

The voice for home care and hospice



**Rhode Island
Partnership for
Home Care
Membership
Application
Packet**

January 1
2012



A letter to the members on this last day of 2011:

Please accept my sincere wishes for a healthy, happy and prosperous new year. If 2012 is anything like its predecessor, it promises to be a year of change, challenge and opportunity.

As I reflect on the year and the work of the Partnership I feel a sense of accomplishment. Among our successes were these:

- Beat back an effort by the DHS to limit the number of home care providers through selective contracting
- Provided training, certification and strategic positioning for Integrated Home Based Chronic Care Management
- Introduced and passed CON legislation making it harder to obtain a home care or hospice license, thereby limiting the entry of new applicants and protecting your market share
- Hired a lobbyist who represents your interests on Smith Hill everyday of the legislative session
- Met with our Congressional Delegation on issues such as a proposal to require co-payments for Medicare home health, the impact of the face-to-face requirement, and strategies to combat fraud and abuse
- Advocated with the Attorney General's office to make nationwide criminal background checks and fingerprinting as affordable as possible for providers
- Provided training on preparing for ICD -10 and on initiating the face-to-face requirement in your agency. Began offering a series of teleconferences to expand the options for members.
- Negotiated discounts for products purchased through several vendors including Decision health and CHAMP
- Launched a new web site that gets hundreds of hits each month and links directly to your website
- Joined with the other New England states to offer the cutting edge, high quality New England Home Care Conference & Trade Show with hundreds of vendors and speakers and trainers of national caliber
- Was appointed by the Governor to represent you on the Health Care Reform Commission

- Began meeting with the Hospital Association to position home care as a key partner with the hospitals in helping them prevent re-hospitalization resulting in financial penalties beginning in 2014
- Engaged in ongoing dialogue with DHS around rate adjustment

As you can see the Partnership is working on your behalf. I hope that you see the value.

Benefits

By being a member your company stands out as one committed to integrity and ethical business practice (a benefit that is incalculable), you **save hundreds of dollars** on training, (the cost of attending the NE Conference or the Chronic Care Certification alone is \$300 more for non members); you **gain exposure** for your company by being linked to our website which has 1000 unique visitors each, month, hopefully generating referrals; you have **the expertise of a lobbyist** who knows your issues, knows all of our elected and appointed officials and is at the state house everyday; you get ***up to the minute information*** on issues facing our industry, saving you time to figure out where you should focus, and you have numerous opportunities to ***network and dialogue*** with colleagues who share your commitment to quality care and successful business.

Dues

During this fall the Board of Directors did an analysis of the RIPHC dues structure comparing it to the other New England states and to several other small states. By far Rhode Island was the lowest with dues. Most states calculate dues as a percentage of revenue; in Maine the mean dues are \$8,800; in New Hampshire, \$7500.00 and in Connecticut, an agency generating revenue between \$2.5 M and \$5M pays just under \$9,800.

The Board, in recognition of the escalating cost of doing business, cuts in reimbursement, and competing priorities, but in light of or many accomplishments and need for diligent advocacy, voted to make minor adjustments to the partnership dues for 2012.

1. Dues are lowered to \$2,000 for agencies with revenue below \$1M
2. Dues are increased by \$338.00 to \$3,000 for agencies with revenue over \$1M and under \$8M
3. Dues are raise by \$775.00 for agencies with revenue over \$8M

While no one likes to see and increase The Board felt that the value created by the Partnership over the last year and the challenges we face in the coming year, warrant the slight increase.

Going Forward

The New Year is starting up just where we left off. Constant change, bi-partisan politics, plans to revamp Medicare, a state budget that is certain to have an impact on home care, an effort by DHS to move most Medicaid clients into managed care and increased efforts by CMS and the OIG to address issues of fraud and abuse.

Our work this year will include:

- Legislation to require that telehealth be a reimbursable service
- Medicaid rate reform
- Revising CNA license renewal procedures
- Asserting the CON with the Health Services Council
- Convening a Private Duty Networking Group
- Forming a nonprofit affiliate to enable the partnership to apply for grants and possibly establish a scholarship for
- CNAs who wish to go to Nursing school

Attached you will find the 2012 Membership Application and Statement of Ethics. Please complete the application even if you are a current member, sign the Code of Ethics, and send a copy of your license(s) along with your payment by January 31, 2012.

To receive a 5% discount make payment in full by January 15th

You may also complete the application and pay through our secure online merchant account.

www.riphc.org click on the membership tab; become a member and follow the prompts.

It has been my pleasure to work for you this past year and I look forward to a productive 2012.

Cathy

Cathy S. Cranston

Executive Director



**Rhode Island Partnership
For Home Care, Inc**

A unified voice for home care and hospice

2012 Provider Membership Application

Agency Name: _____

Contact Person: _____

Title: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

SENIOR MANAGEMENT

ADMINISTRATION (CEO or Executive Director)

Contact Person: _____ **Title:** _____

Email: _____ **Phone:** _____

FINANCE (CFO)

Contact Person: _____ **Title:** _____

Email: _____ **Phone:** _____

CLINICAL DIRECTOR

Contact Person: _____ **Title:** _____

Email: _____ **Phone:** _____

EMERGENCY PREPERATION COORDINATOR

Contact Person: _____ **Title:** _____

Email: _____ **Phone:** _____

Pay in Full by January 20, 2012 and Receive a 5% Discount

LICENSURE- *Please submit a copy of your license(s) with this application*

License numbers(s) required for membership.

Home Nursing Care Company Name: _____

License # (s): _____

Certified Medicare Provider: Yes No

Medicare Provider #: _____

Home Care Agency Name:

License # (s): _____

Hospice Agency Name: _____

License # (s): _____

Medicare Provider # (s): _____

OWNERSHIP

Classification:

Individual/Sole Proprietor Corporation Non-Profit Other _____

Name of Owner: _____

ACCREDITATION *(Check all that apply)*

ACHC CAHC CHAP NAHC TJC OTHER: _____

SERVICES OFFERED *(Check all that apply)*

Skilled Nursing Home Health Aide Personal Care Services Homemaker
 Medical Social Worker Private Duty Nursing PT OT Respite Care

Hospice Case Management Other _____

ANNUAL MEMBERSHIP DUES CALCULATION *(Please check revenue level below)*

Revenue Level	Prior Year Patient Service Revenue	2012 Provider Agency Dues Amount
	\$0 - \$1,000,000	\$2,000
	\$1,000,001 - \$7,999,999	\$3,000
	Above \$8,000,000	\$4,000

***If you are an out-of-state provider please calculate your dues based on revenue generated in Rhode Island.**

***Gross Revenue** is the total income from patient services not including grants and donations.

We agree to pay our dues by the following payment schedule:

Annual

1 payment due January 31, 2012

Semi-Annual

1st payment due by January 31, 2012

2nd payment due by July 31, 2012

Quarterly

1st payment due January 31, 2012

2nd payment due April 31, 2012

3rd payment due July 31, 2012

4th payment due October 31, 2012

Pay in Full by January 20, 2012 and Receive a 5% Discount

PAYMENT AGREEMENT - *Application must be signed and dated*

Membership Dues to the Rhode Island Partnership for Home Care, Inc. are not deductible as charitable contributions for Federal Income Tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense except for the percentage of dues used for lobbying by the Rhode Island Partnership for Home Care, Inc. The non-deductible percentage of dues is estimated to be approximately 20%.

In accordance with the FCC Regulations, I give the Rhode Island Partnership for Home Care, Inc. permission to fax and/or email me or my organization/company, in order to provide me with the information on future Rhode Island Partnership for Home Care, Inc. events, services or other activities.

I understand that our agency is expected to honor this membership commitment through the end of the dues/calendar year. Thus, notwithstanding a semi-annual or quarterly payment plan, membership dues are deemed due and owing in full on January 31 of the applicable year for existing members renewing membership and the date membership is effective for new members. Thus, if a member terminates membership at any time during the applicable year, any and all outstanding unpaid dues for the year shall be due in full upon resignation or termination of membership. No refund of any portion of membership dues for an applicable year shall be made to any member upon resignation or termination of membership.

I hereby certify, to the best of my knowledge and belief, that the information contained in this Membership Application, including but not limited to financial information submitted in support of the determination of membership dues, is true and accurate.

I agree to be bound by the terms and conditions of membership, including but not limited to the terms of this payment agreement.

Authorized Signature: _____

Print Name: _____ **Date:** _____

Payment:

Total Amount Due: _____ **Amount of First Payment:** _____

Check Number: _____

Credit Card: **Visa** **MasterCard** **American Express**

Credit Card Number: _____

Expiration Date: _____ **CVV#** _____

Address on Card: _____

Name on Card: _____ **Signature of Cardholder:** _____

**Please return application, payment information, Statement of Ethical Values and copy of license(s) to:
Cathy S. Cranston, Executive Director, Rhode Island Partnership For Home Care, Inc. 57 Kilvert Street, Suite
101, Warwick, Rhode Island 02886**

The Rhode Island Partnership for Home Care (RIPHC) was founded in 1990 to encourage the development and delivery of quality home care and hospice services throughout the State of RI.

RIPHC believes that the highest standards of patient care and integrity in business practices are the most effective ways to establish and retain public confidence.

RIPHC members strive for quality in service delivery and commit themselves to maintaining the highest of ethical standards.

As the voice for the homecare and hospice industry RIPHC is committed to ensuring that the culture of the industry is grounded in ethical behavior and fair practices. As a guide toward that commitment RIPHC has developed a Code of Ethics to which its members prescribe. The Code is intended as a broad statement to the public, government entities and other stakeholders of the high standards to which RIPHC members aspire; it is not to be construed as establishing minimum standards for the care, safety, or any other obligation both legal and moral to which its member agencies are accountable.

Our beliefs:

- The value of community based care
- The right of the consumer to access to services
- That the consumer has the right to select the provider of her/his choice
- The customers right to privacy
- That all consumers should receive safe and appropriate services
- That the provider staff should be qualified, reliable and competent

IN FURTHERING THOSE BELIEFS RIPHC MEMBERS WILL:

1. Maintain current licensure / certification by the state of RI and or other government entities as required and will provide care within the scope of professional standards of practice and /or applicable laws and regulations;
2. Provide prompt, reliable, and effective home care, hospice services and products appropriate to each individual's needs, health and safety;
3. Promote actions that build trust with customers and public officials;
4. Serve each individual without discrimination;
5. Instruct each individual and/or caregiver, in appropriate self-management and operation of the services and equipment provided;
6. Explain fully and accurately each individual and /or caregiver's rights and responsibilities with regard to home care services and products;
7. Respect the privacy and confidentiality of patients/customers and refrain from disclosing information except as permitted by law or regulation;
8. Employ staff that have been screened through reference and criminal background checks and who continue to improve their knowledge and skills;

9. Comply with applicable federal, state and local laws and regulations;
10. Respect and support patient freedom of choice;
11. Act in good faith; follow sound business practices and represent services and products accurately and truthfully.

GUIDELINES FOR MEMBER AGENCIES:

A. CLIENT RIGHTS

1. The client shall be fully informed of his/her rights and responsibilities.
2. The client has the right to professional and appropriate care relating to physician orders.
3. The client has the right to privacy and confidentiality.
4. The client has the right to be informed within reasonable time of anticipated termination of service or plans for transfer to another agency.
5. The client has the right to be informed of the agency grievance procedures and will not face recrimination if they voice their concerns.
6. The client has the right to be fully informed of the agency's policies, availability, and charges for services, including eligibility for third party reimbursement.

A. RELATIONSHIPS WITH OTHER PROVIDERS

1. Agencies will cooperate in providing information about referrals and work together when necessary to assure comprehensive services tailored to the consumers' needs.
2. A member or its employees shall not knowingly initiate contact with a client currently treated by another home care provider for the purpose of attempting to persuade the client to change home care providers.

B. RESPONSIBILITY TO THE RI PARTNERSHIP FOR HOME CARE

1. Cooperation among members in attaining the RIPHC goals and adherence to the RIPHC mission, bylaws and procedures.
2. Members shall promptly and accurately pay all dues owed for membership, and shall participate and contribute time and expertise to foster a vibrant, progressive organization from which all members can benefit.

C. FISCAL RESPONSIBILITIES

Agencies will perform in an ethical manner and be fiscally responsible to clients, third party payers and the Partnership.

D. MARKETING AND PUBLIC RELATIONS

Members shall present facts honestly and accurately to the public and to elected and regulatory officials.

E. QUALITY ASSURANCE

Each agency will have in place, a process for monitoring quality of services.

F. PERSONNEL

Agencies shall be equal opportunity employers and comply with all applicable laws, rules and regulations.

G. VIOLATIONS

Members who have been determined to have violated the Code of Ethics may be subject to suspension and/or expulsion from the RI Partnership for Home Care.

HEARING PROCESS:

In the event of an apparent breach of conduct reflected in this Code of Ethics the Executive Committee of the Board of Directors will meet with the involved member who shall have the right to present any information or material to the committee.

The Committee, by majority vote, may recommend to the Board of Directors, suspension or expulsion of a member from the Partnership. The Board of Directors shall have the final determination on recommendations from the Executive Committee.

Attestation

I have received and read the Statement of Ethical Values:

<i>Name</i>	<i>Company</i>	<i>Date</i>

Adopted by the Board of Directors of the RI Partnership for Home Care on: 12/16/2010