

**Certificate
Of
Need
Application
For
Hospice
Baltimore City, Maryland**

**Submitted by:
P-B HEALTH
Home Care Agency, Inc.**

December 9, 2016

Preface

We, at **P-B Health** have structured this document to be responsive and organized for easy reference. The Certificate of Need Documents for Baltimore City, Maryland is as follows:

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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

For internal staff use:

MATTER/DOCKET NO.

DATE DOCKETED

APPLICATION FOR CERTIFICATE OF NEED: HOSPICE SERVICES

PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION¹⁻⁵ GENERAL INFORMATION

1. FACILITY

Name of Hospice Provider : P-B Health Home Care Agency

| | | | |
|---------------------------------------|-----------|-------|-----------|
| Address: 2535 Saint Paul Street | Baltimore | 21218 | Baltimore |
| Street | City | Zip | County |

Name of Owner (if differs from applicant):

2. OWNER

Name of owner: Jackie D Bailey, BSN, MBA, CEO

3. APPLICANT. *If the application has a co-applicant, provide the detail in section 3 and 4 as an attachment.*

Legal Name of Project Applicant (Licensee or Proposed Licensee):
P-B Health Home Care Agency, Inc

| | | | | |
|---------------------------------------|-----------|-------|-------|-----------|
| Address: 2535 Saint Paul Street | Baltimore | 21218 | MD | Baltimore |
| Street | City | Zip | State | County |

Telephone: 410-235-1060

Name of Owner/Chief Executive: Jackie D. Bailey, CEO

Is this applicant one of the following? (Circle or highlight description that applies.)

Licensed and Medicare certified general hospice in Maryland

Licensed and Medicare certified hospice in another state

Licensed hospital in Maryland/ other state

Licensed nursing home in Maryland/other state

Licensed and Medicare certified home health agency in Maryland/other state

Limited license hospice in Maryland

IF NONE OF THE ABOVE, NOT ELIGIBLE TO APPLY (See COMAR 10.24.13.04A.)

DO NOT COMPLETE REMAINDER OF APPLICATION

4. LEGAL STRUCTURE OF LICENSEE

Check ☒ or fill in one category below.

- A. Governmental ☐
- B. Corporation
 - (1) Non-profit ☐
 - (2) For-profit ☒
- C. Partnership
 - General ☐
 - Limited ☐
 - Other (Specify): _____
- D. Limited Liability Company ☐
- E. Other (Specify): _____

5. PERSON(S) TO WHOM QUESTIONS REGARDING THIS APPLICATION SHOULD BE DIRECTED

A. Lead or primary contact:

Name and Title: Lena M Woody
Mailing Address: _____
2535 Saint Paul Street Baltimore 21218 Maryland
Street City Zip State
Telephone: 410-235-1060 X148
E-mail Address (required): woodyl@p-bhealth.com
Fax: 410-235-1309

B. Additional or alternate contact: _____
Danielle Hodges

Mailing Address: _____
2535 Saint Paul Street Baltimore 21218 Maryland
Street City Zip State
Telephone: 410-235-1060x144
E-mail Address (required): hodgesd@p-bhealth.com
Fax: 410-235-1309

C. Additional or alternate contact: _____
Andrew L. Solberg

Mailing Address: _____
5612 Thicket Lane Columbia 21044 Maryland
Street City Zip State
Telephone: 410-730-2664
E-mail Address (required): Als221@gmail.com or asolberg@earthlink.net
Fax: 410-730-6775

6. Brief Project Description (for identification only; see also item #13):

P-B Health's Response:

P-B Health Home Care Agency (P-B Health) will provide general hospice care in Baltimore City to meet the spiritual, physical, mental, and emotional needs of the incurable patient as well as supporting his or her loved ones needs. This will be done in cooperation with community programs aimed to educate patients about the positive benefits of receiving hospice care in the home versus languishing in the hospital at the stages of life.

7. Project Services (check applicable description):

| Service | (check if description applies) |
|--|--------------------------------|
| Establish a general hospice | X |
| Establish a General Inpatient Unit (GIP) | |
| Add beds to a GIP | |
| | |

8. Current Capacity and Proposed Changes:

- A) List the jurisdictions in which the applicant is currently authorized to provide general hospice services. (If services provided in other state(s), list them.)

P-B Health's Response:

(Not Applicable) P-B Health is not currently authorized to provide general hospice services in Maryland or any other state. However, P-B Health is currently providing home health care services to about 2,500 patients per year in four Maryland jurisdictions (Baltimore City, and County and the counties of Anne Arundel and Howard).

- B) Jurisdiction applicant is applying to be authorized in:

P-B Health's Response:

P-B Health is applying for authorization to provide hospice services in the jurisdiction of Baltimore City, Maryland

9. Project Location and Site Control (*Applies only to applications proposing establishment or expansion of a GIP unit*):

P-B Health's Response:

(Not Applicable) P-B Health is not proposing the establishment or expansion of a GIP unit.

A. Site Size _____ acres

B. Have all necessary State and Local land use approvals, including zoning, for the project as proposed been obtained? YES_____ NO _____ (If NO, describe below the current status and

timetable for receiving necessary approvals.)

C. Site Control and utilities:

(1) Title held by: _____

(2) Options to purchase held by: _____

(i) Expiration Date of Option _____

(ii) Is Option Renewable? _____ If yes, Please explain

(iii) Cost of Option _____

(3) Land Lease held by: _____

(i) Expiration Date of Lease _____

(ii) Is Lease Renewable? _____ If yes, please explain

(iii) Cost of Lease _____

(4) Option to lease held by: _____

(i) Expiration date of Option _____

(ii) Is Option Renewable? _____ If yes, please explain

(iii) Cost of Option _____

(5) If site is not controlled by ownership, lease, or option, please explain how site control will be obtained.

(6) Please discuss the availability of utilities (water, electricity, sewage, etc.) for the proposed project, and the steps that will be necessary to obtain utilities.

(INSTRUCTION: IN COMPLETING THE APPLICABLE OF ITEMS 10, 11 or 12, PLEASE

CONSULT THE PERFORMANCE REQUIREMENT TARGET DATES SET FORTH IN COMMISSION REGULATIONS, COMAR 10.24.01.12)

10. For new construction or renovation projects.

P-B Health's Response: (Not Applicable)

Project Implementation Target Dates

- A. Obligation of Capital Expenditure _____ months from approval date.
- B. Beginning Construction _____ months from capital obligation.
- C. Pre-Licensure/First Use _____ months from capital obligation.
- D. Full Utilization _____ months from first use.

11. For projects not involving construction or renovations.

P-B Health's Response: (Not Applicable)

Project Implementation Target Dates

- A. Obligation or expenditure of 51% of Capital Expenditure _ month from CON approval date.
- B. Pre-Licensure/First Use _ month from capital obligation.
- C. Full Utilization - months from first use.

12. For projects not involving capital expenditures.

Project Implementation Target Dates

- A. Obligation or expenditure of 51% Project Budget **one** months from CON approval date.
- B. Pre-Licensure/First Use **one** months from CON approval.
- C. Full Utilization **six** months from first use.

13. PROJECT DESCRIPTION 13. Project Description

Executive Summary of the Project: The purpose of this BRIEF executive summary is to convey to the reader a holistic understanding of the proposed project: what it is, why you need to do it, and what it will cost. A one-page response will suffice. Please include:

- (1) Brief Description of the project – what the applicant proposes to do
- (2) Rationale for the project – the need and/or business case for the proposed project
- (3) Cost – the total cost of implementing the proposed project

P-B Health's Response:

A Brief Description, Rationale for the proposed project, and total cost implementing a general hospice in Baltimore City, Maryland is explained in detail on the following pages.

P-B Health's Project Description

P-B Health Home Care, Inc. is a licensed Medicare, Medicaid Certified, and Joint Commission accredited private minority owned (4.5 star rated as of 11/16) corporation **(Appendix (a), exhibits 1-4)** with over 22 years of home health care experience throughout the Baltimore City metropolitan area and surrounding Counties. P-B Health was initially started by our founder and CEO Jackie Bailey. RN, MBA in 1987 to provide home care services, which was expanded to a Home Health Agency in 1994. P-B Health Services as P-B Health was called provided specialized patient care to persons with AIDS and persons with Primary and Secondary Psychiatric diagnosis. Ms. Bailey realized that the HIV positive population was one segment of the population that P-B Health could and did make a great impact on in Baltimore City as P-B Health joined forces with community activist. The community activist groups, HERO, AIDS SPECIALIST, and the Joseph Ritchey Hospice, formed a triad of community focus group partners who had established community outreach programs to support the minority communities as well as other underserved people. The second segment of the population was the poor and disabled of Baltimore City. This population was a high risk reimbursement population and was underserved by Baltimore City at that time by other Home Health agencies.

In 1994, P-B Health expanded its services to the community when it became a Medicaid and Medicare certified home health agency. P-B Health is currently providing excellent services to Baltimore City and surrounding Counties of Howard, Anne Arundel, and Baltimore by teaching and supporting our patients who have a variety of diagnosis such as Diabetes, COPD, CHF, Wound Care, HIV and Cancer.

P-B Health is now proposing to establish a general hospice in Baltimore City, Maryland to both meet the State documented unmet need in Baltimore City and to help change the perception of hospice care among minorities.

P-B Health plans to meet the spiritual, physical, mental, and emotional needs of incurable patients as well as supporting his or her loved ones needs. P-B Health will support these needs with our hospice team under the direction of Maryland State Board Licensed and certified clinicians by providing the following services: skilled nursing services through registered nurses and licensed practical nurses, personal care and homemaker services through hospice aides, and therapeutic care services through physical therapy, occupational therapy, and speech therapy staff. P-B Health will also provide dietary, counseling, volunteer support, and bereavement services. These services will be provided in cooperation with community programs aimed to educate patients on the positive benefits of receiving hospice care in the home versus languishing in the hospital at the end of life.

WHAT HOSPICE CARE MEANS TO P-B HEALTH

- a. Insuring the patient is safe and comfortable in the privacy of their home.
- b. Care by compassionate and experienced medical professions and clinicians.
- c. Pain management control
- d. Social and spiritual intervention
- e. Excellent communications between the patient, his or her family, care provider, and or volunteer
- f. Educating a multicultural population about the benefits of hospice care

P-B Health's overall goals include the following:

- i. To help the patient live as fully as possible, conscious and free of pain, and in comfort.
- ii. To support the family as a unit of care.
- iii. To keep the patient at home as long as appropriate

- iv. To educate health professionals as well as lay people, to supplement, not duplicate, existing services;
- v. And to keep cost down, the concept of remaining home is the ideal Hospice approach. Our target at P-B Health is to expand our services to include patient population in Baltimore City, Maryland. This patient population will comprise of persons with terminal illness and disease diagnosis including individuals of lower income and disabilities.

P-B Health expects the cost to be five hundred thousand dollars (\$500,000) for its operating budget for a general hospice in Baltimore City, Maryland. This is not a part of Table 1.

14. PROJECT DRAWINGS 14. Project Drawings

P-B Health's Response:

(Not Applicable) P-B Health is currently not involved in projects of new construction and/or renovation

Projects involving new construction and/or renovations should include scalable schematic drawings of the facility at least a 1/16" scale. Drawings should be completely legible and include dates.

These drawings should include the following before (existing) and after (proposed), as applicable:

- A. Floor plans for each floor affected with all rooms labeled by purpose or function, room sizes, number of beds, location of bath rooms, nursing stations, and any proposed space for future expansion to be constructed, but not finished at the completion of the project, labeled as "shell space".
For projects involving new construction and/or site work a Plot Plan, showing the "footprint" and location of the facility before and after the project.
- B. For projects involving site work schematic drawings showing entrances, roads, parking, sidewalks and other significant site structures before and after the proposed project.
- D. Exterior elevation drawings and stacking diagrams that show the location and relationship of functions for each floor affected.

15. FEATURES OF PROJECT CONSTRUCTION:15. Features of Project Construction

P-B Health's Response:

(Not Applicable) P-B Health is currently not involved in project construction

- A. Please Complete "**CHART 1. PROJECT CONSTRUCTION CHARACTERISTICS and COSTS**" (next page) describing the applicable characteristics of the project, if the project involves new construction.
- B. Explain any plans for bed expansion subsequent to approval which are incorporated in the project's construction plan.

- C. Please discuss the availability of utilities (water, electricity, sewage, etc.) for the proposed project, and the steps that will be necessary to obtain utilities.

PART II - PROJECT BUDGET: COMPLETE TABLE 1 - PROJECT BUDGET PART II- PROJECT BUDGET: COMPLETE TABLE 1 – PROJECT BUDJET

P-B Health's Response:

See Table in section labeled (HOSPICE APPLICATION: Charts and Tables Supplement Hospice)

**PART III - CONSISTENCY WITH REVIEW CRITERIA AT COMAR 10.24.01.08G(3): PART III-
CONSISTENCY WITH REVIEW CRITERIA AT COMAR 10.24.01.08G(3)**

(INSTRUCTION: Each applicant must respond to all applicable criteria included in COMAR 10.24.01.08G. Each criterion is listed below.)

10.24.01.08G(3)(a). The State Health Plan.

Applicant must address each standard from the applicable chapter of the State Health Plan (10.24.13 .05); these standards are excerpted below. (All applicants must address standards A. through O. Applicants proposing a General Inpatient facility must also address P.)

Please provide a direct and concise response explaining the project's consistency with each standard. Some standards require specific documentation (e.g., policies, certifications) which should be included within the application. Copies of the State Health Plan are available on the Commission's web site <http://mhcc.dhmd.maryland.gov/shp/Pages/default.aspx>

10.24.13 .05 Hospice Standards. The Commission shall use the following standards, as applicable, to review an application for a Certificate of Need to establish a new general hospice program, expand an existing hospice program to one or more additional jurisdictions, or to change the inpatient bed capacity operated by a general hospice. 10.24.13.05 Hospice Standards

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

P-B Health's Response:

P-B Health Home Care Agency, Inc. (P-B Health) is proposing to expand our home care program by obtaining a license for Baltimore City, Maryland for General Hospice Care Service. P-B Health will provide hospice care to the growing population in Baltimore City, Maryland where an unmet need has been established through documentation and extensive research by the Maryland Health Care Commission.

- B. Admission Criteria. B. Admission Criteria An applicant shall identify:**
(1) Its admission criteria; and
(2) Proposed limits by age, disease, or caregiver.

P-B Health's Response:

- 1.)** P-B Health Hospice shall admit patients using criteria from the Maryland Health Commission (COMAR 10.24.13) and the Medicare conditions of participation for hospice programs (42 C.F.R. 418.1 et seq.)
- a. Terminal illness- patient must be deemed as being terminally ill.
 - b. Admission – The patient has been referred/recommended for admission by a medical director of P-B Health after consultation with the patient's PCP(primary care physician).
 - c. Patient- The patient has consented or the patients health representative has agreed to receive hospice services with P-B Health Hospice (Admissions Consent)

2.) P-B Health's Response for proposed limits by age, disease, or caregiver.

P-B Health Hospice will service Patients 35 years of age and older admissions per (COMAR 10.24.13) to inclusion of all diagnoses to account for the shift in the diagnostic mix of patients served by hospice programs. With the exclusion of a patient with a contagious malady not manageable per infection control program protocol and pediatric patients, other than in extreme exceptional circumstances per (42 C.F.R 418.60). P-B Health Hospice shall also work with licensed general hospices in neighboring jurisdictions to arrange for care for such patients, as necessary.

- C. Minimum Services. Minimum Services**
(1) An applicant shall provide the following services directly:
(a) Skilled nursing care;
(b) Medical social services;

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

P-B Health's Response:

(a) Skilled Nursing Care- **Direct** Nursing care services shall focus on the management and pain and other symptoms relief. It will be provided under the supervision of a Licensed Registered Nurse practicing in the state of Maryland who has educational and direct experience in working with hospice patients. The RN shall at a minimum:

1. Administer the (SOC) start of care assessment of the patient.
2. Conduct an assessment of the home.
3. Conduct a dietary assessment and provide dietary counseling to meet the needs of the patient.
4. Recurrently reassess the patient's medical needs.
5. Began the plan of care and update as needed and;
6. Provide guidance, support, and education to the patient's family.
7. Provide nursing services in agreement with each patient's interdisciplinary plan of care and in the principles of quality nursing practice.
8. Supervise, teach, and evaluate other nursing personnel, including Licensed Practical Nurses and Hospice Aides.
9. Document all findings in the patient's medical records.
10. Notify the patient and family in regard to the patient's nursing needs.
11. Notify the Primary Care Physician and other team members of changes in the patient's condition and needs, including his/or her reaction to care, treatment and services.

(b) Medical Social Worker- shall be a **direct** service through P-B Health Hospice as P-B Health Home Care currently has on staff Medical Licensed Social Workers.

1. Assessing the Patient's emotional needs as it relates to their incurable disease.
2. Work as the mediator between medical disciplinarians' as it relates to the Patient's mental and social anxiety disorder that aggravates symptoms related to the mortal disease.
3. Support the Patient/family in financial and community resources.
4. Support and educate the family on the stages of death, dying and grief.

(c) Counseling (including Bereavement and Nutritional Services)

P-B Health Hospice shall offer **direct** bereavement services to the caregivers/families of hospice Patients both before and after the Patient's departure in agreement with the plan of care. This service shall be supervised by trained and qualified Bereavement personnel. P-B Health shall provide this service for up to one (1) year following the departure of the families/caregiver loved one.

P-B Health is well experienced in providing Dietary counseling and shall continue to do so **directly** with and by registered dietician's who will provide the following consultations: trainings, in-services, and Patient/family care to assist hospice interdisciplinary in providing efficient ways of managing the nutritional needs of the hospice Patients.

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

- (a) Physician services and medical direction;
- (b) Hospice aide and homemaker services;
- (c) Spiritual services;
- (d) On-call nursing response
- (e) Short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management);
- (f) Personal care;
- (g) Volunteer services;
- (h) Bereavement services;
- (i) Pharmacy services;
- (j) Laboratory, radiology, and chemotherapy services as needed for palliative care;
- (k) Medical supplies and equipment; and
- (l) Special therapies, such as physical therapy, occupational therapy, speech therapy, and dietary services.

P-B Health's Response:

P-B Health's Hospice shall provide the following services, either directly or through contractual arrangements:

- (a) Physician services-** and medical direction shall manage the client pain and symptoms through direct and contractual arrangements as P-B Health is currently well established with Medicare, Medicaid, and Private Insurances and manage interactions with various levels of the medical profession. Medical Director along with Team Physicians (PCP)
 - 1. Shall assume overall responsibility for the medical and clinical module of the hospice's Patient care program and make certain success and continuance quality principles of professional medical care;
 - 2. Shall be a key participate in the development and implementation stage of the policies that correlate to the care provided by the interdisciplinary Team.
 - 3. Approve all admissions by ensuring the terminal illness status and eligibility of each patient;
 - 4. Ensure that all medications are utilized within accepted standards of practice
 - 5. Ensure that a protocol of measures is established and maintained to document the disposal of controlled drugs.

6. Communicate and consult with the interdisciplinary team in regards to pain management, symptom control, concerns or conflicts, and ethical issues
7. Designate a medical director to contact in case of an absence or unavailability.

(b) Hospice aide and homemaker services- shall assist the family on how to care for the client through direct and contractual arrangements as P-B Health is well experienced through their continued commitment of over 25 years of home health services.

The Hospice Aide services shall:

1. Be assigned by a licensed registered nurse in the plan of care;
2. Be provided to the Patient by a Hospice Aide who is subject to on-site supervisory visits by a licensed registered nurse at least every two weeks.
3. Consist of assisting patients with personal hygiene, dressing, ambulation and/or transfers, food/fluid intake, prescribed exercises, and self-administration of medication and other duties assigned.
4. Include timely and accurate reporting of changes of the patient's medical status. This includes documentation as well.

(c) Spiritual services- religious and spiritual communities in Baltimore City, MD introducing ourselves and our goals to bridging the gap of the unmet need for expansion of a general hospice program. We are requesting their support to help educate the multicultural population about hospice programs for the poor, disabled, and disenfranchised communities. **We have reached out to the following: Macedonia Baptist Church, The Empowerment Temple, New Psalmist Baptist Church, Agape Christian Center, Wayland Baptist Church, Gillis Memorial Christian Community, Sharon Seventh Day Adventist, and New Beginnings SDA Church** thus far. P-B Health has worked with in the past and shall continue to do so with the following organizations; The Renaissance Center, 6665 Security Blvd., Windsor Mill, MD., Safe Harbor Christian Counsel- multiple locations (<http://www.safeharbor1.com>), Jewish Chaplancy Services, 5750 Park Heights Ave (Rabbi TVi Schur), Catholic Charities, and Spiritual & Pastoral Care Services(<http://www.iLifeAlliance.com>/iLifeAlliance@gmail.com. Spiritual services shall be offered contractual to all patients and their families upon admission and shall continue to the extent desired by the patient and their family. P-B Health policy is not to impose nor prescribe any belief or value system on our patient's. We will be supportive and respectful to the patient and his or her family as well.

The Spiritual Services shall:

1. Be appropriate as deemed with the patient and family's customs, cultural background, ethnicity, religious preferences, desires and beliefs.
2. Be provided by a qualified Interdisciplinary Group member and/or through an arrangement with clergy and/or other spiritual counselors in the community. P-B Health Hospice shall document reasonable efforts to arrange for visits of

clergy and other members of spiritual and religious organizations in the community to patients/families who request such visits and will advise all patients/families of this opportunity.

3. Assist the Interdisciplinary Group in understanding the significant spiritual factors related to the incurable illness.
4. Be based on the initial and ongoing assessment of the spiritual needs of the patient and family and be consistent with the plan of care.
5. Be documentation of ongoing communication between the clergy and/or other spiritual counselors and the Interdisciplinary Group members;
6. Comprise of consultation and education to the patient/family/caregiver and the Interdisciplinary Group member.
7. Be documented in the patient's medical file.

(d) On-Call nursing response- shall be a direct and contractual arrangement for P-B Health Hospice. (Tasco- 6600 York Road, suite #203, Baltimore, Maryland 21212)

1. Ensure patients have access to Hospice service 24 hours per day.
2. P-B Health Hospice shall make weekend and evening staffing available
3. Clinicians are to perform visits on an as-needed basis, including weekends
4. Our on-call staff shall be available after office hours, Monday through Friday, and 24 hours a day on weekends.

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

Shall be direct and contractual arrangement as P-B Health's interdisciplinary hospice team with the physician's orders and directives will help support the client and loved ones through respite care and procedures deemed necessary and appropriate keeping in mind the focus of palliative care and making sure the patient is most comfortable. P-B Health Hospice shall:

1. Have a written contractual agreement with other service providers for inpatient hospice care needs.
2. Provide these services at times when the patient, caregiver, or family member needs a brief reprieve.
3. Contact skilled nursing facilities in Baltimore City that are Medicare certified
4. Offer the respite service on an as needed basis for a maximum of five days per admission.

5. Coordinate the care in accordance with the patients' plan of care established by P-B Health's interdisciplinary group, with a copy provided to the skilled facility.
6. Be responsible for the coordination of the patient's transfer into and out of the skilled nursing facility. Upon discharge P-B Health Hospice shall retain a copy of the clinical record from the respite skilled nursing facility and keep in patient's medical file.
7. Provide the patient, caregiver, and family member with pertinent information regarding effective and safe use of medications.
8. Provide education on pain management and pain as it relates and is an integral stage of hospice care.
9. Educate and explain to the patient, family member, and caregiver the correct administration of medications as ordered by the PCP or attending physician or other licensed independent practitioner or any over the counter drugs purchased.
10. Safety of storage of all medications.

(f) Personal care- shall be direct arrangement through P-B Health's Hospice (hospice aides and homemakers with supervision and direction from the skilled nursing, RN case manager).

(g) Volunteer services- shall be direct arrangements through patient family, close friends, and P-B Health's Hospice volunteers as needed. **(See Appendix A Exhibit 25)**

(h) Bereavement services- shall be direct and contractual through P-B Health's support throughout the Baltimore City's multicultural spiritual and religious affiliations under the five major religions Judaism, Christianity, Islam, Hinduism, and Buddhism. P-B Health's Hospice shall respect each client's preference of worship as well as their loved ones without prejudice.

P-B Health's Hospice Bereavement plan shall include the following:

1. Bereavement counseling and services to the families of hospice patients for not less than 1 year after the patient's death and with respect to the family's needs and wishes.
2. Bereavement services that coincide with a bereavement plan of care which replicates the family's needs, recognizing their religion, cultural, and social values and explaining the type of frequency of services to be provided;
3. Training and orientation to individuals providing bereavement services to ensure there is continuity of care.
4. Documentation of all bereavement services that have been provided

5. Proper assignment, supervision, and evaluation of personnel performing bereavement services;
6. Coordination with the family's clergy if they request or desire and;
7. Appropriate initiation referrals of family members to community programs when appropriate such as problems with substance abuse, mental health, or family dynamics that may interfere with them grieving.

(i) Pharmacy services- P-B Health's Hospice shall provide through contractual arrangement to include a licensed pharmacy, the ability to compound prescribed medications when ordered and an inventory of pharmaceuticals sufficient in scope and quantities to meet the patients' needs twenty four hours a day, seven days a week and shall allow their licensed pharmacists to collaborate with the interdisciplinary group in individual medication management. (Home Solutions) and (Home Choice Partners) for Infusion, Walgreen, Neighborcare as well as the patients pharmacy per their PCP and health care benefits.

(j) Laboratory, radiology, and chemotherapy services as needed for palliative care- shall be provided through contractual service arrangements through P-B Health's Hospice affiliates. Quest Diagnostics (1901 Sulphur Spring Road, Baltimore, MD 21227) and Labcorps (9106 Philadelphia Road, Ste # 300, Baltimore, MD 21237, multiple sites); Alpha Diagnostics (9F Gwynns Mill Ct., Owings Mills, MD 21117) Symphony MobilEx (Baltimore, Maryland 21204). For chemotherapy services Home Solutions, Home Choice Partners, Synergy Health Care and as well as the patients pharmacy per their PCP and health care benefits.

(k) Medical supplies and equipment- shall be arranged direct and through contractual arrangements through P-B Health Hospice affiliates. (Medline -2000 Rock Glenn Road, Harve De Grace, MD 21078), Apria (Smith & Nephew), NeighborCare, Liberty Medical Home Delivery

(l) Special therapies, such as physical therapy, occupational therapy, speech therapy, and dietary services- shall be administered directly through P-B Health Home Health/Hospice and contractual arrangements thru their affiliates. (Alpha Health Care Group, Physical and Occupational Therapist, Keland Health c/o Andrew Wright, Occupational Therapy, Stuart Trippe, Speech Therapy).

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

P-B Health's Response:

P-B Health Hospice shall provide bereavement services to the family for a period of (1) one year following the death of the patient with dignity and respect towards the families spiritual and emotional needs per their request.

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

P-B Health's Response:

P-B Health seeks to become a licensed general hospice care provider delivering services to Baltimore City's community. Hospice services shall be delivered in combination settings to include private homes, residential units such as assisted living facilities and retirement homes and inpatient units such as skilled nursing facilities and hospitals.

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

P-B Health's Response: (See Appendix A Exhibit 25-26) for Hospice Volunteer Policy and Procedures full policy

Through direct arrangements, **volunteers** will be sufficiently trained to meet the needs of patients and families in the hospice program. They 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 in the hospice program after a completion of a criminal background check and the orientation/training 16 hour program.

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

P-B Health's Response: P-B Health realizes that the number one person who needs our support along with the patient is the caregiver; we are committed to the following:

1. To educate the patient and caregivers/family member with appropriate educational materials by our OUTREACH TEAM visually, verbally and in written format for easy reading instructions.
2. We will assess the appropriateness of the materials with each family on an individualized basis according to their readiness to learn of their loved ones Plan of Care.
3. Provide education on pain management and pain as it relates and is an integral Stage of hospice care.
4. Educate and explain to the patient, family member, and caregiver the correct administration of medications as ordered by the PCP or attending physician or other licensed independent practitioner or any over the counter drugs purchased.
- 6 Teach the caregiver the importance of Safety storage of all medications.
- 7 Provide the patient, caregiver and family member with pertinent information regarding effective and safe use of medications.

P-B Health Hospice Hazard, Disposal, and Waste Policy shall be the following:

1. Educate the patient, caregiver and or family member information and instructions regarding handling, identifying, and disposal of hazardous materials and waste in accordance to P-B Health's Hospice policies.
 - a. The patient shall be assessed for educational needs related to identifying, handling, and disposal of hazardous waste and materials.

- b. The need for usage of puncture-resistant needle containers (sharp containers)
- c. The need for the use of bags for disposal of dressings and linens.
- d. The need for the use of gloves and protective clothing.
- e. This assessment will include the appropriate actions for both Hospice interdisciplinary staff as well as the patient, caregiver, and family member while receiving hospice services.
- f. Any patient who has the potential for handling and disposing of hazardous materials shall receive information pertaining to OSHA's standards on blood borne pathogens along with safety in the home for hospice patients.
- g. The information shall be reviewed with the patient, caregiver, and family member to assess and educate them on how to protect themselves from harm as they take care of their loved one. Full instruction and knowledge are necessary prior to the patient and caregiver starting care which may put them at potential risk.
- h. P-B Health Hospice Nurse Managers will continue to observe the patient and caregiver on different site and or subsequent visits to make sure proper protocols are being used for both the patient and the caregiver, and family member. When noted out of compliance this will result in immediate re-training.

P-B Health shall keep the following information recorded in the clinical file.

- i. Trainings taught
- ii. Patient, caregiver, and family members comprehension of the trainings
- iii. Return demonstration in use of equipment or procedures or both
- iv. Communication
- v. If additional training is required

P-B Health Hospice Home Safety:

P-B Health Hospice shall provide instructions to the patient, caregiver/family member regarding safe home practices in accordance to hospice policies. They will include the following topics:

- 1. Electrical safety
- 2. Fire response
- 3. Environmental and mobility safety
- 4. Bathroom safety

P-B Health Hospice shall follow the following procedures, document and report immediately.

- 1. In accordance to the admissions assessment the patient's home shall be assessed for potential safety hazards.
- 2. Upon the results of the assessment the patient, caregiver/family member educational needs will be identified.

3. The assessment, documentation and verbal information pertaining to the patient's surroundings will be used as a basis for additional patient instruction.
4. The following information shall be reviewed with each patient and will include the following:
 - a. Electrical safety – The importance of being aware of these hazards in the home extension cords, overloaded circuits, electrical cords, outlets, light bulbs, grounding, and electrical appliances.
 - b. Fire safety – The importance of these hazards in the home Smoking, smoke detectors, fire escape route, burns, electric blankets, heating pads, oxygen therapy precautions, space heaters, cooking safety, and flammable liquids.
 - c. Environmental and mobility safety – The importance of these hazards in the home fall prevention techniques, wheelchair safety, walker safety, exit/hallways, use of handrails, loose carpet, stairway safety, adequate lighting, emergency disaster and medical plan.
 - d. Bathroom safety – The importance of these hazards in the home Grab bars, slippery surfaces, nonskid mats, and water temperature

P-B Health Hospice Interdisciplinary staff shall monitor and continually assess the patient and caregiver/family member compliance to the home safety policies and re-train as necessary.

P-B Health Hospice shall document the teaching and understanding of safety trainings, any changes made to the environment, response to teaching which includes demonstration in use of equipment if needed and any future additional learning needs.

P-B Health Hospice Infection Control Precautions:

P-B Health Hospice shall provide instructional guidelines to patients, caregivers, and family members in infection control precautions.

1. P-B Health shall assess the patient, caregiver and family member for knowledge as it pertains to infection control. The patient, caregiver and family member shall receive information on the following standards:
 - a. Hand washing
 - b. Use of antiseptic cleaners
 - c. Disposing sharps in puncture-resistant containers
 - d. Food and drink in patients care area
 - e. Transmission of infections
 - f. Personal protective equipment
 - g. Handling of soiled laundry
 - h. Emergency responses
2. The patient, caregiver, and family member shall receive written and verbal instructions and information on standard precautions.
3. These standards must be demonstrated before the patient, caregiver, and family member takes responsibility for care.
4. P-B Health shall document in the clinical file, the teaching and understanding of standard precautions as well as return demonstrations with response to teachings performed by the patient, caregiver and or family member. If needed additional learning shall be taught by the Nurse Manager when observed during subsequent

visits.

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

P-B Health's Response:

A general hospice program established in Baltimore City by P-B Health will greatly impact the growing population in Baltimore City where an unmet need has been established based on research by the Maryland Health Care Commission. P-B Health will provide general hospice care and respite inpatient hospice care to meet the spiritual, physical, mental, and emotional needs of the departing incurable patient. According to the Maryland Health Commission the net need is estimated at 1233 patients in the year 2019; **(Appendix (a), exhibit 21)** P-B Health anticipates serving 75 patients in the first year. P-B Health Hospice realizes that this will help bridge a portion of the unmet need but will certainly not impact the current hospice programs already in existence in Baltimore City, Maryland. Currently there are two large hospice programs doing business in Baltimore City, Stella Maris and Gilchrist. Gilchrist merged with (Joseph Richey Hospice) program in the state of Maryland in 2014. At that time these two entities realized the great need in Baltimore City for the poor and underserved minority community relating to hospice services. **(Appendix (a), exhibit 5)**. P-B Health has always recognized the need in Baltimore City for hospice educational programs for the minority and the African American population; from 1/2014 thru 11/1/16 P-B Health Home Care has had 87 patients discharged to hospice facilities for terminal illnesses such as cancer, complex complications from diabetes and HIV. **(Appendix (a), exhibit 6)**. Out of the 87 patients 90% of them went to inpatient hospice facilities due to the lack of general hospice services in Baltimore City. P-B Health believes that with aggressive teaching and understanding of general hospice in the home the margin of patients transferred to hospital emergency rooms, admittance in hospitals and in inpatient hospice facilities will decrease except in cases of a contagious malady not manageable per the protocol requirements of **42 C.F.R. s418.60 (Appendix (a), exhibit 22)** and respite care for the caregiver and or family member.. This would greatly decrease the cost of medical care as well as offer the patient continued palliative care in the comfort of his/her home around loved ones during end of life stages versus languishing in the hospital. Also see article **(Increased Access to Palliative Care and Hospice Services: Opportunities to Improve Value in Health Care (Appendix (a) exhibit 27)** in conclusion under the findings section it states" **By helping patients get the care they need to avoid unnecessary emergency department and hospital stays and shifting the focus of care to the home or community, palliative care and hospice reduce health care spending for America's sickest and most costly patient populations.**" Diane E. Meier, Dept. of Geriatrics and Palliative Medicine. **The Baltimore City Health Disparities Report Card 2013**, Oxiris Barbot, M.D. Commissioner of Health Office of Epidemiologic Services, shows the disparities for unmet Healthcare Needs, and No Health Insurance, for 12 months. **(Appendix (a) exhibit 24)** data sources DHMH, vital statistics admin., (BRFSS) Maryland Behavioral Risk Factor Surveillance Systems, and U.S Census Bureau:2012 Population Estimates program. The results were **a grade of C-, which indicates " the need for policies, public works, education programs, outreach endeavors focusing on the demographic groups most affected stand to accelerate achieving not only improved health status but health equity for all Baltimore City residents."**

- H. Financial Accessibility.** An applicant shall be or agree to become licensed and Medicare-

certified, and agree to accept patients whose expected primary source of payment is Medicare or Medicaid. Financial Accessibility

P-B Health's Response:

P-B Health is Medicare and Medicaid certified and licensed in the State of Maryland and is currently accepting patients under the guidelines and will continue to do so for hospice patients.

I. Information to Providers and the General Public. Information to Providers and the General Public

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

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

P-B Health's Response:

OUT REACH Marketing Department visit and introduce P-B Health's Hospice to our established; current contract partnerships as well as hospitals, nursing homes, home health agencies, local health department and assisted living providers in Baltimore (city), Maryland through meet and greet sessions, by formal letters and educational pamphlets, and by appointments. We also advertise through Community Resources, Patient and Visitor Guide's at Mercy Medical Center and St. Agnes Hospital, Sourcebook, and The Medicine Shoppe Pharmacy Bags

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

P-B Health's Response:

We currently are and shall continue to document and engage with the following physicians who have an established relationship with patients in Baltimore City and who are well versed in hospice in Baltimore City, Maryland. They are the following:

(Dr. Charles Moore), 4 E. Rolling Crossroads Ste 102, (Dr. Rifat Abousy), 2300 Garrison Blvd. Ste 280, (Dr. Sambandam Baskaran), 3455 Wilkins Ave. Ste L10, (Dr. Komal Dang), 3455 Wilkins Ave., Ste L10, and (Dr. Warren Smith) 3502 W. Rogers Ave., Ste 6

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

P-B Health's Response:

Continued commitment to visiting senior information and Assistance Offices with information about P-B Health's Hospice, our goals, our professional staff, and what we shall continue to do in the community and for the community through our OUTREACH TEAM. P-B Health Home Care is and shall continue to advertise in various magazines and brochures (as well as having our own personal brochures, pens, writing pads, bags etc. that we hand out to various organizations) adding the Hospice program to the resources we our currently

involved with are the following: Zeta Center for Healthy and Aging Adults, Waxter Center for Seniors, Baltimore City Health Department, Commission on Aging for Baltimore City, Maryland Access Point, and Meals on Wheels, MTA Mobility, Adult Protective Services, Department of Social Services, Veterans Administration, Maryland Department of Health and Mental Hygiene, Easter Seals Disability Services, Catholic Charities, and Social Security Administration just to name a few, again our Out Reach Team works throughout Baltimore City, Baltimore County, Howard and Anne Arundel County.

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

P-B Health's Response:

P-B Health Home Care advertises in the local city papers, radio stations, and website and shall continue to do so adding Hospice Program for Baltimore City. Just a few of our ways of reaching the general public are: Charles Villager, Baltimore Times, Afro American, Heaven 600, and 95.9 radio stations/ talk shows, Comcast Cable Television, Shopping Malls, Transit Bus Advertisement, and Phar Mark, Inc (prescription bag).

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

P-B Health's Response:

P-B Health Home Care currently makes its fees known to prospective patients and their families before services are begun and as a Hospice provider will continue to do so. We have provided the fees **(see fee schedule under question for Viability d)**

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

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

P-B Health's Response: (See Hospice Charity Care and Sliding Fee Scale Policy, (Appendix (a) exhibit 23)

P-B Health Hospice shall make every effort within two business days following a patient's request for charity care services, application for medical assistance, or both, make a determination of probable eligibility in communication verbal and in writing to the patient, caregiver and or family member or responsible party.

1. Patient's/families with income below 200% of the federal poverty guidelines as

established by the Department of Health and Human Services may apply for charity care.

2. An application for Charity Care must be completed and signed by the patient/representative for each benefit period. The following items will be taken into consideration (income level, assets and expenses) when processing the application. Proof of income for the time of service, as well as the prior year's Federal income tax return, along with W2 may be required. If the patient is eligible he or she must apply for welfare assistance and be denied for any reason other than the following: did not follow through with entire application process, did not provide requested verifications or did not apply.

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

P-B Health Response:

1. 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 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 of Baltimore City offers affordable amount of care at no charge or at reduced rates to eligible persons presently 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.

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

P-B Health's Response:

P-B Health Hospice (Appendix (a) Exhibit 23) for complete policy

P-B Health Hospice shall provide hospice services to persons of all financial resources, including the underserved and the uninsured community. No patient shall be turned away due to financial constraints.

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.

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

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

P-B Health's Response:

P-B Health Home Care is required by the State to report statistics on visits, grouped by age, jurisdiction, payer type, discipline, referral source, diagnosis, sex, race, and charity care yearly. P-B Health Hospice shall continue to commit to providing charity care in its hospice to indigent patients. P-B Health's historical documents given to MHCC see **(Appendix (a) exhibit 28)**

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

P-B Health's Response:

(P-B Health Hospice Sliding Scale for Financial Assistance) See Scale Below

P-B Health Sliding Scale for Financial Assistance

| Federal Poverty Guideline | <100% | 101% To 125% | 126% To 150% | 151% To 175% | 176% To 200% | 201% To 225% | 226% To 250% | 251% To 275% | 276% To 300% | 301% To 400% |
|------------------------------|-------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Family Size | | | | | | | | | | |
| 1 | \$11,170.00 | \$13,963.00 | \$16,755.00 | \$19,548.00 | \$22,340.00 | \$25,133.00 | \$27,925.00 | \$30,718.00 | \$33,510.00 | \$44,680.00 |
| 2 | \$15,130.00 | \$18,913.00 | \$22,695.00 | \$26,478.00 | \$30,260.00 | \$34,043.00 | \$37,825.00 | \$41,608.00 | \$45,390.00 | \$60,520.00 |
| 3 | \$19,090.00 | \$23,863.00 | \$28,635.00 | \$33,408.00 | \$38,180.00 | \$42,953.00 | \$47,725.00 | \$52,498.00 | \$57,270.00 | \$76,360.00 |
| 4 | \$23,050.00 | \$28,813.00 | \$34,575.00 | \$40,338.00 | \$46,100.00 | \$51,863.00 | \$57,625.00 | \$63,388.00 | \$69,150.00 | \$92,200.00 |
| 5 | \$27,010.00 | \$33,763.00 | \$40,515.00 | \$47,268.00 | \$54,020.00 | \$60,773.00 | \$67,525.00 | \$74,278.00 | \$81,030.00 | \$108,040.00 |
| 6 | \$30,970.00 | \$38,713.00 | \$46,455.00 | \$54,198.00 | \$61,940.00 | \$69,683.00 | \$77,425.00 | \$85,168.00 | \$92,910.00 | \$123,880.00 |
| 7 | \$34,930.00 | \$43,663.00 | \$52,395.00 | \$61,128.00 | \$69,860.00 | \$78,593.00 | \$87,325.00 | \$96,058.00 | \$104,790.00 | \$139,720.00 |
| 8 | \$38,890.00 | \$48,613.00 | \$58,335.00 | \$68,058.00 | \$77,780.00 | \$87,503.00 | \$97,225.00 | \$106,948.00 | \$116,670.00 | \$155,560.00 |
| P-B Health Sliding Scale for | 90% | 80% | 75% | 70% | 65% | 55% | 50% | 45% | 40% | 30% |

a.) P-B Health Hospice will use the scale as the following:

- b.) Patients with income below 200% of the Federal Poverty Guidelines as established by the Department of Health and Human Services may apply for Charity Care.
- c.) 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.

K. Quality.

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

P-B Health's Response:

P-B Health is currently applying for a Certificate of Need in Baltimore City, Maryland, for a General Hospice. This standard is not applicable.

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

P-B Health's Response:

P-B Health has no General Hospice outside the state of Maryland and is currently Applying for a Certificate of Need for general hospice in Baltimore City, Maryland

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

P-B Health's Response: P-B Health Home Care is currently under SHP (Strategic HealthCare Programs) and HHVBP for Home Health Care Survey requirements thru CMS for surveys administered to the patients for quality, care, advanced planning, and other measures in home care. We are well versed with and are complying fully and have completed various in-services with our clinical, QA, and administrative staff. P-B Health Hospice will continue to use SHP and shall comply with CAHPS Hospice Survey. we will comply and submit a standardized patient-level data collection (HIS) Hospice Item Set, which collects the data elements used to calculate the seven quality measures. They are Patients treated with an opioid who are given a bowel regimen, Pain screening, Pain assessment, Dyspnea treatment, Dyspnea screening, Treatment preferences, and Beliefs/values addressed (if the patient desires) through the National Quality

Forum. This survey is given to the care giver/ family member to fill-out to help better assess how well the agency is doing and is the agency following standards and meeting the measurements as it relates to their loved one when care was being administered prior to death. **The agency also has to report information in regards to the patients they treated under hospice.**

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

P-B Health's Response:

P-B Health Home Care has an existing Board of Directors, Professional Advisory Committee, and Utilization and Quality Control Committee currently which is in compliance with The State quality of care standards.

P-B Health Hospice shall have a Quality Assurance and Utilization Review Program that is in compliant with COMAR 10.07.21.09 our mission is to make sure we offer hopefulness, empathetic guidance and assistance to each and every individual we encounter in the community confronting end of life stages by providing to the Patient and family in their homes and in other residential settings.

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

P-B Health Response:

P-B Health Hospice shall comply with federal and State hospice quality measures that have been published and adopted by the commission by the following:

1. The needs, expectations, and satisfaction of patients and their families and all services provided by the hospice care program
2. Ensure the methodical collection, review, and evaluation of information and data to include statistics and graphs of trends identified.
3. Ensure that standard reports are prepared and reviewed by the Board as well as appropriate staff personnel;
4. Comprise outcomes and results that are measurable and which may perhaps be integrated into universal changes in the program's operation.
5. Maintain accurate and complete records to demonstrate the effectiveness of its quality assurance activities.
6. Be available and ready to provide appropriate responses when the Patient's health or safety is at risk due to incidents.

Utilization Review Program for hospice will comprise a written procedure for monitoring the allocation and utilization of the Patient and family services in order to identify and resolve any concerns relating to the allocation and utilization of services. The process shall include the

following:

- a. Purpose of written criteria or management protocols to direct decisions about utilization of services;
- b. statistical and other means of analysis of the need for services;
- c. Policies, procedures, and goals for utilization review;
- d. Consistent time frames for review;
- e. Confidentiality policy consistent with regulatory and legal requirements;
- f. Special emphasis on overseeing the following area's are not out of compliance: Correct services being rendered including level of service, Patient's admissions (delays in admission process), and interruptions in specifications of service and specific treatment modalities.

As soon as P-B Health Hospice Care Program identifies a situation that needs address, the Committee will first document corrective actions taken which shall include continued monitoring and immediate training and educational intervention, as well as revisions to our policies and procedures, and changes in the specifications of services.

P-B Health Hospice shall submit within 90 days after the close of the fiscal year a report of service it rendered during the last fiscal year. The report shall encompass the following: Types of services and number of patients provided to; number of family/caregivers provided each type of service; and differences in the number of patients/caregiver provided service from previous year.

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

P-B Health's Response:

P-B Health Hospice shall provide inpatient hospice care through a contract with an inpatient provider that ensures continuity of patient care. We are currently speaking with Seasons Hospice, Mercy Medical, and Gilcrest Hospice. **(Appendix (a) exhibit 37)** Seasons Hospice Letter of Support

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

P-B Health's Response:

P-B Health Home Care currently has established Links with hospitals, nursing homes, home health agencies, assisted living providers,Adult Evaluation and Review Services (AERS), Senior Information and Assistance Programs, adult day care programs, the local Department of Social Services, and home delivered meal programs located within the Baltimore (city), Maryland area. And shall continue under a general hospice program.

- M. Respite Care. An applicant shall document its system for providing respite care for the**

family and other caregivers of patients Respite Care.

P-B Health's Response:

P- B Health Hospice will arrange respite care if the usual caregiver (like a family member) needs a rest. The client can obtain inpatient respite care in a Medicare certified approved facility (like a hospice inpatient facility, hospital, or nursing home). The client can stay up to 5 days each time respite care is needed. Respite care can be utilized more than once but only on an occasional basis.

P-B Health's Hospice shall be:

1. Accountable for all admission and discharge from an inpatient respite services thru our licensed skilled registered nurse (Case Manager, who will work with the patient's physician and the interdisciplinary staff to ensure the caregiver and patient's needs are met without major disturbances).
2. Criteria for respite care may be indicated by several conditions, but not limited They are the following:
 - a. Caregiver injury, which creates a need for respite care for both the caregiver as well as the Hospice Team to regroup and problem solve on behalf of the patient;
 - b. Caregiver/family member unable to continue to support the patient due to emotional distress, physical demands, and psychological needs and request time-off one-five days;
 - c. Primary Caregiver has an emergency and will not be in the home for a period of time over 1 complete but no longer than 5 days.
 - d. Caregiver/family member needs relief to continue to support his or her loved one.
3. Inpatient facilities plan of action;
 - a. P-B Health willll develop its working relationships with (3) three facilities in Baltimore City,Maryland that are Medicare/Medicaid certified skilled facilities that meet all federal, state, and local health and safety regulations. We will execute contracts with the facilities for respite care which will give our patients/caregiver a preference as to facilities.
 - b. P-B Health shall make certain that each facility has a disaster preparedness plan that is up to standards, sufficient staffing, and most importantly that the patient is comfortable, well groomed, accident and injury free, clean, and protected from infection.
4. Management with Inpatient facilities;

P-B Health Hospice shall facilitate the respite care transfer for each patient. This procedure will be the following: We will provide the skilled facility with a copy of the plan of care with services outlined to be provided by the inpatient facility, a copy of the medical record from the skilled nursing facility will be provided to P-B Health Hospice upon discharge of the patient, and P-B Health's Hospice interdisciplinary staff shall be available 24 hours per day 7 days a week for clinical consultation with the skilled nursing facility's staff as needed.

5. The Care of the Patient While in The Facility

P-B Health Hospice terms of care shall be in direct coordination with the patient's plan of care developed by our hospice interdisciplinary team for treatment, medications, and diet. P-B Health Hospice will provide appropriate training and education for staff in each skilled nursing facility providing twenty-four hours per day respite care to our patient's.

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

P-B Health Response:

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), Maryland. P-B Health's Manager of Outreach Programs will be in consultation with various church organizations, ministers, to form a leadership management team to continue 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 will consult with various community organizations, churches, and ministerial staff to develop a viable outreach alliance to serve minorities, and underutilized African American communities.

Action Plan

I. Educational Hospice Seminars

- i. Annually 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.
- ii. 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.
- iii. 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.

II Outreach to the Communities with disparities:

- I. Pledge – P-B Health is aware of the underserved community's educational needs as well as all ethnic and racial origins. 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.
- ii. With P-B Health's unique experience as an African American minority owned business. P-B Health sees these disparities everyday which affords us the capabilities and knowledge to better serve, educate, and address the needs of this growing population.

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

P-B Health's Response:

The Patient's Rights and Responsibilities

YOU, OUR VALUED PATIENT HAVE THE RIGHT TO....

- Considerate and respectful care, with full recognition of your dignity and individuality including privacy in treatments and care of your personal needs.
- The most appropriate medical treatment available, regardless of your age, race, sex, religious preference, national origin, marital status or handicaps.
- Be fully informed in understandable terms, about your diagnosis, treatment and possible outcome. If medically advisable, this information will be made available to an appropriate person on your behalf.
- Be informed about all services available through P-B Health Hospice. These are: Skilled Nursing, Hospice Aide, Chemotherapy, Physical Therapy, Occupational Therapy, Speech Therapy, Nutritional Dietary Counseling, Bereavement Counseling, Medical Social Worker, Homemaker, and any medical equipment, laboratory, pharmacy, or supplies necessary for treatment and care in your home. You also have the RIGHT to be informed about charges made to you or your billing party for services received.
- To participate in the planning of your treatment. You also have the RIGHT to refuse to participate in any experimental research.
- To be transferred or discharged for medical reasons, for your welfare, or for non-payment (except as prohibited by Titles XVIII or XIX of the Social Security ACT), for an unsafe environment, or for refusal of treatment. You will be given advance notice to ensure orderly transfer or discharge. Such actions will be documented in the clinical record.
- To present to the Agency and/or representatives of your choice, any grievances or problems; and to recommend changes in policy and services while remaining free from restraint, interference, coercion, discrimination or reprisal.
- Confidential treatment of your personal and clinical records. You may refuse to release such information to any individual outside the facility, except in the case of transfer to another health care institution or agency, or as required by law; or in the event of a third party contract.
- To know what rules and regulations apply to your conduct as a patient of this agency.

YOU, OUR VALUED PATIENT HAVE THE RESPONSIBILITY TO....

- Be informative about your past illnesses, hospitalizations, medications, and other matters relating to your health.
- Cooperate with all personnel caring for you and to ask questions if you do not understand any directions given.
- Inform the hospice agency when you know that you will not be at home on a scheduled visit day.
- Ensure the safety and well-being of any agency personnel who are visiting and/or caring for you under the terms of our agreement.
- Inform the agency if you feel that your rights have been violated in any way.

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

P-B Health's Response:

(Not Applicable) P-B Health is currently applying for a general hospice will not be establishing an inpatient hospice unit bed capacity.

(1) Need. An applicant shall quantitatively demonstrate the specific unmet need for inpatient hospice care that it proposes to meet in its service area, including but not limited to: Need

- (a) The number of patients to be served and where they currently reside;
- (b) The source of inpatient hospice care currently used by the patients identified in subsection (1) (a); and
- (c) The projected average length of stay for the hospice inpatients identified in subsection (1) (a).

P-B Health's Response:

(Not Applicable) P-B Health is currently applying for a general hospice and question #1 (a-c) does not apply.

(2) Impact. An applicant shall quantitatively demonstrate the impact of the establishment or expansion of the inpatient hospice capacity on existing general hospices in each jurisdiction affected by the project, that provide either home-based or inpatient hospice care, and, in doing so, shall project the impact of its inpatient unit on future demand for hospice services provided by these existing general hospices. Impact

P-B Health's Response:

(Not Applicable) P-B Health Hospice is currently applying for a general hospice and question #2 does not apply.

(3) Cost Effectiveness. An applicant shall demonstrate that: Cost-Effectiveness

P-B Health's Response:

(Not Applicable) P-B Health Hospice is currently applying for a general hospice and question #3 does not apply.

(a) It has evaluated other options for the provision of inpatient hospice care, including home-based hospice care, as well as contracts with existing hospices that operate inpatient facilities and other licensed facilities, including hospitals and comprehensive care facilities; and

(b) Based on the costs or the effectiveness of the available options, the applicant's proposal to establish or increase inpatient bed capacity is the most cost-effective alternative for providing care to hospice patients.

10.24.01.08G (3) (b). Need.10.24.01.08G (3) (b) Need

For purposes of evaluating an application under this subsection, the Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

Please discuss the need of the population served or to be served by the Project.

Responses should include a quantitative analysis that, at a minimum, describes the Project's expected service area, population size, characteristics, and projected growth. For applications proposing to address the need of special population groups identified in this criterion, please specifically identify those populations that are underserved and describe how this Project will address their needs.

P-B Health Response:

P-B Health Hospice has attached several exhibits to the State Health Plan which underscores an unmet need in Baltimore (city), Maryland for Hospice services. Two areas P-B Health noted was the African American community and the underserved minority community in Baltimore City, Maryland; **(Appendix (a) exhibit 7)** African American Hospice Patients as a Proportion of Total Hospice Patients; This chart outlines the proportions of a breakdown of the African American population at age 35+ and the percentages of Jurisdictional Use Rate. Baltimore City is classified as one of the top independent cities in the United States it had a percentage rates of 46.8% in 2013 and 57.3% in 2014 out of a total percentage of Marylanders 35+ in age 64.8%. These numbers are similar as it pertains to the African American community see (Prince Georges County) as well. As we look closer into the Projected Increase in Deaths **(Appendix (a) exhibit 8) from 35-64** it remains marginally within the same numbers from 2010-2025 but as the population continues to age 65+ the death rate increases and the demand for hospice increases. The estimated population in Baltimore City as of July 1, 2015 is 621,849 (Black or African Americans alone percent as of July 1, 2015 is 62.9%) persons in poverty is 23.3% in Baltimore City. **This information taken from www.census.gov.** P-B Health Hospice is committed to educating this population about Hospice and its effectiveness and to communicate to our underserved, seniors, and disabled about resources that can be made available to them or their loved ones. **(Appendix (a) exhibit 9) Article 472-479. "African American Bereaved Family Members' Perceptions of the Quality of Hospice Care: Lessened Disparities, But Opportunities to Improve Remain."** This was a well written article in The Journal of Pain and Symptom Management in November 2007. On page 473 it states "Recent research suggests that racial disparities persist in end-of-life care. Was the focus of a recent study by Welch et al. This study revealed that family members of African American decedents were more likely to report problems with absent or problematic physician communication than family members of white decedents. Furthermore, Welch et al. found that African American patients were less likely to have treatment wishes or advance care planning documents. This study also reported that family members of African American decedents reported more concerns with communication, higher rates of unmet needs, and lower satisfaction with care than did family members of white

decendents. An important question is whether these differences persist once an African American is enrolled in a hospice program. Though studies have documented that hospice improves quality at the end of life, underutilization of hospice by members of the African American community continues to be documented, and disparities in care at the end of life exist.” P-B Health Hospice can continue to meet the needs of the disparities in Baltimore City, Maryland as we have done through our Home Health Care services. The results of the disparities of African Americans who were on hospice care is on **page 475- Table 2 (Patient and Family-Centered Outcomes by Race)** Discussion section indicates once African Americans are enrolled in hospice the disparities were lessened but there is always room for improvement.

This also indicates the need for education about the benefits of hospice services, community empowerment, and meaningful interventions for underserved multicultural communities in Baltimore City, Maryland. P-B Health has a proven record of making a positive change in these communities with bridging the gap and forming a community of Health 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. We work with Zeta Center for Healthy and Aging Adults doing inservices on healthy eating, exercise, communicating with your PCP (Primary Care Physician), Advanced Planning, Diabetes, and Health Maintenance Preventive Services. The needs in the Baltimore City Community will also be impacted by increase in employment/volunteer services from P-B Health as we strive to employ Baltimore City residents along with helping support their educational goals for the future. P-B Health currently has one hundred forty three (143) employees working in the Baltimore City Metropolitan Area.

10.24.01.08G (3) (c). Availability of More Cost-Effective Alternatives. 10.24.01.08G (3) (c) Availability of More Cost-Effective Alternatives

For purposes of evaluating an application under this subsection, the Commission shall compare the cost-effectiveness of providing the proposed service through the proposed project with the cost-effectiveness of providing the service at alternative existing facilities, or alternative facilities which have submitted a competitive application as part of a comparative review.

Please explain the characteristics of the Project which demonstrate why it is a less costly or a more effective alternative for meeting the needs identified.

P-B Health’s Response:

P-B Health realizes that all hospice reimbursement rates are the same for general hospice programs thru Medicare and Medicaid in the state of Maryland. P-B Health believes that the alternative to not applying may continue to leave the Baltimore City underserved community with one less agency with over 22 years of experience servicing and committed to the multicultural and the African American Community at risk in the Hospice Care segment in the near future. The difference is in effective communication; outreach to the community, church organizations and most of all the care of the patient not solely the cost.

For applications proposing to demonstrate superior patient care effectiveness, please describe the characteristics of the Project that will assure the quality of care to be provided. These may include, but are not limited to: meeting accreditation standards, personnel qualifications of caregivers, special relationships with public agencies for patient care services affected by the Project, the development of community-based services or other characteristics the Commission should take into account.

P-B Health’s Response:

P-B Health Home Care has been in business for 22 years servicing diverse, multicultural and the African

American community. We live by our creed "Special People, Special Needs, and Exceptional Care." P-B Health will make no exceptions. Our Out Reach Team is available to assist in our patients needs as an additional point of contact. They interact daily with and as part of the Interdisciplinary Team. We have a staff of licensed, committed, and highly qualified interdisciplinary teams which are experienced in working with hospice patients. P-B Health uses a PDA computer system which affords P-B Health's clinicians the ability to work without an abundance of paperwork, affording our interdisciplinary team the quality and time to spend with our patients, caregivers, and family members. P-B Health's office staff is comprised of dedicated, experienced, and skilled professionals who are committed and take pride in delivering customer satisfaction 100% of the time and it shows through the responses of our former patients. **(Appendix (a) exhibit 10)** Emails and letters of Appreciation for Services from P-B Health Home Care Services) . P-B Health Home Care has also throughout the years received many recognition awards for community service throughout Baltimore City such as Maryland House of Delegates Official Citation for outstanding quality of healthcare to the community, The Comptroller's Office Certification for Community Service, Certificate of Membership with The Baltimore City Chamber of Commerce and The Maryland National Capital HomeCare Association just to name a few. **(Appendix (a) exhibit 35).**

10.24.01.08G (3) (d). Viability of the Proposal.10.24.01.08G (3) (d) Viability of the Proposal

For purposes of evaluating an application under this subsection, the Commission shall consider the availability of financial and non-financial resources, including community support, necessary to implement the project within the time frame set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

Please include in your response:

a. Audited Financial Statements for the past two years. In the absence of audited financial statements, provide documentation of the adequacy of financial resources to fund this project signed by a Certified Public Accountant who is not directly employed by the applicant. The availability of each source of funds listed in Part II, B. Sources of Funds for Project, must be documented.

P-B Health Response:

P-B Health Home Care Agency, Inc. Has included the following: **(Appendix (b) exhibit 11)** Letter from Accounting Firm Moses Alade & Associates, CPA, an outside accounting firm that has been and continues to support P-B Health Home Care Agency, Inc. since 2010.

P-B Health Home Care Agency, Inc. also has **(Appendix (b) exhibit 12)** 2015 and 2014 U.S. **Corporation Income Tax Returns not audited;** 1120 with Schedules C, J, K, L, M1, and M2. **(Appendix (b) exhibit 13)** P-B Health Home Care Agency, Inc. Maryland Asset Report form 1120 **(Appendix (b) exhibit 14)** P-B Health Home Care Agency, Inc. Maryland Future Depreciation Report form 1120 page.

P-B Health Home Care Agency, Inc has **(Appendix (b) exhibit 15) Balance Sheet as of 12/15 and 12/14 and (Appendix (b) exhibits 16)** Profit and Loss from 1/1/15 thru 12/31/15 and 1/1/14 through 12/31/14.

P-B Health Home Care Owner and P-B Health Home Care will provide funds as an equity to cover the operating budget upon receiving CON. (\$500,000) total commitment.

P-B Health Home Care Agency, Inc does comparison studies monthly and yearly on the viability of our clinician visits per patient and admissions. We are currently supporting between 2600-2740 patients in total disciplines monthly with the capacity of personnel to exceed over 3500 discipline visits monthly. Our report details our payor types, our clinicians, Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Worker, Registered Dietician, and our certified HHA number

of visits; Patients census and new admissions. This information is discussed in our Administrative Meeting for three important reasons: **(Appendix (b) exhibit 17) Monthly Visit/Admissions Statistics Comparison Report from Jan. 2016 thru Oct. 31, 2016**

1. To make certain each and every patient is receiving the best quality care possible and to establish and implement interventions when need.
2. To help maintain the personnel needed for increases in services due to contract extensions and new business.
3. To help support in giving the State of Maryland the most accurate and efficient information to be reported yearly.

b. Existing facilities shall provide an analysis of the probable impact of the Project on the costs and charges for services at your facility.

P-B Health Response:

Not applicable at this time as P-B Health is currently proposing to establish a general Hospice certificate of need in Baltimore City, Maryland.

c. A discussion of the probable impact of the Project on the cost and charges for similar services at other facilities in the area.

P-B Health Response:

There is no impact on cost and charges for similar services at other facilities in the area.

d. All applicants shall provide a detailed list of proposed patient charges for affected services.

P-B Health Response:

P-B Health's Hospice proposed rates are 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 |

10.24.01.08G (3) (e). Compliance with Conditions of Previous Certificates of Need. 10.24.01.08G (3) (e) Compliance with Conditions of Previous Certificates of Need

To meet this subsection, an applicant shall demonstrate compliance with all conditions applied to previous Certificates of Need granted to the applicant.

List all prior Certificates of Need that have been issued to the project applicant by the Commission since 1995, and their status.

P-B Health's Response:

P-B Health Home Care Agency has not had any Certificates of Need issued by the Commission since 1995. P-B Health has had several prior to 1995 and is currently applying for the year 2016, for a Certificate of Need for General hospice for Prince Georges County, Maryland and **Baltimore City, Maryland.**

10.24.01.08G (3) (f). Impact on Existing Providers.10.24.01.08G (3) (f) Impact on Existing Providers

For evaluation under this subsection, an applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the service area, 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.

Indicate the positive impact on the health care system of the Project, and why the Project does not duplicate existing health care resources. Describe any special attributes of the project that will demonstrate why the project will have a positive impact on the existing health care system.

P-B Health Response:

Cost effectiveness, reduce hospital cost and hospice in the home is more cost effective, patients spend more time at home with loved ones and in some cases live a little longer. Decrease in emergency room visits. Therefore instead of duplicating it will give the health care community more outreach; a change of setting from hospital focus to home focus in the community which can lead to a more positive and comfort level for the patient/caregiver, and their loved ones. This project's special attributes are another alternative to reach more clients and servicing the underserved and multicultural population, expanding P-B Health Home Care to Hospice services in Baltimore City, creating more job opportunities and educational and training resources for residents of Baltimore City.

As part of this criterion, complete Table 5, and provide:

- 1. an assessment of the sources available for recruiting additional personnel;**

P-B Health' Response:

P-B Health currently and shall continue to use multiple recruitment tools to select candidates for open positions. Employment opportunities are posted on P-B Health's website as well as, professional organization websites, and our job boards. We also use our employee referrals program. Interested candidates apply by first submitting their resume by email. A Team member of our Human Resources department reviews the resumes to determine eligibility and if applicable will contact the candidate for a phone screening. Our HR department interviews with the potential candidates and managers. If the interviews are successful the candidates are asked to meet with the CEO and CFO for a second interview. In this interview the candidates are given the opportunity to meet, greet, and share the history of the company and to outline what their goals are in working for P-B Health. If this interview is successful for all parties the candidate may be asked to complete a final interview process by submitting release documentation for background checks and references. If the background check and references are clear and satisfactory, an offer is made along with a start date of employment.

2. recruitment and retention plans for those personnel believed to be in short supply;

P-B Health's Response:

Recruitment and retention plans for those personnel believed to be in short supply additional efforts of outreach are performed to continue to recruit qualified candidates. This includes advertising in additional publications, recruitment agencies, and keeping in contact with former employees.

P-B Health retains employees by providing hands on training, in services, and comprehensive orientation programs and employee reimbursement for college accredited courses. We have a computerized software program that modifies the time in writing notes so our clinicians can spend quality time with our patients. P-B Health provides continuing education and timely feedback on all aspects of their job performance. P-B Health promotes a family environment and career development by communicating open employment opportunities to all employees.

3. (for existing facilities) a report on average vacancy rate and turnover rates for affected positions,

P-B Health's Response:

Not Applicable, as P-B Health is currently proposing to establish a Hospice program in Baltimore City, Maryland. P-B Health Home Care has an excellent retention rate, as its employees on average have worked with P-B Health for 5 years or more.

PART IV - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND SIGNATURE PART IV – APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND SIGNATURE

- 1. List the name and address of each owner or other person responsible for the proposed project and its implementation. If the applicant is not a natural person, provide the date the entity was formed, the business address of the entity, the identity and percentage of ownership of all persons having an ownership interest in the entity, and the identification of all entities owned or controlled by each such person.**

P-B Health's Response:

The owner and CEO is Jackie D. Bailey, RN, BSN, MBA (100%)

The persons responsible for the proposed project and its implementation are Lena M.

Woody, Assistant to CFO and Danielle Hodges, General Manager. Business address 2535 Saint Paul Street, Baltimore, Maryland 21218, 410-235-1060x148 Email addresses woodyl@p-bhealth.com hodgesd@p-bhealth.com x144, Andrew L. Solberg 5612 Thicket Lane, Columbia, MD 21044 (410-730-6775) Als221@gmail.com or asolberg@earthlink.net.

- 2. Is the applicant or any person listed above now involved, or ever been involved, in the ownership, development, or management of another health care facility? If yes, provide a listing of each facility, including facility name, address, and dates of involvement.**

P-B Health's Response:

Yes, the applicant listed above Jackie D. Bailey is currently the owner of P-B Health Home Care Agency, Inc. 2535 Saint Paul Street, Baltimore, MD 21218 phone number 410-235-1060 fax 410-235-1309, years incorporated from 1989 until present.

3. **Has the Maryland license or certification of the applicant facility, or any of the facilities listed in response to Questions 1 and 2, above, ever been suspended or revoked, or been subject to any disciplinary action (such as a ban on admissions) in the last 5 years? If yes, provide a written explanation of the circumstances, including the date(s) of the actions and the disposition. If the applicant, owner or other person responsible for implementation of the Project was not involved with the facility at the time a suspension, revocation, or disciplinary action took place, indicate in the explanation.**

P-B Health's Response:

P-B Health Home Care Agency's Maryland license or certifications in response to Questions 1 and 2 has not been suspended or revoked or subject to any disciplinary action (such as a ban on admission) in the last 5 years.

4. **Is any facility with which the applicant is involved, or has any facility with which the applicant or other person or entity listed in Questions 1 & 2, above, ever been found out of compliance with Maryland or Federal legal requirements for the provision of, payment for, or quality of health care services (other than the licensure or certification actions described in the response to Question 3, above) which have led to an action to suspend, revoke or limit the licensure or certification at any facility. If yes, provide copies of the findings of non-compliance including, if applicable, reports of non-compliance, responses of the facility, and any final disposition reached by the applicable governmental authority.**

P-B Health's Response:

No facility with which the applicant is involved, or has any facility with which the applicant or other persons or entity listed in Question 1 & 2 above, ever been found out of compliance with Maryland or Federal legal requirements for the provision of payment for, or quality of health care services which led to an action to suspend, revoke or limit the licensure or certification at any facility.

5. **Has the applicant, or other person listed in response to Question 1, above, ever pled guilty to or been convicted of a criminal offense connected in any way with the ownership, development or management of the applicant facility or any health care facility listed in response to Question 1 & 2, above? If yes, provide a written explanation of the circumstances, including the date(s) of conviction(s) or guilty plea(s).**

P-B Health's Response:

The applicant's listed in response to Question 1, above have never pled guilty to or been convicted of a criminal offense connected in any way with the ownership, development or management of the applicant facility or any health care facility listed in response to Question 1&2 above.

One or more persons shall be officially authorized in writing by the applicant to sign for and act for the applicant for the project which is the subject of this application. Copies of this authorization shall be attached to the application. The undersigned is the owner(s), or authorized agent of the applicant for the proposed or existing facility.

P-B Health's Response:

P-B Health shall sign affirmation attached: **(Appendix (c) exhibit 18)** for added signatures.

its attachments are true and correct to the best of my knowledge, information and belief.

Signature of Owner or Authorized Agent of the Applicant

Print name and title

Date: _____

Hospice Application: Charts and Tables Supplement Hospice Application: Charts and Tables Supplement

TABLE 1 - PROJECT BUDGET

TABLE 2A: STATISTICAL PROJECTIONS – ENTIRE FACILITY TABLE 2A:
STATISTICAL PROJECTIONS – ENTIRE FACILITY

TABLE 2B: STATISTICAL PROJECTIONS – PROPOSED PROJECT TABLE 2B
STATISTICAL PROJECTIONS – PROPOSED PROJECT

TABLE 3: REVENUES AND EXPENSES - ENTIRE FACILITY TABLE 3: REVENUES
AND EXPENSES – ENTIRE FACILITY

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT TABLE 4: REVENUES
AND EXPENSES – PROPOSED PROJECT

TABLE 5: MANPOWER INFORMATION TABLE 5: MANPOWER INFORMATION

TABLE 1: PROJECT BUDGET TABLE 1 PROJECT BUDGET

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. Use of Funds

1. Capital Costs (if applicable):

| | | |
|-----|---|----------|
| a. | <u>New Construction (N/A)</u> | \$ _____ |
| (1) | Building | _____ |
| (2) | Fixed Equipment (not included in construction) | _____ |
| (3) | Land Purchase | _____ |
| (4) | Site Preparation | _____ |
| (5) | Architect/Engineering Fees | _____ |
| (6) | Permits, (Building, Utilities, Etc) | _____ |

SUBTOTAL \$ _____

| | | |
|-----|---|----------|
| b. | <u>Renovations (N/A)</u> | |
| (1) | Building | \$ _____ |
| (2) | Fixed Equipment (not included in construction) | _____ |
| (3) | Architect/Engineering Fees | _____ |
| (4) | Permits, (Building, Utilities, Etc.) | _____ |

SUBTOTAL \$ _____

| | | |
|-----|----------------------------------|-------|
| c. | <u>Other Capital Costs (N/A)</u> | |
| (1) | Major Movable Equipment | _____ |
| (2) | Minor Movable Equipment | _____ |
| (3) | Contingencies | _____ |
| (4) | Other (Specify) | _____ |

TOTAL CURRENT CAPITAL COSTS \$ _____
(a - c)

| | | |
|-----|--|----------|
| d. | <u>Non Current Capital Cost (N/A)</u> | |
| (1) | Interest (Gross) | \$ _____ |
| (2) | Inflation (state all assumptions, Including time period and rate) | \$ _____ |

TOTAL PROPOSED CAPITAL COSTS (a - d) \$ _____

2. Financing Cost and Other Cash Requirements:

| | | |
|----|------------------------------|-----------------|
| a. | Loan Placement Fees | \$ 0 |
| b. | Bond Discount | 0 |
| c. | Legal Fees (CON Related) | <u>2,500.00</u> |
| d. | Legal Fees (Other) | 0 |
| e. | Printing (In House) | 0 |
| f. | Consultant Fees | |
| | CON Application Assistance | <u>5,000.00</u> |
| | Other (Specify) | 0 |
| g. | Liquidation of Existing Debt | 0 |

| | | |
|----------------------|-------------------------------------|--------------------------|
| h. | Debt Service Reserve Fund | <u>0</u> |
| i. | Principal Amortization Reserve Fund | <u>0</u> |
| j. | Other (Specify) | <u>0</u> |
| TOTAL (a - j) | | <u>\$7,500.00</u> |

| | | |
|----|--------------------------------------|------------|
| 3. | <u>Working Capital Startup Costs</u> | <u>\$0</u> |
|----|--------------------------------------|------------|

| | |
|------------------------------------|--------------------------|
| TOTAL USES OF FUNDS (1 - 3) | <u>\$7,500.00</u> |
|------------------------------------|--------------------------|

B. Sources of Funds for Project:

| | | |
|----|--|----------|
| 1. | Cash | <u>0</u> |
| 2. | Pledges: Gross _____, less allowance for uncollectables _____ = Net | <u>0</u> |
| 3. | Gifts, bequests | <u>0</u> |
| 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 | <u>0</u> |
| | (b) State | <u>0</u> |
| | (c) Local | <u>0</u> |
| 9. | Other (Specify) | <u>0</u> |

| | |
|-------------------------------------|--------------------------|
| TOTAL SOURCES OF FUNDS (1-9) | <u>\$7,500.00</u> |
|-------------------------------------|--------------------------|

Lease Costs:

| | |
|----------------------------|------------------------|
| a. Land | \$ _____ x _____ = \$0 |
| b. Building | \$ _____ x _____ = \$0 |
| c. Major Movable Equipment | \$ _____ x _____ = \$0 |
| d. Minor Movable Equipment | \$ _____ x _____ = \$0 |
| e. Other (Specify) | \$ _____ x _____ = \$0 |

Instructions: Complete Table 2A for the Entire General Hospice Program, including the proposed project, and **Table 2B** for the proposed project only using the space provided on the following pages. **Only existing facility applicants should complete Table 2A. All Applicants should complete Table 2B. Please indicate on the Table if the reporting period is Calendar Year (CY) or Fiscal Year (FY).**

TABLE 2A: STATISTICAL PROJECTIONS – ENTIRE Hospice Program **TABLE 2A: STATISTICAL PROJECTIONS – ENTIRE Hospice Program**

P-B Health’s Response: (Not Applicable)

| | Two Most Current Actual Years | | Projected years – ending with first year at full utilization | | | |
|---------------------------------------|--------------------------------------|--|---|------|------|------|
| CY or FY (circle) | | | 20__ | 20__ | 20__ | 20__ |
| Admissions | | | | | | |
| Deaths | | | | | | |
| Non-death discharges | | | | | | |
| Patients served | | | | | | |
| Patient days | | | | | | |
| Average length of stay | | | | | | |
| Average daily hospice census | | | | | | |
| Visits by discipline | | | | | | |
| Skilled nursing | | | | | | |
| Social work | | | | | | |
| Hospice aides | | | | | | |
| Physicians - paid | | | | | | |
| Physicians - volunteer | | | | | | |
| Chaplain | | | | | | |
| Other clinical | | | | | | |
| Licensed beds | | | | | | |
| Number of licensed GIP beds | | | | | | |
| Number of licensed Hospice House beds | | | | | | |
| Occupancy % | | | | | | |
| GIP(inpatient unit) | | | | | | |
| Hospice House | | | | | | |

TABLE 2B: STATISTICAL PROJECTIONS – PROPOSED PROJECT
TABLE 2B: STATISTICAL PROJECTIONS – PROPOSED PROJECT
P-B Health's Response: (See Below)

| | Projected years – ending with first year at full utilization | | | |
|---------------------------------------|---|--------|--------|--------|
| 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 beds | 0 | 0 | 0 | 0 |
| Occupancy % | 0 | 0 | 0 | 0 |
| GIP(inpatient unit) | 0 | 0 | 0 | 0 |
| Hospice House | 0 | 0 | 0 | 0 |

TABLE 3: REVENUES AND EXPENSES - ENTIRE Hospice Program (including proposed project) TABLE 3:
 REVENUES AND EXPENSES – ENTIRE Hospice Program (including proposed project) TABLE 3:
 REVENUES AND EXPENSES – ENTIRE Hospice Program (including proposed project) TABLE 3

(INSTRUCTIONS: ALL EXISTING FACILITY APPLICANTS MUST SUBMIT AUDITED FINANCIAL STATEMENTS)

P-B Health's Response: (Not Applicable)

| | Two Most Recent Years -- Actual | | Current Year Projected | Projected Years (ending with first full year at full utilization) | | | |
|--|---------------------------------|--------|------------------------|---|--------|--------|---------|
| CY or FY (Circle) | 20____ | 20____ | 20____ | 20____ | 20____ | 20____ | 20-____ |
| 1. Revenue | | | | | | | |
| a. a. Inpatient services | | | | | | | |
| b. Hospice house services | | | | | | | |
| c. Home care services | | | | | | | |
| d. Gross Patient Service Revenue | | | | | | | |
| e. Allowance for Bad Debt | | | | | | | |
| f. Contractual Allowance | | | | | | | |
| g. Charity Care | | | | | | | |
| h. Net Patient Services Revenue | | | | | | | |
| i. Other Operating Revenues (Specify) | | | | | | | |
| j. Net Operating Revenue | | | | | | | |
| 2. Expenses | | | | | | | |
| a. Salaries, Wages, and Professional Fees, (including fringe benefits) | | | | | | | |
| b. Contractual Services | | | | | | | |
| c. Interest on Current Debt | | | | | | | |
| d. Interest on Project Debt | | | | | | | |
| e. Current Depreciation | | | | | | | |
| f. Project Depreciation | | | | | | | |
| g. Current Amortization | | | | | | | |
| h. Project Amortization | | | | | | | |
| i. Supplies | | | | | | | |
| j. Other Expenses (Specify) | | | | | | | |
| k. Total Operating Expenses | | | | | | | |
| 3. Income | | | | | | | |
| a. Income from Operation | | | | | | | |
| b. Non-Operating Income | | | | | | | |

| | | | | | | | |
|----------------------|--|--|--|--|--|--|--|
| c. Subtotal | | | | | | | |
| d. Income Taxes | | | | | | | |
| e. Net Income (Loss) | | | | | | | |

| Table 3 Cont. | Two Most Actual Ended Recent Years | | Current Year Projected | Projected Years (ending with first full year at full utilization) | | | |
|--|---|------|---------------------------------------|--|------|------|------|
| CY or FY (Circle) | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ |
| 4. Patient Mix | | | | | | | |
| A. As Percent of Total Revenue | | | | | | | |
| 1. Medicare | | | | | | | |
| 2. Medicaid | | | | | | | |
| 3. Blue Cross | | | | | | | |
| 4. Other Commercial Insurance | | | | | | | |
| 5. Self-Pay | | | | | | | |
| 6. Other (Specify) | | | | | | | |
| 7. TOTAL | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| B. As Percent of Patient Days/Visits/Procedures (as applicable) | | | | | | | |
| 1. Medicare | | | | | | | |
| 2. Medicaid | | | | | | | |
| 3. Blue Cross | | | | | | | |
| 4. Other Commercial Insurance | | | | | | | |
| 5. Self-Pay | | | | | | | |
| 6. Other (Specify) | | | | | | | |
| 7. TOTAL | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT

P-B Health's Response: (See Below)

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

| | Projected Years (ending with first full year at full utilization) | | | |
|---|--|-----------|-----------|---------------|
| CY or FY (Circle) | 2018____ | 2019____ | 2020____ | 20- 21____ |
| 1. Revenue | | | | |
| a. Inpatient services | 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) | (7,661) | (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) | 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 | 400,000 | 600,000 | 900,000 | 1,350,000 |

| | | | | |
|-------------------------|----------|----------|----------|-----------|
| b. Non-Operating Income | 0 | 0 | 0 | 0 |
| c. Subtotal | 400,000 | 600,000 | 900,000 | 1,350,000 |
| d. Income Taxes | (32,118) | (48,176) | (72,264) | (108,397) |
| e. Net Income (Loss) | 96,353 | 144,529 | 216,793 | 325,190 |
| | | | | |
| | | | | |

| Table 4 Cont. | Projected Years (ending with first full year at full utilization) | | | |
|--|--|----------|----------|---------------|
| CY or FY (Circle) | 2018____ | 2019____ | 2020____ | 20- 21____ |
| 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 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.

| Position Title | Current No. FTEs | Change in FTEs (+/-) | Average Salary | Employee/ Contractual | TOTAL COST |
|-----------------------|------------------|----------------------|----------------|-----------------------|------------|
| Administration | | | | | |
| Administration | .2 | +1.8 | 45,000 | Employees | 67,500 |
| Direct Care | | | | | |
| Nursing | 0 | +2 | 60,000 | Employees | 120,000 |
| Social work/services | 0 | +1 | 50,000 | Employees | 50,000 |
| Hospice aides | 0 | +3 | 30,000 | Employees | 90,000 |
| Physicians-paid | 0 | 0 | 0 | Contractual | 0 |
| Physicians-volunteer | 0 | +.2 | 300,000 | Contractual | 30,000 |
| Chaplains | 0 | +1 | 45,000 | Contractual | 45,000 |
| Bereavement staff | 0 | +2 | 45,000 | Employees | 90,000 |
| Other clinical | 0 | +1 | 0 | Both E/C | 90,000 |
| Support | | | | | |
| Other support | 0 | +.2 | 188,000 | Contractual | 18,800 |
| | | | | Benefits* | 72,156 |
| | | | | TOTAL | 673,456 |
| | | | | | |

* 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)

Updated June 2016.

Appendix A

| | | |
|------------|--|----|
| Exhibit 1 | State of MD DHMH (P-B Health License)..... | 1 |
| Exhibit 2 | Medicare Certification (P-B Health re-validation)..... | 2 |
| Exhibit 3 | The Joint Commission Accreditation (P-B Health)..... | 3 |
| Exhibit 4 | SHP Star Rating (P-B Health)..... | 4 |
| Exhibit 5 | Gilchrist, Joseph Richey article..... | 5 |
| Exhibit 6 | P-B Health Discharge Summary Sheet..... | 6 |
| Exhibit 7 | MHCC (AA Hospice Patients as a Proportion of THP..... | 7 |
| Exhibit 8 | Projected increase in Deaths 65+..... | 8 |
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Appendix C

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| Exhibit 19 Signed Affirmation by Matthew H. Bailey, CFO..... | 44 |
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References:

SHP- Strategic Healthcare Programs (<https://www.shpdata.com>)

Baltimore Sun (<http://articles.baltimoresun.com/keyword/hospice-care>)

P-B Health Home Care Agency, Inc (HomeCare HomeBase)

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

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