



CAADS

California Association for Adult Day Services

1107 9th Street
Suite 701
Sacramento, California
95814-3610

Tel: 916.552.7400
Fax: 866.725.3123
E-mail: caads@caads.org
Web: www.caads.org

WEBINAR RECORDINGS / HANDOUTS

ORDER FORM REV 1/19/2018

	Non-Member	CAADS Member
AFFORDABLE CARE ACT		
Section 1557 of the Affordable Care Act: What Adult Day Services Providers Need to Know to be in Compliance <u>May 18, 2017</u> Recording [90 minutes] ■ Slides ■ Summary: Final Rule Implementing Section 1557 of the ACA ■ CDA ACL #17-05: Final Rule Implementing Section 1557 of the ACA ■ Issue Brief–Section 1557: Strengthening Civil Rights Protections in Health Care	<input type="checkbox"/> \$ 99	No Charge On Members Only
ELDER ABUSE		
Elder and Dependent Adult Abuse Reporting Changes Under AB 40 <u>Apr 13, 2017</u> Recording [90 minutes] ■ Slides ■ Form SOC 341 ■ Reporting Flow Chart	<input type="checkbox"/> \$ 49	No Charge On Members Only
FEDERAL AND STATE ENVIRONMENT		
Federal and State Environment Affecting Adult Day Services <u>Jan 18, 2018</u> Recording [60 minutes] ■ Slides ■ National Adult Day Services Association 2017-18 Legislation to Watch	<input type="checkbox"/> \$ 199	No Charge On Members Only
PERSON CENTERED CARE		
Person Centered Care in Practice: Progress and Reflections on the Journey <u>Jun 16, 2017</u> Recording [90 minutes] ■ Slides	<input type="checkbox"/> \$ 99	No Charge On Members Only
How Health Literacy, Plain Language and Teach-Back Support Person Centered Care <u>Mar 16, 2017</u> Recording [90 minutes] ■ Slides ■ Everyday Words for Public Health Communication ■ Plain Language: Getting Started or Brushing Up ■ A Plain-Language Checklist for Reviewing Your Document	<input type="checkbox"/> \$ 199	<input type="checkbox"/> \$ 25

* **Required**

* **TOTAL ORDER:**

\$

\$

* Center Name/Organization: _____

* Your Name: _____ * Email: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) - _____

Payment by CREDIT / DEBIT CARD is authorized in the amount of \$ _____

Visa Credit / Debit Card **Mastercard** Credit / Debit Card **Discover** Credit Card **American Express** Credit Card

Card Number: _____

Expiration (Month & Year): ____ / ____

C V V Code: _____

Cardholder's Signature: _____

Name (as it appears on card): _____

Billing Address (if different from above): _____ Billing Zip: _____

Questions? Contact CAADS at (916) 552-7400 or email caads@caads.org

PLEASE SUBMIT COMPLETED FORM WITH PAYMENT TO:

CAADS • 1107 9th Street, Suite 701 • Sacramento, CA 95814 or FAX to: (866) 725-3123