



North Carolina Providers Council

Bob Hedrick, MAEd, Executive Director
 9660 Falls of Neuse Rd, Suite 138 #124, Raleigh, NC 27615
 Phone: 919-784-0230 • Fax: 919-784-0231
 www.ncproviderscouncil.org

APPLICATION FOR MEMBERSHIP (Providers of Services) - Effective 5/1/12

REFERRED BY: _____

DATE APPLICATION COMPLETED: _____

Agency/ Provider Name*:
Multiple Corporation/Management Entity*:
Corporate Mailing Address:
Owner/CEO/President:

*Applicants can choose to join as: 1) Individual Agency/Corporation – Membership is for a single corporation based on revenues for a corporation and includes benefits and voting privileges for that corporation; or 2) Multiple Corporations under One Management Entity – One membership for multi-corporations under one management company based on total revenues for all agencies/corporations/owned/managed by the parent company.

PART I: OWNER/CEO/PRESIDENT/EXECUTIVE DIRECTOR **Signature Required Below:**

I have read and I understand the NC Providers Council's Code of Ethics and agree to abide by them and the responsibilities they require and imply. I certify that the information I have provided accurately represents the agency/management entity and that any false information will be grounds for rejection of my application for NC Providers Council membership.

Signature: _____

Printed Name: _____ **Title:** _____

Preferred Phone Contact: Office Cell Cell Phone: _____

Office Phone: _____ Ext. _____ Fax: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____ Website: _____

PART II: DESIGNATED VOTING MEMBER OF AGENCY:

Each agency can designate one person as the voting member for their agency. If you would like to designate a person **other** than Owner/CEO/President for the voting member, please complete the contact information below.

Voting Member Signature: _____

Printed Name: _____ **Title:** _____

Preferred Phone Contact: Office Cell Cell Phone: _____

Office Phone: _____ Ext. _____ Fax: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____ Website: _____

PART III: MEMBERSHIP DUES DETERMINATION AND VERIFICATION

Definition of Annual Revenue: The level of membership is determined by gross annual revenue, regardless of payer source for provision of services to children and adults related to the NC Department of Health and Human Services (Division of Mental Health, Developmental Disabilities, Substance Abuse; Division of Medical Assistance/ Medicaid; Division of Social Services, Division of Vocational Rehabilitation); Managed Care Organizations (MCOs)/ Local Management Entities (LMEs); Community Care/ North Carolina/ Carolina Access; or other state funds, county funds, private pay, or insurance funding for services to people with mental health, intellectual/developmental disability, substance use abuse or foster care services and supports.

Verification of Annual Revenue for all membership levels:

1. Submit the portion of an independent audited financial statement from your most recent fiscal year that indicates your gross revenue in NC; **or**
2. Submit verification from an independent Certified Public Accountant (CPA) or financial consultant (other than an employee) of your gross revenue in NC.

Payment Options : (Application must be filled out completely. Incomplete applications cannot be processed)

- a. (ANNUAL PAYMENT) you must enclose the full renewal amount payable to the NC Providers Council by the renewal date. Return to: NC Providers Council, 9660 Falls of Neuse Rd, Suite 138, #124, Raleigh, NC 27615
- b. (QUARTERLY PAYMENTS) If you would like to request quarterly payments, your request must be received before your expiration date in order to determine a pay schedule before your membership expires. Once approved, your 1st quarterly payment must be received within 30 days to keep your membership current.

Payment Methods :

- a. (CHECK) you must enclose the full renewal amount payable to the NC Providers Council by the renewal date. Return to: NC Providers Council, 9660 Falls of Neuse Rd, Suite 138, #124, Raleigh, NC 27615
- b. QUESTIONS? Please email Cathy Womack at cathy.womack@ncproviderscouncil.org or call (919)601-0888.

Check the appropriate box below based on your annual revenue:

Check Here:	Annual Revenue:	Annual Amount Due:	Quarterly Amount Due:	Number of member listserv addresses available per membership level
	\$0 - \$2,500,000	\$3,000 per year	\$750 per Q	6
	\$2,500,001 - \$5,000,000	\$5,000 per year	\$1,250 per Q	8
	\$5,000,001 - \$10,000,000	\$7,000 per year	\$1,750 per Q	10
	\$10,000,001 - \$25,000,000	\$10,000 per year	\$2,500 per Q	12
	\$25,000,001 - \$50,000,000	\$13,000 per year	\$3,250 per Q	14
	\$50,000,001 - \$75,000,000	\$16,000 per year	\$4,000 per Q	18
	\$75,000,001 - \$100,000,000	\$19,000 per year	\$4,750 per Q	20
	\$100,000,001 - \$125,000,000	\$22,000 per year	\$5,500 per Q	22
	\$125,000,001 - \$150,000,000	\$25,000 per year	\$6,250 per Q	25

The NC Providers Council is a nonprofit 501(C)(6) trade association. Dues and other contributions paid to this association are not deductible as charitable contributions for federal income tax purposes. However, payments of membership dues are deductible for some members of a trade association under Section 1662 of the Internal Revenue Code as an "ordinary and necessary business expense" and as determined by each member's tax advisor. The estimated percent of the annual budget designated for "lobbying" activities is determined to be 9% of each member's dues for the 2014-2015 membership year.

Signature of CPA or Financial Consultant Printed Name and Date

Title: _____

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PART IV: SERVICES PROVIDED

To assist the NC Providers Council with representing providers at the NC General Assembly and DHHS, please indicate the following (*will be used only in aggregate with all members*):

A. In which MCOs/Imminent MCOs' counties do you provide services to consumers, or have employees at sites within those MCOs/Imminent MCOs?

<input type="checkbox"/> PBH MCO	<input type="checkbox"/> Cabarrus <input type="checkbox"/> Davidson <input type="checkbox"/> Rowan <input type="checkbox"/> Stanly <input type="checkbox"/> Union
<input type="checkbox"/> Alamance-Caswell	<input type="checkbox"/> Alamance <input type="checkbox"/> Caswell
<input type="checkbox"/> Five County	<input type="checkbox"/> Franklin <input type="checkbox"/> Granville <input type="checkbox"/> Halifax <input type="checkbox"/> Vance <input type="checkbox"/> Warren
<input type="checkbox"/> OPC	<input type="checkbox"/> Orange <input type="checkbox"/> Person <input type="checkbox"/> Chatham
<input type="checkbox"/> Western Highlands MCO	<input type="checkbox"/> Buncombe <input type="checkbox"/> Henderson <input type="checkbox"/> Madison <input type="checkbox"/> Mitchell <input type="checkbox"/> Polk <input type="checkbox"/> Rutherford <input type="checkbox"/> Transylvania <input type="checkbox"/> Yancey
<input type="checkbox"/> East Carolina Behavioral Health MCO	<input type="checkbox"/> Beaufort <input type="checkbox"/> Bertie <input type="checkbox"/> Camden <input type="checkbox"/> Chowan <input type="checkbox"/> Craven <input type="checkbox"/> Currituck <input type="checkbox"/> Dare <input type="checkbox"/> Gates <input type="checkbox"/> Hertford <input type="checkbox"/> Hyde <input type="checkbox"/> Jones <input type="checkbox"/> Martin <input type="checkbox"/> Northampton <input type="checkbox"/> Pamlico <input type="checkbox"/> Pasquotank <input type="checkbox"/> Perquimans <input type="checkbox"/> Pitt <input type="checkbox"/> Tyrrell <input type="checkbox"/> Washington
<input type="checkbox"/> Sandhills Center MCO	<input type="checkbox"/> Anson <input type="checkbox"/> Harnett <input type="checkbox"/> Hoke <input type="checkbox"/> Lee <input type="checkbox"/> Montgomery <input type="checkbox"/> Moore <input type="checkbox"/> Randolph <input type="checkbox"/> Richmond <input type="checkbox"/> Guilford
<input type="checkbox"/> Smoky Mountain MCO	<input type="checkbox"/> Alexander <input type="checkbox"/> Ashe <input type="checkbox"/> Alleghany <input type="checkbox"/> Avery <input type="checkbox"/> Caldwell <input type="checkbox"/> Cherokee <input type="checkbox"/> Clay <input type="checkbox"/> Graham <input type="checkbox"/> Haywood <input type="checkbox"/> Jackson <input type="checkbox"/> Macon <input type="checkbox"/> McDowell <input type="checkbox"/> Swain <input type="checkbox"/> Watauga <input type="checkbox"/> Wilkes
<input type="checkbox"/> Durham Center MCO	<input type="checkbox"/> Durham
<input type="checkbox"/> Wake	<input type="checkbox"/> Wake
<input type="checkbox"/> Johnston	<input type="checkbox"/> Johnston
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Cumberland
<input type="checkbox"/> Mecklenburg MCO	<input type="checkbox"/> Mecklenburg
<input type="checkbox"/> Pathways MCO	<input type="checkbox"/> Cleveland <input type="checkbox"/> Gaston <input type="checkbox"/> Lincoln
<input type="checkbox"/> Crossroads Behavioral	<input type="checkbox"/> Iredell <input type="checkbox"/> Surry <input type="checkbox"/> Yadkin
<input type="checkbox"/> Mental Health Partners	<input type="checkbox"/> Burke <input type="checkbox"/> Catawba
<input type="checkbox"/> Eastpointe MCO	<input type="checkbox"/> Duplin <input type="checkbox"/> Lenoir <input type="checkbox"/> Sampson <input type="checkbox"/> Wayne
<input type="checkbox"/> Southeastern Regional	<input type="checkbox"/> Bladen <input type="checkbox"/> Columbus <input type="checkbox"/> Robeson <input type="checkbox"/> Scotland
<input type="checkbox"/> The Beacon Center	<input type="checkbox"/> Edgecombe <input type="checkbox"/> Greene <input type="checkbox"/> Nash <input type="checkbox"/> Wilson
<input type="checkbox"/> CenterPoint MCO	<input type="checkbox"/> Davie <input type="checkbox"/> Forsyth <input type="checkbox"/> Rockingham <input type="checkbox"/> Stokes
<input type="checkbox"/> Southeastern Center MCO	<input type="checkbox"/> Brunswick <input type="checkbox"/> New Hanover <input type="checkbox"/> Pender
<input type="checkbox"/> Onslow-Carteret	<input type="checkbox"/> Onslow <input type="checkbox"/> Carteret

To whom does your agency provide services? Please indicate numbers below. If none, please put "0":

- B.** What is the total # of people with Intellectual/Developmental Disabilities (I/DD): Children _____ Adults _____
 What is the total # of people with mental illness (MI): Children _____ Adults _____
 What is the total # of people w/ substance abuse/other addictive diseases (SA): Children _____ Adults _____

C. Please provide the total number of paid staff positions (full-time, part-time, contract) for your agency--need the number of jobs represented/people affected (data will remain confidential): _____

- D. Is your agency nationally accredited?** 1. No If yes, check below which applies,
 1. Yes The Commission on Accreditation and Rehabilitation Facilities (CARF)
 2. Yes The Council on Accreditation (COA)
 3. Yes The Council on Quality and Leadership (CQL)
 4. Yes The Joint Commission (JCAHO)

E. Is your agency certified as a Critical Access Behavioral Health Agency (CABHA)? 1. Yes 2. No

F. Please indicate the services that you provide to persons with intellectual/developmental disabilities (I/DD).

- Residential-ICF/MR
- Residential DDA, AFL or Supervised Living program
- Innovations Waiver Services/ (CAP MR-DD) Community Alternatives Program for People with I/DD
- State funded services for I/DD – (IPRS Funded)
- I/DD Targeted Case Management
- Crisis Services, including NC START
- Adult Day Vocational Programs (ADVPs)

G. Please indicate the services your agency provides to persons with mental illness (MH) or substance abuse/addictive diseases (SA).

- CABHA core services to children (intensive in-home, day treatment)
- CABHA core services to adults (community support team)
- MH/SA, Targeted Case Management
- Outpatient Therapy
- Vocational Rehabilitation
- Psycho-Social Rehab (PSR)
- Residential-Foster Care, Licensed Child Placement Agency
- Children's Residential Level II-IV
- Psychiatric Residential Treatment Facility (PRTF)
- Residential services to adults
- State funded services for MH (IPRS Funded)
- Facility Based Crisis
- Walk-In Crisis
- Residential options/24 hour care
- State funded services SA (IPRS)
- IIH
- ACTT
- Peer Support
- SAIOP
- SACOT
- DETOX Services

Part III – List Below All Employees to Receive Membership Listserv Emails:

Depending upon dues level, each agency may identify individuals to receive emails via the NC Providers Council member listserv. (See dues structure chart on page 2 that includes number of email addresses available for your level in addition to the voting member).

2) Name: _____ Email: _____

Title: _____

3) Name: _____ Email: _____

Title: _____

4) Name: _____ Email: _____

Title: _____

5) Name: _____ Email: _____

Title: _____

6) Name: _____ Email: _____

Title: _____

7) Name: _____ Email: _____

Title: _____

8) Name: _____ Email: _____

Title: _____

9) Name: _____

Title: _____

Email: _____

10) Name: _____

Title: _____

Email: _____

11) Name: _____

Title: _____

Email: _____

12) Name: _____

Title: _____

Email: _____

13) Name: _____

Title: _____

Email: _____

14) Name: _____

Title: _____

Email: _____

15) Name: _____

Title: _____

Email: _____

16) Name: _____

Title: _____

Email: _____

17) Name: _____

Title: _____

Email: _____

18) Name: _____

Title: _____

Email: _____

19) Name: _____

Title: _____

Email: _____

20) Name: _____

Title: _____

Email: _____

21) Name: _____

Title: _____

Email: _____

22) Name: _____

Title: _____

Email: _____

23) Name: _____

Title: _____

Email: _____

24) Name: _____

Title: _____

Email: _____

25) Name: _____

Title: _____

Email: _____