



Delaware Health Care Facilities Association

726 Loveville Road, Suite 3000
Hockessin, DE 19707-1536
Phone: (302) 235-6895 Fax: (302) 239-4214
Email: cheiks@dhcfa.org Web: www.dhcfa.org

Board of Directors

Vickie Cox	President	Paul Smiley	Vice President
Jessica Michira	ALF/VP	Theresa English	Nursing VP
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David Bolton	Director-at-Large	Frank Marchese	Director-at-Large
Jeff Berenbach	Past President	Cheryl Heiks	Executive Director

November 29, 2019

To: Facility Administrators and Executive Directors
From: Cheryl Heiks, Executive Director
Re: 2020 DHCFA, AHCA/NCAL Membership

Esteemed Colleagues:

2020 will be an extremely busy and eventful year for all providers across the healthcare continuum . From payment model changes for SNFs, demographic shifts impacting both SNF and ALFs, workforce shortages, and more data on your performance becoming available, we will be tested.

The pace of program and policy changes that continue to be released by CMS mirrors the activity we have seen over the last few years.

DHCFA alongside AHCA/NCAL will continue to take a strong position and seek better and more reasonable solutions as it is yet to be determined whether they will improve quality outcomes for patients or truly result in significant savings to the system. The probability of continual chaos exists if policymakers continue on the path of change just for the sake of change.

As DHCFA, AHCA and NCAL address the many changes that continue to impact our sector, it is critically important that we continue to work together. The short and long term vision for the operating environment in our sector will continue to be chaotic, tumultuous and exhausting .

You are not alone however and we are confident that the strength and unity of our membership will allow us to continue to bring you value as members of AHCA/NCAL DHCFA.

*In Delaware, as in every other State, rapid and unexpected change is the new normal. DHCFA continues to work with our DMMA and the State selected MCOs, **Highmark and AmerihealthCaritasDE to ensure** collegial working relationships and best outcomes for providers.*

We continue to collaborate with Acute Health Care Systems, the DHIN, DHRB, MCAC, DHSS, DMMA, the DHCA, and others and have seats on many commissions, boards and taskforces to ensure best possible outcomes for our sector.

As you are aware by 2021, Delaware is predicted to have the 9th largest and 65 over population in the country. By the year 2030 Delaware will have more than 100,000 additional people age 65 and over, many of whom are likely to need your services at one time or another as they grow older.

DHCFA's board, lobbying team and consultants will continue to work diligently to ensure that we can thrive as a sector given the demands and changes that are being thrust upon us. We will continue to work tirelessly to provide leadership through advocacy, education and support to you. We are committed to deploy the resources necessary to meet the objectives and goals of each and every one of our members. We look forward to your support of the DHCFA, AHCA/NCAL and all the activities we will collectively undertake on your behalf in 2020.

This year, DHCFA's Executive Committee voted to increase the SNF and ALF dues to provide adequate funding to hire a much needed second full time staff person. AHCA NCAL will again have no dues increases this year.

Both AHCA/NCAL and DHCFA are well aware of the many pressures you are experiencing and their impact on your operations. Dues are calculated based on the number of licensed beds as provided by the Division of Health Care Quality. If your bed compliment is incorrect, please let us know and we will issue a corrected invoice.

Kindly update your facility information on the enclosed form and send it in along with your cc card payment by email to assistant@dhcfa.org to ensure listing accuracy in the Membership Directory.

The Delaware Health Care Facilities Association Board and DHCFA staff thank you sincerely for your support and your commitment to Long Term Care.

Please note that we will be holding a PDPM Intensive on March 14, 2019, presented by AHCA Reimbursement Staff. The PDPM Intensive and ongoing support will be available only to AHCA DHCFA Members.

We wish you, your staff and patients a magical, blessed and happy holiday season.

If you have any questions, concerns or areas in which you would like the Association to focus attention, please do not hesitate to contact me.

Sincerely,

Cheryl Heiks, Executive Director

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2020 LTC Provider Member Join Form

DHCFA cannot be responsible for errors in the directory if this form is not updated and submitted with payment.

*Parent Company -----

*Doing Business as/ Facility Name: -----

*Facility Address: _____

*Phone#:(_____) *Fax#:(_____)_____

*Web Address: _____

*Administrator/ Executive Director Name:-----

*Email Address:_____

*Director of Nursing/ Resident Services Director:-----

*Email Address:_____

*Total Licensed# of Beds:_____

*Bed Breakdown: #ICF/ SNF_____ #ALF_____

*Please Check the Appropriate Boxes: For Profit Non Profit

*Name and Email Address of NHAs, E.D., DON, and any other individuals that should be listed in the directory:

<u>Name:</u> _____	<u>Position:</u> _____	<u>Email:</u> _____
<u>Name:</u> _____	<u>Position:</u> _____	<u>Email:</u> _____
<u>Name:</u> _____	<u>Position:</u> _____	<u>Email:</u> _____

*Description of services or products offered by provider, i.e., rehabilitation, Alzheimer's Care:

*Does your company belong to any other healthcare related associations?
*If yes, please list:_____

1. Membership Dues must be renewed each year. The Board of Directors establishes dues each year and payment is due by **January 15th** per By-Laws. Dues must be paid in order for provider representative to be eligible to vote in Board Elections.
2. Per AHCA/NCAL and DHCFA By-Laws, all facilities in a corporate structure must become members of the association or none may become members.
3. Dues are not refundable.
4. The information provided on this form will be used for your listing in the Directory. Please help us with accuracy by completing and forwarding to us with your payment or by email to assistant@dhcfa.org .

Applicant Signature: _____ **Date:** _____

DHCFA's 2020 MEMBER SERVICES DIRECTORY ADVERTISING

Advertising in DHCFA'S Membership Directory offers great exposure of your products and services in an affordable manner and shows your support of Delaware Providers and those they serve. The Member Services Directory includes a listing of all LongTerm Care Providers and Associate Members as well as other valuable information. The DHCFA Membership Directory is distributed to all members, hospital discharge planners, government, State and National Legislators and other referral agencies and stakeholders.

Showcase your facility or company by advertising!

ADVERTISING DEADLINE:

A completed and signed ad insertion order and Payment in full for advertising must be received no later than January 15, 2020.

If we do not receive the Ad insertion order and Payment due by January 15, 2020 and the camera-ready ad due by March 20, 2020, the publisher is under no obligation to publish.

ADVERTISERS: Only Ads from facility and associate members are accepted.

PRODUCTION INFORMATION: Membership Directory Ads are **8 x10 and black and white**; except for the **inside front, inside back and back cover pages** which are in color. The publication size measures (8 x 10"). The membership directory prints two sided with Ads only printing on one side, with no bleeds or spreads. Please send your **Ad/sent in PDF format** to 20assistant@dhcfa.org - Subject Line: **2020-2021 Membership- Directory Ad**

ADVERTISING OBLIGATIONS AND POSITIONING:

All advertising is positioned in accordance with the requirements of editorial layout. The publisher reserves the right to reject advertising that does not conform to the editorial and graphic standards of DHCFA, or for any other reason. Requests for special positioning, to exclude other advertisements for whatever reason or for "exclusivity" on a page or pages cannot be honored. Ads will be positioned in the directory in alphabetical order with the exception of inside and outside cover page ads.

Advertisers and/ or their representatives assume liability for the content of advertisements and responsibility for any claims arising against the publisher. The publisher assumes no responsibility for any type set by the publisher or subcontractors. In any case, the publisher's liability for any error will not exceed the charge of the advertisement in question.

INFORMATION: Requests for information or questions about advertising in the directory, or any editorial matter and general correspondence should be directed to the following email address: assistant@dhcfa.org)

Subject Line: Ad Directory

Size/Measurement:

*Full Page (8"x 10))

*Multiple Full Pages (**2 or more**)

*Full Page - Inside Front Cover

*Full Page - Inside Back Cover

*Full Page - Back Cover

(Color)

(Color)

(Color)

Rate:

\$ 350.00

\$ 175.00 (each)

\$ 450.00

\$ 400.00

\$ 450.00

Please complete the Advertisement Insertion Order Form within this packet, and mail it in with your payment to:
DHCFA (226 Loveville Road, Suite 3000 - Hockessin, Delaware 19707-1536)

Ads must be received no later than: **March 28, 2020**; to be included in the Membership Directory. Cover page ads will be accepted on a **first come, first served basis**. Please call our office at (302) 235-6895 or you can e-mail our assistant at: assistant@dhcfa.org with any questions you may have regarding Advertising.

DELAWARE HEALTH CARE FACILITIES ASSOCIATION

ADVERTISEMENT INSERTION ORDER FORM FOR 2020-2021 DHCFA MEMBERSHIP DIRECTORY

ADVERTISER INFORMATION

Company/ Organization: _____

Name and Title: _____

Email: _____ Phone: _____ Fax: _____

<u>Size/Measurement:</u>	<u>Rate:</u>
Full Page (8 x 10")	\$ 300
Multiple Full Pages (2 or more)	\$ 175 (each)
Full Page - Inside Front Cover (Color)	\$ 450
Full Page - Inside Back Cover (Color)	\$ 400
Full Page - Back Cover (Color)	\$ 450

Total Amount of Order: \$ _____

Signature below serves as authorization to publish our advertisement in the 2020-2021 DHCFA Membership Directory. I understand that advertisement will not run in the directory unless I have become a member and paid both the Membership Dues and Ad Fees by the due date of January 15, 2020

** Your Ad must be received in our office no later than **March 28, 2020***

Signature: _____ Date: _____

- AD will be emailed (PDF format) — (please email to : assistant@dhcfa.org)

To pay by credit card, please use enclosed form, if paying by check please send payments made payable to:

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726 Loveville Road, Suite #3000 Hockessin, Delaware 19707-1536



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(302) 235-6895 **Secure Fax Line** - (302) 239-4214

Email: assistant@dhcfa.org **Web:** www.dhcfa.org

Credit Card Authorization Form

Reason for payment:

(Please check all that apply)

2020-2021 DHCFA Membership

Advertising in the DHCFA 2020-2021 Membership Directory

Facility/Organization:-

Credit Card: Visa MasterCard American Express Discover

Card# _____ **Expires,** _____
Month / Year

For your security, please provide the three or four-digit code from the signature line on the back of your credit card.

Card Holder Information:

First Name: _____ Last Name: _____

Phone#: _____ Fax#: _____

Email Address: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: ---

Signature: _____ Date: _____

Total: \$ _ _ _ _ **Fax Receipt Requested:** **YES** **NO** (circle one)
Email Receipt Requested: **YES** **NO**

Receipt will be kept on file, unless requested. **If receipt is requested,** please provide the fax number or email address to be used to send receipt of payment below, if different than what was provided on form above.

Fax#: _____ **Attention:** _____ **Email:** _____