



2027 Hospice Provider Membership Application

Multi-Location

Hospice membership: January 1-December 31, 2027

Complete the corporate information, dues worksheet, agreement, staff rosters and every applicable parent and branch record. Board and committee service is optional. Save the completed PDF; sign digitally or print, sign and scan it. Submit it using the payment instructions.

California Hospice and Palliative Care Association

8153 Elk Grove Blvd., Suite 20

Elk Grove, CA 95758

(916) 925-3770 | info@calhospice.org

www.calhospice.org

10/12/2026 approved

Value in Membership

CHAPCA Delivers for Our Members

2026 Member Value and Results

Member resources and services are included in dues. Some educational programs have separate registration fees; see each program's registration materials.

During the first three quarters of 2026, CHAPCA has put your membership to work for California's hospice and skilled home health providers - with patients, families, and the integrity of the Medicare and Medi-Cal benefits at the center.

Answers, information, and connection

CHAPCA Ask & Answer - Individualized responses to members' clinical, regulatory, operational, and reimbursement questions. We review the sources, explain what they say, and seek clarification when the answer remains unclear.

Federal Member Updates - Information about Medicare policy, CMS requirements, reimbursement, quality reporting, and other federal developments affecting hospice and skilled home health.

State Member Updates - Information about California licensing, regulations, Medi-Cal policy, implementation requirements, and agency developments.

CHAPCA Need-to-Know communications - Focused information that helps leaders and staff identify what changed, why it matters, and what needs their attention.

Community Forums and updates - A place for members to exchange information, raise questions, share experience, and stay connected around emerging issues.

CHAPCA Town Halls - Direct discussion of member priorities, current challenges, and CHAPCA's work with regulators and policymakers.

CDPH Hospice Regulations Office Hours - Dedicated discussions about California hospice requirements, practical implementation questions, and areas needing clarification.

Quarterly and PRN meetings with CDPH - Opportunities for members to bring questions and concerns directly to the agency responsible for licensing and oversight.

Reimbursement Committee meetings - Focused discussions about Medicare, Medi-Cal, managed care, billing, and payment issues.

Written readouts from every virtual event - A record members can revisit, share with their teams, and use afterward. Members retain access to the information even when they cannot attend live.

Member resource portal - A central place to access CHAPCA materials, operational resources, and information developed for members.

Archived updates and on-demand education - Continued access to prior communications, webinars, and educational materials for reference and staff learning.

Data and dashboards members can use

HCAI Dashboards for Hospice and Skilled Home Health - Make financial and operational information easier to examine, including revenue, expenditures, income, service utilization, payer mix, staffing visits, and other relevant measures.

California SSVI Dashboard - Helps hospice members review utilization and non-hospice spending information and compare their results within California.

National SSVI Dashboard - Provides a broader view of hospice SSVI results across states and nationally, helping members place their results in context.

Provider report cards - Present provider-specific information in printable formats for leadership, quality, and operational discussions.

Dashboard companion manuals - Explain how to navigate the tools, understand the measures, and use the information in organizational review.

Data validation reports and source references - Document the supporting data checks and sources so members can understand the foundation of the information presented.

Regulatory and implementation tools

CHAPCA Side by Side - Brings California hospice regulations, Health and Safety Code requirements, and federal hospice Conditions of Participation into one organized comparison. Members can use it for policy review, staff education, operational decisions, and survey preparation.

California Hospice Emergency Regulations Implementation Readiness Dashboard - Helps teams identify requirements, assign responsibility, track progress, organize evidence, and follow up on unfinished work.

Hospice Regulations Implementation Manual - Connects regulatory requirements with policies, workflows, documentation, and implementation activities.

Acuity Builder - Helps hospice teams develop and document an approach to organizing patient needs and connecting those needs with staffing decisions.

Patient Acuity Tracker - Provides a structure for recording patient acuity information and identifying changes that require review.

Staffing Dashboard and RN staffing review tools - Help leaders evaluate assignments in relation to patient acuity, review workload distribution, and identify concerns requiring action.

Acuity Report & Program Flex Mitigation Plan Builder - Supports preparation of acuity reports, staffing recommendations, committee documentation, and mitigation plans when requesting program flexibility.

DPCS and Acuity Committee Review Log - Helps document committee review, recommendations, assigned actions, and follow-up.

Quality Assessment and Performance Improvement Dashboard - Connects acuity and staffing information with QAPI monitoring, leadership review, and decisions about improvement.

Variance and Corrective-Action Logs - Help teams identify concerns, assign responsibility, establish deadlines, and track actions through completion.

Survey-readiness checklists - Help teams identify the policies, records, reviews, and documentation they need to organize for survey preparation.

Evidence trackers - Help members document where supporting records are maintained and whether evidence is missing, in progress, or ready for review.

Clarification and Member Questions Log - Provides a way to document unresolved implementation questions, identify the relevant sources, and track follow-up with CHAPCA and CDPH.

Quick-start guides - Help members begin using the tools with clear instructions and an organized sequence.

Sample policy language - Gives members starting points to review and adapt to their organization's practices and responsibilities.

Implementation checklists - Help teams turn requirements into assigned tasks, documented actions, and follow-through.

Education and leadership development

Free member webinars - Practical education throughout the year addressing current clinical, regulatory, reimbursement, and operational issues.

CHAPCA Webinar Network member savings - During the first 2.5 quarters of 2026, CHAPCA members accessed more than 300 webinars through our Webinar Network, with average savings of \$55 per single-use webinar and savings of \$138 per webinar series.

CHAPCA Certified Leadership Program - CHAPCA built and delivered focused hospice leadership education connecting regulatory knowledge with the responsibilities of building, running, and demonstrating compliant operations.

Conference and workshop programming - CHAPCA developed education addressing hospice and skilled home health clinical practice, financial management, reimbursement, compliance, and leadership, including programming for the upcoming conference.



Representation and advocacy

Representation with CDPH - CHAPCA brings hospice and skilled home health member concerns forward on licensing, oversight, regulatory requirements, and implementation. We seek clarification and follow up on unresolved questions.

Representation with DHCS - CHAPCA represents members on Medi-Cal policy, managed-care coordination, reimbursement, and access to care.

A seat at the table during Medi-Cal hospice policy rollouts - CHAPCA brings member questions and beneficiary concerns directly into implementation discussions, including nursing facility room-and-board payments.

Direct engagement with CMS Administration - CHAPCA initiated engagement with CMS leadership and continued through follow-up meetings to keep California hospice concerns before federal decision-makers.

Follow-up on SSVI and Medicare hospice policy - CHAPCA brought forward questions about non-hospice spending, provider access to useful data, the Election Statement Addendum, and payment responsibility.

Advocacy in Washington, D.C. - CHAPCA represented Medicare hospice beneficiary concerns through direct engagement and congressional testimony.

California legislative advocacy - CHAPCA monitored legislation and represented member and beneficiary interests in Sacramento.

Engagement with Medicare contractors, DMHC, and other agencies - CHAPCA raised payment, implementation, and access concerns with the organizations responsible for administering and overseeing care.

Member committees and work groups - Members helped shape CHAPCA's regulatory, public-policy, reimbursement, education, and leadership priorities.

Public education, member visibility, and beneficiary protection

Hospice Can Help - CHAPCA created public education to help patients, families, caregivers, and healthcare professionals understand hospice and make informed choices.

English and Spanish hospice brochures - Ready-to-use public education materials for patient and family conversations and community outreach.

Videos featuring Dr. Ira Byock - Accessible education that helps people understand hospice care and consider their choices.

Provider-selection questions and decision resources - Practical information to help patients and families understand what to ask when choosing hospice care.

CHAPCA public member directory - Helps patients, families, and community partners find member hospice providers.

Personalized member listings - Give hospice members a place to explain their services and the communities they serve.

Fraud prevention and program-integrity advocacy - CHAPCA challenges practices that exploit beneficiaries, undermine trust, and threaten access to appropriate hospice and skilled home health care.

2027 Hospice Provider Membership Application

Corporate Applicant Information

ALL CORPORATE LOCATIONS MUST JOIN

Every separately licensed hospice provider location under the same direct or indirect ownership, corporate parent, control, or management must maintain its own CHAPCA Provider Membership. A corporate owner may not enroll only selected licensed locations. Submission and payment do not create membership; CHAPCA must approve the complete application.

Corporate Applicant Information

Corporation Name		For Profit or Nonprofit	
Street Address		City, State and ZIP Code	
Phone Number	Website		
Key Contact Full Name		Title	
Contact Phone	Work Email		

The Key Contact is CHAPCA's primary contact for member communications.

Corporate Ownership Disclosure

List every parent company, holding company, controlling owner, subsidiary, affiliate, or commonly controlled organization connected to this application. Every licensed hospice location will be reported on the location pages that follow.

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Corporate Staff Roster

First Name	Last Name	Position	Email Address

2027 Hospice Provider Membership Dues

Membership period: January 1-December 31, 2027. Enter hospice dues from CHAPCA's invoice.

CHAPCA will calculate hospice dues using each licensed parent location's 2025 HCAI operating expenditures and send invoices in November 2026. If a location has no 2025 report, contact CHAPCA for assistance.

2025 operating expenditures	Annual dues
\$0 to less than \$100,000	\$2,000
\$100,000 to less than \$1,000,000	\$2,200
\$1,000,000 to less than \$5,000,000	\$3,200
\$5,000,000 to less than \$10,000,000	\$5,200
\$10,000,000 and above	\$6,200

The three licensed parent locations with the highest operating expenditures pay full dues. Each additional licensed parent location pays **80% of its tier (20% discount)**. Branch dues are **\$550 each**.

List parents in descending order of 2025 expenditures. The row numbers must match the parent location pages. Attach a separate schedule for more than eight parents or branches; identify every location and parent relationship.

Parent / name or license	2025 expenditures	Dues payable
1		
2		
3		
4		
5		
6		
7		
8		

Total parent dues (\$)	Number of branches	Branch dues: count x \$550 (\$)

TOTAL DUES PAYABLE (\$)	Check number (optional)

Payment and submission

You may complete the application now; submit it after your hospice invoice arrives in November 2026. If also enrolling a home health agency, submit both applications together.

Full payment is due with the application; checks only. Make the check payable to CHAPCA and mail it to 8153 Elk Grove Blvd., Suite 20, Elk Grove, CA 95758. Email the completed application to info@calhospice.org or mail it with your check. Emailed applications still require a mailed check. Questions: (916) 925-3770.

CHAPCA Hospice Provider Membership Agreement

For hospice Provider Members and the enrolled licensed locations and branches listed in this application.

1. Membership values and commitments

CHAPCA members are a community of mission-driven hospice providers dedicated to compassionate, patient-centered care throughout California. We honor the values, goals and choices of patients and families and uphold interdisciplinary care addressing physical, emotional and spiritual needs, including bereavement support.

The hospice benefit is a vital public trust. We share responsibility for safeguarding quality, integrity and public confidence, protecting beneficiaries, and standing against exploitation and fraud.

- Obtain informed consent, verify eligibility, and document care consistent with federal Conditions of Participation and California regulations.
- Provide honest, accurate information about services, choices and coverage while respecting patient and family preferences.
- Market and accept referrals ethically, without misleading practices.
- Monitor quality, respond promptly to concerns, and improve care continuously.
- Support safety and nonretaliation for anyone raising concerns.
- Advance equity, cultural humility and access to high-quality care across communities.

2. Use of the CHAPCA name and compliance oversight

Use of the CHAPCA name and logo in public materials signifies a commitment to this agreement. CHAPCA may review member conduct and request corrective action consistent with Bylaws Section 6.6 and applicable Board-adopted policies.

3. Membership benefits and restrictions

Member benefits, products, services, discounts and resources are for enrolled licensed provider locations and branches for which applicable dues have been paid. Employees of those locations, and designated corporate staff supporting them, may use benefits for the enrolled locations. Benefits may not be extended to unenrolled locations or used for outside clients or business interests.

Accounts, logins and individual event registrations are non-transferable. Member-only materials are for internal use by the enrolled organization. CHAPCA materials expressly designated for public education or community outreach may be distributed for those purposes. Consultants and contractors may not use a member's access for other organizations or businesses. Programs with separate fees follow their registration terms.

4. Dues and refund terms

The Board sets dues and payment conditions under Bylaws Section 6.4. Membership dues are non-refundable, non-transferable and non-proratable. Submission and payment alone do not establish membership; Board approval is required under Section 6.3. CHAPCA may decline or return an incomplete or ineligible application and payment under the Provider Membership Admission Policy.

Membership Agreement – continued

5. Board and advisory committee eligibility

Board eligibility is governed by Bylaws Sections 6.3.1 and 7.2. All provider locations required to enroll under the Provider Membership Admission Policy must maintain membership in good standing for Board eligibility. One candidate may be nominated per enrolled location, but only one director may be elected from the corporate, subsidiary and affiliate group. The nominating process and Board election follow Sections 7.4.2 and 7.4.3.

Hospice Provider Members are eligible for advisory committees under Section 9.5; the Board appoints and discharges committee members. Non-provider holding companies and corporate owners are disclosed for ownership review; they are not required by this application to purchase separate Provider Memberships solely because they hold ownership interests.

6. Common ownership, control or management

The Provider Membership Admission Policy covers separately licensed hospices connected by direct or indirect ownership; a shared corporate parent, holding company or controlling owner; subsidiaries or affiliates; shared governing bodies or executive leadership; a shared DBA or trade name; or contractual or operational arrangements that permit direction or material influence over another provider.

Disclose every licensed location and relevant ownership or control relationship. CHAPCA may request supporting ownership or licensing information. Notify CHAPCA when new locations are acquired or come under common control and enroll them as required. The CEO administers the policy and refers disputed questions to the Board, which has final authority.

7. Enforcement

Misuse, misrepresentation or violation of this agreement may result in suspension or termination under Bylaws Section 6.6 and the Board-adopted Member Suspension and Termination Policy, including its decision-making and notice procedures. The policy governs reinstatement and subsequent applications. The dues terms in Section 4 apply.

8. Authority to bind

The signer affirms authority to bind the named organization and the enrolled providers listed in this application to the CHAPCA membership terms, including obligations applicable to successors and assigns.

9. Antitrust notice

Members must independently determine their own marketplace prices, discounts, wages and competitive terms and comply with antitrust laws. CHAPCA's membership dues and discounts do not determine members' marketplace decisions.

Organization represented by signer

Authorized signature (digital or handwritten)

Date

Printed name

Title

Parent Location 1 - Information

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email

The Key Contact is CHAPCA's primary contact for member communications.

Parent Location 1 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Parent Location 1 - Demographics

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

☐ Licensed only ☐ Licensed and Medicare-certified	
CMS Certification Number (CCN)	CDPH License Number
Accrediting Organization ☐ ACHC ☐ CHAP ☐ JC ☐ Other	
Hospice House ☐ Yes ☐ No	
Palliative program for patients not eligible or ready for hospice? ☐ Yes ☐ No	
Staff Languages Spoken	Counties Served*

*List all counties this parent location serves. For branch offices, list their service areas separately under each branch.

Parent Location 2 - Information

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email

The Key Contact is CHAPCA's primary contact for member communications.

Parent Location 2 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Parent Location 2 - Demographics

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

☐ Licensed only ☐ Licensed and Medicare-certified	
CMS Certification Number (CCN)	CDPH License Number
Accrediting Organization ☐ ACHC ☐ CHAP ☐ JC ☐ Other	
Hospice House ☐ Yes ☐ No	
Palliative program for patients not eligible or ready for hospice? ☐ Yes ☐ No	
Staff Languages Spoken	Counties Served*

*List all counties this parent location serves. For branch offices, list their service areas separately under each branch.

Parent Location 3 - Information

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email

The Key Contact is CHAPCA's primary contact for member communications.

Parent Location 3 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Parent Location 3 - Demographics

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

☐ Licensed only ☐ Licensed and Medicare-certified	
CMS Certification Number (CCN)	CDPH License Number
Accrediting Organization ☐ ACHC ☐ CHAP ☐ JC ☐ Other	
Hospice House ☐ Yes ☐ No	
Palliative program for patients not eligible or ready for hospice? ☐ Yes ☐ No	
Staff Languages Spoken	Counties Served*

*List all counties this parent location serves. For branch offices, list their service areas separately under each branch.

Parent Location 4 - Information

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email

The Key Contact is CHAPCA's primary contact for member communications.

Parent Location 4 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Parent Location 4 - Demographics

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

☐ Licensed only ☐ Licensed and Medicare-certified	
CMS Certification Number (CCN)	CDPH License Number
Accrediting Organization ☐ ACHC ☐ CHAP ☐ JC ☐ Other	
Hospice House ☐ Yes ☐ No	
Palliative program for patients not eligible or ready for hospice? ☐ Yes ☐ No	
Staff Languages Spoken	Counties Served*

*List all counties this parent location serves. For branch offices, list their service areas separately under each branch.

Parent Location 5 - Information

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email

The Key Contact is CHAPCA's primary contact for member communications.

Parent Location 5 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Parent Location 5 - Demographics

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

☐ Licensed only ☐ Licensed and Medicare-certified	
CMS Certification Number (CCN)	CDPH License Number
Accrediting Organization ☐ ACHC ☐ CHAP ☐ JC ☐ Other	
Hospice House ☐ Yes ☐ No	
Palliative program for patients not eligible or ready for hospice? ☐ Yes ☐ No	
Staff Languages Spoken	Counties Served*

*List all counties this parent location serves. For branch offices, list their service areas separately under each branch.

Parent Location 6 - Information

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email

The Key Contact is CHAPCA's primary contact for member communications.

Parent Location 6 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Parent Location 6 - Demographics

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

☐ Licensed only ☐ Licensed and Medicare-certified	
CMS Certification Number (CCN)	CDPH License Number
Accrediting Organization ☐ ACHC ☐ CHAP ☐ JC ☐ Other	
Hospice House ☐ Yes ☐ No	
Palliative program for patients not eligible or ready for hospice? ☐ Yes ☐ No	
Staff Languages Spoken	Counties Served*

*List all counties this parent location serves. For branch offices, list their service areas separately under each branch.

Parent Location 7 - Information

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email

The Key Contact is CHAPCA's primary contact for member communications.

Parent Location 7 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Parent Location 7 - Demographics

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

☐ Licensed only ☐ Licensed and Medicare-certified	
CMS Certification Number (CCN)	CDPH License Number
Accrediting Organization ☐ ACHC ☐ CHAP ☐ JC ☐ Other	
Hospice House ☐ Yes ☐ No	
Palliative program for patients not eligible or ready for hospice? ☐ Yes ☐ No	
Staff Languages Spoken	Counties Served*

*List all counties this parent location serves. For branch offices, list their service areas separately under each branch.

Parent Location 8 - Information

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email

The Key Contact is CHAPCA's primary contact for member communications.

Parent Location 8 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Parent Location 8 - Demographics

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

☐ Licensed only ☐ Licensed and Medicare-certified	
CMS Certification Number (CCN)	CDPH License Number
Accrediting Organization ☐ ACHC ☐ CHAP ☐ JC ☐ Other	
Hospice House ☐ Yes ☐ No	
Palliative program for patients not eligible or ready for hospice? ☐ Yes ☐ No	
Staff Languages Spoken	Counties Served*

*List all counties this parent location serves. For branch offices, list their service areas separately under each branch.

Branch Location 1 - Information

Parent location number / license:

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email
Staff Languages Spoken	
Counties Served	

Branch Location 1 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Branch Location 2 - Information

Parent location number / license:

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email
Staff Languages Spoken	
Counties Served	

Branch Location 2 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Branch Location 3 - Information

Parent location number / license:

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email
Staff Languages Spoken	
Counties Served	

Branch Location 3 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Branch Location 4 - Information

Parent location number / license:

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email
Staff Languages Spoken	
Counties Served	

Branch Location 4 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Branch Location 5 - Information

Parent location number / license:

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email
Staff Languages Spoken	
Counties Served	

Branch Location 5 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Branch Location 6 - Information

Parent location number / license:

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email
Staff Languages Spoken	
Counties Served	

Branch Location 6 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Branch Location 7 - Information

Parent location number / license:

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email
Staff Languages Spoken	
Counties Served	

Branch Location 7 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

Branch Location 8 - Information

Parent location number / license:

Hospice Name	
Phone Number	Website
Address	
City, State and ZIP Code	
Key Contact Full Name	Title
Phone Number	Email
Staff Languages Spoken	
Counties Served	

Branch Location 8 - Membership Roster

Use work email addresses. Personal email addresses such as Gmail and Yahoo are not accepted.

First Name	Last Name	Position	Email Address

CHAPCA Board & Committees

Optional application for service - membership does not require applying for Board or committee service.

Board service and appointments

The Board consists of 11-15 directors. Eligible hospice Provider Members, or their directors, officers or staff, may be considered under Section 7.2. The Board elects directors; following initial staggered terms, directors generally serve three-year terms and may be reelected. CHAPCA membership is nonvoting under Section 6.1.

For multi-location providers, all required locations must be enrolled. Each enrolled location may nominate one candidate, but only one director may be elected from the corporate, subsidiary and affiliate group. The Chair appoints the Nominating Committee at least 45 days before the election. Members must submit nominees to the committee at least 30 days before the election. Its slate includes no more than one candidate per Provider Member (Section 7.4.2).

Hospice Provider Members are eligible for advisory committees. The Board appoints and discharges members; recommendations require Board ratification under Section 9.5. Submitting this form does not guarantee election or appointment.

Leadership Development Committee

Develops future CHAPCA leaders, mentors emerging leaders and screens applicants under Bylaws Section 9.5.1. Education and leadership-development activities also support member learning and programming.

Public Policy & Regulatory Committee

Reviews legislative and regulatory developments, recommends priorities and brings provider and beneficiary issues forward.

Reimbursement Committee

Addresses Medicare, Medi-Cal, managed care, billing, payment and payer implementation issues and recommends resources and responses.

Palliative Care Committee

Supports palliative care resources, education, practice models and subject-matter expertise for CHAPCA policy and education.

Applicant information

Full name

Title

Phone number

Work email

Member hospice / organization

Street address

City, state and ZIP code

Board & Committees – interests and experience

Apply for service – select all that apply

- ☐ Board of Directors
- ☐ Leadership Development Committee
- ☐ Public Policy & Regulatory Committee
- ☐ Reimbursement Committee
- ☐ Palliative Care Committee

Provider profile

2026 year-to-date average daily census

Census reporting period: through date

Are you in a leadership position?

- ☐ Yes ☐ No

Primary demographic served (select one)

- ☐ Both urban and rural ☐ Primarily rural ☐ Primarily urban

Industry segment (select one)

- ☐ Hospice provider ☐ Hospice and palliative care provider

Why are you interested in serving at this time?

Prior CHAPCA Board or committee service

Your participation in CHAPCA programs or services in 2026

Board & Committees – skills and characteristics

Skills and experience – select all that apply

- | | |
|--|-----------------------------------|
| ☐ Administration and leadership | ☐ Advocacy |
| ☐ Strategic planning | ☐ Other |
| ☐ Special program focus | |

Other skill or area of expertise

Characteristics – select all that apply

- | | |
|---|---|
| ☐ Able and willing to support CHAPCA programs and services | ☐ Problem-solving skills |
| ☐ Able to participate in committee activities | ☐ Recognizes fiduciary responsibilities to the association |
| ☐ Creative | ☐ Results-oriented |
| ☐ Integrity | ☐ Strategic thinker |
| ☐ Interest in advancing the CHAPCA mission and purpose | ☐ Strong ethics |
| ☐ Interest in promoting the industry | ☐ Team player |
| ☐ Logical and analytical thinker | ☐ Visionary: identifies and articulates opportunities |
| ☐ Open-minded | ☐ Willing to commit time |
| ☐ Proactive | ☐ Willing to travel for meetings |

What else would you like to share about yourself?

Return these optional service pages with your application or send them to info@calhospice.org. CHAPCA will review your interest through the applicable nomination or appointment process.