



HOSPICE & PALLIATIVE CARE
ASSOCIATION OF ARKANSAS

December 1, 2016

Dear Administrator,

2017 is quickly approaching! HPCAA continues our work throughout the state and nationally to educate, advocate and improve access to quality hospice and palliative care. On January 9, the 91st General Assembly will begin at the Capitol. HPCAA will be there watching and working on issues that may affect our industry.

In 2016, HPCAA

- ✓ Began distribution to Members of the Quality & Compliance News
- ✓ Worked with the Arkansas State Board of Pharmacy to revise hospice inpatient Ekit content
- ✓ Continued to work with stake holders on proposed POLST (physician order for life sustaining treatment) legislation – plan to support in the 2017 Legislative Session
- ✓ Continued development and coordination of the state’s “hospice veteran partnership”, HAVEN, through NHPCO’s We Honor Veteran’s program
- ✓ Presented on hospice and palliative care to community groups and UAMS medical students
- ✓ Facilitated a Palliative Care Roundtable discussion during the AR Cancer Summit
- ✓ Chaired the Arkansas Cancer Coalition “Palliative Care Work Group”
- ✓ Advocated in Washington DC to federal legislators for hospice and palliative care
- ✓ Continued serving on the NHPCO Council of States and its Steering Committee
- ✓ Partnered with multiple organizations to offer educational (CE) webinars throughout the year
- ✓ Offered multiple in-person educational events including the Palmetto 2016 Hospice Medicare Workshop, Leadership Event, RN Certification Review Course, and the Partners in Care Conference
- ✓ Held the first Partners in Care “Pre-Conference” day on palliative care
- ✓ Reestablished HPCAA Region Meetings to provide education and support
- ✓ Developed promotional materials and tips for National Hospice & Palliative Care Month and met with Members throughout each region to educate on promotion

HPCAA’s Membership comes with rewards such as discounted registration fees, members only education and resources, HPCAA newsletters, the monthly Quality & Compliance News, regulatory updates, assistance with questions/issues, ability to serve on the Board and Committees, access to the HPCAA website members only area including many resources, and most importantly the benefits of having a state level association that is working to educate legislators, increase community awareness and knowledge, and improve access across the state to hospice and palliative care.

Thank you, in advance, for your support to ensure efforts continue to ensure all in need receive the care they deserve when facing a serious illness.

Sincerely,
Lisa Vaden
HPCAA Executive Director

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Phone: 501-375-1300 · Fax: 501-375-1375 · www.hpcaa.org



HOSPICE & PALLIATIVE CARE
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2017 MEMBERSHIP APPLICATION

Hospice Organization or Individual

(Individual not directly associated with a hospice)

Membership covers January 1 through December 31 annually

Note: Governing membership is by corporation/organization. The corporation/organization must include ALL locations providing hospice service in Arkansas in the “total patient days” line and each location must be listed on page 4 (use additional pages if necessary to add all locations). Organizations may not submit for partial locations.

Provider Name (Company Name if Multiple Sites) Phone # Toll-Free # Fax #

Main Office Address City State Zip

Name of Governing Member Title Email Address

Name of Contact Person for Application Contact Person’s Phone Number Agency Web Address

Please checkmark type of membership:

Note: If your hospice organization owns a palliative care group/service a separate Palliative Care application is not required.

Governing / Minimum dues \$500 – Maximum dues \$6,500

Please indicate total days even if your agency is at the minimum or maximum level

Governing (Licensed Hospice Agency)

Enter Total Patient Days of Service

from November 1, 2015 – October 31, 2016

for **ALL locations serving in Arkansas**

_____ X .08

(Note: Information is not shared with HPCAA

Board Members or other hospice providers)

Total = \$ _____

Individual (Individuals not affiliated with a licensed hospice agency) **\$50.00**

(Membership does not include voting privilege) (Only complete page one of application)

Please complete and return entire document (all applicable pages) with check payable to HPCAA by **January 13, 2017**.

Thank you for your support!



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Hospice Organization Membership – MUST Complete ALL Sections
2017 MEMBERSHIP APPLICATION

To serve you better, HPCAA is collecting information that will allow us to build useful distribution lists, make accurate referrals to community and organizations, and to use as statistical data when applying for grants/funding. The information may also be used when working with regulators and legislators.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED
PLEASE ANSWER ALL QUESTIONS – USE ADDITIONAL PAGES IF NEEDED

- Check the services provided by your agency:
 - Personal Care Home Health Private Duty Hospice Inpatient Facility
 - Palliative Care (Name of Group _____)
 - Outpatient Palliative Care Adult Pediatric
 - Inpatient Palliative Care Consultation Adult Pediatric
 - Inpatient Palliative Care Unit Adult Pediatric

2. Number of employees (all Arkansas locations): _____

3. Number of volunteer hours (Arkansas locations) Nov 1, 2015 – Oct 31, 2016: _____
a. Number of volunteers: _____

4. Is your agency a member of NHPCO? _____
National Hospice & Palliative Care Organization

5. List names and email addresses you would like added to the HPCAA general distribution email list (alerts, announcements, newsletters, website login, etc.).
Please include QAPI and Educator contact.

Please print clearly (Names listed on page 3 will be included)

Name	Title	Email Address



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6. Please list complete information on agency inpatient facilities (as applicable). Use additional copies of this page to list all locations, as needed.

Facility Name: _____ Contact: _____
 Address: _____ Hospice Palliative Care
 County: _____ Phone: _____ # of beds: _____

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 Address: _____ Hospice Palliative Care
 County: _____ Phone: _____ # of beds: _____

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 Address: _____ Hospice Palliative Care
 County: _____ Phone: _____ # of beds: _____

7. Please list **ALL locations which you provide hospice home services in Arkansas**, including Main Office (listed on page 1). Use additional copies of this page, as needed.

Office Name	Telephone	Toll-Free	Fax
Address	City	State	Zip
Contact Person	Title	Email Address	

REQUIRED - Counties Served by this office - Please indicate what portion if not entire

Office Name	Telephone	Toll-Free	Fax
Address	City	State	Zip
Contact Person	Title	Email Address	

REQUIRED - Counties Served by this office - Please indicate what portion if not entire