BEFORE THE MARYLAND HEALTH CARE COMMISSION

IN THE MATTER OF ADVENTIST HEALTHCARE, INC. D/B/A WASHINGTON ADVENTIST HOSPITAL	Docket No. 13-15-2349

ADVENTIST HEALTHCARE, INC.'S PROVISION OF ADDITIONAL INFORMATION REQUESTED BY THE REVIEWER'S LETTER OF JULY 10, 2015

By letter dated July 20, 2015, Commissioner Phillips, the Reviewer in the proceeding, requested that Adventist HealthCare, Inc. ("AHC") provide certain additional information, primarily concerning services that will be furnished at AHC's Takoma Park campus following the planned relocation of the Washington Adventist Hospital ("WAH" or the "Hospital"). This submission reflects AHC's submittal of the information requested.

A. BEHAVIORAL HEALTH ASSESSMENTS AND PROVISION OF SERVICES

1. AHC's Plans To Assess And Appropriately Place Patients

REQUEST: Please provide a more detailed description and more complete information regarding Adventist's plans to assess and appropriately place patients with likely behavioral health diagnoses who present: (1) at the proposed replacement hospital's emergency department; or (2) at Adventist's Takoma Park campus' urgent care center. Detail the staffing and resources that will be available to assess these patients at each site on a 24-hour basis (or, if not on a 24-hour basis, at the various applicable times), including the actual location at each site where behavioral health assessments will be made. Please complete the table in Attachment A and provide other information as needed to assure that Adventist has presented a complete picture of behavioral health assessments and placements.

RESPONSE: Adventist HealthCare Behavioral Health & Wellness Services (Behavioral Health & Wellness Services) has broad experience in providing behavioral health services and offers an array of acute, residential treatment and outpatient programs and services for adults and adolescents across the State of Maryland, including:

- A 106-bed freestanding facility in Rockville
- Partial Hospitalization Program and Intensive Outpatient Program at Rockville
- 15-bed acute and 50-bed residential treatment center in Cambridge
- Partial Hospitalization Program at Cambridge
- 40-bed inpatient behavioral health services at Adventist HealthCare Washington Adventist Hospital in Takoma Park
- Partial Hospitalization Program and Intensive Outpatient Program at Takoma Park
- Parent-Child Clinic at the Lourie Center for Children's Social and Emotional Wellness
- Two 8-bed therapeutic group homes for adolescents
- Lourie Center School at the Lourie Center for Children's Social and Emotional Wellness
- 16-bed assisted living facility for adults with chronic mental illness
- Early Head Start Program at the Lourie Center for Children's Social and Emotional Wellness
- Therapeutic Nursery Program at the Lourie Center for Children's Social and Emotional Wellness
- Special and general education services at The Ridge School of Montgomery County and the Ridge School of the Eastern Shore.

The programs at Behavioral Health & Wellness Services include both treatment for mental illnesses (such as depression and schizophrenia) and substance use challenges. The organization provides needs assessment services, psychotherapy (individual and group), psychoeducation, medication management, expressive therapy (art, movement, music and pet therapy), nutritional counseling, and pastoral care.

Upon relocation of WAH to White Oak, the behavioral health services in Takoma Park will become licensed as part of Behavioral Health & Wellness Services. All needs assessment, inpatient, partial hospitalization and outpatient behavioral health services currently offered at the Hospital in Takoma Park will continue to be provided. The behavioral services provided in the relocated WAH ED in White Oak will be based on the same model used at AHC's Shady Grove Medical Center ("SGMC"), where behavioral health services and evaluation are provided in conjunction with Behavioral Health & Wellness staff and resources. The needs assessment services that will be provided at the AHC urgent care center in Takoma Park and the WAH ED in White Oak will be consistent with the needs assessment services that WAH has offered for more than 15 years.

Behavioral Health Needs Assessment services may include the following:

I. Diagnostic psychiatric evaluations for the presence of a mental illness and/or substance use;

II. Disposition to inpatient care, if needed;

III. Disposition to partial hospital program, if needed;

IV. Disposition to outpatient mental health care, if needed;

V. Referrals and linkage to ongoing community-based mental health and substance abuse services; and

VI. Communication with the patient's current providers in order to coordinate appropriate care and disposition.

The information set forth below and on Attachment A reflects AHC's plans to assess and appropriately place patients with behavioral health diagnoses who present either at the planned urgent care center on the Takoma Park campus or the new WAH ED in White Oak.

2. Illustrative Assessment/Intake Scenarios

REQUEST: For the following scenarios, please provide step-by-step illustrations of how the assessment/intake of a likely behavioral health patient will be conducted, depending on where the patient first presents.

In illustrating the steps, please describe where the initial assessment will take place, how this assessment will be staffed, what the possible dispositions are following the assessment and how the patient is expected to transition through the health care system, and the additional steps for each possible disposition. Detail, as appropriate to the scenario, how the disposition of the patient following assessment will be affected, based on the patient's presenting location.

Additionally, if the assessment/intake process is likely to vary depending on the time of day or day of week, please describe the process during each time segment.

Finally, also address actions that Adventist will take to minimize the need to transport patients between Adventist's Takoma Park campus and the proposed relocated Washington Adventist Hospital.

RESPONSE: The following illustrates Behavioral Health & Wellness Services' plan to assess and appropriately place patients with behavioral health diagnoses who present at the proposed WAH ED in White Oak or at AHC's planned urgent care center at the Takoma Park campus. Needs assessment staff and clinicians at Behavioral Health & Wellness Services are trained to evaluate and facilitate disposition for individuals who present with acute psychiatric symptoms. Our staff will work in collaboration with the patient, treatment provider, and spouses/significant others/family members to determine the appropriate level of care for each patient. The location where the patient presents for assessment services (whether at the WAH ED or at AHC's urgent care center) will have no bearing on the patient's disposition.

Services of qualified mental health professionals will be available during all of the urgent care center's operating hours and needs assessment services at both the urgent care center and the relocated WAH ED will be consistent with those provided at SGMC and at Behavioral Health & Wellness Services.

a. Scenarios 1a-e

REQUEST: A patient presents at the proposed urgent care center on Adventist's Takoma Park campus and the patient:

a. Appears to be a danger to himself/herself or others;
b. Appears to be so disabled by a mental disorder that s/he does not have ability to fulfill activities of daily living, including caring for the patient's children;
c. Has a compromised physical state that further complicates the patient's mental state;
d. Requests a referral for behavioral health problems; and
e. Is already being treated with powerful psychotropic drugs (such as clozapine), but the treating provider cannot be reached.

RESPONSE:

a. Appears to be a danger to himself/herself or others:

- The patient is in triage and placed in a private room for individuals identified in need of psychiatric emergency services, where all potentially harmful items have been removed from the room before the patient enters.
- A physician will perform a physical evaluation of the patient to identify any existing medical conditions currently being treated or to determine if treatment is needed.
- Upon completion of the physical evaluation and after providing any medical intervention needed for the patient, the physician requests a qualified mental health professional (clinical psychologist, clinical social worker, clinical nurse

specialist, nurse practitioner or psychiatric nurse) on-site to complete an assessment of the patient

- The qualified mental health professional assesses the patient in the same room to minimize any undue stress to the patient.
- Collaborating with the physician, the qualified mental health professional will review the physicians' and triage notes and any other diagnostic information (such as lab results), as part of the assessment.
- Based upon the information provided by the patient, the qualified mental health professional attempts to contact the current treating provider to obtain additional relevant treatment history and to inform the provider of the current episode of care. The attempt and ability/inability to reach the provider is documented on the assessment form.
- Upon completion of the behavioral health assessment with the patient and collaborating with the attending physician, the qualified mental health professional calls the on-call psychiatrist to review the comprehensive results of the physical evaluation and behavioral health assessment to determine appropriate disposition of the patient.
- Based upon the behavioral health assessment and in collaboration with the physician, the patient appears to be a danger to herself/himself or others due to an altered mental status, and it is determined by the psychiatrist that, due to the severity of the psychiatric symptomology and the physicians' determination of the lack of an underlying physical reason for those

symptoms, inpatient admission is the most appropriate disposition for the patient.

- The on-call psychiatrist agrees to admit the patient. In the event the patient does not meet the requirements for admission, the physician will present other options for treatment, including a partial hospitalization program, intensive outpatient Program outpatient services or a referral.
- The qualified mental health professional documents the conversation with the psychiatrist and communicates the disposition to the urgent care physician.
- The qualified mental health professional then communicates with the patient the need for their care being psychiatric inpatient treatment. If the patient agrees to the recommended disposition, she/he identifies the provider of choice as Behavioral Health & Wellness Services and consents to treatment. If the patient does not agree to treatment, the qualified mental health professional begins the process of involuntary admission, consistent with current practices and standards.
- The qualified mental health professional then calls the patient's health insurance provider to obtain authorization for inpatient care. The qualified mental health professional shares the results of the comprehensive assessments and treatment recommendations with the insurance provider. Once the insurance authorizations are obtained, the qualified mental health professional documents the information and authorization numbers, as well as communicates approval of disposition to the urgent care physician. If the patient does not have insurance, Behavioral Health & Wellness Services will

assist the patient in determining financial needs and applying for Medicaid coverage.

- The qualified mental health professional will also notify the patient's spouse (or legally-designated representative) and current community-based treating provider of the disposition. In this scenario, because psychiatric inpatient services are offered on site, the patient would be escorted by security and behavioral health inpatient staff from the urgent care center to the inpatient unit.
- Based on the completion of the comprehensive assessment, the presenting patient will either be transported to inpatient care or given the necessary information for her/his authorized disposition to a partial hospitalization program, intensive outpatient program or outpatient services (including the names and contact information of up to three providers as part of the discharge instructions). The qualified mental health specialist will document this patient evaluation and disposition in the EMTALA log as required.

b. Appears to be so disabled by a mental disorder that s/he does not have ability to fulfill activities of daily living, including caring for the patient's children:

- The patient is in triage and placed in a private room for individuals identified in need of psychiatric emergency services, where all potentially harmful items have been removed from the room before the patient enters.
- A physician will perform a physical evaluation of the patient to identify any existing medical conditions currently being treated or to determine if treatment is needed. Upon completion of the physical evaluation and after

providing any medical intervention needed for the patient, the physician requests a qualified mental health professional (clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or psychiatric nurse) on-site to complete the assessment of the patient.

- The qualified mental health professional completes the assessment of the patient in the same room to minimize any undue stress to the patient.
- Collaborating with the physician, the qualified mental health professional will review the physicians' and triage notes and any other diagnostic information (such as lab results) as part of the assessment.
- Based upon the information provided by the patient, the qualified mental health professional attempts to contact the current treating provider to obtain additional relevant treatment history and to inform the provider of the current episode of care. The attempt and ability/inability to reach the provider is documented on the assessment form.
- Based upon the results of the physical evaluation, the patient's current physical status appears compromised based upon noncompliance with medication and altered mental status, as all other lab results are within normal limits.
- Based upon the behavioral health assessment and in collaboration with the physician, the patient appears to be unable to fulfill activities of daily living, including caring for her/his children
- The qualified mental health professional will reach out to the patient's spouse (or any legally-designated representative) and gather additional clinical

information, as well as determine if the children are safe. The communication with the spouse is documented on the assessment form. If a spouse or legally-designated representative cannot be reached, then the police and/or Child Protective Services will be called to intervene.

- Upon completion of the behavioral health assessment with the patient and collaborating with the attending physician, the qualified mental health professional calls the on-call psychiatrist to review the comprehensive results of the physical evaluation and behavioral health assessment to determine appropriate disposition of the patient.
- It is determined by the psychiatrist that due to the severity of the psychiatric symptomology and the urgent care physicians' determination of the lack of an underlying physical reason for those symptoms, inpatient admission is the most appropriate disposition for the patient.
- The on-call psychiatrist agrees to admit the patient. (In the event that the patient does not meet the requirements for admission, the qualified mental health professional will present other options for treatment, including partial hospitalization program, intensive outpatient program, outpatient services or a referral.)
- The qualified mental health professional documents the conversation with the psychiatrist and communicates the disposition to the physician.
- The qualified mental health professional then communicates with the patient the need for inpatient psychiatric treatment. If the patient agrees to the recommended disposition, she/he identifies the provider of choice as

Behavioral Health & Wellness Services and consents to treatment. If the patient does not agree to treatment, the qualified mental health professional will begin the process of involuntary admission, consistent with current practices and standards.

- The qualified mental health professional then calls the patient's health insurance provider to obtain authorization for inpatient care. If the patient does not have insurance, Behavioral Health & Wellness Services will assist the patient in determining financial needs and applying for Medicaid coverage. Once the insurance authorizations are obtained, the qualified mental health professional documents the information and authorization numbers as well as communicates approval of disposition to the urgent care physician. The qualified mental health professional shares the results of the comprehensive assessments and treatment recommendations with the insurance provider.
- The qualified mental health professional will also notify the patient's spouse (or legally-designated representative) and current community-based treating provider of the disposition. In this scenario, because psychiatric inpatient services are offered on site, the patient would be escorted by security and behavioral health inpatient staff from the urgent care center to the inpatient unit. Based on the completion of the comprehensive assessment, the presenting patient will either be transported to inpatient care or given the necessary information for their authorized disposition to a partial hospitalization program, an intensive outpatient program or outpatient

services (including the names and contact information for up to three providers as part of the discharge instructions). The qualified mental health professional will document this patient evaluation and disposition in the EMTALA log as required.

c. Has a compromised physical state that further complicates the patient's mental state:

- The patient is in triage and placed in a private room for individuals identified in need of psychiatric emergency services, where all potentially harmful items have been removed from the room before the patient enters.
- A physician will perform a physical evaluation of the patient to identify any existing medical conditions currently being treated or to determine if treatment is needed.
- The physician assesses the patient's additional compromised physical state. For example, if the physician observes elevated blood glucose levels in the body, the patient is treated to stabilize those levels. The physician determines whether the patient's medical condition can be managed with appropriate medical intervention, and whether the patient's symptoms are unrelated to his/her medical condition. If the patient's condition requires immediate medical care, the patient will be transported to WAH in White Oak and admitted to an appropriate medical care unit until her/his condition has been stabilized, consistent with current practice. Psychiatric consultation liaison services will be provided throughout the patient's hospitalization.

- Upon completion of the physical evaluation and after providing any medical intervention needed for the patient, the physician requests a qualified mental health professional (clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or psychiatric nurse) on-site to complete the assessment of the patient.
- The qualified mental health professional completes the assessment of the patient in the same room to minimize any undue stress to the patient.
- Collaborating with the physician, the qualified mental health professional will review the physicians' and triage notes and any other diagnostic information (such as lab results) as part of the qualified mental health professional's assessment.
- Based upon the information provided by the patient, the qualified mental health professional attempts to contact the current treating provider to obtain additional relevant treatment history and to inform the provider of the current episode of care. The attempt and ability/inability to reach the provider is documented on the assessment form.
- Upon completion of the behavioral health assessment with the patient and collaborating with the attending physician the qualified mental health professional calls the on-call psychiatrist to review the comprehensive results of the physical evaluation and behavioral health assessment to determine appropriate disposition of the patient.
- If it is determined by the psychiatrist that the psychiatric symptomology is severe and the physicians have determined that there is a lack of an

underlining physical reason for those symptoms, inpatient admission will be the most appropriate disposition for the patient.

- The on-call psychiatrist agrees to admit the patient. (In the event that the patient does not meet the requirements for admission, the qualified mental health professionals will present other options for treatment, including partial hospitalization program, intensive outpatient program, outpatient services or a referral.)
- The qualified mental health professional documents the conversation with the psychiatrist and communicates the disposition to the urgent care physician.
- The qualified mental health professional then communicates with the patient the need for her/his care being psychiatric inpatient treatment. If the patient agrees to the recommended disposition, she/he identifies the provider of choice as Behavioral Health & Wellness Services and consents to treatment. If the patient does not agree to treatment, the qualified mental health professional will begin the process of involuntary admission, consistent with current practices and standards.
- The qualified mental health professional then calls the patient's health insurance provider to obtain authorization for inpatient care. The qualified mental health professional shares the results of the comprehensive assessments and treatment recommendations with the insurance provider. Once the insurance authorizations are obtained, the qualified mental health professional documents the information and authorization numbers as well as communicates approval of disposition to the urgent care physician. If the

patient does not have insurance, Behavioral Health & Wellness Services will assist the patient in determining financial needs and applying for Medicaid coverage.

- The qualified mental health professional will also notify the patient's spouse (or any legally-designated representative) and current community-based treating provider of the disposition. In this scenario, because psychiatric inpatient services are offered on site, the patient would be escorted by security and behavioral health inpatient staff from the urgent care center to the inpatient unit.
- Based on the completion of the comprehensive assessment, the presenting patient will either be transported to inpatient care or given the necessary information for their authorized disposition to a partial hospitalization program, intensive outpatient program or outpatient services (including the names and contact information for up to three providers as part of the discharge instructions). The qualified mental health professional will document this patient evaluation and disposition in the EMTALA log as required.

d. Requests a referral for behavioral health problems:

- The patient is in triage and placed in a private room for individuals identified in need of psychiatric emergency services, where all potentially harmful items have been removed from the room before the patient enters.

- A physician will perform a physical evaluation of the patient to identify any existing medical conditions currently being treated or to determine if treatment is needed.
- Upon completion of the physical evaluation and after providing any medical intervention needed for the patient, the physician requests a qualified mental health professional (clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or psychiatric nurse) on-site to complete the assessment of the patient.
- The qualified mental health professional completes the assessment of the patient in the same room to minimize any undue stress to the patient.
- Collaborating with the physician, the qualified mental health professional will review the physicians' and triage notes and any other diagnostic information (such as lab results) as part of the assessment.
- Based upon the information provided by the patient, the qualified mental health professional attempts to contact any current treating provider to obtain additional relevant treatment history and to inform the provider of the current episode of care. The attempt and ability/inability to reach the provider is documented on the assessment form.
- Upon review of the physical and behavioral health evaluations, the qualified mental health professional determines whether there is evidence of suicidality or homicidally, whether the patient is new to the area and currently on medication for a mental health condition and is in need of inpatient or outpatient services. .

- After reviewing all relevant information – and if a determination is made that inpatient services are not required -- the qualified mental health professional will give the patient a referral to up to three outpatient providers.

e. Is already being treated with powerful psychotropic drugs (such as clozapine), but the treating provider cannot be reached.

- The patient is in triage and placed in a private room for individuals identified in need of psychiatric emergency services, where all potentially harmful items have been removed from the room before the patient enters.
- A physician will perform a physical evaluation of the patient to identify any existing medical conditions currently being treated or to determine if treatment is needed. This patient did disclose that they are currently taking psychotropic drugs, such as clozapine.
- Upon completion of the physical evaluation and after providing any medical intervention needed for the patient, the physician requests a qualified mental health professional (clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or psychiatric nurse) on-site to complete the assessment of the patient.
- The qualified mental health professional completes the assessment of the patient in the same room to minimize any undue stress to the patient.
- Collaborating with the physician, the qualified mental health professional will review the physicians' and triage notes and any other diagnostic information (such as lab results) as part of the assessment.

- Based upon the information provided by the patient, the qualified mental health professional attempts to contact the current treating provider to obtain additional relevant treatment history and to inform the provider of the current episode of care. The attempt and ability/inability to reach the provider is documented on the assessment form.
- Upon completion of the behavioral health assessment with the patient and collaborating with the attending physician, the qualified mental health professional calls the on-call psychiatrist to review the comprehensive results of the physical evaluation and behavioral health assessment to determine appropriate disposition of the patient.
- If it is determined by the psychiatrist that due to the severity of the psychiatric care symptomology and the physicians' determination of the lack of an underlining physical reason for those symptoms, the on-call psychiatrist may agree to admit the patient.
- In the event that the patient does not meet the requirements for admission, the qualified mental health professionals will present other options for treatment, including a partial hospitalization program, an intensive outpatient program, outpatient services or a referral.
- The qualified mental health professional documents the conversation with the psychiatrist and communicates the disposition to the physician.
- In the event that inpatient treatment is the course of treatment deemed advisable, the qualified mental health professional then communicates with the patient to explain the need psychiatric inpatient treatment. If the patient

agrees to the recommended disposition, discloses their provider of choice as Behavioral Health & Wellness Services and consents to treatment, the qualified mental health professional will begin the admission process. If the patient does not agree to treatment, the qualified mental health professional will begin the process of involuntary admission, consistent with current practices and standards.

- The qualified mental health professional then calls the patient's health insurance provider to obtain authorization for inpatient care. The qualified mental health professional shares the results of the comprehensive assessments and treatment recommendations with the insurance provider. Once the insurance authorizations are obtained, the qualified mental health professional documents the information and authorization numbers as well as communicates approval of disposition to the urgent care physician. If the patient does not have insurance, Behavioral Health & Wellness Services will assist the patient in determining financial needs and applying for Medicaid coverage.
- The qualified mental health professional will also notify the patient's spouse (or any other legally-designated representative) and current community- based treating provider of the disposition. The qualified mental health professional will document this patient evaluation and disposition in the EMTALA log as required. In this scenario, because psychiatric inpatient services are offered on site, the patient would be escorted by security and behavioral health inpatient staff from the urgent care center to the inpatient unit.

b. Scenario 2

REQUEST: A likely behavioral health patient presents at the proposed replacement hospital's emergency department.

RESPONSE: When a likely behavioral health patient presents at the WAH ED in White Oak, she/he will be evaluated and treated in the same fashion, and based upon the same model, as would a like patient who presents at the emergency department at AHC's SGMC. Behavioral Health Needs Assessment Services will be available 24 hours-a-day, 7 days-a-week, in the WAH ED for both voluntary and involuntary patients. The licensed qualified mental health professional who makes up the Needs Assessment Services provides consultation services to the adult and pediatric physicians of the ED. A psychiatrist will be on-call 24 hours-a-day, 7 days-a-week to provide disposition determination as well as face-to-face diagnostic evaluations, as necessary. The patients' special needs are addressed through a collaborative, interdisciplinary evaluation and assessment, which results in recommendations and referrals for disposition and community support services that address the specific needs of the patient. Behavioral Health Needs Assessment services may include the following:

I. Diagnostic psychiatric evaluations for the presence of a mental illness and/or substance use;

II. Disposition to inpatient care, if needed;

III. Disposition to partial hospital program, if needed;

IV. Disposition to outpatient mental health care, if needed;

V. Referrals and linkage to ongoing community-based mental health and substance abuse services; and

VI. Communication with the patient's current providers in order to coordinate appropriate care and disposition.

The patient flow and processes described in Scenarios 1a-e generally will be the same work flow that the Behavioral Health Needs Assessment qualified mental health professionals will follow at the WAH ED in White Oak. All patients needing inpatient admission will be medically transported to the receiving facility (as is the case with like patients who present at SGMC and most acute care hospitals throughout the State). For involuntary patients, the patient will be taken to the nearest facility that has an involuntary bed available. Medically and mentally impaired patients will require transport by ambulance.

c. Scenario 3

REQUEST: A likely behavioral health patient with no apparent substance abuse problem is encountered in the community by emergency medical service personnel and/or law enforcement authorities at a location that, under current circumstances, would result in transportation to Washington Adventist Hospital for an emergency psychiatric evaluation to determine if involuntary admission is appropriate.

RESPONSE: Under such circumstances, emergency medical service personnel and/or law enforcement authorities could transport such an individual to either AHC's Takoma Park urgent care center or to the relocated WAH ED in White Oak.

The AHC urgent care center initially will be open 24 hours-a-day, 7 days-a-week (with future hours to be determined based upon community needs). Law enforcement, Crisis Intervention Teams, as well as all other first responders, would continue to bring individuals needing evaluation to that location during hours of operation. A qualified mental health professional will be on-site to provide Needs Assessment services in the step-by-step manner as stated in Scenarios 1a-e. The Behavioral Health Needs Assessment Services are provided to voluntary and involuntary patients. The necessary security will be present to provide a safe environment to conduct an appropriate behavioral health assessment with respect to all levels of acuity.

Patients who are transported to the relocated WAH ED will be evaluated as are like patients who are transported to the AHC SGMC emergency department by emergency medical services personnel or law enforcement generally following the workflow detailed in Scenarios 1a-e.

d. Scenario 4

REQUEST: A patient presents at a nearby hospital without psychiatric beds or services, where emergency department staff who conduct a preliminary psychiatric evaluation conclude that the patient needs a full behavioral health assessment (and possible inpatient or intensive outpatient behavioral health services). The hospital contacts Adventist HealthCare seeking to refer the patient for appropriate behavioral health assessment or services.

RESPONSE: This scenario currently occurs and the relocation of WAH would not change how the scenario is handled, which is as follows.

The daily practice is for the behavioral health Needs Assessment staff, at each location where these services are provided (Behavioral Health & Wellness Services in Rockville, SGMC and WAH), to communicate with all the emergency departments in Montgomery County as well as those designated outside of Montgomery County. The Needs Assessment staff will communicate via phone calls to identified individuals at these emergency departments, as well as a follow up e-mail to notify the emergency departments of bed availability. The Behavioral Health & Wellness Services inpatient unit leaders regularly report bed availability to Needs Assessment staff. This information is then used by the Needs Assessment department to communicate bed availability to emergency departments twice daily or as bed capacity changes. This communication includes how many male and/or female beds of all ages are available. Behavioral Health & Wellness Services does not limit the number of involuntary or voluntary beds available, so the status of the patient does not have an impact on bed availability. The behavioral health Needs Assessment service, throughout AHC, is committed to respond to any

emergency department staff seeking a bed for a patient within one hour. The steps associated with the intake process are the following:

I. When the emergency room calls an AHC site for a bed the qualified mental health professional transmits all medical and diagnostic information they have obtained on the patient.

II. Once received, that information is reviewed with the on-call psychiatrist. If the psychiatrist has no clarifying questions or a need for additional medical information, the psychiatrist will accept the patient and provide orders for admission.

III. The disposition is then communicated to the emergency department staff. It is the responsibility of the emergency department staff to then follow their processes to include arranging for medically necessary transport.

IV. The purpose of this practice is to minimize the delay in care for those individuals needing behavioral health care and to move them into a safe and therapeutic environment for treatment as quickly as possible.

V. Also, Behavioral Health & Wellness Services can contract with hospital emergency departments without behavioral health resources to provide mobile and/or telepsychiatry Needs Assessment services.

3. Illustrative Assessment/Intake Scenarios

REQUEST: Describe how Adventist will structure its behavioral health assessment and intervention processes in order to provide needed services and follow-up to patients at earlier stages, in an effort to avoid later crisis situations and either emergency or voluntary hospitalizations.

RESPONSE: Behavioral Health & Wellness Services has multiple points of entry to improve access to assessment and intervention services. The WAH ED in White Oak will create the sixth access point for behavioral health Needs Assessment services. AHC leads all other health systems in Montgomery County in providing behavioral health Needs Assessment services, and offers more than 15 years of experience in providing needs assessment services across its various locations in Montgomery County and on the Eastern Shore. On average, it provides more than 5,000 assessments each year, with assessment provided at the following locations:

- Behavioral Health & Wellness Services in Rockville
- SGMC
- WAH
- Doctors Hospital
- Peninsula Regional Medical Center (beginning October 1, 2015)

Part of the assessment process is collaborating with community-based providers and payors to determine the appropriate disposition of the patient and the coordination of care post-treatment. The Needs Assessment qualified mental health professional also collaborates with the emergency department care coordinator or transitional care nurse to identify appropriate community-based care, when possible. This is in alignment with AHC's population health strategy of providing patient care in a low-cost, community-based environment. A psychiatric transitional care nurse is used to aid in hospital discharge planning and aftercare coordination in order to increase the likelihood of the psychiatric patient being compliant with discharge instructions and ultimately successful in their community. Behavioral Health & Wellness Services has opened Outpatient Wellness Clinics at its Rockville location and in Takoma Park.

The Outpatient Wellness Clinic in Takoma Park will continue to operate at that site when the replacement hospital is constructed. The clinics provide bridge appointments, medication management including long acting injectables, as well as other traditional mental health and substance abuse interventions to enable individuals suffering from a behavioral health illness to successfully maintain compliance and treatment in their community.

Behavioral Health & Wellness Services is also deploying strategies, including two different clinically integrated models that connect the patients' primary care provider and the behavioral health provider, to deliver care that treats the whole person. These are some examples of how Behavioral Health & Wellness Services will provide needed services and follow-up to patients at earlier stages, in an effort to avoid later crisis situations and either emergency or voluntary hospitalizations.

B. THE PROPOSED URGENT CARE CENTER

1. WAH's Assessment Of Anticipated Visits

REQUEST: Based on the current case mix at the Washington Adventist Hospital ("WAH") emergency department, what is Adventist's assessment of the proportion of visits currently seen at the existing WAH emergency department that could be handled at the proposed urgent care center? Please characterize the distribution of patients presenting at the WAH emergency department in 2014 by level of acuity, using the Emergency Severity Index (ESI), which is a five-level emergency department triage algorithm developed by AHRQ. Urgent care centers are not equipped to treat patients presenting with an ESI level of 1 (life threatening) or 2 (emergent, high risk). Will the urgent care center be able to treat all patients who present in the ESI 3-5 range? Please describe conditions and situations regarding patients within the ESI 3-5 range that Adventist expects would not receive treatment at its planned urgent care center.

RESPONSE: For 2014, the breakdown of patients seen in the WAH Emergency Department ("ED"), according to the ESI categorization, was as follows:

ESI Level	# of ED Patients Per Category
1	360
2	4,100
3	28,795
4	11,529
5	310
Unlisted	2,824
Total	47,918

AHC conservatively estimates that just over 45% -- or 21,760 of the 47,918 patients who visited the WAH ED in 2014 -- could have been treated at the urgent care center that AHC will operate on the Takoma Park campus after the Hospital relocates to White Oak.[1] That estimate includes all category 4 and 5 patients, plus 30% of category 3 patients.[2]

Many category 3 patients present with what appear to be relatively straightforward conditions, but a complicating circumstance may have to be further evaluated, which requires the services of an emergency department. Two options are available for a patient who presents to the urgent care center and needs to be transferred to an emergency department for a procedure, additional testing or inpatient admission. If the condition is serious, staff will call 911. If the

[1] The urgent care center is one of the ways Adventist HealthCare will continue to serve the region with services in Takoma Park, also including, among others, a Federally Qualified Healthcare Center (FQHC) that will quadruple its patient capacity by the end of 2015. In addition, as noted in previous filings, various Interested Parties have grossly and counterintuitively under-estimated the emergency department market share for patients in the home zip code and surrounding zip codes for the new White Oak hospital. (*See* AHC's June 29 filing, pages 10-11).

[2] The emergency department report includes 2,824 patients unreported for a severity level. These patients were assigned to one of the five categories based upon the percentage of total patients represented by each category. For example, category 4 patients represented 25.57% of the emergency department total, so 25.57% of the 2,824 unassigned patients, or 722, were assigned as category 4.

patient has someone to drive them and the urgent care staff can determine they can safely self-ambulate, clinical staff may allow them to be driven to an emergency department. Patients who present to the urgent care center and need to visit a hospital emergency department will be referred to the WAH ED in White Oak.

Some examples of past category 3 WAH ED patients who might not be able to be treated at the urgent care center would include:

- A 25-year-old female presents with right lower quadrant pain, nausea for 1 day. Although such a patient may appear to have stable signs, advanced imaging may be required for evaluation of possible ectopic pregnancy or appendicitis.
- A 50-year-old male with cirrhosis presents with abdominal pain and ascites. This patient may have peritonitis and could require an advanced diagnostic procedure, such as a paracentesis.
- A 34-year-old female post-delivery on oral antibiotics for mastitis presents for progressive redness, fever, chills and not feeling well. She will require additional resources, possibly IV antibiotics, lactation consult and possible admission.
- A 40-year-old male with history of migraines presents with a complaint of the "worst headache of his life". He will require advanced imaging to evaluate for intracranial bleeding.

2. Plans For Implementing Continuity And Integration Of Care

REQUEST: Detail plans for implementing continuity and integration of care for patients who obtain care at the proposed urgent care center. What actions will Adventist take to assure that patients seen at the urgent care center obtain recommended primary and

specialty physician follow-up care or care for conditions that require long-term ongoing care and management?

RESPONSE: AHC will maintain an updated database of primary care physicians, specialty physicians, community resources and other support available for patients who need referral for follow-up or ongoing care after their visit to the urgent care center. Assistance will be provided to help patients schedule an appointment for follow-up care with a physician based upon geographic proximity, payor source, patient preferences and other criteria. In addition, other community resources available for patients will include referral to: the Federally Qualified Health Center (FQHC) on the Takoma Park campus operated by Community Clinic, Inc. (primary care, specialty care, coordinated care management); Mary's Center (primary care, specialty care, care management, wrap-around services for pediatric population and parents); Mobile Med (primary care); and Community Clinic Rockville (primary care, behavioral health, specialty care, and care management services in a Patient Centered Medical Home).

Urgent care patients will also have access to Washington Adventist Hospital's Population Health programs, specifically intensive post-acute care management services including a transitional care program; remote monitoring (telehealth) program for patients with chronic conditions; and the SeedCo program, which connects patients with a number of services including Medicaid, food stamps, child-care subsidies, housing benefits, transportation vouchers and tax credits to help households access long-term employment opportunities and financial stability. Population Health also offers Medication Assistance which provides free medications for uninsured patients. Finally, every patient who visits the urgent care center will receive a follow-up call within three days to assess their satisfaction with the care they received and to ensure they are properly connected with any additional services they may need.

3. Ancillary Services

REQUEST: Regarding the ancillary services (e.g., radiology, lab) that will be located on Lower Level I (the same level as the urgent care center), will the ancillary services be operated by the urgent care center or by another entity? What are the planned hours of operation/availability of the ancillary services? Will ancillary services be available to outpatients other than those using urgent care, behavioral health, or rehabilitation services at the Takoma Park campus?

RESPONSE: AHC will operate both the urgent care center and the ancillary services located on lower level I. The ancillary services will always be in operation the same hours as the urgent care center. Accordingly, the ancillary services initially will be in operation 24 hours-a-day, with future hours dependent upon the need properly to support the services on the Takoma Park campus. Current plans do not include availability of the ancillary services to outpatients other than those using urgent care, behavioral health, or rehabilitation services at the Takoma Park campus.

4. Insurance Plans Accepted

REQUEST: What insurance plans, including Medicare and Medicaid, will the proposed urgent care center accept?

RESPONSE: The urgent care center will accept Medicare, Medicaid and commercial insurance plans.

C. INFORMATION CONCERNING FINANCING

REQUEST: Regarding planned borrowing that Adventist would undertake to finance improvements at the Takoma Park campus, please provide additional information including, but not limited to, type of debt, lender/ source of funding, anticipated terms, etc. If funding for any part of the planned improvements to the Takoma Park campus is separate from the others, provide separate details for each service, center, or other part of Adventist's proposed Takoma Park campus.

RESPONSE: The planned borrowing of $18,469,278 that AHC will undertake to finance improvements at the Takoma Park campus will likely be a private placement loan (or

similar product) with a commercial bank or other private lender with whom AHC has a relationship. The borrowing will likely have a 25-30 year amortization with 10-year fixed or floating rate pricing, depending on the interest rate environment at the time of borrowing. Because the borrowing will not occur until late in 2017, we are not in a position to indicate a lender. We plan to solicit multiple commercial banks/private lenders for proposals when we get closer to the project. This approach has worked well in the past and has allowed us to obtain the most competitive terms available. As previously noted, the improvements at the Takoma Park campus will be funded with one borrowing and the funds are anticipated to be used as follows:

Total Budgeted Costs	**Area SF**	**Budget**
Renovate Behavioral Health Unit	15,900	$ 5,119,000
ED into an Urgent Care Center	7,000	$ 3,250,000
Women's Center clinic	3,000	$ 1,381,000
Public Corridors	12,000	$ 2,110,000
Other Requirements		$ 3,940,000
Takoma Park Facility Upgrades		$ 2,300,000
Financing Costs		$ 369,278
	37,900	$ 18,469,278

Although the borrowing for those improvements will not occur for at least several years, AHC has consulted with one of its lenders, M&T Bank, to confirm both the information provided above and the fact that financing will be available at that time. As the attached July 28, 2015 letter from Sharon P. O'Brien (Ex. 126)[3] advises, M&T has provided financing to AHC for similar projects, believes that the improvements "would fit the profile of a desirable credit transaction," and "is very interested in working with Adventist HealthCare to structure a mutually desirable transaction to transform the Takoma Park Campus."

[3] AHC has continued the protocol, begun with the filing of its Modified Application, of numbering all of its Exhibits sequentially.

D. IMPACT

1. Calculation Of Impact On OB Volumes

REQUEST: In its May 29, 2015 response to my additional information request, Adventist provided information regarding its calculations of the impact of the relocation on MSGA admissions at area hospitals. Please submit detailed information (and formulas, as appropriate) showing how Adventist reached its calculation of the impact on obstetric volumes at other area hospitals.

RESPONSE: AHC is transmitting (on a thumb drive, with the "hard copy" of this submission and as an Excel attachment to the electronic version) the Excel workbook for OB volumes that is similar to the MSGA Excel workbook referenced in the Request.

In compiling that information, Deloitte became aware that, although the numbers that had been included in AHC's Modified Application were correct, a cell error had occurred when preparing the Excel workbook for the MSGA data submitted in AHC's May 29, 2015 response. Accordingly, AHC hereby transmits (on the thumb drive and electronically) a corrected version of the previously-submitted MSGA Excel workbook.

2. Additional Information Concerning AHC's Calculation Of MSGA Impact

REQUEST: With respect to the additional information regarding Adventist's calculation of MSGA impact, please provide the formula(s) underlying the calculation of the anticipated market share shifts. If one or more formulas were used to account for the factors that went into estimation of the market share shifts for each zip code area, please provide each such formula. If Adventist did not use formulas to calculate impact on MSGA volumes, please describe in detail how the impact(s) were calculated.

RESPONSE: AHC's consultant, Deloitte, has provided the following in response to the Request for additional information concerning procedures that it utilized to estimate market share shifts by zip code within the WAH service area:

Preliminary Market Analysis

- Reviewed historical WAH discharge trends since 2008 within WAH's total service area, taking into consideration both payor mix and service line.

- Reviewed market share within each zip code in WAH's service area for all hospitals relative to their proximity to that zip code. During our review, we noted a number of zip codes in which, currently, the most proximate hospital did not represent the market leader. This observation initially raised concerns that the results of an automated market shift analysis based solely on proximity might not be reasonable given the current marketplace. On page 104 of the modified CON application, we provided an example of Burtonsville, zip code 20866, to illustrate this point. While all hospitals had capacity to serve these patients, Holy Cross is the 3rd most proximate hospital yet had the highest market share at 33%. The proposed location would indicate WAH as being the most proximate hospital, with an average drive time of 12 minutes, followed by LRH, with an average drive time of 13 minutes. WAH would be the most proximate hospital and, therefore, the formulaic analysis would imply a resulting market share of over 30% for WAH. LRH, which on average is only 1 minute further than the proposed location, currently only has 11.9% market share. This initial observation prompted us to approach the automated, formulaic approach cautiously.

Automated, Formulaic Approach

- After further review of the market data, we developed the following additional concerns about using a solely automatic, formulaic approach:
  - Proximity is the only factor considered in determining WAH's new market share. In determining impact to others, the other hospitals' current market share is considered as a base, but the off-setting impact is then applied

pro-rata to each facility, actually ignoring the proximity of each of those hospitals relative to the zip code and to WAH's new location.

- Rank is finite. In estimating WAH's new market share, the same average market share is applied to all zip codes in the same ranking category, irrespective of how close the other hospitals are.
- When WAH's rank in proximity does not change within a zip code, the analysis would automatically apply an automated, formulaic average market share for that ranking, which in some instances implied a shift of over 10% -- even though there was no change in proximity.
- Size of each zip code, density of the patient population, and current physician relationships are not considered.
- The resulting analysis implied a much wider service area after the proposed relocation, even though WAH is moving closer to the center of its current service area not away from it.

- We thought this to be a clear approach for estimating market share for a new hospital, but could not develop a means of tailoring the automatic, formulaic approach to adjust for current market behavior. Further, we were able to easily identify inconsistencies in LRH's analysis because we observed many of these issues in trying to apply an automatic, formulaic analysis ourselves.
- We thus utilized the two central principles from Commissioner McLean's September 4, 2012 recommended decision (found on p. 156 and p.157) to define the approach to our analysis.

- "The first principle is that recent market share for each hospital is the most reliable indicator of current utilization patterns reflecting many of the factors identified by WAHI [sic] as being unquantifiable such as the services offered by each hospital, perception of quality and effectiveness, patient and physician referral patterns, and EMS ambulance system catchment area."
- "The second principle is that market shares for each hospital in the future will be comparable to the past unless there are significant changes to these factors that will change the competitive balance. The relocation of WAH is the type of change that will impact the competitive balance by changing factors such as patient and physician referral patterns and EMS ambulance system catchment areas which will be reflected in changes in market shares of area hospitals."

Revised Market Shift Approach

- Recognizing recent market share for each hospital as the most reliable indicator, we used current market share as a base for all facilities.
- We started with the home zip code for both the current and proposed location and systematically worked our way out to the first ring of contiguous zip codes around the home zip codes and then to each next level of zip codes.
- For each zip code, we selected an adjustment after reviewing the proximity and market share of each hospital serving that zip code. Once the adjustment selections were made, we reviewed the adjustments in totality for consistency and compared the newly estimated WAH market share in each zip code

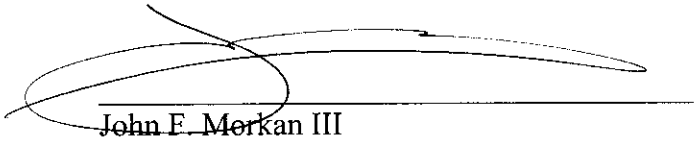
against the range of WAH's current market share for zip codes with the same proximity rank to the prior location. This allowed us to consider a range of reasonableness for our selected adjustment, without overriding what we knew about current market dynamics.

- In addition, during the process of selecting the adjustment for WAH, we also considered which hospitals would be affected, zip code by zip code, and again reviewed in totality for consistency. (This further served as a reasonableness check for our selected adjustments because we considered current market share of other hospitals relative to that hospital's proximity.)
- Once we were comfortable that the adjustments were reasonably and consistently applied, we re-defined the WAH service area based on the newly estimated market share. The results of our analysis indicated that the service area would tighten with a few zip codes in Washington, D.C. falling outside of the newly defined service area. This served as a final reasonableness check inasmuch as WAH was moving away from D.C. and further toward the center of its current service area. We expected shifts in the service area, but would have been surprised if the results indicated that the service area would materially increase.
- We believe that this method made sense under the context of a relocated hospital and that the results were more reasonable and historically consistent than the results of MMMC's automatic, formula-driven approach.

CONCLUSION

AHC has endeavored to provide the requested information, and anticipates that the Reviewer and Commission will find it complete. However, AHC stands ready to furnish whatever additional information necessary for the Reviewer and the Commission to complete their review of AHC's application.

Respectfully submitted,

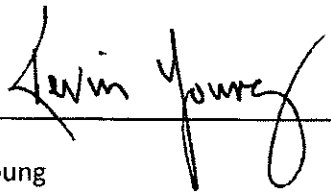


John F. Morkan III
Howard L. Sollins
John J. Eller
OBER, KALER, GRIMES & SHRIVER
A Professional Corporation
100 Light Street
Baltimore, Maryland 21202
(410) 685-1120

Attorneys for Adventist HealthCare, Inc. d/b/a Washington Adventist Hospital

AFFIRMATION

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



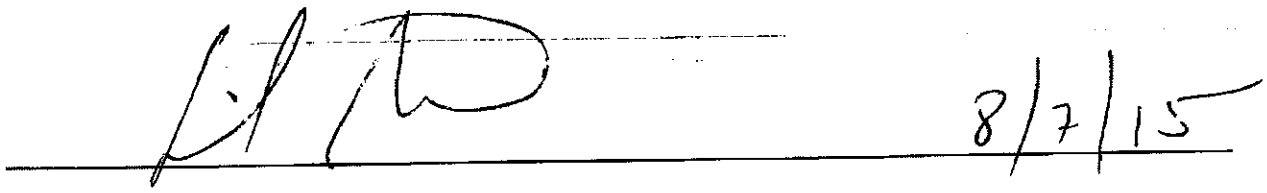
8/7/2015

Kevin Young
President
Adventist HealthCare Behavioral Health & Wellness Services

Date

AFFIRMATION

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



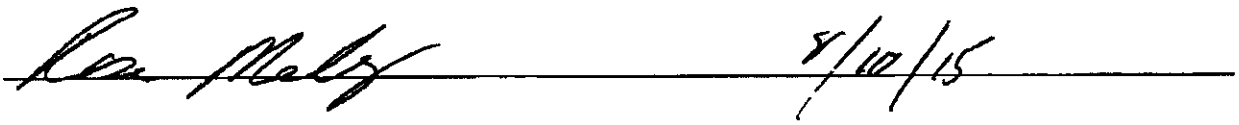
8/7/15

Linda Nordeman, MD
Medical Director
Emergency Medicine
Adventist HealthCare Washington Adventist Hospital

Date

AFFIRMATION

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

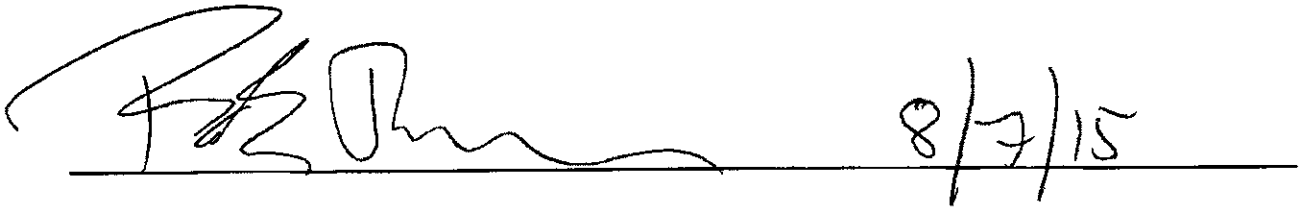


Rosemarie Melendez
Director, Nursing Administration and Emergency Department
Adventist HealthCare Washington Adventist Hospital

Date

AFFIRMATION

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



8/7/15

Robert E. Jepson
Vice President, Business Development
Washington Adventist Hospital

Date

AFFIRMATION

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

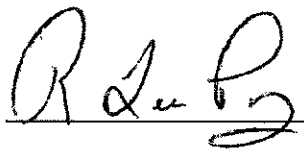
Maureen L. Dymond 7/31/15

Maureen L. Dymond
Vice President, Financial Operations
Adventist HealthCare, Inc.

July 31, 2015

AFFIRMATION

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



8/7/15

R. Lee Piekarz
Deloitte Financial Advisory Services, LLP

Date

AFFIRMATION

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

8/7/15

Pippa Laundy
Deloitte Financial Advisory Services, LLP

Date

CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT, on this day 10th of August, 2015, a copy of the foregoing was sent via electronic mail and first class mail to:

Thomas C. Dame, Esquire
Ella R. Aiken, Esquire
Gallagher Evelius & Jones LLP
218 N Charles Street, Suite 400
Baltimore, Maryland 21201

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Venable, LLP
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Susan C. Silber, Esquire
Silber, Perlman, Sigman & Tiley, P.A.
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Takoma Park, Maryland 20912

Suellen Wideman, Esq.
Assistant Attorney General
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2299

Ms. Catherine S. Tunis, SOSCA President
907 Larch Avenue
Takoma Park, Maryland 20912

John F. Morkan III

2947732.3

ATTACHMENT A

Attachment A

Location of and Staffing for Initial Assessments of Behavioral Health Patients

	Location at Which Patient First Arrives	
	Replacement Hospital Emergency Room	**Takoma Park Urgent Care Center**
Day – 8am to 4pm		
Staffing. The number of FTE staff by licensure category, and their specific duties in the assessment of likely behavioral health patients. If staff involved varies based on presenting condition or circumstances, please explain.	**Monday to Friday:** One qualified mental health professional (QMHP) from 8:00am-4:00pm. (The QMHP may include a clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or psychiatric nurse). One QMHP from 11am-4:00pm An additional QMHP is on call in case of volume need. **Weekends:** One QMHP from 8:00am-4:00pm. An additional QMHP is on call in case of volume need.	**Monday to Friday:** One qualified mental health professional (QMHP) from 8:00am-4:00pm. (The QMHP may include a clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or psychiatric nurse). One QMHP from 11am-4:00pm An additional QMHP is on call in case of volume need. **Weekends:** One QMHP from 8:00am-4:00pm. An additional QMHP is on call in case of volume need.

Other information. The types of behavioral health assessments that can be made during this time period, the location(s) of the various types of assessments (and any variance that may result from presenting condition or circumstances), and transport protocols applicable at or resulting from initial assessment.	For all shifts: A qualified mental health professional (QMHP) is a clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or psychiatric nurse. A comprehensive mental health and/or substance abuse assessment is completed. The on-call psychiatrist is consulted on all completed assessments for disposition of patient. Needs Assessment staff will obtain consent and authorization for treatment and coordinate medically necessary transportation for the patient.	For all shifts: A qualified mental health professional (QMHP) is a clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or psychiatric nurse. A comprehensive mental health and/or substance abuse assessment is completed. The on-call psychiatrist is consulted on all completed assessments for disposition of patient. Needs Assessment staff will obtain consent and authorization for treatment and coordinate medically necessary transportation for the patient.

Evening – 4pm to Midnight		
Staffing. (see description above)	**Monday – Friday:** One QMHP 4:00pm-Midnight One QMHP 4:00pm-11:00pm One QMHP 7:00pm-Midnight **Weekends:** One QMHP 4:00pm-7:00pm One QMHP 7:00pm-Midnight One QMHP on call in case of volume need.	**Monday – Friday:** One QMHP 4:00pm-Midnight One QMHP 4:00pm-11:00pm One QMHP 7:00pm-Midnight **Weekends:** One QMHP 4:00pm-7:00pm One QMHP 7:00pm-Midnight One QMHP on call in case of volume need.

Other information.	See above	See above
Overnight – Midnight to 8am		
Staffing. (see description above)	**Monday to Friday:** One QMHP Midnight-7:00am One QMHP 7:00am-8:00am **Weekends:** One QMHP Midnight - 7:00am One QMHP 7:00am-8:00am One QMHP on call in case of volume need.	**Monday to Friday:** One QMHP Midnight-7:00am One QMHP 7:00am-8:00am **Weekends:** One QMHP Midnight -7:00am One QMHP 7:00am-8:00am One QMHP on call in case of volume need.
Other information. (see description above)	See above	See above

EXHIBIT
126

M&T Bank

Manufacturers Traders Trust Company, 1350 I Street, NW, Suite 200, Washington, DC 20005

July 28, 2015

Frances B Phillips, RN, MHC
Commissioner/Reviewer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Adventist HealthCare Takoma Park Campus Renovations

Dear Commissioner Phillips:

I am sending this letter to you at the request of Adventist HealthCare, a fifteen-year client of M&T Bank in regards to their planned renovation of the Takoma Park Campus. Specifically, its desire to renovate the Behavioral Health Unit to be operated by Adventist Behavior Health, conversion of the current Emergency Department into a walk-in clinic, renovate the Women's Health Clinic and upgrade the public corridors, along with upgrading of the facility systems. Total project costs are estimated to be $18,469,278.

M&T has provided financing for similar projects to Adventist over the many years of doing business together and we fully expect that this project, which is estimated to begin no earlier than 2017 would fit the profile of a desirable credit transaction for M&T Bank.

In general, projects such as this are financed via a taxable term loan or private placement bond. Terms for the transaction can range from seven to ten years and amortize over 25 to 30 years. Fixed and floating rate options would be available at the Borrower's choice. Given a projected start date of 2017, it is difficult to forecast interest rates or know what, if any emerging events that could shape the ultimate structure of a transaction could be. Therefore, for purposes of this letter a 10 year taxable fixed rate transaction today would likely carry an interest rate of 4.50%.

M&T is very interested in working with Adventist HealthCare to structure a mutually desirable transaction to transform the Takoma Park Campus.

If you have any additional questions, please contact me 202-434-7016.

Sincerely,

Sharon P. O'Brien
Administrative Vice President
Healthcare Banking
M&T Bank

cc: (via email) Maureen Dymond, VP of Financial Operations, Adventist HealthCare