Missouri Council for In-Home Services

One-Day Conference: Incorporating DMH Services into your Agency

Wednesday, August 16, from 9:00 a.m. to 3:30 p.m. • Tower Grove Manor—St. Louis

Individuals from across the state are invited to join the Missouri Council for In-Home Services on Wednesday, August 16 from 9:00 to 3:30 p.m. in St. Louis. The full-day event will include an informational packed session to learn more about becoming an all inclusive agency that can serve DMH clients, which will help grow your revenue & increase your business. Lunch will be provided.

Schedule

8:30-9 am	Registration
9-10 am	Department of Mental Health, Advantages for Your Agency, and How to Become a DMH Provider *Chas Russo, Department of Mental Health Sikeston Regional Office*
10:15-11:30 am	How to Make DMH Work for the Individuals You Serve (Becoming an All Inclusive Agency) *Panel: Chas Russo, Department of Mental Health Sikeston Regional Office; Beth Baugh, Madison County Service Coordination; and Chris Reagan, Covenant Care Services*
11:30-12:30 pm	Lunch
12:30-1:45 pm	Dealing with Changes in Service Authorization (How to Get Services Authorized) *Beth Baugh, Madison County Service Coordination*
2:00-3:00 pm	Dealing with the Most Involved Individuals and Working as a Team *Chris Reagan, Covenant Care Services*
3:00-3:30 p.m.	Closing & 2017 Fall Conference Preview

Administrative Details

- Confirmation will be sent the **day prior to the event**.
- Cancellations received by 5:00 p.m. Central Time the day prior to the conference will be issued a 50% refund. No refunds granted for cancellations received after the conference date. We will bill for unfulfilled reservations.
- Payment **must** be received in advance of conference. Credit cards are accepted forms of payment.
- Tower Grove Manor is located at 2710 S. Grand Blvd. in St. Louis.

Company_____ Registrant _____

Registrant _____ Address_____

Phone _____ E-mail _____

Registration Fee (all fees include lunch)

MCHS Members: $79 per individual x _____ Non-Members: $129 per individual x _____

Total Fee: _____

PAYMENT

_____Check _____ MasterCard _____Visa

Credit Card #

Exp. Date: Security Code Signature:

_____ _____ _____

Please fax completed registration form to 573-635-2858 or email to jill@penman-winton.com TODAY! For questions, contact (573) 634-5272.

Checks may be mailed to P.O. Box 1803, Jefferson City, MO 65102.