



Pyramid Healthcare

AN INTEGRATED BEHAVIORAL HEALTHCARE SYSTEM

CORPORATE OFFICE
P.O. Box 967
Duncansville, PA 16635
P: 814-940-0407
F: 814-946-1402
pyramidhc.com

Pyramid-Walden, LLC.

A Division of Pyramid Healthcare, Inc.

**Certificate of Need Application-Bowie ICF Facility
Completeness Request Round #1**

April 16, 2022

SUBMISSION COPY
Answers and Exhibits

COLLABORATION | INTEGRITY | DEDICATION | PASSION



Pyramid Healthcare

AN INTEGRATED BEHAVIORAL HEALTHCARE SYSTEM

CORPORATE OFFICE
P.O. Box 967
Duncansville, PA 16635
P: 814-940-0407
F: 814-946-1402
pyramidhc.com

Bowie ICF Facility - Certificate of Need

Completeness Request Round #1

Table of Contents

Certificate of Need Completeness Request Round #1 Answers

Exhibit 21 - Distribution of Ownership Org Chart

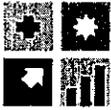
Exhibit 22 – 3/32 Floorplan

Exhibit 23 – Charity Care Policy

Exhibit 24 – Self-Pay Rates

Exhibit 25 – CON Excel Tables (Table A,B,E,F,G)

Exhibit 26 – UR Policy



April 8, 2022

VIA Email & U.S. MAIL

Jonathan Wolf, President
Pyramid Healthcare, Inc.
P.O Box 967
Duncansville, PA 16635

**Re: Pyramid-Walden, LLC – Bowie ICF
Facility**

Dear Mr. Wolf:

Commission staff has reviewed the application from the Pyramid Walden, LLC for Certificate of Need (CON) approval to establish a 50-bed Track Two Level III.7 medically monitored and III.7WM withdrawal management program in Bowie, Prince George's County. The total project cost is estimated to be \$9,861,600. 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:

Project Identification and General Information

1. Provide an organizational chart delineating the hierarchy of the entities listed in the Ownership and Control Information exhibit.
Applicant Response: See attached for organizational hierarchy. (Exhibit 21)
2. Confirm if Pyramid Healthcare Inc., which is listed as the name of the facility is also the legal name of the Project Applicant.
Applicant Response: Pyramid Healthcare Inc. is the parent company of Pyramid Walden, the Licensee and Applicant.
3. Provide the name of Licensee or proposed licensee, if different from the Applicant.
Applicant Response: We are to be licensed as Pyramid Walden.

Comprehensive Project Description

4. Please include full size, legible drawings of the facility at least 1/16" scale. The drawings should include existing and proposed floor plans of the project with all rooms labeled.
Applicant Response: Drawings will be attached to this submission and sent electronically. (Exhibit 22)
5. Provide the total square footage of the new construction and that of the renovation.
Applicant Response:
 - 1). Add-on is 6,797 sq. ft.
 - 2). Existing building is 26,843 sq. ft.
 - 3). Total building when finished will be 33,640 sq. ft.

Project Schedule

6. Please provide a target date for first use of the facility.
Applicant Response: Target date of first use is March 2023.

Sliding Fee Scale

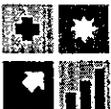
7. Explain the basis of the scale, the source of data, parameters, factors will be used to determine the structure of the scale and an individual's ability to pay? When applying the facility's sliding fee scale, will total gross household income, equity in a primary residence, and/or a person's net worth be included? What documentation will be required to make a determination?
Applicant Response: The charity care policy is attached. (Exhibit 23)

Information Regarding Charges

8. Provide a list of proposed services and prices.
Applicant Response: Self-pay rates will be submitted with this submission. (Exhibit 24)

Sources of Referral

9. Explain how Pyramid Walden will monitor the amount and proportion of bed days utilized for indigent or gray area clients (i.e., on a daily, monthly, quarterly, etc., basis), and if indicated, how it will adjust its outreach and admissions process to ensure that 50% or more of its annual bed days are allocated to indigent or gray area patients.
Applicant Response: The admission/call center monitors bed availability using a real-time electronic bedboard daily, and clients are offered beds according to current availability. At any given time, a large percentage of Pyramid Healthcare's client base consists of indigent or gray area clients. Pyramid Healthcare utilizes a business



intelligence tool and reporting to monitor client ratios. If under ratio, Pyramid Healthcare's outreach team will work to engage with social services and community-based organizations to ensure easy and seamless access to services for the indigent and gray area population seeking treatment. As a result, we have consistently found that more than 85% of clients admitted to ICF Charlotte Hall and Joppa have been indigent and gray area individuals. As further demonstration of this commitment, applicant agrees to prioritize the indigent person in the event that two persons are referred for treatment at the same time with only one remaining bed.

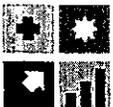
Identification of Bed Need

10. The application states that there are only 10 existing track 2 ICF beds in Prince George's County, but Table 2 shows 59 beds at Hope House in Laurel. Explain the discrepancy.

Applicant Response: We received information from the Local Addiction Authority that they only had access to 10 track 2 beds and misunderstood that as only 10 licensed beds overall. We are aware of the 59 licensed beds in Prince George's County at Hope House.

11. The application documents the bed need by providing information about turndowns at their current call center. The information provided includes counties in both Maryland and Pennsylvania. Please provide call turndown numbers for Maryland residents only, by county.

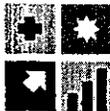
Applicant Response: The updated chart and subsequent bed need based on turndown data is below. Subtracting the PA counties lowered the total number by 73 turndowns.



Row Labels	Count of Turn Down Code CY 2021
Allegany	246
Anne Arundel	398
Baltimore	657
Baltimore City	205
Calvert	290
Caroline	37
Carroll	173
Cecil	245
Charles	532
Dorchester	72
Frederick	282
Garrett	60
Harford	547
Howard	135
Kent	63
Montgomery	153
Prince George's	491
Queen Anne's	75
Somerset	60
St. Mary's	1274
Talbot	22
Washington	102
Wicomico	184
Worcester	60
Total	6360

Currently, Pyramid Walden only operates ICF services in southern Maryland and Harford County. However, as shown in the table above, our call center receives and accepts calls from individuals and referral sources from throughout the state of Maryland. The highlighted areas represent counties in the central Maryland region. Using the state plan's assumed length of stay of 14 days, we have identified that in order to provide access to the individuals who contacted our call center during this 365-day period of time would require additional track 2 ICF beds as follows:

- Entire state of Maryland: Treating the **6,360 persons turned down** would require **742.3 additional beds**
- South-central Maryland: Treating the **926 persons turned down** would require **108**



additional beds.

12. The turndown chart provided in the application is labeled as representing a full calendar year, while the subsequent calculation of bed need identifies this figure as representing a 120-day period. Please explain the discrepancy:

Applicant Response: This was an error. This figure represented a 365-day period.

13. What percentage of overall state need is represented by calls to the Pyramid Walden call center? What percentage of individuals who call into the center and are offered treatment accept and receive care?

Applicant Response: Approximately 40% of all referrals received by Pyramid Healthcare in the state of Maryland are offered care and accept. Approximately 81% of those who accept care enter into treatment.

14. The application provides data from the Pyramid Walden call center (Exhibit 7) that shows that the facility gets referrals from all over the state. In general, how far are patients willing to travel for care?

Applicant Response: We provide complimentary transportation to treatment for our clients from all over the state, traveling up to 3.5-4 hours. Clients also have the option to self-transport, and some travel more than 3 hours for treatment.

Outpatient Alcohol and Drug Programs

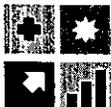
15. What is the expected date of opening of the outpatient alcohol and drug treatment program?

Applicant Response: Our intention is to request the ability to be able to serve Level 1 and Level 2.1 ASAM level of care at the Prince George's County location upon receiving our Certificate of Occupancy. We intend to have the program available March 2023.

16. How will your outpatient program, or outpatient partners serve special populations, defined as women, women with dependent children, elderly, poor, homeless, adolescents, patients with mixed- dependencies, hearing impaired, disabled, minorities and other special needs?

Applicant Response: Pyramid Healthcare serves all adult clients mentioned above who fit ASAM criteria for outpatient care and who wish to receive treatment. We provide translation services where needed and all of our facilities meet ADA criteria. At this time, we do not plan on serving adolescents and will refer them to our community partners.

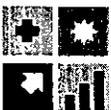
Transfer and Referral Agreements



17. Provide the grid of transfer and referral agreements identified in the application. Include a list of the agencies and/or entities likely to be referring patients to Pyramid Walden and those that will accept Pyramid Walden patients for long-term or after-care.

Applicant Response:

	Suburban Hospital John Hopkins Medicine	X	Acute care
	Ashley's Addiction Treatment	X	Provider of 3.5 treatment and outpatient services
	Voices of Hope Maryland	X	Provides recovery residences
	Prince George's County Health Department		Prince George's County Health Department fits category but does not provide any referral or transfer services
	Prince George's County Health Department		Prince George's County Health Department fits category but does not provide any referral or transfer services
	Prince George's County Health Department		Prince George's County Health Department fits category but does not provide any referral or transfer services
	Grassroots Crisis Intervention	X	Provides education, crisis outpatient services and counseling

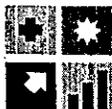


	Addictions Connection Resource, Inc.	X	Provides access to treatment and housing
--	--------------------------------------	---	--

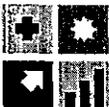
*Prince George's County Health Department anticipates us working with local agencies to provide ICF services to their community members. We have provided a list of agencies that refer and receive clients from us below. ↓

These are the agencies that referred to Pyramid Walden from 1/1/21 to 12/31/21

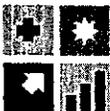
Crisis	Anne Arundel County Crisis Response
Crisis	Baltimore Crisis Response Inc.
Crisis	Pasacal Crisis Center
External Detox / Rehab	Ashley Treatment Center Havre De Grace, MD
External Detox / Rehab	Gaudenzia Inc. Maryland
External Detox / Rehab	Maryland Centers for Addictions-Waldorf, MD
External Detox / Rehab	Maryland House
External Detox / Rehab	Mountain Manor Treatment Center Maryland
External Detox / Rehab	Other External Detox / Rehab
External Detox / Rehab	RCA Recovery Centers of America Bracebridge Hall Earleville, MD
External Detox / Rehab	Recovery Center Of America Maryland
External Mental Health Inpatient	Sheppard Pratt-Ellicott, MD
External Outpatient / Private Practice	Community Behavioral Health Columbia, MD
External Outpatient / Private Practice	Concerted Care Group Brooklyn, MD
External Outpatient / Private Practice	Dundalk Health Dundalk, MD
External Outpatient / Private Practice	Grassroots Crisis Columbia, MD
External Outpatient / Private Practice	Klein Family Harford County Crisis Center Bel Air, MD
External Outpatient / Private Practice	Uncategorized Private Practice



External Outpatient / Private Practice	Outlook Recovery Maryland
External Outpatient / Private Practice	Project Chesapeake Maryland
External Outpatient / Private Practice	RASE Project Harrisburg, PA
External Outpatient / Private Practice	REACH Health Services Baltimore, MD
External Outpatient / Private Practice	Riverside Treatment Services Baltimore, MD
External Outpatient / Private Practice	Serenity Health LLC
External Outpatient / Private Practice	Total Wellness Center Montclair, NJ
External Outpatient / Private Practice	Voices of Hope Elkton, MD
External Outpatient/Private Practice	Abraxas Youth and Family Services Other / Doctor / Private Practice
External Outpatient/Private Practice	Anne Arundel Circuit Court
Friend / Family	University of Maryland Charles Regional Medical Center
Hospital	Adventist Healthcare Hospital Maryland
Hospital	Anne Arundel Medical Center Maryland
Hospital	Baltimore medical center Maryland
Hospital	Calvert Memorial Hospital Maryland
Hospital	Carroll Hospital Westminster, MD
Hospital	Charles George VA Medical Center Asheville, NC
Hospital	Crozier Hospital Chester, PA
Hospital	Frederick Memorial Hospital Maryland
Hospital	Geisinger Bloomsburg Hospital Bloomsburg, PA
Hospital	Holy Cross Hospital Silver Springs, MD



Hospital	Johns Hopkins Bayview Medical Center- CAP- Center for Addiction and Pregnancy Maryland
Hospital	Medstar Franklin Square Medical Center Baltimore, MD
Hospital	Medstar Southern Maryland
Hospital	Medstar St. Mary's Hospital
Hospital	Mercy Behavioral Health- Pittsburgh, PA
Hospital	Mercy Medical Center Maryland
Hospital	Meritus Health Maryland
Hospital	Other Hospital
Hospital	Prince George's County Hospital Maryland
Hospital	Shady Grove Maryland
Hospital	Southern MD Hospital
Hospital	St. Mary's Hospital Maryland
Hospital	St. Peters University Hospital New Brunswick, NJ
Hospital	Suburban Hospital Maryland
Hospital	University of Maryland Charles Regional Medical Center
Hospital	Wellspan Gettysburg Hospital Gettysburg, PA
Hotline / Social Services	Calvert County Health Department Maryland
Hotline / Social Services	St. Mary's County Health Department Maryland
Hotline / Social Services	Worcester County Department of Health Snow Hill, MD
Insurance / EAP	Out of Network
Internal Marketer	Out of Network Detox
Internal Outpatient	PHC Walden Charlotte Hall
Internal Outpatient	PHC Walden Lexington Park
Internal Outpatient	PHC Walden Waldorf
Internet	Online Search



Internet	Web Submission
Legal	Anne Arundel Circuit Court
Legal	Attorney
Legal	Calvert County Detention Center
Legal	Charles County Detention Center
Legal	Charles District Court
Legal	Courts
Legal	Frederick County Adult Corrections
Legal	St. Mary's Detention Center
Probation	APO Cumberland Co.
Probation	APO York Co.
Probation	MD Probation - Kent, MD
Probation	MD Probation - Prince George's, MD
Probation	MD Probation - Wicomico, MD
Probation	St. Mary's County Parole & Probation

In-Service Education

18. Will your facility utilize volunteers and if so, will they have comparable training to salaried staff?

Applicant Response: We do not anticipate utilizing volunteers at Prince George's County Center.

Availability of More Cost-Effective Alternatives

19. As required in COMAR 10.24.01.08G(3)(c), describe the planning process that was used to develop the proposed project. This should include a full explanation of the primary goals or objectives of the project, or the problem(s) being addressed by the project.



Applicant Response: Pyramid Healthcare has a long-standing history of serving individuals suffering from substance use disorder. Our mission is to bring life-saving services to the underserved indigent and Medicaid population. In 2020 the Baltimore Sun reported that Maryland had its worst year on record for drug and alcohol overdoses, with **2,773 deaths**.

Pyramid Healthcare's proposed facility will include 100 intermediate care facility substance use disorder treatment beds, which initially will be used for both acute detoxification and residential treatment services. These services are critical for Prince George's County and the state of Maryland. Approval of this project will improve access to much-needed substance use disorder treatment services for residents in the surrounding areas.

20. Provide information on other alternatives considered outside of using existing facilities. Were other sites considered?

Applicant Response: While other sites were considered, few were appropriate due to zoning issues. After canvassing the Prince George's County area, Pyramid Healthcare selected this location given its proximity to our target population and workforce as well as its ability to serve Prince George's County and surrounding areas. We also considered various factors specific to an ICF location, including building size, acreage surrounding the building for parking, recreational activity space, and zoning purposes.

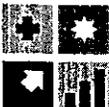
Viability

21. Financial statements provided in Exhibit 19 are for Clearview Pyramid Acquisition Company, LLC, which is not listed in the ownership and control information in Exhibit 1. Identify and explain the relationship of Clearview Pyramid Acquisition Company, LLC to the applicant. Provide audited financial statements for Pyramid Walden, LLC. Clearview Pyramid

Applicant Response:

Pyramid Walden, LLC is 100% owned by Pyramid Healthcare, Inc. As a matter of corporate organization, Pyramid Healthcare Acquisition Corporation became the parent entity of Pyramid Healthcare, Inc on May 10, 2021. Prior to this date, Pyramid Healthcare, Inc, was owned by Clearview Pyramid Acquisition Company, LLC (Predecessor Entity). Pyramid Walden LLC does not have separately audited financial statements but rather is audited as part of the Pyramid Healthcare, Inc and its parent entity and therefore included in the audited financial statements provided.

Impact



22. Provide a discussion of the impact of the project on other Track 2 facilities in the region and the state, not only Prince George's County. Include sources of data and all assumptions used.

Applicant Response: We anticipate minimal impact to existing Track 2 providers across the state.

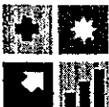
Estimated Track 2 Bed Need-2021 Census

	Western Maryland 9.75%	Montgomery County 14.93%	Southern Maryland 18.3%	Central Maryland 50.53%	Eastern Shore 6.53%	Total
Projected Population - 2020	602,279	922,260	1,130,432	3,121,351	403,373	6,177,224
Indigent Population	31,319	47,957	58,782	162,310	20,975	321,216
Non-Indigent Population	570,961	874,302	1,071,650	2,959,041	382,397	5,856,008
Est. No of Substance Abusers 8.64%	52,037	79,683	97,669	269,685	34,851	533,712
Target Pop (25%)	13,009	19,921	24,417	67,421	8,713	133,428
Range Needing Treatment (95%)	12,359	18,925	23,196	64,050	8,277	126,757
Est. Range Requiring Intermediate Care (12.5%-15%)						
<i>Min.</i>	1,545	2,366	2,900	8,006	1,035	15,845
<i>Max.</i>	1,854	2,839	3,479	9,608	1,242	19,013
Est. Range Requiring Readmission (10%)						
<i>Min.</i>	154	237	290	801	103	1,584
<i>Max.</i>	185	284	348	961	124	1,901
Total Discharges from Out of State						
Range Requiring Intermediate Care						
<i>Min.</i>	1,693	2,593	3,178	8,775	1,134	17,366
<i>Max.</i>	2,039	3,123	3,827	10,568	1,366	20,915
Gross Private Bed Need Range (14 ALOS)						
<i>Min.</i>	76	117	143	395	51	781
<i>Max.</i>	92	141	172	476	61	941
Existing Private ICF Inventory (Track 2)						
	192	129	27	434	26	808
Net Intermediate Private Bed Need Range Track 2						
<i>Min.</i>	(116)	(12)	116	(39)	25	(27)
<i>Max.</i>	(100)	12	145	42	35	133

Based on our projections, there is still a shortage of about 106 ICF beds throughout the state of Maryland. This does not include our call center data of 6,360 turndowns, which we predict would require an additional 742.3 beds to truly serve the demand of the state. We feel that our additional 50 beds in Prince George's County would have minimal impact on the Track 2 providers across the state, given the overwhelming demand for these services.

The sources for our assumptions are as follows:

- State data received regarding current Track 2 bed locations



Region / Facility Name	Adult Track 2 ICF Beds
WESTERN MARYLAND	192
Allegheny County Health Dept (Maselle & Jackson Unit)	74
Mountain Manor Treatment Center	118
MONTGOMERY / Southern MD	156
Maryland Treatment Centers	70
Hope House Treatment Centers	59
Anchor of Walden	27
Eastern Shore	26
A.F. Whitlatch Center	26
CENTRAL MARYLAND	434
Hope House Treatment Center	49
Pathways	40
Shoemaker Center	40
Joppa	50
Baltimore Crisis Response	7
Gaudenzia at Park Heights	124
Mountain Manor	68
Turek House	29
Gaudenzia Crownsville	27

- Our internal call center data with conversion of turndowns to bed needs
- Our understanding of the geographical location of where our clients are calling from and receiving treatment
- The above projection of need based on population growth, length of stay considerations, and increased population based on Maryland 2020 population projections

Physical Bed Count (Table A)

23. Table A shows 100 level III.7 and III.7 WM beds and 100 level III.5 residential beds. The application states that 50 beds will be for III.7 and III.7 WM beds and 50 Residential. Explain the discrepancy.

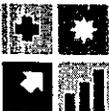
Applicant Response: This is a data entry error. We intend on having 50 WM/3.7 beds and 50 residential.

24. Please explain your choice to use triple occupancy rooms in your new facility instead of private or double- occupancy rooms.

Applicant Response: Throughout our programs, it is customary to use triple and double occupancy rooms. We provide this accommodation for our clients at our Joppa and Charlotte Hall, MD ICF facilities. This buddying process frequently helps clients develop strong relationships and camaraderie as well as stay engaged with treatment.

Project Budget (Table B)

25. Please provide a revised budget Table B that includes the sources of funds for the project, and the expenses broken down into the specific costs and funds attributable to the 50-bed level III.7/III.7 WM ICF and the costs and funds attributable to the 50-bed level III.5 residential unit. Please also list the assumptions relied on in creating the budget.



Applicant Response: Assumptions were based on 50% of the 100 licensed beds being 3.5 LOC and 50% WM/3.7.

26. Please explain the calculations for the contingency allowance.

Applicant Response: Due to the equipment purchasing and building materials volatility costs in the market, Pyramid Healthcare has assumed a 6% contingency value of the overall project cost (\$507,000). The industry construction average for contingency purposes is between 6% and 10%.

Statistical Projections (Table E)

27. Table E instructions required an attachment that provides an explanation or basis for the projections and specify all assumptions used. Also, explain why the assumptions are reasonable. Please provide this information.

Applicant Response: This data is based on our business intelligence data and historical information regarding our average length of stay, typical discharge trends, and typical ramp up of our average daily census. Occupancy percentages are based on discharges, patient days, and days in the calendar factored by ALOS with 100 licensed beds.

28. In the discussion of need, a length of stay of 14 days was used to validate the need for the 50 level III.7/level III.7 WM beds requested for this project. However, in the statistical projections (exhibit 16, Table E), the expected length of stay is 20.1 days. Explain this discrepancy.

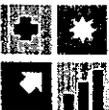
Applicant Response: Fourteen days is the length of stay provided by the state health plan. As shown in Table E, 20.1 days is the actual length of stay for our clients in treatment programs for withdrawal management and 3.7 services. This is according to our internal data.

29. According to the application, 50 beds will be used for III-7 and III.7 WM patients, but in table E, line 5, only 9,041 patient days will be allotted to III.7 or III.7 WM level of care. This amounts to only a 49.5% occupancy for beds allotted to III.7 and III.7WM patients, not the 85% shown in the table. Will a significant number of 50 ICF beds be regularly used for III.5 patients? How does this effect the expected revenue for the facility? Explain how total occupancy was calculated.

Applicant Response: This was a data entry error in communicating our volume of comprehensive and residential beds. We adjusted (Table F) and Table E tables to represent the impact of 85% occupancy with both residential and WM/3.7 beds by FY'25.

30. Please explain the 80/20 breakdown of rehabilitation/comprehensive care beds.

Applicant Response: Our breakdown has been changed to reflect the MHCC's categorization of 3.7/WM and 3.5 beds (50/50).



Revenue and Expenses (Table F)

31. Table F instructions required an attachment to the application that provides an explanation or basis for the projections and specify all assumptions used and explain why the assumptions are reasonable. Please provide this information.

Applicant Response:

IP Revenue: Revenue is based on average daily census of each level of care. Because we are primarily a Medicaid provider, we use the current Optum rates for our rate per level of care. Ramp-up of census and level of care assumptions are based on programs of a similar size in Maryland and other states. These are reasonable assumptions based on historical data within our system.

Bad Debt: We reserve 5% for collection, charity, and any collection issues that may arise from serving our clients.

SWB: Labor is based on COMAR regulations and clinical appropriateness. We used 20% as our benefit expense. We assume that regional positions and allocations of shared services are also included in the salary wages and benefits line. This is reasonable based on historical information and our typical benefit expense experience within Pyramid Healthcare.

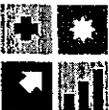
Contract Labor: Our expected expense for contract labor is \$10,000, given the shortage of thousands of nursing and medical personnel in Maryland.

Project Depreciation: This is a set calculation based on depreciation.

Supplies: This is our typical percentage of revenue spent on supplies, including medical and office supplies based on historical data and actual expenses in a like-sized facility.

Other Expenses: Other expenses include client transportation cost (i.e. fuel, auto maintenance), client food, client medical, client activities, facility costs (utilities, repairs/maintenance, property taxes, recruiting, landscaping, snow removal costs), human resources cost, payroll, staff training, insurance, IT/telecommunication expenses, office expenses, postage, phone, internet, billing, assessment center, UR/Billing services, bank fees, electronic medical records, and more.

Income Taxes: We pay federal and statutory rates for income taxes.



32. Table F includes up to \$100,000 for contractual employees in Year 2 which are not included on Table G. Please explain the discrepancy. Explain the reduction in contractual employee expenses from 2024 to 2025.

Applicant Response: This value is a data entry error and should have been \$120,000 for contract labor for 2025. It has been corrected on the table.

33. Specify what is included in "other expenses" Line 2 on Table F.

Applicant Response:

Other expenses include client transportation cost (i.e. fuel, auto maintenance), client food, client medical, client activities, facility costs (utilities, repairs/maintenance, property taxes, recruiting, landscaping, snow removal costs), human resources cost, payroll, staff training, insurance, IT/telecommunication expenses, office expenses, postage, phone, internet, billing, assessment center, UR/Billing services, bank fees, electronic medical records, and more.

34. The application states that an outpatient drug program will be established at the Bowie site. What is the expected revenue and expenses for these on-site outpatient services?

Applicant Response:

Revenue	\$26,458	\$226,858	\$317,136
Expenses	\$41,960	\$238,941	\$289,968

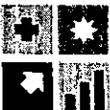
Revenue assumptions are based on historical stepdown movement from 3.5 level of care. In addition, these assumptions take into consideration that clients sometimes prefer to attend outpatient services outside of their inpatient treatment. The rates we utilized are our current Optum Medicaid rates for Level 1 services and intensive outpatient.

Expenses are based on clinical requirements, shared services percentages, and typical facility expenses that will be allocated to the outpatient program. As these programs are being run out of the same building with shared staff, we allocated labor to this program to service our outpatient needs.

Table G Workforce Information

35. Is the cost of benefits included in the salary information for staff? If not, include the cost of providing benefits.

Applicant Response: Please see revised Table G. (Exhibit 25)



Jonathon Wolf
April 8, 2022
Page 17

Exhibit 9

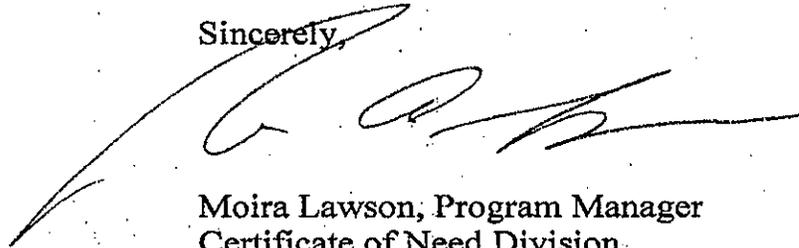
36. The first page of your utilization review policy is illegible. Please send a readable copy.
Applicant Response: See Exhibit 26.

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."

Should you have any questions regarding this matter, please contact me at (410) 764-3232.

Sincerely,



Moira Lawson, Program Manager
Certificate of Need Division

cc: Jonathan Wolf, President Pyramid Healthcare Inc.
Paul Parker, Director, Center for Health Care Facilities Planning & Development
Wynee Hawk, Chief - Certificate of Need
Ernest L. Carter, MD, PhD, Health Officer, Prince George's Health Department

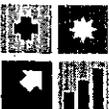
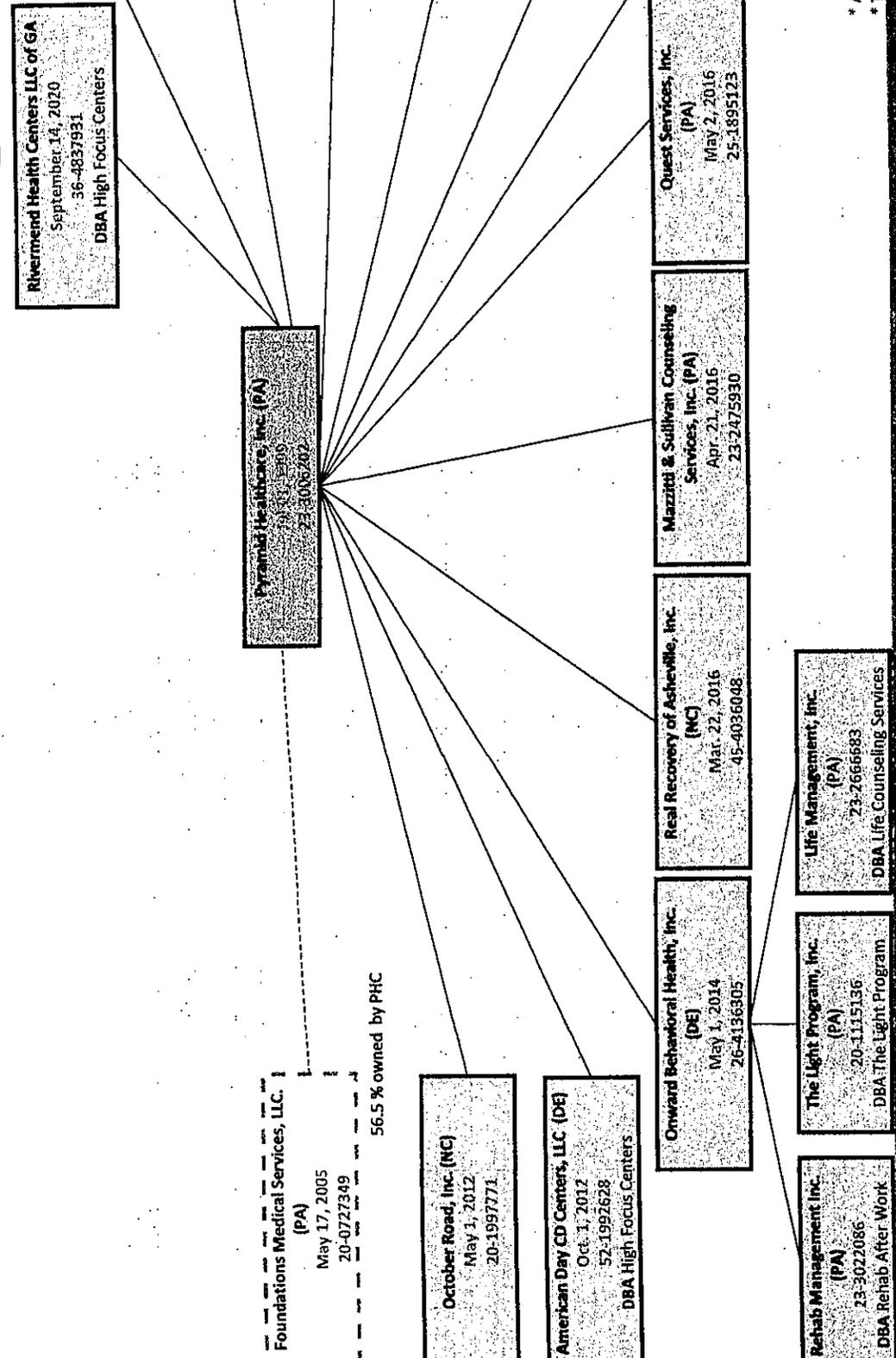


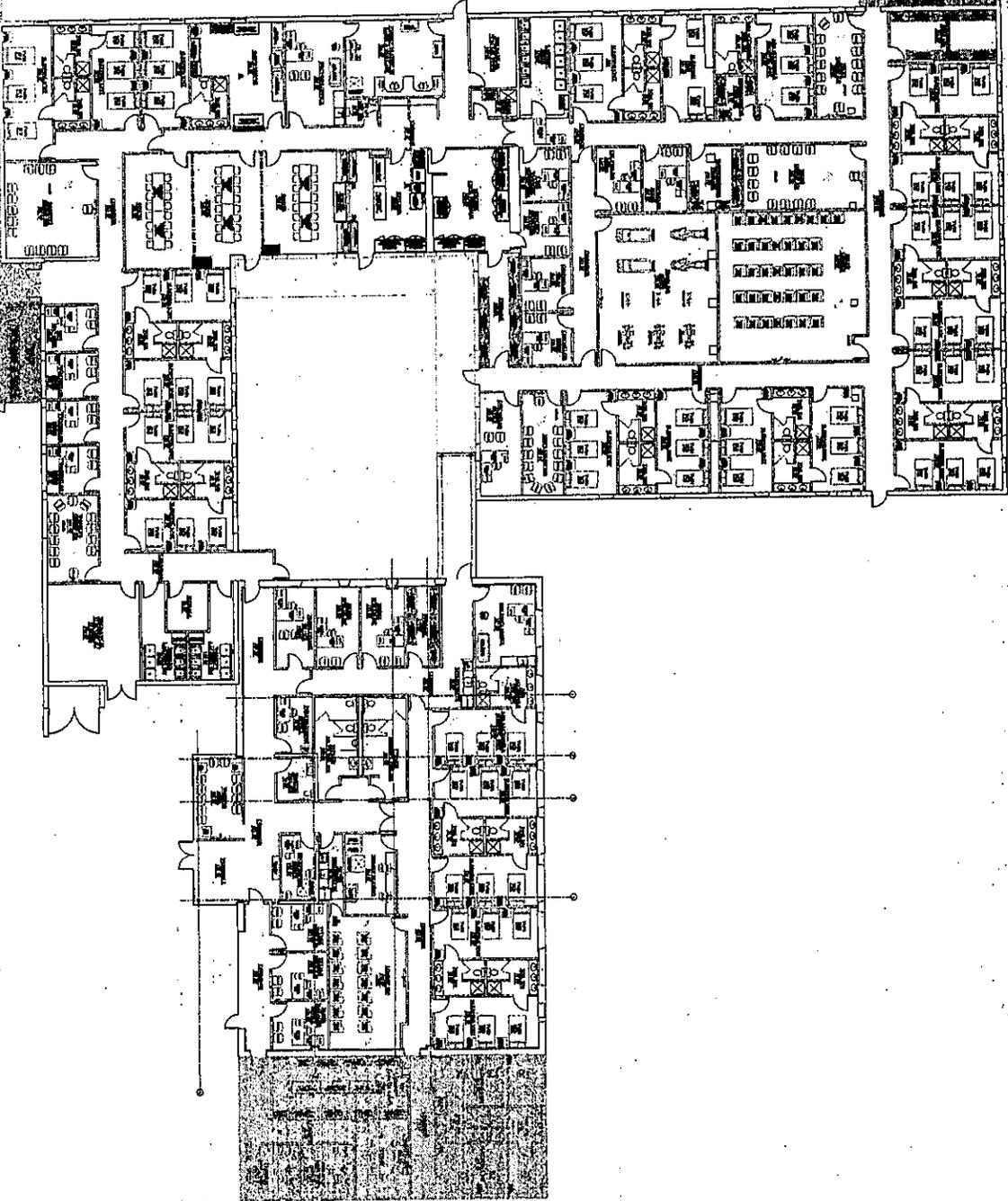
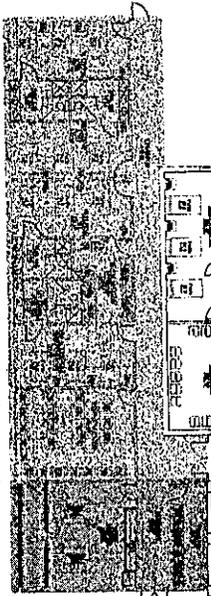
Exhibit 21



* Acquisition and/or formation
* Tax ID Number

56.5 % owned by PHC

Exhibit 22



- NEW BUILDING ADDITIONS**
- DETOX/ADMINISTRATION (1,889 SQ. FT.)
 - WORKERS (2,289 SQ. FT.)
 - LABS (1,488 SQ. FT.)
 - ADMINISTRATION (779 SQ. FT.)
 - TOTAL: 6,795 SQ. FT.**
- EXISTING BUILDING**
- 28,243 SQ. FT.**

PYRAMID PROPOSED FLOOR PLAN

SCALE: 3/32"=1'-0"

FILE NAME: C:\PYRAMID PROJECT\BOWIE MARYLAND\COPN SUBMITTAL\COPN SUBMITTAL PLAN DRAWING.dwg

REV	DESCRIPTION	DATE
0	Operations Approval	
1	E.V.P. of Engineering	
2	Project Mgr.: JSD	
3	Arch: TP	

PYRAMID HEALTHCARE
 3000 LOTTSFORD VISTA ROAD
 BOWIE, MD. 20721

Pyramid Healthcare



270 LAKEMONT PARK BLVD.
 ALTOONA, PA. 16602

Exhibit 23

Session Information

Client:	Test2, Michelle (1466174) 1/31/1990
Staff:	Mosher, Michelle (1235302)
Document Date:	4/11/2022
Client Program:	(Not Set)

Charity Care Policy

Organization:

We remain committed in our efforts to provide outstanding care and treatment to our patients. While most of our patients have health care insurance coverage of some sort, on occasion, patients are referred for medically necessary care but are unable to pay for these services. Depending on the circumstances, we may be able to offer discounted or charity care.

If available, we will consider providing charity care to any person without discrimination based upon race, ethnicity, national origin, religion or other grounds unrelated to the individuals' need for medical services. A request for financial assistance under this policy must be made by the patient or on behalf of the patient. The provision of discounted or charity care can only be provided to low-income, underinsured, and uninsured patients if all federal and state regulatory requirements are fully met.

I. General Approach to Charity Care

In order to be considered for charity care, a patient must demonstrate financial hardship. Moreover, charity care will only be considered to the extent that it is financially feasible and reasonable for the above identified organization to provide. Nothing in this policy shall be construed as requiring that our organization provide charity care for a patient. Only the facility Program Director can approve of any application for charity care.

II. Eligibility Criteria

Charity care is generally secondary to all other financial resources available to the patient including their own personal assets, their ability to obtain credit or a loan, health care insurance, government funded health programs, third-party insurance coverage and any other resources to which a patient may have access.

(a) Full charity care will be provided to a patient whose gross income is at or below

100% of the published Federal Poverty Income Guidelines.

(b) A sliding fee schedule will be used to determine charity discounts when gross

income is over 100% of the Federal Poverty Income Guidelines.
Available

liquid assets, proportional to verified income, will also be considered.

Income as a percentage of Federal Poverty Level Partial Charity

Clearview Pyramid Acquisition
Company - Charity Care and
Financial Hardship

0-100%	100%
101-110%	90%
111-120%	80%
121-130%	70%
131-140%	60%
141-150%	50%

(c) Charity care may be provided to a patient with gross income greater than 150% of the Federal Poverty Income Guidelines if circumstances such as extraordinary, non-discretionary expenses, future earning capacity, and the ability to make payments over an extended period of time warrant consideration.

In assessing charity care, we will apply the poverty guidelines published by HHS. These guidelines can be found at: <https://aspe.hhs.gov/poverty-guidelines>.

(g) We will return to the patient a written notification of eligibility for charity care as soon as possible after the receipt of a complete Financial Hardship Application from the patient or their legal guardian. This notification will include the level of reduction.

(h) Denials for charity care can be appealed should a patient's financial condition further deteriorate.

(i) Nothing in this policy should be interpreted to represent a "right" to charity care, regardless of a patient's financial condition. The 'Organization'

Clearview Pyramid Acquisition
Company - Charity Care and
Financial Hardship

depends

on funding and payment to continue in operation. At management's sole discretion,

any application for charity care can be denied for any reason whatsoever (other than

for discriminatory reasons based upon race, ethnicity, national origin, religion or other

grounds unrelated to the individuals' need for medical services).

(j) Acceptable forms of income verification include:

*Payroll stubs.

*IRS tax returns from the most recently filed calendar year.

*Determination of eligibility for unemployment compensation.

*Attestation of absence of income from the responsible party or letter of support from

individuals providing basic needs, such as the supervisor of the residential care home

where the patient resides

(k) All personnel must keep all information on the charity care application and supporting

documentation confidential. At our own expense, we may request a credit report to

further verify the information on the application.

(l) Applicants with satisfactory credit should seek funding from a third-party. Charity care

is only intended for patients without financial resources and without the ability to

obtain financial resources to covers the medical care and treatment under

consideration.

(m) An incomplete or fraudulent application will be denied as will any application not

returned to the 'Organization' within 7 calendar days of receipt of the application by the patient or their legal guardian

III. Definitions and Further Considerations

Clearview Pyramid Acquisition
Company - Charity Care and
Financial Hardship

Charity care is care that is provided to a patient on a free or discounted basis based on their documented financial hardship. Charity care has been defined to include not only care provided to uninsured patients but also under-reimbursed costs of caring for low-income patients who either are enrolled in a government program (such as Medicare or Medicaid) or who have third-party coverage which covers only a portion of the amount due. These patients' circumstances must meet the treatment center's established charity-care policy, and the patients are judged to be financially unable to pay for their medical expenses. There is no right to charity care. It is approved or disapproved at the sole discretion of management.

Insurance deductibles, co-payments and cost-sharing amounts are generally precluded by federal law from being routinely deducted. They may typically only be deducted as charity care for medically and financially indigent patients on a specifically documented and individually-determined basis when care is initiated. If a patient is ultimately unable to pay co-payments and cost-sharing amounts, the patient may apply for a non-routine waiver of these amounts.

Medicaid patients (and all state-sponsored low income programs) that are currently eligible for benefits but were ineligible at the time of service may be considered for charity care at the appropriate income level. Medicare deductibles, co-payments and cost-sharing amounts may not routinely be waived. These amounts may be waived after a patient's inability to pay has been properly documented.

Uninsured patients are those who have no third-party insurance coverage. Depending on their financial profile, they may be eligible for charity care based on a determination of financial of their financial inability to pay for services that are proposed to be provided. Under-insured patients are those who have third-party coverage or third-party-liability which, after full payment of liability, leaves a significant unpaid balance. If financial hardship was recognized at the time services were delivered, then these patients may qualify for charity care as "under-insured". If a patient's financial need cannot be established at the time services were provided, then any remaining co-payments and / or cost-sharing amounts may be waived if the proper criteria are met.

Financial Hardship Application Statement of Understanding

Organization:

I have read the policy regarding the uncompensated care/charity care/co-payment waiver requirements.

At the outset, I understand that I do not have a right to receive uncompensated care or charity care. I further understand and agree that the decision to approve of such care is solely the discretion of the health care provider organization. I recognize that funding is needed for the above identified organization to remain viable and understand that this request may be declined based on a decision by the 'Organization' that it does not wish to grant this request for uncompensated care or charity care.

Either I or my legal guardian will complete the necessary application form and provide the financial information necessary for this organization to make a determination as to my eligibility for charity care and / or a waiver of co-payment/ cost-sharing amounts due. I understand that the completed, signed application and necessary information must be returned to the 'Organization' within seven (7) calendar days before a determination of eligibility for the program can be made.

I also understand and agree that if I do not qualify for uncompensated/charity care/co-payment waivers or only qualify for a partial discount, I will establish a reasonable payment plan for any balances I may owe and I will make a good faith effort to honor said payment plan.

Clearview Pyramid Acquisition
Company - Charity Care and
Financial Hardship

I also understand that if the information I provide is found to be false, my application for uncompensated care will be automatically denied without further consideration.

Financial Hardship Application - Demographics

Date: _____
Organization: _____
Client Status: _____

APPLICANT INFORMATION

Last Name: Test2
First Name: Michelle
Middle Name: _____

Address

Street 1: _____
Street 2: _____
APT/Suite: _____
City: _____
State/Province: _____
Zip: _____
Zip + 4: _____
Mailing Address is different from above:
SSN: _____
DOB: 1/31/1990
HIC: _____
Is someone other than the client completing the application? Yes No

Financial Hardship Application

Have you applied for Medicaid? Yes No

Does client need hardship/charity care consideration? Yes No

EMPLOYMENT INFORMATION

Are you currently employed? Yes No
If unemployed, name of last employer, how long employed, reason for unemployment: test

SOURCE OF INCOME

Employment Wages (\$): _____
Self Employment Income (\$): _____
Unemployment Benefits (\$): _____
Monthly Social Security _____

Clearview Pyramid Acquisition
Company - Charity Care and
Financial Hardship

- Benefits (\$):
- Pension Fund Benefits (\$):
- Workers Compensation (\$):
- Child Support (\$):
- Spousal Support (\$):
- Veterans Benefits (\$):
- Military Retirement/ Disability Support (\$):
- Public Aid (e.g. Food Stamps) (\$):
- Other Income (\$):

NOTE: Proof of the amounts listed above MUST BE SUBMITTED along with the application. Examples are, but not limited to copies of pay check and/or stubs, proof of direct deposit, W-2 Forms, unemployment or disability statements, etc. A copy of the most recent year's federal Income Tax return is required.

If documentation is not available, explain why:

At any time during the 90 days prior to application or at present do you or anyone in your household with whom you share financial obligations have any of the following assets?

Answer 'Yes' or 'No' to all that apply and list the current balance/value. Proof of amount(s) may be requested.

- Checking Account: Yes No
- Savings Account: Yes No
- Stocks/Bonds/Mutual Funds: Yes No
- Profit Sharing Account: Yes No
- Trust Fund: Yes No
- Tax Refund: Yes No
- Money Market: Yes No
- IRA/401K: Yes No
- Other Income: Yes No
- Other Property Amount Owed: Yes No
- Automobiles: Yes No
- Other Assets: Yes No

Please discuss any additional factors you

Clearview Pyramid Acquisition
Company - Charity Care and
Financial Hardship

would like to be
considered when
reviewing the
application:

Have you attempted to
obtain a loan to pay for
medical care?

- Yes
 No

Do you currently have
any credit cards upon
which this care can be
charged?

- Yes
 No

Do you give us
permission to run a
credit report to verify
the above information?

- Yes
 No

Does client meet
requirements for charity
care/hardship?

- Yes-Charity Care Yes-Hardship No

Show Guidelines:

ELIGIBILITY



Income as a percentage of Federal Poverty Level Partial Charity

0-100% 100%

101-110% 90%

111-120% 80%

121-130% 70%

131-140% 60%

141-150% 50%

These guidelines can be found at: <https://aspe.hhs.gov/poverty-guidelines>

What percentage range
does client fall into?

100%

If full charity, has the
scholarship payer been
added to Carelogic?

Yes

Reduction Begin Date:

04/11/2022

Reduction End Date:

04/11/2022

I hereby request that the above-named organization make a determination as to my eligibility for charity care. I affirm that the information given on this application is true and correct to the best of my knowledge. I consent to the 'Organization' conducting any verification steps that it deems is necessary to adjudicate this request for charity care.

I also understand that if the information I have given is found to be false, such findings will result in an automatic denial for charity care and that I will be liable for charges for services provided.

Finally, I understand the 'Organization' is not required to approve of this request

Clearview Pyramid Acquisition
Company - Charity Care and
Financial Hardship

and is not bound to provide any uncompensated care or to waive any co-payments or deductibles which may be owed.

TREATMENT CENTER USE ONLY:

Date Received:

Signatures

Exhibit 24

		Facility										
LOCA / Eval	LOCA / Evaluation	\$ 230.00	\$ 230.00	\$ 130.00	\$ 150.00	\$ 250.00	\$ 150.00	\$ 150.00	\$ 180.00	\$ 250.00	\$ 250.00	\$ 250.00
Outpatient	Individual											
	Individual 30 Min	\$ 80.00	\$ 80.00	\$ 80.00	\$ 50.00	\$ 90.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 90.00	\$ 100.00	\$ 100.00
	Individual 45 Min	\$ 110.00	\$ 110.00	\$ 110.00	\$ 70.00	\$ 140.00	\$ 110.00	\$ 140.00	\$ 110.00	\$ 140.00	\$ 150.00	\$ 150.00
	Individual 60 Min	\$ 150.00	\$ 150.00	\$ 150.00	\$ 90.00	\$ 180.00	\$ 150.00	\$ 180.00	\$ 150.00	\$ 180.00	\$ 200.00	\$ 200.00
	Family Therapy	\$ 150.00	\$ 150.00	\$ 150.00	\$ 90.00	\$ 180.00	\$ 150.00	\$ 180.00	\$ 150.00	\$ 180.00	\$ 200.00	\$ 200.00
	OP Group	\$ 130.00	\$ 130.00	\$ 130.00	\$ 60.00	\$ 130.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 120.00	\$ 150.00	\$ 150.00
	Methodone Dosing								\$ 16.60	\$ 120 / week		
	Case Mgmt											
Intensive Outpatient	IOP - Daily	\$ 280.00	\$ 280.00	\$ 280.00		\$ 350.00	\$ 320.00	\$ 250.00	\$ 200.00	\$ 280.00	\$ 350.00	\$ 350.00
Partial Hospitalization Program	PHP - Daily	\$ 520.00	\$ 510.00	\$ 350.00		\$ 490.00	\$ 540.00	\$ 290.00	\$ 260.00	\$ 390.00	\$ 550.00	\$ 550.00
Inpatient / Residential	Residential Treatment							\$ 600.00		\$ 600.00	\$ 1,000.00	\$ 1,200.00
	Detox							\$ 700.00		\$ 700.00	\$ 1,200.00	\$ 1,500.00
	Nursing Assessment									\$ 180.00		
	MAT Services / Induction			\$ 130.00		\$ 270.00	\$ 170.00	\$ 330.00		\$ 250.00		
	Psych Eval	\$ 200.00			\$ 170.00	\$ 260.00	\$ 170.00		\$ 250.00			
	Med Check / Psych 15 min (99213)								\$ 80.00	\$ 80.00		
	Med Check / Psych 25 min (99214)	\$ 140.00		\$ 190.00	\$ 130.00	\$ 130.00	\$ 120.00	\$ 120.00		\$ 120.00		
	Med Check / Psych 30 min									\$ 160.00		

Exhibit 25

TABLE B. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than level III.7 and III.7D explain the allocation of costs between the levels. **NOTE:** Inflation should only be included in the inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

	III.7 and III.7D	RESIDENTIAL	TOTAL
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$985,000	\$985,000	\$1,970,000
(2) Fixed Equipment	\$98,500	\$98,500	\$197,000
(3) Site and Infrastructure	\$47,500	\$47,500	\$95,000
(4) Architect/Engineering Fees	\$32,500	\$32,500	\$65,000
(5) Permits (Building, Utilities, Etc.)	\$8,000	\$8,000	\$12,000
SUBTOTAL	\$1,169,500	\$1,169,500	\$2,339,000
b. Renovations			
(1) Building	\$2,567,500	\$2,567,500	\$5,135,000
(2) Fixed Equipment (not included in construction)	\$84,000	\$84,000	\$168,000
(3) Architect/Engineering Fees	\$102,500	\$102,500	\$205,000
(4) Permits (Building, Utilities, Etc.)	\$7,500	\$7,500	\$15,000
SUBTOTAL	\$2,761,500	\$2,761,500	\$5,523,000
c. Other Capital Costs			
(1) Movable Equipment	\$194,500	\$194,500	\$389,000
(2) Contingency Allowance	\$253,500	\$253,500	\$507,000
(3) Gross interest during construction period	\$298,900	\$298,900	\$597,800
(4) Other (Specify/add rows if needed)	\$0	\$0	\$0
SUBTOTAL	\$746,900	\$746,900	\$1,493,800
TOTAL CURRENT CAPITAL COSTS	\$4,677,900	\$4,677,800	\$9,355,800
d. Land Purchase	\$187,500	\$187,500	\$375,000
e. Inflation Allowance			\$0
TOTAL CAPITAL COSTS	\$4,865,400	\$4,865,400	\$9,730,800
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			\$0
b. Bond Discount			\$0
c. CON Application Assistance			\$0
c1. Legal Fees			
c2. Other (Specify/add rows if needed)			\$0
d. Non-CON Consulting Fees			\$0
d1. Legal Fees			
d2. Other (Specify/add rows if needed)	\$65,500	\$65,500	\$131,000
e. Debt Service Reserve Fund			\$0
i. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$65,500	\$65,500	\$131,000
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$4,930,900	\$4,930,900	\$9,861,800
B. Sources of Funds			
1. Cash	\$1,232,725	\$1,232,725	\$2,465,450
2. Philanthropy (to date and expected)			\$0
3. Authorized Bonds			\$0
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage			\$0
6. Working Capital Loans			\$0
7. Grants or Appropriations			
a. Federal			
b. State			\$0
c. Local			\$0
8. Other (Specify/add rows if needed)			
Drawdown on PHC current loan facility	\$3,698,175	\$3,698,175	\$7,396,350
TOTAL SOURCES OF FUNDS	\$4,930,900.0	\$4,930,900.0	\$9,861,800
	III.7 and III.7D	RESIDENTIAL	TOTAL
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

TABLE E. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

Indicate CY or FY	FY'23 (March-June)	FY'24	FY'25	Projected Years (ending at least two years after project completion and full occupancy) include additional years. If needed in order to be consistent with Tables G and H.
1. DISCHARGES				
a. Residential	59	505	546	
b. III.7 and III.7D	49	669	772	
c. Other (Specify)				
TOTAL DISCHARGES	0	1,175	1,318	0
2. PATIENT DAYS				
a. Residential	1,680	14,354	15,513	
b. III.7 and III.7D	976	13,456	15,513	
c. Other (Specify)				
TOTAL PATIENT DAYS	0	27,810	31,026	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)				
a. Residential	28.4	28.4	28.4	
b. III.7 and III.7D	20.1	20.1	20.1	
c. Other (Specify)				
TOTAL AVERAGE LENGTH OF STAY				
4. NUMBER OF LICENSED BEDS				
f. Rehabilitation	50	50	50	
g. Comprehensive Care	50	50	50	
h. Other (Specify)				
TOTAL LICENSED BEDS	0	100	100	0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be charged by applicant to reflect 366 days per year.				
a. Residential	9.2%	78.7%	85.0%	
b. III.7 and III.7D	5.3%	73.7%	85.0%	
c. Other (Specify)				
TOTAL OCCUPANCY %	7.3%	76.2%	85.0%	
6. OUTPATIENT VISITS				
a. Residential				
b. III.7 and III.7D				
c. Other (Specify)				
TOTAL OUTPATIENT VISITS	0	0	0	0

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

TABLE G. WORKFORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninfated projections in Tables F and G.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Program Director			\$0	1.0	\$120,000	\$120,000			\$0	1.0	\$120,000
Clinical Director			\$0	1.0	\$90,000	\$90,000			\$0	1.0	\$90,000
Medical Director			\$0	0.2	\$250,000	\$50,000			\$0	0.2	\$50,000
			\$0			\$0			\$0	0.0	\$0
Total Administration			\$0	2.2	\$460,000	\$260,000			\$0	2.2	\$260,000
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Behavioral Technician			\$0	33.0	\$31,200	\$1,029,600			\$0	33.0	\$1,029,600
Behavioral Technician Supervisor			\$0	4.0	\$40,000	\$160,000			\$0	4.0	\$160,000
RN			\$0	7.0	\$73,000	\$511,000			\$0	7.0	\$511,000
LPN			\$0	11.0	\$58,000	\$638,000			\$0	11.0	\$638,000
Counselor			\$0	11.0	\$55,000	\$605,000			\$0	11.0	\$605,000
Clinical Supervisor			\$0	2.0	\$80,000	\$160,000			\$0	2.0	\$160,000
CRNP			\$0	2.0	\$130,000	\$260,000			\$0	2.0	\$260,000
Total Direct Care			\$0	70.0	\$467,200	\$3,383,600			\$0	70.0	\$3,383,600
<i>Support Staff (List general categories, add rows if needed)</i>											
Administrative Assistant			\$0	3.0	\$31,200	\$93,600			\$0	3.0	\$93,600
Case Managers			\$0	4.0	\$40,000	\$160,000			\$0	4.0	\$160,000
Maintenance/Kitchen			\$0	10.0	\$40,000	\$400,000			\$0	10.0	\$400,000
			\$0			\$0			\$0	0.0	\$0
Total Support			\$0			\$0			\$0	0.0	\$0
REGULAR EMPLOYEES TOTAL			\$0	17.0	\$111,200	\$663,600			\$0	17.0	\$663,600
2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Administration			\$0			\$0			\$0	0.0	\$0
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
			\$0	Nurses		\$120,000			\$0	0.0	\$120,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff			\$0			\$120,000			\$0	0.0	\$120,000
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support Staff			\$0			\$0			\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL			\$0			\$0			\$0	0.0	\$0
Benefits (State method of calculating benefits below):						855,440.0					855,440.0
*This is our actual spend for benefits as an agency (20%)											
TOTAL COST	0.0		\$0	89.2		\$5,252,640	0.0		\$0		\$5,252,640

TABLE F. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table F should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of manpower listed in Table G. Manpower, indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to this application, provide an explanation or justification for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed, in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.

	Indicate CY or FY	FY23 (March to June/23)	FY24	FY25	FY26
1. REVENUE					
a. Inpatient Services		\$ 844,287	\$ 9,225,674	\$ 10,322,018	\$
b. Outpatient Services		\$	\$	\$	\$
Gross Patient Service Revenues		\$ 844,287	\$ 9,225,674	\$ 10,322,018	\$
c. Allowance For Bad Debt		\$ 42,214	\$ 461,284	\$ 516,101	\$
d. Contractual Allowance		\$	\$	\$	\$
e. Charity Care		\$	\$	\$	\$
Net Patient Services Revenue		\$ 802,073	\$ 8,764,391	\$ 9,805,917	\$
f. Other Operating Revenues (Specify)		\$	\$	\$	\$
NET OPERATING REVENUE		\$ 802,073	\$ 8,764,391	\$ 9,805,917	\$
2. EXPENSES					
a. Salaries & Wages (including benefits)		\$ 801,716	\$ 5,304,403	\$ 5,384,000	\$
b. Contractual Services		\$ 12,000	\$ 100,000	\$ 120,000	\$
c. Interest on Current Debt		\$	\$	\$	\$
d. Interest on Project Debt		\$ 147,927	\$ 442,302	\$ 437,864	\$
e. Current Depreciation		\$	\$	\$	\$
f. Project Depreciation		\$ 119,812	\$ 358,836	\$ 358,836	\$
g. Current Amortization		\$	\$	\$	\$
h. Project Amortization		\$	\$	\$	\$
i. Supplies		\$ 16,280	\$ 179,856	\$ 187,147	\$
j. Other Expenses (Specify)		\$ 297,834	\$ 1,852,687	\$ 2,163,406	\$
TOTAL OPERATING EXPENSES		\$ 1,495,269	\$ 8,338,083	\$ 8,981,253	\$
3. INCOME					
a. Income From Operation		\$ (683,296.58)	\$ 426,307.20	\$ 1,144,663.54	\$
b. Non-Operating Income		\$	\$	\$	\$
SUBTOTAL		\$ (683,296.58)	\$ 426,307.20	\$ 1,144,663.54	\$
c. Income Taxes		\$ (197,139.00)	\$ 121,220.00	\$ 325,485.00	\$
NET INCOME (LOSS)		\$ (880,435.58)	\$ 305,087.20	\$ 819,178.54	\$
4. PATIENT MIX					
a. Percent of Total Revenue					
1) Medicare		85.0%	85.0%	85.0%	85.0%
2) Medicaid					
3) Blue Cross		12.0%	12.0%	12.0%	12.0%
4) Commercial Insurance		3.0%	3.0%	3.0%	3.0%
5) Self-pay					
6) Other					
TOTAL		100.0%	100.0%	100.0%	100.0%
b. Percent of Equivalent Inpatient Days					
Total MSGA					
1) Medicare		85.0%	85.0%	85.0%	85.0%
2) Medicaid					
3) Blue Cross		12.0%	12.0%	12.0%	12.0%
4) Commercial Insurance		3.0%	3.0%	3.0%	3.0%
5) Self-pay					
6) Other					
TOTAL		100.0%	100.0%	100.0%	100.0%

Exhibit 26

Pyramid Healthcare Treatment Facilities

POLICY/PROCEDURE

Section:	Provision of Care
Policy Name:	Utilization Review
Policy Number:	PHC 2.2

Date Issued:	7/1/1999
Date Reviewed:	
Date Revised:	2/23/2000; 10/1/2009; 7/1/2010; 8/13/2012; 6/18/2018; 4/9/2019

POLICY: Pyramid Healthcare, Inc. is committed to providing the highest quality of care based on the assessed needs of the individual client and to realizing the optimal outcomes for every client treated. The basis for the individualized care provided to each client stems from the integration of information obtained through the screening and assessments completed or obtained during the admissions process. The second step in the admissions process is the Level of Care Assessment, where the client is assessed and level of care recommendations are identified. During the level of care assessment, and throughout treatment, the client's needs are assessed and reassessed and treatment recommendations are formulated and implemented. In an attempt to ensure the client is receiving the appropriate services at the appropriate level of care, the care of each individual client is reviewed on a consistent basis and adjustments to the plan of care are initiated as indicated.

SCOPE: The Executive Director of the facility is responsible for adherence to this policy.

PROCEDURE:

I. Purpose

- A. Utilization Review is the process by which the use of available facilities and services is evaluated. The purpose is to assure that each client receives the appropriate care based on the individual assessment and to assure that the treatment, care and services provided are:
1. Medical or Clinical necessity
 2. Delivered in an efficient and cost effective manner
 3. Provided at the least restrictive level of care necessary to assure the best client outcomes
 4. In conformity with state and federal regulations governing the service provided
 5. In compliance with CARF standards of care
 6. In line with established admission criteria
- B. Utilization Review is employed as an instrument to ensure the provision of the best possible care for patients/residents, as a medium for education of the clinical staff, as a basis for comparative studies within the organization and among health care facilities, and as a foundation for making necessary changes to individual treatment plans, programs and services.

II. Organization:

- A. The UR coordinator or designee is responsible for gathering and integrating information from the treatment team staff, including, but not limited to:
1. Medical and Psychiatric Providers
 2. Clinical staff
 3. Nursing staff (where applicable)

4. Support staff

- B. The UR coordinator or designee reviews the treatment information and communicates with appropriate parties, in compliance with all state and federal confidentiality laws governing the treatment, care or services provided, to ensure the client is receiving the necessary care, at the most appropriate and least restrictive level.
 - 1. ASAM 3rd Edition criteria is utilized for evaluating appropriateness and medical/clinical necessity of admission, continued stay, transfer and discharge for drug and alcohol clients.
 - 2. DSM-V criteria are used for diagnostic and placement determination for mental health clients.
- C. The UR staff reviews any discrepancies in level of care recommendations, funding issues, delays in the provision of treatment, care or services, and initiates action to resolve the discrepancies in a timely manner.
- D. All UR issues are reviewed with the Executive Director and/or Director of Utilization Review. Any trends identified are reviewed at the facility and corporate level for performance improvement.

III. Admission and Continued Stay Reviews:

- A. At Admission, an initial length of stay is assigned following the determination that the client meets criteria for the level of care in which he or she is placed.
- B. Continued Stay Reviews occur at the request of the payor source for Residential clients and on a monthly basis for Halfway House, Partial Hospital, and Outpatient clients.
 - 1. Continued Stay Reviews occur more often when authorized length of stay is shorter or there is a significant clinical change in the client condition, suggesting a need for a change in level of care.
 - 2. Continued Stay Reviews are documented on facility approved forms and are maintained as a permanent part of the client record.
- C. When a client does not meet Continued Stay Review criteria the client will be assessed and transferred to the appropriate level of care, if necessary.

IV. All denials of reimbursement for recommended care from referral and/or funding sources are reviewed by the Executive Director and/or Director of Utilization Review.

- A. The grievance process will be utilized as necessary to ensure the client needs are met.
- B. A request for scholarship can be submitted to the Vice President of Operations if deemed appropriate by the Executive Director.
- C. No decisions regarding the treatment, care or services offered to clients will be made strictly based on reimbursement related issues.