



AGENCY MEMBERSHIP APPLICATION (Medicare Certified Agencies) Membership Year Ending June 30, 2019

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 Email Address (only if different from primary) _____

1a. Medicare Prov. #:
(required) _____

1b. Agency Type:
(required; select one)
Proprietary, chain/franchise

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

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

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

It is not necessary to repeat your name, contact information, Accreditation status, or any of the services listed above in section 3. The Alliance reserves the right to edit descriptions for length and style. A character is any keystroke, including spaces and punctuation. For reference, the preceding sentence is 63 characters.

NB: This this is a printer-friendly version of this form; you may either print it and fill it out entirely by hand, or type in and/or select fields on your computer, then print and sign it. Unlike the interactive form, available at www.thinkhomecare.org, it will **NOT** automatically calculate your dues. Current members may also renew their membership online. Questions? Call Tom Meyer or Michelle Burton at (617) 482-8830.

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 *2019 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.	There is a minimum visit length for our services, which is _____ hours.

Ownership & Staff

6. Leadership & Key Employees

List all applicable employees' names and email 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 email domain, list it here: _____

<p>CEO: _____ email: _____</p> <p>CFO: _____ email: _____</p> <p>Clinical Director: _____ email: _____</p> <p>COO : _____ email: _____</p> <p>Clinical Supervisor: _____ email: _____</p> <p>Medical Director: _____ email: _____</p> <p>QI/QA Manager: _____ email: _____</p> <p>Private Care Mngr: _____ email: _____</p> <p>HC Aide Mngr: _____ email: _____</p>	<p>Rehab Serv. Mngr: _____ email: _____</p> <p>HR Manager: _____ email: _____</p> <p>Marketing/PR/Sales: _____ email: _____</p> <p>Maternal/Child Health Mngr.: _____ email: _____</p> <p>Mental Health Manager: _____ email: _____</p> <p>IS Manager: _____ email: _____</p> <p>Soc. Work Manager: _____ email: _____</p> <p>Education Manager: _____ email: _____</p>
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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 serves; your selections will be used in our online and print directories. The first 25 cities/towns are at no charge and there is a \$10 fee for additional one beyond that. (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.)

Barnstable Cty

ALL (16)

Barnstable
 Bourne
 Brewster
 Chatham
 Dennis
 Eastham
 Falmouth
 Harwich
 Hyannis
 Mashpee
 Orleans
 Provincetown
 Sandwich
 Truro
 Wellfleet
 Yarmouth

Berkshire Cty

ALL (32)

Adams
 Alford
 Becket
 Cheshire
 Clarksburg
 Dalton
 Egremont
 Florida

Gr. Barrington
 Hancock
 Hinsdale
 Lanesborough
 Lee
 Lenox
 Monterey
 Mt. Washingt.
 N. Ashford
 N. Marlborough
 No. Adams
 Otis
 Peru
 Pittsfield
 Richmond
 Sandisfield
 Savoy
 Sheffield
 Stockbridge
 Tyringham
 Washington
 W. Stckbrdge
 Williamstown
 Windsor

Bristol Cty

ALL (20)

Acushnet
 Attleboro

Berkley
 Dartmouth
 Dighton
 Easton
 Fairhaven
 Fall River
 Freetown
 Mansfield
 N. Bedford
 N. Attleboro
 Norton
 Raynham
 Rehoboth
 Seekonk
 Somerset
 Swansea
 Taunton
 Westport

Dukes Cty

ALL (7)

Aquinnah
 Chilmark
 Edgartown
 Gosnold
 Oak Bluffs
 Tisbury
 W. Tisbury

Essex Cty

ALL (34)

Amesbury
 Andover
 Beverly
 Boxford
 Danvers
 Essex
 Georgetown
 Gloucester
 Groveland
 Hamilton
 Haverhill
 Ipswich
 Lawrence
 Lynn
 Lynnfield
 Manchester
 Marblehead
 Merrimac
 Methuen
 Middleton
 Nahant
 Newbury
 Newburyport
 N. Andover
 Peabody
 Rockport

Rowley
 Salem
 Salisbury
 Saugus
 Swampscott
 Topsfield
 Wenham
 W. Newbury

Franklin Cty

ALL (26)

Ashfield
 Bernardston
 Buckland
 Charlemont
 Colrain
 Conway
 Deerfield
 Erving
 Gill
 Greenfield
 Hawley
 Heath
 Leverett
 Leyden
 Monroe
 Montague
 New Salem
 Northfield

Orange
 Rowe
 Shelburne
 Shutesbury
 Sunderland
 Warwick
 Wendell
 Whately

Hampden Cty

ALL (23)

Agawam
 Blandford
 Brimfield
 Chester
 Chicopee
 E. Longmdw
 Granville
 Hampden
 Holland
 Holyoke
 Longmeadow
 Ludlow
 Monson
 Montgomery
 Palmer
 Russell
 Southwick
 Springfield

Tolland
 Wales
 W Springfield
 Westfield
 Wilbraham

Hampshire Cty

ALL (20)

Amherst
 Belchertown
 Chesterfield
 Cummington
 Easthampton
 Goshen
 Granby
 Hadley
 Hatfield
 Huntington
 Middlefield
 Northampton
 Pelham
 Plainfield
 South Hadley
 Southampton
 Ware
 Westhampton
 Williamsburg
 Worthington

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)

_____ Additional Town Subtotal

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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 Dues
 (Based on selections on page one and formulae above; **required**)

PLUS Non-Certified Dues
 (Based on selections on page one and formulae above; **required**)

MINUS Dues Pro-Rating
 (For new members only. If join date is: after 10/1/18, enter ".25"; after 1/1/19, enter ".50"; after 4/1/19, enter ".75")

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

TOTAL 2018 / 2019 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, 2018. 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, 2018.

 Signature (**required**; if unable to use digital, simply print, sign physically, and send with application)

 Date (**required**; please use MM/DD/YY)

(**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 email 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 one-tenth percent (90.1%) of agency dues for 2018/2019 are tax deductible. Nine and nine-tenths percent (9.9%) 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.