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

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

**Maryland RSA license #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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: https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\_homehealth/documents/2022\_HHA\_Guidelines.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.

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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) 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; | (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.

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

\*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.

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| **Skilled Nursing Services Provided to RSA Clients\*** | **Number of RSA Clients with Skilled Nursing Services by Year** | | |
| **2020** | **2019** | **2018** |
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|  |  |  |  |
| TOTAL number of RSA clients receiving skilled nursing services\* |  |  |  |
| **Number of RSA Clients not receiving skilled nursing services\*\*** |  |  |  |

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

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| --- | --- | --- | --- | --- |
| **Sample Types of Quality Measures\*** | **Measure Type** | **Performance Level Achieved** | | |
| **2020** | **2019** | **2018** |
|  | Outcome |  |  |  |
|  | Outcome |  |  |  |
|  | Outcome |  |  |  |
|  | Process |  |  |  |
|  | Process |  |  |  |
|  | Process |  |  |  |
|  | Experience of Care |  |  |  |

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.