



February 9, 2026

VIA E-MAIL

Joseph Morris, Administrator
820 First Street NE, Suite 425
Washington DC 20002

Re: Integrated Community Services (ICS), Inc- Certificate of Need Application
Establishment of a New Home Health Care Agency
Matter No.'s: 26-R4-2483, 26-R4-2484, 26-R4-2485, 26-R4-2486

Dear Mr. Morris:

Upon review of the Integrated Community Services Inc. (ICS) application for a Certificate of Need (CON) to the Maryland Health Care Commission (MHCC or the Commission), Commission staff have identified several deficiencies and have questions that require written responses. Specifically, the application is missing key documents and information necessary for a complete review; if these materials are not provided, the applicant will be unable to proceed in the CON review process. In addition, Commission staff find that several claims made in the application are unsubstantiated and therefore require supporting evidence and appropriate source citations.

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

Populations and Services

1. What are the primary health conditions of the individuals who will receive services from ICS?

Fees and Time Payment Plan

2. Provide a copy of the policy governing time payment options and explain how the plan operates.

Charity Care and Sliding Fee Scale

3. How will information about charity care and sliding fee scale policies be disseminated annually to reach the agency's service population?

4. Provide supporting documentation demonstrating the amount of charity care provided by ICS in prior years, including quantitative data, and evidence supporting the claim that ICS has met or exceeded county-level home health agency (HHA) charity care averages in accordance with COMAR 10.24.16.08.
5. Submit a specific plan for achieving the committed level of charity care, including monitoring and reporting processes.

Financial Feasibility

6. What are the utilization projections for each county the agency seeks to provide home health services.
7. The revenue projections for gross patient service revenue on page 23 is not consistent with the data presented in table 4B on page 114. Please explain the differences.
8. The staffing projections in the chart on page 24 are not consistent with the projections in Exhibit 6, page 118, please provide justification or rectify the discrepancies.
9. Provide staffing projections for each county in which the agency seeks to provide home health services.

Impact

10. Please describe the impact ICS will have on existing agencies' caseloads, staffing, or payer mix, supported by evidence/data/citations?
11. Provide assumptions or sources used to conclude that there is an unmet demand for skilled home health services that are driven by staffing shortages and discharge delays.

Linkages with Other Service Providers

12. Please describe ICS's strategy for establishing partnerships with service providers in the Maryland market.

Discharge Planning

13. Identify and describe the circumstances, reasons and considerations for a patient's transfer to a health care facility/program.



14. Please provide additional information regarding the discharge planning process, as the submission lacks sufficient detail on care coordination and communication, as well as environmental assessments to support patient success beyond the provision of care. Additionally, describe current relationships and referral partners and submit supporting documentation, such as letters or emails from care partners.

Data Collection and Submission

15. As an existing HHA in DC, provide documentation that ICS is in compliance with data collection and submission.
16. Provide outcomes for CMS OASIS submissions, and HHCAHPS measures.

Proven Track Record in Serving all Payor Types, the Indigent and Low-Income Persons.

17. Provide documentation to justify the statement that ICS has a proven track record of serving patients across a broad range of payor types.
 - a. Explicitly identify and list all forms of payment accepted by the agency.
 - b. Include data demonstrating the proportional distribution of patients by payor type over multiple reporting periods.
 - c. Describe the agency's commitment to serving Medicaid beneficiaries, including:
 - The proportion of Medicaid patients served
 - Any applicable policies or targets related to Medicaid services

Proven Track Record in Providing a Comprehensive Array of Services.

18. Provide documentation to support the statement that ICS's comprehensive array of home health services demonstrates operational capacity and clinical breadth for the proposed Maryland program.
 - a. Provide evidence of specialized clinical tracks, such as disease management protocols for high-need populations.
 - b. Include documentation showing integration of social and support services within the home health program.
 - c. Clarify how these programs and services will be implemented in the Maryland program.



Need Review Criterion

19. Please provide additional detail and specific examples demonstrating your organization's experience serving culturally and linguistically diverse populations, including the types of services delivered, languages supported, and outcomes achieved in medically underserved communities.
20. Provide data comparing the state population to the agency's projected volume in each jurisdiction, including projected utilization rates and the relevant population considered in the analysis.
21. Elaborate on how your experience and expertise uniquely position you to address the specific needs identified in the 2025 Home Health Review, particularly in Montgomery, Prince George's, and Anne Arundel Counties, where Commission staff noted a shortage of quality providers?

Alternatives to the Project Review Criterion

22. Provide sources that support ICS's efforts in the following areas:
 - a. Preventing avoidable hospital readmissions.
 - b. Supporting timely Start of Care (SOC) and Resumption of Care (ROC).
 - c. Ensuring appropriate utilization of authorized hours and services.
 - d. Maintaining strong care coordination with clinical and payer partners.
 - e. Provide evidence that these issues are relevant in the proposed service counties, including any data, reports, or analyses demonstrating local need.
23. Provide the source(s) and supporting documentation used to determine the need for Personal Care Aide services at an average rate of 14–16 hours per day, seven (7) days per week. Include any assessments, evaluations, records, or other evidence relied upon in reaching this determination.
24. The staffing structure described in the response to Section B.2. is inconsistent with Exhibit 6 on page 118. Please provide justification for, or revise, the identified discrepancies.

Project Financial Feasibility and Facility or Program Viability Review Criterion

25. Please provide the full details of the methodologies and assumptions used to develop the projections, including historic data from comparable home health agencies operating within the jurisdictions referenced in the application. The Link to the



MHCC public use data is:
https://mhcc.maryland.gov/public_use_files/homehealthdownload.html

26. ICS states that it “will operate the proposed Maryland Home Health Agency from an existing administrative office location.” Please provide an itemized list of all startup and infrastructure costs associated with the proposed home health agency office in Beltsville, including but not limited to:

- Office furniture and fixtures
- IT systems (EHR, billing, scheduling, cybersecurity, hardware)
- Telecommunications
- Clinical equipment and supplies
- Vehicles or mileage infrastructure
- Leasehold improvements or build-out
- Licensing, accreditation, and certification costs
- Recruitment and training expenses

Indicate whether each cost is treated as capital or operating and provide the estimated amounts.

Project Impact Review Criterion

27. Please explain how the projected number of skilled nursing admissions was determined and how it aligns with estimated patient demand in the service area.
28. What experience does ICS have in serving patients with high acuity? Provide proportion of high acuity patients relative to general patient population.
29. Provide evidence that existing providers cannot adequately serve patients with higher acuity needs.
30. Please clarify what is meant by ‘skilled nursing admissions’ in the projected volumes. If patients are admitted to nursing facilities, they would not typically require home health services. Are these projections intended to reflect skilled nursing visits or nursing home discharges to home health, and how does this definition support the statement regarding limited impact on overall home health utilization and market share?
31. Please provide data or other measurable indicators (e.g., staffing vacancy rates, referral rejection rates, or hiring challenges) demonstrating that workforce constraints limit existing home health agencies’ ability to accept all referrals.



Health Equity

32. Please provide data demonstrating how ICS patient demographics compares to the Washington, DC service area population in terms of cultural diversity, medical underserved status, and linguistic diversity.
33. What percentage of staff are multilingual?
34. Please describe the operational systems and care coordination mechanisms established to address access barriers, improve continuity of care, and manage high-risk patients in the home setting, including the rationale for their development, target populations, and expected outcomes. Identify the specific underserved geographic areas within Anne Arundel County, Montgomery County, and Prince George's County. For each identified area, provide:
 - a. The criteria and data sources used to designate the area as underserved;
 - b. Demographic and linguistic characteristics, including primary languages spoken and rates of limited English proficiency; and
 - c. The prevalence and distribution of major chronic conditions relevant to home health service demand.
35. How do your timely start-of-care processes specifically address disparities in access to care or outcomes among different patient populations?
36. Provide a more detailed explanation of your structured intake process that identifies Social Determinants of Health barriers, and explain how it triggers referrals and support linkages?
37. Clarify the term "field-based reinforcement" in your training process, and provide specific examples of the activities or interventions that supervisory registered nurses use during monthly PCA/HHA visits to monitor quality, performance, and patient experience?
38. What is the current staffing model used in ICS's Washington, DC service, including specific roles, staff-to-patient ratios, and workflows, and how do you plan to adapt it for Maryland requirements?

Character and Competence. The Commission shall assess the character and competence of an applicant based upon experience and past performance, including any records of violation in operating a health care service or facility.



39. Confirm that Rose Oma is the sole owner of the organization. Additionally, who is responsible for implementation of the program or service, and provide their credentials/experience?

Home Health Agency Application: Charts and Tables Supplement

40. Please complete Table 2A (Statistical Projections) to reflect the current status of the home health agency's operations in Washington, DC.

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 knowledge, information, and belief." Should you have any questions regarding this matter, feel free to contact me at (410) 764-5593. We appreciate your prompt attention.

Sincerely,



Amani Miles
Program Manager

cc: Wynne Hawk, Director, Center for Health Care Facilities Planning and Development
Jeanne-Marie Gawel, MA, MGS, LNHA, Chief of Facilities Planning
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
Jeanne-Marie Gawel, Chief, Facilities Planning
Alexa Bertinelli, Assistant Attorney General
Caitlin Tepe, Assistant Attorney General
Deanna Dunn, Health Facilities Coordinator, MHCC

