

LeadingAge Wisconsin

Subscription to Services

What's Included in a Subscription to Services?

LeadingAge Wisconsin allows for-profit providers (including, but not limited to, skilled nursing facilities, assisted living facilities, senior housing facilities, and other senior service providers) to subscribe to the association's services.

Senior service providers who subscribe to LeadingAge Wisconsin services enjoy the following services:

- All information mailings
- Access to the member/subscriber website
- Access to the network member websites (RCAC, CBRF, MDS, Senior Housing, etc.) under the same conditions as set forth for members
- The opportunity to attend regional meetings at the invitation of the corresponding region
- The opportunity to attend committee meetings that are not policy-shaping meetings
- Member/Subscriber rates to attend all LeadingAge Wisconsin educational events
- An invitation to participate in all networking forums under the same conditions as set forth for members
- Access to special materials developed by members (Quality Improvement Initiatives, Resource Clearinghouse, Training Modules, Assisted Living Preferred Status, etc.) under the same conditions as set forth for members
- All other services offered to LeadingAge Wisconsin provider members

Aging service providers who subscribe to LeadingAge Wisconsin services are not entitled to voting rights. This includes, but is not limited to, the LeadingAge Wisconsin Annual Business Meeting, committee meetings, regional meetings, and networking meetings. Further, subscribers are not permitted to serve on the LeadingAge Wisconsin Board of Directors nor on the Executive Committee.

LeadingAge™
Wisconsin
Better Services for Better Aging

**Subscription to Services:
For Proprietary
Long-Term Care Organizations**



Serving All Aging Services Providers

It is the responsibility of LeadingAge Wisconsin to serve every interested aging services provider who demonstrates a commitment to improving quality of care for residents.

Subscription Fees

When an organization subscribes to LeadingAge Wisconsin services, the subscribing organization must pay for each affiliated senior service entity in Wisconsin. That is, the subscription applies to, and the organization must pay the subscription fee for, all Wisconsin-based facilities and all levels of care for the subscribing provider, and the potential subscriber must identify all affiliated facilities and their physical address on the subscription service application form.

The subscription fee uses a modified tiered millage system based on the facility's/entity's program service revenues. The millage system also addresses the subscribers' increasingly diverse service mix and is consistent with the association's vision of greater long-term care services being provided throughout the continuum of care and service settings.



Program Service Revenue Definition

Program service revenue is the revenue your organization receives for each individual facility/entity, including revenue from nursing care, assisted living, independent living units, adult day care, home health care, transportation, outpatient services, therapies, meals on wheels hospice and other community based services. Program revenues exclude interest, investments, realized gains or losses, special events and activities, contributions from foundations and other sources, and any other services unrelated to LeadingAge Wisconsin's mission. Program service revenue, particularly for for-profit facilities, can also be obtained from the most recent audited financials, annual profit and loss statements or from Schedule 11, line 16 of the most recent Medicaid cost report, plus service revenue from assisted living and independent living units.

If you are interested in knowing what the annual subscription fee would be for your specific long-term care organization, please contact LeadingAge Wisconsin at info@LeadingAgeWI.org.



Application for a Subscription to Services

1) Legal Name of Owning (Parent) Corporation: _____

2) Type of Ownership: _____

3) Owning Corporation's:
Mailing Address: _____

City _____ State _____ Zip _____

Phone Number _____ Website _____

4) Year Organization Was Founded: _____ County _____

5) Tax Form 1120, 1120S, or 1065 Revenue Amount \$ _____ Fiscal Year _____

6) Primary Member Contact

Name: _____

Title: _____

Email: _____

Name, title, and email of other key personnel/decision makers (e.g., CFO, COO, Director of Nursing, etc.):

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

7) Reasons for Subscribing to Services (check all that apply)

- Support for Providers
- Advocacy and Public Relations Support
- Policy and Regulatory Guidance
- Education Opportunities

- Information/Trends
- Networking/Community Building
- Technology Assistance
- Group Purchasing Savings

- Referred by Another Member
- Other _____

8) The purpose of LeadingAge Wisconsin is as follows: *LeadingAge Wisconsin is a statewide membership association of nonprofit corporations dedicated to serving the needs of aging adults and people with disabilities. We provide our membership, which includes religious, fraternal, private, and government organizations, with programs and services to promote the highest quality of life and greatest independence for each individual served.*

If your application for a Subscription to Services is approved by the Board of Directors, will you honor and uphold this stated purpose of LeadingAge Wisconsin? Yes_____ No_____

9) Please provide your organization's mission statement:

10) Do you or your organization have ownership, affiliation or representation on or with other long-term care or senior housing entities? If, so, please list those entities and state your relationship (board, staff, owner, etc.) with each below:

11) If your application for a Subscription to Services is approved by the LeadingAge Wisconsin Board of Directors, is it also your organization's intent to seek membership in the LeadingChoice Network? _____ Yes No _____

12) Please provide a reference from one LeadingAge Wisconsin (not-for-profit) provider member (Name, organization, location, phone, and email):

13) Facilities

When an organization subscribes to LeadingAge Wisconsin services, the subscribing organization must pay for all affiliated senior service entities in Wisconsin. That is, the subscription applies to and the organization must pay the subscription fee for all Wisconsin-based facilities and all levels of care for the subscribing provider, and the potential subscriber must identify all affiliated facilities and their physical address on this subscription service application form. Please indicate which of the following are encompassed under the umbrella of the owning corporation applying for a subscription to LeadingAge Wisconsin services (as defined above) (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Skilled Nursing Facility | How Many Skilled Nursing Facilities _____ |
| <input type="checkbox"/> ICF-MR | How Many Facilities for the Developmentally Disabled _____ |
| <input type="checkbox"/> RCAC (Registered) | How Many Registered RCACs _____ |
| <input type="checkbox"/> RCAC (Certified) | How Many Certified RCACs _____ |
| <input type="checkbox"/> CBRF | How Many CBRFs _____ |
| <input type="checkbox"/> Adult Family Home | How Many Adult Family Homes _____ |
| <input type="checkbox"/> Senior housing Facility | How Many Senior housing Facilities _____ |
| <input type="checkbox"/> HUD 202 (Elderly) | How Many HUD 202 Facilities _____ |
| <input type="checkbox"/> HUD 811 (Disabled) | How Many HUD 811 Facilities _____ |
| <input type="checkbox"/> Senior Housing Utilizing IRC Section 42
Low-Income Housing Tax Credits | How Many Facilities Utilizing Section 42
Low-Income Housing Tax Credits _____ |

14) Facility Details

Please attach a separate sheet listing all facilities/organizations (as checked above) which share a common element on the administrative team. Please provide the following information for each facility you list:

- Name of Facility
- Type of Facility
- License/Registration/Certification Number (if applicable)
- Licensed/Unlicensed Capacity
- Street Address
- City
- State
- Zip
- County
- Telephone Number
- Fax Number
- Administrator/Executive Director/Housing Manager Name, Title, and Email Address
- Other Key Contacts (Name, Title, and Email Address)
- Website Address
- Wisconsin State Senate District and State Assembly District

15) Community Service Programs Offered: *(Check All That Apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Housing Services | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Life Enrichment/Lifelong Learning | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Counseling/Referral | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Supportive/Personal Care |
| <input type="checkbox"/> Dementia Support | <input type="checkbox"/> Meals/Nutrition | <input type="checkbox"/> Telephone Reassurance/Elder Response |
| <input type="checkbox"/> Home Care/Home Share (Unlicensed) | <input type="checkbox"/> Neurological/Developmentally Disabled Services | <input type="checkbox"/> Therapeutic Care |
| <input type="checkbox"/> Home Health Agency (Licensed) | <input type="checkbox"/> Parish Nurse Program | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home Maintenance | <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Volunteer Programs |
| <input type="checkbox"/> Home Monitoring | <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospice | | _____ |

16) I certify that the information provided above and in all attachments is true and correct to the best of my knowledge.

Signed: _____
CEO/Administrator

Date: _____

Please return your completed application to the LeadingAge Wisconsin office at 204 S Hamilton St, Madison, WI 53703 or info@LeadingAgeWI.org.