



AGENCY MEMBERSHIP APPLICATION

(Non-certified, Private Duty, Associated, or Limited Member)

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 in the Home Care Alliance of Massachusetts, Inc. is open to any provider of home care services conducting business in Massachusetts. This form is only for members that are **not** Medicare Certified; to download the application for Medicare Certified agencies, visit www.thinkhomecare.org/join.

Contact Information

Agency Name *(required)*

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

Street Address *(required)*

City, State, Zip

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)

Agency Basics

1a. Member Category:
(required, select one; definitions below)

Non Certified Agency
 Limited Agency
 (definitions below)

1b. Business Auspice:
(required, select one)

Proprietary, chain/franchise	Proprietary, health syst.
Proprietary, freestanding	Non-profit, freestanding
Proprietary, hospital based	Non-profit, health system
	A hospital department

2. What was your total home care revenue during the most recent FY? _____ *(required)*

Definitions

A **Non-Certified Agency** is an organization, program, or agency engaged in the provision of health or supportive home care services, such as a hospice, home care aide program, private care agency, home care program, infusion therapy company, or a similar service.

A **Limited Agency** is neither located nor doing business in Massachusetts. Limited members do not have voting rights.

NB: This is a printer-friendly version of this form; you may either print 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.

3. Check all services 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:

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.

Ownership & Staff

5. Individuals or entities that own a 25%+ stake in this agency:

Owner 1

Owner 2

Owner 3

Owner 4

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 _____

CEO: _____	HR Manager: _____
email: _____	email: _____
CFO: _____	Marketing/PR/Sales Mngr.: _____
email: _____	email: _____
Clinical Director: _____	Maternal/Child Health Mngr.: _____
email: _____	email: _____
Medical Director: _____	Mental Hlth Manager: _____
email: _____	email: _____
QI Manager: _____	IS Manager: _____
email: _____	email: _____
Private Care Mngr: _____	Soc. Work Manager: _____
email: _____	email: _____
HC Aide Mngr: _____	Education Manager: _____
email: _____	email: _____
Rehab Serv. Mngr: _____	
email: _____	

Branches & Service Area

7. Satellite Branches (if applicable)

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

8. Private Care Options

This agency qualifies for long term care insurance reimbursement.

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

9. Service Area Cities & Towns (if applicable)

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.)

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

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

10. Town Calculator

Of Cities/Towns Selected Above _____

MINUS 25 Complimentary Towns

Number of "Additional" Towns _____

x \$10

(Price Per Town)

Additional Town Subtotal

Dues Calculation

Limited Agency (regardless of revenue) \$800

For All Other Non-Certified Agencies:

If Revenue < \$1,000,000 \$800
 If \$1M < Revenue < \$4.5M, multiply revenue by 0.0008
 If Revenue > \$4.5M, dues are: \$3,600

DUES SUBTOTAL
 (Based on selections on page 1 and formulae above; **required**)

MINUS Franchise Discount
 (See below, if applicable; for 10%, enter ".10", etc.)

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

Payment & Signature

Application is **not** complete until payment is received and this section signed and dated. Please select 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, 2019. 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, 2019.

 Signature (**required**)

 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.

Franchise/Chain Discount

If two or more non-certified agencies are locally-owned franchises of a single home care company that join the Alliance, dues for each will be discounted according to the following formulae, but will not reduce the Dues Subtotal below \$800:

- If 2-3 agencies join, dues are discounted by 10%;
- If 4-5 agencies join, dues are discounted by 15%;
- If 6 or more agencies join, dues are discounted by 20%

Note: This discount is based on the number of agencies that are active members of the Alliance at the time of application and first payment.

Tax Information

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 and services provided and the client's response to the care and service.