



**Virginia Association for Community-Based
Providers (VACBP)
Application for Membership**

July 1, 2018 – June 30, 2019

The Virginia Association of Community-Based Providers (VACBP) is a non-profit association comprised of private-sector providers of behavioral health and substance abuse treatment services at more than 165 locations throughout Virginia.

Our mission is to improve the lives of individuals and families, and the quality of life in local communities through the provision of efficient and effective private provider community-based behavioral health and substance abuse services. We accomplish our mission by providing services and resources that maximize the quality and efficiency of our members, and by advocating for public policies that reward efficient and effective community-based behavioral health services.

Our members seek and utilize best practices in order to deliver maximum results for their clients and, where applicable, for the Commonwealth's investment of Medicaid funds. The VACBP is leading the way in Virginia to improve quality through outcome-based measures, including the Competitive Credibility Data Program (CCDP), which collects, aggregates and reports data on outcomes from the services of our members. Measuring outcomes allows our members flexibility to evaluate outcomes and to change services and supports to improve the effectiveness and reduce the cost of community-based care.

CONTACT INFORMATION:

Organization Name: _____

Name of Primary Contact Person: _____

Mailing/Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Number of Sites/Locations (attached list with full addresses): _____

Phone: _____ **Fax:** _____ **Other:** _____

Email: _____ **Web Site:** _____

Additional Organizational Contacts (include names and emails): _____

*See "membership classification" descriptions for details.

MEMBER CLASSIFICATION*:

- Organizational Provider Member**
- Organizational Affiliate (non-provider)**
- Human Service Agency/Non-Profit Advocacy Organization (non-provider)**
- Individual Advocate (non-provider)**

SERVICES PROVIDED: *(circle all that apply)*

- IIH (Intensive In-Home Services) MHSS (Mental Health Skill Building Services) TDT (Therapeutic Day Treatment)
- CSA (Comprehensive Services Act) CS (Crisis Services) OP (Outpatient) ABA
- PSR (Psychosocial Day) Residential Supported Employment Crisis Hotline/Texting

Other: _____

DUES:

The minimum dues structure is based on the number of total employees (clinical and general employees) as of July 1st of each year.

Provider Membership Levels

Organizational Provider Member	(2 to 10 employees)	@	\$1,000	_____
Organizational Provider Member	(11 to 25 employees)	@	\$1,500	_____
Organizational Provider Member	(26 to 50 employees)	@	\$2,000	_____
Organizational Provider Member	(51-100 employees)	@	\$2,500	_____
Organizational Provider Member	(101-250 employees)	@	\$5,000	_____
Organizational Provider Member	(251-500 employees)	@	\$5,500	_____
Organizational Provider Member	(<501 employees)	@	\$7,500	_____

Non-Provider Membership Levels

Organizational Affiliate Members (non-provider)	@	\$750	_____
Human Service Agency/Non-Profit Advocacy Organization (non-provider)	@	\$500	_____
Individual Advocate Member (non-provider)	@	\$25	_____

Additional Options:

Voluntary Non-PAC Donation	\$ _____
Voluntary PAC Donation	\$ _____
Total Membership Investment enclosed	\$ _____

Sponsorships are also available.

Applications and checks payable to VACBP can be sent to 7018 Atlantic Ave., #100, Virginia Beach, VA 23451. Applications may also be faxed to 757-437-3857 or may be scanned and emailed to mindy.carlin@accesspointpa.com.

The VACBP's tax ID number is: 46-2739547.

AUTHORIZATION. I authorize the VACBP to officially release my name/company name, address, and phone number if required in the course of conducting the business of this organization or as legally required.

PROVIDER MEMBER AGREEMENT. For all levels of provider members – By agreeing to become a VACBP member, I agree to adhere to the VACBP Membership Commitment (below) and understand membership may be terminated for violation and fees forfeited.

Signature

Date

Printed Name and Title

***VACBP MEMBERSHIP CLASSIFICATIONS:**

Organizational Provider Members are voting organizations that provide behavioral health services in Virginia. Organizational provider members must also support the mission of the VACBP, submit an application, pay the appropriate dues level reflective of total employee number, sign and abide by the Membership Commitment and be accepted by the VACBP leadership.

Organizational Affiliate Members are non-voting, non-provider members that may be provider vendors (i.e., legal, financial, technology, insurance, software, office supplier) or other organizations with an interest in behavioral health issues in Virginia. Affiliate members must support the mission of the VACBP, submit an application, pay the appropriate dues level, sign and abide by the Membership Commitment and be accepted by the VACBP leadership.

Human Service Agency/Non-Profit Advocacy Organization Members are organizations that support the mission of the VACBP but are not providers of behavioral health services. *Human Service Agency/Non-Profit Advocacy Organization Members* play an important role guiding and participating in the VACBP, but are non-voting members. They must submit an application, pay the appropriate dues level, sign and abide by the Membership Commitment and be accepted by the VACBP leadership.

Individual Advocacy Members are individuals who are committed to improving Virginia’s behavioral health system but are not providers of behavioral health services. *Individual Advocacy Members* play an important role guiding and participating in the VACBP, but are non-voting members. They must support the mission of the VACBP, submit an application, pay the appropriate dues level, sign and abide by the Membership Commitment and be accepted by the VACBP leadership.

Authority to accept all VACBP members, including membership category and dues level, shall be vested solely in the VACBP leadership through its Executive Director, in consultation with the leadership team.

For more information about the VACBP, visit: www.vacbp.org.

VACBP MEMBER COMMITMENT

VACBP Mission Statement

The mission of the VACBP is to improve the lives of individuals and families, and the quality of life in local communities through the provision of efficient and effective private-sector, community-based behavioral health services. We accomplish our mission by providing member services and resources that maximize the quality and efficiency of our members, and by advocating for public policies that reward efficient and effective community-based behavioral health services. Our members seek and utilize best practices to deliver maximum results for their clients and for the Commonwealth's investment of Medicaid funds.

VACBP Member Commitment Statement

As a member of the VACBP, I commit that I/my organization will do the following:

- Work to increase the efficiency, effectiveness and accountability in the delivery of behavioral health services in Virginia.
- Implement best practices as defined by the mental health field and respective governing bodies.
- Continuously evaluate internal performance through established processes and clinical outcomes (i.e., through the VACBP's Competitive Credibility Data Program or CCDP).
- Implement and maintain a written code of conduct/ethics for the organization and its employees.
- Aggressively work to identify and eliminate Medicaid fraud, as well as misuse of the system within my own organization and within the delivery system as a whole, which includes the following steps:
 - Ensure quality assurance measures are in place to monitor for any misuse of the services offered
 - Initiate investigative measures toward employees upon suspicion;
 - Implement a "no tolerance" policy for those within our organization who commit Medicaid fraud; and
 - Participate in association discussions regarding how to increase quality assurance measures to demonstrate self-monitoring practices that will support our mission.
- Follow all DMAS, DBHDS and Human Rights regulations to the best of our ability and understanding.
- Participate in open dialogues among members, licensing specialists, and human rights advocates to increase understanding of regulations and guidelines governing the services my organization provides.
- Advocate for the rights and well-being of clients and community members, and protect individuals' access to needed services.
- Address suspected misuse of services in a respectful and appropriate manner to allow for education, remediation, and continued growth as a network of providers maintaining accountability for the services provided.
- Actively participate in the VACBP in support of the association's mission.

I understand that by signing below, I commit myself and my organization to these standards. I acknowledge that substantiated violations of these standards will be reviewed by the VACBP leadership and appropriate action will be taken, potentially to include dismissal from membership within the VACBP.

Organization Name: _____

Signature

Date

Printed Name

Title Authorizing Signature to This Agreement