



**2020-21
LICENSED & CERTIFIED
MEMBERSHIP
APPLICATION**
(Effective July 1, 2020 to June 30, 2021)

Agency Name:

Date:

ASSOCIATION MEMBERSHIP FOR LICENSED & CERTIFIED PROVIDERS

Membership is available to an entity that is individually licensed by the State of Connecticut as a home health care agency and certified by Medicare as a home health agency and /or hospice.

Conditions and Obligations of Membership

Applicants understand and agree that, by applying for and accepting membership in the Connecticut Association for Healthcare at Home (Association), they accept the following policies and obligations.

Standards of Conduct

Association members are expected to conduct their businesses consistent with all applicable laws and regulations and in an ethical manner, as may be further articulated in a Code of Conduct adopted by the Association's Board. The Board of Directors of the Association reserves the right to terminate the membership of any Association member whose conduct, in the sole discretion of the Board, is unethical or inconsistent with all applicable laws and regulations or otherwise damaging to the Association.

Advocacy of the Association's Position

If a member wishes to take a stand different from the Association's position on any issue, he/she must publicly state that his/her position is independent of the Association's stand. Members must notify the Association's President & CEO in writing of this position in advance of their lobbying efforts.

Payment of Dues and Fees

Membership is for a full year, and by applying for membership each applicant is obligated to pay dues for the entire year. Membership dues for Licensed & Certified Members are billed and collected on a prepayment basis and may be paid annually (**July 1, 2020**) or quarterly (**July 1, 2020, October 1, 2020, January 1, 2021, April 1, 2021**). Membership privileges may be temporarily suspended for any member that does not make a required payment within **30 days** of its due date and will be terminated for any member that does not remit payment within **90 days** of the due date(s). Members whose memberships may be temporarily suspended for late payment will receive no email communications or services from the Association until the suspension is lifted as described below. Members with dues outstanding may register for workshops or other services, however, must pay at the non-member rate until dues are current.

Lifting of temporary suspensions

Temporary suspensions will be lifted and membership privileges restored upon:

1. Payment of up to 30 days' past due amounts owed, if applicable, and
2. Payment of the current quarter's dues, and
3. Full payment in advance of the next quarter's dues assessment.

For internal use only.

Paid Q1 _____

Paid Q2 _____

Paid Q3 _____

Paid Q4 _____



Changes in Member's Status

Because membership is for a full year, each Member is obligated to the Association to pay its dues for the entire membership year regardless of whether the Member's status changes during the year through merger or for any other reason. The following policies apply to the assessment of dues (1) when two agencies merge or combine¹ at the beginning of the Association's membership year, (2) when an Association member merges or combines with a non- Association member during the membership year, and (3) in other circumstances.

A. Calculation of dues in the case of a change in status effective at the start of the Association membership year.

When two licensed home health agencies merge or combine effective at the beginning of the Association's membership year, the dues assessment will be based on the combined totals of the agencies' most recent Medicare Cost Reports.

When the merger or combination is between a licensed home health agency and an agency that does not complete a Medicare Cost Report (e.g. Homemaker/HHA), the dues assessment will be based on the combined total of the licensed home health agency's most recent Medicare Cost Report and the most recent audited report of the other agency reduced by the amount of any contracted services the surviving licensed home health agency purchased from the other agency.

B. Calculation of dues in the case of a change in status during the Association's membership year of an "old" Association member agency and an agency with no prior affiliation with the Association.

If the new/surviving/combined agency wants to continue as an Association member for the balance of the membership year, a copy of its current operating budget will be requested and used to calculate dues for the balance of the year on a pro-rated basis; the agency will receive credit against that amount for amounts already paid for the remainder of that year by the "old" Association member. The total dues amount determined shall not exceed the maximum annual dues payable.

If the new/surviving/combined agency does not wish to continue as an Association member, no refund will be given and the member agency remains obligated to pay any outstanding balance of the original dues amount for the year.

C. Dues assessments for new members who join after the beginning of the Association's membership year.

The first year's dues for Agency members who join after the beginning of the Association's membership year will be pro-rated per quarter.

NOTE: The Connecticut Association for Healthcare at Home is a non-profit association that is tax exempt under section 501(c)(3) of the Internal Revenue Code. As long as our non-dues revenue from our educational programs and other revenue sources continues to cover our lobbying and related support and expenses, the cost of your dues will be tax-deductible for your organization. (Before the end of our 2nd quarter, we percentage that is tax-deductible. For the past several years it has been 100%.) Dues are non-refundable. (If you are a Medicare certified agency, your total dues are an allowable cost under Section 2138 of the Medicare Provider Reimbursement Manual.)

¹ Changes in status that occur (1) through a merger, affiliation, or combination with another agency or (2) when two agencies start to share the same federal tax ID number are referred to in this Policy as a "Merger or Business Combination."



Member Information

Agency Name:	
Address:	
City, State, Zip:	
Agency Main Phone Number:	Agency Main Fax Number:
Primary Contact:	Title:
Primary Contact Email:	
Primary Contact Phone Number:	Primary Contact Fax:
Contact Person for Dues Payment:	Title:
Email:	
Phone Number <i>(if different from above):</i>	Fax Number <i>(if different from above):</i>
Agency Website:	
Is your agency: <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Town Agency <input type="checkbox"/> Hospital Affiliated <input type="checkbox"/> ACO/System Affiliated	
Member of: <input type="checkbox"/> NAHC <input type="checkbox"/> NHPCO <input type="checkbox"/> VNAA <input type="checkbox"/> VNANE <input type="checkbox"/> CBIA <input type="checkbox"/> CHA <input type="checkbox"/> Leading Age CT <input type="checkbox"/> CAHCF	
Program: <input type="checkbox"/> Hospice <input type="checkbox"/> Private Duty	Medicare Provider Number:

**MEMBER INFORMATION CONDITIONS OF MEMBERSHIP & FCC
COMMUNICATIONS CONSENT**

The agency hereby acknowledges that this constitutes a commercial transaction as such term is used and defined in Chapter 903a of the Connecticut General Statutes, Section 52-278a et seq, and hereby expressly waives any and all rights which are or may be conferred upon the agency by said statute to any notice or hearing prior to a prejudgment remedy for nonpayment or late payment of annual dues or any other fees.

On behalf of the Applicant, I accept and agree to the conditions of membership as stated in the enclosure. I also understand that by providing the Applicant's mailing address, email address, telephone number, and fax number, the Applicant and I consent to receive communications via regular mail, email, telephone, and/or fax sent by or on behalf of the Connecticut Association for Healthcare at Home. I am duly authorized to sign on behalf of the Applicant.

Print Name:	Date:
<i>By typing your name below, you are providing your electronic signature & accepting the terms of Membership.</i>	
Signature:	



DUES COMPUTATION & PAYMENT SCHEDULE FOR YOUR AGENCY

To properly determine your annual dues, please submit the appropriate section of your FY 2019 Medicare Cost Report indicating your agency's total annual expenses. (1) Worksheet A, Column 6 of your 2019 Medicare Cost report; or (2) Worksheet H, Column 6 of your 2019 Medicare Cost report. Membership dues are calculated as follows:

Total Agency Expenditures	Dues	Total Agency Expenditures	Dues
\$0 – 500,000	\$1,000	\$8 – 10 million	\$12,000
\$500,000 – 1 million	\$2,000	\$10 – 12.5 million	\$13,000
\$1 – 1.5 million	\$3,000	\$12.5 – 15 million	\$14,000
\$1.5 – 2 million	\$4,000	\$15 – 17.5 million	\$15,000
\$2 – 3 million	\$5,500	\$17.5 – 20 million	\$16,000
\$3 – 4 million	\$7,000	\$20 - \$23 million	\$17,000
\$4 – 5 million	\$8,500	\$23 - \$26 million	\$18,000
\$5 – 6.5 million	\$10,000	\$26 million +	\$20,000
\$6.5 – 8 million	\$11,000		

Please select a payment plan:

- Annually:** Payment in full due **no later than July 1, 2020**
- Quarterly:** Payments due **July 1, 2020, October 1, 2020, January 1, 2021, April 1, 2021**
(Invoices sent month prior to due date)

DUES CALCULATION

Total Agency Medicare Expenses:	\$
Annual Dues for 2020-2021 Membership Year <i>(refer to bracket above):</i>	\$
Today's Payment <i>(reflective of elected payment plan):</i>	\$

PAYMENT METHOD:

In order for payment to be processed, you must sign below to authorize payment.

<input type="checkbox"/> Check <i>(payable to CT Healthcare at Home)</i>				
Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Cardholder's Name:				
Card Number:		CVV/Security Code:	Exp. Date:	
Cardholder's Billing Address <i>(if different):</i>				
City, State, Zip:				
Phone:		Email:		

Print Name:	Date:
Signature:	

A signed copy of the Application, the appropriate section of your 2019 Medicare Cost Report and payment MUST be sent together to the Association in order for Membership to be effective July 1, 2020.

Completed applications can be returned via mail, fax or email to:
Mail: Connecticut Association for Healthcare at Home, 110 Barnes Road,
PO Box 90, Wallingford, CT 06492