



July 5, 2023

VIA Email & U.S. MAIL

Ella Aiken, Esquire
Gallagher Evelius & Jones
218 North Charles Street, Suite 400
Baltimore, Maryland 21201

**Re: Hygea Detox at Camp Meade, LLC
Application to Establish an Alcoholism and Drug
Treatment Intermediate Care Facility
Matter No. 23-02-2468**

Dear Ms. Aiken:

Commission staff has reviewed the application submitted by Hygea Detox at Camp Meade, LLC. (Hygea) for Certificate of Need (CON) approval to establish a 16-bed Track One Level 3.7/3.7WM medically monitored intensive inpatient treatment program (ICF) in Linthicum Heights, Anne Arundel County. The project cost for the ICF is estimated to be \$136,781. Staff found the application incomplete, and, accordingly, requests that you provide responses to the following questions:

Project Identification and General Information

1. The application states that the building is 5,851 sq. ft. Please provide the square footage of each of the private, semiprivate, and triple patient rooms.
2. Will the proposed ICF have gender separate areas for male and female patients? If so, please provide floorplans clearly identifying where males and females will be housed.
3. Will gray area and private pay patients be integrated within the facility? Please describe the process.
4. Provide an update on the status of any referral agreements. What plans are being made to develop relationships with inpatient and outpatient aftercare programs in Maryland?

5. On page 11 it states Malibu Detox has three locations, however on page 4 it states that it has five locations-please reconcile.

Standards

.01 Utilization Review and Control Programs

6. The policies in the exhibits are labeled excerpts, please provide the complete policy for each.

.050 Outpatient Alcohol and Drug Abuse Programs

7. Document that the outpatient care organizations with which Hygea has referral agreements have appropriate staffing levels and offer group therapy.

Need

8. Does the recent CON approval for 36 Track One ICF beds for Alpas Wellness La Plata (Docket #22-04-2462) in Charles County affect the need for this project? Please describe.
9. Define the primary and secondary service area for the proposed project, including all jurisdictions that Hygea projects to obtain clients.
10. Describe Hygea's patient transportation services.
11. Please clarify whether Hygea is planning to offer both level 3.7 WM (detox) services and level 3.7 medically managed inpatient treatment, and the number of beds allocated for detox patients and medically managed inpatient treatment?

Impact

12. How will current ICF provider staffing shortages affect the project and impact staffing for existing ICFs?

Tables and Exhibits

13. Please explain why Table A shows three lines all marked as first floor of the building and the reason for the italics for one of these lines.



14. Table C shows an 8.3-day average length of stay for patients. Is this for patients receiving 3.7 care, 3.7 WM care or both?
15. Will the applicant offer any lower level of residential SUD treatment services?
16. Table D shows no change in inpatient revenue or salaries from 2025 to 2026. Please explain the assumptions whether this should be interpreted to represent no changes in reimbursement rates, or increases in staff salary and benefits over the course of this period?
17. Will the facility be accepting Medicare or Medicaid patients? If yes, at what percentage of total bed days?
18. Provide a clear floorplan showing the layout of the entire facility, the location of the building on the site, the number of beds in each patient room and the sizes of the rooms.

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

All information supplementing the application must be signed by person(s) available for cross-examination on the facts set forth in the supplementary information, who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

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

Sincerely,



Moira Lawson
Program Manager, Certificate of Need Division

cc: Tonii Gedin, Anne Arundel County Health Officer
Robbie Stempler, Chief Executive Officer, Hygea Detox at Camp Meade
Stacy Fruhling, Chief Operating Officer, Hygea Detox at Camp Meade
Wynee Hawk, Director, Center for Health Care Facilities Planning and Development

