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| **Documentation of Applicant’s Qualifications to Establish a** **Home Health Agency in Maryland**  |
| **Existing Medicare-Certified Home Health Agency Licensed in Another State** |

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identify non-Maryland state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HHA License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medicare certification number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 existing Medicare-certified home health agencies licensed in a state other than Maryland, to assist staff in determining whether a potential applicant meets performance-related requirements that would permit it to file an application that can be accepted by the MHCC under its regulations. An existing Medicare-certified HHA licensed in another state should refer to page 2 in the Guidelines document, which can be found on the Commission’s website at: <https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_homehealth/documents/2022_HHA_Guidelines.pdf> For purposes of the 2022 HHA CON review, the overall star ratings equal to or better than the Maryland state average of 4.0 stars on both the Quality of Patient Care and HHCAHPS**®** overall star ratings are used as the performance level to be achieved for the applicant.

**2. DATA SUBMISSION REQUIREMENTS:** Consistent with COMAR 10.24.16.07C, a non-Maryland HHA applicant that has any common ownership with a Medicare-certified HHA in a state other than Maryland that seeks to establish an HHA in Maryland, must demonstrate that it has achieved the required performance levels, on average, for all the non-Maryland HHAs with which it has any common ownership. A non-Maryland HHA applicant must submit data to the MHCC to document that it has achieved the required performance levels from the October 2020 CMS Home Health Compare data set (which reflects the time period January 1 – December 31, 2019) in order to qualify as an eligible applicant. Please refer to the archived CMS HHA dataset at <https://data.cms.gov/provider-data/topics/home-health-services> then select “get archived data”. The columns are labeled “Quality of Patient Care Star Rating” and “HHCAHPS**®** Survey Summary Star Rating”.

**Complete Tables 1 and 2** to document achievement of the required performance levels for the 2022 HHA CON review. Refer to Appendix B in the Guidelines document for illustration.

**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.

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| The Applicant: | Write response (true, false, or not applicable) |
| (1) Has not had its Medicare or Medicaid payments suspended within the last five years;  |  |
| (2) Has not been convicted of Medicare or Medicaid fraud or abuse within the last ten years;  |  |
| (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;  | (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;  | (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;  | (Provide documentation of accepted plan of correction.) |
| (6) Has complied with all applicable federal and State quality of care reporting requirements and performance standards;  | (Provide documentation) |
| (7) Can document availability of sufficient financial resources to implement the proposed project within the applicable timeframes set forth in the Commission’s performance requirements at COMAR 10.24.01.12; 10.24.16  | (Provide documentation\*) |
| (8) Demonstrates a record of serving all applicable payer types, such as Medicare, Medicaid, private insurance, HMOs, and self-pay patients; and | (Provide documentation of payor mix.) |
| (9) Affirms under penalties of perjury, that within the last ten years, no owner or senior management, or owner or senior management of any related or affiliated entity, has been convicted of a felony or crime or pleaded guilty, nolo contendere, entered a best interest plea of guilty, or received a diversionary disposition regarding a felony or crime. |  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_ |

\*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.

**Data Submission Requirements: Non-Maryland Medicare-certified HHA Applicant that has Common Ownership with Any Non-Maryland Medicare-certified HHA**

**Table 1: HHA Quality of Patient Care (QOPC) Star Rating**

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| **CMS Provider ID** | **HHA Provider Name** | **Overall QOPC Star Rating, October 2020 CMS Data Set** |
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**Table 2: HHA Home Health CAHPS (HHCAHPS®**) **Star Rating**

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| **CMS Provider ID** | **HHA Provider Name** | **Overall HHCAHPS® Summary Patient Star Rating; October 2020 CMS Data Set** |
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