



## Connecticut Chapter Presents:

### Annual Holiday Luncheon

#### *Case Mix Index (CMI) Presentation & Hot Topics in LTC*

presented by Maureen McCarthy, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA  
President/CEO of Celtic Consulting and MDS Rescue

For Administrators, Regional Directors, Directors of Nursing Services, Department Heads et al

**4.0 CEUs** awarded to Nursing Home Administrators for their attendance at the entire event.

**Friday December 2, 2022**

**The Inn at Middletown**

**70 Main Street**

**Middletown, CT**

**Free Valet Parking courtesy of the  
Connecticut Chapter**

**Seating is Limited!**

#### Agenda

- |                 |   |
|-----------------|---|
| <b>8:30 AM</b>  | <b>Registration</b>   |
| <b>9:00 AM</b>  | <b>Case Mix Index Presentation and Hot Topics in LTC – Maureen McCarthy</b> |
| <b>12:30 PM</b> | <b>Lunch</b>  |
| <b>1:30 PM</b>  | <b>Chapter Meeting &amp; Updates</b>  |
| <b>2:00 PM</b>  | <b>Collegiality Refreshment Hour – <b>One (1) Free Beverage Coupon</b></b>  |
| <b>3:00 PM</b>  | <b>Program Adjourns</b>   |

(Registration on reverse side)



## Registration Form (may be duplicated)

### Annual Holiday Luncheon

Friday December 2, 2022

Name: \_\_\_\_\_  CT ACHCA  AIT

Name: \_\_\_\_\_

Facility/Organization: \_\_\_\_\_ Email: \_\_\_\_\_

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

Cost: AITs/Students in an accredited college/university LTC management program attend FREE (but you MUST register to attend!)  
\$ 100.00 (\$ 104.00)/person for CT ACHCA Members and CT Chapter Corporate Sponsors; and for Guests registering with a CT ACHCA Member (same facility)  
\$ 150.00 (\$ 156.00)/person for not-yet-CT ACHCA Members; for Vendors

Number in parenthesis if paying by credit card. Payment MUST accompany your Registration. Check if by mail; credit card if by fax.

Registration is a commitment to pay and that you are up-to-date with your COVID vaccine/boosters. Survey Guarantee in effect; substitutions allowed.

Facility Membership in CAHCF or LeadingAge CT IS NOT the same as Membership in the College. Not sure if you're an ACHCA Member? SEE [www.ctachca.org/chaptermembers.htm](http://www.ctachca.org/chaptermembers.htm) for current listing; NOW would be a good time to join the College!

Make checks payable to "CT ACHCA"

Mail with your payment to:

CT ACHCA  
c/o CAHCF/CCAL  
213 Court Street Suite 202  
Middletown, CT 06457

Fax with your credit card authorization to:

860-290-9478 or e-mail to [rbrown@cahcf.org](mailto:rbrown@cahcf.org)

For additional information please contact Rick Brown (860-290-9424; [rbrown@cahcf.org](mailto:rbrown@cahcf.org))

**Connecticut Association of Health Care Facilities, Inc.**

213 Court Street, Suite 202  
Middletown, CT 06457  
(860) 290-9424 (860) 290-9478

**Credit Card Authorization Form (for CT ACHCA Event 12/02/2022)**

**PCI COMPLIANCE MANDATES THAT THIS FORM MUST BE FAXED - DO NOT EMAIL  
FAX NUMBER: (860) 290-9478**

Company: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Billing Address (if different):**

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

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

Telephone: \_\_\_\_\_

**Credit Card Information:**

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

**Expiration Date:**  
Example: 06/20 \_\_\_\_\_

**3 digit security code (on back)** \_\_\_\_\_

**SECURITY CODE:** **4 digit security code (American Express only, on front)** \_\_\_\_\_

Amount to Charge: \_\_\_\_\_

Reason for Charge: \_\_\_\_\_

**I agree to pay above total amount according to card issuer agreement.**

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

**Print Name:** \_\_\_\_\_