

BAKER DONELSON

100 LIGHT STREET • BALTIMORE, MARYLAND 21202 • 410.685.1120 • bakerdonelson.com

HOWARD L. SOLLINS, SHAREHOLDER

Direct Dial: 410-862-1101

Direct Fax: 443-263-7569

E-Mail Address: hsollins@bakerdonelson.com

June 3, 2022

VIA FEDERAL EXPRESS AND E-MAIL

Jeanne Marie Gawel, Program Manager
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2299

Re: Adventist Home Health Services
Responses to Completeness Questions Dated May 19, 2022

Dear Ms. Gawel:

On behalf of Adventist HealthCare, Inc. d/b/a Adventist Home Health Services, Inc. ("AHHS"), we are hereby submitting the required four (4) copies of our responses to the May 19, 2022 Completeness Questions regarding the above-referenced project. We will also provide Word, Excel and PDF copies of our responses and exhibits as appropriate.

I hereby certify that a copy of this response has also been forwarded to the appropriate local health planning agency, as noted below.

If any further information is needed, please let us know.

Sincerely,



Howard L. Sollins

HLS/lam
Enclosures

Jeanne Marie Gawel, Program Manager
June 3, 2021
Page 2

cc (*via First Class Mail and Email*):

Wynee Hawk, Chief
Certificate of Need Section, MHCC
Andrew Nicklas, Esq, Adventist HealthCare
Marya De La Cruz Sabalbaro, Adventist HealthCare
Linda Beth Berman, Grants Manager
James Forsyth, Esq.
Sue Doyle, RN, Acting Health Officer
Carroll County Health Department
Ms. Ruby Potter
Health Facilities Coordination Office
John J. Eller, Esquire

**Adventist HealthCare Home Health Services
Responses to Certificate of Need Completeness Questions
May 19, 2022**

Populations and Services

1. Please explain why Calvert County shows no data under clients in 2019 on both charts, and if you still serve this county.

Applicant Response:

In 2019 no referrals were made to AHHS from Calvert County, although we continue to be able and willing to serve the county. We are renewing our outreach and marketing efforts; reinvigorating the relationships with referring physicians and hospitals and ensuring our charity care policy is understood.

Financial Accessibility

2. Please provide a copy of your current HHA license and certification.

Applicant Response:

Attached as Exhibit 11 are the current HHA license and certification for Adventist Home Health Services.

Charity Care and Sliding Fee Scale

3. Please provide a copy of the Notice of Charity Care Policy as displayed in your business office.

Applicant Response:

Attached as Exhibit 12 are photographs of the notice of Charity Care displayed in the business offices.

4. Table 5 is referred to in the application but appears to be missing. Please include Table 5.

Applicant Response:

Table 5 is presented below:

Table 5

**Charity Visits, Total Visits, Charity Care Percentage
Home Health Agencies
Carroll County
2019**

Agency	County	Charity Visits	Total Visits	%
Amedisys Home Health (Westminster)	Carroll	0	6,574	0.000%
Bayada Home Health Care	Carroll	0	7,852	0.000%
Community Home Health of Maryland	Carroll	0	1,029	0.000%
Comprehensive Home Health Services	Carroll	0	18	0.000%
Frederick Memorial Hospital (FMH) Home Health Services	Carroll	0	968	0.000%
HomeCall – Westminster	Carroll	0	11,407	0.000%
HomeCare Maryland, LLC	Carroll	4	32,518	0.012%
HomeCentris Home Health II	Carroll	0	91	0.000%
Johns Hopkins Home Health Services, Inc.	Carroll	0	1,070	0.000%
Johns Hopkins Pediatrics at Home, Inc.	Carroll	0	199	0.000%
Kindred at Home	Carroll	0	1,183	0.000%
MedStar Health Visiting Nurse Association – Calverton	Carroll	0	191	0.000%
MedStar Health Visiting Nurse Association-Baltimore	Carroll	0	1,257	0.000%
SpiriTrust Lutheran Home Care & Hospice	Carroll	0	12,938	0.000%
Stella Maris, Inc.	Carroll	0	118	0.000%
Visiting Nurse Association of Maryland, LLC	Carroll	0	4,088	0.000%
Total		4	81,501	0.005%

Source: MHCC Maryland Home Health Agency Annual Survey for Fiscal Year 2019, Tables 16 and 25

5. You reference that in 2019 the current providers in Carroll County were only achieving .005% charity care, please provide your source for that data.

Applicant Response:

With respect to Question 5, regarding the source of the charity care percentage of .005% for Carroll County, the source for Table 6 in the application, which shows Adventist's charity care experience: Maryland Health Care Commission, Maryland Home Health Agency Annual Survey for Fiscal Year 2019, Tables 16 and 25. These are the same sources for the .005% figure for Carroll (Table 16 is total home health visits and Table 25 reflects charity care visits).

Policy Provisions

6. Describe how management monitors agency charity care compliance and progress.

Applicant Response:

Charity expense has its own dedicated line in the AHHS Profit and Loss statement. P&L is monitored 2 times a month in 2 different forums. We compare our actuals to our budget.

7. Please provide a detailed plan of how the agency will achieve and sustain a stated charity care percentage of 0.37% in Carroll County.

Applicant Response:

Adventist Home Health Services will deploy the methodology used for current operations to operations in Carroll County. The 0.37% charity care is consistent with our actual experience. The AHHS intake team and finance leaders set a budget for the year and review and track actuals against this budget monthly. Our care navigation team and business development team ensure that the AHHS charity care policy is known and understood by referral sources and potential clients.

Financial Feasibility

8. Please provide an analysis of AHHS projected HHA visits per client and how it compares to current providers in Carroll County as well as Maryland.

Applicant Response:

Table 2A of the financial schedules in the application indicate that AHHS projects an average of 12 total visits (billable and non-billable) per unduplicated home health patient. As calculated in the table below for 2019, existing Carroll County home health agencies averaged 19.3 visits per client and Maryland's statewide average was 17.8 visits per patient. AHHS projected rate is consistent with its historical experience.

Comparison of Home Health Visits per Client

		Source
AHHS Projected Home Health Visits: 2025	115,877	Application, Table 2A
AHHS Projected Unduplicated Clients: 2025	9,681	Application, Table 2A
AHHS Projected Visits per Client: 2025*	12.0	
2019 Total Home Health Visits by Carroll County Home Health Agencies	81,501	Maryland Home Health Agency Annual Survey for Fiscal Year 2019, Table 14
2019 Unduplicated Clients Served by Carroll County Home Health Agencies	4,224	Maryland Home Health Agency Annual Survey for Fiscal Year 2019, Table 15
2019 Home Health Visits per Client for Existing Carroll County Agencies	19.3	
2019 Total Home Health Visits by Maryland Home Health Agencies	2,193,413	Maryland Home Health Agency Annual Survey for Fiscal Year 2019, Table 14
2019 Unduplicated Clients Served by Maryland Home Health Agencies	123,033	Maryland Home Health Agency Annual Survey for Fiscal Year 2019, Table 15
2019 Home Health Visits per Client for Existing Maryland Agencies	17.8	

*AHHS projects a constant rate of visits per patient during the projection period.

Linkages with Other Service Providers

9. As potentially the main referral source for home health in Carroll County, please describe your plans to build your relationship with Carroll Hospital in order to gain referrals.

Applicant Response:

At AHHS we have a team of Business Development/Clinical Liaisons that visit referral sources outside of AHC and perform in-service presentations and build relationships. Currently, LifeBridge Health (of which Carroll Hospital is a member) has its own HHA (<https://www.lifebridgehealth.org/HomecareMD/HomecareMaryland.aspx>), however, we will plan to meet with the team as we may provide services and assist patients that wish to choose another home health agency. This is similar to our relationships with Frederick Memorial Hospital, Holy Cross, Johns Hopkins and MedStar, each of which has its own home health agencies.

10. Your linkages include nursing homes, CCRCs, hospitals, physician practices, home health and local health departments. Your linkages did not include any mention of hospices, assisted livings, adult day or home delivered meals. Please comment on these and any other initiatives to integrate into the Carroll County healthcare community as well as your time frame for establishing these connections.

Applicant Response:

As noted above in the response to Question 9, AHHS will develop new relationships.

Concerning the other list of potential linkages in the question, some of these are not seen as referral sources, rather services clients may potentially need, such as Hospice, Home delivered meals, etc. AHHS has established relationships with these services in the counties in which we are currently licensed, and we have begun meeting with providers in Carroll County. Once we receive an approval from the MHCC to expand into Carroll County, we will continue these introductory meetings with referral sources and service providers.

Discharge Planning

11. Although you provided a discharge planning policy it did not address the entire standard. Please provide a policy (mentioned Discharge Criteria and Process) that includes the criteria used in your discharge planning process.

Applicant Response:

Attached as Exhibit 13 is AHHS Assessment planning and Coordination: Discharge Criteria and Process, Policy #5.1250.

Availability of Cost-Effective Alternatives

12. Please provide a clear statement of the proposed project objectives.
13. Please list alternative approaches to meeting the project objectives which were considered, their effectiveness and their cost in comparison to the proposed project.

Applicant Response:

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:

AHHS proposes to deliver a comprehensive range of home health services to clients in Carroll County that will result in fewer readmissions to more costly levels of care, better quality of care, and improved client outcomes.

AHHS plans to offer a comprehensive range of home health services in Carroll County, including adult nursing services for patients requiring cardiac care, diabetes management, medication management, oncology care, ostomy nursing, infusion, total parenteral nutrition, wound care, private duty nurses, maternal/child home care and pediatric nursing. AHHS also offers in-home

rehabilitation services including physical therapy, occupational therapy, speech and language therapy. Other services provided by our compassionate care team include chaplaincy services, medical social services, nutritional services, home health aide services and personal care services. As a result of this wide-ranging suite of services, AHHS clients in other jurisdictions have a rehospitalization rate of 14.4% compared with the state average of 15.5% and the national rate of 15.4%. (Source: [Medicare.gov](https://www.medicare.gov)).

Home health services offer a cost-effective alternative to other types of post-acute care settings such as skilled nursing facilities. A study published in *JAMA Internal Medicine* evaluated over 17,000,000 hospitalized Medicare patients who were discharged to either home health or skilled nursing facilities.¹ There was no detectable differences in mortality or functional outcomes within the first 60 days after admission, while total Medicare payments were significantly lower among patients discharged to home health. AHHS services in Carroll County will offer a more cost-effective option compared to inpatient rehabilitation and other forms of care.

Furthermore, AHHS received a 4.5-star quality of patient care star rating from Medicare. This exceeds the 4-star average rating for home health agencies in Maryland and the 3.5-star average for the Nation. (Source: [Medicare.gov](https://www.medicare.gov)). Additionally, AHHS has been designated by the ABILITY[®] Network as a Home Care Elite[®] Agency continuously from 2013 through 2019 (the rating was paused until 2022). AHHS's proven track record as a quality care provider will benefit patients in Carroll County.

Admissions to hospitals and skilled nursing facilities are costly and inconvenient for patients. AHHS will provide a quality, lower cost, and convenient option for patients in Carroll County.

Viability

14. In your response you discuss the staffing strain caused by COVID and how it has impacted your ability to staff (reflected in your increased use of contractual staff shown in your revenue and expense Table 3)- how has the current use of contractual staff impacted the delivery of care?

Applicant Response:

AHHS is proud to have a stable workforce and does not employ contract nurses. Currently the only contractual staff being used are those covering for physical therapy staff who are on temporary leave, such as for parental leave. The use of contractual staff ensures AHHS is able to accommodate the demand for services.

¹ Rachel M. Werner, MD, PhD; Norma B. Coe, PhD; Mingyu Qi, MS; R. Tamara Konetzka, PhD, "Patient Outcomes After Hospital Discharge to Home With Home Health Care vs to a Skilled Nursing Facility," *JAMA Intern Med.* 2019;179(5):617-623.

15. Since the proposed project only requires an increase of slightly over 1 FTE for all disciplines combined do you plan on hiring additional staff or increasing the caseloads of current staff? If using current staff, please comment on staff's willingness to travel to Carroll County.

Applicant Response:

We have discussed with our staff the potential of expanding into Carroll County. Current team members have expressed their willingness to be assigned to Carroll County when we are approved. Several team members live close to Carroll County and we intend to hire future team members from Carroll County. Different from many other HHAs, AHHS reimburses team members for mileage and provides incentive bonus pay for working outside of their assigned areas.

Table 1 Budget

16. Under Financing Cost and Other Cash Requirements, please specify what falls under line c2 "other".

Applicant Response:

The "other" costs are start-up costs including: Marketing, Collateral, Advertising, Community events. These are our standard first year launch expenses

Table 2A Statistical Projections

17. Is the data in the historic and projected tables FY or CY data?

Applicant Response:

AHHS uses a Calendar Year.

Table G Staffing Information

18. How does your agency calculate FTE need? (If based on caseload provide a typical caseload for each FTE).

Applicant Response:

A typical FTE can complete an average of 5-6 visits per clinical day. We know each admission requires between 10-14 visits. With these numbers, we forecast our FTE needs based on forecasted admissions.

List of Exhibits

- 11 Adventist Home Health Services License
 CMS Certification Letter for AHHS

- 12 Notice of Charity Care Policy in Business Offices
 Silver Spring Main Office
 Silver Spring (close up)
 Rockville Branch Office
 Fort Washington Branch Office

- 13 AHHS Assessment Planning and Coordination: Discharge Criteria and Process, Policy
 #5.1250.

- 14 Affirmations

Exhibit 11

Adventist Home Health Services License
CMS Certification Letter for AHHS

Exhibit 11 A



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

7120 SAMUEL MORSE DRIVE
SECOND FLOOR
COLUMBIA, MARYLAND 21046

License No. HH7032

Issued to: Adventist Home Health Services
12041 Bournefield Way Suite B
Silver Spring, MD 20904

Type of Facility or Community Program:
HOME HEALTH AGENCY

Date Issued: July 1, 2018

Services Provided: SKILLED NURSING, HOME HEALTH AIDES, PHYSICAL &
OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY, MEDICAL SOCIAL
SERVICES AND INFUSION SERVICES

Area(s) Served: ANNE ARUNDEL, CALVERT, CHARLES, FREDERICK,
HOWARD, MONTGOMERY, PRINCE GEORGE'S, and ST. MARY'S COUNTIES

Expiration: **NON-EXPIRING**

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19, Subtitle 4 Annotated Code of Maryland, including all applicable rules and regulations promulgated there under. This document is not transferable.

Patricia Tonko May, MD

Executive Director

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

Exhibit 11 B

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3499



Northeast Consortium/ Division of Survey & Certification

May 28, 2009

Keith Ballenger, Administrator
Adventist Home Health Services
12041 Bournefield Waysuite B
Silver Spring, MD 20904

Dear Mr. Ballenger:

Re: CMS Certification Number: 217032

This letter will serve to verify that the Adventist Home Health Services is presently approved (certified) in the Medicare program, and has been so continuously since January 3, 1974.

Sincerely,

Monica Cramer
Health Insurance Specialist
Certification and Enforcement Branch

Exhibit 12

Notice of Charity Care Policy in Business Offices

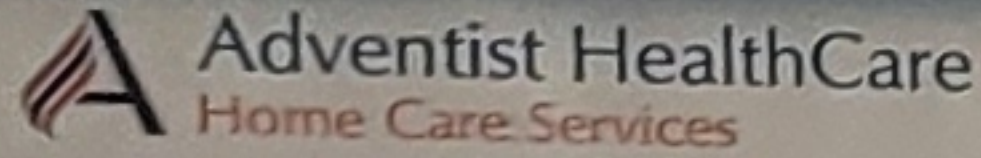
Silver Spring Main Office

Silver Spring Main Office Close-up

Rockville Branch Office

Fort Washington Branch Office

Exhibit 12 A




PUBLIC DISCLOSURE OF FINANCIAL ASSISTANCE

Adventist Home Health, Inc. ("AHH") will make available to all patients home health care 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 patient (or the patient's guarantor, if any) is responsible for payments. However, if the patient or guarantor does not have the ability to pay AHH 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 ("Medicaid") or both.

AVISO PÚBLICO DE ASISTENCIA FINANCIERA

Adventist Home Health, Inc. ("AHH") pondrá a disposición de todos los pacientes atención médica domiciliar independiente de su raza, credo, sexo, edad, orientación sexual, nacionalidad o estatus financiero, para quienes no estén asegurados, no tengan seguro suficiente o hayan experimentado una catástrofe evento y carezcan de los recursos adecuados para pagar los servicios. En caso de no poder seguir médico, el paciente (o el garante del paciente) es responsable de los pagos. Sin embargo, si el paciente o el garante no tienen la capacidad de pagar a AHH por los servicios, pueden solicitar la asistencia de caridad, según una escala de tarifas, o alcanzar un plan de pago a tiempo definido. La elegibilidad de la aplicación se decidirá dentro de los dos días hábiles posteriores a la solicitud inicial de estos servicios o una solicitud de Asistencia Médica ("Medicaid").



STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY
SPRING-GROVE CENTER
BLAND BRYANT BUILDING
15 WAGE AVENUE
CATONSVILLE, MARYLAND 21228

License No.: HC0000011

Issued to: Adventist Home Healthcare
13041 Riverfield Way Suite B
Silver Spring, MD 20914

Type of License Issued:
HEALTH CARE STAFF AGENCY

Date Issued: July 1, 2014


Expiration: NON-EXPIRING

Provides for:
HEALTH CARE STAFF FACILITIES

The licensee is prohibited from accepting any fee, gift, kickback, or other financial interest from any source for the provision of services, and is prohibited from accepting any fee, gift, kickback, or other financial interest from any source for the provision of services.

Robert Thomas May, III
Executive Director

Publication of a license shall ensure the licensee is covered protection and the integrity of the law.



STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY
SPRING-GROVE CENTER
BLAND BRYANT BUILDING
15 WAGE AVENUE
CATONSVILLE, MARYLAND 21228

License No.: HC00011021

Issued to: Adventist Home Healthcare Inc.
13041 Riverfield Way Suite B
Silver Spring, MD 20914

Type of License Issued:
HEALTH CARE STAFF AGENCY

Date Issued: July 1, 2014

Expiration: NON-EXPIRING

The licensee is prohibited from accepting any fee, gift, kickback, or other financial interest from any source for the provision of services, and is prohibited from accepting any fee, gift, kickback, or other financial interest from any source for the provision of services.

Robert Thomas May, III
Executive Director

Publication of a license shall ensure the licensee is covered protection and the integrity of the law.



Certificate of Accreditation

This is to certify that the following organization has met the requirements of the CHAP Accreditation Program.

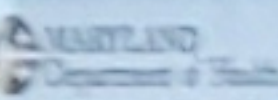
Adventist Home Health Services, Inc.

Silver Spring, MD

License No.: HC00011021

John P. [Signature]
CHAP Accredited

Marissa [Signature]
Adventist Home Health Services, Inc.



MARYLAND
Department of Health

License No.: HC00011021

Issued to: Adventist Home Healthcare Inc.
13041 Riverfield Way Suite B
Silver Spring, MD 20914

Type of License Issued:
HEALTH CARE STAFF AGENCY

Date Issued: July 1, 2014

Expiration: NON-EXPIRING

The licensee is prohibited from accepting any fee, gift, kickback, or other financial interest from any source for the provision of services, and is prohibited from accepting any fee, gift, kickback, or other financial interest from any source for the provision of services.

Robert Thomas May, III
Executive Director

Publication of a license shall ensure the licensee is covered protection and the integrity of the law.

Exhibit 12 B



PUBLIC DISCLOSURE OF FINANCIAL ASSISTANCE

Adventist Home Health, Inc. ("AHH") will make available to all patients home health care 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 patient (or the patient's guarantor, if any) is responsible for payments. However, if the patient or guarantor does not have the ability to pay AHH 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 ("Medicaid") or both.

AVISO PÚBLICO DE ASISTENCIA FINANCIERA

Adventist Home Health, Inc. ("AHH") pondrá a disposición de todos los pacientes atención médica domiciliaria independientemente de su raza, credo, sexo, edad, orientación sexual, nacionalidad o estados financieros, para quienes no estén asegurados, no tengan seguro suficiente o hayan experimentado una catástrofe evento y carecen de los recursos adecuados para pagar los servicios. En caso de no poseer seguro médico, el paciente (o el garante del paciente) es responsable de los pagos. Sin embargo, si el paciente o el garante no tienen la capacidad de pagar a AHH por los servicios, pueden solicitar la atención de caridad, según una escala de tarifas, o alcanzar un plan de pago a tiempo definido. La elegibilidad de la aplicación se decidirá dentro de los dos días hábiles posteriores a la solicitud inicial de estos servicios o una solicitud de Asistencia Médica ("Medicaid").

Exhibit 12 C



PUBLIC DISCLOSURE OF FINANCIAL ASSISTANCE

Adventist Home Health, Inc. ("AHH") will make available to all patients home health care 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 patient (or the patient's guarantor, if any) is responsible for payments. However, if the patient or guarantor does not have the ability to pay AHH 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 (Medicaid) or both.

AVISO PÚBLICO DE ASISTENCIA FINANCIERA

Adventist Home Health, Inc. ("AHH") pondrá a disposición de todos los pacientes atención médica domiciliaria independientemente de su raza, credo, sexo, edad, orientación sexual, nacionalidad o estados financieros, para quienes no estén asegurados, no tengan seguro suficiente o hayan experimentado una catástrofe evento y carecen de los recursos adecuados para pagar los servicios. En caso de no poseer seguro médico, el paciente (o el garante del paciente) es responsable de los pagos. Sin embargo, si el paciente o el garante no tienen la capacidad de pagar a AHH por los servicios, pueden solicitar la atención de caridad, según una escala de tarifas, o alcanzar un plan de pago a tiempo definido. La elegibilidad de la aplicación se decidirá dentro de los dos días hábiles posteriores a la solicitud inicial de estos servicios o una solicitud de Asistencia Médica ("Medicaid").

Exhibit 12 D



PUBLIC DISCLOSURE OF FINANCIAL ASSISTANCE

Adventist Home Health, Inc. ("AHH") will make available to all patients home health care 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 patient (or the patient's guarantor, if any) is responsible for payments. However, if the patient or guarantor does not have the ability to pay AHH 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 ("Medicaid") or both.

AVISO PÚBLICO DE ASISTENCIA FINANCIERA

Adventist Home Health, Inc. ("AHH") pondrá a disposición de todos los pacientes atención médica domiciliaria independientemente de su raza, credo, sexo, edad, orientación sexual, nacionalidad o estados financieros, para quienes no estén asegurados, no tengan seguro suficiente o hayan experimentado una catástrofe evento y carecen de los recursos adecuados para pagar los servicios. En caso de no poseer seguro médico, el paciente (o el garante del paciente) es responsable de los pagos. Sin embargo, si el paciente o el garante no tienen la capacidad de pagar a AHH por los servicios, pueden solicitar la atención de caridad, según una escala de tarifas, o alcanzar un plan de pago a tiempo definido. La elegibilidad de la aplicación se decidirá dentro de los dos días hábiles posteriores a la solicitud inicial de estos servicios o una solicitud de Asistencia Médica ("Medicaid").

Exhibit 13

**AHHS Assessment Planning and Coordination: Discharge
Criteria and Process, Polity #5.1250**

**ADVENTIST HOME HEALTH
ASSESSMENT PLANNING AND COORDINATION**

Effective Date: 05/01
Comments: HH:2-053
Reviewed: 09/19, 09/20, 12/21
Revised: 05/02, 08/04, 04/05, 06/07, 06/11, 01/19, 3/22

Policy No.: 5.1250
Section:
Approval:

DISCHARGE CRITERIA AND PROCESS

PURPOSE

To outline the process for a discharging a patient from service.

POLICY

When the patient's plan of care changes and this change results in discharge or reduction of services, the patient or his/her representative, as well as his/her primary physician, will be notified and involved in planning decisions.

A discharge summary will be completed and filed in the clinical record. (See "[Discharge Summary](#)" Policy No. 5.1302.)

Definitions

1. *Termination/Discharge*: Discontinuance of all organization services by the organization.
2. *Reduction of Services*: A change in the patient's service plan in which one (1) or more existing services are discontinued.

Discharge/Reduction of Services Criteria

1. Services will be terminated when the patient meets one (1) or more of the discharge criteria:
 - A. A change in the patient's medical or treatment program that requires a change to a different level of care.
 - B. A change in the patient's condition requires care or services other than that provided by the organization. If the patient's acuity requires another level of care that the organization cannot provide, the organization shall arrange for a safe and appropriate transfer to another organization that can provide the needed level of care.
 - C. If appropriate, the physician and the organization agree that the goals of home care have been attained or are no longer attainable.
 - D. The patient or family/caregiver refuses, discontinues care, or elects to transfer to another organization.
 - E. The patient or family/caregiver refuses to cooperate in attaining the objectives of home

Policy No. 5.1250 Discharge Criteria and Process

care.

- F. Conditions in the home are no longer safe for the patient or organization personnel.
- G. The patient and/or family display disruptive, abusive, and uncooperative behavior, which may include but is not limited to illegal activity in the home, staff subjected to sexual harassment, verbal abuse, or racial discrimination when providing services.
- H. Family/caregiver has been prepared and is capable of assuming responsibility for care.
- I. The patient moves from the geographic area served by the organization.
- J. The patient's physician (or other authorized independent practitioner) has failed to renew orders, or the patient has changed physicians and orders cannot be obtained from the new physician to support patient's needs.
- K. The physician gives orders that are not consistent with the stated diagnosis as required by law and fails to give the needed orders when requested by the organization.
- L. If the physician face-to-face encounter was not completed prior to the initial certification, the patient or family/caregiver refuses to obtain a physician face-to-face visit within 30 days of start of care.
- M. The patient or payor will no longer pay for services provided by the organization.
- N. The agency lacks the resources to meet the patient's needs, including the ability to provide appropriate staffing.
- O. The organization is closing out a particular service or all of its services.
- P. The patient expires.

PROCEDURE

1. When timing allows, the organization will verbally notify the patient of the decision to terminate or reduce services within one (1) visit prior to the time the change in service is to occur (i.e., prior to the last scheduled visit).
2. Prior notice will not be necessary when services are discontinued by the patient or physician; however, action taken must be documented in the clinical record and a discharge summary completed.
3. An update to the comprehensive assessment, including required OASIS data elements, will be completed, as required by regulation.
4. For a patient requiring continuing care, assistance will be given to the patient and

Policy No. 5.1250 Discharge Criteria and Process

family/caregiver in order to manage continuing care needs after the organization services are discontinued.

- A. Discharge planning will identify needs the patient may have.
 - B. Arrangements for such services will be coordinated by the organization when applicable.
5. The decision to terminate or reduce services must be documented in the clinical record citing the circumstances and notification to the patient, the responsible family/caregiver or representative, and the patient's physician. Efforts to resolve problems prior to discharge will also be documented in the patient's record. The patient will be provided contact information for other home health agencies and providers if continued care is needed. The Team Supervisor or designee is accountable for the decision and the required documentation. If the decision to terminate services is due to the patient's behavior, the behavior of other persons in the patient's home, or situation, the clinical record must reflect the following:
- A. Identification of the problems encountered
 - B. Assessment of the situation
 - C. Communication with organization management and the physician responsible for the plan of care
 - D. A plan to resolve the issues
 - E. Results of the plan implementation
6. Each clinician making the final visit for his/her discipline will complete the sections of the discharge notice for discontinuing a discipline. (See "[Discharge Summary](#)" Policy No. 5.1302.)
7. A discharge summary will be completed for all discharged patients. A copy will be mailed to the primary physician. (See "[Discharge Summary](#)" Policy No. 5.1302.)
8. DISCHARGE FOR CAUSE: If the patient is being discharged for cause, the physician(s) issuing orders for the plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge will be notified. For Medicare and Medicare HMO patients, when timing is possible, the organization will issue a Notice of Medicare Non-coverage (NOMNC) at least 48 hours prior to termination.
9. The clinician will update the comprehensive assessment, including required OASIS data elements, as required by regulation.
10. All discharges will be transmitted within 48-hours of the notification of discharge. This will include the discharge summary, plan of care, and medication profile.

Exhibit 14

Affirmations

Adventist Home Health Services

Carroll County CON

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.

Signature

Name Marya de la Cruz Sabalbaro

Title Administrator
Adventist HealthCare Home Health Services

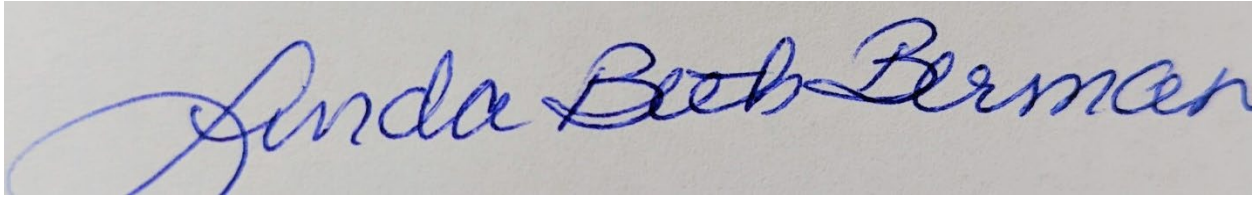
Date

5/31/2022

Adventist Home Health Services

Carroll County CON

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.



Signature

Name Linda Beth Berman

Title Certificate of Need Consultant
Adventist HealthCare

Date May 31, 2022

Adventist Home Health Services

Carroll County CON

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.

Signature

Name Susan Savery

Title AVP, of Finance
Adventist HealthCare Post-Acute Services



Date 5/31/2022