

# Upstate CHHA MEMBER Forum



Please join the staff of HCA and member colleagues from the Association and the home care community for the HCA CHHA MEMBER Forum. Participation in HCA Member Forums gives you an opportunity to interact with HCA staff and members, and exchange valuable information with your colleagues.

## CHHA Member Forum

Wednesday, April 3, 2019  
9:30am to 12:30pm

Jackson Lewis Offices  
677 Broadway, 9<sup>th</sup> Floor Conference Room  
Albany, New York 12207

A light breakfast will be served.

Some of the important issues to be discussed include:

- Update on state budget provisions impacting CHHAs and home care providers;
- Financial condition of CHHAs and operational and contracting concerns;
- Challenges facing CHHAs in their operations;
- OMIG and other audits; and
- Other issues of concern to CHHAs.

## Registration

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

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

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

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

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

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

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

(Required for registration)

### Cancellation Policy

Cancellations received by March 27 will receive a full refund less 25% of total due as an administrative fee. Cancellations received on March 28 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@hcanys.org](mailto:tbrown@hcanys.org) to cancel.

## 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 March 27.

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

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Expiration Date

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Security Code

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Billing Address of Card Holder

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City, State, Zip

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Name on Card

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Authorized Signature

FAX TO: (518) 426-8788

For more information, contact Pat Conole at (518) 810-0661 or at [pconole@hcanys.org](mailto:pconole@hcanys.org)