



Integrating a Multi-Disciplinary Approach to Achieving Improvement in Medicaid Case Mix Index Scoring

**Tuesday, April 27, 2010
8:30am – 4:30pm**

LaGuardia Marriott Hotel
102-05 Ditmars Blvd.
East Elmhurst, New York 11369

Southern New York Association is a **Certified Sponsor** of professional continuing education with the National Association of Boards of Examiners of Long Term Care Administrators (NAB) and certifies that this program meets NAB/NCERS guidelines and has been approved for six (6) continuing education clock hours. State licensure boards, however, have final authority on the acceptance of individual courses.”

APPROVAL NUMBER: Pending

About the Program

- This seminar will provide an analysis of the Case Mix Index (CMI) and the relationship between disciplines that impact the CMI.
- This seminar will provide perspectives from the rehabilitation, clinical and financial perspectives to provide attendees with the tools needed to ensure that facilities are receiving the appropriate reimbursement for services provided.
- This seminar will focus on rehabilitation programming and what facilities can do to strengthen programming related to CMI.
- New York now has some experience with a Medicaid only CMI, this seminar will look at how facilities are doing and what we can be done to ensure continued success in the new environment.

Presenters

Gerry Adest, Manager, Loeb & Troper, LLP
Margaret Greeley, Director of Clinical Consultation Loeb & Troper, LLP
Brad Miller, Vice President, Alliance Rehab of NY

Who Should Attend this Conference?

This seminar should be attended by LTC personnel, including Administrators, Clinicians, Rehab staff, financial staff and all other staff involved in the day to day implementation of CMI scoring.

Continuing Education Credits

Six (6) CEU's have been requested by the **National Association Board of Examiners of LTC Administrators (NAB)**.



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Register online at: www.snya.org

PLEASE TYPE/PRINT CLEARLY (USE A DUPLICATE FORM FOR ADDITIONAL REGISTRANTS)

Facility: _____
Address: _____
City/State/Zip: _____
Phone: _____

First Name	Last Name	Email	Discipline Title	Administrator License No. & State	Specify Meal*

* Please specify either: *Kosher (K)* or *Non-Kosher (N)*. If no meal is specified, a non-kosher meal will be ordered.

REGISTRATION FEES (per person):

	If paid by 04/15/10	After 04/15/10
SNYA Member Facility:	\$155	\$175
Non-Member:	\$200	\$225

Method of Payment:

____ Check (made payable to: Southern New York Association, Inc.)
 ____ Credit card American Express Discover Visa Mastercard

 Name on card

 Signature

 Card number

 Expiration date

 Card Security no.

(Credit card payments may also be made by phone. Please call 212-425-5050.)

Faxed registrations welcome. Cancellations must be received for refund (less \$25.00 non-refundable fee) not later than 5 days before the seminar date. We request that reservations be received by Friday, April 23, 2010.