

# UPSTATE LHCSA FORUM



Please join your LHCSA colleagues, HCA staff and Board Members for this exchange of valuable information, advocacy concerns and recommendations for action.

Some of the vital issues to be covered include:

- Proposed State Budget provisions;
- Advanced Home Health Aide Training Programs;
- LHCSA Registration Process;
- CDPAP Fiscal Intermediary Authorization Process;
- Any regulatory changes; and
- Additional issues or concerns.

## This forum is for HCA Members Only.

If you are not currently a member of HCA, but would like to become one, please contact Laura Constable, Director of Membership at (518) 426-8764.

## Registration

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

(Required for registration)

Phone: \_\_\_\_\_

## February 19, 2019

9:30am – 12:30pm

Location:

Mohawk Valley Health System

Sogg's Room

1650 Champlin Avenue

Utica, NY 13502

A Light Breakfast will be served.

## Payment of \$59 per person

Please check method of payment:

\_\_\_ MasterCard \_\_\_ VISA \_\_\_ Am Exp \_\_\_ Check\*

\*Make checks payable to: **HCA and mail to 388 Broadway, 4<sup>th</sup> Floor, Albany, NY 12207.**

Checks must be received by February 11.

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Billing Address of Card Holder

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Authorized Signature

### Cancellation Policy

Cancellations received by February 11 will receive a full refund less 25% of total due as an administrative fee. Cancellations received on February 12 or later will forfeit their registration fee along with those who register and do not attend. Substitutions are permitted. Please contact Teresa Brown at (518) 426-8764 or [tbrown@hcany.org](mailto:tbrown@hcany.org) to cancel.

Please FAX this completed form to: (518) 426-8788