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Compassion. Excellence. Reliability.

Overview of BAYADA Home Health Care

BAYADA Home Health Care is a trusted leader in providing a wide range of in-home clinical care and support services for children and adults of all ages. BAYADA was founded by J. Mark Baiada in 1975 in Philadelphia with a vision that everyone should be entitled to a safe home life with comfort, independence, and dignity. Over the past 43 years, we have grown to more than 330 offices in 22 states and 5 countries. We are the only large, national home health provider that offers multi-specialty services.

BAYADA is committed to and accountable for developing deep connections to our local communities. BAYADA is guided daily by its unique mission, vision, values, and beliefs as expressed in *The BAYADA Way*. *The BAYADA Way* reminds all of our employees, clients, and referral sources that we strive to bring compassion, excellence, and reliability to every client and every community interaction companywide.

At BAYADA, we have strong experience with the provision of charitable care to patients and communities. BAYADA is the largest provider of Medicaid services in the country, as well as the largest provider of under-reimbursed and un-reimbursed home health in the country.

We have always been a for-profit company with a non-profit mentality, and now, as the result of Mark Baiada's generous gifting of the company, we are in the process of transitioning to a completely non-profit organization. This transition is intended to help ensure the company is never sold and that our mission to help people have a safe home life with comfort, independence, and dignity—as expressed in *The BAYADA Way*—will endure for generations to come.

Our employees are our greatest asset

Our employees love what they do. On January 17, 2017, BAYADA launched a recruiting campaign to overcome the nursing shortage for our clients by attracting, training, and retaining the best nurses and care professionals who feel BAYADA is a career and calling they love. This campaign ensures we never have to turn anyone away - and that BAYADA can make it possible for millions of people worldwide to experience a better quality of life in the comfort of their own homes. In addition, our current employees have been engaged to help us understand what is important to them and how we can ensure they *Love What They Do*.

In June, 2017 it was announced that BAYADA Home Health Care Founder and President J. Mark Baiada won a Glassdoor Employees' Choice Award recognizing the Highest Rated CEOs for 2017. Glassdoor's annual report highlights top leaders who employees love working for in countries throughout North America and parts of Europe. Mark Baiada received an impressive 92 percent approval rating based on the anonymous and voluntary reviews BAYADA employees shared on Glassdoor throughout the past year.

Following the exciting announcement that Mark Baiada received the "Highest Rated CEO 2017" award on Glassdoor, BAYADA won the prestigious Glassdoor Employees' Choice award, placing us on the list of the Top 100 Best Places to Work in 2018! Glassdoor is one of the world's largest jobs and recruiting sites where employees can anonymously share a workplace review. This award is a symbol of the belief our employees have in our vision to make it possible for millions of people worldwide to experience a better quality of life in the comfort of their own homes. BAYADA was the only Home Health Care Company recognized this year.

Part. 1.

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 08057 NJ 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

Address:
8600 LaSalle Rd.#335 Towson 21286 Baltimore
Street City Zip 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: JoAnn Saxby, Administrator

Mailing Address:

8600 LaSalle Rd, Ste. #335 Towson 21286 MD
Street City Zip State

Telephone: 410-823-0880

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

Fax: 410-823-7905

B. Additional or alternate contact:

Jennifer Joana, Director, credentialing

Mailing Address:

99 Cherry Hill Rd. #302 Parsippany 07054 NJ
Street City Zip State

Telephone: 973-909-5159

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

Fax: _____

B. Additional or alternate contact:

Name and Title: Michele Heasley

Company Name: BAYADA Home Health Care

Mailing Address:

12 Newport Rd. #C

Forest Hill

21050

MD

Street

City

Zip

State

Telephone: 410-838-2220

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

Fax: 410-838-3300

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 X
- (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	XX	XX
Home Health Aide	XX	XX
Occupational Therapy	XX	XX
Speech, Language Therapy	XX	XX
Physical Therapy	XX	XX
Medical Social Services	XX	XX

* 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	8600 La Salle Rd. #335	Towson	Baltimore	MD	21286	410-823-0880
Existing Branch Offices	12 Newport Dr. Ste. C	Forest Hill	Harford	MD	21050	410-838-2200
Existing Branch Offices	2470 Longstone Lane #H	Marriottsville	Howard	MD	21104-1512	410-442-8007
Existing Branch Offices	7310 Ritchie Highway Ste. 615	Glen Burnie	Anne Arundel	MD	21061	443-749-1300

10. Project Implementation Target Dates

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

We are currently Licensed and Medicare Certified. We expect to be operational within 90 days of issuance of CON.

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.

Applicant Response

BAYADA Home Health Care seeks authorization to expand its existing home health skilled services into Cecil County. The applicant intends to provide services within 90 days of issuance of CON to residents in above mentioned county through the current Harford County branch office.

BAYADA is unique in its commitment to specialized nurse training, robust compliance oversight, family teaching and engagement, social support, catastrophic care, and transitional care management. Over 1,000 healthcare facilities, 5,000 physicians and 500 third-party payers rely on and value BAYADA's partnership. BAYADA is accredited by Community Health Accreditation Program for meeting the industry's highest nationally recognized standards of care.

BAYADA intends to provide the following specific services;

- Skilled Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Social Work Support
- Certified Wound Ostomy Consultation (WOCN)
- Home Health Aide
- Medication Management
- Client education/training
- Pain Management
- Infusion Therapies
- Nutritional Consultation

Specialized Evidenced Based Clinical Care Programs include;

- Chronic Obstructive Pulmonary Disease (COPD)
- Heart Failure
- Readmission Reduction
- Joint Replacement

BAYADA is experienced in successful opening of new offices as well as expansions into new geographies. This expansion will benefit from BAYADA's experience in the state of Maryland as well as its strong management experience and administrative support. The Harford County branch is currently able to provide the following support to this project; Leadership, administrative, staffing, finance, payroll, billing, data processing, quality assurance, utilization review, staff education, and marketing. The resources in place will optimize operational efficiencies and economy of scale, resulting in cost effectiveness.

Part.2.

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**

Applicant Response

This applicant proposes to provide home health services in Cecil County.

- (1) 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.**

Applicant Response

BAYADA entered the Maryland market in 2003 through an acquisition of a local home health provider. The Towson parent office is located at 8600 LaSalle Rd, Ste 335, Towson, MD 21286. Growth in the communities we serve has led to the addition of 3 branches over the last 10 years to this parent agency, in Anne Arundel county, located at 7310 Ritchie Highway, Ste. 615, Glen Burnie, MD 21061, Howard County, located at 2470 Longstone Lane Ste. H, Marriottsville, MD 21104 and Harford County, located at 12 Newport Dr. Ste. C, Forest Hill, MD, 21050 collectively servicing over 800 clients daily. BAYADA Home Health Care ("BAYADA") is a trusted leader in providing clinical care and support services at home. Since its founding in 1975, BAYADA has been dedicated to providing the highest standards of home health care.

Please refer to **Attachment A. Towson Provider Organizational Chart**

10.24.16.08B. Populations and Services.

An applicant shall describe the population to be served and the specific services it will provide.

Applicant Response

BAYADA will provide care in Cecil County to any individuals aged 18 and older who qualify to receive home health services. BAYADA participates with Medicare and Medicaid along with the majority of national payers, including Kaiser Permanente, Aetna, and Blue Cross Blue Shield who are local to Maryland.

Specific services to include;

- Skilled Nursing
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Social Work Support
- Certified Wound Ostomy Consultation (WOCN)
- Home Health Aide
- Medication Management
- Client education/training
- Pain Management
- Infusion Therapies
- Nutritional Consultation

BAYADA Home Health clinicians make scheduled home visits to patients 7 days/week between the hours of 8:30am and 5pm. We employ on-call staff to address urgent patient needs after hours and on weekends and holidays. Services are provided and can be accessed 24 hours per day, 7 days per week, 365 days per year. An On-call Manager with access to a Registered Nurse for clinical consultation is available after business hours.

Additional back-up for clinical consultation is also available through the centralized Managed Care Office "National On-Call Nurse". BAYADA adheres to the Medicare Conditions of Participation for acceptance of patients. All patients receive care within 48 hours of referral, within 48 hours of their return home, or on the physician ordered start of care date. When possible, BAYADA follows the industry best practice of admitting clients to service within 24hr of eligibility. BAYADA prides itself on a high utilization of Professional staff with a staffing model that supports a 70/30 staffing mix. BAYADA's staffing model of 70% of guaranteed staff and 30% flexible staffing, which provides a strong stability to ensure our client's needs can be met in a consistent manner.

Specialized Evidenced Based Clinical Care Programs;

BAYADA has vast experience in designing, delivering, and coordinating care in the post-acute environment. BAYADA has in place a variety of clinical and operational initiatives designed to optimize outcomes for our clients. Each program is evidence-based and specifically designed to 1) reduce unwarranted variations in care, 2) enhance learning, knowledge, and understanding among health professionals, and 3) promote high quality, effective care that results in consistently excellent outcomes for our clients and their families. Our centralized support teams ensure clinical and operational success for our Service offices. The clinical support team provides ongoing clinical program development, clinician education, and client education. Some of our key initiatives are described below:

- Disease State Management protocols embedded in our EMR create dedicated clinical pathways for specific high-risk diseases; pathways can be configured to address Value-based Purchasing specific outcome and process measures.
- Evidence-based approaches to care are designed to assist our clients as well as referring agencies with the support and treatment of particular chronic and acute illnesses and diseases. Examples include:

Comprehensive Joint Program: An evidenced based, multidisciplinary program targeted to patients with hip and knee replacements that focuses all disciplines on the key areas of this population, including timely initiation of care, discipline-specific interventions, frequent interdisciplinary communication, and data collection. The goals of the program include safely maximizing range of motion and strength, ensuring independent mobility with/without any assistive devices, and promotion of safe function in and out of the home. This program is aligned with the goals of the CMS CJR Bundle program.

Heart Failure Management: A comprehensive chronic disease management plan focused on the targeted needs of the heart failure (HF) client, recognizing HF as a complex process requiring an individualized plan of care and an interdisciplinary approach. Both the client and caregiver are continuously assessed for barriers to disease management and need for community resource intervention to meet the chronic needs of this population. All clinical and non-clinical field staff are required to complete a basic heart failure education course (offered through BAYADA University, our on-line Learning Management System) within 2 months of hire. This education is designed to elevate the knowledge level of clinical staff and empower non-clinical staff to escalate concerns to the interdisciplinary team. In addition, the BAYADA Heart Failure Certification, which is modeled on national heart failure certifications, is available to Registered Nurses, Physical Therapists, and Occupational Therapists who wish to become cardiac leads for their offices.

BAYADA COPD Management: The primary goals of this evidence-based clinical program include management of dyspnea, reduced incidence of infection, optimization of nutritional status, and demonstration of safe, effective use of medications and inhalation treatments. Disease self-management support is focused on monitoring changes in sputum quantity, volume, color and consistency, monitoring of temperature and parameters for when to notify home health nurse or physician, cough and deep breathing exercises, use of incentive spirometry, proper use of oxygen, anxiety and stress reduction techniques, activity pacing and energy conservation, diet and/or nutritional supplementation, and medication safety and adherence.

Readmission Reduction: With the goal of keeping our clients safe at home and out of the hospital, BAYADA's focus on readmission reduction is designed to address the primary areas of concern related to acute care admission: symptom exacerbation, medication safety, nutrition status, and caregiver support. An interdisciplinary team focus using specialized support tools allows the home care clinician to identify acute care admission risk at the start of care. An individualized plan of care that meets the needs of both the client and caregiver allows for focused interventions that promote disease self-management.

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 with extra steps taken 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.

Applicant Response

BAYADA agrees to maintain Medicare and Medicare Certification and to continue to accept clients with these primary payer sources.

Please refer to **Attachment B 1.** Applicant's current licensure, **Attachment B 2.** Applicant's proof of Medicare Certification, and **Attachment B 3.** Applicant's Medicaid participation document.

The Applicant's payer mix for 2016 and 2017 below, per Table 3, section 4A.

	2016	2017
Medicare (A)	85.5%	85.4%
Medicaid	0.8%	0.4%
Blue Cross	5.9%	5.6%
Commercial Insurance	6.4%	7.3%
Self-Pay	0.2%	0.2%
Other	1.3%	1.0%
TOTAL REVENUE	100.0%	100.0%

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**

Applicant Response

BAYADA's Maryland Charity care provides Charity care or reduced fees to our clients with financial hardship in accordance with Maryland regulation.

BAYADA's Charity care policy places responsibility for the determination of charity care eligibility with the local BAYADA office director(s). Our charity care policy is communicated to prospective clients upon admission, and an initial determination of probable eligibility is completed and reviewed with the prospective client/ representative 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 option of a time plan payment of \$25.00 per month will be offered in the applicable situations.

Please refer to the following **Attachments C 1.** Maryland Notice of Charity Care and Reduced Fees Form # 7657 and **C 2.** Financial Hardship Form # 9506.

- (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.**

Applicant Response

Please refer to following **Attachments C 3.** Charity Care – Maryland Home Health and Hospice policy #0-8407, **specifically sections 4.0 – 5.1.1.** which outline the process to determine payment options available to the prospective client and **C1.** Notice of Charity Care and Reduced Fees Form #0-7657.

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.

Applicant Response

Upon receiving a request for charity care free of charge or reduced fees, BAYADA will make a determination of probable eligibility and communicate to the prospective client / representative within two (2) business days of a request for services or an application for Medical Assistance (Medicaid).

Please refer to **Attachment C 3. Charity Care – Maryland Home Health and Hospice policy #0- 8407, specifically section 3.0.**

- (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.

Applicant Response

The Maryland Charity Care and Reduced Fee Public Notice, #0-9485 is visibly published for public view and for prospective clients on BAYADA's Website, service office Facebook pages and conspicuously posted in the service office. This public notice is also disseminated via annual publication in newspapers in the greatest circulation in the service area regarding BAYADA Charity Care, the sliding fee pay scale and time payment plans for reduced fees of \$25 per month. Maryland Notice of Charity Care and Reduced Fees, #0-7657 is provided to all prospective clients prior to provision of services.

Please refer to following **Attachments C 4. BAYADA Home Health Care Maryland Notice of Charity Care #0-9485, and C1. Maryland Notice of Charity Care and Reduced Fees Form # 0-7657 and J. BAYADA's Standard Charges worksheet.**

- (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.

Applicant Response

An interview with the prospective client/representative will be conducted to review family size, insurance, income, and medical bills. The information is documented on a Maryland Financial Hardship Form, #0-9506. Final determination for eligibility for charity care or reduced fees is based on a completed Maryland Financial Hardship Form, #0-9506 (application) by the prospective client/representative with required documentation and proof of household income and outstanding medical bills. Prior to provision of care, prospective clients who qualify are informed of the rates using the following guidelines;

Based on the interview, the client will be granted a financial write-off if:

- the total family income is at or below 300% of the Federal Poverty Guidelines (as published in the Federal Register) for their family size; or
- the client's total yearly medical bills after all applicable insurance reimbursement are greater than 50% of their total yearly income.

Please refer to **Attachment C 3.**, specifically sections 2.0 and 5.0 – 5.1.1 which outline the provision and potential time payment plans.

(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:

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

Applicant Response

Chart 1 – Historical Charity Care in Cecil County

Home Health Agency - Cecil County	2014 Charity Clients	2014 Charity Visits	2014 Charity \$	2014 Total Clients	2014 Total Visits
Visiting Nurse Association of Maryland, LLC	7	15	2,218	466	6,086
MedStar Health Visiting Nurse Association- Baltimore	0	0	-	66	608
Amedisys Home Health	0	0	-	2	17
HomeCare Maryland, LLC	0	0	-	3	11
Johns Hopkins Pediatrics at Home, Inc.	0	0	-	13	48
Amedisys Home Health (Elkton)	4	18	1,215	1,305	23,977
Comprehensive Home Health Services	1	2	90	58	103
Home Health Agency - Cecil County	2013 Charity Clients	2013 Charity Visits	2013 Charity \$	2013 Total Clients	2013 Total Visits
Visiting Nurse Association of Maryland, LLC	5	9	1,182	474	7,020
MedStar Health Visiting Nurse Association- Baltimore	0	0	-	24	257
Amedisys Home Health	0	0	-	4	19
HomeCare Maryland, LLC	1	1	100	4	29
Johns Hopkins Pediatrics at Home, Inc.	0	0	-	7	64
Amedisys Home Health (Elkton)	7	101	7,555	1,325	23,955
Comprehensive Home Health Services	0	0	-	57	106
Home Health Agency - Cecil County	2012 Charity Clients	2012 Charity Visits	2012 Charity \$	2012 Total Clients	2012 Total Visits
Visiting Nurse Association of Maryland, LLC	8	25	1,636	510	7,646
MedStar Health Visiting Nurse Association- Baltimore	0	0	-	33	246
Amedisys Home Health	0	0	-	8	107
HomeCare Maryland, LLC	0	0	-	2	13
Johns Hopkins Pediatrics at Home, Inc.	0	0	-	9	55
Amedisys Home Health (Elkton)	16	230	15,622	1,305	28,449
Comprehensive Home Health Services	1	1	80	53	119
Home Health Agency - Cecil County	2011 Charity Clients	2011 Charity Visits	2011 Charity \$	2011 Total Clients	2011 Total Visits
Visiting Nurse Association of Maryland, LLC	0	0	-	406	5,471
MedStar Health Visiting Nurse Association- Baltimore	0	0	-	33	384
Amedisys Home Health	0	0	-	8	63
HomeCare Maryland, LLC	0	0	-	1	1
Johns Hopkins Pediatrics at Home, Inc.	0	0	-	11	123
Amedisys Home Health (Elkton)	8	68	8,816	1,394	25,765
Comprehensive Home Health Services	1	8	640	53	98

Chart 1 (above) shows the charitable care provided by other Home Health agencies in Cecil County from 2011 to 2014, per the Home Health Agency reports. The number of clients that received charity care, charity visits, and charity \$ are shown for each agency during the time period. The overall total visits and clients for each agency are shown for comparison.

Chart 2 – Charity Care Provided by BAYADA

BAYADA	2014 Charity Clients	2014 Charity Visits	2014 Charity \$	2014 Total Clients	2014 Total Visits
Maryland Offices	13	28	6,176	9,483	155,535
BAYADA	2013 Charity Clients	2013 Charity Visits	2013 Charity \$	2013 Total Clients	2013 Total Visits
Maryland Offices	10	90	9,989	8,708	157,560
BAYADA	2012 Charity Clients	2012 Charity Visits	2012 Charity \$	2012 Total Clients	2012 Total Visits
Maryland Offices	6	31	4,852	6,950	135,756
BAYADA	2011 Charity Clients	2011 Charity Visits	2011 Charity \$	2011 Total Clients	2011 Total Visits
Maryland Offices	0	0	-	6,733	111,022

Chart 2. indicates the amount of charity care provided by BAYADA's Towson's Provider number in the counties we serve per the most recent publicly available Home Health Agency reports.

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

Applicant Response

As a result of review and revisions made to our current Charity Care Policies, BAYADA is committed to providing a charity care level of 0.80% of total % of clients served in Cecil County, increasing over the next 4 year period. Table 1. Historical data above was utilized to consider and calculate this commitment.

2014 Charity Care in Cecil County (Chart 1.)

	Charity Statistics			Total Clients	Total Visits	% of clients	% of visits
	Clients	Visits	\$				
VNA Md	7	15	2218	466	6086	1.50%	0.25%
Med Star				66	608	0.00%	0.00%
Amedisys				2	17	0.00%	0.00%
HC Maryland				3	11	0.00%	0.00%
Hopkins				13	48	0.00%	0.00%
Amedisys	4	18	1215	1305	23977	0.31%	0.08%
Comprehensive	1	2	90	58	103	1.72%	1.94%
Total	12	35	3523	1913	30850	0.63%	0.11%

BAYADA will commit to the projected Charity Care Visits of 0.80% of total visits provided within Cecil county with annual increases as indicated below; which will exceed the most recently reported data on the Home Health Agency reports.

	Charity Care Visits	Total Visits Projected	% of Total Visits
2018	26	3239	0.80%
2019	69	8677	0.80%
2020	99	12,386	0.80%
2021	117	14,593	0.80%

To reach and exceed this commitment BAYADA intends to implement structured education for all Marketing Managers, Transitional Care Managers and Directors to review our revised Charity Care policy and Public Notice to ensure that this information is shared with our existing external partners, as well as introducing to all new referral sources moving forward. The Cecil County Department of Aging along with the local social service offices will be made aware of the availability of Charity Care. Re-education will be to provide a level of Charity Care within Cecil County as indicated. BAYADA's Charity Care Notice will be posted on our Website as well as published in local publications.

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;**

Applicant Response

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**

Applicant Response

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.**

Applicant Response

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.

Applicant Response

Chart 3 – Historic Utilization Trends

County	2011 Total Visits	2012 Total Visits	2013 Total Visits	2014 Total Visits
Cecil	31,905	36,634	31,450	30,850
% Δ	-	14.8%	(14.2%)	(1.9%)

The state has identified Cecil County as a county of need for additional Home Health services. While data is not currently available for 2015, 2016, or 2017, Chart 3 (above) uses data from the publicly available Home Health Agency reports and shows a decline in visit utilization Year-over-Year in 2013 and 2014. Even though the total visits has declined in the last two years data has been available, the fact that the state identified a need in this county indicates that there is room for more utilization through increased total Home Health visits. Based on this need, there should be no negative impact on existing Home Health agencies' caseloads, staffing, and payor mix in Cecil County.

Chart 4 (section 10.24.01.08G(3)(b)) displays the population (total population & population over 65) characteristics in 2010 and 2016. As the chart shows, the total population and population over 65 increased during this time period. Furthermore, the population over 65 grew at a faster rate than the total population. This information speaks to the identified need in Cecil County for additional Home Health services and supports the notion that there will not be a negative impact on existing Home Health agencies' caseloads, staffing, and payor mix in Cecil County.

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.

Applicant Response

Please refer to **Attachment D.** for a letter of financial solvency as of June 13, 2018, provided by independent auditor HBK CPAs and Consultants, 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.**

Applicant Response

Not Applicable. Bayada Home Health Care is an established home health agency.

- (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.**

Applicant Response

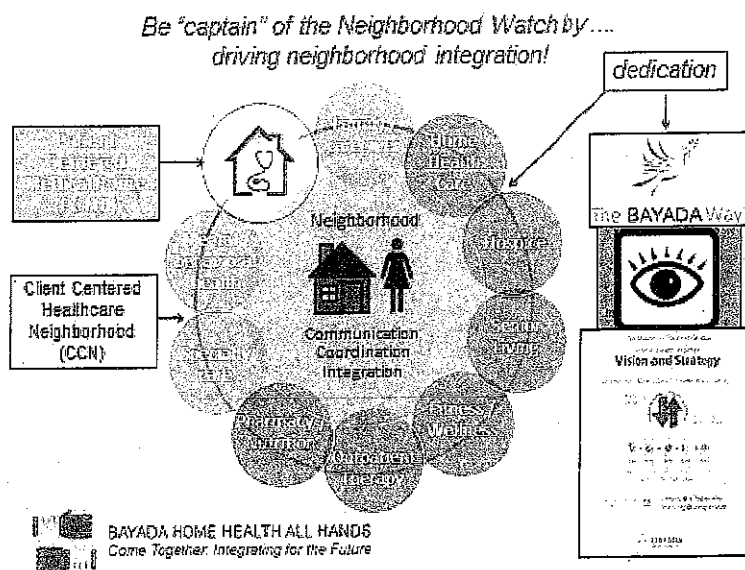
As a national home health organization, BAYADA has extensive experience with a multitude of healthcare professionals/organizations in order to meet the needs of our clients and community. BAYADA expects that many of the existing linkages within current markets will have some carry over into Cecil County. Please see below for listing of several existing relationships with potential linkages for new jurisdiction. Efforts are currently underway to evaluate additional potential partnerships in Cecil County with recent visits to local Skilled Nursing Facilities, 3 key referral sources highlighted below, several Physician offices, Union Hospital as well as the Director of The Department of Aging to introduce BAYADA capabilities and interest of developing a valuable working relationship.

Senior Living Communities	Brightview – preferred HHA partner Sunrise - preferred HHA partner Arden Courts Brookdale of Towson Tudor Heights Lorien Mays Chapel
Hospitals	Upper Chesapeake Medical Center – preferred HHA partner (1 of 2) on site daily Harford Memorial Hospital Greater Baltimore Medical Center – preferred HHA partner (1 of 2) on site daily St. Joseph's Medical Center UMMS Northwest Hospital John Hopkins Health System St. Agnes Anne Arundel Medical Center Union Hospital, Cecil county
Nursing Homes	<i>Genesis Waugh Chapel – preferred HHA partner</i> <i>Manor Care Ruxton</i> <i>Powerback /Brightwood Campus</i> <i>Genesis Severna Park – preferred HHA partner</i> <i>Forest Hill Health and Rehab</i> <i>Bel Air Health and Rehab</i> <i>Lorien Bel Air</i> <i>Lorien Bulle Rock</i> <i>Citizens Care and Rehab Center</i> <i>Keswick Multi Care</i> <i>Lorien Bulle Rock</i> <i>Calvert Manor HealthCare – Cecil County</i> <i>Elkton Transitional Care Center – Cecil County</i> <i>Lauralwood Health Care Center – Cecil County</i>
Accountable Care Organization	Universal American (Well Care)
National and Local Professional Affiliations	Maryland National Capital Homecare Association Lifespan The ALS Association Alzheimer's Association
Hospice	Gilchrist Seasons
Private Duty	Griswold Home Care – Cecil County
Local Community Providers	Please refer to Attachment E 1 . for additional linkages within our immediate community.
Local Insurance Payers	Care First, Aetna, Kaiser (preferred provider)

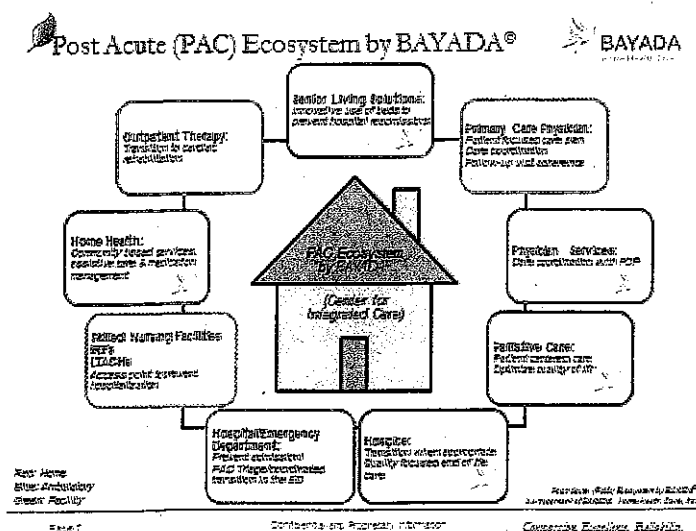
Please refer to **Attachments E 2** and **E 3** . For Letters of Support

At BAYADA, we believe that Home Health as an industry is evolving. We need to deliver care in a way that achieves optimal outcomes for clients, their families, and the hospital/health system, while reducing overall costs and improving the care experience. With value-based care and new payment models on the rise, we envision a care continuum that focuses acute and post-acute providers on achieving high value affordable care through quality-based partnerships.

We believe that care integration across settings and between provider groups is essential for success. Using the Triple Aim (better care, better health, affordable care) as a framework, we have developed the *Neighborhood* model of a community - based system that supports coordination and integration to promote efficiency and effectiveness to achieve the goal of improved population health. Our offices are encouraged to take ownership of the community, facilitating engagement of *Neighborhood* partners. See the Patient - centered Health Care Neighborhood model below.



BAYADA has vast experience in designing, delivering, and coordinating care in the post-acute environment. The BAYADA Post-acute (PAC) Ecosystem[®] demonstrates our ability to ensure the patient receives the *right care, at the right time, in the right setting*. Leveraging our partnerships (informal and formal) with high-quality health care providers across the continuum allows us to direct the patient to the most appropriate setting of care as their needs change, meeting their needs before their health status requires emergent response. See the Post-acute Ecosystem by BAYADA[®] model below.



In addition, BAYADA is committed to improving the quality of care for the patients we serve collaboratively with our health system partners by utilizing data to evaluate performance. We employ a variety of data sources and tools used for tracking outcomes and sharing real-time metrics with our partners. Many of the tools that BAYADA employs are common within the industry: Homecare Homebase (our EHR), Strategic Healthcare Programs (SHP), and others.

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.

Applicant Response

In order to ensure a smooth transition of care, BAYADA Home Health Care intends to make referrals as appropriate during the discharge planning process. The Area Marketing Manager, Transitional Care Managers and our Director will ensure the establishment of these relationships into Cecil County, and will continually educate these referral sources on our capabilities.

Please see initial listing provided below for new jurisdiction;

Calvert Manor HealthCare
Elkton Transitional Care Center
Lauralwood Health Care Center
Seasons Hospice
Agape Therapy –Out Patient Therapy
Griswold Home Care
Union Hospital

We also utilize our Direct Admit program to the Skilled Nursing Facilities to avoid hospitalizations when possible and transition our clients to out-patient care or implement home care as indicated. As in all of the markets we serve, our goal is to develop strong, longstanding relationships with our referral sources to ensure we are meeting the needs of their clients as well as addressing any challenges they may be experiencing within home health that we may partner with to collaboratively create solutions for.

Please refer to **Attachment F.1. Medicare Discharge Policy # 0-946** and **Attachment F.2. Discharge and Transfer policy #0-9307.**

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).

Applicant Response

BAYADA complies with all federal and state data collection and reporting requirements, including the Commissions Annual Survey, OASIS data transmission and HHCAPS survey requirements. The parent agency in Towson, as well as all branches continuously reviews client outcomes, documentation practices and has internal office processes to identify and address any existing or potential problems. Internal Clinical Standards and Leadership (CSL) surveys are conducted quarterly to address adherence to Federal/CMS/State regulations and BAYADA policy. SHP's 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.

am, cent Please refer to **Attachment G.** for BAYADA's Quality Assessment policy # 0-403.

BAYADA has established a QAPI Program that is grounded in the overall mission, vision, and values of the organization and includes participation from clients, families, caregivers, and personnel at all levels of the organization. BAYADA's robust Quality Assessment and Improvement Program consists of a variety of components, including client care, employee competency, and compliance with licensure and Medicare Conditions of Participation. Each BAYADA office has an interdisciplinary quality team focused on quality indicator audits and planning. Client satisfaction, employee satisfaction, infection control, incidents, sentinel events, and complaints are all included in our quality focus. Our centralized Clinical Standards & Quality (CSQ) office surveys service offices quarterly, performing unannounced, comprehensive surveys that include medical record review and supervised home visits. The Chief Clinical Officer (CCO) develops, directs and coordinates the QAPI program for BAYADA. The CCO and/or designee chairs the Quality and Safety Committee and is responsible for the development and preparation of the QA summary reports, which are presented to the Board of Directors and incorporated into BAYADA's Annual Evaluation.

At BAYADA, we have designed a multilevel accountability structure for monitoring our quality processes and outcomes. In addition to the enterprise level leadership discussed above, we have designated leadership at the home health practice level (Director of Clinical Practice) and at the local level (service office Directors).

The Quality & Safety Committee is appointed by the Governing Body and establishes and oversees standards of care and training related to the QAPI program. The Quality & Safety Committee meets at least four times a year to review: clinical and safety metrics/ key indicators, survey activity (internal and external), incident, complaint and adverse event reporting, QAPI process enhancements, and QAPI related policies and standards reports on new programs and initiatives.

YAC Goals and outcomes are established based on BAYADA's (5) pillars: Service, Quality, People, Growth, and Finance. Pillar performance is benchmarked organization-wide, within each practice and externally when applicable. Minimum standards are developed for all performance measures and various tools including data analysis, performance dashboards, and quality assurance surveys are used to measure performance. Ongoing measurement of key performance indicators is conducted and goals related to outcomes are developed based on high-risk, high volume, or problem prone areas in the following areas: client and employee safety, clinical outcomes, quality of care, management and resolution incidents, complaints and adverse events, OASIS metrics, Medicare star ratings, hospital admission and re-admission rates (Home Health offices), adverse client events, use of emergency room/emergent care (Home Health offices), operational execution, and internal and external plans of correction. 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.

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.

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.

Applicant Response**Chart 4: Cecil County Population (Source: Factfinder Census Information)**

2010			2016			Growth Trend	
2010 Total Population	Over 65 Population	% Over 65	2016 Total Population	Over 65 Population	% Over 65	% Growth 2010-2016 (Total Pop.)	% Growth 2010-2016 (Over 65 Pop.)
101,108	11,875	11.7%	102,175	14,025	13.7%	1.1%	18.1%

The above chart (Chart 4) shows the population totals for Cecil County in 2010 and 2016. The county has already been identified as an area with a need for additional Home Health services, and the information in Chart 4 supports that notion. As the chart shows, the proportion of the population over 65 relative to the total population grew from 11.7% in 2010 to 13.7% in 2016. Furthermore, while the total population only grew 1.1% from 2010 to 2016, the population over 65 grew 18.1% over the same time period. Based on this information, the senior population will continue to grow, resulting in an increased need for Home Health services.

Chart 5: Home Health Agencies with at least 200 Visits per Year

County	2011	2012	2013	2014
Cecil	3	3	3	3
% of Total HHA's	42.9%	42.9%	42.9%	42.9%

Chart 5 shows the number of Home Health agencies that provided at least 200 visits during the calendar year in Cecil County, per the publicly available Home Health Agency reports. In each year from 2011 to 2014, only 3 of 7 active agencies (43%) provided at least 200 visits in the county. This information supports the need for increased Home Health services as already identified by the state.

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

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>
Cecil County	102,400	104,600	111,600	119,550	127,200	135,450

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.

Applicant Response

BAYADA's mission states that the organization's purpose is to "help people have a safe home life with comfort, independence and dignity." BAYADA monitors its services, to help ensure they are rendered in accordance with core values of compassion, excellence and reliability.

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 and is fully capable of expanding our expertise into neighboring county all while housed in the already –existing office in Harford County 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.

Homecare Homebase (HCHB), our Electronic Medical Record solution, is a cloud-based software solution focused on automating and streamlining the operational, clinical and financial processes that are required within a Medicare-certified home health care organization. The platform enables business processes to be automated and measurable. The deployment of a point-of-care solution on the android platform creates a near-real-time communication and assessment collection tool that helps direct care based on best practice and clinical team collaboration. Through HCHB, we have the ability for our partners to share data through integration of Continuity Care Records and Continuity Care Documents as well as discharge summaries for all home health care recipients.

With this technology, operational efficiencies are achieved, client care is emphasized, and client and staff satisfaction are high. The proposed jurisdiction will benefit from the applicant's resources related to information systems, Electronic Medical Records (EMR) providing more resources to clinicians to deliver care more efficiently and effectively to clients. 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. Finally, with the experience and implementation of several evidence based clinical programs, BAYADA is continually focused on improving our clients outcomes and reducing acute care readmissions, in meeting the organization's purpose "to help people have a safe, home life with comfort, independence and dignity".

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.**

Applicant Response

Please refer to **Attachment D.** for BAYADA's letter of financial solvency.

- 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.**

Applicant Response

BAYADA Home Health Care's analysis of the probable impact of the project on its costs and charges for the services it provides is that there will be negligible incremental costs for the operations in Cecil County as the proposed Home Health services would operate and be staffed out of BAYADA's existing branch office in Harford County. Medicare, Medicaid and our commercial payers have set payment schedules for Bayada Home Health Care. Therefore, BAYADA will not raise rates in order to accommodate any costs of the project.

- 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.**

Applicant Response

Chart 6: Self Pay Client Utilization in Cecil County

Cecil County	2011	2012	2013	2014
Total Visits	31,905	36,634	31,450	30,850
Self-Pay Visits	2	0	2	2

Chart 6 (above) shows the number of visits for self-pay clients and overall total visits for the years 2011 through 2014, per the publicly available Home Health Agency reports. Generally, payment for these services is covered by Medicare, Medicaid, commercial insurance, or another managed care organization. Based on the above information, there have been a negligible number of self-pay visits over this time period. Therefore, there will be no incremental costs for clients in this county utilizing Home Health services.

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

Applicant Response

Please refer to **Attachment J.** for BAYADA's Standard Charges worksheet

- e. A discussion of the staffing and workforce implications of this proposed project, including:
- An assessment of the sources available for recruiting additional personnel;

Applicant Response

Currently we employ a number of staff that live in or are willing to provide services in Cecil County, with these staff members in place we do not foresee any challenges with our ability to meet our conservative growth projections associated with this project. As for our ability to recruit and hire quality staff, BAYADA Home Health Care employs full time Recruiting Managers specific to each division who are well versed in the particular geography for which they are sourcing.

A description of your plans for recruitment and retention of personnel believed to be in short supply;

BAYADA Home Health Care plans to have current employees service the proposed jurisdiction. With advance planning for growth, BAYADA's recruiting managers will source positions to support 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 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 93%.

- A report on the average vacancy rate and turnover rates for affected positions in the last year.

Applicant Response

BAYADA Home Health Care's Towson provider number has a consistent field retention rate of over 90% rate for 2017. The turnover remains less than 10%, both metrics are reviewed as quarterly measures.

Completion of Table 5 in the *Charts and Tables Supplement (Part IV)*.

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.

Applicant Response

NONE – BAYADA Home Health Care entered the state of Maryland markets through an acquisition.

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;**

Applicant Response

Based on the state's identification of Cecil County as an area in need of additional Home Health services, there will not be an adverse effect on the volume of service provided by other existing Home Health providers. As Chart 4 shows above, the increase in the proportion of the over 65 population reflects an increased need for Home Health services.

- 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.**

Applicant Response

BAYADA will accept all payor sources that we are currently contracted with servicing Cecil County. There will likely be no impact on payer mix for all other existing health care providers.

- 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);**

Applicant Response

Based on the identified need in Cecil County, this will result in increased access to health care services for the population. Charts 3. and 5. demonstrate the need for increased utilization.

- d) On costs to the health care delivery system.**

Applicant Response

There are no costs to the health care system.

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.

Applicant Response

BAYADA's projected impact on costs for this project are indicated in Table 3. This project is not projected to have an impact on applicant's charges.

Part.3.

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% owwnership)
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.

Please refer to **Attachment K**.

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 plead 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.

7/2/2018
Date

John Saxby
Signature of Owner or
Authorized Agent of the Applicant

Part.4.

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

TABLE 1 - PROJECT BUDGET

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

TABLE 2A.2: STATISTICAL PROJECTIONS OF TOWSON PROVIDER WITHOUT NEW JURISDICTION (**Included for clarity purposes**)

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- f; 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. Inflation from date of submission of project completion should only be included on the Inflation line 1e. (DO NOT CHANGE THIS FORM OR ITS LINE ITEMS. IF ADDITIONAL DETAIL OR CLARIFICATION IS NEEDED, ATTACH ADDITIONAL SHEET.)

Applicants Response

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

A. USE OF FUNDS	
1. CAPITAL COSTS (if applicable):	
a. New Construction	\$
1) Building	
2) Fixed Equipment (not included in construction)	
3) Architect/Engineering Fees	
4) Permits, (Building, Utilities, Etc.)	\$
a. SUBTOTAL New Construction	\$
b. Renovations	\$
1) Building	
2) Fixed Equipment (not included in construction)	
3) Architect/Engineering Fees	
4) Permits, (Building, Utilities, Etc.)	\$
b. SUBTOTAL Renovations	\$
c. Other Capital Costs	
1) Movable Equipment	
2) Contingency Allowance	
3) Gross Interest During Construction	
4) Other (Specify)	\$
c. SUBTOTAL Other Capital Cost	\$
TOTAL CURRENT CAPITAL COSTS (sum of a - c)	\$
Non-Current Capital Cost	
d. Land Purchase Cost or Value of Donated Land	\$
e. Inflation (state all assumptions, including time period and rate)	\$
TOTAL PROPOSED CAPITAL COSTS (sum of a - e)	\$
2. FINANCING COST AND OTHER CASH REQUIREMENTS	
a. Loan Placement Fees	\$
b. Bond Discount	
c. CON Application Assistance	
c1. Legal Fees	
c2 Other (Specify and add lines as needed)	
d. Non-CON Consulting Fees	
d1. Legal Fees	
d2. Other (Specify and add lines as needed)	
e. Debt Service Reserve Fund	
f. Other (Specify)	\$
TOTAL (a - e)	\$
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.	Authorized Bonds	
5.	Interest income (gross)	
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	
•	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).

*FY = 7/1-6/30

	Two Most Current Actual Years		Projected years -- ending with first year at full utilization			
	2016	2017	2019	2020	2021	2022
CY or FY	CY	CY	FY	FY	FY	FY
Client Visits	167,303	167,578	159,053	165,862	172,677	177,490
Billable	166,769	167,129	158,627	165,418	172,214	177,014
Non-Billable	534	449	426	444	463	476
Total	167,303	167,578	159,053	165,862	172,677	177,490
# of Clients and Visits by Discipline						
Total Clients (Unduplicated Count)	9,970	9,636	9,382	9,881	10,260	10,556
Skilled Nursing Visits	69,717	65,844	68,491	71,374	74,302	76,372
Home Health Aide Visits	3,842	4,034	7,972	8,318	8,663	8,902
Physical Therapy Visits	62,747	64,562	49,092	51,258	53,365	54,855
Occupational Therapy Visits	22,568	25,412	28,568	29,766	30,990	31,855
Speech Therapy Visits	6,575	5,988	2,622	2,744	2,858	2,938
Medical Social Services Visits	1,804	1,525	2,308	2,402	2,498	2,568
Other Visits (Please Specify) - Dietician, Fitness Specialists	50	213	-	-	-	-

Please Note Table 2A.2 which indicates the Towson Provider # without Cecil County

*FY = 7/1-6/30

	Projected years -- ending with first year at full utilization			
	2018	2019	2020	2021
	FY	FY	FY	FY
Client Visits	155,813	157,185	160,291	162,897
Billable	155,396	156,764	159,862	162,461
Non-Billable	417	421	429	436
Total	155,813	157,185	160,291	162,897
# of Clients and Visits by Discipline				
Total Clients (Unduplicated Count)	9,188	9,364	9,526	9,688
Skilled Nursing Visits	67,096	67,641	68,972	70,092
Home Health Aide Visits	7,810	7,883	8,042	8,170
Physical Therapy Visits	48,092	48,576	49,537	50,345
Occupational Therapy Visits	27,986	28,209	28,767	29,236
Speech Therapy Visits	2,568	2,601	2,653	2,697
Medical Social Services Visits	2,261	2,276	2,319	2,357
Other Visits (Please Specify) - Dietician	-	-	-	-

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).

***FY = 7/1-6/30**

	Projected years -- ending with first year at full utilization			
	2018	2019	2020	2021
	FY	FY	FY	FY
Client Visits	3,239	8,677	12,386	14,593
Billable	3,231	8,654	12,353	14,554
Non-Billable	9	23	33	39
Total	3,239	8,677	12,386	14,593
# of Clients and Visits by Discipline				
Total Clients (Unduplicated Count)	194	517	734	868
Skilled Nursing Visits	1,395	3,734	5,330	6,279
Home Health Aide Visits	162	435	621	732
Physical Therapy Visits	1,000	2,681	3,828	4,510
Occupational Therapy Visits	582	1,557	2,223	2,619
Speech Therapy Visits	53	144	205	242
Medical Social Services Visits	47	126	179	211
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			
	2016	2017	2019	2020	2021	2022
CY or FY	CY	CY	FY	FY	FY	FY
1. Revenue						
Gross Patient Service Revenue	30,741,926	30,792,458	29,534,371	30,805,915	32,074,179	32,970,019
Allowance for Bad Debt	(356,385)	(248,715)	(286,554)	(298,559)	(310,823)	(319,480)
Contractual Allowance - Medicare	2,595,837	2,288,143	1,429,386	1,485,229	1,545,673	1,589,707
Contractual Allowance - non Medicare	(2,068,684)	(2,149,185)	(2,217,009)	(2,335,083)	(2,430,231)	(2,499,606)
Charity Care	(30,742)	(30,792)	(91,328)	(100,149)	(107,366)	(112,081)
Net Patient Services Revenue	30,863,037	30,651,048	28,368,866	29,557,353	30,771,432	31,628,558
Other Operating Revenues (specify)	18,915	860	-	-	-	-
Net Operating Revenue	30,881,952	30,651,908	28,368,866	29,557,353	30,771,432	31,628,558

2. Expenses						
Salaries, Wages and Professional Fees (including fringe benefits)	20,266,712	20,696,825	19,354,618	20,382,261	21,292,741	21,958,219
Contractual Services (b) (please specify)	795,656	538,773	369,324	385,124	400,936	412,108
Interest on Current Debt	-	-	-	-	-	-
Interest on Project Debt	-	-	-	-	-	-
Current Depreciation	36,189	31,602	-	-	-	-
Project Depreciation	-	-	-	1,000	2,000	3,000
Current Amortization	-	-	-	-	-	-
Project Amortization	-	-	-	-	-	-
Supplies	390,436	402,647	444,159	462,767	481,775	495,195
Other Expenses (Specify)	6,697,481	6,683,124	6,166,985	6,381,066	6,621,326	6,803,180
Other expenses include rent plus corporate allocations for shared services (accounting, collections, billing, IT, etc.)						
Total Operating Expenses	28,186,474	28,352,972	26,335,086	27,612,218	28,798,778	29,671,701
3. Income						
Income from Operations	2,695,478	2,298,937	2,033,780	1,945,135	1,972,654	1,956,857
Non-Operating Income	-	-	-	-	-	-
Subtotal	2,695,478	2,298,937	2,033,780	1,945,135	1,972,654	1,956,857
Income Taxes	\$0 - entity is an S-Corp; taxes are paid by shareholders via personal taxes					
Net Income (Loss)	2,695,478	2,298,937	2,033,780	1,945,135	1,972,654	1,956,857

4A - Payor Mix as Percent of Total Revenue						
Medicare (a)	85.5%	85.4%	81.4%	81.3%	81.3%	81.3%
Medicaid	0.8%	0.4%	0.5%	0.5%	0.5%	0.5%
Blue Cross	5.9%	5.6%	7.2%	7.2%	7.2%	7.2%
Commercial Insurance	6.4%	7.3%	9.3%	9.4%	9.4%	9.4%
Self-Pay	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%
Other	1.3%	1.0%	1.3%	1.3%	1.3%	1.3%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
4B - Payor Mix as Percent of Total Visits						
Medicare (a)	78.0%	77.9%	74.2%	74.0%	74.0%	74.0%
Medicaid	1.2%	0.7%	0.8%	0.8%	0.8%	0.8%
Blue Cross	8.9%	8.5%	9.9%	10.0%	10.0%	10.0%
Commercial Insurance	9.6%	11.1%	12.9%	13.0%	13.0%	13.0%
Self-Pay	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%
Other	1.9%	1.5%	1.7%	1.7%	1.7%	1.7%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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	604,514	1,619,134	2,311,360	2,723,112
Allowance for Bad Debt	(5,835)	(15,618)	(22,296)	(26,267)
Contractual Allowance	(16,185)	(44,442)	(63,451)	(74,766)
Charity Care	(4,798)	(12,850)	(18,344)	(21,612)
Net Patient Services Revenue	577,696	1,546,224	2,207,269	2,600,467
Other Operating Revenues (specify)	-	-	-	-
Net Operating Revenue	577,696	1,546,224	2,207,269	2,600,467
2. Expenses				
Salaries, Wages and Professional Fees (including fringe benefits)	394,854	1,065,751	1,527,223	1,805,091
Contractual Services (b)	7,522	20,147	28,760	33,882
Interest on Current Debt	-	-	-	-
Interest on Project Debt	-	-	-	-
Current Depreciation	-	-	-	-
Project Depreciation	-	1,000	2,000	3,000
Current Amortization	-	-	-	-
Project Amortization	-	-	-	-
Supplies	9,046	24,209	34,559	40,715
Other Expenses (Specify)	125,480	332,619	473,098	556,592
Other expenses include rent plus corporate allocations for shared services (accounting, collections, billing, IT, etc.)				
Total Operating Expenses	536,902	1,443,726	2,065,640	2,439,280

3. Income				
Income from Operations	40,794	102,498	141,629	161,187
Non-Operating Income	-	-	-	-
Subtotal	40,794	102,498	141,629	161,187
Income Taxes				
Net Income (Loss)	40,794	102,498	141,629	161,187
4A. - Payor Mix as Percent of Total Revenue				
Medicare (a)	81.4%	81.3%	81.3%	81.3%
Medicaid	0.5%	0.5%	0.5%	0.5%
Blue Cross	7.2%	7.2%	7.2%	7.2%
Commercial Insurance	9.3%	9.4%	9.4%	9.4%
Self-Pay	0.3%	0.3%	0.3%	0.3%
Other	1.3%	1.3%	1.3%	1.3%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%
4B. - Payor Mix as Percent of Total Visits				
Medicare (a)	74.2%	74.0%	74.0%	74.0%
Medicaid	0.8%	0.8%	0.8%	0.8%
Blue Cross	9.9%	10.0%	10.0%	10.0%
Commercial Insurance	12.9%	13.0%	13.0%	13.0%
Self-Pay	0.4%	0.4%	0.4%	0.4%
Other	1.7%	1.7%	1.7%	1.7%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%

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	51.23		8.62		76,340		4,568,953	120,000
Registered Nurse	77.98		13.11		67,536		6,151,829	
Licensed Practical Nurse	Included in RN							
Physical Therapist	42.87	5.02	7.21	0.84	80,457	72,022	4,029,619	422,457
Occupational Therapist	27.52		4.63		88,210		2,835,962	
Speech Therapist	2.41		0.40		78,120		219,518	
Home Health Aide	7.53		1.27		19,287		169,722	
Medical Social Worker	2.23		0.37		97,230		252,798	
Other (Please specify.)								
Benefits							4,038,147	
Total							22,266,548	542,457

* Indicate method of calculating benefits cost (SEE BELOW)

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 without geographic expansion at the end of Year 4.

Contractors are used in Senior Living practice as required by building. We forecast based on historical %.

Contractors column for administrative includes professional fees.

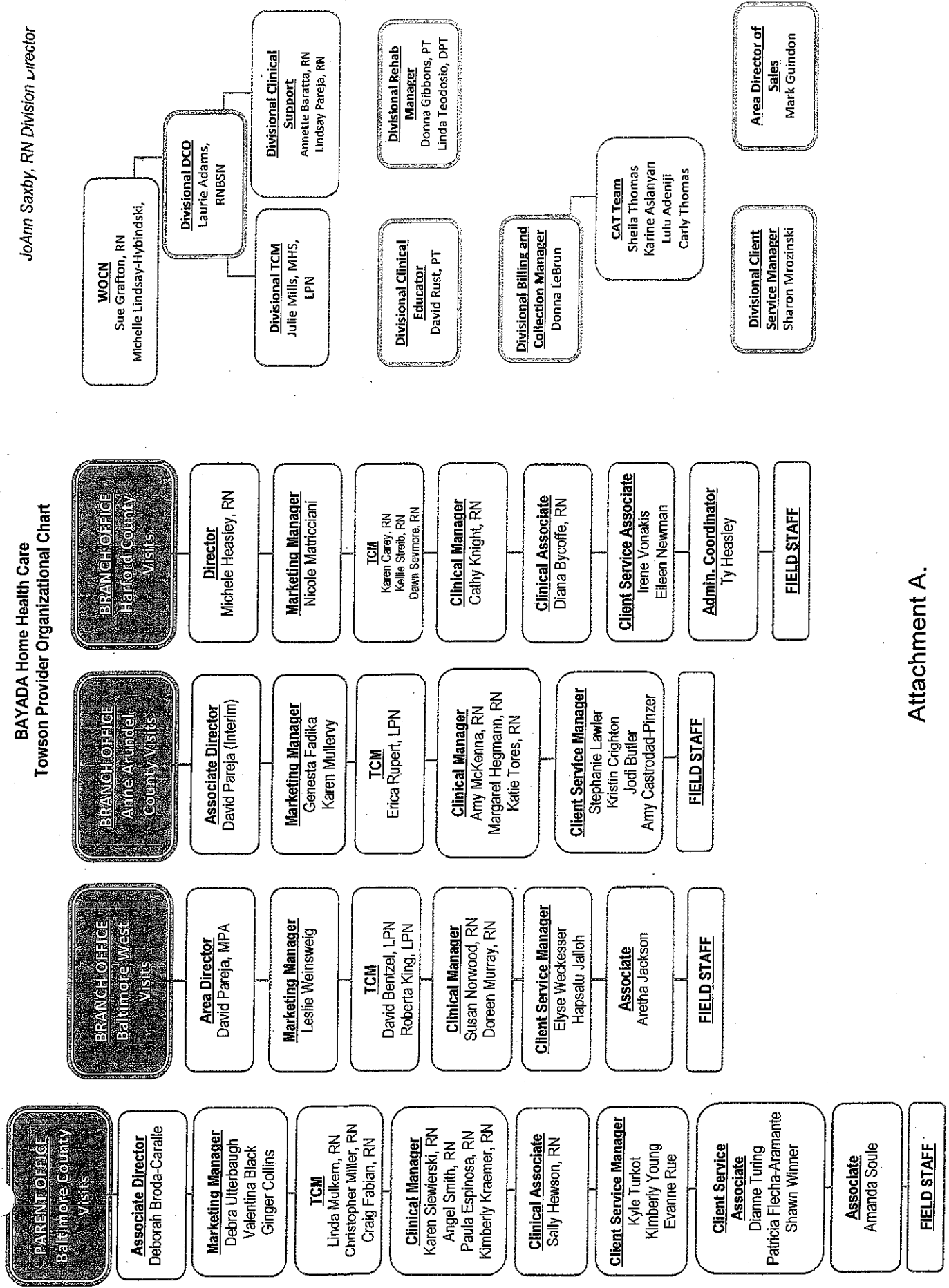
In order to match earlier schedules, benefits includes workers compensation, payroll taxes, liability insurance,

and other personnel related expenses in addition to benefits. Benefits only expenses are estimated to be \$1,745,459

Salaries and wages	18,228,401	Employees	22,266,548
Benefits	1,745,459	Contractors	542,457
Other personnel expenses	2,292,689	Total	22,809,006
Subtotal	22,266,548		
Contractors	422,457		
Professional Fees	120,000		
Total	22,809,006		

Attachment A.

BAYADA Home Health Care Towson Provider Organizational Chart



Attachment B 1-3.



**STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY**

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

License No. HH7101

Issued to: Bayada Home Health, Inc
8600 Lasalle Rd Suite 335
Towson, MD 21286

Type of Facility or Community Program: HOME HEALTH AGENCY

Date Issued: May 5, 2018

**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, CALVERT, CARROLL,
FREDERICK, HARFORD, AND HOWARD 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: May 5, 2019

Patricia Tomasko May, MD

Director

Attachment B 1.

Pg. 43.

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



We IMPACT lives.

February 25, 2016

BAYADA HOME HEALTH CARE INC
ATTN: KHRISTINE OREJOLA
99 CHERRY HILL ROAD SUITE 302
PARSIPPANY, NJ 07054-1102

RE: CMS 855A Provider Enrollment Application
CGS Reference #:57492521
PTAN:217101-----NPI:1902843451

Dear BAYADA HOME HEALTH CARE INC:

We are pleased to inform you that your change of information request is approved. Listed below is the new and/or updated information reflected in your Medicare enrollment record.

Correspondence address	8600 LaSalle Road, Suite 335 Towson, MD 21286-2009
Main practice location address effective October 27, 2015	8600 LaSalle Road, Suite 335 Towson, MD 21286-2009

Please verify the accuracy of your enrollment information.

You are required to submit updates and changes to your enrollment information in accordance with specified timeframes pursuant to 42 CFR §424.516. Reportable changes include, but are not limited to, changes in: (1) legal business name (LBN)/tax identification number (TIN), (2) practice location, (3) ownership, (4) authorized/delegated officials, (5) changes in payment information such as electronic funds transfer information and (6) final adverse legal actions, including felony convictions, license suspensions or revocations, an exclusion or debarment from participation in Federal or State health care program, or a Medicare revocation by a different Medicare contractor.

Providers and suppliers may enroll or make changes to their existing enrollment in the Medicare program using the Internet-based Provider Enrollment, Chain and Organization System (PECOS). Go to: <https://www.cms.hhs.gov/MedicareProviderSupEnroll>.

Providers and suppliers enrolled in Medicare are required to ensure strict compliance with Medicare regulations, including payment policy and coverage guidelines. CMS conducts numerous types of compliance reviews to ensure providers and suppliers are meeting this obligation. Please visit the Medicare Learning Network at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> for further information

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CGS Administrators, LLC is a Medicare Part A, B, Home Health and Hospice, and DME Medicare Administrative Contractor
for the Centers for Medicare & Medicaid Services



Attachment B2.

about regulations and compliance reviews, as well as Continuing Medical Education (CME) courses for qualified providers.

Additional information about the Medicare program, including billing, fee schedules, and Medicare policies and regulations can be found at our Web site at www.cgsmedicare.com or the Centers for Medicare & Medicaid Services (CMS) Web site at <https://www.cms.hhs.gov/home/medicare.asp>.

Whether you are a brand new applicant or an updating provider, the CGS Provider Outreach and Education (POE) team would like to extend a warm welcome to you. Our education events website (<http://www.cgsmedicare.com/hhh/education/index.html>) has the calendar for our online workshops, Ask-The Contractor Teleconferences, and in-person events. We also offer New Provider webinars with topics that will interest every practice. Sign up for those webinars, and gain other valuable information from our New Provider Resource Center <http://www.cgsmedicare.com/hhh/education/newprovider.html?wb48617274=EDC192E3>.

If you have any questions regarding the information above, call the J15 Home Health & Hospice Contact Center at (877) 299-4500 between the hours of 8:00 AM and 4:00 PM Central Time.

Sincerely,

Deana Lowe
Provider Enrollment Analyst
CGS Administrators, LLC

Cc: Maryland State Agency (Barbara Fagan)
Philadelphia CMS Regional Office (Ms. Pat McNeal)



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Dennis Schrader, Secretary

Office of Health Services
Medical Care Programs

June 6, 2017

To Whom It May Concern,

This letter confirms that the Maryland Medicaid agency's survey team conducted a site visit for the provider listed below. Maryland has approved this provider to begin/continue to provide services to Maryland Medicaid participants at the address specified below.

Provider Name: Bayada Home Health Care Inc

Provider NPI: 1902843451

Provider Type: 41

Provider Address: 8600 LaSalle Rd, Suite 335, Towson, MD, 21286

Date of Site Visit: 3/16/2017

Maryland will visit this provider again at this location in five years. If you require further information or should have any questions regarding this approval, please contact the Department's provider enrollment survey team at the following email address:
dhmh.providerrevalidation@maryland.gov.

Regards,

Janis Verderamo
Manager, Provider Enrollment and Compliance Survey Team

Attachment C 1-4.

BAYADA HOME HEALTH CARE- MARYLAND NOTICE OF CHARITY CARE AND REDUCED FEES



Client Name: _____

Client # _____

BAYADA Home Health Care provides charity care or reduced fees to our clients with financial hardship and in accordance with Maryland regulation. BAYADA ensures access to services regardless of an individual's ability to pay.

All prospective clients are provided this notice prior to provision of services.

How the charity care and reduced fee scale works:

Upon receiving a request for charity care free of charge or reduced fees, BAYADA uses a two-step process to determine eligibility of charity care or reduced fees. BAYADA will interview the prospective client/representative to review family size, insurance, income, medical bills. BAYADA will communicate its determination of probable eligibility to the prospective client/representative within two (2) business days of the request for charity care, reduced fees, or an application for medical assistance (Medicaid).

Final determination for eligibility for charity care or reduced fees is based on a completed application with required documentation and proof of household income and outstanding medical bills. Prior to provision of services, clients who qualify are informed of the rates as per current Federal Poverty Guidelines with a sliding fee scale. Those that qualify for reduced fees will be offered a time payment plan for reduced fees of \$25 per month. Those who do not qualify for charity care or reduced fees will be assisted in seeking alternative payment arrangements.

Based on the interview, the prospective client will be granted a financial write-off if:

- a. the total family income is below 300% 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.

Poverty Level	% Discount
100%	100%
200%	100%
225%	80%
250%	60%
275%	40%
300%	20%
325%	0%

I acknowledge BAYADA has given me information about charity care or reduced fees.

Signature of Client

Date

Witness

Representative, Relationship & Reason Client Unable to Sign

Date

Witness

FINANCIAL HARDSHIP FORM - MARYLAND



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 300% of the Federal Policy 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: _____



0-8407 CHARITY CARE - MARYLAND HOME HEALTH AND HOSPICE

This policy was adopted on Jan. 11, 2017 and last revised May. 10, 2018.

Our Standard:

We believe our clients come first.

Our Policy:

BAYADA Home Health Care provides charity care or reduced fees to our clients with financial hardship in accordance with Maryland regulation.

Our Procedure:

- 1.0** BAYADA ensures access to services regardless of an individual's ability to pay.
- 2.0** The MARYLAND CHARITY CARE AND REDUCED FEE PUBLIC NOTICE, #0-9485 is visibly published for public view and for prospective clients on BAYADA's Website, service office Facebook pages and conspicuously posted in the service office. This public notice is also disseminated via annual publication in newspapers in the service area regarding BAYADA Charity Care, the sliding fee pay scale and time payment plans for reduced fees of \$25 per month. MARYLAND NOTICE OF CHARITY CARE AND REDUCED FEES, #0-7657 is provided to all prospective clients prior to provision of services. Both notices include how determination of charity care and reduced fees are made per sections 3.0 and 4.0 below.
- 3.0** Upon receiving a request for charity care free of charge or reduced fees, BAYADA will make a determination of probable eligibility and communicate to the client within two (2) business days of a request for services or an application for Medical Assistance (Medicaid).
- 4.0** BAYADA uses a two-step process to determine eligibility of charity care or reduced fees as follows:
 - 4.1** An interview with the prospective client/representative will be conducted to review family size, insurance, income, and medical bills. The information is documented on a MARYLAND FINANCIAL HARDSHIP FORM, #0-9506. BAYADA will communicate its determination of probable eligibility to the prospective client/representative within two (2) business days.
 - 4.2** Final determination for eligibility for charity care or reduced fees is based on a completed MARYLAND FINANCIAL HARDSHIP FORM, #0-9506 (application) by the prospective client/representative with required documentation and proof of household income and outstanding medical bills.
- 5.0** Prior to provision of care, prospective clients who qualify are informed of the rates using the following guidelines.
 - 5.1** Based on the interview, the client will be granted a financial write-off if:
 - a. the total family income is at or below 300% 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.

5.1.1

Poverty Level	% Discount
100%	100%
200%	100%
225%	80%



250%	60%
275%	40%
300%	20%
325%	0%

- 6.0** Prior to provision of care, prospective clients who do not qualify for charity care or reduced fees are informed, and BAYADA assists with seeking an alternative payment arrangement.
- 7.0** The director will submit a Biller Information Coordination Note to the Billing and Collections Office indicating the client's payor source as private pay and billing rate as based on the sliding scale.
- 8.0** The provision of charity care is tracked in order to demonstrate commitment to achieving a planned annual level of charity care.

9.0 RELATED POLICIES.

- a. ADMISSION CRITERIA AND PROCEDURE - MEDICARE CERTIFIED OFFICES, #0-672

0-8407 - CHARITY CARE - MARYLAND HOME HEALTH AND HOSPICE

Version: 36.0 (18432)

Author(s): JOY STOVER (2016); KIM CUNNINGHAM (2018)

Owner:

Manual, Section: MARYLAND, MEDICARE CERTIFIED POLICIES

References: MD Hospice and Home Health CON Application requirement for Charity Care.

Revisions: May. 10, 2018, Apr. 06, 2018, Jun. 13, 2017, Jun. 13, 2017, Jan. 11, 2017,

Comments:

BAYADA Home Health Care— Maryland Notice of Charity Care and Reduced Fees

BAYADA Home Health Care provides charity care or reduced fees to our prospective clients with financial hardship and in accordance with Maryland regulation. BAYADA ensures access to services regardless of an individual's ability to pay.

All prospective clients are provided this notice prior to provision of services.

How the charity care and reduced fee scale works:

Upon receiving a request for charity care free of charge or reduced fees, BAYADA uses a two-step process to determine eligibility of charity care or reduced fees. BAYADA will interview the prospective client/representative to review family size, insurance, income, and medical bills. BAYADA will communicate its determination of probable eligibility to the prospective client/representative within two (2) business days of the request for charity care, reduced fees, or an application for medical assistance (Medicaid).

Final determination for eligibility for charity care or reduced fees is based on a completed application with required documentation, proof of household income and outstanding medical bills. Prior to provision of services, clients who qualify are informed of the rates as per current Federal Poverty Guidelines with a sliding fee scale. Those that qualify for reduced fees will be offered a time payment plan. Those who do not qualify for charity care or reduced fees will be assisted in seeking alternative payment arrangements.

Based on the interview, the prospective client will be granted a financial write-off if:

- a. the total family income is below 300% 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.

Poverty Level	% Discount
100%	100%
200%	100%
225%	80%
250%	60%
275%	40%
300%	20%
325%	0%

For more information or questions on BAYADA's Charity Care or Financial Hardship policies, contact your local BAYADA office.



Attachment D.



Interested Party Information:
State of Maryland
June 13, 2018

Independent Representative:
Enrico Ballezzi, CPA
Senior Director
HBK CPAs and Consultants
June 13, 2018


CONFIRMATION OF FINANCIAL STABILITY

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

The statements have been prepared according to generally accepted accounting principles and the fiscal 2017 statements have been audited by PricewaterhouseCoopers LLP ("PwC"). Financial highlights, as of December 31, 2017, include:

1. BAYADA Home Health Care has no long term debt.
2. BAYADA Home Health Care has a net worth in excess of \$125 million.
3. BAYADA Home Health Care has a working capital ratio in excess of 1.5:1.
4. BAYADA Home Health Care has demonstrated positive net income in each of the preceding fifteen fiscal years.

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

By: 
Name: Enrico J. Ballezzi, CPA
Date: June 13, 2018

Attachment E 1-3.

BAYADA Home Health Care
Community Resource Guide

* **Medical Social Workers** are available through BAYADA to assist with planning and accessing resources as necessary.

Maryland Access Point (MAP)

410-887-2594 (Baltimore County), 410-396-2273 (Baltimore City)

<http://www.marylandaccesspoint.info/>

Public Resource information line, operators are very knowledgeable about a variety of local resources

Meals

Meals on Wheels of Central MD – Baltimore City/County, Phone: 410-558-0827, Fax: 410-558-1321, www.mealsonwheelsmd.org

Mom's Meals – 1-800-242-0076, www.momsmeals.com

Schwan's- 1-888-724-9267, www.schwans.com

Grocery Delivery (must be done on-line)

Giant Peapod – www.peapod.com

Life Alert

Phillips Lifeline- 1-800-543-3546

Centrol-410-828-5564, www.centrol-inc.com

Great Call – 5 Star Urgent Response-800-918-8543

Life Response (discounted with AARP membership)- 800-921-2008

In Home Emergency Response Systems

Centrol: 877.792.4494

Phillips Lifeline: 800.380.3111

Assurance Lifeline: 888.898.4888

In Home Personal Care (Private Duty)

Griswold Special Care: 410.916.2840

Katherine's Keepers: 410.879.2137

Synergy: 410.569.3302

Bayada Home Health Care (Private Duty Division) – 410-944-5999

Senior Helpers – 410-453-6172

Visiting Angels (Towson office) – 410-337-7838

Tribute Homecare – 410-946-8400

Right At Home – 443-371-7145

ComForCare Senior Services – 410-922-6262

Transportation

MTA Mobility/Paratransit Service – 410-764-8181, www.mta.maryland.gov/mobility
County Ride – 410-887-2080 www.baltimorecountymd.gov (Baltimore County only)
Baltimore City TAXICARD Program – 410-664-1123 (Baltimore City only)
ProCare-410-823-0030, East Coast -410-663-2012, Butler – 410-602-4007 private transportation companies providing ambulances and wheelchair vans, charge fee-for-service.

Caregiver Supports/Support Groups

Baltimore County Department of Aging Caregivers Program- 410-887-4724
Baltimore City Family Caregiver Support Program- 410-396-4932
Alzheimer's Association - 410-561-9099, www.alz.org/maryland
Catholic Charities "Answers for the Aging"- 410-646-0100, offers support and resources over the phone
Jewish Community Services- Elder Care Management - 410-466-9200,
www.jcsbaltimore.org/care-management
National MS Society –800-344-4867, Md Chapter – 443-641-1200
Parkinson's Disease Foundation - 1-800-457-6676, www.pdf.org, brochures and educational resource

Veteran's Administration

Baltimore VA Medical Center on Greene Street – 1-800-605-7000, 1-800-463-6295
Loch Raven VA Outpatient Clinic – 410-605-7650
Fort Howard VA Outpatient Clinic – 410-477-1800
VA Enrollment number – 1-800-463-6295, ext 7324, www.maryland.va.gov

Department of Social Services

Baltimore County, General Information – 410-853-3000, Baltimore City – 1-800-332-6347

Adult Protective Services

Baltimore County – 410-853-3000 option 2, Baltimore City – 410-361-5000

Bereavement

Compassionate Friends: 410.560.3358, Mountain Christian Church, Joppa, 3rd Wednesdays
Harford County Hospice: 410.877.1662, Christ Our King Presbyterian Church, 4th Thursdays
Widowed Persons Service: 410.838.0979

Child Protective Services

Baltimore County – 410-853-3000 option 1, Baltimore City – 410-361-2235

Durable Medical Equipment

Free blood pressure cuffs: 888.368.2111 (pts with MC, and diabetes)
Harford Mediservice: 410.939.1212 540 South Union Ave, Havre de Grace
Lion's Club: 410.734.0210 (Bel Air) 410.734.4626 (Churchville) 410.452.8287 (Jarrettsville)
410.679.8206 (Joppatown)
Office on Aging Loan Closet: 410.638.3025

Harford County Public Resources

Department of Social Services: 410.836.4700, 2 South Bond St. Bel Air

Department of Aging: 410.638.3025

Health Department: 410.838.1500, 120 S. Hayes St. Bel Air

Office of Healthcare Quality (to report concerns that occur inside of a healthcare facility)

410-402-8000- General, www.dhmh.md.gov/ohcq

Adult Evaluation and Review Services (AERS)

Baltimore County – 410-887-2754, Baltimore City – 410-396-6006

State of Maryland Waiver Registry

1-866-417-3480

Domestic Violence (Intimate Partner Violence)

Maryland Domestic Violence Helpline-1-800-634-3577 (1-800-MD-HELPS) – Statewide Help

1-800-799-7233 (1-800-799-SAFE) - Nationwide Help

Community Mental Health Service

Baltimore County Crisis Response Team-410-931-2214, Baltimore City Crisis Response-410-433-5175

Pastoral Counselling Services – 410-433-2241 (for referral to mental health services)

Suicide Hotlines

1-800-SUICIDE (1-800-784-2433), Maryland Crisis Hotline – 800-422-0009

Substance Abuse

Alcoholics Anonymous - 410-663-1922 , www.baltimoreaa.org, www.aa.org

Narcotic's Anonymous - 1-800-317-3222, www.baltoareana.org

Alanon (Family and Friends of Alcoholics) - 410-832-7094, www.Alanon-maryland.org

Naranon (Family and Friends of Addicts) – 800-477-6291, www.Nar-anon.org

Home Visiting Doctors

Dr Brian Wallace – 443-904-0621 (Eastern and Northern Baltimore County – including Towson, Timonium etc)

Dr Hillary Don – 410-464-6238 (primarily Baltimore City)

First Medical – Dr Nancy Rivera and PA Rosemary Ingado - 1-410-956-6800 – all Baltimore city and County

Dr Carla Rosenthal – 443-838-4346 (Northern Baltimore City and County)

Elder House Calls Program- 410-550-0931 (only areas around Hopkins Bayview, call to check specific addresses)

Alegis – 410-636-3060 (Medicare Advantage and private insurances only)

Home Visiting Podiatrists

Dr Lee Youngworth – 410-484-8003

Dr Steven Caplan – 410-790-1500

Dr Jeannine George_ 410-869-4147

Dr Richard Rosenblatt - 410-358-0544

Dr Glazer – 410-435-1333

Other Important Numbers

AARP-1-888-687-2277, www.aarp.org

Maryland Health Care Commission-410-764-3460, Reviews and compares nursing homes, assisted living facilities (ten or more beds), health plans, hospitals and prescription prices.

Medicare Helpline- 800-633-4227, www.medicare.gov, www.mymedicare.gov

Social Security Administration- 800-772-1213, www.ssa.gov

National Network of Tobacco Cessation Quitlines- 1-800-QUITNOW (1-800-784-8669), www.naquitline.org



To whom it may concern,

My name is Shannon Raemer RN, ONC. I am the coordinator for the Joint replacement program, for University of Maryland Upper Chesapeake Health. In my role, I frequently refer and set up home care for my patients. It has been by experience that Cecil County is hard to provide Home Health services for our patients. There are few providers and the ones that service the area limit their insurance contracts.

I have worked with Bayada for almost a decade. In the time we have worked together, I have found them to be reliable, and excellent in their execution of patient care. I am writing this letter in hopes it will further their efforts in obtaining a certificate of need in Cecil County. Please contact me with any questions or concerns. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Shannon Raemer RN, ONC".

Shannon Raemer RN, ONC
Joint Center Coordinator
University of Maryland Upper Chesapeake
Sraemer@uchs.org
(443) 643-2663



To Whom It May Concern,

Griswold Home Care Harford/Cecil Co and Bayada Home Health have a wonderful working relationship in Harford Co. We work hand in hand to provide the best care for our clients. Griswold would welcome the opportunity to work with Bayada in Cecil Co. Griswold Home Care looks forward to continuing our working relationship with Bayada Home Health to bring the best care to Cecil Co residents.

Sincerely,

Shannon Gettier

A handwritten signature in cursive script that reads "Shannon Gettier".

Director of Home Care Services
443-356-4632

Attachment F 1-2.



0-946 CLIENT DISCHARGE

This policy was adopted on Jan. 1, 1993 and last revised Jan. 13, 2018.

Our Standard: *We provide home health care to our clients with the highest professional, ethical, and safety standards*

Our Policy: Appropriate information is exchanged when a client is discharged.

1.0 General Procedures:

- 1.1 A client is discharged from services 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 service 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 cease to pay for services.
 - 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 Client receiving Skilled Service

The procedures below are followed for the discharge of a client receiving skilled 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 on 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 2 weeks. The summary is sent to the physician with and a copy filed in the client chart or electronic record.

3.0 Procedure 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 rendered.
- c. The case manager has ordered the services 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 a 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.



0-9307 CLIENT TRANSFER AND DISCHARGE- MEDICARE-CERTIFIED HOME HEALTH

This policy was adopted on Jan. 13, 2018.

Our Standard: *We believe our clients come first.*

Our Policy: Appropriate information is exchanged when a client is discharged or transferred.

1.0 GENERAL DISCHARGE/TRANSFER PROCEDURES

1.1 A client is transferred, discharged from service by BAYADA for any of the following reasons:

- a. Transfer or discharge is necessary for the client's welfare because BAYADA and the client's physician agree that BAYADA can no longer meet the client's needs based on client's acuity. BAYADA will arrange a safe and appropriate transfer to other care entities when the needs of the client exceed BAYADA's capabilities.
- b. The client or payer will no longer pay for the services provided by BAYADA.
- c. Transfer or discharge is appropriate because the physician responsible for the home health plan of care and BAYADA agree the client no longer require services because the client has achieved measurable outcomes and goals set forth in the plan of care.
- d. The client refuses services and elects to be transferred or discharged.
- e. The client's (or other persons in the client's home) behavior is disruptive, abusive or uncooperative to the extent that delivery of care to the client or the BAYADA's ability to operate effectively is seriously impaired.
- f. The client dies or
- g. BAYADA ceases to operate

1.2 Discharge or Transfer Due to Client Acuity of Care.

1.2.1 When a client's care needs change to require more than intermittent services or require specialized services that are not provided by BAYADA, BAYADA will inform the client/representative and the physician that the home health plan of care cannot meet the client's needs without potentially adverse outcomes. If desired, BAYADA may assist the client and family in choosing another entity that may be able to meet the client's needs based on acuity.

1.2.2 When an alternate entity is chosen by the client/representative, BAYADA must contact the entity to facilitate safe transfer through timely communication and transfer of information using DISCHARGE SUMMARY, #781 prior to or simultaneously with the client receiving services at the new entity.

1.3 Discharge or Transfer Due to Client Refusal.

- 1.3.1** When the client refuses services, document communication with the physician in accordance with MISSED VISITS/HOURS, #0-6277. It is the client's right to refuse services. A client who occasionally declines services is distinguished from a client who refuses services. BAYADA must educate the client on the risks and potential adverse outcomes from refusing services. Client's record will reflect measures BAYADA took to investigate client's refusal and the interventions for client's continued participation in the plan of care.
- 1.3.2** Discharge is considered if the client's decline of services compromises BAYADA's ability to safely and effectively deliver care to the extent that BAYADA can no longer meet the client's needs.

1.4 Discharge for Cause and Due to Disruptive Behavior and Documentation Requirements.

Disruptive and abusive behavior includes verbal, non-verbal or physical threats, sexual harassment or any incident in which is threatening or unsafe that causes a serious impediment to BAYADA's employees' ability to provide services in a safe and effective manner. Uncooperative is defines as the client's repeated declination of services or persistent obstructive, hostile or contrary attitudes to BAYADA's employees that are counterproductive to the client's plan of care.

- 1.4.1** Advise the client, representative, if any, the physician issuing orders for the home health plan of care, and the client's primary care practitioner or other health care professional who will be responsible for providing care and services to the client after the client is discharged from BAYADA, if applicable, that a discharge for cause is being considered and when discharge becomes imminent. In situations when staff are threatened or endangered, BAYADA will take immediate actions to discharge or transfer the client without taking measures to resolve the issue
- 1.4.2** Every effort to resolve the problem(s) presented by the client's behavior, the behavior of other persons in the client's home or situation. The problem(s) and effort(s) to resolve the problem(s) must be documented as follows on COORDINATION OF SERVICES (COS).NOTE, #786 or on a comparable form and entered into the client's record.
- a. Identification of the problems encountered;
 - b. Assessment of the situation;
 - c. Communication with clinical manager, director and the physician responsible for the plan of care; and
 - d. A plan to resolve the issues
 - e. Results of the plan implementation
- 1.4.3** The client and representative (if any) will be provided with contact information for other agencies or providers which may be able to provide care. Evidence in the client record will include client/representative has been provided contact numbers for other community esources and/or names of other agencies which may be able to provide services.

2.0 COMMUNICATION AND DOCUMENTATION REQUIREMENTS FOR DISCHARGE AND TRANSFER.

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. For Medicare beneficiaries see CLIENT NOTIFICATION OF DISCHARGE AND FAST TRACK APPEAL PROCESS, #0-3194 and HOME HEALTH CHANGE OF CARE NOTICE (HHCCN) AND ADVANCED BENEFICIARY NOTICE OF NON-COVERAGE (ABN) PROCEDURES, #0-322 for further details.

3.1 Discharge.

- 3.1.1** Any revisions to the client's discharge plan will be communicated to the client, the client's representative, the client's caregiver(s), all physicians issuing orders for the client's plan of care and the client's primary care practitioner or other health care professional who will be responsible for providing care and services to the client after discharge from the organization, if applicable. Communication with the client/representative and physician is documented on COORDINATION OF SERVICES (COS) NOTE, #786 or on a comparable form.
- 3.1.2** The client's primary care practitioner or other health care professional who will be responsible for providing care and services to the client must receive a DISCHARGE SUMMARY, #781 within five (5) business days of the client's discharge. The discharge summary must contain the following information:
 - a. Reason for discharge;
 - b. A summary of services provided and progress made;
 - c. Referrals;
 - d. Ongoing responsibility for future care, and
 - e. Any other information that supports post-discharge continuity of care.
- 3.1.3** Clients are provided with DISCHARGE INSTRUCTIONS, #0-2003 upon discharge from BAYADA. 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. A copy of DISCHARGE INSTRUCTIONS, #0-2003 are kept in the client chart.
- 3.1.4** 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 DISCHARGE INSTRUCTIONS, #0-2003 using one of the following:
 - a. a copy of the current MEDICATION PROFILE, #0-616 or MEDICATION PROFILE AND TREATMENT RECORD, #755, updated to include all verbal medication order changes received as of discharge.
 - b. a copy of the current 485 with all medications updated.
 - c. DISCHARGE MEDICATION LIST, #0-3387 generated from BEARS.
 - d. Re-creating a typed or handwritten list.

The form should indicate the last date of service to clarify the date when the medication list was last known to be complete for other health care providers who may reference the list.

- 3.1.5** A DISCHARGE SUMMARY, #781 will be written or comparable entry fields in the electronic record will be completed within five (5) business days of the client's discharge. The summary is sent to the physician with and a copy filed in the client chart or electronic record. Appropriate referral sources and client's next provider will also receive a copy.

3.2 Transfer.

- 3.2.1** Document of client transfer is made on CLIENT TRANSFER FORM, #37-6 or OASIS TRANSFER FORM, #0-940 or HOSPICE TRANSFER / LEVEL OF CARE CHANGE / LIVE DISCHARGE, #0-4625 or via the Episode Detail Report found in the electronic record and includes:
- a. reason for transfer or referral
 - b. summary of services being provided and progress toward goals,
 - c. specific care,
 - d. instruction and referrals provided to the patient (if applicable),
 - e. physical/psychosocial status, including recent or anticipated changes,
 - f. pain management and/or symptoms management needs, ie., pain, nausea or dyspnea (if applicable),
 - g. other organizations involved in care (if applicable), and
 - h. the existence of any advance directives,
 - i. If requested, a complete list of current medications for skilled cases only - (attach, fax or transfer with the client an updated 485, MEDICATION PROFILE, #0-616, or MEDICATION PROFILE AND TREATMENT RECORD, #755, or OASIS TRANSFER FORM, #0-940.

In cases where we are only apprised of a client's hospitalization or transfer after it has occurred, and the client has returned home to our care, no transfer form or conversation is possible. However, it must be documented in the chart that this was the case, and that we sought to update our records and orders following the hospitalization.

3.2.2 Planned Transfer-Communication.

A completed transfer summary is sent within two (2) business days of a planned transfer, if the client's care will be immediately continued in a health care facility.

3.2.3 Unplanned Transfer-Communication.

A completed transfer summary is sent within two (2) business days of becoming aware of an unplanned transfer, if the client is still receiving care in a facility at the time when BAYADA becomes aware of the transfer.

- 4.0** The client and caregiver(s) if applicable, will receive ongoing education and training as appropriate, regarding the care and services identified in the client's care plan and as necessary, to ensure a timely discharge. See CLIENT AND CAREGIVER TEACHING AND SKILLS REVIEW VERIFICATION, #0-561 and CLIENT CARE PLAN, #0-945 for details.

Attachment G.



0-403 QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI) PROGRAM

This policy was adopted on Jan. 1, 1993 and last revised Mar. 12, 2018.

Our Policy:

BAYADA Home Health Care has a comprehensive, organization-wide Quality Assurance and Performance Improvement (QAPI) program that objectively and systematically measures, monitors, and assesses organizational performance and leads to measurable improvements in agency defined goals in the areas of client safety, outcomes, care delivery, and operations.

Our Procedure:

1.0 DEFINITIONS.

Quality Assurance and Performance Improvement (QAPI) - Also referred to as Continuous Performance Improvement (CPI) or Continuous Quality Improvement (CQI), a comprehensive approach to quality improvement that involves the implementation of systematic and cyclical approaches to monitor, assess, and improve quality of health care.

- a. **Quality Assurance (QA)** - The process of monitoring to validate that care is provided at an acceptable level and meets defined standards.
- b. **Performance Improvement** - The process of continuously analyzing performance and developing systematic efforts to improve; also known as Quality Improvement.
- c. **Quality and Safety Committee** - Organized to establish and govern the minimum standards, continuous improvement practices and priorities of BAYADA's clinical quality and client/employee safety processes.
- d. **Goals** - Broad and general aims the organization is trying to achieve, often tied to mission or business objectives (Ex. Increase patient safety in the home).
- e. **Outcomes** - Define the specific measurable results related to the actions taken to achieve a goal (Ex. Reduce patient falls by 5% within 12 months).
- f. **Measures** (indicators) - Used to track progress toward achieving outcomes (Ex. percent of total patients on service who experience a fall, using incidents as a data source).



2.0 GENERAL INFORMATION.

2.1 BAYADA's mission states that the organization's purpose is to "help people have a safe home life with comfort, independence and dignity." BAYADA will monitor its services, to help ensure they are rendered in accordance with core values of compassion, excellence and reliability.

2.2 BAYADA has established a QAPI Program that is grounded in the overall mission, vision, and values of the organization and includes participation from clients, families, caregivers, and personnel at all levels of the organization.

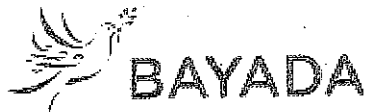
3.0 GOVERNANCE AND LEADERSHIP.

3.1 The governing body ensures that the QAPI Program reflects the complexity and scope of services of BAYADA, and ensures that the program:

- a. encompasses all services including those that are provided under contract or arrangement,
- b. focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions, and
- c. takes actions that address BAYADA'S performance across the spectrum of care and services, including the prevention and reduction of medical errors.

In addition, the governing body approves the frequency and detail of data collection in accordance with responsibilities defined in OWNERSHIP, GOVERNANCE, AND ADMINISTRATION: BAYADA HOME HEALTH CARE, #0-523, and completes a review of the QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI) PROGRAM, #0-403, including any recommended changes, at least annually.

3.2 The Chief Clinical Officer (CCO) develops, directs and coordinates the QAPI program for BAYADA. The CCO and/or designee chairs the Quality & Safety Committee and is responsible for the development and preparation of the QA summary reports, which are presented to the Board of Directors and incorporated into BAYADA's Annual Evaluation.



3.3 The Quality & Safety Committee is appointed by the Governing Body and establishes and oversees standards of care and training related to the QAPI program. The Quality & Safety Committee meets at least four times a year to review:

- a. clinical and safety metrics/ key indicators
- b. survey activity (internal and external)
- c. incident, complaint and adverse event reporting
- d. QAPI process enhancements
- e. QAPI related policies and standards
- f. reports on new programs and initiatives

3.4 The Quality Assurance (QA) office performs measurement activities as described in Section 4.2 below. Additionally, the QA office oversees the implementation of the performance improvement process and tracking of performance improvement plans related to Quality Assurance.

4.0 MEASURES, OUTCOMES AND GOALS.

4.1 Goals and outcomes are established based on BAYADA's (5) pillars:

- a. Service
- b. Quality
- c. People
- d. Growth
- e. Finance

Pillar performance is benchmarked organization-wide, within each practice and externally when applicable.

4.1.1 Minimum standards are developed for all performance measures and various tools including data analysis, performance dashboards, and quality assurance surveys are used to measure performance. Ongoing measurement of key performance indicators is conducted and goals related to outcomes are developed based on high-risk, high volume, or problem prone areas in the following areas:

- a. client and employee safety
- b. clinical outcomes
- c. quality of care



- d. management and resolution incidents, complaints and adverse events
- e. OASIS metrics
- f. Medicare star ratings
- g. hospital admission and re-admission rates (Home Health offices)
- h. adverse client events
- i. Use of emergency room/emergent care (Home Health offices)
- j. Operational execution
- k. internal and external plans of correction

4.2 Data Collection and Measurement.

4.2.1 Qualified reviewers, representing the scope and services provided, review a sample of active and closed records.

4.2.2 A random sample of active and closed client records are reviewed on a quarterly basis to assess appropriateness and adequacy of care, as well as compliance with policy and applicable federal, state and local regulation. A minimum of five (5) records are reviewed, or more based on record review requirements.

The following specific requirements are met:

- a. **Non-Medicare Certified, CHAP Accredited Offices:** A random sample including 10% of active/discharged client records are reviewed, up to a maximum of 60 client records per year.
- b. **Hospice Offices:** A random sample of 10% of unduplicated admissions are reviewed, up to a maximum of 120 sample records per year.

4.2.3 Quarterly review of records is completed by one or more of the following:

- a. Quality Assurance (QA) office employees.
- b. Self-assessment by office, divisional or practice clinical resources. Clinical resources may not review their own client records. OASIS data and external survey results may be included in self-assessment data.
- c. Qualified contracted reviewers

4.2.3.1 The data collected and tools used for clinical record review are



published on the Quality Assurance site and include:

- a. Practice-specific QA clinical record review tools and workbooks
- b. Home Care Self Assessment Tool
- c. Peer to peer Clinical Record Review or QAPI Summary (Home Health and Hospice)
- d. Habilitation Self-Assessment Tool

4.2.4 When on-site QAPI activities are performed by the QA team, a random sample of active and closed client records are reviewed and home visit(s) are conducted. A sample of field employee files is also reviewed by the QA team.

4.2.5 Monitoring of other data and other reportable events is gathered, reviewed and analyzed to assess performance and to identify any trends requiring further study and intervention. Data includes, but not limited to:

- a. Incidents, complaints and adverse events
- b. Medication errors
- c. Sentinel events
- d. Infections
- e. Client Satisfaction
- f. Employee Satisfaction
- g. OASIS metrics
- h. Medicare star ratings
- i. Hospital admission and re-admission rates

4.3 Performance Improvement.

4.3.1 BAYADA takes immediate corrective action, including mandatory reporting required by law or regulation, when performance improvement activities identify potential or direct threats to the health and or/ safety of patients or personnel.

4.3.2 Noted deficiencies identified during the monitoring process will require a formal Plan of Correction (POC), which is completed in the electronic system or submitted to the QA office. Each POC includes documentation of a rationale for implementation, action steps to be taken, responsible individual(s) for oversight of action steps, timelines and measurable outcomes to determine the level of progress achieved



4.3.3 POCs that result from an external survey are integrated into the overall office performance improvement activities, and are sent to the QA office upon acceptance by the surveying entity.

4.3.4 The office director is responsible for performance improvement activities based on the analysis of all monitoring and quality assurance data.

5.0 REPORTING.

5.1 Summary information from the Quality Committee will be reported to the Governing Body and incorporated into the Annual Evaluation or comparable report. See ANNUAL EVALUATION, #0-972 for details.

6.0 STATE/PROGRAM SPECIFIC AMMENDMENTS.

6.1 Connecticut.

See QUALITY ASSURANCE-CONNECTICUT, #37-3378 for further details.

6.2 North Carolina and Pennsylvania Habilitation.

6.2.1 Quarterly as a part of Quality Assurance activities, a member of the Habilitation Practice, designated by the Practice Leader, reviews a representative sample of records to:

- a. Verify that dates of services provided coincide with billed episodes of care.
- b. Determine that service documentation accurately reflects the services that were provided.
- c. Identify necessary corrective actions.

6.2.2 Information collected from performance analysis is to identify and respond to organizational needs and are incorporated into our annual evaluation. See ANNUAL QA/PI EVALUATION AND PLAN - HABILITATION, #0-5675 for details.

6.3 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 CLIENT EXPERIENCE MEASUREMENT AND REPORTING, #0-314 for further details.
- b. Documentation of efforts to improve service delivery in response to the client satisfaction surveys.
- 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

6.4 New York.

See QUALITY ASSESSMENT AND IMPROVEMENT IMPLEMENTATION - NY, #0-6022 for further details.

6.5 NJ Medicare Certified Offices.

See QUALITY ASSURANCE- NJ MEDICARE CERTIFIED OFFICES, #0-4152 for further details.

7.0 RELATED POLICIES AND RESOURCES.

- a. REGULATORY SURVEY MANAGEMENT, #0-7187
- b. INVESTIGATION OF POTENTIALLY AVOIDABLE ADVERSE EVENTS, #0-6043
- c. Home Health QAPI Program
- d. Hospice QAPI Program

Attachment H 1. - 13.



Home Health Star Rating Provider Preview Report

*Based on completed quality episodes with end-of-care OASIS assessment dates
from January 1, 2014 through December 31, 2014 and claims data with
through dates from October 1, 2013 through September 30, 2014*

Rating for Bayada Home Health, Inc (217101) Baltimore, Maryland
Overall Star Rating
★★★½ (3.5 stars)

The Overall Star Rating will be displayed on Home Health Compare (HHC) in July 2015.

How the Ratings are Calculated

The HHC 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 HHC 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 Overall HHC Star Rating using the steps described below.

The HHC 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/HHCQualityMeasures.html>

Measure Score Cut Points by Initial Decile Rating										
Initial Decile Rating	Timely initiation of care	Drug education on all medications	Received flu shot for current season	Improved walking or moving around	Improved getting in and out of bed	Improved bathing	Had less pain moving around	Breathing improved	Admitted to hospital	
0.5	0.0-79.9	0.0-80.0	0.0-45.1	0.0-43.5	0.0-35.3	0.0-45.7	0.0-43.2	0.0-33.0	20.0-100.0	
1.0	80.0-85.6	80.1-88.0	45.2-58.9	43.6-50.6	35.4-43.1	45.8-54.5	43.3-53.6	33.1-46.5	18.2-19.9	
1.5	85.7-88.9	88.1-91.9	59.0-66.3	50.7-55.0	43.2-48.6	54.6-59.7	53.7-59.2	46.6-54.6	17.1-18.1	
2.0	89.0-91.1	92.0-94.4	66.4-71.5	55.1-58.3	48.7-52.5	59.8-63.5	59.3-63.1	54.7-60.1	16.2-17.0	
2.5	91.2-93.0	94.5-95.9	71.6-75.6	58.4-60.8	52.6-55.9	63.6-66.5	63.2-66.4	60.2-64.2	15.3-16.1	
3.0	93.1-94.6	96.0-97.1	75.7-79.0	60.9-63.3	56.0-59.0	66.6-69.2	66.5-69.9	64.3-67.8	14.4-15.2	
3.5	94.7-95.9	97.2-98.1	79.1-82.4	63.4-66.0	59.1-62.1	69.3-72.2	70.0-73.8	67.9-71.2	13.3-14.3	
4.0	96.0-97.2	98.2-99.0	82.5-86.6	66.1-69.1	62.2-65.6	72.3-75.6	73.9-78.9	71.3-75.0	11.9-13.2	
4.5	97.3-98.6	99.1-99.9	86.7-91.9	69.2-74.3	65.7-71.1	75.7-81.0	79.0-86.5	75.1-80.3	10.0-11.8	
5.0	98.7-100.0	100.0-100.0	92.0-100.0	74.4-100.0	71.2-100.0	81.1-100.0	86.6-100.0	80.4-100.0	0.0-9.9	
Your HHA Score	91.2	88.8	85.7	65.6	61.3	71.4	69.2	72.3	17.6	
Your Initial Decile Rating	2.5	1.5	4.0	3.5	3.5	3.5	3.0	4.0	1.5	
Your Number of Cases (N)	7,659	7,583	4,512	5,612	5,392	5,684	4,046	3,241	4,086	
National (All HHA) Median	93.0	96.0	75.6	60.9	56.0	66.6	66.4	64.3	15.3	
Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Your Statistical Test Results (Is the p-value ≤ 0.050?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Your HHA Adjusted Rating	2.5	1.5	4.0	3.5	3.5	3.5	3.0	4.0	1.5	
Your Average Adjusted Rating	3.0									
Your Average Adjusted Rating Rounded	3.0									
Your Overall Star Rating (1.0 to 5.0)	★★★½ (3.5 stars)									

¹ OASIS data from January 1, 2014 through December 31, 2014 and claims data from October 1, 2013 through September 30, 2014



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

*Based on completed quality episodes with end-of-care OASIS assessment dates
from April 1, 2014 through March 31, 2015 and claims data with
through dates from January 1, 2014 through December 31, 2014
REVISED*

Rating for Bayada Home Health, Inc (217101) Baltimore, 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 October 2015.

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/HHCQualityMeasures.html>

Measure Score Cut Points by Initial Decile Rating										
Initial Decile Rating	Timely initiation of care	Drug education on all medications	Received flu shot for current season	Improved walking or moving around	Improved getting in and out of bed	Improved bathing	Had less pain moving around	Breathing improved	Admitted to hospital	
0.5	0.0-80.3	0.0-81.0	0.0-42.9	0.0-44.0	0.0-35.9	0.0-46.0	0.0-43.6	0.0-34.6	20.2-100.0	
1.0	80.4-85.9	81.1-88.8	43.0-56.3	44.1-51.3	36.0-43.7	46.1-55.1	43.7-54.0	34.7-47.1	18.3-20.1	
1.5	86.0-89.0	88.9-92.6	56.4-63.5	51.4-55.6	43.8-49.0	55.2-60.3	54.1-59.4	47.2-55.2	17.2-18.2	
2.0	89.1-91.3	92.7-94.9	63.6-68.6	55.7-58.9	49.1-53.3	60.4-63.9	59.5-63.3	55.3-60.6	16.3-17.1	
2.5	91.4-93.1	95.0-96.3	68.7-72.8	59.0-61.7	53.4-56.6	64.0-66.8	63.4-66.5	60.7-64.8	15.4-16.2	
3.0	93.2-94.6	96.4-97.4	72.9-76.4	61.8-64.1	56.7-59.6	66.9-69.6	66.6-70.0	64.9-68.4	14.5-15.3	
3.5	94.7-95.9	97.5-98.3	76.5-79.7	64.2-66.6	59.7-62.6	69.7-72.6	70.1-73.9	68.5-71.8	13.4-14.4	
4.0	96.0-97.2	98.4-99.1	79.8-83.5	66.7-69.9	62.7-66.0	72.6-75.9	74.0-79.1	71.9-75.5	12.1-13.3	
4.5	97.3-98.6	99.2-99.9	83.6-88.7	70.0-75.0	66.1-71.6	76.0-81.2	79.2-86.6	75.6-80.7	10.1-12.0	
5.0	98.7-100.0	100.0-100.0	88.8-100.0	75.1-100.0	71.7-100.0	81.3-100.0	86.7-100.0	80.8-100.0	0.0-10.0	
Your HHA Score	91.6	87.8	80.7	65.7	61.0	70.3	69.5	71.8	17.5	
Your Initial Decile Rating	2.5	1.0	4.0	3.5	3.5	3.5	3.0	3.5	1.5	
Your Number of Cases (N)	7,923	7,854	4,780	5,852	5,619	5,918	4,167	3,312	4,228	
National (All HHA) Median	93.1	96.4	72.8	61.7	56.7	66.9	66.6	64.8	15.4	
Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Your Statistical Test Results (Is the p-value ≤ 0.050 ?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Your HHA Adjusted Rating	2.5	1.0	4.0	3.5	3.5	3.5	3.0	3.5	1.5	
Your Average Adjusted Rating										
Your Average Adjusted Rating Rounded										
Your Quality of Patient Care Star Rating (1.0 to 5.0)										
*** (3.5 stars)										

¹ OASIS data from April 1, 2014 through March 31, 2015 and claims data from January 1, 2014 through December 31, 2014



**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, Inc (217101) Baltimore, 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/HHQICQualityMeasures.html>

Measure Score Cut Points by Initial Decile Rating										
Initial Decile Rating	Timely initiation of care	Drug education on all medications	Received flu shot for current season	Improved walking or moving around	Improved getting in and out of bed	Improved bathing	Had less pain moving around	Breathing improved	Admitted to hospital	
0.5	0.0-80.2	0.0-82.6	0.0-39.7	0.0-44.3	0.0-36.2	0.0-46.0	0.0-43.7	0.0-34.5	20.3-100.0	
1.0	80.3-86.0	82.7-89.9	39.8-53.0	44.4-51.4	36.3-44.3	46.1-55.0	43.8-53.9	34.6-47.5	18.4-20.2	
1.5	86.1-89.1	90.0-93.2	53.1-60.7	51.5-56.0	44.4-49.6	55.1-60.4	54.0-59.6	47.6-55.8	17.2-18.3	
2.0	89.2-91.4	93.3-95.3	60.8-66.0	56.1-59.4	49.7-53.6	60.5-64.2	59.7-63.5	55.9-61.3	16.3-17.1	
2.5	91.5-93.2	95.4-96.7	66.1-70.7	59.5-62.2	53.7-57.2	64.3-67.2	63.6-66.9	61.4-65.5	15.5-16.2	
3.0	93.3-94.7	96.8-97.6	70.8-74.5	62.3-64.6	57.3-60.0	67.3-69.9	67.0-70.3	65.6-69.1	14.6-15.4	
3.5	94.8-96.0	97.7-98.5	74.6-79.0	64.7-67.2	60.1-63.1	70.0-73.0	70.4-74.3	69.2-72.4	13.5-14.5	
4.0	96.1-97.2	98.6-99.2	78.1-82.1	67.3-70.4	63.2-66.6	73.1-76.3	74.4-79.5	72.5-76.2	12.2-13.4	
4.5	97.3-98.5	99.3-99.9	82.2-87.4	70.5-75.6	66.7-72.3	76.4-81.8	79.6-87.1	76.3-81.3	10.2-12.1	
5.0	98.6-100.0	100.0-100.0	87.5-100.0	75.7-100.0	72.4-100.0	81.9-100.0	87.2-100.0	81.4-100.0	0.0-10.1	
Your HHA Score	91.9	88.0	79.0	66.7	61.1	70.1	70.6	72.7	16.9	
Your Initial Decile Rating	2.5	1.0	4.0	3.5	3.5	3.5	3.5	4.0	2.0	
Your Number of Cases (N)	8,353	8,278	5,062	6,236	5,999	6,300	4,431	3,483	4,515	
National (All HHA) Median	93.2	96.8	70.8	62.2	57.2	67.2	67.0	65.6	15.5	
Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.005	
Your Statistical Test Results (Is the p-value ≤ 0.050?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Your HHA Adjusted Rating	2.5	1.0	4.0	3.5	3.5	3.5	3.5	4.0	2.0	

19	Your Average Adjusted Rating	3.1
20	Your Average Adjusted Rating Rounded	3.0
21	Your Quality of Patient Care Star Rating (1.0 to 5.0)	★★★★ (3.5 stars)

¹ OASIS data from July 1, 2014 through June 30, 2015 and claims data from April 1, 2014 through March 31, 2015



**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, Inc (217101) Baltimore, 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:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instrumentation/HomeHealthQualityInits/HHCQualityMeasures.html>

Measure Score Cut Points by Initial Decile Rating										
Initial Decile Rating	Timely initiation of care	Drug education on all medications	Received flu shot for current season	Improved walking or moving around	Improved getting in and out of bed	Improved bathing	Had less pain moving around	Breathing improved	Admitted to hospital	
0.5	0.0-80.4	0.0-84.4	0.0-37.5	0.0-44.8	0.0-36.8	0.0-46.3	0.0-43.9	0.0-35.0	20.2-100.0	
1.0	80.5-86.3	84.5-90.9	37.6-50.9	44.9-52.3	36.9-45.3	46.4-55.7	44.0-54.5	35.1-48.6	18.4-20.1	
1.5	86.4-89.4	91.0-93.9	51.0-59.1	52.4-57.0	45.4-50.6	55.8-61.0	54.6-60.0	48.7-56.9	17.2-18.3	
2.0	89.5-91.6	94.0-95.7	59.2-64.9	57.1-60.5	50.7-54.7	61.1-64.7	60.1-64.1	57.0-62.4	16.3-17.1	
2.5	91.7-93.3	95.8-97.0	65.0-69.6	60.6-63.1	54.8-58.1	64.8-67.8	64.2-67.5	62.5-66.3	15.5-16.2	
3.0	93.4-94.9	97.1-97.9	69.7-73.6	63.2-65.6	58.2-61.2	67.9-70.6	67.6-70.9	66.4-69.9	14.6-15.4	
3.5	95.0-96.1	98.0-98.7	73.7-77.4	66.7-68.2	61.3-64.2	70.7-73.6	71.0-75.0	70.0-73.2	13.5-14.5	
4.0	96.2-97.3	98.8-99.3	77.5-81.5	68.3-71.5	64.3-67.8	73.7-76.8	75.1-80.0	73.3-77.0	12.2-13.4	
4.5	97.4-98.5	99.4-99.9	81.6-86.8	71.6-76.8	67.9-73.3	76.9-82.7	80.1-87.6	77.1-82.4	10.2-12.1	
5.0	98.6-100.0	100.0-100.0	86.9-100.0	76.9-100.0	73.4-100.0	82.8-100.0	87.7-100.0	82.5-100.0	0.0-10.1	
Your HHA Score	93.0	90.2	78.8	67.8	61.7	70.3	72.0	73.6	17.0	
Your Initial Decile Rating	2.5	1.0	4.0	3.5	3.5	3.0	3.5	4.0	2.0	
Your Number of Cases (N)	8,557	8,498	5,074	6,442	6,216	6,505	4,628	3,606	4,704	
National (All HHA) Median	93.4	97.1	69.6	63.1	58.2	67.9	67.5	66.4	15.4	
Your Statistical Test Probability Value (p-value)	0.078	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.002	
Your Statistical Test Results (Is the p-value ≤ 0.050?)	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Your HHA Adjusted Rating	2.5	1.0	4.0	3.5	3.5	3.0	3.5	4.0	2.0	
Your Average Adjusted Rating										
Your Average Adjusted Rating Rounded										
Your Quality of Patient Care Star Rating (1.0 to 5.0)										
★★★★ (3.5 stars)										

¹ OASIS data from October 1, 2014 through September 30, 2015 and claims data from July 1, 2014 through June 30, 2015



**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, Inc (217101) Towson, 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 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.

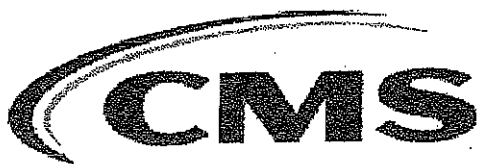
The Quality of Patient Care Star Rating Scorecard at the end of this report provides information specific to your HHA for each of the steps below.

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/HHCQualityMeasures.html>

Measure Score Cut Points by Initial Decile Rating										
Initial Decile Rating	Timely Initiation of care	Drug education on all medications	Received flu shot for current season	Improved walking or moving around	Improved getting in and out of bed	Improved bathing	Had less pain moving around	Breathing improved	Admitted to hospital	
0.5	0.0-80.5	0.0-85.9	0.0-32.9	0.0-46.2	0.0-38.0	0.0-46.9	0.0-44.0	0.0-35.9	20.3-100.0	
1.0	80.6-86.4	86.0-92.0	33.0-48.5	46.3-53.6	38.1-46.5	47.0-56.7	44.1-54.8	36.0-49.4	18.4-20.2	
1.5	86.5-89.7	92.1-94.7	48.6-57.8	53.7-58.0	46.6-52.2	56.8-61.7	54.9-60.8	49.5-57.9	17.2-18.3	
2.0	89.8-91.8	94.8-96.4	57.9-63.9	58.1-61.4	52.3-58.4	61.8-65.5	60.9-65.0	58.0-63.4	16.4-17.1	
2.5	91.9-93.6	96.5-97.5	64.0-68.6	61.5-64.3	56.5-59.7	65.6-68.8	65.1-68.7	63.5-67.5	15.5-16.3	
3.0	93.7-95.0	97.6-98.3	68.7-72.5	64.4-66.9	59.8-62.7	68.9-71.6	68.8-71.9	67.6-71.0	14.7-15.4	
3.5	95.1-96.2	98.4-99.0	72.6-76.2	67.0-69.4	62.8-65.6	71.7-74.4	72.0-75.8	71.1-74.3	13.6-14.6	
4.0	96.3-97.4	99.1-99.5	76.3-80.3	69.5-72.6	65.7-69.0	74.5-78.0	75.9-80.7	74.4-78.1	12.2-13.5	
4.5	97.5-98.6	99.6-99.9	80.4-85.9	72.7-78.0	69.1-74.9	78.1-83.3	80.8-88.7	78.2-83.2	10.3-12.1	
5.0	98.7-100.0	100.0-100.0	86.0-100.0	78.1-100.0	75.0-100.0	83.4-100.0	88.8-100.0	83.3-100.0	0.0-10.2	
Your HHA Score	93.9	93.4	74.7	70.1	63.6	71.6	74.1	73.8	16.3	
Your Initial Decile Rating	3.0	1.5	3.5	4.0	3.5	3.0	3.5	3.5	2.5	
Your Number of Cases (N)	8,771	8,732	5,283	6,685	6,479	6,747	4,867	3,826	4,995	
National (All HHA) Median	93.6	97.5	68.6	64.3	59.8	68.9	68.7	67.6	15.5	
Your Statistical Test Probability Value (p-value)	0.129	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.054	
Your Statistical Test Results (Is the p-value ≤ 0.050?)	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	
Your HHA Adjusted Rating	3.0	1.5	3.5	4.0	3.5	3.0	3.5	3.5	2.5	
Your Average Adjusted Rating		3.1								
Your Average Adjusted Rating Rounded		3.0								
Your Quality of Patient Care Star Rating (1.0 to 5.0)		★★★★ (3.5 stars)								

¹ OASIS data from January 1, 2015 through December 31, 2015 and claims data from October 1, 2014 through September 30, 2015



**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, Inc (217101) Towson, 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 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 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/AboutPatientSurveyStarRatings.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:

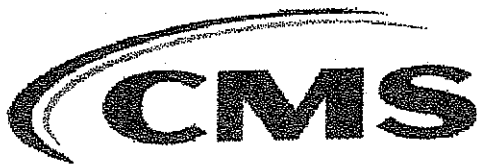
1. Timely Start of Care
2. Drug Education on all Medications Provided to Patient/Caregiver
3. Flu Vaccine Received for Current Flu Season
4. Improvement in Ambulation
5. Improvement in Bed Transferring
6. Improvement in Bathing
7. Improvement in Pain Interfering With Activity
8. Improvement in Shortness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

Measure Score Cut Points by Initial Decile Rating									
Initial Group Rating	Measure 1. Timely initiation of care	Measure 2. Drug education on all medications	Measure 3. Received Flu vaccine for current season	Measure 4. Improvement in ambulation	Measure 5. Improvement in bed transferring	Measure 6. Improvement in bathing	Measure 7. Improvement in pain interfering with activity	Measure 8. Improvement in shortness of breath	Measure 9. Acute care hospitalization
0.5	0.0-80.8	0.0-86.9	0.0-37.4	0.0-47.0	0.0-39.0	0.0-47.2	0.0-44.9	0.0-36.3	20.4-100.0
1.0	80.9-86.7	87.0-92.6	37.5-52.8	47.1-54.4	39.1-47.7	47.3-57.3	45.0-55.7	36.4-50.4	18.6-20.3
1.5	86.8-90.0	92.7-95.2	52.9-61.3	54.5-59.2	47.8-53.7	57.4-62.5	55.8-61.6	50.5-58.7	17.4-18.5
2.0	90.1-92.1	95.3-96.7	61.4-67.3	59.3-62.7	53.8-57.9	62.6-66.3	61.7-66.0	58.8-64.1	16.6-17.3
2.5	92.2-93.8	96.8-97.7	67.4-71.7	62.8-65.5	58.0-61.2	66.4-69.6	66.1-69.6	64.2-68.4	15.7-16.5
3.0	93.9-95.2	97.8-98.4	71.8-75.4	65.6-68.1	61.3-64.1	69.7-72.5	69.7-73.1	68.5-71.8	14.8-15.6
3.5	95.3-96.4	98.5-99.1	75.5-78.9	68.2-70.6	64.2-67.1	72.6-75.5	73.2-77.0	71.9-75.2	13.8-14.7
4.0	96.5-97.5	99.2-99.6	79.0-82.6	70.7-73.8	67.2-70.6	75.6-78.9	77.1-81.8	75.3-78.8	12.5-13.7
4.5	97.6-98.8	99.7-99.9	82.7-87.7	73.9-79.1	70.7-76.3	79.0-84.0	81.9-89.6	78.9-84.0	10.5-12.4
5.0	98.9-100.0	100.0-100.0	87.8-100.0	79.2-100.0	76.4-100.0	84.1-100.0	89.7-100.0	84.1-100.0	0.0-10.4
Your HHA Score	94.7	96.3	80.3	71.2	65.1	73.0	75.3	75.2	15.7
Your Initial Group Rating	3.0	2.0	4.0	4.0	3.5	3.5	3.5	3.5	2.5
Your Number of Cases (N)	8,884	8,859	5,397	6,876	6,703	6,946	5,046	4,001	5,156
National (All HHA) Middle Score	93.8	97.7	71.8	65.6	61.2	69.7	69.6	68.5	15.6
Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.390
Your Statistical Test Results (Is the p-value ≤ 0.050 ?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Your HHA Adjusted Group Rating	3.0	2.0 ²	4.0	4.0	3.5	3.5	3.5	3.5	2.5
Your Average Adjusted Rating									
3.3									
Your Average Adjusted Rating Rounded									
3.5									
Your Quality of Patient Care Star Rating (1.0 to 5.0)									
★★★★ (4.0 stars)									

¹ Claims data from January 1, 2015 to December 31, 2015 and OASIS data from April 1, 2015 to March 31, 2016

² Based on your HHA's results, we suggest that you focus your attention on measures with a rating of 2.0 or less before the next quarterly reporting period. Review your HHA's care protocols that are or could be associated with this outcome or process and consider convening a meeting of your clinical staff to brainstorm how these outcomes or processes affect the quality of patient care can be improved. Finally, once you have identified the source of the problem regarding your low score consider providing focused training of your staff to modify your existing quality of patient care practices.



**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, Inc (217101) Towson, 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 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/AboutPatientSurveyStarRatings.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.

Measure Score Cut Points by Initial Decile Rating									
Initial Group Rating	Measure 1. Timely initiation of care	Measure 2. Drug education on all medications	Measure 3. Received Flu vaccine for current season	Measure 4. Improvement in ambulation	Measure 5. Improvement in bed transferring	Measure 6. Improvement in bathing	Measure 7. Improvement in pain interfering with activity	Measure 8. Improvement in shortness of breath	Measure 9. Acute care hospitalization
0.5	0.0-81.1	0.0-87.9	0.0-39.0	0.0-48.2	0.0-40.4	0.0-48.4	0.0-45.3	0.0-37.7	20.7-100.0
1.0	81.2-87.0	88.0-93.1	39.1-54.1	48.3-55.9	40.5-49.2	48.5-58.4	45.4-56.8	37.8-51.7	18.8-20.6
1.5	87.1-90.4	93.2-95.6	54.2-62.9	56.0-60.7	49.3-55.2	58.5-63.7	56.9-62.5	51.8-59.7	17.7-18.7
2.0	90.5-92.5	95.7-97.0	63.0-69.0	60.8-64.1	55.3-59.6	63.8-67.5	62.6-66.9	59.8-65.1	16.8-17.6
2.5	92.6-94.1	97.1-97.9	69.1-73.0	64.2-67.0	59.7-62.9	67.6-70.7	67.0-70.5	66.2-69.3	15.9-16.7
3.0	94.2-95.5	98.0-98.6	73.1-76.8	67.1-69.5	63.0-65.9	70.8-73.7	70.6-74.1	69.4-72.9	15.0-15.8
3.5	95.6-96.6	98.7-99.2	76.9-80.2	69.6-72.1	66.0-68.8	73.8-76.6	74.2-78.2	73.0-76.4	14.1-14.9
4.0	96.7-97.7	99.3-99.7	80.3-83.9	72.2-75.4	68.9-72.3	76.7-80.0	78.3-83.3	76.5-80.0	12.7-14.0
4.5	97.8-98.9	99.8-99.9	84.0-88.9	75.5-80.5	72.4-77.7	80.1-85.3	83.4-90.8	80.1-85.1	10.7-12.6
5.0	99.0-100.0	100.0-100.0	89.0-100.0	80.6-100.0	77.8-100.0	85.4-100.0	90.9-100.0	85.2-100.0	0.0-10.6
Your HHA Score	95.4	98.7	81.9	72.6	66.9	74.3	76.4	76.3	16.0
Your Initial Group Rating	3.0	3.5	4.0	4.0	3.5	3.5	3.5	3.5	2.5
Your Number of Cases (N)	9,005	9,002	5,418	7,045	6,920	7,099	5,251	4,127	5,266
National (All HHA) Middle Score	94.1	98.0	73.1	67.0	63.0	70.8	70.5	69.4	15.9
Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.450
Your Statistical Test Results (Is the p-value \leq 0.050?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Your HHA Adjusted Group Rating	3.0	3.5	4.0	4.0	3.5	3.5	3.5	3.5	2.5
Your Average Adjusted Rating									
Your Average Adjusted Rating Rounded									
Your Quality of Patient Care Star Rating (1.0 to 5.0)									
**** (4.0 stars)									

¹ Claims data from April 1, 2015 to March 31, 2016 and OASIS data from July 1, 2015 to June 30, 2016



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

*This report is based on Medicare fee-for-service claims data (7/1/2015-6/30/2016)
and end-of-care OASIS assessment dates (10/1/2015-9/30/2016)*

Rating for Bayada Home Health, Inc (217101) Towson, 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 April 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.

Measure Score Cut Points by Initial Decile Rating									
Initial Group Rating	Measure 1. Timely initiation of care	Measure 2. Drug education on all medications	Measure 3. Received Flu vaccine for current season	Measure 4. Improvement in ambulation	Measure 5. Improvement in bed transferring	Measure 6. Improvement in bathing	Measure 7. Improvement in pain interfering with activity	Measure 8. Improvement in shortness of breath	Measure 9. Acute care hospitalization
0.5	0.0-81.4	0.0-88.4	0.0-39.4	0.0-49.7	0.0-41.8	0.0-49.1	0.0-46.4	0.0-38.8	21.0-100.0
1.0	81.5-87.3	88.5-93.8	39.5-54.9	49.8-57.1	41.9-50.7	49.2-59.3	46.5-57.7	38.9-53.1	19.1-20.9
1.5	87.4-90.6	93.9-96.0	55.0-63.5	57.2-61.9	50.8-56.8	59.4-64.7	57.8-63.4	53.2-60.9	17.9-19.0
2.0	90.7-92.8	96.1-97.4	63.6-69.5	62.0-65.4	56.9-61.0	64.8-68.6	63.5-67.8	61.0-66.1	17.1-17.8
2.5	92.9-94.4	97.5-98.2	69.6-73.7	65.5-68.3	61.1-64.4	68.7-71.6	67.9-71.4	66.2-70.2	16.2-17.0
3.0	94.5-95.7	98.3-98.8	73.8-77.4	68.4-70.8	64.5-67.3	71.7-74.6	71.5-75.2	70.3-73.8	15.3-16.1
3.5	95.8-96.8	98.9-99.3	77.5-80.8	70.9-73.3	67.4-70.4	74.7-77.4	75.3-79.4	73.9-77.3	14.3-15.2
4.0	96.9-97.8	99.4-99.7	80.9-84.4	73.4-76.6	70.5-73.8	77.5-81.0	79.5-84.5	77.4-81.0	13.0-14.2
4.5	97.9-98.9	99.8-99.9	84.5-89.5	76.7-81.8	73.9-79.3	81.1-86.2	84.6-91.9	81.1-85.9	11.1-12.9
5.0	99.0-100.0	100.0-100.0	89.6-100.0	81.9-100.0	79.4-100.0	86.3-100.0	92.0-100.0	86.0-100.0	0.0-11.0
Your HHA Score	95.6	99.4	82.0	74.7	68.7	76.6	77.2	77.2	15.9
Your Initial Group Rating	3.0	4.0	4.0	4.0	3.5	3.5	3.5	3.5	3.0
Your Number of Cases (N)	9,047	9,049	5,425	7,174	7,092	7,220	5,420	4,275	5,345
National (All HHA) Middle Score	94.4	98.2	73.7	68.3	64.5	71.6	71.5	70.2	16.1
Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.342
Your Statistical Test Results (Is the p-value \leq 0.050?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Your HHA Adjusted Group Rating	3.0	4.0	4.0	4.0	3.5	3.5	3.5	3.5	3.0
Your Average Adjusted Rating	3.6								
Your Average Adjusted Rating Rounded	3.5								
Your Quality of Patient Care Star Rating (1.0 to 5.0)	★★★★ (4.0 stars)								

¹ Claims data from July 1, 2015 to June 30, 2016 and OASIS data from October 1, 2015 to September 30, 2016



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

*This report is based on Medicare fee-for-service claims data (10/1/2015-9/30/2016)
and end-of-care OASIS assessment dates (1/1/2016-12/31/2016)*

Rating for Bayada Home Health, Inc (217101) Towson, 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 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/AboutPatientSurvey-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

¹ For 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.

Measure Score Cut Points by Initial Decile Rating									
Initial Group Rating	Measure 1. Timely initiation of care	Measure 2. Drug education on all medications	Measure 3. Received Flu vaccine for current season	Measure 4. Improvement in ambulation	Measure 5. Improvement in bed transferring	Measure 6. Improvement in bathing	Measure 7. Improvement in pain interfering with activity	Measure 8. Improvement in shortness of breath	Measure 9. Acute care hospitalization
0.5	0.0-81.2	0.0-89.1	0.0-41.8	0.0-50.6	0.0-43.3	0.0-50.6	0.0-47.8	0.0-40.2	21.3-100.0
1.0	81.3-87.5	89.2-94.3	41.9-57.0	50.7-58.3	43.4-52.0	50.7-60.3	47.9-58.7	40.3-54.1	19.4-21.2
1.5	87.6-90.7	94.4-96.4	57.1-65.6	58.4-63.2	52.1-58.0	60.4-65.8	58.8-64.5	54.2-62.0	18.2-19.3
2.0	90.8-92.9	96.5-97.6	65.7-71.3	63.3-66.7	58.1-62.4	65.9-69.5	64.6-68.8	62.1-67.2	17.2-18.1
2.5	93.0-94.7	97.7-98.4	71.4-75.3	66.8-69.4	62.5-65.7	69.6-72.5	68.9-72.6	67.3-71.2	16.4-17.1
3.0	94.8-95.9	98.5-99.0	75.4-78.8	69.5-71.9	65.8-68.7	72.6-75.3	72.7-76.4	71.3-74.7	15.5-16.3
3.5	96.0-97.0	99.1-99.4	78.9-82.2	72.0-74.4	68.8-71.6	75.4-78.3	76.5-80.6	74.8-78.0	14.5-15.4
4.0	97.1-97.9	99.5-99.8	82.3-85.6	74.5-77.6	71.7-75.1	78.4-81.9	80.7-85.3	78.1-81.7	13.1-14.4
4.5	98.0-99.0	99.9-99.9	85.7-90.5	77.7-83.1	75.2-80.2	82.0-87.1	85.4-92.8	81.8-86.6	11.3-13.0
5.0	99.1-100.0	100.0-100.0	90.6-100.0	83.2-100.0	80.3-100.0	87.2-100.0	92.9-100.0	86.7-100.0	0.0-11.2
Your HHA Score	96.0	99.4	87.2	75.5	70.0	77.3	77.4	77.5	16.2
Your Initial Group Rating	3.5	3.5	4.5	4.0	3.5	3.5	3.5	3.5	3.0
Your Number of Cases (N)	8,934	8,923	5,282	7,089	7,038	7,129	5,396	4,291	5,280
National (All HHAs) Middle Score	94.7	98.5	75.4	69.5	65.8	72.5	72.7	71.3	16.3
Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.397
Your Statistical Test Results (Is the p-value ≤ 0.050?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Your HHA Adjusted Group Rating	3.5	3.5	4.5	4.0	3.5	3.5	3.5	3.5	3.0
Your Average Adjusted Rating	3.6								
Your Average Adjusted Rating Rounded	3.5								
Your Quality of Patient Care Star Rating (1.0 to 5.0)	★★★★ (4.0 stars)								

¹ Claims data from October 1, 2015 to September 30, 2016 and OASIS data from January 1, 2016 to December 31, 2016



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

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

Rating for Bayada Home Health, Inc (217101) Towson, 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 October 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/AboutPatientSurveyStarRatings.html>

How Quality of Patient Care Star Ratings Are Calculated

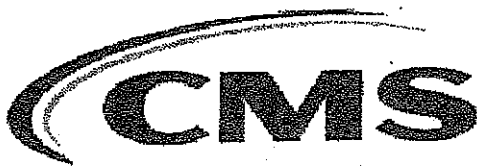
Quality of Patient Care Star Ratings are determined using nine measures of quality that are reported on the Home Health Compare website¹, listed below. To have a Star Rating, HHAs must have submitted data to calculate at least 5 of 9 measures, which are:

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.

Measure Score Cut Points by Initial Decile Rating									
Initial Group Rating	Measure 1. Timely initiation of care	Measure 2. Drug education on all medications	Measure 3. Received Flu vaccine for current season	Measure 4. Improvement in ambulation	Measure 5. Improvement in bed transferring	Measure 6. Improvement in bathing	Measure 7. Improvement in pain interfering with activity	Measure 8. Improvement in shortness of breath	Measure 9. Acute care hospitalization
0.5	0.0-81.2	0.0-89.0	0.0-41.6	0.0-50.5	0.0-43.1	0.0-50.3	0.0-47.5	0.0-39.9	21.0-100.0
1.0	81.3-87.5	89.1-94.2	41.7-56.9	50.6-58.1	43.2-51.8	50.4-60.0	47.6-58.5	40.0-53.7	19.1-20.9
1.5	87.6-90.7	94.3-96.4	57.0-65.5	58.2-63.0	51.9-57.7	60.1-65.6	58.6-64.3	53.8-61.8	17.9-19.0
2.0	90.8-92.9	96.5-97.6	65.6-71.2	63.1-66.6	57.8-62.2	65.7-69.4	64.4-68.6	61.9-67.0	16.9-17.8
2.5	93.0-94.6	97.7-98.4	71.3-75.2	66.7-69.3	62.3-65.5	69.5-72.3	68.7-72.6	67.1-71.1	16.1-16.8
3.0	94.7-95.9	98.5-99.0	75.3-78.7	69.4-71.7	65.6-68.5	72.4-75.1	72.7-76.3	71.2-74.6	15.1-15.0
3.5	96.0-97.0	99.1-99.4	78.8-82.1	71.8-74.3	68.6-71.5	75.2-78.2	76.4-80.5	74.7-77.9	14.2-15.0
4.0	97.1-97.9	99.5-99.8	82.2-85.6	74.4-77.5	71.6-75.0	78.3-81.7	80.6-85.3	78.0-81.5	13.0-14.1
4.5	98.0-99.0	99.9-99.9	85.7-90.4	77.6-82.9	75.1-80.0	81.8-86.9	85.4-92.7	81.7-86.5	11.1-12.9
5.0	99.1-100.0	100.0-100.0	90.5-100.0	83.0-100.0	80.1-100.0	87.0-100.0	92.8-100.0	86.6-100.0	0.0-11.0
Your HHA Score	96.0	99.4	87.2	75.5	70.0	77.3	77.4	77.5	16.6
Your Initial Group Rating	3.5	3.5	4.5	4.0	3.5	3.5	3.5	3.5	2.5
Your Number of Cases (N)	8,953	8,941	5,297	7,100	7,049	7,140	5,405	4,299	5,275
National (All HHA) Middle Score	94.7	98.5	75.3	69.3	65.6	72.4	72.6	71.2	16.0
Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.134
Your Statistical Test Results (Is the p-value \leq 0.050?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Your HHA Adjusted Group Rating	3.5	3.5	4.5	4.0	3.5	3.5	3.5	3.5	2.5
Your Average Adjusted Rating	3.6								
Your Average Adjusted Rating Rounded	3.5								
Your Quality of Patient Care Star Rating (1.0 to 5.0)	★★★★ (4.0 stars)								

¹ Claims data from January 1, 2016 to December 31, 2016 and OASIS data from January 1, 2016 to December 31, 2016



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

*This report is based on Medicare fee-for-service claims data (4/1/2016-3/31/2017)
and end-of-care OASIS assessment dates (4/1/2016-3/31/2017)*

Rating for Bayada Home Health, Inc (217101) Towson, 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 January 2018.

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.

Measure Score Cut Points by Initial Decile Rating									
Initial Group Rating	Measure 1. Timely initiation of care	Measure 2. Drug education on all medications	Measure 3. Received Flu vaccine for current season	Measure 4. Improvement in ambulation	Measure 5. Improvement in bed transferring	Measure 6. Improvement in bathing	Measure 7. Improvement in pain interfering with activity	Measure 8. Improvement in shortness of breath	Measure 9. Acute care hospitalization
0.5	0.0-81.6	0.0-90.0	0.0-43.7	0.0-52.1	0.0-45.0	0.0-51.9	0.0-49.6	0.0-42.7	20.6-100.0
1.0	81.7-87.7	90.1-94.7	43.8-58.7	52.2-59.7	45.1-54.2	52.0-61.7	49.7-60.0	42.8-55.9	18.7-20.5
1.5	87.8-91.0	94.8-96.6	58.8-66.7	59.8-64.6	54.3-59.9	61.8-67.0	60.1-65.8	56.0-63.4	17.6-18.6
2.0	91.1-93.2	96.7-97.8	66.8-72.3	64.7-67.9	60.0-64.1	67.1-70.5	65.9-70.0	63.5-68.5	16.6-17.5
2.5	93.3-94.8	97.9-98.5	72.4-76.2	68.0-70.6	64.2-67.3	70.6-73.3	70.1-73.8	68.6-72.5	15.8-16.5
3.0	94.9-96.1	98.6-99.1	76.3-79.5	70.7-73.0	67.4-70.2	73.4-76.2	73.9-77.6	72.6-75.9	15.0-15.7
3.5	96.2-97.1	99.2-99.5	79.6-82.8	73.1-75.5	70.3-72.9	76.3-79.2	77.7-81.6	76.0-79.1	13.9-14.9
4.0	97.2-98.0	99.6-99.8	82.9-86.2	75.6-78.7	73.0-76.2	79.3-82.7	81.7-86.3	79.2-82.6	12.7-13.8
4.5	98.1-99.0	99.9-99.9	86.3-91.0	78.8-83.8	76.3-81.3	82.8-87.8	86.4-93.3	82.7-87.2	10.9-12.6
5.0	99.1-100.0	100.0-100.0	91.1-100.0	83.9-100.0	81.4-100.0	87.9-100.0	93.4-100.0	87.3-100.0	0.0-10.8
Your HHA Score	96.3	99.6	88.7	77.0	72.1	78.2	79.1	77.8	16.4
Your Initial Group Rating	3.5	4.0	4.5	4.0	3.5	3.5	3.5	3.5	2.5
Your Number of Cases (N)	8,935	8,919	5,280	7,115	7,082	7,141	5,623	4,549	5,293
National (All HHA) Middle Score	94.9	98.6	76.2	70.7	67.3	73.3	73.9	72.5	15.7
Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.074
Your Statistical Test Results (Is the p-value ≤ 0.050?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Your HHA Adjusted Group Rating	3.5	4.0	4.5	4.0	3.5	3.5	3.5	3.5	2.5
Your Average Adjusted Rating									
Your Average Adjusted Rating Rounded									
Your Quality of Patient Care Star Rating (1.0 to 5.0)									
★★★★ (4.0 stars)									

¹ Claims data from April 1, 2016 to March 31, 2017 and OASIS data from April 1, 2016 to March 31, 2017



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

*This report is based on Medicare fee-for-service claims data
and end-of-care OASIS assessments for 7/1/2016-6/30/2017*

Rating for Bayada Home Health, Inc (217101) Towson, 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 April 2018.

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/AboutPatientSurveyStarRatings.html>

How Quality of Patient Care Star Ratings Are Calculated

Effective April 2018, the Home Health Quality of Patient Care Star Ratings are determined using eight 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 8 measures, which are:

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

¹ For 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.

		Measure Score Cut Points by Initial Decile Rating							
Initial Group Rating		Measure 1. Timely initiation of care	Measure 2. Drug education on all medications ²	Measure 3. Improvement in ambulation	Measure 4. Improvement in bed transferring	Measure 5. Improvement in bathing	Measure 6. Improvement in pain interfering with activity	Measure 7. Improvement in shortness of breath	Measure 8. Acute care hospitalization
	0.5	0.0-81.5	0.0-90.5	0.0-52.9	0.0-46.6	0.0-52.5	0.0-50.4	0.0-43.4	20.1-100.0
	1.0	81.6-87.7	90.5-95.0	53.0-60.5	46.7-55.5	52.6-62.2	50.5-60.5	43.5-56.7	18.3-20.0
	1.5	87.8-91.2	95.0-96.8	60.6-65.4	55.6-61.2	62.3-67.3	60.6-66.4	56.8-64.1	17.2-18.2
	2.0	91.3-93.4	96.8-97.9	65.5-68.8	61.3-65.4	67.4-71.2	66.5-71.0	64.2-68.3	16.4-17.1
	2.5	93.5-95.0	97.9-98.6	68.9-71.5	65.5-68.7	71.3-74.0	71.1-74.6	69.4-73.2	15.5-16.3
	3.0	95.1-96.2	98.8-99.1	71.6-73.9	68.8-71.6	74.1-76.9	74.7-78.5	73.3-76.8	14.7-15.4
	3.5	96.3-97.2	99.1-99.6	74.0-76.3	71.7-74.3	77.0-79.8	78.6-82.4	76.9-79.9	13.7-14.6
	4.0	97.3-98.2	99.6-99.9	76.4-78.4	74.4-77.4	79.9-83.3	82.5-87.0	80.0-83.1	12.5-13.6
	4.5	98.3-99.1	99.9-100.0	79.5-84.5	77.5-82.2	83.4-88.2	87.1-93.5	83.2-87.9	10.6-12.4
	5.0	99.2-100.0	100.0-100.0	84.6-100.0	82.3-100.0	88.3-100.0	93.6-100.0	88.0-100.0	0.0-10.5
	Your HHA Score	96.6	99.6	78.0	73.3	78.8	79.7	79.1	15.7
	Your Initial Group Rating	3.5	4.0	4.0	3.5	3.5	3.5	3.5	2.5
	Your Number of Cases (N)	8,895	8,874	7,120	7,103	7,153	5,791	4,955	5,210
	National (All HHA) Middle Score	95.0	98.6	71.5	68.7	74.1	74.8	73.2	15.5
	Your Statistical Test Probability Value (p-value)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.322
	Your Statistical Test Results (Is the p-value < 0.050?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
	Your HHA Adjusted Group Rating	3.5	4.0	4.0	3.5	3.5	3.5	3.5	2.5
19	Your Average Adjusted Rating	3.5							
20	Your Average Adjusted Rating Rounded	3.5							
21	Your Quality of Patient Care Star Rating (1.0 to 5.0)	★★★★ (4.0 stars)							

¹ OASIS and claims data from July 1, 2016 to June 30, 2017

² Initial decile cut points and assignments for this measure were determined using two decimal places. For display purposes, cut points were rounded to one decimal place.

Home Health Compare

These results are from patients who got home health services between **October 1, 2016** and **September 30, 2017**

Number of completed Surveys: 825

Survey response rate: 26

Patient survey results

HHCAHPS (Home Health Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their recent experiences with a home health agency. Use the results shown here to compare home health agencies based on 4 important home health agency quality topics.

Star ratings are only displayed for home health agencies that submit at least 40 completed home health patient surveys in the reporting period.

Home Health Patient Survey Results, Provides statistics of the selected agency in relation to the state and national averages.

Home Health Patient Survey Results, Provides statistics of the selected agency in relation to the state and national averages.	BAYADA HOME HEALTH, INC. Towson Provider	MARYLAND AVERAGE	NATIONAL AVERAGE
Patient survey summary star rating. More stars are better.	<u>4 out of 5 stars</u>		
How often the home health team gave care in a professional way	89%	87%	88%
How well did the home health team communicate with patients	87%	85%	85%
Did the home health team discuss medicines, pain, and home safety with patients	82%	80%	83%
How do patients rate the overall care from the home health agency	84%	81%	84%
Would patients recommend the home health agency to friends and family	80%	75%	78%

Attachment I.

BAYADA**CCN: 217101****Visits by Discipline Percentage**

Visits by Discipline	Percent
SKILLED NURSE	39.8%
HOME HEALTH AIDE	2.4%
OCCUPATIONAL THERAPIST	15.2%
PHYSICAL THERAPIST	38.1%
SPEECH THERAPIST	3.5%
MEDICAL SOCIAL WORKER	0.9%
Grand Total	

2016

Discipline	Percent
SKILLED NURSE	42.2%
HOME HEALTH AIDE	2.2%
OCCUPATIONAL THERAPIST	13.5%
PHYSICAL THERAPIST	36.9%
SPEECH THERAPIST	3.9%
MEDICAL SOCIAL WORKER	1.1%
Grand Total	

2015

Discipline	Percent
SKILLED NURSE	43.6%
HOME HEALTH AIDE	2.9%
OCCUPATIONAL THERAPIST	13.6%
PHYSICAL THERAPIST	35.1%
SPEECH THERAPIST	3.6%
MEDICAL SOCIAL WORKER	1.0%
Grand Total	

BAYADA**CCN: 217101****Visits by Payer Type**

2017

Visits by Payer Type	Percent
COMMERCIAL INSURANCE	10.2%
CONTRACTS	1.6%
INSURANCE - MVA	0.0%
INSURANCE - WCO	0.0%
MANAGED - MEDICAID	0.5%
MANAGED - MEDICARE	6.2%
MEDICAID	0.2%
MEDICARE	77.8%
MEDICARE - PART B	2.7%
OTHER	0.0%
PPS - NON MEDICARE	0.7%
SELF PAY - HOME HEALTH	0.1%
Grand Total	

2016

Discipline	Percent
COMMERCIAL INSURANCE	11.2%
CONTRACTS	1.5%
INSURANCE - MVA	0.0%
INSURANCE - WCO	0.0%
MANAGED - MEDICAID	0.9%
MANAGED - MEDICARE	4.6%
MEDICAID	0.3%
MEDICARE	78.7%
MEDICARE - PART B	2.4%
OTHER	0.0%
PPS - NON MEDICARE	0.8%
SELF PAY - HOME HEALTH	0.1%
Grand Total	

2015

Discipline	Percent
COMMERCIAL INSURANCE	11.4%
CONTRACTS	0.9%
INSURANCE - MVA	0.0%
INSURANCE - WCO	0.0%
MANAGED - MEDICAID	1.3%
MANAGED - MEDICARE	3.1%
MEDICAID	0.4%
MEDICARE	84.5%
MEDICARE - PART B	0.9%
OTHER	0.0%
PPS - NON MEDICARE	0.7%
SELF PAY - HOME HEALTH	0.1%
Grand Total	

2014

Discipline	Percent
SKILLED NURSE	45.5%
HOME HEALTH AIDE	3.8%
OCCUPATIONAL THERAPIST	12.7%
PHYSICAL THERAPIST	34.0%
SPEECH THERAPIST	2.8%
MEDICAL SOCIAL WORKER	1.2%
Grand Total	

2014

Discipline	Percent
COMMERCIAL INSURANCE	10.4%
CONTRACTS	1.7%
INSURANCE - MVA	0.0%
INSURANCE - WCO	0.1%
MANAGED - MEDICAID	1.2%
MANAGED - MEDICARE	4.6%
MEDICAID	0.3%
MEDICARE	71.5%
MEDICARE - PART B	0.3%
OTHER	0.0%
PPS - NON MEDICARE	0.6%
SELF PAY - HOME HEALTH	0.1%
Grand Total	

2013

Discipline	Percent
SKILLED NURSE	46.0%
HOME HEALTH AIDE	3.5%
OCCUPATIONAL THERAPIST	12.4%
PHYSICAL THERAPIST	33.7%
SPEECH THERAPIST	3.1%
MEDICAL SOCIAL WORKER	1.3%
Grand Total	

2013

Discipline	Percent
COMMERCIAL INSURANCE	10.2%
CONTRACTS	2.9%
INSURANCE - MVA	0.0%
INSURANCE - WCO	0.1%
MANAGED - MEDICAID	0.3%
MANAGED - MEDICARE	3.4%
MEDICAID	0.3%
MEDICARE	65.3%
MEDICARE - PART B	0.3%
OTHER	0.0%
PPS - NON MEDICARE	0.7%
SELF PAY - HOME HEALTH	0.1%
Grand Total	

Attachment J.

NATIONAL
HOME HEALTH
STANDARD CHARGES WORKSHEET

Level of Care	Standard Charge	5% Discount	10% Discount	15% Discount	20% Discount	25% Discount	30% Discount	35% Discount
Nursing								
RN Assessment Visit	\$350.00	\$332.50	\$315.00	\$297.50	\$280.00	\$262.50	\$245.00	\$227.50
RN / LPN Visit	\$231.25	\$219.69	\$208.13	\$196.56	\$185.00	\$173.44	\$161.88	\$150.31
RN / LPN Specialized Visit	\$312.50	\$296.88	\$281.25	\$265.63	\$250.00	\$234.38	\$218.75	\$203.13
Therapy								
Physical Therapist Assessment Visit	\$350.00	\$332.50	\$315.00	\$297.50	\$280.00	\$262.50	\$245.00	\$227.50
Physical Therapist Visit	\$231.25	\$219.69	\$208.13	\$196.56	\$185.00	\$173.44	\$161.88	\$150.31
Occupational Therapist Assessment Visit	\$350.00	\$332.50	\$315.00	\$297.50	\$280.00	\$262.50	\$245.00	\$227.50
Occupational Therapist Visit	\$231.25	\$219.69	\$208.13	\$196.56	\$185.00	\$173.44	\$161.88	\$150.31
Speech and Language Assessment Visit	\$350.00	\$332.50	\$315.00	\$297.50	\$280.00	\$262.50	\$245.00	\$227.50
Speech and Language Pathologist Visit	\$231.25	\$219.69	\$208.13	\$196.56	\$185.00	\$173.44	\$161.88	\$150.31
Medical Social Worker Visit	\$315.00	\$299.25	\$283.50	\$267.75	\$252.00	\$236.25	\$220.50	\$204.75
Registered Dietician Visit	\$290.00	\$275.50	\$261.00	\$246.50	\$232.00	\$217.50	\$203.00	\$188.50
Personal Care								
HHA Visit	\$96.00	\$91.20	\$86.40	\$81.60	\$76.80	\$72.00	\$67.20	\$62.40

Attachment K.

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	3 rd Floor Founders Bldg. Philadelphia, PA 19111	723105	397231B	1005061110014	1598711038	Jeans Hospital dba/Temple Health at Home 232826045
SC	169 Ashley Avenue North Tower, Ste. 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, Ste. 206	Bradenton, FL 34202	HCC10340	N/A	N/A	1265884795	BPS Tampa, LLC 38-4003202
HI	68 Kekuanaoa Ave. Ste. 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, Ste. 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, Ste. 660	Wailuku, HI 96793	HHA - 47	12-7309	19425569702	19425569702	B.C.P. Inc. dba BAYADA Home Health Care
NJ	1101 Wheaton Ave. Ste. 170	Millville, NJ 08332	22230	31-7089	0549568	1710340575	Tri County Home and Hospice Care, LLC. 47-5652668
NJ	608 North Broad Str. Ste. 300	Woodbury, NJ 08096	22230	31Q7089001	0539627	1629431481	Tri County Home and Hospice Care, LLC 47-5652668
NJ	603 North Broad Str. Ste. 301	Woodbury, NJ 08096	24778	31-1576	0539163	1427419001	Tri County Home and Hospice Care, LLC 47-5652668

Attachment K.