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June 15, 2022

Jeanne Marie Gawel, Program Manager
Certificate of Need Division
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2299

Re: **CommuniCare Health Services Merger and Consolidation: Clinton Healthcare Center | Forestville Healthcare Center**

Dear Ms. Gawel:

This is to reply to your May 18, 2022 letter posing completeness questions pertaining to the merger and consolidation request from CommuniCare Health Services ("CHS") to move 37 beds from Clinton Healthcare Center ("Clinton") to Forestville Healthcare Center ("Forestville") in Prince George's County.

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

Bed Complement Before/After

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

Bed Complement After

	Total	Private		Semi	Triple	Quad	Private*	Semi*	Triple*	Quad*	Physical
Clinton	230	0		0	0	1	8	102	0	0	230
Forestville	199	3		0	0	0	0	98	0	0	199

*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.

The CHS plan represents a major commitment to improve, upgrade and render state-of-the art services at multiple CHS nursing homes over the next few years. Continued progress has been made and further updates and discussion is warranted in furtherance of this major investment, merger, and consolidation plan.

The CHS Plan reflects a goal of (a) eliminating 100% of the three or four-bedded rooms in any CHS nursing home in the State, (b) developing a capital improvement plan for all 17 nursing homes in Maryland (with the potential to add an 18th nursing home that would benefit from the CHS Plan and eliminate additional 3 and 4 bed rooms), (c) closing and downsizing multiple nursing homes, and (d) relocating the nursing home beds to newly constructed and renovated space in existing CHS nursing homes or constructing new nursing home facilities using existing beds. The CHS Plan presently envisions a total capital commitment that estimated to be in the range of $75 to $125 million, at no additional capital cost to the State of Maryland or federal government, tied to mitigation of hospital admissions and readmissions and benefiting control and reduction of the total cost of care reimbursed by those programs.

CHS is developing and implementing an Institutional Special Needs Medicare Advantage Plan (an "I-SNP") via CommuniCare Advantage, to offer another Medicare Advantage managed care option for nursing home residents. CommuniCare Advantage is also offering a Chronic Special Needs Plan (a "C-SNP") for Medicare beneficiaries in the general community. CommuniCare Advantage offer a comprehensive and integrated range of services in Maryland in a care and reimbursement model that supports health system adherence to the Total Cost of Care agreement with the federal Department of Health and Human Services. An aligned and forward-looking capital plan at the CHS facilities will not only improve the environment for residents but will make staff more efficient and enable physical plants that reflect lessons learned from combatting COVID-19 and avoiding and reducing hospitalizations.

Major elements of the CHS Plan:

Prince George's County:

Clinton Healthcare Center: 267 beds. Relocate 87 beds in two projects, reducing this nursing home to 180 beds.

Forestville Healthcare Center: 162 beds. Construct new and/or renovated space to make all rooms single or double-bedded rooms and house some of the Clinton beds, to make this a 199-bed facility as follows: (a) remove and internally relocate 31 beds from existing 3-bedded rooms and (b) receive 37 beds from Clinton.

Fort Washington Health Center: 150 beds: Construct new and/or renovated space to make all rooms single or double-bedded rooms and house the balance of the Clinton beds, to make this a 196-bed facility as follows: (a) remove and internally relocate 24 beds from existing 4-bedded rooms and (b) receive 46 beds from Clinton.

Baltimore City:

Relocate beds from three nursing homes to at least one, possibly two, state-of-the-art replacement nursing homes. CHS has made progress is in active negotiation to acquire rights to a site for this replacement nursing home and are exploring options for a second site.

Northwest Healthcare Center: 91 beds. Close this facility as a nursing home. Evaluate potential alternate uses including potential use as a substance abuse treatment center.

Blue Point Healthcare Center: 135 beds. Eliminate one bed from each of 16 triple-bedded rooms and 2 beds from each of 8 four-bedded rooms. Thus, 32 beds would be relocated.

Fayette Health and Rehabilitation Center: 156 beds. Eliminate and relocate 25 beds from 3 and 4 bedded rooms. CHS is also considering, as an alternative, closing this facility as a nursing home relocating these nursing home beds and seeking a CON to establish at the current site special psychiatric hospital serving an adult population.

The CHS plan would also include a considerable number of units of affordable housing (currently estimated to be in the range of 400-750 units) for low-income seniors in Baltimore City. They would have available, if desired, the ability to participate in the CommuniCare Advantage C-SNP. The affordable housing capital investment would be an additional $150-$200 million above the $75 to $125 million in health care facility investment.

Carroll County:

Pleasant View Care Center: 104 beds. CHS acquired this nursing home on January 1, 2022. It is comprised of 26 – 4 bed bedrooms. CHS will search for land in Carroll County and build a state-of-the-art replacement nursing home. CHS will seek merger and consolidation approval to transfer 34 beds from 3 and 4 bedded rooms that are currently located at Westminster Healthcare Center, a CommuniCare nursing home. This would result in a new 138 bed nursing home with no 3 or 4 bedrooms.

Montgomery County:

Develop a capital plan for Kensington Healthcare Center (140 beds) and Bel Pre Healthcare Center (92 beds). Neither of these facilities has 3 or 4 bedded rooms.

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?

CHS is a long time family-owned enterprise supporting a wide range of long term care facilities including Maryland nursing homes. While each nursing home is separately owned and operated, there is overlapping ownership among them. The full spectrum of CHS services is described on its website: https://communicarehealth.com. It is considered a merged asset system, as confirmed by the attached February 9, 2021 letter from the Commission. See Exhibit A.

Standards

Medical Assistance Participation

4. Please provide a copy of the Memorandum of Understanding (MOU) with Medicaid for both facilities.

Neither Clinton or Forestville Health Care Center is subject to a MOU.

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.

There is no required participation under any MOU. Both Clinton and Forestville are committed to maintaining participation in the Medicaid program.

Community Based Services

6. Provide documentation that the facilities disseminate information on the "Money Follows the Person Program."

See attached document (Exhibit B) disseminated upon admission and discussed during routine discharge planning/care plan meetings with residents at all Maryland CommuniCare locations.

7. Provide evidence of the facilities usage of Section Q on the MDS.

See Exhibit C, CommuniCare's MDS Policy and Procedure. Additionally, please see Exhibit D, Forestville MDS Section Q (Example Redacted).

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.

See Exhibit E, Discharge Policy.

9. Provide documentation of how the facilities maintain access … 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.

Per Allison Newsom, Forestville's Director of Social Services, after initially meeting with residents during the 72-hour care planning process, discharge planning goals are identified. Materials are provided and assistance offered in arranging access to services depending on specific resident needs, such as Medicaid waiver information, alcohol and drug rehabilitation centers, Money Follows the Person program and other material. See Exhibit F, with examples of materials provided. Exhibit G includes visitor log copies showing visits that include the ombudsman.

Appropriate Living Environment

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

See Exhibit H for proposed facility floor plan.

Specialized Unit Design

11. Under subpart (a) please identify the types of residents each facility will serve, their diagnostic groups, and their care needs.

CommuniCare provides short and long term care and services to residents with a variety of diagnoses, and will continue to provide health care to the same population following the project completion. A listing of the most commonly cared for diagnoses per the most recent reporting from the facility's Electronic Medical Record System, includes the following:

Altered Mental Status, Unspecified (R41.82), Alzheimer's Disease, Unspecified (G30.9), Anemia, Unspecified (D64.9), Atherosclerotic Heart Disease Of Native Coronary Artery Without Angina Pectoris (I25.10), Cerebral Infarction, Unspecified (I63.9), Chronic Obstructive Pulmonary Disease, Unspecified (J44.9), Cognitive

Communication Deficit (R41.841), Dementia In Other Diseases Classified Elsewhere With Behavioral Disturbance (F02.81), Dementia In Other Diseases Classified Elsewhere Without Behavioral Disturbance (F02.80), Difficulty In Walking, Not Elsewhere Classified (R26.2), Dysphagia, Oropharyngeal Phase (R13.12), Encephalopathy, Unspecified (G93.40), Essential (Primary) Hypertension (I10), Gastro-Esophageal Reflux Disease Without Esophagitis (K21.9), Gastrostomy Status (Z93.1), Heart Failure, Unspecified (I50.9), History Of Falling (Z91.81), Hyperlipidemia, Unspecified (E78.5), Hypothyroidism, Unspecified (E03.9), Major Depressive Disorder, Recurrent, Mild (F33.0) Moderate (F33.1) Unspecified (F33.9) Single Episode, Severe With Psychotic Features (F32.3), Mood Disorder Due To Known Physiological Condition, Unspecified (F06.30), Muscle Weakness (Generalized) (M62.81), Need For Assistance With Personal Care (Z74.1), Other Reduced Mobility (Z74.09). The facilities provide rehabilitative services (PT/OT/SLP/RT) and 24- hour skilled nursing care, and will continue to do so in the future.

12. How will the facility design maximize opportunities for ambulation, self-care, socialization, and independence?

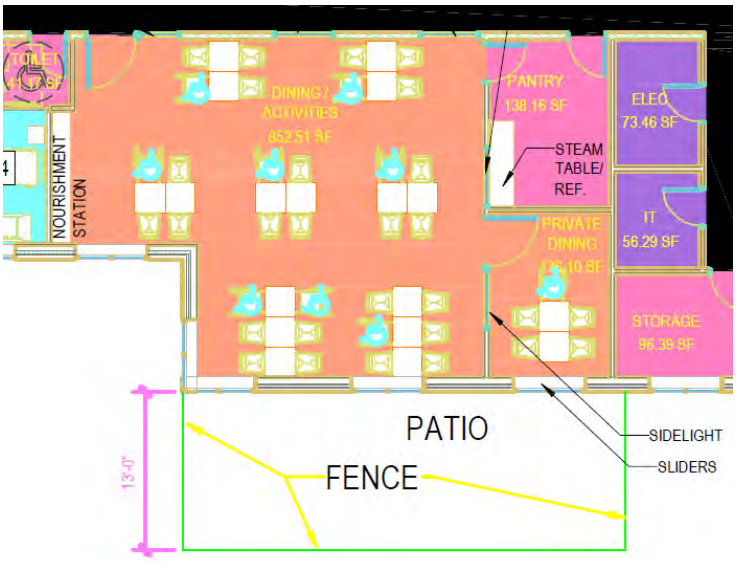
The facility design will incorporate elements that maximize resident quality of life in a variety of aspects. Resident common areas designated for therapeutic recreation and socialization were designed to promote ease of ambulation and socialization.

Figure 1 shows that there will be three areas where residents can safely walk outside. The existing building has an inner courtyard (the narrower courtyard on the right-hand side of the figure). A new, larger inner courtyard will be added as part of the new addition.

Figure 1
Ground Floor

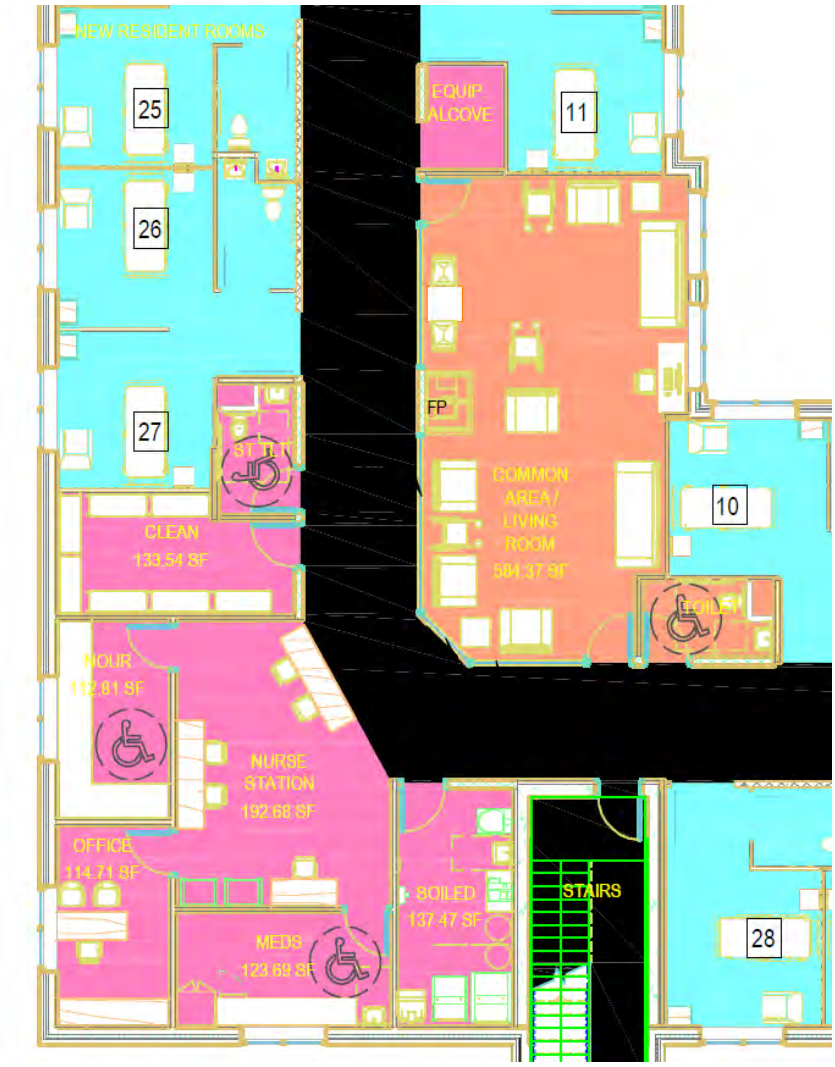
An outdoor enclosed patio space (see Figure 2) will also be added next to a Dining/Activities area, enabling residents to eat outside if they choose. All three enclosed areas will be secure so that residents can safely walk outside. This is particularly important for residents for whom walking may be part of their dementia related behavior.

Figure 2
The Outdoor Enclosed Patio



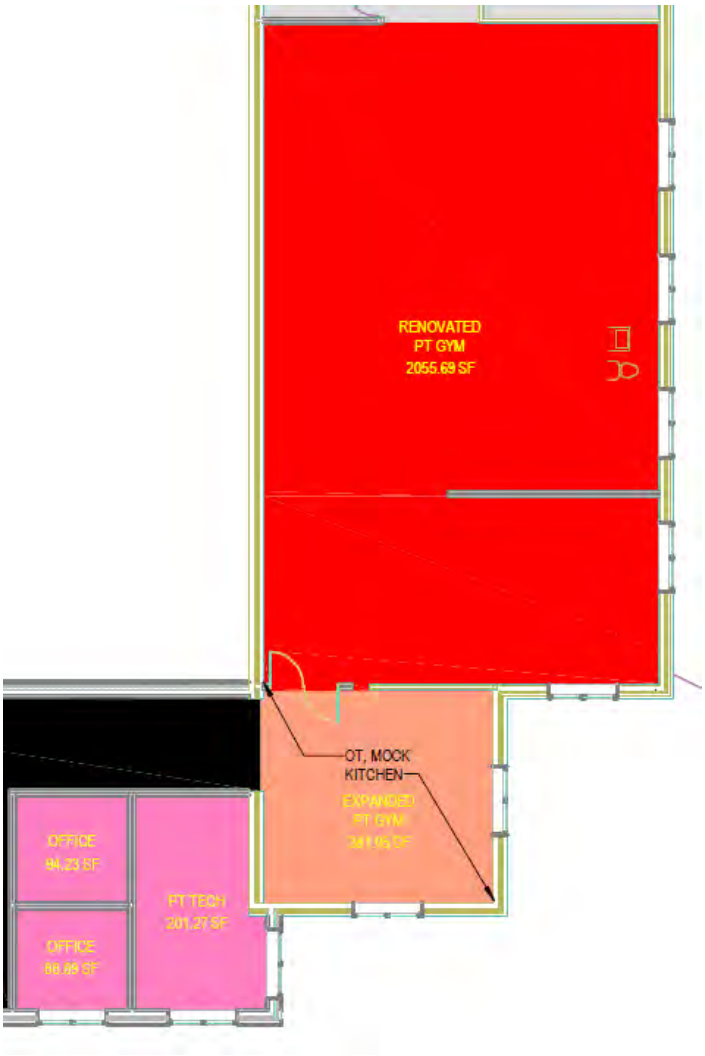
The Common Area/Living Room on each floor (see Figure 3) will include an internet cafe to provide Resident connectivity with loved ones and accessibility to information of interest to the Resident. It will also include a library and lounging space where residents can socialize.

Figure 3
Common Area/Living Room



The expanded gym on the second level will be renovated and include new Rehab space which will also maximize ambulation and restorative goals while providing an aesthetically pleasing, state-of-the-art environment. See Figure 4.

Figure 4
Renovated and Expanded Gym

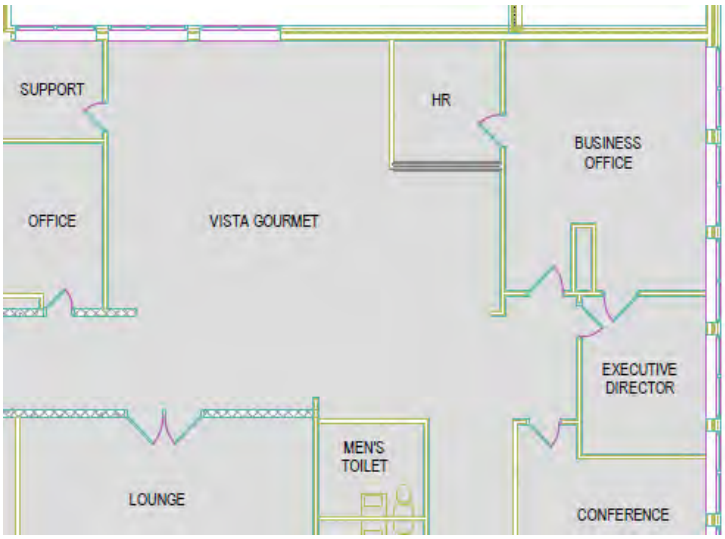


The new Resident dining areas on both levels will feature a 24-hour nourishment bar making the experience more comfortable and home-like, while promoting enhanced socialization, increased ambulation and independence. Each floor's dining area will include a private dining room so that residents may have their families join them or for celebrations of birthdays, etc. See Figure 5.

Figure 5
New Dining Areas

The existing building includes a restaurant style gourmet dining area on the second level to enhance and encourage the socialization experience. See Figure 6. These dining options provide residents with a more pleasant and therapeutic environment.

Figure 6
Gourmet Dining Area



13. How will the design of the facility promote a safe and functional environment and minimize the negative aspects of an institutional environment?

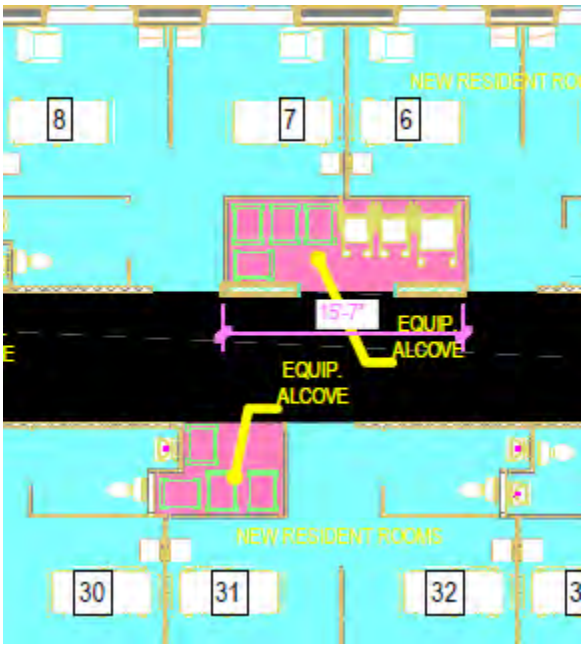
The design has been drafted with resident safety top of mind, including the ability to isolate either floor from each other with separate entry and exit points and other features focusing on infection prevention and control practices.

Nursing stations are open and provide accessibility for medical professional and resident interaction, while maintaining line of sight down both corridors for staff supervision. See Figure 7.

Figure 7
Nursing Station

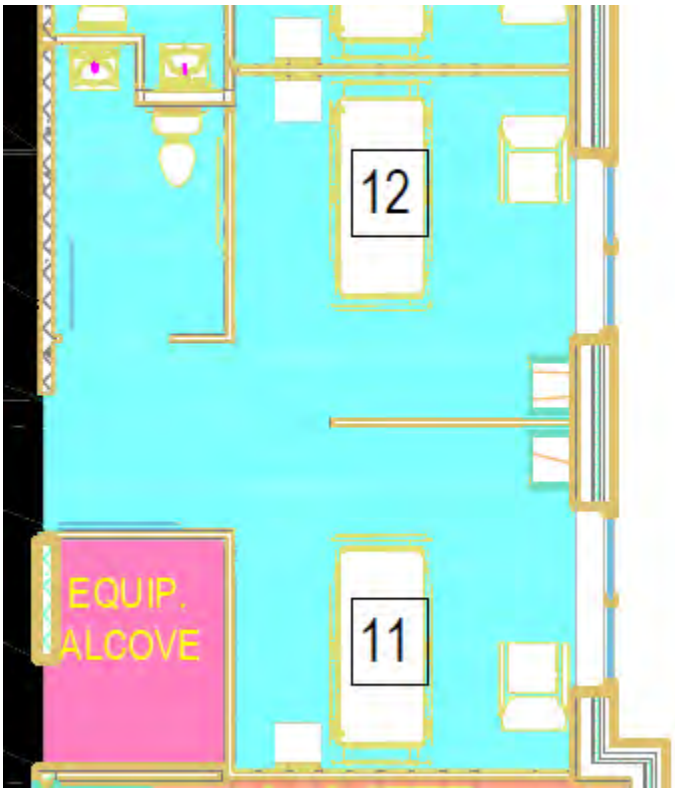
There will be alcoves placed in the hallways where medication and treatment carts can be tucked away to provide a more home-like environment and not storing equipment in the corridors, enhancing resident safety. See Figure 8 for an example of equipment alcoves.

Figure 8
Equipment Alcoves



Resident rooms in the new addition will either be private or semi-private, will provide larger living space, and will be ADA accessible. The semi-private rooms have been designed to will have a half-wall separating the living area of each resident to maximize the resident's dignity and privacy. This design both decreases the opportunity for cross infection and minimizes the negative aspects of an institutional environment Figure 9 shows the design of a semi-private room.

Figure 9
Semi-Private Room Design



Quality Rating

14. The application omitted the Quality Rating standard section (c) and (d). Please complete these sections.

The table below demonstrates CommuniCare Health Services - Maryland facilities, and their CMS Nursing Home Care Compare ratings over the past five quarterly refreshes. The CommuniCare family of companies is aware of the Maryland Health Care Commission's goal for 70% of more of an organization's locations to be at 3 or more stars overall over the last 5 refreshes. While this is not a certificate of need application but is a request for a merger and consolidation exemption request, we wish to provide an explanation. At present, 5 of 17 locations

meet this standard for overall star rating. We would, however, point to several key factors below the charts when analyzing these results.

CommuniCare SNFs in Maryland CMS Star Rating by Quarter										
Quarter (Month selected)	Number of CommuniCare SNFs in Maryland (excluding one recent acquisition)	Average Number of Certified Beds	Average Number of Residents per Day	Average Overall Rating	Average Health Inspection Rating	Average QM Rating	Average Long-Stay QM Rating	Average Short-Stay QM Rating	Average Staffing Rating	Average RN Staffing Rating
Q2-22 (April)	17	139	112.2	2.2	1.9	4.0	3.8	4.2	2.1	2.4
Q1-22 (February)	17	139	112.8	2.3	1.8	4.1	3.9	4.2	2.2	2.4
Q4-21 (October)	17	139	110.2	2.4	2.0	4.2	3.5	4.5	2.4	2.5
Q3-21 (September)	17	139	107.5	2.5	2.0	4.1	3.5	4.4	2.4	2.4
Q2-21 (May)	17	139	109.9	2.9	2.1	4.0	3.3	4.4	2.9	3.1

Overall CMS Star Rating For CommuniCare Maryland Skilled Nursing Facilities											
Provider Name	Provider City	Q2-22 (April)		Q1-22 (February)		Q4-21 (October)		Q3-21 (September)		Q2-21 (May)	
		Overall	Quality	Overall	Quality	Overall	Quality	Overall	Quality	Overall	Quality
ANCHORAGE HEALTHCARE CENTER	SALISBURY	2	3	1	3	1	4	2	5	3	5
BEL PRE HEALTHCARE CENTER	SILVER SPRING	5	5	5	5	5	5	5	5	5	4
BLUE POINT HEALTHCARE CENTER	BALTIMORE	2	5	2	5	3	5	3	5	3	4
CLINTON HEALTHCARE CENTER	CLINTON	4	5	4	5	4	5	4	5	4	4
CUMBERLAND HEALTHCARE CENTER	CUMBERLAND	2	5	2	5	2	5	1	4	1	3
ELLICOTT CITY HEALTHCARE CENTER	ELLICOTT CITY	1	4	2	5	2	5	2	5	2	4
FAYETTE HEALTH AND REHABILITATION CENTER	BALTIMORE	2	3	2	3	2	2	2	2	2	3

FORESTVILLE HEALTHCARE CENTER	FORESTVILLE	3	5	2	5	4	5	4	5	5	5
FT WASHINGTON HEALTH CENTER	FORT WASHINGTON	4	4	3	4	3	4	4	5	5	4
HAGERSTOWN HEALTHCARE CENTER	HAGERSTOWN	1	3	1	4	1	4	1	4	1	2
HOLLY HILL HEALTHCARE CENTER	TOWSON	1	2	1	2	2	3	3	3	3	3
KENSINGTON HEALTHCARE CENTER	KENSINGTON	2	4	3	5	2	4	2	4	3	4
LAURELWOOD HEALTHCARE CENTER	ELKTON	1	3	1	3	1	3	1	2	1	2
MARLEY NECK HEALTH AND REHABILITATION CENTER	GLEN BURNIE	4	5	5	5	4	5	4	5	4	3
NORTHWEST HEALTHCARE CENTER	BALTIMORE	1	4	1	3	1	4	1	2	2	1
SOUTH RIVER HEALTHCARE CENTER	EDGEWATER	2	2	3	2	3	5	3	5	3	4
WESTMINSTER HEALTHCARE CENTER	WESTMINSTER	1	5	1	5	1	3	1	3	2	1
Star Average		2.2	4	2.3	4	2.4	4	2.5	4	2.9	3.3

One will see above that in spite of the challenges presented by the COVID-19 Public Health Emergency (PHE), the CommuniCare average quality measure rating over the selected time period has consistently remained above 4 stars. This demonstrates that CommuniCare facilities consistently rank above average as compared with their peers in the quality measures domain over which the nursing facility leadership team has the most control. 15 of the 17 Maryland facilities are 3 stars or above under the quality measure. CommuniCare has remained steadfast in its commitment to providing residents with the highest quality of care and has maintained their above average quality ratings during this unprecedented period of pandemic health emergency. The health inspection process for all nursing homes remains intensive in its oversight as this chart demonstrates and CommuniCare responds with plans of correction and by the Quality Assurance and Performance Improvement team. By deploying resources such as Convergence, the CommuniCare Family of Companies complete telehealth and telemedicine technology platform and service company, CommuniCare has continued to seek out ways to provide high-quality resources to our facilities in support of our quality initiatives. Additionally, CommuniCare has launched its own Medicare Advantage Plan, CommuniCare Advantage, to aid in achieving population health initiatives for Marylanders in need of access to high quality health care with additional benefits.

In the nature of staffing, CommuniCare urges the Commission to look at the company's total response to needs for staff in a PHE environment. In the chart, average staffing availability has been affected by the PHE, as has been seen across the country with most providers, as our nation's nursing homes have grappled with staff illness and death/resignations/agency poaching/etc. In addition to the aforementioned challenges, several of the centers are located in more rural and hard to recruit locations on the Eastern Shore and Western Maryland that have become even more challenged during this difficult time.

CommuniCare has taken an innovative approach at addressing these challenges by developing a comprehensive strategy to increase staffing among all of its facilities. Included in this strategy are increased compensation plans for current nursing staff, as well as more attractive compensation and benefit plans for new team members. Employee sign-on bonuses and current employee referral bonuses are deployed as a way to attract additional nursing staff. CommuniCare has also developed its' own staffing agency "Bridgeway", to provide another layer of support to our centers. Finally, the company provides and pays for GNA training programs, tuition assistance, paid time off and 401K with match.

In addition to the above, CommuniCare continues to develop innovative ways to attract new, qualified staff. CommuniCare is working to attract licensed nurses from overseas seeking employment in long term care. Within the next few months, CommuniCare will onboard 1400 nurses and aides, while continuing to recruit globally to add a projected several thousand qualified staff in the near future. CommuniCare will be sponsoring these individuals' green cards, their first three months of housing, and will be providing them with a full range of services to prepare them for life-long careers in long term care. Many of these staff will be assigned to Maryland facilities. It is anticipated that recruiting, training and investing in the larger, dedicated work force will not only increase numbers but will translate into higher overall star rankings and survey results.

When reviewing the domain for survey ratings, most centers falling under the three-star overall rating have not received an annual survey in almost three years as a result of the COVID-19 pandemic (all buildings on the list other than Blue Point have not received an annual survey since 2019). This means that in most cases, the data being used to analyze the performance of our facilities now, reaches as far back

as 2016 (6 years), and not the three survey cycles that is typical in the CMS Nursing Home Care Compare system. Finally, we believe that investment in our centers and the de-densification of resident rooms will only improve the clinical and residential environment for residents and staff in a way that enhances survey outcomes, along with the other efforts that we have already discussed.

CommuniCare aims to de-densify all of the rooms in its Maryland portfolio that are 3 and 4 bedrooms. This goal serves to enhance the quality of life for the Marylanders that we are privileged to serve. The organization has a keen focus on not only the health and safety concerns that have become more evident during the course of the PHE, but also the improvement in quality of life overall with a focus on health equity. At present, in the CommuniCare division which includes all of the Maryland centers, 79.8% of our residents daily are Medicaid recipients. Additionally, in the facilities that currently have resident rooms including 3 and 4 beds, a large majority of the residents served are Medicaid recipients. It is CommuniCare's aim to embrace the strategic initiatives around health equity presented by the Biden Administration and the Center for Medicare and Medicaid Services' by investing in our centers and promoting quality of life and wellness for all residents requiring our services.

15. CHS website reports 18 CCFs in Maryland and 1 ALF. Please provide acquisition dates for the 18 CCFs.

We understand this information is needed to identify recently acquired nursing homes. There is only one, which is Pleasant View Nursing Home in Mount Airy, Carroll County, acquired effective January 1, 2022.

Collaborative Relationships

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

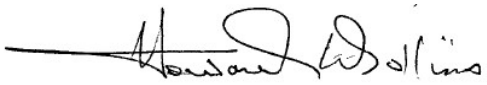
We understand the Commission agrees the initial filing under this standard is responsive.

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.

See Exhibit I. Tables for Clinton Health Care Center.

Sincerely,



Howard L. Sollins

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

EXHIBIT A

Andrew N. Pollak, M.D.
CHAIRMAN

STATE OF MARYLAND

Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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TELEPHONE: 410-764-3460 FAX: 410-358-1236

February 9, 2021

By E-Mail

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

Re: CommuniCare Health Services Projects

Dear Mr. Sollins:

Commission staff and I appreciated the opportunity to discuss the plans of CommuniCare Health Services (CommuniCare) to modernize several of its comprehensive care facilities (CCFs) in our December meeting with representatives of CommuniCare. Following that discussion, staff considered the questions raised in your November 25, 2020 letter, which I will address in this letter. First, however, I will advise you of Commission staff's thoughts regarding the regulatory options available for CommuniCare's possible capital improvement projects in Baltimore City and Prince George's County.

Baltimore City

In Baltimore City, CommuniCare has outlined plans to close its 91-bed CCF known as Northwest Healthcare Center (Northwest). It also intends to reduce the licensed bed capacity of two other CCFs it owns, 135-bed Blue Point Healthcare Center (Blue Point) and 156-bed Fayette Health and Rehabilitation Center (Fayette), by converting three and four-bed rooms to semi-private rooms. The anticipated conversion would result in 103 CCF beds at Blue Point (a reduction of 32 beds) and 131 CCF beds at Fayette (a reduction of 25 beds). CommuniCare currently proposes to establish a new 148-bed CCF to replace the bed capacity removed from service in Baltimore City through the above actions.

Commission staff concludes that CommuniCare may seek requests for exemption from Certificate of Need (CON) review for these Baltimore City projects. The proposed new CCF can be viewed as a relocation of Northwest. Under COMAR 10.24.01.04A(2), the exemption from CON review process is available for the "relocation of an existing health care facility owned or

controlled by a merged asset system ... to a site outside the primary service area of the health care facility to be relocated but within the primary service area of the merged asset system ...."

The facility relocation would be implemented through construction of a CCF that is larger than the existing Northwest CCF by adding the bed capacity removed from Blue Point and Fayette. This component of CommuniCare's plan would be reviewed as a request for exemption under COMAR 10.24.01.04A(3), which permits this type of review process for a "a change in the bed capacity of an existing health care facility pursuant to the consolidation or merger of two or more health care facilities ...." Staff believes that simultaneous review of these exemption requests is appropriate because the facility being expanded is, in effect, an existing facility, Northwest, which will be relocated.

Prince George's County

In Prince George's County, CommuniCare plans to reduce CCF bed capacity at 267-bed Clinton Healthcare Center (Clinton) by 87 beds to become a 180-bed CCF. It intends to redistribute this bed capacity by adding 37 beds to 162-bed Forestville Healthcare Center (Forestville) and adding 50 beds to 150-bed Fort Washington Health Center (Fort Washington). Commission staff concludes that these projects could be proposed as requests for exemption under COMAR 10.24.01.04A(3), with Forestville and Fort Washington submitting requests to add beds. These requests for exemption would be reviewed simultaneously.

I will now address the issues raised in your November 25, 2020 letter.

Temporary delicensure regulations.

Staff believes that the regulations regarding temporary delicensure, COMAR 10.24.01.03C, provide enough flexibility to allow Commission staff to work with CommuniCare as approved projects are implemented.

The semi-annual schedule for CON applications.

Because staff has concluded that CommuniCare's outlined plans for its Baltimore City and Prince George's County CCF projects can be achieved through requests for exemption from CON review, the CON review schedule is not an issue.

Bed need calculations in the CCF Chapter.

The current CCF bed need projections, which have a target year of 2022, indicate that there is no bed need in Baltimore City. CON applications have been submitted for the 32 beds that are identified as needed in Prince George's County. CommuniCare's Baltimore City and Prince George's projects, which are expected to use the CON exemption process, must demonstrate that they are not inconsistent with the CCF bed need projections made pursuant to the CCF Chapter, at COMAR 10.24.20.05A(1)(a).

CON occupancy rate standard.

The requests for exemption from CON review must address the occupancy standard at COMAR 10.24.20.05A(1)(b), as part of the requirement to address consistency with the State Health Plan.

Performance requirements.

Staff will recommend that, if these projects are granted exemptions from CON by the Commission, they be required to meet the performance requirements applicable to CON-approved CCF projects.

Miscellaneous.

I note that, under COMAR 10.24.01.04B(6), CommuniCare's requests for exemption must provide information demonstrating that the projects are consistent with the State Health Plan, that they will result in more efficient and effective delivery of health care services, and that they are in the public interest. As you know, the CCF Chapter, at COMAR 10.24.20.05A(1)(a), requires that CommuniCare show that the beds currently in the inventory are needed at the new site. Among additional standards in the CCF Chapter that CommuniCare must meet to show consistency with the State Health Plan is the quality rating standard, at COMAR 10.24.20.05A(8).

CommuniCare mentioned the possibility of seeking to create an intermediate care facility at Northwest. This project, if proposed, would require Certificate of Need review.

If you have any additional questions, please contact Kevin McDonald at Kevin.Mcdonald@maryland.gov or 802-764-5982.

Sincerely,

Ben Steffen
Executive Director

cc: Paul E. Parker
Kevin McDonald
Linda Cole
Suellen Wideman, AAG
Ruby Potter

EXHIBIT B

If you want to go home, there may be a way!

Get long term services and supports in the community!

If Medical Assistance pays for any part of your nursing home care, you may be able to get care and services in your own community home instead of in a nursing home.

In the last few years, hundreds of people have moved out of nursing homes to receive services in the community. There are several programs that provide services in the community. We can help you decide which one may be right for you and help you apply. **Just let us know**.

If you would like to learn more about services that may help you move back to the community, ask a social worker at your nursing home, or contact one of the places listed on the back of this page.

This document is produced by the Maryland Department of Health. By law, nursing homes must give this information to every nursing home resident who indicates a preference to return to the community.
Revised February 2018

State Government	
Maryland Department of Disabilities	800-637-4113
Maryland Department of Health Community First Choice/Community Options Waiver MFP Nursing Facility Transition Program	 877-463-3464 or 410-767-1739 410-767-7242 (MFP)
Maryland Department on Aging	1-800-AGE-DIAL (1-800-243-3425)
Maryland Access Point	1-844 MAP-LINK (844-627-5465) www.marylandaccesspoint.info
Adult Evaluation and Review Services (AERS)	877-463-3464 or 410-767-7479
Developmental Disabilities Administration	Central MD 410-234-8200 Western MD 301-791-4670 Southern MD 301-362-5100 Eastern Shore 410-572-5920

Advocacy	
Independence Now (PG & Montgomery Counties)	301-277-2839
Southern MD CIL (Calvert, Charles, St. Mary's Counties)	301-884-4498
The Freedom Center (Frederick & Carroll Counties)	301-846-7811
Resources for Independence (Western Maryland)	800-371-1986
Bay Area CIL (BACIL) (Cecil Co. and the Eastern Shore)	443-260-0822 or 877-511-0744
The IMAGE Center (Baltimore City/Co. & Harford)	410-982-6311
Accessible Resources for Independence (Howard & Anne Arundel Counties)	410-636-2274
Brain Injury Association of Maryland	410-448-2924 or 800-221-6443
Maryland Statewide Independent Living Council	240-599-7966
Mental Health Association of Maryland	443-901-1550

Legal Resources	
Legal Aid Bureau LTC Assistance Program & MD Senior Legal Hotline1-866-635-2948 www.mdlab.org The Assisted Living/Nursing Home Program provides legal assistance to financially eligible nursing home residents anywhere in Maryland.	Disability Rights Maryland (DRM) 1-800-233-7201, TTY number: 410-235-5387 www.disabilityrightsmd.org DRM is a non-profit legal services established by federal and state law to advocate for the rights of persons with disabilities in Maryland.

This document is produced by the Maryland Department of Health. By law, nursing homes must give this information to every nursing home resident who indicates a preference to return to the community.
Revised February 2018

EXHIBIT C

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: MDS Responsibilities			**Policy #:** NS 1193-03
Category: NURSING			**Reviewed:** 11/01/2019 06/03/2021
Approval: Chief Clinical Officer	**Effective:** 11/1/2013	**Revised:** 11/15/2019 06/03/2021	**Page:** 1 of 7

Scope:

This policy is applicable to all adult living centers.

Definitions:

ARD: Assessment Reference Date –date that signifies the end of the look back period used to base responses to MDS coding

CAA: Care Assessment Areas are required categories of the assessment that help residents maintain the highest practicable level of well-being that requires critical thinking and decision-making to identify areas that are, may be, or could be areas of concern for that resident: a pre-cursor to care planning

IDT Team: Interdisciplinary Team is a group of experts from various professional groups that may include but are not limited to clinical, administrative, rehabilitative/therapy, nutritional/dietary, and social work members that provide a well-balanced perspective to issues and concerns.

N/A: Not applicable

MDS: Minimum Data Set a CMS required assessment for residents in a nursing facility to determine level of care and payment

OBRA: Omnibus Reconciliation Act – Federal standards for nursing home including but not limited to control of the federal payment system; OBRA assessments are comprehensive (Admission, annual, Significant Change in Status or Significant Correction of a Prior Full assessment)

PDPM: Patient Driven Payment Model – a method of reimbursement in which Medicare payment is based upon 5 case mix components and 1 non case mix component (PT, OT, SLP, Nursing, NTA and base rate to = composite rate)

RAC: Resident Assessment Coordinator

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: MDS Responsibilities			**Policy #:** NS 1193-03
Category: NURSING			**Reviewed:** 11/01/2019 06/03/2021
Approval: Chief Clinical Officer	**Effective:** 11/1/2013	**Revised:** 11/15/2019 06/03/2021	**Page:** 2 of 7

RAI: Resident Assessment Instrument – the tool used for a completing the resident assessment for CMS submission as part of the rules of participation (RoP) for the purposes of reimbursement and to guide quality care in the nursing home environment

SW: Social Worker/ Social Services

Policy:

It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. The safety of residents, staff and visitors is of primary importance. The purpose of this policy is to provide guidance for the interdisciplinary assessment. The interdisciplinary assessment shall be completed for all resident utilizing the guidelines provided in the Resident Assessment Instrument (RAI). The Minimum data set 3.0 (MDS) will be completed per RAI guidelines based upon oral or written communication, resident/family interview, and assessments provided by the IDT team members.

Procedure:

I. The MDS assessment sections will be completed by the following IDT members:

a. Full Assessment :

Full Assessment Form			
1) Section	A	Identification and Information A1500, A1520, A1550	RAC SW & or RAC
2) Section	B	Hearing, Speech and Vision	RAC

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: MDS Responsibilities			**Policy #:** NS 1193-03
Category: NURSING			**Reviewed:** 11/01/2019 06/03/2021
Approval: Chief Clinical Officer	**Effective:** 11/1/2013	**Revised:** 11/15/2019 06/03/2021	**Page:** 3 of 7

3) Section	C	Cognitive Pattern	SW or RAC
4) Section	D	Mood	SW or RAC
5) Section	E	Behavior	SW & or RAC
6) Section	F	Preferences for Routine & Activities	Recreation/Activities & or RAC
7) Section	G	Functional Status	RAC
8) Section	GG	Functional Abilities and Goal	RAC
9) Section	H	Bladder & Bowel	RAC
10) Section	I	Active Diagnosis	RAC
11) Section	J	Health Conditions	RAC
12) Section	K	Swallowing/Nutritional Status	Dietary
13) Section	L	Oral, Dental Status	RAC
14) Section	M	Skin Condition	RAC
15) Section	N	Medications	RAC
16) Section	O	Special Treatment, Procedures and programs	RAC
17) Section	P	Restraints	RAC
18) Section	Q	Participation in Assessment & Goal setting	SW & or RAC
19) Section	S	State Specific	RAC
20) Section	V	Care Area Assessment (CAA) Summary	IDT & RAC
21) Section	Z	Assessment Administration	RAC
22) Section	X	Correction Request	RAC
Discharge Assessment			RAC
Entry & Death in Facility (DIF) Tracker			RAC

b. Coordination of RAC:

i. The RAC will establish the assessment reference date and communicate with the interdisciplinary team.

ii. Each individual who completes a portion of the assessment (RAI) must certify the accuracy of that portion by signing and dating in the appropriate location in Section Z, including their job title and sections of MDS they completed.

iii. The RN Assessment Coordinator and/ or the RN designee will verify completion of the MDS by signing section ZO500A per RAI guidelines.

iv. The RN Assessment Coordinator will sign and date Section VO200B1 and VO200B2 for the Care Assessment Areas (CAA) as required per the RAI guidelines.

v. The Comprehensive Care Plan must be complete by day 21 after admission or 7 days after the MDS is completed.

a. Signature of person making care plan decision will sign and date VO200C1 and VO200C2 when care plans are required per the RAI guidelines

b. Coordination of PPS (Medicare Covered) Schedule:

Type of MDS Assessment	**A0310B**	**Assessment Reference Date A2300**	**Z0500B**	**V0200 B2**	**Submit to State No Later Than**	**# of Payment Days Covered by this MDS**

Subject: MDS Responsibilities			**Policy #:** NS 1193-03
Category: NURSING			**Reviewed:** 11/01/2019 06/03/2021
Approval: Chief Clinical Officer	**Effective:** 11/1/2013	**Revised:** 11/15/2019 06/03/2021	**Page:** 5 of 7

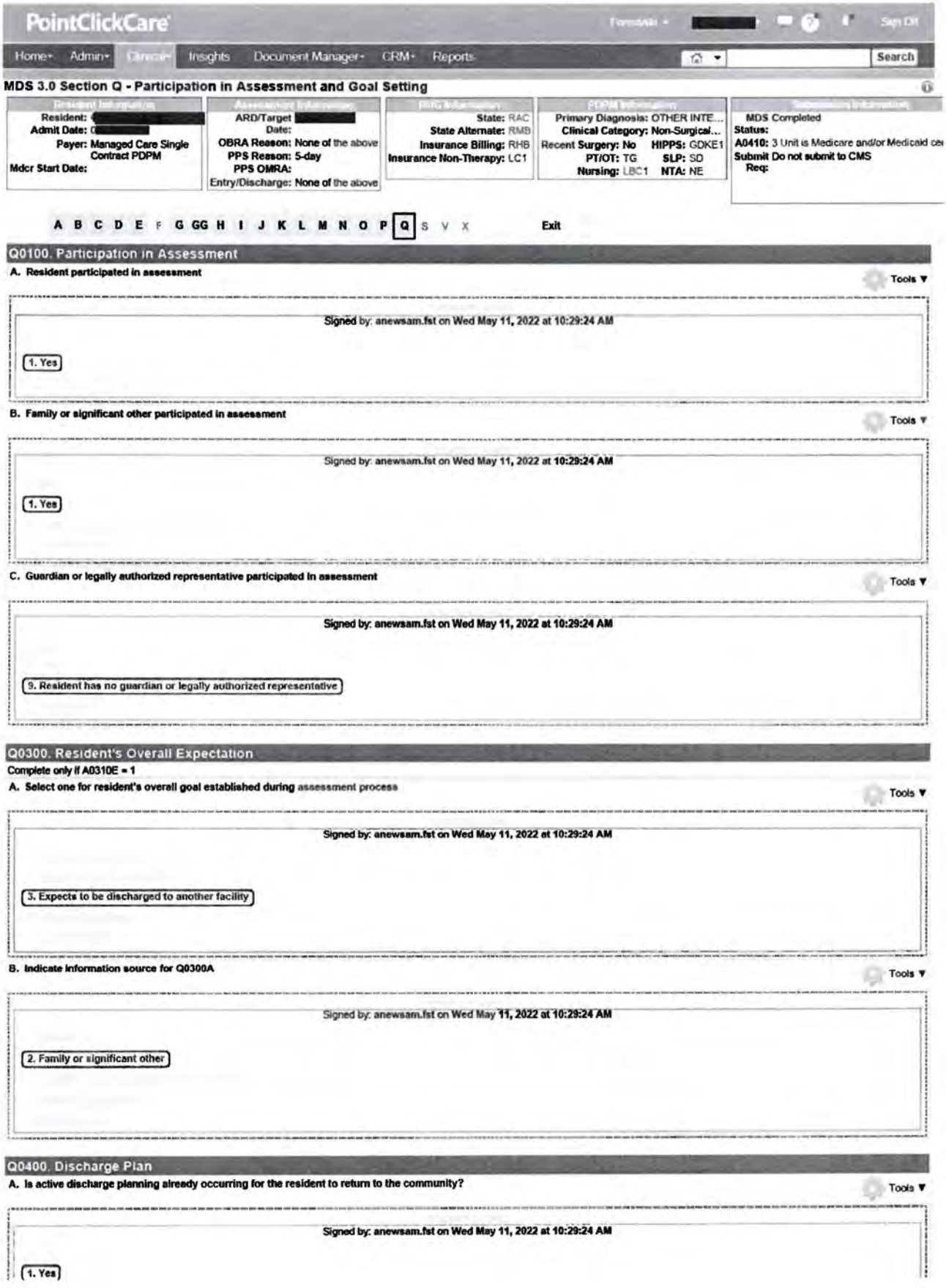
5-Day MDS Assessment	01	Day 1-8	A2300 + 14 days	N/A	Z0500b + 14 days	Potentially 100 days of skilled stay
Interim Payment Assessment	08	Optional	A2300 + 14 days	N/A	Z0500b + 14 days	From ARD through remainder of skilled stay

Type of MDS Assessment	**A0310A**	**Assessment Reference Date A2300**	**Z0500B**	**V0200B2**	**Submit to State No Later Than**	**# of Payment Days Covered**
Admission	01	No later than admission date + 13 calendar days	Admission date + 13 calendar days	Admission date + 13 calendar days	Care plan completion date +14 days	92 days or next intervening assessment
Quarterly	02	ARD of previous OBRA assessment of any type + 92 calendar days	ARD + 14 calendar days	N/A	14 days after MDS completion date	92 days or next intervening assessment
Annual	03	ARD of previous OBRA comprehensive assessment + 366 calendar days and ARD previous Quarterly OBRA assessments + 92 days	ARD + 14 calendar days	ARD + 14 calendar days	14 days after Care plan completion date	92 days or next intervening assessment
Significant Change in Status Assessment (SCSA). Cannot be completed before an admission assessment is completed.	04	Within 14 calendar days of the date that the SNF determines that there has been a significant change in the resident's condition. (Follow guidelines in RAI manual.)	Within 14 calendar days of the date that the SNF determines there has been a significant change in resident's	Within 14 calendar days of the date the SNF determines there has been a significant change in resident's condition. (Follow guidelines in RAI manual.)	14 days after Care plan completion date	Payment starts on ARD through next intervening assessment or the next Medicare assessment, whichever comes first.

			condition. (Follow guidelines in RAI manual.)			
Significant correction of prior full MDS Assessment. **NOTE:** May only correct error in the most recent assessment.	05	When error is identified. (Check with your state concerning key change item corrections.)	CMS has designated no time frame for this assessment.	Within 14 calendar days after a significant change in resident's condition. (Follow guidelines in RAI manual.)	14 days after the significant error occurred	N/A
Significant correction of prior Quarterly Assessment. **NOTE:** May only correct error in the most recent assessment	06	When error is identified. (Check with your state concerning key change item corrections.)	CMS has designated no time frame for this assessment.	Within 14 calendar days after a significant change in resident's condition. (Follow guidelines in RAI manual.)	14 days after the significant error occurred	N/A
Type of MDS Assessment	**A0310F**	**Assessment Reference Date A2300**	**Z0500B**	**V0200B2**	**Submit to State No Later Than**	**# of Payment Days Covered**
Discharge return not anticipated	10	Day of discharge	Discharge date +14 Calendar day	N/A	Completion day + 14 calendar day	N/A
Discharge return anticipated	11	Day of discharge	Discharge date +14 Calendar day	N/A	Completion day + 14 calendar day	N/A

Death in Facility tracker (DIF)	12	Day of discharge (Death date)	Discharge death date + 7 calendar days	N/A	Discharge death day + 14 days	N/A
Entry	01	Day of entry to facility	Entry date + 7 Calendar days	N/A	Entry day + 14 calendar days	N/A
Type of MDS Assessment	A03 10H	**Assessment Reference Date A2300**	**Z0500B**	**V0200B2**	**Submit to State No Later Than**	**# of Payment Days Covered**
End of PPS Part A Stay	01	Must be completed when the resident Medicare part A stay ends but the resident remains in the facility. Refer to the RAI Manual	ARD + 14 days	N/A	Completion day + 14 days	Stops PPS payment

EXHIBIT D


PointClickCare
Sign Out
Home Admin Clinical Insights Document Manager CRM Reports
Search
MDS 3.0 Section Q - Participation in Assessment and Goal Setting
Resident:
Admit Date:
Payer: Managed Care Single Contract PDPM
Mdcr Start Date:
ARD/Target Date:
OBRA Reason: None of the above
PPS Reason: 5-day
PPS OMRA:
Entry/Discharge: None of the above
State: RAC
State Alternate: RMB
Insurance Billing: RHB
Insurance Non-Therapy: LC1
Primary Diagnosis: OTHER INTE...
Clinical Category: Non-Surgical...
Recent Surgery: No
HIPPS: GDKE1
PT/OT: TG
SLP: SD
Nursing: LBC1
NTA: NE
MDS Completed
Status:
A0410: 3 Unit is Medicare and/or Medicaid ce
Submit Do not submit to CMS
Req:
A B C D E F G GG H I J K L M N O P Q S V X
Exit
Q0100. Participation in Assessment
A. Resident participated in assessment
Tools
Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM
1. Yes
B. Family or significant other participated in assessment
Tools
Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM
1. Yes
C. Guardian or legally authorized representative participated in assessment
Tools
Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM
9. Resident has no guardian or legally authorized representative
Q0300. Resident's Overall Expectation
Complete only if A0310E = 1
A. Select one for resident's overall goal established during assessment process
Tools
Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM
3. Expects to be discharged to another facility
B. Indicate information source for Q0300A
Tools
Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM
2. Family or significant other
Q0400. Discharge Plan
A. Is active discharge planning already occurring for the resident to return to the community?
Tools
Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM
1. Yes

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B

Complete only if A0310A = 02, 06 or 99

Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?

Tools

Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM
Question Q0490 disabled by question Q0400A

Q0500. Return to Community

B. Ask the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"

Tools

Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM
Question Q0500B disabled by question Q0400A

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

A. Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than only on comprehensive assessments.)

Tools

Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM
Question Q0550A disabled by question Q0400A

B. Indicate information source for Q0550A.

Tools

Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM
Question Q0550B disabled by question Q0400A

Q0600. Referral

Has a referral been made to the Local Contact Agency?

Tools

Signed by: anewsam.fst on Wed May 11, 2022 at 10:29:24 AM

0. No - Referral not needed

Forestville
7420 Marlboro Pike
Forestville, MD 20747-4343
Phone: (301) 736-0240
PCC Facility ID: 43

PointClickCare
5570 Explorer Drive
Mississauga, Ontario L4W 0C4

EXHIBIT E

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: Discharge Planning			**Policy #:** SS 1002-00
Category: Social Services			**Reviewed:**
Approval: Corporate Director Social Services	**Effective: 7/17/2020**	**Revised:**	**Page: 1 of 2**

Scope:

This policy is applicable to all adult living centers.

Definitions:

A process that generally begins on admission and involves identifying each resident's discharge goals and needs, developing and implementing interventions to address them, and continuously evaluating them throughout the resident's stay to ensure a successful discharge.

Policy:

The requirement intends to ensure that the facility has a discharge planning process in place which addresses each resident's discharge goals and needs, including caregiver support and referrals to local contact agencies, as appropriate and involves the resident and if applicable, the resident representative and the interdisciplinary team in developing the discharge plan.

Procedure:

1) The discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and-
2) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. Work with the clinical team to assure all needs have been identified
3) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.
4) Involve the interdisciplinary team, as defined by 483.21(b)(2)(ii), in the ogoing process of developing the discharge plan
5) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.
6) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.
7) Address the resident's goals of care and treatment preferences.
8) Document that a resident has been asked about their interest in receiving information regarding returning to the community.
    a) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.

b. Facilities must update a resident's comprehensive care plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.

c. If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.

9) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute provider by using data that includes, but is not limited to SND, HHA, IRF, or LTACH standardized patient assessment data, data on qualify measures, and data on resource use to the extent the data is available.

10) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan.

a) The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnessary delays n the resident's discharge or transfer.

EXHIBIT F

ME FIRST RESPITE & HOME CARE

"CARING is what we do"

Hi Ms. Newsam

I hope your week is going well, and you are staying safe!

Our agency, Me First Respite & Home Care is a non-medical home care agency that offers a wide selection of services such as respite care which gives the care giver a break from their care giving duties, dementia care, personal hygiene, mobility assistance, veteran care and many more. What sets us apart from other agencies is that we specialize in helping Veterans or their Surviving Spouse get funding from the VA to pay for non-medical care/assistance that can help them stay independent and safe in their own home.

We have partnered with a qualified 3rd party to help our clients get access to a VA Benefit named "Aide and Attendance." The 3rd party or Me First Respite & Home Care does not charge the Veteran or their family a penny to assist them. We are one of two home care agencies in this area that is exclusively associated with this organization to provide this no fees service to veterans or their surviving spouses.

The VA benefit can provide up to $2,200 per month to Veterans or their surviving spouses who need non-medical care/assistance to help them with activities of daily living in their home or chosen place of residence. There are currently over 15 million Veterans and their surviving spouses nationwide who are believed could qualify for this benefit and only 3% of them are currently taking advantage of it, according to a CBS investigation. If you or your spouse was in the military during wartime, meet the income limits and need daily assistance in your home to live independently, your eligibility will be determined in the privacy of your home at no cost to you or your family.

Me First Respite & Home Care Companions are screened, compassionate, bonded, insured, experienced and COVID-19 tested. Care Companions are available twenty-four hours per day, seven-days-a-week with customized hours and service.

Please take a moment to look at our website and contact us to schedule your no-obligation consultation and receive four hours of home care services free your first week.

Sincerely,

Ms. Johnnie Pendergrass
Managing Partner
Me First Respite and Home Care, LLC
(301) 747-3961
www.mefirstrespitecare.com
info@mefirstrespitecare.com

The greatest compliment a business can receive is a referral

Community Ministry of PG County Warm Nights Shelter - Seat Pleasant, MD

Contact information

Click to see address

Seat Pleasant, MD 20743

: 301-499-2319

Emergency Shelter

HOMELESS HOTLINE
TOLL FREE 1-888-731-0999

Emergency shelters are places for people to live temporarily when they can't live in their previous residence. In ensure we have a coordinated Continuum of Care system for homeless people, we require that all referrals to (the **Homeless Hotline.** You can call the **Homeless Hotline** toll free in the State of Maryland at (888) 731-0999 Hotline provides emergency answering and referral for the homeless 24 hours a day, 365 days a year. Individu the **Homeless Hotline** directly. Please be aware there is no waiting list and referrals are made on a first come, The following information provides some general answers about the shelter process.

- Eligibility
- Documents Required
- What should I expect when I arrive at a shelter?
- Will there be rules I must follow?
- How will I be helped?
- Do I have any rights?
- Do I have responsibilities?

What will happen when I call the Homeless Hotline?

You will be asked a few questions to determine your eligibility for shelter. They'll need the following information:

- Proof of residence; lease, utility bills
- A valid photo identification, voter registration or Military ID
- Be homeless or within 7 days of becoming homeless
- Have not been in a County shelter for the past 12 months
- Number, ages and gender of all people in your family.

The following documents may be required as well:

- Child support document
- Court papers
- Department of Social Services benefit document
- Eviction notice
- Hospital bill
- Jail ID or release paper
- Copy of paystub indicating Prince George's County address
- Current School papers
- Unemployment document or stub
- Prince George's County Utility bill

****Please note that many of the required documents can not be less than 30 days old and will need to ha address**

What should I expect when I arrive at a shelter?

When you arrive at any of the shelters, you will be interviewed by shelter staff and assigned to a case manager learn about your strengths so they can help you. All the communication you have with them will be written and c information will be kept confidential unless you sign a "Consent to Release Information Form." Staff will make s regulations of the shelter "community."

Will there be rules I must follow?

In general, most of the shelters will require that you:

- Meet with a case manager promptly to establish goals that will lead to you finding permanent housing
- Sign an agreement with the shelter indicating your willingness to work toward accomplishing established g
- Perform all required individual and group chores to maintain your dormitory or rooms.
- Adhere to mandatory safety and curfew requirements
- Pay required maintenance fees based on your income, or save at least 30% of your income toward your f
- Attend weekly meetings with your case manager to review and update service plans
- Participate in mandatory health screenings
- Adhere to non-smoking requirements where applicable
- Participate actively in job search and employment activities
- Participate in random screening for alcohol and drug abuse to find out if you need help addressing an adc
- Participate in psychological assessments to see if you need care and treatment for emotional or mental h
- Address personal and family issues that caused you to become homeless.

How will I be helped?

Shelters provide a clean and safe environment for you and your children. A Case Manager will work with you to that will help you get back on your feet. Case Managers provide:
Intake and assessment to find out what caused your homelessness. They'll determine your needs and help you address critical issues.

- Guidance and support to help you get back into the community
- Health screening to address health problems
- Drug and Alcohol screening to address substance abuse problems
- Mental Health assessment to address emotional problems
- Transportation assistance
- Job search and employment assistance
- Help locating appropriate housing
- Referral to Transitional Housing.

Shelters have the right to terminate you and your family if you fail to abide by the rules and regulations, address identified issues and concerns, or if you fail to utilize available resources and supportive servi goals.

Do I have any rights?

Yes. You have the right to appeal if you disagree with the shelter for discharging you. You can arrange for a ter case manager or shelter Director for an "Appeal or Grievance Form". However, the shelter does not have to ext on your appeal is made. You also have the right to appeal any decisions by the shelter to deny you benefits or s race, color, religious beliefs, disability or national origin.

Do I have responsibilities?

Yes. You have a responsibility to work with your case manager to achieve established goals. Staff will expect y correct information and documentation needed to help you move to economic independence. Willfully making fa important information will affect the outcome of the service plan and goals you establish with the shelter. You w weren't in trouble. Your dealings with case managers and shelter staff need to be based on a foundation of hon Interpretation Services are available for Non-English Speaking customers. Please contact one of the Local Offic

- My Government
  - Boards and Commissions
  - Central Services
  - Community Relations
  - County Executive
  - Elections
  - Environment
  - Ethics and Accountability
  - Finance
  - Health and Human Services
  - Housing and Community Development
  - Human Relations Commission
  - Human Resources
  - Information Technology
  - Law
  - Legislative Branch
  - Management and Budget
  - Permitting, Inspections and Enforcement
  - Public Safety
  - Public Works and Transportation
  - Revenue Authority
  - Sheriff
  - State's Attorney

- My Community
  - 911 Communications
  - Art in Public Places
  - Boards and Commissions
  - Community Relations
  - County Council Districts
  - Education
  - Elections
  - Emergency Management
  - Environment
  - Fire Stations
  - Homeland Security
  - Housing
  - Human Relations
  - Permitting, Inspections and Enforcement
  - Police Districts
  - Public Library System
  - Sheriff
  - Soil Conservation
  - Transit

- My Business
  - Conference and Visitor's Bureau
  - Consulting and Technical Services
  - Economic Development Corporation
  - Financial Services
  - Health
  - License Commissioners
  - People's Zoning Council
  - Permitting, Inspections and Enforcement
  - Procurement
  - Redevelopment
  - Supplier Development and Diversity Division

- My Family
  - Education
  - Education Excellence
  - Emergency Management
  - Health and Human
  - Housing and Community Development
  - Housing Authority
  - Motor Vehicle Administration
  - 911 Communications

- Courts
  - Circuit Court
  - Clerk of the Court
  - Court of Appeals
  - Court of Special Appeals
  - District Court
  - Orphans' Courts
  - Register of Wills

About PGC
- About the County

- County Click 311
- Doing Business with Prince George's County
- News Room
- Pay Online
- Visiting Prince George's County

Central Location
County Administration Building
14741 Governor Oden Bowie Drive
Upper Marlboro, Maryland 20772-3050
More building locations.

- Privacy Policy
- Accessibility
-

MEDICAID ACCEPTED INPATIENT SA FACILITIES

Arlington County CSB	(703) 228-5150	Arlington, VA
Avery Road	(301) 762-5631	Silver Spring, MD
Carol Porto Treatment Center	(410) 535-8930	Prince Frederick, MD
Chrysalis House	(410) 974-6829	Crownsville, MD
Clean and Sober Street	(202) 783-7434	Washington D.C.
Fairfax-Falls Church Community Services	(703) 573-5679	Fairfax, VA
Gaudenzia	(240) 297-3633	Crownsville/Baltimore, MD
Hope House	(301) 490-5551	Crownsville/Laurel, MD
INOVA Comprehensive Addiction Treatment	(703) 289-7560	Falls Church, VA
Jude House	(301) 932-0700	Bel Alton, MD
Life Center of Galax	(877) 627-2344	Galax, VA
Loudon County CSB	(703) 771-5155	Leesburg, VA
MedStar Harbor Hospital		Baltimore, MD
Mercy Hospital	LaTanya Townsend: (410) 332-9388 or (410) 387-9019	Baltimore, MD
Mountain Manor	(800) 446-8833	Baltimore, MD
Novant Prince William Medical Center	(703) 369-8864	Manassas, VA
Pathways	(443) 481-5400	Annapolis, MD
Phoenix House	(410) 671-7374	Edgewood, MD
Powell Recovery	(410) 276-1773	Baltimore, MD
Regional Addiction Prevention, Inc	(202) 462-7500	Washington D.C.

MEDICAID ACCEPTED INPATIENT SA FACILITIES

Samaritan Inns	(202) 328-2433	Washington D.C.
Second Genesis Inc	(202) 222-0120	Washington D.C.
Suburban Hospital		Baltimore, MD
Virginia Hospital Center	Pamela Levay: (703) 558-6755	Arlington, VA
Walden Behavioral Health	(301) 997-1300	Charlotte Hall, MD
Warwick Manor	(410) 943-8108	East New Market, MD

Top 5 Rehab Centers That Accept Washington D.C. Medicaid

Circles Of Hope, Washington D.C.

Circles of Hope is a private outpatient treatment facility that offers general outpatient treatment and intensive outpatient treatment services for drug and alcohol addiction.

Drug and alcohol treatment services offered include:

- intensive outpatient addiction treatment services
- individual, group, and family counseling
- co-occurring disorder treatment
- trauma counseling
- 12-based treatment approach
- behavioral therapy

Circles of Hope is certified/licensed by the District of Columbia Department of Behavioral Health. They accept Medicaid, Medicare, self-pay, and private insurance.

Location and contact information:

3000 Connecticut Ave. NW
Suite 321
Washington, DC 20008
(202) 265 2343

Hillcrest Children & Family Center, Washington D.C.

Hillcrest is a social services and behavioral health services agency certified by the D.C. Department of Behavioral Health.

This clinic offers substance use disorder services for children, adolescents, and adults on an outpatient level.

Drug and alcohol treatment services offered include:

- individual, group, and family therapy
- addiction counseling
- mental health counseling
- youth substance abuse treatment
- intensive outpatient services
- assertive community treatment (for adults)
- supportive housing
- functional family therapy

Location and contact information:
3029 Martin Luther King, Jr. Ave. SE
Washington, DC 20032

915 Rhode Island Ave. NW
Washington, DC 20001
(202) 232-6100

La Clínica Del Pueblo, Washington D.C.

This medical center offers the only bilingual substance abuse treatment program serving the Latino community in Washington D.C. This drug and alcohol rehab center offers adult and adolescent services.

Addiction treatment services offered at this DC rehab center include:

- intensive outpatient treatment
- individual and group counseling
- mental health therapy
- support groups
- case management
- HIV counseling

La Clínica Del Pueblo offers a holistic, culturally competent, and trauma-informed approach to treatment. Its program is certified by the Department of Behavioral Health in the District of Columbia.

Location and contact information:
2831 15th St. NW
Washington, DC 20009
(202) 462-4788

Psychiatry Institute of Washington, Washington D.C.

The Psychiatry Institute is a Joint Commission-accredited treatment facility that offers mental health and substance use disorder treatment programs at multiple levels of care.

Substance abuse rehab programs offered include:

- inpatient detoxification program
- partial hospitalization program (PHP)
- intensive outpatient program (IOP)
- adolescent acute inpatient program

The Psychiatry Institute offers additional treatment services for people with a history of trauma and mental health disorders, including dissociative disorders.

Location and contact information:
4228 Wisconsin Ave. NW
Washington, DC 20016
(202) 885-5610

The Better Way Program, Washington D.C.

Better Way Program is a state-certified nonprofit rehab program that offers a range of outpatient services for individuals and families affected by substance abuse.

Drug and alcohol treatment services offered include:

- 12-Step recovery program
- relapse prevention
- recovery mentoring and coaching
- individual and group counseling
- health education
- spiritual support services
- family and marital services

Location and contact information:
4601 Sheriff Rd. NE
Washington, DC 20019
(202) 396-4290

Independence *Now*

MONEY FOLLOWS THE PERSON

We're here for you.
We're here during COVID.
We're still working to help you transition.

Money Follows the Person (MFP) helps people transition from an institution, for example a nursing facility, to community living in an apartment, private home, or small group setting.

If you're living in a Nursing Facility and want information about moving back to the community, call the MFP team or join one of our monthly Zoom seminars.

UPCOMING MFP ZOOM SEMINARS

April 19, 2022 at 1pm
May 17, 2022 at 1pm
June 21, 2022 at 1pm
July 19, 2022 at 1pm

Visit zoom.us/join and enter meeting ID 815 6828 3607 and passcode 106787.
Or call in at 301-715-8592.

AM I ELIGIBLE TO PARTICIPATE IN MFP?

While all residents are eligible to receive support and resources from our staff about community living, only residents with Long Term Care or Community Medicaid are eligible for application assistance for Medicaid community-based, long-term supports and services, including Community First Choice and the Home and Community Based Options Waiver.

Both programs provide community services and supports to enable older adults and people with disabilities to live independently in their own homes. Available services may include: personal assistance services, assisted living, environmental assessments, accessibility adaptations, supports planning, transition services, nurse monitoring, and more.

APPLICATION PROCESS

Residents with Long Term Care Medicaid are eligible to apply for the Home and Community based Options Waiver, and residents with Community Medicaid are eligible to apply for Community First Choice. If a resident has ever or is currently living in a nursing facility in Prince George's or Montgomery County, an Independence Now staff member will provide application support.

ADDITIONAL INFORMATION

For more information about the Community First Choice and the Home and Community Based Options Waiver, eligibility and services please visit the Maryland Department of Health & Mental Hygiene: Home & Community-Based Programs.
https://health.maryland.gov/mmcp/waiverprograms/Pages/Home.aspx.

Michael Saunders
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WWW.INNOW.ORG/MFP @INNOWORG @INNOWORG @INDEPENDENCENOW

Independence *Now*

MONEY FOLLOWS THE PERSON

We're here for you.
We're here during COVID.
We're still working to help you transition.

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ADDITIONAL INFORMATION

For more information about the Community First Choice and the Home and Community Based Options Waiver, eligibility and services please visit the Maryland Department of Health & Mental Hygiene: Home & Community-Based Programs.
https://health.maryland.gov/mmcp/waiverprograms/Pages/Home.aspx.

Michael Saunders
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Carlos Garner
Peer Support Counselor
Phone: 240-638-0069
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Email: cgarner@innow.org

WWW.INNOW.ORG/MFP @INNOWORG @INNOWORG @INDEPENDENCENOW

Listing of Ancillary Network Providers

Durable medical equipment

ABC Home Medical Supply Inc.

Provider ID	Phone	Address	City	State	ZIP
60259488	**1-866-897-8588**	1720 N. Greenville Avenue	Richardson	TX	75081

Alliance Orthopedic Labs

Provider ID	Phone	Address	City	State	ZIP
60164324	**410-224-2000**	2635 Riva Road, Suite 106	Annapolis	MD	21401

America's HealthCare At Home Inc.

Provider ID	Phone	Address	City	State	ZIP
60164380	**410-737-9200**	1510 Caton Center Drive, Suite R	Baltimore	MD	21227

American HomePatient Inc.

Provider ID	Phone	Address	City	State	ZIP
60232922	**615-221-8521**	7240 Telegraph Square Drive, Suite MN	Lorton	VA	22079

Americle Healthcare Inc.

Provider ID	Phone	Address	City	State	ZIP
60177854	**410-721-0958**	2144 Priest Bridge Court, Suite 13	Crofton	MD	21114

Apria Healthcare Inc.

Provider ID	Phone	Address	City	State	ZIP
60164309	**301-210-0505**	12400 Kiln Court	Beltsville	MD	20705

Bio Prosthetic Orthotic Lab Inc.

Provider ID	Phone	Address	City	State	ZIP
60164415	**703-726-4092**	21785 Filigree Court, Suite 210	Ashburn	VA	20147

Durable medical equipment

Capitol Medical Supply Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60270224	**202-667-1097**	1618 7th Street NW, Suite B	Washington	DC	20001

District Amputee Care Center LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164386	**202-338-0770**	730 24th Street NW, Suite 5	Washington	DC	20037

District Healthcare and Janitorial Supplies Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164333	**301-918-0200**	7702 Georgia Avenue NW, Suite 103	Washington	DC	20012

District Healthcare and Janitorial Supplies Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164333	**301-440-8972**	4720 Boston Way, Suite D	Lanham	MD	20706

EBI LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60219316	**1-800-526-2579**	399 Jefferson Road	Parsippany	NJ	07054

Edgepark Medical Supplies					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164375	**330-963-6998**	1810 Summit Commerce Park	Twinsburg	OH	44087

Grubbs Pharmacy of DC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164303	**202-543-4400**	326 East Capitol Street NE	Washington	DC	20003

Durable medical equipment

Hanger Prosthetics and Orthotics Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178445	**202-635-0500**	5210 3rd Street, Suite B	Washington	DC	20011

Hanger Prosthetics and Orthotics Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178445	**202-635-0500**	1818 New York Avenue NE, Suite 110	Washington	DC	20002

Hanger Prosthetics and Orthotics Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60270537	**301-354-3651**	9711 Medical Center Drive, Suite 106	Rockville	MD	20850

Hanger Prosthetics and Orthotics Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60270540	**301-571-1390**	6410 Rockledge Drive, Suite 100	Bethesda	MD	20817

Hanger Prosthetics and Orthotics Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60270549	**301-354-3651**	1818 New York Avenue NE, Suite 110	Laurel	MD	20707

Home Care Delivered					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164423	**1-800-565-5644**	11013 West Broad Street, Floor 4	Glen Allen	VA	23060

Infinite Technologies Orthotics and Prosthetics					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60232544	**703-807-5899**	10523 Main Street	Fairfax	VA	22030

Durable medical equipment

InfuSystem Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60234482	**1-800-962-9656**	31700 Research Park Drive	Madison Heights	MI	48071

Johns Hopkins Pharmaquip Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60233668	**301-885-0446**	4470 Regency Place, Suite 103	White Plains	MD	20695

Johns Hopkins Pharmaquip Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60233668	**410-288-8149**	7411 Alban Station Court, Suite A-100	Springfield	VA	22150

Johns Hopkins Pharmaquip Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60233668	**410-288-8000**	5901 Holabird Avenue, Suite A	Baltimore	MD	21224

KCI USA Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164358	**301-498-2047**	12930 West Interstate 10	San Antonio	TX	78249

Libertor Medical Supply Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60298563	**301-533-6021**	2979 SE Gran Park Way SE	Stuart	FL	34997

Lifeline Medical Services Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60289907	**301-386-0000**	2955 Mercy Road	Cheverly	MD	20785

Durable medical equipment

Medical Center Orthotics & Prosthetics					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60227524	**301-585-5347**	3232 Georgia Avenue NW, Suite 103 SW	Washington	DC	20010

Medical Center Orthotics & Prosthetics					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60227524	**301-585-5347**	2421 Linden Lane	Silver Spring	MD	20910

Medical Solutions Supplier					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164407	**1-800-734-0422**	9 Lacrue Avenue, Suite 2	Glen Mills	PA	19342

Medoville Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60198004	**301-378-2334**	110 Baughmans Lane, Suite 106	Frederick	MD	21702

Nations Healthcare LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178309	**410-356-9006**	11515 Cronridge Drive, Suite L	Owings Mills	MD	21702

NEB Doctors of MD LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164393	**410-335-6175**	5022 Campbell Blvd, Suite1	Nottingham	MD	21236

New Hampshire Pharmacy and Medical Equipment					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164310	**202-726-3100**	5001 New Hampshire Avenue NW	Washington	DC	20011

Durable medical equipment

Orthocare Solutions

Provider ID	Phone	Address	City	State	ZIP
60177960	**301-990-1640**	6000 Executive Boulevard #500	Bethesda	MD	20852

Orthofix Inc.

Provider ID	Phone	Address	City	State	ZIP
60216161	**214-937-2000**	3451 Plano Parkway	The Colony	TX	75056

Prism Medical Products LLC

Provider ID	Phone	Address	City	State	ZIP
60197484	**1-888-244-6421**	900 23rd Street NW	Washington	DC	20037

Resplife Medical Solutions Inc.

Provider ID	Phone	Address	City	State	ZIP
60256621	**301-880-3261**	9332 Annapolis Road, Suite 104	Lanham	MD	20706

Roberts Home Medical Inc.

Provider ID	Phone	Address	City	State	ZIP
60164420	**301-353-0300**	20465 Goldenrod Lane	Germantown	MD	20876

Roberts Home Medical Inc.

Provider ID	Phone	Address	City	State	ZIP
60164420	**703-584-0011**	8100 Gatehouse Road	Falls Church	VA	22042

Seat Pleasant Drugs and Medical Supplies

Provider ID	Phone	Address	City	State	ZIP
60164327	**202-396-9400**	354 Eastern Avenue NE	Washington	DC	20019

Durable medical equipment

Smart Meter LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60323294	**813-641-8822**	201 E Kennedy Street, Suite 880	Tampa	FL	33602

Sunmed Medical Systems LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60284446	**1-800-714-7434**	36 W Route 70, Suite 214	Marlton	NJ	08053

Super Pharmacy					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60256621	**202-388-0050**	1019 H Street NE	Washington	DC	20002

Synergy Orthotics & Prosthetics LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60262303	**571-442-8514**	44081 Pipeline Plaza, Suite 220	Ashburn	VA	20147

Tactile Systems Technology Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60196633	**612-355-5100**	1331 Tyler Sreet NE, Suite 200	Minneapolis	MN	55413

Terrapin Pharmacy					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60301480	**410-292-3730**	13 Lincoln Court	Annapolis	MD	21401

The Promptcare Companies Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60282106	**856-687-8080**	51 Terminal Avenue	Clark	NJ	07066

Durable medical equipment

Transcend Orthotics and Prosthetics					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164324	**410-224-2000**	134 Holiday Court, Suite 302	Annapolis	MD	21401

Triple Alliance Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60195554	**202-526-2066**	1217 Brentwood Road NE	Washington	DC	20018

Uromed Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164397	**678-356-0188**	1095 Widward Ridge Parkway, Suite 170	Alpharetta	GA	30005

Home health

ABA Home Health Care					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60273122	**202-722-1725**	821 Kennedy Street NW	Washington	DC	20011

Abik Healthcare Services Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60319777	**301-277-7776**	6103 Baltimore Avenue, Suite 203	Riverdale	MD	20737

ASAP Services					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60241720	**202-293-2931**	1822 Jefferson Place NW	Washington	DC	20036

Capital Care Home Health Agency					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60325593	**202-722-1234**	6120 Kansas Avenue NE	Washington	DC	20011

Holistic Medical Supplies LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60291526	**301-595-3477**	11605 Edmonston Road	Beltsville	MD	20705

Home Health Management Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60192528	**202-829-1111**	1707 L ST NW, Suite 900	Washington	DC	20036

HSC Home Care LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164410	**202-832-4400**	1731 Bunker Hill Road NE	Washington	DC	20017

Home health

Ideal Nursing Services Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60226727	**202-723-0304**	820 Upshur Street NW	Washington	DC	20001

Immaculate Health Care Services Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60242596	**202-832-8340**	2512 24th Street NE	Washington	DC	20018

Integrated Community Services					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60313813	**202-506-1209**	6323 Georgia Avenue NW, Suite 305 NW	Washington	DC	20011

Johns Hopkins Pediatrics at Home Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60281850	**410-288-8040**	5255 Loughboro Road NW, Room GA400	Washington	DC	20016

Johns Hopkins Pediatrics at Home Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60281850	**410-288-8040**	5901 Holabird Avenue, Suite A	Washington	DC	20016

Kahak Health Care Services					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60242596	**301-896-6349**	6001 Montrose Road, Suite 301	Rockville	MD	20852

KBC Nursing Agency Home Health Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60189805	**202-291-6973**	7506 Georgia Avenue NW	Washington	DC	20012

Listing of Ancillary Network Providers

Home health

Linac Services Inc.

Provider ID	Phone	Address	City	State	ZIP
60164417	**202-541-9844**	6856 Eastern Avenue NW, Suite 320A	Washington	DC	20012

Maxim Healthcare Services Inc.

Provider ID	Phone	Address	City	State	ZIP
60164378	**443-860-5567**	6856 Eastern Avenue NW, Suite 220	Washington	DC	20012

MBI Health Services LLC

Provider ID	Phone	Address	City	State	ZIP
60257546	**202-388-4300**	4130 Hunt Place NE	Washington	DC	20019

Medstar Health VNA

Provider ID	Phone	Address	City	State	ZIP
60464426	**1-800-862-2166**	4301 Connecticut Avenue NW, Suite 441	Washington	DC	20008

MJ General LLC

Provider ID	Phone	Address	City	State	ZIP
60261798	**301-896-6349**	6001 Montrose Road, Suite 301	Washington	DC	20032

Potomac Home Health Care

Provider ID	Phone	Address	City	State	ZIP
60282794	**301-896-6349**	6001 Montrose Road, Suite 301	Rockville	MD	20852

Premier Health Services Inc.

Provider ID	Phone	Address	City	State	ZIP
60237432	**202-723-3060**	7600 Georgia Avenue NW, Suite 323	Washington	DC	20012

Home health

Premium Select Home Care Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60286882	**202-882-9310**	5513 Illinois Avenue NW	Washington	DC	20011

Professional HealthCare Resources of Washington DC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60312967	**703-752-8700**	501 School Street SW, Suite 200	Washington	DC	20024

Home Infusion

Briovarx Infusion Services 103 LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60175140	**410-203-1701**	3231A Corporate Court	Ellicott City	MD	21042

Home Solutions					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60275193	**717-755-7333**	3419 Concord Road	York	PA	17402

Infuscience					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60170175	**952-979-3680**	4115 Pleasant Valley Road, Suite 700	Chantilly	VA	20151

Nations Home Infusion LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164392	**1-888-473-8376**	11521 Cronridge Drive, Suite L	Owings Mill	MD	21117

Option Care					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60279919	**410-203-1701**	9140 Guilford Road, Suite K	Columbia	MD	21046

Option Care					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60279919	**410-203-1701**	4170 Lafayette Center Drive, Suite 300	Chantilly	VA	20151

Hospice

Capital Hospice					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164359	**703-531-6256**	24419 Millstream Drive	Aldie	VA	20105

Capital Hospice					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164359	**703-538-2065**	2900 Telestar Court	Falls Church	VA	22042

Capital Hospice					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164359	**703-531-6256**	4715 15th Street N	Arlington	VA	22205

Capital Hospice					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164359	**703-531-6256**	50 F Street NW, Suite 3300	Washington	DC	20001

The Washington Home					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164334	**202-966-0147**	3720 Upton Street NW	Washington	DC	20016

The Washington Home					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164334	**202-895-2600**	4200 Wisconsin Avenue NW, Suite 400	Washington	DC	20016

Vitas Innovative Hospice Care of Greater Washington					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60240901	**202-414-5400**	1200 1st NE	Washington	DC	20002

Listing of Ancillary Network Providers

Rehabilitation facility

Acute care

Bridgepoint Hospital Capitol Hill					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239972	**202-546-5700**	223 7th Street NE	Washington	DC	20002

Bridgepoint Hospital Hadley					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239979	**202-574-5700**	4601 Martin Luther King Jr. Avenue SW	Washington	DC	20032

Hospital for Sick Children					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164384	**202-832-4400**	1731 Bunker Hill Road NE	Washington	DC	20017

Long-term acute care (LTAC)

Bridgepoint Hospital Capitol Hill					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239972	**202-546-5700**	223 7th Street NE	Washington	DC	20002

Bridgepoint Hospital Hadley					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239979	**202-574-5700**	4601 Martin Luther King Jr. Avenue SW	Washington	DC	20032

Rehabilitation facility

Subacute/skilled nursing facility (SNF)

Bel Pre Leasing Co. LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164305	**301-598-6000**	2601 Bel Pre Road	Silver Spring	MD	20906

Bridgepoint Sub Acute and Rehab Capitol Hill					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239960	**202-546-5700**	223 7th Street NE	Washington	DC	20002

Bridgepoint Sub Acute and Rehab Hadley					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239864	**202-574-5700**	4601 Martin Luther King Jr. Avenue SW	Washington	DC	20032

Brinton Woods of Dupont Circle					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60286547	**202-785-2577**	2331 O Street NW	Washington	DC	20037

Brinton Woods of Washington DC LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
TBD	**202-279-5880**	1380 Southern Avenue SE	Washington	DC	20032

Clinton Nursing LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178331	**301-868-3600**	9211 Stuart Lane	Clinton	MD	20735

Forestville Health and Rehab Center					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60270148	**301-736-0240**	7420 Marlboro Pike	District Heights	MD	20747

Rehabilitation facility

Subacute/skilled nursing facility (SNF)

Fort Washington Health & Rehab Center					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60269173	**301-292-0300**	12021 Livingston Road	Fort Washington	MD	20744

Fox Chase Rehab and Nursing Center					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178464	**203-600-6123**	2015 East West Highway	Silver Spring	MD	20910

Heartland Health Care Center — Adelphi					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178192	**301-434-0500**	1801 Metzerott Road	Adelphi	MD	20783

Heartland Health Care Center — Hyattsville					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178503	**301-559-0300**	6500 Riggs Road	Hyattsville	MD	20783

ManorCare Health Services — Adelphi					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60205181	**301-434-0500**	1801 Metzerott Road	Adelphi	MD	20783

ManorCare Health Services — Bethesda					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60205182	**419-254-4815**	6530 Democracy Boulevard	Bethesda	MD	20817

ManorCare Health Services — Chevy Chase					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60205183	**301-657-8686**	8700 Jones Mill Road	Chevy Chase	MD	20815

Rehabilitation facility

Subacute/skilled nursing facility (SNF)

ManorCare Health Services — Dulaney

Provider ID	Phone	Address	City	State	ZIP
60205178	**410-828-6500**	111 West Road	Towson	MD	21204

ManorCare Health Services — Largo

Provider ID	Phone	Address	City	State	ZIP
60205184	**301-350-5555**	600 Largo Road	Upper Marlboro	MD	20774

ManorCare Health Services — Roland Park

Provider ID	Phone	Address	City	State	ZIP
60205185	**410-662-8606**	4669 Falls Road	Baltimore	MD	21209

ManorCare Health Services — Rossville

Provider ID	Phone	Address	City	State	ZIP
60205186	**410-574-4950**	6600 Ridge Road	Rosedale	MD	21237

ManorCare Health Services — Ruxton

Provider ID	Phone	Address	City	State	ZIP
60205187	**410-821-9600**	7001 North Charles Street	Towson	MD	21204

ManorCare Health Services — Silver Spring

Provider ID	Phone	Address	City	State	ZIP
60205188	**301-890-5552**	2501 Musgrove Road	Silver Spring	MD	20904

ManorCare Health Services — Towson

Provider ID	Phone	Address	City	State	ZIP
60205189	**410-828-9494**	509 East Joppa Road	Towson	MD	21286

Listing of Ancillary Network Providers

Rehabilitation facility

Subacute/skilled nursing facility (SNF)

ManorCare Health Services — Wheaton					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60205190	**419-254-4815**	11901 Georgia Avenue	Silver Spring	MD	20902

ManorCare Health Services — Woodbridge Valley					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60205191	**410-402-1200**	1525 North Rolling Road	Catonsville	MD	21228

Oakview Rehabilitation and Nursing Center					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60235589	**301-565-0300**	2700 Barker Street	Silver Spring	MD	20910

Transitions Healthcare Capitol City LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60240948	**202-889-3600**	2425 25th Street SE	Washington	DC	20020

EXHIBIT G

Employees, Visitors, Vendors/Contractors, Volunteers must complete screening sheet upon entry into the facility. Any "yes" answers to questions 4 and 5 will result in denial of entry.

1. Date	2. Time In	3. Print Name	4. Do you have any of the following or other symptoms of Covid-19? (Fever, cough shortness of breath, loss of taste or smell, vomiting, diarrhea) Yes/No	5. Did you have confirmed Covid-19 in the last 10 days or exposed to Covid-19 in the last 10 days? Yes/No	Contractor/Vendor ONLY 6. Are you on an approved list at the facility OR do you have a vaccination card showing full vaccination? Yes/No If no, you may not enter the facility.	7. Signature of employee/vendor/contractor/visitor
4/5	10:35	NOLAND MATTHEWS			FULL	
4/5/22	10:38	Dr. Mehrotra		N		
4/5/22	10:39	David Finta		N		D Finta
4/5/22	11:00	MARIE JACKSON		N		Marie Jackson
4/5/22	11:05	Julie Jordan	N	N	OMBUDSMAN	Julie Jordan
4/5/22	11:05	Tiffany Cannon	N	N		
11	11	Vance Greene	N	N		
4-5-22	11:24	James Blair	N	N		
4/5/22	11:25	Sheila Fontayne	N	N	Yes	
4/5/22	11:30	LENA B	N	N		
4/5/22	11:50	Diane Cooke	N	N		Diane Cooke
4/5/22	11:55	DJ Miller	N	N	4	
4/5/22	12:20	T. Johnson	N			
4/5/22	12:30	Kesi Motley	No	No		Kesi Motley
4/5	12:55	Blanche Boyd	N	N		Blanche E Boyd
4/5/2022	2:00	Winifred Finlay	No	No		
4/5/22	2:00	A TURNER	N	—		

ANY individual entering the building must have a temperature obtained before entering resident care areas. This includes pharmacy, vendors, EMTs, families, doctors, Department of Health employees, etc. **Surveyors are not required to show vaccination status.

Date	Time In	PRINT Name	DOCTOR OR N/P YES OR NO	Any signs/symptoms of illness including loss of taste and/or smell, cough, body aches, chills, shortness of breath, headaches, N/V, diarrhea?	Contractor/ Vendor is on approved vendor list or shows proof of vaccination? Y/N (employee not on an approved list or does not have vaccination card, do not allow entry)	VENDORS /COMPANY NAME	SIGNATURE
				N.		NP	
6/10	9:32	Christina C	NO	N	N		
6/8	9:35	Chimyen Ic	NO	N	N	Psych NP	
6/8	9:40	N. Williamson	NO	N	N		
6/8	9:45	A Lewis	NO	N	N		
6/8	955	Kelli Campbell	Y	N	N	Y	
6/8	10:00	[illegible]	Y	N	N	WVS X-RAY	
6/8/22	10:30	Dr. Uchenna	N	N	N		
6/8/22	10:40	Florence Robinson	NO	N	N		
6/8/22	10:40	Rebecca Sizemore	NO	N	N	Y	
6-8-22	10:46	RUKKIT		N	N		
6/8/22	10:50	MC/VM H	N	N			
6-8-22	10:53	W. Brown	N	N			
6/8/22	10:54	[illegible]	N	N			
6/8/22	11AM	T. SANTOS	N	N	N		
6/8/22	11:46	Kehinde	N	N	N		
6/8/22	11:58	EXETER DAWG	N	N			EXETER DAWGS
6-8-22	12:00	VICTORIA SIMPSON	N	N			
6/8/22	12:03	Wendy Bailey	NO				
6/8/22	12:07	C Allen	N	N	N		C Allen

ANY individual entering the building must have a temperature obtained before entering resident care areas. This includes pharmacy, vendors, EMTs, families, doctors, Department of Health employees, etc. **Surveyors are not required to show vaccination status.

Date	Time In	PRINT Name	DOCTOR OR N/P YES OR NO	Any signs/symptoms of illness including loss of taste and/or smell, cough, body aches, chills, shortness of breath, headaches, N/V, diarrhea?	Contractor/ Vendor is on approved vendor list or shows proof of vaccination? Y/N (employee not on an approved list or does not have vaccination card, do not allow entry)	VENDORS /COMPANY NAME	SIGNATURE	
6/8	7:23		N	N	N			
6/8	7:30	A. Evans	N	N				
6/8/22	7:48		N	N	N			
6/8/22	7:55		N	N				
6/8	8:00		N	N	N			
6/8	8:05		N	N				
6/8/22	8:07	T. Madden	N	N	N		T. Madden	
6/8/22	8:11	A. Newsum	N	N	N			
6/8/22	8:12		N	N	N			
6/8/22	8:12		N	N				
6/8/22	8:30	K. Keller	N	N	N			
6/8/22	8:30		N	N				
6/8/22	8:30		N	N				
6/8/22	8:30		N	N	N	MEDICAL DOCTOR		
6/8/22	8:33		N	N				
6/8/22	9:41		N	N				
6/8/22	8:00		N	N				
6/8/22	9:53	M. Fountain	N	N			M. Fountain	
6/8/22	9:55		N	N	N			
6/8/22	9:58		N	N				
6/8/22	9:12		N	N	N	yes		
6/8/22	9:12		N	N	N			

EXHIBIT H

SINGLE AND SEMI-PRIVATE ROOM LAYOUT
1/8" = 1'-0"

UPPER LEVEL

AREA OF ADDITION =	15,786 SF
EXISTING BUILDING, AREA OF RENOVATION =	3,331 SF
EXISTING BUILDING (NON-RENOVATED) =	18,995 SF
TOTAL PROPOSED BUILDING AREA =	38,112 SF

UPPER LEVEL

TOTAL # EXISTING BEDS =	64
SEMI-PRIVATE =	64
TOTAL # NEW BEDS =	34
SEMI-PRIVATE=	32
SINGLE =	2

3/32" = 1'-0"

7470 Matlock Pike
Forestville, MD 20747

FORESTVILLE ADDITION

FLOOR PLAN- UPPER LEVEL

e4h ENVIRONMENTS FOR HEALTH ARCHITECTURE

LOWER LEVEL

AREA OF ADDITION =	16,165 SF
EXISTING BUILDING, AREA OF RENOVATION =	6,185 SF
EXISTING BUILDING (NON-RENOVATED) =	16,523 SF
TOTAL PROPOSED BUILDING AREA =	38,873 SF

LOWER LEVEL

TOTAL# EXISTING BEDS =	64
SEMI-PRIVATE =	64
TOTAL # NEW BEDS =	34
SEMI-PRIVATE=	32
SINGLE =	2

FORESTVILLE ADDITION

FLOOR PLAN - LOWER LEVEL

3/32" = 1'-0"

7420 Matlock Pl
Forestville, MD 20747

e4h ENVIRONMENTS FOR HEALTH ARCHITECTURE

EXHIBIT I

TABLE D. UTILIZATION PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
1. ADMISSIONS										
a. Comprehensive Care (public)	634	603	601	528	574	574				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0				
Total Comprehensive Care	**634**	**603**	**601**	**528**	**574**	**574**				
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
TOTAL ADMISSIONS	***634***	***603***	***601***	***528***	***574***	***574***				
2. PATIENT DAYS	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
a. Comprehensive Care (public)	85,549	83,967	83,604	73,456	79,753	79,753				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0				
Total Comprehensive Care	**85,549**	**83,967**	**83,604**	**73,456**	**79,753**	**79,753**				
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
TOTAL PATIENT DAYS	***85,549***	***83,967***	***83,604***	***73,456***	***79,753***	***79,753***				
3. NUMBER OF BEDS	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
a. Comprehensive Care (public)	267	267	267	230	230	230				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0					
Total Comprehensive Care Beds	**267**	**267**	**267**	**230**	**230**	**230**				
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
TOTAL BEDS	***267***	***267***	***267***	***230***	***230***	***230***				

TABLE D. UTILIZATION PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
4. OCCUPANCY PERCENTAGE ***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*										
a. Comprehensive Care (public)	87.8%	86.2%	85.8%	87.5%	95.0%	95.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. Comprehensive Care (CCRC Restricted)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Comprehensive Care Beds	**87.8%**	**86.2%**	**85.8%**	**87.5%**	**95.0%**	**95.0%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
c. Assisted Living	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	**87.8%**	**86.2%**	**85.8%**	**87.5%**	**95.0%**	**95.0%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
5. OUTPATIENT (specify units used for charging and recording revenues)	0	0	0	0	0	0	0			
a. Adult Day Care	0	0	0	0	0	0	0			
b. Other (Specify/add rows of needed)	0	0	0	0	0	0	0			
TOTAL OUTPATIENT VISITS	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***

TABLE E. UTILIZATION PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of proposed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY							
1. ADMISSIONS							
a. Comprehensive Care (public)							
b. Comprehensive Care (CCRC Restricted)							
Total Comprehensive Care	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Assisted Living							
d. Other (Specify/add rows of needed)							
TOTAL ADMISSIONS							
2. PATIENT DAYS							
a. Comprehensive Care (public)							
b. Comprehensive Care (CCRC Restricted)							
Total Comprehensive Care	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Assisted Living							
TOTAL PATIENT DAYS							
3. NUMBER OF BEDS							
a. Comprehensive Care (public)							
b. Comprehensive Care (CCRC Restricted)							
Total Comprehensive Care Beds	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Assisted Living							
d. Other (Specify/add rows of needed)							
TOTAL BEDS	***0***	***0***	***0***	***0***	***0***	***0***	***0***
4. OCCUPANCY PERCENTAGE ***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*							
a. Comprehensive Care (public)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. Comprehensive Care (CCRC Restricted)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Comprehensive Care Beds	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
c. Assisted Living	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
5. OUTPATIENT (specify units used for charging and recording revenues)							
a. Adult Day Care							
b. Other (Specify/add rows of needed)							
TOTAL OUTPATIENT VISITS	***0***	***0***	***0***	***0***	***0***	***0***	***0***

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. The table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table D reflecting changes in volume and with the costs of the Workforce identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projected revenue and expenses specifying all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with calculations detailed in the attachment and Contractual Allowance should not be included if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
1. REVENUE										
a. Inpatient Services	$ 27,184,393	$ 27,154,297	$ 28,331,456	$ 24,632,427	$ 27,502,881	$ 28,097,571				
b. Outpatient Services	$ -	$ -	$ -	$ -	$ -	$ -				
Gross Patient Service Revenues	***$ 27,184,393***	***$ 27,154,297***	***$ 28,331,456***	***$ 24,632,427***	***$ 27,502,881***	***$ 28,097,571***	***$ -***	***$ -***	***$ -***	***$ -***
c. Allowance For Bad Debt	$ 841,704	$ 261,555	$ 509,988	$ 360,072	$ 390,335	$ 390,335				
d. Contractual Allowance	$ -	$ -	$ -	$ -	$ -	$ -				
e. Charity Care	$ -	$ -	$ -	$ -	$ -	$ -				
Net Patient Services Revenue	***$ 26,342,689***	***$ 26,892,742***	***$ 27,821,468***	***$ 24,272,355***	***$ 27,112,546***	***$ 27,707,236***	***$ -***	***$ -***	***$ -***	***$ -***
f. Other Operating Revenues (Specify/add rows if needed)	$ 1,231,221	$ 475,791	$ -	$ -	$ -	$ -				
NET OPERATING REVENUE	***$ 27,573,910***	***$ 27,368,534***	***$ 27,821,468***	***$ 24,272,355***	***$ 27,112,546***	***$ 27,707,236***	***$ -***	***$ -***	***$ -***	***$ -***
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 9,761,497	$ 9,806,703	$ 10,188,431	$ 9,967,867	$ 10,715,818	$ 9,862,915				
b. Contractual Services	$ 47,970	$ 21,716	$ -	$ -	$ -	$ -				
c. Interest on Current Debt	$ 102,790	$ 52,680	$ 70,248	$ 93,630	$ 101,656	$ 101,656				
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -				
e. Current Depreciation	$ 260,294	$ 262,661	$ 288,528	$ 288,528	$ 288,528	$ 288,528				
f. Project Depreciation	$ -	$ -	$ -	$ -	$ -	$ -				
g. Current Amortization	$ -	$ -	$ -	$ -	$ -	$ -				
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -				
i. Supplies	$ 7,329,080	$ 6,099,748	$ 6,739,447	$ 6,722,758	$ 6,520,651	$ 6,660,952				
j. Utilities	$ 535,811	$ 520,769	$ 70,248	$ 545,172	$ 591,901	$ 591,901				
k. Other Ancilaries	$ 1,179,303	$ 1,444,832	$ 1,486,567	$ 1,442,195	$ 1,566,604	$ 1,566,604				
l. Corporate Expense	$ 4,249,782	$ 3,901,320	$ 4,433,354	$ 3,649,145	$ 3,992,193	$ 4,016,080				
m. Cost of Ownership	$ 3,026,983	$ 3,325,624	$ 3,141,576	$ 1,173,529	$ 1,221,224	$ 2,940,383				
TOTAL OPERATING EXPENSES	***$ 26,493,510***	***$ 25,436,051***	***$ 26,418,399***	***$ 23,882,824***	***$ 24,998,575***	***$ 26,029,019***	***$ -***	***$ -***	***$ -***	***$ -***

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. The table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table D reflecting changes in volume and with the costs of the Workforce identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projected revenue and expenses specifying all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with calculations detailed in the attachment and Contractual Allowance should not be included if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
3. INCOME										
a. Income From Operation	$ 1,080,400	$ 1,932,482	$ 1,403,069	$ 389,531	$ 2,113,971	$ 1,678,217	$ -	$ -	$ -	$ -
b. Non-Operating Income	$ -	$ -	$ -	$ -	$ -	$ -				
SUBTOTAL	$ 1,080,400	$ 1,932,482	$ 1,403,069	$ 389,531	$ 2,113,971	$ 1,678,217	$ -	$ -	$ -	$ -
c. Income Taxes	$ -	$ -	$ -	$ -	$ -	$ -				
NET INCOME (LOSS)	$ 1,080,400	$ 1,932,482	$ 1,403,069	$ 389,531	$ 2,113,971	$ 1,678,217	$ -	$ -	$ -	$ -
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	15.2%	16.7%	15.9%	15.9%	15.9%	15.9%				
2) Medicaid	74.7%	76.6%	75.7%	75.7%	75.7%	75.7%				
3) Blue Cross	Commercial Inc	Commercial Inc	Commercial Include	Commercial Inclu	Commercial Inc	Commercial Included				
4) Commercial Insurance	8.9%	5.1%	7.0%	7.0%	7.0%	7.0%				
5) Self-pay	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%				
6) Other	0.2%	0.4%	0.3%	0.3%	0.3%	0.3%				
TOTAL	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
b. Percent of Inpatient Days										
1) Medicare	10.6%	8.0%	6.9%	8.5%	8.5%	8.5%				
2) Medicaid	81.6%	83.1%	84.2%	83.0%	83.0%	83.0%				
3) Blue Cross	Commercial Inc	Commercial Inc	Commercial Include	Commercial Inclu	Commercial Inc	Commercial Included				
4) Commercial Insurance	5.7%	7.6%	7.6%	7.0%	7.0%	7.0%				
5) Self-pay	0.8%	1.0%	0.6%	0.8%	0.8%	0.8%				
6) Other	1.3%	0.3%	0.7%	0.8%	0.8%	0.8%				
TOTAL	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

TABLE G. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). This table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table E and with the Workforce costs identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with detailed calculation by payer in the attachment. The contractual allowance should not be reported if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

	Projected Years (ending five years after completion) Add columns of needed.						
Indicate CY or FY							
1. REVENUE							
a. Inpatient Services							
b. Outpatient Services							
Gross Patient Service Revenues	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c. Allowance For Bad Debt							
d. Contractual Allowance							
e. Charity Care							
Net Patient Services Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)							
b. Contractual Services							
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization							
i. Supplies							
j. Other Expenses (Specify)							
TOTAL OPERATING EXPENSES	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. INCOME							
a. Income From Operation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. Non-Operating Income							
SUBTOTAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c. Income Taxes							
NET INCOME (LOSS)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***
b. Percent of Inpatient Days							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							

TABLE G. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). This table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table E and with the Workforce costs identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with detailed calculation by payer in the attachment. The contractual allowance should not be reported if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

	Projected Years (ending five years after completion) Add columns of needed.						
Indicate CY or FY							
5) Self-pay							
6) Other							
TOTAL	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***

TABLE H. WORKFORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT	
Job Category	**Current Year FTEs**	**Average Salary per FTE**	**Current Year Total Cost**	**FTEs**	**Average Salary per FTE**	**Total Cost** *(should be consistent with projections in Table G, if*	**FTEs**	**Average Salary per FTE**	**Total Cost**	**FTEs**	**Total Cost** *(should be consistent with projections in Table G)*
1. Regular Employees											
Administration *(List general categories, add rows if needed)*											
Administrative Nursing	2.0	$119,935	$239,870	0.0	$119,935	$0			$0	2.0	$239,870
Administrative Operations	4.0	$75,310	$301,238	0.0	$75,310	$0			$0	4.0	$301,238
Business Office Manager	1.0	$80,325	$80,325	0.0	$80,325	$0			$0	1.0	$80,325
Activities Director	1.0	$72,800	$72,800	0.0	$72,800	$0			$0	1.0	$72,800
Admissions Director	1.0	$70,000	$70,000	0.0	$70,000	$0			$0	1.0	$70,000
Administrative Culinary	1.0	$66,997	$66,997	0.0	$66,997	$0			$0	1.0	$66,997
Total Administration	10.0		831,230.0	0.0		0.0	0.0	0.0	0.0	10.0	831,230.0
Direct Care Staff *(List general categories, add rows if needed)*											
RN	16.0	$83,304	$1,332,864	0.0	$83,304	$0			$0	16.0	$1,332,864
LPN	26.0	$67,080	$1,744,080	0.0	$67,080	$0			$0	26.0	$1,744,080
C.N.A	66.0	$38,334	$2,530,070	0.0	$38,334	$0			$0	66.0	$2,530,070
Occupational Therapist	1.5	$96,845	$145,267	0.0	$96,845	$0			$0	1.5	$145,267
Physical Therapist	2.5	$83,262	$208,156	0.0	$83,262	$0			$0	2.5	$208,156
Speech Pathologist	1.5	$92,706	$139,058	0.0	$92,706	$0			$0	1.5	$139,058
Therapy Assistant	2.0	$50,960	$101,920	0.0	$50,960	$0			$0	2.0	$101,920
Total Direct Care	115.5		6,201,416.0	0.0		0.0	0.0	0.0	0.0	115.5	6,201,416.0
Support Staff *(List general categories, add rows if needed)*											
Maintenance	4.0	$48,048	$192,192	0.0	$48,048	$0			$0	4.0	$192,192
Culinary	20.0	$35,381	$707,616	0.0	$35,381	$0			$0	20.0	$707,616
Receptionist	2.5	$32,448	$81,120	0.0	$32,448	$0			$0	2.5	$81,120
Social Services	2.0	$41,600	$83,200	0.0	$41,600	$0			$0	2.0	$83,200
Central Supply	1.0	$46,259	$46,259	0.0	$46,259	$0			$0	1.0	$46,259
Activities Staff	3.0	$446,846	$1,340,539	0.0	$446,846	$0			$0	3.0	$1,340,539
Total Support	32.5		2,450,926.4	0.0		0.0	0.0		0.0	32.5	2,450,926.4
REGULAR EMPLOYEES TOTAL	***158.0***		***9,483,572.4***	***0.0***		***0.0***	***0.0***		***0.0***	***158.0***	***9,483,572.4***
2. Contractual Employees											
Administration *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Administration			$0			$0			$0	0.0	$0
Direct Care Staff *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Direct Care Staff			$0			$0			$0	0.0	$0
Support Staff *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Support Staff			$0			$0			$0	0.0	$0
CONTRACTUAL EMPLOYEES TOTAL			$0			$0			$0	0.0	$0
Benefits *(State method of calculating benefits below)*: ***4% of Gross Wages***			**379,342.9**			**0.0**					**379,342.9**
TOTAL COST	***158.0***		***$9,862,915***	***0.0***		***$0***	***0.0***		***$0***		***$9,862,915***

TABLE I. Scheduled Staff for Typical Work Week

INSTRUCTION: Quantify the staff that will provide bedside care that would be counted toward the current minimum staffing as required by COMAR 10.07.02.12

	Weekday Hours Per Day					Weekend Hours Per Day			
Staff Category	**Day**	**Evening**	**Night**	**Total**		**Day**	**Evening**	**Night**	**Total**
Registered Nurses	16	16	8	30		16	16	8	30
L. P. N. s	56	56	48	110		56	56	48	110
Aides	0	0	0	0		0	0	0	0
C. N. A.s	165	165	105	435		165	165	105	435
Medicine Aides	0	0	0	0					
Total				575					575
Licensed Beds at Project Completion				230		**Licensed Beds at Project Completion**			**230**
Hours of Bedside Care per Licensed Bed per Day				2.76		**Hours of Bedside Care per Licensed Bed Per Day**			2.76

	Weekday Hours Per Day					Weekend Hours Per Day			
Staff Category	**Day**	**Evening**	**Night**	**Total**		**Day**	**Evening**	**Night**	**Total**
Ward Clerks (bedside care time calculated at 50%	0	0	0	0		0	0	0	0
Total Including 50% of Ward Clerks Time									
Total Hours of Bedside Care per Licensed Bed Per Day				2.76		**Total Hours of Bedside Care per Licensed Bed Per Day**			2.76

TABLE J. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table C for each structure.

	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	**Check if applicable**	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	☐	☐
Class B	☐	☐
Class C	☐	☐
Class D	☐	☐
Type of Construction/Renovation*		
Low	☐	☐
Average	☐	☐
Good	☐	☐
Excellent	☐	☐
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	**List Number of Feet, if applicable**	
Total Square Footage	**Total Square Feet**	
Basement		
First Floor		
Second Floor		
Third Floor		
Fourth Floor		
Average Square Feet		
Perimeter in Linear Feet	**Linear Feet**	
Basement		
First Floor		
Second Floor		
Third Floor		
Fourth Floor		
Total Linear Feet		
Average Linear Feet		
Wall Height (floor to eaves)	**Feet**	
Basement		
First Floor		
Second Floor		
Third Floor		
Fourth Floor		
Average Wall Height		
OTHER COMPONENTS		
Elevators	**List Number**	
Passenger		
Freight		
Sprinklers	**Square Feet Covered**	
Wet System		
Dry System		
Other	**Describe Type**	
Type of HVAC System for proposed project		
Type of Exterior Walls for proposed project		

TABLE K. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COST

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table D for each structure.

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation		
Utilities from Structure to Lot Line		
Subtotal included in Marshall Valuation Costs		
Site Demolition Costs		
Storm Drains		
Rough Grading		
Hillside Foundation		
Paving		
Exterior Signs		
Landscaping		
Walls		
Yard Lighting		
Other *(Specify/add rows if needed)*		
Subtotal On-Site excluded from Marshall Valuation Costs		
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees		
Other *(Specify/add rows if needed)*		
Subtotal Off-Site excluded from Marshall Valuation Costs		
TOTAL Estimated On-Site and Off-Site Costs not included in Marshall Valuation Costs	**$0**	**$0**
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	**$0**	**$0**

*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.