

the Educator



A monthly publication of HCA Education and Research

www.hca-nys.org

Volume 2, Edition 5

July 2011

This article is the first in a series providing tips for beginners on how to write effective grant applications.

Grant Writing 101: Getting Started

By Alexis Silver

Have you been searching for funding opportunities in the form of a grant to support a special project or program that would benefit your organization, your community or the patients you serve?

If you've been successful in identifying a grant source, you are probably wondering where you can learn some good strategies for success in the application process, particularly if this is your first time applying for a grant. The following resources, tips and definitions will help you secure financial support for a worthwhile project.

Planning in advance

If you are hoping to find grant monies, it's a good idea to start planning long before the grant RFP is released. Having a program and budget sketched out in advance, even mentally, may save you from the countless errors that happen when you wait until the last minute – errors that may eliminate you from the competition without your grant even being looked at. Don't expect that grant-

makers will just give you money for an idea; in most cases, they will request very specific project descriptions and budgets.

First steps

When you identify a possible grant opportunity, the first thing you should read is the "eligibility" criteria. This section will tell you if you are able to apply, if there is a regional or geographical limitation, and if you need to partner with other organizations or entities in order to fulfill the requirements of the grant. Then, look for sections on available funding, the estimated average award amount, and the application due date. Judging from the criteria and other grant specifications, make sure you have a fair chance of winning the grant funding and that you have time to write the application, ensuring a balance of effort versus chance of success!

Remember, the "format" can be as important as the "content" in deciding who takes home the money, so **double**

Continued on p.2

Inside this issue:

Grant Writing 101: Getting Started
(Part One of a Three Part Series)

Med Dispensers Approved for LTHHCP

Proposed PPS Code Updates

HCA Educates Home Care Industry on
Emergency Preparedness

Help HCA Achieve Social Media Goal

1	HCA 2012 Calendar Contest	9
5	Strategies and Tools for Rehab Therapy	10
6	Education Update	11
7	Sponsor's Information	12
8		

HCA's 2012 Faces of Home Care

Do you know a dedicated person who supports or participates in home care every day?

Surely there is a nurse, aide, or client who lends a hand, whose picture tells the story of home care for all New Yorkers.

HCA is seeking powerful stories and images that highlight the value of home care as part of our 2012 Faces of Home Care Calendar Contest.

How do you enter?

It's really very easy! First select a standout client, nurse or aide who should be profiled in our calendar. Then:

- In a short paragraph tell us about him or her;
- Include a digital photograph of the nominee and a quote from or about him or her;
- Send in your entries with the submission form* to HCA by August 1st.

*Online winners will give the rest of the calendar, and will also receive a complimentary copy of their story. Please allow the nomination deadline to pass before you submit your entries. Entries will be randomly selected throughout the year from the Home Care Calendar.

To obtain a copy of the submission form, visit HCA's website at www.hca-nys.org or call (518) 462-8166.

CALENDAR CONTEST

Continued from p. 1

check the formatting requirements before you begin to write! Most grant applications require 1-inch margins with a minimum of 11 or 12-point font such as Times New Roman. Most have page limits for each part of the submission. Concise is better – make it easy for individuals to read. Most grant submissions are delivered online, so review all the information needed before taking any final steps toward submission of your material. If seeking a federal grant, you will need to have specific pre-registrations completed well in advance.

Basic elements of the grant narrative

Grants have two basic parts: a written program description/narrative and a budget supported by a justification. Although different grant-makers may use slightly different terminology, the written narrative generally consists of:

- Executive Summary (do this last);
- Research or documentation providing evidence of the need for programming sought in the grant application;
- Problem statement, goals and objectives;
- Program description;
- Work plan; and
- Evaluation plan.

Additional information may be requested, including:

- Organizational capacity and experience;
- Board of directors information; and
- Bios/CVs

Having a program and budget sketched out in advance, even mentally, may save you from the countless errors that happen when you wait until the last minute – errors that may eliminate you from the competition without your grant even being looked at.



Grants are often judged on a “point” basis, much like your high school or college tests were scored. Each section of the RFP carries a certain number of points. The program section, including all of its narrative parts, often totals 75 points while the budget section may account for 25 points. The subcategories in each section are reviewed separately and totaled for a final score. This means that you must try to answer as directly as possible each question asked. It usually helps to address one question at a time, doing so in the most direct way. Try to employ the same terminology used in the grant request in order to reflect the vocabulary – and, therefore, the intent – of the grant. The point system also gives you an idea of what components are important to focus on, or what the grant-maker is truly interested in knowing about your project.

Continued on p.3

Continued from p.2

Needs assessment, literature review, research

This section establishes a basis for the grant project. Different types of grants may have specific formats. Research should be cited appropriately in the style defined in the grant request.

RESEARCH
BEZEVNCH

Problem statement

The problem statement is usually based on the needs assessment, research or literature review, and is a brief summary of those efforts, identifying and supporting the need for your program. For example:

The problem is, based on our literature review and needs assessment:

- *Patients with congestive heart failure have a high rate of emergent care and rehospitalization; and/or*
- *Continual nurse shortages are threatening the agency's ability to provide quality care to our patients.*

Project goal(s)

The goal is the reverse of the "problem statement" (easy)! For example:

The goals of the program are:

- *The reduction of emergent care visits and rehospitalizations in our congestive heart failure patients; and*
- *Improved quality of care to existing patients by expanding the number of patient visits our nurses can perform in a day.*

Most grant experts recommend no more than four goals; larger programs usually have more. Keep it as simple as possible!

Continued on p.4

Continued from p.3

Objectives

Objectives are more specific and tell how you'll achieve your goal (how you'll get there from here). A simple acronym used for objectives is called SMART objectives. SMART stands for Specific, Measurable, Achievable, Realistic and Timely (SMART).

SMART objectives should:

- State the specific accomplishments that must and can be realistically achieved to meet your program goals within a certain time frame;
- Reference how program success will be measured; and
- Reflect the major components outlined in your program.

For example:

- *Reduce hospitalization rates for Congestive Heart Failure Patients from 12% to 3% in one year by incorporating telehealth as an integral part of a new chronic disease management program focusing on medication adherence; or*
- *Maintain or improve quality of care and maintain patient satisfaction while effectively improving nurse productivity by implementing an improved workflow guided by electronic care pathways.*

Types of objectives

Writing objectives can get complicated. For best results:

- Tie them by number to specific program goals if you have more than one;
- Make objectives program-focused, not budget-oriented (don't talk about money here);
- List the objectives chronologically in the order they appear in the narrative;
- Use specific, definitive terms such as "at least four" or "a minimum of 25%";
- Present the objectives as a preliminary outline of your program and be as concise as possible—outline them first if it is easier, as in:

Goal #1
Objective A
Objective B
Objective C

Goal #2
Objective A
Objective B



*Next article in this series:
Developing the Workplan*

Lexi Silver is HCA's Vice President for Policy and Clinical Affairs. She can be reached at (518) 810-0658 or by email at asilver@hcanys.org.

Long Awaited Reimbursement for Med Dispensers Approved for LTHHCP

On June 22, the state Department of Health (DOH) issued a Long Term Home Health Care Program (LTHHCP) Waiver Implementation Directive (GIS 11 OLTC/108) that adds medication dispensers as an approved service under the new assistive technology (AT) category, an inclusion sought by HCA throughout numerous discussions with the Department about new features of the LTHHCP waiver.

Assistive technology was added as a waived service category in April of 2011, incorporating the Personal Emergency Response System (PERS) service and expanding the scope of that service to take advantage of newer technologies. When the new AT waiver category was announced (Transmittal 11 OLTC/ADM-1; April 26, 2011), HCA pressed DOH to include medication dispensers within this category, given the clinical and cost effectiveness of these devices.

According to the Directive:

The med dispensers are to be included in the patient's budget and must meet the general requirements for a waived service;

While there is no specific type or brand of medication dispenser required by the waiver, the medication dispenser must be included in the plan of care, with documentation that describes how the participant's expected use, purpose and intended place of use are matched to the product as a

means of achieving the desired outcome in an efficient and cost effective manner;

The LTHHCP is responsible for training the waiver participant, family supports and staff who will be assisting the waiver participant in using the equipment or supplies;

The LTHHCP is also expected to provide clinical and technical support in case of equipment malfunction or patient error; and

Depending on the technology, AT may be provided by a licensed pharmacy, a provider of PERS contracted by the Local Department of Social Services (LDSS), or durable medical equipment provider to supply assistive devices not covered by the State Plan.

The use of automated medication dispensers has been shown to significantly improve medication adherence while reducing risk of medication errors, resulting in reduced hospitalizations and emergency room visits.

Case-by-case approval for other AT devices

Additional AT devices may be approved by LDSS, on a case-by-case basis, if they increase, maintain, or improve functional capabilities of waiver participants. Only those services or supplies that improve or maintain the waiver participants' level of independence, access to needed supports and

services in the community, or safety will be approved.

Examples of types of items that may be appropriate under AT are lift chairs, devices that flash a light to signal a ringing doorbell to the hearing impaired, or a device to signal that a cognitively impaired individual has attempted to elope from the home.

The rate code established for AT is 3143, effective May 1, 2011. HCA has developed a risk assessment form to assist providers in their patient risk assessment for medication dispensers. The form is available by contacting Lexi Silver at (518) 810-0658 or asilver@hcanys.org.



Proposed PPS Code Updates for Hypertension

By Trish Tulloch

CMS recently posted the Proposed 2012 PPS Updates with the comment period ending September 6, 2011. This Proposed Rule provides detail on the payment updates for home health providers to be implemented January 1, 2012. The elimination of two specific case-mix hypertension codes, Benign Hypertension (401.1) and Unspecified Hypertension (401.9), was proposed again.

Proposed code revision impact

CMS indicates the use of these two hypertension diagnoses codes does **not** indicate a need for higher agency resource utilization, including skilled nursing visits.

Benchmark vendors studied the potential impact of this code proposal last year and indicated a potential decline in \$49 to \$79 per episode (all episodes without LUPAs) based on agency utilization of these two diagnosis codes.

Elimination of these two hypertension codes will have varying impact on providers, based on their current utilization of these codes and other co-morbidities that exist and impact the calculation of the clinical domain for the Home Health Resource Group (HHRG).

Hypertension code details

- Hypertension diagnoses are categorized by the ICD-9-CM code set from 401-405, with a fourth and/or fifth digit for specificity.
- The most common hypertension code is 401.9, or unspecified hypertension, and is currently a case mix code for home health providers.
- Hypertension diagnosis codes can provide up to \$703 more per episode in the four equation HHRG calculation.
- Hypertension codes 402 through 405 represent increased clinical specificity, and are **not to be eliminated** as case mix diagnosis codes for home health.
- Providers that seek and clarify diagnostic information have a higher use of specific codes, with a lower adverse impact of the elimination of these two non-specific hypertension diagnosis codes.

What this means for providers

- Ensure your agency is assessing the impact of the 2012 Proposed PPS changes, based on your agency specific data.
- Clarify agency referral and intake processes to identify additional clinical data that supports greater specificity with all diagnostic information. Greater specificity is required for ICD-10, and begins to pave the way for implementation of this revised system in 2013.
- Plan and schedule a PPS Primer Update to ensure leadership and staff understand the current and updated PPS system, to be finalized later this fall.

Example: Other case mix diagnoses that provide clinical complexity points include extensive specific hypertension codes, as well as coronary artery disease and congestive heart failure. *Providers only receive point allocation once from any of these items.* Consider and list the diagnoses that most impact your Plan of Care and the patient's response to care and services. Many times the congestive heart failure diagnosis, also a case mix diagnosis, is more appropriate to list than the hypertension diagnosis.

Bottom Line: Providers that understand the subtleties of the PPS system are prepared to assess and address the proposed code changes that may adversely impact accurate agency reimbursement.

Prepare your agency for 2012 PPS updates

- Access and review the Proposed 2012 PPS updates at: <http://www.gpo.gov/fdsys/pkg/FR-2011-07-12/pdf/2011-16938.pdf>.
- Perform an agency specific impact assessment with the proposed 2012 PPS updates.
- Participate in State and National Initiatives to discuss and comment on the 2012 Proposed Changes.
- Stay tuned for RBC's upcoming OASIS and Code Updates Webinar by checking our website at: <http://education.rbclimited.com/store.php>.

HCA Educates Home Care Industry on Emergency Preparedness

This past June, HCA held three Emergency Preparedness webinars made available to all CHHAs, LHCSAs, and LTHHCPs statewide. These sessions, sponsored through a grant from the state Department of Health (DOH) Office of Health Emergency Preparedness, provided an array of information about Emergency Preparedness for home care, including DOH regulation requirements.

On June 1 and 2, over 150 home care agencies statewide participated in HCA's Emergency Preparedness "Virtual Annual Meeting." Over the two afternoons, participating agencies were encouraged to gather their staff to review, learn and participate in presentations and tabletop drills.

During the first session, **Alexis Silver**, HCA's Vice President of Policy and Clinical Affairs, educated agencies on the broad topic of Emergency Preparedness and Planning during a session entitled Emergency Preparedness 101. This presentation offered information about basic home health care emergency planning, the importance of knowing your agency's plan, the value of having individual plans and the importance of educating your patients and their family members or caregivers about preparedness issues.

Participants were then led through a tabletop drill to test their agencies' internal business continuity of operations plans. The stage was set for a session that simulated a fire destroying an agency's main office. The drill enabled participating agencies to identify gaps in their fire

safety plans and existing emergency preparedness plans, and assisted staff in identifying their roles during the simulated emergency, while brainstorming ways to mitigate problem areas within the emergency plans.

Day two of the Virtual Annual Meeting gave participants a lesson in Emergency Sheltering and Evacuation. In New York, Shelters are commonly needed and opened during floods, ice and snow storms and power outages. Ms. Silver outlined the importance of understanding the different types of shelters and consideration of appropriate placement for your patients. Also discussed was the concept of "Sheltering in Place": taking immediate shelter for a short period of time because it may be unsafe to travel.

Following up the discussion on Sheltering and Evacuation, participants took part in four mini tabletop drills or "Exercettes" to test different aspects of their agencies' emergency plans. Topics included: syndromic surveillance and mandated reporting of disease through a contagious mystery disease scenario; radiation disaster via a dirty bomb; flooding and mandatory regional evacuation; and surge capacity during a catastrophic event.

Due to the positive feedback from participants of the Virtual Annual Meeting, HCA added an additional Emergency Preparedness webinar, held on June 21. Over 90 agencies and their staff listened to the webinar, which provided a basic overview of the Incident Command

System (ICS) and how it relates to home care as well as a natural disaster drill to test agency emergency plans in the face of a serious hurricane.

HCA is pleased with the positive response to the Emergency Planning Webinars. While face-to-face meetings are important, the webinar format enabled greater participation at the agency level. According to our records for the Virtual Annual Meeting, 147 agencies participated on June 1 and 134 on June 2, with an average of 3.6 listeners per agency. Our June 21 Basic ICS Webinar had 98 agencies participating, with an average of 3.9 listeners per agency.

Certificates have been made available to agency staff that listened and participated in the webinar sessions. HCA also provided certificates to participating home care agencies who took an additional step in the emergency planning process by completing and submitting to HCA an After Action Report or AAR, following the tabletop drills. An AAR is a performance evaluation identifying gaps in emergency plans and possible improvements in policy. At this point, HCA is still receiving AARs from participating agencies. To date, HCA has received 27 AARs from agencies who participated in the June 1 drill, 14 AARs from agencies who participated on June 2 and 13 AARs from agencies who participated in the June 21 tabletop.



Help HCA Achieve Social Media Goal

HCA seeks your help in reaching 500 Twitter followers!

By Miles Kerbein

With the explosion of Twitter and Facebook in the corporate field, HCA is making new efforts to promote participation in social media among members so that we can keep you better informed while further raising the profile of home care issues.

HCA is using Twitter as a quick means of communication, where users can receive important notifications as they happen, much like a blog. For those unfamiliar with Twitter, think of it as a webpage of ticker-tape-like news feeds. Often referred to as micro-blogging, Twitter pages contain concise online updates (Twitter posts are no longer than 140 characters in length), with links to additional information. The best way to understand how it works is to see Twitter firsthand at www.twitter.com/HCANYS.

At HCA we want to reach a goal of connecting with 500 followers. An HCA "follower" is someone who has a Twitter account and chooses to receive HCA updates in their "news feed." Currently we have more than 200 followers, many of whom are other state home care associations, vendors, allied health organizations and people generally interested in the field of home care. If your organization has an existing Twitter account or employees of your agency have Twitter accounts, HCA encourages you and your staff to follow us and get up-to-the-minute updates on news items, upcoming events, advocacy action items and more.

Why Twitter?

By now you receive information from HCA in a number of different formats: through our newsletters, *E-alerts*, and *Memoranda*. So you may be asking: "Why Twitter?" Well, it is really all about scale: some information doesn't rise to a level of importance that HCA would send it to you as an *E-alert* message. Such information, though important,

is simply not urgent enough or on a scale large enough that demands e-mail communication. And while we may report this information in *ASAP*, why wait until the next edition of our newsletter to learn about it? This is the kind of information that is perfectly suited to Twitter.

For those unfamiliar with Twitter, think of it as a webpage of ticker-tape-like news feeds. Often referred to as micro-blogging, Twitter pages contain concise online updates (Twitter posts are no longer than 140 characters in length), with links to additional information. The best way to understand how it works is to see Twitter firsthand at www.twitter.com/HCANYS.

In recent weeks, for example, the kind of real-time information posted to our Twitter page has included links to the state's Medicaid spending reports, articles about ongoing Medicare negotiations, updates about the Governor appointing a new Medicaid Inspector General, links to blog articles about clinical topics, links to new regulatory updates, and other important information that you need to know about but may not find in our other vehicles for communication.

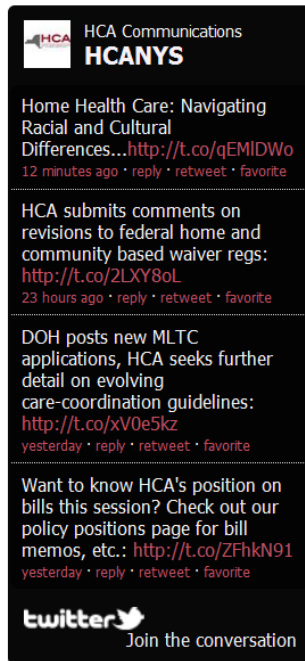
Your level of participation in this important social media is also scalable: in other words, you can participate very actively – by posting news feeds and cultivating

"followers" of your own – or you can more casually follow HCA and a few other organizations by logging-on to your Twitter account throughout the day to gain the latest updates that interest you.

Twitter encourages members to stay connected. It also allows you to join a network of individuals linked to home care and hospice or people who just interest you. It is a simple site, where signing up takes only a few simple steps.

Again, perhaps the best way to understand how it works – and to preview what Twitter has to offer – is to check out Twitter by going directly to HCA's Twitter page or viewing our Twitter sidebar on HCA's website at www.hca-nys.org. There you'll see our four most recent Twitter posts.

Continued on p.9



HCA Communications
HCANYS

Home Health Care: Navigating Racial and Cultural Differences...<http://t.co/qEMIDWo>
12 minutes ago · reply · retweet · favorite

HCA submits comments on revisions to federal home and community based waiver regs: <http://t.co/2LXY8oL>
23 hours ago · reply · retweet · favorite

DOH posts new MLTC applications, HCA seeks further detail on evolving care-coordination guidelines: <http://t.co/xV0e5kz>
yesterday · reply · retweet · favorite

Want to know HCA's position on bills this session? Check out our policy positions page for bill memos, etc.: <http://t.co/ZFhkN91>
yesterday · reply · retweet · favorite

twitter
Join the conversation

Continued from p. 8

To take things a step further, click the link that reads "Join the conversation," and, with a few easy steps, you can set up a Twitter account of your own! Or you can go to www.Twitter.com and click "sign up" to begin using your new Twitter account.

If you are more familiar with Facebook, feel free to check out our HCA Facebook page as well. There you will find stories related to home care issues as well as upcoming events under our calendar. You can find the page at www.Facebook.com/hcanys. Your organization may already have a Facebook page. If so, be sure that your organization connects with HCA on Facebook.

If you have any questions about how to use these tools, please contact HCA's Communications Director Roger Noyes at rnoyes@hcanys.org.

Miles Kerbein is HCA's Communications Intern.

HCA Looking for Nominees for Our 2012 Faces of Home Care Calendar Contest



HCA is excited to announce that we are again developing a *Faces of Home Care* calendar for 2012. **All member organizations** are urged to participate in this **important effort** to raise awareness about the human value of home care. The calendar will be sent to elected officials and their staff throughout New York State, providing a **yearlong reminder that support for home care is critical to patients in our communities**.

What we need from our members: It's really very easy. First, think of all the dedicated people who support and participate in home care every day. Surely there is a stand-out nurse, aide, or client who you feel should be profiled in our calendar for statewide distribution. After selecting your nominee, complete the nomination form available on the home page of HCA's website at www.hcanys.org). Also include a short paragraph, explaining in vivid terms what makes this person so extraordinary. **Successful entries will send a strong message that home care is vital to supporting the nominee's values, mission and/or health management.** Along with your written paragraph, please also include a digital photograph of the nominee and a quote from or about him or her. **Submissions should be illustrative.**

From the mix of contest entries received by the **August 12** contest deadline, HCA will select a grand-prize winner who will receive a **\$500 American Express Gift Check**. More importantly, **the top winner's photo will appear on the cover of our 2012 calendar** and inside the calendar to commemorate the month of November (National Home Care Month).

The *Faces of Home Care* calendar is a great way to champion all of the wonderful people who dedicate their time and energy to home care every day and to raise awareness about their important work. Please send in your nominations as soon as possible – and don't forget that the contest deadline is **Friday, August 12, 2011**.

All of us at HCA are very excited about this project and are available to speak with you further about it. Should you have any questions or concerns please do not hesitate to contact Laura Constable at (518) 810-0660 or lconstable@hcanys.org.

Strategies and Tools for Rehab Therapy for Today and Beyond

The dust is settling as home health agencies and clinicians are completing operational changes and training within their organizations in response to the 2011 PPS Rule and in anticipation of the 2012 Rule. As with any new ruling, confusion and questions – especially when it comes to therapy rehabilitation – still demand answers. And what about the future as CMS and MedPAC move on to reforms for 2012 and beyond? You may often wonder how your agency can possibly stay ahead of the curve in rehab care planning, documentation and compliance.

To support you in your efforts, HCA is offering two dynamic programs on tools, tips and strategies for the ever-evolving home care therapy requirements.

In partnership with Fazzi Associates, HCA is pleased to offer *The Complete Home Care Therapy Webinar Series*, which includes the following sessions:

*To Bill or Not to Bill:
Handling Missed
Reassessments –
July 29*

This session will examine the clinical and billing issues surrounding missed therapy reassessments and provide strategies to decrease the risk going forward.

*They're Back: Connecting
Therapy to Outcomes and
Process Measures –
August 3*

Outcome measures utilizing OASIS-C data return this summer. This session will connect therapy practices to these measures, positioning these important services to the larger issue of value-based purchasing where quality is key.

*Medication Management
and the Home Health
Therapist –
August 17*

This session will address the expectations of therapist involvement in drug regimen review.

Individuals can participate in one or all three webinars or purchase the online video recordings to view at your convenience. Simply register by using the form that accompanies the brochure at www.hca-nys.org/events.cfm.

A second program on home health therapy – *Strategies and Tools for Rehabilitation Programming and Documentation* – is a must-attend full day workshop presented by Arnie Cisneros, PT, President of Home Health Strategic Management. This lively, hands-on workshop will include a review of current practice approaches to: manage the latest CMS and MedPAC requirements; review documentation methods; address audit concerns; and help prepare you for future changes.

Leave the workshop having learned tools that you can implement now within your organization. Register online at www.eventville.com/hcanys, or download the brochure and registration form at www.hca-nys.org/events.cfm.



Education Update

Scheduled Learning Opportunities

July 29 – Webinar Series

Home Care Therapy: To Bill or Not to Bill – Handling Missed Reassessments

August 2 – Webinar

Appreciative Leadership Series: Building Accountability Into the Work Culture

August 3 – Webinar Series

Home Care Therapy: They're Back – Connecting Therapy to Outcomes and Process Measures

August 9, September 13 and October 11

Teleconference (Three-part series)
Hospice Education – Aide Resource

August 16 – Webinar

Appreciative Leadership Series: Managing Performance

August 16-17 – Bayside

Blueprint for OASIS Accuracy – COS-C Exam on August 18

August 17 – Webinar Series

Homecare Therapy: Medication Management and the Home Health Therapist

August 23, August 30 and September 1 – Webinars
ICD-9-CM Coding Fundamentals for the Beginner Coder

September 13-14 – New Paltz

HCA Senior and Financial Managers Retreat

September 15 – Webinar – Patricia Tulloch, RBC, Ltd.

ICD-9-CM Code Updates: Prepare Now for Required Fall Changes

September 22 – Albany – Arnie Cisneros, Home Health Strategic Management

Strategies and Tools for Rehabilitation Programming and Documentation

September 27 – Nanuet – Patricia Tulloch, RBC Limited

ICD-9-CM & OASIS Coding Back to Basics and Beyond HCS-D Exam – September 28

November 2-3 – Troy

Quality & Technology Conference – A Signature Event

Visit www.hcanys.org/events.cfm for weekly updates on learning opportunities. (Brochures are available for all programs.)



AMAC 

Your Assistive
Technology Partner



PERS
MED-MANAGEMENT

Call Now for Bundled Service Programs
1-800-286-2622 ext. 111
www.amac.com

HCA MEMBER BASED IN NEW YORK

HealthCare
Synergy INC.

Your Office
Automation
Solution



HealthCare
Assistant
Version
6.9

healthcaresynergy.com | 800 4-SYNERG

Submitting an Article

*Interested in submitting an article for an upcoming issue of *The Educator*?*

The editors are looking for non-commercial articles on topics that inform readers about ways they can save time and money and enhance patient care at their organizations.

Submitting an Article Idea

Please fill out an article submission form prior to writing your piece. If your idea is selected, we will provide you with the guidelines for preparing your article. Just contact us at educator@hcanys.org to receive the submission form, and you could be headed toward achieving recognition as one of our authors.

Placing an Ad

To reach HCA members about a product, service or potential employment opportunity, we invite members, associates and friends to place advertising in this publication. Just contact us at educator@hcanys.org or Lynda Schoonbeek at lschoonbeek@hcanys.org. In keeping with our educational mission, all advertising monies will go towards scholarships for HCA member employees who want to further their career education in home health. Scholarships will be awarded at the HCA Annual Conference on May 22-24 in Saratoga Springs.

Submission Deadline

The deadline for submitting article ideas and advertising in the next issue of *The Educator* is: **August 15**.

- [Subscribe](#)
- [Place an Ad](#)

HCA Education and Research

194 Washington Avenue
Suite 400
Albany, New York 12210
(518) 426-8764
e-mail: info@hcanys.org
Website: www.hca-nys.org

Publisher

Joanne Cunningham
President, HCA

Co-Editors

Roger Noyes
Director of Communications

Lynda Schoonbeek
Director of Education

Alexis Silver
Vice President – Clinical Services

Graphic Designer

Jenny Kerbein
Director of Governance and
Special Projects

Corporate

Board Chairperson
Bridget Gallagher
Senior Vice President
Jewish Home Lifecare

HCA Education Committee

Rae Szymanski, Chair
Anne Calvo
Dianna D'Amico
Ann Frisch
Ginger Hall
Lauren Huber
Mary Jean McKeveny
Karen O'Kane
Allen Rosen
Andrea Thomas-Randall
Vivian Torres-Suarez

