HCP · 20 Corporate Woods Blvd., Albany, NY 12211
518.463.1118 · hcp@nyshcp.org · www.nyshcp.org
Hon. Kevin Thomas, President & CEO

Provider Member Application & Contract

Membership Year: November 1, 2026 – October 31, 2027

HCP advances care at home across New York State through advocacy, information, and education, representing Licensed Home Care Services Agencies (LHCSAs) and the businesses that serve the home care industry.

Application

☐ New Member ☐ Renewal Number of licenses held: _____

Organization name / DBA _____

Mailing address, city, state, ZIP _____

Main contact & title _____ Email _____

Phone _____ Website _____

Programs you participate in (check all that apply)

☐ NHTD ☐ TBI ☐ OMH ☐ OPWDD ☐ SOFA
☐ PACE ☐ CDPAP ☐ CHHA ☐ LTHHCP ☐ Other: _____

Key staff — e.g., CEO, CFO, COO, Administrator, Director of Patient Services, RN Supervisor, HR Manager (or email your roster to hcp@nyshcp.org)

Title	Name	Email

Dues Category

Check the category matching your agency's total NYS revenue (see page 2).

	NYS Revenue	Annual Dues
☐	Less than $250,000	$1,751
☐	$250,000 – $499,999	$2,776
☐	$500,000 – $999,999	$3,615
☐	$1M – $3.99M	$5,341
☐	$4M – $7.99M	$6,602
☐	$8M – $11.99M	$8,292
☐	$12M – $15.99M	$10,609
☐	$16M – $19.99M	$12,484
☐	$20M – $24.99M	$12,885
☐	$25M – $29.99M	$13,287
☐	$30M – $34.99M	$13,872

	NYS Revenue	Annual Dues
☐	$35M – $39.99M	$14,456
☐	$40M – $49.99M	$15,560
☐	$50M – $74.99M	$16,665
☐	$75M – $99.99M	$18,025
☐	$100M – $149.99M	$19,446
☐	$150M – $199.99M	$21,038
☐	$200M – $249.99M	$23,180
☐	$250M – $299.99M	$25,323
☐	$300M – $349.99M	$27,434
☐	$350M or more	$29,546

Determining Your Dues

Dues are based on your agency's total **New York State revenue** from its most recently completed fiscal year, including home care, companion, consumer directed, staffing, and other home and community-based services. Exclude unrelated business revenue.

- **Related entities:** Include this revenue from all related corporations, subsidiaries, and entities under shared ownership or management, whichever entity applies.
- **Hospital or medical group affiliates:** Independently incorporated agencies use only their own corporation's revenue.
- **Associate/Allied affiliates:** Agencies affiliated with an HCP Associate/Allied member must hold their own Provider membership.
- **Verification:** Submit your most recent fiscal-year financial statement or an accountant's letter confirming your revenue category. All financial information is kept confidential and used only for membership purposes.

Tax note: Dues are not deductible as a charitable contribution but may be deductible as a business expense and allowable Medicare expense. Under Section 13222 of OBRA 1993, 9% of dues are not deductible as a business expense.

Terms & Conditions

1. **Membership and term.** Membership runs November 1, 2026 – October 31, 2027, and requires a truthful, accurate application and continued compliance with HCP's bylaws, policies, and guidelines. Members renew annually by submitting a new application with updated revenue.
2. **Subsidiaries and parents.** Subsidiaries included in a member's dues calculation receive benefits at no added cost. A member's parent company must join separately to receive benefits.
3. **Dues and payment.** Dues are payable within 30 days of the membership start date. Quarterly plans are a courtesy; the member remains obligated for the full annual amount, and each installment is due within 15 days of its scheduled date. The member is responsible for any fees or transaction costs incurred in connection with the processing of dues payments. Dues are non-refundable, including after an ownership change.
4. **Late payment.** HCP may, at its discretion, charge interest of 15% on unpaid amounts, suspend benefits, or suspend or terminate membership, and may recover reasonable collection costs, including attorneys' fees. HCP may reinstate membership for the rest of the term once all amounts owed are paid.
5. **Termination.** HCP may terminate membership on written notice for nonpayment or for violating this Agreement or HCP's bylaws, policies, or guidelines. Termination does not relieve the member of its obligation to pay dues, unless HCP is in breach.
6. **Authority.** Each party confirms it has authority to enter this Agreement and that its signer is authorized to bind it.
7. **Use of membership benefits and materials.** Membership grants Member access to certain benefits, services, content and materials. All Association materials are and remain the sole and exclusive property of the Association. Member acknowledges and agrees that access to materials does not confer any ownership right, title, or interest in or to such materials. Member is granted a limited right to access and use Association materials solely for the purpose of furthering the Association's mission and goals. Except as expressly permitted, Member shall not copy, reproduce, distribute, modify, create derivative works from, publicly display, share, or otherwise use Association materials for any commercial purpose or for any purpose unrelated to the Association's mission and goals without the Association's prior written consent.
8. **Use of name, trademark, or logo.** Member has no right to use the Association's name, trademark, or logo without the Association's prior express written consent in each instance. By accepting membership, the Member grants the Association the right to use the Member's name and logo, as provided by the Member, for the purposes of promoting the Association and its membership, including but not limited to listing the Member in directories, publications, marketing materials, and on the Association's website.
9. **Chapters and regional groups.** Participation is limited to members in good standing. HCP may deny or revoke participation for any inactive, expired, or non-compliant membership.

HCP Principles of Conduct

Required by the HCP Board of Directors

As providers of health care services, we consider the care, needs, worth and dignity of the patient to be of paramount importance and will endeavor as individual members to ensure respect for the rights of patients, including:

1. Delivery of services to our clients and patients in accordance with standards of business practice and health care.
2. Respect for the right of privacy of patients and protection of the confidentiality of all patient medical and financial information.
3. Assurance of continuity of care of our patients.

We will do all that is necessary to develop and implement plans for corporate compliance that assure conformity with all local, state, and federal rules of law and professional practices. We will maintain the highest standards of integrity in advertising, sales promotion, and marketing and will not knowingly misrepresent our services or employees.

Certification and Signature

By signing, I confirm on behalf of the applying agency that: (1) I have read and agree to abide by the HCP Principles of Conduct and the Terms & Conditions; (2) the dues category selected reflects the agency's total New York State revenue from home care, staffing, and related home and community-based services for its most recently completed fiscal year; (3) the agency is obligated for the full annual dues, including in the event of an ownership change; and (4) the agency agrees to receive information from HCP, its affiliates, and Associate members. This signature constitutes agreement to this contract.

Signature _____ Date _____

Printed name & title _____

Dues Payment

Payment method	Pay in full	Pay quarterly
Check, payable to HCP (preferred)	☐	☐
Bank transfer (EFT) (preferred) — Routing # 221371372, Account # 128006269	☐	☐
Credit card (complete below)	☐	☐ automatic*

Card type: ☐ Visa ☐ Mastercard ☐ Discover ☐ AmEx

Card number _____ Exp. _____ CVV _____

Cardholder name _____ Signature _____

Quarterly plans are a courtesy; members remain obligated for the full annual dues. Payments more than 15 days late may result in interest of 15% on the unpaid amount, suspension of benefits, and/or suspension or termination of membership. *Automatic card payments are charged 5 business days before each due date; no invoice is sent beforehand, and a receipt follows each payment.

Return your completed application to **hcp@nyshcp.org** or HCP, 20 Corporate Woods Blvd., Albany, NY 12211. Questions? Call 518.463.1118.