Certificate Of Need Response to Questions Application

For Hospice Baltimore City

Submitted by:

P-B HEALTH

Home Health Care, Inc.

Preface

We, at **P-B Health** have structured this document to be responsive and organized for easy reference. **The Certificate of Need Response Questions for Baltimore City, Maryland documents are as follow:**

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While reading this document, you will find that **P-B Health's Response** is in **bold.** This indicates that the answer to the question posed will follow.

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MARYLAND HEALTH CARE COMMISSION

<u>16-24-2389</u>

MATTER/DOCKET NO.

DATE DOCKETED

APPLICATION FOR CERTIFICATE OF NEED Responses to Baltimore City, Maryland Questions: HOSPICE SERVICES

PART 1 – PROJECT IDENTIFICATION AND GENERAL

1. Please provide details on how P-B Health will provide educational or outreach programs to minority groups such as African Americans, Hispanics, and other minority populations?

P-B Health Response:

P-B Health Hospice will provide educational and or outreach programs to minority groups such as African Americans, Hispanics, and other minority populations by working with Minority Organizations, Clergy, Outreach services, Senior Care Centers, In Home Aide Programs and the Veterans Administration. We will also have the following programs sponsored by P-B Health Hospice which is the following:

Educational Hospice Seminars

Quarterly P-B Health Hospice Outreach will schedule seminars focused on caregivers and patients delivery of available programs such as support centers, nursing homes, assistant living, and the department of social services. (State offered Programs) How the Caregivers can be proactive advocates.

Outreach Clergy Day – On this day we will have a variety of ministerial staff members of the community and surrounding area with emphasis on spiritual guidance, counseling, communion, and grief counseling.

Legal Consultation – P-B Health Hospice Outreach Team Have informative programs on Burial, Advance Care Directives for Finances and Health Care planning; for the patient and caregiver.

Educational Programs

- Invite speakers from various Hospice Centers to speak to selected audiences
- Attend seminars to gain and gather information on hospice to share at presentations
- Do monthly meetings with Neighborhood Community Organizations in targeted communities with minorities
- Exhibit at meetings to provide information on Hospice
- Work with the full-time social worker at P-B Health to identify programs in the city that support hospice
- Purchase software on hospice to use for presentations.
- Obtain free literature for minority populations on hospice for distributions to the public.
- Schedule appearance on radio (95.9, WEEA and Heaven 600) talk shows during National Home Health and Hospice Month in November to discuss hospice care.
- Target Senior Centers, Senior Communities and Senior Apartments for presentation on hospice care
- Contact Baltimore City Department on Aging for information and resources on hospice.
- Identify individuals that have experience hospice with a family member to share with other individuals
- Submit an article in the Baltimore Times, Afro and THE MUWO LATINO NEWSPAPER
- Provide physicians' offices/staff with information regarding hospice.
- Attend ethnic events to distribute and discuss hospice care
- Send written correspondence to P-B Health referrals sources about our participation in hospice care

2. Please clarify and reconcile your statement that the operating budget for your general hospice in Baltimore City will be \$500,000 as stated on p. 12 with Table 4, *Revenue and Expense Statement*, which indicates the budget for the Baltimore City hospice will have an expense around \$900,000 by CY 2021.

P-B Health Response:

P-B Health Hospice operating budget in CY 2018 will be \$271,530.00 and will grow to \$916,414 in CY 2021. It will average about \$550.00.00 over those four years.

3. Will the address for the local Baltimore City office be 2535 St. Paul Street? If not, please provide the address?

P-B Health Response

Yes, the local Baltimore City office will be 2535 St. Paul Street.

PART II – PROJECT BUDGET

Please show the source of funds in the *Project Budget* (Table 1).

P-B Health Response:

P-B Health's owners will provide the \$7,500.00 in startup funds shown in Table 1.

PART III – CONSISTENCY WITH GENERAL REVIEW CRITERIA AT COMAR 10.24.01.08G(3)

Minimum Services

4. Who has P-B Health contacted to provide short-term inpatient care, respite care, pharmacy services, and dietary services for Baltimore City patients? Please document the nature of those contacts.

P-B Health's Response:

P-B Health has contacted Seasons Hospice, Gilchrist, and Future Care for inpatient hospice care to ensure continuity of patient care. Seasons Hospice has given us a letter of support, see **Appendix (G) Exhibit (3).** Future Care has given verbal support as we are still in discussions with logistics. Gilchrist Hospice currently admits some of our home health care patients.

P-B Health Hospice will collaborate with the following pharmacies:

Walgreen's, CVS's as well as the patient pharmacy per their PCP and health care benefits

P-B Health has dietician staff that currently work with our Home Health Care Agency.

5. P-B Health indicates Alpha Diagnostics as a potential contracted provider for radiology services. Please discuss whether the owner of this company has finally resolved his issues related to health care fraud of Medicare and Medicaid for more than \$7.5 million. For more information on this issue, please go to this link:

https://www.justice.gov/usao-md/pr/owner-alpha-diagnostics-indicted-75-million-health-care-fraud-scheme.

P-B Health's Response:

P-B Health Home Care has not used this provider; it was on our resource list per the physicians and insurance companies but fortunately we never used their services, and have deleted them off of our resource list.

Volunteers

P-B Health states that volunteers will be sufficiently trained through "direct arrangements." Who will provide this training, and what will that training entail?

P-B Health's Response:

P-B Health will train it volunteers **directly** not through contractual arrangements.

- a) With whom do you anticipate contracting to provide this training?
 - 1. No one as P-B Health Hospice will train their own volunteers directly.
- b) What will that training entail?
 - 1. See P-B Health's Hospice Training Guidelines and Policies Appendix (F) Exhibit (1,2)

Impact

8 Since Table 2B, *Statistical Projections*, shows that your hospice will serve 233 patients by CY 2021, please provide a response as to the impact of your program on the future demand for hospice services provided by Stella Maris, Gilchrist Center Baltimore Joseph Richey House, Seasons Hospice, Heartland Hospice, PHR of Baltimore Hospice, and Amedisys Hospice of Greater Chesapeake.

P-B Health Response:

Table 2B, Statistical Projections, show that P-B Health Hospice will serve 253 patients by CY 2021. P-B Health's impact on the existing hospices will be nominal since P-B Health's hospice patients will be less than 20% of the projected unmet need for 2021 based on Maryland's Hospice Care projections for 2019. (Impact on Existing Providers).

P-B Health plans to be a full service Home Hospice Provider. The chart on the following page indicates the services that Hospice Programs are currently providing in Baltimore City.

Hospices in Baltimore City and Services they Currently Provide

Facility Name	Bereavement Services/Grief Counseling	Grief Counseling For Families	Nursing Care	Palliative Care	Spiritual Counseling
•					
Amedisys Hospice of Greater					
Chesapeake	х		x		X
Community Hospice of MD	x		x		х
Gilchrist Hospice	х	х	х	Х	х
Heartland Hospice-Baltimore/HCR Manor	x		х		x
Joseph Richey Hospice	x		x	x	х
Professional Healthcare Resources of Baltimore Hospice (PHR Hospice)	x		x		x
Seasons Hospice	x	x	x		х
Stella Maris Inc.	X	X	х		х
**P-B Health Hospice	x	x	x	x	х
** indicates what P-B Health will provide					

Information to Providers and the General Public

- **9.** Please respond to the following:
 - a. Discuss the qualifications and background of the Outreach/Marketing Department Team.

P-B Health's Response:

The qualifications and background of the Outreach/Marketing Department Team Specialists are as stated under Outreach Position. They are led by a Marketing Manager who has over forty years of Health Care experience. The Outreach Specialist, working with this manager are Social Workers, Nurse, and General Marketer. Most of the outreach team have 10 years or more experience in the Health field. Job qualifications are listed below:

Outreach Position

- 4-year College Degree or 3-5 years of successful medical marketing and patient experience
- Preferred careers in Nursing, Social Work / Medical Marketing
- Has worked with physicians, social workers and other medical personnel
- Knowledge of Medicare and Home Health Care and Hospice
- Demonstrates innovative/creative ways to establish and maintain accounts
- Good oral communication and writing skills
- Has acceptable computer skills (Microsoft Office /Word)
- Able to work independently in the field developing new business and servicing accounts
- Willing to invest weekend hours and after work hours when an opportunity is presented
- b. Provide further details as to the type of information that P-B Health has on its website to educate and inform providers and patients about your hospice program.

P-B Health's Response:

P-B Health is not licensed as a Hospice Program, thus we have not posted any information related to our Hospice Program .

c. State whether P-B health will post the program's fees on the website.

P-B Health's Response:

P-B Health Hospice will certainly make available upon licensure program fees on its website.

d. Submit a copy of a prospective fee schedule for P-B Health's hospice services.

P-B Health Response:

P-B Health's Hospice prospective fee schedule for routine Home Care is the following:

Routine Skilled Nursing	250.00 per visit
Skilled Nursing	250.00 per visit
Physical Therapy	250.00 per visit
Occupational Therapy	250.00 per visit
Speech Therapy	300.00 per visit
Medical Social Work	300.00 per visit
Registered Dietician	300.00 per visit
Hospice Health Aide	110.00 per visit
Medical Supplies	100% billed charges

Charity Care and Sliding Fee Scale

- **10.** Please respond to the following:
 - a. Will the applicant post the charity care policy on the hospice's website, and if not, why.

P-B Health's Response:

Yes, P-B Health will post charity care policy on hospice website upon receiving licensure.

b. Provide a copy of P-B Health's Time Payment Plan Policy.

P-B Health's Response:

See Appendix (F) Exhibit (7)

c. Provide a copy of P-B Health's Charity Care Policy for the Home Care service.

P-B Health's Response:

See Appendix (F) Exhibit (3)

d. Regarding your commitment to provide charity care services, what has P-B Health's level of charity care been for the last 5 years?

P-B Health's Response:

P-B Health's charity care has been given on an as needed basis for the last years. Level of charity care has ranged from \$16,000 to specifically \$40,000.

P-B Health has given historical information dated back to 2009 (\$29,400), 2010 (\$19,140), and 2012 (\$16,280) see **Appendix (G) exhibit (14)**

e. Please discuss the specific plan and steps that P-B Health will implement to achieve the level of charity care to which it is committed.

P-B Health's Response:

Please see Charity Care policy attached Appendix (F) exhibit (3)

f. Subpart (1) of this standard requires the applicant to make a determination of probable eligibility within two business days. The applicant responded that it will "try." Explain what would prevent the applicant from meeting the within-two-business days determination timeframe?

P-B Health's Response:

P-B Health Hospice indicates "will make every effort" which means we will make sure we work very hard to accomplish and communicate to the patient within two days charity care services. We will meet the within two-business days determination guidelines for probable eligibility.

g. Please address subpart (3) of this standard and provide P-B's prospective fee schedule for hospice services.

P-B Health's Response:

See attached poverty level sliding scale. For example when a patient qualifies for a payment of 60% of prospective fee schedule (RN Skilled Nursing) \$250.00 per visit. The patient will only pay \$150.00 for the visit. The payment will be due within 30 days from date of billing.

P-B Health's Hospice prospective fee schedule for routine Home Care is the following:

Routine Skilled Nursing 250.00 per visit Skilled Nursing 250.00 per visit Physical Therapy 250.00 per visit 250.00 per visit 250.00 per visit

Speech Therapy	300.00 per visit
Medical Social Work	300.00 per visit
Registered Dietician	300.00 per visit
Hospice Health Aide	110.00 per visit
Medical Supplies	100% billed charges

Quality

11. Please document that P-B Health's QAPI is consistent with the requirements of COMAR 10.07.21.09 by responding to the attached table to document how the applicant's QAPI plan meets each of the QAPI elements measured by OHCQ.

P-B Health's Response:

P-B Health's QAPI is consistent with the requirements of COMAR 10.07.21.09.

P-B Health Home Care has an established Board of Directors, and an outline of the Board's responsibilities, An Quality Intervention Improvement Plan, and a Utilization Review Program

See Appendix (F) exhibits (4)

- **12.** Please respond to the following:
 - a. Provide a copy of your Utilization Review Program policy.

P-B Health Response:

P-B Health has provided a copy of our utilization Review program, See **Appendix (F)** exhibit (6)

b. On p. 32, in those situations when P-B Health Hospice Care Program needs to address a situation, please identify who will participate in "the Committee" and discuss the steps the Committee will take to implement the needed corrective actions.

P-B Health's Response:

The participates in "the Committee" are the CEO, or her designee, QA/PI Nurses, Clinical Managers, Agency Administrator, and other Agency Representatives as needed. The steps the committee will take to implement the needed corrective actions are the following:

When an area is identified as needing improvement, an Issue Improvement Plan is developed. These problematic issues are identified through indicator analysis, quarterly utilization review findings, and through clinical record reviews, and other related Quality Assurance Intervention and Improvement Activities. However, issues may also

be identified through other committee meetings, management or staff meetings. Issue improvement plans may lead to the development of other Important Aspects of Care, with subsequent indicator development. The Quality Assurance Intervention and Performance Improvement Issue Tracking Sheet identify areas of Improvement, actions to be taken, responsible parties and follow-up as stated.

The Quality Assurance Intervention and Performance Improvement Committee receive a Report of Issue identification, progress, and resolution at their quarterly meetings, Quality Intervention and Improvement reports are presented to the Professional Advisory Committee quarterly. In addition, The Board of Directors will receive a report at least annually of the Quality Assurance Intervention and Performance Improvement findings, action taken, and follow-up of actions taken.

Sources for evaluation include:

- Retrospective and concurrent chart review
- Patient Satisfaction Surveys
- Information collected on home visits and on hospice health aide supervisory visits.
- Incident Reports

Linkages with Other Service Providers

13. Please identify which hospitals, nursing homes, home health agencies, assisted living providers, Adult Evaluation and Review Services (AERS), Senior Information and Assistance Programs, adult day care program, local Department of Social Services, and home delivered meal programs in Baltimore City have established links with P-B Health.

P-B Health's Response:

P-B Health has contacted Seasons Hospice, Gilchrist, and Future Care for inpatient hospice care to ensure continuity of patient care. Seasons Hospice has given us a letter of support, see (Appendix (G) Exhibit (3). Future Care has given verbal support as we are still in discussions with logistics. Gilchrist Hospice currently admits some of our home health care patients. P-B Health also currently works with Zeta Center for Healthy and Aging Adults doing in services on healthy eating, exercise, communicating with their PCP (Primary Care Physician), Advanced Planning, Diabetes, and Health Maintenance Preventive Services. Our Out Reach Team has formed relationships with various skilled nursing facilities (Power Back Bright wood Campus, Manor Care, Future Care, West Gate Hills, Frederick Villa Nursing Home, etc., hospitals, such as Mercy Medical Center, Sinai, JHH Bay view, JHH, Saint Agnes, GBMC, and currently University Hospital (University of Maryland Health Advantage, formally known as Riverside as P-B Health Home Care is a preferred provider) and senior centers in Baltimore. Attached is an additional list for your viewing;

P-B Health Accounts

Hospitals

Baltimore Washington

- Johns Hopkins
- Northwest Hospital
- Mercy
- University of Maryland

Assisted Living Facilities

- Golden Arms
- Harmony House Rosie's
- Rosie's
- Serenity Manor Rosie's

Nursing Homes

- Forest Haven Nursing and Rehabilitation
- Frederick Villa
- Future Care Charles Village
- Future Care- Sandtown-Winchester
- GBMC-Kaiser
- Genesis Catonsville
- Glen Burnie Health and Rehabilitation
- North Arundel Nursing and Rehabilitation
- Marley Neck Nursing and Rehabilitation
- Powerback-Kaiser
- Ridgeway Manor
- Summit Park
- Westgate Nursing and Rehabilitation

<u>Other</u>

Meal on Wheels of Central Maryland, Moms Meals, and the Department of Social Services Baltimore City and County locations.

• Zeta Center for the Active and Aging Adults- Senior Center

Day Care

Phoenix Day Care Center

Patients' Rights

14. Please document that P-B Health will comply with the patients' rights that are listed in COMAR 10.07.21.21 (which are located at:

http://dhmh.maryland.gov/ohcq/ac/docs/10.07.05%20EFFECTIVE%205-1-2012.pdf).

P-B Health Response:

P-B Health will comply with the patients' rights that are listed in COMAR 10.07.21.21

B) Need

15. This criterion requires an applicant to include a quantitative analysis that...describes the Project's expected service area, population size, characteristics, and projected growth and to specifically identify those populations that are underserved and describe how this Project will address their needs. The applicant lists a variety of facts and statistics, but does not present a convincing or coherent presentation as to the need for the proposed project to serve the African American population or residents in Baltimore City. Please provide a response.

P-B Health's Response:

P-B Health Hospice has identified several communities by zip code, the expected service area, population size and characteristics of the area's in Baltimore City that are underserved and how P-B Health will address their needs.

P-B Health will expand their current Outreach Program to include Hospice care which will include an aggressive educational program to educate, inform, and increase awareness to the underserved incurable patients in Baltimore City communities.

P-B Health's Manager of Outreach Programs and staff will be in consultation with various church organizations, ministers, to form a leadership management team to address the disparities in the underserved communities in Baltimore City for the patient and their caregiver.

P-B Health's Educational Policy:

P-B Health Hospice Outreach Program shall aggressively educate, inform, and increase awareness to the underserved incurable patients and their caregivers. P-B Health's Outreach Management team shall consult with various community organizations, churches, and ministerial staff to develop a viable outreach alliance to serve minorities, and underserved African American communities.

Action Plan

Educational Hospice Seminars

Quarterly P-B Health Hospice Outreach will schedule seminars focused on caregivers and patients delivery of available programs such as support centers, nursing homes, assistant living, and the department of social services. (State offered Programs) How the Caregivers can be proactive advocates.

Outreach Clergy Day - On this day we will have a variety of ministerial staff members of

the community and surrounding area with emphasis on spiritual guidance, counseling, communion, and grief counseling.

Legal Consultation – P-B Health Hospice Outreach Team Have informative programs on Burial, Advance Care Directives for Finances and Health Care planning; for the patient and caregiver.

Outreach To the Communities with disparities:

Pledge – P-B Health is aware of the underserved communities, educational needs as well as all ethnic and racial orgins. Our Board of Directors is committed and is a reflection of the multicultural diversity of the community.

The Board is committed to The National Hospice and Palliative Care Organization by providing services, staff and management that are compassionate to the multicultural and diverse needs of the underserved community.

With P-B Health's unique experience as an African American minority owned business. P-B Health see's these disparities everyday which affords us the capabilities and knowledge to better serve, educate, and address the needs of this growing population

The Socioeconomic status, population, for underserved communities In Baltimore City. (2016*) indicates age and race of population. This information was taken from Johns Hopkins FY13 CHNA

Baltimore City Medically Underserved Area Designations (Socioeconomic Indicators as well)

Socioeconomic Indicators and Underserved Area's in Baltimore City

MHI area's in Baltimore City	zip code	Median Household Income	Unemployment Rate	Family Poverty Rate	***African American population (2016)	***Hispanic population (2016)	Age 65 and older (2016)
NA dia a /Fact Fact							
Madison/East End and Greenmount E.	21202	\$23,772	14.30%	27.40%	17,424	639	2,159
Jonestown/Oldtown	21205	27,833	12.70%	22.00%	13,315	710	1,934
Clifton-Berea	21206	42,836	10.00%	10.20%	28,697	1,267	6,129
Clifton-Berea	21213	24,696	20.00%	12.30%	30,803	607	4,387
Midway-Coldstream	21218	35,522	20.90%	14.60%	33,667	1,976	6,299
Perkins/Middle East	21224	41,311	10.90%	28.40%	10,316	5,002	7,306
Jonestown/Oldtown	21231	20,515	14.70%	26.60%	5,497	3,344	1,864
Total					139,719	13,545	30,078

^{**}Total Population in these zip codes is 243,311 all races

- *** Hispanic Population increased from 2011 to 2016 by 2,136 in all zip codes in graph
- ***African American Population decreased from 2011 to 2016 by 2,553
 - 16. The applicant states P-B Health Hospice has identified two areas of unmet need, the African American community and the underserved minority community in Baltimore City. Please provide more specific details as to who is included in the "underserved minority community," which includes demographic details, characteristics, and projected growth for this underserved population.

P-B Health's Response:

The underserved minority community that P-B Health is referring to is the Hispanic community. Please review the chart in (question 15) as it notates this population migrating in the low income zip codes in Baltimore City with the same unemployment, family poverty, and underserved health issues. From 2011 to 2016 this minority population group increased by 2,136.

17. P-B Health states "a proven record of making a positive change in these communities with bridging the gap and forming a community of Health organization alliances, business in the community, and churches working together to improve the quality of life for the patients, caregivers, family members." Please provide some documentation or evidence to support this claim for the existing home health agency, and the specifics as to how the applicant will develop these alliances in Baltimore City. How would these alliances be any different from the ones that an existing or proposed hospice would develop for Baltimore City?

P-B Health's Response:

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 organization alliances, businesses in the community, and churches working together to improve the quality of life for the patients, caregivers, family members, as the interdisciplinary team supports in achieving the same goal P-B Health Home Care formed a triage with community leaders, HERO, AIDS Specialist, and Joseph Richey Hospice to care for and bring a more focus awareness to the AIDS epidemic in the early 1990's. Historical Documents See Appendix (F) Exhibit (9) We work with Zeta Center for Healthy and Aging Adults doing in services on healthy eating, exercise, communicating with their PCP (Primary Care Physician), Advanced Planning, Diabetes, and Health Maintenance Preventive Services. Our Out Reach Team has formed relationships with various skilled nursing facilities (Power Back Bright wood Campus, Manor Care, Future Care, West Gate Hills, Frederick Villa Nursing Home, etc., hospitals, such as Mercy Medical Center, Sinai, JHH Bay view, JHH, Saint Agnes, GBMC, and currently University Hospital (University of Maryland Health Advantage, formally known as Riverside as P-B Health Home Care is a preferred provider) and senior centers in Baltimore City...The needs in the Baltimore City Community will also be impacted by increase in employment/volunteer services from P-B Health as we offer to employ Baltimore City residents along with helping support their educational goals for the future. P-B Health currently has one hundred fifty (150) employees working in the Baltimore City Metropolitan area and growing.

P-B Health's Hospice strategy for Baltimore City, MD through our Out Reach Team is to provide services for churches and ministries that visit the sick and shut-in; contact and work with the Department of Social Services to identify and support programs that would benefit hospice; target schools/neighborhood association groups and attend their meetings; present programs at area hospitals ,SNF's and rehabilitation centers; meet with various councilman from the districts; work with senior communities to provide activities and information; frequent visits to senior centers for participation in their heath programs; work with physician/staff keeping them informed and updated on hospice; solicit participation with insurance companies, and participate with United Communities against Poverty, Inc.

Availability of More Cost Effective Alternatives

18. Please provide the following:

a. Documentation or evidence that supports P-B Health's claim that "22 years of experience" has provided "a difference in effective communication, outreach to the community, church organizations and most of all the care of the patient."

P-B Health's Response:

P-B Health Home Care Agency has received several awards as CEO and founder, Jackie D. Bailey, on behalf of P-B Health Home Care they are the following: Maryland National Capital Home Care Association (Malinoski Award – 2002), Monumental City Medical Society (Pioneer Award in Medicine and Health Care 2007), Small Business Visionary Award (2012), Belvedere Housing (Community Advocate Award 2012), Greater Baltimore Committee (Bridging the Gap Achievement Award, November 2010), Baltimore Business Journal (One of the Top Women Owned Businesses in Baltimore City (June 2005-2013). Also see **Appendix (F) exhibit (8), letters to Baltimore City Community Churches for their support and efforts in P-B Health establishing a Hospice Program**.

b. Discuss why P-B Health is a more cost effective alternative than either Stella Maris, Gilchrist Center Baltimore Joseph Richey House, Seasons Hospice, Heartland Hospice, PHR of Baltimore Hospice, Amedisys Hospice of Greater Chesapeake, or either Carroll Hospice or Bayada Hospice to meet the projected future need for hospice services in Baltimore City.

P-B Health Response:

P-B Health Hospice believes that we maybe more cost effective. When taking care of a patient under Home Health Care in the event the patient health declines and he or she becomes terminally ill and their physician deems the patient as a Hospice patient he or she may be most comfortable in their present home setting, desiring to continue services without major disruptions involving the patients care. caregiver, or family members from home care to hospice services while the patient remains at home. This is another

opportunity to teach and educate the patient/caregiver/ family about Hospice and the positive aspects while continuing to support and care for the patient.

A Personal true Story by (Lena Woody)

My father John S. Evans, Sr. lived to be 87 years of age. My very first personal experience using a Home Health Care Agency and Hospice services representing as a care provider and family member, in Baltimore City. My mother was 68 years of age when my father broke his hip. Her first thought was to place him in a SNF because she was not sure what to do? My dad, a World War II Veteran, retired business owner; and proud African American. The one thing he was very sure of was that he was not going into a **Skilled Nursing Facility**. Yes, the VA sent aides, a nurse, and a Nurse Practitioner to the home to visit and help support with some of his ADL's. The Nurse Practitioner was there to make sure the extreme pain was under control. Well to make a long story short my dad was not getting better, he was declining pretty fast.

I will never forget the day he laid there and was not responding; breathing just not communicating the nurse practitioner told my mom and I that he was dying. In the stages of "DEATH" unexpected news...what do we do next? The Nurse Practitioner stated, "Hospice", my mom was not sure and neither where we, heard of the word "Hospice" but nothing more. Not a whole lot of time to elaborate on what to do so we said okay, yes, Hospice sounds good. Hospice was the "Best" decision my mom and I could have ever made.

The Hospice Team came to my parent's home and explained in detail what the care plan was and who would be part of the hospice team for Dad's care. We had one nurse manager from the beginning of care until my dad's passing. She was available whenever we needed to discuss my dad's medical needs. We was taught medical and safety protocols and educated on hospice, and the benefits of a hospice program for your loved one, received grief and spiritual counseling as well as Dad. We also learned the stages of death and what to expect. The main and most important aspect of my father being under the care of Hospice was him being able to continue to live in his castle; around his family and close friends; comfortable and dying with dignity and in peace.

P-B Health Hospice understands that everyone may not be as receptive to Hospice but our goals remain the same to teach, educate, support, and give the best care possible to The terminally ill, underserved and minority population in Baltimore City; leaving no doubt that at the end of the day P-B Health Hospice Team shall support the patients and their families in giving them comfort, dignity, and peace.

Viability of the Proposal

19. Please respond to the following:

a. Provide audited financial statements covering the past two years or provide documents of the adequacy of financial resources to fund this project signed by a Certified Public Accountant who is not directly employed by P-B Health.

P-B Health's Response:

P-B Health is attaching its financial statements covering the past two years. All of P-B Health's financial statements are compiled by Moses Alade, CPA, MST of Moses Alade & Associates, LLC, Certified Public Accountants

b. Provide an analysis of the probable impact of the proposed hospice on the costs and charges for similar services at other facilities in Baltimore City.

P-B Health's Response:

P-B Health plans to grow its patient base from 75 in CY 2018 to 253 in CY 2021. About 50% of these patients will be patients P-B Health serves under its home health agency who currently refuse hospice care. The other patients are projected to represent less than 20% of the States projected unmet hospice need for the Calendar year. This patient population will have little impact on the patient populations of other hospice facilities in Baltimore City. P-B health will add more hospice capacity, more hospice services for patients but will have limited impact on the existing hospices and their costs and charges as they will have room to grow their patient base to manage the projected unmet need.

c. Provide the Hospice's proposed daily rate for routine home care, continuous home care, and inpatient respite care for Medicare, Medicaid, and third party payers.

P-B Health's Response:

d. The financial statements for 2014 and 2015 indicate operating losses for both years (about \$328,000 and \$14,000, respectively). Please document or provide evidence that P-B Health has the financial funds and resources to sustain the proposed hospice program as well as the continued operations of the home health care program.

P-B Health's Response:

The accrued financial statements for P-B Health Home Care Agency showed operating losses in 2014 and 2015, as P-B Health has upgraded its infrastructure and reorganized its business to adjust to current business conditions. The change made in 2014 as an investment year, have allowed P-B health to be more competitive and broaden its offerings. P-B health has been in business since 1994 and has years of adjustments as the marketplace changes. As a result of changes made in 2014, P-B Health grew its revenues to by almost 20% in 2015 from 5.24 million to 6.3 million.

Impact on Existing Providers

20. Please discuss the impact of P-B Health on the seven existing providers in Baltimore City, which includes Stella Maris, Gilchrist Center Baltimore Joseph Richey House, Seasons Hospice, Heartland Hospice, PHR of Baltimore Hospice, and Amedisys Hospice of Greater Chesapeake, including the impact on geographic and demographic access to services, on

occupancy when there is a risk that this will increase costs to the health care delivery system, and on costs and charges of other providers.

P-B Health's Response:

A. Hospice Baltimore City					
Jurisdiction	Hospice Total Need Addition				Net Need Additional Agencies
Baltimore					
City	7	2,323	2 to 1	1,233	4

For graph B this information came from (HCIS 2011) Medicare It represents the Hospice Programs that took care of patients in Maryland (Baltimore City) As noted the patients that were seen in 2011 were both inpatient as well as Home care hospice for some facilities.

The Socioeconomic status, population, for underserved communities In Baltimore City. (2016*) indicates age and race of population. This information was taken from Johns Hopkins FY13 CHNA

В	Hospice Facilities in Maryland	Office locations	Zip code	Patients under Hospice in 2011	Inpatient/Gen. Hospice/Both 2011
MARYLAND	STELLA MARIS INC HOSPICE CARE	TIMONIUM	21093	865	В
	SEASONS HOSPICE & PALLIATIVE CARE	BALTIMORE	21244	2158	
	HOSPICE OF THE CHESAPEAKE	ANNAPOLIS	21401	1843	
	JOSEPH RICHEY HOSPICE	BALTIMORE	21201	182	ı
	HOSPICE OF BALTIMORE/Gilchrist	BALTIMORE	21204	3475	В
	HEARTLAND HOSPICE SERVICES/HRC Manor Care	BALTIMORE	21227	402	В
	HEARTLAND HOSPICE SERVICES/HRC Manor Care	LANDOVER	20785	367	В
	**P-B Health Hospice	Baltimore City	21218	0	G

Table 4

21. Please correct the figures reported for Income from Operation and Net Income for CY 2018 through CY 2021, which do not add up to the totals you indicate on this table.

P-B Health Response:

Table 4 has been corrected and is resubmitted for your review.

Table 5

- **22.** Please respond to the following:
 - a. Identify what type of position is included under Direct Care as "Other Clinical," and explain how this single employee can be both an employee and contractual hire for P-B Health.

P-B Health's Response:

P-B Health's therapy services would be provided under the Direct Care position shown as "Other Clinical". Therapy could be provided by both employee or contractors. The FTE does not represent one person. It represents the services being provided by persons using one FTE. The services under therapy would be physical therapy, occupational therapy, and speech therapy. Both physical therapy and occupational therapy would be provided by employee but the speech therapy would be provided by a contractor. However, this supplement to the Table 5 will be added to breakout "Other Clinical"

b. Separate the totals for Employees from the Contractual hires on this table.

P-B Health's Response:

The Employees have been separated from the contractual hires in Table 5.

c. Please verify the Total Cost in salaries for the following FTEs – Administration; Physicians – Volunteer; and Other Clinical; the total costs are not consistent with the numbers reported.

P-B Health's Response:

Table 5 has been modified to provide the staffing changes needed to support the budget for CY 2018.

Hospice Application Revised: Charts and Tables Supplement

TABLE 1 - PROJECT BUDGET

TABLE 2B: STATISTICAL PROJECTIONS - PROPOSED PROJECT

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT

TABLE 5: MANPOWER INFORMATION

TABLE 1: PROJECT BUDGET

Capital Costs (if applicable):

P-B HEALTH'S RESPONSE:

INSTRUCTIONS: All estimates for 1.a.-d., 2.a.-j., and 3 are for current costs as of the date of application submission and should include the costs for all intended construction and renovations to be undertaken. (DO NOT CHANGE THIS FORM OR ITS LINE ITEMS. IF ADDITIONAL DETAIL OR CLARIFICATION IS NEEDED, ATTACH ADDITIONAL SHEET.)

A. <u>Use of Funds</u>

1.

a. (1) (2) (3) (4) (5) (6)	New Construction (N/A) Building Fixed Equipment (not included in construction) Land Purchase Site Preparation Architect/Engineering Fees Permits, (Building, Utilities, Etc)	\$
SUBTO	,	 \$
b. (1) (2) (3) (4)	Renovations (N/A) Building Fixed Equipment (not included in construction) Architect/Engineering Fees Permits, (Building, Utilities, Etc.)	\$
SUBTO	OTAL	\$
c. (1) (2) (3) (4)	Other Capital Costs (N/A) Major Movable Equipment Minor Movable Equipment Contingencies Other (Specify)	
TOTAL (a - c)	CURRENT CAPITAL COSTS	\$
d. (1) (2)	Non Current Capital Cost (N/A) Interest (Gross) Inflation (state all assumptions, Including time period and rate)	\$

TOTAL PROPOSED CAPITAL COSTS (a - d)

6

2. Financing Cost and Other Cash Requirements:

a.	Loan Placement Fees	\$ <u>0</u>
b.	Bond Discount	<u>0</u>
C.	Legal Fees (CON Related)	2,500.00
e.	Printing (in house)	0
f.	Consultant Fees	
	CON Application Assistance	5,000.00
	Other (Specify)	<u>0</u> _
g.	Liquidation of Existing Debt	0
ĥ.	Debt Service Reserve Fund	<u>0</u>
i.	Principal Amortization	
	Reserve Fund	<u>0</u>
j.	Other (Specify)	<u>0</u>

TOTAL (a - j) \$7,500.00

3. Working Capital Startup Costs

	TOTAL USES OF FUNDS (1 - 3)	\$7,500.00
_	Occupant of Francis (on Business	

В.	Sources of Funds for Project:	
1. 2.	Cash Pledges: Gross, less allowance for uncollectables	<u>0</u>
	= Net	<u>0</u>
3.	Gifts, bequests	0 0 0 0 0
4.	Interest income (gross)	<u>0</u>
5.	Authorized Bonds	<u>0</u>
6.	Mortgage	<u>0</u>
7.	Working capital loans	<u>0</u>
8.	Grants or Appropriation	
	(a) Federal	0

8. Grants or Appropriation

(a) Federal

(b) State

(c) Local

9. Other (Specify)

TOTAL SOURCES OF FUNDS (1-9)

\$ 7,500.00

Lease Costs: a. Land b. Building

b. Buildingc. Major Movable Equipmentd. Minor Movable Equipmente. Other (Specify)

\$ x	= \$ <u>0</u> = \$ <u>0</u> = \$ <u>0</u> = \$ <u>0</u>
\$ X	= \$ <u>0</u>
\$ X	= \$ <u>_0</u>
\$ X	= \$ 0
\$ X	=\$

\$<u>0</u>

TABLE 2B: STATISTICAL PROJECTIONS – PROPOSED PROJECT

P-B HEALTH'S RESPONSE:

	Projected year utilization	rs – ending	with first	year at full
CY or FY (circle)	2018	2019	2020	2021
Admissions	75	113	169	253
Deaths	60	90	135	202.5
Non-death discharges	6	9	14	20
Patients served	69	104	155	233
Patient days	1440	2065	3007	4488
Average length of stay	20.9	20.0	19.4	19.3
Average daily hospice census	8	21	63	96
Visits by discipline				
Skilled nursing	2274	6784	19482	24846
Social work	182	536	1704	2282
Hospice aides	336	1004	3328	4360
Physicians - paid	0	0	0	0
Physicians - volunteer	10	16	56	86
Chaplain	158	484	1492	2624
Other clinical	408	1326	3944	4910
Licensed beds				
Number of licensed GIP beds	0	0	0	0
Number of licensed Hospice House	0	0	0	0
beds				
Occupancy %	0	0	0	0
GIP(inpatient unit)	0	0	0	0
Hospice House	0	0	0	0

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT P-B HEALTH'S RESPONSE:

(INSTRUCTIONS: Each applicant should complete this table for the proposed project only)

	Projected Years (ending with first		full utilization	n)
CY or FY (Circle)	2018	2019	2020	2021
1. Revenue				
a. Inpatient services (Respite)	40,000	60,000	90,000	135,000
b. Hospice House services	0	0	0	0
c. Home care services	360,000	540,000	810,000	1,215,000
d. Gross Patient Service Revenue	400,000	600,000	900,000	1,350,000
e. Allowance for Bad Debt	(3,405)	(5,108)	(7661)	(11,492)
f. Contractual Allowance	(75,000)	(112,500)	(168,750)	(253,125)
g. Charity Care	(11,000)	(16,500)	(24,750)	(37,125)
h. Net Patient Services Revenue	310,595	465,893	698,839	1,048,258
i. Other Operating Revenues (Specify)	0	0	0	0
j. Net Operating Revenue	310,595	465,893	698,839	1,048,258
2. Expenses				
a. Salaries, Wages, and Professional Fees, (including fringe benefits)	200,400	300,600	450,900	676,350
b. Contractual Services	20,000	30,000	45,000	67,500
c. Interest on Current Debt	0	0	0	0
d. Interest on Project Debt	4,630	6,945	10,418	15,626
e. Current Depreciation	0	0	0	0
f. Project Depreciation	0	0	0	0
g. Current Amortization	0	0	0	0
h. Project Amortization	1,500	2,250	3,375	5,063
i. Supplies	15,000	22,500	33,750	50,625
j. Other Expenses (Specify)rent, comm.,ins., and taxes	30,000	45,000	67,500	101,250
k. Total Operating Expenses	271,530	407,295	610,943	916,414
3. Income				

a. Income from Operation	39,065	58,598	87,896	131,844
b. Non-Operating Income	0	0	0	0
c. Subtotal	39,065.	58,598	87,896	131,844
d. Income Taxes	(9,082.61)	(14,48384)	(25,386.06)	(45,546.29)
e. Net Income (Loss)	29,982.39	44,114.16	62,509.94	86,297.71

Table 4 Cont.	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	2018	2019	2020	2021
4. Patient Mix				
A. As Percent of Total Revenue				
1. Medicare	70%	73%	75%	76%
2. Medicaid	10%	10%	12%	12%
3. Blue Cross	5%	4%	4%	3%
4. Other Commercial Insurance	13%	11%	7%	7%
6. Other (Specify)	2%	2%	2%	2%
7. TOTAL	100%	100%	100%	100%
B. As Percent of Patient Days/Visits/Procedures (as applicable)				
1. Medicare	60%	62%	64%	65%
2. Medicaid	18%	18%	20%	20%
3. Blue Cross	5%	4%	4%	3%
4. Other Commercial Insurance	14%	13%	9%	9%
5. Self-Pay	3%	3%	3%	3%
6. Other (Specify)	0	0	0	0
7. TOTAL	100%	100%	100%	100%

TABLE 5. MANPOWER INFORMATION

INSTRUCTIONS: List by service the staffing changes (specifying additions and/or deletions and distinguishing between employee and contractual services) required by this project. FTE data shall be calculated as 2,080 paid hours per year. Indicate the factor to be used in converting paid hours to worked hours.

Based on CY 2018 Budget in Table 4

Position Title	Current No. FTEs	Change in FTEs (+/-)	Average Salary	Employee/ Contractual	TOTAL COST
Administration			·	·	
Administration	.2	.5	45,000	Employees	24,300
Direct Care					
Nursing	0	.8	60,000	Employees	43,008
Social work/services	0	.4	50,000	Employees	18,000
Hospice aides	0	1.2	30,000	Employees	32,400
Physicians-paid	0	0	0	Contractual	0
Physicians- volunteer	0	.04	300,000	Contractual	5,781
Chaplains	0	.2	45,000	Contractual	8,671
Bereavement staff	0	.6	45,000	Employees	34,400
Other clinical	0	.3	0	Both E/C	28,800/1,927
Support					
Other support	0	.04	188,000	Contractual	3,621
				Benefits*	21,492
				TOTAL	220,400

^{*} Indicate method of calculating benefits cost

Based on current Home Health payroll for staff as listed above using Quickbooks. Benefits represent an Additional 12% added cost. (All employee's payroll taxes plus PTO and Health Benefits)

1. Other Clinical represents Therapy Services. The Therapies are Physical, Occupational, And Speech Therapy. Speech Therapy is provided by a non-employee or contractor. The Therapy services provided by employees is costed at \$28,800 and the Therapy service by the Contractor is \$1,927. The total cost associated with employees and contractors is \$200,400 Where \$178,908 is salary and \$21,492 is benefits. The Total cost associated with contractors Is \$20,000.

Updated June 2016.

References

State Health Plan for Facilities and Services: Hospice Services COMAR 10.24.13 October 14, 2013 publication (effective)

Maryland Health Care Commission Website (mhcc.maryland.gov)

JHH 2011 Survey

<u>Appendix F</u>

Exhibit 1 – P-B Health Hospice Support Training Guide
Exhibit 2 – P-B Health Hospice Volunteer and Support Policy
Exhibit 3 – Hospice Charity & Sliding Fee Scale Policy
Exhibit 4 – Quality Intervention Improvement Plan
Exhibit 5 – Board of Directors and Responsibilities
Exhibit 6 – Utilization Review Committee
Exhibit 7 – P-B Health Time Payment Plan Policy
Exhibit 8 – Letters Distributed to Religious Community
Exhibit 9 –Historical letter's (Alliance between Joseph Richey Hospice, Hero, and P-B Health)
Exhibit 10 – U.S Corporation Income Tax Return (2014 & 2015)

Appendix G

Exhibit	11 - Additional signed Affirmations
Exhibit	12 - P-B Health Awards and Recognition for Community Service in Baltimore City
Exhibit	13 – Seasons Hospice letter of Support
Exhibit	14 – Historical Charity Information from 2009, 2010, 2012

APPENDIX F

Exhibit 1

P-B Health Hospice Training and Support Guide

Patient Care Volunteers - are required to train in all aspects for Hospice

Volunteer Training as well as completing basic requirements and orientation. Volunteer trainings will be offered in different formats and locations within the P-B Health Hospice service areas. Specific skill sets may require additional interview, selection and program training. Trainings pertaining to Patient Care Volunteers Skill Sets include the following:

Adult Patient Care:

- Completion of all basic volunteer requirements and orientation
- 16-20 Hour Initial Full Volunteer Training, including competencies
- Post Interview following training, prior to first patient assignment

Bereavement Visits Volunteer:

- Completion of all basic volunteer requirements and orientation
- 16-20 Hour Initial Full Volunteer Training, including competencies
- Orientation to Bereavement Department

Night watcher Visit Volunteer:

- Completion of all basic volunteer requirements and orientation
- 16-20 Hour Initial Full Volunteer Training, including competencies
- Completion of approximately 6 months of active Adult Patient Care service
- Orientation to Night watcher Visit Volunteer protocols and procedures
- \bullet Additional self-study module and Night watcher Visit Volunteer Competency Test
- Indirect Care Volunteers—are required to complete the basic requirements and orientation, training specific to task undertaking, and are encouraged to attend full hospice volunteer training. Training specific to Indirect Care Skills includes the following:

Administrative Support Volunteer:

- Completion of all basic volunteer requirements and orientation
- Orientation to specific task and equipment
- Optional: 16-20 Hour Initial Full Volunteer Training
- Includes activities such as administrative documentation, data entry, general office duties, Bereavement support calls, and program liaison support

Special Projects Volunteer:

- Completion of all basic volunteer requirements and orientation
- Orientation to specific task and equipment
- Optional: 16-20 Hour Initial Full Volunteer Training
- Includes activities such as crafts, event speeches: performances, assistance at expos, fairs and events

Exhibit 2

P-B Health's Hospice Volunteer Policy and Procedures

Volunteers will be sufficiently trained to meet the needs of patients and families in the hospice program through P-B Health Hospice Clinical staff. The volunteers will be used to promote the availability of care, meet the broadest range of patient and family needs and affect the financial economy in the operation of the hospice. P-B Health Hospice will use volunteers that must comply with our personnel policy and procedures for hiring practices, in specific defined roles, under the supervision of a designated hospice employee. Volunteers will be qualified to participate at 18 years of age in the hospice program after a completion of a criminal background check and the 16 hour orientation/training.

Patient care volunteers will:

1. Be interviewed to determine placement, purpose, and suitability as a hospice volunteer.

- 2. Exhibit a caring and compassionate manner
- 3. Be qualified and skilled to provide the approved prescribed services; Volunteers functioning in a professional capacity shall meet the standards in accordance to his or her profession.
- 4. Give services in agreement with the written plan of care which may include but is not limited to, providing support and companionship to the patient and family. Supporting in caregiver relief, light chores, visiting and bereavement services, and running errands and
- 5. Be educated on the patient's condition and treatment as indicated on the plan of care documentation.
- 6. Document their care on the appropriate form.

P-B Health Hospice shall:

- 1. Provide appropriate orientation, criminal background check and on-going training that is consistent with acceptable standards of hospice practice; all successful completion of these procedures will be documented. The training will consist of the following:
 - a. Hospice History
 - b. Confidentiality
 - c. Communication & Listening
 - d. Personal Death Awareness
 - e. Role of the Interdisciplinary Team
 - f. Role of the Volunteer within the Interdisciplinary Team
 - g. Disease Processes
 - h. Pain Management
 - i. Signs and Symptoms of Death
 - j. Spiritual & Cultural Diversity
 - k. Grief and Bereavement
 - I. Taking care of Self
 - m. Infection Control, HIPPA, Safety
 - n. Setting Boundaries
 - o. Resources
- 2. Documentation on file includes but is not limited to the following:
 - a. Volunteer Demographics including legal name, address, phone number, social security number, education and employment background relating to the volunteer position.
 - b. Permission to perform Criminal Background Check
 - c. Interview documentation
 - d. Current copies of valid driver license and auto insurance that meets the state minimum.
 - e. Clear annual Motor Vehicle Report (MVR)
 - f. Two personal References

- g. Negative 2 step TB skin test or chest x-ray excluding TB disease within the last 6 months Exposure, history of positive TB Test, latent TB infection or TB disease may result in additional screening procedures.
- h. Signed copy Volunteer Confidentiality Agreement
- i. Signed copy of Standards of Conduct Agreement
- j. Signed copy HIPPA &Security Training Volunteer Certification Statement
- k. Acceptance or Waiver of Hepatitis B Vaccine
- I. Signed copy of Volunteer Policy Agreement
- m. Signed copy of Anti-Harassment/Anti-Discrimination Policy & Sexual Abuse Policy
- n. Certificate or documentation of at least sixteen hours of Volunteer Training by an approved agency.
- o. Documentation of annual competencies and/or certificate of participation in additional educational programs provided by P-B Health Hospice
- p. Annual Evaluation of Volunteers
- 3. Use our volunteer staff also in roles such as direct patient care volunteers or administrative volunteers.
- 4. Communicate with the volunteer of the patient's condition and treatment only to the extent necessary to carry out his/her function.

***Additional and continuous In-services and Trainings shall continue as P-B Health Hospice monitors and receives feedback from patients/caregivers/family members and the community

Exhibit 3

Hospice Charity Care and Sliding Fee Scale

Purpose: P-B Health Home Care/ Hospice are committed to continuous quality health care while servicing a multicultural community living within our service area. Our Charity Care is the following:

Determination of Eligibility for Charity Care:

- 1. Eligibility P-B Health Hospice understands financial hardships and each patient will be measured by the family's income compared to the Federal and State Poverty Income Guidelines.
- 2. Timely Communication P-B Health Hospice will make every effort within two business days after the patient has requested charity care services and/or an application for medical assistance has been established we will communicate to the patient/caregiver/family member and/ or responsible party verbally and in

written form the determination of eligibility.

- 3. Payment Plans P-B Health Hospice will provide requirements for time payment plans for individuals who do not meet the criteria for charity care, but are unable to bear the full cost of services.
- 4. Nondiscrimination- P-B Health Hospice charity will be based only on the merits of need base. We will not take into consideration diagnosis, gender, race, age, sexual orientation, social or immigrant status, or religious association.

Notice of Charity Care Services:

- P-B Health Hospice shall inform the patient, caregiver/families regarding Charity care financial assistance options when reviewing the liability for payment section of the admissions consent packet that is agreed upon and signed by the patient and or his or her representative.
- 2. P-B Health Hospice shall inform the community through an annual public notice posted in the classified section of the newspaper in a format that is understandable to the service population, as indicated:
 - a. P-B Health Hospice offers affordable amount of care at no charge or at reduced rates to eligible persons presently that do not have insurance, Medicare, or Medical Assistance. Qualifying patients may be able to participate in an extended payment plan without interest. Eligibility for free care, reduced rates, and extended payment plans will be determined on a case by case basis for those who cannot afford to pay for treatment. If you feel you may be eligible for uncompensated care, please contact our administrative office at the following number 410-235-1060 for further information.
- 3. The hospice will also maintain a copy of this policy displayed in the business office.

Sliding Scale and Time-Payment Plan:

- a.) Patients with low income who may not qualify for full charity care but are still unable to bear the full cost of services can be offered a sliding scale fee or time-payment plan option.
- b.) Patients with income between 200-400% of the Federal Poverty Guidelines as established by the Department of Health and Human Services may apply for partial financial assistance.
- c.) P-B Health shall provide current sliding scale rates through our financial department.

Commitments to Charity Care and Payment Options:

- 1. P-B Health shall continue to explore and maintain relationships with community health partners to collaborate and identify patients and populations with impending and underserved care needs.
- 2. P-B Health shall continue to take into consideration the needs of low income families as we do the following: a) add to our Outreach team staff to broaden the communities awareness of hospice programs and the needs of the community; b) add a general hospice program in Baltimore City, Maryland were an unmet need has been established.

Exhibit 4

Quality Intervention Improvement Plan

Policy

Quality Intervention Improvement Plan

Procedure

Program Objectives

- 1. To provide high quality home health/hospice services which meet Medicare Conditions of Participation, State licensure and JCACO home care standards.
- 2. To improve internal and external communication systems among the staff of the agency, with clients, and with referral sources.
- 3. To establish and maintain a program of monitoring, implementation, and evaluation in anticipation of continual improvement.

- 4. To monitor the provision of patient care and patient outcomes, provided by Registered Nurses, Licensed Practical Nurses, Home and Hospice Health Aides, Physical, Occupational and Speech Therapist, and Medical Social Workers to ensure that high quality, efficient services are provided, with minimal risk to the client.
- 5. To identify deficiency/problem areas in the delivery of patient care services, and to develop appropriate strategies to improve or resolve them.
- 6. To monitor client satisfaction with services to ensure that needs are being met.
- 7. To monitor continuity of care between disciplines (i.e. full-time, part-time, and contract staff) and to monitor continuity of care among care providers, so that there are no gaps or delays in care provision.
- 8. To monitor personnel hired by P-B Health and to evaluate their performance in the provision of patient care.

Program Goals

- 1. To ensure compliance with regulatory and accreditation agencies with minimal areas of deficiency in service delivery.
- 2. To improve communication systems among staff, through the quality intervention process and specific action taken.
- 3. To ensure continual improvement in all aspects of care delivery.
- 4. To foster the provision of high quality, efficient home/hospice care services by all disciplines, with few deficient areas.
- 5. To provide opportunities that will take specific action to improve area's of deficiency in the delivery of high quality services to clients.
- 6. To show high patient satisfaction with services provided and to identify areas where improvement is needed.
- 7. To keep unusual occurrences, incidents, and events at a minimum.
- 8. To make recommendations and take action related to improved safety; educational programs for staff and or clients, and improve delivery of client services. This is a result of quality intervention and improvement activities.
- 9. To make recommendation and take actions which result in improved continuity of care among all disciplines and providers.
- 10.To improve monitoring of personnel and provide opportunities to identify area's that need improvement in terms of performance of job responsibilities.

Responsibility and Authority

The participation of the management staff (Agency Administrator), the clinical staff (Clinical Managers of Clinical Service), and support staff is essential to the successful implementation of an effective quality improvement system. Each level of staff is included in some aspect of comprehensive (QA/PI) Quality Assurance and Performance

Improvement program. Clinical and management staff participates in the identification of Important Aspects of Care, Indicator Development and Monitoring, Internal Clinical Record Reviews, and Issue Improvement Plans. The Quality Assurance and Performance Improvement Staff Nurse, is responsible for assessing, planning, implementing, and evaluating the Quality Intervention/Performance Improvement program. The Quality Assurance and Performance Improvement Staff Nurse is also responsible for arranging QA/PI Committee Meetings, preparing QA/PI Reports, and ensuring that appropriate actions are taken, based on recommendations and findings of the QA/PI program activities. Additionally, the Quality Assurance and Performance Improvement Manager is responsible for educating all staff members about the QA/PI program, and their roles and responsibilities related to QA/PI. Non-clinical staff is responsible to participate in data collection, issue improvement plans, preparation of Quality Assurance Committee minute, reports, projects and tools.

The Board of Directors has the final authority and responsibility for the ongoing, comprehensive and integrated Quality Intervention Program. Quality Assurance and Performance Improvement Reports will be presented to the Board annually. All Quality Interventions and Improvement activities are summarized in this report, as well as results of all monitoring activities. The Board delegates authority of the implementation of the QA/PI Program through the Quality Assurance and Performance Improvement Manager, who ultimately is responsible to the Administrator.

The Quality Assurance and Performance Improvement Committee meets at least quarterly to review all QA/PI findings and to make recommendations regarding all quality interventions and improvement activities.

Follow-up reports and recommendations from the QA/PI Committee are made available to all staff members, through memos and monthly staff meetings. Specific recommendations regarding deficient service areas will go directly to the Clinical Managers.

Quality Assurance and Performance Improvement Committee Quality Assurance and performance Improvement Committee

The Quality Assurance and performance improvement Committee has been established for the purpose of reviewing all of the QA/PI activities of the agency, and participating in monitoring activities, as previously outlined.

The Committee consists of representatives from the management and clinical staff, with input from all disciplines, and departments as appropriate.

The Quality Assurance Nurse is chairperson for this committee, and is designated by the Agency Administrator (AA). Meetings are held at least quarterly, where results of QA/PI activities are reported. Minutes for these meetings are kept on file in the office.

Committee Members
CEO or her designee
QA/PI Nurses
Clinical Managers
Agency Administrator
Other Agency Representatives as needed

Board of Directors and Responsibilities of Board Members

Policy

Board of Directors

Description

The responsibilities of the governing body are outlined as dictated in the organizational bylaws. All Board members participate in an orientation and submit an annually disclosure as indicated in policy.

Purpose

- To acquaint the members of the Board with all aspects of the Agency's operations and to be fully aware of Board responsibilities.
- To provide disclosure of any conflict of interest on an annual basis.

Scope

The following guidelines are to be adhered to by all managers, supervisors and employees.

Procedure

All members shall be given a copy of the bylaws, organizational chart, mission statement organizational philosophy, and objectives.

All Board members will receive information on services and programs offered and the current status of the agency's licensure and accreditation

All Board members shall sign an annual disclosure statement.

All members shall receive a review of their responsibilities as defined by the Agency New members shall be given an opportunity to spend a day making home visits with one of the provider staff with prior patient consent

Accountability for the safety, quality of care, treatment, and services.

Responsibilities of Board Members

- Determine the Organization's Mission and Purposes
- Select the Chief Executive
- Support the Chief Executive and Assess His or Her Performance
- Ensure Effective Organizational Management and Planning
- Approves organization's written scope of services
- Ensure Adequate Resources needed to maintain safe, quality care, treatment and services
- Manage Resources Effectively
- Plans an overall plan and budget that includes an overall operating budget and capital expenditure plan, prepared under direction of governing body by a committee of representatives of governing body, administrative staff, and medical staff of the home health and hospice agency
- Governance approves an annual operating budget, and long term capital expenditure plan
- Determine, Monitor, and Strength the Organization's Programs and Services
- Enhance Legal and Ethical Integrity and Maintain Accountability
- Recruit and Orient New Board Members and Assess Board Performance

Exhibit 6

Utilization Review Committee

Policy

Utilization Review Committee

Description

A group of professional personnel will make up the agency's Utilization Review Committee as part of the overall program evaluation.

Purpose

- 1. To assess and evaluate if the agency program is appropriate, adequate, coordinated, effective, and efficient.
- 2. To ensure that policies are correctly followed when rendering services.

Scope

The following guidelines are to be adhered to by all managers, supervisors and employees.

Procedure

The Utilization Review Committee will conduct record review:

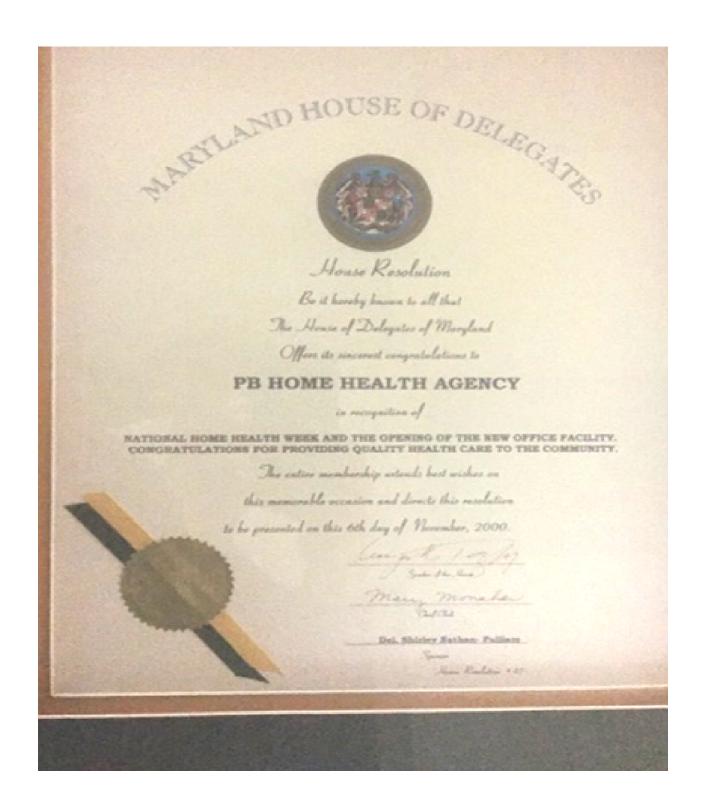
- 1. Each quarter
- 2. By a committee representative of disciplines that provides services to the agency.
- 3. Assess 10% sample of active and discharged clinical record or 40 records per year, whichever is less.
- 4. Reviews are documented on the UR review form.
- 5. Findings and recommendations are forwarded to the QA Committee, CEO, and PAC.
- 6. Follow-up and resolution of identified issues are completed by the CEO and QA Committee.
- 7. This information is forwarded to the Board of Directors.

Exhibit 7

P-B Health Hospice Time Payment Plan

Policy

P-B Health will offer a Time Payment Plan of a 30 day net. Payments are due within 30 days after invoice has been rendered. Payment-Time Period may be adjusted according to patient need. Appendix G









P-B Health Home Care Agency, Inc. Member ID: 51842

In recognition for efforts to promote quality home care within the community, state and nation, this organization is accepted as a member of

THE NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE

With all rights and benefits appersaining thereso for the year

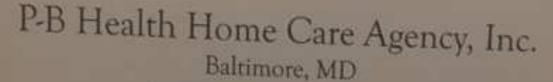
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Denise Schrader, RN MSN NEA-BC Chairman of the Board



has been Accredited by the



Joint Commission

on Accreditation of Healthcare Organizations

Which has surveyed this organization and found it to meet the requirements for accreditution.

2004-2007

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The Joseph Commission on Accompliance of Healthcare Organizations is an independent, not to quality national body that corrects the safety and quality of health care and other services percaled in a radical organizations. Information about accomplical organizations may be provided describe to the Joseph Commission at 1-800-994-6610. Information regarding accombination and the accombination performance of individual organizations can be obtained through the Joint Commission's sub-site at www.calco.org

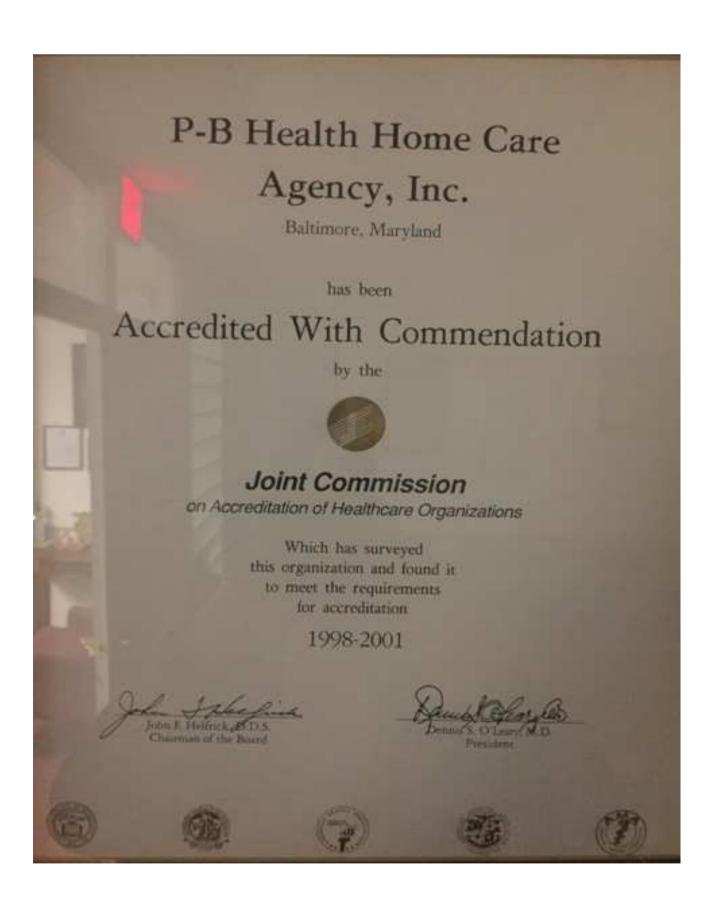












Comptroller's Office



Greetings:

Be it known that this citation is awarded to:

P-B Health Home Care Agency, Inc.

in recognition of

your Celebration of Jen Years of Community Service.

You are commended for your efforts to increase awareness of home health and private duty care. We applied your tenacity and strength of courage as business professionals. You are a fine example of what can be achieved through hard work and determination. Best Wishes are extended to you in your future endeavors.

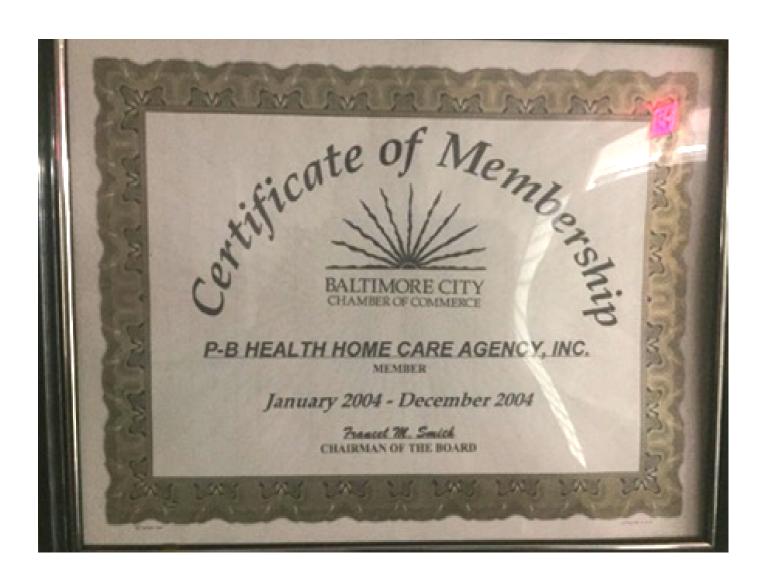
All citizens are invited to join me in this special recognition.

Given Under My Hand and the Great Seal of the Cay of

Baltimore this _ day of _ November _ On the Year of

Our Lord Two Thousand _ Four

Comptroller, City of Baltimore







To: P-B Health Home Care/Hospice 2535 St. Paul Street Baltimore, Maryland 21218

From: Mr. Dean Forman
Seasons Hospice & Palliative Care
6934 Aviation Blvd, Suite N
Glen Burnie, MD 21061

Subject: Letter of Support for Licensing P-B Health as a hospice provider

Date: December 6, 2016

We support P-B Health in its efforts to get licensure as a general hospice provider in Baltimore City and Prince Georges County. We support them as an established Home Health Agency that would provide much needed hospice care services to many of the Baltimore City's terminally ill population that might not otherwise elect to access the Hospice Benefit. We support a quality care business organization in which the costs are contained and providing more options available to the patient and care provider. We support a community organization whose goals are:

- 1. Providing the highest quality of health care.
- 2. Training and providing community employment, and
- 3. Creating more family unity with an inter-family support system for their loved ones.

P-B Health Home Care is seeking a license as a Hospice in Prince Georges County and Baltimore City, Maryland. We support those efforts.

Sincerely Yours,