STATE OF MARYLAND

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MARYLAND HEALTH CARE COMMISSION

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MEMORANDUM

TO: Commissioners

Amedisys Maryland LLC d/b/a Amedisys Hospice of Greater Chesapeake
BAYADA Home Health Care, Inc. d/b/a BAYADA Hospice
Montgomery Hospice, Inc.
P-B Health Home Care Agency, Inc.

FROM: Michael O'Grady, Ph.D.
Commissioner/Reviewer

RE: Recommended Decision
Prince George's County Hospice Review:
Amedisys Maryland LLC d/b/a Amedisys Hospice of Greater Chesapeake (Docket No. 16-16-2382)
BAYADA Home Health Care, Inc. d/b/a BAYADA Hospice (Docket No. 16-16-2383)
Montgomery Hospice, Inc. (Docket No. 16-16-2384)
P-B Health Home Care Agency, Inc. (Docket No. 16-16-2385)

DATE: March 1, 2019

Enclosed is my Recommended Decision in my review of Certificate of Need ("CON") applications submitted by Amedisys Maryland, LLC d/b/a Amedisys Hospice of Greater Chesapeake ("Amedisys"), BAYADA Home Health Care, Inc. d/b/a BAYADA Hospice ("Bayada"), Montgomery Hospice, Inc. ("Montgomery Hospice"), and P-B Health Home Care Agency, Inc., to provide general hospice services to residents of Prince George's County. Amedisys and Montgomery Hospice already provide hospice services in Maryland and each seeks to expand its existing service area to Prince George's County. Bayada provides home health agency services in Maryland and hospice services in other states. P-B Health is not a current provider of hospice services in Maryland or any other state, but is a licensed home health agency in Maryland. P-B Health is seeking entry into the hospice services market.

Amedisys has provided hospice services in Baltimore City, Baltimore County, Harford County, and Cecil County since 2009, and proposes to expand its hospice services into Prince George's County.

Bayada provides home health agency services in Maryland and 21 other states, and is not currently a provider of general hospice services in Maryland; however, it is a hospice provider in Vermont, New Hampshire, Pennsylvania, and New Jersey.

Montgomery Hospice has provided general hospice services in Montgomery County since 1981. It also operates Casey House, a 14-bed general inpatient hospice facility in Derwood, Maryland in Montgomery County.

P-B Health is a proprietary home health agency headquartered in Baltimore, Maryland. It was Medicare and Medicaid-certified in 1994 and is authorized to provide home health agency services in Baltimore City, and Baltimore, Howard, and Anne Arundel Counties. P-B Health's proposed project in Prince George's County would be its first general hospice services program.

Prince George's County had the seventh lowest hospice use rate[1] among the 24 Maryland jurisdictions in 2014. Prince George's County's use rate was 28% in 2014, which was well below the Maryland's statewide use rate of 43%. Both Prince George's County and the State hospice use rate trailed the Medicare Payment Advisory Commission's 2016 estimated national hospice use rate of 48%.

I have considered the entire record in this review and, with the applicants' agreement, conducted a Project Status Conference in writing to identify and facilitate changes that each applicant needed to make to achieve an approvable project. The applicants responded as needed, and I have determined that each of these four applications complies with the standards in COMAR 10.24.13 ("Hospice Services Chapter"), the applicable chapter of the State Health Plan for Facilities and Services ("State Health Plan"), and with CON review criteria.

For these reasons, I recommend that each of the applications for Certificates of Need to provide general hospice services, submitted by Amedisys and Montgomery Hospice to expand their hospice service areas to Prince George's County, and submitted by Bayada and P-B Health to establish new Maryland general hospice programs in Prince George's County, is **APPROVED**, with conditions that each:

1. Prior to first use approval, provide documentation of its links with hospitals, nursing homes, home health agencies, assisted living providers, Adult Evaluation and Review Services, Senior Information and Assistance Programs, adult day care programs, the Prince George's County Department of Social

[1] Use rate is the ratio of county resident deaths of enrolled hospice patients to total county resident deaths for persons aged 35 and older.

Services, and home delivered meal programs located within Prince George's County; and

2. Prior to first use approval, provide documentation of its system for providing respite care for the families and other caregivers of patients.

Interested Parties

No person who is not an applicant requested interested party status. Each applicant in this comparative review could have qualified, by virtue of its status as an applicant, to be an interested party in opposition to one or more of the other applications. Amedisys, Bayada, and Montgomery Hospice filed comments in opposition to the other applications in this review. For this reason, I recognized them as interested parties in this review.

Background

As I noted earlier, the latest data available shows that Prince George's County has among the lowest hospice use rates among the State's jurisdictions. It is also one of the most populous jurisdictions in the State. This combination of a low hospice use rate and a large population means that there is significant potential benefit if new hospice entrants can raise hospice use rates. Thus the need methodology described in the Hospice Services Chapter targeted Prince George's County as a jurisdiction that should be opened to applications for additional hospice providers. Eight general hospices provide services in Prince George's County, three of which accounted for about 76% of total hospice clients in the County in 2016.

Recommendation

My review of the four applications and the entire record resulted in my finding that each applicant met all applicable Hospice Services Chapter standards and CON review criteria, but only after each applicant made certain modifications that enabled me to find it in compliance. As detailed in my Recommended Decision, I conducted a Project Status Conference in writing in this review because each applicant did not initially meet all applicable standards and criteria. I advised the applicants that I required that certain changes be made to each application before I could recommend its approval.

By separate letters, dated July 31, 2018, I advised each of the four applicants that it would need to make significant modifications to its charity care policy and procedure in order to comply with all subparts of the charity care and sliding fee scale standard. In addition, each of the four applicants needed to address other aspects of their applications.

Amedisys needed to correct its response that COMAR 10.24.01.08G(3)(e), Compliance with Conditions of Previous Certificates of Need, was not applicable, because it had received a prior CON to expand its home health services into Talbot County in July 2011. Amedisys needed to provide a corrected response to this criterion to address its conformance with the condition

placed on that approval, *i.e.,* to "annually provide charitable home health agency services equivalent in value to at least 0.4 percent of total expenses and document that it complied with this condition within six months of the close of each fiscal year." I also noted that, in its response to COMAR 10.24.01.08G(3)(d), Viability of the Proposal, Amedisys projected a ratio of nursing visits per patient day that was 50% higher than the statewide average while, at the same time, it projected a nursing productivity ratio (annual visits/full time-equivalent nurse) that was slightly lower than the Maryland hospice average. It also projected a cost per patient day that was considerably lower than the projections made by Bayada and Montgomery Hospice and that was just 87% of the State average. Based on my impression that these indicators were internally inconsistent, I asked Amedisys to explain or modify these aspects of its application.

Bayada needed to clarify how it would be providing the Minimum Services enumerated in the Hospice Services Chapter, COMAR 10.24.13.05C(1)-(2), *i.e.,* whether these services would be provided by Bayada employees or through contractual arrangements.

I recommended that Montgomery Hospice clarify how it would provide the Minimum Services enumerated in the Hospice Services Chapter. In addition, it needed to explain or revise certain statistical and financial projections that showed: (1) a cost/patient day significantly above the Maryland hospice average cost despite the fact that its high volume projections would be expected to facilitate economies of scale; (2) a ratio of nursing visits/patient day that was the lowest among the applicants – and only 70% of the Maryland hospice average; (3) a ratio of hospice aide visits/patient day that was just 56% of the Maryland hospice average; and (4) nursing and hospice aide productivity (measured as ratios of annual visits/FTE nurse and FTE hospice aide) that was just 53% and 43%, respectively, of the State average.

I determined that P-B Health needed to clarify how it would provide the Minimum Services as well as make changes to its response to the Admissions Criteria standard. Like Amedisys and Montgomery Hospice, it needed to explain or revise statistical and financial projections that appeared to be either internally inconsistent or at significant variance with State averages. For example, projections related to nursing productivity showed it to be 143% of the average of hospices in Maryland, while its cost per patient day was approximately half of the State average, and its ratio of hospice aide visits/patient day was just 56% of the State average.

Each applicant submitted a modified application that I found satisfactory. The modifications by each of the four applicants allowed me to find that each applicant met the applicable standards in the Hospice Services Chapter and the CON review criteria and led to my conclusion to recommend approval of each application to provide general hospice services in Prince George's County.

Further Proceedings

This matter will be placed on the agenda for the meeting of the Maryland Health Care Commission on March 21, 2019, beginning at 1:00 p.m. at 4160 Patterson Avenue in Baltimore. The Commission will issue a final decision based on the record of the proceeding.

As provided in COMAR 10.24.01.09B, "each applicant and interested party that ... submitted comments may submit written exceptions" to the enclosed Recommended Decision. Only Amedisys, Bayada, and Montgomery Hospice, the applicants that filed comments opposing other applications and that I recognized as interested parties, may submit exceptions regarding my findings or recommendation that the Commission approve the applications in this review. P-B Health may submit exceptions regarding my findings or recommendations regarding its application.

Exceptions must be filed no later than 4:30 p.m. on Friday, March 8, 2019. Written exceptions must specifically identify those findings or conclusions to which exception is taken, citing the portions of the record on which each exception is based. Responses to exceptions must be filed no later than 4:30 p.m. on Thursday, March 14, 2019. Each applicant must submit 30 copies of its exceptions and responses. Copies of exceptions and responses must be sent by email to the MHCC, all parties, and the Prince George's County Health Officer by these deadlines. Each party taking or responding to exceptions must also file 30 copies of written exceptions and responses to exceptions with the Commission by noon of the business day following the deadline.

Oral argument during the exceptions hearing before the Commission will be limited to 10 minutes per party filing exceptions and 15 minutes for each applicant that responds to exceptions, unless extended by the Chair or the Chair's designated presiding officer. The schedule for the submission of exceptions and responses is as follows:

Submission of Exceptions	Friday, March 8, 2019 No later than 4:30 p.m.
Submission of Responses	Thursday, March 14, 2019 No later than 4:30 p.m.
Exceptions Hearing	March 21, 2019 1:00 p.m.

cc: Ernest L. Carter, M.D., Ph.D., Acting Health Officer, Prince George's County

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IN THE MATTER OF PRINCE GEORGE'S COUNTY HOSPICE REVIEW	*	**BEFORE THE**
	*	**MARYLAND**
Amedisys Maryland LLC d/b/a Amedisys Hospice of Greater Chesapeake	*	**HEALTH CARE**
Docket No. 16-16-2382	*	**COMMISSION**
BAYADA Home Health Care, Inc. d/b/a BAYADA Hospice	*	
Docket No. 16-16-2383	*	
Montgomery Hospice, Inc.	*	
Docket No. 16-16-2384	*	
P-B Health Home Care Agency, Inc.		
Docket No. 16-16-2385	*	

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Reviewer's Recommended Decision

March 21, 2019

(released March 1, 2019)

Table of Contents

I. INTRODUCTION

A. Review Cycle

The Hospice Services Chapter of the State Health Plan for Facilities and Services ("Hospice Services Chapter"), at COMAR 10.24.13, adopted in 2013, includes a policy that allows consideration by the Maryland Health Care Commission ("MHCC" or "Commission") of applications seeking to expand the number of general hospice providers in larger jurisdictions with relatively low use of general hospice services. On the basis of this policy, in 2016, the Commission established review schedules for Prince George's County and Baltimore City. Four organizations submitted Certificate of Need ("CON") applications to provide general hospice services in Prince George's County.

B. The Applicants

Amedisys Maryland, LLC d/b/a Amedisys Hospice of Greater Chesapeake

Amedisys Maryland, LLC d/b/a Amedisys Hospice of Greater Chesapeake ("Amedisys") is a proprietary general hospice provider in Maryland and has been providing hospice care in Baltimore City, Baltimore County, Harford County and Cecil County since 2009. Although Amedisys is authorized to serve clients in Cecil County, it did not report serving clients in this jurisdiction in MHCC's 2016 hospice service survey. Amedisys is a subsidiary of Amedisys, Inc., a national hospice and home health provider which operates more than 400 Medicare-certified home health and hospice agencies (including 48 hospice providers) in 36 states, including Maryland. (DI # Amedisys ("A")3). The following table profiles service volume for Amedisys in the Maryland jurisdictions it reported serving in 2015 and 2016. Statewide, Amedisys reported an average length of stay of 60 days in 2015 and 58 days in 2016; it reported a statewide average daily patient census of 161 patients in 2015 and 137 patients in 2016.

Table I-1: Amedisys Hospice Services, 2015 and 2016

Jurisdiction	Baltimore City		Baltimore County		Cecil		Harford		Total	
	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016
Admissions	13	34	48	51	288	---	549	524	898	609
Patients served	13	51	50	100	330	---	609	754	1,002	905
Average length of stay (ALOS)	MHCC's hospice survey does not provide data that can be used to calculate ALOS by hospice at the jurisdictional level.								60	58
Average daily census (ADC)	MHCC's hospice survey does not provide data that can be used to calculate ADC by hospice at the jurisdictional level.								161	137

Source: MHCC 2015 and 2016 Hospice Public Use Data Set.

Bayada Home Health Care, Inc., d/b/a Bayada Hospice

BAYADA Home Health Care, Inc., d/b/a BAYADA Hospice ("Bayada") is a for-profit corporation that provides home health agency services in Maryland and 21 other states (https://www.bayada.com/offices/). Bayada is not a provider of general hospice services in Maryland but is a hospice provider in Vermont, New Hampshire, Pennsylvania, and New Jersey. (DI # Bayada ("B")3, pp. 7, 10).

On October 9, 2018, Bayada requested a determination of coverage to confirm whether a CON was needed "for an internal restructure that Bayada will undergo on December 31, 2018." (DI #B19a: Request for Determination of CON Exemption for Bayada Home Health Care, Inc. Home Health Agency License # HH7101 and HH7158). The end result of this restructuring would result in the sole owner of Bayada, Mr. Joseph Mark Baiada, transferring 100 percent of his ownership interest in Bayada to a to-be-formed 501(c)(3) non-profit corporation. This prospective Bayada restructuring would amount to a modification of Bayada's CON application more than 45 days after docketing, an action that would not be permitted under COMAR 10.24.01.08E.(2) unless the applicant in a comparative review gains the approval of each applicant in the review.[1] Bayada sought and received agreements from all of the other applicants in this review to allow Bayada to modify its application. (DI # B19b). Due to these agreements with the other three applicants, MHCC staff advised Bayada that CON review is not required for the planned acquisition and that Bayada's application in this review is modified. (DI #B20). On January 17, 2019, notice of, and opportunity for public comment on Bayada's modified application was posted on the MHCC website. (DI #B21). No comments were received.

Montgomery Hospice, Inc.

Montgomery Hospice, Inc. ("Montgomery Hospice") is a not-for-profit entity providing general hospice services in Montgomery County. Montgomery Hospice operates Casey House, a 14-bed general inpatient hospice facility in Derwood, Maryland. Montgomery Hospice's reported service activity in 2015 and 2016 is profiled in the following table. (DI #M3, p.6).

Table I-2: Montgomery Hospice Services, 2013 - 2016

	2013	2014	2015	2016
Admissions	1,229	1,160	1,348	1,188
Patients served	2,092	2,025	2,214	2,104
Average length of stay	66	72	66	71
Average daily census	341	342	358	397

Source: MHCC 2015 & 2016 Hospice Public Use Data Set.

P-B Health Home Care Agency, Inc.

P-B Health Home Care Agency, Inc. ("P-B Health") is a proprietary home health agency headquartered in Baltimore City, Maryland. P-B Health was Medicare and Medicaid-certified in 1994 and is presently authorized to provide home health agency services in Baltimore City, Baltimore County, Howard, and Anne Arundel. P-B Health is not currently a provider of hospice services in Maryland or any other state. P-B Health's proposed project in Prince George's County would be its first general hospice services program. (DI #P3).

[1] COMAR 10.24.01.08E.(2) provides that "[a]n application may be modified until the 45th day after docketing or as a result of a project status conference held pursuant to Regulation .09A(2) of this chapter. After the 45th day, a modification to an application in a comparative review not made as the result of a project status conference requires the consent of each applicant."

C. The Proposed Projects

The applicants are seeking CONs to provide general hospice services to residents of Prince George's County. Amedisys and Montgomery Hospice already provide hospice services in Maryland and each seeks authorization to expand its existing service area to Prince George's County. Bayada and P-B Health are not current providers of hospice services but both are providers of home health agency services in Maryland. Bayada has experience as a provider of hospice services in other states. Bayada and P-B Health would be establishing new general hospice programs with Prince George's County being the service area for these new programs.

The table below shows several key statistics from each applicant's application. The volume numbers are those projected in Year 3 of operation.

Table I-3: Project Budget Estimate and Utilization Projections, Year 1 and Year 3 of Operation
Prince Georges County Hospice Applicants

Applicant	Project Budget Estimate	Projected Admissions		Projected Average Length of Stay		Projected Average Daily Census	
		Year 1	Year 3	Year 1	Year 3	Year 1	Year 3
Amedisys	$38,000	77	168	45	65	10	52
Bayada	$131,000	41	259	60	75	9	53
Montgomery	$1,482,515	213	802	50	60	40	150
P-B	$105,000	50	169	60	60	7	25

Source: Applicants' Initial and Modified CON Applications. (DI # A1, A19; DI # B3, B18; DI # M3, M18; DI # P3, P18).

D. Background

There are presently eight general hospices providing services in Prince George's County. Three (Capital Caring, Hospice of the Chesapeake, and Seasons Hospice & Palliative Care) are dominant, accounting for over 76% of total hospice clients in 2016. (See Table III-1).

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Prince George's County had the seventh lowest hospice use rate (of 24 total Maryland jurisdictions) in 2014. This use rate is the ratio of county resident deaths of enrolled hospice patients to total county resident deaths for persons aged 35 and older. This ratio was 28% for Prince George's County. The statewide use rate in 2014 was 43%. The Medicare Payment Advisory Commission estimated that the national hospice use rate in 2016 was 48%.

E. Summary of Reviewer's Recommended Decision

I found that the proposed expansion of the authorized general hospice service areas of Amedisys and Montgomery Hospice to include Prince George's County complies with the applicable criteria and standards established for such projects. I also find that the proposed establishment of new general hospice programs by Bayada and P-B Health, with authorization of Prince George's County as the service area of these two new general hospices, complies with the applicable criteria and standards for such projects.

The need for additional hospice providers in Prince George's County has been established by the methodology included in the Hospice Services Chapter, COMAR 10.24.13, which, as noted, identifies the jurisdiction as one with exceptionally low observed use of hospice services and, as a result and because of its large size, has a substantial number of persons that could benefit from hospice services if the jurisdiction's population use rate can be raised. I also found that each applicant demonstrated a cost effective approach to meeting that need and that each applicant complied with the applicable standards in the Hospice Services Chapter. Finally, I found that each applicant's proposed project was viable, and that the impact of the proposed projects, individually and collectively, was acceptable and should not serve as an impediment to approval.

For these reasons, I recommend that the Commission **APPROVE** the applications for Certificates of Need to provide general hospice services, submitted by Amedisys and Montgomery Hospice to expand hospice service areas to Prince George's County, and submitted by Bayada, and P-B Health to establish new general hospice programs in Prince George's County, with the conditions that each:

1. Prior to first use approval, provide documentation of its links with hospitals, nursing homes, home health agencies, assisted living providers, Adult Evaluation and Review Services, Senior Information and Assistance Programs, adult day care programs, Prince George's County Department of Social Services, and home delivered meal programs located within Prince George's County; and

2. Prior to first use approval, provide documentation of its system for providing respite care for the families and other caregivers of patients.

II. PROCEDURAL HISTORY

A. Record of the Review

These four applications were filed on October 7, 2016. Only Montgomery Hospice required fewer than two rounds of completeness questions, and because this was to be a comparative review, staff waited until all applications were complete to docket them, which occurred on April 28, 2017, by notice published in the *Maryland Register*, 44 Md. Reg. 453. The notice provided that interested party comments were due on May 30, 2017. Each applicant except P-B Health filed comments on the other applications and sought interested party status.

After 45 days from the date of docketing, modification of applications in a comparative review is not permitted under COMAR 10.24.01.08E(2) [2] without the consent of each applicant. On June 12, 2017, P-B Health's counsel sought agreement from the other applicants for an extension until June 21, 2017 to file responses to interested party comments and to file a modification of its application. (DI #19GF). The other applicants agreed to the extension until June 21, 2017 to respond to comments, but did not agree to an extension for P-B Health to file a modification to its application. On June 14, P-B Health submitted a modified application to the

[2] For the complete text of COMAR 10.24.01.08E(2), see preceding footnote.

Commission without obtaining the consent of the other applicants, which was impermissible under COMAR 10.24.01.08E(2). After being informed that its submission of a modified application was not permissible without the consent of all applicants, P-B Health then obtained the consent of the other three applicants to file its modified application, thus permitting P-B Health's June 14, 2017 filing to be accepted as a modification of its application. (DI # 19GF; DI#20GF).

I was appointed as Reviewer for this comparative review in November 2017. My first action as the Reviewer was to request that the three applicants with operational experience as Medicare-certified general hospices provide me with information on their performance with respect to the first quality measures for hospice services published by the Centers for Medicare and Medicaid Services ("CMS").[3] I asked P-B Health, currently certified as a home health agency and aspiring to become a hospice as well, to provide information regarding its performance, as recorded in CMS's Home Health Compare (https://data.medicare.gov/data/home-health-compare). I wanted this additional information because I believe that the performance of each applicant on these quality measures published by CMS is an important consideration in this review.

As my review proceeded, I found that that each applicant failed to comply with regulatory requirements for at least one of the applicable Hospice Services Chapter standards and CON review criteria. I informed all applicants of that by letter on June 29, 2018 and suggested a method by which, if all applicants agreed, each applicant would be able to modify its CON application to correct deficiencies more quickly than through the traditional project status conference procedure set out in COMAR 10.24.01.09A(2). The four applicants agreed to proceed by way of a project status conference conducted in writing.

In letters dated July 31, 2018, I advised each of the four applicants that it would need to make significant modifications to its charity care policy and procedure in order to comply with all subparts of the charity care and sliding fee scale standard. In addition, each of the four applicants needed to address other areas of their applications. The needed modifications for each applicant are detailed below.

Amedyisys

Amedisys needed to address its incorrect response that the criterion at COMAR 10.24.01.08G(3)(e), Compliance with Conditions of Previous Certificates of Need, is not applicable That criterion instructs applicants to "demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need, or provide the Commission with a written notice and explanation as to why the conditions or commitments were not met." The applicant, Amedisys Maryland, LLC d/b/a Home Health Care of America ("HHCA"), received a CON to expand its home health services into Talbot County in July 2011. That CON carried a condition obligating HHCA to "annually provide charitable home health agency services equivalent in value to at least 0.4 percent of total expenses and document that it complied with this condition within six months of the close of each fiscal year. HHCA will undertake appropriate outreach and public notification requirements necessary to comply with this

[3] When this review began, CMS had not yet published its first version of Hospice Compare. This tool became available subsequent to the start of the review. (https://data.medicare.gov/data/hospice-compare)

condition" (Docket No. 10-20-2312). Amedisys needed to provide a corrected response to this criterion to address its conformance with this condition.

I also noted that, in its response to COMAR 10.24.01.08G(3)(d), Viability of the Proposal, Amedisys was projecting a ratio of nursing visits per patient day that was 50% higher than the statewide average while, at the same time, it was projecting a nursing productivity ratio (annual visits/full time-equivalent [FTE] nurse) that is slightly lower than the Maryland hospice average and a projection of cost per patient day that was considerably lower than the projections made by Bayada and Montgomery Hospice and just 87% of the State average. Based on my impression that these indicators appeared internally inconsistent, I asked Amedisys to explain or modify these aspects of its application.

Bayada

Bayada needed to clarify how it would be providing the Minimum Services enumerated in the Hospice Services Chapter, COMAR 10.24.13.05C(1)-(2), *i.e.*, whether these services would be provided by Bayada employees or through contractual arrangements.

Montgomery Hospice

Montgomery Hospice needed to clarify how it would be providing the Minimum Services enumerated in the Hospice Services Chapter, COMAR 10.24.13.05C(1)-(2), *i.e.*, whether these services would be provided by Montgomery Hospice employees or through contractual arrangements. I also questioned Montgomery Hospice's projections submitted as part of the Viability of the Proposal criterion, COMAR 10.24.01.08G(3)(d). Specifically, I noted that Montgomery Hospice projected:

(1) A cost/patient day that is significantly above the Maryland hospice average cost (139% of the state average), despite the fact that its high volume projections would be expected to facilitate economies of scale;

(2) A ratio of nursing visits/patient day that was the lowest among the applicants, and only 70% of the Maryland hospice average, and a ratio of hospice aide visits/patient day that was just 56% of the Maryland hospice average; and

(3) Ratios of annual visits/FTE nurse and FTE hospice aide that were just 53% and 43%, respectively, of the State average.

I asked Montgomery Hospice to explain or revise these projections as appropriate and, given that its projected patient visits (by both nurses and aides) per patient day are below the Maryland hospice average, explain why its cost/patient day is significantly above the Maryland average.

P-B Health

P-B Health, in addition to modifications needed to comply with the charity care and sliding fee scale standard, needed to make changes to its response to the standards at COMAR 10.24.13.05B, Admissions Criteria, and COMAR 10.24.13.05C(1)-(2), Minimum Services. I also

questioned P-B's projections, submitted as part of the Viability of the Proposal criterion, COMAR 10.24.01.08G(3)(d). Specifically, I noted that P-B Health projected:

(1) Nursing productivity, at 1,279 annual visits per FTE nurse, was 143% of the average of hospices in Maryland, and asked P-B Health to explain how it would achieve this high level of productivity, or else modify its projections as appropriate;

(2) Cost per patient day ($67.23) was approximately half of the state average ($125.13) for hospices. I asked P-B Health to explain how it expects to achieve such economies, or revise its projections accordingly; and

(3) Ratio of hospice aide visits/patient day (.18) was just 56% of the state average, and asked P-B Health to explain or revise as appropriate.

Each applicant submitted responses in the form of modified applications to the deficiencies I identified for each applicant in my July 31, 2018 project status conference letters. I note that both P-B Health and Montgomery Hospice made major modifications to their staffing and expense projections in response to my analysis of those projections and related questions I asked about a number of apparent anomalies.

A detailed Record of the Review chronicling all documents in this review is attached as Appendix 1.

B. Interested Parties in Review

No person who is not an applicant requested interested party status. Each applicant in this comparative review could have qualified, by virtue of its status as an applicant, to be an interested party in opposition to other applicants. Amedisys, Bayada, and Montgomery Hospice filed comments in opposition to other applicants in this review. For this reason, I recognized them as interested parties in this review. Each applicant's specific comments are summarized in this Recommended Decision in the discussion of the applicable standard and/or criterion referenced in each comment along with the response of the applicant at which the comment was directed.

C. Local Government Review and Comment

No local government agencies submitted comments in this review.

D. Other Support for the Projects

The applications of Bayada, Montgomery Hospice, and P-B Health all included letters of support. Bayada provided letters from physicians, senior living centers and skilled nursing facilities. (DI #B3, Exhibit ("Exh."), p. 43). Montgomery Hospice provided letters from a church, a home health agency, a hospital, and a charitable community foundation. (DI #M5). P-B Health submitted letters from State Senator Shirley Nathan-Pulliam, two community representatives, a physician, a pharmacist, home health patients who had been served by P-B Health, a news publisher, and a founder of a local community association (DI # P23, pp. 7-9; DI # P24; DI # P25; DI # P29; DI # P30). Amedisys provided a letter of support from University of Maryland Upper Chesapeake Health. (DI # A15).

III. DEMOGRAPHIC AND MARKET BACKGROUND AND ENVIRONMENT

A. Prince George's County Demographics and Socio-Economics

Demographics

Prince George's County's estimated population, as of July 1, 2017, was 912,756.[4] In Maryland, only Montgomery County has a larger population.

The population of Prince George's County is projected to grow 5.9% between 2010 and 2020, a slightly slower growth rate than that projected for the State overall (7.8%) over this decade. Prince George's County's population is projected to increase 7.7% between 2010 and 2025 compared to projected growth of 11.4% for Maryland's population over the same span.[5] (Appendix 2, Table 3 and Table 4.)

The County's age distribution skews younger than that of the State. In 2010, 65% of Prince George's County residents were 44 or younger, compared to 60% for the State overall and 9% of the jurisdiction's residents were 65 and older compared to Maryland's 12%. The Maryland Department of Planning projects that the elderly population throughout the State is increasing more rapidly than the younger population. By 2030, 20% of Maryland's population is projected to be 65 and older. The corresponding proportion for Prince George's County is 17%. (Appendix 2, Table 3 and Table 4).

Racial Composition

The racial makeup of Prince George's County's population is substantially different than that of Maryland overall. For 2017, the U.S. Census Bureau estimated that 59% of Maryland's population is white and just under 31% is black or African American. However, for that same year, it was estimated that 64.6% of the population of Prince George's County is black or African American and only 26.8% is white.[6]

Economic Status

Prince George's County households had an estimated median income of $75,925[7] in 2016, virtually the same ($142 less) as the overall State median. The U.S. Census Bureau estimates that,

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[4] U.S. Census Bureau, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[5] Maryland Department of Planning, Total Population Projections by Age, Sex and Race (revised Jan. 2015), https://data.maryland.gov/Planning /Maryland-Historical-and-Projected-Population-by-Ju/nnwx-dpqi

[6] Source: Vintage 2017 Estimates for the U.S. Population: https://www.census.gov/quickfacts/fact/table/md/PST045217

[7] Source: 2012-2016 American Community Survey 5-year estimates, U.S. Census Bureau, American Fact Finder https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

in 2016, Prince George's County had a slightly higher percentage of residents living in poverty (6.9%) than Maryland overall (6.8%).[8]

B. Prince George's County Hospice Marketplace and Use Rates

Providers

Eight general hospices serve Prince George's County. Two, Capital Caring and Hospice of the Chesapeake, served 60% of the total hospice patients in the jurisdiction in 2016. In recent years, Holy Cross Home Care & Hospice and Seasons Hospice & Palliative Care of Maryland were successful in growing market share in Prince George's County while Heartland Hospice – Beltsville lost market share as a provider of hospice care in the jurisdiction.

Table III-1: Hospice Client Volume, Prince George's County, 2013-2016

Hospice	2013	2014	2015	2016	Market Share 2016	Cumulative Market Share 2016
Capital Caring	723	768	811	769	31.6%	31.6%
Hospice of the Chesapeake Inc.	690	649	647	699	28.7%	60.3%
Seasons Hospice & Palliative Care of MD	88	235	207	387	15.9%	76.2%
Heartland Hospice - Beltsville	322	351	237	211	8.7%	84.9%
Community Hospice of MD	193	181	196	191	7.9%	92.8%
Holy Cross Home Care & Hospice	56	140	129	131	5.4%	98.2%
Gilchrist Hospice Care	24	19	22	39	1.6%	99.8%
Joseph Richey Hospice	3	2	2	6	0.2%	100.0%
TOTALS	**2,099**	**2,345**	**2,251**	**2,433**	**100%**	**100%**

Source: MHCC 2016 Public Use Data Set, compiled from MHCC Hospice Surveys.

[8] Source: 2012-2016 American Community Survey 5-year estimates, U.S. Census Bureau, American Fact Finder https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Hospice Use

The hospice use rate in Prince George's County was in the bottom third among Maryland jurisdictions in 2014, at 28% of deaths, compared to 43% statewide and a Hospice Services Chapter "target rate"[9] of 47.8%. Between 2011 and 2014 the Prince George's County use rate increased from 22% to 28%.

Table III-2: Hospice Use Rate, Selected Jurisdictions and Maryland, 2014

Highest Hospice Use	Use Rate 2014
Washington	.57
Baltimore County	.56
Harford	.51
Carroll	.50
Anne Arundel	.49
Howard	.49
Queen Anne's	.49
Montgomery & St. Mary's	.47
Lowest Hospice Use	**Use Rate 2014**
Dorchester	.20
Allegany	.22
Garrett	.23
Baltimore City	.25
Somerset	.25
Caroline	.27
Prince George's	.28
Maryland	**.43**

Source: COMAR 10.24.13: Supplement Tables – State Health Plan for Facilities and Services: Hospice Services Chapter Statistical Tables.

From a longer-term perspective, between 2007 and 2014 the hospice use rate in Prince George's County showed a 40% improvement, very similar to the statewide improvement of 39%.

IV. REVIEWER'S ANALYSIS AND FINDINGS

A. COMAR 10.24.01.08G(3)(a): THE STATE HEALTH PLAN

An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards, policies, and criteria.

[9] The target rate standard is the national use rate estimate published by the Medicare Payment Advisory Commission (MedPAC). This use rate is the percentage of total Medicare beneficiary decedents that used hospice. This percentage in 2014 is estimated to be 47.8%, up slightly from the 47.3% estimate for 2013. (From Report to the Congress: Medicare Payment Policy, MedPAC, March 2016).

In this review, the relevant chapter of the State Health Plan for Facilities and Services is the Hospice Services Chapter, COMAR 10.24.13. The Certificate of Need review standards for Hospice Services are found in COMAR 10.24.13.05, which provides:

> The Commission shall use the following standards, as applicable, to review an application for a Certificate of Need to establish a new general hospice program, expand an existing hospice program to one or more additional jurisdictions, or to change the inpatient bed capacity operated by a general hospice.

Each applicant that seeks a Certificate of Need covered by the Hospice Services Chapter must address and document its compliance with each of the following standards set out in COMAR 10.24.13.05A through P.

A. Service Area:
An applicant shall designate the jurisdiction in which it proposes to provide services.

This review cycle was established with the geographic limitation of Prince George's County. Amedisys and Montgomery Hospice are existing hospice providers in Maryland and are proposing to add Prince George's to their existing authorized service area. Bayada and P-B Health are proposing to establish their first Maryland hospices. By the terms of this review cycle and based on the current State Health Plan for Facilities and Services, if approved, these new hospices will have an authorized service area that consists of only one jurisdiction, Prince George's County.

Reviewer's Analysis and Findings

In this review cycle, Prince George's County is the only jurisdiction targeted for expansion of general hospice service capacity and the jurisdiction in which each applicant is proposing to provide hospice services.

I find that each applicant satisfies the service area standard.

B. Admission Criteria:

***An applicant shall identify: (1) Its admission criteria*;**

Applicants' Responses	
Amedisys	Patients must: be living within the service area, be diagnosed with a terminal illness and a life expectancy of six months or less as described by Medicare's Local Coverage Determination guideline, agree to accept only palliative care to relieve pain and suffering, give legal consent for the Medicare Hospice Benefit, and be under the care of a physician who certifies the patient's diagnosis of terminal illness in writing. (DI #A3, p. 11).
Bayada	Patients must: live within the service area, meet the eligibility requirements of the Medicare Hospice Conditions of Participation, be evaluated based on a fiscal guideline,[10] accept the palliative nature of hospice care, have a capable primary caregiver living in his/her home, or an alternative plan of care developed with the hospice to meet future needs, and have needs that the hospice has adequate resources and staffing to meet. (DI # B3, p. 20).
Montgomery Hospice	Patients living within the service area must: be certified by the hospice Medical Director (or designee) and primary physician as being terminally ill with a prognosis of six months or less to live, be assessed based on a fiscal guideline,[11] and choose palliative care and not aggressive treatments. (DI # M3, p. 11).
P-B Health	Patients must be deemed as being terminally ill by P-B Health's medical director in consultation with patient's primary care physician, and the patient must consent to receive hospice services. (DI # P3, pp. 16, 17). In response to my Project Status Conference letter, P-B Health modified its application on August 24, 2018 and revised its admission criteria to remove conditions that would make it difficult for patients to apply for its services. It will no longer require legal documentation such as medical and financial directives or do not resuscitate orders prior to admission. (DI # P34, p. 1).

[10] Private insurance carriers use Medicare's coverage determination scales to identify what health services or items are reasonable and necessary for care. There are national coverage determination (NCD) and local coverage determination (LCD) scales. The NCD scale should be consulted first but the LCD may list services that are not covered under the NCD. LCDs may impact specific patient populations and regions. Bayada and Montgomery Hospice require applicants to be evaluated on the LCD, but failure to meet those guidelines does not disqualify patients from admission. Bayada and Montgomery Hospice accept additional documentation (such as documentations from a Medical Director or attending physician) to qualify a patient into its program.

[11] *Id.*

(2) Proposed limits by age, disease, or caregiver.

Applicants' Responses	
Amedisys	Only limit is that the patient must be at least 19 years old. There is no limit on disease type or caregiver. (DI #A3, p. 11).
Bayada	Does not accept pediatric patients, unless there are exceptional circumstances, or patients with infectious diseases not managed under its infection control program. There are no limits by caregiver, but if a caregiver is not in the home the patient must agree to assist the hospice in developing a plan to meet future needs. (DI # B3, p. 20).
Montgomery Hospice	Does not have a limit on age, disease, or caregiver. If a caregiver is not in the home, the patient is expected to agree to assist hospice in developing a plan to meet future needs. (DI # M 3, pp. 11, 12).
P-B Health	Does not accept pediatric patients except in "exceptional circumstances," patients with "a malady not manageable per infection control," or patients under 35 years of age. There is no limitation on caregiver. (DI # P3, pp. 16, 17). In the August 24, 2018 modification, P-B Health addressed concerns from other applicants, who are interested parties, stating that P-B Health's admission criteria would be limiting to potential patients. P-B Health maintains it will provide hospice services to adults regardless of race, age, sex, religion, color, national origin, sexual preference, handicap, communicable disease, or disability (DI #P34, p. 1). Its revised admission policy states that it will make referrals to appropriate health care providers or community resources if a patient does not meet its admissions criteria, and will make plans to follow-up on the referral as needed. (DI # P34, Exh. 7).

Interested Party Comments

Comments on Amedisys' Application

Montgomery Hospice Comments:

Montgomery Hospice notes that Amedisys is one of the three applicants, whose admission criteria will not accept patients less than 19 years old, contrasting that with its position to serve all qualifying Prince George's County residents of any age. (DI #17GF, p. 6).

Comments on Bayada's Application

Montgomery Hospice Comments:

Montgomery Hospice comments that since Bayada's application states it will only accept pediatric patients in exceptional circumstances, it should elaborate on what is considered a satisfactorily exceptional circumstance. Montgomery Hospice repeats its statement that Bayada is not the only applicant to limit admission by age group, and reiterates that the entire age range should be serviced. (DI #16GF, p. 3).

Comments on P-B Health's Application

Bayada Comments:

Bayada states that P-B Health's admission criteria are overly restrictive and raise concerns. Bayada points out P-B Health's age limitations (P-B Health states an intention not to serve pediatric patients or adults under the age of 35) and proposal not to accept patients with tuberculosis or other contagious maladies, without a plan for ensuring that affected patients receive an appropriate referral to another provider.

Bayada also criticizes P-B Health's requirement that all patients have an advance care directive ("ADR") and a *do not resuscitate* ("DNR") order in place prior to admission. Bayada states that hospices should provide assistance to patients and families to create these legal documents as opposed to making it a requirement of entry into a hospice program. Bayada questions whether P-B Health will assist a patient to obtain these documents, or refer patients to a hospice that does not require these documents. (DI #15GF, p. 5).

Montgomery Hospice Comments:

Montgomery points out that P-B Health proposes to limit admission to those age 35 and older, which would significantly limit the hospice services available to meet the needs of the County. (DI #18GF, pp. 2, 3)

Applicants' Responses to Interested Party Comments

Amedisys

Amedisys challenged Montgomery's understanding of its proposed limits on age, disease, or caregiving, stating that the State Health Plan allows for applicants to have varying criteria for age, disease, or caregiver in order to reject a one size fits all approach and to allow for different care models. Amedisys also states that adults are the largest users of hospice services. It states that it will coordinate with other providers to provide care for pediatric cases as needed. (DI # A-21, pp. 12, 13).

Bayada

Bayada responded to Montgomery's comment stating that its admissions policy complies with the Hospice Services Chapter because: a) the Chapter does not mandate the admission of pediatric patients; and b) the Commission's need projections are based on adults. Bayada states that this "makes sense as pediatric admissions to hospice are rare." (DI #22GF, pp. 4, 5).

Bayada committed to make appropriate referrals for pediatric patients to existing hospices that serve pediatric clients, and also stated that it is building pediatric capacity in its Pennsylvania hospice operations, and that it could extend that capacity to Maryland, whether at the time its new program is established, or in the future.

P-B Health

P-B Health responded to the critique that its admission criteria were too restrictive by pointing out that caring for pediatric patients is not a requirement and thus would not be grounds for denying its application. It also stated that it would be serving "adult patients of any age," and

pointed out that "2014 hospice data shows that 99.12% of hospice patients were aged 35 and older." (DI #24GF, p.6).

P-B Health also stated that it will accept patients with communicable diseases, it will not require patients to have advance directives and will assist patients who wish to have them. Additionally, it will not require patients to authorize DNR orders. (DI #24GF, p. 11).

Reviewer's Analysis and Findings

In its initial application, P-B Health had the most restrictive criteria, stating that it would serve patients aged 35 and older and require patients to have both an ADR and DNR order prior to admission.

P-B Health also initially stated that it would limit patients with "a malady not manageable per infection control," a limitation it shared with Bayada, which stated it would limit patients with "infectious diseases not managed under its infection control program."

In its response to the interested party comments, P-B Health attempted to revise its position on all of these points, stating that it would serve adult patients of any age, accept patients with communicable diseases, and would not require patients to have advance directives nor require patients to authorize DNR orders. (DI #24GF, p. 11). Although this response could not be considered as a modification as it was occurring more than 45 days after docketing, my declaration of a need for a Project Status Conference afforded P-B Health, and all other applicants, the opportunity to modify its application by August 24, 2018.[12] Thus, although, in my view, P-B Health's initial criteria were overly restrictive, it revised its admission criteria in its August 24, 2018 modification to reflect the changes it described in the aforementioned response to comments. Its admission criteria now reflect a willingness to accept all adult patients regardless of age or existing disease conditions, and does not require burdensome legal documentation prior to admission. (DI # P34, Exh. 7).

Meanwhile Montgomery Hospice accepts pediatric patients and has no restriction regarding communicable disease, while Amedisys requires a patient to be at least 19 years old but has no limit on disease type or caregiver.

Each applicant has presented acceptable admission criteria, with Montgomery Hospice being the least restrictive.

I find that each applicant complies with the admission criteria standard.

[12] COMAR 10.24.01.08 (2) states:

> An application may be modified until the 45th day after docketing or as a result of a project status conference held pursuant to Regulation .09A(2) of this chapter. After the 45th day, a modification to an application in a comparative review not made as the result of a project status conference requires the consent of each applicant.

C. Minimum Services: ***An applicant shall provide the following services directly:***

(a) Skilled nursing care;

Applicants' Responses	
Amedisys	Will provide skilled nursing services directly by a qualified nurse, a registered nurse or a licensed practical nurse under the direction of a registered nurse. Nursing staff may be required to have special education, experience, or licensure. (DI #A3, p. 12 & Exh. 3).
Bayada	Bayada stated, in its initial application, that it will provide skilled nursing services through a registered nurse who is under physician orders to coordinate care with all members of the Interdisciplinary Group ("IDG").[13] (DI #3, p. 21). In its modified application of August 24, 2018, it states that skilled nursing services will be provided by staff that are directly employed by Bayada. (DI # B18, p. 1)
Montgomery Hospice	In its initial application, Montgomery Hospice states that it will provide skilled nursing services and currently employs 106 nurses who also provide dietary counseling and are under the medical direction of six physicians. (DI #3, pp. 12,13) In its modified application of August 24, 2018, it states it will directly employ staff that provide skilled nursing services. (DI # M18, p. 1).
P-B Health	Will provide skilled nursing services directly with a Maryland licensed registered nurse. (DI # P3, p.18).

Reviewer's Analysis and Findings

In reviewing the completeness responses of Bayada and Montgomery Hospice applications, it was not clear how these applicants would provide skilled nursing services. This standard requires each applicant to explicitly state whether skilled nursing care will be provided by staff members who are directly employed by an agency or whether those staff are contractually hired by the agency. I requested Bayada and Montgomery Hospice to provide clarification to this standard, which was submitted in the August 24, 2018 modifications. Each applicant provides or commits to providing skilled nursing care directly; therefore, each applicant meets this standard.

[13] The "Interdisciplinary Group" is the team responsible for the holistic care of a hospice beneficiary. IDG is an industry term describing a team responsible for developing and reviewing a beneficiary's plan of care. At minimum the IDG must include the following qualified hospice employees: Doctor of medicine or osteopathy, Registered Nurse, Social Worker, or Pastoral or other Counselor.
Source: https://www.cgsmedicare.com/hhh/coverage/coverage_guidelines/idg.html.

(b) Medical social services;

Applicants' Responses	
Amedisys	Plans to directly provide medical social services based on psychosocial assessment of patients and the families' needs by a qualified social worker who operates under the direction of a physician. (DI # A3, p.12 & Exh. 3).
Bayada	In its original application, Bayada states it plans to provide qualified social workers to assess patient's and caregiver's emotional reactions to terminal illness, counseling and assisting interdisciplinary group with mental health components of dealing with terminal illness. (DI # B3, p. 21 & Exh. 11). Bayada's modified application confirms that the staff used to provide medical social services will be direct employees. (DI # B18, p. 6).
Montgomery Hospice	Currently reports having 21 social workers (17.1 FTEs) on staff, and projects expanding by 7.8 FTEs. (DI # M3, pp. 12-13 and Table 5).
P-B Health	P-B Health states in its original application and its response to request for additional information that it plans to directly provide medical social services. (DI # P3, pp. 18, 19; DI # P6, p. 7).

Reviewer's Analysis and Findings

I requested that Bayada explicitly confirm that it would directly provide medical social services, which it did in its August 24, 2018 modified application. Each applicant currently provides (as an existing hospice provider in other jurisdictions) or commits to provide medical social services directly; therefore, each applicant meets this standard.

(c) Counseling (including bereavement and nutrition counseling);

Applicants' Responses	
Amedisys	Plans to directly employ staff to provide counseling to patient and family in areas of bereavement, spiritual needs, and dietary/nutritional counseling. (DI #A3, p. 12 & Exh. 3).
Bayada	Plans to employ staff to provide bereavement counseling to the patient and family, for up to one year after the patient's death. Dietary counseling will be provided through contractual services. (DI # B3, p. 22).
Montgomery Hospice	Montgomery Hospice states, in its initial application, that it plans to provide spiritual, nutritional, and bereavement counseling directly with employees. (DI #3, pp. 12, 13). In its August 24, 2018 modified application, it reaffirms that the counseling staff in Prince George's County will be direct employees. (DI #M18, pp. 1, 2).
P-B Health	Plans to provide counseling services directly and will offer bereavement services to families for up to one year after a patient is deceased. A registered dietician will provide dietary counseling and consultation. (DI # P3, p. 19).

Reviewer's Analysis and Findings

Each applicant currently provides (as an existing hospice provider in other jurisdictions) or commits to providing counseling services; therefore, each applicant meets this standard.

(2) An applicant shall provide the following services, either directly or through contractual arrangements:

(a) Physician services and medical direction;

Applicants' Responses	
Amedisys	Physician services will be provided by a combination of physician employees, contracted physicians, and the patient's attending physician, overseen and coordinated by Amedisys' hospice medical director. (DI # A3, Exh. 4).
Bayada	Plans to contract with a physician to serve as its hospice Medical Director. Physician employees and contracted physicians will work with patient's attending physician to provide palliation and management of patient's terminal illness. (DI # B3, p. 22).
Montgomery Hospice	In its original application, Montgomery Hospice states that it currently employs six physicians who provide services under the direction of the hospice Medical Director and/or the patient's attending physician. (DI #3, pp. 13, 14). In its August 24, 2018 modification, Montgomery Hospice states that physician services in Prince George's County will be provided through both employed and contractual relationships, under medical direction as previously described. (DI # M18, pp. 1, 2).
P-B Health	P-B Health's original application states that it has a Medical Director and physicians for its home health agency and plans to use this same structure to provide physician services and medical direction for its hospice services, if approved. (DI #P3, p. 20; DI #P8, p. 19). In its August 24, 2018 modification, P-B Health explains that it will provide physician services and medical direction through contractual arrangements. It has identified the medical director it plans to use as a contractor. (DI # P34, p. 5).

Reviewer's Analysis and Findings

Each applicant currently provides (as an existing hospice provider in other jurisdictions) or commits to provide physician services and medical direction. Therefore, each applicant meets this standard.

(b) Hospice aide and homemaker services;

Applicants' Responses	
Amedisys	Will employ staff to directly provide hospice aide services. (DI # A3, p. 12).
Bayada	In its initial application, Bayada states it will provide patients with services of hospice aides and homemaker services for routine care on an intermittent basis when personal care is needed. (DI # B3, p. 22 and Exh. 11). In its

	August 24, 2018 modification, Bayada confirms that the hospice aides and homemakers will be staff directly employed by Bayada. (DI # B18, p. 1).
Montgomery Hospice	In its initial application, Montgomery Hospice states it currently employs 47 hospice aides who directly perform personal care, and that its volunteers will perform homemaker services. (DI #3, p. 13). In its modified application it states that hospice aides and homemakers for Prince George's County will be direct employees. (DI # M18, p. 1).
P-B Health	Will employ staff to provide hospice aide and homemaker services. (DI # P3, p. 20).

Reviewer's Analysis and Findings

I requested that Bayada and Montgomery Hospice clarify whether hospice aide and homemaker services were to be provided through direct employees or contractual workers. In their modifications of August 24, 2018, both applicants stated that direct employees will provide these services.

Each applicant in this review has satisfactory plans to provide hospice aide and homemaker services. Therefore, each applicant meets this standard.

(c) Spiritual services;

Applicants' Responses	
Amedisys	Amedisys states it will employ staff to directly provide spiritual services. (DI # A3, p. 12).
Bayada	Bayada states that it will provide qualified counselors for spiritual counseling. (DI # B3, p. 23). These counselors will be direct employees of Bayada (DI # B18, p. 1)
Montgomery Hospice	Montgomery Hospice responded, in its initial application, that it currently employs 14 chaplains who currently provide spiritual care. (DI # M3, pp. 12, 13). In its modified August 24, 2018 application, Montgomery Hospice confirms that counselors providing spiritual counseling for this project will be direct employees. (DI # M18, p. 1).
P-B Health	P-B Health states in its initial application that it will provide spiritual services through a qualified IDG[14] member and arrangements with clergy and other spiritual counselors in the community. (DI # P3, p. 21). In its August 24 2018 modification, P-B Health further explains that it has made commitments with two pastors who will be its contracted spiritual providers. (DI # P34, p. 5).

Reviewer's Analysis and Findings

In my project status conference letter I requested that three of the four applicants, Bayada, Montgomery Hospice, and P-B Health, clarify whether spiritual services were provided through

[14] *Id.*

direct employees or by contractors. In their modifications, submitted on August 24, 2018, each applicant stated that they will provide spiritual services through employed staff members. P-B Health's submission was the most complete, as it identified the pastors and faith-based organizations it plans to use and provided commitment letters from those pastors.

Each of the four applicants will provide staff to offer spiritual services; therefore each applicant meets the standard.

(d) On-call nursing response;

Applicants' Responses	
Amedisys	Will employ staff to directly provide on-call nursing services 24 hours a day, seven days a week. (DI # A3, p. 12).
Bayada	In its initial application, Bayada stated that it will have staff available to work 24 hours a day, seven days a week including all clinical personnel. (DI #3, p. 23). In its August 24, 2018 modification, Bayada clarifies that its on-call nursing staff will be comprised of employees. (DI # B18, p. 1).
Montgomery Hospice	Initial application stated that nursing services are routinely available on a 24-hour basis, seven days a week. (DI# M3, p. 13). On August 24, 2018, Montgomery Hospice modified its application to express that its on-call nursing staff for Prince George's County will be employees. (DI # M18, p. 2).
P-B Health	Will have direct and contractual arrangements for on-call nursing services. Services will be available 24 hours per day and seven days a week. (DI # P3, pp. 21, 22).

Reviewer's Analysis and Findings

Each applicant states that it will have either employed or contract staff available 24 hours a day and 7 days a week to provide on-call nursing services, thus each applicant meets this standard.

(e) Short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management);

Applicants' Responses	
Amedisys	Amedisys states it will provide short term inpatient care through contractual arrangements with local hospitals and short-term nursing facilities, and cites its current contracts with Stella Maris, Upper Chesapeake Medical Center, and Harford Memorial Hospital in Baltimore and Harford counties for the provision of inpatient hospice care services to support its hospice activities in those jurisdictions. (DI# A3, p.12). Amedisys also stated that "[i]n anticipation of expanding its services to… Prince George's County residents, Amedisys has identified the following health care facilities for potential inpatient settings: Hillhaven Nursing Center (Adelphi), Futurecare Pineview (Clinton), Manor Care (Glenarden and Hyattsville), Nursing Center (Doctors Community Hospital campus, Lanham), Bradford Oaks Center (Clinton)." (DI # A3, p. 14).

Bayada	Bayada will have contractual agreements with local inpatient service providers. It currently has a preferred provider relationship with Genesis Healthcare facilities in other markets, and states that upon approval it would set up contracts for respite care with Genesis facilities located at various locations in Prince George's County, including: Bradford Oaks Center in Clinton, Waldorf Center in Waldorf (Charles County), and Crescent Cities Center in Riverdale. (DI # B3, p. 23; DI # B10, p. 12).
Montgomery Hospice	Montgomery Hospice currently provides inpatient service through its Casey House.[15] In response to a subsequent standard related to inpatient hospice care, Montgomery Hospice states that it intends to establish contracts with other locations for Prince George's County patients including Prince George's Hospital Center in Cheverly and the Rebecca Fortney Inpatient Care Center in Pasadena (Anne Arundel County) (DI # M3, pp. 13, 18, 19).
P-B Health	Plans to provide short term inpatient care through contractual arrangements and "has been in contact with" Seasons Hospice (which has written a letter of support for P-B Health) and is "in the process of speaking and working out logistics with FutureCare." (DI # P6, pp. 7-8 & Exh. 5).

Reviewer's Analysis and Findings

Each applicant has stated the intent to contract with providers who can deliver short-term inpatient care. Amedisys and Montgomery Hospice are currently authorized to provide hospice services in other Maryland jurisdictions and addressed how they currently meet this requirement in those jurisdictions, identifying potential partners in Prince George's County.

Although not currently a licensed hospice provider in the State of Maryland, Bayada's application suggests it will leverage its corporate experience as a home health agency in Maryland to provide short-term inpatient services to patients living in Prince George's County, stating that it has begun to lay the groundwork to establish contracts with providers that are located in the Central, Southwest, and Northwest quadrants of the County.

P-B Health stated it plans to provide short term inpatient care through contracts with Seasons Hospice and FutureCare (a long term care and rehabilitation provider), without specifying the likely locations.

Each applicant has met the requirement of demonstrating an ability to provide short-term inpatient services for patients.

[15] Casey House is Montgomery Hospice's inpatient acute care facility located in Rockville (Montgomery County). The 14-bed facility consists of private rooms and bathrooms for a comfortable home-like atmosphere. This is a link to Montgomery Hospice's Casey House website: https://www.montgomeryhospice.org/patients-families/why-montgomery-hospice/casey-house.

(f) Personal care;

Applicants' Responses	
Amedisys	Amedisys states it will employ staff to directly provide personal care. (DI # A3, p. 12).
Bayada	Bayada states in its initial application, that it will use hospice aides, registered or licensed nurses to assist patients and caregivers in personal care needs. (DI # B3, p. 23). In its August 24, 2018 modified application, Bayada verifies that the personal care staffers will be direct employees. (DI # B18, p. 1).
Montgomery Hospice	In its initial application Montgomery Hospice states that it currently employs 47 hospice aides who directly provide personal care. (DI #3, p. 13). In its modified application it confirms that it will similarly employ personal care staff to work in Prince George's County. (DI # M18, p. 2).
P-B Health	Will directly provide personal care using staff from P-B Health's Home Health Care with the supervision from a nursing case manager. (DI # P3, p. 23).

Reviewer's Analysis and Findings

In their August 24, 2018 modified applications, Bayada and Montgomery Hospice clarified the information presented in their original applications by explicitly stating that personal care services would be provided by their respective employees.

Each applicant satisfactorily meets the requirement to provide personal care services.

(g) Volunteer services;

Applicants' Responses	
Amedisys	Will recruit and provide volunteers that offer direct personal care, administrative support, and bereavement care to patients and families under the direct supervision of the hospice team. (DI # A3, p. 13).
Bayada	Will provide volunteer services directly to patients, as it does in its existing hospices in other states. (DI # B3, p. 23)
Montgomery Hospice	Will employ staff that will directly supervise volunteers. Its current volunteer base is 300 volunteers. (DI # M3, p. 13).
P-B Health	In its initial application, P-B Health stated that it will directly provide volunteers, recruiting them from patients' families and close friends. (DI #P3, p. 23). In response to interested party comments, P-B Health stated that it has made contact with the Maryland Chapter of Volunteers to identify and contact several sororities and fraternities seeking to enlist them "as community participators in the overall hospice care program for P-B Health's Hospice." P-B Health has also "contacted and continues to contact church ministerial staff in the Prince

	George's County community to develop an additional core group of volunteers for our hospice program." (DI #24GF, p. 7). Its August 24, 2018 modified application, P-B Health formalized the revision it attempted to make in its response to interested party comments, and also stated that it has continued to reach out to various community organizations in an effort to recruit volunteers, circulating posters and brochures to community centers, churches, outreach centers, sororities, and fraternity organizations. Lastly, P-B Health plans to use an online volunteer matching service, which matches volunteers with volunteering opportunities in order to bolster its volunteer base. (DI # P34, pp. 2-4 and Exh. 8).

Interested Party Comments

Comments on Bayada's Application

Montgomery Hospice Comments

Montgomery Hospice comments that though Bayada currently has a volunteer corps of 220 volunteers for its programs in other states, Bayada did not provide clear guidance on how it will establish and train a corps of volunteers for Prince George's County. (DI #16GF, pp. 2, 3).

Comments on P-B Health's Application

Bayada Comments

Bayada comments that provision of volunteer services is one of the gaps in P-B Health's response to the Hospice Standards. Bayada points out that a new hospice must "have available sufficient trained caregiving volunteers to meet the needs of patients and families in the hospice program,"[16] but P-B Health indicates that volunteer services will be expected instead from family and close friends of the patient. (DI #15GF, p. 6).

Montgomery Hospice Comments

Montgomery Hospice states that P-B Health's application does not clearly state how it will assemble an effective group of volunteers, pointing out that P-B Health's application states "it will use patient family and friends as volunteers." Montgomery Hospice contrasts that with its 300 active volunteers. (DI #18GF, p. 3).

Applicants' Response to Interested Party Comments

Bayada

Bayada states that since it is not authorized to provide hospice care in Maryland, it does not have a current cadre of volunteers. However, it does have a history of recruiting adequate numbers of volunteers where it operates. Recruitment strategies include targeted digital and print advertisements, local postings, "meet & greets" held in coffee shops, open houses, and use of on-line recruitment resources. Bayada states that these strategic recruitment strategies have allowed

[16] Code of Maryland Regulations (COMAR) 10.24.13.05E.

it to establish a cadre of volunteers that not only meets family and patient needs but also exceeds the 5% CMS Conditions of Participation compliance threshold. (DI #22GF, pp. 3, 4).

P-B Health

P-B Health stated that it recognizes the need for volunteers and the essential role volunteers play in hospice care programs. P-B Health stated that it has made contact with the Maryland Chapter of Volunteers to identify and contact several sororities and fraternities seeking to enlist them "as community participators in the overall hospice care program for P-B Health's Hospice." P-B Health has also "contacted and continues to contact church ministerial staff in the Prince Georges County community to develop an additional core group of volunteers for our hospice program." (DI #24GF, p. 7).

Reviewer's Analysis and Findings

The CMS Hospice Conditions of Participation state that volunteers are able to fulfill many roles in hospice care provided that the volunteers meets the appropriate qualifications, serving as companions, homemakers, and administrative staff. Volunteers can also serve as medical directors, nurses, alternative counselors, and spiritual advisors.

Montgomery Hospice, Amedisys, and Bayada each have an organizational track record in recruiting volunteers and incorporating volunteers into their delivery of hospice care, and clearly meet the standard.

P-B Health initially seemed not to understand the process of recruiting, selecting, and training volunteers. I base that assessment on their initial plan to recruit friends and family members of patients into the role. After critical comments were filed by other applicants, P-B Health revised its plan and will now seek to recruit volunteers in a more traditional way. P-B Health's responses in its August 24, 2018 modification show that it has taken the initiative to begin identifying and building a volunteer base that will serve the needs of its potential patients. After allowing for that adjustment, I can also find P-B Health in compliance with the standard.

I find that each applicant satisfies the requirement to provide volunteer services.

(h) Bereavement services;

Applicants' Responses	
Amedisys	Will employ staff to provide bereavement services for up to 13 months after the loss of a patient. (DI # A3, p. 13).
Bayada	Bayada employees will provide bereavement services for up to one year after patient's death. If additional services are necessary after this period, Bayada will provide referrals. (DI # B3, pp. 23,24). (DI # B18, p. 1).
Montgomery Hospice	Montgomery Hospice currently has eight masters-educated bereavement counselors providing this service; it plans to expand its bereavement counseling staff to achieve a 250-300 family per counselor ratio. Will

	provide grief workshops and support groups to be held at the Montgomery Hospice Prince George's County office and other venues such as places of worship and senior centers. (DI # M3, p. 13).
P-B Health	Will provide bereavement services directly and contractually. (DI #3, pp. 22, 23). In response to interested party comments, P-B Health states it will follow all federal and state guidelines related to bereavement services. (DI #24GF, pp. 8, 9).

Interested Party Comments

Comments on P-B Health's Application

Montgomery Hospice Comments

Montgomery Hospice commented that P-B Health's initial application was unclear about who would provide bereavement care, contrasting that with its direct employment of eight bereavement counselors. (DI #18GF, p. 4).

Applicant's Response to Interested Party Comments

P-B Health

P-B Health responded to Montgomery Hospice's comments by stating it will meet this standard, stating that it is not a "shortcoming of the P-B Health CON application simply because Montgomery Hospice currently provides bereavement services as it is required to do as an existing hospice."

P-B Health outlined the COMAR and federal regulations governing bereavement services and states it will comply with these regulations. (DI #24GF, pp. 8, 9).

Reviewer's Analysis and Findings

Each of the applicants' responses to the bereavement services standard indicate an ability or preparations to provide the required service. Montgomery Hospice's comments that "P-B Health is unclear in its application as to who will provide bereavement care" seems to primarily be an opportunistic way of contrasting its status as an experienced hospice with the lack of experience exhibited by a prospective newcomer. P-B Health meets the standard's expectation, which is to identify how it will provide the service. P-B Health said it would do so both directly and by contract, which I find sufficient.

(i) Pharmacy services;

Applicants' Responses	
Amedisys	Will contract with Optum Hospice Pharmacy Services to provide patients access to pharmaceuticals. Alternatively, a patient can continue to use the patient's preferred pharmacy, with the billing routed through Amedisys' third party vendor. (DI # A3, p. 13).

Bayada	Will contract with Enclara Pharmacia to provide patients easy access to pharmaceuticals. Enclara Pharmacia also offers flexibility for mail ordered or local pharmacy delivery of medications, 24/7 pharmacist consultations, and support for palliative care/advanced disease management. (DI # B3, p. 24).
Montgomery Hospice	Will provide pharmacy, medical supplies, and equipment under contractual arrangements. (DI # M3, p.13).
P-B Health	Initial application states that P-B Health plans to collaborate with Walgreen's, CVS, or the patient's pharmacy if it is not one of those two. In response to comments from interested parties regarding the inadequacy of such an approach, P-B Health states it has reached out to other pharmacies who are experienced with providing pharmaceutical services to hospice agencies. (DI # P6, p. 8; DI #24GF, p. 12). In its August 24, 2018 modification, P-B Health provided a letter from Enclara Hospice Pharmacy expressing its commitment to contract with P-B Health if it were awarded a CON, noting Enclara's experience in providing routine and after-hours delivery of compounded, controlled substances, and other medications that patients may need 24 hours a day; also, it has a wide variety of pharmacies within its network. (DI # P34, p. 4 and Exh. 9).

Interested Party Comments

Comments on P-B Health's Application

Bayada Comments

Bayada questions how P-B Health will be able to provide adequate pharmaceutical services to patients by using local and patient-directed pharmacies, *i.e.*, will these pharmacies be able to "assure that the full range of medications (such as compounded medications and C-II or Schedule II medications) will be available to patient[s] when needed….both on a routine basis and after hours?" (DI #15GF, p. 6).

Applicant's Response to Interested Party Comments

P-B Health

P-B Health states it has reached out to pharmacies that are experienced in providing pharmaceutical services for hospice providers. (DI #24GF, p. 7). P-B Health has a letter of support from Breathe4Sure Pharmacy Solutions. (DI # P23, p. 6).

Reviewer's Analysis and Findings

Amedisys and Bayada identified the pharmacy(s) with which they plan to contract for pharmaceutical services. Montgomery Hospice simply stated that it will establish contractual arrangements in Prince George's County, as it currently does in Montgomery County. P-B Health

stated that it planned to collaborate with local retail pharmacies for the service. Bayada criticized P-B Health's plan to rely upon the local retail pharmacies, since medications for hospice patients can often be more complex and require compounding. In its response to comments P-B Health stated that it has "reached out to pharmacies experienced in working with hospice providers for hospice pharmacy services." (DI #24GF, p. 11). On August 24, 2018, P-B Health modified its application to state that its pharmacy provider would be Enclara Hospice Pharmacy.

This standard simply requires applicants to state whether they will provide the required pharmacy services, and whether they plan to provide it directly or contractually. Each applicant has stated that it will provide the service through contract; therefore, I find all applicants have met this standard.

(j) Laboratory, radiology, and chemotherapy services as needed for palliative care;

Applicants' Responses	
Amedisys	Currently provides laboratory, radiology, and chemotherapy services as needed for palliative care through contractual arrangements and plans to do the same in the Prince George's County jurisdiction. (DI #A3, p. 13).
Bayada	Will contract with Laboratory Corporation of America and Symphony Diagnostic Services No. 1 for laboratory and radiological services. Chemotherapy and radiation services will be provided through patient's existing oncologist. (DI # B10, p. 7).
Montgomery Hospice	Currently provides laboratory, radiology, and chemotherapy services as needed for palliative care through contractual arrangements and plans to do the same in the Prince George's jurisdiction. (DI # M3, p. 13).
P-B Health	Will provide services through established contractual providers like Quest Diagnostics, Lab Corps, Alpha Diagnostics, and Symphony MobilEx. Chemotherapy will be provided by Home Solutions, Home Choice Partners, Synergy Health Care as well as the patient's desired provider. (DI # P6, p. 8).

Reviewer's Analysis and Findings

Each applicant meets this standard to provide laboratory, radiology, and chemotherapy as needed for palliative care. Each applicant is doing so, or will do so, through contractual arrangements.

(k) Medical supplies and equipment; and

Applicants' Responses	
Amedisys	Will provide supplies and equipment through contractual arrangements. (DI # A3, p. 13).

Bayada	Will provide medical supplies and equipment through McKesson medical supplies and Hospicelink respectively. (DI # B3, p. 24).
Montgomery Hospice	Will provide medical supplies and equipment through contract arrangements. (DI # M3, p. 13).
P-B Health	Will arrange direct and contractual arrangements through Medline. (DI # P3, p. 24).

Reviewer's Analysis and Findings

Each applicant will provide medical supplies and equipment through contractual arrangements. Therefore, I find that each applicant meets this standard.

(l) Special therapies, such as physical therapy, occupational therapy, speech therapy, and dietary services.

Applicants' Responses	
Amedisys	Will provide special therapies through contractual arrangements. (DI # A3, p. 13).
Bayada	Will provide dietary services directly but will establish contracts for the other special therapies. (DI # B3, p. 24).
Montgomery Hospice	Will provide special therapies through contractual arrangements. (DI # M3, p.13).
P-B Health	Will provide special therapies through direct and contractual arrangements. (DI # P3, p. 24).

Reviewer's Analysis and Findings

This standard simply requires the applicant to state whether they will provide the required special therapies, and whether the applicant plans to provide it directly or contractually. Each applicant has stated that it will provide the services contractually, therefore, I find that this standard has been met by each of the four applicants.

(3) An applicant shall provide bereavement services to the family for a period of at least one year following the death of the patient.

Applicants' Responses	
Amedisys	Will provide bereavement services to families for 13 months following patient's death. (DI # A3, p. 13).
Bayada	Will provide bereavement services to families for at least one year following patient's death. (DI # B3, p. 25).
Montgomery Hospice	Will provide bereavement services to families for 13 months following patient's death. (DI # M3, Exh. 4, p. 8).
P-B Health	Will provide bereavement services to families for at least one year following patient's death. (DI # P3, p. 24).

Reviewer's Analysis and Findings

Each applicant has stated that it intends to meet the standard to provide bereavement services to families for at least one year following the death of a patient. Therefore, I find that this standard has been met by each of the four applicants.

D. Setting. An applicant shall specify where hospice services will be delivered: in a private home; a residential unit; an inpatient unit; or a combination of settings.

Applicants' Responses	
Amedisys	Will provide general hospice care services in private homes, residential facilities, inpatient facilities, or in a combination, according to the patient's needs. Currently Amedisys serves patients in that manner in other jurisdictions. (DI # A3, pp. 13, 14).
Bayada	Will provide hospice services in private homes, residential facilities, and inpatient facilities such as nursing home and hospitals. (DI # B3, p. 26).
Montgomery Hospice	Will provide services in patient's residence, whether that be a private home, residential unit, assisted living facilities, nursing facilities, or any combination of settings. (DI # M3, p. 13).
P-B Health	Will provide services in a combination of settings including private homes, residential units, skilled nursing facilities, and hospitals. (DI # P3, p. 25).

Reviewer's Analysis and Findings

Each applicant has identified the settings in which services will be delivered. Therefore, each applicant meets this standard.

E. Volunteers. An applicant shall have available sufficient trained caregiving volunteers to meet the needs of patients and families in the hospice program.

Applicants' Responses	
Amedisys	Currently has 34 volunteers and 3 in training for the four counties in which it is authorized to provide services. Amedisys intends to recruit and train a sufficient number of volunteers to support an expansion into Prince George's County. Volunteers are trained to assist, support, and care for patients according to families' needs. (DI # A3, pp. 14, 15).
Bayada	Aims to maintain a volunteer staff sufficient to provide administrative or direct client care in an amount which, at a minimum, equals 5% of the total client care hours of all paid and contracted staff. (DI # B3, pp. 27, 28).
Montgomery Hospice	Has 300 volunteers in its currently authorized jurisdiction and in 2015 these volunteers donated more than 19,000 hours and made more than 14,000 patient

	visits. Plans to have a sufficient number of trained caregiving volunteers to serve Prince George's County. (DI # M3, p. 14).
P-B Health	States that it will train volunteers according to its volunteer policy. Each volunteer will be required to complete orientation and training, and volunteers will be under the supervision of a designated hospice employee. (DI # P3, p. 25).

Reviewer's Analysis and Findings

Each applicant has responded in a way that satisfactorily addresses this standard.

F. Caregivers. An applicant shall provide, in a patient's residence, appropriate instruction to, and support for, persons who are primary caretakers for a hospice patient.

Applicants' Responses	
Amedisys	States that it will provide education and support to primary caregivers. Education begins prior to admission covers topics including hospice benefits, expectations for managing disease progression, who to call, and what medications are available and appropriate. (DI # A3, p. 16).
Bayada	States that it provides extensive instruction and support for caregivers. Educational activities include assessment of caregivers' needs, abilities and knowledge, instruction as needed, and support groups for peer learning. (DI # B3, pp. 27, 28 and DI #3, Exh. 20).
Montgomery Hospice	States "patients and caregivers are provided written and verbal education and information as appropriate and needed." Its clinicians use its company handbook to educate caregivers on topics including: care of patient, medications, caregiving support, patients' rights, and home safety and emergencies. (DI # M3, p. 14; DI #M3, Appendix C).
P-B Health	Will provide education to caregivers and family members. Topics include patient safety, appropriate use and disposal of medication, and infection control precautions. (DI # P3, pp. 26-29).

Reviewer's Analysis and Findings

Each applicant has stated its intention to provide instruction and support to caregivers, consistent with this standard.

G. Impact. An applicant shall address the impact of its proposed hospice program, or change in inpatient bed capacity, on each existing general hospice authorized to serve each jurisdiction affected by the project. This shall include projections of the project's impact on future demand for the hospice services provided by the existing general hospices authorized to serve each jurisdiction affected by the proposed project.

Applicants' Responses	
Amedisys	After an initial start-up period, Amedisys projects admitting 168 hospice patients in fiscal year 2020. (DI #3, p.17). Amedisys states that because the projected need in the jurisdiction is so large, its entrance into the market will not have a negative impact on the current hospice providers in Prince George's County. To illustrate this quantitatively, Amedisys pointed out that the current average volume for each hospice in the jurisdiction is 228 patients. With MHCC's projection of an additional 662 patients needing hospice services, Amedisys posited that, assuming each hospice continues to average 228 patients, the market could adequately accept three new hospice providers "without producing a potential negative impact." (DI # A3, pp. 17, 18).
Bayada	Citing MHCC's need projections, Bayada stated that need was growing at a compound annual growth rate of 5% (2010-2014), and that this growth would allow "incumbent hospice providers …[to] still serve more patients than they did in the 2014 baseline year." (DI #3, p. 30). Bayada also suggested that the number of in-hospice deaths would increase due to its commitment to education and outreach, citing its experience in Vermont as an indicator of its ability to increase low hospice use rates, ands speculates that its entry will boost hospice use. (DI # B3, p. 30).
Montgomery Hospice	Montgomery Hospice stated that because the jurisdiction's use rate remained flat at 26.6% since 2012 while the state's average is at 40.6%, its entry into the market would minimally impact existing county hospice providers. Montgomery Hospice refers to the MHCC need projections, pointing out that it "includes the assumption that existing providers will continue to grow at their past rates," an assumption that "is designed to minimize impact on existing providers, as CON review is only triggered once unmet need exceeds the threshold of 359, even after assuming that current providers will continue to grow as they have in the past." (DI # M3, p. 14). Montgomery Hospice goes on to point out that "despite the built-in presumption that existing providers will continue to grow according to their past trends" there is still a forecasted net need of 662 hospice patients in 2019. Montgomery Hospice stated that its business plan has been developed to focus heavily on raising awareness and acceptance of hospice among underserved populations, such as African American residents. It also cites relationships with providers and referral sources along border areas of Prince George's County that lead it to believe that "culturally sensitive hospice care can make great inroads into underserved populations without disrupting other hospices' services." (DI # M10, p. 2).
P-B Health	In its initial application, P-B Health projected serving 169 patients with an average daily census ("ADC") of 96 patients at full operation. It modified its application, projecting service to 181 patients with an ADC of 32. P-B Health states that, at its projected volumes, it will contribute to meeting the unmet need without having a negative impact on the hospice programs already operating in Prince George's County. (DI # P3, p. 29; DI # P6, p. 24).

Reviewer's Analysis and Findings

Each applicant states that it will not have a significant impact on the existing hospices in Prince George's County. Common themes in the applicants' responses are: (1) there is a large level of unmet need to be tapped without shifting market share from existing hospices; and (2) a focus on expanding the hospice market through outreach and education. Each applicant professes to have a robust outreach and education program to achieve this growth. Each applicant acknowledges the underutilization of hospice services by minority populations and claims an intent and/or special ability to overcome that barrier.

Three of the four applicants project modest admission volumes by the time its program has been in operation for two years. By 2020 Amedisys projects 168 admissions, Bayada projects 204 admissions, and P-B Health projects 113 admissions. On the other hand Montgomery Hospice's volume projection is much higher than the other applicants. It projects 802 admissions in 2020.

Each applicant claims that it will contribute to bringing the Prince George's County use rate up to match the State rate of 43% through outreach and marketing. To draw conclusions about how the applicants will affect current hospice providers in the area, I applied the following reasoning.

(1) Given that the hospice use rate in Prince George's County was 28% in 2014, resulting in 2,345 residents being served, I calculated that if the County had matched the State use rate of 43%, a total of 3,601 residents would have been served;

(2) The difference between the number served and the number that would have been served at the State's average use rate is 1,256;

(3) I note that the combined total 2020 projected volume of the four applicants is 1,287 patients; and

(4) Assuming that each applicant is approved for a CON and is successful in reaching its projected patient volume, and that the hospice use rate in Prince George's County is lifted to the 2014 State average, the projected volume of the new applicants will essentially match the 2014 deficit of hospice deaths defined by Prince George's relatively low use rate.

This leads to my conclusion that the negative impact that approval of new entrants may have on existing hospice providers should not stand as a barrier to approval of any or all of the applicants in this review. The creation of this opportunity to expand the supply of hospice providers in Prince George's County was based on the relatively low level of hospice use observed in the jurisdiction. The entry of new hospice providers to the existing landscape may create the potential for more acceptance of hospice care by the County's medical community and population and more demand for this service. Projecting that approval of these applications will cause use rates for hospice in Prince George's County to rise to levels more in line with the State or national experience is undoubtedly optimistic. However, this underlying context for the changes in the Hospice Services Chapter adopted by MHCC in 2013, and the review process for Prince George's County that those changes established, strongly suggest that impact on the market share of existing hospices should not be a great concern.

I find that each of the applicants has sufficiently addressed the issue of project impact, consistent with the standard.

H. Financial Accessibility. **An applicant shall be or agree to become licensed and Medicare-certified and agree to accept patients whose expected primary source of payment is Medicare or Medicaid.**

Applicants' Responses	
Amedisys	Currently, its hospice services in Harford, Cecil, Baltimore County, and Baltimore City accept patients whose primary source of payment is Medicare or Medicaid. Will continue to be licensed and Medicare-certified and will serve Medicare and Medicaid patients in Prince George's County. (DI # A3, p. 18).
Bayada	Agrees to become licensed, Medicare-certified, and accept Medicare and Medicaid payments. (DI # B3, p. 31).
Montgomery Hospice	Currently provides care to patients in Montgomery County insured by Medicare and Medicaid. Plans to serve Prince George's patients without discriminating on the basis of payment source. (DI # M3, p. 15).
P-B Health	Agrees to establish Medicare and Medicaid certification and to become licensed for hospice services just as its current home health agency complies with financial accessibility regulations. (DI # P3, p. 29).

Reviewer's Analysis and Findings

Each applicant operates hospices and/or home health agencies that serve Medicare and Medicaid patients and each applicant states an intention to provide hospice services in Prince George's County to Medicare and Medicaid patients. Therefore, each of the four applicants satisfy the requirements of this standard.

I. Information to Providers and the General Public.

(1) General Information. An applicant shall document its process for informing the following entities about the program's services, service area, reimbursement policy, office location, and telephone number:

(a) Each hospital, nursing home, home health agency, local health department, and assisted living provider within its proposed service area;

(b) At least five physicians who practice in its proposed service area;

(c) The Senior Information and Assistance Offices located in its proposed service area; and

(d) The general public in its proposed service area.

Applicants' Responses	
Amedisys	Uses its website, local newspapers, and publications to convey information about its services. Members of the general public may also receive service information upon request. Amedisys states that, upon approval of its CON, it will establish working relationships with appropriate personnel in hospitals, nursing homes, home health

	agencies, and will contact physicians in the county to inform them of its services (DI # A3, p. 19).
Bayada	Bayada plans to provide information about its services to each hospital, nursing home, home health agency, and local health department; at least at five physician offices; the Senior Information and Assistance Offices as well as Prince George's County Department of Family Services, Dimensions Specialty Care Center and Prince George's County Senior Provider Network. Bayada will provide information to the general public through its website and newsletters along with employing community liaisons to transmit information. (DI # B3, p. 32).
Montgomery Hospice	Montgomery Hospice plans to have staff members educate both the professional community and the general public about hospice services. It will use mailings to communicate with area facilities such as nursing homes, assisted living facilities, home health agencies, hospitals, and plans to work with the County's Department of Family Services and Area Agency on Aging in Camp Springs Maryland. (DI # M3, pp. 15, 16).
P-B Health	P-B Health plans outreach to the county's hospitals, nursing homes, home health agencies, local health departments, and assisted living providers to distribute letters and educational pamphlets. It will communicate with the general public through newspaper advertisements, community outreach programs, church organizations, and its website. P-B Health has committed to meeting with at least five physicians and the Senior Information and Assistance Offices within Prince George's County. (DI # P3, p. 30).

Reviewer's Analysis and Findings

Each applicant has described a rational and thorough plan to provide information to the general public and providers. I find each applicant meets this standard.

(2) Fees. An applicant shall make its fees known to prospective patients and their families before services are begun.

Applicants' Responses	
Amedisys	Amedisys' fees are listed in the informed consent form patients and families are required to sign prior to starting services. (DI # A3, p. 19).
Bayada	Bayada's fees will be disclosed to prospective patients and families before beginning services. Its fee schedule is based on Medicare hospice reimbursement rates. (DI # B3, p. 32).
Montgomery Hospice	Montgomery Hospice will present its fees prior to admission and post them on its hospice website. (DI # M3, p. 16).
P-B Health	P-B Health makes its fees known to prospective patients and families before services begin in its home health agency and will do the same if granted CON approval for hospice services. (DI # P3, p. 31).

Reviewer's Analysis and Findings

Each applicant's current processes or stated plans for disclosing fees to prospective patients prior to beginning services meets this standard.

J. Charity Care and Sliding Fee Scale. Each applicant shall have a written policy for the provision of charity care for indigent and uninsured patients to ensure access to hospice services regardless of an individual's ability to pay and shall provide hospice services on a charitable basis to qualified indigent persons consistent with this policy. The policy shall include provisions for, at a minimum, the following:

(1) Determination of Eligibility for Charity Care. Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospice shall make a determination of probable eligibility.

Applicants' Responses	
Amedisys	Amedisys's initial application stated that it has a charity care policy and that it will make determinations for financial assistance and/or reduced fees within two business days after a request is made. (DI #3, Exh. 8). Determinations for probable eligibility of charity care are made using the best available income-based sources such as: W-2 form, pay stub, tax return, Medicaid card, or "other similar documentation." (DI # A9, Exh. 23). On August 24, 2018, Amedisys's modification updated its Maryland specific charity care policy to implement a two-step process for determining eligibility for charity care. The first step is a determination of probable eligibility where the determination is made solely on an interview with a patient; no additional information is required. (DI #A19, pp. 1-3). The second step of Amedisys' determination process is for patients to complete an income verification form. Amedisys states if the documentation to verify income for the final determination is not available, the Director of Operations is authorized to approve charity care and/or discounted fee care without the documents. (DI # A19, p. 2 & Exh. 29).
Bayada	Bayada's application on October 7, 2016 application referred to a "Financial Hardship Policy, #0-3682" that did not exist within its application or make it clear what documentation is required from the patient when a determination of probable eligibility is made. (DI # B10, Exh. 23). In response to completeness questions, Bayada provided a revised charity care policy that commits its office director to review a request for charity care within two business days after s/he has "gather[ed] all required data from the client to determine eligibility." That required information includes: health plan benefits eligibility and

	coverage such as Medicare or commercial coverage, household income, household size, and demographic information. (DI # B10, p. 11 & Exh. 23). In its August 24, 2018 modification, Bayada modified and updated its charity care policy. It will base determination of probable eligibility on an interview to ascertain the patient's family size, income, insurance, and medical bills. (DI # B18, Exh. 23). The final determination requires patients to complete a hardship form that requires documentation about family income and medical expenses. (DI # B18, Exh. 54).
Montgomery Hospice	Montgomery Hospice updated its charity care policy to state that an assessment of probable eligibility will be completed within two business days of a request for financial assistance, and that patients and families are assisted in completing the financial assistance application. (DI #M3, p. 17). It also states its Director of Finance and Chief Financial Officer review all applicable patient information and discuss determinations with the social worker when there is a patient with no source of payment or who has reached the limits of private insurance benefits. (DI # M10, Appendix CA3). In response to my assessment that Montgomery Hospice's approach required excessive documentation for a finding of probable eligibility, Montgomery Hospice modified its application by amending its charity care policy allowing for a determination of probable eligibility based on applicants' estimates of total income and insurance coverage; documentation of same is not required, although final determination does require patients to have documentation to prove income and insurance status. (DI # M18, pp. 2-3 and Exh. 2).
P-B Health	The charity care policy in P-B Health's initial application states that it will make every effort to make a determination of probable eligibility within two business days following patient's request for charity care services and communicate this information to the patient verbally and in writing. (DI # P3, p. 31; DI #P6, pp. 34-36). In its August 24, 2018 modified application, P-B Health submitted an update to its charity care policy that included a two-step process for making eligibility determinations. P-B Health states that it makes probable determinations of charity care by discussing family size, [health] insurance status, and income with patients. (DI #P34, Exh. 12). Final determination of eligibility is based on a more detailed documentation of income and expenses. (DI #P34, Exh. 12).

Interested Party Comments

Comments on Amedisys' Application

Bayada Comments

Bayada comments that Amedisys' charity care policy is complex and restrictive, requiring tiers of approval based on how much charity care a patient seeks. Bayada points out that provisions within Amedisys' charity care policy would likely make it difficult for patients and families to access timely hospice care. (DI #13GF, p. 5).

Applicant's Response to Interested Party Comments

Amedisys

Amedisys responded to Bayada's comment about a complex and restrictive charity care policy by stating that Bayada has misinterpreted its policy. Amedisys states its tiered approval process is internal and instructional for staff only. The patient is not affected by qualifying decisions made by staff which are necessary for record keeping. Amedisys states eligibility for charity care is determined upon admission, and that once qualified a patient needing more charity care than was initially projected will have the approval adjudicated without affecting the care the patient is currently receiving. (DI #21GF, p. 18).

Reviewer's Analysis and Findings

The intent of this part of the standard is to ensure that a procedure is in place to inform a potential charity care recipient of probable eligibility within two business days of initial inquiry based on a simple and expeditious process. Requiring a completed application with considerable documentation does not comply with the intent of this standard. A hospice provider can certainly ask for necessary documentation before issuing a final determination. However, doing so for an initial finding of probable eligibility is overly burdensome to the potential patient.

The charity care policy of each applicant in this review did require a level of documentation that I judged to be burdensome and counterproductive to obtaining an assessment of probable eligibility within two days, which I conveyed in my July 31, 2018 status conference letters to the applicants. Each applicant responded by modifying its approach to determining probable eligibility in ways that do not require a high level of documentation to be provided. With these changes, I find that each applicant complies with this subpart of the standard.

(2) Notice of Charity Care Policy. Public notice and information regarding the hospice's charity care policy shall be disseminated, on an annual basis, through methods designed to best reach the population in the hospice's service area, and in a format understandable by the service area population. Notices regarding the hospice's charity care policy shall be posted in the business office of the hospice and on the hospice's website, if such a site is maintained. Prior to the provision of hospice services, a hospice shall address any financial

concerns of patients and patient families and provide individual notice regarding the hospice's charity care policy to the patient and family.

Applicants' Responses	
Amedisys	The charity care policy submitted with Amedisys's initial application stated that it will publish an annual notice of the hospice's charity care policy in publications available to residents of Prince George's County, and will consult with the County Health Department, on the form of notice, as well as the best method for communicating the Amedisys notice to Prince George's County residents. Amedisys provided a copy of its notification announcing its charity care policy. Amedisys supplied a link to the section of its website where the charity care policy was supposedly available, but it was not functional. (DI #A3, p. 20, DI # A9, p. 8). In its August 24, 2018 modification, Amedisys submitted a revised Maryland-specific charity care policy that made it clear that the policy applied to all jurisdictions in which Amedisys provided hospice services. Amedisys also updated its website so that its charity care policy and notice is on the home landing page. (DI # A19, p. 5).
Bayada	Bayada stated that it will disseminate information regarding its charity care policy through the following means, as it has in other markets: 1. Posting the policy on its website. 2. Posting the policy in its local Prince George's County office and making copies of the policy available at that office. 3. Including the policy with other information provided to prospective patients and/or their families about Bayada's hospice services (such as Bayada's admission booklet). 4. Distributing the policy to referral sources and health care providers with which Bayada has a relationship or will develop a relationship. (DI# B10, p.12). Bayada modified its application in response to my status conference letter, and that modification included a copy of its Notice of Charity Care Policy that informs patients of its charity care policy and includes its sliding fee scale. (DI# B18, Exh. 55). It also updated its website to include a link to its charity care policy for Maryland specific services.
Montgomery Hospice	Montgomery Hospice, states in its initial application, that the charity care policy is printed in several of Montgomery Hospice's publications, including its *Patient and Family Handbook*, *Questions and Answers* flyer, and its Hospice brochure. It is also posted on its website and in the business office. (DI # M10, pp. 4, 5). Montgomery Hospice's August 24, 2018 modified application states it added new language to its website to highlight its charity care policy. (DI #M18, p. 3). It communicated its updated charity care policy and all materials related to the updated policy to all staff. (DI # M18, Exh. 4).

P-B Health	P-B Health states, in its initial application, that it will publish its charity care policy annually in publications for the Prince George's County Health Department, the Prince George's County Commission on Aging, and in local newspapers such as the Sentinel and the Prince George's Post. The charity care policy will also be posted in the agency's business office and on its website. (DI # P3, p. 31). P-B Health's August 24 modified application includes an update to its notice of charity care ensuring that patients are aware of its ability to make probable eligibility determinations. (DI # P34, pp. 8, 9). P-B Health also acknowledges that if it is awarded a CON it will post this notice in its business office and on its website. (DI # P34, Exh. 12).

Reviewer's Analysis and Findings

My initial review of each applicant's charity care policy and supporting documentation revealed that only Amedisys provided a copy of the notice it provides to the public publicizing its charity care policy. Prior to providing each applicant feedback on the deficiencies of its application, I was able to locate and verify the charity care policy on the websites of Bayada and Montgomery Hospice, but not on the websites of Amedisys and P-B Health. Given that Amedysis is a currently licensed hospice provider in the State of Maryland, the inability to locate and verify its charity care policy was surprising and disappointing. P-B Health is not yet a licensed hospice provider and does not have a hospice website to check; however, I viewed and verified P-B Health's hardcopy charity care policy for its home health agency.

My July 31, 2018 project status conference letters requested that each applicant provide specific updates about its notice of charity care policy. For example, I requested that Amedisys, Bayada, and Montgomery Hospice consider the visibility and usability of their websites to access information on charity care. I additionally requested Amedisys to ensure that the links it provided in its application were functioning and actually routed patients to the information on its website as it describes. I questioned whether P-B Health's use of the classified section of the newspaper was the best method to reach potential patients. P-B Health responded that not only will it publish its notice of charity care policy in both English and Spanish in various local newspapers, but will also publish this information in community association newsletters, church bulletins, community college publications, and other venues that will reach residents of the service area.

After addressing the deficiencies that I highlighted in their applications, I find that each applicant now meets this subpart of the charity care standard requiring dissemination of its charity care policy. Therefore, each applicant satisfies the requirements of this subsection.

(3) Discounted Care Based on a Sliding Fee Scale and Time Payment Plan Policy. Each hospice's charity care policy shall include provisions for a sliding fee scale and time payment plans for low-income patients who do not qualify for full charity care, but are unable to bear the full cost of services.

Applicants' Responses	
Amedisys	Amedisys's sliding fee scale provides a 100% discount for a family with an income of 125% of the Federal Poverty Guideline ("FPG"), and ranges to a 5% discount for a family with an income of 400% of FPG. (DI # A9, Exh. 23).
Bayada	Provides hospice services on a sliding scale based on household income, size, demographic of residence and FPG. If an applicant is between 100% and 125% of poverty based on the FPG, they may qualify for a 100% reduction of its per diem fees. (DI # B10, p. 13).
Montgomery Hospice	Provides hospice services on a sliding scale based on family income and FPG. (DI # M10, Attachment ("Att.") CA3-1). Montgomery Hospice's sliding fee calculator accounts for factors such as the number of individuals in a patient's household, monthly income sources, monthly expenses, creditors, and assets. (DI # M10, Att. CA6-1).
P-B Health	P-B's initial application states that it will provide hospice services on a sliding scale based on household income and FPG. (DI #6, Exh. 23). Its sliding scale and payment plan policy states, "patients with income between 200–400% FPG may apply for financial assistance." (DI # P6, Appendix D – Exh. 3). In its August 24, 2018 modification, which responded to my Project Status Conference letter, P-B Health updated its sliding fee schedule to reflect that any patient that is at or below 100% of the FPG would qualify for full charity care. (DI # P34, pp. 7, 8).

Reviewer's Analysis and Findings

Each applicant's charity care policy includes provisions for both a sliding fee scale based on household income and the Federal Poverty Guidelines. Initially P-B Health's sliding fee scale lacked clarity in defining who would qualify for full charity care and communicated that in my July 31, 2018 letter. In its August 24, 2018 modification, P-B Health updated its sliding fee schedule to reflect that any patient that is at or below 100% of the FPG would qualify for full charity care which would make its services more accessible to indigent patients.

I find that each applicant meets the requirements of this subsection of the charity care standard.

(4) Policy Provisions. An applicant proposing to establish a general hospice, expand hospice services to a previously unauthorized jurisdiction, or change or establish inpatient bed capacity in a previously authorized jurisdiction shall make a commitment to provide charity care in its hospice to indigent patients. The applicant shall demonstrate that:

(a) Its track record in the provision of charity care services, if any, supports the credibility of its commitment; and

Applicants' Responses	
Amedisys	Amedisys stated that in 2015 it provided 239 days of charity care out of 47,248 total days of hospice services (0.5%). (DI # A9, p. 10). This was equivalent to 0.1% of total operating revenue. (DI # A3, Table 3). As part of its modified application, Amedisys states it will commit 1.5% of its net operating revenue to providing charity care for those patients in need. (DI #A19, p. 5).
Bayada	Across its multi-state service areas, from 2011 through the second quarter of 2016, Bayada provided $282,082 in charity care, which is equivalent to 0.42% of its total $67,553,302 in gross revenue for that same time period. (DI # B12, p. 1). In addition, Bayada reported that it never billed or collected $114,639 in services that occurred prior to patients becoming Medicare-certified. (DI # B10, p. 14). Bayada has committed to provide charity care valued at 1% of its revenues.
Montgomery Hospice	Provided $467,316 in charity care in 2015 (equivalent to 1.9% of net revenue). It has allocated $450,000 a year for charity care if awarded a CON to provide hospice services in Prince George's County. (DI # M3, p. 17).
P-B Health	As a home health agency P-B Health submitted data from the 2009, 2010, and 2012 MHCC Home Health Survey that indicates reported provision of charity care services it values at $64,820 in those years, equivalent to 0.45% of combined net revenue ($14,236,316). (DI # P5, p. 10). In its August 24, 2018 modification, P-B Health states that it will commit to providing charitable days of care equivalent to 2.1% of its total days, using reporting on recent levels of charity care provided by existing hospice agencies as a basis for this commitment. (DI # P34, pp. 8, 9). P-B Health's charity care policy includes a feature to monitor charity care performance on an ongoing basis. Specifically, P-B Health will: develop a quarterly report…show[ing] the…cumulative number of charity care patients, the percent of total patient days, and their equivalent charges as well as the cumulative annual total patient days. This report will be a regular item on the agenda of P-B Health's management meetings at least quarterly. [If] P-B Health's charity care…[is] not consistent with its commitment, P-B Health will take every action possible to meet its commitment, including: a. Notifying all referring entities, reminding them of the availability of charity care b. Reminding staff who interact with patients that charity care is available. (DI # P34, p. 9; Exh. 12).

Interested Party Comments

Comments on Amedisys' Application

Montgomery Hospice Comments

Montgomery Hospice states Amedisys' application lacks a demonstrated commitment to charity care, pointing out that "its entire Maryland operations in four jurisdictions provided a total of 239 days of charity care to only three patients in FY2015, which amounted to 0.51% of total patient days and 0.33% of patients served." (DI #17GF, p. 1).

Comments on Bayada's Application

Montgomery Hospice Comments

Montgomery Hospice comments that Bayada's track record of funds allocated for charity care is nominal based on the level of revenue generated by Bayada. (DI #16GF, pp. 1, 2).

Comments on P-B Health's Application

Montgomery Hospice Comments

Montgomery Hospice comments that the non-consecutive years of data provided by P-B Health's home health agency make it difficult to assess the amount of charity care it has provided in the past. Montgomery Hospice further comments that the amounts of charity care reported by P-B Health on its Home Health Surveys of 2009, 2010, and 2012 averaged $21,600, an amount that Montgomery Hospice asserts does not exhibit a commitment to providing charity care. (DI #18GF, pp. 4, 5).

Applicants' Response to Interested Party Comments

Amedisys

Amedisys responds to Montgomery Hospice comments by stating it submitted a specific plan for its charity care commitment and provided this information within its application (DI #3, Exh. 8). Amedisys states it has never turned down a charity care patient in any of its authorized jurisdictions. Amedisys asserts that the statistics it presented in its application tables show its track record for providing charity care. Additionally, in response to Montgomery Hospice's comments, Amedisys states it has budgeted for two employees who will serve in the areas of community outreach and marketing. A portion of these employees' responsibilities will include informing the public of Amedisys' charity care policy. (DI #21GF, p. 3).

Bayada

Bayada responded to Montgomery Hospice's comments by stating that it serves clients regardless of their ability to pay and referencing its commitment to granting charity care using the federal poverty guidelines ("FPG") to determine eligibility. Bayada states that it has budgeted a minimum of 1% for charity care each year of operation through 2021, and Bayada argued that its

total charity care projection equals that of Montgomery Hospice as a percentage of revenue. Finally, Bayada pointed out that it is transitioning into a not-for-profit status, "underscore[ing] BAYADA's future commitment to charitable giving." (DI #22GF, pp. 2, 3).

P-B Health

P-B Health states that its home health agency has a history of providing charity care. P-B Health provided 2014 home health data for Baltimore City that showed it to have had the greatest percentage of charity care out of the 17 agencies providing service there.(DI #24GF, Exh.7). P-B Health's percentage of care was less than 1%, but it was the highest level of charity care provided by the five agencies that actually reported providing any charity care. P-B Health also states that Montgomery Health, a not for profit organization, should not receive extra credit for providing charity care, as providing charity care is a requirement. (DI #24GF, pp. 9, 10).

Reviewer's Analysis and Findings

Historically the amount of charity care provided by hospice providers in Maryland represents a small proportion of total patient days.[17] One reason for this is the availability of the Medicare hospice benefit, which often obviates the need for charity care. The providers serving Prince George's County and the applicants are not atypical of the overall pattern in Maryland.

I reviewed the amount of charity care reported by current hospice providers in this jurisdiction. Capital Caring Hospice, a not-for-profit ("NFP") organization, leads in this dimension of service, reporting 1,770 days of charity care and a total of 69,892 days of hospice services (2.5%) in 2016. The second largest provider, Hospice of the Chesapeake, Inc., also an NFP organization, provided 992 days of charity care and 66,099 total hospice days (1.5%). The third and fourth largest reported providers of hospice services in Prince George's County reported providing charitable days of care representing less than one percent of total days.

Each applicant provided supporting data to confirm its current level of charity care provision. I find that it is reasonable to conclude that each applicant's track record supports the commitment each has made regarding charity care.

(b) **It has a specific plan for achieving the level of charity care to which it is committed**.

[17] Twelve out of twenty-seven hospice respondents to MHCC's Hospice Survey in FY 2016 reported serving no charity care patients. The statewide average level of charity care provided in that year by the 15 hospices reporting the provision of charity care was 1.0%, as a proportion of those hospices' total patients, or 1.1%, when expressed as a proportion of those hospices' total patient days. Taking all 27 hospices into account, including the 12 that did not report providing any charity care, the statewide average level of charity care provided in FY 2016 was 0.007%, as a proportion of all hospices' total patients, or 0.009%, when expressed as a proportion of all hospices' patient days.

Applicants' Responses	
Amedisys	Amedisys's original application budgeted $42,705 for charity care hospice services for Prince George's County (1.5% of the projected total net revenue). (DI #A3, p. 21). In my status conference letter I pointed out that making a budget assumption regarding charity care is not a plan to realize that projection. In response, Amedisys's August 24, 2018 modification, states that its specific plan to reach its commitment includes hiring two FTE staff dedicated to community outreach and education, including education about the availability of charity and discounted fee care. In hiring for those positions, Amedisys will prioritize a candidate's "deep, preexisting familiarity with the Prince George's community, and…. potential referral sources." (DI #A19, p. 5 and Exh. 31). Amedisys plans to identify and collaborate with local organizations that serve indigent residents, and provided a list of such agencies, many of which it states it has already initiated contact with. (DI # A19, pp. 5, 6).
Bayada	In its initial application Bayada stated that it has budgeted 1% of its revenue to charity care services. It also reports having a foundation that makes donations and provides grants to help families pay funeral and burial expenses. (DI # B3, p. 33). In my status conference letter, I pointed out that making a budget assumption regarding charity care is not a plan to realize that projection. In its August 24, 2018 modification, Bayada described a plan for achieving its charity care commitment. Bayada states that it will provide information about its hospice to physicians and facilities with which it has developed relationships through its residential service agency and home health programs in Maryland, and that this information will include a copy of Bayada's Charity Care Policy. Additionally, it plans to disseminate information about its services to various senior information and assistance offices. (DI # B18, pp. 5, 6). To assess if its efforts are working, Bayada plans to evaluate its level of charity care at least annually and if it is not meeting its target goal, Bayada "will look for additional measures to identify and attract charity care clients." (DI # B18, p. 6).
Montgomery Hospice	Montgomery Hospice plans to dedicate $450,000 a year for charity care in Prince Georges County and points out that it provided $467,316 in charity care in 2015 (1.9% of net revenue). It describes its method of disseminating information about the availability of charity care as follows: Montgomery Hospice's policy on charity care is printed on most of the hospice's patient literature and on the organization website stating that Montgomery Hospice will care for patients regardless of their ability to pay. Insurance status never delays admission or

	provision of care. Response time, from the moment a referral is received to the moment a patient is admitted, is tracked by management. Patients without insurance are admitted using the same high standards for service established for all patients. The average response time from first call to admission is less than three days. (DI # M3, p. 17).
P-B Health	Submitted a sliding fee scale for achieving its commitment to its level of charity provision and plans outreach using newspapers, brochures, and mailings to keep the public informed. (DI # P6, p. 10).

Reviewer's Analysis and Findings

The initial responses provided by Amedisys, Bayada, and P-B Health to this final subpart of the charity care standard were not adequate. Amedisys' and Bayada's initial applications focused on the amount of money allocated for charity care in its budget but did not provide a plan for reaching that commitment level. P-B Health presented an acceptable plan for achieving charity care, but because it neglected to set a commitment level in part (a) of this standard, I instructed P-B Health to make that change and modify part (b) if needed. I did not request Montgomery Hospice to provide any additional information as I found its original application response to be satisfactory.

Amedisys and Bayada modified their application to outline specific plans for achieving the set level of charity care. P-B Health established a charity care commitment level as requested and was not required to provide additional information. Each applicant has a specific plan for achieving the level of charity care for which it is committed. Therefore, each of the four applicants meets the subpart of this standard.

The goal of the charity care standard is to ensure that applicants have made provisions to provide charity care for indigent and uninsured patients. This provision allows access to hospice services regardless of an individual's ability to pay. The Commission places great emphasis on this standard as quality healthcare should be afforded to all individuals. As a result, I was not initially satisfied with the level of details each applicant provided about its charity care policy. In my July 31, 2018 project status conference correspondence, I offered each applicant an opportunity to better describe its policy, methods and materials used to advertise its charity care policy, and lastly to identify its commitment level to providing charity along with its current track record.

In summary, the modifications made by each applicant in response to my status conference letter brought them all into compliance with the Charity Care and Sliding Fee Scale standard. I therefore find that each of the four applicants meets the requirements of this standard.

K. Quality.

(1) An applicant that is an existing Maryland licensed general hospice provider shall document compliance with all federal and State quality of care standards.

(2) An applicant that is not an existing Maryland licensed general hospice provider shall document compliance with federal and applicable state standards in all states in which it, or its subsidiaries or related entities, is licensed to provide hospice services or other applicable licensed health care services.

(3) An applicant that is not a current licensed hospice provider in any state shall demonstrate how it will comply with all federal and State quality of care standards.

Applicants' Responses	
Amedisys	Amedisys is an existing Maryland licensed hospice as described in subpart 1 of this standard. At the Reviewer's request, it provided its results from the *Federal Health Information Sets Quality of Care Standards.* (DI # A16).
Bayada	Bayada is not an existing Maryland licensed general hospice, but does provide hospice services in New Jersey, Pennsylvania, and Vermont, thus subpart 2 of this standard applies. At the Reviewer's request, Bayada provided its results from the *Federal Health Information Sets Quality of Care Standards* for its hospice services in those states. (DI #B15).
Montgomery Hospice	Montgomery Hospice is an existing Maryland licensed hospice as described in subpart 1 of this standard. At the Reviewer's request, Montgomery Hospice reported its results from the *Federal Health Information Sets Quality of Care Standards*. (DI # M13).
P-B Health	P-B Health is not a current licensed hospice provider in any state as described in subpart 3 of this standard. As such it was asked to provide, and provided, its Quality of Care Measures from CMS' Home Health Compare (https://data.medicare.gov/data/home-health-compare) for the period January 1, 2016 – December 31, 2016 and its HHCAHPS® Experience of Care Measures for the period April 1, 2016 – March 31, 2017. (DI # P31)

(4) An applicant shall document the availability of a quality assurance and improvement program consistent with the requirements of COMAR 10.07.21.09.

Applicants' Responses	
Amedisys	Documented – in a form developed by MHCC staff to test QAPI compliance with the requirements of COMAR 10.07.21.09 – that its QAPI is in compliance. (DI # A9, Exh. 26).
Bayada	Documented – in a form developed by MHCC staff to test QAPI compliance with the requirements of COMAR 10.07.21.09 – that its QAPI is in compliance. (DI # B10, Exh. 50).
Montgomery Hospice	Provided a letter from the Office of Health Care Quality stating it is compliant with COMAR 10.07.21.09. (DI # M10, pp. 6, 7 & Exh. CA10).

P-B Health	Documented – in a form developed by MHCC staff to test QAPI compliance with the requirements of COMAR 10.07.21.09 – that its QAPI is in compliance. (DI # P6, p. 12).

(5) An applicant shall demonstrate how it will comply with federal and State hospice quality measures that have been published and adopted by the Commission.

Reviewer's Analysis and Findings

The first three subparts of this standard require applicants who are general hospices to document compliance with all federal and State quality of care standards.

The fourth subpart requires an applicant to document that it has a quality assurance and improvement program consistent with the requirements of COMAR 10.07.21.09.

The fifth subpart requires an applicant to demonstrate how it will comply with any of those federal and State hospice quality measures that have been published and adopted by the Commission. This subpart is not applicable, as the Commission has not yet officially adopted any hospice quality measures.

I will address each of the applicable subparts immediately below.

Subparts (1), (2) and (3): Compliance with all federal and State quality of care standards.

At the time the Hospice Services Chapter was updated in 2013, federal and State quality standards had not yet been written. Noting the importance of these measures, the Hospice Services Chapter made the following policy statements:

> **Policy 1.0 The Commission, in conjunction with the Hospice and Palliative Care Network of Maryland, needs to monitor the availability and accessibility of hospice programs on an ongoing basis.**
>
> **(2)** ***Quality Measurement.***
>
> Hospices have been required to have Quality Assessment and Performance Improvement (QAPI) programs in place since December 2008 in order to comply with Medicare Conditions of Participation. Section 3004 of the Affordable Care Act (ACA) of 2010 requires the establishment of a quality reporting program for hospice. Measures of quality as well as patient and family satisfaction are increasingly becoming the focus of health care assessment, both nationally and in Maryland. In addition to the federal (CMS) and National Quality Forum (NQF) measures, the Commission will select and publish measures for assessing the quality of hospice programs. The success of hospices in meeting these quality measures will also be reported in the Commission's Consumer Guide to Long Term Care.

Policy 2.0: As measures are developed, the level of quality achieved by hospices, as indicated by measurement and reporting of performance on the quality measures, will be incorporated into the review criteria and standards used in Certificate of Need reviews.

COMAR 10.24.13.03B.("Statement of Issues and Policies.").

At the time that the applicants prepared and submitted their applications, and when the review of the applications began, CMS had not yet published information on Hospice Compare regarding quality performance. However, late in the fourth quarter of 2017 that data became available (at https://data.medicare.gov/data/hospice-compare), and I requested the three applicants that were hospices to provide their quality performance data. I also asked P-B Health, a home health agency seeking to establish a hospice for the first time, to submit its performance on quality measures from CMS' Home Health Compare (https://data.medicare.gov/data/home-health-compare).

Each applicant provided information documenting their participation in the requisite CMS quality measurement program. Table III-3a compiles the comparative ratings of the three hospice applicants, and Table III-3b shows the home health agency quality ratings for the sole applicant whose track record has been limited to the provision of home health agency services, P-B Health. These tables follow immediately below, with my observations on the quality reports following.

Table III-3a-: Compilation of Quality Scores for the Period 10/1/15 – 9/30/15 for Applicants which are Existing Hospice Providers

Federal Health Information Sets Quality of Care Standards	National Average	Agency Scores					
		Existing Maryland Hospices		Bayada Hospices			
		Montgomery Hospice	Amedisys Hospice of Greater Chesapeake	Bayada Hospice CCN 311576 (NJ)	Bayada Hospice CCN 391741 (PA)	Bayada Hospice CCN 311580 (NJ)	Bayada Hospice CCN 471510 (VT)
NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen	93.3%	99.2%	95.3%	100%	97.7%	NA	100%
NQF #1634 Pain Screening	93.9%	99.5%	96.4%	99.4%	99.1%	98.6%	98.7%
NQF #1637 Pain Assessment	77.7%	47.2%	95.7%	98.9%	98.2%	100%	96.0%
NQF #1638 Dyspnea Treatment	94.6%	99.4%	93.6%	100%	100%	100%	100%
NQF #1639 Dyspnea Screening	97.3%	96.5%	98.3%	100%	100%	100%	99.8%
NQF #1641 Treatment Preferences	98.3%	99.1%	99.6%	100%	100%	100%	100%
NQF #1647 Beliefs/Values Addressed if desired by the patient) (modified)	93.6%	90.5%	97.4%	100%	100%	100%	99.5%

Source: https://www.medicare.gov/hospicecompare/ ; DI #A16; DI #B15; DI #M13.

Table III-3b: P-B Health's Home Health Agency Performance on CMS Home Health Compare Quality and Patient Experience Measures, CY 2016 and FYE 3/31/17

Quality of Care Measures for the period January 1, 2016 – December 31, 2016			
Measure	**P-B Score**	**Maryland Average**	**National Average**
How often patients got better at walking or moving around	**80.5%**	74.8%	71.2%
How often patients got better at getting in and out of bed	**75.0%**	73.2%	68.2%
How often patients got better at bathing	**81.8%**	77.7%	74.3%
How often patients had less pain when moving around	**83.5%**	77.8%	74.4%
How often patients' breathing improved	**86.8%**	81.1%	73.1%
How often patients got better at taking their drugs correctly by mouth	**74.1%**	66.2%	60.9%
How often the team taught patients (or family caregivers) about their drugs	**99.7%**	98.5%	97.5%
How often the team began their patients' care in a timely manner	**94.6%**	93.8%	93.4%
How often the team determined if patients received a flu shot for the current season	**92.2%**	82.2%	76.2%
How often patients had to be admitted to the hospital	**19.3%**	16.3%	16.4%
How often patients needed urgent, unplanned care in the ER without being admitted	**14.1%**	12.3%	12.7%
HHCAHPS® Experience of Care Measures for the period April 1, 2016 – March 31, 2017			
Measure	**P-B Score**	**Maryland Average**	**National Average**
Percent of patients who reported that their home health team gave care in a professional way	**80%**	87%	88%
Percent of patients who reported that their home health team communicated well with them	**78%**	85%	85%
Percent of patients who reported the home health team discussed medicines, pain, and home safety with them	**81%**	81%	83%
Percent of patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	**70%**	81%	84%
Percent of patients who reported YES, they would definitely recommend the HHA	**57%**	77%	78%

Source: DI# P-31; and https://mhcc.maryland.gov/consumerinfo/longtermcare/Home_Health/Users/QualityMeasureResults.aspx?FacId=119.

Amedisys scored very well, exceeding the national average in all but one category (Dyspnea Treatment), and on that one it was just one percentage point below the national average of 94.6%. (DI # A16).

Bayada reported on the hospice services it operates in New Jersey, Pennsylvania, and Vermont. Its performance is strong, as each of those hospices had recent scores that exceeded the national average in every category for which data was available (in its northern New Jersey location, data was not available for the standard on patients treated with opioids).

Montgomery Hospice's performance was not quite as strong as those of Amedisys and Bayada, but still exceeded the national average on four of the seven domains. It was significantly below the national average on one – pain assessment– where it scored 47.2% compared to the national average of 77.7%. (DI # M13).

P-B Health, as the sole applicant that is not currently a hospice, provided its most recent Quality of Care Measures from CMS' Home Health Compare and its HHCAHPS® Experience of

Care Measures. P-B Health scored very well on the Quality of Care Measures, outperforming both the Maryland and national averages in nine (9) of eleven (11) categories. However, its Experience of Care measures were not strong, falling below the national average on all but one of the five categories. Its performance with respect to the State average was better. P-B Health attributed these lower scores on the HHCAHPS measures to "the continued challenges with working with the indigent, challenged and underserved communities of Baltimore." (DI # P31)

I conclude that each of the applicants has demonstrated, through its current participation in appropriate quality reporting vehicles, its ability to comply with federal and State quality of care standards and its intent to perform well.

Subpart (4), Documenting the availability of a quality assurance and improvement program (QAPI) consistent with the requirements of COMAR 10.07.21.09.

COMAR 10.07.21.09 requires a hospice program to conduct ongoing quality assurance and utilization review, and details expectations about the content of such programs. Compliance with 10.07.21.09 is monitored by the Office of Health Care Quality ("OHCQ"). During completeness review the MHCC staff worked with OHCQ staff to adopt the survey form used by OHCQ to measure compliance with COMAR 10.07.21.09 and asked each applicant to either document their QAPI's compliance with the points measured by OHCQ or provide a letter from OHCQ documenting that their QAPI meets the requirements of COMAR 10.07.21.09.

Each applicant documented compliance through its response on MHCC's form, except for Montgomery Hospice, which provided a letter from OHCQ attesting to its compliance. Thus, I conclude that each applicant has documented that it has a quality assurance and improvement program consistent with the requirements of COMAR 10.07.21.09.

Reviewer's Analysis and Findings on the Quality Standard

Based on my review of the track record of the applicants, I find that each applicant has met the requirements of subparts (1), (2), (3), and (4) of the Quality standard.

L. Linkages with Other Service Providers.

(1) An applicant shall identify how inpatient hospice care will be provided to patients, either directly, or through a contract with an inpatient provider that ensures continuity of patient care.

Applicants' Responses	
Amedisys	Currently has contracts with providers within authorized jurisdictions and plans to establish similar contracts if awarded a CON. It included an inpatient service agreement with Upper Chesapeake Health Systems, Inc. (Harford County) as an example. States that it plans to have an onboarding meeting with each contracted provider to review responsibilities and will have follow up monthly meetings. (DI # A3, p. 22; DI # A10, Exh. 22).
Bayada	Bayada's current home health agency in Maryland has established contracts with Genesis Healthcare and the applicant states that it plans to establish contracts with

	Genesis providers at the Clinton, Waldorf, and Riverdale locations. (DI # B3, pp. 38, 39).
Montgomery Hospice	Montgomery Hospice has proposed using three locations for inpatient hospice services: its own Casey House, Prince George's Hospital Center, and Rebecca Fortney Inpatient Care Center.[18] The latter two locations are within Prince George's County, while the first location is in Montgomery County in Rockville. (DI # M3, pp. 18, 19).
P-B Health	P-B Health plans to contract with Seasons Hospice, Gilchrist, and Future Care to secure inpatient care facilities when this type of care is required. Seasons Hospice provided a letter of support while Future Care provided verbal support. Gilchrist is currently its primary inpatient hospice provider for its home health patients. (DI # P3, pp. 13, 14).

Reviewer's Analysis and Findings

Each applicant has met the requirement to identify how inpatient hospice care will be provided to patients.

(2) An applicant shall agree to document, before licensure, that it has established links with hospitals, nursing homes, home health agencies, assisted living providers, Adult Evaluation and Review Services (AERS), Senior Information and Assistance Programs, adult day care programs, the local Department of Social Services, and home delivered meal programs located within its proposed service area.

Applicants' Responses	
Amedisys	Amedisys agrees to document before licensure that it has established links with facilities and programs within Prince George's County. Amedisys also plans to make face-to-face contact with various service providers in the county. (DI #A3, p. 22).
Bayada	Bayada agrees to document before licensure that it has established links with facilities and programs within Prince George's County. Bayada plans to leverage its existing relationship through its home health agencies. (DI # B3, p. 39).
Montgomery Hospice	Montgomery Hospice references letters of support from several providers and County Government agencies and reports that a Montgomery Hospice staff member has begun participating in the Prince George's County Senior Provider Network[19] at the request of County officials. (DI # M3, p. 19).

[18] Rebecca Fortney Inpatient Care Center is a 14-bed general inpatient facility operated by the Hospice of the Chesapeake. This facility is located at the John & Cathy Belcher Campus in Pasadena, in Ann Arundel County Maryland. The facility opened in December of 2015.

[19] The Prince George's Senior Provider Network (PGSPN) is a non-profit organization whose mission is to improve and enrich the quality of life for County seniors and their caregivers. Members of the PGSPN include representatives from business, non-profit, and governmental sectors. Source: https://www.pgspn.org/

P-B Health	P-B Health agrees to document before licensure that it has established links with facilities and programs within Price George's County. (DI # P3, p. 36).

Reviewer's Analysis and Findings

Montgomery Hospice essentially asserts that it has already begun establishing these linkages, and the other three applicants have stated that, if authorized to provide hospice services in Prince George's County, each will document that establishment of links with the required providers and organizations within Prince George's County before putting the services into operation.

I find that each applicant has made the appropriate commitments to establish linkages. However, any approvals should be conditioned upon documenting these linkages prior to first use approval and I have recommended this condition.

M. Respite Care. An applicant shall document its system for providing respite care for the family and other caregivers of patients.

Applicants' Responses	
Amedisys	Amedisys states that it will establish contractual arrangements for the provision of respite care with qualified facilities in Prince George's County. Amedisys currently contracts with Stella Maris, Citizens Care and Rehabilitation Center, and Upper Chesapeake Medical Center to provide respite care in its current authorized jurisdictions. (DI # A3, p. 23).
Bayada	Bayada states that it will contract with one or more Medicare and/or Medicaid certified inpatient facilities in Prince George's County. Bayada will offer respite services up to five days per admission in accordance with the patient's care plan and will be responsible for coordinating patient's transfer to and from respite care facilities. (DI # B3, p. 40).
Montgomery Hospice	Montgomery Hospice states that it offers respite care to patients and families through its contracts with three local nursing facilities and in its inpatient facility, Casey House, using Casey House especially for patients with complex psychosocial and medical needs. (DI # M3, p. 20).
P-B Health	P-B Health states that it will arrange respite care if the usual caregiver needs a rest, and that it will develop working relationships and execute contracts with three Medicare/Medicaid certified skilled facilities in Prince George's County to provide respite care. It will facilitate the transfer of each patient to the inpatient respite care facility and will coordinate the patient's care while at the respite facility. P-B Health states that respite care may be used for up to five days each time it is needed, and that it "can be utilized more than once but only on an occasional basis." (DI # P3, pp. 36, 37).

Interested Party Comments

Comments on P-B Health's Application

Bayada Comments

Bayada commented that P-B Health proposes to restrict how often families and caregivers use respite care. Bayada points out that Medicare does not impose any such restriction on the frequency of respite care and that hospices are expected to provide the necessary respite care. (DI #15GF, p. 6).

Applicant's Response to Interested Party Comments

P-B Health

P-B Health states it is contracting with Seasons Hospice[20] to provide support for home hospice patients in need of respite care. (DI #24GF, p. 7).

Reviewer's Analysis and Findings

Each applicant has described its system for assuring that respite care is available for its patients. All will employ contractual arrangements. Montgomery Hospice also operates a Montgomery County facility that it can use in the provision of respite care. Only P-B Health specifically named the facility it expected to work with, while Amedisys and Montgomery Health named facilities they work with in their currently-authorized jurisdictions.

I find that each of the applicants has met the standard, although approvals should be conditioned upon documenting agreements for providing respite care prior to first use approval.

N. Public Education Programs. An applicant shall document its plan to provide public education programs designed to increase awareness and consciousness of the needs of dying individuals and their caregivers, to increase the provision of hospice services to minorities and the underserved, and to reduce the disparities in hospice utilization. Such a plan shall detail the appropriate methods it will use to reach and educate diverse racial, religious, and ethnic groups that have used hospice services at a lower rate than the overall population in the proposed hospice's service area.

[20] While Seasons Hospice and its affiliates have several locations, the closest one is located in Columbia. P-B Health did not provide any information confirming if this is the location it will use.

Applicants' Responses	
Amedisys	Amedisys described the centerpiece of its educational program as a campaign designed to start advance care planning for patients and families.[21] It also described its efforts to ensure it effectively engage with non-English speaking households, such as translating its educational program and materials into various languages (Spanish, Asian, and African languages) and providing interpreters to bridge language and cultural gaps. Amedisys also discussed its policy of putting a priority on hiring community members who know and are "embedded in the community" to provide the public education. Amedisys pointed out that it had committed funds to a public education effort, and would incorporate best practices gleaned from its hospice programs across the country. (DI # A3, pp. 23, 24).
Bayada	Bayada explains that its outreach and education plan consists of seven main elements: hiring community liaisons; connecting with health care institutions and stakeholders; collaborating with other providers through referrals; providing education programs for community and religious leaders; making cultural competency a core component of staff training; implementing an outreach program tailored to Latino and African American communities; and disseminating educational materials and other outreach resources. (DI # B3, pp. 41, 42).
Montgomery Hospice	Montgomery Hospice described its educational programs as including a variety of tactics such as: a presence at community events and venues such as health fairs, senior and cultural centers; use of its newsletter, social media sites, its website; and relationships with congregants of various faith communities. In addition, Montgomery hospice uses educational materials tailored to minority communities in order to make a greater impact; these educational materials are available in six different languages. (DI # M3, pp. 20, 21).
P-B Health	P-B Health states that it will seek to educate and reach underserved minority communities by conducting education programs in collaboration with church organizations, ministers, and various community organizations. P-B Health's outreach plan will include hosting hospice seminars and providing legal consultation. (DI # P3, pp. 38, 39).

[21] Amedisys states that it has developed a program for providing public education on hospice care, "The Being Mortal Campaign." It states that this "Being Mortal" Campaign gives it a unique way to start advance care planning conversations in the communities served by Amedisys. This campaign was inspired by a documentary featuring Dr. Atul Gawande in which he interviews patients and health care providers. The documentary investigates their experiences surrounding the difficult conversations at end of life. Amedisys stated that it owns rights to show the Gawande video and intends to make it available to communities, facilities, and physicians in Prince George's County. (DI #3, p. 23).

Interested Party Comments

Comments on Amedisys' Application

Bayada Comments

Bayada commented that the rights to the "Being Mortal" video are not solely owned by Amedisys, and claims that the video is an episode of PBS Frontline and the "Being Mortal" campaign, a project of the Hospice Foundation of America ("HFA"), which allows virtually any hospice to use the program's materials through a simple application process. Bayada comments that "Being Mortal" is a tool to help individuals in any population start an advanced care planning discussion, and that Amedisys has not explained why this model will uniquely help to increase hospice awareness and acceptance in the particular underserved communities in Prince George's County. Finally, Bayada stated that Amedisys' education plan exclusively focuses on community institutions and does not address how Amedisys will reach out to other health care facilities, practitioners, or referral sources. (DI #13GF, pp. 3, 4).

Montgomery Hospice Comments

Montgomery Hospice commented that Amedisys' application "fails to demonstrate its organizational commitment" to public education programs and does not give enough detail on how it will provide public education. Specifically, Montgomery Hospice states that: the "Being Mortal" video is a documentary about general end-of-life care, and not necessarily on hospice care; the example Amedisys cited of using a handbook written in Cantonese will not be useful given that the Chinese population in Prince George's County is only 0.8% of the total population; and calls Amedisys' plan to hire a Prince George's County resident to provide education to Prince George's County residents as a part of a comprehensive public education campaign "insufficient" because "[l]ocating such a resident and developing a yet-to-be provided comprehensive public education campaign are important steps that will take considerable time and effort to complete." Montgomery Hospice closes this section of its comments by favorably contrasting its plans with those of Amedisys, claiming it will "structure . . . public education programs to better reach diverse racial, religious, and ethnic groups." (DI #17GF, pp. 2, 3).

Applicant's Response to Interested Party Comments

Amedisys

Amedisys responded to comments from Bayada regarding the rights to the "Being Mortal" program as "inaccurate and misleading." Amedisys acknowledged that HFA sponsored and coordinated its own public awareness campaign involving organized screenings of the "Being Mortal" documentary, but explained that HFA's campaign is a time-limited campaign (January, 2016 through June 2017) in which HFA accepts applications to screen the "Being Mortal" documentary under HFA's rights. However, Amedisys did not secure its rights to the documentary through HFA, but instead directly owns the rights from PBS and has the unrestricted right to share and distribute it. Amedisys also stressed that the manner in which it incorporates the "Being Mortal" documentary within a larger program in order to help generate discussion and conversation about end of life care is "what is most important." The documentary sets up a "unique interactive discussion led by an Amedisys hospice specialist" which "focuses on having more effective and successful conversations with patients and family facing a serious or life-limiting

illness." (DI #A21, p. 15). Amedisys' response on this issue also applied to comments from Montgomery Hospice.

Amedisys refutes Bayada's comment that its public education campaign focuses only on "institutions," and does not address how Amedisys will reach out to other health care facilities, practitioners, or referral sources, stating that its application describes a comprehensive public education campaign that includes both institutions and individuals. Amedisys states that the "Being Mortal" program is focused on educating individual health care practitioners. (DI #21, p. 17). Amedisys states that the "Being Mortal" campaign has proven quite successful in increasing hospice use. It claims to have launched the "Being Mortal" campaign in its existing jurisdictions in Maryland in November 2016, when it hosted nine events in Rosedale and Elkton, and that the "direct result of these community programs has been a 35% increase in referrals to Amedisys, an increase that has been sustained since those events [and that it] believes that [it] will be similarly effective in Prince George's County, particularly among communities that have underutilized hospice services up until now." (DI #21, p. 5).

Addressing Montgomery Hospice's comment that a handbook written in Cantonese would be "minimal at best" in Prince George's County, Amedisys states that Montgomery Hospice "misses the point," which is to demonstrate that Amedisys tailors its public education campaigns to the community it is serving. (DI #21, p.5). Finally, Amedisys points out that it has started up 131 new programs -- including 19 hospice start-ups-- in the last ten years, contrasting that with Montgomery Hospice, "which has one program that started up 35 years ago." (DI #A21, p.6).

Reviewer's Analysis and Findings

I find that each of the applicants offered an acceptable response to this standard. I believe that each recognizes the need to raise the level of knowledge and awareness of the potential benefits of hospice services in Prince George's County as an important long-term strategy for increasing use of hospice services by terminally ill residents and reduce disparities in acceptance of hospice services and use of hospice services among the varied racial and ethnic communities of the jurisdiction. Obviously, increasing demand for this service is not only an objective of MHCC but is clearly in the professional interest of persons seeking to enter the Prince George's County hospice market.

While Amedisys may have overstated or mischaracterized its public education campaign strategy, I do not find that the interested party comments criticizing Amedisys' response to this standard establish a basis for finding that it does not meet the standard. Amedisys' response provided needed clarity.

O. Patients' Rights. An applicant shall document its ability to comply with the patients' rights requirements as defined in COMAR 10.07.21.21.

Applicants' Responses	
Amedisys	Amedisys documented its compliance with COMAR 10.07.21.21 by submitting a copy of its Patients' Rights Policies. (DI # A3, pp. 24, 25).

Bayada	Bayada documented its compliance with COMAR 10.07.21.21 by submitting a copy of its Client Rights Policies. (DI # B3, p. 43 and Exhs. 39, 40.)
Montgomery Hospice	Montgomery Hospice provides each patient with written and verbal explanation of its Patient's Right and Responsibilities. The applicant provided documentation of its patient right's policy. (DI # M3, p. 21).
P-B Health	P-B Health provided documentation of the Patient's Rights and Responsibilities it uses for its home health agency which comply with COMAR 10.07.21.21. (DI # P3, pp. 39, 40).

Reviewer's Analysis and Findings

Each applicant meets the standard of documenting and providing copies of its Patients' Rights policies.

P. Inpatient Unit: In addition to the applicable standards in .05A through O above, the Commission will use the following standards to review an application by a licensed general hospice to establish inpatient hospice capacity or to increase the applicant's inpatient bed capacity.

None of the applicants are proposing to establish or increase inpatient hospice service capacity as a component of their proposed projects.

B. COMAR 10.24.01.08G(3)(b) NEED
Need. The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

Applicants' Responses	
Amedisys	Citing the Maryland Hospice Need Projections for Target Year 2019 (published in the Maryland Register on May 17, 2016), Amedisys pointed out that 2,474 terminally ill patients will be residing in Prince George's County and will need hospice services in 2019, considerably more than the 1,826 hospice patients who were served by the eight general hospice programs in Prince George's County in 2015 according to the MHCC hospice survey. Amedisys pointed out that MHCC projects additional need of more than 600 patients. Amedisys spoke to its track record, reporting that in fiscal year 2015 it provided over 47,000 visits for 922 patients. (DI # A3, pp. 27, 28). To contribute to addressing the jurisdiction's unmet need Amedisys projects serving about 250 patients a year, by "build[ing] on its existing foundation of relationships with health care providers, patients, and other agencies" to quickly implement service. (DI # A3, p. 28).
Bayada	Bayada pointed out that MHCC has projected additional need for Prince George's County, as published in the *Maryland Register*, Volume 43, Issue 11,

	Friday, May 27, 2016. Bayada observes that this analysis indicated that the current providers would not be sufficient to meet the net need identified. Bayada cited the County's lower hospice use rate, and its demographic and socioeconomic makeup (a growing 65+ population, large minority community, and the state's second largest number of Medicaid beneficiaries), and stated that its experience in the Philadelphia Metro area (which it stated was demographically similar to the Prince George's market) and rural Vermont (which though demographically much different, required "intense and extensive" outreach efforts to increase utilization) as evidence that it could successfully meet the need. (DI # B3, pp. 41-47).
Montgomery Hospice	Montgomery Hospice cites MHCC projections, stating that there is an unmet need of 662 patients "even if existing hospices serving that county continue to grow at historical rates." (DI #3, p. 22). Speaking of the county's historically low hospice use rates, Montgomery Hospice states that the existing eight hospices have not been able to increase the use rate of hospice services, and that this indicates that "service in the county is fragmented, with current providers serving only small portions of the total hospice-eligible population." (DI # M3, p. 22). Montgomery Hospice states that its plans put a special emphasis on serving the African American and Hispanic populations of Prince George's County. Citing the Maryland Department of Vital Statistics and market data from a proprietary database, Hospice Analytics, Montgomery Hospice asserts that "not only are <u>all</u> residents of the county under-served by hospice, but [African American] residents are disproportionately under-served," because while 67% of the deaths in Prince George's County were African American, just 59% of hospice deaths were. Montgomery Hospice states that it "is large enough to meet that annual need entirely, without …any additional providers," and that its plans are "designed to completely address the unmet need." (DI # M3, p. 22).
P-B Health	In its initial application P-B Health pointed out that Prince George's County had a significantly lower use rate than the State average, and cited MHCC data showing that the hospice use rate of the African American community is 29% compared to the statewide use rate of 43%.[22] (DI #3, pp. 41; Appendix A, Exh.1). In a subsequent filing, P-B Health re-emphasizes that "significantly more focus must be placed on educating and reaching out to the African-American Community." (DI # P8, p. 6). Responding to this theme, P-B Health claims it has a proven record of making positive changes in communities that are underserved and multicultural, stating: This indicates the need for education about the benefits of hospice services, community empowerment, and meaningful interventions for

[22] *Update on Hospice Services and Implementation of State Health Plan* – presentation to MHCC on April 24, 2016, slide 14.

	underserved multicultural communities in Prince George's County, Maryland. P-B Health has a proven record of making a positive change in these communities with bridging the gap and forming a community of health organizations, businesses in the community, and churches working together for the betterment of the patients, caregivers, family members, and the interdisciplinary team in achieving the same goal. (DI # P3, p. 42).

Reviewer's Analysis and Findings

For these projects, the applicable need analysis in the Hospice Services Chapter employs a calculation of hospice use as a benchmark for targeting jurisdictions where authorization of additional hospice providers can be considered by MHCC. Prince George's County has a large enough population such that, combined with its relatively low hospice use rate, it qualified as a target jurisdiction. Thus, under the terms of this criterion, a demonstration of need is not required because there is no applicable need analysis in the Hospice Services Chapter. However, because there are multiple applicants, it is useful to compare their responses to the criterion.

There were many similarities and common themes in the applicants' responses. Three of the applicants referenced the MHCC projection that there is an unmet need of 662 patients for hospice services. The other, P-B Health, emphasized the fact that Prince George's County is heavily African American, a population that, for a variety of reasons, has been underserved, or has underutilized, hospice services. Each applicant also cited the County's low hospice use rate in comparison to the statewide average and also stressed the importance of finding a way to reach the minority population with information and education regarding the benefits of hospice care. I summarize and differentiate the applicants' responses as follows:

Amedisys

Amedisys projected it would admit 168 patients annually by Year 2020 of operation. It referenced its track record in other jurisdictions as evidence of its ability to meet needs, and said it would "build on its existing…relationships with health care providers, patients, and agencies in Maryland as a licensed, certified and accredited general hospice care program…in Baltimore City, Baltimore County, Harford County and Cecil County, as well as in Prince George's County as a licensed, certified and accredited home health care agency…[to]…assure a rapidly expanded service and referral base" that would meet "approximately 30% of the needed services projected in the State Health Plan for 2019." (DI #3, p. 28).

I believe that Amedisys' track record in other jurisdictions, as well as its ability to replicate the outreach and referral-building models it has used in those jurisdictions, provides ample evidence that it has the potential for effectively addressing the need for increasing the use of hospice services in Prince George's County.

Bayada

Bayada projected it would admit 259 patients annually by Year 2021 of operation. It claimed that it had made successful entries into hospice services in a demographically similar market in the Philadelphia Metro area, and that in a much different market, rural Vermont, it had employed outreach and education efforts to increase utilization in the state by 33% over four years. (DI #3, p. 46).

I find that Bayada may be effective in raising the population's hospice use rate if authorized to enter the Prince George's County hospice market.

Montgomery Hospice

Montgomery Hospice projects that it will admit 802 patients by Year 2020 of operation. It is the largest and most experienced applicant with a long history of successfully delivering hospice care in Montgomery County. It argues that the best way to meet the need in the County is to approve only one applicant, on the basis that it will take a significant resource allocation to provide the level of information and education required to boost utilization, and that commitment can best be afforded by limiting the number of providers, assumedly to allow for greater economies of scale. I believe that Montgomery Hospice can be a strong competitor in Prince George's County and can effectively contribute to improving the general receptivity to the use of hospice services in the general population and the provider community. But I do not agree with their assertion that the best way to meet the County's need is to approve only one new provider.

P-B Health

P-B Health projected 169 annual hospice admissions by its fourth year of operation. P-B Health's response to this criterion relied heavily on its experience as a minority provider of home health agency services in a jurisdiction with a large minority population. It claimed a track record of developing roots and partners in that community. I find that this is a relevant consideration with respect to MHCC's evaluation of this applicant's qualifications to enter the general hospice business in a situation in which MHCC's primary objective is increasing the number of hospice providers in Prince George's County in hopes of seeing more use of hospice services in this largely African American jurisdiction.

In summary, I cannot find that any of the applications would be disqualified under this criterion. The Commission has identified a need to open up Prince George's County to new hospice competitors. Each of the applicants has shown an understanding of the need that MHCC seeks to address in this review and each has made an acceptable case with respect to its ability to contribute to addressing that need. I find that, in this situation, in which the Commission seeks to accomplish significant growth in use of hospice services, MHCC should approve as many qualified applicants as possible, unless there is a compelling basis for finding that oversupplying the market with hospice providers would likely have deleterious effects on the costs or quality of hospice care.

C. COMAR 10.24.01.08G(3)(c) AVAILABILITY OF MORE COST-EFFECTIVE ALTERNATIVES

Availability of More Cost-Effective Alternatives. The Commission shall compare the cost effectiveness of the proposed project with the cost effectiveness of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.

Applicants' Responses	
Amedisys	Amedisys states it will be a high-quality and cost-effective provider of general hospice services to patients in Prince George's County. To support this claim, it evaluated the cost of care for patients treated for terminally ill diseases in a hospital versus the typical cost of hospice care. The top two primary diagnoses of Amedisys' patients are cancer and heart disease. Examining all the deaths of Prince George's County residents resulting from heart disease or cancer, Amedisys discovered 253 residents died in a hospital setting. The average length of stay for these 253 residents was eight days before passing away and the average hospital cost was $31,992. Amedisys believes there is more cost savings when terminally ill patients are placed into general hospice care rather than continuing to providing services at a hospital or skilled nursing facility. (DI # A3, p. 29).
Bayada	Bayada states there is no other more cost effective alternative to its plan to establish a hospice to service Prince George's County. It claims to be a high quality program, based on it record, since 2014, of survey and accreditation by the Community Health Accreditation Partner ("CHAP") and its record, since 2009, of holding corporate accreditation by the Commission on Accreditation of Rehabilitation Facilities. It notes that its Division Director has been a member of the CHAP Board of Directors since 2010. (DI #3, p.49). Bayada states that its proposed general hospice program would decrease the cost of health care delivery and improve the quality of care in the County. Bayada cited data that 5% of the most seriously ill Americans account for 50% of health care spending and most costs are incurred at the end of life with hospital-based treatment. Additionally, a Dartmouth study found that the average Medicare spending for end of life services in a hospice setting totaled $3,212 versus $26,511 in an inpatient setting and $9,335 in a skilled nursing facility setting. (DI # B3, pp. 55, 56).
Montgomery Hospice	Montgomery Hospice states that it anticipates a rapid and cost-effective start in providing hospice services to Prince George's County residents for a number of reasons, including: (1) Prince George's County's proximity to Montgomery County operations; (2) its purported extensive relationships with local providers and referral sources; and (3) the fact that 11% of its current employees reside in Prince George's County, which would ultimately facilitate the process of hiring new staff. (DI #3, p. 23). Montgomery Hospice also points out its experience with outreach to minority communities, noting that it has a monthly average of 184 encounters that require translators, and cites the

	fact that it has been certified by the Joint Commission since 1998 as evidence of its commitment to providing quality services. (DI # M3, p. 24). When questioned about its high projected volume, larger working capital requirements ($2 million), and not reaching profitability until three years after full operation, it responded that, based on past hospice use trends in Prince George's County, it appears that the efforts of current providers have not been adequate. Thus Montgomery Hospice plans to invest great effort into staffing and funding the project to support a high level of outreach and education. (DI # M10, p. 11). Further, Montgomery Hospice states that its budget forecasts were created on the assumption that referrals to hospice may occur late in the course of a patient's illness, thus patients may have more acute conditions requiring more expensive services. These assumptions lead Montgomery Hospice to maintain that its large investment will not only pay dividends in the form of increased hospice utilization, but also that larger patient volumes are needed to sustain ongoing investment into high quality services. (DI # M10, p. 11).
P-B Health	P-B Health notes that hospice reimbursement rates will be the same for all general hospice programs. Thus, the distinction for its program with respect to this criterion is that it has 22 years of experience serving multicultural and African American communities. (DI #P3, p. 42). P-B Health states that it has received several awards and recognition for community service throughout the City of Baltimore. (DI # P6, p. 17).

Reviewer's Analysis and Findings

The Commission's Hospice Services Chapter of the State Health Plan for Facilities and Service, that created the basis for this review, is premised on the desirability of increasing the use of hospice services as a more cost effective approach to meeting the medical care needs of most terminally ill persons, when compared with reliance on hospital or other institutional services. The foundation for establishment of this review cycle for Prince George's County is the concept of cost effectiveness. MHCC hopes to reduce the expenses associated with end-of-life care and provide a more effective and satisfying approach to the care management needs of dying persons and their families in Prince George's County. Thus, in this case, the burden of addressing this criterion is not focused on alternative approaches to meeting an objective. If each applicant can credibly demonstrate an ability to provide quality hospice care to Prince George's County residents, there are no substantive questions concerning the costs and effectiveness of alternatives that need to be addressed.

Amedisys, Bayada, and Montgomery Hospice have each provided data in their responses aligned with this premise. P-B Health's response to this criterion focuses on bolstering its claim that it works well in minority communities and has been effective at delivering home health agency services to these communities, a mode of service delivery that mirrors the predominant delivery model for general hospice services.

I find that there is a basis for approval of each application under this criterion.

D. COMAR 10.24.01.08G(3)(d) VIABILITY OF THE PROPOSAL

Viability of the Proposal. The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

Applicants' Responses	
Amedisys	Amedisys provided audited financial reports. The reports show that Amedisys Inc. and Subsidiaries had operating losses in fiscal years 2013 and 2015. Amedisys responded that those losses have no impact on future operations, cash flow, or the ongoing viability of Amedisys and its plan to expand to Prince George's County. (DI #A9, p. 16). The losses were due to a one-time payment for litigation matters. Amedisys states its program will have little impact on the cost and charges of similar service providers in the area. Amedisys also provided a copy of its estimated charges for services. (DI #3, Exh. 7). In the July 31, 2018 project status conference letter, Amedisys was asked to explain how it could project the highest ratio of nursing visits per patient-day of the four applicants – a ratio that is 50% above the statewide average – at the same time projecting nursing productivity (annual visits/FTE) that is slightly lower than the Maryland hospice average, and still achieve a cost-per-patient-day that is considerably lower than the projections made by Bayada and Montgomery Hospice, and 13% below the state average. Amedisys responded by revising the application tables relating to statistical and revenue/expense projections based on its experience in other Maryland jurisdictions, contrasted with its company-wide national experience, upon which the original tables were based. These changes brought its nursing visit ratio into closer alignment with the Maryland average and that of other applicants. It also attributed its lower cost per patient day to "being part of a national company that provides a variety of general corporate support services for all of its care centers (such as accounting, legal, billing, payroll, HR) that are <u>not</u> allocated to its local care centers." (DI #A19, p. 8).
Bayada	Bayada states its program will be viable and sustainable. It states that its volume projections are based on experience in two markets that have demographic characteristics similar to those of Prince George's County's population. Bayada provided audited financial reports. (DI #B10, Exh. 51). Bayada states, as explained previously in the impact standard of this report, that it expects to have minimal impact on the current providers in the County. Bayada's main focus is to increase hospice utilization in the County as a whole so that current hospice providers are able to maintain their volumes. (DI #B3, p. 54). Additionally, Bayada provided copies of its patient charges. (DI #B3, Exh. 45).
Montgomery Hospice	Montgomery Hospice established its financial projections based on the assumption that the Commission would approve it as the one and only additional

	hospice provider in Prince George's County at this time. (DI #B3, p. 25). It plans to invest approximately $2.5 million in its program within the first two years and it projects reaching a "break even" level of operation in Prince George's County by the end of the third year of operation. Montgomery Hospice maintains that because the great majority of hospice patients are covered by Medicare, which sets prices for all hospice providers, its program will not have an impact on cost and charges of existing providers. (DI #M3, p. 24). When questioned on its assumption about whether it would consider expanding services into Prince George's County if it were not the only hospice program permitted to enter the market at this time, Montgomery Hospice stated it would still participate regardless of how many other new hospice programs were allowed to enter the market. (DI #M10, p. 12). Montgomery Hospice believes that allowing fewer providers will improve the likelihood of its proposal being viable. (DI #M10, p. 13). Montgomery Hospice resubmitted an alternative operating budget with a lower average daily census that projects losses for the Prince George's expansion through the fourth year of operations, but projects that Montgomery Hospice will maintain a positive bottom line for its overall operations in Prince George's and Montgomery Counties. (DI #M10, p. 13 and Tables 3, 4). The July 31, 2018 project status conference letter to Montgomery Hospice noted that its projected cost/patient day was significantly above the Maryland hospice average cost (139% of state average), "despite the fact that its high volume projections would be expected to facilitate economies of scale," and Montgomery Hospice was asked to explain the assumptions and/or factors contributing to projected high costs, as well as to comment on certain other patient visit and staffing projections that seemed out of line with state averages and other applicants in this review. (DI #M16). In responding to the Reviewer's project status conference letter, Montgomery Hospice realized "that we erred in our original submission of Table 5: *Manpower Information*. Our table as submitted mistakenly included anticipated staff additions for operations in Montgomery County along with new staff for the project." (DI #M18, p. 4). Montgomery Hospice acknowledged that this error resulted in a significant skewing of the Reviewer's calculations regarding nursing productivity, as well as of other ratios. Montgomery Hospice submitted a revised Table 4: *Revenues and Expenses for the Proposed Project* that not only reflected the revised staffing, but also made a $1.05 million downward revision of its estimated expenses.[23] It explained that its estimation of initial operating expenses "may have been unduly high," because of its assessment of the challenges of initiating service to "a new community with a history of low utilization of hospice." (DI #M18, p. 5). The

[23] The expense items reduced were: Mileage reimbursement -$435,624; Outreach expense -$100,000; Telephone expense -$50,000; Notebook computer replacement -$55,000; Nursing Home R&B fees -$54,258; Reduced allocation of overhead from HQ -$360,000; Total Reduction in Expenses -$1,054,882.

	revised costs resulted in the calculation of a lower projected cost per patient day of $154.44 compared with the earlier projection of $173.71.
P-B Health	Several requests were made to P-B Health to provide a clear and concise response to this criterion. P-B Health submitted several versions of its project budget and financial projections. P-B Health maintains that it has a home health agency that has been in business since 1989 and it has been a viable community business. (DI #P3, p. 19). P-B Health structured its project's financing primarily from funds comprised of the owners' personal resources and bank loans. (DI # P3, p. 19). P-B Health reports it suffered losses under Medicare's cost reimbursement system totaling $1.5 million from 1994 through 2001, and that these losses are still reflected as negative equity in P-B Health's financial records. (DI # P3, p. 19). The July 31, 2018 project status conference letter to P-B Health pointed out that P-B Health's projected nursing productivity, at 1,279 annual visits per FTE nurse, is 143% of the average of hospices in Maryland, and asked P-B Health to explain how it will achieve this high level of productivity. It also noted that P-B Health's projected cost per patient day ($67.23) is approximately half of the State average ($125.13) for hospices, again asking P-B Health to explain how it expects to achieve such economies, or revise its projections accordingly. Finally, it noted that its hospice aide visits/patient day of 0.18 is just 56% of the state average, and asked for an explanation or revision. This resulted in significant revisions to P-B's projections, including: • Patient days revised from 11,537 to 10,620; • Nursing visits was revised from 3,837 to 3,505; • Hospice aide visits revised from 2,077 to 3,292; • Average length of stay revised from 52 days to 60 days; • Nursing FTEs revised from 3 to 4; • Hospice aides FTEs revised from 1.5 to 4; and • Daily supply cost revised from $5.77 per day to $15.00. (DI #18, pp. 11, 12 and Exh. 14, 15). With these modifications, P-B Health noted that its projections were "now within the range of the other applicants and the statewide average." (DI # P34, pp. 11, 12).

Interested Party Comments

Comments on Amedisys' Application

Montgomery Hospice Comments

Montgomery Hospice raised concerns that Amedisys' application does not include any letters or statements of community support and points out that COMAR 10.24.01.08G(3)(d) requires consideration of community support in determining the financial viability of a proposal. Montgomery Hospice questions the financial viability of Amedisys due to its parent corporation's

involvement with several legal proceedings. Montgomery Hospice states these legal proceedings include securities class action lawsuits, wage and hour litigation, civil investigation by the U.S. Department of Justice ("DOJ"), and commercial litigation involving breach of contract and negligent misrepresentation of claims. Montgomery Hospice further states that Amedisys, Inc. and several of its home health agencies agreed to pay $150 million to the federal government to resolve allegations of violating the False Claims Act and that these settlements pose financial vulnerability for all Amedisys subsidiaries. Montgomery Hospice criticizes the Amedisys' project budget estimate for not including any working capital startup costs, which call into question its financial viability. Lastly, Montgomery Hospice states that Amedisys' is projecting extremely low costs of care and long lengths of stay. Montgomery Hospice states that Amedisys' reported data does not match the national hospice operations data it has reported to Medicare. Montgomery Hospice states that the difference in the data is due to Amedisys Inc. selecting low cost patients or planning to limit its services beyond what is customarily provided under the Medicare Hospice Benefit. (DI #17GF, pp. 3-5).

Comments on P-B Health's Application

Bayada Comments

Bayada claims that P-B Health lacks the necessary resources to sustain and establish a new hospice program in Prince Georges County. Bayada explains that P-B Health's application projects long-term losses for the proposed project and its existing operations were not profitable in 2014 and 2015. P-B Health has incurred operating losses of $342,027 during those years. Bayada also points out that though additional completeness questions were posed to P-B Health, it did not provide an adequate explanation of how it would reverse its trend of losses, its lack of audited financial statements, or the inadequacy of financial resources to fund the project. Bayada stated that P-B Health's original budget does not account for costs related to building and office equipment operations. (DI #15GF, p. 7).

Montgomery Hospice Comments

Montgomery Hospice expresses concern that P-B Health will not be able to financially sustain itself as a new hospice provider. As a new provider, P-B Health would be in operation for several weeks while awaiting Medicare certification and this would cause P-B Health to rely on working capital and cash funds. Montgomery Hospice believes that P-B Health's original application lacks proof of financial viability. Montgomery Hospice cited areas of concern similar to those cited by Bayada including lack of audited financial records, 2014 and 2015 tax returns showing net financial losses, current cash assets of only $120,000 for 2015, and loans from ownership when there are outstanding long-term liabilities. Additionally, P-B Health's initial application projects startup costs to be $7,500, which does not factor in operational costs such as salaries, office lease expenses, or equipment. (DI #18GF, pp. 1, 2).

Applicants' Response to Interested Party Comments

Amedisys

Amedisys responds to Montgomery Hospice's concern about not having any letters of support from the community within its application by stating that it is not a requirement of the CON application. (DI #21GF, p. 9). Amedisys states that, because it has affiliated home health agencies operating in Prince George's County, it will be able to establish relationships with other health care providers and facilities.

Amedisys confirms that it had legal proceedings with the DOJ but that this litigation has no bearing on Amedisys' ability to establish a new hospice agency in Prince George's County. Amedisys states that financial payments and settlements occurred three years after settling with the DOJ and explained that its company has been able to financially survive these costs. Amedisys also states that it has started 19 hospice services within the past 10 years in other states and has more of a track record in starting up hospice services than Montgomery Hospice, the only start-up by Montgomery Hospice in over 35 years. Amedisys states it did not include startup costs in its budget because it does not intend to have those expenses over a period of a year. It states that a significant capital expenditure is not needed to enable its expansion of service to Prince George's County. With respect to Montgomery Hospice's comment about Amedisys having lower costs and longer average stays, Amedisys responds that, due to its national scale of operation, it is able to better negotiate with suppliers to drive down costs. Additionally, Amedisys states that its expectation of longer lengths of stay is indicative of the success of its referral and education programs. The earlier patients enter hospice care the more time patients and loved ones are able to receive the emotional, psychological, and spiritual support Amedisys' hospice services provide. (DI #21GF, p. 12).

P-B Health

P-B Health responds to Montgomery Hospice's comments about financial sustainability by stating it has a 30-year history of success with its home health agency. P-B Health states it is the longest existing African American-owned home health agency provider in the State. P-B Health states it has letters of support from lenders who are willing to loan funds should P-B Health need them. (DI #24GF, p. 2). P-B Health counters Montgomery Hospice's comments concerning operating losses by noting that it had positive cash flow. It also notes that it generated income in 2015 and its losses in 2016 were lower than those experienced in 2014. P-B Health states that it recognized that updated budget and operational projections were needed and provided them as a modification to its original application.

To address Bayada's comment on its ability to reverse the trend in losses, P-B Health states that two years of losses is not as problematic as portrayed by Bayada and Montgomery Hospice when there is a long history of financial success. (DI #24GF, p. 5).

Reviewer's Analysis and Findings

Two of the applicants, Amedisys and Montgomery Hospice, have existing hospice services in Maryland and would only need to expand these services in order to serve Prince George's County. These applicants have demonstrated their ability to thrive as existing Maryland hospice programs and I find that expanding their existing operations should be viable if they are moderately successful in attracting a sufficient base of additional patients. I also find that there is sufficient evidence in the record to support that these applicants have the capability of attracting additional patients.

Amedisys corporate track record with respect to false Medicare claims is troubling. Its 2014 settlement with the federal government to resolve allegations of violations of the False Claims Act in connection with home health care billings did not involve Maryland home health agencies and resolved allegations of improper billing that occurred between 2008 and 2010. Amedisys agreed to be bound by the terms of a Corporate Integrity Agreement with the U.S. Department of Health and Human Services, Office of the Inspector General that is still in effect. In 2017, Amedisys also settled a securities fraud class action lawsuit that was filed by shareholders in connection with these alleged false claims and the alleged losses suffered by those shareholders that resulted. It does not appear that any new allegations of wrong-doing by Amedisys have surfaced since the 2014 settlement.

Bayada does not have a hospice program in Maryland but it has experience in establishing viable hospice programs in other states and has demonstrated that it has the resources to implement the proposed project.

P-B Health's multiple modifications of its projections of volume and staffing – including a significant change after my analysis was presented to it – demonstrated a lack of knowledge of the hospice service line. While P-B Health has maintained its home health agency operations, the record suggests that it may have difficulty launching a new line of business and establishing the proposed new hospice program as a profitable entity given the marginal performance of its home health agency in recent years and its lack of "deep pockets" if expectations are not fulfilled.

I am, however, recommending that MHCC find that each of the applicants has demonstrated project viability. In the case of P-B Health, I would characterize this finding as one that is based on my belief that P-B can probably obtain the financial and non-financial resources to implement the project and can probably sustain its project if it is successful in quickly generating a customer base. However, there is also a strong possibility of failure to launch or, if launched, failure to sustain. P-B Health is clearly the application that presents the highest risk profile among the four applicants.

My recommendation is based on my belief that, in the context of this review, MHCC should allow P-B Health an opportunity to launch a new hospice program in Prince George's County, given that the low hospice use rate in that jurisdiction is the basis for creating this opportunity for new market entry and the evidence indicating that the observed lower acceptance and use of hospice services by the African American community is a primary reason for the relatively low use rate seen in Prince George's County. Furthermore, I believe that a failure by P-B Health to

successfully launch or to build a financially viable hospice program presents no significant negative repercussions for the public. While such a failure would be unfortunate and may also put P-B's home health operation in jeopardy, I believe that the potential benefits created by allowing an organization like P-B Health a chance to succeed in providing hospice services outweigh the costs associated with failure.

With respect to Amedisys, my recommendation is based on my hope that its past experience has led to a reform of its corporate culture such that its current and future operations will be conducted with honesty and integrity. It does appear to be capable of performing at a high level and satisfying the expectations of its customers, based on its track record on quality measures and strong patient experience ratings. Amedysis entered Maryland by purchasing existing home health agencies and a hospice and has become a significant provider in the home health arena. I believe it should be given a chance to expand its hospice operations.

E. COMAR 10.24.01.08G(3)(e) COMPLIANCE WITH CONDITIONS OF PREVIOUS CERTIFICATES OF NEED

Compliance with Conditions of Previous Certificates of Need. An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need, or provide the Commission with a written notice and explanation as to why the conditions or commitments were not met.

Applicants' Responses	
Amedisys	In its application Amedisys mistakenly states that this criterion is not applicable to the review of its project. (DI # A3, p. 32). In response to my questions, Amedisys modified its application to note that Amedisys-Salisbury/Cambridge is a home health agency (License No. HH7111) within the Amedisys family of providers that was awarded a Certificate of Need ("CON") in 2011 (Docket No. 10-20-2312). One of the conditions on this CON award is the provision of charity care equivalent to at least 0.4% of its total expenses annually. (DI # A17, p. 5). Amedisys acknowledges that it has not satisfied this condition since 2013. (DI # A19, p. 7). Amedisys states that it has not been able to comply with this condition because of the expansion of health care coverage under the Affordable Care Act, through the expansion of Medicaid coverage and stricter enforcement of rules on coverage of home health expenses for private third-party payers. (DI # A19, p. 7). Amedisys provided data comparing its charity care performance to that of other home health agencies in jurisdictions it serves. That data shows that Amedisys provided a greater proportion of charity care visits in the five-county region in every year between 2012 and 2016 than the area-wide proportion of charity care visits. (DI #A19, Exh. 35). Amedisys also explains that part of its outreach to recruit charity care patients is to attend quarterly Continuum of Care meetings sponsored by the University of Maryland Medical System. (DI # A19, p. 2).

Bayada	Bayada states it has not received a prior CON of Need from the State of Maryland. (DI # B3, p. 54).
Montgomery Hospice	Montgomery Hospice states it was licensed to serve in Montgomery County in 1983 prior to the existence of CON regulatory oversight of hospice programs and its inpatient facility, Casey House, which was opened in 1999, was not determined to be subject to CON requirements at that time. (DI # M3, p. 25)
P-B Health	P-B Health stated it has not had a CON issued since 1995. (DI # P3, p. 45).

Reviewer's Analysis and Findings

A branch of Amedisys' home health agency is the only applicant to have been awarded a CON since 1995. At the time of this recommendation, Bayada and P-B Health have submitted applications to expand hospice services to the Baltimore City jurisdiction. Amedisys and Bayada recently were awarded CONs to expand home health agency services to Frederick County and the Western Maryland jurisdictions, respectively. These projects have not yet been implemented.

I do not find a basis for denying any of the applications based on this criterion. In my July 31, 2018 project status conference letter to Amedisys, I asked for clarification as to why it has not satisfied the previous CON condition. I also requested supporting documentation of its outreach process for recruiting patients needing charity care. The CON review criterion permits Amedisys to provide a satisfactory explanation with respect to why it did not meet a term or condition of a previously awarded CON. Also, the standard in the Home Health Agency (HHA) Services Chapter in effect when it was granted the 2011 CON is different from the standard in the current HHA Chapter.[24] Thus, while Amedisys failed to provide the level of charity care that the Commission set as a condition, its provision of charity care is generally better than the average in each jurisdiction and in its total service area than that area's overall charity care percentage, based on all the HHAs serving that area.

F. COMAR 10.24.01.08G(3)(f) IMPACT ON EXISTING PROVIDERS AND THE HEALTH CARE DELIVERY SYSTEM

Impact on Existing Providers and the Health Care Delivery System. An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the health planning region, including the impact on geographic and demographic access to services, on occupancy, on costs and charges of other providers, and on costs to the health care delivery system.

Applicants' Responses	
Amedisys	Amedisys projects no measurable negative impact on the census of existing authorized hospices to result from its proposed expansion in Prince George's

[24] In that earlier HHA Services Chapter, the required level of charity care was measured in terms of the applicant's total expenses. The 2016 replacement HHA Chapter now requires applicants to commit to "provide an amount of charity care equivalent to the average amount of charity care provided by home health agencies in the jurisdiction or multi-jurisdictional region it proposes to serve during the most recent year for which data is available." Staff has interpreted this standard using the ratio of total charity care visits to total visits as the measure of the "amount of charity care provided."

	County. Amedisys states that its entry into the market will meet only a part of the projected unmet need for hospice services in Prince George's County. Amedisys states that its projection of 168 admissions in FY 2020 (final projection year), represents only a fraction of the net need projected in the State Health Plan, and points out that as many as three new entrants operating at the average volumes of the existing hospice programs authorized to operate in the county could be approved without affecting the volumes of the existing providers, based on this projection. (DI # A9, p. 19). Amedisys states that the proposed project will improve geographic and demographic access to hospice services because it will represent an additional resource, and will particularly focus on increasing utilization among the African American population which is currently underusing hospice services. (DI # A9, pp. 17, 18). Amedisys reiterates that this project will contribute to a reduction in health care costs by substituting for and preventing avoidable inpatient hospital or nursing home stays. (DI #A9, p. 18).
Bayada	Bayada states that its project would not adversely impact current hospice programs because the anticipated increased hospice utilization in Prince George's County (Bayada cites a current annual growth rate of 5%) will result in volume growth for current providers even if Bayada's entry into the market does not cause any additional growth in hospice use. (DI # A3, p. 57). Bayada states its hospice program will have a positive effect on the health care system by reducing the cost of care and providing effective care management. With regard to cost, Bayada cited data showing that the average Medicare spending at the end of life is $3,212 in a hospice setting versus $26,511 in an inpatient setting, and $9,335 in a skilled nursing facility. (DI # B3, pp. 55, 56). Regarding care effectiveness Bayada quotes an article from *Health Affairs*[25] that it summarizes as follows: "Traditional settings typically provide care that is "highly fragmented and of poor quality. . . [which] fail[s] to help patients 'in identifying individualized goals of care and developing comprehensive treatment plans to achieve these goals,' [leading to] …[f]ragmented care [and] dissatisfying outcomes for patients." (DI # B3, p. 56). In contrast, Bayada also cites the same article as stating: "Studies have consistently demonstrated that hospice is associated with reductions in symptom distress, improved outcomes for caregivers, and high patient and family satisfaction." *Id.*
Montgomery Hospice	Montgomery Hospice expects the impact of its project on current hospices to be minimal in both the short and long term. Montgomery Hospice bases this conclusion on the fact that Prince George's County has a low hospice utilization rate (24%) which is "far short of the number one would expect if

[25] Kelley, Amy S., et al. "Hospice enrollment saves money for Medicare and improves care quality across a number of different lengths-of-stay." Health Affairs 32.3 (2013): 552-561 at p. 552

	hospice utilization rose to the level of the state average (40%)," and thus "Montgomery Hospice believes that it can meet its forecast growth targets without [shifting] patients or market share from existing providers." Montgomery Hospice calculated that if hospice utilization in Prince George's County had met the state average use rate of 40% in 2015, there would have been about 3,800 patients served in the county rather than the 1,400 actually served, and thus "1,569 patients who could have received hospice care went un-served by hospice." (DI # M10, pp. 2, 3). Montgomery Hospice also stated its belief that the impact on the state health system will be "uniformly positive," as "[h]ospice care has been demonstrated to improve outcomes for patients discharged from acute care to hospice [which] can be an essential part of cost management within the health care system as a whole,…to the benefit of the state health system." (DI # M3, p. 26).
P-B Health	Under the Impact standard (COMAR 10.24.13.05.G) P-B Health states that, at its projected volumes, it will contribute to meeting the unmet need without having a negative impact on the hospice programs already operating in Prince George's County. (DI #P3, p.29). Speaking to the impact on the health care system, P-B Health lists the following benefits to the health system resulting from expansion of hospice services in Prince George's County: improved cost effectiveness, reduced hospital admissions, lower medical costs, and more access to hospice services in the home. (DI #6, p. 19). It states, "once patients are educated on the benefits of receiving hospice care, they can make better decisions around terminal illness." (DI # P6, p. 19).

Reviewer's Analysis and Findings

This general CON project review criterion requires an applicant to address impact on existing health care providers in the health planning region, as well as impact on access to services and on costs. Earlier in this Recommended Decision in my discussion of the more narrow impact standard at COMAR 10.24.13.05.G in the Hospice Services Chapter of the State Health Plan for Facilities and Services, I summarized the applicants' common position that the degree of projected need in Prince George's County is sufficient to provide enough growth, assuming that each applicant can boost the population's use of hospice services to a level more comparable with the state average, such that the applicant's entry into the market can be accommodated without shifting volume from existing providers. I reviewed my analysis validating the applicants' position. I will reference, rather than repeat, that relevant analysis here.[26] Under the project review impact standard in the Hospice Services Chapter at COMAR 10.24.13.05, each applicant was called upon to address the impact of its proposed project on existing general hospices in Prince George's County. While the major existing providers of hospice services in Prince George's County are likely to experience limitations on their ability to grow volume in the jurisdiction and expand their market share that they would not otherwise experience without the introduction of new competitors, none of these major existing providers is so reliant on the jurisdiction (*i.e.*, their service areas are much broader than Prince George's County) that they are likely to experience a significant decline in operational or financial viability as a result.

[26] *See* discussion, *supra*, at p.32.

The general CON impact criterion at COMAR 10.24.01.08G(3)(f) goes beyond the Hospice Services Chapter impact standard by requiring applicants to also address the "impact on geographic and demographic access to services…and on costs to the health care delivery system." The availability and access of hospice care in Prince George's County is likely to be enhanced by each applicant's project. Hospice services has the potential to dramatically lower the cost of care in the final stages of life, while often bringing a more satisfying experience for the patient and his or her family and loved ones. It is hoped that expanding the number of hospice providers operating in the jurisdiction will have a positive impact on demand for hospice services and, to the extent this occurs, it is very likely to have a positive impact on cost reduction. In conclusion, I find that the impact of each applicant's project is generally positive.

V. SUMMARY AND RECOMMENDATION

The latest data available shows Prince George's County to have one of the lower hospice use rates among the State's jurisdictions – 28% compared to 43% statewide and 47% nationally. It is also one of the most populous jurisdictions in the State. This combination of a low hospice use rate and a large population means that there is significant potential benefit if new hospice services providers can raise hospice use rates. Thus the need methodology described in the Hospice Services Chapter targets Prince George's County as a jurisdiction that should be opened to applications from additional hospice providers.

The Commission's goal is to encourage the development of new health care facilities and services when there is an identified need. While there are no guarantees that adding new hospice services providers in Prince George's County will raise use rates, it is the tool available to MHCC under the current Certificate of Need law.

Four applicants are proposing to establish hospice services in Prince George's County. Three of those applicants are experienced hospice services providers, although one of them, Bayada, would be entering Maryland as a hospice provider for the first time. One applicant, P-B Health, is an existing home health agency serving four jurisdictions in Maryland and is seeking authorization to establish a general hospice program, a new service for P-B Health. While the other experienced applicants questioned P-B Health's readiness to become a provider of hospice services, I find that P-B Health has demonstrated its ability to maintain financial solvency and acceptable performance of home health agency services over many years and, for that reason, should be afforded a chance to succeed as a provider of hospice services. I do not believe that any failure by P-B Health to succeed in this new business is likely to result in any significant service interruption or other detrimental consequences for the population of Prince George's County or Maryland more generally.

Although I required each applicant to make adjustments to its charity care policy and procedures, and in some cases receive clarifications and/or modifications to other standards and criteria, I find that each applicant ultimately provided adequate responses to the applicable standards in the Hospice Services Chapter of the State Health Plan for Facilities and Services and the general review criteria in the CON regulations. I believe this is a reasonable approach to using CON regulatory oversight to achieve the desired objectives of the Hospice Services Chapter while

also assuring that approval of applications to expand existing, or establish new, hospice programs is fully consistent with MHCC expectations.

I found each applicant to be in compliance with all applicable standards in the Hospice Services Chapter and with the Certificate of Need review criteria. For these reasons, I recommend that the Commission **APPROVE** each of the applications for Certificates of Need to provide general hospice services, submitted by Amedisys and Montgomery Hospice to expand their hospice service areas to Prince George's County, and the applications of Bayada and P-B Health to establish new Maryland general hospice programs in Prince George's County, with conditions that each:

1. Prior to first use approval, provide documentation of its links with hospitals, nursing homes, home health agencies, assisted living providers, Adult Evaluation and Review Services, Senior Information and Assistance Programs, adult day care programs, the Prince George's County Department of Social Services, and home delivered meal programs located within Prince George's County; and

2. Prior to first use approval, provide documentation of its system for providing respite care for the families and other caregivers of patients.

IN THE MATTER OF	*	
PRINCE GEORGE'S COUNTY	*	**BEFORE THE**
HOSPICE REVIEW	*	**MARYLAND**
Amedisys Maryland LLC		
d/b/a Amedisys Hospice of	*	**HEALTH CARE**
Greater Chesapeake		
Docket No. 16-16-2382	*	**COMMISSION**
BAYADA Home Health Care, Inc.	*	
d/b/a BAYADA Hospice		
Docket No. 16-16-2383	*	
Montgomery Hospice, Inc.	*	
Docket No. 16-16-2384	*	
P-B Health Home Care Agency, Inc.		
Docket No. 16-16-2385	*	

* *

FINAL ORDER

Based on the analysis and findings in the Reviewer's Recommended Decision, it is this 21st day of March, 2019, **ORDERED**:

That each of the applications for Certificates of Need to provide general hospice services, submitted by Amedisys and Montgomery Hospice to expand their hospice service areas to Prince George's County, and submitted by Bayada and P-B Health to establish new Maryland general hospice programs in Prince George's County, is **APPROVED**, with conditions that each:

1. Prior to first use approval, provide documentation of its links with hospitals, nursing homes, home health agencies, assisted living providers, Adult Evaluation and Review Services, Senior Information and Assistance Programs, adult day care programs, the Prince George's County Department of Social Services, and home delivered meal programs located within Prince George's County; and

2. Prior to first use approval, provide documentation of its system for providing respite care for the families and other caregivers of patients.

MARYLAND HEALTH CARE COMMISSION

APPENDIX 1

Procedural Record

Amedisys (Hospice)
Docket No. 16-16-2382

Docket Item #	Description	Date
A1	Commission staff acknowledges receipt of Letter of Intent to file Certificate of Need	8/4/16
A2	Commission staff verifies that documentation is in accordance with COMAR 10.23.13.04.A(2)(i)	8/26/16
A3	Amedisys files its application for Certificate of Need	10/7/16
A4	Commission staff acknowledges receipt of application for completeness review	10/11/16
A5	Commission staff requests from Amedisys completeness questions and additional information	12/14/16
A6	Amedisys emails Commission staff a request for extension to file responses to completeness questions until 1/10/2017	12/21/16
A7	Amedisys emails Commission staff a request for extension to file responses to completeness questions until 1/12/2017	1/9/17
A8	Amedisys emails Commission staff a request for extension to file responses to completeness questions until 1/13/2017	1/12/17
A9	Amedisys submits responses to first round of completeness questions and additional information	1/13/17
A10	Commission staff requests second round of completeness questions and additional information	2/21/17
A11	Commission staff grants extension to file responses to second round of completeness question until 3/15/2017	3/6/17
A12	Amedisys submits responses to second round of completeness questions and additional information	3/15/17
A13	Commission staff informs Amedisys that the formal start of the review of the application would be 4/28/2017	4/14/17
A14	Commission staff using the standardized form request comments from Prince George's County local health department	4/14/17
A15	University of Maryland submits a letter of support for Amedisys' project	6/8/17
A16	Amedisys responds to request from Reviewer (Commissioner O'Grady) for additional information on quality reporting as requested in letter dated 11/16/2017 (General File Log – 29GF)	12/1/17
A17	Commissioner O'Grady submits to Amedisys details of its application deficiencies	7/31/18
A18	Amedysis' Counsel agrees to modify its application	8/3/18
A19	Amedysis Counsel submits modified application	8/24/18
A20	Commissioner O'Grady requests additional information regarding Amedisys' modified application	10/12/18
A21	Amedisys Counsel submits responses for additional information regarding its modified application	10/22/18

Bayada Home Health Care (Hospice Application)
Docket No. 16-16-2383

Docket Item #	Description	Date
B1	Commission staff acknowledges receipt of Letter of Intent to file CON	8/2/16
B2	Commission staff verifies that documentation is in accordance with COMAR 10.23.13.04.A(2)(i)	8/19/16
B3	Bayada files its application for Certificate of Need	10/7/16
B4	Commission staff acknowledges receipt of application for completeness review	10/11/16
B5	Bayada submits electronic CD of its application	10/11/16
B6	Bayada submits several letters of support: Support letter from Ms. Cyndi Davenport (Enclara Pharmacia) Support letter from Ms. Melissa Greenfield (Genesis HealthCare)	 9/22/16 10/5/16
B7	Commission staff requests responses to completeness questions and additional information	12/14/16
B8	Bayada emails a request for an extension until 1/6/2017 to file response to completeness questions	12/20/16
B9	Bayada emails an additional request for an extension until 1/11/2017 to file responses to completeness questions	1/5/117
B10	Bayada submits responses to first round of completeness questions and request for additional information	1/11/17
B11	Commission staff requests second round of completeness questions and additional information	2/17/17
B12	Bayada submits responses to second round of completeness questions and additional information	3/3/17
B13	Commission staff informs Bayada that the formal start of review of the application would be 4/28/2017	4/14/17
B14	Commission staff using the standardized form request comments from Prince George's County local health department	4/14/17
B15	Bayada responds to request from Reviewer (Commissioner O'Grady) for additional information on quality reporting as requested in letter dated 11/16/2017 (General File Log – 29GF)	12/1/17
B16	Commissioner O'Grady submits to Bayada details of its application deficiencies	7/31/18
B17	Bayada's Counsel agrees to modify its application	8/1/18
B18	Bayada's Counsel submits modified application	8/24/18
B19a	Bayada requests determination of coverage for what it characterizes as a corporate restructuring that constitutes an acquisition under MHCC regulations	10/9/2018

B19b	Bayada files request to modify the Applicant in the CON application due to a planned acquisition of Bayada, along with agreements from other applicants to allow the modification	11/30/18
B20	MHCC staff advises Bayada that CON review is not required for the planned acquisition of Bayada and due to agreement by the other three applicants, Amedysis, Montgomery, and P-B Health, Bayada's application in this review is modified.)	12/21/18
B21	Notice of, and opportunity to comment on, Bayada's Modified Application is posted on the MHCC website.	1/17/2019

Montgomery Hospice
Docket No. 16-16-2384

Docket Item #	Description	Date
M1	Commission staff acknowledges receipt of letter of Intent to file Certificate of Need	8/3/16
M2	Commission staff verifies that documentation in accordance with COMAR 10.23.13.04.A(2)(i)	8/29/16
M3	Montgomery Hospice files its application for Certificate of Need Application	10/7/16
M4	Commission staff acknowledges receipt of application for completeness review	10/11/16
M5	Montgomery Hospice submits several letters of support: Support letter from Rev. Eldridge Spearman Support letter from Ms. Mimi Myers Support letter from Mr. Erik Wangsness Support letter from Mr. John Pohanka	Various Dates
M6	Montgomery Hospice submits updated Tables 3 and 4 to its application	10/28/16
M7	Commission staff requests from Montgomery Hospice completeness questions and additional information	12/1/16
M8	Montgomery Hospice emails request for an extension to file responses to completeness questions until 1/17/2017	12/14/16
M9	Montgomery Hospice emails request for an extension to file response to completeness questions until 2/7/2017	1/4/17
M10	Montgomery Hospice submits responses to completeness questions and additional information	2/6/16
M11	Commission staff informs Montgomery Hospice that the formal start of the review of application would be 4/28/2017	4/14/17
M12	Commission staff using the standardized form request comments from Prince George's County local health department	4/14/17
M13	Montgomery Hospice responds to request from Reviewer (Commissioner O'Grady) for additional information as requested in letter dated 11/16/2017 (General File Log-29GF)	11/29/17
M14	Commissioner O'Grady submits to Montgomery Hospice details of its application deficiencies	7/31/18
M15	Montgomery Hospice's Counsel agrees to modify its application	8/3/18
M16	Montgomery Hospice's Counsel requests clarification of questions in its deficiency letter	8/8/18
M17	Commissioner O'Grady responds to Montgomery Hospice's Counsel's request for clarification	8/15/18
M18	Montgomery Hospice's Counsel submits modified application	8/24/18

P-B Health Home Health Agency (Hospice)

Docket No. 16-16-2385

Docket Item #	Description	Date
P1	Commission staff acknowledges receipt of Letter of Intent to file Certificate of Need	6/3/16
P2	Commission staff verifies that documentation in accordance with COMAR 10.23.13.04.A(2)(i)	8/26/16
P3	P-B Health files its application for Certificate of Need	10/7/16
P4	Commission staff acknowledges receipt of application for completeness review	10/11/16
P5	Commission staff requests from P-B Health completeness questions and additional information	12/1/16
P6	P-B Health submits first round of completeness questions and additional information	12/15/16
P7	Commission staff requests second round of completeness questions and additional information	2/17/17
P8	P-B Health submits response to the second round of completeness questions and additional information	3/3/17
P9	Commission staff requests third round of completeness questions and additional information	3/29/17
P10	P-B Health requests an extension to file responses to third round of completeness questions and extension is granted until 4/21/2017	4/11/17
P11	P-B Health submits responses to third round of completeness questions and additional information	4/11/17
P12	P- B Health resubmits responses (updates) to third round of completeness questions and additional information dated 4/11/2017	4/13/17
P13	Commission staff informs P-B Health that the formal start of review of the application would be 4/28/2017	4/14/17
P14	Commission staff using the standardized form request comments from Prince George's County local health department	4/14/17
P15	P-B Health emails Commission staff additional information as discussed via phone	4/18/17
P16	P-B Health submits a revised Appendix	4/18/17
P17	P-B Health emails Commission staff to follow up on quality standard	4/25/17
P18	P-B Health submits a modification to its original application	6/14/17
P19	Commission staff requests completeness questions and additional information on P-B Health's modification	6/26/17
P20	P-B Health submits responses to completeness questions and additional information on its modification	7/11/17
P21	P-B Health submits letters of support for its application	7/24/17

P22	P-B Health submits additional information regarding financial statements	8/3/17
P23	P-B Health acquires Counsel who submits additional supplemental information to its application	8/21/17
P24	P-B Health's Counsel submits additional letters of support	8/23/17
P25	P- Health's Counsel submits additional letters of support	9/11/17
P26	Commission staff requests to the Washington Times P-B Health's notice of modification and request comments	10/5/17
P27	Commission staff posts to MHCC website request for comments on P-B Health's modification	10/6/17
P28	Notice of publication submitted to the Washington Times	10/23/17
P29	P-B Health's Counsel submits additional letters of support	11/2/17
P30	Ms. Trudy Hall from the Center of Rehabilitation, Pain Management, and Wellness submits a letter of support	11/30/17
P31	P-B Health responds to request from Reviewer (Commissioner O'Grady) for additional information on quality reporting as requested in letter dated 11/16/2017 (General File Log – 29GF)	12/1/17
P32	Commissioner O'Grady submits to P-B Health details on its application deficiencies	7/31/18
P33	P-B Health's Counsel agrees to modify its application	8/3/18
P34	P-B Health's Counsel submits modified application	8/24/18

Prince George's Hospice Review General Files
Docket No. 16-16-2382 - Amedisys
Docket No. 16-16-2383 - Bayada
Docket No. 16-16-2384 – Montgomery Hospice
Docket No. 16-16-2385 – P-B Health Hospice

Docket Item #	Description	Date
1GF	Commission staff acknowledges receipt of Letters of Intent for some applicants	8/10/16
2GF	Commission staff informs Comfort Living Hospice that its letter of intent was not submitted on time	8/16/16
3GF	Sign-in Sheet from Pre-Application Conference	8/17/16
4GF	Caring Hospice Services submits licensing and Medicare participation documentation as required by COMAR 10.24.13.04(A)(i)	8/23/16
5GF	Commission's Executive Director informs applicant, Umbrella Palliative Care, that documentation does not meet docketing criteria of COMAR 10.23.13.04.A(2)(i)	9/13/16
6GF	Commission staff requests to publish notice of receipt of applications in the Washington Times	10/11/6
7GF	Commission staff requests to publish notice of receipt of applications in the Maryland Register	10/11/16
8GF	Commission staff receives confirmation of posting of notice in the Washington Times	10/20/16
9GF	Commission staff requests to publish notice of formal start of the review on April 28, 2017 in the Washington Times	4/14/17
10GF	Commission staff requests to publish formal start of the review in the Maryland Register	4/14/17
11GF	Commission staff receives confirmation of posting of the formal start of the review in the Washington Times	5/4/17
12GF	Amedisys' Counsel submits consolidated comments as an interested party on Bayada, Montgomery Hospice, and P-B Health's applications	5/30/17
13GF	Bayada Counsel submits comments as an interested party on Amedisys' application	5/30/17
14GF	Bayada's Counsel submits comments as an interested party on Montgomery Hospice's application	5/30/17
15GF	Bayada's Counsel submits comments as an interested party on P-B Health's application	5/30/17
16GF	Montgomery Hospice's Counsel submits comments and opposition as an interested party to Bayada's application	5/30/17
17GF	Montgomery Hospice's Counsel submits comments and opposition as an interested party to Amedisys' application	5/30/17
18GF	Montgomery Hospice's Counsel submits comments and opposition as an interested party to P-B Health's application	5/30/17
19GF	P-B Health's newly acquired Counsel requests an extension to file responses to interested party comments and to modify its application	6/12/17-6/13/17

	and Counsel informed that a modification is not permissible after the 45-day docketing period unless agreed to by all applicants	
20GF	Applicants authorize P-B Health to submit modifications to its original application past the 45-day allowance period	6/14/17-6/16/17
21GF	Amedisys' Counsel submits responses to interested party comments from Bayada and Montgomery Hospice	6/21/17
22GF	Bayada's Counsel submits responses to interested party comments	6/21/17
23GF	Montgomery Hospice's Counsel submits responses to interested party comments	6/21/17
24GF	P-B Health's Counsel submits responses to interested party comments	6/21/17
25GF	Commission's Executive Director acknowledges receipt of concerns and data by the Hospice and Palliative Care Network of Maryland in the Prince George's County Hospice Review	7/21/17
26GF	Montgomery Hospice Counsel submits comments on P-B Health's modified application dated June 14, 2017	10/23/17
27GF	P-B Health's Counsel responds to interested comments	11/6/17
28GF	Applicants are informed that Commission O'Grady is appointed as the Reviewer for this review and that Amedisys, Bayada, and Montgomery Hospice are the only interested party participants	11/13/17
29GF	Commissioner O'Grady requests applicants to submit performance information on quality measures	11/16/17
30GF	Commissioner O'Grady notifies all applicants that no applicant has successfully satisfied the Hospice State Health Plan Criteria and Standards. To expedite and continue the review he offers each applicant an opportunity to formally modify its application via status conference letters	6/29/18
31GF	P-B Health Counsel submits agreement to continue the review	7/2/18
32GF	Amedisys' Counsel submits agreement to continue the review	7/2/18
33GF	Bayada's Counsel submits agreement to continue the review	7/3/18
34GF	Montgomery Hospice submits a few questions and concerns prior to consenting to project status conference	7/3/18
35GF	Montgomery Hospice's Counsel submits agreement to continue the review	7/6/18
36GF	Commissioner O'Grady sets August 24, 2018 as date for applicants to submit modifications (modified applications can be located on the individual applicant's record of the review)	8/3/18
37GF	Commission staff posts modified applications on MHCC website for interested party comments	11/8/18
38GF	Commission staff informs interested party participants opportunity to make comments on the modified applications	11/8/18
39GF	Bayada's Counsel informs Commissioner O'Grady that it has no additional comments	11/15/18

APPENDIX 2

DEMOGRAPHICS AND SOCIO-ECOMOMIC DATA

APPENDIX 2: Demographics and Socio-Economic Data

Table 1. United States' Census Bureau Population Change for Maryland and Prince George's County - 2010-2017

Geography	April 1, 2010	Population Estimate (as of July 1, 2017)							
	Census	2010	2011	2012	2013	2014	2015	2016	2017
Maryland	5,773,552	5,788,099	5,843,115	5,891,680	5,932,654	5,970,245	6,000,561	6,024,752	6,052,177
Prince George's County	863,420	865,653	874,599	882,851	891,968	901,644	908,282	911,154	912,756

Source: United States' Census Bureau FactFinder: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml; accessed on November 3, 2018

Table 2. Demographic and Socio-economic Outlook, 1970-2040, Maryland

State of Maryland **DEMOGRAPHIC AND SOCIO-ECONOMIC OUTLOOK**

	Historical					Projected					
	1970	1980	1990	2000	2010 *	2015	2020	2025	2030	2035	2040
Population Characteristics:											
Total Population	3,922,399	4,216,975	4,780,753	5,296,486	5,773,552	6,010,140	6,224,510	6,429,750	6,612,190	6,762,300	6,889,690
Male	1,916,030	2,042,810	2,318,291	2,557,794	2,791,762	2,911,650	3,019,580	3,121,870	3,212,790	3,288,690	3,355,290
Female	2,006,369	2,174,165	2,462,462	2,738,692	2,981,790	3,098,490	3,204,940	3,307,880	3,399,410	3,473,620	3,534,400
Non-Hispanic White **	N/A	3,116,160	3,328,086	3,300,566	3,157,958	3,152,330	3,121,750	3,098,200	3,071,920	3,044,050	3,015,520
All Other **	N/A	1,100,815	1,452,667	1,995,920	2,615,594	2,857,810	3,102,770	3,331,550	3,540,280	3,718,260	3,874,170
Selected Age Groups:											
0-4	344,573	272,274	364,988	353,393	364,488	355,880	379,920	396,210	402,110	399,940	398,060
5-19	1,170,508	1,054,505	940,288	1,139,572	1,152,138	1,146,120	1,136,350	1,145,970	1,166,360	1,206,790	1,221,790
20-44	1,321,781	1,645,037	2,046,144	1,978,806	1,951,312	2,013,810	2,093,280	2,172,310	2,217,020	2,218,860	2,226,310
45-64	785,840	849,550	914,989	1,225,408	1,597,972	1,655,350	1,630,620	1,565,280	1,526,680	1,555,260	1,636,880
65+	299,697	395,609	514,344	599,307	707,642	838,970	984,340	1,149,970	1,300,010	1,381,450	1,406,660
Total	3,922,399	4,216,975	4,780,753	5,296,486	5,773,552	6,010,140	6,224,510	6,429,750	6,612,190	6,762,300	6,889,690
Total Household Population	3,817,618	4,122,547	4,666,897	5,162,430	5,635,177	5,864,129	6,071,714	6,269,826	6,444,321	6,584,079	6,700,425
Total Households	1,174,933	1,460,865	1,748,991	1,980,859	2,156,425	2,247,775	2,360,125	2,470,025	2,567,275	2,639,475	2,698,850
Average Household Size	3.25	2.82	2.67	2.61	2.61	2.61	2.57	2.54	2.51	2.49	2.48
Labor Force:											
Total Population 16+	2,686,051	3,214,000	3,736,830	4,085,942	4,584,110	4,826,010	5,027,230	5,208,270	5,352,210	5,481,680	5,605,570
In Labor Force	1,655,695	2,108,296	2,639,896	2,769,525	3,188,720	3,313,390	3,401,820	3,461,470	3,506,500	3,551,430	3,617,270
% in Labor Force *	61.6	65.6	70.6	67.8	69.6	68.7	67.7	66.5	65.5	64.8	64.5
Male Population 16+	1,288,239	1,530,675	1,783,061	1,935,130	2,185,340	2,307,420	2,408,130	2,497,770	2,568,750	2,633,840	2,698,450
In Labor Force	1,035,929	1,188,276	1,401,893	1,418,491	1,615,040	1,687,470	1,735,900	1,772,890	1,803,640	1,833,600	1,873,080
% in Labor Force *	80.4	77.6	78.6	73.3	73.9	73.1	72.1	71.0	70.2	69.6	69.4
Female Population 16+	1,397,812	1,683,325	1,953,769	2,150,812	2,398,770	2,518,590	2,619,100	2,710,500	2,783,460	2,847,840	2,907,120
In Labor Force	619,766	920,020	1,238,003	1,351,034	1,573,680	1,625,920	1,665,920	1,688,580	1,702,860	1,717,830	1,744,190
% in Labor Force *	44.3	54.7	63.4	62.8	65.6	64.6	63.6	62.3	61.2	60.3	60.0
Jobs by Place of Work :	1,702,298	2,070,441	2,737,249	3,065,202	3,344,652	3,552,000	3,751,600	3,880,900	3,975,200	4,067,000	4,167,000
Personal Income :											
Total (million of constant 2009$)	$86,048.2	$110,351.1	$164,137.1	$225,723.2	$284,851.3	$312,526.6	$353,892.5	$386,504.2	$413,533.7	$439,166.9	$465,746.0
Per Capita (constant 2009$)	$21,850	$26,102	$34,197	$42,501	$49,221	$52,000	$56,854	$60,112	$62,541	$64,943	$67,600

** For 2010 to 2040 non-hispanic white population is equal to "non-hispanic white alone", and all other population is equal to "all other races", alone and two or more races.

* Labor force participation rates for 2010 are estimates based on the 2008-2012 American Community Survey. These participation rates are applied to the Census 2010 population by age/sex to yield labor force estimates.

SOURCE: Projections prepared by the Maryland Department of Planning, July 2014. Population and houshold data from 1970 thru 2010 are from the U.S. Census Bureau, as is the labor force data from 1970 thru 2000. Labor force participation rate data for 2010 is an estimate by the Maryland Department of Planning based on 2008-2012 American Community Survey data. 1990 race and sex population is from modified age, race, sex data (MARS) and 2000 race and sex population from modified race data, both from the U.S. Census Bureau. Historical jobs, total personal income and per capita personal income data are from the U.S. Bureau of Economic Analysis.

Projections are rounded, therefore numbers may not add to totals.

Table 3. Demographic and Socio-economic Outlook, 1970-2040, Prince George's County

Prince George's County **DEMOGRAPHIC AND SOCIO-ECONOMIC OUTLOOK**

	Historical					Projected					
	1970	1980	1990	2000	2010 *	2015	2020	2025	2030	2035	2040
Population Characteristics:											
Total Population	660,567	665,071	728,553	801,515	863,420	900,350	914,500	929,650	944,550	957,650	967,850
Male	326,135	323,556	353,065	383,050	414,161	434,630	443,620	453,080	462,670	471,490	479,250
Female	334,432	341,515	375,488	418,465	449,259	465,720	470,870	476,580	481,880	486,150	488,610
Non-Hispanic White **	N/A	383,215	303,227	196,413	128,853	127,420	122,350	117,210	111,790	105,950	99,610
All Other **	N/A	281,856	425,326	605,102	734,567	772,930	792,140	812,450	832,760	851,690	868,250
Selected Age Groups:											
0-4	69,250	46,419	56,545	57,940	58,564	57,710	58,660	58,530	57,570	56,580	56,210
5-19	200,957	177,250	147,308	181,396	177,844	171,640	165,520	163,370	161,830	163,440	162,060
20-44	260,780	292,174	342,206	323,109	320,316	334,590	338,370	343,070	347,680	347,760	346,810
45-64	102,904	112,720	132,526	177,119	225,183	233,040	228,140	220,050	214,860	217,840	228,660
65+	26,676	36,508	49,968	61,951	81,513	103,360	123,810	144,640	162,620	172,040	174,110
Total	660,567	665,071	728,553	801,515	863,420	900,350	914,500	929,650	944,550	957,650	967,850
Total Household Population	644,056	649,665	712,090	784,158	844,092	879,839	893,139	907,274	921,261	932,991	941,713
Total Households	192,963	224,789	258,011	286,610	304,050	315,100	326,600	336,675	348,625	357,825	362,450
Average Household Size	3.34	2.89	2.76	2.74	2.78	2.79	2.73	2.69	2.64	2.61	2.60
Labor Force:											
Total Population 16+	436,923	497,142	569,454	608,651	682,670	721,360	738,970	756,270	770,970	785,090	797,360
In Labor Force	292,812	362,356	441,800	431,120	504,760	524,250	528,460	531,190	535,150	540,480	547,640
% in Labor Force *	67.0	72.9	77.6	70.8	73.9	72.7	71.5	70.2	69.4	68.8	68.7
Male Population 16+	212,045	237,729	271,526	283,676	322,070	343,270	354,010	364,470	373,770	383,020	391,840
In Labor Force	180,717	193,807	224,291	209,268	247,150	261,150	266,050	270,130	274,930	280,020	285,670
% in Labor Force *	85.2	81.5	82.6	73.8	76.7	76.1	75.2	74.1	73.6	73.1	72.9
Female Population 16+	224,878	259,413	297,928	324,975	360,600	378,090	384,960	391,800	397,200	402,070	405,520
In Labor Force	112,095	168,548	217,509	221,852	257,610	263,100	262,410	261,060	260,220	260,460	261,970
% in Labor Force *	49.8	65.0	73.0	68.3	71.4	69.6	68.2	66.6	65.5	64.8	64.6
Jobs by Place of Work :	198,903	264,059	372,367	391,158	423,654	439,900	461,700	473,900	486,200	496,100	507,500
Personal Income :											
Total (million of constant 2009$)	$15,525.9	$16,844.5	$24,297.8	$29,015.7	$35,498.5	$37,231.3	$40,239.8	$42,745.3	$44,733.9	$46,524.6	$48,883.2
Per Capita (constant 2009$)	$23,307	$25,278	$33,236	$36,129	$41,010	$41,352	$44,002	$45,980	$47,360	$48,582	$50,507

** For 2010 to 2040 non-hispanic white population is equal to "non-hispanic white alone", and all other population is equal to "all other races", alone and two or more races.

* Labor force participation rates for 2010 are estimates based on the 2008-2012 American Community Survey. These participation rates are applied to the Census 2010 population by age/sex to yield labor force estimates.

SOURCE: Projections prepared by the Maryland Department of Planning, July 2014. Population and houshold data from 1970 thru 2010 are from the U.S. Census Bureau, as is the labor force data from 1970 thru 2000. Labor force participation rate data for 2010 is an estimate by the Maryland Department of Planning based on 2008-2012 American Community Survey data. 1990 race and sex population is from modified age, race, sex data (MARS) and 2000 race and sex population from modified race data, both from the U.S. Census Bureau. Historical jobs, total personal income and per capita personal income data are from the U.S. Bureau of Economic Analysis.

Projections are rounded, therefore numbers may not add to totals.

Table 4. American Community Survey (ACS) Demographic Estimates, 2012-2016, Maryland

DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2012-2016 American Community Survey 5-Year Estimates

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Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Maryland			
	Estimate	Margin of Error	Percent	Percent Margin of Error
RACE				
Total population	5,959,902	*****	5,959,902	(X)
One race	5,773,749	+/-4,523	96.9%	+/-0.1
Two or more races	186,153	+/-4,523	3.1%	+/-0.1
One race	5,773,749	+/-4,523	96.9%	+/-0.1
White	3,408,240	+/-4,740	57.2%	+/-0.1
Black or African American	1,765,926	+/-3,836	29.6%	+/-0.1
American Indian and Alaska Native	15,946	+/-1,116	0.3%	+/-0.1
Cherokee tribal grouping	1,849	+/-341	0.0%	+/-0.1
Chippewa tribal grouping	274	+/-151	0.0%	+/-0.1
Navajo tribal grouping	406	+/-203	0.0%	+/-0.1
Sioux tribal grouping	195	+/-103	0.0%	+/-0.1
Asian	362,259	+/-2,229	6.1%	+/-0.1
Asian Indian	91,149	+/-3,085	1.5%	+/-0.1
Chinese	82,300	+/-3,264	1.4%	+/-0.1
Filipino	47,526	+/-2,180	0.8%	+/-0.1
Japanese	7,302	+/-633	0.1%	+/-0.1
Korean	49,159	+/-2,543	0.8%	+/-0.1
Vietnamese	27,077	+/-1,795	0.5%	+/-0.1
Other Asian	57,746	+/-3,053	1.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	2,792	+/-261	0.0%	+/-0.1
Native Hawaiian	790	+/-210	0.0%	+/-0.1
Guamanian or Chamorro	707	+/-157	0.0%	+/-0.1
Samoan	362	+/-145	0.0%	+/-0.1
Other Pacific Islander	933	+/-216	0.0%	+/-0.1
Some other race	218,586	+/-5,099	3.7%	+/-0.1

Table 5. American Community Survey (ACS) Demographic Estimates, 2012-2016, Prince George's County

U.S. Census Bureau

AMERICAN FactFinder

DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2012-2016 American Community Survey 5-Year Estimates

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Subject	Prince George's County, Maryland			
	Estimate	Margin of Error	Percent	Percent Margin of Error
RACE				
Total population	897,693	*****	897,693	(X)
One race	872,685	+/-1,498	97.2%	+/-0.2
Two or more races	25,008	+/-1,498	2.8%	+/-0.2
One race	872,685	+/-1,498	97.2%	+/-0.2
White	173,881	+/-2,727	19.4%	+/-0.3
Black or African American	570,138	+/-1,680	63.5%	+/-0.2
American Indian and Alaska Native	3,449	+/-679	0.4%	+/-0.1
Cherokee tribal grouping	224	+/-150	0.0%	+/-0.1
Chippewa tribal grouping	29	+/-31	0.0%	+/-0.1
Navajo tribal grouping	190	+/-182	0.0%	+/-0.1
Sioux tribal grouping	14	+/-24	0.0%	+/-0.1
Asian	38,063	+/-543	4.2%	+/-0.1
Asian Indian	8,043	+/-890	0.9%	+/-0.1
Chinese	7,260	+/-726	0.8%	+/-0.1
Filipino	9,689	+/-849	1.1%	+/-0.1
Japanese	512	+/-181	0.1%	+/-0.1
Korean	3,160	+/-516	0.4%	+/-0.1
Vietnamese	2,659	+/-590	0.3%	+/-0.1
Other Asian	6,740	+/-922	0.8%	+/-0.1
Native Hawaiian and Other Pacific Islander	269	+/-100	0.0%	+/-0.1
Native Hawaiian	44	+/-51	0.0%	+/-0.1
Guamanian or Chamorro	99	+/-62	0.0%	+/-0.1
Samoan	44	+/-44	0.0%	+/-0.1
Other Pacific Islander	82	+/-70	0.0%	+/-0.1
Some other race	86,885	+/-2,857	9.7%	+/-0.3

Table 6. American Community Survey (ACS) Economic Characteristics, 2012-2016, Maryland

U.S. Census Bureau

AMERICAN FactFinder

DP03 | SELECTED ECONOMIC CHARACTERISTICS

2012-2016 American Community Survey 5-Year Estimates

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Subject	Maryland			
	Estimate	Margin of Error	Percent	Percent Margin of Error
INCOME AND BENEFITS (IN 2016 INFLATION-ADJUSTED DOLLARS)				
Total households	2,177,492	+/-5,012	2,177,492	(X)
Less than $10,000	110,563	+/-2,338	5.1%	+/-0.1
$10,000 to $14,999	69,385	+/-1,688	3.2%	+/-0.1
$15,000 to $24,999	144,048	+/-2,442	6.6%	+/-0.1
$25,000 to $34,999	154,876	+/-2,625	7.1%	+/-0.1
$35,000 to $49,999	228,318	+/-3,091	10.5%	+/-0.1
$50,000 to $74,999	368,333	+/-3,760	16.9%	+/-0.2
$75,000 to $99,999	288,676	+/-3,553	13.3%	+/-0.2
$100,000 to $149,999	401,068	+/-3,636	18.4%	+/-0.2
$150,000 to $199,999	200,287	+/-2,921	9.2%	+/-0.1
$200,000 or more	211,938	+/-2,406	9.7%	+/-0.1
Median household income (dollars)	76,067	+/-423	(X)	(X)
Mean household income (dollars)	100,071	+/-394	(X)	(X)
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	6.8%	+/-0.1
With related children of the householder under 18 years	(X)	(X)	10.6%	+/-0.3
With related children of the householder under 5 years only	(X)	(X)	10.2%	+/-0.6
Married couple families	(X)	(X)	2.9%	+/-0.1
With related children of the householder under 18 years	(X)	(X)	3.6%	+/-0.2
With related children of the householder under 5 years only	(X)	(X)	3.0%	+/-0.4
Families with female householder, no husband present	(X)	(X)	18.9%	+/-0.5
With related children of the householder under 18 years	(X)	(X)	26.3%	+/-0.8
With related children of the householder under 5 years only	(X)	(X)	29.9%	+/-2.1

U.S. Census Bureau

AMERICAN FactFinder

DP03

SELECTED ECONOMIC CHARACTERISTICS

2012-2016 American Community Survey 5-Year Estimates

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Subject	Prince George's County, Maryland			
	Estimate	Margin of Error	Percent	Percent Margin of Error
INCOME AND BENEFITS (IN 2016 INFLATION-ADJUSTED DOLLARS)				
Total households	306,711	+/-1,131	306,711	(X)
Less than $10,000	12,133	+/-688	4.0%	+/-0.2
$10,000 to $14,999	6,869	+/-510	2.2%	+/-0.2
$15,000 to $24,999	17,763	+/-829	5.8%	+/-0.3
$25,000 to $34,999	20,709	+/-926	6.8%	+/-0.3
$35,000 to $49,999	34,931	+/-1,040	11.4%	+/-0.3
$50,000 to $74,999	59,137	+/-1,329	19.3%	+/-0.4
$75,000 to $99,999	45,146	+/-1,186	14.7%	+/-0.4
$100,000 to $149,999	60,136	+/-1,133	19.6%	+/-0.4
$150,000 to $199,999	28,328	+/-1,141	9.2%	+/-0.4
$200,000 or more	21,559	+/-696	7.0%	+/-0.2
Median household income (dollars)	75,925	+/-799	(X)	(X)
Mean household income (dollars)	92,135	+/-745	(X)	(X)
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	6.9%	+/-0.3
With related children of the householder under 18 years	(X)	(X)	10.7%	+/-0.6
With related children of the householder under 5 years only	(X)	(X)	9.2%	+/-1.8
Married couple families	(X)	(X)	3.1%	+/-0.3
With related children of the householder under 18 years	(X)	(X)	4.6%	+/-0.6
With related children of the householder under 5 years only	(X)	(X)	3.3%	+/-1.1
Families with female householder, no husband present	(X)	(X)	13.5%	+/-0.9
With related children of the householder under 18 years	(X)	(X)	19.1%	+/-1.4
With related children of the householder under 5 years only	(X)	(X)	17.4%	+/-3.8

Table 7. American Community Survey (ACS) Economic Characteristics, 2012-2016, Prince George's County

FactFinder

DP03 | SELECTED ECONOMIC CHARACTERISTICS

2012-2016 American Community Survey 5-Year Estimates

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Subject	Prince George's County, Maryland			
	Estimate	Margin of Error	Percent	Percent Margin of Error
INCOME AND BENEFITS (IN 2016 INFLATION-ADJUSTED DOLLARS)				
Total households	306,711	+/-1,131	306,711	(X)
Less than $10,000	12,133	+/-688	4.0%	+/-0.2
$10,000 to $14,999	6,869	+/-510	2.2%	+/-0.2
$15,000 to $24,999	17,763	+/-829	5.8%	+/-0.3
$25,000 to $34,999	20,709	+/-926	6.8%	+/-0.3
$35,000 to $49,999	34,931	+/-1,040	11.4%	+/-0.3
$50,000 to $74,999	59,137	+/-1,329	19.3%	+/-0.4
$75,000 to $99,999	45,146	+/-1,186	14.7%	+/-0.4
$100,000 to $149,999	60,136	+/-1,133	19.6%	+/-0.4
$150,000 to $199,999	28,328	+/-1,141	9.2%	+/-0.4
$200,000 or more	21,559	+/-696	7.0%	+/-0.2
Median household income (dollars)	75,925	+/-799	(X)	(X)
Mean household income (dollars)	92,135	+/-745	(X)	(X)
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	6.9%	+/-0.3
With related children of the householder under 18 years	(X)	(X)	10.7%	+/-0.6
With related children of the householder under 5 years only	(X)	(X)	9.2%	+/-1.8
Married couple families	(X)	(X)	3.1%	+/-0.3
With related children of the householder under 18	(X)	(X)	4.6%	+/-0.6