



Information about Membership

MACSP's Mission:

The Maine Association for Community Service Providers (MACSP) is a statewide association of organizations that provide supports and services to children and adults with intellectual and other disabilities. MACSP works with many bureaus, offices, and departments of state government and other appropriate groups to promote standards and values in supporting people with disabilities people as a public trust, demonstrating integrity, compassion, and respect for individual differences and choices.

The mission of MACSP is to represent individuals and organizations who support persons with disabilities to live, learn and work in the community of their choice through legislative action, organizational advocacy, training and public education.

Code of Ethics:

This Code of Ethics embodies certain standards of conduct for members of MACSP and within the supports provided, in professional relationships with persons served, with parents and guardians of individuals served, with colleagues, with related agencies and professions, and with the community as a whole. In abiding by these ethics, it is understood that the member views his or her obligations in as wide a context as the situation requires, taking all the principles into consideration and choosing a course of action consistent with the spirit and intent by which they were created.

Types of Membership Available:

Full Membership. Full Membership may be granted to a private agency or an individual who provides residential service and/or hourly supports to person with intellectual or other related disabilities. The agency or service must be licensed, certified or approved by state, county, or local government agencies where such licensure, certification, or approval is required. Agencies and service providers must confirm their willingness to adhere to the MACSP Code of Ethics. Agencies and service providers must maintain their membership eligibility through the payment of annual dues. Agencies and service providers that have had their privilege to provide services to persons with developmental disabilities and mental retardation revoked by a governmental licensing or certification agency will also lose their eligibility for Full Membership in MACSP.

Associate Membership. Associate Membership may be granted to groups or individuals, real or corporate, who are engaged in activities which relate to the objectives of MACSP and who are not eligible for Full Membership. Associate Members shall be ineligible to hold office or vote in the affairs of MACSP. Associate Members may attend all general membership meetings, committee meetings, annual business meetings and conventions and at the member rate.

Dues Categories for 2017-2018

The membership year runs from July 1 – June 30. Dues for each agency are based on the total of an agency’s budget that is paid for services provided in Maine for individuals with intellectual and developmental disabilities. The source of the information should be the results of the most recent audited financial statements of the agency. Payment is due by September 30, 2017.

Level	Budget Size	Dues
Associate Membership	N/A	\$668.80
I	0-\$249,999	\$521.41
II	\$250,000-\$499,999	\$1,042.81
III	\$500,000-\$999,999	\$1,443.89
IV	\$1,000,000-\$1,499,999	\$1,764.76
V	\$1,500,000-\$1,999,999	\$2,326.28
VI	\$2,000,000-\$2,999,999	\$2,486.70
VII	\$3,000,000-\$3,999,999	\$2,647.14
VIII	\$4,000,000-\$4,999,999	\$2,807.57
IX	\$5,000,000-\$6,999,999	\$2,968.01
X	\$7,000,000-\$8,999,999	\$3,128.44
XI	\$9,000,000-\$10,999,999	\$3,288.87
XII	\$11,000,000-\$12,999,999	\$3,449.30
XIII	\$13,000,000 & Up	\$3,609.74

The following are Sections under the MaineCare Benefits Manual which are presumptively services provided to individuals with intellectual and/or developmental disabilities: Section 13, Section 19, Section 20, Section 21, Section 28, Section 29, Section 50, Section 97-Appendix F.

Note: New Full Member’s dues will be prorated in the following way: 1) if approved for membership from July to December, payment will be at 100%; 2) if approved for membership from January to April, payment will be at 50%; and 3) if approved for membership from May to June, payments will be at 25%.

Please make checks payable to: **Maine Association for Community Service Providers**
PO Box 149, Hallowell, ME 04347

Application for Membership

Please complete all applicable information requested.

Complete the following information for the agency and Member Representative who will vote on behalf of		
Agency Name:		
Member Representative:	Title:	
Address:		
City:	State:	Zip Code:
Tel. No.:	Fax No.:	
Email:	Website:	
Corporate Status:		
<input type="checkbox"/> For Profit – Corporation	<input type="checkbox"/> For Profit – Individual	<input type="checkbox"/> For Profit – Partnership
<input type="checkbox"/> Non Profit – Corporation	<input type="checkbox"/> Non Profit – Other	
Complete the following information for the person who will vote on behalf of the agency when the identified Member Representative is unavailable:		
Contact Person:	Title:	
Address:		
City:	State:	Zip Code:
Tel. No.:	Fax No.:	
Email:	Website:	
Additional corporate information:		
Year of incorporation:		
Date started doing business in Maine:		

Has anyone in the management of this organization been involved in a license revocation or forced to close any other organization delivering similar services? Yes No

If yes, please describe:

What is the total revenue that serves people with intellectual and developmental disabilities in the State of Maine? (See *Dues Categories* for additional info on calculating revenue for purposes of membership dues.)

Please list reason(s) for wanting to join MACSP:

Organizational Data

Please complete all applicable information requested. If you are applying for an Associate Membership, please indicate if you have any experience or interest in the following service demographic information:

Agency name:

Name and email of Member Representative:

Name and email of any other staff who should have direct access to MACSP information, including MACSP emails:

Counties your agency provides services in:

Please indicate which MaineCare reimbursed services your agency provides access to:

MaineCare Service	Covered Services under that Section (ex: agency home supports, community supports, etc.)	# of individuals served under that Section	# of employees performing Covered Services under that Section
Section 13			
Section 19			
Section 20			
Section 21			
Section 28			

Section 29			
Section 50			
Section 65			
Sectoin 97- Appendix F			
Other IDD Services:			

Please enclose with your application any brochures or other descriptive material you may have related to your facility and its program.

Approval of this application will be based in part upon the information supplied herein. Falsification or misrepresentation of any information considered part of this application would result in disqualification for membership in the Maine Association for Community Service Providers.

CERTIFICATION: I certify that the information provided in this application is accurate and complete to the best of my knowledge. The undersigned if admitted to active membership in the MACSP, hereby agrees that it will in all respects conform to and abide by MACSP's Code of Ethics, the Bylaws of MACSP and all amendments hereafter made thereto.

Date: _____

Signed: _____

Title: _____