

BAKER DONELSON

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April 9, 2018

VIA HAND DELIVERY

Marcus L. Wang, Esq.
Commissioner/Reviewer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: **Project Status Conference Summary
Western Maryland Home Health Agency Review:
Response of Adventist Home Health Services, Inc.
(Docket No. 17-R2-2397)**

Dear Commissioner Wang:

On behalf of Adventist Home Health Services, Inc. ("AHH"), I am providing materials in reply to your determination that a certificate of need could be issued enabling AHH to expand into Frederick County, provided certain specified deficiencies in its application are addressed. We advised that AHH would make these changes. Thank you for the opportunity to do so.

Following is a summary of the enclosed information demonstrating compliance with the State Health Plan Home Health Chapter standards under COMAR 10.24.16.08E(1) and (2).

1. Revise its Charity Care and Sliding Fee Scale policy and procedures to be consistent with the standard.

AHH has revised its Charity Care and Sliding Fee Scale policy and procedures, as reflected in the materials and website referenced in response to the other items below. Attached (Exhibit A) is a copy of the Charity Care and Financial Assistance Policy.

Specifically, you will note that AHH has established a two-step process, one for determining probable eligibility, based on an abridged set of information, which will result in the HHA communicating its determination of probable eligibility to the potential client or the client's family within two business days of request or application for Medicaid or both.

2. Revise all applicable forms, notices, and information provided to comply with the standard (including all public notices, posted notices, notices to potential clients/families, application, etc. for charity care or reduced fees, and other similar documents).

Enclosed (Exhibit B) is a complete package of materials provided to potential clients and families considering AHH for home health care. These include (a) a prominent, full page disclosure of the financial assistance policy referring to charity care, a sliding fee scale or a time payment plan, (b) the pamphlet "Bringing HealthCare Home" that now includes a statement of the financial assistance policy, and (c) the "Patient Orientation for Home Health Care" booklet that now includes, on page 12, a statement of the financial assistance policy. These written materials identify the AHH website where information about charity care and financial assistance is also posted. Where these materials are previously printed, AHH has adhered stickers to the existing materials prominently giving notice to the availability of charity care. Stickers have been applied to all pre-printed material going to patients today. When AHH re-prints this material, AHH will include the notice in the new material as shown. AHH has taken care to assure that all notices (including all public notices, posted notices, notices to potential clients/families, application, etc.) include the notice.

Also attached (Exhibit C) is a copy of published advertisements in the Baltimore Sun, Washington Post and Frederick News-Post giving notice of the Charity Care and Financial Assistance policy throughout AHH's service area.

We are also providing (Exhibit D) three photographs, depicting the Charity Care and Financial Assistance notices displayed in each of AHH's business offices.

3. Post the revised notice and place it in an easily accessible location on its website.

The AHH website is www.AdventistHomeCare.com. Directly on that "landing page" as the first item listed under "Get Care" there is a link to information about CharityCare and Financial Assistance. That link opens a document that includes a general statement, followed by the full policy.

Marcus L. Wang, Esq.

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4. Provide copies of all forms, applications, notices, and procedures (as revised or not) regarding charity care, reduced fees, and sliding scale that will apply to a prospective client.

We have provided an enclosed complete packet of these materials as referenced above.

We believe this information fully addresses the points you identified. Should this not be the case, please advise us so we can satisfy any questions or suggestions that remain.

Sincerely,



Howard L. Sollins

Enclosures

cc: Paul Parker, Director, Health Care Facilities Planning and Development
Kevin McDonald Chief, Certificate of Need
Ms. Ruby Potter
Suellen Wideman,
Assistant Attorney General
Sarah E. Pendley,
Assistant Attorney General
Barbara Brookmyer, M.D., Frederick County Health Officer
Marta D. Harting, Esq., Amedisys
David Pareja, Bayada
Mr. Robert Jepson
Mr. Keith Ballenger
Mr. Andrew L. Solberg
John J. Eller, Esq.

EXHIBIT A



PUBLIC DISCLOSURE OF FINANCIAL ASSISTANCE

Adventist Home Health, Inc. (“AHH”) will make available to all patients home health care regardless of race, creed, gender, age, sexual orientation, national origin, or financial statuses that are uninsured, underinsured, or have experienced a catastrophic event and lack adequate resources to pay for services. If there is no medical insurance for reimbursement, the patient (or the patient’s guarantor, if any) is responsible for payments. However, if the patient or guarantor does not have the ability to pay AHH for services, they may apply for charity care, a sliding fee scale, or attain a time payment plan. Probable eligibility will be decided within two business days of the initial request for these services or an application for Medical Assistance (“Medicaid”) or both.

(Full Financial Assistance Policy Continues Below)

**ADVENTIST HOME HEALTH
FINANCE POLICY**

Effective Date: 2/92

Comments:

Reviewed:

Revised: 2/00, 5/01, 2/02, 9/02, 10/02, 5/04, 5/06, 6/10, 8/10, 6/11, 6/15, 4/17, 6/17, 3/18

Policy No: 3.1040

Section:

Approval:

CHARITY CARE ASSESSMENT AND MEDICAID DETERMINATION POLICY

PURPOSE

To provide a systematic and equitable mechanism and to define guidelines for accepting charity patients who do not have medical insurance or the ability to pay.

POLICY

Adventist Home Health, Inc. ("AHH") will make available to all patients home health care regardless of race, creed, gender, age, sexual orientation, national origin, or financial status who are uninsured, underinsured, or have experienced a catastrophic event and lack adequate resources to pay for services. If there is no medical insurance for reimbursement, the patient (or the patient's guarantor) is responsible for payment. However, cases arise whereby the patient or guarantor does not have the ability to pay AHH for services rendered and may apply for charity care, a sliding fee scale or time payments.

Printed public notification regarding the AHH charity care and sliding fee scale policies will be made annually in newspapers in AHH service areas. The notification will also be posted in the AHH business offices and website.

Within two business days following a client's initial request for charity care services, application for medical assistance, or both, AHH shall make a determination of probable eligibility for medical assistance, charity care, and reduced fees, and communicate this probable eligibility determination to the client.

Patients who are not eligible for insurance, Medicaid, or Charity are expected to pay for AHH services. Current AHH practice is that patients owing any financial balance to AHHS are sent an invoice over three months informing them of the balance. They receive a call after the second letter. They are provided the option on their billing statement to pay their balance by credit card or by monthly payments. AHH provides patients with a time payment plan in which they pay a minimum payment of as little as \$10.00 monthly and allow up to 18 months to pay off the balance.

AHH will supply the patient and the patient's family with the AHH charity care policy and review the arrangements for payment and/or the provision of charity care for services at the initial meeting with the patient.

Probable Eligibility Determination Process

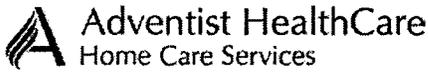
1. Either from the referral source or during the first meeting with the patient or the patient's family (whichever comes first), AHH will discuss the family size, insurance status, and income of the patient, which will be used to make a determination of probable eligibility for medical assistance, charity care and/or reduced fees within two business days.
 - a. If the patient has applied for medical assistance, AHH will consider the patient to be

insured by medical assistance, unless a denial is issued.

- b. If the patient (1) does not have insurance, (2) is not eligible for medical assistance, and (3) does not have the resources to pay based on the information obtained from the referral source or patient, the patient will be deemed to have probable eligibility for charity care and/or reduced fees.
2. Within two business days following a client's initial request for charity care services, application for medical assistance, or both, AHH shall make a determination of probable eligibility for medical assistance, charity care, and reduced fees, and communicate this probable eligibility determination to the client within that timeframe.

Final Eligibility Determination Process

1. The patient's charity eligibility must be determined by AHH, not by the patient or referral source. A patient's signed declaration of his inability to pay his medical bills cannot be considered final proof of indigence.
2. If the patient already filed for Community Medicaid while in an AHC hospital and has completed the charity care process, AHH will accept the patient as Medicaid pending. The Reimbursement Department will track the patient's progress in obtaining Medicaid. No AHH charity form will be required.
3. AHH will take into account a patient's total resources which can include, but are not limited to, an analysis of disposable income and current expenses.
4. AHH must determine that no source other than the patient would be legally responsible for the patient's medical bill (guarantor).
5. Charity Care will be provided according to the Federal Poverty Guidelines as described in this policy (see Addendum 1).
6. If a patient does not qualify for Charity Care under the Federal Poverty Guidelines, but has extraordinary expenses, such as high medical bills, Charity Care may be approved. Director of Finance must approve Charity Care in these cases.
7. If the patient qualifies for Medicaid, but has not completed all documentation, the patient will be deemed provisionally eligible for charity and the Social Worker will track and follow up with the patient. The progress of the Medicaid application will be communicated to the Reimbursement Department.
8. If the patient is deemed not eligible for Medicaid or charity care because their household income exceeds the charity care threshold, they may be eligible for a sliding scale fee or a time payment schedule. (See Sliding Fees Schedule, Addendum 1)



CHARITY FINANCIAL HARDSHIP APPLICATION

I have requested Charity Care for services I will receive or have received from Adventist Home Health. I understand that if I do not fill this form out truthfully, this request will automatically be denied. If my request for Charity Care is approved based on incorrect information, I will be responsible for paying for all services provided by Adventist Home Health.

Please describe why charity services should be granted. (to be completed by Medical Social Worker)

Patient Name: _____ DOB: _____ SS# _____
Spouse Name: _____ DOB: _____ SS# _____

MONTHLY INCOME

Monthly Household Income: Gross \$ _____ Net \$ _____
Other Monthly Income: Gross \$ _____ Net \$ _____
Total Monthly Income: Gross \$ _____ Net \$ _____

MONTHLY EXPENSES

Rent/Mortgage: _____ Cable: _____
Other Medical Expenses: _____ Furniture/Appliance Payment: _____
Medical Insurance: _____ Clothing Expenses: _____
Life Insurance: _____ Educational Expenses: _____
Car Payment: _____ Charitable Donations (church, etc): _____
Car Insurance: _____ Subscriptions/Magazines: _____
Groceries: _____ Other Expenses: _____
Utilities: _____ Telephone: _____
Other Assets: _____

Credit Card 1 Name _____ Balance _____ Number _____
Credit Card 2 Name _____ Balance _____ Number _____
Credit Card 3 Name _____ Balance _____ Number _____

(Please use the back of this form if you need additional space to list other expenses)

Total Monthly Expenses: \$ _____

Please attach W2s, tax returns, and returns, recent pay stubs, and/or bank statements, etc.
If you have additional information that may be helpful in our decision, please attach to this form.

Recommendation: _____

MSW Signature: _____ Date: _____

CHARITY CARE AGREEMENT

Patient Name _____

Discharge Date _____

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Our short-term goal is to provide services to educate you about your health care needs and how best for you to manage those needs in a home setting. If you are unable to manage your treatment plan alone, you will be required to authorize someone to do this on your behalf.

Patient Acknowledgement:

I understand and agree that in order for AHH to provide home health services, I am responsible for:

1. Learning to manage my care independently or authorizing someone to learn on my behalf.
2. Providing accurate financial information (on an on-going basis) to assist in determining my eligibility for community resources and Charity Care. **Should my financial information prove inaccurate, my care will be billed retroactive for all services provided and for future care.**
3. Completing initial application processes for available community resources.
4. Continuing to follow up with community resources in a timely manner.
5. Agreeing to release information on Medicaid application to AHH.
6. Charity Care will not cover third party liability cases. If litigation is involved, I will be billed retroactive for the services that were provided for free and will be billed for all future services.

I accept responsibility for compliance with the above stated requirements and acknowledge that failure to comply could result in discharge from AHH. If I do not comply and AHH continues to support my care, this in no way affects the right of AHH to discharge me in the event of a subsequent failure on my part to comply with the terms of this agreement.

Date of Authorization

Signature of Patient

Witness/Relationship

Legal Representative if patient is unable to sign/Relationship to Patient

If patient signs by making an "X"

Witness/Relationship

**Addendum 1
2018 Poverty Guidelines / Sliding Scale Table**

Family Size	2018 Annual Income Limits	Income Guideline	Annual Income	AHC Responsibility	Patient Responsibility
1	\$ 12,060	100%	\$ 12,060	100%	0%
2	\$ 16,240	100%	\$ 16,240	100%	0%
3	\$ 20,420	100%	\$ 20,420	100%	0%
4	\$ 24,600	100%	\$ 24,600	100%	0%
5	\$ 28,780	100%	\$ 28,780	100%	0%
6	\$ 32,960	100%	\$ 32,960	100%	0%
7	\$ 37,147	100%	\$ 37,147	100%	0%
8	\$ 41,320	100%	\$ 41,320	100%	0%

Family Size	2018 Annual Income Limits	Income Guideline	Annual Income	AHC Responsibility	Patient Responsibility
1	\$ 12,060	200%	\$ 24,120	100%	0%
2	\$ 16,240	200%	\$ 32,480	100%	0%
3	\$ 20,420	200%	\$ 40,840	100%	0%
4	\$ 24,600	200%	\$ 49,200	100%	0%
5	\$ 28,780	200%	\$ 57,560	100%	0%
6	\$ 32,960	200%	\$ 65,920	100%	0%
7	\$ 37,147	200%	\$ 74,294	100%	0%
8	\$ 41,320	200%	\$ 82,640	100%	0%

Family Size	2018 Annual Income Limits	Income Guideline	Annual Income	AHC Responsibility	Patient Responsibility
1	\$ 12,060	225%	\$ 27,135	80%	20%
2	\$ 16,240	225%	\$ 36,540	80%	20%
3	\$ 20,420	225%	\$ 45,945	80%	20%
4	\$ 24,600	225%	\$ 55,350	80%	20%
5	\$ 28,780	225%	\$ 64,755	80%	20%
6	\$ 32,960	225%	\$ 74,160	80%	20%
7	\$ 37,147	225%	\$ 83,581	80%	20%
8	\$ 41,320	225%	\$ 92,970	80%	20%

Family Size	2018 Annual Income Limits	Income Guideline	Annual Income	AHC Responsibility	Patient Responsibility
1	\$ 12,060	250%	\$ 30,150	60%	40%
2	\$ 16,240	250%	\$ 40,600	60%	40%
3	\$ 20,420	250%	\$ 51,050	60%	40%
4	\$ 24,600	250%	\$ 61,500	60%	40%
5	\$ 28,780	250%	\$ 71,950	60%	40%
6	\$ 32,960	250%	\$ 82,400	60%	40%
7	\$ 37,147	250%	\$ 92,868	60%	40%
8	\$ 41,320	250%	\$ 103,300	60%	40%

**Addendum 1 (Cont.)
 2018 Poverty Guidelines / Sliding Scale Table**

Family Size	2018 Annual Income Limits	Income Guideline	Annual Income	AHC Responsibility	Patient Responsibility
1	\$ 12,060	275%	\$ 33,165	40%	60%
2	\$ 16,240	275%	\$ 44,660	40%	60%
3	\$ 20,420	275%	\$ 56,155	40%	60%
4	\$ 24,600	275%	\$ 67,650	40%	60%
5	\$ 28,780	275%	\$ 79,145	40%	60%
6	\$ 32,960	275%	\$ 90,640	40%	60%
7	\$ 37,147	275%	\$ 102,154	40%	60%
8	\$ 41,320	275%	\$ 113,630	40%	60%

Family Size	2018 Annual Income Limits	Income Guideline	Annual Income	AHC Responsibility	Patient Responsibility
1	\$ 12,060	300%	\$ 36,180	20%	80%
2	\$ 16,240	300%	\$ 48,720	20%	80%
3	\$ 20,420	300%	\$ 61,260	20%	80%
4	\$ 24,600	300%	\$ 73,800	20%	80%
5	\$ 28,780	300%	\$ 86,340	20%	80%
6	\$ 32,960	300%	\$ 98,880	20%	80%
7	\$ 37,147	300%	\$ 111,441	20%	80%
8	\$ 41,320	300%	\$ 123,960	20%	80%

Family Size	2018 Annual Income Limits	Income Guideline	Annual Income	AHC Responsibility	Patient Responsibility
1	\$ 12,060	325%	\$ 39,195	0%	100%
2	\$ 16,240	325%	\$ 52,780	0%	100%
3	\$ 20,420	325%	\$ 66,365	0%	100%
4	\$ 24,600	325%	\$ 79,950	0%	100%
5	\$ 28,780	325%	\$ 93,535	0%	100%
6	\$ 32,960	325%	\$ 107,120	0%	100%
7	\$ 37,147	325%	\$ 120,728	0%	100%
8	\$ 41,320	325%	\$ 134,290	0%	100%

Addendum 2
2018 Per Visit Fee Schedule

Discipline	Per Visit Fee
Skilled Nursing	\$ 200
Physical Therapy	\$ 220
Occupational Therapy	\$ 220
Speech Therapy	\$ 220
Medical Social Worker	\$ 360
Home Health Aide	\$ 100

EXHIBIT B



Patient Orientation for Home Health Care

STATEMENT OF CONFIDENTIALITY

This booklet may contain protected health information. Persons other than you and your health care providers must have your permission to view this booklet.



Your Responsibilities

YOU HAVE THE RESPONSIBILITY TO:

- Provide complete and accurate information to the best of your knowledge about your present complaints and past illness(es), hospitalizations, medications, allergies and other matters relating to your health.
- Remain under a doctor's care while receiving skilled agency services.
- Notify us of perceived risks or unexpected changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status or change of physician).
- Follow the plan of care and instructions and accept responsibility for the outcomes if you do not follow the care, treatment or service plan.
- Ask questions when you do not understand about your care, treatment and service or other instruction about what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know.
- Report and discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.
- Tell us if your visit schedule needs to be changed due to medical appointment, family emergencies, etc.
- Tell us if your Medicare or other insurance coverage changes or if you decide to enroll in a Medicare or private HMO (Health Maintenance Organization) or hospice.
- Promptly meet your financial obligations and responsibilities agreed upon with the agency.
- Follow the organization's rules and regulations.
- Tell us if you have an advance directive or if you change your advance directive.
- Tell us of any problems or dissatisfaction with the services provided.
- Provide a safe and cooperative environment for care to be provided (such as keeping pets confined, putting away weapons or not smoking during your care).
- Show respect and consideration for agency staff and equipment.
- Carry out mutually agreed responsibilities.

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How to Get Started

Call 1-800-610-2447 or visit www.AdventistHomeCare.com to arrange your home care needs.



Adventist Home Care Services

Adventist Home Health

Three Branch Offices

Serving the Maryland suburban areas, including: Montgomery, Prince George's, Charles, St. Mary's, Howard and Anne Arundel counties.

Home Health Agency—CHAP accredited and licensed by the state of Maryland and Medicare certified providing short-term intermittent skilled services.

Adventist Home Assistance

RSA License No. 1033

Two Branch Offices

Serving Montgomery, Prince George's, Howard, Charles, St. Mary's, and Anne Arundel counties in Maryland and the District of Columbia.

Licensed as a residential services agency, in the state of Maryland, by the Department of Health and Mental Hygiene, Office of Health Care Quality. Private duty, non-medical supportive services under nurse supervision. Long term care insurance or private pay.

Adventist Choice Nursing

License No. 071102

Serving Montgomery and Prince George's in Maryland and the District of Columbia.

Nursing Referral Service agency licensed by the state of Maryland connecting you with carefully screened self-employed independent contractors.



Adventist HealthCare
Home Care Services

www.AdventistHomeCare.com

1-800-610-2447

Bringing HealthCare Home



Adventist HealthCare
Home Care Services



Bringing Healthcare Home

At Adventist HealthCare Home Care Services, we offer a variety of programs and services to assist you or a loved one recuperating from an illness, injury or surgical procedure.

Services Offered

Nursing

Cardiac care, diabetes care, wound or ostomy care and oncology care

Rehabilitation

Physical, occupational and speech therapy

Medical Social

Help with community resources and planning

Home Health Aide

Assistance with daily living activities

Nutrition Counseling

Diet education and sample meal preparations

Chaplaincy

Spiritual support and assistance connecting to spiritual resources in the community

Personal Care

Assistance with daily activities, housekeeping, transportation and companionship

Medication Management

Administration by Certified Medication Technicians

Companion Care

Care in private homes, hospitals, nursing homes, rehabilitation centers and assisted living facilities

Advantages

- More than 40 years experience
- Available 24 hours/day, 7 days/week
- Falls prevention program
- Medication management
- Personalized care plans
- Highly trained and skilled staff
- Proven clinical results
- Excellent patient satisfaction
- Disease management

Call 1-800-610-2447

**to learn more about our
home health care services.**

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AVISO PÚBLICO DE ASISTENCIA FINANCIERA

Adventist Home Health, Inc. ("AHH") pondrá a disposición de todos los pacientes atención médica domiciliaria independientemente de su raza, credo, sexo, edad, orientación sexual, nacionalidad o estados financieros, para quienes no estén asegurados, no tengan seguro suficiente o hayan experimentado una catástrofe evento y carecen de los recursos adecuados para pagar los servicios. En caso de no poseer seguro médico, el paciente (o el garante del paciente) es responsable de los pagos. Sin embargo, si el paciente o el garante no tienen la capacidad de pagar a AHH por los servicios, pueden solicitar la atención de caridad, según una escala de tarifas, o alcanzar un plan de pago a tiempo definido. La elegibilidad de la aplicación se decidirá dentro de los dos días hábiles posteriores a la solicitud inicial de estos servicios o una solicitud de Asistencia Médica ("Medicaid").

EXHIBIT C

CLASSIFIED

washingtonpost.com/classifieds

SATURDAY, APRIL 7, 2018

EZ

209 Appliances
 DISSEL CARPET CLEANER—\$25
 Used but works well. Alexandria,
 VA. 703-941-8206

HOOPER UPRIGHT VACUUM CLEANER—\$25
 WITH EXTRA BAGS
 Alexandria, VA. 703-941-8206

Kirby Sentra G10 Vacuum Cleaner &
 Shampooer—\$249. Like New-Cost
 \$1800. 571-606-0319

219 Cameras & Photo
 Nikon—\$249. New. MD-D16 Battery
 Pack for Nikon D750 camera
 POTOMAC, MD. 301-233-3061

225 Collectibles
 CASSEROLE DISH—\$20. VINTAGE
 GREEN/WHITE. NO CUPS. Alexan-
 dria, VA. 703-941-8206

CHRISTMAS VILLAGE—\$75. FOUR
 LARGE. BEANBAG CHAIRS.
 Alexandria, VA. 703-941-8206

I BUY RECORD COLLECTIONS—1
 drive to you, pay CASH and haul
 them away. Call 571-830-5871

MOTOROLA RADIO—\$20. VINTAGE IN
 CABINET. DOES NOT WORK.
 Alexandria, VA. 703-941-8206

SMALL COLLECTOR PAYS CASH
 FOR COMIC COLLECTIONS
 Call 301-807-3266
 WWW Come to you!

TEDDY BEAR TEA SET—\$20. VINTAGE
 MINATURE. PORCELAIN. PERFECT.
 Alexandria, VA. 703-941-8206

VERSAILLES MEMOIRS—\$75. 12 VOLUME
 EXCELLENT FOR COLLECTORS.
 Alexandria, VA. 703-941-8206

WANTED: 4 FOR MILITARY. WWW.
 WWW.VN.VETERANS.HATS.JEWELRY.
 Medals, ETC. \$100/MORE FOR SOME
 OLD HELMETS. 301-857-8994

237 Firewood
 BUY NOW SAVE LATER. EARLY
 SPRING SPECIAL 2 cords \$300 &
 3 cords \$500. Call 703-941-8206

245 Electronics
 BROTHER FAX 1270—\$30. Call for
 more info. Alexandria, VA. 703-941-
 8206

249 Jewelry & Watches
 NECKLACES—\$10. UP. MANY COLO-
 RS/STYLES. LOVELY. HANDMADE.
 Alexandria, VA. 703-941-8206

275 Merchandise Wanted
 ELECTRONIC CLEANOUTS—1. RADIO
 TUBES. HI-FI AMPS. PARTS. MCIN-
 TOSH MOST CASH. 410-740-5222

GOVT. SUPPLIES TUBES—1. JOINT
 ARMY. NAVY. IAN. PREMIUM PAID
 CASH. 410-740-5222. 50's 60's 70's

I BUY RECORD COLLECTIONS—1
 drive to you, pay CASH and haul
 them away. Call 571-830-5871

OLD HI-FI ITEMS—1. COLLECTOR
 PAYS MORE CASH. Call 410-740-
 5222. LEAVE MESSAGE.

Radio tubes—249. WANTED. Noni
 radios huge speakers tube hifi amp.
 \$203275501. vcvdc@men.com

REDSKIN TICKETS WANTED—
 Call 1-800-274-3626 X3

Seeking Vintage bottles of Bourbon
 and Rye—\$50. Also interested in Char-
 nois. Alex. 443-223-7669

280 Musical Instruments
 BOMBERN ORGAN—\$40. CHILD'S
 SMALL. BATTERY OPERATED.
 Alexandria, VA. 703-941-8206

JUNIOR ZITHER—\$20. CHILD'S. EARLY
 60s. HARBERT. ITALIANA. ORIG. BOX.
 Alexandria, VA. 703-941-8206

291 Sporting Goods & Services
 Nordic TRAIL. Exercise. Skier—\$195.
 Excellent. For. Use. easy to lift. fit. fit.
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295 Toys
 TOMY TOPPLIN TRAIN—\$40. OLD.
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350 Garage Sales, MID
 Germantown—Moving Sale
 6 Roworth Ct. GERMANTOWN, MD.
 04/07/18, Sat. 9-12. 501-540-1355

355 Garage Sales, VA
 McLean—Spring Community
 Garage Sale. 1420 Beverly Rd.
 04/14, 9am-1pm. 703-790-0123

Legal Notices
 Department of Justice
 Antitrust Division

Take notice that the United States has filed a proposed Final Judgment in a civil antitrust case in the United States District Court for the District of Columbia, United States of America v. Knorr-Bremse AG and Westinghouse Air Brake Technologies Corporation, Civil Action No. 1:18-cv-00747. On April 3, 2018, the United States filed a Complaint alleging that Knorr-Bremse AG (Knorr) and Westinghouse Air Brake Technologies Corporation (Wabtec) entered into unlawful agreements not to compete for employees in violation of Section 1 of the Sherman Act, 15 U.S.C. § 1. The proposed Final Judgment, filed at the same time as the Complaint, requires Knorr and Wabtec to refrain from entering into, maintaining, or enforcing unlawful agreements not to compete for employees. A Competitive Impact Statement filed by the United States describes the Complaint, the proposed Final Judgment, the industry and the remedies available to private litigants who may have been injured by the alleged violation.

Copies of the Complaint, proposed Final Judgment, and Competitive Impact Statement are available for inspection on the Antitrust Division's website at <http://www.justice.gov/atr> and at the Office of the Clerk of the United States District Court for the District of Columbia.

Interested persons may address comments to: Maribeth Petritz, Chief, Defense, Industry, and Aerospace Section, Antitrust Division, Department of Justice, 450 Fifth Street, NW, Suite 8700, Washington, DC 20530 (telephone: 202-301-0924) within 60 days of the date of this notice. Such comments, including the name of the submitter, and responses thereto, will be posted on the Antitrust Division's website, filed with the court, and, under certain circumstances, published in the Federal Register.

Official Notices
 NOTICE OF PUBLIC HEARING ON PROPOSED FINANCING BY THE CITY OF ALEXANDRIA, VIRGINIA

Notice is hereby given that the City Council of the City of Alexandria, Virginia (the "City Council") will hold a public hearing in accordance with Section 15.2-2606 of the Code of Virginia of 1950, as amended, on the proposed issuance by the City of Alexandria (the "City") of general obligation notes or other debt instruments (the "Notes"), which may be on a revolving line of credit basis. In the estimated maximum amount of \$250,000,000 to finance certain costs of capital projects pursuant to the City's capital improvement plan on a temporary basis pending the availability of permanent funding sources and facilitate cash management operations. The City expects that more than ten percent of the total proceeds of the Notes may be used to provide interim financing for all or a portion of the costs of acquiring, which may include, but shall not necessarily be limited to, acquiring, land, constructing, renovating, improving and/or equipping the following (subject to change in accordance with the City's capital expenditure cash flow needs and Virginia law): transportation infrastructure (which may include, but shall not necessarily be limited to, the proposed Potomac Yard Metrolink Station); schools; affordable housing; other public buildings; fire, rescue and/or public safety facilities; water and/or sewer improvements; and/or other City-approved capital improvement plan projects.

The public hearing, at which persons may appear and present their views and which may be continued or adjourned, will be held at 9:30 o'clock a.m., or as soon thereafter as the matter may be heard by the City Council, on Saturday, April 14, 2018, before the City Council in the Council Chambers, City Hall, 301 King Street, in Alexandria, Virginia.

255 Heavy Equipment, Machinery & Tools
 Ladder (20') Typew. hold duty rate 2000s—\$78. Germantown, MD. 301-972-1919

RYOBI TOOLS—\$110. Germantown, MD. 301-972-1919. RYOBI 2-1/2" drill recip saw. 5/12 circ saw

Utility shell—\$225.00. Truck Utility Shell for Toyota Tacoma standard pickup. \$225.00 (720) 220-2216

YARD MACHINES RIDING MOWER—\$500. 46 IN. 20 HP. NICE. Alexandria, VA. 703-941-8206

260 Furniture
 Antique Solid Mahogany—150. large drop leaf dining room table \$150. Bethesda, MD. 301-229-3639

Car Seats—\$28. Generic Infant or Graco child car seat \$44 (70 both). Alexandria, VA. 571-613-1501

265 Home & Garden
 Aquarium—\$275. Whaddon, MD. 260-571-4352. 18" x 23" x 20" with wood cabinet stand.

CERAMIC WALL HANGING—\$40. 2 PC SET—NO CUPS. VERY NICE. Alexandria, VA. 703-941-8206

CUTLERY SET—\$15. KUCHESTOLZ & PC SET W/CUTTING BOARD. NEW. Alexandria, VA. 703-941-8206

DISHES—\$50. CUNNINGHAM/PIKETT SPRINGVIOLET. 6 PLATES/1 PLATE. Alexandria, VA. 703-941-8206

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265 Antiques
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 Sale 2/13/26 Augusta Dr. 20164
 05/05/18. 7am. 703-864-7587

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WWW.FOURSALSALES.COM
 Sat 9-3; Sun 9-1.
 5306 SANDYFORD ST. ALEXANDRIA, VA—Pristine Alexandria Estate Sale!
 Dr. S. Ven Dorn St. Grandale Village Dr. Sandyford St. Park legally. Need a Quality Sale? 703-258-8300

1333 Colvin Forest Dr. Vienna, VA. 22182. Fri. Sat & Sun 10-3. www.emeraldstatesales.com. 703.582.1133

1200 Daleview Dr. McLean VA. TM SALES. Thurs-Sun 9-4. Newbie collection, antique rugs, crate & barrel, rubber, New England, cargo furn., paintings & prints. For more info see www.estatesales.net

404 E. Jefferson St. Falls Church, VA. 22046. Fri. Sat & Sun 10-3. www.emeraldstatesales.com. 703.582.1133

FAIRFAX VA. 9811 Caralone Dr. Fri. Sat. 10-3. Full House Sale. www.caringtransitionsnova.com for pics and details.

216 Tickets, Wanted
 REDSKIN Tickets Wanted. Buying all locations. Top 5 paid. Please call 1-800-784-8425

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 ALASK HUSK MIX M BLK/W FFX CO
 DSH MIX M GRAY/W FFX CO
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 If you have lost an animal in the Washington Metro area: Please call the Montgomery Co. Animal Shelter at 240-773-8940 or online for found animals at www.mcthamo.org

210 Dogs for Sale
 BERNESE MTN DOG PUPS - Ready now, dewormed
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POMERANIAN PUPS, 8 weeks, shots dewormed, health guar., adorable, mature approx 4-8 lbs. \$850.00. Fredericksburg, VA. 540-538-1037

210 Dogs for Sale
 Pomsky Maltese - Puppies On Sale. 304-904-6289. CC, cash or easy financing on our web www.puppy.com 59 East Rd Martinsburg WV

PUGS - Fawn & black. AKC. S/W. vet checked, laking deposits. ready 4/21. 301-246-9116 or 301-751-8846

222 Adopt Cats
 4Paws - Choose 1r 30r 12hr kitten. \$V. Sat. 1-5. Fairfax. Petto: www.4paws.org. 703-352-3300. CFC#34517

220 Official Notices
 ABC LICENSE. EHP Ventures, Inc. trading as Extreme Pz2z, 3444-A Fairfax Dr. Ste. A, Arlington, VA 22201-4539. The above establishment is applying to the VIRGINIA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL (ABC) for a Wine & Beer On & Off Premises Keg with Delivery Permit License to sell or manufacture alcoholic beverages. Ernest G. Harris, Vice President, EHP Ventures, Inc. NOTE: Objections to the issuance of this license must be submitted to ABC no later than 30 days from the publishing date of the first of two required newspaper legal notices. Objections should be registered at www.abc.virginia.gov or 800-582-3200.

PUBLIC NOTICE
 Adventist Home Health, Inc. ("AHH") will make available to all patients home health care regardless of race, creed, gender, age, sexual orientation, national origin, or financial status who are uninsured, underinsured, or have experienced a catastrophic event and lack adequate resources to pay for services. If there is no medical insurance for reimbursement, the patient (or the patient's guarantor, if any) is responsible for payments. However, if the patient or guarantor does not have the ability to pay AHH for services, they may apply for charity care, based on a sliding fee scale, or attain a time payment plan. Probable eligibility will be decided within two business days of the initial request for these services or an application for Medical Assistance ("Medicaid") or both. The amount of assistance will be based on Federal Income Poverty Guidelines. More information and/or an Application are available by calling



SPORTS

Oakdale boys lacrosse beats Linganore for first time in team history, page C1



GREEN

PARASITE PLUNGE

Water, livestock potential host for gastrointestinal bug, page D1

The Frederick News-Post

FRIDAY, APRIL 6, 2018

fredericknewspost.com Vol. 135 No. 174 4 sections

\$1.00

Woman sentenced in burglary

Crime preceded police fatally shooting her fiance

By CAMERON DODD
cdodd@newspost.com

A Damascus woman convicted of burglary after police fatally shot her fiance while apprehending her last year was sentenced Thursday to five years in prison.

Frederick County Circuit Judge William R. Nicklas sentenced Shyann



SCHOOL CONSTRUCTION BILL

General Assembly overrides Hogan veto

By KELSI LOOS and DANIELLE E. GAINES
kloos@newspost.com, dgaines@newspost.com

ANNAPOLIS — General Assembly Democrats voted to override Republican Gov. Larry Hogan's veto of a bill that removes the Board of Public Works from the school construction funding process.

Hogan vetoed House Bill 1783 at a Board of Public Works meeting on Wednesday with dramatic flair, drawing a big red "X" through the paper and holding it up to the crowd.

In a series of votes on Thursday, Democratic lawmakers voted to override the veto.

The core of the bill increases funding for school construction, funds school safety initiatives and streamlines state approvals for school con-

struction. It implements recommendations created through two years of work by the Knott Commission, a bipartisan panel established to examine the state's school construction process.

But in more controversial provisions, the bill also takes school construction approvals away from the Board of Public Works, which Hogan chairs. The other members are Comptroller Peter Franchot (D) and Treasurer Nancy Kopp (D), who is elected to her role by the General Assembly. The bill transfers the authority to a new Interagency Commission on School Construction, which consists of nine members. Maryland's governor will have a role in selecting five members: two Cabinet secretaries, two members of

(See VETO A4)

Bills become law Thursday, with and without the governor's signature

By DANIELLE E. GAINES
dgaines@newspost.com

ANNAPOLIS — Twenty-one bills became law on Thursday, two after veto override votes and seven after a signing ceremony with Republican Gov. Larry Hogan and Democratic legislative leaders. The remaining 12 were allowed to become law without the governor's signature or veto.

On Thursday morning, Hogan signed

(See BILLS A4)

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2 men 7hr no mulch \$1,113.00
Free Estimate Call Today (800)724-9008

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21400 Laytonsville Rd
Apr. 7th, 4:30 - 7:30
Adults \$16, Kids 6-10 \$7,
Under 6 Free
For info, 240-876-8937
Benefits LDVFD Building / Apparatus Fund

Local Mentions

Libertytown VFD Mother's Day 10k Bingo & Dinner
Sat. May 12
Doors open at 4:00 pm;
Bingo starts 6:30 pm
over 10k in payouts guaranteed. \$60/person
Call 240-285-3134 or email cfueller769@gmail.com

Mt. Airy VFC Auxilery Buffet Dinner
Friday April 6th 4:30 - 7:30
Fried Chicken & Shrimp,
Mac & Cheese, Green Beans, Stewed Tomatoes, Cole Slaw, Baked Apples.
Adults \$15, 6-12 \$8.
Mt. Airy VFC Reception Hall
1008 Twin Arch Rd, Mt Airy

Old Country Breakfast
Union Bridge Vol Fire Co.
8 W. Locust St.
7-11:30 A.M.
Sausage, sausage gravy, hominy pudding, fried potatoes, fruit, coffee & tea.
\$8: Adults
6-12: \$4, under 6 free.
FREE Wifi Avail.
If Snow Emergency is in effect, the breakfast is then canceled.

Oyster, Turkey & Country Ham Dinner
Served Buffet-Style
Sat. Apr. 14, 12:5-3:00pm.
Faith United Church of Christ, 9333 Opossumtown Pike. Adults \$20, Children 6-12 \$8; Under 6 Free.

Local Mentions

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Sat. 4/21 Doors Open @ 4pm/Games @ 7pm
All Inclusive 9 pk/\$40 incl. Stuffed Chicken Breast Platter
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RESERVED SEATING for Tickets purchased by 4/6
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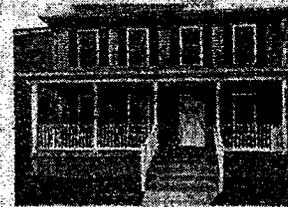
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However, if the patient or
guarantor does not have the
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charity care, based on a
sliding fee scale, or attain a
time payment plan. Prob-
able eligibility will be de-
cided within two business
days of the initial request for
these services or an applica-
tion for Medical Assistan-
ce ("Medicaid") or both.
The amount of assistance
will be based on Federal In-
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on our website,
[http://www.AdventistHome-
Health.com](http://www.AdventistHome-Health.com)

CITY OF TANEYTOWN REQUEST FOR BID PROPOSALS MOWING SERVICES

Sealed proposals for a
three-year mowing service
contract will be received by
the City of Taneytown until
1:00 P.M. Wednesday, May
2, 2018 at the City Office
located at 17 East Bal-
timore Street, Taneytown,
Maryland 21787 at which
time they will be publicly
opened and read.

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Zip Code

Miles around

Example: "Brown Couch"

All Categories

21278

50 miles

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Place an Ad with the Baltimore Sun!

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- Bicycles
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- CDs/DVDs/VHS
- Clothing & Accessories
- Collectibles
- Computers & Technology
- Electronics
- Furniture
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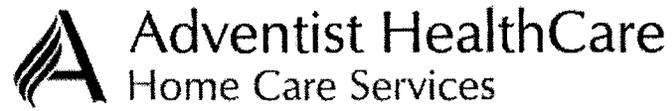
Public Disclosure Of Financial

Public Disclosure Of Financial Assistance Adventist Home Health, Inc. ("AHH") will make available to all patients home health care regardless of race, creed, gender, age, sexual orientation, national origin, or financial statuses that are uninsured, underinsured, or have experienced a catastrophic event and lack adequate resources to pay for services. If there is no medical insurance for reimbursement, the patient (or the patient's guarantor, if any) is responsible for payments. However, if the patient or guarantor does not have the ability to pay AHH for services, they may apply for charity care, a sliding fee scale, or attain a time payment plan. Probable eligibility will be decided within two business days of the initial request for these services or an application for Medical Assistance ("Medicaid") or both. The amount of assistance will be based on Federal Income Poverty Guidelines. More information and/or an application are available by calling 1-800-506-1063 or on our website, <http://www.AdventistHomeHealth.com>

Additional Information

Posted: 2 days, 16 hours ago
Category: Public & Legal Notices

EXHIBIT D



Silver Spring Office
12041 Bournefield Way, Suite B
Silver Spring, MD 20904

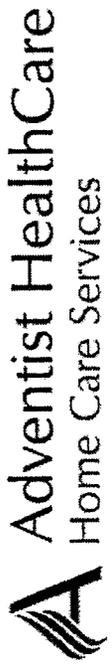


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AVISO PÚBLICO DE ASISTENCIA FINANCIERA

Adventist Home Health, Inc. ("AHH") pondrá a disposición de todos los pacientes atención médica domiciliaria independientemente de su raza, credo, sexo, edad, orientación sexual, nacionalidad o estatus financiero para quienes no estén asegurados, no tengan seguro suficiente o hayan experimentado una catástrofe evento y carecen de los recursos adecuados para pagar los servicios. En caso de no poseer seguro médico el paciente (o el garante del paciente) es responsable de los pagos. Sin embargo, si el paciente o el garante no tienen la capacidad de pagar a AHH por los servicios, pueden solicitar la atención de caridad, según una escala de tarifas, o alcanzar un plan de pago a tiempo definido. La elegibilidad de la aplicación se decidirá dentro de los dos días hábiles posteriores a la solicitud inicial de estos servicios o una solicitud de Asistencia Médica ("Medicaid").



Waldorf Office

3720 Leonardtown Road, Suite 105
Waldorf, MD 20601

