



A
United
Voice
For
Homecare
In
Tennessee & Washington

Associate Membership Application

☐ Associate Membership: Includes organizations, other than providers of home care services, which have an interest in the purposes of TAHC, including trade associations, third party payers, suppliers to home care providers, or companies who do not provide home care services in Tennessee.

Associate Members are listed on the TAHC website directory, qualify for member rates for TAHC products and services, receive a Listserve subscription for weekly (& sometimes daily) postings to all members, networking opportunities through exhibitions, meetings or volunteer activities, and work with TAHC staff and Volunteer Leaders to see that Home Care prospers & access to our membership online directory!

TAHC Dues: \$750

Note: If you are a first time Associate Member in TAHC, you may prorate your dues based on the number of months left in the Membership Year, (July 1 – June 30) and then renew at full price by July 1st of the next year.

The Tennessee Association for Home Care is a diversified State Association representing ALL home care companies in Tennessee. Our Members include: Home Health Agencies (Medicare Certified and Private Duty); hospice organizations; and personal support service agencies. Our Membership Year is July 1 through June 30 each year. For questions concerning the application, please call TAHC Offices at 615/885-3399 or email rochelle@tnhomecare.org Please visit our website at www.tnhomecare.org for information about our Association and Benefits of membership.

Return your application to TAHC, P.O Box 140087, Nashville, TN 37214

Section A: General Information

The application must be signed before it can be processed.

Contact Person: _____ Title: _____

E-Mail Address _____ (Do you want to be added to our membership listserve?) ☐ Yes ☐ No

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip (9-digit if available): _____

Telephone: (_____) _____ - _____ Fax #: (_____) _____ - _____

Owner: _____

Note: TAHC correspondence (Newsletter, Legislative/Regulatory Updates, Membership Communications, etc.) are emailed to you weekly. Please be sure and include a 'printed' email address for us above.

Will you use TAHC=s web site for updates on legislative/regulatory initiative/information? (www.tnhomecare.org) ☐ Yes ☐ No

Does your company have a web site? ☐ Yes: Address: _____ ☐ No

Is your organization managed or directed by a person who has been convicted of a felony? ☐ Yes ☐ No

Tennessee counties you serve (check all that apply):

- | | | | | | | |
|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> Clay | <input type="checkbox"/> Giles | <input type="checkbox"/> Houston | <input type="checkbox"/> Marion | <input type="checkbox"/> Polk | <input type="checkbox"/> Tipton |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Cocke | <input type="checkbox"/> Grainger | <input type="checkbox"/> Humphreys | <input type="checkbox"/> Marshall | <input type="checkbox"/> Putnam | <input type="checkbox"/> Trousdale |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Coffee | <input type="checkbox"/> Greene | <input type="checkbox"/> Jackson | <input type="checkbox"/> Maury | <input type="checkbox"/> Rhea | <input type="checkbox"/> Unicoi |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Crockett | <input type="checkbox"/> Grundy | <input type="checkbox"/> Jefferson | <input type="checkbox"/> McMinn | <input type="checkbox"/> Roane | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bledsoe | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hamblen | <input type="checkbox"/> Johnson | <input type="checkbox"/> McNairy | <input type="checkbox"/> Robertson | <input type="checkbox"/> Van Buren |
| <input type="checkbox"/> Blount | <input type="checkbox"/> Davidson | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Knox | <input type="checkbox"/> Meigs | <input type="checkbox"/> Rutherford | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Bradley | <input type="checkbox"/> Decatur | <input type="checkbox"/> Hancock | <input type="checkbox"/> Lake | <input type="checkbox"/> Monroe | <input type="checkbox"/> Scott | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Campbell | <input type="checkbox"/> Dekalb | <input type="checkbox"/> Hardeman | <input type="checkbox"/> Lauderdale | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Sequatchie | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Cannon | <input type="checkbox"/> Dickson | <input type="checkbox"/> Hardin | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Moore | <input type="checkbox"/> Sevier | <input type="checkbox"/> Weakley |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Dyer | <input type="checkbox"/> Hawkins | <input type="checkbox"/> Lewis | <input type="checkbox"/> Morgan | <input type="checkbox"/> Shelby | <input type="checkbox"/> White |
| <input type="checkbox"/> Carter | <input type="checkbox"/> Fayette | <input type="checkbox"/> Haywood | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Obion | <input type="checkbox"/> Smith | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Cheatham | <input type="checkbox"/> Fentress | <input type="checkbox"/> Henderson | <input type="checkbox"/> Loudon | <input type="checkbox"/> Overton | <input type="checkbox"/> Stewart | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Chester | <input type="checkbox"/> Franklin | <input type="checkbox"/> Henry | <input type="checkbox"/> Macon | <input type="checkbox"/> Perry | <input type="checkbox"/> Sullivan | |
| <input type="checkbox"/> Claiborne | <input type="checkbox"/> Gibson | <input type="checkbox"/> Hickman | <input type="checkbox"/> Madison | <input type="checkbox"/> Pickett | <input type="checkbox"/> Sumner | |

States you serve (check all that apply):

- | | | | | |
|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> USA | <input type="checkbox"/> GA | <input type="checkbox"/> MD | <input type="checkbox"/> NH | <input type="checkbox"/> SC |
| <input type="checkbox"/> AK | <input type="checkbox"/> HI | <input type="checkbox"/> ME | <input type="checkbox"/> NJ | <input type="checkbox"/> SD |
| <input type="checkbox"/> AL | <input type="checkbox"/> IA | <input type="checkbox"/> MI | <input type="checkbox"/> NM | <input type="checkbox"/> TX |
| <input type="checkbox"/> AR | <input type="checkbox"/> ID | <input type="checkbox"/> MN | <input type="checkbox"/> NV | <input type="checkbox"/> UT |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IL | <input type="checkbox"/> MO | <input type="checkbox"/> NY | <input type="checkbox"/> VA |
| <input type="checkbox"/> CA | <input type="checkbox"/> IN | <input type="checkbox"/> MS | <input type="checkbox"/> OH | <input type="checkbox"/> VT |
| <input type="checkbox"/> CO | <input type="checkbox"/> KS | <input type="checkbox"/> MT | <input type="checkbox"/> OK | <input type="checkbox"/> WA |
| <input type="checkbox"/> CT | <input type="checkbox"/> KY | <input type="checkbox"/> NC | <input type="checkbox"/> OR | <input type="checkbox"/> WI |
| <input type="checkbox"/> DE | <input type="checkbox"/> LA | <input type="checkbox"/> ND | <input type="checkbox"/> PA | <input type="checkbox"/> WV |
| <input type="checkbox"/> FL | <input type="checkbox"/> MA | <input type="checkbox"/> NE | <input type="checkbox"/> RI | <input type="checkbox"/> WA |

Section C: Associate Membership Applicants

Thank you for being specific on the Services you provide (check all that apply). We quite often refer to our Associate Members & want to be sure we understand your primary services/product line.

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Coding Audit Services | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Computer Hardware | <input type="checkbox"/> MCO |
| <input type="checkbox"/> Answering Service | <input type="checkbox"/> Computer Software | <input type="checkbox"/> Medical Supplies Manufacturer |
| <input type="checkbox"/> Automobile Club | <input type="checkbox"/> Consulting | <input type="checkbox"/> OASIS Review |
| <input type="checkbox"/> Automobile Insurance | <input type="checkbox"/> Corporate Office | <input type="checkbox"/> Pension/Retirement Planning |
| <input type="checkbox"/> Background Screening | <input type="checkbox"/> Cost Reports | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Education (clinical) | <input type="checkbox"/> Reimbursement Reviews |
| <input type="checkbox"/> Benefit Planning | <input type="checkbox"/> Education (patient) | <input type="checkbox"/> Remote Patient Monitoring |
| <input type="checkbox"/> Billing Services | <input type="checkbox"/> Equipment Manufacturer | <input type="checkbox"/> Safety Medical Devices |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Forms | <input type="checkbox"/> Software/Hardware Information |
| | <input type="checkbox"/> Hiring Tools | Mgmt |
| | <input type="checkbox"/> Home Health Coding | <input type="checkbox"/> Supplemental Staffing |
| | <input type="checkbox"/> Insurance | <input type="checkbox"/> Tele-Based Services |
| | <input type="checkbox"/> IV Certification | <input type="checkbox"/> Uniforms |
| | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Wound Management |
| | <input type="checkbox"/> Litigation Services | <input type="checkbox"/> Other (please specify) _____ |
| | <input type="checkbox"/> Laboratory Services | |
| | <input type="checkbox"/> Management Services | |

Section G: Code of Ethics & Signature

The TAHC member pledges to provide service in a professional, dignified and conscientious manner to comply with all community, state and federal regulations and adhere to the Code of Ethics of the Tennessee Association for Home Care, Inc.

Signature
The application must be signed before it can be processed.

TENNESSEE ASSOCIATION FOR HOME CARE CODE OF ETHICS

PREAMBLE - The Tennessee Association for Home Care (TAHC) was founded with the intention of encouraging the development and the delivery of the highest quality of medical, social and supportive services to the aged, infirm and disabled. In delivering these essential services, the Association and its members seek to establish and maintain the highest possible level of public confidence. The Code of Ethics, re-adopted by TAHC in 1993, serves as a statement to the general public as to what is generally acceptable conduct for home care providers/suppliers and their employees. The Code of Ethics applies to the following areas: A. Patient Rights and Responsibilities; B. Relationships to Other Provider Companies; C. Fiscal Responsibilities; D. Marketing and Public Relations; E. Personnel

A. PATIENT RIGHTS AND RESPONSIBILITIES - Observance of these patient rights and responsibilities will contribute to more effective patient care and greater satisfaction for the patient as well as the provider. Such rights shall be respected by all provider personnel and integrated into all home care provider programs. These rights should be made available to patients upon request, and include without limitation the following:

1. The patient is informed fully of all rights and responsibilities.
2. The patient has the right to appropriate and professional care as relating to physician orders.
3. The patient has the right to select the Home Care providers.
4. The patient has the right to information necessary to give informed consent before receiving any treatment or undergoing any procedure.
5. The patient has the right to refuse treatment within the confines of the law and to be informed of the consequences of such action.
6. The patient has the right to privacy and respect of property.
7. The patient has the right to receive a timely response to a request for service from the Home Care provider.
8. The patient will be accepted for service only if the company has the ability to provide safe, professional care at the level of intensity needed.
9. The patient has the right to reasonable continuity of care.
10. The patient has the right to be informed within a reasonable length of time of anticipated end of service or plans for transfer to another provider.
11. The patient has the right to express concerns or complaints and to suggest changes in service without fear of restraint or discrimination.
12. The patient has the right to be fully informed of provider policies and charges for services, including eligibility of third party reimbursements.
13. A patient denied service solely on the inability to pay has the right of referral.
14. The patient and the public have the right to honest, accurate, forthright information regarding the Home Care industry in general and the provider of choice in particular.

B. RELATIONSHIP TO OTHER PROVIDERS - The principal objective of home care providers is to provide the best possible service to patients/clients. Providers shall honestly and conscientiously cooperate in providing information about referrals and shall work together to assure comprehensive services to patients/clients and their families.

C. FISCAL RESPONSIBILITIES

1. The amount billed shall be commensurate with the amount and type of goods and services provided.
2. A member's billing and other business practices shall comply with applicable federal and state regulations.

D. MARKETING AND PUBLIC RELATIONS

1. Oral and written statements shall fairly represent service, benefits, cost and provider capability.
2. A member that provides a screen to hospital patients for home care referrals shall not use that position to override a patient's choice and to direct referrals to itself, and shall inform patients of all available home care providers and advise patients that they have the right to choose the provider they prefer.
3. A member shall not offer or make payments or provide free services to any company or person as a direct inducement to refer a specific number of patients.
4. A member shall not offer or make payments to a physician as an inducement to refer patients. A member which purchases services or products from a physician shall not pay any amount, nor provide any other form of compensation or benefit, above amounts considered reasonable and customary as compared with standard business practices within the area in which the member operates.
5. Other than through communication to the general public, a member shall not initiate contact with a patient currently treated by another home care company for the purpose of attempting to persuade the patient to change home care companies.
6. A member shall not knowingly permit an employee previously employed by another home care company to make any contact with such employee's former patients for the purpose of soliciting such patients to change home care companies. A member shall discourage its employees from engaging in such action, and if a member has knowledge of such actions, it shall instruct the employee to cease such conduct.
7. A member shall comply with Medicare and Medicaid guidelines prohibiting fraudulent and abusive practices.

E. PERSONNEL - Consistent with the Association goals of providing highest quality care, a member shall:

1. be an equal opportunity employer and comply with all applicable laws, rules and regulations;
2. have written personnel policies available to all employees and uniformly applied to all employees;
3. provide an ongoing evaluation process for all employees;
4. hire qualified employees and utilize them at the level of their competency;
5. provide supervision to all employees;
6. provide continuing education and inservice training for all employees to update knowledge and skills needed to give competent patient care;
7. hire adequate staffing to meet the needs of the patients to whom they render care.

Amended by the TAHC Membership 5/7/25