

Maryland Health Care Commission

Public Notice

Expanding Opportunities for Delivery of Quality Home Health Agency Services in Maryland

The Home Health Agency Chapter of the State Health Plan (COMAR 10.24.16) regulates the development and expansion of home health agency (HHA) services in Maryland based on the determination by the Maryland Health Care Commission (Commission) that consumers need a choice of high quality HHA providers. The purpose of this notice is to seek comments on draft quality measures and performance requirements. The notice also lists qualifying jurisdictions and any multi-jurisdictional regions proposed for use in Certificate of Need (CON) reviews. As required under COMAR 10.24.16.07, this public notice will be posted for a public comment period prior to use. After consideration of the comments, the Commission staff's recommendations for final quality measures and performance requirements, as well as jurisdictions/regions will be considered by the Commission at a public meeting and, if approved, will be published in the *Maryland Register* and on the Commission's website. Maryland HHAs, hospitals, and nursing homes that meet the Commission-approved performance levels and may qualify¹ to apply for an HHA CON during the upcoming CON review cycle, will be identified in a subsequent Guidelines document.

There are three ways in which the approved quality measures and performance requirements will be used in the CON review process: (1) determining jurisdictional need (COMAR 10.24.16.04); (2) qualifying an applicant for inclusion in a review cycle (COMAR 10.24.16.07); and (3) determining preference, if necessary, among competing applicants (COMAR 10.24.16.09).

In addition to meeting the qualifications required for all applicants described in COMAR 10.24.16.06C, an applicant must meet performance-related qualifications that vary by type of applicant. This notice seeks public comment on the draft quality measures and performance levels to be achieved by applicants and to be used in determining need for additional HHA services. Written comments must be received by the Commission no later than **4:00 p.m. on Friday, August 20, 2021**. Address your comments to Cathy Weiss, Program Manager, Center for Health Care Facilities Planning and Development, at cathy.weiss@maryland.gov

¹ Other requirements, such as those in COMAR 10.24.16.06C, must be met by every applicant.

Recommended Quality Measures and Performance Levels by Types of Applicants

Medicare-Certified HHA Applicants

Commission staff recommends using the same performance metrics for both Maryland and non-Maryland HHAs. Consistent with COMAR 10.24.16.07, the experience of Maryland HHAs will be used to determine performance levels. Consistent with COMAR 10.24.16.07B, a Maryland HHA applicant seeking to expand its authority to a jurisdiction that it is not currently authorized to serve, must demonstrate that its existing Maryland HHA has achieved the required performance levels. Consistent with COMAR 10.24.16.07C, a non-Maryland HHA applicant that has any common ownership with a Medicare-certified HHA in a state other than Maryland seeking to establish a new HHA in Maryland, must demonstrate that it has achieved the required performance levels, on average, for all the non-Maryland HHAs with which it has any common ownership. Data requirements for non-Maryland HHA applicants are outlined in Appendix A.

Two separate star ratings on CMS Care Compare for Home Health Agencies are used to evaluate the performance of HHAs, with one based on quality of patient care (QOPC) measures and the other based on a patient survey of experience of care (Home Health Consumer Assessment of Healthcare Providers and Systems or HHCAHPS®) measures. CMS added a star rating for the QOPC measures in 2015 and a star rating for HHCAHPS® in January 2016. Star ratings summarize multiple individual measures to make it easier for consumers to use the information in drawing comparisons among HHAs and to identify differences in quality among HHAs.

Recommended Performance Levels for Use in Qualifying Medicare-Certified HHA Applicants

Medicare-certified HHA applicants may qualify to apply for a CON by achieving both of the following performance levels from the October 2020 CMS Care Compare dataset which reflects January 1-December 31, 2019:

- (1) Quality of Patient Care (QOPC) star rating equal to or better than the Maryland State average of 4.0 stars; and
- (2) HHCAHPS® Survey Summary star rating equal to or better than the Maryland State average of 4.0 stars.

Based on staff analysis, there are 20 Medicare-certified HHAs in Maryland which meet both recommended performance-related qualifications.

See Table 1 below for the average scores of the individual measures used to calculate the CMS QOPC star rating.

Table 1

Measure	Maryland Average
How often patients received timely initiation of care	94.2%
How often patients improved ambulation	80.8%
How often patients improved in bed transfer	82.6%
How often patients improved in bathing	82.6%
How often patients improve breathing	86.1%
How often patients improved in management of oral medications	75.8%
How often patients needed acute care hospitalization	14.1%
Overall Star Rating	4.0

The HHCAHPS® Survey Summary star rating is comprised of four measures reported on CMS Care Compare. Three are composite measures and one is an overall measure. Table 2 describes the HHCAHPS® measures and the Maryland average scores.

Table 2

Measure	Survey Items	Maryland Average
Percent of patients who reported that their home health team gave care in a professional way	Q9, Q16, Q19, and Q24	88%
Percent of patients who reported that their home health team communicated well with them	Q2, Q15, Q17, Q18, Q22, and Q23	85%
Percent of patients who reported that their home health team discussed medicines, pain, and home safety with them	Q3, Q4, Q5, Q10, Q12, Q13, and Q14	82%
Percent of patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	Q20	82%
Overall Star Rating	--	4.0

Rationale for Star Ratings for Medicare-certified HHAs

The quality of care measures used for the QOPC star rating focus on high-risk, high-volume, problem-prone areas for HHA clients. These include measures pertaining to all or most HHA clients, such as use of risk assessment tools for improvement in ambulation, breathing, and medication management. The experience of care measures used for the HHCAHPS® Survey Summary star rating are the results of the Home Health Consumer Assessment of Healthcare Providers and Systems, a national survey that asks HHA clients about their recent experiences with a home health agency.

The QOPC star rating and the HHCAHPS® Survey Summary star rating were selected because the measures that are used to calculate both star ratings:

- Address important conditions that occur frequently among home health agency clients;
- Are standardized and used throughout the United States and, thus, allow for state-to-state and national comparisons;
- Are endorsed by the National Quality Forum (NQF)² and are based on data that all Medicare-certified home health agencies are required to submit;
- Show sufficient variation to differentiate among Maryland HHAs and HHAs in other states. The measures are not “topped out” (i.e., performance is not so uniformly high that there is little room for improvement); and
- Offer an opportunity to improve the Maryland scores relative to the nation and neighboring states.

Furthermore, the measures that are used to calculate the QOPC star rating are predominantly outcome, rather than process, measures. While process measures are useful in targeting improvement efforts, improvement in outcome measures may lead directly to better patient results overall.

Use of the Maryland state average is proposed by staff because “average”: is a commonly used measure for these types of data; represents the central tendency of a group of values, weighted by the frequency distribution; and is not an overly stringent threshold that would exclude many Maryland HHAs from qualifying as applicants.

Occasionally, an HHA is too small or does not collect enough data to have a QOPC star rating or an HHCAHPS® Summary star rating calculated. In these cases, the agency will not be able to apply because typically an insufficient amount of individual measure data used to calculate the star ratings was submitted to CMS. For example, two HHAs in Maryland do not have QOPC or HHCAHPS® star ratings, and they do not have data on any of the individual measures. Nationwide, 2,980 agencies do not have a QOPC star rating, and 75% of those agencies have no data at all on individual quality measures.

² National Quality Forum Endorsement

CMS has contracted with the National Quality Forum (NQF) to oversee the work needed to select and maintain performance measures for its federal health care programs. Quality measures (QM) publicly reported on federal sites (CMS’ Care Compare websites) reflect best practices in performance measurement and standards-setting. Measures displayed on the various CMS websites have been selected after years of research and rigorous testing and are widely used for various quality initiatives in healthcare. In addition to receiving initial endorsement, measures undergo periodic review and updating, called “measures maintenance.” Endorsement for public report by NQF ensures that QM are deemed to be: (1) important, focusing on priority areas and can have a positive impact on healthcare quality; (2) scientifically acceptable (reliable and valid); (3) useable and relevant to consumers, providers, and policy makers; and (4) feasible to collect (readily available data retrievable without undue burden to providers and users).

Distribution of QOPC Summary Star Ratings for Maryland HHAs

Of the 54 licensed HHAs in Maryland in 2019, 53 are Medicare/Medicaid certified and are required to submit data to CMS. Two of the 53 Medicare/Medicaid certified HHAs are agencies exclusively serving the pediatric population that submit data to CMS, but the data are not used in calculating any of the measures or star ratings. Table 3, below, shows the distribution of the 51 non-pediatric Maryland agencies with QOPC star ratings. The table shows that 59% of the 51 Maryland agencies with star ratings meet the recommended performance level of 4.0 or higher. The data are from the October 2020 CMS dataset covering January 1, 2019 - December 31, 2019.

Table 3

Number of Maryland HHAs	Quality of Patient Care Overall Star Rating
2	5
11	4.5
17	4
10	3.5
7	3
3	2.5
1	2
0	1.5
0	1

The star rating methodology for QOPC can be found at the following link:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings>

Distribution of HHCAHPS® Summary Star Ratings for Maryland HHAs

Table 4 below shows that 63% of the 51 Maryland agencies submitting data for the HHCAHPS® Summary star rating met the recommended performance level of 4.0 or higher. Eight of the reporting HHAs with “no rating” submitted too few episodes of care to calculate a rating. The data is from the October 2020 CMS dataset covering the time period January 1, 2019 - December 31, 2019.

Table 4

Number of Maryland HHAs	HHCAHPS® Summary Star Rating
15	5
17	4
4	3
7	2
0	1
8	No rating

The star rating methodology for the Patient Survey (HHCAHPS®) star can be found at the following link: <https://homehealthcahps.org/General-Information/Star-Ratings-Information>

Additional details about the HHCAHPS® survey can be found at: <https://homehealthcahps.org/General-Information/About-Home-Health-Care-CAHPS-Survey>

Hospital Applicants

There are two separate star ratings on CMS Care Compare for Hospitals that are used to evaluate the performance of hospitals, with one based on quality of patient care (QOPC) measures and the other based on a patient survey of experience of care (Hospital Consumer Assessment of Healthcare Providers and Systems or HCAHPS®) measures. In 2016, CMS added star ratings for the hospital QOPC measures and for HCAHPS®. Star ratings summarize multiple individual measures to make it easier for consumers to use the information in drawing comparisons among hospitals and to identify differences in quality among hospitals.

Recommended Performance Levels to be Used in Qualifying Hospitals as HHA CON Applicants

Commission staff recommends that a score of at least the Maryland state average on both the Hospital Overall star rating and the HCAHPS® Patient Survey star rating be used to determine the minimum CMS Star Rating requirements. Hospitals which score at least the Maryland state average on both CMS star ratings for the most recent three consecutive years may qualify to apply for an HHA CON. The Maryland state average was 3.0 star ratings for both the Hospital Overall star rating and the HCAHPS® Patient Survey for all three consecutive years (CYs 2017, 2018, 2019) using data from the respective October CMS datasets. Based on staff analysis, there are 18 Maryland hospitals that meet the recommended performance-related qualifications with at least a 3.0 score on both CMS star ratings for the CYs 2017-2019 reporting years.³

³ In addition, any other Maryland hospitals that have any common ownership with the applicant will also have to average three stars.

Commission staff recommends use of the same minimum CMS star ratings for Maryland hospital and non-Maryland hospital applicants. As provided in COMAR 10.24.16.07D(2), a Maryland hospital applicant with no HHA experience must demonstrate that it (and any other hospitals with which it has any common ownership) has achieved and maintained the minimum CMS Hospital Overall star rating of 3.0 and the minimum CMS HCAHPS® Patient Survey star rating of 3.0 for the most recent three consecutive years (CYs 2017, 2018 and 2019). The October CMS dataset will be used each time to provide consistency. Consistent with COMAR 10.24.16.07D(3), a hospital applicant that only operates a hospital (or hospitals) in states other than Maryland must demonstrate that all the hospitals with which it has any common ownership, on average, achieved and maintained the minimum CMS star ratings for at least the three most recent years of operation.

Rationale for Minimum CMS Star Ratings for Hospital Applicants

The reasons for use of the two selected CMS star ratings (equal to or higher than the Maryland state average) are similar to the rationale for selection of ratings for HHA providers. These measures were developed using rigorous methods, are endorsed by NQF, and are based on data that all acute care hospitals are required to submit, thereby allowing national and state-to-state comparisons. The recommended required ratings result in qualification of hospitals that are roughly “above-average” with respect to both the overall quality of care provided and the experience of care reported by their patients.

Distribution of CMS Overall Star Ratings for Maryland Hospitals

For purposes of illustration, staff examined the distribution of CMS Overall star ratings for Maryland hospitals for the most recent year of available data. Table 5 below shows the distribution by CMS Care Compare Hospital Overall star rating of the 47 Maryland acute general hospitals for CY 2019. Three hospitals have no rating as there are too few measures or measure groups reported to calculate a star rating or measure group score.

Table 5

Number of Maryland Hospitals	Hospital Overall Star Rating
8	5
8	4
11	3
14	2
3	1
3	No rating

The table shows that 61% of the Maryland hospitals submitting data met the recommended performance level of 3.0 or higher. The data is from the October 2020 CMS dataset covering the time period January 1, 2019 – December 31, 2019.

Distribution of HCAHPS® Patient Survey Star Ratings for Maryland Hospitals

There are 46 (out of a total of 47) acute general hospitals in Maryland that submitted data to CMS for the October 2020 report period. Of these 46 hospitals, 40 received an HCAHPS® Patient Survey star rating. The six hospitals with “no rating” had too few survey responses or responses were not available to calculate an HCAHPS® rating. Table 6 below shows the distribution by HCAHPS® Patient Survey star rating of the 46 hospitals. The table shows that 61% of the Maryland hospitals submitting data met the recommended performance level of 3.0 or higher. The data is from the October 2020 CMS dataset covering the time period January 1, 2019 – December 31, 2019.

Table 6

Number of Maryland Hospitals	HCAHPS® Patient Survey Star Rating
1	5
4	4
23	3
10	2
2	1
6	No rating

A hospital applicant must submit data to the Commission to document that it has achieved the required quality of care measures and performance levels. Data requirements are outlined in Appendix B.

Nursing Home Applicants

The CMS Care Compare Nursing Home star rating consists of four components. Nursing homes receive an Overall star rating based on three components: health inspections; staffing; and quality measures. The state of Maryland administers the Maryland Nursing Home Family Experience of Care Survey (EOC) that is similar to the HCAHPS® and HHCAHPS® surveys. The Maryland survey is based on the reported satisfaction with care received at the nursing home. It is recommended that this survey be used, since no national nursing home CAHPS survey currently exists. The ratings are provided by the loved ones of nursing home residents.

Recommended Performance Levels to be Used in Qualifying Nursing Homes as HHA CON Applicants

Commission staff recommends that a score that is equal to or greater than the Maryland average on the CMS Care Compare Nursing Home Overall star rating be used to determine the minimum CMS star rating requirement. In accordance with COMAR 10.24.16.07D(4), a Maryland nursing home applicant must demonstrate that it has achieved and maintained the minimum Nursing Home Overall star rating required for the applicable review cycle for its Maryland nursing home. In addition, all the Maryland nursing homes with which the applicant has any common ownership must have achieved, on average, for at least the three most recent years of operation the minimum Nursing Home Overall star rating.

Commission staff recommends use of the same minimum star ratings for Maryland nursing home and non-Maryland nursing home applicants. A non-Maryland nursing home applicant must demonstrate that it has met the applicable star rating, for at least the three most recent years of operation, and that all the nursing homes with which it has any common ownership achieved and maintained, on average, the minimum Nursing Home Overall star rating

The Maryland state average Nursing Home Overall star ratings for each of the three most recent consecutive years on the respective CMS October data sets (reflecting 2017 -2019 calendar years) are as follows: 4.0 in CY 2017; 3.0 in CY 2018; and, 3.0 in CY 2019. The October CMS datasets will be used for all three years for consistency.

Beginning in 2020, CMS became more transparent when displaying information to consumers about whether a nursing home was cited for resident abuse. Commission staff recommends that even if a nursing home meets the performance-related qualification, a facility may not apply if it has been cited for abuse. There were four such Maryland nursing homes that met the recommended performance level but were cited for abuse; these have been excluded.

Furthermore, Maryland nursing homes must also achieve and maintain the state average rating on the Maryland-specific EOC survey for the measure which asks respondents to rate the nursing home on a scale of 1 to 10 (with 10 being the most satisfied). This measure offers more range and flexibility than the other measures on the survey. Therefore, staff recommends that the state average rating score on this Maryland-specific EOC survey measure be used to determine a Maryland nursing home's additional performance-related qualification. Based on the three most recent Maryland EOC surveys which comprise data for calendar years 2016, 2018 and 2019, the Maryland state average for the selected measure of rating the nursing home (on a scale of 1 to 10) for each of those three years are as follows: 8.1 in CY 2016; 7.7 in CY 2018; and 7.6 in CY 2019. Maryland nursing home applicants must score the same as the state average rating or higher for this measure for all three consecutive years of available data on the Maryland-specific EOC surveys. This measure is not available outside of Maryland; thus, it only applies to Maryland nursing home applicants.

Based on staff analysis, there are 66 Maryland nursing homes that meet the recommended performance-related qualifications for both the Nursing Home Overall star ratings as well as the Maryland state average rating of the nursing home, for the applicable three-year reporting periods.

Rationale for Minimum CMS Overall Star Rating for Nursing Home Applicants

The reasons for use of the Maryland state average for the CMS Care Compare Nursing Home Overall star rating are similar to the rationale for selection of CMS Overall star ratings for HHA providers. The CMS measures were developed using rigorous methods, are endorsed by the National Quality Forum (NQF) and are based on data that all nursing homes are required to submit, thereby allowing for national and state-to-state comparisons. The scores show sufficient variation to differentiate among Maryland nursing homes and nursing homes in other states, and measures are not topped out. This data has been publicly reported since December 2008.

The addition of an EOC measure to the Maryland nursing home performance-related qualifications would allow for similar measures to be required of Maryland applicants across provider types.

Distribution of CMS Overall Star Ratings for Maryland Nursing Homes

For purposes of illustration, staff examined the distribution of CMS Overall star ratings for Maryland nursing homes for the most recent year of available data (CY 2019). Of the 227 nursing homes in Maryland, 226 submitted data to CMS in CY 2019 that is used to calculate a Nursing Home Overall star rating. One nursing home is exempt from submitting data to CMS, as it does not participate in Medicare. Of the 226 nursing homes that submit data to CMS, two nursing homes did not receive a Nursing Home Overall star rating in this October 2020 CMS dataset because one facility was a Special Focus Facility (i.e., participating in a performance improvement program approved by CMS), and the other was too new to have sufficient data to calculate a Nursing Home Overall rating.

Table 7, below, shows the distribution of the 224 nursing homes that submitted data in CY 2019. The table shows that in CY 2019, 71 percent of the Maryland facilities submitting data (excluding the four nursing homes cited for abuse) met the recommended performance level of 3.0 or higher. The data is from the October 2020 CMS dataset which covers January 1-December 31, 2019.

Table 7

Number of Maryland NH	Nursing Home Overall Star Rating
64	5
61	4
38	3
42	2
19	1
2	—

Maryland Nursing Home Experience of Care Rating

Of the 223 nursing homes that participated in the Nursing Home EOC in 2019, 115 (52%) scored the average of 7.6 (out of 10) or higher on the selected measure.

Each Nursing Home applicant must submit data to the Commission to document that it has achieved the required quality of care measures and performance levels. Data requirements are outlined in Appendix C.

Maryland Residential Service Agency (RSA) Applicants Providing Skilled Nursing Services.

In accordance with COMAR 10.24.16.06B(3), a Maryland licensed residential service agency (RSA) that provides skilled nursing services may qualify to file a CON application to establish a home health agency in Maryland. An RSA is a type of home care provider that exists in Maryland and must be licensed by the State. However, unlike a licensed home health agency, an RSA may not be certified to receive Medicare reimbursement. Therefore, RSAs do not submit data to CMS on quality or performance. To demonstrate a track record in providing good quality of care, an RSA seeking to be a CON applicant is required to demonstrate that it has operated for at least three years, has provided skilled nursing services, has established a system for collecting data that includes systematic collection of process, outcome, and experience of care measures and has maintained accreditation through a deeming authority recognized by the Maryland Department of Health (MDH) for at least the three most recent years of operation, consistent with COMAR 10.24.16.07D(1).

An RSA applicant must submit data to the Commission to document that it monitors the required quality of care measures and performance levels. Data requirements are outlined in Appendix D.

Need Determination for Additional Home Health Agency Services.

As provided in COMAR 10.24.16.04, a jurisdiction shall be identified as having a need for additional home health agency services if the jurisdiction has: (1) insufficient consumer choice of HHAs; (2) a highly concentrated HHA service market; or (3) an insufficient choice of HHAs with high quality performance.

Consistent with these regulations, insufficient consumer choice is considered to exist in any jurisdiction in which consumers have two or fewer Medicare-certified HHAs that served 10 or more clients each year during the most recent three-year period for which data is available. There are three jurisdictions that meet this criterion: Allegany; Garrett; and Kent Counties.

The HHA Chapter provides that a jurisdiction is considered to have a highly concentrated HHA market when it has a Herfindahl-Hirschman Index (HHI)⁴ of 0.25 or higher. There are 12 additional jurisdictions meeting this criterion: Calvert; Caroline; Cecil; Dorchester; Frederick; Queen Anne's; Saint Mary's; Somerset; Talbot; Washington; Wicomico; and Worcester Counties.

Furthermore, a jurisdiction can qualify for consideration of new or expanded HHA services if it has an insufficient choice of quality performing HHAs. A jurisdiction meets this criterion if HHAs serving 60 percent or more of the clients in the jurisdiction in the most recent year for which data is available did not meet the applicable quality performance requirements designated by the Commission. Using the proposed metrics to qualify an HHA applicant (see page 2 of this Notice), 20 Maryland HHAs would meet the criterion of "good performance" while 23 Maryland HHAs did not meet the recommended performance levels. An additional 10 Maryland HHAs did not have adequate data reported to CMS to obtain a rating. An analysis of those 23 HHAs not meeting recommended quality performance levels and their jurisdictional market share showed that one additional jurisdiction qualified under this criterion: Carroll County.

Finally, a jurisdiction will not be identified as having need for additional home health agency services if the jurisdiction has an existing HHA with fewer than three years of operational experience or has a newly authorized HHA that has not yet been implemented. During the 2017 - 2019 HHA Certificate of Need (CON) review cycles, 15 jurisdictions qualified as having a need

⁴ Herfindahl-Hirschman Index (HHI) is a measure of the size of firms (HHAs) in relation to the overall HHA industry and an indicator of the amount of competition among them. It is defined as the sum of the squares of the market shares of all the HHAs authorized and actually serving a jurisdiction. Results can range from 0 to 1.0; a competition index of 1.0 indicates a monopoly or a totally concentrated market. Conversely, a competition index close to 0 generally indicates a fair share of the market among an increasing number of HHA providers. A highly concentrated market means having an HHI measure greater than 2,500 (0.25 when dividing by 10,000) according to the U.S. Department of Justice and the Federal Trade Commission *2010 Horizontal Merger Guidelines*.

for additional HHA services. One or more new HHAs were added in 12 of the 15 qualified jurisdictions, including the Upper Eastern Shore Region (Caroline, Cecil, Kent, Queen Anne's and Talbot Counties); Southern Maryland (Calvert and St. Mary's Counties); Lower Eastern Shore Region (Dorchester); and Western Maryland Region (Allegany, Frederick, Garrett and Washington Counties). Three of the 15 qualified jurisdictions did not have CON applicants: Somerset, Wicomico, and Worcester Counties in the Lower Eastern Shore Region. The identified need for additional HHAs in those three counties remains unmet. A total of nine HHA applicants were approved to serve one or more of the 12 qualified jurisdictions. Two of the nine applicants established brand new HHAs in Maryland, and the remaining seven were existing Maryland agencies, each expanding its authorized service area.

Information about HHA CONs granted and implemented during the 2017 – 2019 HHA CON review cycles show that one HHA applicant approved to serve Dorchester County in July 2018, became operational with first use approval in September 2018, thereby allowing consideration of Dorchester County to qualify as a jurisdiction in need of additional HHA services three years later, in September 2021.

In summary, four jurisdictions qualify as having a need for additional HHA services: Carroll County; Somerset County; Wicomico County; and Worcester County. If the 2021 HHA CON review schedule becomes effective on or after September 2021, Dorchester County would be the fifth jurisdiction qualifying as having a need for additional HHA services.

Determination of Additional HHA Services: Single Jurisdiction and Multi-Jurisdictional Region

In accordance with COMAR 10.24.16.05, the Commission may authorize submission of CON applications for the proposed establishment of new HHAs or the expansion of the service area of existing HHAs into a regional service area composed of two or more contiguous jurisdictions. These opportunities will only be created when the regional service area has met one of the specified qualifying criteria for a determination of need consistent with COMAR 10.24.16.04. This regulation is designed to allow a new HHA applicant to have a service area population large enough to achieve reasonable economies of scale in its operations. Many jurisdictional populations are too small to support viable development of a new HHA limited to serving the single jurisdiction. As provided in COMAR 10.24.16.05B, jurisdictions with a total population size of 300,000 or more cannot be combined with other jurisdictions to create regional service areas.

For the purpose of establishing a 2021 HHA CON review cycle, one multi-jurisdictional region is recommended for the Lower Eastern Shore Region that includes Dorchester, Somerset, Wicomico, and Worcester Counties. In addition, a single jurisdiction review for Carroll County is also recommended, since there are no contiguous jurisdictions demonstrating HHA need to create a multi-jurisdictional region for CON review purposes.

Appendix A: Sample: Data Submission Requirements for Non-Maryland Medicare-certified HHA Applicant that has Common Ownership with Any Non-Maryland Medicare-certified HHA

Worksheet A: Sample Non-Maryland HHA Applicant that has Common Ownership with Other Non-Maryland Medicare-certified HHA

CMS Provider ID	Provider Name	Overall Quality of Patient Care (QOPC) Star Rating October 2020
	Applicant Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
Submit data as shown electronically in an excel spreadsheet		

CMS Provider ID	Provider Name	Overall Home Health CAHPS (HHCAHPS®) Summary Patient Survey Star Rating October 2020
	Applicant Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
	Related Non-Maryland Medicare-certified HHA	
Submit data as shown electronically in an excel spreadsheet		

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

Worksheet B: Sample Hospital Applicant

CMS Provider ID	Provider Name	Overall Star Rating October 2020	Overall Star Rating October 2019	Overall Star Rating October 2018
	Applicant Hospital			
	Related Hospital			
	Related Hospital			
	Related Hospital			
	Related Hospital			
	Related Hospital			
	Related Hospital			
Submit data as shown electronically in an excel spreadsheet				

CMS Provider ID	Provider Name	HCAHPS® Patient Survey Star Rating October 2020	HCAHPS® Patient Survey Star Rating October 2019	HCAHPS® Patient Survey Star Rating October 2018
	Applicant Hospital			
	Related Hospital			
	Related Hospital			
	Related Hospital			
	Related Hospital			
	Related Hospital			
	Related Hospital			
Submit data as shown electronically in an excel spreadsheet				

Appendix C: Sample: Data Submission Requirements for Nursing Home Applicant that has Any Common Ownership with Other Nursing Home(s)

Worksheet C: Sample Nursing Home Applicant

CMS Provider ID	Provider Name	Nursing Home Overall Star Rating October 2020	Nursing Home Overall Star Rating October 2019	Nursing Home Overall Star Rating October 2018
	Applicant Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
Submit data as shown electronically in an excel spreadsheet				

Maryland Nursing Homes Only

CMS Provider ID	Provider Name	Experience of Care Rating 2019	Experience of Care Rating 2018	Experience of Care Rating 2016
	Applicant Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
	Related Nursing Home			
Submit data as shown electronically in an excel spreadsheet				

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

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

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

Worksheet D1: Sample RSA Applicant

Skilled Nursing Services Provided to RSA Clients	Number of RSA Clients with Skilled Nursing Services		
	2020	2019	2018
Medications and observation of medication effectiveness			
IV therapy			
Tube feedings			
Wound care, dressing changes			
Teaching and training activities (for example, diabetes foot care)			
Ostomy care			
Tracheostomy care			
Requiring nursing care of other devices such as urinary catheters			
Requiring specialized assessment/management (specify)			
Receiving psychiatric evaluation/therapy			
Other (specify)			
TOTAL number of RSA clients receiving skilled nursing services			
Number of RSA clients NOT receiving skilled nursing services*			

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

Note: A client receiving BOTH nursing and other therapist services are counted ONLY as skilled nursing services.

Worksheet D2: Sample RSA Applicant

Sample Types of Quality Measures*	Measure Type	Performance Level Achieved		
		2020	2019	2018
Timely Initiation of Care	Process			
Improvement in Ambulation	Outcome			
Improvement in Bed Transferring	Outcome			
Improvement in Bathing	Outcome			
Improvement in Shortness of Breath	Outcome			
Improvement in Management of Oral Medication	Outcome			
How often Needed Acute Care Hospitalizations	Outcome			
Care provided by HHA team in a professional way	Experience of Care			
HHA team communicated well	Experience of Care			
HHA team discussed medicines, pain, and home safety	Experience of Care			
HHA received rating of 9 or 10 (with 10 being the highest)	Experience of Care			

Note: Submit examples of quality measures collected for your client population. Performance level achieved is expressed as a percent of total HHA clients served in the year and meeting the quality measure.

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