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**MARYLAND HEALTH CARE COMMISSION**

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October 12, 2018

E-mail and USPS Mail

Geoffrey L. Abraskin, PT, DPT, DWS  
Amedisys Maryland, LLC  
3603 Southside Ave  
Phoenix, Maryland 21131

**Re: CON Application to Expand a Home Health Agency in Upper Eastern Shore  
Matter # 18-R1-2424**

Dear Mr. Abraskin,

Commission staff has reviewed the above referenced application for Certificate of Need (“CON”) approval to expand a home health agency into jurisdictions of the Upper Eastern Shore Region that Amedisys Maryland, LLC, d/b/a Amedisys Home Health (“Amedisys Home Health”) is not currently authorized to serve. Staff found the application incomplete, and accordingly, requests that you provide responses to the following questions:

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

**Populations and Services**

1. Please describe the services – if any – which you intend to provide that would augment the standard Home Health Services.

**Financial Accessibility**

2. Please report your 2017 Payor Mix as a percentage of total revenue.

**Fees and Time Payment Plan**

3. As requested in the standard and in the guidance provided at the pre-application conference, please cite the specific language, as well as a citation of the location, from the policy which describes the clients' time payment options and mechanisms to arrange payments.

### **Financial Feasibility**

4. Please provide an explanation for basis of your financial projections in Tables 3 and 4. A HHA's Projected Revenue should be based on its experience in providing HHA services to other jurisdictions it serves.
5. Table 5, "Staffing Information," reflects an increase of 8.25 staff and contractual FTEs. When will these FTE increases take place?

### **Impact**

6. Please specifically address the impacts that your entering the market will have on existing HHAs' caseloads, staffing and payor mix.

### **Financial Solvency**

7. Please provide specific citations and language from your more than 115 page Annual Report (Exhibits 15 and 16) that demonstrate the availability of financial resources necessary to sustain this project.

### **Discharge Planning**

8. Please provide page 1-7 of Attachment 12, Policy: AA-016 "Discharge of Patients". Be sure to include a list and a description of valid reasons to discharge or transfer patients.

### **Higher levels of performance will be given preference over lower levels of performance**

9. Please provide full version of your CMS "Provider Preview Reports".

### **Proven Track Record in Serving all Payor Types, the Indigent and Low Income Persons.**

10. In Table 18 of your application, which payor type accounts for charity care patients?

### **Proven Track Record in Providing a Comprehensive Array of Services.**

11. Please provide a comprehensive listing of services offered to patients including descriptions.

### **Availability of More Cost-Effective Alternatives**

12. As you did not completely answer all parts of the standard, please address the following: please provide a full description of alternative approaches to meeting the objectives that you outlined in this section. The effectiveness of each alternative should be evaluated and the cost of each alternative should be estimated.

### **Viability of the Proposal**

13. Please provide an Audited Financial Statement for your specific branch of Amedisys. If this information is included in the application, then provide a citation for the specific information pertaining to your branch of Amedisys. 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.
14. When answering part (b.) of this Criteria you referenced CON Table 3. This Table does is not related to the question. Please provide the correct table and address the probable impact of the project on the cost of core services you provide and will provide.
15. Please discuss the probable impact of the project on the cost for services provided by other home health agencies in the area. In your response, you referred to the impact on charges only.
16. What is the applicant's average turnover rate?

### **Impact on Existing Providers**

17. Please provide source(s) and discuss logic used to make the prediction that there will be no impact on payer mix of other home health agencies.
18. As you are an existing provider, please 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.

### **Part IV: Tables**

#### **Table 1**

19. Please fill out Table 1 and document each of the "Sources of Funds for Project" for Section B of Table 1.

**Table 5**


20. Please specify the job classifications of “Other” employees listed on Table 5.

Please submit four copies of the responses to the additional information requested in this letter within ten working days of receipt. (Note: extensions are routinely available upon request). Also submit the response electronically, in both Word and PDF format, to Ruby Potter ([ruby.potter@maryland.gov](mailto:ruby.potter@maryland.gov)).

All information supplementing the application must be signed by a person(s) available for cross-examination on the facts set forth in the supplementary information, and who shall sign a statement as follows: “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.”

Should you have any questions regarding this matter, feel free to contact me at (410) 764-5596.

Sincerely,

  
Laura Hare  
Health Policy Analyst

cc: Marta D. Harting, Esquire  
Kevin McDonald, Chief of Certificate of Need  
Scott T. LeRoy, Caroline County Health Officer  
Leland Spencer, M.D., Kent County Health Officer  
Joseph Ciotola, M.D., Queen Anne’s County Health Officer  
Linda Cole, Chief of Long Term Care Planning  
Cathy Weiss, Long Term Care Planning