Midwest
Care Alliance
The source for home, hospice & palliative care

Make Sure Your Agency is Prepared!

ICDS Update 2013 WEBINAR

Home Health & Hospice Administrators, Clinical Managers, Financial Managers...this is the webinar for you!

Staff from ODJFS will provide an update to home health and hospice agencies on the transition to ICDS. Hear directly from staff at ODJFS as to the most recent events that are occuring with the MCO's and prepare home health and hospice agencies for the ICDS.

Presented by:
Harry Saxe & Patrick Beatty
Ohio Department of Job & Family Services

Date: January 9, 2013

Time: 10:00-11:00 am EST

Cost:
MCA Members: $25 per line
Non Members: $50 per line
$10 per Contact Hour

Online registration is required when paying by credit card.
(Visa, Mastercard, Discover and American Express accepted)

To pay by check or money order, please make payable to: ***Midwest Center for Education***

Registration Must be Postmarked By:
January 2, 2013

Mail your registration and payment to:
Midwest Center for Education
855 South Wall Street
Columbus, Ohio 43206

Midwest Center for Home, Hospice & Palliative Care Education (OH-248/4-01-15) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Confirmation of registration and conference call-in information will be sent via e-mail upon processing. If you do not receive confirmation by registration deadline, please contact Bobbi Dolan at bobbi.dolan@midwestcarealliance.org or call 614-763-0036.

Cancellation Policy: *Cancellations must be made in writing (email) to Midwest Center for Education. Cancellations 1 week prior to the event will receive a refund of 50% of the cost of the registration fee. Cancellations 2 weeks or earlier will be refunded minus a 20% cancellation fee up to a maximum of $50. Any cancellations within 1 week of the event, including the day of the event, will not be refunded for the cost of the registration fee. Substitutions may be made at any time.*

Registration Information

Name (Last, First)	
Organization	
Professional Designation	
Title	
Address	
City	
State	*Zip*
Phone/Cell Phone (circle one)	
Fax	
E-mail (required for receipt of confirmation)	
Emergency Contact Name	
Phone	
Those receiving Contact Hour Request: ($10.00 ea.)	

For additional information, call 614-763-0036 or 1-800-776-9513 or e-mail anne.shelley@midwestcarealliance.org.