

OPTIMAL HEALTH CARE INC

CERTIFICATE OF NEED APPLICATION

UPPER EASTERN SHORE JURISDICTION



Est. 2008

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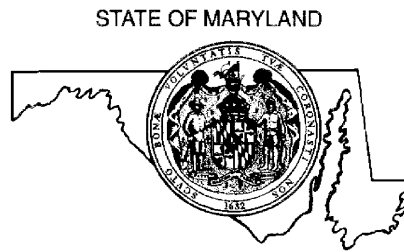
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MARYLAND HEALTH CARE COMMISSION

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

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

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

REQUIRED FORMAT:

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

The Table of Contents must include:

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

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

SUBMISSION FORMATS:

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

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

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

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

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

PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. APPLICANT.

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

Legal Name of Project Applicant (Licensee or Proposed Licensee): OPTIMAL HEALTH CARE INC				
Address: 6 W. Washington Street Hagerstown 21740 MD Washington				
Street	City	Zip	State	County
301-790-4962				
Telephone: _____				
Name of Owner/Chief Executive:		Jacob Minang		

2. NAME OF OWNER

Dyllis Minang, Isidore Mbimakam and Jacob Minang

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.

Attachment A is the ownership structure of Optimal Health Care Inc

3. FACILITY

Name of HHA provider: _____ OPTIMAL HEALTH CARE INC			
Address: 6 W. Washington St., Hagerstown 21740 Washington			
Street	City	Zip	County
Name of Owner (if _____			

differs from applicant):
N/A

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

N/A

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 | <input type="checkbox"/> | |
| B. | Corporation | | |
| | (1) Non-profit | <input type="checkbox"/> | |
| | (2) For-profit | <input checked="" type="checkbox"/> | |
| | (3) Close | <input type="checkbox"/> | State & Date of
Incorporation
Maryland, 2009 |
| C. | Partnership | | |
| | General | <input type="checkbox"/> | |
| | Limited | <input type="checkbox"/> | |
| | Limited Liability
Partnership | <input type="checkbox"/> | |
| | Limited Liability Limited
Partnership | <input type="checkbox"/> | |
| | Other (Specify): | | |
| D. | Limited Liability Company | <input type="checkbox"/> | |
| E. | Other (Specify): | | |
| | To be formed: | <input type="checkbox"/> | |
| | Existing: | <input type="checkbox"/> | |

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

A. Lead or primary contact:

Name and Title:	Dr Jacob Minang, Ph.D		
Mailing Address:			
6 W. Washington St., Ste 212	Hagerstown	21740	MD
Street	City	Zip	State
Telephone:	301-790-4962 x 333		
E-mail Address (required):	jminang@ohc-inc.com		
Fax:	301-790-4951		

B. Additional or alternate contact:

	Dyllis Minang, BSN. MSN, RN, Ph.D Candidate		
Mailing Address:			
6 W. Washington St., Ste 212	Hagerstown	21740	MD
Street	City	Zip	State
Telephone:	301-790-4962 x 301		
E-mail Address (required):	dminang@ohc-inc.com		
Fax:	301-790-4951		

B. Additional or alternate contact:

Name and Title:

Company Name

Mailing Address:

Street

City

Zip

State

Telephone:

E-mail Address (required):

Fax:

**If company
name is
different than
applicant
briefly
describe the
relationship**

7. PROPOSED AGENCY TYPE: ☒

a. Health Department

b. Hospital-Based

c. Nursing Home-Based

d. Continuing Care Retirement Community-Based

e. HMO-Based

f. Freestanding

g. Other

(Please Specify.) Home Health

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Home Health Aide	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Speech, Language Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug Services		<input checked="" type="checkbox"/>
Medical Social Services		<input checked="" type="checkbox"/>

* 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	6 W Washington St.,	Hagerstown	Washington	Maryland	21740	301-790-4962
Existing Subunit Offices	8737 Brooks Drive, Unit 207	Easton	Talbot	Maryland	21601	301-790-4962
Existing Branch Offices	8182 Lark Brown Rd, Ste 202	Elkridge	Howard	Maryland	21075	301-790-4962
Locations of Proposed HHA Main Office	6 W Washington St.	Hagerstown	Washington	Maryland	21740	301-790-4962
Locations of Proposed HHA Subunit Office	8737 Brooks Drive, Unit 207	Easton	Talbot	Maryland	21601	301-790-4962
Locations of Proposed Branch Office	8182 Lark Brown Rd, Ste 202	Elkridge	Howard	Maryland	21075	301-790-4962

10. PROJECT IMPLEMENTATION TARGET DATES

- A. Licensure: ____3____ months from CON approval date.
- B. Medicare Certification ____3____ months from CON approval date.

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

11. PROJECT DESCRIPTION :

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

Applicant Response

Optimal Health Care Inc (OHCInc) was founded in 2008 as a Health Services Company and incorporated a year later as a Maryland closed corporation. The OHCInc Home Care Division has been licensed since 2010 as Residential Service Agency (RSA) by the Maryland Office of Health Care Quality (OHCQ).

The OHCInc home care division has had full accreditation since 2011 with the Community Health Accreditation Program (CHAP) to provide private duty nursing and therapy services. The home care division has also been credentialed by a number of private insurance companies, insurance networks and managed care organizations such as CareFirst, United Health Care, Aetna, Maryland Physicians Care, Amerigroup and Carecentrix.

OHCInc is proposing to operate a Home Health Agency that would address the unmet home health care needs of residents of the entire Upper Eastern Shore region of Maryland comprising of: Caroline County, Cecil County, Kent County, Queen Anne's County and Talbot County.

The services will include: Skilled Nursing, Home Health Aide (HHA), Physical Therapy, Occupational Therapy, Audiology and Speech Pathology, Medical Social Work, Dietary and Nutritional Services, Drug Services, Laboratory Services and Medically necessary Sick Room Equipment and supplies. All services will be provided by qualified professionals.

OHCInc already currently provides In-Home Nursing, Home health Aide, Therapy services and Home Medical Equipment Services in the Upper Eastern Shore region under its RSA license. The current payer sources for OHCInc services are Medicaid, Private Insurance and Private pay.

OHCInc is looking to expand these services to cover Medicare recipients and clients who are eligible for Charity Care in this region. The goal is to cover all 5 counties in the entire Upper Eastern Shore region over a two-year ramp up period and attain at least 9,000 visits annually thereafter. Staffing and budget calculations are assuming 20 visits per work week for each full time professional staff (Nurse, Physical Therapist, Occupational Therapist, Speech and Language Therapist and Medical Social worker) with at least 10 full time professional staff by the end of the second year of implementation of the project.

OHCInc currently operates six (6) offices in the State of Maryland, one of which is located in the city of Easton in Talbot county in the Upper Eastern Shore region.

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

OHCInc is proposing to provide Home Health Services in the Upper Eastern Shore region of Maryland comprising of: Caroline County, Cecil County, Kent County, Queen Anne's County and Talbot County.

- (2) Provide an overall description of the configuration of the parent home health agency and its interrelationships, including the designation and location of its main office, each subunit, and each branch, as defined in this Chapter, or other major administrative offices recognized by Medicare.

Applicant Response

Optimal Health Care Inc (OHCInc) was founded in 2008 as a Health Services Company and incorporated a year later as a Maryland closed corporation. OHCInc provides health care services to a diverse group of individuals in the entire state of

Maryland. Currently OHCInc has the following Divisions: Home Care, Case Management, Nurse Staffing, Academy, Home Medical Equipment (Durable Medical Equipment/Supplies [DME/DMS]), and Fingerprinting.

The OHCInc Home Care Division has been licensed since 2010 as Residential Service Agency (RSA) by the Maryland Office of Health Care Quality (OHCQ). The OHCInc RSA license authorizes the agency to provide In-Home Skilled Nursing, Nursing Aide and Therapy Services to eligible participants in the Community First Choice (CFC) and Rare and Expensive Case Management (REM) Programs. OHCInc currently serves about 250 individuals in the CFC and REM programs combined.

In addition to the CFC and REM programs, the OHCInc home care division has had full accreditation since 2011 with the Community Health Accreditation Program (CHAP) to provide private duty nursing and therapy services. The home care division has also been credentialed by a number of private insurance companies, insurance networks and managed care organizations such as CareFirst, United Health Care, Aetna, Maryland Physicians Care, Amerigroup and Carecentrix.

The Case Management Division of OHCInc was approved in 2014 by the Maryland Developmental Disabilities Administration (DDA) to provide coordination of community services to individuals with developmental disabilities. This division currently serves close to 700 individuals across the state of Maryland.

OHCInc currently operates six (6) branch offices in the State of Maryland, one of which is located in the city of Easton in Talbot county which is part of the Upper Eastern Shore region. The corporate office is located in Hagerstown, in the heart of Western Maryland.

OHCInc is built the capacity to serve thousands of clients across the state using an online service management portal. All of Intake, Client and employee records, Scheduling, Clinical documentation, shift/visit verification, Billing and operational departments are managed efficiently from the corporate office because of this web based resource. The local offices provide convenient locations for hiring locally and for meetings.

See Organizational chart. Attachment B

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

OHCInc is proposing to provide Home Health Services to the pediatric and adult populations in the Upper Eastern Shore region. Our services will include: Skilled Nursing, Home Health Aide (HHA), Physical Therapy, Occupational Therapy, Audiology and Speech Pathology, Medical Social Work, Dietary and Nutritional Services, Drug Services, Laboratory Services and Medically necessary Sick Room Equipment and supplies. All services will be provided by qualified professionals.

Service summary and description;

Skilled Nursing Services: OHCInc nurses would provide and teach clients or their caregivers the following services;

- Catheter care
- In-Home Chemotherapy
- Diabetes care and education
- Dietary instruction and nutritional support
- Dressing (bandage) changes
- Injections
- Intravenous therapy
- Medication monitoring
- Pain management
- Patient and family education
- Patient assessment and monitoring
- Tele-Health
- Wound care
- Cardiac care

OHCInc nurses work closely with the client, caregiver and family to educate them on the disease treatment, prevention and medication management, with the goal of helping every client regain their independence and get back to a quality of life with family and friends.

Home Health Aide: Our HHAs work under the supervision of a Registered Nurse, Physical or Occupational Therapist and provide supplemental care such as taking blood pressures and assisting with provision of Activities of Daily Living (ADL) such as bathing and dressing. The Home Health Aide would work with the occupational therapist and caregivers in attaining the goals of maximizing the client's independence.

Physical Therapy: Our therapists help clients restore balance, range of motion, strength and endurance. Physical therapy interventions may include therapy to recapture skills and strengthen joints and muscles after surgery or hospitalization.

Occupational Therapy: Our therapists teach clients how to cope with the loss of a function and methods to regain it to make daily tasks more routine and less challenging.

They would help clients improve on daily tasks such as bathing, dressing and basic household activities and could recommend adaptations to make the home safer and establish a daily routine for important tasks. They also assess each home to determine medical equipment needs and how to manipulate the layout to reduce a client's risk for falling.

Audiology and Speech Pathology: Services are aimed at helping clients and their families with memory problems, improving the ability to communicate, and restoring a client's ability to swallow safely.

Medical Social Workers: These services include home care services such as social and emotional counseling, and help locating community resources to help with financial concerns.

Dietary and Nutritional Services: Our Registered Dietitian will work with the client to develop a personalized nutrition plan. The goal is to help the client improve their physical condition through an appropriate and comprehensive dietary plan. OHCInc Nutrition Services team conducts comprehensive nutritional assessments for clients and identifies goals for improving nutritional intake and health. An individualized plan is developed in collaboration with the client's physician to meet the specific medical and lifestyle needs of each client. Dietary education can be provided if needed.

Drug Services: Our licensed professionals will work with the client's team to develop and implement an individualized plan to meet their needs under Drug Services.

Laboratory Services: Our phlebotomist and/or Registered Nurses collect blood samples or other bodily fluid samples from clients in the comfort of their homes and deliver the samples to licensed regional laboratories for processing and analysis. Our laboratory services team are building long term relationships with regional referring physicians and laboratory directors as well as case managers at insurance companies and managed care organizations (MCOs).

Medically necessary Sick Room Equipment and supplies: OHCInc currently has a DME/DMS license in combination with its RSA license for Nursing and Therapy services. We already provide DME/DMS services to Maryland state Medicaid eligible participants, private insurance clients as well as private pay clients. OHCInc proposes to provide a full line of home medical equipment services (DME/DMS) as a Home Health Agency in the Upper Eastern Shore region to clients with physician orders for such equipment (medically necessary). The products we carry include but are not limited to the following:

DME:

Wheelchairs
 Basic Power Chairs
 Hospital beds
 Mattresses
 Chair Lift
 Hoyer Lift
 Oxygen Concentrators
 Nebulizer Machines

Breast Pumps
 Walkers/canes
 Bed Pans/Bedside Commode

DMS:

Incontinence supplies
 Gloves
 Gowns
 Face Masks
 Disposable Chux

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

OHCInc agrees to become licensed and Medicare- and Medicaid-certified, and agrees to maintain Medicare and Medicaid certification and to accept clients whose expected primary source of payment is either or both of these programs.

Of note, OHCInc currently accepts payments from Medicaid for Nursing and HHA services provided to eligible participants under its RSA license. The majority of our services at the moment are primarily covered by Medical Assistance for Medicaid eligible individuals with valid Medicaid coverage.

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

OHCInc will assess payment plans based on the needs of the clients. Payment plans will be made available to clients who are unable to pay their entire account balance within a specific time frame.

See **attachment C** for further details highlighting payment plans

- (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

OHCInc will submit to the commission and each client its written policy for time payment options. The OHCInc fee schedule will be included in the client binder at the time of admission.

See **attachment C** for further details about Collections, Financial counseling, Bad Debt Management and Payment plans as well as **Attachment D** describing options for Charity Care.

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.
- (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.

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

Applicant Response

Chart 1 is the Home Health Agency Report for 2014 showing Charity Care visits conducted by Home Health Agencies in the Upper Eastern Shore counties. OHCInc is committed to provide a proportionate number of charity visits to the total visits provided, equal to the average of other charity care visits provided by other home health agencies in the Upper Eastern Shore Region.

Chart 1: 2014 Home Health Agency Charity Visits

County	Home Health Agency	Charity Client 2014	Total Client 2014	% of Charity Client Served
Caroline	HomeCall Inc. d/b/a HomeCall	0	687	0.0%

	Shore Home Care	5	857	0.6%
Caroline Total		5	1544	0.3%
Cecil	Amedisys Home Health	4	3463	0.1%
	Comprehensive Home Health Services	1	15	6.7%
	HomeCare Maryland LLC	0	4	0.0%
	Johns Hopkins Pediatrics at Home	0	19	0.0%
	MedStar Visiting Nurse Association Inc.	0	134	0.0%
	VNA of Maryland LLC	7	1249	0.6%
Cecil Total		12	4884	0.2%
Kent	Chester River Home Care and Hospice	0	915	0.0%
	Shore Home Care	0	10	0.0%
Kent Total		0	925	0.0%
Queen Annes	Chester River Home Care and Hospice	0	911	0.0%
	Gentiva Health Services	0	269	0.0%
	HomeCall	0	343	0.0%
	Johns Hopkins Pediatrics at Home	0	2	0.0%
	MedStar Visiting Nurse Association Inc.	0	5	0.0%
	Shore Home Care	0	310	0.0%
Queen Anne's Total		0	1840	0.0%
Talbot	Amedisys Home Health	0	849	0.0%
	HomeCall Inc. d/b/a HomeCall	0	656	0.0%
	Shore Home Care	4	953	0.4%
Talbot Total		4	2458	0.2%

Grand Total for All Counties - Upper Eastern Shore	21	11651	0.2%

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

Applicant Response

OHCInc is committed to provide a minimum of 0.25% of all visits as Charity Care in the Upper Shore Region of Maryland annually.

See attachment D detailing Policy on Charity Care.

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

Chart 2 below provides historical utilization trends of home health agency visits between 2011 - 2014 for the Upper Eastern Shore jurisdiction. There is no data available for 2015, 2016 or 2017. OHCInc anticipates some natural growth in the next several years (2018 - 2020), based on increasing trends in utilization and the aging population.

Chart 2: Historical Utilization Trends For Visits (Adult and Pediatric Population)

YEAR	COUNTY	NURSE VISITS	AIDE VISITS	ST VISITS	OT VISITS	PT VISITS	MSW VISITS	DTN VISITS	OTHER VISIT	TOTAL VISITS
2011	Caroline	4764	750	14	549	4794	107	0	0	10978
	Cecil	16073	2454	426	1269	11280	279	10	0	31791
	Kent	2608	1120	24	379	1328	275	0	0	5734

	Queen Annes	6319	1159	111	899	4755	119	0	0	13362
	Talbot	7707	1000	78	906	7239	142	0	0	17072
2011 Total		37471	6483	653	4002	29396	922	10	0	78937
2012	Caroline	6734	1008	70	679	5410	126	0	0	14027
	Cecil	20006	2973	452	2450	10623	348	12	0	36864
	Kent	2901	353	44	304	1529	57	0	0	5188
	Queen Annes	6419	833	119	1003	5367	57	0	0	13798
	Talbot	9174	1133	187	1479	7757	136	0	0	19866
2012 Total		45234	6300	872	5915	30686	724	12	0	89743
2013	Caroline	6549	1177	65	600	5057	253	0	0	13701
	Cecil	15535	2541	408	2432	10289	333	30	0	31568
	Kent	2805	592	26	384	1521	33	0	0	5361
	Queen Annes	6423	609	144	1045	6240	85	0	0	14546
	Talbot	8810	1329	134	2160	7801	228	0	0	20462
2013 Total		40122	6248	777	6621	30908	932	30	0	85638
2014	Caroline	6400	1019	38	547	5589	321	0	0	13914
	Cecil	16401	2043	288	2005	9747	299	25	0	30808
	Kent	3190	494	8	409	2128	45	0	0	6274
	Queen Annes	6159	374	133	855	5795	95	0	0	13411
	Talbot	9298	971	399	1927	7785	210	0	0	20590
2014 Total		41448	4901	866	5743	31044	970	25	0	84997
Grand Total		164275	23932	3168	22281	122034	3548	77	0	339315

- (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

Chart 3 below, using data from the Maryland manual online database, shows an average of 15% growth in the population across the Upper Eastern shore region every 10 years. This, combined with **Chart 2** listing the number of annual visits from 2011 - 2014 suggests a growing client base in need of Home Health services in this region. OHCInc anticipates serving a modest number of clients during the first year of project implementation as we will be focused on hiring professional staff and building relationships with referral sources. We expect to ramp up to at least 9000 visits annually by the end of the second full year of operation.

Chart 3: Population growth in the Upper Eastern Shore over a period of four decades

COUNTY	1990 census	Percent growth in population	2000 census	Percent growth in population	2010 census	Percent growth in population	2020 projected	Percent growth in population	2030 projected	Average Percent Growth
Caroline County	27035	10.12%	29772	11.06%	33066	21.88%	40300	14.14%	46000	14.30%
Cecil County	71347	20.47%	85951	17.63%	101108	28.92%	130350	18.91%	155000	21.48%
Kent County	17842	7.59%	19197	5.21%	20197	9.92%	22200	5.45%	23410	7.04%
Queen Anne's Co.	33953	19.47%	40563	17.84%	47798	16.43%	55650	11.23%	61900	16.24%
Talbot County	30549	10.68%	33812	11.74%	37782	6.00%	40050	5.12%	42100	8.39%
Grand Total	180726	15.81%	209295	14.65%	239951	20.25%	288550	13.81%	328410	16.13%

<https://msa.maryland.gov/msa/mdmanual/01glance/html/pop.html#county>

- (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

OHCInc Staffing projections are based on the assumption that we will have a very modest number of visits during the first year requiring only part time professional staff. The part time professional staff will convert to full time staff as we ramp up service provision towards the end of the first year and we will add more full time staff in the second and subsequent years.

As shown on **Chart 2**, the Home Health Agencies serving this region currently have an average of 8000 - 10,000 visits per year. As a new Home Health Agency, OHCInc anticipates achieving similar number of visits by the end of the second full year of operation. As an RSA, OHCInc already receives a lot of referrals in this region from insurance companies and so expects this to increase significantly once approved as a Home Health Agency.

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

OHCInc management is applying for approval to serve as a Home Health Agency in the Upper Eastern shore region of Maryland for the following reasons: 1) as shown on **Chart 2 and Chart 3**, the number of Home Health visits in this region are increasing year over year and the population too is growing significantly, and 2) more residents are choosing to age from home.

Given this population growth and anticipated increased need for Home Health services, OHCInc management think that an additional Home Health Agency in the region will have a positive impact on overall client care. This is because there will be more choice for the clients and fewer delays in start of care following referral.

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

See month end bank statements for business checking and payroll accounts as of June 30, 2018 in **Attachments E** showing cash available of about \$50,000, and the approved \$150,000 Line of credit from Capital One bank in **Attachment F**.

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

Documentation will be provided when requesting first use approval.

- (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

Not applicable. OHCInc is applying to be a new Home Health Agency in the area.

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

OHCInc has a comprehensive discharge planning process as detailed in **Attachment G**.

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

The Director of Clinical Operations at OHCInc is responsible for compiling data and completing and submitting data to the appropriate agencies following applicable Federal and State guidelines.

The Director of Clinical Operations will work in concert with the quality assurance committee members to make sure the annual Maryland Health Care Commission (MHCC) annual Home Health Agency Survey is completed as soon as the survey is released in the first quarter of each year as prescribed in the Code of Maryland Regulations (COMAR 10.07.10.12).

The Director of Clinical Operations at OHCInc shall be responsible for applying for Medicare certification. She will therefore make sure OHCInc meets the Medicare Conditions of Participation (CoP) prior to certification. This includes compliance with the OASIS collection and transmission requirements. OHCInc currently already has the capacity to transmit OASIS data as this is a feature embedded in its online service management portal.

The CMS' Home Health Consumer Assessment of Healthcare Providers (HCAHPS) 34-item questionnaire that is intended to measure clients' perceptions of their skilled home care will be coordinated with clients by the OHCInc Nurse Quality Assurance Supervisor.

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.

Applicant Response

OHCInc has been providing skilled nursing services as an RSA since 2011. **Table 1** in the separate addendum for RSA applicants lists skilled nursing services provided and number of clients served by OHCInc in the three-year period 2015 - 2017.

OHCInc has established a system for collecting data that includes systematic collection of process, outcome and experience of care measures as detailed in **Attachment H** showing tracking and trending data for the three-year period 2015 - 2017.

Finally, OHCInc has maintained accreditation through the Community Health Accreditation Program (CHAP), a deeming authority recognized by Maryland's Department of Health, since 2011 as shown in **Attachments I**, accreditation certificates for the period 2011 - 2014, 2014 - 2017 and 2017 - 2020.

10.24.16.09B. Maintained or Improved Performance.

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

Applicant Response

As shown in **Attachment H** with tracking and trending data for the three-year period 2015 - 2017, OHCInc has demonstrated improved outcomes for the clients we serve.

10.24.16.09C. Proven Track Record in Serving all Payor Types, the Indigent and

Low Income Persons.

An applicant that served a broader range of payor types and the indigent will be given preference over an applicant that served a narrower range of payor types and provided less service to the indigent and low income persons.

Applicant Response

OHCInc is applying to be a new Home Health Agency in the Upper Eastern Shore Region of Maryland. However, we are committed to serve all payor types including the indigent and low income persons. See **Attachment D** outlining OHCInc's Charity Care policy.

10.24.16.09D. Proven Track Record in Providing a Comprehensive Array of Services.

An applicant that provided a broader range of services will be given preference over an applicant that provided a narrower range of services.

Applicant Response

The OHCInc currently provides skilled nursing and therapy services to both the adult and pediatric population, in the entire state of Maryland under its RSA license.

OHCInc is proposing to operate a Home Health Agency that would serve all 5 counties in the Upper Eastern Shore of Maryland. The services will include: Skilled Nursing, Home Health Aide (HHA), Physical Therapy, Occupational Therapy, Audiology and Speech Pathology, Medical Social Work, Dietary and Nutritional Services, Drug Services, Laboratory Services and Medically necessary Sick Room Equipment and supplies.

10.24.16.09E. These preferences will only be used in a comparative review
of applications when it is determined that approval of all applications that fully comply

with standards in Regulation .08 of this Chapter would exceed the permitted number of additional HHAs provided for in a jurisdiction or multi-jurisdictional region as provided in Regulation .10.

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

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

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

Applicant Response

Service Area:

OHCInc is proposing to operate a Home Health Agency that would serve all 5 counties in the Upper Eastern Shore of Maryland comprising of: Caroline County, Cecil County, Kent County, Queen Anne's County and Talbot County. This part of the state is mostly rural made up of farming communities. There are long distances separating residential communities and hospitals are few and far between, making the need for Home Health services more acute compared to other parts of the state.

Historic Utilization Trends:

As shown in **Chart 2**, the Home Health Service Utilization rate went up consistently from 2011 - 2014, with the only drop occurring in 2012. Given the fact that utilization is not only linked to the number of referrals that actually received services but also the total number of referrals made by hospitals or insurance companies for Home Health services, it is possible the drop in utilization between 2012 - 2013 could also have been due to a lack of capacity to carry out visits for all clients referred for services.

Population Growth:

Furthermore, **Chart 3** created using data from the Maryland manual online database, shows an average of 15% growth in the population across the Upper Eastern Shore region every 10 years. This combined with **Chart 2** listing the number of annual visits from 2011 - 2014 suggests a growing client base in need of Home Health services in this region. OHCInc anticipates serving a modest number of clients during the first year of project implementation as we will be mostly be hiring professional staff and building relationships with referral sources. We expect to ramp up to at least 9000 visits annually by the end of the second full year of operation and then continue to grow at an annual rate of about 3 - 5 %.

Number of Current Agencies:

Chart 4 below shows that the number of Home Health Agencies serving each of the 5 counties in the Upper Eastern Shore region remained the same over the four year period from 2011 - 2014. Given the increase in utilization and the population growth in this region, there is a clear need for additional agencies to fill the growing need for home health services.

Chart 4: Active Home Health Agencies with at Least 100 Visits Per Year

COUNTY	YEAR 2011	YEAR 2012	YEAR 2013	YEAR 2014
Caroline	2	2	2	2
Cecil	3	4	3	3
Kent	1	1	1	1
Queen Annes	5	4	4	4
Talbot	2	3	3	3
TOTAL HHA IN UPPER EASTERN SHORE	13	14	13	13

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.

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

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

Applicant Response

Most industrialized countries have managed to keep the cost of health care at an affordable rate by promoting care at home as opposed to hospitals or other facilities whenever feasible without compromising the quality of care. The current health care law in the United States encourages the same model and more and more people are opting to receive care in the comfort of the homes.

OHCInc has extensive experience providing health care services to individuals at home in different regions of the state of Maryland. We have an online service management portal that makes for an easy interphase between our field staff, office staff, clients, physicians and other members of our care teams. In addition to our corporate office, we also have reasonable sized local offices in all the regions that we currently serve, including the Upper Eastern Shore region.

The objective of OHCInc is to deliver high quality health care services to all individuals referred for services with compassion, regardless of their age, race, creed, sexual orientation, physical ability or financial status. OHCInc already provides hundreds of skilled nursing and therapy visits per month for clients with private insurance and enjoys outstanding client satisfaction results based on surveys by and independent polling company (See **Attachment O**, Client survey questionnaire and survey results for first quarter of 2018).

All the above point to OHCInc's capacity to provide lower cost, high quality home health services to individuals in the Upper Eastern Shore Region if our application is approved.

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. In the absence of audited financial statements, provide documentation of the adequacy of financial resources to fund this project signed by a Certified Public Accountant who is not directly employed by the applicant. The availability of each source of funds listed in Part IV, Table 1 B. Sources of Funds for Project, must be documented.

Applicant Response

Attachment J Financial Statement (2017), **Attachment K** Balance sheet (May 2018) and **Attachment L** a CPA supporting letter provide documentation of the adequacy of financial resources to fund this project.

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

OHCInc is applying to be a new Home Health Agency. However, OHCInc currently provides skilled services under its RSA license in most of the state of Maryland. Therefore, the impact of this project from a cost perspective will be insignificant as most additional costs will be directed towards marketing and direct labor costs (professional staff performing reimbursable services/visits). This is shown in more detail on **Table 4** Revenue and Expenses.

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 5 compares the number of skilled visits to self pay clients as a proportion of all visits in the four year period of 2011 - 2014 in the five counties of the Upper Eastern Shore region. Out of an average of about 80,000 visits per year, less than 10 self paying clients on average received services per year in the entire region.

Chart 5 indicates that the vast majority of skilled visits are covered by either Medicare, Medicaid, Private insurance or Managed Care Organizations. Overall less than 0.5% of skilled visits are for self paying clients. This is insignificant when factoring the cost and charges for similar services provided by other home health agencies in the area.

Chart 5: Home Care Utilization for Self Pay Clients in the Upper Eastern Shore Region

	2011		2012		2013		2014	
COUNTY	TOTAL VISITS	SELF PAY CLIENTS	TOTAL VISITS	SELF PAY CLIENTS	TOTAL VISITS	SELF PAY CLIENTS	TOTAL VISITS	SELF PAY CLIENTS
Caroline	10978	0	14027	1	13701	0	13914	0
Cecil	31791	1	36864	0	31568	2	30808	1
Kent	5734	1	5188	5	5361	1	6274	1
Queen Annes	13362	1	13798	1	14546	0	13411	0
Talbot	17072	0	19866	0	20462	1	20590	1
Grand Total	78937	3	89743	7	85638	4	84997	3

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

Applicant Response

A detailed list of proposed client charges is shown in **Attachment M**.

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

OHCInc primarily recruits through national recruiting services for skilled professionals.

We also already have professional field staff in the Upper Eastern Shore Region providing skilled services for insurance clients under our RSA license. These staff will staff provide services for Medicare and Medicaid eligible clients if our proposal is accepted as we continue to hire more staff.

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

Applicant Response

OHCInc has developed a very competitive benefits plan as well as created a very conducive company culture which offers clear paths to career growth. This has helped with attracting and retaining very qualified professional staff.

We plan to organize job and career fairs at community colleges and universities as well as workforce exchange locations in the region. We will also offer paid internship opportunities for students in their final year in professional programs who could potentially convert to full time employees.

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

Applicant Response

OHCInc has a 4% turnover rate for professional staff and a 6% unfilled staff positions

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

Applicant Response

Table 5 in the Charts and Tables Supplements (Part IV) has been completed.

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

Not Applicable. OHCInc is applying to be a new Home Health Agency and has never obtained a Certificate of Need previously.

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

The historical utilization trend from 2011 - 2014 as outlined in **Chart 2** combined with the projected population growth of about 15% in the next 10 years shown on **Chart 3** in this region suggest that there is

a need for additional Home Health agencies to serve this region. OHCInc expects to fill this need and should be able to meet its target of at least 9000 visits per year by the end of the second full year of operation assuming a ramp up during the second and third year before plateauing at a growth rate of 3-5% per year.

- 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

OHCInc will accept all payor sources contracted with servicing the Upper Eastern Shore Region. We do not expect an impact on the payor mix for other agencies serving this region.

- 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

As seen on **Chart 4**, the number of agencies serving this region has remained about the same for several years even though the population has been growing at a significant rate (**Chart 3**). There is \ therefore a need for additional Home Health agencies in this region to increase access to health care services for the service area population that will be served by this project.

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

Applicant Response

There are no costs to the health care delivery 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 workforce information.

Applicant Response

Not applicable. OHCInc is applying for approval to be a new Home Health Agency

**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.

Mrs. Dyllis Minang 33%

Mr. Isidore Mbimakam 33%

Dr. Jacob Minang 34%

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.

No

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

1. 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

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

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 healthy 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.

07/06/2018

Date



Signature of Owner or
Authorized Agent of the Applicant

TABLE 1 - PROJECT BUDGET

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

TABLE 2B: STATISTICAL PROJECTIONS – FOR PROPOSED JURISDICTIONS

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

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT

TABLE 5: STAFFING INFORMATION

TABLE 1: Project Budget

Instructions: All estimates for 1a- d; 2a- 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.)

Applicant Response

A. USE OF FUNDS	
1. CAPITAL COSTS (if applicable):	
a. New Construction	
1) Building	\$0.00
2) Fixed Equipment (not included in construction)	\$0.00
3) Architect/Engineering Fees	\$0.00
4) Permits, (Building, Utilities, Etc)	\$0.00
a. SUBTOTAL New Construction	\$0.00
b. Renovations	
1) Building	\$0.00
2) Fixed Equipment (not included in construction)	\$0.00
3) Architect/Engineering Fees	\$0.00
4) Permits, (Building, Utilities, Etc.)	\$0.00
b. SUBTOTAL Renovations	\$0.00
c. Other Capital Costs	
1) Movable Equipment	\$0.00
2) Contingency Allowance	\$0.00
3) Gross Interest During Construction	\$0.00
4) Other (Specify)	\$0.00
c. SUBTOTAL Other Capital Cost	\$0.00
TOTAL CURRENT CAPITAL COSTS (sum of a - c)	\$0.00
Non-Current Capital Cost	
d. Land Purchase Cost or Value of Donated Land	\$0.00
e. Inflation (state all assumptions, including time period and rate	\$0.00
TOTAL PROPOSED CAPITAL COSTS (sum of a - e)	\$0.00
2. FINANCING COST AND OTHER CASH REQUIREMENTS	
a. Loan Placement Fees	\$600.00
b. Bond Discount	\$0.00
c. CON Application Assistance	
c1. Legal Fees	\$0.00
c2 Other (Specify and add lines as needed)	\$100.00

d. Non-CON Consulting Fees	
d1. Legal Fees	\$0.00
d2. Other (Specify and add lines as needed)	\$0.00
e. Debt Service Reserve Fund	\$0.00
f. Other (Specify)	\$0.00
TOTAL (a - e)	\$0.00
3. WORKING CAPITAL STARTUP COSTS	\$36000
TOTAL USES OF FUNDS (sum of 1 - 3)	\$36700.00
B. SOURCES OF FUNDS FOR PROJECT	
1. Cash	\$36000
2. Pledges: Gross _____, less allowance for uncollectables _____ = Net	\$0.00
3. Gifts, bequests	\$0.00
4. Authorized Bonds	\$0.00
5. Interest income (gross)	\$0.00
6. Mortgage	\$0.00
7. Working capital loans	\$150,000.00
8. Grants or Appropriation	
a. Federal	\$0.00
b. State	\$0.00
c. Local	\$0.00
9. Other (Specify)	\$0.00
TOTAL SOURCES OF FUNDS (sum of 1-9)	\$186,000.00
ANNUAL LEASE COSTS (if applicable)	
• Land	\$0.00
• Building (Rents)	\$18,000.00
• Moveable equipment	\$0.00
• Other (Computers and other equipment for field staff)	\$10000.00

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).

Applicant Response

Not Applicable

	Two Most Current Actual Years		Projected years – ending with first year at full utilization			
CY or FY (circle)			20_	20_	20_	20_
			—	—	—	—
Client Visits						
Billable						
Non-Billable						
TOTAL						
# of Clients and Visits by Discipline						
Total Clients (Unduplicated Count)						
Skilled Nursing Visits						
Home Health Aide Visits						
Physical Therapy Visits						
Occupational Therapy Visits						
Speech Therapy Visits						
Medical Social Services Visits						
Other Visits (Please Specify)						

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).**

Applicant Respond

	Projected years – ending with first year at full utilization			
CY or FY (circle)	2019	2020	2021	
Client Visits				
Billable	1181	4722	9445	
Non-Billable	6	24	47	
TOTAL	1187	4746	9492	
# of Clients and Visits by Discipline				
Total Clients (Unduplicated Count)				
Skilled Nursing Visits	475	1898	3797	
Home Health Aide Visits	107	427	854	
Physical Therapy Visits	451	1803	3607	
Occupational Therapy Visits	83	332	664	
Speech Therapy Visits	12	47	95	
Medical Social Services Visits	24	95	190	
Other Visits (Please Specify)	36	142	285	

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).

Applicant Response

Not applicable. Optimal Health Care Inc is not an existing Home Health Agency

	Two Most Recent Years -- Actual		Current Year Projected	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	20__ —	20__ —	20__ —	20__ —	20__ —	20__ —	20__ —
1. Revenue							
Gross Patient Service Revenue							
Allowance for Bad Debt							
Contractual Allowance							
Charity Care							
Net Patient Services Revenue							
Other Operating Revenues (Specify)							
Net Operating							

Revenue							
2. Expenses							
Salaries, Wages, and Professional Fees, (including fringe benefits)							
Contractual Services (please specify)							
Interest on Current Debt							
Interest on Project Debt							
Current Depreciation							
Project Depreciation							
Current Amortization							
Project Amortization							
Supplies							
Other Expenses (Specify)							
Total Operating Expenses							
3. Income							
Income from Operation							
Non-Operating Income							
Subtotal							
Income Taxes							
Net Income (Loss)							
4A. - Payor Mix as Percent of Total Revenue							
Medicare							
Medicaid							
Blue Cross							
Commercial							

Insurance							
Self-Pay							
Other (Specify)							
TOTAL REVENUE	100%	100%	100%	10 0%	10 0%	100 %	10 0%
4B. Payor Mix as Percent of Total Visits							
Medicare							
Medicaid							
Blue Cross							
Other Commerci al Insurance							
Self-Pay							
Other (Specify)							
TOTAL VISITS	100%	100%	100%	10 0%	10 0%	100 %	10 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 full year at full utilization)			
CY or FY (Circle)	2019	2020	2021	
1. Revenue				
Gross Patient Service Revenue	\$197,968	\$791,870.10	\$1,583,740.20	
Allowance for Bad Debt	-\$1,922	-\$7,729.17	-\$15,458.35	
Contractual Allowance	-\$3,034	-\$9,879.39	-\$19,758.79	
Charity Care	-\$303	-\$871.71	-\$1,743.42	
Net Patient Services Revenue	\$192,708	\$773,390	\$1,546,780	
Other Operating Revenues (Specify)				
Net Operating Revenue	\$192,708	\$773,390	\$1,546,780	
2. Expenses				
Salaries, Wages, and Professional Fees, (including fringe benefits)	\$139,695	\$509,666.61	\$954,961.02	
Contractual Services				
Interest on Current Debt				
Interest on Project Debt				
Current Depreciation				
Project Depreciation				
Current Amortization				
Project Amortization				

Supplies	\$4,077	\$17,710.07	\$30,107.57	
Other Expenses (Specify)	\$41,576	\$161,651.65	\$323,302.95	
Total Operating Expenses	\$185,348	\$689,028.34	\$1,308,371.53	
3. Income				
Income from Operation	\$12,620	\$84,361	\$238,408	
Non-Operating Income				
Subtotal	\$12,620	\$84,361	\$238,408	
Income Taxes				
Net Income (Loss)	\$12,620	\$84,361	\$238,408	
	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	2019	2020	2021	
4A. - Payor Mix as Percent of Total Revenue				
Medicare	50%	50%	50%	
Medicaid	11%	11%	11%	
Blue Cross	22%	22%	22%	
Other Commercial Insurance	16%	16%	16%	
Other (Specify)	1%	1%	1%	
TOTAL	100%	100%	100%	100%
4B. Payor Mix as Percent of Total Visits				
Medicare	51%	51%	51%	
Medicaid	10%	10%	10%	
Blue Cross	20%	20%	20%	
Other Commercial Insurance	18%	18%	18%	
Self-Pay	1%	1%	1%	
Other (Specify)				
TOTAL	100%	100%	100%	100%

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. **NOTE: PROVIDE A TABLE 5 FOR EACH PROJECTED YEAR.**

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
2019								
Administrative Personnel			0.40		\$100000		\$40,137	
Registered Nurse			0.40		\$72800		\$29,453	
Licensed Practical Nurse								
Physical Therapist			0.35		\$84500		\$29,913	
Occupational Therapist			0.07		\$78000		\$5,809	
Speech Therapist			0.06		\$104000		\$6,574	
Home Health Aide			0.09		\$31200		\$2,761	
Medical Social Worker			0.02		\$93600		\$1,657	
Other (Please specify.)								
Benefits								\$23,282
TOTAL								\$139,695

* Indicate method of calculating benefits cost

During first year of operation current OHCInc existing professional staff working under the RSA license will be assigned to do visits, hence the low figure for staff numbers on year one. As the program ramps up in the second and third year, more staff will be hired commensurate to actual and projected growth. Staffing and benefits calculations are based on historical data for current staff working on RSA license. The average annual salary of one skilled professional is multiplied by the number of staff in that category to obtain the estimated annual payroll cost for that category.

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
2020								
Administrative Personnel			1.46		\$10,000.00		\$146,435.30	
Registered Nurse			1.48		\$72,800		\$107,457.16	
Licensed Practical Nurse								
Physical Therapist			1.29		\$84,500		\$109,136.77	
Occupational Therapist			0.27		\$78,000		\$21,192.12	
Speech Therapist			0.23		\$10,400.00		\$23,986.10	
Home Health Aide			0.32		\$31,200		\$10,074.75	
Medical Social Worker			0.06		\$93,600		\$6,044.85	
Other (Please specify.)								
Benefits								\$84,944.19
TOTAL								\$509,666.61

* Indicate method of calculating benefits cost

Staffing and benefits calculations are based on historical data for current staff working on RSA license. The average annual salary of one skilled professional is multiplied by the number of staff in that category to obtain the estimated annual payroll cost for that category.

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
2021								
Administrative Personnel			2.74		\$100000		\$274,375.45	
Registered Nurse			2.77		\$72800		\$201,342.19	
Licensed Practical Nurse								
Physical Therapist			2.42		\$84500		\$204,489.28	
Occupational Therapist			0.51		\$78000		\$39,707.62	
Speech Therapist			0.43		\$104000		\$44,942.70	
Home Health Aide			0.61		\$31200		\$18,877.03	
Medical Social Worker			0.12		\$93600		\$11,326.22	
Other (Please specify.)								
Benefits								\$159,159.71
TOTAL								\$954,961.02

* Indicate method of calculating benefits cost

Staffing and benefits calculations are based on historical data for current staff working on RSA license. The average annual salary of one skilled professional is multiplied by the number of staff in that category to obtain the estimated annual payroll cost for that category.

Documentation of RSA* Applicant's Qualifications

Documentation of RSA* Applicant's Qualifications to Establish a Home Health Agency in Maryland
*Maryland Residential Service Agency Providing Skilled Nursing Services

Applicant: Optimal Health care Inc

Maryland RSA license #: R2865 and R3119

1. PERFORMANCE-RELATED QUALIFICATIONS: COMAR 10.24.16.06.D and 10.24.16.07 outline performance-related qualifications that an applicant must meet in order for the MHCC to accept a CON application to establish a home health agency (HHA). The performance-related qualifications vary by type of applicant. MHCC staff has developed guidelines for all types of applicants, including a Maryland residential service agency (RSA) providing skilled nursing services, to assist staff in determining whether a potential applicant meets performance-related requirements. An RSA applicant should refer to page 3 in the Guideline document, which can be found on the Commission's website at:

http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/chcf_con_hha_guidelines_updated_20180315.pdf .

2. DATA SUBMISSION REQUIREMENTS: An RSA applicant may qualify to apply for a CON to establish an HHA in Maryland by demonstrating a track record of providing good quality care. An RSA applicant must submit data to the MHCC to document the ability to monitor the required quality measures and performance levels outlined in Appendix E of the Guidelines:

- Documentation of the RSA's status as accredited for the three most recent years of operation through a deeming authority recognized by Maryland's Department of Health and Mental Hygiene;

- Documentation that the RSA has provided skilled nursing services, including the specific types and utilization of skilled nursing services provided during the most recent three years of operation (**complete Table 1**; refer to Sample Worksheet E1 in Guidelines document);

- A brief description of the RSA's quality assurance program, to include identification of the quality measures monitored by the RSA that are comparable to those measures submitted by HHAs to CMS (for example, if your RSA uses a client survey, submit a copy of the survey); and

- Examples of specific quality measures tracked and performance levels achieved during the most recent three years of operation (**complete Table 2**; refer to Sample Worksheet E2 in Guidelines document).

3. QUALIFICATIONS FOR ALL APPLICANTS: COMAR 10.24.16.06C provides that the MHCC will only accept a CON application from an applicant that documents the characteristics

and requirements listed immediately below. An applicant must indicate whether each statement

on the left side of the grid below is true or false (or not applicable), and separately provide documentation as indicated.

The Applicant:	Write response (true, false, or not applicable)
(1) Has not had its Medicare or Medicaid payments suspended within the last five years;	True
(2) Has not been convicted of Medicare or Medicaid fraud or abuse within the last ten years;	True
(3) Has received at least satisfactory findings reflecting no serious adverse citations on the most recent two survey cycles from its respective state agency, accreditation organization, or both, as applicable to the type of applicant;	True (see CHAP 2017 Survey results, Attachment N) (Provide documentation of survey results.)
(4) Has maintained accreditation through a state-recognized deeming authority, as applicable, for at least the three most recent years;	True (Provide documentation of accreditation.)
(5) Has submitted an acceptable plan of correction for any valid and serious patient-related complaint investigated over the past three years;	N/A (Provide documentation of accepted plan of correction.)
(6) Has complied with all applicable federal and State quality of care reporting requirements and performance standards;	True (Provide documentation)
(7) Documents availability of sufficient financial resources to implement the proposed project within the applicable timeframes set forth in the Commission's performance requirements at COMAR 10.24.01.12; 10.24.16;	True (see bank statements) (Provide documentation*)
(8) Demonstrates a record of serving all applicable payer types, such as Medicare, Medicaid, private insurance, HMOs, and self-pay patients; and	True (Provide documentation of payor mix.)
(9) Affirms under penalties of perjury, that within the last ten years, no owner or senior management, or owner or senior management of any related or affiliated entity, has been convicted of a felony or crime or pleaded guilty, nolo contendere, entered a best interest	True

plea of guilty, or received a diversionary disposition regarding a felony or crime.

ATTESTATION:

I, the undersigned am an owner, or authorized agent of the applicant that has filed a letter of intent to establish or expand a home health agency in Maryland. I hereby affirm under the penalties of perjury that the information in this Documentation of Qualifications and attached tables is true and correct to the best of my knowledge, information, and belief.

Signature of Owner or Authorized Agent of the Potential Applicant:

Name and Title: JACOB MUMFORD / Executive Director

Date: 07/06/2018

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

Table 1: RSA Skilled Nursing Services Provided and Number of RSA Clients Served

Skilled Nursing Services Provided to RSA Clients*	Number of RSA Clients by Year		
	2015	2016	2017
SKILLED SERVICES ONLY	31	28	42
BOTH SKILLED AND UNSKILLED SERVICES	129	392	434
Number of RSA Clients <u>not</u> receiving skilled nursing services**	129	65	34

*Skilled nursing services provided to RSA clients either directly or through contract.

**RSA clients receiving therapy from a non-nurse healthcare professional (such as a physical or occupational therapist)

Note: A client receiving BOTH nursing and other therapist services are counted ONLY as skilled nursing services.

Table 2. Quality Measures by Measure Type and Performance Level Achieved

Sample Types of Quality Measures*	Measure Type	Performance Level Achieved		
		2015	2016	2017
Patient Assessment and care plan is completed and in the clients home prior to start of care	Process	92	92	93

Orders signed by the physician are returned to the office within __7__ days	Outcome	92	92	94
Response to service on-calls is within __15__ minutes.	Outcome	92	92	95
All clients shall receive a follow-up call per acuity level to check on their health situation and the findings of the call shall be documented on the client chart.	Outcome	92	92	95
A New MAR/TAR shall be created at the end of each month and sent to the house for use the following month.	Process	92	93	95
All medication error incidents to be reported to the physician immediately the error happens or is noticed.	Outcome	92	92	94
A home safety assessment will be done for all client upon admission.	outcome	92	92	95
Patient Complaint All incident reports must be completed and submitted to the office within 3 days of incident occurrence.	Experience of care	93	94	94
Investigation and corrective action must be completed by the supervisor within 7 days of the incident/client complaint.	Experience of care	93	93	94
All incident reports/Client complaints will be reviewed by the QA Committee on a monthly basis for trends/problems that can be corrected with	Process	93	92	95

an organization wide change.				
CDC hand hygiene guidelines will be adhered to by all staff.	outcome	91	93	94
All staff shall receive in-services on infection control, bloodborn pathogen and TB exposure, upon hire.	outcome	90	92	95
Overtime due to understaffing.	process	90	92	92
Understaffing as compared to the staffing plan.	process	90	92	92
Staff call in.	process	90	92	95
Accurate bills are submitted by the agency	process	91	93	94
Accurate timesheets are submitted by the staff.	process	89	90	90
All documentation is to be completed the day service is rendered and incorporated into the clinical record within seven (7) days after the care has been provided.	process	89	90	92
Yearly training/in-services shall be organized for staff to evaluate and update their knowledge of procedures, treatments and equipment being used in clients' homes.	outcome	91	91	91
On the spot training is provided to staff whenever a deficiency in knowledge is noted by the supervisor.	outcome	89	91	95
Clients shall be surveyed 4 months after admission and yearly thereafter for feedback that can improve	process	91	92	

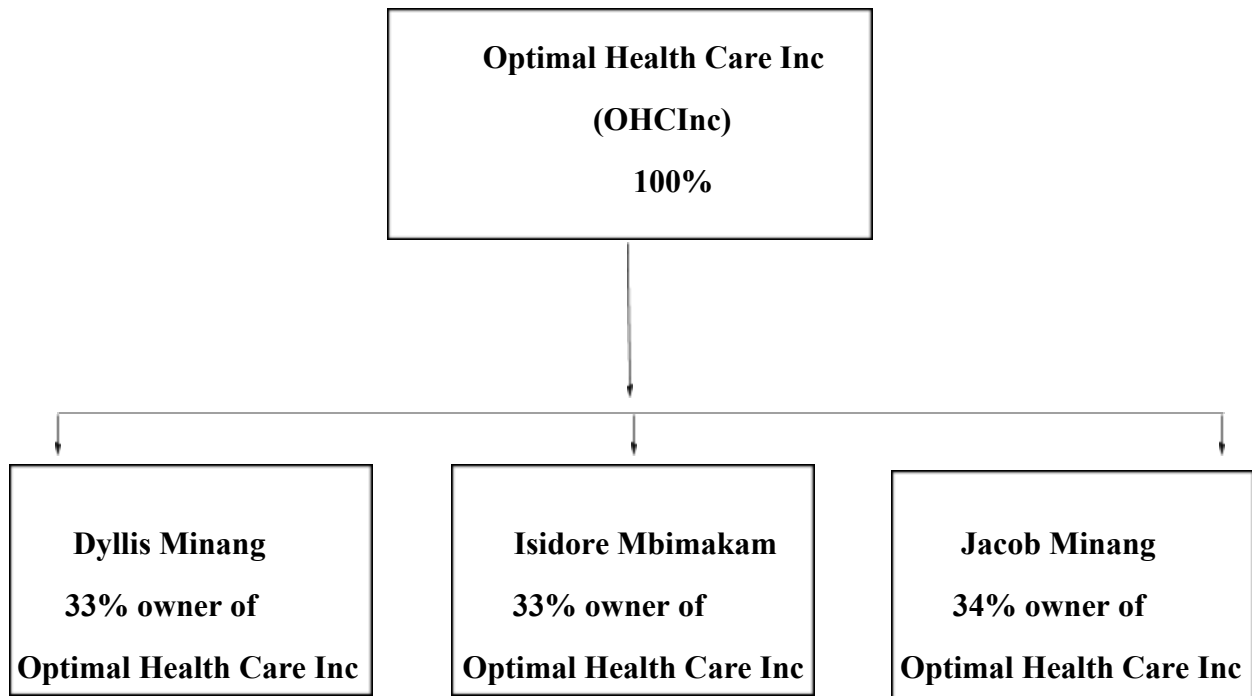
client care and organization performance.				
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Note: Submit examples of quality measures collected for your client population.

*Include at least five to ten examples of quality measures selected from your process, outcome, and experience of care.

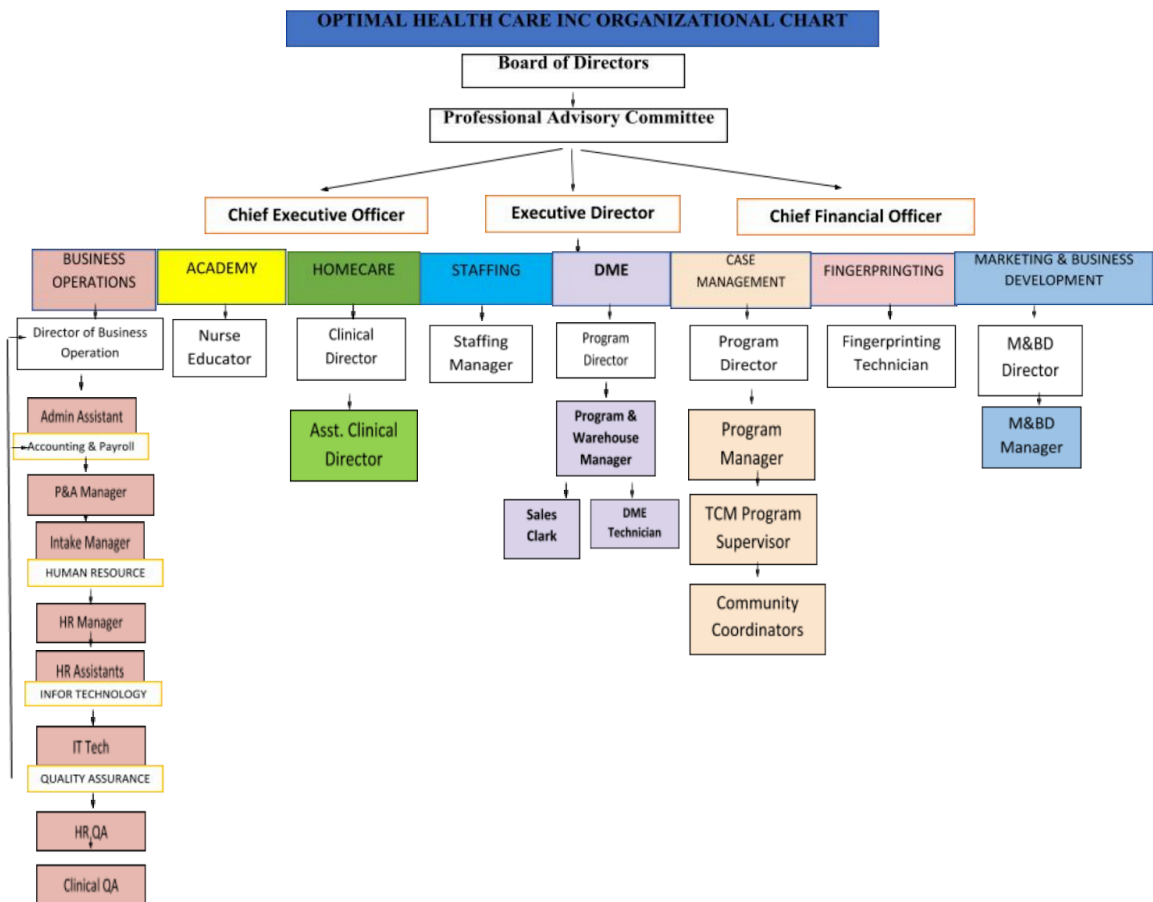
Attachment A: Ownership Structure

Ownership Structure

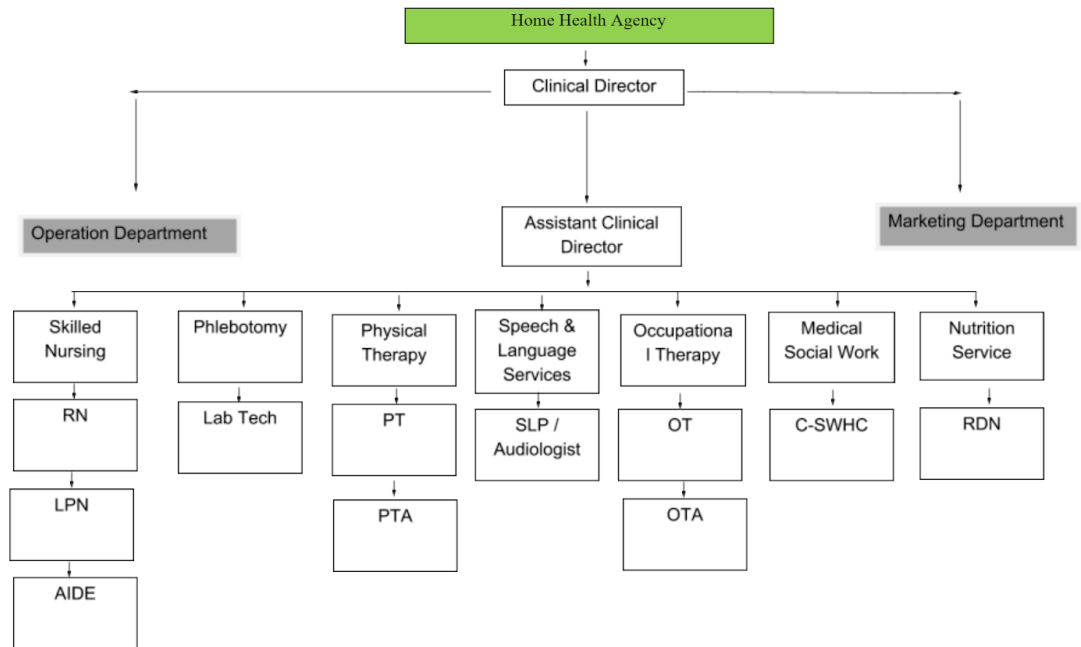


Attachment B: Organizational Chart

OHC Organizational Chart



OHC - HHA Organizational Chart



Attachment C: Payment Plan

TITLE: Home Health Agency	PAGE: 1 OF: 5
SUBJECT: Collections, Financial Counseling, Bad Debt Management & Payment Plans	
DEPARTMENT: Home Care Division	
APPROVED BY: OHC Board Of Directors	EFFECTIVE DATE:
REVISED DATES:	

PURPOSE

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

POLICY

- The Agency pursues the guarantor/third party payor for payment of services to the extent permitted by law.
- OHCInc is committed to ensuring a client-centered focus for its home health care services, including improving access to care and assuring that no client will be denied health care services due to an inability to pay. The OHCInc Board of Directors is responsible for reviewing and approving the client Payment Policy and Procedure to ensure it supports this focus and the company's mission.
- Clients who are not eligible for insurance, Medicaid, or charity care are expected to pay for OHCInc services out of pocket. OHCInc accounting practice is that clients owing any financial balance to OHCInc are sent three reminders over a period of three months informing them of the balance. They receive a call after the second reminder.
- Clients will be provided the option on their billing statement to pay their balance in full with a one time payment, or by monthly installments for up to a maximum of 6 months with a written authorization from the Director of Operations. OHCInc will accept the following payment options: check, money order, paypal, credit card or any other secure digital payment methods.
- All OHCInc clients are eligible to apply for OHCInc's sliding fee discount program to pay for out-of- pocket expenses associated with services provided. In the event clients are uninsured or underinsured and are not willing to apply for discounts on services, they will be expected to pay for the full cost of services.
- OHCInc offers several options to assist clients with the payment on their balances, including

grace periods and payment plans. In addition, all clients will have the opportunity to work one-on-one with OHCInc's Accounting department to determine a payment program that best suits the client's needs.

- OHCInc does not refuse to treat clients due to an inability to pay for services.

DEFINITION

N/A

PROCEDURE

General Guidelines:

A. Authority to speak for the Company/Financial counseling:

1. The Agency establishes standing charges for the services it provides. Managed Care Coordinators and reimbursement specialists may negotiate payment for services within established departmental guidelines. Exceptions to either the standard rates or payment for services are authorized only by the Director of Operations or the Chief Financial Officer. All exception requests and approvals must be submitted in writing.
2. In response to any inquiry by a client or his/her family, concerning his/her benefits, public or private, the client or family member are referred to the insurer. Any other response given by an employee is qualified as being based "on the benefits as quoted by the insurer to the Agency and not a guarantee that the insurer will make payment in the described manner".
3. Any undocumented or unauthorized statements/agreements will not be honored.

B. Demographic Data Collection:

1. Given the crucial importance of accurate client demographic data, ALL employees are responsible for reporting any demographic data changes to the employees of the Agency who are responsible for maintaining each client's demographic information.
2. Initial responsibility for the collection of demographic data falls upon the Admissions/Home Care Coordinators and their supervisors at the time of intake.
3. Responsibility for the validation and accuracy of demographic data falls upon the field staff and any other staff involved in the client's care.
 - i. Confirm this information upon start of care and/or subsequent visits when applicable.
4. Tertiary responsibility (on delinquent or defaulted accounts) for the collection of demographic information falls upon any collector working on an account and his/her supervisor.
5. Supervisors are responsible for monitoring the degree to which the necessary information is collected and is correct. Supervisors are also responsible for directing any corrective measures that need to be taken to comply with the requirements of this policy

C. Bad Debt Management:

1. Primary and then Secondary insurance companies are billed for all valid services. Any amounts not reimbursed by the Primary/Secondary insurance companies (excluding

- contractual allowances) are billed to the client unless OHCInc is at fault (for example, if the provider did not request pre-authorization when she/he knew it was required).
2. Any account over 60 days old is researched by the client Account Representative responsible for that pay code in order to obtain payment. Past due accounts are followed up at least once every two weeks, until payment is received.
 3. If it is determined that the insurance company has not paid because proper documentation/authorization was not obtained, the client Account Representative contacts the Managed Care Coordinator to obtain retroactive authorization or obtains the proper documentation from Medical Records. If it is determined that this documentation/authorization cannot be obtained and OHCInc was at fault, the client Account Representative writes off the account to bad debts.
 4. When it is determined that an account is to be written-off to bad debt, the client's Account Representative must prepare the journal entry to write-off the services. The Director of Operations must approve this form before the write-off can be processed.
 5. If it is determined that the insurance company did not pay because the client's insurance was not valid at the time of service or that the client had exhausted his/her home care benefits, the client Account Representative bills the secondary insurance company if available or the client if there is no secondary insurance.
 6. For all self-pay accounts over 60 days old, the client Account Representative contacts the client to establish a payment plan (procedure detailed below under Collections/Payment Plan).
 7. Documentation of all contacts with insurance companies/clients are recorded in a billing note in OHCInc's online service management portal. These notes must contain the date of the action, the person contacted, the type of contact (i.e., phone, letter, etc.), the result of the action, the next projected follow-up date and the initials of the person making the contact. In addition, a short note is made on the biller's copy of the A/R explaining the problem or action taken.
 8. The copy of the biller's A/R is reviewed by the Director of Operations every month to determine if the appropriate follow-up is being done.
 9. To enhance the Agency's ability to collect on judgments rendered on its behalf by the courts, accounts receivable personnel keep records of all transactions regarding payments made to the Agency for services rendered.

D. Collections – Payment Plans:

1. Payment plans (special time payment options) are made available to clients who are unable to pay their entire account balance within 30 days. Monthly payment plans are available allowing the client up to 6 months to pay the account in full. In unusual circumstances, up to 1 year may be permitted to pay an account in full. No finance charges are charged to these accounts.
2. For any self-pay account that is over 60 days old without payments, the client Account Representative will contact the client to establish a payment plan (this is done by phone and then by letter).
3. Terms of the payment plan are implemented by the client Account Representative with a goal of having the account paid in full within 6 months.
4. If no payments are made after 90 days from the date of original invoice for any account

with a balance over \$100, the account will be turned over to a collection agency. An attorney will be used for matters involving amounts of \$3000 or more.

5. Any account that is under an installment plan with two missed consecutive payments will be automatically turned over to a collection agency.
6. Accounts under \$100.00 are sent 3 letters requesting payment. If payment is not received within 90 days of the original invoice, the outstanding amount due is written-off for immaterial balance.
- 7.

E. Client Billing and Collections

1. OHCInc bills clients as follows:
 - i. The Billing Department will send a statement to the client noting balances owed, 30, 60 and 90 days out from the date of service. Statements will include information on prompt pay discounts and the options for applying for a payment plan and requesting a grace period, all of which are detailed below.
 - ii. Outstanding balances will be transferred to an outside collection agency after 90 days.
 - iii. The collection agency will send out letters and make phone calls to clients whose accounts OHCInc forwards to them. They will attempt to collect these balances for a six month period. After six months, they will return the claims to OHCInc and, depending upon the amount owed, OHCInc make may further attempts at collection.

F. Payment Plans

1. clients who are unable to pay for their full balances upon receiving an invoice from OHCInc are eligible to participate in a payment plan that allows them to structure payments for the balance of services as follows:
 - i. Recurring – clients can make recurring payments on a regularly scheduled interval that enables him/her to pay for the entire balance of services within a time-frame of up to one year.
 - ii. Installments – clients can choose to make payments over a certain number of installments to pay for the full balance of services, within a time-frame of up to one year.
 - iii. Clients who have opted for a payment plan and whose circumstances change preventing him/her from submitting timely payments, should contact the Billing Department immediately via phone to discuss their options. The contact information is as follows: 301-790-4962 and ask for the Billing Department.

G. Grace Periods

1. Clients who are unable to pay for the full balance of services within a one year period from the Date of Service may be offered a one-time grace period of up to an additional 60 days.

H. Written Appeals

1. Clients who are unable to make required payments after completion of the grace period can submit a Waiver of Fees Application and submit to the agency's Director of Operations. While there are numerous scenarios that may result in a client's inability to pay, the overall criteria that would be considered is whether the services the client is

seeking are essential to maintaining his/her overall health and if inability to access these services would result in an immediate impact upon their health. In addition, unanticipated situations such as a loss of employment and/or housing, or other hardships, including financial hardships, that clients may be facing will be taken into consideration. OHCInc will submit a response to the client within fourteen days indicating the decision and will include a copy of the application, along with notation of whether any balances were waived and the amount, in the client's record.

- i. The Director of Operations contact information is as follows:

OHCInc.

6 West Washington Street, Hagerstown MD 21740

Attn: Director of Operations

I. Refusal to Pay

OHCInc reserves the right to discharge clients who refuse to pay for services, as defined by meeting any of the criteria below:

- i. Not making a payment on their balance within 90 days of the date of service and not responding to OHCInc's requests for communication,
- ii. Refusing requests by OHCInc to meet with a Financial Counselor to discuss and participate in one of the payment options described above; and
- iii. Not having submitted a written appeal to OHCInc to request an extension of 60 days in which they can meet with a Financial Counselor.

If these criteria are met, OHCInc will make at least two documented attempts to contact the client to explain the client's obligations and offer a meeting with either a Financial Counselor or a Billing Department representative. These attempts will be made via telephone and in writing. If OHCInc is unable to reach the client and either encourage them to meet with a financial counselor or make a payment directly, then as an option of last resort, OHCInc will discharge the client and they will no longer be able to receive additional services at OHCInc (except in the case of emergencies) until they are willing to meet the client obligations described herein.

This does not apply to clients who have applied for the Charity Care, whose incomes are below 100% of the Federal Poverty Guidelines and are thus eligible to pay a nominal fee only for services.

J. Payment Types

1. OHCInc accepts payments made by check, money order, paypal, credit card or any other secure digital payment methods.

Attachment D: Charity Care

TITLE: HOME HEALTH AGENCY	PAGE: 1 OF: 1
SUBJECT: CHARITY CARE AND SLIDING FEE SCALE	
DEPARTMENT: ACCOUNTING	
APPROVED BY: OHCInc Board Of Directors	EFFECTIVE DATE:
REVISED DATES:	

PURPOSE

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

POLICY

1. Optimal Health Care, Inc. (OHCInc) will make available to all clients home health care services regardless of race, creed, gender, age, sexual orientation, national origin, or financial status who are uninsured, underinsured, or have experienced a catastrophic event and lack adequate resources to pay for services. If there is no medical insurance for reimbursement, the client (or the client's guarantor) is responsible for payment. However, cases arise whereby the client or guarantor does not have the ability to pay OHCInc for services rendered and may apply for Charity Care, a sliding fee scale or installment payment plans.
2. Printed public notification regarding the OHCInc Charity Care and sliding fee scale policies will be made annually in newspapers in OHCInc service areas. The notification will also be posted in the OHCInc business offices, OHCInc client handbook and OHCInc website.
3. Within two business days following a client's initial request for Charity Care services, application for Medical Assistance, or both, OHCInc shall make a determination of probable eligibility for Medical Assistance, Medicare, Charity Care, and reduced fees, and communicate this probable eligibility determination to the client.
4. Clients who are not eligible for insurance, Medicare, Medical Assistance, reduced fees or Charity Care are expected to pay for OHCInc services. OHCInc accounting practice is described in our "Payment Plan Policy".
5. OHCInc will supply the client and the client's family with the OHCInc Charity Care policy and review the arrangements for payment and/or the provision of Charity Care for services at the initial meeting with the client.
6. OHCInc shall commit to providing 0.5% of the total visits that are completed in the Upper Eastern shore as Charity Care.

DEFINITION

N/A

PROCEDURE

Probable Eligibility Determination Process

1. Either from the referral source or during the first meeting with the client or the client's family (whichever comes first), OHCInc will discuss the family size, insurance status, and income of the

client, which will be used to make a determination of probable eligibility for Medical Assistance, Charity Care and/or reduced fees within two business days.

- a. If the client has applied for Medical Assistance, OHCInc will consider the client to be insured by Medical Assistance, unless a denial is issued.
- b. If the client:
 - i. does not have insurance,
 - ii. is not eligible for Medical Assistance, and
 - iii. does not have the resources to pay based on the information obtained from the referral source or client, the client will be deemed to have probable eligibility for Charity Care and/or reduced fees.
2. Within two business days following a client's initial request for Charity Care services, application for Medical Assistance, or both, OHCInc shall make a determination of probable eligibility for Medical Assistance, Charity Care, or reduced fees, and communicate this probable eligibility determination to the client within that time frame.

Final Eligibility Determination Process

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

CHARITY FINANCIAL HARDSHIP APPLICATION

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

Please describe why charity services should be granted. (to be completed by Client Advocate)

Client Name: _____ DOB: _____ SS# _____
Spouse Name: _____ DOB: _____ SS# _____

MONTHLY INCOME

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

MONTHLY EXPENSES

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

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

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

Total Monthly Expenses: \$

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

Recommendation: _____

Client Advocate Signature: _____ Date: _____

Charity Care AGREEMENT

Client Name: _____ **Discharge Date:** _____

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

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

Client Acknowledgement:

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

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

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

Date of Authorization

Signature of client

Witness/Relationship

Legal Representative if client is unable to sign/relationship to client

If client signs by making an “X”

Witness/Relationship

PUBLIC DISCLOSURE NOTICE OF FINANCIAL ASSISTANCE

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

Attachment G: Discharge Planning

TITLE: Home Health Agency	PAGE: 1 OF: 3
SUBJECT: Discharge Planning Process	
DEPARTMENT: Home Care Division	
APPROVED BY: OHCInc Board Of Directors	EFFECTIVE DATE:
REVISED DATES:	

PURPOSE

To ensure the safety and well being of the client when client is no long receiving services.

POLICY

A discharge plan will be developed and implemented for any client discharged from the care of Optimal Health Care other than through death.

OHCInc will discharge or transfer a client for the following reasons:

1. Client acuity requires a higher level of care than OHCInc can provide, or if CMS states that OHCInc must arrange a safe and appropriate transfer to other care entities
2. The client or payer will no longer pay for services
3. Client goals are met as agreed upon by the physician and agency
4. The client refuses care or requests transfer or discharge
5. The client dies
6. OHCInc ceases to operate
7. The client or people in the client's home demonstrate disruptive, abusive or uncooperative behavior that impedes the delivery of care and treatment

DEFINITION

The process of ending or completing services for a qualified episode of home health care for an individual.

PROCEDURE

Responsibility for discharge planning is delegated to the assigned clinical staff. This planning will begin at the time of admission.

The OHCInc Care Team shall:

- Review client's continuing eligibility for care
- Discuss client's discharge potential based on the initial assessment
- Develop and document plans for continuity of client care after discharge from OHCInc

services

The comprehensive discharge plan shall include the following and be made available to the client or his/her designee and receiving physician:

- A summary of the treatment goals, objectives and current functional level for each client
- The need and recommendations for continued therapy
- The potential for independence in living, learning and/or work activities with consideration of living arrangements, support systems, functional needs and skills, resources, adaptive skills, assistive devices and referrals for continued services
- Educating the client and client family regarding the reason and the need for discharge from the agency, or transfer to another organization within a reasonable time frame prior to the event
- Consulting with client and client family regarding alternatives, if any, prior to transfer

A. Standard Discharge Planning Process

1. The case manager and each discipline involved in the care of the client prepares the client for discharge from the first visit, by working with the client and physician in formulating goals and interventions to meet the goals. The organization of this process is simplified by using an online service management program.
2. The goals are identified at each visit and when the goals are completely achieved, the case manager marks them as met. Goals may be added if needed through the physician's orders. The orders are reviewed before each visit.
3. The client will be informed of when the final visit is planned, as preparation for discharge is discussed throughout the period of care.
4. The physician is notified of the discharge date as well as the client and caregiver. The provider schedules the appropriate visit code on the electronic medical record to complete the discharge visit note.
5. When discharging from all services, the clinician completes a comprehensive discharge assessment with the collection of OASIS data according to CMS guidelines and transmits it to the office within 24 hours. Discharge instructions are reviewed with the client and/or caregiver.
6. Discharge instructions, if applicable, are submitted to the agency no later than 24 hours from the date of discharge and filed into the OHCInc online service management portal.

B. Discharge before end of planned services (early discontinuation of services)

1. In certain instances it may be necessary to discontinue service(s) to a client prior to expected discharge date. To prevent abandonment, the process to end services occurs over an extended period of 2 – 4 weeks. Reasons for early discharge from services are listed under the policy above.
2. The client is always included in the transfer process, with appropriate referrals made with the choice and involvement of the client.
3. Appropriate insurance forms are completed as required.

C. Immediate Discharge Required

If the safety or wellbeing of a health care provider is threatened, immediate discharge is required.

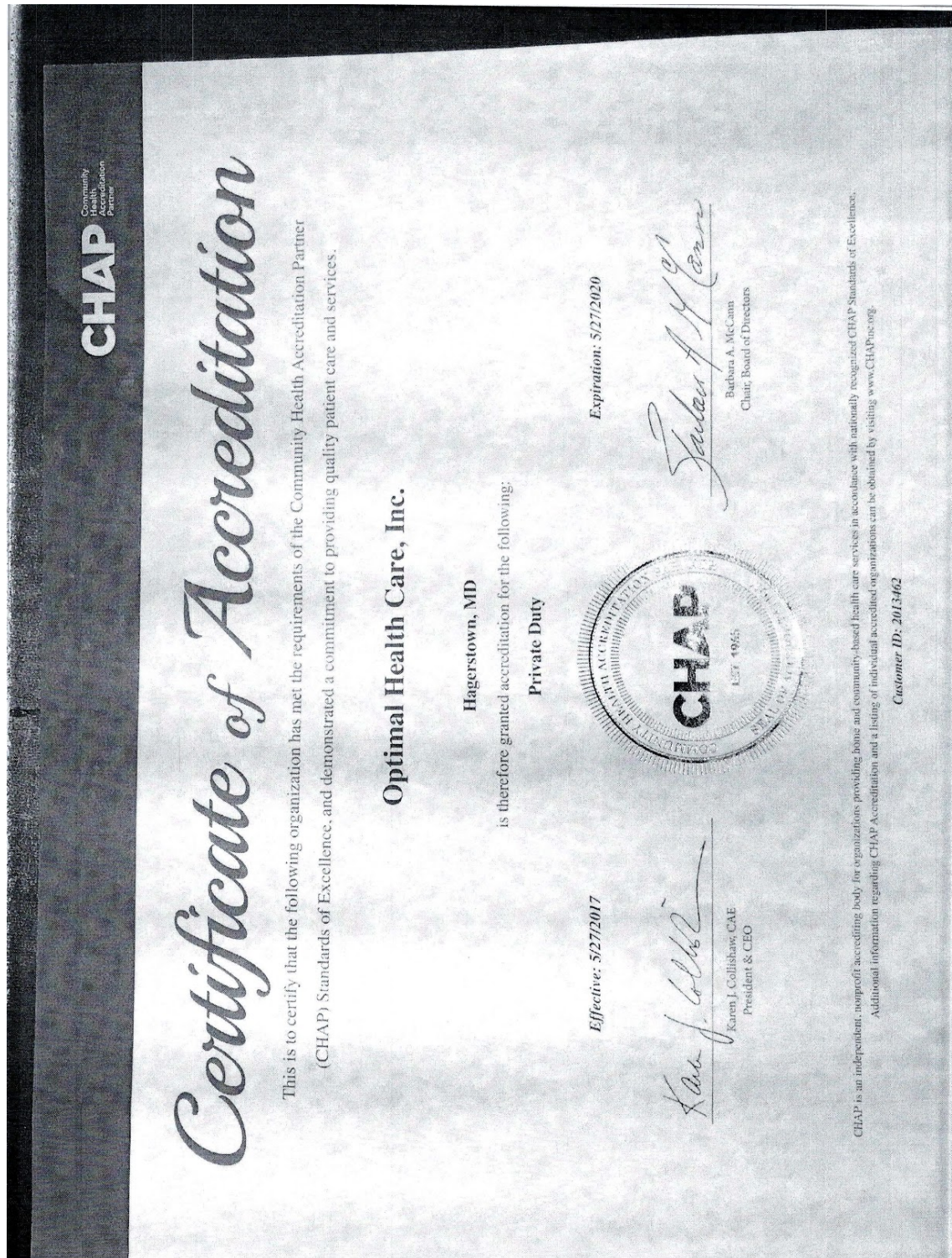
Attachment H: QA Performance Trending Sheets

OPTIMAL HEALTH CARE INC					TRACKING AND TRENDING SHEET 2015												
Performance Measures	Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PFA: Assessment and Care/Service	Patient Assessment and care plan is completed and in the clients home prior to start of care	Nurse QA Report	85% / >95		96	86	95	86	95	86	95	86	95	92	96	95	92
	Orders signed by the physician are returned to the office within ____ 7 ____ days	Nurse QA Report	85% / >95		96	86	95	86	95	86	95	86	95	92	96	95	92
	Response to service on-calls is within ____ 15 ____ minutes	On-call Notes	85% / >95		96	86	95	86	95	86	95	86	95	92	96	95	92
	All clients shall receive a follow-up call per acuity level to check on their health situation and the findings of the call shall be documented on the client chart	Nurse QA Report	85% / >95		96	86	95	86	95	86	95	86	95	92	96	95	92
PFA: Medication Error	A New MAR/ITAR shall be created at the end of each month and sent to the house for use the following month.	Nurse QA Report	85% / >95		96	96	86	86	95	96	86	86	95	92	96	95	92
	All medication error incidents to be reported to the physician immediately the error happens or is noticed	QA Tracking Sheet	85% / >95		96	96	86	86	95	96	86	86	95	92	96	95	92
PFA Patient Falls	A home safety assessment will be done for all client upon admission.	QA Tracking Sheet	85% / >95		96	96	86	86	95	96	86	86	95	92	96	95	92
	Patient Complaint All incident reports must be completed and submitted to the office within 3 days of incident occurrence.	QA Tracking Sheet	85% / >95		92	86	95	96	95	86	95	96	95	92	96	95	93
PFA: Incident Report	Investigation and corrective action must be completed by the supervisor within 7 days of the incident/client complaint.	QA Tracking Sheet	85% / >95		96	86	95	95	92	86	95	95	92	96	96	92	93
	All incident reports/Client complaints will be reviewed by the QA Committee on a monthly basis for trends/problems that can be corrected with an organization wide change.	Committee Meeting Minutes	85% / >95		96	86	95	96	96	86	95	96	96	86	95	95	93
PFA: Infection Control.	CDC hand hygiene guidelines will be adhered to by all staff.	Call-Out Tracking Sheet	85% / >95		96	96	86	96	86	96	86	86	96	95	92	86	91
	All staff shall receive in-services on infection control, bloodborne pathogen and TB exposure, upon hire.	QA Tracking Sheet	85% / >95		96	85	87	86	95	85	87	86	95	92	96	95	90
PFA: Staffing	Overtime due to understaffing.	ContinuLink Report	85% / >95		96	83	87	86	95	83	87	86	95	92	96	95	90
	Understaffing as compared to the staffing plan.	POS Report	85% / >95		96	85	87	86	95	85	87	86	95	92	96	95	90
PFA: Information Management	Staff call in.	Call-Out Tracking Sheet	85% / >95		96	85	87	86	95	85	87	86	95	92	96	95	90
	Accurate bills are submitted by the agency	ISAS	85% / >95		96	96	86	96	86	96	86	86	96	95	92	86	91
PFA: Documentation	Accurate timesheets are submitted by the staff.	Chart Review	85% / >95		96	96	85	96	86	96	85	96	86	96	85	86	89
	All documentation is to be completed the day service is rendered and incorporated into the clinical record within seven (7) days after the care has been provided.	Nurse QA report	85% / >95		96	96	85	96	86	96	85	96	86	96	85	86	89
PFA: Staff Training	Yearly training/in-services shall be organized for staff to evaluate and update their knowledge of procedures, treatments and equipment being used in clients' homes.	QA Tracking Sheet- Chart Review	85% / >95		86	95	92	86	95	95	92	86	95	92	86	95	91
	On the spot training is provided to staff whenever a deficiency in knowledge is noted by the supervisor.	Nurse QA report	85% / >95		96	85	87	86	95	85	87	86	95	92	86	95	89
PFA: Client Survey	Clients shall be surveyed 3 months after admission and yearly thereafter for feedback that can improve client care and organization performance.	Monarch Polling	85% / >95		96	85	87	92	98	85	87	98	96	96	86	98	91

OPTIMAL HEALTH CARE INC																		
TRACKING AND TRENDING SHEET 2017																		
Performance Measures/	Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	
PFA: Assessment and Care Service	Patient Assessment, Para-professional, and/or Plan of Care is completed and in the client's home prior to start of RHA, LPN services	Nurse QA Report New Admissions Tracking Tending NCM Clinical Measures Client Schedule	85% / >95		88	90	95	92	98	96	86	95	92	96	95	94	93	
		Nurse QA Report Tracking Tending Client Chart Reviews Nurse QA Report NCM Clinical Measures	85% / >95		92	93	95	92	98	96	96	86	95	92	96	95	94	94
		Orders signed by the physician are returned to the office within ____ days	85% / >95		100	100	100	92	98	96	96	95	92	96	95	94	95	
		All clients shall receive a follow-up call per study level to check on their health situation and the findings of the call shall be documented on the communication case note	85% / >95		100	100	100	92	98	96	96	95	92	96	95	94	95	
PFA: Medication Error	A new hard copy MAR/TAR shall be created at the end of each month and sent to clients home for use the following month for clients taking oral medications. A copy of the MAR/TAR shall be kept in the office and document in CC note	Nurse QA Report Tracking Tending Client Chart Reviews Nurse QA Report NCM Direct Contact Web Doc CC Note	85% / >95		100	100	100	92	98	96	86	95	92	96	95	94	95	
PFA: Patient Falls	All medication error incidents to be reported to the physician immediately the error happens or when notified of incident.	QA Tracking Sheet Medication Incident New Admissions Consolidated Patient chart	85% / >95		95	96	98	92	98	96	86	95	92	96	95	94	94	
PFA: Incident Report	A home safety assessment will be done for all client upon admission.	QA Tracking Sheet IR/Complaint Form	85% / >95		96	97	100	92	98	96	86	95	92	96	95	94	95	
PFA: Infection Control	Investigation and corrective action must be completed by the end of the month within 7 days of the incident/ complaint	QA Tracking Sheet IR/Complaint Form	85% / >95		94	95	95	94	95	92	96	95	92	96	95	94	94	
PFA: Incident Report Patient Complaint	All incident reports/Client complaints will be reviewed by the QA Committee on a monthly basis for trends/problems that can be corrected with an organization wide change.	Committee meeting Minutes	85% / >95		91	92	100	98	96	86	95	92	96	95	95	94	94	
PFA: Infection Control	All staff shall receive in-services on infection control, bloodborne pathogen, TB exposure, and MDA upon hire	QA Tracking Sheet Employee Chart Review	85% / >95		100	100	100	86	95	92	96	96	95	92	96	95	94	
PFA: Information Management	Overtime due to understaffing for PDN CFC . Understaffing as compared to the staffing plan for PDN/CFC Staff call in. Response to service on-calls is within ____ minutes. Accurate bills are submitted by the agency for PDN/CFC	Continuing Report	85% / >95		96	97	95	95	92	96	96	95	92	96	95	94	94	
		POS Report	85% / >95		97	90	96	92	98	96	86	95	92	96	95	94	95	
		Call-Out Tracking Sheet	85% / >95		83	86	85	92	98	96	96	95	92	96	95	94	92	
		On-call Notes Call in Tracking Trending	85% / >95		84	85	96	92	98	96	96	86	95	92	96	95	94	92
PFA: Information Management	ISAS PNOCFC Chart Review Tracking Tending Client Chart Review Aide Notes Dial N Doc	85% / >95		96	97	100	92	98	96	86	95	92	96	95	94	95		
PFA: Documentation	All documentation is to be completed the day service is rendered and incorporated into the clinical record within seven (7) days after the care has been provided. Yearly training/in-services shall be organized for staff to evaluate and update their knowledge of infection control procedures, treatments and equipment being used in clients' homes. On the spot training is provided to staff whenever a deficiency in knowledge is noted by the supervisor.	Nurse QA report Tracking Tending Client Chart Reviews Consolidated Patient Chart	85% / >95		89	85	89	87	92	98	96	96	90	85	87	94	90	
		QA Tracking Sheet Employee Chart Review Employee Documents Nurse QA report	85% / >95		94	100	100	87	92	98	96	96	90	85	87	94	92	
		NCM Clinical Measures Consolidated Patient Chart	85% / >95		92	93	91	86	95	92	86	95	92	86	95	94	91	
		Month- Pulling	85% / >95		N/A	N/A	100	N/A	N/A	96	N/A	N/A	92	N/A	N/A	N/A	92	95

OPTIMAL HEALTH CARE INC				TRACKING AND TRENDING SHEET 2016													
Performance Measures	Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PFA: Assessment and Care/Service	Patient Assessment and care plan is completed in the clients home prior to start of care	Nurse QA Report	85% / >95														
	Orders signed by the physician are returned to the office within ____ days	Nurse QA Report	85% / >95														
	Response to service on calls is within ____ minutes	On-call Notes	85% / >95														
	All clients shall receive a follow-up call per acuity level to check on their health situation and the findings of the call shall be documented on the client chart	Nurse QA Report	85% / >95														
PFA: Medication Error	A New MARTAR shall be created at the end of each month and sent to the house for use the following month.	Nurse QA Report	85% / >95														
	All medication error incidents to be reported to the physician immediately the error happens or is noticed.	QA Tracking Sheet	85% / >95														
PFA Patient Falls	A home safety assessment will be done for all client upon admission.	QA Tracking Sheet	85% / >95														
	Patient Complaint	QA Tracking Sheet															
PFA: Incident Report	All incident reports must be completed and submitted to the office within 3 days of incident occurrence.		85% / >95														
	Investigation and corrective action must be completed by the supervisor within ____ days of the incident.	QA Tracking Sheet	85% / >95														
	All incident reports/Client complaints will be reviewed by the QA Committee on a monthly basis for trends/problems that can be corrected with an organization wide change.	Committee meeting Minutes	85% / >95														
PFA: Infection Control.	CDC hand hygiene guidelines will be adhered to by all staff.	Call-Out Tracking Sheet	85% / >95														
	All staff shall receive in-services on infection control, bloodborn pathogen and TE exposure, upon hire.	QA Tracking Sheet	85% / >95														
PFA: Staffing	Overtime due to understaffing	Continuum Report	85% / >95														
	Understaffing as compared to the staffing plan.	POS Report	85% / >95														
	Staff call in.	Call-Out Tracking Sheet	85% / >95														
PFA: Information Management	Accurate bills are submitted by the agency	ISAS	85% / >95														
	Accurate timesheets are submitted by the staff.	Chart Review	85% / >95														
PFA: Documentation	All documentation is to be completed the day service is rendered and incorporated into the clinical record within seven (7) days after the care has been provided.	Nurse QA report	85% / >95														
PFA: Staff Training	Yearly trainings/in-services shall be organized for staff to evaluate and update their knowledge of procedures, treatments and equipment being used in clients homes.	QA Tracking Sheet- Chart Review	85% / >95														
	On the spot training is provided to staff whenever a deficiency in knowledge is noted by the supervisor.	Nurse QA report	85% / >95														
PFA: Client Survey	Clients shall be surveyed 3 months after admission and yearly thereafter for feedback that can improve client care and organization performance.	Monarch Polling	85% / >95														

2017





Community Health Accreditation Program, Inc.

has granted accreditation to

Optimal Health Care, Inc.

in recognition of achieving our Standards of Excellence

May 27, 2014 – May 27, 2017

Accreditation Period

Kan. J. G. G. G.

President



Community Health Accreditation Program, Inc.

has granted accreditation to

Optimal Health Care, Inc.

in recognition of achieving our Standards of Excellence

May 27, 2011 – May 26, 2014

Accreditation Period


President

Attachment J: Financial Statement (2017)

Income Statement

Optimal Health Care, Inc 1 January 2017 to 31 December 2017

31 Dec 17

Revenue	
Refunds, Returns, Allowances & Adjustments	(11,455)
Academy Services	
CPR & First Aid - ACADEMY	756
Total Academy Services	756
CCS - Case Management	
Community Coordination, CCS - CASE MANAGEMENT	692,765
Total CCS - Case Management	692,765
DME / DMS Service	
DME/DMS - Durable Medical Equipments/Supplies - DME/DMS	90,221
Total DME / DMS Service	90,221
Fingerprinting Services	
Cumberland - FINGERPRINTING	18,211
Elkridge - FINGERPRINTING	9,296
Frederick - FINGERPRINTING	49,211
Hagerstown - FINGERPRINTING	226,143
McHenry - FINGERPRINTING	1,392
Total Fingerprinting Services	304,252
Home Health Care Services	
HH - Home Health	
CFC & LAH RA, Medicaid PAYMENTS - HOME HEALTH	6,594,209
DDA REM, Medicaid Payment - HOME HEALTH	39,725
Grant Clients - WCCA Inc. Cleaning Clients - HOME HEALTH	13,026
HRST - HOME HEALTH	9,700
Nurse Monitoring - HOME HEALTH	19,019
REM, Medicaid Payment - HOME HEALTH	722,331
Total HH - Home Health	7,398,010
HH - Insurance	
Amerigroup/Availity, Insurance - HOME HEALTH	103
CareScout, Insurance - HOME HEALTH	882
Genworth, Insurance - HOME HEALTH	14,662
Homelink, Insurance - HOME HEALTH	18,922
Maryland Physicians Care, Insurance- HOME HEALTH	8,117
Total HH - Insurance	42,686
HH- Private Pay	
Ann Garrett- Private Pay	5,532
Irene Howell, Private Pay - HOME HEALTH	1,008

Income Statement

	31 Dec 17
Melvin Chrostowski - Private Pay	9,407
Molly Offstein - Private Pay	31,438
Mutual of Omaha Insurance- HOME HEALTH	28,983
Ray of Hope, Private Pay - HOME HEALTH	5,977
Rosalyn Buchanan- Private Pay	1,440
Total HH- Private Pay	83,785
Total Home Health Care Services	7,524,481
Staffing Services	
Easter Seals Adult Day Services - STAFFING	1,029
Frederick Health & Rehabilitation Center - Business Unit #35512 - STAFFING	3,306
Golden Living Frederick - STAFFING	2,307
University of MD Rehab & Orth. - NURSE STAFFING	27,005
Total Staffing Services	33,646
Z - Other Income	
Interest Earned - Other Income	2
Other Income	373
Rebate/Rewards Reimbursements Checks - Other Income	4,726
Uncategorized Income - Mobile & Customer Deposit	87,111
Vendor Refunds - Other Income	713
Total Z - Other Income	92,925
Total Revenue	8,727,591
Less Cost of Sales	
Cost of Fingerprinting Services - MATERIALS & SUPPLIES	176,068
DME Supplies - MATERIALS & SUPPLIES	38,844
Pharmacy Supplies - MATERIALS & SUPPLIES	21
Total Cost of Sales	214,934
Gross Profit	8,512,657
Operating Expenses	
Background Check/Employee Fingerprinting Cost - COMPANY	178
Business Licenses - Form 1120 - TAXES & LICENSES	2,050
Business Tax + Fees/Charges - Form 1120 - TAXES & LICENSES	5,339
Janitorial Material & Supplies - OTHER DEDUCTIONS	1,412
Janitorial Services- OTHER DEDUCTIONS	8,434
Rents (All Offices) - Form 1120	135,526
Payroll Expenses	
Company Payroll Contributions	
401K - John Hancock Retirement Plan - COMPANY	66,291
GBS Clearing House (CareFirst) Medical Insurance - COMPANY	28,795
Payroll Service fee (Intuit Inc.) - COMPANY	2,317
Total Company Payroll Contributions	97,404

Income Statement

	31 Dec 17
Company Payroll Taxes	
Federal Unemployment (FUTA) Deposit - TAX COMPANY	15,799
MD - State Unemployment (SUTA) Insur - TAX COMPANY	59,967
Medicare Expense - TAX COMPANY	97,371
Social Security Liability - TAX COMPANY	412,941
Total Company Payroll Taxes	586,079
Gross Pay & Additions to Net Pay (Incl. Taxes Withholdings & Deductions,)	
Gross Pay/Wages - PAYROLL EXPENSE	6,864,031
Misc Additions (to Employee Net Pay) - TB CATEGORIZED	1,482
Total Gross Pay & Additions to Net Pay (Incl. Taxes Withholdings & Deductions,)	6,865,513
Total Payroll Expenses	7,548,996
Total Operating Expenses	7,701,934
Operating Income / (Loss)	810,723
Other Income and Expense	
(NTE) - Interest & Penalty: Payroll Tax Liability - NON TAXABLE EXPENSE	(1,054)
Advertising	(17,244)
Amazon Office Supplies & Materials	(1,252)
Bank Service / Cash Advance Charges & Fee - OTHER DEDUCTIONS	(3,900)
Charitable Contributions - Form 1120	(10,951)
Client Relations - OTHER DEDUCTIONS	(258)
Computer Software, Parts & Supplies < 1 yrs - OTHER DEDUCTIONS	(15,204)
Continuous Education and Training - OTHER DEDUCTIONS	(14,276)
Contractors & Subcontractor Services - CONTRACTOR EXPENSE	(300)
Customer Relations - OTHER DEDUCTIONS	(1,301)
Dues, Memberships & Subscriptions	(65,738)
Employee Relations - OTHER DEDUCTIONS	(10,929)
Employee Uniforms - OTHER DEDUCTIONS	(3,302)
Laboratory/Drug Test - OTHER DEDUCTIONS	(1,561)
Loan Providers & Broker Charges/Fees - OTHER DEDUCTIONS	(35)
Meals & Entertainment - OTHER DEDUCTIONS	(1,942)
Merchant Charges & Fees - OTHER DEDUCTIONS	(7,441)
Mileage Reimbursement - EXPENSE	(56,139)
Office Supplies- OFFICE EXPENSE - OTHER DEDUCTIONS	(18,903)
Other Expenses/Miscellaneous	(964)
Professional Services - OTHER DEDUCTIONS	(36,414)
Repair and Maintenance - Form 1120	(29,244)
Security & Alarms System - Form 1120, OTHER DEDUCTIONS	(6,056)
Shipping/Postage - OFFICE EXPENSE - OTHER DEDUCTIONS	(3,664)
Shrinkage/Spoilage/Fraudulent Transactions/	(48)
Small Fixtures & Furniture Parts & Supplies < 1 yrs - OTHER DEDUCTIONS	(39)
Small Hardware Tools, Accessories, Parts & Supplies < 1 yrs - OTHER DEDUCTIONS	(4,098)
Small Medical Supplies - OTHER DEDUCTIONS	(2,236)

Income Statement

	31 Dec 17
Staffing Agency Fee	(1,749)
Utility (All Offices) - Form 1120, OTHER DEDUCTIONS	(14,750)
Business Insurance	
Insurance, Bonds (Dishonesty & Surety) - BUSINESS INSURANCE	(704)
Insurance, General Liability - BUSINESS INSURANCE	(6,972)
Insurance, Professional Liability - BUSINESS INSURANCE	(2,323)
Insurance, Worker Compensation - BUSINESS INSURANCE	(416,468)
Total Business Insurance	(426,467)
Cable & Internet, Phone & Mobile Expense	
AT&T, Cell Phone - PHONE/INTERNET/CABLE	(40,336)
Cable, Phone & Internet (All Offices) - PHONE/INTERNET/CABLE	(15,352)
Phone VOIP System, New frontier Co. (HTown) - PHONE/INTERNET/CABLE	(6,350)
Sprint, Cell Phone - PHONE/INTERNET/CABLE	(2,845)
Total Cable & Internet, Phone & Mobile Expense	(64,884)
Interest Expense	
Interest Expense, Credit Cards - Form 1120	(1,126)
Interest Expense, Line of Credit - Form 1120	(4,178)
Interest Expense, Loans / Cash Advance - Form 1120	(94,044)
Total Interest Expense	(99,349)
Travel Expenses	
Car Rentals, TRANSPORTATION - TRAVEL EXPENSE	(18,021)
Flight, TRANSPORTATION - TRAVEL EXPENSE	(8,070)
Gas - TRAVEL EXPENSE	(11,974)
Insurance on Car Rentals/Flights, TRANSPORTATION - TRAVEL EXPENSE	(2,910)
Lodging - TRAVEL EXPENSE	(4,648)
Parking & Toll - TRANSPORTATION TRAVEL EXPENSE	(514)
Per DIEM - TRAVEL EXPENSE	(1,992)
Total Travel Expenses	(48,129)
Total Other Income and Expense	(969,821)
Net Income / (Loss) before Tax	(159,098)
Net Income	(159,098)
Total Comprehensive Income	(159,098)

Attachment K: Balance Sheet (May 2018)

Balance Sheet

Optimal Health Care, Inc As at 31 May 2018

	31 May 2018	31 May 2017
Assets		
Cash and Cash Equivalents		
Capital One Bank 3157/Payroll	58,318	3,360
Capital One Bank 3760/Regular	(310,413)	167,730
Capital One Bank 9140/Savings	100	1,001
PayPal Account	2,570	-
Total Cash and Cash Equivalents	(249,425)	172,091
Current Assets		
Accounts Receivable	208,651	151,990
Control Account	77,036	77,036
Total Current Assets	285,687	229,026
Property, Plant and Equipment		
>>>Less Accum. Depr.: Fingerprinting Machine > Office & Computer Equipments - PROPERTY, PLANT & EQUIPMENT	(17,096)	(17,096)
>>>Less Accum. Depr.: Furniture & Fixtures	(101,526)	(101,526)
>>>Less Accum. Depr.: Office & Computer Equipments	(199,670)	(199,670)
>>>Less Accum. Depr.: Tool & Hardware Equipment	(226)	(226)
Fingerprinting Machine > Office & Computer Equipments - PROPERTY, PLANT & EQUIPMENT	61,653	49,946
Furniture & Fixtures - PROPERTY, PLANT & EQUIPMENT	93,780	92,032
Office & Computer Equipments - PROPERTY, PLANT & EQUIPMENT	181,034	168,445
Small Tools & Hardware and Accessories Equipments - PROPERTY, PLANT & EQUIPMENT	4,687	3,367
Total Property, Plant and Equipment	22,635	(4,729)
Other Non-current Assets		
Cumberland, Security Deposits - LONG TERM ASSET	4,981	700
Easton, Security Deposits - LONG TERM ASSET	1,300	1,300
Elkridge, Security Deposits - LONG TERM ASSET	2,500	2,500
Frederick, Security Deposits - LONG TERM ASSET	1,200	1,200
Hagerstown, Security Deposits - LONG TERM ASSET	700	700
McHenry, Security Deposits - LONG TERM ASSET	650	650
Total Other Non-current Assets	11,331	7,050
Total Assets	70,228	403,438
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable	7,175	-
American Express 42001	35,188	34,901

Balance Sheet

	31 May 2018	31 May 2017
BHG Creditcard - Banker Health	(43,397)	-
Cap.One Visa 0028/9281/1422	16,885	15,942
Capital One LOC - Account 6123	137,870	141,292
Capital One LOC - Account 6123 : INTEREST PAID	11,147	7,219
CapitalOne Visa 1233-8943/5514	10,163	1,124
Contractors & Subcontractor Services - CONTRACTOR LIABILITY	(420)	(420)
Historical Adjustment	(803,809)	(803,809)
Rounding	1	-
Sales Tax	(3,339)	(256)
Payroll Liabilities		
Employee Deductions		
401K - John Hancock, Employee Benefit - EMPLOYEE	(45,910)	(21,668)
AFLAC Insurance Liability - EMPLOYEE	(13,022)	(26,127)
American Heritage/State Farm Insurance	(216)	-
Child Support/Wage Garnishment - EMPLOYEE	(2,584)	(6,390)
Colonial Life Insurance, Employee Benefit - EMPLOYEE	(800)	(1,366)
Deductions from Gross Pay & Net Pay - EMPLOYEE	23,473	54,656
GBS Clearing House (CareFirst) Medical & Vision, Cobra Insurance - EMPLOYEE	(68,393)	(33,607)
Net Pay (Net Payroll Amount) LIABILITY - EMPLOYEE	(1,828,391)	(533,029)
Parking Fee Deduction - EMPLOYEE	-	(100)
UNUM Dental (formerly GBS Clearing House - EMPLOYEE	-	(1,984)
Total Employee Deductions	(1,935,844)	(569,615)
Payroll Taxes Liability - COMPANY & EMPLOYEE		
DE - State Withholding Liability - EMPLOYEE	4	-
Federal 941/944 Liability (Fed. WH, Medicare, Social Security) - COMPANY & EMPLOYEE	920,522	344,420
Federal Unemployment (FUTA) Liability - COMPANY	15,799	7,814
MD - State Unemployment (SUTA) Liability - COMPANY	(21,851)	(8)
MD - State Withholding Liability - EMPLOYEE	(84,243)	(44,432)
PA - State Withholding Liability - EMPLOYEE	(2,170)	-
VA - State Withholding Liability - EMPLOYEE	(1,950)	-
WV - State Withholding Liability - EMPLOYEE	1,228	1,666
Total Payroll Taxes Liability - COMPANY & EMPLOYEE	827,340	309,460
Total Payroll Liabilities	(1,108,503)	(260,155)
Total Current Liabilities	(1,741,039)	(864,162)
Non-Current Liabilities		
BHG (LOAN) - Bankers Health Group - SHORT TERM LOAN	63,219	131,326
Dealstruck - SHORT TERM LOAN	172,466	257,135
Funding Circle/Millennium Trust Company - SHORT TERM LOAN	136,081	284,849
LG Funding - SHORT TERM LOAN	20,096	20,096
Total Non-Current Liabilities	391,862	693,407
Total Liabilities	(1,349,177)	(170,756)

Balance Sheet

	31 May 2018	31 May 2017
Equity		
Current Year Earnings	2,593,118	1,582,093
Dyllis Minang - Stockholder Capital	40,887	44,098
Isidore Mbimakam - Stockholder Capital	104,300	105,000
Jacob Minang - Stockholder Capital	41,995	45,500
Retained Earnings	(1,361,595)	(1,202,497)
Stockholder's Capital: Owner's Investment	700	-
Total Equity	1,419,405	574,194
Total Liabilities and Equity	70,228	403,438

Attachment L: CPA Financial Letter



July 6, 2018

Re: Optimal Health Care, Inc.

To Whom It May Concern:

This letter is to inform its readers that our client, Optimal Health Care, Inc. has engaged us to perform monthly reviews of their financial reports, including their Balance Sheet and Income Statement. As of June 30th, 2018, we have reviewed Optimal Health Care, Inc.'s financial reports and are accurate to the best of our knowledge. Lescault & Walderman, Inc. is an outsourced accounting firm, and therefore cannot provide an independent opinion, conclusion, or any form of assurance on the client's financial statements. We did not perform an audit nor were we required to perform any procedures to verify the accuracy or completeness of information provided by Optimal Health Care, Inc.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

Joseph Frank

Partner of Lescault & Walderman, Inc.

joseph@l-wconsulting.com

(202) 763-2716

10411 MOTOR CITY DRIVE, SUITE 750 BETHESDA, MD 20817
(301) 685 – 3560 MAIN (301) 789 – 2305 FAX
WWW.L-WCONSULTING.COM

Attachment M: OHC Fee Schedule

Addendum 2 OPTIMAL HEALTH CARE INC. 2018 Per Visit Fee Schedule	
Discipline	Per Visit Fee
Skilled Nursing	\$170
Physical Therapy	\$180
Occupational Therapy	\$180
Speech Therapy	\$180
Medical Social Worker	\$165
Laboratory Service	\$180
Drug Services	\$200
Home Health Aide	\$75
Equipment and Supplies (Provision of medically necessary sick room)	1.5 times the MSRP

Attachment N: CHAP Survey Results

Community Health Accreditation Partner

1275 K Street NW, Suite 800 / Washington, DC 20005

P 202.862.3413 / F 202.862.3419

CHAP

July 20, 2017

Mrs. Dyllis Minang
Clinical Director
Optimal Health Care, Inc.
6 West Washington Street, Suite 212
Hagerstown, MD 21740

RE: Customer ID: 2013462
Service: Private Duty

Location and/or Site Accredited:
Optimal Health Care, Inc.
6 West Washington Street, Suite 212
Hagerstown, MD 21740

Site Visit Dates: May 15, 2017 – May 19, 2017
Type of Survey/Site Visit: Re-accreditation
Accreditation Determination: Full Accreditation
CHAP Accreditation Dates: May 27, 2017 – May 27, 2020

Dear Mrs. Minang,

I am pleased to inform you that based on the findings of the site visit conducted May 15, 2017 – May 19, 2017, at the location and service referenced above, your organization is found to be in compliance with the CHAP Standards of Excellence. The CHAP Board of Review (BOR) has granted Full Accreditation to your organization for the term of three (3) years.

The continuation in good standing of this Accreditation is dependent upon your organization paying any and all accreditation and site visit fees in accordance with the terms and conditions of the Accreditation Services Agreement.

Please note that CHAP may conduct surveys less than every three years depending upon any applicable CMS or state regulation and/or the level of any deficiencies cited.

As a CHAP accredited agency, you are required to list our toll free CHAP Hotline telephone number to all of your clients. This hotline receives consumer complaints and questions about CHAP accredited organizations 24 hours a day, seven days a week. **The CHAP Hotline is 1-800-656-9656.**

Thank you for choosing CHAP as your national accreditation partner. Please contact DeShanta Johnson at djohnson@chapinc.org or (202) 862-3413 if you have any questions.

Attachment O: Client Survey Questionnaire and Results Q1-2018

Thank you for choosing OPTIMAL HEALTH CARE INC for your health care needs. To help us better serve you, please take a few minutes to complete this short survey.

1. My caregiver is usually on time, organized and prepared

Press 1 for strongly agree

Press 2 for agree

Press 3 for disagree

Press 4 for strongly disagree

2. My caregiver completes all required tasks

Press 1 for strongly agree

Press 2 for agree

Press 3 for disagree

Press 4 for strongly disagree

3. My nurse care manager is knowledgeable and responsive to my needs

Press 1 for strongly agree

Press 2 for agree

Press 3 for disagree

Press 4 for strongly disagree

4. The Optimal Health Care administrative staff usually handles my inquiries promptly and politely

Press 1 for strongly agree

Press 2 for agree

Press 3 for disagree

Press 4 for strongly disagree

5. Overall, you are happy with the quality of the services you receive

Press 1 for strongly agree

Press 2 for agree

Press 3 for disagree

Press 4 for strongly disagree

6. Optimal Health has an Advisory Board that reviews the quality of our services. Would you like to receive information about the Advisory Board?

Press 1 for yes

Press 2 for no

Thank you for taking the time to complete this survey. Your responses are very important to us.

Survey Results		
Question 1		
(1) Strongly Agree:	66	78.57%
(2) Agree:	15	17.86%
(3) Disagree:	2	2.38%
(4) Strongly Disagree:	1	1.19%
Question 2		
(1) Strongly Agree:	67	81.71%
(2) Agree:	14	17.07%
(3) Disagree:	1	1.22%
Question 3		
(1) Strongly Agree:	49	62.82%
(2) Agree:	27	34.62%
(3) Disagree:	2	2.56%
Question 4		
(1) Strongly Agree:	44	57.89%
(2) Agree:	22	28.95%
(3) Disagree:	9	11.84%
(4) Strongly Disagree:	1	1.32%
Question 5		
(1) Strongly Agree:	48	63.16%
(2) Agree:	22	28.95%
(3) Disagree:	6	7.89%
Question 6		
(1) Yes:	25	33.33%
(2) No:	50	66.67%