

April 23, 2020

**VIA EMAIL & U.S. MAIL**

Mr. Ben Steffen  
[ben.steffen@maryland.gov](mailto:ben.steffen@maryland.gov)  
Executive Director  
Maryland Health Care Commission  
Baltimore, Maryland 21215

Ruby Potter  
[ruby.potter@maryland.gov](mailto:ruby.potter@maryland.gov)  
Health Facilities Coordination Officer  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

**Re: Emergency Certificate of Need Application – UM Capital Region Health –  
Expansion of MSGA Bed Capacity at University of Maryland Prince  
George’s Hospital Center – Cheverly, Maryland Campus**

Dear Mr. Steffen and Ms. Potter:

On behalf of Dimensions Health Corporation d/b/a University of Maryland Prince George’s Hospital Center (“UM PGHC”) and University of Maryland Capital Region Health (“UM CRH”), a not-for-profit health system owned by the University of Maryland Health System (“UMMS”), and pursuant to COMAR 10.24.01.20, we write to seek an emergency Certificate of Need (“CON”) to expand MSGA bed capacity at UM PGHC on a temporary basis, consisting of 16 MSGA beds to be located in a temporary modular setting on the hospital’s campus, located at 3001 Hospital Drive, Cheverly, Maryland.

As you know, due to a world-wide outbreak of a coronavirus known as SARS-CoV-2 (“COVID-19”), the President of the United States has declared a national state of emergency, the Secretary of the United States Department of Health and Human Services has declared a public health emergency, and on March 5, 2020, the Governor of the State of Maryland, Lawrence J. Hogan, Jr., declared a state of emergency and catastrophic health emergency. Additionally, on March 16, 2020, the Governor issued an Executive Order directing the Maryland Department of Health to work with health care facilities to take measures necessary to immediately increase statewide hospital capacity.

COVID-19 presents immediate hazards to the health of patients statewide, and particularly in Prince George’s County, which currently has the greatest number of COVID-19 confirmed cases. As of April 22, Prince George’s County had a total of 3,785

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confirmed cases. Based on the increased trajectory of COVID-19 patients, UM CRH believes this component of its patient surge contingency plan requires action pursuant to your authority under COMAR 10.24.01.20B and consistent with Governor Hogan's Executive Order to increase inpatient hospital capacity to accommodate potential surge capacities related to COVID-19.

### **Project Description**

UM CRH hereby applies for an Emergency CON for the purpose of establishing additional inpatient capacity of 16 MSGA beds to be located at UM PGHC in preparation for an expected surge in hospital admissions related to COVID-19 infection and treatment. The additional inpatient capacity will be contained in two Modular Intensive Care Units consisting of eight ICU beds per modular unit for a total of 16 MSGA (ICU) beds. The modular trailers will be located adjacent to the main hospital building, near the Critical Care Pavilion entrance. More information about the Modular Intensive Care Units is included in Exhibit 1.

### **Estimated Project Cost**

The cost of the project will not exceed the hospital capital threshold requiring a CON from the Maryland Health Care Commission under MARYLAND CODE, HEALTH-GENERAL § 19-120(a)(4). The State of Maryland is paying the total capital costs associated with the Modular Intensive Care Units, and providing the units for use by UM CRH. UM CRH does not know the State's exact cost of the modular critical care units, but has received information that the total capital costs associated with the two modular units is approximately \$6,600,000. These structures include all needed equipment for patient care. Expected delivery date for the units is approximately on or before May 15th. The Modular Intensive Care Units will be returned to the State after UM CRH no longer needs them to address the existing health crisis. Assuming the proposed temporary increase in inpatient capacity is approved, UM CRH will operationalize the proposed additional inpatient capacity once the patient census reaches the highest level of UM CRH's patient surge contingency plan.

UM CRH also seeks a waiver from the Executive Director or designee pursuant to COMAR 10.24.01.10A(2) such that: (1) the requirement under COMAR 10.24.01.20C for the Emergency CON applicant to file a formal CON application be suspended until at least thirty (30) days after the declared state of emergency of March 5, 2020 is terminated; and (2) that any Emergency CON granted pursuant to this Emergency CON application not

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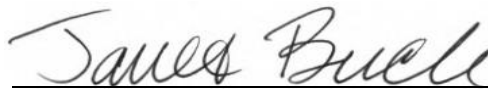
expire until thirty (30) days after the declared state of emergency of March 5, 2020 is terminated or 165 days after its issuance, whichever is later.

We respectfully request you to act on this request as soon as possible so that UM CRH can be prepared for expected maximum patient surge of COVID-19 patients. Please let us know if you need any additional information regarding the requested emergency CON Application.

Sincerely,



Thomas C. Dame



James C. Buck



Mallory M. Regenbogen

Enclosure

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cc: via email  
Robert R. Neall, Secretary, Maryland Department of Health  
Dennis R. Schrader, Deputy Secretary for Health Care Financing & Chief Operating Officer  
Andrew N. Pollak, M.D. Chairman, Maryland Health Care Commission  
Randolph S. Sergeant, Esq., Vice Chairman, Maryland Health Care Commission  
Katie Wunderlich, Executive Director, Maryland Health Services Cost Review Commission  
Patricia T. Nay, M.D. Director, Office of Health Care Quality  
Renee Webster, Assistant Director for Hospitals, Laboratories and Patient Safety, OHCQ  
Paul Parker, Director, Center for Health Care Facilities Planning & Development  
Kevin McDonald, Chief, Certificate of Need  
Suellen Wideman, Esq., Assistant Attorney General  
Ernest L. Carter, M.D., Ph.D. Prince George's County Health Officer  
Donna Jacobs, Senior VP, Government, Regulatory Affairs & Community Health, UMMS  
Kristin Jones Bryce, Chief of Staff and Senior VP, UMMS  
Patrick Dooley, Vice President Population Health, UMMS  
Joseph L. Wright, MD, MPH, FAAP, Interim President & CEO; Chief Medical Officer, UM Capital Region Health  
Min Godwin, Interim Chief Operating Officer, UM Capital Region Health  
Jeffrey Johnson, Senior VP Strategic Planning & Business Development, UM Capital Region Health

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

4/23/2020

Date

  
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Jeffrey L. Johnson, MBA, FACHE  
Senior Vice President, Strategic Planning  
and Business Development

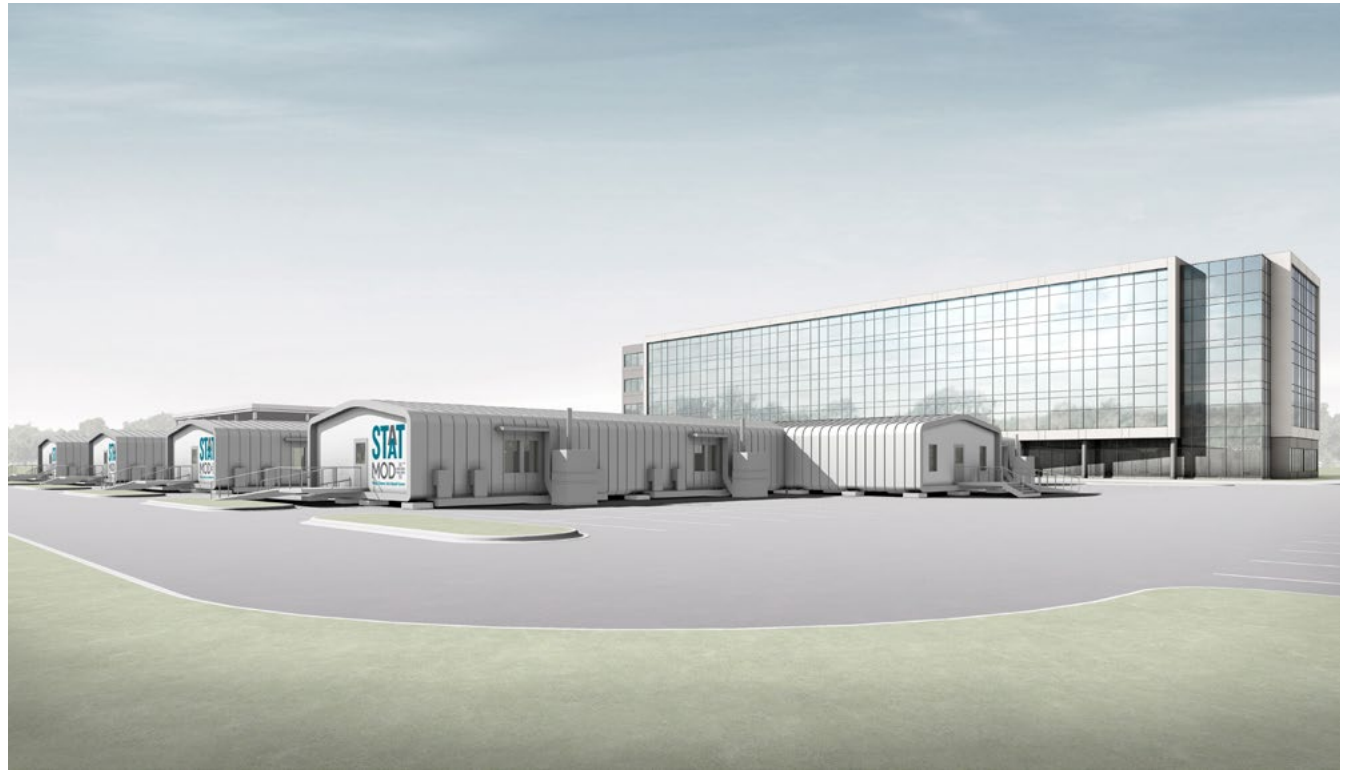
# EXHIBIT 1

# STAT<sup>+</sup>MOD<sup>TM</sup>

Strategic, Temporary, Acuity-Adaptable Treatment

HGA and The Boldt Company have partnered to provide a self-sustaining, modular solution with hospital quality care.

- The STAAT Mod<sup>TM</sup> system is the only prefabricated solution that has true Airborne Infection Isolation rooms as optional components.
- The STAAT Mod<sup>TM</sup> prefabricated solution allows Airborne Infection Isolation Room (AIIRs) modules to be deployed inside a convention center or other structure.
- The STAAT Mod<sup>TM</sup> is designed to serve as either a self-sufficient, stand-alone facility, or where readily available to connect to existing infrastructure and eliminate infrastructure modules.
- The STAAT Mod<sup>TM</sup> can be ordered direct, or purchased through your construction manager, or government agency.
- Financing options are available through Boldt Holdings



The safety of your patients and your staff matter as you handle the surge in demand for appropriate space to heal patients affected with COVID-19.



MAXIMIZE VALUE



QUICK IMPLEMENTATION



EXPERT TESTED



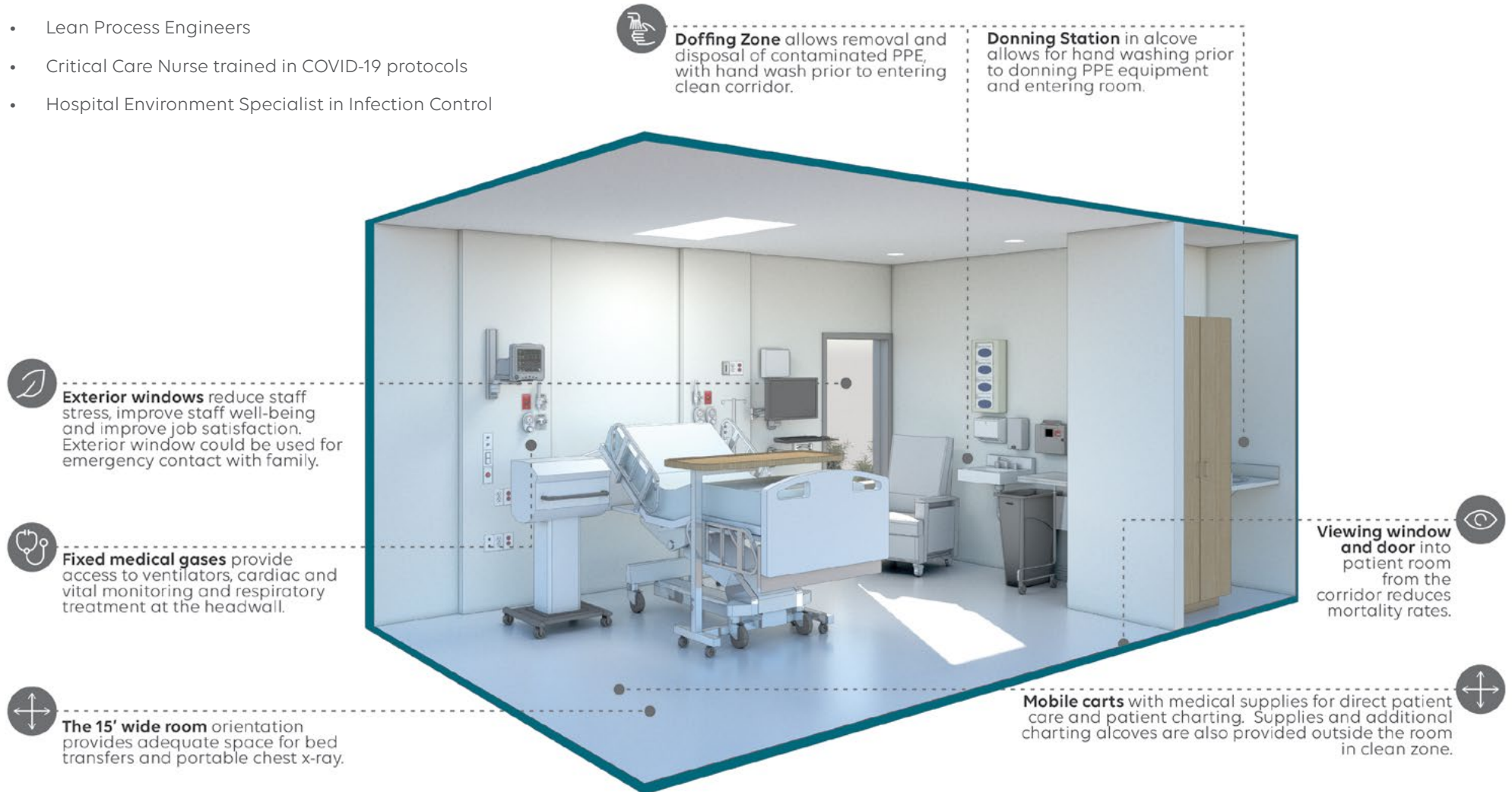
## CRITICAL TO QUALITY DESIGN FEATURES

The CDC recommends Airborne Infection Isolation Rooms (AIIRs) rooms for infectious patients undergoing aerosol-generating procedures. Private rooms with dedicated air handling are best practice when possible as this virus is spread via respiratory droplets or from droplet contact on surfaces. [CDC guidelines](#).

The features of the Airborne Infection Isolation Room (AIIRs) are driven by Evidence-based Design research that have been proven to increase staff and patient **safety** and improve **clinical outcomes** in the areas of infection control, work efficacy, deployment, visibility, and well-being.

Expert-tested in virtual reality simulation by:

- Lean Process Engineers
- Critical Care Nurse trained in COVID-19 protocols
- Hospital Environment Specialist in Infection Control





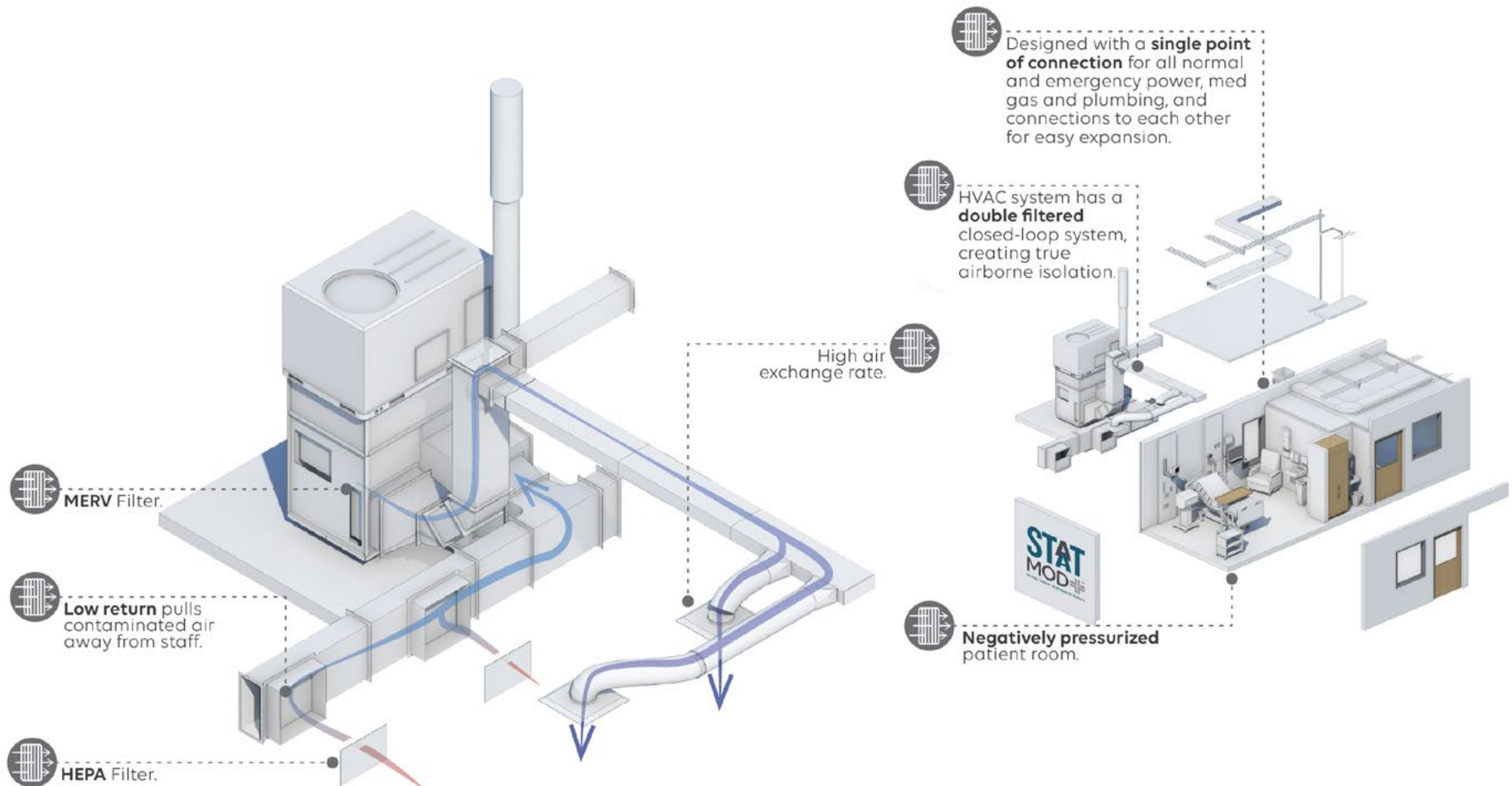
## CARE SCENARIOS

The design provides ample space to provide care with access to equipment. The isolation room also provides enough clearance around the bed to safely transfer a patient and reduce staff injuries. A key element to patient recovery is the recliner in the room. Getting the patient vertical improves clinical outcomes and shortens length of stay, with the added benefit of optimizing room utilization.



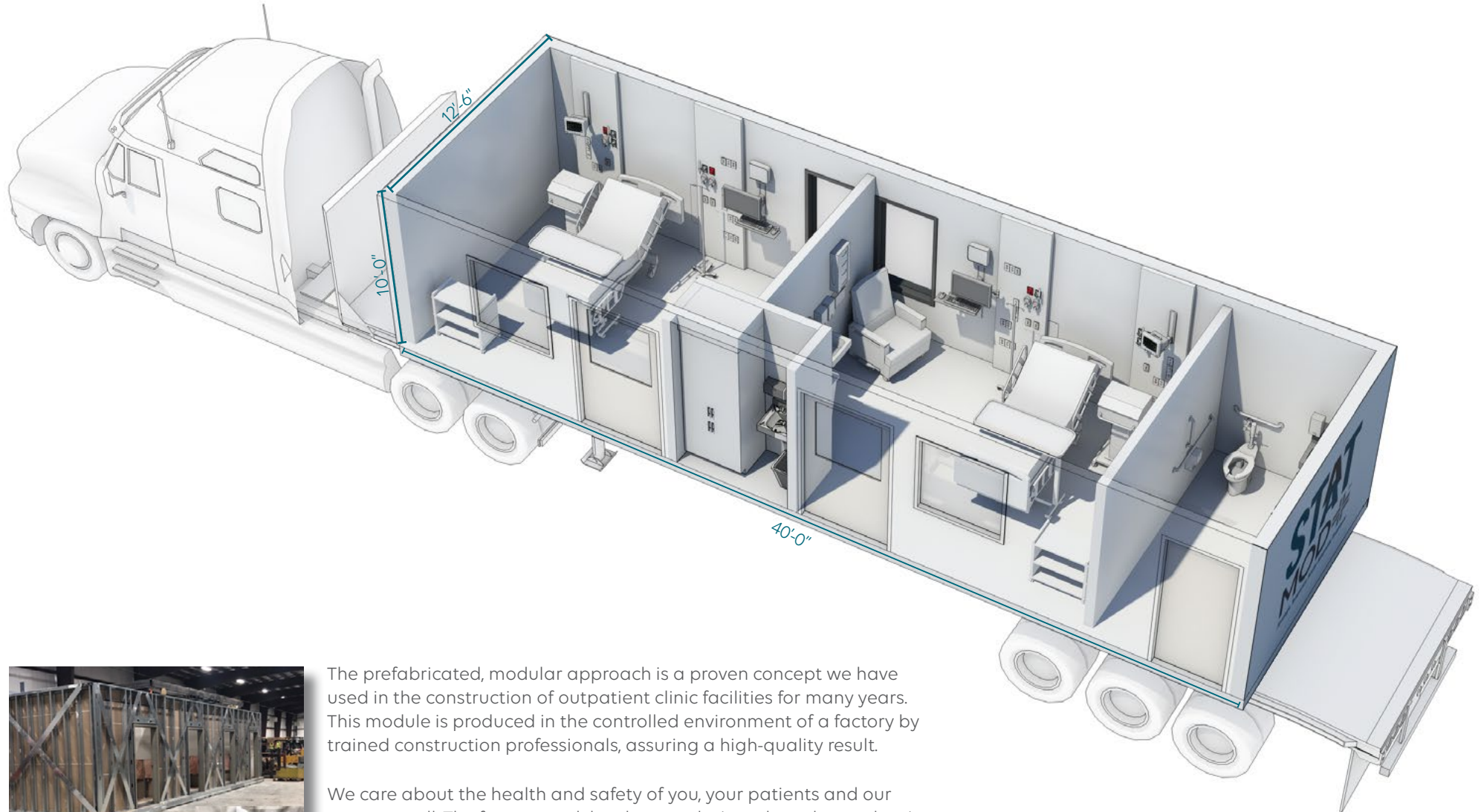
## HIGHLY ENGINEERED ISOLATION ROOM

The private isolation (AIIRs) room is a highly engineered product. The HVAC system has a HEPA-filtered closed-loop system with 100 cfm of exhaust per room creating true airborne isolation. This greatly reduces chance of patient to patient transfer and risk of additional infections to patients with comorbidities. Negative pressure protects staff in adjacent work areas outside room.



## PREMANUFACTURED QUALITY, PORTABILITY

The overall size of the two-room module is the largest dimension able to be shipped commercially anywhere in the country, enabling a quick delivery from time of order to delivery on your site. While we are building your specific order, we will be on-site preparing for the arrival and speedy assembly of your modules into an operational medical facility.



The prefabricated, modular approach is a proven concept we have used in the construction of outpatient clinic facilities for many years. This module is produced in the controlled environment of a factory by trained construction professionals, assuring a high-quality result.

We care about the health and safety of you, your patients and our team as well. The factory work has been redesigned to a lesser density to maintain 6' distance and follow additional COVID-19 sanitation, health and safety protocols. Health verification in effect at any office, fabrication, or installation site.