Kentucky Home Care Association

2025 Provider Membership Application

STEP 1: PRIMARY CONTACT

*Information will be used for the 2025 Online Directory

For each agency/branch you must complete the Provider Location & Licensure Form for accuracy of the Provider Directory

Organization_____

Contact Person _____

Title _____
Address _____
Suite_____ City _____
State _____ Zip Code _____
Email _____
Phone _____
Fax _____

Website _____

LICENSURE

License # 15__ __ __ __

How many branches do you operate under this license #?

 # OF BRANCHES _____

Indicate Branch locations on additional Provider Branch & Services Page

PSA License# _____

PDN License # _____

Hospice License # 40 __ __ __ __

Do you operate a Residential Hospice Facility?

☐ YES Where? _____

LICENSE TYPE

☐ Home Health ☐Hospice ☐ Adult Day ☐ Palliative Care
☐ Personal Care Services ☐ Non-Medical In-Home Services
☐ Infusion ☐ Networking ☐ Organizational ☐ Affiliate ☐ Private Duty Nursing ☐ Personal Service Agency

OWNERSHIP (Type of Organization)

☐ For Profit ☐ Non-Profit

CLASSIFICATION:

☐ Corporation ☐ Hospital Based ☐ LLC
☐ Individual /Sole Proprietor ☐ Public Health Dept.
☐ Other

ACCREDITATION

Check all accreditations applicable to this membership

☐ ACHC ☐ CHAP ☐ JCAHO

☐OTHER _____

AGENCY DATA

_____ Total Number of KY Branches

_____ Total Number of Licensed Providers

_____ Total Employees (Admin & Field)

MEMBER OF:

☐ National Association of Home Care (NAHC)
☐ National Hospice & Palliative Care Org (NHPCO)
☐ Home Care Association of America (HCAOA)
☐ Visiting Nurse Associations of America (VNAA)
☐ Leading Age KY
☐ Kentucky Physical Therapy Association (KPTA)
☐ Kentucky Rural Health Association (KRHA)
☐ Kentucky Association of Private Providers (KAPP)
☐ Other _____

INSURANCE ACCEPTED /PAYER

☐COMMERCIAL INSURANCE_____

☐MEDICAID FFS

☐MEDICAID MANAGED CARE (Check all that apply)

☐Humana ☐Aetna ☐PassPort

☐Anthem ☐Wellcare

☐ MEDICARE ☐ PRIVATE PAY ☐ WORKERS COMP

☐ VA ☐ OTHER_____

EMR SYSTEM USED: _____

DME EQUIPMENT: _____

MEDICAL SUPPLIES: _____

☐WAIVER SERVICES (Check all that apply)

☐HC Waiver Service Provider ☐HC Waiver Case Management

☐Michelle P. Waiver ☐SCL ☐TBI

☐EPSDT Special Services (Check all that apply) ☐PT ☐ST ☐OT

OTHERS SPECIAL PROGRAMS AT THIS BRANCH

_____

_____

_____

Kentucky Home Care Association

COMPLETE FOR EACH AGENCY / BRANCH LOCATION

2025 Provider Branches & Services

Photocopy this page as needed for each

1 AGENCY/Branch Name:

LICENSURE

License # **15__ __ __ __**

How many branches do you operate under this license #?

 # OF BRANCHES _____ BRANCH# _____OF_____

Indicate Branch locations on additional Provider Location Page

Hospice License # **40 __ __ __ __**

Do you operate a Residential Hospice Facility?

☐ YES Where? _____

LICENSE TYPE

☐ Home Health ☐ Hospice ☐ Adult Day ☐ Palliative Care

☐ Personal Care Services ☐ Non-Medical In-Home Services

☐ Infusion ☐ Networking ☐ Organizational ☐ Affiliate

☐ Private Duty Nursing ☐ Personal Service Agency

COUNTIES SERVED

☐ Adair	☐ Edmonson	☐ Knox	☐ Nicholas
☐ Allen	☐ Elliott	☐ Larue	☐ Ohio
☐ Anderson	☐ Estill	☐ Laurel	☐ Oldham
☐ Ballard	☐ Fayette	☐ Lawrence	☐ Owen
☐ Barren	☐ Fleming	☐ Lee	☐ Owsley
☐ Bath	☐ Floyd	☐ Leslie	☐ Pendleton
☐ Bell	☐ Franklin	☐ Letcher	☐ Perry
☐ Boone	☐ Fulton	☐ Lewis	☐ Pike
☐ Bourbon	☐ Gallatin	☐ Lincoln	☐ Powell
☐ Boyd	☐ Garrard	☐ Livingston	☐ Pulaski
☐ Boyle	☐ Grant	☐ Logan	☐ Robertson
☐ Bracken	☐ Graves	☐ Lyon	☐ Rockcastle
☐ Breathitt	☐ Grayson	☐ McCracken	☐ Rowan
☐ Breckinridge	☐ Green	☐ McCreary	☐ Russell
☐ Bullitt	☐ Greenup	☐ McLean	☐ Scott
☐ Butler	☐ Hancock	☐ Madison	☐ Shelby
☐ Caldwell	☐ Hardin	☐ Magoffin	☐ Simpson
☐ Calloway	☐ Harlan	☐ Marion	☐ Spencer
☐ Campbell	☐ Harrison	☐ Marshall	☐ Taylor
☐ Carlisle	☐ Hart	☐ Martin	☐ Todd
☐ Carroll	☐ Henderson	☐ Mason	☐ Trigg
☐ Carter	☐ Henry	☐ Meade	☐ Trimble
☐ Casey	☐ Hickman	☐ Menifee	☐ Union
☐ Christian	☐ Hopkins	☐ Mercer	☐ Warren
☐ Clark	☐ Jackson	☐ Metcalfe	☐ Washington
☐ Clay	☐ Jefferson	☐ Monroe	☐ Wayne
☐ Clinton	☐ Jessamine	☐ Montgomery	☐ Webster
☐ Crittenden	☐ Johnson	☐ Morgan	☐ Whitley
☐ Cumberland	☐ Kenton	☐ Muhlenberg	☐ Wolfe
☐ Daviess	☐ Knott	☐ Nelson	☐ Woodford

2 CONTACT FOR THIS BRANCH

*Information will be used for the 2025 Online Directory

☐ Check here if contact information below is the same as listed under Primary Contact

Main Contact: _____

Title: _____

Branch Address: _____

_____

Suite_____ City _____

State _____ Zip Code _____

Email _____

Phone _____

Fax _____

Website _____

3 SERVICES OFFERED AT THIS BRANCH

☐	Behavioral Health	☐	Home Medical Equipment	☐	Personal Care Services
☐	Bereavement/ Grief Counseling	☐	Licensed Practical Nursing	☐	Physical Therapy
☐	Case Management	☐	Maternal Health	☐	Private Duty Nursing
☐	CHHA Hourly	☐	Medical Social Services	☐	Psychiatric Nursing
☐	CHHA Live-in	☐	Medication Management	☐	Registered Dietitian
☐	Chronic Care Mngt	☐	Mobile Meals	☐	Respite Care
☐	Companions /Sitters	☐	Nursing	☐	Skilled Nursing
☐	Dementia Care	☐	Occupational Therapy	☐	Speech Therapy
☐	Emergency Response Systems	☐	Pediatric Hospice	☐	Supply only patients
☐	Geriatric Care Management	☐	Palliative Care	☐	Telehealth Monitoring
☐	Home Infusion / Intravenous Therapy	☐	Pediatric Care	☐	Transportation
☐	Home Health Aides	☐	Shift Nursing	☐	Ventilator Care

Kentucky Home Care Association

2025 Membership Categories

1 MEMBERSHIP OPTIONS

A. LICENSED HOME HEALTH AGENCIES

This member category is open to any organization whose primary purpose is the delivery of direct health care services to persons in their place of residence or community-based outpatient setting.

Dues based on range of home health visits. See dues scale, based on visits per year.

- PLUS + $500 per additional license/provider number
- PLUS + Number of HCB Visits/Encounters x $.02 (up to $500 maximum)

Agencies that are a part of a corporation with multiple licenses/provider numbers in Kentucky have two options.

OPTION 1:

You may include all offices or locations in one membership by calculating dues based on the total number of chargeable home health visits made by all offices, plus $500 per additional provider/license number.

EXAMPLE- Offices 2 & 3 have separate license/provider #'s

Main Office	30,000 Annual Visits	Primary License	HCB Visits= 6,000
Office 2	25,000 Annual Visits	Addtl License $500	HCB Visits=5,000
Office 3	15,000 Annual Visits	Addtl License $500	HCB Visits=3,000
TOTAL	**70,000 Annual Visits**	**Addtl $1,000**	**HCB Visits=14,000**

Dues from range = $6,425
Addtl Licenses =$1,000
HCB Visits =$ 280 (14,000 X $ .02)
TOTAL DUES =$7,605

OPTION 2:

You may have memberships for each separate licensed office/provider number and pay separate dues for each of the Kentucky offices owned by the corporation. Membership will not be accepted unless all Kentucky offices are included.

B. HOSPICE & PALLIATIVE CARE AGENCIES

Dues: **$850 Annually**

C. ASSOCIATE MEMBERSHIP

See information to the right.

D. ADULT DAY HEALTH CENTERS

Dues: **$450 Annually**- for first licensed center and $50 for each additional licensed center. (When a company owns multiple licensed adult day health centers, all licensed centers must be included in the membership.)

E. Non-MEDICAL IN-HOME SERVICE ORGANIZATIONS PERSONAL CARE SERVICE AGENCIES

Dues: **$850 Annually**- Special two-year introductory rate of $475 per year. After paying two years at this rate, dues will revert to the regular yearly rate of $850.

F: INDIVIDUAL MEMBERSHIP - See information below.

ASSOCIATE MEMBERSHIP

This member category is open to any organization which fosters the home care or in support of those delivering home care services in an Outpatient community-based setting and including but not limited to hospices, infusion services, private duty services and adult day health centers, personal care agencies, case management services and Durable Medical Equipment. This category is not engage in direct service delivery.

Associate Membership has Three Tiers. See the next page for the benefits of each Associate Membership Tier.

Dues: **$875 -** Standard Associate Membership
$2,250 - Classic Associate Membership
$5,500 - Premium Associate Membership

INDIVIDUAL MEMBERSHIP

This member category is open to any individual who's agency is not a current KHCA Member. Who's involved with a Home Health, Hospice, or Personal Service Agency.

Annual Dues: **$350**

Kentucky Home Care Association

Kentucky Home Care Association
Associate Membership Levels

Membership Benefits	Standard Associate	Classic Associate	Premium Associate
Included in all ongoing member education and communication	X	X	X
Free consultation	X	X	X
Access to RCTC	X	X	X
Logo on website	X	X	X
Online search/member directory	X	X	X
Access to member list	X	X	X
Participate in committees	X	X	X
Purchase ads & article in newsletters	X	X	X
Reduced iWeekly ad rates	X	X	X
Reduced rate at conference	X	X	X
Credit towards conference sponsorship		X	X
Logo recognition on the KHCA Annual Conference Program		X	X
Logo recognition on the KHCA Annual Conference signage		X	X
Enhanced listing in online member directory		X	X
Participate in Webinars		X	X
Sponsorship of a 1-day class		X	
Sponsorship of a 2-day class			X
Provide a 15-minute presentation to the KHCA Board of Directors			X
Access to member email list*			X
Membership Dues	**$875**	**$2,250**	**$5,500**

* Premium Associate Members have the opportunity to receive a complete KHCA Member Email List for an additional $1,000 annual fee.

Kentucky Home Care Association

2025 Membership Dues Calculation

STEP 2: LOCATE YOUR CATEGORY

Locate your membership category and check the corresponding dues rate. If paying more than one membership category, please attach a sheet with the complete information.

1 MEMBERSHIP TYPE

This member category is open to any organization whose primary purpose is the delivery of direct health care services to persons in their place of residence or community-based outpatient setting.

A. LICENSED HOME HEALTH AGENCIES

Agencies with multiple licenses/provider numbers must include all offices or locations using either Option 1 or Option 2. An example of each option can be found under the Membership Categories page.

DUES: Based on range of annual visits (see below) plus $500 for each additional license/provider number as well as two cents ($.02) per Home and Community-Based Waiver visits or encounters. DO NO count individual HCB units!

CHECK BOX	Membership Dues Visits Per Year	2025 DUES
	1 - 6,000	$850
	6,001 - 12,000	$1,550
	12,001 - 18,000	$2,475
	18,001 - 24,000	$3,375
	24,001 - 30,000	$4,250
	30,001 -36,000	$5,200
	36,001 - 50,000	$5,825
	50,001 - 100,000	$6,425
	1000,001 - OVER	$7,250

Dues based on range of visit	$
Number of additional license/provider Numbers _____ x $500	$
Number of HCB Visits _____ x .02 *(Up to maximum of $500)*	$

$_____

(1A) TOTAL HOME HEALTH DUES

B. HOSPICE AND PALLIATIVE CARE AGENCIES

Dues: $850 Annually

$_____

(1B) TOTAL HOSPICE & PALLIATIVE CARE AGENCY

C. Associate Membership

Standard Associate - $875	$
Classic Associate - $2,250	$
Premium Associate - $5,500	$

$_____

(1C) TOTAL OTHER DIRECT CARE ORGANIZATIONS

D. ADULT DAY HEALTH CENTERS

Dues: **$450 Annually**- for first licensed center and **$50 for each additional licensed center**. *(When a company owns multiple licensed adult day health centers, all licensed centers must be included in the membership.)*

Adult Day Health Center	$450	$
Additional Licensed Centers _____ x $50		$

$_____

(1D) TOTAL ADULT DAY HEALTH CENTERS

E. NON-MEDICAL IN-HOME SERVICE ORGANIZATIONS PERSONAL CARE SERVICE AGENCIES

Dues: **$850 Annually**- Special two-year introductory rate of $475 per year. After paying two years at this rate, dues will revert to the regular yearly rate of $850.

Annually	$850	$
2-Year Introductory	$475	$

$_____

(1E) TOTAL NON-MEDICAL IN-HOME SERVICE ORGANIZATIONS PERSONAL CARE SERVICE AGENCIES

F. INDIVIDUAL MEMBERSHIP

Dues: $350 Annually

$_____

(1F) TOTAL INDIVIUDAL MEMBERSHIP

Kentucky Home Care Association

2025 Membership Dues Calculation

STEP 3: TOTAL 2024 DUES CALCULATION

$_____

STEP 4: PAYMENT

☐ **Invoice Requested**

☐ **Check Enclosed** # _____

☐ **Credit Card**
(There will be a 2.5% fee if paying by credit card)

$ _____ x 1.025 = $ _____
Payment Amount Total Due

CARD: ☐ VISA ☐ MasterCard ☐ American Express

_____
Credit Card Number

_____
Exp Date CVV

_____
Address of Cardholder

_____

_____
Print Name of Cardholder

_____
Authorized Signature Required

ALL MEMBERS NOTE:

Membership fees are due and payable on January 31st of each year. Renewal fees paid after March 31st may be subject to a $50 reinstatement fee. Call KHCA if you would like to make arrangements to pay your dues in installment payments.

STEP 5: CERTIFY INFORMATION

I certify that the information provided on this application is true and correct.

_____
Print Name Title (CEO/Administrator/CFO)

_____
Authorized Signature Required

NEW Remittance Address:

KENTUCKY HOME CARE ASSOCIATION

6320-G Rucker Road

Indianapolis, IN 46220

Kentucky Home Care Association

2025 Additional Staff Information

Additional Staff

Please list any additional staff you would like to receive correspondence from KHCA. You MUST include individual email addresses for each person. ***If you have more than one location, please indicate the office to which the person is assigned.***

Additional Staff Name: ____________________

Email Address: ____________________

Job Title: ____________________ **Office Location:** ____________________

Additional Staff Name: ____________________

Email Address: ____________________

Job Title: ____________________ **Office Location:** ____________________

Additional Staff Name: ____________________

Email Address: ____________________

Job Title: ____________________ **Office Location:** ____________________

Additional Staff Name: ____________________

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Email Address: ____________________

Job Title: ____________________ **Office Location:** ____________________

Additional Staff Name: ____________________

Email Address: ____________________

Job Title: ____________________ **Office Location:** ____________________

Additional Staff Name: ____________________

Email Address: ____________________

Job Title: ____________________ **Office Location:** ____________________

Please photocopy for any additional staff.

In order to keep our database up-to-date, please update staff profiles as information changes. Thank you.