

AGENCY MEMBERSHIP APPLICATION

Membership Year ending June 30, 2011

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
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 (only if different from above)

Dues Calculation

1. This agency is a (see p. 4 for definitions):

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

2. What was your Client Service Revenue during the 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:

Medicare Certified Agencies:	Or	Non-Certified, Assoc., & Ltd. Agencies:
<p>If Revenue < \$465,000, dues are: \$1,200</p> <p>If \$465,000 < Revenue < \$3.6M, multiply revenue by .0026</p> <p>If \$3.6M < Revenue < \$7.5M, dues are: \$9,400</p> <p>If \$7.5M < Revenue < \$10M, dues are: \$9,975</p> <p>If \$10M < Revenue < \$20M, dues are: \$10,500</p> <p>If \$20M < Revenue < \$30M, dues are: \$11,600</p> <p>If \$30M < Revenue < \$40M, dues are: \$12,700</p> <p>If Revenue > \$40,000,000, dues are: \$13,850</p>		<p>If Revenue < \$500,000, dues are: \$400</p> <p>If \$500,000 < Revenue < \$3.9M, multiply revenue by .0008</p> <p>If \$3.9M < Revenue < \$7.5M, dues are: \$3,133</p> <p>If \$7.5 < Revenue < \$10M, dues are: \$3,325</p> <p>If \$10M < Revenue < \$20M, dues are: \$3,500</p> <p>If Revenue > \$20 million, dues are: \$3,866</p>
DUES SUBTOTAL (from above) \$ 		DUES SUBTOTAL (from above) \$
PLUS <i>Optional</i> tax-exempt contribution to The Foundation for Home Health: <input type="checkbox"/> \$200 		PLUS <i>optional</i> tax-exempt contribution to The Foundation for Home Health: <input type="checkbox"/> \$200
MINUS (if applicable) Franchise Discount from page 4. \$ 		MINUS (if applicable) Franchise Discount from page 4. \$
TOTAL ANNUAL DUES \$ 		TOTAL ANNUAL DUES \$

Dues are payable in full with your application. Alternatively, you may pay 25% of your dues with your application. The balance is due in equal monthly by March 15, 2011. 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

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

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.
- This agency qualifies for long term care insurance reimbursement.

Directory Information

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

Contact Us

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

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

Ph: (617) 482-8830
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 Cty

- 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
- Westborough
- 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: _____

QI Manager: _____

email: _____

Hospice Director: _____

email: _____

Private Care 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*.

* **required (you may use the same name multiple times)**

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 2010/2011 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.