

STATE OF MARYLAND



Robert E. Moffit, Ph.D.
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Ben Steffen
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MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

November 22, 2020

VIA E-MAIL

Mr. Yinka Fadiora
Hope Health Systems
1726 Whitehead Road
Woodlawn, Maryland 21207

Re: Application for Certificate of Need to Establish a Freestanding Inpatient Psychiatric Hospital for Children and Adolescents, Matter No. 20-03-2444

Dear Mr. Fadiora:

Commission staff has reviewed the above-referenced application for a Certificate of Need (CON). We have a number of completeness questions which will require a response before we can docket this application; please respond to the following questions and requests for additional information or clarification.

PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. You failed to state the date and state of incorporation (p. 4 of the application). Please provide this information.
2. In Exhibit 8, it appears that the approval of land for the use of a psychiatric hospital has not been finalized. In addition, you provide that the land is currently zoned for “manufacturing-light.” According to Baltimore County zoning classification, such zoning permits “light industrial uses such as assembly plants and processing.” Please document that operating an inpatient psychiatric hospital is an allowed use on this site.

**PART III - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY,
AUTHORIZATION AND RELEASE OF INFORMATION, AND SIGNATURE**

3. Identify the facilities that each of the three owners listed on page 12 were involved with, their role at each one, and the dates of their involvement.
4. Please provide an organization chart for your company showing the relationships between the applicant and the corporate entities.

COMAR 10.24.07, State Health Plan for Facilities and Services: Psychiatric Services

Standard AP 4b

5. You have specified in the drawings that there are separate sleeping and nursing units for each age cohort. Specifically describe the way in which necessary separation of the child and adolescent sections of this unit will be controlled and maintained beyond sleeping areas to include dining area, social areas, and therapy space.

Standard AP 5

6. Describe the efforts you have made to acquire transfer agreements (to and from) with local acute care hospitals.

Standard AP 6

7. Please provide draft copies of the written quality assurance programs, program evaluations, and treatment protocols for child and adolescent psychiatric services.

Standard AP 12c

8. What is the content of the additional training that will be provided to the staff prior to opening the new inpatient hospital program?

Standard AP 13

9. Describe the key facilities, programs, and organizations (“inpatient, outpatient, long-term care, aftercare treatment programs, and alternative treatment programs”) in the service area that will comprise the referral network for discharged child and adolescent psychiatric patients.

Standard AP 14

10. No letter from DHMH was provided; please provide such a letter.

Other Criteria from COMAR 10.24.01.08G

Need

11. As discussed in our application review phone call of November 13, it would be helpful to MHCC staff if you could provide a tighter, more concise explanation of how the data you presented in the various tables in this section weave together into the conclusions you reach.

12. Some of your figures (figure 10, figure 11, and figure 17) are not labeled appropriately and thus the existing or intended service area is not clearly defined throughout your analysis. Please label the defined population in each figure correctly.

13. Many of the tables (you label them “Figures”) in your response to the Need criterion do not cite the source of the information. Please provide citations for each figure.

14. In Figure 13, it shows multiple psychiatric hospitals with occupancy rates well over 100 percent. Please explain exactly how occupancy rates of over 100 percent were calculated and reported.

15. The Need criterion requests the applicant to address “the equipment included in the project, with information that supports the validity of these assumptions.” Per Exhibit 1, Table E you are allocating \$131,250 for fixed equipment under renovations. Please provide what equipment you will be purchasing and why it is needed.

Availability of More Cost-Effective Alternatives

16. The instructions under this criteria ask you to address:

- a) the expansion of existing programs with current providers of acute inpatient psychiatric services to children and adolescents as an alternative as well as,
- b) how HHS believes community based care, using population health measures, can be optimized to provide an alternative to inpatient hospitalizations.

Please examine and answer these two alternatives in your response.

Tables

Table E

17. Please provide more explanation regarding the possible expenditures to be covered by the \$697,134 on line f, described in the assumptions as “additional contingency for miscellaneous items and troubleshooting throughout the start up process.”

Table I

18. Explain why you project an ALOS decrease from 9.2 to 8.3 between 2022 and 2028?

Tables J and K

19. As the instruction on the tables require, please specify the expenses accounted for in line j, "Other Expenses."

Table L

20. What are the job titles of the 2.0 FTE's in Administration?

21. In the text of the application, you state that the facility will employ "Aides," but no such position is listed.

Please submit four copies of the responses to completeness questions and the additional information requested in this letter within ten working day of receipt. Also submit a response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov).

All information supplementing the application must be signed by person(s) available for cross-examination on the facts set forth in the supplementary information, who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

Should you have any questions regarding this matter, feel free to contact me at (410) 764-5982.

Sincerely,



Eric Baker
Program Manager/CON Analyst

cc: Gregory William Branch, M.D., MBA, CPE, FACP, Baltimore County Health Officer
Patricia Nay, M.D., Executive Director, Office of Health Care Quality, MDH
Suellen Wideman, Assistant Attorney General
Jeanne Marie Gawel, Program Manager MHCC