



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 wynne.hawk1@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):
Elizabeth Cooney Home Care, Inc.

Address:
1107 Kenilworth Drive Towson 21204 MD Baltimore County
Street City Zip State County
410.608.7966

Telephone: _____ Elizabeth Weglein, CEO

Name of Owner/Chief Executive: _____

2. Name of Owner_ Elizabeth Weglein, Jeffrey Weglein_____

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.

3. FACILITY

Name of HHA provider: _____

Address:

Street City Zip County

Name of Owner (if differs from applicant): _____

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

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
 - B. Corporation
 - (1) Non-profit
 - (2) For-profit
 - (3) Close State & Date of Incorporation MD 4/2008
 - C. Partnership
 - General
 - Limited
 - Limited Liability Partnership
 - Limited Liability Limited Partnership
 - Other (Specify): _____
 - D. Limited Liability Company _____
 - E. Other (Specify): _____
- To be formed:
- Existing:

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

A. Lead or primary contact:

Name and Title: Elizabeth Weglein, CEO

Mailing Address: _____

1107 Kenilworth Drive	Towson	21204	MD
Street	City	Zip	State

Telephone: 410.608.7966

E-mail Address (required): ew@elizabethcooneyagency.com

Fax: 410.377.4722

B. Additional or alternate contact:

Jeffrey Weglein

Mailing Address: _____

1107 Kenilworth Drive	Towson	21204	MD
Street	City	Zip	State

Telephone: 410.323.1700
E-mail Address (required): jw@elizabethcooneyagency.com
Fax:
410.3774722

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.) Residential Services Agencies X _____

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	x	x
Home Health Aide	x	
Occupational Therapy		
Speech, Language Therapy		
Physical Therapy		
Medical Social Services		

* 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	1107 Kenilworth Drive	Towson	Baltimore County	Maryland	21204	410.323.1700
Existing Subunit Offices						
Existing Branch Offices						
Locations of Proposed HHA Main Office						
Locations of Proposed HHA Subunit Office						
Locations of Proposed Branch Office						

10. Project Implementation Target Dates

- A. Licensure: 18_____months from CON approval date.
- B. Medicare Certification _18_____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.

Elizabeth Cooney Home Care, Inc.

Elizabeth Cooney Home Care, Inc. is formally submitting our ‘Submission for Qualifications for the Lower Eastern Shore’ including Dorchester County, Wicomico County, Worcester County and Somerset County for the purposes of obtaining authorization for a Certificate of Need Home Health Care Services that services Conditions of Participation for the CMS Medicare and Medicaid programs.

Project Medicare and Medicaid CON Home Health Services for the Lower Eastern Shore servicing Dorchester County, Wicomico County, Worcester County, Somerset County for the purposes of providing skilled nursing care services.

Elizabeth Cooney Home Care Inc., ECHC, currently is licensed as a Residential Services Agencies, Level Three providing skilled nursing services and certified nursing assistant care to individual in their homes. Projection: ECHC would be providing similar skilled nursing services under this Certificate of Need Medicare and Medicaid Home Health Services.

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:

State of Maryland: Dorchester County, Wicomico County, Worcester County, Somerset County
Skilled Nursing Services

- (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.

Application Response:

Agency Description

Elizabeth Cooney Care Network originally was founded in 1957 as the Elizabeth Cooney Personnel Agency, Inc.; now celebrating our 65th year in business. Over the many decades, Elizabeth Cooney Care Network has expanded our flexible clinical and personal support services system to service a variety of payor programs, including but not limited to, federal, state, county, municipalities and local governments, PACE, MDH Medicaid waivers & DDA, Veterans, long term care insurers, commercial HMO, MCO, PPO, MA, WCC payers, hospital systems, facilities and more with a wide array of caregiver services.

Elizabeth Cooney is the nation's oldest full-service home care company to offer full lifespan caregiving clinical and non-clinical services with 24-hour live services for care to infants, individuals with special needs and disabilities to aging individuals.

Elizabeth Cooney Care Network's individual affiliates include Elizabeth Cooney Home Care, Inc., RSA, NSA; Elizabeth Cooney Personnel Agency, Inc., NRSA, NSA; Elizabeth Cooney Personal Care, LLC, RSA; Elizabeth Cooney Human Operations, Inc., Family Management Services, Inc., FMS.

Each affiliate operates within their own scope, licensure and separate payor mixes. The member affiliates have the capacity and mutual agreements to support each other's core services. Elizabeth Cooney Home Care, Inc. utilizes the Elizabeth Cooney Human Operations, Inc. as its pay master for payroll purposes and Family Management Services, Inc. for fiscal intermediary activities under separate contractual agreements.

Elizabeth Cooney Home Care, Inc., ECHC, was developed and designed to meet the special needs of third-party health care payers' systems, their requirements and clinical services. ECHC is a separate incorporated entity established in 2008. ECHC is an affiliate member of the Elizabeth Cooney Care Network. ECHC is a woman minority enterprise, owned and operated business.

ECHC is licensed by the Maryland Department of Health Office of Health Care Quality as a **Residential Services Agency level three** for skilled nursing care and aide services, bonded, insured, **Joint Commission Accredited**.

Elizabeth Cooney Home Care, Inc.'s primary office is located at 1107 Kenilworth Drive, Towson, Maryland 21204. Elizabeth Cooney has been serving the four counties, Dorchester County, Wicomico County, Worcester County, Somerset County for the past ten years. Our Lower Eastern Shore leadership team is located on the Lower Shore. Our Lower Shore Human Resource Manager is located in Ocean Pines, Maryland, Worcester County. Our Lower Shore Clinical RN Director is located in Salisbury, Maryland, Wicomico County. Our subunit is located in Worcester County, Teal Drive, Ocean City, Maryland 21842.

ECHC is projecting an expansion need to add additional space and administrative staff after the first year of the CON HHA operation. Currently, our field staff has been successful in providing care services managed from our central office located in Towson, Maryland. For the past 14 years, we have utilized a web-based software, MatrixCare, for our software system to access our core services via personal computer, tablets and smart phone app. MatrixCare software is designed for Home Health Medicare and Medicaid skilled nursing care, payor and data collection management. This virtual connection was essential during the pandemic. We never closed our office and operations during 2020, 2021, 2022 COVID-19 crisis periods.

ECHC is open 24/7 live services to accept referrals and emergency responses care services. Our offices are maintained open for in person operations Monday- Friday from 9am-5pm.

Note: We understand, if awarded the Certificate of Need, we will then immediately submit our application for licensure with CMS for our Medicare Home Health Agency licensure as a provider for Medicare Home Health Services program to serve the Medicare and Medicaid federal programs. We recognized within COMAR 10.24.16 that our services would need to start services within 18 months of the CON award and pending the CMS licensure award. Two moving parts will direct our timelines for initiating new Medicare and Medicaid HHA services and future needs for additional office space on the Lower Shore. We plan to wait for the CMS licensure award prior to beginning operations in serving the jurisdictions.

Community Leadership

We take our leadership very seriously. Our CEO has been appointed by eight Governors to leadership roles promoting our advocacy for accessible and affordable care services and to protect vulnerable and aging individuals. For over ten years our CEO, Elizabeth Weglein served as Governor Appointed Chair to the Governor's Maryland Caregivers Support Coordinating Council, "Caregiver's Council" which oversees and promotes all family and non-family caregiving and care services for federal, state, counties and for-profit & non-profits programs. The "Caregiver's Council" completed an extensive landmark statewide caregiver survey and study.

Also, Elizabeth was elected to the board, Maryland Respite Care Coalition which develops respite programs and helps to ensure funding for respite care services across the state. She has served a national president and regional president of the (MNCHA) home care industry trade associations advocating for strong legislation, regulation and quality controls for home health care. Elizabeth is currently appointed to the Maryland Department of Health Community Options Advisory Council which oversees the Community First Choice caregiving delivery programs for Maryland Medicaid Waiver.

She helped to create legislation & COMAR for the Certified Nursing Assistant Program with Donna Dorsey, RN ED, Maryland Board of Nursing. She was appointed to the Maryland Board of Nursing for over 28 years of service.

These unique leadership roles allow ECHC to perform care services in innovative and progressive methods. Our knowledge to and from these groups are extremely beneficial to our clients and to our own dynamic care programs. These relationships allow us to partner with large and small non-profits and for-profit entities focusing on caregiving for grant research and innovative services. Our strong partnerships are vital to facilitate quality programs and capacity. Community Partnerships can assist in delivering a robust workforce and clinical care. We have unique access to Lower Eastern Shore Health Care Community through our current regional services and professional & personal involvement.

Our company was also honored to win the **National Award for Excellence** from the national Private Care Association. The oldest and leading industry trade association which promotes best practices and advocacy for person centered care systems. Our CEO was recognized by *SmartCEO* Magazine with the Brava Award for her extraordinary leadership and two-time award winner for The Daily Record Top 100 Women.

Goals

Our goal is to provide the highest level of professional and caring services and supports available to individuals in need to fully participate in all aspects of community life based on the principles on which the agency was founded - **Trust, Integrity, Excellence,** and *Clinical Direction*. Quality services assist individuals to remain safely in their homes; be an integral part of their communities; and prevent hospitalizations, re-hospitalizations and institutional placement. Patients and families need to have control over their services in balance with their individualized preferences and payer driven & clinical parameters.

Initial Implementation Plan

If we are considered for the expansion of the Certificate of Need for the Lower Eastern Shore, our entire Team will go into training for the specific parameters of the Home Health Care Services for CMS

Medicare and Medicaid requirements to ensure the needs of the required responsibilities are met and adhered to at all times. Our leadership will be leading the training and implementation of the requirements. ECHC's home care team has extensive knowledge of caregiver services and government contractual requirements.

Our Human Resources will coordinate the clinical caregiving staff and ensure their understanding and arrange their interaction with our Director of Nursing. This will include face to face training and online electronic trainings of the staff and their duties. Billing Specialists will review their requirements for the proper invoicing of the Medicare as per the federal requirements and timeliness. Outside subject matter consultants and trainers will be utilized for specific domains, including but not limited to, clinical services, billing, data collection and reporting per CMS rules.

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:

Locations:

Dorchester County, Wicomico County, Worcester County, Somerset County:

Projected populations to be served based on FY 2019 Utilization Tables 1-25 MHCC:

Age Bands -individuals age 45-64 years, ***highlighted utilization over 65-74 years, 75-84 years, 85 years plus years for the greatest service needs and utilization.***

Skilled Nursing Care services.

ECHC Additional Capacity: infants/children 1-15 years, adults 15-45 years old.

Dorchester County, Wicomico County, Worcester County, Somerset County

Note: See Grid (below Services) for Populations Projection based on MHCC 2019 Utilization Figures- Age, Number of Clients and Number of Visits per Agency, Tables 1-25, Total of 29, 653 HH Lower Shore Visits

Services: Skilled Nursing Services

Services to be performed by skilled clinical teams, including but not limited to:

Clinical Grouping reported principal diagnosis:

Musculoskeletal System & Rehabilitation

Connective Tissue Signs and Symptoms

Neuro/stroke Rehabilitation

Injuries & Poisonings

Wounds; Medication Management

Teaching, and Assessment

Surgical Aftercare

Cardiac Systems Diseases

Circulatory System Diseases
 Endocrine, Nutritional & Metabolic Diseases
 Immunity Disorders
 Gastrointestinal Tract and Genitourinary System, Digestive Systems Diseases
 Skin & Subcutaneous Tissue Diseases
 Perinatal Conditions
 Diabetes Mellitus Disease
 Infectious & Parasite Disease including COVID19
 Neoplasms
 Blood and Blood-forming Organ Diseases
 Respiratory System Disease
 Behavioral Health and Mental Health
 Ill Defined Conditions
 Complex Nursing Interventions
 Comorbidity secondary diagnoses

Source: Populations Projections Based on 2019 Utilization Figures, Tables 1-25, MHCC

Geographic Region/ Jurisdiction of Client's Residence	1-4 yrs.	15-24 yrs.	25-44 yrs.	45-64 yrs.	65-74 yrs.	75-84 yrs.	85+ yrs.	Unknown	Total
Eastern Shore Percentage by Age									
Dorchester County	0.00%	0.00%	0.00%	0.22%	0.75%	1.04%	0.77%	0.67%	0.76%
Somerset County	0.00%	0.00%	0.00%	0.69%	0.87%	0.96%	0.59%	0.37%	0.32%
Wicomico County	0.00%	0.00%	0.00%	0.00%	0.53%	0.77%	0.71%	1.24%	1.31%
Worcester County	0.00%	0.00%	0.00%	4.82%	2.46%	1.55%	1.67%	1.59%	1.39%

Eastern Shore Number of Clients									
Dorchester County	0	0	0	2	30	212	243	265	
Somerset County	0	0	0	1	31	157	168	142	
Wicomico County	0	0	0	21	124	643	712	815	
Worcester County	0	0	0	11	51	346	503	615	

Dorchester County Visits Per Agency									
Amedisys Home Health (Salisbury)	0	0	0	0	81	774	1,623	2,311	2,508
HomeCall – Easton	0	0	0	5	168	1,381	771	644	906
Shore Home Care	0	0	0	10	189	1,398	1,367	1,243	1,234
Visiting Nurse Association of Maryland, LLC	0	0	0	0	4	218	106	77	37
TOTAL	0	0	0	15	442	3,771	3,867	4,275	4,685

Somerset County Visits Per Agency									
Amedisys Home Health (Salisbury)	0	0	0	0	35	683	795	1,301	751
Encompass Home Health of Maryland	0	0	0	0	0	185	478	601	413

Peninsula Home Care	0	0	0	47	477	2,629	1,672	472	781
TOTAL	0	0	0	47	512	3,497	2,945	2,374	1,945

Wicomico County

Amedisys Home Health (Salisbury)	0	0	0	0	91	744	3,298	5,659	5,266
Encompass Home Health of Maryland	0	0	0	0	255	714	2,407	4,894	4,791
HomeCall – Easton	0	0	0	38	258	931	1,009	469	286
Peninsula Home Care	0	0	0	435	3,187	10,620	7,910	7,883	4,196
TOTAL	0	0	0	473	3,791	13,009	14,624	18,905	14,539

Worcester County

Amedisys Home Health (Salisbury)	0	0	0	16	301	1,834	3,770	4,862	5,355
Encompass Home Health of Maryland	0	0	0	0	0	107	1,058	1,517	1,131
HomeCall – Easton	0	0	0	14	19	550	385	254	223
Peninsula Home Care	0	0	0	298	1,128	3,122	3,186	3,467	1,830
TOTAL	0	0	0	328	1,448	5,613	8,399	10,100	8,539

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:

Elizabeth Cooney Home Care, Inc. agrees to become licensed as a Maryland Medicare Home Health Agency under the Certificate of Need Program, Maryland Department of Health and to become certified in the Medicare and Medicaid CMS programs.

Elizabeth Cooney Home Care, Inc. consents to accepting clients whose expected primary source of payment is either CMS Conditions of Participation for Medicare and/or Medicaid programs.

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
- (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:

New Home Health Agency Applicant.

See Attachment 1: HH Financial Assistance, Payment Plans, Sliding Scales, Charity Care

Citation:

Financial Assistance Payment Plan, Sliding Scales, Charity Care Policy D. 2. l, j, k:

i. Once a patient is approved, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months.

J. Once a patient is approved if any balance remains after the financial assistance allowance is applied, the patient will be offered a payment plan that is customized to the individual patient ability to pay or if eligible, be considered for Charity Care funds.

k. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended. Payment Plans are monthly or every other month financial plans. Payment Plans can be customized by ECHC to meet the individual income needs, monthly, bi-monthly or quarterly payment schedules to be paid by check, money order, VEMO, credit card.

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

1. Determination of Eligibility for Charity Care

Applicant Response:

See Attachment 1: HH Financial Assistance, Payment Plans, Sliding Scales, Charity Care pages 55-62

See Attachment 2: Maryland Uniform Financial Assistance Application, page 63

Citation Noted:

D. Determination of Eligibility for Financial Assistance which includes, Payments Plans, Sliding Scale, Charity Care

The following two-step process shall be followed when a patient or a patient's representative requests or applies for Financial Assistance:

- 1. Step One: Determination of Probable Eligibility for Financial Assistance, Payment Plans, Sliding Scale or Charity Care

a. Within TWO BUSINESS DAYS following the initial request for Financial Assistance

Application, ECHC will:

(1) make a determination of probable eligibility and (2) communicate the determination to the patient and/or the patient's representative. In order to make the determination of probable eligibility, the patient or his/her representative must provide information about Family size, insurance and income. The determination of probable eligibility will be made based solely on this information. There is no guarantee that an application is accepted and affirms eligibility. ECHC has the right to decline an application based on false information provided by patient. Each application is reviewed within two business days of a patient's initial request for probable assistance and will be evaluated on patient submitted individual information as noted in (2) Step Two.

2. Step Two: Final Determination of Eligibility within TWO BUSINESS DAYS

a. Following a determination of probable eligibility **within TWO Business DAYS**. ECHC makes a final determination of eligibility for Financial Assistance based on income, Family size and available resources **WITHIN TWO Business DAYS**. All insurance benefits must be exhausted. All available financial resources shall be evaluated in making the final determination of eligibility. This includes resources of other persons and entities who have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy. Patients with an active travel visa may be asked for additional information regarding residence and available financial resources to determine eligibility.

meet the eligibility requirements. While a patient's application for Medical Assistance is pending, the patient may be deemed to be covered by Medical Assistance and will not be required to complete the Maryland Uniform Financial Assistance Application. If the patient's application for Medical Assistance is denied, the patient will then be required to complete the Maryland Uniform Financial Assistance Application.

b.-p. Step Two Process within Two Business Days

2. Notice of Charity Care and Sliding Fee Scale Policies

Applicant Response:

Noted for existing agencies.

ECHC Not Applicable per instructions.

3. Discounted Care Based on a Sliding Fee Scale and Time Payment Plan Policy

Applicant Response:

See Attachments 1 HH Financial Assistance, Payment Plans, Sliding Scales, Charity Care Policy, pages 55-62

See attachment 2: Maryland Uniform Financial Assistance Application, Page 63

Citation Noted:

HH Financial Assistance, Payment Plans, Sliding Scales, Charity Care Policy

D. Determination of Eligibility for Financial Assistance which includes, Payments Plans, Sliding Scale, Charity Care

The following two-step process shall be followed when a patient or a patient's representative requests or applies for Financial Assistance:

1. Step One: Determination of Probable Eligibility for Financial Assistance, Payment Plans, Sliding Scale or Charity Care

a. Within TWO BUSINESS days following the initial request for Financial Assistance Application, ECHC will:

(1) make a determination of probable eligibility and (2) communicate the determination to the patient and/or the patient's representative. In order to make the determination of probable eligibility, the patient or his/her representative must provide information about Family size, insurance and income. The determination of probable eligibility will be made based solely on this information. There is no guarantee that an application is accepted and affirms eligibility. ECHC has the right to decline an application based on false information provided by patient. Each application is reviewed within two business days of a patient's initial request for probable assistance and will be evaluated on patient submitted individual information as noted in (2) Step Two.

2. Step Two: Final Determination of Eligibility within TWO Business DAYS

a. Following a determination of probable eligibility within TWO DAYS. ECHC makes a final determination of eligibility for Financial Assistance based on income, Family size and available resources WITHIN TWO DAYS. All insurance benefits must be exhausted. All available financial resources shall be evaluated in making the final determination of eligibility. This includes resources of other persons and entities who have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy. Patients with an active travel visa may be asked for additional information regarding residence and available financial resources to determine eligibility.

b. Except as provided otherwise in this policy, the patient is required to complete the following: (a) the Maryland Uniform Financial Assistance Application. (b) ECHC Patient Profile Questionnaire. Patient shall also provide a Medical Assistance Notice of Determination (if applicable), reasonable proof of other declared expenses, supporting documentation, and if unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance or a statement from current source of financial support.

c. The patient/guarantor shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor.

Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return I 040 and Schedule C must be submitted. Examples of income sources:

- i. Income from wages
- ii. Retirement/Pension Benefits
- iii. Income or benefits from self-employment
- iv. Alimony
- v. Child support
- vi. Military Family allotments
- vii. Public assistance

vm. Pension

1x. Social security

x. Strike benefits

x1. Unemployment compensation

xii. Workers' compensation

x111. Veteran's benefits

xiv. Other sources, such as income and dividends, interest or rental property income.

d. An applicant who may qualify for insurance coverage through a Qualified Health Plan or may qualify for Medical Assistance will be required to apply for a Qualified Health Plan or Medical Assistance and cooperate fully, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. While a patient's application for Medical Assistance is pending, the patient may be deemed to be covered by Medical Assistance and will not be required to complete the Maryland Uniform Financial Assistance Application. If the patient's application for Medical Assistance is denied, the patient will then be required to complete the Maryland Uniform Financial Assistance Application.

e. ECHC will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.

i. Patients will be eligible for Financial Assistance if their maximum Family (husband and wife, same-sex married couples) income (as defined by Medicaid regulations) level does not exceed the income standard per level (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their ECHC bills.

ii. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.

iii. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (35%-75%) adjustment to their ECHC accounts. Adjustments will be made as follows:

Household income up to 200% of FPL 100% Adjustment

Household income between 201% & 250% of FPL 75% Adjustment

Household income between 251 % & 300% of FPL 50% Adjustment

Household income between 301% & 400% of FPL 35% Adjustment

f. Patients who have already qualified for Financial Assistance within the past six months of the new date of services to be rendered under this policy are not required to re-apply and are deemed eligible.

g. The patient/guarantor shall be informed in writing of the final determination of eligibility for Financial Assistance along with a brief explanation and the patient/guarantor shall be informed of the right to appeal any final eligibility decision regarding financial assistance. Appeals are not a guarantee of a different determination and outcome. The Health Education and Advocacy Unit of the Maryland Insurance Administration is available to assist the patient/guarantor or the patient's authorized representative in filing and mediating an appeal. The written determination letter shall contain the address, phone number, facsimile number, e-mail address, mailing address and website of the Health Education Advocacy Unit.

1. Health Advocacy Unit

200 St. Paul Street

Baltimore, MD 21202

h. All information obtained from patients and Family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications using HIPAA forms.

i. Once a patient is approved, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months.

J. Once a patient is approved if any balance remains after the financial assistance allowance is applied, the patient will be offered a payment plan that is customized to the individual patient ability to pay or if eligible, be considered for Charity Care funds.

k. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended. Payment Plans are monthly or every other month financial plans. Payment Plans can be customized by ECHC to meet the individual income needs, monthly, bi-monthly or quarterly payment schedules to be paid by check, money order, VEMO, credit card.

- l. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the ECHC Billing and recommendations shall be made to Financial Assistance Evaluation Committee. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services and for their overall personal health.
- m. Patients who receive coverage on a Qualified Health Plan and ask for help with out-of-pocket expenses (copayments and deductibles) for medical costs resulting from Medically Necessary Care shall be required to submit a Financial Assistance Application.
- n. If a patient account has been assigned to a collection agency, and patient or guarantor request financial assistance or appears to qualify for financial assistance, the collection agency shall notify ECHC Billing Management and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to ECHC Billing Management for review and determination and shall place the account on hold for 45 days pending further instructions.
- o. Services provided to patients registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing) do not qualify for Financial Assistance.
- p. The ECHC Management or designee may make exceptions according to individual circumstances.

E. Presumptive Financial Assistance Eligibility for Sliding Scale, Charity Care

- 1. Some patients are presumed to be eligible for financial assistance Sliding Scale fee discounts on the basis of individual life circumstances. Patients who are beneficiaries/recipients of *the* following means-tested social services programs may be deemed eligible for 'free' Charity Care upon completion of a financial assistance application, and proof of enrollment within 30 days (30 additional days permitted if requested):
 - a. Households with children in the free or reduced meal program
 - b. Supplemental Nutritional Assistance Program (SNAP)
 - c. Low-income-household energy assistance program
 - d. Women, Infants and Children (WIC)
 - e. Other means-tested social services programs may be deemed eligible for *free* care under Charity Care policies by the Maryland Department of Health and the Health Services Cost Review Commission (HSCRC), consistent with COMAR 10.24.16
- 2. Presumptive eligibility for financial assistance will be granted under the following circumstances without the completion of a financial assistance application but with proof or verification of the situation described:
 - a. A patient with Active Medical Assistance Pharmacy coverage
 - b. QMB coverage/SLMB coverage
 - c. Maryland Public Health System Emergency Petition patients
 - d. A patient that is deceased with no estate on file
 - e. A patient that is deemed homeless
 - f. A patient that presents a sliding fee scale or financial assistance approval from a Federally Qualified Health Center or City or County Health Department
 - g. Medical Assistance and Medicaid Managed Care patients for services provided beyond the coverage of these programs
- 3. Presumptive eligibility for Financial Assistance is only granted for current services and past accounts-it does not extend to future services.
- 4. ECHC will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
 - a. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
 - b. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care Charity Care (a 100% adjustment) or reduced-cost care Sliding Scale (35%-75%) adjustment to their ECHC accounts.**

Adjustments will be made as follows:

- i. Household income up to 200% of FPL I 00% Adjustment**
- ii. Household income between 201 % & 250% of FPL 75% Adjustment**
- iii. Household income between 251 % & 300% of FPL 50% Adjustment**
- iv. Household income between 301 % & 400% of FPL 35% Adjustment**

F. Medical Financial Hardship Assistance- Sliding Scale, Charity Care

1. Medical Financial Hardship Assistance consideration may be available for patients who are eligible for Financial Assistance but have been deemed to have incurred a Medical Financial Hardship. ECHC will provide reduced cost Medically Necessary Care to patients with Family income above 400% of FPL but below 500% of the Federal Poverty Level.

2. A Medical Financial Hardship means Medical Debt for Medically Necessary Care incurred by a Family over a 12-month period that exceeds 25% of Family income. Medical Debt is defined as out-of-pocket expenses for medical costs for Medically Necessary Care billed by a ECHC as well as those provided by other non-related health care providers, the out-of-pocket expenses mentioned above do not include co-payments, co-insurance and deductibles, unless the patient is below 200% of Federal Poverty Guidelines. Patients with household income up to 500% of FPL and with a financial hardship will receive a 25% adjustment.

3. Factors considered in granting Medical Financial Hardship Assistance:

- a. Medical Debt incurred over the twelve (12) months preceding the date of *the* Financial Hardship Assistance Application at ECHC.
- b. Liquid Assets (leaving a residual of \$10,000)
- c. Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
- d. Supporting Documentation.

4. Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following (6) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at the ECHC under this policy for six (6) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to Elective Admissions or Elective or non-approved CMS care services. However, the patient or the patient's Immediate Family member residing in the same household must notify the ECHC of their eligibility for the reduced cost Medically Necessary Care at admission.

5. If patient is approved for a percentage allowance due to Medical Financial Hardship it is recommended that the patient make a good-faith payment at the beginning of the Medical Financial Hardship Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income guidelines ECHC shall make a payment plan available to the patient.

6. Any payment plan developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.

7. For those patients who are eligible for reduced cost Sliding Scale care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, ECHC shall apply the reduction in charges that is most favorable to the patient.

4. Policy Provisions

Applicant Response:

New Home Health Agency Applicant.

See Attachments:

- 1. ECHC Operations Policy: HHA Financial Assistance, Payment Plan, Sliding Scale, Charity Care
- 2. Maryland Uniform Financial Assistance Application
- 3. ECHC Proposed HH Budget Projections

Charity Care:

Based on FY 2019 MHCC Data

Charity Costs Estimate: \$15,101.30

Estimated 1.75% Charity Care/Revenue is line itemized in our proposed budget based on the following data points:

Table 25: Charity Care Clients and Charity Care Visits by Jurisdiction

Synopsis- based on ONLY HHA that rendered Charity Care services:

Dorchester County

HomeCall Easton 1 Client 2 visits

Wicomico County

HomeCall Easton 1 Client 3 Visits

Peninsula Regional HH 15 Clients 55 Visits

Worcester County

HomeCall Easton 1 Client 14 Visits

Peninsula Regional HH 1 Client 14 Visits

Somerset County

Peninsula Regional HH 1 Client 12 Visits

TOTAL: FY 2019 100 Visits Charity Care

Note: Four Home Health Agencies did not provide Charity Care in FY 2019.

Table 23: Table Number of Home Health Agency Visits by Jurisdiction and Demographics

Connections in Jurisdiction to Achieve Goals:

ECHC is partnered with MAC, Inc., Salisbury; Lower Shore Vulnerable Populations Task Force; Salisbury; United Way Lower Shore’s non-profit network for potential Charity Care referrals.

ECHC also has other non-profit networks to achieve the Charity Care goal projection. Our CEO was the Chair of the Maryland Caregivers Coordinating Council for over ten years developing relationships and support systems for caregivers and persons at risk. ECHC understands and agrees to the commitment to Charity Care in this program.

A. Financial Feasibility

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;

- (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
- (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.

1. Utilizations Projections

Applicant Response:

Based on MHCC FY 2019 Utilization Tables 1-25, the highest concentration of utilization of visits was seen in Wicomico and Worcester County. Both counties show the highest over 50 population utilization.

In addition, both counties also demonstrate an increasing population flux of persons over 50 years old per the US Census 2020 in this jurisdiction. This population sector is expected to grow at a rapid pace through 2030 per Maryland Census projections. Also, the FY 2019 Maryland State Pension data shows the greatest concentration of state retirees in Wicomico and Worcester Counties. This, too, is trending upwards. The local board of elections details the most recent count in 2021 shows an increasing voter registration of new persons over 50 years in Wicomico and Worcester Counties.

In addition, Maryland AARP reports in 2019, Atlantic General Hospital, Berlin, Worcester County as having the highest emergency room visits and discharges of persons over 65 years plus in the state.

The Maryland State Plan FY 2021 for the Maryland Department of Aging demonstrates an increasing demographic of persons over 65 years old in this jurisdiction. MAC, Inc., who serves as the AAA for the four jurisdiction counties, has been leveraging this strong increase of persons over 65 years old with federal, state, Robert Wood Johnson Foundation grant awards to innovate serving this growing demographic. The jurisdiction needs more HH providers and services to care for the current and anticipated growth. The internal MHCC Utilization Tables and external entities all demonstrate need for more options to support the Dorchester County, Wicomico County, Worcester County and Somerset County citizens. The demonstration of charity care alone shows the capacity and need exists. Skilled nursing care greatest utilization was person over 65 years plus to end of life. The latest utilization Tables 1-25 FY 2019 demonstrate the need for services increasing year over year from FY 2018, FY 2017.

With the clear trends showing an increasing demographic of individuals over 50 plus persons in this jurisdiction, the anticipated need for skilled nursing care should offset any significant

impact on the current Home Health Agencies. We recognize the commitment of the current providers in these jurisdictions and their desire to provide care services. We believe we welcome the opportunity to join them in their efforts to provide quality, timely, and vital care through the Medicare and Medicaid Home Health programs. We believe capacity exists today and is growing rapidly over the next ten years.

2. Projected revenue estimates

Applicant Response:

See Attachment 3: ECHC Proposed HH Budget Projections- Flash Drive
New Applicant status.

3. Staffing and overall expense projections

Applicant Response:

See Attachment 3: ECHC Proposed HH Budget Projections- Flash Drive

ECHC staffing projections are based on the utilization Tables 1-25, MHCC FY 2019. Currently, ECHC has a team of skilled nurses serving the Lower Shore Jurisdiction. We are fortunate to have strong relationships with our past employees, who are willing and able to return to service and a wait list of (15 plus) potential nurses to vet and onboard. We also have relationships with Wicomico Community College Allied Health Department and the DSS Workplace Vocational Center in Salisbury for potential referrals for work. Our nurses live on the tip of Crisfield, Somerset County, to Cambridge, Dorchester County to over the state lines in Delaware and Virginia. A wide breath of nurses. We anticipate from past experience; we will be drawing from our resources and relationships for future recruiting needs.

In reviewing the MHCC Utilization Tables for staffing, our capacity meets the FY 2019 HH capacity trends. We can expand as needed for future projections.

Our Human Resources Department are experienced in creating recruiting campaigns through social media, print, mailing and in person contacts. Currently, we have been tracking nurses in the jurisdiction for over ten years targeting a warm pool of potential nurses to join us as we grow this program. Our budget reflects the expenses estimated for any recruiting required.

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:

ECHC has been providing care services in the four counties, Dorchester County, Wicomico County, Worcester County, Somerset County before 2000. The past ten years serving citizens

under state contract in all four counties. Our existing presence in the region has not affected the current providers delivering Home Health Services. Since we have been providing similar services, we estimate that our impact will be minimal on setting utilization since we have our own established networks.

ECHC's staffing projections are noted in F. Financial Feasibility.

During the pandemic, Maryland home care agencies experienced 87% turnover rate. Our retention turnover rate during this same period is 7%; including death, retirement, and moving of state. This stable workforce correlates with a lower impact on existing HH agencies. We are not reaching into their pool of qualified candidates.

All five existing HH agencies are large systems. One is a hospital-based organization in Salisbury, Wicomico County. One is a non-profit affiliated with a CON Hospice and hospital-based system located in Easton, Talbot County. The other three HH are national agencies with national capabilities. All five have ample ties to the community, strong assets and recruiting from within their organizations. Each of the national entities have outside stock market investors and partnerships to leverage to maintain and grow their programs on the Lower Eastern Shore. Each entity has national and regional human resource workforce recruiting experience to achieve their goals of service and expertise.

ECHC is not a national or publicly traded company. We were founded in Maryland 65 years ago.

If approved, ECHC would be the only minority women business entity, WBE, owned and operated company that is also based in Maryland servicing the Lower Eastern Shore.

ECHC anticipates that we will have a minimal impact on the visit utilization based on MHCC projections for opening the Certificate of Need for the Lower Shore Jurisdiction.

Somerset County has lowest income per capita in the State based on Comptroller Tax Revenues FY 2019. We were concerned to see the utilization of Charity Care in FY 2019 (FY 2019 MHCC Utilization Tables 1-25) with one patient using 12 visits in all of 2019. We believe the need exists for more Charity Care and this program has not yet been fully realized. Capacity exists.

As noted previously in our utilization projections, the highest concentration of utilization of visits was seen in Wicomico and Worcester County. Both counties show the highest over 50 population per the US Census 2020 in this jurisdiction. This population sector is expected to grow at a rapid pace through 2030 per Maryland Census projections. Also, the Maryland State Pension data shows the greatest concentration of state retirees in Wicomico and Worcester Counties. This, too, is trending upwards. The local board of elections details the most recent count in 2021 shows an increasing voter registration of persons over 50 years in Wicomico and Worcester Counties. In addition, Maryland AARP reports in 2019, Atlantic General Hospital, Berlin, Worcester County as having the highest emergency room visits and discharges of persons over 65 years plus in the state.

With the clear trends showing an increasing demographic of individuals over 50 plus, the anticipated need for skilled nursing care should offset any significant impact on the current

Home Health Agencies. We recognize the commitment of the current providers in these jurisdictions and their desire to provide care services. We believe we welcome the opportunity to join them in their efforts to provide quality, timely, and vital care through the Medicare and Medicaid Home Health programs. We believe capacity exists today and is growing rapidly over the next ten years.

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 Attachment 4: ECHC Financial Solvency, page 65

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.
- (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:

ECHC is a NEW HH Applicant. Not applicable.

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:

See Attachment 5: ECHC HH Discharge Planning Policy, page 66-72 – plus addendum

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 (HHCAHPS).

Applicant Response:

New Home Health Agency Applicant.

See Attachment 6: ECHC HHA Proposed Patient Survey, page 73-75

Performance Benchmarks, Data Collection, Submission Process and Budget Projections

Performance benchmarks are a recognized and vital part of the Home Health Agency delivery of services. Our goal will be to perform every day with the forward expectations that we improve in program by learning and listening to our clients. Our quality assurance purpose is to help ensure the health, safety, and welfare and protect the rights of participants in ECHC home care service programs to receive quality professional services. This is accomplished through a formalized root cause analysis process to identify report, investigate, review, correct or resolve, and monitor situations and events that threaten the health, safety or well-being of individuals, and access to receiving services in a timely manner. We are prepared to work with Medicare and Medicaid CMS rules on developing and implementing tailored performance measures in addition to our own protocols.

Our quality plan currently includes per Joint Commission criteria:

- √ Be focused on the individual's choice, preferences, and satisfaction, and includes personal contact with the individual being served;
- √ Collects and evaluates data and analyzes trends identified through quality assurance activities;
- √ Provides for prompt and appropriate response when an individual's health or safety is at risk;
- √ Has outcomes and results that are measurable
- √ Utilize satisfaction surveys
- √ Includes proactive strategies to improve the quality of services, including administrative processes.

Additional quality measurements under the MHCC Home Health Annual Survey:

See Attachments 7 & 8: MHCC Worksheet E1: Sample RSA Applicant & Worksheet E2. Sample RSA Applicant , pages 76, 77

MHCC requires the data collection based on Worksheet E1 & E2 to be collected and reported to the state of purposes of quality measurements to ensure the citizens in the approved jurisdiction are being served with safe quality care and positive outcomes. Additional quality measurements under the CMS' Outcome and Assessment Information Set (OASIS) will be collected using our MatrixCare software system designed for Medicare HH agencies.

ECHC recognizes the OASIS data sets must be maintained and collected throughout the year. Our software, MatrixCare, has the OASIS data collection tools and bridges for uploading data directly to CMS. Our skilled nursing teams will be collecting and reporting data metrics on the software platform for submission with our billing and data collection teams.

Per CMS' OASIS website: All OASIS Quality Improvement reports are available in iQIES application. The following OASIS Quality Improvement are in iQIES:

- HHA Process Measures Report
- HHA Tally: Process Report
- Potentially Avoidable Event Report
- Potentially Avoidable Event Patient Listing Report
- Outcome Report
- HHA Tally: Outcome Report
- Agency Patient-Related Characteristics (Case Mix) Report
- Tally: Agency Patient-Related Characteristics (Case Mix) Report

We have targeted expert training consultants to train any staff unfamiliar with the OASIS data collection and reporting to CMS.

Additional quality measurements for CMS' Home Health Assessment of Healthcare Providers (HHCAHPS) and QUAPI.

See Attachment ECHC Patient Survey

Additional Resources cited:

Website: <https://www.homehealthcaphs.org>

Email: hhcahps@rti.org

Tel: 1.866.354.0985

Manual CAPHPS- <https://cms.gov/files/document/pandgmanual202.pdf>

ECHC will utilize our Patient Survey to collect quality measurements for all the above programs. In addition, our skilled nursing team members will be uploading and reporting on each visit the data points required for each program noted above via our software. Our billing and data collection teams will be monitoring and managing the data reporting obligations in a timely manner.

ECHC will use the initial Assessment OASIS tool to collect required data. Currently, ECHC uses our onboarding and assessment, supervisory and reassessment tools, fall prevention home safety check lists, medication profile prescription management tool, patient surveys and daily nursing logs collecting pain, falls, conditions changes, quality ratings and referrals to family and friends.

Trainings will start with our software platform for the required MHCC and CMS' Medicare and Medicaid data collections. Our software partner will be scheduled to begin the training after the MHCC CON award but before the final CMS licensure to ensure our teams will be timely prepared for the data collections prior to starting care services.

Subject matter training experts in the field of Home Health Agencies, nationally and locally will be utilized to facilitate our best understanding and implementation of the reporting mandates.

ECHC has budgeted \$ 28,000.00 for data collections.

ECHC has budgeted \$ 10,000.00 for consultants and trainings.

ECHC has budgeted \$ 20,000.00 for education.

**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:

ECHC is a new Home Health Agency Applicant. ECHC is a current licensed RSA and Joint Commissioned Accredited.

Performance Measures

See Attachments

7) Worksheet E1. Sample RSA Applicant, page 76

8) Worksheet E2. Sample RSA Applicant, page 77

9) Table 1. RSA Skilled Nursing Services provided and Number of RSA Client Served, page 78

10) Table 2. Quality Measures by Measure Type and Performance Level Achieved, page 79

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:

See Attachments

7) Worksheet E1. Sample RSA Applicant, page 76

8) Worksheet E2. Sample RSA Applicant, page 77

9) Table 1. RSA Skilled Nursing Services provided and Number of RSA Client Served, p. 78

10) Table 2. Quality Measures by Measure Type and Performance Level Achieved, p. 79

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:

Elizabeth Cooney has over 65 years of providing quality nursing services of all levels of income throughout Maryland serving over many tens of thousands of clients of all ages over the course of our history. We specialize in clinical driven services for any one in need through various local, state, and federal programs; hospitals; and partnerships. Our contracting partners, including but not limited to, commercial insurers. Elizabeth Cooney has various contracts and service agreements across the State including with MHS, MDOA, VA programs, Maryland's Medicaid Waiver Programs, licensed facilities and hospital systems.

In our network, our MHS and MDOA contracts allows us to serve a low income and financial means tested persons for their clinical and non-clinical care services. In addition, the MHS local counties utilize our services for their APS, CPS, displaced and homeless persons since 2010. In addition, hospitals contract with us for their homeless care where we follow the person wherever they are live in non-traditional circumstances by choice or by life events, caring for them from shelter to shelter, outside, living inside business entities, motels and more. We work with and without walls for low income and at-risk persons.

Our teams help connect resources to create additional support systems for our patients who are homeless in order to enhance their wellbeing and safety.

See Attachment 11: ECHC MHCC Payor Mix HHA Submission 2022, page 80

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:

Elizabeth Cooney has been providing a comprehensive array of services since 1957. Now celebrating our 65th year in business.

Individual outcomes, satisfaction, and quality services are the primary measures of our success and serve as the foundation of our program. We are dedicated to the development, implementation, and continuous improvement of service programs that meet the changing needs of the individuals and families we serve.

We have built and continue to build a reputation as a quality leader among our professional peers. We strive to not only understand and meet the goals of the individuals and families we serve but to exceed them. Sampling of our comprehensive services:

Comprehensive Skilled Nursing Services

- Clinical Grouping reported principal diagnosis:
- Musculoskeletal System & Rehabilitation
- Connective Tissue Signs and Symptoms
- Neuro/stroke Rehabilitation
- Injuries & Poisonings
- Wounds; Medication Management
- Teaching, and Assessment
- Surgical Aftercare
- Cardiac Systems Diseases
- Circulatory System Diseases
- Endocrine, Nutritional & Metabolic Diseases
- Immunity Disorders
- Gastrointestinal Tract and Genitourinary System, Digestive Systems Diseases
- Skin & Subcutaneous Tissue Diseases
- Perinatal Conditions
- Diabetes Mellitus Disease
- Infectious & Parasite Disease including COVID-19
- Neoplasms
- Blood and Blood-forming Organ Diseases
- Respiratory System Disease
- Behavioral Health and Mental Health
- Ill Defined Conditions
- Complex Nursing Interventions
- Comorbidity secondary diagnoses

In addition, we deliver services:

- √ Identify the correct patient- use of patient name, DOB
- √ Strive for timely on boarding and arrival for care services
- √ Increasing the individuals' and families' ability and control to design and deliver services that meet their needs, thereby improving quality of life;
- √ Maximizing individuals' and families' self-determination, self-advocacy, and self-sufficiency;
- √ Increasing opportunities for community integration through work, life-long learning, recreation, and socialization;
- √ Delivering person-centered and strength-based care services;
- √ Leveraging natural and community supports;
- √ Improving outcomes and service quality; and
- √ Ensuring the dignity, well-being, and safety of the individuals we serve;
- √ Providing full activities of daily
- √ Providing full IADLS supportive activities

- √ Providing chore, household and emotional supports.
- √ Performing clinical tracheostomy care, ostomy care, catheter care, tube feedings, partnership with innovative biotech firm for advanced wound management & dressings
- √ Infection control through hand washing and related COVID-19 protocols including masking
- √ Performing IV therapies
- √ Performing transplant clinical services
- √ Performing clinical research
- √ Managing medication oversight, effectiveness and compliance
- √ Performing and monitoring clinical assessments
- √ Developing preventions for hospitalizations and re-hospitalizations
- √ Management and education of medications
- √ Falls risk assessments, preventions and interventions
- √ Identifying patient safety risks, including but not limited, to oxygen use and fire preventions
- √ Monitoring for dyspnea and associated risks
- √ Monitoring for UTIs and hydration
- √ Teaching and training in multi-languages about disease and complex chronic conditions management- sampling -such as diabetes- (foot care), cognitive-related diseases (Alzheimer's, Parkinson, dementia etc.), ALS, heart health, COPD, stroke, TBI

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.

Applicant response:

ECHC understands this review procedure.

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:

Project service area: Skilled Nursing Services in Lower Eastern Shore Jurisdiction-Dorchester County, Wicomico County, Worcester County and Somerset County.

Population size MHCC FY 2019 Table 23 Total Clients vs. 2020 Census Population:

Dorchester County: 981 vs. 31, 853= 32% population HH utilization

Wicomico County: 3016 vs. 103,990= 34% population HH utilization

Worcester County: 2039 vs. 51,828 = 25% population HH utilization

Somerset County: 616 vs. 25,453 = 41% population HH utilization

Characteristics:

Projected populations to be served based on FY 2019 Utilization Tables 1-25 MHCC:

Age Bands -individuals age 45-64 years, highlighted utilization over **65-74 years, 75-84 years, 85 years plus years for the greatest service needs and utilization.**

Projected Growth:

2020 Census Bureau projects Maryland is growing at 4.6% annually. As previously cited, Wicomico County and Worcester Counties are experiencing the greatest growth of persons over 50 years old in this jurisdiction. Worcester County showed a 1.8% increase growth in 2018 over the previous years. Capacity and need for HH services continue to grow. Trends as previously discussed and cited demonstrate the aging population and need for additional providers.

Projected Home Health Services Utilization:

Somerset County has only three HH agencies. Only, one HH agency serviced one charity care client for 12 visits in FY 2019. The utilization of 41% of population should warrant more charity care in this county as it is lowest income and highest impoverished population in the state. Also, Wicomico County demonstrates a 34% population utilization based on the most recent data from the US Census Bureau 2020 and FY 2019 MHCC Utilization Tables-1-25. Wicomico County continues to show growth in aging population, persons moving and retiring into this county. It is the fastest growing county in this jurisdiction. The jurisdiction warrants additional market choice for providers with their own workforce to complement the existing agencies.

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:

Less Costly Project:

Home Health Care services are a less costly project. HH services meets the patient in the most favorable environment which is in their home in the most effective and efficient manner.

Elizabeth Cooney Home Care, Inc. is an established home care entities with little start-up costs and infrastructure investment required, thus providing for a more cost-effective care delivery.

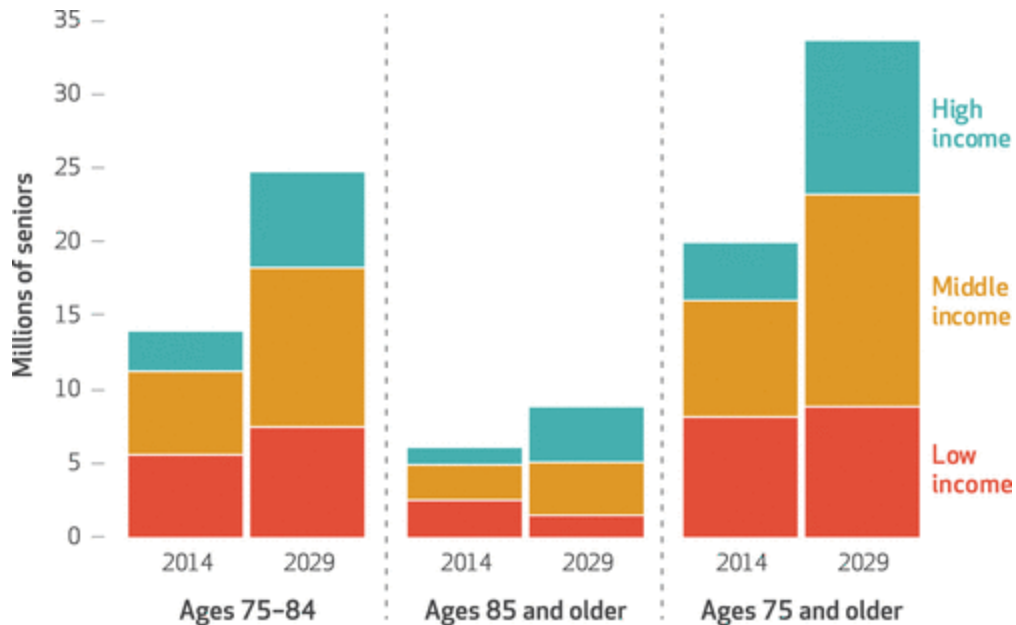
Skilled nursing services under the Medicare Home Health program allows for short intermittent care to be delivered in a timely and more cost-effective manner to an aging population in their own homes. Less impact on family caregivers taking time off from work and loss of wages to transport and attend outpatient care services. Assumptions based on trending AARP surveys, most seniors choose to remain in their home and to age in place. As seniors are aging with increasing demographic data, this sector will demand a broader and more responsive delivery of care. HH answers the demand for care at home.

Home Health allows for less costly and more flexible delivery of care on demand. Commercial Insurance Payors are expanding their reimbursement coverage to include and cover Home Health services. In 2018, CareFirst has expanded its reimbursement of Home Health services. They realize that meeting the needs of their member in the home is more cost-effective delivery of services than requiring them to be hospitalized, prevention of re-hospitalization, entering a subacute rehabilitation or utilizing a nursing home for their clinical care. Per CareFirst, HH services have proven data for less re-admissions to the hospital allowing for additional savings to be realized.

Income Trends: Comparable Population Study, 2019, Health Affairs- notation (Similar to the utilization metrics per MHCC FY 2019 Tables-1-25):

Source: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05233>

Exhibit 1 Sizes of the senior population, by age and income in 2014 and 2029



SOURCE Authors' analysis of data from the Health and Retirement Study for 1994, 1998, and 2014. NOTES For people ages 75–84 in 2029, middle income corresponds to annuitized financial resources of \$25,001–\$74,298 (in 2014 dollars). For those ages 85 and older, middle income is \$24,450–\$95,051. Appendix A shows the thresholds for low, middle, and high incomes.

The above chart demonstrates the FY 2014 and FY 2029 projection for the senior population, age, and income. These variables are essential to project viability of HH services. The lower income for 75 and above remains high from FY 2014 to FY 2029. Less costly care must be available for these aging persons. HH services is the preferred method of care serving a diverse population at all income levels for the aging populations who wish to remain in their homes.

As note in the Health Affairs grid, in 2029, the projection of lower income patients in 75 years and older is high. The middle- and higher-income persons over 75 to 85 years plus increases which allows programs such as the Continuing Care At Home programs which rely on HH agency services which targets over 75 years and middle income plus persons to live at home in a CCRC supportive environment. Also, Long Term Care Insurance is another alternative for HH care for higher income levels persons.

Alternatives

Alternative services could be developed that utilize the same fee structure for HH services to be rendered in a facility 'bricks and mortar care' based care models. HH services can be utilized not only in the home but in group home settings, co-op housing units, shared home and grandparent foster homes. All community-based services but in shared housing settings.

HH services can be utilized as a less costly care service in the Medical Home Model where the hospital level of care comes to your home which are paid by state programs and commercial insurers.

Recovery from a worker's compensation event is less costly at home and patients experience less re-admissions to the hospital. Reimbursement rates are determined by the Worker's Compensation Commission and vary year to year.

Home Health is less costly alternative than Nursing Home Services and Assisted Living Services.

According to 4/2022, Genworth Long Term Care Cost of Care Analytics:

Salisbury, Wicomico County

Cost of Care Monthly

Home Health Aide Services \$ 4,957.00

Adult Day Care Services: \$1,895.00

Assisted Living Services: \$ 4,980.00

Nursing Home Services; \$ 11,193.00

CMS CY 2022 Skilled Nursing Care \$ 156.90/visit

Comparing the cost alternatives, HH services is the less costly than the services cited.

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:

See attachment Financial Statement from Certified Public Accountant firm

- 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:

ECHC is not an existing HH agency.

See attached proposed budget noting revenue and expense projections.

ECHC recognized that our teams will be adding the Conditions of Participation and the requirements therein on a daily and yearly bases. We already collect the most of the data points under our Joint Commission Accreditation. Our Proposed Budget line items for additional data collection staff, training and education to enhance our existing programs to meet the requirements of the CMS and the State of Maryland.

ECHC has been operating in positive financial outcomes since 2008. We understand the investment of capital and are capable of self-funding for purposes of potential impact on our programs serviced. Also, we have the capacity to leverage within our Care Network affiliates, if needed. Although, it is not projected in our proposed budget.

- 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:

Medicare Home Health care fees are unique to each individual agency based on their utilization, services, rural add-ons, outliers, case mixes and OASIS quality data collection. We project that the current jurisdictional HH agencies are stable in their costs and charges based on their fee experience. Most of the current HH agencies have servicing the area over 8 years up to 26 years plus. Their fee structure would have minimal impact.

All five existing HH agencies are large systems. One is a hospital-based organization in Salisbury, Wicomico County. One is a non-profit affiliated with a CON Hospice and hospital-based system located in Easton, Talbot County. The other three HH are national agencies with national capabilities. All five have ample ties to the community, strong assets and recruiting from within their organizations. Each of the national entities have outside stock market investors and partnerships to leverage to maintain and grow their programs on the Lower Eastern Shore. Each entity has national and regional data collection, billing and utilization experience to achieve their goals of service and fees.

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

Applicant response:

Projected estimates- based on the Home Health Projected Payment System:

Skilled Nursing Services
National and Outlier CY 2021 & CY 2022
Based on average visits- 44.8 minutes
\$156.90

HHPPS Rural Add -On %
CY 2021 & CY 2022
High Utilization
None – CY 2021, CY 2022
Low Population Density
CY 2021 2.0%
CY 2022 1.0%
All others- None

Somerset County has the lowest population density in Maryland for consideration for the Rural Add-on payments. CY 2022 is slated at 1.0%. Minimal impact for fees and expense program impact.

Projected co-pay for patients is \$10.00. For those who may be eligible for financial help their fees would be calculated using our Financial Assistance, Sliding Scale and Charity Care Policy eligibility criteria.

As a potential new HH agency, our fees will be based on our actual performance, quality and utilizations. Projections noted.

e. A discussion of the staffing and workforce implications of this proposed project, including:

- An assessment of the sources available for recruiting additional personnel;

- A description of your plans for recruitment and retention of personnel believed to be in short supply;
- A report on the average vacancy rate and turnover rates for affected positions in the last year.
- Completion of Table 5 in the *Charts and Tables Supplement (Part IV)*.

Applicant response:

- An assessment of the sources available for recruiting additional personnel;

Currently, ECHC has a team of skilled nurses serving the Lower Eastern Shore Jurisdiction. We are fortunate to have strong relationships with our past employees, who are willing and able to return to service and a wait list of (15 plus) potential nurses to vet and onboard. We also have relationships with Wicomico Community College Allied Health Department and the DSS Workplace Vocational Center in Salisbury for potential referrals for work. Our nurses live on the tip of Crisfield, Somerset County, to Cambridge, Dorchester County to over the state lines in Delaware and Virginia. A wide breath of nurses. We anticipate from past experience; we will be drawing from our resources and relationships for future recruiting needs.

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

Our people goals are always to recruit from within and draw from referrals. We do implement directed outreach campaigns as well. Currently, we have a wait list of applicants waiting to be vetted and on-boarded. Our work culture, expertise, experience and holistic approach to our staff and patients drives applicants to us.

Many of our certified nursing assistants are in school to become Licensed Practical Nurses, Registered Nurses and Nurse Practitioners. We recognize the aging nursing workforce age band is 65 years old plus. The average age for nursing program instructors is 67 years old plus. Our skilled nursing professionals are aging rapidly while the need for their skill set is growing even faster.

Our company advocates and promotes career pathways which translates to an average tenure of 12-30 years within our network. We are always on-boarding new professionals; who contact us every day. We are investing in each staff member as our most valuable resource.

We participate in many funding programs for growing educational opportunities directly for nursing professionals in Maryland. We must seed the nursing profession for the future.

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

During the pandemic, Maryland home care agencies experienced 87% turnover rate per the Maryland National Capital Home Care Association COVID-19 survey 2021. Our retention

turnover rate during this same period is 7%; including death, retirement, and moving of state. Thus 93% retention rate. This stable workforce correlates to a lower impact on existing HH agencies. We typically are not reaching into their pool of qualified candidates.

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:

ECHC is a new applicant. No CON current exists. Not applicable.

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;
- 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.
- 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);
- d) On 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 work force information.

Applicant response:

ECHC is a new HH applicant.

- 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;

FY 2019, MHCC Utilization Table 16: Total # Visits

Synopsis-

Dorchester County	17,055	---	4 HH Agencies
Wicomico County	65,341	---	4 HH Agencies
Worcester County	34,427	---	4 HH Agencies
Somerset County	11,320	----	3 HH Agencies
Total:	128,143		Visits

Maryland Total Visits: 2,193,413 Table 23

The existing volume of visit utilization demonstrates that capacity exists in FY 2019 for one more HH agencies in this jurisdiction. The Lower Eastern Shore jurisdiction visit utilization represents 17% of the total Maryland visits.

If ECHC projects utilization at 6000 visits per year, its impact is less than 21% per HH Agency. An annual estimate impact of 128,143 visits divided by 4 HH Agencies is 1,500 less visits per year. This equates to a minimal impact. It will also add additional resources and choice to the provider mix for the patients.

All of the existing HH agencies provide services outside of this jurisdiction. ECHC is only providing services with the Lower Eastern Shore region. The case mix for the 4 existing HH Agencies can be potentially offset by growth in their existing CONs.

- 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.

Source: FY 2019 Utilization Table 19 # of HH Visits & Payor Sources

ECHC is projecting impact primarily on the Medicare Traditional model of payor as described above in (a). The utilization based on utilization of Medicare Advantage, Maryland Traditional Medicaid, Maryland Medicaid Managed Care, Other Gov., Commercial Insurance, Self-pay and Other are minimal impact.

- 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:

Projected populations to be served based on FY 2019 Utilization Tables 1-25, MHCC:

Age Bands -individuals age 45-64 years, *highlighted utilization over 65-74 years, 75-84 years, 85 years plus years for the greatest service needs and utilization.*

Source: Populations Projections Based on 2019 Utilization Figures, Tables 1-25, MHCC

Geographic Region/ Jurisdiction of Client's Residence	1-4 yrs.	15-24 yrs.	25-44 yrs.	45-64 yrs.	65-74 yrs.	75-84 yrs.	85+ yrs.	Unknown	Total
Eastern Shore Percentage by Age									
Dorchester County	0.00%	0.00%	0.00%	0.22%	0.75%	1.04%	0.77%	0.67%	0.76%
Somerset County	0.00%	0.00%	0.00%	0.69%	0.87%	0.96%	0.59%	0.37%	0.32%
Wicomico County	0.00%	0.00%	0.00%	0.00%	0.53%	0.77%	0.71%	1.24%	1.31%
Worcester County	0.00%	0.00%	0.00%	4.82%	2.46%	1.55%	1.67%	1.59%	1.39%

Eastern Shore Number of Clients									
Dorchester County	0	0	0	2	30	212	243	265	
Somerset County	0	0	0	1	31	157	168	142	
Wicomico County	0	0	0	21	124	643	712	815	
Worcester County	0	0	0	11	51	346	503	615	

Dorchester County Visits Per Agency									
Amedisys Home Health (Salisbury)	0	0	0	0	81	774	1,623	2,311	2,508
HomeCall – Easton	0	0	0	5	168	1,381	771	644	906
Shore Home Care	0	0	0	10	189	1,398	1,367	1,243	1,234
Visiting Nurse Association of Maryland, LLC	0	0	0	0	4	218	106	77	37
TOTAL	0	0	0	15	442	3,771	3,867	4,275	4,685

Somerset County Visits Per Agency									
Amedisys Home Health (Salisbury)	0	0	0	0	35	683	795	1,301	751
Encompass Home Health of Maryland	0	0	0	0	0	185	478	601	413
Peninsula Home Care	0	0	0	47	477	2,629	1,672	472	781
TOTAL	0	0	0	47	512	3,497	2,945	2,374	1,945

Wicomico County									
Amedisys Home Health (Salisbury)	0	0	0	0	91	744	3,298	5,659	5,266
Encompass Home Health of Maryland	0	0	0	0	255	714	2,407	4,894	4,791
HomeCall – Easton	0	0	0	38	258	931	1,009	469	286
Peninsula Home Care	0	0	0	435	3,187	10,620	7,910	7,883	4,196
TOTAL	0	0	0	473	3,791	13,009	14,624	18,905	14,539

Worcester County

Amedisys Home Health (Salisbury)	0	0	0	16	301	1,834	3,770	4,862	5,355
Encompass Home Health of Maryland	0	0	0	0	0	107	1,058	1,517	1,131
HomeCall – Easton	0	0	0	14	19	550	385	254	223
Peninsula Home Care	0	0	0	298	1,128	3,122	3,186	3,467	1,830
TOTAL	0	0	0	328	1,448	5,613	8,399	10,100	8,539

FY 2019 MHCC Tables 18 & 23:

Only 4 existing HH Agencies are servicing 4652 patients with 128,143 visits.

The FY 2019 Tables 1-25 demonstrate that the need for services exists. The age bands demonstrate the increasing populations who are aging and based on historical data in the utilization Tables, they will have an increase need for services. The highest payor utilized is the Traditional Medicare payor.

The entire project proposed will assist in allowing greater access to health care services by adding a qualified provider with existing ties to the jurisdiction. The projections discussed throughout the application demonstrates a market need for additional HH services.

c) On costs to the health care delivery system.

Applicant response:

ECHC projects that our established agency affords additional skilled nursing services for the Medicare Home Health Program by allowing new assets, workforce, and provider systems to provide services to the growing needs within the proposed jurisdiction.

The 4 existing HH agencies are authorized to provide a wider variety of services than the single skilled nursing services proposed by ECHC in this CON application. The existing HH Agencies cost to deliver a large array of services impacts their budgets and services.

The costs for recruiting, retention and trainings and wages are growing rapidly. These variables are not realized on the MHCC utilization charts that directly impacts the cost of care.

ECHC believes that further investment in our workforce is essential.

The most important need in our health care delivery system is to grow and recruit more nurses due to the critical nursing shortage projected by the Maryland Hospital Association during the 2022 Maryland Legislative Session. More providers will need nursing professionals with diverse abilities, capabilities and experience which are essential for the continued access to care. 2022 Maryland Legislature authorized \$80 million dollars as an investment with health care providers in the creating a thriving nursing workforce. This investment will take several years to fully impact the delivery of care.

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.

Elizabeth Cooney Home Care, Inc. Est. 2008
1107 Kenilworth Drive Suite 200 Towson, MD 21204

___ Elizabeth Weglein 51%
___ Jeffrey Weglein 49%

Elizabeth Cooney Personal Care, LLC, Elizabeth Cooney Human Operations, Inc.
Elizabeth Cooney Personnel Agency, Inc., FMS, Elizabeth Cooney Home Care, Inc.

- 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.

Elizabeth Cooney Personal Care, LLC, 2008-2022 Elizabeth Cooney Human Operations, Inc. 2008-2022 Elizabeth Cooney Personnel Agency, Inc., 1976-2022 FMS, 1992-2022 Elizabeth Cooney Home Care, Inc. 2008-2022

1107 Kenilworth Drive Towson, MD 21204

- 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, not applicable.

- 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, not applicable.

-
-
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, not applicable.

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.

_____ 4/12/2022 _____
Date

_____ *Elizabeth Weglein, CEO* _____
Signature of Owner or
Authorized Agent of the Applicant

Part IV: Home Health Agency Application: Charts and Tables Supplement

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.)

A. USE OF FUNDS	
1. CAPITAL COSTS (if applicable):	
a. New Construction	
1) Building	\$
2) Fixed Equipment (not included in construction)	
3) Architect/Engineering Fees	
4) Permits, (Building, Utilities, Etc)	
a. SUBTOTAL New Construction	\$
b. Renovations	
1) Building	
2) Fixed Equipment (not included in construction)	
3) Architect/Engineering Fees	
4) Permits, (Building, Utilities, Etc.)	
b. SUBTOTAL Renovations	\$
c. Other Capital Costs	
1) Movable Equipment	
2) Contingency Allowance	
3) Gross Interest During Construction	
4) Other (Specify)	
c. SUBTOTAL Other Capital Cost	\$
TOTAL CURRENT CAPITAL COSTS (sum of a - c)	\$
Non-Current Capital Cost	
d. Land Purchase Cost or Value of Donated Land	\$
e. Inflation (state all assumptions, including time period and rate	\$
TOTAL PROPOSED CAPITAL COSTS (sum of a - e)	\$
2. FINANCING COST AND OTHER CASH REQUIREMENTS	
a. Loan Placement Fees	\$
b. Bond Discount	
c. CON Application Assistance	
c1. Legal Fees	
c2. Other (Specify and add lines as needed)	
d. Non-CON Consulting Fees	
d1. Legal Fees	
d2. Other (Specify and add lines as needed)	
e. Debt Service Reserve Fund	
f. Other (Specify)	
TOTAL (a - e)	\$
3. WORKING CAPITAL STARTUP COSTS	\$
TOTAL USES OF FUNDS (sum of 1 - 3)	\$

B. SOURCES OF FUNDS FOR PROJECT	
1. Cash	
2. Pledges: Gross _____, less allowance for uncollectables _____ = Net	
3. Gifts, bequests	
4. Authorized Bonds	
5. Interest income (gross)	
6. Mortgage	
7. Working capital loans	
8. Grants or Appropriation	
a. Federal	
b. State	
c. Local	
9. Other (Specify)	
TOTAL SOURCES OF FUNDS (sum of 1-9)	\$
ANNUAL LEASE COSTS (if applicable)	
• Land	
• Building	
• Moveable equipment	
• Other (specify)	

Applicant response:

See Proposed Budget Projections

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).

CY or FY (circle)	Two Most Current Actual Years		Projected years – ending with first year at full utilization			
			20__	20__	20__	20__
Client Visits	0	0	0	0	0	0
Billable	0	0	0	0	0	0
Non-Billable	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0
# of Clients and Visits by Discipline	0	0	0	0	0	0
Total Clients (Unduplicated Count)	0	0	0	0	0	0
Skilled Nursing Visits	0	0	0	0	0	0
Home Health Aide Visits	0	0	0	0	0	0
Physical Therapy Visits	0	0	0	0	0	0
Occupational Therapy Visits	0	0	0	0	0	0
Speech Therapy Visits	0	0	0	0	0	0
Medical Social Services Visits	0	0	0	0	0	0
Other Visits (Please Specify)	0	0	0	0	0	0

Applicant response:

ECHC is not an existing HH agency. Not applicable.

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).**

	Projected years – ending with first year at full utilization			
FY (circle)	2022	2023	2024	2025
Client Visits	6000	6500	7000	7500
Billable	6000	6500	7000	7500
Non-Billable	0	0	0	0
TOTAL	6000	6500	7000	7500
# of Clients and Visits by Discipline	500	541	583	625
Total Clients (Unduplicated Count)	500	541	583	625
Skilled Nursing Visits	6000	6500	7000	7500
Home Health Aide Visits	0	0	0	0
Physical Therapy Visits	0	0	0	0
Occupational Therapy Visits	0	0	0	0
Speech Therapy Visits	0	0	0	0
Medical Social Services Visits	0	0	0	0
Other Visits (Please Specify)	0	0	0	0

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).

CY or FY (Circle)	Two Most Recent Years -- Actual		Current Year Projected	Projected Years (ending with first full year at full utilization)			
	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)							
Table 3 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	20__	20__	20__	20__	20__	20__	20__
4A. - Payor Mix as Percent of Total Revenue							
Medicare							
Medicaid							
Blue Cross							
Commercial Insurance							
Self-Pay							
Other (Specify)							

TOTAL REVENUE	100%	100%	100%	100%	100%	100%	100%
4B. Payor Mix as Percent of Total Visits							
Medicare							
Medicaid							
Blue Cross							
Other Commercial Insurance							
Self-Pay							
Other (Specify)							
TOTAL VISITS	100%	100%	100%	100%	100%	100%	100%

NOTE: ALL EXISTING FACILITY APPLICANTS MUST SUBMIT AUDITED FINANCIAL STATEMENTS.

Applicant response:

ECHC is not an existing HH agency. Not applicable.

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).

See Attachment 3 proposed Budget Projections- Excel Sheets- flash drives

FY (Circle)	Projected Years (ending with first full year at full utilization)			
	20_22__	2023__	2024__	2025__
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				
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)				

Table 4 Cont.	Projected Years (ending with first full year at full utilization)			
	FY (Circle)	2022__	2023__	2024__
4A. - Payor Mix as Percent of Total Revenue				
Medicare				
Medicaid				
Blue Cross				
Other Commercial Insurance				
Other (Specify)				
TOTAL	100%	100%	100%	100%
4B. Payor Mix as Percent of Total Visits				
Medicare				
Medicaid				
Blue Cross				
Other Commercial Insurance				
Self-Pay				
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
Administrative Personnel								
Registered Nurse								
Licensed Practical Nurse								
Physical Therapist	0							
Occupational Therapist	0							
Speech Therapist	0							
Home Health Aide	0							
Medical Social Worker	0							
Other (Please specify.)	0							
Benefits								
TOTAL								

* Indicate method of calculating benefits cost

See Attachment 3 Proposed Budget Projections

ATTACHMENTS

Attachment 1 – Financial Assistance

	POLICY: Operations
	Name: HHA Financial Assistance, Payment Plans, Sliding Scales, Charity Care
	Responsible Person: CEO
	Created on: 01/01/2021 Revised on: 04/01/2022
	Retired on __/__/__ by:
Approval required by: E. Weglein CEO	Signature: E. Weglein Date: 04/01/2022

Policy

ECHC Financial Assistance Policy applies to Medicare Home Health Agency program care services and eligible patients:

ECHC is committed to providing Financial Assistance which includes Payment Plans, Sliding Fee Scales and Charity Care to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for Medically Necessary Care based on their individual financial situation. This policy contains the criteria to be used in determining a patient's eligibility for Financial Assistance which includes eligibility of Payment Plans, Charity Care and Sliding Fee Scales. The policy outlines the process and guidelines that shall be used to determine eligibility for Financial Assistance and the completion of the Financial Assistance application process.

This policy governs the provision of Financial Assistance, Payment Plans, Charity Care and Sliding Scales for patients who are uninsured, underinsured, ineligible for a government program, otherwise unable to pay for Medically Necessary Care based on their individual financial situation.

This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. ECHC will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

Actions the ECHC may take in the event of non-payment are described in a separate billing and collections under bad debt and collections.

Financial Assistance Applications and Medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted, so long as other requirements are met. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses.

PROCEDURES

A. Services Eligible Under this Policy

1. Financial Assistance is only applicable to Medically Necessary Care as defined in this policy. Financial Assistance is not applicable to non-payor approved services. Out of pocket services are not eligible for

Financial Assistance. In the event a question arises as to whether an admission is an "Elective Admission" or a "Medically Necessary Admission." The patient's admitting physician shall be consulted and the matter will also be directed to the ECHC administrator for the final decision.

B. Eligibility for Financial Assistance which includes Payment Plan, Sliding Scale, Charity Care

I. Eligibility for Financial Assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of assistance shall *be* based on an individualized determination of financial need, and shall not take into account, race, color, ancestry or national origin, sex, age, marital status, social status, citizenship status, sexual orientation, gender identity, genetic, religious affiliation or on the basis of disability. financial need will be determined in accordance with procedures that involve an individual assessment of financial need, and may:

a. Include an application process in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need

b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring)

c. Include reasonable efforts by ECHC to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs

d. Take into account the patient's available assets and all other financial resources available to the patient, and include a review of the patient's outstanding accounts for prior services rendered and the patient's payment history.

C. Method by Which Patients May Apply for Financial Assistance, Sliding Scale, Charity Care

I. It is preferred but not required that a request for Financial Assistance and a determination of financial need occur prior to rendering of Medically Necessary Care. A copy of the hard copy application is available via USPS, fax or via emailed upon request in person and/or by calling 410.323.1700- 24/7.

The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for assistance becomes known.

D. Determination of Eligibility for Financial Assistance which includes, Payments Plans, Sliding Scale, Charity Care

The following two-step process shall be followed when a patient or a patient's representative requests or applies for Financial Assistance:

1. Step One: Determination of Probable Eligibility for Financial Assistance, Payment Plans, Sliding Scale or Charity Care

a. Within TWO BUSINESS DAYS following the initial request for Financial Assistance

Application, ECHC will:

(1) make a determination of probable eligibility and (2) communicate the determination to the patient and/or the patient's representative. In order to make the determination of probable eligibility, the patient or his/her representative must provide information about Family size, insurance and income. The determination of probable eligibility will be made based solely on this information. There is no guarantee that an application is accepted and affirms eligibility. ECHC has the right to decline an application based on false information provided by patient. Each application is reviewed within two business days of a patient's initial request for probable assistance and will be evaluated on patient submitted individual information as noted in (2) Step Two.

2. Step Two: Final Determination of Eligibility within TWO BUSINESS DAYS

- a. Following a determination of probable eligibility within TWO Business DAYS. ECHC makes a final determination of eligibility for Financial Assistance based on income, Family size and available resources WITHIN TWO Business DAYS. All insurance benefits must be exhausted. All available financial resources shall be evaluated in making the final determination of eligibility. This includes resources of other persons and entities who have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy. Patients with an active travel visa may be asked for additional information regarding residence and available financial resources to determine eligibility.
- b. Except as provided otherwise in this policy, the patient is required to complete the following:
 - (a) the Maryland Uniform Financial Assistance Application.
 - (b) ECHC Patient Profile Questionnaire. Patient shall also provide a Medical Assistance Notice of Determination (if applicable), reasonable proof of other declared expenses, supporting documentation, and if unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance or a statement from current source of financial support.
- c. The patient/guarantor shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor. Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return I 040 and Schedule C must be submitted. Examples of income sources:
 - i. Income from wages
 - ii. Retirement/Pension Benefits
 - iii. Income or benefits from self-employment
 - iv. Alimony
 - v. Child support
 - vi. Military Family allotments
 - vii. Public assistance
 - vm. Pension
 - 1x.** Social security
 - x. Strike benefits
 - x1. Unemployment compensation
 - xii.** Workers' compensation
 - x111. Veteran's benefits
 - xiv. Other sources, such as income and dividends, interest or rental property income.
- d. An applicant who may qualify for insurance coverage through a Qualified Health Plan or may

qualify for Medical Assistance will be required to apply for a Qualified Health Plan or Medical Assistance and cooperate fully, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. While a patient's application for Medical Assistance is pending, the patient may be deemed to be covered by Medical Assistance and will not be required to complete the Maryland Uniform Financial Assistance Application. If the patient's application for Medical Assistance is denied, the patient will then be required to complete the Maryland Uniform Financial Assistance Application.

e. ECHC will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.

i. Patients will be eligible for Financial Assistance if their maximum Family (husband and wife, same-sex

married couples) income (as defined by Medicaid regulations) level does not exceed the income standard per level (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their ECHC bills.

ii.. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and

Human Services.

iii. If the patient's household income is at/or below the amount listed below, financial assistance will be

granted in the form of free care (a 100% adjustment) or reduced-cost care (35%-75%) adjustment to their ECHC accounts. Adjustments will be made as follows:

Household income up to 200% of FPL 100% Adjustment

Household income between 201% & 250% of FPL 75% Adjustment

Household income between 251 % & 300% of FPL 50% Adjustment

Household income between 301% & 400% of FPL 35% Adjustment

f. Patients who have already qualified for Financial Assistance within the past six months of the new date of services to be rendered under this policy are not required to re-apply and are deemed eligible.

g. The patient/guarantor shall be informed in writing of the final determination of eligibility for Financial

Assistance along with a brief explanation and the patient/guarantor shall be informed of the right to appeal any final eligibility decision regarding financial assistance. Appeals are not a guarantee of a different determination and outcome. The Health Education and Advocacy Unit of the Maryland Insurance Administration is available to assist the patient/guarantor or the patient's authorized representative in filing and mediating an appeal. The written determination letter shall contain the address, phone number, facsimile number, e-mail address, mailing address and website of the Health Education Advocacy Unit.

1. Health Advocacy Unit

200 St. Paul Street

Baltimore, MD 21202

h. All information obtained from patients and Family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications using HIPAA forms.

i. Once a patient is approved, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months.

J. Once a patient is approved if any balance remains after the financial assistance allowance is

applied, the patient will be offered a payment plan that is customized to the individual patient ability to pay or if eligible, be considered for Charity Care funds.

k. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended. Payment Plans are monthly or every other month financial plans. Payment Plans can be customized by ECHC to meet the individual income needs, monthly, bi-monthly or quarterly payment schedules to be paid by check, money order, VEMO, credit card.

l. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the ECHC Billing and recommendations shall be made to Billing Management and CFO. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services and for their overall personal health.

m. Patients who receive coverage on a Qualified Health Plan and ask for help with out-of-pocket expenses (copayments and deductibles) for medical costs resulting from Medically Necessary Care shall be required to submit a Financial Assistance Application.

n. If a patient account has been assigned to a collection agency, and patient or guarantor request financial assistance or appears to qualify for financial assistance, the collection agency shall notify ECHC Billing Management and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to ECHC Billing Management for review and determination and shall place the account on hold for 45 days pending further instructions.

o. Services provided to patients registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing) do not qualify for Financial Assistance.

p. The ECHC Management or designee may make exceptions according to individual circumstances.

E. Presumptive Financial Assistance Eligibility for Sliding Scale, Charity Care

l. Some patients are presumed to be eligible for financial assistance Sliding Scale fee discounts on the basis of individual life circumstances. Patients who are beneficiaries/recipients of the following means-tested social services programs may be deemed eligible for 'free' Charity Care upon completion of a financial assistance application, and proof of enrollment within 30 days (30 additional days permitted if requested):

a. Households with children in the free or reduced meal program

b. Supplemental Nutritional Assistance Program (SNAP)

c. Low-income-household energy assistance program

d. Women, Infants and Children (WIC)

e. Other means-tested social services programs may be deemed eligible for *free* care under Charity Care policies by the Maryland Department of Health and consistent with COMAR 10.24.16

2. Presumptive eligibility for financial assistance will be granted under the following circumstances without the completion of a financial assistance application but with proof or verification of the situation described:

- a. A patient with Active Medical Assistance Pharmacy coverage
- b. QMB coverage/SLMB coverage
- c. Maryland Public Health System Emergency Petition patients
- d. A patient that is deceased with no estate on file
- e. A patient that is deemed homeless
- f. A patient that presents a sliding fee scale or financial assistance approval from a Federally Qualified Health Center or City or County Health Department
- g. Medical Assistance and Medicaid Managed Care patients for services provided beyond the coverage of these programs

3. Presumptive eligibility for Financial Assistance is only granted for current services and past accounts-it does not extend to future services.

4. ECHC will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.

a. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.

b. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care Charity Care (a 100% adjustment) or reduced-cost care Sliding Scale (35%-75%) adjustment to their ECHC accounts.

Adjustments will be made as follows:

i. Household income up to 200% of FPL 100% Adjustment

ii. Household income between 201 % & 250% of FPL 75% Adjustment

iii. Household income between 251 % & 300% of FPL 50% Adjustment

iv. Household income between 301 % & 400% of FPL 35% Adjustment

F. Medical Financial Hardship Assistance- Sliding Scale, Charity Care

1. Medical Financial Hardship Assistance consideration may be available for patients who are eligible for Financial Assistance but have been deemed to have incurred a Medical Financial Hardship. ECHC will provide reduced cost Medically Necessary Care to patients with Family income above 400% of FPL but below 500% of the Federal Poverty Level.

2. A Medical Financial Hardship means Medical Debt for Medically Necessary Care incurred by a Family over a 12-month period that exceeds 25% of Family income. Medical Debt is defined as out-of-pocket expenses for medical costs for Medically Necessary Care billed by a ECHC as well as those provided by other non-related health care providers, the out-of-pocket expenses mentioned above do not include co-payments, co-insurance and deductibles, unless the patient is below 200% of Federal Poverty Guidelines. Patients with household income up to 500% of FPL and with a financial hardship will receive a 25% adjustment.

3. Factors considered in granting Medical Financial Hardship Assistance:

a. Medical Debt incurred over the twelve (12) months preceding the date of *the* Financial Hardship Assistance Application at ECHC.

b. Liquid Assets (leaving a residual of \$10,000)

c. Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application

d. Supporting Documentation.

4. Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following (6) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at the ECHC under this policy for six (6) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to Elective Admissions or Elective or non-approved CMS care services. However, the patient or the patient's Immediate Family member residing in the same household must notify the ECHC of their eligibility for the reduced cost Medically Necessary Care at admission.

5. If patient is approved for a percentage allowance due to Medical Financial Hardship it is recommended that the patient make a good-faith payment at the beginning of the Medical Financial Hardship Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income guidelines ECHC shall make a payment plan available to the patient.

6. Any payment plan developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.

7. For those patients who are eligible for reduced cost Sliding Scale care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, ECHC shall apply the reduction in charges that is most favorable to the patient.

G. Notice of Financial Assistance Policy, Patient Education, Communication and Outreach

1. Individual notice regarding the ECHC's financial assistance policy shall be provided at the time of preadmission or admission to each person who seeks services with ECHC. ECHC shall address with the patient or the patient's Family any financial concerns that they may have.

2. The ECHC shall disseminate information regarding its Financial Assistance policy on an annual basis by providing notice regarding the policy by means of USPS or email to partners and referrals contacts, published in newspapers of general circulation in the jurisdictions it serves, in which notice shall be in a format understandable by the service area populations.

3. The Notice to Patients of the Availability of Financial Assistance shall be posted at ECHC offices. Notice will be posted as approved on its website, will be mentioned during oral communications, and will be sent to patients on patient bills. A copy of the Financial Assistance policy will be provided upon request as noted in this policy.

4. Individual notice regarding the availability of financial assistance under this policy will be discussed upon on boarding admissions in a face-to-face interaction.

5. A Financial Assistance Information Sheet will be provided to patients at the time the patient receives the first scheduled medical services which includes the face to face on boarding admission in their home, when possible before a hospital discharge, with the bill, and will be available to all patients upon request.

6. A Plain Language Summary of this policy is posted on the ECHC website as well as will be available to all patients. Multiple languages are available upon request.

H. Late Discovery of Eligibility

1. If ECHC discovers that patient was eligible for free Charity Care on a specific date of service

(using the eligibility standards applicable on that date of service) and that specific date is within a one (6) month period of discovery, ECHC will review the eligibility and make a determination if the patient may be refunded amounts received from the patient/guarantor exceeding fifty dollars (\$50.00).

2. If ECHC documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free Charity Care, the six (6) month period herein may be reduced to thirty (30) days from the date of initial request for information.

3. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay out of pocket for care services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.

4. If the patient or guarantor provides false or misleading information at any time during the Financial Assistance Application and determination review process, the patient will automatically be declined and ineligible for any funds.

5. If the patient has been found to have provided false or misleading information to gain funds for care services previously rendered, the patient will be required to reimburse ECHC the value of funds expended on their behalf and will automatically become ineligible for any future Financial Assistance. Those returned funds will be added into the Charity Care Fund in their name.

COMAR State Health Plans Facilities and Services: Home Health Care Services

Code of Maryland Regulations COMAR 10.24.16

This policy will be posted on website under Financial Assistance. To obtain a free copy of this policy please contact ECHC main office 410.323.1700 or send an email to: info@elizabethcooneyagency.com.

Maryland State Uniform Financial Assistance Application Information

Attachment 2

ECHC proposed HH Budget Projections

**Excel Sheets
Located on Flash Drive**

Attachment 3

ECHC Financial Solvency

Attachment 4

Attachment 5 Discharge Planning

Discharge Planning Policy

Scope:

All ECHC colleagues. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

Purpose:

To provide guidance to all of ECHC colleagues on the process for discharging a patient from home health services.

Policy:

ECHC will assess each patient’s discharge planning and/or continuing care needs on an ongoing basis and will involve the physician, the patient, as appropriate family members, and the caregiver in the process. Patients will be discharged when they meet the discharge criteria. ECHC will provide appropriate discharge planning and notification in accordance with applicable law and regulations and this policy, with the understanding that CMS and state licensure statutes and regulations may stipulate additional requirements that shall be confirmed and updated by ECHC as necessary.

Procedure:

CMS’ Discharge Planning Rule Supports Interoperability and Patient Preferences

New discharge planning requirements, as mandated by the IMPACT act for HHAs that requires agencies to assist patients, their families, or the patient’s representative in selecting a post-acute care (PAC) services provider or supplier by using and sharing PAC data on quality measures and resource use measures. This data must be relevant and applicable to the patient’s goals of care and treatment preferences.

New discharge planning process requirements for HHAs (such requirements did not exist before). Revised language that now requires a hospital (or CAH) to discharge the patient, and also transfer or refer the patient where applicable, along with his or her necessary medical information (current course of illness and treatment, post-discharge goals of care, and treatment

New discharge planning process requirements for HHAs (such requirements did not exist before). Revised language that now requires a hospital (or CAH) to discharge the patient, and also transfer or refer the patient where applicable, along with his or her necessary medical information (current course of illness and treatment, post-discharge goals of care, and treatment preferences), at the time of discharge, to not only the appropriate post-acute care service providers and suppliers, facilities, agencies, but also to other outpatient service providers and practitioners responsible for the patient's follow-up or ancillary care.

Revised compliance language for HHAs that now requires these facilities to send all necessary medical information (current course of illness and treatment, post-discharge goals of care, and treatment preferences), to the receiving facility or health care practitioner to ensure the safe and effective transition of care, and that the HHA must comply with requests made by the receiving facility or health care practitioner for additional clinical information necessary for treatment of the patient.

New requirement that sends necessary medical information to the receiving facility or appropriate PAC provider (including the practitioner responsible for the patient's follow-up care) after a patient is discharged from the hospital or transferred to another PAC provider or, for HHAs, another HHA.

Planning For Patient Discharge.

- Planning for discharge will begin after evaluation of the data and information gathered during the Initial and Comprehensive Assessments and admissions review.
- Changes in a patient's needs during the provision of care will be identified and assessed on an ongoing basis through interdisciplinary case conferences, progress notes and comprehensive assessments.
- ECHC shall arrange a safe and appropriate transfer to another care provider when your needs exceed our agency capabilities;

Patient Discharge

The data and/or information and patient participation utilized in planning for discharge may be evidenced in the following:

1. Initial Comprehensive Assessment form;
2. Progress notes; and
3. Case conference documentation.

- Except in those circumstances described later in this policy, and in accordance with federal and state regulations, ECHC will provide a minimum of

five (5) days written notice to the patient in the event the patient meets one of the following discharge criteria:

1. Patient is no longer homebound;
2. Patient is no longer under a physician's care;
3. Patient no longer has a need for services as required by the payor;
4. Patient no longer resides within ECHC's service area;
5. ECHC is no longer able to provide the required services; or
6. ECHC no longer meets the patient needs based on their acuity level;
7. Patient's home environment is no longer suitable or safe for providing care;
8. Patient's physician and ECHC agree that the measurable outcomes and goals of your plan of care have been achieved and the patient no longer need home health services;
9. Patient refuses services and/ or elects to be transferred or discharged;
10. ECHC closes;
11. Patient is receiving only non-skilled services.

ECHC will deliver the required written notification by hand or by mail. If delivered by mail, the notice must be mailed at least eight (8) working days before the date of transfer or discharge; and ECHC will speak with the patient by telephone or in person to ensure the patient's knowledge of the transfer or discharge at least five (5) days before the date of transfer or discharge.

- ECHC will communicate with the physician and, as needed, obtain a discharge order. ECHC will confirm the need for discharge and identify any remaining discharge planning needs. ECHC shall provide a copy of the patient's discharge summary to the patient's physician upon request and as required by law.
- ECHC may transfer or discharge a patient **without** five (5) days' written notice:
 1. Upon the patient's request;
 2. If the patient's medical needs require transfer, for instance in a medical emergency;
 3. In the event of a natural or man-made disaster where if not transferred, the patient's health and safety is at a risk;

4. For the protection of staff or a patient after ECHC has made a documented reasonable effort to notify the patient, the patient's family and/or physician and appropriate state or local authorities of ECHC's concern for staff or patient safety and well-being;
 5. If the patient's behavior or the behavior of other persons in the home is disruptive, abusive, or uncooperative to the extent that delivery of your care or the ability of our agency to effectively operate is seriously impaired;
 6. If the patient or other persons in the home is/are conducting criminal or perceived criminal activity;
 7. According to physician orders;
 8. If the patient or responsible party fails to pay for services, or fails to apply or is determined ineligible for Financial Assistance, Sliding Scale Fees, Payment Plans, or Charity Care and still refuses to pay for services; except as prohibited by federal or state law;
 9. The patient has deceased and can no longer receive care due to death .
- The patient and caregiver will be educated on aspects of post-discharge continuity of care arrangements.
 - All disciplines involved in the patient's care will be notified of the discharge date.
 - Medical record documentation for discharge includes, but is not limited to:
 1. Progress toward goals and Discharge Summary;
 2. Discharge Comprehensive Assessment (including the OASIS data); and
 3. Discharge orders, if required.

ECHC will complete the OASIS discharge assessment within 48 hours of knowledge that patient was discharged. The OASIS discharge assessment will be completed by the last provider in the home. In the event the discharge is not planned, the OASIS data will be based on the last assessment by the skilled nursing care professional.

The patient will receive an updated written list of your current medications along with any instructions needed for ongoing care or treatment including current course of illness and treatment, post-discharge goals of care, and treatment preferences.

ECHC will answer any questions from the patient or family members for the discharge event. ECHC will coordinate referrals to available community resources as needed.

Other Home Health Agencies for potential transfers per the patient's jurisdiction:

- Amedisys Home Health (Salisbury)
- Encompass Home Health of Maryland
- HomeCall Easton
- Peninsula Home Health
- VNA of Maryland
- Shore Home Care
- Or appropriate Assisted Living or Skilled Nursing Facilities.

The patient has the right to refuse continuing in the Home Health services program outside of ECHC services rendered which would physically cease any transfers to appropriate care services. ECHC will still provide the patient with potential alternatives for a transfer and patient education regarding a written list of their medications, current course of illness, treatment, treatment preferences and post discharge goals. The patient can also change their mind and request a transfer, if they still qualify under the Conditions of Participation, CMS.

Transfer from outside Home Health Agency

If the patient elected to transfer from another agency and were under an established plan of care, Medicare requires ECHC to coordinate the transfer. The initial home health agency will no longer receive Medicare payment on your behalf and will no longer provide you with Medicare covered services after the date of your elected transfer to you to the agency.

- ECHC will keep the following in each discharged patient's medical record:
 1. A copy of the written notification provided to the patient or the patient's parent, family, spouse, significant other or representative;
 2. Documentation of the personal contact with the patient if the required notice was delivered by mail; and
 3. Documentation that the patient's attending physician or practitioner was notified of the discharge.

Medicare Patients – Notice of Medicare Provider Non-Coverage Form

- For all discharges of Medicare patients, ECHC will provide notice of discharge on ECHC's Notice of Medicare Provider Non-Coverage form.
 1. In order for the Notice of Medicare Provider Non-Coverage to be valid, the patient (or the patient's representative) must understand the reason

for the notice and must sign and date the notice. Accordingly, at the time of delivering the notice, ECHC will ensure the patient (or patient's representative) understands that the purpose and contents of the notice is to notify the patient that: (a) the end of covered care is imminent; and (b) the patient or patient's representative may appeal the termination decision.

2. The patient or patient's representative should sign and date the Notice of Medicare Provider Non-Coverage on ECHC's form. One copy will be left with the patient and one copy will be included in the medical record.
 3. If the patient or the patient's representative refuses to sign the Notice of Medicare Provider Non-Coverage form, ECHC representative should document on the form the refusal to sign.
- ECHC will provide the Notice of Medicare Provider Non-Coverage at least two (2) days before the proposed end of covered services. If the time between the patient's scheduled services is less than two (2) days, the Notice of Medicare Provider Non-Coverage will be provided no later than the next to the last time services are provided. If services are anticipated to be fewer than two (2) days in duration, ECHC will provide the Notice of Medicare Provider Non-Coverage at the time of admission.
 - ECHC must (a) explain to the patient's representative that the patient's services will no longer be covered by Medicare; and (b) describe the patient's appeal rights, including providing the name and telephone number for CMS Medicare and Medicaid Appeals.
 - In the event that the patient is not competent and ECHC representatives are unable to make direct phone contact with the patient's representative, the following steps must be taken:
 1. ECHC will send a Notice of Medicare Provider Non-Coverage to the patient's representative by certified mail, return receipt requested.
 2. The date of receipt is the date the representative (or someone at that address) signs (or refuses to sign) the notice. Patients or patient representatives who refuse to sign the notice are still entitled to appeal ECHC's decision.
 3. If notices are returned by the post office with no indication of a refusal date, the patient's liability for coverage of services will begin on the second working day after the date ECHC mailed the notice.

- ECHC will retain a copy of all Notice of Medicare Provider Non-Coverage forms given to patients in their records and will give completed copies to:
 1. The patient (or patient’s representative); and
 2. The patient’s physician or other health care practitioners involved, if requested.

Refer to CMS NOMNC tools

Refer to CMS September, 2019 Discharge Planning update

Additional resources:

Recommended AHRQ Ideal Discharge Tool:

Key elements of IDEAL Discharge Planning to prevent admission and re-admission to hospital

Include the patient and family as full partners in the discharge planning process.

Discuss with the patient and family five key areas to prevent problems at home:

12. Describe what life at home with Home Health services will be like
13. Review medications
14. Highlight warning signs and problems
15. Explain goals and outcomes results
16. Make follow up appointments

Educate the patient and family in plain language about the patient’s condition, the discharge process, and next steps throughout discharge process.

Assess how well doctors and nurses explain the diagnosis, condition, and next steps in the patient’s care to the patient and family and use teach back.

Listen to and honor the patient’s and family’s goals, preferences, observations, and concerns.

This process will may take several visits to discuss concerns and questions with the patient, family of their choice, and ECHC staff.

ECHC HHA Proposed Patient Survey Attachment 6

Elizabeth Cooney Home Care, Inc. Client Satisfaction Survey

Elizabeth Cooney Home Care, Inc. appreciates your kind and valued participation in our program. In order to maintain our excellent level of service, we need your input detailing your personal experience. Please call our office, if you have any immediate needs or concerns. We strive to meet your needs and expectations. We are available 24 hours a day for your convenience at 410.323.1700.

Please answer the following survey inquiry.

Access		
---------------	--	--

	<u>Circle Your Response</u>	
Were services available when you needed them?	Yes	No
Did you provide proper notice to arrange the services desired?	Yes	No
Did you need same day service?	Yes	No
If you waited, how long before services started?		
_____ Hour(s)		
_____ Day(s)		
Were services organized in a method that you understood the services?	Yes	No
Were the services and supports communicated in the best manner for you?	Yes	No
What method would have worked better for you? Verbal ___ Email ___ Text ___ Mail___		

Services		
-----------------	--	--

	<u>Circle Your Response</u>	
Were your service needs met?	Yes	No
Were you informed about the array of ECHC services and potential service options available?	Yes	No

Would you like to hear more about potential care options?	Yes	No
Were your service needs organized in a timely course?	Yes	No
What was your experience in developing your plan of care?	Yes	No
Were you able to change and modify the plan to your satisfaction?	Yes	No

Staff

How was your interaction with our internal office staff?

Great
 Good
 Fair
 Poor
 No Opinion

How was your interaction with our external field staff?

Great
 Good
 Fair
 Poor
 No Opinion

Circle Your Response

Any favorites? Name(s):	Yes	No
----------------------------	-----	----

Any requests not to return? _____	Yes	No
-----------------------------------	-----	----

Did you feel the attending field staff was:

Knowledgeable?	Yes	No
Adequately trained?	Yes	No
Confident in their abilities?	Yes	No
Kind approach?	Yes	No

Was the service staff on time?	Yes	No
--------------------------------	-----	----

Rights

Circle Your Response

Did you receive and read the ECHC Contract & Policies?	Yes	No
Did you receive and read Client Rights & Responsibilities?	Yes	No
Did you have any questions or concerns?	Yes	No
Did you notify the office?	Yes	No
Was your experience positive and respectful?	Yes	No
Do you feel safe from abuse, neglect, injury and exploitation?	Yes	No
Do you feel you can call ECHC 24 hrs/day, if you have a concern?	Yes	No
Are you threatened by a family member or friend?	Yes	No
Are you threatened by our direct caregiver?	Yes	No
Do you feel you have an amount of privacy?	Yes	No

Well-being

How is your overall well-being?

____Great ____Good ____Fair ____Poor ____No Opinion

Circle Your Response

Any changes to your health status that may affect your plan of care?	Yes	No
Are you receiving the proper level of service?	Yes	No
Any significant changes in needs or circumstances since the plan of care implementation?	Yes	No
Do you feel that the home care services have helped you stay in the community?	Yes	No
Would you recommend Elizabeth Cooney Home Care, Inc. to a family member, friend, neighbor or someone in need of home care services?	Yes	No

MHCC Worksheet E1: Sample RSA Applicant

Attachment 7

MHCC Worksheet E2: Sample RSA Applicant

Attachment 8

MHCC Table 1: RSA Skilled nursing Services provided and Number of RSA Clients Serviced

Attachment 9

MHCC Table 2: Quality Measure by Measure Type and Performance Level Achieved

Attachment 10

ECHC Payor Mix Submission

Attachment 11

Elizabeth Cooney Home Care, Inc.

PAYOR MIX MARKED CONFIDENTIAL

In the Elizabeth Cooney Care Network, we have over 65 years of providing quality nursing services of all levels throughout Maryland serving over many tens of thousands of clients of all ages over the course of our history with a diverse payor mix.

In the Elizabeth Cooney Home Care, Inc., we specialize in clinical driven services for individuals in need of clinical care through various commercial payors under contract:

CareFirst, Blue Cross Blue Shield

CareFirst Medicare Advantage PPO Network, Inc.

CareFirst Blue Choice, Inc.

CareFirst of Maryland, Inc.

CareFirst Group Hospitalization and Medical Service, Inc.

Johns Hopkins HealthCare, LLC network

Priority Partners, Inc.

Johns Hopkins Medicare Advantage

Coventry Health Care, Inc

Catholic Charities

Gilchrist Hospice, Inc

GBMC

Keswick, LLC

Stella Maris, Inc.

Various other LTCl payors

Private Pay

In our Elizabeth Cooney Care Network payor mix experience, we have additional various contracts and service agreements across the State including with MHS, MDOA, Veteran's programs, Maryland's Medicaid Waiver Programs, licensed facilities and hospital systems. Our system of support services are diverse, flexible, and available 24 hours a day. Our clinical directed and driven services are customized to meet the needs of all ages from infants to eldercare and all disabilities.