



21585 Peabody Street • Leonardtown, MD 20650  
Phone: 301-475-8000 Fax: 301-475-3085  
[www.smnci.org](http://www.smnci.org)

January 7, 2019

Linda Cole, Chief  
Long-Term Care Planning  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21214-2299

RE: COMAR 10.24.20: State Health Plan for Facilities and Services:  
Comprehensive Care Facility Services

Dear Ms. Cole:

I am writing to express my concerns and oppose the proposed regulation to COMAR 10.24.20: State Health Plan for Facilities and Services: Comprehensive Care Facility Services.

My specific concerns and opposition are to the Docketing Rule Exceptions. I do not support the ability to docket an application or approve a certificate of need when there is no identified bed need in the jurisdiction.

I oppose giving authority to docket an application in a jurisdiction without an identified need for additional beds under the exception that more than fifty percent of the comprehensive care facilities in the jurisdiction had an average overall CMS star rating of less than three stars in CMS's most recent five quarterly refreshes for which CMS data is reported. This exception does not take into consideration the facilities in the jurisdiction that are providing care at a CMS star rating of three or more stars. This exception would have a detrimental effect to the viability of existing high-quality nursing facilities. Although I am most certainly a proponent of quality care; again, I do not support the addition of new beds if there is no identified bed need.

I oppose giving authority to docket an application by an existing freestanding comprehensive care facility with fewer than 100 beds that proposes a replacement facility with an appropriate expansion of bed capacity in a jurisdiction without identified need for additional beds if the applicant demonstrates that the additional bed capacity proposed is needed to make the replacement facility financially feasible and viable. I do not see any correlation between expanding a facility's bed capacity and the financial viability of that facility when there is no identified bed need.

I oppose giving authority to docket an application without an identified need for additional beds if the applicant submits one of more acceptable signed agreements between it and one of more acute general hospitals. The Total Cost of Care Model is one that is actively being reviewed and programs are being examined between the acute and post-acute providers. This model can be pursued utilizing the

existing beds within the facilities' jurisdiction. Again, it makes no sense to make an exception when there is no identified bed need.

My final thoughts on the proposed regulation come to one main point. The Certificate of Need review must start with the criteria that there is a need for additional beds and I am requesting that the Maryland Health Care Commission remove the three docketing exceptions.

Thank you for the opportunity to provide my comments and for your consideration of my concerns.

Sincerely,

A handwritten signature in blue ink that reads "L. Annette Hodges". The signature is written in a cursive style with a large, stylized initial "L" and a flourish at the end.

Lois Annette Hodges, NHA  
Administrator

cc: Delegate Matthew Morgan