



May 18, 2022

**VIA Email & U.S. MAIL**

Howard L. Sollins, Esquire  
Baker Donelson  
100 Light Street  
Baltimore, Maryland 21202

**Re: CommuniCare Health Services  
Merger**

Dear Mr. Sollins:

Commission staff has reviewed the merger and consolidation request from CommuniCare Health Services to move 37 beds from Clinton Healthcare Center to Forestville Healthcare Center both located in Prince George’s County. The total project cost is estimated to be \$31,143,408. There are areas in the original application which were found by staff to be incomplete, and therefore staff requests that you provide responses to the following questions:

**Introduction**

1. Please provide additional information to complete this chart that is highlighted below

**Bed Complement Before**

|             | Total | Private | Semi | Triple | Quad | Private* | Semi* | Triple* | Quad* | Physical |
|-------------|-------|---------|------|--------|------|----------|-------|---------|-------|----------|
| Clinton     | 265   | 0       | 1    | 4      | 2    | 4        | 34    | 16      | 1     | 265      |
| Forestville | 162   | 1       | 0    | 0      | 0    | 0        | 34    | 31      | 0     | 162      |

\*denotes a shared toilet

**Bed Complement After**

|             | Total | Private | Semi | Triple | Quad | Private* | Semi* | Triple* | Quad* | Physical |
|-------------|-------|---------|------|--------|------|----------|-------|---------|-------|----------|
| Clinton     |       |         |      |        |      |          |       |         |       |          |
| Forestville |       |         |      |        |      |          |       |         |       |          |

\*denotes a shared toilet

2. The application states that this project is the first in a series of projects for CHS in Maryland. Please provide more information via a high-level overview of the broader project plans.
3. What is the relationship between CommuniCare and its facilities? Is it considered a merged-asset system, if not then what is the legal description as identified to the licensing or incorporating entity?

## **Standards**

### **Medical Assistance Participation**

4. Please provide a copy of the Memorandum of Understanding (MOU) with Medicaid for both facilities.
5. Please provide your facility policy stating you shall agree to continue to admit Medicaid residents to maintain its required level of Medicaid participation once attained.

### **Community Based Services**

6. Provide documentation that the facilities disseminate information on the “Money Follows the Person Program.”
7. Provide evidence of the facilities usage of Section Q on the MDS.
8. Provide a discharge policy that includes a timeframe for resident discharge plan assessments for at least six-month intervals for the first 24 months.
9. Provide documentation of how the facilities maintain access to the for all long-term care home and community-based services education and outreach efforts approved by the Maryland Department of Health and the Maryland Department of Disabilities to provide education and outreach for residents and their families regarding home and community-based alternatives.

### **Appropriate Living Environment**

10. Provide a legible copy of the facility floor plan that shows the new bed configuration including toilet locations.



### **Specialized Unit Design**

11. Under subpart (a) please identify the types of residents each facility will serve, their diagnostic groups, and their care needs.
12. How will the facility design maximize opportunities for ambulation, self-care, socialization, and independence?
13. How will the design of the facility promote a safe and functional environment and minimize the negative aspects of an institutional environment?

### **Quality Rating**

14. The application omitted the Quality Rating standard section (c) and (d). Please complete these sections.
15. CHS website reports 18 CCFs in Maryland and 1 ALF. Please provide acquisition dates for the 18 CCFs.

### **Collaborative Relationships**

16. The application omitted the Collaborative Relationship section (a). Please complete this section.

### **Tables Package**

17. Are the tables submitted in the tables package (utilization, revenues/expenses, workforce, staffing) for Clinton Healthcare Center or Forestville Healthcare Center? A set of tables for each of the facilities is required.

Please submit four copies of the responses to above questions and requests for additional information within ten working days of receipt. Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov). If additional time is needed to prepare a response, please let me know at your earliest convenience.

As with the request itself, all information supplementing the request 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."



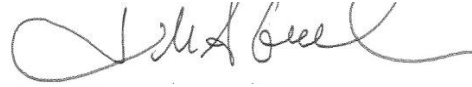
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Should you have any questions regarding this matter, please contact me at (410) 764-3371.

Sincerely,



Jeanne Marie Gawel, Program Manager  
Certificate of Need Division

cc: Mr. Ronnie Wilhelm, CommuniCare Health Services  
Mr. Charles Stoltz, CommuniCare Health Services  
Mr. Richard, Odenthal, CommuniCare Health Services  
Jack Eller, Esquire  
Wynee Hawk, Chief - Certificate of Need  
Ernest L. Carter, MD, PhD, Health Officer, Prince George's Health Department

