



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

**2025 Certification of Income Form  
for IDD Provider Agencies and EI Brokers  
Complete and Return Page 2**

## **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 revenue derived from HCBS IDD Waivers (DD, SLS, CES, CHRP), State General Fund programs (SLS and OBRA), Early Intervention Broker Revenue (Direct services, service coordination, EI evaluations, State General Fund, both contract revenue and GAE, Trust, Part C, Medicaid, and other related sources), 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 join and maintain membership in Alliance is \$2,000.00 per year.

## **Annual Member Financial Certification**

- Alliance will request this Certification of Income Form to be completed by all potential members, along with the membership application.
- Alliance will request this Certification of Income Form from all current members on an annual basis.
- Certification of Income Form 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, General Fund, and Early Intervention Broker revenue.
  - Revenue is defined as all HCBS Waiver Services (HCBS-DD, HCBS-SLS, HCBS-CES and CHRP, State General Fund (FSSP, State SLS/OBRA, EPSDT, EI General Fund, EI Trust, EI Part C, EI Medicaid and room and board for the most recently completed fiscal year.
- **For 2025: Any CCB that transitioned as part of CMRD transition and is no longer a CMA can exclude revenue that is no longer associated with their agency.**

(Approved by the Alliance BOD on 1.16.25)



**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.

**Member Income Certification**

Member/Agency Name: \_\_\_\_\_

Chief Financial Officer or Chief Executive Officer Name: \_\_\_\_\_

Agency	Description	Amount
<b>Provider Agencies:</b>	Agency’s total/gross IDD waiver and general fund revenue, including all relevant sources listed below for the most recently completed fiscal year.  All IDD HCBS Waiver Services (HCBS-DD, HCBS-SLS, HCBS-CES, CHRP), State SLS and OBRA General Fund, and Room and Board.	\$
<b>EI Brokers:</b>	Total 2023-2024 revenue for all Early Intervention services.  Direct services, service coordination, EI evaluations, State General Fund, both contract revenue and GAE, Trust, Part C, Medicaid, and other related sources.	\$
<b>Total Revenue to Report:</b>		

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

\_\_\_\_\_  
Signature  
(e-sign or typing your name is acceptable)

\_\_\_\_\_  
Date