

Provider Membership Renewal Application

California Association for Health Services at Home
3780 Rosin Court, Ste. 190, Sacramento, CA 95834
Phone: (916) 641-5795 ♦ Fax: (916) 641-5881 ♦ www.CAHSAH.org



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: _____
Name: _____

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 (it appears on card) : _____

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
Total Net Revenues	\$1,200,000

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>
New Member Start Up Agencies:					
1st year of business 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
2nd year of business with revenues					
less than \$500,000	\$ 750	\$3,000,000-3,500,000	\$4,150	\$9,500,001-9,999,999	\$10,650
		\$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