

MHCA:

Membership

Matters

- 
- ✓ Advocacy
 - ✓ Communication
 - ✓ Education
 - ✓ Networking

About our Organization

The Maine Health Care Association is a statewide association of providers of services to Maine's older and disabled populations. MHCA represents more than 200 assisted living/residential care facilities, nursing facilities, skilled nursing facilities, adult day service providers, home health service

Mission

providers, independent living/congregate housing providers, rehabilitation providers, and other organizations and individuals who provide housing, health care and supportive services to more than 10,000 Maine residents.

The mission of the Maine Health Care Association is to promote and advance the delivery of high quality health care, housing and supportive services to meet the needs of Maine's older and disabled populations. The Association achieves its mission through:

- Educating the public.
- Advocating on behalf of providers.
- Building a high-quality work force.
- Developing management excellence and leadership capability of its members.
- Promoting the business effectiveness and efficiency of its members.

MHCA is the leading advocate for high quality long-term health care that meet the needs of our state's senior and disabled citizens. Association members provide services to more than 10,000 people, employ over 15,000 people, and have an economic impact approaching \$350 million a year. The services we provide include:

Legislative and regulatory advocacy

In addition to our in-house legislative services, MHCA maintains a relationship with a full-service, Augusta-based law firm that provides members with strong advocacy at the Legislature, with the Department of Human Services, and the Governor's office.

Group purchasing

The association's group purchasing program combines the total purchasing power of its members with a national sales network to assure the best possible service, quality, value, and price for an array of goods and services. Additionally, through MHCA Insurance Services, LLC, members can access a full-range of life, health, disability and voluntary benefits insurance products; and the MHCA Workers' Compensation Trust Fund provides a viable option for members' workers' compensation insurance.

Grassroots initiative

In addition to lobbying, MHCA has a strong grassroots process to educate policymakers and the public about long-term care issues, long-term care providers, their commitment to high quality service, and the challenges faced as our population ages. The program also works with patients, residents, families, providers, and other groups to ensure that the voices of our most vulnerable citizens are heard.

Professional development

MHCA conducts high quality, affordable educational programs focusing on the business, clinical practice, and leadership needs of the long-term care community. The Annual Fall Conference is the highlight of our educational programming and brings nationally regarded speakers, as well as Maine experts, to address providers on key issues in long-term care.

Member involvement

A 13-member board of directors provides overall policy direction for the association, with vital member input provided through ad hoc committees and membership surveys. MHCA also hosts discipline-specific committees, such as nursing and social work, to enable professional networking and sharing of information.

Types of Membership

Full Membership:

Full membership may be granted to any assisted living/residential care facility, nursing facility, skilled nursing facility, adult day service provider, home health service provider, independent living/congregate housing provider, rehabilitation provider, which is licensed and/or certified by the State of Maine. All facilities/agencies are eligible for full membership and each is entitled to all rights and privileges, including the right to vote and seek office. A single licensed facility/agency within a “multi facility” shall not be eligible for membership in association unless all facilities/agencies within said “multi facility” pay annual dues and any special assessments levied against the entire membership, unless a hardship waiver is granted as provided in ARTICLE IV, SECTION 5, of the MHCA's by-laws.

Associate Organizational Membership:

Associate organizational membership may be granted to groups or individuals, real or corporate, who are engaged in activities which relate to the objectives of the association, and are not eligible as member facilities/agencies. Associate organizational members may attend all general membership meetings, annual business meetings, conventions and association sponsored education programs at the member rate. However, associate organizational members are ineligible to serve on the Board of Directors, hold office or vote at the annual meeting. Associate organizational members are eligible to serve on committees of association in a voting capacity. Management corporations, whose clientele is eligible for membership, are ineligible for Associate Organizational membership.

Associate Personal Membership:

Associate personal membership is available to an individual who is not employed by, is not an owner of an aforementioned organization, or has no immediate family member holding 10% or more ownership rights in any type of health care organization which is eligible for association membership. Associate personal members shall not be eligible to hold office or vote in the affairs of association. Associate personal members may attend all general membership meetings, annual business meetings and conventions, association sponsored education programs at the membership rate, and shall be eligible to serve on committees of association in a voting capacity.

Membership has its privileges

Member Only Events

As a member, you will receive:

- Our weekly **MHCA E-News** and other publications, providing current information on matters pertaining to long term care
- Access to the group purchasing contracts (*most contracts applicable to providers only*)
- A new member announcement in the **MHCA E-News**
- Ability to post job positions available and items/facilities for sale in our LTC Classifieds
- Access to facility mailing lists in either electronic or printed format
- Discounts on MHCA educational programs and materials, including Gero Nurse Prep Course.
- Discounts on Fall Conference booth space
- A free listing in the MHCA Annual Directory & Buyer's Guide
- A free listing on the MHCA website, including a link to your own site (*Associate Organizational members only. Providers are listed under the Find A Facility tab.*)
- The opportunity to participate in MHCA members-only special events, including Celebrating Excellence, Live Your Dreams, Mike McNeil Scholarship Fund, and Remember ME

Celebrating Excellence Awards:

This annual program is designed to honor the best and brightest in long term care. Awards are presented to long term care employees and facilities that meet and exceed specific criteria that contribute to quality long term care for our state's elderly and disabled citizens.

Live Your Dreams:

Imagine the possibilities --

Long term care residents riding a motorcycle, taking in a Boston Red Sox baseball game, graduating from high school, learning the Fox Trot or simply visiting with family. MHCA's Live Your Dreams program, is based on the premise that it is never too late to reach for our goals and realize our dreams. To the extent possible, MHCA matches resident dreams with natural sponsors or like-minded partners who share our interest in supporting long term care residents' quality of life. In addition, MHCA members note that this program presents an opportunity to consider and reconsider residents' dreams and hopes, connecting with them in new ways. MHCA is pleased that it has served as a springboard for spirited discussion to learn more about one another. From our viewpoint, it is an extension of existing programs and acts of kindness that happen in MHCA member homes every day. Dreams are considered and fulfilled on a rolling basis with a timeframe to be determined by the overall demand.

Mike McNeil Scholarship Fund (MMSF):

Administered by MHCA in partnership with BerryDunn, the Mike McNeil Scholarship Fund promotes careers in long term care through scholarships for individuals affiliated with MHCA long term care facilities. Scholarships are open to MHCA member facility employees, their immediate family members and volunteers wishing to pursue post secondary education and training in the areas of Nursing, Physical or Occupational Therapy, Speech Pathology, Social Work, Activities and Food Service. Fund raisers include an annual golf tournament held during our Fall Health Care Conference & Expo and the LTC Culinary Challenge.

Remember ME:

One of MHCA's most popular programs, the Remember ME project features the black and white photographs, accompanied by brief biographies, of pioneering, innovative and interesting residents living in Maine's long term care facilities. The annual event is kicked off with a recognition ceremony during which MHCA presents residents with Certificates of Lifetime Achievement. Since the project's inception, MHCA has honored residents with historically significant backgrounds; unique or interesting accomplishments either while living in the facility or prior to admission; and those who have served community, state or country through volunteerism, civic organizations or US military. The event is specifically held in the Hall of Flags at the State House in Augusta, a location that serves to remind legislators and the public that state house decisions have a local impact on human lives.

Membership Dues Structure

Full Membership:

Assisted Living Program (ALP)	\$600.00 flat rate	_____
Independent Housing with Services (IND)	\$600.00 flat rate	_____
Residential Care Levels 1-4 (AL/RC) and Adult Family Care Homes (AFCH)	Base rate \$175+(\$31.30 x ___ beds)	_____
Nursing Facility/SNF	Base rate \$475+(\$68.15 x ___ beds)	_____
Home Health Care / Hospice		
• Companies independent of facility	\$600.00 flat rate	_____
Adult Day Services Program	\$250.00 flat rate	_____
• Companies independent of facility		
	TOTAL MHCA DUES:	_____
AHCA/NCAL (national affiliate)		
<i>National affiliation dues are separate from MHCA dues.</i>	NFs/SNFs: \$20.60 x ___ beds	_____
	AL/RC & AFCH: \$10.50 x ___ beds	_____
	ALP/IND: \$10.50 x ___ beds/units	_____
	TOTAL AHCA DUES:	_____
Associate Organizational Membership:	\$500.00	_____
Associate Personal Membership:	\$125.00	_____

If you have any questions regarding completion of the application for membership, please contact:

**Dianne Chicoine, Director of
Business & Information Services**
Email: dchicoine@mehca.org
Tel: 207.623.1146, ext. 201

The membership year runs from October 1 – September 30. Dues will be prorated based on when the organization or individual joins.

Application for Membership

Applying for: Full Membership Associate Organizational Associate Personal

Contact Person: _____ Title: _____

Facility/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel: _____ Fax: _____ Email: _____

Website: _____

Full Membership applicants, please complete the following:

Indicate type(s) and number of licensed beds/units in the facility:

- Adult Day Services Program ____ beds/units
- Assisted Living/Residential Care:
 - Assisted Living Program ____ beds/units Independent Housing w/Services ____ beds/units
 - Level 1 RCF ____ beds/units Level 2 RCF ____ beds/units Level 3 RCF ____ beds/units
 - Level 4 RCF ____ beds/units Check if PNMI
- Intermediate Care Facility/IID ____ beds/units Group Home Nursing Facility
- Nursing Facility ____ beds/units Skilled Nursing Facility ____ beds/units Check if Dually Certified

Indicate services currently offered by the facility:

- Alzheimer's Care Home Health Care Hospice Care Rehabilitation Respite Care

Indicate corporate status:

- For Profit: Corporation Partnership Individual
- Non Profit: Corporation Church Affiliated Hospital Affiliated
- Government: State City

Providers and Associate Organizational applicants, please complete the following:

Please provide a brief description of your facility/company services. Information provided will be used in our announcement of membership in Enews (*Note: You may attach description separately.*):

Does this organization hold 10% or more ownership rights in any type of health care organization which is eligible for MHCA membership? Yes No

Associate Personal applicants, please complete the following:

Occupation: _____

Employer's Name: _____

Describe briefly your interest in long-term care and in the association:

Do you or a member of your immediate family (spouse, sibling, child, father, mother or in-law) hold 10% or more ownership rights in any type of health care organization which is eligible for MHCA membership? Yes No

Are you employed in any type of health care organization which is eligible for MHCA membership? Yes No

All applicants, please complete the following information on all persons and/or corporations holding 10% or more ownership in healthcare facility:

Owners(s): _____ Title: _____
Corporate Office Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Tel: _____ Fax: _____ Email: _____
Website: _____

All applicants, please complete the following information if your organization is being MANAGED by a separate organization:

Contact Person: _____ Title: _____
Management Office Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Tel: _____ Fax: _____ Email: _____
Website: _____

Please enclose with your application any brochures or other descriptive material you may have related to your facility and its program.

Approval of this application will be based in part upon the information supplied herein. Falsification or misrepresentation of any information considered part of this application would result in disqualification for membership in the Maine Health Care Association.

Contributions or gifts to the MHCA are not deductible as charitable contributions for federal income tax purposes. Dues/ payments may be deductible by members as an ordinary and necessary business expense.

CERTIFICATION: I certify that the information provided in this application is accurate and complete to the best of my knowledge. The undersigned, if admitted to active membership in the MHCA, hereby agrees that it will in all respects conform to and abide by the bylaws of MHCA and all amendments hereafter made thereto.

Date: _____ Signed: _____ Title: _____

PAYMENT METHOD:

Check Attached
 Credit Card. Please complete information below or contact MHCA with details.
 American Express MasterCard Visa
Credit Card No.: _____ Exp. _____
CVV#: _____ (3 digit code on back)
Name as it appears on card: _____
Card Holders Address: _____
Authorized Signature: _____
 Other (please describe): _____

Send completed application and payment to: Maine Health Care Association, Attn: Dianne Chicoine, 317 State Street, Augusta, ME 04330 Fax: 207.623.4080 Email: dchicoine@mehca.org

FOR OFFICE USE ONLY

Date Received Application: ___/___/___ Date Evaluated by BOD: ___/___/___ Disposition of Application: ___/___/___

Affiliates

MHCA Insurance Services

A partnership with



Acadia
BENEFITS INC.

MHCA Business Services

Group purchasing program



Annual Sponsors

Platinum:

Cross Insurance
Medline
TwinMed LLC

Gold:

Guardian Pharmacy of Maine
McKesson

Bronze:

Sysco Northern New England



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