



## **CONTACT INFORMATION**

### **ABH Liaison**

Please identify the person to whom all ABH mailings should be sent and who will be the official voting representative of the agency at all ABH meetings.

**Liaison Name** : \_\_\_\_\_  
**Liaison Title** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
**City, State, Zip** : \_\_\_\_\_ **E-Mail** : \_\_\_\_\_  
**Phone Number** : \_\_\_\_\_ **Fax** : \_\_\_\_\_

### **Billing Contact**

Please identify the person who will serve as the primary billing contact for your organization

**Contact Name** : \_\_\_\_\_  
**Contact Title** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
**City, State, Zip** : \_\_\_\_\_ **E-Mail** : \_\_\_\_\_  
**Phone Number** : \_\_\_\_\_ **Fax** : \_\_\_\_\_

### **Board of Directors, President or Chairperson**

Please identify the name and contact information of the President or Chairperson of your organization's Board of Directors.

**Liaison Name** : \_\_\_\_\_  
**Liaison Title** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
**City, State, Zip** : \_\_\_\_\_ **Work E-Mail** : \_\_\_\_\_  
**Work Phone** : \_\_\_\_\_ **Fax** : \_\_\_\_\_

## **ABH MEMBERSHIP CRITERIA :**

An organization meeting the following criteria may be considered for membership, unless waived. *Please select Y for yes or N for no.*

Y    N        **Organization is a private non-profit corporation organized under Chapter 180 of the Massachusetts General laws and exempt from federal income tax under Section 501(C) (3)(4) (5)(6) of the Internal Revenue Code as amended.**  
**Federal Tax Exempt Number:** \_\_\_\_\_

OR

Y    N        **Organization is a for-profit corporation that operates under Chapter 156B of the Massachusetts General Laws. Federal Tax Number:** \_\_\_\_\_

AND

Y    N        Provides mental health and/or addiction treatment services primarily within Massachusetts.

Y    N        Receives substantial support through grant, funding, or contract from federal or state mental health and/or substance abuse authority and/or Medicaid

### **Mental Health Services**

Y    N        Provides mental health services including one or more of the following. *Place a checkmark by all types of services provided:*

24/7 emergency/crisis services

Pre-screening for patients being considered for admission to state mental health facilities

Ambulatory services, including outpatient, family stabilization, community support rehabilitation, crisis intervention, and consultation/education services

Day treatment or other partial hospitalization service

Aftercare/case management services for children and/or adults who in the past have been or who currently are at high risk for becoming hospitalized, or who are otherwise severely emotionally disturbed or mentally ill

Crisis intervention and management

Psychosocial and educational/vocational rehabilitation

Consultation and education

Residential services

## Addiction Treatment Services

- Y N Provides addiction treatment services including one or more of the following. *Place a checkmark by all types of services provided:*
- Detoxification and acute treatment services
  - Residential rehabilitation services
  - Ambulatory addiction services, including:
    - Individual, family, group and collateral counseling
    - Driver alcohol education (DAE) services (1st, 2nd offender & aftercare)
    - Compulsive gambling services
    - Outreach and psycho-education services
    - Criminal justice collaborative services (adult and juvenile)
    - Methadone treatment services
  - Primary and secondary prevention services
  - Day treatment, e.g., Structured Outpatient Addiction Program, Intensive Outpatient, etc.
  - Youth intervention services
  - Enhanced services to pregnant and parenting women
  - Family addiction shelter services
  - Supportive and sober housing services
  - Other, please specify : \_\_\_\_\_
- Y N Demonstrates that it supports the community mental health and addiction treatment focus within ABH's mission.
- Y N Abides by such standards for performance in management, service delivery, and collaboration with other members of ABH as ABH may establish.

## ABH MEMBERSHIP DUES AND CALCULATION POLICY :

According to ABH Dues Policy adopted May 14, 2024 and effective July 1, 2024, membership dues are based on mental health and addiction treatment projected revenues for the year plus a small surcharge on all EOHHS non-mental health and addiction treatment projected revenues. Members are asked to update their revenues once each year in the month of July. The ABH fiscal year is July 1 through June 30. Annual dues are prorated based on the start of membership.

The Dues Policy is designed to spread the cost of supporting ABH operations equitably across the membership base. There are three dues principles:

- 1** **Assessment of mental health and addiction treatment revenues:** The main principle is that 90 percent of the total ABH, Inc. FY 2025 dues revenue will derive from member mental health and addiction treatment revenue sources including Medicaid, Medicare, all third party revenue

including from private insurance, grants and EOHHS mental health and addiction treatment contracts. This assessment is applied to all corporate affiliations or legally related corporations. The percentage for FY 2025 is .001890.

- 2 Limited assessment of some other revenues:** The second principle is more limited in scope in that 10 percent of dues revenue will be derived from EOHHS state contract revenues that are not mental health and addiction treatment contract revenues. EOHHS agencies include Departments of Elder Affairs, Developmental Services, Public Health (other than Bureau of Substance Abuse Services), Children and Families, Transitional Assistance, Veterans' Services, Youth Services, Massachusetts Commissions for the Blind, Deaf and Hard of Hearing, Rehabilitation Commission, Office for Refugees and Immigrants, Soldiers' Homes in Chelsea and Holyoke. This small assessment is in recognition of the enormous contribution that ABH, Inc. makes to overall purchase of service policy. The percentage for FY 2025 is .000320.
- 3 Minimum and maximum dues:** The third principle is that of minimum and maximum dues. The minimum dues are \$2,500. There is not a maximum dues amount, however, once a member's dues exceed \$33,500 per year, any dues obligation beyond that amount will be calculated on a percentage of the differential between what their dues would be if there were no dues cap and the base amount of \$33,500 per year. Therefore, the 90/10 split does not apply precisely to each member.

**ABH Dues Formula**

$$[\text{MH} + \text{SA Revenue} \times .001890] + [\text{Other EOHHS} \times .000320] = \text{FY 2025 Dues}$$

**Exceptions**

- If dues < \$2,500 then it will be set at the minimum (\$2,500)
- If dues > \$33,500 then new dues = \$33,500 plus 15% of the difference between potential dues based on the Dues Formula and \$33,500

To determine your ABH dues assessment, fill in your revenue numbers below. Questions regarding these calculations should be directed to Ellen Caliendo, ABH Business Manager, at (508) 380-9887.

- 1 Total Operating Budget :** \_\_\_\_\_
- 2 Mental Health Revenue (do not include BH CP revenue or revenue derived from inpatient acute psychiatric beds licensed by DMH) :**  
\_\_\_\_\_
- 3 Substance Use Treatment Revenue (not including BH CP revenue) :**  
\_\_\_\_\_
- 4 FY25 Behavioral Health Community Partner Revenue (report all FY25 budgeted BHCP Revenue, including DSRIP infrastructure funding, for your organization regardless of whether the funds flow directly to you as a BH CP or indirectly as a constituent of an LLC, as an affiliated partner, etc.) :**  
\_\_\_\_\_
- 5 Other FY25 EOHHS Contract Revenue (non-Mental Health and Addiction Treatment revenue) :**  
\_\_\_\_\_

## **APPLICATION INFORMATION**

Please return this signed, completed application to:

Lydia Conley, President / CEO  
[iconley@abhmass.org](mailto:iconley@abhmass.org)

Please indicate "Membership Application" in the subject header and use "read receipt", if possible.

Membership is approved by a majority vote of the ABH Board of Directors and current Association members. You will be notified of your membership status as soon as both votes have been taken. If you have any questions, please contact Lydia Conley, President / CEO, at [iconley@abhmass.org](mailto:iconley@abhmass.org).

## **REQUIRED ATTACHMENTS**

Please attach the following documents to this Application :

- List of Officers and Board Members
- Most recent Audited Financial Statement
- Schedule B (Statement of Revenues) from the most recent UFR

## **SIGNATURES**

This section should be completed by the President of your organization's Board of Directors and your organization's Chief Executive Officer :

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President, Board of Directors

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Date

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Chief Executive Officer

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Date