



North Carolina Providers Council
 9660 Falls of Neuse Rd, Suite 138 #124, Raleigh, NC 27615
 Phone: 919-784-0230
 www.ncproviderscouncil.org

APPLICATION FOR PROVIDER MEMBERSHIP

REFERRED BY: _____

DATE APPLICATION COMPLETED: _____

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

Applicants may choose to join as: 1) Individual Agency/Corporation – This membership category is for a single organization/corporation, with its membership dues based on its North Carolina revenues, and includes membership benefits and voting privileges for that organization/corporation; or 2) Multiple Agencies/Corporations under One Management Entity or Holding Company – This membership category is for one membership for multi-organizations/corporations operated under one management company or holding company, with its membership dues based on the total North Carolina revenues for all of its agencies/corporations that are owned/managed in North Carolina.

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

I have read and I understand the NC Providers Council’s Code of Ethics and agree to abide by them. 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 may designate one person as a voting member for the agency. If you would like to designate a person **other** than Owner/CEO/President as 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

A. 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. Payer sources may include the NC Department of Health and Human Services (Division of Mental Health, Developmental Disabilities, Substance Abuse; Division of Health Benefits / Medicaid; Division of Social Services, Division of Vocational Rehabilitation); Local Management Entity - Managed Care Organizations (LME/MCOs); Standard Plans; Community Care of North Carolina / Carolina ACCESS; or other State funds, county funds, private pay, or insurance funding for services and supports in North Carolina to individuals who need mental health, intellectual/developmental disability, substance abuse, or foster care services.

B. Verification of Annual Revenue for all membership levels:

Please submit verification from an independent Certified Public Accountant (CPA), financial consultant, or Agency CFO attesting to your corporation's gross revenue in NC.

C. Membership Dues must be paid by check. Credit cards are NOT accepted.

- (ANNUAL PAYMENT) you must enclose the full renewal amount payable to the NC Providers Council by the renewal date.
- (QUARTERLY PAYMENTS) If you would like to request quarterly payments, your request must be received before your expiration date 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.

D. Dues Levels

Check the appropriate box below based on your corporation's annual revenue in NC (See III A above):

Check one:	Annual Revenue:	Annual Amount Due:	Quarterly Amount Due:
	\$0 - \$2,500,000	\$3,210	\$803
	\$2,500,001 - \$5,000,000	\$5,350	\$1,338
	\$5,000,001 - \$10,000,000	\$7,490	\$1,873
	\$10,000,001 - \$25,000,000	\$10,700	\$2,675
	\$25,000,001 - \$50,000,000	\$13,910	\$3,478
	\$50,000,001 - \$75,000,000	\$17,120	\$4,280
	\$75,000,001 - \$100,000,000	\$20,330	\$5,083
	\$100,000,001 - \$125,000,000	\$23,540	\$5,885
	\$125,000,001 - \$150,000,000	\$26,750	\$6,688
	\$150,000,001 - \$175,000,000	\$29,960	\$7,490
	\$175,000,001 - \$200,000,000	\$33,170	\$8,293
	\$200,000,001 - \$225,000,000	\$36,380	\$9,095
	\$225,000,001 - \$250,000,000	\$39,590	\$9,898

The NC Providers Council is a nonprofit 501(C)(6) trade association. Dues and other contributions paid to this association may not be fully deductible as charitable contributions for federal income tax purposes because Internal Revenue Code Section 162(e) disallows tax deductions for lobbying expenditures. Because a portion of annual membership dues may be nondeductible, NCPD will provide annual notification of the percentage of membership dues subject to the disallowance. 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.

- E. **Signature:** By my signature below I attest that the annual revenue indicated in III, D above is accurate and consistent with the definition of annual revenue in III A above.

Signature of CPA, CFO or Financial Consultant _____

Printed Name and Date _____

Title: _____

Name of Firm: _____

PART IV: SERVICES PROVIDED

Voting Member, COO or Designee: please complete the following to assist the NC Providers Council with representing providers collectively at the NC General Assembly and DHHS.

A. In which LME/MCO catchment area(s) do you provide services to consumers or have employees at sites? [please select all that apply]

<input type="checkbox"/> Alliance Behavioral Healthcare	<input type="checkbox"/> Cumberland <input type="checkbox"/> Durham <input type="checkbox"/> Harnett <input type="checkbox"/> Johnston <input type="checkbox"/> Mecklenburg <input type="checkbox"/> Orange <input type="checkbox"/> Wake
<input type="checkbox"/> Partners Behavioral Health Management	<input type="checkbox"/> Burke <input type="checkbox"/> Cabarrus <input type="checkbox"/> Catawba <input type="checkbox"/> Cleveland <input type="checkbox"/> Davie <input type="checkbox"/> Davidson <input type="checkbox"/> Forsyth <input type="checkbox"/> Gaston <input type="checkbox"/> Iredell <input type="checkbox"/> Lincoln <input type="checkbox"/> Rutherford <input type="checkbox"/> Stanly <input type="checkbox"/> Surry <input type="checkbox"/> Union <input type="checkbox"/> Yadkin
<input type="checkbox"/> Trillium Health Resources	<input type="checkbox"/> Anson <input type="checkbox"/> Beaufort <input type="checkbox"/> Bertie <input type="checkbox"/> Bladen <input type="checkbox"/> Brunswick <input type="checkbox"/> Camden <input type="checkbox"/> Carteret <input type="checkbox"/> Chowan <input type="checkbox"/> Columbus <input type="checkbox"/> Craven <input type="checkbox"/> Currituck <input type="checkbox"/> Dare <input type="checkbox"/> Duplin <input type="checkbox"/> Edgecombe <input type="checkbox"/> Gates <input type="checkbox"/> Greene <input type="checkbox"/> Guilford <input type="checkbox"/> Halifax <input type="checkbox"/> Hertford <input type="checkbox"/> Hoke <input type="checkbox"/> Hyde <input type="checkbox"/> Jones <input type="checkbox"/> Lee <input type="checkbox"/> Lenoir <input type="checkbox"/> Martin <input type="checkbox"/> Montgomery <input type="checkbox"/> Moore <input type="checkbox"/> Nash <input type="checkbox"/> New Hanover <input type="checkbox"/> Northampton <input type="checkbox"/> Onslow <input type="checkbox"/> Pamlico <input type="checkbox"/> Pasquotank <input type="checkbox"/> Pender <input type="checkbox"/> Perquimans <input type="checkbox"/> Pitt <input type="checkbox"/> Randolph <input type="checkbox"/> Richmond <input type="checkbox"/> Robeson <input type="checkbox"/> Sampson <input type="checkbox"/> Scotland <input type="checkbox"/> Tyrrell <input type="checkbox"/> Warren <input type="checkbox"/> Washington <input type="checkbox"/> Wayne <input type="checkbox"/> Wilson
<input type="checkbox"/> Vaya Health	<input type="checkbox"/> Alamance <input type="checkbox"/> Alexander <input type="checkbox"/> Alleghany <input type="checkbox"/> Ashe <input type="checkbox"/> Avery <input type="checkbox"/> Buncombe <input type="checkbox"/> Caldwell <input type="checkbox"/> Caswell <input type="checkbox"/> Chatham <input type="checkbox"/> Cherokee <input type="checkbox"/> Clay <input type="checkbox"/> Franklin <input type="checkbox"/> Graham <input type="checkbox"/> Granville <input type="checkbox"/> Haywood <input type="checkbox"/> Henderson <input type="checkbox"/> Jackson <input type="checkbox"/> Macon <input type="checkbox"/> Madison <input type="checkbox"/> McDowell <input type="checkbox"/> Mitchell <input type="checkbox"/> Person <input type="checkbox"/> Polk <input type="checkbox"/> Rockingham <input type="checkbox"/> Rowan <input type="checkbox"/> Stokes <input type="checkbox"/> Swain <input type="checkbox"/> Transylvania <input type="checkbox"/> Vance <input type="checkbox"/> Watauga <input type="checkbox"/> Wilkes <input type="checkbox"/> Yancey

B. Does your agency have a representative on an LME/MCO (future Tailored Plan) Provider Council?

- Yes
- No

C. With which Standard Plan(s) does your provider agency contract? [please select all that apply]

AmeriHealth Caritas	<input type="checkbox"/>
Carolina Complete Health	<input type="checkbox"/>
Healthy Blue	<input type="checkbox"/>
United Healthcare	<input type="checkbox"/>
WellCare	<input type="checkbox"/>

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

Total # of people with Intellectual/Developmental Disabilities (I/DD): Children _____ Adults _____
 Total # of people with mental health disorders (MH): Children _____ Adults _____
 Total # of people w/ substance use (SUD): Children _____ Adults _____
 Total # of children in Foster Care: _____

E. Please provide the total number of paid staff positions (full-time, part-time, or contract) for your corporation in NC (data will remain confidential): _____

F. Is your agency nationally accredited?

No

1. Yes, with The Commission on Accreditation and Rehabilitation Facilities (CARF)
2. Yes, with The Council on Accreditation (COA)
3. Yes, with The Council on Quality and Leadership (CQL)
4. Yes, with The Joint Commission (JCAHO)

G. Is your agency certified as a Critical Access Behavioral Health Agency (CABHA)? Yes ____ No ____

H. Is your agency a Tailored Care Management Agency? Yes ____ No ____

I. Has your agency applied to become a Tailored Care Management Agency? Yes ____ No ____

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

- Residential-ICF/IID
- Residential DDA, AFL or Supervised Living program
- Innovations Waiver Services
- CAP/C
- CAP/DA
- State funded services for I/DD
- I/DD Targeted Case Management
- Crisis Services, including NC START
- Adult Day Vocational Programs (ADVPs)

K. Please indicate the services your agency provides to persons with mental health (MH) or substance use disorders (SUD).

- CABHA core services to children (intensive in-home, day treatment)
- CABHA core services to adults (community support team)
- MH/SUD, 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)
- Facility-Based Crisis
- Walk-In Crisis
- Residential options/24-hour care
- State funded services SA (IPRS)
- Intensive In-Home (IIH)
- ACTT
- Peer Support
- SAIOP
- SACOT
- Detox or MAT Services

Part V –Employees to Receive Membership Listserv Emails:

Each agency may identify individuals to receive emails via the NC Providers Council member listserv. Members receive listserv communications including real-time DHHS policy and webinar alerts and the bi-weekly CMS/DHHS/LME-MCO Member Update newsletter to assist them in staying abreast of federal and State policy issues and legislative activity.

Please send a complete list of all individuals' names and email addresses to carson.stanley@ncproviderscouncil.org