:
Individual Sessions:
$70.00 per person, per session or

$180 for the series (a savings of $30).

Discount: 25% for attendees 2 -5 from the SAME FACILITY and 50% off attendees 6 - 10 form the SAME FACILITY

Members Not In Good Standing:
$100 per person, per session.

$300 per person, for the series.

CAHCF/CCAL

Connecticut Association Of Health Care Facilities, Inc.
213 Court Street, Suite 202, Middletown, CT 06108
Telephone: 860-290-9424   Fax: 860-290-9478
REGISTRATION and SEMINAR PAYMENT POLICY

Best Practices – Hot Topics Series – CAHCF/CCAL Member Only Event

October 19th, November 18th, and December 1st Time: 9:00 a.m. to 12:00 p.m.
CEU: 3.0 per seminar

Please send this registration form, along with payment to the CAHCF offices no later than 10/14/22 *we cannot process your registration without your payment. If you register using a purchase order number we will reserve your seat, however, full payment MUST BE REMITTED PRIOR to the event. Registrants will not be allowed to attend if any seminar fees are unpaid.*

Virtual Registration Fees:
CAHCF/CCAL Members Only: $70 **per person, per session or** $180 for the 3-part series. The same person does not have to attend each session. **Discount: 25% for attendees 2 -5 from the SAME FACILITY and 50% off attendees 6 - 10**
CAHCF/CCAL Members Not In Good Standing: $100 per person, per session.
Sessions will not be recorded.

Cancellation Policy: Cancelations must be made in writing to CAHCF/CCAL by 4 p.m. **three business days prior** to the program date. Cancelations after this time/date and no shows will be charged the full registration fee. Cancelations can be faxed or emailed to amanning@cahcf.org, cancelations by phone will not be accepted.

Substitutions: Substitution of attendees is allowed, if possible please notify CAHCF/CCAL in advance.

Confirmations: Confirmations will be sent via email. If you do not receive a confirmation via email before the day of the seminar, if you don't receive a confirmation email prior to the day before the event, please contact Adriana Manning at amanning@cahcf.org or (860) 290-9424.
CEUs:
The CEU certificate for each session will be sent to the registered attendee provided that:
- The session is paid for in full.
- Attendance has been verified for the session.

FAX YOUR FORM TO US AT 860-290-9478!

Member Fee $70 per person, per session or $180 per person for the Package. Discount: 25% for attendees 2 -5 from the SAME FACILITY and 50% off attendees 6 - 10
Members Not In Good Standing: $100 per person, per session

Facility:_____

Phone:_____**Fax:**_____

Name	Title	Email	10/19	11/18	12/1
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

Optional: Credit Card Information: Type:_____MasterCard_____Visa   _____American Express
Amount to Charge: _____

Name on Card:	Billing Address if different from facility's:
Card Number:	City, State, Zip
Expiration Date:	Security Code:
Signature:	