HCLA
HOMECARE ASSOCIATION OF LOUISIANA

P.O. Box 80124
Lafayette, LA 70598
Ph: 337-231-0080
Fax: 337-231-0089
www.hclanet.org

*Advancing Home-Based Care Through **E**ducation, e**X**pertise, **C**onnection, **E**ngagement, and **L**eadership*

Dear HomeCare Association of Louisiana Member,

On behalf of the HomeCare Association of Louisiana (HCLA), thank you for your continued commitment to our association and the patients, families, and communities we collectively serve.

As we look toward 2027, HCLA is entering an exciting new chapter - one defined by renewed leadership, strengthened advocacy, expanded educational opportunities, and a clear commitment to delivering meaningful value to our members.

The home-based care industry continues to experience significant transformation. Evolving reimbursement models, increasing regulatory oversight, workforce challenges, industry consolidation, and emerging models of care are reshaping how providers operate. These challenges demand more than simply keeping pace with change. They require informed leadership, strategic collaboration, and a strong, unified voice representing the interests of Louisiana's home-based care providers.

That is where HCLA makes a difference.

Throughout its history, HCLA has worked to protect and advance the interests of Louisiana providers through legislative advocacy, regulatory engagement, and industry representation. Our efforts have contributed to important achievements, including increased Medicaid reimbursement for home health services and successful legislation expanding the authority of qualified non-physician practitioners to initiate home health care through physician-order alternatives permitted by law.

HCLA continues to represent provider interests at the state and federal levels, engaging with policymakers, regulatory agencies, and industry partners on issues that directly affect access to care, reimbursement, operational sustainability, and quality outcomes.

A Renewed Vision: Helping Louisiana Care at Home EXCEL

As we move forward, HCLA is strengthening its commitment to members through our EXCEL strategic framework:

- **Education:** Delivering relevant, high-quality clinical, regulatory, and operational education that equips providers for success.
- **eXpertise:** Providing timely regulatory insight, practical guidance, and resources to navigate an increasingly complex healthcare environment.
- **Connection:** Building stronger relationships among providers, industry partners, and stakeholders through networking, collaboration, and shared learning.
- **Engagement:** Advancing the collective voice of Louisiana's home-based care community through legislative advocacy, regulatory participation, and meaningful member involvement.
- **Leadership:** Developing capable leaders, strengthening organizations, and helping shape the future of care at home.

Our goal is straightforward: **HCLA membership should provide measurable value—not simply through representation, but through the resources, relationships, and opportunities that help your organization succeed.**

We recognize the financial and operational pressures facing providers today. Every membership dollar matters. Our responsibility is to ensure that your investment in HCLA supports effective advocacy, relevant education, timely information, and opportunities that strengthen your organization and the industry as a whole.

Your Membership. Your Voice. Our Shared Future.

Enclosed is your **2027 HCLA Membership Renewal Packet**. We encourage you to complete and return your renewal promptly to take advantage of the early renewal discount and ensure uninterrupted access to member benefits.

We also invite you to encourage fellow providers, industry partners, and vendors to become part of HCLA. A stronger membership strengthens our collective voice and expands what we can accomplish together.

If you have questions regarding membership or renewal, please contact our office at **800-283-4252**.

Thank you for the trust you place in HCLA. We value your partnership and look forward to working alongside you as we build a stronger, more connected, and more influential association.

Together, we will continue advancing home-based care in Louisiana - and helping our members EXCEL.

Sincerely,

Gayla Gunter, RN, CCS-HH
President
HomeCare Association of Louisiana

D' McCoy, RN, BMin
Chief Executive Officer
HomeCare Association of Louisiana



A Legacy of Advocacy. A Renewed Commitment to Members. A Stronger Future for Care at Home.

Since 1988, the HomeCare Association of Louisiana (HCLA) has served as a voice for home-based care providers across our state. Through decades of legislative advocacy, regulatory engagement, professional education, and industry collaboration, HCLA has worked to protect provider interests, strengthen agency operations, and preserve access to quality care in the home.

Our history includes meaningful advocacy on Medicaid reimbursement, Medicare payment policies, regulatory requirements, and legislation affecting the delivery of home health services. These efforts demonstrate what can be accomplished when providers unite around common goals and a shared commitment to the patients and communities they serve.

Today, our industry faces a new generation of challenges and opportunities. Evolving payment models, heightened regulatory scrutiny, workforce shortages, emerging technologies, and changing models of care require agencies to be informed, adaptable, and prepared.

HCLA is responding with a renewed strategic direction—one that places member value, practical resources, meaningful relationships, and effective advocacy at the center of everything we do.

THE HCLA EXCEL FRAMEWORK

Five Strategic Commitments. One Shared Vision.

E — EDUCATION | Equipping Providers for Success

Delivering practical, relevant education that strengthens clinical competency, operational performance, and regulatory compliance.

- Clinical, regulatory, and operational webinars, workshops, and conferences
- Expanded complimentary member education and an on-demand learning library
- Training on OASIS, PDGM, HHVBP, coding, documentation, and quality improvement
- Hands-on competency development for nurses and direct care professionals
- Member discounts on qualifying educational programs

X — eXPERTISE | Providing Guidance You Can Trust

Connecting members with the knowledge, resources, and professional expertise needed to navigate an increasingly complex healthcare environment.

- Timely interpretation of federal and Louisiana regulatory developments

- Guidance on Medicare and Medicaid reimbursement and compliance requirements
- Mock survey services, audit preparation, and assistance with ADRs and denials
- Access to subject-matter experts and practical operational resources
- Emergency preparedness guidance and survey-readiness support

C — CONNECTION | Strengthening Our Professional Community

Creating opportunities for providers to share knowledge, develop relationships, and work collaboratively toward common solutions.

- Regional meetings, statewide conferences, and peer networking
- Connections with agency owners, administrators, clinical leaders, and industry partners
- Enhanced member newsletters, communications, and discussion opportunities
- Access to HCLA member resources and professional networks
- Collaboration with organizations and stakeholders across the continuum of care

E — ENGAGEMENT | Strengthening Our Collective Voice

Representing the interests of Louisiana's home-based care community through active legislative advocacy, regulatory participation, and member involvement.

- Advocacy before the Louisiana Legislature, Congress, and regulatory agencies
- Engagement with the Louisiana Department of Health, CMS, and Medicare Administrative Contractors
- Representation on reimbursement, payment policy, regulatory oversight, and access-to-care issues
- Grassroots advocacy initiatives that connect providers with policymakers
- Opportunities for members to participate in shaping industry priorities

L — LEADERSHIP | Preparing for the Future of Care at Home

Developing capable leaders, strengthening organizations, and supporting the long-term sustainability of Louisiana's home-based care industry.

- Leadership development for agency administrators and clinical managers
- Development of structured professional certification programs
- Resources to strengthen organizational performance and accountability
- Opportunities for mentorship, collaboration, and professional growth
- Strategic initiatives that encourage innovation and prepare providers for emerging care models

YOUR MEMBERSHIP. YOUR VOICE. OUR SHARED FUTURE.

HCLA membership is more than access to information or discounted educational programs. It is an investment in an organization committed to representing your interests, supporting your success, and advancing the future of care at home.

Our responsibility is to ensure that membership delivers meaningful value through education you can apply, expertise you can rely on, relationships that strengthen your organization, advocacy that protects your interests, and leadership that prepares our industry for what comes next.

We believe the strength of HCLA lies in the collective knowledge, experience, and commitment of its members.

As we move forward, we invite you to become an active part of this renewed vision. Share your challenges. Offer your ideas. Participate in our programs. Engage in advocacy. Help us build an association that reflects the needs and aspirations of Louisiana's home-based care community.

Together, we are not simply responding to change. We are helping shape the future of care at home.

HCLA — Helping Louisiana Care at Home EXCEL.

Education • eXpertise • Connection • Engagement • Leadership

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: 8/15/27 good through 8/14/28)

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			Dues
☐	$1	-	$500,000	$660
☐	$500,001	-	$1,500,000	$1,595
☐	$1,500,001	-	$2,500,000	$2,420
☐	$2,500,001	-	$3,500,000	$3,355
☐	$3,500,001	-	$4,500,000	$4,400
☐	$4,500,001	-	$5,500,000	$5,610
☐	$5,500,001	-	$10,000,000	$6,930
☐	$10,000,001	-	plus	$8,360
☐	Corporate Membership			$8,360 + $660 X #of providers

MULTIPLE PROVDER 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, 2027 will result in the cancellation of your current membership until payment is received.**

Over, Pg.2

Step 3: Business Information

Affiliation: (check appropriate spaces)

☐ Hospital Administered (owned and operated by a hospital)
☐ Hospital Affiliated (contractually related, not a department of a hospital)
☐ Freestanding
☐ Ancillary Services to Home Care Industry

Certification/Licensure Status: (check appropriate spaces)

☐ State Licensed ☐ Medicare Certified ☐ Medicaid Certified
☐ Joint Commission Accredited ☐ CHAP Accredited
☐ Other:

Regions Served: _____

Parishes Served: _____

_____

_____

Membership in National Organizations: (check appropriate spaces)

☐ National Alliance for Care at Home
☐ American Association for Home Care– AA Homecare
☐ American Home Care Association– AHCA
☐ 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 2027 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, 2027 **2nd installment due: April 1, 2027**
3rd installment due: July 1, 2027 **4th installment due: October 1, 2027**

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): _____

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Agency/Company Name: _____

Legal Owner/Parent Entity: _____

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Email Address: _____

Mailing Address: _____

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Website Address (URL): _____

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Agency/Company Name: _____

Legal Owner/Parent Entity: _____

Person To Receive Mail: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website Address (URL): _____

HCLA

HOMECARE ASSOCIATION OF LOUISIANA

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 pays dues each quarter. A receipt will be emailed to agency.

☐ YES ☐ NO