

# New Provider Membership Application

California Association for Health Services at Home  
3780 Rosin Court, Ste. 190, Sacramento, CA 95834  
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**APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR MEMBERSHIP.**

## Step 1: Contact Information

Agency Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Email: \_\_\_\_\_  
Website: \_\_\_\_\_

Year Established: \_\_\_\_\_ Do you have other locations?  Yes  No

Please provide your Department of Social Services, Home Care Services Bureau License Number: \_\_\_\_\_  
or Department of Public Health Home Health Agency or Hospice License Number: \_\_\_\_\_

Do more than 50% of your staff providing care in the home receive a W-2?  Yes  No

Please list the names of all owners of your organization and the percentage of their interest in your agency (in excess of 5% revenues / profits):

Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Percent: \_\_\_\_\_  
Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Percent: \_\_\_\_\_

Please provide the name of your organization's chief executive:

Name: \_\_\_\_\_  
Email: \_\_\_\_\_

**Key Contact** (receives all CAHSAH publications via email)

Name: \_\_\_\_\_  
Title/Degree: \_\_\_\_\_  
Email: \_\_\_\_\_

**Voting Delegate** (if different from Key Contact)

Name: \_\_\_\_\_  
Title/Degree: \_\_\_\_\_  
Email: \_\_\_\_\_

**Additional Personnel to receive CAHSAH Email Publications:**

Name: \_\_\_\_\_  
Title/Degree: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title/Degree: \_\_\_\_\_  
Email: \_\_\_\_\_

Has your agency or any other agency with which you have been affiliated ever had their CAHSAH Home Care Aide Organization Certification or CAHSAH membership revoked or denied?  Yes  No

If yes, please explain: \_\_\_\_\_

## Step 2: Section Information

If your organization receives at least \$300,000 in revenue from more than one CAHSAH section you may receive a vote for each section.

**Primary Section:** \_\_\_\_\_

| Check all that apply:                   | Under \$300,000 | \$300,000 and over |
|---|-----------------|--------------------|
| Home Care Aide                          | _____           | _____              |
| Home Infusion Pharmacy                  | _____           | _____              |
| Home Medical Equipment                  | _____           | _____              |
| Hospice                                 | _____           | _____              |
| Interdisciplinary Professional Services | _____           | _____              |
| Licensed Home Health                    | _____           | _____              |
| Medicare Certified                      | _____           | _____              |

## Conditions of Participation

1. Provider Membership in CAHSAH is open to direct providers of health and supportive services and products in the home.
2. Adherence to CAHSAH Code of Ethics.
3. Membership benefits begin with receipt of payment and continue for one year. Only employees of the member entity may utilize member benefits.
4. Dues are calculated and based on total revenues for the previous year.
5. Membership dues, set up fees and voluntary contributions are non-refundable.
6. Dues payments to CAHSAH are not deductible as a charitable contribution for federal income tax purposes. However, dues payments may be deductible as an ordinary and necessary business expense, subject to an exclusion for lobbying activity. Because a portion of your dues is used for lobbying by CAHSAH, 10% of your dues is not deductible for income tax purposes.

I, as CEO, CFO or Executive Management, have read, understand and agree to abide by the Conditions of Participation. I further certify that I have accurately represented my agency's total revenues for the previous year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

**Step 3: Calculate your dues**

CAHSAH dues are based on your total net revenues for all of your California locations/branches for the previous year. For an explanation of total net revenues and an example, see below. Find your total net revenues in the Provider Dues Schedule and enter your applicable dues amount here:

( Line A ) \$ \_\_\_\_\_

- If making one payment, go to Step 4.
- To make quarterly payments, divide Line A by 4 and enter on Line B.

( Line B ) \$ \_\_\_\_\_

**Calculate set up fee -**

- ⇒ If dues are \$550, enter \$55 on Line C
- ⇒ If dues are \$750, enter \$75 on Line C
- ⇒ If dues are \$950 or more, enter \$100 on Line C.

( Line C ) \$ \_\_\_\_\_

**Step 4: Voluntary Contributions**

PAC/LAF contribution (10% of your total dues suggested)

( Line D )

PAC (for profit agencies) \$ \_\_\_\_\_

LAF (non-profit agencies) \$ \_\_\_\_\_

The PAC (Political Action Committee) and LAF (Legislative Action Fund) allow CAHSAH to educate legislators about home care issues which affect your industry and to make contribution to the campaigns of candidates that support your industry.

*PAC/LAF contributions are not deductible as charitable contributions.*

CAHSAH Legal Defense Fund (25% of your total dues amount suggested)

( Line E ) \$ \_\_\_\_\_

**Step 5: Payment Information**

Add lines A, D and E to determine your total payment. If you are making quarterly payments, add lines B, C, D and E to determine your first payment. Quarterly payments are subject to a set up fee as well as management approval. **(Quarterly payers: the three remaining payments will be invoiced)**

( Total ) \$ \_\_\_\_\_

\_\_\_\_ Check    \_\_\_\_ Visa    \_\_\_\_ MasterCard    \_\_\_\_ American Express

Card# \_\_\_\_\_ Exp/Date: \_\_\_\_\_

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**By signing this application, you are committing to one (1) year of membership and all four (4) installments are due and payable.**

Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_



**Provider Dues Schedule**

Dues are based on your total net revenues for all of your California locations/branches for the previous year. Total net revenues are what you were actually paid for all services from all payers.

Total net revenues = total charges minus contractual allowances.

**Example:** ABC Home Health Agency is Medicare Certified. For the previous year, ABC received the following net revenues from the following payers:

|                           |                    |
|---------------------------|--------------------|
| Medicare                  | \$1,000,000        |
| Medi-Cal                  | 50,000             |
| Private Payers            | 150,000            |
| <b>Total Net Revenues</b> | <b>\$1,200,000</b> |

ABC's total revenues were \$1,200,000. On the dues schedule below, ABC's total net revenues fall in the \$1,000,000 - \$1,500,000 net revenue bracket which indicates dues of \$2,150. ABC's CAHSAH dues are \$2,150.

| <u>Total Net Revenue</u>                                      | <u>Dues</u> | <u>Total Net Revenue</u> | <u>Dues</u> | <u>Total Net Revenue</u> | <u>Dues</u> |
|---|-------------|--------------------------|-------------|--------------------------|-------------|
| <b>New Member Start Up Agencies:</b>                          |             |                          |             |                          |             |
| <b>1st year of business</b> with revenues less than \$300,000 | \$ 550      | \$2,000,000-2,500,000    | \$3,150     | \$8,500,001-8,999,999    | \$ 9,650    |
|   |             | \$2,500,001-2,999,999    | \$3,650     | \$9,000,000-9,500,000    | \$10,150    |
| <b>2nd year of business</b> with revenues less than \$500,000 | \$ 750      | \$3,000,000-3,500,000    | \$4,150     | \$9,500,001-9,999,999    | \$10,650    |
| <b>3rd year of business or higher</b>                         |             | \$3,500,001-3,999,999    | \$4,650     | \$10,000,000-11,000,000  | \$11,150    |
| \$0 - 500,000   | \$ 950      | \$4,000,000-4,500,000    | \$5,150     | \$11,000,001-12,000,000  | \$11,500    |
| \$500,001-600,000   | \$1,150     | \$4,500,001-4,999,999    | \$5,650     | \$12,000,001-13,000,000  | \$12,500    |
| \$600,001-700,000   | \$1,350     | \$5,000,000-5,500,000    | \$6,150     | \$13,000,001-14,000,000  | \$13,500    |
| \$700,001-800,000   | \$1,550     | \$5,500,001-5,999,999    | \$6,650     | \$14,000,001-15,000,000  | \$14,500    |
| \$800,001-900,000   | \$1,750     | \$6,000,000-6,500,000    | \$7,150     | \$15,000,001-16,000,000  | \$15,500    |
| \$900,001-999,999   | \$1,950     | \$6,500,001-6,999,999    | \$7,650     | \$16,000,001-17,000,000  | \$16,500    |
| \$1,000,000-1,500,000   | \$2,150     | \$7,000,000-7,500,000    | \$8,150     | \$17,000,001-18,000,000  | \$17,500    |
| \$1,500,001-1,999,999   | \$2,650     | \$7,500,001-7,999,999    | \$8,650     | \$18,000,001-19,000,000  | \$18,500    |
|   |             | \$8,000,000-8,500,000    | \$9,150     | More than \$19,000,000   | \$19,000    |

**Organizational Information**

**Payments Accepted**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> HMO      | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Private Pay       | <input type="checkbox"/> Workers Comp            |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> TRICARE/CHAMPUS   |  |

**Accreditations**

- |                                |
|--------------------------------|
| <input type="checkbox"/> ACHC  |
| <input type="checkbox"/> CHAP  |
| <input type="checkbox"/> JCAHO |

**List of Counties**

Please check the counties in which your agency provides services.

**Northern, CA**

- |                                       |  |                                     |
|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Alameda      | <input type="checkbox"/> Marin         | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Butte        | <input type="checkbox"/> Mendocino     | <input type="checkbox"/> Shasta     |
| <input type="checkbox"/> Colusa       | <input type="checkbox"/> Modoc         | <input type="checkbox"/> Sierra     |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Napa          | <input type="checkbox"/> Siskiyou   |
| <input type="checkbox"/> Del Norte    | <input type="checkbox"/> Nevada        | <input type="checkbox"/> Solano     |
| <input type="checkbox"/> El Dorado    | <input type="checkbox"/> Placer        | <input type="checkbox"/> Sonoma     |
| <input type="checkbox"/> Glenn        | <input type="checkbox"/> Plumas        | <input type="checkbox"/> Sutter     |
| <input type="checkbox"/> Humboldt     | <input type="checkbox"/> Sacramento    | <input type="checkbox"/> Tehama     |
| <input type="checkbox"/> Lake         | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Trinity    |
| <input type="checkbox"/> Lassen       | <input type="checkbox"/> San Mateo     | <input type="checkbox"/> Yolo       |
|                                       | <input type="checkbox"/> Santa Clara   | <input type="checkbox"/> Yuba       |

**Central, CA**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Alpine    | <input type="checkbox"/> Mono        |
| <input type="checkbox"/> Amador    | <input type="checkbox"/> Monterey    |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> San Benito  |
| <input type="checkbox"/> Fresno    | <input type="checkbox"/> San Joaquin |
| <input type="checkbox"/> Inyo      | <input type="checkbox"/> Stanislaus  |
| <input type="checkbox"/> Kern      | <input type="checkbox"/> Tulare      |
| <input type="checkbox"/> Kings     | <input type="checkbox"/> Tuolumne    |
| <input type="checkbox"/> Madera    |                                      |
| <input type="checkbox"/> Mariposa  |                                      |
| <input type="checkbox"/> Merced    |                                      |

**Southern, CA**

- |  |
|--|
| <input type="checkbox"/> Imperial        |
| <input type="checkbox"/> Los Angeles     |
| <input type="checkbox"/> Orange          |
| <input type="checkbox"/> Riverside       |
| <input type="checkbox"/> San Bernardino  |
| <input type="checkbox"/> San Diego       |
| <input type="checkbox"/> San Luis Obispo |
| <input type="checkbox"/> Santa Barbara   |
| <input type="checkbox"/> Ventura         |

**List of Services**

Please check the services your agency provides.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 24/7 Delivery Services               | <input type="checkbox"/> Hospice                               | <input type="checkbox"/> Oncology                     |
| <input type="checkbox"/> AIDS Patients                        | <input type="checkbox"/> Hospital & Clinical Consultation      | <input type="checkbox"/> Oral Supplements             |
| <input type="checkbox"/> Attendant/Companion/Sitter           | <input type="checkbox"/> Household Management                  | <input type="checkbox"/> Perinatal/Pediatric Care     |
| <input type="checkbox"/> Continuous Care Nursing              | <input type="checkbox"/> Infusion Therapy                      | <input type="checkbox"/> Physical Therapy             |
| <input type="checkbox"/> CPR Classes                          | <input type="checkbox"/> Medical Social Services               | <input type="checkbox"/> Registered Dietician Support |
| <input type="checkbox"/> Elder Care/Geriatric Management      | <input type="checkbox"/> Mental Health Services                | <input type="checkbox"/> Rehabilitation Services      |
| <input type="checkbox"/> Enteral Feeding Supplies & Equipment | <input type="checkbox"/> Multi-lingual Medical Social Services | <input type="checkbox"/> Respite Care                 |
| <input type="checkbox"/> Enterostomal Therapy                 | <input type="checkbox"/> Multi-lingual Staff                   | <input type="checkbox"/> Skilled Nursing              |
| <input type="checkbox"/> Home Care Aide                       | <input type="checkbox"/> Nanny Care                            | <input type="checkbox"/> Speech Language Pathology    |
| <input type="checkbox"/> Home Medical Equipment               | <input type="checkbox"/> Occupational Therapy                  | <input type="checkbox"/> Speech Therapy               |

**Organizational Information - Optional**

To be used for statistical purposes only.

**Statistics**

- Number of Full Time Employees: \_\_\_\_\_
- Number of Part Time Employees: \_\_\_\_\_
- Are you a member of your local Regional Council? \_\_\_\_\_
- Council Name: \_\_\_\_\_

**Auspice**

Please check one

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> For profit | <input type="checkbox"/> Free standing  |
| <input type="checkbox"/> Non profit | <input type="checkbox"/> Hospital based |
| <input type="checkbox"/> Government |   |

**Membership Source:**

How did you hear about CAHSAH: \_\_\_\_\_