



March 5, 2026

**VIA E-MAIL**

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

Re: Consolidated CON Application to Establish a Home Health Agency in Western Maryland:  
Allegany County, Carroll County, Frederick County, Garrett County, and Washington County  
Matter # 26-R4-2491 Western Maryland Jurisdictions

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 Allegany, Carroll, Frederick, Garrett, and Washington 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 ten (10) working days of receipt of this letter and also submit the responses electronically (both Word and PDF) to [mhcc-confilings@maryland.gov](mailto:mhcc-confilings@maryland.gov).

**Part I – Project Identification and General Information**

1. For question 6, please provide a separate email and telephone number for Amon Chafukira and Mohamed Matope.

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

2. Regarding 10.24.16.08A(2), the table under “Organizational Structure: RSA vs HHA Separation Matrix” appears to refer to positions not included in the organization chart provided. Provide more information on how the RSA and HHA will provide staffing for the distinct services each organization provides.

**Financial Feasibility**

3. 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, and operational considerations.
  - e. The criteria and triggers for transitioning contracted staff to employed FTE positions, including volume, utilization, or financial thresholds.
4. What is the number and percentage of total home health clients and visits projected by QOC by county compared to the total number of home health clients and visits in each county?

### **Impact Standard**

5. Based on how QOC determined/estimated the proportion/share of county visits for the six-county area that it will capture in 2028, how will QOC know that it is capturing new clients rather than displacing clients from existing HHAs?

### **Financial solvency**

6. 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**

7. What proportion, if any, of the QOCs clients are expected to be children? Many of QOCs' current links are with youth-serving agencies and providers. If serving adults please include linkages with adult services as well.

### **Project Financial Feasibility and Facility or Program Viability**

8. Why is there \$0 in current liabilities ending December 2024?
9. What is the telehealth business with a COGS of \$250K indicated under 2024? This has impacted the Net Operating Revenue. Will this business continue?



10. What are the working capital requirements if any. How will the agency pay staff until CMS reimbursements start coming in.
11. Telehealth business was included as a one off in December 2024. Will this be a recurring cost? What are the projections for this business line?
12. 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**

13. 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 analysis:

**FTE and Change in FTE and Visits by Year**

Position	2026 Change in FTE	26 Volume in Visits	27 Change in FTE	Total 27 FTE	27 Volume in Visits	28 Change in FTE	Total 28 FTE	28 Volume in Visits
<b>RN/LPN</b>								
<b>PTs</b>								
<b>OTs</b>								
<b>STs</b>								
<b>HHAs</b>								
<b>Med. Soc.</b>								
<b>Admin</b>								
<b>Nurse Supervisor</b>								

- b. Review Table 5 totals between years to verify any calculation discrepancies between 2026–2027–2028.
  - c. Confirm travel time assumptions are included in FTE calculations.



## Health Equity

14. 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 that are 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.

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

## Character and Competence

16. 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 recommendations? Evidence of quality services?
17. What is Mr. Chafukira's role in the project? State his prior involvement in any other health care facilities, if any.

## Tables and Policies (Staffing, Visit Totals, & Exhibit 5)

### Alignment Across Tables

18. 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.
19. Table G2 on page 34 states there will be 2,610 visits in 2028. However, Table 2B on page 81 states the total is 2,189. Please review and provide the correct total.



20. Check the totals for Table 4 because of this volume discrepancy. Submit corrected tables with an explanation of the volume and revenue totals.
21. If Table 5 for 2026 has agency staff of .35 for RN, .15 for LPN, and .4 for home health aide, then explain why Table 5 for 2027 has zero for current FTEs in that year, and likewise in Table 5 for 2028?
  - a. Explain if the column labeled change in FTE is actually the total current FTE for that year.
  - b. The current number of columns should be the total for that calendar year, and the change in FTE should be the change, plus or minus, from the previous year.
  - c. Resubmit the tables with any adjustments required.
22. The title for Exhibit 5 states it is for Southern Maryland. Submit the appropriate policy for the Western region counties.

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) 764-3324. We appreciate your prompt attention.

Sincerely,



Eric Baker  
Program Manager

cc: Wynee Hawk, Director, Center for Facilities Planning



Jeanne Marie Gawel, MA, MGS, LNHA, Chief of Facilities Planning  
Eric Baker, Program Manager  
Gena M. Spear., Allegany County Health Officer  
Mathew Levy, Carroll County Health Officer  
Barbara Brookemyer, MD, Frederick County Health Officer  
Jennifer Hare, Garrett County Health Officer  
Earl Stoner, Washington County Health Officer  
Alexa Bertinelli, Assistant Attorney General  
Caitlin Tepe, Assistant Attorney General  
Deanna Dunn, Health Care Facilities Coordinator

