

BAKER DONELSON

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July 24, 2023

Updated August 14, 2023

Updated August 18, 2023

William Chan, Program Manager
Certificate of Need Division
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2299

Re: **CommuniCare Health Services Request for Merger and Consolidation
Exemption from Certificate of Need Review: Fort Washington Health
Center and Clinton Health Center**

Dear Mr. Chan:

Following are replies to your May 11, 2023 letter seeking replies to completeness questions posed in relation to the request for certificate of need (“CON”) review exemption under the merger and consolidation rules applicable to merged asset systems (the “Exemption”). This letter updates our letter of July 24, 2023 by providing additional responses to certain questions that could not be provided at that time.

The Exemption request is by CommuniCare Health Services (“CommuniCare”) on behalf of two of its Prince George’s County comprehensive care facilities (“CCFs”), Fort Washington Healthcare Center (“FWHC”) and Clinton Healthcare Center (“CHC”). The proposed Exemption will result in FWHC adding bed capacity from 150 to 196 beds using beds from CHC and eliminating all triple and quadruple rooms at both CCFs.

Introduction

1. In the previous exemption request CHS provided a “high level overview” concerning a series of projects throughout its 18 Maryland facilities with the objective of eliminating all 3- and 4-bed rooms in CHS Maryland facilities. Please provide an update with more details of the broader plans.

Answer: As the question indicates this Exemption request follows the Commission’s approval of an exemption issued to CommuniCare enabling the merger and consolidation of beds between CHC and Forestville Health Center. CommuniCare is undertaking planning and efforts to modernize and invest in the physical plants of 9 facilities in Maryland. This includes

plans de-densifying resident rooms that currently are licensed and have the capacity to house triple and quad beds. The third project involves the relocation of Northwest Healthcare Center to a new site in Baltimore City for which no certificate of need is required as confirmed by correspondence from the MHCC dated July 13, 2023. The CHC/Forestville exemption was the first such project. This CHC/FWHC Exemption request is for the second such project.

To achieve this plan on a broader scale throughout the state, CommuniCare seeks to achieve approval from the MHCC to construct new additions, build new ground-up facilities, and/or pursue adaptive re-use options to provide residents with a safe, high-quality, home-like environment. Additionally, CommuniCare plans to invest a significant amount of capital in upgrading/renovating the physical plant of these CCFs to include items such as new flooring/hallway and resident room painting/lighting/new furniture for resident rooms and commons areas.

This is a multi-year process that must consider a variety of factors in arriving at a case-by-case solution for each CCF in each jurisdiction, including but not limited to identification of land for construction and/or purchase of buildings appropriate for adaptive re-use, projecting construction costs and materials/supplies/equipment availability, financing, zoning requirements, community support, legal/land-use issues, and related factors. It is important to note that each CommuniCare CCF has its own unique operating requirements, market, and possible solutions.

The overall plan includes removing and transferring beds to other locations within the same jurisdiction, as well as transforming triple and quad resident rooms into large private or semi-private rooms in the following additional facilities: Bel Pre Healthcare Center (Montgomery County), Blue Point Healthcare Center (Baltimore City), Fayette Health and Rehabilitation Center (Baltimore City), Hagerstown Healthcare Center (Washington County), Northwest Healthcare Center (Baltimore City), Pleasant View Healthcare Center (Carroll County) and Westminster Healthcare Center (Carroll County).

2. Regarding the architectural drawings in Exhibit 1, pp.7– 11, the figures are illegible and do not show the specific changes to each CCF. Please provide the following line diagrams that are legible and can fit on 8 ½” x 11” page:
 - a. A line diagram for CHC showing the layout for the 184 CCF beds before and after project completion. Please clearly show on the line diagrams the location for the 44 private and 70 semi-private rooms as well as the areas identified in Figures 2 – 8 of your exemption request.

Answer: Please see Exhibit A, parts 1-3 for the current facility floor plans for CHC. Please see Exhibit B, parts 1-3 for a floor plan highlighting the proposed room counts for CHC as a result of de-densification.

- b. A line diagram of Ft. Washington with the current layout for the 150 CCF beds and the location for the twelve quad-(4-bed) rooms at this facility.

Answer: Please see Exhibit C for the current FWHC facility floor plan with quad rooms highlighted.

- c. A line diagram for Ft. Washington showing the location for the 196 CCF beds after project completion. Please clearly show on the line diagrams the 20 private and 88 semi-private rooms as well as the areas identified in Figures 2-8 of your exemption request.

Answer: Please see Exhibit D for the proposed facility floor plan from E4H Architects, for Ft. Washington HealthCare Center.

Comprehensive Care Facility Standards

Medical Assistance Participation

3. Staff record indicate that Ft. Washington does not have a Memorandum of Understanding (MOU) with Medicaid. CHS, will be required to pursue an MOU as part of this project. Please confirm the applicant's willingness to pursue an MOU for Ft. Washington. In addition, please provide the status of obtaining the MOUs with Medicaid for the prior exemption.

Answer: FWHC confirms its willingness to pursue an MOU with Medicaid on completion of this project. With respect to the Forestville/CHC exemption, the MOU would be signed prior to first use akin to how this is handled in CON applications. All of CHC, FWHC and Forestville participate actively in the Medicaid program and already exceed the MOU percentages.

4. Subpart (e) asks for a continued commitment to admit Medicaid residents, and a written policy substantiating its commitment to continuing to admit Medicaid residents. Please provide this policy.

Answer: FWHC commits to continuing to admit Medicaid residents as do CHC and Forestville. Please see Exhibit E, CommuniCare Health Services' Admissions process policy.

Community Based Services

5. Provide a discharge policy that includes a timeframe for resident discharge plan assessments for at least six-month intervals for the first 24 months.

Answer: Please see Exhibit F, CommuniCare's Care management meeting process. CommuniCare confirms that it is its policy to assist residents in their discharge care planning

needs at the outset of their admission to the skilled nursing facility, continuing with discharge plan assessments for at least six-month intervals during the first 24 months.

6. Provide documentation (education/outreach flyers, sign in sheets etc.) to substantiate that the facilities maintain access to 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.

Answer: Please see Exhibit G for examples of both facilities Social Work departments documentation substantiating access to home and community-based services.

Quality Rating

7. There are slight discrepancies in the quality table submitted. Staff review of the same time period resulted in a slightly lower overall quality score. Please re-check the calculation and if the overall quality score is lower than the previous exemption request, provide an explanation for the lack of progress over the last six months. Only the overall score is needed, please do not single out the quality metrics portion.

Answer: We assume by “quality rating” the question refers to the CMS Five Star rankings, of which there are quality metrics as one component. As requested, following are Five Star rankings overall, not limited to the quality metrics.

CommuniCare internally tracks its own calculations of Five Star rankings on a monthly basis, while CMS does so quarterly. Overall internal Five Star ratings have on average increased from month-to-month for the past five months for all CommuniCare affiliated CCFs in the state of Maryland are below.

Facility	Overall Internal Five Star Rankings: Maryland				
	Feb	March	April	May	June
Anchorage	1	1	2	2	2
Blue Point	3	3	2	2	2
Ellicott City	1	1	1	1	1
Fayette	2	2	2	2	2
Forestville	1	1	1	2	2
Fort Washington	4	4	5	5	5
Holly Hill	1	1	1	1	1
Laurelwood	1	1	1	1	1

Facility	Overall Internal Five Star Rankings: Maryland				
	Feb	March	April	May	June
Marley Neck	3	3	3	3	3
Northwest	1	1	2	2	2
South River	2	2	3	3	3
Bel Pre	1	1	2	2	2
Clinton	3	3	3	3	3
Cumberland	2	2	1	1	1
Hagerstown	1	1	1	1	1
Kensington	2	2	2	2	2
Pleasant View	1	1	1	1	2
Westminster	1	1	1	1	1
MARYLAND AVERAGE	1.72	1.72	1.89	1.94	2.00

It is the mission of CommuniCare to provide a superior customer experience: one that not only heals, but also satisfies. This mission drives our commitment to a high threshold of standards for Clinical Excellence. We are motivated to continue efforts to provide a level of care that reflects exceptional customer outcomes is reflected in our Five-Star Ratings.

As part of these efforts, CommuniCare recently reorganized the reporting structure of the Corporate team. This reorganization has provided an additional level of resources to the Divisional and Regional Teams in Maryland, including a Vice President for each department. These additional resources offer invaluable knowledge and skills. As Senior leaders with vast long term care experience, they have led a Division of 3 states with average annual survey deficiencies that were consistently below State and National averages. They have implemented consistent monitoring and oversight of key areas for early detection and development of action plans that will impact improvement in Quality Measures, Staffing and Health Inspections.

CommuniCare has worked with Datalign, a data analytics company, to continuously collect and report MDS quality Measure and other quality of care metrics directly from its Point Click Care electronic medical record (PCC). This data is reported through CHS.Care, a software system that is utilized at the Corporate, Divisional, Regional and Facility levels. Datalign uses the PCC Replicated Database which is refreshed hourly. Datalign also integrates its Telehealth visit reporting that provides clinical summaries in resident change for our patient’s physicians easing their quick access to change in patient condition overnight and on weekends. Datalign also

incorporates reports that apply both Johns Hopkins and Stanford University methods for readmission risk by integrating with Saiva. The Saiva reports are refreshed nightly to collect from PCC changes in patient health that increases that residents' risk for return to hospital. Datalign has worked with a team of software engineers including our CommuniCare Vice President of Quality Analytics, the Corporate Medical Director and Divisional and Regional Clinical Leadership to report data in meaningful ways. This program has been designed to allow the facility teams to review Quality Measure, Re-hospitalization and acute condition change data in real time. Review of this data has proven invaluable for tracking, for identification of trends and developing strategies to further impact and improve outcomes, reduce the risk of re-hospitalization and incite early recognition of acute changes in condition.

As a company, CommuniCare is working to station a Priority Health Partner Nurse Practitioner in each facility. Currently 17 of the 19 facilities it operates in Maryland have a dedicated Nurse Practitioner. Review and recommendations are made to the facility teams during routine facility visits by Regional and Divisional teams and during one-on-one monthly joint reviews with the facility and Regional and Divisional Teams. A Divisional Risk Nurse has been added to provide oversight and assistance with risk concerns.

CommuniCare is committed to improve Health Inspection Ratings. Divisional/Regional Teams participate in a "Mock Survey" process which affords the facilities additional resources and insight into potential areas of concern and initiate plans to compliance with state and federal regulations. Facility Teams utilize the LTC Survey Pathways, a CMS audit tool that is designed to validate regulations are being followed by validating systems and care areas are in place to self-evaluate and identify additional training needs for staff.

In an effort to improve CMS Staffing Star levels, a Divisional Employee Engagement Specialist has been added to the team. The addition of this team member has enhanced the recruitment and retention programs. Some additional programming has been added to include Diversity training and Leadership training. Leadership training that has been developed specifically for CommuniCare key leadership with ongoing in person training and self-paced trainings. These trainings have been tailored to focus on the needs of the team members. Additionally, the Employee Recognition Program has been regenerated to offer some new and exciting ways to acknowledge and reinforce great customer service. As a company, CommuniCare has implemented Retain, a new system for collecting employee feedback. This feedback will allow us to develop targeted programs that will assist in fostering an atmosphere that offers positive employee and customer relationships. The implementation of On-Shift Workforce management software has been completed in response to staff requests for self-scheduling. The addition of this system has also provided an additional resource for monitoring of scheduling practices and contributed to efforts to achieve consistent staffing. Divisional and VP Workforce Managers provide support to facility teams through training on On-Shift, daily oversight for facilities

requiring additional reinforcement, and on-going routine monitoring to identify opportunities. Each facility has a customized agency elimination plan. A wage analysis has been completed for all facilities and adjustments have been implemented where rates were identified as non-competitive. CommuniCare is also monitoring and improving on the Payroll Based Journal (PBJ) data collected from its Time and Attendance system and reported to CMS so that our staffing is accurately reported. A new process for PBJ data reporting and time and attendance system has been implemented. CommuniCare is researching and learning how to project needed staff based on the case mix acuity so raise its staffing star by addressing the 6 factors CMS uses. CommuniCare is working with many resources to identify and hire direct nursing staff and to successfully orient and train them and retain them.

8. On p. 3, you state that Ft. Washington will renovate 1,575 SF, however Table B shows a total of 8,596 SF to be renovated. Please reconcile this difference.

Answer: The information on page 3 is an error. The accurate accounting for square footage to be renovated based on the architect firm's count is 8,596.

Ft. Washington Table C – Project Budget

9. Please respond to the following:
- a. What is the basis for the \$2,755,539 in Contingency Allowance and \$317,184 in Inflation Allowance?

Answer: The contingency represents 15% the total current capital cost net of contingency, which is reasonable in the current construction and financing environment and the applicable time frame. The inflation allowance was based on concerns about construction cost volatility due to continued supply chain and staffing issues. Inflation (1.5% of the Total Current Capital Costs) was based on the calculation for Forestville (2.1%) and the recognition that inflation may be declining since that calculation was developed. Please note that the MHCC's source for Inflation posted on its website (Building Cost Index in the HIS Markit Healthcare Cost Review) has not been updated since March 2021.

- b. What is the basis for the \$3,923,458 identified as Gross Interest during Construction Period? Explain "4.5% x 12mos. (5-9%)" for this expense.

Answer: A revised Table C is attached. The formula was misapplied originally. The Gross Interest during Construction Period is \$326,955.00 derived by taking new construction plus renovation costs, the timing of draws and a 4.5% interest rate. (Exhibit I is complete set of updated Tables for Fort Washington).

- c. Please explain the basis for the \$214,000 identified as Loan Placement Fees. Provide the name of the financial institution and the terms for the approximately \$17.4 million in mortgage loan identified under Source of Funds.

Answer: The Loan Placement Fee assumes that a HUD secured loan would be used and this is a typical 1% estimate. Negotiations with lenders are in progress but depend on the issuance of the CON exemption and the state of the market at the time of placement.

- d. Please explain the use for the \$27,000 identified in 2.c2. as CON Application Assistance and “Other” \$5,000 in 2.d.d2 Non-CON Consulting Fees “Other.”

Answer: This line item is for the services of Andrew Solberg and others in assisting with preparation of the Merger and Consolidation Request for FWHC.

- e. Provide either audited financial statements for the past two years or documentation such as a letter signed by an independent Certified Public Accountant that affirms the entities and/or individuals have sufficient funds or financial resources to support the \$4.4 million in cash equity for the proposed project.

Answer: Attached is a letter from Bradley Associates Healthcare Advisors and CPAs, independent accountants, confirming the availability of funds or financial resources to support this cash equity for the proposed project. (Attached as Exhibit J).

Clinton Table C – Project Budget

10. Please respond to the following:

- a. Explain the use for the \$15,000 identified as CON Application Assistance “Other” and 5,000 in Non-CON Consulting Fees “Other.”

Answer: This line item is for the services of Andrew Solberg and others in assisting with preparation of the Merger and Consolidation Request for Clinton.

- b. Please cite the source for the \$225,107 in cash that will fund this project. Provide either audited financial statements for the past two years or documentation such as a letter signed by an independent Certified Public Accountant that affirms the entities and/or individuals have sufficient funds or financial resources to support the \$225,107 in cash equity for the proposed project.

Answer: This cash will come from available cash accounts. Attached is a letter from Bradley Associates Healthcare Advisors and CPAs, independent accountants, confirming

the availability of funds or financial resources to support this cash equity for the proposed project. (Exhibit J).

c. Please document the source and terms for the \$200,000 in Working Capital Loans.

Answer: As is common industry practice the working capital loan will be secured by accounts receivable and repaid from revenues. The interest rates vary with market conditions based on Secured Overnight Financing Rate (SOFR) plus 4% to 5%.

11. On p. 3, the applicant states the scheduled date of the project's completion is 24 months following the signing of the construction contract. Therefore, the earliest the proposed addition to Ft. Washington and the renovations to Clinton Healthcare Center will be completed will not be until Fall 2025 or early 2026. For both facilities Tables D, E, F, and G Utilization and Revenue and Expense statements are incomplete. Please resubmit these tables to show (a) the two years historical and the current year (FY 2021-2023); (b) the two years during construction for the new addition (FY 2024-2025); and the first three years after project completion (FY 2026-2028).

Answer: Revised Tables D, E and F are attached to reflect current census and projected timing and are no longer incomplete. There is no Table G since this is not a new facility. An updated set of Tables for CHC are attached as Exhibit K.

12. Will Clinton operate with 183 or 184 CCF beds upon project completion? This is inconsistent in the prose and the tables throughout the exemption request. Please clarify this discrepancy.

Answer: CHC will end at 184 beds. Any errors reflected in the document have been remedied.

13. On p. 3, the applicant states the scheduled date of the project's completion is 24 months following the signing of the construction contract (Late 2025 or 2026). However, Tables D and F indicate the bed increase at Ft. Washington will occur in 2024. Please reconcile this discrepancy.

Answer: This is addressed in the attached, revised Tables D and F which show current census and an increase in FY 2026.

14. For Table F – Revenues & Expenses, Entire Facility. In FY 2021, Ft. Washington's Revenue and Expense Statement indicates the facility operated with a net loss of almost \$12.9 million. Please respond to the following: (a) Explain the reasons for this loss in revenue during FY 2021 and (b) Did the applicant experience the same financial losses for all CommuniCare CCFs operated in Maryland?

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Answer: Table F is revised, as attached. The loss for FY 2021 in the original submission was inaccurately stated by a former staff member. The corrected Table F is accurate and does not show a loss. There was, therefore, no corresponding loss for CommuniCare CCFs operated in Maryland.

15. For Table K Onsite and Offsite Costs included and excluded in MVS Costs. Provide all of the Allowable and Non-allowable MVS Costs for the \$13,158,416 in New Construction Costs reported in the Ft. Washington Project Budget.

Answer: Per communication with the MHCC Staff, MVS is not applicable to this review.

Exhibit 7

16. Please resubmit Exhibit 7 to substantiate whether both facilities (new construction/renovation) will meet the **2022** FGI Guidelines for Design and Construction of Residential Health, Care and Support Facilities.

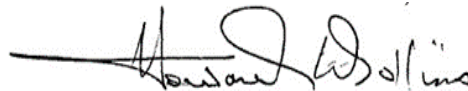
Answer: Attached is a letter from the architect confirming the Fort Washington project meets the 2022 FGI Guidelines. CHC is not undergoing new construction or a renovation triggering FGI requirements. (Exhibit L).

17. Please submit Tables F – Revenues and Expenses, H - Workforce, and I – Scheduled Staff for Typical Work Week for Clinton showing changes both before and after project completion.

Answer: Tables F, H and I are attached.

Thank you for considering this additional information.

Sincerely,
BAKER, DONELSON, BEARMAN,
CALDWELL & BERKOWITZ, P.C.



Howard L. Sollins

HLS/lam

Enclosures

cc: Mr. Ronnie Wilhelm, CommuniCare Health Services
Mr. Charles Stoltz, CommuniCare Health Services
Mr. Richard Odenthal, CommuniCare Health Services

William Chan, Program Manager

Certificate of Need Division

July 24, 2023

(Updated August 14, 2023)

(Updated August 18, 2023)

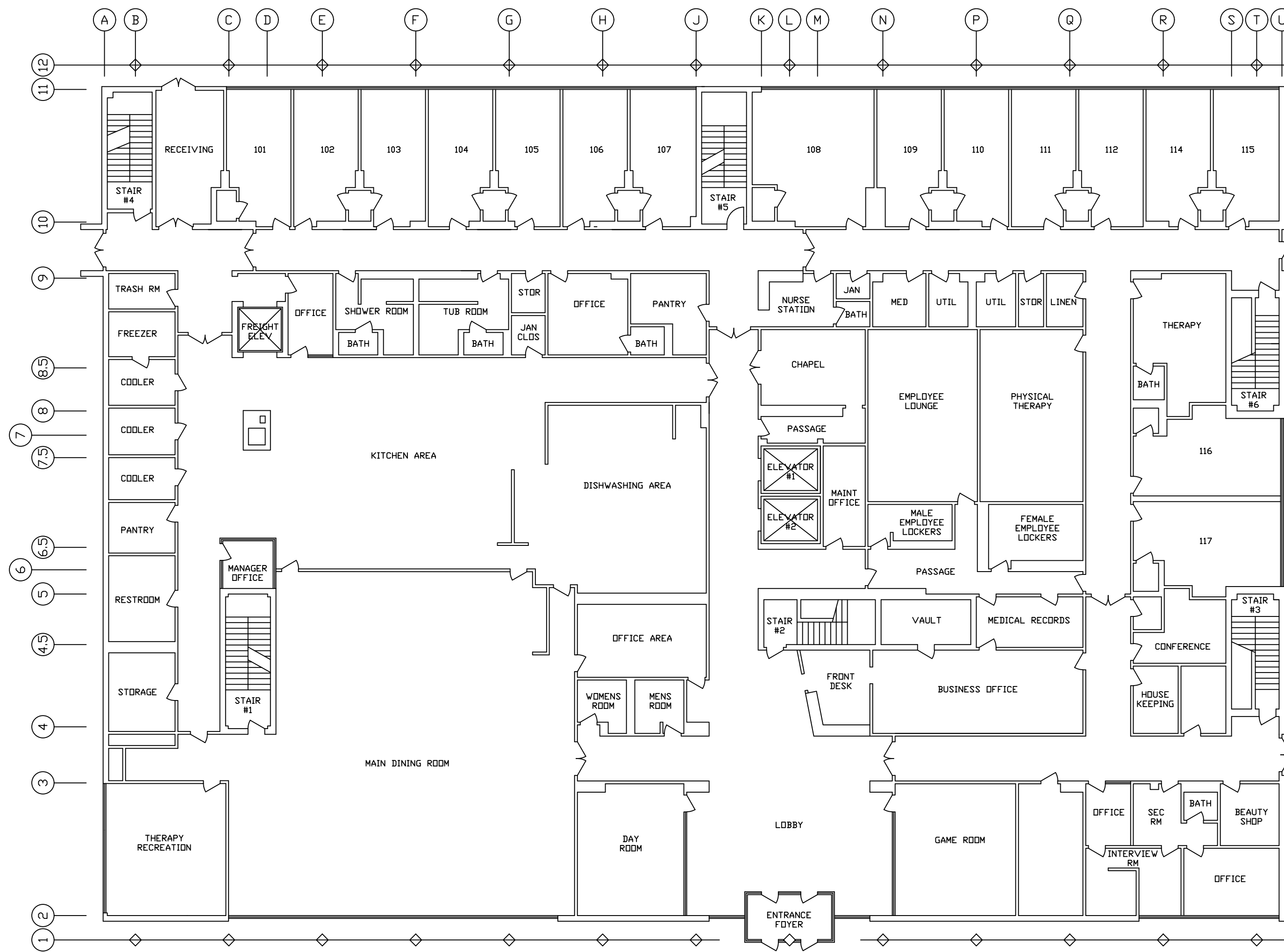
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cc: Jack Eller, Esquire
Andrew Solberg
Wynee Hawk, Director, Health Planning and Development
Jeanne-Marie Gawel, Chief, CON
Sanmi Areola, PhD, Health Officer, Prince George's Health Department

EXHIBIT LIST

- A. Parts 1-3 for the current facility floor plans for CHC
- B. Parts 1-3 for a floor plan highlighting the proposed room counts for CHC as a result of de-densification
- C. Current FWHC facility floor plan with quad rooms highlighted
- D. Proposed facility floor plan from E4H Architects, for Ft. Washington HealthCare Center
- E. CommuniCare Health Services' Admissions process policy
- F. CommuniCare's Care management meeting process
- G. Examples of both facilities Social Work departments documentation substantiating access to home and community-based services
- H. Clinton Staffing Pattern – Current
- I. Complete set of updated tables for Fort Washington.
- J. Bradley Associates Healthcare Advisors and CPAs, independent accountants, confirming the availability of funds or financial resources to support this cash equity for the proposed project
- K. Complete set of updated tables for CHC
- L. Letter from the architect confirming the Fort Washington project meets the 2022 FGI Guidelines

EXHIBIT A



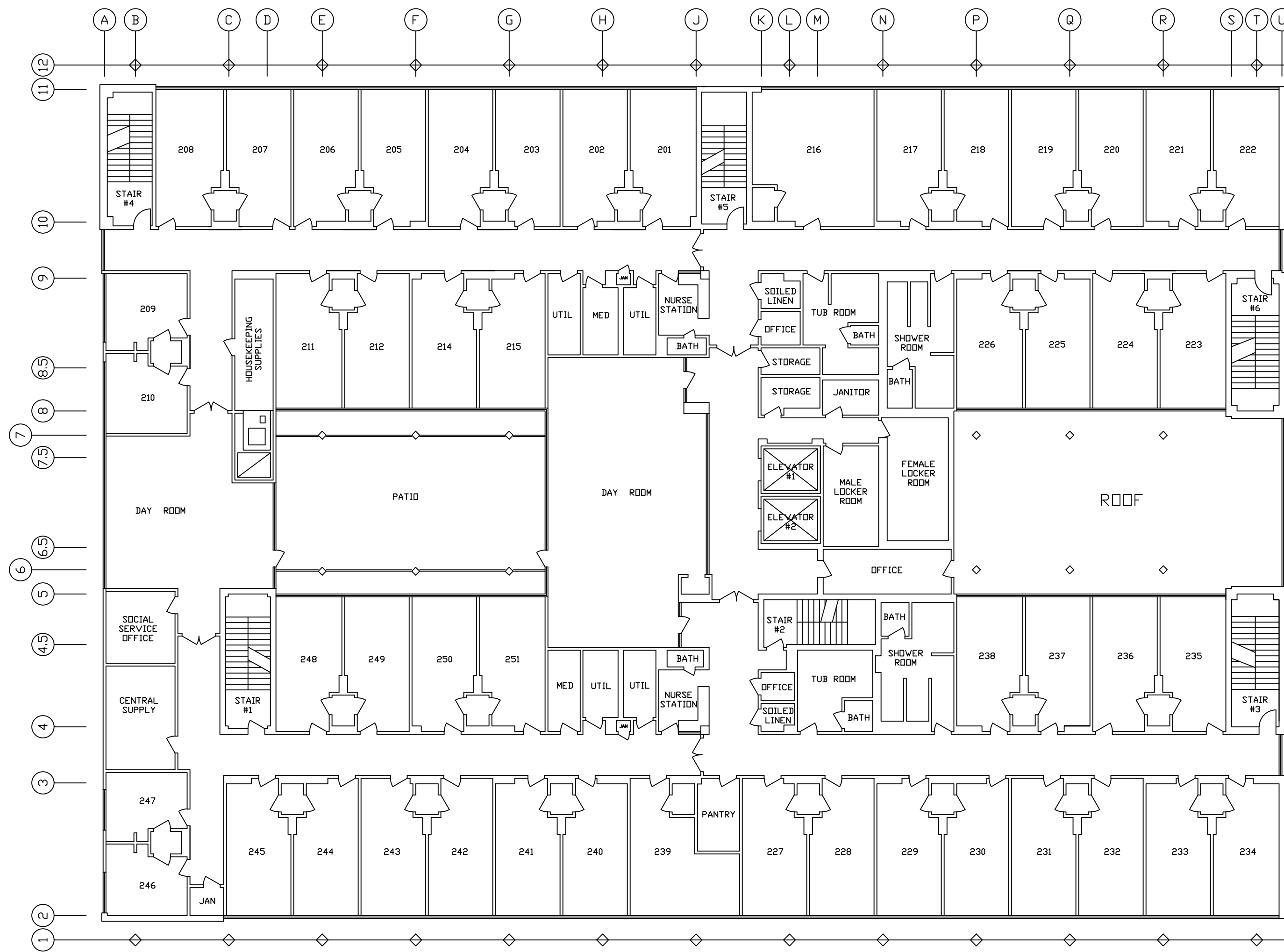
NORTH
1/8"=1'

WELLINGTON MANOR NURSING & REHABILITATION CENTER
CLINTON, MARYLAND

DATE:	REVISIONS:

DRAWING TITLE:
FLOOR PLAN

FLOOR LEVEL: FLOOR 1		DATE: OCT. 24, 1995
DRAWN BY:		PROJECT NUMBER: 95028-2
CHECKED BY:		DRAWING NUMBER: A-3 OF 6
APPROVED BY:		



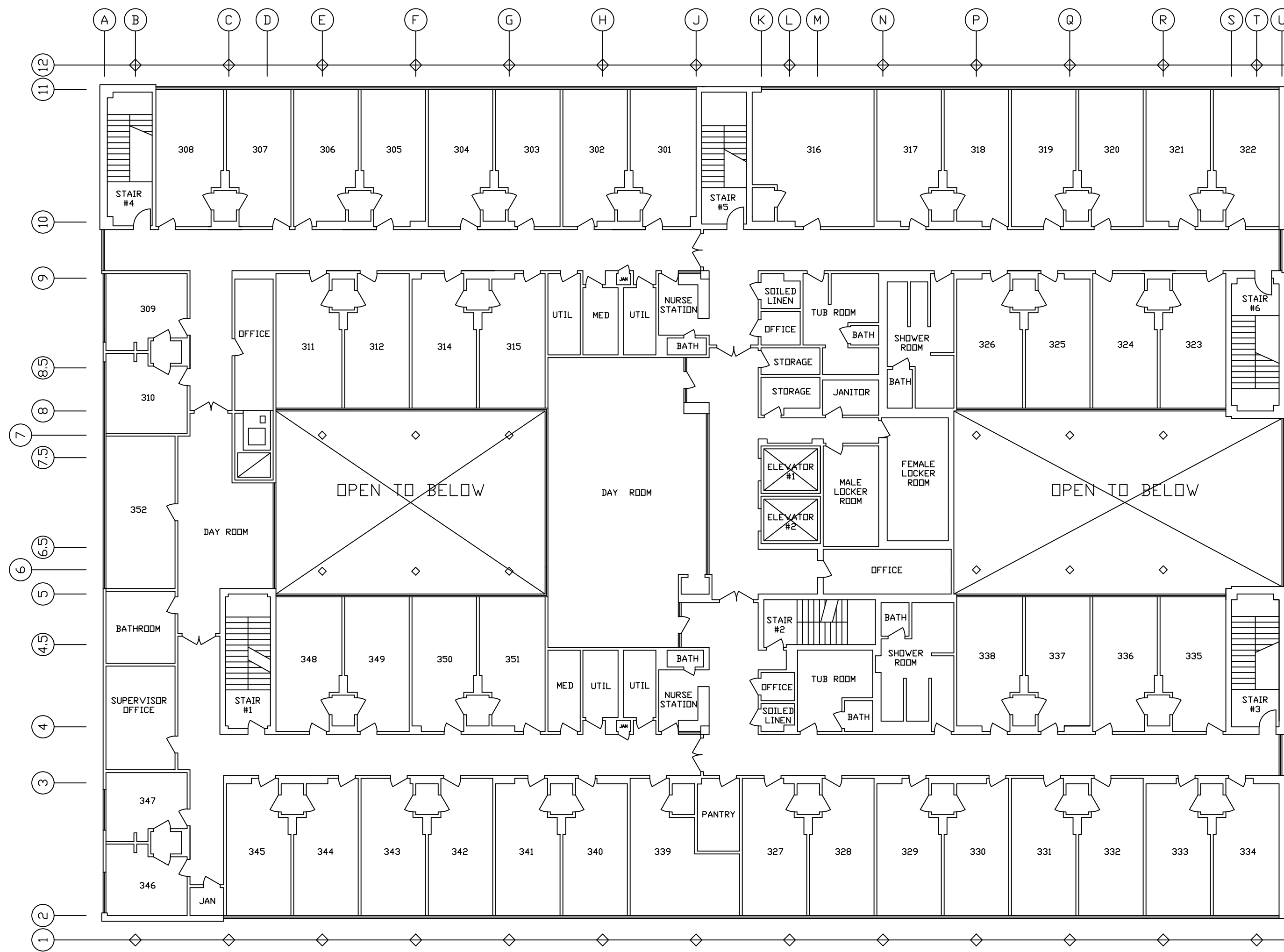
NORTH
1/8"=1'

WELLINGTON MANOR NURSING & REHABILITATION CENTER
CLINTON, MARYLAND

DATE:	REVISIONS:

DRAWING TITLE:
FLOOR PLAN

FLOOR LEVEL: FLOOR 2		DATE: OCT. 24, 1995
DRAWN BY:		PROJECT NUMBER: 95028-2
APPROVED BY:		DRAWING NUMBER: A-4 OF 6



NORTH
1/8"=1'

WELLINGTON MANOR NURSING & REHABILITATION CENTER
CLINTON, MARYLAND

DATE:	REVISIONS:

DRAWING TITLE:
FLOOR PLAN

FLOOR LEVEL: FLOOR 3		DATE: OCT. 24, 1995
DRAWN BY:		PROJECT NUMBER: 95028-2
APPROVED BY:		DRAWING NUMBER: A-5 OF 6
CHECKED BY:		

EXHIBIT B

Indicates private rooms

Indicates semi-private rooms



NORTH
1/8"=1'

WELLINGTON MANOR NURSING & REHABILITATION CENTER
CLINTON, MARYLAND

DATE:	REVISIONS:

DRAWING TITLE:
FLOOR PLAN

FLOOR LEVEL: FLOOR 1	DATE: OCT. 24, 1995
DRAWN BY:	PROJECT NUMBER: 95028-2
CHECKED BY:	DRAWING NUMBER: A-3 OF 6
APPROVED BY:	

First Floor - Starting number 40 beds; Ending at 27 beds.



Indicates semi-private rooms



Indicates private rooms



NORTH
1/8"=1'

WELLINGTON MANOR NURSING & REHABILITATION CENTER
CLINTON, MARYLAND

DATE:	REVISIONS:

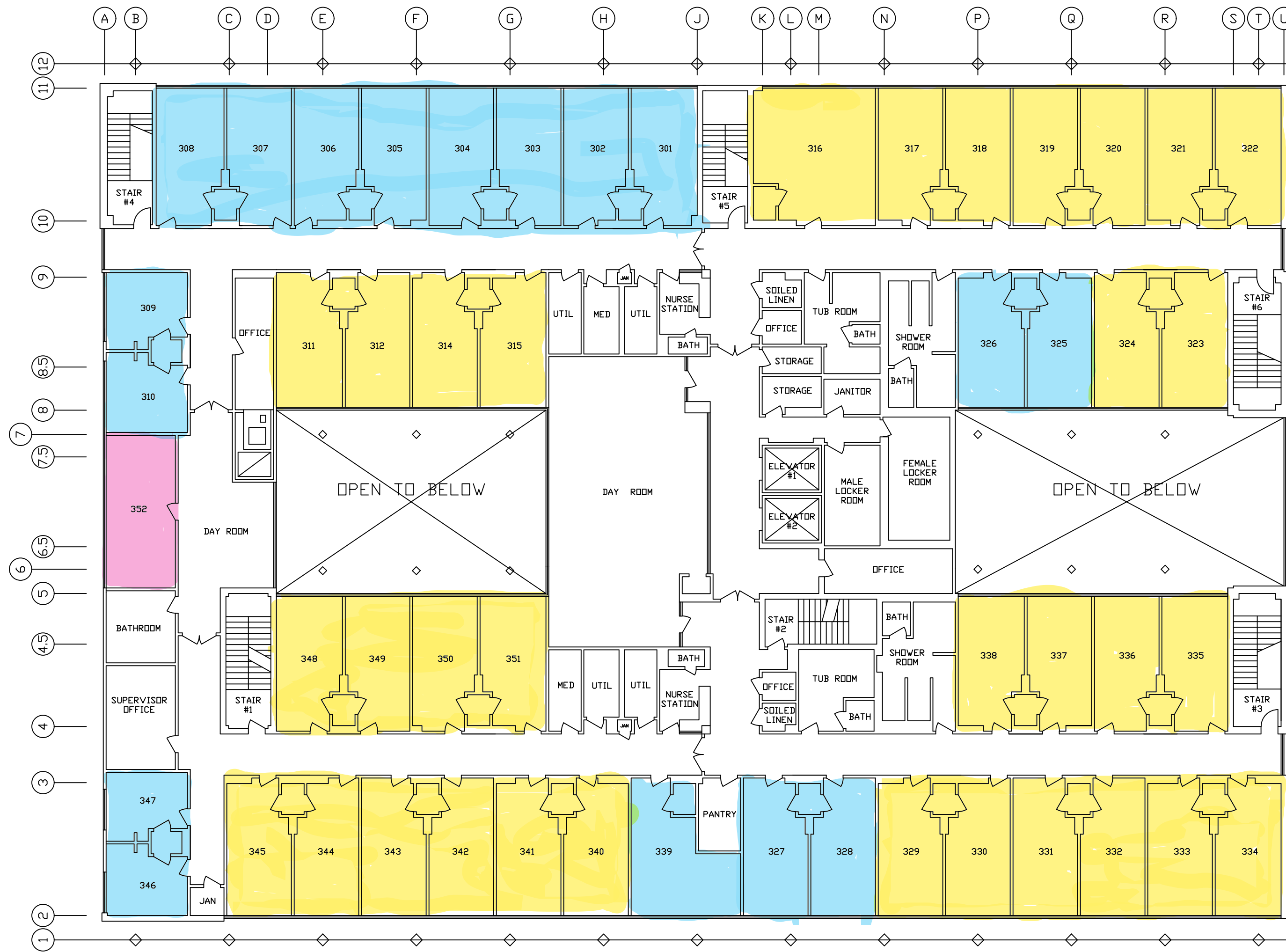
DRAWING TITLE:
FLOOR PLAN

FLOOR LEVEL: FLOOR 2	DATE: OCT. 24, 1995
DRAWN BY:	PROJECT NUMBER: 95028-2
CHECKED BY:	DRAWING NUMBER: A-4 OF 6
APPROVED BY:	

Beginning Bed count on 2nd Floor = 116
Ending Bed count on 2nd Floor = 75

Indicates a private room
 Indicates a semi-private room

Indicates a room completely removed from service



NORTH
 1/8"=1'

WELLINGTON MANOR NURSING & REHABILITATION CENTER
 CLINTON, MARYLAND

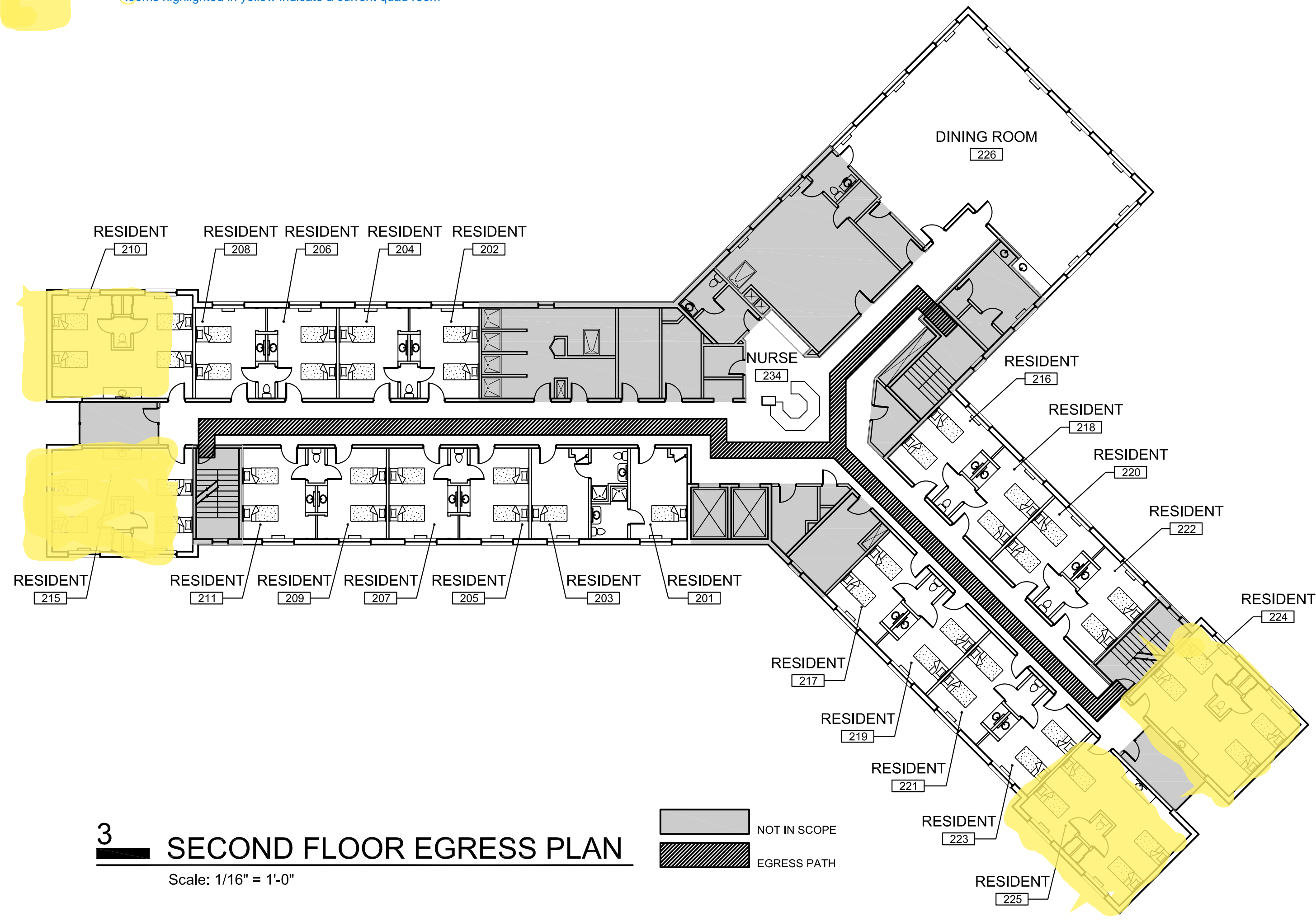
DATE:	REVISIONS:

DRAWING TITLE:
FLOOR PLAN

FLOOR LEVEL: FLOOR 3	DATE: OCT. 24, 1995
DRAWN BY:	PROJECT NUMBER: 95028-2
CHECKED BY:	DRAWING NUMBER: A-5 OF 6
APPROVED BY:	

EXHIBIT C

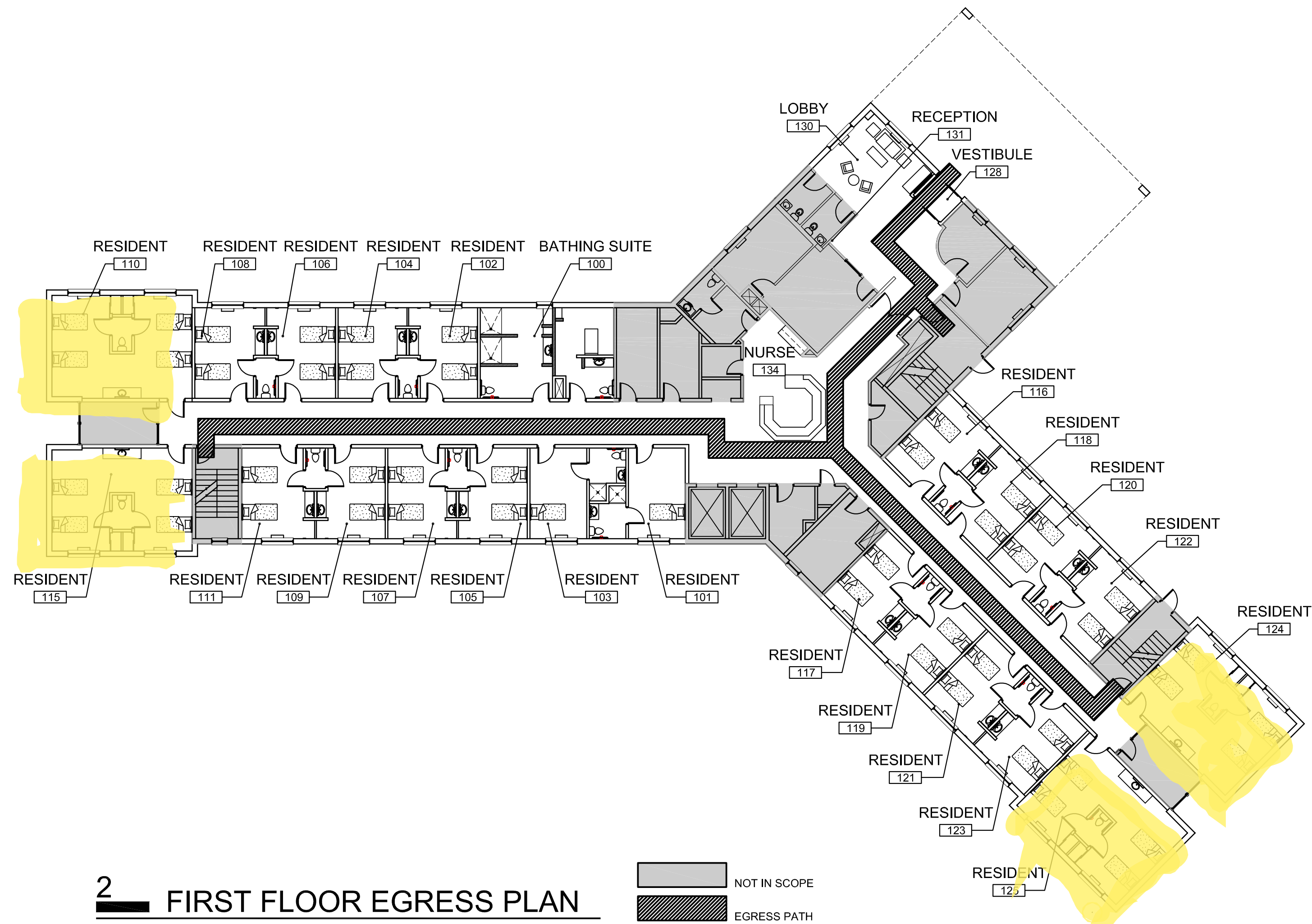
Rooms highlighted in yellow indicate a current quad room



3 SECOND FLOOR EGRESS PLAN

Scale: 1/16" = 1'-0"

NOT IN SCOPE
EGRESS PATH



2 FIRST FLOOR EGRESS PLAN

Scale: 1/16" = 1'-0"

NOT IN SCOPE
EGRESS PATH

PROJECT DATA

SITE INFORMATION:
FORT WASHINGTON HEALTH & REHABILITATION CENTER
12021 LIVINGSTON RD.
FORT WASHINGTON, MD 20744

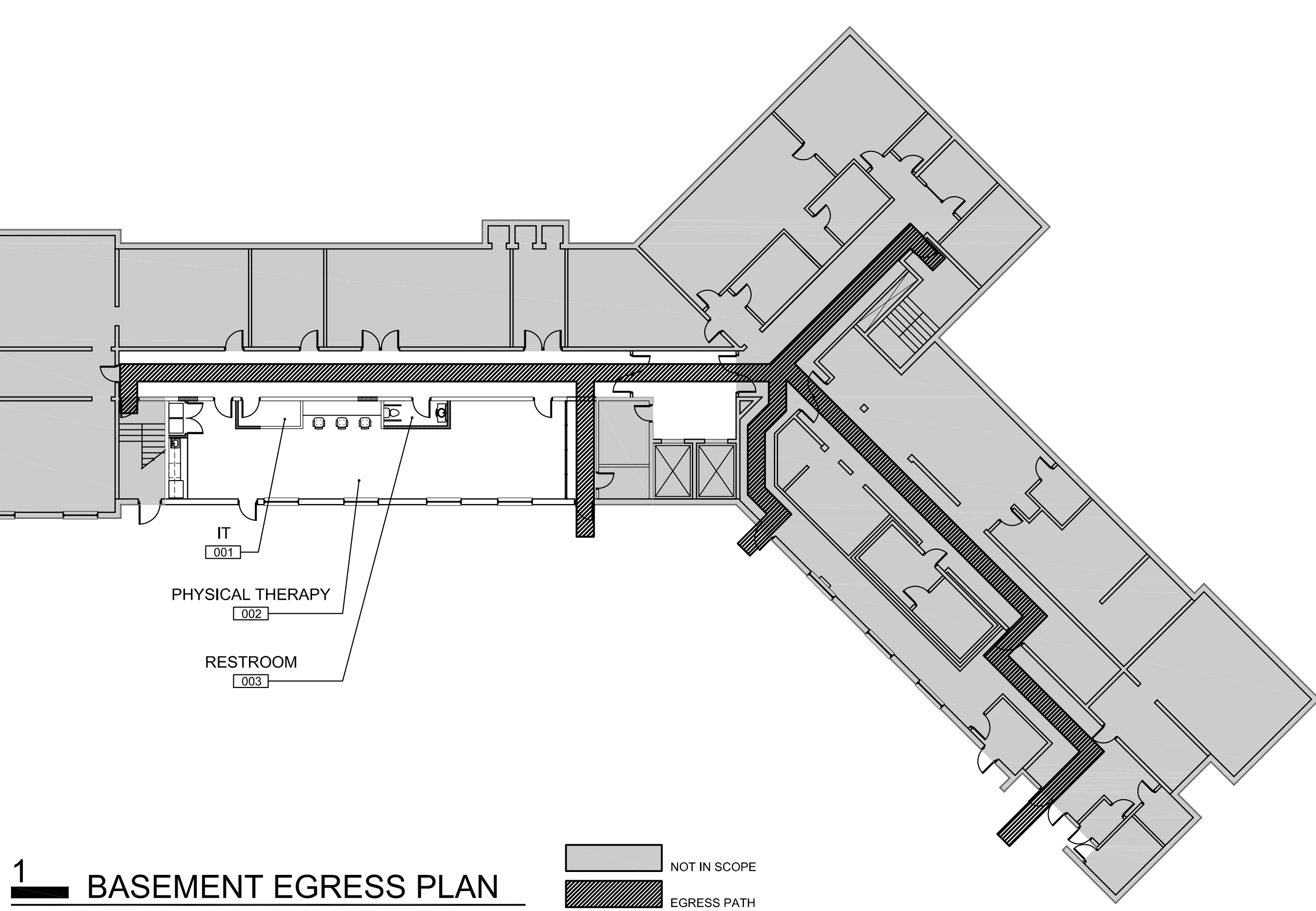
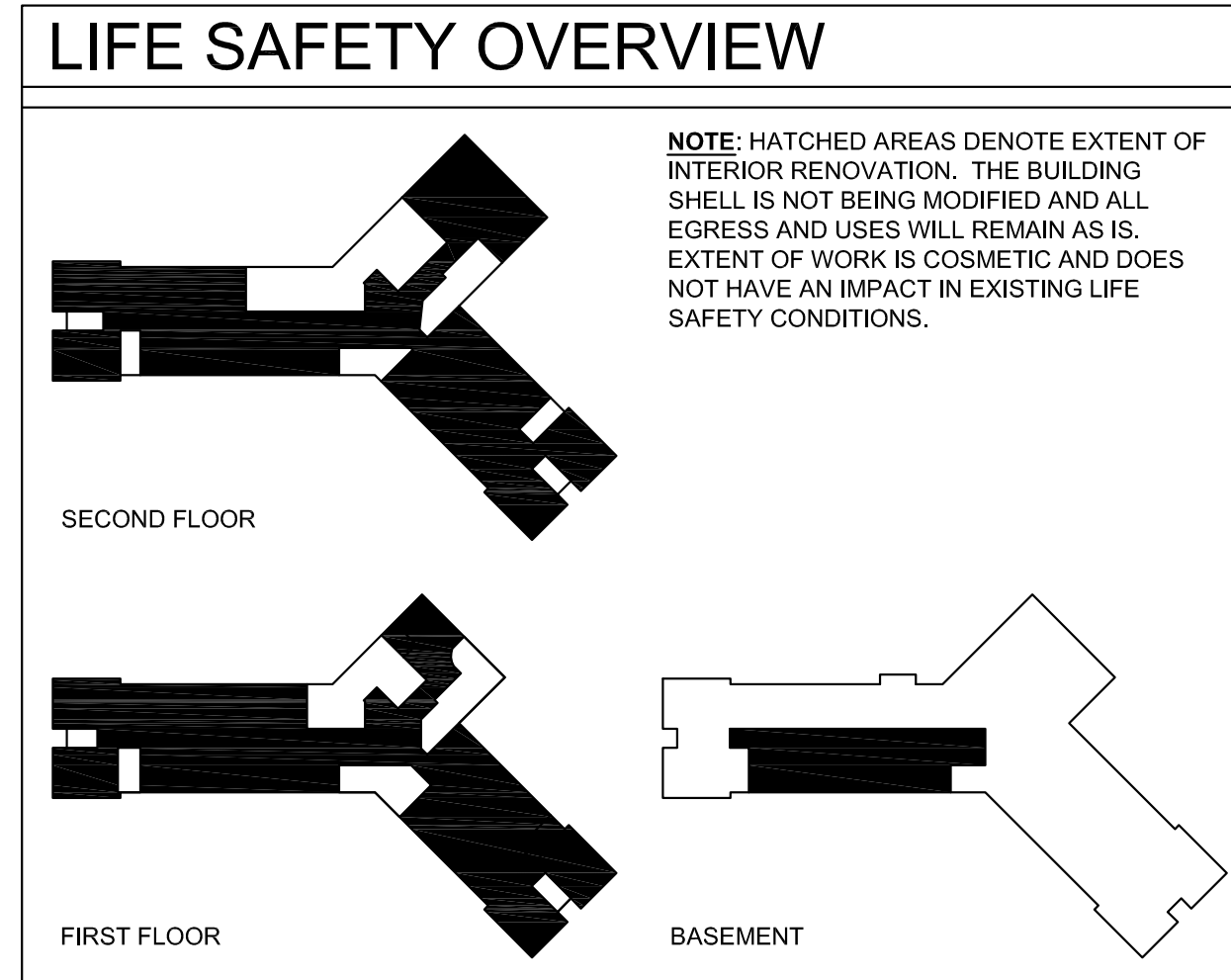
APPLICABLE CODES:
2006 INTERNATIONAL BUILDING CODE (IBC)
2009 NFPA 101, LIFE SAFETY CODE
2008 INTERNATIONAL ENERGY CONSERVATION CODE (IECC)
WASHINGTON SUBURBAN SANITARY COMMISSION PLUMBING AND GAS LIFTING CODE
NATIONAL FIRE PROTECTION ASSOCIATION 1 FIRE PREVENTION CODE
SUBTITLE II (PRINCE GEORGE'S COUNTY FIRE SAFETY LAW)
MARYLAND ACCESSIBILITY CODE
NATIONAL ELECTRICAL CODE (NEC) / (NFPA 70)

SCOPE OF WORK SUMMARY

BASEMENT: DEMOLISH WALLS BETWEEN EXIST. PT ROOMS, NEW FLOORING, PAINT, CEILING TILE, GRID AND LIGHTS

1ST FLOOR: LOBBY - NEW FLOORING, PAINT
RESIDENT ROOMS - NEW FLOORING, PAINT, COVE BASE, MILLWORK
WARDROBES, BED LIGHT AND SCONCE (1 FOR 1), REFURBISHED
TOILETS, ADA HARDWARE
CORRIDORS - RE-CLAD NURSE'S STATION, NEW FLOORING, PAINT
BATHING UNIT - CONVERT TO 2 SHOWER AREA & 1 TUB AREA, NEW FLOORING, GYP CEILING, LIGHTING, PAINT

2ND FLOOR: RESIDENT ROOMS - SAME AS 1ST FLOOR WORK
CORRIDORS - SAME AS 1ST FLOOR WORK
BATHING UNIT - NO WORK
DINING ROOM - NEW FLOORING, PAINT



1 BASEMENT EGRESS PLAN

Scale: 1/16" = 1'-0"

NOT IN SCOPE
EGRESS PATH

CODE SUMMARY

EXISTING BUILDING INFORMATION:

- OCCUPANCY CLASSIFICATION(S): I-2
- EXISTING SHELL BUILDING CONSTRUCTION TYPE: 1B
- FULLY SPRINKLERED THROUGHOUT IN ACCORDANCE WITH NFPA 13 (IBC 402.8.903.3.1.1)
- BUILDING ALLOWABLE GROSS FLOOR AREA (BASED ON I-2 OCCUPANCY): UNLIMITED
- BUILDING ACTUAL FLOOR AREA: 52,748 S.F.
- BUILDING ACTUAL HEIGHT: 36' / 3 STORIES (PLUS BASEMENT)

FIRE RESISTANCE RATINGS:
PER IBC TABLE 601

1. STRUCTURAL FRAME	2 HOURS
2. BEARING WALLS	2 HOURS
EXTERIOR WALLS	2 HOURS
INTERIOR WALLS	2 HOURS
3. NON-BEARING WALLS AND PARTITIONS	
EXTERIOR WALLS (TABLE 602)	1 HOUR
INTERIOR WALLS	0 HOURS
4. FLOOR CONSTRUCTION	2 HOURS
5. ROOF CONSTRUCTION	1 HOUR

EGRESS REQUIREMENTS

- TOTAL INTERIOR OCCUPANT LOAD SHALL NOT INCREASE FROM EXISTING CONDITIONS.
- NUMBER AND CONFIGURATION OF ACCESSIBLE EXITS, TOTAL EGRESS WIDTH PROVIDED, EXIT ACCESS TRAVEL DISTANCE, AND EXIT SEPARATION DISTANCE TO REMAIN UNALTERED FROM EXISTING CONDITIONS.

PLUMBING FIXTURE REQUIREMENTS

- TOTAL INTERIOR OCCUPANT LOAD SHALL NOT INCREASE FROM EXISTING CONDITIONS.
- NUMBER AND CONFIGURATION OF PLUMBING FIXTURES (INCLUDING ACCESSIBLE PLUMBING FIXTURES) TO REMAIN UNALTERED FROM EXISTING CONDITIONS.

PORTABLE FIRE SUPPRESSION REQUIREMENTS

APPLICABLE CODES:
2009 NFPA 101, Life Safety Code
2009 NFPA 10, Standard for Portable Fire Extinguishers

GENERAL NOTES:

- TENANT SPACE TO BE FULLY SPRINKLERED THROUGHOUT IN ACCORDANCE WITH NFPA 13 (IBC 402.8.903.3.1.1)
- ALL PORTABLE FIRE EXTINGUISHERS TO BE INSTALLED ACCORDING TO NFPA 10, SECTION 6.1
- AT ALL LOCATIONS WHERE CLASS "A" HAZARDS EXIST, INSTALL MULTI PURPOSE TYPE "A-B-C" EXTINGUISHERS, SIZED TO MEET THE REQUIREMENTS BELOW

FIRE EXTINGUISHER SIZE AND PLACEMENT:

CLASS "A" HAZARDS - ORDINARY HAZARD OCCUPANCY (PER NFPA 10, SECTION 6.2.1.1)	
1. MINIMUM RATED SINGLE EXTINGUISHER:	2-A
2. MAX. FLOOR AREA PER UNIT OF "A":	1,500 SF
3. MAX. FLOOR AREA FOR EXTINGUISHER:	11,250 SF
4. MAX. TRAVEL DISTANCE TO EXTINGUISHER:	75'



architect | designer

BROWN CRAIG TURNER
one charles center
100 north charles street | 18th floor
Baltimore, MD 21201
t 410.837.2727
f 410.837.7447
www.bctarchitects.com

mechanical / electrical

SRBR
757 Frederick Road, Suite 300
Catonsville, MD 21228
t 410.869.7282
f 410.869.7362
www.srbrc.com

project

Fort Washington Health & Rehabilitation Center

client | owner

COMMUNICARE HEALTH SERVICES
4700 Ashwood Drive, Suite 200
Cincinnati, OH 45241
t 800.989.7337
www.communicarehealth.com

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME, AND THAT I AM A FULLY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND. REGISTRATION #: 18112 EXPIRATION: 4/30/2012

revisions

No.	Date	Title

CODE SUMMARY AND EGRESS PLAN

Issue Date: 05.01.2012 Scale: NOTED

C-1

EXHIBIT D

Table with columns: Level, Project Zone, Department, Name, Area (SF). Contains existing and new room schedules for levels 1, 2, and 3.

Table with columns: Level, Project Zone, Department, Name, Area (SF). Contains existing and new room schedules for levels 1, 2, and 3.

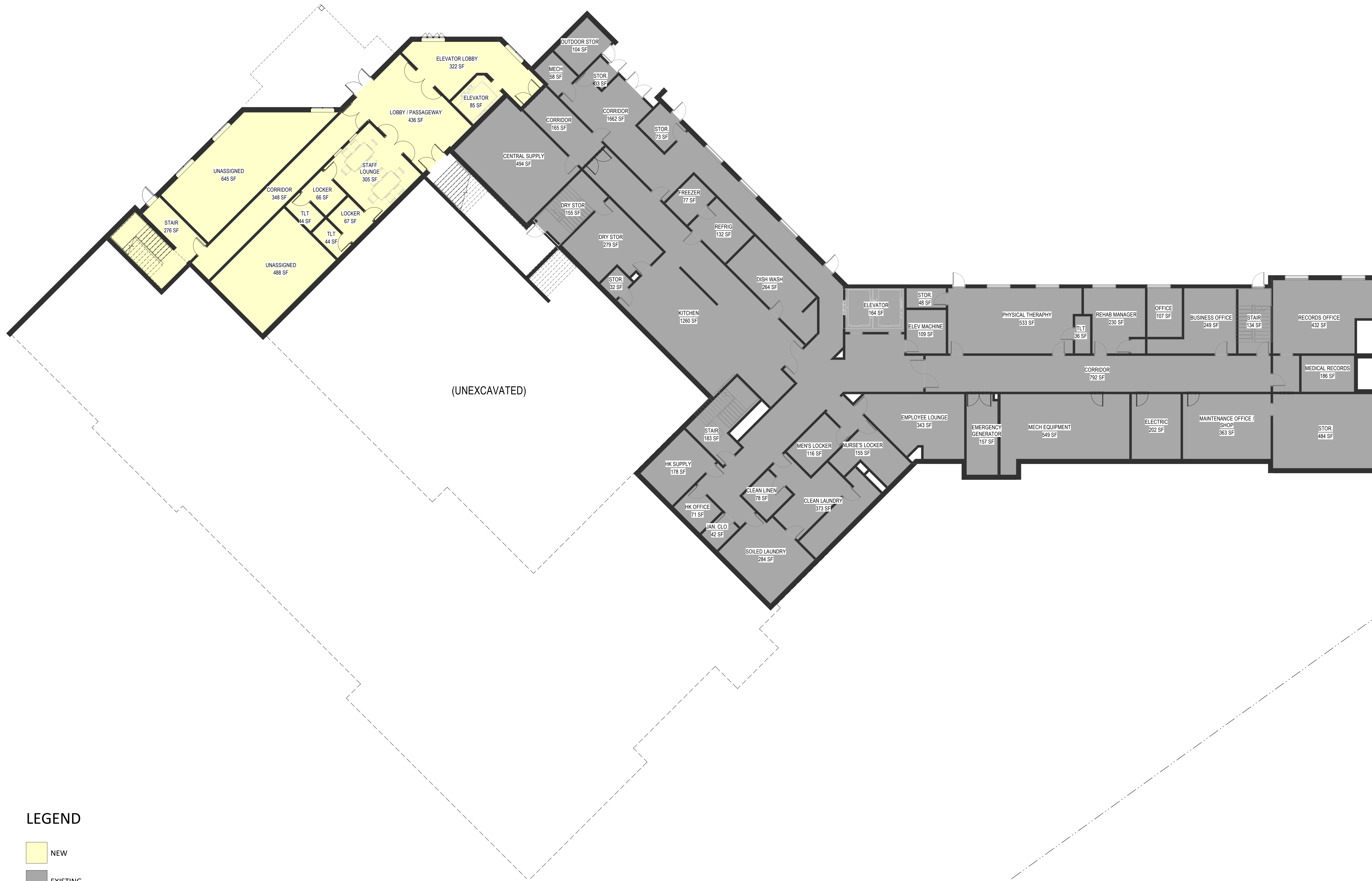
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Table with columns: Level, Project Zone, Department, Name, Area (SF). Contains existing and new room schedules for levels 1, 2, and 3.

COMMUNICARE FORT WASHINGTON
ROOM SCHEDULE



LEGEND

- NEW
- EXISTING

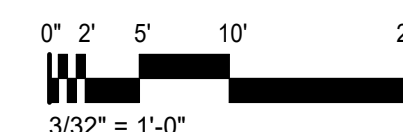
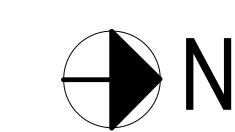


9/30/22

12012 Livingston Road
Fort Washington, MD 20744

COMMUNICARE FORT WASHINGTON

DEPARTMENT PLAN-BASEMENT



888.781.8441 XXX.XXX.XXXX RELOAD WITH OFFICE VERSION
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	BASEMENT	FIRST LEVEL	SECOND LEVEL	THIRD LEVEL
EXISTING BUILDING AREA	13,061 SF	13,058 SF	14,357 SF	14,357 SF
TOTAL EXISTING BUILDING AREA		54,833 SF		
EXISTING BEDS - PRIVATE	0	2	2	2
EXISTING BEDS - SEMI PRIVATE	0	32	32	32
EXISTING BEDS - QUAD SHARED	0	16	16	16
TOTAL EXISTING BEDS		150		

	BASEMENT	FIRST LEVEL	SECOND LEVEL	THIRD LEVEL	TOTAL
NEW ADDITION AREA	3,602 SF	15,330 SF	13,488 SF	0	32,420 SF
RENOVATION AREA	0	3,136 SF	2,516 SF	1,890 SF	5,652 SF
EXISTING (NON-RENOVATED) AREA	13,061 SF	9,922 SF	11,841 SF	12,467 SF	47,291 SF
TOTAL FLOOR AREA	16,663 SF	28,388 SF	27,845 SF	14,357 SF	87,253 SF
TOTAL PROPOSED BUILDING AREA		87,253 SF			

NEW BEDS - PRIVATE	0	5	5	0	10
NEW BEDS - SEMI PRIVATE	0	18	22	0	40
TOTAL # OF NEW BEDS		50			

TOTAL # OF BEDS (NEW AND EXISTING) 200 BEDS (150 EXISTING + 50 NEW)

NEW SEMI PRIVATE ROOM NET AREA (INCLUDING TOILET) 279 SF

NEW PRIVATE ROOM NET AREA (INCLUDING TOILET) 249 SF

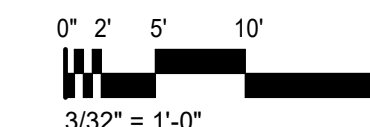
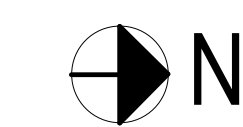


LEGEND

- NEW
- RENOVATION
- EXISTING

COMMUNICARE FORT WASHINGTON

DEPARTMENT PLAN- LEVEL 2





LEGEND

- NEW
- RENOVATION
- EXISTING

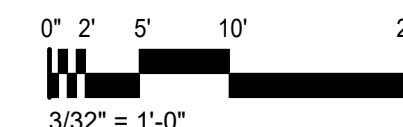
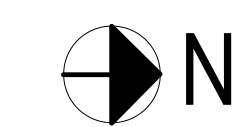


10/7/22

12012 Livingston Road
Fort Washington, MD 20744

COMMUNICARE FORT WASHINGTON

DEPARTMENT PLAN- LEVEL 3



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EXHIBIT E



Policies and Standard Procedures

Subject: Resident Admission Policy			Policy #: N
Category: BUSINESS DEVELOPMENT			Reviewed:
Approval: V.P. Sales	Effective: 3/1/2017	Revised: 10.5.20	Page: 1 of 5

Scope:

This policy is applicable to all adult living centers.

Definitions

CRM: Customer Referral Management

PCC: Point Click Care – the electronic medical record used at this facility

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.

This facility accepts admissions 24 hours per day, seven days per week from all referral locations (hospitals, home, emergency departments, physician offices, etc)

This facility complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

This facility does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This facility provides free aid and services to people with disabilities to communicate effectively with us, including but not limited to qualified sign language interpreters and written information in other formats such as large print, audio, accessible electronic formats, other formats as appropriate.

This facility provides free language services to those whose primary language is not English, including but not limited to qualified interpreters and information written in other languages.

This facility does not request or require a resident to waive potential facility liability for losses of personal property.



Policies and Standard Procedures

Subject: Resident Admission Policy			Policy #: N
Category: BUSINESS DEVELOPMENT			Reviewed:
Approval: V.P. Sales	Effective: 3/1/2017	Revised: 10.5.20	Page: 2 of 5

This facility does not require third party guarantee of payment as a condition of admission or continued stay in the facility. However, the facility does require an individual who has legal access to a resident’s income or available resources to sign an admission contract (without incurring personal liability) and pay for care given to the resident by the facility from the resident’s income or other resources over which the individual has legal control or access.

In the event a resident is eligible for Medicaid, the facility does not charge, solicit, accept or receive, in addition to any amount otherwise required to be paid under the Medicaid program, any gift, money, donation, or other consideration as a precondition of admission or continued stay in the facility. However, the facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and are not covered by Medicaid nursing facility services as long as the facility gives proper notice of the availability and cost of these services.

The resident will be required to:

1. Have the financial resources, either directly or through a third party payer, to pay for the assessed and anticipated fees
2. Sign our admission agreement and agree to abide by the facility policies and procedures
3. Not require services in excess of those the facility can provide
4. Be seeking admission voluntarily, unless the potential admission has been adjudicated legally incompetent by a court of law, and the potential resident’s legal guardian agrees to the admission. This does not preclude the admission of a non-protesting potential resident who may be incompetent and is otherwise acceptable for admission.



Policies and Standard Procedures

Subject: Resident Admission Policy			Policy #: N
Category: BUSINESS DEVELOPMENT			Reviewed:
Approval: V.P. Sales	Effective: 3/1/2017	Revised: 10.5.20	Page: 3 of 5

All inquiries regarding a potential residency shall be directed to the Admission Director or designee who will ensure a potential resident has a complete history and physical that is current, including communicable disease.

The facility will assess the potential resident for appropriateness of residency at the facility specified.

Eligibility for admission is based on the potential resident’s ability to pay for care directly or through a third party payer, bed availability, and the facility’s ability to provide the care needed, requested, or required by the potential resident based upon the services offered and available resources on the particular unit where care would be provided.

In the event the potential resident is appropriate for residency at the facility, the residence will be approved and a bed will be confirmed.

In the event a bed is not immediately available the approved resident will be offered the opportunity to be placed on a waiting list. If a significant amount of time has passed since the original approval was made, such that information may have been substantially changed since the original application, then the potential resident may be required to complete a new admission process prior to being admitted to the facility.

In the event the potential resident is not appropriate for residency, the facility will contact the referral source and/or individual to inform them of the determination.

The prospective resident will be given a copy of the facilities description of services, payment options, resident’s rights, and all other applicable policies and all questions regarding residency, services and rates for services will be answered prior to or before completion of signing the admission agreement.

If the potential resident/responsible party/resident representative has not previously provided the following documents, the facility shall obtain the following on the date of admission:

1. Driver’s License or State Identification Card



Policies and Standard Procedures

Subject: Resident Admission Policy			Policy #: N
Category: BUSINESS DEVELOPMENT			Reviewed:
Approval: V.P. Sales	Effective: 3/1/2017	Revised: 10.5.20	Page: 4 of 5

2. Social Security Card
3. Medicare or other insurance card
4. Social Security Administration assignment of benefits form
5. A copy of any Advance Directives that have been executed
6. Any other documents applicable to the admission

Procedure:

- I. Referral Process
 - A. Central Intake and the facility are notified of referral for potential admission and a Central Intake Representative or Admission Director or designee enters referral into the CRM in PCC, including all demographic information.
 - B. Central Intake Representative or Admission Director or designee verifies primary and secondary payers. Medicare and Medicaid eligibility reports are run for all admissions. Financial Preadmission Screen is completed with insurance information obtained.
 1. See Payer Source Verification Process
 - C. Central Intake Representative or Admission Director or designee will complete the sex offender register for each referral.
 1. In the event the referral is a registered sex offender, further review will be completed and a final determination made by the Executive Director and the Regional Director of Operations or DVP of Operations or divisional designee.
 2. For each admission, the Admission Director or designee will complete the sex offender log.



Policies and Standard Procedures

Subject: Resident Admission Policy			Policy #: N
Category: BUSINESS DEVELOPMENT			Reviewed:
Approval: V.P. Sales	Effective: 3/1/2017	Revised: 10.5.20	Page: 5 of 5

- D. In the event the referral is approved for admission to the facility, divisional pre cert nurse or designee obtains precertification if required by insurance plan(s) and completes the managed care benefits worksheet in PCC.
- E. The Liaison is responsible to complete the Clinical Onboarding Form and COVID Screen. They are responsible to upload the form under the Misc. tab in the CRM in PCC. The Admission Director is responsible for making sure the PASRR has been received and has been uploaded into PCC, and if needed the Level of Care has been received prior to the patient admitting. They are to work closely with the Liaison (if applicable) to obtain proper PASRR and LOC documents.
- F. After the facility is notified the referral is admitting, the Admissions Director or designee notifies facility team of admission using the PCC Admission Notification Form and communicates in the Clinical Communication portion in PCC.
- G. Pre Cert Nurse or Case Management designee notifies insurance of resident’s admission to the facility if required by resident’s insurance plan.
- H. Admissions Director or designee uploads insurance card copies, any legal or representative documentation, and ensures Onboarding Form is in the Documents tab in PCC upon resident’s admission to facility.
- I. Admissions Director or Manager on Duty or designee meets with resident/resident representative to complete and sign all admission paperwork within 48 hours of resident’s admission. If the resident is not able to sign or has a guardian, the resident representative or guardian must sign on behalf of the resident.
- J. Executive Director signs off on completed admission packet within 48 hours of resident’s admission.

EXHIBIT F

Care Management Strategies:

Initial Care Management Strategies Meeting:

Process:

It is the process of all Communicare facilities to schedule and complete an initial Care Management Strategies Meeting within 7 days of admission or re-admission regardless of assigned payer.

Procedure:

The meeting will be facilitated by the Social Service Director, RAC or person designated by Executive Director. It is the responsibility of the Executive Director to ensure that the meeting occurs according to the guidelines. The Care Management Strategies UDA will be completed electronically by the Resident Assessment Coordinator during the meeting. Once completed, the UDA will be printed out for the resident and family/designee to sign. Once signed, the UDA will be uploaded into documents. Additional in person transition or discharge planning meetings will be scheduled as necessary for residents with non-skilled payers.

Required Attendees:

Executive Director
 Director of Nursing
 Manager – as needed ADON/Unit Managers
 Resident Assessment Coordinator
 Therapy Program Director
 Social Services Designee
 Business Office Manager
 Case Manager if applicable

Goals for the meeting:

- ✓ Promote Interdisciplinary collaboration
 - ✓ Develop patient/family goals based on prior level of function/current status and clarify alignment of goals
 - ✓ Identify initial anticipated length of stay and duration of care goals
 - ✓ Formulate and coordinate the plan to transition to the next level of care
 - ✓ Provide follow-up education related to diagnoses and discharge plan
 - ✓ Update Special Instructions ribbon in PCC to increase communication regarding the resident's current skilled needs
- During the meeting the IDT will discuss with the patient/family:
 - Current ADL status including Rehabilitative or transition goal
 - Anticipated duration of care
 - Specific barriers to discharge
 - Patient specific teaching and/or nursing needs
 - Clinical goals
 - Any needed equipment and services for discharge
 - Any additional concerns or questions offered by the patient/family



- Note: Additional meetings with other departments may be scheduled as necessary (Examples: Nutritional services, recreational services, dental needs, etc)
- Anticipated length of stay/duration of care

Weekly Care Management Meeting:

Process:

It is the process of all Communicare facilities to complete a Weekly Care Management Meeting on all skilled residents as a follow up to the initial care management strategies meeting.

Procedure:

The meeting will be facilitated by the Social Service Director, RAC or person designated by Executive Director. It is the responsibility of the Executive Director to ensure that the meeting occurs according to the guidelines. The Weekly Care Management Meeting UDA will be completed electronically during the meeting.

Recommended Attendees:

- Executive Director
- Director of Nursing
- Manager – as needed ADON/Unit Managers
- Resident Assessment Coordinator
- Therapy Program Director
- Social Services Designee
- Business Office Manager
- Case Manager if applicable

- IDT meets as a team to review:
 - Progress towards rehabilitative or transition goal
 - Anticipated duration of care
 - Problem solving related to specific barriers to discharge
 - Progress towards patient specific teaching and/or nursing needs
 - Stability &/or progress in meeting clinical goals
 - Any needed equipment and services for discharge
 - Refer to Home Health
 - Any additional concerns or questions offered by the patient/family
 - Identify the need for additional in person patient/family meetings, home evaluations as well as referrals to outside agencies during daily/weekly discussions.
 - Cut letters as applicable

- Additional in person transition or discharge planning meetings will be scheduled as necessary

Procedure:

The meeting will be facilitated by the Social Services Director, RAC, or person designated by the Executive Director. It is the responsibility of the Executive Director to ensure that the meeting is completed weekly according to the guidelines.

Therapy Program Director or designee:

- ✓ Discuss the current status, goals, anticipated discharge date, home evaluation (if indicated) and the possible transition to restorative nursing or other clinical services.
- ✓ Discuss post transition/discharge therapy and equipment needs

Resident Assessment Coordinator:

- ✓ Review ADL status
- ✓ Review Nursing skilled Service
- ✓ Provide information regarding benefit days remaining
- ✓ Identify & communicate with other departments if other issues or concerns need to be addressed (Ex: Nutrition Services, Recreation)
- ✓ Update Special Instructions ribbon in PCC to increase communication regarding the resident's current skilled needs

Social Services Designee:

- ✓ Report any psychosocial concerns that may affect transitions of care
- ✓ Discuss discharge process and plan and need for after-care community services and equipment

Director of Nursing (DON) or designee:

- ✓ Address patient and/or caregiver goals
- ✓ Review resident education needs, equipment &/or services that need to be resolved for transition to appropriate level of care.
- ✓ Ensure Drug Regimen Review completion
- ✓ Review discharge plan with primary care physician

Business Office Manager or designee:

- ✓ Secondary payer information
- ✓ If long term placement, payer post skilled stay

EXHIBIT G



ME FIRST RESPITE & HOME CARE

"CARING is what we do"

Hi Ms. M-

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.mefirstrespiteware.com
info@mefirstrespiteware.com

The greatest compliment a business can receive is a referral

Currently 3589 Homeless Shelters and Social Services.



HOMELESSHELTERDIRECTORY

Helping The Needy of America



Home > Maryland > Seat Pleasant > Community Ministry of PG County Warm Nights Shelter

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

Contact information

Click to see address

Seat Pleasant, MD 20743

: 301-499-2319

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- My Business
- My Family
- Courts
- About PGC

My Prince George's County: Social Services

Social Services > Services > Community Services > Emergency Shelter

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 order to 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. The Hotline provides emergency answering and referral for the homeless 24 hours a day, 365 days a year. Individuals can call the **Homeless Hotline** directly. Please be aware there is no waiting list and referrals are made on a first come, first served basis. 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 have an 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 who will learn about your strengths so they can help you. All the communication you have with them will be written and all information will be kept confidential unless you sign a "Consent to Release Information Form." Staff will make sure you follow the 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 goals
- 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 goals
- 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 addiction
- Participate in psychological assessments to see if you need care and treatment for emotional or mental health issues
- 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 develop a plan 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 services to meet your 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 temporary case manager or shelter Director for an "Appeal or Grievance Form". However, the shelter does not have to extend your stay on your appeal is made. You also have the right to appeal any decisions by the shelter to deny you benefits or services on the basis of 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 you to provide correct information and documentation needed to help you move to economic independence. Willfully making false or important information will affect the outcome of the service plan and goals you establish with the shelter. You were not in trouble. Your dealings with case managers and shelter staff need to be based on a foundation of honesty. Interpretation Services are available for Non-English Speaking customers. Please contact one of the Local Office

- 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

Emergency Shelter

- 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
-
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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



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>.

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<https://health.maryland.gov/mmcp/waiverprograms/Pages/Home.aspx>.

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[WWW.INNOW.ORG/MFP](http://www.innow.org/mfp) [f @INNOWORG](https://www.facebook.com/innoworg) [t @INNOWORG](https://www.instagram.com/innoworg) [i @INDEPENDENCENOW](https://www.instagram.com/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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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, Suite 1	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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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

Listing of Ancillary Network Providers

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 Metzertott 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 Metzertott 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

Listing of Ancillary Network Providers

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 H

TABLE I. Scheduled Staff for Typical Work Week

<i>as required by COMAR 10.07.02.12</i>									
Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	Day	Evening	Night	Total		Day	Evening	Night	Total
Registered Nurses	320	157	128	605		24	72	72	168
L. P. N. s	560	320	168	1048		160	128	56	344
Aides	675	592.5	525	1792.5		226	232.5	165	623.5
C. N. A.s	67.5	45	0	112.5		37.5			37.5
Medicine Aides	30	52.5	0	82.5					
Total				3640.5					1173
Licensed Beds currently				267		Current			267
Hours of Bedside Care per Licensed Bed per Day				13.63		Licensed Bed Per Day			4.39
Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	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				3.16		per Licensed Bed Per Day			3.16

EXHIBIT I

CON TABLE PACKAGE FOR NURSING HOME (CCFs) APPLICATIONS

Name of Applicant: Ft. Washington Health Care Center

Date of Submission:

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.

<u>Table</u>	<u>Table Title</u>	<u>Instructions</u>
Table A	Bed and Room Inventory	All Comprehensive Care facility applicants must complete Table A regardless of the project type and scope.
Table B	Construction and Renovation Square Footage	All applicants proposing new construction or renovation must complete Table B.
Table C	Project Budget	All applicants, regardless of project type or scope, must complete Table C.
Table D	Utilization - Entire Facility	Existing facility applicants must complete Table D. All applicants who complete this table must also complete Table F.
Table E	Utilization - New Facility or Service	Applicants who propose to: establish a new facility; a new service; or are directed by MHCC staff must complete Table E. All applicants who complete this table must also complete Table G.
Table F	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table F. The projected revenues and expenses in Table F should be consistent with the volume projections in Table D.
Table G	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to: establish a new facility; a new service and any other applicant who completes a Table D must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table E.
Table H	Workforce	All applicants, regardless of project type or scope, must complete Table H.
Table I	Bedside Care Staffing	All applicants, regardless of project type or scope, must complete Table I.

TABLE A. BED CAPACITY BY FLOOR AND NURSING UNIT BEFORE AND AFTER PROJECT

INSTRUCTION: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project. Applicants should add columns and

Ft. Washington Health Care Center															
Before the Project								After Project Completion							
Service Location	Current Licensed Beds	Based on Physical Capacity						Physical Bed Capacity	Based on Physical Capacity						Physical Bed Capacity
		Room Count					Total Rooms		Service Location (Floor/Wing)	Room Count				Total Rooms	
		Private	Semi-Private	Triple	Quad	Private				Semi-Private	Triple	Quad			
COMPREHENSIVE CARE								COMPREHENSIVE CARE							
1 North	26	2	8	0	2	12	26	1 North	2	12	0	0	14	26	
1 South	24	0	8	0	2	10	24	1 South	0	12	0	0	12	24	
2 North	26	2	8	0	2	12	26	2 North	4	10	0	0	14	24	
2 South	24	0	8	0	2	10	24	2 South	0	12	0	0	12	24	
3 North	26	2	8	0	2	12	26	3 North	4	10	0	0	14	24	
3 South	24	0	8	0	2	10	24	3 South	0	12	0	0	12	24	
								Addition floor 1	5	10	0	0	15	25	
								Addition floor 2	5	10	0	0	16	25	
SUBTOTAL	150	6	48	0	12	66	150	SUBTOTAL	20	88	0	0	109	196	
FACILITY TOTAL	150	6	48	0	12	66	150	FACILITY TOTAL	20	88	0	0	109	196	

TABLE B. PROPOSED NEW CONSTRUCTION AND RENOVATION SQUARE FOOTAGE

INSTRUCTION: Account for all existing and proposed square footage by floor. Further breakdown by nursing unit and building wing are at Applicants discretion and should be used by applicants if it adds valuable information to the description of the existing and proposed facilities. Add or delete rows if necessary.

Gross Square Footage by Floor/Nursing Unit/Wing	DEPARTMENTAL GROSS SQUARE FEET				Total After Project Completion
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	
Basement			-		
Unassigned Space		1,133		0	1,133
Kitchen	2,210			2,210	2,210
Staff support	620	526		620	1,146
Laundry	742			742	742
Rehab Area	874			874	874
Administration	1,000			1,000	1,000
Building Support -HK,IT,MEP	2,991			2,991	2,991
Circulation	3,049	1,467		3,049	4,516
Building Structure	1,575	476		1,575	2,051
First Floor Totals	13,061	3,602	0	13,061	16,663
First Level					
Resident Rooms with toilets	5,985	4,190	2,007	3,978	10,175
Dining area	645	466	497	148	1,111
Activities area	171	730	171	0	901
Multi purpose Room		0		0	0
Nursing support areas	669	853		669	1,522
Resident Bathing	417	279		417	696
Rehab Area		1,741		0	1,741
Kitchen		0		0	0
Staff support		0		0	0
Laundry		0		0	0
Toilets		89	42	0	131
Administration	481	231	395	86	712
Building Support -HK,IT,MEP		275		0	275
Lobby/Waiting		1,097		0	1,097
Circulation	2,851	3,595		2,851	6,446
Building Structure	1,839	1,784	24	1,773	3,581
First Level Totals	13,058	15,330	3,136	9,922	28,388
Second Level					
Resident Rooms with toilets	5,989	4,871	2,010	3,979	10,860
Dining area	480	659	360	120	1,139
Activities area	880	567	880		1,447
Multi purpose Room	0				0
Nursing support areas	788	1,260		788	2,048
Resident Bathing	417	298		417	715
Rehab area	0				0
Toilets	0	89			89
Administration	785	577		785	1,362
Lobby/Waiting	0				0
Circulation	3,192	3,276	205	2,987	6,468
Building Support -HK,IT,MEP	0	275			275
Building Structure	1,826	1,616		2,765	4,381
Second Level Totals	14,357	13,488	3,455	11,841	28,784
Third Level					
Resident Rooms with toilets	5,974		2,005	3,969	5,974
Dining area	1,773			1,773	1,773
Activities area	0				0
Multi purpose Room	0				0
Nursing support areas	840			840	840
Resident Bathing	417			417	417
Rehab area	543			543	543
Toilets	0				0
Administration	86			86	86
Lobby/Waiting	0				0
Circulation	3,014			3,014	3,014
Building Support -HK,IT,MEP	0				0
Building Structure	1,710			1,825	1,825
Third Level Totals	14,357	0	2,005	12,467	14,472
Total	54,833	32,420	8,596	47,291	88,307

TABLE C. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than CCF such as assisted living explain the allocation of costs between the CCF and the other service(s). NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

	CCF Nursing Home	Other Service Areas	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$9,985,768		\$9,985,768
(2) Fixed Equipment	\$499,288		\$499,288
(3) Site and Infrastructure	\$1,850,000		\$1,850,000
(4) Architect/Engineering Fees (includes	\$711,360		\$711,360
(5) Permits (Building, Utilities, Etc.)	\$112,000		\$112,000
SUBTOTAL New Construction	\$13,158,416	\$0	\$13,158,416
b. Renovations			
(1) Building	\$393,750		\$393,750
(2) Fixed Equipment (not included in construction)	\$19,688		\$19,688
(3) Architect/Engineering Fees	\$177,840		\$177,840
(4) Permits (Building, Utilities, Etc.)	\$28,000		\$28,000
SUBTOTAL Renovations	\$619,278	\$0	\$619,278
c. Other Capital Costs			
(1) Movable Equipment	\$688,885		\$688,885
(2) Contingency Allowance	\$2,755,539		\$2,755,539
(3) Gross interest during construction period 4.5%	\$326,955		\$326,955
(4) Other (Specify/add rows if needed)			\$0
SUBTOTAL Other Capital Costs	\$3,771,378	\$0	\$3,771,378
TOTAL CURRENT CAPITAL COSTS	\$17,549,072	\$0	\$17,549,072
d. Land Purchased/Donated	\$0		
e. Inflation Allowance	\$263,236		\$263,236
TOTAL CAPITAL COSTS	\$17,812,308	\$0	\$17,812,308
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$214,000		\$214,000
b. Bond Discount	\$0		\$0
c. CON Application Assistance			
c1. Legal Fees	\$40,000		\$40,000
c2. Other (Specify/add rows if needed)	\$27,000		\$27,000
d. Non-CON Consulting Fees			
d1. Legal Fees	\$0		\$0
d2. Other (Specify/add rows if needed)	\$5,000		\$5,000
e. Debt Service Reserve Fund	\$0		\$0
f. Other (Specify/add rows if needed)	\$0		\$0
SUBTOTAL	\$286,000	\$0	\$286,000
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$18,098,308	\$0	\$18,098,308
B. Sources of Funds			
1. Cash	\$4,349,752		\$4,349,752
2. Philanthropy (to date and expected)	\$0		\$0
3. Authorized Bonds	\$0		\$0
4. Interest Income from bond proceeds listed in #3	\$0		\$0
5. Mortgage	\$14,478,646		\$14,478,646
6. Working Capital Loans			\$0
7. Grants or Appropriations			
a. Federal	\$0		\$0
b. State	\$0		\$0
c. Local	\$0		\$0
8. Other (Specify/add rows if needed)			\$0
TOTAL SOURCES OF FUNDS	\$18,828,398		\$18,828,398
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

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.

Indicate CY or FY	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.								
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028				
1. REVENUE												
a. Inpatient Services	\$ 16,748,703	\$ 18,000,038	\$ 18,687,536	\$ 19,061,287	\$ 19,442,513	\$ 21,702,712	\$ 24,782,061	\$ 25,645,779				
b. Outpatient Services	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -				
Gross Patient Service Revenues	\$ 16,748,703	\$ 18,000,038	\$ 18,687,536	\$ 19,061,287	\$ 19,442,513	\$ 21,702,712	\$ 24,782,061	\$ 25,645,779	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 141,096	\$ 231,236	\$ 272,411	\$ 285,919	\$ 291,638	\$ 325,541	\$ 371,731	\$ 384,611				
d. Contractual Allowance	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -				
e. Charity Care	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -				
Net Patient Services Revenue	\$ 16,607,607	\$ 17,768,802	\$ 18,415,125	\$ 18,775,368	\$ 19,150,875	\$ 21,377,172	\$ 24,410,330	\$ 25,261,168	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify/add rows if needed)	\$ (345,363)	\$ 459,378	\$ -			\$ -	\$ -	\$ -				
NET OPERATING REVENUE	\$ 16,262,244	\$ 18,228,180	\$ 18,415,125	\$ 18,775,368	\$ 19,150,875	\$ 21,377,172	\$ 24,410,330	\$ 25,261,168	\$ -	\$ -	\$ -	\$ -
2. EXPENSES												
a. Salaries & Wages (including benefits)	\$ 7,042,658	\$ 6,895,403	\$ 7,042,847	\$ 7,116,797	\$ 7,191,523	\$ 10,172,583	\$ 10,579,487	\$ 11,219,968				
b. Contractual Services	\$ 479,312	\$ 2,332,780	\$ 1,700,288	\$ 1,700,288	\$ 1,700,288	\$ -	\$ -	\$ -				
c. Interest on Current Debt	\$ -	\$ -	\$ -									
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ 98,086	\$ 228,868	\$ 326,955	\$ 326,955	\$ 326,955				
e. Current Depreciation	\$ 236,093	\$ 150,767	\$ 149,602	\$ 151,172	\$ 152,760	\$ 689,760	\$ 689,760	\$ 689,760				
f. Project Depreciation	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -				
g. Current Amortization	\$ 1,054	\$ 43,610	\$ -			\$ 1,054	\$ 1,054	\$ 1,054				
h. Project Amortization	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -				
i. Supplies	\$ 1,953,454	\$ 2,855,441	\$ 3,136,133	\$ 3,169,063	\$ 3,202,338	\$ 3,330,431	\$ 3,463,649	\$ 3,602,195				
j. Utilities	\$ 231,069	\$ 174,712	\$ 238,000	\$ 240,499	\$ 243,024	\$ 252,745	\$ 262,855	\$ 273,369				
k. Other Ancillaries	\$ 1,039,416	\$ 776,128	\$ 890,092	\$ 899,438	\$ 908,882	\$ 972,724	\$ 1,110,523	\$ 1,149,227				
l. Corporate Expense	\$ 2,072,431	\$ 2,703,025	\$ 3,027,155	\$ 3,058,940	\$ 3,091,059	\$ 3,111,534	\$ 3,257,086	\$ 3,291,634				
m. Cost of Ownership	\$ 950,400	\$ 944,064	\$ 1,839,636	\$ 1,839,636	\$ 1,858,952	\$ 1,858,952	\$ 1,858,952	\$ 1,858,952				
TOTAL OPERATING EXPENSES	\$ 14,005,887	\$ 16,875,930	\$ 18,023,753	\$ 18,273,919	\$ 18,577,694	\$ 20,716,739	\$ 21,550,320	\$ 22,413,114	\$ -	\$ -	\$ -	\$ -
3. INCOME												
a. Income From Operation	\$ 2,256,357	\$ 1,352,250	\$ 391,373	\$ 501,448	\$ 573,181	\$ 660,433	\$ 2,860,010	\$ 2,848,054	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income												
SUBTOTAL	\$ 2,256,357	\$ 1,352,250	\$ 391,373	\$ 501,448	\$ 573,181	\$ 660,433	\$ 2,860,010	\$ 2,848,054	\$ -	\$ -	\$ -	\$ -
c. Income Taxes												
NET INCOME (LOSS)	\$ 2,256,357	\$ 1,352,250	\$ 391,373	\$ 501,448	\$ 573,181	\$ 660,433	\$ 2,860,010	\$ 2,848,054	\$ -	\$ -	\$ -	\$ -
4. PATIENT MIX												
a. Percent of Total Revenue												
1) Medicare	25.8%	21.1%	21.6%	21.6%	21.6%	21.6%	21.6%	21.6%	21.6%			
2) Medicaid	51.6%	54.2%	51.6%	51.6%	51.6%	51.6%	51.6%	51.6%	51.6%			
3) Blue Cross												
4) Commercial Insurance	12.7%	12.4%	10.6%	10.6%	10.6%	10.6%	10.6%	10.6%	10.6%			
5) Self-pay	-0.5%	0.8%	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%			
6) Other	10.4%	11.6%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%			
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
b. Percent of Inpatient Days												
1) Medicare	14.8%	12.4%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%			
2) Medicaid	64.6%	65.1%	61.5%	61.5%	61.5%	61.5%	61.5%	61.5%	61.5%			
3) Blue Cross												
4) Commercial Insurance	19.0%	20.9%	24.5%	24.5%	24.5%	24.5%	24.5%	24.5%	24.5%			
5) Self-pay	-0.6%	0.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%			
6) Other	2.2%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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.

Job Category	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 DOLLARS) *	
	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 submitted)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Administrative Nursing	4.0	\$107,441	\$429,764	0.0	\$107,441	\$0			\$0	4.0	\$429,764
Therapy Manager	1.0	\$99,840	\$99,840	0.0	\$99,840	\$0			\$0	1.0	\$99,840
Business Office Manager	1.0	\$70,398	\$70,398	0.0	\$70,398	\$0			\$0	1.0	\$70,398
Admissions Director	1.0	\$77,184	\$77,184	0.0	\$77,184	\$0			\$0	1.0	\$77,184
Administrative Culinary	2.0	\$77,880	\$155,760	0.0	\$77,880	\$0			\$0	2.0	\$155,760
Total Administration	9.0		\$832,946	0.0	432,743.0	\$432,743	0.0	0.0	\$0	9.0	\$1,265,689
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
RN	11.0	\$84,200	\$926,200	8.0	\$84,200	\$673,600			\$0	19.0	\$1,599,800
LPN	14.0	\$72,301	\$1,012,211	12.0	\$72,301	\$867,610			\$0	26.0	\$1,879,821
C.N.A	47.0	\$42,245	\$1,985,506	16.0	\$42,245	\$675,917			\$0	63.0	\$2,661,422
Occupational Therapist	1.5	\$97,760	\$146,640	1.5	\$97,760	\$146,640			\$0	3.0	\$293,280
Physical Therapist	2.5	\$99,466	\$248,664	1.5	\$99,466	\$149,198			\$0	4.0	\$397,862
Speech Pathologist	1.0	\$98,738	\$98,738	1.5	\$98,738	\$148,106			\$0	2.5	\$246,844
Therapy Assistant	3.5	\$79,040	\$276,640	3.0	\$79,040	\$237,120			\$0	6.5	\$513,760
Total Direct Care	80.5		4,694,598.4	43.5		\$0	0.0	0.0	\$0	124.0	\$7,592,790
<i>Support Staff (List general categories, add rows if needed)</i>											
Maintenance	1.0	\$66,040	\$66,040	1.0	\$66,040	\$66,040			\$0	2.0	\$132,080
Culinary	18.0	\$29,952	\$539,136	4.0	\$29,952	\$119,808			\$0	22.0	\$658,944
Receptionist	4.0	\$38,168	\$152,672	0.0	\$38,168	\$0			\$0	4.0	\$152,672

Social Services	3.0	\$72,800	\$218,400	4.0	\$72,800	\$291,200			\$0	7.0	\$509,600
Business Office	1.0	\$59,696	\$59,696	0.0	\$59,696	\$0			\$0	1.0	\$59,696
Nursing Staff Scheduler	1.0	\$43,680	\$43,680	1.0	\$43,680	\$43,680			\$0	2.0	\$87,360
Activities Staff	2.0	\$82,400	\$164,800	2.0	\$82,400	\$164,800			\$0	4.0	\$329,600
Total Support	30.0		\$1,244,424	12.0		\$685,528	0.0	0.0	\$0	42.0	\$1,929,952
REGULAR EMPLOYEES TOTAL	119.5	0.0	\$6,771,968	55.5	432,743.0	\$1,118,271	0.0	0.0	\$0	175.0	\$10,788,431

2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
			\$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	\$0			\$0	0.0	\$0
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
LPN	8.0	\$91,099	\$728,792	-8.0	\$91,099	-\$728,792			\$0	0.0	\$0
RN	5.0	\$106,092	\$530,460	-5.0	\$106,092	-\$530,460			\$0	0.0	\$0
C.N.A	8.0	\$55,129	\$441,036	-8.0	\$55,129	-\$441,036			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff	21.0	\$252,320	\$1,700,288	-\$21	\$252,320	-\$1,700,288			\$0	0.0	\$0
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$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	\$0			\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TO	21.0	\$252,320	\$1,700,288	-\$21	\$252,320	-\$1,700,288			\$0	0.0	\$0
Benefits (State method of calculating benefits below):			270,878.7			44,730.8					431,537.2
TOTAL COST	140.5		\$8,743,135	34.5		-\$537,286	0.0		\$0		\$11,219,968

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								
Staff Category	Weekday Hours Per Day				Weekend Hours Per Day			
	Day	Evening	Night	Total	Day	Evening	Night	Total
Registered Nurses	72	24	24	120	32	24	24	80
L. P. N. s	56	56	40	152	56	56	40	152
Aides								
C. N. A.s	127.5	127.5	105	360	127.5	127.5	105	360
Medicine Aides								
Total				632				592
Licensed Beds at Project Completion				196	Licensed Beds at Project Completion			196
Hours of Bedside Care per Licensed Bed per Day				3.22	Hours of Bedside Care per Licensed Bed Per Day			3.02
Staff Category	Weekday Hours Per Day				Weekend Hours Per Day			
	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				3.22	Total Hours of Bedside Care per Licensed Bed Per Day			3.22

TABLE J. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, 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	<input type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories	2.5	3

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Lower Level	3,602	0
First Floor	15,330	3,136
Second Floor	13,488	3,455
Third Floor	0	2,005
Fourth Floor	na	na
Average Square Feet	8,105	2,149
Perimeter in Linear Feet	Linear Feet	
Lower Level	287	0
First Floor	816	668
Second Floor	722	750
Third Floor	0	750
Fourth Floor	na	na
Total Linear Feet	1,825	2,168
Average Linear Feet	456	542
Wall Height (floor to eaves)	Feet	
Lower Level	10	11
First Floor	10	10
Second Floor	10	10
Third Floor	10	10
Fourth Floor	na	na
Average Wall Height	10	10
OTHER COMPONENTS		
Elevators	List Number	
Passenger	1	1
Freight	0	1
Sprinklers	Square Feet Covered	
Wet System	yes	yes
Dry System	no	yes
Other	Describe Type	
Type of HVAC System for proposed project	Resident Rooms: Ptac units w/OA capabilities. Core areas: central rooftop AHU	
Type of Exterior Walls for proposed project	Brick over insulated sheathing/waterscreen, insulated metal stud backup	

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

<i>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.</i>		
	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	\$1,093,000	
Utilities from Structure to Lot Line	\$60,000	
Subtotal included in Marshall Valuation Costs	\$97,000	
Site Demolition Costs	\$36,000	
Storm Drains	\$300,000	
Rough Grading	\$60,000	
Hillside Foundation	\$0	
Paving	\$37,000	
Exterior Signs	\$30,000	
Landscaping	\$54,000	
Walls	\$0	
Yard Lighting	\$60,000	
Other <i>(Specify/add rows if needed)</i>	\$0	
Subtotal On-Site excluded from Marshall Valuation Costs	\$577,000	
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees	\$180,000	
Other <i>(Specify/add rows if needed)</i>		
Subtotal Off-Site excluded from Marshall Valuation Costs	\$180,000	
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$757,000	
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$1,850,000	

*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.

EXHIBIT J



August 17, 2023

Ms. Wynee Hawk, Director
Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Re: CommuniCare Health Services: Request for Certificate of
Need Exemption for Merger and Consolidation of Services:
Fort Washington Healthcare Center and Clinton Healthcare
Center

Dear Ms. Hawk:

We are independent accountants for CommuniCare Health Services (“CHS”) which has an affiliated relationships with Maryland nursing homes two of which are Fort Washington Healthcare Center (“FWHC”) and Clinton Healthcare Center (“CHC”), both located in Prince George’s County. We have no financial interest in CHS, including any of its affiliates.

We are aware that CHS is considered a merged asset system under the Maryland certificate of need (“CON”) rules and that, as such, CHS has applied to the Maryland Health Care Commission for an exemption from CON requirements pertaining to the merger and consolidation of nursing home beds that would eliminate all three and four bedded rooms at the two nursing homes along with other improvements.

We can advise you that we are knowledgeable about CHS finances as well as the capital project budgets, and revenue and expense tables submitted by CHS for each of FWHC and CHC as part of its exemption request. We can advise you that CHS has (a) sufficient funds or financial resources to support the \$4.4 million in cash equity for the proposed FWHC budget and (b) sufficient funds or financial resources to support the \$225,107 in cash equity for the proposed CHC budget.

Sincerely,

Wade E. Hill

cc: Charles Stoltz, Treasurer, CHS (sent electronically)
Howard L. Sollins, Esq. (sent electronically)

EXHIBIT K

CON TABLE PACKAGE FOR NURSING HOME (CCFs) APPLICATIONS

Name of Applicant: _____

Date of Submission: _____

***Applicants should follow additional instructions included at the top of each of the following worksheets.
Please ensure all green fields (see above) are filled.***

<u>Table</u>	<u>Table Title</u>	<u>Instructions</u>
Table A	Bed and Room Inventory	All Comprehensive Care facility applicants must complete Table A regardless of the project type and scope.
Table B	Construction and Renovation Square Footage	All applicants proposing new construction or renovation must complete Table B.
Table C	Project Budget	All applicants, regardless of project type or scope, must complete Table C.
Table D	Utilization - Entire Facility	Existing facility applicants must complete Table D. All applicants who complete this table must also complete Table F.
Table E	Utilization - New Facility or Service	Applicants who propose to: establish a new facility; a new service; or are directed by MHCC staff must complete Table E. All applicants who complete this table must also complete Table G.
Table F	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table F. The projected revenues and expenses in Table F should be consistent with the volume projections in Table D.
Table G	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to: establish a new facility; a new service and any other applicant who completes a Table D must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table E.
Table H	Workforce	All applicants, regardless of project type or scope, must complete Table H.
Table I	Bedside Care Staffing	All applicants, regardless of project type or scope, must complete Table I.

TABLE A. BED CAPACITY BY FLOOR AND NURSING UNIT BEFORE AND AFTER PROJECT

INSTRUCTION: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project. Applicants should add columns and recalculate formulas to address any rooms with 3 and 4 bed capacity.

Before the Project								After Project Completion							
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity						Physical Bed Capacity	Based on Physical Capacity						Physical Bed Capacity
		Room Count					Total Rooms		Room Count					Total Rooms	
		Private	Semi-Private	Triple	Quad	Private			Semi-Private	Triple	Quad				
COMPREHENSIVE CARE								COMPREHENSIVE CARE							
Unit 1 West	40	0	15	0	0	15	30	Unit 1 West	3	12	0	0	15	27	
Unit 2 East	58	2	23	0	0	25	48	Unit 2 East	10	15	0	0	25	40	
Unit 2 West	58	2	23	0	0	25	48	Unit 2 West	18	6	0	0	24	30	
Unit 3 East	59	2	18	6	0	26	56	Unit 3 East	5	20	6	0	25	45	
Unit 3 West	52	2	23	0	0	25	48	Unit 3 West	8	17	0	0	25	42	
SUBTOTAL Comprehensive Care	267	8	102	6	0	116	230	SUBTOTAL	44	70	0	0	114	184	
ASSISTED LIVING								ASSISTED LIVING							
	0	0	0	0	0	0	0		0	0	0	0	0	0	
TOTAL ASSISTED LIVING	0	0	0	0	0	0	0	TOTAL ASSISTED LIVING	0	0	0	0	0	0	
<i>Other (Specify/add rows as needed)</i>						0	0	<i>Other (Specify/add rows as needed)</i>					0	0	
TOTAL OTHER	0	0	0	0	0	0	0	TOTAL OTHER	0	0	0	0	0	0	
FACILITY TOTAL	267	8	102	0	0	116	230	FACILITY TOTAL	44	70	0	0	114	184	

TABLE B. PROPOSED NEW CONSTRUCTION AND RENOVATION SQUARE FOOTAGE

INSTRUCTION: Account for all existing and proposed square footage by floor. Further breakdown by nursing unit and building wing are at Applicants discretion and should be used by applicants if it adds valuable information to the description of the existing and proposed facilities. Add or delete rows if necessary.

Gross Square Footage by Floor/Nursing Unit/Wing	DEPARTMENTAL GROSS SQUARE FEET				Total After Project Completion
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	
1st floor	21,780	0	16,192	5,588	21,780
2nd floor	21,780	0	6,332	15,448	21,780
3rd floor	21,780	0	10,334	11,446	21,780
4th floor	21,780	0	10,334	11,446	21,780
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total	87,120	0	43,192	43,928	87,120

TABLE C. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than CCF such as assisted living explain the allocation of costs between the CCF and the other service(s). NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

	CCF Nursing Home	Other Service Areas	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$0		\$0
(2) Fixed Equipment	\$0		\$0
(3) Site and Infrastructure	\$0		\$0
(4) Architect/Engineering Fees	\$0		\$0
(5) Permits (Building, Utilities, Etc.)	\$0		\$0
SUBTOTAL New Construction	\$0	\$0	\$0
b. Renovations			
(1) Building	\$172,500		\$172,500
(2) Fixed Equipment (not included in construction)	\$0		\$0
(3) Architect/Engineering Fees	\$0		\$0
(4) Permits (Building, Utilities, Etc.)	\$22,607		\$22,607
SUBTOTAL Renovations	\$195,107	\$0	\$195,107
c. Other Capital Costs			
(1) Movable Equipment			\$0
(2) Contingency Allowance			\$0
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
SUBTOTAL Other Capital Costs	\$0	\$0	\$0
TOTAL CURRENT CAPITAL COSTS	\$195,107	\$0	\$195,107
d. Land Purchased/Donated			
e. Inflation Allowance			
TOTAL CAPITAL COSTS	\$195,107	\$0	\$195,107
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$0		\$0
b. Bond Discount	\$0		\$0
c. CON Application Assistance			
c1. Legal Fees	\$10,000		\$10,000
c2. Other (Specify/add rows if needed)	\$15,000		\$15,000
d. Non-CON Consulting Fees			\$0
d1. Legal Fees	\$0		
d2. Other (Specify/add rows if needed)	\$5,000		\$5,000
e. Debt Service Reserve Fund	\$0		\$0
f. Other (Specify/add rows if needed)	\$0		\$0
SUBTOTAL	\$30,000	\$0	\$30,000
3. Working Capital Startup Costs	\$200,000		\$200,000
TOTAL USES OF FUNDS	\$425,107	\$0	\$425,107
B. Sources of Funds			
1. Cash	\$225,107.00		\$225,107
2. Philanthropy (to date and expected)	\$0		\$0
3. Authorized Bonds	\$0		\$0
4. Interest Income from bond proceeds listed in #3	\$0		\$0
5. Mortgage	\$0		\$0
6. Working Capital Loans	\$200,000		\$200,000
7. Grants or Appropriations			
a. Federal	\$0		\$0
b. State	\$0		\$0
c. Local	\$0		\$0
8. Other (Specify/add rows if needed)	\$0		\$0
TOTAL SOURCES OF FUNDS	\$425,107		\$425,107
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

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.						
<i>Indicate CY or FY</i>							
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.

Indicate CY or FY	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.						
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028		
1. REVENUE										
a. Inpatient Services	\$ 27,153,530	\$ 28,206,821	\$ 27,420,107	20,338,419	\$ 20,220,412	\$ 20,827,024	21,451,835	22,095,390		
b. Outpatient Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Gross Patient Service Revenues	\$ 27,153,530	\$ 28,206,821	\$ 27,420,107	\$ 20,338,419	\$ 20,220,412	\$ 20,827,024	\$ 21,451,835	\$ 22,095,390	\$ -	\$ -
c. Allowance For Bad Debt	\$ 261,555	\$ 554,087	\$ 358,591	\$ 305,076	\$ 303,306	\$ 312,405	\$ 321,778	\$ 331,431		
d. Contractual Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
e. Charity Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Net Patient Services Revenue	\$ 26,891,975	\$ 27,652,734	\$ 27,061,515	\$ 20,033,343	\$ 19,917,106	\$ 20,514,619	\$ 21,130,058	\$ 21,763,959	\$ -	\$ -
f. Other Operating Revenues (Specify/add rows if needed)	\$ 475,791	\$ 467,458								
NET OPERATING REVENUE	\$ 27,367,766	\$ 28,120,192	\$ 27,061,515	\$ 20,033,343	\$ 19,917,106	\$ 20,514,619	\$ 21,130,058	\$ 21,763,959	\$ -	\$ -
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 11,206,690	\$ 11,717,477	\$ 12,218,147	8,553,758	\$ 8,895,909	\$ 9,251,745	\$ 9,621,815	\$ 10,370,887		
b. Contractual Services	\$ 21,716	\$ 165,013	\$ 506,666	0	\$ -	\$ -	\$ -	\$ -		
c. Interest on Current Debt	\$ 52,680	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -		
d. Interest on Project Debt	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -		
e. Current Depreciation	\$ 262,661	\$ 226,144	\$ 226,419	226,419	\$ 226,419	\$ 226,419	\$ 226,419	\$ 226,419		
f. Project Depreciation	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -		
g. Current Amortization	\$ -	\$ 49,186	\$ 9,343	9,343	\$ 9,343	\$ 9,343	\$ 9,343	\$ 9,343		
h. Project Amortization	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -		
i. Supplies	\$ 4,651,541	\$ 3,915,877	\$ 5,100,383	2,977,147	\$ 2,897,297	\$ 2,911,783	\$ 2,926,342	\$ 2,940,974		
j. Utilities	\$ 520,769	\$ 475,548	\$ 452,421	306,923	\$ 305,100	\$ 308,151	\$ 311,233	\$ 314,345		
k. Other Ancillaries	\$ 1,444,832	\$ 1,275,775	\$ 1,450,877	855,752	\$ 850,671	\$ 859,178	\$ 867,769	\$ 876,447		
l. Corporate Expense	\$ 4,089,378	\$ 4,824,791	\$ 4,945,256	3,656,108	\$ 3,685,376	\$ 3,722,230	\$ 3,759,452	\$ 3,797,047		
m. Cost of Ownership	\$ 3,115,643	\$ 3,293,764	\$ 3,460,609	2,884,227	\$ 2,959,212	\$ 2,974,008	\$ 2,988,878	\$ 3,018,767		
TOTAL OPERATING EXPENSES	\$ 25,365,910	\$ 25,943,575	\$ 28,370,120	\$ 19,469,677	\$ 19,829,326	\$ 20,262,857	\$ 20,711,251	\$ 21,554,229	\$ -	\$ -
3. INCOME										
a. Income From Operation	\$ 2,001,856	\$ 2,176,617	\$ (1,308,605)	\$ 563,666	\$ 87,780	\$ 251,762	\$ 418,807	\$ 209,731	\$ -	\$ -
b. Non-Operating Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SUBTOTAL	\$ 2,001,856	\$ 2,176,617	\$ (1,308,605)	\$ 563,666	\$ 87,780	\$ 251,762	\$ 418,807	\$ 209,731	\$ -	\$ -
c. Income Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NET INCOME (LOSS)	\$ 2,001,856	\$ 2,176,617	\$ (1,308,605)	\$ 563,666	\$ 87,780	\$ 251,762	\$ 418,807	\$ 209,731	\$ -	\$ -
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	15.2%	10.7%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%		
2) Medicaid	74.7%	75.4%	84.5%	84.5%	84.5%	84.5%	84.5%	84.5%		
3) Blue Cross										
4) Commercial Insurance	8.9%	12.8%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%		
5) Self-pay	1.1%	0.7%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%		
6) Other	0.2%	0.4%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%		
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%
b. Percent of Inpatient Days										
1) Medicare	8.0%	5.7%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%		
2) Medicaid	83.1%	91.0%	94.1%	94.1%	94.1%	94.1%	94.1%	94.1%		
3) Blue Cross										
4) Commercial Insurance	7.6%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%		
5) Self-pay	1.0%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%		
6) Other	0.3%	0.4%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%		
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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.

Job Category	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 DOLLARS)	
	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 submitted)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Administrative Nursing	6.0	\$119,935	\$719,610	-1.0	\$119,935	-\$119,935			\$0	5.0	\$599,675
Administrative Operations	4.0	\$75,310	\$301,238	-1.0	\$75,310	-\$75,310			\$0	3.0	\$225,929
Business Office Manager	2.0	\$80,325	\$160,650	0.0	\$80,325	\$0			\$0	2.0	\$160,650
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	15.0		1,391,294.8	-2.0		-195,244.6	0.0	0.0	0.0	13.0	1,196,050.2
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
RN	10.0	\$83,304	\$833,040	-3.0	\$83,304	-\$249,912			\$0	7.0	\$583,128
LPN	30.0	\$67,080	\$2,012,400	-6.0	\$67,080	-\$402,480			\$0	24.0	\$1,609,920
C.N.A	90.0	\$38,334	\$3,450,096	-20.0	\$38,334	-\$766,688			\$0	70.0	\$2,683,408
Occupational Therapist	1.5	\$96,845	\$145,267	-0.5	\$96,845	-\$48,422			\$0	1.0	\$96,845
Physical Therapist	2.5	\$83,262	\$208,156	-0.5	\$83,262	-\$41,631			\$0	2.0	\$166,525
Speech Pathologist	1.5	\$92,706	\$139,058	-0.5	\$92,706	-\$46,353			\$0	1.0	\$92,706
Therapy Assistant	2.0	\$50,960	\$101,920	-0.5	\$50,960	-\$25,480			\$0	1.5	\$76,440
Total Direct Care	137.5		6,889,937.6	-31.0		-1,580,966.4	0.0	0.0	0.0	106.5	5,308,971.2
<i>Support Staff (List general categories, add rows if needed)</i>											
Maintenance	4.0	\$48,048	\$192,192	0.0	\$48,048	\$0			\$0	4.0	\$192,192
Culinary	23.0	\$35,381	\$813,758	0.0	\$35,381	\$0			\$0	23.0	\$813,758
Receptionist	3.0	\$32,448	\$97,344	0.0	\$32,448	\$0			\$0	3.0	\$97,344
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	5.0	\$446,846	\$2,234,232	0.0	\$446,846	\$0			\$0	5.0	\$2,234,232
Total Support	38.0		3,466,985.6	0.0		0.0	0.0	0.0	0.0	38.0	3,466,985.6
REGULAR EMPLOYEES TOTAL	190.5		11,748,218.0	-33.0		-1,776,211.0	0.0	0.0	0.0	157.5	9,972,007.0
2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
RN	2.1	\$108,295.20	\$222,005	-2.1	\$83,304	-\$170,773			\$0	0.0	\$51,232
LPN	3.0	\$87,204.00	\$257,252	-3.0		\$0			\$0	0.0	\$257,252
C.N.A	0.6	\$49,834.72	\$27,409	-0.6		\$0			\$0	0.0	\$27,409
			\$0			\$0			\$0	0.0	\$0
Total Administration	5.6		\$506,666			-\$170,773			\$0	0.0	\$335,893
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
			\$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	0.0	\$0
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$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	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL	5.6		506,666.1			-170,773.2			0.0	0.0	335,892.9
Benefits (State method of calculating benefits below) : 4% of Gross Wages											
			469,928.7			-71,048.4					398,880.3
TOTAL COST	196.1		\$12,724,813	-33.0		-\$2,018,033	0.0		\$0		\$10,706,780

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									
Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	Day	Evening	Night	Total		Day	Evening	Night	Total
Registered Nurses	16	16	8	40		16	16	8	40
L. P. N. s	48	48	40	136		48	48	40	136
Aides	0	0	0	0		0	0	0	0
C. N. A.s	150	150	97.5	397.5		150	150	97.5	397.5
Medicine Aides	0	0	0	0					
Total				573.5					573.5
Licensed Beds at Project Completion				184		Licensed Beds at Project Completion			184
Hours of Bedside Care per Licensed Bed per Day				3.12		Hours of Bedside Care per Licensed Bed Per Day			3.12
Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	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				3.12		Total Hours of Bedside Care per Licensed Bed Per Day			3.12

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.

BASE BUILDING CHARACTERISTICS	NEW CONSTRUCTION	RENOVATION
	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
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		16,192
Second Floor		6,332
Third Floor		10,334
Fourth Floor		10,334
Average Square Feet		10,798
Perimeter in Linear Feet	Linear Feet	
Basement		692
First Floor		296
Second Floor		478
Third Floor		495
Fourth Floor		1,961
Total Linear Feet		490
Average Linear Feet		
Wall Height (floor to eaves)	Feet	
Basement		
First Floor		8
Second Floor		8
Third Floor		8
Fourth Floor		8
Average Wall Height		
OTHER COMPONENTS		
Elevators	List Number	
Passenger		2
Freight		0
Sprinklers	Square Feet Covered	
Wet System		87,120
Dry System		
Other	Describe Type	
Type of HVAC System for proposed project	n/a	
Type of Exterior Walls for proposed project	n/a	

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

<i>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.</i>		
	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	\$0	\$0
Utilities from Structure to Lot Line	\$0	\$0
Subtotal included in Marshall Valuation Costs	\$0	\$0
Site Demolition Costs	\$0	\$0
Storm Drains	\$0	\$0
Rough Grading	\$0	\$0
Hillside Foundation	\$0	\$0
Paving	\$0	\$0
Exterior Signs	\$0	\$0
Landscaping	\$0	\$0
Walls	\$0	\$38,700
Yard Lighting	\$0	\$0
Other (Specify/add rows if needed)	\$0	\$546,160
Subtotal On-Site excluded from Marshall Valuation Costs	\$0	\$584,860
OFFSITE COSTS		
Roads	\$0	\$0
Utilities	\$0	\$0
Jurisdictional Hook-up Fees	\$0	\$0
Other (Specify/add rows if needed)	\$0	\$0
Subtotal Off-Site excluded from Marshall Valuation Costs	\$0	\$0
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$0	\$584,860
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$0	\$584,860

*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.

EXHIBIT L



August 14, 2023

Maryland Health Care Commission
c/o Ms. Wynne Hawk, RN, JD
Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Ave.
Baltimore, MD 21215

Subject: Fort Washington Healthcare Center, CommuniCare Health Services
Fort Washington, Maryland, Prince Georges County.
Building Addition

Commissioners,

As the Architect, and Principal in Charge of this project I confirm that the improvements and building addition described in our plans for the Fort Washington Health Center will meet the 2022 FGI Guidelines for Design and Construction of Residential Health, Care and Support Facilities including, as well as the current COMAR Codes.

No Renovations to the Clinton Healthcare Center are anticipated, therefore compliance to the 2022 FGI guidelines are not applicable.

Sincerely,

A handwritten signature in blue ink, appearing to be 'R. Whitaker', written over a light blue grid background.

Richard Whitaker, AIA
Principal
E4H Environments for Health, LLC

