



ORGANIZATIONAL MEMBERSHIP APPLICATION

Organizational membership in the Association of Alcoholism & Addictions Programs (AAP) is open only to state-approved chemical dependency treatment programs. *All applications for membership are subject to a vote of approval by the membership and must include initial dues payment.* The AAP Code of Ethics is printed on the back of this form and is part of membership. Membership will begin the month following application approval.

ORGANIZATION: _____

ADDRESS: _____

CITY: _____, WA, **ZIP** _____ **PHONE** (____) _____ **FAX** (____) _____

CEO/EXECUTIVE DIRECTOR: _____ **E-MAIL** _____

Voting Representative, if other than the CEO/Exec. Director: _____

SO WE CAN BEST REPRESENT YOU, LET US KNOW THE CHEMICAL DEPENDENCY SERVICES OFFERED BY YOUR PROGRAM (Check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Outpatient--Adult | <input type="checkbox"/> Residential--Adult | <input type="checkbox"/> Detox—Acute/Medical |
| <input type="checkbox"/> Outpatient--Adolescent | <input type="checkbox"/> Residential--Adolescent | <input type="checkbox"/> Detox—Subacute/Social |
| <input type="checkbox"/> Outpatient--COD | <input type="checkbox"/> Residential--PPW | <input type="checkbox"/> Public (BHO and/or County) contractor |
| <input type="checkbox"/> Drug Court Treatment | <input type="checkbox"/> Opiate Replacement | <input type="checkbox"/> Private treatment only |

DATE(S) LAST APPROVED BY: **DBHR/DOH** _____ **CARF** _____ **JCAHO** _____ **COA** _____
Have you ever lost certification from any of the above bodies? No Yes: When? _____

TOTAL CHEMICAL DEPENDENCY/SUD PROGRAM SITES: _____ **TOTAL SUD STAFF:** _____

NUMBER OF PATIENTS SERVED IN LAST 12 MONTHS: **#Adults** _____ **#Youth** _____

DUES: Membership fees are based on the size of the chemical dependency program budget. Annual dues run from July 1 through June 30, and are prorated from the month membership is commenced. Dues may be paid on July 1 for the entire year, or payments may be made semi-annually or quarterly.

Calculate your dues from the schedule below:

DUES SCHEDULE:	<u>Gross Revenue (CD Programs Only):</u>	<u>Annual Dues:</u>
	Over \$5,000,000	\$5,000
	\$3,000,000 to \$4,999,999	\$4,000
	\$1,500,000 to \$2,999,999	\$3,000
	\$ 500,000 to \$1,499,999	\$2,000
	\$ 250,000 to \$ 499,999	\$1,000
	Under \$250,000	\$ 500

ANNUAL DUES FROM SCHEDULE ABOVE: \$ _____

Please check which payment schedule you wish to follow:

- Annually (Pay in full July 1 each year) OR Semi-annually (Pay half by July 1, half by January 1)
 Quarterly (Pay July 1, October 1, January 1 and April 1)

PLEASE NOTE: AAP DOES NOT SEND STATEMENTS. IT IS YOUR RESPONSIBILITY TO SET UP TIMELY PAYMENTS.

COMMITTEE PARTICIPATION—Each member is encouraged to serve on a committee reflecting your interests. Please check your preference(s):

- ___ **Public Treatment Issues** (BHO integration, State budget, ITA, WACs, public contract conditions, IMD)
- ___ **Private Treatment Issues** (ACA, Parity, Out of Network Contracting, Network Adequacy, Insurance WACs)
- ___ **Early Intervention** (DUI legislation, prevention, consumer advocacy)
- ___ **Adolescent Issues** (contract issues, rates, reimbursement, regulations for youth programs)
- ___ **Conference and Training** (planning annual conference, other trainings, staff development)

CODE OF ETHICS (Please read and sign as part of the application):

Whereas a major goal of the Association of Alcoholism & Addictions Programs in Washington State is to demonstrate and promote ethical standards and practices in the provision of chemical dependency treatment, member organizations agree to abide by the following principles:

Treatment shall reflect adherence to the following accepted philosophy:

- *Alcoholism and other drug addiction is a primary, diagnosable, treatable disease for which abstinence is the foundation for recovery.*
- *Alcoholism and other drug addiction is not a mental disorder, nor is it a matter of morals, intellect or willpower.*
- *A person with alcoholism or other drug addiction can never return to the use of alcohol or other mood-altering chemicals without adverse effects.*
- *A return to drinking or drug use during recovery is viewed as a sign of relapse and not an indication of failure of the individual or program.*
- *Every effort should be made to include the family and significant others in treatment.*
- *Treatment should encourage involvement with 12-step or other abstinence-based self-help groups during and after completion of professional treatment.*
- *Treatment will be offered only in discrete setting under the supervision of knowledgeable chemical dependency professionals.*
- *There shall be no personal or financial exploitation of patients.*
- *Each organization shall conscientiously assess its own role and limitations in consideration of the recovery of the patient and family, and it shall refer to other services and professionals according to the best interests of the patient and family.*

Members must not utilize any form of false or misleading advertising, must not exploit patients and or families, and must not engage in competitive practices that are predatory or destructive to a collaborative marketplace. There shall be no financial exploitation of third-party payers.

Treatment organizations will not advertise their services in a manner that implies or expresses that recovery is simple or effortless and will not make negative reference to other treatment modalities or programs.

Respect for the integrity and interests of other member organizations shall be preserved, and suspected violation of this Code of Ethics by another member shall be handled in the manner set forth in the bylaws.

AGREEMENT TO CODE OF ETHICS: As a member of the Association of Alcoholism and Addictions Programs in Washington State, I support the Code of Ethics of the Association as stated above and will endeavor to follow these ethical practices in providing substance use disorder treatment services.

By: _____ Date _____
CEO / Executive Director Signature

Please complete and sign this application and return, with your dues check payable to “AAP,” to:

AAP c/o GDM Private Financial Solutions
(Attn. Pam Dinehart)
11400 SE 8th Street, Suite 215
Bellevue, WA 98004