



HomeCare
Association
of Arkansas

Membership Application

Agency Corporate Name: _____

d/b/a Name (if any) : _____

Principle Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Website (if any): _____

Add'l office addresses (if any): _____

Signed Attestation

By signing below, I hereby certify that, to the best of my knowledge and belief and after diligent review, all information provided in this application is accurate. In addition, based on my review of this application, my knowledge of the agency and inquiry of staff of the agency, this organization is in compliance with all the standards listed above, & the documentation provided in support of this application are true, correct and will remain in full compliance throughout any period of membership. I understand that the HomeCare Association of Arkansas relies on the truthfulness of this certification in granting membership, and if any falsification or inaccuracy in the information provided may be grounds for revocation of membership.

Name of Officer or Director: _____

Title: _____

E-mail: _____

Signature: _____ Date: _____

HomeCare Association of Arkansas

Personal Assistance Services Agency

Statement of Purpose:

In the absence of meaningful licensure requirements for home care providers in Arkansas, the Home Care Association of Arkansas has established these Membership Standards as a means to promote quality services, ethical business standards, and superior employment practices. The goal of these standards is to ensure that the clients served by agencies with membership in the Home Care Association of Arkansas receive safe, competent, quality, and respectful home care services.

Membership Standards Overview

Since Arkansas does not offer a specific license for Personal Assistance Services Agencies (PAS), the HCAA created a Personal Assistance Services Agency Membership Standard Program in December 2013 to establish operational and quality standards equivalent to licensure in most other states.

The program includes fourteen standards relating to: client rights, privacy, and complaint procedures; protections against abuse; fair employment practices; caregiver background screening; competency, training and supervision; insurance coverage; and compliance with all applicable federal, state & local laws.

To become a member, agencies must present documentation to the HCAA; these documents are then carefully reviewed by the HCAA executive director and the executive committee for proof of compliance. Membership is only for agencies that meet or exceed all fourteen standards.

Membership is not the only indicator of an agency's competence. It is a new standard, and some agencies are currently in the process of receiving it or have not yet applied. Additionally, all Medicare and Medicaid certified agencies have met strict standards established by the federal government.

Benefits of Membership:

The standards allow agencies to demonstrate that they meet high standards of quality. It:

- Shows clients and families that your caregivers are direct employees and that you carry workers' compensation, liability insurance, and an employee dishonesty bond.
- Demonstrates that your caregivers receive background checks, screening, and proper training for their job.
- Proves your commitment to following ethical and legal guidelines in your business operations.
- Provides a competitive edge in the marketplace and can contribute to securing new business.
- Enhances staff recruitment and development by showing your commitment to fair labor standards.
- Provides members a voice that advocates governmental policies beneficial to the industry.

Membership agencies receive recognition in several ways:

- Use of the HCAA membership logo for members in good standing to show your commitment to quality on your website, brochures, and stationary.
- List on the HCAA website.
- “Find an Agency” function on the website, which enhances your visibility and credibility.

Applying for Membership

Membership is open to any personal assistance services agency that operates in Arkansas. The procedure for membership is as follows:

Any organization providing personal assistance services in Arkansas may apply for membership to the HCAA.

1. Applicant agency completes questionnaire and submits required documentation to the HCAA.
2. HCAA staff and Executive Committee review questionnaire & documentation within 30 days of receipt. If complete and satisfactory, membership is granted.
3. If the application is not complete, the HCAA will inform the applicant and request additional documentation; the applicant will be given 30 days to provide that additional or corrected documentation.
4. Any documentation submitted in support of the application for membership will be kept in confidence, accessible only to the HCAA staff and the executive committee for purposes of qualifying the membership. Any personal information should be redacted.
5. Membership fee must accompany the completed questionnaire.
6. Membership is re-validated every 3 years.
7. During the membership, the agency should notify the HCAA within 30 days of any change in the agency name, mailing address, or branch location(s).
8. If an agency changes ownership, the new owner/officer must submit to the HCAA a completed and signed Certification and Attestation form within 30 days. Failure to do so may result in the loss of membership.
9. In the event of a conviction of any criminal activities by an agency, the HCAA has the right to terminate the agencies membership and the agency must wait 2 years before submitting a new application.
10. An agency can voluntarily withdraw from membership at any time by submitting a written notification to the HCAA.
11. The terms and requirements of membership may be amended at any time by the Board of Directors of the Home Care Association of Arkansas. Any such changes become effective immediately for new agencies, and upon renewal for member agencies.

Membership Q & A

1. What regulations apply to home care agencies in Arkansas?

All businesses in Arkansas are subject to regulation by the Secretary of State's office. Additionally, all agencies that accept Medicare/Medicaid dollars are required to pass rigorous federal standards. However, *Arkansas does not have any specific regulations or standards for home care agencies that do not accept Medicare/Medicaid dollars.* These agencies are also known as Personal Assistance Services Agencies.

2. How are Personal Assistance Services Agencies different from Medicare Certified Agencies?

They operate under completely different business models and offer different services.

Medicare Certified agencies can bill Medicare/Medicaid for their services, and many accept *only* Medicare patients. To qualify for Medicare reimbursement, patients must be 1) home-bound, 2) on an intermittent basis have skilled medical need requiring a nurse or other trained professional, and 3) be under a doctor's ordered plan of care have a doctor's order verifying these first two.

Personal Assistance Services agencies cannot bill Medicare, but accept pay from a variety of other sources, including private insurance programs, and out-of-pocket. All of this gives private care agencies far greater flexibility than their licensed and certified cousins.

All other situations and circumstances must be paid through other means. This is where Personal Assistance Services Agencies can help.

3. What standards must an agency pass to become an HCAA Member?

To become a member, an agency must meet fourteen specific standards concerning their business operations and caregiving staff.

Agencies must:

- a. Have a written privacy policy;
- b. Provide clients with a written service agreement;
- c. Have procedures to respond to complaints and/or abuse;
- d. Directly employ & properly pay its staff;
- e. Properly train & supervise its staff;
- f. Be available 24/7 in case of an emergency;
- g. Conduct criminal background checks on all employees;
- h. Maintain general & professional liability insurance;
- i. Adheres to all other federal, state, and local laws;

The full standards are [available for download](#). Only agencies that meet all fifteen standards are offered membership.

4. How does an agency become a Member?

Agencies can apply for membership by submitting documentation to the HCAA that demonstrates their compliance with the membership standards. The applications are carefully reviewed by the executive director of HCAA and the executive committee. Membership is granted only after this review, and agencies are required to renew their membership at least every three years.

5. Who developed the standards?

The standards were developed and approved by a task force composed of directors from across Arkansas including personal assistance services agency directors. The task force members are all industry leaders with in-depth knowledge and experience in managing home care programs and who share a commitment to providing high quality services.

6. What about Personal Assistance Services agencies that are not members?

The HCAA membership program is entirely voluntary, so agencies are under no compulsion to participate.

7. How do I know if an agency is a member of the HCAA?

A full list of membership agencies is [available on the HCAA website](#). Also, HCAA members are authorized to use the HCAA logo on any materials.

8. Can Medicare Certified Agencies receive membership?

Yes, Medicare Licensure Certification is more rigorous than HCAA membership standards, so they are eligible for membership.

9. What is the Home Care Association of Arkansas?

The HCAA is a non-profit trade association that has promoted home care as an integral part of the health care delivery system for over 32 years. To learn more about us, visit www.homecareassociationarkansas.org



Personal Assistance Services Agency Membership Standards

- 1.) The agency has and utilizes a written Information Security Policy to safeguard the personal, health and financial information about their clients and employees consistent with the requirements of Arkansas law.
 - Required Documentation: Copy of privacy policies for client and employee data.

- 2) The agency establishes a Plan of Care for each client, in consultation with the client and/or client representative. The plan shall include: the type and/or scope of services provided; identification of any functional limitations of the client and their relevance to the Plan of Care; any information received from the client and/or client representative regarding the physical and cognitive status of the client that may be relevant to the Plan of Care. The client or client representative receives a written copy of the service plan and an explanation of the cost of services. Service plans are reviewed periodically.
 - Required Documentation: Copy of standard Client Services Agreement form or policy.

- 3) The agency has and uses a procedure to accept, investigate and respond to client or employee complaints. Written information about this procedure is available to clients and employees upon request.
 - Required Documentation: Copy of complaint policy and written notice to clients and employee grievance policy.

- 4) The agency ensures and documents training all staff on identifying and reporting suspected elder abuse and follows a written procedure to respond swiftly whenever client abuse is observed, suspected or alleged in accordance with ACA 12-12-1708.
 - Required Documentation: Copy of elder abuse reporting and investigation policy.

- 5) The agency directly employs all client service staff and maintains Workers Compensation insurance for all employees.

- Required Documentation: Declarations page of current Workers Compensation insurance policy.
- 6) The agency maintains a payroll process which includes prompt payment at established rates for all work performed, reporting of employment wages to the appropriate governmental agency, collecting state and federal withholding payroll taxes, and payment of these taxes and all other state and federal payroll taxes to the appropriate governmental agencies.
- Required Documentation: Complete the Signed Attestation on the Membership Application.
- 7) The agency ensures that, prior to assignment; any employee who provides client services has received training for each task to be performed for the client. In addition, all client service employees will have received training and orientation in the following areas:
- a) Confidentiality/privacy and Clients rights, and
 - b) Observation, reporting and documenting changes in client needs and environment
- Required Documentation: Copy of new hire checklist or orientation outline.
- 8) The agency ensures that all employees whose duties include assistance with personal care have met one of the following training or equivalency requirements:
- a) Successful completion of a 40-hour in-home assistance course or otherwise exempted or certified in accordance with ACA 20-77-2303 (Rules attached), or
 - b) Successful completion and currently certified as a Certified Nursing Certificate or Home Health Aide.
- Required Documentation: Copy of policy regarding training requirements or job descriptions that indicate training requirement.
- 9) The agency ensures that all employees who provide personal care for clients are competent in the following areas:
- a) Observing, reporting and documenting the care provided to their client, and
 - b) Understanding of their client's base level of function and the appropriate reporting of changes in function, and
 - c) Understanding of the needs of their client in order to maintain that client at his/her optimal level of functioning, and
 - d) Safe and appropriate techniques in the provision of care for the safety and wellbeing of both the client and employee.
- Required Documentation: Copy of competency assessment tool or checklist.

10) The agency ensures that supervisor(s) are accessible by telephone during any hours that client service workers are providing service and that employees know how to contact them in an emergency.

- Required Documentation: Copy of emergency contact policy.

11) The agency conducts on-going quality assurance/supervision visits for all client service workers on a regular basis.

- Required Documentation: Copy of supervision policy or form.

12) The agency conducts background checks upon hire for all employees, including:

- a) SSN Trace, and
- b) 7-Year Criminal Search, and
- c) Multi-state Criminal Check, and
- d) Nationwide Sex Offender Registry Check, and
- e) DMV Driving Records, and
- f) Verification of at least two professional references, and
- g) Verification of work history, and
- h) Verification of eligibility to work in the U.S.

- Required Documentation: Copy of background check policy and employee hire checklist.

13) The agency maintains liability insurance, including coverage of at least the following:

- a) General and Professional Liability: \$1 million per occurrence/\$3 million aggregate
- b) Automobile Liability: \$1 million per occurrence (if clients are transported)
- c) Physical/Sexual Abuse: \$250,000 per occurrence

- Required Documentation: The declarations page of the current insurance policy.

14) The agency conducts business in accordance with fair business practices and complies with all applicable federal, state and local laws and regulations.

- Required Documentation: Complete the Signed Attestation on the Member Application