



*Everything you need to continue living in your own home*

## **Provider Application Materials**

Dear Provider:

Thank you for your interest in becoming a Live At Home Solutions Provider.

Live At Home Solutions is administered by the Saline County Commission on Aging. It is a collaborative program of information, referral and care management aimed at helping older and disabled Adults in Salina and Saline County live in their home of choice as independently as possible.

Older and disabled adults, or their caregivers, can make one call to Live At Home Solutions and be connected with a wide range of services: home health care, housekeeping, meals, home maintenance and repair, and more. If you provide any of the services listed on the enclosed application, we encourage you to become part of the Live At Home Solutions referral network.

### **By becoming a participating provider in the Live At Home Solutions Network:**

\* Providers have new customers referred to them by Live At Home Solutions staff and by other network providers. Participating providers benefit from Live At Home Solutions advertising, marketing and networking activities;

\* Providers are listed as a network provider in printed materials and on the Live At Home Solutions public website, and receive referrals from the website;

\* Providers enhance the credibility and public perception of their organization by participating in a collaborative community service;

\* Customers need more services than any single provider can supply. By participating in Live At Home Solutions, providers make it easier and more convenient for customers to get all the services they need to live as independently as possible.

## **How to become a Live At Home Solutions Network Provider**

1. Complete and submit the enclosed Provider Application form.
2. Your application will be reviewed by Live At Home Solutions and either approved or denied. If approved, you will be invited to sign a Participating Provider Agreement.
3. Complete and submit the Participating Provider Agreement with all exhibits.
4. That's it! Your information will be added to the Live At Home Solutions website and included in all information and referrals. You will also become a member of the Live At Home Solutions Provider Association.

# Live at Home Solutions Provider Application

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State Zip Code \_\_\_\_\_

Billing Address, if different: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

If you have a mission statement, purpose statement or marketing slogan, please list below or attach copies of any relevant printed materials:

\_\_\_\_\_  
\_\_\_\_\_

Are You Licensed?  Yes  No  N/A

If yes, please attach a copy of your current license(s).

## References From Customers You Have Served (Please include a person's name and phone number for each reference)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Service Provided: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Service Provided: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Service Provided: \_\_\_\_\_

# Check Each Service Category In Which You Wish To Be Listed

(for each category checked, please attach a brief description of the services you provide)

\_\_\_ **Adult Day Services:** Social and health services for adults who need supervised care in a safe place during the day, while providing relief for the primary caregiver

\_\_\_ **Auto Maintenance & Repair:** Vehicle upkeep and repair services.

\_\_\_ **Counseling:** Licensed counseling for grief, addictions, depression, or other illnesses and conditions

\_\_\_ **Emergency Alert:** Telephone support in case of an emergency

\_\_\_ **Handyman/Contractor Services:** Help with odd jobs, home maintenance & repairs, painting, plumbing, electrical, accessibility modifications (complete additional information sheet)

\_\_\_ **Home Health:** Professional in-home nursing care and rehabilitation services

\_\_\_ **Homemaker Services:** Housekeeping, laundry, meal preparation, errands, grocery shopping, personal transportation, in-home respite/companion care

\_\_\_ **Hospice:** Comprehensive care and support for those coping with terminal illness

\_\_\_ **Medical Equipment:** Grab bars, bath benches, walkers, respiratory supplies, lift chairs and other durable medical equipment and supplies

\_\_\_ **Money Management:** Handling bank accounts, paying bills, managing debt, making financial decisions

\_\_\_ **Parish Nurse:** Registered nurse providing services primarily or exclusively for the members of a specific church or congregation

\_\_\_ **Personal Care:** Help with bathing, dressing, toileting, taking medications and other daily activities

\_\_\_ **Pharmacy:** Licensed pharmacy services

\_\_\_ **Prepared Meals:** Nutritional meals that are prepared, packaged, and delivered to the customer's home or prepared in the customer's home

\_\_\_ **Respite Care:** Short-term (overnight or several days) residential care provided in a licensed facility or in the customer's residence.

\_\_\_ **Support, Education & Self-Help:** Programs and activities intended to help and support those with chronic illness or disability and/or their caregivers

\_\_\_ **Transportation:** Public transportation (fixed route or door-to-door), taxi service, and inter-city transportation

\_\_\_ **Yard Work:** Mowing, trimming, landscaping, watering & gardening.

**Please attach a brief description of the services you provide for each category checked above.**

**Live At Home Solutions**  
**Additional Information for Handyperson/Contractor Applications**

Types and Amounts of Insurance Carried: \_\_\_\_\_

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City of Salina License or Registration # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Place an X Next to All Services that You Provide**

- |   |  |
|---|--|
| <input type="checkbox"/> Bathroom Repairs | <input type="checkbox"/> Concrete                    |
| <input type="checkbox"/> Doors            | <input type="checkbox"/> Drywall                     |
| <input type="checkbox"/> Electrical       | <input type="checkbox"/> Fencing                     |
| <input type="checkbox"/> Flooring         | <input type="checkbox"/> Maintenance Inside /Outside |
| <input type="checkbox"/> Painting         | <input type="checkbox"/> Plumbing                    |
| <input type="checkbox"/> Roofing          | <input type="checkbox"/> Yard Work                   |
| <input type="checkbox"/> Snow Removal     |  |

Accessibility Modifications

- |  |  |
|--|--|
| <input type="checkbox"/> Grab Bar/Railing Installation | <input type="checkbox"/> Door Widening               |
| <input type="checkbox"/> Ramp Construction             | <input type="checkbox"/> Walk-In Shower Installation |

Do You Provide Free Estimates?     Yes     No

Additional Comments about the Services That You Offer:

## Live At Home Solutions – Annual Participation Fee

Providers whose application to become a Live At Home Solutions Participating Provider is approved and who sign a Participating Provider Agreement agree to pay the following annual participation fee.

<b>Provider Category (descriptions below)</b>	<b>Participation Fee</b>
Medical	\$50/year
Non-Medical In-Home	\$50/year
Other	\$20/year

### Participating Provider Categories

The provider network includes a wide range of services and organizations. Participation fees are based on three different provider categories: Medical, Non-Medical In-Home, and Other. In addition, there is a fourth non-fee paying category for services that do not generate income.

**Medical Category** = Services that generally require a medical license and/or that require a licensed health professional. Examples of such services: Adult Day, Assisted Living, Counseling, Durable Medical Equipment, Home Health, Hospice, Pharmacy, Respite, Rehabilitation, Skilled Nursing.

**Non-Medical In-Home Category** = Services that are generally provided to help customers with Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs). ADLs include walking, transferring, dressing, eating, drinking, personal hygiene, and taking medication. IADLs include driving, preparing meals, doing housework, shopping, managing finances, managing medication, and using the telephone. Non-Medical In-Home Category services include: Care Management, Homemaker (housekeeping, laundry, shopping, meal preparation, companion/sitter), Money Management, Delivered Meals, Personal Care (bathing, dressing, eating, transferring, etc.).

**Other Category** = Services that don't fit in either of the above groups. Examples: Chore Services, Home Repair/Maintenance, Lawn Care, Snow Removal, Personal Emergency Alert System, Transportation, Independent Living Apartments, Auto Repair.

Some organizations provide services in more than one category. In such cases, the Participating Provider will only pay one annual participation fee for the highest level of service provided.

**Services That Do Not Generate Fees or Reimbursements:** Some providers offer services in a manner that does not generate income for the provider. Examples include volunteer-based services, most parish nurse services, free insurance counseling services, support groups, etc. Such providers are not required to pay an annual participation fee in order to be listed as a Participating Provider, but they are required to submit a Provider Application form for review and approval.