

**Modification of Certificate of Need Application  
Baltimore City Hospice Review  
May 21<sup>st</sup>, 2019**

*SUBMITTED BY:*



292 Stoner Avenue, Westminster, MD 21157

May 21, 2019

**VIA ELECTRONIC MAIL  
AND HAND DELIVERY**

Ruby Potter, Administrator  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

Re: Baltimore City Hospice Review-Docket No. 16-24-2388

Dear Ms. Potter:

Enclosed are six copies of a modification of Certificate of Need Application on behalf of Carroll Hospice in the above-referenced matter.

Thank you for your attention to this matter.

Sincerely,



Regina Shannon Bodnar  
RN, MS, MSN, CHPCA  
Executive Director, Carroll Hospice

**CARROLL HOSPICE**  
**MODIFICATION OF CERTIFICATE OF NEED APPLICATION**  
**BALTIMORE CITY HOSPICE REVIEW (DOCKET NO. 16-24-2388)**

Carroll Hospice hereby modifies its Certificate of Need Application in this review to address the deficiencies found by the Reviewer, as described in his April 10, 2019 letter to Carroll Hospice, as set forth herein.

1. Regarding Minimum Services, Carroll Hospice must clarify how it will provide the required services in the attached table.

**Applicant Response:** Please see the completed Table: COMAR.10.24.13.05C: Minimum Services attached hereto as **Exhibit 21**.

2. Revise its Charity Care and Sliding Fee Scale policy and procedures to be consistent with the standard. Procedures must differentiate a probable determination of eligibility for charity or reduced fee care from a final determination and detail how it provides individual notice of these policies to potential patients and their families prior to the provision of services. Please detail how you provide individual notice of these policies to patients and/or their families prior to the provision of services.

**Applicant Response:** Please see the new Charity Care Policy for Carroll Hospice attached as **Exhibit 22** which complies with the standard. The policy requires a two-step process for charity care determinations which differentiates between the determination of probable eligibility and the final determination of eligibility. See **Exhibit 22, Section V**. The first step requires a determination of probable eligibility to be made and communicated within two business days following a patient's initial request for charity care services, application for Medical Assistance, or both. The new policy further makes clear that the determination of probable eligibility must be based only on information obtained during an interview with the patient or representative, without any application or documentation to be requested or required.

The second step provides for a final determination of eligibility to be made based on a completed financial assistance application (Maryland State Uniform Financial Assistance Application, attached as **Exhibit B** to the Charity Care Policy) and supporting documentation described in the Charity Care Policy, **Exhibit 22, Section V.A**. However, if a patient qualifies for presumptive eligibility for charity care under **Section VI** of the Charity Care Policy (**Exhibit 22**), the patient will not be required to complete the Financial Assistance Application and provide the supporting documentation to be granted charity care.

The Charity Care Policy includes discounted care for low income patients who are

not eligible for full charity care but are unable to bear the full cost of services. The sliding scale is part of **Exhibit A** to the Charity Care Policy (**Exhibit 22**). The Charity Care Policy also contains a Medical Financial Hardship provision, which provides for discounted care for a person with a medical financial hardship under the terms described in the Policy who does not qualify for full charity care or discounted care. See **Exhibit 22, Section VIII**.

The Charity Care Policy also includes a time payment plan as required by the standard. See **Exhibit 22, Section X**.

Carroll Hospice will provide individual notification to patients and their families regarding its charity care policy prior to the provision of services by providing individual notice regarding charity care in an intake packet. The form of the individual notice is **Exhibit C** to the Charity Care Policy (**Exhibit 22**). The intake packet is provided before every admission when an assessment is conducted to determine the patient's eligibility for Hospice services.

Additionally, Carroll Hospice will post public Notice of the Availability of Charity Care in its business office and annually post this notice in a newspaper of general circulation in each jurisdiction it serves. Please refer to **Exhibit 23** for the Notice of the Availability of Charity Care that will be posted and published, which makes clear that hospice charity care is available to residents of all the jurisdictions served by Carroll Hospice. Carroll Hospice will also post the Notice of the Availability of Charity Care (**Exhibit 23**) along with a complete copy of its Charity Care Policy on its website at [www.carrollhospice.org/Financial-Services](http://www.carrollhospice.org/Financial-Services).

3. Revise all applicable forms, notices, and information provided to comply with the Charity Care and Sliding Fee Scale standard. This includes all public notices, posted notices, notices to potential patients/families, application(s) for charity care or reduced fees, and other similar documents. The wording of these materials should be in a format understandable by the service area population.

**Applicant Response:** As explained in response to Recommendation 2 above, please refer to **Exhibit 22** hereto for the new Carroll Hospice Charity Care Policy that complies with the standard. The form of the public notice of charity care that will be posted in Carroll Hospice's business office and posted (along with a complete copy of the Policy) on its website is attached hereto as **Exhibit 23**. The form of the individual notice of charity care that will be provided to patients in their intake packet prior to the provision of services is contained in **Exhibit C** to the Charity Care Policy and is separately attached hereto as **Exhibit 24**. The application form that will be required in connection with the final determination of eligibility is contained in **Exhibit B** to the Charity Care Policy and is separately attached hereto as **Exhibit 25**. These notices are worded in a format which is understandable to the service area population, and consistent with both the State Health Plan standard and Carroll Hospice's Charity Care Policy.

4. Assure that notices on its website are correct, easily located, and understandable.

**Applicant Response:** A copy of the Notice of the Availability of Charity Care (**Exhibit 23** hereto) and the complete Charity Care Policy (**Exhibit 22**) will be posted at [www.carrollhospice.org/Financial-Services](http://www.carrollhospice.org/Financial-Services). The notice accurately describes Carroll Hospice's Charity Care Policy in an understandable way and is posted in an easily located place on the website. Specifically, at the top line of the home page, clicking on "Services" generates a drop down menu that includes "Financial Assistance", which brings the patient to the financial assistance page that includes links to both the public notice of the availability of charity care (**Exhibit 23**) and the actual Charity Care Policy (**Exhibit 22**).

5. Provide copies of all forms, applications, notices, and procedures (as revised or not) regarding charity care, reduced fees, sliding fee scale, and time payment plans that will apply to a prospective patient.

**Applicant Response:** Please refer to the response to Recommendation #3 above and **Exhibits 22-25** hereto which contain all forms, applications, notices and procedures regarding charity care, reduced fees, sliding fee scale and time payment plans that will apply to a prospective patient.

6. Regarding subsection (4) of the Charity Care standard, report the level of charity care provided by Carroll Hospice between 2012 through 2016 as a percentage of total operating revenue during this five-year period, and submit a specific plan describing how Carroll Hospice will identify and reach out to patients who may be in need of charity care. Note my earlier admonition that bad debt and non-collected billed charges are not included

**Applicant Response:** Please see **Exhibit 26** for the level of charity care provided by Carroll Hospice between 2012 through 2016 as a percentage of total operating revenue during this five-year period. No bad debt or non-collected billed charges are included in these calculations.

Carroll Hospice has committed to provide 0.9% of net operating revenue to charity care and has a strong strategy to achieve this commitment. Carroll Hospice has a fulltime community outreach staff member who will not only strengthen ties with the community but will also enable Carroll Hospice to educate organizations on the availability of charity care. This community outreach staff member will maintain and create contacts throughout the Carroll Hospice service area to inform and educate them regarding Carroll Hospice's willingness to accept and care for all patients, regardless of ability to pay, and about the specifics of the charity care policy. The community liaison will be expected to keep in regular contact with potential referral sources for charity care and serve as a point of contact for any questions relating to charity as well as help facilitate charity care referrals.

Carroll Hospice will leverage LifeBridge Health's identity and its relationships with the African American, and Orthodox Jewish community in Baltimore City to inform and promote the availability of charity care. Carroll Hospice plans to further leverage the institutions of LifeBridge Health, which includes Sinai Hospital, Northwest Hospital and Carroll Hospital, as well as Levindale Geriatric Center and Hospital to build broader acceptance of hospice care through LifeBridge Health's established and positive relationships with the African American/Orthodox Jewish communities. Part of this outreach and relationship building will see Carroll Hospice partnering with local organizations that serve indigent residents of Baltimore City for charity care referrals. Carroll Hospice will utilize the relationship LifeBridge has built with the Maryland Health Faith Network, a program which was composed of a group of 60 congregations/ministries which represent over 8,000 Baltimore City/County and Carroll County congregants and families. The network helps coordinate volunteer efforts with other congregation members who may help with transportation, prescription delivery, and meals and/or coordinate pastoral support. Carroll Hospice will utilize the relationships built through this program to further spread information regarding the charity care policy and to seek charity care referrals in Baltimore City. LifeBridge also has very positive community relations with the Orthodox Jewish Communities and has developed programs such as the "Sinai Jewish Care Program" to assist families with end of life care, bereavement services, and funeral planning. These well-established relationships will enable Carroll Hospice to meet its commitment to providing charity care to Baltimore City. Accordingly, the Carroll Hospice Applicant has addressed the deficiencies found by the Reviewer under the Standard by providing a robust strategy for achieving the level of charity care to which it has committed in this application

7. Revise any portions of its CON application that are affected by changes made in response to my recommendations.

**Applicant Response:** Carroll Hospice has addressed the deficiencies found by the Reviewer under the standards referenced in his April 10, 2019 letter. Carroll Hospice has no revisions to make to any portions of the CON with regards to the changes made in response to the Reviewers recommendations.

## AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Modification of Certificate of Need Application filed by Carroll Hospice are true and correct to the best of my knowledge, information and belief.

Date: 5/21/19

Regina M. Bodnar  
Name: Regina Bodnar

Title: Executive Director, Carroll Hospice

## AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Modification of Certificate of Need Application filed by Carroll Hospice are true and correct to the best of my knowledge, information and belief.

Date: 5/20/2019

A handwritten signature in cursive script, reading "Patrick F. McMahon", is written over a horizontal line.

Name: Patrick F. McMahon

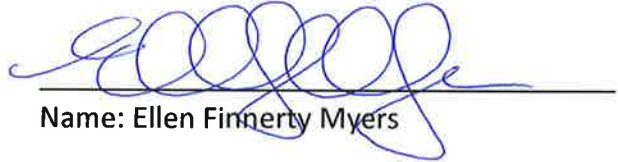
Title: Manager of Business Development



## AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Modification of Certificate of Need Application filed by Carroll Hospice are true and correct to the best of my knowledge, information and belief.

Date: 5/15/19



Name: Ellen Finnerty Myers

Title: VP of Corporate Development,  
Chief Development Officer

## AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Modification of Certificate of Need Application filed by Carroll Hospice are true and correct to the best of my knowledge, information and belief.

Date: 5/15/2019

A handwritten signature in black ink, appearing to read "Randy Smith", is written over a horizontal line.

Name: Randy Smith

Title: Patient Accounting Representative

# **EXHIBIT 21**

Table \_\_\_\_: COMAR.10.24.13.05C: Minimum Services

<b>COMAR 10.24.13.05C. MINIMUM SERVICES</b>			
<b>(1) An applicant shall provide the following services directly:</b>			
<b>Service</b>	<b>Provided directly by agency employees? (Y/N)</b>		
(a) Skilled nursing care	Y		
(b) Medical social services	Y		
(c) Counseling (including bereavement and nutrition counseling)	Y		
<b>(2) An applicant shall provide the following services, either directly or through contractual arrangements</b>			
<b>Service</b>	<b>Provided directly by employees of the hospice? (Y/N)</b>	<b>Provided via contract? (Y/N)</b>	<b>If by contract, with whom?</b>
(a) Physician services and medical direction	Y		
(b) Hospice aide and homemaker services	Y		
(c) Spiritual services	Y		
(d) On-call nursing response	Y		
(e) Short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management)	Y	Y	Futurecare for respite. Dove House, Sinai or NW for GIP.
(f) Personal care	Y		
(g) Volunteer services	Y		
(h) Bereavement services	Y		
(i) Pharmacy services	N	Y	Optum PBM
(j) Laboratory, radiology, and chemotherapy services as needed for palliative care	N	Y	Carroll Hospital Center
(k) Medical supplies and equipment	N	Y	Medline for supplies, Anchor and Nations DME
(l) Special therapies, such as physical therapy, occupational therapy, speech therapy, and dietary services	N	Y	Home Care of MD

# **EXHIBIT 22**

<b>Title: Carroll Hospice Charity Care and Financial Assistance Policy</b>	Effective Date: 05/21/2019
Document Owner: Regina Bodnar	
Approver(s): _____	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

*This policy may not be materially changed without the approval of the Board of Trustees.*

**THIS POLICY WAS APPROVED BY THE BOARD OF TRUSTEES ON 5/20/19**

I. Policy:

This policy governs the provision of charity care and financial assistance for indigent and uninsured patients by Carroll Hospice to ensure access to hospice services regardless of an individual's ability to pay. Carroll Hospice provides charity care in accordance with the terms of this policy to residents of each jurisdiction that it is authorized to serve.

II. Purpose:

This policy contains the criteria to be used in determining a patient's eligibility for charity care, and outlines the process and guidelines that shall be used to determine eligibility for charity care and the completion of the financial assistance application process.

III. Definitions:

- A. Immediate family: A family unit is defined to include all individuals taken as exemptions on the income tax return for the individual completing the application, whether or not they were the individual filing the return or listed as a spouse or dependent. For homeless persons or in the event that a family member is not obtainable, the family unit size will be assumed to be one. If a tax return has not been filed, then income from all members living in the household will be considered.
- B. Liquid Assets: Cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc. The availability of liquid assets plus annual income will be considered in relation to the current poverty guidelines published in the Federal Register. The first \$10,000 of monetary assets, and up to \$150,000 in a primary residence is excluded.
- C. Medical debt: Out of pocket expenses, excluding copayments, coinsurance and deductibles, for medical costs billed by a hospital as defined under Maryland Code, Title 10, Subtitle 37.10.26 – *Patient Rights and Obligations – Hospital Credit and Collection and Financial Assistance Policies*.

IV. Income Scale to Determine Eligibility for Charity Care:

Exhibit A contains the income scale used by Carroll Hospice to determine a person's eligibility for charity care, which includes (1) full charity care (care provided at no charge to the patient), and (2) discounted care (care provided at a reduced fee to low income patients who are not eligible for full charity care but are unable to bear the full cost of services) based on a sliding income scale.

V. Procedure to Determine Eligibility for Charity Care:

A. The following two-step process shall be followed when a patient or a patient's representative requests charity care, applies for Medical Assistance, or both:

**Step One: Determination of Probable Eligibility**

Within two business days following the initial request for charity care, application for Medical Assistance, or both, Carroll Hospice will: (1) make a determination of probable eligibility, and (2) communicate the determination to the patient and/or patient's representative. In order to make the determination of probable eligibility, Carroll Hospice will conduct an interview with the patient and/or patient's representative. The interview will cover family size, insurance and income. The determination of probable eligibility will be made based solely on the information provided by the patient or patient's representative during the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made. Carroll Hospice will record the information obtained in the interview in the patient's file.

**Step Two: Final Determination of Eligibility**

1. Following a determination of probable eligibility, Carroll Hospice will make a final determination of eligibility for charity care based on income, family size and available resources. Except as provided otherwise in this policy, the patient will be required to complete the Uniform Financial Assistance Application (Exhibit B) and provide supporting documentation of eligibility as described herein. All available financial resources shall be evaluated in making the final determination of eligibility. This includes resources of other persons and entities who have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy.
2. Assessment forms shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor. Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. Examples of income sources are:

- a. Income from wages
- b. Retirement/Pension Benefits
- c. Income from self-employment
- d. Alimony
- e. Child support
- f. Military family allotments
- g. Public assistance
- h. Pension
- i. Social security
- j. Strike benefits
- k. Unemployment compensation
- l. Workers compensation
- m. Veterans benefits
- n. Other sources, such as income and dividends, interest or rental property.

3. An applicant who qualifies for Medical Assistance will be required to apply for Medical Assistance. While a patient's application for Medical Assistance is pending, the patient will be provisionally deemed to be covered by Medical Assistance and will not be required to complete the Uniform Financial Assistance Application for Carroll Hospice. If the patient's application for Medical Assistance is denied, the patient will be required to complete the Uniform Financial Assistance Application (Exhibit B) and provide documentation as described above.
4. The following patients shall not be required to complete the Uniform Financial Assistance Application (Exhibit B) and provide supporting documentation of eligibility as described above: (a) patients deemed presumptively eligible for charity care under Section VI of this policy, and (b) patients referred to Carroll Hospice from Carroll Hospital or another hospital in the LifeBridge Health System who qualified for financial assistance from such hospital.



5. Patient/guarantor shall be informed in writing of the final determination of eligibility for charity care along with a brief explanation. Patient/guarantor shall be informed of the right to appeal any final eligibility decision regarding financial assistance. An appeal letter, including any additional information that may be applicable, will be reviewed by the Executive Director of Carroll Hospice. After review, a final decision along with the criteria used to reach the decision will be mailed to the patient/guarantor.

B. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications.

C. Patients may be determined eligible for charity care through the process described in this Section before, during or after hospice care is rendered.

D. Charity care eligibility determinations shall remain in effect for the duration of the patient's episode of care with Carroll Hospice unless Carroll Hospice is notified of a change in the information provided in the patient's Uniform Financial Assistance Application (Exhibit B) making the patient no longer eligible for charity care under this Policy.

E. In exceptional circumstances where a patient does not meet the criteria for charity care the Executive Director and/or the Board of Trustees may grant financial assistance to a patient and/or guarantor.

VI. Presumptive Charity Care Eligibility:

A. Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances (e.g., homelessness, lack of income, qualification for applicable federal or state programs, etc.). Carroll Hospice will grant full charity care to patients determined to have presumptive charity care eligibility. Carroll Hospice will internally document any and all recommendations from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel to provide presumptive financial assistance discounts.

B. After the Preliminary Determination of Eligibility for Charity Care is made as described in Section V.A above, individuals shall be asked to provide proof of qualification or participation in programs that, by their nature, are operated to benefit individuals with limited financial resources. Patients receiving the following services shall be considered eligible for presumptive financial assistance.

- a. Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs.
- b. Patient is homeless.
- c. Patient's family is eligible for and is receiving Maryland food stamps.

- d. Patient's family is eligible for and is participating in subsidized school lunch programs.
- e. The patient's home address and documentation evidencing status in an affordable or subsidized housing development.
- f. Patient/guarantor's wages are insufficient for garnishment, as defined by state law.

VII. Notice of Charity Care Policy, Patient Education and Outreach:

A. Prior to the provision of hospice services, Carroll Hospice shall provide the patient with the Notice to Patients of the Availability of Charity Care (Exhibit C) which summarizes this policy and shall address with the patient or patient's family any financial concerns that they may have.

B. Carroll Hospice shall disseminate information regarding its charity care policy on an annual basis by publishing notice regarding the policy in a newspaper of general circulation in the jurisdictions it serves, which notice shall be in a format understandable by the service area populations.

C. The Notice to Patients of the Availability of Charity Care (Exhibit C) and a copy of this Policy shall be posted in Carroll Hospice's business offices and on its website.

VIII. Medical Financial Hardship.

For patients who are not eligible for charity care but have been deemed to have incurred a financial hardship, Carroll Hospice will provide reduced cost medically necessary care to patients with family income below 500% of the Federal Poverty Level, as set forth in Exhibit A. A financial hardship means medical debt, incurred by a family over a 12-month period that exceeds 25% of family income. Medical debt is defined as out of pocket expenses, excluding copayments, co-insurance, and deductibles, for medical costs billed by an acute care hospital. Services provided by such hospital as well as those provided by hospital-based physicians and billed by the hospital are included in this policy and in consideration for medical financial hardship.

IX. Late Discovery of Eligibility.

Carroll Hospice shall provide a refund of amounts exceeding \$25.00 collected from a patient or guarantor of a patient who, within a 2-year period after the date of service, is found to have been eligible for full Charity Care on the date of service under this policy.

X. Time Payment Plan.

A patient who qualifies for discounted care or medical hardship assistance may request to pay billed charges over time. A time payment plan will require payment of a minimum of \$50 per month with the balance being resolved within 6 months from the start of care.

XI. Reference Documents.

1. *Income Scale for Carroll Hospice Charity Care* (Based on Federal Poverty Guidelines (updated annually) in Federal Register) – Exhibit A
2. *Maryland State Uniform Financial Assistance Application* – Exhibit B
3. *Notice to Patients of the Availability of Charity Care* - Exhibit C

### Exhibit A

#### Income Scale for Carroll Hospice Charity Care Based on 2019 Federal Poverty Guidelines (A)

Persons in Family/Household	Financial Assistance %	100%	75%	50%	25%
	Income	300%	325%	350%	375%
1	\$12,490	\$37,470	\$40,593	\$43,715	\$46,838
2	\$16,910	\$50,730	\$54,958	\$59,185	\$63,413
3	\$21,330	\$63,990	\$69,323	\$74,655	\$79,988
4	\$25,750	\$77,250	\$83,688	\$90,125	\$96,563
5	\$30,170	\$90,510	\$98,053	\$105,595	\$113,138
6	\$34,590	\$103,770	\$112,418	\$121,065	\$129,713
7	\$39,010	\$117,030	\$126,783	\$136,535	\$146,288
8	\$43,430	\$130,290	\$141,148	\$152,005	\$162,863
For families/households with more than 8 persons, add \$4,420 for each additional person.					

**(A) SOURCE:** Federal Register, Document # 2019-00621 Pgs. 1167-1168

### Exhibit A

#### Income Scale for Carroll Hospice Medical Hardship Assistance Based on 2019 Federal Guidelines (A)

Persons in Family/Household	Financial Assistance %	100%	75%	50%	25%
	Income	350%	400%	450%	500%
1	\$12,490	\$43,715	\$49,960	\$56,205	\$62,450
2	\$16,910	\$59,185	\$67,640	\$76,095	\$84,550
3	\$21,330	\$74,655	\$85,320	\$95,985	\$106,650
4	\$25,750	\$90,125	\$103,000	\$115,875	\$128,750
5	\$30,170	\$105,595	\$120,680	\$135,765	\$150,850
6	\$34,590	\$121,065	\$138,360	\$155,655	\$172,950
7	\$39,010	\$136,535	\$156,040	\$175,545	\$195,050
8	\$43,430	\$152,005	\$173,720	\$195,435	\$217,150
For families/households with more than 8 persons, add \$4,420 for each additional person.					

Exhibit B

Maryland State Uniform Financial Assistance Application

*Information about You*

Name

\_\_\_\_\_  
First Middle Last

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: Single Married Separated US

Citizen: Yes No

Permanent Resident: Yes No

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

City State Zip code

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

City State Zip code

Household members:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Have you applied for Medical Assistance      Yes      No

If yes, what was the date you applied? \_\_\_\_\_

If yes, what was the determination? \_\_\_\_\_

Do you receive any type of state or county assistance?      Yes      No

*I. Family Income*

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

Monthly Amount

Employment	_____
Retirement/Pension Benefits	_____
Social security benefits	_____
Public assistance benefits, i.e.: food stamps	_____
Disability benefits	_____
Unemployment benefits	_____
Veteran's benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self-employment	_____
Other income source	_____

TOTAL \_\_\_\_\_

*II. Liquid Assets*

Current Balance

Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
- \$10,000 exclusion	_____
Total	_____

### III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
		Total _____

### IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
	Total _____

Do you have any other unpaid medical bills?    Yes    No

For what service? \_\_\_\_\_

If you have arranged a payment plan, what is the monthly payment? \_\_\_\_\_

Do you have medical debt that has been incurred by your family over a 12-month period that exceeds 25% of your family income? \_\_\_\_\_



If you request that the Carroll Hospice extend additional financial assistance, Carroll Hospice may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify Carroll Hospice of any changes to the information provided within ten days of the change.

---

Applicant signature

---

Date

---

Relationship to Patient

**Exhibit C**  
***NOTICE TO PATIENTS OF THE AVAILABILITY OF CHARITY CARE***

Dear Patient and Family:

Carroll Hospice is committed to providing accessible hospice care to the communities it serves. Hospice care is available to all patients who live in the jurisdictions served by Carroll Hospice regardless of their ability to pay. Carroll Hospice provides hospice care at no cost to eligible patients for whom there is no means of payment by the patient or a third party payor (such as an insurance company or Medical Assistance) and whose household income is at or below 300% of the Federal Poverty Guidelines for the patient's family size. Carroll Hospice provides hospice care at a discount to eligible patients of limited means whose household income is between 300% and 375% of the Federal Poverty Guidelines for the patient's family size, based on a sliding scale. Carroll Hospice also offers a time payment plan which allows eligible patients to pay their billed charges over time.

Within two business days of a patient's request for charity care, application for Medical Assistance, or both, Carroll Hospice will make a determination of probable eligibility and will communicate that determination to the patient and/or guarantor. After making a determination of probable eligibility, Carroll Hospice will make a final determination of the patient's eligibility for charity care, which will be based on a completed Maryland State Uniform Financial Assistance Application and supporting documentation from the patient. All information obtained from patients and family members in determining a patient's eligibility for charity care will be held confidential by Carroll Hospice.

If you would like to review a complete copy of Carroll Hospice's Charity Care Policy (including a copy of the application form), it is posted at [Carrollhospice.org/Financial-Services](http://Carrollhospice.org/Financial-Services) and at Carroll Hospice's business office at 292 Stoner Avenue, Westminster MD 21157. You may also call Carroll Hospice at 410-871-8000 to have a copy of the Charity Care Policy mailed to you. If you have any questions or would like additional information about the Charity Care Policy, please contact Carroll Hospice at 410-871-8000 to speak to a Social Worker.

Very truly yours,  
Regina Bodnar  
Executive Director, Carroll Hospice

**Income Scale for Carroll Hospice Charity Care Based  
on 2019 Federal Poverty Guidelines (A)**

Persons in Family/Household	Poverty Guidelines	300%	325%	350%	375%
1	\$12,490	\$37,470	\$40,593	\$43,715	\$46,838
2	\$16,910	\$50,730	\$54,958	\$59,185	\$63,413
3	\$21,330	\$63,990	\$69,323	\$74,655	\$79,988
4	\$25,750	\$77,250	\$83,688	\$90,125	\$96,563
5	\$30,170	\$90,510	\$98,053	\$105,595	\$113,138
6	\$34,590	\$103,770	\$112,418	\$121,065	\$129,713
7	\$39,010	\$117,030	\$126,783	\$136,535	\$146,288
8	\$43,430	\$130,290	\$141,148	\$152,005	\$162,863
For families/households with more than 8 persons, add \$4,420 for each additional person.					

**(A) SOURCE:** Federal Register, Document # 2019-00621 Pgs. 1167-1168

# **EXHIBIT 23**



#### ***NOTICE OF THE AVAILABILITY OF CHARITY CARE***

Carroll Hospice makes hospice care available to all patients who live in the jurisdictions served by Carroll Hospice regardless of their ability to pay. Carroll Hospice provides hospice care at no cost to eligible patients for whom there is no means of payment by the patient or a third party payor (such as an insurance company or Medical Assistance) and whose household income is at or below 300% of the Federal Poverty Guidelines for the patient's family size. Carroll Hospice provides hospice care at a discount to eligible patients of limited means whose household income is between 300% and 375% of the Federal Poverty Guidelines for the patient's family size, based on a sliding scale. Carroll Hospice also offers a time payment plan which allows eligible patients to pay their billed charges over time. Within two business days of a patient's request for charity care, application for Medicaid, or both, Carroll Hospice will make a determination of probable eligibility and will communicate that determination to the patient. After making a determination of probable eligibility, Carroll Hospice will make a final determination of the patient's eligibility for charity care, which will be based on a completed Maryland State Uniform Financial Assistance Application and supporting documentation from the patient. If you would like to review a complete copy of Carroll Hospice's Charity Care Policy (including a copy of the application form), it is posted at [Carrollhospice.org/Financial-Services](http://Carrollhospice.org/Financial-Services) and at Carroll Hospice's business office at 292 Stoner Avenue, Westminster MD 21157. If you have any questions or would like additional information about the Charity Care Policy, please contact Carroll Hospice at 410-871-8000.

# **EXHIBIT 24**

**Exhibit C**  
***NOTICE TO PATIENTS OF THE AVAILABILITY OF CHARITY CARE***

Dear Patient and Family:

Carroll Hospice is committed to providing accessible hospice care to the communities it serves. Hospice care is available to all patients who live in the jurisdictions served by Carroll Hospice regardless of their ability to pay. Carroll Hospice provides hospice care at no cost to eligible patients for whom there is no means of payment by the patient or a third party payor (such as an insurance company or Medical Assistance) and whose household income is at or below 300% of the Federal Poverty Guidelines for the patient's family size. Carroll Hospice provides hospice care at a discount to eligible patients of limited means whose household income is between 300% and 375% of the Federal Poverty Guidelines for the patient's family size, based on a sliding scale. Carroll Hospice also offers a time payment plan which allows eligible patients to pay their billed charges over time.

Within two business days of a patient's request for charity care, application for Medical Assistance, or both, Carroll Hospice will make a determination of probable eligibility and will communicate that determination to the patient and/or guarantor. After making a determination of probable eligibility, Carroll Hospice will make a final determination of the patient's eligibility for charity care, which will be based on a completed Maryland State Uniform Financial Assistance Application and supporting documentation from the patient. All information obtained from patients and family members in determining a patient's eligibility for charity care will be held confidential by Carroll Hospice.

If you would like to review a complete copy of Carroll Hospice's Charity Care Policy (including a copy of the application form), it is posted at [Carrollhospice.org/Financial-Services](http://Carrollhospice.org/Financial-Services) and at Carroll Hospice's business office at 292 Stoner Avenue, Westminster MD 21157. You may also call Carroll Hospice at 410-871-8000 to have a copy of the Charity Care Policy mailed to you. If you have any questions or would like additional information about the Charity Care Policy, please contact Carroll Hospice at 410-871-8000 to speak to a Social Worker.

Very truly yours,  
Regina Bodnar  
Executive Director, Carroll Hospice

**Income Scale for Carroll Hospice Charity Care Based  
on 2019 Federal Poverty Guidelines (A)**

Persons in Family/Household	Poverty Guidelines	300%	325%	350%	375%
1	\$12,490	\$37,470	\$40,593	\$43,715	\$46,838
2	\$16,910	\$50,730	\$54,958	\$59,185	\$63,413
3	\$21,330	\$63,990	\$69,323	\$74,655	\$79,988
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8	\$43,430	\$130,290	\$141,148	\$152,005	\$162,863
For families/households with more than 8 persons, add \$4,420 for each additional person.					

**(A) SOURCE:** Federal Register, Document # 2019-00621 Pgs. 1167-1168

# **EXHIBIT 25**

Exhibit B

Maryland State Uniform Financial Assistance Application

*Information about You*

Name

\_\_\_\_\_  
First Middle Last

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: Single Married Separated US

Citizen: Yes No

Permanent Resident: Yes No

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

City State Zip code

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

City State Zip code



Household members:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Have you applied for Medical Assistance      Yes      No

If yes, what was the date you applied? \_\_\_\_\_

If yes, what was the determination? \_\_\_\_\_

Do you receive any type of state or county assistance?      Yes      No

*I. Family Income*

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

Monthly Amount

Employment	_____
Retirement/Pension Benefits	_____
Social security benefits	_____
Public assistance benefits, i.e.: food stamps	_____
Disability benefits	_____
Unemployment benefits	_____
Veteran's benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self-employment	_____
Other income source	_____

TOTAL \_\_\_\_\_

*II. Liquid Assets*

Current Balance

Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
-\$10,000 exclusion	_____
Total	_____

### III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
		Total _____

### IV. Monthly Expenses

Amount

Rent or Mortgage	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
	Total _____

Do you have any other unpaid medical bills?    Yes    No

For what service? \_\_\_\_\_

If you have arranged a payment plan, what is the monthly payment? \_\_\_\_\_

Do you have medical debt that has been incurred by your family over a 12-month period that exceeds 25% of your family income? \_\_\_\_\_

If you request that the Carroll Hospice extend additional financial assistance, Carroll Hospice may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify Carroll Hospice of any changes to the information provided within ten days of the change.

---

Applicant signature

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Date

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Relationship to Patient

# **EXHIBIT 26**

<b>Exhibit 26</b>			
<u>Fiscal Year</u>	<u>Charity Care Provided</u>	<u>Operating Revenue</u>	<u>% of Operating Revenue</u>
FY12	\$15,828	\$ 4,282,766	0.4%
FY13	\$17,381	\$ 5,290,647	0.3%
FY14	\$1,418	\$ 4,564,398	0.03%
FY15	\$10,055	\$ 5,465,823	0.2%
FY16	\$10,226	\$ 6,106,810	0.2%
<b>Total</b>	<b>\$54,908</b>	<b>\$ 25,710,444</b>	<b>0.2%</b>