



2005 Application for Provider Membership

GENERAL INFORMATION

Please complete this application, using the exact information you wish us to use in referring to your organization and posting on the Network website

Name: _____

Mailing Address: _____

Streets Address (if different): _____

Phone: _____ Fax: _____

Phone Number for Referrals: _____

Website: _____

VOTING INFORMATION

Official Voting representative: _____

Position: _____

Alterative Voting Representative: _____

Position: _____

DUES

Total Amount Due: \$ _____

(SEE REVERSE SIDE FOR CALCULATION)



2005 DUES CALCULATION WORKSHEET

ALL PROVIDERS THAT SERVED LESS THAN 100 PATIENTS IN 2004:

CARRY-OVER PATIENTS FROM 2003 x \$13.00 = + _____ (A)

NUMBER OF PATIENTS ADMITTED IN 2004 x \$13.00 = + _____ (B)

TOTAL 2005 DUES (A + B) = \$ _____ **

ALL PROVIDERS THAT SERVED MORE THAN 100 PATIENTS IN 2004:

BASE DUES \$1,000.00 (A)

CARRY-OVER PATIENTS FROM 2003 x \$3.00 = + _____ (B)

NUMBER OF PATIENTS ADMITTED IN 2004 x \$3.00 = + _____ (C)

TOTAL 2005 DUES (A + B+ C) = \$ _____ **

****DUES CAPS:**

LIMITED LICENSE HOSPICES DUES CAP: \$750.00

GENERAL LICENSE HOSPICES DUES CAP: \$3,000.00

PLEASE INCLUDE THE TOTAL 2005 DUES IN THE BLANK FOR "DUES" ON THE APPLICATION.



Hospice Information Sheet

Satellite sites (other than the main office)

Name: _____
 Address: _____

Name: _____
 Address: _____

Counties Served: _____

Counties Served: _____

Would you like this site listed on the Hospice Network website under these counties Yes No

Would you like this site listed on the Hospice Network website under these counties Yes No

Contact Person: _____

Contact Person: _____

Phone: _____

Phone: _____

Type: Office
 Overnight Facility
 Other _____

Type: Office
 Overnight Facility
 Other _____

Overnight Care

Do you have a facility for overnight care? Yes No

If YES:

Number of inpatient beds _____

Number of residential beds _____

Available for Either Use _____

Total number of overnight beds _____

Bereavement Services

Phone number: _____ Contact: _____

State License

State License Number _____ Expiration Date _____

Type: General Limited

Medicare Certified Yes No

If you are a new member or have renewed your license in 2004, please attach a copy of your most recent license to this application and a copy of your letter from Carol Benner, OHCQ, confirming your service area(s)



Contact Information and Hospice Network News Sign-up

Administrator

Name: _____ Title: _____

Email: _____ To receive Hospice and EOL Newsletter check box

Address: _____

Medical Director

Name: _____ Email: _____

To receive Hospice and EOL Newsletter check box

Address (if different than hospice address): _____

Clinical Director

Name: _____ Email: _____

To receive Hospice and EOL Newsletter check box

Address (if different than hospice address): _____

Bereavement Coordinator

Name: _____ Email: _____

To receive Hospice and EOL Newsletter check box

Address (if different than hospice address): _____

Chaplain

Name: _____ Email: _____

To receive Hospice and EOL Newsletter check box

Address (if different than hospice address): _____



Volunteer Coordinator

Name: _____ Email: _____

To receive Hospice and EOL Newsletter check box

Address (if different than hospice address): _____

Social Work Coordinator

Name: _____ Email: _____

To receive Hospice and EOL Newsletter check box

Address (if different than hospice address): _____

Others Who Should Receive the Hospice Network News

Name: _____ Email: _____

Name: _____ Email: _____

For Other Educational Updates

Name: _____ Email: _____

Name: _____ Email: _____

For Other Public Policy Updates

Name: _____ Email: _____

Name: _____ Email: _____

For Other Regulatory Updates

Name: _____ Email: _____

Name: _____ Email: _____

For Other Outreach Updates

Name: _____ Email: _____

Name: _____ Email: _____



Committee Sign-up

Member Organization _____

Bylaws Committee:

Name/ Title/ Email _____

Name/ Title/ Email _____

Education and Outreach Committee:

Name/ Title/ Email _____

Name/ Title/ Email _____

Finance Committee:

Name/ Title/ Email _____

Name/ Title/ Email _____

Nominating Committee:

Name/ Title/ Email _____

Name/ Title/ Email _____

Public Policy Committee, Legislative Subcommittee:

Name/ Title/ Email _____

Name/ Title/ Email _____

Public Policy Committee, Regulatory Subcommittee:

Name/ Title/ Email _____

Name/ Title/ Email _____

Research & Data Analysis Workgroup:

Name/ Title/ Email _____

Name/ Title/ Email _____

Hospice-Veteran Workgroup:

Name/ Title/ Email _____

Name/ Title/ Email _____

Other (eg TASK FORCE)

Name/ Title/ Email _____

Name/ Title/ Email _____



Hospice Network of Maryland

Standing Committees

Bylaws

The Committee (1) annually reviews the Bylaws, (2) solicits and studies suggestions for proposed amendments to the Bylaws, (3) prepares amendments for approval by the Board and submission to the membership for action, and (4) credentials voting membership, determines the presence of a quorum, and counts votes for matters other than elections at membership meetings.

Education and Outreach

The Committee (1) identifies the educational needs of the hospice community and develop and provides educational programs designed to meet those needs, (2) develops educational materials and programs for other health care providers to facilitate the delivery of hospice care and provides information on other aspects of end of life care, and (3) develops materials and programs to inform the general public on hospice and end of life care. The Committee meets monthly at the Network office.

Finance Committee

Chaired by the Treasurer, this Committee (1) monitors the financial performance of the organization throughout the year, (2) recommends policies regarding the finances of the Network, and (3) recommends an annual budget to the Board no later than one month prior to the start of the new fiscal year.

Nominating Committee

Consisting of two members elected by the membership plus a chair appointed by the Board, the Nominating Committee (1) recruits candidates for Board positions, (2) obtains and distributes applications from candidates, and (3) conducts the annual nominations and elections proceedings.

Public Policy Committee

The Committee (1) monitors legislation and regulatory developments at the state and federal levels that affect hospice care and other aspects of end of life care, (2) advises the Board concerning pending legislation or proposed regulations affecting hospice or other aspects of end of life care and recommend official positions consistent with the mission of the Network, (3) advocates for public policies which support the needs of the terminally ill, their caregivers and the bereaved, (4) monitors and recommends standards of hospice care, and (5) monitors and recommends positions regarding issues of reimbursement for hospice services. The Committee is composed of two subcommittees as follows:

***Legislative Subcommittee** develops the legislative agenda of the Network and oversees the activities of its lobbyist. It evaluates legislation for its impact on hospice, provides testimony on proposed bills, monitors evolving policy issues and recommends policy stances to the Board of Directors. This subcommittee generally meets every two weeks during the State legislative session (90 days from early January through mid-April) at the Annapolis office of the Network's lobbyist, and off-session as necessary.*

***Regulatory Subcommittee** monitors developments that relate to the state and federal agencies responsible for regulating hospices and/or reimbursing them for services, and contractors that process claims. It also reviews and comments on regulatory issues as they arise. The subcommittee meets monthly by conference call.*



Hospice-Veteran Workgroup

*The members of this group participate in the **VISN 5 Hospice Veteran Partnership**, the joint effort organized in the Veterans Integrated Service Network Number 5 (the region including all of Maryland and DC, and parts of West Virginia, Virginia and Pennsylvania) to promote awareness of and access to hospice services for veterans in the region.*

Research & Data Analysis Workgroup

The group identifies areas in which scientific research and/or factual data are needed and develops proposals for the conduct appropriate studies and/or data analysis. It seeks appropriate ways to collect needed data and develops grant applications to fund the Network's research needs.

Committee Member Responsibilities

Please take a moment to review the responsibilities that accompany Network committee services. Committee members are expected to:

- Participate actively in a majority of committee meetings/functions. Some Network committees meet by teleconference, and attendance for any meeting is available by conference call. Materials should be read prior to the next committee meeting.
- Meet deadlines agreed upon by the committee. Committee work often includes drafting materials for monographs, surveys, position papers, articles, etc.
- Answer questions regarding committee work from Network members. Network staff will often refer member questions regarding committee work to committee members.
- Present/participate in educational sessions/forums as necessary.
- Work with the Network staff and board to complete the committee's work plan. Each year the committees agree to work on major projects over the year according to the priorities from the Network board.
- Assume any travel expenses related to attending a Network committee event. The Network does not pay for travel-related expenses for committee members.