

STATE OF MARYLAND



Andrew N. Pollak, MD
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EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215

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

September 1, 2021

VIA E-MAIL AND REGULAR MAIL

Robby Stempler, Chief Executive Officer
Hygea Detox, Inc.
400 Redland Court, Suite 102
Owings Mills, Maryland 21117

Re: Hygea Detox Inc.
Establish an Alcoholism and Drug
Treatment Intermediate Care Facility
Matter No. 21-03-2450

Dear Mr. Stempler:

Commission staff has considered your questions regarding our letter of August 11, 2021. Commission staff will still require answers to two of the three questions previously asked to evaluate the application.

Maryland Health Care Commission (MHCC) staff have internally reviewed your concern with respect to the disclosure to MHCC of the financial performance (historic revenue and expense schedules) of the licensed California residential detoxification facilities you control. Staff has determined that it is necessary and appropriate to request this information as part of the agency's review of a Certificate of Need application filed by a person with a history of owning and operating facilities providing withdrawal management and/or post-WM treatment services for persons with substance abuse disorder. Staff has also determined that this information would become part of the public record in this project review, consistent with the disposition of information filed by applicants and interested parties in such reviews.

Thus, we are now requesting that you provide the following information:

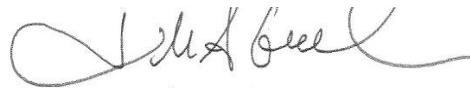
1. Please provide at least two years of actual revenue, expenses, and income for the Malibu Detox facilities in which you have been involved as an owner and/or operator, including the most recent calendar or fiscal year for which such revenue and expense information is available. Provide this financial information utilizing Table D Revenues and Expenses in the Tables package.
2. Please submit a revised project budget estimate (Table B) that only includes the estimated expenditures required for the physical facilities and equipment that will be employed in providing alcoholism and drug abuse intermediate care facility services and, thus, are the expenditures that will be incurred by Hygea Detox, Inc.

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

All information supplementing the applicant 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 by either e-mail at jeanne-marie-gawel@maryland.gov or phone at (410) 764-3371.

Sincerely,



Jeanne-Marie Gawel, LNHA, MA, MGS
Program Manager, Certificate of Need

cc: Gregory William Branch, M.D., Health Officer, Baltimore County
Thomas C. Dame, Esquire
Ella R. Aiken, Esquire
Suellen Wideman, Assistant Attorney General
Wynee Hawk, Chief, Certificate of Need
William Chan, Program Manager, MHCC