COMING UP

HCA Call on New FI Authorization Process
Nov. 8, 2017
3:30 to 5 p.m.

Webinar on Launch of Statewide HCA “Stop Sepsis at Home NY” Initiative
Nov. 9, 2017
11 a.m. to noon

Quality & Technology Symposium
Nov. 16 & 17
Suffern

The Second Annual Women in Health Care Leadership Summit
Dec. 7 & 8
Saratoga Springs

In Win for Home Care, HHGM Withdrawn from 2018 HHPPS

Responding to a united voice of advocacy from HCA and others in the home care community, the U.S. Centers for Medicare and Medicaid Services (CMS) has withdrawn its disastrous Home Health Groupings Model (HHGM) from the final 2018 Medicare Home Health Prospective Payment System (HHPPS) rule, posted last Wednesday.

Noting the volume of technical comments on “various aspects of the proposed case-mix adjustment methodology under the HHGM,” CMS says that commenters “were most

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INSIDE

National Home Care Month Profile: Casrane Marie Ann Thomas

Castrane Marie Ann Thomas is an aide in the guardianship program at Selfhelp Community Services. She has provided exceptional care to an 84-year-old Holocaust survivor who was discharged from a nursing home after a traumatic brain injury.

“The patient had a difficult adjustment to the community, and Ms. Thomas was a great support to him,” says

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Noting the volume of technical comments on “various aspects of the proposed case-mix adjustment methodology under the HHGM,” CMS says that commenters “were most
HHGM from p. 1

concerned about the proposed change in the unit of payment from 60 days to 30 days and such change being proposed for implementation in a non-budget neutral manner.”

HCA made this a major point in our comments on the rule, noting that “HHGM must be revised to be implemented in a true budget-neutral fashion.” We added: “Budget neutrality is an essential hallmark of past payment reform policies and is an important protection against system-wide fiscal destabilization.”

CMS also says that commenters “stated their desire for greater involvement in the development of the HHGM and the need for access to the necessary data” – a point also made clear in HCA’s comments and briefing papers to Congress opposing the HHGM model.

When the HHGM proposal was first floated over the summer, HCA immediately engaged with state and national partners on a strategy to get it withdrawn, not only in our comments to CMS but in our work to enlist Congressional action.

Just this past week, 174 members of Congress, including 20 out of 27 New York Members of the U.S. House of Representatives, sent a letter to CMS, prompted by the home care community, seeking HHGM’s withdrawal from the 2018 HHPPS.

We thank the New York House Delegation for its strong showing on this message to CMS. We also thank our members for responding in force through our Legislative Action Center (and other advocacy platforms) to promote sign-on from their elected representatives, as well as our legislative affairs representative, Brett Heimov of Envision Strategy, for his regular contact with the Delegation to share data, present messaging, and urge action steps on HHGM.

As extensively reported in recent editions of The Situation Report, a separate HHGM proposal has been advanced in the House Ways and Means Committee. Our national partners at the National Association for Home Care and Hospice (NAHC) and the Visiting Nurse Associations of America (VNAA) have worked on a consensus legislative package to mitigate the impact of this bill, the status of which will need to be further understood in the context of CMS’s decision to withdraw HHGM from the 2018 HHPPS rule. We specifically commend NAHC and VNAA.
for their steadfast work on a national level throughout the past several months which was pivotal to this outcome on HHGM.

Other overall components of the rule

As a whole, the final 2018 HHPPS rule, which can be viewed at https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23935.pdf, establishes rates of payment for Medicare home health services and other regulatory updates for Calendar Year 2018.

According to CMS, overall Medicare payments to home health would be reduced by 0.4 percent, or $80 million, under the 2018 final rule. The aggregate decrease reflects upward and downward adjustments resulting in this net overall payment reduction of 0.4 percent. These adjustments (both positive and negative) include a:

- 1-percent home health payment update percentage ($190 million increase);
- 0.5-percent reduction in payments due to the sunset of the rural add-on provision ($100 million decrease); and
- Negative-0.97-percent adjustment to the national, standardized 60-day episodic payment rate to account for “nominal” case-mix growth ($170 million decrease).

The final rule also: recalibrates the HHPPS case-mix weights; finalizes changes to the Home Health Value-Based Purchasing (HHVBPM) Model and to the Home Health Quality Reporting Program (HHQRP); and updates the 2018 home health wage index. HCA commented on all aspects of these proposals in a letter to CMS on September 20 (see https://hca-nys.org/letters-and-comments/hca-comments-on-2018-hhppss-with-focus-on-hhgm-payment-cuts).

Many of the provisions in the final rule substantially reflect CMS’s original proposed rule, which was summarized in an HCA memo on August 3 (available at https://hca-nys.org/policy-memos/hca-memo-details-proposed-2018-hhppss-payment-changes). Please note that, in addition to the HHGM withdrawal, some aspects of the proposed rule may differ from the final rule and will be detailed in a forthcoming memorandum to the membership.

HCA will be carefully reviewing and analyzing this lengthy proposal. Over the week, we will be preparing a detailed memorandum for HCA members summarizing the rule’s provisions and various rate calculations to assist with your budgeting and planning for 2018.
Selfhelp in its description of the case. “Almost immediately she became like a granddaughter to him” and, after just two weeks, “she was so attuned to his personality, his demeanor and his habits.” This awareness and sensitivity made it possible for her to immediately realize when something didn’t seem quite right with the client’s behavior, prompting her to call 911 without hesitation. At the ER, it was determined that he had suffered a stroke.

“Because of Ms. Thomas’s quick actions, the hospital was able to administer Intra-arterial t-PA, a medication that reverses the effects of a stroke,” says Selfhelp. “Ms. Thomas stayed by his side in the ER for hours providing him with comfort and a familiar face in a frightening situation. Since that time, she has stood by his side as a devoted aide.”

This special attention to her client’s personality, behaviors, and emotional state has also extended to the client’s overall long-term health, as Ms. Thomas helped him regain weight when nutrition was a challenge.

“Ms. Thomas has demonstrated a level of concern and compassion one might expect to see from a devoted family member and she is, in fact, much more attentive than the actual family members of many of our clients,” says Selfhelp. “Despite the fact that Ms. Thomas cares for two young children of her own, she consistently finds the energy and devotion to be a dependable, supportive, protective and loving caregiver for her client.”

During National Home Care and Hospice Month in November, HCA is highlighting stories about some of the individuals providing exceptional care at our provider member agencies. You can read more stories on our National Home Care Month website at www.nationalhomecaremonth.com. If you have a story to tell, please write HCA’s Communications Director Roger Noyes at rnoyes@hcans.org.

Show Your Support for Home Care with HCA’s Facebook Frame and Help Make it Go Viral!

As part of HCA’s National Home Care Month recognition campaign, we’ve created a special Facebook frame that you can use to spread the word and, hopefully, help make our recognition month go viral!

You may have noticed these Facebook frames for other campaigns. Basically, you can convert your existing profile picture so that it temporarily includes a border drawing attention to National Home Care Month. Anyone who clicks your profile picture will see instructions for using HCA’s frame too.

The process is fun and easy. Visit HCA’s Facebook page (www.facebook.com/HCANYS), look for the post shown at right, click the “Try It” button, and follow the instructions. And if you haven’t already, please follow HCA’s Facebook page for more shareable content to celebrate National Home Care Month.
Following Emergency Reg, HCA Redoubles Efforts on Relief from Cost, Legal Exposure in 24-Hour/‘Live-in’ Cases

HCA continues to engage with partner organizations and conduct outreach to state officials for relief from the persistent ramifications of court cases involving 24-hour/‘live-in’ services.

Later today, we are conferencing with legal experts to further discuss a strategy following a recent response from plaintiffs to our multi-association amicus curiae brief on the Tokhtaman v. Human Care, LLC case and the state Department of Labor’s (DOL) emergency regulation (see below).

In that brief, HCA, the New York State Association of Health Care Providers (HCP) and the Home Care Association of America called for motion to leave appeal at the Court of Appeals level in the Tokhtaman case. On October 23, however, the Plaintiffs filed a response requesting that the court deny our motion for amicus curiae relief.

As extensively reported to the membership, the Tokhtaman case is just one of three Appellate-level proceedings which have determined that non-residential aides should be paid the minimum wage for all 24 hours of their shifts, regardless of whether the aides were afforded 8 hours for sleep (including 5 hours of uninterrupted sleep time) and three hours for meals. Longstanding DOL implementation guidance for payment of live-in aides, known as the “13-hour rule,” exempts certain hours of pay for sleep, meal, and break periods. The courts ruled that the Department’s guidance was at variance with its regulation governing this issue, effectively precluding the Department from interpreting its own regulation using its own guidance to the field.

DOL, in response to HCA’s requests, recently posted a highly anticipated emergency regulation that attempts to clarify the issues at question in the case. The emergency regulation and accompanying regulatory impact statement appear to codify the 13-hour standard that home care providers have been following in good-faith compliance.

“This emergency regulation is needed to preserve the status quo, prevent the collapse of the home care industry, and avoid institutionalizing patients who could be cared for at home, in the face of recent decisions by the State Appellate Divisions that treat meal periods and sleep time by home care aides who work shifts of 24 hours or more as hours worked for purposes of state (but not federal) minimum wage,” says the statement, posted on October 25. “This emergency adoption amends the relevant regulations to codify the Commissioner’s longstanding and consistent interpretations that such meal periods and sleep times do not constitute hours worked for purposes of minimum wage and overtime requirements.”

The provisions of the regulatory intent present DOL’s clear case for maintaining the status quo and codifying the DOL Commissioner’s guidance.

HCA will continue to keep the membership informed of all key developments in this case, including our plans for next steps on the legal, regulatory and legislative fronts.
Deadline Extension: LHCSA Statistical Report Now Due November 10

The deadline for the 2016 LHCSA Statistical Report has been extended to **November 10, 2017 at 5 p.m.**

All LHCSAs are required to complete and submit the 2016 LHCSA Statistical Report. LHCSAs providing services to Assisted Living Program (ALP) residents are required to submit the 2016 ALP LHCSA Statistical Report.

Failure to do so will result in enforcement action, including liability for civil penalties. In announcing the deadline extension, the state Department of Health (DOH) says that agencies which are unable to submit the report by November 10 should contact the Division of Home and Community Based Services at HCStatRpts@health.ny.gov.

As reported to the membership, DOH has recently started enforcement actions against LHCSAs who did not submit the 2015 LHCSA Statistical Report, and similar action is expected for those who don’t submit the 2016 Report.


A separate Statistical Report is required for each site with an operating certificate. Only people in the Administrator, Director of Home Care Patient Services, Data Reporter, or HCS Coordinator roles can access the forms. (Only the person in the Administrator Role on HCS is able to submit the Report.)

A recorded webinar has been posted on the HCS. To view it, go to My Content on the top tool bar, then click on: Documents by Group; View all Document Groups; Long Term Care; and Training. Parts 1-4 of the training webinar will be on the bottom half of the page.

As highlighted in numerous past editions of *The Situation Report*, HCA, a group of members and other provider associations have been part of a DOH Workgroup to consider changes to the Statistical Reports. These changes are intended to increase compliance rates, capture more relevant and timely data, streamline data reporting, and promote consistency in the terminology used in the report.

The next Workgroup meeting will be on November 13 and HCA will report on the meeting in a future edition of *The Situation Report*. 
HCA Leads Input on New “Collaboration DAL”

HCA has provided key input to the state Department of Health (DOH) on a critical Dear Administrator Letter (DAL) draft to implement provisions of the Hospital-Homecare-Physician Collaboration Law.

DOH circulated the draft late last week to members of the post-acute regulatory modernization workgroup, inviting a short turnaround time for comments by this past Tuesday, October 31. The DAL would provide guidance to home care, hospitals, physicians and other potential partners on increased and supported opportunities for partnering under the Collaboration Law.

The draft would recognize innovative roles for home care, with streamlined procedural capability, regulatory flexibility and easement. Those roles would include primary care, public health and medical management in partnership with physicians and hospitals, and other significant roles in the evolving health system.

The Collaboration Law, which established a new section (2805-x) of the public health law, was authored by HCA and the Iroquois Hospital Association, and adopted by the Legislature and Governor in 2015. It facilitates and promotes collaboration initiatives by hospitals, home care agencies, physicians and other partners (like health plans, nursing homes, behavioral health and other). Examples of the enumerated initiatives under this law include, but are not limited to: care transitions; innovative models of care management; telehealth; prevention; physician house-calls; cross-training and use of workforce; support for provider infrastructure; payment innovation; and other models for health improvement. The Law supports these initiatives through state regulatory flexibility, waivers, rate/premium adjustments and other program/policy actions, upon application by the proposed provider collaborative.

In comments to the Department, HCA reinforced the collaborative sponsorship for initiatives under this law, widened the examples of initiatives capable of being supported, and expanded the DAL in other ways.

HCA applauds the Department for putting this draft into motion, which would be a highly visible and active catalyst for all stakeholders in promoting collaboration, and, in particular, in recognizing home care’s core role in these models – something currently often overlooked in the reform landscape.

HCA is responsible for initiating this process. HCA wrote and put on the table a draft DAL back in early summer. Following the regulatory modernization workgroup deliberations, the draft, reflecting recommendations by HCA and others, was advanced to the “recommendation list” from which the Department has been drawing for actionable follow-up steps.

For further information, contact Al Cardillo at acardillo@hcanys.org.

Home Care-Mental Health Partnership Featured

Home care, mental health and supportive housing providers joined together this past week to present an interdisciplinary partnership model for addressing the needs of community mental health patients.

The approach was presented by leaders at a statewide community living conference. Panelists included HCA Executive Vice President Al Cardillo, several officials from the state Office of Mental Health, the Visiting Nurse Service of New York’s Senior Vice President for Strategy Scott Vasey, and supportive housing providers from New York City and Erie County. The discussion addressed the combined, and often interrelated, mental
and physical health comorbidities of community mental health patients – challenges all the more exacerbated by the increasing numbers who are “aging in place.” Highlights of local programs and pilots sponsored by the panelists demonstrated the need and benefits of interdisciplinary, integrated services.

HCA has been working for months with partners on a plan to address barriers for mental health and home care collaboratives. The Situation Report has given much attention to the HCA-authored “Collaboration Law,” which provides an array of opportunities for providers to partner for health care improvement. Codified as section 2805-x of the public health law, this statute has been the focus for implementation of advanced initiatives and solutions being explored in the state’s current regulatory modernization workgroups.

Along with 2805-x, HCA and partners will be examining additional opportunity windows for mental health-home care collaboratives, including in the new state budget, preparations for the upcoming 2018 State Legislative Session, availability of training funds under the new $245 million workforce investment initiative, value based payment models, and others.

HCA has a workgroup of the membership currently analyzing an entire series of potential proposals that we and partners have assembled in these areas.

Comments can be directed to Al Cardillo at acardillo@hcany.org or Andrew Koski at akoski@hcany.org.

Nov. 9 Webinar on Launch of Statewide HCA “Stop Sepsis at Home NY” Initiative

On November 9, from 11 a.m. to noon, HCA is holding a kick-off webinar for our new Stop Sepsis at Home NY initiative.

This webinar is for home care agencies, hospitals, physician practices, EMS, health plans and others. It will present the launch details of this new initiative supported by the NYS Health Foundation to fund clinical training, cross-continuum coordination, public education and outreach, data sharing, and dedicated resources for the statewide implementation of HCA’s Sepsis Screening and Intervention Tool.

This initiative includes provider/practitioner assistance from HCA, IPRO, Sepsis Alliance, Rory Staunton Foundation for Sepsis Prevention, the U.S. Centers for Disease Control and Prevention (CDC), and other critical partners aiming to prevent and mitigate sepsis. HCA invites all members to be part of this health, life and cost-saving effort against sepsis!

Registration Instructions:

- Go to https://qualitynet.webex.com. Locate and click “register” on the 11/09/17 event entitled Statewide HCA “Stop Sepsis At Home” Initiative

- Enter your information and click “submit.” Once approved, you will receive a confirmation e-mail with further information to log into the webinar. Please note, this e-mail may go to your spam or junk folder. It will come from the e-mail address messenger@webex.com.

- If you have any questions or problems accessing the web portion of this meeting, please call the Ventech Solutions WebEx Helpline at (571) 598-1988.
## Important Upcoming Deadlines

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<thead>
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<th>Requirement/Change</th>
<th>Effective/ Due Date</th>
<th>More Information</th>
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<tbody>
<tr>
<td>State Department of Health Emergency Response Drill for CHHAs, LTHHCPs, LHCSAs and Hospices</td>
<td>November 6-8, 2017</td>
<td><a href="https://commerce.health.state.ny.us/public/hcs_login.html">https://commerce.health.state.ny.us/public/hcs_login.html</a> (HERDS application)</td>
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<tr>
<td>UAS-NY Updated</td>
<td>November 7, 2017</td>
<td><a href="mailto:uasny@health.ny.gov">uasny@health.ny.gov</a> or 518-408-1021</td>
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<tr>
<td>MLTC Cost Report and Supplemental Minimum Wage Reconciliation Cost Report</td>
<td>November 15, 2017</td>
<td><a href="mailto:mltcsmw@health.ny.gov">mltcsmw@health.ny.gov</a></td>
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<tr>
<td>State Compliance Program Certification Form Submission</td>
<td>December 31, 2017</td>
<td><a href="https://omig.ny.gov/ssl-certification">https://omig.ny.gov/ssl-certification</a></td>
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<tr>
<td>Implementation of Universal Billing Codes for Home and Community-Based Long Term Care Services under Managed Care</td>
<td>January 1, 2018</td>
<td><a href="https://www.health.ny.gov/facilities/long_term_care/reimbursement/letters/dal_2017-09-22_billing_codes.htm">https://www.health.ny.gov/facilities/long_term_care/reimbursement/letters/dal_2017-09-22_billing_codes.htm</a></td>
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LHCSA-MLTC Contracts Must Include VBP Provisions by Year’s End; Get Ready for Imminent Requirement at Nov. 30 HCA Program

On November 30 in New York City, HCA is holding a critical education session for LHCSAs on imminent MLTC contractual requirements, which are due by December 31, for adoption of value based payment (VBP) provisions. Are your contracts VBP-compliant?

Don’t miss this timely, LHCSA-focused program (part of our popular Bootcamp series) offering concrete legal and statistical insights from two of home care’s elite consultant organizations.

The state Department of Health (DOH) is requiring that all MLTC contracts with LHCSAs (CHHAs and nursing homes, too) include VBP provisions by December 31, 2017. All home care agencies need to get ready for this imminent requirement as soon as possible.

HCA’s November 30 program, *How LHCSAs Can Survive and Thrive in a VBP World*, will examine the LHCSA’s role as a “VBP contractor” and focus on successfully working with MLTC partners in navigating the path to the VBP world. The program will discuss: MLTC contracting, types of VBP arrangements, payment models, quality measures, data compilation and actions LHCSAs can take to meet applicable metrics. In addition, this program will examine certain key financial and non-financial performance indicators that LHCSAs need to obtain.

Presenters include: **Mark Tsiames**, CPA, CVA, CGMA, a Principal at Simone Healthcare Consultants, who has more than 25 years of experience helping home care and hospice organizations improve their business performance; and **Michael Weiner**, a partner in the law firm of Glaser & Weiner, LLP, a trusted advisor on health care regulatory, compliance and transactional matters, as well as general corporate matters.

**CHIEF FINANCIAL OFFICER**

The Chief Financial Officer assists the Chief Executive Officer in the administration of all financial aspects of the Visiting Nurse Service & Hospice of Suffolk, Inc. The Chief Finance Officer provides overall direction and supervision of all finance and related budgetary functions, and participates in agency strategic planning.

**Qualifications:**
- Graduation from an accredited college with a Bachelor’s degree in Accounting or Finance.
- Master’s in business administration preferred.
- CPA desirable.
- Five years progressive financial responsibility.
- Two years experience in health care finance preferred.
- Demonstrated ability to utilize data processing systems.
- Demonstrated ability to communicate.

*An complete job description may be viewed at [https://secure3.entertimeonline.com/ta/6140706.jobs?ShowJob=151203473&prevScreenX=0&prevScreenY=0](https://secure3.entertimeonline.com/ta/6140706.jobs?ShowJob=151203473&prevScreenX=0&prevScreenY=0)*

*To apply for this position, please email your résumé to [jobs@vnshs.org](mailto:jobs@vnshs.org)*

Visiting Nurse Service and Hospice of Suffolk offers a rich benefits package and a competitive salary commensurate with credentials and experience. EOE
involving purchases and sales of businesses, contract analysis, bank financing, shareholder disputes and intellectual property.

Details and registration are below.

**How LHCSAs Can Survive and Thrive in a VBP World**

November 30, 2017
Location: Conference Center, 130 East 59th Street (near Lexington Ave.) 7th Floor New York, NY 10022
9:30 to 10 a.m. (registration and continental breakfast)
10 a.m. to noon program

**HCA Teams with Legislature on New Sepsis Law**

HCA met with sponsors of the state’s new sepsis law to coordinate goals and activities of our sepsis initiative and those of the new law.

The legislation, S.4971-A by Senator Carl Marcellino and A.6053-A by Assemblymember Cathy Nolan, was signed into law on October 23. It is a landmark law further building upon New York’s adoption of hospital sepsis protocols several years ago. It is also compatible with HCA’s current home and community based sepsis initiative. The new law incorporates sepsis education in schools for children, parents and faculty. It also incorporates sepsis within the state’s Education Law and Public Health Law requirements for health professionals’ infection control education.

HCA discussed with the sponsors’ offices the potential for HCA’s home care sepsis tool, associated training and public education to dovetail with implementation of the new law, and vice versa, aiming for collaboration and combined reinforcement of efforts. To that end, we also discussed the possibility of credentialing HCA’s upcoming clinical training sessions to also fulfill the continuing education requirements of the new law for nurses and other clinicians.

The legislation is named “Rory’s Law” after Rory Staunton, whose tragic loss to sepsis has spirited a state and nationwide campaign for sepsis protocols and education by his parents, Ciaran and Orlaith Staunton, co-founders of the Rory Staunton Foundation for Sepsis Prevention.

Mr. and Mrs. Staunton have been strong supporters of HCA’s work in sepsis. They selected HCA to present its sepsis screening and intervention tool at a national sepsis blueprint conference.

HCA looks forward to working with the Rory Staunton Foundation, the Legislature and state agencies in the implementation of the important public health goals of this new law.

For further information, please contact Al Cardillo at acardillo@hcanys.org.
Wisconsin Hospitals, Home Care Affiliates among Adopters of HCA Sepsis Tool

A hospital health care system’s home care affiliates in the State of Wisconsin are among the latest to adopt HCA’s nationally leading home care sepsis screening and intervention tool.

Representatives of the system, searching for innovations and solutions to address the sepsis impact, learned of the HCA initiative. They contacted us to provide briefings and other important information leading to their adoption of the HCA tool.

Adoption of the tool by out-of-state providers and others creates an opportunity to broaden the base of experience, data and information sharing, and to further expand the reach of this ground-breaking sepsis effort.

Meanwhile, HCA continues to urge all New York State home care agencies, health plans and other applicable provider settings to consider adoption and use of this tool. If you have not already adopted the tool, or explored this possibility, your organization can request information and the user agreement with HCA by writing to: sepsistool@hcany.org. See related p. 8 story about our upcoming webinar to kick-off our “Stop Sepsis at Home NY” initiative.

Update: OMIG and CMS Reach TPL Settlement on Pending Medicare Appeals

According to an article in the state’s August Medicaid Update (https://www.health.ny.gov/health_care/medicaid/program/update/2017/aug17_mu.pdf), the state Office of the Medicaid Inspector General (OMIG) is working with the U.S. Centers for Medicare and Medicaid Services (CMS) under a Settlement Conference Facilitation (SCF) pilot to overcome the significant delays in receiving Medicare coverage determinations for appeals filed as part of the home health Third Party Liability (TPL) process.

The current backlog of appeals resides at the federal Office of Medicare Hearings and Appeals (OMHA) and the Medicare Appeals Council. These appeals are submitted under a contract between OMIG and the University of Massachusetts Medical School (UMass) to maximize Medicare or TPL reimbursement for dual-eligible Medicare/Medicaid recipients. To help reduce the current backlog, CMS and OMIG have reached an agreement that will produce settlement payments to home health providers that have appeals pending at OMHA and Council.

According to the Medicaid Update article, “The original pending appeals included in this agreement will be formally dismissed by Medicare, and settlement payments will commence directly to home health providers from the Medicare Administrative Contractor in September 2017. Officials at UMass are now saying that settlement payments to home health providers from the Medicare Administrative Contractor (MAC) will continue through the end of November. Due to the fact that all providers have been compensated in-full via the Medicaid payment, any Medicare payments received through this process are required to be returned to the state.”

UMass will issue notification letters to all home health providers that receive a Medicare payment as a result of this settlement. These letters will contain detailed information, including instructions on remitting the settlement payment to OMIG.

Continued on next page
HCA members involved in the TPL project can also expect to receive a detailed letter from the Office of Medicare Hearings and Appeals entitled “Notice of Dismissal” which will inform you of agency-specific cases that are part of this settlement agreement between OMIG and CMS.

For questions on this issue, please contact the UMass Medicare Appeals Team at 1-866-626-7594.

2018 NYC, Long Island and Westchester Wage Parity Levels Posted

The state Department of Health (DOH) has posted the 2018 state Home Care Worker Wage Parity levels for New York City, Long Island and Westchester. In order to reflect the new minimum wage levels, the new wage parity rates will be in effect for the period of December 31, 2017 through December 31, 2018.

The new parity levels and corresponding Dear Administrator Letters (DALs), which were posted for each region, can be viewed at http://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm.

NYC

The levels for NYC have been revised to reflect the new minimum wage that goes into effect on December 31, 2017. According to the DAL for NYC, the minimum rate of home care aide “total compensation” will be $17.09 per hour for “large” employers (11 or more total employees) and $16.09 for “small” employers (10 or fewer total employees). This rate consists of a “base wage” of at least $13 per hour ($12 per hour for small employees), and “additional wages” of up to $1.69 per hour and “supplemental wages” of up to $2.40 per hour for both large and small employers.

The DAL also includes overtime rates of $19.50 for large employers and $18 for small employers (based on a calculation of 1.5 multiplied by a regular rate of pay of $13 or $12, respectively, for large or small providers). Total compensation, base wage, additional wages and supplemental wages are defined in the DAL.

Long Island and Westchester

The wage parity levels for Long Island and Westchester have been revised to reflect the new minimum wage that goes into effect on December 31, 2017. This includes a minimum rate of home care aide “total compensation” of $14.22, consisting of a “base wage” of at least $11 per hour and “supplemental wages” of up to $3.22 per hour. The overtime rate is also listed as $16.50 per hour (based on a calculation of 1.5 multiplied by a regular rate of pay of $11).

Wage Parity Levels by Region for 2018

<table>
<thead>
<tr>
<th>Region</th>
<th>2018 Required &quot;Base Wage&quot;</th>
<th>Required &quot;Additional Wages&quot;</th>
<th>Required &quot;Supplemental Wages&quot;</th>
<th>2018 Minimum Rate Of Total Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York City</td>
<td>$13/hour for &quot;large&quot; employers and $12/hour for &quot;small&quot; employers</td>
<td>$1.69/hour</td>
<td>$2.40/hour</td>
<td>$17.09/hour for large employers and $16.09/hour for small employers</td>
</tr>
<tr>
<td>Nassau/Suffolk/Westchester</td>
<td>$11/hour</td>
<td>-</td>
<td>$3.22</td>
<td>$14.22/hour</td>
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HCA reminds fiscal intermediaries providing services under the Consumer Directed Personal Assistance Program in New York City, Long Island and Westchester that the Personal Assistants have been covered under the state wage parity law since October 13, 2017.

Home care agencies in New York City, Long Island and Westchester also may be affected by the state minimum wage levels for cases that are not covered under the state wage parity law. Agencies outside of New York City, Long Island and Westchester are also mandated to follow the state minimum wage levels. These levels are:

<table>
<thead>
<tr>
<th>Region</th>
<th>Effective Date</th>
<th>Minimum Wage Amount</th>
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</thead>
<tbody>
<tr>
<td>New York City (11 or more employees)</td>
<td>Dec. 31, 2017</td>
<td>$13 per hour</td>
</tr>
<tr>
<td>New York City (10 or fewer employees)</td>
<td>Dec. 31, 2017</td>
<td>$12 per hour</td>
</tr>
<tr>
<td>Nassau, Suffolk and Westchester</td>
<td>Dec. 31, 2017</td>
<td>$11 per hour</td>
</tr>
<tr>
<td>Rest of State</td>
<td>Dec. 31, 2017</td>
<td>$10.40 per hour</td>
</tr>
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More information on the state minimum wage amounts are at https://www.labor.ny.gov/workerprotection/laborstandards/workprot/minwage.shtml.

HCA continues to strenuously advocate that the premiums of managed care plans and rates paid to home care providers under managed care and fee-for-service Medicaid be increased to account for the increased labor costs of minimum wage, overtime, travel, Workers’ Compensation and other expenses.

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcannya.org.

CDPAP FI Authorization Application Released

HCA to hold education program on November 8

The state Department of Health (DOH) has posted an application and additional information about the new authorization process for existing and new Consumer-Directed Fiscal Intermediaries (FIs) that contract with managed care organizations (MCOs) and local Departments of Social Services (LDSS).

That information is in the October Medicaid Update (see https://www.health.ny.gov/health_care/medicaid/program/update/2017/2017-10.htm#consumer) and the application is at https://www.health.ny.gov/health_care/medicaid/redesign/docs/mrt100003/11-01-17_fiapplication.pdf.

HCA will be holding an education program on the new FI Authorization process on Wednesday, November 8 at 3:30 p.m.

Registration is online at https://www.eventville.com/catalog/eventregistration1.asp?eventid=1012286.

As reported to members in numerous communications, the state Legislature established a new authorization process that DOH says will “improve oversight” of the Consumer Directed Personal Assistance Program (CDPAP).
The legislative provisions also seek to: better define what an FI is, including its distinct responsibilities; allow for revocation, suspension or other sanctions in the event of noncompliance; and provide FIs with the option to challenge determinations via a proceeding under Article 78 of the New York Civil Practice Law and Rules.

DOH began accepting FI Authorization applications on **November 1, 2017**; all **existing** FIs will have **thirty days** from November 1 to submit their FI Authorization applications to DOH.

Existing FIs will be permitted to continue operating while their applications are under review. Additionally, all MCOs and LDSSs should ensure that their policies and procedures are appropriately and expeditiously updated to reflect these new requirements.

HCA advises members to attend our education program and start the application process now as it will take time to accumulate all of the documentation required.

Entities must submit an application for FI Authorization if they are: seeking **first-time approval**; responding to a letter instructing them to **renew their authorization**; reporting a **change** of ownership/operator, an acquisition or change in control; or seeking **reinstatement** or **reactivation** of a previous Fiscal Intermediary Authorization.

There is **no** fee to file an application. The application must be submitted **electronically**; hard copies will not be accepted. All marketing and outreach materials must also be submitted with the FI Authorization application.

Once signed and notarized, completed applications and any attachments may be sent as PDF files to FIAuthorization@health.ny.gov with **FI Authorization** as the subject line. Each application will be assigned an application number which should be used in all correspondence.

**Contracting with a Fiscal Intermediary**

In order for an FI to contract with an MCO and/or LDSS, the FI must have the following from DOH:

- An FI Authorization approval letter; and
- A valid Consumer-Directed service provider (Medicaid) identification number issued by eMedNY.

If the FI is not already enrolled as a Medicaid provider, the FI must enroll with the State Medicaid program **after receiving** its FI Authorization approval via the Provider Enrollment portal on the eMedNY website (https://www.emedny.org/info/ProviderEnrollment/index.aspx), and the FI Authorization approval letter must be included as part of that Provider Enrollment application package.

**Contrary to previous policy, DOH is requiring that even LHCSAs with an existing Medicaid provider number for the provision of aide or other services will have to obtain a separate Medicaid provider number for their FI.**

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Application Review

The state’s Division of Long Term Care (DLTC) will conduct a preliminary review of the application and all attachments to ensure the application is complete and that all supporting documentation has been received. If any documentation is missing, the applicant will be notified via e-mail regarding what information is missing and instructed on how to submit the missing data.

An FI Authorization will be in effect for a period of five years. DOH will issue renewal notices as the end of the authorization period nears.

Changes in information such as a new e-mail address or telephone number may be submitted via e-mail to: FIAuthorization@health.ny.gov. More substantial changes, such as a change in ownership, would require a new FI Authorization application.

Questions or comments regarding the FI Authorization process can be sent to: FIAuthorization@health.ny.gov (please copy Andrew Koski at akoski@hcany.org).

OMIG Seeks HCA Feedback on Draft CDPAP Audit Protocols

The state Office of the Medicaid Inspector General (OMIG) has shared draft Audit Protocols for the Consumer Directed Personal Assistance Program (CDPAP).

The Protocols include the following review areas:

- Missing Documentation of Service
- Missing Recipient Record
- Billed More Units than Documented
- Services Performed by a Precluded Individual
- Failure to Complete Required Health Assessment
- Missing Certificate of Immunization
- Missing Documentation of PPD Skin Test or Follow-Up
- Missing Personnel Records
- Failure to Process Consumer Directed Personal Assistant’s Wages and Benefits

HCA has shared these with our members who provide Fiscal Intermediary services and asked for their feedback. If you did not receive them and want to review them, send an e-mail to Andrew Koski at akoski@hcany.org.

As we have done with previous draft protocols, HCA is working with other Associations to submit joint comments.
SED Issues Two Proposed Rules on Limited License in Speech-Language Pathology and OT

In last week’s New York State Register, the state Education Department posted two proposed rules – one related to a limited license in speech-language pathology and the other to a definition of occupational therapy (OT) practice.

The proposed rules are at https://docs.dos.ny.gov/info/register/2017/nov1/toc.html (pages 13 to 16).

The first proposed rule would subject speech-language pathology licensure applicants who are issued a limited license by SED to the same experience requirements as licensure applicants who have not been issued such a license.

The second proposed rule amends the definition of the scope of practice of OT to conform the regulations to state legislative changes made in 2011. These include: adding the development and utilization of a treatment program and consultation with the client, family, caregiver or organization; adding activities done in order to restore performance abilities designed to achieve cognitive functioning; and others.

NYC Salary History Ban in Effect

Effective October 31, 2017, employers in New York City are prohibited from inquiring about, relying upon, and verifying a job applicant’s salary history. This is the result of legislation passed by the City Council and signed by Mayor Bill de Blasio earlier this year.

Under this legislation, New York City employers of any size are prohibited from inquiring about a prospective employee’s salary during all stages of the employment process. Employers cannot:

- Ask applicants questions about or solicit information about applicants’ current or prior earnings or benefits (for example on job applications).
- Ask applicants’ current or former employers or their employees about applicants’ current or prior earnings or benefits.
- Search public records to learn about applicants’ current or prior earnings or benefits.
- Rely on information about applicants’ current or prior earnings or benefits to set their compensation.

There are some exceptions that employers should be aware of:

1. If applicants voluntarily and without prompting disclose their salary history to the prospective employer, an employer is permitted to consider salary history in determining a prospective employee’s salary, benefits, and other compensation, and may verify a job applicant’s salary history.

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2. An employer, without inquiring about salary history, also is permitted to discuss salary, benefits, and other compensation expectations with the applicant, as well as any unvested equity or deferred compensation the applicant would forfeit or have cancelled by resigning his or her current employment.

3. The legislation does not apply to current employees applying for an internal promotion or transfer.

4. It does not apply to New York City employers acting pursuant to any federal, state or local law authorizing the disclosure or verification of salary history or requiring knowledge of salary history to determine an employee’s compensation.

If an applicant’s salary history is disclosed during an employer’s attempt to verify an applicant’s non-salary-related information or in conducting a background check, the employer is prohibited from relying on the salary information for the hiring process and contract negotiation stages when setting the salary, benefits, or other compensation of the applicant.

Home care providers should review their employment practices to ensure that they conform to this legislation.

Additional information, including Frequently Asked Questions and fact sheets for employers and employees, is at http://www1.nyc.gov/site/cchr/media/salary-history.page.

Workers’ Comp Board Announces 2018 Rate

On November 1, the Workers’ Compensation Board announced the 2018 assessment rate for all employers. Effective January 1, 2018 and for the rest of 2018, the rate shall be 12.1 percent of the standard premium or premium equivalent.

The new rate shall be effective for policies renewing on or after January 1, 2018 and represents a decrease from the 2017 rate of 12.2 percent.

Questions on the assessment rate can be directed to the Workers’ Compensation Board at WCBFinanceOffice@wcb.ny.gov.

UAS Changes

In addition to a November 7 upgrade of the UAS-NY software (to version 1.3a), the state Department of Health (DOH) this week announced important software changes affecting use of the system.

To align with federally mandated changes, which are soon to be implemented in the Health Commerce System (HCS), the UAS-NY will take users to their organization role selector page after 15 minutes of inactivity. Users will see a dialogue box that states, “The current UAS-NY session has timed out. Please close any UAS-NY windows or tabs, log into the HCS again, and restart the UAS-NY application.”
The Situation Report: the Home Care Association of New York State

DOH advises users that the instruction in the dialogue box is not accurate. Instead, users should follow these instructions:

1. Click OK. You will be re-directed to your organization role selector page.
2. If you have more than one UAS role assignment, choose the role that you were using when the UAS-NY timed out.
3. You will be taken to your case list search page. You will need to search for the record you were working in when the time-out occurred to resume your work.

This time-out functionality is required by the HCS as an additional privacy control. DOH anticipates that the HCS will soon be instituting a 15-minute time-out as well.

Other UAS-NY changes include:

- The ICD-10 disease code updates that became effective in October 2017 have been added to both the Online and Offline applications.
- The comment bubble in the Sign/Finalize node has been disabled; assessors will no longer be able to add text in that field.
- In the Community Assessment, a new item has been added to Node I: Health Conditions under the ‘Falls’ category.
- The following three questions have been moved from the Assessment Outcomes node to the Sign/Finalize node and must be completed to sign/finalize an assessment:
  1. Expected to need continued services for a period of 120 days or more from the assessment date.
  2. Can the needs be scheduled? If no, you must document the needs that cannot be scheduled in Assessor Comments.
  3. Can the person be left alone safely?

Questions about these changes can be directed to the UAS-NY Support Desk at (518) 408-1021 or uasny@health.ny.gov.

Compliance Certification Forms Due in December

The state Office of the Medicaid Inspector General (OMIG) has posted a reminder about state certification forms that home care and other health care providers must complete in December.

This information is in the October Medicaid Update at https://www.health.ny.gov/health_care/medicaid/program/update/2017/oct17_mu.pdf.

OMIG recommends that providers test the operation of their compliance program now and make any adjustments necessary so that, in December, the Medicaid provider is prepared to certify compliance with the state requirements.

OMIG will post a webinar on its website explaining the state Certification Form that will be used starting in December. The Certification Form will be available at https://omig.ny.gov/ssl-certification.

Required providers may be subject to potential administrative actions if they fail to adopt, implement, and maintain a required compliance program or if they fail to certify in December that they have a compliance program that meets the regulatory requirements.

**Federal Compliance Requirement**

In addition, entities that receive at least $5 million in Medicaid payments during a federal fiscal year must annually submit (in December) a certification form showing compliance with the federal Deficit Reduction Act (DRA) of 2005. (The amounts an individual or organization may receive through its contract with a Medicaid managed care organization should not be counted when calculating the $5 million in payments.)

By law, such entities must have written policies and procedures informing their employees, contractors and agents about federal and state false claim acts and whistleblower protections.


Questions about the Compliance Certification requirements can be directed to OMIG’s Bureau of Compliance at (518) 408-0401 or compliance@omig.ny.gov.

**Medicare Beneficiary Identifier Open Forum Announced**

On November 9 from 2 to 3 p.m., the U.S. Centers for Medicare and Medicaid Services (CMS) will host an open forum to educate providers, state officials, and other Medicaid stakeholders about the change from Social Security Number-based Health Insurance Claim Numbers to new Medicare Beneficiary Identifiers (MBIs).

A question-and-answer session will follow the presentation. CMS will discuss:

- Background and implementation
- Medicare Beneficiary Identifier (MBI) format
- Timeline and milestones, including the transition period
- Beneficiary outreach and education

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- How to get ready for the new number

To participate:

- Dial-In Number: 800-837-1935; conference ID #: 49255212

As mentioned in numerous Situation Report articles, federal legislation requires the removal of Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new MBI will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status.

For more information, visit the New Medicare Project website at [https://www.cms.gov/medicare/new-medicare-card/nmc-home.html](https://www.cms.gov/medicare/new-medicare-card/nmc-home.html).

Reminder: Emergency Response Drill Starts Today

The state Department of Health (DOH) is conducting an emergency response drill starting today, Monday, November 6, 2017 at 8 a.m., and ending on Wednesday, November 8, 2017 at 3 p.m.


The DAL requires all CHHAs, LTHHCPs, LHCSAs and Hospices to participate in this drill. Failure to participate will result in a deficiency citation and possible enforcement action.

All communications between DOH and providers for this drill and during a real emergency will be done via the Health Commerce System (HCS) Integrated Health Alert Notification System (IHANS). Agencies should have received notification of the drill (and what the nature of the drill will be) today via IHANS. The exercise simulates a significant earthquake.

According to DOH, the purpose of the drill is to simulate an emergency event for the following reasons:

- To allow providers to implement all aspects of their emergency preparedness plan, document participation and activities conducted, and to evaluate their plan’s effectiveness, and for federal providers to execute the required After Action Report;

- To allow providers the opportunities to contact their community partners and test their communication plan/systems. When contacting community partners, the agency should clearly state that “this is an exercise”;

- To familiarize providers with the communication methods and information needed by DOH during and after an emergency event, helping agencies develop systems to enable quick access to this information.

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- To familiarize providers with the revised survey tool used to collect information: the Health Electronic Response Data System (HERDS) Home Care Emergency Response Survey; and

- To allow DOH to test the communication and data collection systems prior to a real emergency event.

The DAL includes instructions for accessing the HERDS Home Care Emergency Response Survey.

Questions about this emergency drill or the HERDS Emergency Response survey should be directed to HCEmergency@health.ny.gov.

Resources

- “Targeted Probe and Educate Q&A’s,” by the U.S. Centers for Medicare and Medicaid Services

- “Home Health Quality Reporting Requirements” (Quick Reference Guide), by the U.S. Centers for Medicare and Medicaid Services

- “CMS Bundled Payments for Care Improvement Initiative Models 24: Year 3 Evaluation & Monitoring Annual Report,” by the Lewin Group

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcany.org.
The Second Annual

WOMEN IN
HEALTHCARE LEADERSHIP SUMMIT

Own Your Voice: Leading with Strength, Certainty & Style

December 7 & 8, 2017
Excelsior Springs at the Courtyard Marriott
47 Excelsior Avenue
Saratoga Springs, NY 12866
Building on the success of last year’s inaugural program, HCA is excited to present the second annual Women in Healthcare Leadership Summit on December 7-8 to help women leaders from across the health care spectrum cultivate their unique talents and strengths as leaders.

Hear from women executives, leadership consultants and other engaging presenters who will help you leverage tools and insights for professional advancement, enhance your potential for leadership growth, and further develop your talents as women leaders in health care.

Own Your Voice: Leading with Strength, Certainty & Style

Hotel Information

Courtyard by Marriott Saratoga Springs
11 Excelsior Avenue
Saratoga Springs, NY 12866
Phone: (866) 210-9325

HCA has reserved a limited block of rooms at the Courtyard by Marriott Saratoga Springs for the night of Thursday, December 7th at a discounted rate of $129 per night. To receive this special rate, please call (866) 210-9325 prior to November 7th and ask for the Home Care Association of NYS group rate.

The new state-of-the-art lobby at Courtyard by Marriott Saratoga Springs provides greater flexibility and choices for their guests, including spaces to work or relax in, free Wi-Fi throughout and easy access to the latest news, weather and airport conditions via the GoBoard. The highlight of the new lobby experience is The Bistro - Eat. Drink. Connect. which provides guests with healthy food and beverage offerings in the morning and evening dinner service with cocktails. The hotel is just a few minutes walk to downtown Saratoga. The hotel offers complimentary local shuttle service, a well-equipped fitness center, indoor pool and whirlpool. A 24-hour business center and boarding pass printing service are also available and train access is nearby.
Thursday, December 7, 2017

Excelsior Springs Foyer
(Located at 47 Excelsior Avenue)

5:00 – 7:00 PM
Tell Me About It: Networking & Cocktail Reception
Mix and mingle with like-minded power-house women in the healthcare industry while you enjoy hors d'oeuvres, a cocktail (or two) and peruse items from Stella & Dot, LuLa Roe, Madame Pirie and more!

Inspiring & Indulgent Door Prizes
We will be hosting pop-up prize drawings throughout the event starting with our networking reception giving you the opportunity to win one of our inspiring and indulgent door prizes, but you must be present to win!
Friday, December 8

Programming will be held in the Excelsior Springs Building located at 47 Excelsior Avenue.

8:00-9:00AM
Women of Influence Networking Breakfast

9:00 – 9:15 AM
HCA President’s Welcome

9:15-10:45AM
Women Who Grow: Lessons on Entrepreneurship from the Cannabis Industry
Panelists:
Kristin L. Jordan, Chair, Newman Ferrara, LLP- Cannabis Practice Group
Tanya Osborne, NYC Market Leader, Women Grow
Hillary Peckham, Chief Operations Officer, Etain, LLC

With the evolution of legalized recreational (8 states + DC) and medical marijuana (29 states) in states across the U.S., including New York, women have emerged as a driving force in the advocacy for and development of the cannabis industry. Panelists will provide insights, strategies and lessons learned that will enlighten and equip you to engage your own entrepreneurial spirit.

10:45-11:00AM
Break

11:00-Noon
DIY Leadership Edition: Use Existing Skills & Resources to Customize Your Own Leadership Experience
Katherine Detwiler, Strategic Alliances Manager, Relias Learning; Founder & Co-Chair, Relias Women’s Leadership Initiative; President, NC Triangle Chapter of Ellevate

In an ongoing study by leadership consultancy Zenger Folkman, women are consistently rated by their peers, bosses, direct reports and other associates as better overall leaders than their male counterparts. Further, two of the measures on which women outscore men to the highest degree — taking initiative and driving for results — have long been thought of as particularly male strengths.

Noon-1:30PM
Networking Luncheon & Leadership Roundtables
Enjoy a sumptuous lunch with your colleagues as you explore a leadership topic of your choice such as managing work/life balance, the rewards of joining a board, negotiating compensation, engaging men in the advancement of women leaders, and more.
Katherine Detwiler is passionate about the transformative power of lifelong learning and committed to the holistic and patient-centered missions of home care and hospice. Raised on several continents including Africa and Europe, her professional background includes a degree in education as well as 10 years of home care experience with multiple software companies, in a variety of roles ranging from support to process improvement and business development.

As Strategic Alliances Manager at Relias Learning, Ms. Detwiler leverages her passions for education and the home care/hospice industry by building relationships that make meaningful education readily accessible to all learners. Ms. Detwiler also serves as President of the NC Triangle Chapter of Elevate: a global professional women’s network dedicated to helping women advance in the workplace, both for themselves and the greater good.
Friday, December 8 – continued

1:30-3:30PM
**DO less and BE More— Courageous Leadership**
Corey Jamison, President & CEO, Corey Jamison Consulting

Courageous leadership calls us to a higher level of competence and commitment to serve people and organizations. It calls us to do less, and BE more. It calls us to be COURAGEOUS as women, leaders, team members and human beings, in good and challenging times.

With the pressure of external forces on healthcare we are all facing, a Transformational Leader mindset is essential to positioning the right people, to do the right work at the right time in our organizations. Transactional Leaders manage process, Transformational Leaders focus on effectively leading, engaging and inspiring human beings at all levels so that they can sustain momentum, change and evolve to serve our clients with the highest level of care.

Join us for this thought provoking, interactive (and FUN!) session where we will explore our own courage to live and model the 3 Key Practices of Transformational Leaders.

Corey Jamison brings more than 25 years of experience partnering with executives and teams around the globe to drive dramatic, sustainable organizational transformation. She has worked with leaders at all levels of some of the largest brands, and offers a level of experience, acumen, partnership, and courage that inspires leaders and teams toward the hard work of taking it to the next level. Corey is a world-class facilitator who can turn even the most challenging teams toward shared accountability and new levels of productivity. She is a dynamic and sought-after speaker and appears frequently at professional conferences and seminars. In addition, Corey has been interviewed and quoted by National Public Radio, Good Morning America, and the New York Times. Corey received a bachelor’s degree from Vassar College and a master’s degree in education from Fitchburg State College. She is a doctoral candidate in psychology at Walden University.

3:30-4:00PM
**Laughter Recharges Us – Plus, Chicks are Funny!**
Professional women today are juggling their careers along with the needs of loved ones, personal commitments and community responsibilities. With so many serious responsibilities, we all need to laugh with each other to unwind, recharge and refresh. Comedienne Erin Harkes will round out the Women’s Leadership Summit with some humor we can all relate to, keeping you laughing on your drive home.

4:00PM
**Closing Remarks and Adjournment**
REGISTRANT INFORMATION – Please register by November 21.

Name: __________________________________________________________________________
Title: __________________________________________________________________________
Agency: __________________________________________________________________________
Address: __________________________________________________________________________
City/State/Zip: _____________________________________________________________________
Phone: __________________________ Ext. ______ Fax: __________________________
Email: ___________________________________________________________________________
(Required)

HCA REGISTRATION FEE
HCA encourages participants with advanced level leadership experience to serve as a ‘mentor’ for a colleague who is a high-potential leader and invite them to join you at the summit at a discounted ‘mentee’ rate. Each mentor may sponsor up to 5 mentees at the discounted rate.

☐ HCA Member/Mentor $279 per person $___________
☐ HCA Member/Mentee $229 per person $___________
   Mentee Name(s): ______________________________________________________________________

☐ Non-Member/Mentor $379 per person $___________
☐ Non-Member/Mentee $329 per person $___________
   Mentee Name(s): ______________________________________________________________________

PAYMENT – By check or credit card
Paying by check: Make check payable to “HCA Education and Research” and mail to 388 Broadway, 4th Floor, Albany, NY 12207. Checks must be received by November 21.

____________________________________________________
Card Number

____________________________________________________
Expiration Date Security Code

____________________________________________________
Mailing Address of Card Holder

____________________________________________________
City, State, Zip

____________________________________________________
Name on Card

____________________________________________________
Authorized Signature

HCA Cancellation Policy
HCA registration cancellations received by November 22 are refundable less a 25% administrative fee. No refunds will be issued after this date.

Cancellations must be received in writing at info@hcanys.org. Substitutions are permitted.

Please note Courtyard Marriott’s cancellation policy when making your reservation.

Special Needs
In accordance with the Americans with Disabilities Act, or special dietary needs, please let us know how we can accommodate you:

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Register online at www.eventville.com/hcanys or FAX completed form to HCA at (518) 426-8788