



October 28, 2015

Ms. Cathy Weiss
Program Manager
Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Ms. Weiss:

On behalf of the residents of the Charlestown, Oak Crest and Riderwood Continuing Care Retirement Communities (CCRCs), this letter is written regarding the Maryland Health Care Commission's (MHCC's) request for informal public comment on the draft section of the State Health Plan (SHP) for Facilities and Services: Home Health Agency Services. As the manager of these communities, Erickson Living continues to strongly urge the Commission to retain the Specialty Home Health Agency (HHA) designation.

As you will recall, we provided comments in April to the Commission's Home Health Advisory Group, expressing concern over the proposed elimination of the Specialty HHA designation. As an organization with a strong commitment to integrated care for the residents we serve, we are disappointed that the designation has been eliminated in the new draft section of the SHP.

Under the draft section, a jurisdiction will be identified as having a need for additional HHA services if it is determined that the jurisdiction has insufficient consumer choice of HHAs; a highly concentrated HHA service market; or an insufficient choice of HHAs with high quality performance. In the future, if Erickson Living opens a new CCRC in a jurisdiction where no need for HHA services is identified, the new CCRC will be unable to apply for a Certificate of Need (CON) to provide home health services to its residents.

We believe the Specialty HHA designation recognizes the significance of integrated care models with a medical home component. Some CCRCs, like the Erickson model, employ geriatric specialty physician groups and provide wrap around services to optimize health, wellness, and independence. Home health and other community based services are critical to these support efforts that are successful at driving down hospital admissions and managing other undesirable outcomes. The use of home health and home support has increased significantly as these services substitute for institutional services. This improves outcomes and quality of life. Further, at Erickson and many CCRCs, the resident population is significantly older and frailer than the general Medicare population. Given the frailty of the population and the importance of integrating with the medical home concept, the MHCC should preserve this specialty category.

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The Specialty Home Health Agency designation was created due to the importance of continuity of care for the frail elderly. In CCRCs, seniors live and receive services at various stages of the care continuum and many CCRCs offer the benefit of having the care delivered by the same provider. In fact, CCRCs are required by contract to provide the care and services for residents for life. No other provider has this obligation. As most seniors prefer to receive help where they live and from providers and caregivers with whom they are familiar, the Specialty HHA designation has been a critical aspect of CCRCs' commitment to the lifetime continuum of care to their residents. At a time when the state and the rest of the nation is focusing health care reform efforts on the continuum of care and developing integrated systems for that care, we believe eliminating the Specialty HHA designation is a step in the wrong direction.

We strongly urge the Commission to retain the Specialty HHA designation.

Thank you for the opportunity to comment and we are happy to answer any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Kane". The signature is fluid and cursive, with the first name "Adam" and last name "Kane" clearly distinguishable.

Adam Kane
Senior Vice President, Corporate Affairs