

2010 Membership Application

Contributions or gifts to KHHA are not tax deductible as charitable contributions for federal income tax purposes in accordance with notice 88-120 Sections 501(c)(5) and (c)(6). However, KHHA membership dues are deductible on tax returns as an ordinary and necessary business expense, and by HCFA as allowed business cost subject to restrictions imposed as a result of Association lobbying activities. KHHA estimated that the non-deductible or non-allowed portion of 2009 dues (the portion that can be allocated to federal and state lobbying activity) was 15%. You will be advised of any changes in this percentage applicable to your 2010 membership year.



Your continued involvement makes possible a strong voice on issues affecting all home care providers.

Step One: Company Information

Agency/Organization: _____
 Contact Name #1: _____ Contact Name #2: _____
 E-Mail Address #1: _____ E-Mail Address #2: _____
 Address #1: _____ Address #2: _____
 City/State/Zip #1: _____ City/State/Zip #2: _____
 Telephone #1: _____ Fax: _____ Telephone #2: _____ Fax: _____

Step Two: Dues Calculation

Locate your membership category and check the corresponding dues rate. If paying more than one membership category, please attach a sheet with the complete information (per Step One) for all memberships.

(1) FULL AGENCY MEMBERSHIP: This member category is open to any organization whose primary purpose is the delivery of direct health care services to persons in their place of residence or community-based outpatient setting. There are three (3) sub-categories in this Membership group.

A. Licensed Home Health Agencies: Agencies with multiple licenses/provider numbers must include all offices or locations using either Option 1 or Option 2 described on the second page. Please call if you have questions.

Dues: Based on range of annual visits (see below) plus two cents (.02) per Home and Community-Based Waiver visits or encounters. <u>DO NOT count individual HCB Units!</u>	
Visits per Year	Dues
0 - 6,000	\$ 750
6,001 - 12,000	\$1,325
12,001 - 18,000	\$2,150
18,001 - 24,000	\$2,975
24,001 - 30,000	\$3,775
30,001 - 36,000	\$4,650
36,001 - 50,000	\$5,200
50,001 - 100,000	\$5,750
100,000 - Over	\$6,500

Dues based on range of visits = \$ _____
 Number of HCB Visits _____ x .02 = + \$ _____
(to a maximum of \$500)
(1A) Total Home Health Dues \$ _____

B. Other Direct Care Organizations

Dues: \$750/annually - regular rate for qualifying organizations.
 \$325/annually - discounted rate for a qualifying subdivision of a Home Health Agency or Other Direct Care Organization if parent pays at regular rate.
 Regular _____ \$750 Subdivision Discount _____ \$375
(1B) Total Direct Care Organization Dues \$ _____

C. Adult Day Health Centers

Dues: \$350 for the first licensed center and \$50 for each additional licensed center. (When a company owns multiple licensed adult day health centers, all licensed centers must be included in the membership.)
 Adult Day Health Center: _____ \$350
 No. of additional licensed centers _____ x \$50 = \$ _____
(1C) Total Adult Day Health Dues \$ _____

D. Non-Medical In-Home Service Organizations- Personal Care Services

Dues: \$750/annually - **Special two-year introductory rate \$375/year**
 After paying two years at this rate, dues will revert to the regular yearly rate of \$750.
(1D) Total Non-Medical In-Home Dues \$ _____

APPLICABLE DUES	
FULL AGENCY DUES	
Home Health (1A)	\$ _____
Other Direct Care (1B)	\$ _____
Adult Day Health (1C)	\$ _____
Non-Medical In-Home (1D)	\$ _____
ORGANIZATIONAL DUES (2)	\$ _____
INDIVIDUAL DUES (3)	\$ _____
TOTAL PAYABLE	
(lines 1A, 1B, 1C, 1D, 2 & 3) \$ _____	
Check Enclosed _____	Please Bill _____

Send completed form and payment to:
 Kentucky Home Health Association
 154 Patchen Drive, Suite 90
 Lexington, KY 40517
 or fax to 859-269-1124

(2) ORGANIZATION MEMBER

Regular _____ \$750 Subdivision Discount _____ \$375

(3) INDIVIDUAL MEMBER \$100 flat fee _____

MEMBERSHIP CLASSIFICATIONS

(1) FULL AGENCY MEMBERSHIP

This member category is open to any organization whose primary purpose is the delivery of direct health care services to persons in their place of residence or community-based outpatient setting.

(A) Licensed Home Health Agencies

Dues based on range of home health visits

Visits per Year	Dues
0 - 6,000	\$ 750
6,001 - 12,000	\$1,325
12,001 - 18,000	\$2,150
18,001 - 24,000	\$2,975
24,001 - 30,000	\$3,775
30,001 - 36,000	\$4,650
36,001 - 50,000	\$5,200
50,001 - 100,000	\$5,750
100,001 - Over	\$6,500

PLUS Number of HCB Visits/Encounters x \$0.2 (Up to a maximum of \$500)

Agencies that are a part of a corporation with multiple licenses/provider numbers in Kentucky have two options. **Option 1:** They may include all offices or locations in one membership by calculating dues based on the total number of chargeable home health visits made by all offices; **OR Option 2:** They may have memberships for each separate licensed office/provider number and pay separate dues for each of the Kentucky offices owned by the corporation. Membership will not be accepted unless all Kentucky offices are included.

Example of Option 1: Office 1 10,000 visits annually HCB visits = 4,000
Office 2 15,000 visits annually HCB visits = 6,000
Office 3 25,000 visits annually HCB visits = 6,000
50,000 total visits Total HCB visits 16,000

Dues from range = \$5,200 + HCB portion 16,000 x \$0.2 = \$320.
Total Dues = \$ 5,520

(B) Other Direct Care Organizations

Dues: \$750/annually - regular rate for qualifying organizations
\$375/annually - discounted rate for a qualifying subdivision of a Home Health Agency or Other Direct Care Organization if parent pays at regular rate.

(C) Adult Day Health Centers

Dues: \$350 for first licensed center and \$50 for each additional licensed center. (When a company owns multiple licensed adult day health centers, all licensed centers must be included in the membership.)

(D) Non-Medical In-Home Service Organizations - Personal Care Services Agencies

Dues: \$750/annually - **Special two-year introductory rate \$375.** After paying two years at this rate, dues will revert to the regular yearly rate of \$750.

BENEFITS:

- * Legislative and regulatory updates to all members subscribed to the KHHA members-only listserve. Any number of employees may be added to the listserve.
- * Listing in *Directory of Home Health Agencies, Hospices, and In-Home Care Services in KY* and one complimentary copy of directory.
- * All employees eligible for member fees at all programs and conferences.
- * All employees eligible to serve on KHHA Committees and serve as At-Large and Regional Directors on KHHA Board.
- * Conference and continuing education promotional brochures emailed to listserve subscribers.
- * Access to members-only sections of KHHA website.
- * Listing of organization on KHHA's website membership directory at www.khha.org.

(2) ORGANIZATIONAL MEMBERSHIP

This member category is open to any organization which fosters the home care concept or supports those delivering home care services BUT is not engaged in direct service delivery.

Organizational membership at a discounted rate is open to qualifying subdivisions of Full Agency Members. Such subdivisions may be members in their own right with benefits applying to employees in that program by paying special, discounted Organizational Member dues.

Dues: \$750/annually - regular rate for qualifying organizations
\$375/annually - discounted rate for subdivisions of Full Agency Members

Examples:

XYZ Financial Consultants	Annual dues: \$750
ASKE Medical Supply Co. (independent co.)	Annual dues: \$750
ABB DME (a subdivision of AAA Home Health Agency which is a current Full Agency Member of KHHA)	Annual Dues: \$ 375

BENEFITS: Same as for Full Agency Members. Organizational Members are eligible to serve on the KHHA Board of Directors as Regional and Allied Directors (or Sectional Directors, when applicable) or as At-Large Directors, per KHHA Bylaw provisions.

(3) INDIVIDUAL MEMBERSHIP

This member category is open to any person interested in home care services **with the exception of a person who is employed or is a principal of an organization which qualifies as a Full or Organizational Member. Individual Membership status is ONLY available if the employer agency is a current KHHA member in the appropriate class.**

Dues: \$ 100/annually

BENEFITS:

- * An Individual Member receives all official mailings.
- * Is eligible for member discounts for programs/conferences.
- * Is eligible to serve on KHHA Committees and to serve as an Allied Director on the KHHA Board.

ALL MEMBERS NOTE:

- (1) Corporate organizations owning businesses which qualify for membership under more than one membership class **must be members for their primary business as determined by gross revenues.** Membership fees are due and payable on January 1st each year. Renewal fees paid after March 31 may be subject to a \$50 reinstatement fee. Installment payments can be arranged. Call KHHA for details.
- (2) Dues may be paid in installments within the following guidelines. One-half of dues amount must be paid by the dues renewal deadline of March 31st with the balance to be paid by June 30th.

FOR KHHA USE ONLY:	<input type="checkbox"/> KHHA listserve	<input type="checkbox"/> Web Access
<input type="checkbox"/> New A O I	<input type="checkbox"/> Member Info	<input type="checkbox"/> Dbase Update
<input type="checkbox"/> Renewing Member	<input type="checkbox"/> Member Packet	<input type="checkbox"/> Billed?/Invoice Sent
<input type="checkbox"/> Complimentary Directory	<input type="checkbox"/> Fax Update	<input type="checkbox"/> Member Certificate