

AGENCY MEMBERSHIP APPLICATION

Membership Year ending June 30, 2010

Agency Membership in the Home Care Alliance of Massachusetts, Inc. is open to any provider of home care services conducting business in Mass.

Agency Name	CEO/President/Primary Contact Name
Street Address	City, State, Zip
Primary Telephone #	Toll Free/Referral #
Primary Fax #	Referral Fax #
Website	Primary Contact Email Address (required)
Medicare Provider # (if applicable)	Publicly Displayed Email Address (If different from above)

Dues Calculation

1. What kind of agency is this company (see p. 4 for definitions)?

- Certified Agency
 Non-Certified Agency
 Associate Agency
 Limited Member (outside MA)

2. What was the Client Service Revenue during your most recent FY? \$ _____ (required)

Agency dues are based on client service revenue in MA for the most recent fiscal year. Certified agencies should base dues on "Net patient service revenue" (NPSR) as defined for Medicare cost reporting. See page 4 for definitions of different agency types.

3. Using your choices above, calculate your dues using one of the two formulae below:

<p style="text-align: center;">For Medicare Certified Agencies:</p> <p>If Revenue < \$465,000, dues are: \$1,200 If \$465,000 < Revenue < \$3.6M, multiply revenue by .0026 If \$3.6M < Revenue < \$7.5M, dues are: \$9,400 If \$7.5M < Revenue < \$10M, dues are: \$9,975 If \$10M < Revenue < \$20M, dues are: \$10,500 If \$20M < Revenue < \$30M, dues are: \$11,600 If \$30M < Revenue < \$40M, dues are: \$12,700 If Revenue > \$40,000,000, dues are: \$13,850</p> <p>ANNUAL DUES SUBTOTAL \$ </p> <p>PLUS <i>Optional</i> tax-exempt contribution to The Foundation for Home Health: <input type="checkbox"/> \$200 </p> <p>MINUS (if applicable) Franchise Discount from page 4. \$ </p> <p>TOTAL ANNUAL DUES \$ </p>	Or	<p style="text-align: center;">For Non-Certified Agencies:</p> <p>If Revenue < \$500,000, dues are: \$400 If \$500,000 < Revenue < \$3.9M, multiply revenue by .0008 If \$3.9M < Revenue < \$7.5M, dues are: \$3,133 If \$7.5 < Revenue < \$10M, dues are: \$3,325 If \$10M < Revenue < \$20M, dues are: \$3,500 If Revenue > \$20 million, dues are: \$3,866</p> <p>ANNUAL DUES SUBTOTAL \$ </p> <p>PLUS <i>optional</i> tax-exempt contribution to The Foundation for Home Health: <input type="checkbox"/> \$200 </p> <p>MINUS (if applicable) Franchise Discount from page 4. \$ </p> <p>TOTAL ANNUAL DUES \$ </p>
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Dues are payable in full with your application. As an alternative, you may pay 25% of your dues with your application. The balance is due in nine equal monthly installments July 15, 2009, through March 15, 2010. Your signature indicates agreement to pay the full dues amount according to these terms.

Signature (required) _____

Date _____

I have read the [Alliance's Code of Business Ethics](#), and I 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.

Agency Description

My Agency Is:

- | | |
|--|--|
| <input type="checkbox"/> Proprietary, chain | <input type="checkbox"/> Non-profit, freestanding |
| <input type="checkbox"/> Proprietary, freestanding | <input type="checkbox"/> Non-profit, health system |
| <input type="checkbox"/> Proprietary, hospital based | <input type="checkbox"/> A hospital department |
| <input type="checkbox"/> Proprietary, health system | |

Other Membership & Accreditations:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> MA Council for HCA Services | <input type="checkbox"/> VNAA |
| <input type="checkbox"/> MA Hospice & Palliative Care Fed. | <input type="checkbox"/> VNANE |
| <input type="checkbox"/> MA Hospital Assn | <input type="checkbox"/> NAHC |
| <input type="checkbox"/> AAHomecare | <input type="checkbox"/> PDHCA |
| <input type="checkbox"/> NPDA | |

Accreditation:

- JCAHO CHAP CHAP

Services

Check all services your agency provides:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Home Modification | <input type="checkbox"/> Nursing | <input type="checkbox"/> Private Duty Nursing |
| <input type="checkbox"/> Adult Day Health | <input type="checkbox"/> Homemaking | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Psych. Nursing |
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Hospice | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Appointment Escorts | <input type="checkbox"/> Intravenous Therapy | <input type="checkbox"/> Pediatric Nursing | <input type="checkbox"/> Spch/Lang. Therapy |
| <input type="checkbox"/> Care Management | <input type="checkbox"/> Live-in Aides | <input type="checkbox"/> Personal Care / HHA | <input type="checkbox"/> Staffing |
| <input type="checkbox"/> Chores & Cleaning | <input type="checkbox"/> Matern. & Child Hlth. | <input type="checkbox"/> Pers. Emrg. Resp. Sys. | <input type="checkbox"/> Telehealth Monitoring |
| <input type="checkbox"/> Companions | <input type="checkbox"/> Medical Social Work | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Durable Med. Equip | | | |

Describe your agency in **200 characters or less, including spaces**. This entry will appear in our directories after your choices from the check list above and your contact information. It is **not** necessary to repeat your agency's name or the services above, unless you wish to call special attention to them.

If Applicable:

- There is a minimum visit length for our aide services, which is _____ hrs.
- Our agency accepts most kinds of Long Term Care Insurance.

Directory Information

- This agency **only** provides Medicare/Medicaid certified services. Please list me in the *Home Health Resource Directory*.
- This agency provides **both** Medicare/Medicaid certified services **and** private duty services. Please list me in *both* the *Home Health Resource Directory* and the *Guide to Private Services*.
- Our private pay service uses a different name than our certified agency name; in the *Guide to Private Services* list us as:
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- This agency **only** provides private duty services and will appear in both directories.

Contact Us

If you have any questions about your membership application, call the Alliance office at (617) 482-8830 or (800) 332-3500, or email to Member Services Coordinator Tom Meyer at tmeyer@hcalliancema.org. Return your completed application and dues payments to:

Home Care Alliance of Massachusetts
31 St. James Ave., Ste 780
Boston MA, 02116

Ph: (800) 332-3500
Fx: (617) 426-0509
tmeyer@thinkhomecare.org

Service Area

Using the list below, please select the towns your agency provides service in. These selections will be used in our online directory at www.thinkhomecare.org. We will send you additional information regarding town selections for the *Home Health Resource Directory* and *Guide to Private Services* later in the year.

Barnstable Cty

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

Berkshire Cty

- Adams
- Alford
- Becket
- Cheshire
- Clarksburg
- Dalton
- Egremont
- Florida
- Gr. Barrington
- Hancock
- Hinsdale
- Lanesbrough
- Lee
- Lenox
- Monterey
- Mt. Washing.
- N. Ashford
- N. Marlborough
- N. Adams
- Otis
- Peru
- Pittsfield
- Richmond
- Sandisfield
- Savoy
- Sheffield
- Stockbridge
- Tyringham
- Washington
- W. Stckbrdge
- Williamstown
- Windsor

Bristol Cty

- 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

- Aquinnah
- Chilmark
- Edgartown
- Gosnold
- Oak Bluffs
- Tisbury
- W. Tisbury

Essex County

- 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

- 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

- Agawam
- Blandford
- Brimfield
- Chester
- Chicopee
- E. Longmdw
- Granville
- Hampden
- Holland
- Holyoke
- Longmdow
- Ludlow
- Monson
- Montgomery
- Palmer
- Russell
- Southwick
- Springfield
- Tolland
- Wales

- W. Springfield
- Westfield
- Wilbraham

Hampshire Cty

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

Middlesex Cty

- Acton
- Arlington
- Ashby
- Ashland
- Ayer
- Bedford
- Belmont
- Billerica
- Boxborough
- Burlington
- Cambridge
- Carlisle
- Chelmsford
- Concord
- Dracut
- Dunstable
- Everett
- Framingham
- Groton
- Holliston
- Hopkinton
- Hudson
- Lexington
- Lincoln
- Littleton
- Lowell
- Malden
- Marlborough
- Maynard

- Medford
- Melrose
- Natick
- Newton
- N. Reading
- Pepperell
- Reading
- Sherborn
- Shirley
- Somerville
- Stoneham
- Stow
- Sudbury
- Tewksbury
- Townsend
- Tyngsborgh
- Wakefield
- Waltham
- Watertown
- Wayland
- Westford
- Weston
- Wilmington
- Winchester
- Woburn

Nantucket Cty

- Nantucket

Norfolk Cty

- Avon
- Bellingham
- Braintree
- Brookline
- Canton
- Cohasset
- Dedham
- Dover
- Foxborough
- Franklin
- Holbrook
- Medfield
- Medway
- Millis
- Milton
- Needham
- Norfolk
- Norwood
- Plainville
- Quincy
- Randolph
- Sharon
- Stoughton
- Walpole
- Wellesley
- Westwood

- Weymouth
- Wrentham

Plymouth Cty

- Abington
- Bridgewater
- Brockton
- Carver
- Duxbury
- E. Bridgewater
- Halifax
- Hanover
- Hanson
- Hingham
- Hull
- Kingston
- Lakeville
- Marion
- Marshfield
- Mattapoisett
- Middleborough
- Norwell
- Pembroke
- Plymouth
- Plympton
- Rochester
- Rockland
- Scituate
- Wareham
- W. Bridgewater
- Whitman

Suffolk Cty

- Allston
- Boston
- Brighton
- Charlestown
- Chelsea
- Dorchester
- East Boston
- Hyde Park
- Jamaica Plain
- Mattapan
- Revere
- Roslindale
- Roxbury
- South Boston
- W. Roxbury
- Winthrop

Worcester Cty

- Ashburnham
- Athol
- Auburn
- Barre
- Berlin
- Blackstone
- Bolton
- Boylston
- Brookfield
- Charlton
- Clinton
- Douglas
- Dudley
- E. Brookfield
- Fitchburg
- Gardner
- Grafton
- Hardwick
- Harvard
- Holden
- Hopedale
- Hubbardston
- Lancaster
- Leicester
- Leominster
- Lunenburg
- Mendon
- Milford
- Millbury
- Millville
- N. Braintree
- N. Brookfield
- Northborough
- Northbridge
- Oakham
- Oxford
- Paxton
- Petersham
- Phillipston
- Princeton
- Royalston
- Rutland
- Shrewsbury
- Southborough
- Southbridge
- Spencer
- Sterling
- Sturbridge
- Sutton
- Templeton
- Upton
- Uxbridge
- Warren
- Webster
- W. Boylston
- W. Brookfield
- Westminster
- Winchendon
- Worcester

Key Personnel

As applicable, list your employees' **names** and **email addresses** below. Each will receive a unique username and password to use on our website, www.thinkhomecare.org. This profile gives them full access to the website and allows them to register for events and receive Alliance discounts.

All of our employees' email addresses share the same domain name, which is:

@_____ (e.g., @company.org)

If you select this option, please only write in the person-specific portion of each person's address (e.g., 'bob.smith' instead of 'bob.smith@company.org').

CEO/President: _____

email: _____

Financial Director: _____

email: _____

Clinical Director: _____

email: _____

Hospice Director: _____

email: _____

Private Care Manager: _____

email: _____

QI Manager: _____

email: _____

HC Aide Manager: _____

email: _____

Rehab Serv. Manager: _____

email: _____

HR Manager: _____

email: _____

Marketing/PR Manager: _____

email: _____

Maternal/Child Health Man.: _____

email: _____

Mental Health Manager: _____

email: _____

IS Manager: _____

email: _____

OASIS Coordinator: _____

email: _____

Soc. Work Manager: _____

email: _____

All members listed above will receive our weekly members-only e-letter, *Update*.

Agency Member Categories

CERTIFIED AGENCIES:

- (1) Any Medicare certified home health agency doing business within Massachusetts;
- (2) Any corporate-like structure that includes more than one Medicare certified home health agency, provided that all of the provider agencies operate under a single tax identification number;
- (3) The largest Medicare certified home health agency in a corporate-like structure that includes more than one such agency, where each agency retains an individual identity. All other certified agencies within the corporate structure must be Associate members of the Association, as defined below.

NON-CERTIFIED AGENCIES:

Any organization, program, or agency which is engaged in the provision of health or supportive home care service, such as a hospice, home care aide program, private care agency, home care program, infusion therapy company or similar service.

ASSOCIATE AGENCY MEMBERS:

Entities within the same corporate-like structure as another Agency member, but with a separate legal identity All Agency members with certified affiliates that meet the definition of an Associate member are required to have a separate Associate membership for each certified affiliate. An Associate member must be related to a Certified Agency member in good standing.

LIMITED MEMBERS:

Agencies that are neither located in nor doing business in Massachusetts. Limited members have no voting rights.

FRANCHISE/CHAIN DISCOUNT:

If two or more non-certified agencies that are locally-owned franchises of a single home care company join the Alliance, dues for each franchise are discounted according to the following formula:

- If 2 agencies join, dues are discounted by 15%;
- If 3 agencies join, dues are discounted by 20%;
- If 4 agencies join, dues are discounted by 25%;
- If 5 agencies join, dues are discounted by 30%;
- If 6 or more agencies join, dues are discounted by 35%.

Tax Information

Contributions and gifts to the **Foundation for Home Health, Inc.**, are tax deductible as charitable contributions for income tax purposes. Contributions or gifts 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.

The Home Care Alliance of Massachusetts, Inc., has calculated that eighty-one percent (81%) of agency dues for 2009/2010 are tax deductible. Nineteen percent (19%) of dues are allocable to lobbying activities and are not tax deductible or allowable expenses for Medicare reimbursement purposes.