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MARYLAND HEALTH CARE COMMISSION

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November 20, 2018

VIA Email & U.S. MAIL

Peter D'Souza, CEO
Addiction Recovery, Inc. d/b/a Hope House
26 Marbury Drive
Crownsville, MD 21032

Re: Hope House - Matter No. 18-16-2416

Dear Mr. D'Souza:

As discussed today we will be docketing your application, notice of which should appear in the December 7 issue of the Maryland Register. I am sending that notice despite the fact that the application needs a more thorough response to the standards related to the **requirement** that an applicant establish a sliding fee scale.¹

In your initial application, as well as in response to completeness questions, you have described your clientele and their typical insurance status, and explained, essentially, that the few patients who don't have insurance, are not covered by Medicaid, or for whom Hope House cannot obtain "uninsured authorization" (for coverage of benefits while the patient waits the application approval for Medicaid), and whose income is above the Federal poverty line are the ones who pay self-pay fees, and thus, "no sliding scale fee structure is required."

In our phone call today I explained that that hypothetical individual, uninsured and with an income perhaps barely above the poverty line, seems to be exactly the type of person that this standard was written to protect. You stated that people fitting that description will have their fees set based on a conversation about their ability to pay. To be approvable what you need to do is systematize that process, and meet the requirement of having a sliding fee scale in place.

Please submit that sliding fee scale prior to December 7, when the notice of docketing will appear. Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov).

¹ COMAR 10.24.14.05C. states: **Sliding Fee Scale. An applicant must establish a sliding fee scale for gray area patients consistent with the client's ability to pay.**

All information supplementing the application must be signed by person(s) available for cross-examination on the facts set forth in the supplementary information, who shall sign a statement as follows: "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."

Should you have any questions regarding this matter, feel free to contact me at (410) 764-5982.

Sincerely,



Kevin McDonald

Chief, Certificate of Need Division

cc: Pamela Brown-Creekmur, Health Officer, Prince Georges County Health Department