

Appendix G

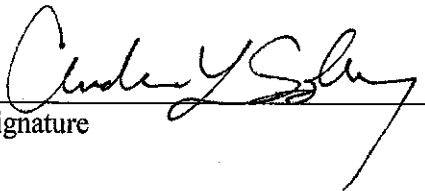
Appendix F

Exhibit 1 – P-B Health Hospice Support Training Guide.....	
Exhibit 2 – P-B Health Hospice Volunteer and Support Policy.....	
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Appendix G

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I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.



Signature

2/16/17

Date

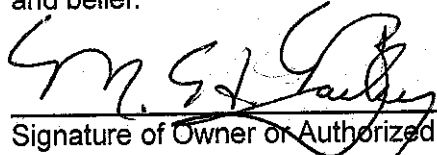
I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.

Jackie D. Bailey, RN, MBA, CEO
Signature of Owner or Authorized Agent of the Applicant

Jackie D. Bailey, RN, MBA, CEO
Print name and title

Date: February 17, 2017

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.



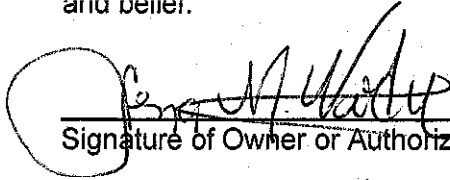
Signature of Owner or Authorized Agent of the Applicant

Matthew H. Bailey, CFO

Print name and title

Date: 2-16-17

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.


Signature of Owner or Authorized Agent of the Applicant

Lena M. Woody, Assistant to CFO
Print name and title

Date: 2-16-17

MARYLAND HOUSE OF DELEGATES



House Resolution

Be it enacted by the House of Delegates of Maryland

That the House of Delegates of Maryland

Offer its warmest congratulations to

FB HOME HEALTH AGENCY

in recognition of

**NATIONAL HOME HEALTH WEEK AND THE OPENING OF THE NEW OFFICE FACILITY
CONGRATULATIONS FOR PROVIDING QUALITY HEALTH CARE TO THE COMMUNITY**

*The entire membership of our state best wishes on
this auspicious occasion and desires this resolution
to be presented on this 11th day of November, 1980*

James M. [Signature]
Speaker

James M. [Signature]
Clerk

MARYLAND HOUSE OF DELEGATES



House Resolution

Be it hereby known to all that

The House of Delegates of Maryland

Offer its warmest congratulations to

PA HOME HEALTH AGENCY

in recognition of

**NATIONAL HOME HEALTH WEEK AND THE OPENING OF THE NEW OFFICE FACILITY.
CONTINUING TO PROVIDE THE HIGHEST QUALITY HEALTH CARE TO THE COMMUNITY.**

This action is hereby adopted and its best wishes are

extended to the agency and its staff.

It is so ordered, on this 11th day of November, 1980.

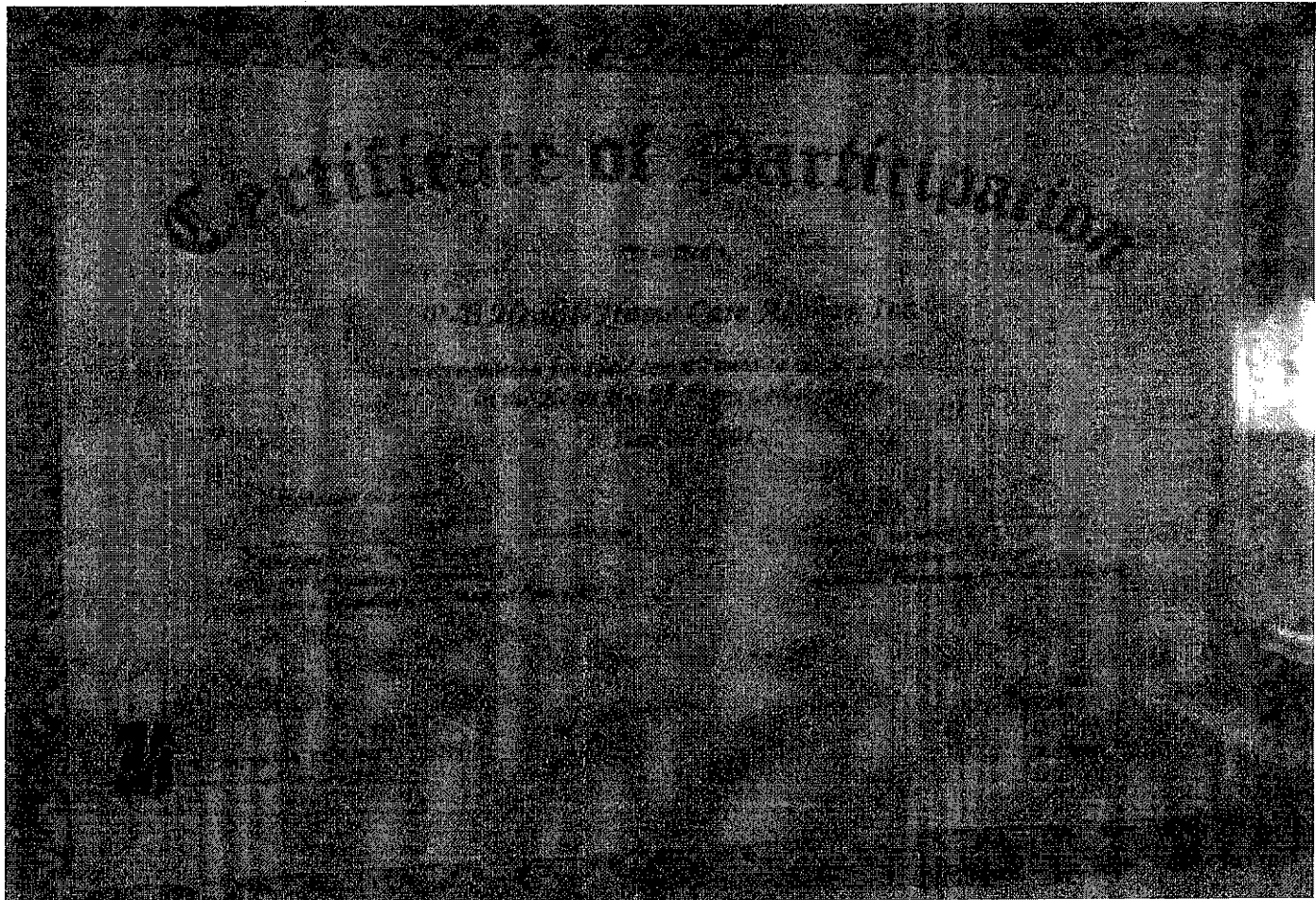
James H. P. [Signature]
Speaker

[Signature]
Chief Clerk

For the House of Delegates

James

John P. [Signature]





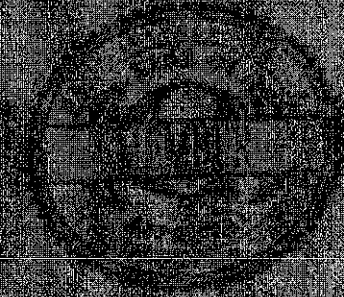
HEMPCARE HOSPICE

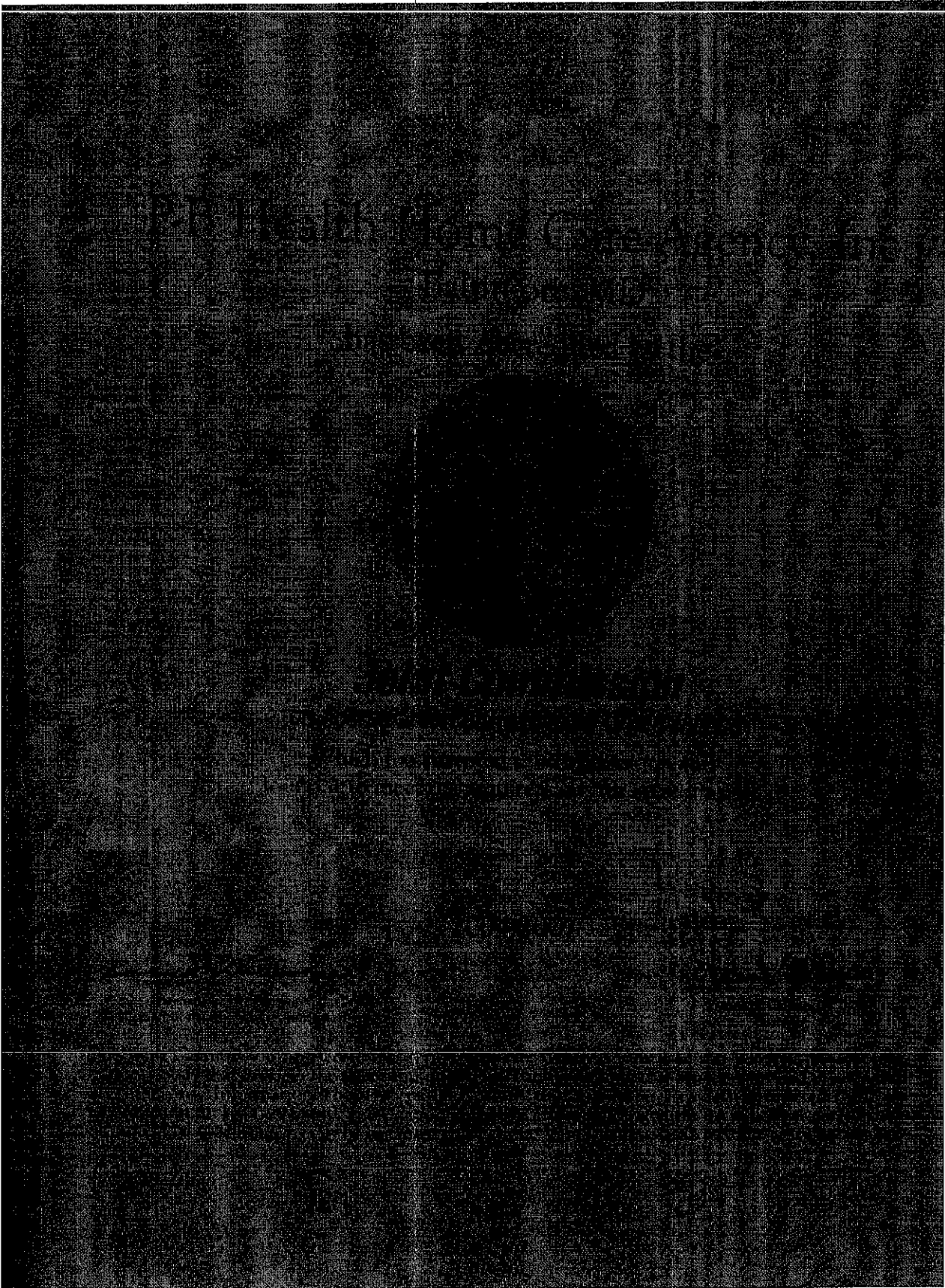
National Association for Home Care & Hospice

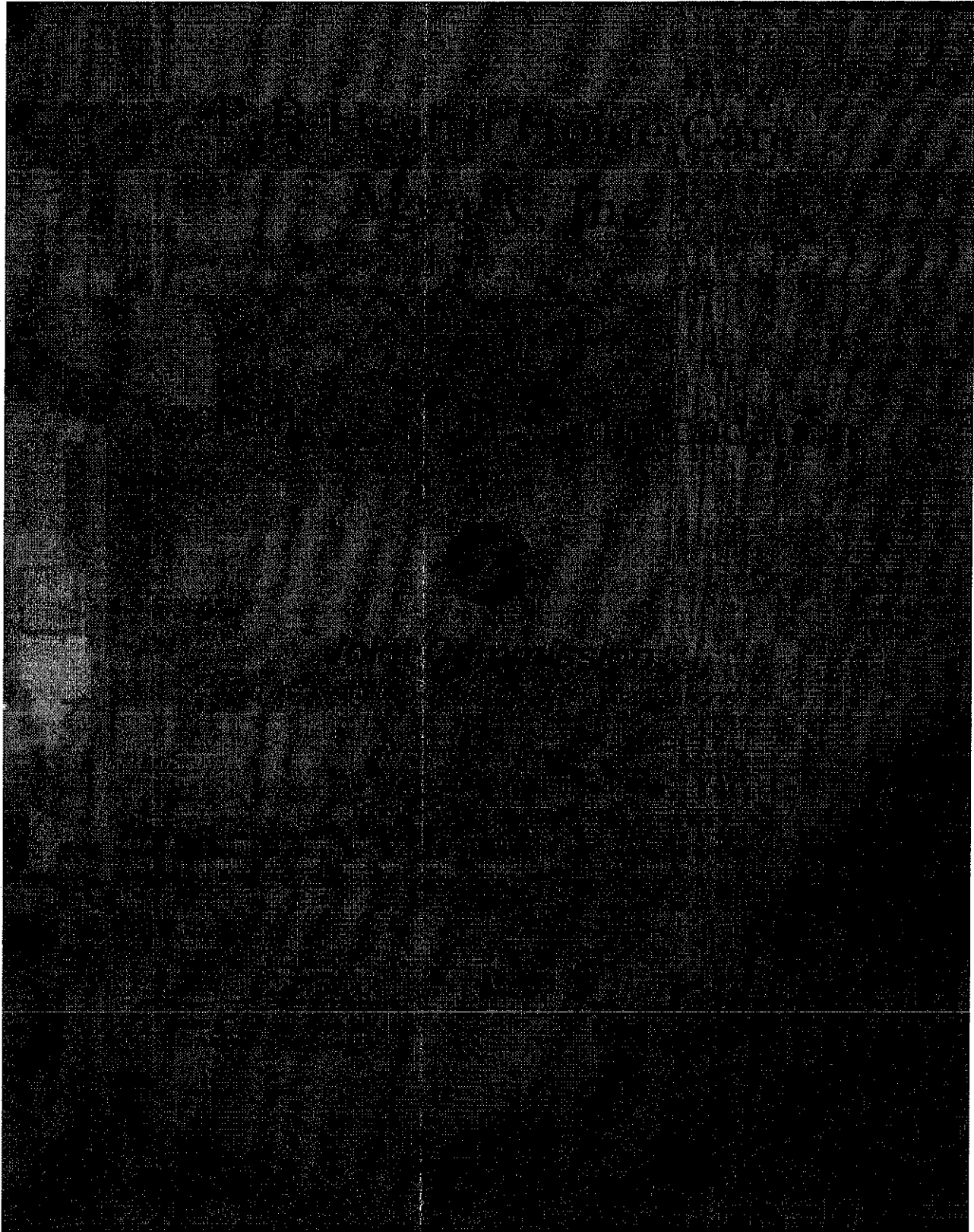
P. B. Health Home Care Agency, Inc.

Member ID: 51342

NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE







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 Ten Years of Community Service.

You are commended for your efforts to increase awareness of home health and private duty care. We applaud 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 official seal and the Great Seal of the City of
Baltimore this 8 day of November in the Year of
Our Lord Two Thousand Four
James H. Smith
Comptroller, City of Baltimore

Certificate of Membership



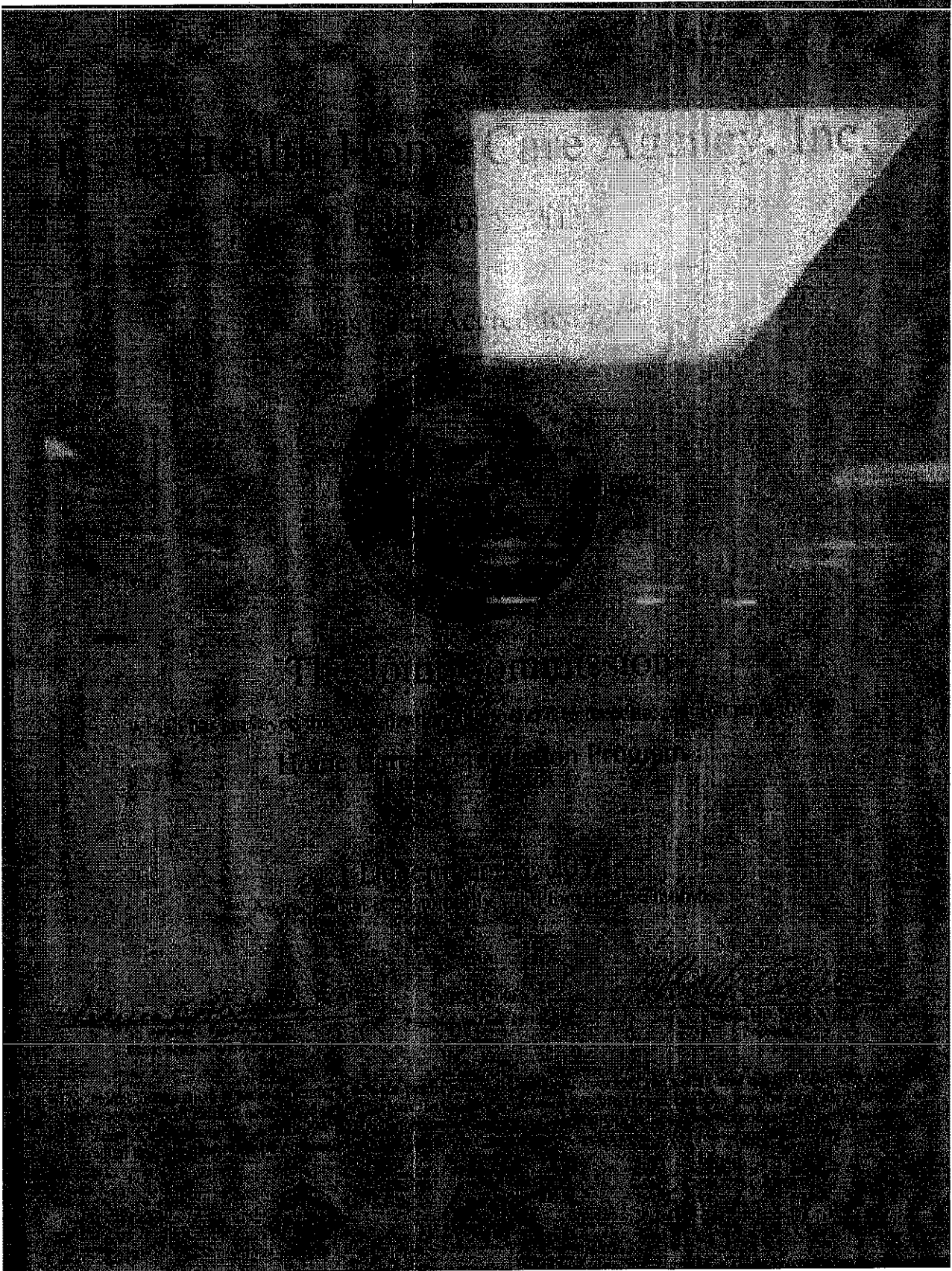
BALTIMORE CITY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

P.S. HEALTH HOME CARE AGENCY, INC.

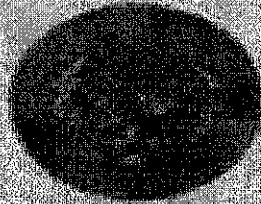
January 2004 - December 2004

James B. Smith

Commissioner of Health and Human Services



MARYLAND HOUSE OF DELEGATES



House Resolution

Be it enacted by the House of Delegates of Maryland

The House of Delegates of Maryland

Offers its warmest congratulations to

PR HOME HEALTH AGENCY

in recognition of

**NATIONAL HOME HEALTH CARE AND THE OPENING OF THE NEW OFFICE FACILITY,
CONGRATULATIONS FOR PROVIDING QUALITY HEALTH CARE TO THE COMMUNITY.**

*The House membership extends its wishes for
this memorable occasion and hereby this resolution
is so presented on this 14th day of November, 1988.*

Speaker of the House

William J. Peltz
11/14/88

Hon. Robert Peltz, President

Pr Home Health

11/14/88

WISCONSIN HOUSE OF REPRESENTATIVES

Official Citation

Be it hereby known to all that
sincere congratulations
are offered to

*P.B. Health
Home Care Agency, Inc.*

in recognition of

*its years of outstanding quality of
health care and service to the community*

Presented on the 11th day of November 1961

by *William Nelson*
Speaker

of Wisconsin's Legislature - Representative District 10

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

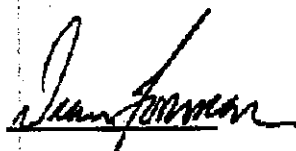
Date: December 6, 2016

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,

A handwritten signature in black ink, appearing to read "Dean Forman", written over a horizontal line.



2012 Home Health Survey

P-B Health Home
Care Agency, Inc.[Agency
Contact Info](#)[1. Dates of
Operation
\(1-2\)](#)[2. Ownership
\(3-6\)](#)[3. License and
Organization
\(7-9\)](#)[4. Certification
and
Accreditation
\(10-11\)](#)[5. Services
Provided
\(12-16\)](#)[6. Staffing \(17\)](#)[7. Financial
Information
\(18-21\)](#)[8. Agency
Utilization
\(22-29\)](#)[9. Client
Utilization
\(30-32\)](#)[10. Client
Distribution
\(33-34\)](#)[Survey Summary](#)[Logout](#)[SURVEY NOTICES](#) [PRINT SURVEY](#) [HELP](#)

Section 7 - Financial Information

The information in this section is for your agency 2012 Fiscal Year reported in question 2. Information in this section should be consistent with your agency's 2012 Medicare Cost Report. For non-Medicare gross and net revenues, use your agency's audited financial reports. Refer to the help screen prior to answering this question.

Information reported in this section is for the entire agency including all branches that are operated in Maryland by your agency.

18. Please report gross and net revenues received for services, as well as number of clients (unduplicated count of clients) and visits, by payer type during your 2012 Fiscal Year.

Charity Care is not a payer type and is not a valid response to question 18.

Payer Type	a. Gross Revenue	b. Net Revenue	a1. No. of Clients (unduplicated count))	b1. No. of Visits
1. Medicare (Traditional)	4980140	37350105	988	22637
2. Medicare Advantage	2412520	1535240	675	10966
3. Medicaid (Traditional)	180840	94530	37	822
4. Medicaid Health Choice	0	0	0	0
5. Other Government	0	0	0	0
6. Private Insurers	0	0	0	0
7. HMO	0	0	0	0
8. Self Pay	0	0	0	0
9. Other	0	0	0	0
10. Total	0	0	0	0

18c. If a Payer Type was reported as "Other" in question 18_9a, please specify the payertype(s):

Charity Care is not a payer type and is not a valid response to question 18.

Payer Type Other Breakdown	Gross Revenue	Net Revenue
	0	0
	0	0
	0	0
	0	0
Total	0	0

19. Please report the total amount expensed as Charity Care by your agency, including branches, during your 2012 Fiscal Year.

Note: Charity Care dollar value should only apply to clients and visits for which payment was deemed free at time of service, based on agency's policy. DO NOT include Bad Debts or volunteer professional services. Please refer to the Help screen prior to answering this question.

- a. Total Number of Charity Clients 11
- b. Total Number of Charity Visits 74
- c. Total Dollar Value of Charity Provided 16280

20. This question refers to the total number of visits administered by your agency including your agency branches during Fiscal Year 2012. Visits may be provided by your agency staff or by outside contractors under agreement with your agency.

Please report the total number of visits, the number of billable visits, and the number of non-billable visits administered by your agency during your 2012 Fiscal Year.

a. Number of Billable Visits (includes: skilled nursing care, physical therapy/speech/language therapy, occupational therapy, medical social worker, or home health aide services) 34374

b. Number of Non-Billable Visits (include those visits made for the purpose of evaluation prior to accepting the patient care and/or those made to supervise caretaker staff. This category should also include visits where a patient was not at home and other visits not chargeable, such as charity care) 125

c. Total number of Visits (Billable plus Non-Billable) (we calculate)

21. Please report the total number of visits (billable and non-billable) and total associated direct cost for all visits by discipline provided during your 2012 Fiscal Year.

Note: For the purpose of the home health agency survey, total cost/average cost by discipline should be based on direct costs which include all expenses made by the agency that are directly related to providing the service/visit such as salaries and benefits. Refer to Survey Definitions under HELP for clarification of direct cost.

Discipline	a. Total Visits	b. Total Direct Costs - All Visits	c. Average Cost per Visit (we calculate)
1. Skilled Nursing	17664	2446817.28	
2. Home Health Aide	3114	209280.8	
3. Occupational Therapy	3576	625764.24	
4. Physical Therapy	9028	1438084	
5. Speech/Language Therapy	318	77197.68	
6. Medical Social Work	674	141054.72	
Totals (we calculate)			

Done Save Changes

Print Page



MARYLAND
HEALTH CARE
COMMISSION

2010 Home Health Survey

P-B Health Home
Care Agency Inc.

[Agency
Contact Info](#)

[1. Dates of
Operation \(1-2\)](#)

[2. Ownership
\(3-6\)](#)

[3. License and
Organization
\(7-9\)](#)

[4. Certification
and
Accreditation
\(10-11\)](#)

[5. Services
Provided \(12-
16\)](#)

[6. Staffing \(17\)](#)

[7. Financial
Information
\(18-21\)](#)

[8. Agency
Utilization \(22-
29\)](#)

[9. Client
Utilization \(30-
32\)](#)

[10. Client
Distribution
\(33-34\)](#)

[Survey Summary](#)

[Logout](#)

[SURVEY NOTICES](#) [PRINT SURVEY](#) [HELP](#)

Section 9 - Client Utilization Data Successfully Saved for Baltimore City County.

The information required in this section is for your agency 2010 fiscal period reported in question 2.

This Section refers to all jurisdictions served by your agency and agency branches that are operated in Maryland by your agency. The information should be based on the individual entity serving in a particular jurisdiction. Questions 30-34 should be answered and saved for each jurisdiction served. These Questions were formerly Part 2.

Select jurisdiction served:

30. Please report the number of clients served (unduplicated count) and the number of visits by payer type during your 2010 fiscal year, for all jurisdictions served.

Payer Type	a. Number of Clients	b. Number of Visits
1. Medicare (Traditional)	498	10767
2. Medicare Advantage	0	0
3. Medicaid (Traditional)	35	538
4. Medicaid Health Choice	0	0
5. Other Government	0	0
6. Private Insurers	287	3704
7. HMO	197	3758
8. Self Pay	0	0
9. Other	0	0
10. Total	1017	18767

30c. If a Payer Type was reported as "Other" in question 30_9a, please specify the payer type(s):

31. Please report the number of Charity Care clients served by your agency during your 2010 fiscal year for this jurisdiction. This question refers to charity care as services rendered FREE of charge based on your Agency's policy.

DO NOT include Bad Debts or volunteer professional services. Please refer to the Help Screen prior to answering this question.

Number of Charity Clients:

5

Number of Charity Visits:

87

Total Dollar Value of Charity Care provided:

19140

32. Please report the total number of clients by living situation on Admission (duplicated count of clients), served by your agency during your 2010 fiscal year for this jurisdiction.

Living Situation	Number of Clients
------------------	-------------------

Living Alone	223
--------------	-----

Living with Others	485
--------------------	-----

Unknown	309
---------	-----

Total	1017
-------	------

Save Data entered for this jurisdiction

Print Page



2009 Home Health Survey

P-B Health Home
Care Agency, Inc.

[Agency
Contact Info](#)

[1. Dates of
Operation \(1-2\)](#)

[2. Ownership
\(3-6\)](#)

[3. License and
Organization
\(7-9\)](#)

[4. Certification
and
Accreditation
\(10-11\)](#)

[5. Services
Provided \(12-
16\)](#)

[6. Staffing \(17\)](#)

[7. Financial
Information
\(18-21\)](#)

[8. Agency
Utilization \(22-
29\)](#)

[9. Client
Utilization \(30-
32\)](#)

[10. Client
Distribution
\(33-34\)](#)

[Survey Summary](#)

[Logout](#)

[SURVEY NOTICES](#) [PRINT SURVEY](#) [HELP](#)

Section 9 - Client Utilization

The information required in this section is for your agency 2009 fiscal period reported in question 2.

This Section refers to all jurisdictions served by your agency and agency branches. The information should be based on the individual entity serving in a particular jurisdiction. Questions 30-34 should be answered and saved for each jurisdiction served. These Questions were formerly Part 2.

Select jurisdiction served:

30. Please report the number of clients served (unduplicated count) and the number of visits by payer type during your 2009 fiscal year, for all jurisdictions served.

Payer Type	a. Number of Clients	b. Number of Visits
1. Medicare (Traditional)	<input type="text" value="759"/>	<input type="text" value="13110"/>
2. Medicare Advantage	<input type="text" value="49"/>	<input type="text" value="828"/>
3. Medicaid (Traditional)	<input type="text" value="41"/>	<input type="text" value="546"/>
4. Medicaid Health Choice	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Other Government	<input type="text" value="42"/>	<input type="text" value="622"/>
6. Private Insurers	<input type="text" value="64"/>	<input type="text" value="886"/>
7. HMO	<input type="text" value="304"/>	<input type="text" value="3817"/>
8. Self Pay	<input type="text" value="1"/>	<input type="text" value="8"/>
9. Other	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Total	<input type="text" value="1260"/>	<input type="text" value="19817"/>

30c. If a Payer Type was reported as "Other" in question 30_9a, please specify the payer type(s):

31. Please report the number of Charity Care clients served by your agency during

your 2009 fiscal year for this jurisdiction. This question refers to charity care as services rendered FREE of charge based on your Agency's policy.

DO NOT include Bad Debts or volunteer professional services. Please refer to the Help Screen prior to answering this question.

Number of Charity Clients: 12

Number of Charity Visits: 147

Total Dollar Value of Charity Care provided: 29400

32. Please report the total number of clients by living situation on Admission, served by your agency during your 2009 fiscal year for this jurisdiction.

Living Situation	Number of Clients
Living Alone	112
Living with Others	1148
Unknown	0
Total	1260

Save Data entered for this jurisdiction

Print Page