

STATE OF MARYLAND



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MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
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January 21, 2021

VIA E-MAIL AND REGULAR MAIL

Mr. Chris McGee, Vice President of Operations
Meridian Senior Living, LLC
6931 Arlington Road, Suite 320
Bethesda, Maryland 20814

Re: Hillhaven Application for Certificate of
Need to add 16 CCF Beds in Prince
George's County, Maryland
Matter No. 21-16-2447

Dear Mr. McGee:

Upon review of your application Commission staff found that the applicant submitted the incorrect tables package with the application (hospital package instead of CCF package). On January 14, 2021, in an email communication from the CON Chief, Kevin McDonald the location of the correct tables was provided with the following guidance:

In addition, you marked the tables seeking information regarding the "new facility or service" as *not applicable to this proposed project*. That is not correct; the directions say "...complete this table for the new facility or service (the proposed project)." That would be the 16-bed addition. Tables related to "the entire facility" should be responded to including projections for the addition. Tables related to "the new service or facility" should show the incremental impact of the project.

Even as you prepare the replacement tables MHCC staff would like to share the questions it has regarding the application, apart from questions that may follow related to the tables. Those questions follow.

Part 1: PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. In addition to the information provided concerning the owners of the realty, operating, and management companies, please provide a chart showing the organizational structure of the Hillhaven community.
2. Please project the dates on which you expect to apply for state, local, and environmental approvals for the proposed project.
3. Aside from the CCF beds, please describe and enumerate the number of other beds that comprise the Hillhaven community (Assisted Living, Memory Care, Other).
4. Please explain why Exhibit 1 refers to the applicant as *Hillhaven Assisted Living Center*, when the applicant for this CON is not an assisted living facility, but a comprehensive care facility. The chart in Exhibit 1 should use the correct legal name.
5. The owners of the real property and bed rights listed on pp. 4 and 5 show addresses in Bethesda Maryland. This conflicts with the information on Exhibit 1, which shows a Delaware address for all of the parties. Please clarify.
6. Your project description states that 10 of the existing double occupancy rooms will operate as single occupancy after the proposed project completion. You state you will not occupy these 10 beds without proper authorization. What measures will you put in place to show that these 10 beds will not be operationalized without authorization?

THE STATE HEALTH PLAN

Medical Assistance Participation

7. Please provide a copy of Hillhaven's current Medicaid MOU.
8. Upon approval of your CON application the required level of Medicaid participation in Prince George's County 42.2% of patient days. You state that you will meet this standard, but the data presented in Table G shows Hillhaven's proportion of patient days allotted to Medicaid patients has been 26%, 36%, and 39% over the last three calendar years. Considering past performance, please explain the applicant's plan to meet this benchmark going forward.

Community Based Services

9. Please provide evidence of the use of Section Q of the Minimum Data Set (MDS) documenting resident awareness of community-based alternatives to nursing home care. Evidence may include a MDS policy that addresses section Q, a sample copy of a completed section Q (with PHI removed), a copy of a completed MDS transmission (with PHI removed).
10. Please provide a copy of your discharge planning policy as evidence of discharge planning being provided in at least 6-month intervals for the first 24 months of the resident stay in the CCF.
11. Please provide evidence of the facility access given to providers of community-based care. Evidence may include a letter from a community-based partner (or the Ombudsman) documenting access to the facility for the purpose of providing residents information on community-based resources, flyers from resident/family counsel that included community-based services or visitor sign in sheets that show community-based providers visiting the facility.

Appropriate Living Environment

12. Staff finds that there is a discrepancy between the architect's letter (exhibit 7) which refers to 25 private rooms to be added in the expansion while the Project Description in the application requests a 26 private room expansion. Explain the discrepancy.

Specialized Unit Design

13. Please provide a copy of your 24-hour dining menu options and resident activity calendar to demonstrate your resident-centered programs.

Renovation or Replacement of Physical Plant

14. If applicable, please list any current life safety code waivers at the facility.

Collaborative Relationships

15. To successfully respond to this standard, an applicant should document its links with *at least one of EACH of the types of providers mentioned – i.e., hospitals, hospice programs, home health agencies, assisted living providers, Adult Evaluation and Review Services, and adult day care programs*. Such documentation can be by means of letters or contracts. Please see the problems with the documentation staff has enumerated below and remedy the situation.
 - a. Your routine contract with Capital Hospice is not signed, nor is your inpatient contract
 - b. Your palliative care contract is not signed

- c. Your pharmacy contract is not signed and is cut-off
- d. Your diagnostic contract is not signed and is cut-off
- e. Your lab contract is not signed and is cut-off
- f. For radiation services you provided a certificate of insurance liability but no contract
- g. Your Durable Medical Equipment (DME) contract is not signed
- h. Your CareFirst insurance contract is cut-off
- i. There is no contract provided for Respiratory Therapy (not needed per the Standard but you state you would provide)
- j. Some of your contracts (such as transfer agreements) have you named as an Assisted Living-please explain this discrepancy and correct your contracts to have your CCFs correct legal name
- k. Although a contract is not needed, please also document your working relationship with Prince George's County AERS via a letter with your AERS contact or a sample AERS evaluation (PHI removed)

16. Roberts Home Health is listed as your Home Health provider. Roberts is a DME provider, not a provider of Certified Home Health Care, which is what the standard requires. Please provide documentation of your collaboration with Certified Home Health agencies (multiple for patient choice) to facilitate home based care after discharge.

NEED

17. Regarding the Physical Plant, other than your stated need for more private rooms please describe other issues/concerns including age of physical plant if any that are impacting care?

IMPACT

18. You state that “[b]ecause the project will increase effective capacity by more than 16 new beds it will actually have zero impact on operating costs per patient day as illustrated...in Table 12...” Please explain this statement.

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.”

Mr. Chris McGee

January 21, 2021

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Should you have any questions regarding this matter, feel free to contact me at (410) 764-3371. Keep in mind that further questions may arise once we receive the applicant's revised tables package.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Gawel", with a large, decorative flourish at the end.

Jeanne-Marie Gawel
Program Manager, Certificate of Need

cc: Ernest L. Carter, M.D., PhD, Prince George's County Health Officer
Patricia Nay, M.D., Executive Director, Office of Health Care Quality, MDH
Suellen Wideman, Assistant Attorney General
Kevin McDonald, Chief, Certificate of Need
Moirra Lawson, Program Manager MHCC