MARYLAND HEALTH CARE COMMISSION

An Alternative Approach to the Regulation of Home Health Agencies in Maryland

Recommendations from the Maryland Health Care Commission and the Office of Health Care Quality

Prepared for the
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Rex W. Cowdry, M.D.
Executive Director
Maryland Health Care Commission

Wendy Kronmiller
Executive Director
Office of Health Care Quality

Introduction

During the 2008 legislative session, House Bill 558 was introduced. This legislation would have removed home health agency services from Certificate of Need review. Although the legislation did not pass, in the hearing on HB 558, the Maryland Health Care Commission and the Office of Health Care Quality supported in concept the repeal of the Certificate of Need requirement for home health agencies, and recommended a study to determine how this change in regulatory responsibilities would be accomplished, how possible adverse effects could be mitigated, and what the fiscal implications of the change would be.

The charge given to Office of Health Care Quality and the Commission was to suggest a regulatory approach that would promote quality home health care if a Certificate of Need were no longer required for a home health agency in Maryland. This report summarizes the results of this study.

Background

Certificate of Need and Its Applicability to Home Health Agencies

Regulation of market entry through Certificate of Need can help assure that major capital investments in health care facilities are in fact needed to meet projected service volumes, thus helping to control the rise in health care expenditures while helping to assure appropriate access. Other Certificate of Need requirements examine whether new entrants have appropriate experience, can deliver quality care, and are fiscally sound. By limiting the entry of new competitors, Certificate of Need can also protect existing providers from the effects of competition, both positive and negative. For a variety of reasons, existing facilities tend to favor Certificate of Need programs, while potential entrants assert that Certificate of Need restrictions are unnecessary barriers to healthy competition on the basis of price and quality.

The use of Certificate of Need to regulate the entry of new home health agencies is controversial because unlike hospitals and nursing homes, establishing a home health agency requires no major capital investments and involves no bricks and mortar. Existing agencies could expand personnel to meet the need for additional clients with little requirement for capital investment, and could go out of business without leaving expensive capital assets unused.

The use of Certificate of Need to regulate the entry of new home health agencies is also controversial because the need determination process is different from the process used to determine the need for additional hospital or nursing home beds. The home health agency need determination assesses the likely volume of home health agency clients based on historical trends, demographic changes, and utilization patterns. It is difficult to translate the number of projected clients into a number of agencies needed to serve those clients.

The final concern about Certificate of Need programs generally is that, while they may assess the ownership, performance, and fiscal health of a provider on entry into the market, there is no ongoing process to assure quality and performance. Ongoing oversight is generally the responsibility of the state's licensure program – a program that could conduct the same rigorous review on initial entry into licensure that the Certificate of Need program currently conducts during application for a Certificate of Need.

Studies of the Regulation of Home Health Services in Maryland

Dating back initially to a 1993 legislatively mandated study of community-based long term care services, the Commission (then the Health Resources Planning Commission) was asked to "conduct a comprehensive study of community-based long term care services, including but not limited to home health agencies."

During 1998, the entire spectrum of "home-based health care services" was examined by an Advisory Committee to the Secretary of Health and Mental Hygiene, established by Senate Bill 782 (1998). Chapter 4 of the Commission's January 2001 report "Analysis and Evaluation of Certificate of Need Regulation in Maryland" described the process as follows:

> Recognizing the rapid growth of the home care industry, and the related changes in the health care system as a whole, the General Assembly noted in SB 782 that "the current regulatory system . . . is fragmented, duplicative, and both over and under-regulated." The Advisory Committee was charged to:
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> - Evaluate the current statutory framework for regulation and quality assurance of the home-based health care industry in Maryland, and to recommend whether oversight should be strengthened, streamlined, reduced, or eliminated; and
> - Examine employment issues including payment and liability of benefits such as social security, workers' compensation, and unemployment insurance.
>
> As a result of the Advisory Committee's work, Senate Bill 359 was introduced for consideration in the 1999 session of the General Assembly. This proposal created a new, comprehensive licensure category of "community-based health agency," which placed all of the existing entities providing some level of health care in patients' homes under uniform administrative rules for employment practices, quality assurance, inspection, reporting, disclosure to clients, and complaint processes. The bill repealed all previous terms and entities, in effect defining "home health agencies" out of legal existence, and, functionally, out of the need to obtain Certificate of Need approval prior to licensure. The basis for receiving Medicare reimbursement under this proposed regulatory framework would become whether an entity could meet the Medicare Conditions of Participation, not whether the entity had received Certificate of Need approval from the Commission. Although the bill failed in 1999, at least partly because of the difficulties in resolving the issues raised by combining health care providers and 113 employment agencies

> under the same administrative rules, the unevenness and fragmentation of oversight over home-based health care remains an issue. [1]

In 2000, the Commission conducted an analysis and evaluation of all Certificate of Need programs in Maryland; Chapter 4 addressed the Certificate of Need program for home health agencies. Nine options were set forth. Option 8, entitled "Deregulate from Certificate of Need; Expand Licensure Standards and Oversight" contains many of the elements incorporated in the Recommendations set forth in this Report.

> Under this option, the role of government oversight would shift from regulating market entry and exit to monitoring the ongoing performance of providers, through the expansion of existing licensure standards, and potentially also their application to any entity in the home care market. In addition to the quality of care issues traditionally the province of State licensure coupled with Medicare certification, this stronger licensing program could include and enforce some of the standards reviewed for initial compliance – or stated intent to comply – in current Certificate of Need review. A commitment to provide an appropriate level of charity care and care for Medicaid recipients, linkages to other community health care providers, ready access to respite care, an active effort at communication and public information – all of these are Certificate of Need review standards that could be incorporated into a more demanding and active program of State licensure.
>
> This option offers the promise of rationalizing the entire uneven and somewhat confusing array of entities that currently, under varying levels of oversight by numerous State agencies, provide some level of health care in the home.[2]

The Commission recommended that no change be made at that time in the requirement for a Certificate of Need. That recommendation was based in large part on the belief that deregulation from Certificate of Need should be accompanied by a change in the overall regulation and licensing of agencies providing in-home services, providing for stronger regulatory oversight of performance and quality, a course of action not adopted by the General Assembly in its action on Senate Bill 359 the previous year.

The Office of Health Care Quality (OHCQ) has also studied the differences in oversight related to the range of licensure classifications for home-based health care services in Maryland. The findings of the 1998 Advisory Committee on Home-Based Health Care Services, as well as the 2004-2005 In-Home Health Services Forum are described at the Office of Health Care Quality's website: http://dhmh.state.md.us/ohcq/news_media/home_health_forum.htm

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[1] Maryland Health Care Commission, *Analysis and Evaluation of Certificate of Need Regulation in Maryland, Chapter 4: Home Health Services.* January 1, 2001, pp. 111-112, found at http://mhcc.maryland.gov/certificateofneed/study_report/phaseIreport/chap4phaseI.pdf

[2] *Ibid.*, p. 111.

Current Regulatory Framework

The Commission's Certificate of Need program currently includes review of home health agencies under its regulations. It should be noted that Certificate of Need covers only Medicare-certified home health agencies and not Residential Service Agencies (RSAs) and other types of in-home care providers. The State Health Plan includes jurisdiction-specific need projections for general home health agency services, but this projection is for home health clients, rather than agencies. A Certificate of Need is required to develop a new home health agency or to expand services of a current agency into a new jurisdiction.

Types of data collected as part of the Certificate of Need process include: the executive and administrative structure of the applicant; staffing projections; projections of revenues and expenses; business plan; quality assurance program; discharge planning; marketing plan; assurance of sufficient capitalization; commitment to data reporting.

Licensing regulates several types of home care providers, including home health agencies, residential service agencies, nurse referral service agencies, and nurse staff agencies. Several of these providers offer similar home care, but are subject to different levels of regulatory oversight. Prior to federal and state certification surveys, home health agencies must obtain a Certificate of Need, file a letter of intent, complete fiscal intermediary and federal forms, develop and submit policies and procedures, and document the skilled nursing care delivered (without charge) to seven to ten patients. Residential Service Agencies require state licensure, but surveys are conducted only on initial application for licensure and during the investigation of complaints. Recently, the Office of Health Care Quality proposed enhanced regulations and data collection for residential service agencies to more accurately reflect their role in home care. Nurse Referral Service Agencies are licensed but are only inspected to follow up on complaints. To consumers, all of the home care providers may seem the same, though they differ with respect to regulatory oversight and the range of services offered.

Home Health Agency Services in Maryland

In 2006, 51 licensed home health agencies served a total of 89,971 clients (unduplicated count) with an overall average of 13.94 visits per client reflecting a statewide total of 1,254,290 visits (refer to Tables 1 and 2 in Appendix A). The majority of clients (65%) were Medicare beneficiaries, 26% were covered by private insurance (including HMOs), and 6% were covered by Medicaid. Most home health agency referrals came from hospitals (59%), nursing homes (13%) or a physician (12%). The vast majority of all clients were discharged with home health care goals met (69%).

The geographic distribution of agencies shows that the majority of agencies were located in the Baltimore Metropolitan Area, Montgomery County, Prince George's County and Carroll County. The client use rate per 1,000 population ranged from a regional low of 11.57 in Southern Maryland to a regional high of 19.21 on the Eastern Shore (see Table 1 in Appendix A). Of the

51 agencies, about half the agencies are for-profit and half not-for-profit. The few existing research studies that have examined ownership characteristics have found no association between ownership status (whether the agency is for-profit or not-for-profit) and quality or quantity of services provided.

Data from Other States

After a review of current regulatory oversight by Certificate of Need and licensing, the Commission and the Office of Health Care Quality conducted surveys to ascertain what other states had done regarding regulation of home health services.

Survey of Top-Performing States on Home Health Agency Measures

The Commission staff reviewed federal data to identify the best performing states on national home health measures. Using the Agency for Healthcare Research and Quality (AHRQ's) state snapshots (http://statesnapshots.ahrq.gov), nine states were selected that had a meter score of 75 or higher, since Maryland's score was 75. State-specific information on Certificate of Need programs and licensure processes for home health services for these top-performing states were obtained primarily by telephone interviews conducted by staff. Supply and utilization of Medicare-certified home health agencies for these selected states were obtained from national data sources. A summary of the major findings for these top-performing states are summarized in Table 3: Certificate of Need and Licensure Programs for Home Health in Selected States (refer to Appendix A).

Two findings emerged from the review:

- There was no relationship between high statewide performance on AHRQ's home health agency quality measures and the existence of a Certificate of Need program in the state. The proportion of Certificate of Need states in the top-performing nine states was nearly identical to the proportion in states with lower quality.
- The number of Medicare certified home health agencies per 100,000 beneficiaries was low in states with a Certificate of Need program compared to states without a program. This seems to indicate that a Certificate of Need program serves to limit the number of agencies, resulting in fewer agencies with larger patient volumes.

Interestingly, regulatory agencies in these top-performing states either did not know about the state's superior performance on the AHRQ measures or did not attribute it to any particular actions taken by the state.

Maryland and other states appear to be top performers not because of specific state actions but because the home health agencies, themselves, pay attention to performance.

Survey of State Licensing Agencies

The Office of Health Care Quality staff conducted a survey of other state licensing agencies to assess quality assurance and licensing activities of various types of agencies providing home and community-based services. Of the fifteen states that responded, there was a wide range of feedback. Some states have no licensure requirements; some only license home health agencies, and other states license a variety of home care providers. Some states are proposing legislation or are beginning to establish work groups to examine the issues related to oversight and licensure processes. In certain states, like Florida and Texas, which do not have a Certificate of Need program regulating home health services, there is a structure in place to moderate growth. Florida repealed its Certificate of Need coverage for home health services, and in its place has revised its home health agency statutes with additional requirements for licensing home health agencies, including accreditation. Illinois has new licensure rules. Hawaii and South Carolina have pending legislation. Arizona has a provider association that sets its own standards and conducts its own oversight. In summary, as people are aging and moving away from institutionalization, states are increasingly focusing on ways to enhance their licensure process and regulatory oversight for home health services.

The Home Health Agency Advisory Group

In order to assure appropriate consultation and timely input into the development of a regulatory alternative, the Commission and the Office of Health Care Quality convened a Home Health Agency Advisory Group that included representatives of home health agencies, residential service agencies, Maryland Medicaid, the Centers for Medicare and Medicaid Services, the Board of Nursing, AARP, and the Maryland National Capital Homecare Association, as well as staff of the Office of Health Care Quality and the Commission. The members of the advisory group are listed in Appendix B.

Three meetings were held between September and November of 2008. Meeting summaries and presentations are available on the Commission's website at:
http://mhcc.maryland.gov/longtermcare/hhadvisorygroup.html

Over the course of three meetings, the outlines of an alternative regulatory strategy emerged that would allow the certification and licensure of new home health agencies to serve Maryland residents, affording greater choice while promoting quality care. The proposed approach limits new entrants to those with demonstrated capacity to deliver skilled nursing care and creates a "provisional licensure" period during which Medicare requirements are met, and performance and satisfaction are assessed, before granting full licensure as a home health agency authorized to serve Marylanders.

In addition to addressing the process by which new home health agencies might be approved, the alternative regulatory strategy would also gather new information about satisfaction from individuals served by existing home health agencies. The combination of experience-based data

from surveys, quality information from Outcome and Assessment Information Set (OASIS), and reports from the Office of Health Care Quality inspections will assist consumers and health care providers in choosing among available home health agencies.

It is important to note that, although the members of the Advisory Group represented diverse perspectives and interests, the members actively contributed to shaping an alternative regulatory approach that would remove the requirement of Certificate of Need while limiting new entrants to those with both experience and demonstrated quality. While the process approached a consensus on important features of the basic proposal, no attempt was made to obtain a specific commitment to support this new regulatory approach instead of the status quo, since the charge to the Advisory Group was to help craft the best alternative, if the General Assembly were to act to remove home health agencies from the services covered by Certificate of Need.

Goals Guiding the Development of an Alternative Regulatory Process

At the outset of discussions of the Advisory Group, several goals were developed to guide discussion of an alternative regulatory process. The alternative process should, at a minimum:

1. **Provide greater choice** for Medicare beneficiaries while maintaining high quality.
2. **Assure that home health agency applicants have a track record** of clinical quality, client satisfaction, and financial strength.
3. **Improve information about quality and satisfaction** in all skilled residential services.
4. **Promote competition on the basis of quality, innovation, and satisfaction**.
5. **Use quality, satisfaction, and service volume data in making licensure and relicensure decisions.**
6. **Have a limited impact on the state budget**.

Recommended Alternative Regulatory Approach

Based on consideration of input from the Home Health Advisory Group members, information from other states, and review of past reports, the Commission and the Office of Health Care Quality suggest the following alternative regulatory approach to assure quality home health agency care:

- **Establish a "provisional home health agency licensure" program through legislative action.**
    - Competitive entry into the provisional licensure program would be limited to:

        - Maryland agencies who are currently providing skilled home nursing services as residential service agencies (no more than four annually)
        - Out-of-state home health agencies who are accepted into the provisional home health agency licensure program (no more than one annually)
    - Limited entry into the provisional licensure program assures gradual change in the market, better control over the quality of agencies entering the market, and better regulatory oversight. Incremental entry also assures that the effects of removing the Certificate of Need requirement and instituting better measurement of quality and satisfaction can be assessed without a radical change in the number or nature of home health agencies.
    - Eligibility for provisional licensure would be based on demonstrated performance as a residential service agency or an out-of-state home health agency over a period of at least two years. Applicants would be required to demonstrate that they have provided skilled nursing services to at least a specified number of clients. If there are more than five applicants, entrants would be selected, during a specified time period, based on the number of clients provided skilled nursing services over the previous two years and available measures of quality (such as an absence of complaints) and financial viability. Exceptions would be made for providers in rural areas serving smaller numbers of clients.
    - During the initial months of the provisional licensure period, the agency would meet Medicare certification requirements/conditions of participation, including the service and documentation requirements.
    - Once Medicare requirements are met, the agency would be eligible to bill Medicare for subsequent services during the provisional period.
    - Agencies would be required to demonstrate compliance with both Medicaid participation and charity care requirements.
    - During the period of provisional licensure, the agency's performance would be carefully evaluated using Outcome and Assessment Information Set (OASIS) - based performance measures, Office of Health Care Quality licensing inspections or Office of Health Care Quality-approved accreditation, complaint reports, and client satisfaction surveys.
    - Agencies completing a two-year period of provisional licensure who meet criteria for the number of clients served with skilled nursing services, quality of care, and client satisfaction would receive full licensure as a home health agency, subject to the usual provisions.

- **During the transition to a new regulatory approach, institute a moratorium on the issuance of new Certificates of Need for Home Health Agencies.**

    - During a two year transition period, the only route to potential licensure as a home health agency would be through the provisional licensure program.
    - Legislation would allow an agency to provide home health agency services without a Certificate of Need after the effective date of the regulations implementing the provisional and full licensure programs, if they held a provisional license and were under the oversight of that program.

- Requirements for Certificate of Need to serve as a home health agency would sunset twenty-four months after the effective date of final regulations implementing the provisional and full licensure programs.

- **Enhance quality of care assessments**

  - Assessments would apply to both provisionally and fully licensed home health agencies
  - Enhanced reports from Home Health Compare would be used for quality assessment and public reporting.
  - All provisionally licensed and fully licensed home health agencies would be inspected at one-to-three year intervals (more frequently during the provisional licensure period and when prior inspections revealed deficiencies).
  - All provisionally licensed and fully licensed home health agencies would participate in a client satisfaction survey program conducted by the Maryland Health Care Commission, similar to the Nursing Home Family Satisfaction Survey program.

- **Change to statewide licensure for all home health agencies**

  - License holders would be required to be Medicare and Medicaid certified.
  - A charity care requirement to address medically underserved areas would be included.

- **Apply special provisions to the acquisition of existing home health agencies**

  - A new owner would have to provide information about individuals with an ownership interest, would have to demonstrate financial capacity, would have to pay a transfer fee, and would have to accept the terms of licensure, in addition to meeting any conditions imposed by the Centers for Medicare and Medicaid Services.
  - If an entity not currently licensed as a home health agency in Maryland acquires existing Maryland home health agency, the agency's licensure status will be changed to provisional licensure and begin a new two-year provision period of closer oversight.
  - If an entity not currently licensed as a home health agency acquires an agency in provisional status, the entity is entitled to apply for provisional licensure, but must begin the two-year provisional period again.
  - If an entity currently licensed as a home health agency acquires an agency in provisional status and plans to continue separate operations of the acquired agency, it must obtain a new provisional license, providing the appropriate ownership information, but may complete the provisional licensure process without restarting a two-year provisional period.
  - In each case, the agency will pay a substantial transfer fee to help compensate for the more intensive oversight applied to provisional home health agencies.

Agencies beginning a new two-year period must again meet the requirement to serve seven to ten clients with skilled nursing service and any other requirements for federal approval. Any volume and quality of service requirements must be met by the end of the provisional licensure period.

- These special provisions applying to acquisitions are intended to assure that the purchase of an existing agency is not used as a way to circumvent the usual demonstration of ability required of a new entrant.

Impact on State Agency Resources

- **Beginning with the effective date of the new regulations, the Office of Health Care Quality would require one additional surveyor and .5 additional clerical support to review the applications for provisional home health agency licensure and to survey providers.**
    - As the number of home health agencies grows in increments, the number of staff would grow.
- **The Office of Health Care Quality would require additional positions and general and federal funds to accomplish this workload.**
- **As an alternative to additional general and federal funds, the Office of Health Care Quality would explore the following options:**
    - Assessing significant licensure fees to create a Special Fund to self-fund this program;
    - Accreditation, or deeming, under the State specific conditions set forth in Health General Article 19-2301, in lieu of hiring additional surveyor staff. Deeming should only be accepted as an alternative to State surveys if the accrediting organizations satisfactorily show their equivalency to the State survey requirements and if they enter into an information sharing agreement with the State, as required in the statute.
- **The satisfaction surveys and public reporting of quality would be conducted by the Maryland Health Care Commission.**
    - The annual assessments to be paid by home health agencies (whether provisionally or fully licensed) would be initiated to reflect the change in workload, including the removal of home health agencies from the Certificate of Need program, and the addition of satisfaction surveys.
    - The Maryland Health Care Commission will continue to require annual reporting in the Home Health Annual Survey from home health agencies, both provisionally and fully licensed.

APPENDIX A

Table 1: Home Health Agency Client Use Rates per 1,000 Population and Number of Home Health Agencies, by Jurisdiction: Maryland, 2006

Jurisdiction of Client Residence	Number of HHA Clients*	Population Estimates (All Ages)	Client Use Rate per 1,000 population**	Number of HHAs***
Western Maryland				
Allegany County	1,362	73,443	18.54	4
Carroll County	2,976	170,843	17.42	16
Frederick County	3,417	224,321	15.23	10
Garrett County	447	29,980	14.91	3
Washington County	2,399	142,949	16.78	4
Total	10,061	641,536	15.68	
National Capital Area				
Montgomery County	13,863	943,038	14.70	18
Southern Maryland				
Calvert County	1,118	88,891	12.58	8
Charles County	1,616	139,398	11.59	6
Prince George's County	9,874	849,989	11.62	18
St. Mary's County	1,010	98,617	10.24	5
Total	13,618	1,176,895	11.57	
Baltimore Metropolitan Area				
Anne Arundel County	6,965	512,989	13.58	18
Baltimore County	16,863	789,012	21.37	23
Baltimore City	11,945	643,001	18.58	19
Harford County	5,073	241,722	20.99	17
Howard County	2,764	272,191	10.15	20
Total	43,610	2,458,915	17.74	
Eastern Shore				
Caroline County	613	32,122	19.08	3
Cecil County	1,572	99,183	15.85	6
Dorchester County	651	31,600	20.60	2
Kent County	516	20,010	25.79	3
Queen Anne's County	795	46,119	17.23	5
Talbot County	512	35,814	14.30	4
Somerset County	750	25,991	28.86	2
Wicomico County	1,757	90,868	19.34	4
Worcester County	1,113	49,278	22.59	4
Total	8,279	430,985	19.21	
Maryland TOTAL	**89,971**	**5,651,369**	**15.92**	**51**

Sources: Maryland Health Care Commission, Maryland Home Health Agency Annual Survey for Fiscal Year 2006. Maryland Department of Planning, Population Projections, updated January 9, 2008.

Notes:

* Number of clients is based on an unduplicated count of clients as reported by the agencies.

** Client use rate is determined based on the number of clients per 1,000 population (all ages).

*** Number of agencies includes those reporting having served at least one client within the jurisdiction; includes general and specialty home health agencies.

Table 2: Average Number of Home Health Agency Visits per Client by Jurisdiction and Planning Region: Maryland, Fiscal Years 2004, 2005 & 2006

Planning Region & Jurisdiction of HHA Client Residence	Average Number of Visits per Client		
	2004	2005	2006
Allegany	20.21	19.39	18.97
Carroll	17.43	16.81	15.67
Frederick	12.71	14.80	12.63
Garrett	16.65	16.45	14.85
Washington	13.14	13.83	14.51
Western MD Total	15.14	15.81	14.82
Montgomery	12.29	12.43	11.88
Calvert	13.12	12.62	13.50
Charles	14.30	14.50	14.08
Pr. George's	14.18	13.45	13.27
St. Mary's	13.52	13.48	14.30
Southern MD Total	14.06	13.51	13.46
Anne Arundel	13.98	14.57	14.44
Baltimore County	14.73	15.06	14.69
Baltimore City	14.12	13.89	13.31
Harford	12.65	12.64	12.88
Howard	16.01	17.54	15.23
Central MD Total	14.28	14.52	14.09
Caroline	16.83	17.92	19.41
Cecil	13.26	13.94	13.83
Dorchester	15.92	17.02	15.87
Kent	16.64	18.26	13.28
Queen Anne's	12.54	16.94	12.32
Somerset	21.45	20.79	18.79
Talbot	12.79	14.91	14.55
Wicomico	12.87	18.23	19.71
Worcester	16.71	16.36	16.94
Eastern Shore Total	14.56	16.74	16.26
TOTAL Maryland	**14.06**	**14.40**	**13.94**

Sources: Maryland Health Care Commission. Maryland Home Health Agency Annual Surveys for Fiscal Years 2004, 2005 and 2006.

Table 3: Certificate of Need (CON) and Licensure Programs for Home Health in Selected States

State	Meter Score: Home Health	CON Program	CON Program: Home Health	License for Home Health Required	License for Other Non-Medicare Certified Home Care Providers	Number of Medicare-Certified HHAs (per 100,000 beneficiaries)		Percent of Medicare Home Health Users (as percent of Medicare beneficiaries)		Medicare Home Health Agency Visits per Person Served (Average)	
						2003	2005	2004	2005	2004	2005
MI	95	Yes	No	No	No	14	19	9.1	9.6	25	22
CA	85	No	No	Yes	No	14	16	7.5	5.1	31	27
PA	85	No	No	Yes	Yes	14	14	9.4	7.4	24	20
UT	85	N o	No	Yes	Yes	21	23	8.4	8.0	45	41
NJ	80	Yes	Yes	Yes	Yes	4	4	7.8	7.3	25	21
NM	80	No	No	Yes	NA	24	26	6.0	5.4	26	24
GA	75	Yes	Yes	Yes	Yes	10	10	7.0	7.3	29	25
NV	75	Yes	No	Yes	Yes	15	20	7.1	5.5	28	24
HI	75	Yes	Yes	Yes	No	8	8	2.6	1.9	19	17
MD	75	Yes	Yes	Yes	Yes	7	7	7.2	7.0	20	17

Sources: AHRQ, Best Performing States Across All Measures in Home Health Care; http>//statesnapshots.ahrq.gov. The summary meter measure was used to select states, and included all states with a meter score of 75 or higher.

State-specific information on Certificate of Need (CON) programs and licensure processes for home health services for selected states were obtained by telephone interviews conducted by the Maryland Health Care Commission staff during the time period of October 20, 2008 through October 29, 2008.

Supply and utilization of Medicare-certified home health agencies for selected states are based on national data presented in two sources published by the AARP Public Policy Institute: *Reforming the Health Care System: State Profiles 2003 and 2005;* and *Across the States: Profiles of Long-Term Care and Independent Living, 2006.*

Compiled by the Maryland Health Care Commission, October 30, 2008; updated November 5, 2008.

Appendix B

Home Health Advisory Group Membership
September 3, 2008

1. Elizabeth Weglein
   Elizabeth Cooney Personnel Agency, Inc.
   Village of Cross Keys
   2 Village Square, Suite 206
   Baltimore, MD 21210
   ew@elizabethcooneyagency.com

2. Cindy Libby-Green, Executive Director
   Premier Home Care
   6123 Montrose Road
   Rockville, MD 20852
   clibby@jssa.org

3. Margaret Hadley, Director
   Holy Cross Home Care and Hospice
   11800 Tech Road, Suite #240
   Silver Spring, MD 2090
   hadlem@holycrosshealth.org

4. Barry Ray, CEO
   VNA of Maryland
   7008 Security Blvd., Suite 200
   Baltimore, MD 21244
   bmrvna@yahoo.com

5. Shirley Cobb, RN, MSN, Administrator
   PHR of Maryland, Inc.
   4429 Forbes Blvd.
   Lanham, Maryland 20706
   SCobb@phri.com

6. Debora A. Terkay, RN, MS
   Nurse Consultant, OASIS- HH- GTL
   Center for Medicare and Medicaid Services
   Office of Clinical Standards and Quality
   Quality Measurement and Assessment Group
   Debora.Terkay@cms.hhs.gov

7. Samuel Colgain III
   Office of Nursing and Community Programs
   Office of Health Services
   Department of Health and Mental Hygiene
   201 W. Preston Street, Room 135
   Baltimore, MD 21201
   ColgainS@dhmh.state.md.us

8. Barbara Newman, RN, MS
   Director, Nursing Practice
   Maryland Board of Nursing
   4140 Patterson Avenue
   Baltimore, MD 21215
   bnewman@dhmh.state.md.us

9. Kathryn Powers
   Southern Maryland Hospital Center
   7503 Surratts Road
   Clinton, MD 20735
   kathrynpowers@southernmarylandhospital.com

10. Carine Chen-McLaughlin
    Sinai Hospital
    2401 W. Belvedere Avenue
    Baltimore, MD 21215
    cmclaugh@lifebridgehealth.org

11. Joe DeMattos, Director of Advocacy
    AARP Maryland
    200 Saint Paul Place, Suite 2510
    Baltimore, MD 21202
    jdemattos@aarp.org

12. Nelson Sabatini
    Sabatini Consulting Group
    391 South Drive
    Severna Park, MD 21146
    nsabatini@verizon.net

13. Barbara McLean
    3930 St. Pauls Road
    Millers, MD 21102
    bmclean21215@yahoo.com

14. Christine A. Martin, Ph.D. , Director
    Absolute Companion Care
    P.O. Box 488
    Monkton, MD 21111
    cmartin@absolutecompanion.com

15. Kathleen Sheehan
    Executive Director
    Maryland National Capital Homecare Association
    P.O. Box 2243
    Rockville, MD 20847
    sheehan743@verizon.net