Personal Services Agency 101

IAHHC Conference Room
6320-G Rucker Road, Indianapolis, IN

Sponsored by: McGowan Insurance Group

July 28-29, 2020
8:30 am - 4:30 pm Eastern

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

- Personal Services Agency intro
  - Overview of a PSA
  - How it fits into the continuum of care
- Licensure
  - Applying for a license
  - Requirements
- Documentation and Forms

- Waiver and CHOICE
  - What is it?
  - Application process
  - Requirements
  - Audits and appeals
  - Billing for Waiver
  - Corporate Structure
  - Wage and Hour

- Labor Law
  - Administrative Law
  - Marketing 101
  - Billing
  - Staffing
  - Recordkeeping
  - Payroll
  - 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 $120/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
Billing Address
City ___________________________ State _______ Zip Code __________
Telephone ______________________ Fax __________________________
Name __________________________ Email ________________________

Company Billing Address
City ___________________________ State _______ Zip Code __________
Telephone ______________________ Fax __________________________
Name __________________________ Email ________________________
Name  
Email  

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

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