

**New York eHealth Collaborative (NYeC)
Behavioral Health IT Program
Provider Participation Agreement – Adult BHIT HCBS**

**BHIT Program APPENDIX B
HCBS Training Attestation,
and Updated Provider Implementation Assessment (PIA)**

NYeC, and/or its Implementation Agents(s) and the Provider Organizations, on behalf of their Providers, hereby attest that the Provider Organization and each of its HCBS Staff listed in the Provider Implementation Assessment (PIA), as may have been amended from time to time, has completed HCBS training according to the specifications of the selected Qualified Behavioral Health Solution (include version if known) they selected, AWARDS 2.6, as of the 13 day of APRIL, 2017.

Provider Organization Name:	SOUTHERN TIER ENVIRONMENTS FOR LIVING
Provider Organization Address:	715 CENTRAL AVE DUNKIRK, NY 14048
Approved by: Printed Name of Provider Signatory <i>MARK WADSWORTH</i>	Approved by: NYeC Agent – Print Name
Title: HR DIRECTOR	Title:
Signature: <i>Mark D. Wadsworth</i>	Signature:
Date: 12/12/2017	Date:

Qualified Vendor Solution Name:	FOOTHOLD TECHNOLOGY - AWARDS
Version:	2.6
Training Completed by: Printed Name of Vendor Representative ELIZABETH REINA	
Signature of Vendor Representative: <i>E. Reina</i>	Date of Training: 4/13/17

All Materials must be initialed as submitted for M2 Attestation to be complete	
	Provider Organization initial if submitted
PIA M2 updated and attached	
Vendor Invoice for Year 1 licensing (paid for by Provider Organization)	