

RESPONSE TO COMPLETENESS QUESTIONS
DATED MARCH 22, 2018, AND AMENDED APRIL 4, 2018 BY EMAIL, AND AS
FURTHER AMENDED APRIL 5, 2018 BY EMAIL

Description of Applicant's Structure

1. Provide a description of the applicants' corporate structure that can be provided to Commissioners as part of the staff report.

Joseph Richey House, Inc., is a Maryland non-stock corporation ("JRH"). Pursuant to JRH's Bylaws, a majority of JRH's directors are elected by Gilchrist Hospice Care, Inc., a Maryland stock corporation ("GHC"), and as a result JRH is controlled by GHC. GHC is a wholly owned subsidiary GBMC Healthcare, Inc.

After JRH filed for the CON, the MHCC requested that GHC and JRH file an amended joint application. This was requested because at some point after December 2018 but before the new facility is built, GHC and JRH will merge and the surviving entity will be GHC. As a result, although GHC ultimately will hold the CON, it is only the JRH facility that is moving and only this facility is relevant to the CON.

The CON should be issued to GHC because by the time the JRH facility has moved to its new location, GHC will be the only surviving entity.

Project Description and Project Budget

2. The project budget shows expenses for fixed equipment, but no moveable equipment, is this correct?

Yes, that is correct, there is no minor movable equipment anticipated with the new facility.

3. About 70% of the proposed project's funding is pledges, gifts, and bequests. Are these funds currently in hand? If not, please document the success of past fundraising activities. Also, if philanthropic efforts are not as successful as hoped, what is the backup plan?

The Applicants have raised approximately 30% of the needed funds to date. Annually, Gilchrist raises approximately \$4-5 million. We also have had multiple prior capital campaigns totaling \$25 million. These include a successful capital campaign that ran from 1994-1996 where we raised \$8.6M for our first inpatient unit in Towson. From 1997-2001 we raised \$10M for an endowment to cover charity care costs and other under-funded program costs. From 2010-2012 we raised \$3M for a Gilchrist Kids endowment to cover under-funded program costs. Also in 2010 we raised approximately \$1.5M for our Howard County facility to cover construction costs. From 2015-2017 we raised \$4.5 million: \$2.0 million in construction costs for a Jewish Meditation Center for our Towson Unit; and a \$2.5 million endowment for community and staff education for the Jewish Hospice Program.

Typically, we do not “break ground” with new construction until we have raised 70% of the required project funds. If we are unable to raise the full amount, Gilchrist has adequate cash reserves to cover the shortfall until the balance of the funds are raised.

Part III

4-6. Charity Care. The original questions 4-6 from the March 22, 2018 letter have been replaced with the following question per Mr. Parker’s letter of April 4, 2018:

Charity Care. Does the Applicant’s charity care policy include provisions for a sliding fee scale and time payment plans for low-income patients who do not qualify for full charity care but are unable to bear the full cost of services?

Yes, but note that virtually all of the JRH patients qualify for full charity care. A copy of the Applicants’ charity care policy is attached at **Exhibit A**.

7. Quality. The original question 7 from the March 22, 2018 letter have been replaced with the following question per Mr. Parker’s letter of April 4, 2018, and his clarification via email of April 5, 2018:

I have asked staff to investigate the QA and improvement program standards used by CHAP, which, by virtue of OHCQ’s deeming policy, become the QA and improvement requirements applicable in this case. Any assistance that your client can provide in this regard (e.g., providing the CHAP accreditation standards or, better yet, the results of the most recent CHAP accreditation survey report or that portion pertaining to the QA program) would be most appreciated. If this has already been provided in the CON application, please advise.

As explained in the CON Application, CHAP provides the deemed status survey for JRH. The CHAP certifications were provided in the Amended Application at Exhibit 9. Deemed status means that JRH meets all federal and state guidelines. The CHAP accreditation standards are attached. The CHAP standards attached at **Exhibit B** are the CORE standards and reflect standards that every organization surveyed by CHAP must meet. The standards attached as **Exhibit C** are the standards more specifically relevant to hospice care. For your convenience, the Applicants have attempted to cross reference the CHAP standards with the quality care standards at **Exhibit D**. Relevant quality care policies with the cross referenced CHAP guidelines collectively are attached as **Exhibit E**. The 2018 Quality Care Dashboard and Quality Care Plan collectively are attached as **Exhibit F**.

8. Respite Care. The original question 8 from the March 22, 2018 letter has been replaced with the following questions per Mr. Parker’s letter of April 4, 2018:

a) Will respite care be provided at the relocated Joseph Richey inpatient facility?
Again, a simple yes or no response is acceptable.

Yes.

b) If respite care will be provided at the relocated Joseph Richey inpatient facility, will this facility have dedicated respite care beds? If so, how many? If not, how will the provision of respite care be organized and provided?

Respite care will be offered in our building when we have open, available beds. Gilchrist does not dedicate beds for respite but it does make vacant beds available for this service. When we do not have vacant beds in our buildings we have contracts with multiple facilities. Examples of these facilities include Keswick, Copper Ridge, all Lorient facilities, and others. A complete list of our contracted facilities can be found in **Exhibit G**.

Tables and Exhibits

9. The application states bereavement services are provided, but Table 5- Manpower Information does not show allocation of bereavement staff outside of a chaplain, can you please explain why?

Gilchrist provides the bereavement services for the clients of JR. Gilchrist employs nine FTE's of Bereavement staff for both the JRH and Gilchrist patient populations.

10. Exhibit 19 – Billing and Collections says there are seven financial categories, but I only see five listed, can you please explain why?

The original policy contains a typo, the word “seven” should have read “five”. Policy #1-204 is in the process of a minor revision to correct this typo and to edit section II.A.5 to include reference to the sliding fee schedule enclosed and mentioned above.

I hereby declare and affirm under the penalties of perjury that the facts state in this application and its attachments are true and correct to the best of my knowledge, information, and belief.



CATHERINE HAMEL