



AGENCY MEMBERSHIP APPLICATION

(Medicare Certified Agencies)

Membership Year ending June 30, 2012

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

Contact Information

Agency Name (required)	CEO/President/Primary Contact (required)
Street Address (required)	City, State, Zip (required)
Primary Telephone # (required)	Toll Free/Referral #
Primary Fax #	Referral Fax #
www.	Primary Contact Email Address (required)
Website	Publicly Displayed Email Address (if different from above)
@	
Twitterfeed	

Owners & Staff Information

Please list all individuals and/or entities that own a 25%+ stake in this agency.

Owner 1	Owner 2	Owner 3	Owner 4

As applicable, list your employees' **names** and **email addresses** below. Each will receive a unique username and password for www.thinkhomecare.org, allowing them to register for events, receive discounts, and access to our weekly newsletter, *Update*.

All of our employees use the same email domain which is @ _____ . _____ (e.g., @company.org)

<p>CEO/President: _____ *</p> <p style="padding-left: 20px;">email: _____</p> <p>Financial Director: _____ *</p> <p style="padding-left: 20px;">email: _____</p> <p>Clinical Director: _____ *</p> <p style="padding-left: 20px;">email: _____</p> <p>QI Manager: _____</p> <p style="padding-left: 20px;">email: _____</p> <p>Hospice Director: _____</p> <p style="padding-left: 20px;">email: _____</p> <p>Private Care Manager: _____</p> <p style="padding-left: 20px;">email: _____</p> <p>HC Aide Manager: _____</p> <p style="padding-left: 20px;">email: _____</p> <p>Rehab Serv. Manager: _____</p> <p style="padding-left: 20px;">email: _____</p>	<p>HR Manager: _____</p> <p style="padding-left: 20px;">email: _____</p> <p>Marketing/PR/Sales Mgr.: _____</p> <p style="padding-left: 20px;">email: _____</p> <p>Maternal/Child Health Man.: _____</p> <p style="padding-left: 20px;">email: _____</p> <p>Mental Health Manager: _____</p> <p style="padding-left: 20px;">email: _____</p> <p>IS Manager: _____</p> <p style="padding-left: 20px;">email: _____</p> <p>OASIS Coordinator: _____</p> <p style="padding-left: 20px;">email: _____</p> <p>Soc. Work Manager: _____</p> <p style="padding-left: 20px;">email: _____</p>
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* required (you may use the same name multiple times)

Agency Description

1a. Agency Category (select one):

- Medicare Certified
(definitions at bottom of page)

1b. Agency Type (select one):

- | | |
|--|--|
| <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 | |

2. What was your total home care revenue during the most recent FY? \$ _____

Include revenue from all lines of business (certified, private duty, etc.) conducted in Massachusetts.

3. Agency Services (select all that apply):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Durable Medical Equip. | <input type="checkbox"/> Medication Management | <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"/> Alzhiem./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"/> Maternal & 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. Agency Description:

Describe your agency in **200 characters or less, including spaces** (a character is *any* keystroke on your keyboard). It is **not** necessary to indicate your contact information, Medicare Certification, Alliance Accreditation, or the services listed above, as these will appear elsewhere in your entry.

5. Directory Information

- | | |
|---|--|
| <input type="checkbox"/> This agency only provides Medicare/Medicaid certified services | <input type="checkbox"/> There is a minimum visit length for our services, which is _____ hrs. |
| <input type="checkbox"/> This agency provides Medicare/Medicaid certified services and private duty services. | <input type="checkbox"/> This agency qualifies for long term care insurance reimbursement. |
| <input type="checkbox"/> Our private duty service (which is wholly owned by this Agency) uses a different name than our certified agency; in the <i>Guide to Private Services</i> please list us as:
_____ | |

Definitions

MEDICARE CERTIFIED AGENCIES are Medicare certified home health agencies doing business within Massachusetts; 2) corporate-like structures 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 agencies 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.

Branches & Service Area

1. Satellite Branches

NB: satellite branches must be: 1) Wholly owned by your agency; 2) Do not have their own Medicare Provider Numbers, and; 3) Have their revenue count toward your client service revenue on page 5.

Brach 1:	_____	(____) _____	_____	_____
	City	Street Address	Telephone	
Brach 2:	_____	(____) _____	_____	_____
	City	Street Address	Telephone	
Brach 3:	_____	(____) _____	_____	_____
	City	Street Address	Telephone	
Brach 4:	_____	(____) _____	_____	_____
	City	Street Address	Telephone	
Brach 5:	_____	(____) _____	_____	_____
	City	Street Address	Telephone	
Brach 6:	_____	(____) _____	_____	_____
	City	Street Address	Telephone	
Brach 7:	_____	(____) _____	_____	_____
	City	Street Address	Telephone	
Brach 8:	_____	(____) _____	_____	_____
	City	Street Address	Telephone	
Brach 9:	_____	(____) _____	_____	_____
	City	Street Address	Telephone	

2. Service Area

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><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"/> Gr. Barrington | <p><u>Bristol Cty</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Acushnet <input type="checkbox"/> Attleboro <input type="checkbox"/> Berkley <input type="checkbox"/> Dartmouth | <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 | <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 <input type="checkbox"/> Orange <input type="checkbox"/> Rowe <input type="checkbox"/> Shelburne <input type="checkbox"/> Shutesbury <input type="checkbox"/> Sunderland <input type="checkbox"/> Warwick | <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 <input type="checkbox"/> Tolland <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"/> Westhampton <input type="checkbox"/> Williamsburg <input type="checkbox"/> Worthington |
|--|--|--|---|--|---|--|---|

Continued on the following page →

Branches & Service Area (contin.)

2. Cities & Towns (continued)

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

Of Cities/Towns Selected Above _____

— 25 (Complimentary Towns)

Number of Additional Towns _____

X \$10 (Price Per Town)

\$ _____ Additional Town Subtotal

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

Dues Calculation & Signature

For Medicare Certified Agencies:

If Revenue < \$575K dues are:	\$1,500
If \$575K < Revenue < \$3.6M, multiply revenue by0026
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

DUES SUBTOTAL (from above)	\$
PLUS Add'l Town Subtotal (if applicable, from page 4)	\$
MINUS Franchise Discount from (if applicable, see below)	\$
MINUS Dues Pro-Rating (Join after 10/1/11 (25% off); 1/1/12 (50% off); and 4/1/12 (75% off))	\$
TOTAL 2011 / 2012 DUES	\$

Dues are payable in full with your application. Alternatively, you may pay 25% with your application and the balance in equal quarterly installments, with the full balance due by March 15, 2012. Your signature indicates agreement to pay the full dues amount according to these terms.

Signature (required)

Date (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 (required).

FRANCHISE / CHAIN DISCOUNT:

If two or more certified agencies that are locally-owned franchises of a single home care company join the Alliance, dues for each franchise will be discounted according to the following formulae, but cannot reduce total dues below \$1,500:

If 2 agencies join, agency dues are discounted by 10%;
If 3 agencies join, dues are discounted by 15%;

If 4 agencies join, dues are discounted by 20%;
If 5 or more agencies join, dues are discounted by 25%

Note: Under most circumstances, the Franchise/Chain 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 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-four and six-tenths percent (84.6%) of agency dues for 2011/2012 are tax deductible. Fifteen and four-tenths percent (15.4%) 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.