



March 24, 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 for
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 application for Integrated Community Services (ICS) for a Certificate of Need (CON) to the Maryland Health Care Commission (MHCC or the Commission), Commission staff have further clarification questions regarding the responses to the completeness questions submitted on March 3, 2026. Commission staff requests written responses and/or additional documentation as follows within 10 business days.

CONSISTENCY WITH REVIEW CRITERIA AT COMAR 10.24.01.08G(3)

Charity Care

1. Regarding your response to completeness question 4, please clarify how the amount of charity care provided in 2024 is approximately half of what was provided in 2023, despite serving the same number of clients and having roughly 25 percent fewer visits..

Financial Feasibility

2. Regarding your response to completeness question 6, how does patient compliance factor into the census projection assumptions? Specifically, is patient compliance being used as a criterion that could influence discharge decisions in a way that prioritizes admitting more compliant patients, or is it solely a consideration in forecasting care needs, staffing, and operational capacity?
3. Regarding your response to completeness question 8, explain how the proposed staffing model of two home health aides is sufficient to meet the care needs of 30 clients distributed across three counties. Specifically, please explain the anticipated scheduling approach, caseload distribution, travel considerations, and how coverage will be maintained to ensure timely and adequate care for all clients.

4. Regarding your response to completeness question 9, please clarify the discrepancy between the staffing projections in the revised Exhibit 6 (Table 5) and the narrative response. Exhibit 6 indicates that there will be four full-time occupational therapists in 2026, while the response to question 9 states that there will be two full-time occupational therapists assigned to Maryland. Additionally, please confirm whether the county-level staffing projections represent a subdivision of the staffing levels provided in response to clarification question 8.
5. Is there a distinction between personal care aides and home health aides, given that personal care aides are not identified as a separate line item in the budget? If there is a distinction, please adjust the budget accordingly.

Impact

6. Regarding your response to completeness question 10, please elaborate on whether there are service delays in the proposed region and provide any data that you have to substantiate that claim.
7. Given the statewide workforce shortages you describe, please explain how ICS plans to ensure adequate and appropriate staffing levels for its proposed operations. Additionally, please describe how staffing shortages have been addressed in the past and what strategies will be employed going forward.

Discharge Planning

8. Page 21 of the application states that “ICS maintains a written Charity Care and Sliding Fee Scale Policy designed to ensure access to services regardless of ability to pay.” However, in part, your response to Completeness question 13 indicates that patient discharge or transfer may occur due to “insurance or payer issues (e.g., lack of authorization).” Please clarify what circumstances, if there are any, would prevent a patient from receiving charity care when services are clinically necessary.
9. Regarding the response to question 14, what formal communication protocols are used to ensure consistent and timely information exchange between ICS staff, patients, caregivers, and external providers during discharge planning? What criteria are used to determine that a patient is ready for discharge, particularly in relation to home environment safety and availability of support systems? How does ICS ensure that identified social determinants of health needs are resolved or appropriately mitigated prior to discharge? Furthermore, some referral partners that are referenced are outside



of the service area i.e. NYU Langone Health, Tisch Hospital, Mayo Clinic and One Call. How will these referral partners be used to benefit the patient population?

10. On page 91 (Section 3A), under Coordination and Communication — Interdisciplinary Team (IDT) Coordination, the document states, “we should be doing this.” This wording suggests that the steps described for IDT coordination may not currently be in place.

To fully understand your current operations, please explain:

- Why the steps outlined for IDT coordination are not currently implemented, if that is the case; and
- What specific plans or actions will you take to ensure these steps are fully integrated into your ICS operations going forward.

Data Collection and Submission

11. Regarding your response to question 15, please provide a copy of your active CMS certification. Your response indicates that compliance is demonstrated through HHCAHPS; however, in your response to question 16, you state that HHCAHPS surveying will not begin until April 2026. Please clarify this contradiction. Additionally, specify the CMS-approved vendor responsible for HHCAHPS compliance.

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

12. Regarding response to question 17 c, explain how geographically structured staff deployment supports Medicaid patients. Can you clarify how the organization’s use of both salaried and contract staff operationally ensures consistent coverage, and how payer mix and service initiation timelines are monitored through the quality assurance and performance improvement processes? Specifically, how do these practices translate into measurable actions that ensure equitable access to services across all payer categories?
13. In response to question 17(c), applicant states that ICS does not intend to shift away from its history of serving Medicaid populations. However, the CON application projects a payer mix with 65% of total revenue from Medicare Advantage and no corresponding visit percentage indicated within the table, while Medicaid represents 25% of total visits and 30% of revenue (Table 4, p. 72). This contrasts with historical data showing at least 90% Medicaid patients (question 17(b)).



- Please clarify the projected percentage of total visits and revenue attributable to Medicare Advantage versus Medicaid.
- Explain how these projections align with ICS's commitment to predominantly serve Medicaid populations.
- Indicate whether a majority of visits are expected to be Medicare Advantage and, if so, how the applicant will maintain access and capacity for Medicaid patients without reducing its historical level of service.

Alternatives to the Project Review Criterion

14. Regarding question 22, provide specific data on the ICS track record of stopping any potential preventable 30-day post discharge readmission (PPR) and potential preventable hospitalizations (PPH) while the patients are receiving home health services.
15. Please identify the primary factors contributing to avoidable hospital readmissions among the patient populations you serve and explain how ICS proposes to address and mitigate each of these factors. In your response, describe what interventions or actions could have prevented past readmissions and how those strategies will be integrated into your proposed care model.

Please submit four copies of the responses to the additional information requested in this letter within ten 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.

Sincerely,

Amani Miles

Amani Miles
Program Manager



Joseph Morris, Administrator

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cc: Wynne Hawk, Director, Center for Health Care Facility Planning
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