

The Resource

April 3, 2007

FOR PERSPECTIVE AND ANALYSIS

The Source of information for providers of community-based services for people with differing abilities.
A member service of NYSRA.

“JONATHAN’S LAW”

By Jeff Wise, NYSRA President & CEO

The tragic case of Jonathan Carey has led, quite appropriately, to considerable discussion in Albany regarding issues of care in state-operated and state-licensed facilities.

Jonathan, 13 years old, was a child with autism who tragically died while apparently on an outing with two staff of the O.D. Heck Developmental Center in Schenectady County. Criminal charges in the case have been filed and there is much still to be learned about the circumstances of his death. But there is no question that the loss of a child in the care of any facility necessarily argues for comprehensive review of policies and procedures.

Quite simply, we believe the system should always be subject to constant review. And that is particularly true whenever such a tragedy occurs.

State legislators are considering ways to respond, statutorily, to a couple of issues that Jonathan’s parents have raised, both before and after his death. Those issues include the use of restraints and the disclosure of records, including incident investigative records, to parents of a minor child.

The State Senate Committee on Mental Health and Developmental Disabilities, chaired by Senator Thomas Morahan, chose to conduct a hearing into these issues on March 5. NYSRA was among three



associations to appear at the hearing, which featured testimony by invitation only, as the committee sought to gain input from the not-for-profit community.

Jeff Wise, NYSRA President and CEO, presented the testimony to the Committee in person. His remarks were prepared after consultation with agency members of NYSRA, representatives of parent organizations, and self-advocacy officials. The testimony is NYSRA’s however, and does not necessarily reflect the views of any other organization or individual.

Some of the testimony addresses proposed legislation

known as “Jonathan’s Law.” This measure would amend Mental Hygiene Law provisions to make access to most types of records available to parents – a most important and compelling issue which we believe calls for very serious reflection and careful consideration.



The testimony presented at the March 5 hearing follows:

Senator Morahan, I wish to express our thanks to you and the members of your Committee for inviting us to present testimony to you today on what we all agree are issues that are critically important. NYSRA and I applaud you for your initiative in convening this hearing. It is our fervent hope that our comments and observations will be of help to you in the important work that you are pursuing.

Let me briefly introduce NYSRA to the Committee and all others present today. The New York State Rehabilitation Association is approaching the 30-year mark as a statewide trade association of not-for-profit providers of services to New Yorkers of differing abilities. Our providers and their direct-care staff are key components of the state’s delivery system of services to people with developmental disabilities, mental health diagnoses, learning disabilities, and other conditions. The more than 90 provider agencies within our association deliver myriad services to New Yorkers, including vocational rehabilitation, residential care, and many other person-centered services. NYSRA is distinguished from some other groups in New York by the fact that we comprise providers of MR/DD services, MH services, and services to other populations as well. In addition, we have affiliated members that include other stakeholders and individuals.

Before I turn to the balance of my testimony, I would like to express my deepest condolences to the Careys, who testified earlier. The tragedy they have experienced is one that should never be visited on any parents, anywhere, for any reason. All of us at NYSRA wish to convey our thoughts and sympathies to them, and I pledge to them, and to this Committee, that my association and I stand ready to work to find real and effective solutions to help ensure that this tragic incident does not recur.

Let me now try to address some of the issues the Committee has placed before this hearing today.

First, NYSRA's not-for-profit agencies are fully committed to the notion of personal safety for all individuals receiving services. Along with the personal safety of staff, there is nothing more paramount in the minds of the operators of our agencies. Moreover, the issue of safety and constantly working to improve on any techniques, treatment paradigms, and adoption of best practices is one that never stops getting examined. We at NYSRA, and all our member agencies, believe we should always be working to find any improvement that leads to the betterment of the people in the system.

As for the current environment within our agencies, I will briefly outline what occurs:

Agency staff are required to be trained in the use of restraints or seclusion as – and I want to emphasize this – as an absolute last resort. Behavior is generally managed effectively through an emphasis on positive reinforcement techniques that are widely used. Agencies participate in OMRDD training or, in some cases, pursue their own best-practices training regimens.

The use of physical interventions, such as any form of restraint, is permitted (absent emergency circumstances) only through the process of development of a Personal Adjustment Plan. Such a plan is devised through recommendations of an agency interdisciplinary team and, often, with the approval of an agency Human Rights Committee. These committees usually comprise behavioral professionals at the agency but also include community members.

Physical interventions that are used when they are not part of a developed plan are used only as a last resort and only to prevent injury to the individual or to others. Should any such incident arise, the minimum intervention necessary to restore a safe environment is authorized. Any such intervention is then documented in an Incident Report that is maintained as part of an individual's record.

Certain interventions are prohibited by the operational plans of agencies with which I am familiar: corporal punishment, absolute isolation, excessive medications, electroshock, and the withholding of food are all off-limits.

As the Committee is aware, there currently is an examination of restraints being carried out by the Restraint and Crisis Intervention Committee of the Council on Children and Families. That committee was formed last year and we understand that it has been meeting with an eye toward fulfilling its statutory charge to release a report by September 1 of this year. Although NYSRA is not one of the private parties included on the committee, we are familiar with its participants. We strongly support the concept of such an examination, and we would be happy to participate in that process in any way that is deemed appropriate.



The upcoming report will be one that can go a long way toward shedding further light on the issue of restraints, as well as investigate the propriety of uniform standards – though we hope that all standards take into account the needs and circumstances of all cases; the needs and protections of developmentally disabled individuals, for instance, can be different from those individuals in a mental health setting. Earlier in this testimony is a mention of the fact that many of NYSRA's not-for-profit providers are engaged in serving individuals in differing circumstances. That is, they provide services through programs conducted under the auspices of the Office of Mental Health as well as the Office of Mental Retardation and Developmental Disabilities. In addition, many of our providers deliver training and vocational services administered under the State Education Department.

With this in mind, we have some observations regarding the legislation that is currently being considered in relation to the disclosure of records of people receiving services.

In our analysis, we note and fully acknowledge that parents and guardians have what should be an obvious, high-level interest in the treatment and care given their minor children. That is absolutely the case no matter what program or setting their child is in. Our providers know that the best treatment and care of youngsters in their charge is most likely when there is parental involvement, interest, and communication. Simply put, parents' interests must be protected.

But it must be noted that our agencies provide services, pursuant to state requirements and guidelines, that place the interests of the individuals being served at the highest level of priority. There can be no dispute – and I do not believe there is – that the interests of these individuals are the foundation of their receiving services in the first place.

While it may be difficult to appreciate in the context of cases such as the one that brings us together today, there can be – and there are – cases where the interests of child and parent may clash. This possibility, and the various complexes of laws and regulations that govern confidentiality of records generally, have led to serious discussion over the availability of records.

We at NYSRA have had such discussions with providers, with colleagues, with self-advocacy voices, and with parents. There is no question that every stakeholder in the debate is represented by sincere, well-meaning people all wanting New Yorkers to have the best system possible available to them.

As already noted, there is no question that parents have a highly significant interest that must be recognized and protected regarding the care and treatment of their minor child in any facility, whether it is state-operated or private. We do not endorse an environment in which parents are kept in the dark. We do, however, wish to be mindful of the other – sometimes competing – interest of the individual child receiving services – because, unfortunately, in some cases parental involvement is not conducive to the care of the child receiving services. Regrettably and sadly, there are cases where parental involvement is not benign.

This means, in our view, that the scheme by which records are available must be carefully structured. Making all records available to all parents in all cases is, we believe, a step we should not take. It is, in our view, a step that, while it may be a compelling one to take in a given case, would create problems in cases where record availability can lead to the erosion of a professional relationship between provider and individual. Even the most compelling case for free availability of records is simply one case. We cannot lose sight of others that may not be so compelling, make changes based on that compelling case, and then find at a later date that these changes lead to the creation of other problems in ensuring professional treatment and services are truly geared toward the welfare of the individual receiving services.

Under New York law, records are confidential, but courts – and the Legislature – have recognized that this confidentiality is not and cannot be absolute. We do have mechanisms through Mental Hygiene Law sections 33.13 and 33.16 that permit parents to inspect records. If records are withheld in the discretion of the professionals dispensing services, parents are not without recourse – they can have that refusal reviewed, ultimately by a court.

It may very well be that the framework for determining the correct grounds for refusal needs to be examined. It may also very well be that the process whereby such decisions are reviewed is too burdensome. In our view, these are very relevant and critically important issues that deserve full, deliberate discussion. Everyone, from individuals receiving services, parents of children receiving services, regulators, providers and self-advocates, must be assured of the integrity of the system on every level. We can understand that secrecy, especially if the perception exists that the secrecy is for the wrong reasons, is something to be closely examined. We also must be sensitive, though, to the interests of the individuals receiving services. In each and every case it is incumbent upon all of to ensure a system designed to protect the most vulnerable in our population, and that protection may take different forms in different circumstances.

Our own recommendation, then, would be to convene such a discussion, with all parties in interest at the table. Individuals receiving services, parents, providers, state officials charged with the responsibility for the welfare of individuals, other regulators – all in my view should work to ensure that we have the fairest and most workable regimen that best balances the critically important issues that are present. Certainly my association of not-for-profit providers, my members' agencies, and I personally, would make this discussion our highest policy priority and dedicate ourselves to a timely and effective solution to all the issues raised. As legislators, you are confronted by difficult balancing-of-interests discussions and decisions every day. NYSRA and I applaud you for your hard work in trying to constantly improve the myriad circumstances that come before you. And we applaud Senator Morahan and the entire Committee for conducting this inquiry today into a most tragic situation. Whatever we can do to help you advance that inquiry and help find solutions to the problems and issues and this field, we will do.

We thank you for the opportunity to speak before you today and pledge our cooperation and dedication to working with all interested parties to ensure the safest and most effective system we can achieve.

It is quite simply our greatest goal.

NPI - WILL YOU BE READY?

GET IT. The compliance date, May 23, 2007, is **1 month** away. Covered health care providers have had 22 months to apply for their NPI. Act **now** if you don't have your NPI! **It's easy and it's free!**

SHARE IT. Have your NPI and don't know what to do with it? Share it. Share it with health plans you bill and the colleagues who rely on having your NPI to submit their claims (e.g., those who bill for ordered or referred services). You should also share it with your business associates, such as a billing service, vendor, or clearinghouse. Pay attention to information from health plans with which you do business as to when they will begin accepting the NPI in claims and other standard transactions.

USE IT. Once your health plans have informed you that they are ready to accept NPIs, begin the testing process. Consider sending only a few claims at first as you test the ability of plans to accept the NPI. Fewer claims will make it easier to keep track of status and payment, as well as troubleshooting any potential problems that may arise during the testing process.

Revisions to the NPPES Website. We are revising some of the language on the NPPES NPI Application Help page that relates to the selection of the Entity Type. Among other changes, our revision will remove a reference to "atypical services." This reference is being removed because entities who furnish only "atypical services" are not eligible to apply for NPIs.

NPI Disclosures by Industry Entities to Industry Entities. A new guidance document is available at <http://www.cms.hhs.gov/NationalProvdentStand/Downloads/NPIDisclosures.pdf> on the CMS NPI web page. This guidance relates to the disclosure of health care providers' NPIs by health industry entities for the purpose of using NPIs in HIPAA standard transactions.

New Frequently Asked Questions (FAQs) Posted
CMS has posted new NPI FAQs on its website. To view these FAQs, please go to the CMS dedicated NPI web page at <http://www.cms.hhs.gov/NationalProvdentStand/> and click on Educational Resources. Scroll down to the section that says "Related Links Inside CMS" and click on Frequently Asked Questions. To find the latest FAQs, click on the arrows next to "Date Updated".

Reminder to Use the NPI and Legacy Identifiers on Medicare Claims Medicare is accepting the NPI on claims; however, providers should also submit their Medicare legacy identifiers on their claims until further instructions are released.

Important Notice: Medicare Extends Date for Accepting Form CMS-1500 (12-90) While Medicare began to accept the revised Form CMS-1500 (08-05) on January 1, 2007 and was positioned to completely cut over to the new form on April 1, 2007, it has recently come to their attention that there are incorrectly formatted versions of the revised form being sold by print vendors, specifically the Government Printing Office (GPO). After reviewing the situation, the GPO has determined that the source files they received from the NUCC's authorized forms designer were improperly formatted. The error resulted in the sale of both printed forms and negatives which do not comply with the form specifications. However, not all of the new forms are in error.

Given the circumstances, **CMS has decided to extend the acceptance period of the Form CMS-1500 (12-90) version beyond the original April 1, 2007 deadline while this situation is resolved. Medicare contractors will be directed to continue to accept the Form CMS-1500 (12-90) until notified by CMS to cease. At present, we are targeting June 1, 2007 as that date.** In addition, during the interim contractors will be directed to return, not manually key, any Form CMS-1500 (08-05) forms received which are not printed to specification. By returning the incorrectly formatted claim forms back to providers, we are able to make them aware of the situation so they can begin communications with their form suppliers.

The following will help to properly identify whether their version of the form needs to be updated. The old version of the form contains "Approved OMB-0938-0008 FORM CMS-1500 (12-90)" on the bottom of the form (typically on the lower right corner) signifying the version is the December 1990 version. The revised version contains "Approved OMB-0938-0999 FORM CMS-1500 (08-05)" on the bottom of the form signifying the version is the August 2005 version. Checking the information at the upper right hand corner of the form is the best way to identify if that particular version is correct. On properly formatted claim forms, there will be approximately a ¼" gap between the tip of the red arrow above the vertically stacked word "CARRIER" and the top edge of the paper. If the tip of the red arrow is touching or close to touching the top edge of the paper, then the form is not printed to specifications.

NOTICE OF PROPOSED PRIORITY FOR RRTC ON VR

The Rehabilitation Services Administration is accepting comments on the Notice of Proposed Priority (NPP) for a Rehabilitation Research and Training Center (RRTC) on Vocational Rehabilitation which was published in the Federal Register for Comments must be received by April 26.

The NPP may be viewed at the following URL: <http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/E7-5590.htm>

The RRTC must conduct research on the complex employment service delivery structures for individuals with disabilities, investigate "best practices" in certain critical

areas, provide training and technical assistance in order to improve VR services and employment outcomes among individuals with disabilities, and increase the body of knowledge in other specific areas stated in the NPP. The notice contains information regarding the process for providing comments. Applications for this grant competition will be available by mid-June 2007. A teleconference for entities that may be interested in applying for one or both of the grants will be scheduled shortly after applications become available. Notification of the teleconference details will be provided in a later announcement.

WORKERS WITH DISABILITIES AND SUB-MINIMUM WAGE

Six states enacted measures last year to raise the minimum wage. Two of the six – Ohio and Missouri – included exemptions for workers with disabilities from the minimum wage provisions. The other four – Arizona, Nevada, Colorado and Montana – did not include any language that would exempt such employees from their new state minimum wage. Arizona state legislators recently held a hearing to review their new minimum-wage law, which provides \$6.75 an hour. The hearing was packed, with advocates for both sides of the issue.



In the US, certain workers, including those with disabilities, can be paid less than minimum wage, unless superseded by state law which can provide for a higher minimum wage. The federal law, called the Fair Labor Standards Act, includes a provision for a special wage for workers with disabilities. Its purpose is purportedly "to prevent the curtailment of employment opportunities." Wages must be "commensurate with" (equivalent to) those paid to "experienced workers without disabilities employed in the vicinity for essentially the same type, quality, and quantity of work." The wage must be tied to the workers' productivity.

At the hearing the arguments seem to revolve around the fairness of setting a minimum applicable to all people, versus the need for less than minimum wage in order for people with disabilities to have access to employment, due to their lower productivity. In order to reach a compromise, the state is considering designating workers with disabilities as trainees in a vocational program. Arizona Attorney General Terry Goddard soon followed the meeting with an opinion stating that workers with developmental disabilities are not exempt from that state's new minimum wage. A copy of the opinion can be accessed at: <http://www.azag.gov/opinions/2007/I07-002.pdf>

NEW FREEDOM INITIATIVE AWARD

US Department of Labor, Secretary Elaine L. Chao is accepting nominations for the New Freedom Initiative Award. Nominees must be individuals, businesses, or non-profit organizations whose activities exemplify the goals of President George W. Bush's New Freedom Initiative, which include the Office of Disability Employment Policy's mission of increasing employment opportunities for youth and adults with disabilities. Nominations may be submitted by other persons and entities with the knowledge and permission of the nominee. Self-nomination is also encouraged. Nominees must have developed and implemented a multi-faceted program directed toward increasing employment opportunities for people with disabilities through increased access to assistive technologies, and use of innovative training, hiring, and retention techniques. For more information about this award visit <http://www.whitehouse.gov/news/freedominitiative/freedominitiative.html>.

NO MORE STEREOTYPES OF PEOPLE WITH INTELLECTUAL DISABILITIES!

The Entertainment Industries Council (EIC) has asked AAPD to help ensure that depictions of persons with intellectual disabilities in TV shows and in movies are not stereotypical or patronizing. They have asked AAPD to collect any personal stories you may be able to share with EIC that relate to any of the numerous issues surrounding intellectual disabilities. For example, they want to know about family, health care, legal, diagnostic, developmental concerns, so that they can share actual stories (similar to case studies) with Hollywood writers and producers, with the hope that true-life stories will inspire fictional depictions.

If you would like to participate, please write up a "case study" and send it to aapdjenifer@aol.com at AAPD (American Association of People with Disabilities <http://www.aapd-dc.org/index.php>).

MENTAL ILLNESS COMMON IN VETERANS FROM IRAQ & AFGHANISTAN

Courtesy Medical News Today

Almost one-third of returning veterans who received health care at Veterans Affairs facilities between 2001 and 2005 were given a mental health or psychosocial diagnosis, according to a report in the March 12 issue of Archives of Internal Medicine, one of the JAMA/Archives journals.

Some reports have suggested that soldiers returning from Operations Enduring Freedom and Iraqi Freedom, the most recent military efforts in Iraq and Afghanistan, experience

high rates of substance abuse, post-traumatic stress disorder (PTSD) and other mental health conditions, according to background information in the article. In these operations, the most sustained ground combat since the Vietnam era, "the majority of military personnel experience high-intensity guerilla warfare and the chronic threat of roadside bombs and improvised explosive devices," the authors write. "Some soldiers endure multiple tours of duty, many experience traumatic injury and more of the wounded survive than ever before." These veterans are eligible for two years of free health care related to their military service through the Department of Veterans Affairs (VA).

Karen H. Seal, M.D., M.P.H., and colleagues at the University of California, San Francisco, and San Francisco VA Medical Center examined data from a VA database including 103,788 veterans of these operations who were first seen at VA facilities between Sept. 30, 2001, and Sept. 30, 2005. About 13 percent were women, 54 percent were younger than age 30, close to one-third were minorities and almost one-half were veterans of the National Guard or Reserves rather than full-time military personnel.

A total of 32,010 (31 percent) received mental health and/or psychosocial diagnoses, including 25,658 (25 percent) who received mental health diagnoses (56 percent of whom had two or more diagnoses). The most common such diagnosis was PTSD; the 13,205 veterans with this disorder represented 52 percent of those receiving mental health diagnoses and 13 percent of all the veterans in the study. "Mental health diagnoses were detected soon after the first VA clinic visit (median of 13 days), and most initial mental health diagnoses (60 percent) were made in non-mental health clinics, mostly primary care settings," the authors write. "The youngest group of Operations Enduring Freedom and Iraqi Freedom veterans (age, 18 to 24 years) were at greatest risk for receiving mental health or post-traumatic stress disorder diagnoses compared with veterans 40 years or older."

About 29 percent of veterans returning from Iraq and Afghanistan have enrolled in VA health care, a high rate compared with 10 percent of Vietnam veterans. This and the relatively short period of time between the first VA clinic visit and diagnosis with a mental health condition suggest an opportunity to intervene early to diagnose and treat mental health concerns, the authors note. "Our results signal a need for improvements in the primary prevention of military service-related mental health disorders, particularly among our youngest service members," they conclude. "Furthermore, early detection and evidence-based treatment in both VA and non-VA mental health and primary care settings is critical in the prevention of chronic mental illness, which threatens to bring the war back home as a costly personal and public health burden."



YAI WINS NATIONAL AWARD

The YAI/National Institute for People with Disabilities Network is proud to announce that it has received the 2007



National Psychologically Healthy Workplace Award from the American Psychological Association (APA). This prestigious award was presented to YAI/NIPD Network officials on Saturday, March 3 in Washington, D.C.

“The YAI/National Institute for People with Disabilities Network has a mission to ‘build brighter futures’ not only for the clients it serves, but also for its employees,” the APA wrote in a magazine recognizing its 2007 honorees. “A participatory management philosophy, emphasis on employee development, and an extensive menu of employee benefits have helped this health and human services agency build a reputation as a leader in the field.”

“We realize that our staff is our greatest resource,” said Philip H. Levy, President of YAI/NIPD. “We don’t just treat our staff with dignity and respect; we also provide them with some of the most outstanding benefits available anywhere. “And *no one* benefits from this more than the individuals we serve and their families.”

The YAI/NIPD Network received the New York State Psychological Association’s 2005 Psychologically Healthy Workplace Award.

“We have made it a priority to create programs, policies and partnerships that enhance the lives of our staff members in and outside of the work,” said Dr. Joel M. Levy, Chief Executive Officer of the YAI/NIPD Network. “We recognize the importance of the delicate work-life balance.”

The YAI/National Institute for People with Disabilities Network, which is celebrating its 50th anniversary, has provided a place of hope for people with developmental and learning disabilities. Comprised of seven not-for-profit, independent health and human service agencies, the YAI/NIPD Network serves people of all ages throughout the New York metropolitan area, including Long Island, New Jersey, Westchester and Rockland counties and Puerto Rico. One of the most comprehensive networks of its kind, the YAI/NIPD Network’s more than 5,000 staff members serve over 20,000 individuals in more than 450 community-based program.

For more information about the National PHWA winners and Best Practices Honorees is available at <http://apahelpcenter.mediaroom.com>. Organizations interested in learning more about creating a psychologically healthy workplace or applying for an award in their state, province or territory can visit www.phwa.org.

EMPLOYMENT OPPORTUNITIES

Director of Communications & Public Policy: The position is responsible for maintaining a communications plan for the Association, in conjunction with the Executive Director, to ensure information flow between member agencies, and to represent the interests of area agencies on aging to the Legislature, government entities, seniors and caregivers, and the community. Analyze state and federal legislation and aging policies. The position works closely with meeting and membership coordinator to ensure delivery of information to members stakeholders and the public. The positions reports to the Executive Director. Send cover letter and resume by email to laura@nysaaa.org at New York State Association of Area Agencies on Aging.

Director of Medical Rehabilitation Clinic: Dynamic visionary needed to direct and expand the operations of our DOH Article 28 Clinic. Services include OT, PT, SP, Physiatry, early intervention, and DME. Programs in both educational and out-patient settings for children and adults. Day to day operation of the clinic including: staff supervision, collaboration with community agencies, operating budget, policy and procedure reviews, quality assurance, clinic compliance with regulatory agencies, and expansion/development of services. Master’s Degree in related field preferred with a minimum of 5 years experience in a supervisory/managerial position. Organizational, multi-tasking, motivational, and leadership skills essential. Experience in operating an Article 28 clinic preferred.

We offer an excellent salary and benefit package including health, dental, four weeks vacation. Send resume to: Human Resources Dept., REHAB Programs, Inc. 70 Overocker Rd., Poughkeepsie NY 12603, fax 473-1270, e-mail karensimon@rehabprograms.org. Visit our website at www.rehabprograms.org. AA/EOE.

Director of Medical Rehabilitation Clinic: Mountain Lake Services seeks an experienced, dynamic, results oriented person to join a progressive management team providing services to people with intellectual and developmental disabilities. Incumbent is responsible for the overall operations of a highly successful woodworking environment and vocational rehabilitation center.

Incumbent reports to the Executive Director and assumes responsibility for development and oversight of manufacturing processes. Developing alternate work experiences in community settings essential. Master’s degree in Human Services, Industrial/Manufacturing Engineering or a related field with substantial administrative/management work experience preferred. Bachelor’s in human services, engineering or equivalent with progressive managerial responsibility in lieu of a masters degree may be considered. Excellent organizational and interpersonal skills essential. Competitive salary and exceptional benefits package.

If you are interested in coming to one of the most beautiful rural settings in the country and looking for a challenging career opportunity, please apply to: Mountain Lake Services, Human Resources, 10 St. Patrick's Place, Port Henry, NY 12974 www.mountainlakeservices.org EOE.

Phoenix Frontier, Inc.



Business Office Coordinator: Supervision of P/R & A/P, Assists CFO w/preparation for financial reports, budgets & audits. Associates Degree or 5+ years experience

Direct Care: Work with individuals with traumatic brain injury. PT, days/eves/wknds. Buffalo, surrounding areas (Niagara Falls/Wheatfield). HS Diploma/GED & car required. PCA/HHA certification preferred but will train. Call 716-332-5008 x265.

Direct Care Assistant: Provide transportation to disabled adults & assist with skills development. HS diploma; minimum 1 year experience working with people with disabilities. Clean, valid driver's license. Open interviews at 1319 Pine Ave., N. Falls, New York.

Scheduler/Clerk: PT, some direct care required. HS Diploma & car required. HS Diploma & car required. Call 716-332-5008 x273.

Phoenix Frontier, 100 Leroy Avenue, Buffalo, New York (716-332-5008). EOE.



POSITIONS AVAILABLE AT SARATOGA BRIDGES:

Assistant Residential Manager II
Behavior Specialist
Day Hab Assistant
Individual Support Aides
Day Hab Instructor II
Medical Trainer, RN
Registered Prof. Nurse
Shift Supervisor II

Saratoga Bridges offers a pleasant work environment, paid training, and excellent full-time/part-time benefits (health/dental insurance, generous time off, retirement plan, and more). Interested applicants should apply online at www.saratogabridges.org or contact Human Resources at 518-587-0723 for more information.

DDPC SEEKS NOMINATIONS FOR THE COUNCIL'S 22ND ANNUAL ACHIEVEMENT AWARDS

Each year since 1985, the New York State Developmental Disabilities Planning Council (DDPC) has conducted its annual Achievement Awards program to promote public awareness of the capabilities, value, and potential of persons with developmental disabilities. The DDPC Achievement Awards program recognizes individuals and organizations in the community who have provided support and assistance to New Yorkers with developmental disabilities.

Nominations for the DDPC Achievement Awards are sought from the developmental disabilities service system and the general public. The criteria for each award category is established by the DDPC Consumer Caucus Members. The review and selection process is also conducted by the DDPC Consumer Caucus Members.

In 2007, we celebrate the 22nd Annual DDPC Achievement Awards. The Members and Staff of the DDPC are proud to recognize extraordinary individuals and organizations for their unyielding support and assistance to New Yorkers with developmental disabilities and their families.

The nomination form is available on the DDPC website at <http://ddpc.state.ny.us/>. Please read the nomination form carefully and follow the instructions completely. If you have any questions, please feel free to contact Tom Lee, DDPC Public Information Officer at 518-402-3486, tlee@ddpc.state.ny.us. All nominations must be received by the DDPC by 5:00 pm on **April 11th, 2007**.

Hoarding and Mental Illness Best Practice Presentation in Geriatric Mental Health

April 16, 2007 @ 3PM - 5PM
Hunter College
School of Social Work - Auditorium
Reservations: 212-614-6356 or
yhsin@mhaofnyc.org

Presented by:
Geriatric Mental Health Alliance of NY and the
Brookdale Center for Healthy Aging and
Longevity of Hunter College



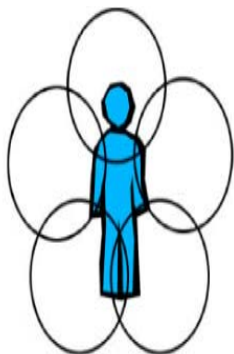
The NYS Rehabilitation Association

invites you to transfer your knowledge and share your experiences and learnings with your colleagues in the rehabilitation field.

NYSRA is committed to building the capacity of rehabilitation professionals in all levels of staffing positions. In so doing, NYSRA is looking for a diverse, new array of topics, information and knowledge exchange.

The topics and workshops offered will be designed to meet the needs of:

- * CEOs/Administrators and Senior Executives
- * Financial Managers
- * Middle Managers
- * Service Coordinators
- * Program Managers and Supervisors
- * Human Resource Professionals
- * Job Coaches
- * Direct Support Professionals
- * Clinicians
- * School Personnel
- * Individuals with Disabilities
- * and other rehabilitation professionals from across all sectors.



New Partnerships for Changing Times

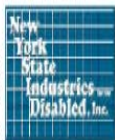
NYSRA's 2007 Leadership Training Summit September 24-26, 2007 The Desmond, Albany, NY

CALL FOR PRESENTATIONS

Join your colleagues, share your expertise and exchange your knowledge at this state-of-the-art Leadership Training Summit designed to meet the educational needs for all levels of employees in the rehabilitation field. Please see the attached listing of proposed topics for submission.

EXTENDED DEADLINE FOR SUBMISSION APRIL 9, 2007

This Leadership Training Summit includes NYSID's Annual Meeting



Visit NYSRA on the internet at www.nyrehab.org to download a copy of the Call for Presentations.

EXECUTIVE TEAM MANAGEMENT INSTITUTE

JUNE 5-6, 2007

Gideon Putnam Hotel
Saratoga Springs, New York



NYSRA, in cooperation with NYSID, offers CEOs and their senior management teams the 3rd Annual Executive Team Management Institute

"Developing and Strengthening Our Workforce: Strategies for Action"

DAY 1: An interactive presentation for CEOs and their senior staff on developing and strengthening the workforce by:

Michael Hoge, Ph.D., founder of the Annapolis Coalition, senior editor of the Action Plan and Professor of Psychology in Psychiatry at Yale School of Medicine and Director of the Yale Behavioral Health.

Amy Hewitt, Ph.D., national leader in the area of workforce development and community supports to individuals with developmental disabilities and currently a Research Associate at the University of Minnesota.

Plus, hear from your New York colleagues on their innovative practices, challenges and successes in workforce development.

Topics for discussion include:

- National Trends and Initiatives on Workforce Development
- Similarities and Differences in MR and MH Workforces
- Innovative Workforce Practices from NYSRA CEOs
- Shared challenges, practices and successes

DAY 2: Concurrent Sessions

- 1) Federal and State Medicaid Experts on Mental Health and Developmental Disabilities
 - Federal Perspective and Update – John Kemp, Executive Director, ACCSES/DSPA
 - New York State Public Policy Dialogue
 - Leadership for Changing Times
 - New York State Commissioners and policy experts invited

- 2) Challenging Legal Issues: Lessons Learned for Liability, Risk and Our Workforce
Christopher R. Lyons, of Counsel Ryan & Smallacomb, PLLC

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NEW YORK STATE REHABILITATION ASSOCIATION, INC.

CALENDAR OF UPCOMING MEETINGS

MAY 2007

4: VOC REHAB DIVISION MEETING – NYC

9: DD DIVISION MEETING – ALBANY

11: MH DIVISION MEETING – ALBANY