

Ziegler, LeadingAge NJ, NJHA Finance & Strategy Seminar for Senior Care Providers

Provided by LeadingAge New Jersey, New Jersey Hospital Association and Ziegler Investments Banking – Senior Living

NJHA Conference Center

Feb. 2, 2017

Registration: 8 a.m.	Location: NJHA Conference Center
Program: 8:30 a.m. – 3:30 p.m.	760 Alexander Rd
Seminar: EDU 1688	Fee: <i>NJHA/LANJ Member:</i> \$149/person
	<i>Non-Member:</i> \$199/person

OVERVIEW:

This seminar will engage participants in learning about strategic trends in the senior living sector within the framework of the national economy, the capital lending environment and the aging services climate both nationally and in New Jersey.

OBJECTIVES:

1. Identify key strategic trends in the senior living sector nationally and within New Jersey
2. Learn about navigating the complex environment of payment reform and managed care
3. Understand what lies ahead in terms of consumer preferences, health status, financial expectations and family dynamics
4. Identify marketing and sales strategies that work in today's dynamic environment
5. Learn how to make reinvestments in a campus that yield measurable results

TARGET AUDIENCE:

Executive leadership in senior care organizations including administrators, directors of nursing and finance directors.

CONTINUING EDUCATION CREDITS:

This continuing education program is sponsored/conducted by the Health Research and Educational Trust and is in compliance with N.J.A.C. 8:34-7.3 to provide licensed nursing home administrator (LNHA) and certified assisted living administrator (CALA) credits accepted by the Nursing Home Administrators Licensing Board. This education activity may only be used for continuing education credit and not to meet academic college credits.

This education activity has been approved for **5.75** LNHA/CALA credits.

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AGENDA

- 8 a.m. *Registration and Continental Breakfast*
- 8:30 a.m. **The State of Senior Living, the Capital Markets and Year Ahead**
Chad Himel, Keith Robertson and Lisa McCracken
Ziegler Investments Banking - Senior Living
- 9:45 a.m. *Break*
- 10 a.m. **Preparing for the Next Generation of Consumers**
Rhonda Stewart
Director of Business Growth and Development, Sharon Brooks & Associates, Inc.
- 11:00 a.m **Navigating the Dynamic Payment Reform and Managed Care Landscape in New Jersey**
Theresa Edelstein
Vice President
Post-Acute Care Policy, NJHA/Regulatory Consultant LANJ
Carol McKinley
Vice President, Operations
United Methodist Communities of New Jersey
Dr. Cheryl Lyn Hayne
Manager, Managed Care
CentraState Healthcare System
- 12:30 p.m. *Networking Luncheon*

1:15 p.m. **A Commitment to Strategic Marketing and Sales**

Paul O'Brien

Vice President, Director of Sales Operations
Solutions Advisors

2:15 p.m. **The Formula for Meaningful Campus Reinvestment**

Jennifer Schwalm

Chief Mission Development Officer
Masonic Villages of PA

David S. Fowles, AIA

Principal & Project Manager
KDA Architects

3:15 p.m. **Closing Remarks and Program Evaluation**

3:30 p.m. *Adjournment*

**EDU 1688 – Ziegler Finance & Strategy Seminar for Senior Care Providers
FEES | Member: \$149 ea. Non-member: \$199ea.**

Location: NJHA Conference and Event Center
760 Alexander Road, Princeton, NJ 08540
Directions: www.njha.com/directions.aspx

Guarantee your seat now by paying for your registration online with a credit card. **It's secure and easy.**

Click on the following link:
<http://hret-registration.njha.com>

PAYING BY CHECK

Please fax your registration form prior to mailing with your payment.
A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-275-4271

Make check payable to: HRET of NJ

Mail to: HRET of NJ – P.O. Box 828691 – Philadelphia, PA 19182-8691

- For registration inquiries, please contact HRET at: HRETEducation@njha.com or 609-275-4181
- If you have a disability and need special accommodation, please call 609-275-4181

FEE: NJHA Member: \$149

Non-member: \$199

REGISTRATION

Name: _____

Designation/Credentials: _____ Job Title: _____

Phone: _____ E-mail: _____

Organization: _____

Organization Address: _____ City, State, Zip: _____

Method of Payment: Check # _____

Payment Amount: \$ _____ Check# _____ Card#: _____

Cardholder Name: _____

Expiration Date: _____ CCV: _____ Code: _____

Signature: _____

Billing Address (if different from above): _____

