



Certificate of Need Application
for
Home Health Agency Services

(per COMAR 10.24.16)

May 2017

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Attachments:

- A:
 - 1. Letter of compliance with home health requirements
 - 2. DHMH Home Health license
 - 3. Proof of Community Health Accreditation Program, Inc. recognition
 - 4. Certificate of Clinical Laboratory Improvement Amendments waiver
- B:
 - 1. BAYADA Uncompensated Care form
 - 2. BAYADA Financial Hardship Policy
- C: BAYADA Client Agreement form
- D: BAYADA Financial Hardship form
- E: Standard Charges Worksheet
- F: Admission booklet supplement: Non-Discrimination Statement and Notice of Language Services
- G: Letter of Confirmation of Financial Stability
- H: BAYADA Montgomery County Resource Listing
- I: BAYADA Quality Assessment Policy
- J: Home Health Quality of Patient Care Star Rating report
- K: Chart of total visits by payer source
- L: Listing of facility or programs owned and managed by BAYADA Home Health Care, Inc.
- M:
 - 1. Letter of acceptable plan of correction 6/8/16
 - 2. Letter of acceptable plan of correction 12/13/16



MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

INSTRUCTIONS FOR APPLICATION FOR CERTIFICATE OF NEED **HOME HEALTH AGENCY PROJECTS**

ALL APPLICATIONS MUST FOLLOW THE FORMATTING REQUIREMENTS DESCRIBED IMMEDIATELY BELOW. NOT FOLLOWING THESE FORMATTING INSTRUCTIONS WILL RESULT IN THE APPLICATION BEING RETURNED.

REQUIRED FORMAT:

Table of Contents. The application must include a Table of Contents referencing the location of application materials. Each section in the hard copy submission should be separated with tabbed dividers. Any exhibits, attachments, etc. should be similarly tabbed, and pages within each should be numbered independently and consecutively.

The Table of Contents must include:

- Responses to PARTS I, II, III and IV of this application form
- Responses to PART II must include responses to the standards in the State Health Plan chapter, COMAR 10.24.16, STATE HEALTH PLAN FOR FACILITIES AND SERVICES: HOME HEALTH AGENCY SERVICES.
- Identification of each Attachment, Exhibit, or Supplement

Application pages must be consecutively numbered at the bottom of each page. Exhibits attached to subsequent correspondence during the completeness review process shall use a consecutive numbering scheme, continuing the sequencing from the original application. (For example, if the last exhibit in the application is Exhibit 5, any exhibits used in subsequent responses should begin with Exhibit 6. However, a replacement exhibit that merely replaces an exhibit to the application should have the same number as the exhibit it is replacing, noted as a replacement.)

SUBMISSION FORMATS:

We require submission of application materials in three forms: hard copy; searchable PDF; and in Microsoft Word.

- **Hard copy:** Applicants must submit six (6) hard copies of the application to:
Ruby Potter
Health Facilities Coordinator
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
- **PDF:** Applicants must also submit *searchable* PDF files of the application, supplements, attachments, and exhibits.¹ All subsequent correspondence should also be submitted both by paper copy and as *searchable PDFs*.
- **Microsoft Word:** Responses to the questions in the application and the applicant's responses to completeness questions should also be electronically submitted in Word. Applicants are strongly encouraged to submit any spreadsheets or other files used to create the original tables (the native format). This will expedite the review process.

PDFs and spreadsheets should be submitted to ruby.potter@maryland.gov and kevin.mcdonald@maryland.gov.

Note that there are certain actions that may be taken regarding either a health care facility or an entity that does not meet the definition of a health care facility where CON review and approval are not required. Most such instances are found in the Commission's procedural regulations at COMAR 10.24.01.03, .04, and .05. Instances listed in those regulations require the submission of specified information to the Commission and may require approval by the full Commission. Contact CON staff at (410) 764-3276 for more information.

¹ PDFs may be created by saving the original document directly to PDF on a computer or by using advanced scanning technology

PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. APPLICANT. *If the application has a co-applicant, provide the following information for that party in an attachment.*

Legal Name of Project Applicant (Licensee or Proposed Licensee):
BAYADA Home Health Care, Inc.

Address:

1 West Main Street	Moorestown	NJ	08057	Burlington
Street	City	Zip	State	County

Telephone: 856-231-1000

Name of Owner/Chief Executive: Joseph Mark Baiada

2. Name of Owner Joseph Mark Baiada

If Owner is a Corporation, Partnership, or Limited Liability Company, attach a description of the ownership structure identifying all individuals that have or will have at least a 5% ownership share in the applicant and any related parent entities. Attach a chart that completely delineates this ownership structure.

3. FACILITY

Name of HHA provider: BAYADA Home Health Care, Inc.

Address: 352-A Christopher Avenue, Gaithersburg, MD 20879 Montgomery

352-A Christopher Avenue	Gaithersburg	MD	20879	Montgomery
Street	City	Zip	State	County

Name of Owner (if differs from applicant):

4. NAME OF LICENSEE OR PROPOSED LICENSEE, if different from the applicant:

5. LEGAL STRUCTURE OF APPLICANT (and LICENSEE, if different from applicant).

Check or fill in applicable information below and attach an organizational chart showing the owners of applicant (and licensee, if different).

- A. Governmental
 - B. Corporation
 - (1) Non-profit
 - (2) For-profit
 - (3) Close State & Date of Incorporation
PA, 01/17/1975
 - C. Partnership
 - General
 - Limited
 - Limited Liability Partnership
 - Limited Liability Limited Partnership
 - Other (Specify): _____
 - D. Limited Liability Company
 - E. Other (Specify): _____
- To be formed:
- Existing:

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

A. Lead or primary contact:

Name and Title: David Pareja, Administrator

Mailing Address: 352A Christopher Ave Gaithersburg 20879 MD

Street	City	Zip	State
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Telephone: 301-977-6400

E-mail Address (required): dpareja@bayada.com

Fax: 301-977-6401

B. Additional or alternate contact: Jennifer Joana, Director, Credentialing

Mailing Address: 99 Cherry Hill Road #302 Parsippany NJ 07054

Street	City	Zip	State
Telephone: O: 973-909-5159			
E-mail Address (required):	jjoana@bayada.com		
Fax:			

B. Additional or alternate contact:

Name and Title: Karen Rosenthal, Director _____

Company Name: BAYADA Home Health Care _____

Mailing Address:

352A Christopher Ave	Gaithersburg	20879	MD
Street	City	Zip	State

Telephone: 301-977-6400 _____

E-mail Address (required): krosenthal@bayada.com _____

Fax: 301-977-6401 _____

If company name is
different than
applicant briefly
describe the
relationship

7. Proposed Agency Type:

- a. Health Department _____
- b. Hospital-Based _____
- c. Nursing Home-Based _____
- d. Continuing Care Retirement Community-Based _____
- e. HMO-Based _____
- f. Freestanding _____
- g. Other _____

(Please Specify.) Home Health Agency

8. Agency Services (Please check all applicable.)

Service	Currently Provided	Proposed to be Provided in the Jurisdiction(s) that are the subject of this Application*
Skilled Nursing Services	X	X
Home Health Aide	X	X
Occupational Therapy	X	X
Speech, Language Therapy	X	X
Physical Therapy	X	X
Medical Social Services	X	X

* If proposing different services in different jurisdictions, note that accordingly.

9. Offices

Identify the address of all existing main office, subunit office, and branch office locations and identify the location (city and county) of all proposed main office, subunit office, and branch offices, as applicable. (Add rows as needed.)

	Street	City	County	State	Zip Code	Telephone
Existing Main Office	352A Christopher Ave	Gaithersburg	Montgomery	Maryland	20879	301-977-6400
Existing Subunit Offices	NA					
Existing Branch Offices	NA					
Locations of Proposed HHA Main Office	352A Christopher Ave	Gaithersburg	Montgomery	Maryland	20879	301-977-6400
Locations of Proposed HHA Subunit Office	NA					
Locations of Proposed Branch Office	NA					

10. Project Implementation Target Dates

- A. Licensure: N/A months from CON approval date.
- B. Medicare Certification N/A months from CON approval date.

NOTE: in completing this question, please note that Commission regulations at COMAR 10.24.01.12 state that "home health agencies have up to 18 months from the date of the certificate of need to: (i) become licensed and Medicare certified; and (ii) begin operations in the jurisdiction for which the certificate of need was granted."

11. Project Description:

Provide a summary description of the project immediately below. At minimum, include the jurisdictions to be served and all of the types of home health agency services to be established, expanded, or otherwise affected if the project receives approval.

BAYADA Home Healthcare intends to provide skilled and intermittent home health services in the following counties: Frederick, Washington, Allegany and Garrett. The applicant proposes the gradual entry of services to all residents of the aforementioned counties to include nursing, home health aide, physical therapy, occupational therapy, speech therapy, and medical social services. In addition, BAYADA intends to offer additional programs through the proposed Montgomery branch, including the BAYADA Readmission and Reduction Program, BAYADA Hear Failure Program, BAYADA Wound Care Program, BAYADA Joint Replacement Program, transfer to skilled nursing initiatives, and our Senior Living Programming.

BAYADA currently has a home health office in Gaithersburg, Maryland that currently offers community and senior living services for all of Montgomery County. This office has available space to house the proposed home health services intended to initially service Frederick and Washington counties with the gradual entry into Allegany and Garrett counties, promoting cost effectiveness.

BAYADA is experienced in successfully opening and operating home health agencies, and uses a systematic approach and effective resources to expand into new geographical regions. This expansion will benefit from BAYADA's current experiences within the state of Maryland and well as its strong management experience and administrative support. This administrative support includes functions such as administration, finance, payroll, human resources, billing, data processing, quality assurance and utilization review, staff education, marketing, and medical supply acquisition and inventory. Assisting with these resources optimizes operational efficiencies and economies of scale, resulting in cost effectiveness. BAYADA is prepared to add these additional counties to its existing structure, and integration will be efficient and effective.

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

INSTRUCTION: Each applicant must respond to all applicable criteria included in COMAR 10.24.01.08G. These criteria follow, 10.24.01.08G(3)(a) through 10.24.01.08G(3)(f).

10.24.01.08G(3)(a). "The State Health Plan" Review Criterion

An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards, policies, and criteria. (Note: In this case it is the standards at COMAR 10.24.16.08 – and in the case of comparative reviews, at COMAR 10.24.16.09.)

10.24.16.08 Certificate of Need Review Standards for Home Health Agency Services.

The Commission shall use the following standards, as applicable, to review an application for a Certificate of Need to establish a new home health agency in Maryland or expand the services of an existing Maryland home health agency to one or more additional jurisdictions.

The following standards must be addressed by all home health agency CON applicants, as applicable. Provide a direct, concise response explaining the proposed project's consistency with each standard. In cases where standards require specific documentation, please include the documentation as a part of the application.

10.24.16.08A. Service Area.

An applicant shall:

- (1) Designate the jurisdiction or jurisdictions in which it proposes to provide home health agency services; and**
- (1) This applicant proposes to provide home health services in the following counties: Frederick, Washington, Allegany and Garrett.**
- (2) Provide an overall description of the configuration of the parent home health agency and its interrelationships, including the designation and location of its main office, each subunit, and each branch, as defined in this Chapter, or other major administrative offices recognized by Medicare.**
- (2) BAYADA currently has a 1,957 square foot office in Gaithersburg, Maryland that offers home health services to Montgomery County. This office has available space to house the proposed home health services in Western Maryland. Since it is an existing office, no renovation will be required to modify the space. This will be both cost effective and efficient, as the Montgomery County office currently employs clinicians that live in Frederick, Washington, and Montgomery counties. Home health staff are not expected nor required to visit the physical office except for team meetings, allowing time to be dedicated to patient care rather than traveling to/from an administrative office. A home care provider's typical day is spent making home visits and seeing patients. Documentation and communication is productive by phone or computer, making it unnecessary to travel to the physical office.**

10.24.16.08B. Populations and Services.

According to "Demographics & Social Determinants of Health" (2005-2009) on Maryland.gov, below is a chart of the eligible home health recipients under a variety of payer sources:

County Name	Home Health Eligible (age 18+)	Older adult, higher risk population (age 65+)	Total percentage of individuals with activity limitations, fair or poor health, and those experiencing unhealthy days)
Frederick	73.9%	10.1%	53.1%
Washington	77.1%	13.9%	62.7%
Allegany	81.5%	18.1%	76.3%
Garrett	78.2%	16.5%	55.7%

As noted above, each county mentioned in this application has a great number of eligible residents and residents deemed "at risk" who would benefit from our services. BAYADA home health offices provide care to any individual aged 18 and older who qualifies to receive home health services. Our offices work with the majority of national payers, including Kaiser Permanente, Aetna, and Blue Cross Blue Shield who are local to Maryland. BAYADA specializes in the provision of skilled nursing care, physical therapy, occupational therapy, speech therapy, medical social work, and nursing assistant services, as needed, in the home. Our wide range of abilities allow us to serve the most complex of medical cases as well as those clients simply requiring assistance with their activities of daily living. We provide highly skilled, intermittent health services to homebound clients and all BAYADA caregivers are fully licensed, bonded, and insured. Our professionals provide the highest quality health care services available because we take extra steps to ensure clinical excellence and safety, with stringent hiring standards, ongoing supervision, 24-hour clinical support, and comprehensive training and education.

10.24.16.08C. Financial Accessibility.

An applicant shall be or agree to become licensed and Medicare- and Medicaid-certified, and agree to maintain Medicare and Medicaid certification and to accept clients whose expected primary source of payment is either or both of these programs.

Please see **ATTACHMENT A** for proof of Medicare/Medicaid certification for the Montgomery County office as well as its Community Health Accreditation and most recent survey outcome letter.

10.24.16.08D. Fees and Time Payment Plan.

An applicant shall make its fees known to prospective clients and their families at time of patient assessment before services are provided and shall:

- (1) Describe its special time payment plans for an individual who is unable to make full payment at the time services are rendered; and**

BAYADA's updated charity care policy now places responsibility for the determination of charity care eligibility with the local BAYADA office director(s). Our charity care policy is communicated to patients upon admission, and an initial determination of probable eligibility

within two business days. Patient financial and demographic information will be reviewed and BAYADA will apply the federal poverty guidelines and sliding fee scale detailed herein. The office director will make the final determination of eligibility and inform the patient. Please see **ATTACHMENT B** for this Uncompensated Care form and our financial hardship policy to review our process for determining financial need and how we address patient need and charity care.

(2) Submit to the Commission and to each client a written copy of its policy detailing time payment options and mechanisms for clients to arrange for time payment.

Please see **ATTACHMENT C**, which is our Client Agreement Form that every client or Power of Attorney must sign prior to initiating our services. Each form serves as financial disclosure for anything that may be owed and verifies the insurance billed for services. If there is a financial responsibility from the client, it is up to the office director's discretion to determine a mutually agreed upon payment plan.

10.24.16.08 E. Charity Care and Sliding Fee Scale.

Each applicant for home health agency services shall have a written policy for the provision of charity care for indigent and uninsured patients to ensure access to home health agency services regardless of an individual's ability to pay and shall provide home health agency services on a charitable basis to qualified indigent and low income persons consistent with this policy. The policy shall include provisions for, at a minimum, the following:

(1) Determination of Eligibility for Charity Care and Reduced Fees. Within two business days following a client's initial request for charity care services, application for medical assistance, or both, the home health agency shall make a determination of probable eligibility for medical assistance, charity care, and reduced fees, and communicate this probable eligibility determination to the client.

Every client is notified of our uncompensated care form at the start of care (see **ATTACHMENT B**). Upon request for determination of eligibility for charity care, each client is asked to complete a Financial Hardship Form (see **ATTACHMENT D**). It is then presented to each office director for review and approval.

(2) Notice of Charity Care and Sliding Fee Scale Policies. Public notice and information regarding the home health agency's charity care and sliding fee scale policies shall be disseminated, on an annual basis, through methods designed to best reach the population in the HHA's service area, and in a format understandable by the service area population. Notices regarding the HHA's charity care and sliding fee scale policies shall be posted in the business office of the HHA and on the HHA's website, if such a site is maintained. Prior to the provision of HHA services, a HHA shall address clients' or clients' families concerns with payment for HHA services, and provide individual notice regarding the HHA's charity care and sliding fee scale policies to the client and family.

As noted above (1), each case is addressed individually by the office director. The service office will connect with the client or client's family to determine whether the individual qualifies to receive charity care or a mutually agreed upon adjustment per our sliding scale in order to meet their needs responsibly.

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

Please see **ATTACHMENT E** for BAYADA's Standard Charges Worksheet and the corresponding sliding fee scale. As previously mentioned, the payment plan is carried out at the office director's discretion to work out with the client.

(4) Policy Provisions. An applicant proposing to establish a home health agency or expand home health agency services to a previously unauthorized jurisdiction shall make a commitment to, at a minimum, provide an amount of charity care equivalent to the average amount of charity care provided by home health agencies in the jurisdiction or multi-jurisdictional region it proposes to serve during the most recent year for which data is available. The applicant shall demonstrate that:

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

As noted above, BAYADA has provided charity care as determined on a case by case basis.

	<u>2014</u>	<u>2015</u>	<u>2016</u>
Maryland HH Offices	0.001%	0.001%	0.001%
Home Health Practice	0.02%	0.02%	0.03%
Total Company Charity	0.03%	0.03%	0.04%

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

BAYADA does not discriminate on the basis of race, sex, creed, national origin, or ability to pay. No individual in need of medical care has been or will be denied treatment or admission due to a lack of financial resources. A copy of BAYADA's policies related to admission and indigent care are provided in **Attachment F**.

10.24.16.08 F. Financial Feasibility.

An applicant shall submit financial projections for its proposed project that must be accompanied by a statement containing the assumptions used to develop projections for its operating revenues and costs. Each applicant must document that:

(1) Utilization projections are consistent with observed historic trends of HHAs in each jurisdiction for which the applicant seeks authority to provide home health agency services;

Please refer to tables 2-5 in section IV, pages 30-37 of this application.

(2) Projected revenue estimates are consistent with current or anticipated charge levels, rates of reimbursement, contractual adjustments and discounts, bad debt, and charity care provision, as experienced by the applicant if an existing HHA or, if a proposed new HHA, consistent with the recent experience of other Maryland HHAs serving each proposed jurisdiction; and

Please refer to tables 2-5 in section IV, pages 30-37 of this application.

(3) Staffing and overall expense projections are consistent with utilization projections and are based on current expenditure levels and reasonably anticipated future staffing levels as experienced by the applicant if an existing HHA or, if a proposed new HHA, consistent with the recent experience of other Maryland HHAs serving the each proposed jurisdiction.

Please refer to tables 2-5 in section IV, pages 30-37 of this application.

10.24.16.08G. Impact.

An applicant shall address the impact of its proposed home health agency service on each existing home health agency authorized to serve each jurisdiction or regional service area affected by the proposed project. This shall include impact on existing HHAs' caseloads, staffing and payor mix.

BAYADA Home Health would not adversely impact other home health agencies in Frederick, Washington, Allegany and Garrett Counties as an anticipated increase in home health utilization is anticipated in these jurisdictions. According to Pew Research Center, roughly 10,000 Baby Boomers will turn 65 each day and every day moving forward for the next 19 years. BAYADA will be committed to the education and outreach in support of increased quality and access to home care within all four counties.

10.24.16.08H. Financial Solvency.

An applicant shall document the availability of financial resources necessary to sustain the project. Documentation shall demonstrate an applicant's ability to comply with the capital reserve and other solvency requirements specified by CMS for a Medicare-certified home health agency.

Please see **ATTACHMENT G** for a letter of financial solvency as of January 2016, provided by independent auditor PricewaterhouseCoopers, LLP attesting thereto.

10.24.16.08I. Linkages with Other Service Providers.

An applicant shall document its links with hospitals, nursing homes, continuing care retirement communities, hospice programs, assisted living providers, Adult Evaluation and Review Services, adult day care programs, the local Department of Social Services, and home delivered meal programs located within its proposed service area.

(1) A new home health agency shall provide this documentation when it requests first use approval.

Not applicable.

- (2) A Maryland home health agency already licensed and operating shall provide documentation of these linkages in its existing service area and document its work in forming such linkages before beginning operation in each new jurisdiction it is authorized to serve.

As a national home health organization, BAYADA has extensive experience collaborating with a multitude of healthcare professionals in order to meet the needs of our clients and community. See below for existing relationships:

Senior Living Communities	Sunrise Brightview Arden Court Lighthouse Five Star Residences
Hospitals	Shady Grove Adventist Hospital Johns Hopkins Hospital Healthcare System Walter Reed National Military Hospital Frederick Memorial Hospital Carroll Hospital
Nursing Homes	Villages at Rockville Montgomery Village Health and Rehab Hebrew Home ManorCare Sanctuary at Holy Cross Collingswood Nursing and Rehab
Accountable Care Organization	Universal American
National and Local Professional Affiliations	Maryland National Capital Homecare Association Lifespan The ALS Association Alzheimer's Association
Local Community Providers	BAYADA prides itself in being a holistic service provider. Please see ATTACHMENT H for additional linkages within our immediate community.

10.24.16.08J. Discharge Planning.

An applicant shall document that it has a formal discharge planning process including the ability to provide appropriate referrals to maintain continuity of care. It will identify all the valid reasons upon which it may discharge clients or transfer clients to another health care facility or program.

Please refer to the BAYADA discharge policy below to review our formal discharge planning process.

Our Policy:

1.0 GENERAL PROCEDURES.

- 1.1 A client is discharged from service by BAYADA Home Health Care for any of the following reasons:
- a. Client, family, or physician desires care to stop.
 - b. All goals have been attained and skilled care services are no longer required. (In personal care/support services cases, care is more frequently custodial and long term.)
 - c. Client requires care or services that BAYADA cannot provide.
 - d. Client or caregiver is not participating in the care plan, thereby interfering with the effectiveness of the care provided by BAYADA and rendering the employees unable to comply with the plan of treatment.
 - e. The physician does not sign and return the plan of treatment.
 - f. Client or his/her third party payor ceases to pay for service.
 - g. The home situation changes, and it is no longer possible for BAYADA to provide care, e.g., client moves out of service area, home environment is not safe, etc.)
- 1.2 The client's continuing care needs are assessed prior to discharge. The client and caregiver are apprised of resources available to them to meet any identified ongoing needs. Assistance with transfer is offered and provided by BAYADA, if desired.
- 1.3 The client is encouraged to participate as much as possible in the discharge planning process. This process begins with the initial assessment and continues throughout the case.

2.0 PROCEDURES FOR CLIENTS RECEIVING SKILLED SERVICES.

The procedures below are followed for the discharge of a client receiving skilled services or a combination of skilled and assistive care services.

- 2.1 Clients are provided with discharge instructions upon discharge. Exceptions would be for those discharged due to death or transfer to an inpatient facility, i.e. hospital or nursing home. The instructions may be completed by the Clinical Manager, Therapist or Field Nurse. As needed, supplemental instructions for exercise programs, specific treatments, etc. may also be provided to the client.
- 2.2 The client will also be provided with a complete list of their current medications upon request. The list will include dose, route and frequency. This list may be left in the home or mailed along with using one of the following:
- a. a copy of the current medication profile or treatment record, updated to include all verbal medication order changes received as of discharge.

- b. a copy of the current 485 with all medications updated.

2.3

A discharge summary will be written and completed within two weeks. The summary is sent to the physician with and a copy filed in the client chart or electronic record.

3.0 **PROCEDURES FOR EARLY CLIENT DISCHARGE.**

In the course of caring for a client, there are times when early discharge of services becomes necessary.

3.1 Examples of circumstances when early discharge might occur are:

- a. The insurance company has refused further payment.
- b. The client is not paying for the services received.
- c. The case manager has ordered the services be stopped.
- d. The client is non-compliant, and BAYADA cannot safely remain in the home.
- e. The client's primary caretaker is no longer present in the home; thus, providing care is no longer safe.
- f. The client's physician refuses to sign orders.
- g. The client refuses to obtain a physician (skilled services).

3.2 All possible alternatives to early discharge are thoroughly explored, i.e. setting up a payment plan that is reasonable for the client, advocating for the client with the insurance company and/or case manager, attempting to negotiate with the client regarding the minimum compliance required for safe caregiving, assisting the client in securing a substitute primary caretaker, etc.

3.3 If all of these alternatives prove unfruitful, the office Director will contact the Division Director to assist, along with the Clinical and Client Services Managers, in making a responsible discharge plan. This may include:

- a. Ample notice to the client/family of service termination, so that they can adequately prepare,
- b. Assistance in securing other services and in creating a transition from one service to another that is smooth,
- c. Creation of detailed transfer and discharge instruction sheets, so that the client and future caregivers will be adequately informed, and
- d. Alerting all necessary members of the caregiving team, i.e. the physician(s) and

other service providers.

- 3.4 The correct response to each situation is unique, depending on the ongoing care needs of the client, the risk to the client, and all the circumstances involved. BAYADA understands its professional and ethical responsibilities to those it serves, and expends all necessary effort and resources toward acting responsibly in these situations.

10.24.16.08K. Data Collection and Submission.

An applicant shall demonstrate ongoing compliance or ability to comply with all applicable federal and State data collection and reporting requirements including, but not limited to, the Commission's Home Health Agency Annual Survey, CMS' Outcome and Assessment Information Set (OASIS), and CMS' Home Health Consumer Assessment of Healthcare Providers (HCAHPS).

Our agency in Montgomery County continuously reviews client outcomes, documentation practices, and has internal office processes to identify and address any existing or potential problems. Clinical Standards and Quality (CSQ) surveys are conducted quarterly to address adherence to Federal/CMS/State regulations and BAYADA policy. Trends that are identified during the year are addressed via DMAIC (Define, Measure, Analyze, Improve, Control) and/or PDSA (Plan, Do, Study, Act) performance plans.

SHPs and Home Health Compare data is reviewed at monthly staff meetings to monitor publicly reported Client Outcomes, Process Measures and 5-STAR rating. BAYADA adopted the Quality Assurance and Performance Improvement (QAPI) process of data collection and analysis as well as the PDSA methodology of Performance Improvement and applied this to 5-STAR indicators that showed opportunity for improvement. Please see **ATTACHMENT I** for BAYADA's Quality Assessment policy.

Clinician documentation practices are reviewed quarterly by Peer-to-Peer reviews of medical records. Results are summarized and reported to managerial and field staff for education purposes. QAPI team and general staff discuss strategies to improve any identified aspects of documentation not meeting benchmark levels.

Potentially Avoidable Events are reviewed by Divisional Clinical Management Support Team to determine if each reported PAE is a valid event. The use of best clinical practices to achieve best client outcomes is evaluated in each reported PAE case. Additionally, the BAYADA Home Health Care board of Directors directs the President to conduct an Annual Evaluation of the organization each year. The performance of BAYADA Home Health Care is evaluated annually by the President and Committee designated by the President to ensure the effectiveness of the practices, policies, and procedures. An aggregate analysis of incidents to show trending throughout the year is included in this evaluation. The President reports the results of the annual evaluation to the Board of Directors, and a copy is sent to all members of the company's Advisory Board, consisting of professionals involved in the policy review and revision process. All individual office Advisory Board members receive a copy as well. Following the completion of the Annual Evaluation, any noted deficiencies are corrected and submitted to the President.

10.24.16.09 Certificate of Need Preference Rules in Comparative Reviews.
Consistent with COMAR 10.24.01.09A(4)(b), the Commission shall use the following preferences, in the order listed, to limit the number of CON applications approved in a comparative review.

10.24.16.09A. Performance on Quality Measures.
Higher levels of performance will be given preference over lower levels of performance.

BAYADA Home Health Care in Montgomery County is proud to be a 4.5 star agency per CMS' Quality of patient Care Star Rating Provider Preview report. We pride ourselves on delivering high quality care in a timely manner which has resulted in a hospitalization rate that is far below the national average. See **ATTACHMENT J**.

10.24.16.09B. Maintained or Improved Performance.
An applicant that demonstrates maintenance or improvement in its level of performance on the selected process and outcome measures during the most recent three-year reporting period will be given preference over an applicant that did not maintain or improve its performance.

Please see **ATTACHMENT J** for the most recent three year reporting period that demonstrates maintenance and improvement in our level of performance in Montgomery County.

10.24.16.09C. Proven Track Record in Serving all Payor Types, the Indigent and Low Income Persons.
An applicant that served a broader range of payor types and the indigent will be given preference over an applicant that served a narrower range of payor types and provided less service to the indigent and low income persons.

Please see **ATTACHMENT K** for a percentage of total visits by payer source during the last three years in Montgomery County.

10.24.16.09D. Proven Track Record in Providing a Comprehensive Array of Services.
An applicant that provided a broader range of services will be given preference over an applicant that provided a narrower range of services.

See below for the breakdown of each service provided by BAYADA over the last three years that the office in Montgomery County has been open and its corresponding percentage to total visits:

2016:

Services by Visits	%
Skilled Nursing	27.0
Physical Therapy	48.5
Speech Therapy	5.1
Occupational Therapy	18.0
Medical Social Work	0.6
Home Health Aide	0.8

2015:

Services by Visits	%
Skilled Nursing	28.0
Physical Therapy	42.0
Speech Therapy	6.0
Occupational Therapy	24.0
Medical Social Work	0.1
Home Health Aide	.08

2014:

Services by Visits	%
Skilled Nursing	39.0
Physical Therapy	35.8
Speech Therapy	2.3
Occupational Therapy	20.4
Medical Social Work	0.7
Home Health Aide	1.8

10.24.16.09E. These preferences will only be used in a comparative review of applications when it is determined that approval of all applications that fully comply with standards in Regulation .08 of this Chapter would exceed the permitted number of additional HHAs provided for in a jurisdiction or multi-jurisdictional region as provided in Regulation .10.

10.24.01.08G(3)(b). The “Need” Review Criterion

The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

Please discuss the need of the population served or to be served by the Project. Recognizing that the State Health Plan has identified need to establish an opportunity for review of CON applications in certain jurisdictions based on the determination that the identified jurisdiction(s) has insufficient consumer choice of HHAs, a highly concentrated HHA service market, or an insufficient choice of HHAs with high quality performance (COMAR 10.24.16.04), applicants are expected to provide a quantitative analysis that, at a minimum, describes the Project's expected service area; population size, characteristics, and projected growth; and, projected home health services utilization.

This project's expected service area is Frederick, Washington, Allegany and Garrett Counties. As referenced in COMAR 10.2416 section .03-B, “for rural or less densely populated areas of the State, successfully establishing and operating a HHA limited to servicing a small jurisdictional population is challenging. Creating a larger population base for consideration of proposed HHA projects by combining two or more contiguous jurisdictions may provide greater incentives for HHA providers to serve these less densely populated parts of the State, providing consumers with more choices and, potentially, higher quality choices.” It is with this in mind that BAYADA intends to service the four counties previously mentioned out of our currently existing and fully established Montgomery County office. It has the staffing and stability of resources to broaden our population served into this additional jurisdiction.

There are several factors supporting the need for increased access to home health services within each county: (1) Increased need for sufficient choice of home health providers with high quality performance; (2) the demographic of the 65+ population within the jurisdictions which require targeted outreach and (3) according to “Demographics & Social Determinants of Health” (2005-2009) on Maryland.gov, an average of 77.68% of residents in the identified jurisdictions are eligible to receive home health services and therefore said jurisdictions require more high quality home health agencies to meet the needs of the underserved. Please see below for a table of anticipated admission and census growth for BAYADA’s Montgomery County office with the additional jurisdictions:

	2018	2019	2020	2021
	(Montgomery, Frederick and Washington Counties)	(Montgomery, Frederick and Washington Counties)	(Montgomery, Frederick and Washington Counties with gradual entry into Allegany and Garrett Counties)	All proposed service areas combined
PPS Admissions	1,387	1,964	2,432	2,864
All other admissions	405	590	703	750
Total SOEs	2,012	2,921	3,604	4,127
Average Daily Census	212	289	344	389

Please see below for anticipated trajectory of home health services based upon previous three years of services provided by BAYADA’s Montgomery County office.

Services by Visits	%
Skilled Nursing	31.33%
Physical Therapy	42.1%
Speech Therapy	4.47%
Occupational Therapy	20.8%
Medical Social Work	.47%
Home Health Aide	.89%

Please see below for projected population growth for each county in proposed project, published by The Maryland Department of Planning on www.Maryland.gov. As noted, each county is growing and thus the need for home health services is increasing.

Historical and Projected Total Population for Maryland's Jurisdictions
(Revisions, July 2014)

	<u>2015</u>	<u>2020</u>	<u>2025</u>	<u>2030</u>	<u>2035</u>	<u>2040</u>
Frederick County	245,600	265,650	285,950	304,050	319,800	334,100
Allegany County	74,650	75,150	75,900	76,650	76,900	77,050

Garrett County	30,100	30,600	31,200	31,550	31,700	31,750
Washington County	151,200	160,300	169,950	178,900	186,600	193,450

10.24.01.08G(3)(c). The “Availability of More Cost-Effective Alternatives” Review Criterion

The Commission shall compare the cost-effectiveness of the proposed project with the cost-effectiveness of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.

Please explain the characteristics of the Project which demonstrate why it is a less costly and/or a more effective alternative for meeting the needs identified than other types of projects or approaches that could be developed for meeting those same needs or most of the needs.

Home health agencies are a cost-effective option compared to other healthcare avenues including a stay in a skilled nursing facility or ongoing inpatient acute care. Research shows living at home is often the best option for physical and mental well-being. Oftentimes, patients who are living at home while recovering from an acute illness or accident recover more quickly compared to those in other settings. This in and of itself makes home health care a more cost efficient option by shortening the length of time a client requires services. Furthermore, home health services may prevent or postpone hospital or nursing home care which also reduces costs by allowing individuals to recover and age in their own homes.

BAYADA Home Health is well established in Montgomery County and is fully capable of expanding our expertise into neighboring counties all while housed in the already –existing office in Gaithersburg, Maryland. Administrative support includes functions such as administration, finance, payroll, human resources, billing, data processing, quality assurance and utilization review, staff education, marketing, and medical supply acquisition and inventory. Assisting with these resources optimizes operational efficiencies and economies of scale, resulting in cost effectiveness.

Another cost-effective measure provided through the corporate office will be the use of electronic signatures and point of care charting. This is effective for staff, as they will not have to return to the office to complete their documentation. Rather, they can move from visit to visit, and spend more time focusing on patient care rather than on administrative duties. With this technology, operational efficiencies are achieved, patient care is emphasized, and patient and staff satisfaction are high. Additionally, the proposed jurisdiction will benefit from the applicant's resources related to information systems. Electronic Medical Records (EMR) provide more resources to clinicians to deliver care more efficiently and effectively to patients. An EMR system will address both administrative and clinical needs and result in improved care quality and increased employee satisfaction. With this technology, operational efficiencies are achieved, patient care is emphasized, and patient and staff satisfaction are high. EMRs allow clinicians the ability to access medical information timely and accurately, resulting in being better able to meet and respond to the changing healthcare needs of patients. HomeCare HomeBase (“HCHB”) is the EMR platform used for all of BAYADA’s home health services, and will be implemented in each of the proposed counties. Integrated information systems are an essential key to creating seamless continuum of care from the clinical perspective, as it

eliminates duplication, avoids omission and provides baseline data on health status and functionality to guide care.

BAYADA is currently using telemonitoring to keep track of the patient's vital signs, on a daily basis to patients deemed appropriate. The telemonitor sends the vital sign measurements to BAYADA for review. If the measurements are not within the specified parameters provided by the patient's physician, BAYADA will address the issue immediately either over the phone or in person with a nurse as appropriate. Patients have a huge advantage with this program, as they are monitored daily, reducing the risk of readmission to the hospital, thus improving quality of care.

A clear statement of project objectives should be outlined. Alternative approaches to meeting these objectives should be fully described. The effectiveness of each alternative in meeting the project objectives should be evaluated and the cost of each alternative should be estimated.

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

10.24.01.08G(3)(d). The "Viability of the Proposal" Review Criterion.

The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

Please include in your response:

- a. Audited Financial Statements for the past two years.**

Please refer to **ATTACHMENT G** for BAYADA's letter of financial solvency written by PricewaterhouseCoopers LLP.

- b. Existing home health agencies shall provide an analysis of the probable impact of the project on its costs and charges for the services it provides. Non-home health agency applicants should address the probable impact of the project on the costs and charges for core services they provide.**

BAYADA Home Health Care would not adversely impact other home health programs in Frederick, Washington, Allegany and Garrett Counties being that in the context of anticipated increased home health utilization in these counties, home health agencies can expect their volumes to increase even as BAYADA Home Health Care enters the market. Even assuming that BAYADA Home Health Care's entry into the market does not cause any additional growth in home health utilization – a conservative assumption given our commitment to education and

outreach – the aforementioned county’s incumbent home health providers will still serve more patients than they did several years ago based upon the increasing 65+ population and general population overall in this jurisdiction.

c. A discussion of the probable impact of the project on the cost and charges for similar services provided by other home health agencies in the area.

As previously mentioned in section 10.24.16.08G, BAYADA does not intend nor anticipate any adverse impact on other home health agencies.

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

Please see **ATTACHMENT E** for a list of our standard charges per visit list format.

e. A discussion of the staffing and workforce implications of this proposed project, including:

- **An assessment of the sources available for recruiting additional personnel;**
 - BAYADA Home Health Care employs Recruiting Managers specific to each division who are well versed in the particular geography for which they are sourcing. Additionally, we currently employ a number of staff that live in Frederick and Washington Counties who are ready and able to service the proposed jurisdictions, thus not immediately impacting the market availability.
- **A description of your plans for recruitment and retention of personnel believed to be in short supply;**
 - BAYADA Home Health Care’s Montgomery County office plans to have current employees service the proposed jurisdiction to support initial growth. Upon growth beyond our current staffing means, BAYADA’s recruiting managers will source positions to support our expansion in a variety of ways including mailers, social media, cold calls and internet sites. BAYADA recognizes referrals of new employees from current employees as well as a means to encourage peers accessing a different employee pool altogether. BAYADA Home Health Care’s Montgomery County office also abides by *The BAYADA Way* and believes *our employees are our greatest asset*. It is with this in mind that we have achieved very high employee satisfaction scores through support, recognition and maintaining mutual trust with our field staff. With current field retention average of 90%, we believe that appreciated and happy employees deliver the best care and yield the best outcomes.
- **A report on the average vacancy rate and turnover rates for affected positions in the last year.**
 - BAYADA Home Health Care’s Montgomery County office has a field retention rate of over 90% for 2016. Our vacancy rate is 0% and all positions in the last year have been growth positions rather than to fill vacant positions.
- **Completion of Table 5 in the *Charts and Tables Supplement (Part IV)*.**

Please see Table 5 in the *Charts and Tables Supplement*.

10.24.01.08G(3)(e). The “Compliance with Conditions of Previous Certificates of Need” Review Criterion.

An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need, or provide the Commission with a written notice and explanation as to why the conditions or commitments were not met.

List all prior Certificates of Need that have been issued since 1990 to the project applicant or to any entity which included, as principals, persons with ownership or control interest in the project applicant. Identify the terms and conditions, if any, associated with these CON approvals and any commitments made that earned preferences in obtaining any of the CON approvals. Report on the status of the approved projects, compliance with terms and conditions of the CON approvals and commitments made.

None – BAYADA Home Health Care came into the state of Maryland through acquisitions.

10.24.01.08G(3)(f). The “Impact on Existing Providers” Review Criterion.

An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the health planning region, including the impact on geographic and demographic access to services, on occupancy, on costs and charges of other providers, and on costs to the health care delivery system.

INSTRUCTIONS: Please provide an analysis of the impact of the proposed project. Please assure that all sources of information used in the impact analysis are identified and identify all the assumptions made in the impact analysis with respect to demand for services, payer mix, access to service and cost to the health care delivery system including relevant populations considered in the analysis, and changes in market share, with information that supports the validity of these assumptions. Provide an analysis of the following impacts:

a) On the volume of service provided by all other existing health care providers that are likely to experience some impact as a result of this project;

As an already existing agency, please see below for response.

b) On the payer mix of all other existing health care providers that are likely to experience some impact on payer mix as a result of this project. If an applicant for a new nursing home claims no impact on payer mix, the applicant must identify the likely source of any expected increase in patients by payer.

As an already existing agency, please see below for response.

c) On access to health care services for the service area population that will be served by the project. (State and support the assumptions used in this analysis of the impact on access);

As an already existing agency, please see below for response.

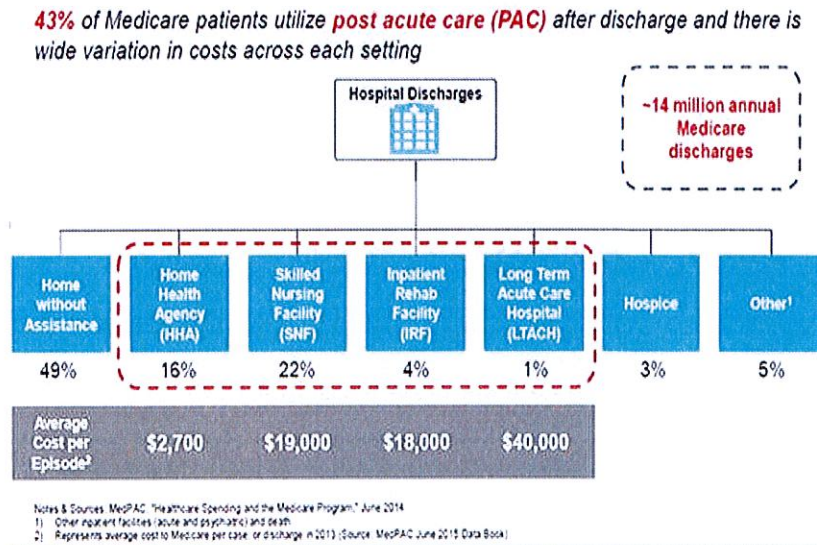
d) On costs to the health care delivery system.

As an already existing agency, please see below for response.

If the applicant is an existing provider, submit a summary description of the impact of the proposed project on the applicant’s costs and charges, consistent with the information provided in the Project Budget, the projections of revenues and expenses, and the work force information.

As stated in the MHCC’s Health Plan COMAR 10.24.16 Section .02 Sect E, BAYADA Home Health Care agrees a “determination may be necessary in order to allow for gradual growth in the number of HHAs permitted to ensure that existing markets can absorb new entrants without destabilizing the existing base of HHAs and without straining the labor market or other resources. Additionally, such limitations will provide new market entrants with a better chance for success by avoiding saturation of the existing market with additional providers.”

As an existing provider, BAYADA Home Health Care Montgomery office projects no impact to other existing providers in all proposed jurisdictions within a gradual entry alignment to expected current health care. Signals for increased demand for home health care are supported by numerous reputable health care analyst and researchers to include the Center for Medicare and Medicaid (CMS) that point at home health care as a future solution to our greater access to health care at a lower cost. As seen below in diagram 1.0, MedPAC reports in their Healthcare Spending and the Medicare Program June 2104 report that only 43% of Medicare patients utilize post-acute care (PAC) after discharge thus signifying an increased need to for our local hospitals to consider the opportunities in decreasing re-hospitalizations, improved discharge planning and reduction of health care spending through the use of appropriate PAC resources. Reference diagram below.



**PART III - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY,
AUTHORIZATION AND SIGNATURE**

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

Joseph Mark Baiada (100% ownership)
751 Riverton Road
Moorestown, NJ 08057

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

See ATTACHMENT L.

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

No, the license of this applicant has never been revoked or subject to disciplinary action.

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

No, the applicant has never been found to be out of compliance with Maryland or Federal legal requirements.

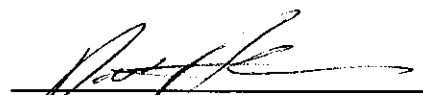
5. Has the applicant, or other person listed in response to Question 1, above, ever pled guilty to or been convicted of a criminal offense connected in any way with the ownership, development or management of the applicant facility or program or any health care facility or program listed in response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

No, the applicant has never pled guilty or been convicted of a criminal offense.

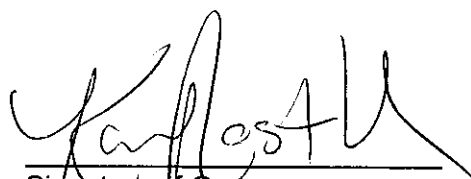
One or more persons shall be officially authorized in writing by the applicant to sign for and act for the applicant for the project which is the subject of this application. Copies of this authorization shall be attached to the application. The undersigned is the owner(s), or authorized agent of the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

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

5/2/17
Date


Signature of Owner or
Authorized Agent of the Applicant

5/2/2017
Date


Signature of Owner or
Authorized Agent of the Applicant

Part IV: Home Health Agency Application: Charts and Tables Supplement

TABLE 1 - PROJECT BUDGET

TABLE 2A: STATISTICAL PROJECTIONS – FOR HHA SERVICES IN MARYLAND

TABLE 2B: STATISTICAL PROJECTIONS – FOR PROPOSED JURISDICTIONS

TABLE 3: REVENUES AND EXPENSES - FOR HHA SERVICES IN MARYLAND

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT

TABLE 5: STAFFING INFORMATION

TABLE 1: Project Budget

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

This table is not applicable as no construction is anticipated at this point to service the proposed jurisdictions.

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)	
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)	

3. WORKING CAPITAL STARTUP COSTS	\$
TOTAL USES OF FUNDS (sum of 1 - 3)	\$
B. SOURCES OF FUNDS FOR PROJECT	
1. Cash	
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)	\$
ANNUAL LEASE COSTS (if applicable)	
• Land	
• Building	
• Major Moveable equipment	
• Minor moveable equipment	
• Other (specify)	

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

Instructions: Table 2A applies to an applicant that is an existing home health agency, and should be completed showing historic and projected utilization *for all home health agency services provided in Maryland.*

Table should report an *unduplicated count of clients*, and should indicate whether the reporting period is Calendar Year (CY) or Fiscal Year (FY).

	Two Most Current Actual Years		Projected years -- ending with first year at full utilization			
	2015	2016	2018	2019	2020	2021
CY or FY	CY	CY	FY	FY	FY	FY
Client Visits	14,024	18,204	26,607	38,581	45,458	52,323
Billable	13,930	18,074	26,417	38,305	45,133	51,949
Non-Billable	94	130	190	276	325	374
Total	14,024	18,204	26,607	38,581	45,458	52,323
# of Clients and Visits by Discipline						
Total Clients (Unduplicated Count)	870	1,075	1,792	2,554	3,135	3,614
Skilled Nursing Visits	4,253	5,300	9,464	13,756	18,470	21,286
Home Health Aide Visits	284	152	534	777	837	956
Physical Therapy Visits	6,486	8,621	10,295	14,933	16,271	18,689
Occupational Therapy Visits	2,325	3,139	4,044	5,833	6,304	7,277
Speech Therapy Visits	643	894	1,991	2,876	3,098	3,571
Medical Social Services Visits	30	97	279	405	478	546
Other Visits (Please Specify) - Dietician	3	1	-	-	-	-

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

Instructions: All applicants should complete Table 2B for the proposed project, showing projected utilization *only for the jurisdiction(s) which is the subject of the application*. **As in Table 2A above, this table should report an unduplicated count of clients, and should indicate whether the reporting period is Calendar Year (CY) or Fiscal Year (FY).**

	Projected years -- ending with first year at full utilization			
	2018	2019	2020	2021
	FY	FY	FY	FY
Client Visits	4,407	14,137	20,496	23,582
Billable	4,376	14,036	20,350	23,414
Non-Billable	31	101	146	168
Total	4,407	14,137	20,496	23,582
# of Clients and Visits by Discipline				
Total Clients (Unduplicated Count)	274	871	3,135	3,614
Skilled Nursing Visits	1,568	5,041	8,328	9,593
Home Health Aide Visits	88	285	377	431
Physical Therapy Visits	1,705	5,472	7,336	8,423
Occupational Therapy Visits	670	2,137	2,842	3,279
Speech Therapy Visits	330	1,054	1,397	1,609
Medical Social Services Visits	46	148	215	246
Other Visits (Please Specify) - Dietician	-	-	-	-

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

Instructions: an existing home health agency must complete Table 3, showing historic and projected revenues and expenses for all home health agency services provided *in Maryland*.

Projections should be presented in current dollars. Medicaid revenues for all years should be calculated on the basis of Medicaid rates and ceilings in effect at the time of submission of this application.

Specify sources of non-operating income. State the assumptions used in projecting all revenues and expenses. Please indicate on the Table if the reporting period is Calendar Year (CY) or Fiscal Year (FY).

	Two Most Current Actual Years		Projected years -- ending with first year at full utilization			
	2015	2016	2018	2019	2020	2021
CY or FY	CY	CY	FY	FY	FY	FY
1. Revenue						
Gross Patient Service Revenue	2,576,910	3,344,985	4,934,835	7,154,782	8,433,861	9,708,669
Allowance for Bad Debt	(13,617)	(72,572)	(65,177)	(93,504)	(110,791)	(128,683)
Contractual Allowance - Medicare	606,400	740,180	480,262	636,722	808,978	996,569
Contractual Allowance - non Medicare	(167,150)	(185,239)	(195,991)	(304,042)	(371,105)	(400,867)
Charity Care	(2,577)	(3,345)	(4,930)	(7,148)	(8,426)	(9,699)
Net Patient Services Revenue	2,999,967	3,824,010	5,148,998	7,386,811	8,752,516	10,165,988
Other Operating Revenues (specify)	2,070	327	-	-	-	-
Net Operating Revenue	3,002,037	3,824,337	5,148,998	7,386,811	8,752,516	10,165,988
2. Expenses						
Salaries, Wages and Professional Fees (including fringe benefits)	1,794,603	2,268,074	3,806,133	5,238,324	6,590,317	7,119,215

Contractual Services (please specify)	192,009	123,932	19,922	28,346	33,341	38,370
Interest on Current Debt	-	-	-	-	-	-
Interest on Project Debt	-	-	-	-	-	-
Current Depreciation	5,121	5,307	-	-	-	-
Project Depreciation	-	-	-	1,000	2,000	3,000
Current Amortization	-	-	-	-	-	-
Project Amortization	-	-	-	-	-	-
Supplies	41,308	43,751	91,248	130,906	155,108	231,719
Other Expenses (Specify)	631,990	853,054	1,007,810	1,420,254	1,260,960	1,971,094
Other expenses include rent plus corporate allocations for shared services (accounting, collections, billing, IT, etc.)						
Total Operating Expenses	2,665,030	3,294,117	4,925,113	6,818,829	8,041,727	9,363,398
3. Income						
Income from Operations	337,008	530,219	223,885	567,982	710,790	802,590
Non-Operating Income	-	-	-	-	-	-
Subtotal	337,008	530,219	223,885	567,982	710,790	802,590
Income Taxes	\$0 - entity is an S-Corp; taxes are paid by shareholders via personal taxes					
Net Income (Loss)	337,008	530,219	223,885	567,982	710,790	802,590
4A. - Payor Mix as Percent of Total Revenue						
Medicare (a)	87.0%	89.0%	87.2%	86.2%	85.7%	86.7%
Medicaid	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Blue Cross	5.5%	5.1%	6.0%	6.5%	6.7%	6.2%
Commercial Insurance	5.5%	4.6%	5.4%	5.8%	6.0%	5.6%
Self-Pay	0.7%	0.2%	0.3%	0.3%	0.3%	0.3%
Other	1.2%	1.0%	1.2%	1.3%	1.3%	1.2%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
4B. - Payor Mix as Percent of Total Visits						

Medicare (a)	79.8%	81.1%	82.3%	81.1%	80.4%	81.6%
Medicaid	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Blue Cross	8.5%	8.8%	8.2%	8.8%	9.1%	8.6%
Commercial Insurance	8.5%	7.9%	7.4%	7.9%	8.2%	7.7%
Self-Pay	1.1%	0.4%	0.4%	0.4%	0.4%	0.4%
Other	1.9%	1.7%	1.6%	1.7%	1.8%	1.7%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
(a) includes all episodic payors						

NOTE: ALL EXISTING FACILITY APPLICANTS MUST SUBMIT AUDITED FINANCIAL STATEMENTS.

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

Instructions: Complete Table 4 for the proposed project, showing projected revenues and expenses for only the jurisdiction(s) which is the subject of the application.

Projections should be presented in current dollars. Medicaid revenues for all years should be calculated on the basis of Medicaid rates and ceilings in effect at the time of submission of this application.

Specify sources of non-operating income. State the assumptions used in projecting all revenues and expenses. Please indicate on the Table if the reporting period is Calendar Year (CY) or Fiscal Year (FY).

	Projected years -- ending with first year at full utilization			
	2018	2019	2020	2021
CY or FY	FY	FY	FY	FY
1. Revenue				
Gross Patient Service Revenue	670,438	2,127,653	3,060,701	3,573,160
Allowance for Bad Debt	(10,779)	(34,284)	(49,960)	(57,996)
Contractual Allowance	46,070	124,527	199,315	270,795
Charity Care	(706)	(1,965)	(2,662)	(2,917)
Net Patient Services Revenue	705,022	2,215,931	3,207,394	3,783,042
Other Operating Revenues (specify)	-	-	-	-
Net Operating Revenue	705,022	2,215,931	3,207,394	3,783,042
2. Expenses				
Salaries, Wages and Professional Fees (including fringe benefits)	621,531	1,918,818	2,796,342	3,228,888
Contractual Services	3,278	10,387	15,033	17,292
Interest on Current Debt	-	-	-	-
Interest on Project Debt	-	-	-	-
Current Depreciation	-	-	-	-
Project Depreciation	-	1,000	2,000	3,000
Current Amortization	-	-	-	-

Project Amortization	-	-	-	-
Supplies	15,089	47,998	53,200	84,226
Other Expenses (Specify)	59,008	(488,816)	(1,054,704)	(1,257,254)
Other expenses include rent plus corporate allocations for shared services (accounting, collections, billing, IT, etc.)				
Total Operating Expenses	698,906	1,489,387	1,811,871	2,076,152
3. Income				
Income from Operations	6,116	726,544	1,395,523	1,706,890
Non-Operating Income	-	-	-	-
Subtotal	6,116	726,544	1,395,523	1,706,890
Income Taxes				
Net Income (Loss)	6,116	726,544	1,395,523	1,706,890
4A. - Payor Mix as Percent of Total Revenue				
Medicare (a)	87.2%	86.2%	85.7%	86.7%
Medicaid	0.0%	0.0%	0.0%	0.0%
Blue Cross	6.0%	6.5%	6.7%	6.2%
Commercial Insurance	5.4%	5.8%	6.0%	5.6%
Self-Pay	0.3%	0.3%	0.3%	0.3%
Other	1.2%	1.3%	1.3%	1.2%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%
4B. - Payor Mix as Percent of Total Visits				
Medicare (a)	82.3%	81.1%	80.4%	81.6%
Medicaid	0.0%	0.0%	0.0%	0.0%
Blue Cross	8.2%	8.8%	9.1%	8.6%
Commercial Insurance	7.4%	7.9%	8.2%	7.7%
Self-Pay	0.4%	0.4%	0.4%	0.4%
Other	1.6%	1.7%	1.8%	1.7%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%

(a) includes all episodic payors

TABLE 5. STAFFING INFORMATION

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

Position Title	Current No. of FTEs		Change in FTEs (+/-)		Average Salary		Total Salary Expense	
	Agency Staff	Contract Staff	Agency Staff	Contract Staff	Agency Staff	Contract Staff	Agency Staff	Contract Staff
Administrative Personnel	10.57		8.66		67,828		1,304,417	
Skilled Nursing	14.24		11.68		67,607		1,752,374	
Licensed Practical Nurse	included in SN							
Physical Therapist	11.45		9.39		79,734		1,661,664	
Occupational Therapist	4.16		3.42		73,906		560,210	
Speech Therapist	2.19		1.79		85,942		342,049	
Home Health Aide	0.53		0.43		49,669		47,682	
Medical Social Worker	0.30		0.25		84,317		46,375	
Other (Please specify)								38,370
Benefits							246,042	
TOTAL							5,960,813	

*** Indicate method of calculating benefits cost**

Benefits cost are based on our historical cost of benefits as a percent of pay for employees. BAYADA does not pay home health staff in hours. FTEs are calculated based on the expected productivity for a full-time staff member in each discipline. Current No. of FTEs was determined based on the projected number of FTEs for current operations before geographic expansion at the end of year four. Contractors are used in Senior Living practice as required by building. We forecast based on historical % not based on specific discipline.

ATTACHMENT

A. 1 – 4



Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary

10/01/2015

Patrick Omalley, Administrator
Bayada Home Health Care, Llc
352a Christopher Avenue
Gaithersburg, MD 20879

PROVIDER # 217158
RE: NOTICE OF COMPLIANCE WITH
HEALTH COMPONENT REQUIREMENTS

Dear Patrick Omalley:

On August 21, 2015, a Recertification Survey was conducted at your facility by the Office of Health Care Quality to determine if your Bayada Home Health Care, Llc facility was in compliance with Federal participation requirements for Home Health Agencies participating in the Medicare and/or Medicaid programs. The survey was also conducted for the purpose of State licensure.

This survey found that your facility is in compliance with the health component of the requirements.

If you have any questions, please call me at (410) 402-8288 or by fax at (410) 402-8277.

Sincerely,

Roslyn Tyson, Program Coordinator
Ambulatory Care Programs
Office of Health Care Quality

Enclosure: CMS 2567L

cc: File





**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY**

SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No. HH7158

Issued to: Bayada Home Health Care, Inc.
352A Christopher Avenue
Gaithersburg, MD 20879

Type of Facility or Community Program: HOME HEALTH AGENCY

Date Issued: April 1, 2017

Services Provided: SKILLED NURSING, HOME HEALTH AIDES, PHYSICAL & OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY, MEDICAL SOCIAL SERVICES, AND INFUSION SERVICES

AREA(S) SERVED: MONTGOMERY COUNTY

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Annotated Code of Maryland, including all applicable rules and regulations promulgated there under. This document is not transferable.

Expiration Date: April 1, 2018

Patricia Tomsko May, MD

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.



Community Health Accreditation Program, Inc.


has granted accreditation to

BAYADA Home Health Care, Inc
Gaithersburg, MD

in recognition of achieving our Standards of Excellence

October 10, 2014 – October 9, 2017

Accreditation Period



President

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS
BAYADA HOME HEALTH CARE, INC
352A CHRISTOPHER AVE
GAITHERSBURG, MD 20879

CLIA ID NUMBER
21D2002122

EFFECTIVE DATE
01/07/2016

LABORATORY DIRECTOR
MARIE ELAM R.N.

EXPIRATION DATE
01/06/2018

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

266 Certs1_122215

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

ATTACHMENT

B. 1 – 2

UNCOMPENSATED CARE FORM – MARYLAND HOME HEALTH OFFICES



Client Name: _____

Client # _____

It is the policy of BAYADA Home Health Care that any client who cannot pay for non-reimbursable services in full is eligible to request uncompensated care.

Upon request, uncompensated care will be considered by the Administrator or Designee on a case by case basis.

I acknowledge BAYADA has given me information about uncompensated care.

Signature of Client

Date

Witness

Representative, Relationship & Reason Client Unable to Sign

Date

Witness



0-3682 FINANCIAL HARDSHIP POLICY

This policy was adopted on Feb. 18, 2008.

Our Policy:

BAYADA Home Health Care does not routinely waive insurance deductibles or co-payments, but may do so due to extreme financial hardship.

Our Procedure:

- 1.0 BAYADA recognizes that occasionally a client may not be able to meet their financial obligation due to extreme financial hardship. If a client states that they are unable to satisfy their obligation due to a financial hardship, the following procedure will be initiated.
 - 1.1 Client or guardian will be requested to complete [policy 0-3683].
 - 1.2 The client must provide the total family income and the number of family members.
 - 1.3 If the client is declaring a financial hardship due to excessive medical bills, the client must provide a complete listing of their current medical bills.
 - 1.4 The client must provide documentation of their monthly income and/or their medical expenses.
 - 1.5 The client will be granted a financial hardship write off if:
 - a. the total family income is below 200% of the Federal Poverty Guidelines (as published in the Federal Register) for their family size, or
 - b. the client's total yearly medical bills after all applicable insurance reimbursement are greater than 50% of their total yearly income.
 - 1.6 Should the client qualify for a Financial Hardship write off under this policy, the collection office will prepare an Accounts Receivable Adjustment Form according to [policy 0-407] and will forward it to the appropriate parties for approval. A copy of the Financial Hardship Documentation form will be attached.



1.7 The existence of an approved Financial Hardship will be documented in the collection notes of the client file.

0-3682 - FINANCIAL HARDSHIP POLICY

Version: 2.0 (1024)

Author(s): STEPHEN FLANNERY (2008) (2009)

Owner:

Manual, Section: ADMINISTRATIVE , GOVERNANCE AND MANAGEMENT

References:

Revisions: Feb. 18, 2008;

Comments:

ATTACHMENT

C

CLIENT AGREEMENT FORM MEDICARE CERTIFIED HOME HEALTH SERVICES



Client Name: _____ Client #: _____

I. CONSENT TO SERVICES AND RELEASE OF INFORMATION

I have personally, or through my physician, requested home health services from BAYADA Home Health Care in my home. I consent to such services by the nurses and/or live-ins and/or home health aides and/or therapists and/or social workers and/or homemakers and/or companions of BAYADA as ordered by me, my family, and/or my physician including remote health monitoring services if applicable to my plan of care. I agree that BAYADA shall be waived of all liability related to or as the result of such services, excepting acts of negligence. I understand that employees may not be CPR certified.

I understand and agree that BAYADA employees must follow the plan of care or physician orders. I understand that any changes to my care plan must be reviewed and approved by my physician and/or clinical/case manager. Any refusal of care or request for change in my care that is inconsistent with the clinically approved plan of care could be considered a change in my care plan and my physician must be notified. I accept full responsibility for any damages or injuries that may occur from my refusal of care or unapproved change in care made at my request.

I understand and acknowledge that BAYADA may be providing equipment to me in order for me to participate in the remote health-monitoring program if applicable to my plan of care. I understand I have the right to discontinue participation in the program at any time. Terminating this service will not affect the other home health care services provided by BAYADA, but will only prevent me from receiving the monitoring service. I understand and agree that the provision of the monitoring equipment and services to me is entirely voluntary and not intended to be an inducement to choose or maintain BAYADA as my home health care provider.

I hereby authorize any and all physicians, hospitals, skilled nursing facilities, and other health care facilities, programs, or agencies who possess my medical records to release to BAYADA any portions of my medical records or copies of them that BAYADA may request. I authorize BAYADA to release and disclose my medical records as required to communicate with my physician, referral sources, accrediting or certifying bodies, or as requested by insurance companies or other payment sources.

II. RECEIPT OF PRIVACY NOTICE

I have received and reviewed the BAYADA Privacy Notice. I have had an opportunity to ask questions about it. I understand and agree that BAYADA may notify the police, emergency services, electric company, and/or telephone company about circumstances related to my care for safety reasons or for emergency preparedness.

If remote health monitoring is applicable to my plan of care I hereby authorize the staff of BAYADA to obtain and release any clinically necessary information about my health to any individual involved in my care or this monitoring service, which includes personal health related recordings/pictures. I have the right to inform BAYADA of persons that I do not wish to receive information about my care. I hereby authorize BAYADA to collect, analyze, store and share outcome data as permitted by the Health Insurance Portability & Accountability Act (HIPAA) and the Health Information Technology for Economic & Clinical Health Act (HITECH) from the secure monitoring system and understand that this may include protected health information (PHI).

III. CLIENT'S RIGHTS AND RESPONSIBILITIES

I acknowledge that prior to signing this document, I have received and reviewed a copy of my rights and responsibilities (Section 2 of this Admissions Booklet) and a representative of BAYADA has explained them to me. I have had an opportunity to ask any additional questions, and my questions have been answered to my satisfaction.

I understand that I share in the responsibility for the safety of BAYADA's employees while providing care to me in my home. I will carefully review the "Safe at Home" section of this admission booklet, and will take reasonable steps to make the areas where care is provided safe for myself and the employees caring for me. If BAYADA notifies me of any high priority safety risks, I agree to ensure that they are promptly repaired or remedied.

If remote health monitoring is applicable to my plan of care I understand that the monitoring program is not intended to replace the role of 911 and that I am still responsible for calling 911 for emergency help if necessary. I understand that the monitoring program is intended only to enhance the level of knowledge BAYADA and my caregivers will have regarding my daily activities and that BAYADA will not be responsible for providing emergency response or services. I hereby release BAYADA from any liability that may result from system failures or malfunctions, power outages, or other similar circumstances. I understand while I am participating in the monitoring program, I will follow the instructions given to me by BAYADA about its use and purpose. If my equipment fails to function or becomes damaged, I will notify BAYADA immediately by calling the Home Health service office number provided to me.

CLIENT AGREEMENT FORM MEDICARE CERTIFIED HOME HEALTH SERVICES



Client Name: _____ Client #: _____

I have been informed, verbally and in writing, of the procedure for filing complaints or concerns about the home care services I am receiving, directly to BAYADA and to applicable State, Regulatory and Accrediting organizations. I have been provided with the available hotline number(s) and days and hours these organizations can receive complaints or questions about home care agencies. I have also been advised where I may get additional information, including information about Advance Directives, if needed.

I recognize the rights of BAYADA as an employer and agree not to directly or indirectly employ any BAYADA employees for a period of 180 days following the last day any individual employee has provided services to me. If I violate this condition, I agree to immediately pay BAYADA a liquidated damages fee equal to four (4) months of the specific employee's annual gross salary or \$5,000.00, whichever is greater.

IV. ADVANCE DIRECTIVE VERIFICATION

I acknowledge that BAYADA has given me information about Advance Directives.

I have an Advance Directive (Living Will). Yes No
If Yes, I will give a copy to BAYADA. Yes No
If Yes, who else has a copy of your Advance Directive?

Name: _____ Relationship: _____

I have a health care representative or Medical Power of Attorney. Yes No
If Yes, who is your health care representative or your Medical Power of Attorney for health care decisions?

Name: _____ Phone #: _____

I understand that in the absence of an Advance Directive and a physician's order not to resuscitate, BAYADA will take all appropriate measures in an attempt to sustain life.

V. MEDICARE

I have provided BAYADA with information for the Medicare Secondary Payor Questionnaire.
 Yes No N/A

I acknowledge that BAYADA has provided me with information about the Medicare Product Formulary Waiver, OASIS Notice About Privacy, OASIS Statement of Patient Privacy Rights, and Privacy Act Statement.

VI. PAYMENT FOR SERVICES RENDERED

I understand that I will be receiving the following types of services from BAYADA: RN LPN HHA PT OT MSW
ST RD Other: _____. Frequency by Discipline _____.

I have provided BAYADA with complete and accurate information regarding my health insurance and other payment sources. Based on that information, BAYADA has determined that the following may be available to pay for my care, at the rates quoted, subject to confirmation by my health insurance company or other payment sources. I understand that I will be responsible for all co-payments, deductibles and non-covered services. If my health insurance or other third party payor coverage changes (e.g., the plan, deductible, co-payments, eligibility for coverage), I will immediately inform BAYADA and I understand that I will be financially responsible for any changes in terms or changes due to misinformation provided by the insurance company to BAYADA related to co-payments, deductibles, non-covered services or eligibility for services.

- Medicare will pay in full for home care services.
- Medicaid will pay in full for home care services.
- Medicaid will pay for the home care services with a co-payment from me of \$ _____.
- Private Medical Insurance, Managed Care Company, or other Third Party Payor will pay BAYADA for the home care services provided, with a co-payment or deductible from me estimated to be \$ _____.
- Other sources of payment: _____.
- Private Home Care Insurance will pay for home care services with a co-payment or deductible from me estimated to be \$ _____.
- Private Pay: I am responsible for the total amount of the bill. Charges are: \$ _____. Charges will be rounded up or down to the nearest ¼ hour. (i.e. 10:01 AM to 10:07 AM would be billed as 10:00 AM. 10:08 AM to 10:14 AM would be billed as 10:15 AM.)

CLIENT AGREEMENT FORM MEDICARE CERTIFIED HOME HEALTH SERVICES



Client Name: _____ Client #: _____

VII. ASSIGNMENT OF INSURANCE BENEFITS

I assign to BAYADA all benefits payable under any insurance policy for services rendered by BAYADA and specifically authorize the appropriate insurance carrier to pay such benefits directly to BAYADA. BAYADA may submit a copy of this assignment to the appropriate insurer in lieu of the original. I authorize the insurer to rely on a copy of this assignment. I understand that this assignment shall not relieve me or any of my guarantors of responsibility for payment of services rendered by BAYADA, including payments for any co-payments and deductibles that may be required by my insurance carrier, unless otherwise required by law.

VIII. GUARANTEE OF PAYMENT

I agree to be responsible for the payment of all services provided to me by BAYADA, unless otherwise required by law. I further agree to pay interest on any past due balances at the rate of 1.25% per month (15% per year), and I agree to pay the reasonable costs of collection, including attorney's fees and expenses. I understand the rates and my financial obligations for these services. I understand that if payment is not received for any services for which I am financially responsible, these services will be discontinued.

All sections of this Agreement have been reviewed with me; I understand and agree to the provisions outlined above. The information that I have provided above is truthful and complete. With my signature below, I agree to be legally bound and acknowledge receipt of a copy of this Agreement.

_____ <i>Signature of Client</i>	_____ <i>Social Security #</i>	_____ <i>Date</i>	_____ <i>Witness</i>
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_____ <i>Representative, Relationship & Reason Client Unable to Sign</i>		_____ <i>Date</i>	_____ <i>Witness</i>
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IX. SECONDARY GUARANTOR

If the client cannot, will not or does not pay for the services provided by BAYADA, I/we guarantee to pay in full.

_____ <i>Guarantor's Signature & Name (print)</i>	_____ <i>Social Security #</i>	_____ <i>Date</i>	_____ <i>Witness</i>
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_____ <i>Guarantor's Signature & Name (print)</i>	_____ <i>Social Security #</i>	_____ <i>Date</i>	_____ <i>Witness</i>
--	-----------------------------------	----------------------	-------------------------

ATTACHMENT

D

FINANCIAL HARDSHIP FORM



Please complete the top section and return to the Director of your service office.

Date: _____

Client Name: _____ Client Number: _____

Client Address: _____

Number of family members residing in the household: _____

Household Income*	Client Salary	
	Spouse Salary	
	Disability Payments	
	Other Income	
	Total Income	

Outstanding Medical Bills*	Facility	Amount	Insurance Payment	Balance due from Client
	Total			

I understand that the information provided above is required by law and will be used by BAYADA Home Health Care solely to determine my ability to pay a co-payment or deductible. I certify that the above information is true, complete, and correct as of the date written above. If any of the above information changes I will notify BAYADA immediately.

Client Signature: _____ Date: _____

POA Signature (if client unable to sign): _____ Date: _____

For BAYADA Use Only

Upon approval of the Office Director, the client is eligible for a Hardship write off if their total household income is less than 200% of the Federal Poverty level for the size of the household, OR their outstanding medical bills are greater than 50% of their yearly income.

Total household income multiplied by .50		
Federal Poverty level for Household size**		Multiply by 2

* Documentation must be provided for these amounts

** as published by the Federal Government (<http://aspe.hhs.gov/poverty/07poverty.shtml>)

Director Signature: _____ Date: _____

ATTACHMENT

E

**STANDARD CHARGES WORKSHEET
MARYLAND**

Level of Care	Standard Charge	5% Discount	10% Discount	15% Discount	20% Discount	25% Discount	30% Discount
Skilled Nursing							
RN Hourly	\$65.63	\$62.35	\$59.07	\$55.79	\$52.50	\$49.22	\$45.94
RN Specialized Hourly	\$73.50	\$69.83	\$66.15	\$62.48	\$58.80	\$55.13	\$51.45
RN Visit (Up to 1 Hour)	\$183.75	\$174.56	\$165.38	\$156.19	\$147.00	\$137.81	\$128.63
RN Specialized Visit (Up to 1 Hour)	\$210.00	\$199.50	\$189.00	\$178.50	\$168.00	\$157.50	\$147.00
RN Assessment Visit (Up to 2 Hours)	\$210.00	\$199.50	\$189.00	\$178.50	\$168.00	\$157.50	\$147.00
RN IV Visit (up to 2 Hours)	\$210.00	\$199.50	\$189.00	\$178.50	\$168.00	\$157.50	\$147.00
Licensed Practical Nurse Hourly	\$52.50	\$49.88	\$47.25	\$44.63	\$42.00	\$39.38	\$36.75
LPN Specialized Hourly	\$57.75	\$54.86	\$51.98	\$49.09	\$46.20	\$43.31	\$40.43
LPN Visit (Up to 1 Hour)	\$183.75	\$174.56	\$165.38	\$156.19	\$147.00	\$137.81	\$128.63
Physical Therapist Visit	\$183.75	\$174.56	\$165.38	\$156.19	\$147.00	\$137.81	\$128.63
Physical Therapist Assessment Visit	\$210.00	\$199.50	\$189.00	\$178.50	\$168.00	\$157.50	\$147.00
Occupational Therapist Visit	\$183.75	\$174.56	\$165.38	\$156.19	\$147.00	\$137.81	\$128.63
Occupational Therapist Assessment Visit	\$210.00	\$199.50	\$189.00	\$178.50	\$168.00	\$157.50	\$147.00
Speech and Language Pathologist Visit	\$183.75	\$174.56	\$165.38	\$156.19	\$147.00	\$137.81	\$128.63
Speech and Language Assessment Visit	\$210.00	\$199.50	\$189.00	\$178.50	\$168.00	\$157.50	\$147.00
Social Worker Visit	\$210.00	\$199.50	\$189.00	\$178.50	\$168.00	\$157.50	\$147.00
Registered Dietician Visit	\$183.75	\$174.56	\$165.38	\$156.19	\$147.00	\$137.81	\$128.63
Personal Care							
Home Health Aide	\$29.40	\$27.93	\$26.46	\$24.99	\$23.52	\$22.05	\$20.58
HHA Specialized	\$30.45	\$28.93	\$27.41	\$25.88	\$24.36	\$22.84	\$21.32
HHA Visit (Up to 1 Hour)	\$72.45	\$68.83	\$65.21	\$61.58	\$57.96	\$54.34	\$50.72
Live-In	\$282.24	\$268.13	\$254.02	\$239.90	\$225.79	\$211.68	\$197.57
Cosmetic (includes pickup/overnight/24 hr visit)	\$420.00	\$399.00	\$378.00	\$357.00	\$336.00	\$315.00	\$294.00
Support Services							
Homemaker	\$23.63	\$22.45	\$21.27	\$20.09	\$18.90	\$17.72	\$16.54
Companion	\$23.63	\$22.45	\$21.27	\$20.09	\$18.90	\$17.72	\$16.54

ATTACHMENT

F

ADMISSION BOOKLET SUPPLEMENT NON-DISCRIMINATION STATEMENT AND NOTICE OF LANGUAGE ASSISTANCE SERVICES - SC

Client Name: _____

Client #: _____

NON-DISCRIMINATION STATEMENT

MUSC Health at Home, by BAYADA does not discriminate against any person in admission, treatment, participation in programs or services, on the grounds of race, age, color, national origin, or disability, whether carried out by MUSC Health at Home, by BAYADA directly or through a contractor or any other entity with which MUSC Health at Home, by BAYADA arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services Issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91. Other agency guidelines prohibit discrimination on the basis of sex, ancestry and religion. The same protection is extended for employment.

In case of questions, please contact: BAYADA Home Health Care, Nori Fey, Director of Legal Services
Toll Free: 1-866-665-4295 TTY number: 711 Email: hotline@bayada.com

LANGUAGE ASSISTANCE SERVICES

MUSC Health at Home, by BAYADA provides qualified sign language interpreters to individuals with disabilities and qualified interpreters and information written in other languages to individuals whose primary language is not English to communicate effectively with us.

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al _____ (TTY: 711).

Chinese – 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 _____ (TTY: 711).

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số _____ (TTY: 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
_____ (TTY: 711). 번으로 전화해 주십시오.

French – ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le _____ (ATS: 711).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa _____ (TTY: 711).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните _____ (телетайп: 711).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: _____ (TTY: 711).

Gujarati – સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો _____ (TTY: 711).

Arabic – اسم دعاء، لك توفّر مجاناً، اللغة العربية، المساعدة خدمات، [اللغة إدراج] تحدثك انت إذا _____ (TTY: 711).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para _____ (TTY: 711).

Japanese 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 _____ (TTY: 711)まで、お電話にてご連絡ください。

Ukrainian – УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером _____ (телетайп: 711).

Hindi – यदि आप [सम्मिलित करें भाषा] बोलते, भाषा सहायता सेवाओं, नि: शुल्क, आप के लिए उपलब्ध हैं। कॉल करें _____ (TTY: 711)।

Mon-Khmer, Cambodian – ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ _____ (TTY: 711)។

Client Signature _____

Date _____

Client Representative Signature and Relationship if Client Unable to Sign _____

Date _____

www.bayada.com

0-8644 10/16 © BAYADA Home Health Care, 2016

**ADMISSION BOOKLET SUPPLEMENT- NON-DISCRIMINATION
STATEMENT AND NOTICE OF LANGUAGE ASSISTANCE
SERVICES –MUSC HEALTH AT HOME, BY BAYADA - SC**

ATTACHMENT

G



Interested Party Information:
State of Maryland
April 20, 2017

Independent Representative:
Enrico Ballezzi, CPA
Senior Director
HBK CPAs and Consultants
April 20, 2017

CONFIRMATION OF FINANCIAL STABILITY

THIS CONFIRMATION has been requested by the interested party. Disclosing this information to any non-BAYADA employee beyond the interested party named above is expressly forbidden.

The financial statements of BAYADA Home Health Care have been prepared according to generally accepted accounting principles, and the fiscal 2015 statements have been audited by PricewaterhouseCoopers LLP ("PwC").

Financial highlights, as of January 3, 2016, include:

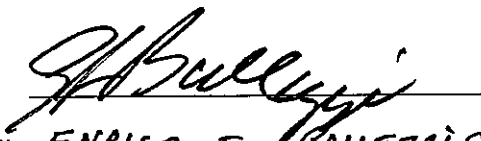
1. BAYADA Home Health Care has no long-term debt or collateralized assets.
2. BAYADA Home Health Care has a working capital ratio in excess of 1.5:1.
3. BAYADA Home Health Care has demonstrated positive revenue growth in each of the last 5+ years.
4. BAYADA Home Health Care has demonstrated positive net income in each of the last 5+ years.
5. BAYADA Home Health Care has demonstrated positive operating cash flow in each of the last 5+ years.

If you have any questions regarding my comments, please do not hesitate to call me.

By:

Name:

Date:


ENRICO J. BALLEZZI, CPA
4/20/17

ATTACHMENT

H



**BAYADA HOME HEALTH CARE
MONTGOMERY COUNTY RESOURCE LISTING**

AARP 1.888.687.2277

Adult Day Care

- Easter Seals Harry and Jeannette Weinberg Inter-Generational Center: 301.920.9764
- Eldercare of Damascus: 301.253.2764
- Holy Cross Hospital Medical Adult Day Center: 301.754.7150
- Iona Wellness and Arts Center: 202.895.9448
- The Support Center, A Program of Family Services: 301.738.2250

Assisted Living

- Assisted Living Ombudsman: 240.777.3369
- Brooke Grove, Sandy Spring: 202.260.2320
- Country Meadows Retirement Communities: 301.572.8420
- Ingleside at King Farm: 240.499.9019
- Kensington Park Assisted Living: 301.946.7700
- Springvale Terrace Retirement Community: 301.587.0190 (Subsidies Available)

Bereavement

- Hospice Caring, Inc: 301.869.4673
- Montgomery Hospice: 301.921.4400

Dental

- University of Maryland Dental Clinic: 1.877.232.4050, 4863 Pulaski Highway, Perryville, Age 60 or older, Enrolled in MA, Dental Hygiene Services
- Clearchoice Dental Implant Center: 1.888.746.7585
- Dental Services: 240.777.1875 (Dental care for low-income persons)
- Donated Dental Services: 1.877.337.7746, Care for those with serious disability and financially eligible
- Howard University Dental School: 301.421.5767

Durable Medical Equipment

- Free Blood Pressure Cuffs: 1.888.368.2111 (Pts with MC and Diabetes)
- Get A Grip: Home Safety: 240.372.0770
- Medical Supply Center: 301.774.8200
- Holiday Park Multiservice Senior Center: 240.777.4999 (loan closet)
- Rockville Senior Center: 240.314.8810
- Wheelchair Society: 301.495.0277

Emergency Response Systems

- Centrol: 1.877.792.4494
- Phillips: 1.800.380.3111
- Assurance: 1.888.898.4888 (Free Government Cell Phone)

Energy/Fuel Assistance

- Emergency Assistance: 240.777.4448
- Maryland Energy Assistance Program (MEAP): 240.777.4450
- Salvation Army of Montgomery County: 301.515.5354
- Upper Montgomery Assistance Network: 301.926.4422

Montgomery County Public Resources

- Department of Health and Human Services Income Supports
 - Germantown: 240.777.3420
 - Rockville: 240.777.4600
 - Silver Spring: 240.777.3100

Hospice/Palliative Care

- Casey House: 301.921.4400
- Holy Cross Home Care and Hospice: 301.754.7740
- Hospice Caring, Inc: 301.869.4673
- Hospice Link: 1.800.331.1620
- Montgomery Hospice: 301.921.4400

Information and Referral

- 211 Maryland at United Way of Central Maryland

Housing

- Andrew Kim House, Olney: 301.260.2500 (For people with limited incomes)
- Asbury Methodist Village: 301.260.2320
- Brook Grove Retirement Village: 301.260.2320
- Riderwood: 301.495.5700

In Home Care

- AAA Warman Home Care: 1.888.243.6602
- Adventist Home Care Services: 301.592.4400
- At Home Care, Inc: 301.879.2700
- Comfort Keepers: 1.301.340.0100
- Home Instead Senior Care: 301.588.9710
- Options for Senior America: 301.562.1100

Legal

- Maryland Disability Law Center: 410.727.6352
- Lawyer Referral Services: 301.279.9100
- Legal Aid Bureau: 1.800.896.4213 x 7750
- Senior Legal Hotline: 1.800.999.8904

Meals/Food Delivery

- Meals on Wheels: 240.777.3810
- Mom's Meals 1.877.508.6667
- Senior Nutrition Hotline: 240.777.1100 (Speak directly with registered dietician)
- Senior Nutrition Program: 240.777.3810 (Complete lunch programs and Meals on Wheels)
- The Senior Connection: 301.962.0820 (Volunteers shop for or with seniors)
- Share Food Network: 301.864.3115
- MA Waiver Registry: 1.866.417.3480

Mental Health

- Adult Addictions Program: 240.777.4710
- Catholic Community Services: 301.933.3164
- House Calls, LLC: 301.346.6732

- Jewish Social Service Agency: 301.838.4200
- Maryland Public Mental Health System: 1.800.888.1965
- Montgomery County Mental Health Access Team: 240.777.1770

Non Profit Support

- American Council for the Blind: 1.800.424.8666
- American Cancer Society: 301.933.9350
- American Diabetes Association: 202.331.8303
- American Heart Association: 1.800.242.8721
- Alzheimer's Association: 1.800.272.3900
- Arthritis Foundation: 410.654.6570
- American Parkinson's Disease Association: 410.328.3333
- American Red Cross: 410.764.5311
- First Call for Help: 1.800.492.0618
- MS Society: 443.641.1200
- Services for Visually Impaired: 301.345.5643
- Senior Eyecare Program: 1.877.887.6327 (Free medical and surgical eye care for those over 65 in financial need)

Office of Aging/Maryland Access Point

- Aging and Disability Resource Unit: 240.777.3000

Prescriptions

- Maryland Rx Card: www.marylandrxcard.com/contact.php, savings up to 75%
- Senior Prescription Drug Assistance Program
- Trust Scripts: 1.877.459.8474, for people without Rx coverage, in Medicare D coverage gap, people taking Rx not covered by their Rx Program

Skilled Nursing Facilities

- Adventist Healthcare Nursing and Rehab Center: 301.384.6161
- Asbury Methodist Village Wilson Heath Care Center: 301.216.4136
- Bethesda Health and Rehab Center: 301.530.1600
- HCR Manor Care Silver Spring: 301.890.5552

Social Security/Medicare 1.800.772.1213

Transportation

- Transportation Related Questions: 311
- Metro-Access: 301.562.5360 (Door to door for seniors and people with disabilities/must register)
- Metrobus/Metrorail Program: 240.777.7433 (Seniors 65 and over ride for free with ID)
- Senior Transportation Service: 1.888.794.1290
- The Senior Connection: 301.962.0820 (Volunteer drivers and escorts)

Veteran

- Charlotte Hall Veterans Home: 301.884.8171
- Department of Veterans Affairs: 202.273.5400
- Military Outreach Information and Resource Helpline: 301.738.7176
- Veterans Affairs Medical Center Geropsychiatry Clinic: 202.745.8267

ATTACHMENT

I



0-403 QUALITY ASSESSMENT AND QUALITY IMPROVEMENT IMPLEMENTATION

This policy was adopted on Jan. 1, 1993 and last revised Jan. 28, 2014.

Our Policy:

BAYADA Home Health Care has procedures for its Quality Assessment and Improvement monitoring and evaluation activities.

Our Procedure:

1.0 QA REVIEW TEAM.

1.1 Quality Assessment (QA) review is a centralized function under the direction of the Chief Nursing Officer (CNO). Designated BAYADA personnel perform QA Review. The process is coordinated, monitored, and evaluated by the BAYADA corporate Nursing office.

2.0 QA REVIEW.

This process takes place quarterly on site at the service office and in the client's home.

2.1 Chart Review and Employee File Review.

2.1.1 **Sample:** A sample of active and discharged charts are selected randomly from a list of clients serviced and are representative of the client population of the service office. Files for field employees who worked in the previous quarter are also selected randomly and



reviewed.

2.1.1.1 Medicare Certified offices: A random sample of clinical records are reviewed on a quarterly basis . The selection includes 10% of annual unduplicated admission with a maximum of 120 sample records per year.

2.1.1.2 Non-Medicare Certified Offices: 10% sample of active/discharged client records for a maximum of 60 client records per year are reviewed.

2.1.2 Process- Client charts and employee files are evaluated by the QA Reviewer. Recommendations for improvement are made, when necessary, and the service office must respond with a plan of correction within a time frame determined by the QA Reviewer not to exceed three weeks.

2.1.3 Home Visit.

2.1.3.1 Sample: The QA Coordinator will randomly select clients from each office to be visited in their homes by a QA Reviewer.

2.1.3.2 Process: The QA Reviewer will visit the client with the Clinical Manager and complete a Home Visit Evaluation form. These forms will be reviewed, analyzed, and score based on the percentage of compliance to policy.

2.1.4 Indicators Analysis.

2.1.4.1 Sample: A sample of charts or employee files are reviewed, with concentration only on the item identified in that particular order.

2.1.4.2 Process: For indicator measurement requiring client charts and employee files, the QA Reviewer will pick the appropriate charts or files, based on a computer list. For the indicator requiring evaluation of the on-call staff, these employees are randomly called (at unannounced intervals) throughout the quarter. The results of all are analyzed to identify trends.

3.0 CLIENT SATISFACTION SURVEY ANALYSIS.



3.1 **Sample:** All surveys returned each quarter will comprise the sample.

3.2 **Process:** The office director or designee will summarize the results and send them to headquarters at the end of each quarter. These will be summarized per office and an overall summary for the company will be created.

4.0 **ANALYSIS OF CLIENT AND EMPLOYEE INFECTIONS.**

4.1 **Sample:** All data entered on Client Infection Reports and Incident Reports related to employee infection issues will be reviewed.

4.2 **Process:** The Office Director and/or designee will summarize the data collected on the Client Infections Reports and Incident Reports related to employee infection issues and submit the summary at the end of each quarter. The summary will be analyzed and infection rates will be determined. Client and employee infections will be analyzed and reported according to [policy 0-1575] and REPORTING OF CLIENT AND EMPLOYEE INFECTIONS.

5.0 **ANALYSIS OF INCIDENT REPORTS.**

5.1 **Sample:** All incident Reports completed during the quarter will be reviewed.

5.2 **Process:** The offices will submit all Incident Reports to headquarters by the end of the quarter. The Director of Client Services will review them and categorize them by type of incident. At the end of the quarter, the number of incidents/per category/per office will be sorted and trends identified.

6.0 **UNANTICIPATED ADVERSE EVENTS AND SAFETY RISKS.**

6.1 **Sample:** All incident reports are reviewed for potential adverse events and safety risks. The company selects at least one high-risk process to be analyzed per year.

6.2 **Process-** The process is described for each high-risk indicator that is chosen. The analysis includes:

- Identifying the ways in which the process could break down or fail to perform its described its desired function.



- Identifying the possible side effects that a breakdown or failure of the process could have on clients and their seriousness,
- Describing the potential process breakdowns or failures in order of priority,
- Determining of the reason(s) the prioritized breakdowns could occur, which may include performing a hypothetical root cause analysis,
- Redesigning the process and/or underlying systems to minimize the risk of the effects on clients,
- Testing and implementing the redesigned process,
- Monitoring the effectiveness of the redesigned process.

7.0 QUARTERLY SUMMARY OF ALL QA ACTIVITIES.

7.1 Sample: All monitoring and evaluation activities conducted during the quarter are reviewed.

7.2 Process: The Chief Nursing Officer and/or designee will summarize all QA activities at the end of each quarter. The summary is then distributed to the President, Division Directors and Advisory Board Members.

8.0 STATE/PRGORAM SPECIFIC AMENDMENTS.

8.1 Indiana.

BAYADA's internal quality assurance and quality improvement will be:

- a. focused on the client,
- b. appropriate for the services being provided, and
- c. ongoing and updated at least annually.

The system described in the internal quality assurance and quality improvement plan will include at least the following elements:

- a. records of findings for client satisfaction surveys in accordance with contract guidelines. See [policy 0-314],
- b. documentation of efforts to improve service delivery in response to the surveys of the client satisfaction survey,
- c. an annual assessment of the appropriateness and effectiveness of each service provided to a client,

In addition written process includes the following:



- a. analyzing data concerning:
 - reportable incidents.
 - services provided.
- b. developing and reviewing recommendations to reduce risk of future incidents.

8.2 New York.

See [policy 0-6022] for further details.

0-403 - QUALITY ASSESSMENT AND QUALITY IMPROVEMENT IMPLEMENTATION

Version: 51.0 (26112)

Author(s): LAUREL TRICE (1993); LAUREL TRICE (2004); HEATHER COTTOM (2005); ANNI GONZALEZ (2014)

Owner:

Manual, Section: ADMINISTRATIVE , QUALITY ASSESSMENT & IMPROVEMENT

References: JCAHO QA .1; PI.3.20; COP 484.52, 484.14, 484.16; CHAP HHII.9a; CHAP PDII.8a;

Revisions: [Jan. 28, 2014](#); [Jan. 28, 2014](#); [Jan. 28, 2014](#); [Jan. 28, 2014](#); [Jan. 28, 2014](#); [Nov. 14, 2005](#); [Nov. 14, 2005](#); [Jan. 01, 1993](#); Apr. 18, 1994; Aug. 19, 1996; Nov. 15, 1999; Jan. 1, 2004

Comments: Conversion

ATTACHMENT

J



**Home Health
Quality of Patient Care Star Rating
Provider Preview Report**

*This report is based on Medicare fee-for-service claims data (4/1/2015-3/31/2016)
and end-of-care OASIS assessment dates (7/1/2015-6/30/2016)*

Rating for Bayada Home Health Care, LLC (217158) Gaithersburg, Maryland
Quality of Patient Care Star Rating
★★★½ (4.5 stars)

The Quality of Patient Care Star Rating will be displayed on Home Health Compare (HHC) in January 2017.

About the Quality of Patient Care Star Ratings

The Quality of Patient Care Star Ratings reflect how Home Health Agencies' (HHA) scores compare with one another on measurements of their quality of patient care performance. Across the country, most agencies fall "in the middle" with 3 stars - delivering good quality of care. A Star Rating higher than 3 means that an HHA performed better than average on the measured care practices and outcomes compared to other HHAs. A Star Rating below 3 means that an HHA's performance was below average compared to other HHAs.

The Quality of Patient Care Star Ratings do not provide information on the absolute quality of care being provided. In addition, these Star Ratings are different from the consumer ratings that you see on websites or apps for products like books, restaurants, or hotels that reflect averages of consumer opinions.

CMS also publishes Patient Experience of Care Star ratings, based on responses to the Home Health Consumer Assessment of Healthcare Providers & Systems (HCAHPS) survey. These ratings summarize patient feedback on their experience; more information is available at <https://www.medicare.gov/homehealthcompare/About/Patient-Survey-Star-Ratings.html>

How Quality of Patient Care Star Ratings Are Calculated

Quality of Patient Care Star Ratings are determined using nine measures of quality that are reported on the Home Health Compare website¹, listed below. To have a Star Rating, HHAs must have submitted data to calculate at least 5 of 9 measures, which are:

1. Timely Start of Care
2. Drug Education on all Medications Provided to Patient/Caregiver
3. Flu Vaccine Received for Current Flu Season
4. Improvement in Ambulation
5. Improvement in Bed Transferring
6. Improvement in Bathing
7. Improvement in Pain Interfering With Activity
8. Improvement in Shortness of Breath
9. Acute Care Hospitalization

¹For a measure to be reported on Home Health Compare, HHAs must have data for at least 20 complete quality episodes with end dates within the 12-month reporting period (regardless of episode start date). Completed episodes are paired start or resumption of care and end of care OASIS assessments.



**Home Health
Quality of Patient Care Star Rating
Provider Preview Report**

*This report is based on Medicare fee-for-service claims data (1/1/2015-12/31/2015)
and end-of-care OASIS assessment dates (4/1/2015-3/31/2016)*

Rating for Bayada Home Health Care, LLC (217158) Gaithersburg, Maryland
Quality of Patient Care Star Rating
★★★★½ (4.5 stars)

The Quality of Patient Care Star Rating will be displayed on Home Health Compare (HHC) in October 2016.

About the Quality of Patient Care Star Ratings

The Quality of Patient Care Star Ratings reflect how Home Health Agencies' (HHA) scores compare with one another o measurements of their quality of patient care performance. Across the country, most agencies fall "in the middle" with 3 stars - delivering good quality of care. A Star Rating higher than 3 means that an HHA performed better than average on the measured care practices and outcomes compared to other HHAs. A Star Rating below 3 means that an HHA's performance was below average compared to other HHAs.

The Quality of Patient Care Star Ratings do not provide information on the absolute quality of care being provided. In addition, these Star Ratings are different from the consumer ratings that you see on websites or apps for products like books, restaurants, or hotels that reflect averages of consumer opinions.

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2. Drug Education on all Medications Provided to Patient/Caregiver
3. Flu Vaccine Received for Current Flu Season
4. Improvement in Ambulation
5. Improvement in Bed Transferring
6. Improvement in Bathing
7. Improvement in Pain Interfering With Activity
8. Improvement in Shortness of Breath
9. Acute Care Hospitalization

¹For a measure to be reported on Home Health Compare, HHAs must have data for at least 20 complete quality episodes with end dates within the 12-month reporting period (regardless of episode start date). Completed episodes are paired start or resumption of care and end of care OASIS assessments.



**Home Health
Quality of Patient Care Star Rating
Provider Preview Report**

Based on completed quality episodes with end-of-care OASIS assessment dates from January 1, 2015 through December 31, 2015 and claims data with through dates from October 1, 2014 through September 30, 2015

Rating for Bayada Home Health Care, LLC (217158) Gaithersburg, Maryland
Quality of Patient Care Star Rating
★★★★ (4.0 stars)

The Quality of Patient Care Star Rating will be displayed on Home Health Compare (HHC) in July 2016.

How the Ratings are Calculated

The Home Health Quality of Patient Care Star Rating is calculated using 9 of the quality measures currently reported on HHC. To have a star rating computed on HHC, HHAs must have reported data on HHC for at least 5 of the 9 measures used in the ratings.¹ The 9 measures used in the Quality of Patient Care Star Ratings are:

Process Measures:

1. Timely Initiation of Care
2. Drug Education on all Medications Provided to Patient/Caregiver
3. Influenza Immunization Received for Current Flu Season

Outcome measures:²

4. Improvement in Ambulation
5. Improvement in Bed Transferring
6. Improvement in Bathing
7. Improvement in Pain Interfering With Activity
8. Improvement in Shortness of Breath
9. Acute Care Hospitalization

These measures are combined into the Quality of Patient Care Star Rating using the steps described below.

The **Quality of Patient Care Star Rating Scorecard** at the end of this report provides information specific to your HHA for each of the steps below.

¹For a measure to be reported on Home Health Compare, HHAs must have data for at least 20 complete quality episodes with end dates within the 12-month reporting period (regardless of episode start date). Completed episodes are paired start or resumption of care and end of care OASIS assessments.

²Outcome measures are risk adjusted. For technical documentation, see the Downloads section:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html>



**Home Health
Quality of Patient Care Star Rating
Provider Preview Report**

Based on completed quality episodes with end-of-care OASIS assessment dates from October 1, 2014 through September 30, 2015 and claims data with through dates from July 1, 2014 through June 30, 2015

Rating for Bayada Home Health Care, LLC (217158) Galthersburg, Maryland
Quality of Patient Care Star Rating
★★★½ (3.5 stars)

The Quality of Patient Care Star Rating will be displayed on Home Health Compare (HHC) in April 2016.

How the Ratings are Calculated

The Home Health Quality of Patient Care Star Rating is calculated using 9 of the quality measures currently reported on HHC. To have a star rating computed on HHC, HHAs must have reported data on HHC for at least 5 of the 9 measures used in the ratings.¹ The 9 measures used in the Quality of Patient Care Star Ratings are:

Process Measures:

1. Timely Initiation of Care
2. Drug Education on all Medications Provided to Patient/Caregiver
3. Influenza Immunization Received for Current Flu Season

Outcome measures:²

4. Improvement in Ambulation
5. Improvement in Bed Transferring
6. Improvement in Bathing
7. Improvement in Pain Interfering With Activity
8. Improvement in Shortness of Breath
9. Acute Care Hospitalization

These measures are combined into the Quality of Patient Care Star Rating using the steps described below.

The **Quality of Patient Care Star Rating Scorecard** at the end of this report provides information specific to your HHA for each of the steps below.

¹For a measure to be reported on Home Health Compare, HHAs must have data for at least 20 complete quality episodes with end dates within the 12-month reporting period (regardless of episode start date). Completed episodes are paired start or resumption of care and end of care OASIS assessments.

²Outcome measures are risk adjusted. For technical documentation, see the Downloads section:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQI/QualityMeasures.html>



**Home Health
Quality of Patient Care Star Rating
Provider Preview Report**

Based on completed quality episodes with end-of-care OASIS assessment dates from July 1, 2014 through June 30, 2015 and claims data with through dates from April 1, 2014 through March 31, 2015

Rating for Bayada Home Health Care, LLC (217158) Gaithersburg, Maryland
Quality of Patient Care Star Rating
★★★½ (3.5 stars)

The Quality of Patient Care Star Rating will be displayed on Home Health Compare (HHC) in January 2016.

How the Ratings are Calculated

The Home Health Quality of Patient Care Star Rating is calculated using 9 of the quality measures currently reported on HHC. To have a star rating computed on HHC, HHAs must have reported data on HHC for at least 5 of the 9 measures used in the ratings.¹ The 9 measures used in the Quality of Patient Care Star Ratings are:

Process Measures:

1. Timely Initiation of Care
2. Drug Education on all Medications Provided to Patient/Caregiver
3. Influenza Immunization Received for Current Flu Season

Outcome measures:²

4. Improvement in Ambulation
5. Improvement in Bed Transferring
6. Improvement in Bathing
7. Improvement in Pain Interfering With Activity
8. Improvement in Shortness of Breath
9. Acute Care Hospitalization

These measures are combined into the Quality of Patient Care Star Rating using the steps described below.

The Quality of Patient Care Star Rating Scorecard at the end of this report provides information specific to your HHA for each of the steps below.

¹For a measure to be reported on Home Health Compare, HHAs must have data for at least 20 complete quality episodes with end dates within the 12-month reporting period (regardless of episode start date). Completed episodes are paired start or resumption of care and end of care OASIS assessments.

²Outcome measures are risk adjusted. For technical documentation, see the Downloads section:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html>

ATTACHMENT

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Total Visits by Payer Source, by Year

2016

Payor Type	BAYADA Home Health Care, Montgomery County
COMMERCIAL INSURANCE	29.68%
CONTRACTS	2.16%
INSURANCE - MVA	0.00%
INSURANCE - WCO	0.15%
MANAGED - MEDICAID	0.15%
MANAGED - MEDICARE	1.55%
MEDICAID	0.00%
MEDICARE	65.22%
MEDICARE - PART B	0.00%
OTHER	0.00%
PPS - NON MEDICARE	0.93%
SELF PAY	0.00%
SELF PAY - HOME HEALTH	0.15%
Grand Total	1304

2015

Payor Type	
COMMERCIAL INSURANCE	17.56%
CONTRACTS	3.89%
INSURANCE - MVA	0.00%
INSURANCE - WCO	0.10%
MANAGED - MEDICAID	0.20%
MANAGED - MEDICARE	1.90%
MEDICAID	0.10%
MEDICARE	71.46%
MEDICARE - PART B	1.70%
OTHER	0.20%
PPS - NON MEDICARE	2.50%
SELF PAY	0.00%
SELF PAY - HOME HEALTH	0.30%

2014

Payor Type	
COMMERCIAL INSURANCE	18.88%
CONTRACTS	5.44%
INSURANCE - MVA	0.00%
INSURANCE - WCO	0.00%
MANAGED - MEDICAID	0.64%
MANAGED - MEDICARE	1.92%
MEDICAID	0.00%

MEDICARE	70.24%
MEDICARE - PART B	0.00%
OTHER	0.16%
PPS - NON MEDICARE	2.56%
SELF PAY	0.00%
SELF PAY - HOME HEALTH	0.16%

ATTACHMENT

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Managed by BAYADA Home Health Care, Inc.

State	Address				License Number	Medicare Provider #	Medicaid FFS Provider #	NPI Number	TAX ID Number
NJ	1940 Route 9 North		Cape May Court House, NJ	08210	22384	31-7012	3688020	1962484659	Cape Regional Home Health Care, LLC. manager of County of Cape May 21-6000106
PA	7600 Central Avenue	3rd Floor Founders Building	Philadelphia, PA	19111	723105	397231B	100506110014	1598711038	Jeans Hospital dba/ Temple Health at Home 232826045
SC	169 Ashley Avenue	North Tower, Suite 253	Charleston, SC	29425	HHA-0018	42-7004	N/A	1609310929	SCHHA, LLC dba/ MUSC Health at Home, by BAYADA - Charleston 81-4546095

Owned by BAYADA Home Health Care, Inc.

State	Address				License Number	Medicare Provider #	Medicaid FFS Provider #	NPI Number	TAX ID Number
FL	6311 Atrium Drive	Suite 206	Bradenton, FL	34202	HCC10340	N/A	N/A	1265884795	BPS Tampa, LLC 38-4003202
HI	68 Kekuaaoa Avenue	Suite 350	Hilo, HI	96720	HHA-50	12-7312	N/A	1851650618	B.C.P., Inc. dba/ BAYADA Home Health Care 36-3606107
HI	615 Piikoi Street	Suite 601	Honolulu, HI	96814	HHA-46	12-7310	N/A	1225478605	B.C.P., Inc. dba/ BAYADA Home Health Care 36-3606107
HI	2200 Main Street	Suite 660	Waihuku, HI	96793	HHA-47	12-7309	1942569702	1942569702	B.C.P., Inc. dba/ BAYADA Home Health Care 36-3606107
NJ	1101 Wheaton Avenue	Suite 170	Millville, NJ	08332	22230	31-7089	0549568	1710340575	Tri-County Home & Hospice Care, LLC 47-5652668
NJ	608 North Broad Street	Suite 300	Woodbury, NJ	08096	22230	31Q7089001	0539627	1629431481	Tri-County Home & Hospice Care, LLC 47-5652668
NJ	603 North Broad Street	Suite 301	Woodbury, NJ	08096	24778	31-1576	0539163	1427419001	Tri-County Home & Hospice Care, LLC 47-5652668

ATTACHMENT

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STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary

June 8, 2016

Ms. Marie Elam, Administrator
Bayada Home Health Care, LLC
352A Christopher Avenue
Gaithersburg, MD 20879

RE: ACCEPTABLE PLAN OF CORRECTION

Dear Ms. Elam:

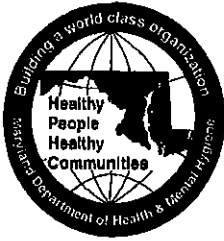
We have reviewed and accepted the Plan of Correction submitted as a result of a complaint investigation completed at your facility on May 12, 2016.

Please be advised that an unannounced follow-up visit may occur prior to the standard survey to ensure continual compliance.

If there are any questions concerning this notice, please contact this Office at 410-402-8288.

Sincerely,

Roslyn Tyson, Program Coordinator
Ambulatory Care Programs
Office of Health Care Quality



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Spring Grove Center • Bland Bryant Building
55 Wade Avenue • Catonsville, Maryland 21228-4663

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary

December 13, 2016

Mr. David Pareja, Administrator
Bayada Home Health Care, LLC
352-A Christopher Avenue
Gaithersburg, MD 20879

RE: ACCEPTABLE PLAN OF CORRECTION

Dear Mr. Pareja:

We have reviewed and accepted the Plan of Correction submitted as a result of a complaint survey completed at your facility on October 27, 2016.

Please be advised that an unannounced follow-up visit may occur prior to the standard survey to ensure continual compliance.

Please maintain this document on file as proof of an Office of Health Care Quality survey. A request for this document will be handled as a Public Information Request with a response time of up to 30 days. If there are any questions concerning this notice, please contact this Office at 410-402-8040.

Sincerely,

Roslyn Tyson, Program Coordinator
Ambulatory Care Programs
Office of Health Care Quality