



February 9, 2026

VIA E-MAIL

Abisola Raimi-Abayomi, Clinical Director
12906 North Point Lane, Unit A
Laurel, MD 20708

Re: First Healthcare Consultants, LTD – Certificate of Need Application
Establishment of a New Home Health Agency
Matter No. 26-R4-2487; 26-R4-2488; 26-R4-2489 and 26-R4-2490

Dear Ms. Raimi-Abayomi:

Upon review of the First Healthcare Consultants, LTD (FHC) application for a Certificate of Need (CON) to the Maryland Health Care Commission (MHCC or the Commission), Commission staff have questions and request written responses.

PART I: PROJECT IDENTIFICATION AND GENERAL INFORMATION

Project Description:

1. In the Plan of Correction located in Exhibit 1, the date is listed as 2018. However, on page 13, the application states that the agency opened in 2022. Please elaborate on this date discrepancy.
2. On page 20, the application mentions a plan to open a “contact office” in Charles County. Does this refer to Waldorf? Will it be an official branch, and is its financial impact included in the project budget?

PART II - CONSISTENCY WITH REVIEW CRITERIA AT COMAR 10.24.01.08G(3)

Populations and Services

3. How is FHC’s proposed home health agency a “lower-cost alternative”?

4. Revise the Charity Care policy to indicate that the determination of probable eligibility will be made in two business days. Two business days are indicated in the sliding fee scale tables only.

Impact Standard

5. On page 40, the application states that FHC has already identified staff to support the addition of speech therapy and social work services. Does the social work plan include a Social Worker supervised by an MSW, or only an MSW?
6. Commission staff frequently receive concerns from home health providers regarding workforce shortages. On page 41, the application states that the proposed service area has a “strong, diverse pool of licensed nurses and therapists” and that the proposed project will not negatively impact other providers’ staffing. Provide the source/basis for the conclusion regarding the labor pool.
7. Identify for what reason a client would be transferred to another health care facility or program?

Data Collection and Submission

8. Current home health agencies report difficulties obtaining responses to patient satisfaction surveys, which can impact CMS star ratings. On page 46, the application states that the RSA currently administers a patient satisfaction survey. Please report your current RSA response rate and describe any strategies used to achieve a high response rate from clients.

Need

9. Elaborate on how the applicant is uniquely qualified to help address the following identified needs:
 - a. In the Guidance for the 2025 Home Health Review, Commission staff found a need in Charles, Montgomery, Prince George’s, and Anne Arundel Counties due to a lack of quality providers.
 - b. In the Guidance for the 2025 Home Health Review, Commission staff found a need in Calvert, Charles, and St. Mary’s Counties due to high market concentration, meaning one or a small number of agencies dominate the jurisdiction.

Viability



10. On page 67, the applicant states that there is a documented list of clients who were referred to the agency but could not be served due to lack of Medicare certification. Please specify the timeframe during which this data was collected and the number of clients who were unable to be served, out of the total that were referred.

Impact Criterion

11. On page 70, the applicant states that the impact of this project on the healthcare delivery system will be neutral. Please explain why the outcomes achieved in this project would not result in cost savings for the healthcare delivery system, particularly for hospitals.

Alternatives to Project

12. Under the “Alternatives” section, explain how the first alternative, “maintain the status quo,” differs from the third alternative, “continue as an RSA without Medicare certification.”

Health Equity

13. In reference to page 71, provide examples of how the jurisdictions in the PSA face disproportionate barriers. Please include sources of information.
14. On page 72, the applicant describes declining home health utilization as being influenced by factors beyond access to services, including workforce shortages, agency closures, and low reimbursement rates. Provide the source of these assumptions and explain how FHC will uniquely address these challenges.

Character and Competence

15. Your response refers to information in Section III of the application. In addition, please provide the Commission with positive examples demonstrating the agency’s achievements, character, and competence.

Budget

16. In reference to page 82, explain the source of the \$270,587.00 figure included in the budget.



17. On page 81, no amount is listed for CON application fees. Please provide the amount budgeted for this expense.

Tables

18. On page 84, projected occupational therapy visits are significantly higher than those for other therapy disciplines, particularly compared to physical therapy. Please explain this projection.
19. On page 87, the projected income for 2028 is significantly lower than the projected income for the first year (2027). Please confirm whether this is a typographical error.
20. On pages 89–92, total staffing costs (including benefits) are presented across the four projected years. However, these figures differ from—and are lower than—the staffing costs shown in the project revenue table by approximately 4.5%–8.3%. Please confirm which figures are correct and clarify the reason for this variance.
21. On page 94, under total startup expenses, please provide additional detail supporting the \$17,785 figure.
22. On page 97, the application indicates that Medicare Advantage and insurance reimbursement rates are based on Medicare’s LUPA reimbursement rates. Please identify the source of this information.
23. On page 100, regarding the RN-to-LPN ratio, will the agency use a model in which the initial assessment is conducted by an RN and subsequent nursing visits are conducted by an LPN, or does the agency plan to use an alternative model?
24. On p.94, applicant states that there will be a positive cash flow by month 8 however if there is only enough cash to cover the first three months (p.42) what will occur for months 4-8?

Please submit four copies of the responses to the additional information requested in this letter within fifteen working days of receipt. (Note: extensions are routinely available upon request). Also submit the response electronically, in both Word and PDF format, to Deanna Dunn at (Deanna.Dunn4@maryland.gov).

All information supplementing the application must be signed by a person(s) available for cross-examination on the facts set forth in the supplementary information, and 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



Abisola Raimi-Abayomi, Clinical Director

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knowledge, information, and belief.” Should you have any questions regarding this matter, feel free to contact me at (410) 764-5593.

Sincerely,



Amani Miles
Program Manager

cc: Wynne Hawk, Director, Center for Health Care Facilities Planning and Development
Tonii Gedin, DNP, RN, Anne Arundel County Health Officer
Keisha Davis, MD., Montgomery County Health Officer
Jacqueline E. Somerville, Psy.D., LCPC, Prince George’s County Health Officer
Nimfa Teneza-Mora, MD, Calvert County Health Officer
Dianna Abney, M.D., Charles County Health Officer
Meenakshi Brewster, M.D., MPH, St. Mary’s County Health Officer
Jeanne-Marie Gawel, Chief, Facilities Planning
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Caitlin Tepe, Assistant Attorney General
Deanna Dunn, Health Care Facilities Coordinator

