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**COMMUNITY HEALTH  
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Ruby Potter  
Health Facilities Coordination Office  
MHCC  
4160 Patterson Avenue  
Baltimore, Maryland 21215  
410-764-3276

January 23, 2019

Dear Ms Ruby,  
Good day. Attached are the responses to the follow up questions to Optimal Health Care's application for the Certification of Need to be a Home Health Agency in the Upper Eastern Shore Region.

We look forward to a positive review of our application.

Sincerely,

Jacob Minang, Ph.D



**MARYLAND HEALTH CARE COMMISSION**

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

January 10, 2019

E-mail and USPS Mail

Jacob Minang, Ph.D.  
Optimal Health Care, Inc.  
6 West Washington Street, Suite 212  
Hagerstown, Maryland 21740

**Re: CON Application to Authorize a  
Residential Service Agency to Provide  
Home Health Services in Upper Eastern  
Shore  
Matter # 18-R1-2426**

Dear Dr. Minang,

Commission staff has reviewed the above referenced application for Certificate of Need (“CON”) approval to authorize the applicant to provide home health services in the jurisdictions of the Upper Eastern Shore Region. Staff found the application incomplete, and accordingly, requests that you provide responses to the following questions:

**Part I: Project Identification and General Information**

**Charity Care and Sliding Fee Scale**

- 1. In the applicant’s answer to question five of the first set of completeness questions, the applicant references that it “provided services to Maryland State Medicaid recipients and clients with private insurance on the Eastern Upper Shore area for the last two years.” Please provide the number of patients that were Medicaid versus private pay for those two years by filling out the chart below.**

**RESPONSE:**

	Year 2016	Year 2017
Medicaid Patients	<b>23</b>	<b>36</b>
Private Pay Patients	<b>3</b>	<b>4</b>
Total Patients	<b>26</b>	<b>40</b>

2. In the applicant's answer to question five of the first set of completeness questions, the applicant also references that "All of our charity care has been in the Western Maryland area where we have operated for more than 8 years." Please provide the proportion of charity care visits versus total visits for the past three years by filling out the chart below.

**RESPONSE:**

	Year 2015	Year 2016	Year 2017
Charity Care Visits	2	3	11
Total Visits	520	1045	2650

3. Please describe in detail a plan for meeting the Charity Care goal that was set forth by the applicant in response to COMAR 10.24.16.08 E. Describe a comprehensive approach to engaging with community-based agencies and other non-hospital providers serving indigent populations in each of the five jurisdictions the applicant proposes to serve and describe the internal processes that will be utilized by the applicant to ensure accountability to this goal.

**RESPONSE:**

As stated in the original submission, Optimal Health Care Inc (OHCInc) is committed to provide a minimum of 0.25% of all visits as **Charity Care** in the Upper Shore Region of Maryland annually. This will be slightly above the average number of charity care visits provided by the ten home health agencies currently serving the Upper Eastern Shore Region as detailed in the latest (2014) Home Health Agency Report (**Chart 1** of initial submission).

The OHCInc **Charity Care Policy** (**Attachment D** of initial submission) and accompanying **Public Disclosure Notice**, details conditions for qualification for charity care, a sliding fee scale, or a time payment plan based on the client's financial resources.

**A COMPREHENSIVE APPROACH TO ENGAGING WITH COMMUNITY-BASED AGENCIES AND OTHER NON-HOSPITAL PROVIDERS SERVING INDIGENT POPULATIONS:**

As a provider of Coordination of Community Services to Individuals with Developmental Disabilities in the Upper Eastern Shore region, Optimal Health Care Inc (OHCInc) Case Management staff have extensive experience working with the low income population in this region. OHCInc staff coordinate services for these individuals, connecting them to other resources in the community that will meet their needs. We have therefore built strong partnerships with other organizations in the Upper Eastern Shore area and are continuing to build new partnerships.

OHCInc has partnered with or is setting up partnerships with the following community-based agencies and non-hospital organizations;

1. **Shore Up:** This agency offers several programs that address the needs of pregnant women, children ages birth to 5, and the parents of these children. They also provide heating assistance and assists eligible individuals and families with paying current and delinquent electric bills,

assists clients with food, housing, medical, financial and other types of crises as well as one-on-one counseling and referrals to other organizations, such as food pantries.

OHCInc currently works with **Shore Up** to coordinate services for individuals with developmental disabilities. Upon approval of the OHCInc Certificate of Need application to provide Home Health services in the Upper Shore region, we will provide information about our Charity Care policy to **Shore Up** so that the people they serve will already have this information before they ever need our Home Health services.

**2. Department of Social Services in upper shore (Adult protective services):** Each of the 5 counties in the Upper Shore area have a county Department of Social Services (DSS) which offer services to adults who lack the mental or physical capacity to sufficiently provide for their daily needs to protect their health, safety, and welfare. DSS also provides professional services to protect the health, safety and welfare of endangered, vulnerable adults.

Our Case Management staff presently coordinate services for individuals with developmental disability who are benefitting from DSS services. We also have caregivers providing personal care services to adults under the community first choice Medicaid program who are also receiving services from the different county DSS. Upon approval of the OHCInc Certificate of Need application to provide Home Health services in the Upper Shore region, we will provide information about our Charity Care policy to each county DSS so that the people they serve will already have this information before they ever need our Home Health services.

**3. DDA Regional Office:** The Eastern Shore DDA regional office administers services and supports to individuals with developmental disability in all nine counties in the Eastern Shore region providing support and resources to help these individuals live fulfilling lives. The DDA regional office assigns individuals seeking DDA services to CCS or Residential DDA providers

The Case Management division of OHCInc receives referrals of individuals with developmental disability from the DDA regional office. Some of the clients referred to OHCInc for DDA services also receive nursing services from the OHCInc home health division. Upon approval of the OHCInc Certificate of Need application to provide Home Health services in the Upper Shore region, we will provide information about our Charity Care policy to the Eastern Shore DDA regional office so that the people they serve will already have this information before they ever need our Home Health services. This information will also be shared by our Case Management staff at transition fairs.

**4. DDA Residential providers:** There are currently 4 DDA residential provider agencies serving the Upper Eastern Shore area. These are: Abilities network, United Needs and Abilities (UNA), Arc of the Central Chesapeake and Maryland Community Connection. These organizations help individuals with developmental disabilities in a number of ways such as residential housing, day programs, job training, coordination of medical care, financial management among others.

Our Case Management staff presently coordinate services for individuals with developmental disability who use different services provided by residential DDA providers. Our marketing staff currently organize transition fairs in collaboration with these residential providers and in some instances at their site. Upon approval of the OHCInc Certificate of Need application to provide

Home Health services in the Upper Shore region, we will provide information about our Charity Care policy to the DDA residential providers so that the people they serve will already have this information before they ever need our Home Health services. This information will also be shared by our Case Management staff at transition fairs.

**5. School System:** There are individuals in the Upper Eastern Shore Public school system that receive different levels of health services during regular school hours. Our Case Management staff coordinate with the school system to prepare the individual Education Plans (IEP) for individuals with developmental disabilities in the school system.

OHCInc nursing staff accompany some young people with complex medical needs receiving services under the Rare and Expensive Case Management (REM) program to school. Upon approval of the OHCInc Certificate of Need application to provide Home Health services in the Upper Shore region, we will provide information about our Charity Care policy to the School system so that students needing home health services will already have this information before they ever need our Home Health services. This information will also be shared with staff and parents of students we already serve in the REM program.

**6. Support planning Agency:** There are 4 support planning agencies that provide case management services for low income Medicaid eligible individuals needing help with their Activities of Daily living (ADL). These are; Bay Area Center for Independent Living, Coordinating Center, Upper Shore Aging, and Beatrice Loving Heart. These agencies serve as referral sources for Medicaid eligible clients needing personal care or different levels of nursing care to the OHCInc residential service division.

Upon approval of the OHCInc Certificate of Need application to provide Home Health services in the Upper Shore region, we will provide information about our Charity Care policy to each of these support planning agencies to provide to clients they serve so that these clients will already have this information before they ever need our Home Health services. This information will also be shared by our nurses during admission of clients referred for personal care or for skilled nursing services.

In addition to sharing our charity care policy with the above listed community-based agencies and others yet to be identified, the company's Charity care policy will be published annually in local newspapers together with advertisement for our other services. Similar notification will also be posted in OHCInc offices, client handbook and the company website. The OHCInc Charity Care policy will be reviewed with and handed to every client and/or his/her family at the initial meeting with the client.

#### **INTERNAL PROCESSES THAT WILL BE UTILIZED BY THE APPLICANT TO ENSURE ACCOUNTABILITY TO THIS GOAL:**

##### **RESPONSE:**

To ensure accountability to our goal of providing at least 0.25% of our visits as charity care annually, we will do the following:

1. Include charity care information in our client handbook
2. Add extra documentation for admitting nurse to note and obtain client or family member signatures confirming that the Charity Care policy was reviewed with them at the time of admission or initial assessment visit.
3. The quality assurance (QA) nurse will perform a quarterly QA review to make sure that:
  - a) All client admission documentation include a signed acknowledgement that information on charity care was reviewed with them.
  - b) all determinations of eligibility for charity care are completed within 2 business days of referral for all clients who applied for charity care in the related quarter.
  - c) all clients found eligible for partial or full charity care had the benefit and were never billed in full for their care.
  - d) the frequency of quality care for the quarter was equal or higher than our goal of 0.25% of all visits.
4. At the beginning of every year, OHCInc will set a Charity Care budget goal for the year. The charity care budget will be broken down into monthly goals. The Director of nursing will be responsible for reporting on the progress of the charitable care goals at the monthly program review meetings.
5. Review, revise and share our updated Charity care policy at least annually taking into consideration our performance on this measure on a quarterly or annual basis.

**END**

Please submit four copies of the responses to the additional information requested in this letter within ten working days of receipt. (Note: extensions are provided routinely and available upon request). Also submit the response electronically, in both Word and PDF format, to Ruby Potter ([ruby.potter@maryland.gov](mailto:ruby.potter@maryland.gov)) and Laura Hare ([laura.hare1@maryland.gov](mailto:laura.hare1@maryland.gov)).

All information supplementing the application must be signed by a person(s) available for cross-examination on the facts set forth in the supplementary information, and who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

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

Sincerely,

Laura Hare  
Health Policy Analyst

Jacob Minang, Ph.D.

January 10, 2019

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cc: Dyllis Minang, Ph.D. Candidate, MSN, Optimal Home Health Care  
Kevin McDonald, Chief of Certificate of Need  
Scott T. LeRoy, Caroline County Health Officer  
Leland Spencer, M.D., Kent County Health Officer  
Joseph Ciotola, M.D., Queen Anne's County Health Officer  
Fredia Wadley, M.D., Talbot County Health Officer  
Linda Cole, Chief of Long Term Care Planning  
Cathy Weiss, Long Term Care Planning