



May 19, 2022

VIA Email & U.S. MAIL

Howard L. Sollins, Esquire
Baker Donelson
100 Light Street
Baltimore, Maryland 21202

**Re: Adventist Home Health Services, Inc.
Carroll County**

Dear Mr. Sollins,

Commission staff has reviewed the application from Adventist Home Health Services Inc. to extend its service area into Carroll County Maryland. The total project cost is estimated to be \$94,345. 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:

Populations and Services

1. Please explain why Calvert County shows no data under clients in 2019 on both charts, and if you still serve this county.

Financial Accessibility

2. Please provide a copy of your current HHA license and certification.

Charity Care and Sliding Fee Scale

3. Please provide a copy of the Notice of Charity Care Policy as displayed in your business office.
4. Table 5 is referred to in the application but appears to be missing. Please include Table 5.

5. You reference that in 2019 the current providers in Carroll County were only achieving .005% charity care, please provide your source for that data.

Policy Provisions

6. Describe how management monitors agency charity care compliance and progress.
7. Please provide a detailed plan of how the agency will achieve and sustain a stated charity care percentage of 0.37% in Carroll County.

Financial Feasibility

8. Please provide an analysis of AHHS projected HHA visits per client and how it compares to current providers in Carroll County as well as Maryland.

Linkages with Other Service Providers

9. As potentially the main referral source for home health in Carroll County, please describe your plans to build your relationship with Carroll Hospital in order to gain referrals.
10. Your linkages include nursing homes, CCRCs, hospitals, physician practices, home health and local health departments. Your linkages did not include any mention of hospices, assisted livings, adult day or home delivered meals. Please comment on these and any other initiatives to integrate into the Carroll County healthcare community as well as your time frame for establishing these connections.

Discharge Planning

11. Although you provided a discharge planning policy it did not address the entire standard. Please provide a policy (mentioned Discharge Criteria and Process) that includes the criteria used in your discharge planning process.

Availability of Cost-Effective Alternatives

12. Please provide a clear statement of the proposed project objectives.
13. Please list alternative approaches to meeting the project objectives which were considered, their effectiveness and their cost in comparison to the proposed project.



Viability

14. In your response you discuss the staffing strain caused by COVID and how it has impacted your ability to staff (reflected in your increased use of contractual staff shown in your revenue and expense Table 3)- how has the current use of contractual staff impacted the delivery of care?
15. Since the proposed project only requires an increase of slightly over 1 FTE for all disciplines combined do you plan on hiring additional staff or increasing the caseloads of current staff? If using current staff, please comment on staff's willingness to travel to Carroll County.

Table 1 Budget

16. Under Financing Cost and Other Cash Requirements, please specify what falls under line c2 "other".

Table 2A Statistical Projections

17. Is the data in the historic and projected tables FY or CY data?

Table G Staffing Information

18. How does your agency calculate FTE need? (If based on caseload provide a typical caseload for each FTE).

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."



Howard L. Sollins, Esquire

May 19, 2022

Page 4

Should you have any questions regarding this matter, please contact me at (410) 764-3371.

Sincerely,



Jeanne Marie Gawel, Program Manager
Certificate of Need Division

cc: Wynee Hawk, Chief - Certificate of Need
Sue Doyle, RN, Acting Carroll County Health Officer
Andrew Nicklas, Esquire, Adventist Healthcare
Marya De La Cruz Sabalbaro, Adventist Healthcare
Linda Beth Berman, Grants Manager
James Forsythe, Esquire
John Eller, Esquire
Ruby Potter, MHCC

