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Marta D. Harting

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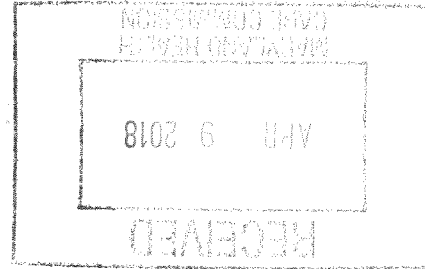
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April 9, 2018

CHS-8509

**VIA ELECTRONIC MAIL
AND HAND DELIVERY**

Ruby Potter, Administrator
Maryland Health Care Commission
Center for Health Care Facilities
Planning & Development
4160 Patterson Avenue
Baltimore, MD 21215



Re: Amedisys Maryland, LLC d/b/a Amedisys Home Health Expansion of Existing Home Health Agency (HHA License #7048) to Frederick County (D.N. 17-R2-2398)

Dear Ms. Potter:

Enclosed for filing in the above-captioned matter are an original and six copies of a Modification of Application for Certificate of Need to Expand Home Health Agency Services to Frederick County, Maryland filed by Amedisys Maryland, LLC d/b/a Amedisys Home Health.

Thank you for your attention to this matter.

Sincerely,

Marta D. Harting

Marta D. Harting

MDH:rlh
Enclosure

**MODIFICATION OF
APPLICATION FOR CERTIFICATE OF NEED
TO EXPAND HOME HEALTH AGENCY SERVICES TO FREDERICK COUNTY, MARYLAND
FILED BY AMEDISYS MARYLAND, LLC, D/B/A AMEDISYS HOME HEALTH**

Docket No. 17-R2-2398

In accordance with the March 9, 2018 letter from the Reviewer following the March 6, 2018 Project Status Conference, Amedisys Maryland, LLC, d/b/a Amedisys Home Health (the "Applicant") hereby modifies its Certificate of Need Application as set forth below.

Modification No. 1 (COMAR 10.24.16.08e: Charity Care and Sliding Fee Scale Standard; Determination of Probable Eligibility)

The Applicant's response to COMAR 10.24.16.08E(1) (Determination of Probable Eligibility) is hereby modified to provide a revised Maryland-specific charity care policy that makes clear that the determination of probable eligibility is made within 2 business days following the request regardless of whether: (1) the documentation described in Procedure 1(d) of the general Indigent and Charity Policy has been provided, and (2) the other procedures set forth in the general Indigent and Charity Policy have been completed. Please refer to Revised Exhibit 7 attached. The revised policy is also found on Amedisys' website at the following link: www.amedisys.com/non-discrimination-notice.

Modification No. 2 (COMAR 10.24.16.08e: Charity Care and Sliding Fee Scale Standard; Notice of Charity Care and Sliding Fee Scale Policies)

The Applicant's response to COMAR 10.24.16.08E(2) (Notice of Charity Care and Sliding Fee Scale Policies) in the Application is hereby stricken in its entirety and replaced with the following:

The Applicant will publish notice of its charity care policy in publications available to residents of Frederick County and residents of each of the other jurisdictions in the rest of its service area (consisting of Anne Arundel, Baltimore, Carroll, Harford and Howard Counties and Baltimore City) at least once each year. Please refer to Exhibit 8 (Revised) for the notice that the Applicant proposes to publish. The Applicant will also distribute its charity care policy to the Frederick County Health Department as well as the health departments of each of the other jurisdictions in its service area listed above, and other agencies responsible for providing social services and other services to Frederick County residents and residents of those other jurisdictions. The Applicant will also make its charity care policy (Revised Exhibit 7) available to prospective clients and their families and the general public in all of its business offices in its service area, including the new branch office in Frederick County, as well as maintaining a link to the policy on its website (see www.amedisys.com/non-discrimination-notice).

Modification No. 3 (COMAR 10.24.16.08E: Charity Care and Sliding Fee Scale Standard; Commitment to Provision of Charity Care and Track Record)

The Applicant will, at a minimum, provide an amount of charity care equivalent to the average amount of charity care provided by home health agencies in Frederick County in 2014, the most recent year for which data is available, which amount is 0.11% of total visits. In the Application (at p. 13), the Applicant stated that its financial projections for the project incorporated charity care visits each year in excess of the 0.11% minimum commitment. Specifically, as stated on page 13 of the Application, the Applicant projected 6 charity care patients (or 96 visits) in each of Years 1, 2 and 3 of the project (equating to 2% of visits in Year 1, 1% in Year 2 and 0.8% in Year 3). As noted in the Reviewer's March 9, 2018 letter, however, the Applicant's Revenue and Expense tables filed with the Application showed no revenue in the Charity Care line in Years 1, 2 and 3. This was because the Applicant did not count revenue associated with those visits as Gross Patient Service Revenue, so it was not deducted from Gross Patient Service Revenue in the charity care line. The Applicant has revised its Revenue and Expense tables filed with this Modification (Tables 3 and 4) to correct how its charity care projections are shown. In these Tables, the revenue associated with its projected level of charity care is included in Gross Patient Service Revenue in each year, and then written off in the Charity Care Line.

In the revised Revenue and Expense Tables (Tables 3 and 4), the Applicant has maintained the same amount of charity care in Frederick County as it projected in its original Application (6 patients/96 visits each year).¹ While the Applicant recognizes that this exceeds its charity care track record in the most recent years, the Applicant believes that serving 6 charity care patients a year is realistic and achievable with the robust plan it has outlined below in order to meet its charity care commitment. This was the number of charity care patients it served in 2012 without a regulatory requirement to provide charity care and without the concerted effort to attract charity care referrals that it plans to undertake in Frederick County described below.

As requested in the March 9, 2018 letter from the Reviewer, the Applicant confirms that only care for which a determination of charity care was made prospectively is counted as charity care for purposes of this Application (including in the Revenue and Expense Tables). The Applicant's Charity Care Policy provides that separate accounts are maintained for charity care patients and that a patient may not be included in both a charity account and also a bad debt account. Although the Policy states that a patient whose account is in the bad debt category may subsequently be moved to a charity account under certain circumstances for some accounting purposes, care for a patient moved from bad debt to charity care is not counted as charity care for any purpose in this Application.

¹ As discussed above, the Applicant did not show the associated revenue in the charity care line in Tables 3 and 4 filed with the original Application because that revenue had not been included in Gross Patient Service Revenue. Revised Tables 3 and 4 filed with this Modification have been corrected to show the revenue associated with these charity care patients in the Charity Care line.

Table 1 sets forth the Applicant's charity care record in all the jurisdictions it currently serves compared to the Frederick County average based on data in the Commission's Home Health Agency survey data for those years. The data below is for the Applicant only (HH#7048), not for any other Amedisys affiliate.

Table 1
Charity Care Comparison

Year	Applicant (HH#7048)	Frederick County Average
2014	0.08%	0.11%
2013	0.008%	0.09%
2012	0.67%	0.27%

Source: MHCC Home Health Agency Survey Data for 2012, 2013 and 2014

As shown in Table 1, the Applicant substantially exceeded the average in Frederick County in 2012, and it approximated the average in Frederick County in 2014. Overall, during this three year period, the Applicant's track record was 0.34% (150 charity care visits out of 43,857 total visits), more than twice the average for all Frederick County HHAs of 0.15% during those three years (381 charity care visits out of 249,325 total visits).

In considering the Applicant's charity care track record, the Applicant submits that it is also important to consider that, in Baltimore County in 2012, it provided over 6% of the total charity care visits provided by all HHAs in that year, even though it has less than a 1% market share by visits in that county.² In Carroll County the same year, the Applicant (with a 21% market share in that county by visits) provided 85% of the charity care visits provided by all HHAs that year.³

The Applicant acknowledges that its more recent track record in providing charity care (2015-2017) is not as strong as the previous three year period. As reflected in its revised Revenue and Expense Tables (Tables 3 and 4), the Applicant reports no charity care in those historical three years. However, the Applicant submits that its entire record over this period (2012-2017) demonstrates that it is capable of satisfying the charity care commitment it is making in this Application. Specifically, over the entire period of 2012-2017, the Applicant's charity care percentage of visits was 0.19% (150 out of 80,110 total visits) – exceeding the 2014 overall average in Frederick County of 0.11%, even though the Applicant was not subject to a charity care regulatory requirement during that period.

Moreover, the Applicant has developed a robust plan to exceed the charity care commitment that it is making with this Application. First, as described below, the Applicant will establish an ongoing charity care referral relationship with two leading local nonprofit organizations in

² The Applicant provided 70 of the total 1,085 visits reported in Baltimore County that year according to the Commission's survey data.

³ The Applicant provided 66 of the total 78 visits reported in Carroll County that year according to the Commission's survey data.

Frederick County that serve disadvantaged and indigent populations: (1) the Frederick Community Action Agency, and (2) Hearty House. The Applicant has already reached out to the leadership of these organizations who have expressed an interest in having a charity care referral relationship if the Applicant is approved to expand to Frederick County.

The Frederick Community Action Agency (<http://www.cityoffrederick.com/183/Frederick-Community-Action-Agency>) (FCAA) is the leading organization in Frederick County serving the homeless and low-income populations. It provides a wide range of services, including food, shelter, medical care, housing and other forms of assistance to families and individuals who are low-income and/or homeless. It was started in 1968 and is sponsored by the City of Frederick and Friends for Neighborhood Progress with support from the United Way. As described further on Exhibit 33, the FCAA offers a variety of programs to homeless and low income persons including: healthcare programs (including a Federally Qualified Health Center (FQHC)), housing programs, homeless service programs (including transitional shelter and apartments), and food and nutrition programs (including a soup kitchen and a food bank), among others. The Applicant has been in communication with FCAA's Director who told us that FCAA has had to find charity home health care for its clients before and is interested in working with the Applicant on charity care referrals. Please refer to Exhibits 34-36 for our correspondence. Based on our communications with the Executive Director, the Applicant believes that there is significant potential for charity care referrals from the FCAA and the clients that it serves in all of its programs, in particular: (1) FQHC patients in need of home health care, and (2) homeless individuals in FCAA's shelter or transitional housing in need of home health care.

Hearty House (www.heartlyhouse.org) has been serving victims of intimate partner abuse, rape/sexual assault, and child abuse in Frederick County for over 30 years. As described in its website and in Exhibit 37, Hearty House offers a wide range of services to these victims, including an emergency shelter and referrals to other community resources. The Applicant has contacted Hearty House's Executive Director who expressed an interest in partnering for charity home health care for Hearty House's clients who she explained often lack insurance and a means to pay for care. Please refer to Exhibit 38 for our correspondence with Hearty House.

While the Applicant has identified and already reached out to the FCAA and Hearty House to partner with them on charity care referrals and is confident that partnering with them will generate charity care referrals, the Applicant will also hire a full time community liaison whose principal job responsibility will be to enable the Applicant to exceed its charity care commitment in Frederick County.⁴ The hiring criteria for the community liaison will require a deep, preexisting familiarity with the Frederick County community and its public and private institutions and programs that are potential referral sources for charity care. This employee will be responsible for identifying potential charity care referral sources and informing and educating potential referral sources about the Applicant's willingness to accept and care for all patients regardless of

⁴ This will be an administrative staff position within the 2.5 FTEs shown on the revised staffing table (Table 5).

ability to pay and its charity care policy. This will not be a “one-time” process – the community liaison will be required to keep in regular contact with these organizations, and continually “refresh” the list of potential charity care referral organizations to ensure that new organizations are identified. The community liaison will be required to make a minimum number of contacts each week. Further, the liaison will provide his or her personal contact information to each potential referral source so that they have an immediate point of contact if they have a patient in need of home health care, and then will work with the organization to facilitate the referral.

The community liaison will be individually accountable for the Applicant’s charity care commitment, and his or her job performance will be reviewed based on Amedisys satisfying its charity care commitment. The Applicant currently relies on its sales force to inform the community about Amedisys’ charity care program to potential referral sources along with their other job responsibilities; there is no employee whose principal job responsibility it is to work with public and private institutions and programs to generate charity care referrals. The Applicant is confident that having a dedicated, accountable community liaison who is familiar with and embedded in the community will enable the Applicant to exceed its charity care commitment in Frederick County.

To maximize public awareness, the community liaison will be in addition to, not in lieu of, the Applicant using its sales force to also inform the public about the Applicant’s acceptance of charity care patients.

The Applicant will also publish notice of its charity care policy (Revised Exhibit 8) more frequently than required by COMAR 10.24.16.08E. Specifically, the Applicant will publish that notice at least twice a year in order to better publicize its charity care policy.

Please also refer to the information about the local Director in Modification No. 5 below.

Modification No. 4 (COMAR 10.24.16.08F; Financial Feasibility Standard; Consistency of Utilization and Revenue Estimates with Historic Trends in the Jurisdiction)

The Applicant has revised its utilization projections (Tables 2 and 2A attached hereto) and its revenue and expense projections (Tables 3 and 4 attached hereto), as well as staffing expense (Table 5 attached hereto), which are now based exclusively on its own experience and data (i.e., the Westminster parent), not the experience or data of other Amedisys providers in Maryland or their patients. As a result of these changes, the Applicant made certain changes to its proposed staffing (Table 5 attached) in light of the projected losses in Year 1. Specifically, the Applicant removed one FTE from the administrative personnel associated with the project (the director position) in 2018. The removal of this position is also discussed in Modification No. 5 below.

Modification No. 5 (COMAR 10.24.16.08F; Financial Feasibility Standard; Staffing and Overall Expense Projections)

In response to Question 7 of the July 19, 2017 Completeness Questions, in explaining the estimated losses in 2018, the Applicant indicated that the new branch office in Frederick County

will be required to be licensed (and identified certain staffing and other expenses associated with licensing the branch). The Applicant now understands that neither licensing of the new branch nor hiring a director is required and therefore modifies its Application to make clear that licensing of the new branch office is not required (and will not be sought) and none of staffing expenses in revised Table 5 (attached) or in the revised Revenues and Expenses Tables 3 and 4 (attached) are expenses that are required for licensing.

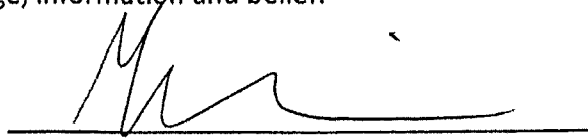
Revised Table 5 (Staffing Information) reflects 1.5 FTE in Administrative Personnel. One FTE will be the community liaison associated with the charity care commitment (please see Modification No. 3 above). The 0.5 FTE is a shared business office manager with the Westminster parent, allowing the project to share efficiencies with the Westminster parent, as mentioned in the Application at page 23.

Although the Applicant eliminated the Director position from its Year 1 staffing expenses in light of the projected loss that year, the Applicant does plan to eventually hire a Director for this office. While it is not required by law, in Amedisys' experience, having the level of accountability, oversight and support of a director in this office can help to help to drive better clinical outcomes. The Applicant also believes that having a Director in the Frederick County branch office will assist the Applicant to meet its charity care commitment. The community liaison will be hired in Year 1 to immediately begin the engagement with charity care referral sources described above to ensure that the Applicant meets its commitment in Year 1, but the oversight, support and accountability of a locally-based Director in the Frederick County branch in subsequent years will help to enhance the Applicant's provision of charity care in accordance with its commitment. While this does impact the efficiency of the branch office to some extent, the Applicant believes that this is outweighed by the quality, charity care commitment and other benefits from having this level of accountability, oversight and support in that office. (The revised Revenue and Expense projections reflect the expense associated with a Director position at the Frederick County branch office beginning in Year 2.)

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the Modification of Application for Certificate of Need to Expand Home Health Agency Services to Frederick County, Maryland filed by Amedisys Maryland, LLC, d/b/a Amedidys Home Health are true and correct to the best of my knowledge, information and belief.

Date: 4/9/18

A handwritten signature in black ink, appearing to read 'Geoffrey Abraskin', is written over a horizontal line.

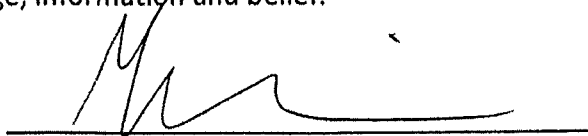
Name: Geoffrey Abraskin

Title: Vice President of Operations

AFFIRMATION

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Name: Geoffrey Abrastin

Title: Vice President of Operations

AFFIRMATION

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Date:

Michelle Gee, CPA

Name: Michelle Gee

Title: Regional Director of Financial Ops

Existing Operations

2015	1/1/2015	12/31/2015	Filed
2016	1/1/2016	12/31/2016	Filed
2017	1/1/2017	12/31/2017	current year estimated
2018	1/1/2018	12/31/2018	estimated
2019	1/1/2019	12/31/2019	estimated
2020	1/1/2020	12/31/2020	estimated
2021	1/1/2021	12/31/2021	estimated

New CON

2017	1/1/2017	12/31/2017	no activity
2018	1/1/2018	12/31/2018	6 months pre-cert/6 months activity
2019	1/1/2019	12/31/2019	Month 7-18 of operations
2020	1/1/2020	12/31/2020	Month 19-30 of operations
2021	1/1/2021	12/31/2021	Month 31-42 of operations

Assume green light for CON 1/1/2018
Certification from 1/1/2018 - 6/30/2018
Certified 7/1/2018

TABLE 1: Project Budget

A. USE OF FUNDS	
1. CAPITAL COSTS (if applicable):	
New Construction	
• Building	\$
• Fixed Equipment (not included in construction)	
• Land Purchase	
• Site Preparation	
• Architect/Engineering Fees	
• Permits, (Building, Utilities, Etc)	
a. SUBTOTAL	\$ -
Renovations	
• Building	\$
• Fixed Equipment (not included in construction)	
• Architect/Engineering Fees	
• Permits, (Building, Utilities, Etc.)	
b. SUBTOTAL	\$ -
Other Capital Costs	
• Major Movable Equipment	
• Minor Movable Equipment	
• Contingencies	
• Other (Specify)	
c. SUBTOTAL	\$ -
TOTAL CURRENT CAPITAL COSTS (sum of a - c)	\$ -
Non Current Capital Cost	
• Interest (Gross)	
• Inflation (state all assumptions, including time period and rate	
d. SUBTOTAL	\$ -
TOTAL PROPOSED CAPITAL COSTS (sum of a - d)	\$ -
2. FINANCING COST AND OTHER CASH REQUIREMENTS	
a. Loan Placement Fees	
b. Bond Discount	
c. Legal Fees (CON Related)	\$ 40,000
d. Legal Fees (Other)	
e. Printing	
f. Consultant Fees CON Application Assistance	
Other (Specify)	
g. Liquidation of Existing Debt	
h. Debt Service Reserve Fund	
i. Principal Amortization Reserve Fund	

j. Other (Specify)	
TOTAL (a - j)	\$ 40,000
3. WORKING CAPITAL STARTUP COSTS	\$ 40,000
TOTAL USES OF FUNDS (sum of 1 - 3)	\$
B. SOURCES OF FUNDS FOR PROJECT	
1. Cash	\$ 40,000
2. Pledges: Gross _____, less allowance for uncollectables _____ = Net	
3. Gifts, bequests	
4. Interest income (gross)	
5. Authorized Bonds	
6. Mortgage	
7. Working capital loans	
8. Grants or Appropriation	
(a) Federal	
(b) State	
(c) Local	
9. Other (Specify)	
TOTAL SOURCES OF FUNDS (sum of 1-9)	\$ 40,000
ANNUAL LEASE COSTS (if applicable)	
• Land	
• Building	\$ 36,000.00
• Major Moveable equipment	
• Minor moveable equipment	\$ 3,600.00
• Other (specify)	

TABLE 2A: STATISTICAL PROJECTIONS – HISTORIC AND PROJECTED HOME HEALTH AGENCY SERVICES IN MARYLAND

	Two Most Current Actual		Projected years – ending with first year at full utilization			
CY or FY (circle)	2015	2016	2017	2018	2019	2020
Client Visits						
Billable	8402	12285	15223	17053	20790	23961
Non-Billable	88	255	0	259	316	365
TOTAL	8490	12540	15223	17312	21106	24326
# of Clients and Visits by Discipline						
Total Clients (Unduplicated Count)	426	590	708	820	1055	1233
Skilled Nursing Visits	3459	5014	6015	6986	8550	9884
Home Health Aide Visits	212	1247	1301	1398	1556	1689
Physical Therapy Visits	3604	4358	5257	5755	6921	7903
Occupational Therapy Visits	1102	1942	2237	2739	3501	4153
Speech Therapy Visits	79	348	341	350	474	575
-----Medical Social Services Visits	34	61	72	84	104	121
Other Visits (Please Specify)	0	0	0	0	0	0

TABLE 2B: STATISTICAL PROJECTIONS - PROJECTED HOME HEALTH AGENCY SERVICES IN THE PROPOSED PROJECT

	Projected years – ending with first year at full utilization			
CY or FY (circle)	2018	2019	2020	2021
Client Visits				
Billable	2,058	5,795	8,966	10,520
Non-Billable	31	88	137	160
TOTAL	2,089	5,883	9,103	10,680
# of Clients and Visits by Discipline				
Total Clients (Unduplicated Count)	112	347	525	599
Skilled Nursing Visits	970	2,535	3,869	4,465
Home Health Aide Visits	97	255	388	447
Physical Therapy Visits	498	1,664	2,646	3,204
Occupational Therapy Visits	503	1,264	1,916	2,194
Speech Therapy Visits	9	133	234	314
-----Medical Social Services Visits	12	32	49	57
Other Visits (Please Specify)				

Existing Home Health Agency Services

	Two Most Current Actual		Projected years – ending with first year at full utilization			
CY or FY (circle)	2015	2016	2017	2018	2019	2020

Client Visits						
Billable	8402	12285	15223	14995	14995	14995
Non-Billable	88	255	0	228	228	228
TOTAL	8490	12970	15223	15223	15223	15223
# of Clients and Visits by Discipline						
Total Clients (Unduplicated Count)	426	590	708	708	708	708
Skilled Nursing Visits	3459	5014	6015	6015	6015	6015
Home Health Aide Visits	212	1247	1301	1301	1301	1301
Physical Therapy Visits	3604	4358	5257	5257	5257	5257
Occupational Therapy Visits	1102	1942	2237	2237	2237	2237
Speech Therapy Visits	79	348	341	341	341	341
-----Medical Social Services Visits	34	61	72	72	72	72
Other Visits (Please Specify)	0	0	0	0	0	0

-8490	-12970	-15223
8.11971831	8.498305085	8.498305085

TABLE 3: REVENUES AND EXPENSES – HISTORIC AND PROJECTED HOME HEALTH AGENCY SERVICES IN MARYLAND (including proposed project)

CY or FY (Circle)	Two Most Recent Years - Actual		Current Year Projected	Projected Years (ending with first full year at full utilization)			
	2015	2016	2017	2018	2019	2020	2021
1. Revenue							
Gross Patient Service Revenue	1,655,618	2,299,024	2,664,602	2,951,388	3,844,181	4,601,401	4,891,981
Allowance for Bad Debt	-29,650	-22,263	-13,382	-16,100	-24,563	-31,740	-34,495
Contractual Allowance	-93,347	-128,298	-97,446	-109,679	-147,760	-180,058	-192,453
Charity Care				34,509	40,190	41,653	41,363
Charity Care Write-off				-34,509	-40,190	-41,653	-41,363
Net Charity Care Revenue	0	0	0	0	0	0	0
Net Patient Services Revenue	1,532,621	2,148,463	2,553,774	2,825,609	3,671,858	4,389,602	4,665,034
Other Operating Revenues (Specify)	0	0	0	0	0	0	0
Net Operating Revenue	1,532,621	2,148,463	2,553,774	2,825,609	3,671,858	4,389,602	4,665,034
2. Expenses							
Salaries, Wages, and Professional Fees, (including fringe benefits)	1,364,012	1,721,003	1,963,099	2,406,729	2,826,555	3,283,658	3,495,007
Contractual Services (skilled nursing)	2,360	0	0	0	0	0	0
Contractual Services (physical therapy)	108,423	215,592	307,247	323,829	385,166	435,278	467,803
Contractual Services (occupational therapy)	9,650	0	0	0	0	0	0
Contractual Services (speech therapy)	1,379	13,625	17,994	17,994	17,994	17,994	17,994
Interest on Current Debt	0	0	0	0	0	0	0
Interest on Project Debt	0	0	0	0	0	0	0
Current Depreciation	12,553	14,665	12,129	15,582	16,896	18,123	18,123
Project Depreciation	0	0	0	0	0	0	0
Current Amortization	0	0	0	0	0	0	0
Project Amortization	0	0	0	0	0	0	0
Supplies	16,455	26,455	35,645	43,765	58,719	71,600	78,183
Other Expenses (Specify)	0	0	0	0	0	0	0
- Rent/Facilities	61,852	66,452	60,943	126,232	108,493	110,824	110,824
- Advertising	5,373	10,234	10,500	15,435	23,858	28,997	28,997
- Travel/Training	20,012	27,994	28,112	41,506	40,316	40,316	40,316
- Office Supplies	9,031	12,501	13,068	17,635	20,502	22,696	22,696
- Other (phones, IT work, etc)	23,444	48,061	76,913	116,599	130,139	138,738	138,738
	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
Total Operating Expenses	1,634,544	2,156,582	2,525,650	3,125,308	3,628,638	4,168,225	4,418,681
3. Income							
Income from Operation	-101,923	-8,119	28,124	-299,698	43,220	221,377	246,352
Non-Operating Income	0	0	0	0	0	0	0
Subtotal	-101,923	-8,119	28,124	-299,698	43,220	221,377	246,352
Income Taxes	n/a – taxes paid at the corporate level and not allocated to individual agencies						
Net Income (Loss)	-101,923	-8,119	28,124	-299,698	43,220	221,377	246,352
Table 3 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full			
CY or FY (Circle)	2015	2016	2017	2018	2019	2020	2021

4A. - Payor Mix as Percent of Total Revenue							
Medicare	93%	95%	92%	93%	93%	94%	94%
Medicaid/Private	5%	3%	5%	4%	4%	4%	4%
Blue Cross							
Commercial Insurance							
Self-Pay							
PPS Episodic	2%	2%	3%	3%	3%	2%	2%
TOTAL REVENUE	100%	100%	100%	100%	100%	100%	100%
4B. Payor Mix as Percent of Total Visits							
Medicare	89%	93%	92%	92%	93%	93%	93%
Medicaid	2%	1%	1%	1%	1%	1%	1%
Blue Cross	Do not track for Individual Payers						
Other Commercial Insurance	7%	4%	5%	5%	4%	4%	4%
Self-Pay							
PPS Episodic	2%	2%	2%	2%	2%	2%	2%
TOTAL VISITS	100%	100%	100%	100%	100%	100%	100%

TABLE 4: REVENUES AND EXPENSES – PROJECTED HOME HEALTH AGENCY SERVICES FOR PROPOSED PROJECT

	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	2018	2019	2020	2021
1. Revenue				
Gross Patient Service Revenue	286,786	1,179,579	1,936,799	2,227,379
Allowance for Bad Debt	-2,718	-11,181	-18,358	-21,113
Contractual Allowance	-12,233	-50,314	-82,612	-95,007
Charity Care	13,192	18,873	20,336	20,046
Charity Care Write-off	-13,192	-18,873	-20,336	-20,046
Net Charity Care Revenue	0	0	0	0
Net Patient Services Revenue	271,835	1,118,084	1,835,828	2,111,260
Other Operating Revenues (Specify)				
Net Operating Revenue	271,835	1,118,084	1,835,828	2,111,260
2. Expenses				
Salaries, Wages, and Professional Fees, (including fringe benefits)	443,630	863,456	1,320,559	1,531,908
Contractual Services (skilled nursing)				
Contractual Services (physical therapy)	16,582	77,919	128,031	160,556
Contractual Services (occupational therapy)				
Contractual Services (speech therapy)				
Interest on Current Debt				
Interest on Project Debt				
Total	3,453	4,767	5,994	5,994
Project Depreciation				
Current Amortization				
Project Amortization				
Supplies	8,120	23,074	35,955	42,538

Other Expenses (Specify)				
- Rent/Facilities	65,289	47,550	49,881	49,881
- Advertising	4,935	13,358	18,497	18,497
- Travel/Training	13,394	12,204	12,204	12,204
- Office Supplies	4,567	7,434	9,628	9,628
- Other (phones, IT work, etc)	39,686	53,226	61,825	61,825
Total Operating Expenses	599,658	1,102,988	1,642,575	1,893,031
3. Income				
Income from Operation	-327,822	15,096	193,253	218,228
Non-Operating Income				
Subtotal	-327,822	15,096	193,253	218,228
Income Taxes	n/a – taxes paid at the corporate level and not allocated to individual agencies			
Net Income (Loss)	-327,822	15,096	193,253	218,228

Table 4 Cont.	Projected Years			
	(ending with first full year at full utilization)			
CY or FY (Circle)	2018	2019	2020	2021
4A. - Payor Mix as Percent of Total Revenue				
Medicare	94%	94%	94%	94%
Medicaid/Private	4%	4%	4%	4%
Blue Cross				
Other Commercial Insurance				
PPS Episodic	2%	2%	2%	2%
TOTAL	100%	100%	100%	100%
4B. Payor Mix as Percent of Total Visits				
Medicare	93%	93%	93%	93%
Medicaid	1%	1%	1%	1%
Blue Cross	Do not track for individual payers			
Other Commercial Insurance	5%	4%	4%	4%
Self-Pay				
PPS Episodic	1%	2%	2%	2%
TOTAL	100%	100%	100%	100%

TABLE 5. STAFFING INFORMATION

Position Title	Current No. of FTEs		Change in FTEs (+/-)		Average Salary		TOTAL SALARY EXPENSE	
							2018 Data	
	Agency Staff	Contract Staff	Agency Staff	Contract Staff	Agency Staff	Contract Staff	Agency Staff	Contract Staff
Administrative Personnel	3	0	1.5	0	62833	0	\$282,749	\$0
Registered Nurse	4	0	2	0	\$69,966	0	\$419,796	\$0
Licensed Practical Nurse	2	0	1	0	\$45,451	0	\$136,353	\$0
Physical Therapist	2.25	1.4	1	0.1	\$109,761	\$215,885	\$356,723	\$323,828
Occupational Therapist	2.25	0	1	0	\$110,825	0	\$360,182	\$0
Speech Therapist	1.25	0.25	1	0	\$132,417	\$71,982	\$297,938	\$17,996
Home Health Aide	1	0	1	0	\$35,908	0	\$71,816	\$0
Medical Social Worker	0.5	0	0.5	0	80051	0	\$80,051	\$0
Other (Please specify.)							\$0	\$0
Estimated Taxes and Benefits							\$401,122	\$0
TOTAL							\$2,406,730	\$341,823

EXHIBIT 7

(REVISED)

Policy: FM-008	Date(s) Revised: 05/2017
Subject: <i>Indigent and Charity</i>	
Applicable Service(s): Home Health	Page: Page 1 of 3

PURPOSE:

- To provide a mechanism for obtaining fair reimbursement for services rendered to all patients. To provide guidelines to be considered when establishing patient eligibility for uncompensated or discounted services for uninsured or underinsured indigent and charity patients.
- To establish a framework in which uncompensated or discounted services can be given consideration and mechanisms for approval of such services.

PROCEDURE:

1. Requirements for Consideration of Indigent or Charity Services
 - a. The indigent patient must meet the indigent income levels of 125% of the Federal Poverty Guidelines (for appropriate family size) as defined below for the year 2014, or subsequent years as those guidelines are updated by the Federal government.
 - b. The charitable patient must have an income level greater than 125% of the Federal Poverty Guidelines, for his or her family size, but less than 400% of the Federal Poverty Guidelines.
 - c. An indigent or charitable patient has no other source of governmental, insurance or other third-party reimbursement for all or the portion of his or her bill that is written-off or discounted pursuant to this policy. An income qualified indigent or charity patient may be so qualified, however, for services rendered in excess of (or excluded from) that patient's defined benefits under any governmental or insurance coverage.
 - d. The patient and/or staff member working with the patient should document his or her income by the best available information in his/her possession, such as W-2 form, pay stub, tax return, Medicaid card, or other similar documentation of income level. Persons seeking a discount under this policy should fill out a form that attests to his or her income and family size and the social worker or intake personnel may make his or her own determination whether the income and family size information is accurate and correct, in the absence of documentation of income. The social worker should so indicate in the patient's file that this determination has been made. In the event that Amedisys is prohibited from obtaining detailed information concerning a particular patient, an appropriate staff member may make a determination of the patient's status as an indigent or charity case based on the totality of the patient's circumstances. As applicable, the indigent or charity patient's file shall also retain the income form filled out by the patient, including written documentation of the patient's income, if any.
 - e. The home health agency should provide a copy of it to any patient upon request and to any patient the social worker or intake personnel deems may benefit from it.

Policy: FM-008	Date(s) Revised:	05/2017
Subject: <i>Indigent and Charity</i>		
Applicable Service(s): Home Health	Page:	Page 2 of 3

2. Patients are required to disclose all circumstances surrounding insurance, third party coverage, assets, liabilities, guarantors, and any other factors. Guarantors may include immediate family, relatives, friends, significant others, individuals involved in accidents or liability coverage or the responsible party in the case of a pregnancy.
3. If the patient is eligible for any state or federal assistance and has not applied to the program, application should be made prior to consideration for uncompensated services. Indigent or charity status may be provisionally granted while eligibility for other governmental assistance programs is sought.
4. Patients who fail to cooperate fully in obtaining assistance will be ineligible for uncompensated services and efforts will ensue to collect payment for all services rendered until appropriate income information is obtained to demonstrate qualification for indigent or charity status.
5. Victims of assault must press charges or initiate legal action as appropriate against their assailant to be considered eligible for indigent services.
6. Approval for Indigent Care:
 - Patients meeting guidelines for consideration for indigent or charity care may be prospectively approved by the care center Director of Operations for care up to \$1,000.
 - If the amount of services exceeds \$5,000, the approval of the corporate office or the Senior Vice-President of Operations, or her designee, should be obtained.
 - A log of pre-approved indigent or charity patients and amount of charges for discounted services to such patient shall be maintained.
 - Indigent or charity patients are setup in HCHB with the payer code of Private INDIGENT/Charity. HCHB will automatically mark any visits as non-billable.
 - Separate accounts should be maintained for indigent or charity patients and a patient should not be included in one of these accounts and also in a bad debt accounting category. A patient whose accounts have been placed in a bad debt category or other accounting classification may have his or her charges moved to an indigent or charity account if his income level is determined to qualify for such status at any time prior to legal action being taken against such person.
 - No patient or his or her charges shall be counted as indigent or charity if any legal action has been pursued against such patient, including garnishment, lawsuit, etc., or whose payment history has been submitted to a credit reporting agency. However, collection activities may be pursued that do not involve legal action or credit agency reporting either by Amedisys or third party agents. A determination of income eligibility for indigent or charity status may be made at any time prior to such legal action being taken.
 - Changes in billing or payment practices by an insurer or governmental payer that render a patient ineligible for coverage by such payer may be considered in determining if a patient qualifies for a full or partial discount under this policy.
7. Reporting of Indigent/Charity Care:
 - Where Amedisys has made a minimum indigent/charity care commitment as part of a certificate of need application, indigent and charity care provided by the Company should be credited to the various, respective commitments and reported to the applicable state regulatory agency.
 - In the event that indigent/charity care provided by Amedisys, has not been previously allocated or reported, it may be carried over and applied to subsequent commitment periods.

Income Document Verification

Income Document Attestation

Policy: FM-008	Date(s) Revised:	05/2017
Subject: <i>Indigent and Charity</i>		
Applicable Service(s): Home Health	Page:	Page 3 of 3

State Specific Requirements

Maryland:

A determination of probable eligibility for charity care and/or reduced fees will be made within two business days after the request is made. A determination of probable eligibility for charity care and/or reduced fees will be made within such period regardless of whether: (1) the documentation described in Procedure 1(d) of the general Indigent and Charity Policy has been provided, and (2) the other procedures set forth in the general Indigent and Charity Policy have been completed.

Maryland Sliding Fee Scale

The charitable patient must have an income level less than 125% of the Federal Poverty Guidelines for his or her family size, but less than 400% of the Federal Poverty Guidelines to qualify for a discounted fee. **The Discounted fee will be applied as follows:**

Poverty Level (at or below)	% Discount
125%	100%
150%	90%
175%	80%
200%	70%
225%	60%
250%	50%
275%	40%
300%	30%
325%	20%
350%	10%
375%	5%
400%	5%

Maryland Time Payment Plan

A patient who qualifies for a discounted fee under this policy may request to pay billed charges over time. We ask for a minimum of \$25 per month with the balance being resolved within 1 year from start-of-care.

EXHIBIT 8
(REVISED)

[AMEDISYS HOME HEALTH LOGO]

FINANCIAL ASSISTANCE POLICY

Amedisys Home Health provides home health care to residents of the Anne Arundel, Baltimore, Carroll, Frederick, Harford and Howard Counties and Baltimore City. Amedisys Home Health is committed to providing accessible home health care to the communities it serves. Home health care is available to all patients regardless of their race, color, national origin, gender or ability to pay. Amedisys offers financial assistance to qualified residents of these jurisdictions who are unable to pay for its services and who apply for financial assistance under the program. Eligibility for financial assistance is determined on an individual basis based on income, as explained in the financial assistance policy. A determination of probable eligibility for financial assistance is made within two business days after the request is made. If you have any questions about Amedisys' financial assistance policy, please contact us at _____ or visit our website to review the policy at: <https://www.amedisys.com/non-discrimination-notice>.

EXHIBIT 33

FREDERICK COMMUNITY ACTION AGENCY

Description of Programs and Services



Mayor Randy McClement
Seaven Gordon, Chairman, Community Action Board of Directors
Chris Bickle, President, Friends for Neighborhood Progress, Inc.
Mike Spurrier, CCAP, Director

100 South Market Street, Frederick, Maryland 21701
Telephone: 301-600-1506 • Fax: 301-662-9079
Website: www.cityoffrederick.com/fcaa



◆◆◆
**Sponsored by The City of Frederick
and Friends for Neighborhood Progress, Inc.**
With support from Frederick County Government
G. Frank Thomas Foundation • George L. Shields Foundation
Community Foundation of Frederick County
United Way of Frederick County



**THE COMMUNITY FOUNDATION
of FREDERICK COUNTY**
For Good. Forever. For Frederick County.

**United Way
of Frederick County**



FREDERICK COMMUNITY ACTION AGENCY

Agency Overview

Through a wide array of programs and services, the Frederick Community Action Agency (FCAA) provides food, shelter, medical care, housing, and other forms of assistance to families and individuals that are low-income or homeless. Started in 1968, the FCAA is sponsored by the City of Frederick and Friends for Neighborhood Progress, Inc. The major programs operated by the FCAA can be categorized into six (6) broad program areas described below:

Food and Nutrition Programs

Frederick Soup Kitchen: The Frederick Soup Kitchen provides an evening meal seven days a week and serves over 2,400 meals per month. Started in 1984, the Frederick Soup Kitchen is staffed by a paid cook and over 250 volunteers who serve a free evening meal to anyone in need. The Frederick Soup Kitchen serves up to 110 people a night and more than 30,000 meals are served annually.

Frederick Foodbank: The FCAA operates the Frederick Foodbank that serves approximately 600 to 800 households each month. Started in 1983, the Frederick Foodbank is staffed by 50 volunteers and provides a 3- to 5-day supply of food to families and individuals that are experiencing an economic crisis and cannot afford their groceries.

Summer Food Service Program: Funded by the U.S. Department of Agriculture, the Summer Food Service Program was initiated during the summer of 1994. The program provides a free lunchtime meal to children age 18 and younger and targets lower-income children who receive free or reduced-price lunches during the school year. The nutritious and balanced meals are served Monday through Friday during the months of June, July, and August.

Backpack Program: Through a partnership with Hillcrest Elementary School, FCAA staff members fill 220 backpacks with nutritious food items each week during the school year and school staff distribute the backpacks to needy children that are at-risk of hunger and malnutrition. The backpacks are filled with food items that children can easily prepare and eat when school meals are not available.

Outreach and Transportation Programs

Outreach Services: FCAA outreach workers perform outreach to local shelters, streets, woods, and other areas where people that are homeless can be found. Staff members strive to meet people who are homeless, familiarize them with available resources, and build trusting relationships.

Transportation Services: On weekdays, the FCAA operates a free van run that transports people to a variety of health and human service agencies located around Frederick City.

"The moral test of a government is how that government treats those who are in the dawn of life – the children; the twilight of life – the elderly; and the shadows of life – the sick, the needy, and the handicapped."

Senator Hubert H. Humphrey ~ November 1, 1977

Health Care Programs

Health Care for the Homeless: The Health Care for the Homeless (HCH) program, initiated in 1989 through a federal grant, provides primary health care, case management, and supportive services to people that are homeless – serving about 1,200 people annually. The FCAA operates a primary health care clinic that is staffed by nurse practitioners, physician assistants, physicians, medical assistants, and case managers.

Medical Assistance Provider: Under the Maryland Medical Assistance (Medicaid) Program, the FCAA is a participating provider with the following Managed Care Organizations: Priority Partners MCO, Maryland Physicians Care MCO, Riverside Health MCO, and Amerigroup MCO. The FCAA also serves patients that have Unrestricted Medical Assistance benefits.

Access to Care Program: Funded in part by the Maryland Community Health Resources Commission, the Access to Care (ATC) Program provides primary health care services to adults and children who are uninsured, ineligible for other health care programs, and have a total household income at or below 200% of the federal poverty level (FPL), as adjusted for the size of the family.

School-Based Health Center: Through a partnership with Frederick County Public Schools and the Ausherman Family Foundation, the FCAA began operating a School-Based Health Center during the summer of 2011. The School-Based Health Center serves students from Lincoln, Hillcrest, Waverley, and Monocacy Elementary Schools as well as their younger siblings.

Medbank Program: Through the Medbank Program, FCAA case managers help people to access free prescription medications made available through patient assistance programs operated by pharmaceutical manufacturing companies.

Housing and Weatherization Programs

HUD-Approved Housing Counseling Agency: The FCAA is a *HUD-Approved Housing Counseling Agency* and provides pre-purchase, default, reverse mortgage, and rental counseling as well as homebuyer education classes for first-time homebuyers. FCAA Housing Counselors also administer the State-funded Community Partners Incentive Program and the House Keys for Employees of the City of Frederick – both programs provide down-payment assistance to first-time homebuyers.

Weatherization Assistance Program: The Weatherization Assistance Program provides home weatherization services for income-eligible households living in Frederick County. Households eligible for weatherization must have incomes at or below 200% of the federal poverty level and meet other criteria. The family may rent or own their home, but renters must obtain landlord permission.

Bay Restoration Fee Exemption Program: The Bay Restoration Fee Exemption Program allows lower-income homeowners and renters that are paying a City of Frederick water and sewer bill to request an exemption from the Bay Restoration Fee, which collects funds for the environmental restoration of the Chesapeake Bay.

Housing First Program: The Housing First Program provides subsidized permanent housing to people who need it the most – chronically homeless, disabled individuals that are literally living on the streets of Frederick. With funding from HUD and other sources, the FCAA has established twenty-one (21) scattered-site Housing First units that house twenty-five (25) different individuals; supportive services like case management and primary health care are provided by FCAA staff.

Homeless Service Programs

PATH Project: The federally funded PATH Project provides case management, outreach, and transportation services to people that are homeless and have a serious mental illness. Initiated in 1992, PATH Project staff work closely with therapists and psychiatrists from other agencies to ensure adequate access to mental health treatment services for people that are homeless.

SOAR Program: The SSI/SSDI Outreach, Assessment and Recovery or SOAR Program helps people that are homeless and disabled to apply for disability benefits available through the Social Security Administration. In addition, the SOAR case manager assists people with obtaining necessary documents, such as birth certificates and photo identification cards, needed to apply for benefits.

Transitional Shelter: The Frederick Transitional Shelter for Homeless Families is a 31-bed shelter that was built by the City of Frederick and is operated by the FCAA. The shelter provides transitional housing and a wide range of supportive services for homeless families and physically disabled adults. The Transitional Shelter serves approximately 60 households on annual basis.

Transitional Apartments: The Transitional Apartments provide long-term transitional housing and supportive services for families in need of transitional housing. Families residing in the Transitional Apartments must first be admitted to and stabilized at the Transitional Shelter.

Green Jobs Program: The Green Jobs Program is a supportive employment program that aims to help homeless and chronically homeless individuals return to the workforce by offering case management, transitional shelter, and supportive employment. Four (4) to six (6) individuals are employed part-time to perform a variety of beautification projects in downtown Frederick.

Energy Assistance Programs

Office of Home Energy Programs: The FCAA Office of Home Energy Programs administers several different financial assistance programs aimed at helping income-eligible households to be able to pay utility and fuel bills; minimize energy-related crises; and to assist in making utility, heating, and cooling expenses more affordable. Specifically, the FCAA Office of Home Energy Programs administers the Maryland Energy Assistance Program (MEAP), the Electric Universal Service Program (EUSP), and the Utility Service Protection Plan (USPP).

FCAA Program Facilities and Offices

FCAA Foodbank Program

George L. Shields Foodbank Facility
14 East All Saints Street, Frederick, MD 21701
Telephone: 301-600-6263 or 301-600-6265

FCAA Housing & Weatherization Offices

121 South Market Street, Frederick, MD 21701
Weatherization Assistance Program: 301-600-3974
Housing Counseling Program: 301-600-3966



FCAA Office of Home Energy Programs
Frederick County Department of Social Services
100 East All Saints Street, Frederick, MD 21701
Telephone: 301-600-2410



EXHIBIT 34

Harting, Marta D.

From: Mike Spurrier <mspurrier@cityoffrederick.com>
Sent: Friday, April 06, 2018 8:07 PM
To: Harting, Marta D.; Pam Metz
Cc: Geoffrey Abraskin
Subject: RE: Introduction
Attachments: FCAA BROCHURE Jan 23 2018.pdf

Thank you, Pam.

Hi Marta,

I'm happy to meet with you, Geoff, or any other representatives of Amedisys. The Frederick Community Action Agency (FCAA) is a public entity (a department of the City of Frederick), but the agency is also co-sponsored by a private non-profit entity. We are the federally-designated Community Action Agency for all of Frederick County and, on August 1, 2015, we became a Federally Qualified Health Center. I've attached a description of our programs and services.

Over the years, we have referred clients/patients to home health care as well as hospice care. We also operate a transitional shelter for homeless families and physically- or medically-disabled adults. Occasionally the transitional shelter has been used for respite care or even hospice care for homeless adults who were nearing the end of their lives.

Again, I would be happy to meet at any time and I can also provide you with a tour of our facilities. You're also welcome to attend the next quarterly meeting of our Community Action Board of Directors that will be held on Wednesday, May 16, 2018 at 12:00 noon at the FCAA. Community Action Agencies are required to have "tripartite" boards that include elected officials. Our board members that are elected officials are: State Senator Ron Young, Delegate Karen Lewis Young, County Council Member M.C. Keegan-Ayer, Mayor Michael O'Connor, and Alderman Ben McShane. It's a good group and please feel free to present to our Board if that is helpful in any way.

Thank you very much and I can be reached at 301-600-3955 (office) or 301-964-1797 (cellphone).

Mike

Mike Spurrier, CCAP, Director
Frederick Community Action Agency
100 South Market Street
Frederick, Maryland 21701
301-600-3955
mspurrier@cityoffrederick.com
www.cityoffrederick.com/fcaa
www.friendsfnp.org

Please consider supporting the Frederick Community Action Agency through the United Way of Frederick County #0114 or the Combined Federal Campaign #19745. For more information, please visit our websites or contact me. Thank you!

From: Harting, Marta D. [mailto:MDHarting@Venable.com]
Sent: Friday, April 6, 2018 11:46 AM
To: Pam Metz; Mike Spurrier
Cc: Geoffrey Abraskin
Subject: RE: Introduction

Thank you Pam!

Mike, I really appreciate the opportunity to meet you and learn more about your organization and the great work it does. I know that Geoff Abraskin has already reached out to you separately, and I am sorry for the duplication – we didn't realize the degree of connection between the FQHC and the Frederick Community Action agency, which was what led me to reach out to Pam for a person to connect with at the FQHC separately.

We hope our application will be approved in the next couple of months so that Amedisys can establish an ongoing relationship with you to begin supporting your work in the community by providing charity care to your clients.

Best regards,

Marta Harting

From: Pam Metz [mailto:pmetz@smwpa.com]
Sent: Friday, April 06, 2018 11:21 AM
To: mspurrier@cityoffrederick.com; Harting, Marta D. <MDHarting@Venable.com>
Subject: Introduction

Mike and Marta,

This email is intended as in introduction. Mike, Marta Harting is a colleague of mine. We have worked together for years and she does a superb job of assisting her clients to not only achieve their objectives but also to establish meaning relationships with other people and organizations that have mutual interests. Marta, Mike Spurrier is the Executive Director of the Frederick Community Action Agency. Different than many CAA's the umbrella of his agency includes a very broad range of community programs that in other jurisdictions may be managed by independent nonprofits. In 2015 they were designated as an FQHC which is my connection to the Agency.

Please let me know if I can be of assistance to either of you as you move forward. Thanks

Pam

Pamela Metz Kasemeyer
Schwartz, Metz & Wise, P.A.
20 West Street
Annapolis, MD 21401
410-244-7000 Office
410-746-9003 Mobile
410-269-5443 Fax
www.smwpa.com

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transmission and delete the message without copying or disclosing it.

EXHIBIT 35

Harting, Marta D.

From: Mike Spurrier <mspurrier@cityoffrederick.com>
Sent: Friday, April 06, 2018 11:03 AM
To: Geoffrey Abraskin
Cc: Harting, Marta D.; Janet Jones; Carol Mack; Michelle Petersen; Stephanie E. Cirko
Subject: Re: Frederick Community Action Agency + Amedisys Home Health

Thanks, Geoffrey. Please feel free to contact Janet Jones, Supervisor of Medical Services at 301-600-3967 if you would like more information about the Community Action Health Center. Good luck with your application.

Mike

Mike Spurrier, CCAP, Director
Frederick Community Action Agency
301-600-3955
mspurrier@cityoffrederick.com
www.cityoffrederick.com/fcaa

> On Apr 6, 2018, at 10:59 AM, Geoffrey Abraskin <geoffrey.abraskin@amedisys.com> wrote:

>

> Hi Mike,

>

> I hope you are well and you are gearing up for a good weekend. I hope the information that Marta and Sandy sent was helpful in getting housing for that gentleman. I am looking forward to working with you if we are granted a certificate of need for Frederick County. Please let me know if there is anything else Amedisys can help with in the meantime. Thanks again!

> Geoff

>

> Geoffrey L. Abraskin, PT, DPT, CWS

> Vice President of Operations

> Northeast Region

>

> Amedisys Inc.

> 3603 Southside Ave

> Phoenix, MD 21131

> Cell: 443-845-9546

> Office: 855-214-2989

> Direct Extension: 4142

> Fax: 855-366-4051

> Geoffrey.Abraskin@amedisys.com

> www.amedisys.com

>

>

> -----Original Message-----

> From: Mike Spurrier [mailto:mspurrier@cityoffrederick.com]

> Sent: Tuesday, April 03, 2018 11:33 AM

> To: Geoffrey Abraskin <geoffrey.abraskin@amedisys.com>

> Cc: Harting, Marta D. <MDHarting@Venable.com>; Janet Jones <jjones@cityoffrederick.com>; Carol Mack <cmack@cityoffrederick.com>; Michelle Petersen <mmarick@cityoffrederick.com>; Stephanie E. Cirko <secirko@cityoffrederick.com>

> Subject: Re: Frederick Community Action Agency + Amedisys Home Health

> External Sender

> Hi Geoffrey,

> Thanks for contacting me via phone and email. I will ask a supervisor or case manager from our Community Action Health Center (an FQHC) to contact you for follow-up in the near future.

> One case that I'm working on right now is an undocumented elderly gentleman from west Africa who is homeless, on dialysis three days a week, and essentially living on the streets and in an emergency shelter in his motorized wheelchair. Due to his immigration status he is ineligible for Medicaid and assisted living because he does not have a valid SSN. Any thoughts? Do you operate or have connections with assisted living facilities? I'm sure he would relocate for housing.

> Thank you and we'll be in contact.

> Mike

> Mike Spurrier, CCAP, Director

> Frederick Community Action Agency

> 301-600-3955

> mspurrier@cityoffrederick.com<mailto:mspurrier@cityoffrederick.com>

> <https://na01.safelinks.protection.outlook.com/?url=www.cityoffrederick.com%2Ffcaa&data=02%7C01%7Cgeoffrey.abraskin%40amedisys.com%7C35535bcbcc574a37c75208d5997837c0%7C1910b6d5ce6e45c7938edecf53dcdd7c%7C0%7C0%7C636583664014742617&sdata=Y5aBTIS0Qzfg0siq5JBbJISFrPJ7%2BIHaXv27bBfdUrk%3D&reserved=0><https://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.cityoffrederick.com%2Ffcaa&data=02%7C01%7Cgeoffrey.abraskin%40amedisys.com%7C35535bcbcc574a37c75208d5997837c0%7C1910b6d5ce6e45c7938edecf53dcdd7c%7C0%7C0%7C636583664014742617&sdata=7Eh25s3TYmkrhgXUSWM%2BsSooOm6va%2FHgFvFoCKZg%2BPo%3D&reserved=0>

> On Apr 3, 2018, at 11:00 AM, Geoffrey Abraskin <geoffrey.abraskin@amedisys.com<mailto:geoffrey.abraskin@amedisys.com>> wrote:

> Hi Mike,

> My name is Geoffrey Abraskin and I am the Vice President of Operations with Amedisys. Amedisys is a national skilled home health agency (similar to VNA services), and we currently serve most counties in Maryland. We are looking to expand our footprint into Frederick County and are searching out partners to work with. As I mentioned in my voicemails, one of the partnerships we are looking to develop is with organizations who serve the less fortunate. We pride ourselves on servicing patient in need of skilled nursing, physical therapy, occupational therapy, speech therapy, social services, and home health aide services regardless of payer and including providing free care. I would love to discuss further with you when you have time, especially how we can serve some of the residents of Frederick County who do not have insurance or any means of paying for care. Please reach out to me via email or phone (listed below) and I hope you had a great holiday weekend!

> Geoff

> Geoffrey L. Abraskin, PT, DPT, CWS

> Vice President of Operations

> Northeast Region
> <image001.jpg>
> Amedisys Inc.
> 3603 Southside Ave
> Phoenix, MD 21131
> Cell: 443-845-9546
> Office: 855-214-2989
> Direct Extension: 4142
> Fax: 855-366-4051
> Geoffrey.Abraskin@amedisys.com<mailto:Geoffrey.Abraskin@amedisys.com>

>
> https://na01.safelinks.protection.outlook.com/?url=www.amedisys.com&data=02%7C01%7Cgeoffrey.abraskin%40amedisys.com%7C35535bcbcc574a37c75208d5997837c0%7C1910b6d5ce6e45c7938edecf53dcdd7c%7C0%7C0%7C636583664014742617&sdata=%2FdcYSXJgR3G%2Bk4M4NZ20kC9NNQP6398gHmjaBIA54zo%3D&reserved=0<https://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.amedisys.com%2F&data=02%7C01%7Cgeoffrey.abraskin%40amedisys.com%7C35535bcbcc574a37c75208d5997837c0%7C1910b6d5ce6e45c7938edecf53dcdd7c%7C0%7C0%7C636583664014742617&sdata=Uo3%2FuVQEgIpVUQeHISormRoHyO2Qus6GZhWK%2BJ1aoEQ%3D&reserved=0>

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EXHIBIT 36

Harting, Marta D.

From: Mike Spurrier <mspurrier@cityoffrederick.com>
Sent: Wednesday, April 04, 2018 9:58 AM
To: Sandra Singer
Cc: Geoffrey Abraskin; Donna Wilmsen; Todd Edgecomb; Wendy Quair; Harting, Marta D.; Janet Jones; Carol Mack; Michelle Petersen; Stephanie E. Cirko
Subject: Re: Frederick Community Action Agency + Amedisys Home Health
Categories: Red Category

Thanks, Sandra. We'll give that a try.

Mike

Mike Spurrier, CCAP, Director
Frederick Community Action Agency
301-600-3955
mspurrier@cityoffrederick.com
www.cityoffrederick.com/fcaa

> On Apr 4, 2018, at 9:37 AM, Sandra Singer <sandra.singer@amedisys.com> wrote:

>

> Good Morning.I would try calling the African Immigrant and Refugee Foundation (ARIF). They have 2 offices, one in Silver Spring (301-593-0241) or Washington, DC (202-234-2473) There is also a website www.airfound.org<<http://www.airfound.org>>. Hope this information is helpful and this unfortunate gentleman finds a safe place soon.

>

> Sandi Singer, LBSW
> Medical Social Worker
> Amedisys Home Health Care
> 811 Cromwell Park Drive #109
> Glen Burnie, Maryland 21061
> 443-900-1068 (cell)
> 410-590-4926 (Glen Burnie office)
> 410-751-9904 (Westminster office)
> 866-974-1388 (Largo office)

>

>

> ----- Original Message -----

> From: Geoffrey Abraskin <geoffrey.abraskin@amedisys.com>

> Date: Tue, April 03, 2018 1:14 PM -0400

> To: Mike Spurrier <mspurrier@cityoffrederick.com>, Sandra Singer <sandra.singer@amedisys.com>, Donna Wilmsen <donna.wilmsen@amedisys.com>, Todd Edgecomb <todd.edgecomb@amedisys.com>, Wendy Quair <wendy.quair@amedisys.com>

> CC: "Harting, Marta D." <MDHarting@Venable.com>, Janet Jones <jjones@cityoffrederick.com>, Carol Mack <cmack@cityoffrederick.com>, Michelle Petersen <mmarick@cityoffrederick.com>, "Stephanie E. Cirko" <secirko@cityoffrederick.com>

> Subject: RE: Frederick Community Action Agency + Amedisys Home Health

>

> Thanks you for your email Mike! I am going to add one of our social workers (Sandy) who may have some resources and ideas. We do not have any specific ALFs in Frederick that we work closely with yet, but are hoping to develop some relationships if we get approved for a Certificate of Need (CON) in the county.

>

> Sandy, do you know of anything that could help this gentleman?

>

> Geoffrey L. Abraskin, PT, DPT, CWS

> Vice President of Operations

> Northeast Region

>

> Amedisys Inc.

> 3603 Southside Ave

> Phoenix, MD 21131

> Cell: 443-845-9546

> Office: 855-214-2989

> Direct Extension: 4142

> Fax: 855-366-4051

> Geoffrey.Abraskin@amedisys.com

> www.amedisys.com<<http://www.amedisys.com>>

>

>

> -----Original Message-----

> From: Mike Spurrier [mailto:mspurrier@cityoffrederick.com]

> Sent: Tuesday, April 03, 2018 11:33 AM

> To: Geoffrey Abraskin <geoffrey.abraskin@amedisys.com>

> Cc: Harting, Marta D. <MDHarting@Venable.com>; Janet Jones <jjones@cityoffrederick.com>; Carol Mack <cmack@cityoffrederick.com>; Michelle Petersen <mmarick@cityoffrederick.com>; Stephanie E. Cirko <secirko@cityoffrederick.com>

> Subject: Re: Frederick Community Action Agency + Amedisys Home Health

>

> External Sender

>

>

> Hi Geoffrey,

>

> Thanks for contacting me via phone and email. I will ask a supervisor or case manager from our Community Action Health Center (an FQHC) to contact you for follow-up in the near future.

>

> One case that I'm working on right now is an undocumented elderly gentleman from west Africa who is homeless, on dialysis three days a week, and essentially living on the streets and in an emergency shelter in his motorized wheelchair. Due to his immigration status he is ineligible for Medicaid and assisted living because he does not have a valid SSN. Any thoughts? Do you operate or have connections with assisted living facilities? I'm sure he would relocate for housing.

>

> Thank you and we'll be in contact.

>

> Mike

>

> Mike Spurrier, CCAP, Director

> Frederick Community Action Agency

> 301-600-3955

> mspurrier@cityoffrederick.com<<mailto:mspurrier@cityoffrederick.com>>

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EXHIBIT 37

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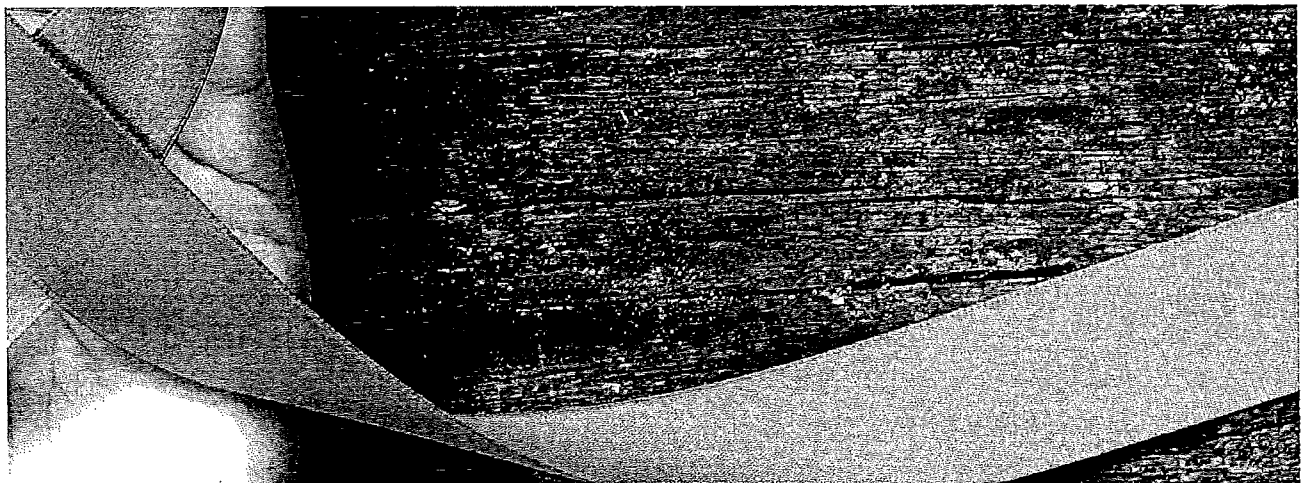
[\(https://www.heartlyhouse.org/\)](https://www.heartlyhouse.org/)

24-Hour Crisis Hotline: 301-662-8800

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SERVICES PROVIDED BY HEARTLY HOUSE, INC.

Heartly House, Inc., has been serving victims of intimate partner abuse, rape/sexual assault, and child abuse for over 30 years. We also serve secondary victims such as family members, spouses, friends, and significant others. Anyone supporting a victim of abuse who needs support or guidance can receive services at Heartly House.

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All services are confidential except in cases of reportable child abuse and threats homicide or suicide. Heartly House services are voluntary. Our clients make the decision regarding whether or not to access our services. Our goal is to provide support, options and referrals.

If you need immediate assistance, please call 911. If you are in danger, please use a safer computer.
24-Hour Hotline/Crisis Intervention (/service/24-hour-hotline/)

Our 24-Hour Hotline is available 7 days per week. **To leave this site quickly, click here (<http://www.weather.com/>)**

Counseling (/service/counseling/)

Counseling Services include crisis appointments, ongoing counseling, and support groups. We generally offer three different groups on topics such as Breaking the Cycle for Domestic Violence Victims, Sexual Assault Support, and Adults Molested as Children. We create other groups as different needs arise.

Legal Services (/service/legal-services/)

Our Legal Services include an on-site attorney and Victim Advocates. The staff attorney offers direct representation for Protective and Peace Order hearings in District and Circuit Court. The staff attorney also provides representation for a limited number of family law cases, depending on financial eligibility. Victim Advocates provide support, accompaniment to civil and criminal hearings, safety planning, referrals, hospital accompaniments and information on courthouse protocol.

Emergency Shelter (/service/emergency-shelter/)

Emergency Shelter is available for victims of intimate partner abuse who are in IMMEDIATE DANGER. Our shelter is handicap accessible. Through connections, we may be able to make arrangements to shelter family pets while clients reside in our emergency shelter, however this service is not guaranteed.

Referrals (/resources/helpful-links/)

Referrals to other organizations in the community for resources such as the Frederick Rescue Mission, Way Station, Project 103, Cold Weather Shelter, Law Enforcement, Frederick Memorial Hospital, Maryland Hospital Association, Department of Social Services and Community Action Agency.

Abuse Intervention Program

Abuse Intervention Program – We currently offer two 26-session groups for men. We have held groups for female abusers when the need arises. Because we have no funding for this service, a flat \$30 fee per group is charged.

Medical Accompaniments for SAFE Exams (/service/safe-hospital-accompaniment/)

Heartly House provides Medical Accompaniments for Sexual Assault Forensic Exams (SAFE) at Frederick Memorial Hospital. This is a 24-hour service. Heartly House Advocates have received special training in handling sexual assault cases and will support rape/sexual assault victims throughout the SAFE exam process.

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Outreach and Education (/service/outreach-and-education/)

If you need immediate assistance, please call 911. If you are in danger, please use a safe computer.

Lions and Moose clubs; churches; professional agencies; and private organizations. Heartly House tailors each presentation to the needs of the organization and will present on topics such as Heartly House services, intimate partner abuse, sexual assault, bullying prevention, elder abuse, etc. Presentations are geared toward the age and knowledge-base of the audience.

CONTACT US

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Email*

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POPULAR LINKS

About (<https://www.heartlyhouse.org/about/>)

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Contact Us (<https://www.heartlyhouse.org/contact/>)

Resources (<https://www.heartlyhouse.org/resources/helpful-links/>)

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CONTACT INFO

Heartly House, Inc.

P.O. Box 857

Frederick, MD 21705-0857

24-Hour Emergency Hotline: 301-662-8800

Phone: 301-418-6610

Fax: 301-663-4334

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EXHIBIT 38

Harting, Marta D.

From: Harting, Marta D.
Sent: Wednesday, April 04, 2018 1:11 PM
To: 'Inga James'
Cc: 'Geoffrey Abraskin'
Subject: Amedisys Home Health Charity Care

Importance: High

Hi Inga. I appreciated your taking the time to talk with me this morning. As I mentioned, my client Amedisys Home Health is a national skilled home health agency that currently serves most counties in Maryland, and has applied to the State to expand its footprint into Frederick County. In that regard, it is looking to establish partnerships in Frederick County, including partnerships with organizations who serve individuals who may be in need of charity medical care because they are uninsured and don't have the financial means to pay for care. Amedisys prides itself on serving patients in need of skilled nursing, physical therapy, occupational therapy, speech therapy, home health aide and other health care services regardless of payer, and including providing charity care to those who not have insurance or any means of paying for care.

As I understand from our conversation, Heartly House often serves individuals who are in this situation. Amedisys welcomes the opportunity to establish an ongoing relationship with Heartly House to be a referral resource for charity home health care. Of course, Amedisys needs to get State approval before it can start providing services in Frederick County, but we are hopeful that we will have this approval in the next few months so that we can start working with Heartly House to provide charity home health services to your clients.

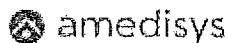
Geoff Abraskin from Amedisys is the point person on this project. I have copied him above and his complete contact information is below.

Regards,
Marta Harting

Marta D. Harting, Esq. | Venable LLP
t 410.244.7542 | f 410.244.7742 | m 410.627.0108
750 E. Pratt Street, Suite 900, Baltimore, MD 21202

MDHarting@Venable.com | www.Venable.com

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