



February 09, 2026

VIA E-MAIL

Amon Chafukira, Program Coordinator
Quality One Care Home Health, Inc.
9221 Colesville Road
Silver Spring, MD 20910

Re: Consolidated Certificate of Need (CON) Application to Establish a Home Health Agency in Anne Arundel County, Montgomery County, Prince George's County, Calvert County, Charles County, and St. Mary's County
Matter # 26-R4-2479 Anne Arundel County,
Matter # 26-R4-2480 Montgomery County,
Matter # 26-R4-2481 Prince George's County
Matter # 26-R4-2482 Southern Jurisdictions: Calvert County, Charles County, and St. Mary's County

Dear Mr. Chafukira:

Commission staff has reviewed Quality One Care (QOC) Home Health, Inc.'s application seeking CON approval to establish a new Medicare-certified home health agency (HHA) serving Anne Arundel, Montgomery, Prince George's, Calvert, Charles, and St. Mary's Counties. Based on our review of the submitted materials, additional information is required before we can proceed. Please provide responses to the questions below. Submit four (4) hard copies of your responses within fifteen (15) working days of receipt of this letter and also submit the responses electronically (both Word and PDF) to mhcc-confilings@maryland.gov.

Part I – Project Identification and General Information

1. For question 6, please provide separate email addresses and telephone numbers for Amon Chafukira and Mohamed Matope.
2. What capital expenditures will be made? Please provide a breakdown for each CON application of the expenses.
3. The application states the proposed HHA will be a distinct licensed entity from QOC's existing RSA (License R3057). Will this apply to all jurisdictions (each docket number)?
 - a. Provide an organization chart that shows the relationship between the proposed new HHA, Quality One Care Home Health, Inc., to the existing Quality One Care RSA.

Please explain how the main office is structured, or will be modified, to provide adequate space, staffing oversight, and operational capacity to support both RSA and HHA personnel, including any planned expansions, reconfigurations, or resource allocations to accommodate their separate functional roles.

Part II – Consistency with Review Criteria at COMAR 10.24.01.08G(3)

The “Organizational Structure: RSA vs. HHA Separation Matrix” references positions that are not shown in the organizational chart submitted with the application. Please provide a detailed description of the staffing model for both the RSA and HHA, including (a) positions assigned to each entity, (b) whether staff are dedicated or shared, and (c) how staffing levels will support the distinct services provided by each organization.

Financial Feasibility

4. Please provide a detailed explanation of the basis for the proposed staffing model, including FTE levels for RN, LPN, HHA, PT, OT, ST, MSW, and administrative staff. In your response, address the following:
 - a. The assumptions used to determine staffing levels, including patient volume projections, visit frequency, productivity expectations, and travel time by county.
 - b. The approach to HHCAHPS and OASIS data collection and coding, including whether these functions will be performed internally or through external vendors.
 - c. How staffing levels will scale in relation to projected service volume across counties, including any thresholds or benchmarks used to adjust staffing.
 - d. The circumstances under which contracted nurses or therapists will be utilized, including cost, capacity, or operational considerations.
 - e. The criteria and triggers for transitioning contracted staff to employed FTE positions, including volume, utilization, or financial thresholds.

Impact Standard

5. How will QOC know that it is capturing new clients rather than displacing clients from exiting HHAs (considering how QOC determined/estimated the share of county visits for the six-county area)?
6. How does QOC propose to recruit more Medicaid clients?

Financial Solvency

7. Regarding Working Capital & PPEO/APU Risk:



- a. Verify that the available cash reserves and contingency plans are sufficient to sustain start-up and early operations under CMS' Provisional Period of Enhanced Oversight (PPEO) (potential pre-payment review holds) and Annual Payment Update (APU) quality reporting requirements.
 - b. Explain HHQRP readiness to avoid payment reductions, and how QOC will maintain cash flow during delayed Medicare payments.
8. Given RSA financial trend, with the decline in net income reported for RSA operations from 2022–2024, provide a more detailed explanation of resources available to fund the HHA start-up and how the HHA will remain competitive with existing comprehensive HHAs while returning overall operations to profitability.

Linkages with Other Service Providers

9. What proportion, if any, of the QOCs clients are expected to be children? Many of QOCs current linkages, shown in exhibit 12, are with youth-serving agencies and providers.

Discharge Planning

10. Discharge Planning
Provide that documentation or the correct exhibit reference for discharge planning. (Exhibit 12 references a different topic- Linkages).

Need Criterion

11. Please 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.

Project Financial Feasibility and Facility or Program Viability

12. Table 1 is not completed. Please provide the proposed budget for this project in the Southern Maryland Counties.
13. Where in the budget is the estimated lease expense for the proposed branch location in Waldorf? Please explain or modify the budget.



14. Why is there \$0 in current liabilities ending December 2024?
15. What is the telehealth business with a Cost of Goods Sold (COGS) of \$250K indicated under 2024? This has impacted the Net Operating Revenue. Will this business continue?
16. What are the working capital requirements if any. How will the agency pay staff until CMS reimbursements start coming in.
17. Telehealth business is indicated as a one-off expense in December 2024. Will this be a recurring cost? What are the projections for this business line?
18. The COGS is growing at a significantly higher rate (30% in 2023 and 10% in 2024) than their Gross Revenue (19% in 2023 and 5% in 2024). Is this due to direct wages and subcontractor costs? If the costs for the RSA continue at this rate, and HHA cost are similar, QOC won't be able to increase revenue (the drop in Net Income was -74% in 2023 and -250% in 2024). How does QOC plan to sustain operations of the new costs of the HHA project?

CON Table Package

19. Please submit a summary table of all jurisdictions for Tables 2A, 2B, 3, and 4 and include the Labor Table 5, distinguishing existing RSA FTEs and changes due to the HHA employees. It is important to see the information per jurisdiction and also the total impact on QOC. Submit tables in Excel.
20. Explain why with the growth in number of clients and visits, tripling from 2026 to 2028 in Table 2B, that there is no or very limited corresponding increase in staffing (Table 5), for the three years (2026 – 2028).
 - a. Please complete the information outlined in the table below for each jurisdiction, and the total for the entire CON application.

FTE Position and Change in FTE and Visits by Year

FTE Position Title	2026 Change in FTE	26 Volume in Visits	27 Change in FTE	Total 27 FTEs	27 Volume in Visits	28 Change in FTE	Total 28 FTEs	28 Volume in Visits
RN/LPN								
PTs								
OTs								
STs								
HHAs								



Med. Soc.
Admin
Nurse Supervisor
Other (Specify)

- b. Clarify why there are no projected contractual services in Table 5, if you are proposing to contract for some services during start-up of the HHA.
- c. Review Table 5 totals between years to verify any calculation discrepancies between 2026–2028.
- d. Confirm travel time assumptions are included in FTE calculations.

Health Equity

21. Under medically underserved populations and communities, several factors were identified. Some of these are:
- Low-income residents, including individuals who are uninsured or underinsured,
 - Older adults, particularly those with functional limitations, multiple chronic conditions, or limited caregiver support
 - Individuals with disabilities, including individuals requiring mobility assistance or home safety supports,
 - Communities experiencing higher chronic disease burden and reduced access to consistent outpatient care.

Please provide the source of these assumptions and explain how QOC will uniquely address these challenges.

22. In your own words, describe how QOC will work to overturn denials to secure medically necessary care for these underserved populations.

Character and Competence

23. Describe QOC’s community engagement activities to date and planned ongoing engagement that reflect positively on character and competence (e.g., culturally responsive care, SDOH screening and referral, partnerships). Any commendations? Evidence of quality services?
24. What is Mr. Chafukira role in the project? State his prior involvement in any other health care facilities, if any.



Tables (Staffing & Payer Mix Clarification/Alignment)

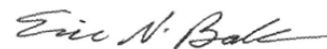
25. Ensure salaries, wages, and professional fees (including fringe) align between CPA statements (2023–2024) and Table G totals; Table L should reconcile with these statements.
26. Explain why the Baltimore City and County and Howard County CON application has 27 percent as the benefit ratio, while this application only has a 22 percent benefit ratio.

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, and Excel tables, 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) 764-3324. We appreciate your prompt attention.

Sincerely,



Program Manager

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

