

REGISTRATION FORM
MAADS Annual Conference

MAADS Member _____

Non-member _____

PLEASE PRINT. Copy this form for multiple registrants.

Name _____

Email (Required) _____

Title _____

Center Name _____

Center Address _____

City/State/Zip _____

Phone _____ Fax _____

Check or money order enclosed: Amount \$ _____

Please charge my credit card: Amount \$ _____



Name on Card _____

Credit card number _____

CVV2 Security Code _____ Exp. date _____

CREDIT CARD BILLING ADDRESS:

Cardholder Email _____

Signature _____

To Pay By Check

Mail registration and payment to

MAADS
10280 Old Columbia Rd, Suite 220
Columbia, MD 21046
[Fax] 410.381.6061
Questions? 410-381-1176, ext 240
agordon@lifespan-network.org

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10280 Old Columbia Rd
Suite 220
Columbia, MD 21046



**Maryland Association of
Adult Day Services
Annual Conference**

May 2, 2017

Turf Valley Conference Center

2700 Turf Valley Rd

Elliott City, Maryland

**MARYLAND ASSOCIATION OF ADULT DAY SERVICES
2017 ANNUAL CONFERENCE
AGENDA**

- 7:15 am – 8:00 am **Exhibitor Registration & Set-up**
- 8:00 am - 8:45 am **Attendees Registration/Breakfast**
Meet and Greet with Exhibitors
- 8:45 am - 9:00 am **President’s Welcome and Opening Statement**
- 9:00 am - 10:30 am **Key Note Speakers:**
*The Honorable Dennis R. Schrader, Secretary
Department of Health & Mental Hygiene (Invited)*
The Honorable Rona E. Kramer, Secretary of Aging
- 10:30 am - 10:45 am **Break with Raffle I** – Meet and Greet with Exhibitors
- 10:45 am - 12:00 pm **Session I – Medicaid Fraud Issues Affecting Medical Adult Day Services Industry**
Speaker: Office of the Attorney General, Medicaid Fraud Unit
- 12:00 pm - 12:45 pm **Lunch - Legislative and Regulatory Update**
Danna Kaufman, LifeSpan Network , Public Policy Consultant
- 12:45 pm - 1:00 pm **Meet and Greet with Exhibitors**
- 1:00 pm - 2:15 pm **Session II – Adult Medical Day Care Licensure Process & Statement of Deficiencies**
*Carol Fenderson, Deputy Director of State Programs,
Office of Health Care Quality (OHCQ)*
*Gwen Winston, Quality Improvement/Customer Care
Coordinator, Office of Health Care Quality (OHCQ)*
- 2:15 pm - 2:30 pm **Break with Raffle 2** – Meet and Greet with Exhibitors
- 2:30 pm - 3:30 pm **Session III – Understanding the Process of Denials for Levels of Care**
Speaker: Department of Health & Mental Hygiene (DHMH)
- 3:30 pm - 3:45 pm **Closing Remarks, Raffle, Surveys and Certificates**

ATTENDEE REGISTRATION: 2017 MAADS Annual Conference

REGISTER ONLINE: WWW.MAADS.ORG

EARLY REGISTRATION: POSTMARKED BY April 27, 2017

MAADS Member: * \$180 first person * \$170 each additional
Non-Member: * \$290 first person * \$280 each additional

ONSITE REGISTRATION:

MAADS Member: * \$195 first person * \$185 each additional
Non-Member: * \$300

REGISTRATION POLICIES:

1. Each registrant **MUST** have a specific email address to register. Registrants can not share email addresses.
2. All attendees **MUST** register online to guarantee a space. Submit payment by check or credit card. Those paying by check **MUST** mail in a copy of the registration confirmation email along with the check.
3. All registrations must be **RECEIVED** by the specified deadline **APRIL 27** in order to guarantee admission; and all registrants must bring a copy of their registration confirmation email to the conference.
4. In the event that the seminar/conference is full and at maximum capacity registrants without a registration confirmation email and those registering on-site will be admitted on a first-come, first-served basis.

CANCELLATION POLICY:

Refund minus a \$50 processing fee will be honored if requested in writing five (5) business days prior to date of program or if program is full. Registrants who are unable to attend are encouraged to send a substitute. Substitutes are allowed without prior notification.

CONTINUING EDUCATION — SOCIAL WORK:

This program is approved by the Maryland Board of Social Worker Examiners for 5.0 Category I continuing education credits for social workers in Maryland.