



Annual Dues Renewal Form

(For more on dues, also see Article III, Sections 1-6 of the Alliance Bylaws)

Member Dues

- Member dues are based on a percentage of organizational gross income from the most recent fiscal year ended.
- The membership dues assessment for one year is based on a percentage of the organization's income.
- Dues will be based on gross income derived from HCBS Waiver (DD, SLS, CES), TCM, State General Fund programs and room and board.
- Membership for the fiscal year begins July 1 and ends June 30. If the member is newly accepted during the fiscal year, membership dues will be pro-rated for the current fiscal year.
- The minimum amount of dues required to belong to Alliance is \$2,000.00 per year.

Annual Member Financial Certification

- Alliance will request certification of income from all new members with the membership application.
- Alliance will request certification of income from all current members on an annual basis.
- Certification of income will be collected every January and dues will be adjusted in July of the same year.
- Member income is the agency's total/gross IDD waiver and general fund revenue. It is defined as all HCBS Waiver Services (HCBS-DD, HCBS-SLS, HCBS-CES and C-HCBS), Targeted Case Management, , State General Fund (FSSP, State SLS/OBRA, State CM, Management Fee, Early Intervention, Part C, SIS, DD Determination, WL Management, On-Boarding, QA, UR, PASSR, EPSDT) and room and board for the most recently completed fiscal year.
 - If you are a CCB that bills for PASAs, please subtract the amount of PASA revenue for which your CCBs bills when calculation agency income.

Late Payments

[Section 4 of the Alliance bylaws](#) outlines the consequences of late payments, including the potential for incurred interest and late fees, impacts on the member's voting rights, and the possibility for automatic removal from membership.

(Approved by the Alliance BOD on 4.21.22)



Member Income Certification

Member/Agency Name: _____

Member/ Agency Revenue: _____

Agency Chief Financial Officer or Chief Executive Officer (Signature Required)

I hereby certify that the income reported above is based complete and accurate and based on income as defined above.

Signature

Date

Printed Name



(Approved by the Alliance BOD on 4.21.22)