

CHAPCA

VALUE IN MEMBERSHIP



PROVIDER APPLICATION
MULTI-LOCATION



CHAPCA PROVIDER MEMBERSHIP BENEFITS

California Hospice and Palliative Care Association (CHAPCA) Membership has Its Benefits

Vision: California Hospice & Palliative Care Association envisions a future where every patient and family is aware of hospice and palliative care services and has access to high quality services.

Mission: To support Hospice Provider members' missions of providing high quality hospice and palliative care services to patients and their caregivers. CHAPCA board, leadership and provider members are recognized leaders and advocates on behalf of hospice and palliative care in California and at a national level.

TOP SIX VALUE AREAS FOR HOSPICE AND PALLIATIVE PROVIDER MEMBERS

- **Need to Know Federal and State Regulatory and Legislative Action.** CHAPCA is constantly monitoring and advocating for our members with NGS, CGS, Palmetto, The Alliance, CMS, CDPH, DSS, DHCS, DMHC and OSHPD-HCAi and other pertinent California and national agencies. CHAPCA leadership and committees meet regularly with these departments on issues of importance and concern. CHAPCA monitors new and proposed legislation that impacts hospice and palliative care providers and end-of-life care by way of committees and our contract lobbying firm, CLEAR ADVOCACY. Did you know that about 15% of member dues are allocated to lobbying on behalf of our members and those you serve. CHAPCA also introduces new legislation to improve access and/or remove barriers. CHAPCA monitors Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs and other pertinent state and national committees.
- **CHAPCA Provider Help Desk.** CHAPCA leadership respond to your day-to-day needs as well as trends in the hospice community, including operations and quality improvement and compliance questions. CHAPCA is constantly reviewing OSHPD-HCAi and CMS Medicare data to bring our members statistical data that can enhance your day-to-day operations. Consultations are FREE for members!
- **Professional Education.** CHAPCA provides a variety of educational programs, from workshops, to webinars and teleconferences. CHAPCA holds an annual conference and exhibition where the most relevant education, products and services are found. Content for our education programs is identified by our education and leadership committees, and we seek experts to develop and deliver the content you and your staff need. Programs focus on both regulatory, operational and clinical topics aimed at various hospice staff.
- **Access to Information.** CHAPCA's web site is a comprehensive resource offering information and materials for all level of hospice professionals. Members will find pages devoted to California legislation, public policy, regulatory issues, operations, member products and services, conferences and education. CHAPCA provider resources section is a convenient and valuable source of information about hospice and palliative care. CHAPCA member only portal hosts the archives of CHAPCA's Need-to-Know along with CHAPCA on demand webinars.
- **Business Development.** CHAPCA receives hundreds of calls each year from community partners, patients and family looking for hospice and palliative care providers. In addition, thousands more utilize CHAPCA website listing of member hospice programs to contact providers for care. CHAPCA ONLY refer the public to CHAPCA members. Provider members now have the ability to enhance their online listing by personalizing their message to the community. CHAPCA, as a non-for-profit 501 3c uses GOOGLE ad's that bring the public to our website.
- **CHAPCA Committees.** CHAPCA encourages members to become more involved in their state organization through committee service. Committees are a vital component of CHAPCA, providing leadership, technical service and educational assistance to members and the public. CHAPCA committee service is an opportunity for hospice and palliative care members to contribute to the field while learning from their colleagues. Current committees include Regulatory-Public Policy, Education and Leadership and Palliative Care and an ad-hoc billing and reimbursement work group.

(916) 925 - 3770 

info@calhospice.org 

www.calhospice.org 

8153 Elk Grove Blvd., Suite 20 

Elk Grove CA 95758



CHAPCA HOSPICE PROVIDER MEMBERSHIP APPLICATION

Corporation Name :

Key Contact Name :

Title of Key Contact :

Key Contact Email :

Corporate Address :

City : State : Zipcode :

Phone Number : For Profit Non-Profit

Website :

PROVIDER MEMBERSHIP AGREEMENT

Membership Agreement :

As a multi-location applicant to the California Hospice and Palliative Care Association (CHAPCA), I/we do affirm to voluntarily abide by and support the goals and objectives of the Association. In addition, I/we agree to accept e-mail communications from CHAPCA relative to the business of the Association.

As a multi-location applicant to the California Hospice and Palliative Care Association (CHAPCA), I/we do affirm benefits of membership are usable only to employees of provider member location.

CHAPCA dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues is not deductible as a business expense to the extent that CHAPCA engages in lobbying. The nondeductible portion of dues is currently estimated at 15%.

Please contact CHAPCA at (916) 925-3770 or info@calhospice.org if you have questions on processing your provider member application.

Membership Dues are nontransferable and non-refundable.

Signature of Applicant (E-signature accepted)

Printed Name

Date

CHAPCA PROVIDER MEMBERSHIP DUES (CY 2025)

Membership Dues Calculation :

Total Parent Dues: \$

Total Branch Dues @ \$500 each: \$

TOTAL DUES PAYABLE: \$

Member Dues:
Hospice 2023 operating expenditures submitted on OSHPD/HCAi Report (Section 10, line 54).
<https://reports.siera.hcai.ca.gov/>

\$0 - \$99,000.....	\$1,100.00
\$100,000 - \$999,999.....	\$1,875.00
\$1,000,000 - \$4,999,999.....	\$2,775.00
\$5,000,000 - \$9,999,999.....	\$4,000.00
More than \$10, 000,000.....	\$5,650.00

Multiple Location Discount Calculation

Corporations with **more than 3 licensed parent hospices** providing services under separate CCN provider numbers **qualify for a 20% discount on annual dues** for additional licensed locations. The 3 licensed locations with the highest operating expenses pay full dues. To receive a corporate discount, please complete the information below to calculate dues.

List the 3 hospices with the highest operating expenses and their full dues based on the above table:

Parent #1 Expenditures :	<input type="text"/>	Dues :	<input type="text"/>
Parent #2 Expenditures :	<input type="text"/>	Dues :	<input type="text"/>
Parent #3 Expenditures :	<input type="text"/>	Dues :	<input type="text"/>

List additional licensed hospices operated by the corporation (Apply 20% Discount):

Parent #4 Expenditures :	<input type="text"/>	Dues :	<input type="text"/>
Parent #5 Expenditures :	<input type="text"/>	Dues :	<input type="text"/>
Parent #6 Expenditures :	<input type="text"/>	Dues :	<input type="text"/>
Parent #7 Expenditures :	<input type="text"/>	Dues :	<input type="text"/>
Parent #8 Expenditures :	<input type="text"/>	Dues :	<input type="text"/>

.....

Method of Payment:

Full Payment Payment Plan - 50% Today 50% Balance Due June 1

Check

CHAPCA 2025 Membership Dues are payable by check.
Mail to: **8153 Elk Grove Blvd. Suite 20 Elk Grove, CA 95758.**
If you would like to pay via EBT (Electronic Bank Transfer)
please contact CHAPCA at (916) 925-3770

Signature (Signature of Applicant (E-signature accepted))

HOSPICE PARENT LOCATION INFORMATION - LOCATION 1

Licensed Parent # 1

Licensed Hospice Name :

Key Contact : Title :

Key Contact Email :

Designated Voting Member* (Name & Email) :

Address :

City : State : Zipcode :

Phone Number :

Website :

* The designated voting representative of a Provider Member on the records of the Corporation at the time of a vote shall be the only individual entitled to vote on behalf of the Provider Member upon matters put to the voting membership.

HOSPICE DEMOGRAPHICS

This information will be used as part of your organization's directory listing.

Licensed Licensed and Certified

CMS Certification # (CCN):

CDPH License #:

Accrediting Organization :

ACHC CHAP JC

Hospice House :

Yes No

Do you have a palliative program for patients not eligible or ready for hospice?

Yes No

Languages Spoken:

Counties Served: All counties where your PARENT location provides service. Service areas for additional branch offices should be listed separately with the branches.



HOSPICE PARENT LOCATION INFORMATION - LOCATION 2

Licensed Parent # 2

Licensed Hospice Name :

Key Contact : Title :

Key Contact Email :

Designated Voting Member* (Name & Email) :

Address :

City : State : Zipcode :

Phone Number :

Website :

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HOSPICE DEMOGRAPHICS

This information will be used as part of your organization's directory listing.

Licensed Licensed and Certified

CMS Certification # (CCN):

CDPH License #:

Accrediting Organization :

ACHC CHAP JC

Hospice House :

Yes No

Do you have a palliative program for patients not eligible or ready for hospice?

Yes No

Languages Spoken:

Counties Served: All counties where your PARENT location provides service. Service areas for additional branch offices should be listed separately with the branches.



HOSPICE PARENT LOCATION INFORMATION - LOCATION 3

Licensed Parent # 3

Licensed Hospice Name :

Key Contact : Title :

Key Contact Email :

Designated Voting Member* (Name & Email) :

Address :

City : State : Zipcode :

Phone Number :

Website :

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HOSPICE DEMOGRAPHICS

This information will be used as part of your organization's directory listing.

Licensed Licensed and Certified

CMS Certification # (CCN):

CDPH License #:

Accrediting Organization :

ACHC CHAP JC

Hospice House :

Yes No

Do you have a palliative program for patients not eligible or ready for hospice?

Yes No

Languages Spoken:

Counties Served: All counties where your PARENT location provides service. Service areas for additional branch offices should be listed separately with the branches.



HOSPICE PARENT LOCATION INFORMATION - LOCATION 4

Licensed Parent # 4

Licensed Hospice Name :

Key Contact : Title :

Key Contact Email :

Designated Voting Member* (Name & Email) :

Address :

City : State : Zipcode :

Phone Number :

Website :

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HOSPICE DEMOGRAPHICS

This information will be used as part of your organization's directory listing.

Licensed Licensed and Certified

CMS Certification # (CCN):

CDPH License #:

Do you have a palliative program for patients not eligible or ready for hospice?

Yes No

Accrediting Organization :

ACHC CHAP JC

Hospice House :

Yes No

Languages Spoken:

Counties Served: All counties where your PARENT location provides service. Service areas for additional branch offices should be listed separately with the branches.



HOSPICE PARENT LOCATION INFORMATION - LOCATION 5

Licensed Parent # 5

Licensed Hospice Name :

Key Contact : Title :

Key Contact Email :

Designated Voting Member* (Name & Email) :

Address :

City : State : Zipcode :

Phone Number :

Website :

* The designated voting representative of a Provider Member on the records of the Corporation at the time of a vote shall be the only individual entitled to vote on behalf of the Provider Member upon matters put to the voting membership.

HOSPICE DEMOGRAPHICS

This information will be used as part of your organization's directory listing.

Licensed Licensed and Certified

CMS Certification # (CCN):

CDPH License #:

Accrediting Organization :

ACHC CHAP JC

Hospice House :

Yes No

Do you have a palliative program for patients not eligible or ready for hospice?

Yes No

Languages Spoken:

Counties Served: All counties where your PARENT location provides service. Service areas for additional branch offices should be listed separately with the branches.



HOSPICE PARENT LOCATION INFORMATION - LOCATION 6

Licensed Parent # 6

Licensed Hospice Name :

Key Contact : Title :

Key Contact Email :

Designated Voting Member* (Name & Email) :

Address :

City : State : Zipcode :

Phone Number :

Website :

* The designated voting representative of a Provider Member on the records of the Corporation at the time of a vote shall be the only individual entitled to vote on behalf of the Provider Member upon matters put to the voting membership.

HOSPICE DEMOGRAPHICS

This information will be used as part of your organization's directory listing.

Licensed Licensed and Certified

CMS Certification # (CCN):

CDPH License #:

Do you have a palliative program for patients not eligible or ready for hospice?

Yes No

Accrediting Organization :

ACHC CHAP JC

Hospice House :

Yes No

Languages Spoken:

Counties Served: All counties where your PARENT location provides service. Service areas for additional branch offices should be listed separately with the branches.



HOSPICE PARENT LOCATION INFORMATION - LOCATION 7

Licensed Parent # 7

Licensed Hospice Name :

Key Contact : Title :

Key Contact Email :

Designated Voting Member* (Name & Email) :

Address :

City : State : Zipcode :

Phone Number :

Website :

* The designated voting representative of a Provider Member on the records of the Corporation at the time of a vote shall be the only individual entitled to vote on behalf of the Provider Member upon matters put to the voting membership.

HOSPICE DEMOGRAPHICS

This information will be used as part of your organization's directory listing.

Licensed Licensed and Certified

CMS Certification # (CCN):

CDPH License #:

Accrediting Organization :

ACHC CHAP JC

Hospice House :

Yes No

Do you have a palliative program for patients not eligible or ready for hospice?

Yes No

Languages Spoken:

Counties Served: All counties where your PARENT location provides service. Service areas for additional branch offices should be listed separately with the branches.



HOSPICE PARENT LOCATION INFORMATION - LOCATION 8

Licensed Parent # 8

Licensed Hospice Name :

Key Contact : Title :

Key Contact Email :

Designated Voting Member* (Name & Email) :

Address :

City : State : Zipcode :

Phone Number :

Website :

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HOSPICE DEMOGRAPHICS

This information will be used as part of your organization's directory listing.

Licensed Licensed and Certified

CMS Certification # (CCN):

CDPH License #:

Accrediting Organization :

ACHC CHAP JC

Hospice House :

Yes No

Do you have a palliative program for patients not eligible or ready for hospice?

Yes No

Languages Spoken:

Counties Served: All counties where your PARENT location provides service. Service areas for additional branch offices should be listed separately with the branches.



HOSPICE BRANCH LOCATION INFORMATION

Branch #1

Hospice Name :

Key Contact : Title :

Key Contact Email :

Address :

City : State : Zipcode :

Phone Number :

Counties Served:

Languages Spoken:

Branch #2

Hospice Name :

Key Contact : Title :

Key Contact Email :

Address :

City : State : Zipcode :

Phone Number :

Counties Served:

Languages Spoken:

Branch #3

Hospice Name :

Key Contact : Title :

Key Contact Email :

Address :

City : State : Zipcode :

Phone Number :

Counties Served:

Languages Spoken:

Branch #4

Hospice Name :

Key Contact : Title :

Key Contact Email :

Address :

City : State : Zipcode :

Phone Number :

Counties Served:

Languages Spoken:

HOSPICE BRANCH LOCATION INFORMATION

Branch #5

Hospice Name :

Key Contact : Title :

Key Contact Email :

Address :

City : State : Zipcode :

Phone Number :

Counties Served:

Languages Spoken:

Branch #6

Hospice Name :

Key Contact : Title :

Key Contact Email :

Address :

City : State : Zipcode :

Phone Number :

Counties Served:

Languages Spoken:

Branch #7

Hospice Name :

Key Contact : Title :

Key Contact Email :

Address :

City : State : Zipcode :

Phone Number :

Counties Served:

Languages Spoken:

Branch #8

Hospice Name :

Key Contact : Title :

Key Contact Email :

Address :

City : State : Zipcode :

Phone Number :

Counties Served:

Languages Spoken:

**Interested in being involved?
Apply for CHAPCA Board of Directors.
Join a CHAPCA committee.
Fill out the application below as part of your membership.**

Committees are organized to address issues that affect provider members and the hospice community. Committee members are appointed by the current CHAPCA Chair and approved by the Board of Directors.

Committee members serve one year terms, and may be re-appointed. CHAPCA members and staff employed by provider members are encouraged to volunteer for committee participation.

CHAPCA Board of Directors

The Board of Directors consists of eleven-fifteen members elected at large who serve 2 & 3 year terms and can be re-appointed. The board normally meets four or five times per year. The CHAPCA Bylaws is the formal document that guides all association activities. The specific purpose CHAPCA shall be to support and promote the delivery of services to individuals and families with serious, life limiting illness and end of life care. CHAPCA has policies that guide program and financial activities, as well.

Education & Leadership Development Committee

The Education and Leadership Development Committee identifies educational content that meets the changing needs of hospice and palliative care providers in California. They plan the theme of CHAPCA Annual Conference assisting with selection of speakers, develop of the educational format that will engage providers with strategic direction and mentoring of current and new hospice professionals promoting and cultivating interest in future leadership positions.

Public Policy and Regulatory Committee

The Public Policy Committee reviews proposed legislation that may affect hospice or palliative care; develops policy recommendations for the Board of Directors; develops CHAPCA's legislative agenda; monitors health care legislation and organizes grassroots political activities; advocates for hospice with the California Department of Public Health, the California Department of Health Care Services, the United States Congress and federal agencies on issues related to state and federal hospice licensure and enrollment, Medicare, Medi-Cal and managed care.

Palliative Committee

CHAPCA's Palliative Care committee supports CHAPCA's board, leadership and member providers with developing resources, education, tools and palliative care best practice care delivery models. Works collaboratively as subject matter champions relating to palliative care with public policy committee and education committee.

CHAPCA BOARD AND COMMITTEES APPLICATIONS

Name (First & Last) : Title :

Member Hospice Name :

Preferred Email :

Work Address :

City : State : Zipcode :

Phone Number :

We would like to know what committee you are interested in serving on. Please check all that apply.

- Public Policy Committee
- Education & Leadership Committee
- Palliative Committee
- Board of Directors

Tell us about the primary demographic that you serve.

- We serve a primarily urban population.
- We serve a primarily rural population.
- We serve a population that is both urban and rural.

What is your average daily census?

Are you considered leadership?

- Yes.
- No.

What segment of the industry do you represent?

- Hospice provider.
- Hospice & Palliative care provider.

Why are you interested in serving on a committee at this time?

Have you served on the CHAPCA Board or on one or more of our Committees in the past? Please describe your prior experience.

Have you participated in past association programs or services? Please describe.

Do you consider yourself skilled in any of the following areas?

- Administration & Leadership.
- Strategic Planning.
- Special Program Focus.
- Advocacy.
- Other (Specify).

Please identify characteristics that apply to you from the following list.

- | | |
|---|--|
| <input type="checkbox"/> Strategic thinker | <input type="checkbox"/> Team Player |
| <input type="checkbox"/> Problem solving skills | <input type="checkbox"/> Visionary (able to identify and articulate opportunity) |
| <input type="checkbox"/> Logical/analytical thinker | <input type="checkbox"/> Interest in advancing CHAPCA's mission and purpose |
| <input type="checkbox"/> Results oriented | <input type="checkbox"/> Able and willing to support the association's programs and services |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Recognizes the fiduciary responsibility to the association |
| <input type="checkbox"/> Open-minded | <input type="checkbox"/> Interest in advancing the industry |
| <input type="checkbox"/> Strong ethics | <input type="checkbox"/> Able to participate on committee business |
| <input type="checkbox"/> Integrity | <input type="checkbox"/> Willing to commit time |
| <input type="checkbox"/> Pro-active | <input type="checkbox"/> Willing to travel to meetings |

What else would you like to tell us about yourself?

