

December 1, 2025

Dear HomeCare Association of Louisiana Member,

Thanks for your commitment to the HomeCare Association of Louisiana (HCLA). Two home health executives now have seats in the Louisiana Legislature, and our new governor has very close ties to home health. The new Secretary of the Louisiana Department of Health is a former c-suite executive in home health. HCLA advocated for an increase in Medicaid rates for skilled care and extended care almost doubled back in 2023. Louisiana initiatives for the future of care at home are looking bright. HCLA's advocacy efforts resulted in unanimous passage of legislation to allow non-physician practitioners to sign orders to initiate home health care.

Home healthcare impacts the lives of millions every year. Your support of HCLA helps to maintain the state's moratorium on new home care agencies. HCLA dues supports our lobby efforts in Washington, DC, Baton Rouge, and on Palmetto GBA's quarterly meetings of the *16 State Coalition*. Reimbursement, benefits integrity oversight, quality metrics, and payment models like PDGM are continuing to evolve rapidly. Consolidation is rampant across home health, hospice, palliative care, home-based care, and other non-acute provider businesses. Closures, acquisitions, mergers, regulatory changes, and innovative care models are blending and braiding entities along the continuum of care. Other provider types continue to engage in care at home, i.e., hospitals, health systems, managed care companies, ambulance service providers and more. CMS, state government, and managed care organizations all continue to tighten payments.

Trade associations are critical to sound advocacy. To remain relevant, we must be proactive, forward-thinking, articulate, and effective advocates. A vital component of this change process is exploring new business relationships and structures that could bring heightened member value.

HCLA membership can assist provider members through:

- Heightening Financial Stability
- Creating Greater Operational Efficiencies
- Enhancing Advocacy & Regulatory Clout
- Improving Membership and Member Service
- Filling Gaps in Competencies
- Strengthening Brand and Image

Enclosed is your 2026 Membership Packet. Please complete it and return as soon as possible so you can take advantage of the full payment, early renewal discount. Pass membership information on to your vendors and other agencies. If you have any questions, please call our office at 800-283-4252.

We look forward to serving you in 2026. Thank you.

Sincerely,

D' McCoy, RN
President
HomeCare Association of Louisiana

Warren Hebert, DNP, RN, FAAN
Chief Executive Officer
HomeCare Association of Louisiana



SHARED GOALS, SHARED VISION, SECURING THE FUTURE OF HOME CARE TO SECURE THE FUTURE

Since 1988 the HomeCare Association of Louisiana (HCLA) has been the voice of providers across the state. COVID-19, a record-breaking hurricane seasons, and PDGM make our collaborative efforts ever more important. Over the past 37 years HCLA dues have helped to: maintain the moratorium on new home health providers; avoid a co-payment on Medicare home health; prevent the Home Health Groupings Model (HHGM) from being included in the 2018 final rule; impacted the final PDGM reimbursement changes, and having both of our U.S. Senators and five U.S. Congressmen cosponsors federal legislation. HCLA's news and education on Medicare Advantage, shared risk models, benefits integrity challenges, ICD-10, Face to Face issues, Value-Based Purchasing, OASIS, and more, help to keep providers on the forefront of change. HCLA's shared vision and goals provide a closely aligned front from which to implement solutions for Louisiana home health providers. Your membership in HCLA is an investment in the goals and vision that continue to pay dividends to you, your patients, your agency, and industry many times over.

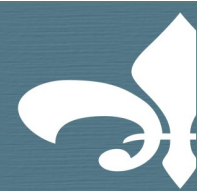
Through continued membership support such as yours, HCLA can:

- Provide education on COVID-19 issues, ICD-10, OASIS, PDGM, and RCD
- Support of the HCLA lobby efforts in protecting the moratorium on home health agencies
- Provide support with appeal and denial issues
- Continue addressing provider—MAC issues with Palmetto GBA
- Continue in the fight over issues such as rural add on

Your support helps HCLA provide:

- Unified representation before policymakers, state and federal regulators, state and federal legislators, the media, and the general public
 - Weekly newsletters summarizing state, intermediary, and federal issues from variety of resources including information from NAHC, Home Health News, Homehealthline, Remington Report, NAHC Report, Palmetto GBA, CMS, and more
 - A mechanism to meet industry challenges and promote the highest standards of homecare
 - Access to information, customized advice, consulting and assistance with RAC, ZPIC, and MACs
 - "Member-only" section of HCLA website
 - Increased exposure and visibility for member agencies and companies
 - Emergency Preparedness support - revision of the LA. E. P. Model Plan & processes
 - Connect to Louisiana Department of Health, other state agencies, PGBA, and CMS
 - Connect to industry leaders in ICD-10, OASIS, and other pertinent topics
 - Access to state legislators and regulators through HCLA lobbyist
 - Latest education and networking opportunities including workshops, conferences, and webinars
 - Quality workshops, conferences, webinars and education programs at discounted rates
 - Time-sensitive news - regulations, legislation, reimbursement, and benefits integrity activities
- Connect with home care professionals, peers, CHAP, Council of State Home Care Executives, National Alliance for Care at Home , American Academy of Nursing, Red Cross, AARP state and national, and more
- Government affairs advocacy representation via political advocacy – through HCLA lobbyist
 - An effective mechanism to meet industry challenges and promote the highest standards of home care
 - Strength and power in numbers that collective voice, shared goals, and vision provides

**"Never doubt that a small group of thoughtful, committed people can change the world.
Indeed, it is the only thing that ever has." - Margaret Mead**





Agency Membership Application

HomeCare Association of Louisiana

P.O. Box 80124 ♦ Lafayette, LA 70598

Phone: (337) 231-0080 ♦ Fax: (337) 231-0089 ♦

www.hclanet.org

Application Type:

☐ New Member

☐ Renewal Membership

*NOTICE: Membership dues are effective for one year from the date payment is received by HCLA. (Example: 8/15/26 good through 8/14/27)

Step 1: Contact Information

Agency/Company Name: _____

Legal Owner/Parent Entity: _____

Primary Contact: (For mailings) _____

Email: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Website Address (URL): _____

Agency Administrator: _____

Email: _____

Agency Nursing Director: _____

Email: _____

Voting Representatives: 1) _____

2) _____

**If the parent entity has more than one provider office operating in Louisiana other than that listed above, please use the last page of the application or attach the names of other providers/branches, a primary contact, and email addresses to ensure they receive association mailings and other member benefits. Please notify HCLA of any address or critical agency changes. If we are not alerted, vital industry and member information could be lost.

Step 2: Annual Dues

10% discount if received by January 15th (providers only and for full payment)

Provider member dues are based on Gross Revenue – Gross revenue is defined as the parent entity's revenue for the most recent fiscal year. Revenue is regardless of payer source. (When calculating gross revenue you may exclude: contractual adjustments, bad debts, investment income, charitable donations, or funds raised through special events or philanthropic dollars.)

Check appropriate membership:

☐ **Single Owner/Provider**

☐ **Single Owner-Multiple Providers****

Providers with common ownership of 2 to 4 provider numbers.

☐ **Corporate Membership****

*Agencies that own and operate 5 or more provider numbers.
Franchise organizations with different owners are not eligible for joint corporate membership.*

**For assistance calculating dues, refer to back side of application.

☐ **QUARTERLY PAYMENTS** ☐ **ANNUAL PAYMENT**

Determine Gross Revenue:

A. Full Membership

| | | <u>Dues</u> |
|--------------------------|----------------------------|---------------------------------|
| <input type="checkbox"/> | \$1 - \$500,000 | \$660 |
| <input type="checkbox"/> | \$500,001 - \$1,500,000 | \$1,595 |
| <input type="checkbox"/> | \$1,500,001 - \$2,500,000 | \$2,420 |
| <input type="checkbox"/> | \$2,500,001 - \$3,500,000 | \$3,355 |
| <input type="checkbox"/> | \$3,500,001 - \$4,500,000 | \$4,400 |
| <input type="checkbox"/> | \$4,500,001 - \$5,500,000 | \$5,610 |
| <input type="checkbox"/> | \$5,500,001 - \$10,000,000 | \$6,930 |
| <input type="checkbox"/> | \$10,000,001 - plus | \$8,360 |
| <input type="checkbox"/> | Corporate Membership | \$8,360 + \$660 X #of providers |

MULTIPLE PROVIDER REQUIREMENT: If more than one provider is owned and operated, all providers must join under one membership. HCLA has the right to void membership and associated privileges if a company does not join all provider locations and/or misrepresents membership type.

DUES AMOUNT ENCLOSED:

\$

10% discount if received by January 15th

(signature)

(position)

I, the above named, as an officer or agent of the company, attest to the accuracy of the above gross revenue category for the company named in this application.

Completion of this application does not guarantee membership acceptance, membership category, or amount of dues.

*Renewal membership not received by January 15th, 2026 will result in the cancellation of your current membership until payment is received.

Over, Pg.2

Step 3: Business Information

Affiliation: (check appropriate spaces)

- | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hospital Administered (owned and operated by a hospital) | <input type="checkbox"/> Hospital Affiliated (contractually related, not a department of a hospital) |
| <input type="checkbox"/> Freestanding | <input type="checkbox"/> Ancillary Services to Home Care Industry |

Certification/Licensure Status: (check appropriate spaces)

- | | | |
|------------------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> State Licensed | <input type="checkbox"/> Medicare Certified | <input type="checkbox"/> Medicaid Certified |
| <input type="checkbox"/> Joint Commission Accredited | <input type="checkbox"/> CHAP Accredited | |
| <input type="checkbox"/> Other: | | |

Regions Served: _____

Parishes Served: _____

Membership in National Organizations: (check appropriate spaces)

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> National Alliance for Care at Home | <input type="checkbox"/> American Association for Home Care– AA Homecare |
| <input type="checkbox"/> American Home Care Association– AHCA | <input type="checkbox"/> Visiting Nurses Associations of America– VNAA |

Processing: Please allow at least two (2) weeks for application processing.
At that time you will receive your membership certificate and member access information.

****DUES CALCULATION**–The formulas below are intended for your agency's in-house use to facilitate your dues calculation & determination as to which dues tier your organization falls. HCLA does NOT require nor do we want your exact revenue numbers.

***Single Owner - Multiple providers** - Providers with common ownership of **two to four provider numbers** may add the gross revenue of those provider numbers to determine dues owed (formula A). If more favorable, the member may calculate dues of each provider number individually and add the dues for their membership rate (formula B). Those commonly owned agencies will have one combined membership for all provider numbers.

A. _____ + _____ = _____
Provider 1 revenue Provider 2 revenue Total Gross Revenue for dues calculation
on Pg.1 table

B. _____ + _____ = _____
Provider 1 dues Provider 2 dues Total Dues

****Corporate Membership** – Corporate membership is for **agencies that own and operate five or more provider numbers** (see formula below) or if more favorable member may use formula B above, calculating dues for each provider and adding for total dues. Franchise organizations with different owners are not eligible for joint corporate membership.

\$8360 + (\$660 Multiplied by _____) = _____
(Total # of provider #'s) Total Dues Payment

Tax deductibility & non-deductible lobbying expenses - Dues to HomeCare Association of Louisiana may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. HCLA estimates that the non-deductible portion of your 2026 dues allowable to lobbying is 17%.

Membership Dues Payment Schedule:

Dues may be paid in full or by the quarter for those with dues more than \$660/year. **Providers in the \$660 range are *NOT* eligible for quarterly payments.** If paid by January 15th, the quarterly dues schedule is below. If paid after 1/15/26, the quarterly dues schedule will begin 3 months from the initial date membership payment is received by HCLA.

1st installment due: January 15, 2026 **2nd installment due: April 1, 2026**
3rd installment due: July 1, 2026 **4th installment due: October 1, 2026**

Quarterly Payments Disclaimer: Courtesy invoices will be emailed on the first of every quarter as a reminder of dues owed. Dues not received within thirty days of the above installment date will incur a late fee of \$25 that will reoccur each additional month late. Dues unpaid after 60 days will be grounds for membership termination. Membership reactivation requires all dues and late fees to be paid in full.

EVENTS Disclaimer: Event sites require that HCLA enter a contractual agreement detailing meeting room size and catering numbers in advance of the actual event. Due to this financial responsibility, HCLA must implement the following event registration guidelines:

- **Attendance policy:** All cancellations must be received in writing at least three days prior to the event date in order to receive a credit/refund, less a \$50 administrative fee. Any cancellation after this date will be subject to approval by the Office Manager (liz@hclanet.org).
- **Emergency:** In the advent of an emergency or surveyor visit, an email **must** be sent to the above address no later than the morning of the event, or the registration will be forfeited.
- **Credits:** HCLA does not issue credits for an event registration. If it meets the above cancellation requirements a check or credit card refund will be issued.

ADDITIONAL PROVIDER/BRANCH INFORMATION
Needed for HCLA's member database & email communication

If needed, please attach an additional sheet with the following information for **ALL** additional providers & branches!

Check which applies: ☐ Branch ☐ Provider

Agency/Company Name: _____
Legal Owner/Parent Entity: _____
Person To Receive Mail: _____
Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Website Address (URL): _____

Check which applies: ☐ Branch ☐ Provider

Agency/Company Name: _____
Legal Owner/Parent Entity: _____
Person To Receive Mail: _____
Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Website Address (URL): _____

Check which applies: ☐ Branch ☐ Provider

Agency/Company Name: _____
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Person To Receive Mail: _____
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Phone: _____ Fax: _____
Website Address (URL): _____

Check which applies: ☐ Branch ☐ Provider

Agency/Company Name: _____
Legal Owner/Parent Entity: _____
Person To Receive Mail: _____
Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Website Address (URL): _____

Check which applies: ☐ Branch ☐ Provider

Agency/Company Name: _____
Legal Owner/Parent Entity: _____
Person To Receive Mail: _____
Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Website Address (URL): _____



Credit Card Authorization Form

First Name _____ Last Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Credit Card Information

Credit Card Type ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card Number _____

Security Code _____ Expiration Date: Month _____ Year _____

\$ _____

Amount to be charged to credit card

Authorized Signature

If paying quarterly, use this credit card to pay dues each quarter. A receipt will be emailed to agency.

☐ YES ☐ NO