



May 19, 2022

E-mail and USPS Mail

James A. Forsyth, Esquire
11604 Garrison Forest Road
Towson, Maryland 21117

**Re: CON Application to Establish a Home Health Agency in
Carroll County - Matter # 22-06-2457**

Dear Mr. Forsyth:

Commission staff has reviewed the above referenced application for Certificate of Need (CON) approval to establish a home health agency in the jurisdiction of Carroll County by CareNet Health Services and Systems, Inc. dba Lorien Health Systems Mt. Airy (Lorien Mt. Airy), where it is not currently authorized. Staff found the application incomplete, and accordingly, requests that you provide responses to the following questions:

Part II: Consistency with Review Criteria at COMAR 10.24.01.08G(3)

Populations and Services

1. Please provide the source for Tables 1 on page 14 within your CON application.
2. Please provide the source for Tables 2 on page 15 within your CON application.

Charity Care and Sliding Fee Scale

3. Your charity care estimate (0.5%) is significantly greater than the current amount provided by existing home health agencies. The application does not indicate how that it will be able to meet the estimate projected. What steps does Lorien Mt. Airy have planned to achieve the estimated level of charity care?

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Financial Solvency

4. Page 22 of the application states Lorient Mt. Airy does produce audited financial statements. Pages 31 states that Lorient Mt. Airy does not produce audited financial statements. Please:
 - a. Submit the statements if available, and correct pages 31; or
 - b. Confirm that audited financial statements are not produced, that your statement from Mr. Snarski is intended to verify that sufficient financial resource exist. In this case, please send a corrected page 22.

Availability of More Cost-Effective Alternatives

5. Describe the quality measures and/or performance benchmarks Lorient Mt. Airy will use to demonstrate the results that a closer collaboration between a nursing facility and home health care staff may result in fewer readmissions, better quality of care and improved client outcomes.

Please submit four copies of the responses to the additional information requested in this letter within ten working days of receipt. (Note: extensions are routinely available upon request). Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov).

All information supplementing the application must be signed by a person(s) available for cross-examination on the facts set forth in the supplementary information, and 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) 764-5596.

Sincerely,



Eric N. Baker
CON Program Manager

cc: Wynee Hawk, Chief of Certificate of Need
Sue Doyle, R.N., Carroll County Health Officer
Linda Cole, Chief of Long Term Care Planning
Cathy Weiss, Long Term Care Planning

