



MARYLAND HEALTH CARE COMMISSION

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

March 4, 2020

VIA Email & U.S. MAIL

Catherine Briggs, Vice President of Operations
Pyramid Healthcare, Inc.
P.O Box 967
Duncansville, PA 16635

**Re: Pyramid-Walden, LLC – Joppa ICF facility
Matter No. 20-12-2440**

Dear Ms. Briggs:

Commission staff has reviewed the application from the Pyramid Walden, LLC for Certificate of Need (CON) approval to establish a 50-bed Track One Level III.7 medically monitored intensive inpatient treatment program in Joppa, Harford County. The total project cost is estimated to be \$5,194,069. Staff is aware that you plan to submit modifications to the original application to increase the number of ASAM level 3.7 and level 3.7WM beds. There are areas in the original application which were found by staff to be incomplete, and, therefore staff requests that you provide responses to the following questions:

Executive Summary

1. The Executive Summary (p.8) states that the facility will have 50 beds licensed at ASAM level 3.7 and 3.7WM and 22 beds licensed at ASAM level 3.5, but also describes it as having 64 beds, 50 for level 3.7 and 14 for level 3.5. Explain this discrepancy.¹

¹ “The proposed project will convert a building formerly used as a Super 8 motel located in Joppa, Harford County, MD into a **64-bed** residential treatment facility. The proposed treatment facility will include fifty **(50) beds** licensed and designated for Withdrawal Management and Medically Monitored Inpatient (Level III.7WM and Level III.7), and an **additional 22 beds** licensed for Clinically Managed High Intensity Residential treatment (Level III.5).”

Sliding Fee Scale

2. What factors will be used to determine an individual's ability to pay? When applying you sliding fee scale, will total gross household income, equity in a primary residence, and a person's net worth be included?

Information Regarding Charges

3. Provide a list of projected services and prices.

Sources of Referral

4. Outline the system Pyramid Walden will use to monitor the amount and proportion of bed days utilized for indigent or gray area patients (i.e., on a daily, monthly, quarterly, etc., basis), and how it will adjust its outreach and admissions process to ensure that 50% or more of its annual bed days are allocated to indigent or gray area patients.

Identification of Bed Need

5. The application documents the need for beds by providing information about turndowns at their current call center. What percentage of overall state need is represented by calls to the Pyramid Walden call center? What percentage of individuals who call into the center and are offered treatment accept and receive care?
6. The application provides data from the Charlotte Hall facility (Exhibit 12) that shows that the facility gets referrals from all over the state. In general, how far are patients willing to travel for care? Does the facility have resources available to help individuals travel from jurisdictions that are more distant? Please amend Exhibit 12 to include the county from which the referrals are made.

Outpatient Alcohol and Drug Programs

7. The application states that an outpatient drug program will be established at the Joppa site. What is the expected date of opening of this program? Does the \$302,141 in projected outpatient revenues on Table F refer to revenues from this new outpatient program on site?

Availability of More Cost Effective Alternatives

8. As required in **COMAR 10.24.01.08G(3)(c)**, describe the planning process that was used to develop the proposed project. This should include a full explanation of the primary goals or objectives of the project or the problem(s) being addressed by the project

Project Budget

9. As discussed in our phone call of March 2, you will be providing a corrected project budget.

Statistical Projections (Table E)

10. In its discussion of need, a length of stay of 14 days was used to validate the need for the 50 beds requested for this project (p. 20). However, in the statistical projections (exhibit 17, Table E), the expected length of stay is only 9.2 days. Explain this discrepancy.

Other

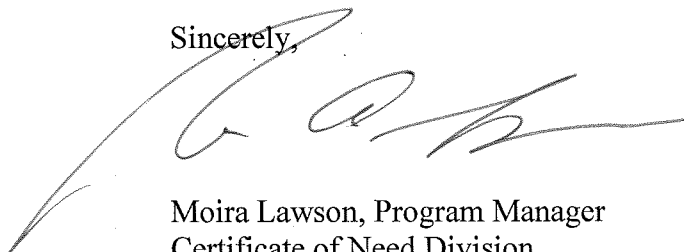
11. The floor plans for the facility contain a dining hall but no kitchen facilities. Has the applicant identified an outside firm to provide meals and if so, what has the applicant projected to be the average daily cost of food per patient? Will the program be using the services of a registered dietician for meal planning?

Staff is aware that a modification of the application is forthcoming, and the applicant is encouraged to include information to the above questions in the new submission. In addition, please submit four copies of the responses to above questions and requests for additional information within ten working days of receipt. Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov). If additional time is needed to prepare a response, please let me know at your earliest convenience.

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

Should you have any questions regarding this matter, please contact me at (410) 764-3261.

Sincerely,



Moira Lawson, Program Manager
Certificate of Need Division

cc: Jonathan Wolf, President Pyramid Healthcare Inc.
Kevin McDonald
Russel Moy, Health Officer, Harford County Health Department