

# **Revised Exhibit 1**

**TABLE 1: PROJECT BUDGET**

**INSTRUCTIONS:** All estimates for 1.a.-d., 2.a.-j., 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. (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.	<u>New Construction</u>	\$ _____
(1)	Building	_____
(2)	Fixed Equipment (not included in construction)	_____
(3)	Land Purchase	_____
(4)	Site Preparation	_____
(5)	Architect/Engineering Fees	_____
(6)	Permits, (Building, Utilities, Etc)	_____

**SUBTOTAL** \$ \_\_\_\_\_

b.	<u>Renovations</u>	
(1)	Building	\$ _____
(2)	Fixed Equipment (not included in construction)	\$27,500.00 <sup>1</sup>
(3)	Architect/Engineering Fees	_____
(4)	Permits, (Building, Utilities, Etc.)	_____

**SUBTOTAL** \$ \_\_\_\_\_

c.	<u>Other Capital Costs</u>	
(1)	Major Movable Equipment	_____
(2)	Minor Movable Equipment	\$27,500.00 <sup>2</sup>
(3)	Contingencies	_____
(4)	Other (Specify)	_____

**TOTAL CURRENT CAPITAL COSTS** \$ \_\_\_\_\_  
(a - c)

d.	<u>Non Current Capital Cost</u>	
(1)	Interest (Gross)	\$ _____
(2)	Inflation (state all assumptions, Including time period and rate)	\$ _____

**TOTAL PROPOSED CAPITAL COSTS (a - d)** \$27,500.00

<sup>2</sup> 5 desks at \$1,500, 5 laptops at \$1,500, 1 copier at \$8,000, \$2,500 reserve, \$2,000 for phone installation.

<sup>3</sup> 5 desks at \$1,500, 5 laptops at \$1,500, 1 copier at \$8,000, \$2,500 reserve, \$2,000 for phone installation.



2. Financing Cost and Other Cash Requirements:

a.	Loan Placement Fees	\$ _____
b.	Bond Discount	_____
c.	Legal Fees (CON Related)	\$103,500.00
d.	Legal Fees (Other)	_____
e.	Printing	_____
f.	Consultant Fees	_____
	CON Application Assistance	_____
	Other (Specify)	_____
g.	Liquidation of Existing Debt	_____
h.	Debt Service Reserve Fund	_____
i.	Principal Amortization	_____
	Reserve Fund	_____
j.	Other (Specify)	_____
<b>TOTAL (a - j)</b>		<b>\$103,500.00</b>

3. Working Capital Startup Costs \$ \_\_\_\_\_

**TOTAL USES OF FUNDS (1 - 3)** **\$131,000.00**

**B. Sources of Funds for Project:**

1.	Cash	\$131,000.00
2.	Pledges: Gross _____,	
	less allowance for	
	uncollectables _____	
	= Net	_____
3.	Gifts, bequests	_____
4.	Interest income (gross)	_____
5.	Authorized Bonds	_____
6.	Mortgage	_____
7.	Working capital loans	_____
8.	Grants or Appropriation	_____
	(a) Federal	_____
	(b) State	_____
	(c) Local	_____
9.	Other (Specify)	_____

**TOTAL SOURCES OF FUNDS (1-9)** **\$131,000.00**

Lease Costs:

a. Land	\$ _____ x _____	= \$ _____
b. Building	\$16.00/sq. foot x 1200	= \$9,600 (1Q18+2Q18)
c. Major Movable Equipment	\$ _____ x _____	= \$ _____
d. Minor Movable Equipment	\$4583.33 x 6	= \$27,500
e. Other (Specify)	\$ _____ x _____	= \$ _____

TABLE 2b

	Projected years – ending with first year at full utilization				
CY or FY (circle)	2018	2019	2020	2021	
Admissions	39	167	238	278	
Deaths	24	128	186	223	
Non-death discharges	5	27	41	49	
Patients served	39	177	250	290	
Patient days	1,755	8,346	13,099	16,692	
Average length of stay	45	50	55	60	
Average daily hospice census	10	23	36	46	
Visits by discipline					
Skilled nursing	904	4,047	5,523	6,452	
Social work	222	992	1,354	1,581	
Hospice aides	990	4,431	6,047	7,064	
Physicians - paid	18	80	109	128	
Physicians - volunteer	N/A	N/A	N/A	N/A	
Chaplain	136	608	830	969	
Other clinical	25	112	153	179	
Licensed beds					
Number of licensed GIP beds	N/A	N/A	N/A	N/A	
Number of licensed Hospice House beds	N/A	N/A	N/A	N/A	
Occupancy %	N/A	N/A	N/A	N/A	
GIP(inpatient unit)	N/A	N/A	N/A	N/A	
Hospice House	N/A	N/A	N/A	N/A	

Assumptions

FOR Reference only				
	1.50	3.21	4.58	5.35
AVG Weekly Admits				
	Year 2	Year 3	Year 4	
New Admits		1.48	1.91	2.13
New + Readmission PA		3.21	4.58	5.35
New Admits		3.62	4.1	4.1
New + Readmission VT		4.6	4.89	4.6
Average		3.21	4.58	5.35



Table 4					
Projected Years (ending with first full year at full utilization)					
CY or FY (Circle)	20 18	20 19	20 20	20--- 21	
1. Revenue					
a. Inpatient services	\$ 55,926	\$ 239,041	\$ 419,005	\$ 516,726	
b. Hospice House services	N/A	N/A	N/A	N/A	N/A
c. Home care services	\$ 310,890	\$ 1,328,808	\$ 2,215,080	\$ 2,711,166	
d. Gross Patient Service Revenue	\$ 366,816	\$ 1,567,849	\$ 2,634,085	\$ 3,227,892	
e. Allowance for Bad Debt[3]	\$ -	\$ 20,386	\$ 30,460	\$ 37,677	
f. Contractual Allowance	\$ 7,483	\$ 31,984	\$ 53,999	\$ 66,495	
g. Charity Care	\$ 77,345	\$ 20,386	\$ 30,460	\$ 37,677	
h. Net Patient Services Revenue	\$ 281,988	\$ 1,495,093	\$ 2,519,167	\$ 3,086,044	
i. Other Operating Revenues (Specify)	\$ 104,776	\$ 502,717	\$ 465,902	\$ 606,297	
j. Net Operating Revenue	\$ 386,764	\$ 1,997,810	\$ 2,985,069	\$ 3,692,340	
2. Expenses					
a. Salaries, Wages, and Professional Fees, (including fringe benefits)	\$ 305,057	\$ 811,004	\$ 1,360,559	\$ 1,618,845	
b. Contractual Services	\$ 155,442	\$ 722,017	\$ 818,108	\$ 1,025,823	
c. Interest on Current Debt	\$ 0	\$ 0	\$ 0	\$ 0	
d. Interest on Project Debt	\$ 0	\$ 0	\$ 0	\$ 0	
e. Current Depreciation	\$ 3,500	\$ 5,000	\$ 7,500	\$ 8,000	
f. Project Depreciation	N/A	N/A	N/A	N/A	
g. Current Amortization	N/A	N/A	N/A	N/A	
h. Project Amortization	N/A	N/A	N/A	N/A	
i. Supplies	\$ 4,176	\$ 17,712	\$ 28,670	\$ 35,964	
j. Other Expenses (Specify)	\$ 142,031	\$ 450,217	\$ 677,036	\$ 820,527	
k. Total Operating Expenses	\$ 610,206	\$ 2,005,950	\$ 2,891,872	\$ 3,509,158	
3. Income					
a. Income from Operation	\$ (223,442)	\$ (8,140)	\$ 93,197	\$ 183,182	
b. Non-Operating Income	\$ 0	\$ 0	\$ 0	\$ 0	
c. Subtotal	\$ (\$223,442)	\$ (\$8,140)	\$ \$93,197	\$ \$183,182	
d. Income Taxes	See footnote	See footnote	See footnote	See footnote	See footnote
e. Net Income (Loss)	\$ (223,442)	\$ (8,140)	\$ 93,197	\$ 183,182	

Table 4 Cont.	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	20_18_	20_19_	20_20_	20---_21_
<b>4. Patient Mix</b>				
<b>A. As Percent of Total Revenue</b>				
1. Medicare	59.5%	59.5%	59.5%	59.5%
2. Medicaid	39.5%	39.5%	39.5%	39.5%
3. Blue Cross				
4. Other Commercial Insurance				
6. Other (Specify) <b>Charity</b>	1.0%	1.0%	1.0%	1.0%
7. TOTAL	100%	100%	100%	100%
<b>B. As Percent of Patient Days/Visits/Procedures (as applicable)</b>				
1. Medicare	59.5%	59.5%	59.5%	59.5%
2. Medicaid	39.5%	39.5%	39.5%	39.5%
3. Blue Cross				
4. Other Commercial Insurance				
5. Self-Pay				
6. Other (Specify)	1.0%	1.0%	1.0%	1.0%
7. TOTAL	100%	100%	100%	100%

\*6. Other includes Charity Care



**TABLE 5**

Position Title	Current No. FTEs	Change in FTEs (+/-)	Average Salary	Employee/ Contractual	TOTAL COST
<b>Administration</b>					
Administration	-	8.13	\$ 60,659	Employee	\$ 492,858
<b>Direct Care</b>					
Nursing	-	6.86	\$ 60,000	Employee	\$ 411,500
Social work/services	-	1.80	\$ 50,000	Employee	\$ 90,000
Hospice aides	-	5.13	\$ 26,000	Employee	\$ 133,250
Physicians-paid	-	0.27	\$ 312,000	Contractual	\$ 84,600
Physicians-volunteer	N/A	N/A	N/A	N/A	
Chaplains	-	1.25	\$ 40,000	Employee	\$ 50,000
Bereavement staff	-	0.45	\$ 50,000	Employee	\$ 22,500
Other clinical	N/A	0		Contractual	4500
<b>Support</b>					
Other support	N/A	0	0	Employee	1500
				Benefits*	\$ 328,137
				TOTAL	\$ 1,618,845

Benefits are calculated based on the sum total of administrative and direct care staff benefits:

- Admin Benefits include: medical insurance, 401k match, other ins benefits, vacation/PTO workers comp, and payroll taxes and are estimated using 2.8% of revenue based on historical expenses for other BAYADA hospice offices in similar markets and sizes.
- Direct Care Staff benefits include medical insurance, 401k match, vacation/PTO, liability insurance, workers comp and payroll taxes and are estimated using 3.7% of revenue based on historical expenses for other BAYADA hospice offices in similar markets and sizes.
- Other support includes dietary
- Other clinical includes PT/OT/ST

# **Revised Exhibit 22**

2019 Impact Based on No Change in Utilization					2019 Impact Based on Change in Utilization								
Take Market Share from Other Providers					Increase Market Size								
	Patients Served in 2014	Market Share in 2014	Market Share in 2019 (with BAYADA)	2019 Patient Deaths (utilization -261)	Net Vol Growth 2014-2019		Patients Served in 2014	Market Share in 2019 (with BAYADA)	2019 Patient Deaths with BAYADA's Impact on utilization (-2831)	Projected Market Share Impact from BAYADA's Penetration	Net Vol Growth 2014-2019		
Gilchrist Hospice	602	42.00%		39%	590	(13)			602	38.75%	639	-50	37
Seasons Hospice and Palliative	387	27.00%		25%	376	(11)			387	24.91%	411	-32	24
Stella Maris Inc Hospice	129	9.00%		8%	125	(4)			129	8.30%	137	-11	8
Heartland Hospice	115	8.00%		7%	112	(3)			115	7.38%	122	-9	7
Joseph Richey	72	5.00%		5%	70	(2)			72	4.61%	76	-6	4
BAYADA Hospice	N/A	N/A		8%	128	128			N/A	7.75%	128	0	0
Other	129	9.00%		8%	125	(4)			129	8.30%	137	-11	8
Total	1434	100.00%		100%	1,522	88	Total	1434	100%	1650			

# **Revised Exhibit 26**



# BAYADA HOSPICE – 2017 QAPI PLAN – CHART

<b>QAPI Characteristic as Described by OHCQ</b>	<b>State regulation reference</b>	<b>Location/citation in Applicant's QAPI</b> Provide the section of the policy and the language that addresses the requirement.
Develop, implement and maintain an effective, ongoing, hospice-wide data driven QAPI program	<p>10.07.21.09 A &amp; B</p> <p>A. The governing body shall ensure that the hospice care program conducts ongoing quality assurance and utilization review.</p> <p>B. Quality Assurance Program. The governing body shall assure that the hospice care program develops and implements a quality assurance and improvement program to assess and improve the quality of services being provided by the program.</p>	<p>A. Governing Body</p> <p>Please see Section B(1) of the BAYADA Hospice Division 2017 Quality Assurance and Performance Improvement Plan (the "QAPI Plan"), enclosed in this Revised Exhibit 26. This plan replaces the 2016 plan submitted with the original application.</p> <p>Section B(1) states: "The Governing Body representatives of the BAYADA Hospice division have oversight responsibility for the quality and effectiveness of the services provided by each Hospice."</p> <p>That section also states: "The Governing Body shall appoint the Hospice Director/Associate Director, who shall have the responsibility for the administration of the Quality Assurance and Performance Improvement Program..."</p> <p>B. Quality Assurance Program</p> <p>Section B(1) of the QAPI states that "the Governing Body has ultimate responsibility to that this QAPI plan is implemented."</p> <p>Section E of the QAPI Plan states that the QAPI Plan "is annually assessed for effectiveness and consistency."</p>
<b>Maintain documentary evidence – able to demonstrate operation</b>	<p>10.07.21.09D(2) Maintain records to demonstrate the effectiveness of its quality assurance activities</p>	<p>Section C(1) of the QAPI Plan states that "BAYADA Hospice completes monthly QAPI activities /reports on a monthly basis for indicators in the five domains identified in this plan."</p> <p>Section B(1) of the QAPI Plan states that "The Governing Body will receive a quarterly summary of all QAPI activities."</p>



<p><b>Program capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services</b></p>	<p>10.07.21.09C(2) Have outcomes and results that are measurable and which may be incorporated into systemic changes in the program's operation;</p>	<p>Section A(3) of the QAPI Plan identifies a two-stage ongoing quality improvement "This organization collects data on important processes or outcomes related to patient care, patient/client satisfaction, risk areas and management functions. Important processes are measured on a continuing basis. BAYADA Hospice employs a two-stage ongoing quality improvement approach to evaluate this data and implement plans for remediation and/or improvement."</p> <p>Section (C)(1) of the QAPI Plan identifies five categories of indicators for QAPI review, including "people, service, quality, growth, finance" measures, and lists the specific indicators to be reviewed.</p> <p>Section (C)(2) of the QAPI Plan calls for development of additional measurable indicators on an as-needed basis if "an important aspect of practice or area of risk is identified."</p>
<p><b>Must measure, analyze and track quality indicators including adverse patient events</b></p>	<p>10.07.21.09C(3) Require the systematic collection, review, and evaluation of information and data and the analysis of trends identified through the quality assurance process</p>	<p>Section (C)(1) of the QAPI Plan identifies five categories of indicators for QAPI review, including "people, service, quality, growth, finance" measures, and lists the specific indicators to be reviewed.</p> <p>Section (C)(2) of the QAPI Plan calls for development of additional measurable indicators on an as-needed basis if "an important aspect of practice or area of risk is identified."</p> <p>The QAPI Plan also incorporates general BAYADA policies on data collection and review, including BAYADA Policy 0-403: QUALITY ASSESSMENT AND QUALITY IMPROVEMENT IMPLEMENTATION (enclosed in this Revised Exhibit 26)</p> <p>Sections 2 through 6 of Policy 0-403 outline specific data collections and tracking activities performed by BAYADA.</p>
<p><b>Must use quality indicator data in design of program to: monitor effectiveness and</b></p>	<p>10.07.21.09D(3) Implement changes based upon results of the evaluated data; for example, when problems are identified in the provision of services, the hospice care program shall document corrective actions taken,</p>	<p>As outlined in Section D(1) of the QAPI Plan, the evaluation of data-as well as the process improvement activities are performed through the following process:</p>



<p>safety of services and quality of care; identify opportunities for improvement</p>	<p>including ongoing monitoring, revisions of policies and procedures, and educational interventions</p>	<p>"When the data collected for an indicator is not consistent with an established threshold, an evaluation of the data is conducted using the process outlined below or other advanced problem solving methodology.</p> <p>The Director and/or the QAPI Committee may establish or act as an action team to address specific services or areas of focus following this process.</p> <ul style="list-style-type: none"> <li>i. <b>Select a Target Outcome</b></li> <li>ii. <b>Conduct a Process Investigation</b> to examine and analyze the processes that produced the target outcome results.</li> <li>iii. <b>Document a Problem or Strength Statement</b> that simply states the specific problem or exemplary care/management issue to be addressed by the Plan of Action. The issue must be within the hospice's control. Avoid focusing patient care issues primarily on documentation.</li> <li>iv. <b>Formulate and Implement a written Plan of Action for remediation or reinforcement</b> that includes the intervention or actions that are needed to guide the staff in best practice, to implement change and/or learn a new skill or process. The action statements include the start/finish times for each specific intervention and the person(s) responsible for seeing that the specific activity is carried out.</li> <li>v. <b>Monitor Outcomes (Implement 4dx principles)</b> to determine if the staff is following best practices, implementing the changes presented or has learned the presented material. It is critical that monitoring approaches begin shortly after implementation of the intervention (e.g., within two to four weeks) and include plans to inform the staff. Monitoring may involve interview, observation or focused review. Document the effectiveness of actions in the Quality Assurance and Performance Improvement Committee Minutes"</li> </ul>
<p>Frequency and detail of data collection must be approved by governing</p>	<p>10.07.21.09E The hospice care program shall be held accountable by the governing body for accomplishing the goals and standards that are established as part of the</p>	<p>Section B(1) of the QAPI Plan states that "the Governing Body will receive a quarterly summary of all QAPI activities" and that "the Governing Body representatives of the BAYADA Hospice division will</p>



body	quality assurance and improvement system.	<p>have oversight responsibility for the quality and effectiveness of the services provided by each Hospice. The Governing Body has ultimate responsibility to ensure that this QAPI plan is implemented."</p> <p>Section B(1) of the QAPI Plan also gives the Governing Body the power to appoint, and therefore to hold accountable and replace, "the Hospice Director/Associate Director. The Hospice Director and Associate Director shall have the responsibility for the administration of the Quality Assurance and Performance Improvement Program."</p>
<b>Must focus on high risk, high volume or problem prone areas</b>		<p>Section A(2) of the QAPI Plan states that BAYADA will "Focus on high risk, high volume, problem prone areas"</p> <p>A Section (C)(2) of the QAPI Plan calls for development of additional measurable indicators on an as-needed basis if "an important aspect of practice or area of risk is identified."</p> <p>Section 6 of Policy 0-403 states that "All incident reports are reviewed for potential adverse events and safety risks. The company selects at least one high-risk process to be analyzed per year."</p>
<b>PI activities must track adverse patient events, analyze their causes and implement preventive actions</b>	10.07.21.09D(3) Implement changes based upon results of the evaluated data; for example, when problems are identified in the provision of services, the hospice care program shall document corrective actions taken, including ongoing monitoring, revisions of policies and procedures, and educational interventions	<p>Section 6 of Policy 0-403 states that "All incident reports are reviewed for potential adverse events and safety risks. The company selects at least one high-risk process to be analyzed per year."</p> <p>Section D(1) of the QAPI Plan identifies the five step action process BAYADA uses to improve "specific services or areas of focus"</p>
<b>Must measure success and track performance to ensure improvements are sustained</b>		<p>Section D(1) of the QAPI Plan identifies the five step action process BAYADA uses to improve "specific services or areas of focus"</p> <p>Section D(2) of the QAPI Plan states that "When QA data identifies an unsatisfactory aspect of care/service that the QAPI committee deems critical, the Director is immediately notified. The Director may call an</p>



		ad hoc QAPI meeting or implement other action to address the issue. Follow up evaluation will be conducted to ensure effective resolution and will be presented at the next regularly scheduled Quality Assurance and Performance Improvement Committee meeting."
<p><b>Number and scope of PIP (performance improvement projects), conducted <u>annually</u> based on the needs of the hospice's population and internal organizational needs, must reflect the scope, complexity and past performance of the hospice's services and operations</b></p>	<p>10.07.21.09C(1-6) C. The quality assurance and improvement program shall:</p> <p>(1) Focus on:</p> <p>(a) The needs, expectations, and satisfaction of patients and their families, and</p> <p>(b) All services provided by the hospice care program;</p> <p>(2) Have outcomes and results that are measurable and which may be incorporated into systemic changes in the program's operation;</p> <p>(3) Require the systematic collection, review, and evaluation of information and data and the analysis of trends identified through the quality assurance process;</p> <p>(4) Require that regular reports are prepared and reviewed by the governing body and appropriate personnel;</p> <p>(5) Provide for prompt and appropriate response to incidents when the patient's health and safety is at risk; and</p> <p>(6) Include proactive strategies to improve the quality of services.</p>	<p>Section 6 of Policy 0-403 states that "All incident reports are reviewed for potential adverse events and safety risks. The company selects at least one high-risk process to be analyzed per year."</p> <p>Section E of the QAPI Plan states that "the Quality Assurance and Performance Improvement Plan is annually assessed for effectiveness and consistency. The results of the review including problems identified and actions taken are documented in an annual evaluation and reported to the Governing Body representatives. The annual plan will be completed prior to the second quarter of the following year."</p> <p>Section C(2) of the QAPI Plan states that the QAPI committees "will review the calendar quarterly to make necessary adjustments to meet organizational needs. The Hospice may choose to perform more frequent or additional Performance Improvement activities/projects. The data collection process utilizes available reports and tools and analyzes data using systematic and appropriate statistical techniques. The indicators and monitoring issues are represented by one of the five domains and one of the target areas listed that domain.</p> <p>After an important aspect of practice or area of risk is identified, indicators are developed to assist in the monitoring and evaluation of that practice or risk area. Indicators are either structural, process or outcome in nature. For each indicator developed, a threshold or performance target will be established to assist in the identification of potential problems and promotion of best practices."</p>
<b>Governing Body-responsible for</b>	10.07.21.09D(4) Identify the individual responsible for performing the quality assurance functions as set forth in	

<p>ensuring that one or more individual(s) who are responsible for operating the QAPI program are designated</p>	<p>this regulation</p>	<p>Section (B)(1) of the QAPI Plan states that "the Governing Body shall appoint the Hospice Director/Associate Director. The Hospice Director and Associate Director shall have the responsibility for the administration of the Quality Assurance and Performance Improvement Program"</p>
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**BAYADA Hospice Division - Maryland**  
**2017 Quality Assurance and Performance Improvement Plan**

**A. Overview**

***(1) Introduction***

BAYADA Hospice is dedicated to supporting patients with terminal illness as well as their families. Our mission is to preserve each patient's dignity and to alleviate the fear associated with dying through pain control, comfort care and symptom management.

To help fulfill this mission each BAYADA Hospice Branch conducts an ongoing, comprehensive, integrated, self-assessment of quality and the appropriateness of care provided, as well as evaluating management systems and the identification of best practices. Special attention is given to the evaluation of the ability of the hospice to deal with symptom management, pain control, stress management, continuity of care and inpatient care. The findings are used by the hospice to correct identified problems and to revise hospice policies if necessary.

Our Quality Assurance and Performance Improvement (QAPI) Program is based on current quality improvement practice and the quality assurance guidelines published by the Centers for Medicare and Medicaid (CMS) for Quality Assurance and Performance Improvement (QAPI). The program consists of quality and performance improvement activities that are designed to maintain and improve the quality of care and management while meeting licensing and regulatory requirements, e.g. state hospice licensure regulations, OSHA regulations and Medicare Conditions of Participation.

This 2017 Quality Assurance and Performance Improvement Plan incorporates by reference BAYADA Policy 0-403: QUALITY ASSESSMENT AND QUALITY IMPROVEMENT IMPLEMENTATION.

***(2) Goals***

The overall goals of the QAPI Program are encapsulated in the following categories:

- I. Program Scope § 418.58(a) (1-2)
  - Measure, Analyze, and Track Operations
  - Measurably improve palliative outcomes and EOL support
  
- II. Program Data § 418.58(b) (1-3)
  - Drive QAPI with data
  - Monitor and ID opportunities for improvement
  - Timing and detail determined by governing body

- III. QAPI: Program activities § 418.58(c) (1-3)
- Focus on high risk, high volume, problem prone areas
  - Consider incidence, prevalence, severity
  - Address & prevent adverse events
  - Improve & monitor over time
- IV. Performance Improvement Projects § 418.58(d) (1-2)
- Reflect scope and complexity of hospice
  - Document what, why and how successful
- V. Executive responsibilities § 418.58(e) (1-3)
- Define, implement, and maintain QAPI
  - Address quality and patient safety...

### *(3) Approach*

This organization collects data on important processes or outcomes related to patient care, patient/client satisfaction, risk areas and management functions. Important processes are measured on a continuing basis. BAYADA Hospice employs a two-stage ongoing quality improvement approach to evaluate this data and implement plans for remediation and/or improvement.

#### **Stage I - Outcome Analysis**

Data collection, analysis and trending for an indicator or target outcome. Data is collected according to specific indicator guides and tracked based on the frequency outlined in the BAYADA Quality Assurance and Performance Improvement Calendar.

#### **Stage II – Outcome Enhancement**

Implementation of a performance improvement plan aimed at correcting substandard results or reinforcing exemplary practices. The plan of action is developed through interpreting outcomes and results, selecting target outcomes for follow up, determining which key processes or practices influence these target outcomes, developing a plan and implementing that plan. The second stage feeds back to Stage I the next time the indicator is monitored or an outcome report is received.



## *B. Responsibility*

### *(1) Governing Body*

Under current BAYADA policy, Governing Body responsibilities are held by a company-wide advisory board and local advisory boards for particular BAYADA programs. A description of these advisory boards is contained in BAYADA Policy 0-525: ADVISORY BOARDS, which is incorporated by reference. BAYADA plans to empower a local advisory board for the Maryland branch of its hospice division, including the QAPI committees referenced in this Section B.

The Governing Body representatives of the BAYADA Hospice division will have oversight responsibility for the quality and effectiveness of the services provided by each Hospice. The Governing Body has ultimate responsibility to ensure that this QAPI plan is implemented.

The Governing Body shall appoint the Hospice Director/Associate Director. The Hospice Director and Associate Director shall have the responsibility for the administration of the Quality Assurance and Performance Improvement Program, including the following activities:

- i. Appoint the QA and Performance Improvement Committee chair.
- ii. Oversee the timely performance of the activities listed in the QA and Performance Improvement Plan.
- iii. Perform additional or more frequent QA and Performance Improvement activities depending on the needs of the Hospice.
- iv. Develop, implement and oversee the systems necessary to improve or maintain quality patient care and effective management processes.
- v. Submit QAPI meeting minutes quarterly to the Division Director or designee.

The QA and Performance Improvement Committee works under the authority of the Hospice Director and has the responsibility to follow the QA and Performance Improvement Plan, analyze data generated through executing the QAPI plan and develop plans of action.

The Division Director of Clinical Operations and the Division Quality Committee review data from each hospice in the division for comparison and assists in analyzing trends and identifying best practices.

The Governing Body will receive a quarterly summary of all QAPI activities.

### *(2) QAPI Committee – Branch Committee*

The QAPI Committee for the Maryland branch of Bayada is responsible to review and / or gather, analyze, data and formulates and implements remediation and maintenance plans in

accordance with the BAYADA Quality Assurance Performance Improvement Plan. The QAPI plan is reflective of the local hospice data.

- i. The QAPI committee is led by a chairperson and composed of members from clinical, management, marketing and support staff.
- ii. Clinical staff and contractors are expected to participate on the committee or in the QAPI activities.
- iii. Quality Assurance and Performance Improvement committee findings and minutes are prepared and presented to the Hospice's Quality Assurance and Performance Improvement Committee and stored in the Hospice's Quality Assurance and Performance Improvement Manual.
- iv. The committee chair or is responsible for appointing a performance improvement team, hold meetings, maintaining the Quality Assurance and Performance Improvement Manual, preparing and completing minutes that ensure that indicators are monitored and analyzed according to plan.
  - QAPI meetings will be scheduled monthly at the local level at least quarterly with the Medical Director attending.
  - Will report quarterly or per individual state requirement to the Governing Body.
- v. The committee utilizes Performance improvement teams to further analyze, identified problems and to ensure they are brought to acceptable threshold / resolution.
- vi. Reports will be forwarded to the Practice level QAPI committee by the 15<sup>th</sup> of the month

### *(3) QAPI Committee – Practice Committee*

The Practice QAPI Committee is responsible to review and / or gather, analyze data and formulate and implement remediation and maintenance plans in accordance with the BAYADA Quality Assurance Performance Improvement Plan.

- i. The QAPI committee is led by the Division Director of clinical compliance and composed of member's management, Support and medical staff, contractor appointees may also be appointed as determined by the committee.
- ii. Quality Assurance and Performance Improvement committee findings and minutes are prepared and presented to the Practice Leader of BAYADA Hospice and stored in the Hospice's Quality Assurance and Performance Improvement Manual.
- iii. The committee chair is responsible for appointing a performance improvement team, holding meetings, maintaining the Quality Assurance and Performance Improvement Manual, preparing and completing minutes that ensure that indicators are monitored and analyzed according to plan.
- iv. QAPI meetings will be scheduled the last week of each month and will review the local hospice QAPI reports, as well as the practice level plan
- v. Will report quarterly to Hospice Practice leader and Governing Body

- vi. The committee utilizes Performance improvement teams to further analyze, identified problems and to ensure they are brought to acceptable threshold / resolution.

#### *(4)Staff and Contractor's Responsibility*

All staff of BAYADA Hospice (full and part time) as well as all contracted individuals performing services on behalf of BAYADA are expected to participate in QAPI activities carried out by the Hospice. Moreover, staff and contracted individuals will be invited to participate in various QAPI activities.



## C. Outcome Monitoring

### *(1) Standard Indicators*

***Our QAPI Plan considers five functional areas:***

- People
- Service
- Quality
- Growth
- Finance

#### **People:**

- Human Resource Practices
- Staff Retention
- Employee Satisfaction Surveys
- Home Office field retention
- On boarding Practices
- Management of Injured
- Employee Staff Education

#### **Service:**

- Client Satisfaction Surveys
- Patient Incident & Complaints/Events
- Compliance Program
- HIS
- Cahps

#### **Quality: (10% monthly review of clinical record)**

- Symptom Management
- Pain Control
- Continuity of Care
- Levels of Care
- Coordination of Care with Nursing Facilities
- Comprehensive Assessment
- Care Planning/Coordination
- Documentation Processes
- Clinical Oversight
- Staff Education
- Staff Competency

- Infection Control
- OSHA/Safety Education
- Internal clinical audit

**Growth:**

- Year over Year Revenue
- Year over Year Admission Growth
- Live Discharge/Revocation
- Referral management
- Length of Stay

**Finance:**

- Gross Profit percentage
- Operating Income percentage
- Billing and AR Processes
- AP Management
- Pay practice
- ADR and Pre pay probe processes
- Expense Management
- Budget development and Management
- Internal Operations audit

BAYADA Hospice completes monthly QAPI activities /reports on a monthly basis for indicators in the five domains identified in this plan.

## *(2) Identification of Additional Indicators and Issues for Monitoring*

Each year a Division-wide Master QAPI Calendar containing scheduled indicators is developed in consultation with the Directors, Clinical Managers and Hospice staff and distributed by the Division Director of Clinical Operations.

The Corporate QAPI Committee will review the calendar quarterly to make necessary adjustments to meet organizational needs. The Hospice may choose to perform more frequent or additional Performance Improvement activities/projects. The data collection process utilizes available reports and tools and analyzes data using systematic and appropriate statistical techniques. The indicators and monitoring issues are represented by one of the five domains and one of the target areas listed that domain.

After an important aspect of practice or area of risk is identified, indicators are developed to assist in the monitoring and evaluation of that practice or risk area. Indicators are either structural, process or outcome in nature. For each indicator developed, a threshold or

performance target will be established to assist in the identification of potential problems and promotion of best practices.

#### D. Outcome Analysis and Enhancement

##### *(1) Standard Analysis and Enhancement Process*

When the data collected for an indicator is not consistent with an established threshold, an evaluation of the data is conducted using the process outlined below or other advanced problem solving methodology.

The Director and/or the QAPI Committee may establish or act as an action team to address specific services or areas of focus following this process.

- i. **Select** a Target Outcome
- ii. **Conduct** a Process Investigation to examine and analyze the processes that produced the target outcome results.
- iii. **Document** a Problem or Strength Statement that simply states the specific problem or exemplary care/management issue to be addressed by the Plan of Action. The issue must be within the hospice's control. Avoid focusing patient care issues primarily on documentation.
- iv. **Formulate and Implement a written Plan of Action for remediation or reinforcement** that includes the intervention or actions that are needed to guide the staff in best practice, to implement change and/or learn a new skill or process. The action statements include the start/finish times for each specific intervention and the person(s) responsible for seeing that the specific activity is carried out.
- v. **Monitor Outcomes (Implement 4dx principles)** to determine if the staff is following best practices, implementing the changes presented or has learned the presented material. It is critical that monitoring approaches begin shortly after implementation of the intervention (e.g., within two to four weeks) and include plans to inform the staff. Monitoring may involve interview, observation or focused review. Document the effectiveness of actions in the Quality Assurance and Performance Improvement Committee Minutes.

##### *(2) Resolution of Identified Critical Thresholds*

When QA data identifies an unsatisfactory aspect of care/service that the QAPI committee deems critical, the Director is immediately notified. The Director may call an ad hoc QAPI meeting or implement other action to address the issue. Follow up evaluation will be conducted to ensure effective resolution and will be presented at the next regularly scheduled Quality Assurance and Performance Improvement Committee meeting.



E. Annual Appraisal of the BAYADA Plan and System

The Quality Assurance and Performance Improvement Plan is annually assessed for effectiveness and consistency. The results of the review including problems identified and actions taken are documented in an annual evaluation and reported to the Governing Body representatives. The annual plan will be completed prior to the second quarter of the following year.

F. Confidentiality

The information related to Quality Assurance and Performance Improvement activities is collected and analyzed in a manner consistent with existing policy and Health Insurance Portability and Accountability Act (HIPAA) regulations. Since all patient identifiable information contained in the clinical record is considered confidential, the identity of the patient is protected by use of an MR number or other system to safeguard the information. In addition information generated through Quality Assurance and Performance Improvement activities is stored in areas outside of public access or view.

## **0-403 QUALITY ASSESSMENT AND QUALITY IMPROVEMENT IMPLEMENTATION**

*This policy was adopted on Jan. 1, 1993 and last revised Jan. 28, 2014.*

### ***Our Policy:***

BAYADA Home Health Care has procedures for its Quality Assessment and Improvement monitoring and evaluation activities.

### ***Our Procedure:***

#### **1.0 QA REVIEW TEAM.**

1.1 Quality Assessment (QA) review is a centralized function under the direction of the Chief Nursing Officer (CNO). Designated BAYADA personnel perform QA Review. The process is coordinated, monitored, and evaluated by the BAYADA corporate Nursing office.

#### **2.0 QA REVIEW.**

This process takes place quarterly on site at the service office and in the client's home.

##### **2.1 Chart Review and Employee File Review.**

2.1.1 **Sample:** A sample of active and discharged charts are selected randomly from a list of clients serviced and are representative of the client population of the service office. Files for field employees who worked in the previous quarter are also selected randomly and reviewed.



2.1.1.1 **Medicare Certified offices:** A random sample of clinical records are reviewed on a quarterly basis . The selection includes 10% of annual unduplicated admission with a maximum of 120 sample records per year.

2.1.1.2 **Non-Medicare Certified Offices:** 10% sample of active/discharged client records for a maximum of 60 client records per year are reviewed.

2.1.2 **Process-** Client charts and employee files are evaluated by the QA Reviewer. Recommendations for improvement are made, when necessary, and the service office must respond with a plan of correction within a time frame determined by the QA Reviewer not to exceed three weeks.

2.1.3 **Home Visit.**

2.1.3.1 **Sample:** The QA Coordinator will randomly select clients from each office to be visited in their homes by a QA Reviewer.

2.1.3.2 **Process:** The QA Reviewer will visit the client with the Clinical Manager and complete a Home Visit Evaluation form. These forms will be reviewed, analyzed, and score based on the percentage of compliance to policy.

2.1.4 **Indicators Analysis.**

2.1.4.1 **Sample:** A sample of charts or employee files are reviewed, with concentration only on the item identified in that particular order.

2.1.4.2 **Process:** For indicator measurement requiring client charts and employee files, the QA Reviewer will pick the appropriate charts or files, based on a computer list. For the indicator requiring evaluation of the on-call staff, these employees are randomly called (at unannounced intervals) throughout the quarter. The results of all are analyzed to identify trends.

3.0 **CLIENT SATISFACTION SURVEY ANALYSIS.**

3.1 **Sample:** All surveys returned each quarter will comprise the sample.

3.2 **Process:** The office director or designee will summarize the results and send them to headquarters at the end of each quarter. These will be summarized

per office and an overall summary for the summary for the company will be created.

#### **4.0 ANALYSIS OF CLIENT AND EMPLOYEE INFECTIONS.**

**4.1 Sample:** All data entered on Client Infection Reports and Incident Reports related to employee infection issues will be reviewed.

**4.2 Process:** The Office Director and/or designee will summarize the data collected on the Client Infections Reports and Incident Reports related to employee infection issues and submit the summary at the end of each quarter. The summary will be analyzed and infection rates will be determined. Client and employee infections will be analyzed and reported according to [policy 0-1575] and REPORTING OF CLIENT AND EMPLOYEE INFECTIONS.

#### **5.0 ANALYSIS OF INCIDENT REPORTS.**

**5.1 Sample:** All incident Reports completed during the quarter will be reviewed.

**5.2 Process:** The offices will submit all Incident Reports to headquarters by the end of the quarter. The Director of Client Services will review them and categorize them by type of incident. At the end of the quarter, the number of incidents/per category/per office will be sorted and trends identified.


#### **6.0 UNANTICIPATED ADVERSE EVENTS AND SAFETY RISKS.**

**6.1 Sample:** All incident reports are reviewed for potential adverse events and safety risks. The company selects at least one high-risk process to be analyzed per year.

**6.2 Process-** The process is described for each high-risk indicator that is chosen. The analysis includes:

- Identifying the ways in which the process could break down or fail to perform its described its desired function.
- Identifying the possible side effects that a breakdown or failure of the process could have on clients and their seriousness,
- Describing the potential process breakdowns or failures in order of priority,
- Determining of the reason(s) the prioritized breakdowns could occur, which may include performing a hypothetical root cause analysis,
- Redesigning the process and/or underlying systems to minimize the risk



- 
- of the effects on clients,
  - Testing and implementing the redesigned process,
  - Monitoring the effectiveness of the redesigned process.

## **7.0 QUARTERLY SUMMARY OF ALL QA ACTIVITIES.**

**7.1 Sample:** All monitoring and evaluation activities conducted during the quarter are reviewed.

**7.2 Process:** The Chief Nursing Officer and/or designee will summarize all QA activities at the end of each quarter. The summary is then distributed to the President, Division Directors and Advisory Board Members.

## **8.0 STATE/PRGORAM SPECIFIC AMENDMENTS.**

### **8.1 Indiana.**

BAYADA's internal quality assurance and quality improvement will be:

- a. focused on the client,
- b. appropriate for the services being provided, and
- c. ongoing and updated at least annually.

The system described in the internal quality assurance and quality improvement plan will include at least the following elements:

- a. records of findings for client satisfaction surveys in accordance with contract guidelines. See [policy 0-314],
- b. documentation of efforts to improve service delivery in response to the surveys of the client satisfaction survey,
- c. an annual assessment of the appropriateness and effectiveness of each service provided to a client,

In addition written process includes the following:

- a. analyzing data concerning:
  - reportable incidents.
  - services provided.
- b. developing and reviewing recommendations to reduce risk of future incidents.

### **8.2 New York.**



See [policy 0-6022] for further details.

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0-403 - QUALITY ASSESSMENT AND QUALITY IMPROVEMENT IMPLEMENTATION

Version: 51.0 ( 26112 )

Author(s): LAUREL TRICE (1993); LAUREL TRICE (2004); HEATHER COTTOM (2005); ANNI GONZALEZ (2014)

Owner:

Manual,  
Section: ADMINISTRATIVE , QUALITY ASSESSMENT & IMPROVEMENT

References: JCAHO QA .1; PI.3.20; COP 484.52, 484.14, 484.16; CHAP HHII.9a; CHAP PDII.8a;

Revisions: [Jan. 28, 2014](#); [Jan. 28, 2014](#); [Jan. 28, 2014](#); [Jan. 28, 2014](#); [Jan. 28, 2014](#); [Nov. 14, 2005](#); [Nov. 14, 2005](#); [Jan. 01, 1993](#); Apr. 18, 1994; Aug. 19, 1996; Nov. 15, 1999; Jan. 1, 2004

Comments: Conversion



## **0-525 ADVISORY BOARDS**

*This policy was adopted on Apr. 16, 1993 and last revised Feb. 20, 2017.*

### ***Our Policy:***

There are Advisory Boards (Professional Advisory Committees) from which BAYADA Home Health Care and its managed entities receives guidance on client care, policy issues, and quality improvement initiatives.

### ***Our Procedure:***

#### **1.0 MEMBERS AND TERMS.**

Advisory Boards are comprised of at least one physician and one registered nurse, with appropriate representation from other professional disciplines. At least one member of the group is neither an owner or an employee. Each advisory board member is appointed for a one year term.

1.1 The Governing Body appoints all members of the company-wide and local office advisory boards, including any changes in membership as they occur. The appointments are documented in corporate minutes and facilitated through the Legal Services (LS) office.

#### **2.0 PURPOSE.**

The purposes of the Advisory Boards are as follows for the Home Health, Hospice, and/or Private Duty programs respective to the services an office provides:

- a. to help establish and annually review policies and procedures, including those governing the scope of service, admission and discharge, medical supervision and plan of care, emergency care, clinical records, and personnel qualifications,
- b. to review the Annual Program Evaluation,
- c. to assist in maintaining liaison with other health care providers in the community and in the community education program,
- d. to make recommendations for strategic planning,
- e. to conduct biannual review of quality monitoring including record review, outcome studies, client satisfaction surveys, incident, complaint and organizational trends that are identified,
- f. to make recommendations and provide direction for quality improvement

initiatives.

### 3.0 **STRUCTURE.**

There is a company advisory board which meets four (4) times per year and performs the functions described in section 2.0 for the programs and services of the company as a whole. Additionally, the group serves as an advisory board for Home Health and private duty programs as follows:

- a. **Home Health (Medicare Certified Services)** - Each parent office and its respective branches has its own advisory board which is required to meet at least once per year and more frequently if required by state regulation as defined in section 3.1 below. At least once per year, the company advisory board conducts a review and advises on Home Health services for offices whose board meets less than twice per year. If Hospice services are provided, they are also reviewed as indicated above. See section 4.2 below and also [policy 0-521] for additional requirements associated with the local Advisory Boards and documentation of their activities.
- b. **Home Care (Private Duty)** - Twice during the year, the company advisory board reviews and advises on the private duty program for offices that do not have an independent advisory board or one that meets less than twice per year.

3.1 Offices seeking **initial Medicare Certification as an independent provider** must obtain Governing Body approval and appointment of all members, and hold the first meeting of the local Advisory Board (PAC) **prior to the first client admission**. The agenda for the first meeting includes at a minimum:

- a. Orientation and review of members responsibilities and meeting frequency,
- b. Review and approval of policies and procedures,
- c. Service and operational goals and challenges
- d. Review of QA and performance improvement process and how information related to trends will be communicated to the PAC, i.e. chart audit tools, adverse event data, infection data, complaints and incidents, etc.

See [interpretative guidance from the Community Health Accreditation Program](#)

### 3.2 **State-specific Requirements for Local Professional Advisory**



### **Committee/Board Meetings.**

Meetings of the local Professional Advisory committee of the parent office and its branch(es) must meet at the following frequency in accordance with state regulations:

<b>State</b>	<b>Frequency</b>
Connecticut	Twice per year
Delaware	Twice per year
New Jersey	Twice per year-Home Health
New Mexico	Twice per year
New York	Four times per year (quarterly)
Rhode Island	Twice per year
Managed Entities	Twice per year

### **4.0 MINUTES.**

Accurate and complete minutes of all meetings are signed, dated and maintained. Minutes reflect the specific office locations and programs reviewed during the meetings. Copies of the minutes from the company Advisory Board meetings are provided to all offices quarterly via web publication and will include any recommendations or guidance for the offices.

- 4.1
  - a. [Minutes - June 11, 2008](#)
  - b. [Minutes - Sept. 10, 2008](#)
  - c. [Minutes - December 3, 2008](#)
  - d. [Minutes - March 18, 2009](#)
  - e. [Minutes - June 17, 2009](#)
  - f. [Minutes - September 16, 2009](#)
  - g. [Minutes - December 16, 2009](#)
  - h. [Minutes - March 10, 2010](#)
  - i. [Minutes - June 16, 2010](#)
  - j. [Minutes - September 15, 2010](#)
  - k. [Minutes - December 15, 2010](#)
  - l. [Minutes - March 16, 2011](#)
  - m. [Minutes - June 15, 2011](#)
  - n. [Minutes - September 14, 2011](#)
  - o. [Minutes - December 14, 2011](#)
  - p. [Minutes - March 7, 2012](#)
  - q. [Minutes - June 6, 2012](#)
  - r. [Minutes - September 5, 2012](#)
  - s. [Minutes - December 11, 2012](#)
  - t. [Minutes - March 6, 2013](#)
  - u. [Minutes - June 12, 2013](#)

- v. [Minutes - September 11, 2013](#)
- w. [Minutes - December 4, 2013](#)
- x. [Minutes - March 5, 2014](#)
- y. [Minutes - June 4, 2014](#)
- z. [Minutes - September, 3 2014](#)
- aa. [Minutes - December 3, 2014](#)
- bb. [Minutes - March 4, 2015](#)
- cc. [Minutes - June 3, 2015](#)
- dd. [Minutes - September 1, 2015](#)
- ee. [Minutes - December 2, 2015](#)
- ff. [Minutes - March 2, 2016](#)
- gg. [Minutes- June 1, 2016](#)
- hh. [Minutes- September 7, 2016](#)
- ii. [Minutes- December 7, 2016](#)

## **5.0 RELATED POLICIES.**

- a. [policy 0-7308]
- b. [policy 0-972]

## **6.0 STATE/PROGRAM SPECIFIC AMENDMENT.**

### **6.1 Colorado.**

Minutes of each local Advisory Board (PAC) meeting are submitted by the agency administrator to the Governing Body for review and approval, and documented in Corporate Minutes. The minutes are submitted through the Legal Services Office (LS). Specific direction from the Governing Body to the local office/branches on any actions to be taken based on this review are communicated via the Practice Leader or Chief Operating Officer.

### **6.2 New York.**

See [policy 0-6022] for further details.

### **6.3 Virginia.**

The Advisory Board members meet the membership requirements for a quality improvement committee.



0-525 - ADVISORY BOARDS

Version: 79.0 ( 40448 )

Author(s): ANNE JOHNSON (2008); ANNE JOHNSON (2009); ANNE JOHNSON (2012);  
KIM CUNNINGHAM (2017); ANNE JOHNSON (2017)

Owner:

Manual,  
Section: ADMINISTRATIVE , GOVERNANCE AND MANAGEMENT

References: JCAHO GM.11; CHAP HHI.2d; CHAP PDI.2c; COP 484.16; 484.52; DE  
Administrative Code Title 16, 4410 Skilled Home Health Agencies Licensure  
5.2.3; CT Licensure of Home Health Care Agencies, 19-13-D68(c); RI Rules and  
Regulations for Licensing Home Nursing Care Providers and Home Care  
Providers Part V 21.4

Revisions: Feb. 20, 2017; Feb. 20, 2017; Feb. 20, 2017; Feb. 20, 2017; Feb. 20, 2017; Jan.  
31, 2014; Jan. 31, 2014; Jan. 31, 2014; Jan. 31, 2014; Jan. 31, 2014; Jan. 31,  
2014; Jan. 31, 2014; Jan. 31, 2014; Jan. 31, 2014; Jan. 31, 2014; Jan. 31, 2014;  
Jan. 31, 2014; Feb. 27, 2012; Feb. 27, 2012; Feb. 27, 2012; Feb. 27, 2012; Feb.  
27, 2012; Feb. 27, 2012; Feb. 27, 2012; Feb. 27, 2012; Feb. 27, 2012; Feb. 27,  
2012; Feb. 27, 2012; Feb. 27, 2012; Feb. 27, 2012; Feb. 27, 2012; Feb. 27, 2012;  
Feb. 27, 2012; Feb. 27, 2012; Feb. 01, 2010; Feb. 01, 2010; Feb. 01, 2010; Feb.  
01, 2010; Feb. 01, 2010; Feb. 01, 2010; Jul. 17, 2008; Jul. 17, 2008; Jul. 17, 2008;  
Jul. 17, 2008; Jul. 17, 2008; Jul. 17, 2008; Apr. 16, 1993; Jul. 13, 1994

Comments: Conversion

# **Exhibit 49**



STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF HEALTH CARE QUALITY  
SPRING GROVE CENTER  
BLAND BRYANT BUILDING  
55 WADE AVENUE  
CATONSVILLE, MARYLAND 21228

**License No:** R2377

**Issued to:** Bayada Home Health Care, Inc.  
7175 Security Boulevard  
Suite 102  
Baltimore, MD 21244

**Type of Facility or Community Program:**  
**RESIDENTIAL SERVICE AGENCY**

**Date Issued:** March 20, 2015

**Service(s) Provided:** Skilled Nursing and Aides; Level of Care: Complex Care Provided by RN/LPN and RN Supervision of Aides

**Other:** N/A

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, COMAR Section 19-4A et Seq., Annotated Code of Maryland and is subject to any and all statutory provisions including all applicable rules and regulations promulgated thereunder. This document is not transferable.

**Expiration Date:** March 20, 2018

*Patricia Tomoko May, MD*

Director


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



# **Exhibit 50**




## Adult Nursing Specialty Practice

<b>BAYADA practice business line</b> (internal name)	Home Care
<b>Also known as</b> Other terms that may be used by payor programs or local, state, or regional areas	Home care, private duty nursing (PDN), adult nursing, hourly nursing, shift nursing, adult skilled, extended care, continuous care
<b>Original name</b>	Adult Skilled Care
<b>Definition</b>	RN and LPN nursing care service at home for adults and seniors dealing with chronic illness, injury, or disability provided primarily on an ongoing shift (two-hour or more) basis. Available 24 hours a day, 7 days a week.
<b>Primary length of care</b>	Ongoing (indefinite)
<b>Services</b> A specific activity related to client care and support (terms used at BAYADA)	Nursing care (high-tech nursing, ventilator and tracheostomy care, G-tube care; and NG-tube care), assistive care (self-care assistance, household support services, and activities of daily living [ADLs]), respite care, rehabilitative nursing, palliative care, IV therapy
<b>Client profile</b>	Adults and seniors dealing with chronic illness, injury, or disability who require nursing care services at home primarily on an ongoing shift (two-hour or more) basis.
<b>Professionals</b>	Registered nurses (RNs), licensed practical nurses (LPNs), certified rehabilitation registered nurses (CRRNs)
<b>Primary payor sources</b>	Medicaid, Medicaid waiver, Managed Medicaid, commercial insurance, workers' compensation, catastrophic loss funds, Veterans Administration benefits, private pay
<b>Programs</b> Offering of services for marketing purposes, clinical expertise, or government contract	BAYADAbility, Catastrophic Care Program, Transitional Care Manager Program
<b>Practice leader</b>	Cris Toscano
<b>Doing business as</b> (logo used)	

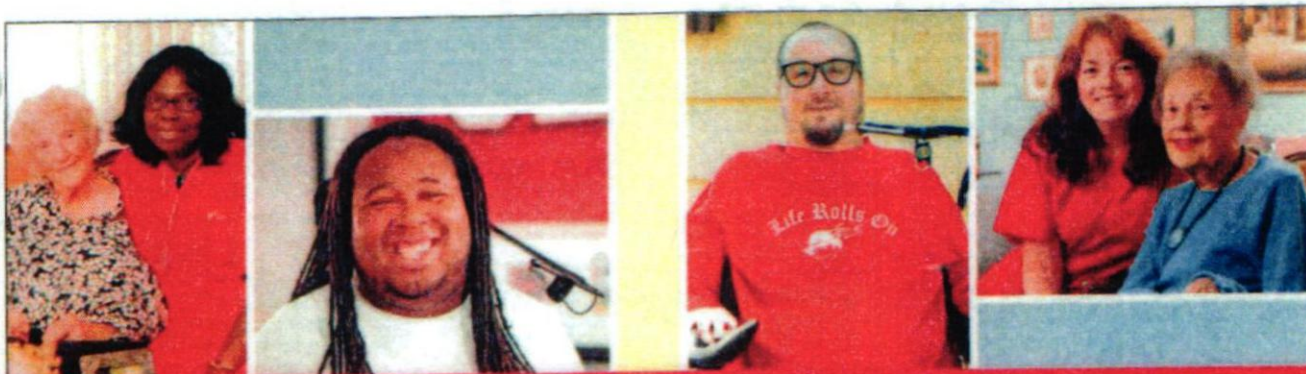





## Assistive Care Specialty Practice

<b>BAYADA practice business line</b> (internal name)	Home Care
<b>Also known as</b> Other terms that may be used by payor programs or local, state, or regional areas	Personal care, support services, home care, private duty, companionship, senior care, non-medical care, attendant care, home health aide care, personal care assistant (PCA), CNA care, CHHA care, homemaker
<b>Original name</b>	Personal Care
<b>Definition</b>	Personal care and companionship for adults and seniors with activities of daily living, including self-care and household support services, primarily on an ongoing shift (two-hour or more) basis. Available 24 hours a day, 7 days a week.
<b>Primary length of care</b>	Ongoing (indefinite)
<b>Services</b> A specific activity related to client care and support (terms used at BAYADA)	Assistive care (self-care assistance, household support services, activities of daily living [ADLs]), companionship, respite care, live-in care
<b>Client profile</b>	Adults and seniors who need assistance with activities of daily living, including, self-care and household support services, primarily on an ongoing shift (two-hour or more) basis.
<b>Professionals</b>	Home health aides (HHAs), certified home health aides (CHHAs), certified nursing assistants (CNAs), licensed nursing assistants (LNAs), homemakers, companions, attendants
<b>Primary payor sources</b>	Private pay, long-term care insurance, workers' compensation
<b>Programs</b> Offering of services for marketing purposes, clinical expertise, or government contract	Dementia Program, Live-In Care Services
<b>Practice leader</b>	Matt Kroll
<b>Doing business as</b> (logo used)	





## Assistive Care State Programs Specialty Practice

<b>BAYADA practice business line</b> (internal name)	Home Care
<b>Also known as</b> Other terms that may be used by payor programs or local, state, or regional areas	Personal care, support services, home care, private duty, companionship, senior care, non-medical care, attendant care, home health aide care, personal care assistant (PCA), CNA care, CHHA care, homemaker
<b>Original name</b>	Personal Care
<b>Definition</b>	Personal care and companionship for adults and seniors with activities of daily living, including self-care and household support services, primarily on an ongoing shift (two-hour or more) basis. Available 24 hours a day, 7 days a week.
<b>Primary length of care</b>	Ongoing (indefinite)
<b>Services</b> A specific activity related to client care and support (terms used at BAYADA)	Assistive care (self-care assistance, household support services, activities of daily living [ADLs]), companionship, respite care, live-in care
<b>Client profile</b>	Adults and seniors who need assistance with activities of daily living, including, self-care and household support services, primarily on an ongoing shift (two-hour or more) basis.
<b>Professionals</b>	Home health aides (HHAs), certified home health aides (CHHAs), certified nursing assistants (CNAs), licensed nursing assistants (LNAs), homemakers, companions, attendants
<b>Primary payor sources</b>	Medicaid, Medicaid waiver, Managed Medicaid, Veterans Administration benefits, contracts
<b>Programs</b> Offering of services for marketing purposes, clinical expertise, or government contract	State programs: examples include COMMCARE Waiver in PA, PDA Waiver in PA, Client Assistant Program (CAP) in NJ, and Jersey Assistance for Community Caregiving (JACC) in NJ
<b>Practice contact</b>	Daryl Andress
<b>Doing business as</b> (logo used)	

# **Exhibit 51**



# BAYADA Hospice



**BAYADA®**  
Hospice

*A BAYADA Home Health Care specialty practice*

# Brochure





BAYADA Nurse Marjorie Smith-Gale, RN, provides care for her patients with compassion, excellence, and reliability.

#### What is hospice?

Hospice is comprehensive social, medical, and spiritual care that provides comfort and support to patients and their families when an illness no longer responds to curative treatments, or when a patient chooses not to pursue aggressive therapies. Hospice:

- Improves the quality of a patient's life and provides comfort and dignity
- Addresses the emotional, social, and spiritual needs of the patient and loved ones
- Supports patients, families, and friends with counseling and bereavement services

#### When is hospice right for me?

If you have an advanced illness and want to focus on your quality of life, we can help you and your family caregivers meet your goals. Enrolling in hospice allows you to receive services from a team of qualified and compassionate health care providers whose only focus is on your care and enhancing your comfort and peace of mind.

#### Who pays for hospice?

Medicare beneficiaries who have a life expectancy of less than six months (as determined by their physician) are eligible for the Medicare Hospice Benefit. Medicaid and other insurances may also include hospice benefits. No one will be turned away because of inability to pay.

#### Contact us

Call us anytime with any questions you may have. Our caring and knowledgeable staff will be able to help you. We can begin services as quickly as needed.

Serving Vermont and parts of New Hampshire

#### Norwich office

802-526-2380  
000-000-0000 fax

#### Rutland office

802-282-4122  
000-000-0000 fax

#### Burlington office

802-448-1610  
000-000-0000 fax

TTY: 711



BAYADA Hospice is a specialty practice of BAYADA Home Health Care. BAYADA provides nursing, rehabilitative, therapeutic, hospice, and assistive care services to children, adults, and seniors in the comfort of their homes.

#### BAYADA SPECIALTY PRACTICES

Home Health Care • Pediatrics • Hospice • Rehabilitation  
Services may vary by location



BAYADA is accredited by Community Health Accreditation Partner for meeting the industry's highest nationally recognized standards of care.



888-4-BAYADA (888-422-9232)

[www.bayada.com](http://www.bayada.com)

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**Hospice Services**  
*Dedicated to setting the highest standards in end-of-life care*



*Compassion. Excellence. Reliability.*



## Providing the highest quality end-of-life care and support services

### Our mission

BAYADA Hospice has a special purpose—to provide the highest quality end-of-life care so our patients can remain at home with comfort, grace, and dignity. We believe people with advanced illness and their families deserve hospice services delivered with compassion, excellence, and reliability—the core values of our philosophy, *The BAYADA Way*.

Our caring and professional team members recognize the importance of providing patients and their loved ones with the clinical, social, spiritual, and emotional care they deserve. We are passionate about helping our fellow community members receive the quality hospice services that can make a real difference in their lives.

BAYADA Hospice values individual differences. We maintain an environment that is open and accepting of all people, regardless of their race, color, religion, gender, national origin, disability, sexual orientation, or age.



### Our caring team of professionals are:

- Guided by our core values of compassion, excellence, and reliability
- Passionate about helping others
- Specialists who provide only hospice care
- Supportive members of your community
- Thoroughly screened, including background checks and work history verification
- Available 24 hours a day, 7 days a week

### BAYADA Hospice services

Nursing care	Self-care assistance
Physician care	Respite care
Therapies	Medical equipment
Volunteers	Medical supplies
Social work	Medications
Counseling	Short-term care in a facility
Companionship	Bereavement support
Spiritual care	

In addition to supporting patients and their families, we can also provide grief counseling for friends or others who need support.

### Your care plan

Our BAYADA Hospice team includes specialists from different fields who will assess your needs and goals. Together with you, your family, and your physician, our team will develop an individualized plan of care to guide the staff supporting you.

We can provide professional health care and support services in your private home, assisted living facility, nursing home, or hospital. Your care will also be supervised by a registered nurse (RN) clinical manager. Whenever you need us, BAYADA will be there for you.

## A message from Mark Baiada



In 1975, BAYADA Home Health Care was founded in Philadelphia with a vision to help people live safely at home with comfort, independence, and dignity.

Four decades later, we continue to join with like-minded care professionals and have grown from our humble beginnings to become a national leader in health care at home.

At BAYADA Hospice, we understand that nothing is more important than your comfort and peace of mind. That's why we are committed to providing exceptional care with compassion, excellence, and reliability—it's *The BAYADA Way*.

*J. Mark Baiada*

**J. Mark Baiada**

Founder and President

**Listening and responding to your needs is at the heart of what we do.**

*"BAYADA Hospice exemplifies the level of care and compassion anyone would want. It was a very difficult time for me, but the nurses were phenomenal, unflappable, and beyond responsive. They made me feel like my husband was their only patient. When I hear the name BAYADA now, I smile."*

—Nancy D., wife of patient Terry D.

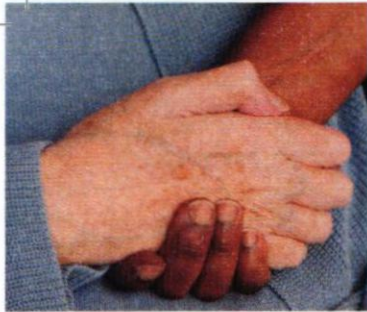
*"I joined BAYADA Hospice because it's a company where basic human ethics and putting patient care first is by far their top priority. This is an organization I can be proud to work for, and I know that I will always be able to count on their integrity."*

—Kate Lynch, RN

See more stories that bring *The BAYADA Way* to life at [www.bayada.com/stories](http://www.bayada.com/stories)



Flyers



# BAYADA Hospice

*A BAYADA Home Health Care specialty practice*

BAYADA Hospice has a special purpose—to provide the highest quality end-of-life care so our patients can remain at home with comfort, grace, and dignity. We believe people with advanced illness and their families deserve hospice services delivered with compassion, excellence, and reliability—the core values of our philosophy, *The BAYADA Way*.

## Hospice services

We can provide professional health care and support services in private homes, assisted living facilities, long-term care facilities, or hospitals. BAYADA Hospice services are currently available in several states and the specialty practice continues to grow.

Our hospice services include:

- Nursing care, physician services, and therapy
- Self-care assistance, companionship, respite care, and volunteer services
- Medical social work, counseling, bereavement support, and spiritual care
- Medications, medical equipment, and medical supplies
- Short-term care in a facility
- Grief counseling for friends or others who need support

## There's a difference with BAYADA

BAYADA Hospice is dedicated to setting the highest standards in end-of-life care. Our health care professionals have met or exceeded the most rigorous hiring standards in the industry, and each patient's care is supervised by a registered nurse (RN) clinical manager.

The BAYADA Hospice team includes specialists from different fields who assess the patient's needs and goals. Together with the patient, family, and physician, our team will develop an individualized plan of care to guide the care team.

Our caring team of professionals are:

- Guided by our core values of compassion, excellence, and reliability
- Passionate about helping others
- Specialists who provide only hospice care
- Supportive members of your community
- Thoroughly screened, including background checks and work history verification
- Available 24 hours a day, 7 days a week

BAYADA Hospice values individual differences. We maintain an environment that is open and accepting of all people, regardless of their race, color, religion, gender, national origin, disability, sexual orientation, or age. No one will be turned away because of inability to pay.

## Contact us

To arrange care or learn more about BAYADA Hospice services, call our national referral hotline at **800-305-3000** or visit [bayada.com/hospice](http://bayada.com/hospice).



[bayada.com/hospice](http://bayada.com/hospice)

BAYADA specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation.

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## Understanding the Hospice Benefit

*Did you know: 80% of people want to pass away at home surrounded by family, friends, and familiar surroundings. But only 20% of people achieve that goal.*

**People under BAYADA Hospice care stayed at home—out of the ER—and achieved the following goals:**

- Went fishing
- Sang a song with a friend
- Flew in a plane
- Sat on their porch
- Attended their granddaughter's wedding
- Saw a baseball game
- Held a newborn
- Went to a birthday party
- Cooked dinner

**We should have these important goal discussions when:**

- Disease progresses
- There is a primary focus on symptoms, not a cure
- Life-limiting conditions are present
- Symptoms of dementia exist
- There are frequent hospitalizations
- Infections reoccur
- There is weight loss >10% over the past 6 months

**What are your goals?**

For more information about you can benefit from high quality end-of-life care provided with compassion, excellence, and reliability, call **802-526-2380**.



[bayada.com](http://bayada.com)

BAYADA specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation.

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# Questions you may have regarding Hospice

Deciding to contact a hospice organization for you or your loved one is one of life's more difficult decisions. Even physicians frequently find it hard to talk about hospice care. People tend to avoid what they fear will be a very emotional discussion and decision.

We are able to provide highly coordinated, specialized care that really makes a difference at a critical time of life. People who have used our services tell us that they wish they had contacted us sooner.

The following questions might help you decide if it is time to talk with us.

**Have you or your loved one:**

- Been told by a doctor that your life expectancy is limited?
- Been hospitalized or gone to the emergency room several times in the past six months?
- Been making more frequent phone calls to your physicians?
- Started spending most of the day in a chair or bed?
- Fallen several times over the past six months?
- Started needing help from others with two or more of the following activities: bathing, getting out of bed, eating, dressing, walking?
- Started feeling weaker or more tired?
- Experienced increased or uncontrolled pain that impacts your quality of life?
- Experienced weight loss so that clothes are fitting noticeably looser?
- Experienced shortness of breath, even while resting?

If you answered "yes" to some of these questions, a discussion of hospice care may benefit you and your loved one.



*A specialty of BAYADA Home Health Care*

*BAYADA Home Health Care specialty practices include Home Health Care, Pediatrics, and Hospice. BAYADA provides nursing, rehabilitative, therapeutic, hospice, and assistive care services to children, adults, and seniors in the comfort of their homes.*

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# How to Choose a Hospice Provider

When researching which hospice would be the best fit for you or a loved one, there are a number of important factors to consider. According to BAYADA Hospice medical director Dr. John Saroyan, "It helps when patients and their families explore their hospice options before services are actually needed, if at all possible. That way, there is one less decision to make at the time when hospice is needed."

Below are some important questions Dr. Saroyan suggests to ask when selecting a hospice, and why they are important:

- ✓ **Does the hospice have availability for admissions and informational visits during nights and weekends?**  
For some people, the decision to explore hospice care and call for a consultation may happen suddenly, outside of normal weekday business hours. If your family reaches that important juncture after hours, it's critical that you can count on having a nurse come out to do an evaluation as soon as possible.
- ✓ **What can you expect from night and weekend staff?**  
After enrolling in hospice, some of the most uncertain and scariest moments can occur after hours. In some cases, it's the darkness and feelings of being alone that can make a change in physical condition feel more frightening. That's why you need to know that you can count on the support of a member of your hospice team any time, day or night.
- ✓ **Does it have the resources to meet your needs?**  
An organization that has a decades-long history of caring for the community has had the opportunity to develop best practices and the resources to most successfully address your needs. If applicable, you should consider a hospice that has specific expertise in caring for people with unique needs, such as military veterans or people with end-stage Alzheimer's disease.
- ✓ **Is the hospice medical director available for phone calls or home visits?**  
Medicare requires that hospices employ a medical director to oversee all of the care provided. The level of involvement of the doctor, however, depends on their availability and the way each hospice is structured. Some hospices' medical directors are primarily available by phone, while others have a full-time doctor who is available to not only consult with the other members of your hospice team, but also to make home visits when appropriate.
- ✓ **What are the organization's values?**  
The organization's message and promise should be matched by its employees' actions. By researching a hospice's reputation, you can learn if they have a combination of compassion and clinical excellence that is essential in end-of-life care.

Noticing how the staff treats you from the first phone interaction to the first home visit will give you great insight as to whether they "practice what they preach."



*A BAYADA Home Health Care  
specialty practice*

✓ **What types of accreditation does the hospice have?**

A hospice that has voluntarily submitted to undergo accreditation from an independent body such as CHAP (Community Health Accreditation Partner) shows it is committed to upholding and exceeding high industry standards.

Membership in National Hospice and Palliative Care Organization (NHPCO) also shows the commitment of a hospice to upholding high levels of care for patients and their families.

✓ **What are the hospice's hiring practices?**

Even though you may need the help of hospice professionals, you may be hesitant to invite strangers into one of the most private spaces of your life – your home. That is why having confidence that the organization stands behind the quality of its employees is so important. Look for a hospice that requires all its employees to have certain levels of professional training/certifications before hiring, performs background and reference checks, and fully insures them.

✓ **Does the hospice provide services in your town?**

It's important to know the hospice's coverage area. You will want to know how long it may take for a member of the hospice team to arrive at your home should an urgent need or crisis arise.

These suggestions are not an exhaustive list of criteria for a quality hospice; they are meant to be a guide with useful questions to aid in researching hospice options. You may have other requirements or need services that have particular importance to you and your family.

For more information on BAYADA Hospice, visit [www.bayada.com/hospice](http://www.bayada.com/hospice).



[www.bayada.com](http://www.bayada.com)

*BAYADA specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation.*

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BAYADA Spiritual Support Counselor Rachel Bailey with her patient Mrs. Betty Fairchild.

# Your **BAYADA** Hospice Psychosocial Team

Each member of your hospice team has an expertise and experience in their specific field. In addition to the medical and personal care that you will be receiving from your nurses, therapists, home health aides and/or certified nursing assistants, you will also have team members coming to visit you that are specially trained in helping you and your family members address emotional and spiritual needs.

## **Social Worker**

Your social worker can help both the patient and family address emotions and conflicts that arise at the end of life. They can coordinate services you may be eligible for through community resources and organizations, and assist with advance care planning and advance directives.

## **Spiritual Care Counselor**

The spiritual care counselor is available for all patients and their families to provide spiritual support. This individual can help you to explore your beliefs, expectations, and can help you process through your thoughts and feelings to find hope, meaning, and purpose. He or she can also assist with funeral planning and connecting you to supportive resources in the community.

## **Volunteer**

Hospice volunteers visit with patients to provide companionship and help with everyday tasks. They can also provide a benefit to the family caregivers, offering relief so caregivers can run errands, spend time with their children, or even take a much-needed nap.

## **Volunteer Complementary Therapists**

BAYADA works with local practitioners to coordinate visits from volunteers who are certified or licensed in various complementary therapies. Depending on your area, volunteers may be available to provide pain and symptom relief through complementary therapies such as certified massage therapy, reiki, music therapy, pet therapy, and aromatherapy.

## **Bereavement Coordinator**

A vital part of the hospice team, the bereavement coordinator will maintain contact with a family after they have had a loss to offer counseling or coordinate services, if needed.

## **Psychosocial Manager**

The manager oversees all of the roles listed above and is available to speak with you should you have questions or needs in any of these areas.

[www.bayada.com](http://www.bayada.com)  

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Mr. Alphonsus S., a WWII veteran, is honored by his BAYADA Hospice team

# We Honor Veterans

*Proudly offering specialized end-of-life care and recognition to our nation's veterans*

Caring for our veterans is not just our job, it's our privilege. As a partner in the *We Honor Veterans* program of the National Hospice and Palliative Care Organization, BAYADA Hospice is committed to providing personalized, end-of-life care to veterans and their families with compassion, excellence, and reliability.

BAYADA Hospice caregivers are specially trained and educated to provide the best possible care for veterans, so the men and women who served our country may live their final days with comfort, grace, and dignity. Through compassionate listening and grateful acknowledgement, we strive to fulfill their final wishes and to bring comfort and support to their loved ones.

As a ***We Honor Veterans partner***, BAYADA Hospice:

- Is committed to meeting the unique needs and goals of veterans by integrating best practices for providing end-of-life care
- Uses a team-oriented approach to expert medical care, pain management, and emotional and spiritual support, tailored to the wishes of the patients and their families
- Receives veteran-centric training to ensure the care we provide is sensitive and specific to their special needs
- Develops and implements appreciation programs for veterans in the community, publicly recognizing and thanking them for their dedication to service
- Continues to pursue the highest level of partnership with the *We Honor Veterans* program, so that we may further enhance the quality of life for our veterans

For more information, call **000-000-0000**. | [www.bayada.com/hospice](http://www.bayada.com/hospice)

*Proud to be a level 3 partner*



WE HONOR VETERANS


BAYADA Home Health Care specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation.

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# Why Choose BAYADA Hospice?

BAYADA Hospice has a special purpose—to provide the highest quality end-of-life care so people can remain at home with comfort, grace, and dignity. We believe people with advanced illness and their families deserve hospice services delivered with compassion, excellence, and reliability—the core values of our company philosophy, *The BAYADA Way*.

In addition to expert medical care and symptom and pain management, BAYADA hospice services include social, emotional, and spiritual support to patients, families, and others who need support through the end-of-life process. With BAYADA Hospice, your patients can expect:

- **24-hour start of care**  
In most cases, BAYADA can begin services within 24 hours of getting a referral, so people do not have to wait to get the services they need.
- **24/7 availability and responsiveness**  
Some of the most uncertain and scariest moments can occur after hours; it's the darkness and feelings of being alone that can make a change in physical condition feel more frightening. Patients can count on the support of a member of their BAYADA hospice team any time, day or night.
- **An interdisciplinary team focused on hospice**  
BAYADA's team of clinicians, psychosocial and spiritual counselors, home health aides, and volunteers are dedicated to the practice of hospice care only. Our medical directors oversee the clinical services of our program to ensure that our clients always receive the highest quality end-of-life services possible.
- **Comprehensive resources to handle unique needs**  
BAYADA Hospice recognizes the unique needs veterans have related to military service, combat experience, or other traumatic events, and provides them with the care and support they deserve. We are also experienced in caring for patients with end-stage Alzheimer's disease.
- **Exceptional care**  
BAYADA Hospice is accredited by **CHAP (Community Health Accreditation Partner)** which shows it is committed to upholding and exceeding high industry standards.
- **Bereavement support for 13 months**  
Family members continue to receive support, guidance, and encouragement for 13 months after the passing of their loved one.

As a referral partner, you can expect a simple and quick referral process so your patient can start receiving care as soon as they need it.

For questions, or to learn more about end-of-life services, call BAYADA Hospice at **000-000-0000**.



[www.bayada.com](http://www.bayada.com)

BAYADA specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation.

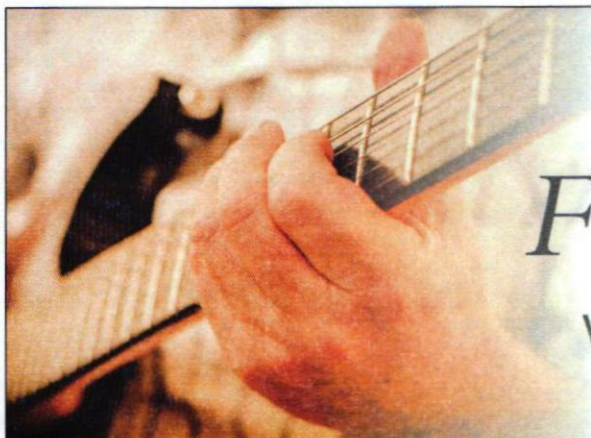
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# Finding Harmony with Hospice

One of Nancy Dumont's fondest memories of her husband Terry came in the final weeks of his four-year battle with colon cancer. "He was watching a concert on TV," remembers Nancy. "He got a very stubborn look on his face and asked me to bring him one of his guitars. So I brought him the first guitar he ever owned, put it in his hands and he played for a few minutes. He sure was happy at that moment, and so was I."

**"We just knew  
that BAYADA  
could keep Terry  
at home, which  
is all he wanted  
in the end."**

Not long after that impromptu performance, Terry passed away at the age of 57. Nancy credits BAYADA Hospice for allowing Terry to live his final days in the comfort of home, where he could enjoy his music and treasure every moment with the woman he had loved for 25 years.

While receiving radiation and chemotherapy to try to treat his cancer, the couple remained positive without being delusional. "We became better people during those four years," says Nancy, who, along with Terry, knew when the time had come to consider hospice. "When I told our palliative care team at the hospital that I wanted to explore BAYADA, they strongly encouraged me to do so. I knew BAYADA was right when I met the staff. They delivered on every promise."

BAYADA Hospice believes people with advanced illness and their families deserve end-of-life care delivered with compassion, excellence, and reliability, the core values of the company.

"The nurses from BAYADA were unflappable, genuine caring individuals," says Nancy. "There were moments when I would think, 'I can't do this.' Then the nurses would say 'Yes you can,' and they would give me the support I needed. You can't put a value on that."

During Terry's two months of hospice care, the nurses made sure the medications worked properly, and taught Nancy how to administer the drugs. A social worker visited several times, and following his passing, BAYADA offered bereavement support.

Nancy admits she took a leap of faith when she welcomed BAYADA Hospice into her home. "We were overwhelmed and didn't understand everything in the beginning," she says. "We just knew that BAYADA could help keep Terry home, which is all he wanted in the end."

For more information about BAYADA Hospice, call **800-305-3000** or visit [www.bayada.com](http://www.bayada.com).



BAYADA specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation.

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Mrs. Betty Fairchild received BAYADA Hospice care in the home of her daughter, Ann Eckroat.

# *Living Life, Achieving Goals with Hospice*

**"Having  
BAYADA has  
absolutely  
lightened the  
burden."**

Despite her heart failure and COPD, Betty was able to venture out in the late fall in a wheelchair, with a fresh tank of oxygen, because of the decision she and her family had made a few months earlier – the decision to enroll in hospice care.

After repeated hospital visits to battle pneumonia, Betty told her family, "I don't want to go to the hospital any more. I just want to be home." Home is Betty's suite in the home of her daughter, Ann Eckroat, and son-in-law, David. However, it was exhausting and getting more difficult for Ann to take care of Betty while also working.

The family called BAYADA on a Saturday evening and an admission nurse came out to the house that night. Within a day, a bed, oxygen, and wheelchair were all delivered. Since then, the family has welcomed in a team of caregivers including her nurse, spiritual support counselor, and home health aide. Betty's team provides nursing care, medication to manage her pain, personal care to help with her bathing and grooming, and much-needed emotional and spiritual support for the entire family.

"Each and every person we've come in contact with has become like part of the family," said Ann. "Having BAYADA has absolutely lightened the burden."

Betty gushes over her hospice team. "I love the girls. And I don't have to go out of the house to the doctor's any more. They take care of the medicine and everything else." Her team helps Betty reach her goals for the time she has remaining in her life. And for Betty, one of those goals is maintaining her busy social calendar that has included school concerts, a trip to the shore, two monthly card clubs, and her granddaughter's wedding.

While hospice care is often thought of as only necessary in the final days or hours of life, Betty is living proof of how hospice care can benefit people and their families for many months as they continue to set and achieve goals as they approach the end of life.

Because of hospice care and support during this time, Betty had the opportunity to speak individually with her three children, six grandchildren, and many of her seven great-grandchildren. In those private conversations, she created moments that her family can cherish forever. There are no words left unspoken, and for Betty and her family, that is a priceless gift.

For more information about BAYADA Hospice, call **800-305-3000** or visit [www.bayada.com](http://www.bayada.com).



BAYADA specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation.

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## BAYADA Hospice Volunteers

### Ordinary people with extraordinary compassion

Feed a pet. Hold a hand. Touch a heart.

Join our volunteer team! Hospice volunteering is a rewarding opportunity for people who want to make a positive difference in the life of others in need. By providing help and comfort to those in their end-of-life stage and their families, you'll find that your life will be changed for the better, too.

### How you can help

Our volunteers are important members of our hospice team. The services they provide help our patients and their families feel supported and cared for during a difficult time. As a volunteer, you can work directly with patients and families or in another helpful role.

Volunteer opportunities may include:

- Patient visits – reading, playing music or games, doing crafts, talking, and general companionship
- Light housekeeping
- Yard work, such as raking leaves, weeding, or shoveling snow
- Feeding and caring for pets
- Office work – helping our local BAYADA Hospice office with administrative tasks

All you need to volunteer is a desire to help. You'll receive training and orientation to help you feel confident and comfortable before you begin.

If you have not lost a loved one within the past 12 months and are interested in making a positive difference in someone's life – including your own – contact [name] at **000-000-0000** or email address.



[www.bayada.com](http://www.bayada.com)

BAYADA Home Health Care specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation. BAYADA provides nursing, rehabilitative, therapeutic, hospice, and assistive care services to children, adults, and seniors in the comfort of their homes.

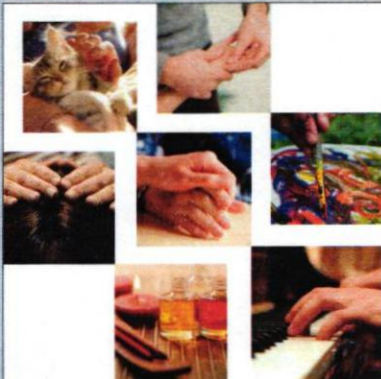
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# Volunteer with our holistic hospice team

Use your skills and help people remain comfortable at home

BAYADA Hospice has a special purpose—to help people with advanced illness and at end-of-life have comfort, independence, and dignity. If you are trained in a holistic therapy and want to feel a profound sense of purpose, join our passionate team of dedicated hospice specialists and make a positive difference in someone's life.

Volunteer opportunities include:

- Aromatherapy
- Art therapy
- Massage therapy
- Music therapy
- Pet (animal-assisted) therapy
- Reiki

Why volunteer with BAYADA Hospice?

- Become involved in your community
- Make a difference in the lives of others
- Be part of a caring and compassionate team of hospice professionals
- Share your special talents and skills
- Receive orientation and training

BAYADA Hospice believes that families deserve hospice care delivered with compassion, excellence, and reliability. No one will be turned away from services because of an inability to pay.

If you are 18 years of age or over, have not suffered a significant loss within the past 12 months, and would like to be part of a team that helps people live their best lives, contact Lori Rogers at **802-282-4122** or [lrogers2@bayada.com](mailto:lrogers2@bayada.com).



*BAYADA specialty practices include Home Health Care, Pediatrics, Hospice, and Habilitation.*

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*A BAYADA Home Health Care specialty practice*



# Help and healing for those who are grieving



## ***Walking With Grief: Sharing your sadness, finding your joy***

Please join us as we learn more about our own grief, and explore the things that can help us to heal. There is great power in sharing our experiences with others who know the pain of the loss of a loved one, and healing is possible through the sharing.

Facilitated by Nancy Beaudoin, MSW.

Refreshments will be served.

To register, please call Dede Tracy at **802-728-3310**.

## **Date:**

Every Friday for six weeks,  
beginning September 23

## **Time:**

2:30 pm - 4:00 pm

Randolph House  
65 N. Main Street  
Randolph, VT



[bayada.com/hospice](http://bayada.com/hospice)

BAYADA specialty practices include Home Health Care,  
Pediatrics, Hospice, and Habilitation.

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Ads

# *You Served Our Country.*

**BAYADA** Stands Ready  
to Serve You and  
Your Family.



WE HONOR VETERANS

All life experiences, including those at the end of life, can be unique for veterans due to combat or other past military history. BAYADA caregivers undergo special training to address these unique needs as part of the We Honor Veterans initiative through the National Hospice and Palliative Care Organization.

Today and every day – We thank you for your service. Please reach out to BAYADA Hospice at 802-526-2380 if you or a family member could benefit from our expert care.

Now serving all of Vermont,  
and New Hampshire residents in  
Sullivan and Grafton counties,  
and parts of Merrimack County.



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# BAYADA Hospice Recognizes National Hospice Month

*We show gratitude to our hospice professionals who offer care with compassion, excellence, and reliability.*

*We honor our patients and families who allow us the privilege of walking with them on their journey.*

*We appreciate our community for supporting our mission to provide an increased quality of life for our neighbors.*

Now serving all of Vermont and New Hampshire residents in Sullivan and Grafton counties, and parts of Merrimack County.

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Dear BAYADA Hospice Volunteers,

At a moment's notice you are there, providing care with compassion, excellence, and reliability to our clients. With your kind words and gentle touch, you are able to support our patients' families through times of love, challenges, and loss.

Our patients' family caregivers trust their loved ones in your care as they step away to complete daily tasks that we all take for granted. Thank you for believing in the exceptional hospice service that BAYADA hospice provides and for joining an organization that truly values the work that you do.

Warm regards,  
BAYADA Hospice



## **BAYADA Hospice Positions Available**

---

If you are passionate about making a difference in people's lives, and looking to work for a company that shares your values, join our growing team!

### **Psychosocial Manager (Full-time)**

Lead a team of social workers, spiritual support counselors and a volunteer coordinator providing end-of-life care to patients and their families. A master's degree in social work preferred.

### **RN Case Manager (Full-time and Per diem)**

Work with an interdisciplinary team that recognizes the importance of clinical, social, spiritual, and emotional care for hospice clients and their families. A bachelor's degree preferred.

### **Bereavement Coordinator (Full-time)**

Lead a team of staff and volunteers providing bereavement services and programs to families and loved ones of hospice patients after their loss. A master's degree preferred.

### **Clinical Manager (Full-time)**

Mentor and lead a team of health care professionals committed to delivering exceptional one-on-one end-of-life care to patients and their families from our Norwich office. A bachelor's degree in nursing is required.

Recent hospice experience preferred for all positions.

To learn more about a rewarding career with BAYADA Hospice, contact Jessica DeGrechie at **802-526-2380** or [jdegrechie@bayada.com](mailto:jdegrechie@bayada.com).



*BAYADA Hospice in Norwich is hosting a*  
**free community open house!**

Please join office Director Jessica DeGrechie, Hospice Medical Director John Saroyan, MD, and the entire hospice team!

**Thursday, June 12 | 4 – 6 pm**

BAYADA Hospice  
316 Main Street, Norwich, VT

Enjoy live music and a wine and cheese reception.  
Learn about end-of-life services and rewarding volunteer opportunities, and mingle with your neighbors.

For more information, call **802-526-2380**.  
Hope to see you there!



[www.bayada.com](http://www.bayada.com)



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specialty practice*



# Article

# Letting Go

By Thomas Johnson-Medland



I was pleased to see all of the hard work she had done. She was actually at peace, calm, relaxed, and gentle in her bed of dying. Just last week she was agitated and unable to focus, worried by dreams and impressions.

She gracefully reached out and draped her hand over mine. "It is so good to see you, Father."

"It is so good to see you, too, Harriet. You look so fresh and at ease. You must have been very busy this week," I said. "I have been."

Harriet is yet another hospice patient who has affirmed the power of letting go, forgiveness, and good hard work in trying to integrate and reconcile pain, anger, and separation. She has shown me that we all carry baggage with us and, for all of us, moments will emerge when it becomes apparent that it is time to put the baggage down and move on; time to walk with no grasp, no care, no responsibility.

The week prior to this visit, Harriet was in mental distress and turmoil. She was having frightening dreams about her loved ones chasing her about and picking at her skin with their long, bony fingers. "They were scary. They looked like ghosts; like specters. And all of them were dead. They would not leave me alone."

We had spent some time that day talking about these haunting dreams. As time wore on, Harriet related that all of these "loved ones" were not only dead, but they were all people with whom Harriet had some unfinished business.

They were all people who had snubbed her and ignored her after she had married. It became clearer and clearer to Harriet, as she spoke, that these relatives were visiting her for a reason. They were trying to tell her something. She insisted they were coming to her for forgiveness. They wanted to be set free from some kind of limbo. They were there for themselves.

I reflected to her, "That sounds plausible." I then asked if it were not possible that, "maybe they were picking at you to help you out of your situation. Maybe they are not here so much to get off the hook, as to let you off the hook. I mean, if they wanted to get off the hook themselves, couldn't they wait a few weeks to see you face-to-face to beg?"

She agreed.

"Is it possible, Harriet, that all of this agitation and picking you are feeling is attached to some anger, pain, or abandonment you might be holding onto? Could those feelings be attached to the way your relatives treated you? Maybe they are picking at you to try and get you to say something—sort of picking something out of you? Or, maybe they are trapped in your heart and mind and are trying to get out." There was a long pause.

Harriet agreed there were things she was holding onto concerning those relatives, and maybe that was why they were tormenting her. It had not occurred to her that her dream could be about helping her out of her own anguish.



I told her it was common for us to think about forgiveness in terms of letting other people free, but in fact it may be more about freeing up things in ourselves and improving the space we inhabit inside ourselves.

So often we view forgiveness and reconciliation as an outward flowing energy and gift: forgiveness flows out from us, to another person to heal them. But, in most cases, the strongest healing action of forgiveness is an inward flowing energy and gift.

### **Finding freedom and peace through forgiveness**

Forgiveness allows us to let go of the pain, anger, humiliation, and responsibility associated with the actions and responses of others. Forgiveness is not always about helping other people to be set free, or for them to receive grace and healing. Forgiveness is also about setting ourselves free from things we have held onto for too long.

This was the case for Harriet. I was reminded that each of us has a unique story we are writing through the living of our lives. If we can step back and look at all of the chapters at once, or from some distance, we may get an understanding of some of the underlying currents and themes. In this case, Harriet was allowing herself to be pestered by her dead relatives so she could heal some inner wounds before she died. What a dream.

Harriet told me of the forgiveness she offered her relatives. "I closed my eyes and pictured each relative, one at a time. I told them how much they had hurt me. I told them they had been cruel. I told them I was not happy with what they did, nor did I think it reflected any kindness, but that I would forgive them so I could move on and become more loving.

I told them that I was not going to hold onto the pain and hurt and anger anymore. I did not need it. If they wanted to accept this forgiveness, it was up to them. I put down the suitcase I had been holding and brushed off my hands. Then, I gave each of them a piece of fruit and asked them to try to be kind to me. I walked away. I felt so calm and clear. I felt like I had moved ahead and become free.

I could not believe the change in her appearance. Even as she told me the work she had done, she became lighter, freer. She was at ease.

Harriet died that week. She died peacefully, in her sleep. The day before she died, she dreamed of a beautiful walk on the beach. There were no pestering relatives, just miles of rhythmic pounding waves, and the hypnotic serenity they bring—a freedom from carrying nothing.

I am continually amazed at the depth of the human spirit. Our lives are intricately woven, wired, and connected. It seems everything that happens in our lives is somehow a part of, or a step to, some other place in our lives. Amazing. Simply amazing.

I thank all of the hospice patients who have helped me feel this. They have helped me by all of their hard work. Thank you.

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888-604-4673 | [livingwithloss.com](http://livingwithloss.com)

*About the author: Tom Johnson-Medland has been a hospice professional since 1997, providing counseling and support to patients and families, as well as leadership and guidance to hospice providers to ensure high-quality hospice services are available to those seeking them. He is currently a director with the BAYADA Hospice office in the Poconos. An ordained minister and accomplished author, Tom has published more than 50 articles and 14 books. He lives in Mount Pocono, Pennsylvania, with his wife Glinda and his sons Zachary and Josiah.*



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# Press Releases





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**BAYADA Hospice Welcomes John M. Saroyan, MD, FAAP as Medical Director  
for Vermont and New Hampshire**

Norwich, VT, JUNE 25, 2013—BAYADA Hospice today announced that John M. Saroyan, MD, FAAP—an expert in hospice and palliative care—has joined its team as full-time medical director for its operations in Vermont and New Hampshire.

Dr. Saroyan has a long-standing passion for working with patients and families who are facing serious illness or end-of-life. As medical director, he is an integral member of the BAYADA Hospice interdisciplinary care team, ensuring adherence to the highest quality standards of care. He is also a valuable hospice and palliative care resource for the Vermont and New Hampshire health care community.

"I am thrilled to welcome John to BAYADA Hospice," said Adam Groff, MD, practice leader. "He brings to our community a wealth of knowledge, compassion, and experience. He will help many more people access the highest quality end-of-life services that they deserve."

For the past ten years, Dr. Saroyan has been a faculty member in pain management and palliative care at Columbia University, most recently as Associate Clinical Professor. He was also Program Director for the Hospice and Palliative Medicine Fellowship. A board certified pediatrician with sub-specialty certification in hospice and palliative medicine, his expertise extends from premature infants to centenarians.

"BAYADA Hospice is deeply committed to providing high quality, patient-focused services," said Dr. Saroyan. "The company's beliefs, values, and mission align perfectly with my own."

Dr. Saroyan is a member of the American Academy of Hospice and Palliative Medicine and a Fellow of the American Academy of Pediatrics.

BAYADA Hospice, a BAYADA Home Health Care specialty practice, provides a comprehensive range of end-of-life services that enable people to remain at home with comfort, dignity, and peace of mind. For more information, call 802-526-2380 or visit [www.bayada.com](http://www.bayada.com).

*Founded in 1975 by J. Mark Baiada, BAYADA Home Health Care provides nursing, rehabilitative, therapeutic, hospice, and assistive care services to children, adults, and seniors in the comfort of their homes. Headquartered in suburban Philadelphia, BAYADA employs more than 18,000 nurses, home health aides, therapists, medical social workers, and other home health care professionals who serve their communities in 25 states from more than 250 offices.*

###

*Compassion. Excellence. Reliability.*



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**For Immediate Release**

**Local Hospice Nurse Recognized as RN Hero of the Year by BAYADA Home Health Care**

*Sherri Lorette, RN was the "beacon of light that came through the door"*

Norwich, VT — June 3, 2014 — Norwich registered nurse (RN) Sherri Lorette was recently chosen from more than 19,000 home health care professionals as the BAYADA Home Health Care RN Hero of the Year. Lorette, who works with the BAYADA Hospice specialty practice in Norwich, received this prestigious honor for exemplifying the highest standards of care and demonstrating the company's core values of compassion, excellence, and reliability. BAYADA President and Founder Mark Baiada presented Lorette with the Hero award during the company's annual awards ceremony on May 17 in Charlotte, NC.

"When people find out I work in hospice, they say, 'Oh, you work with dying people.' I say, 'No, I work with people who are living,'" Lorette explained. "They want to use the rest of their time actually 'living,' and want to use that time wisely. It's amazing to me that I can help them do that. It's an honor for me to help families care for their loved ones and keep them at home."

A resident of South Royalton, VT, Lorette has been a nurse for almost 30 years—spending nearly a decade in hospice care. "Hospice enables me to teach and be an advocate for the patient and their family, and provide them with the support and peace of mind they need at end of life. I'm glad I can help them prepare for the end, and make some lasting memories."

Lorette brings extensive experience to her patients and families who receive care from BAYADA Hospice. Every day, she visits patients to provide care and teach the families how to care for their loved ones. She helps them understand what they are experiencing, and anticipate and prepare for changes on the horizon. She touches the lives of all of her patients, bringing peace, comfort, and a sense of normalcy to families at a time in their lives when they need it the most. The wife of a former patient explains, "Sherri became the nurse so I could step back and be the spouse. She made my family the priority."

Lorette's concern for her patients extends beyond her typical nursing duties. One patient, Tom Singer, was in desperate need of a hospital bed, but delivery was delayed because the bridge to his home was washed out in the aftermath of Hurricane Irene. She jumped into action and called the company supplying the bed, convincing them to literally carry it through the woods and set it up for Tom.

"Sherri was the beacon of light that came in the door, the one who knew how to fix things and who to call," remembers Tom's wife, Helen. "Sherri lit up the room—actually, our whole house. She came in with a smile and convinced me that whatever the concern or question, there was someone there to soothe my spirits and concerns."

(more)

"Sherri has cared for more than 200 patients with BAYADA, and she's worked with many physicians, nurse, social workers, chaplains, home health aides, and volunteers who have been



fortunate to cross paths with her," said Jessica DeGrechie, associate director of the Norwich office. "She helps our patients enjoy quality of life at end of life, in the comfort of their own homes. She is truly selfless and life altering."

Established in 1999, the Hero on the Home Front Program recognizes care professionals who consistently demonstrate the BAYADA core values of compassion, excellence, and reliability. Each quarter, patients and peers nominate their local heroes. From the local heroes, division heroes are selected and ultimately four national heroes are chosen among five disciplines: registered nurse, licensed practical nurse, therapist, home health aide, and social worker. The four national heroes are recognized at the annual awards ceremony.

[Watch what makes Sherri Lorette a hero.](#)

BAYADA Hospice, a BAYADA Home Health Care Specialty Practice, provides high quality end-of-life services so patients can remain at home with comfort, independence, and dignity.

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### Captions

Bayada1: BAYADA Hospice patient Tom Stanley enjoys a smile and dinner with his wife Gladys as they celebrate their 65<sup>th</sup> wedding anniversary. Photo credit: Kristin Stein Saroyan

Bayada4: Tom and Gladys Stanley celebrate their 65<sup>th</sup> Anniversary with a delicious meal, flowers donated by Roberts Flowers, and a musical serenade by BAYADA Hospice Medical Director John Saroyan, MD. Photo credit: Kristin Stein Saroyan

### **BAYADA Hospice Helps Couple Celebrate Milestone Anniversary**

Norwich, VT, April 6, 2016 – In 1949, Tom and Gladys Stanley were two 18-year-olds meeting each other for the first time at a local dance. Two years later, they were husband and wife. They went dancing on their wedding night too. “We loved dancing,” said Gladys. “It was the highlight of our life.”

Now, 65 years, two children, three grandchildren and nine great-grandchildren later, the Bradford, Vermont couple is waltzing into the next and final stage of their lives together.

As they prepared to celebrate their 65<sup>th</sup> wedding anniversary, they enlisted the help of their friends at BAYADA Hospice. Tom has been receiving end-of-life care from BAYADA for about a year. When his team of caregivers learned this milestone anniversary was approaching, they jumped into action.

They arranged for a special dinner from Jesse’s in Hanover, NH to be delivered to the couple along with a flower arrangement donated by Roberts Flowers. Tom chose a prime rib meal while Gladys went with fried scallops, and they had apple crisp for dessert. Given their love of music, Tom and Gladys also deserved to be serenaded. That is where BAYADA Hospice Medical Director John Saroyan, MD stepped in. In addition to being an expert in hospice care, Dr. Saroyan also moonlights as a musician and he arrived with his banjo in hand to provide the evening’s entertainment.

“It was absolutely amazing,” said BAYADA Volunteer Coordinator Christiane Dionne. “Tom was able to eat, to enjoy the music, and to enjoy a relaxing evening with his wife – the way it should be.”

The hospice philosophy of care means that not only is BAYADA caring for Tom, but also his family. While the patient receives medical care, the emotional, spiritual, and psychosocial care extends not just to him but also his caregivers. “Gladys takes such good care of Tom, cooking all of his meals,” said Dionne. “So it was also great to be able to give her a treat.”

With the help of their caring hospice team, Tom and his wife Gladys found the perfect way to mark 65 years of love and commitment, by enjoying life’s simple pleasures and creating memories they will always cherish.

BAYADA Hospice, a BAYADA Home Health Care specialty practice, provides a comprehensive range of end-of-life services that enable people to remain at home with comfort, dignity, and peace of mind. For more information about BAYADA Hospice services available in Vermont and parts of New Hampshire, call 802-526-2380 or visit [www.bayada.com](http://www.bayada.com).



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###

# Presentation



Providing Care in the Autumn Years of Life Educational In-Service



*A BAYADA Home Health Care specialty practice*

# Providing Care

In the AUTUMN of LIFE

An Educational In-Service for  
Professional Caregivers

Provided by BAYADA Hospice for the staff of  
Country Meadows



*A BAYADA Home Health Care specialty practice*

# Providing Care In the AUTUMN Years

## Workshop Content: Summary and Objectives

### Summary

This workshop is designed to help professionals that are at high risk for work related grief: both normal and complicated.

Caring for long-term care patients and residents involves a high degree of bonding and nurturance. When these patients and residents die, we are wounded as professionals and grieve for these losses. The bonding and nurturance we provide puts us at risk for long term and low grade grieving related to on-going losses.

We will identify the many aggregates of the personality, how the aggregates operate under normal modes of feeling, and how they respond amid grieving. Giving Voice to the many expressions of grief that we hold within will enable us to grieve in a way that can foster mending. We will also explore ways to chart the many aspects of our grief; making visible a process that may sometimes feel overwhelming.

### Objectives

- ✓ The attendee will be able to identify ways in which the various aggregates of the personality function
- ✓ The attendee will be able to identify how the various aggregates of the personality shift and slow down as life wears on in the Autumn of Life
- ✓ The attendee will be able to identify ways in which to mitigate the shifting and slowing down of life as death approaches to improve resident quality of life
- ✓ The attendee will be confident helping caregivers and family see the impact of the Autumn Years of Life on daily life and meaning of the resident



# Providing Care

## In the AUTUMN of LIFE

List the Physical Changes:

- Weakness
- Loss of Appetite
- Loss of Focus/Attention
- Confinement
- Pain
- Anxiety
- Sleeplessness

List the Mental/Cognitive Changes:

- Loss of Attention/Focus
- Forgetfulness
- Repetition of Ideas/Communications
- Life Review
- Confusion
- Obsessive
- Isolation

# Providing Care

## In the AUTUMN of LIFE

The Changes occur metaphorically across all of the portions of life – They INFORM EACH OTHER

### List the Emotional Changes:

- Startle Response
- Numbness
- Grief/Sorrow
- Depression
- Pain
- Anxiety
- Regret

### List the Spiritual Changes:

- Need for Old Rituals
- Forgiveness
- Love
- Meaning
- Concern for Others
- Guilt at what this is doing to Others
- Existential Dread



# Providing Care

## In the AUTUMN of LIFE

List the Overall/Summary Changes:

- Weakness
- Slowing Down
- Loss of Focus/Attention
- Isolation
- Pain
- Anxiety
- Input and Output is Diminished

Weakening vs. Intensification:

- Weakness comes but that may mean things seem more intense:
  - Tastes
  - Sounds
  - Touch
  - Images
  - Smells

# Providing Care

## In the AUTUMN of LIFE

### Listening and Benevolent Glances:

- Pope and Dalai Lama Meet
- Listening
- Deep Listening – under what is being said
- Flexible and Agile professional caregivers

### Decreasing Isolation and Engaging the CORE IDENTITY:

- Faith
- Activism
- Hobbies
- Communities of Engagement
- Bringing all of that to the patient – even to the bedside



# **Exhibit 52**

## **0-561 CLIENT AND CAREGIVER TEACHING AND EDUCATION**

*This policy was adopted on Mar. 1, 1995 and last revised Nov. 24, 2014.*

### ***Our Standard:***

*We believe our clients come first.*

### ***Our Policy:***

BAYADA Home Health Care provides client and caregiver teaching to promote adaptation, maintain or improve function, or manage disease progression; whenever appropriate, the educational process is interdisciplinary.

### ***Our Procedure:***

- 1.0 The initial and ongoing assessments of the client/caregiver include the collection and analysis of data related to learning needs, preferences, abilities and readiness. The needs of the client and his/her caregiver are identified and prioritized.
- 2.0 Assessment of client/caregiver teaching needs should include, if appropriate:
  - 2.1 Cultural or religious practices.
  - 2.2 Emotional barriers.
  - 2.3 Desire and motivation to learn.
  - 2.4 Physical and cognitive limitations.
  - 2.5 Language barriers. See [policy 37-83].
- 3.0 After the needs are identified, the licensed clinician provides the client/caregiver with the appropriate instruction. As appropriate, the home care record will contain documentation of client education at the beginning of care, during the course of care, and at the time of discharge. Documentation should include:
  - 3.1 Education provided to improve the client/caregiver current knowledge.
  - 3.2 Performance of procedures and education on new information and skills.
  - 3.3 Completion of applicable teaching checklist.
  - 3.4 Response to teaching.
  - 3.5 Follow-up needed.

### **4.0 EDUCATIONAL RESOURCES.**



Resources include:

- 4.1
- a. **Clinical Policies and Procedures** - these are easily retrievable from the computer in every office. Clinical Managers/Clinical Rehab Managers/ other clinicians print copies of all relevant materials and bring them to the client's home to help instruct the client, caregiver, and field employees providing care.
  - b. **Educational and resource materials** - these are maintained at each service office, including information on community resources, referral and social service agencies, support groups, and others as appropriate.
  - c. **BAYADA' Education Manual** - this can be accessed on line in the web policy file. ***Example: The Client Education Manual** : It includes information related to common diagnoses i.e. CHF, COPD, Diabetes and stroke.*
  - d. The **Basic Home Safety Guide** - this is provided to all clients upon admission. It is designed to educate the client and caregiver on safety in the home environment. The Clinical Manager/Case Manager/Admitting Clinician addresses safety issues particular to the client's home and care needs during admission in conjunction with discussion of this guide.
  - e. The **Nursing Office Library** - where extensive information on medications, disease processes, treatments and other care issues can be obtained. One example of the resources is: ***Pritchett & Hull's -The Teaching Book***, a resource that addresses many diseases and the management of them. These client specific teaching tools can be requested for distribution to clients/caregivers.
  - f. **Inter-office networking** - this can be extremely valuable. Consult with the Nursing Office (NUR) and the Visit Clinical Leadership (VCL) office for names and specialties of clinicians throughout the company for consultation.
  - g. **Advisory Board members and consultants** - these individuals/groups working with the company are additional resources.
  - h. **Telehealth**- The BAYADA's Telehealth Manual. See [policy 0-3850].
- 5.0 Client/caregiver knowledge, learning needs, capabilities, and readiness should be monitored and reassessed at intervals relative to the care and the education provided, as appropriate.
- 6.0 Any instructions provided to the client/caregiver needs to be accurate, reflective of sound Best Practices, in accordance with doctor's orders, where applicable and any relevant regulatory/accreditation standards.
- 7.0 The early warning tool [policy 0-6929] is provided to all clients in the Home Health practice at start of care. The disease-specific or system tools may be provided (if

applicable) at start of care or whenever appropriate during the episode. A hardcopy of the relevant tool(s) is left in the client's home with a picture of the tool(s) entered into the client's electronic record.

- a. [policy 0-5092]
- b. [policy 0-5093].
- c. [policy 0-5094].
- d. [policy 0-5721].
- e. [policy 0-5720] must be used in conjunction with [policy 0-5723].
- f. [policy 0-5095].
- g. [policy 0-5291].
- h. [policy 0-5722].
- i. [policy 0-5096].
- j. [policy 0-6887].
- k. [policy 0-6889].
- l. [policy 0-6930].

The zone tools linked above are also available in Spanish.

8.0 Instructions that may be presented to the client, as appropriate, include but are not limited to:

- 8.1 The safe and effective use of medical and if participating in the Telehealth Program, Telemonitoring equipment and/or supplies.
- 8.2 Potential drug-food interactions and counseling on nutrition intervention and/or modified diets.
- 8.3 Rehabilitation techniques to facilitate adaptation to and/or functional independence in the environment.
- 8.4 Basic home safety.
- 8.5 The storage, handling, and access to medication, supplies and medical gases as appropriate to services provided.
- 8.6 The identification, handling, and disposal of hazardous materials and wastes in a safe and sanitary manner and in accordance with law and regulations.
- 8.7 Standard precautions to be taken to prevent and/or control infection.
- 8.8 Access to available community resources.
- 8.9 Resources available to meet the client's identified needs.
- 8.10 An Evacuation Plan and procedures to follow in the event of a natural



- disaster or emergency,
- 8.11 Safeguarding of valuables.
  - 8.12 Pain management and/or symptom management needs (i.e., pain, nausea or dyspnea).
  - 8.13 Signs and symptoms of approaching death, disease process and palliation of symptoms for hospice clients.
  - 8.14 How to respond to symptoms and/or a potential, pending or actual medical emergency.
- 9.0 The licensed clinician must document in the client chart:
- a). assessment of learning needs
  - b). instruction provided
  - c). the client/caregiver response to teaching and
  - d). the completed teaching checklist, as applicable.
- 10.0 For pediatric offices, see [policy 0-453] regarding use of zone tools.

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#### 0-561 - CLIENT AND CAREGIVER TEACHING AND EDUCATION

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Section: ADMINISTRATIVE , GOVERNANCE AND MANAGEMENT

References: Community Health Accreditation Program (CHAP). Home Health Standards. HHI. 5e. 2004 Edition.

Revisions: Nov. 24, 2014; Nov. 24, 2014; Nov. 24, 2014; May. 26, 2014; May. 26, 2014; Feb. 27, 2012; Feb. 27, 2012; Nov. 28, 2011; Nov. 21, 2010; Feb. 01, 2010; Feb. 16, 2009; Feb. 09, 2009; Aug. 14, 2006; Aug. 14, 2006; Jan. 01, 2004; Mar. 01, 1995; Aug. 18, 1997; Aug. 20, 1998; Feb. 22, 1999; Nov. 13, 2000; Jan. 1, 2004

Comments: Conversion

# **Exhibit 53**





## Why BAYADA? Locations Common Myths End-of-Life Planning BAYADA Foundation

Hospice focuses on a holistic team approach to providing care to patients and their families. In addition to expert medical care and symptom and pain management, hospice services include social, emotional, and spiritual support to patients, families, and others who need support through the end-of-life process.

The BAYADA Hospice team includes specialists from different fields who assess the patient's needs and goals. Together with the patient, family, and physician, our team will develop an individualized plan of care to ensure that our hospice services are exactly what you need and want.

### How do I know if I need hospice care?

A person is eligible for hospice after being diagnosed with a life-limiting illness. Together with their loved ones, they should carefully consider their options for maintaining quality of life through the end-of-life process.

BAYADA Hospice can help you determine if you or your loved one could be helped by hospice. Our caring and knowledgeable staff will be able to answer any questions you may have.

### How do I pay for hospice care?

Medicare beneficiaries pay little or nothing for hospice. For those ineligible for Medicare, most insurance plans, HMOs, and managed care plans cover hospice care. In some cases, charity care may also be an option.

[Read more about BAYADA's Charity Care policy.](#)

### How do I choose a hospice care provider?

If possible, exploring hospice options before services are actually needed gives you the opportunity to evaluate providers without the stress of needing immediate services.

- National Hospice and Palliative Care Organization
- National Hospice Foundation
- US Department of Veterans Affairs
- We Honor Veterans
- Family Caregiver Alliance
- Medicare.gov

Watch the video below to learn more about hospice and meet our team.



Learn more about John Saroyan, MD »

# **Exhibit 54**



# BAYADA Hospice – Charity Care Policy

BAYADA Hospice provides uncompensated charity care to our clients with financial hardship and in accordance with state-specific regulation through our charity care policy and procedures. BAYADA Hospice ensures access to hospice services regardless of an individual's ability to pay.

This policy is aligned with BAYADA Home Health Care's Financial Hardship Policy, where BAYADA may waive insurance deductibles or copayments for clients experiencing extreme financial hardship.

## **How the charity care policy works:**

Upon receiving a request for charity care, BAYADA will make an initial determination of probable eligibility within two business days. The hospice office director will review BAYADA's Financial Hardship Policy, and gather all required data from the client/representative to determine eligibility. Clients who qualify are informed of the rates he/she will qualify for as per the Federal Poverty Guidelines and a sliding fee scale used for per diem rates. Clients who do not qualify are informed, and BAYADA will assist the client with seeking alternative payment arrangement.

## **For more information:**

On BAYADA's Charity Care or Financial Hardship policies, contact your local BAYADA Hospice office.



*A BAYADA Home Health Care specialty practice*

# **Exhibit 55**





BAYADA Nurse Marjorie Smith-Gale, RN, provides care for her patients with compassion, excellence, and reliability.

#### **What is hospice?**

Hospice is comprehensive social, medical, and spiritual care that provides comfort and support to patients and their families when an illness no longer responds to curative treatments, or when a patient chooses not to pursue aggressive therapies. Hospice:

- Improves the quality of a patient's life and provides comfort and dignity
- Addresses the emotional, social, and spiritual needs of the patient and loved ones
- Supports patients, families, and friends with counseling and bereavement services

#### **When is hospice right for me?**

If you have an advanced illness and want to focus on your quality of life, we can help you and your family caregivers meet your goals. Enrolling in hospice allows you to receive services from a team of qualified and compassionate health care providers whose only focus is on your care and enhancing your comfort and peace of mind.

#### **Who pays for hospice?**

Medicare beneficiaries who have a life expectancy of less than six months (as determined by their physician) are eligible for the Medicare Hospice Benefit. Medicaid and other insurances may also include hospice benefits. No one will be turned away because of inability to pay.

# **Exhibit 56**



# BAYADA Hospice CAHPS Scores

Source: Press Ganey Online

Start Date: 10/1/2015

End Date: 9/30/2016

The benchmark is the average score across all hospice providers in the Press Ganey database.

80% 78 <sup>th</sup> n=5	Top box percent (Percent of respondents who chose the maximum possible score for the question) Percentile ranking relative to all hospice providers in the Press Ganey database (higher number is better) Number of respondents answering the question
--------------------------------	--

Hospice Team Communication	Benchmark 82.3%	CCN 471510 (VT) 80.7% 38 <sup>th</sup> n=137	CCN 391741 (PA) 84.8% 69 <sup>th</sup> n=73	CCN 311576 (NJ Gloucester) 86.8% 85 <sup>th</sup> n=48
While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?	74.9%	61.5% 4 <sup>th</sup> n=135	79.5% 75 <sup>th</sup> n=73	83% 88 <sup>th</sup> n=47
While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?	85.8%	89.6% 81 <sup>st</sup> n=135	87.5% 62 <sup>nd</sup> n=72	89.6% 81 <sup>st</sup> n=48
How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?	83.7%	87.5% 68 <sup>th</sup> n=48	81.5% 41 <sup>st</sup> n=27	86.4% 61 <sup>st</sup> n=22
While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?	79.7%	80% 56 <sup>th</sup> n=135	83.6% 75 <sup>th</sup> n=73	85.4% 84 <sup>th</sup> n=48

While your family member was in hospice care, how often did the hospice team listen carefully to you?	86.9%	85.1% 34 <sup>th</sup> n=134	91.8% 89 <sup>th</sup> n=73	89.6% 73 <sup>rd</sup> n=48
<b>Getting Timely Care</b>	<b>Benchmark</b> 78%	<b>CCN 471510 (VT)</b> 77.7% 47 <sup>th</sup> n=136	<b>CCN 391741 (PA)</b> 76.7% 38 <sup>th</sup> n=72	<b>CCN 311576 (NJ Gloucester)</b> 79.8% 58 <sup>th</sup> n=47
While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?	79.4%	79.3% 49 <sup>th</sup> n=135	80.6% 57 <sup>th</sup> n=72	80.9% 60 <sup>th</sup> n=47
How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?	76.7%	76.1% 42 <sup>nd</sup> n=92	72.9% 25 <sup>th</sup> n=48	78.8% 58 <sup>th</sup> n=33
<b>Treating Family Member with Respect</b>	<b>Benchmark</b> 91.7%	<b>CCN 471510 (VT)</b> 94.2% 76 <sup>th</sup> n=137	<b>CCN 391741 (PA)</b> 89% 22 <sup>nd</sup> n=73	<b>CCN 311576 (NJ Gloucester)</b> 94.7% 81 <sup>st</sup> n=48
While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?	95.3%	97.8% 76 <sup>th</sup> n=137	98.6% 94 <sup>th</sup> n=73	95.8% 56 <sup>th</sup> n=48
While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?	88.2%	90.5% 68 <sup>th</sup> n=137	79.5% 2 <sup>nd</sup> n=73	93.6% 89 <sup>th</sup> n=47
<b>Providing Emotional Support</b>	<b>Benchmark</b> 91.5%	<b>CCN 471510 (VT)</b> 91.8% 49 <sup>th</sup> n=133	<b>CCN 391741 (PA)</b> 93.7% 75 <sup>th</sup> n=73	<b>CCN 311576 (NJ Gloucester)</b> 92.6% 60 <sup>th</sup> n=48
While your family member was in hospice care, how much	95.3%	96.2% 62 <sup>nd</sup> n=130	97.3% 78 <sup>th</sup> n=73	95.8% 57 <sup>th</sup> n=48



emotional support did you get from the hospice team?					
In the weeks after your family member died, how much emotional support did you get from the hospice team?	87.8%	87.4% 41 <sup>st</sup> n=127	90.1% 65 <sup>th</sup> n=71	89.4% 56 <sup>th</sup> n=47	
<b>Getting Help for Symptoms</b>	<b>Benchmark 77.6%</b>	<b>CCN 471510 (VT) 75.5% 29<sup>th</sup> n=126</b>	<b>CCN 391741 (PA) 78.7% 56<sup>th</sup> n=68</b>	<b>CCN 311576 (NJ Gloucester) 84.2% 91<sup>st</sup> n=44</b>	
Did your family member get as much help with pain as he or she needed?	86.2%	86.5% 53 <sup>rd</sup> n=104	88.7% 74 <sup>th</sup> n=53	89.2% 76 <sup>th</sup> n=37	
How often did your family member get the help he or she needed for trouble breathing?	82.4%	81.8% 41 <sup>st</sup> n=66	89.1% 92 <sup>nd</sup> n=46	85.7% 70 <sup>th</sup> n=28	
How often did your family member get the help he or she needed for trouble with constipation?	73.3%	69.5% 25 <sup>th</sup> n=59	78.6% 78 <sup>th</sup> n=28	86.2% 99 <sup>th</sup> n=29	
How often did your family member get the help he or she needed from the hospice team for feelings of anxiety or sadness?	66%	64% 38 <sup>th</sup> n=86	58.3% 17 <sup>th</sup> n=36	75.8% 91 <sup>st</sup> n=33	
<b>Getting Hospice Care Training</b>	<b>Benchmark 74.1%</b>	<b>CCN 471510 (VT) 77.8% 70<sup>th</sup> n=129</b>	<b>CCN 391741 (PA) 79.2% 80<sup>th</sup> n=69</b>	<b>CCN 311576 (NJ Gloucester) 86.9% 98<sup>th</sup> n=47</b>	
Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?	68.7%	72.5% 72 <sup>nd</sup> n=120	74.2% 79 <sup>th</sup> n=66	83.3% 97 <sup>th</sup> n=42	
Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?	84%	86.5% 61 <sup>st</sup> n=96	90.7% 89 <sup>th</sup> n=54	92.3% 95 <sup>th</sup> n=39	

Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?	76.7%	78% 55 <sup>th</sup> n=50	76.3% 44 <sup>th</sup> n=38	92.9% 99 <sup>th</sup> n=28
Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?	67.4%	74.2% 79 <sup>th</sup> n=93	75.6% 84 <sup>th</sup> n=41	78.9% 93 <sup>rd</sup> n=38
<b>Providing Support for Religious and Spiritual Beliefs</b>	<b>Benchmark</b> 94.3%	<b>CCN 471510 (VT)</b> 94.2% 45 <sup>th</sup> n=120	<b>CCN 391741 (PA)</b> 95.7% 70 <sup>th</sup> n=70	<b>CCN 311576 (NJ Gloucester)</b> 97.9% 92 <sup>nd</sup> n=47
Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?	94.3%	94.2% 45 <sup>th</sup> n=120	95.7% 70 <sup>th</sup> n=70	97.9% 92 <sup>nd</sup> n=47
<b>Information Continuity</b>	<b>Benchmark</b> 88.3%	<b>CCN 471510 (VT)</b> 92.5% 86 <sup>th</sup> n=133	<b>CCN 391741 (PA)</b> 84.9% 17 <sup>th</sup> n=73	<b>CCN 311576 (NJ Gloucester)</b> 95.8% 98 <sup>th</sup> n=48
While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?	88.3%	92.5% 86 <sup>th</sup> n=133	84.9% 17 <sup>th</sup> n=73	95.8% 98 <sup>th</sup> n=48
<b>Understanding the Side Effects of Pain Medication</b>	<b>Benchmark</b> 76.7%	<b>CCN 471510 (VT)</b> 79.5% 72 <sup>nd</sup> n=122	<b>CCN 391741 (PA)</b> 78.1% 62 <sup>nd</sup> n=64	<b>CCN 311576 (NJ Gloucester)</b> 88.1% 95 <sup>th</sup> n=42



Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?	76.7%	79.5% 72 <sup>nd</sup> n=122	78.1% 62 <sup>nd</sup> n=64	88.1% 95 <sup>th</sup> n=42
<b>Overall Rating of Hospice</b>	<b>Benchmark</b>	<b>CCN 471510 (VT)</b>	<b>CCN 391741 (PA)</b>	<b>CCN 311576 (NJ Gloucester)</b>
	84.8%	84.3% 41 <sup>st</sup> n=134	80.8% 22 <sup>nd</sup> n=73	91.7% 92 <sup>nd</sup> n=48
Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?	84.8%	84.3% 41 <sup>st</sup> n=134	80.8% 22 <sup>nd</sup> n=73	91.7% 92 <sup>nd</sup> n=48
<b>Recommend Hospice</b>	<b>Benchmark</b>	<b>CCN 471510 (VT)</b>	<b>CCN 391741 (PA)</b>	<b>CCN 311576 (NJ Gloucester)</b>
	86.4%	87.6% 56 <sup>th</sup> n=137	90.4% 76 <sup>th</sup> n=73	91.5% 84 <sup>th</sup> n=47
Would you recommend this hospice to your friends and family?	86.4%	87.6% 56 <sup>th</sup> n=137	90.4% 76 <sup>th</sup> n=73	91.5% 84 <sup>th</sup> n=47

# **Exhibit 57**



aron Vogel

Log Off

## Admission Criteria &amp; Procedure Policy Document (Hospice)

Return to

Target Audience	Delivery Method	Time	Provider
All office employees that participate in admission decisions	Self Directed Learning	15 min.	BAYADA - Policy Office (POL)
<div>Add to My PlanEnroll OthersMark Complete</div>			

## Description

This **Admission Criteria and Procedure Policy** is self-directed learning and consists of reading the policy document.

This course is for Hospice office Directors, Division Directors, CSMs, Associates, CMs, and On-Call Managers. It is required for anyone participating in the admission decision.

Please click the link below to open and/or print the policy document on the **BAYADA** portal.

[Admission Criteria and Procedure Policy Document \(Hospice\)](#)

Once you have reviewed the policy, please click the **Mark Complete** button.

This material is presented to you by the **Policy Office (POL)**. Please contact **POL** with any content related questions.

Back

Enroll

Enroll Others

Mark Complete

# **Exhibit 58**



# HOSPICE ADMISSION BOOKLET EXAM



**BAYADA®**  
Hospice

A specialty of BAYADA Home Health Care

Name: \_\_\_\_\_ Office: \_\_\_\_\_ Date: \_\_\_\_\_

1. In order for a patient to be eligible for hospice, they: **(circle those that apply)**
  - a) Must have a terminal illness with a life expectancy of 6 months or less
  - b) Must have a Do Not Resuscitate Order in place.
  - c) Must have the right to choose their attending physician.
  - d) Must be homebound.
  
2. BAYADA Hospice patients are not required to have an Advance Directive to receive medical treatment in order to be admitted to hospice services.  

TRUEFALSE
  
3. The death of a hospice client is an emergency. The police need to be called immediately.  

TRUEFALSE
  
4. Hospice care is provided where the client lives, at home, in a nursing facility, assisted living facility or group home.  

TRUEFALSE
  
5. The hospice care plan may include **(circle the best answer)**
  - a) Nursing care; social work services; bereavement counseling; spiritual care.
  - b) Volunteers for companionship, errands or respite; hospice aide/homemaker services.
  - c) Physical, occupational, speech, or dietary services; physician services.
  - d) Medical equipment (such as a hospital bed or wheelchair); medical supplies (such as bandages); medications for symptom control; and/or short term care in a facility.
  - e) All of the above.
  - f) None of the above.
  
6. BAYADA patients rights regarding quality of care include all of the following **EXCEPT**:
  - a) To receive care of the highest quality without regard to race, creed, gender, age, disability, sexual orientation, veteran status, or lifestyle.
  - b) To be admitted for care only if BAYADA has the capability to provide the care safely, at the required level of intensity, and in a timely manner, as determined by a professional assessment and BAYADA policy.
  - c) To be told what to do in case of an emergency.
  - d) To have all skilled services provided the way the RN Case Manager wants to.
  
7. BAYADA Patient Responsibilities include: **(circle those that apply)**
  - a) To inform BAYADA of any treatment changes prescribed by their doctor.
  - b) To cooperate with BAYADA staff in carrying out their care plan.
  - c) To provide a safe environment for the delivery of care.
  - d) To call the office if they will not be home when service is scheduled.
  
8. The BAYADA team will continue to offer support, guidance and education to family members and caregivers after the death of a loved one.  

TRUEFALSE

## HOSPICE ADMISSION BOOKLET EXAM



A specialty of BAYADA Home Health Care

9. Due to the likelihood that the hospice client will be receiving controlled drugs to manage pain and keep him/her comfortable, it is necessary that families are educated about and demonstrate the safe use and disposal of controlled drugs. The hospice team must discuss the hospice policies and procedures for managing the safe use and disposal of controlled drugs with the patient or representative and the family in a language and manner that they understand to ensure that these parties are educated regarding the safe use and disposal of controlled drugs.

TRUE

FALSE

10. BAYADA staff is only available for patient questions or concerns Monday through Friday from 8:30am to 5:00pm.

TRUE

FALSE

**TOTAL SCORE PERCENTAGE:** \_\_\_\_\_

Review of incorrect answers completed?      YES      NO      N/A

100% mastery of knowledge verbally demonstrated?      YES      NO

\_\_\_\_\_  
Evaluator Signature and Title

\_\_\_\_\_  
Date



# **Exhibit 59**



BAYADA Hospice

## **0-4567 ADMISSION CRITERIA AND PROCEDURE - HOSPICE SERVICES**

*This policy was adopted on Feb. 1, 2010 and last revised Feb. 20, 2017.*

### **Our Policy:**

BAYADA Hospice admits clients based on the reasonable expectation that their physical, social, psychological, and spiritual needs can adequately be met throughout the continuum of hospice services, and provides these services in compliance with the Medicare Conditions of Participation. Hospice clients must meet the admission criteria and Medicare Hospice Conditions of Participation eligibility requirements.

### **Our Procedure:**

- 1.0** BAYADA does not discriminate against any person in admission, treatment, participation in programs or services, on the grounds of race, age, color, national origin, or disability, whether carried out by BAYADA directly or through a contractor or any other entity with which BAYADA arranges to carry out its programs and activities.
- 2.0** Clients who meet admission criteria are admitted regardless of race, color, national origin, sexual preference, age, handicap, sex, communicable disease or religion.
- 3.0** Client/family, Medical Director, attending physician and hospice Interdisciplinary Group (IDG) participate in determining the appropriateness to begin hospice based on fiscal intermediary Local Coverage Determinations (LCD). The LCD guidelines are used when considering any client's eligibility for Hospice services. Failure to meet LCD guidelines does not disqualify a client for admission. Additional documentation by the Medical Director, physician designee or attending physician is required.
- 4.0** Additional admission criteria:
  - a. The client resides in the geographic area served by the hospice program;
  - b. The client understands and accepts the palliative nature of hospice care and no longer seeks aggressive treatment;
  - c. There is a capable primary caregiver living in the home or, if no caregiver is available, the client agrees to assist the hospice in developing a plan of care to meet his or her future needs;
  - d. The hospice has adequate resources and staffing to meet the needs of the client; and
  - e. The client and/or caregiver wish to receive hospice services.
- 5.0** Eligibility for the Medicare hospice benefit. See [ELECTION AND REVOCATION OF MEDICARE HOSPICE BENEFIT, #0-4551](#)  
To be eligible to elect the Medicare hospice benefit, the client must:
  - a. Be entitled to Medicare Part A; and
  - b. Have written certification by the client's attending physician (if there is one) and BAYADA's Medical Director or physician designee that the client has a prognosis of 6 months or less if the disease follows its normal course. See [CERTIFICATION AND RECERTIFICATION OF TERMINAL ILLNESS - HOSPICE SERVICES, #0-4563](#).
- 6.0** When admission criteria are met a member of the hospice IDG obtains a signature by the client or legal representative on [CLIENT AGREEMENT FORM - HOSPICE SERVICES, #0-4589](#). The IDG member informs the office of the admission, and the client is registered for pharmacy, equipment and other services as needed. A RN case manager is assigned, IDG members and On-call nurse are notified.





BAYADA Hospice

- 7.0** Copies of the BAYADA Mission Statement and fact sheet are given to all clients. These documents detail the services provided directly or through contractual arrangements, the hours services are available, a description of the off-hours system for reaching appropriate staff, and other information regarding BAYADA's philosophy and scope of services.
- 8.0** Prior to the initiation of care, BAYADA notifies the client verbally and in writing of their financial liability. The client's understanding of this is again evidenced by their signature on the [CLIENT AGREEMENT FORM - HOSPICE SERVICES, #0-4589](#), completed at the time of admission. We will also assist clients with private medical insurance by calling their provider to verify coverage for needed hospice services.
- 9.0** During the initial visit, if the client is appropriate for services, the IDG member will perform all of the admission procedures, along with the assessment by the RN. This admission process includes, but is not limited to, discussion with the client and/or caregiver of the contents of the [ADMISSION BOOKLET - HOSPICE SERVICES, #0-4588](#), which is left with the client. The contents include:
- 9.1 The Client Agreement Form for Hospice Services** which addresses the following items and is signed by the client or client's representative either on paper or electronically:
- Election of the Medicare Hospice Benefit.
  - Consent to Services and Release of Information.
  - Receipt of Privacy Notice.
  - Client Rights and Responsibilities.
  - Advance Directive Verification.
  - Medicare information including completion of Medicare Secondary Payor's Questionnaire and receipt of Product Waiver.
  - Payment for Services Rendered: Types of Services and payment method including client responsibility.
  - Assignment of Insurance Benefits.
- 9.2 Admission Booklet Supplement** Non-Discrimination Statement and Notice of Language Assistance Services (Found in your State Manual)
- 9.3** The office-specific Client Comment Form is signed by the client and a copy is left in the home.
- 9.4** Information on medication safety and proper disposal of prescription drugs.
- 9.5** Any additional documents required by state regulations.
- 10.0** A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the client. The initial assessment must be completed either within 48 hours after the [CLIENT AGREEMENT FORM - HOSPICE SERVICES, #0-4589](#) is signed, unless the physician, client or representative requests that the initial assessment be completed in less than 48 hours.
- 11.0** Following the initial assessment, the RN gives a report to the client's attending physician from the client's home and obtains appropriate orders. The RN then reports to the office the outcome of the initial assessment and all orders received from the physician and the appropriate office employee:
- 11.1** Schedules needed IDG members to complete the [COMPREHENSIVE HOSPICE ASSESSMENT, #0-4606](#).
- 11.2** Communicates any new orders to the pharmacy, equipment or other service provider as appropriate.
- 12.0** Admission to BAYADA may occur 24 hours per day, seven days a week.



BAYADA Hospice

- 13.0** Each client admitted to service must receive a client specific, comprehensive assessment that accurately reflects the client's current health status and includes information that may be used to demonstrate the client's progress toward goals. See [CLIENT ASSESSMENT - HOSPICE SERVICES, #0-4568](#).
- 14.0** If a potential client does not meet Admission Criteria, the referring individual or organization and the client's attending physician is notified. This notification is documented in a Referral Log. Efforts are made for referral to appropriate health care providers or community resources, if applicable, and a plan for follow-up contact is developed and recorded in the referral log.
- 15.0** A file of initial client intake forms is maintained for all clients who do not meet admission criteria; each form includes a brief explanation of why service was not initiated, and referrals for services elsewhere are documented.
- 16.0** BAYADA periodically evaluates eligibility requirements and limitations with the goal to increase access to hospice care in the community.
- 17.0** BAYADA collects data regarding the appropriateness and timeliness of admissions that is utilized in the Quality Assurance and Performance Improvement Program.

#### 0-4567 - ADMISSION CRITERIA AND PROCEDURE - HOSPICE SERVICES

Version: 26.0 (13312)

Author(s): KRISTIN BARNUM, JOY STOVER (2009); JOY STOVER (2015); SHARON VOGEL (2016); KIM CUNNINGHAM (2017)

Owner:

Manual, Section: HOSPICE MANUAL, POLICIES

References: COP 42 CFR 418.106 (e2A); 418.25, 418.52, 418.102 (b); CHAP Standard HII.4, HII.1; CMS Manual CR 8877 August 22, 2014.

Revisions: [Feb. 20, 2017](#), [May. 26, 2015](#), [May. 26, 2015](#), [May. 26, 2015](#), [May. 26, 2015](#), [Apr. 13, 2012](#), [Aug. 13, 2012](#), [Aug. 13, 2012](#), [Aug. 13, 2012](#), [Sep. 29, 2011](#), [Aug. 13, 2012](#), [Aug. 13, 2012](#), [Aug. 13, 2012](#), [Aug. 13, 2012](#), [Sep. 29, 2011](#), [Feb. 01, 2010](#),

Comments:

# **Exhibit 60**



# CLIENT AGREEMENT FORM HOSPICE SERVICES



**BAYADA®**  
Hospice

A specialty of BAYADA Home Health Care

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_

**I. CONSENT TO SERVICES AND RELEASE OF INFORMATION:** I have personally, or through my physician, requested hospice services from BAYADA Hospice in my home. I consent to such services by the Hospice Medical Director, nurses and/or home health aides and/or therapists and/or social workers and/or spiritual counselors and/or psychosocial services managers and/or homemakers and/or companions and/or volunteers of BAYADA as ordered by me, my family, and/or my physician. I agree that BAYADA shall be waived of all liability related to or as the result of such services, excepting acts of negligence. I understand that employees may not be CPR certified.

I understand and agree that BAYADA employees must follow the plan of care or physician orders. I understand that any changes to my care plan must be reviewed and approved by my physician and/or clinical/case manager. Any refusal of care or request for change in my care that is inconsistent with the clinically approved plan of care could be considered a change in my care plan and my physician must be notified. I accept full responsibility for any damages or injuries that may occur from my refusal of care or unapproved change in care made at my request.

I acknowledge the goal of hospice care is comfort and symptom relief and not curative. I understand I have a limited life expectancy and that should I choose to pursue aggressive treatment I may be eligible to receive care from another provider. The hospice team will work closely with me and my Attending Physician, listed here: \_\_\_\_\_

\_\_\_\_\_, to design and implement a written plan of care. I understand that in the event I do not have an attending physician or if he/she is unavailable, BAYADA will request that the Hospice Medical Director will become my Attending Physician in order to ensure my needs are met. The care plan is periodically reviewed and updated. I understand hospice is financially responsible only for those services included in the plan of care and approved by the hospice team.

I hereby authorize any and all physicians, hospitals, skilled nursing facilities, and other health care facilities, programs, or agencies who possess my medical records to release to BAYADA any portions of my medical records or copies of them that BAYADA may request. I authorize BAYADA to release and disclose my medical records as required to communicate with my physician, referral sources, accrediting or certifying bodies, or as requested by my insurance companies or other payment sources.

**II. RECEIPT OF PRIVACY NOTICE:** I have received and reviewed the BAYADA Privacy Notice (Section 3 of this Admission Booklet). I have had an opportunity to ask questions about it. I understand and agree that BAYADA may notify the police, emergency services, electric company, and/or telephone company about circumstances related to my care for safety reasons or for emergency preparedness.

**III. CLIENT RIGHTS AND RESPONSIBILITIES:** I acknowledge that prior to signing this document, I have received and reviewed a copy of my rights and responsibilities (Section 2 of this Admission Booklet) and a representative of BAYADA has explained them to me. I have had an opportunity to ask any additional questions, and my questions have been answered to my satisfaction.

I understand that I share in the responsibility for the safety of BAYADA's employees while providing care to me in my home. I will carefully review the "Safe at Home" section of this admission booklet, and will take reasonable steps to make the areas where care is provided safe for myself and the employees caring for me. If BAYADA notifies me of any high priority safety risks, I agree to ensure that they are promptly repaired or remedied.

I have been informed, verbally and in writing, of the procedure for filing complaints or concerns about the hospice services I am receiving, directly to BAYADA and to applicable State, Regulatory and Accrediting organizations. I have been provided with the available hotline number(s) and days and hours these organizations can receive complaints or questions about hospice agencies. I have also been advised where I may get additional information, including information about Advance Directives, if needed.

I recognize the rights of BAYADA as an employer and agree not to directly or indirectly employ any BAYADA employees for a period of 180 days following the last day any individual employee has provided services to me. If I violate this condition, I agree to immediately pay BAYADA a liquidated damages fee equal to four (4) months of the specific employee's annual gross salary or \$5,000.00, whichever is greater.

**IV. MEDICARE:** I have provided BAYADA with information for the Medicare Secondary Payor Questionnaire.

☐ Yes ☐ No ☐ N/A

**V. RECEIPT OF INFORMATION:** My signature on this form certifies that I have been provided with a thorough explanation of the services provided and gives my permission for BAYADA to administer therapeutic procedures necessary for my plan of care.

In addition to information included in this agreement, I have received, reviewed and had explained to me detailed information about:

☐ Advanced Directives/DNR ☐ Emergency Planning Guidelines ☐ Home Safety ☐ Drug Disposal ☐ Medicare Part D



Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_

**VI. ASSIGNMENT OF INSURANCE BENEFITS:** I assign to BAYADA all benefits payable under any insurance policy for services rendered by BAYADA and specifically authorize the appropriate insurance carrier to pay such benefits directly to BAYADA. BAYADA may submit a copy of this assignment to the appropriate insurer in lieu of the original. I authorize the insurer to rely on a copy of this assignment. I understand that this assignment shall not relieve me or any of my guarantors of responsibility for payment of services rendered by BAYADA, including payments for any co-payments and deductibles that may be required by my insurance carrier, unless otherwise required by law.

**VII. PAYMENT FOR SERVICES RENDERED:** I understand I will be receiving the following types of services from BAYADA:

- ☐ Hospice Nurse \_\_\_\_\_ times per week ☐ Hospice Social Worker \_\_\_\_\_ times per month  
☐ Hospice Aide \_\_\_\_\_ times per week ☐ Hospice Spiritual Care Counselor \_\_\_\_\_ times per month  
☐ Hospice Volunteer \_\_\_\_\_ times per month ☐ Other Services: (PT, OT, ST, Dietary) specify type and frequency: \_\_\_\_\_

I have provided BAYADA with complete and accurate information regarding my health insurance and other payment sources. Based on that information, BAYADA has determined that the following may be available to pay for my care, at the rates quoted, subject to confirmation by my health insurance company or other payment sources. I understand that I will be responsible for all co-payments, deductibles and non-covered services. If my health insurance or other third party payor coverage changes (e.g., the plan, deductible, co-payments, eligibility for coverage), I will immediately inform BAYADA and I understand that I will be financially responsible for any changes in terms or changes due to misinformation provided by the insurance company to BAYADA related to co-payments, deductible, non covered services or eligibility for services. I certify that information given by me in applying for payment under TITLE XVIII and XIX of the Social Security Act and other health insurance benefits is correct.

☐ **Medicare will pay in full for hospice services.** I hereby elect to receive the Medicare Hospice Benefit from BAYADA. Hospice will provide, and is responsible for, services described on the plan of care and certain prescriptions and medical equipment related to my hospice illness. I understand that by electing to receive hospice benefits I am waiving Medicare coverage for care provided by another hospice other than BAYADA, unless under contract, and any Medicare services related to my hospice illness not arranged by the hospice team, unless provided by my attending physician if he/she is not a BAYADA employee or receiving compensation for the hospice for those services. I understand that by electing the Medicare Hospice Benefit, I am entitled to two election periods of 90 days and unlimited subsequent 60 day periods based on Medicare eligibility criteria. Inpatient or Respite care is available only in contracted hospitals or nursing homes.

I understand I may revoke the Medicare Hospice Benefit at any time by signing a Revocation Statement forfeiting any remaining days in the election period. I may opt to re-elect my Medicare Hospice Benefit if eligible.

☐ **Medicaid: will pay in full for hospice services**

☐ **Private Insurance, Managed Care Company, or other Third Party Payor** will pay BAYADA for the hospice services provided, with a co-payment or deductible from me estimated to be \$ \_\_\_\_\_.

BAYADA can help determine usual/customary hospice care coverage by private insurers but cannot guarantee payment by the private insurance. This is not a certification of benefits or a guarantee of payment. Payment is subject to exclusions, limitations, and provisions of your policy. Benefits will be determined by your insurer.

☐ **Private Pay:** I am responsible for the total amount of the bill. Charges are: \$ \_\_\_\_\_.  
Charges will be rounded up or down to the nearest ¼ hour. (i.e. 10:01 AM to 10:07 AM would be billed as 10:00 AM. 10:08 AM to 10:14 AM would be billed as 10:15 AM.)

**VIII. AUTHORIZATION:** I hereby authorize hospice services to begin on \_\_\_\_\_

**IX. GUARANTEE OF PAYMENT (applies to non-Medicare/Medicaid payors only):** I agree to be responsible for the payment of all services provided to me by BAYADA, unless otherwise required by law. I further agree to pay interest on any past due balances at the rate of 1.25% per month (15% per year), and I agree to pay the reasonable costs of collection, including attorneys' fees and expenses. I understand the rates and my financial obligations for these services.

**Secondary Guarantor (applies to Private Pay/Private Insurance Balances)**

If the client cannot, will not or does not pay for the services provided by BAYADA Home Health Care, I/we guarantee to pay for them in full.

_____ Guarantor's Signature & Name (print)	_____ Social Security #	_____ Date	_____ Witness
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_____ Guarantor's Signature & Name (print)	_____ Social Security #	_____ Date	_____ Witness
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*All sections of this Agreement have been reviewed with me; I understand and agree to the provisions outlined above. The information that I have provided above is truthful and complete. With my signature below, I agree to be legally bound and acknowledge receipt of a copy of this Agreement.*

_____ Signature of Client	_____ Social Security #	_____ Date	_____ Witness
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_____ Representative & Relationship to Client	_____ Date	_____ Witness
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\_\_\_\_\_  
Reason Client Unable to Sign

# **Exhibit 61**





## *Admission Booklet*

### **Mission statement**

BAYADA Hospice has a special purpose—to help people with advanced illness and at the end-of-life have comfort, grace, and dignity. We believe families deserve hospice care delivered with compassion, excellence, and reliability, our core values. We aspire to provide the finest hospice service to millions of people worldwide, be the employer of choice in our communities, and deliver measurable value to society.

### **Editor's note**

This admission booklet (#0-4588) was designed specifically for Medicare-certified hospice services. A separate admission booklet is available for Medicare-certified home health care services (# 0-2248), general home health care services for adults (#0-2249), and for pediatric home health care services (#0-2250). A private admission booklet is available in Spanish (#0-3125).

## A message from Mark Baiada



Thank you for choosing BAYADA Home Health Care as your home health care provider. We truly appreciate the opportunity to work with you and your family.

Our mission is to help you have a safe home life with comfort, independence, and dignity. We call our employees Heroes on the Home Front because they deliver home health care with compassion, excellence, and reliability—*The BAYADA Way*. Not everyone can be a BAYADA health care professional. Those selected are a special group who meet the highest standards in the home health care industry. Our Heroes will do everything in their power to ensure that your home health care experience meets and exceeds your expectations.

This booklet is designed to acquaint you with some of the philosophies and policies that affect you as a BAYADA client. To ensure that you fully understand the content and that your questions are answered, your nurse or therapist will review it with you. However, if you ever have any questions or need further clarification, please feel free to contact your service office. Our staff is there to support you 24 hours a day, 7 days a week.

Nothing is more important to us than your health and welfare. You can rest assured that we are ready to help in the fullest sense. Once again, thank you for the opportunity to serve you and your family.



J. Mark Baiada  
Founder and President



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## Section 1: How we work with you

### **The hospice experience**

BAYADA Hospice cares for people and family members experiencing terminal illness. It is a holistic approach caring for the physical, emotional, and spiritual needs of children, adults, and the elderly in life's final stages. Care is provided where the client lives, at home, in a nursing facility, assisted living facility, or group home.

We realize that the hospice experience might often feel intrusive or disruptive to you and your family—especially when we first begin providing services. As guests in your home, we never wish to invade your privacy in any way. Our employees are also instructed to always observe your “house rules.” One of the keys to achieving these goals is honest, two-way communication. Therefore, we always encourage you to voice your concerns, suggestions, and complaints. Also know that our staff will do everything in their power to ease this period of transition and to ensure that your hospice experience is a positive one.

### **Your hospice team and your care plan**

At the beginning of our service, the medical director and your BAYADA team will assess your needs and, together with you, your family, and your physician, develop a care plan to guide the staff serving you. Your hospice care plan may include nursing care; social work services; counseling to help you and your family with grief and loss; volunteers for companionship, errands, or respite; hospice aide/homemaker services; physical, occupational, speech, or dietary services; physician services; medical equipment (such as a hospital bed or wheelchair); medical supplies (such as bandages); medications for symptom control; and short-term care in a facility. Throughout our service, we will provide ongoing professional care management and supervision. We will also coordinate our care with all involved parties—you, your family, your physician, and your hospital.

The office staff is always ready to assist you and answer questions. Clinical managers oversee your care plan. Client services managers are responsible for scheduling your care, and the director is available to answer questions.

### **Pain and symptom management**

If your medical condition causes you to experience pain or other symptoms, such as nausea, vomiting, anxiety, or other distress, please tell us. We consider the management of pain and other symptoms an important part of your care. We will work with you, your family, and your physician to assess and manage your pain.

### **Hospice levels of care**

BAYADA provides the following levels of care:

Routine care – Depending on the medical, psychosocial, and spiritual needs of the client, hospice provides visits and services to meet the individual plan of care.

General inpatient care – During a period of time when the client's condition requires pain control, symptom management, or a new diagnostic assessment, inpatient level of care can be provided in a contracted nursing home or hospital.

Continuous care – During a crisis situation, hourly care can be provided for 8 to 24 hours a day until the crisis is resolved.

Respite care – Available on an occasional basis, inpatient respite care is provided in order to offer a brief rest (up to five days) to families and caregivers.

Inpatient hospice care at other facilities – BAYADA has contracts throughout our service area with hospitals and nursing homes for inpatient care for clients receiving hospice services. These facilities may be used when they are closer to home and more convenient for the family, or if the client's community



## Admission booklet

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physician prefers to provide services there. The BAYADA team will work with the hospital or nursing home staff so the hospice plan of care is followed.

Nursing home and other settings – BAYADA can provide services to all clients wherever the clients call home. This may be a single family dwelling, an apartment, an assisted living facility, or a nursing home. BAYADA works with many assisted living facilities and nursing homes in the area to ensure that every client receives the same high quality, interdisciplinary hospice care as the clients living in their own homes.

Sometimes a client starts out in their own home and then finds that their needs are not able to be managed there. Your hospice team will help you find an acceptable alternative.

### Room and board

Medicare doesn't cover room and board if you receive hospice care in your home or if you live in a nursing home or a hospice inpatient facility. However, if the hospice team determines that you need short-term inpatient or respite care services that they arrange, Medicare will cover your stay in the facility. You may have to pay a small co-payment for the respite stay.

### Stopping hospice care

If your health improves or your illness goes into remission, you no longer need hospice. Also, you always have the right to stop hospice care at any time for any reason. If you stop your hospice care, you will get the type of Medicare coverage you had before you chose a hospice program (like treatment to cure the terminal illness). If you're eligible, you can go back to hospice care at any time.

### Emergencies

If there is an environmental disaster or emergency (such as a severe storm or power failure), we have an emergency plan that will be implemented. When you are admitted to our care, we evaluate your situation and assign a risk priority level for services during an emergency. BAYADA will make every

effort to continue providing service to our clients as scheduled during an emergent event or disaster.

### Emergency response instructions for interruption of service

In the home health care setting where our staff travel to and from your home, it is important that we provide you with instructions in advance to ensure your safety in the event that our service is interrupted.

#### Power outages

1. If medical attention is needed or care cannot be delayed, call 911 for transport to the hospital. If phones are not working and you do not have access to a cell phone, check with your neighbors for assistance.
2. Switch or confirm switch to a battery backup power source for clients who require mechanical support. Check circuitry and power sources once power is restored.
3. Keep all heat producing light sources, such as candles or lanterns, away from oxygen and medical gases.
4. If phones are working, contact BAYADA or the physician for telephone instruction on care to be provided.
5. Emergency phone numbers for rescue and utilities are often located in your chart. All pediatric and many adult clients are provided with a written emergency plan.

#### Evacuation

1. Stay tuned to your local radio and television stations for instructions.
2. Follow all evacuation orders issued by local and state government agencies. Do not stay in your home if an order has been issued.
3. Notify a friend or relative who lives outside the area or a BAYADA representative of your plans to evacuate. If our office is in the affected region, any BAYADA office in the country can be contacted at 888-4-BAYADA (888-422-9232).
4. Turn off electricity, gas appliances, and water.
5. Lock windows and doors.



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6. Remember to take all medication bottles or a list of medications with you.
7. Keep the name and phone number of your physician with you.
8. If BAYADA has set up an emergency Go Bag as part of your care plan, take it with you.
9. Other medical supplies and items to be taken with you may include, needles/syringes, ostomy supplies, special dietary foods, bottled water, eye glasses, hearing aids, extra batteries, dentures, and medical equipment (such as, a walker, cane, or wheelchair).
10. Take important papers such as your Medicare card, insurance papers, and driver's license.

### Office hours and on-call availability

Your BAYADA Hospice office is open from 8:30 am – 5:00 pm Monday through Friday with on-call availability 24 hours per day, 7 days per week.

### Helpful hints

BAYADA is proud of the reputation we have established in home health care and hospice. Our employees are carefully screened and we base our placements in your home on the qualifications of the employee.

We thought it might be helpful to share some of our rules and regulations with you. This will give you some guidance as you welcome a BAYADA employee into your home.

1. Our employees are not permitted to accept money or tips. They are paid weekly by BAYADA. Therefore, you should never pay an employee directly. If any employee asks you for payment or money for any reason, please notify the office immediately.
2. Our employees are instructed not to do banking for their clients, so please try to make other arrangements.
3. We suggest that you do not leave loose cash or valuables around your home. Our reputation supports the integrity and honesty of our

employees. However, we feel that money and valuables should be kept in a safe place in order to avoid any misunderstandings.

4. Our employees are not permitted to make or receive personal phone calls from your home. Likewise, they are not to have any visitors or bring anyone with them when they report to work.
5. Our employees are not permitted to give out their personal phone number or address. If it is necessary for you to reach an employee when they are off-duty, please call the office.
6. According to state regulations, hospice aides, homemakers, and volunteers are not permitted to provide any nursing services (such as medication administration). Please respect the fact that our employees are instructed to carefully follow the care plan that has been left in your home. If you have a question about an employee's tasks, please contact the office.

### Payment information

BAYADA participates in many private health insurance, auto insurance, VA benefits, and managed care plans. In some states, we also participate in Medicare and Medicaid.

During admission, we will ask you about your insurance coverage and other possible sources of payment for your care. Please note that coverages, co-payments, and deductibles are determined by your insurer and are subject to change. If you have any questions, please check with your insurer. If your insurance plan or source of payment changes for any reason, please tell us immediately so that we can take the proper steps.

We will contact your insurance company or payment source to determine if you have a hospice benefit and if we are authorized to provide the services requested. After we have confirmed this information with your insurance company or payment source, we will notify you about your financial responsibility for any applicable co-payments or deductibles. When possible, we will bill the insurance company or payment source directly on your behalf.



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We will not bill you for co-payments or deductibles until we have billed your insurer. After we receive their portion of the payment, we will send you a letter confirming the amount owed. Payment is expected within 14 days of receiving this letter.

If you choose to pay for our services personally, we will bill you on a weekly basis. Payment is expected within 14 days of receiving the invoice. Please send remittances to the payment address indicated on the invoice. If you wish to pay by credit card, please call the office.

If you have any questions about your bill, please call the office or the BAYADA Finance Department toll free at 800-220-0133.

### Medicare

Some BAYADA Hospice offices participate in Medicare. The federal government dictates what Medicare covers. Medicare pays for hospice services if you meet the following criteria:

- You are eligible for Medicare Part A (hospital insurance)
- Your doctor and the hospice medical director certify that you are terminally ill and probably have less than six months to live
- You sign a statement choosing hospice care instead of routine Medicare covered benefits for your terminal illness (Medicare will still pay for covered benefits for any health problems that are not related to your terminal illness)
- You receive care from a Medicare-approved hospice program

### Medicare Hospice Benefit

Medicare will reimburse the cost of hospice care under your Medicare Hospital Insurance (Part A) when all eligibility requirements are met.

Services covered under the Medicare Hospice Benefit (if included in the plan of care):

- Physician services
- Nursing care

- Necessary medical appliances and supplies
- Medications for symptom management and pain relief of the terminal illness (must be pre-approved by hospice)
- Short-term inpatient care for pain and symptom control
- Hospice aide
- Spiritual counseling
- Bereavement counseling
- Medical social work services
- Dietary counseling
- Volunteer services
- Short-term respite care
- Other treatment modalities based on the plan of care

The following services are not covered by BAYADA Hospice or the Medicare/Medicaid Hospice Benefit. If I choose to receive these services, I may be responsible for their cost:

- Treatment or interventions that BAYADA Hospice determines are not related to my terminal illness or related conditions including, but not limited to, medication, equipment and supplies, laboratory and diagnostic tests, transportation, and inpatient and outpatient services
- Treatment or interventions that BAYADA Hospice determines are not medically necessary for the palliation and management of my terminal illness, including but not limited to, medication, equipment and supplies, laboratory and diagnostic tests, transportation, and inpatient and outpatient services
- Admission to any facility that is not under contract with BAYADA Hospice
- Emergency room visits or an emergency admission to any facility without the prior approval of BAYADA Hospice
- Resuscitative measures performed by emergency personnel in the home.



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- Specific brand name supplies other than those commonly stocked and used by BAYADA Hospice
- Durable medical equipment or other equipment and supplies that have not been authorized by BAYADA Hospice
- Custodial care provided by live-in housekeepers or privately hired caregivers, including sitter services, and/or the provision of linens and hospital gowns
- Room and board (room and board may be covered by Medicaid or another third party payor depending upon eligibility)

If you are receiving care under the Medicare Hospice Benefit, Medicare requires that no more than 30 days prior to the beginning of the third benefit period (180 days) and prior to each subsequent benefit period, a hospice physician or nurse practitioner must conduct a face-to-face visit with you to determine continued eligibility of hospice care.

If you are approaching your third benefit period, you will be contacted by BAYADA Hospice to arrange for a face-to-face visit with a hospice physician. The face-to-face visit may take place in your place of residence or you may go to the hospice physician or nurse practitioner for the visit if medically appropriate. If you or your family refuses to allow the hospice physician or nurse practitioner to make the required visit, we may need to initiate discharge procedures. Failure to comply with the face-to-face visit could impede our ability to provide needed care.

If you have questions about Medicare, please call your office.

### Medicare Part D

If you have Medicare part D prescription medication plan, it is important that you understand the differences between the Medicare Hospice benefit and Medicare Part D. Under the Medicare Hospice Benefit, hospice will cover all medications related to

your terminal illness and related diagnoses. We will work with your physician and pharmacy to determine which medications we will cover under the Medicare Hospice Benefit, which ones will be covered under your part D plan, and which medications are determined to be no longer medically necessary and if continued, would become your financial responsibility.

If a medication is determined to be unrelated to the terminal illness and related diagnoses by the hospice physician, and you have Medicare Part D, unrelated medications may be covered under this plan. There may be medications that you currently take that are hospice related, but the hospice physician determines are no longer medically helpful to you at this stage in your disease process. If this is the case, hospice will not supply or cover these medications. If you are in agreement with the hospice physician, these medications will be stopped. If you choose to continue these medications, you will be responsible to cover the cost. Also, if you are currently taking a medication that has an equal on our medication formulary, we will supply the medication on our formulary. If you refuse to accept the equal medication from our formulary, you will be responsible to cover the cost of the non-formulary medication.

### Medicaid

Medicaid is a health insurance program that is administered by each state. Eligibility and coverage vary greatly from state to state. Please check with the office if you believe that you may qualify for Medicaid.

In some instances, a patient residing in a nursing home that is Medicaid-eligible may have their room and board covered, less any patient liability. This is determined on a case by case basis. Your hospice team will work with you and your nursing home to determine eligibility.



## Section 2: Rights and responsibilities

### Your rights and responsibilities

BAYADA Hospice pledges to honor and protect your rights as a client. All BAYADA clients and their formal caregivers have a right to mutual respect and dignity. Clients also have the right to

have a relationship with their hospice provider that is based on honesty and ethical standards of conduct. Your rights and responsibilities as a BAYADA client are outlined in this section.

### Decision-making

- Jointly participate with BAYADA in the initial planning of your care (including the care to be provided and the schedule) and in any change to the care plan before the change is made
- Choose your own attending physician
- Be notified in writing of the care to be furnished, the type of caregivers who will provide this care, and the frequency and duration of the visits
- Refuse services or request a change in caregivers without fear of reprisal or discrimination
- Be informed of the consequences of refusing all or part of the planned care. If you do not follow the care plan and if this threatens to compromise our commitment to quality care, BAYADA or your physician may need to refer you to another source of care
- Participate in the selection of caregivers to provide the care
- Be informed of the right to formulate an advance directive (also known as a living will) and the BAYADA policies regarding such rights; to have advance directives respected to the extent provided by law; and to receive service whether or not an advance directive has been executed
- Be informed about the outcomes of care, including unanticipated outcomes
- Participate in experimental treatments or research, only after voluntary and informed consent is obtained
- Have a health care representative, appointed by you or designated in your medical power of attorney, make health care decisions for you

### Complaints

- Be informed of the procedure to register complaints about BAYADA, the care provided, or any lack of respect for your property, including the availability, purpose, and appropriate use of compliance hotline numbers
- Receive an investigation by BAYADA of complaints made by you, your family, or guardian regarding treatment or care and that BAYADA will document that existence and resolution of the complaint
- Voice your concerns without fear of discrimination or reprisal for having done so



## Quality of care

- Receive care of the highest quality without regard to race, creed, gender, age, disability, sexual orientation, veteran status, lifestyle, color, or national origin
- Be admitted for care only if BAYADA Hospice has the capability to provide the care safely, at the required level of intensity, and in a timely manner, as determined by a professional assessment and BAYADA policy
- Be instructed what to do in case of an emergency
- Have all nursing services provided in accordance with a physician's orders
- Be assured that all services are provided under the supervision of qualified hospice professionals
- Be informed of discharge procedures, including treatment options, transfers, changes in service, when and why care will be stopped, and instructions for continuing care
- Receive an assessment and appropriate management of pain and symptoms
- Be referred to another provider if BAYADA is unable to meet your needs or if you are dissatisfied with the care you are receiving
- Have your property treated with respect
- Be free of any mistreatment, or mental, physical, sexual, and verbal abuse including injuries of unknown source, misappropriation of property, neglect, and exploitation
- Be assured that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of your property by anyone furnishing services on behalf of BAYADA, are reported immediately by BAYADA employees and contracted staff to the hospice administrator
- Expect an immediate investigation of all alleged violations involving anyone furnishing services on behalf of BAYADA and immediate action taken to prevent further potential violations while the alleged violation is being verified
- Be assured that appropriate corrective action will be taken, in accordance with state law, if the alleged violation is verified by BAYADA or an outside body having jurisdiction, such as the state survey agency or local law enforcement
- Be assured that verified violations are reported to state and local bodies having jurisdiction (including the state survey and certification agency) within five working days of becoming aware of the violation

## Confidentiality

*Additional information can be found in Section 3: Confidentiality matters*

- Expect confidentiality with regard to information about your health, social, and financial circumstances and what takes place in your home
- Expect BAYADA to release information only as required by law or authorized by you
- Access and receive your clinical records and reports on the care provided



## Exercising your rights

1. If you have been adjudged incompetent under state law by a court of proper jurisdiction, your rights are exercised by the person appointed pursuant to state law to act on your behalf.
2. If a state court has not adjudged you incompetent, any legal representative designated by you in accordance with state law may exercise your rights to the extent allowed by state law.

## Financial information

- Be informed, orally and in writing, of all personal liability for services and any changes in such within 15 days of when BAYADA Hospice was made aware of the change
- Be informed of payment sources for BAYADA services
- Be informed of BAYADA liability insurance upon request
- Be informed of BAYADA ownership and control upon admission and of any beneficial relationships that may bring profit to BAYADA when making referrals to another organization

## Your responsibilities

- Inform BAYADA of any treatment changes prescribed by your physician
- Cooperate with BAYADA staff in carrying out your care plan
- Provide a safe environment for the delivery of care
- Call the office if you will not be home when service is scheduled
- Provide accurate information about all insurance coverage or payment sources
- Inform BAYADA of any changes in insurance or payment sources
- Inform BAYADA of any power of attorney involved in your care or financial matters
- Inform BAYADA of any dissatisfaction with services
- Jointly supervise your BAYADA caregiver with your BAYADA Hospice team

## Cultural diversity and sensitivity

BAYADA values individual differences. We maintain an environment that is open and accepting of all people, regardless of their race, religion, color, gender, national or geographic origin, disability, sexual orientation, or age.

We are sensitive to the cultural beliefs of our clients, fellow employees, and the community. We respect the customs of all people and ensure

that every effort is made to adhere to clients' guidance and direction when providing care in their homes.

BAYADA is committed to compliance with all applicable federal, state, and local laws, as well as any rules, regulations, or accepted practices that ensure equal treatment to all with whom we come in contact.



## Section 3: Confidentiality matters

**This section describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.**

### General information

BAYADA Hospice respects your confidentiality and privacy. We have policies and procedures in place that protect your personal health information and restrict how it is used. Personal Health Information (PHI) includes medical information regarding your care and treatment and personal information may be used to identify you, including but not limited to, your name, address, phone number, social security number, email address, diagnosis, or similar information you provide in the course of treatment. PHI may be in paper or electronic format.

In addition, federal and state governments oversee home health care to be sure that we furnish and you receive quality home health care services and your PHI is kept secure and confidential.

### Collection and use of written and electronic Personal Health Information

To provide services to you, we are required to collect information about you and your health care needs from you and others (such as, insurance companies, hospitals, physicians, family members, and other caregivers).

As your home health care provider, BAYADA will not sell your personal health information. To provide optimal care and treatment, we must share information about you and your health care needs for treatment, payment, and our health care operations. For treatment we will share PHI with members of our health care team, physicians, hospitals, other healthcare providers, your interdisciplinary team, family members, close friends, or other people you identify including

clergy, private caregivers, pharmacies, medical equipment providers, and others. For payment we will share your information with insurance companies, managed care companies, Medicare, Medicaid, or third party payers. For BAYADA health care operations and quality improvement, we will use and share your information to improve our care, reduce costs or for training of our employees.

Some examples of how we use your Personal Health Information include:

- To communicate with your physician or other members of your interdisciplinary team to ensure that your care plan and orders are kept up-to-date and your needs are met
- To share information about your care needs with your insurer or health plan so you or BAYADA may receive payment for the services rendered; we also share information about your health care needs to obtain authorization for your services
- For review, teaching, and training purposes within our company, including to students or trainees under our supervision, to help ensure we are providing quality care
- To tell you about or recommend possible treatment options, products, or services offered by other BAYADA offices or by third party providers that may be of interest or benefit to you
- To a coroner, medical examiner, funeral director, or if you are an organ donor, to an organization involved in the organ or tissue donation process
- To our limited nonemployees we work with, called Business Associates may assist us in your care, obtaining payment, or in our daily health care operations; for example, an answering service or record storage company may be our



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Business Associates (all Business Associates sign a contract and promise to follow the same standards as BAYADA)

- We may use limited information (such as, your name and contact information only) to contact you in an effort to raise funds for the BAYADA Foundation, a separate 501(c) 3 publicly supported charity, affiliated with BAYADA, which includes Hospice and an Emergency Fund

For other disclosures not related to your treatment, payment, health care operations or is not legally required; we must have your signature on a separate HIPAA Authorization form. For example, if an attorney sends us a letter asking for copies of your medical file, we will obtain your written authorization before releasing the information. Additionally, some PHI is highly protected, including information related to substance abuse, sexually transmitted diseases or diagnoses like HIV or AIDS.

If you have designated a medical power of attorney, you have a legal guardian or you have someone who is authorized to make decisions on your behalf, we will work with that person. Before we do, we will confirm that person has legal authority to act on your behalf by contacting you and/or requesting copies of the legal documents.

There are some situations where BAYADA is legally required to share your PHI **without** seeking your authorization. They are defined in federal and state laws and regulations, which we must follow. Some examples include:

- When a law enforcement official or attorney presents us with a warrant, court ordered subpoena, legal discovery request, or other legal requirements
  - For health oversight activities such as accreditation, licensing, credentialing, or audits, inspections and investigations, including compliance or medical reviews
  - When a government regulatory agency or oversight board asks to see your records for investigations, inspections, disciplinary actions, or to ensure that we are conforming to other laws and regulations, including the Health Insurance Portability and Accessibility Act (HIPAA) and similar state or local laws
- For public health activities including controlling disease, injury or disability, reporting to the Federal Food and Drug Administration concerning problems with products, product recalls, or reporting deaths as required by State law
  - When we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crimes or to help prevent any possible threat or injury to you
  - For public health activities and to avert a serious or imminent threat to your health or safety or the health and safety of others
  - For emergency preparedness to help ensure your safety in the event of a natural disaster or other safety hazard to you or your home

## Your privacy rights

Although your medical file and PHI are the property of BAYADA, the information belongs to you. You have the right to:

1. Know and see the information about your care in your medical file maintained by BAYADA. Review the information in person or request copies of your medical file, whether in paper or electronic format. You must ask us in writing and give us time to schedule your visit or to make copies of your file. If your records are maintained electronically, you can have access to them in an electronic format. Or, you may ask us to send your health record to a third party. If you cannot see the records personally, you may designate someone to do so, on your behalf. We will usually provide access to your records within 30 days of your request. We may also charge a reasonable copying fee for our costs.
2. Request that we communicate with you concerning your health matters in a specific way (for example, at a cellular or office telephone number or at a different address than we have on file). We will accommodate your request if possible.



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3. Request that certain people NOT have access to your personal health information including limiting information to your health plan if you (or someone on your behalf) have paid in full for services out of pocket. Please notify your clinical manager or office director of any restrictions or requests.
4. Be notified if we believe there has been unauthorized access to your PHI (breach). In the event of a breach, within 60 days, we will contact you via telephone whenever possible and will provide written notice by first class mail or by email. We will let you know what occurred and what we have done to remedy it. We will also follow any state specific laws that may have different requirements.
5. Ask us to amend information in our files you believe is incorrect or incomplete whether in paper or electronic format. To request an Amendment, please ask your clinical manager or director for the form: "Request to Amend My Personal Health Information Form" for this purpose. In most situations, we will honor your request and update your record; however, there are a few situations where we may not be able to do so. Please ask your clinical manager or director for more information.
6. Request a list of anyone who received your personal health information without your authorization for the last six years (accounting). The list includes who we shared it with, the date and why. It may include releases to attorneys, law enforcement officials, and government agencies. To request a copy of this list, please contact your local office director.
7. Opt out of fundraising activities conducted by the BAYADA Foundation by contacting us at [hipaa@bayada.com](mailto:hipaa@bayada.com) or by calling 1-866-665-4295 and providing your name, address, telephone number and email if you do not wish to be contacted for anything related to fundraising. With this information, we will remove your name and will not contact you in the future.

## Visual images

Photographs, videotapes, and digital or other images may need to be recorded to document your care. BAYADA retains ownership rights to these photographs, videotapes, and digital or other images. We will store them in a secure manner to protect your privacy. You have the same rights outlined above to see these images or to obtain copies.

## Email

BAYADA may communicate information about your care via email. When doing so we take steps to protect the privacy, security and confidentiality of email information that is sent and received. We also make any email that is related to your PHI a part of your medical file.

We will not use unsecure email to communicate certain medical information regarding sexually transmitted diseases, HIV and AIDS or substance abuse. If there are other types of information you do not wish to be transmitted via email, please notify your clinical manager or director. We will honor your request if possible.

If you or any third parties wish to email BAYADA about your care, only use a "BAYADA" email address (ending in 'bayada.com') because we cannot guarantee receipt or security of email sent to any other address.

BAYADA values our relationship with you and prefers to communicate with you via telephone or in person whenever possible. If you communicate with us via email, we will do our best to respond promptly. Please avoid email for emergencies or time sensitive matters.

**Changes to this notice**

On occasion we may need to update or change this Privacy Notice. Copies of the updated notice will be available in your service office and will also be posted on our web site ([www.bayada.com](http://www.bayada.com)). If you would like to receive a paper copy of this Notice, at any time, please ask your client services manager or clinical manager.

**Questions**

If you have questions, need more information, disagree with a decision made about access to your PHI, or if you have any concerns regarding a possible violation of your privacy, please contact your local BAYADA office or the BAYADA Privacy Officer using the methods listed below.

Toll Free Compliance Hot Line:  
1-866-665-4295 or Compliance Email  
Address: [hotline@bayada.com](mailto:hotline@bayada.com).

You may also file a grievance or complaint with the United States Department of Health and Human Services, 200 Independence Ave., SW, Washington, DC 20201, or by calling them Toll Free at 1-877-696-6775.

**Effective date 9/23/2013**



## Section 4: Making your wishes known

### Your rights

You have the right to make decisions concerning your medical care. These include the right to:

- Accept or refuse medical or surgical treatment
- Execute an advance directive
- Execute a medical power of attorney or appoint a health care representative

You are not required to have an advance directive to receive medical treatment.

### What is an advance directive?

An advance directive (sometimes called a living will) is a document that specifies the treatment you would want and would not want if you were terminally or irreversibly ill and unable to communicate those wishes yourself. You can provide written instructions regarding care that you wish to receive and instructions for withholding or withdrawing life-prolonging treatment.

### What is a medical power of attorney?

A medical power of attorney is a legal document that gives someone else the authority to make medical decisions for you.

Through a medical power of attorney or by designating a health care representative, you can permit another person to make treatment decisions for you in the event that you are incapable of doing so.

### Resources and forms

There are many resources for advance directive and medical power of attorney forms. They are available in many physician offices and hospitals, as well as your local governmental office on aging or social services. Your attorney or legal advisor may also have them. Please ask your hospice team member for forms and information.

Please remember that requirements for advance directives and medical powers of attorney vary from state to state. Therefore, you should look for information specific to your state.

Because an advance directive has important legal, physical, and emotional implications, you may wish to discuss it with your family, physician(s), legal advisor, and spiritual counselor before signing. Be sure to carefully read all materials before you sign, and do not sign anything unless you fully understand the information. Ask questions if there is anything you do not understand.

### Who needs to know?

If you have prepared an advance directive or medical power of attorney (or have designated a health care representative), you should tell:

- Your physician
- BAYADA Hospice
- Your family
- Your health care representative or medical power of attorney
- Your close friends that are involved in your health care

You should also give copies of the documents to these people and tell them where the originals are kept. In addition, you should review your advance directive periodically and initial and date it to indicate your continuing agreement with what it contains. Properly signed and witnessed, your advance directive will remain in effect indefinitely unless revoked.

BAYADA does not require that you have an advance directive, but if you do, we require a copy for our records so that all of our personnel will be aware of your wishes. We also suggest that you keep a copy of your advance directive in an easily identifiable place in your home (such as the refrigerator, medicine cabinet, or home health care record) so that emergency personnel can locate it quickly.

### **What if you change your mind?**

You may revoke or change your advance directive at any time by:

- A signed and dated written statement
- Destroying all copies
- Saying that you want to change it

Always notify your physicians and your health care providers (including BAYADA) if you execute a new advance directive or change or cancel your current advance directive. If you complete more than one advance directive, make sure that your instructions in each document are consistent with the others.

If you have additional questions after you read this, please call the office.



## Section 5: Safe at home

### Being safe in your home

Safety in the home is one of our primary concerns. This section provides practical tips on increasing your family's safety and health. By implementing these suggestions, you will have a safer and more comfortable home life.

#### Environmental safety

- Secure loose rugs, runners, and mats to the floor with double-sided adhesive or rubber matting
- Position and secure tubing and wires to avoid a tripping hazard
- Tack down carpet edges
- Repair, replace, or remove torn, worn, or frayed carpeting
- Organize cupboards so that frequently used items are on lower shelves
- Use a sturdy step stool to reach items on high shelves
- Store heavy items flatly on lower levels of the closet to avoid falls and injuries
- Keep stairs, hallways, and passageways between rooms well-lit and free of clutter
- Ensure adequate lighting in all walkways at night—inside and outside
- Make sure that stairs have sturdy, well-secured handrails on both sides; if needed, install gates to protect children from falls
- Avoid using stairs while wearing only socks or smooth-soled shoes
- Arrange furniture to allow free movement in heavy traffic areas
- Lock up hazardous tools and firearms; unplug appliances and tools when not in use
- Store cleaning fluids, polishes, bleaches, detergents, and all poisons separately and make sure they are clearly marked
- Ensure that there is proper ventilation when cleaning agents are being used

- Clean up spills promptly
- Do not stockpile old newspapers and cleaning cloths
- Control insects, rodents, and bad odors
- Locate at least one accessible phone in the event that an accident renders a person unable to stand
- Post emergency numbers near the phone including ambulance, physician, fire department, police, and BAYADA Hospice
- Clear entranceways of leaves, snow, and ice
- Mark glass doors with decals

#### Bathroom safety

- Install a textured surface or nonskid mats or strips in tubs and showers to prevent falls
- Install grab-bars to assist transfers in the tub, shower, and toilet areas
- Check water temperature with your hand before entering the tub or shower in case the temperature needs to be lowered
- Use a nightlight in the bathroom
- Place a bell, buzzer, or appropriate noisemaker in the bathroom for emergency use
- Ensure that door locks can be opened from the outside in case of an emergency
- Never leave a child alone in a bathtub; a child can drown in a few inches of water
- If possible, locate a bathroom on the first floor

#### Medication safety

1. Take medication as ordered. Understand how and when to take each medication.
2. Never take more or less medication than ordered by your physician.
3. Learn the actions and possible side effects for each medication you are taking. Report any side effects or new symptoms to your physician and BAYADA.

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4. Store medication where children or confused adults cannot reach them.
5. Discard medications your physician no longer wants you to take.
6. Please refer to "Proper Disposal of Prescription Drugs" on page 21 of this booklet.

### Needle and lancet safety at home

If your physician has ordered medicines to be given by injection, it is important to handle used needles and lancets safely because they may have germs that can cause serious diseases. These diseases can also infect a person who is stuck with someone else's used needle or lancet.

### Handling used needles or lancets

1. Never hand a used needle or lancet to another person, including a BAYADA employee, or let someone hand a used needle or lancet to you. Instead, place the needle or lancet directly into a needle disposal container immediately after use.
2. Never walk holding a used needle or lancet.
3. Never reach into a needle disposal container or force a needle into a container.

### Throwing away used needles or lancets

1. Dispose of needles and lancets into an impenetrable metal or hard plastic container with a tightly secured lid, such as a laundry detergent container, immediately after use.
2. Pick up the needle or lancet by the non-pointed end.
3. Aim the pointed end into the container and let the needle or lancet drop into the container.
4. Close the lid to the container and store it in a safe place, away from children.
5. Dispose of the container when it is three quarters full. For proper disposal, screw the lid on tightly, and tape the lid. Some states permit you to dispose of the container in your household trash, but some states do not allow this action. Always

dispose of the container per your state regulations for home generated medical waste. If you are unsure about your state regulation, ask your BAYADA office.

### Storing needles and lancets

1. Store new needles, lancets, and other supplies (wound dressings, boxes of gloves, etc) in a dry place. Moisture and water can cause germs to grow on supplies. If supplies get wet, throw them away.
2. Always place supplies, especially needles and lancets in a safe place, away from the reach of children and others.

### Infection prevention at home

Infections can be spread by people or animals. Certain medical conditions make people more susceptible to infection. Good practices can reduce the chances of infection in your home. Tips for reducing infection include the following.

1. Wash your hands before and after giving care; after coughing, sneezing, or using the toilet; and after contact with blood or body fluids (even if you wear gloves). To wash hands correctly, follow these steps:
  - Wet your hands and rinse under warm, running water
  - Using a generous amount of soap in the palm of your hands, rub your hands together briskly, making sure to rub and scrub nail and finger areas
  - Rinse thoroughly
  - Dry with a paper towel or a clean towel
  - Turn off the faucet with a paper towel
2. Cover coughs and sneezes with a tissue. Throw away tissues in a trash can lined with plastic.
3. Keep rooms as clean as possible. Pay special attention to the kitchen, bathrooms, countertops, floors, and refrigerator.
4. Make sure each family member has their own toothbrush, towel, and washcloth.



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5. Wash dishes and laundry used by a person with infection in warm, soapy water or in a dishwasher or washing machine.
6. Use plastic bags in trash cans. Wash out the trash can when you empty it. Double bag trash from a person with infection.
7. Cook food thoroughly. Wash your hands thoroughly after handling raw meats and eggs. Clean cutting boards and work surfaces so that raw meats and eggs do not touch any other food.
8. Do not share drinking glasses. Do not eat by dipping food out of a common dish.
9. If you use well water, have the water tested each year. Your local health department can provide information on how to do this.
10. Take precautions when caring for, or playing with, pets. Keep litter boxes, cages, and aquariums clean. Wash hands after contact with animals.
6. Keep your kitchen stove free of grease, plastics, or cloth materials. Do not wear loose-fitting clothes when cooking. Turn pot handles away from the front of the stove. Always use potholders.
7. Do not leave cooking unattended for extended periods of time.
8. Do not use oxygen near open flames and heat. Do not smoke or permit others to smoke while you are using oxygen. Do not use electrical devices (such as electric razors) while using oxygen. Post "no smoking" signs.
9. Develop a fire safety plan. Guidelines for doing this can be found below.

### Tips for using gloves

- Use gloves only once
- Wear clean, non-sterile gloves when touching a person's sores or wounds, body fluids (including mucous, urine, and stool), and items covered with blood or body fluids
- Take gloves off and discard in the trash immediately after use and thoroughly wash your hands; especially after changing a diaper or emptying a urinal or bedpan

### Eliminating fire hazards

1. Have your furnace and water heater checked at least once a year.
2. Make sure that wood stoves or portable heaters are properly installed. Have chimneys cleaned and inspected every year.
3. Store flammable liquids outside (away from any heat source) and dispose of properly.
4. Use electrical appliances safely and have them inspected periodically.
5. Safely dispose of matches, cigarettes, and smoking materials in an ashtray or fire-resistant container.
6. Have chimneys inspected annually to avoid a dangerous build-up of creosote.
7. Do not leave kerosene heaters, wood stoves, and fireplaces unattended while in use. Never use a gas stove for space heating.
8. Have a fire extinguisher in an easily accessible place (eg, the kitchen).
9. Store oxygen tanks securely in a transport cart or laying flat on floor.

### Developing a fire safety plan

1. Standard fire regulations recommend having one smoke detector on every level of a home.
2. Develop an evacuation plan for use in case of fire. Note which family members will require assistance because of age, illness, or disability.
3. Notify the local fire company about residents who will need assistance in the event of fire.
4. Establish clear pathways to all exits. Do not block exits with furniture or boxes.
5. Have a key accessible near doors locked with deadbolts.
6. Have chimneys inspected annually to avoid a dangerous build-up of creosote.
7. Do not leave kerosene heaters, wood stoves, and fireplaces unattended while in use. Never use a gas stove for space heating.
8. Have a fire extinguisher in an easily accessible place (eg, the kitchen).
9. Store oxygen tanks securely in a transport cart or laying flat on floor.

### Electrical safety

1. Do not place cords beneath furniture or rugs.
2. Replace any frayed cords.
3. Do not overload extension cords. Check rating labels on cords and appliances.

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4. Do not use multiple outlet adapters on electrical outlets.
5. Cover unused outlets and teach young children not to touch plugs, cords, or outlets.
6. Never replace a fuse with a penny or a higher amp fuse. Use the correct fuse size at all times.
7. Never turn on an appliance or plug one in while standing in water or when your hands are wet.
8. Call a professional electrician if you suspect an electrical problem. Blown fuses or dimmed lights may indicate a wiring problem.
9. Make sure the electrical system is sufficient when using medical equipment such as ventilators and oxygen concentrators. Check with a medical supplier or electrician if you are unsure.
10. Use three-pronged adapters when required.
11. When walking with a pump, IV pole, electrical cord, or IV tubing, carefully position the equipment between you and the outlet to avoid falls or electrical accidents.

### Activity safety

1. Use walkers, canes, and wheelchairs as recommended.
2. If you have lightheadedness due to low blood sugar or low blood pressure, eat soon after waking up. Keep a drink or snack at your bedside.
3. Change position slowly. Dangle your legs at the side of your bed, sofa, or chair for a few minutes before standing.

4. Place things you use often within easy reach.
5. Avoid climbing and reaching to get to high shelves. Use a reacher or stable step stool with handrails. Do not stand on a chair to reach high shelves.

### Protecting cash and valuables

1. Store cash, checkbooks, valuable keepsakes, and jewelry in a secure location whenever visitors are present in your home.
2. To protect your home from intrusion, keep your doors locked at all times. Ask visitors to identify themselves before allowing them in your home.
3. Obtain receipts for merchandise purchased or bills paid.
4. Never give your debit card PIN number to anyone other than a trusted family member or friend.

### Reporting safety concerns

As a BAYADA client, we encourage you and your family to take an active role in your own care. We value your feedback and want to promptly address any concerns or questions you may have about the safety and quality of care you receive. To report concerns so that they can be adequately addressed, please contact the clinical manager or director at your office. You can also share your concerns tollfree via the Compliance Hotline at 866-665-4295 or [hotline@bayada.com](mailto:hotline@bayada.com).



## Section 6: Additional hospice information

### Caring for your loved one

A caregiver is someone who provides basic care for someone who is elderly, disabled, or ill and needs help. Caregivers perform a wide variety of tasks to assist someone with daily living activities for example, assisting with doctor's appointments, helping someone eat, giving medications, bathing and dressing. For some people caregiving happens over time. For others it can happen overnight. Caring for another person takes a lot of time, effort, and work, and can be stressful at times. Caregivers who work outside the home should consider taking some time off. Employees covered under the Federal Family and Medical Leave Act may be able to take up to 12 weeks of unpaid leave per year to care for relatives. Another option is to hire privately for caregiver assistance. Please ask a member of your hospice team for more information on caregiving assistance.

The following are some tips for providing personal care for your loved ones when they can no longer get out of bed:

#### Bathing

If your loved one becomes bedbound, it is comforting and refreshing to receive a bedbath. Fill a large basin with warm water and gentle soap. Bathe a small area at a time to prevent chilling. Begin by washing your loved one's face and work towards the feet. Daily washing of the genital area is important since bacteria tend to collect in this area. Wash from front to back between your loved one's legs with fresh water. Make sure to rinse and dry each area, then apply lotion for comfort. If movement causes pain, ask your hospice nurse about pain medication suggestions.

#### Skin care

It is important to keep skin in good condition and prevent breakdown when a person is bedbound. Gently repositioning your loved one every few hours can prevent pressure sores. Make sure bed linens

are dry and wrinkle free. Let your hospice team know if you notice any new red areas on the skin.

#### Mouth care

Preventing mouth sores and providing moisture will increase comfort when your loved one is too weak to brush his or her teeth. Make sure your loved one is sitting up to prevent choking. Use swabs provided by your hospice team to gently clean teeth and gums. Apply a lip moisturizer to prevent cracking.

#### Food and drink

The time may come when your loved one loses the desire to eat and drink or simply stops eating and drinking. It is important to remember that the focus of food and drink is for pleasure and comfort. Forcing food or fluids may increase a patient's discomfort because the ability of organ function decreases.

### What to do when death occurs

BAYADA Hospice team members are available to attend client deaths 24 hours per day, 7 days per week and will respect your cultural and religious traditions and beliefs.

Although you may be prepared for the death process, you may not be prepared for the actual death moment. As a member of your hospice team may not be present at the death moment, it may be helpful for you and your family to think about and discuss what to do if you are the one present at the death moment. The death of a hospice client is not an emergency. The police do not need to be called. Nothing must be done immediately.

The signs of death include no breathing, no heartbeat, release of bowel and bladder, no response, eyelids slightly open, pupils enlarged, eyes fixed on a certain spot, no blinking, jaw relaxed, and mouth slightly open. BAYADA will come to assist you when you are ready. Phone support is always available by calling your BAYADA office listed on the front cover of this booklet.

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The body of your loved one does not have to be moved until you are ready. If the family wants to assist in preparing the body by bathing or dressing, that may be done. BAYADA will notify the physician and will call the funeral home when you are ready to have the body moved.

### **Bereavement services**

Your BAYADA Hospice team will continue to offer support, guidance, and education to family members and caregivers after the death of a loved one.

BAYADA Hospice Bereavement Program includes:

- Informational mailings on grief
- Coping and stress management
- Information regarding support groups and other appropriate community resources
- One-on-one support visits
- Referrals to qualified grief counselors





# How to Dispose of Unused Medicines

**I**s your medicine cabinet filled with expired drugs or medications you no longer use? How should you dispose of them?

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the toilet. And a growing number of community-based "take-back" programs offer another safe disposal alternative.

## Guidelines for Drug Disposal

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007 and updated in October 2009, the federal guidelines are summarized here:

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community. The Drug Enforcement Administration, working with state and local law enforcement agencies, is sponsoring National Prescription Drug Take Back Days ([www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)) throughout the United States.
- If no instructions are given on the drug label and no



*Take drugs out of their original containers and mix them with an undesirable substance, such as used coffee grounds ...*





take-back program is available in your area, throw the drugs in the household trash, but first:

- Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
- Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.

FDA's Deputy Director of the Office of Compliance Ilisa Bernstein, Pharm.D., J.D., offers some additional tips:

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

### Why the Precautions?

Disposal instructions on the label are part of FDA's "risk mitigation" strategy, says Capt. Jim Hunter, R.Ph., M.P.H., senior program manager on FDA's Controlled Substance Staff. When a drug contains instructions to flush it down the toilet, he says, it's because FDA, working with the manufacturer, has determined this method to be the most appropriate route of disposal that presents the least risk to safety.

Drugs such as powerful narcotic pain relievers and other controlled substances carry instructions for flushing to reduce the danger of unintentional use or overdose and illegal abuse.

For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine through the skin, comes with instructions to flush used or left-over patches. Too much fentanyl can cause severe breathing problems and lead to death in babies, children, pets, and even adults, especially those who have not been prescribed the drug. "Even after a patch is used, a lot of the drug remains in the patch," says Hunter, "so you wouldn't want to throw something in the trash that contains a powerful and potentially dangerous narcotic that could harm others."

### Environmental Concerns

Despite the safety reasons for flushing drugs, some people are questioning the practice because of concerns about trace levels of drug residues found in surface water, such as rivers and lakes, and in some community drinking water supplies. However, the main way drug residues enter water systems is by people taking medications and then naturally passing them through their bodies, says Raanan Bloom, Ph.D., an environmental assessment expert in FDA's Center for Drug Evaluation and Research. "Most drugs are not completely absorbed or metabolized by the body, and enter the environment after passing through waste water treatment plants."


A company that wants FDA to approve its drug must submit an application package to the agency. FDA requires, as part of the application package, an assessment of how the drug's use would affect the environment. Some drug applications are excluded from the assessment requirement, says Bloom, based on previous agency actions.

"For those drugs for which environmental assessments have been required, there has been no indication of environmental effects due to


flushing," says Bloom. In addition, according to the Environmental Protection Agency, scientists to date have found no evidence of adverse human health effects from pharmaceutical residues in the environment.

Nonetheless, FDA does not want to add drug residues into water systems unnecessarily, says Hunter. The agency reviewed its drug labels to identify products with disposal directions recommending flushing or disposal down the sink. This continuously revised listing can be found at FDA's Web page on Disposal of Unused Medicines ([www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm)).

Another environmental concern lies with inhalers used by people who have asthma or other breathing problems, such as chronic obstructive pulmonary disease. Traditionally, many inhalers have contained chlorofluorocarbons (CFC's), a propellant that damages the protective ozone layer. The CFC inhalers are being phased out and replaced with more environmentally friendly inhalers.

Depending on the type of product and where you live, inhalers and aerosol products may be thrown into household trash or recyclables, or may be considered hazardous waste and require special handling. Read the handling instructions on the label, as some inhalers should not be punctured or thrown into a fire or incinerator. To ensure safe disposal, contact your local trash and recycling facility. 

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## Section 7: My hospice team

Office phone number: \_\_\_\_\_

On-call phone number: \_\_\_\_\_

Medical director: \_\_\_\_\_

Office director: \_\_\_\_\_

Clinical manager: \_\_\_\_\_

Social worker: \_\_\_\_\_

Spiritual counselor: \_\_\_\_\_

Aide: \_\_\_\_\_

Hospice Nurse: \_\_\_\_\_

Volunteer(s): \_\_\_\_\_



## The BAYADA Way®

### Our Mission

BAYADA Home Health Care has a special purpose—to help people have a safe home life with comfort, independence, and dignity. BAYADA Home Health Care provides nursing, rehabilitative, therapeutic, hospice, and assistive care services to children, adults, and seniors worldwide. We care for our clients 24 hours a day, 7 days a week.

Families coping with significant illness or disability need help and support while caring for a family member. Our goal at BAYADA is to provide the highest quality home health care services available. We believe our clients and their families deserve home health care delivered with compassion, excellence, and reliability, our BAYADA core values.

### Our Vision

With a strong commitment from each of us, BAYADA Home Health Care will make it possible for millions of people worldwide to experience a better quality of life in the comfort of their own homes. We want to build and maintain a lasting legacy as the world's most compassionate and trusted team of home health care professionals.

*We will accomplish our mission and achieve our vision by following our core beliefs and values.*

### Our Beliefs

- We believe our clients come first.
- We believe our employees are our greatest asset.
- We believe that building relationships and working together are critical to our success as a community of compassionate caregivers.
- We believe we must demonstrate honesty and integrity at all times.
- We believe in providing community service where we live and work.
- We believe it is our responsibility to strengthen the organization's financial foundation and to support its growth.

### Our Values

- **Compassion.** Our clients and their families feel cared for and supported.
- **Excellence.** We provide home health care services to our clients with the highest professional, ethical, and safety standards.
- **Reliability.** Our clients and their families can rely on us and are able to live their lives to the fullest, with a sense of well-being, dignity, and trust.



**BAYADA®**  
Home Health Care





BAYADA Home Health Care provides nursing, rehabilitative, therapeutic, hospice, and assistive care services to children, adults, and seniors in the comfort of their homes.

# **Exhibit 62**





## Becoming a Hero

A guide for BAYADA health care professionals



*Compassion. Excellence. Reliability.*

A message from Mark Baiada

## Becoming a Hero

Thank you for joining BAYADA Home Health Care. I'm pleased that you are a member of our team.

BAYADA has a special purpose: to help people have a safe home life with comfort, independence, and dignity. To achieve our goal, we are available to assist clients 24 hours a day, 7 days a week, and provide a broad range of services, including nursing, rehabilitative, therapeutic, hospice, and assistive care.

We will only succeed with your involvement and commitment. We recognize your importance to our organization and value your compassion, excellence, and reliability—the core values of *The BAYADA Way*, our company philosophy.

Not everyone can be a BAYADA employee, but those selected are a special group who care for their clients with the highest professional, ethical, and safety standards. Following our philosophy has helped us grow to become a national leader with thousands of nurses, therapists, and aides across the country committed to our shared mission.

This guide is designed to acquaint you with our philosophy and some of our policies. It will provide you with basic information about your job as a BAYADA employee.

Please read the materials carefully. Feel free to contact your office if you have any questions or require further clarification on something that you've read.

Once again, thank you for joining BAYADA.

Sincerely yours,



**Mark Baiada**  
Founder and President





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## Why we call ourselves Heroes on the Home Front

BAYADA employees distinguish themselves by providing home health care services with compassion, excellence, and reliability.

**It is important to know what our company stands for and how we differ from other home health care providers. By understanding our mission and shared values, you will gain an understanding of our company culture and why we call our field employees Heroes on the Home Front.**

### ***The BAYADA Way***

In 1975, Mark Baiada opened BAYADA in Philadelphia, PA, as a company devoted to meeting the needs of clients in their own homes. Mark carefully recruited other health care professionals who demonstrated compassion, excellence, and reliability and were committed to his mission of serving others. Their reputation spread, and there are now thousands of BAYADA caregivers and numerous offices throughout the United States—and we're still growing.

### ***Mission Statement***

BAYADA Home Health Care has a special purpose—to help people have a safe home life with comfort, independence, and dignity. BAYADA provides nursing, rehabilitative, therapeutic, hospice, and assistive home health care services to children, adults, and seniors worldwide. We care for our clients 24 hours a day, 7 days a week.

Families coping with significant illness or disability need help and support while caring for a family member. Our goal at BAYADA is to provide the highest quality home health care services available. We believe our clients and their families deserve home health care delivered with compassion, excellence, and reliability—our BAYADA core values.

With a strong commitment from each of us, BAYADA will make it possible for millions of people worldwide to experience a better quality of life in the comfort of their own homes. We want to build and maintain a lasting legacy as the world's most compassionate and trusted team of home health care professionals.

*We will accomplish our mission and achieve our vision by following our core beliefs and values.*

## Why we call ourselves Heroes on the Home Front

### Beliefs

- We believe our clients come first.
- We believe our employees are our greatest asset.
- We believe that building relationships and working together are critical to our success as a community of compassionate caregivers.
- We believe we must demonstrate honesty and integrity at all times.
- We believe in providing community service where we live and work.
- We believe it is our responsibility to strengthen the organization's financial foundation and support its growth.

### Core Values

#### *Compassion*

Our clients and their families feel cared for and supported.

#### *Excellence*

We provide home health care services to our clients with the highest professional, ethical, and safety standards.

#### *Reliability*

Our clients and their families can rely on us and are able to live their lives to the fullest, with a sense of well-being, dignity, and trust.



# Becoming part of the team

**Joining a new company can be a confusing time. Learning new ways to do things and meeting new people can be overwhelming. This section will help you understand what is expected of you and how you will be oriented to our policies and procedures.**

## **Specialty practices**

Our two main specialty practice business lines are Home Health and Home Care. Within these two business lines, BAYADA offices are organized by specialty practice. Most BAYADA offices offer only one specialty practice, although some offer more than one.

### **Home Health**

BAYADA provides short-term nursing, rehabilitative, therapeutic, and assistive home health care services for adults and seniors. This care is provided as a limited number of up to one hour visits primarily through the Medicare Home Health benefit.

### **Adult Nursing**

BAYADA provides nursing care services at home for adults and seniors dealing with chronic illness, injury, or disability. These services are provided primarily on an ongoing shift (two-hour or more) basis, and are available 24 hours a day, 7 days a week.

### **Assistive Care**

BAYADA provides non-medical assistance with activities of daily living for adults and seniors including self-care and household support services. These services are provided primarily on an ongoing shift (two-hour or more) basis, and are available 24 hours a day, 7 days a week.

### **Assistive Care State Programs**

These assistive care (see above) services are paid for by state-sponsored contracts, Medicaid, Medicaid waiver, Managed Medicaid, or the Veterans benefits administration.

**Pediatrics**

BAYADA provides nursing, therapeutic, and assistive home health care services for children under the age of 18, primarily on an ongoing shift (two-hour or more) basis. These services are available 24 hours a day, 7 days a week.

**Hospice**

BAYADA provides comprehensive end-of-life clinical, social, emotional, and spiritual care that provides comfort and support to patients and their family members when a life-expectancy prognosis of six months or less has been determined. These services are available 24 hours a day, 7 days a week.

**Habilitation**

BAYADA provides education, support, and assistance that enables clients with intellectual or developmental disabilities—including behavioral health—to acquire, maintain, and improve skills related to activities of daily living in order to function as meaningfully and independently as possible in the community. These services are available 24 hours a day, 7 days a week.

**Staffing**

BAYADA provides clinical supplemental staff to health care organizations, schools, and medical practices to assist with their staffing needs. These services are available 24 hours a day, 7 days a week.

**Primary Care at Home** (primary care, house calls)

Specialized primary care services for frail seniors whose complex health conditions keep them homebound or necessitate home care visits.

**Please read and  
follow the care plan  
in the client's home.**

**The role you play**

You play the most important role in our company. You provide the care so our clients can have a safe home life with comfort, independence, and dignity. There is a written job description for your position, and each client has a written plan of care in the home for you to follow. Contact your client services manager to obtain a copy of your job description, or your clinical manager if the plan of care is not in your client's home.



### Working with the office staff

As a member of the BAYADA care team, you should know the titles and responsibilities of the office staff that work with you:

#### Office positions and responsibilities

**Directors:** Responsible for the overall management of the office.

**Client services managers:** Schedule your client(s) and coordinate their services. They can answer any questions about your schedule, clients, payroll, available shifts, inservice opportunities, and other office events.

**Clinical managers:** Registered nurses that are responsible for the clinical oversight and case management of the services you provide. They make home visits to clients to assess, plan, and supervise services, or oversee and coordinate the case managers in the field. Your clinical manager can answer questions about your client's plan of care, a doctor's order, or any concerns with medical equipment, supplies, or other medical-related matters.

**On-call managers:** After-hours managers ready to respond to your calls. The On-call manager will follow-up with your clinical manager or client services manager as necessary.

**Recruiting managers:** Responsible for the recruitment, hiring, and onboarding of qualified employees. The recruiting manager maintains your personnel file and identifies and plans recruitment needs and strategy with the director.

**Associates:** Provide assistance to client services managers, clinical managers, and recruiting managers and participate in your personnel file management and coordination. Associates learn and perform activities related to various roles and office needs.

If you require any special accommodations to carry out the essential functions of your job, please notify your client services or clinical manager immediately.

#### Health screenings

As a BAYADA employee, you must be fit and capable of performing the essential functions of your job. Because many assignments are physically demanding, medical documentation regarding your ability or fitness to do the job may be required as a condition of employment.

You must be tested for tuberculosis (TB) before beginning work. A PPD test is required every 12 months thereafter and will be offered by BAYADA at no charge. If you previously had a positive PPD, you must provide documentation of this (including the date of the positive PPD testing or treatment) and the follow-up chest x-ray indicating a negative TB result.

Portions of your orientation to specific clients may be done in person or over the telephone.

To reduce the risk of acquiring hepatitis B, we offer you the opportunity to be vaccinated at no charge. If you consent, contact your client services manager for the names and locations of participating medical providers who can give the vaccination. If you have questions about whether you should obtain this vaccine, talk to your personal physician.

BAYADA follows all other medical requirements as dictated by specific states and programs.

#### **Orientation to BAYADA, each assignment, and client care plans**

Once hired, you will receive a full orientation to BAYADA. In addition to an overview of the company and our specific policies, you will also be oriented to each assignment before caring for a new client. Portions of your orientation to specific clients may be done in person or over the telephone. Your clinical manager may also provide specific instruction at a client's home, including a review of the client's care plan. The following table outlines the basic elements that you will see in a client care plan.

#### **Elements of a client care plan**

The client care plan provides the specific information you will need to provide care to a client. Each plan contains the following information:

- Specific care and services that you are to provide for the client and as applicable, ordered by the physician
- Precautions to be taken and instructions for reporting changes to ensure client safety is maintained
- Description of any community resources that are available to the client
- Use and management of equipment needed to care for the client
- Instructions on the storage, handling, and access to any drugs, medical gases, or supplies that will be used in providing client care
- Notification of home health care services being provided by other BAYADA employees or home health care agencies



### Professional code of conduct

As a BAYADA employee, you are expected to maintain certain standards of professionalism when working with our clients. The table below outlines some of the standards that you are expected to follow.

#### BAYADA professional code of conduct

- Treat people with compassion and kindness.
- Be courteous and respectful of people and their property.
- Never use foul language, raise your voice, or exhibit aggressive behavior toward others.
- Respect the beliefs of others and do not judge others, even when their beliefs differ from yours.
- Avoid getting involved in the personal lives of clients or performing personal favors that are not in the care plan.
- Keep client confidences by not discussing their personal issues with anyone, including other clients or their family.
- Do not give your personal telephone numbers to clients. Instead, tell them to contact you by calling your office.

### Meeting expectations

BAYADA strives to meet the needs of our clients, their families, physicians, and community support systems. This is a difficult task, and we rely on you to do your part by providing good care, communicating status changes, maintaining your skills, demonstrating ongoing competency, and complying with relevant accreditation and licensing standards.

The first three months of your employment are considered a learning period.

### Introductory period

The first three months of your employment are considered an introductory period. During this time, both you and BAYADA will have the chance to evaluate whether the position you hold is appropriate for you. Although there is no formal evaluation at the end of this period, your ability to perform assigned duties, the quality of your work, client satisfaction, reliability, attendance, appearance, attitude, and cooperation will be assessed informally. Following successful completion of the introductory period, you will receive an Introductory

Period Completion Statement for your review and signature. We ask that you sign and return the statement to your manager within 14 days of receipt.

At BAYADA,  
YES means YES.

### Accepting assignments

Most of your assignments will be scheduled by phone. You will be contacted and offered work with a specific client. If you accept the assignment, you will be given the client's name, address, general care plan, and directions to the client's home. At BAYADA, YES means YES. Therefore, you are expected to keep all commitments as promised, report to work on time, and remain with your client for the duration of your shift or visit. If you encounter any problem in reporting to an assignment, call the office immediately.

If you are at all  
unsure about how  
to fill out your Time  
Records, Activity  
Records, or Clinical  
Notes, talk to your  
client services or  
clinical manager.

### Completing and submitting paperwork

During your orientation to BAYADA, you will be shown how to complete and submit your Time Records, Activity Records, and Clinical Notes. Ask your client services or clinical manager if you are at all unsure about how to process these forms.

### On-call procedures

BAYADA provides services 24 hours a day, 7 days a week. An on-call manager is available to assist you with any questions or concerns you may have during hours when your office is not open, including evenings, overnights, weekends, and holidays. Call your office number at any time to either leave a message with an answering service or to speak directly with the on-call manager. If an answering service is used, they will ensure that the on-call manager receives your message and returns your call. The on-call manager will then contact a clinical manager or client services manager as needed.

### What to wear

To uphold our high standards and professionalism, you should always strive to be extremely neat and clean whenever you represent the company. In addition to following the general guidelines provided in the table below, you are also expected to wear your ID badge during working hours.



#### **Guidelines for what to wear at work**

- Clothing, appearance, and hygiene should be crisp and tidy and promote a professional image.
- Little or no jewelry or cologne should be worn; piercings should be inconspicuous and unoffensive to others.
- Keep your fingernails short and manicured.
- Keep your hair well-groomed. Long hair should be pulled back when providing direct care.
- Wear appropriate footwear that is in good condition. (No sandals, flip flops, or high heels.)
- Wear a uniform, smock, or scrub with coordinated pants in accordance with professional health care attire. (No denim, jeans, shorts, capris, or stretch pants.)

**"No butts about it."**

#### **No smoking policy**

BAYADA maintains a strict no smoking policy whenever you are in the office, a client's home, or on a client's property. This decision was made to promote a safe and healthy environment for you, your clients, and your coworkers.

#### **Avoiding misunderstandings**

A reputation is "easy to break and hard to repair." This is perhaps the best piece of advice you'll receive as you begin work. To avoid misunderstandings, you should always follow the guidelines listed in the following table.

#### **Guidelines for avoiding misunderstandings**

- Do not accept money or gifts of any kind from your clients or their families.
- Do not use a client's telephone, except for contacting your office.
- Cell phones may only be used in a client's home to contact the office or in the case of a serious personal emergency.
- Avoid use of personal electronic devices such as pagers, PDAs, iPods, and laptops while in a client's home.
- Avoid gossip, as it can lead to conflict and accusations.
- Do not deviate from the client's care plan unless given specific instructions to do so by your clinical manager.
- Call your clinical manager if your client requests that you complete a task or assist with something that is not on the care plan or ordered by a physician.
- Do not borrow anything from clients, including money or their car.
- Do not eat a client's food, unless given permission to do so by the client.
- Do not contact your client directly, particularly if you are unable to report to work. In this case, contact your office.
- Do not act as a client's financial agent or power of attorney relating to their financial matters or health care decisions.

#### **Cultural diversity and sensitivity**

BAYADA values individual and demographic differences. We maintain an environment that is open and accepting of all people, regardless of their race, religion, color, gender, national or geographic origin, disability, sexual orientation, or age.

BAYADA is sensitive to the cultural beliefs of our clients, employees, and community. We respect the customs of all people and ensure that every effort is made to adhere to client directions when providing care in their homes.

BAYADA is committed to compliance with all applicable federal, state, and local laws, as well as any rules, regulations, or accepted practices that ensure equal treatment for all with whom we come in contact.



## What we offer you

**Understanding the benefits available to you at BAYADA is important both to you and the company. This section provides information on the benefits, policies, and procedures that will enhance your experience at BAYADA.**

**BAYADA employees are paid weekly.**

### **Payroll procedures**

Paychecks are issued each week and are available to you on Thursday. Direct deposit pay is released to the employee's bank account by Wednesday evening each week. Customarily, direct deposit funds are available by Thursday unless there is a delay in the recipient bank's processing time. To be paid, you must submit your HHA Time and Activity Records, Clinical Notes, Nurses Shift Notes, or Time Record, signed by the client, to your office by Monday (and more often if required). Your pay includes compensation for time spent providing client care, documentation, and travel between clients.

**Your specific benefits will depend on whether you meet eligibility requirements.**

### **Benefits and personnel policies**

As a BAYADA employee, you'll be offered a variety of benefits. Your specific benefits will depend on whether you meet eligibility requirements. Some of the benefits that may be available to you are described in the table below. You can receive information on your individual benefits package from the Benefits office at the time you become eligible.

### **Benefits**

#### **Paid time off (PTO)**

- Eligibility for Paid Time Off (PTO) can vary by specialty practice and your employment track.
- When eligible, time earned is awarded in credits based hours or visits and the type of work performed. For example, employees in the Home Care Specialty Practices will earn one or two credits for every hour worked depending on employment track. After 2,000 credit hours, PTO is awarded based on the average number of hours worked each week. A maximum of 40 hours of PTO can be awarded for every 2,000 hours worked. Hours not worked each week will reduce the amount of PTO an employee will earn.
- PTO eligibility for employees in the Home Health and Hospice specialty practices are described in [Employment Tracks, Compensation And Benefits For Home Health Field Employees, #37-2278](#) and [Employment Tracks, Compensation And Benefits For Hospice Field Employees, #0-4855](#).
- Your eligibility for PTO will be communicated during orientation. Please see your manager for questions.

### Benefits continued

#### 401(k) savings plan

- You can contribute up to 100% of your salary each week, subject to IRS limitations.
- BAYADA can make an annual discretionary match. Historically, it has been 35% of the first 4% of your contributions.
- All your contributions are made with pre-tax dollars.
- You may take distribution from the plan due to certain events such as: (1) hardship, as defined by the IRS; (2) in service and at least age 59 1/2; (3) at termination of employment with BAYADA; (4) upon your total disability or death. Taxes and penalties (if applicable) will be applied to these distributions.
- *Eligibility requirements:* Rules for eligibility to receive the employer match, vesting, years of service, and other requirements of the plan are contained in the *BAYADA 401(k) Plan—Summary Plan Description*. A copy of this information can be obtained by calling the Benefits office at **877-291-3000**.

#### Direct deposit

- Your paycheck can be deposited directly into a bank account.
- You can split your deposit into two separate accounts, such as a savings account and a checking account.
- Eligibility requirements: None. You may take advantage of this benefit at any time during your employment.
- Employees with direct deposit will have 24/7 access to view their online earnings statement.

#### Health insurance

- BAYADA offers a choice of health and dental plan options. Prescription drug benefits are included in the health plans. In addition, a vision plan is also available.
- Enrollment is optional.
- Eligibility requirements vary depending on your employment track or hours worked.
- Detailed information about plan options and specific eligibility requirements are provided when you become eligible for coverage.



### Benefits continued

#### Life insurance

- Company-paid life insurance in the amount of \$5,000 is provided to those meeting eligibility requirements and paid to the beneficiary of your choice.
- Eligibility requirements: You must work at least 1,000 hours in the previous calendar year. Coverage eligibility is reviewed and updated annually, and is based on the hours you worked during the previous calendar year.

In most situations, the maximum amount of leave time you can receive in any 12-month period is 12 weeks or the maximum time permitted by state law (whichever is greater).

#### Family or service member medical leave

Once you have been employed with BAYADA for at least 12 months within the last 7 years and have worked 1,250 hours or more during the preceding 12-month period, you may be entitled to an unpaid, job protected leave of absence. You must use any accrued paid time off during the unpaid period of your leave.

These types of leave may be granted for the following reasons and for the time periods indicated:

#### Family medical leave

- Birth or placement of a child for adoption or foster care (12 weeks)
- Care of an immediate family member (spouse, child, or parent) with a serious health condition (12 weeks)
- Inability to work due to a serious health condition (12 weeks)

#### Service member medical leave

- Serious injury or illness of a spouse, parent, child, or individual while serving on active duty in the Armed Forces, National Guard, or Reserved Armed Forces (26 weeks)
- Emergency situation arising from a spouse, son, daughter, or parent in the National Guard or Reserve Armed Forces being called to active duty status

If you are called to serve on a jury, notify your immediate manager as soon as possible.

#### **Jury duty**

If you are called to serve on a jury, notify your immediate manager as soon as possible in order to guarantee adequate coverage during your absence. Because each state varies in the way it governs jury duty, you should contact your office for more information about your office's specific jury duty procedures.

At BAYADA, we continuously improve our work through evaluation, education, and training.

#### **Career tracks**

Based on the caseload and staffing needs of your office, BAYADA may offer various career tracks for nurses and therapists through Employment Teams and ASPIRE mentoring programs. Whether you want to become an expert in a clinical specialty, mentor your peers in the field, help establish quality standards across the company, or even become a business director, the ASPIRE team will mentor you to success.

You must complete a minimum number of inservice sessions each year.

#### **Education, mentoring, and support**

BAYADA offers educational opportunities in a number of ways through classroom and one-on-one instruction, self-directed and elearning modules, mentoring, and access to BAYADA University online course offerings. Keep in mind that your individual inservice requirements will depend on the services provided by your office so check with your client services manager for more details.

You'll receive inservice credit whenever you are trained on a new procedure for a client.

Our preceptor education programs lets you expand your clinical skills, work with a wider variety of clients, and increase your earning potential. Our expert preceptors will teach you the new skills and techniques you need to meet your personal and professional goals.

You may also need to meet additional inservice requirements for specific clients. You will receive inservice credit whenever a clinical manager instructs you on a new procedure for a client. You will also receive credit when you attend a training program outside of the company and provide proof of attendance. The specific inservice requirements for each office and position will be reviewed during orientation. These are also described in [Policy #0-963, Field Employee Orientation and Education](#).



**Scholarship**

applicants must submit:

- Application form
- One-page essay (typed or legibly written)
- Two letters of recommendation

**BAYADA Presidential Scholarship Program**

In support of our core value of excellence, BAYADA provides an annual scholarship fund to recognize individual employee achievement and support education in health care. Employees may apply for scholarships each spring if they have worked 26 weeks and submit the required application materials. All applications are reviewed by a scholarship selection committee. The committee's goal is to select as many qualified individuals as possible to receive awards from the annual fund. Awards are processed by August 1, in time for fall registration. See [Policy #0-6029, BAYADA Presidential Scholarship Program](#), for further details.

**Talent Scout Program**

We believe talent knows talent. If you refer a friend to us, we will reward you both with a Talent Scout bonus once the eligibility requirement is met.

**BAYADA Bucks Program**

Part of how we recognize and reward those who set and maintain the highest standards of excellence, BAYADA Bucks are vouchers that can be redeemed through our BAYADA Bucks catalog for items such as Tiffany & Co. jewelry, GPS devices, BAYADA apparel, and much more. Employees may receive BAYADA Bucks, for example, in recognition of perfect attendance, callout coverage, employee referrals, Office Hero nominations, years of service, completion of high-tech skills courses, or for receiving special praise from a client.

**Company recognition contests**

Opportunities are available to participate in fun contests designed to honor your hard work and commitment. Perfect attendance, callout coverage, heroic deeds, or Talent Scout referrals are all examples of how you can earn chances to win valuable prizes.

# Hero Program

We set high standards for our employees, and those who unselfishly meet or exceed our core values are heroes to us and the clients they serve. This section provides information on this important recognition program.

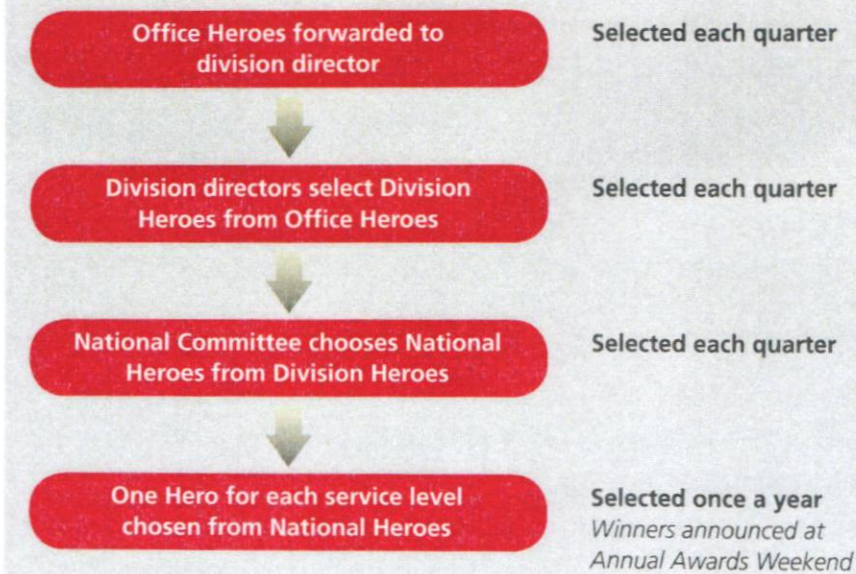
Candidates for the Hero Program are chosen based on reliability, service, exemplary deeds, and client testimonials.

## Overview

BAYADA honors employees who have met or exceeded our core values of compassion, excellence, and reliability. Each quarter, offices are able to recognize individual employees as Heroes based on their reliability, service, exemplary deeds, and client testimonials. Office Heroes may then be honored as Division Heroes, and then Division Heroes as National Heroes. At the end of each calendar year, one National Hero is chosen for each level of service. The Hero program also offers avenues to honor employees for other significant distinctions, such as the Remarkable Rookie, Lifesaver, and Team Spirit awards.

The diagram below outlines the selection process for the Hero Program.

### Selection process for Hero Program





## There's always a right way

Doing the right thing has always been important to BAYADA. For our clients, it means providing the highest quality care that we can. For our employees, it means that you uphold our values, which include protecting client confidentiality and communicating concerns to your manager.

### **Honesty—always the best policy**

As a BAYADA employee, you are asked to uphold the highest standards in providing care, respecting others, and embracing honesty and integrity.

### **Standards of Honesty and Confidentiality—BAYADA's Compliance Program**

We strive to uphold BAYADA's standards of honesty and confidentiality in the work we do. All new employees are required to participate in honesty and confidentiality training as part of your orientation to BAYADA. See policy #0-7353 Standards of Honesty and Confidentiality, for further information.

### Honesty DOs and DON'Ts

#### DO:

- **Have the client sign your timeslip after all care has been provided.** Make sure it is complete—you can't be paid without your timeslip.
- **Update the client's chart only after services have been provided.**
- **Keep accurate charts.** Write down the times you arrive and leave a client's home for each shift or visit.
- **Follow the care plan.** If the family or client request changes, call your manager.
- **Call your manager with schedule changes.** Whether to meet the client's need or your own, keep the office informed of any change.
- **Keep your commitments.** Clients rely on us to honor our commitments.
- **Record actual dates and times worked on your Time Slip, Nurses Note, or Time and Activity Record.** Be sure to fill out all forms, whether electronic or paper, completely and accurately, including the client's name, the date and time you actually started and finished work each day, the total time worked each day and for the week. Be sure to document legibly and completely.

#### DON'T:

- **Prechart client care.** Only make notes in a client's record for care you have already provided.
- **Ask a client to sign a timeslip in advance.** Wait until all care has been provided for the week.
- **Accept money or gifts.** Call your manager if the client offers to pay you privately for services or offers a gift.
- **Accept keys from a client.** If a client can't come to the door, contact the office to discuss ways to enter the home without having the client's house keys.
- **Help the client with money matters.** If the client asks for financial help—writing checks, balancing a checkbook, using an ATM card, etc., call the office for guidance.
- **Forget to verify your start and end times for your visits each day and be sure the date is correct.**
- **Stray from the client's care plan.** Contact the office regarding changes or requests for additional service.



**As a BAYADA employee, you are asked to uphold the highest standards in providing care, respecting others, embracing honesty and integrity, and maintaining the confidentiality of all of your interactions.**

### **Confidentiality statement**

Respecting the privacy and wishes of your clients is an essential part of being a BAYADA employee. BAYADA highly values honesty and confidentiality, and we pledge accountability to our employees, clients, and business associates. As one of our valued field employees, you are asked to uphold the highest standards in providing care, respecting others, embracing honesty and integrity, and maintaining the confidentiality of all of your interactions.

### **Confidentiality—it's a matter of trust**

At BAYADA, we uphold confidentiality as a core value. This means you are expected to keep both client information and information about our business practices and employees confidential. A client's personal information is communicated in many ways—through computer records, the client's chart, and conversations. One of the most common breaches of confidentiality occurs through idle conversation and gossip, which may lead to inadvertent disclosures that you didn't intend to make.

### Confidentiality DOs and DON'Ts

#### DO:

- **Ask the client's permission to talk to them about their care in front of others.** The client may not be comfortable having you discuss his or her care when other people are in the room.
- **Ask the client's permission before telling others about his or her care.** What if a neighbor or relative asks? Make sure the client has given permission and this is recorded in the chart. If the client denies permission, record that in the chart and tell your manager as well.
- **Use caution if you must talk in public.** Speak in a soft tone. Hold the conversation in private. Use only the client's first name and last initial. These same rules apply when speaking on the phone about a client.
- **Protect client information in your car or home.** When traveling with a client chart or storing client information at your home, be sure it is in a secure place that only you can access.

#### DON'T:

- **Tell others about a client's protected health information.** Protected health information includes the client's name, address, treatments, diagnosis, and private matters that occur in a client's home. Protected health information should be discussed only with other BAYADA employees who are involved with the client's care.
- **Discuss personal or financial matters with clients—yours or theirs!** You are a professional in the client's home. Keep the relationship warm and friendly, but maintain professional boundaries.
- **Keep copies of client care documentation.** All client information should be returned to the office for shredding.
- **Tell others about the client's situation.** Respect the client's privacy—especially about their family, their concerns, and the care of their home. If there is a problem, talk to your manager.
- **Discuss one client's protected health information with another.**



#### **Guidelines for protecting client information**

- Only use a client's protected health information as a means to help you perform the duties of your job.
- Store a client's protected health information in an approved location in order to prevent unauthorized access to it.
- Do not release, disclose, or discuss any confidential information without the permission of BAYADA.
- All records must be maintained in the client's home and only removed to submit them to the office.

#### **Client rights and responsibilities**

BAYADA values client privacy. We believe our clients are entitled to dignity and respect. Clients also have the right to expect home health care services that are based on honest and ethical standards. The following table outlines the rights and responsibilities of our clients.

##### **Clients have the following rights:**

- Independent decision-making
- Quality care, including pain management
- Privacy
- Financial information
- Registering complaints

##### **Clients have the following responsibilities:**

- Jointly supervising employees with BAYADA
- Informing BAYADA of any changes in treatment
- Cooperating with BAYADA staff
- Calling the office if they will not be home when service is scheduled
- Providing BAYADA with billing information
- Informing BAYADA of dissatisfaction with service
- Providing the necessary supplies for delivery of care

#### **Understanding client choices**

Working in a client's home is very different from providing care in a hospital or facility. As a home health care professional, you must accept the fact that clients actively participate in the care planning process, can refuse treatment, and may even determine how they will die. The table on the next page is designed to help you better understand your client's choices.

### Advance directives

<b>What are advance directives?</b>	If a person becomes ill and is no longer able to make their wishes known, they must have someone who can speak for them. An advance directive is a statement that allows family, friends, legal representatives, and medical personnel to know a person's wishes regarding medical treatment and procedures in case they are incapacitated. An advance directive does not come into consideration until the client is unable to speak for him or herself.
<b>What kind of decisions might be included?</b>	A person's advance directive may contain a refusal of all or some medical procedures—such as having a ventilator, dialysis, or other life-saving treatments. An advance directive may or may not contain a do not resuscitate (DNR) request. Valid DNR orders require a physician's signature.
<b>How will I know if my client has an advance directive?</b>	The client's home chart will contain information about whether or not a client has an advance directive and who is aware of it. It will be noted on a BAYADA Advance Directive Verification form, the Client Agreement Form, or the HHA Care Plan. The advance directive is not a physician's order. If you have any questions, call your clinical manager.
<b>How does this affect me when I'm in the client's home?</b>	The most common way you may be affected is if the client has a DNR request indicated on the care plan. To be honored, DNR requests must have a physician's signature. In the event that a client's advance directive includes a DNR, you will receive written instructions for responding to an emergency on the orders or the HHA Plan of Care.
<b>What if I disagree with the client's wishes?</b>	The law requires a client's advance directive to be honored. In the event that you disagree with the client's wishes, you must immediately contact your client services manager or clinical manager.
<b>What if a client changes his or her mind?</b>	Clients have the right to change their minds at any time. In the case of a DNR request, they may do so by simply telling us they want more help. If the client voices a different decision, you would act accordingly and notify your clinical manager.



**Never move or tamper with a client's property, unless specifically requested by the client.**

**Showing consideration for client property**

You should value and respect the property of all your clients. Nothing should be moved or tampered with in any way, unless specifically requested by the client.

**Changes in client condition:  
emergency procedures**

**All emergency numbers should be clearly visible in the home chart. Contact your manager if they are not clearly posted.**

If a client's condition deteriorates and they need immediate medical attention, proceed as follows.

- Call 911 in an emergency even if the family refuses.
- Call your office or manager and inform them of the situation.
- Do not transport the client to the hospital in your own car or your client's car.
- Stay with the client until help arrives.

All emergency numbers should be clearly visible in the home chart. Immediately contact your manager if this information is not clearly posted.

Some examples of client issues requiring immediate intervention that are considered an emergency:

- A sudden change in condition affecting client stability
- Client's vital signs are outside of normal parameters
- Equipment failure directly impacting client stability (vents, infusion pumps, oxygen, etc.)
- Environmental change resulting in an unsafe care environment
- You cannot get into the home of the client as scheduled

#### **Reporting changes in client condition**

If a change in the client's condition does not appear to be life-threatening, promptly contact your office or the client's physician as applicable. Changes to report are outlined below.

#### **Changes in client condition to report**

- |   |  |
|---|--|
| • Change in primary caregiver           | • Unusual incontinence                   |
| • Change in living conditions           | • Stomach or intestinal distress         |
| • Pain (new, sudden, or increased)      | • An unusual lack of appetite and energy |
| • A fall                                | • Difficulty speaking or understanding   |
| • A change in coloring                  | • Marked personality change              |
| • A rash, redness, or sores on the skin | • Unusual sadness or depression          |
| • Any signs of abuse (such as bruises)  | • Unusual forgetfulness                  |
| • Fever                                 | • Unusual fear or anxiety                |
| • Unusual perspiration                  | • Unusually restless                     |
| • Cough or wheezing                     | • Increased fatigue                      |
| • Dizziness                             | • Change in appetite                     |
| • Swelling                              |  |



### Screening and reporting suspicions of abuse, neglect, and exploitation

You should identify and report any indicators of abuse of your pediatric or adult clients, including verbal abuse, neglect, and exploitation. Contact your manager for the abuse reporting hotline number and specific reporting procedures for your state. The table below outlines common signs of abuse, neglect and exploitation. See [Policy #0-556, Abuse and Neglect Screening and Reporting](#), for additional information and a comprehensive list of indicators.

#### Signs of abuse, neglect, and exploitation

- Unexplained bruises, welts, burns, or fractures
- Frequent hunger, poor hygiene, inappropriate dress, lack of supervision
- Constant fatigue or listlessness
- Unattended physical problems or medical needs
- Signs of sexual abuse such as difficulty sitting or walking; pain or itching in the genital area; or bruises or bleeding in the genital, vaginal, or anal areas
- Behavioral indicators in children such as fearfulness of certain individuals; aggressiveness; withdrawal; apprehension; frequent reports of injury; fantasy or infantile behavior; and unusual sexual behavior or knowledge
- Behavioral indicators in adults such as expression of fear of a caregiver or another person; headache; abdominal pain; insomnia; chest pain; choking sensation; gastrointestinal disturbances; agitation; panic attacks; and hypertension
- Dizziness and frequent reports of "accidents or injuries"

**You may receive special instruction on communicating with a client who has a terminal illness.**

#### Caring for clients with terminal illnesses

A client with a terminal illness has special needs, which may include an altered dietary plan, changes in assistive care, pain management, and altering positions for optimal comfort. You may also receive special instruction on how to communicate with the client and meet their specific wishes and expectations. If you have any questions, consult the care plan or physician orders or call your clinical manager. For additional information, consult [Policy #0-1325, Terminally Ill – Client Care](#).

There's always a right way

### **Problem resolution and grievance procedures**

BAYADA encourages you to keep in close contact with your managers and share any questions or concerns with them. If they are unable to resolve your questions or concerns, talk to the director of your local office. If you disagree with a manager's assignment, negative evaluation, disciplinary action, or decision to end employment, follow the procedures listed in the **Procedures for problem resolution** table on page 30.

To help ensure compliance with the various laws and regulations that govern our work, BAYADA has established a formal Compliance Program that includes the Standards of Honesty and Confidentiality. This program reinforces our commitment to honesty and confidentiality and also fosters communication within our organization. For compliance questions on a particular policy, practice, or procedure including safety concerns, quality of care, or harassment, we encourage you to go to your manager for clarification. If you have concerns about the appropriateness of your own actions, the actions of another employee, or the safety or quality of care provided by BAYADA, don't hesitate to ask! It is important to share these concerns with your manager or director. We ask that you give your manager time to look into and address your concerns. However, if your concerns are not appropriately addressed or resolved, you may contact our compliance officer below:

Linda Pilla

Chief Compliance Officer

Compliance office: 856-505-4790

Compliance email: [hotline@bayada.com](mailto:hotline@bayada.com)

Access the Compliance Hotline anonymously at 866-665-4295

BAYADA does not punish employees for reporting honesty and confidentiality violations or concerns about safety or quality of care. In fact, it is part of your job to uphold our values and report instances when you suspect the law or our policies and procedures are broken.



There's always a right way

#### **Procedures for problem resolution**

- Inform your manager of your disagreement.
- Discuss the decision with your manager and attempt to resolve the issue.
- If you are still dissatisfied, request a meeting with the next level manager.
- The next level manager will thoroughly research the problem.
- If your concerns are not appropriately addressed or resolved, contact the Compliance office at 856-505-4790, the Compliance Hotline at 866-665-4295, or by email at [hotline@bayada.com](mailto:hotline@bayada.com).
- The next level manager will make the final decision.

**Either you or BAYADA may choose to end your employment at any time, for any reason. We offer an exit interview with the office director.**

#### **Separation of employment**

Either you or BAYADA may choose to end your employment at any time, for any reason. This is called "employment at will." If you initiate the separation, we request two weeks notice in order to protect the client's continuity of care and ensure adequate service coverage.

Employees who separate from the company may request an exit interview with the office director. The specific procedure is reviewed at orientation and described in **Policy #0-117, Personnel Policies – Field Employees**.

There's always a right way

**The Ethics Committee is charged with confronting and resolving any moral or ethical dilemmas that may arise.**

### **Ethics Committee**

In an attempt to remain focused on the standards we've established to govern our home health care services, BAYADA appointed an Ethics Committee that is charged with confronting and resolving any moral or ethical dilemmas that may arise. This committee meets on an annual or as-needed basis. The committee's focus is often centered on issues such as employee and client rights, conflicts of interest, and professional boundaries. The committee handles issues anonymously to maintain objectivity and protect the identity of the reporting employee. If you face a problem and would like the assistance of the Ethics Committee, please contact:

Compliance Hotline: 866-665-4295

Email: [hotline@bayada.com](mailto:hotline@bayada.com)

For a complete list of committee members or to ask a question or file a report online, go to [www.bayada.com/compliance](http://www.bayada.com/compliance).



# Clinical policies and procedures

Adhering to policies and procedures is important to the safety and well-being of you and your clients. The most important policy is following the client's care plan. This section gives you an overview of some BAYADA policies and tells you where to get more information.

All BAYADA policies and procedures are available for you to review at any time.

## Overview

All BAYADA policies and procedures are available for you to review at any time. Contact your client services manager or clinical manager with any questions or for guidance on clinical issues. The table below lists the manuals that contain BAYADA clinical policies and procedures.

### Manuals containing clinical policies and procedures

- |                  |                             |
|------------------|-----------------------------|
| • Administrative | • Safety                    |
| • Personnel      | • General Information       |
| • Clinical       | • Inservices                |
| • Pediatric      | • Telehealth                |
| • Infusion       | • Office and State-specific |

Refer to manufacturer instructions regarding use and maintenance of medical equipment.

### Maintaining equipment and supplies

You should refer to manufacturer instructions to guarantee the safe use and maintenance of medical equipment. If there are no instructions in the home, contact your client services manager or clinical manager. You may also review [Policy #0-1570, Equipment and Supplies Maintenance](#), for more details.

## Safety first

**Your safety and health is of the utmost importance. This section provides information on the policies and procedures that will help ensure the safety and well-being of you and your clients.**

**Your clinical manager will prepare specific instructions on how you should provide care.**

### **Basic home safety**

Starting with the initial client assessment, BAYADA does everything within our power to provide you with a safe work environment. Your clinical manager will inspect a client's home and conduct a safety screening. Based on the findings, he or she will prepare specific instructions on how you should provide care. These instructions may include information on:

- Fall prevention measures
- Appropriate use of medical equipment
- Storage, handling, and access to supplies, medical gases, and drugs
- Identification, management, and disposal of hazardous materials and waste

**We expect you to fully comply with a client's care plan and to immediately report any safety issues or concerns to your client services manager or clinical manager**

Because your client's knowledge and participation in home safety is critical to your success, BAYADA regularly monitors how your clients perform tasks and their understanding of safety procedures. In addition, we expect you to fully comply with the client care plan and to immediately report any safety issues or concerns to your client services manager or clinical manager.

Our safety initiatives are designed to minimize the hazards and risks you'll encounter in a client's home. However, if an accident, injury, or safety hazard occurs, contact your office immediately. BAYADA thoroughly investigates all incidents and reviews the results as part of our ongoing Quality Assessment and Improvement Program.



### Promoting client and employee safety

Please keep these key points in mind:

#### Safety guidelines

- Practice safety at all times for both you and your client
- Make sure your office knows your daily and weekly schedule
- Use proper lifting techniques
- Follow the infection prevention practices outlined in *Staying Healthy—A Guide to Infection Prevention*
- Follow client care instructions
- Be observant and check your work area for potential hazards
- Notify your manager of any risk factors or changes in client or environment that might affect your ability to provide care safely, including a sudden change in condition affecting client stability, client vital signs outside of normal parameters, or if you cannot get into the home of your scheduled client
- Report any injury, illness, or unsafe conditions to your manager immediately
- Remain available to your client as instructed on the Plan of Care form

**When buying food or supplies for a client, obtain a receipt and return it along with their exact change**

#### Protecting client cash and valuables

To help protect you from false accusations, BAYADA instructs all clients to store cash, checkbooks, jewelry, and valuable keepsakes in a secure location while you are providing care. We also instruct clients never to divulge their PIN or credit card numbers to any of our employees. For additional protection, you should obtain a receipt and return it (along with the exact change) when purchasing food or supplies for a client.

#### Employee personal safety

BAYADA always wants to provide you with a safe and healthy work environment. The following table outlines some of the steps we take to protect your personal safety.

**How BAYADA protects your safety**

- Offers regular safety education training
- Periodically prints basic safety tips on weekly paychecks
- Encourages staff to exercise caution and good judgment in assessing cases and the areas in which they work
- Provides protective safety devices when appropriate
- Investigates and logs all employee complaints involving verbal threats and hostile or violent actions
- Monitors trends by type and circumstance and initiates corrective action as needed
- Offers prompt medical attention to any employee injured as a result of a violent act or threat
- Reports violent incidents to the appropriate law enforcement, health care, and social service agencies
- Informs employees of their legal right to prosecute perpetrators of violence
- Discusses the circumstances of alleged violence or assault with staff members to prevent additional problems

**Driving safety**

While driving to and from your client's residence, it is important to practice safe driving guidelines. Be sure to wear your seat belt, follow speed limits, and use extreme caution at intersections.

**Before you go out on assignment:**

- Have detailed directions to your client's home. Learn about the area and what precautions you should take.
- Leave valuables at home or locked in your trunk.

**Utilization of mobile devices:**

- Pull vehicle over to a safe area when making or receiving phone calls, text messages, or emails.
- Never email or text while driving.
- Phone communication while driving should occur **only** if using a hands-free device such as Bluetooth.
- Always follow and obey state laws regarding utilization of mobile devices while driving.



**Parking your vehicle:**

- Park as close to your client's location as you can in a highly visible and well-lit area. Avoid parking next to anything that could conceal your view.
- Pay attention to your surroundings at all times and keep windows rolled up and doors locked whenever you are in the car.

**Returning to your vehicle:**

- Stay alert and walk briskly with your head up and shoulders back.
- Carry your keys in your hand and a whistle or other personal alarm.
- Note occupied vehicles around you and check your front and rear seats before entering.
- Keep windows and doors locked, even if approached by a stranger.

**Preventing slips, trips, and falls**

A common cause of injury for home health professionals is slips, trips, or falls. When you see something that might lead to an injury, ask your client if you can move it to a safer location. Wear flat, closed-toe shoes with non-slip soles.

**Be aware of:**

- Uneven or slippery floors
- Frayed, loose, or curling edges of carpet or flooring
- Open drawers, throw rugs, pets, or clutter
- Electrical cords, oxygen tubing, or wires
- Slippery surfaces such as steps or ramps covered with water, ice, snow, or leaves
- Uneven sidewalks or gravel driveways
- Poor lighting
- Debris or items left on sidewalks and pathways
- Stairs without handrails

### Promoting physical safety

Providing home health care services is physically demanding work. Therefore, we suggest that you take every precaution to safeguard your health. The following table provides tips to help you prevent musculoskeletal disorders.

#### Tips for preventing strains and sprains

##### Using safe body mechanics

- Maintain your body's three natural curves when moving, bending, and lifting.
- Make sure your feet are shoulder-width apart with one foot a half step ahead of the other when moving your client.
- Position yourself close to the object or client.
- Bend your knees and lift with your legs.
- Raise the bed to a comfortable height when assisting with transfers, dressing, range of motion exercises, etc.
- Move your feet when turning.
- Break heavy loads down into smaller trips.

##### Transferring clients safely

- First, make sure your client understands what you are doing and what you need him or her to do.
- Be sure to lock equipment brakes and secure all connections. Always ask for instruction before using unfamiliar equipment.
- Use gait belts, transfer boards, slide sheets, mechanical lifts, and other assistive devices as directed.
- Follow safe body mechanics.
- Position yourself close to your client by removing obstacles around beds or chairs.
- Never allow your client to pull on or put his or her arms around your neck.
- Never try to stop your client from falling. When possible without injuring yourself, control your client's fall by easing him or her to the floor.



Although a client may be sleeping, his or her status must still be checked frequently, as per the care plan.

### **Night shift safety**

Because we provide service 24 hours a day, 7 days a week, you may be caring for the client at night when the client and family are sleeping. Although a client may be sleeping, their status must still be checked frequently, as per the care plan. To help minimize disturbances to the client and family, follow the guidelines below while working on the night shift.

#### **Guidelines for providing care during the night shift**

- Make modifications to the care plan and perform services that may cause a disturbance only during daytime hours.
- Limit the amount of lighting in the area but also provide enough lighting so that a proper assessment can be completed.
- Set up monitoring systems in the home, as per the physician's orders.
- Rearrange sleeping arrangements with client and family approval. This may involve, for example, switching the location of the bedroom.
- Establish an emergency plan with the family and easy access to the phone.

It is important to stay awake and alert throughout the night shift. If you find it difficult to stay awake during the night, try the following guidelines.

#### **Guidelines for staying awake during the night shift**

- Sit in an upright chair. Do not lie down.
- Do not use a pillow or blanket.
- Plan to do paperwork when hands-on care is not being rendered.
- Bring beverages (such as coffee) or snacks with you if these help you stay awake.
- Bring reading materials if they help you stay awake.

**If you feel that your personal safety is endangered, contact your manager immediately.**

#### **Statement on anti-violence**

To guarantee a safe workplace, you should always conduct yourself in a positive and professional manner. Harrassment, whether verbal, physical, or sexual, and behavior that is threatening, insubordinate, violent, or obscene is never permitted. Hostile or violent words and actions should be reported without delay. If you feel that your personal safety is endangered, contact your client services manager or clinical manager immediately. BAYADA promptly investigates all complaints, and corrective action (such as changing assignments) will be taken when necessary.

#### **Workplace violence**

##### **If you feel that your personal safety is endangered:**

- Remain calm and make eye contact with the individual posing the threat. Listen carefully, and keep a safe distance.
- Reassure an agitated client that you are there to help.
- Keep your way to an exit clear.
- Watch for signs that the person may strike out (eg, red face, fast breathing, finger-pointing, and yelling).
- NEVER attempt to disarm someone with a weapon.
- Don't risk physical harm and notify your manager immediately.
- If you feel immediately threatened or are attacked, leave the client's home and call 911.
- You may request an escort to accompany you to the client's home.

#### **Harassment or unwelcome conduct in your client's home**

What is harassment or unwelcome conduct? Harassment can include things like sexual comments, offensive jokes, unwanted touching, or even being asked to view pornography. It can also include repeated negative comments made to you based on race, religion, gender, sexual orientation, age, national origin, or other personal characteristics.

**If an emergency occurs, you and your client will be contacted to prioritize the need for services and make appropriate arrangements.**

If you ever have concerns about the way a client, family member, or another employee is treating you, remain calm and professional, but ask the person to stop. Explain that their comments or conduct makes you uncomfortable. You should also report your concerns to your manager immediately. If the unwanted behavior continues, report this and ask to be removed from the assignment.

#### **Emergency Preparedness Plan**

Our Emergency Preparedness Plan is designed to provide continuing care to our clients in the event of an emergency or disaster. If an emergency occurs, office personnel will contact you and your clients to prioritize the need for services and make appropriate arrangements. Priority will be given to clients who are at the greatest risk if their service is interrupted.

#### **Safety Committee**

A company Safety Committee meets on an annual basis to review the company's safety record, address feedback obtained from quarterly Employee Safety Surveys, and develop Performance Improvements (PI) projects designed to correct safety problems. If you would like to report an issue or concern to the Safety Committee, contact:

Employee Claims and Safety office  
101 Executive Drive, Suite 9  
Moorestown, NJ 08057

Phone: 856-231-1953

Fax: 856-778-7767

Email: [ecs@bayada.com](mailto:ecs@bayada.com)



# Infection prevention

The BAYADA Infection Prevention Program is designed to minimize the risk of the development of infections among you and our clients. Administrative and clinical policies are based on Centers for Disease Control and Prevention (CDC) guidelines, Occupational Safety and Health Administration (OSHA) regulations, and accrediting body standards. As BAYADA employees, understanding the risk of contagion and following infection prevention standards will help avoid the spread of disease.

## ***Staying Healthy* booklet**

All clinical staff are provided with the booklet *Staying Healthy – A Guide to Infection Prevention* at orientation. This booklet is also updated annually in July and provided to all clinical staff at that time. It contains the most currently used infection control practices and information on infectious disease awareness and prevention.

Some of the topics found in the *Staying Healthy* booklet include the following:

- Hand hygiene
- Standard precautions
- Transmission-based precautions
- Personal protective equipment use
- Bag technique
- Hazardous waste management
- Occupational exposure prevention and treatment
- Bloodborne pathogens
- Influenza and contagious disease management

Please follow the safe practices outlined in this booklet.

# Incident reporting

**Reporting incidents is an important part of safeguarding the well-being of your clients. This section outlines the policies and procedures related to reporting injuries, adverse events, and other incidents.**

An incident is defined as any occurrence that is not consistent with the routine delivery of care or that places you or your client in actual or potential harm. You should immediately report all incidents to your manager.

## How and what to report

We believe our employees are our greatest asset, and that is why it is important for you to be educated about incidents and incident reporting. If you witness or learn of a client injury, immediately contact your BAYADA office and report the incident. An incident is defined as any occurrence that is not consistent with the routine delivery of care or that places you or your client in actual or potential harm. Examples may include:

- Motor vehicle accidents
- Falls
- Medication errors
- Property damage (employee and client)
- Suspicion of abuse or neglect
- Sexual harrassment
- Trach decannulations
- Infections

If you are injured or exposed to a communicable disease while working for BAYADA, immediately report the incident to your office. Arrangements will be made for you to see a workers' compensation panel physician and receive prompt medical care. In the event of an extreme emergency, go to the nearest hospital for immediate attention. If required, a panel physician will provide any follow-up care.

BAYADA accepts full responsibility for all work-related claims. The Employee Claims and Safety office will coordinate your medical care, light duty placements, wage verifications, and bill payment.

Immediately tell your clinical manager of any actual or potential client illnesses, injuries, or deaths that resulted from defects in their medical devices.

## Notification of medical device defects

You should immediately notify your clinical manager if a defect in a medical device has caused or could cause illness, injury, or death to a client. The clinical manager will complete the necessary forms and, depending on the seriousness of the client injury, notify the manufacturer and the Food and Drug Administration (FDA). For more information, refer to [Policy #0-744, Medical Device – Defect Reporting](#).



5000 Dearborn Circle  
Suite 300  
Mount Laurel, NJ 08054

856-231-1000  
856-273-1955 fax  
[www.bayada.com](http://www.bayada.com)



# **Exhibit 63**

Hospice PEPPER

[Visit PEPPERresources.org](http://VisitPEPPERresources.org)

### Compare Targets Report, Four Quarters Ending Q4 FY 2015

391741, Bayada Home Health Care Inc

The Compare Targets Report displays statistics for target areas that have reportable data (11+ target count) in the most recent time period. Percentiles indicate how a hospice's target area percent compares to the target area percents for all hospices in the respective comparison group. For example, if a hospice's national percentile (see below) is 80.0, 80% of the hospices in the nation have a lower percent value than that hospice. The hospice's state percentile (if displayed) and the Medicare Administrative Contractor (MAC) jurisdiction percentile values should be interpreted in the same manner. Percentiles at or above the 80th percentile for any target area indicate that the hospice may be at a higher risk for improper Medicare payments. The greater the percentile value, in particular the national and/or jurisdiction percentile, the greater consideration should be given to that target area.

Target	Description	Target Count	Percent	Hospice National %ile	Hospice Jurisdict. %ile	Hospice State %ile	Sum of Payments
Live Discharges Not Terminally III	Proportion of beneficiary episodes discharged alive, excluding patient discharge status code 50 or 51 (discharged/transferred to a hospice), excluding occurrence code 42 (beneficiary revokes), excluding condition code H2 (beneficiary discharged for cause) or 52 (beneficiary moves out of service area), to all discharges	22	8.3%	45.2	39.8	47.2	\$561,468
Live Discharges Revocations	Proportion of beneficiary episodes discharged alive with occurrence code 42 (beneficiary revokes), to all discharges	16	6.0%	48.9	58.0	66.7	\$208,296
Live Discharges LOS 61-179	Proportion of beneficiary episodes discharged alive with LOS 61-179 days, to all live discharges	17	36.2%	68.0	57.4	66.7	\$285,536
Long LOS	Proportion of beneficiary episodes discharged (by death or alive) whose combined days of service at the hospice is greater than 180 days, to total number of beneficiary episodes discharged (by death or alive)	26	9.8%	22.4	26.7	27.3	\$1,277,255
Routine Home Care in Assisted Living Facility	Proportion of Routine Home Care days (revenue code 0651) provided on claims that indicate the beneficiary resided in an assisted living facility (HCPCS code Q5002), to count of all Routine Home Care days (revenue code 0651) provided by the hospice	4,232	21.5%	70.9	72.1	65.8	Not Calculated
Routine Home Care in Nursing Facility	Proportion of Routine Home Care days (revenue code 0651) provided on claims that indicate the beneficiary resided in a nursing facility (HCPCS code Q5003), to count of all Routine Home Care days (revenue code 0651) provided by the hospice	482	2.5%	15.0	12.8	19.7	Not Calculated
Routine Home Care in Skilled Nursing Facility	Proportion of Routine Home Care days (revenue code 0651) provided on claims that indicate the beneficiary resided in a skilled nursing facility (HCPCS code Q5004), to count of all Routine Home Care days (revenue code 0651) provided by the hospice	994	5.1%	50.5	42.8	36.7	Not Calculated
Single Diagnosis Coded	Proportion of claims that have only one diagnosis coded, to all claims	159	17.4%	27.9	32.2	28.6	Not Calculated
No GIP or CHC	Proportion of episodes that had no general inpatient care (revenue code 0656) or continuous home care (revenue code 0652), to all episodes	260	97.7%	66.8	58.8	73.1	\$2,607,757

Note: State and/or jurisdiction %iles are not reported when there are fewer than 11 providers with reportable data for the target area in the state and/or jurisdiction.

# **Exhibit 64**





## **Independent Auditor's Report**

To the Management of BAYADA Home Health Care, Inc. and Subsidiaries

We have audited the accompanying consolidated financial statements of BAYADA Home Health Care, Inc. and its subsidiaries, which comprise the consolidated balance sheets as of January 3, 2016 and January 4, 2015 and the related consolidated statements of comprehensive income, of shareholder's equity and of cash flows for the years then ended.

### ***Management's Responsibility for the Consolidated Financial Statements***

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Company's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of BAYADA Home Health Care, Inc. and its subsidiaries as of January 3, 2016 and January 4, 2015, and the results of their operations and their cash flows for the fiscal years then ended in accordance with accounting principles generally accepted in the United States of America.

*PricewaterhouseCoopers LLP*

May 24, 2016

**BAYADA Home Health Care, Inc. and Subsidiaries**  
**Consolidated Balance Sheets**  
**January 3, 2016 and January 4, 2015**

(in thousands except for share and per share amounts)

	2015	2014
<b>Assets</b>		
Current assets		
Cash and cash equivalents	\$ 1,336	\$ 973
Available-for-sale securities at fair value	869	-
Accounts receivable, net of allowances of \$14,901 and \$13,136, respectively	181,303	172,131
Prepaid expenses	9,253	6,303
Deposits and other current assets	404	249
Total current assets	193,165	179,656
Property, plant and equipment, net	10,332	10,839
Intangible assets, net	23,689	26,004
Goodwill, net	2,046	1,747
Prepayments of obligations under insurance programs	4,363	3,696
Deferred tax asset	304	269
Investment held to maturity	1,000	2,000
Other investments	472	233
Other assets	1,617	981
Total assets	\$ 236,988	\$ 225,425
<b>Liabilities and Shareholder's Equity</b>		
Current liabilities		
Book overdrafts	\$ 10,697	\$ 5,717
Line of credit	29,167	33,236
Accounts payable	2,693	2,580
Accrued expenses	32,493	29,435
Accrued payroll liabilities	16,456	17,154
Deferred revenue	574	592
Deferred tax liability	859	722
Current portion of obligations under insurance programs	19,597	14,560
Other current liabilities	4,116	4,496
Total current liabilities	116,652	108,492
Obligations under insurance programs	33,126	34,030
Total liabilities	149,778	142,522
Shareholder's equity		
Common stock, par value \$.01; authorized shares - 1,000, issued and outstanding shares - 1,000	-	-
Paid-in capital	20,009	20,009
Retained earnings	67,345	62,894
Accumulated other comprehensive loss	(144)	-
Total shareholder's equity	87,210	82,903
Total liabilities and shareholder's equity	\$ 236,988	\$ 225,425

The accompanying notes are an integral part of these financial statements.



**BAYADA Home Health Care, Inc. and Subsidiaries**  
**Consolidated Statements of Comprehensive Income**  
**Fiscal Years Ended January 3, 2016 and January 4, 2015**

<i>(in thousands)</i>	<b>2015</b>	<b>2014</b>
Net revenue	\$ 1,053,885	\$ 1,011,412
Reimbursement revenue	562	-
Cost of services	655,992	632,805
Reimbursement expense	562	-
Gross profit	397,893	378,607
Selling, general and administrative expenses	354,638	340,834
Intangible asset impairment	979	-
Operating income	42,276	37,773
Investment income	297	154
Contribution to charitable foundation	(19,500)	(25,000)
Other expenses	(71)	(201)
Income before income taxes	23,002	12,726
Income tax expense	300	169
Net income	22,702	12,557
Unrealized loss from available-for-sale securities	(131)	-
Foreign currency translation adjustment	(13)	94
Other comprehensive (loss) income	(144)	94
Comprehensive income	\$ 22,558	\$ 12,651

The accompanying notes are an integral part of these financial statements.



	Common Stock	Paid-in Capital	Retained Earnings	Accumulated Other Comprehensive Income (Loss)	Total Shareholder's Equity
<i>(in thousands)</i>					
<b>Balances at December 29, 2013</b>	\$ -	\$ 9	\$ 70,493	\$ (94)	\$ 70,408
Net income	-	-	12,557	-	12,557
Cumulative translation adjustment	-	-	-	94	94
Capital contribution	-	20,000	-	-	20,000
Dividends to shareholder	-	-	(20,156)	-	(20,156)
<b>Balances at January 4, 2015</b>	-	20,009	62,894	-	82,903
Net income	-	-	22,702	-	22,702
Unrealized loss from available-for-sale securities	-	-	-	(131)	(131)
Cumulative translation adjustment	-	-	-	(13)	(13)
Dividends to shareholder	-	-	(18,251)	-	(18,251)
<b>Balances at January 3, 2016</b>	\$ -	\$ 20,009	\$ 67,345	\$ (144)	\$ 87,210

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**BAYADA Home Health Care, Inc. and Subsidiaries**  
**Consolidated Statements of Cash Flows**  
**Fiscal Years Ended January 3, 2016 and January 4, 2015**

<i>(in thousands)</i>	2015	2014
<b>Cash flows from operating activities</b>		
Net income	\$ 22,702	\$ 12,557
Adjustments to reconcile net income to cash provided by operating activities		
Depreciation	3,338	3,375
Amortization	1,527	4,545
Amortization of bond premium	(10)	-
Impairment on intangible asset	979	-
Loss on disposal of assets	65	76
Contribution of fixed assets to related party	142	-
Loss on sale of available-for-sale securities	10	-
Provision for accounts receivable allowances	1,765	894
Deferred income taxes	102	(9)
Reclass of translation adjustment from dissolved entity	-	94
Changes in assets and liabilities		
Accounts receivable	(10,937)	(9,643)
Prepaid expenses	(2,950)	(691)
Deposits and other current assets	(155)	787
Prepayments of obligations under insurance programs	(667)	115
Other assets	(636)	(79)
Accounts payable	113	(1,088)
Accrued expenses	3,058	3,103
Accrued payroll liabilities	(698)	1,179
Deferred revenue	(18)	201
Other current liabilities	(380)	(525)
Obligations under insurance programs	4,133	4,531
Net cash provided by operating activities	<u>21,483</u>	<u>19,422</u>
<b>Cash flows from investing activities</b>		
Purchase of property, plant and equipment	(3,038)	(3,726)
Other investment	(239)	-
Acquisition of businesses	(489)	(6,400)
Net cash used in investing activities	<u>(3,766)</u>	<u>(10,126)</u>
<b>Cash flows from financing activities</b>		
Bank overdrafts	4,980	(2,749)
Repayments on line of credit	(57,807)	(102,072)
Borrowings on line of credit	53,737	96,207
Dividends to shareholder	(18,251)	(20,156)
Capital contribution	-	20,000
Net cash used in financing activities	<u>(17,341)</u>	<u>(8,770)</u>
Impact of changes in foreign exchange rates on cash flows	(13)	-
Net increase in cash	363	526
<b>Cash and cash equivalents</b>		
Beginning of fiscal year	973	447
End of fiscal year	<u>\$ 1,336</u>	<u>\$ 973</u>
<b>Supplemental disclosure of cash flow information</b>		
Cash paid for income taxes	\$ 443	\$ 624
Cash received from income tax refunds	(4)	-
Cash paid for interest	39	34

The accompanying notes are an integral part of these financial statements.