Guidelines

Home Health Agency Certificate of Need (CON) Review for Re-Opened Upper Eastern Shore: Types of Applicants, Qualifications for Accepting a CON Application, and Qualifying Maryland Applicants

Background

The Maryland Health Care Commission (Commission) is extending the cycle of home health agency (HHA) reviews initiated in 2017 by scheduling a second review cycle for the Upper Eastern Shore region (which consists of Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties). Thus, there will be a second opportunity for the submission of CON applications for proposed development of new home health agencies (HHAs) or expansion of existing HHAs in this region.[1] The Commission published the HHA Certificate of Need (CON) review schedule for the second Upper Eastern Shore region review cycle on October 13, 2017 and this same scheduled review cycle will appear in the update review schedule to be published on March 30, 2018. As always, it is also posted on the Commission's website http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/chcf_con_schedule_20171013.pdf .

The purpose of this Guidelines document is to assist potential applicants in understanding eligibility qualifications consistent with the CON application acceptance rules found in the HHA Chapter of the State Health Plan (COMAR 10.24.16.06) which may be found at the following link http://www.dsd.state.md.us/artwork/10241601.pdf .

This document also provides a listing of qualified Maryland HHAs, hospitals, and nursing homes based on the same quality metrics used for the 2017 HHA CON review, with the exception that CMS Compare scores have been updated for use in the Upper Eastern Shore review.

Types of Applicants

Pursuant to the Home Health Agency Chapter of the State Health Plan (COMAR 10.24.16.06B), an applicant shall apply as one of three types of applicants:

- An existing Medicare-certified HHA licensed in Maryland and proposing to add one or more jurisdictions to its authorized service area;
- An existing Medicare-certified HHA licensed in another state and proposing to establish a new HHA in Maryland; or
- A non-HHA service provider currently licensed and accredited, in good standing, as a hospital, a nursing home or a Maryland residential service agency (RSA) providing skilled nursing services, and proposing to establish a new HHA in Maryland.

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[1] Fifteen jurisdictions qualified as having a need for additional HHA services, consistent with COMAR 10.24.16.04, and were configured into four regions for purposes of CON review scheduling, consistent with COMAR 10.24.16.05. The 2017 HHA CON review schedule was published in the *Maryland Register* on November 14, 2016, with letters of intent due for the Upper Eastern Shore region by January 6, 2017. One applicant, VNA of Maryland, filed a letter of intent to serve that region. Commission staff considered concerns expressed by the Maryland National Capital Homecare Association that it was unaware of the CON review schedule for HHAs that was published in the *Maryland Register* and on the Commission's website and, therefore, some members missed the letter of intent submission deadline. Based on VNA's willingness to waive its rights under the HHA Chapter, the Commission re-opened the Upper Eastern Shore region for receipt of new letters of intent and CON applications to permit the filing of applications to serve that region one year after VNA was granted CON approval for its expansion in that region.

Qualifications for All Applicants

The Commission will only accept a CON application submitted by an applicant that can document that it qualifies as an applicant, in conformance with COMAR 10.24.16.06C.

Performance-Related Qualifications by Type of Applicant

Pursuant to COMAR 10.24.16.06D and COMAR 10.24.16.07, quality measures and performance thresholds were approved by the Commission at its October 20, 2016 meeting to be used for the 2017 CON review schedule of proposed HHA projects. The same quality metrics used for qualifying an applicant for the initial 2017 HHA CON review cycles are used for this repeat of the Upper Eastern Shore region review cycle, updated with more recent performance scores.

Performance-related qualifications necessary for accepting an application will vary by type of applicant as described in COMAR 10.24.16.07B-D. An applicant's performance will be determined based on the data publicly reported on the applicable CMS Compare websites (refer to Appendix A). Performance-related qualifications by type of applicant for this second HHA review cycle for the Upper Eastern Shore region are summarized below.

Medicare-Certified HHA Applicants may qualify to apply for a CON by achieving each of the following performance levels from the January 2018 CMS dataset:

1) HHCAHPS® Survey Summary Star Rating equal to or better than the Maryland State average of 3 stars;

2) Quality of Patient Care Star Rating equal to or better than the Maryland State average of 4 stars;

3) Scoring equal to or better than the Maryland State average on six or more of these 11 quality of care measures selected from Home Health Compare:

- How often patients got better at walking or moving around
- How often patients got better at getting in and out of bed
- How often patients got better at bathing
- How often patients had less pain when moving around
- How often patients' breathing improved
- How often patients got better at taking their drugs correctly by mouth
- How often the team taught patients (or family caregivers) about their drugs
- How often the team began their patients' care in a timely manner
- How often the team determined if patients received a flu shot for the current season
- How often patients had to be admitted to the hospital
- How often patients needed urgent, unplanned care in the ER without being admitted;

4) Scoring equal to or better than the Maryland State average on three or more of the 5 experience of care measures from HHCAHPS® listed below:

- Percent of patients who reported that their home health team gave care in a professional way
- Percent of patients who reported that their home health team communicated well with them
- Percent of patients who reported the home health team discussed medicines, pain, and home safety with them
- Percent of patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
- Percent of patients who reported YES, they would definitely recommend the HHA.

The same quality measures apply to both Maryland and non-Maryland HHAs. Consistent with COMAR 10.24.16.07B, a Maryland HHA applicant seeking to expand its authority to a jurisdiction it is not currently authorized to serve, must demonstrate that its existing Maryland HHA has achieved the required performance levels. Consistent with COMAR 10.24.16.07C, a non-Maryland HHA applicant that has any common ownership with a Medicare-certified HHA in a state other than Maryland seeking to establish a new HHA in Maryland, must demonstrate that it has achieved the required performance levels, on average, for all the non-Maryland HHAs with which it has any common ownership. Data requirements for a non-Maryland HHA applicant are outlined in Appendix B.

Hospital Applicants may qualify to apply for a CON to establish an HHA in the Upper Eastern Shore region by achieving a performance level equal to or higher than the Maryland State average of 3.0 on the CMS Patient Survey Star Rating from HCAHPS®. The same minimum CMS Patient Survey Star Ratings reported on Hospital Compare are used for Maryland and non-Maryland hospital applicants. As provided in COMAR 10.24.16.07D(2), a Maryland hospital applicant with no HHA experience must demonstrate that it (and any other hospitals with which it has any common ownership) has achieved the minimum CMS HCAHPS® Patient Survey Star Rating of 3.0. Consistent with COMAR 10.24.16.07D(3), a hospital applicant that only operates a hospital (or hospitals) in states other than Maryland must demonstrate that it has, on average, achieved the minimum 3.0 CMS HCAHPS Patient Survey Star Rating for all the hospitals with which it has any common ownership. Hospital applicants must submit data to the Maryland Health Care Commission to document that they have achieved the required quality measures and performance levels. Data requirements are outlined in Appendix C.

Nursing Home Applicants may qualify to apply for a CON to establish an HHA in the Upper Eastern Shore region by achieving a performance level equal to or higher than the Maryland State average of 3.0 on the CMS Nursing Home Overall Star Rating that is a composite rating calculated from the health inspections, staffing and quality measures star ratings. The same minimum CMS star ratings reported on Nursing Home Compare are used for Maryland and non-Maryland nursing home applicants. Consistent with COMAR 10.24.16.07D(4), a Maryland nursing home applicant must demonstrate that it (and any nursing homes with which it has any common ownership) has achieved the minimum 3.0 Nursing Home Overall Star Rating. Consistent with COMAR 10.24.16.07D(5), a nursing home applicant that only operates a nursing home or nursing homes in states other than Maryland must demonstrate that it has, on average, achieved the minimum CMS Nursing Home Overall Star Rating for all the nursing homes with which it has any common ownership. Nursing home applicants must submit data to the Maryland Health Care Commission to document that they have achieved the required quality measures and performance levels. Data requirements are outlined in Appendix D.

Maryland Residential Service Agency (RSA) Applicants may qualify to apply for a CON to establish an HHA in the Upper Eastern Shore region by demonstrating a track record in providing good quality of care. This is achieved by documenting it has operated and provided skilled nursing services for at least three years, has established a system for collecting data that includes systematic collection of process, outcome and experience of care measures, and has maintained accreditation through a deeming authority recognized by Maryland's Department of Health for at least the three most recent years of operation, consistent with COMAR 10.24.16.07D(1). RSA applicants must submit data to the Commission to document ability to monitor the required quality measures and performance levels. Data requirements are outlined in Appendix E.

Qualifying Applicants

Using the January 2018 CMS Home Health Compare dataset (refer to Appendix A), **16 Maryland Medicare-certified HHAs** meet the required performance levels and qualify to apply for a CON to expand the agency's current authorization in the Upper Eastern Shore region for applications that will be accepted in 2018. Refer to Table 1 for a list of qualifying Maryland HHAs.

Using the December 2017 CMS Hospital Compare Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) dataset (refer to Appendix A), **26 Maryland hospitals** meet or exceed the required minimum 3.0 star summary rating and qualify to apply for a CON to establish an HHA in the Upper Eastern Shore region in 2018. Refer to Table 2 for a list of qualifying Maryland hospitals.

Using the January 2018 CMS Nursing Home Compare dataset (refer to Appendix A), **161 Maryland nursing homes** meet or exceed the required minimum 3.0 Overall Star Rating and qualify to apply for a CON to establish an HHA in the Upper Eastern Shore region in 2018 CON. Refer to Table 3 for a list of qualifying Maryland nursing homes.

Table 1: Qualifying Maryland Home Health Agencies

The following 16 Maryland Medicare-certified home health agencies have met the performance requirements for the Upper Eastern Shore (described on page 2) and may be eligible to apply for a CON in 2018 to expand their authorized service area, if they also meet the other qualifications for all applicants (COMAR 10.24.16.06C).

ADVENTIST HOME HEALTH SERVICES
AMEDISYS HOME HEALTH (ELKTON)
AMEDYSIS HOME HEALTH (SALISBURY)
AMEDISYS HOME HEALTH OF MARYLAND
BAYADA HOME HEALTH CARE (TOWSON)
FREDERICK MEMORIAL HOSPITAL HHA
HOMECALL (BALTIMORE)
HOMECALL (CARROLL)
HOMECALL (FREDERICK)
HOMECALL (TALBOT)
HOMECENTRIS HOME HEALTH
KINDRED AT HOME
OAK CREST VILLAGE
RIDERWOOD VILLAGE
VISITING NURSE ASSOCIATION OF MARYLAND LLC
WESTERN MARYLAND HEALTH SYSTEM HOME CARE

Table 2: Qualifying Maryland Hospitals

The following 26 Maryland hospitals have met the performance requirements for the 2018 extended Home Health Agency (HHA) CON review cycle for the Upper Eastern Shore (as described on page 3) and may be eligible to apply for a CON in 2018 to establish a Maryland HHA if they also meet the other qualifications for all applicants (COMAR 10.24.16.06C).

ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER
ANNE ARUNDEL MEDICAL CENTER
ATLANTIC GENERAL HOSPITAL
CALVERT HEALTH MEDICAL CENTER
CARROLL HOSPITAL CENTER
FREDERICK MEMORIAL HOSPITAL
GARRETT COUNTY MEMORIAL HOSPITAL
GREATER BALTIMORE MEDICAL CENTER
HOWARD COUNTY GENERAL HOSPITAL
JOHNS HOPKINS BAYVIEW MEDICAL CENTER
JOHNS HOPKINS HOSPITAL, THE
MEDSTAR SAINT MARY'S HOSPITAL
MEDSTAR UNION MEMORIAL HOSPITAL
MERCY MEDICAL CENTER
MERITUS MEDICAL CENTER
NORTHWEST HOSPITAL CENTER
PENINSULA REGIONAL MEDICAL CENTER
SINAI HOSPITAL OF BALTIMORE
SUBURBAN HOSPITAL
UNION HOSPITAL
UNIVERSITY OF MARYLAND MEDICAL CENTER
UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER
UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CTR
UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT EASTON
UNIVERSITY OF MARYLAND UPPER CHESAPEAKE MEDICAL CENTER
WESTERN MARYLAND REGIONAL MEDICAL CENTER

Table 3: Qualifying Maryland Nursing Homes

The following 161 Maryland nursing homes have met the performance requirements for the Upper Eastern Shore (described on page 3) and may be eligible to apply for a CON in 2018 to establish a Maryland HHA if they also meet the other qualifications for all applicants (COMAR 10.24.16.06C).

ALICE BYRD TAWES NURSING HOME
ALLEGANY HEALTH NURSING & REHABILITATION CENTER
ANCHORAGE HEALTHCARE CENTER
ARCOLA HEALTH & REHABILITATION CENTER
ASBURY SOLOMONS
AUGSBURG LUTHERAN HOME
AUTUMN LAKE HEALTHCARE AT ALICE MANOR
AUTUMN LAKE HEALTHCARE AT CHESTERTOWN
BAYLEIGH CHASE
BAYWOODS OF ANNAPOLIS
BEDFORD COURT HEALTHCARE CENTER
BERLIN NURSING & REHABILITATION CENTER
BETHESDA HEALTH & REHABILITATION CENTER
BLUE POINT HEALTHCARE CENTER
BRIGHTON GARDEN TUCKERMAN LANE
BRINTON WOODS HEALTH & REHAB CENTER AT ARLINGTON WEST
BRINTON WOODS NURSING & REHABILITATION CENTER
BRINTON WOODS POST ACUTE CARE CENTER
BROADMEAD
BROOKE GROVE REHABILITATION & NURSING CENTER
BUCKINGHAM'S CHOICE
CALVERT COUNTY NURSING CENTER
CALVERT MANOR HEALTH CARE CENTER
CALVERT MEMORIAL HOSPITAL TRANSITIONAL CARE UNIT
CAROLINE NURSING & REHABILITATION CENTER
CARRIAGE HILL BETHESDA
CATONSVILLE COMMONS
CHAPEL HILL NURSING CENTER
CHARLESTOWN COMMUNITY
CHARLOTTE HALL VETERANS HOME
CHERRY LANE
CHESAPEAKE SHORES
CHESAPEAKE WOODS CENTER
CHESTNUT GREEN HEALTH CENTER BLAKEHURST
CITIZENS CARE & REHABILITATION CENTER OF FREDERICK
CITIZENS CARE CENTER
COFFMAN NURSING HOME
COLLINGSWOOD NURSING & REHABILITATION CENTER

COLLINGTON EPISCOPAL LIFE CARE
COPPER RIDGE
CRESCENT CITIES CENTER
CROFTON CONVALESCENT CENTER
DEER'S HEAD CENTER
DENNETT ROAD MANOR
DOCTORS COMMUNITY REHABILITATION & PATIENT CARE
EGLE NURSING HOME
ELKTON TRANSITIONAL CARE CENTER
ENCORE AT TURF VALLEY
FAHRNEY-KEEDY MEMORIAL HOME
FAIRHAVEN
FAYETTE HEALTH & REHABILITATION CENTER
FOREST HILL HEALTH & REHABILITATION CENTER
FORESTVILLE HEALTH & REHABILITATION CENTER
FORT WASHINGTON HEALTH & REHABILITATION CENTER
FRANKLIN WOODS CENTER
FRIENDS NURSING HOME
FUTURECARE CANTON HARBOR
FUTURECARE CHARLES VILLAGE
FUTURECARE CHERRYWOOD
FUTURECARE COLD SPRING
FUTURECARE COURTLAND
FUTURECARE HOMEWOOD
FUTURECARE IRVINGTON
FUTURECARE NORTHPOINT
FUTURE CARE OLD COURT
FUTURE CARE PINEVIEW
FUTURE CARE SANDTOWN WINCHESTER
GARRETT COUNTY SUBACUTE UNIT
GINGER COVE
GLADE VALLEY CENTER
GLEN MEADOWS RETIREMENT COMMUNITY
GOODWILL MENNONITE HOME
GREATER BALTIMORE MEDICAL CENTER SUB ACUTE UNIT
GOOD SAMARITAN NURSING CENTER
HARTLEY HALL NURSING & REHABILITATION
HEBREW HOME OF GREATER WASHINGTON
HERITAGE HARBOUR HEALTH & REHABILITATION CENTER
HERON POINT OF CHESTERTOWN
HILLHAVEN NURSING CENTER
HOMEWOOD AT CRUMLAND FARMS
HOMEWOOD AT WILLIAMSPORT
INGLESIDE AT KING FARM

KESWICK MULTI-CARE CENTER
KING DAVID NURSING & REHABILITATION CENTER
LAPLATA CENTER
LAYHILL CENTER
LEVINDALE HEBREW GERIATRIC CENTER & HOSPITAL
LITTLE SISTERS OF THE POOR
LOCHEARN NURSING HOME
LONGVIEW HEALTHCARE CENTER
LORIEN BULLE ROCK
LORIEN COLUMBIA
LORIEN RIVERSIDE
LORIEN MT. AIRY
LORIEN MAYS CHAPEL
LORIEN NURSING & REHABILITATION CENTER BELAIR
LORIEN NURSING & REHABILITATION CENTER ELKRIDGE
LORIEN TANEYTOWN
MANOR CARE CHEVY CHASE
MANOR CARE LARGO
MANOR CARE WHEATON
MANORCARE ADELPHI
MANORCARE BETHESDA
MANORCARE DULANEY
MANORCARE POTOMAC
MANORCARE ROLAND PARK
MANORCARE RUXTON
MANORCARE SILVER SPRING
MANORCARE TOWSON
MAPLEWOOD PARK PLACE
MARIA HEALTH CARE CENTER
MARLEY NECK HEALTH & REHABILITATION CENTER
MARYLAND BAPTIST AGED HOME
MARYLAND MASONIC HOMES
MULTI-MEDICAL CENTER
NORTH OAKS
NORTHAMPTON MANOR NURSING & REHABILITATION CENTER
NORTHWEST HEALTHCARE CENTER
NORTHWEST HOSPITAL SUBACUTE UNIT
OAK CREST VILLAGE
OAKLAND NURSING & REHABILITATION CENTER
OAKVIEW REHABILITATION & NURSING CENTER
OVERLEA HEALTH & REHABILITATION CENTER
PATUXENT RIVER HEALTH & REHABILITATION CENTER
PICKERSGILL RETIREMENT COMMUNITY
PLEASANT VIEW NURSING HOME

POTOMAC VALLEY NURSING & WELLNESS
POWERBACK REHABILITATION
REGENCY CARE OF SILVER SPRING
RESTORE HEALTH REHABILITATION CENTER
RIDERWOOD VILLAGE
RIDGEWAY MANOR NURSING & REHABILITATION CENTER
RIVERVIEW REHABILITATION & HEALTH CENTER
ROCKVILLE NURSING HOME
ROLAND PARK PLACE
SACRED HEART HOME
SAGEPOINT NURSING & REHABILITATION CENTER
SALISBURY REHABILITATION & NURSING CENTER
SEVERNA PARK CENTER
SHADY GROVE CENTER
SIGNATURE HEALTHCARE AT MALLARD BAY
SLIGO CREEK CENTER
SNOW HILL NURSING & REHABILITATION CENTER
SOLOMONS NURSING CENTER
SOUTH RIVER HEALTH & REHABILITATION CENTER
SPA CREEK CENTER
ST. ELIZABETH REHABILITATION & NURSING CENTER
ST. JOSEPH'S NURSING HOME
ST. MARY'S NURSING CENTER
STELLA MARIS
THE LIONS CENTER FOR REHABILITATION & EXTENDED CARE
THE PINES GENESIS ELDERCARE
THE VILLAGE AT ROCKVILLE
UNIVERSITY OF MARYLAND SHORE NURSING & REHABILITATION CTR
VANTAGE HOUSE
VILLA ROSA NURSING & REHABILITATION
VINDOBONA NURSING & REHABILITATION CENTER
WAUGH CHAPEL CENTER
WEST MARYLAND HEALTH SYSTEM FROSTBURG NRSG & REHAB CENTER
WICOMICO NURSING HOME
WILSON HEALTH CARE CENTER

Appendix A

The following CMS datasets are used to determine an applicant's eligibility to apply for a CON by meeting the applicable performance-related qualifying requirements described in this document.

For Medicare-certified HHA applicants, refer to the archived CMS HHA dataset at https://data.medicare.gov/data/home-health-compare then select "get archived data". Use the January 2018 dataset to look for two file names: (1) file name "Home Health Care Agencies" and then the column labeled "Quality of Patient Care Star Rating" and (2) file name "Home Health Care-Patient Survey (HHCAHPS®)" and then the column labeled "HHCAHPS® Survey Summary Star Rating".   The individual measures for both the Quality of Patient Care and Experience of Care (HHCAHPS®) measures are in these files. Filter by your HHA name or CMS Certification Number (CCN).

For hospital applicants, refer to the archived CMS hospital dataset at https://data.medicare.gov/data/hospital-compare then select "get archived data". Use the December 2017 dataset; the file to be used is labeled "Patient Survey (HCAHPS®) – Hospital" and the column IS labeled "Patient Survey Star Rating". Filter by your hospital name or CMS Provider ID.

For nursing home applicants, refer to the archived CMS nursing home dataset at https://data.medicare.gov/data/nursing-home-compare then select "get archived data". Use the January 2018 dataset. The file to be used is labeled "Provider Info" and the column is labeled "Overall Rating". Filter by your nursing home facility name or CMS Federal Provider Number.

Appendix B: Data Submission Requirements for Sample Non-Maryland Home Health Agency Applicant that has Any Common Ownership with Other Medicare-certified HHAs in States Other than Maryland

Worksheet B1: Sample Non-Maryland HHA Quality of Patient Care Measures

How often patients got better at walking and moving around	How often patients got better at getting in and out of bed	How often patients got better at bathing	How often patients had less pain when moving around	How often patients' breathing improved	How often patients got better at taking drugs correctly by mouth
MD Avg = **76.1**	MD Avg = **74.8**	MD Avg = **78.8**	MD Avg = **79.1**	MD Avg = **82.2**	MD Avg = **67.6**
HHA Applicant	HHA Applicant	HHA Applicant	HHA Applicant	HHA Applicant	HHA Applicant
Related HHA	Related HHA	Related HHA	Related HHA	Related HHA	Related HHA
Related HHA	Related HHA	Related HHA	Related HHA	Related HHA	Related HHA

How often HH team taught patients/ family caregivers about their drugs	How often HH team began patients' care in a timely manner	How often HH team determined receipt of a flu shot	How often patients had to be admitted to the hospital*	How often patients needed urgent, unplanned care in ER without being admitted*	**Quality of Patient Care Star Rating**
MD Avg = **98.8**	MD Avg = **94**	MD Avg = **82.8**	MD Avg = **15.8**	MD Avg = **12.6**	MD Avg = **4**
HHA Applicant	HHA Applicant	HHA Applicant	HHA Applicant	HHA Applicant	HHA Applicant
Related HHA	Related HHA	Related HHA	Related HHA	Related HHA	Related HHA
Related HHA	Related HHA	Related HHA	Related HHA	Related HHA	Related HHA

*For this measure, a lower score is better

Worksheet B2: Sample Non-Maryland HHA Experience of Care (HHCAHPS) Measures

HH team gave care in a professional way	HH team communicated well with them	HH team discussed medicines, pain, and home safety	Percent of patients who gave HHA rating of 9 or 10 (highest)	Percent of patients who reported "YES" in recommending the HHA	**HHCAHPS® Summary Star Rating**
MD Avg = **87**	MD Avg = **85**	MD Avg = **81**	MD Avg = **81**	MD Avg = **76**	**MD Avg = 3**
HHA Applicant	HHA Applicant	HHA Applicant	HHA Applicant	HHA Applicant	HHA Applicant
Related HHA	Related HHA	Related HHA	Related HHA	Related HHA	Related HHA
Related HHA	Related HHA	Related HHA	Related HHA	Related HHA	Related HHA

Appendix C: Data Submission Requirements for Sample Hospital Applicant in a Multiple Hospital System

Worksheet C: Sample Hospital Applicant

CMS Provider ID	Provider Name	Summary Star Rating 2017
	Applicant Hospital	
	Related Hospital	
	Related Hospital	
	Related Hospital	
	Related Hospital	
	Related Hospital	
	Related Hospital	
Submit data as shown electronically in an excel spreadsheet		

Appendix D: Data Submission Requirements for Sample Nursing Home Applicant that has Any Common Ownership with Other Nursing Homes

Worksheet D: Sample Nursing Home Applicant

CMS Provider ID	Provider Name	Overall Star Rating 2018
	Applicant Nursing Home	
	Related Nursing Home	
	Related Nursing Home	
	Related Nursing Home	
	Related Nursing Home	
	Related Nursing Home	
	Related Nursing Home	
	Related Nursing Home	
Submit data as shown electronically in an excel spreadsheet		

Appendix E: Data Submission Requirements for Maryland Residential Service Agency (RSA) Applicants Providing Skilled Nursing Services

The information to be submitted by an RSA applicant shall include the following:

- Documentation of the agency's status as accredited for the three most recent years of operation;
- Documentation that the agency has provided skilled nursing services and information on the types of patients provided with this service, the specific types of skilled nursing services provided, and the utilization of this service during the most recent three years of operation (see Worksheet D1);
- A brief description of the agency's quality assurance program to include identification of the quality measures that are monitored and are comparable to those measures submitted by HHAs to CMS (for example, if your RSA uses a client survey, submit a copy of the survey); and
- Provision of examples of specific quality measures tracked and performance levels achieved during the most recent three years of operation (see Worksheet D2).

Worksheet E1: Sample RSA Applicant

Skilled Nursing Services Provided to RSA Clients	Number of RSA Clients by Year		
	2015	2016	2017
Medications and observation of medication effectiveness			
IV Therapy			
Tube feedings			
Wound care, dressing changes			
Teaching and training activities (for example diabetes foot care)			
Ostomy Care			
Tracheostomy Care			
Requiring nursing care of other devices such as urinary catheters			
Requiring specialized assessment/ management (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Number of clients <u>not</u> receiving skilled nursing services*			

*RSA clients receiving therapy from a non-nurse healthcare professional (such as a physical or occupational therapist)

Note: A client receiving BOTH nursing and other therapy services is counted ONLY as a skilled nursing services client.

Worksheet E2: Sample RSA Applicant

Sample Types of Quality Measures*	Measure Type	Performance Level Achieved		
		2015	**2016**	**2017**
Percent of clients with improvement in wound status at the end of care	Outcome	16.3%	28.2%	37.2%
Percent of clients receiving flu vaccination for the current season	Outcome	56.2%	49.3%	55.3%
Percent of clients/families taught about diabetes foot care	Process	no data	14.6%	14.6%
Percent of clients checked for taking the appropriate medications	Process	76.7%	83.5%	88.2%
Percent of clients who said their needs were met by RSA staff	Experience of Care	77.8%	82.3%	83.5%

Note: Submit examples of quality measures collected for your client population.

*Include at least five to ten examples of quality measures selected from your overall process, outcome and experience of care measures collected.