



AGENCY MEMBERSHIP APPLICATION (Medicare Certified Agencies) Membership Year Ending June 30, 2014

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* Medicare Certified; to download the application for Non-Certified or Associate agencies, visit www.thinkhomecare.org/join and download the application.

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)**

@

Publicly Displayed Email Address (only if different from primary)

Twitter Handle

Agency Basics

1a. Medicare Prov. #:
(required)

1b. Agency Type:
(required, select one)

- Proprietary, freestanding Non-profit, freestanding
 Propriet., health system Non-profit, health system
 Proprietary, franchise Propriet., hospital based A hospital department

2a. What was your *certified* home care revenue during the most recent fiscal year? \$ _____ **(required)**

2b. What was your non-certified home care revenue during the most recent fiscal year? \$ _____ **(required)**

If your Non-Certified Revenue includes Private Care:

- Check this box if your Private Care business a) has a separate legal identity from your Certified business, b) is within the same corporate structure as your Certified business, and c) you would like a separate Associate Member listing for it. The Associate Member is entitled to all the benefits of membership — including voting status for its Primary Contact — and will be included in both print directories. Please complete a Non-Certified Agency application for the Associate Member, available at www.thinkhomecare.org/join (associate membership is \$650).
- Check this box if your Private Care business a) is provided by the Certified agency and b) you would like the Certified Agency listed as providing Private Care and be listed in the Guide to Private Care Services.
- Check this box if you provide Private C, but do not want listing as such in either of the directories.

3. Check all services that 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"/> Alz./Dementia Care | <input type="checkbox"/> Homemaking | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Psychiatric 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"/> Speech/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 Health | <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 |

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

It is **not** necessary to repeat your contact information, Accreditation status, or any of the services listed above. The Alliance reserves the right to edit any description over the 200-character limit; a character is any keystroke, including spaces and punctuation.

Ownership & Staff

5. List all individuals and/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: _____

email: _____

CFO: _____

email: _____

Clinical Director: _____

email: _____

Medical Director: _____

email: _____

QI Manager: _____

email: _____

Private Care Mngr: _____

email: _____

HC Aide Mngr: _____

email: _____

Rehab Serv. Mngr: _____

email: _____

HR Manager: _____

email: _____

Marketing/PR/Sales Mngr.: _____

email: _____

Maternal/Child Health Mngr.: _____

email: _____

Mental Health Manager: _____

email: _____

IS Manager: _____

email: _____

Soc. Work Manager: _____

email: _____

Education Manager: _____

email: _____

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

8. Private Care Options

- This agency qualifies for long term care insurance reimbursement. There is a minimum visit length for our services, which is _____ hrs.

9. Services Area Cities & Towns

Please select the cities and towns your agency provides service in for use in our online and print directories. You may list your agency in up to 25 towns at no charge; for each additional town or city beyond the first 25, there is a \$10 fee.

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 Cty</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Barnstable <input type="checkbox"/> Bourne <input type="checkbox"/> Brewster <input type="checkbox"/> Chatham <input type="checkbox"/> Dennis <input type="checkbox"/> Eastham <input type="checkbox"/> Falmouth <input type="checkbox"/> Harwich <input type="checkbox"/> Hyannis <input type="checkbox"/> Mashpee <input type="checkbox"/> Orleans <input type="checkbox"/> Provincetown <input type="checkbox"/> Sandwich <input type="checkbox"/> Truro <input type="checkbox"/> Wellfleet <input type="checkbox"/> Yarmouth | <p><input type="checkbox"/> Hancock</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hinsdale <input type="checkbox"/> Lanesbrough <input type="checkbox"/> Lee <input type="checkbox"/> Lenox <input type="checkbox"/> Monterey <input type="checkbox"/> Mt. Washing. <input type="checkbox"/> N. Ashford <input type="checkbox"/> N. Marlborgh <input type="checkbox"/> No. Adams <input type="checkbox"/> Otis <input type="checkbox"/> Peru <input type="checkbox"/> Pittsfield <input type="checkbox"/> Richmond <input type="checkbox"/> Sandisfield <input type="checkbox"/> Savoy <input type="checkbox"/> Sheffield <input type="checkbox"/> Stockbridge <input type="checkbox"/> Tyringham <input type="checkbox"/> Washington <input type="checkbox"/> W. Stckbrdge <input type="checkbox"/> Williamstown <input type="checkbox"/> Windsor <p><u>Berkshire Cty</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Adams <input type="checkbox"/> Alford <input type="checkbox"/> Becket <input type="checkbox"/> Cheshire <input type="checkbox"/> Clarksburg <input type="checkbox"/> Dalton <input type="checkbox"/> Egremont <input type="checkbox"/> Florida <input type="checkbox"/> G. Barrington | <p><input type="checkbox"/> Dartmouth</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dighton <input type="checkbox"/> Easton <input type="checkbox"/> Fairhaven <input type="checkbox"/> Fall River <input type="checkbox"/> Freetown <input type="checkbox"/> Mansfield <input type="checkbox"/> N. Bedford <input type="checkbox"/> N. Attleboro <input type="checkbox"/> Norton <input type="checkbox"/> Raynham <input type="checkbox"/> Rehoboth <input type="checkbox"/> Seekonk <input type="checkbox"/> Somerset <input type="checkbox"/> Swansea <input type="checkbox"/> Taunton <input type="checkbox"/> Westport <p><u>Dukes Cty</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Aquinnah <input type="checkbox"/> Chilmark <input type="checkbox"/> Edgartown <input type="checkbox"/> Gosnold <input type="checkbox"/> Oak Bluffs <input type="checkbox"/> Tisbury <input type="checkbox"/> W. Tisbury | <p><u>Essex Cty</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Amesbury <input type="checkbox"/> Andover <input type="checkbox"/> Beverly <input type="checkbox"/> Boxford <input type="checkbox"/> Danvers <input type="checkbox"/> Essex <input type="checkbox"/> Georgetown <input type="checkbox"/> Gloucester <input type="checkbox"/> Groveland <input type="checkbox"/> Hamilton <input type="checkbox"/> Haverhill <input type="checkbox"/> Ipswich <input type="checkbox"/> Lawrence <input type="checkbox"/> Lynn <input type="checkbox"/> Lynnfield <input type="checkbox"/> Manchester <input type="checkbox"/> Marblehead <input type="checkbox"/> Merrimac <input type="checkbox"/> Methuen <input type="checkbox"/> Middleton <input type="checkbox"/> Nahant <input type="checkbox"/> Newbury <input type="checkbox"/> Newburyport <input type="checkbox"/> N. Andover <input type="checkbox"/> Peabody <input type="checkbox"/> Rockport | <p><input type="checkbox"/> Rowley</p> <ul style="list-style-type: none"> <input type="checkbox"/> Salem <input type="checkbox"/> Salisbury <input type="checkbox"/> Saugus <input type="checkbox"/> Swampscott <input type="checkbox"/> Topsfield <input type="checkbox"/> Wenham <input type="checkbox"/> W. Newbury <p><u>Franklin Cty</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Ashfield <input type="checkbox"/> Bernardston <input type="checkbox"/> Buckland <input type="checkbox"/> Charlemont <input type="checkbox"/> Colrain <input type="checkbox"/> Conway <input type="checkbox"/> Deerfield <input type="checkbox"/> Erving <input type="checkbox"/> Gill <input type="checkbox"/> Greenfield <input type="checkbox"/> Hawley <input type="checkbox"/> Heath <input type="checkbox"/> Leverett <input type="checkbox"/> Leyden <input type="checkbox"/> Monroe <input type="checkbox"/> Montague <input type="checkbox"/> New Salem <input type="checkbox"/> Northfield | <p><input type="checkbox"/> Orange</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rowe <input type="checkbox"/> Shelburne <input type="checkbox"/> Shutesbury <input type="checkbox"/> Sunderland <input type="checkbox"/> Warwick <input type="checkbox"/> Wendell <input type="checkbox"/> Whately <p><u>Hampden Cty</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Agawam <input type="checkbox"/> Blandford <input type="checkbox"/> Brimfield <input type="checkbox"/> Chester <input type="checkbox"/> Chicopee <input type="checkbox"/> E. Longmdw <input type="checkbox"/> Granville <input type="checkbox"/> Hampden <input type="checkbox"/> Holland <input type="checkbox"/> Holyoke <input type="checkbox"/> Longmdow <input type="checkbox"/> Ludlow <input type="checkbox"/> Monson <input type="checkbox"/> Montgomery <input type="checkbox"/> Palmer <input type="checkbox"/> Russell <input type="checkbox"/> Southwick <input type="checkbox"/> Springfield | <p><input type="checkbox"/> Tolland</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wales <input type="checkbox"/> W Springfield <input type="checkbox"/> Westfield <input type="checkbox"/> Wilbraham <p><u>Hampshire Cty</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Amherst <input type="checkbox"/> Belchertown <input type="checkbox"/> Chesterfield <input type="checkbox"/> Cummington <input type="checkbox"/> Easthampton <input type="checkbox"/> Goshen <input type="checkbox"/> Granby <input type="checkbox"/> Hadley <input type="checkbox"/> Hatfield <input type="checkbox"/> Huntington <input type="checkbox"/> Middlefield <input type="checkbox"/> Northampton <input type="checkbox"/> Pelham <input type="checkbox"/> Plainfield <input type="checkbox"/> South Hadley <input type="checkbox"/> Southampton <input type="checkbox"/> Ware <input type="checkbox"/> Wsthampton <input type="checkbox"/> Williamsburg <input type="checkbox"/> Worthington |
|--|--|---|---|---|--|---|

9. Services Area Cities & Towns (continued)

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

Town Calculator

10. Town Calculator

Of Cities/Towns Selected Above _____

— 25 (Complimentary Towns)

Number of Additional Towns _____

X \$10 (Price Per Town)

\$ _____ **Additional Town Subtotal**

Dues Calculation & Signature

If Revenue < \$673K dues are:.....	\$1,750
If \$673K < Revenue < \$3.6M, multiply revenue by	0.0026
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 \$40M < Revenue < \$50M, dues are:	\$13,850
If \$50M < Revenue < \$70M, dues are:	\$16,500
If \$70M < Revenue < \$100M, dues are:	\$23,500
If Revenue > \$100M.....	\$26,500

DUES SUBTOTAL.....

(from above, **required**)

\$

PLUS \$650 for Private Care Listing.....

(If Option 2 from the bottom of page 1 is selected)

\$

MINUS Dues Pro-Rating

(For new members. If join date is after 10/1/13, take 25% off; 1/1/14, take 50% off; and 4/1/14, take 75% off)

\$

PLUS Add'l Town Subtotal.....

(if applicable, from page 4)

\$

TOTAL 2013 / 2014 DUES

(required)

\$

Tax Information

Dues are payable in full with your application. Alternatively, you may pay 25% with your application and the balance in equal monthly installments, with the full balance due by March 15, 2014. Your signature indicates agreement to pay the full dues amount according to these terms.

Signature (**required**)

Date (**required**)

(**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.

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 ninety-one and three-tenths percent (91.3%) of agency dues for 2013/2014 are tax deductible. Eight and seven-tenths percent (8.7%) 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.