

# CHAPCA

VALUE IN MEMBERSHIP



**2023 PROVIDER APPLICATION**






## 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 them.

**Mission:** To support Hospice Provider members' missions of providing high quality hospice and palliative care services to patients and their caregivers and to provide leadership in advocating on behalf of hospice and palliative care in the statewide community.

### TOP SIX VALUE AREAS FOR HOSPICE AND PALLIATIVE PROVIDER MEMBERS

- **Regulatory and Legislative Action.** CHAPCA represents our members. CHAPCA is always monitoring and advocating for our members with NGS, National Hospice Council of States, CMS, CDPH, DSS, DHCS, DMHC and OSHPD-HCAi and other California and national agencies. CHAPCA leadership and committees meet regularly with these departments on issues of importance and concern. CHAPCA monitors new 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 12% of member dues are allocated to lobbying on behalf 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
- **CHAPCA Provider Help Desk.** CHAPCA leadership and Associate members 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 to members!
- **Professional Education.** CHAPCA provides a variety of education 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. [www.calhospice.org](http://www.calhospice.org) 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. Our online presence is developing, with LinkedIn and Facebook pages.
- **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 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.
- **Committees and Task Forces.** 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 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.

(916) 925 - 3770   
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Elk Grove CA 95758 



# CHAPCA PROVIDER MEMBERSHIP APPLICATION

2023

Licensed Hospice Name:

Key Contact :  Title :

Key Contact Email :

\*Designated Voting Member :

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.

Hospice is:

For Profit       Non-Profit

Provider Number :

CMS Certification # (CCN):

CDPH License # :

Accrediting Organization :

ACHC (Accreditation Commission for Health Care)

CHAP (Community Health Accreditation Program)

JC (The Joint Commission)

Hospice is :

Licensed       Licensed and Certified

Hospice House :

Yes       No      # Of Beds

Languages Spoken :

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

Yes       No

**Counties Served:** All counties where your PARENT location provides service. Service areas for additional branch/program offices should only be listed with that office/site on page 2 of this application.

## Membership Dues Calculation :

**Base Member Dues:** \$

Plus number of additional branches @ \$450 each \$

**OR.....Total Corporate Dues from below** \$

**TOTAL DUES OWED** \$

All Volunteer hospice, Non-Licensed Program Discount: 10% \$

(10%): Tax Deductive Contribution to support CHAPCA \$

**TOTAL AMOUNT DUE:** \$

**Member Dues**

Hospice 2021 operating expenditures submitted on  
OSHPD/HCAi report, section 10, line 54

\$

<https://siera.oshpd.ca.gov/default.aspx>

\$0 - \$9,999 .....	\$750
\$100,000 - \$999,999 .....	\$1,675
\$1,000,000 - \$4,999,999 .....	\$2,575
\$5,000,000 - \$9,999,999 .....	\$3,800
More than \$10,000,000 .....	\$5,500

## Corporate 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 hospices 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:**

Licensed Parent #1 :  Dues :

Licensed Parent #2 :  Dues :

Licensed Parent #3 :  Dues :

**List additional hospices operated by the corporation (20% Discount Applied):**

Licensed Parent #4 :  Dues :

Licensed Parent #5 :  Dues :

Licensed Parent #6 :  Dues :

Licensed Parent #7 :  Dues :

Licensed Parent #8 :  Dues :

**Method of Payment:**

Full Payment       Payment Plan - 50% Due with Renewal (Balance Due June 1)

CHAPCA 2023 Membership Dues are payable by check. If you would like to pay via EBT (Electronic Bank Transfer), please contact CHAPCA at **(916) 925-3770** to process payment.

\_\_\_\_\_  
**Signature**

## Licensed Parent # 1

**Licensed Hospice Name:** [Redacted]  
**Key Contact :** [Redacted] **Title :** [Redacted]  
**Key Contact Email :** [Redacted]  
**\*Designated Voting Member :** [Redacted]  
**Address :** [Redacted]  
**City :** [Redacted] **State :** [Redacted] **Zipcode :** [Redacted]  
**Phone Number :** [Redacted]  
**Website :** [Redacted]

\* 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.

## Licensed Parent # 2

**Licensed Hospice Name:** [Redacted]  
**Key Contact :** [Redacted] **Title :** [Redacted]  
**Key Contact Email :** [Redacted]  
**\*Designated Voting Member :** [Redacted]  
**Address :** [Redacted]  
**City :** [Redacted] **State :** [Redacted] **Zipcode :** [Redacted]  
**Phone Number :** [Redacted]  
**Website :** [Redacted]

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## Licensed Parent # 3

**Licensed Hospice Name:** [Redacted]  
**Key Contact :** [Redacted] **Title :** [Redacted]  
**Key Contact Email :** [Redacted]  
**\*Designated Voting Member :** [Redacted]  
**Address :** [Redacted]  
**City :** [Redacted] **State :** [Redacted] **Zipcode :** [Redacted]  
**Phone Number :** [Redacted]  
**Website :** [Redacted]

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## Licensed Parent # 4

**Licensed Hospice Name:** [Redacted]

**Key Contact :** [Redacted] **Title :** [Redacted]

**Key Contact Email :** [Redacted]

**\*Designated Voting Member :** [Redacted]

**Address :** [Redacted]

**City :** [Redacted] **State :** [Redacted] **Zipcode :** [Redacted]

**Phone Number :** [Redacted]

**Website :** [Redacted]

\* 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.

## Licensed Parent # 5

**Licensed Hospice Name:** [Redacted]

**Key Contact :** [Redacted] **Title :** [Redacted]

**Key Contact Email :** [Redacted]

**\*Designated Voting Member :** [Redacted]

**Address :** [Redacted]

**City :** [Redacted] **State :** [Redacted] **Zipcode :** [Redacted]

**Phone Number :** [Redacted]

**Website :** [Redacted]

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## Licensed Parent # 6

**Licensed Hospice Name:** [Redacted]

**Key Contact :** [Redacted] **Title :** [Redacted]

**Key Contact Email :** [Redacted]

**\*Designated Voting Member :** [Redacted]

**Address :** [Redacted]

**City :** [Redacted] **State :** [Redacted] **Zipcode :** [Redacted]

**Phone Number :** [Redacted]

**Website :** [Redacted]

\* 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.

## Licensed Parent # 7

**Licensed Hospice Name:** [Redacted]

**Key Contact :** [Redacted] **Title :** [Redacted]

**Key Contact Email :** [Redacted]

**\*Designated Voting Member :** [Redacted]

**Address :** [Redacted]

**City :** [Redacted] **State :** [Redacted] **Zipcode :** [Redacted]

**Phone Number :** [Redacted]

**Website :** [Redacted]

\* 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.

## Licensed Parent # 8

**Licensed Hospice Name:** [Redacted]

**Key Contact :** [Redacted] **Title :** [Redacted]

**Key Contact Email :** [Redacted]

**\*Designated Voting Member :** [Redacted]

**Address :** [Redacted]

**City :** [Redacted] **State :** [Redacted] **Zipcode :** [Redacted]

**Phone Number :** [Redacted]

**Website :** [Redacted]

\* 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.

## Branch #1

Hospice Name:

Key Contact :  Title :

Key Contact Email :

Address :

City :  State :  Zipcode :

Phone Number :

## Branch #2

Hospice Name:

Key Contact :  Title :

Key Contact Email :

Address :

City :  State :  Zipcode :

Phone Number :

## Branch #3

Hospice Name:

Key Contact :  Title :

Key Contact Email :

Address :

City :  State :  Zipcode :

Phone Number :

## Branch #4

Hospice Name:

Key Contact :  Title :

Key Contact Email :

Address :

City :  State :  Zipcode :

Phone Number :



## Membership Agreement :

As an applicant to the California Hospice & 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.

*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 12%.*

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

Membership Dues are nontransferable and non-refundable.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date





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

## **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 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 grass roots political activities; advocates for hospice with the Department of Public Health and the Department of Health Care Services on issues related to state and federal hospice licensure and certification, 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.

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

## Work Information

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

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 management?

- Yes.
- No.

What segment of the industry do you represent?

- Hospice provider.
- Palliative care provider.
- Other end of life provider.
- Other (Specify).

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 tell us about your service.

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

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

- Administration/Management.
- Strategic Planning.
- Special Program Focus.
- Technology.
- 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?

