



April 29, 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
Second Completeness**

Dear Mr. Wolf:

Commission staff has reviewed the application and first completeness responses from the Pyramid Walden, LLC for Certificate of Need (CON) approval to establish a 50-bed Track One Level III.7 medically monitored intensive inpatient treatment program in Bowie, Prince George's County. The total project cost is estimated to be \$9,861,600. The information provided in the original application and supplemented in the first completeness response is incomplete, and therefore staff requests that you provide responses to the following questions:

Comprehensive Project Description

1. Please provide the number of beds reserved for male and female clients. Are there separate detox rooms for male and female clients?

Identification of Bed Need

2. Please identify how bed need is being calculated to obtain a need of 742 beds. According to our calculations, $6,360 \text{ turndowns} / 365 \text{ days} \times 14 \text{ days}$ would find 244 beds needed statewide. Explain the discrepancy with your calculated bed need of 742 beds.
3. Provide the rationale for the selection of Prince George's, Montgomery, and Frederick County in your bed need analysis when Prince George's, Anne Arundel, Charles, and Calvert are geographically closer to the new facility and appear to have greater need based on the number of turndowns?

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4. In our calculation of bed need for Prince Georges, Montgomery and Frederick Counties, , 926 turndowns/365 days x 14 days would result in a bed need of 36 beds. Explain your calculation that resulted in 108 beds. What would be the calculated bed need for Prince George's, Anne Arundel, Charles, and Calvert Counties?

Project Budget (Table B)

5. Please explain what is meant by "Drawdown on PHC current loan facility" (Line B. 8). Are all these funds specifically earmarked for the proposed project?

Revenue and Expenses (Table F)

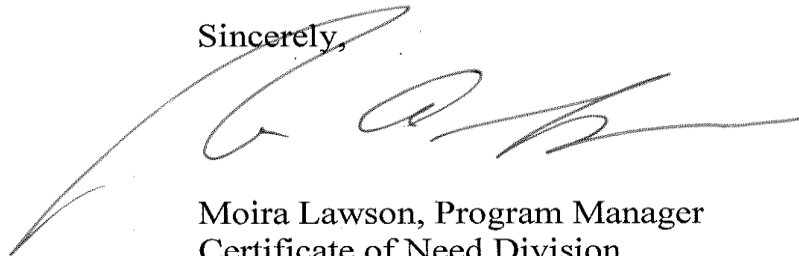
6. Please include revenue and expenses for the outpatient services on Table F.

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

