Application

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PART II

PART III

Standards

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Appendix

Exhibits

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Exhibit III-05C(2)-a

Exhibit III-05C(2)-b

Exhibit III-05C(2)-c

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Exhibit III-05E(2)

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Exhibit IV-01

Exhibit IV-02

<u>Charts and Tables</u>

Chart 1

Table 1

Table 2B

Table 4

Table 5

Letters of Support

Shore Regional Health System

Kozel, Kenneth D.
Childs, Brian H. PhD
Cox, Joan W.
Dawkins, H. Hugh
Dillon, John
Eglseder, Ludwig J. MD, PA
May, Lisa
Seip, Tom Decker
Tooke, Michael C. MD
Webb, Ann H. MD, MPH

Government Leaders

O'Malley, Martin, Governor
Miller, Thomas Mike, President
Busch, Michael E., Speaker of the House
Colburn, Richard F.
Eckardt, Addie C.
Ford, John, President
Foster, Kathleen H.
Hershey, Steven E.
Principi, Anthony J.
Haddaway-Riccio, Jeannie
Willey, Robert C.
U'Ren, Marie R.

Community Health Providers

Angel, Susan
Blatchley, Virginia B. PhD
Cotter, Jill R.
Crouse, W. Nevin
Fisher, Vinton D. PhD
Freeman, Jim
Greenbaum, Richard R. PhD
Gunn, Rev. Jody Ellingson
Hickman, Rev. Fentress A.
Honeycutt, Kim
Johnson, Dr. Katherine E.
Lucas, Sandra N.

Lutz, Michelle
O'Brien, Christine G. & Richard E.
Parker-O'Brien, Elizabeth J.
Pairo, Richard & Joyce
Tyler, Julie
Walter, Johanna G.
Ziegler, Esther R.

Community Members

Adams, Charles B. & Mary Rae H.
Allen, Jane
Alspach, Catherine H.
Alspach, Thomas T.
Amdur, Judith
Anderson, Rev. Dr. Gilbert W. & Ellen P.
Appler, Raymond R.
Aull, Chrissy M.
Bainbridge, Katherine
Barrow, Mary Lou
Bartlett, Christy
Bates, Griffin M., Jr., MD
Bates, Pat
Bemis, Jill A.
Bennett, Joan Belleville
Bent, Sally
Blanchfield, Lisa
Blanchfield, Mr. & Mrs. William
Blankner, Susan S.
Bliss, Patricia
Blizzard, Charles A. & Sara N.
Bollman, Jane
Booze, Peggy
Braithwaite, Jon E.
Brown, Elizabeth F.
Brown, Karen
Case, Patricia M.
Clark, Alice
Clark, Jim
Clendaniel, J.
Connelly, Liz
Cotter, Brian
Cotter, Peter R., Esq.

County Council of Talbot County
Cox, Kate W.
Crocker, Julie L.
Crocker, Michael S.
Crowley, Joan A.
Cruikshank, Ralph
Dallam, Eleanor B.
Dalton, Hynda
Dann, B. Michael
Dann, JoNell
Dianich, Lauren Braithwaite
Dicks, Manfred & Ursula
Dinkel, Philip & Diane
Dominick, Ruth K.
Domurot, George T.
Downing, Marilyn T.
Drew, Lauren
Duncan, W.W. "Buck"
Dunn, Nancy
Ellis, W. Geiger
Esty, Randy
Eysymontt, Jocelyn W.
Fairbank, Dana K.
Fitzgerald, Garrett M.
Fitzgerald, Peg
Fox, Patricia
Frampton, Edward J.
Frampton, Margaret W.
Franke, John C.
Franke, Kathleen
Freedlander, Howard S.
Freedlander, Liz
Gentile, Julie
Gieske, James C., MD
Gilmore, Dorothy & Sam
Gipe, Albert B.
Gretzinger, Thelma
Guthrie, Eugene H. & Elizabeth E.
Hager, Debbie Lillard
Hannegan, Lizette D.
Harden, Patricia S.
Harrington, Hope R.
Haught, John

Heinsohn, Monica D.
Hershey, Elizabeth R.
Hershey, Gladys P.
Hicks, Ruth A.
Hicks, Valerie
Higgins, B.
Hill, Brad
Hill, Thomas E.
Hollis, R. Andrew
Howard, Will
Hunter, William T., Jr.
Jamarik, Sharron T.
Jenks, Karen
Joshi, Emilie
Jurrius, Cynthia M.
Kerwin, Courtney
Kilbourn, Carol S.
Kirsch, Molly
Koons, Cece
LaCorte, Liz
Lantz, Lori
Laukenmann, Diane
Laureska, Jake
Lednum, C. Wendell
Lednum, Florence
Lee, Jean
Levine, Stuart
Lilley, Cindy
Linardi, Michael J.
Lister, Sharon L.
Lockwood, Eleanor B.
Lonergan, Robert A.
Lourie, Melissa
Love, Sandy
Lowery, Michelle
Lundkvist, Barbara
Makosky, Paul W.
Marvel, Jean F.
Marvel, John Lee
Masone, John
Masone, Nancy Scofield
McCarty, Mary
McCormick, Anne

McGrath, Dana C.
McGuire, Elissa
Mendenhall, Thomas W.
Menzies, R. Michael S., Sr.
Milliken, Erin
Mitchell, Thomas & Maria
Monahan, Sheila
Moore, Rhonda
Morrell, Eleanor M.
Mosier, Leslye
Mosslih, Sarah
Mulder, Heather
Nave, Faye H.
Nielsen, John D.
O'Keefe, Kerry E.
O'Reilly, Charles H.
Orr, Karen B.
Pashagan, Sheila
Passarella, Camille & Anthony
Patchett, Donna M.
Pearce, Gary
Phillips, W. Lee
Phippin, Brooks Keith
Piggott, Susan
Pine, Beth
Pine, Bud
Planner, Darlene
Ray, Mary Ann R.
Redd, Sandra B.
Reed, Cindy
Regan, Rose
Reisinger, Barbara
Reynolds, Patricia
Reynolds, Thomas H., Jr.
Richards, Bruce L.
Riley, James F.
Rizia, Lisa A.
Robinson, Ricka W.
Rogers, Paul
Rolle, William C., Jr.
Rudge, Adrienne W.
Saathoff, Stevi L. H.
Saballus, Jean

Sanchez, Lynn H.
Saunders, Stephanie L.
Scairato, Jennifer
Schucker, Beth
Schwencer, Jackie
Serio, Beverly
Shea, Beverly M.
Sheridan, Barbara E.
Sheridan, Michael D.
Silverstein, Alan I.
Sinder, Lynne
Slack, Stephen
Slaughter, Richard M.
Smith, Albert L.
Smith, Ellen K.
Smith, John Thomas, II
Smith, Lindsley
Smith, Lon
Smyth, Anne
Spence, Henrietta
Stamp, Clay B.
Stevens, Janice
Stone, Brenda
Tanis, Ashley
Thatcher, Peter & Shirley
Todd, Betty
Turner, Anne L.
Van Dervort, Judd
VanNest, Wendy
Walsh, Susan M.
Watson, Dan
Waxter, Nancy D.
Weddle, Jessie Gregg
Whittington, Virginia
Will, Janet
Wilson, Betsy
Wilson, Lamont
Wolfe, Fran
Wolfe, John
Wolfe, John R.
Wolfe, Mary G.
Zinninger-Blake, Marie

PART I

MARYLAND HEALTH CARE COMMISSION

MATTER/DOCKET NO. _____

DATE DOCKETED _____

OTHER THAN HOSPITAL AND COMPREHENSIVE/ EXTENDED CARE SERVICES APPLICATION FOR CERTIFICATE OF NEED

ALL PAGES THROUGHOUT THE APPLICATION SHOULD BE NUMBERED CONSECUTIVELY.

PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION

1.a. Talbot Hospice Foundation, Inc.
Legal Name of Project Applicant
(ie. Licensee or Proposed Licensee)

b. 586 Cynwood Drive
Street

c. Easton, MD 21601 Talbot
City Zip County

d. 410-822-6681
Telephone No.

e. Julie L. Crocker, MSN, RN
Name of Owner/Chief Executive[1]

2.a. NA
Legal Name of Project Co-Applicant
(ie. if more than one applicant)

b. _____
Street

c. _____
City Zip County

d. _____
Telephone

e. _____
Name of Owner/Chief Executive

3.a. (SAME)
Name of Facility

b. (SAME)
Street (Project Site)

c. _____
City Zip County

4. _____
Name of Owner (if different than applicant)

5.a. _____
Representative of Co-Applicant

b. _____
Street

c. _____
City Zip County

d. _____
Telephone

[1] Julie Crocker is the Executive Director of Talbot Hospice and authorized to file this application; evidence of her authorization is attached as Exhibit I-1(e).

Revised August 2005

3191861.5 45926/124505 05/31/2014

6. Person(s) to whom questions regarding this application should be directed: (Attach sheets if additional persons are to be contacted)

a. Michael Tooke, Project Manager
Name and Title

b. 586 Cynwood Drive
Street

c. Easton 21601 Talbot
City Zip County

d. 410-822-6681
Telephone No.

e. 410-822-5376
Fax No.

a. Jonathan Montgomery, Esq., Attorney
Name and Title

b. 233 East Redwood Street
Street

c. Baltimore 21202 Baltimore City
City Zip County

d. 410-576-4088
Telephone No.

e. 410-576-4032
Fax No.

7. Brief Project Description (for identification only; see also item #14):

As a limited hospice care program licensed by the Office of Health Care Quality, Talbot Hospice Foundation is pursuing a Certificate of Need to become a licensed general hospice care program in Talbot County.

8. Legal Structure of Licensee (check one from each column):

a. Governmental ___
Proprietary ___
Nonprofit _X_

b. Sole Proprietorship __
Partnership ___
Corporation _X_
Subchapter "S" ___

c. To be Formed ___
Existing _X_

9. Project Services (check below, if applicable):

Service	Included in Project
ICF-MR	
ICF-C/D	
Home Health Agency	
Residential Treatment Center	
Ambulatory Surgery	
Other (Specify) **Licensed general hospice care program**	X

Revised August 2005

10. Current Capacity and Proposed Changes:

Service	Unit Description	Currently Licensed/ Certified	Units to be Added or Reduced	Total Units if Project is Approved
ICF-MR	Beds	____/____		
ICF-C/D	Beds	____/____		
Residential Treatment	Beds	____/____		
Ambulatory Surgery	Operating Rooms			
	Procedure Rooms			
Home Health Agency	Counties	____/____		
Hospice Program	Counties	0 - Not Currently A General License Hospice	1 – Talbot County	1 – Talbot County
Other (Specify)				
TOTAL		0	1	1

11. Project Location and Site Control:

A. Site Size 2.002 acres

B. Have all necessary State and Local land use approvals, including zoning, for the project as proposed been obtained? YES X NO _____ (If NO, describe below the current status and timetable for receiving necessary approvals.)

_____

C. Site Control:

(1) Title held by: Talbot Hospice Foundation

(2) Options to purchase held by: No Option

(i) Expiration Date of Option _____

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(ii) Is Option Renewable? _____ If yes, Please explain

_____

_____

(iii) Cost of Option _____

(3) Land Lease held by: N/A

(i) Expiration Date of Lease _____

(ii) Is Lease Renewable _____ If yes, please explain

_____

_____

(iii) Cost of Lease _____

(4) Option to lease held by: N/A

(i) Expiration date of Option _____

(ii) Is Option Renewable?_____ If yes, please explain

_____

_____

(iii) Cost of Option _____

(5) If site is not controlled by ownership, lease, or option, please explain how site control will be obtained N/A

_____

Revised August 2005

(INSTRUCTION: IN COMPLETING ITEMS 12, 13 & 14, PLEASE NOTE APPLICABLE PERFORMANCE REQUIREMENT TARGET DATES SET FORTH IN COMMISSION REGULATIONS, COMAR 10.24.01.12)

12. Project Implementation Target Dates (for construction or renovation projects):
    A. Obligation of Capital Expenditure _____ months from approval date.
    B. Beginning Construction _____ months from capital obligation.
    C. Pre-Licensure/First Use _____ months from capital obligation.
    D. Full Utilization _____ months from first use.

13. Project Implementation Target Dates (for projects not involving construction or renovations):

    A. Obligation of Capital Expenditure _____ months from approval date.
    B. Pre-Licensure/First Use _____ months from capital obligation.
    C. Full Utilization _____ months from first use.

14. Project Implementation Target Dates (for projects not involving capital expenditures):

    A. Obligation of Capital Expenditure ___see below___ months from approval date.
    B. Pre-Licensure/First Use _____see below____ months from capital obligation.
    C. Full Utilization _____see below_____ months from first use.

Talbot Hospice Foundation, Inc. does not intend to make a "capital expenditure" – as that term is defined in COMAR 10.24.01.01(B) – for this proposed project. Talbot Hospice Foundation, Inc. intends instead to begin first use within six months of the date the Maryland Health Care Commission approves this Application, and intends to achieve full utilization within six months of the date of first use.

15. Project Description:
Provide a summary description of the project's construction and renovation plan and all medical services to be establish, expanded, or otherwise affected if the project receives approval. Please attach this description as a separate sheet or section to your application.

Response:

This project will expand Talbot Hospice Foundation, Inc.'s role as a provider of hospice care to include the services of a general hospice care program, adding to the services Talbot Hospice currently provides as a limited hospice care program.

In addition to the social, spiritual, bereavement, financial, and volunteer services Talbot Hospice already offers, Talbot Hospice will directly provide health care practitioner services – such as the services of counselors, nurses, and a medical director. Talbot Hospice will also assume responsibility for arranging for all other hospice care for Talbot County patients, such as pharmacy services and respite care. In particular, Talbot Hospice will provide or arrange for all services identified by the Commission in the State Health Plan for Hospice Services as the minimum necessary for hospice (i.e. the services set forth in COMAR 10.24.13.05(C)).

This project does not involve construction or renovation of a health care facility, and therefore no such plans are attached.

16. Project Drawings:

Projects involving renovations or new construction should include architectural schematic drawings or plans outlining the current facility (if applicable), the new facility (if applicable) and the proposed new configuration for inpatient facilities. These drawings should include:

1) the number and location of nursing stations,
2) approximate room sizes,
3) number of beds to a room,
4) number and location of bath rooms,
5) any proposed space for future expansion, and
6) the "footprint" and location of the facility on the proposed or existing site.

For free-standing (including office-based) ambulatory surgical facilities, these drawings should include:

1) dimensions of major architectural features and equipment of all operating rooms and procedure rooms, existing and proposed,
2) clear demarcation of restricted sterile corridor,
3) any proposed space for future expansion, and
4) the "footprint" and location of the facility on the proposed or existing site.

NOT APPLICABLE – NO RENOVATIONS OR NEW CONSTRUCTION.

17. Features of Project Construction:

A. Please Complete **"CHART 1. PROJECT CONSTRUCTION CHARACTERISTICS"** describing the applicable characteristics of the project, if the project involves new construction.

NOT APPLICABLE – NO RENOVATIONS OR NEW CONSTRUCTION.

B. Explain any plans for bed expansion subsequent to approval which are incorporated in the project's construction plan.

_____

_____

NOT APPLICABLE – NO CONSTRUCTION PLAN

C. Please discuss the availability of utilities (water, electricity, sewage, etc.) for the proposed project, and the steps that will be necessary to obtain utilities.

RESPONSE:

Talbot Hospice Foundation, Inc.'s current headquarters at 586 Cynwood Drive in Easton, Maryland is currently connected with county utilities and is fully provided with water, electric, and sewage service.

PART II

PART II - PROJECT BUDGET

TABLE 1 DISPLAYED IN APPENDIX, AS REQUESTED

PART III

PART III - CONSISTENCY WITH REVIEW CRITERIA AT COMAR 10.24.01.08G(3):

(INSTRUCTION: Each applicant must respond to all applicable criteria included in COMAR 10.24.01.08G. Each criterion is listed below.)

10.24.01.08G(3)(a). The State Health Plan.

List each standard from the applicable chapter of the State Health Plan and provide a direct, concise response explaining the project's consistency with that standard. In cases where standards require specific documentation, please include the documentation as a part of the application. **(Copies of the State Health Plan are available from the Commission. Contact the Staff of the Commission to determine which standards are applicable to the Project being proposed.)**

RESPONSE:

Talbot Hospice Foundation, Inc. interprets this request to refer to the hospice standards set forth in COMAR 10.24.13.05. Its responses appear on the following pages.

10.24.01.08G(3)(b). Need.

For purposes of evaluating an application under this subsection, the Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

Please discuss the need of the population served or to be served by the Project.

Responses should include a quantitative analysis that, at a minimum, describes the Project's expected service area, population size, characteristics, and projected growth. For applications proposing to address the need of special population groups identified in this criterion, please specifically identify those populations that are underserved and describe how this Project will address their needs.

Response:

As described elsewhere in this Application, Talbot Hospice intends to replace existing hospice capacity in Talbot County (the projected service area). Talbot Hospice submits that a need analysis is not necessary in this unique circumstance because Talbot County will in any event continue to require at least one authorized hospice provider.

If a need analysis is required, then Talbot Hospice incorporates by reference the need projections published by Commission staff (Linda Cole) on April 10, 2013.[2]

Please note that Talbot Hospice's financial projections use a conservative estimate of need. That is, the MHCC's most recent need projections for Talbot County meet or exceed the number of hospice patients anticipated by Talbot Hospice's census projections for the County.

[2] Talbot Hospice notes, however, that since that time, the data sources used for Commission need projections have been updated. For instance, the Maryland Department of Planning estimates the Talbot County population to have been 38,098 in 2012 (the estimate was 37,974 in 2011). The Maryland Vital Statistics Administration puts the number of deaths in Talbot County population at 429 in 2012 (vs. 413 in 2011).

Instructions: Complete Table 2A for the Entire Facility, including the proposed project, and **Table 2B** for the proposed project only using the space provided on the following pages. **Only existing facility applicants should complete Table 2A. All Applicants should complete Table 2B. Please indicate on the Table if the reporting period is Calendar Year (CY) or Fiscal Year (FY).**

TABLE 2A: STATISTICAL PROJECTIONS– ENTIRE FACILITY

NOT APPLICABLE – NOT AN EXISTING FACILITY

TABLE 2B: STATISTICAL PROJECTIONS – PROPOSED PROJECT

TABLE 2B DISPLAYED IN APPENDIX, AS REQUESTED

10.24.01.08G(3)(c). Availability of More Cost-Effective Alternatives.

For purposes of evaluating an application under this subsection, the Commission shall compare the cost-effectiveness of providing the proposed service through the proposed project with the cost-effectiveness of providing the service at alternative existing facilities, or alternative facilities which have submitted a competitive application as part of a comparative review.

Please explain the characteristics of the Project which demonstrate why it is a less costly or a more effective alternative for meeting the needs identified.

RESPONSE:

This request asks Talbot Hospice to explain why (a) its hospice program would be cost-effective compared with (b) alternative facilities which have submitted a competitive application as part of a comparative review; and (c) alternative existing facilities.

(a) Talbot Hospice

Talbot Hospice will provide services cost-effectively, for the following reasons.

First, Talbot Hospice has already invested in manpower (see table 5) and developed expertise as a limited hospice care program. Talbot Hospice has served over 5300 individuals and their families since its founding. Talbot Hospice has an existing headquarters and does not require a capital expenditure to begin operating as a general hospice care program. In sum, Talbot Hospice is seeking to fully utilize existing administrative, clinical, and financial capacity.

Second, Talbot Hospice will enroll in Medicare and Medicaid, and therefore will accept patients whose primary source of payment is Medicare or Medicaid. Talbot Hospice does not have market power in the context of these programs; Medicare has monopsony power to set hospice rates, and Medicare does not pay on a cost-plus basis. According to a recent analysis by Harris Williams & Co., Medicare "is the predominant source of payment for hospice care in the U.S. and accounts for approximately 90% of reimbursement."[3] In that regard, Talbot Hospice's fee schedule derives from the Medicare fee schedule.

Third, as explained elsewhere in this application, Talbot Hospice has already made substantial investments to support its operations as a hospice care program. Talbot Hospice has cultivated a large network of hospice volunteers and donors. Community members trust Talbot Hospice and Talbot Hospice can save on manpower and administrative expense by calling on those volunteers and supporters. New entrants would struggle to sink large investments to replicate these investments.

---

[3] Similarly, the National Hospice and Palliative Care Organization recently estimated that Medicare accounted for approximately 89% of the patient care days for hospice. *See* NHPCO Facts and Figures on Hospice Care p.10 (2013).

Fourth, Talbot Hospice's endowment will enable it to withstand downturns in revenue. Other hospice providers newly entering Talbot County would not have those financial resources.

(b) Alternative Facilities

This application is not submitted pursuant to a comparative review in which one or more alternative facilities have submitted competitive applications.

(c) Existing Facilities

As explained elsewhere in this application, there will soon be no other general hospice care programs in Talbot County. Talbot County's only authorized general hospice provider, namely Care Health Services, Inc. d/b/a Shore Home Care and Hospice ("Shore Hospice"), is in the process of being sold to Hospice of Queen Anne's, Inc. ("HQA"). In connection with this sale, Shore Hospice will wind down its hospice operations in Talbot County, and HQA has indicated that it will provide hospice services in Talbot County only until such time as Talbot Hospice can begin operating a general hospice care program in the county.

For applications proposing to demonstrate superior patient care effectiveness, please describe the characteristics of the Project that will assure the quality of care to be provided. These may include, but are not limited to: meeting accreditation standards, personnel qualifications of caregivers, special relationships with public agencies for patient care services affected by the Project, the development of community-based services or other characteristics the Commission should take into account.

RESPONSE:

Talbot Hospice Foundation has played a central role in the provision of hospice services in Talbot County for more than three decades since its founding in May of 1981. According to its Certificate of Incorporation, the purposes of this qualifying public charity have been to promote a "Hospice Program of services" for all persons in Talbot County, provide means to integrate a Hospice Program into the lives of the community, and to educate the community in "an awareness of the Hospice concept."

Hospice originated in Talbot County at the behest of Dr. Eugene Guthrie, then the County's Medical Officer and Director of its Department of Public Health. (Dr. Guthrie still serves as an emeritus member of the Board of the Talbot Hospice Foundation.) Dr. Guthrie was a founding Director of the Foundation. Initially, the latter supported the Hospice Program of the Department of Public Health through volunteers and fundraising. As the Hospice Program became more formal with approval by Congress of Hospice as an element of the Medicare Program in 1982, the Foundation expanded its role to provision of a Bereavement Program in 1983. When Maryland applied a Certificate of Need (CON) Program to Hospice in 1984, the Health Department obtained the Hospice CON.

For the following decade the Health Department and Talbot Hospice collaborated closely in provision of Hospice services, with the former providing medical direction and nursing

services and the latter providing substantial financial support, an increasing number of volunteers, an expanding Bereavement Program and spirituality services.

In 1996, Memorial Hospital of Easton joined with Dorchester General Hospital to form the Shore Health System and determined to begin the provision of home health care, previously the responsibility of the Public Health Department. In this process, the Public Health Department agreed to transfer its CONs to Shore Health System for both Home Care and Hospice. Going forward, Talbot Hospice Foundation entered a series of Coordinating Agreements with Shore Health. These Coordinating Agreements formalized the informal arrangements that had previously prevailed in the collaboration between Talbot Hospice and the Department of Public Health. Talbot Hospice continued as the Hospice charity of Talbot County, and furnished volunteers, bereavement and spirituality elements. It also conducted outreach on behalf of the Hospice Program to medical providers and general public education.

Also in 1996, Talbot Hospice decided to embark on a capital campaign for funds to build a Hospice center that would include a six-bed residential "Hospice House" as well as offices for its programs. Its successful capital campaign had a goal of $1.5 million and resulted in actual donations of $1.8 million. Construction of our Hospice facility on Cynwood Drive in Easton was completed in 1998. Beginning in 1995, all programs of Talbot Hospice have operated under a "limited license" issued by the Office of Health Care Quality. Since 1998, Talbot Hospice's so-called "Guest Wing" has served over 700 Hospice patients and their families. In total, over its 33-year history, Talbot Hospice has served over 5300 individuals and their families. At present, we serve approximately 200 patients and their families annually. Our programs have not received any third-party reimbursement from Medicare, Medicaid or private insurance. We have relied upon continuing, generous support from members of the community, as well as a growing endowment. Further, substantial financial support comes from a related non-profit organization, Friends of Hospice, founded in 1986, which has raised a total of over $2.5 million.

Beginning in January 2011, Talbot Hospice undertook a joint exploration of means by which to unify the hospice elements carried out by our respective organizations. After long study and careful consideration, we determined that Hospice services in the rural Mid Shore Region can best be conducted by community based hospices rather than a large medical system. For this reason, Talbot Hospice is now seeking a CON and general licensure, a result that Shore Regional Health supports.

To summarize, Talbot Hospice has been an essential provider of core hospice services throughout the history of hospice in Talbot County. We have always provided the required volunteer services, bereavement support and spiritual counseling for patients and families who have elected end-of-life hospice care. Our substantial philanthropic support has sustained and enhanced our ability to provide broader service to the community, and to construct The Guest Wing. In addition, Talbot Hospice is the organization that has educated the community and raised awareness of the services and benefits of hospice care; it is fair to say that the community views Talbot Hospice as the embodiment of end-of-life care in Talbot County. From the foregoing it should be manifest that Talbot Hospice is applying for a CON and general license status, not as a new entrant, but as an organization that has been a central player in hospice activities for more than thirty years. It does so with the endorsement of our longtime partner and the current CON holder, Shore Regional Health.

In recognition of Talbot Hospice's strong history, current success, and future potential, a number of Eastern Shore community members have written letters expressing their support for the approval of this application, which letters are included in the appendix to this application.

10.24.01.08G(3)(d). Viability of the Proposal.

For purposes of evaluating an application under this subsection, the Commission shall consider the availability of financial and non-financial resources, including community support, necessary to implement the project within the time frame set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

Please include in your response:

a. Audited Financial Statements for the past two years. In the absence of audited financial statements, provide documentation of the adequacy of financial resources to fund this project signed by a Certified Public Accountant who is not directly employed by the applicant. The availability of each source of funds listed in Part II, B. Sources of Funds for Project, must be documented.

Talbot Hospice Foundation, Inc.'s audited financial statements for its two most recently completed fiscal years – FY 2012 and FY 2013 – are attached as Exhibit III-08G(3)-d-a.

b. Existing facilities shall provide an analysis of the probable impact of the Project on the costs and charges for services at your facility.

NOT APPLICABLE – NOT AN EXISTING FACILITY

c. A discussion of the probable impact of the Project on the cost and charges for similar services at other facilities in the area.

RESPONSE:

This request asks Talbot Hospice Foundation, Inc. to the probable impact of the proposed project on the cost and charges for similar services at other facilities in the area.

There are two reasons why this project will have no impact on the cost and charges for hospice care services provided by other general hospice care programs in Talbot County.

First, and as explained above, there will soon be no other general hospice care programs in Talbot County. Talbot County's only authorized general hospice provider, namely Care Health Services, Inc. d/b/a Shore Home Care and Hospice ("Shore Hospice"), is in the process of being sold to Hospice of Queen Anne's, Inc. ("HQA"). In connection with this sale, Shore Hospice will wind down its hospice operations in Talbot County, and HQA has indicated that it will provide hospice services in Talbot County only until such time as Talbot Hospice can begin operating a general hospice care program in the county.

Second, as explained above, hospice charges are fixed by a monopsony purchaser – Medicare.

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

Talbot Hospice Foundation, Inc.'s currently proposed fee schedule for hospice services is attached as Exhibit III-08G(3)-d-d.

(INSTRUCTIONS: Table 3, "Revenue and Expenses - Entire Facility (including the proposed project)" is to be completed by existing facility applicants only. Applicants for new facilities should not complete Table 3. Table 4, "Revenues and Expenses - Proposed Project," is to be completed by each applicant for the proposed project only. Table 5, "Revenues and Expenses (for the first full year of utilization", is to be completed by each applicant for each proposed service in the space provided. Specify whether data are for calendar year or fiscal year. All projected revenue and expense figures should be presented in current dollars. Medicaid revenues for all years should be calculated on the basis of Medicaid rates and ceilings in effect at the time of submission of this application. Specify sources of non-operating income. State the assumptions used in projecting all revenues and expenses.)

TABLE 3: REVENUES AND EXPENSES - ENTIRE FACILITY (including proposed project)

NOT APPLICABLE – NOT AN EXISTING FACILITY

TABLE 4: <u>REVENUES AND EXPENSES - PROPOSED PROJECT</u>

(INSTRUCTION: Each applicant should complete this table for the proposed project only)

TABLE 4 DISPLAYED IN APPENDIX, AS REQUESTED

10.24.01.08G(3)(e). Compliance with Conditions of Previous Certificates of Need.

To meet this subsection, an applicant shall demonstrate compliance with all conditions applied to previous Certificates of Need granted to the applicant.

List all prior Certificates of Need that have been issued to the project applicant by the Commission since 1995, and their status.

NOT APPLICABLE – NOT GRANTED A CERTIFICATE OF NEED SINCE 1995

10.24.01.08G(3)(f). Impact on Existing Providers.

For evaluation under this subsection, an applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the service area, including the impact on geographic and demographic access to services, on occupancy when there is a risk that this will increase costs to the health care delivery system, and on costs and charges of other providers.

Indicate the positive impact on the health care system of the Project, and why the Project does not duplicate existing health care resources. Describe any special attributes of the project that will demonstrate why the project will have a positive impact on the existing health care system.

RESPONSE:

This request asks Talbot Hospice Foundation, Inc. to explain (a) why the project does not duplicate existing health care resource; and (b) the positive impact of the project on the existing health care system.

(a) Non-Duplication

Talbot Hospice will not duplicate any existing programs. First, Talbot Hospice will fold its existing services as a limited hospice care program, into the project. The project is an evolution of the status quo, not a revolution. Second, Talbot Hospice is not seeking to add any inpatient capacity, which capacity is particularly capital-intensive. Finally, as explained above, Talbot Hospice is following in the footsteps of Shore Hospice, which is winding down as Talbot Hospice steps into the role of a general hospice care program.

(b) Positive Impact on the System

Approving this application will help the health care system in Talbot County because doing so will allow Talbot County to replace the existing provider. As explained elsewhere in this application, there will soon be no other general hospice care programs in Talbot County. Talbot County's only authorized general hospice provider, namely Care Health Services, Inc. d/b/a Shore Home Care and Hospice ("Shore Hospice"), is in the process of being sold to

Hospice of Queen Anne's, Inc. ("HQA"). In connection with this sale, Shore Hospice will wind down its hospice operations in Talbot County, and HQA has indicated that it will provide hospice services in Talbot County only until such time as Talbot Hospice can begin operating a general hospice care program in the county.

Complete Table 5

1. an assessment of the sources available for recruiting additional personnel;

RESPONSE:

Talbot Hospice manpower planning includes the addition of only an additional 10.7 FTE equivalent personnel: 3 registered nurses; 3.3 home health aides; 1 social worker; 1.4 financial support; 1 administrative support; and 1 development professional. In addition, a part-time medical director position will be added via contract (0.3 FTE equivalent). Talbot Hospice has already been in contact with personnel currently employed by Shore Hospice, and anticipates a significant majority of Talbot Hospice new positions can be filled by persons displaced when Shore Hospice ceases operations. Recruiting for the part time medical director has already commenced, and is expected to be filled shortly through Talbot Hospice's contact with the Eastern Shore physician community (as documented elsewhere in this response).

The current staff for administration, bereavement, spiritual, and volunteer services is adequate, since Talbot Hospice already provides these services for the entire hospice patient population.

2. recruitment and retention plans for those personnel believed to be in short supply;

RESPONSE:

Staff retention at Talbot Hospice historically has been high. Vacancies tend to occur only upon retirement. Recruitment of new personnel will be enhanced by the current working relationships with Shore staff, and by Talbot Hospice's strong community profile. Talbot Hospice offers a competitive package of salary and benefits, and will allow new hires to continue living and working in Talbot County.

3. for existing facilities, a report on average vacancy rate and turnover rates for affected positions,

RESPONSE:

NOT APPLICABLE – NOT AN EXISTING HEALTH CARE FACILITY

TABLE 5. MANPOWER INFORMATION

INSTRUCTIONS: List by service the staffing changes (specifying additions and/or deletions and distinguishing between employee and contractual services) required by this project. FTE data shall be calculated as 2,080 paid hours per year. Indicate the factor to be used in converting paid hours to worked hours.

TABLE 5 DISPLAYED IN APPENDIX, AS REQUESTED

PART IV

PART IV - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND SIGNATURE

1. List the name and address of each owner or other person responsible for the proposed project and its implementation. If the applicant is not a natural person, provide the date the entity was formed, the business address of the entity, the identify and percentage of ownership of all persons having an ownership interest in the entity, and the identification of all entities owned or controlled by each such person.

Project Responsibility:

Julie Crocker, MSN, RN, Executive Director
Talbot Hospice
586 Cynwood Drive
Easton, MD 21601

Michael Tooke, Project Manager
Talbot Hospice
586 Cynwood Drive
Easton, MD 21601

Corporate Information:

Talbot Hospice Foundation, Inc. is a nonstock corporation formed under the laws of the State of Maryland on May 11, 1981. Talbot Hospice's business address is 586 Cynwood Drive Easton, MD 21601. Talbot Hospice in fact has no members, but the directors on Talbot Hospice's board of directors exercise the rights and powers of members.[4] A list of Talbot Hospice's current directors is enclosed as Exhibit IV-01.

2. Is the applicant, or any person listed above now involved, or ever been involved, in the ownership, development, or management of another health care facility? If yes, provide a listing of each facility, including facility name, address, and dates of involvement.

RESPONSE:

Talbot Hospice Foundation, Inc. has never owned, developed, or managed any "health care facility" as that term is defined by Maryland Code Annotated, Health-General § 19-114(d).[5] Talbot Hospice Foundation, Inc. is not the parent, subsidiary, or affiliate of any other entity.

Michael Tooke, listed above, has experience in the health care industry as documented in his curriculum vitae, which is attached hereto as Exhibit IV-02

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[4] *See* Maryland Code Annotated, Corporations and Associations § 5-204.

[5] Talbot Hospice operates an assisted living facility – "the Guest Wing" - located at its headquarters, 586 Cynwood Drive Easton, MD 21601. Talbot Hospice received its ALF license earlier this year.

3. Has the Maryland license or certification of the applicant facility, or any of the facilities listed in response to Questions 1 and 2, above, ever been suspended or revoked, or been subject to any disciplinary action (such as a ban on admissions) in the last 5 years? If yes, provide a written explanation of the circumstances, including the date(s) of the actions and the disposition. If the applicant, owner or other person responsible for implementation of the Project was not involved with the facility at the time a suspension, revocation, or disciplinary action took place, indicate in the explanation.

RESPONSE:

No

4. Is any facility with which the applicant is involved, or has any facility with which the applicant or other person or entity listed in Questions 1 & 2, above, ever been found out of compliance with Maryland or Federal legal requirements for the provision of, payment for, or quality of health care services (other than the licensure or certification actions described in the response to Question 3, above) which have led to an action to suspend, revoke or limit the licensure or certification at any facility. If yes, provide copies of the findings of non-compliance including, if applicable, reports of non-compliance, responses of the facility, and any final disposition reached by the applicable governmental authority.

RESPONSE:

No

5. Has the applicant, or other person listed in response to Question 1, above, ever pled guilty to or been convicted of a criminal offense connected in any way with the ownership, development or management of the applicant facility or any health care facility listed in response to Question 1 & 2, above? If yes, provide a written explanation of the circumstances, including the date(s) of conviction(s) or guilty plea(s).

RESPONSE:

No

One or more persons shall be officially authorized in writing by the applicant to sign for and act for the applicant for the project which is the subject of this application. Copies of this authorization shall be attached to the application. The undersigned is the owner(s), or authorized agent of the applicant for the proposed or existing facility.

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.

June 2, 2014
Date

Julie L Crocker
Julie L. Crocker, MSN, RN
Executive Director, Talbot Hospice Foundation

Revised August 2005

3224041.1 45926/124505 05/29/2014

EXHIBIT I-1(e)

TALBOT HOSPICE FOUNDATION, INC.
586 CYNWOOD DRIVE
EASTON, MARYLAND 21601-3805
410-822-6681
www.talbothospice.org

February 21, 2005

Dear Friends,

How often does one have the opportunity to convey so much good news?! After a long and careful search, the Board of Directors of Talbot Hospice Foundation is delighted to announce the appointment of Julie Crocker, R.N., of Easton, MD, to be our new Executive Director.

Julie comes to us after seventeen years with the Delmarva Foundation for Medical Care where she has worked to improve the quality of health care delivery systems in the U.S. For the past four years, she has been Vice President of Special Projects. Julie holds both Bachelor and Master of Science degrees in Nursing. She is married to Michael Crocker, President of John R. Crocker, Co., a mechanical engineering firm. They have four children.

While Julie's professional qualifications are self-evident, equally important are her caring nature and deep understanding of the hospice mission. We are fortunate indeed to have her as our new director.

And more good news! We have been without a development director for almost a year since Kathy deProspo married and left the area. It is now our great pleasure to welcome Kate Cox of Oxford, MD, as our Director of Development and Communications. Kate comes to us after nine years as Director of Development for CASA of Talbot County. Prior to her work with CASA, Kate utilized her training in television and film both with CBS News in Washington, DC, and with Maryland Public Television. Kate and husband, C. Paul Cox III, have three children.

While the work of Hospice has continued uninterrupted during this year of administrative change, it has meant much extra effort by our wonderful staff. Many volunteers have also offered their assistance and helped to shoulder the burden. We are so grateful to everyone for their steadfast support. Our community has also been strong in their financial support which assures that we can continue to offer our services without charge to any who need them.

Julie Crocker becomes Executive Director of Talbot Hospice as we begin our twenty-fifth year of service. We believe that she will be a strong and effective leader as we move to meet our community's needs in the coming years.

Both Julie and Kate begin their work with Hospice on February 28th. I hope you will take the time to stop by and welcome them.

Gratefully,

Jocelyn Eysymontt
President, Board of Directors

Board of Directors: ♦ Jocelyn W. Eysymontt, *President* ♦ Joan W. Cox, *Vice President* ♦ Adrienne W, Rudge, *Secretary* ♦ William M. Ginder, *Treasurer* ♦ Childlene Brooks ♦ Elois Brown ♦ H. Hugh Dawkins ♦ William W. Duncan, Jr. ♦ Margaret B. Ferree ♦ Patricia Fox ♦ R. Michael S. Menzies ♦ John H. Miller ♦ Sumner Parker ♦ Stacey E. Radcliffe ♦ G. Penniwell Reynolds ♦ Maureen E. Scott-Taylor ♦ Lakshmi Vaidyanathan, MD ♦ Patti K. Willis.

Exhibit I-1(e)

EXHIBIT III-05C(1)-a

TALBOT HOSPICE – NURSING CARE

Policy No. H:2-004.1

PURPOSE

To specify the role of Talbot Hospice Foundation nurses in hospice care.

POLICY

Nursing services will be provided in accordance with accepted standards of practice by or under the supervision of a registered nurse. The hospice nurse (registered nurse or licensed practical/vocational nurse) will be a member of the interdisciplinary group. The hospice nurse will play a key role in easing physical and psychosocial symptoms and initiating communication with the interdisciplinary group to establish the plan of care.

A hospice registered nurse will be assigned as the Case Manager for each patient and family/caregiver, and his/her duties will be enumerated in a job description. Duties will include the responsibility for coordination of care and fostering communication between the patient and the interdisciplinary group. The Case Manager will assure that components of the plan of care are established and implemented by the interdisciplinary group. The Case Manager will determine the scope and frequency of services needed based on acuity and patient and family/caregiver needs.

(See "Interdisciplinary Group Coordination of Care" Policy No. H:2-03S.)

PROCEDURE

1. The hospice registered nurse performs the initial assessment and participates in the comprehensive assessment and ongoing updates of the comprehensive assessments to assess the impact of the terminal diagnosis on the patient's physical, functional, psychosocial and environmental needs and activities of daily living.

2. The hospice nurse will participate in developing and implementing the plan of care and will report the condition of patient and family/caregiver to the attending physician, Medical Director and interdisciplinary group on a regular basis, as well as changes in the plan of care.

3. The hospice nurse will:

   A. Manage discomfort and provide symptom relief.

   B. Incorporate specialized nursing skills related to palliative and end-of-life care into all clinical care provided.

   C. Provide patient and family/caregiver education regarding the disease process, self-care techniques, end-of-life care, and processes for addressing ethical issues.

D. Provide emotional support to the patient and family.

E. Assess for risks of pathological grief, cultural and spiritual implications and verbal and nonverbal communication patterns exacerbated by the terminal diagnosis.

F. Initiate appropriate preventive and rehabilitative nursing procedures.

G. Prepare clinical and progress notes that demonstrate progress toward established goals.

H. Coordinate all patient and family/caregiver services and prioritization of needs with the interdisciplinary group.

I. Use a case management approach and make referrals to other services as needed.

J. Provide specialized hospice training to other staff, family/caregivers to insure adequate care.

K. Provide an ongoing evaluation of the patient and family/caregiver response to care.

L. Assess the ability of the caregiver to meet the patient's immediate needs upon admission and throughout care.

M. Apply specific criteria for admission and recertification to hospice care to establish appropriate levels of care and the patient's eligibility.

N. Facilitate the implementation of another level of hospice care when necessary.

O. Assure communication between the hospice and other health care providers involved in the patient's care.

P. Participate in utilization review activities.

Q. Participate in quality assessment performance improvement teams and activities.

4. The hospice registered nurse will supervise licensed practical/vocational nurses, hospice aides, homemakers and volunteers in the home, and follow the family/caregiver into the bereavement period, per organizational policy.

5. A hospice nurse will be available on a 24-hour basis to meet the physical, psychosocial, spiritual, and practical needs of patients and families/caregivers admitted to the hospice program.

Policy No. H:2-004.3

6. Direct provision of nursing care will be based on hospice nursing standards and clearly defined treatment protocols.

7. Patient and family/caregiver education and training activities will be initiated and continued throughout the course of care.

8. The hospice nurse will:

   A. Participate in inservice programs

   B. Evaluate his/her own needs for support and utilize available systems to meet these needs

9. Licensed practical/vocational nurses will supplement the nursing care needs of the patient as provided by the registered nurse; this may include:

   A. Providing services in accordance with organizational policies and procedures

   B. Preparing clinical and progress notes documenting outcomes of interventions

   C. Assisting the registered nurse or physician in performing specialized duties related to end-of-life care

   D. Assisting the registered nurse in carrying out the plan of care

   E. Preparing equipment and materials for treatment adhering to aseptic technique as required

   F. Assisting the patient in learning appropriate self-care techniques

   G. Assessing patient and family/caregiver response to care

   H. Insuring communication of information to appropriate team members

EXHIBIT III-05C(1)-b

TALBOT HOSPICE

PSYCHOSOCIAL SERVICES

Policy No. H:2-006.1

PURPOSE

To ensure that appropriate psychosocial services are provided to hospice patients and families/caregivers by Talbot Hospice Foundation.

POLICY

Talbot Hospice will provide psychosocial services by qualified social workers (MSW, BSW) under the direction of a physician and in accordance with the plan of care. Duties and responsibilities of social workers will be identified in appropriate job descriptions.

Psychosocial services will include:

1. Assessing emotional factors related to terminal illness
2. Patient and family/caregiver counseling around issues of death, dying, and grief
3. Team and personnel support by assisting the physician and other interdisciplinary group members in recognizing and understanding the social/mental stress and/or disorder that exacerbates symptoms related to the terminal illness
4. Financial and community resource referrals

A social worker will be assigned to each patient and family/caregiver based on the patient's and family's needs and acceptance of these services. The social worker will be a member of the interdisciplinary group and will participate in the development, implementation, and revision of the plan of care.

PROCEDURE

1. The social worker will contribute to the comprehensive assessment and ongoing updates to the comprehensive assessment based on the needs of the patient. Assessment activities of the social worker will include but not be limited to:

   A. The emotional factors related to the terminal illness

   B. The patient and family/caregiver psychosocial status, potential for risk of suicide and/or abuse or neglect

   C. Environmental resources and obstacles to maintain patient safety

   D. Family dynamics and communication patterns, obstacles to learning or ability to participate in provision of care, obstacles to compliance with the plan of care

Policy No. H:2-00S.2

E. Patient and family/caregiver response and obstacles to psychosocial interventions

F. Caregiver's ability to function adequately

G. Need for counseling related to risk assessment for pathological grief, suicide and/or abuse or neglect

H. Special needs related to cultural diversity, including communication, space, role of family members, and special traditions

I. Support systems available to reduce stress and facilitate coping with end-of-life care

J. Evaluation for long-term care when appropriate and determining the patient's and family/caregiver's ability to accept the change in level of care

K. Financial resources

L. Patient and family/caregiver response to interventions when referred to community resources and their satisfaction with services provided

M. Bereavement needs

2. All psychosocial services will be performed at the patient's place of residence as appropriate.

A. Psychosocial assessments will be performed on each new hospice admission.

B. Patient and family/caregiver counseling will be offered to every patient and family/caregiver and, as appropriate, will be provided to the patient and family/caregiver by a social worker or other interdisciplinary group member.

C. Crisis intervention services will be provided to patients and families/caregivers when required, 24 hours a day, seven (7) day a week.

D. Information about and referrals to additional community support services will be made available to the patient and family/caregiver. The patient and family/caregiver's ability to access these resources will be assessed.

E. Psychosocial information will be communicated to an inpatient facility when level of care is changed.

F. Information regarding Advance Directives will be provided and assistance in preparation offered.

G. Assistance with funeral planning will be provided including transfer of responsibilities regarding fiscal, legal, and health care decisions.

H. Patient and family/caregiver questions and concerns will be promptly addressed and answered.

3. Psychosocial assessments and interventions will be documented in the patient's clinical record as part of the comprehensive assessment and in interdisciplinary visit notes, as well as the plan of care. Documentation will include:

   A. Goals of care

   B. Observations of the psychosocial needs or problems of the patient and family/caregiver, including counseling needs, assistance with planning for wills, funeral arrangements, financial planning, etc.

   C. Interventions provided to address the psychosocial needs or problems of the patient and family/caregiver and the patient's response and progress towards goals

   D. Plans and/or referrals made to address the psychosocial needs or problems of the patient and family/caregiver in accordance with the plan of care

4. Social worker personnel will participate in hospice inservice programs to maintain and improve their specialized skills.

5. Social worker personnel will participate in IOT meetings and quality assessment performance improvement teams, as indicated.

EXHIBIT III-05C(1)-c-i

BEREAVEMENT SERVICES
Policy No. H:2-008.1

PURPOSE

To ensure that appropriate and coordinated bereavement services are provided to families/caregivers.

POLICY

Talbot Hospice will provide an organized bereavement program supervised by a qualified Bereavement Coordinator for up to one (1) year following the death of the patient. Services will be provided by personnel who have received training and have experience in dealing with grief. The duties and responsibilities of the Bereavement Coordinator and Bereavement Counselors will be specified in appropriate job descriptions.

The program will provide bereavement services to the families/caregivers of hospice patients both before and after the patient's death in accordance with the plan of care. The purpose of these services will be to facilitate a normal grieving process and to identify and appropriately refer those persons who may be experiencing pathological grief reactions that may interfere with the eventual resolution and integration of their losses. The purpose will also be to prepare the individual to function independently of hospice and to identify a support system with the individual.

Bereavement services will be coordinated, insofar as possible, with the individual's clergy, if any, as well as with other community resources judged to be useful and beneficial to the family/caregiver.

PROCEDURE

1. A bereavement risk assessment will be completed by the hospice social worker at the time of admission to hospice. (See "Bereavement Assessment" Policy No. H:2-053.) Information gathered will be incorporated into the plan of care and considered in the bereavement plan of care.

2. After the bereavement risk assessment is completed, a plan will be developed to address bereavement/grief issues and will be implemented as needed.

3. Depending on the patient and family/caregiver needs identified in the bereavement assessment, bereavement counselors may need to contact and/or visit the patient and family/caregiver prior to the death.

4. The bereavement counselors may provide supportive counseling to the patient and family/caregiver prior to the death.

Policy No. H:2-008.2

5. After a death has occurred, the bereavement assessment will be updated and the family/caregiver needs will be discussed at the next interdisciplinary group meeting.

6. Bereavement interventions will be reflective of the family/caregiver's choices to participate in the bereavement program.

7. Families/caregivers who choose to participate in the bereavement will be accorded the same confidentiality and privacy rights as a hospice patient.

8. Within two (2) weeks after the death of a patient, a sympathy card will be sent to the bereaved.

9. After three (3) weeks, a bereavement letter will be sent to the bereaved giving support and outlining the hospice bereavement services.

10. Within three (3) to five (5) weeks after the patient's death, a bereavement assessment (see "Bereavement Assessment" Policy No. H:2-053) will be completed by the bereavement counselor following the family/caregiver. This assessment will note and observe the bereaved for symptoms related to grief. The bereavement counselor will render a professional judgment as to whether the bereaved is experiencing normal grief, moderate grief, or a severe grief reaction.

11. If a person is noted as experiencing normal grief, the bereavement counselor will make contact with the bereaved person for ongoing assessment and support at three (3), six (6), and nine (9) months after the patient's death and at the anniversary of the patient's death. The bereavement counselor will make information available to the bereaved person regarding bereavement support groups, other support groups available in the community, and the availability of individual counseling by the hospice personnel.

12. In addition to the services outlined above, persons deemed to be experiencing moderate or severe grief will be followed by the bereavement program with increased services and contact offered as noted in the plan of care. Persons identified will be referred to the Bereavement Coordinator and intervention will be provided as follows:

    A. The Bereavement Coordinator will evaluate each bereaved on a case-by-case basis and evaluate the need for individual counseling. If necessary, the bereavement, spiritual care, or social work hospice personnel will provide individual counseling to the bereaved. Referrals to outside professionals may also be required.

    B. A bereavement volunteer who has received additional training in bereavement support may be assigned to make regular contact with those bereaved people and work under supervision of the Bereavement Coordinator.

13. A bereavement file will be maintained on each family/caregiver unit of care. Each file will contain the following information:

    A. Copy of the patient referral and initial bereavement assessment

Policy No. H:2-008.3

B. Bereavement service report

C. All bereavement assessments made

D. A bereavement plan of care

E. All bereavement clinical notes that have been written and/or letters sent to the bereaved

14. Ongoing bereavement contact will be concluded at the end of up to one (1) year, if the bereaved is no longer in need of hospice bereavement services.

    A. A letter will be sent indicating completion of bereavement services.

    B. A copy of the letter will be placed in the bereavement file and the file retained.

15. If at up to one (1) year, grieving is still perceived as acute, the Bereavement Coordinator will attempt to reassess what additional professional services may be necessary and make appropriate referrals as indicated.

16. Bereavement assessment and clinical notes will be submitted to the patient's permanent clinical record.

BEREAVEMENT ASSESSMENT
Policy No. H:2-053.1

PURPOSE

To provide guidance for the assessment and reassessment of the bereavement needs of families/caregivers.

POLICY

Talbot Hospice will provide bereavement services for up to one (1) year after the patient's death to surviving family/caregiver members.

The hospice bereavement plan of care will be developed based on an initial assessment of the patient and family/caregiver needs, during the course of care, and at the time of the patient's death as part of the comprehensive assessment. (See "Bereavement Services" Policy No. H:2-008.)

PROCEDURE

1. On admission, the social worker or hospice registered nurse will complete a bereavement risk assessment that is given to the Bereavement Coordinator. At a minimum, it will include:

   A. Patient and family/caregiver loss issues

   B. Survivor needs

   C. Social, spiritual, and cultural factors

   D. Services to be provided including individual counseling, support groups, and letters and cards

   E. Referrals to be made

   F. Grief risk factors and potential for pathological grief reactions

2. The bereavement counselor will review the bereavement risk assessment to determine potential needs of the survivors.

3. After the death occurs, the hospice social worker or Bereavement Coordinator will complete the bereavement follow-up assessment.

4. The Bereavement Coordinator will develop a plan for intervention based on the findings of the bereavement follow-up assessment.

Policy No. H:2-053.2

5. The Bereavement Coordinator or Volunteer will document the family bereavement interventions.

6. Upon completion all bereavement documentation will be filed.

EXHIBIT III-05C(1)-c-ii

NUTRITIONAL SERVICES
Policy No. H:2-012.1

PURPOSE

To ensure that appropriate nutritional care and consultation is provided to hospice patients and families/caregivers.

POLICY

Terminally ill patients may experience a variety of nutritional problems that will require a nutritional assessment, intervention, or counseling. Families/caregivers may have questions or concerns about patients' nutritional intake as it relates to the physiological changes in the dying process.

Dietary counseling, when identified in the plan of care, will be performed by a qualified individual, as defined in the job description.

To assist hospice personnel in determining effective ways of managing the nutritional needs of hospice patients, a registered dietician will be available for consultations, inservice training, and patient/family care. The dietician may provide consultation over the phone, by mailing information, or on a home visit. Nutritional care and counseling will be provided in accordance with the plan of care.

PROCEDURE

1. Ongoing nutritional assessments will be made by the Case Manager and interdisciplinary group for each hospice patient in order to identify the need for dietary counseling.

2. Based on the results of that assessment, food and nutrition therapies will be ordered as part of the plan of care, as needed.

3. Criteria for referral for a nutritional consult may include, but not be limited to:

   A. Nutrition care planning is complex

   B. Nutrition related problems, i.e., taste changes, sore mouth, dysphasia, small stomach syndrome, nausea, weakness, enteral feedings

   C. Open, non-healing wounds

   D. Patient/family or caregiver request

   E. There is need for a further nutrition assessment by a specially trained and educated clinician

Policy No. H:2-012.2

4. The registered dietician or other qualified individual will provide consultation over the telephone to the patient and family/caregiver, by mailing information to the patient and family/caregiver, or by making a home visit.

5. Interventions by a registered dietician or other qualified individual may include but not be limited to:

   A. Assessing patient nutrition status and risks

   B. Identifying factors that may cause variances in weight or size

   C. Educating patients and families/caregivers and personnel regarding special dietary supplements and nutritional requirements, as appropriate to diagnosis and individual preferences

   D. Providing counseling to adapt diet to the patient's changing status

   E. Collaborating with nursing personnel and the interdisciplinary group in applying nutritional risk assessment to determine the need for a mechanically altered diet and/or the effect of end stage disease on hydration and nutrition.

   F. All consultation and interventions will be documented in the clinical record.

6. The registered dietician or other qualified individual will communicate his/her nutritional interventions and plan to the interdisciplinary group and attend interdisciplinary group meetings as indicated.

7. The registered dietician or other qualified individual will document his/her findings, interventions and plan on the clinical notes for the patient's clinical record. Recommendations/interventions will be implemented as appropriate by the Case Manager or dietician and incorporated in the plan of care.

8. During routine hospice visits, clinicians will continually assess and educate the patient and family/caregiver, when appropriate, regarding:

   A. Proper conditions of sanitation to protect food and nutrition therapies from contamination and spoilage

   B. Proper temperatures of food storage, utilizing appropriate thermometers and maintaining temperature records, when appropriate

   C. The control of lighting, ventilation, and humidity to prevent condensation of moisture and growth of molds, when appropriate

   D. Thorough cleaning and sanitizing of all work surfaces, supplies, and equipment after each use

Policy No. H:2-012.3

E. Appropriate hand washing prior to and during preparation of food/nutrition solutions

9. Ongoing monitoring-to determine the extent to which goals are achieved and patient's nutrition needs/problems are met/resolved-will include the following activities, when appropriate:

   A. Monitoring patient's response to food/nutrition therapy

   B. Reviewing the appropriateness of choice of food/nutrition therapy, regimen, and route

   C. Determining the effectiveness of medically prescribed diets

   D. Communicating conclusions verbally and/or in writing to other hospice team members

   E. Identifying/monitoring the patient who is not receiving adequate nutrition intake

   F. Assessing patient and family/caregiver access to food/nutritional supplements, and ability to prepare food

   G. Identifying/monitoring the comfort levels of patient who chooses not to take food/nutrition therapy

10. Potential problems will be reported to the hospice interdisciplinary group and, when appropriate, the patient's physician.

11. When a patient has been prescribed a special diet, the Case Manager or registered dietician or other qualified individual will provide the patient and family/caregiver with written and verbal information regarding that diet as indicated or requested.

12. The effectiveness and appropriateness of nutrition therapies will be monitored on an ongoing basis through evaluation of goals, outcomes of therapies, and during interdisciplinary group meetings. This evaluation will be communicated to all disciplines involved in the care of the patient.

EXHIBIT III-05C(2)-a

INTERDISCIPLINARY GROUP COORDINATION OF CARE

Policy No. H:2-035.1

PURPOSE

To ensure the coordination of services for each patient.

POLICY

The hospice interdisciplinary group will retain professional management responsibilities for the provision of services, including inpatient care, and will insure that services are furnished in a safe and effective manner.

Talbot Hospice will utilize a case management system to guide an interdisciplinary group to provide comprehensive, coordinated health care to patients and families/caregivers serviced by the hospice. It will be the responsibility of the Clinical Supervisor to assign a Case Manager who is a registered nurse. The Case Manager will be responsible for coordination of services with the interdisciplinary group from referral to discharge.

The type and scope of services provided by the interdisciplinary group will be based upon comprehensive and ongoing assessments regarding the needs of the patient and family/caregiver and the comprehensive plan of care that defines patient and family/caregiver problems, goals, and interventions. The exact combination of services and the level of care will be unique to each patient and family/caregiver unit and will change as the needs of the patient and family/caregiver evolve over the course of their involvement with hospice.

PROCEDURE

1. Each patient will be assigned a Case Manager by the Clinical Director or Clinical Supervisor upon admission, based on patient's needs and level of care required, geographic area, and qualifications of personnel needed.

2. The Case Manager will be qualified through education, training, and/or experience and will:

   A. Understand the principles of care provided

   B. Know required qualifications for hospice personnel providing care and know which hospice personnel possess these qualifications

   C. Know the scope of care, which can be provided by various interdisciplinary group members

   D. Understand the nature of patient population served

3. It will be the responsibility of the Case Manager to facilitate communication about changes in the patient's status between interdisciplinary group members and the patient's attending physician.

Policy No. H:2-035.2

4. Talbot Hospice personnel will communicate changes in a timely manner via telephone, one-to-one meetings, interdisciplinary group meetings, and home visits. Documentation of all communications will be included in the clinical record on a communication note, interdisciplinary group meeting form, and/or clinical note. Documentation will include the date and time of the communication, individuals involved with the communication, information discussed, and the outcome of the communication.

5. When the patient requires services from the interdisciplinary group, the Case Manager will be responsible for cooperative care planning to assure goals, interventions, and outcomes are palliative in nature.

6. Written evidence of care coordination will be found in the plan of care and/or inter-disciplinary team meeting forms in the patient's clinical record, and will involve the hospice patient's attending physician.

7. Care will be provided by an interdisciplinary group made up of physicians, nurses, social workers, certified hospice aides, homemakers, clergy, counselors, volunteers, and therapists. These services will be provided in both residence and inpatient settings.

8. The interdisciplinary group (in collaboration with the attending physician, if any) will conduct assessments, develop and update the plan of care, and review the effectiveness of care a minimum of every 15 calendar days. The attending physician will receive a copy of the care plan updates.

9. All interdisciplinary group members, including those providing contracted services, will have access to the plan of care to ensure coordination and continuity.

10. Contract personnel will participate in preparation of the plan of care; submit documentation of services provided, including clinical notes, schedule of visits, and patient evaluations at least twice a week; and participate in interdisciplinary group meetings. Care provided by contracted services will be monitored by the interdisciplinary group to insure compliance with the plan of care.

11. Continuity of care will be maintained throughout the patient's course with hospice. Exchange of .information between hospice staff and contracted providers will be documented in the clinical record.

12. The interdisciplinary group will provide ongoing support for patient and family/caregivers.

13. Core hospice services (nursing, social work, physician, and counselors) will be available 24 hours a day, seven (7) days a week, as will be drugs, biologicals, and medical supplies. Other services may be available as needed and will include hospice aide, homemaker, therapies, and volunteer and bereavement services.

EXHIBIT III-05C(2)-b

HOSPICE AIDE SERVICES
Policy No. H:2-005.1

POLICY

To specify the role of the hospice aide and/or homemaker in hospice care.

POLICY

Hospice aide services will include personal care services provided by trained hospice aides and non-skilled services provided by homemakers.

Hospice aide services may be included for routine care on an intermittent basis when personal care is needed. Services provided by an aide could include: bathing, shampoo, range of motion activities, dry dressing changes, assisting the patient to the bathroom, use of commode or bed pan, assisting with meal preparation, feeding the patient, light housekeeping and/or linen changes. These activities in accordance with the plan of care and physician's (or other authorized independent practitioner's) orders will be assigned and supervised by a hospice registered nurse.

Homemaker services may be included for routine care on an intermittent basis when non-hands-on care is required. These types of services could include: housekeeping, family/caregiver respite, and meal preparation. Specifically, these activities would not be related to personal care; however, they would assist the primary family/caregiver to keep the patient at home.

PROCEDURE

1. The need for hospice aide services will be identified by the interdisciplinary group.
2. Arrangements for hospice aide services will be made by either the Case Manager or Clinical Supervisor. When needed, this service could be referred to a contract organization.
3. Hospice aide assignments, plan of care, and interventions will be documented and included in the patient's clinical record.
4. Hospice aide duties include:

   A. Assisting with personal hygiene

   B. Assisting with ambulation and exercise

   C. Assisting with medications that are ordinarily self-administered (per state regulations)

Policy No. H:2-005.2

D. Reporting changes in the patient's condition and needs

E. Providing nutritional support

F. Other supportive tasks as assigned

5. Hospice aides will document care provided in accordance with the hospice aide assignment.

6. Homemaker/chore services personnel will provide the patient and family/caregiver with environmental support under professional supervision.

EXHIBIT III-05C(2)-c

SPIRITUAL CARE COUNSELING SERVICES
Policy No. H:2-007.1

PURPOSE

To provide guidelines for the appropriate assessment and provision of service to meet the spiritual needs of patients and families/caregivers.

POLICY

Hospice will provide spiritual care counseling in keeping with the patient's/familiy's/caregiver's belief system and practice, and in accordance with the plan of care.

The Hospice Chaplain (or designated spiritual care counselor) will provide direct support and coordinate services utilizing local clergy and other individuals, as appropriate.

A Chaplain will be assigned to each patient based on the patient's needs and acceptance of these services. The Chaplain will be a member of the interdisciplinary group and will participate in the development, implementation and revision of the plan of care.

PROCEDURE

1. The hospice registered nurse will assess the patient's and family/caregiver's immediate spiritual support needs during the initial assessment.

2. The Hospice Chaplain will contribute to the comprehensive assessment and ongoing updates to the comprehensive assessment based on the needs of the patient and family.

3. If the patient and family/caregiver requests spiritual support from hospice, the Hospice Chaplain will provide services directly or coordinate a referral to appropriate resources.

4. The Hospice Chaplain will develop an individualized spiritual/pastoral plan of care, which will demonstrate an effort to work closely with local clergy as desired by the patient, and provision of spiritual support as defined and requested by the patient and family/caregiver.

5. The Hospice Chaplain will conduct religious services of prayer, worship, and rituals for patients/families as requested.

6. The Hospice Chaplain will offer patients and families/caregivers of different philosophies and religious beliefs opportunities to discuss and share their thoughts, feelings, beliefs, and values.

7. If the patient and family/caregiver identifies involvement with a local church, synagogue, mosque, etc., and permission is given to contact them, the Hospice Chaplain will call to coordinate care. The identified spiritual support person will be encouraged to participate as an interdisciplinary group member in developing the plan of care and to document his/her interventions.

8. Spiritual care assessments and counseling will be documented in the patient's clinical record as part of the comprehensive assessment and in interdisciplinary visit notes, as well as the plan of care.

9. If the patient and family/caregiver refuses spiritual care services, the medical social worker will document refusal. The interdisciplinary group members will make continued inquiries as appropriate.

10. Ongoing comprehensive assessments will be made by the interdisciplinary group members to identify any developing spiritual needs of the patient and family/caregiver and to update the plan of care to meet those needs.

11. All referrals, assessments, clinical notes, intervention letters and phone calls will be documented in the patient's clinical record.

12. The Hospice Chaplain will attend interdisciplinary group meetings, and will work in a team approach with members of the group and other qualified professionals to evaluate patient and family/caregiver response to care and resolution of ethical issues.

13. The Hospice Chaplain will provide staff support by:

    A. Meeting with individual staff members, upon request, regarding personal spiritual/pastoral issues that may affect their ability to function effectively

    B. Being available to staff for bereavement support

    C. Participating in development of approaches to meet staff counseling needs

EXHIBIT III-05C(2)-d

ON-CALL/WEEKEND SERVICES
Policy No. H:2-040.1

PURPOSE

To establish the process by which patients have access to hospice services 24 hours per day.

POLICY

Patient care needs are the highest priority; therefore, weekend and evening staffing will be scheduled accordingly. Clinical personnel are expected to perform visits on an as-needed basis, including weekends.

There will be on-call staff available after office hours, Monday through Friday, and 24 hours a day on weekends. Staff on-call will be:

1. Administrative call by a senior management staff member

2. Clinical call by a registered nurse

3. Other interdisciplinary team members, as needed (e.g., social worker, Hospice Chaplain)

PROCEDURE

1. On admission, the patient will be made aware of the organization's 24-hour availability.

2. The on-call schedule will be developed on a monthly basis by the Clinical Director or designee. The schedule will be forwarded to the answering service and on-call staff. Supplies and records will be available to the on-call staff, through direct access to the office.

3. The on-call nurse will be issued a pager and/or a cellular phone to allow for mobility.

4. The on-call staff can be reached by calling the hospice number. After hours this number will be forwarded to the answering service. The answering service will pass every patient related call to the on-call nurse.

5. The on-call nurse will provide follow-up appropriate to the call:

   A. Call the patient/family/caregiver

   B. Visit the patient, if necessary

   C. Obtain physician (or other authorized independent practitioner) orders, as needed

   D. Arrange for other hospice services, as needed

6. The on-call nurse will document each patient/family interaction in a clinical note.
7. The on-call nurse will maintain an on-call log of all patient contacts during on-call hours.
8. On-call staff will respond to a page within 15 minutes and must be able to reach a patient within one (1) hour. (There may be rare exceptions, depending on how far away the patient lives and if the staff member is with another patient at the time of the page.)
9. Reports will be given to the on-call nurse daily Monday through Friday.
10. The on-call nurse will report his/her evening and/or weekend patient care activities to the Clinical Director.

GUIDELINES

The following list is meant to guide the on-call nurse. It is not an exhaustive list, but includes many problems that may require a visit from the hospice nurse.

- Death, suspected death*
- Unusual, severe or uncontrolled pain
- Nausea/vomiting not resolved with present medications
- New onset seizures or suspected seizures
- IV problems
- Occluded intravenous lines
- Suspected bleeding
- Respiratory difficulty
- Report of patient falling
- No BM for four (4) days or more (if taking nourishment)
- No urine for 8 to 12 hours (if taking fluids and having discomfort)
- Increased anxiety and/or confusion*
- Duplicate calls regarding the same problem
- Patient/family/caregiver perceives a problem and requests a visit

* May be appropriate for a social worker/chaplain depending on state and community requirements.

EXHIBIT III-05E(2)

POLICY NO. H:2-009.1

VOLUNTEER SERVICES
Policy No. H:2-009.1

PURPOSE

To ensure that qualified volunteers provide appropriate services in accordance with the plan of care and hospice program needs.

POLICY

Talbot Hospice will provide volunteer services under the direction of a Coordinator of Volunteers and with the assistance of trained hospice volunteers. The duties and responsibilities of the Coordinator of Volunteers and volunteers will be identified in appropriate job descriptions.

Volunteers may work in a variety of capacities, including:

- *Patient care volunteers*: Patient care volunteers provide personal care, emotional support, and/or practical assistance, to enhance the comfort and quality of life for patients and their families/caregivers. These services may include companionship, life review, and enabling a caregiver to take a break, listening, simply "being there," and preparing meals. Patient care volunteers may also provide relief for caregivers or assist them with household chores. Talbot Hospice patient care volunteers are assigned wherever the need is, such as private homes, nursing homes, assisted living facilities, and retirement communities. Patient care volunteers are required to complete an additional four-hour orientation.

- *Doula volunteers*: The Doula program engages seasoned volunteers as end-of-life Doulas who assist patients and families/caregivers when the patient is actively dying. Doulas provide a non-judgmental presence, create a calm atmosphere, educate the family/caregiver, and help the family access hospice services that may be needed during the final hours of life. Doula volunteers are required to serve as patient care volunteers for 20 hours, and complete a 5-hour Doula Training course.

- *Bereavement volunteers*: Bereavement volunteers provide counseling and bereavement support to families/caregivers and can serve as group facilitators. Bereavement volunteers typically have a professional background in mental health or related experience. Bereavement volunteers are required to complete additional bereavement training provided by the Bereavement Coordinator. They also support administrative/clerical functions under the supervision of the Bereavement Coordinator.

- *Transportation volunteers*: Transportation volunteers offer practical support needed by patients/caregivers. These activities include picking up medications, delivering equipment, taking patients to physician appointments, and grocery shopping.

- *Administrative volunteers:* Administrative volunteers provide office and clerical assistance, including answering the telephone, assisting with mailings, and assembling

educational packets. Receptionist volunteers are required to complete additional orientation because they are often the first person that patients and families/caregivers speak to and must be knowledgeable about hospice programs.

- *Occasional volunteers:* Volunteers maintain our Meditation Garden, sew, cook, arrange flowers, offer massage services, assist with special events, provide music therapy, and participate in educational presentations.

PROCEDURE

1. The Coordinator of Volunteers will develop, implement, and evaluate the volunteer services program on an ongoing basis but at least annually.

2. The Coordinator of Volunteers will arrange for volunteers to provide volunteer support to patient and family/caregiver in accordance with the plan of care.

3. Volunteers will document their activities on volunteer activity/clinical notes and submit this documentation for the patient's clinical records.

4. The Coordinator of Volunteers will track the use of volunteers, the cost savings achieved, and that the hours of volunteer services will exceed 5% of the total patient care hours of paid and contracted hospice personnel.

5. The Coordinator of Volunteers will document ongoing efforts to recruit, train, and retain volunteers of all ages and ethnic backgrounds.

6. Volunteers may attend interdisciplinary group meetings as appropriate.

7. Volunteers will report patient/gamily/caregiver response to volunteer services.

EXHIBIT III-05E(3)

VOLUNTEER STAFF
Policy No. H:3-012.1

PURPOSE

To ensure that qualified volunteers are available to assist with the provision of hospice services.

POLICY

Volunteers will be utilized in defined roles to support ancillary, administrative, and/or patient care services.

Volunteers are considered to be employees of the organization, and their volunteer folders will be maintained in the same way that personnel files are maintained.

Surviving family members wishing to join the volunteer staff in the capacity of direct care or public relations will be strongly encouraged to wait a minimum of one (1) year following the death of their loved one.

PROCEDURE

1. There will be active and ongoing efforts to recruit, train, and retain volunteers. All efforts will be documented. Written information will be available to the community outlining the involvement of the family member or caregiver serving as a volunteer in public relations or in other nontherapeutic activities.

2. Volunteer staff will be chosen based upon their communication and interpersonal skills and availability.

3. Volunteer staff will meet all organizational requirements for hire, including criminal record checks as required. Personnel will be maintained for volunteers.

4. Health requirements (HBV, PPD, etc.) will be per organizational policy.

5. Personnel and health records for volunteers are maintained in separate binders. Volunteer folders contain the following information:

   A. Volunteer application

   B. Volunteer contract

   C. Volunteer intent form

   D. HIPAA testing results

   E. Signed confidentiality statement

F. Signed conflict of interest statement

G. Criminal background check

H. MVA check

I. 2 letters of reference

J. Written performance reviews

K. Documentation of training and in-services

L. TB test results

M. Hepatitis B documentation or declination

6. Volunteers attend an orientation program specific to hospice services and the jobs/tasks to be performed. The orientation will be consistent with accepted standards of hospice practice and include:

   A. Duties to be performed

   B. Associated responsibilities related to the tasks

   C. Identification of the person the volunteer reports to

   D. Persons to contact for assistance and instruction

E. Hospice goals, service, and philosophy

F. Confidentiality and the protection of patient and family/caregiver rights

G. Family dynamics, coping mechanisms, spiritual and psychological issues surrounding terminal illness, death, and bereavement

H. Procedures to be followed in the event of an emergency or following the death of a patient

I. Communication skills

J. Care and comfort measures

K. Infection control and safety guidelines

L. Stress management

7. Volunteer activities will be documented and include type of services provided and time worked.

8. Assignments will be made based on the volunteer's request for type of work desired (e.g., patient contact, bereavement, office work) and the needs of the organization.

9. The Coordinator of Volunteers or other professional member of the interdisciplinary group will supervise each patient care volunteer.

10. Volunteers will receive an annual performance evaluation.

EXHIBIT III-05E(4)-b

Talbot Hospice
FOUNDATION

2014 Spring Volunteer In-Service Program

All Guest Wing Patient Care Volunteers, Companions, Doulas, Bereavement Volunteers, and any volunteers who work directly with patients or their families are required to complete at least one educational event per year. All in-services will be held at Talbot Hospice headquarters except where noted. All volunteers are welcomed to attend. Registration is required; please call 410-822-6681 to reserve a space.

Monday, March 24, 8:30 - 4:30
Wednesday, March 26, 8:30 - 4:30
Volunteer Training for new volunteers
Lori Lantz, Coordinator of Volunteers
To register, contact Lori Lantz, Coordinator of Volunteers directly, llantz@talbothospice.org or 410-822-6681.

Wednesday, April 9, 1-2:30 pm
Mindfulness: The Gift of Presence
Larissa Kitenko, PharmD.
Larissa will share techniques and exercises to help develop mindfulness and awareness. Learn how to live in the moment while volunteering. This is a repeat of the In-service offered last fall. Register soon – class size limit.

Wednesday, April 23, 6pm
Funeral Planning
Fellows, Helfenbein & Newnam Funeral Home Staff
Join us on site at Fellows, Helfenbein & Newnam Funeral Home for a presentation on preplanning a funeral, the benefits of doing so and body donation. Must preregister - Light fare will be provided.

Thursday, May 29, 5:30 - 7:00 pm
Mandatory in-service/support group for current Doula volunteers
Lori Lantz, Coordinator of Volunteers
To register, contact Lori Lantz, Coordinator of Volunteers, directly, llantz@talbothospice.org or 410-822-6681.

Tuesday, June 10, 9 am-1 pm
End-of-Life Doula Training
Lori Lantz, Coordinator of Volunteers
This course will train current volunteers for end-of-life doula volunteering. Doula volunteers serve as companions to patients and their families during the last few hours of life. Doula volunteers commit to one monthly six-hour shift (of their choice) in which to be on call if they are needed. The 16-hour Hospice Volunteer Training course is a pre-requisite.
Please contact Lori Lantz, Coordinator of Volunteers, directly, llantz@talbothospice.org or 410-822-6681 to discuss eligibility.

Thursday, June 19, 1pm -3pm
Alzheimer's Disease
Jason Karlawish, MD.
Dr. Karlawish is a noted authority on Alzheimer's Disease and will present an in-service on this topic. Please visit THF website (www.talbothospice.org) or look for an email with information on this as it becomes available.

IMPORTANT

The Talbot Hospice Foundation staff would like to implement a monthly newsletter for volunteers with information on the happenings at The Guest Wing and The Talbot Hospice Foundation. We have a small portion of volunteers who do not receive email and we would like to have everyone getting the updated information. With the assistance of Peg Fitzgerald, Director of Communications, we will publish a newsletter at the beginning of each month. The newsletter will be emailed to volunteers who have an email address on file and available on hard copy at the Front Desk for those who do not have email access. If you wish to submit anything, please contact Lori Lantz (llantz@talbothospice.org) or Peg Fitzgerald (pfitzgerald@talbothospice.org).

EXHIBIT III-05E(4)-c

HOSPICE VOLUNTEER DOCUMENTATION
Policy No. H:3-013.1

PURPOSE

To delineate the requirement for hospice volunteers to document their activities.

POLICY

The volunteer is an integral member of the interdisciplinary group. All volunteer patient/family support will be documented in the patient's clinical record.

All non-patient-related volunteer activities will be documented and filed in the volunteer department.

PROCEDURE

1. Each volunteer will complete a separate clinical note for each patient and family/caregiver visited. Successive activities and dates may be recorded on the same form as long as they are for the same patient.

2. Volunteer clinical notes will be filed in the patient's clinical record.

3. A record is kept for non-patient-related activities that support hospice and the associated hours.

4. Documents must be turned in to the Coordinator of Volunteers no later than the first of each month following the date of services provided.

EXHIBIT III-05E(4)-d

DOCUMENTATION OF VOLUNTEER UTILIZATION

Policy No. H:3-014.1

PURPOSE

To delineate the process by which the hospice will document the utilization of volunteers and the cost savings achieved.

POLICY

Talbot Hospice will document the cost savings achieved. The hours of volunteer services will exceed 5% of the total patient care hours of paid and contracted hospice personnel.

PROCEDURE

1. Volunteers will submit their documentation for services and time to the Coordinator of Volunteers on a monthly basis.

2. The Coordinator of Volunteers will compile and analyze the data.

3. The Coordinator of Volunteers will document the following:

4. The continuing level of volunteer activity and the expansion of care and services achieved through the use of volunteers

   A. Volunteer service hours to show that volunteer hours equal at least 5% of the total patient care hours of all paid hospice and contract staff

   B. Cost savings achieved through the use of volunteers, including:

      1. Identification of necessary positions that are occupied by volunteers

      2. The time worked by volunteers occupying these positions

      3. Estimate of the dollar costs that the hospice would have incurred if paid personnel had occupied those positions

5. Monthly and annual statistical reports will determine the percentage of services given by volunteers in relationship to the other disciplines.

6. The Coordinator of Volunteers will estimate the dollar costs that hospice would have incurred if paid hospice personnel occupied the identified positions.

7. The Coordinator of Volunteers will also maintain records to demonstrate the organization's ongoing effort to recruit, train, and retain volunteers.

8. Volunteer hours are recorded and reported annually in the MHCC Maryland Hospice Survey. Historical reported volunteer hours for Talbot Hopsice are listed below:

2012:
Direct Patient Care Volunteers: 99 volunteers, 6,201 hours, 1,878 visits
Clinical Support Volunteers: 155 volunteers, 6,609 hours
General Support Volunteers: 21 volunteers, 449 hours
All Hospice Volunteers: 275 volunteers, 13,287 hours, 1,878 visits*

2011:
Direct Patient Care Volunteers: 104 volunteers, 6,553 hours, 1,885 visits
Clinical Support Volunteers: 151 volunteers, 6, 205 hours
General Support Volunteers: 21 volunteers, 407 hours
All Hospice Volunteers: 274 volunteers, 13, 165 hours, 1,885 visits*

2010:
Direct Patient Care Volunteers: 94 volunteers, 5,562 hours, 1,740 visits
Clinical Support Volunteers: 152 volunteers, 6,726 hours
General Support Volunteers: 24 volunteers, 443 hours
All Hospice Volunteers: 270 volunteers, 21,731 hours, 1,740 visits*

*refers to volunteers who provided services during the respective calendar year, and who completed the required reporting form

EXHIBIT III-05F(3)-a

PATIENT EDUCATION PROCESS
Policy No. H:5-001.1

PURPOSE

To provide guidelines for giving specific instruction and information to patients and family/ caregivers regarding hospice services.

POLICY

Patients and family/caregivers will receive education in verbal, visual, and written format, as appropriate. The scope of teaching will be determined by the assessed needs, abilities, learning preferences, and readiness to learn of the patient and family/caregiver, as well as by the plan of care. Education will be the responsibility of each interdisciplinary group member and will focus on, as appropriate:

1. Facilitating the patient's and family/caregiver's understanding of his/her health status, health care options, and consequences of options
2. Encouraging patient participation in decision-making about health care options
3. Increasing patient and family/caregiver potential to follow the plan of care
4. Maximizing care skills of the patient and family/caregiver
5. Increasing the patient's and family/caregiver's ability to cope with the health status, prognosis, and outcomes
6. Enhancing the patient's and family/caregiver's role in continuing care
7. Promoting a healthy lifestyle
8. Maintaining the patient's and family/caregiver's health status
9. Assisting the patient's and family/caregiver's ability to cope with hospice care and the patient's impending death
10. Pain and symptom management

PROCEDURE

1. As part of the comprehensive assessment, the following will be assessed and included in the plan of care, as appropriate:

   A. The atmosphere for conducive learning

B. The pertinent information needed by the patient and family/caregiver in relation to the care being rendered

C. The level of knowledge of the patient and family/caregiver in relation to the diagnoses, plan of care, required activities by patient and family/caregiver, lifestyle changes, etc.

D. The ability and readiness of the patient and family/caregiver to learn

E. Cultural and religious practices that might affect learning

F. Emotional barriers that might affect learning

G. Desire and motivation to learn

H. Physical and/or cognitive limitations, as well as communication and language barriers to learning

2. Based on the above, the comprehensive assessment will be used as the basis for planning patient and family/caregiver education. In the event that any barriers to learning exist, these barriers, as appropriate, will be discussed with the patient and family/caregiver as well as the Clinical Supervisor. If they cannot be overcome, the patient's physician will be contacted.

3. When appropriate, the clinician will use preprinted, hospice-approved patient teaching handouts. When not available, the clinician will, if needed, identify available written or visual materials to aid in the education process.

4. If a patient's condition prevents him/her from participating in instruction, family/caregivers will receive the information/instruction.

5. If a patient lives alone and there is no one able or willing to receive the instruction, the physician will be informed, and this information will be documented in the clinical record.

6. Unless otherwise ordered by the physician (or other authorized licensed independent practitioner), the patient and family/caregiver will receive verbal, and as appropriate, written instructions on:

   A. Hospice philosophy and the nature of palliative care

   B. The patient's disease process and prognosis

   C. The medical regimen

   D. Medication management and administration

   E. Food and drug interactions

F. Nutrition interventions, modified diets, and oral health

G. Prescribed treatments

H. Pain management

I. Consequences of noncompliance

J. Basic home safety

K. Personal hygiene and grooming

L. Infection prevention and control

M. Safe, effective use of equipment and supplies

N. Environmental and mobility safety

O. Emergency preparedness

7. Documentation of patient and family/caregiver education will consist of:

   A. Describing what was taught to the patient (if using preprinted materials, document the name of the handout)

   B. Describing the patient's response to the teaching, including the level of understanding and the ability to repeat or demonstrate what was taught

   C. Describing any additional learning needs not currently met

   D. Describing teaching planned for subsequent visits

8. When applicable and available, audiotapes, videotapes, books, booklets, etc. will be made available to patients to assist in the educational process.

9. Community resources will be accessed, as appropriate and available, based on patient and family/caregiver needs.

10. Patient and family/caregiver education will be interdisciplinary and interactive as appropriate to the plan of care. At interdisciplinary group meetings, patient education and learning needs/processes will be discussed by all clinicians involved with the care.

11. The patient's and family/caregiver's knowledge, skills, and behaviors will be assessed during hospice visits. Re-education, when appropriate, will be provided.

12. Individual needs and learning styles will be evaluated when identifying appropriate methods and resources for patient education.

EXHIBIT III-05F(3)-b

COMMUNITY RESOURCES
Policy No. H:5-013.1

PURPOSE

To provide guidelines for the use of community resources for patient and family/caregiver education.

POLICY

Talbot Hospice personnel, as well as the patient and family/caregiver, will have access to community resources in the provision of patient education appropriate to patient and family/caregiver needs.

PROCEDURE

1. Talbot Hospice will maintain a list of community resources and appropriate contacts that have patient education materials available for use in the hospice setting.
2. Resources available may include, but not be limited to:
   A. American Diabetic Association
   B. American Heart Association
   C. American Lung Association
   D. Cancer Society
   E. Drug and pharmaceutical companies
   F. National groups supporting diseases, such as ALS, MS, etc.
   G. Support groups, such as Ostomy, Y-Me, etc.
3. Talbot Hospice will use this information in conjunction with other materials it developed.
4. Use of community and outside resources should be documented in the clinical record.

EXHIBIT III-05F(4)-b

SIGNS AND SYMPTOMS OF APPROACHING DEATH

Policy No. H:5-012.1

PURPOSE

To provide guidelines for recognizing the signs and symptoms of approaching death and taking appropriate action.

POLICY

A family/caregiver instruction sheet will be provided to Talbot Hospice patients and family/caregivers describing signs and symptoms of approaching death and appropriate actions to take.

PROCEDURE

Symptoms to Observe	Action to Take
1. The arms and legs may become cool to the touch and you may notice underside of the body becoming much darker in color.	1. Keep warm blankets on the family member's body to prevent him/her from feeling overly cold. Do not use electric blankets.
2. The patient will gradually spend more and more time sleeping during the day and at times will be difficult to arouse.	2. Plan your time with your family member for those occasions when he/she seems more alert.
3. The patient may become increasingly confused about time, place, and identity of close and familiar people.	3. Remind your family member frequently what day it is, what time it is, and who is in the room and talking to him/her.
4. Incontinence (loss of control) of urine and bowel movements is often not a problem until death becomes imminent.	4. Consult your nurse/aide about buying pads to place under the incontinent patient.
5. Oral secretions may become more profuse and collect in the back of the throat. You may have heard friends refer to a "death rattle."	5. Provide a cool mist humidifier to increase the humidity in the room. Elevating the head of the bed with pillows will make breathing easier. Turn the patient often to either side, keeping off of the back. Ice chips, a straw, and cool, moist washcloths will relieve feelings of dehydration. Let the nurse know if this is a significant change.

Symptoms to Observe	Action to Take
6. Clarity of hearing and vision decrease slightly.	6. Keep lights on in the room when vision decreases and never assume that the patient cannot hear you. Hearing is the last of the five (5) senses to be lost.
7. You may notice your loved one becoming restless, pulling at bed linen, and having visions of people or things which do not exist.	7. Talk calmly and assuredly with the confused person so as not to startle or frighten him/her further.
8. Your family member will have decreased need for food and drink.	8. Ask the nurse for a nutrition sheet for information about supplements.
9. During sleep, you may notice breathing patterns change to an irregular pace. This pattern is referred to as periods of "apnea."	9. Elevating the head of the bed often relieves the person who has irregular breathing patterns.

How You Would Know Death Has Occurred

1. No breathing
2. No heartbeat
3. Loss of control of bowel and bladder
4. No response to shaking or shouting
5. Eyes fixed on a certain spot or eyelids slightly open
6. Jaw relaxed and mouth slightly open

EXHIBIT III-05F(4)-c

SAFE/EFFECTIVE USE OF MEDICATIONS
Policy No. H:5-002.1

PURPOSE

To provide guidelines for the instruction of patients and family/caregivers regarding the safe, effective use of medication.

To promote correct administration of medication by patients and family/caregivers.

POLICY

Patients and family/caregivers will receive information regarding the safe and effective use of medications, in accordance with applicable hospice policies.

Talbot Hospice will encourage patient and family/caregiver participation in his/her own hospice care and will explain the correct administration of medications by the patient or family/caregiver, as ordered by the attending physician (or other authorized licensed independent practitioner) or purchased over the counter. Teaching will also include the safe storage of medications.

PROCEDURE

1. As part of the comprehensive assessment, the patient and family/caregiver will be assessed as to their knowledge and skill required for safe and effective use of medications.

2. The components of the medication assessment used to determine patient and family/caregiver knowledge and skill related to medication administration will include, but not be limited to:

   A. Name, dosage, route, duration, time, and usage of medication, intended use as well as expected actions of drug therapy

   B. Preparation, self-administration, and use of medication, including over-the-counter products

   C. Safeguards against contamination

   D. Compounding and administration techniques (if applicable)

   E. Significant side effects, adverse reactions/interactions (including drug-to-drug and drug–food interactions) as well as contraindications and how to avoid and respond to such factors

F. Self-monitoring of drug therapy

G. Proper storage and expiration dating of medications

H. Refill information

I. Actions to take in the event of a missed dose

J. Proper disposal of unused or expired medications, especially controlled substances/Schedule II drugs

K. Other information, as applicable

3. Based on the assessment(s), the clinician will review written hospice information available for patient and family/caregiver instruction.

4. Using the written information, the clinician will review the key points required, based on patient knowledge and skills, as well as identified needs. This may include:

   A. Teaching the patient the purpose and side effects of medications, and the patient's role in identifying and preventing medication errors.

   B. Assisting the patient in setting up medications for the first time.

   C. Assessing the patient's ability to self-administer medications correctly, and document the patient's response and comprehension.

   D. Answering questions/concerns expressed by the patient and family/caregiver regarding patient's self-administration of medications.

   E. Instructing the patient and family/caregiver regarding safe storage of medications:

      1. Medications should be stored separately from other poisonous drugs and chemicals.

      2. Medication should be removed from storage during instruction and administration times.

      3. Medications should be kept out of the reach of children, pets, and confused or disoriented patients.

      4. The nurse will plan with the patient and family/caregiver for the safe, therapeutic storage of drugs during the assessment process.

      5. Drugs requiring refrigeration should be stored inside the refrigerator.

6. Urine testing and other diagnostic materials should be stored away from all medications, heat, light, and moisture.

5. The clinician will include information, when appropriate, regarding poison control center numbers, allergies, pharmacy numbers, and emergency actions.

6. Documentation of patient and family/caregiver instruction in the clinical record will include:

   A. Information taught

   B. Patient and family/caregiver understanding

   C. Return demonstrations

   D. Response to teaching

   E. Updating medication profile

EXHIBIT III-05F(4)-d

REHABILITATION TECHNIQUES
Policy No. H:5-006.1

PURPOSE

To provide guidelines for the instruction of patients and family/caregivers in habilitation or rehabilitation techniques to facilitate adaptation and/or functional independence.

Definitions

1. *Habilitation*: Educational, medical, social, and other measures undertaken for individuals born with limited functional abilities.

2. *Rehabilitation:* The combined and coordinated use of educational, medical, social, and vocational measures for training or retraining individuals disabled by disease or injury. The goal is to enable individuals to achieve their highest possible level of functional ability.

POLICY

Patients will receive, when appropriate, information and instructions regarding habilitation or rehabilitative techniques in accordance with applicable Talbot Hospice policies.

PROCEDURE

1. As part of the comprehensive assessment, the patient will be assessed regarding functional limitations that need to be addressed to ensure adaptation to the home environment.

2. The functional assessment will include, but not be limited to, activities of daily living:

   A. Dressing

   B. Feeding

   C. Hygiene

   D. Activity/exercise

   E. Homemaking/housekeeping

   F. Toileting/elimination

Policy No. H:5-006.2

3. Based on the assessment, a physician's (or other authorized licensed independent practitioner's) order will be obtained, and a referral will be made to physical, speech, and/or occupational therapy, as needed and if appropriate.

4. The patient's physical status and functional abilities will be evaluated by a rehabilitation professional before instruction and treatment is initiated.

5. The therapists, when involved in the care of the patient, will be responsible for instructing the patient in habilitation or rehabilitation techniques in response to identified needs. When a therapist is not involved in the care, the Case Manger will be responsible.

6. Verbal and/or written information regarding habilitation or rehabilitation techniques will be provided to the patient and family/caregiver, based on their ability to adapt to their environment.

7. Information regarding potential benefits and risks of habilitation or rehabilitation services will be provided to the patient in order to make an informed decision regarding services and treatment.

8. Documentation of patient and family/caregiver instruction in the clinical record will include:

   A. Information taught

   B. Adaptations made to the environment

   C. Patient and family/caregiver understanding

   D. Return demonstrations in use of rehabilitation equipment, if appropriate

   E. Response to teaching

   F. Additional learning needs

EXHIBIT III-05F(4)-e

PAIN MANAGEMENT EDUCATION
Policy No. H:5-003.1

PURPOSE

To provide guidelines for the instruction of patients and family/caregivers regarding identification and management of pain.

POLICY

Patients and family/caregivers will receive information regarding pain and the management of pain as an integral part of hospice care.

PROCEDURE

1. The clinician will identify patients with pain or who are at risk for pain during each patient assessment.

2. The patient and family/caregiver will receive verbal or written instructions, as appropriate, regarding:

   A. The pain process

   B. The risk for pain

   C. The pain assessment process

   D. The importance of effective pain management

   E. Methods for pain management, when identified as part of treatment

   F. Potential limitations of pain management modalities

   G. Side effects of pain treatment

3. Documentation of patient and family/caregiver instruction and understanding in the clinical record will include:

   A. Information taught

   B. Patient and family/caregiver understanding

   C. Response to teaching

   D. Additional learning needs

EXHIBIT III-05F(4)-h

NATURAL DISASTERS/EMERGENCIES
Policy No. H:5-010.1

PURPOSE

To provide guidelines for specific instruction and information for patients and family/caregivers in relation to emergency preparedness and actions to take in the event of a natural disaster and/or emergency.

POLICY

Patients and family/caregivers will receive information on an emergency management plan during the initial visit.

PROCEDURE

1. As part of the comprehensive assessment, the patient and family/caregiver will be assessed regarding their emergency management plan for the home, and any special needs will be noted.

2. The patient's and family/caregiver's understanding will be assessed on an ongoing basis. Instruction will be in accordance with applicable organization policies.

3. The patient and family/caregiver will be assessed and instructed regarding the components of an emergency preparedness/natural disaster plan that will include, but not be limited to:

   A. Emergency phone access, including ambulance, police, fire, gas, electric, water

   B. Emergency supplies, including food, water, heat, light, day-to-day necessities, and needed medical supplies

   C. Disaster follow-up, including battery-powered access to local radio stations

   D. Procedures to follow if care is disrupted by a natural disaster

   E. Actions to take in preparation and during natural disasters, such as flood, storms or earthquakes

   F. Actions to take in case of fire

   G. Evacuation plans for the home

Policy No. H:5-010.2

4. Written information will be presented and reviewed, based on patient and family/caregiver knowledge, skills, and identified needs.

5. The Case Manager will document all patient and family/caregiver education information in the clinical notes. Noncompliance and/or lack of understanding will be documented, and a plan for instruction will be developed as part of the plan of care.

BASIC HOME SAFETY
Policy No. H:5-005.1

PURPOSE

To provide guidelines for the instruction of patients and family/caregivers regarding basic home safety.

POLICY

Patients will receive information regarding basic home safety in accordance with applicable hospice policies including:

1. Fire response
2. Electrical safety
3. Environmental and mobility safety
4. Bathroom safety

PROCEDURE

1. As part of the comprehensive assessment, the patient's home will be assessed for potential hazards.
2. Based on the results of that assessment, the patient and family/caregiver learning needs will be identified.
3. Using the assessment, written and verbal information appropriate to the patient's environment will be used as a basis for patient instruction.
4. The information that will be reviewed with every patient will include, as indicated:
   A. *Fire safety* –Smoking, smoke detectors, fire escape route, burns, electric blankets, heating pads, oxygen therapy precautions, space heaters, cooking safety, and flammable liquids.
   B. *Electrical safety* –Extension cords, electrical cords, overloaded circuits, outlets, light bulbs, grounding, and electrical appliances.

C. *Environmental and mobility safety* –Fall prevention techniques, wheelchair safety, walker safety, exits/passageways, use of handrails, loose carpets, stairway safety, adequate lighting, emergency medical plan, disaster plan.

D. *Bathroom safety* –Nonskid mats, slippery surfaces, grab bars, water temperature

5. During subsequent home visits, clinicians will continually assess the patient and family/caregiver compliance to home safety and re-instruct when safety issues surface.

6. Documentation of patient and family/caregiver instruction in the clinical record will include:

   A. Information taught

   B. Adaptations made to the environment

   C. Patient and family/caregiver understanding

   D. Return demonstrations in use of equipment, if appropriate

   E. Response to teaching

   F. Additional learning needs

EXHIBIT III-05F(4)-j

INFECTION CONTROL PRECAUTIONS

Policy No. H:5-009.1

PURPOSE

To provide guidelines for the instruction of patients and family/caregivers in infection control precautions.

POLICY

The patient and family/caregiver will receive, when appropriate, information and instruction regarding infection control precautions, in accordance with applicable Talbot Hospice policies.

PROCEDURE

1. As part of the comprehensive assessment, the patient and family/caregiver will be assessed for knowledge regarding infection control.

2. Based on the assessment and patient needs, the patient and family/caregiver will receive information and instruction on standard precautions, including such information as:

   A. Hand washing

   B. Protecting skin membranes

   C. Use of antiseptic cleaners

   D. Disposing of sharps in puncture-resistant containers

   E. Breaking of needles

   F. Food and drink in the patient care area

   G. Transmission of infections

   H. Personal protective equipment

   I. Cleaning and decontamination schedules, if appropriate

   J. Handling of soiled laundry and linen

   K. Emergency responses

Policy No. H:5-009.2

3. When appropriate, the patient and family/caregiver will receive verbal and written information on standard precautions.

4. The use of standard precautions must be demonstrated by the patient and family/caregiver prior to them assuming responsibility for care.

5. Ongoing assessments will continually address the use of standard precautions.

6. Documentation of patient and family/caregiver instruction in the clinical record will include:

   A. Information taught

   B. Adaptations made to the environment

   C. Patient and family/caregiver understanding

   D. Return demonstrations in use of equipment, if appropriate

   E. Response to teaching

   F. Additional learning needs

IDENTIFICATION, HANDLING, AND DISPOSAL OF HAZARDOUS WASTE

Policy No. H:5-008.1

PURPOSE

To provide guidelines for the instruction of patients and family/caregivers in the identification, handling, and disposal of hazardous materials and wastes.

POLICY

The patient and family/caregiver will receive, when appropriate, information and instruction regarding the identification, handling, and disposal of hazardous materials and wastes, in accordance with applicable Talbot Hospice policies.

PROCEDURE

1. As part of the comprehensive assessment, the patient will be assessed for educational needs related to the identification, handling, and disposal of hazardous materials and wastes.

2. The assessment will include, but not be limited to:

   A. The potential need for and use of puncture-resistant needle containers

   B. The potential need for and use of bags for soiled dressing/linens

   C. The potential need for and use of gloves and protective clothing

3. The assessment will include the appropriate actions for both hospice personnel and the patient and family/caregiver while receiving hospice services.

4. The patient who has the potential for handling and disposing of hazardous materials will receive information on OSHA's bloodborne pathogens standards, as well as hospice home safety information that addresses hazardous waste in the home setting.

5. The materials will be reviewed initially with the patient and family/caregiver to assess their understanding of the actions to be taken to protect themselves. Completion of this instruction and full understanding are necessary prior to the patient and family/caregiver assuming care and performing interventions, which may put them at risk.

Policy No. H:5-008.2

6. On subsequent visits, the Case Manager will observe the patient and family/caregiver performing appropriate care activities using information learned. Failure to perform activities according to accepted standards will result in re-instructions.

7. Documentation of patient and family/caregiver instruction in the clinical record will include:

   A. Information taught

   B. Adaptations made to the environment

   C. Patient and family/caregiver understanding

   D. Return demonstrations in use of equipment/procedures, if appropriate

   E. Response to teaching

   F. Additional learning needs

EXHIBIT III-05F(4)-k

SAFE/EFFECTIVE USE OF EQUIPMENT AND SUPPLIES

Policy No. H:5-004.1

PURPOSE

To provide guidelines for the instruction of patients and family/caregivers regarding the safe, effective use of medical equipment and/or supplies.

POLICY

Patients will receive information regarding the safe and effective use of home medical equipment (HME) in accordance with applicable hospice policies. When medical equipment is supplied by another organization, Talbot Hospice personnel will be supportive in the patient teaching role.

PROCEDURE

1. As part of the comprehensive assessment, the patient will be assessed as to the medical equipment being used within the home. Included in the assessment is the identification of the home medical equipment (HME) company providing the equipment and any patient instruction materials left in the home.

2. The clinician will, through interview and observation, determine patient and family/caregiver level of understanding in the use of the equipment and supplies ordered for care.

3. If the patient and family/caregiver have identified knowledge and skill deficits regarding the use of the HME or supplies and the Case Manager has a sound knowledge base regarding the equipment or supplies, the Case Manager will provide additional instruction to the patient and family/caregiver.

4. If the patient and family/caregiver have identified knowledge and skill deficits regarding the use of the HME and the Case Manager does not have a sound knowledge base regarding the equipment, the Case Manager will contact the HME company to further instruct the patient and family/caregiver.

5. Hospice will maintain generic patient teaching tools from the company for common pieces of HME found in the home, including but not limited to:

   A. Oxygen

B. Humidifiers

C. Oxygen concentrators

D. Oxygen cylinders

E. Suction machines

F. Mechanical lifts

G. Trapeze bars

H. Pressure pads/pumps

I. TENS units

J. Canes, walkers, wheelchairs

K. Hospital beds

L. Lift chairs

M. Bathroom aids

6. Specific operational information related to these items will be obtained from the company providing the equipment. This will include such information as:

   A. Basic purpose and description of the equipment

   B. Basic operating instructions

   C. Troubleshooting

   D. Safety precautions and warnings

   E. Cleaning and/or disinfecting

   F. Infection control precautions as applicable

   G. Backup equipment and accessories, if applicable

   H. Emergency plans, when applicable

   I. Correct use of the equipment

J. Checklists, when appropriate

K. Maintenance to be performed by patient

L. Storage and/or transport of equipment

7. If equipment operation has not been explained to the patient by the HME company the hospice clinician will provide or arrange education or contact the company to provide further information and/or instruction, as needed.

8. Documentation of patient and family/caregiver instruction in the clinical record will include:

   A. Information taught

   B. Patient and family/caregiver understanding

   C. Return demonstrations

   D. Response to teaching

STORAGE, HANDLING, AND ACCESS TO SUPPLIES AND GASES

Policy No. H:5-007.1

PURPOSE

To provide guidelines for the instruction of patients and family/caregivers in storage, handling, and access to supplies and medical gases.

POLICY

Patients will receive, when appropriate, information and instruction regarding storage, handling, and access to supplies and medical gases, in accordance with applicable Talbot Hospice policies.

DEFINITIONS

1. *Medical Equipment:* An assistive device or piece of equipment used by hospice personnel and patient and family/caregiver to meet the patient's needs, such as wheelchairs, walkers, canes, lifts, and monitors.

2. *Home Care Supplies:* Those disposable items used by hospice personnel and patients and family/caregivers to meet the patient's needs, such as sterile dressings, syringes, catheters, tubing, and gloves.

3. *Oxygen and Related Equipment:* Any equipment used to deliver the gas to the patient, such as oxygen tank and tubing.

PROCEDURE

1. As part of the comprehensive assessment, the patient will be assessed as to any medical gases and/or sterile supplies to be used in the home setting, as well as the name of the home medical equipment company providing such service/equipment.

2. The selection, delivery, setup, initial instruction, and maintenance of home medical equipment are the responsibility of the equipment company.

3. The initial home assessment will include, but not be limited to:

   A. Use of oxygen and oxygen-related equipment, including medical gas cylinders

   B. The areas where medical gases are stored

   C. The environment, including temperature where gases are stored

D. Use of sterile supplies related to care being provided by hospice

4. At the start of care or whenever supplies are initially utilized, the patient and family/caregiver using supplies (sterile and non-sterile) will designate an appropriate area in the home for storage.

5. The patient and family/caregiver will be instructed, as applicable, on:

   A. Storage of medical gases in a stable, ventilated, protected area

   B. Protection from heat extremes

   C. Safe filling of portable oxygen units

   D. Proper handling of sterile supplies

   E. Response to emergency situations and/or accidents in the home

   F. Delivery of and access to supplies

6. Documentation of patient and family/caregiver instruction in the clinical record will include:

   A. Information taught

   B. Adaptations made to the environment

   C. Patient and family/caregiver understanding

   D. Return demonstrations in use of medical equipment and/or supplies, if appropriate

   E. Response to teaching

   F. Additional learning needs

EXHIBIT III-05I(1)

Talbot Hospice
FOUNDATION

Provider and Community Target Contact List

PHYSICIANS:

Dr. Robert Sanchez -Easton
Dr. Ludy Eglseder- Easton
Dr. Carolyn Helmly-Easton
River Family Physicians- Easton
Susan Delean Botkin CRNP-Easton
Dr. David Smith –Easton
Dr. Mary DeShields-Easton
Choptank Community Health Center-St. Michaels

SENIOR CENTERS AND FACILITIES:

The Pines-Easton
Londonderry-Easton
Evergreen Cove-Easton
William Hill Manor-Easton
William Hill Gardens - Easton
Candlelight Cove-Easton
Talbot County Senior Center
Talbot County Community Center
Oxford Community Center
St. Michaels Community Center

HEALTH CARE FACILITIES:

UM Shore Medical Center at Easton
Talbot County Health Department-Easton
Talbot County Dept. of Social Services- Easton
UM Shore Regional Health Cancer Center-Easton
UM Shore Regional Home Health
HomeCall of Easton, Inc. Home Health
Home Instead Senior Care-Easton
Comfort Keepers-Easton

OTHER:

St Vincent de Paul Society-Easton
Neighborhood Services Center-Easton
Easton YMCA
St. Michaels YMCA
St. Michaels Community Center Treasure Shop-St Michaels
Talbot County Chamber of Commerce
Talbot County Department of Social Services
Talbot County Health Department
Talbot County Commission on Aging

EXHIBIT III-05I(2)

Fee Notice Policy
Policy No. _____

POLICY

In accordance with COMAR 10.07.21.21(B)(12) and any other applicable standard or regulation, Talbot Hospice will notify a patient or patient representative, and his or her family or caregiver(s), of Talbot Hospice's fees for services, Talbot Hospice and will do so at least two days in advance of providing any service to that patient for which a fee may be charged.

PROCEDURE

1. Responsibility. Talbot Hospice's Finance Director will be responsible for implementing Talbot Hospice's fee notice policy.

2. Delivery of Fee Information. The Finance Director will personally meet with the patient and/or family in person or by telephone to go over applicable fees for services. Insurance coverage and patient's responsibility for copayment will be also discussed and presented in writing to the patient and family. All written and verbal notifications with respect to the patient's financial responsibility will be documented in the patient's clinical and billing records.

3. Timing. Talbot Hospice will provide fee information at least two days in advance of providing any service to that patient for which a fee may be charged. In addition, Talbot Hospice will respond – providing a probable eligiblity determination - to a charity care request no more than two days following such request; provided, that Talbot Hospice's final determination of eligibility may require additional time for verification of information.

4. Updates. The patient and family will be notified of any subsequent changes in financial responsibility.

5. Publication. Information about fees will be published on the Talbot Hospice website.

EXHIBIT III-05J

Charity Care Policy (DRAFT)
Policy No. _____

POLICY

Talbot Hospice aims to provide hospice services to individuals of all financial means, including the poor and the uninsured. No patient will be turned away based on inability to pay.

PROCEDURE

1.Eligibility: Eligibility will generally be determined by measuring gross family income against the Federal Poverty Income Guidelines. Talbot Hospice's values of human dignity and stewardship will be reflected in the application process, financial need determination and the granting of charity.

2.Timing: Within two business days following a patient's request for charity care services, application for medical assistance, or both, Talbot Hospice will make a determination of probable eligibility and communicate the determination of probable eligibility to the patient and/or responsible party.

3.Sliding Scale: The Talbot Hospice charity care policy will include provisions for a sliding fee scale, which will range from full payment of fees to zero payment required. Talbot Hospice may make exceptions to the sliding fee scale on a case-by-case basis for patients in need of assistance.

4.Payment Plans: There will be provisions for time payment plans for low-income patients who do not qualify for full charity care, but are unable to bear the full cost of services.

5.Nondiscrimination: The granting of charity will be based on an individualized determination of financial need, and will not take into account age, diagnosis, gender, race, social or immigrant status, sexual orientation or religious affiliation.

EXHIBIT III-05K

Talbot Hospice

QUALITY ASSURANCE and UTILIZATION REVIEW PLAN

TABLE OF CONTENTS

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I. PURPOSE

The purpose of the Talbot Hospice ***Quality Assurance and Utilization Review Plan*** is to ensure the fulfillment of our Mission to offer hope, compassionate support and services to members of the community facing end-of-life by providing person- and family-centered care both in their homes and in residential settings.

II. PROGRAM GOALS

- To fulfill the Board's obligation to ensure that the hospice care program conducts ongoing quality assurance and utilization review and develops and implements a quality improvement program to assess and improve the quality of services being provided by the program.
- To measure and improve Talbot Hospice (TH) performance in providing hospice care that meets and exceeds the expectations of our patients and their families at the end-of-life.
- To develop a performance measurement process and system that sustains performance improvement activity linked to fulfilling our Mission.
- To implement a process to communicate TH performance to all who need to know and should know, including our patients, their families, our team members, our Board, our medical partners, and our community.
- To ensure compliance with CMS and Maryland quality reporting requirements.
- To sustain an ongoing commitment to the National Hospice and Palliative Care Organization *Standards of Hospice Care*.

III. FRAMEWORK

The following Framework supports TH Quality Assurance and Utilization Review:

A. Mission Statement - To offer hope, compassionate support and services to members of the community facing end-of-life, by providing person- and family-centered care.

B. Strategic Principle – We celebrate life every day.

C. Guiding Principles of Service –

- Every last moment of life can be lived to the fullest
- Care is provided with respect for individual's and families' wishes
- Family members can say what needs to be said
- Help is always at hand
- The family will have support
- Grief is met with compassion
- One is never alone

IV. AUTHORITY AND ACCOUNTABILITY

A. Authority Statement:

The Talbot Hospice (TH) Board of Directors retains ultimate responsibility for the quality of services delivered to our patients and families. The Board recognizes its responsibility to provide the necessary resources to assess and improve the quality and efficiency of services provided. The oversight of the measurement, assessment, and improvement of organizational performance is the responsibility of the Board of Directors Patient Quality and Safety (PQS) Committee.

The TH Board of Directors delegates the operational responsibility of improving hospice performance to the Executive Director, and establishes performance improvement goals to be achieved under the direction of the Executive Director.

B. Accountability and Communication

The TH Board of Directors establishes accountability for the improvement of hospice performance through ongoing receipt of reports from its PQS Committee. The PQS Committee receives regular reports from the Executive Director as well as additional reports regarding sentinel events and associated performance improvement activity as these issues may occur. All quality, performance and care indicators are reported to the Board of Directors of TH via the PQS Committee, which reviews the quality assurance and improvement program at least annually and makes revisions as necessary.

The PQS Committee meets at least three times annually to receive reports from the Executive Director that will focus on the needs, expectations, and satisfaction of patients and their families, and all services provided by the hospice care program. The Executive Director documents the proceedings of the meetings of the PQS Committee.

Quality Assurance and Improvement: The Committee oversees the quality assurance and improvement program, which will:

- Have outcomes and results that are measurable and which may be incorporated into systemic changes in the program's operation;
- Establish goals and standards to measure the quality of the services being delivered and define how these standards are measured;
- Require the systematic collection, review, and evaluation of information and data and the analysis of trends identified through the quality assurance process;
- Maintain records to demonstrate the effectiveness of its quality assurance activities;
- Require that regular reports are prepared and reviewed by the Board and appropriate personnel;
- Provide for prompt and appropriate response to incidents when the patient's health and safety is at risk; and
- Include proactive strategies to improve the quality of services, including implementation of changes based upon results of the evaluated data, to include the identification of any problems in the provision of services and the

documentation of corrective actions taken, including ongoing monitoring, revisions of policies and procedures, and educational interventions.

Utilization Review: The Committee will oversee the utilization review program.

The UR program will have a written plan for monitoring the allocation and utilization of patient and family services in order to identify and resolve concerns relating to the allocation and utilization of these services. The plan will include:

- Goals and objectives for utilization review;
- Use of objective written criteria or treatment protocols to guide decisions about utilization of services;
- The analysis of the need for services;
- Time frames for review;
- Methods for identifying utilization review concerns and mechanisms for resolving problems;
- A confidentiality policy consistent with legal and regulatory requirements.
- a monitoring protocol to address the following utilization concerns:
    - The appropriateness of the services being provided, including the level of intensity
    - Patient admissions, including delays in the admission process
    - Delays in the provision of services and specific treatment modalities

When the UR program identifies utilization problems, the Committee will document corrective actions taken, including ongoing monitoring and educational interventions, as well as revisions to policies and procedures, and changes in the provision of services.

Within 90 days after the close of the fiscal year, Talbot Hospice will submit to the DHMH a report of the services it provided during the last fiscal year. The report will include the:

- Types of services provided;
- Number of patients provided each type of service;
- Number of family members provided each type of service; and
- Changes in the number of patients or family members provided services from the previous year.

EXHIBIT III-05M

Respite Care Policy
Policy No. _____

POLICY

Talbot Hospice will arrange for inpatient care for hospice patients for respite purposes, to the extent required by Maryland and federal regulations, including 42 C.F.R § 418.108.

Inpatient respite care will be provided to hospice patients at times when the patient and/or family need a short period of relief. Respite care will be offered in a contracted Medicare and/or Medicaid-certified skilled facility.

This care will be offered on an "as needed" basis for a maximum of five days per respite admission. Indications of need for respite care include but are not limited to: family/caregiver is unable to continue managing the patient's physical, emotional, or psychological needs and requires a break for one to five days; injury or impairment to the family/caregiver creates a need for respite to provide the family/caregiver and the interdisciplinary group an opportunity to problem solve; the primary family/caregiver must be out of the home for a period of time greater than twenty-four hours to attend to urgent affairs but no longer than five days; or relief is required by the family/caregiver in order to maintain the patient at home. Talbot Hospice will ensure the respite care facility has sufficient staffing to meet the patient's total needs with a focus on insuring that the patient Is kept comfortable, clean, well groomed, and protected from accident, injury, and infection. Provisions of care will be in accordance with the patient's plan of care established by the hospice interdisciplinary group for treatments, medications, and diet. The skilled facility will be furnished with a copy of the patient's plan of care that will specify the inpatient services to be provided. A copy of the clinical record from respite care will be provided to Talbot Hospice upon discharge. Talbot Hospice will be responsible for the coordination of the patient's transfer into and out of the respite care facility.

PROCEDURE

1.Responsibility. Admission and discharge from inpatient respite services will be the primary responsibility of the Case Manager, who will work in collaboration with the attending physician and the interdisciplinary team.

2.Criteria. Need for respite care may be indicated by the following conditions: (a) family/caregiver is unable to continue managing the patient's physical, emotional, or psychological needs and requires a break for one to five days; (b) injury or impairment to the family/caregiver creates a need for respite to provide the family/caregiver and the interdisciplinary group an opportunity to problem solve; (c) the primary family/caregiver must be out of the home for a period of time greater than twenty-four hours to attend to urgent affairs but no longer than five days; or (d) relief is required by the family/caregiver in order to maintain the patient at home. Other conditions may also indicate need for respite care in exceptional circumstances.

3.Arrangements with Inpatient Facilities.

a. Existing. Talbot Hospice will exploit its established working relationships with William Hill Manor and The Pines, each of which are certified skilled facilities in Talbot County that meet all federal, state, and local health and safety regulations. Contracts will be

executed with both facilities for respite care to enable Talbot Hospice to offer patient choice.

b. Ongoing. Talbot Hospice will confirm that each facility has an acceptable disaster preparedness plan. Talbot Hospice will ensure the respite care facility has sufficient staffing to meet the patient's total needs with a focus on insuring that the patient Is kept comfortable, clean, well groomed, and protected from accident, injury, and infection.

4.Coordination with Inpatient Facilities. Talbot Hospice will be responsible for the coordination of the patient's transfer into and out of the respite care facility. The skilled facility will be furnished with a copy of the patient's plan of care that will specify the inpatient services to be provided. A copy of the clinical record from respite care will be provided to Talbot Hospice upon discharge. Hospice personnel will be available twenty-four hours per day for clinical consultation with the inpatient facility's personnel.

5.Care. Talbot Hospice's provision of care will be in accordance with the patient's plan of care established by the hospice interdisciplinary group for treatments, medications, and diet. Talbot Hopsice will provide appropriate training and education for personnel in each facility providing twenty-four hours per day respite care.

Respite Care Policy
Policy No. _____

EXHIBIT III-05N

Public Education Plan
Policy No. _____

POLICY

Talbot Hospice will operate high-quality public education programs designed to increase awareness of hospice among the terminally ill and their caregivers, with a particular focus on outreach to underserved communities.

Tablot Hospice's Director of Communications manages Talbot Hospice's outreach programs in consultation with Tablot Hospice's Chaplain and under the overall leadership of Talbot Hospice's management team.

PLAN

1. Educational Seminars. Throughout the year, Talbot Hospice schedules special seminars which are focused on certain segments of our professional community. These are extremely popular and through these sessions Talbot Hospice is able to educate key professionals, including professionals connected to the underserved populations Talbot Hospice targets. Talbot Hospice continually recruits advocates for hospice in all segments of the community, including those segments historically underserved. Our current offerings are as follows:

    a. Talbot Hospice Day. This event has been held annually since 2008, held every January in our Talbot Hospice Conference Room. Invitations are sent to medical professionals in our community, including those in the hospital and in physician offices; support centers such as the Cancer Center; nursing homes; assisted living facilities; the Department of Social Services; etc. The program is an overview of hospice services tailored to professionals in terms of what they need to know about referring patients to hospice, how the program works, details of the various programs and services offered, and a review of updated criteria, policies and procedures. The attendees are provided an evaluation survey so thatTalbot Hospicecan learn how to improve the next Hospice Day event.

    b. Talbot Hospice Clergy Day . This event has been held annually since 2011. Talbot Hospice has developed and updates continuously a master list of all clergy in our community and surrounding areas. The content and presentations are similar to that of our annual Talbot Hospice day but are geared to clergy and emphasize our spiritual counselling program. In addition to the presentations, this event affords the opportunity for members of the clergy to network and share experiences and challenges and learn from each other.

c. One Hour Revelation. This is a four part series which is geared for clergy members, laity and spiritual leaders and is new for 2013 as an outgrowth of the popular Clergy Day. The topics are developed by Talbot Hospice's chaplain, and have included funeral planning, care of veterans, talking about death and dying, and unresolved grief. These are held in the morning (8:30-9:30am) or after hours (6-7pm) to increase attendance.

d. One Hour Education. This is also a four part series of presentations designed for school counselors and intended to increase awareness of Talbot Hospice in the community through mental health collaboration. This series is new for 2014. The informational presentations respond to various student issues which influence the general wellbeing of the classroom. Talbot Hospice works with the Mental Health Association of Talbot County in identifying presenters and topics. Topics this year include how to deal with silent rage, addressing student addictions, how to deal with unsolved grief, and surviving a community crisis. All sessions are scheduled in the morning at 8:30am.

2. Community Outreach – The Speaker's Bureau.

The Director of Communications runs a community outreach program – the Speaker's Bureau – to bring Talbot Hospice speakers and programs to existing community organizations. A goal for number of presentations is set at the beginning of each fiscal year, currently a minimum of 2 presentations a month. The Director is responsible for marketing and scheduling the presentation, identifying the Talbot Hospice speakers, taking pictures for press releases, and maintaining a log of attendees with regard to numbers, race, ethnicity and age. Each program includes an evaluation survey for the attendees; the results are summarized, shared with the presenters who in turn use that feedback to make revisions to subsequent presentations. This information is shared with staff and the Board on an annual basis.

Talbot Hospice's Speaker's Bureau is advertised via the Talbot Hospice website, various community publications, an annual mailing and is included in all our community presentations. Talbot Hospice has been available to speak to any group of any size, for example:

a. Civic and service groups
b. Church groups
c. Companies
d. School groups – high school and college
e. Medical professionals
f. Counseling professionals

g. Social service agencies

All presentations are tailored to the special interests or needs of the audience. As an example, a request was made by the Oxford Men's Club for a presentation on volunteerism at Talbot Hospice.Talbot Hospiceprovided our Coordinator of Volunteers for the presentation along with a male volunteer who shared his personal stories about his hospice experience.

Some of the topicsTalbot Hospice offers include the following:

i. Hospice overview – what is hospice, the 10 Myths of Hospice, how to get on hospice and when is the right time, pain and symptom management and the variety of services hospice offers.

ii. Pathways Program – review of all the services provided to those with life threatening illness who don't qualify for hospice, or who have yet to elect the hospice benefit.

iii. Bereavement Program – details about the community support groups offered by Talbot Hospice; individual and family counseling; understanding grief and loss; how to help someone who has lost a loved one.

iv. Volunteerism in hospice – what is it like to volunteer for hospice; review of all the different positions; requirements of volunteers, volunteer training; volunteer panels that present individual experiences as volunteers.

*(A listing of the specific Speaker's Bureau Topics for 2014 is attached).

3. Print Media

a. Press Releases – The Director of Communications develops and maintains relationships with all publishers so that press releases appear in their publications. The Director of Communications takes photos at all events, presentations, and special occasions and then writes the accompanying press release. This allows very timely submission to the publication. The main newspaper in Talbot County is *The Star Democrat,* where the vast majority of press releases are published. In addition to this paper, Talbot Hospice also works with and is published in *Attraction Magazine, The Tidewater Times, The Talbot Guide, Easton Update,* and *What's Up Eastern Shore.*

Public Education Plan
Policy No. _____

b. Brochures. Talbot Hospice develops educational/informational brochures internally so that revisions can be made on a timely basis. A total of 9 brochures are available for public distribution on a variety of topics, such as Pathways [Talbot Hospice's pre-hospice outreach program], How to Become a Hospice Volunteer, Spirituality, It Can Help to Talk, How to Help a Grieving Friend, Body Wisdom and Grief: What is It? Talbot Hospice prints over 3000 brochures annually, which are available in a brochure case in the reception area of Hospice House. Additionally, Talbot Hospice distributes these brochures three times a year (April, September, and December) over 5 regions in our county using volunteers to deliver them to various community organizations. The brochure packets include an introduction letter and our Director of Communications business card. Every organization is called in advance so they are aware of the delivery.

c. Newsletters and Annual Report. On a quarterly basis, Talbot Hospice publishes 3 newsletters with the fourth being the Annual Report. These publications are produced in house by the Director of Communications, using a printing company to produce the 7,000 copies that are mailed out to the community. The process of producing a newsletter takes approximately 2-3 months from the formation of the content to the copies out the door. Talbot Hospice staff is always involved in the content of the publications and often staff members write articles. These publications are also uploaded to the website and social media. The feedbackTalbot Hospicereceive from these publications assures us that this is an effective method to get our messages and information out to the communities thatTalbot Hospiceserve. Talbot Hospice is able to share our stories in a detailed manner as well as keeping the public up to date regarding new opportunities, events, personal stories and changes going on at Talbot Hospice.

4. Web and Social Media

a. Website – Talbot Hospice has had a live website since 2000 (www.talbothospice.org), which was created, managed and updated by an outside source. In 2008, our new Director of Communications brought the capabilities to manage our website internally, which has enhanced the volume, accuracy and timeliness of the content on our site. As with any website, Talbot Hospice is constantly updating pages, adding links, creating new images, etc., to entice viewers once on the site. Our webpages include a variety of topics, including information on the hospice and Pathways Programs; care for the caregiver; the various servicesTalbot Hospiceprovide; fundraising information and options to contribute on-line; our Speaker's Bureau; a calendar of events; and links to other resources in our community. Also included are links to our newsletters and Annual Report.

Public Education Plan
Policy No. _____

b. Facebook - Talbot Hospice has had a Facebook page since 2010 whenTalbot Hospicerecruited a volunteer who has expertise in in this media format. This volunteer updates the Facebook site bi-monthly. Talbot Hospice uses this site to promote our educational programs, our volunteer activities, and stories about the hospice program.

c. Listserve. Talbot Hospice launched Constant Contact – an electronic listserve – in July 2010;Talbot Hospicesend a blast message out about 4-5 times a year. Topics are typically seasonal, such as advertising the Festival of Trees, special events, bereavement programs, etc.Talbot Hospicealso provide a link to our newsletters. Constant Contact is managed by our Director of Communications.

d. Talbot Chamber of Commerce – As a member of the Chamber of Commerce, Talbot Hospice notifies the Chamber of any and all newsworthy events, presentations, programs, etc for inclusion in the Chamber's email communications to all Chamber members.

5. Outreach to Underserved Communities.

a. Commitment. In all our public educational efforts, Talbot Hospice is aware of the special hospice educational needs of those in our community who are underserved as well as those of all ethnic and racial backgrounds. The Board of Directors has a goal of being comprised of members who reflect the diversity of our community. The Board is committed to the National Hospice and Palliative Care Organization's exhortation to facilitate access to care by providing services, staff and management that are sensitive to the culturally diverse needs of the community it serves.

b. Professional Contacts. As described above, Talbot Hospice connects with health care professionals and providers having a patient base concentrated in underserved communities. This outreach allows Talbot Hospice to reach underserved patients through trusted intermediaries.

c. African-American Outreach. We have submitted a $25,000 grant proposal to the Quality Health Foundation to fund our African American Outreach Project, a quality improvement project with three goals:

i. Increase access for the underserved African American population to hospice services at Talbot Hospice's assisted living facility.

Public Education Plan
Policy No. _____

ii. Improve home care service to the underserved African American population in Talbot County;
iii. Develop tailored strategies to support these families in culturally sensitive and appropriate ways during their time of loss.

The funding will support expanded services from our nurse educator, chaplain and communications director, as well as new educational materials and advertising. The grant proposal is based on the National Hospice and Palliative Care African American Outreach Program.

d. Hispanic Outreach. According to the National Hospice and Palliative Care Organization's Guidelines for Bereavement Care in Hospice, bereavement professionals should identify and collaborate with community agencies devoted to addressing the needs of diverse cultures. This may include sensitive translations of bereavement materials and hiring staff and volunteers from different cultures. Talbot Hospice is currently translating our educational brochures into Spanish versions to meet the needs of our Hispanic community. Talbot Hospicehave a group of bilingual volunteers who can be assigned to Spanish-speaking patients.

e. Other Linguistic Diversity. Our volunteer data base includes information about other languages spoken by our volunteers. Not long ago, an elderly gentleman iserved by Talbot Hospice's volunteers was comforted when a volunteer spoke and read to him in German, his native language.

EXHIBIT III-05O

PATIENT AND FAMILY RIGHTS AND RESPONSIBILITIES

Talbot Hospice's culture is to treat all people with whom its staff and volunteers interrelate with respect.

As recipients of services from Talbot Hospice, patients and their families have the right and responsibility to:

1) Be fully informed of these rights.

2) Access care and services without discrimination, and be fully informed prior to or at the time of admission, of all services covered under the hospice benefit that are available from Talbot Hospice, including any limitations.

3) Be informed of short-term inpatient care options available for pain control, symptom management, and respite.

4) Receive effective pain management and symptom control for conditions related to the terminal illness.

5) Be informed to the extent to which payment may be expected from the patient's third party payers, and other sources of funding known to the hospice care program.

6) Be informed verbally and in writing of any changes in payment information as soon as possible, but no later than 30 days from the date that Talbot Hospice becomes aware of the change.

7) Be assured that patient/family confidentiality will be maintained, and that information will be shared only with appropriate Foundation personnel including volunteers unless there is written permission from the patient/family to share the information.

8) Have their privacy and personal property treated with respect.

9) Be free from neglect, physical, verbal, sexual or mental abuse, including injuries from unknown sources and misappropriation of personal property

10) Be assured of confidential treatment of records kept by Talbot Hospice. Release of these records to any individuals outside Talbot Hospice may be authorized only by the patient or family.

11) Be treated with consideration, respect and recognition of dignity and individuality.

12) Voice a complaint or suggest a change in services and/or staff including volunteers without being threatened, restrained or discriminated against by calling the Talbot Hospice Executive Director at 410-822-6681, Monday through Friday from 8:30 a.m. to 5:00 p.m. Talbot Hospice has a procedure in place to insure that all complaints are investigated and addressed. Persons

may also call the Maryland Department of Health, Office of Health Care Quality (800) 492-6005, Monday through Friday from 8:30 a.m. to 5:00 p.m. Your public advocate or ombudsman, is Patrick Carney, MSW, LCSW-C, and can be reached at 410-778-1182, Monday-Thursday, 8am - 3pm.

13) Receive an investigation by TH of complaints made by the patient or the patient's family or guardian regarding treatment or care and TH will document the existence and the resolution of the complaint.

14) Participate in the development of the plan of care by voicing your needs and concerns to staff members and volunteers. The care plan will be reviewed and updated by Foundation staff every 14 days to insure that it best meets the needs of the patient and family. Patients or their representatives are invited to attend these team meetings at any time. Please contact the Director of Clinical Services, or the Director of The Guest Wing, to ask when the meetings take place.

15) Formulate advance directives and have their wishes about resuscitation and other aspects of their directives respected by Talbot Hospice staff and volunteers.

16) Receive a copy of TH's written policies and procedures regarding advance directives, including a description of an individual's rights under applicable law and how such rights are implemented by TH.

17) Discontinue any or all services offered by Talbot Hospice by simply requesting it.

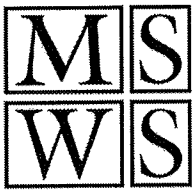
18) Be informed of the Talbot Hospice Discharge Policy.

I have read and understand the Patient and Family's Rights and Responsibilities and have received a copy for my records.

Patient/Patient Representative	Relationship to Patient	Date

EXHIBIT III-08G(3)-d-a

TALBOT HOSPICE FOUNDATION, INC.
FINANCIAL STATEMENTS
JUNE 30, 2012



MULLEN SONDBERG WIMBISH & STONE, PA

CERTIFIED PUBLIC ACCOUNTANTS

Exhibit III-08G(3)-d-a F12

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MULLEN & SONDBERG
WIMBISH & STONE, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

2553 Housley Road • Suite 200 • Annapolis, Maryland 21401

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Talbot Hospice Foundation, Inc.
Easton, Maryland

We have audited the accompanying statement of financial position of Talbot Hospice Foundation, Inc. (a non-profit organization) as of June 30, 2012, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information presented in the accompanying financial statements has been derived from the Foundation's 2011 financial statements and, in our report dated December 21, 2011, we expressed an unqualified opinion on those financial statements.

We conducted our audit 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 financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Talbot Hospice Foundation, Inc. as of June 30, 2012, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Mullen Sondberg Wimbish & Stone

MULLEN, SONDBERG, WIMBISH & STONE, P.A.

Annapolis, Maryland
October 8, 2012

Talbot Hospice Foundation, Inc.
STATEMENT OF FINANCIAL POSITION
June 30, 2012

ASSETS

	2012	2011
CURRENT ASSETS		
Cash and cash equivalents	$ 170,495	$ 127,616
Accounts receivable, net	1,940	3,640
Prepaid expenses	2,500	-
Pledges receivable	569,669	368,867
Employee receivable	-	2,900
Total current assets	744,604	503,023
PROPERTY AND EQUIPMENT		
Net of accumulated depreciation	1,239,428	1,259,044
OTHER ASSETS		
Cash held for purchase of fixed assets	1,189,240	626,520
Pledges receivable, long term	1,192,430	746,618
Investments	5,130,880	4,899,535
Investments - other	249,277	251,304
Split-interest agreements	39,198	71,703
Total other assets	7,801,025	6,595,680
Total assets	$ 9,785,057	$ 8,357,747

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts payable and accrued expenses	$ 12,790	$ 4,419
Accrued payroll and related liabilities	55,665	46,370
Deferred revenue	4,824	-
Total current liabilities	73,279	50,789
NET ASSETS		
Unrestricted	1,582,501	1,593,758
Unrestricted - board designated	4,843,454	4,635,141
Temporarily restricted	3,011,939	1,831,685
Permanently restricted	273,884	246,374
Total net assets	9,711,778	8,306,958
Total liabilities and net assets	$ 9,785,057	$ 8,357,747

The accompanying notes are an integral part of these financial statements.

Talbot Hospice Foundation, Inc.
STATEMENT OF ACTIVITIES
Year Ended June 30, 2012
With Summarized Financial Information for the Year Ended June 30, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total 2012	Total 2011
SUPPORT AND REVENUE					
Contributions					
Capital campaign	$ -	$ 1,344,574	$ 27,510	$1,372,084	$1,311,071
Annual fund drive	383,859	-	-	383,859	392,785
Bequests	559,489	-	-	559,489	138,868
Friends of Hospice	140,000	-	-	140,000	120,000
Memorial contributions	77,182	-	-	77,182	113,522
Foundation grants	44,195	10,000	-	54,195	66,082
Other contributions	16,976	-	-	16,976	22,772
Total contributions	1,221,701	1,354,574	27,510	2,603,785	2,165,100
Endowment investment return:					
Appropriated for current operations	352,025	-	-	352,025	359,300
Investment return (deficiency), net of appropriations	(380,615)	(4,700)	-	(385,315)	596,704
Room and board fees	242,737	-	-	242,737	120,500
Special events, net	-	-	-	-	64,167
Contributions from events held by others	41,050	-	-	41,050	25,950
Other investment income, gains and losses	4,957	-	-	4,957	4,291
Change in value of split-interest agreements	-	46,619	-	46,619	4,263
	1,481,855	1,396,493	27,510	2,905,858	3,340,275
Net assets released from restrictions	216,239	(216,239)	-	-	-
Total revenues, gains and other support	1,698,094	1,180,254	27,510	2,905,858	3,340,275
EXPENSES					
Program services					
Hospice care and programs	1,041,732	-	-	1,041,732	918,804
Supporting services					
Management and general	201,334	-	-	201,334	183,712
Fundraising	105,373	-	-	105,373	95,792
Capital campaign	152,599	-	-	152,599	112,996
Total supporting services	459,306	-	-	459,306	392,500
Total expenses	1,501,038	-	-	1,501,038	1,311,304
Change in net assets	197,056	1,180,254	27,510	1,404,820	2,028,971
NET ASSETS AT BEGINNING OF YEAR	6,228,899	1,831,685	246,374	8,306,958	6,277,987
NET ASSETS AT END OF YEAR	$ 6,425,955	$ 3,011,939	$ 273,884	$9,711,778	$8,306,958

The accompanying notes are an integral part of these financial statements.

Talbot Hospice Foundation, Inc.
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2012
With Summarized Financial Information for the Year Ended June 30, 2011

		Supporting Services			Total	
			Fundraising			
	Program Services	Management and General	Annual Campaign	Capital Campaign	2012	2011
Personnel costs						
Salaries and wages	$ 633,517	$ 72,818	$ 78,284	$ 83,025	$ 867,644	$ 794,018
Health insurance	62,342	6,092	5,403	7,946	81,783	78,192
Payroll tax	52,361	4,125	6,081	6,422	68,989	66,462
Retirement plan	8,557	1,356	1,316	1,500	12,729	13,953
Total personnel costs	756,777	84,391	91,084	98,893	1,031,145	952,625
Direct program costs						
Nurse educator and pathways liasion	34,987	-	-	-	34,987	33,456
Guest wing services	33,182	-	-	-	33,182	21,000
Community education	15,341	-	-	-	15,341	15,870
In-home patient/family	10,563	-	-	-	10,563	9,731
Volunteer	7,245	-	-	-	7,245	6,888
Family grant	9,302	-	-	-	9,302	5,655
Travel	3,664	-	-	-	3,664	4,953
Bereavement	1,637	-	-	-	1,637	2,249
Total direct program costs	115,921	-	-	-	115,921	99,802
Occupancy						
Utilities	10,373	3,644	-	-	14,017	13,365
Repairs and maintenance	8,575	1,396	-	-	9,971	12,271
Total occupancy	18,948	5,040	-	-	23,988	25,636
Administration						
Insurance	16,623	5,841	-	-	22,464	32,010
Bookkeeping	-	43,222	-	-	43,222	31,514
Office	17,891	9,633	-	-	27,524	23,702
Bad debts	71,880	-	-	48,702	120,582	22,600
Equipment and technology	11,415	11,416	-	-	22,831	21,772
Strategic planning	-	500			500	
Fundraising	-	-	14,289	-	14,289	15,705
Accounting and legal	-	13,350	-	-	13,350	14,154
Capital campaign	-	-	-	5,004	5,004	12,510
Dues and licenses	2,596	2,596	-	-	5,192	5,322
Employee education	2,969	1,272	-	-	4,241	4,614
Other	519	846	-	-	1,365	1,308
Total administration	123,893	88,676	14,289	53,706	280,564	185,211
Depreciation	26,193	23,227	-	-	49,420	48,030
Total expenses	$1,041,732	$ 201,334	$ 105,373	$ 152,599	$1,501,038	$1,311,304

The accompanying notes are an integral part of these financial statements.

Talbot Hospice Foundation, Inc.
STATEMENT OF CASH FLOWS
Year Ended June 30, 2012

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	$ 1,404,820	$ 2,028,971
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	49,420	48,030
Contributions restricted for long-term purposes	(1,372,084)	(1,311,071)
Realized and unrealized (gain) loss on investments	129,010	(867,070)
Contributions collected - charitable lead trust	79,124	7,860
Change in value - split-interest agreements	(46,619)	(4,263)
(Increase) decrease in operating assets:		
Accounts receivable	1,700	(3,640)
Prepaid expenses	(2,500)	-
Contributions receivable	(646,614)	(686,262)
Employee receivable	2,900	(2,250)
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	8,371	1,291
Accrued payroll and related liabilities	9,295	-
Deferred revenue	4,824	7,613
Net cash used by operating activities	(378,353)	(780,791)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Acquisition of property and equipment	(29,804)	(32,334)
Proceeds from sale of investments	435,501	398,245
Purchase of investments	(1,356,549)	(879,959)
Net cash used by investing activities	(950,852)	(514,048)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Contributions restricted for long-term purposes	1,372,084	1,311,071
Net change in cash and cash equivalents	42,879	16,232
Cash and cash equivalents at beginning of year	127,616	111,384
Cash and cash equivalents at end of year	$ 170,495	$ 127,616

The accompanying notes are an integral part of these financial statements.

Talbot Hospice Foundation, Inc.
NOTES TO FINANCIAL STATEMENTS
June 30, 2012

Note 1 - Summary of Significant Accounting Policies

Nature and Organization

Talbot Hospice Foundation, Inc. (the Foundation) is a non-profit organization which provides a variety of support services for terminally ill patients and their families. The Foundation operates a residential hospice for terminally ill patients. In addition, it offers other types of help and support for individuals with life-limiting illnesses, bereavement counseling for individuals, and volunteer opportunities for people who want to care for patients.

Basis of Accounting

The Foundation prepares its financial statements in accordance with accounting principles generally accepted in the United States of America. This basis of accounting involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

Basis of Presentation

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the year ended June 30, 2011, from which the summarized information was derived.

Revenue Recognition

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor-imposed restriction. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or a purpose restriction is accomplished), temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Note 1 - Summary of Significant Accounting Policies (Cont.)

Accounts Receivable

The Foundation's accounts receivable are comprised of room and board fees due from individuals. Accounts receivable are stated at unpaid balances, less an allowance for doubtful accounts. The Foundation provides for losses on accounts receivable using the allowance method. The allowance is based on experience, and other circumstances, which may affect the ability of the individuals to meet their obligations. It is the Foundation's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. As of June 30, 2012 and 2011, the allowance for doubtful accounts was $71,880, and $-0-, respectively.

Property and Equipment

Property and equipment over $500 is capitalized and recorded at cost. Depreciation is provided over the estimated useful lives of the assets using the straight-line method. Gifts of long-lived assets such as land, buildings or equipment are recorded at their fair values and reported as unrestricted support, unless explicit donor stipulations specify how the donated assets must be used. When assets are retired or disposed of, the cost and related accumulated depreciation are removed from the accounts, and any gain or loss is reflected in income for the period. The cost of maintenance and repairs is charged to income as incurred, whereas significant renewals and betterments are capitalized.

Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Foundation reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the statement of financial position date and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassification of Prior Year Balances

Certain reclassifications of the prior year balances have been made to conform to current year presentation.

Note 1 - Summary of Significant Accounting Policies (Cont.)

Income Tax Status

Talbot Hospice Foundation, Inc. is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. However, any unrelated business income may be subject to taxation. No provision has been made for income taxes as the Foundation has had no unrelated business income.

Income Tax Positions

The Foundation follows the guidance of ASC 740-10, "*Accounting for Uncertainty in Income Taxes*" which clarifies the accounting for the recognition and measurement of the benefits of individual tax positions in the financial statements, including those of non-profit organizations. Tax positions must meet a recognition threshold of more-likely-than-not in order for the benefit of those tax positions to be recognized in the Foundation's financial statements.

The Foundation analyzes tax positions taken, including those related to the requirements set forth in IRC Sec. 501(c) to qualify as a tax exempt organization, activities performed by volunteers and board members, the reporting of unrelated business income, and its status as a tax-exempt organization under Maryland state statute. The Foundation does not know of any tax benefits arising from uncertain tax positions and there was no effect on the Foundation's financial position or changes in net assets as a result of analyzing its tax positions. Fiscal years ending on or after June 30, 2009 remain subject to examination by federal and state authorities.

Donated Services

Contributed services are recognized at fair value if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals processing those skills, and would typically need to be purchased if not provided by donation. Contributions of tangible assets are recognized at fair value when received. The amounts reflected in the accompanying financial statements included in donations are offset by like amounts included in expenses or additions to property and equipment.

The Foundation receives donated services from unpaid volunteers who assist in special projects. No amounts have been recognized in the statement of activities because the criteria for recognition have not been satisfied.

Note 1 - Summary of Significant Accounting Policies (Cont.)

Allocation of Functional Expenses

Accounting principles generally accepted in the United States of America require all voluntary health and welfare organizations to present their expenses on a functional basis, separating program services from management and general and fundraising expenses. Functional expenses are either charged directly to program services as incurred or allocated based on usage for items such as occupancy, depreciation and administrative salaries.

Cash and Cash Equivalents

For purposes of the statement of cash flows, cash and cash equivalents represent deposits in checking and savings accounts and certificates of deposits with original maturities of ninety days or less, except those that are part of an investment portfolio.

Concentration of Cash Balances

At various times during the fiscal years ended June 30, 2012 and 2011, Talbot Hospice Foundation, Inc. maintained cash balances in excess of the federally insured limit. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. Amounts held in non-interest-bearing transaction accounts from December 31, 2010 through December 31, 2012 are fully insured under the provisions of Section 343 of the Dodd-Frank Wall Street Reform and Consumer Protection Act, which provides unlimited deposit insurance coverage for non-interest-bearing transaction accounts. Amounts held in excess of FDIC insurance coverage as of June 30, 2012 and 2011 were approximately $554,000 and $-0-, respectively.

Investments

Marketable securities are stated at current market value. Donated assets are stated at the lower of the estimated fair market value at the date of donation or current market value.

Promises to Give

Unconditional promises to give are recognized as revenue or gains in the period received and as assets, decreases of liabilities or expenses depending on the form of the benefits received. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

Note 2 - Property and Equipment

The carrying values and estimated lives of each class of property and equipment are as follows at June 30:

	Estimated Lives	2012	2011
Land	--	$ 280,517	$ 280,517
Building and improvements	10 to 40 years	999,552	999,552
Furniture, fixtures, and equipment	3 to 7 years	214,461	204,531
Vehicles	5 years	26,227	26,227
Construction in progress	--	267,159	247,285
		1,787,916	1,758,112
Less accumulated depreciation		(548,488)	(499,068)
		$ 1,239,428	$ 1,259,044

Depreciation and amortization expense was $49,420 and $48,030 for the years ended June 30, 2012 and 2011, respectively.

Note 3 - Pledges Receivable

Unconditional promises to give are included in the financial statements as pledges receivable and revenue of the appropriate net assets category. Pledges are recorded after discounting to the present value of future cash flows using prime, which was 3.25% as of June 30, 2012 and 2011. The Foundation uses the allowance method to determine uncollectible pledges receivable. The allowance is based on prior years' experience and management's analysis of specific pledges made.

Pledges receivable are expected to be realized in the following periods for the years ended June 30:

	2012	2011
In one year or less	$ 569,669	$ 368,867
Between one and five years	1,078,401	792,978
Between five and ten years	300,000	-
	1,948,070	1,161,845
Less allowance	(48,702)	-
Less discount	(137,269)	(46,360)
Net pledges receivable	$ 1,762,099	$ 1,115,485

Note 4 - Investments

The cost and market values of investments are as follows at June 30:

	2012		2011	
	Cost	Market	Cost	Market
Cash and cash equivalents	$ 75,267	$ 75,267	$ 50,195	$ 50,195
Common trust funds				
Capital appreciation	2,469,300	2,718,608	2,452,728	2,913,683
Income	2,111,630	2,304,857	1,714,092	1,903,371
Mid-Shore Community Foundation	28,863	32,148	28,863	32,286
Total	$ 4,685,060	$ 5,130,880	$ 4,245,878	$ 4,899,535

The following schedule summarizes investment income, gains and losses for the years ended June 30:

	2012	2011
Interest, dividends and other income	$ 100,677	$ 93,225
Net realized and unrealized gains and (losses) on investments	(129,010)	867,070
	$ (28,333)	$ 960,295

Interest and dividend income is reported net of related expenses of $44,523 and 41,822 for the years ended June 30, 2012 and 2011, respectively.

Note 5 - Fair Value Measurement

FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are as follows:

a. Level 1: Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Foundation has the ability to access at the measurement date.
b. Level 2: Inputs other than quoted prices that are observable for the asset or liability either directly or indirectly, including inputs in markets that are not considered to be active.
c. Level 3: Inputs that are observable and supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, specific and broad credit data, liquidity statistics, and other factors. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment by the Foundation. The Foundation considers observable data to be that market data, which is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by independent sources that are actively involved in the relevant market. The categorization of a financial instrument within the hierarchy is based upon the pricing transparency of the instrument and does not necessarily correspond to the Foundation perceived risk of that instrument.

Investments whose values are based on quoted market prices in active markets, and are therefore classified with Level 1, include cash, money market funds, and certificates of deposit.

Investments that trade in markets that are not considered to be active, but are valued based on quoted market prices, dealer quotations, or alternative pricing sources supported by observable inputs are classified with Level 2. As Level 2 investments include positions that are not traded in active markets and/or are subject to transfer restrictions, valuations may be adjusted to reflect liquidity and/or nontransferablility, which are generally based on available market information.

Note 5 - Fair Value Measurement (Cont.)

Investments classified within Level 3 have significant unobservable input, as they trade infrequently or not at all. Fair values for Level 3 assets are valued using the income approach. Fair values for assets in Level 3 are calculated using assumptions about the discounted cash flow and other present value techniques. Level 3 instruments include split-interest agreements.

There have been no changes in valuation techniques during the current year.

The table below presents the balances of assets measured at fair value on a recurring basis by level within the hierarchy for the years ended June 30:

	2012			
	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	$ 75,267	$ -	$ -	$ 75,267
Common trust funds				
Capital appreciation	-	2,718,608	-	2,718,608
Income	-	2,304,857	-	2,304,857
Mid-Shore Community Foundation	-	32,148	-	32,148
Split-interest agreements	-	-	39,198	39,198
	$ 75,267	$ 5,055,613	$ 39,198	$ 5,170,078

	2011			
	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	$ 50,195	$ -	$ -	$ 50,195
Common trust funds				
Capital appreciation	-	2,913,683	-	2,913,683
Income	-	1,903,371	-	1,903,371
Mid-Shore Community Foundation	-	32,286	-	32,286
Split-interest agreements	-	-	71,703	71,703
	$ 50,195	$ 4,849,340	$ 71,703	$ 4,971,238

Note 5 - Fair Value Measurement (Cont.)

The following is a reconciliation of the beginning and ending balances for the Foundation's financial instruments recorded at fair value on a recurring basis using significant unobservable inputs (Level 3):

	2012	2011
Beginning balance	$ 71,703	$ 75,300
Payments received	(79,124)	(7,860)
Change in value of trusts	46,619	4,263
Ending balance	$ 39,198	$ 71,703

Note 6 - Split-interest Agreements

The foundation is the recipient of assets which have been contributed for the benefit of Talbot Hospice Foundation, Inc. and others. These split-interest agreements involving the Foundation are all irrevocable and the assets are held in- trust in a trustee bank. Split-interest agreements are recorded at fair value and are summarized below as of June 30:

	2012	2011
Investments - pooled income fund	$ 6,188	$ 27,539
Contributions receivable		
Charitable lead trust	6,297	14,194
Charitable remainder unitrusts	27,132	26,972
Charitable remainder annuity trust	-	5,642
Total contributions receivable	33,429	46,808
Total split-interest agreements	39,617	74,347
Less discount for future interest in pooled income fund	(419)	(2,644)
Total - split-interest agreements	$ 39,198	$ 71,703

Note 6 - Split-interest Agreements (Cont.)

The types of split-interest agreements are as follows:

Pooled income fund: Assets held in pooled income funds are held as investments. When a donor makes a contribution to the pooled income fund, contribution revenue is recognized and a liability for the present value of the estimated future payments to the donors and/or other beneficiaries is recorded. The liability is adjusted during the term of the trust for changes in the value of assets, the periodic reduction in the discount resulting from the passage of time, and other changes in the estimate of future benefits payable. The actual income of the invested funds is received by the beneficiaries during their lifetimes. Upon the death of the beneficiaries, allocable investment units revert to Talbot Hospice Foundation, Inc.

Charitable lead trust: Provides for quarterly gifts of income to the Foundation during the 15 year term of the trust which terminates in November 2012 when the remaining assets will be distributed to others. Under the terms of the trust, the Foundation will receive 6% of the trust value each year through 2012. The present value of the estimated future benefits expected to be received (using a 3% discount rate) is recorded as contributions receivable and included in the statement of financial position under the caption split-interest agreements.

The Foundation received $8,089 and $7,860 from the trust during the fiscal years ended June 30, 2012 and 2011 respectively, which were recorded as reductions in the receivables and a corresponding reclassification from temporarily restricted net assets to unrestricted net assets.

Charitable remainder annuity trust: Provides for annual distributions to the donor of $8,400 (payable quarterly) during their lifetime. The present value of the estimated future benefits expected to be received when the agreement terminates, and the Foundation receives the remaining trust assets, is recorded as contributions receivable and included in the statement of financial position under the caption split-interest agreements. During the year ended June 30, 2012, the donor terminated the trust so that the Foundation would receive the funds immediately. The Foundation received $49,687 from the trust as a result of the termination.

Charitable remainder unitrust: Provides for quarterly distributions to the beneficiaries during their lifetimes with the remainder reverting to various organizations, including Talbot Hospice Foundation, Inc., after the beneficiaries' death. The present value of the estimated future benefits expected to be received when the agreements terminate and the Foundation receives its allocation of the remaining trust assets, is recorded as contributions receivable and included in the statement of financial position under the caption split-interest agreements. The present value calculations were based on the investment value, expected investment earnings, estimated quarterly payments, the life expectancies of the beneficiaries and a 3% discount rate.

Note 7 - Endowments

The Foundation's endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Foundation's Board of Directors has interpreted the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Foundation in a manner consistent with the standard of prudence prescribed by UPMIFA.

The Foundation has adopted investment and spending policies for endowed assets to preserve and enhance the real value of the principal and to provide the Foundation with a dependable source of revenues to support its facility and programs. The objectives, in order of importance, are preservation of purchasing power and preservation of principal.

The Foundation engages an investment manager to invest the endowment fund within the policy guidelines. The manager is authorized to invest to maintain a balanced portfolio of fixed income securities and equities in which no single industry group shall constitute more than 20% of the fixed income or equity portion and no single equity or company shall represent more than 5% of the total fund (or more than 10% of the equity portion of the fund), with the exception of U.S. Treasury obligations and agencies. In addition, corporate bond investments are limited to publicly issued, rated Triple B or better, and managers are prohibited from investing in private placement or speculating in fixed income or interest rate futures.

The intent of the Foundation is that the annual endowment distribution generally should not exceed 5% of the average of the last three years' value calculated on the last day of February for the next year's operating budget.

Note 7 - Endowments (Cont.)

Endowment net assets consist of the following at:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
June 30, 2012				
Donor restricted endowment funds	$ -	$ 13,277	$ 273,884	$ 287,161
Board designated endowment funds	4,843,454	-	-	4,843,454
Total endowment net assets	$ 4,843,454	$ 13,277	$ 273,884	$ 5,130,615
June 30, 2011				
Donor restricted endowment funds	$ -	$ 17,977	$ 246,374	$ 264,351
Board designated endowment funds	4,635,141	-	-	4,635,141
Total endowment net assets	$ 4,635,141	$ 17,977	$ 246,374	$ 4,899,492

Changes in endowment net assets are as follows for the year ended June 30, 2012:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Investment return:				
Investment income, net of expenses	$ 89,076	$ 6,949	$ -	$ 96,025
Realized/unrealized gains (losses)	(133,486)	4,171	-	(129,315)
Gifts and releases	588,928	-	27,510	616,438
Appropriated for expenditure	(336,205)	(15,820)	-	(352,025)
Increase in endowment assets	208,313	(4,700)	27,510	231,123
Endowment net assets, July 1, 2011	4,635,141	17,977	246,374	4,899,492
Endowment net assets, June 30, 2012	$ 4,843,454	$ 13,277	$ 273,884	$ 5,130,615

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor require the Foundation to retain as a fund of perpetual duration. There were no deficiencies of this nature as of June 30, 2012 and 2011.

Note 8 - Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30:

	2012	2011
Building expansion	$ 2,951,339	$ 1,742,005
Split-interest agreements	39,198	71,703
Endowments	13,277	17,977
Home Instead grant	8,125	-
	$ 3,011,939	$ 1,831,685

Note 9 - Retirement Plan

The Foundation offers a SIMPLE retirement plan which allows employees to defer compensation into individual retirement accounts. Most full time employees are eligible to participate. The Foundation matches the employee's contribution up to a maximum of 3% of compensation per participating employee. The Foundation's contributions to the Plan were $12,729 and $13,953 for the years ended June 30, 2012 and 2011, respectively.

Note 10 - Special Events

During the year ended June 30, 2011, the Foundation held its 30th Birthday Gala. The net income from the event is included on the statement of activities as special events income, net of expenses. Gross revenues and expenses for the event were as follows for the year ended June 30, 2011:

Gross revenues	$ 95,965
Direct expenses	
Entertainment	3,500
Food and beverage	20,526
Other direct expenses	7,772
Total direct expenses	31,798
Net special event income	$ 64,167

The Foundation also receives contributions from events that are held by others. The income from these events is included on the statement of activities as contributions from events held by others.

Note 11 - Room and Board Fees

During the year ended June 30, 2011, the Foundation instituted a sliding scale room and board fee for patients staying in the Guest Wing. The Foundation charges a room and board fee of $200 per day but does not turn patients away due to their inability to pay. Patients that cannot afford the full rate may qualify for charitable forgiveness based on a sliding scale. Room and board fees and charitable forgiveness were as follows for the years ended June 30:

	2012	2011
Room and board, gross	$ 446,726	$ 196,150
Charitable forgiveness	(203,989)	(75,650)
Net room and board	$ 242,737	$ 120,500

Bad debt expenses related to room and board fees amounted to $71,880 and $-0-, for the years ended June 30, 2012 and 2011, respectively.

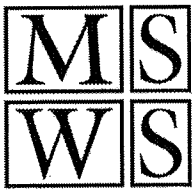
Note 12 - Subsequent Events

Subsequent events and transactions have been evaluated for potential recognition in the financial statements through October 8, 2012, the day the financial statements were available to be issued.

TALBOT HOSPICE FOUNDATION, INC.

FINANCIAL STATEMENTS

JUNE 30, 2013



MULLEN SONDBERG WIMBISH & STONE, PA

CERTIFIED PUBLIC ACCOUNTANTS

Exhibit III-08G(3)-d-a F13

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MULLEN & SONDBERG
WIMBISH & STONE, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

2553 Housley Road • Suite 200 • Annapolis, Maryland 21401

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Talbot Hospice Foundation, Inc.
Easton, Maryland

We have audited the accompanying financial statements of Talbot Hospice Foundation, Inc. (a non-profit organization), which comprise the statement of financial position as of June 30, 2013, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 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 these financial statements based on our audit. We conducted our audit 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the 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 entity'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 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 financial statements referred to above present fairly, in all material respects, the financial position of Talbot Hospice Foundation, Inc., as of June 30, 2013, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Talbot Hospice Foundation, Inc.'s 2012 financial statements, and our report dated October 8, 2012 expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2013, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Mullen Sondberg Wimbish & Stone

MULLEN, SONDBERG, WIMBISH & STONE, P.A.

Annapolis, Maryland
October 9, 2013

Talbot Hospice Foundation, Inc.
STATEMENT OF FINANCIAL POSITION
June 30, 2013

ASSETS

	2013	2012
CURRENT ASSETS		
Cash and cash equivalents	$ 281,931	$ 170,495
Accounts receivable, net	2,313	1,940
Prepaid expenses	2,500	2,500
Pledges receivable	536,625	569,669
Total current assets	823,369	744,604
PROPERTY AND EQUIPMENT		
Net of accumulated depreciation	1,243,775	1,239,428
OTHER ASSETS		
Cash held for purchase of fixed assets	1,517,529	1,189,240
Pledges receivable, long term	987,787	1,192,430
Investments	5,555,309	5,130,880
Investments - other - held for capital campaign	249,861	249,277
Split-interest agreements	-	39,198
Total other assets	8,310,486	7,801,025
Total assets	$ 10,377,630	$ 9,785,057

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts payable and accrued expenses	$ 24,065	$ 12,790
Accrued payroll and related liabilities	56,895	55,665
Deferred revenue	2,930	4,824
Total current liabilities	83,890	73,279
NET ASSETS		
Unrestricted	1,446,948	1,582,501
Unrestricted - board designated	5,233,032	4,843,454
Temporarily restricted	3,328,496	3,011,939
Permanently restricted	285,264	273,884
Total net assets	10,293,740	9,711,778
Total liabilities and net assets	$ 10,377,630	$ 9,785,057

The accompanying notes are an integral part of these financial statements.

Talbot Hospice Foundation, Inc.
STATEMENT OF ACTIVITIES
Year Ended June 30, 2013
With Summarized Financial Information for the Year Ended June 30, 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total 2013	Total 2012
SUPPORT AND REVENUE					
Contributions					
Capital campaign	$ -	$ 469,522	$ 11,380	$ 480,902	$ 1,372,084
Annual fund drive	390,827	-	-	390,827	383,859
Friends of Hospice	100,000	-	-	100,000	140,000
Memorial contributions	96,242	-	-	96,242	77,182
Foundation grants	40,500	-	-	40,500	54,195
Other contributions	19,003	-	-	19,003	16,976
Bequests	10,000	-	-	10,000	559,489
Total contributions	656,572	469,522	11,380	1,137,474	2,603,785
Endowment investment return:					
Investment return (deficiency), net of appropriations	337,886	23,418	-	361,304	(385,315)
Appropriated for current operations	249,315	-	-	249,315	352,025
Room and board fees	172,514	-	-	172,514	242,737
Fundraising and events	22,339	-	-	22,339	41,050
Miscellaneous income	2,567	-	-	2,567	-
Change in value of split-interest agreements	-	2,524	-	2,524	46,619
Other investment income, gains and losses	2,302	-	-	2,302	4,957
	1,443,495	495,464	11,380	1,950,339	2,905,858
Net assets released from restrictions	178,907	(178,907)	-	-	-
Total revenues, gains and other support	1,622,402	316,557	11,380	1,950,339	2,905,858
EXPENSES					
Program services					
Hospice care and programs	974,317	-	-	974,317	1,041,732
Supporting services					
Management and general	219,154	-	-	219,154	201,334
Fundraising	103,777	-	-	103,777	105,373
Capital campaign	71,129	-	-	71,129	152,599
Total supporting services	394,060	-	-	394,060	459,306
Total expenses	1,368,377	-	-	1,368,377	1,501,038
Change in net assets	254,025	316,557	11,380	581,962	1,404,820
NET ASSETS AT BEGINNING OF YEAR	6,425,955	3,011,939	273,884	9,711,778	8,306,958
NET ASSETS AT END OF YEAR	$ 6,679,980	$ 3,328,496	$ 285,264	$10,293,740	$9,711,778

The accompanying notes are an integral part of these financial statements.

Talbot Hospice Foundation, Inc.
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2013
With Summarized Financial Information for the Year Ended June 30, 2012

		Supporting Services			Total	
			Fundraising			
	Program Services	Management and General	Annual Campaign	Capital Campaign	2013	2012
Personnel costs						
Salaries and wages	$ 671,899	$ 69,355	$ 76,310	$ 54,430	$ 871,994	$ 867,644
Health insurance	61,207	8,072	7,061	6,442	82,782	81,783
Payroll tax	50,779	5,381	5,986	4,231	66,377	68,989
Retirement plan	8,283	1,375	1,345	808	11,811	12,729
Total personnel costs	792,168	84,183	90,702	65,911	1,032,964	1,031,145
Direct program costs						
Guest wing services	21,956	-	-	-	21,956	33,182
Community education	18,629	-	-	-	18,629	15,341
In-home patient/family	12,231	-	-	-	12,231	10,563
Volunteer	9,001	-	-	-	9,001	7,245
Travel	2,867	-	-	-	2,867	3,664
Bereavement	2,838	-	-	-	2,838	1,637
Family grant	1,087	-	-	-	1,087	9,302
Nurse educator and pathways liasion	732	-	-	-	732	34,987
Total direct program costs	69,341	-	-	-	69,341	115,921
Occupancy						
Repairs and maintenance	12,458	2,028	-	-	14,486	9,971
Utilities	10,043	3,529	-	-	13,572	14,017
Total occupancy	22,501	5,557	-	-	28,058	23,988
Administration						
Bookkeeping	-	48,254	-	-	48,254	43,222
Office	20,275	10,918	-	-	31,193	27,524
Insurance	21,731	7,635	-	-	29,366	22,464
Equipment and technology	11,931	11,931	-	-	23,862	22,831
Fundraising	-	-	13,075	-	13,075	14,289
Accounting and legal	-	12,910	-	-	12,910	13,350
Strategic planning	-	9,336	-	-	9,336	500
Employee education	6,096	2,613	-	-	8,709	4,241
Capital campaign	-	-	-	5,218	5,218	5,004
Dues and licenses	2,416	2,417	-	-	4,833	5,192
Other	1,081	1,765	-	-	2,846	1,365
Bad debts	2,380	-	-	-	2,380	120,582
Total administration	65,910	107,779	13,075	5,218	191,982	280,564
Depreciation	24,397	21,635	-	-	46,032	49,420
Total expenses	$ 974,317	$ 219,154	$ 103,777	$ 71,129	$1,368,377	$1,501,038

The accompanying notes are an integral part of these financial statements.

Talbot Hospice Foundation, Inc.
STATEMENT OF CASH FLOWS
Year Ended June 30, 2013

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	$ 581,962	$ 1,404,820
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	46,032	49,420
Contributions restricted for long-term purposes	(480,902)	(1,372,084)
Realized and unrealized (gain) loss on investments	(493,416)	129,010
Contributions collected - split-interest agreements	41,722	79,124
Change in value - split-interest agreements	(2,524)	(46,619)
(Increase) decrease in operating assets:		
Accounts receivable	(373)	1,700
Prepaid expenses	-	(2,500)
Contributions receivable	237,687	(646,614)
Employee receivable	-	2,900
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	11,275	8,371
Accrued payroll and related liabilities	1,230	9,295
Deferred revenue	(1,894)	4,824
Net cash used by operating activities	(59,201)	(378,353)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Acquisition of property and equipment	(50,379)	(29,804)
Proceeds from sale of investments	319,112	435,501
Purchase of investments	(578,998)	(1,356,549)
Net cash used by investing activities	(310,265)	(950,852)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Contributions restricted for long-term purposes	480,902	1,372,084
Net change in cash and cash equivalents	111,436	42,879
Cash and cash equivalents at beginning of year	170,495	127,616
Cash and cash equivalents at end of year	$ 281,931	$ 170,495

The accompanying notes are an integral part of these financial statements.

Note 1 - Summary of Significant Accounting Policies

Nature and Organization

Talbot Hospice Foundation, Inc. (the Foundation) is a non-profit organization which provides a variety of support services for terminally ill patients and their families. The Foundation operates a residential hospice for terminally ill patients. In addition, it offers other types of help and support for individuals with life-limiting illnesses, bereavement counseling for individuals, and volunteer opportunities for people who want to care for patients.

Basis of Accounting

The Foundation prepares its financial statements in accordance with accounting principles generally accepted in the United States of America. This basis of accounting involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

Basis of Presentation

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the year ended June 30, 2012, from which the summarized information was derived.

Revenue Recognition

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor-imposed restriction. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or a purpose restriction is accomplished), temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Note 1 - Summary of Significant Accounting Policies (Cont.)

Accounts Receivable

The Foundation's accounts receivable are comprised of room and board fees due from individuals. Accounts receivable are stated at unpaid balances, less an allowance for doubtful accounts. The Foundation provides for losses on accounts receivable using the allowance method. The allowance is based on experience, and other circumstances, which may affect the ability of the individuals to meet their obligations. It is the Foundation's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. As of June 30, 2013 and 2012, the allowance for doubtful accounts was $74,260, and $71,880, respectively.

Property and Equipment

Property and equipment over $500 is capitalized and recorded at cost. Depreciation is provided over the estimated useful lives of the assets using the straight-line method. Gifts of long-lived assets such as land, buildings or equipment are recorded at their fair values and reported as unrestricted support, unless explicit donor stipulations specify how the donated assets must be used. When assets are retired or disposed of, the cost and related accumulated depreciation are removed from the accounts, and any gain or loss is reflected in income for the period. The cost of maintenance and repairs is charged to income as incurred, whereas significant renewals and betterments are capitalized.

Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Foundation reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the statement of financial position date and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassification of Prior Year Balances

Certain reclassifications of the prior year balances have been made to conform to current year presentation.

Note 1 - Summary of Significant Accounting Policies (Cont.)

Income Tax Status

Talbot Hospice Foundation, Inc. is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. However, any unrelated business income may be subject to taxation. No provision has been made for income taxes as the Foundation has had no unrelated business income.

Income Tax Positions

The Foundation follows the guidance of ASC 740-10, "*Accounting for Uncertainty in Income Taxes*" which clarifies the accounting for the recognition and measurement of the benefits of individual tax positions in the financial statements, including those of non-profit organizations. Tax positions must meet a recognition threshold of more-likely-than-not in order for the benefit of those tax positions to be recognized in the Foundation's financial statements.

The Foundation analyzes tax positions taken, including those related to the requirements set forth in IRC Sec. 501(c) to qualify as a tax exempt organization, activities performed by volunteers and board members, the reporting of unrelated business income, and its status as a tax-exempt organization under Maryland state statute. The Foundation does not know of any tax benefits arising from uncertain tax positions and there was no effect on the Foundation's financial position or changes in net assets as a result of analyzing its tax positions. Fiscal years ending on or after June 30, 2010 remain subject to examination by federal and state authorities.

Donated Services

Contributed services are recognized at fair value if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals processing those skills, and would typically need to be purchased if not provided by donation. Contributions of tangible assets are recognized at fair value when received. The amounts reflected in the accompanying financial statements included in donations are offset by like amounts included in expenses or additions to property and equipment.

The Foundation receives donated services from unpaid volunteers who assist in special projects. No amounts have been recognized in the statement of activities because the criteria for recognition have not been satisfied.

Note 1 - Summary of Significant Accounting Policies (Cont.)

Allocation of Functional Expenses

Accounting principles generally accepted in the United States of America require all voluntary health and welfare organizations to present their expenses on a functional basis, separating program services from management and general and fundraising expenses. Functional expenses are either charged directly to program services as incurred or allocated based on usage for items such as occupancy, depreciation and administrative salaries.

Cash and Cash Equivalents

For purposes of the statement of cash flows, cash and cash equivalents represent deposits in checking and savings accounts and certificates of deposits with original maturities of ninety days or less, except those that are part of an investment portfolio.

Concentration of Cash Balances

At various times during the fiscal years ended June 30, 2013 and 2012, Talbot Hospice Foundation, Inc. maintained cash balances in excess of the federally insured limit. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. Amounts held in non-interest-bearing transaction accounts from December 31, 2010 through December 31, 2012 are fully insured under the provisions of Section 343 of the Dodd-Frank Wall Street Reform and Consumer Protection Act, which provides unlimited deposit insurance coverage for non-interest-bearing transaction accounts. Amounts held in excess of FDIC insurance coverage as of June 30, 2013 and 2012 were approximately $301,000 and $554,000, respectively.

Investments

Marketable securities are stated at current market value. Donated assets are stated at the lower of the estimated fair market value at the date of donation or current market value.

Promises to Give

Unconditional promises to give are recognized as revenue or gains in the period received and as assets, decreases of liabilities or expenses depending on the form of the benefits received. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

Note 2 - Property and Equipment

The carrying values and estimated lives of each class of property and equipment are as follows at June 30:

	Estimated Lives	2013	2012
Land	--	$ 280,517	$ 280,517
Building and improvements	10 to 40 years	1,005,829	999,552
Furniture, fixtures, and equipment	3 to 7 years	199,915	214,461
Vehicles	5 years	26,227	26,227
Construction in progress	--	311,262	267,159
		1,823,750	1,787,916
Less accumulated depreciation		(579,975)	(548,488)
		$ 1,243,775	$ 1,239,428

Depreciation and amortization expense was $46,032 and $49,420 for the years ended June 30, 2013 and 2012, respectively.

Note 3 - Pledges Receivable

Unconditional promises to give are included in the financial statements as pledges receivable and revenue of the appropriate net assets category. Pledges are recorded after discounting to the present value of future cash flows using prime, which was 3.25% as of June 30, 2013 and 2012. The Foundation uses the allowance method to determine uncollectible pledges receivable. The allowance is based on prior years' experience and management's analysis of specific pledges made.

Pledges receivable are expected to be realized in the following periods for the years ended June 30:

	2013	2012
In one year or less	$ 536,625	$ 569,669
Between one and five years	930,984	1,078,401
Between five and ten years	200,000	300,000
	1,667,609	1,948,070
Less allowance	(41,690)	(48,702)
Less discount	(101,507)	(137,269)
Net pledges receivable	$ 1,524,412	$ 1,762,099

Note 4 - Investments

The cost and market values of investments are as follows at June 30:

	2013		2012	
	Cost	Market	Cost	Market
Cash and cash equivalents	$ 39,303	$ 39,303	$ 75,267	$ 75,267
Common trust funds				
Equity	2,440,093	2,925,895	2,469,300	2,718,608
Fixed income	1,501,046	1,532,132	1,398,617	1,465,898
Specialty	869,055	1,022,329	713,013	838,959
Mid-Shore Community Foundation	28,863	35,650	28,863	32,148
Total	$ 4,878,360	$ 5,555,309	$ 4,685,060	$ 5,130,880

The following schedule summarizes investment income, gains and losses for the years ended June 30:

	2013	2012
Interest, dividends and other income	$ 119,505	$ 100,677
Net realized and unrealized gains and (losses) on investments	493,416	(129,010)
	$ 612,921	$ (28,333)

Interest and dividend income is reported net of related expenses of $47,924 and$44,523 for the years ended June 30, 2013 and 2012, respectively.

Note 5 - Fair Value Measurement

FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are as follows:

a. Level 1: Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Foundation has the ability to access at the measurement date.
b. Level 2: Inputs other than quoted prices that are observable for the asset or liability either directly or indirectly, including inputs in markets that are not considered to be active.
c. Level 3: Inputs that are observable and supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, specific and broad credit data, liquidity statistics, and other factors. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment by the Foundation. The Foundation considers observable data to be that market data, which is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by independent sources that are actively involved in the relevant market. The categorization of a financial instrument within the hierarchy is based upon the pricing transparency of the instrument and does not necessarily correspond to the Foundation perceived risk of that instrument.

Investments whose values are based on quoted market prices in active markets, and are therefore classified with Level 1, include cash and cash equivalents.

Investments that trade in markets that are not considered to be active, but are valued based on quoted market prices, dealer quotations, or alternative pricing sources supported by observable inputs are classified with Level 2. As Level 2 investments include positions that are not traded in active markets and/or are subject to transfer restrictions, valuations may be adjusted to reflect liquidity and/or nontransferablility, which are generally based on available market information. Level 2 investments include common trust funds and Mid-Shore Community Foundation investments.

Note 5 - Fair Value Measurement (Cont.)

Investments classified within Level 3 have significant unobservable input, as they trade infrequently or not at all. Fair values for Level 3 assets are valued using the income approach. Fair values for assets in Level 3 are calculated using assumptions about the discounted cash flow and other present value techniques. Level 3 instruments include split-interest agreements.

There have been no changes in valuation techniques during the current year.

The table below presents the balances of assets measured at fair value on a recurring basis by level within the hierarchy for the years ended June 30:

	2013			
	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	$ 39,303	$ -	$ -	$ 39,303
Common trust funds				
Equity	-	2,925,895	-	2,925,895
Fixed income	-	1,532,132	-	1,532,132
Specialty	-	1,022,329	-	1,022,329
Mid-Shore Community Foundation	-	35,650	-	35,650
	$ 39,303	$ 5,516,006	$ -	$ 5,555,309

	2012			
	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	$ 75,267	$ -	$ -	$ 75,267
Common trust funds				
Equity	-	2,718,608	-	2,718,608
Fixed income	-	1,465,898	-	1,465,898
Specialty	-	838,959	-	838,959
Mid-Shore Community Foundation	-	32,148	-	32,148
Split-interest agreements	-	-	39,198	39,198
	$ 75,267	$ 5,055,613	$ 39,198	$ 5,170,078

Note 5 - Fair Value Measurement (Cont.)

The following is a reconciliation of the beginning and ending balances for the Foundation's financial instruments recorded at fair value on a recurring basis using significant unobservable inputs (Level 3):

	2013	2012
Beginning balance	$ 39,198	$ 71,703
Payments received	(41,722)	(79,124)
Change in value of trusts	2,524	46,619
Ending balance	$ -	$ 39,198

Note 6 - Split-interest Agreements

The foundation is the recipient of assets which have been contributed for the benefit of Talbot Hospice Foundation, Inc. and others. These split-interest agreements involving the Foundation are all irrevocable and the assets are held in- trust in a trustee bank. Split-interest agreements are recorded at fair value and are summarized below as of June 30:

	2013	2012
Investments - pooled income fund	$ -	$ 6,188
Contributions receivable		
Charitable lead trust	-	6,297
Charitable remainder unitrusts	-	27,132
Total contributions receivable	-	33,429
Total split-interest agreements	-	39,617
Less discount for future interest in pooled income fund	-	(419)
Total - split-interest agreements	$ -	$ 39,198

Note 6 - Split-interest Agreements (Cont.)

The types of split-interest agreements are as follows:

Pooled income fund: Assets held in pooled income funds are held as investments. When a donor makes a contribution to the pooled income fund, contribution revenue is recognized and a liability for the present value of the estimated future payments to the donors and/or other beneficiaries is recorded. The liability is adjusted during the term of the trust for changes in the value of assets, the periodic reduction in the discount resulting from the passage of time, and other changes in the estimate of future benefits payable. The actual income of the invested funds is received by the beneficiaries during their lifetimes. Upon the death of the beneficiaries, allocable investment units revert to Talbot Hospice Foundation, Inc. During the year ended June 30, 2013, the beneficiary died and Talbot Hospice Foundation received $6,693 upon termination of the fund.

Charitable lead trust: Provides for quarterly gifts of income to the Foundation during the 15 year term of the trust which terminates in November 2012 when the remaining assets will be distributed to others. Under the terms of the trust, the Foundation will receive 6% of the trust value each year through 2012. The present value of the estimated future benefits expected to be received (using a 3% discount rate) is recorded as contributions receivable and included in the statement of financial position under the caption split-interest agreements.

The Foundation received $6,297 and $8,089 from the trust during the fiscal years ended June 30, 2013 and 2012 respectively, which were recorded as reductions in the receivables and a corresponding reclassification from temporarily restricted net assets to unrestricted net assets. During the year ended June 30, 2013, the trust was terminated.

Charitable remainder annuity trust: Provides for annual distributions to the donor of $8,400 (payable quarterly) during their lifetime. The present value of the estimated future benefits expected to be received when the agreement terminates, and the Foundation receives the remaining trust assets, is recorded as contributions receivable and included in the statement of financial position under the caption split-interest agreements. During the year ended June 30, 2012, the donor terminated the trust so that the Foundation would receive the funds immediately. The Foundation received $49,687 from the trust as a result of the termination.

Charitable remainder unitrust: Provides for quarterly distributions to the beneficiaries during their lifetimes with the remainder reverting to various organizations, including Talbot Hospice Foundation, Inc., after the beneficiaries' death. The present value of the estimated future benefits expected to be received when the agreements terminate and the Foundation receives its allocation of the remaining trust assets, is recorded as contributions receivable and included in the statement of financial position under the caption split-interest agreements. The present value calculations were based on the investment value, expected investment earnings, estimated quarterly payments, the life expectancies of the beneficiaries and a 3% discount rate. During the year ended June 30, 2013, the beneficiary died and Talbot Hospice Foundation, Inc. received $30,000 upon termination of the trust.

Note 7 - Endowments

The Foundation's endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Foundation's Board of Directors has interpreted the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Foundation in a manner consistent with the standard of prudence prescribed by UPMIFA.

The Foundation has adopted investment and spending policies for endowed assets to preserve and enhance the real value of the principal and to provide the Foundation with a dependable source of revenues to support its facility and programs. The objectives, in order of importance, are preservation of purchasing power and preservation of principal.

The Foundation engages an investment manager to invest the endowment fund within the policy guidelines. The manager is authorized to invest to maintain a balanced portfolio of fixed income securities and equities in which no single industry group shall constitute more than 20% of the fixed income or equity portion and no single equity or company shall represent more than 5% of the total fund (or more than 10% of the equity portion of the fund), with the exception of U.S. Treasury obligations and agencies. In addition, corporate bond investments are limited to publicly issued, rated Triple B or better, and managers are prohibited from investing in private placement or speculating in fixed income or interest rate futures.

The intent of the Foundation is that the annual endowment distribution generally should not exceed 5% of the average of the last three years' value calculated on the last day of February for the next year's operating budget.

Note 7 - Endowments (Cont.)

Endowment net assets consist of the following at:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
June 30, 2013				
Donor restricted endowment funds	$ -	$ 36,695	$ 285,264	$ 321,959
Board designated endowment funds	5,233,032	-	-	5,233,032
Total endowment net assets	$ 5,233,032	$ 36,695	$ 285,264	$ 5,554,991
June 30, 2012				
Donor restricted endowment funds	$ -	$ 13,277	$ 273,884	$ 287,161
Board designated endowment funds	4,843,454	-	-	4,843,454
Total endowment net assets	$ 4,843,454	$ 13,277	$ 273,884	$ 5,130,615

Changes in endowment net assets are as follows for the year ended June 30, 2013:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Investment return:				
Investment income, net of expenses	$ 110,173	$ 6,474	$ -	$ 116,647
Realized/unrealized gains (losses)	465,846	28,126	-	493,972
Gifts and releases	51,692	-	11,380	63,072
Appropriated for expenditure	(238,133)	(11,182)	-	(249,315)
Increase in endowment assets	389,578	23,418	11,380	424,376
Endowment net assets, June 30, 2012	4,843,454	13,277	273,884	5,130,615
Endowment net assets, June 30, 2013	$ 5,233,032	$ 36,695	$ 285,264	$ 5,554,991

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor require the Foundation to retain as a fund of perpetual duration. There were no deficiencies of this nature as of June 30, 2013 and 2012.

Note 8 - Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30:

	2013	2012
Building expansion	$ 3,291,801	$ 2,951,339
Endowments	36,695	13,277
Split-interest agreements	-	39,198
Home Instead grant	-	8,125
	$ 3,328,496	$ 3,011,939

Note 9 - Retirement Plan

The Foundation offers a SIMPLE retirement plan which allows employees to defer compensation into individual retirement accounts. Most full time employees are eligible to participate. The Foundation matches the employee's contribution up to a maximum of 3% of compensation per participating employee. The Foundation's contributions to the Plan were $11,811 and $12,729 for the years ended June 30, 2013 and 2012, respectively.

Note 10 - Room and Board Fees

The Foundation utilizes a sliding scale room and board fee for patients staying in the Guest Wing. The Foundation charges a room and board fee of $200 per day but does not turn patients away due to their inability to pay. Patients that cannot afford the full rate may qualify for charitable forgiveness based on a sliding scale. Room and board fees and charitable forgiveness were as follows for the years ended June 30:

	2013	2012
Room and board, gross	$ 279,698	$ 446,726
Charitable forgiveness	(107,184)	(203,989)
Net room and board	$ 172,514	$ 242,737

Bad debt expenses related to room and board fees amounted to $1,960 and $71,880, for the years ended June 30, 2013 and 2012, respectively.

Note 11 - Related Party

The executive director's husband owns a plumbing company that provided services to the Foundation during the year ended June 30, 2013. Total amounts paid to the company during the year amounted to $18,571.

Note 12 - Commitments

On April 15, 2013, the Foundation entered into a contract for phase one of construction for the expansion of the Hospice House, which is not to exceed $333,895. The Foundation anticipates additional construction costs of approximately $3,000,000 in order to complete the expansion. Construction and engineering costs of $311,262 have been incurred and capitalized through June 30, 2013. The project will be funded with proceeds from the current capital campaign.

Note 13 - Subsequent Events

Subsequent events and transactions have been evaluated for potential recognition in the financial statements through October 9, 2013, the day the financial statements were available to be issued.

EXHIBIT III-08G(3)-d-d

Talbot Hospice Foundation
Proposed Hospice Services Fee Schedule

Code	Description	Rate
651	Routine Home Care	$156.06
652	Continuous Home Care Full Rate = 24 Hours of Care $37.95 = Hourly Rate	$910.78
655	Inpatient Respite Care	$161.42
656	General Inpatient Care	$694.19

EXHIBIT IV-01

THF BOARD OF DIRECTORS

THF's Board of Directors are as follows:

1. Joan A. Crowley
2. Ralph H. Cruikshank
3. Hynda Brody Dalton
4. Addie C. Eckhardt
5. Monica D. Heinsohn
6. Cecelia Z. Koons
7. Frances Maffitt
8. John R. Merceron
9. Maxine Whalen Millar
10. Camille M. Passarella
11. Joyce R. Philip
12. W. Lee Phillips
13. Susan L. Piggott
14. Sandra B. Redd
15. William R. Rolle, Jr.
16. Lynn H. Sanchez
17. Michael D. Sheridan
18. Lon H. Smith
19. John Thomas Smith II
20. James M. Vermilye
21. Mary G. Wolfe

EXHIBIT IV-02

MICHAEL C. TOOKE, M.D., FACP

33506 TUCKAHOE RIVER ROAD EASTON, MD 21601

Education:

2004 - 2005	Certified Motorola® Six Sigma Greenbelt
2000 - 2001	George Washington University (Washington, DC), Graduate Certificate in Leadership Coaching
1975 - 1977	Mayo Clinic (Rochester, Minnesota), Internal Medicine Residency
1974 - 1975	Rush-Presbyterian-St. Luke's Medical Center (Chicago), Internal Medicine Internship
1970 - 1974	Tulane Medical School (New Orleans, Louisiana), MD Degree
1966 - 1970	Vanderbilt University (Nashville, Tennessee), BA Degree

Board Certification:

American Board of Internal Medicine

Experience:

2007 - 2013 (retired 6.30.2013)
Shore Health System/University of Maryland Medical System
Shore Health system is an integrated health system that serves the residents of the Mid-Shore region of Maryland's Eastern Shore. Shore Health, which includes The Memorial Hospital at Easton and Dorchester General Hospital in Cambridge, is a not-for-profit community health system offering a complete range of inpatient and outpatient services to over 100,000 people throughout the Mid-Shore region. In 2006, Shore Health System became part of the University of Maryland Health System.

Senior Vice President & Chief Medical Officer - the senior physician executive at Shore Health System reporting to the Chief Executive Officer. Scope of duties includes the following key elements: liaison, medical staff affairs, quality of patient care services, and strategic planning. The SR VP/CMO manages programs and participates in operational decisions as the physician executive. Direct reports include Medical Director for Quality Improvement and the Directors of Medical Staff Affairs, performance Measurement and Improvement, Patient and Family Advocacy, Case Management and Clinical Information Management. Provides oversight to Risk Management Program. Plays a key role in the relationship with the University of Maryland Medical System working closely with the SR VP/CMO of UMMS.

2001-2007
Delmarva Foundation for Medical Care, Inc., Easton, Maryland
Delmarva Foundation is a national, not-for-profit quality improvement organization. Comprised of physicians, nurses, scientists and other quality professionals, Delmarva has offices in the mid-Atlantic and in Florida and provides services in two-thirds of the United States.

Senior Vice President, Chief Medical Officer - the senior executive responsible for the clinical activities of the company, reporting to the Chief Executive Officer. The CMO has strategic and operational responsibilities:

- Senior management team
- Medical Liaison, Maryland Health Care Commission
- Medical Director, Doctors Office Quality-Information Technology (DOQIT) and physician office quality improvement

Exhibit IV-02

1995-2000
MedStar Health, Columbia, Maryland
The largest integrated health care delivery system in Mid-Atlantic; formed by merger of Medlantic Health (Washington Hospital Center, National Rehabilitation Hospital) with Helix Health; with annual revenue of $1.8 billion.

President, MedStar Physician Partners (1999-2000)
Senior executive responsible for integration, consolidation and management of system-wide physician practice network, and managed care capitation contracts. Restructured and consolidated separate management teams to coordinate and streamline implementation of system strategy, reducing administrative costs by 20%. Increased physician productivity through development of innovative physician compensation model. Created and implemented system's redirection of physician practice and managed care business strategy, reducing annual operating loss by over $20 million, while fostering goodwill among independent physician staff.

President and CEO, HelixCare, Inc., (1995-1998) First chief executive of start-up organization capitalized by Helix Health System (Baltimore). Strategic initiative combined acquisition of physician practices, creation of Independent Physician Association (IPA), and development of Management Services Organization (MSO) infrastructure, with the negotiation and management of full risk capitation contracts. Developed the largest network of owned-practices in Maryland with 150 physicians and 25 mid-level providers in 33 locations in Baltimore metropolitan area. Grew full-risk (global capitation) population of 90,000, the largest in Maryland managed by a provider organization, via innovative risk-sharing contracts with insurance companies and HMO's. Increased Helix Health's primary care market share from 4% to 21%. Grew annual revenue in excess of $200 million.

1977-1995
Ochsner Medical Institutions, New Orleans, Louisiana

A regional, national and international referral medical center, providing the breadth of current medical services, including multi-organ transplants, interventional cardiology, comprehensive cancer services and a sophisticated center for digestive diseases. The heart of OMI is the 425-physician Ochsner Clinic, one of the nation's oldest and largest group practices.

Medical Director (Chief Executive), Ochsner Clinic (1993-1995) the senior executive in a physician-driven medical center, responsible for overall strategic direction, and provision of medical services for OMI. Created first combined strategic plan for OMI, approved by Board of Governors of Ochsner Clinic, and Board of Trustees of Alton Ochsner Medical Foundation, uniting the institutions for the first time under a common Mission, Values Statement and Vision. Created Ochsner/Sisters of Charity Health Plan, the first statewide HMO in LA. Oversaw growth of primary care network to include 86 primary care physicians in 16 sites providing over 350,000 patient visits annually.

Medical Director, Ochsner Health Plan (1985-1992) First Medical Director of Ochsner-owned Health Maintenance Organization (HMO), the largest in Louisiana. Managed the provision of health care services to 90,000 HMO members. Directed development of managed care protocols for Ochsner. Created reports to demonstrate trends in utilization of health care services.

Assistant/Associate Medical Director, Ochsner Clinic (1986-1992) Planned and implemented Ochsner's network of satellite clinics. Developed Ochsner's Family Practice Department; recruited and supervised first 15 physicians; gained recognition as formal department from OMI Boards. Established Patient Relations Department; handled all patient concerns and complaints regarding physician services. Fostered development of customer satisfaction culture at Ochsner, which was incorporated into core values statement of OMI.

Head, Community Internal Medicine (1980-1984) Conceived and created first group of primary care physicians within Ochsner. Recruited six general internists to staff new section.

Staff Physician (1977-1995) Department of Internal Medicine.

Exhibit IV-02

Fellowships:

Fellow, American College of Physicians

Academic Appointments:

Clinical Assistant Professor, 1978-1995, Department of Medicine, Tulane Medical School

Other:

Lifetime Member, American College of Physician Executives
Chairman, 1987 - 1988, Section on Medicine, Southern Medical Association
Board of Directors, 2004-2006, American Health Quality Association
Quality Committee, 2004-2007, MedChi, the Maryland State Medical Society
Steering Committee, Ambulatory Measures, 2005-2007, National Quality Forum
Health Information Technology Committee, 2005-2007, MedChi, the Maryland State Medical Society
Advisory Council, 2006-2012, American College of Physicians Center for Practice Innovation
Health Information Technology Steering Committee, 2006-2007, Maryland Health Care Commission
Practice Transformation Working Group, 2006-2007, eHealth Initiative

CHART 1

Chart 1. Project Construction Characteristics and Costs		
Base Building Characteristics	Complete if Applicable	
	New Construction	Renovation
Class of Construction		
Class A		
Class B		
Class C		
Class D		
Type of Construction/Renovation		
Low		
Average		
Good		
Excellent		
Number of Stories		
Total Square Footage		
Basement		
First Floor		
Second Floor		
Third Floor		
Fourth Floor		
Perimeter in Linear Feet		
Basement		
First Floor		
Second Floor		
Third Floor		
Fourth Floor		
Wall Height (floor to eaves)		
Basement		
First Floor		
Second Floor		
Third Floor		
Fourth Floor		
Elevators		
Type *Passenger* *Freight*		
Number		
Sprinklers (Wet or Dry System)		
Type of HVAC System		
Type of Exterior Walls		
Chart 1. Project Construction Characteristics and Costs (cont.)		
	Costs	Costs
Site Preparation Costs	$	$
Normal Site Preparation*		
Demolition		
Storm Drains		
Rough Grading		
Hillside Foundation		
Terracing		
Pilings		
Offsite Costs	$	$
Roads		
Utilities		
Jurisdictional Hook-up Fees		
Signs	$	$
Landscaping	$	$

*As defined by Marshall Valuation Service. Copies of the definitions may be obtained by contacting staff of the Commission.

NOT APPLICABLE – NO NEW CONSTRUCTION

TABLE 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:

NOT APPLICABLE – NO RENOVATIONS OR NEW CONSTRUCTION.

2. Financing Cost and Other Cash Requirements:

a.	Loan Placement Fees	$	$0/NA
b.	Bond Discount		$0/NA
c.	Legal Fees (CON Related)		$40,000
d.	Legal Fees (Other)		$35,000
e.	Printing		$ 1,000
f.	Consultant Fees		
	CON Application Assistance		$29,500
	Other (Specify)		$50,000(startup assistance)
g.	Liquidation of Existing Debt		$0/NA
h.	Debt Service Reserve Fund		$0/NA
i.	Principal Amortization Reserve Fund		$0 [1]
j.	Other (Specify)		$0
TOTAL (a - j)		$	$155,500

3.	Working Capital Startup Costs	$	$ 69,600 [2]
TOTAL USES OF FUNDS (1 - 3)		$	$225,100

[1] Talbot Hospice Foundation maintains a substantial endowment to support its projects, and will use its grants, donations, and endowment income to support its hospice services.

[2] This amount includes a forecast of one time start-up costs not set forth in (2) above, but does not forecast total expenses associated with the operation of the project in CY 2015.

B. Sources of Funds for Project:

1.	Cash	$281,931 [3]
2.	Pledges: Gross $0, less allowance for uncollectables $0 = Net	$0 [4]
3.	Gifts, bequests	$ 656,572 [5]
4.	Interest income (gross)	$0
5.	Authorized Bonds	$0
6.	Mortgage	$0
7.	Working capital loans	$0
8.	Grants or Appropriation	
	(a) Federal	$0
	(b) State	$0
	(c) Local	$0
9.	Other (Specify) - Endowment Principal	$4,555,309 [6]
	- Endowment Income	$ 250,000 [7]
TOTAL SOURCES OF FUNDS (1-9)		$ $5,743,812 [8]

Lease Costs:

a. Land	$	x	= $	
b. Building	$ 10,000/yr	x 1 yr	= $	$10,000
c. Major Movable Equipment	$	x	= $	
d. Minor Movable Equipment	$	x	= $	
e. Other (Specify)	$	x	= $	

Response:

Although Talbot Hospice does not plan to lease space for staff dedicated to this proposed project, the company does anticipate leasing about $10,000 worth of office space in late 2014 and 2015 to house temporarily six of the company's fundraising and billing/financial staff members in connection with an expansion to its assisted living facility space at its headquarters at 586 Cynwood Drive, Easton, MD 21601. The capital campaign for the headquarters/ALF expansion is already complete, as is the first phase of construction (a parking lot expansion). The cost of the expansion construction is not reflected in the budget for this project – because it is independent of this project – but the cost of the lease is so reflected. The lease should last no longer than through the end of 2015.

---

[3] Reflects total cash and cash equivalents as shown on the books and records of the company as of the close of FY 13.

[4] Reflects gross pledges receivable as shown on the books and records of the company as of the close of FY 13; Talbot Hospice's financial statements do not include a line item discounting uncollected pledges.

[5] Reflects all unrestricted contributions, including bequests, to Talbot Hospice, as reflected on the company's FY 13 financial statement.

[6] Reflects total value of endowment as shown on the books and records of the company as of the close of FY 13, minus $1,000,000, which amount has been set aside for the construction project detailed below.

[7] Reflects projected investment/endowment revenue for Talbot Hospice in CY 2015.

[8] Does not include projected revenue from the operation of Talbot Hospice's hospice care program in CY 2015.

TABLE 2B

Instructions: Complete Table 2A for the Entire Facility, including the proposed project, and **Table 2B** for the proposed project only using the space provided on the following pages. **Only existing facility applicants should complete Table 2A. All Applicants should complete Table 2B. Please indicate on the Table if the reporting period is Calendar Year (CY) or Fiscal Year (FY).**

TABLE 2A: STATISTICAL PROJECTIONS – ENTIRE FACILITY

NOT APPLICABLE

TABLE 2B: STATISTICAL PROJECTIONS – PROPOSED PROJECT

	Projected years – ending with first year at full utilization			
CY	2015	2016	2017	2018
Admissions	151	173	185	194
Deaths	121	137	147	154
Non-death discharges	28	33	37	37
Patients served	177[9]	201	216	226
Average length of stay	52	50	50	52
Average daily hospice census	25.2	28.8	30.8	32.3
Visits by discipline				
Skilled nursing	2,310	2,633	2,818	2,957
Social work	574	654	700	734
Hospice aides	3,642	4,151	4,442	4,662
Physicians - paid	137	156	167	175
Physicians - volunteer	0	0	0	0
Chaplain	1,041	1,186	1,269	1,332
Other clinical	520	593	635	666
Licensed beds				
Number of licensed beds	0	0	0	0
Occupancy % (if inpatient unit) or hospice house	N/A	N/A	N/A	N/A

[9] Includes patients transferred to Talbot Hospice from the existing authorized hospice provider, following the wind-down of the provider in 2014 and potentially into 2015.

TABLE 3: <u>REVENUES AND EXPENSES - ENTIRE FACILITY</u> (including proposed project)

(INSTRUCTIONS: ALL EXISTING FACILITY APPLICANTS MUST SUBMIT AUDITED FINANCIAL STATEMENTS)

NOT APPLICABLE – NOT AN EXISTING FACILITY

TABLE 4

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT

(INSTRUCTIONS: Each applicant should complete this table for the proposed project only)

	Projected Years (ending with first full year at full utilization)[10]			
CY	2015	2016	2017	2018
1. Revenue[11]				
a. Inpatient services	$ 58,962	$ 66,346	$ 73,730	$ 81,115
b. Outpatient services	$1,633,701	$1,807,252	$1,980,802	$2,154,353
c. Gross Patient Service Revenue	$1,692,663	$1,873,598	$2,054,533	$2,235,467
d. Allowance for Bad Debt	$ 3,385	$ 3,747	$ 4,109	$ 4,471
e. Contractual Allowance	$ 11,392	$ 13,556	$ 15,720	$ 17,884
f. Charity Care	$ 114,788	$ 113,880	$ 112,972	$ 112,063
g. Net Patient Services Revenue	$1,563,099	$1,742,415	$1,921,732	$2,101,049
h. Other Operating Revenues (Specify)[12]	$ 900,000	$ 921,000	$ 942,000	$ 963,000
i. Net Operating Revenue	$2,463,099	$2,663,415	$2,863,732	$3,064,049
2. Expenses				
a. Salaries, Wages, and Professional Fees, (including fringe benefits)	$ 2,006,656	$2,053,478	$2,100,300	$2,147,122
b. Contractual Services	$ 142,024	$ 159,309	$ 176,594	$ 193,880
c. Interest on Current Debt	$	$	$	$
d. Interest on Project Debt	$	$	$	$
e. Current Depreciation	$ 50,000	$ 51,167	$ 52,333	$ 53,500
f. Project Depreciation	$	$	$	$
g. Current Amortization	$	$	$	$
h. Project Amortization	$	$	$	$
i. Supplies	$ 302,303	$ 334,384	$ 366,465	$ 398,546
j. Other Expenses (Specify)[13]	$ 228,139	$ 233,462	$ 238,785	$ 244,109

[10] Talbot Hospice expects to become operation in January or February of 2015, and that therefore its first full year of utilization will be 2016. Nevertheless, Talbot Hospice has projected revenues and expenses through 2018 to aid consideration of the application.

[11] The revenue, expenses, and income of Talbot Hospice enumerated in this table include combined operations of the proposed hospice program and the Guest Wing.

[12] Includes donations, grants, and endowment income.

[13] Includes non-staff administrative costs, including, for example, insurance, rent expense for headquarters (as described herein), recruiting expenses, and patient transportation.

k. Total Operating Expenses	$ 2,729,121	$2,831,799	$2,934,477	$3,037,155
3. Income				
a. Income from Operation	$ (266,023)	$ (168,384)	$ (70,745)	$ 26,894
b. Non-Operating Income	$	$	$	$
c. Subtotal	$ (266,023)	$ (168,384)	$ (70,745)	$ 26,894
d. Income Taxes	0	0	0	0
e. Net Income (Loss)	$ (266,023)	$ (168,384)	$ (70,745)	$ 26,894

Table 4 Cont.	**Projected Years (ending with first full year at full utilization)**			
CY	2015	2016	2017	2018
4. Patient Mix				
A. As Percent of Total Revenue				
1. Medicare	85.0%	85.0%	85.0%	85.0%
2. Medicaid	5.0%	5.0%	5.0%	5.0%
3. Blue Cross	1.8%	1.8%	1.8%	1.8%
4. Commercial Insurance	7.2%	7.2%	7.2%	7.2%
5. Self-Pay	1.0%	1.0%	1.0%	1.0%
6. Other (Specify)	0.0%	0.0%	0.0%	0.0%
7. TOTAL	100%	100.0%	100%	100%
B. As Percent of Patient Days/Visits/Procedures (as applicable)				
1. Medicare	85.0%	85.0%	85.0%	85.0%
2. Medicaid	5.0%	5.0%	5.0%	5.0%
3. Blue Cross	1.8%	1.8%	1.8%	1.8%
4. Commercial Insurance	7.2%	7.2%	7.2%	7.2%
5. Self-Pay	1.0%	1.0%	1.0%	1.0%
6. Other (Specify)	0.0%	0.0%	0.0%	0.0%
7. TOTAL	100%	100.0%	100%	100%

TABLE 5

TABLE 5. MANPOWER INFORMATION

INSTRUCTIONS: List by service the staffing changes (specifying additions and/or deletions and distinguishing between employee and contractual services) required by this project. FTE data shall be calculated as 2,080 paid hours per year. Indicate the factor to be used in converting paid hours to worked hours.

Position Title	Current No. FTEs	Change in FTEs (+/-)	Average Salary	Employee/ Contractual	TOTAL COST
Administration					
Administration	2.6	2.4	60,573	Employees	302,864
Direct Care					
Nursing	1.8	4.0	64,877	Employees	376,288
Social work/services	0.0	1.0	43,100	Employee	43,100
Hospice aides	9.9	3.0	35,148	Employees	453,406
Physicians-paid	0.0	0.3	151,000	Contractual	45,300
Physicians-volunteer	0.0	0.0	0.0		0.0
Chaplains	1.0	0.0	34,112	Employee	34,112
Other clinical: bereavement and volunteer coordinators	2.6	0.0	50,605	Employees	131,574
Support					
Other support	2.0	1.0	58,183	Employees	174,550
				Benefits*	445,462
				TOTAL	2,006,656

* Indicate method of calculating benefits cost Benefits projected to be 28.5% of salary

LETTERS OF SUPPORT – SHORE REGIONAL HEALTH

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

219 S. Washington Street
Easton, Maryland 21601
(410) 822-1000 Ext. 5259 | Cell (410) 253-4953

April 28, 2014

Kevin McDonald
Chief, Certificate of Need
Maryland Health Care Commission

Dear Mr. McDonald:

This letter is in support of Talbot Hospice Foundation's application for a Certificate of Need to become a general license hospice in Talbot County.

Talbot Hospice Foundation has represented end-of-life care in Talbot County for over 30 years. As Director of Ethics at UM Shore Regional Health, I am frequently consulted by doctors, nurses, patients and families who are facing critical decisions about terminal illness and how it will impact what they have come to realize is a limited number of months, weeks or even days of life. The bereavement programs, spiritual counseling and volunteer support of Talbot Hospice Foundation have been invaluable resources to me as I work with all concerned to optimize what time remains.

As a general license hospice, Talbot Hospice will finally bring together in one organization in Talbot County all the services of a comprehensive hospice program. This will facilitate and enhance the access to and timeliness of hospice services, which is crucial in end-of-life situations when time is of the essence.

The residents of Talbot County have provided extraordinary support to Talbot Hospice Foundation for decades. This is a most important point. The Talbot Hospice is a cherished and central part of the community. Our families and our friends have received its services and many of our community have provided not only financial support but also the support of their time and caring as volunteers who care for the residents and as fund raisers who have reached out to the generous of our community. I know they will be pleased with this important step in its history.

I urge you to approve Talbot Hospice Foundation's application. Please feel free to contact me if I might provide further information.

Sincerely,

Brian H. Childs, Ph.D., Director of Ethics
University of Maryland
Shore Regional Health
Professor, The Graduate School
University of Maryland University College
Professor, Department Of Medicine
University of Maryland School of Medicine

LONDONDERRY ON THE TRED AVON
700 PORT ST. # 338
EASTON, MD. 21601

May 24, 1914

Kevin. M. McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

Talbot Hospice is over 20 years old. It started as one of the few Limited Liscensed Hospice's in the State. We are now applying to become a Full Service Medical Hospice. It is critical that we achieve this designation promptly. We recently completed a capital campaign to add 6 more beds to our Guest wing among other improvements. That project is presently on "Hold" until our status is resolved.

Talbot County has an increasingly aging population and consequently a real need for Hospice services both in the home and in our Guest Wing. We maintain this wing for terminally ill patients who have no Primary Care at home.

I am a former member of the Board of Directors. I have worked on both of their Capital Campaigns to expand our facilities. I also worked as a Volunteer in their Guest Wing doing Patient Care.

With all good wishes for a speedy resolution,

Joan W. Cox

Joan W. Cox

DAWKINS
MEDICAL MANAGEMENT

Serving Doctors... So They Can Be Doctors

PO Box 2142 • Easton, Maryland 21601
Phone: 410/822-6175 • Fax: 410/822-1769

May 22, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, MD 21215

Dear Mr. McDonald,

I am writing to support the granting of a Full Service Hospice CON for Talbot County to the Talbot Hospice Foundation in as expedited fashion as possible. Talbot Hospice has held a limited license for a many years, providing support services to Shore Home Health & Hospice. With Shore Home Health & Hospice's decision to cease providing Hospice Services in Talbot County the granting of a Full Service CON to Talbot Hospice is a natural progression for Hospice Services in Talbot County.

I have been directly associated with the Talbot Hospice Foundation since initially being elected to the Board in 1994. I have served a total of four 3 year terms, 3 years as President during the time we built Hospice House, as well as holding other offices and responsibilities up to and including today. Over this 20 year period I have seen the huge differences Talbot Hospice Foundation and especially its staff has made in the lives of so many people.

The Foundation, founded by Dr. Eugene Guthrie and a small team of colleagues has been single focused to provide superior Hospice Services to the residents of Talbot County. This has been accomplished regardless of the obstacles faced. The Foundation has been innovative, resourceful and a highly respected member of Talbot County, the Hospice Network of Maryland and the National Hospice Association.

I could write about so many special and inspirational stories relating to the successes of the Foundation and would be happy to provide those if you feel it would help to expedite the application. However, I am sure from the content of the application & other letters in the packet I am sure many of my stories would be redundant.

The Foundation has had a series of very special people on the Board and in Board leadership positions over its history. I think the Board is a very special asset in support of the application. It reflects the importance this community places on the Talbot Hospice Foundation. But more important is the staff of the foundation. There are no more dedicated people to their work in any

DAWKINS
MEDICAL MANAGEMENT

Serving Doctors… So They Can Be Doctors

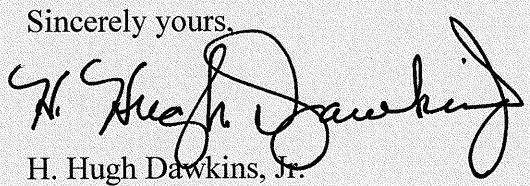
PO Box 2142 • Easton, Maryland 21601
Phone: 410/822-6175 • Fax: 410/822-1769

organization. The care and concern they provide to each person receiving Hospice services cannot be measured and the families that they serve just bond with the staff as they travel the special journey of end of life care.

In closing I can only say what I said in my opening. "I am writing in support of granting a Full Service Hospice CON for Talbot County to the Talbot Hospice Foundation in as expedited fashion as possible. " I hope the Commission will agree and approve the application quickly to ensure a true continuity of care for those needing hospice services in Talbot County.

Please feel free to contact me if I can provide any additional information or direct support for the application.

Sincerely yours,



H. Hugh Dawkins, Jr.
President
dawkins@goeaston.net
cell 410-310-2997

UNIVERSITY of MARYLAND
MEDICAL SYSTEM

May 19, 2014

Kevin McDonald, Chief
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Hospice Certificate of Need for Talbot Hospice Foundation

Dear Mr. McDonald,

My name is John Dillon and I am currently Chairman of the Board of Shore Regional Health. I am fully supportive of Talbot Hospice and their efforts to become a full service medical hospice. I am a strong believer in community based hospice organizations. I am confident that Talbot Hospice has the commitment, resources, and community support to be one of Maryland's best Community based full service medical hospice organizations.

I urge the Commission to approve Talbot Hospice's application to become a full service medical hospice.

Thank you,

John Dillon
Chairman, SRH Board of Directors

JD/ler

Ludwig J. Eglseder III, M.D., P.A.

Board Certified Internal Medicine

503 Cynwood Drive

Tel: 410-820-8824 **Easton, MD 21601** ***Fax: 410-822-4863***

Date: April 29, 2014

Maryland Health Care Commission

Dear Madame/Sir:

I am writing in support of the certificate of need application of The Talbot Hospice Foundation for provision of hospice services in Talbot County. Historically they have previously functioned as a "Limited License Hospice" but are now applying for a Certificate of Need to become a general license hospice.

I have been a practicing physician in Talbot County since 1985. Talbot Hospice Foundation has assisted me in providing hospice care for dozens of patient's over the last 29 years. Their inpatient hospice facility even with a limited license capability was a superb place for patients in this community to receive excellent end-of-life care. The services that Talbot Hospice Foundation have provided to patient's and their families in this community have been exemplary. It would have been exceedingly difficult to have provided end-of-life care in this community without Talbot Hospice Foundations commitment. I feel that the great majority of practicing physicians in Talbot County are very pleased that the foundation has chosen to seek licensure for operating a full medical hospice in our community.

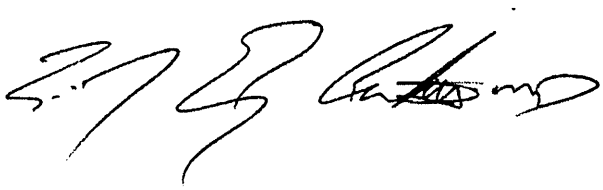
Talbot Hospice Foundation has the overwhelming support of the members of this community. The level of philanthropic financial support provided the organization by members of this community reflects the excellent care that has historically been provided the patients in Talbot County by the Talbot Hospice Foundation.

Over the last 29 years I have been greatly impressed by the administrative capabilities of the Talbot Hospice Foundation and by the membership and commitment of their board. The organization has consistently maintained a board membership of energetic, enthusiastic, dedicated individuals from the community who have been willing to take on any challenge in order to provide the best end-of-life care for the patients and families in our community. The board's decision to pursue this certificate of need further attests to their commitment.

I strongly recommend that the Maryland Healthcare Commission expeditiously grant the certificate of need for hospice services in Talbot County to the Talbot Hospice Foundation. If I may be of assistance to the Healthcare Commission by providing

additional testimony in support of the certificate of need application by Talbot Hospice Foundation please do not hesitate to contact me. Thank you for your due consideration of the application.

Sincerely:



Ludwig J. Eglseder, III, M.D.

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

Kenneth Kozel, MBA, FACHE
President and CEO

219 South Washington Street
Easton, MD 21601
www.shorehealth.org

FROM THE OFFICE OF THE PRESIDENT

April 28, 2014

Kevin McDonald, Chief
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Hospice Certificate of Need for Talbot Hospice Foundation

Dear Mr. McDonald,

Please allow this note to serve as Shore Regional Health's support for Talbot Hospice Foundation's quest to obtain a hospice Certificate of Need and ultimately to receive their general hospice license to provide hospice services in Talbot County, Maryland.

As the principle provider of healthcare services in the mid-shore region, we at Shore Regional Health understand that as our role changes under the new Maryland waiver, our responsibilities are expanding to include the overall health and wellness of the population we serve. With this dramatic and necessary paradigm shift in our industry, now more than ever we acknowledge that we need to continue to strengthen our partnerships with our community based providers and support those with missions that focus strongly on key components of the care continuum.

Over these many years, we at Shore Regional Health have developed a very strong relationship with Talbot Hospice Foundation and recognize their significant contribution of guest wing and assisted living services. We applaud them for aspiring to expand their mission to become a general licensed hospice. When authorized by the State, we intend to rely on their services to meet the needs of hospice patients in Talbot County.

Sincerely,

Kenneth D. Kozel, FACHE
President and CEO
Shore Regional Health

KDK/ler

27203 Chipmans La.
Federalsburg, MD 21632

5/20/14

Dear Mr. McDonald,

This is my thirteenth year as a Clinical Social Worker in Talbot and Caroline Counties employed with Shore Home Care Hospice – part of Shore Health System.

There are so many memories I have of the role Talbot Hospice has played in facilitating an end of life miracle for patients and families – making it possible for patients to have weddings, attend family weddings, meet new born grandchildren, make a last visit to Amish country or Ocean City or be reunited with distant relatives.

As a hospice worker who became certified in skills specific to Thanatology (Death, Dying and Bereavement) I very much look forward to Talbot Hospice becoming a full-service medical Hospice.

The longstanding support of the staff, the community and the families we have served will join the charitable mission to the delivery of palliative care at the end of life – making a congruent service of extraordinary value.

Thank you for anything you can do to make this a reality this summer!

Sincerely,

Lisa May, LCSW-C, CT

Tom Decker Seip

7961 Bloomfield Road

Easton, MD

Mr. Kevin McDonald

May 26, 2014

Maryland Health Care Commission

Dear Mr. McDonald:

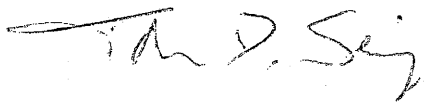
I write in Support of Talbot Hospice's application for a Certificate of Need to become a full service medical hospice.

I am a resident of Talbot County. I am Chairman of the Board of Governors of the Chesapeake Bay Maritime Museum, the second largest not-for-profit in Talbot County and one of the leading maritime museums in the US. I also sit on the Investment Committee of Shore Memorial Hospital in Easton.

My wife and I have been donors to Talbot Hospice since we first arrived in Maryland 9 years ago. We have also held a Hospice donor recognition event at our home. Therefore it is very easy for me to tell you how much Talbot Hospice means to our community. Time and time again we hear from friends who speak of the high quality care and unrelenting kindness visited upon friends or parents by Talbot Hospice staff and volunteers. We know people who have relocated their parents to Talbot County on the premise that best in class end-of-life care would be available through Talbot Hospice. Time and time again, Talbot Hospice has delivered on their promise, one guest patient at a time. So Hospice brings helps attract taxpayers like me to the Maryland and Talbot County. It is a true Community asset.

A Certificate of Need will allow Talbot Hospice to take the next step – to become a full service medical hospice, so that it continue providing care and comfort to patients and their loved ones. I hope the Commission will give the Application favorable consideration.

Very truly yours,



Michael C. Tooke, MD
33506 Tuckahoe River Road
Easton, MD 21601

May 13, 2014

Kevin McDonald
Chief, Certificate of Need
Maryland Health Care Commission

Dear Mr. McDonald:

I write to support the application of Talbot Hospice Foundation to receive a Certificate of Need to become a general license hospice for Talbot County.

The founders of THF brought the concept of hospice and quality end-of-life care to Talbot County in 1981. Its patient and family-centered approach to compassionate care of the dying has generated a remarkable depth of community support. For Talbot County, THF is hospice.

Since 1996, Shore Hospice has been the certified hospice agency, partnering with THF to provide the skilled nursing care and medical direction. In spite of this arrangement, the community has continued to regard THF as its hospice. Now Shore Health has determined it will exit the hospice business. There is only one path forward that will meet the expectations of Talbot County, and that is for the CON and license to again be unified under the THF umbrella.

As the former Senior Vice President and Chief Medical Officer of Shore Health, I understand the importance of a robust continuum of care. Having the most effective end-of-life care will enhance quality for patients and families, while preserving scarce resources. It is important to bring together all components of hospice into a single organization that has deep roots in and commitment to Talbot County.

I urge the Commission's prompt and favorable action on THF's application.

Sincerely,

Michael Tooke

Ann H Webb, MD, MPH
4504 World Farm Rd
Oxford, MD 21654

May 21, 2014

Mr. Kevin Mc Donald

MD Health Care Commission

4160 Patterson Ave

Baltimore, MD 21215

Re: Talbot Hospice application to become
a full service Medical Hospice

Dear Sir:

I am writing to support Talbot Hospice's application to become a full service Medical Hospice.

I am a retired Family Physician as well as a County Health Officer. I was also a Board Member at the Hospice for eight years.

Hospice patients and their families were uniformly grateful that we had a place in our community for their loved ones when they were faced with serious life limiting medical problems. In many cases these patients were in residence 24/7 and the staff was also available 24/7. Even though these patients had a primary care doctor he/she was often not immediately available to help with patient management from the staff. This could be very upsetting to the family of the patient.

The Board and management of the Talbot Hospice could have questions of a medical nature that being a full service medical hospice could provide.

I would hope that having a full service medical hospice would benefit not only the patients and their families but also the staff and volunteers as well. The teamsmanship that already exists would be much more fluid.

Talbot Hospice and its Pathway Program are of vital importance to our whole community.

Thank you for your kind attention to this matter.

Sincerely,

AHWebb MD MPH

Ann H Webb, MD. MPH. FAAFP (ret)

LETTERS OF SUPPORT – GOVERNMENT OFFICIALS

THE STATE OF MARYLAND

Governor of the State of Maryland to

DR. EUGENE "BUCK" GUTHRIE AND
ELIZABETH "BETTS' GUTHRIE

Greetings: ***Be it Known That on behalf of the citizens of this State in recognition of a well deserved tribute to honor your successful efforts and leadership on behalf of the founding and development of The Talbot Hospice Foundation, beginning in 1981; and as the people of Maryland join together in expressing our admiration, great respect and gratitude for your positive and lasting contributions to your community and state, we are pleased to confer upon you this***

Governor's Citation

Given Under My Hand and the Great Seal of the State of Maryland
this 21st day of May
Two thousand and fourteen

Martin O'Malley
Governor

Anthony Brown
Lt. Governor

John P. McDonough
Secretary of State

SENATE OF MARYLAND

Resolution

Be it known to all that
The Senate of Maryland
offers its sincerest congratulations to

Dr. Eugene "Buck" and Mrs. Elizabeth "Betts" Guthrie

in recognition of

Your leadership in the founding and development of the
Talbot Hospice Foundation 31 years ago.

The entire membership extends best wishes on
the memorable occasion and directs this resolution
be presented on this 21st day of May 2014.

Thomas V. Mike Miller, Jr
President of the Senate

Richard F. Colburn
Senator Richard F. Colburn, Sponsor

Senate Resolution No. 876

MARYLAND HOUSE OF DELEGATES

House Resolution

Be it hereby known to all that
The House of Delegates of Maryland
offers its sincerest congratulations to

Dr. Eugene "Buck" Guthrie and Mrs. Elizabeth "Betts" Guthrie

in recognition of

Your 31 years of leadership in the founding and development
of The Talbot Hospice Foundation.

The entire membership extends best wishes on
this memorable occasion and directs this resolution to be presented
on this 21st day of May, 2014.

Michael E. Busch
Speaker of the House

Sylvia Siegert
Chief Clerk

Delegates Eckardt and Haddaway-Riccio
Sponsor

House Resolution #536

RICHARD F. COLBURN
37th Legislative District
Caroline, Dorchester, Talbot,
and Wicomico Counties

Budget and Taxation Committee

Capital Budget Subcommittee

Public Safety, Transportation,
and Environment Subcommittee

Executive Nominations Committee

Rules Committee

Joint Committees
Administrative, Executive,
and Legislative Review

Chesapeake and Atlantic Coastal
Bays Critical Area

Chair
Eastern Shore Senate Delegation

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

IN REPLY PLEASE REFER TO OFFICE INDICATED

Annapolis Office

James Senate Office Building
11 Bladen Street, Room 315
Annapolis, Maryland 21401
410-841-3590 · 301-858-3590
800-492-7122 *Ext.* 3590
Richard.Colburn@senate.state.md.us

Mid-Shore Office

P.O. Box 1237
Cambridge, Maryland 21613
410-228-1137 · 410-819-3337
Fax 410-376-3737

May 15, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

I write this letter in support of the Talbot Hospice's application to the Maryland Health Care Commission to become a full service medical hospice. As the State Senator representing Talbot County, I have had the opportunity to see the good work Talbot Hospice does for its patients and their families. I also have a firsthand experience with hospice as I lost my mother to cancer last year. During her final weeks she was placed in hospice. The staff offered my family and me tremendous support during this difficult time. Without the assistance of hospice, we would have been lost in this process.

I could not think of a more deserving organization to receive this designation. Again, I fully support their application to become a full service medical hospice.

Thank you for your consideration of this request.

Sincerely,

Richard F. Colburn

ADDIE C. ECKARDT
Legislative District 37B
Caroline, Dorchester, Talbot,
and Wicomico Counties

Appropriations Committee

Subcommittees
Capital Budget
Health and Human Resources
Oversight Committee on Pensions

Spending Affordability Committee

Joint Committee on Administrative,
Executive, and Legislative Review

The Maryland House of Delegates
ANNAPOLIS, MARYLAND 21401

Annapolis Office
The Maryland House of Delegates
6 Bladen Street, Room 320
Annapolis, Maryland 21401
410-841-3343 · 301-858-3343
800-492-7122 *Ext.* 3343
Fax 410-841-3299 · 301-858-3299
Adelaide.Eckardt@house.state.md.us

District Office
601 Locust Street, Suite 202
Cambridge, Maryland 21613
410-221-6561

April 28, 2014

Kevin McDonald
Chief, Certificate of Need
MHCC
4160 Patterson, Avenue
Baltimore, MD 21215

Dear Mr. McDonald,

I am writing in support of Talbot Hospice Foundation's Certificate of Need application and as they seek to obtain licensure as a General Hospice for Talbot County.

The Talbot Hospice Foundation, of which I am a current board member, has been the face of hospice care in Talbot County for over 33 years. Their program has expanded over the years and the community volunteers are committed to the provision of quality support and services for those who are facing terminal conditions. The Hospice House for years has been funded through private donations and as the community need has grown so has the need for a full array of hospice and bereavement services for all ages.

While the Health Care Delivery System is shifting focus from hospital to community, Talbot Hospice is now and will continue to be an integral cost effective component of that delivery system as a full service General Hospice Program.
I therefore urge your favorable recognition of Talbot Hospice Foundation, Inc through the Certificate of Need process as they become a full service General Hospice.

If additional information is needed, please contact my office at Adelaide.Eckardt@house.state.md.us or District office at 410-221-6561.

Thank you for your assistance.

Sincerely,

Addie C. Eckardt

Addie C. Eckardt

ACE:frn

TOWN OF EASTON
P.O. Box 520
Easton, Maryland 21601

May 16, 2014

Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I have had the privilege of working as a volunteer at Talbot Hospice for the last few years and have also had the benefit of the services offered while my father, and his remaining family, was in need of assistance. Both experiences demonstrated on a personal level the value of Talbot Hospice and the caring and professional support given to the families they serve.

As a long-time elected official in Easton, I can attest to the importance of Talbot Hospice in our community. They have a wonderful facility and an even better staff. It is uncommon to find a resident of Talbot County that doesn't have a story to tell about a family member or friend that has been touched by Talbot Hospice, and in my experience, it is impossible to find one that has anything but the highest praise for the help they've received.

I give my full support for Talbot Hospice to become a full service medical hospice. Considering all the organization adds to the quality of life in Easton and Talbot County, I cannot imagine our community without Talbot Hospice.

Sincerely,

John Ford

John Ford, President
Easton Town Council

TALBOT COUNTY
HEALTH DEPARTMENT

KATHLEEN H. FOSTER, R.N., M.S.
HEALTH OFFICER
JOHN J. LAFERLA, M.D., M.P.H.
DEPUTY MEDICAL HEALTH OFFICER

100 S. HANSON STREET
EASTON, MARYLAND 21601
PHONE: (410) 819-5600
FAX: (410) 819-5690

April 28, 2014

Kevin McDonald
Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

This letter is in support of Talbot Hospice Foundation's application for a Certificate of Need to become a general licensed hospice in Talbot County.

As part of the Talbot County Health Department, and its current Health Officer, I have been involved with Talbot Hospice Foundation since its founding in 1981. The founding individuals were responsible for bringing the concept of end-of-life care to the community and for cultivating the broad community support that sustains the charitable efforts to this day. Talbot Hospice Foundation has been, for years, one of Talbot County's most admired community-based organizations.

As the County's Health Officer, I am appreciative of organizations like Talbot Hospice Foundation that expand access to needed health care services to the community. Their vision of making the transition from a limited licensed program to a comprehensive general licensed hospice will enhance their ability to fulfill the mission of providing quality end-of-life care to the patients and families of Talbot County.

I strongly recommend your approval of this application. Please feel free to contact me if I might provide further information.

Sincerely,

Kathleen H. Foster RN MS

Kathleen H. Foster, R.N., M.S.
Health Officer

May 14, 2014

Mr. Kevin McDonald

Maryland Health Commission

Dear Mr. McDonald,

This letter is to support the application being presented by Talbot Hospice to receive certificate to operate a full service comprehensive medical hospice. I am a business owner and 15 year resident in Easton, Talbot County, Maryland. I personally am aware of the work provided to this community by Talbot Hospice staff and large numbers of volunteers to my friends, neighbors and family members of the residents of the Eastern Shore of Maryland. Both my parents received care from Hospice programs when their illness was nearing the end of life. The transition and services provided allowed for comfort, support and medical management at home and in a long term care facility. I believe the residents of Talbot County and surrounding communities have the need for this comprehensive medically supported full service hospice.

I fully support the application before the Commission. Without hesitation I am requesting a favorable response to provide much needed care to my community. It is my request the application is approved as quickly as possible so the staff and volunteers can continue to provide excellent care.

Yours truly,

Steven E. Hershey

Anthony J. Principi

April 25, 2014

Doctor Craig Tanio, Chairman
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Mr. Chairman and Members of the Commission:

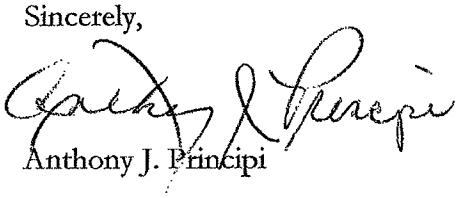
I am writing in support of the Talbot Hospice Foundation's (THF) application for a Certificate of Need and licensure as a general license hospice. I am a former Vice President and member of the Board of Directors of the Foundation and intimately aware of the extraordinary work and compassion of the leadership and staff of Talbot Hospice to the citizens of Talbot County and surrounding communities.

From 2001 to 2005 I served as Secretary of the United States Department of Veterans Affairs (VA). The VA has an important mission to care for an aging veteran population from WW II, Korea and Vietnam. Since I was acutely aware of the importance of hospice to my family, I made it my goal to insure every VA medical center and VA nursing home had a program for inpatient and home hospice. I was very pleased when I joined the Board of THF to learn of their commitment to the men and women who served in uniform and now in their final days of life. A program was established to honor them for their service and sacrifices in our Guest Wing.

I am proud to have been part of THF and their work on behalf of the people of our community. They enjoy broad community support for their dedication and compassion.

Thank you for your consideration.

Sincerely,



Anthony J. Principi

24710 New Post Road
St. Michaels, Maryland 21663
(410) 745-8308

JEANNIE HADDAWAY-RICCIO
Legislative District 37B
Caroline, Dorchester, Talbot,
and Wicomico Counties

Economic Matters Committee
Joint Committee on Federal Relations

House Chair
Talbot County Delegation

The Maryland House of Delegates
ANNAPOLIS, MARYLAND 21401

☐ *Annapolis Office*
The Maryland House of Delegates
6 Bladen Street, Room 320
Annapolis, Maryland 21401
410-841-3429 · 301-858-3429
800-492-7122 *Ext.* 3429
Fax 410-841-3523 · 301-858-3523
Jeannie.Haddaway@house.state.md.us

☑ *District Office*
32 South Washington Street · Suite 1
Easton, Maryland 21601
410-820-8043
Fax 410-820-8759

May 27, 2014

Mr. Kevin McDonald, Chief
Maryland Health Care Commission
Center for Health Care Facilities Planning & Development
4160 Patterson Ave
Baltimore, MD 21215

Dear Mr. McDonald,

I am writing in support of Talbot Hospice's application to become a full service medical hospice. Talbot Hospice has faithfully offered hope, compassionate support and services to members of our community since its inception in 1981.

I know from both personal and professional experience how fortunate we are to have them in our community and how important their presence is to our region. Their dedicated team of staff, volunteers and board members provide exemplary services and programs that are invaluable to patients and family members.

Thank you in advance for your consideration and please feel free to contact me if you would like any additional information.

Sincerely,

Jeannie Haddaway-Riccio

Town of Easton

14 S. Harrison Street, Easton, Maryland 21601
410-822-2525
bobwilley@town-eastonmd.com

Robert C. Willey
Mayor

May 20, 2014

Mr. Kevin McDonald, Chief
Certificate of Need Division
MD Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

On behalf of the Town of Easton I wish to express support for the Talbot Hospice located in Easton as they are currently working to become a full service medical hospice. Having had friends and relatives that have been patients at Talbot Hospice, I can personally attest to the outstanding care and professionalism extended by their staff.

It is hoped that benefits to becoming a full service medical hospice will decrease the need for residents to seek needs outside of their facility. Talbot Hospice is a very important asset to our community and an enormous support to our society.

Thank you for your consideration.

Sincerely,

Robert C. Willey

Robert C. Willey
Mayor

Marie R. U'Ren
127 South Harrison Street
Easton, Maryland 21601-2927
410-822-5089

May 19, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

I am writing in support of the Talbot Hospice Foundation's application to become a full service medical hospice.

As a member of the Friends of Hospice Board of Directors and an active member of the Festival of Trees committee since 1998, I have worked to raise funds that allow THF to carry out its mission to provide care to those facing end-of-life illness, loss and grief.

I have seen how important Talbot Hospice is to the members of our community. Each year the need for services has grown and since Talbot County continues to be a retirement living destination, the need will continue to grow. It is time for Talbot Hospice with its dedicated, caring staff, to become a full service medical hospice.

Thank you for your attention to this letter.

Marie R. U'Ren

LETTERS OF SUPPORT – COMMUNITY HEALTH PROVIDERS

Talbot County
Public Schools
Building lives, creating futures

Talbot County Education Center
12 Magnolia St
Easton. MD 21601

Phone (410) 822.0330
Fax (410) 820.4260

www.talbotschools.org

Date: May 22, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

I have been a school counselor and resource counselor for twenty years in the Talbot County Public Schools. During those years our students have experienced many tragic deaths of siblings, parents, grandparents, teachers and friends. When these life events happen I have called upon Talbot Hospice to provide guidance to the school staff, offer counseling with affected students and continuing support to the families.

This year Talbot Hospice provided in-service training to all our school counseling staff on topics that will augment our services to our students.

Many times Talbot Hospice has led a "Rainbow Days Group" in school for students with a significant loss. This statement from one of the students can sum up the value of that experience, " I like to coming to this group because I didn't know there were other kids like me (meaning the loss of a parent)."

I am offering my support for the Talbot Hospice application to become a full-service medical hospice. Talbot Hospice is an important vital service for our community.

Sincerely,

Susan Angel
Helping Counselor

Accredited K-12 by the Middle States Association of Colleges and Schools

Kelly L. Griffith
Interim Superintendent of Schools

Juanita S. Hopkins. Esq.
President. Boord of Education

Gloria Y. Farrare
Vice President. Boord of Education

Robert F. Burris Greg Ciniti Jesse Gomez Monica D. Heinsohn Sandra E. Kleppinger Cassidy Stewart (Student Member)

Virginia B. Blatchley, Ph.D.
Licensed Psychologist
Mill Place II, Suite I
18 N. Hanson Street
Easton, MD 21601
Phone (410) 822-3188 Fax (410) 820-4571

May 28, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I am a licensed psychologist in Easton, Maryland. I have heard of the superior care given to Hospice patients. The patients are carefully cared for, given medical assistance, and their families are welcomed to attend to the patients, and helped with unfinished business. There are outstanding groups led by trained mental health professionals.

Last year I lost a dear friend. She was at Talbot Hospice for the last two weeks of her life, I visited daily. Her care by Talbot Hospice was loving. Her family was also cared for, emotionally and physically.

Talbot Hospice has been and will continue to be a place of love and peace, where patients will receive care and comfort. This will be even better under the full service of the medical care model.

Sincerely & Thank you,

Virginia Blatchley

Virginia B. Blatchley, PhD.

Jill R Cotter
29596 Kent Ave
Easton, Maryland
21601

MAY 20, 2014

Mr. Kevin McDonald
Maryland Healthcare Commission

Dear Mr McDonald,

I am a resident of Easton Maryland where we have a Hospice Foundation that serves many people and families. I have been a nurse for 38 years and have seen many times the wonderful things Hospice does. Living in this community where the Hospice Foundation is very well received, it warms my heart to know of the help they are in times of need. This can be further enhanced by becoming a full service Medical Hospice.

Having worked in a Hospital that had Medical Hospice beds, I witnessed first hand the full array of comfort, care and compassion the complete medical model could provide. One particular family particularly stands out in my memory of the wonderful services our Medical Hospice care was able to provide there. It was a gentleman who was 42 years old and he had been diagnosed with Stage 4 Metastatic Lung Cancer. He was admitted to our unit frightened and angry at the disease and the fear it produced in him and his family. He was very ill and in excruciating pain. Through our Hospice service, we were able to help him come to grips with his illness and include his entire family in the process. The educational opportunities were many and eventually within a few days he was in a much better place mentally and emotionally. His nurses became familiar to him and the family and the care they could provide on a 24 hour basis ,with continuity, was of great comfort.

Because of my personal experience with this Medical Hospice Model and the fantastic job they do, I wholeheartedly support The Talbot Hospice Foundation's application to become a full service medical hospice. There is truly a need in this county and in this community for the level of care a full service medical hospice can provide.

Sincerely yours,

May 27, 2014

Dear Mr. McDonald:

I served as chaplain for the Talbot County Hospice for eleven years. I retired three years ago this July. Prior to that I had a career of forty-four years in pastoral ministry.

I have seen and experienced first hand the spiritual, physical, and emotional blessing Hospice has given to its patients and to their families. I could write a book of stories from people that found Hospice to be a truly godsend to their lives.

I fully support the proposal that Talbot Hospice become a full service medical hospice. I have been involved with patients and their families that were thoroughly broken-hearted and disappointed because they were not candidates for hospice due to the fact we were not a full service medical facility. It was a very sad experience.

I have also witnessed the workings of two separate entities or under two different places attempting to work in unity. It is not a reasonable manner in which to best function, and there has been friction. I firmly believe Hospice of Talbot would function much better as a separate organization.

I am fully acquainted with all the staff and many volunteers at Talbot Hospice. You will not find a group anywhere that could match their dedication and expertise.

I cant imagine what it would be like to not have hospice. What a huge void in end of life issues and care, not having hospice would present to this area.

Please help Talbot Hospice to become a full service medical hospice. They need is great and will increasingly become greater.

I pray you will help expedite this matter as promptly as possible.

Thank you for your time in considering the matters I have discussed

Respectfully
W. Nevin Crouse
Hospice Chaplain, Ret.

Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald:

I am writing to support the application of the Talbot Hospice as a full-service medical hospice.

As a board-certified chaplain, I have worked as a volunteer at Talbot Hospice and visited hospice patients in five facilities in Easton. I worked closely with Jody Gunn, who is the chaplain at Talbot Hospice: Rev. Gunn was thorough in her orientation and compassionate with her patients when they were turned over to me.

When people ask me "what does a chaplain do?", the most meaningful examples that I can give for what a hospice chaplain does are from visits with Talbot Hospice patients in dementia units or those on the brink of death. I was honored to do the memorial service for one of the hospice patients who died when I was his pastoral counselor/chaplain.

When I charted my visits, I noted that they were read by the staff and provided them with information that they appreciated and that they utilized. I did not always have the same experience that what I provided was utilized when I charted in a hospital.

In a former life I taught management and have a PhD in public administration. I noted that the Talbot Hospice seemed to have a team that worked well together, communicated, adhered to regulations, but – most importantly – were compassionate and dedicated to the families and to the hospice patients who were making their journey to another place.

My deceased wife, Rev. Sandra Fisher, was a recipient of hospice care in Volusia County, Florida. They were a full-service medical hospice. Given my experience with that hospice and given my experience with those who are now at the Talbot Hospice, I believe that they are fully prepared to assume the responsibilities, the duties, and – most importantly – the trust – that will be placed in them by your agency and by the people of Talbot County and beyond.

Sincerely,

Vinton D Fisher, PhD and BCACC 21 May 2014

Easton Middle School Counseling Department
201 Peachblossom Rd.
Easton, MD 21601
Phone: 410-822-4515 *Fax: 410-822-6870*
Norby Lee, Ph.D.
Principal

Mr. Jim Freeman *Counselor*
Ms. Charlett Parsons *Counselor*
Mrs. Beth Hall *Counselor*
Mrs. Sally Bertics *Secretary*

May 27, 2014

Dear Mr. McDonald,

I have been a School Counselor with Talbot County Public Schools for twenty years. During my tenure I have enjoyed the support provided to staff and students by Talbot Hospice. Unfortunately, we have had several deaths of students and staff over the years that have been quite tragic. Talbot Hospice has always been there for us providing counseling, groups, and any additional support we have needed.

In addition, this year Talbot Hospice has provided School Counselors with a series of workshops on various topics to keep us up to date on key issues. Expert speakers were scheduled at each workshop. This free service has also been scheduled for us again for next year.

I am excited about the opportunity that Talbot Hospice may become a full-service medical hospice. The community would certainly welcome this. There is definitely a need.

Thank you in advance for supporting Talbot Hospice in their future endeavors.

Sincerely,

Jim Freeman
School Counselor
Easton Middle School

Phone 410-822-4515 *Fax 410-822-6870*

Accredited K-12 by the Middle States Association of Colleges and Schools

Richard R. Greenbaum, Ph.D.
Licensed Psychologist

8706 Commerce Drive
Suite 2
Easton, MD 21601

Phone: 410-820-7286
Facsimile: 410-820-0648
e-mail: greenbaum2@verizon.net

May 16, 2014

Mr. Kevin McDonald
Maryland Healthcare Commission

Dear Mr. McDonald,

As a psychologist in private practice in Easton, Maryland for the last 31 years, I am intimately familiar with the many benefits that accompany Talbot Hospice in my community. Friends, patients, and members of my family have been associated with and utilized the services provided by the caring and dedicated staff at Talbot Hospice.

I am writing to document my enthusiastic support of the application offered by Talbot Hospice to become a full service medical hospice. In granting the application a favorable response, and thereby authorizing Talbot Hospice to continue offering a full range of hospice services in Talbot County, the Maryland Healthcare Commission will not only fulfill its mission to increase accountability and increase access in our community, but also demonstrate its thoughtful stewardship of healthcare services in rural Maryland.

Thank you very much for your serious consideration.

Yours truly,

Richard R. Greenbaum, Ph.D.

May 27, 2014

Dear Mr. McDonald,

My name is Jody Gunn, a chaplain for Talbot Hospice Foundation. I have worked for Talbot Hospice Foundation (THF) for almost 3 years. I have walked this journey of discovery with the THF staff for my whole tenure here. However, I have been a minister in the community since 2001 and have known of their excellent work prior to my being employed with them. Over 10 years ago, my father was a hospice patient in another state, however hospice services have the same goal and vision to serve patients and their families. I have been equally impressed by the level of integrity and compassion THF has provided to those facing the end of life in our community. Daily, I marvel at the work of the staff, volunteers and the board as they keep the needs of patients and their families at the forefront of the "why" of this type of invaluable care.

Hospice in Talbot County will be best served by a full service medical hospice with all of the staff under one roof and the ability to have all of the people with a passion for hospice to work together to serve this county with the world class service we know all of our patients and their families deserve. Talbot Hospice Foundation provides so much more to the community besides the caring and compassionate care-giving. We aim to educate and provide the resources the community to needs to make informed choices about physical, emotional and spiritual needs at the end of life, anticipatory grief and bereavement services.

On the Eastern Shore we experience the "land of good living," however we do not have all services available here. Talbot Hospice Foundation fills the needs within the scope of our mission and vision as well as discerns creative ways to meet the needs of the community where we see a gap. The staff, volunteers and board network with the community to continue to build relationships, which helps our county be able to serve the people we do.

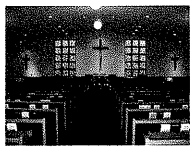
Hospice services in Talbot County have a long history of dedication and commitment to excellence. Please support the work of many people and the needs of our community by deciding to approve the certification for us to become a "full-service medical hospice."

Sincerely,

Rev. Jody Ellingson Gunn

Reverend Jody Ellingson Gunn
Hospice Chaplain

UNION BAPTIST CHURCH



"We Walk by Faith and not by Sight"

ESTABLISHED 1887
233 Glenwood Avenue
P.O. Box 1043
Easton, Maryland 21601
Reverend Fentress A. Hickman, B.S., M.Div., Pastor
Pastor's Office: 410-820-7264 Email: fahickman1@verizon.net
Church Office: 410-820-8852 Email: ubc@goeaston.net
Website: ubceastonmd.org

Edward R. Potter
Chairman, Deacons Ministry

Sheryl Groce
Church Clerk

Wanda Adams
Chairman, Trustees Ministry

May 25, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

For the past 15 years, I have served as the pastor of the church above. We are a congregation that was founded in 1887 and have approximately 400 enrolled and affiliated members. This letter is written in support of the Talbot Hospice Foundation to become a full service medical hospice.

In the years of my service in Easton, Maryland, I have personally witnessed the professional and caring activities of THF as they ministered to members of our congregation and to family members of their loved ones who were transitioning. The professional services were personally witnessed, not only at the Cynwood Drive facility in Easton but also in the hospital in Easton, the local nursing home (the Pines) and in private residences. In my affiliations with other pastors in Talbot County, I am aware of the importance of the service of THF throughout this region.

For these and other reason, I fully support their efforts to become a full service medical hospice.

Should you desire addition comments, please feel free to contact me at the above number.

Sincerely,

Rev. Fentress A. Hickman
Pastor

Comfort Keepers®
Comforting Solutions for In-Home Care®

407 Brookletts Avenue
Easton, MD 21601
Tel: 410-822-4414
Toll Free: 866-822-2444
Fax: 410-822-5174
eastonmd@comfortkeepers.com
www.comfortkeepers.com/office-596

May 27, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Mr. McDonald,

I am writing in support of Talbot Hospice becoming a full service medical hospice.

I am the General Manager of Comfort Keepers (licensed residential service agency) in Easton, MD. We serve Talbot, Dorchester, Caroline, Queen Anne's and Kent counties. We provide in-home care for seniors and many times we work with Hospice in the home setting providing personal care of clients (i.e. bathing, toileting) as well as meal preparation, light housekeeping and transportation while Talbot Hospice offers skilled nursing.

Several years ago, we were working with a client at home that had no family nearby. We had experienced several significant snowfalls and another even greater one was predicted. As the client's condition as worsening, it was decided to move him to Talbot Hospice House and our caregivers went with him. Not only did the staff welcome the client, they welcomed our staff and treated them like family as well. They allowed our caregivers to stay throughout the storm, providing comfort to the client in the new surroundings.

Talbot County attracts many retirees, many of whom have families elsewhere. Granting this request for Talbot Hospice to become a full service medical hospice would offer these residents the support they need to remain at home or close to their spouse without putting an additional burden on family members that are not close by.

It is my heartfelt request that Talbot Hospice be granted the status of a full service medical hospice in the near future.

Sincerely,

Kim Honeycutt

Kim Honeycutt, CSA

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To: Kevin McDonald
Maryland Health Care Commission

From: Dr. Katherine Johnson
302 South Hanson Street
Easton, MD 21601

Mr. McDonald:

This letter is to show our support for Talbot Hospice. Over the years my husband and I have encountered Hospice as a very special place which serves the community at large as well as patients and families who need hospice care. Both of my parents were involved with hospice at end of life and the impact was both dramatically compassionate, as well as incredibly helpful.

In addition our local hospice has provided medical equipment on loan to community members, and I myself have benefitted from this generosity during post surgery periods of time. They have provided end-of-life information, resources, and support to friends and family. And, I must add, there is a warmth and kindness throughout. The doors are open and welcoming, with staff and volunteers offering service and a smile.

I support the current Talbot Hospice application to become a full service medical hospice. This will better serve our large community, and provide beds, services, and support to many more people who need and can use these important services.

Talbot Hospice is a powerful and positive force in Easton and Talbot County. By enlarging and improving the structure and services, hospice will serve more people, a larger area, and additional clients. I can't say enough good things about Talbot Hospice and the expansion to a full service medical hospice will greatly improve the ability to serve.

Sincerely,

Katherine E Johnson

Dr. Katherine E. Johnson

May 23, 2014

Dear McDonald:

I am writing this letter in support of having Talbot Hospice become a full service medical hospice. I work as an elementary school counselor in Talbot County and have had Talbot Hospice work many times with some of my students. They have done a grief support group, "Rainbow Days" with many of my children. I have also had them come and talk to individual students. I have had the opportunity to work with the grief counselors during time of crisis at our school and also other schools in the county.

The people who I have had the chance to work with are wonderful human beings. Besides having the knowledge of how to deal with the end of life issues, they are some of the most caring, compassionate people I know. They have done a great job working with my students!

Also, on a personal note, we had the hospice staff help with my own father a few years ago. Once again, we saw the wonderful care that not only he received, but we, as the family received.

Talbot Hospice also sponsored several workshops this year for the school counselors. They were short, one hour in length, which was perfect for us because many times we can not be out of the building for a full day.

In conclusion, Talbot Hospice is a needed, wonderful resource for Talbot County and I hope that you will consider it to become a full service medical hospice.

Sincerely,

Sandra N. Lucas/School Counselor
White Marsh Elementary

May 22, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I am writing a letter of support recommending Talbot Hospice be granted a certificate of need to become a full service medical hospice.

My role for the past five years is a registered nurse with a licensed residential service agency in Easton, MD servicing Talbot, Caroline, Dorchester, Kent and Queen Anne counties. We have a longstanding relationship with Talbot Hospice. Our role dovetails with the services offered by Talbot Hospice. Whereas Talbot Hospice offers skilled nursing assessment and intervention, our agency provides personal care of clients (i.e. bathing, toileting) as well as meal preparation, light housekeeping, transportation. We are available in the home 24 hours a day.

There are times when the task of maintaining a loved one at home is too overwhelming for the family. Inpatient care at the Talbot Hospice House is an excellent choice for these families and clients. It has been my experience that the staff at Talbot Hospice House set the bar high on providing holistic, quality care to their residents. The setting is welcoming while providing a sense of security to family that their loved one will have access to care providers knowledgeable of the stages and interventions surrounding death and dying.

Several of our clients have been residents of Talbot Hospice House in the final stages of their lives. The families consistently provide positive feedback to me regarding the comfortable environment, thoughtfulness and knowledge of staff. Additionally, the care received decreases the guilt of placing their loved one at Talbot House, which although not their own home, offers a homelike atmosphere.

The absence of Talbot Hospice House and other hospices like it would present a serious lack of services so needed in our rural community. I find that in Talbot county, many people retire to the land of lower, slower living; however, their families reside elsewhere. Parents don't want to be a burden on their children and Talbot Hospice House offers an opportunity for clients to die with dignity without added stress to their loved ones.

Please consider my request as one of many I am certain you will receive in support for Talbot Hospice House's request to become a full service medical hospice.

Sincerely,

Michelle Lutz

Michelle Lutz RN, BSN

May 20, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Sir:

My wife Christie and I are residents of Talbot County.

Christie is a nurse who has experience dealing with end of life matters with the passing of her father and mother. I too have lost my parents; in addition, I lost a wife to cancer 26 years ago. In each case, there were no hospice facilities available and we experienced the passing in a traditional hospital setting.

Those experiences left us with a feeling of loss for our loved ones, and moreover, a feeling of emptiness and waste, that resources were expended that did not have to be used for an end of life passage. There was the added feeling of anxiety for our relatives of being in a hospital setting with constant disruption due to hospital rounds, rather than a location focused on love, comfort, and acceptance. Hospitals, by virtue of their mission to heal rather than accept the circumstances of end of life, are not the best location for passing. .

We wholly support the application Talbot Hospice has undertaken to become a full service medical hospice. We believe the added capabilities will provide more comfort for guests and open more candidates to experience the right of passage in a more holistic manner. Talbot Hospice is a very important asset to this community and thus we have supported it financially over the last five years. We look forward to it becoming a full service medical hospice in the near future.

Regards

Christine G. O'Brien

Richard E. O'Brien

Address: 6370 Country Club Drive
Easton, MD 21610

Elizabeth J. Parker-O'Brien

May 27, 2014

Kevin McDonald
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, MD

Re: Talbot Hospice Foundation

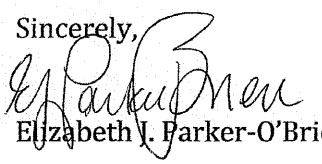
Dear Mr. McDonald,
I am writing on behalf of the application for a Certificate of Need for the Talbot Hospice Foundation to become a full service medical hospice. I would like to offer full support of this organization to provide (full service) medical palliative care in our community.

I have had the opportunity since our move to this community in 2006 to observe the work of the Talbot Hospice Foundation. As a clinical social worker specializing in geriatrics as well as acute and chronic health issues, many of my clients have come to the place in their lives where palliative care is the first choice for the end of life. The knowledge that Talbot Hospice Foundation provided a setting in which trained professionals and volunteer staff tended to the patient and family's needs in a comfortable homelike setting were comforting beyond words. Families would return with heartwarming stories of care provided by the Talbot Hospice Foundation that allowed them to do the emotional work needed during the death of a loved one.

Mr. McDonald, the one piece that I believe has been missing from the organization is the ability to provide full service medical care at the end of life. From a professional standpoint, the continuity of care that is provided is crucial in hospice care. We are quite aware that end of life care does not begin in the final days or perhaps weeks of life. By becoming involved earlier in the process, the Talbot Hospice Foundation team of professionals will be able to assist the patient and family in taking a pro-active approach to pain, address emotional issues of death and dying as well as act as navigators to the patient and family during this difficult time. As a full service medical hospice, Talbot Hospice Foundation would have months to work with the patient and family in their home or at the hospice house, not just a few days or weeks at the very end of life.

The Talbot Hospice Foundation has become a vital part of our community. The staff and volunteers have assisted so many community members in their personal choices for end of life care. It is now crucial that the organization be able to take that next step to expand and offer their expertise and services. I encourage you to allow this application to move forward.

Sincerely,



Elizabeth J. Parker-O'Brien, LCSW-C

Kevin McDonald
Maryland Health Care Commission

Re: Talbot Hospice

Dear Mr. McDonald,
My wife & I would to express our total support for the Talbot Hospice to become a full service medical hospice. This facility is of utmost importance to the citizens of our area.We recently used their services for our elderly uncle (aged 93). These services were invaluable.
In 1980 I founded the Ocean City Paramedic Foundation and a few years later assisted in the formation of the Talbot County Paramedic Foundation. I am well aware of the need for medical assistance. These two organizations have contributed immensly tothe medical needs of our citizens.A full service medical hospice would add to needs of many that may not have the means to obtain similar care.
Hopefully you and the Commision will agree.

Very truly yours,

Dick & Joi

Richard & Joyce Pairo
32675 Discovery Drive
Easton, Md. 21601
410-819-0220

Tyler-MED, LLC

25851 Goose Neck Road, Royal Oak, MD 21662
410-310-3706
jjtyler57@gmail.com

May 27, 2014

Kevin McDonald

Maryland Health Care Commission

4160 Patterson Avenue

Baltimore, MD 21215

Subject: Talbot County Full Service Medical Hospice

Dear Mr. McDonald:

I have lived and worked in Talbot County for over 27 years. In my professional capacity as a registered nurse I worked with a National Health Care Quality Organization whose headquarters are in Easton Maryland. I currently own and operate a women-owned health care consulting business in Talbot County working with large government health care contractors and insurers.

My background includes review and assessment of hospice services provided in various setting so I am familiar with the regulations and current regulatory requirements.

On a personal note I have two personal acquaintances and their families who benefitted from the hospice program services. One was a young mother with two children who was stricken with cancer and the other was an elderly gentleman who received support services at the hospice house in Easton. The supports and services provided enabled both of these individuals to have a higher quality of life and support that enabled them to spend their last days in comfort with their families at their side.

I believe the need for a full service medical hospice is critical to the citizens of the county and I wholly support the Talbot Hospice application to full-fill this role. We have an ever increasing number of retirees relocating to this county as well and our average age in this county is 7-8 years older than most counties in Maryland. As this population ages in place the service demand will only increase.

I have a long acquaintance with the Executive Director of Talbot Hospice on a professional level. She is well respected and recognized for all of the organizations accomplishments under her guidance. She has prepared the organization to meet this commitment.

Sincerely,

Julie Tyler

Julie Tyler, RN, CPHQ, CPC

Mid-Shore
Mental Health Systems
inc.

May 28, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I am writing you to share our strong support for the application Talbot Hospice will be submitting, to become a full service medical hospice. As the adult coordinator for the mid shore core service agency, it has been a privilege to work with the services offered and connect those families, who need these services. Talbot Hospice offers a wide a gamut of services, which are not included in other agency umbrellas, within our 5 county region. Expansion of their medical abilities would offer an additional layer of support for those families, requiring hospice support.

It is my greatest hope that, establishment of a medical hospice in our mid shore area would significantly enhance the present level of services families have been receiving.

Most respectfully,

Johanna G. Walter, LCSW-C

28578 Mary's Court, Suite 1, Easton, MD 21601 Telephone: 410-770-4801 Fax: 410-770-4809 www.msmhs.org

The Reverend Esther R. Ziegler
304 E. Chew Ave.
St. Michaels MD 21663

May 10, 2014

Mr. Kevin McDonald,
Maryland Health Care Commission

Dear Mr. McDonald:

I am writing in support of the Talbot Hospice Foundation in its appeal to become a full service hospice. I only recently began volunteering in the Guest Wing of this fine hospice but I have been associated with several other hospice programs prior to our move to Talbot County. In those experiences I have found that locally administered and non-profit hospices have provided excellent care with the additional benefit of familiarity with the people and culture of the area they serve. This benefit may be lost when a local hospice becomes part of a larger organization spread over a greater geographic area.

I have been impressed by the commitment, enthusiasm and professionalism of both the professional staff and the volunteers at Talbot Hospice Foundation not to mention the stories told by family members of the excellent care received by their loved ones. I urge you to grant the certificate of need that Talbot Hospice Foundation is seeking.

Sincerely,

Esther R. Ziegler

Esther R. Ziegler

LETTERS OF SUPPORT – OTHER COMMUNITY MEMBERS

5/25/14

Dear Mr. McDonald,

I am writing to indicate my support of Talbot Hospice Foundation's application to become a full service medical hospice.

I have volunteered with Talbot Hospice Foundation (THF) for the last 15 years. They are the most extraordinary organization I have ever been affiliated with. I have worked in the guest wing, as a companion in the home, as a massage therapist and most recently as an end-of-life doula. From the administrative staff, to the caregivers, to the volunteers - all making an exemplary contribution to the whole. All dedicated to the hospice mission to provide compassionate end-of-life care, supporting the patient and his or her family during this most difficult time as well as grief support in the aftermath.

Whenever I mention that I volunteer with THF to anyone who has been touched by this organization they have nothing but heartfelt gratitude and appreciation for the services THF has offered to them personally and to our community.

I trust that work will continued and even be enhanced as a full service hospice.

With sincere thanks. Valerie Sunda '87

Trappe, Maryland

May 26, 2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald:

As long time residents of Trappe, Talbot County, we wish to offer our support in recommending that Talbot Hospice be granted a certificate of need to become a full service medical hospice.

It has been our experience when visiting friends who are residents at Talbot Hospice we are always greeted by friendly staff, including administrative personnel, nursing staff and care givers. The rooms at Talbot Hospice House are clean, bright and well furnished to meet the need of the resident as well as their family. It offers a homelike atmosphere giving a choice to a family needing assistance in caring for a loved one in extreme health situations.

Talbot County is a rural community where many people enjoy retiring because of the slower living style; however, this is an area of fine arts, many locally owned businesses and medical specialist of all kinds. The absence of Talbot Hospice House would present a serious lack of services needed in this rural community.

Please consider our request in support for Talbot Hospice House's request to become a full service medical hospice.

Sincerely,

Charles B. Adams Jr.

Mary Rae H. Adams

Charles B. Adams, Jr.

Mary Rae H. Adams

12 Shannon Terrace Apt A
Easton MD 21601

May 27, 2014

Kevin McDonald
Maryland Health Care Commission.
4160 Patterson Ave.
Baltimore MD 21215

Dear Mr. McDonald,

This is to add my name to the list of those supporting the request for the current Talbot Hospice to become a full service medical hospice.

I am one of your older volunteers who still enjoys gardening and so my regular responsibility is to sweep the patio in the back every Tuesday. This has been such an enjoyable 'job' because of all the varied people I meet out there. Some are in wheelchairs, some in beds but I always say hello. Some are not too responsive, but the relative(s) are and happy to have a word with someone from 'outside' the hospice community. One man I met told me proudly he was 96 and still able to visit his wife often.

My background is in nursing and am still registered in California and Massachusetts, though not active at this time. In fact, I trained at St. Thomas' Hospital, London, the very one where Dame Cicely Saunders was for a while before she moved on and established St. Christopher's Hospice in London, in 1967. One of my long-time friends actually visited the Hospice in the 1980's and said it was everything she had expected it to be – perfect for one's last period of life.

The current Hospice serves a large area and as the concept they enable for those in the last period is very much in demand – especially with the aging population of this country, I strongly urge you to support the advantage of becoming a full service medical hospice.

Sincerely,

Jane Allen.

Jane Allen

Catherine H. Alspach 410-822-2248
4736 Sailors Retreat Ct.
Oxford, MD 21654

May 9, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

I am a volunteer at Talbot Hospice providing patient care in our Guest Wing, as a Receptionist at our front office and as a Doula, providing comfort to patients and their families during their final hours. All of these jobs are of equal importance, both to me and to the community we serve.

I have been a volunteer for over two years and plan to continue this important work because I have seen, repeatedly, the impact we make in the community. Whenever I am asked what I am doing in my retirement and I mention my work at Hospice, someone tells me a story about how Talbot Hospice helped a family member or friend during their last months, weeks and days. This is always followed by: "they do such wonderful work".

The quality time we provide for patients to spend with their families and friends, without the burden of care on the families themselves, is a joy to see. Both patients and their spouse or children comment on this. "It was just too much for me to provide care at home", and: "We are all so happy that we made the decision to come to Hospice". It makes their time together comforting for both, rather than a strain.

Not only do patients receive the best possible palliative medical care at Talbot Hospice, they received unequalled personal care. We wash and curl hair, polish nails, give foot rubs, sit and talk or just sit and **be** with the patient when they are anxious or lonely.

Doula work gives families time off during the dying process when they either cannot be there, or the patient does not want them there when he or she dies. A family member can go home for a good night's sleep knowing that their loved one will not die alone. In addition, we are able to give the dying patient individual attention that nurses do not have enough time to do. We swab dry mouths, play their favorite music, hold their hands and make sure that a nurse is summoned immediately if pain or another problem causes agitation or discomfort.

For all of the reasons I have stated, I am in complete support of Talbot Hospice becoming a full service medical hospice. We will be able to do more for more patients, therefore allowing them to become guests at the Hospice House Guest

Wing. If it is the wish of the patient and his/her family, I hope that medical need will not stand in the way of their being admitted and well cared for.

Because of the positive impact it would have on our community, I heartily request that you approve full service medical hospice care for Talbot Hospice.

Thank you.
Sincerely,

Catherine H. Alspach
Hospice Volunteer

/cha

TALBOT PRESERVATION ALLIANCE

To protect the unique environment and heritage of Talbot County—its waterways, farmland and historic small towns.

May 27, 2014

Kevin McDonald, Chief
Maryland Healthcare Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

I write on behalf of Talbot Preservation Alliance ("TPA") in strong support of the effort of Talbot Hospice Foundation to become a full-service medical hospice, by successfully obtaining a Certificate of Need from the Maryland Healthcare Commission.

TPA is a non-partisan, volunteer citizens' organization in Talbot County that, over the past 15 years, has lobbied for and otherwise supported responsible growth management that will protect the historic small towns in our community. One critical element of the vitality of those towns has been the presence of Memorial Hospital at Easton, now part of University of Maryland Medical System, here in our community. TPA led a strong effort in 2005 to develop citizen support for the retention of Memorial Hospital here in Talbot County when UMMS was considering plans to relocate a new facility elsewhere.

For the same reasons that we fought to retain our hospital here in Easton, we urge the Commission to act favorably on the CON application filed by the Talbot Hospice Foundation. The extension of the Talbot Hospice service to permit admission seven days a week will not only benefit patients and their families at a critical point in their lives, but also will promote additional job opportunities for skilled nursing and social work practitioners available here on the Shore.

Expanded and more comprehensive hospice care is an especially unique need here in Talbot County, as our demographic differs substantially from population distribution, by age, on a state wide basis. The median age in Talbot County is some 10 years higher than the median age in Maryland generally, and as you may be aware we have a significantly larger elderly population, in relative terms, compared with other communities in the state. This results in a much larger need for hospice services in our community than one might expect would be needed in a community of our size located elsewhere.

We hope that you will take all of the above into account, and that the Commission will recognize the critical need for approval of the CON application filed by the Talbot Hospice Foundation. We thank you and the Commission in advance for considering these comments.

Very truly yours,

Thomas T. Alspach, President

TTA/tsd

P.O. Box 3201 · Easton, MD 21601 · www.talbotpreservation.org

May, 23, 2014

Dear Mr. McDonald

I have been "playing my keyboard" for Hospice guests here at Easton Hospice for several years. As I play, hopefully providing a soothing background, I'm able to observe the interactions of staff with guests. They are always alert and responsive to the needs and requirements of their guests. They are patient, positive and professional. Hospice is so important to our area. I strongly support their application to become a full service medical Hospice.

Sincerely, Judith Amden (volunteer)

May 14, 2014

To: Kevin McDonald

It is a privilege for us to write a letter in support of Talbot Hospice becoming a full service medical hospice. Talbot Hospice is an integral part of our community and serves the needs of many of our residents at a time of life when support is greatly needed.

We have been supporters of Talbot Hospice for all of the ten years we have lived here. And we are not alone. Talbot Hospice is highly respected and is the recipient of contributions from many area residents who value the services offered.

As a clergyman in the area, I visit Talbot Hospice often to see patients from my church. I greatly value those experiences and consider my experiences with hospice guests to be some of my most rewarding. It is at those times that I see the kind and caring attitude of the staff as they minister to the sick and dying. There is no other agency in the area that serves Talbot County like Talbot Hospice.

My wife is an active community volunteer and involved in many organizations. Talbot Hospice is well known as a professional care facility, and its leadership and staff are highly respected.

We ask your support for this much needed full service hospice. Thank you for our consideration.

Sincerely,

Gilbert W. Anderson Ellen P. Anderson

Rev. Dr. Gilbert W. Anderson and Ellen P. Anderson
P. O. Box 594
Oxford, Maryland 21654

May 22, 2014

Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

I am writing in support of Talbot Hospice wanting to become a full service medical hospice.

My wife and I are long-time residents of Talbot County and are in our late 70's. My wife has been under Talbot Hospice palliative care for more than a year and is confined to a hospital bed in our home. Talbot Hospice provides us medicines, bedding, pads, diapers, sanitary gloves, etc. The trained volunteers they provide each week, sit with my wife allowing me to leave the house to shop, bank, visit doctors, do chores, and anything else that surfaces. Hospice, along with the doctor, advised me to get some home care help daily, to relieve me. I was struggling before I received this advice.The nurse and aides that visit my wife each week are wonderful.

Talbot Hospice took the initiative to organize and obtain funding from the community that provides guidance, facilities, and items that are available to patients. The organization is highly respected and appreciated for what they do for end-of-life patients and their care givers.

I believe it is important that they obtain a Certificate of Need to allow them to enhance their facilities and services so important to our area. To care for someone in this condition is very difficult and I could not have managed if it were not for Talbot Hospice. Certainly the dedication, determination, and ability shown by this organization along with the community support, is evident that they should receive this certification. The citizens of Talbot County know they have the right organization to turn to when the need surfaces.

Sincerely,

Raymond R. Appler

Raymond R. Appler

29253 Woodridge Drive

Easton, Maryland 21601

rappler76@verizon.net

...because not all great minds think alike®

May 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

On behalf of the Talbot Hospice, I fully support their vision and application to become a full service medical hospice.

While not a resident of Talbot County, as an Executive Director of a nearby non-profit, I applaud the vision and intent of the Talbot Hospice Board, to gain the autonomy that full service status would provide. I know the Talbot Hospice Board to be one ripe with dedicated, energetic members – if they can envision this full service status, then they have committed to sustaining it accordingly.

This will translate to greater service to the Talbot community, which it so faithfully serves at present.

I recently experienced the need for hospice services in a different Eastern Shore county. The services were an integral piece of the plan that allowed my father to spend his last days at home, with my Mom.

While I looked for/expected hospice services in my parent's county of residence to be equivalent to those that I know the Talbot Hospice to provide, I must admit they were, shall we say, underwhelming in comparison. I mention this contrast simply to highlight what a very special, dynamic and vibrant range of hospice services is provided in Talbot. I expect a status of full service will only enhance their abilities to meet this community need.

Thank you for your service to the citizens of Maryland and for your attention to my appeal.

Best regards,

Chrissy M. Aull

Chrissy M. Aull
Founding Executive Director
Wye River Upper School

P.O. Box 36 • Wye Mills, Maryland 21679 • Tel: 410-793-4662 • Fax: 410-827-5827
E-mail: info@wyeriverupperschool.org • www.wyeriverupperschool.org

May 18,2014

Dear Members of MD's Health Care Commission:

What a magnificent GIFT has Talbot Hospice been to my husband and all our family – and numerous others! Harry was a patient at Talbot Hospice in 2010. He had stage four lung cancer and was constantly in pain. As a clergyman, he told us that he "wasn't afraid of death but was especially afraid of the process of dying". The staff and volunteers at Talbot Hospice walked every step of the way with him to a peaceful death, giving him constant tender loving care – whether reducing pain, bathing, cutting toenails, answering numerous questions, calming unsteady nerves, bringing music and his favorite foods. They even facilitated an Easter egg hunt for Harry's grandchildren in their lovely gardens. And after his death their chaplain and grief counselor helped me, his spouse, heal and walk into the future with hope.

While working at Christ Church Easton during the 1990's, Harry joined the board of Talbot Hospice and encouraged others at the church to provide leadership with fundraising, to bring TLC to patients and to realize the dream of a guest wing. Now is a another critical time for Talbot Hospice as they seek to become a full service medical hospice - to become a vital ministry and service to Talbot County and the Eastern Shore. Over the past several years I have seen how this medical ministry has been developed, now even reaching those in emotional and physical pain not directly involved with hospice. All of this happens because of the caring staff and volunteers at Talbot Hospice.

Thus I fully support their effort to obtain their own Certificate of Need and become a full service medical hospice with the ability to serve even more patients more thoroughly.

With appreciation for your fine work,

Katherine Bainbridge

5-25-2014
Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

My name is Mary Lou Barrow, I'm retired from the local school system, In Talbot County, in 2005 Talbot Hospice became a big part of my life along with my family, my father was nearing the end of his life, for six months Talbot Hospice made regular visits to our dad in his home when we could no longer take care of him at home he became a guest in the guest wing at Talbot Hospice, where the staff there treated him as if he were their dad or grandfather, he was able to receive the constant care that we could not provide for him, while there for the next six months my sister's, his sons-in-law's, grandchildren and great grandchildren were able to become his family once again, not his caregivers, without Talbot Hospice we would not have been afforded that luxury, with their constant care we were able to visit and make wonderful memories in his last days, Talbot Hospice is a wonderful asset to our community without it families would remain under extreme stress and left to wonder what can we do and unable to just be there for their family member in their final days.

My family and I fully support Talbot Hospice to become a full service medical hospice, it seems to be a win, win for everyone family and guests both.

Thank you for your consideration.

Fondly,

Mary Lou Barrow

Mary Lou Barrow and the family of Warren V. Callahan

May 20, 2014

Dear Mr. McDonald,

My name is Christy Bartlett; I have lived here in Talbot County most of my life and feel extremely blessed that I have raised a family here. I am writing to you on behalf of my SUPPORT of a full service medical hospice located in Easton, this would be a vital addition much needed here in Talbot County. I have volunteered for Hospice on and off for many years and have known the patients and the care givers as mothers, friend's sons and daughters. Please consider my support for a fully functional Hospice.

Sincerely, Christy Bartlett

29764 AMANDA'S WAY
EASTON, MD 21601
16 MAY 2014

Dear Mr McDonald,

I am a retired MD who has volunteered for the past several years as the front desk receptionist here at Talbot Hospice every Friday AM 8:30-12:30.

With all the business and information passing through my station I have a very good idea what goes on here and it is alot. There are many important services to the community that occur here besides in-patient Hospice Care.

Were we to become full service this could increase and be done much more efficiently and completely.

This is a great organization that specializes in kindness. Becoming full service would allow us to expand this. I am hopeful we can get approval of our request. Thank you for your consideration.

Sincerely,

Griff Bates

GRIFFIN M. BATES, JR. MD

Pat Bates
29764 Amanda's Way
Easton, MD 21601

May 14, 2014

Kevin McDonald

Dear Mr. McDonald;

As a volunteer for Talbot Hospice, and as a member of the senior population of Talbot County, I am writing in support of the application from Talbot Hospice to become a full service medical hospice.

As a much younger woman, I was barely aware of hospice until my mother became very ill. The care and support she received from hospice staff was such a help to me and my family that I am forever in their debt. Visits from the staff made my mom feel so much better and she looked forward to them. I also looked forward to their visits because I knew they'd give mom a much needed lift.

Today, as a volunteer, I continue to see how important hospice is to my community and I also see the increased demand for services. As our population ages, our needs grow and our dependency on Talbot Hospice increases. I strongly endorse the application to become a full service medical hospice.

Sincerely,

Pat Bates

Pat Bates

JILL A. BEMIS
P.O. BOX 1048
ST. MICHAELS, MD 21663-1048

May 23, 2014

Kevin R. McDonald
Maryland Health Care Commission
Center for Health Care Facilities Planning and Development

Dear Mr. McDonald:

I write in support the application of Talbot Hospice to become a full service medical hospice.

As I consider the value of their compassionate services, I am reminded of Horatio's farewell to the dying Hamlet "May flights of angels sing thee to thy rest." The staff and volunteers of Talbot Hospice are truly angels whose support and services benefit the entire community.

The importance to this community is immeasurable. I personally was served by their Bereavement Services after the sudden death of my husband; several of my neighbors have benefited from Hospice at Home; the relatives of several colleagues faced the end of their lives in the Guest Wing. The increasing need for support and assistance to residents of Talbot County who face challenging and difficult issues while living with illness is well-served by Talbot Hospice and will be greatly enhanced when it becomes a full service medical hospice

Sincerely,

Jill Bemis

Jill A. Bemis

107 Third Street

Oxford, M D 21654

May 25, 2014

Dear Mr. Mc Donald,

In 1990 when I still lived in Easton I became involved with Hospice Care as a dear friend was in need of care and didn't want to go elsewhere but to finish her days in her own home. With the help of the then director Millie Perrot , a group of her friends were able to establish teams willing to sit with her, fix meals and do whatever during the day time. The two men who lived in the upstairs apartment signed on as night care givers and a bell was installed so that Jane could reach them at any time during the night. I lived only two doors away so was able to coordinate volunteers, meals etc. In this way Mrs. Jane Clissold was able to her have her dying wish.

Having found this work more than worthwhile I decided that Hospice Care was what I wanted to do. Some time elapsed and I didn't do any Hospice work until the house was built. I was however in the first class of volunteers trained as Care Givers and then did many things to help not only as a Care Giver but with a friend planned meals, did the grocery shopping , some of the cooking and even drove the Handicapped Van. I was also on call as I lived close by, to come to sit with residents who were actively dying and whose families had not yet arrived to be with them during that final time. As I am a firm believer in the life hereafter and consider Hospice House a "a half way house" it is easy to sit quietly perhaps holding a hand and tell the person how surprised they will be when they open their eyes the next time, as everyone they have ever loved will be there waiting for them.

As kitchen coordinator in the past, I have read endless notes from families who have been served by our Hospice House and every one expresses such gratitude for what we are able to do for their loved ones. I am sure that our application to become a full service medical hospice can only aid in the services and loving care we give our residents and the community.

Please look favorably upon this request.

Most sincerely,

Joan Bennett

Joan Belleville Bennett, End of Life Dula Volunteer
and Maryland Daughters of the American
Revolution State Chaplain

May 14, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

My name is Sally Bent and I have been a volunteer at Talbot Hospice House for 13 years now. I work in the office as a receptionist, train new receptionists, cook dinners and help with fund raisers.

The time I spend at Talbot Hospice has brought me many happy, as well as many poignant memories. One of the more recent statements from a Hospice guest was that she was just so excited and pleased to be coming to our facility that she couldn't wait to be admitted. This is just one example of the place that this "home" holds in our community.

The staff is not only well qualified, but compassionate and surprisingly upbeat. They impart a feeling of caring, concern and security to not only the guests but to all who enter the building.

We of Talbot Hospice House are seeking to become a full service medical hospice. Obtaining this certificate of need will enable us to serve our guests and community in a greater and more efficient capacity. It will enable us to serve more patients than we do at this time. We will be able to have the nurses and social workers under one roof, which will make our services more efficient. Also we would be able to admit patients to Hospice seven days a week. (Having prospective patients have to wait through the weekend for admittance is most stressful for the patient as well as the family.)

Some of the indications of the value of our Hospice's services to the community are:

1. The number of families of previous guests who donate regularly to Hospice
2. The large number of donors who are members of the Guthrie Society which indicates that they contribute at least $1,000 per year
3. The beautiful letters we receive from families of deceased patients who died under Hospice care.

In 1982 my mother was one of the first persons under the care of hospice. This was years before Hospice House was built. My family and I were thrilled at the concept, and under the wings of hospice, we, as a family, felt that all the burdens of how to make my mother comfortable were magically taken care of under the hospice expertise. When I retired, the first thought that came to my mind was that I wanted to help repay the gift that was given to us.

Since I have become more involved as the years go by, I have become even more enamored of hospice's work and would like to see these services extended to more members of the community. Having the patients spend their last days at Hospice House

gives the families the freedom to spend quality time with their loved ones and frees them from the frenzy of trying to care for them at home.

I heartily recommend that we at Talbot House become a full-service medical hospice.

Thank you for your kind consideration,
Sally Bent .

May 27, 2014

Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

My name is Lisa Blanchfield. I work for Health Integrity, LLC (previously for a sister company Delmarva Foundation for Medical Care, Inc. I have been here for 28 years.

My husband's uncle, Mike Blanchfield needed Hospice care last year. The Talbot County Hospice is a special place. It allowed our family to spend Mike's last week's together. He was only 55 years old. His brothers and sister, children, grandchildren and nieces and nephews were all able to visit. Many nights and weekends were spent with him at the hospice. Some of the time – the family would sit together in the big family room together – talking, laughing and crying.

Before Christmas last year in the line at Chick-Fil-A I overheard a conversation from a young pregnant woman. She needed to move her grandmother to hospice. It brought all those memories back. I ended up buying her lunch. She didn't understand why but I explained that I had overheard her conversation and I understood. We both teared up and couldn't speak. I hugged her good-bye. A month or so later I posted my Pay-It-Forward story on a Facebook group. One of her friends or family had heard our story and recognized it. She let her know that I was that person. We messaged back and forth. She let me know how much it meant to her that day. Her grandmother went into hospice the next day and was there a few weeks until she passed. It was a wonderful place for them also. Her Dad messaged me and mentioned the Christmas tree that had names of the people that had passed that year. He knew Mike Blanchfield. Every day he would say a prayer for the families of those people that he knew on the tree. It's a small world. Everyone that is touched by hospice never forgets it!

Please make Talbot Hospice a full service medical hospice. It is so important to the community. My Dad's brother needs a hospice ironically today. He is only 57. He has not been accepted yet because it is full. It is full because it is such a wonderful caring place for people to spend their last days.

Thank you for your consideration.

Sincerely,

Lisa Blanchfield

Lisa Blanchfield
5031 Clark Canning House Road
Federalsburg, MD 21632

May 24, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

I am writing to you on behalf of my family. WE NEED TALBOT HOSPICE MORE THAN EVER. Talbot Hospice took care of our Brother, MICHAEL PAUL BLANCHFIELD for the final days of his life on this earth til the Lord took him home on 6/29/13. The several weeks he was there the doctors, nurses and staff did all they could to make him as comfortable as possible through this stage. They answered his call bell when he rang it. stopped in to check on him all the time.

Words can not express all the time, energy, patience and patience, nuturing, consoling and attention these people give to all their patients and family members during trying, tough times as this. They laugh, cry, and share stories ALL the time 24/7. THIS CARE CANNOT BE GIVEN AT HOME!!!! That is why we need Talbot Hospice in our area.

PLEASE KEEP TALBOT HOSPICE OPEN A ND MAKE THEM FULL SERVICE MEDICAL HOSPICE WITH THE STATE OF MARYLAND, SO THAT MANY, MANY MORE PEOPLE AND FAMILIES CAN BE HELPED FOR MANY YEARS!!!!

I COULD WRITE MUCH MUCH MORE , BUT IT ALL BOILS DOWN TO THE SAME ISSUE. We need them. The facility is beautiful, clean, private and always open any time of day. I visited some morning before i came into work or you can visit late at nite.

These doctors, nurses and staffers and volunteers are true miracle workers and angels for all the kindnesses they give and show to everyone doing these difficult days.

I know You will do all you can to help our community continue to thrive and will help Talbot Hospice gain State approval.

Thanks so much for caring.

Mr. & Mrs. William BLanchfield
5896 Jester Road
Federalsburg, MD 21632
410-754-9233
Mrs. William Blanchfield

Susan S. Blankner
24832 Deep Water Pt. Dr.
St. Michaels, MD 21663
May 9, 2013

Kevin McDonald
Maryland Health Care Commission

RE: Talbot Hospice Foundation Application

Dear Mr. McDonald,

In 2003 my husband and I moved from Virginia to St. Michaels, MD. Coincidently and subsequent to that purchase, we became aware that the prior owner of our home was Eugene Guthrie, a founding father for Talbot Hospice Foundation. During conversations with Dr. Guthrie, neighbors and friends, I came to understand the importance of the services provided by Talbot Hospice Foundation. The Foundation's purpose has always been to help those in the community with end of life medical and personal needs. It was an organization I reached out to - I wanted to become part of its mission.

I have been associated with Talbot Hospice Foundation since 2003, when I completed volunteer training. Since that time I have worked as a volunteer in administration, fund raising, and as a volunteer in private homes and nursing care facilities. It is one of the most rewarding opportunities I have ever had. The Foundation employees are professional and caring people, who have provided services to members in the community above and beyond what might be expected considering the limited scope of its organization. We now have the opportunity to enable Talbot Hospice Foundation to move forward into a role as complete Hospice service provider to all residents with end of life needs. The approval of the Foundation's application for Certificate of Need as a full service Hospice provider would be the fulfillment of its mission - a caring, capable, compassionate and complete resource for all Hospice services in Talbot County.

Sincerely,

Susan S. Blankner

ms. patricia bliss
4316 holly harbor rd
oxford, md 21654

Oxford

21st May 2014

Dear Mr. McDonald

My name is Patricia Bliss and I am a volunteer for the Talbot Hospice.

The start of my involvement with hospice was when I was asked to take my dogs in for a visit with some of the patients.

My next involvement was more personal my mother was taken ill suddenly while I was away and transported against the family wishes to the University Maryland hospital in Baltimore. With the help of a wonderful social worker and the Chestertown Md hospice working through the night I managed to take my mother back to her home where she died in peace surrounded by family and friends.

To have such a outstanding facility in our community is a joyful thing and gives people a feeling of peace that there is a comforting place to go at the end of life

yours sincerely

Patricia Bliss

Mr. Kevin McDonald
Maryland Health Care Commission

In Re: Talbot Hospice
586 Cynwood Drive
Easton, Maryland 21601

Mr. McDonald:

This letter is written on behalf of Talbot Hospice's hope to become a full service medical hospice.

I am a lunch volunteer (six years) at Hospice, which means that I have personal interaction with the patients in ascertaining, preparing and serving their lunches. The patients are sometimes very ill, and sometimes they are rather lively and even feisty. We handle all dispositions with calmness and grace, and engage them in whatever conversations they feel up to. I'm old enough to remember things they remember, such as gardening, canning, freezing, farming, milk delivery in bottles, crabbing, fishing, their children and grandchildren, their pets, and even REA and telephone party lines. If they have visitors, such conversation helps put everyone at ease at a most difficult time in their lives. It also assures the family members/visitors that their loved one is being stimulated and loved by the volunteers and paid professional staff.

Because of the volunteers and paid staff, Talbot Hospice has become an important entity in this area. It can do more, and the staff and volunteers are ready to do more. I, and my husband, completely support the application to become a full service medical hospice.

The programs under Talbot Hospice reach more patients than just the 586 Cynwood Hospice House. Nurses and aides and volunteers are available and willing to care for patients who wish to remain at home. With such a diverse population – mostly ageing and quite a few members being extremely ill, it becomes important to make their end of life journey as pleasant and comfortable as possible. It's a place my husband and I would want to help us on that journey when needed, and it's a place we frequently mention to friends who are trying to do everything themselves to the point of obvious exhaustion. A full service medical hospice is needed and would be welcomed by so many of our citizens who do not wish to end their life being warehoused in a more commercial setting.

Respectfully,

Charles A. Blizzard, IV

May 14, 2014

Sara N. Blizzard
2984 Jamaica Point Road
Trappe, Maryland 21673
410-476-3511

May 12, 2014

Dear Mr. McDonald,

I have been a resident of Talbot County for 15 years following retirement in Baltimore. Soon after moving here I began volunteering at Hospice House. I also volunteered in patients' homes. This work was rewarding for me because it was very clear that I was performing a very valuable service. Our Hospice has a stellar reputation for kind, careful treatment for those facing end of life issues.

Because I regard Hospice here in Talbot County so highly I agreed to be the chairman of our annual fundraiser, The Festival of Trees. This was really a two year, almost full-time commitment. We made more than $100,000 when I was chairman (seven or eight years ago). This was possible in part because our community supports Hospice very enthusiastically. I was very glad to have been able to be in a leadership position in support of Hospice.

Today I visited a dear friend who has been a guest for about six weeks. She simply could not have stayed at home under the care of her husband, even with visiting nurses. Hospice has been a god-send. I can see myself or my husband in need to hospice services as we approach the end or our lives.

I fully support Talbot Hospice's application to become a full service medical hospice. Thank you for considering this request.

Sincerely,

Jane Bollman
221 S. Hanson St.
Easton, MD 21601

May 21, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

RE: Talbot Hospice

Dear Mr. McDonald:

Please be advised that I am writing on behalf of myself and the entire family of Peggy Booze.

For the past number of years our family had cared for our mother at home. In December of last year Mom could no longer help us help her and was unable to walk. We contacted Talbot Hospice to see if we could get help caring for Mom. To our total surprise we were introduced to Hospice House. At that point we did not know such a place was an option. Mom was evaluated and the entire staff worked together to accommodate her needs and she was admitted on December 20, 2013.

We took Mom to her final home and were told "now you can just be her children, not her caregivers, we will take care of her". What an understatement!! The staff not only cared for Mom in the way we were unable to but took care of the family's needs. The staff, to say the least, is exceptional in their field of work. Although it never seemed like it was work to them. Every staff member we came in contact with showed us the care, love and at the end sympathy that knows no bounds.

I personally like to say they gave Mom her dignity back. She hated that her children had to change, bathe, and take care of her. She felt ashamed her life was ending like this. That is why I say Talbot Hospice gave our mother her dignity back. They cared for her personal and medical needs and the family had a chance to just spend time with her, love her and just be her children, as it should be. Even when Mom passed away on January 1, 2014 the staff helped us with every aspect of letting her go.

The Booze Family can never repay Talbot Hospice for what they did for us, but if there is anything we can ever do, please do not ever hesitate to contact us. We again would like to thank everyone at Talbot Hospice for all the love, care and understanding we received.

Respectfully,

The Family of Peggy Booze

March 28, 2014

Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

We are writing in support of the Talbot Hospice Foundation's application to become a full service medical hospice. I have seen Hospice's positive impact in the community and feel they will continue to do a great job. With the changes in the medical environment, it is important that they continue their mission with medical services added.

I worked with nurses for over a year who work with Hospice and was continually impressed with the dedication and professionalism of Talbot Hospice. Please help them keep up their good work!

Sincerely,

Jon E. Braithwaite
Business Owner
Easton, MD

May 25th 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Mr. McDonald,

I am writing this letter in support of Talbot Hospice's quest to become a full service medical hospice. Talbot Hospice offers our community a service that everyone hopes they won't need, but many of us do. My Mother has been in the care of Talbot Hospice for over a year now, both in an in-home setting and in the Hospice House. Both of my parents are World War II Veterans, and nearly 90 years old. As much as my Father would like to care for my Mother in their home of over 60 years, he is simply not capable of doing so. The care that I have seen the staff and volunteers show for both of my Parents during this trying time has been nothing short of amazing. In our day to day interaction it is often impossible to determine the difference between staff and volunteers, and the shear number of volunteers gives testament to the widespread community belief that this is indeed a quality program.

I am firmly convinced that if it were not for the excellent care and compassion that my mother has received while in Talbot Hospice House she would not have had the quality of life that we all hope for in the final weeks and months of our life.

My Mothers story is but one of many, and in the past year I have had the priviledge of witnessing the consistant compassion and attention to detail that makes a positive difference in a very difficult time in a families life. Please join our commuinity in support of Talbot Hospice by granting their application to become a full service medical hospice.

Regards,

Elizabeth F. Brown

Elizabeth F. Brown
St. Michaels, MD

March 28, 2014

Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

Over the years I have helped with many fundraising events with Talbot Hospice and many of the Cordova community have helped as well. Our community is dedicated to helping Talbot Hospice continue their valuable work for the patients at the end-stage of their life.

I am writing in support of the Talbot Hospice Foundation's application to become a full service medical hospice.

Please help them make this transition so they can continue to serve our community well.

Sincerely,

Karen Brown

Karen Brown
Cordova Resident and Bookkeeper

29802 Lyons Drive

Easton, MD 21625

22 May 2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

I am writing this letter in support of Talbot Hospice becoming a full-service medical facility. I have been a volunteer at Talbot Hospice since 2009, serving primarily on the front desk as a receptionist. In that role, I have heard so many heartfelt accolades for the many services offered by the staff of Talbot Hospice. Awareness has grown of the support Hospice provides to people in the end-of-life stage. However, the services available for the families of these individuals is less well known. Individuals relate their experiences and gratitude for the support offered to families as they deal with the physical and emotional needs of loved one nearing the end, their own needs, and the stages of grief that follow an individual's loss.

I support Talbot Hospice's request to become a full-service medical hospice facility. Being able to respond to the need for hospice services promptly is so important, and will be so valued. Serving more patients and their families as a full service medical hospice will add to the range of services provided by Talbot Hospice.

Sincerely,

Patricia M. Case

Patricia M. Case

ALICE B. CLARK

Dear Ms. McDonald,

We have been connected + supportive of Hospice since its instigation and cannot say enough good or how imp important it is to the community!

Dr Guthrie has done an incredible job – as have all

those working for it and with it!
While we have been fortunate not to have
needed their services it is an in-
credible comfort to know its there!
We have so many friends who have
benefited and have never heard a
negative word -

Yours truly
Alice Clark

Dear Mr. McDonald

While I run a large business in the U.C. area I have lived in Talbot County for forty years, and been a friend of Mr. Guthries even longer. I was with him every step of the way founding Hospice here. I do not know of a more important organization that benefits more people. Anything that can be done to improve their operation definitely should be considered.

Yours Truly,

Jim Clark

28711 EMANUEL St.
EASTON, Md. 21601

Dear Mr. McDonald,

It has been mentioned that Hospice is trying to become an independent full service organization here in Easton.

I, along with many others, who may not take the time to write, are in total agreement.

I have visited many elderly neighbors there and marvel at the care they receive in their final moments. If I should need such help in my final days — I would be most grateful to have the quiet Hospice setting that exists now in Easton.

Gratefully,
V. [illegible]

March 28, 2014

Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

I am writing in support of the Talbot Hospice Foundation's application to become a full service medical hospice.

I have become familiar with their work through my co-workers and through their continued presence in our community. They are constantly in the local newspaper with their good deeds and their on-going fundraising efforts. Not only do people think very highly of their work with the dying, they are an integral part of our community spirit and pride.

Talbot Hospice receives my wholehearted endorsement!

Sincerely,

Liz Connelly

Liz Connelly
Talbot County Resident

May 19, 2014

Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

I am a resident of Easton, Maryland and I am writing in support of Talbot Hospice Foundation becoming a full service medical hospice.

I have visited the Talbot Hospice Foundation a number of times over the years and I have to say that it is a special place. Hospice care is a needed service and holds a valuable place in the treatment of people facing end-of-life care. The Eastern Shore is somewhat isolated from amenities and services available on the Western Shore. With this in mind, I strongly support their certificate of need to become a full service medical hospice. When we have an organization like Talbot Hospice Foundation with an enduring reputation, I have full confidence in their abilities to plan for the future. I have been a regular financial contributor to the Talbot Hospice Foundation, and I want to continue to contribute as they transition to a full service medical hospice.

As an aging adult, I consider this request from the Talbot Hospice Foundation to be of prime importance for me and the citizens of my community. I ask that you consider this request and offer your full support for their request to become a full service medical hospice.

Kind Regards,

Brian Cotter

29596 Kent Ave, Easton, MD. 21601

HC&F ATTORNEYS AT LAW
Hollis, Cronan & Fronk, P.A.

William C. Hollis III
Philip T. Cronan
Gordon D. Fronk
Peter R. Cotter

May 13, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Ave.
Baltimore, MD 21215

Re: Talbot Hospice Foundation Application

Dear Mr. McDonald:

I write in support of Talbot Hospice Foundation's application to become a full service medical hospice. I am an attorney who lives and works in Talbot County. As a community member, I am well aware of superlative service that the Talbot Hospice Foundation provides the infirm of Maryland's Eastern Shore.

As part of my practice, I engage with families either dealing from the fallout of a loved ones passing or preparing for that somber occasion. I cannot accurately recount to you the number of clients that have made it a point to tell me of the quality of care that Talbot Hospice Foundation has provided their loved one, and the family as well, at a time of great need. Talbot Hospice Foundation stands as a pillar of integrity and compassion within our community.

The only drawback to the care that Talbot Hospice can provide is their limitation of service. If you grant their application, Talbot Hospice will have the ability to reach many more families and provide them with the same level of care and compassion as the stories recounted to me almost daily evidence.

I whole-heartedly support Talbot Hospice Foundation's application to become a full service medical hospice. Please allow Talbot Hospice to expand their services so as to increase their already monumental impact on our community.

Please feel free to contact me if you have any questions or concerns. Thank you.

Very truly yours,

Peter R. Cotter, Esq.

111 East Dover Street • Easton, Maryland 21601
Tel: 410.822.8822 • Fax 410.822.0264

COUNTY COUNCIL OF TALBOT COUNTY

COURT HOUSE
11 N. WASHINGTON STREET
EASTON, MARYLAND 21601-3178
PHONE: 410-770-8001
FAX: 410-770-8007
TTY: 410-822-8735
www.talbotcountymd.gov

COREY W. PACK, President
LAURA E. PRICE, Vice President

DIRCK K. BARTLETT
THOMAS G. DUNCAN
R. ANDREW HOLLIS

May 15, 2014

Kevin McDonald, Chief
Maryland Healthcare Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

The Talbot County Council is pleased to write a letter of support for Talbot Hospice Foundation in their effort to become a full-service medical hospice by successfully obtaining a Certificate of Need from the Maryland Healthcare Commission.

Talbot Hospice Foundation provides high quality and compassionate healthcare services to those in need. Time and again, the Council has either heard of or experienced first-hand the comforting support that Talbot Hospice provides to not only the terminally ill patients, but to the family unit through its offering of support groups. By becoming a full-service medical hospice, more patients will be served; patients will be able to be admitted seven days a week and jobs will be created through the hiring of additional nursing staff and social workers.

Therefore, the Talbot County Council fully supports Talbot Hospice Foundation's Certificate of Need application and their efforts to become a full-service medical hospice. We are grateful for the presence of Talbot Hospice in our community.

Sincerely,
COUNTY COUNCIL OF TALBOT COUNTY

Corey W. Pack, President

Laura E. Price, Vice President

Dirck K. Bartlett

Thomas G. Duncan

R. Andrew Hollis

Kate W. Cox
4763 Sailors Retreat Rd.
Oxford, MD 21654

May 22, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

It has been my great pleasure to work with Talbot Hospice for more than nine years as the director of development and communications. During this time I have been able to witness the incredible commitment of our staff, volunteers and donors to our organization and our mission to provide compassionate support and services to all those facing end of life issues in our community.

The financial support from our community is extraordinary. As a professional fundraiser, I have never seen such broad-based community support of a mission-driven organization. Every year we receive donations from more than 1,500 Talbot County residents. The notes of gratitude from family members affirm the untiring work of my colleagues and our volunteers. I have received donations for everything from a $2 gift with a note, "I wish I could give more, thank you helping my nephew," to a $1 million bequest from a grateful community member.

Currently, we are able to raise approximately $700,000 annually from our small, rural community to support operations. We have successfully raised $5.4 million for our capital project to expand our residence, program and administrative space, a construction project that will be completed in approximately one year.

I fully support our application to become a full service medical hospice. In our 33 year history, Talbot Hospice has grown deep roots in our community, and is a vital resource in Talbot County, poised to meet the ever expanding needs of our fellow citizens, thanks to the generosity of many.

Sincerely,

Kate W. Cox

Julie L. Crocker
9795 Bantry Road
Easton, MD 21601

May 22, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I am currently the Executive Director of Talbot Hospice Foundation and as such I certainly support wholeheartedly the application for the Certificate of Need. Over the past nine years in this capacity, I have witnessed firsthand the amazing staff and their incredible dedication to the mission of our organization. They fully recognize that we are family centered and operate in that manner. By becoming a fully licensed medical hospice, we will be able to provide our services to more patients, in a timely manner and have all the components of hospice working together as one team. The continuum of care can be truly operational.

On a personal note, my father-in-law was on our hospice program last spring and spent his last days in our Guest Wing. And while I am aware of all the things that hospice does for a family facing end of life issues, it was a whole new perspective when it's your loved one. I witnessed firsthand the compassion of the Guest Wing staff – holding his hand, talking to him, and simply being present with him that last day and what that meant to the family. There aren't enough words to convey the gift of hospice that was given to our family.

There are so many in our community that have benefited from Talbot Hospice Foundation over its 33 years of service in our county. We make a big difference not only through our hospice care but through our bereavement services which serves anyone in our community who has suffered a loss regardless of whether or not they used hospice.

The Talbot Hospice Foundation is a gem in our community and obtaining our Certificate of Need will truly benefit those in our community in so many ways.

Sincerely,

Julie L. Crocker, MSN, RN

Michael S. Crocker
9795 Bantry Road
Easton, Maryland 21601

May 27, 2014

Attn: Mr. Kevin McDonald
Maryland Health Care Commission

Re: Talbot Hospice Foundation's application as a full service medical hospice

Dear Mr. McDonald:

I write you in full and enthusiastic support of Talbot Hospice Foundation's (THF) application to become a full medical service hospice.

As a retired Army officer, and following many years of nomadic military life in support of our great nation, I now reside and work in Talbot County and can state with complete conviction that THF sets the platinum standard for organizational excellence. For the past thirty years I have observed THF provide loving care and compassionate comfort to a few of our friends and countless other guests and their families with limitless understanding and boundless energy. Recently I and my family experienced this first hand when my father passed away following a brief stay in the THF Guest Wing. The THF family of care givers, administrators, and support staff enabled my family to concentrate on our precious remaining time with Dad while they completely unburdened us with the wonderful, beautiful care they provided him.

THF is uniformly recognized as the non-profit star in this area and it enjoys wide populace and business financial support of capital campaigns, annual giving, special events, and a large volunteer community of over four hundred participants.

Establishment of Talbot Hospice Foundation as a full medical service hospice is sorely needed in this community and will further enhance this stellar organization's ability to increase its support of Talbot County and the surrounding areas.

Respectively Submitted,

Michael S. Crocker

Michael S. Crocker
COL, AV, USA (Ret)

27827 Le Gates Cove Road

Easton, MD 21601

Mr. Kevin McDonald

Maryland Health Care Commission

May 19, 2014

Dear Mr. McDonald,

I am writing as a member of the Board of Directors of Talbot Hospice Foundation in support of its application to become a full-service medical hospice.

As a board member I have had the privilege of learning first-hand about the exceptional care and service provided by THF with its outstanding staff and over 300 dedicated volunteers. The establishment of a medical component will fulfill our long-term goal of becoming a full-service hospice, thus improving and extending these already exceptional services to more patients.

The outstanding support that THF receives from the community underscores the program's importance to the citizens of Talbot County who have been extraordinarily generous in providing both volunteer time and talent and financial contributions. We have every confidence that the community will continue, and, indeed, expand, its support of a full-service hospice in Talbot County.

Yours truly,

Joan A. Crowley

Joan A. Crowley

May 18, 2014
Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,
I have often been asked the following three questions:

What is Hospice? Hospice is a very integral part of our community and provides assistance to individuals and families as someone approaches their final days on earth. Hospice exists because of the many volunteers who are willing to give their valuable time and effort to provide care to these people. It is not just providing this important care it is more about providing much needed comfort and compassion.

Why do we need Hospice? Hospice provides the much needed care that one cannot find on a hospital ward. Hospice provides individuals who are willing to come to you rather than you coming to them. Hospice provides a safe and secure facility where a family can gather to travel the road to final breaths we will take. We all need someone to be there to hold our hand, to cry with us, and to comfort us; the only group that provides this is Hospice.

Why did I choose to become involved in Hospice? I am a retired Army Officer who has been in combat and has seen my share of people taking that final breath and being alone without family. I watched my mother-in-law pass away and saw the comfort and care she received up to her final moments. It was because of Hospice that her end was filled with comfort and love. I volunteered to serve on the Board of the Talbot Hospice because I was impressed with the number of volunteers that were readily available to reach out to their fellow members of the community. I was impressed with the expertise and professionalism of the Hospice permanent staff. I was impressed at the number of outstanding members of our community who were willing to serve on the board and give not only financial support but also their time. As the Former Chairman of the Make-A-Wish Foundation of the Mid Atlantic I asked to serve on the Board of Hospice and give my time and financial support to this well deserved organization – HOSPICE.

Talbot County needs a Hospice that is local and staffed by professionals and volunteers from the community. We cannot continue to provide the outstanding support to the community without becoming a **full service medical Hospice**. All one has to do is to look around Talbot County and see the many hearts we have touched over the years. Not having a full service hospice would take more than just an organization from our community but would in fact create a large hole in the heart of our community.

I appreciate you understanding of our organization and look forward to the quick approval of our **application** so that we can continue this very valuable service.
Best Regards,

Ralph Cruikshank
LTC, US Army (Retired)

May 19, 2014

Dear Mr. McDonald,

As a resident of Talbot Co., and one who has benefitted from Talbot Hospice, I'm writing to urge you to support our application to become a full service medical hospice!

My personal experience with hospice occured during my late husband's illness and ultimate death. I cannot fully express my gratitude for the compassionate care and love which was given both of us during those last sad and painful weeks of his illness. I honestly don't know how I would have coped without their help. The dedication of the staff and the skilled medical caregivers was immeasurable. There was never a hesitation if a panicky phone call was made during the night. A nurse would come to help in any way she could.

Our community depends heavily on having our hospice in place and operational, and we have a dedicated board of directors who give generously of their time, energy, and when possible, financial assistance. Many in our area are also supporters, but we can't do this alone! We need the help of

the Maryland Health Care Commission, and your personal recommendation to receive a certificate of need in order to become the full service medical hospice so urgently needed, especially as we are an aging population.

I hope that you will give this matter full consideration, and all of the help that you can! Thank you for your attention to what is becoming a grave problem for many people.

Sincerely,
Eleanor B. Dallam

Hynda Dalton
5733 Pecks Point Road
Easton, Maryland
21601

Dear Mr. McDonald,

I am a member of the Talbot Hospice Foundation Board. I will tell you why I feel it is important for our community to have its own Hospice

When my father was dying at home we were introduced to Hospice, an organization we knew nothing about. His doctor told us we needed to call Hospice and my sisters and I asked why. We had never heard of Hospice. They saved our lives! My Dad was 96 and had dementia.
He could not take food and Hospice helped us deal with the fact that he was slowly dying of starvation. Hospice helped us understand it was okay to let him go. That was his wish. I think without Hospice we would have blamed ourselves for his death. They also told us to let him know we would be okay and it was alright for him to let go. He was close to his children and always felt he had to be there for us. They taught us to be there for him. After he died, I became a great believer in Hospice. I think as I age I would like to have the same services for myself and all of us in Talbot county. What could be better at the end of your life than to have someone with you who cares. I know Hospice of Talbot County does.

Sincerely,
Hynda Dalton

B. Michael Dann
342 Perry Cabin Drive
St. Michaels, MD 21663

May 28, 2014

Kevin R. McDonald, Chief
Certificate of Need Office
Center for Health Care Facilities Planning & Development
Maryland Health Care Commission

Subject: Talbot Hospice's Effort to Become
a Full Service Medical Hospice

Dear Mr. McDonald:

I am writing in two capacities in support of Talbot Hospice's application to become a full service medical hospice:

First I am very familiar with and supportive of both hospices where my wife, JoNell Dann, has served as a volunteer for many years--the Talbot Hospice and the Williamsburg Hospice in Virginia. The Talbot Hospice's training and oversight programs for volunteers are impressive and enable a large number of caring volunteers to extend hospice services far beyond the walls of the hospice houses. The professional staff is outstanding in its abilities to assist in-patients and out-patients.

Second, I am president-elect of the St. Michaels Rotary Club, made up of over 40 active and retired leaders in the Bay Hundred area. The club, realizing the critical role played by Talbot Hospice in the care of area seniors and others with life ending or threatening health conditions, supports the hospice with a year-end drive to collect and gift the hospice with many boxes of supplies needed to operate and maintain its wonderful facilities and services. Simply stated, Talbot Hospice plays a central and critically important role in the health, welfare and dignity of all of us and our loved ones.

Becoming able to become a full service medical hospice will improve Talbot Hospice's current services and permit it to enlarge on its important mission.

Thank you for considering my views.

Sincerely,

B. Michael Dann
410-745-8273

May 28, 2014

Dear Mr. McDonald,

I've been a Hospice Volunteer for nine years and six months. My first six years were in Williamsburg, Virginia, and the rest of my time here in Easton, MD. I visit clients in the home and in nursing facilities. I've taken several classes at Talbot Hospice that have been very helpful with my work.

It's been a very rewarding experience. I am quite willing to share some powerful stories I've had with my clients should you ever want to meet or talk by phone. My closest friend was a lady named Anne Litchfield. We shared two and 1/2 years together before she passed away in February of this year. What a lady in every way!

I wholeheartedly support Talbot Hospice's application to become a full service medical hospice. The staff and Board of Directors are very qualified to take on this new role. Let me know if I can help in any way to make this effort a success.

Yours truly,

JoNell Dann

JoNell Dann
342 Perry Cabin Dr.
St. Michaels, MD 21663
410-745-8273

11 s. aurora street
easton, maryland
21601-3534

410.822.3680
fax 410.819.0005

March 28, 2014

Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

We are writing to you to wholeheartedly endorse the Talbot Hospice Foundation's application to become a full service medical hospice. As the original architect for the Talbot Hospice House, we have seen a number of staff over the past fourteen years. They were dedicated and professional in the beginning when they worked out of a four room old house and they still carry on the same perseverance and professionalism. Their staff is stellar and sets an example for the State of Maryland. I personally use them as an example to other statewide hospices when I describe their manner and consideration with patients and patient's families.

Our firm, Atelier 11, has also partnered with Talbot Hospice to sponsor various charitable events throughout the years. We have given countless hours to their Festival of Trees fundraisers and even chaired their Homes Tour to help raise money.

Hospice fills a real need in our community and we are hopeful they can do so for many years to come by becoming a full service medical hospice. Please do not hesitate to contact me if you require further information and we thank you for your careful consideration of this application.

Sincerely,

Lauren Braithwaite Dianich, AIA
President, Atelier 1, Ltd. Architecture

ATELIER 11, LTD.
ARCHITECTURE

Maryland Health Care Commission
Attention : Mr. Kevin Mc Donald

Manfred and Ursula Dicks
28795 Outram Street
Easton , MD 21601

5/22/2014

Re : Support of Talbot Hospice' application for a full service facility

Dear Mr. Mc Donald ,
this letter is to let you know of the importance of Talbot Hospice and our support to make it a full service facility.

My wife and I are both retired and we live in a community with many other seniors who are in need of the services from Talbot Hospice. Last year we witnessed the agonizing passing (abdominal cancer) of one of our neighbors and were very grateful for the support Hospice provided to the patient and her family.
While we are still in good health today we are also cognizant that this will eventually change. There is clearly a need by the local community to elevate Talbot Hospice to a full service medical facility so the terminally ill will receive the best care and can pass in dignity and as pain free as possible.

Thank you for sharing our support of Talbot Hospice.

Truly
Manfred and Ursula Dicks

Philip and Diane Dinkel

218 E. Chestnut Street

P. O. Box 1168

St. Michaels, Md 21663

May 12, 2014

To: Kevin McDonald, Maryland Health Care Commission

From: Philip and Diane Dinkel

Re: Talbot Hospice Foundation CON Application

We are longtime 2nd home and permanent residents of Talbot County. Our decision to reside in Talbot was determined by demographics here that included the fine THF services which have been constantly upgraded under the guidance of the first-rate THF and Talbot Hospice volunteers.

We have known many people of hospice need that were skillfully helped by THF. Further, we have been intimately involved in the needs of several people who were served by our Talbot Hospice staff, facility and volunteers in a most professional and compassionate manner.

The above will certainly be complemented with a full-service medical hospice under the umbrella of Talbot Hospice Foundation. Therefore we fully support the THF CON application.

Thank you for your consideration.

Mr. Kevin McDonald
4160 Pattison Avenue
Baltimore, Md. 21215

I am writing this letter to you regarding Hospice care. There is no comparison between Hospice care for the dying and a nursing home.

My friend Mary was in Hospice for 4 months, and I had the privilege of visiting her most every day. The care and love that was given to her, and members of her family, was beyond any home care or nursing home could provide.

Her needs were met by all the staff and volunteers, her desires for special foods were given to her.

She was in a nursing home when she passed, never was she given the time or care she had at Hospice. I trained to be a volunteer as I wanted to be a part of this organization, an opportunity to provide physical, emotional, and spiritual support and comfort
to our guests and their families

Ruth K. Dominick

May 19, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
c/o Talbot Hospice
586 Cynwood Drive
Easton, Maryland 21601

RE: Talbot Hospice's application for full service medial Hospice

Dear Mr. McDonald:

My wife and I have been a residence of Talbot County over nine years and have been supporter of the Talbot Hospice during that time. The more we are associated with Hospice not only here but across the region we are keenly aware of the service they have provided to our terminally ill friends at the end of life.

One memory that stands out for us was last year when a friend of 40 years had been taken care of by Hospice. They not only helped Larry manage through the process of dying but also the entire family. When the time came Hospice provided loving care that allowed him to pass with dignity and that provided peace to the family.

We would like to urge you to grant Talbot Hospice full service medical status. It is the next step that we absolutely need in Talbot County.

Thank you for your consideration.

Sincerely

George T. Domurot
PO Box 3210
Easton, Maryland 21601

May 25, 2014
Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

This letter is in support of Talbot Hospice's application to become a full service medical hospice.

I would like to share thoughts that are mine and of many others in our community. Talbot Hospice has been offering comfort and a quality of end-of-life never before experienced prior to its inception.

Over two-hundred plus volunteers assist in many way to those families in need of physical and emotional support.

As a volunteer for ten years at the front desk, I had the opportunity to assist family members of patients in the Pathways and Hospice programs. I handled

correspondence and was always touched by letters from families of their gratitude for all that Hospice had done to make their loved ones more comfortable and at peace, either at their homes or at the Hospice Guest House.

As a volunteer, I felt my own life enriched by my small contributions.

Talbot Hospice must continue to do its good works in making Talbot County a very special place.

Thank you for your consideration of this application

Sincerely,

Marilyn I. Downing

Mr. Kevin McDonald
Maryland Health Commission

May 20, 2014

Dear Mr. McDonald,

I am writing to you to express my support for the application of Talbot Hospice to become a full service medical hospice.

I have been a resident of Talbot County for over 22 years and have witnessed the dedication and commitment of the volunteers and organization as they have provided services to our community and in particular friends of mine during their final days, weeks and months.

Over the years I have supported Talbot Hospice from afar, by attending the annual Festival of Trees, their biggest fund-raising supporter, and other activities. One year I was so proud to have my own home on Goldsborough St. selected for the house tour as part of the Thanksgiving weekend activities.

Other than knowing people that had been residents of Talbot Hospice House, or any other for that matter, I never experienced first-hand what went own inside, until December 2012. In Florida, my younger sister came to be in a hospice house for the very last night of her life. I finally truly understood just what an integral, important and caring organization hospice is.

While caring for my sister at her home prior to her move to the hospice house, I thought about what I could possibly do for my own Talbot Hospice and I came home knowing that it was time to become an active volunteer.

I attended grief counseling for some time at Talbot Hospice, which helped tremendously and came to know some of the staff there. After the one year anniversary of my sister's death, I inquired about volunteering and learned of the training scheduled this past March. After completing my 2 two day training, with a couple dozen others, I eagerly signed up to be in the guest wing, where I could spend time caring for the guests as I had done with Marsha, my sister.

It is a very rewarding gift that I have been given to share this precious time with the loved ones in our community. There have been countless people just like me wanting to give to Talbot Hospice and the loved ones of friends and families here.

I am amazed by the never ending positivity I see and the solid commitment to the guests that is shown by the staff and volunteers of Talbot Hospice. I have seen the organization grow and move several times as it strives to meet the needs of Easton and the surrounding areas. Our demographic alone indicates that there will be a never ceasing need for this organization to continue to grow; and as a full service medical hospice, Talbot Hospice can serve the guests completely and as they deserve in their final days.

I request that you fully consider how important this application is, for the people who will benefit from the improved services, and our community and do not delay in reaching your decision of approval.

Sincerely,

Lauren Drew

7456 Timothy's Way
Easton, MD 21601
410-819-0228

Mid-Shore
Community Foundation

The Bullitt House
102 E. Dover St.
Easton, MD 21601

www.mscf.org
410.820.8175
fax 410.820.8729

April 28, 2014

Kevin McDonald
Chief of Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD, 21215

Re: Certificate of Need Application for Talbot Hospice Foundation

On behalf of the Officers, Directors, Advisors and Staff of the Mid-Shore Community Foundation, I am writing to express our strong support for the Certificate of Need application filed by Talbot Hospice Foundation.

For more that 30 years, Talbot Hospice Foundation has been an important part of the Community. I have first hand awareness of the role played by Talbot Hospice Foundation and cannot overemphasize the importance of this Organization. Talbot Hospice Foundation's efforts are appreciated and the organization receives wide community support from donors and volunteers. Talbot Hospice Foundation was a recent recipient of the Mid-Shore Community Foundation's Community Service Award for it's significant contributions to our region.

Talbot Hospice Foundation is an asset to our county and we hope that the Maryland Health Care Commission approves the Certificate of Need application.

If you have any questions, please feel free to contact me at the Foundation.

Sincerely,

W.W. "Buck" Duncan
President

May 19. 2014

Mr. Kevin McDonald
Maryland Health Comission

Dear Mr. McDonald,

While working for Comfort Keepers, Easton. MD, I have had several clients recieve Hospice Services. The staff + volunteers make the process of dying very personable. Wheater in a personal house or Hospice House they assist the family members with activities and conversations. If the family is out of town, they become the clients' family.

I was impressed with their caring and compassion when I took the training two years ago. I decided to work in fund raising and serving receptions for educational series. I have met people from all walks of life, each doing whatever needed to be completed.

The staff and management team is always working along with us. Everything you do is so appreciated. They always make you feel you are a important member of the team!

Hospice is a proud part of the Talbot Co. community. So many people retire to this area leaving family scattered across the country. Now hospice would like to broaden its services by becoming a full medical hospice. I support the move + hope it will pass. It will provide more services for the clients.

The best is yet to come for Talbot Hospice. I'm proud to be a part of this wonderful organization.

Sincerely,
Nancy Dunn

W. GEIGER ELLIS
P.O. Box 222
7235 Cooper Point Rd.
Bozman, MD 21612
Tele: (410) 745-3113
email: multiguy38@atlanticbb.net

28 May 2014

Kevin McDonald
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, MD 21215

Good Morning:

Over two years ago, cancer took the life of my wife of over fifty years. It was a difficult time for us, as I was her constant caregiver with many trips to the hospital for treatments. During the final stages we were fortunate to have the expert support and care of Talbot Hospice. We had always heard wonderful things about this marvelous organization, but their performance surpassed anything we had imagined.

I understand that Talbot Hospice is planning to become a full service medical operation. They have my complete support, as indicated by my financial contributions. Not just my wife but many friends here in Talbot County have benefited greatly from their services. It seems that our geographic area is particularly hard hit by cancer, making Talbot Hospice a vital part of our community.

I implore you to do whatever is possible to help this worthy organization meet the needs they strive to meet.

Thank you,

W. Geiger Ellis

W. Geiger Ellis

Randolph L. Esty
13501 Main Street
P.O. Box 256
Queen Anne, MD. 21657

May 10th. 2014

Dear Mr. Mc Donald,

My name is Randy Esty and I am the Mayor of the lovely town of Queen Anne, MD. I have volunteered at the Talbot Hospice for about 10 years primarily as a gardener, although I have done other odd jobs as needed. I have been a Mayor for over 20 years and have heard countless testimonies of the wonderful work and care provided.

I would like to put forth my full support for the application to become a full service medical hospice.

Talbot County is a well to do county with a large retirement population, an ideal location to provide medical support. There is no other facility that provides this. The Talbot Hospice Facility has been a source of pride for Talbot County residents and we applaud It's efforts and volunteers.

Most sincerely,

Randy Esty

Randy Esty
Mayor, Queen Anne, MD

26 May 2014

Mr. Kevin McDonald
Maryland Health Care Commisssion

Dear Mr. McDonald:

As a patient care volunteer at Talbot Hospice for over a dozen years, a board member for six years and president of the Foundation for three years, I have had ample opportunity to witness the enormous value of this organization to the Talbot County community. It is brilliantly supported both by generous financial donors and by voluntarism.

How many times was I there when a stressed and emotional family would arrive with their loved one, seeking advice, aid and comfort. They would receive a warm welcome and immediate assistance from staff and well trained volunteers. One could see shoulders relaxing, smiles returning, relief obvious. Day by day, family and friends could experience the joy of being surrounded by people accustomed to dealing with the unique problems facing one at the end of life.

If there was ever a cloud in this picture, it occasionally arose from the inevitable frustrations arising from the separation of the medical component from day-to-day hospice operations. Communications with the hospital regarding assistance from nurses or social workers were sometimes not a smooth as one could wish.

For this reason and for others that would benefit hospice operations in this county, I ask that you give your full consideration to certifying Talbot Hospice Foundation as a full service medical hospice.

Thank you.

Sincerely,

Jocelyn W. Eysymontt

Dear Mr. McDonald, 5/22/14

I'm writing in strong support of Talbot Hospice becoming a full service medical hospice. My mother has volunteered there for years, & they provided invaluable support when my father was dying. In fact, I don't know one single person in Talbot County who hasn't had an interaction with Talbot Hospice, and all sing their praises. Talbot Hospice is a

vital part of our community & precious to all. Allowing it to become a full service medical hospice would fill a true need, & allow it to be of even greater benefit. I strongly urge you to grant their application - it will be of incalculable value to our community.

Sincerely,
Dana K. Fairbank
Newitt, MD

Garrett M. Fitzgerald
510 Brookletts Ave.
Townhouse 702
Easton, MD 21601
GFitzgerald@ewingdietz.com

Kevin McDonald
Maryland Health Care Commission
Kevin.McDonald@maryland.gov

May 22, 2104

Dear Mr. McDonald:

It is with great pleasure that I write to endorse the application of Talbot Hospice to become a full-service medical hospice. My name is Garrett Fitzgerald and I work as an attorney in the city of Easton, Talbot County Maryland. The Talbot Hospice is my Hospice and it has been my pleasure to volunteer at, and participate in events hosted by the Talbot Hospice.

As an active local resident I am aware of Talbot Hospice's reputation for excellence. Talbot Hospice has a dedicated staff of medical professionals that provide first rate care to their patients. I have personally visited their facility and found the facilities to be extremely clean. Although I am not able to speak to the adequacy of the facilities (as I am not a doctor) I would be shocked to learn that the facilities are lacking in anyway. Of all the health care facilities I have visited, I have found the Talbot Hospice to be the warmest and most welcoming.

As you may be aware Talbot Hospice is one of only hand full of Hospices in the country that is able to accept all patients regardless of their ability to pay or receive assistance from the government. Although this may not be relevant to your decision it speaks volumes about the philosophy of the Talbot Hospice.

Should I be able to assist your decision in any capacity it would be my honor to discuss the Talbot Hospice with you. In addition to my above contact information I can be reached at my office 410-822-1988 or on my cellular phone at 410-924-7216.

Sincerely,

Garrett M. Fitzgerald

May 22, 2014

Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

As the Director of Communications at The Talbot Hospice Foundation, my responsibilities endeavor to provide public education programs to increase awareness of the needs of dying individuals and their caregivers, and to increase the provision of hospice services to all members of the community in need. Through educational presentations, publications, press releases, website and social media this is accomplished in a variety of methods. Attached is a detailed list of our outreach and education activities.

This inventory of activities is intended to shed a light, on every nook and cranny, to which the Talbot Hospice Foundation reaches with their positive light. Death is not an easy topic. Yet, the reaction when you query the community, or when you bring the community into Hospice House, is *always* one of gratitude.

Apart from witnessing the benefits of an independent-community based hospice, on a daily basis, as an employee, I have witnessed hospice support first hand as a mother, a daughter and a friend. With the passing of two of my children in a tragic fire, my mother dying with hospice support at the age of 92 and numerous friends who were served in our Guest Wing, I can truly attest to the life enriching programs and services that the Talbot Hospice Foundation provides.

I trust that you will regard all of the heartfelt letters of testimony that are pouring in from community members as a reflection of the important role that the Talbot Hospice Foundation holds with the citizens of Talbot County.

Thank you for your consideration of our application to become a full service medical hospice. It is of utmost importance in allowing us to better serve our community.

Sincerely,

Peg Fitzgerald
Director of Communications
The Talbot Hospice Foundation
www.talbothospice.org
586 Cynwood Drive
Easton, MD 21601
We Celebrate Life Every Day

Talbot Hospice
FOUNDATION

Peg Fitzgerald
DIRECTOR, COMMUNICATIONS

586 Cynwood Drive · Easton, Maryland 21601-3805
410-822-6681 · fax 410-822-5376
pfitzgerald@talbothospice.org

Offering hope, compassionate support and services to all members of our community facing end-of-life issues.

Like the hummingbird in our logo,
we aspire to celebrate the joy of every day.

Available 8:30 a.m. to 5:00 p.m. Monday through Friday

www.talbothospice.org

Talbot Hospice
FOUNDATION

DIRECTOR OF COMMUNICATIONS

PUBLICATIONS

Newsletters

Produce newsletter three times per year - fall, winter, summer
Determine newsletter size and quantity, submit RFP to printers
Collaborate with staff and volunteers
Set theme and focus
Interview staff, volunteers, board, and community member for focused articles
Write all copy or assign articles
Maintain free clip art files from Dover Design, keeping graphic costs to a minimum
Photograph hospice events, format all photos for CMYK print
Design with Adobe-In-Design CS-5 software
Edit layout
Coordinated all aspects of production with graphic artist and printer.
Update CASS Summary report for USPS
Coordinate with mail deliver house, deposit postage check in USPS
Keep within budget
Distribute printed copies, send via mail to all included in print, upload to website, social media
Archive 50 copies
Insure payment of all invoices to printer

Annual Report

Produce Annual Report at end of fiscal year before production of fall newsletter
Collaborate with staff, set theme, chose cover photo
Determine annual report size and quantity, submit RFP to printers
Assemble statistics, check all facts and financials
Create, write and design in Adobe In-Design CS-5 software
Administer entire production with printer and graphic artist.
Meet deadline on time and within budget. 8 page report - 900 printed.
Format Guthrie Society and other donors' lists for web site.
Distribute printed copies, upload to website, social media
Archive 50 copies
Insure payment of all invoices to printer
Collaborate with Associate Director on mailing to donors

Brochures

Administer, author, print in-house and oversee distribution of 9 different hospice brochures for community education.
Hospice, The Guest Wing, Pathways, How to Become A Hospice Volunteer, Spirituality
It Can Help To Talk, How to Help a Grieving Friend, Body Wisdom, Grief: What is It?
Oversee printing of brochure template with printer on yearly basis
Print 3000+ brochures for distribution within community
Coordinate for hand folding with volunteers
Meet with staff to edit and update text
Collaborate with Coordinator of Volunteers for distribution plan within 5 regions of Talbot County
Set schedule with volunteers, assure updated contact information at places of distribution

WEBSITE

Website Posting and Updates

Update website bi- monthly
Include bereavement groups, new photos, events, posting of pdf's of newsletters and annual report
Meet and coordinate with staff for current calendars and updates
Remind all staff to constantly check web page for specific details related to program

COMMUNITY EDUCATION - PRESENTATIONS

Talbot Hospice Speakers' Bureau - Community Presentations

Supervise the scheduling, marketing and collaboration on all hospice presentation for community education and outreach
Photograph presentations
Schedule presentations from September through June with goal of over 20 presentations per year
Maintain log on attendees; number, age, race,
Note if donation is made to THF, accumulate stats for Associate Director for grants
Maintain stats in excel format
Collaborate with the Director of the Guest Wing, Hospice Chaplain and Coordinator of Volunteers
Present hospice table at outdoor and indoor community events coordinating with volunteers for outreach

Talbot Hospice Awareness Day

Plan, set date and coordinate will all staff for January annual event
Contact all potential presenters and confirm attendance
Send out invites to medical professional staff, maintain invite list, rsvp list and second reminder list
Confirm all attendees two days before event
Collaborate with volunteers for preparation of lunch, greeting and assisting with overall program
Photograph event
Prepare 25 hospice folders with current brochures and publications, assure that all information is current
Prepare name tags, set up board room, set up kitchen, sign in sheet and final certificates
Presenters to include-THF: Board Pres.; Ex. Dir.; Dir. of GW; Bereavement Coor.; Chaplain; Coor. of Volunteer; Pathways; SHCH: Medical Dir.; Hospice Supervisor.
Give tours of Guest Wing and Hospice House administrative wing
Prepare survey card, distribute card and follow up with excel document on stats

Talbot Hospice Clergy Day

Plan, set date and coordinate will all staff for annual event specific for Spiritual Leaders
Plan in conjunction with Hospice Chaplain
Contact all potential presenters and confirm attendance
Send out invites to spiritual leaders, maintain invite list, rsvp list and second reminder list
Confirm all attendees two days before event
Collaborate with volunteers for preparation of lunch, greeting and assisting with overall program
Photograph event
Prepare 25 hospice folders with current brochures and publications, assure that all information is current
Prepare name tags, set up board room, set up kitchen, sign in sheet and final certificates
Including the Executive Staff of Shore Health.
Presenters include THF: Board President; Executive Director; Director of Guest Wing; Bereavement Coordinator.; Chaplain; Coordinator of Volunteer; Pathways; SHCH: Medical Director and Hospice Supervisor.
Give tours of Guest Wing and Hospice House administrative wing
Prepare survey card, distribute card and follow up with excel document on stats April 2013
Hot lunch served to all attendees, coordinated with volunteers for preparation, serving of lunch and clean up on site in hospice kitchen.

One Hour Revelation for the Spiritual Community

Plan, set date and coordinate will staff for four part speaker's series geared for Clergy
Decide on specific presentations
Dates of: September, November, February and May
Reserve conference room
Send out invites to spiritual leaders, maintain invite list, rsvp list and second reminder list
Arrange room for presentation, set up coffee station, order bagels, confirm volunteer help
Confirm all attendees two days before event

One Hour Education for School Counselors

Plan, set date and coordinate will staff for four part speaker's series geared for Clergy
Collaborate with The Mental Health Association of Talbot County and The Talbot County Public School.
Decide on specific presentations
Dates of: September, November, February and May
Reserve conference room
Send out invites to school personnel, maintain invite list, rsvp list and second reminder list
Arrange room for presentation, set up coffee station, order bagels, confirm volunteer help
Confirm all attendees two days before event

Talbot Hospice
FOUNDATION

In response to numerous inquiries from clergy members for presentations that give depth to the various programs at Talbot Hospice, this fall we continue our four part series,
SPECIFICALLY DESIGNED FOR CLERGY, LAITY AND SPIRITUAL LEADERS

ONE HOUR REVELATIONS

COMPREHENSIVE, INFORMATIVE PRESENTATIONS THAT INSTRUCT ON END-OF-LIFE ISSUES

SEPTEMBER 24, 2014

MORNING 8:30 -9:30 AM

THE POWER OF THE CIRCLE AND SPIRITUALITY

Circles as Representative Tools of Healing

REV. JODY GUNN, ACC, TALBOT HOSPICE CHAPLAIN

NOVEMBER 12, 2014

EVENING 5:30-6:30 PM

CULTIVATING SERENITY

Introducing Neuromindfulness Meditation for the Enhancement of Personal and Professional Relationships

DAVID MERCIER, L.AC., AUTHOR,

A BEAUTIFUL MEDICINE, GRAND PRIZE WINNER, 2013 NAUTILUS BOOK AWARDS

FEBRUARY 18, 2015

MORNING 8:30 -9:30 AM

BRINGING LIGHT TO A DARK TOPIC

Dispelling Myths, Educting Consumers, Answering Questions of Importance to Everyone in the Death Care Industry

RYAN R. HELFENBEIN, PARTNER, FELLOWS, HELFENBEIN & NEWMAN FUNERAL HOMES, P.A.

MAY 13, 2015

EVENING 5:30-6:30 PM

CELEBRATING THE JOY OF EVERY DAY

Beyone Fear: The Compassionate Support of Talbot Hospice

An In Depth Look at Programs

LISA GLESSNER RIZIA, RN, CHPN, NURSE EDUCATOR, TALBOT HOSPICE FOUNDATION

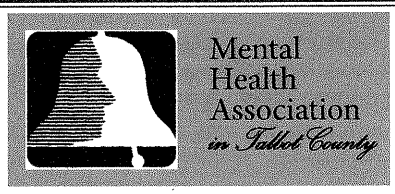
LISA MAY, LCSW-C, CT, HOSPICE SOCIAL WORKER, TALBOT HOSPICE FOUNDATION

SIGN UP FOR ONE OR ALL FOUR RESERVE YOUR PLACE BY EMAIL: Rev. Jody Gunn - *jgunn@talbothospice.org* OR CALL 410-822-6681

BEVERAGES AND BITES PROVIDED • BRING YOUR QUESTIONS FOR OUR KNOWLEDGEABLE STAFF • FREE

See you at Talbot Hospice, 586 Cynwood Drive, Easton *(off Idlewide Ave near Route 50)*

Talbot County Public Schools



The Talbot Hospice Foundation,
The Mental Health Association of Talbot County
The Talbot County Public Schools
are collaborating

IN A 4 PART MORNING SERIES SPECIFICALLY DESIGNED FOR SCHOOL COUNSELORS

"ONE HOUR EDUCATION"

8:30 AM - 9:30 AM

THESE INFORMATIVE PRESENTATIONS WILL RESPOND TO VARIOUS STUDENT ISSUES WHICH ULTIMATLEY INFLUENCE THE GENERAL WELL BEING OF THE CLASSROOM

SEPTEMBER 17, 2014

THE ESSENTIAL GUIDE TO BRAIN BASED LEARNING

How Understanding "Brain Basics" Improves Student Achievement

EMILY MOODY, LCSW-C, TALBOT COUNTY PUBLIC SCHOOLS, CERTIFIED PRESENTER, THE UPSIDE DOWN ORGANIZATION

NOVEMBER 12, 2014

MEDIATION AND RESTORATIVE CONFLICT RESOLUTION PRACTICES

Why Conflict Resolution Skills are a Fundamnetal Life Skill for Kids

CYNTHIA JURRIUS, EXECUTIVE DIRECTOR, MID SHORE COMMUNITY MEDIATION CENTER

FEBRUARY 11, 2015

THE CHILDREN'S MENTAL HEALTH MATTERS CAMPAIGN

The Importance of Raising Awareness of Childrens' Mental Health

A Local Look at the Efforts of the Mental Health Asssociation of MD, The MD Coalition of Families with the support from the MD Mental Hygiene Adminstration and MD CARES

HOLLY IRELAND, EXECUTIVE DIRECTOR, MID SHORE MENTAL HELATH

AUDRA CHEBONNIER, FAMILY LEAD, MD CARES (COORDINATION, ADVOCACY, RESOURCES, EDUCATION, SUPPPORT)

MAY 13, 2015

SUICIDE RISK ASSESSMENT

Why Youth Typically Experience Suicidal Thoughts & The Signs and Symptoms of Depression

ROB SCHMIDT, LCPN, NCC, TALBOT COUNTY PUBLIC SCHOOLS, BEHAVIORAL SPECIALIST

SIGN UP FOR ONE OR ALL FOUR RESERVE YOUR PLACE BY EMAIL:

PEG FITZGERALD, DIRECTOR OF COMMUNICATIONS, TALBOT HOSPICE FOUNDATION

pfitzgerald@talbothospice.org

See you at 8:30 AM ***Talbot Hospice, 586 Cynwood Drive, Easton***
(off Idlewide Ave, near Route 50)

COFFEE-TEA-BAGELS • BRING YOUR QUESTIONS FOR THE KNOWLEDGEABLE STAFF • FREE

Talbot Hospice
FOUNDATION

In response to numerous inquiries from clergy members for presentations that give depth to the various programs at Talbot Hospice, this fall we continue our four part series,

SPECIFICALLY DESIGNED FOR CLERGY, LAITY AND SPIRITUAL LEADERS

ONE HOUR REVELATIONS

COMPREHENSIVE, INFORMATIVE PRESENTATIONS THAT INSTRUCT ON END-OF-LIFE ISSUES

September 25, 2013

Evening 6:00 -7:00 pm

"THE FINAL GIFT"

The Spiritual Gift of Funeral Planning as Closure for the Family

REV. JODY GUNN, ACC, HOSPICE CHAPLAIN

November 20, 2013

Morning 8:30-9:30 am

END-OF-LIFE VETERAN CARE

Specialized Care for those who Served our Nation

MOLLY C. KIRSCH, RN, BSN, CHPN, DIRECTOR OF THE HOSPICE HOUSE GUEST WING

A DAY IN THE LIFE OF A HOSPICE NURSE

Real Life Family Situations and How Hospice Helps

LISA RIZIA, RN, CHPN, NURSE EDUCATOR TALBOT HOSPICE

February 26, 2014

Evening 6:00 -7:00 pm

"UNSPOKEN GRIEF"

How Unresolved Loss Creeps Back into Our Lives and It's Secret Disguises

NORMA TRAX, LCSW-C BEREAVEMENT CONSULTANT

"TALKING THE TALK"

Diplomatic Strategies for Starting the Conversation about Death with Adults and Children

SHELLY KULP, MSW, LGSW BEREAVEMENT COORDINATOR

May 21, 2014

Morning 8:30-9:30 am

INCREDIBLE SUPPORT EXPLAINED; PRE-HOSPICE PATHWAYS

How the Pathways Program Carries the Family

WENDY VANNEST, DIRECTOR OF FAMILY SERVICES, PATHWAYS PROGRAM MANAGER

A HAND TO HOLD, A SONG TO SING

Hospice Volunteers as a Complement to Pathways Care

LORI LANTZ, VOLUNTEER COORDINATOR

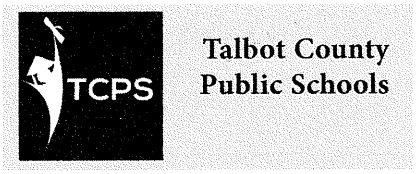
SIGN UP FOR ONE OR ALL FOUR RESERVE YOUR PLACE BY EMAIL:

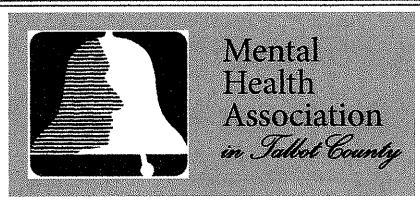
Rev. Jody Gunn - jgunn@talbothospice.org

OR CALL TALBOT HOSPICE: 410-822-6681

BEVERAGES AND BITES PROVIDED • BRING YOUR QUESTIONS FOR OUR KNOWLEDGEABLE STAFF • FREE

See you at Talbot Hospice, 586 Cynwood Drive, Easton *(off Idlewide Ave near Route 50)*





The Talbot Hospice Foundation,
The Mental Health Association of Talbot County
The Talbot County Public Schools
are collaborating

IN A NEW FOUR PART MORNING SERIES

SPECIFICALLY DESIGNED FOR SCHOOL COUNSELORS

"ONE HOUR EDUCATION"

8:30 AM - 9:30 AM

THESE INFORMATIVE PRESENTATIONS WILL RESPOND TO VARIOUS STUDENT ISSUES WHICH ULTIMATLEY INFLUENCE THE GENERAL WELL BEING OF THE CLASSROOM

SEPTEMBER 25, 2013

A HUSHED YET FRENZIED MIND

BEVERLY ROHMAN, AD/HD COACH, THE LEARNING CONNECTIONS, LLC,

NOVEMBER 13, 2013

DRUGS, PEER PRESSURE AND ADDICTION

Creating a Dialogue of Respect and Compassion in Addressing Student Addictions

BRIGHTON LAZNOVSKY, MA, LGSW, LCAD-C

FEBRUARY 26, 2014

UNSPOKEN GRIEF AND IT'S SECRET DISGUISES

How Unresolved Loss Creeps into the Classroom as Conflict

NORMA TRAX, LCSW-C TALBOT HOSPICE BEREAVEMENT CONSULTANT

"TALKING THE TALK"

Conversing about Death with Children and Teens

SHELLY KULP, MSW, TALBOT HOSPICE BEREAVEMENT COORDINATOR

MAY 14, 2014

AFTER THE DUST SETTLES

Strategies for Surviving a Community Crisis

CAROL MASDEN AND TINA-MARIE BROWN, LCSW-C

SIGN UP FOR ONE OR ALL FOUR ***RESERVE YOUR PLACE BY EMAIL:***

JACKIE DAVIS - JDAVIS@MHAMDES.ORG **PEG FITZGERALD - PFITZGERALD@TALBOTHOSPICE.ORG**

See you at 8:30 AM

Talbot Hospice, 586 Cynwood Drive, Easton

(off Idlewide Ave near Route 50)

COFFEE-TEA-BAGELS • BRING YOUR QUESTIONS FOR THE KNOWLEDGEABLE STAFF • FREE

FESTIVAL OF TREES

Presented by **Friends of Hospice**
Post Office Box 2052, Easton, Maryland 21601
410-819-3378

May 21, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

Please let me introduce myself: I am Patricia (Patty) Fox, a long-time volunteer, board member, and fund raiser for the Talbot Hospice Foundation. My association with our hospice goes back to 1987. My interest in hospice began when my mother was assisted by hospice on Nantucket Island in 1986. Knowing firsthand of hospice care I was more than ready to join in the fund raising efforts of the Festival of Trees in 1989. Working on committees for that event meant working with the very small group of hospice staff. And so I watched the program grow and blossom over the years. I was chairman of the Festival in 1996,2006 & 2011 and served on the Foundation Board from 1999 to 2005.

In a more personal vein—I have wonderful memories of so many staff, patients and other volunteers—too numerous to mention. Working with such a high quality organization has been a joy. As a Festival of Trees chair I can only say it was so easy to ask others to help in the many facets of the event -- because they knew "it's for hospice". There, also, have been many friends of mine over the years who have benefited from hospice care. For that I am proud and grateful for the great work done by talented and empathetic staff and volunteers. Presently I shop for Hospice House and help with volunteer training sessions and other special meetings (my talent— a pretty good cook). I also serve on the Friends of Hospice Board as a member, emeritus.

As I see it: hospice has done so much these past years to benefit many in our county. It is now time to go to the next level to improve its services. From personal experience: a dear friend and neighbor had to wait to be admitted to Hospice House because it was a weekend—that shouldn't have to be the case. Add to that:A medical hospice would allow for more patients to be served. Also if all nurses and social workers were employed by Talbot Hospice, there would be easier coordination and communication to deal with patient care.

I would hope that the Commission would give speedy and positive response to Talbot Hospice's application to become a full service medical hospice.

Sincerely,
Patricia Fox

Patricia Fox

PO Box 4471
Ocean City, MD 21843-4471
May 23, 2014

Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

I support Talbot Hospice's application to become a full service medical hospice.

For over a year, my father received services from Talbot Hospice, first as a Pathways patient and then as a Hospice patient. The volunteers were terrific! Without the supplies provided by Hospice, the cost would have been a great burden to my family. My mother found the Caregivers Support Group to be very beneficial. The bereavement staff and volunteers and their programs help families move on to the next chapter.

My family could not have given my father the same level of care without Hospice. Talbot Hospice is vital part of the community and is one of the biggest jewels in Talbot County's crown.

Sincerely,

Edward J. Frampton

114 Prospect Ave.
Easton, MD 21601-4025
410-822-3289
May 14, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Re: Talbot Hospice Foundation Certificate of Need

Dear Mr. McDonald:

I was born in Easton nearly 83 years ago and have lived in Easton for 64 years. I have been both a volunteer (16+ years) and a recipient of the wonderful care of the splendid staff of Talbot Hospice Foundation. I retired from USDA April 1997 and began my hospice volunteer service doing clerical duties one week later. I was at the receptionist desk the day we celebrated the opening of the facility at 586 Cynwood Drive. I continued my volunteer service each Wednesday morning, at the front desk, until 2010 when my husband's health required that I stay at home to care for him.

I went from volunteer to spouse of patient needing their services. Pathways came to my rescue with equipment, supplies, suggestions and nurse educator assistance. Wonderful volunteers came to our home to allow me time for grocery shopping and to attend "Caregivers" group weekly meetings at Talbot Hospice House.

When the time came for Hospice to take over from Pathways, the staff knew our every need before we did. Again the equipment, supplies, spiritual support as well as counseling to guide us through a very difficult 15 months on "In-home Hospice" were exceptional. Bereavement counseling was helpful.

While I was doing weekly reception duties, I became familiar with all of the inner workings of Talbot Hospice. Many friends and acquaintances have come to need these same services.

I am pleased to be able to share with you an example of much of what Talbot Hospice Foundation does for this area from my unique experience as both a volunteer and a recipient of their wonderful care..

We in Talbot County need "our Hospice" to become a full service medical hospice. By becoming a full service medical hospice, Talbot Hospice can serve even more patients and create more opportunities for the many volunteers that Talbot County has willing and available.

By employing nurses and social workers, the ability to move faster to facilitate services will be a godsend to families such as mine. Being able to admit patients seven days a week is crucial. When your loved one reaches that critical stage, a wait of even 24 hours can have devastating results.

Please give this request for a full service medical hospice a vote of confidence and allow it to happen.

Most sincerely,

Margaret W. Frampton

Margaret W. Frampton

Kevin McDonald

May 28. 2014

Dear Mr. McDonald:

Over the past 12 years, Talbot Hospice Foundation has been an extremely important part of my family.

My mother in law utilized the services of Hospice and currently, my step mother is under the care of Hospice. The organization offers tremendous support for end-of-life care and is an extremely viable component of our community.

My family has been a financial supporter of the organization over these past 12 years.

Sincerely,

John C. Franke

May 28, 2014

Dear Mr. McDonald,

I have been a Hospice Volunteer for 12 years. During that time I have been a patient care helper at Talbot Hospice House, a home companion volunteer and currently visit the memory impaired unit at Hellam Hill Gardens where there are three Pathways patients. In addition, I am one of the docents who visits Hospice patients during their final hours. It has been an honor and privilege to be associated with the patients as well as the wonderful and dedicated staff of Talbot Hospice. The love that they share is very inspirational.

During that time I have

been a supporter financially of Hospice as well as a volunteer fundraiser.

Personally, I experienced Talbot Hospice during my mother's final days as a resident of Hospice House. She was almost 98 years old and the care she was given by the staff and volunteers was a true blessing. I will always be grateful for her final ten days of life there. I was blessed to be with her when she died and was grateful for the support I received.

Sincerely,
Kathleen Fiske

May 27, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

As someone whose wife served 14 years as executive director of the Talbot Hospice Foundation, and whose father-in-law died on hospice, I know its priceless value to a family and to a community. Through the years, I met many families bolstered and strengthened by the care provided by Talbot Hospice nurses, social workers, volunteers and staff. As a family member who watched as his father-in-law died in a caring, compassionate and professional setting, I appreciated this community service as never before.

I happily join many others in our community in urging the Maryland Health Care Commission to approve a Certificate of Need for Talbot Hospice, enabling this effective organization to serve a greater number of patients and bring all medical practitioners under one roof. The goodness and excellence of Talbot Hospice will become even more accentuated.

Talbot County is a wonderful place to live and raise a family. It's also a place where those who are living their last days, weeks and months can find solace in how well and sensitively they and their families are treated by the Talbot Hospice Foundation. We all benefit and draw comfort from this superior hospice program, one absolutely committed to unparalleled end-of-life care for our loved ones and our neighbors.

Sincerely,

Howard S. Freedlander

Howard S. Freedlander

Liz Freedlander
108 Brookletts Avenue
Easton, MD 21601

May 27, 2014

Mr. Kevin McDonald, Chief
Certificate of Need Program
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald,

I was formerly the Executive Director of the Talbot Hospice Foundation (THF) in Easton, MD from 1990 to 2004. In addition, I was on the Board of Directors of the Hospice and Palliative Care Network of Maryland for most of those years and its president for the last two.

I tell you this to communicate that, although operating under a Limited License, THF was a full member of the Hospice community. It has always been conversant with the State and Medicare regulations of medically certified hospices because this was and is the milieu in which it operated. Its policies and procedures met and exceeded the standards for a Limited License hospice and those required to provide its non-medical services to its Medicare-Certified partner, Shore Home Care Hospice.

The leadership always attended NHPCO national meetings and maintained an up-to-date understanding of the medical and reimbursement climate that was and is the focus of those meetings.

THF is a gold standard, non-profit business in Talbot County. Best management practices have been strategically planned and implemented by a professional staff and by committed board members with diverse, outstanding competencies and experience.

Many existing hospices in Maryland began as Limited License-type organizations and converted to becoming Medicare Certified to provide the full range of services. I have no doubt that, based on its history of excellence and broad community support, THF is fully capable of a successful transition and future long-term existence as General License, full-service model.

Sincerely,

Liz Freedlander

Liz Freedlander

Julie Gentile
503 Garden Street
Easton, MD 21601
410-924-8421
julie@glvginc.com

May 19, 2014

Dear Mr. McDonald,

I am familiar with Talbot Hospice through a number of ties, reputation being the foremost. Talbot Hospice has had, for as long as I know, a sterling reputation in our community for it's services. I have been fortunate not to need the hospice care in my family yet, but I went to Hospice for grief counseling when my husband died unexpectedly and Norma was a great help to me. It was a terrible time and she helped me process it in a way no one else did.

I took hospice training recently in order to start the process of becoming a caretaker and, being a trainer with 42 years of training under my belt as my career, I have to say they successfully genuinely engaged me for two whole days coming up to speed on what hospice offers, the attitude and spirit with which they offer their services, the sundry of ways people can participate in their services and the relentless kindness with which the operation runs. I am training to be a caregiver in the West Wing at the hospice facility and very much look forward to being part of their team. I believe there are a myriad of elders in our community who volunteer at hospice who wouldn't volunteer otherwise because they are allowed to give in ways that they can and the hospice process is so rewarding. It is a wonderful way for retirees with little family to be productive and get the satisfaction of being needed and respected in their immediate community. So not only is it good for the patients, it is good for the caregivers, in whatever capacity they give. The last thing I want to say is about the staff at Hospice. I must say I have never seen such commitment, devotion, kindness, willingness to give and give and give, commitment to a gentle, kind, respectful way of dying. I feel a better person just for getting to know these people. If I ever need hospice care, this is where I want to be, unequivocally.

Talbot Hospice should certainly be a full service medical hospice. They have expanded to their Pathway services, they reach hundreds of people in homes and nursing homes and the community. Why, for heaven's sake, would they not be better than they even are now as a full service medical hospice. It only makes sense and Talbot County is a county for elders. There is a very high percentage of residents over 60 here and we need these services. Hospice gives us a way to take care of each other in a responsible, pro-active way , with the guidance of educated professionals. Permit them to provide an even more comprehensive umbrella of kind care.

Thank you for your consideration.

Julie Gentile

Julie Gentile

James C. Gieske
26411 Presquile Drive South
Easton, MD 21601
jgieske@bluecrab.org

May 22, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald;

I am writing to you in support of the application for Certificate of Need by the Talbot Hospice. I am a retired physician from Talbot County, formerly on the staff of Memorial Hospital at Easton, and a newly appointed board member of Talbot Hospice, a position I sought because I am a strong believer in the cause.

I have a long history of involvement with matters concerning our final days. The Memorial Hospital organized a committee to concern itself with such issues in 1990, the Patient Care Advisory Committee, and I was the first chairman. At that time, there was strong resistance to the hospice movement from the medical staff based on the belief that patients in need would be deprived of warranted and necessary healthcare. A powerful wedge was driven between those urging a hospice program and those many physicians who saw the movement as a professional threat.

After a nearly 20 year hiatus, I am back on the committee, and it is impossible for me not to be aware of the profound change in physician attitude toward the hospice concept. Where there was once hostility and suspicion, there is now respect and dependence. I have the strong belief that everyone involved in these matters now recognizes the essential role that hospice plays in our community.

The Talbot Hospice organization is uniquely positioned to fill these needs. It has a now long history, and, therefore, is uniquely qualified to provide the services so necessary not only to the community, but also to the healthcare professionals who have become increasingly reliant on the program.

I urge you and your commission to look favorably on the Certificate of Need application from Talbot Hospice. Our community needs this service.

James C. Gieske, MD

May 16, 2014

Mr. Kevin McDonald

We are Dorothy and Sam Gilmore. We are retired and live just outside of Easton.

We have a very close friend who is currently undergoing care at the Talbot Hospice facility.

Visiting our friend has been our first experience at Talbot Hospice. It was a very positive experience, considering her personal situation. The grounds with the small park and the landscaping made for a pleasant visit. Her room was clean and bright and those attending to her needs were obviously compassionate, sensitive and making the best of the situation.

During our most recent visit, we talked about the Peony plant sprouts she had given us last fall and how they were starting to bloom. (Normally they don't bloom the first year.) We could tell in our friend's eyes and her response how pleased she was.

Talbot Hospice provides an invaluable service to our community when loved ones and their family and friends are experiencing difficult and emotional times.

Making Talbot Hospice a full service hospice is definitely in order.

Dorothy & Sam Gilmore
32635 Discovery Dr
Easton, Md 21601

Dorothy & Sam Gilmore

Albert B. Gipe

P. O. Box 5
Preston, Md. 21655

May 22, 2014

Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I am writing on behalf of the Talbot Hospice foundation (THF) located in Easton Maryland.

The THF has been in business for approximately thirty some years under a limited license to serve the end of life needs of the people of Talbot and surrounding counties. I have been associated with the THF since 1995 and have served on the Board of Directors for two terms and as a past President of the Board. I was chairman of the fundraising committee for our first building construction in the late 90s and served as chairman of the building committee for that first construction. I have recently served on the campaign committee for our current planned expansion and am chairman of the building committee for that expansion.

I am a retired Consulting Engineer and feel blessed to be able to utilize my engineering knowledge and background to assist the THF in this work.

The THF is extremely well regarded and provides excellent services to those in need of end of life services in our community. For the THF to become a full service Hospice is very important to us. It will allow us to serve even more patients than we do now, to employ the nurses and social workers under one roof, and provide better and faster access to Hospice services.

I had a Mother and a Sister who both died of cancer. Unfortunately Hospice services were not available when my Mother died quite a few years ago but my Sister was served by the Carroll Co. Hospice and I know what difference Hospice services mean both to the patient and to the family.

I sincerely urge you to issue a Certificate Of Need for a full service medical hospice for the Talbot Hospice Foundation.

Sincerely,

Albert B. Gipe

Albert B. Gipe

11956 Billys Point Lane, Easton, MD 21601
May 14, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

RE: Talbot Hospice application for a Certificate of Need

Dear Mr. McDonald:

This letter is to offer my support of Talbot Hospice's application for a Certificate of Need (CON) to provide all hospice services in Talbot County and to become a full-service medical hospice.

I grew up in Talbot County and continue to reside here on a part-time basis. Talbot Hospice has touched my life in so many wonderful ways, some of which are mentioned below. My husband and I firmly believe in the need for this amazing community service. Over the years we have offered support by contributing substantial sums to Talbot Hospice's operating fund and more recently to the building fund for it's current expansion.

My father, E. Frank Connolly, was diagnosed with colon cancer and ultimately passed away in 1987. Talbot Hospice was there for the final year of his life to offer companionship, recommendations, medical supplies, medications and emotional support for family.

My mother, Helen E. Connolly, was diagnosed with breast cancer and passed away in 2009. Talbot Hospice did an amazing job of providing supplies, recommendations and ultimately transitional services at the peaceful and lovely Guest Wing of Hospice House for her last few days with us.

My aunt, Dorothy V. Plummer also passed away due to cancer in 1999. Her last few months with us were made much more peaceful through the efforts of Talbot Hospice through volunteer visitation at her home, suggestions for home modifications, medical supplies and medications.

My sister's father-in-law also benefited from the services of Talbot Hospice.

In each of these cases, the benefits of having Talbot Hospice available to assist our family were invaluable. The CON as requested would allow other families like ours to benefit from the expanded services of Talbot Hospice through their ability to provide more volunteers and employ nurses and social workers under one roof with faster access to hospice services 7 days a week.

If you would like to discuss further, I can be reached at (512) 410-4922.

Sincerely,

Thelma Gretzinger

Eugene H. Guthrie, MD
50 Davis Lane
Easton, Maryland 21601

May 27, 2014

Kevin MacDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I am one of the founders and an Emeritus Board member of Talbot Hospice in Easton, Maryland, and my wife was Talbot Hospice's first volunteer coordinator. We are writing in strong support of Talbot Hospice's application for a Certificate of Need, which will enable it to operate as a full-service medical hospice.

Since its founding in 1981, Talbot Hospice has fulfilled a great need in the community for dedicated, empathetic and skilled care of terminally ill patients wish to be in a home environment at the end of their lives. Hospice's extensive support network for families and survivors of patients also provides crucial resources to all members of our diverse community.

Over the past 30+ years, the work of Talbot Hospice has been undertaken by hundreds of trained volunteers and professional staff who care deeply about the mission of Hospice and the people it serves. The commitment of the Talbot Hospice team will be strengthened and facilitated by its ability to operate as a full-service medical hospice serving the community of Talbot County and the mid-Shore region. Becoming a full-service hospice will enable Talbot Hospice to:

- Serve more patients than ever before, and create more opportunities for additional volunteers;
- Employ nurses and social workers, consolidating operations under one roof and improving communication;
- Provide improved and faster access to hospice services, including expansion of patient admissions to a full 7 days a week.

The Certificate of Need will ensure that quality of life continues to be high for all residents in our community, from the very beginning to the very end of their lives. We urge you to support this crucial step for Talbot Hospice, for the many thousands of people who will benefit from it.

Thank you,

Eugene H. Guthrie

Eugene H. Guthrie

Elizabeth E. Guthrie

Elizabeth E. Guthrie

Debbie Lillard Hager
PO Box 574
Oxford MD 21654

May 19, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

When Hospice in Talbot County was a fledgling organization, I walked into their one-person office to ask what services I could receive for my mother. They quickly jumped into action and scheduled caregivers for my mom, and comfort and grief support for my dad.

Fast forward to 2014. I just completed the training as a volunteer. It has always been a desire to become of Hospice volunteer—to give back to this wonderful organization that has been helping our community for many years. They've come a long way since 1986. And now have a fabulous home that would welcome the opportunity to become a full service medical hospice.

Having this designation will broaden and not limit the services to our community. I hope you and the commission will approve the application put forth by Talbot County Hospice. There are so many of us who depend on the care and support by this worthwhile organization. What better way to help and service our community.

Best regards,

Debbie Lillard Hager

29810 Lyons Drive
Easton, MD 21601
May 24, 2014

Kevin R. McDonald
Maryland Health Care Commission

Re: Talbot Hospice Application for Full-Service Medical Hospice

Dear Mr. McDonald:

I am a resident of Talbot County and am very interested in the above application for Talbot Hospice. My family has had personal contact with the Hospice, as my husband's mother was a guest there in 2012. Her end-of-life care was exemplary and gave our family invaluable support during a difficult time. The twenty-four hour attention to her medical, physical and personal care meant so much to us and we believe that every family in the Talbot County community who has encountered the services of Talbot Hospice has also benefitted from their expertise and compassion.

I have also interacted with staff members during weekly pet therapy visits to Hospice and this additional comfort to guests is welcomed. Pets on Wheels of Delmarva provide therapy dogs to many facilities in the region, and the guests at Talbot Hospice look forward to the loving and kind attention that Jake gives to them. This is just one small example of the range of services that Hospice gives to their guests. I personally have worked with pet therapy for seven years and can attest to the magic these animals display when they are working.

In conclusion, my husband and I strongly feel that the medical and palliative care that Talbot Hospice demonstrates is an important part of the community and represents a high level of professionalism. We hope that their application to be a full-service medical hospice will result in a favorable decision.

Sincerely,

Lizette D. Hannegan

5040 Landing Neck Road
Trappe, MD 21673
May 26, 2014

Mr. Kevin McDonald
Maryland Health Service Commission
Dear Mr. McDonald:

I am writing in support of Talbot Hospice becoming a Full Service Medical Hospice for our community. I have had several friends under their care and it has been exceptional.

Recently a friend, Bea Carmichael had to go to Queen Anne Hospice because the service wasn't available in Easton.

Talbot Hospice has been a great help to me since the

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loss of my husband on Dec. 5, 2011.
Please do all you can to approve Talbot Hospice a Full Service Medical Hospice.

Sincerely,
Patricia S. Harden

562 PRINTED IN U.S.A.

HOPE R. HARRINGTON
7768 Ratcliffe Manor Road
Easton, Maryland 21601

May 22, 2015

Mr. Kevin R. McDonald
Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald,

As you are aware, the Talbot Hospice Foundation has applied for a Certificate of Need so that it may serve our community as a full-service medical hospice. Until now Talbot Hospice has partnered with Shore Health System to provide palliative care to community residents in need. As Shore Health System no longer wishes to provide hospice service to the community, Talbot Hospice has worked for the past three years to do so independently.

Our family has lived in Talbot County since the mid-80's and both of our sons graduated with honors from Easton High School. I have served the community as a member and president of the Talbot County Board of Education (appointed by two Governors to serve two consecutive 5-year terms) and was also elected to the Talbot County Council, serving for one year as president. Governor O'Malley appointed me in 2007 to the Governor's P-20 Leadership Council of Maryland and also to the Trial Courts Judicial Nominating Commission for District 16. I continue to actively serve on both.

You are finding, I know, by the outpouring of community support for Talbot Hospice just how much Talbot Hospice means to us and how critically important it is for Talbot Hospice to be allowed to continue. The vast majority of Talbot County citizens know of our Hospice first-hand as it has provided gentle care to thousands of friends and relatives.

Talbot Hospice MUST be awarded a Certificate of Need. It has proven beyond all measure that it is highly-capable of providing the care our community demands.

Sincerely,

Hope R. Harrington

Hope R. Harrington

John Haught
Studio 2
124 North Harrison St.
Easton, MD, 21601

Mr. Kevin McDonald
Maryland Healthcare Commission

Dear Mr. McDonald:

My name is John Haught. I am the owner of Studio 2 Salon in Easton, MD. In the seven years that I have worked and lived in Easton, I have met and spoken with many clients and individuals who have experienced or know of the fine work that Talbot Hospice has performed in our community.

Personally, with the passing of my mother a few weeks ago, I had the privilege of experiencing first-hand the professional, caring and uplifting service provided by Hospice. The relief and peace it gave to my mother and family members will always be remembered.

I understand that Talbot Hospice is interested in becoming a full service medical hospice in Talbot County. I believe that this would be a positive move not only for Maryland Health Care and the residents of Talbot county, but a great way to improve on a program that means so much to so many.

Thank you,

John Haught

MONICA D. HEINSOHN

30964 PLEASANT ACRES ROAD

CORDOVA, MD 21625

TELEPHONE: 410-820-2166

May 27, 2014

Kevin MacDonald

Maryland Health Care Commission

RE: Talbot Hospice Foundation

Dear Mr. MacDonald:

I am a director on the Board of Talbot Hospice Foundation. I also serve as the Treasurer of our foundation.

I have been involved with Talbot Hospice since 2008 when I started working as the co-chair of the 2009 Festival of Trees, which is our fundraising arm. Since then I have worked with many, many dedicated volunteers who believe wholly in Talbot Hospice and the purpose that it serves in our community. The year that I was chair, we raised $107,000 to Talbot Hospice.

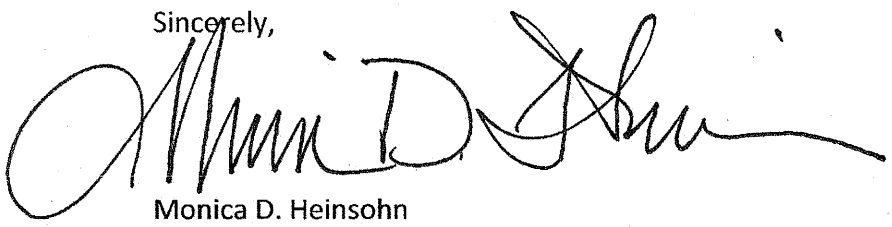
In 2010, my grandmother was admitted to THF as a patient in our guest wing. She was suffering from end of life issues and was not expected to live very long. At that time, I was able to see how our guest wing works. Our volunteers did not know that I was a director and treated me as though I was a part of their family while at the same time, giving loving care to my grandmother. They talked with me and told me what was happening at each stage of her stay.

I was so grateful to the staff and volunteers and have since told my story to members of our community. I have never found any person in our area who does not believe that our organization is a much needed service and a benefit to everyone in our small town.

Now our organization has the opportunity, with your help, to go one step further and become a full medical hospice. Our community would benefit tremendously from the advancement as then we would be able help even more citizens from our county. We have a tremendous gathering of support from staff, volunteers, community advocates, community leaders and citizens. Now what we need is to become certificated by you. Please help the directors and

staff of Talbot Hospice help ourselves and our neighbors. Please give us the credentialing that we need to become a fully licensed medical hospice.

Sincerely,



Monica D. Heinsohn

Treasurer, Talbot Hospice Foundation

May 10,2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

This letter is written in support of Talbot Hospice's application to become the Comprehensive medical hospice that residents of Talbot and surrounding counties need and want available to them and their families. As a retired social worker with 35 years of experience I have participated both personally and professionally in Hospice and the philosophy of compassionate end of life care as it evolved over many years. I have provided support to staff and volunteers through the years who provide endless hour's of emotional support as well as the comfort needed in the end of people's lives. Both my parent's were patients of a Hospice program as their life's journey were ending. As a social worker I wouldn't have had them admitted in a program unless I could fully support the treatment, care and support provided in a comprehensive hospice program. I firmly believe the residents of the Eastern shore deserve as well as need the ability to provide end of life support as close to home and family as possible. Those weeks often turn into month's caring for the family member, friend or neighbor. Added stress of a long commute to visit with the patient or the patient having to leave their community is unfair.

I currently both volunteer and donate money to support Talbot Hospice to continue the ability to provide ongoing care in both the home as well as in the guest wing in Easton. As a resident of Talbot County I look forward to having a certified comprehensive hospice available to my family when, not if, need arises. Please support the application before The Commission in the most expedited manner so we are able to expand realm of service's available to the community.

Thank you for the time, consideration and eventual approval of the application presented.

Sincerely,

Elizabeth Hershey

Elizabeth R. Hershey, LCSW.

May 17, 2014

Mr. Kevin McDonald

Maryland Health Commission

Dear Mr. McDonald,

I am writing this letter in support of the application before you and the Commission to support Talbot Hospice in their application to become a comprehensive free standing full service provider of compassionate end of life care to the residents of Talbot County and surrounding communities. I am a 15 year resident of Talbot county as well as business owner, wife, mother, neighbor, friend, family member and support the compassionate manner in which Talbot Hospice has provided services to thousands over the years. I believe in the support, care and treatment provided to those nearing the end of their life journey.

I have had friends, neighbors, community residents as well as family who have benefited from the dedicated staff and wide range of service provision made available by Hospice here in Talbot County as well as other communities. I strongly support the application to become a comprehensive free standing medical Hospice offering expanded services. This will allow for the seamless admission from home or hospital to make friends, family, neighbors and other county residents comfortable as their lives end. It is my belief that the residents of Talbot County and eastern shore of Maryland not only need but deserve to have a Comprehensive medical Hospice in the community they and their families live.

The application for certificate of need before the commission currently when approved will provide the community a much needed service without need to travel outside to obtain comprehensive medically based end of life care. The Eastern shore continuum of care will be enhanced and the patients will be able to remain close to family, friends and neighbors during their final months.

I am supporting and giving without any hesitation support to this application before the Commission at this time. Thank you in advance for the Commissions thoughtful and positive response to the application before you. Thank you in advance for your time and consideration to this proposal.

Yours truly,

Gladys P. Hershey

5/21,

Mr McDonald.

I understand you have a goal to make the Easton Hospice a medical facility to serve Talbot County residents at end of life care.

I have visited the hospice center quite often and saw first hand the loving care the patients recieve.

I have a daughter and grand daughter that work at your center.

I would like to get my name to the many others that would like Hospice to be a medical facility.

Best Regards,
Ruth G. Hicks

Dear Mr. McDonald, 5/23/14

My name is Valerie Hicks, I am an employee of the Guest Wing at Talbot Hospice foundation, I came to THF as a volunteer to give back to an organization that gives so much to our community, I served as a volunteer for 1 year and joined the team in the guestwing as a CNA/CMT, so by giving I recieved, And the care that's required at end of live is deep, Our community has been blessed with this service. The times have changed and requirments for medical end of life care must change for this foundation The care of need for our county is a must. I cannot imagine Talbot county residents not having THF as a support for care, counsel in bereavement and spiritual, for social work. I've recieved this care as a family member that this team has served, and I must say losing a loved one would have been very hard for me had I not had this team to guied me and support me to this day. Thank you,

Valerie Hicks

5/15/2014

Mr Kevin McDonald,

I'm writing to you to let you know how I feel about having a full service medical hospice. Thankfully, I have not needed hospice for myself or my family, but I have had many friends that have not as fortunate as myself. I have had cancer twice and think that sometime in the future there is a possibility I will need help from hospice.

Talbot Hospice is very important to our community.

B Higgins

Neavitt Md 21652

Brad Hill
28450 Old Country Club Road
Easton, MD 21601

Kevin McDonald
Maryland Health Care Commission

May 14, 2014

Dear Mr. McDonald,

My name is Brad Hill and I am a financial advisor who serves many different types of people in our community. Over the years many of our clients have been served extremely well by Talbot Hospice. This is most evidenced by the repeated instances of a surviving spouse or descendent electing to name Talbot Hospice in their will.

Since I am 42 years old and many of my clients are older than me, it is likely that people who I care deeply about will depart this earth before I do. My desire is to see them receive the best possible care. I fully support the Talbot Hospice application to become a full service medical hospice.

Please consider the felt needs of Talbot County as you review this letter and the application of Talbot Hospice. Talbot Hospice is a vital part of our community. We are trusting and hoping that you will demonstrate agreement by granting favor in the Talbot Hospice application process.

Sincerely,

Brad Hill

6620 Peachblossom Point Road
Easton, MD 21601
May 28, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

My name is Tom Hill and I am a lifelong resident of Talbot County. I have worked in the investment business in Easton for the past 47 years and am employed by Morgan Stanley.

When my stepfather passed on in 1989, Hospice was a big help to my mom. They visited him at home and were very kind and supportive. I know my story isn't unique as I have heard about the good work Hospice does from many others.

Talbot Hospice has been an important part of our community for many years. Your support in making it better would be greatly appreciated.

Sincerely,

Thomas E. Hill

LONDONDERRY
ON THE TRED AVON

May 19, 2014

Kevin McDonald, Chief
Maryland Healthcare Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

The Londonderry Retirement Community of Easton (LRCOE) is happy to submit this letter of support for Talbot Hospice Foundation in their effort to become a full-service medical hospice by successfully obtaining a Certificate of Need from the Maryland Healthcare Commission.

Talbot Hospice Foundation provides high quality and compassionate healthcare services to those in need. Time and again, the LRCOE has had the family of a resident experience first-hand the comforting support that Talbot Hospice provides to not only the terminally ill patients, but to the family unit through its offering of support groups. By becoming a full-service medical hospice, more patients will be served; patients will be able to be admitted seven days a week and jobs will be created through the hiring of additional nursing staff and social workers.

Therefore, the LRCOE fully supports Talbot Hospice Foundation's Certificate of Need application and their efforts to become a full-service medical hospice. Our community, its residents, and their family members, would be lost without the compassionate services of this outstanding organization.

Sincerely,

LONDONDERRY RETIREMENT COMMUNITY OF EASTON

R. Andrew Hollis
Executive Director

700 Port Street • Suite 148 • Easton, MD 21601 • 410-820-8732 • 800-752-8732 • Fax 410-822-7259 • www.londonderrytredavon.com

William J. Howard

PO Box 206, Easton, MD 21601, 410-822-5553, WillHoward7@gmail.com

May 22, 2014

Dear Dr. McDonald,

I am an elected Judge of Orphan's Court of Talbot County and native of Talbot County. I was president of Talbot Hospice in it's earliest years of organization in 1989. The word Hospice was a mystery to almost everyone.

It has grown to be known today by all of us as a place of refuge, of kindness and understanding. It is as important to the dying as it is to family members who have the opportunity to spend their last moments in their own home or in the loving setting of our beautiful hospice facility.

The entire community today relies on Hospice to be there for them. Please, help us to continue to grow and become a full-service medical hospice. Please feel free to contact me personally.

Sincerely,

Will Howard

WILLIAM T. HUNTER, JR.
BUSINESS OFFICES
PO BOX 1647 - EASTON, MARYLAND 21601-1647
TELEPHONE (410) 822-8450 whunter@cookeshope.com

13 May 2014

Mr. Kevin McDonald
Maryland Health Care Commission
% Talbot Hospice
Via Hand Delivery

Dear Mr. McDonald,

Mrs. Hunter and I have owned a home in Talbot County since 1973. We were leadership donors in the initial capital fundraising effort to build an inpatient care, Talbot Hospice facility, and have been financial supporters of Talbot Hospice since its inception.

When my father was diagnosed with a terminal illness a number of years ago, he relocated to Talbot County at the end of his life. The outpatient services of Talbot Hospice were critical to rendering his passing as painless and peaceful as possible.

Please accept this letter as urging your support for granting Talbot Hospice any and all certifications required by your agency to permit provision of the full range of hospice services for our community. Talbot Hospice is an indispensable institution which provides indispensable community services.

Most sincerely,

William T. Hunter Jr.

Sharron T. Jamarik
209 Wye Avenue
Easton, Maryland

May 9, 2014

Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

This note is written in support of the Talbot Hospice obtaining a C.O.N. for full medical care in our Hospice House.

My connection with Talbot Hospice began with cleaning the Offices next door to the Patient Care Wing. My husband, Simeon Cotton and I then took the patient care course and for several years worked every Saturday night doing patient care. It was our "date".

After Sim died from a primary brain tumor under Hospice care I took a little break then came back to patient care – again on Saturday night and also cooked meals.

I have seen Talbot Hospice from every angle and can tall you that it is an extremely important part of the Eason community. Being autonomous with medical care would be a important difference to the patient in terms of rapid response to in- patient care and to persons seeking Hospice care.

Talbot Hospice is synonymous with superior end of life care.

Sincerely,

Sharron T. Jamarik

May 21-2014

Dear Kevin McDonald,

My name is Karen Jenks and I have lived in Easton for 14yrs and have been a volunteer for our local Talbot Hospice during that time.

My reason for volunteering to our compassionate caring organization is because my parents were both able to spend their last months in their own home with aid of the Hospice Pathways caring program.

My family is in full support of our local Talbot Hospice becoming a full service medical hospice.

With the excellent present Talbot Hospice program we can only grow stronger if we become a full service hospice in Talbot county.

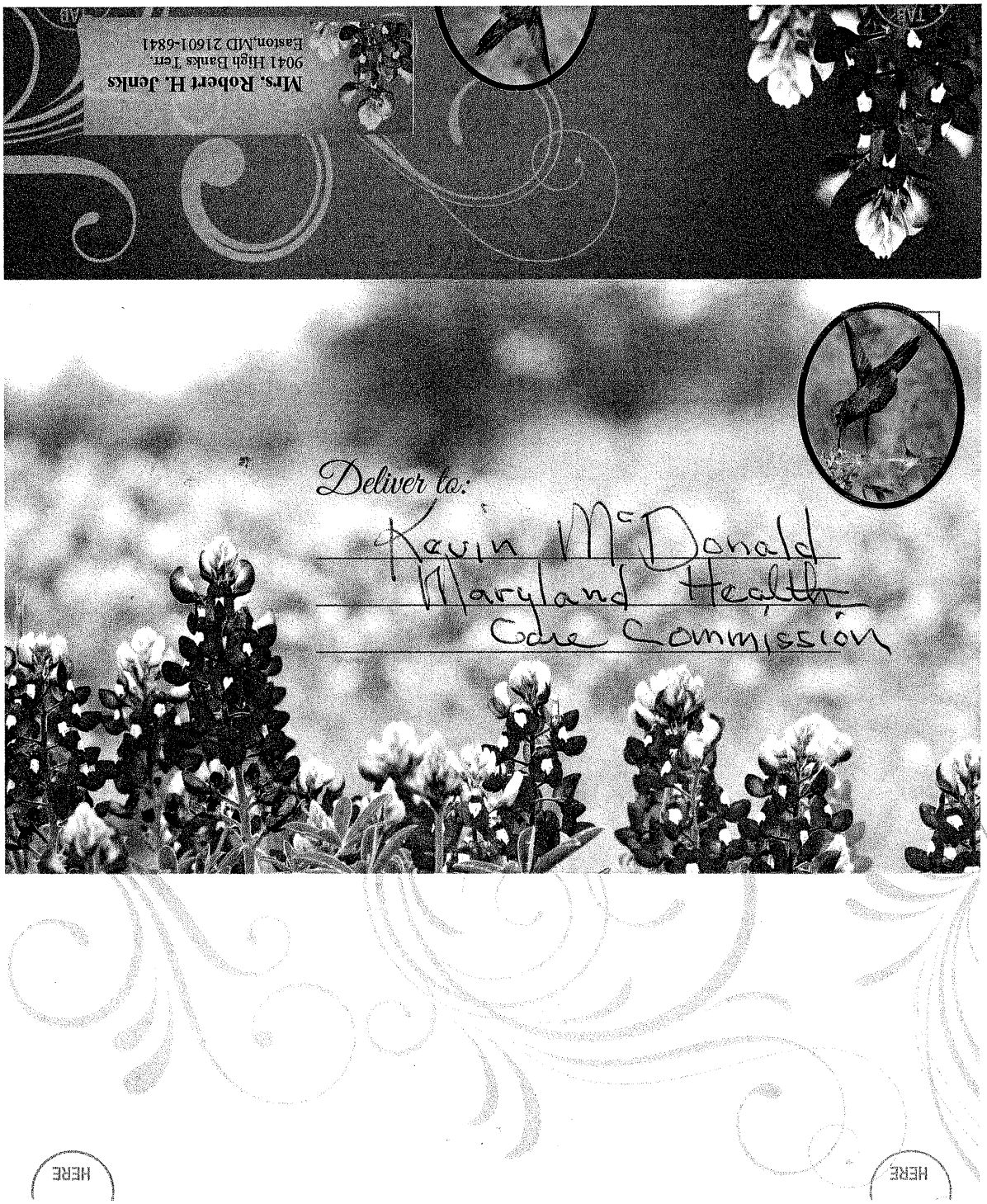
Thank you for your attention to this much needed request to become a full service medical hospice in Talbot County.

Sincerely,
Karen Jenks

"It's not who you are or where you've been, it's where you're going that counts."

~ Cal Farley

Printed in the U.S.A.



Deliver to:

Kevin McDonald
Maryland Health
Care Commission

May 28, 2014

Emilie Loshi
28812 Springfield Drive
Easton, MD 21601

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald

My name is Emilie Loshi and I have been a Volunteer Guest Wing Caregiver at Talbot Hospice for ten years. I spend every Thursday afternoon in the Guest Wing. The end of life care that is given to the patients and the support that is provided to their family is amazing at Talbot Hospice. Family members are able to sit back and be with their loved one, instead of being their caregiver.

I cannot imagine our community without Talbot Hospice. Countless people have benefited from our services. It would be so incredible if we were to become a full service medical hospice. It would be so beneficial to our community.

Thank you so much for your attention to this matter.

Sincerely,

Emilie Loshi

MID SHORE
MEDIATION

Mid Shore Community Mediation Center
300 Talbot Street, Suite 206
Easton, Maryland 21601
(410) 820-5553

May 21, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

I am writing in support of Talbot Hospice's application to become a full service medical hospice. Both personally and in my work with our organization, I, like so many others, have experienced the work of Talbot Hospice. This outstanding organization is a great support to this community.

Because of the care they have provided to so many patients and their families, they have tremendous support from the community. They have a significant and committed volunteer group, as well as financial support. They also provide great support to other organizations, and have provided support to so many people in this community in times of loss and grief. They are known in this community as a well-run organization that supports the members of the community in so many ways.

Please support their application, in order to permit them to even more fully serve the community in the manner requested.

Thank you for your consideration.

Sincerely,

Cynthia M. Jurrius

Cynthia M. Jurrius
Executive Director

Courtney Tanis Kerwin
216 Schoolhouse Lane
Grasonville, MD 21638

May 18, 2014

Kevin McDonald
Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald,

I am writing this letter in support of Talbot Hospice Foundation's application for a Certificate of Need to become a general licensed hospice in Talbot County.

The Talbot Hospice Foundation has been touted for years as one the community's most admired and compassionate organizations. I, personally, saw this firsthand when my grandfather was admitted to the Guest Wing of the Talbot Hospice Foundation last year. Because of this organization, my grandfather received the exceptional end-of-life care he deserved, and I will be forever grateful. The staff at the Talbot Hospice Foundation does an incredibly difficult job, and they do it with compassion and understanding for what patients and their families are going through. To allow them to expand the services they provide would be of great benefit to the community.

The Talbot Hospice Foundation provides a wonderful service to the community, and I strongly recommend your approval of this application.

Sincerely,

Courtney Kerwin

Courtney Kerwin

Mrs. G. Rex Kilbourn Jr.
"Long Point"
P.O. Box 100
Neavitt, MD 21652-0100

Dear Mr. McDonald,

I have been a volunteer care-taker one day a week for Talbot Hospice since a year after it first started and a weekly volunteer in Hospice House since it was built. I have always felt working for Hospice gave me more than I gave it. It's a fabulous organization. Sincerely,

Carol S. Kilbourn

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Ave.
Baltimore, MD 21215

Dear Mr. McDonald,

I write in support of the Talbot Hospice Foundation's application to become a full service medical hospice. I am a hospice nurse working and residing in Talbot County. I have worked in hospice for the past nine years of my career and a majority of my hospice experience has been in New York for a leading hospice program recognized nationwide.

In my previous hospice work, I learned that successful hospice programs were built upon strong foundations that consisted of whole hearted passion and teamwork. Unwavering passion and belief in the community mission for hospice services and undivided teamwork to help every terminal patient and their family met the goals they have spiritually, emotionally, and physically in this journey through the end of life. I moved to Talbot County four years ago to oversee the Hospice House at the Talbot Hospice Foundation. I was under the impression that my previous experience in a large leading hospice had taught me "everything I would need to know". In my eyes, I had learned from the best, trained with the best and been exposed to many different experiences. Little did I know the true depth of services and dedication to the community and its mission for hospice services that the Talbot Hospice Foundation had. Over the past four years I have seen patient needs addressed within hours. A family's last wish to have their four year old child die at home with comfort and dignity happened because within four hours of the request a THF volunteer had worked with the staff to purchase a crib and put it together and deliver it to the family with new, clean sheets for the child to lay his head on. I have seen foundation staff advocate with all of their heart for proper symptom management for a patient or family support for a grieving spouse who has just lost their most loved of the past sixty years. A dying woman whose only wish for quality of life was to feel a cat on her lap one more time. The foundation made it happen within a half hour. The response to "make it happen" is one thing that the foundation takes very seriously. These examples are the situations the family will reflect upon with warm hearts as they remember their loved one in this imtimate and hard part of life. These are things that wouldn't have been accomplished this easily or even focused on in the "leading" hospice I had learned from. These are things that cannot be taught but must be believed in with passion and dedication. Talbot County has

over three hundred people that want to volunteer their time to the Talbot Hospice Foundation. This speaks loudly to the support the community gives back to the Foundation.

My heart beats with excitement when I think about what the Talbot Hospice Foundation could accomplish for end of life needs and comfort for our community if they were given the ability to provide all of the hospice services in a coohesive streamlined manner. I fully support the Talbot Hospice Foundation's application to become a full service medical hospice. Our community deserves it.

Thank you for your time,

Molly Kirsch

Cece Koons
Southside Island Creek Road
Trappe, Maryland 21673

Dear Mr. McDonald,

I am currently on the board of the Talbot Hospice and my husband and I are big supporters of Talbot Hospice thru my serving on the board as well as monetarily.
Hospice is a very important part of our community and their motto best sums it up "celebrating life every day". Every board meeting and other Hospice related fundraisers and groups continue to inspire me with stories of end of life special care. It is an amazing organization that helps people of all economic have dignity in their final days and death.
Hospice doesn't just help the dying have each moment in their final days be the best they can be, they are instrumental in helping the loved ones, family and friends as well...thru grief counseling, support groups etc... It continues to amaze me the strength of the organization, the dedicated staff, volunteers that serve Families in our community.
Hospice helped our Family during a very difficult time years ago and we will never forget it...my wonderful mother-in-law was extremely ill and dying, without the unbelievable support of Hospice to relieve some of the pain, it would have been unbearable. We are forever grateful to have had Hospice for this end of life journey. They were especially helpful in teaching the Family how to let go and allow our dear Mother to die peacefully.
That's why it is so important for Talbot County to have the Talbot Hospice as a full service medical Hospice. I want all that need Hospice to have the amazing support we as a Family had. I support this application and hope you see the importance too.

Sincerely,

Cece Koons

Cece Koons

...because not all great minds think alike®

May 28, 2014

Dear Mr. Kevin McDonald,

My name is Liz LaCorte and I am the Director of Development at Wye River Upper School. I live in Talbot County and am writing to you, in support of Talbot Hospice's application to become a full-service medical hospice.

Anyone who has experienced hospice care knows its value. I am no different. In 1996, my father was diagnosed with a non-curable form of brain cancer. Given possibly four years to live, he succumbed to the disease in 6 months.

Dad took his last breath at a medical hospice in New York. He was there for a week. Sometimes, awake and talking and even laughing. Sometimes crying. Visited by doctors, friends and family. Never being bothered or shuffled between buildings.

Mostly, he was at peace. On October 23, 1996, a harpist played music by his side and he slowly went off to sleep- painless. After what seemed like a lifetime of pain, his last moments were peaceful and calm. My mother, brother, sister and I were able to say good-bye and go to another room where staff met us and gave the time and resources we needed to take the next difficult steps.

We are grateful to have had access to this kind of care in New York for my father. And we are hopeful that you will consider Talbot Hospice's application to become a full service medical hospice so that our new community will benefit as well.

As I understand it, this will allow Talbot Hospice to serve more patients, employ more nurses and social workers as well as allow patients to receive better and faster services. Facing the end of life is the hardest thing anyone has to do. Please help Talbot Hospice take this one critical step in making it somewhat less challenging for individuals and their families.

Thank you in advance for your consideration,

Liz LaCorte
Director of Development
Wye River Upper School

P.O. Box 36 • Wye Mills, Maryland 21679 • Tel: 410-793-4662 • Fax: 410-827-5827
E-mail: info@wyeriverupperschool.org • www.wyeriverupperschool.org

Lori Lantz
8518 Colony Circle
Easton, MD 21601

May 20, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald,

I am writing in support of Talbot Hospice becoming a full medical hospice. I have to say that hospice has changed me and my outlook on life. I started volunteering in 2012 with this amazing organization. What led me to volunteer was the overall positive chatter in the community about this organization. I felt like I wanted to be a part of it as well. I took the training and found myself getting more and more involved not only with companion visitations but in bereavement services as well. It became clear immediately from the letters and expressions from families how important the work is that is done by the staff, volunteers and board members.

In July of 2013, I became the Coordinator of Volunteers. It is my privilege to be able to work with some of the most amazing people I have ever met. The passion and purpose of this group is remarkable and infectious. Having dealt with the medical world in both a personal and past professional level, it is so refreshing to see the nurturing and care that is provided to the patients and families that come to Talbot Hospice. We are taught to meet people where they are and stop and listen to their needs. I think this is why Talbot Hospice has such a wonderful reputation in our community.

Many of the volunteers that join Talbot Hospice have seen and experienced the work we do first hand. We have a core volunteer base that is 365 plus strong. The last volunteer training session was filled and had a waiting list of people interested in joining us. This fall we will hold training and we currently are on the way to having that class filled as well. My point is that the community embraces what we do and supports Talbot Hospice. Being able to provide even more services by becoming a full medical hospice will serve our community better.

Many thanks for allowing me the opportunity to share what Talbot Hospice means to me and the others in our community.

Lori Lantz

Diane Laukenmann
700 Port St., #202
Easton, MD. 21601

I am a 74 year old artist, and live with my husband, age 85, in Londonderry Retirement Community.

I have been attending "Care Givers" at Hospice nearly every Thursday, since around 2009, when my husband was found to have prostrate cancer and then extreme depression, followed by short term memory loss.

"Care Givers" helped me to change my thinking and taught me how to not react to certain situations, and how to react with LOVE! It helped me to carry on with a fair amount of serenity despite the many things which were going on including a move to Londonderry one year ago June 1.

I believe Hospice needs to become a full service medical hospice. I know of several people who died while waiting to get into Hospice. There is a waiting list.

Sincerely,
Diane Laukenmann
Diane Laukenmann

11 s. aurora street
easton, maryland
21601-3534

410.822.3680
fax 410.819.0005

March 28, 2014

Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

We are writing to you in support of the Talbot Hospice Foundation's application to become a full service medical hospice.

My coworkers have worked with Hospice for years in planning their facility and have been very impressed by their passion for their work, their sense of humor in hard times, and the perseverance they exude.

Please approve their application and help them to continue helping our community's families and loved ones.

Sincerely,

Jake Laureska
Resident, Easton Maryland
Member of Talbot County Historic District Commission
Member of Easton Rotary Club

ATELIER 11, LTD.
ARCHITECTURE

31751 Tapper's Corner Road

Cordova, MD 21625

22 May 2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

I am writing this letter in support of Talbot Hospice becoming a full-service medical facility. My wife has been a volunteer at Talbot Hospice since 2007, has made about 150 memory bears, and spends over 200 hours per year there (much to my chagrin). At 91, many of my friends and neighbors have passed away, many at home thanks to Talbot Hospice and Pathways.

I support Talbot Hospice's request to become a full-service medical hospice facility. At my age, I am enjoying each day, but come that time when I, too, shall need their services, I know that Talbot Hospice will be there. Let me state again, I support their endeavors to become a full-service medical hospice facility. Thank you for their consideration.

Sincerely,

C. Wendell Lednum

C. Wendell Lednum

31751 Tapper's Corner Road

Cordova, MD 21625

22 May 2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

I am writing this letter in support of Talbot Hospice becoming a full-service medical facility. I have been a volunteer at Talbot Hospice since 2007, and after making about 150 memory bears, and after having spent over 200 hours per year here, I know what these folks are capable of. Besides that, my brother, who died in 2012, was able to die peacefully at home with the help of the Pathways program. In my volunteering time since retirement, Talbot Hospice has been an uplifting experience, administered by exceptional individuals.

I support Talbot Hospice's request to become a full-service medical hospice facility. Death and taxes are two inevitable responsibilities – IRS is one onerous task, but death as a part of life is made tolerable with the kind offices of hospice. Whatever you can do to make their services available 24/7 will be gratefully received by a community who needs hospice

Again, I support their endeavors to become a full-service medical hospice facility.

Sincerely,

Florence Lednum

Florence Lednum

May 25, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I live near Easton in Talbot County, and I am writing in support of making Talbot Hospice a full-service medical Hospice. The current Hospice is wonderful and provides a much-needed service here, but the county needs a full service facility. I know of one case (and I am sure there are many) when a patient could not be admitted because there wasn't room AND it was a weekend, and they cannot admit on weekends!

Please seriously consider making Talbot Hospice full service.

Sincerely,

Jean Lee

Dear Mr. McDonald, May 22, 2014

I am writing in support of the application for Talbot Hospice to become a full service medical hospice. I became involved with Talbot Hospice when my wife, Sally, joined the Pathways program in 2012 at Talbot Hospice. Shortly thereafter, she went into the hospice care program in January of 2013. At that time we decided to take care of Sally at home, and we received medical services from Shore Health and support services (hospital bed and any other equipment) from Talbot Hospice. We were disappointed by some of the service from Shore Health. All of the aides were stellar but not as much other medical services provided, although our last nurse was fantastic as Sally declined. There also seemed to be very poor coordination of care with the medical director who only saw Sally once in a year and refused to take responsibility for Sally's medications for pain management until the end, and, even at that, dropped the ball several times. I believe coordinating care under Talbot Hospice will improve the care by having everything under one roof.

The last week of life Sally was transferred to the Guest Wing at Talbot Hospice. I could not have asked for better care from all of the nurses, aides and support staff for Sally. While it was a difficult time for our family, we all felt that Sally was in the best hands and was loved and well taken care of by the staff.

In addition to guest wing services, over the year in hospice, Talbot Hospice supported us by its Caregivers Support Group. I attended this group each week and was able to learn about services from other caregivers that allowed Sally to have a richer life during that final year. We learned about simple things like where companion care restrooms were so I could take Sally out shopping. I would take Sally to Target, use their companion care bathroom and then push Sally in her wheel chair to shop in the store. It may seem like a simple thing, but it made her happy to be out and participating in life. I also learned about respite services that I could use when I needed to take a break from being a caregiver.

While I attended group meetings, Sally was able to sit comfortably in the "Living Room" at Talbot Hospice. During that time staff from the Guest Wing would always stop to say hi so that when Sally finally did transition to the Guest Wing, she knew most of the staff. In addition, the chaplain would stop and see Sally. Sally was not interested in talking about religion, but over time Sally and the chaplain developed a personal relationship, and Sally was always happy when Jodi stopped by.

I cannot say enough good things about Talbot Hospice. It is indeed a jewel in the town of Easton, and I would have been lost without their support and caring. Sally's last year would not have been as rich and peaceful as it was. In addition, because of my feelings for all of the good works of Talbot Hospice, I have become a volunteer and currently help co-facilitate the Caregivers Support Group.

Thank you for taking the time to read this letter,

Sincerely,

Stuart Levine

5466 Windward Drive, Tilghman, Maryland, 21671

May 27, 2014

Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I have been a resident of Talbot County for 11 years since moving here after retiring from teaching in Mclean, Virginia. I have been volunteering at Hospice in Easton since 2006 and have great admiration and respect for the staff, the volunteers and everyone associated with Hospice. Hospice has an excellent reputation in this community and is valued by all. The staff shows appreciation to volunteers in a genuine manner over and over to folks who do the smallest to the largest tasks for the organization. I volunteer organizing the garden crews and working in the gardens and also for special events.

My husband and I feel very fortunate to have this outstanding organization in our town and both fully support Talbot Hospice's application to become a full service medical hospice. Thank you for considering this request.

Sincerely,

Cindy Lilley

Cindy Lilley
146 S. Washington St.
Easton, MD 21601

HALCYON COACHING

Amplifying Individual Performance, Maximizing Overall Performance

May 15, 2014

Maryland health Care Commission
Attn. Kevin McDonald

Dear Mr. McDonald,

I'm Michael Linardi, CEO and Founder of Halcyon Coaching, a Business and Executive Coaching firm here in Easton, Maryland.

For many years I have been part of the training process for new volunteers. This is MY opportunity to volunteer for Hospice. I look forward to this opportunity every 6 months to work with the new groups coming in to serve Hospice.

Please accept this letter as showing my support for a full service medical hospice.

I've lived in this community for over 25 years and I can't express how blessed we are to have Talbot Hospice. The Talbot Hospice team does such incredible and special work.

Sincerely,

Michael J. Linardi

Michael J. Linardi MS, PCC
CEO and Founder, Halcyon Coaching

Halcyon Coaching – Business and Executive Coaching – Michael Linardi, MS, PCC
PO Box 304 - Easton, MD 21601 – P 410.829.9563 – Michael@michaellinardi.com – www.michaellinardi.com

808 N. Washington Street
P.O. Box 767
Easton, MD 21601
May 28, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

RE: Talbot Hospice

Dear Mr. McDonald:

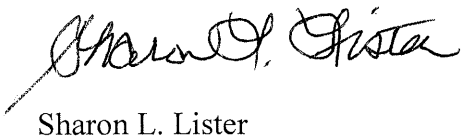
My name is Sharon L. Lister. As a life-long resident of Easton, I have been witness to the services provided by Talbot Hospice as they have grown throughout the years. Several friends and relatives have been well-served by their kind, compassionate care and I have personally taken advantage of their counseling services and comfort after the passing of my mother.

They are a group that is very sensitive to the needs of the community and they constantly strive to provide whatever services and support possible to meet those needs.

My husband Jay, and I, fully support the Talbot Hospice application to become a full-service medical hospice. Through their gentle, caring spirit, they can continue to be an important part of our community. As we approach age 60 this year, we find that we are having more and more conversations with friends, acquaintances, and clients about Talbot Hospice and the many ways in which they serve our community. We have never heard a single slight against them. Talbot Hospice is a real treasure to us, one that we shall support for many years to come.

Thank you for your consideration.

Sincerely,



Sharon L. Lister

10 Hughlett Street, Easton, Maryland 21601

28 May 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I have been a Hospice volunteer in Talbot County since its inception – annually at the Festival of Trees, and more recently as a cook as well.

I do support the application for Talbot Hospice to become a full-service medical hospice. This would allow Talbot Hospice to provide many more services that ever before.

I firmly believe that Talbot Hospice is one of the best things the County has going for it. There has never been a word of criticism --- only praise, for the compassionate and caring staff and volunteers.

So, as I have said, I strongly support the application.

Sincerely yours,
Eleanor B. Lockwood

Eleanor B. Lockwood

Robert A. Lonergan
P.O. Box 66
Oxford, MD 21654
May 18, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Re: Application of Talbot Hospice to Become a Full Service Medical Hospice

Dear Mr. McDonald:

I am a retired lawyer who has made his home here in Talbot County for the last fourteen years.

Prior to last year, I knew Talbot Hospice only by its reputation for excellence. Then my wife of 40 years was diagnosed with terminal cancer, and a friend recommended that I contact Talbot Hospice for assistance, which I did.

From the beginning, the advice, the nurses' visits (that increased in frequency), and the other support received were executed in the most thoughtful, caring and helpful manner. My wife and I were assisted throughout her difficult ordeal with patience and kindness far beyond what I had hoped for. The Talbot Hospice professionals were there to give aid and comfort at every step of a most difficult process.

After my wife finally succumbed last October, Talbot Hospice continued to offer its services to me with a non-intrusive, very supportive approach to dealing with bereavement, and the many emotional and psychological cycles one endures with such loss. I always knew that I had a very willing helping hand available, and for this I am eternally grateful to Talbot Hospice.

Talbot Hospice has demonstrated to me that is is not just an important, but truly an essential part of care giving in Talbot County. I heartily endorse Talbot Hospice's application to become a full service medical hospice. This wonderful, professional organization is a major asset to our community, and if its scope of services can be expanded, it would be a great benefit to us all.

Very truly yours,

Robert A. Lonergan

117 Parris Lane Apt. F-3
Easton MD 21601
May 23, 2014

Dear Mr. McDonald,

I have been associated with Talbot Hospice for most of the past ten years. It all began with my mother's admission to the Guest Wing in 2004. She had been given a week to live - long story short - but remained in the Guest Wing until 2006, a few days shy of two years.

The wonderful staff and volunteers gave our mother back to us. I was very much involved in her care and wanted to eventually become an official volunteer to return the favor. My first shift was on Thanksgiving Day 2007, and I've been here ever since. I want to give the physical, emotional and spiritual support that I received to others.

There is no other organization like our Talbot Hospice Foundation; it is a very important part of our community. I fully support their application to become a full service medical hospice.

Sincerely,
Melissa Fourie

May 27, 2014

Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

My name is Sandy Love. I have worked for Health Integrity, LLC and Delmarva Foundation for Medical Care, Inc. for over 20 years.

My Dad needed hospice care last year for one month when he was diagnosed with lung and brain cancer. He passed away on June 11, 2013 just one month from his diagnoses. My family was able to spend valuable time with him as a family caring for him. The time spent in his last days is irreplaceable.

Please consider making Talbot Hospice a full service medical hospice. It is very important to the county and surrounding counties.

Thank you for your consideration.

Sincerely,

Sandra S. Love, MS

Sandy Love, MS
President
Health Integrity, LLC
9240 Centreville Road
Easton, MD 21601

05/28/2014

Dear Mr. McDonald,

My name is Michelle Lowery and I am a Caregiver at Talbot Hospice Foundation. I have been employed for 4 ½ years with the Foundation. I support the application to become a full service medical hospice 100%. I think Talbot Hospice is very important to our community because we provide excellent care to terminally ill people. Some people are not able to provide care for their loved ones. Either emotionally or physically. When a person is on hospice it allows their family or friends to be able to deal with their emotions and not have to keep a strong persona in front of their dying loved one. We are all licensed care givers who have many years of experience from daily care to providing pain management and emotional support to the family and friends of the guest. I hope this letter explains how I feel and how passionate I am about helping our community in their time of need. Thank you in advance for taking the time to read all of our letters.

Sincerely,

Michelle Lowery

May 22nd of 2014

Barbara Lundkvist

Dear Mr McDonald,

moving over from Germany 8 years ago to Talbot County I started volunteering at the Talbot Hospice House in 2007. I had no experience before and it was a big challenge for me!

After volunteering now for several years (I am working in the Guest Wing as caregiver) I can only reassure you that I think it is a wonderful institution - nothing like this exists in Germany and I am convinced that it would be a great improvement if Talbot Hospice could become a full service medical hospice. Everybody who comes to the Hospice House is impressed by the wonderful atmosphere, the way we treat our guests and the big support it means to families being involved.

Sincerely yours,

Barbara

PAUL W. MAKOSKY
7223 DRUM POINT RD
ST. MICHAELS, MARYLAND 21663
(410) 745-9253
barrettcove@atlanticbb.net

MAY 14, 2014

MR. KEVIN MC DONALD:
MARYLAND HEALTH CARE COMMISSION

SIR:

THE PURPOSE OF THIS LETTER IS TO PROVIDE SUPPORT FOR THE EFFORT OF TALBOT HOSPICE TO BECOME A FULL SERVICE MEDICAL HOSPICE. THE ENCLOSED NEWSPAPER ARTICLE PRESENTS MY PERSONAL BACKGROUND AND REASONS FOR BECOMING INVOLVED WITH HOSPICE, WHEN I FIRST BEGAN AS A VOLUNTEER CAREGIVER WITH PATIENTS IN THEIR HOMES IN 1987.

SINCE THEN, TALBOT HOSPICE HAS GROWN IN DEPTH, WITH MORE VOLUNTEERS, AND IN SCOPE, PROVIDING CARE IN OUR OWN FACILITIES WHEN PATIENTS CAN NO LONGER BE CARED FOR ADEQUATELY AT HOME. IT HAS NEVER LOST THE INDIVIDUAL ATTENTION AND CARE FOR THE PATIENT AND THE FAMILY THAT DREW ME TO VOLUNTEER IN THE FIRST PLACE.

SINCERELY,

Paul Makosky

What's up

QUEEN ANNE'S
Water St., 8:30 a.m. (

Hospice worker finds roots on Shore

Couple settles in after career on the move

By LINDA ELLIS
Staff Writer

Volunteer of the week

ST. MICHAELS — When Paul Makosky and his wife, Linda, were looking for their retirement home, they looked at the community's volunteer corps.

After a career with the Exxon Corporation and living in the Far East for 22 years of the 30 years he was with the company and moving frequently, Makosky was eager to find a home.

Talbot County fit the bill. Since moving here a little more than two years ago, they have become volunteers in a number of organizations.

"That was one thing that makes what we are doing more meaningful," he said. "We have our own home and have roots."

Makosky is one of seven men who are hospice volunteers. After taking the required training to work with hospice, he now sits with patients which sometimes includes making lunch or taking the patient to the doctor.

"We provide a family support," he said. "The patient needs someone to talk to them and the family needs to get away. Our coming in for several hours gives the family the opportunity to get away."

Because there aren't many male hospice volunteers, Makosky's visits are important. "Men like talking with men," he said.

Makosky became interested in hospice after the death of his mother in the 1960s. At that time there was no agency to help people stay at home through such illnesses. His young daughter couldn't even visit her grandmother when she was in the hospital, he said.

When his daughter was in college, she read a paper on hospice and told her father about it. "She pointed out what a difference it would have been for her and how much she regretted not being with her grandmother," he said.

When he was community shopping, he didn't know about Talbot County's hospice program. It was several months after moving here that he signed up for the training course.

He also became interested in the bereavement program hospice offers to the families from his work with visiting patients. In this program the volunteer keeps in touch with the family for a year after the patient's death.

The initial volunteer training takes two days. There are discussions with the hospice staff on the grieving process and how to help people, listening and being sympathetic and learning about cancer.

"First the volunteers have to get in touch with their own attitude about death,' said Millie Parrott, director of the Talbot Hospice. "They have to deal more with feelings rather than the ABCs of learning. It raises your consciousness to come to terms with death and dying before you can be a volunteer."

Several continuing education courses are held during the year for the volunteers in which information that was not covered in the training session is covered such as pain control, the healing power of humor, AIDS, communicable disease and demonstrations on equipment use.

Makosky sits with patients two to four hours a week. "It depends on the family situation," he said.

Besides visiting and bringing new topics of conversation to the patient, the volunteer is there to listen to the patient, he said.

"You listen and observe, talk with the family members and with the nurse," he said. "It is very important to have a good understanding with the nurse."

Other volunteer organizations in which the Makoskys are involved includes the Academy of the Arts where they are on the refreshment committee for receptions and he chairs the performing arts committee.

Makosky's interest in the arts extends to the Eastern Shore Music Festival for which he is treasurer. He and his wife are the music coordinators this year for the Christmas in St. Michaels and they sing in the choir at Christ Church, St. Michaels.

Through their volunteer work with community organizations, Makosky said he is gaining permanent friends for the first time.

"If we were in a place three to five years and made friends, it was not with the idea of staying there. What we are doing here and the friendships arising from it are meaningful because we are here. This is our home now."

"Volunteering was part of our purpose. It was part of what we thought living in a community would mean," he said.

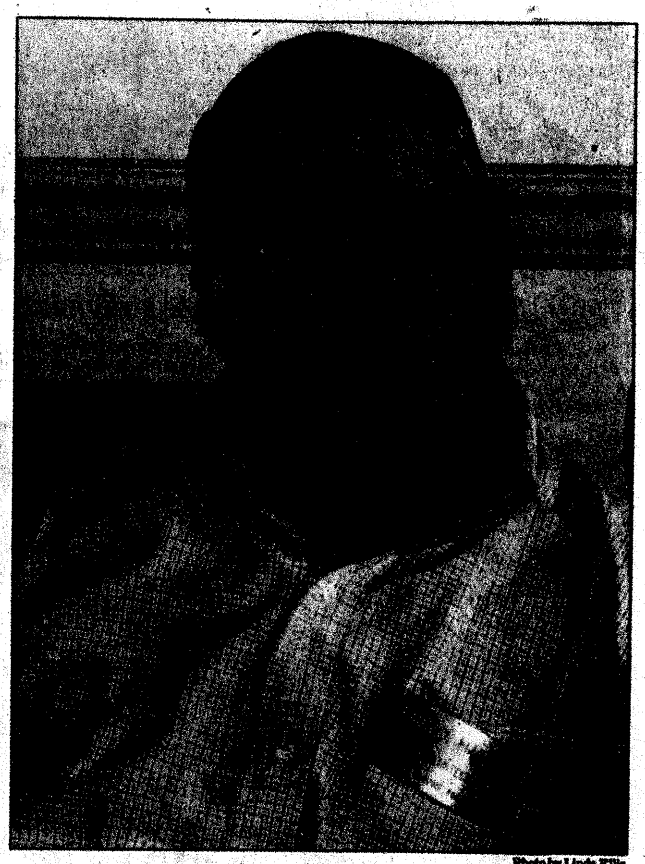


Photo by Linda Ellis

Paul Makosky is a volunteer with hospice, a support service he would have liked to have been able to provide for his own mother and family in the 1960s.

30599 Lloyds Landing
Trappe MD 21673
May 26, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

RE: Talbot Hospice

Dear Mr. McDonald,

I am writing to you because I am in complete agreement for Talbot Hospice to become a full service medical hospice.

In 1993 my first husband was under the care of Talbot Hospice and I can't tell you how much it meant to us. So many things that we would have had to worry about were eliminated because of the care Talbot Hospice performed for us.

So many people I know personally had been blessed by Talbot Hospice being in this community. I do have a friend that had to make other plans for her husband because by the time the hospital released him - it was too late on Friday to admit him - if they were

a full service medical hospice, that would not have happened.

I have volunteered almost from the time my husband passed away and I can tell you the whole staff is wonderful.

Thank you for your kindness consideration to make Talbot Hospice that full service medical hospice that we so much need.

Thank you
&
God Bless you,

Jean F. Marvel
(formerly: Jean F. Reed, Mrs. Dewey, Jr.)

30599 Lloyds Landing
Trappe MD 21673
May 26, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

RE: Talbot Hospice

Dear Mr. McDonald,

My name is John Lee Marvel and my wife has volunteered at Talbot Hospice for almost our whole marriage. We both know how important Talbot Hospice it is to this community and everyone who lives here.

I am writing this letter to ask you please to allow Talbot Hospice to become a full service medical hospice.

I had a very close friend who had to find a nursing home to take him in on a late Friday afternoon because it was too late to admit him to Talbot Hospice. He was able to get in the next week but it meant he had to be moved again.

Thank you in advance for allowing Talbot Hospice to be all they can be.

Thank you!

John Lee Marvel

John Masone
P.O. Box 984 St. Michaels, Maryland 21663-0984
410-924-2693 johnmasone@gmail.com

May 20, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
State of Maryland
Baltimore MD 21215

Dear Mr. McDonald:

I am a retired Talbot County Assistant Superintendent of Schools and, in my former career, manager of several departments of the Memorial Hospital at Easton (now University of MD Shore Health Systems). I have been a member of the Talbot County community for almost 40 years and have always worked in community service organizations during that time. I currently serve as Treasurer of the Board for Choptank Community Health System and the St. Michaels YMCA Advisory Board. I provide this background so that you are aware of my deep concern for all citizens of our County, regardless of age.

I strongly support Talbot Hospice in its effort to obtain approval as a full service medical hospice. Talbot County has been well served by Talbot Hospice since its founding and it has grown substantially over the years as we, Talbot citizens, recognize their value and service to the neediest among us. Citizens have not just appreciated and lauded the work done by Hospice, but also have provided an incredible amount of private resources, both financial and volunteer manpower to aid in its mission.

I urge you to help Talbot Hospice achieve its goal to become a full service medical hospice. Talbot County needs and supports Talbot Hospice.

Sincerely,

John Masone

Nancy Scofield Masone
P.O. Box 984 St. Michaels, Maryland 21663-0984
410-924-3625 nsmasone@gmail.com

May 20, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
State of Maryland
Baltimore MD 21215

Dear Mr. McDonald:

I am a self-employed small business owner who recently decided to reduce my client load and evolve to a semi-retired status. I concurrently decided to extend my volunteer activities beyond my Church and to the broader Talbot County community. I researched a number of outstanding community organizations and, after considerable study and soul-searching, decided to volunteer at Talbot Hospice.

I have known for a very long time about the incredible services provided by Talbot Hospice but now more deeply understand the full extent of their reach into every neighborhood in very town and village in Talbot County.
Talbot hospice has provided end-of-life service and continues to be ready to serve. Talbot citizens generously offer their time, talent and treasure to Talbot Hospice in recognition of all they do.

I am in full support of the current efforts of Talbot Hospice to obtain approval as a full service medical hospice. I respectfully ask you to help Talbot Hospice achieve its goal to become a full service medical hospice. Thank you for your time and consideration.

Sincerely,

Nancy Scofield Masone

Dear Mr. McDonald,

My name is Mary McCarty. I am a native of Easton, Maryland, and I am a preschool teacher. My mother has been a volunteer with Talbot Hospice for over 16 years. My father recently was a patient of Talbot Hospice. He first started out with Pathways and then received care through Talbot Hospice before his passing on December 19, 2012. During this time we were all very blessed with the superb care that he received. My mother was able to go to the weekly caregivers meetings and she was able to do her weekly grocery shopping because of the wonderful volunteers that came to stay with my dad. From the nursing staff to the volunteers, everyone was always very professional while also being very supportive, loving and kind.

I am writing to you today because Talbot Hospice needs to become a full service medical hospice. It can be very devastating for a loved one to have to become a hospice patient. When the time comes to do this, it can be on a weekend or anytime of the day or night. We need to be able to have this service ready and available for our loved ones to be admitted.

Talbot Hospice needs to be housed under one roof to continue and allow others in our community to be able to receive all the wonderful benefits Talbot Hospice has to offer should a loved one need this care.

Sincerely,

Mary McCarty

Mary McCarty

May 22, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

This letter is in support of the Talbot Hospice, Easton, Md. to become a full service medical hospice.

My name is Anne McCormick. I am a retired university administrator, professor and a volunteer in many Talbot County non-profit organizations, and Caroline County, namely, Benedictine Programs and Services.

Despite my volunteer work in the county, Talbot Hospice was not among the organizations for which I donated my time and ability. Furthermore, I had no idea that I would be a recipient of one of the excellent services offered by Talbot Hospice this April of 2014 when my son, age 33, was diagnosed with early onset dementia. Despite 33 years of retraining after a neo natal stroke, my son began losing the very skills he had learned, namely gross motor, fine motor, speech, eating and basic life skills. Though my son and family were greatly supported by Benedictine's Open Community staff, I was devastated by this latest of innumerable life challenges we have all faced. A friend, whose family was served by Talbot Hospice, recommended I call Norma Trax. She saw me the very day on which I called despite her numerous job responsibilities. She invited me to join the Talbot Hospice caregiver group that very week. When I told her my son lived in a group home, she pointed out that many in the group had loved ones

living in various facilities throughout the county. I followed her advice and cannot be more grateful for the support I am receiving, and free of charge, forms, voice mail answering machines and the other barricades to receiving services when they are needed.

Finally, I know from 33 years of managing my son's medical, insurance, state funding, etc. that a full service medical hospice is critical to not only individuals but also their families. Talbot Hospice cannot continue their present level of comprehensive care at their quality levels if they cannot receive this critical designation as a full service medical hospice.

Please consider my letter to you in your decision making process for a full service medical hospice for Talbot Hospice, Easton Md. I am also available for to verbally testify on behalf of this critical request.

Anne McCormick
410 924 8605

Dana C. McGrath
29437 Dutchman's Lane
Easton, MD 21601

May 14, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

I have been a Hospice volunteer for 18 years. I have been and will continue to be involved with meal preparation for our Guest Wing patients, gardening on the grounds of Hospice House and various fundraising activities.

I see what Talbot Hospice care provides for the patients and families. I see the wonderful, caring staff handling multiple duties, with love. I see and feel the strength and warmth that generates from Talbot Hospice Foundation.

I fully support the THF application to become a full service medical hospice. As Talbot County continues to be a retirement living destination, our aging population needs the full care and staffing provided by a full service hospice.

Talbot Hospice is very special to me. Thank you in advance for your support of Talbot Hospice Foundation.

Most sincerely,

Dana McGrath

Dana McGrath

Kevin McDonald.
Md. Health Care Commission

Dear Mr. McDonald,

Two years ago my husband and I moved to St. Michaels from Queen Annes County. I knew before we moved that I would get involved with Talbot Hospice. I was a patient volunteer for the Queen Annes Hospice for 19 years and it was a most gratifying experience.

Having Talbot Hospice become a full service Medical hospice would indeed be a great asset to our community. I saw how well it worked for Queen Anne's Hospice and I know it will be a great success for us too.

Sincerely
Elissa McGuire
Patient Volunteer

Thomas W. Mendenhall
1109 Harrison Avenue
St. Michaels, MD 21663
410-690-3391
Tom48m@atlanticbb.net

May 29, 2014

Mr. Kevin McDonald
Maryland Health Care Commission,

Dear Mr. McDonald

I am a resident of Talbot County, and work in an executive position with a local, independent, non-profit high school serving students with learning differences. In that capacity I have come to recognize the enormous contributions made by the many non-profit entities across the Eastern Shore. The initiatives of these groups are led by highly motivated and passionate individuals often serving as volunteers giving back to their communities after successful careers. The leadership and community example they provide are extraordinary.

In particular Talbot Hospice is one of these entities. In 2008 I moved my parents, then in their eighties, back to St. Michaels where they had enjoyed a pleasant lifestyle some 35 years earlier. My father passed away eighteen months later, at which time we discovered the extent he sheltered my mother with her advancing Alzheimer's disease. It was through my mother's experience that I came in direct contact with the services of Talbot Hospice. After a "close call" with a viral infection, Talbot Hospice began a program to visit and assist my mother that lasted for almost two years until her eventual death. Their volunteer caregiving was a source of great comfort to my mother, and our family, as we often did not know how or what to do to make her circumstances more comfortable and less fearful, but hospice did. Her hospice volunteer was a wonderful anchor to her in her declining state, and for whom we could not be more grateful.

We knew that should the circumstances require it, Talbot Hospice was prepared to step in to provide additional help and care as my mother's life was coming to its end. This was a source of comfort to know that they were there if we needed them.

I fully support the application by Talbot Hospice to become a full-service medical hospice. The demographics of our society, particularly on the Eastern Shore, speak to a high level of future needs where there are no obvious alternate resources to meet them. It is the right time to provide all the necessary services, including medical and social services, under one roof, for ease and comfort to families as they experience the difficulty of a loved one in the final stages of life.

I hope you will treat this application with a favorable response.

Very truly yours

Easton Bank & Trust

R. Michael S. Menzies, Sr.
PRESIDENT / CEO

Office: 410-819-5880
Home: 410-770-5011
Car: 410-924-3904
Fax: 410-819-8091
e-mail: mmenzies@eastonbankandtrust.com

April 28, 2014

Mr. Kevin McDonald
Chief of Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

I have had the pleasure of serving our Talbot Hospice Foundation as past Chairman of the Board and more recently as Chair of its Capital Campaign, which has raised more than $5 million in cash and pledges. Please accept my unqualified support and encouragement that you endorse our application for a Certificate of Need to become a general license hospice care enterprise.

The Hospice Foundation Board provided complete support to our most recent Capital Campaign. I remain in awe of the support of our Board and their commitment to Hospice Care. Between almost 300 volunteers who participate in most every aspect of our community, to our Capital Campaign, to leadership roles throughout our community, Hospice has stood as the as the service leader in our community. In 2012 our Board President, Al Smith, was awarded the Community Service of the Year award by our local Community Foundation. Almost every week we are recognized by some community board as the outstanding 501c3 in Talbot County.

It has been my honor to service our local Hospice and I wish to advance my unqualified support of our application for a Certificate of Need to become a General License Hospice.

Sincerely,

R. Michael S. Menzies, Sr.

May 17, 2014

Mr. Kevin McDonald

Maryland Health Commission

Dear Mr. McDonald,

I am writing this letter in support of the application before you and the Commission to support Talbot Hospice in their application to become a comprehensive free standing full service provider of compassionate end of life care to the residents of Talbot County and surrounding communities. I am a lifelong resident of Talbot county as well as well as a mother, neighbor, friend, family member and I fully support the compassionate manner in which Talbot Hospice has provided services to many, many people over the years. I believe in the support, care and treatment provided to those nearing the end of their life journey.

I have had friends, neighbors, community residents as well as family who have benefited from the dedicated staff and wide range of service provision made available by Hospice here in Talbot County as well as other communities. I strongly support the application to become a comprehensive free standing medical Hospice offering expanded services. This will allow for admission from home or hospital to make friends, family, neighbors and other county residents comfortable as their lives end. It is my belief that the residents of Talbot County and eastern shore of Maryland not only need but deserve to have a Comprehensive medical Hospice in the community where they and their families live.

The application for certificate of need before the commission currently when approved will provide the community a much needed service without need to travel outside to obtain comprehensive medically based end of life care. The Eastern shore continuum of care will be enhanced and the patients will be able to remain close to family, friends and neighbors during their final months.

I am supporting and giving without any hesitation support to this application before the Commission at this time. Thank you in advance for the Commissions thoughtful and expedited response to the application before you. Thank you in advance for your time and consideration to this proposal.

Yours truly,

E Milliken

Erin Milliken

Thomas C. Mitchell
6120 Jeffries Road Easton, MD 21601

May 22, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
Baltimore, MD 21215

Dear Mr. McDonald:

My wife Maria and I have been residents of Talbot County, MD for fifteen years and have had numerous occasions to visit friends at the Talbot Hospice in Easton, MD. The management and staff at the Hospice perform an invaluable service to our community with amazing grace and dignity. We are one of many families and individuals who are proud to be able to support the Talbot Hospice Foundation for all that they do for us.

We understand that the Talbot Hospice has applied to the Maryland Health Care Commission to become a full-service medical hospice. We wholeheartedly support this application and encourage the Commission to act favorably . Talbot Hospice is a model organization in the way it is professionally managed and performs its vital services to Talbot County.

Thank you, Thomas and Maria Mitchell

May 24, 2014

Dear Mr. McDonald,

I have been a patient care volunteer in the Guest Wing at Talbot Hospice Foundation for the past 15 years. Because I had had two personal experiences with Hospice, I know how important Hospice is to patients and families facing end of life and knew that I wanted to help others as I had been helped.

My 15 years as a hospice volunteer have been quite a journey. I have learned so much from our patients, their families and the staff in the Guest Wing. I have learned that the smallest kindness, such as the offer of a cup of tea to an overwhelmed husband whose wife is being admitted to Hospice House makes such a difference. In my current role as a doula volunteer, I know that our mission of making sure that no one dies alone is of the utmost importance and I am truly honored that patients and their families allow me to be present during this most difficult of times.

The fact that Talbot Hospice has been supported over the last thirty plus years by donations from our community shows that Talbot County citizens also realize the importance of providing care and support to people at their most vulnerable time. Our ability to raise over five million dollars to expand our existing facility demonstrates that they want us to increase our ability to serve more of our neighbors who need us. Becoming a full medical hospice would fulfill this community vision of having a community hospice that is not affiliated with a major medical system.

Being a volunteer at Talbot Hospice Foundation is the best gift that I have ever given to myself. By becoming a full medical hospice, we can give a great gift to our community.

Sincerely,

Sheila Monahan

May 23, 2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald:

On behalf of the Talbot Hospice Foundation, I am writing this letter. I am Rhonda Moore, retired, 63 years old and living in Easton. I am in support for the Talbot Hospice application to become a full-service medical hospice.

My Aunt of 89 years had a stroke that left her unconscious and unable to feed herself. Her wishes were that no tube feeding was to be done and she was to pass on as comfortable as possible. That is where I first experienced the kindness, genuine care and the help that the Talbot Hospice Foundation gave. I believe it quite would be beneficial for the Talbot Hospice Foundation to become a full-service medical hospice. I can only hope that if this should happen to me, that I will have the same professional and kind care.

Sincerely,

Rhonda Moore

Rhonda Moore

Easton, MD

7 Brooklette Ave.
Easton, MD 21601
May 27, 2014

Dear Mr. McDonald,

I am a long time supporter of our Talbot Hospice. As a volunteer companion, I know first hand how important this aspect of the program is. Our efforts are needed to ward off the loneliness that so often accompanies our guests. I am also a Doula which, I realize, is not a job suited for all our volunteers.

Fourteen years ago when my husband was dying we chose Hospice. The volunteer and staff who came to our home were gracious, so helpful and always sensitive to our situation. For some time we had been seeking information as to exactly how an organ donor's family should proceed. Within 24 hours our Hospice had the answer and outlined every detail for our family.

Some people come to our Hospice who do not have family close by. They are so appreciative when a Doula keeps watch with their loved one.

I ask you to consider seriously Talbot Hospice's application to become a full service medical hospice. Those who live here in our community do not take our hospice for granted. We are well aware of its importance.

Sincerely,
Eleanor M. Morell

900 Riverview Terrace
St Michaels, MD 21663

Mr Kevin McDonald
Maryland Health Care Commission

May 13, 2014

Dear Mr McDonald,

I am a volunteer with Talbot Hospice and am very hopeful that we will have the opportunity to become a full service medical hospice.

Residents of Talbot County are very fortunate and thankful to have Talbot Hospice available to them. By becoming a full service medical hospice, Talbot Hospice will be able to provide more care to more residents.

I am proud to be one of many volunteers who are able to be part of an organization that provides loving care to patients and families in our community. Talbot Hospice is highly regarded for all that it does for Talbot County residents and has earned the admiration and appreciation of the whole community.

Thank you for your consideration,

Leslye Mosier

Leslye Mosier

May 13, 2014

Dear Mr. Kevin Mc Donald,

Hello, My name is Sarah Mosslih and I have been living in Talbot County for fourteen years. As a liscensed Massage Therapist, I have come to know first hand the benefits they have provided to my clients. Though not experiencing them myself, I am confident in my knowledge of all of the experiences told to me throughout the years I fully support their application to become a full service medical hospice! Talbot Hospice is such an important asset to our community.

Thank You,

Sarah H. Mosslih

Mr. McDonald, I fully support Talbot Hospice's application for a full service medical hospice. I have been an employee for almost 5 years now and I love my job. Every day I see how we help the families and their loved ones. It can be very stressful caring for a loved one you know is dying and we at Hospice House relieve some of that stress. Not only am I an employee I have had my own personal experience too, my grandfather was a resident at hospice. Knowing he was being taken care of gave his daughters a break and just be his daughters not his caregivers. The family could visit anytime. The residents are taken care of but so is their family.

Heather Mulder

CNA/ CMT

Heather Mulder

Hospice Staff: May 26, 2014

I wish to congratulate you on all that you do for people in this area. You are such an incredible caring group.

Most interesting is that you went to form an independent hospice outside of the medical community — that would be a dream come true.

Thank you for all you do for those with great needs.

Regards, Faye J. Nure

1506 Hurst Creek Road, Austin, TX 78734
May 14, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

RE: Talbot Hospice application for a Certificate of Need

Dear Mr. McDonald:

This letter is to offer my support of Talbot Hospice's application for a Certificate of Need (CON) to provide all hospice services in Talbot County and to become a full-service medical hospice.

My wife grew up in Talbot County where we reside on a part-time basis. Talbot Hospice has touched my wife's life in so many wonderful ways, some of which are mentioned below. She and I firmly believe in the need for this amazing community service. Over the years we have offered support by contributing substantial sums to Talbot Hospice's operating fund and more recently to the building fund for its current expansion.

My wife's father, E. Frank Connolly, was diagnosed with colon cancer and ultimately passed away in 1987. Talbot Hospice was there for the final year of his life to offer companionship, recommendations, medical supplies, medications and emotional support for family.

My wife's mother, Helen E. Connolly, was diagnosed with breast cancer and passed away in 2009. Talbot Hospice did an amazing job of providing supplies, recommendations and ultimately transitional services at the peaceful and lovely Guest Wing of Hospice House for her last few days with us.

My wife's aunt, Dorothy V. Plummer also passed away due to cancer in 1999. Her last few months with us were made much more peaceful through the efforts of Talbot Hospice through volunteer visitation at her home, suggestions for home modifications, medical supplies and medications.

My sister-in-law's father-in-law also benefited from the services of Talbot Hospice.

In each of these cases, the benefits of having Talbot Hospice available to assist our family were invaluable. The CON as requested would allow other families like ours to benefit from the expanded services of Talbot Hospice through their ability to provide more volunteers and employ nurses and social workers under one roof with faster access to hospice services 7 days a week.

If you would like to discuss further, I can be reached at (512) 410-4495.

Sincerely,

John D. Nielsen

Mr. McDonald & the Maryland Health Care Commission,

I am writing to you on behalf of Talbot Hospice and their desire to become a full service medical hospice facility. I am a resident of Easton, a teacher at the local high school, and have been a recipient of the services provided by Hospice when my grandparents were ill.

I can't tell you how important it is to have Hospice available during one of the most difficult times in life. Hospice was there to support not only both of my grandparents, but my family as well. They offered comfort, assistance, and guidance during a challenging time, all while providing a sense of dignity and pride for my grandmother and grandfather.

The workers and volunteers at Hospice made the loss of our loved ones more understandable and easier to cope with. Without their care and concern, we would not have been able to celebrate the lives of my grandparents during their final days.

I fully promote and support the application of Talbot Hospice to become a full service medical hospice facility. The importance, as well as the need, for the services provided by Hospice is pertinent to the surrounding area, and our community will be enriched for gaining this opportunity.

Thank you for considering the application of Talbot Hospice, and for comforting the lives of those who receive the important services it provides.

Sincerely,

Kerry E. O'Keefe

Kerry E. O'Keefe

May 25, 2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

Please allow me to introduce myself. I have been a former business man in the Talbot County and learned of Talbot Hospice when my late wife was diagnosed with pancreatic cancer. Going through that experience with Talbot Hospice led me to voluntarily serve on the fund raising committee for the Hospice house. I also served on the finance committee for several years following.

There is not a person in Talbot County who is not aware of what Hospice offers and the professional care they give their patients.

We urge your commission to approve the application to become a full service medical hospice.

Thank you in advance.

Sincerely,

Charles H O'Reilly

7578 Tour Drive

Easton, MD 21601

Karen B. Orr
Alternative Accounting Services
110 Brookletts Avenue
Easton, MD 21601

May 17, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Ave.
Baltimore, MD 21215

Re: Talbot Hospice Foundation Certificate of Need Application

Dear Mr. McDonald,

I am writing this letter in support of Talbot Hospice Foundation's application for a Certificate of Need and its efforts to become a medical hospice in Talbot County, MD.

For the past ten years I have served as the foundation's accountant and have come to know first hand the care and compassion their staff and volunteers provide to the families in their hours of need. From planning and serving one last anniversary lunch for a dying patient & his wife to sharing a comforting hug to a son whose mother just passed, no act of kindness is too great for these devoted individuals with their innate desire to comfort anyone facing end of life issues. Their level of commitment is not only amazing but truly inspiring and is a much needed service for our community.

The board members have worked tirelessly to see that Talbot Hospice remains true to its mission of providing the highest quality of hospice care in our county. Their dedications to those they serve are only surpassed by their enthusiasm to do more. By granting this Certificate of Need to Talbot Hospice it will afford the opportunity to expand services and continue to impact our community in such a positive way.

I fully support Talbot Hospice in its efforts to become a medical facility and hope the CON application will be approved by the Maryland Health Care Commission.

Sincerely,

Karen B. Orr

Karen B. Orr, Partner
Alternative Accounting Services

May 1st th

Sheila Pashayan

Dear Mr. McDonald,

I am writing to you to strongly endorse the application by the Talbot Hospice to receive its status as a Full Service Medical Hospice.

I have been a

volunteer for over 3 years and seen up close as a companion caregiver and a Doula the fine and wonderful caregiving that is provided to our clients at the end of their lives.

Anything that can enhance our abilities to provide even more care and services is to be highly recommended

Sincerely Sheila Pashayan

Mr. & Mrs. Anthony H. Passarella
P.O. Box 368
Oxford, MD 21654

Kevin McDonald
Maryland Health Care Commission

16 May 2014

Dear Mr. McDonald,

My husband and I retired to Oxford Md. from Northern Va. My husband was a career Officer in the US Navy. Upon retirement he worked in the Office of Secretary of Defense. I was an Educational Administrator and we both moved over to the Eastern Shore in 2004. I currently am serving as Secretary of the Talbot Hospice Foundation Board and am the Vice President elect.

While living in Northern Va. we experienced Hospice when my husband's mother became critically ill. She was the daughter of a US Army Officer and married a career Army Officer. She spent her life helping others with volunteer work as an Army wife but always with the dignity required in those days. The Hospice nurses allowed her that dignity until her last breath. Besides keeping her comfortable medically from her pain, they attended to her personal needs always keeping her neat, clean and well cared for. Additionally they supported the rest of our family. I remember our daughter, a newly married young woman, who was with us at my mother-in-law's death, saying "Mom, I will never be afraid of death again; Grandma died so peacefully and with such dignity." We will always be grateful for the caring and support they gave to us all.

The Talbot Community deserves no less. Our community members need to have the services of a full service medical hospice available to them. My husband and I fully support this as do other neighbors and friends who have volunteered to write you. The end of life is in fact the celebration of the life lived. The staff and hundreds of volunteers provide that for our residents in the Guest Wing as well as those choosing to die at home.

Thank you for your consideration.

Sincerely,

Anthony H. Passarella

Camille M. Passarella

Donna M. Patchett
106 Riverview Ave
Oxford, MD 21654

Cell Phone: 443-205-0577

e-mail: patchettsmith@atlanticbb.net

May 13, 2014

Maryland Health Care Commission

Attn: Kevin McDonald

Dear Mr. McDonald:

I am writing in support of Talbot Hospice Foundation regarding their application for designation as a full service medical care hospice.

I am a Talbot Hospice Foundation volunteer and have been for several years. On a personal note, I have known several patients/guests that have been in our hospice program and each and every one of them have praised the work of Talbot Hospice. The staff, personnel and volunteers are very caring people and first rate in their work.

Talbot Hospice Foundation enjoys a great reputation in this community based and the community has very generously supported this important asset.

Sincerely,

Donna M. Patchett

May, 14, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I am an interested Talbot County citizen writing on behalf of the Talbot Hospice in Easton, Maryland. I am writing in support of Talbot Hospice's application to become a full service medical hospice. This change is important to our community as it will allow Talbot Hospice to provide better and faster access to hospice services and to admit patients to hospice 7 days a week, as this service will no longer be provided by Shore Health.

I hope you will support this application for Talbot Hospice to become the provider of hospice services in Talbot County.

Thank you for your assistance.

Very truly yours,

Gary Pearce

Gary Pearce

W. LEE PHILLIPS, P.E.
PROFESSIONAL ENGINEER
4524 BACHELORS POINT COURT
OXFORD, MARYLAND 21654

410-226-0118

Thursday, May 15, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald

I am writing to support the application of Talbot Hospice for a CON to become a full service hospice in Talbot County.

I am a member of the Board of Directors of Talbot Hospice and have been for the last four years. During that time I have become increasingly impressed with the dedication of the staff and especially the volunteers, who work without pay, and do a very difficult job. For example, I have a good friend who volunteered to perform the duties of a Doula on Christmas Eve.

During my term on the Board I have had several occasions to visit friends who were guests of the Talbot Hospice, without exception they have nothing but praise for the compassion of the staff their professionalism.

Talbot Hospice has been in existence for almost 30 years and has become a vital part of the fabric of the County. The granting of our CON will guarantee a great future for the citizens who need our services.

Very Truly Yours,
W. Lee Phillips
W. Lee Phillips

Brooks Keith Phippin
8811 Roundhouse Circle
Easton, Maryland 21601

May 28, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Ave.
Baltimore, Maryland 21215

Mr. McDonald,

I am a professional funeral director and a current volunteer for Talbot Hospice Foundation in Easton, Maryland. It is our hope and deep desire as a community to become a full service medical hospice. Talbot Hospice is an intricate part of the community in Talbot County with a six bed Hospice House, a wonderful dedicated staff, and many, many loving caring volunteers. I believe well over 200 volunteers.

I am a native of the Eastern Shore; however, spent several years working in Montgomery County. At that time, I was very fortunate to be appointed to the Hospice Board with Montgomery Hospice. There, I became familiar with Hospice; its programs, and most importantly, its outstanding people. Having all staff programs under one roof, enabling total team communication, clearly seemed a benefit to me for Montgomery Hospice. I believe it would also benefit Talbot Hospice and our community in Talbot County.

I still remember attending the ten year anniversary of The Casey House with Montgomery Hospice and hearing the stories of staff, families, and many volunteers. It was quite emotional and at sometimes overwhelming. I believe our community and Talbot Hospice can and will share those similar stories. Becoming a full service medical hospice will only enhance the community's experience. Please help us make this happen.

Thank you,

B. Keith Phippin

B. Keith Phippin

Susan Piggott
33506 Tuckahoe River Road
Easton, MD 21601
202-236-1968

May 12, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

I am writing in support of Talbot Hospice Foundation's efforts to obtain a Certificate of Need for Talbot County and to become a general license hospice.

I am currently the Vice-President of the Talbot Hospice Foundation Board of Directors. Prior to joining the board, I was the Volunteer Coordinator of Talbot Hospice Foundation. In my role as Volunteer Coordinator, I was in charge of supporting nearly 350 volunteers who serve patients and families in myriad ways – acting as companions to patients, providing respite to families, delivering equipment and supplies, maintaining our Meditation Garden, playing music for patients and their families, serving as bereavement volunteers, and caring for patients in our Guest Wing. I began our end-of-life Doula program, which provides volunteers to help families when their loved ones are actively dying.

I have watched volunteers help family members say goodbye, thank veterans for their service, hold a patient's hand who was in pain, provide a support group for children who lost a parent, put together a crib for a dying child, support family members in their grief, and hold the phone to a patient's ear so that a distant family member could express their love.

As Volunteer Coordinator, I came to understand just how important Talbot Hospice Foundation is to our community. We received numerous and generous donations from individuals and business owners whose family members we served on hospice. It is difficult to find an individual in Talbot County whose life has not been touched in a caring and positive way by THF.

Please approve THF's application to obtain a CON in Talbot County. The community knows, loves, and supports Talbot Hospice Foundation. THF will be the best provider of hospice services for Talbot County.

Sincerely,

Susan Piggott

Susan Piggott

5/28/14

Dear Mr. McDonald,

My name is Beth Rice and I am a cosmetologist who comes to hospice & cuts hair & foofoo patients & whatever I can do to boost anyone spirits. Please know that I have been doing this for about 10 yrs. now & I have known many patients & family that have had a wonderful experience here & would not have such an easy time in caring one at this time of their loved ones life. Hospice is such a wonderful asset to this community and I feel it would be lost without it. Please make this Hospice a full service medical Hospice - We need it!!!

Sincerely,
Beth Rice

Mr. McDonald -

5/24/14

BUD PINE
12177 LEWISTOWN RD
CORDOVA MD 21625

I am writing in support of the application of Talbot Hospice to become a full service medical hospice.

I am one of six men who volunteer at Talbot Hospice. We generally help with the spring mulching, cardboard and trash removal, taking out the recyclables and are on call if needed.

All six of us have been touched in one way or another be the wonderful work that Talbot Hospice and all of its volunteers do. Comfort and Kindness can't be bought. Talbot Hospice supplies that and much more, making the terrible experience of losing a loved one much easier to deal with.

The good works this organization does in our community are impossible to put a price on. It is really unusual to talk with someone in our area that has not been touched somehow by Talbot Hospice.

Please give the application of Talbot Hospice your positive consideration. Thank You

Bud Pine

312 Morris Avenue
Federalsburg, Maryland 21632
May 13, 2014

Dear Mr. McDonald,

I live in Caroline County and have been a volunteer with Talbot Hospice since the fall of 2008. Why? Talbot Hospice was there for my family many, many years ago when my father died suddenly while away on a trip. My aunt, who was affiliated with Talbot Hospice at the time, suggested my mother and I participate in a grief support group being offered by hospice. That was a huge help in dealing with our grief. When my nephew died by suicide in 2004, it was once again Talbot Hospice that provided a support group. That group is still serving those with this very special loss and has helped people from Wicomico, Dorchester, Caroline, Talbot, and Queen Anne counties and even some people from Delaware.

The staff and volunteers of Talbot Hospice are of the highest quality and provide services to the community that can't be found elsewhere. I know of quite a few people outside of Talbot County whose loved ones have spent their final days at Hospice House and have heard many positive and glowing reports about the quality of care received. The folks at Talbot Hospice are exceptional people who have a heart for helping people during the most difficult times of their lives. The kind of care and support offered to their patients and to the family members who are served by Talbot Hospice can't be found in a hospital or nursing home setting. You see these people regard this as a calling not merely as a way to earn a pay check.

I strongly urge you to honor Talbot Hospice's application to become a full service medical hospice and hope Talbot Hospice will be granted its own Certificate of Need from the Maryland Health Care Commission so that more people may benefit from their services. They have served their community and the surrounding communities well.

Sincerely,

Darlene R. Planner

Mrs. Darlene Planner

6783 Thorneton Road
Easton, MD 21601
May 14, 2014

Dear Mr. McDonald:

I have been a volunteer for Talbot Hospice for the past 13 years. I sought out training as soon as I retired from full-time teaching and moved to the Eastern Shore. I had heard so many wonderful things about the organization and was determined that I would try to help them as they ministered to those in need in our community. I have never regretted my decision for one moment. It is by far the most meaningful service I give to our community.

Throughout these years, I have volunteered as both a companion at Hospice House and as part of a Pathways Team, which regularly visits residents of local assisted living facilities including several units dedicated to Alzheimer's care. Wherever I have gone in our community, I have always heard very favorable comments about the knowledgeable and compassionate care rendered by the professional staff of Hospice House (supplemented by many volunteers) .

With the proposed expansion of services, our community will benefit even more from the dedicated service of Talbot Hospice, and the facility will become an even greater asset to our Easton community. Therefore, I urge the Maryland Health Care Commission to vote AFFIRMATIVELY to grant a license for a full-service medical hospice to Talbot Hospice.

Sincerely,

Mary Ann R. Ray

Mary Ann R. Ray

May 24, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I am currently serving as a member on the Board of the Talbot Hospice Foundation in Easton, Maryland. As a resident of Talbot County, I have always been concerned and involved in the growth of the community. A few years ago I went through a personal experience that left me with a better understanding and greater passion for the Talbot Hospice Foundation.

In 2010 my husband at the age of 53 my husband was diagnosed with liver cancer and was given less than one year to live. I had never experienced anything like this with any of my siblings or family. After one of his appointments to assess how far the cancer had spread, I was advised to contact a Hospice near where I lived. I knew immediately that would be the Talbot Foundation. After making a few calls I learned that my husband would not be suitable for Talbot Hospice because they did not operate as a full service medical hospice and, that's what he needed at the time. Despite that fact, I was personally touched by the service provided by the THF staff to help me find the resources that we needed and to follow-up was quite touching.

Now four years later, I have the opportunity to support the community, families and patients by saying yes to the growth of this wonderful foundation, Please say yes to the Talbot Hospice Foundation becoming a full service medical hospice.

With gratitude in advance,

Sandra B Redd

Ms. Sandra B. Redd
Board Member
Talbot Hospice Foundation

Kevin McDonald
Maryland Health Care Commission

May 26, 2014

Dear Mr. McDonald:

I write to lend my firm and wholehearted support to Talbot Hospice in its quest to become a full service medical hospice. As a volunteer of well beyond a dozen years' time, and in situations many and varied, I really can't begin to convey the level of dedication and commitment I witness day in and day out from both paid staff and fellow volunteers alike towards our deserving and grateful patients and families.

Few would believe the lengths to which we have collectively gone to fulfill the fancies, wishes or dreams - and to meet the needs - of those in our care. A particular sandwich and dill pickle from a favorite deli 90 minutes away? Done. An after-dark, pajama-clad, ride through village and town to admire twinkling Christmas lights? No problem. A gourmet meal for two, beautifully prepared and served by candlelight, to celebrate a final wedding anniversary? Absolutely. In short, from ourselves and from one another, we have come to expect that no less than our best efforts will do when it comes to partnering with those in our care on their final journeys. And yet we know there is more to be done, and done well.

It is heartbreaking when – once that difficult decision has been made - we are unable to admit a patient into our Guest Wing for days, possibly, due to weekend or holiday constraints. Or that a family member need travel from one office to another, then likely to another, seeking advice, services or admission for a loved one at an already distressing time. What could be more validating, comforting and reassuring than our ability to extend our firm hand, to show them the first step on the path, from their initial visit or call?

Serving more community members (and more fully, at that) through Talbot Hospice Foundation can only be achieved with our own Certificate of Need, enabling us to become a full-service medical hospice. One of the very brightest stars in Talbot County – of which we are exceedingly and rightfully proud – can and should burn ever brighter; we trust that it will.

Best regards,

Cindy Reed

May 21, 2014

Dear Mr. McDonald,

My name is Rose Regan and I am a volunteer at Hospice of Talbot County. I play the guitar there once a month, and have gotten to know the Hospice service and personnel quite well. I'm very proud to be associated with such a caring, benevolent group.

I am writing in support of the Hospice application to become a full service medical hospice. I've spoken with Susan Piggott, who has explained to me what that means, and I am wholeheartedly in favor of it.

To me, Hospice is a valuable part of my Talbot County community. I've known many people who have benefitted from their service and can only believe that becoming a full service Hospice will be beneficial for all of us.

Thank you,

Rose Regan

Barbara Reisinger
P.O. Box 2141
Easton, Maryland 21601
May 10, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

My name is Barbara Reisinger. I live in Easton, Maryland, and have been a volunteer for Talbot Hospice for several years. I am writing to support the application of Talbot Hospice for a Certificate of Need from the Maryland Health Care Commission to become a full service hospice facility.

We've all heard about the aging population and how it is growing. Baby boomers are retiring, creating another bulge in the statistics. According to the last census, Maryland has an over-65 population of a little over 12 percent, more than one in eight that will need increased medical care and will perhaps be in need of hospice services.

So does the prospect of a 12+% over-65 population seem sobering? Well, then consider Talbot County. Here the over-65 population is a whopping 25%, or one in four, the highest in the entire state. In other words, our medical care and hospice needs will probably be double that of the state as a whole. That pretty much goes for everything on this side of the Bay Bridge; Maryland has only three counties with an over-65 population greater than 20% and they are all on the Eastern Shore. The needs are here.

In my own life, I have stood at the bedside of dying friends and relatives more than once, and thanked God they were in a hospice facility and receiving as much comfort and dignity as circumstances allowed. Not everyone who passes away has this opportunity, but the ones that do are fortunate. I have seen first –hand how Talbot Hospice works tirelessly for its residents and for the friends and relatives left behind.

The Talbot Hospice's current plans for an expansion of its services will help meet the critical hospice needs of both Talbot County, and the entire region.

Sincerely,

Barbara Reisinger

Barbara Reisinger

Patricia K. Reynolds
PO Box 425
Oxford, MD 21654

May 16, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Street
Baltimore, MD 21215

Dear Mr. McDonald:

I am writing this letter in support of the application by Talbot Hospice to become a full service Medical Hospice.

My personal history with Talbot Hospice goes back to when it originally started. My Mother, Dorothy Kelly, died under Hospice Care. She had had a stroke in July 1987, had been hospitalized at Memorial Hospital in Easton for two months, and subsequently for two additional months at Good Samaritan in Baltimore. During this time she never talked or walked, and over these several months her kidneys started to fail. Once my Father, brother and I realized that her time was growing short, we decided to abide by her wishes and bring her home to Oxford.

Unfortunately we did not have a full-fledged, up and running Hospice care facility, and the home care nursing was supervised by Memorial Hospital. These nurses accommodated our wishes, and my Mother was able to return for her final four days. Their care was excellent, both for physical needs and the families' emotional needs.

After my Mother's death in November 1987, Talbot Hospice began, and we as a family, have supported the organization ever since. My husband and I were on an Advisory Board for a number of years and we always included Talbot Hospice in our annual charitable giving.

On a much more personal level, I was directly involved in the design and installation of the Talbot House Meditation Garden through my membership in the Talbot County Garden Club. In addition I have been going to Talbot Hospice on a monthly basis for many years to make simple flower arrangements for the guests. These visits have allowed me to see the excellent care and compassion of all those involved in Hospice services.

I do believe that this community needs to "upgrade" our Hospice capabilities, and providing us with a full service medical hospice is clearly the way to do this. Our community is made up of many senior citizens, many of whom will benefit, or have benefited, from Hospice services. I sincerely urge you to approve a Certificate of Need for Talbot Hospice so that it can continue its evolution to a full service facility – no citizen in this county should have to seek Hospice medical support in another county.

Thank you.

Patricia Reynolds

Thomas H. Reynolds, Jr.

P. O. Box 425

Oxford, MD 21654

Mr. Kevin McDonald

Maryland Health Care Commission

4160 Patterson Street

Baltimore, MD 21215

Dear Mr. McDonald

I am writing to you in support of the application of Talbot Hospice to become a full service medical hospice.

Our family has had a long association with Hospice. My wife's Mother died under Hospice care in 1987. Both my wife and I have served on the Hospice Advisory Board. My wife participated in the design and construction of the Hospice garden for the use of the guests and their families. Through the Talbot County Garden Club she continues to provide fresh flowers weekly for the guests.

Over the years Talbot Hospice has become an integral and very important element of the health care system of the Mid-Shore. As I am sure you are aware, the community generously supports Hospice in all aspects of its mission. An expansion of the Guest Wing is currently under way.

I urge you to approve a Certificate of Need for Talbot Hospice so that it can continue its evolution to a full service facility.

Very truly yours,

Thomas H. Reynolds, Jr.

Bruce L. Richards
28872 Jasper Lane
Easton, Md. 21601

Kevin McDonald
Maryland Health Care Commission
Baltimore, Md.

Dear Mr. McDonald,

First, let me thank you for your service in health care during this most challenging time. Appropriating time, energy and money to the many many deserving causes must require incredible discernment.

About 10 years ago, I just happened to be a part of a Hospice family vigil for a friend. This lady (accepted to Middlebury College at age 15!) passed comfortably and even with humor, despite her advanced medical condition. Then and there it became clear that I could assist that ease through working with Hospice.

Since then, I have had many such positive experiences working with hospice folks. Without question, all have enriched my life on some level. I have witnessed relief in the sadness of friends and family when faced with such intense loss .

My mother in law, when she lost her husband in 1984, was instrumental in starting the first Hospice in her Connecticut community. Now in 2014, here in Easton we need to be as bold and move our care facility to a "full service medical hospice. " it is archaic not to do so. In light of our population demographic with

heavy numbers of retired folks, we must offer best quality care to ease their last days.

These folks, many retired from government jobs themselves helped to shape our country. Please consider issuing a Certificate of Need to Talbot Hospice Foundation, Easton Md. It would be the only such comprehensive facility on the Lower Eastern Shore.

Again, thank you for your work.

Bruce L. Richards

Mr. Kevin McDonald
Maryland Health Care Commission May 24, 2014

Dear Sir,

My name is James F. Riley, age 85. retired now for 30 years after 39 years service with Mobil Oil Corp. I became involved with Talbot Hospice Foundation in February 2012, when my wife,Betty, was referred to hospice by our personal physician to be evaluated for inclusion in the "Failure to Thrive" program of Medicare under the direction of Talbot Hospice. She was accepted into the program February 29,2012. Nursing care was provided twice a week and CNA care three times weekly for bathing and grooming etc. as well as physical therapy when required.
This was supposed to be a three month program, however after two months the nurse suggested we explore having Betty accepted into the Hospice " Guest Wing" This was arranged and she was moved to Hospice House on April 12, 2012. She remained there until she passed away on May 24,2012. During that time the staff suggested a small birthday party for Betty on her 78th birthday May 10 th. All four children and a few grand kids stopped by with cards or gifts for the old Girl. Daughter ,Holly, presented Mom wth a Teddy Bear, though unwrapped it was given in a plain brown bag. The previous October Betty had a second cataract operation, her recovery was very slow and it was late January before the doctor could prescribe a new glasses, but she never felt good enough to get fitted for new glasses. Betty thought Holly had brought her a bag of onions for kitchen use. Thus the teddy bear was named "Onion" and anytime Betty was ready for a nap or for bed at night she asked that onion be readied with her for comfort.

In those final 6 weeks and a day stay at the Hospice House, the entire staff treated, Betty, her visitors and family like they all were dear old friends.
As I had spent most of all the last days at her side that last week, on Thursday, May 24th the nurse suggested that about 7:30 PM, she felt I should go home get a snack and rest up, as Betty was resting peacefully and was quite calm and peaceful. Within an hour or so they called to say Betty had passed away and the nurse and funeral home had been called to make the necessary steps. I called all the children, who all said they would be there very shortly. The last grandchild finally arrived about midnight from downtown Baltimore. During the wait the nurse advised that they included "Onion" with Betty's remains. A very fitting way to end Onion's saga, and Betty's.

The Hospice staff always showed compassion and extremely tender and loving care to Betty, her family and friends alike.

I highly recommend and totally back the Talbot Hospice request to become a full service stand alone Hospice to provide the Talbot county area with quality and compassionate end of life support to the citizens of this area.

I have since completed the Hospice volunteering program in October 2013, hoping to be able to repay in some fashion or another for the type of exceptional care our family received at the hands of the staff at Talbot Hospice Foundation.

Gratefully,

James F Riley

James F. Riley
700 Port St. Apt #110
Easton, Md. 21601

Dear Mr. McDonald,

I am writing this letter in full support of Talbot Hospice Foundation's application to become a full service medical hospice. I am presently working as the Nurse Educator/Delegating RN for the Guest Wing at Talbot Hospice. Prior to working in this role for the previous 15 months, I had been a visiting hospice nurse in Talbot and Caroline counties for over 16 years. During this time span I have had the privilege of working jointly with the staff and volunteers from the Talbot Hospice Foundation. I could give many examples of the wonderful and compassionate care that is offered by this organization and through the dedication of its' staff. Many lives have been touched in ways that have helped the final journey of this life to be one of comfort and peace. I have seen a small bed be purchased for a 4 year old child so his mother could provide loving care to him in his final weeks of life. I have witnessed a gentlemen being given the opportunity to spend his final days in the Guest Wing when he had no one to manage his many needs. I have observed an elderly couple celebrating a final wedding anniversary with a lovely dinner attended by close friends. My stories could continue for many, many pages but my hope is that this process can move forward so that the residents of Talbot County can have the hospice care they deserve delivered by a "World Class" full service medical hospice. Thank you for attention and concern.

Sincerely,

Lisa A. Rizia

Lisa A. Rizia

May 21, 2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald:

My name is Ricka Robinson, I am a volunteer at Talbot Hospice. I am writing to you today to request that you to promote Talbot Hospice becoming a **full service medical facility.** It is extremely important for our county. The autonomy could service more of the communities it will service.

My own relationship with Talbot Hospice is quite a personal one. My husband was diagnosed with bladder cancer and within two months he was gone. Without Talbot Hospice myself and my family would have been very broken. They helped guide us through the very difficult time and continue to do so. That is one reason I volunteer at Talbot Hospice, to give back in my own way.

Thank you for listening to my story and all the others. As you can see, how Talbot Hospice has impacted our community and needs to be expanded to a **full service medical facility,** as there are more patients and families need their help.

Sincerely.

Ricka W Robinson

Ricka W. Robinson

29816 Dustin Avenue

East on, Maryland. 21601

11 s. aurora street
easton, maryland
21601-3534

410.822.3680
fax 410.819.0005

March 28, 2014

Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

I have worked closely with many staff persons at Talbot Hospice over the past year and have seen their contributions to our community firsthand. They have an excellent reputation and their staff is hard-working and considerate to their patients. More importantly, the community trusts them with their family members. They keep their facility in the best order and work to make it better all of the time.

Julie Crocker, the Director, has impressed me with her commitment to building and maintaining the best hospice possible. They also have a very professional Board of Directors giving them good advice for the present and future. Please help them become a fully licensed, full-medical hospice.

Sincerely,

Paul M. Rogers

Paul Rogers, Senior Project Manager
Atelier 1, Ltd. Architecture

William C. Rolle, Jr.

24885 Back Creek Drive
St. Michaels, Maryland 21663
301-704-1697 (cell)
410-745-2068
Brolle33@verizon.net

TO: Kevin McDonald, Maryland Healthcare Commission
From: Bill Rolle, Talbot Hospice Foundation Board Member & Chair of the Development Committee
RE: Talbot Hospice Becoming a Full Service Medical Hospice
DATE: May 15, 2014

I have been a Talbot County resident for ten years and a Montgomery County resident 40 years prior to that. My career in marketing communications has put me in contact, on an active basis, with many non-profit organizations. I can say without question that the Talbot Hospice has been my most rewarding experience.

The staff and volunteers there are caring professionals, well-trained and committed to assisting those in their care to make the best end-of-life decisions.

There is no doubt in my mind that the Talbot Hospice would excel as a full service medical Hospice. I strongly urge you to support them in their effort to achieve that objective.

Talbot Hospice has gained overwhelming community support during their more than 30 years in operation. That fact is evidenced by the many letters you have received from a variety of Talbot County residents.

Please join this community groundswell and vote in favor of Talbot Hospice becoming a full service medical Hospice. The Talbot County residents need this to happen.

Thank you.

Bill Rolle

ADRIENNE W. RUDGE
6111 Westland Road
Easton, MD 21601

May 25, 2014

Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

I am writing in support of the Talbot Hospice Foundation's application to become a full service medical hospice. As a resident of Talbot County for nearly fourteen years, I have watched the growth and development of Talbot Hospice with pride and gratitude. With a caring and experienced staff, an effective board of directors and a host of volunteers and supporters, Talbot Hospice has become a vital part of our community.

Talbot Hospice has garnered the respect of the medical community and the love of the families who have experienced the services THF offers. My family learned first hand of the loving care Talbot Hospice offers terminally ill patients when my father was dying in 2010. The staff made his last few months comfortable and offered my mother, his chief caregiver, support both before and after his death.

After thirty-three years of providing services, Talbot Hospice stands ready to become a full service medical hospice.

Sincerely,

Adrienne W. Rudge

4755 Williamsburg Rd
Hurlock, Maryland 21643

May 28, 2014

Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Mr. McDonald:

I am writing today regarding the Talbot Hospice's application to become a full service medical hospice. This credentialing will further extend the remarkable services provided by Talbot Hospice. I am approaching my third year as a volunteer with Talbot Hospice, and thus far the experience has been rewarding far beyond my expectations.

When I began volunteer training, I was not completely aware of the extent of the services offered by the Talbot Hospice. During training I was amazed and inspired by both the services and the compassion with which the services are provided. Services that go well beyond meeting basic patient needs, but surrounding both the patients and their families in a sympathetic and supportive environment during the most difficult time they may ever experience.

The staff and volunteers of the Talbot Hospice are exemplary in their ongoing mission to care for their patients during this difficult time, while allowing patients to maintain their dignity with grace. The support provided to the family members of the patients provides them an opportunity to spend precious quality time with their loved ones, instead of having to be focused on providing care.

I strongly urge the Maryland Healthcare Commission to give due consideration to approving Talbot Hospice's application. This licensure will further allow Talbot Hospice to expand their ability to provide their invaluable and compassionate care to a greater number of community members both within the Guest Wing and in the community. What greater gift or show of respect can we provide to our loved ones than the gift of peace and dignity during their final days with us? Please, again I urge you, Mr. McDonald, approve this license, so this vital program continue to flourish.

Thank you in advance for your consideration.

Sincerely,

Stevi L. H. Saathoff

Stevi L.H. Saathoff

JEAN HAAS SABALLUS

401 Bethune Drive
Easton, MD 21601
email; *djsaballus@goeaston.net*

May 22, 2014

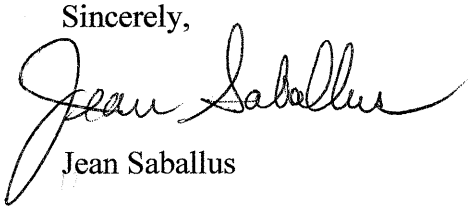
Mr. Kevin McDonald
Maryland Health Care Commission
Annapolis, MD

Dear Mr. McDonald:

I have been a hospice volunteer for about 20 years, first in Chicago, IL, and then in Easton when we moved here in 2006. One of the first people I met was the Volunteer Coordinator at Talbot Hospice who described the various jobs volunteers do at the hospice. It wasn't until I became a volunteer here that I understood the full extent of volunteer support from assisting with care in the guest wing or making home visits to weeding flower beds or washing windows. Hundreds of volunteers throughout Talbot County give their time and energy to support the vital service of our Hospice. For the past several years, I have been a volunteer in the Bereavement office and have witnessed the healing for family and friends that occurs after a loved one has passed. One family in particular comes to mind. They had moved here from another country and did not speak fluent English. When the mother died, her two young children needed extra support to understand what had happened. The Bereavement Coordinator made a special effort to understand their culture and funeral practices. Several years later, one of them now volunteers at the hospice.

My husband, Don, and I are in full support of Talbot Hospice becoming a full service medical hospice and ask that the application for the Certificate of Need be promptly approved. Talbot Hospice is so important to our community; we can't imagine that it might no longer be here to provide support to the dying and to their families and loved ones.

Sincerely,



Jean Saballus

7090 Old Schoolhouse
2 Lane
Easton, MD 21601
May 15, 2014

Dear Mr. McDonald,

As a current Talbot Hospice Foundation board member and a recipient of services, I am writing to give my support to our Talbot Hospice becoming a full service medical hospice. Talbot Hospice has been an unwavering beacon of light to families in our area who are facing end of life issues by being with them before, during, & after their journey.

Twenty-nine years ago I lost my eight-year-old son in an accident. Because of the need for bereavement services Talbot Hospice began a Child Loss Support Group that I am still attending monthly. Talbot Hospice has been masterful at seeing a need in our community & finding a way to meet that need. The quality of the staff & the facility is exemplary & by becoming a full service medical hospice the Talbot Hospice will continue to move

forward in providing excellent care to those in our community who are making their end of life journey.

Thank you for your consideration in this matter,

Lynn H. Sanchez

6063 Canterbury Drive
Easton, MD 21601
May 28, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

My name is Stephanie Saunders and I am a lifelong resident of Talbot County. I am employed by Morgan Stanley where I have worked for the past 16 years. I enjoy managing a retirement plan for Talbot Hospice which I have been fortunate enough to provide for 14 years.

Talbot Hospice has been an important part of our community. They have had such a positive impact on so many families through the years with the services that they provide. I fully support them becoming a full-service medical hospice.

Sincerely,

Stephanie L Saunders

Stephanie L. Saunders

5-27-2014

Dear Mr. McDonald,

My name is Jennifer Scairato. I am a massage therapist in Easton, MD.

Talbot Hospice is an important place to me and my family because when my grandmother became ill + wasn't given a long time to live she went to Hospice. They took such great care of her and the staff not only helped her, but helped us with our grieving process. They are an important part of this community.

I think its a great idea to have it be a more full service medical service. It only makes sense for them to beable to do more there because the treat elderly with the dignity the desere.

Thank you for your time,

Jennifer Scairato

101 First St.

Oxford, MD 21654

410 226 0195

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

I have had the honor of being a Talbot Hospice volunteer since 2007, soon after retiring from my professional career as a behavioral scientist at the National Heart Lung and Blood Institute, National Institutes of Health. There, I had extensive experience developing and evaluating national public health campaigns for cholesterol, blood pressure and smoking. As I learned about the remarkable reach that Talbot Hospice has in the community with patients and their families and its unbelievable corps of volunteers, I was extremely impressed. More importantly, I knew I wanted to participate in that community effort directed at end-of-life needs.

Over the years, I have volunteered as a care giver, a breakfast cook, and most recently as a Doula. My being is enlightened by serving so many different people, from different circumstances as they meet their final challenge in life. Looking to the future, I support Talbot Hospice's application to become a full service medical hospice and I look forward to serving an even broader range of patients and their families.

As a proud resident of Talbot County, I've been involved with and benefited from other community offerings such as art, music, literary and medical opportunities. Indeed, we are an enriched community. But to me, Talbot County's brightest star is Talbot Hospice.

Sincerely yours,

Beth Schucker

Beth Schucker, M.S.

5-16-2014

To: Kevin McDonald
Maryland Health Care Commission

Hello Kevin,

My name is Jackie Schwerner, I am a "Caregiver" for my Mother with later stages of "DEMENTIA/ Alzheimers", I have attended the "Caregiver Group" at Talbot Hospice for the past 3 yrs. I'm not sure how I would have survided without the group, I have learned so much and am able to give back to new members what I have learned. Every case is different, But just knowing everyone is experiencing the same thing, just in different way.

"PLEASE", "PLEASE" make Talbot Hospice a "FULL SERVICE MEDICAL HOSPICE"

Thanking you in advance that you have made the right decision,

God Be With You,

Jackie Schwerner

Beverly Serio
Talbot Hospice Volunteer
bev.serio@gmail.com

Dear Mr. Kevin McDonald,

As I write this letter, it saddens me to have to do so. Our Talbot Hospice is so important to us.

I have volunteered at Hospice for twelve years. I started as cleaning staff and felt honored to do so. For this past decade, I have worked in the guest wing and was happy to do whatever I was asked to. Our staff is the best and most caring people I know. My dad was in the Hospice program two years ago and without them, we never could have taken such good care of him in his final months. Whatever we needed was always there for us. His nurses and caregivers became like family, as a matter of fact, all Hospice staff and volunteers are all family to me. At Hospice, we all care so deeply about our county and community.

As a Talbot Hospice, we would love to move forward and help our great community. So, Mr. McDonald, if you could please help us reach our goal of a full service medical Hospice it would be greatly appreciated. I believe this would exponentially increase our ability to care for guests and provide them with the best experience possible during their final weeks.

I thank you for taking the time out of your busy schedule to consider helping Talbot Hospice in achieving a more efficient and able full service staff.

Sincerely, a dedicated volunteer

Beverly Serio

Beverly Serio

29863 Nicholas Way

Easton, MD 21601

May 8, 2014

Mr. Kevin McDonald

Maryland Health Care Commission

4160 Patterson Avenue

Baltimore, MD 21215

Dear Mr. McDonald:

I am writing to express my support of Talbot Hospice's application to become a full service medical hospice.

I have been a volunteer at Talbot Hospice for a couple of years. My husband passed away five years ago. During his illness, Hospice was there for all of us throughout those difficult times. I can truly say I don't think I could have handled it had it not been for the wonderful care provided by Hospice not only for my husband but the entire family. I made the decision to volunteer because I wanted to become a part of this wonderful organization. The value of Talbot Hospice to the families of our community is beyond measure.

I strongly support Talbot Hospice's application to become a full service medical hospice.

Sincerely,

Beverly M. Shea

Beverly M. Shea

May 20, 2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald:

My name is Barbara Sheridan. I am and have been a resident of Talbot County for nearly 30 years. My husband is a member of the Board of directors of Talbot Hospice Foundation. We have witnessed the growth of wonderful service to the residents of Talbot County, including the opening of Talbot County's own Hospice House.

I am writing this letter to you on behalf of Talbot Hospice Foundation. It is necessary that our local Hospice be able to treat those people who are under its care. Please agree to grant them the necessary license to do just this.

It is very important that Talbot Hospice be licensed to continue serving the residents of our community. Thank you for your consideration in this matter.

Sincerely,

Barbara E. Sheridan

Barbara E. Sheridan

Michael D. Sheridan

28884 Jasper Lane
Easton, MD 21601

May 21, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

I have been a member of the Board of Directors of Talbot Hospice for several years. During this period I have heard nothing but praise and thanks from the community directed towards the staff and volunteers who care so compassionately for the terminal patients in their charge.

It is a fact that Talbot Hospice has become an integral part of the community and is very well regarded, wanted, and needed. It is now time for Talbot Hospice to become a full-service hospice facility on its own. We ask that you and your fellow commissioners approve the application to allow that to happen.

Sincerely,

Phone: 410 822 1275

email: mds1988@goeaston.net

Talbot County
CHAMBER OF COMMERCE

Easton Plaza, Suite 53 • 101 Marlboro Avenue • Post Office Box 1366 • Easton, Maryland 21601-1366
Phone: 410-822-4653 • Fax: 410-822-7922 • info@talbotchamber.org

VISIT THE CHAMBER ONLINE: WWW.TALBOTCHAMBER.ORG

May 23, 2014

Mr. Kevin McDonald
Director of CON
4160 Patterson Ave,
Baltimore, MD 21215

Mr. McDonald,

The Talbot County Chamber an 800 member business and community organization is pleased to support the application of Talbot Hospice Foundation to become a full service medical hospice.

During the fourteen years that I have served as president &CEO of the Talbot Chamber I have had an opportunity to work with the dedicated staff and volunteers of the Talbot Hospice. I have seen the benefits of the work they do to provide hospice care to a number of friends and neighbors that are in the end stages of their illness.

The Talbot County community has been very generous in their support of Talbot Hospice by providing financial assistance that allowed expansion of the facility to meet community needs.

The approval of Talbot Hospice Foundation as a full service medical hospice will provide better, faster hospice services that will be able to admit patients seven days a week. The other benefit of this designation is the employment of nurses and social workers who will help facilitate improved communication for the patient and their loved ones.

Mr. McDonald the Talbot Chamber Board of Directors urges the designation of Talbot Hospice Foundation as a full medical hospice.

Respectfully,

Alan I. Silverstein, IOM
President & CEO

PO Box 186
Wittman, MD 21676
May 26, 2014

Mr. Kevin McDonald
Chief, Certificate of Need
Maryland Health Care Commission
4201 Patterson Ave.
Baltimore, MD 21215 – 2299

Dear Mr. McDonald:

I am writing this letter in support of Talbot Hospice becoming a full-service medical hospice.

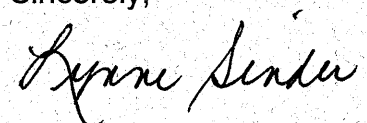
I have been a hospice volunteer at the Talbot Hospice Foundation for five years. During my time there I have worked primarily as a receptionist at the front desk and assistant to the Coordinator of Volunteers. In these positions I have seen firsthand what Talbot Hospice Foundation means to our community. Without fail, every time I work at the front desk there is an inquiry from community members asking for assistance from Talbot Hospice Foundation. These inquiries range from the need for supplies all the way up to family members frantically calling because they have just realized that their loved one is in need of immediate hospice care either in the home or at Hospice House. These inquires are answered with care, compassion and urgency on the part of the staff. Often this necessitates extensive follow up to ensure a timely, satisfactory solution is found and then communicated to the family and future hospice patient. If Talbot Hospice Foundation were a full service medical hospice, all that communication could be done in house and allow for more expeditious service delivery.

I know members of our community whose family members have died in hospice care. Hospice was a lifeline for them, supporting the family, asking the difficult questions and allowing for the dialog that smoothed the transition between life and death. Most of all, Talbot Hospice Foundations supported the survivors afterwards.

A friend I thought of as a father died in hospice care. His wife said that, for her, the gift of hospice was that she was able to spend time with Dad not as a caregiver but as a partner and someone who loved him. She said they had wonderful reminiscences, joy and laughter even as he was facing death. That was only possible with hospice care.

In conclusion, I again wish to affirm my support for Talbot Hospice Foundation's application to become a full-service medical hospice thereby allowing them to expand their scope of service and further benefit this wonderful community.

Sincerely,



Lynne Sinder

May 11, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

I am writing to support the Talbot Hospice desire to become a full service medical hospice.

I have recently completed the training to be a hospice volunteer companion and am eager to start to repay hospice for the times in the past when they were so supportive of my needs. They were so very helpful during my father's last weeks when he was dying of leukemia. In 2012 they were also extremely helpful when my 93 year old stepfather was slowly "failing to thrive" and assisted him in a very peaceful passing. Currently, my 93 year old mother is under hospice care at her assisted care facility in Easton as she is receiving palliative care for the breast cancer which can no longer be treated. In each case, the tender care and support Talbot Hospice gave to me and my family was instrumental in helping us deal with the death of a loved one. I truly do not know how we could have managed without them.

Please help Talbot Hospice become the full service medical hospice which they so much deserve. Our community needs them!

Best regards,

Stephen Slack

Stephen Slack
7518 Seventeenth Drive
Easton, MD 21601

Attraction

The Good News Magazine... Since 1979

Post Office Box 360
Easton, Maryland 21601
410-476-5883 Phone/Fax
richard@attractionmag.com

May 27, 2014

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD

Dear Mr. McDonald,

I am writing this letter to you in support of Talbot Hospice and their application to become a full service medical hospice. My wife and I are natives of Easton and Talbot County and we have, over the years, seen a great number changes throughout the town, county and the entire Mid-Shore.

Although we have not personally had the need to use hospice, we have had many friends that have benefitted from the services our local organization has been providing. We publish a local "Good News" magazine called ***Attraction*** and we have been involved from the early days of hospice helping to raise awareness and funds to support their many endeavors.

The hospice program here in Talbot County has been able to serve so many and for this growing organization to be able to become a full service facility would be a major solution to the health care dilemma facing all of us.

Thank you for your consideration in this matter.

Be well,

Richard M. Slaughter

Richard M. Slaughter
Publisher
Attraction
The "Good News" Magazine
Serving the Mid-Shore for 35 Years!

ALBERT L. SMITH
100 WEST STREET
P.O. BOX 310
OXFORD, MARYLAND 21654
USA

May 19, 2014

Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

I am writing you in support of The Talbot Hospice Foundation becoming a full service medical hospice as soon as possible. The County is in need of these services especially now, as we have become dis-engaged from Shore Health and are relying on cooperation from a Queen Anne county agency in order to provide these services.

Talbot County has long benefited from the presence of the Foundation and any delay in the application would only continue to drain the community donated funds provided for these services.

I have served the Foundation as a board member for eight years, as Vice President for two years, and as President for two and a half years. I am currently serving as an emeritus. This organization and it's mission have been a passion of mine for many years.

On a personal note, my wife died in the guest wing three years ago and was under hospice care at home for six months prior. I cannot imagine how we would have coped without the loving care we received.

We now need your immediate attention.

Albert L. Smith

PHONE: (410) 226-5794

FAX: (410) 226-0059

Ellen K. Smith

7587 Longmount Place, Easton, MD 21601 ◆ 410/822-6392

May 28, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

My name is Ellen Smith and I am a lifelong resident of Talbot County. It has been a pleasure for me to see the changes and improvements that have been made in the county over the years, especially in healthcare.

Several years ago a dear friend was diagnosed with cancer. After a fall and hospital stay, I promised her husband that I would sit with her one afternoon a week so that he could return to work without worrying about her safety. Instead of returning home, she agreed to go to Hospice House until her health improved. Although I was not needed to care for her, I took the opportunity to spend quality time with her. It was healing for me to see first-hand the amazing level of care that she received. It was very peaceful to spend that time with her during her four remaining weeks.

By contrast, when my grandmother was diagnosed with pancreatic cancer in 1967, she was sent from the hospital to a nursing home where she was denied the level of painkillers necessary to make her last month bearable. We were told that needles were scarce and they didn't want her to become addicted. Seventeen years later, when her daughter died of bone cancer, my aunt also experienced minimal attention and great pain. Spending time at Talbot Hospice House helped me deal with my fear of having to die as my grandmother and aunt did.

I am delighted that Talbot Hospice is now applying to take the next step to become a full service medical hospice. This seems to be a logical step for a growing and successful operation. It seems to be a positive step for our community.

Most importantly, I am relieved that Talbot Hospice will have a stronger position in our community to continue providing quality end of life care for friends and neighbors and possibly, one day, for me.

Thank you for considering their request,

Ellen K Smith

Ellen K. Smith

JOHN THOMAS SMITH II
7872 Ratcliffe Manor Road
Easton, MD 21601
410-822-8612

Mr. Kevin McDonald,
Chief, CON Section
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21205

Dear Mr. McDonald:

For the past three years I have had the privilege of serving as the Vice President and then the President of the Board of Directors of the Talbot Hospice Foundation. In these positions, I have been centrally involved in efforts to unify Hospice elements within Talbot County, historically split between the Shore Health System, on the one hand, and the Talbot Hospice Foundation, on the other. Shore, holds the Certificate of Need, license and CMS certification. But Talbot Hospice for more than three decades has provided the volunteer, bereavement and spirituality functions that are essential Hospice elements and has, for the past fifteen years, operated a six-bed "Guest Wing" in support of terminally ill patients and their families. Moreover, Talbot Hospice has developed wide and deep community financial support for Hospice.

After three years of exploration of alternative means to unify Hospice functions, including close consideration of creation of a new Hospice affiliate of Shore Regional Health (so-called Five Rivers Hospice), Talbot Hospice and Shore have decided upon a different approach. This alternative approach recognizes that Hospice culture can best thrive under leadership of community-based entities and not under the direction of a major Statewide health system. For this reason, with the support of Shore Regional Health, Talbot Hospice Foundation is now applying for its own CON and license, consistent with the State Health Plan, as amended in October of 2013.

In my role as leader of the Board of Talbot Hospice Foundation, I have been deeply impressed by the commitment of my fellow Board members, the dedication and excellence of Talbot Hospice staff and by the broad and generous support furnished Talbot Hospice by the community. I urge favorable action by the Commission on our CON application as expeditiously as possible.

Sincerely,

J.T. Smith II

Mr. Kevin McDonald
Maryland Health Care Commission

May 12, 2014

Dear Mr. McDonald:

As a volunteer at Talbot Hospice, I have seen firsthand the impact that this caring group has on those in need. Death is something that we all face, for ourselves and for our loved ones. To know that there is a place to go at that time which honors our wishes and provides a peaceful setting is a comfort to us all.

You can tell by the legions of volunteers and financial backers that this organization is vital to our community. By becoming a full service medical hospice, Talbot Hospice could take on an even greater role. Please consider this and approve their application.

Sincerely,

Lindsley Smith

Lindsley Smith

Mr. Kevin McDonald
Maryland Health Care Commission

May 14, 2014

Dear Mr. McDonald:

I am writing in support of Talbot Hospice's application to become a full service medical hospice. As a Board Member for the past 6 years, I am fully aware of the value that we add to the local community and of the local community's support. We have raised the necessary funds to add six highly needed beds along with the ancillary support services needed to staff a fully functioning medical facility.

Having been involved in various businesses for the past 45 years, I have never worked with a more competent, able and caring staff. The primary focus has always been on our Guest Wing patients and their families. I am always gratified by the almost unanimously favorable comments from friends and neighbors talking about their Talbot Hospice experiences.

Talbot County deserves to have a top flight, fully functioning medical hospice. Talbot Hospice can be that provider.

Sincerely,

Lon Smith

Anne Smyth
28571 Clubhouse Drive
Easton, MD 21601

Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald:

I am writing to add my support for Talbot Hospice getting a Certificate of Need and becoming a general license hospice. This will allow Talbot Hospice to provide additional services, services which are crucial in Talbot County. It will also allow them to have a comprehensive hospice program and admit patients 24 hours a day.

I am in Development at Talbot Hospice Foundation and in that position I hear stories from families and friends of guests who have been served in Talbot Hospice's Guest Wing. Additionally in processing the memorial donations, I read many letters and notes paying tribute to the compassionate care their loved ones received here.

While working here, I have also been aware of the dedicated and energetic efforts of the Foundation's Board of Directors. Many times they have been faced with difficult decisions and have been willing to take on the challenges. The goal is always to provide the best end-of-life care for the people and their families we serve.

Please approve Talbot Hospice's application for a CON in Talbot County.

Anne Smyth
Development Administration

5-28-14

Dear Mr. McDonald,

Hi! My name is Henrietta and I have been a volunteer for Talbot Hospice for 10 years. It started when my sister-in-law was diagnosised with lung cancer. I wanted to be able to help her and also be there for my brother & their daughter.

Since then, I have delivered supplies & flowers to pathway patients - I also take them to the store, Dr appt and treatments. they appreciate everything so much.

No matter who you talk to, they all have so much praise for the care their loved ones have received in the quiet wing.

All the volunteers & the staff give so much of themselves.

I support the Talbot House to become a full service medical hospice.

Sincerely,
Henrietta Spence

TALBOT COUNTY, MARYLAND
DEPARTMENT OF EMERGENCY SERVICES
605 PORT STREET
EASTON, MARYLAND 21601

Phone: 410-770-8160

Fax: 410-770-8145
TTY: 410-822-8735

May 27, 2014

Kevin McDonald, Chief
Maryland Healthcare Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. McDonald:

Talbot County Emergency Services is pleased to write a letter of support for Talbot Hospice Foundation in their effort to become a full-service medical hospice by successfully obtaining a Certificate of Need from the Maryland Healthcare Commission.

Talbot Hospice Foundation provides high quality and compassionate healthcare services to those in their time of need. Time and again, our emergency medical providers interact with terminally ill patients, and their families, and in doing so know firsthand how vital their services are in bringing both comfort and respect to the dying process. By becoming a full-service medical hospice, more patients will be served; patients will be able to be admitted seven days a week and jobs will be created through the hiring of additional nursing staff and social workers.

If I can add any additional support to this process or answer any questions please do not hesitate to contact me... Again I thank you for yours and the Health Care Commissions consideration.

Sincerely,

Clay B. Stamp

Clay B Stamp,
Assistant County Manager and Director of Emergency Services

Mr. Kevin McDonald
Maryland Health Care Commission

Trappe, Md.
May 15, 2014

Dear Mr. McDonald:

I am a volunteer at the Talbot Hospice Foundation in Easton, Md. I became a volunteer about (10) ten months after my husband passed away while a patient there.

He was in a hospital in Baltimore when we were told he had bone cancer and only had a few weeks to live. They wanted to know where we wanted to take him. Whether it be home or to a nursing home in our area. Well, George had always gone to visit friends at Hospice and said if he ever got in that condition, that is where he wanted to be. So this is what we told them in Baltimore. However, this was on a Friday and when we called Hospice to see if there was a room available, we were told they did not accept patients on weekends. The doctors told us if they did not transfer him on Saturday, he may not be up to moving after that. So we had him transferred to Wm. Hill Nursing Home in Easton.

On Monday I called Hospice and talked to Donna Stone and she came over to Wm. Hill to evaluate George and said they did have a room and he could be moved there immediately. So this is what we did. However we did so at a cost, because the insurance company said he did not have to be moved, it was our choice.

He was there for (11) eleven days before he passed away and he received excellent care the whole time he was there.

Talbot Hospice is an excellent facility and an asset to our community. I truly believe it should be accessible to the patients on a 24/7 basis. If it had been when we needed it, it would have saved us a lot of grief.

Please consider making Hospice a full service medical facility.

Yours truly,

Janice Stevens
29336 Howell Pt. Rd.
Trappe, Md. 21673

8404 Aveley Manor Lane
Easton, MD, 21601

May 13, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Re: Talbot Hospice Certificate of Need

Dear Mr. McDonald:

My name is Brenda Stone, and I am a 20 year resident of Talbot County. Talbot Hospice is an invaluable resource to our community, uniquely serving the needs of those families dealing with one of the most difficult transitions of life.

I have come to know Talbot Hospice intimately from several directions. First, as a retired nurse practitioner I have been a clinical volunteer working directly with "guests" at Hospice House providing needed bedside care (physical and emotional). I have worked with many other volunteers in both clinical and non-clinical aspects of the operation, and can attest to the very broad engagement of community members. I personally have also had several friends pass away while benefiting from Talbot Hospice's services; I know first hand the relief and confidence provided to the families of these people. Thirdly, my husband and I for many years have been, to a modest degree, donors to Talbot Hospice and seen the outpouring of financial support given to Talbot Hospice by very many in the community who are lucky enough to be able to do this.

A final experience: through Talbot Hospice I have also become an end of life doula. There are 30 volunteers who have been trained to be at the bedside in the final hours of dying. We are on call and available at the request of the family.

The one thing that Talbot Hospice most requires to complete its mission is to receive from your office a Certificate of Need. Only then can we add those services required to become a full service medical hospice, an expanded level of care much needed in Talbot County. I urge you to issue this CON as soon as is practicable.

Sincerely yours,

Brenda Stone

Brenda Stone

Ashley Tanis
331 Larch Place
Stevensville, MD

May 23, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

I grew up in Talbot County and now currently reside in Queen Anne's county. I have been volunteering for Festival of Trees for many years to show my support of their mission. I know numerous families that have used Hospice care to make the end of life for a loved one easier. I also personally know how valuable Talbot Hospice is since my grandfather was in their care prior to his passing. The staff at Talbot Hospice is loving, caring, and treats each patient as a life, not a death. They bring comfort to so many people and families going through a horrible time.

Community is defined as "people with common interests living in a particular area." Everyone has the common interest of caring and compassion, which is exactly what Talbot Hospice provides. This is why Talbot Hospice becoming a full service medial hospice is so important for the Talbot County community. They already provide such a wonderful service to the community, and becoming full service will only let them climb to greater heights by being able to provide for more patients with more comprehensive care.

I fully support Talbot Hospice's application to become a full service medical hospice.

Sincerely,

Ashley Tanis

Ashley Tanis

Peter & Shirley Thatcher

P.O. Box 86, Neavitt, MD 21652

Email: thatcher21652@gmail.com Tel: 410-745-3897

May 18, 2014

Dr. Kevin McDonald

Maryland Health Care Commission

Annapolis, MD

Dear Dr. McDonald:

My wife and I are both in our 70s. We watch as our nearby friends and neighbors begin to pass away, with increasing frequency. That's the nature of life: sooner or later, you die.

Many of these deceased friends/neighbors ended their days at the Talbot Hospice. I expect that my wife and I will, too. But it is often the case that these folks end up at a hospice many miles from their spouses' homes because the Talbot Hospice does not have the level of medical care that is required as their ends become more complex. So we would like to see Talbot Hospice become a full service medical hospice. All of our friends support this, as well.

Thank you for your consideration of this matter.

Peter A. Thatcher Shirley B. Thatcher

Mr. Kevin McDonald

1. My name is Betty Todd; I am a volunteer for the Talbot Hospice and have been for the past 16 years. My father was under the care of a hospice nurse in Queen Anne's county, when he died and I retired I said I was going to pay back to hospice. When I started as a volunteer it gave me great satisfaction.

2. I really think that Talbot hospice would be a great service to Talbot County if it became a full service medical hospice.

3. Talbot hospice is a great facility for the county. Hospice House is a nice place for the people to come at the end of life. When we go out in the community it gives the people time to stay at home with their families.

May 21, 2014

Talbot Hospice Foundataion
586 Cynwood
Easton, MD 21601

Dear Mr. McDonald,

My father-in-law, Henry Turner, has been a resident of Talbot Hospice House since the beginning of February. Therefore, I have had many opportunities to observe the function of the center (since I am there just about everyday).

I am extremely impressed with the facility and consider it a gift that it is available to Henry during this period of his life. I am so amazed at the consistently good attitude of the employees as well as the volunteers that are ever present. It is, without question, an essential institution as part of the fabric of the community of Easton and Talbot County. I honestly don't know what we would have done without having this available to Henry.

After hearing about the proposal to make the foundation a full service medical practice, I felt it important to let you know that I fully support this concept. The one drawback I have witnessed is the difficulty with communication that exists between the nursing staff and the facility, particularly with the issue of administering medications. As a result there have been, at times, lapses in prescription availability. This is no reflection any individual's care but merely what happens when one doesn't have a centralized place of operation. Also, when I have have medical questions, it would be much more efficient to have one on staff to deal with the issues.

I truly hope this program sees fulfillment for it would be something that would make this incredible program even more remarkable

Regards,

Anne L. Turner

Anne L. Turner

May 20, 2014

Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald,

My name is Judd Van Dervort and I live in St. Michaels, Talbot County, Maryland. I am a financial supporter of Talbot Hospice because I think that it is a very important organization and one that many of the citizens of Talbot County will need some day.

I'm writing to ask you to approve Talbot Hospice as a full-service medical hospice.

Judd Van Dervort
24025 Lynnewood Drive
St. Michaels, MD 21663

Talbot Hospice
FOUNDATION

Celebrating Life Every Day

Dear Mr. McDonald,

My name is Wendy VanNest; my title is Director of Family Services. I've worked at Talbot Hospice Foundation for eleven years. I worked as a volunteer for two and one half years before becoming an employee, first, as an administrative volunteer and, later, as assistant to my mentor and teacher, Millie Parrott, prior to her retirement. Millie was a founder of Talbot Hospice Foundation and she modelled putting patients' and families' needs above all else. My personal mission is to benevolently respond to peoples' needs as quickly as possible ideally before they even know what they need. I absolutely love hospice work.

Our organization's intention in seeking your approval of our full-service medical license application is to finally be free to become whole and well-functioning. Nothing about our intention is politically or financially driven. We want to become a World Class Hospice organization so that we can meet or exceed the expectations of the worthy people we serve.

Thank you for your kind consideration, Mr. McDonald.

Wendy VanNest
Director of Family Services
Pathways Program Manager
Talbot Hospice Foundation

Talbot Hospice Foundation, Inc. · 586 Cynwood Dr. · Easton, MD 21601-3805 · 410-822-6681 · fax 410-822-5376 · www.talbothospice.org

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May 22, 2014

Mr. Kevin McDonald, Chief
Certificate of Need
Center for Health Care Facilities
Planning and Development
Maryland Health Care Commission

Dear Mr. McDonald,

I am a Talbot County resident who has volunteered at the Talbot Hospice for 9 years. I am a retired Federal annuitant. I was an employee of the Social Security Administration for 36 years. Since I retired, I have enjoyed volunteering for several non-profit organizations in Talbot County. The organization to which I devote the majority of my volunteer time is our Hospice.

No one will understand the support that Hospice provides until you have a loved one who is terminally ill. I experienced this support in Baltimore when my mother was dying from cancer 25 years ago. I was the sole caregiver. Hospice took care of my mother, and I was able to continue working. They provided her with excellent medical care. The Hospice staff was caring, understanding and supportive.

More recently, in October and November 2013, my close friend, Sue Swann was in the Talbot Hospice for 6 weeks. Several weeks before, I encouraged her to ask Hospice for help. Her caregiver was her 80 year old husband, Myron. I told them that about our wonderful Hospice. Its staff of administrators, nurses, aides, and volunteer caregivers are exceptional.

The Hospice has over 300 volunteers who strongly believe in the need for a Hospice in our community. The majority of volunteers are there because they want to give back. Almost everyone had experience with a hospice helping his or her family.

I am writing to stress the need for the Talbot Hospice to become a full service medical hospice. The population of Talbot County is increasing, particularly with senior citizens. These seniors unselfishly give many hours of unpaid time and services to the Hospice. They also have varied valuable experience to assist in our program. We

also will need more medical professionals on staff to handle the increase in the numbers of future patients. And, most importantly, the county residents will have the Hospice support when they need it rather than be on a waiting list for admission.

I ask that you and your staff approve the Certificate of Need. Our county has a wonderful Hospice with an outstanding staff of employees and volunteers. They hope to become a full-service medical hospice to strengthen this role. Most importantly, they want to be there for all of our citizens when Hospice services are needed.

I thank you for your consideration of this request.

Sincerely,

Susan M. Walsh

Susan M. Walsh

8404 Aveley Manor Lane
Easton, MD, 21601

May 13, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Re: Talbot Hospice Certificate of Need

Dear Mr. McDonald:

My name is Dan Watson and I am a 20 year resident of Talbot County. Talbot Hospice is an invaluable resource to our community, uniquely serving the needs of those families dealing with one of the most difficult transitions of life.

I have come to know Talbot Hospice from several directions. I personally have had several friends pass away while benefiting from Talbot Hospice's services; I understand the relief and confidence provided to the families of these people.

My wife has been a volunteer at Talbot Hospice for 15 years. She has provided hands on care in the guest wing as well as served on a liaison committee for volunteers and staff. As a retired nurse, she sees the need for expanded services at Talbot Hospice.

In addition, my wife and I for many years have been, to a modest degree, donors to Talbot Hospice and seen the outpouring of financial support given to Talbot Hospice by very many in the community who are lucky enough to be able to do this.

The one thing that Talbot Hospice most requires to complete its mission is to receive from your office a Certificate of Need. Only then can we add those services required to become a full service medical hospice, an expanded level of care much needed in Talbot County. I urge you to issue this CON as soon as is practicable.

Sincerely Yours,

Dan Watson

Nancy D. Waxter
8845 Teal Point Road
Easton, Maryland 21601

5/24/2014

Dear Mr. McDonald,

I am a retired decorater now living alone in the second house we have built in Talbot County. We were married sixty-four years but I lost my husband December 3, 1913 after a short illness here and at Talbot Hospice. Prior to all this I cooked Sunday night supper for a number of years until arthritis prohibited it.

I thoroughly support Talbot Hospice becoming a full service medical hospice. The need is great. It now attracts the finest workers in so many different volunteer jobs. It is there to serve everyones' needs but I and my two grown children observed first hand the care and attention given to their Father, my husband.

We thank you in advance for giving your full consideration to this request.

Most sincerely,
Nancy Waxter

JESSIE GREGG WEDDLE
1030 Riverview Terrace
St. Michaels, MD 21663
15 May 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Dear Mr. McDonald

About six years ago while my brother was a patient in the guest wing at Talbot Hospice House I visited frequently and observed first hand the tender, loving care he received on a daily basis, not only from professional employees but also from volunteers. I was so impressed that I joined the volunteer ranks shortly thereafter and still serve on a weekly basis.

The time has come for Talbot Hospice to become a full service medical hospice. Enlarging our present facilities, increasing our staff, adding enthusiastic volunteers and, above all, providing further comfort and solace for more and more of those in need of loving care, whether it be in homes or in an enlarged hospice house is a dream we have all had. We would like to see this dream become a reality.

Yours very truly,

Jessie Gregg Weddle

May 27th, 2014

Dear Mr. McDonald,

I'm writing this letter to support Talbot Hospice on becoming a full service Medical hospice.

My name is Virginia Whittington I have been an employee of Talbot Hospice for 15 years. I am a certified nursing assistant & certified in Hospice & Palliative care. I love my job & what hospice stands for in my community. We have accomplished so many things & have helped so many families & their loved ones. I would like Talbot hospice continue to provided our services to our community & surrounding counties. We as CNA get alot of thank you cards & letters from

families of their loved one's, we have taken care of. Like how much they appreciate all of our wonderful services during & after their loved one have passed or gotten better enough to go home after our great care.

So I'm writing this letter in support of Talbot Hospice becoming a full medical Hospice.

Sincerely,
Vyvine Whitty

Julie

I am proud of Hospice, and all the people involved in various programs.

I fully support Hospice becoming a full medical center 24 hrs 7 days a week

Janet Hill

May 27, 2014

Dear Mr. McDonald,

My name is Betsy Wilson and I live at Londonderry on the Red Avon. My husband, Charles A. Wilson Jr, died about two and a half years ago while under the care of Hospice. I will never ever forget the wonderful care he received from, as I call them, the angels from Talbot Hospice. We were able to stay right here at Londonderry ~~and~~, which is what my husband and I wanted, and care was sent to us. That ~~ca~~ care was absolutely the best. One night the two of us fell to the floor while I tried to get him to the bathroom. The security guard here (responding to the cord I pulled) said she would call for an ambulance to take Charlie to the hospital. When I said no, we

are under Hospice Care, he phoned Hospice and within a flash a nurse from our wonderful Talbot hospice was here! That was a true miracle to me at 2AM in the morning. She helped me get him back settled for the night in his reclining chair before she left. A few days after that he was being bathed by a simply devoted nurse when he said he had to sit back down. We let him do that immediately and with that he just sort of collapsed and died. It was very peaceful and his illness was COPD, and I was so afraid he would die gasping for breath. Do you know that very special nurse came to his funeral! I will never ever forget that or the other "hospice angels".

I heartedly support Talbot Hospice's application to become a

full service medical hospice. Our Talbot Hospice is very important to our community in many ways, and continues to touch the lives of many.

With a very grateful heart to "my angels of hospice", I will sign off, and hope the Maryland Health Care Commission will agree to Talbot Hospice becoming a full service medical hospice.

Betsy Wilson

May 27, 2014

Greetings to All,

The Talbot Hospice Foundation has been one of few beacons in our community as long as I can remember.

My grandmother, Gloria, assisted the THF and she is how I came to know about the priceless services they provide for our families in the community. After my grandmother passed, we held a number of annual charity basketball events in her honor to help raise funds for THF and another important organization.

Unfortunately, a few years later my grandfather, Benjamin, took ill due to age and THF helped us cope in his last days.

The only regret that I have is that I couldn't raise millions in charity to help the wonderful organization we know as Talbot Hospice Foundation.

Thank you,

Lamont

Lamont Wilson

Family served by THF

Fran Wolfe – 28492 Waterview Drive – Easton, MD 21601

May 22, 2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

I'm writing today to let you know how very much Talbot Hospice needs to become a Full Service Medical Hospice.

I'm proud to have been a volunteer for Talbot Hospice for approximately 12 of the 14 years I've lived in Talbot County. It is a fabulous organization and one of the most respected in Talbot County. To be an even better Hospice to our community it is very important that the Maryland Health Care Commission approve Talbot Hospice to become a Full Service Medical Hospice.

It is a decision that you too would be proud of because Talbot Hospice is a most respected organization, and any person or organization that provides extra support would be assured of being praised for being prudent and wise.

Please help us be an even better Hospice by granting our request to become a Full Service Medical Hospice. All the wonderful people who have been enrolled in Hospice are most grateful for our care, but we wish to make it even better. Please help us do that.

Most of my work with Hospice has been as a companion in private homes. When at an end-of-life situation, we want to be sure that we are able to provide everything possible to make it possible for people to stay in their homes. And, whether in their own home, a nursing home or a bed in Hospice House, we want to be the best.

I thank you for your consideration and look forward to a favorable response, so I can share with other members of our community that the Maryland Health Care Commission ... CARES!

With sincere care for those in the final days of their lives,

Fran Wolfe

Fran Wolfe

Proud Volunteer of Talbot Hospice

John Wolfe – 28492 Waterview Drive – Easton, MD 21601

May 22, 2014

Mr. Kevin McDonald

Maryland Health Care Commission

Dear Mr. McDonald,

I've been a resident of Talbot County for 14 years. Shortly after moving here, my wife became a volunteer for Hospice. She says it is one of the most rewarding things she has ever done in her life.

When I share that my wife is a Hospice volunteer, I hear nothing but praise for the Hospice organization.

Now, my wife tells me that Talbot Hospice is applying to the Maryland Health Care Commission to become a Full Service Medical Hospice. When she explained the needs, I totally understood. My father was in Hospice for the last two months of his life in New York State. That Hospice was a Full Service Medical Hospice and it was so important that everything he needed medically could be provided by Hospice. I would hope that Talbot Hospice can soon become a Full Service Medical Hospice and ask that you please give a favorable reply to their request.

I thank you for your consideration, and hope that I can soon share with other members of our community that the Maryland Heath Care Commission is all about CARE.

With sincere regards,

John Wolfe

Talbot County Resident

John R. Wolfe
246 Perry Cabin Drive
St. Michaels, MD 21663
Tel: 410-745-3801
E-Mail: wolfejr@verizon.net

May 13, 2014

Mr. Kevin McDonald
Maryland Health Care Commission

Re: Talbot Hospice Foundation – Certificate of Need

Dear Mr. McDonald:

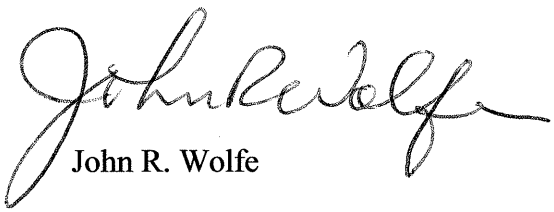
I am writing in support of the issuance of a Certificate of Need (CON) for the Talbot Hospice so it may continue its outstanding support of end-of-life patients in Talbot County. Talbot Hospice has for many years been a shining example of the close cooperation of dedicated staff and untiring volunteers that is possible when a shared vision is articulated and practiced. Talbot Hospice excels at providing wonderful, compassionate care for patients and their families through an extensive array of in-house and outreach programs for Talbot County and beyond.

In our changing environment of health care delivery, it has been become necessary for Talbot Hospice to seek certification as a full-service medical hospice so it may continue to provide these vitally important services.

I have been a full time resident of Talbot County for over 12 years, and have reached the age that several friends and acquaintances have required the services offered by Talbot Hospice. To a person, all that have been associated with these services sing the praises of the professional and caring treatment they received at Talbot Hospice. It is vital that this organization is allowed to grow in its mission to serve the needs of the citizens of Talbot County and surrounding areas.

Thank you for your consideration of this request of issuance of the CON for Talbot Hospice.

Sincerely,



John R. Wolfe

MARY GORGEN WOLFE
246 Perry Cabin Drive
St. Michaels, MD 21663
410-745-3801

April 28, 2014

To: Maryland Health Care Commission

I am writing in strong support of your granting a Certificate of Need to the Talbot Hospice Foundation (THF).

I am very proud to have volunteered with THF for the past 12 years. As a life-long community volunteer, I have found Talbot Hospice to be one of the finest non-profit organizations with which to be associated. It offers extreme compassion for those it serves – individuals, entire families, and all people associated with it.

Talbot Hospice is considered to be a top organization in our greater area. It is extremely well run, with dedicated staff and Board members. It has over 300 volunteers who are pleased to serve where needed. The volunteers help in the homes of those facing the end of life, in assisted living and nursing homes, as well as in the Guest Wing of the THF facility. Among other tasks, the volunteers assist the professional staff with care giving, do laundry, prepare meals in the accredited kitchen, provide live music almost every day, tend to the lawn and gardens, do reception and office jobs, recognize veterans by sewing patriotic products, run errands, and host fund raisers. The doula program is very special – providing companions to families during the last hours of their loved-ones lives.

The Talbot Hospice Foundation should be granted a Certificate of Need as soon as possible, to move toward becoming a full-service medical hospice.

Thank you very much.

Sincerely,

Mary G. Wolfe

Mary G. Wolfe

Wind in the Willows

Marie Zinninger
PO Box 368
Neavitt, MD 21652

Kevin McDonald, Chief
Division of Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

May 16, 2014

RE: CON Talbot County Hospice Foundation

Dear Mr. Mc Donald:

This letter is written in regard to the Talbot County Hospice Foundation becoming a full service medical hospice. I support this effort by our Board of Directors.

I am resident of Talbot County and a volunteer at the Talbot County Hospice. I help in providing meals for the residents of the guest wing.

Many both in the guest wing and in-home services use the services of Talbot Hospice. I know of families who have used both types of service and are eternally grateful. A gentleman across the road from me used in-home services and died peacefully looking out across Broad Creek. Another nearby resident recently passed in the guest wing. Another neighbor recently died at another hospice because Talbot was not a full service medical hospice. This meant that it was difficult to visit because of the travel involved. It was equally hard on the family to go back and forth.

Talbot Hospice is a well-established facility with a dedicated professional staff and many community volunteers. It deserves the certificate of a full service medical hospice.
We thank you for your positive consideration of this application.

Sincerely,

Marie Zinninger

Marie Zinninger-Blake
410-745-9711