

August 25, 2022

**VIA Email & U.S. MAIL**

Katherine Bonincontri  
President and Executive Director  
Pascal Crisis Services, Inc.  
1215 Annapolis Road, Suite 204  
Odenton, Maryland 21113

**Re: Pascal Crisis Services, Inc.  
Establish a Track Two ICF  
Matter No. 22-02-2459**

Dear Ms. Bonincontri:

Commission staff has reviewed the application submitted by Pascal Crisis Services, Inc. (PASCAL) for Certificate of Need (CON) approval to establish a 25-bed Track Two Level 3.7/3.7WM medically monitored intensive inpatient treatment program in Crownsville, Anne Arundel County. The total project cost is estimated to be \$20,500. Staff found the application incomplete, and, accordingly, requests that you provide responses to the following questions:

**Part I: Project Identification and General Information**

1. In your application, it states that 25 of the current 44 beds which are CARF accredited as both State Opioid Response (SOR) beds and Crisis Stabilization Services (CSS) will be converted to ASAM Level 3.7/3.7 WM (medically monitored intensive inpatient services) beds. Will the 3.7/3.7WM patients be managed in a separate unit, or cohoused with the existing crisis stabilization patients?
2. How many patients are currently housed per room? How will this change after implementation of the project?
3. The floor plans as submitted are insufficient. Please provide revised floor plans showing both the existing bed placement, showers, and toilets, and the square footage for the rooms. Please submit a proposed floor plan for the changes required in overing level

3.7/3.7WM services. Please indicate where the nursing stations are located. Clearly identify all other spaces (i.e. recreation space, commercial kitchen, dining area, environmental services).

4. Please explain how five patients in a room meets quality and architectural standards for ASAM Level 3.7 and 3.7WM (medically monitored intensive inpatient services)? How many patients will there be per toilet and shower.

5. The application provides copies of policies and procedures currently used by PASCAL, without providing the summary text or a page number reference stating where the policy may be found. Please provide the following information:

- a. .05I(1), provide more detail about how admissions, length of stay, referral and discharge planning will be managed for level 3.7/3.7WM.
- b. .05I(2) provide more detail about how a minimum of one year follow-up care and aftercare will be provided, and how discharged patients' follow-up care will be monitored.

#### Need

6. Provide additional information on the projected client population. Will the majority of clients be those who originate from the Safe Stations Program?

7. Define the service area for the proposed project. Will the facility accept patients from outside of Anne Arundel County?

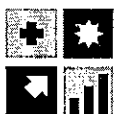
8. Describe the transportation services which will be provided to patients. Does this include patients from outside of Anne Arundel County? If so, how is this budgeted?

9. Provide an overview of existing ASAM Level 3.7/3.7 WM services in the jurisdiction, the region, and the state.

10. How did you determine a 7 day ALOS for Level 3.7 patients? Will the ALOS be the same for both level 3.7 and 3.7 WM patients? How does this compare to similar Track Two facilities in the state?

11. Additional information on the Pascal call center is needed as follows:

- a. Provide a breakdown of calls by jurisdiction and level of care requested.
- b. Provide information on how calls are evaluated to determine the level of care needed, and how staff are trained to evaluate callers.
- c. What percentage of those offered a bed are admitted to the stabilization center?



12. How will the applicant monitor the percentage of grey area patients served by the program? How will the facility recruit grey area patients if the percentage of this population falls below 50 percent?

**Availability of More Cost-Effective Alternatives**

13. Describe the goals or objectives developed by PASCAL staff for the 3.7/3.7WM project.

14. Describe how existing facilities meet/cannot meet the demand. Then describe how and why PASCAL will be able to offer a more cost-effective alternative approach.

**Viability of the Proposal**

15. Describe the continuum of care, and how applying for 3.7/3.7WM will improve the services offered.

16. Will PASCAL only focus on withdrawal management (pg. 31), or will the program offer medically managed level 3.7 services after completion of level 3.7WM care?

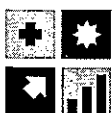
17. Page 32 states Exhibit 8 provides two years of audited financial data, but actually includes the letters of support. Please provide the most recent two years of audited financial data.

**Impact on Existing Providers**

18. Please provide a list of other providers in the primary service area who offer similar services to PASCAL.

19. Provide the following information on current and projected referrals from the crisis stabilization center in the chart below:

Level 3.7/ 3.7 WM program (List individual programs below)	# of patients currently referred	# of patients to be referred after program implementation	Difference



20. How will the additional services impact other providers regarding staffing availability and costs?

**Tables**

21. Please resubmit Table A with the current and projected bed count by floor and service type.
22. Explain why the sources of cash do not match the expenses on Table B.
23. Please resubmit Tables C, D with the current revenue and expenses for the existing crisis stabilization facility, and projections for the facility after implementation of the new program.
24. Identify what is included in "Other Expenses" on Table E, Row 2j.
25. Please resubmit Table G with both the current workforce at the stabilization center and projections of the workforce after addition of the new services.

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) 764-3324.

Sincerely,



Eric Baker  
Program Manager, Certificate of Need Division

cc: Nilesh Kalyanaraman, M.D., Anne Arundel County Health Officer  
Wynee Hawk, Chief of Certificate of Need Division

