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October 31, 2017

William Chan, Health Policy Analyst
Maryland Health Care Commission
Center for Health Care Facilities
Planning & Development
4160 Patterson Avenue
Baltimore, MD 21215

RE: CON Application to Expand a Home Health Agency in Lower Eastern Shore -
Docket No. -17-R2-2407

Dear Mr. Chan:

Enclosed are four (4) copies of the Applicant's Responses to the Completeness Questions dated September 22, 2017 for filing in the above-referenced case.

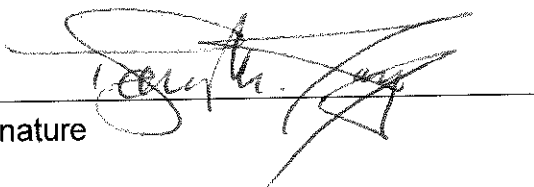
Should you have any questions, please let me know. Thank you for your attention to this matter.

Sincerely,

Barry M. Ray
CEO, Visiting Nurse Association of Maryland, LLC

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

Signature

A handwritten signature in black ink, appearing to be "D. Smith", written over a horizontal line.

October 31, 2017

Date:

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

Signature

October 31, 2017

Date:

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Part I: Project Identification and General Information

1. Please respond and submit an attested copy of MHCC's Documentation of Applicant's Qualification found on MHCC website at:

http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/con_home_health_documentation_hha_maryland_revised.docx.

Applicant Response: The attested and signed copy of the Documentation of Applicant's Qualifications to Expand or Establish a Home Health Agency in Maryland is included in Attachment O.

2. Please cite the Source for Charts 1, 2 and 5.

Applicant Response: The source for Chart 1 is the 2014 Home Health Agency Charity Visits is located on: http://mhcc.maryland.gov/public_use_files/homehealthdownload.html, Home Health 2014 Zipped Comma Delimited Files and Documentation, hh_2014_jur_data.csv, Question 31B in Column CZ.

The source for Chart 2 is the is the Home Health Utilization for calendar Tables 2011-2014 located on the Maryland Health Care Commission website: http://mhcc.maryland.gov/public_use_files/homehealthdownload.html.

The source for Chart 5 is the Home Health Utilization Tables #16 and #19 for calendar year 2011-2014 located on the Maryland Health Care Commission website: http://mhcc.maryland.gov/public_use_files/homehealthdownload.html.

Part II: Consistency with Review Criteria at COMAR 10.24.01.08G(3)

Service Area

3. Please discuss whether VNA of Maryland will open a satellite office in the Lower Eastern Shore, and if so, where. Please discuss the relationship of this satellite office with the main office in Baltimore County?

Applicant Response: VNA of Maryland will not be opening a satellite office as a result of this CON submission. The VNA office currently has no satellite offices and no plans to open satellite offices in the State of Maryland. All business matters are handled from the main office located in Baltimore County.

Financial Accessibility

4. Please provide evidence that VNA of Maryland is certified to participate in both the Medicare and Medicaid programs.

Applicant Response: VNA has included the State of Maryland Department of Health and Mental Hygiene Office of Health Care Quality, License No. HH7008 in Attachment P as evidence of its certification to participate in both Medicare and Medicaid programs.

Fees and Time Payment Plan

5. Please show where in the policy does VNA of Maryland's discuss the procedure with regard to when a patient is given a written copy of the policy detailing payment options and mechanisms for clients to arrange for time payment.

Applicant Response: As a general guideline, patients will be provided a copy of the policy within 72 hours upon request. The language outlining the procedure followed regarding when a patient is given a copy of the policy is included in Attachment Q, Collections, Financial Counseling, Bad Debt Management & Payment Plans.

Charity Care and Sliding Fee Scale

6. Please report the amount of charity care (% of visits that were charity care) provided by VNA of Maryland for last three years, juxtaposed with the average amount of charity care provided by home health agencies in each of the eighteen jurisdictions that is authorized to serve. If this track record does not match the average level of charity care provided, please explain how the applicant can assure MHCC that it will comply with this standard for the four counties located in the Lower Eastern Shore.

Applicant Response: VNA of Maryland provided the amount of charity care visits on page 16 of the original CON submission on September 5, 2017. We have provided this section again for ease of locating.

"The VNA of Maryland historically has provided charity care to patients being discharged by referral sources from the residents of those counties. VNA of Maryland has provided 342 charity care visits (based on internal unreported data) across the agency in all jurisdictions in 2015 and has provided 493 charity care visits in 2016. VNA of Maryland has made a commitment to provide a minimum of 500 charity care visits state-wide in 2017 and beyond. This commitment is also noted in the Charity Care Policy in Attachment D."

Applicant Response: VNA of Maryland believes the request to “juxtapose” our average care per county served is unwarranted and inconclusive.

The charity care requirement in the 14 jurisdictions VNA served in 2016, was not a mandated per county requirement, but a reflection of our agency’s commitment to charity care, which was significant based on the yearly totals, without any State mandated requirements. To ask that we go through an exercise comparing each jurisdiction served to other home health agencies in each of those jurisdictions, is not reflective of the VNA’s established commitment to Charity Care. As it relates to the Maryland Health Care Commission’s concern for the four counties of the Lower Eastern Shore, based on the most recent data available (2014) the existing level of charity care in each of those counties is rather disappointing. In Dorchester County, the average number of charity care visits per agency is 6 per year; in Somerset it is an average of 3 visits per year; in Wicomico County it is an average of 0 visits per year; and in Worcester County it is an average of 18 visits per year.

The VNA of Maryland has a long standing history of providing significantly greater amounts of charity care in the counties we serve, and we are certainly committed to providing the same level of commitment in the Lower Eastern Shore, and most assuredly, now that this is an established criteria of the CON process, once granted a CON for these jurisdictions, we will exceed the average visits provided by the other agencies in 2014.

Financial Feasibility

7. As indicated at the bottom of p. 16, please submit details or evidence to support the assumptions used with your statement regarding “organic growth” in utilization and the aging of the population.

Applicant Response: Chart 3, in the original CON application, shows the population is aging in place and is becoming a greater portion of the total population of the Lower Eastern Shore.

Organic growth refers to growth from within the residents of the counties of the Lower Eastern Shore. Chart 3 reflects aging in place and those residents over age 65, represent a greater portion of the total population. The real growth has been in the over age 65 category.

Impact

8. Please provide a response that addresses impact on staffing and not adversely taking qualified personnel from existing health care providers in the Lower Eastern Shore.

Applicant Response: The VNA of Maryland has a 95% employee retention rate. We recruit medical professionals dedicated to the provision of quality care that are respectful and treat clients with dignity. We foster a work environment that supports the personal and professional needs of our providers, thus encouraging long term employment commitments. We recruit domestically as well as through our H1B visa and green card holder programs. The retention strategy includes working diligently with human resources on staffing strategies that address optimizing opportunities for existing personnel in the bordering areas of Lower Eastern Shore and accommodating personnel that would like to reside within the same area.

VNA of Maryland has always positioned itself to recruit from within the agency as it grows and develops its own talent. Additionally, VNA of Maryland maintains an H1B visa program, an aggressive external recruitment program and has a careers web page presence on the Internet. It is not the intention of the VNA to recruit from other agencies, however VNA cannot prohibit resources from other agencies from seeking employment with the VNA.

Linkages with Other Service Providers

9. Since VNA of Maryland currently operates in the northern most region of the Upper Eastern Shore in Cecil County, you need to provide documentation of these linkages in VNA of Maryland's existing service area and document its work in forming such linkages in Dorchester, Somerset, Wicomico and Worcester Counties.

Applicant Response: It is the VNA of Maryland's model to create linkages after being awarded a CON for the designated area in which it is sought. It is not our practice to create these linkage relationships prior to award in any jurisdiction. Once VNA of Maryland secures an awarded CON, it is then the process of creating linkages begins. This has been our approach and we have successfully implemented this process in every county we perform services.

Discharge Planning

10. Please provide a copy of the Discharge Planning policy as requested in this standard that addresses "all valid reasons upon which it may discharge clients or transfer clients to another health care facility or program."

Applicant Response: The Discharge Planning Process policy was originally provided as Attachment F in the CON application which addresses the valid reasons upon which it may discharge or transfer clients. Please see Attachment F, Discharge Planning Process for VNA of Maryland.

Need

11. As instructed by this standard, please provide a quantitative analysis that addresses the population size, characteristics, and projected growth in population for Dorchester, Somerset, Wicomico and Worcester Counties. The applicant only provides population figures for the years 2010 and 2016.

Applicant Response: Chart #3 in the original CON submission was the only data available to us and was our basis for being able to determine that the population in the Lower Eastern Shore is aging in place. Please see response leading up to Chart #3 on page 21.

12. In reviewing the historical utilization trends reported in Chart 2, the only jurisdiction that showed a consistent positive growth annually between 2011 through 2014 was Wicomico County (18.6%). Somerset County shows a decrease in home health visits (-2.1%) between 2012 thru 2013 and Dorchester and Worcester a decrease in utilization (-2.3% and -0.8%) between 2013 and 2014. Note: Somerset County only showed 0.3% growth in home health visits between 2013 and 2014. Therefore, with only Wicomico County showing consistent growth in home health visits between 2013 thru 2014, and the only jurisdiction to show consistent growth annually from 2011 thru 2014, what is the basis for VNA of Maryland's assumption it will reach a minimal 10% increase and a total of 10,000 home health visits in the Lower Eastern Shore by the end of CY 2020.

Applicant Response: Historic utilization trends are of little value in determining what future needs are for home health. 1) The data provided is outdated and only considers years 2011 through 2014. 2) The data does not reflect the change in home health care's role in the continuum of care. Since that time, the Medicare mandated rule related to avoiding re-hospitalizations has created a significant increase in the role home health care agencies have in helping to avoid unnecessary readmissions. This has created an increased need to care for patients who are kept at home as opposed to being sent to the hospital, emergency rooms, nursing homes, or other types of institutional settings. It is understood and accepted that home and community based services are going to be heavily relied upon to provide care that traditional institutional settings will not be able to provide as Medicare and commercial insurers will no longer compensate for unnecessary re-hospitalizations. 3) Many agencies focus on accepting Medicare cases, and do not accept traditional insurers.

Chart 3

13. Please cite the source for the population figures in this chart.

Applicant Response: The source for Chart #3 is as is <https://www.census.gov/quickfacts/table/US/pst045216>.

Chart 4

14. Please identify the active home health agencies operating in Dorchester, Somerset, Wicomico, and Worcester Counties you have identified in this table.

Applicant Response: The home health agency names have been added to each corresponding county where they provide services.

Chart 1: Active Home Health Agencies with at Least 150 Visits Per Annum

County	Home Health Agency Names	Year 2011	Year 2012	Year 2013	Year 2014
Dorchester	Home Call, Amedisys, Shore	3	3	3	3
Somerset	Peninsula, Amedisys, Health South Chesapeake Home Health	3	3	3	3
Wicomico	Home Call, Amedisys, Peninsula, Health South Chesapeake Home Health	4	4	4	4
Worcester	Home Call, Amedisys, Peninsula, Health South Chesapeake Home Health	4	4	4	4

15. Regarding Attachment K, please provide details as to what is Vertess, who is the publisher of this document. How is this organization affiliated with the applicant?

Applicant Response: The published document was created by Vertess. As described on their website, "VERTESS was designed from the ground up by a visionary group of results-oriented professionals and dedicated healthcare entrepreneurs who are also nationally credentialed as M+A professionals and serve as an alternative to traditional M+A firms and investment banks. The company focuses primarily on personal and professional goals and help facilitate transactions that make sense for long term. The company's experiences range from the CEO of a large regional behavioral health entity and the President of a multi-million dollar home care organization to the Founder of an innovative DME company and the COO for an international healthcare concern, all of whom are well-informed on the healthcare market."

VNA of Maryland is in no way affiliated with this organization. The article was simply supplied as an outlook on the home health care industry and in no way asserts VNA of Maryland's political affiliations.

16. Please clarify the statement on p.23 that states "VNA has experienced consistent increases of 5%+ over the past three years." Does this represent VNA's performance in Cecil County only, all of the 18 counties in Maryland served by VNA, or a subset? Please provide the utilization figures to support this statement.

Applicant Response: The following visits represent agency-wide data for the fourteen (14) counties VNA of Maryland: in 2014, the VNA of Maryland performed 180,162 visits; 189,592 visits were performed in 2015; 200,272 visits were performed in 2016.

Availability of More Cost-Effective Alternatives

17. As requested in the standard, please provide a response that addresses "why this project is a less costly and/or more effective alternative for meeting the needs identified than other types of projects or approaches."

Applicant Response: This project is less costly because home health care is the least capital intensive and cost effective manner to provide care. There are minimal capital expenditures such as infrastructure associated with home health care. However, the standard reads and/or, and the VNA identified in its initial response to this question why we are a more effective alternative.

Viability of the Proposal

18. Please show on Table 4 where the costs for marketing are located.

Applicant Response: Costs for marketing are located under the category labeled "Other Expenses/Management fees."

Impact on Existing Providers

19. Please provide an analysis that addresses the impact of the proposed project on the volume of service provided by all existing home health providers in Dorchester, Somerset, Wicomico, and Worcester Counties. Your response should take into consideration the applicant's response to Question #12 with regard to historical utilization and VNA's potentially adverse impact on existing providers based on VNA's assumptions regarding 10% organic growth and 10,000 additional home health visits per annum by CY 2020.

Applicant Response: Analysis for the impact on existing providers has been addressed in responses to questions #7 Financial Feasibility, #8 Impact, #11 and #12 Need sections of the Completeness Questions. It is important to note that

the VNA of Maryland accepts a significant amount of private insurers that other home health agencies do not accept. Therefore, there is a certain amount of cases that are currently not being accepted because those providers do not accept the same insurance carriers that VNA of Maryland will accept.

Part IV: Charts and Tables Supplement

Table 1

20. Please clarify whether the total cost of the project is \$34,000 as you state in the CON application, or \$44,000 as entered in the Total Use of Funds.

Applicant Response: The answer is \$44,000. Table 1 included in the original submission of the CON was incorrect. Section 2a-j total is \$22,000 and the total use of funds is \$44,000. Please see the updated Table 1 below.

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	\$15,000
• Contingencies	\$5,000
• Other (Specify)	
c. SUBTOTAL	\$ 2,000
TOTAL CURRENT CAPITAL COSTS (sum of a - c)	\$22,000
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)	\$22,000
2. FINANCING COST AND OTHER CASH REQUIREMENTS	
a. Loan Placement Fees	
b. Bond Discount	
c. Legal Fees (CON Related)	
d. Legal Fees (Other)	\$15,000

e. Printing	\$2,000
f. Consultant Fees CON Application Assistance	\$5,000
Other (Specify)	
g. Liquidation of Existing Debt	
h. Debt Service Reserve Fund	
i. Principal Amortization Reserve Fund	
j. Other (Specify)	
TOTAL (a - j)	\$22,000
3. WORKING CAPITAL STARTUP COSTS	\$0
TOTAL USES OF FUNDS (sum of 1 - 3)	\$44,000
B. SOURCES OF FUNDS FOR PROJECT	
1. Cash	\$3,079,534
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)	\$3,079,534.23
ANNUAL LEASE COSTS (if applicable)	
• Land	
• Building	
• Major Moveable equipment	
• Minor moveable equipment	
• Other (specify) (Office Space)	\$15,000

21. Please provide a signed copy of the lease for \$15,000 for Office Space, and provide the terms of the lease, such as address/location, length of contract, number of square feet, and other details related to leasing office space for your home health agency. Will this office only serve VNA staff serving Dorchester, Somerset, Wicomico, and Worcester Counties, or all nine jurisdictions on the Eastern Shore?

Applicant Response: There is no current lease. It is a proposed budget that VNA of Maryland will look for space after the CON is awarded and not before that time. It is the VNA of Maryland's intention to find a location which would be accessible to the Lower Eastern Shore jurisdictions. The "office" will only serve as a location for VNA to interview future applicants when needed, and a place to house monthly marketing meetings, as well as quarterly team meetings if

conference space allows.

Table 2A

22. Please provide the provide utilization for CY 2020.

Applicant Response: The utilization for CY 2020 has been updated and is reflected in Table 2A below.

	Two Most Current Actual Years		Projected years – ending with first year at full utilization			
(CY or FY (circle))	2015	2016	2017	2018	2019	2020
Client Visits						
Billable	189,592	200,272	210,286	220,800	231,840	236,477
Non-Billable	7,899	7,403	7,773	8,162	8,570	8,741
TOTAL	197,491	207,675	218,059	228,962	240,410	245,218
# of Clients and Visits by Discipline						
Total Clients (Unduplicated Count)	11,404	11,625	12,106	12,590	13,094	13,544
Skilled Nursing Visits	83,629	88,300	90,949	93,677	96,488	99,132
Home Health Aide Visits	12,874	14,442	15,886	17,475	19,222	20,014
Physical Therapy Visits	74,608	77,393	82,037	86,959	92,176	94,642
Occupational Therapy Visits	13,113	14,704	15,145	15,599	16,067	16,490
Speech Therapy Visits	2,953	2,568	2,568	2,568	2,568	2,619
Medical Social Services Visits	2,415	2,864	3,064	3,279	3,509	3,579
Other Visits (Please Specify)						

Table 2B

23. Please provide the following:

- a. Breakdown of projected utilization from CY 2017 to CY 2020 by the four jurisdictions.

Applicant Response: The VNA of Maryland will not be able to provide data by jurisdiction. Please see response to Completeness Question #24.

b. Projected utilization for CY2020.

Applicant Response: The utilization for CY 2020 has been updated and now reflects the correct projected years.

	Projected years – ending with first year at full utilization			
CY or FY (circle)	2018	2019	2020	20XX
Client Visits				
Billable	2,771	5,761	9,583	
Non-Billable	115	241	417	
TOTAL	2,887	6,002	10,000	
# of Clients and Visits by Discipline				
Total Clients (Unduplicated Count)				
Skilled Nursing Visits	1,230	2,558	4,234	
Home Health Aide Visits	271	563	975	
Physical Therapy Visits	1,090	2,265	3,724	
Occupational Therapy Visits	212	441	764	
Speech Therapy Visits	37	77	134	
Medical Social Services Visits	47	98	169	
Other Visits (Please Specify)	2,887	6,002	10,000	

24. What are the assumptions used in developing the projections for Table 2B. Will VNA provide home health service to Dorchester, Somerset, Wicomico, and Worcester Counties all at the same time, or will you transition into service by initially starting in only one or two counties? If the latter, what is the timeframe for starting service in all four jurisdictions?

Applicant Response: VNA of Maryland will begin offering services in Dorchester and Wicomico Counties in 2018. It is the agency's expectation at the end of 2018 to expand services to Worcester County and in 2019 or earlier to extend services to Somerset County based on need and availability of staffing to adequately handle referrals.

Table 4

25. Please provide an explanation for the significant increase of 89% between CY 2018 to CY 2019 and 62% increase between CY 2019 and CY 2020 in Salaries,

Wages and Professional Fees. Why the significant increase in staffing during the first three years of operation?

Applicant Response: Staffing is a direct result of visit growth and the growth is directly proportionate to the staffing need.

26. Please explain what service is included in the category Other Expenses, which you identify as Management Fees.

Applicant Response: The categories included in Other Expenses include Marketing, Insurance (Workman's Compensation), Staff Recruitment and Phone Services.

Table 5

27. Please provide the current number of FTEs on staff at VNA of Maryland.

Applicant Response: The Table 5 has been updated to reflect the current number of FTEs on staff at VNA of Maryland.

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	107				\$70,500		\$7,543,500	
Registered Nurse	86				\$72,800		\$6,260,800	
Licensed Practical Nurse					-		-	
Physical Therapist	62				\$84,500		\$5,239,000	
Occupational Therapist	14				\$78,000		\$1,092,000	
Speech Therapist	3				\$104,000		\$312,000	
Home Health Aide	11				\$31,200		\$343,000	
Medical Social Worker	5				\$93,600		\$468,000	
**Other (Please specify.) Scheduler			-		-		-	
Benefits							\$3,149,713	
TOTAL							\$21,258,500	

**List of Attachments O – R to Responses to
September 22, 2017 Completeness Questions**

ATTACHMENT O

<p align="center">Documentation of Applicant's Qualifications to Expand or Establish a Home Health Agency in Maryland</p> <p align="center">For: <u>Maryland Home Health Agency, Nursing Home, or Hospital Applicants</u></p>

Applicant:

If an existing home health agency, provide Maryland HHA license #: HH7008A

1. PERFORMANCE-RELATED QUALIFICATIONS: COMAR 10.24.16.06.D and 10.24.16.07 outline performance-related qualifications that an applicant must meet in order to have a CON application accepted. The performance-related qualifications vary by type of applicant. MHCC staff has previously identified qualifying Maryland providers that have met the performance-related qualifications found on the Commission's web site at: http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/chcf_con_hha_guidelines_20161114.pdf.

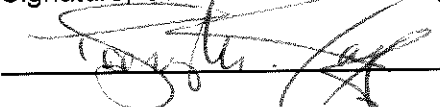
To determine a potential applicant's performance-related eligibility:

- Home Health Agencies should consult Table 1;
- Hospitals should consult Table 2; and
- Nursing homes should consult Table 3.

If potential applicant is on the qualifying list, complete question 2, provide documentation as requested, and return to MHCC.

2. QUALIFICATIONS FOR ALL APPLICANTS: COMAR 10.24.16.06C provides that the Maryland Health Care Commission will only docket a CON application from an applicant that meets and documents the characteristics and requirements listed immediately below. Applicants must indicate whether the statement on the left side of the grid below is true or false (or Not Applicable) and provide documentation as indicated.

The Applicant:	
(1) Has not had its Medicare or Medicaid payments suspended within the last five years;	True
(2) Has not been convicted of Medicare or Medicaid fraud or abuse within the last ten years;	True
(3) Has received at least satisfactory findings reflecting no serious adverse citations on the most recent two survey cycles from its respective state agency, accreditation organization, or both, as applicable to the type of applicant;	True; See Attachment R (Provide documentation of survey results.)
(4) Has maintained accreditation through a state-recognized deeming authority, as applicable, for at least the three most recent years;	True; See Attachment R (Provide documentation of accreditation.)
(5) Has submitted an acceptable plan of correction for any valid and serious patient-related complaint investigated over the past three years;	Not applicable (Provide documentation of accepted plan of correction.)

(6) Has complied with all applicable federal and State quality of care reporting requirements and performance standards;	True; See Attachment G (Provide documentation)
(7) Can document availability of sufficient financial resources to implement the proposed project within the applicable timeframes set forth in the Commission's performance requirements at COMAR 10.24.01.12; 10.24.16	True; See Attachment L (Provide documentation*)
(8) Demonstrates a record of serving all applicable payer types, such as Medicare, Medicaid, private insurance, HMOs, and self-pay patients; and	True; See Attachment I (Provide documentation of payor mix.)
(9) Affirms under penalties of perjury, that within the last ten years, no owner or senior management, or owner or senior management of any related or affiliated entity, has been convicted of a felony or crime or pleaded guilty, nolo contendere, entered a best interest plea of guilty, or received a diversionary disposition regarding a felony or crime.	True
<p>ATTESTATION: I, the undersigned am an owner, 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 statements immediately preceding are true and correct to the best of my knowledge, information, and belief.</p> <p>Signature, Owner or Authorized Agent of the Potential Applicant: </p> <p>Print Name and Title: <u>Barry H. Ray, CEO</u> <u>MEMBER</u></p> <p>Date: <u>10/31/2017</u></p>	

* Provide Audited Financial Statements for the past two years. In the absence of audited financial statements, provide documentation of the adequacy of financial resources to fund this project signed by a Certified Public Accountant who is not directly employed by the applicant.

ATTACHMENT P



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. HH7008

Issued to: Visiting Nurse Association Of MD, LLC
7008 Security Blvd
Baltimore, MD 21244

Type of Facility or Community Program: HOME HEALTH AGENCY

Date Issued: June 30, 2017

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

Area(s) Served: ANNE ARUNDEL, BALTIMORE, BALTIMORE CITY, CALVERT,
CAROLINE, CARROLL, CECIL, CHARLES, FREDERICK, HARFORD, HOWARD,
KENT, MONTGOMERY, PRINCE GEORGE'S, QUEEN ANNE'S, ST. MARY'S,
TALBOT, WASHINGTON COUNTIES

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: June 30, 2018

Patricia Tomoko May, MEd

Director

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

ATTACHMENT Q

**Policy Manual
1200.17**

Subject: Collections, Financial Counseling, Bad Debt Management & Payment Plans
Date Approved: 5/95
Approved By: Professional Advisory Committee
Date(s) Effective: 8/01
Date(s) Reviewed: 9/02, 12/03, 09/05, 12/08, 02/10, 02/11, 02/12, 3/16
Date(s) Revised: 8/01, 9/04, 09/05, 9/06, 3/07, 2/13, 1/14, 1/15, 10/17

Policy:

The Agency pursues the guarantor/third party payor for payment of services to the extent permitted by law.

Purpose:

1. To minimize the potential and the actual financial losses posed to the Agency by the patient and or his/her family's credit history and credit habits.
2. To provide guidance to the employees in the conduct of their responsibilities and duties in the collection and maintenance of benefit information.
3. To provide guidance in management of bad debt and the execution of payment plans

General Guidelines:

1. Authority to speak for the Company/Financial counseling
 1. The Agency establishes standing charges for the services it provides. Managed Care Coordinators and reimbursement specialist may negotiate payment for services within established departmental guidelines. Exceptions to either the standard rates or payment for services are authorized only by the Director of Clinical Operations, Director of Finance or CFO. All exceptions are placed in writing. The VNA does not accept sliding payment scale.
 2. In response to any inquiry by a patient or his/her family, concerning his/her benefits, public or private, the patient or family member are referred to the insurer. Any other response given by an employee is qualified as being based "on the benefits as quoted by the insurer to the Agency and not a guarantee that the insurer will make payment in the described manner".
 3. Unauthorized statements may not be honored.
 4. Patients will be provided a copy of this policy within 72 hours upon request.
2. Demographic Data Collection:
 1. Given the crucial importance of accurate patient demographic data, ALL employees are responsible for reporting any demographic data changes to the employees of the Agency who are responsible for maintaining each patient's demographic information.
 2. Initial responsibility for the collection of demographic data falls upon the Admissions/Home Care Coordinators and their supervisors at the time of intake.

3. Responsibility for the validation and accuracy of demographic data falls upon the field staff and any other staff involved in the patient's care.
 - a. Confirm this information on start of care and/or subsequent visits when applicable.
4. Tertiary responsibility (on delinquent or defaulted accounts) for the collection of demographic information falls upon any collector working an account and his/her supervisors.
5. Supervisors are responsible for monitoring the degree to which the necessary information is collected and is correct. Supervisors are also responsible for directing any corrective measures that need to be taken to comply with the requirements of this policy.

Bad Debt Management:

1. Primary and then Secondary insurance companies are billed for all valid services. Any amounts not reimbursed by the Primary/Secondary insurance companies (excluding contractual allowances) are billed to the patient unless the VNA is at fault (for example, if the provider did not request pre-authorization when she/he knew it was required).
2. Any account over 120 days old is researched by the Patient Account Representative responsible for that pay code in order to obtain payment. Past due accounts are followed up at least once every two weeks, until payment is received.
3. If it is determined that the insurance company has not paid because proper documentation/authorization was not obtained, the Patient Account Representative contacts the Managed Care Coordinator to obtain retroactive authorization or obtains the proper documentation from Medical Records. If it is determined that this documentation/authorization cannot be obtained and the VNA was at fault, the Patient Account Representative writes off the account to bad debts.
4. When it is determined that an account is to be written-off to bad debt, the Patients Accounts Representative must prepare the journal entry to write-off the services and complete the journal entry. The Associate Director of Reimbursement must approve this form before the write-off can be processed.
5. If it is determined that the insurance company did not pay because the patients insurance was not valid at the time of service or that the patient had exhausted his/her home care benefits, the Patient Account Representative bills the secondary insurance company if available or the patient if there is no secondary insurance.
6. For all self-pay accounts over 120 days old, the Patient Account Representative contacts the patient to establish a payment plan (procedure detailed below under Collections/Payment Plan).
7. Documentation of all contacts with insurance companies/patients are recorded in a Billing note in HCHB. These notes must contain the date of the action, the person contacted, the type of contact (i.e., phone, letter, etc.), the result of the action, the next projected follow-up date and the initials of the person making the contact. In addition, a short note is made on the biller's copy of the A/R explaining the problem or action taken.
8. The copy of the Biller's AR is reviewed by the Associate Director of Reimbursement every month to determine if the appropriate follow-up is being done.
9. To enhance the Agency's ability to collect on judgments rendered on its behalf by the courts, accounts receivable personnel keep copies of all checks, money orders, cash (and receipts for cash) tendered to the Agency as payment for services rendered.

Collections – Payment Plans:

1. Payment plans (special time payment options) are made available to patients who are unable to pay their entire account balance within 30 days. Monthly payment plans are available allowing the patient up to 6 months to pay the account in full. In unusual circumstances, up to 1 year may be permitted to pay an account in full. No finance charges are charged to these accounts.
2. With any self-pay account that is over 120 days old, the Patient Account Representative contacts the patient to establish a payment plan (this is done by phone and then by letter).
3. Terms of the payment plan are implemented by the Patient Account Representative with a minimum of \$25 per month and a goal of having the account completely paid within 6 months.
4. Payment plans for small balances (less than \$100) can be set at less than the \$25 minimum or more than the 6 month goal based on the discretion of the Patient Account Representative.
5. Payment plans for large balances (over \$100) can extend past the 6 months, if an initial lump sum payment is made or if large monthly payments are consistently made.
6. If after 60 days a satisfactory payment plan has not been established all self-pay accounts over \$100 are turned over to a collection agency. **An attorney will be used only for matters involving amounts of \$3000 or more.**
7. Accounts under \$100.00 are sent 3 letters requesting payment. If payment is not received within 60 days the outstanding amount due is write-off for immaterial balance.

ATTACHMENT R



FOR PROVIDERS.
BY PROVIDERS.

January 16, 2014

Visting Nurse Association of Maryland, LLC, DBA VNA of Maryland, LLC
Ria Rodriguez
7008 Security Blvd, Suite 300
Baltimore, MD 21244

Branch Listing:
N/A

Program Type: HH
CCN#: 217008
AOID#: 31339

Survey Type: Re-Accreditation
Survey Dates: December 9, 2013 - December 13, 2013
Accreditation Dates: December 31, 2013 - December 31, 2016
Accreditation Decision: Full

Dear Ria Rodriguez:

Thank you for submission of your recent Plan of Correction (POC) received on January 8, 2014 related to the deficiencies found during your on-site survey. The Accreditation Commission for Health Care, Inc. (ACHC) conducted an extensive evaluation of your POC, and has concluded that all deficiencies are now resolved. Please submit evidence of compliance supporting your POC within 60 days of the original dated letter.

On behalf of the Accreditation Commission for Health Care, Inc., it is my pleasure to inform you that Visting Nurse Association of Maryland, LLC has been **approved for accreditation** for Home Health with a recommendation for continued *Deemed Status*. The services approved are Home Health Aide Services, Medical Social Services, Occupational Therapy Services, Physical Therapy Services, Skilled Nursing Services, Speech Therapy Services. Your accreditation is effective December 31, 2013 through December 31, 2016. Of course, maintaining accreditation is contingent upon continued compliance with ACHC's standards during this period. ACHC will submit your regulatory paperwork to the appropriate state and regional offices. The Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. In granting accreditation, ACHC finds that your company has demonstrated that it operates at a level of quality, integrity and effectiveness consistent with its standards.

Again, ACHC extends its congratulations to Visting Nurse Association of Maryland, LLC for being awarded accreditation. It is an achievement of which your organization can be proud and one which marks your commitment to quality in the provision of care.

ACCREDITATION COMMISSION for HEALTH CARE
139 Weston Oaks Ct., Cary, NC 27513 | sehc.org | T (855) 937-2242 F (919) 765-3011
ISO 9001:2008 CERTIFIED, CMS APPROVED.

(25) 00.00175

October 14, 2016



FOR PROVIDERS.
BY PROVIDERS.

Visiting Nurse Association of Maryland, LLC, DBA VNA of Maryland, LLC
Ms. Ria Navarro
7008 Security Blvd, Suite 300
Baltimore, MD 21244

Branch Listing:
N/A

Dear Ms. Ria Navarro:

On behalf of Accreditation Commission for Health Care (ACHC), I am pleased to inform you that Visiting Nurse Association of Maryland, LLC has been *approved for accreditation* for Home Health with a recommendation for continued Reem Status. The services approved are Home Health Aide Services, Medical Social Services, Occupational Therapy Services, Physical Therapy Services, Skilled Nursing Services, Speech Therapy Services. Your accreditation is effective December 31, 2016 through December 31, 2019.

By achieving ACHC Accreditation, your company demonstrates its commitment to delivering the highest quality of products and services by complying with ACHC Accreditation Standards and the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs). Maintaining accreditation is contingent upon ongoing compliance with the above requirements during your accreditation period.

ACHC has submitted your regulatory paperwork to the appropriate state and regional offices. The CMS Regional Office (RO) will then make the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13.

ACHC has approved your Plan of Correction (POC) received on October 10, 2016 related to the deficiencies found during your on-site survey, and has concluded that all deficiencies have been resolved. Please remember to submit your evidence of compliance supporting your POC within 60 days of the date of your initial survey decision letter.

Again, congratulations to Visiting Nurse Association of Maryland, LLC for being awarded accreditation. It is an achievement of which your organization can be proud, and one that reflects your dedication to meeting standards that facilitate quality in the provision of care.

If you have any questions about your organization's findings, please contact your Account Advisor Katherine Mitchell.

Sincerely,

Matthew D. Hughes
Director Business Management & Customer Service

(25) 01.26.16

ACCREDITATION COMMISSION for HEALTH CARE
139 Weston Oaks Ct, Cary, NC 27513 | achc.org | T (855) 937 2742 F (919) 705-3011
RO 9004.23.24 CERTIFIED CMS APPROVED