



Personal Services Agency 101

Sponsored by:



January 15-16, 2019

8:30 am - 4:30 pm Eastern

IAHHC Conference Room

6320-G Rucker Road, Indianapolis, IN

Private Duty ♦ Non-medical Home Care ♦ Attendant Care ♦ Companion/Homemaker Services

Does your company provide any of these services? Are you looking to buy or start a home care company? If so, then PSA 101 is designed for you!

This two-day course will show you what it takes to get started with a legal, quality-focused Personal Services Agency. If you are not an IAHHC member, join now. Not only will you get the member rate for this program, but you will get advice, advocacy and member benefits to help make you successful.

Presenters:

PSA Overview: Evan Reinhardt · **Legal:** Robert Markette · **Finance:** Pauline True · **Marketing:** Emily Tisdale

Program highlights: *Best Practices ♦ Services ♦ Forms ♦ Policies ♦ Reimbursement ♦ Statute*

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|--|-----------------------|----------------------|
| ♦ Personal Services Agency intro | ♦ Waiver and CHOICE | ♦ Labor Law |
| ♦ Overview of a PSA | ♦ What is it? | ♦ Administrative Law |
| ♦ How it fits into the continuum of care | ♦ Application process | ♦ Marketing 101 |
| | ♦ Requirements | ♦ Billing |
| ♦ Licensure | ♦ Audits and appeals | ♦ Staffing |
| ♦ Applying for a license | ♦ Billing for Waiver | ♦ Recordkeeping |
| ♦ Requirements | ♦ Corporate Structure | ♦ Payroll |
| ♦ Documentation and Forms | ♦ Wage and Hour | ♦ Taxes |

Cancellation/No Show Policy

There are no refunds 10 days prior to the program date. All refunds will have a \$25 processing fee. **No Shows will be charged the full amount of the program.** If you are unable to attend, you may send a substitute. Please contact the IAHHC Office with the person's name.

Registration Fee (Per Person)

PSA/Voting Member	\$450
Associate Member	\$800
Non-member	\$1250

Hotel Information

Drury Plaza Hotel Indianapolis Carmel- 9625 N Meridian St, Indianapolis, IN 46290

Room Rate
\$119/night

Reservations: Corporate Code- **328511**

You may reserve online [here](#), then enter the above Corporate Code. If you have any issues, please call the IAHHC office and ask for Tori.

Company _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Name _____ Email _____

Name _____ Email _____

Method of Payment: Check (payable to **IAHHC**) Visa MasterCard

CC# _____ - _____ - _____ - _____

Security Code _____ Expiration Date ____ / ____ **Amount Due \$** _____

Name on Card _____ Signature _____

Mail: IAHHC, 6320-G Rucker Road, Indianapolis, IN 46220
Fax: (317) 775-6674

Register Online: www.iahhc.org
For more information: (317) 775-6675 or tori@iahhc.org