

MEMBER LIST SERVES

MEMBER LIST SERVE

OPRA Members email group is an on-line forum intended to facilitate timely communication among the members of the Ohio Provider Resource Association. As a group member, you will receive updates on important issues related to MR/DD and, you will be asked to provide your input regarding such issues. Also, you can "post" to this site questions and comments on issues of the day, and other members can respond.

POLICY COMMITTEE AND LIST SERVE

The OPRA Policy Committee serves as the clearinghouse for most issues affecting any aspect of MRDD services, and makes recommendations for action to the OPRA Board of Directors. Every effort is made to allow sufficient time to discuss issues in detail, in order to understand the impact on individuals and providers and to consider what position OPRA should take on the issue. Ad Hoc workgroups are established from time to time to examine issues more fully. The Policy Committee meets once a month and includes representatives from all the OPRA districts

PROGRAM DIRECTOR COMMITTEE AND LIST SERVE

Program Directors Subcommittee serves as a standing committee of the Policy Committee to examine issues which have a direct impact on the programs and services provided to individuals. Rule changes related to MUI reporting or delegated nursing might be discussed in detail in order to evaluate the impact. This committee was previously focused exclusively on ICF-MR issues. While the emphasis on ICF-MR services remains, the committee has been broadened to include program issues across all service environments, including supported living, Residential facility and individual options waiver services.

ICF/MR COMMITTEE AND LIST SERVE

The OPRA ICFMR Committee examines issues which have a direct impact on the programs and services provided to individuals. The committee is used to disseminate information and provide updates and elicit feedback on important issues related to ICFMR facilities

HUMAN RESOURCES COMMITTEE AND LIST SERVE

The OPRA HR Committee is comprised of HR Professionals or anyone who is responsible for hiring employees for their Agency. This group of professionals meets 6 times a year at the OPRA offices to discuss best practices in HR from the recruiting and hiring process to keeping abreast of upcoming new regulations that affects employment law and or training requirements.

OPRA IT WORKGROUP AND LIST SERVE

The OPRA IT Workgroup was started in September, 2005. Initially, the group's main purpose was to provide member agencies with relevant and up-to-date information on what they needed in order to successfully transition to the new Waiver Reimbursement environment. In addition, the OPRA IT Workgroup will be used to provide updates and elicit feedback on issues related to technology. Most important, the workgroup main focus is to provide a forum for individuals to share their experiences and to learn from each other.

MEMBER SERVICES COMMITTEE

The Ohio Provider Resource Association Member Services Committee conduct research and create unique partnership to give OPRA members a variety of pre-screened product and services that ensure quality and competitive or preferred pricing. This ongoing field work allows your business access to the highest quality products and services offered to you from OPRA Member Services Committee

ADULT DAY SERVICES LIST SERVE

The Adult Day Services e-mail group provides updates and elicits feedback on important issues related to Adult Day services

Please List Additions/Deletions to List Serve(s)

Name _____ Email _____ Add___ Delete ___
List Serve(s) _____

Name _____ Email _____ Add___ Delete ___
List Serve(s) _____

Name _____ Email _____ Add___ Delete ___
List Serve(s) _____

Name _____ Email _____ Add___ Delete ___
List Serve(s) _____

Name _____ Email _____ Add___ Delete ___
List Serve(s) _____

OHIO PROVIDER RESOURCE ASSOCIATION DUES CALCULATION FORM – ACTIVE MEMBERS

Please calculate your **2010 OPRA dues** by following the instructions below and by using the dues calculation worksheet on page 5. Note that there are TWO EXAMPLES at the bottom of the worksheet.

Dues Calculation Instructions (refer to worksheet on reverse side)

1. Record your estimated revenue* for calendar year 2010 in Column {A} on the dues calculation worksheet (page 5) next to the corresponding revenue range (as shown in Column {B}), **and** record that amount below.

Estimated Revenue* for Calendar Year 2010: \$_____

***Do NOT include** revenue from fundraisers, United Way, gifts, and donations. **If you are part of a network of organizations that provide MR/DD services or that provide services to people with MR/DD, then you must include the estimated revenue from all of those organizations for the purpose of determining your dues.**

2. Multiply the Estimated CY2010 Revenue recorded in Column (A) times the Dues Factor listed in Column (C) for the corresponding revenue range - Column (B). Enter the product (end result) in Column (D).
3. Compare the figure in Column (D) with the minimum amount in Column (E) and enter the greater amount in Column (F) as your 2010 Regular Dues. *Please note examples in the lower half of the Dues Calculation Worksheet on Page 5.*

Total 2010 Regular Dues Amount: \$_____.

4. If at least a semi-annual payment is received by OPRA on or before **March 15, 2010**, a **5%** discount will be applied to the total 2010 membership dues by the OPRA staff. This amount will be deducted from your next invoice amount. If you are paying the annual amount on or before **March 15, 2010**, you may deduct the 5% discount from your payment. If you deduct the 5% from the annual payment and it is received **after March 15, 2010**, you will be invoiced for the 5%.

Total 2010 Discount Dues Amount (if paid before **March 15, 2010**): \$_____

5. Select the payment method you prefer, and fill in the appropriate blanks.

Annual (Total Payment Enclosed) - \$_____ (Item #3 or #4 on this page)
CHECK AMT: \$_____

Semi-Annual (Covers First Half of Total Dues) - \$_____
CHECK AMT: \$_____ (Second Half of Total Dues will be billed in June)

Quarterly Payment (1/4 of Total Dues) - \$_____
CHECK AMT: \$_____ (Invoices for the Quarterly Payments will be mailed at the START of each Quarter)

6. The information on this form is complete and accurate. If you have any questions, please contact me.

Name: _____ Title: _____

Agency: _____ Phone: _____ Email: _____

Signature: _____ Date: _____

7. Please return to OPRA with your payment and Membership Information Form. Thank you!

2010 OPRA Membership Dues Calculation Worksheet

{A} Your Estimated CY 2010 Revenue	{B} Member Revenue Range	{C} Dues Factor	{D} Product of {A} X {C}	{E} Minimum Amount	{F} TOTAL 2010 Dues: Greater of {D} & {E}
	Under \$100,000	N/A	N/A	\$180	
	\$100,000 \$749,999	0.0054		\$540	
	\$750,000 \$1,499,999	0.0039		\$4,050	
	\$1,500,000 \$2,999,999	0.0033		\$5,805	
	\$3,000,000 \$4,999,999	0.0029		\$9,990	
	\$5,000,000 \$6,999,999	0.0026		\$14,400	
	\$7,000,000 \$9,999,999	0.0023		\$18,270	
	\$10,000,000 \$12,999,999	0.0021		\$23,400	
	\$13,000,000 \$18,999,999	0.0018		\$26,910	
	\$19,000,000 or greater	0.0015		\$34,200	

2 EXAMPLES SHOWN

{A} Your Estimated CY 2010 Revenue	{B} Member Revenue Range	{C} Dues Factor	{D} Product of {A} X {C}	{E} Minimum Amount	{F} TOTAL 2010 Dues: Greater of {D} & {E}
	Under \$100,000	N/A	N/A	\$180	
	\$100,000 \$749,999	0.0054		\$540	
\$770,000	\$750,000 \$1,499,999	0.0039	\$3,003	\$4,050	\$4,050
	\$1,500,000 \$2,999,999	0.0033		\$5,805	
	\$3,000,000 \$4,999,999	0.0029		\$9,990	
	\$5,000,000 \$6,999,999	0.0026		\$14,400	
\$9,000,000	\$7,000,000 \$9,999,999	0.0023	\$20,700	\$18,270	\$20,700
	\$10,000,000 \$12,999,999	0.0021		\$23,400	
	\$13,000,000 \$18,999,999	0.0018		\$26,910	
	\$19,000,000 or greater	0.0015		\$34,200	

OPRA Web Consent Form

The focus of this form is to provide a directory where people with developmental disabilities, along with their caregivers and service providers, can easily access a wide variety of important information about services that are available to them in their counties and surrounding areas.

OPRA strongly encourages our members to join the Service Provider Directory by completing this form online. This will help to alleviate some of the administrative time. In addition, this will be a useful tool for your business regardless of your size. Please visit our website at www.opra.org to complete the online web consent form.

IF YOU FILL OUT THE FORM ON LINE, YOU DO NOT HAVE TO COMPLETE THIS ONE!

Yes, I would like our Agency to be identified on the OPRA website by:

1. Agency name: _____
Contact Person(s): _____
Address: _____
Telephone/Fax #: _____
Email Address: _____
Website: _____

2. Description of Agency/Services. Please forward to opra@opra.org an electronic copy of your logo and a description of the agency/services, not more than 7 lines. *Logo should be in .jpeg or .gif format. No other format can be used.*

3. Description of services by funding source and service type. *Check all that apply.*

- Non-License Waiver
- License IO Waiver
- Level 1 Waiver
- ICF/MR
- Supported Living (Non-Medicaid)
- Employment Adult Day Services
- Other

4. List all other services provided.

5. Does your agency provide foster care? Yes No

6. Does your agency provide respite care? Yes No

7. Is your agency accepting new referrals? Yes No

8. List all counties in which your agency provides services.

9. List your agency's expertise or experience in serving special populations (e.g. expertise in autism).

10. List your service population. *Check all that apply.*
 Children Adult Elderly All
 Male Female
 Special populations: Please list _____
 Other – Information _____

11. List agency licensure(s), accreditation(s), certification(s).
 State – List _____
 National – List _____
 Other – List _____

12. List agency awards, special citations, etc. which your agency has received.

13. Staffing information, including length of service, turnover rate, training, supervisor-to-staff ratio, etc.). *OPTIONAL*

14. Please provide pictures of people being served, location of services, staff etc. *Picture size should be 800x600 at 72dpi. You can email these pictures to ngayle@opra.org. OPRA strongly encourages each agency to share pictures of its work.*

Authorized Member Signature

Date

Please return this form, along with your 2010 Membership Application to:
Ohio Provider Resource Association
1152 Goodale Boulevard
Columbus, OH 43212