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July 5, 2022

Marta D. Harting

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VIA ELECTRONIC DELIVERY

Paul E. Parker, Director
Center for Health Care Facilities Planning
and Development
4160 Patterson Avenue
Baltimore, MD 21215

Re: Pyramid Healthcare, Inc. (Docket No. 22-16-2452); Interested Party Comments of
Luminis Health Pathways, Inc., d/b/a Pathways Alcohol & Drug Treatment Center

Dear Mr. Parker:

Enclosed are the comments of Luminis Health Pathways, Inc., d/b/a Pathways Alcohol & Drug Treatment Center (“Pathways”) regarding the above referenced application. Pathways seeks to be recognized as an interested party in this review for the reasons set for the in the enclosed comments pursuant to COMAR 10.24.01.01B(2) and (20).

Sincerely,

Marta D. Harting
Partner

MDH/dll
Enclosure

BEFORE THE MARYLAND HEALTH CARE COMMISSION

IN THE MATTER OF

*

PYRAMID HEALTHCARE, INC.

*

DOCKET NO. 22-16-2452

INTERESTED PARTY COMMENTS OF PATHWAYS

Pursuant to COMAR 10.24.01.08F(1)), Luminis Health Pathways, Inc., d/b/a Pathways Alcohol & Drug Treatment Center, (“Pathways”) provides these comments regarding the certificate of need application (the “Application”) filed by Pyramid Healthcare, Inc (“Pyramid”) to establish an alcohol and drug abuse intermediate care facility (“ICF”) in Bowie, Maryland.

1. BACKGROUND

a. Pathways

Pathways, a subsidiary of Luminis Health Anne Arundel Medical Center, is a nonprofit substance use treatment center located at 2620 Riva Road in Annapolis, Maryland. Pathways is designated as an Intermediate Care Facility (ICF) with 40 beds. Pathways is licensed to provide American Society of Addiction Medicine (ASAM) level III.7D Medically Monitored Residential Detoxification, and ASAM level III.7 --Medically Monitored Intensive Residential Treatment, and ASAM level III.5- High Intensity Clinically Managed Residential Treatment, among other outpatient levels of care. See Exhibit 1.

Pathways is a longstanding trusted, innovative residential and outpatient treatment facility offering programs for adults with substance use and co-occurring mental health disorders. Open 24 hours a day, seven days a week, Pathways has served over 50,000 patients since opening in 1992. Pathways offers a full continuum of residential, psychiatric, outpatient and rehabilitative

treatment services tailored to the special needs of each person, implementing evidenced-based programs, practices and measurement-based care. Pathways operates as part of a comprehensive Behavioral Health Program within Luminis Health to improve the health of our communities and towards a goal of eliminating opioid overdoses in the community.

Pathways' programs include:

- Adult substance use and co-occurring treatment
- Family intervention and education
- DWI/DUI programs
- Adventure (experiential) therapy
- Prevention and education services to the community

Every patient has a complete team working together for them to create and partner in a comprehensive, and fully customized addiction treatment plan. The treatment team includes:

- Addiction Psychiatrist
- Nursing Leadership
- Clinical Director- LCSW-C
- Mental Health Clinician
- Registered nurses
- Addiction Counselor
- Family Counselor
- Adventure therapist

Medical care is delivered by nurses, physician's assistants, nurse practitioners and physicians who specialize in substance abuse and mental health treatment.

Pathways' facility is on a behavioral health campus easily accessible to downtown Annapolis as well as to all residents of Central Maryland because of its convenient location at the confluence of Routes 50, 97 and Route 2 in Anne Arundel County. Pathways' facility features:

- Single or Double-occupancy rooms-all with private bathrooms
- Gymnasium for indoor activities
- Cafeteria
- Outdoor ropes course for adventure therapy
- Patio for outdoor dining and gathering
- Sufficiently spaced group rooms

In addition to its patient-centered treatment programs, Pathways is a regionally recognized resource dedicated to preventing and educating the community about addiction and substance use. The tools it offers families and communities include a health library of resources on addiction, substance use, and co-occurring disorders through evidence-based substance use prevention education programs for schools and community groups that are proven to reduce early use of tobacco, alcohol and illicit drugs. Pathways' prevention programming is primarily funded through community donations and grants.

Pathways has always accepted Medicaid and currently has an average payer of mix that consists of 79% Medicaid as of CY21. Pathways is committed to providing high quality care to all who seek care, including the underinsured and Medicaid community.

In the almost thirty years since it was established, Pathways has treated patients who are primarily Anne Arundel County residents, but also come from an extended service area that includes Prince George’s County and Calvert County (Southern planning region), Howard County and Baltimore City (Central planning region) and the Eastern Shore. In recent years, Pathways’ referrals have increasingly come from these additional counties due in part to a decline in demand by Anne Arundel County residents for treatment and a reduction in overdoses, an outlier in the reduced demand for services in a State that has seen two- to three-fold increases in overdoses since the COVID-19 pandemic began in 2020.

Pathways is accredited by The Joint Commission with Gold Seal Approval in behavioral health care. The Joint Commission has commended Pathways as being in the top 99th percentile for compliance with standards and noted the work that was completed beyond treatment facility walls to improve the health of the community, including prevention education programs with the school system, and engagement in county taskforces to improve the health of our collective community.

b. The Proposed Project

Pyramid is proposing to establish a new ICF in Bowie in Prince George’s County (which is in MHCC’s Southern Planning Region) with 50 detox beds it would license as ASAM level III.7-Medically Monitored Inpatient Detoxification, and 50 residential beds. The estimated capital cost is \$9,750,800. Pyramid has two existing locations in Charlotte Hall (Southern Planning Region) and Joppatown (Central Planning Region).

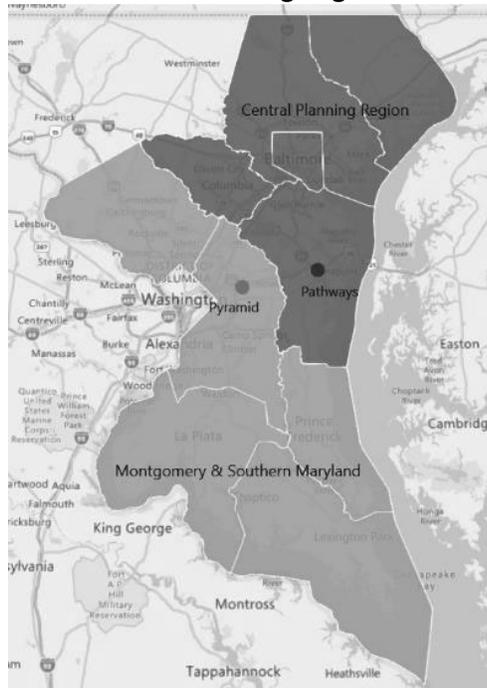
Pyramid’s application presents a confusing picture as to its intended service area, defining a new “South Central” regional planning area consisting of Montgomery, Prince George’s and Frederick Counties

based on the way the Maryland Tourism website groups counties, but elsewhere makes clear that it proposes to serve from the Pennsylvania border to Southern Prince George's County, an area that encompasses portions of multiple MHCC Planning Regions.

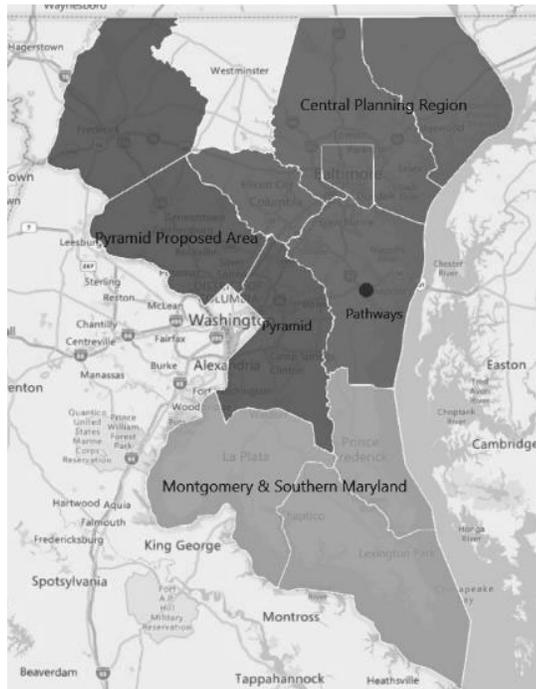
2. PATHWAYS QUALIFIES AS AN INTERESTED PARTY

Pathways is authorized to provide the same services as Pyramid proposes to provide (alcohol and drug abuse intermediate care facility treatment services, including ASAM Level III.7D -Medically Monitored Inpatient Detoxification) in a planning region (Central Maryland) adjacent to the planning region in which Pyramid seeks to establish a new facility. Pathways is located only 19 miles down Route 50 from the proposed new facility, and serves patients from Prince George's County. Located in Bowie, it is reasonable not only that Pyramid will serve patients that are currently served by Pathways, who originate in the greater Bowie area, but draw patients from Pathways' broader service area. Accordingly, the proposed new facility could reasonably provide services to residents in the Central Maryland region, including (but not limited to) Anne Arundel County specifically, so Pathways qualifies as an interested party under COMAR 10.24.01.01B(20)(e) and .01B(2)(a).

**MAP 1
MHCC Planning Regions**



**Map 2
Pyramid's Proposed Catchment**



3. STATE HEALTH PLAN STANDARDS AND REVIEW CRITERIA NOT MET BY PYRAMID

a. COMAR 10.24.14.05B (Identification of Intermediate Care Facility Alcohol and Drug Abuse Bed Need)

.05B

(2) To establish or to expand a Track Two intermediate care facility, an applicant must:

(a) document the need for the number and types of beds being applied for;

Pyramid seeks a total of 50 detox beds in the Southern Planning Region. In response to MHCC’s April 29, 2022 completeness questions, Pyramid estimates the statewide bed need to be 742 beds. In the application, Pyramid suggests (CON Table 1) that the Southern Planning Region needs 51 to 78 additional beds. Pyramid claims it will serve patients from across Maryland, and Pyramid presents CON Table 1 in attempt to demonstrate a need of -13 to 155 bed need for the state. With the request for 50 Track 2 beds, Pyramid proposes to meet the entire minimum need it calculated for the Southern Region and two-thirds of the maximum need. The median bed need for the State calculated by Pyramid is 71 beds. Pyramid’s aggressive proposal is to meet 70% of the median estimated bed need it calculated for the entire State from its proposed facility in Bowie.

Pyramid has failed to document the need for the 50 beds it seeks as required by this standard. In the April 29, 2022 completeness questions, the MHCC asked Pyramid to identify how it calculated a statewide need of 742 beds. In response, Pyramid provided the following calculation based on its “turndown” data from its call center in attempt to demonstrate the need for 612 beds:

Table 1
Pyramid Turndown Methodology

	ALOS	Turndowns	Bed Need
LOC 3.7 (Detox)	20.1	6,360	350
LOC 3.5 *	24	6,360	418
LOC 3.1 *	35.1	6,360	612

The number of “turndowns” of care from Pyramid’s call center does not document need for the beds it seeks. Beyond being unverifiable and thus undocumented, the information presented by Pyramid as

to the total number of turndowns says nothing about the number of turndowns involving an ASAM III.7 LOC; turndowns for some lower level of care are irrelevant to demonstrating the need for ASAM III.7 LOC beds. Further, it is not plausible that a call to a call center could discern the appropriate level of care needed for the caller in any event. Additionally, no information is presented as to whether the persons being turned down (that Pyramid suggests it can serve from the new facility) were Medicaid or grey area patients that must make up at least 85% of its patients as a Track 2 facility. It is also notable that the number of turndowns Pyramid suggests it made in CY 21 is nearly three times what it presented in its CON application for the Joppatown facility in 2019 (Docket No. 20-12-2440, Application at 20) on an annualized basis, calling into serious question the reliability of the data presented.

Further, even if the turndown data is considered, Pyramid’s methodology is flawed and does not demonstrate the need for 612 ASAM III.7 LOC beds because it includes ASAM LOC III.5 and III.1 beds, leaving only 350 beds under Pyramid’s methodology. However, 350 beds is significantly overstated even under Pyramid’s methodology because it is based on an average length of stay (ALOS) of 20.1 days, contrary to the State Health Plan's methodology of 14 days (which is consistent with Pathway’s ALOS). Below is a recalculation of the State bed need for ASAM LOC III.7 only using the State Health Plan ALOS of 14 days:

Table 2
Pyramid Methodology using SHP ALOS

	ALOS	Turndowns	Bed Need
LOC 3.7 (Detox)	14	6,360	244

Further, in relying on its “turndown” data, Pyramid reported that 40% of calls are offered care and accept it, then 81% actually enter care. Using the total number of 6,360 turndowns to estimate needs overstates how many clients would potentially enter care. Using the information Pyramid provided, and a factor of 81%, the number of statewide turndowns who could be expected to accept care to 5,088.

Therefore, applying the appropriate LOS as indicated above leads to an adjusted state bed need of only 195 beds under Pyramid’s methodology.

Table 3
Pyramid Methodology using SHP ALOS & Pyramid Utilization

	ALOS	Expected to Accept Care	Bed Need
LOC 3.7 (Detox)	14	5,088	195

Following the same logic as above, removing the residential beds (ASAM LOC III.5 and III.1 beds) and reducing the ASAM LOC III.7 beds ALOS to 14 days translates into a bed need of only 28 ASAM LOC III.7 beds for the “Southern-Central Region” that Pyramid seeks to serve, as shown in this table:

Table 4
Pyramid Methodology using SHP ALOS & Pyramid Utilization

	ALOS	Expected to Accept Care	Bed Need
LOC 3.7 (Detox)	14	741	28

Accordingly, Pyramid has failed to document the need for the 50 beds it seeks, even using its own methodology and turndown data.

- b. COMAR 10.24.01.08 G(3)(d) Viability of the Proposal: The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission’s performance requirements, as well as the availability of resources necessary to sustain the project.**

Pyramid’s proposed project also fails to satisfy the Viability criteria. Pyramid's projected revenues assume an average length of stay of 35 days across the care continuum (including III.7, III.1 and III.5 levels of care), and 20.1 days for level III.7 alone. The State Health Plan need methodology is based on a length of stay of 14 days, which is consistent with Pathways average length of stay. Adjusting the volumes to

an ALOS of 14 days instead of 20 days reduces the ASAM LOC III.7 volumes by 15%, which makes the project operate at a loss, as shown on Exhibit 2.

Second, Pyramid has significantly underestimated the cost of staffing in today's challenging workforce market. Pyramid has not demonstrated how it will recruit staffing levels for the proposed project. Luminis Health's experience in staffing at Pathways and other behavioral health services at McNew Family Medical Center in Annapolis and Luminis Health Doctors Community Medical Center (LHDCMC) Behavioral Health Pavilion in Lanham strongly indicates that there is a shortage of workers and increasing salary demand for those who are available, and there is a very limited supply of qualified professionals in the substance use treatment services in particular. Pathways, McNew, and LHDCMC have ongoing challenges recruiting and hiring new staff as well as retaining existing staff. Pathways' salaries are 10-42% higher for similar positions as compared to Pyramid's proposed salaries on Table L, and on average, Pathways pays on average 30% more for the same positions than what Pyramid has estimated on Table L. As shown on Exhibit 2, increasing salaries by 30% to reflect the current labor market challenges also makes the project operate at a loss.

Additionally, as shown in Exhibit 2, both of these adjustments combined (decreasing the ALOS to 14 and increasing staffing expense) cause the project to operate at a significant loss (approximately \$2.5M in FY24 and \$2M in FY25), but either one of them alone would make the project infeasible.

c. COMAR 10.24.01.08G(3)(f) Impact on Existing Providers and the Health Care Delivery System: An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the health planning region, including the impact on geographic and demographic access to services, on occupancy, on costs, and charges of other providers, and on costs to the health care delivery system.

Pyramid has failed to meet this standard. First, its project will have an adverse impact on costs to the health care delivery system because it assumes (and its financial viability depends on) a significantly higher average length of stay than the State Health Plan need methodology recognizes and is experienced by

Pathways. As discussed above, this results in an additional (and unnecessary) health care costs each year (\$1,356,814 in FY24 and \$1,565,303 in FY25 and going forward). Further, Pyramid has also failed to provide any meaningful analysis of the impact on existing providers, simply asserting that the project will have “minimal” impact and repeating its assertion that there is an overall shortage of beds statewide. In the initial application, Pyramid only listed ICFs in Prince George’s County. In the MHCC’s April 8, 2022 completeness questions, the MHCC asked Pyramid to evaluate impact to Track 2 facilities in the region and state. In its April 16, 2022 response, Pyramid provided an Estimated Track 2 Bed Need-2021 Census that differs from Table 1 in the CON. Pyramid’s recalculation of the statewide bed need for Track 2 only projects a median statewide need of 53 beds, virtually all of which Pyramid proposes to serve from the proposed facility in Bowie, in close proximity to several existing ICFs.¹

The table below demonstrates the existing facilities identified in Pyramid’s response that are within 30 miles of driving distance to Pyramid’s proposed location. If approved as submitted, these facilities are likely to be negatively impacted due to their close proximity and the large number of beds Pyramid is proposing.

ICFs	Driving Distance
Hope Health	19 miles
Pathways	19 miles
Gaudenzia at Park Heights	20 miles
Hope House	20 miles
Avery Road Treatment Center	30 miles

In CY 2021, 14.7% of the patients Pathways served originated in Prince George’s County and 2% originated in Montgomery County. Opening these beds within this proximity to Pathways will adversely impact Pathways existing community referral base. It would be reasonable to assume the other programs

¹ Pyramid also relies on its “turndown” analysis to support a higher need, but as discussed above, that analysis should not be afforded any weight.

would experience impacts, as well. Pyramid has failed to provide any analysis of impact on these programs in violation of this review criteria.

Finally, Pyramid's proposed project threatens a negative impact to the health care delivery system overall. Pyramid is proposing to put three clients in a room in order to achieve operational efficiency. This is not consistent with standards for high quality care from the perspective of infection control, patient privacy and accommodating gender neutrality preferences. While these issues are presented to some degree with double rooms, they are far more significant for three person rooms. Pathways serves a large proportion of Medicaid patient (79% CY2021), but does so at the same high quality standard of care for all our patients, regardless of payment. As a Track 2 ICF, Pyramid is required to treat indigent and gray area populations representing 85% of their total patient populations. Pyramid is effectively creating a separate standard of care for indigent and gray area populations. Pathways believes that all patients should be offered the highest quality care possible, and is concerned that reducing privacy levels and increasing crowding would have detrimental impacts on some populations, which raises concerns about equity and disparity that should be considered by the MHCC in reviewing Pyramid's application.

CONCLUSION

For the reasons stated above, Pyramid's Certificate of Need Application should be denied.

Respectfully submitted,

Marta Harting

Marta D. Harting
Venable LLP
750 E. Pratt Street
Suite 900
Baltimore MD 212-2
(410)244-7542
Counsel for Pathways

EXHIBIT 1

(Pathways License)



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Behavioral Health Administration

Aliya Jones, M.D., MBA
Deputy Secretary Behavioral Health
55 Wade Ave., Dix Bldg., SGHC
Catonsville, MD 21228

November 4, 2021

Daniel Watkins, Director of Substance Use Services
Luminis Health Pathways, Inc.
2620 Riva Road
Annapolis, MD 21401

Dear Mr. Watkins:

The Behavioral Health Administration (BHA) has approved your application for a license to operate under COMAR 10.63 Community-Based Behavioral Health Programs. Your license is enclosed and is valid from **November 4, 2021** to **August 31, 2022**, unless revoked under COMAR 10.63.06.13.

Licenses are valid only for the program/service type(s) and location(s) for which they are issued. They cannot be transferred per COMAR 10.63.01.03B. In addition, all closures, relocations, or expansions must be approved by the Department's designated approval unit per COMAR 10.63.06.07B. You may not begin operation at a new location until you receive your license to do so.

If your license is for an accreditation-based service, you are required to maintain accreditation throughout the licensing period in order for the license to remain valid. Additionally, you must submit an application to renew a license at least 60 days before the expiration date shown on the license. Failure to do so may result in a suspension of your license to operate under COMAR 10.63.

If you are a Medicaid provider, a condition of Medicaid participation is that you maintain your COMAR 10.63 license to operate (*see COMAR 10.09.36.02*) in order to be reimbursed under Medicaid. If you fail to maintain your license under COMAR 10.63, the BHA will notify Medicaid to terminate enrollment effective the same date as the loss of your license under COMAR 10.63. **Medicaid providers must remain in compliance with Medicaid regulations, COMAR 10.09. Licensure alone is not enough to guarantee payment for services, and**

payers may have additional requirements which must be met as a prerequisite for reimbursement.

The appropriate Core Service Agency, Local Addictions Authority, or Local Behavioral Health Authority, whichever is appropriate, Medicaid, and the Administrative Service Organization have been informed about the agency's status by copy of this letter. If you have any questions, please contact me at 443.401.9509, or by email at barbara.smythe@maryland.gov.

Sincerely,



Barbara Smythe, RN, B.S.
Health Facility Surveyor Nurse II
BHA, Office of Licensing

cc:

- | | |
|----------------|-------------------|
| Lisa Fassett | Kristy Hicks |
| Marian Bland | Doris Williams |
| Abigail Baines | Monica Brookins |
| Frank Dyson | Tammy Fox |
| Admin. File | Patricia Williams |
| CSA/LAA/LBHA | |



**MARYLAND DEPARTMENT OF HEALTH
 BEHAVIORAL HEALTH ADMINISTRATION
 SGHC – VOCATIONAL REHABILITATION BUILDING
 55 WADE AVENUE
 CATONSVILLE, MARYLAND 21228**

POST IN A CONSPICUOUS PLACE

Issued to:
Luminis Health Pathways, Inc

**2620 Riva Road
 Annapolis, MD, 21401**

PROGRAM TYPE/SERVICE LEVEL	Effective Date	Expiration Date	License #
DUI Education Program	November 4, 2021	August 31, 2022	210911510
Level 0.5 - Early Intervention Program	November 4, 2021	August 31, 2022	210911511
Level 2.1 - Intensive Outpatient Treatment Program	November 4, 2021	August 31, 2022	210911512
Level 2.5 - Partial Hospitalization Treatment Program	November 4, 2021	August 31, 2022	210911513
Level 3.5 - Residential - High Intensity Program	November 4, 2021	August 31, 2022	210911514
Level 3.7 - Residential - Intensive Inpatient Program	November 4, 2021	August 31, 2022	210911515
Level 1 - Outpatient Treatment Program	November 4, 2021	August 31, 2022	210911516
Withdrawal Management Service	November 4, 2021	August 31, 2022	210911660

BED TYPE	COUNT

 Aliya Jones, M.D., MBA
 Deputy Secretary/Executive Director

(Not Transferable)

Authority to operate in the State is granted to the above entity pursuant to the Health-General Article, 7.5-204, 7.5-205, 7.5-401 and 10-922, Annotated Code of Maryland, and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is **not transferable** and may be revoked by the Department. Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

EXHIBIT 2

Pyramid Adjusted Projected Revenue and Expenses (reflecting decrease in ALOS and increase in staffing expense)

	FY23 (March-June)	FY24	FY25	
1. REVENUE				
a. Inpatient Services	\$ 752,102	\$ 7,868,860	\$ 8,756,715	Decreased inpatient revenue according to decrease in patient days. FY23: 11% FY24: 15% FY25: 15%
b. Outpatient Services	\$ 27,850	\$ 238,798	\$ 333,828	
Gross Patient Service Revenues	\$ 779,952	\$ 8,107,658	\$ 9,090,543	
c. Allowance For Bad Debt	\$ 38,998	\$ 405,383	\$ 454,527	
d. Contractual Allowance				
e. Charity Care				
Net Patient Services Revenue	\$ 740,954	\$ 7,702,275	\$ 8,636,016	
f. Other Operating Revenues (Specify/add rows if needed)				
h. Net assets released from restrictions used for operations				
NET OPERATING REVENUE	\$ 740,954	\$ 7,702,275	\$ 8,636,016	
2. EXPENSES				
a. Salaries & Wages (including benefits)	\$ 1,222,403	\$ 7,147,585	\$ 7,300,805	Increased Pyramid staffing by 30%
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	\$ 119,612	\$ 358,836	\$ 358,836	
g. Current Amortization				
h. Project Amortization				
i. Supplies	\$ 16,913	\$ 182,388	\$ 189,679	
j. Other Expenses (Specify/add rows if needed)	\$ 299,686	\$ 1,968,567	\$ 2,185,606	
TOTAL OPERATING EXPENSES	\$ 1,818,541	\$ 10,199,678	\$ 10,592,790	
3. INCOME				
a. Income From Operation	\$ (1,077,587)	\$ (2,497,403)	\$ (1,956,774)	No taxes since Pyramid will have a loss
b. Non-Operating Income	\$ -	\$ -	\$ -	
SUBTOTAL	\$ (1,077,587)	\$ (2,497,403)	\$ (1,956,774)	
c. Income Taxes				
NET INCOME (LOSS)	\$ (1,077,587)	\$ (2,497,403)	\$ (1,956,774)	\$ - \$ - \$

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the Interested Party Comments of Pathways are true and correct to the best of my knowledge, information and belief.

M Crandall

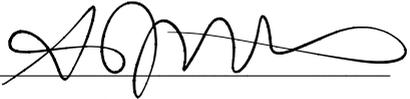
Name: Marguerite Crandall

Title: Manager, Business Development

Date: 7/5/22

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the Interested Party Comments of Pathways are true and correct to the best of my knowledge, information and belief.

A handwritten signature in black ink, appearing to read 'Aliya Jones', written over a horizontal line.

Name: Aliya Jones, MD MBA

Title: Executive Medical Director, Behavioral Health Services

Date: 6/30/22

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the Interested Party Comments of Pathways are true and correct to the best of my knowledge, information and belief.

A handwritten signature in blue ink, appearing to read "Ron L. Korwun", written over a horizontal line.

Name: Ron L. Korwun mpf
Title: VP - Behavioral Health - Linnis Health
Date: 06/30/2022

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the Interested Party Comments of Pathways are true and correct to the best of my knowledge, information and belief.



Name: Donald Watkins

Title: SR Director BH OPERATIONS + Nursing

Date: 7/5/2022