



AGENCY MEMBERSHIP APPLICATION (Medicare Certified Agencies) Membership Year Ending June 30, 2017

HCA of Massachusetts • 75 Kneeland St., Ste. 709, Boston, MA 02111 • Ph: (617) 482-8830 • Fax: (617) 426-0509

Agency Membership is open to any provider of home care services conducting business in Massachusetts. This form is only for members that are Medicare Certified; to download the application for Non-Certified or Associate agencies, visit www.thinkhomecare.org/join.

Agency Name (required) _____

CEO/President/Primary Contact/Voting Member (required) _____

Street Address (required) _____

City, State, Zip (required) _____

Primary Telephone # (required) _____

Toll Free/Referral Telephone # (only if different than primary) _____

Primary Fax # _____

Referral Fax # (only if different than primary) _____

Website _____

Primary Contact Email Address (required) _____

Twitter Handle _____

Publicly Displayed E-mail Address (only if different from primary) _____

1a. Medicare Prov. #:
(required)

1b. Agency Type:
(required, select one)

- | | |
|-----------------------------|---------------------------|
| Proprietary, freestanding | Non-profit, freestanding |
| Proprietary, hospital based | Non-profit, health system |
| Proprietary, health syst. | A hospital department |

Proprietary, chain/franchise

2a. What was your *certified* home care and hospice revenue during the most recent fiscal year? _____ (required)

2b. What was your *non-certified* home care and hospice revenue during the most recent fiscal year? _____ (required)

3. Check all services that your agency provides:

- | | | | |
|---------------------|------------------------|------------------------|-----------------------|
| Adaptive Equipment | Durable Med. Equip. | Medication Mngmnt | Physical Therapy |
| Adult Day Health | Home Modification | Nursing | Private Duty Nursing |
| Alz./Dementia Care | Homemaking | Nutritionist | Psychiatric Nursing |
| Appointment Escorts | Hospice | Occupational Therapy | Respiratory Therapy |
| Care Management | Intravenous Therapy | Pain / Palliative Care | Speech/Lang. Therapy |
| Chores & Cleaning | Live-in Aides | Pediatric Nursing | Staffing |
| Companions | Matern. & Child Health | Personal Care / HHA | Telehealth Monitoring |
| CWOCN | Medical Social Work | Pers. Emrg. Rsp. Sys. | Transportation |

4. Describe your agency in 200 characters or less for our directories:

It is not necessary to repeat your contact information, Accreditation status, or any of the services listed in Section 3. The Alliance reserves the right to edit any description over the 200-character limit; a character is any keystroke, including spaces and punctuation.

Private Care Options

This optional section is for certified agencies that listed non-certified revenue in Section 2b, and replaces the need to create a separate Associate Member application. For details about dues rules regarding private pay for certified agencies, see page five.

Please list our agency in the *2017 Guide to Private Care Services*. As applicable, please complete the following:

Private Care Agency Name (if different than the name on page 1)	Private Care Website (if different than that on page 1)
Private Care Street Address (if different than that on page 1)	Private Care City, State, Zip (if different than that on page 1)
Private Care Telephone # (if different than that on page 1)	Private Care Fax # (if different than that on page 1)
Agency qualifies for LTC insurance reimbursement.	Minimum visit length of ____ hours

Ownership & Staff

6. Leadership & Key Employees

List all applicable employees' names and e-mail addresses below. Each will receive a unique www.thinkhomecare.org profile, allowing them to register for events, receive discounts, and access our weekly newsletter, *Update*.

If all your employees have the same e-mail domain, list it here: _____

CEO: _____ e-mail: _____ CFO: _____ e-mail: _____ Clinical Director: _____ e-mail: _____ COO : _____ e-mail: _____ Clinical Supervisor: _____ e-mail: _____ Medical Director: _____ e-mail: _____ QI/QA Manager: _____ e-mail: _____ Private Care Mngr: _____ e-mail: _____ HC Aide Mngr: _____ e-mail: _____	Rehab Serv. Mngr: _____ e-mail: _____ HR Manager: _____ e-mail: _____ Marketing/PR/Sales: _____ e-mail: _____ Maternal/Child Health Mngr.: _____ e-mail: _____ Mental Health Manager: _____ e-mail: _____ IS Manager: _____ e-mail: _____ Soc. Work Manager: _____ e-mail: _____ Education Manager: _____ e-mail: _____
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5. List all individuals and/or entities that own a 25%+ stake in this agency.

Owner 1

Owner 2

Owner 3

Owner 4

Branches & Service Area

7. Satellite Branches

Satellite branches must be wholly owned by your agency and have their revenue count toward your revenue on page 1.

Branch 1: _____
 City Street Address Telephone

Branch 2: _____
 City Street Address Telephone

Branch 3: _____
 City Street Address Telephone

Branch 4: _____
 City Street Address Telephone

Branch 5: _____
 City Street Address Telephone

9. Services Area Cities & Towns

Please select the cities and towns your agency provides service in for use in our online and print directories. You may list your agency in **up to 25 towns at no charge**; for each additional town or city beyond the first 25, there is a \$10 fee.

The Alliance lists all towns in Massachusetts plus major Boston neighborhoods and Hyannis; for all other unincorporated villages and census designated places, simply select the appropriate city or town.

<u>Barnstable Cty</u>	Gr. Barrington	Berkley	<u>Essex Cty</u>	Rowley	Orange	Tolland
ALL (16)	Hancock	Dartmouth	ALL (34)	Salem	Rowe	Wales
Barnstable	Hinsdale	Dighton	Amesbury	Salisbury	Shelburne	W Springfield
Bourne	Lanesborough	Easton	Andover	Saugus	Shutesbury	Westfield
Brewster	Lee	Fairhaven	Beverly	Swampscott	Sunderland	Wilbraham
Chatham	Lenox	Fall River	Boxford	Topsfield	Warwick	<u>Hampshire Cty</u>
Dennis	Monterey	Freetown	Danvers	Wenham	Wendell	ALL (20)
Eastham	Mt. Washingt.	Mansfield	Essex	W. Newbury	Whately	Amherst
Falmouth	N. Ashford	N. Bedford	Georgetown	<u>Franklin Cty</u>	<u>Hampden Cty</u>	Belchertown
Harwich	N. Marlborgh	N. Attleboro	Gloucester	ALL (26)	ALL (23)	Chesterfield
Hyannis	No. Adams	Norton	Groveland	Ashfield	Agawam	Cummington
Mashpee	Otis	Raynham	Hamilton	Bernardston	Blandford	Easthampton
Orleans	Peru	Rehoboth	Haverhill	Buckland	Brimfield	Goshen
Provincetown	Pittsfield	Seekonk	Ipswich	Charlemont	Chester	Granby
Sandwich	Richmond	Somerset	Lawrence	Colrain	Chicopee	Hadley
Truro	Sandisfield	Swansea	Lynn	Conway	E. Longmdw	Hatfield
Wellfleet	Savoy	Taunton	Lynnfield	Deerfield	Granville	Huntington
Yarmouth	Sheffield	Westport	Manchester	Erving	Hampden	Middlefield
<u>Berkshire Cty</u>	Stockbridge	<u>Dukes Cty</u>	Marblehead	Gill	Holland	Northampton
ALL (32)	Tyringham	ALL (7)	Merrimac	Greenfield	Holyoke	Pelham
Adams	Washington	Aquinnah	Methuen	Hawley	Longmeadow	Plainfield
Alford	W. Stckbrdge	Chilmark	Middleton	Heath	Ludlow	South Hadley
Becket	Williamstown	Edgartown	Nahant	Leverett	Monson	Southampton
Cheshire	Windsor	Gosnold	Newbury	Leyden	Montgomery	Ware
Clarksburg	<u>Bristol Cty</u>	Oak Bluffs	Newburyport	Monroe	Palmer	Westhampton
Dalton	ALL (20)	Tisbury	N. Andover	Montague	Russell	Williamsburg
Egremont	Acushnet	W. Tisbury	Peabody	New Salem	Southwick	Worthington
Florida	Attleboro		Rockport	Northfield	Springfield	

9. Services Area Cities & Towns (continued)

Middlesex Cty	Medford	Braintree	Carver	Brighton	Dudley	Royalston
ALL (54)	Melrose	Brookline	Duxbury	Charlestown	E Brookfield	Rutland
Acton	Natick	Canton	E. Bridgewtr	Chelsea	Fitchburg	Shrewsbury
Arlington	Newton	Cohasset	Halifax	Dorchester	Gardner	Southboro
Ashby	N. Reading	Dedham	Hanover	East Boston	Grafton	Southbridge
Ashland	Pepperell	Dover	Hanson	Hyde Park	Hardwick	Spencer
Ayer	Reading	Foxborough	Hingham	Jamaica Pl.	Harvard	Sterling
Bedford	Sherborn	Franklin	Hull	Mattapan	Holden	Sturbridge
Belmont	Shirley	Holbrook	Kingston	Revere	Hopedale	Sutton
Billerica	Somerville	Medfield	Lakeville	Roslindale	Hubbardston	Templeton
Boxborough	Stoneham	Medway	Marion	Roxbury	Lancaster	Upton
Burlington	Stow	Millis	Marshfield	South Boston	Leicester	Uxbridge
Cambridge	Sudbury	Milton	Mattapoissett	West Roxbury	Leominster	Warren
Carlisle	Tewksbury	Needham	Middleboro	Winthrop	Lunenburg	Webster
Chelmsford	Townsend	Norfolk	Norwell	Worcester Cty	Mendon	W. Boylston
Concord	Tyngsborgh	Norwood	Pembroke	ALL (60)	Milford	W. Brookfield
Dracut	Wakefield	Plainville	Plymouth	Ashburnham	Millbury	Westboro
Dunstable	Waltham	Quincy	Plympton	Athol	Millville	Westminster
Everett	Watertown	Randolph	Rochester	Auburn	Nw. Braintree	Winchendon
Framingham	Wayland	Sharon	Rockland	Barre	N. Brookfield	Worcester
Groton	Westford	Stoughton	Scituate	Berlin	Northboro	
Holliston	Weston	Walpole	Wareham	Blackstone	Northbridge	
Hopkinton	Wilmington	Wellesley	W Bridgewtr	Bolton	Oakham	
Hudson	Winchester	Westwood	Whitman	Boylston	Oxford	
Lexington	Woburn	Weymouth	Suffolk Cty	Brookfield	Paxton	
Lincoln	Nantucket Cty	Wrentham	ALL (16)	Charlton	Petersham	
Littleton	Nantucket	Plymouth Cty	Allston	Clinton	Phillipston	
Lowell	Norfolk Cty	ALL (27)	Boston	Douglas	Princeton	
Malden	ALL (28)	Abington				
Marlborgh	Avon	Bridgewater				
Maynard	Bellingham	Brockton				

Town Calculator

10. Town Calculator

Of Cities/Towns Selected Above _____

MINUS 25 Complimentary Towns

Number of "Additional" Towns _____

X \$10 (Price Per Town)

Dues Calculation

Certified Revenue dues tiers (from section 2a on page 1):

If <i>Certified</i> Revenue < \$711,000 dues are:	\$1,850
If \$711,000 < <i>Certified</i> Revenue < \$3.9M, multiply revenue by:	0.0026
If \$3.9M < <i>Certified</i> Revenue < \$7.5M, dues are:	\$10,150
If \$7.5M < <i>Certified</i> Revenue < \$10M, dues are:	\$10,775
If \$10M < <i>Certified</i> Revenue < \$20M, dues are:	\$11,350
If \$20M < <i>Certified</i> Revenue < \$30M, dues are:	\$12,500
If \$30M < <i>Certified</i> Revenue < \$40M, dues are:	\$13,750
If \$40M < <i>Certified</i> Revenue < \$50M, dues are:	\$15,000
If \$50M < <i>Certified</i> Revenue < \$70M, dues are:	\$17,850
If \$70M < <i>Certified</i> Revenue < \$100M, dues are:	\$25,500
If <i>Certified</i> Revenue > \$100M:	\$28,750

Non-Certified Revenue dues tiers (from section 2b on page 1):

If <i>Non-Certified</i> Revenue < \$50,000:	\$0
If \$50,000 < <i>Non-Certified</i> Revenue < \$2M:	\$400
If \$2M < <i>Non-Certified</i> Revenue < \$9M, multiply revenue by:	0.0002
If <i>Non-Certified</i> Revenue > \$9M:	\$1,800

Certified Revenue Dues
(based on selections on page one, required)

PLUS Non-Certified Revenue Dues
(based on selections on page one, required)

MINUS Dues Pro-Rating
 (For new members. If join date is after 10/1/16, take 25% off; after 1/1/17, take 50% off; and after 4/1/17, take 75% off)

PLUS Additional Town Subtotal
 (if applicable, from page 4)

TOTAL 2016 / 2017 DUES *(required)*

Payment & Signature

This application is **not** complete until payment is received and this section signed and dated. Please select from one of the following options *(required)*:

Payment by **enclosed check for 100% of dues.**

Payment by **enclosed check for 25% of dues, with the remainder to be paid in quarterly installments**, completed no later than March 15, 2017. I understand that my membership can be suspended if payment is not received on time.

Payment by **credit card for 100% of dues.** I will either telephone the Alliance myself or expect a call from its staff upon their receipt of this application and will provide full information for a valid Visa, Master Card, AMEX, or Discover card.

Payment by credit card for 25% of dues, with the remainder to be automatically charged in four equal installment between now and June 30, 2017.

 Signature *(required)*

 Date *(required)*

(required) I have read the Alliance's Code of Business Ethics (available on the following page) and affirm that my agency is in full compliance. I also give permission to the Alliance and to the Foundation for Home Health, Inc., to communicate with me and other staff of this agency via e-mail and/or fax.

Taxes

Contributions or gifts to the Foundation for Home Health, Inc., are tax deductible as charitable contributions for income tax purposes. Contributions and dues to the Home Care Alliance of Massachusetts, Inc., are NOT tax deductible as charitable contributions for income tax purposes. However, dues payments may be tax deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of Alliance lobbying activities: ninety and two-tenths percent (90.2%) of agency dues for 2016/2017 are tax deductible. Nine and eight-tenths percent (9.8%) of dues are allocable to lobbying activities and are not tax deductible or allowable expenses for Medicare reimbursement purposes.

Code of Business Ethics

The Home Care Alliance of Massachusetts exists to support and empower our members to advance in-home care as the therapeutic, compassionate, and client-preferred care choice of the future. Its Board of Directors adopted this Code of Business Ethics on May 11, 2011 as a statement that the Alliance and its member agencies stand for integrity and strive to maintain the highest ethical standards. Compliance with the principles set forth in this code is a condition of Agency membership.

Client/Patient Rights

1. Each client/patient is treated with courtesy and respect. Clients have the right to be informed concerning their care, and to participate in planning and approving the care they receive. Clients' wishes and preferences are honored whenever possible.
2. Client privacy is carefully guarded. Personal information is used only as needed for care planning and provision, insurance eligibility, billing, and necessary business operations. Personal information is never shared with unauthorized individuals or discussed in public.
3. Oral and written statements to clients and to the public honestly and accurately represent services, benefits, costs, and provider capability.
4. The agency has a procedure to accept, investigate, and respond to client complaints. Clients can file complaints without fear of retaliation.
5. The agency does not solicit or permit an employee to solicit clients for its services through coercion or harassment.
6. The agency makes reasonable efforts to ensure that clients have their on-going home care needs addressed and, whenever reasonably possible, gives advance notice before discontinuing services.

Quality Standards

1. The agency ensures that all caregiving staff are properly qualified, adequately trained, and periodically supervised to meet the needs of the clients they serve. The agency ensures that employees get continuing education and in-service training to update their knowledge and skills.
2. The agency conducts a criminal background check and checks references for all caregiving staff before they are assigned to provide care.
3. The agency develops a written plan of care, service plan, or care plan for each of its clients, and gives a copy of that plan to the client. Services comply with accepted standards of quality and professional practice.
4. The agency performs periodic supervisory visits for each of its clients to ensure that care is being provided consistent with the written plan of care, and that it is updated as necessary.
5. The agency has procedures to provide on-call or back-up staff to fill in for caregiving staff in case of illness or emergencies.
6. The agency has a written procedure in place to respond swiftly and compassionately whenever client abuse, neglect, or theft is suspected or alleged.

Business Practices

1. The agency conducts business in accordance with fair business practices and complies with all applicable federal, state and local laws and regulations, including wage and hour, workers compensation, and anti-discrimination laws.
2. The agency directly employs not less than 90% of all caregiving staff, or contracts with other agencies that directly employ their workers. Caregiving staff are not treated as independent contractors.
3. The agency maintains comprehensive general liability insurance covering its employees while they are providing services to its clients.
4. The amount billed or paid for goods and services is commensurate with the amount and type of goods and services provided. The agency does not engage in fraud.
5. The agency does not, either directly or indirectly, solicit, offer, receive or provide illegal compensation, gifts, kick-backs or fees to or from any person or entity for the purpose of inducing or influencing such person or entity to obtain referrals from or refer clients to the agency.
6. The agency does not require caregiving staff to agree to a non-compete clause as a condition of employment.
7. The agency maintains records of all care & services provided and the client's response to the care and service.