



February 13, 2023

VIA Email & U.S. MAIL

Marta D. Harting
Venable, LLP
750 E. Pratt St. Suite 900
Baltimore, Maryland 21202

**Re: Alpas Wellness La Plata, LLC
Establish a Track One ICF
Second Completeness Questions
Matter No. 22-04-2462**

Dear Ms. Harting:

Commission staff has reviewed the application and first response to completeness questions submitted by Alpas Wellness La Plata, LLC (Alpas) for Certificate of Need (CON) approval to establish a 36-bed Track One Level 3.7/3.7WM medically monitored intensive inpatient treatment program in La Plata, Charles County. Staff has additional questions and requests that you provide responses to the following questions:

1. Exhibit 15 is not legible. Please provide a copy of the floor plan that is legible, defining the men's and women's rooms, and the number of rooms designated for each gender.
2. Your application and response to completeness references only one owner or responsible individual who has ever been involved in the "ownership, development, or management of a healthcare facility". According to our research, Sean Smith has been involved in 2 proposed health related facilities in Pennsylvania, Alpas Memory Center, and Alpas Wellness Retreat. What is the status of these projects? Please provide any information on any health-related projects for all of the named individuals involved in the proposed facility.
3. The organizational chart provided in exhibit 17 shows Sean Smith, John Becroft and Michael Martin all having linkage to SKAOS LLC. This does not align with the organizational structure described in completeness response #9. Please explain the discrepancy and provide an amended organization chart.

4. Please provide a floorplan showing the location of the “refresh” and “research” rooms.
5. Your completeness response indicates that patients at the proposed facility will be the subjects of research overseen by a researcher at the University of Pennsylvania. What approvals will be required to perform the proposed research on clients in the facility and what steps have been taken to obtain these approvals.?
6. Please provide the audited financial statement or letter from an independent Certified Public Accountant.
7. Please provide more detail and background information on the local ICF that has had staffing cuts and layoffs and will be a source of staffing for the proposed ICF.
8. The budget shows that construction costs for the entire facility will total \$7.5 million dollars, yet the construction drawdown provided shows an expenditure of more than \$13 million. Explain the discrepancy. Specifically, provide detail on the \$29.8 million loan from SKAOS, and what that is funding? Please provide a budget which shows a source of funds line for the \$29.8 million loan.
9. COMAR 10.24.01.08G(3)(d) states that the applicant is required to describe and document relevant community support for the proposed project. Please provide letters of support from relevant community organizations.
10. Please provide the assumptions used in table E regarding ALOS for 3.7 and 3.7WM clients. Explain the projected 18.3ALOS for 3.7WM patients in light of the industry standard ALOS of approximately 5 days.
11. Please provide the assumptions used in the revenue estimates in Table F. Specifically address the identical patient days and revenue amounts for the residential treatment unit and the ICF, when ICF reimbursement rates are significantly higher than for residential clients.
12. In Table F, please specify what is included in other expenses (Row j).

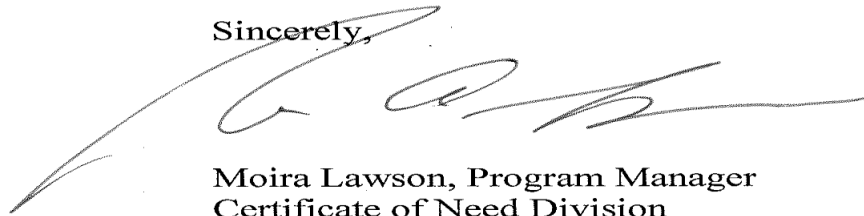
Please submit four copies of the responses to the additional information requested in this letter within ten working days of receipt (if needed, don't hesitate to request an extension). Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov).



All information supplementing the application must be signed by 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 at (410) 764-3232.

Sincerely,

A handwritten signature in black ink, appearing to read "Moira Lawson", written over a light blue horizontal line.

Moira Lawson, Program Manager
Certificate of Need Division

cc: Dianna Abney, MD., Charles County Health Officer
Wynee Hawk, Chief of Certificate of Need Division

