March 15, 2018

PROJECT REVIEW COMMITTEE MEETING

DISTRICT OF COLUMBIA GOVERNMENT
DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
899 North Capitol Street, N.E.
Sixth Floor
Washington, D.C. 20002

PROJECT REVIEW COMMITTEE MEETING

Date: March 15, 2018
Time: 6:00 p.m.
Place: 899 North Capitol Street, N.E.
6th Floor, Conf. Rm. 6002
Washington, D.C. 20002

AGENDA

I. Call to Order

II. Quorum Declaration

III. Action on PRC Minutes February 22, 2018

IV. Chairperson's Report

V. Staff Report

- **DCA Hadley SNF, LLC d/b/a BridgePoint Sub-Acute and Rehabilitation National Harbor – Addition of 32 Skilled Nursing Beds - Certificate of Need Registration No. 17-8-6**

  Public Comment

- **Plant the Seed Youth Treatment Services, LLC – Establishment of a 15-Bed In-Patient Residential Substance Abuse Treatment Program for Youth - Certificate of Need Registration No. 17-7-5**

VI. Unfinished Business

VII. New Business

VIII. Public Comment

IX. Adjournment

PROJECT REVIEW COMMITTEE MINUTES

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

PROJECT REVIEW COMMITTEE MEETING MINUTES

February 22, 2018

MEMBERS PRESENT:	**MEMBERS ABSENT:**
Barbara Ormond	Steven Nash
Brenda Kelly	Chioma Nwachukwu
Marc Rankin, M.D.	Sandy Allen
Jacqueline Bowens	Stephen Neuman
Robert Brandon, Esq.	
Goulda Downer, Ph.D.	
Zinethia Clemmons	

STAFF PRESENT:

Amha Selassie
John Clark
Thomas McQueen
Dana L. Mitchener

GUEST LIST:	**ORGANIZATION:**
Gjon Tomaj	CNMC
Dave Warye	CNMC
Brian Dowell	CNMC
Matt Dabrowski	CNMC
Sara Tewolde	Sarahs Home Health
Bill Quirk	Children's
LaShawn Weathers	Bread for the City
Dr. Olu Ezeani	Ergo Solutions
Dr. Courtland Wyatt	Ergo Solutions

Dr. Jason Henderson	Ergo Solutions
Nycole Shealy	Ergo Solutions
Ayesha Barton	AccessCare
Donald Hartman	Ergo Solutions
Randi Abramson, M.D.	Bread for the City
George Jones	Bread for the City
Koe Murphy	Bread for the City
Antoinette Lawson	Bread for the City
Christie Gardner	Bread for the City

I. Call to Order

Chairperson Robert Brandon called the Project Review Committee meeting to order.

II. Quorum Declaration

There was a quorum.

III. Action on PRC Minutes of December 14, 2017

The minutes were approved.

IV. Chairperson's Report

There was no Chairperson's report.

V. Staff Report

A. Ergo Solutions, LLC d/b/a Ergo Home Health of the District of Columbia Establishment of Home Health Care Services - Certificate of Need Registration No. 17-2-4

Presentation by Staff

Mr. John Clark, the lead analyst for the project stated that during the previous meeting of the PRC, Ergo Solutions was given an opportunity to supplement its CON application to support its assessment that there is a need for an additional home health care agency in the District.

According to Mr. Clark, in response, the Applicant submitted letters of support from Forest Hills Nursing Home, United Medical Center Nursing Home, Brinton Woods Nursing Home, Thomas Circle Nursing Home, and the Louise-Dickson Home Health Facility. Each of the facilities regularly refer patients to home health care agencies.

Mr. Clark stated that the layers of support described Ergo's quality of service and timeliness of care. However, Mr. Clark said, they did not clearly state the need for an additional home health care agency. In addition, the Applicant included a survey of discharge activities by the aforementioned facilities.

Mr. Clark further said that the Applicant, stated that each week there are approximately 17 persons who are discharged who do not have access to home health care.

Mr. Clark stated that the survey was reportedly based on interviews with discharge personnel at the nursing homes. However, the Applicant has not provided clear documentation for the need for an additional home healthcare agency.

Mr. Clark said that the letters of support are an endorsement of Ergo rather than a documentation of need on additional home health care. He then concluded by saying that after review of Ergo's supplemental information, staff has determined that the Applicant has not demonstrated that there is need for additional home health care services.

On the other hand, representatives of the Applicant argued that many of the facilities they contacted have stated that they have difficulty placing patients in home care agencies.

They said that while it's very difficult to come up with a precise number of how many people are left with inadequate or no home healthcare, there is a sense in the community that there is a need for additional home health agencies, particularly ones with the expertise that Ergo will be providing.

They also said that there's a need for another home health agency, especially the EPD waiver format because they're looking for home health agencies that can provide PT/TO speech, respite care as well as homemakers, home chores. There aren't a lot of home health agencies that can do everything.

They maintained that if you look at UMC, for example, they discharge 70 patients a week. Ten percent of those individuals a week don't get home health at all.

They maintained that they have identified a need they can fill and that it will not result in an increase in the price of health care to District residents, but will definitely result in a superior outcome for the residents of the District of Columbia if they are granted this Certificate of Need.

Vote

After hearing from staff and the Applicant, the members of the PRC requested that staff gather information from the D.C. Department of health Care Finance in order to assess the need for home care services. They asked staff to find out if all home care agencies serve Medicaid patients, if there are gaps in service, and if there is a need for additional providers. The members then voted to defer making a recommendation until after staff presents the information from Medicaid at the SHCC meeting.

B. Children's Hospital – Renovation and Installation of Elevators and Replacement of a Chiller Plant and Air Handling Units – Certificate of Need Registration No. 17-5-5

Mr. Thomas McQueen, the lead analyst for the project, stated that Children's Hospital has been serving the Nation's children since 1870. The Applicant states that Children's Hospital is dedicated to improving the lives of children through innovative research, expert care, and advocacy on behalf of children's needs.

According to Mr. McQueen, Children's Hospital is a 313-bed pediatric acute care hospital. The Applicant has requested a certificate of need to update, renovate and install new elevators and replace its chiller plant and the air handling units. Children's will install three garage elevator lobbies and add a stairway intended to transport traffic up to the main lobby level. Children's will also renovate the existing two elevators, the shuttle bus area and install public bathrooms and bike storage.

Mr. McQueen maintained that this space is intended to function without any staff with the use of access control, auto operator doors, elevators and security cameras. This is a general public space solely intended to move people from the parking garage levels up to the first floor main lobby check-in area.

According to Mr. McQueen, the Applicant maintains that the chiller plant and three air handling units have reached the end of their useful life and are in need of replacement. The proposed infrastructure project will not reduce, eliminate or relocate any services but are enhancements designed to make existing services more convenient and comfortable.

Mr. McQueen stated that the chiller replacement project will be completed approximately six months after issuance of a CON. The air handling units' project will be completed approximately nine months after the issuance of a CON, and the elevator project will be completed approximately 20 to 22 months after the issuance of the CON.

Mr. McQueen stated that the estimated capital expenditure is approximately $23 million. After a review of the proposal, Staff has determined that the Applicant has provided justification for the proposed installation of elevators and a replacement of the chiller plant in the area units.

Mr. McQueen then said that the Applicant has demonstrated that the infrastructure has reached the end of its useful life and is in need of replacing. The Applicant has demonstrated the upgrades to the vertical transportation system will enhance patient, visitor and staff safety and the chiller and the air handling units would ensure patient comfort and provide for energy efficiency.

Mr. McQueen stated that based on the above consideration, Staff believes that the Applicant has demonstrated the need for the upgrade and renovation of the vertical transportation system, the chiller plant and the air handling units.

Staff, therefore, recommends that Children's Hospital be awarded a Certificate of Need for the update, renovation and installation of new elevators and replace its chiller plant and air handling units at a cost not to exceed $23 million.

Presentation by the Applicant

Mr. David Warye, Director of Construction at Children's National, stated that as members of the construction team, they are extremely proud to be part of Children's National. Children's recently been voted one of the top ten pediatric hospitals in the country, as well as the number one neonatal unit in the United States.

Mr. Warye stated that the aging structure is a 313-bed facility built in the early 1970s. It has life cycle issues, and extensive water damage to the main entrance. They have to implement new elevators and a new walkway.

Discussion

Ms. Ormond maintained that in the staff report, Children's stated that they had heat recovery technology. Ms. Ormond wanted to know if there were other considerations for energy efficiency.

Mr. Brian Dowell stated that they are looking at new chillers that will maximize the energy efficiency.

Mr. Warye commented that they will have three air handler units that are much smaller, and more efficient and they use less power which will save money.

Dr. Downer wanted to know if they received a letter from the ANC Commissioner.

Mr. Quirk stated that they sent letters notifying them of their intent and plans, but they did not hear anything either way.

Dr. Downer wanted to know if they are expecting to do some night work, how will the community be informed of this and what are some of the noise reduction techniques they're planning to use.

Mr. Warye stated that they coordinate through a number of organizational meetings with all end users inside the building to determine when they can do the work, the best time of day, night, weekend, and how long they can do it.

He then said it's a process that takes months, but they have worked these three projects through with all their end users and their leadership team to decide when and where they can do noisy work.

Dr. Downer wanted to know with regards to the exterior water damage, were there any environmental health concerns and if there were, how was the issue addressed.

Mr. Warye stated that the water issue was associated with the main entrance to the people mover. And that was a broken water line that damaged the mechanical system. They had cleanup crews and HAZMAT crews if there was a HAZMAT situation. They addressed it and followed it up with testing. So, they know that the water has been stopped and if it had any contaminants, it's been cleaned up, certified and monitored.

Vote

The PRC agreed to support staff's recommendation to approve the project.

C. Bread for the City – Establishment of a Primary Care clinic – Certificate of Need Registration No. 17-8-1

Mr. Thomas McQueen, the lead analyst for the project, stated that Bread for the City started in 1974 as a front line agency serving Washington's poor. The Agency began as two organizations, Zacchaeus Free Clinic began in 1974 as a volunteer run free medical clinic. And Bread for the City was created in 1976 by a coalition of downtown churches to feed and clothe the poor.

Mr. McQueen stated that according to the Applicant, the two entities merged in 1995 and currently operates two facilities in the District of Columbia, one in the Shaw neighborhood in northwest that contains a medical clinic, and the second in the Fairlawn neighborhood in southeast which does not provide healthcare services.

According to Mr. McQueen, the Applicant says that Bread for the City provides direct services to low income residents of Washington, D.C. including food, clothing, medical care, legal, and social services.

Mr. McQueen stated that the Applicant is now seeking a Certificate of Need to establish a primary care clinic at 1710 Good Hope Road, S.E. The proposed clinic will be approximately 2,500 square feet.

Mr. McQueen then said that Bread for the City is planning to build a new 30,000 square foot facility that will house a medical clinic, job center, wellness center, food pantry, legal clinic, clothing distribution room, and a rooftop garden.

Mr. McQueen maintained that the Applicant states that Bread for the City operates a fully qualified health center at its northwest location and plans to replicate the services at the new proposed southeast facility.

Mr. McQueen stated that currently, Bread for the City's southeast center located at 1640 Good Hope Road, S.E. serves 2,500 families each year with food, clothing, legal assistance, social services, and advocacy.

According to Mr. McQueen, Bread for the City intends to provide the following clinical and non-clinical services on site at 1710 Good Hope Road, S.E., primary medical care screenings for cancer, communicable diseases, request for all blood, lead, vision, hearing, dental, voluntary family planning, immunizations, well child services, gynecological care, pre-natal and post-natal services, a dispensary, health education, dental services, preventative, restorative and emergency, vision care and behavioral health services.

Mr. McQueen stated that Bread for the City projects that the new primary care clinic will treat 2,000 unique patients each year. The facility will have a reception area, seven exam rooms, lab, and a dispensary.

Mr. McQueen than said that additionally, this project will bring a new dental clinic with three exam rooms, a sterilization room, a dental lab and a reception area. The Applicant states that annually, the clinic will treat 1,000 dental patients of all ages with a full array of dental services from oral examinations and x-rays to restorative work and dentures.

According to Mr. McQueen, the Applicant maintains that the expansion will also make room for one of Bread for the City's newest programs, their vision clinic that will provide onsite vision screenings and medication management to approximately 500 patients each year.

Mr. McQueen stated that the primary care clinic will also provide behavioral health care including a dedicated room staffed by a full time behavioral health specialist to work within the primary care clinic to provide immediate interventions, referrals for specialty services and approved individual counseling services for approximately 1,000 patients each year.

He then said that alongside the proposed primary care clinic, Bread for the City will also offer expansion of other wraparound services including food, clothing, legal assistance, social services and advocacy.

Mr. McQueen maintained that the primary care clinic is a cornerstone of the holistic approach of Bread for the City's northwest center. Bread for the City is excited to bring primary care to its clients in Ward 8.

Mr. McQueen stated that according to the Applicant, the capital expenditure associated with the whole facility is approximately $18.6 million. The Applicant maintains that the prorated cost for the proposed healthcare facility is approximately $1,468,349. The Applicant states that the proposed project will be completed in April of 2019.

Mr. McQueen stated that after a review of the proposal, staff has determined that the Applicant has provided justification for the proposed establishment of a primary care clinic. The Applicant has demonstrated the proposed location is in a health professional shortage area as well as a medically underserved area.

He then said that the Applicant has also demonstrated that the proposed primary care clinic will be part of a much broader project to serve the neediest residents in the District for food, clothing, social services and medical aid.

The location of the proposed clinic will enhance the accessibility and continuity of care for its patients. In addition, the other FQHCs in the City have endorsed proposed projects and believe that the clinic will be able to greatly expand access to primary care services.

Mr. McQueen maintained that the Applicant has also demonstrated that it has the support of the community and has reached out to local groups for input and advice from the needs within the community. The Applicant has stated that the proposed new facility will not negatively impact the current operations of this clinic in northwest.

While staff recognizes that low paying clinics with other social services will enhance the availability and accessibility of care, staff also understands that there's a range of other factors that collectively may have an even greater impact on the primary care access and overall well-being of individuals and families in the District, first being primary care engagement.

Mr. McQueen maintained that a high percentage of Medicaid enrollees are not accessing appropriate primary and preventative services in a given year. The second being the need to access specialty services given the high rates of chronic disease in the District.

Mr. McQueen stated that as a result, staff recommends that the Certificate of Need be contingent on the condition that the Applicant develop a plan to:

1) Increase primary care engagement among the patients it currently serves and the broader community as a whole; and

2) Provide specialty care services as proposed in the facility based on the needs of the patients it serves.

Mr. McQueen stated that the Applicant should report to SHPDA on the plan to comply with the above conditions with its first quarterly progress report.

Mr. McQueen then said that based upon the above considerations, staff recommends that the Applicant be awarded the Certificate of Need for the establishment of a primary care clinic at 1710 Good Hope Road, S.E. at a cost not to exceed $1,468,349.

Presentation by the Applicant

Mr. George Jones, Chief Executive Officer of Bread for the City, stated that they're looking to build a 30,000 square foot facility. The centerpiece of it is going to be the 2,000 plus square foot medical clinic.

Mr. Jones believes that the needs are there. They have approximately 2,500 households that come through the southeast facility every month for social services and that they can utilize the health services.

Mr. Jones stated that there are approximately 2,000 patients now and they believe that a huge percentage don't have Medicaid. But they know that quite a few people in the community, in Ward 8 in particular, don't actually see anyone, and oftentimes don't have a provider on record.

Mr. Jones stated that there are approximately 10,000 people that currently don't have a health care provider. So they think that the need, purely based on the medical perspective, is there. But they also provide wraparound services that they think are critical to addressing the whole person who comes through the door.

According to Mr. Jones, they believe that the medical piece is critical, but they also think that the food they provide and the access to legal services that addresses family law and domestic violence and housing and benefits is also critical to support people who come in under distress and struggle socioeconomically.

Discussion

Ms. Bowens wanted to know what steps the Applicant will take in terms of outreach to attract new patients.

Dr. Randi Abramson, Chief Medical Officer, said that the first thing they will do is to inform the 2,500 families who come for social services learn about the availability of health services. They will be encouraged to bring the families, friends and neighbors.

In response to question about relationships with a hospital, Dr. Abramson said that they will refer patients depending on their preference and insurance coverage.

Ms. Kelly wanted to know if Bread for the City will keep its current building in the Ward after the new one is opened.

Mr. Jones said that the Board has decided to retain the building and utilize it for community services.

Dr. Downer wanted to know if they accept private insurance.

Dr. Abramson said that they take some but that it is a small percentage.

Dr. Downer also wanted to know about the operating hours of the clinic.

Dr. Abramson said that they will consider opening either on Saturday mornings or evenings based on what works for the community.

Vote

The PRC agreed to support the staff's recommendation to support the project with an amendment to the condition that says coordinate specialty care rather than provide.

VI. Unfinished Business

There was no unfinished business.

VII. New Business

There was no new business.

VIII. Public Comment

There was no public comment.

IX. Plan Development and Implementation Committee Report

Ms. Ormond stated that the next step is getting the Plan implemented and would like to discuss at next month's meeting, priorities and what each person on the Committee can bring to the implementation of the plan, what they're willing to commit, and what their interests are. She suggested that promoting patient engagement, examining the impact of social determinants of health, addressing the siloed nature of primary care and behavioral health services, and maximizing community benefit programs could be areas to consider.

X. Adjournment

The meeting was adjourned at 8:03 p.m.

STAFF REPORT I

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

899 North Capitol Street, N.E.

Sixth Floor

Washington, D.C. 20002

ANALYSIS OF NEW CERTIFICATE OF NEED APPLICATION
BASIC PROJECT AND REVIEW INFORMATION

Project Data

Registration Number	**17-8-6**
Applicant:	**DCA Hadley SNF, LLC d/b/a BridgePoint Sub–Acute and Rehabilitation National Harbor**
Project Title:	**Addition of 32 Skilled Nursing Beds**
Address:	**4601 Martin Luther King Jr. Ave. SW Washington, DC 20032**
Project Representative:	**Cliff Barnes**
Proposed Capital Expenditure:	**$5,319,909**
Proposed Completion Date:	**August 2019**

Review Data

Date for Project Review Committee Action:	**March 15, 2018**
Date for SHCC Action:	**April 12, 2018**
Estimated SHPDA Decision Date:	**April 20, 2018**
Lead SHPDA Analyst:	**Thomas McQueen**

Description of the Applicant and the Proposed Project:

The Applicant DCA Hadley SNF, LLC d/b/a BridgePoint Sub-Acute and Rehabilitation National Harbor (BPNH) states that BridgePoint Healthcare (BridgePoint) is a diversified provider of post-acute care in settings ranging from long-term acute care hospitals to skilled nursing facilities. BridgePoint has three locations that include two in Washington, DC (BridgePoint Hospital National Harbor and BridgePoint Hospital Capitol Hill) and one in New Orleans (BridgePoint Continuing Care Hospital). According to the Applicant, in 2014, BridgePoint purchased Specialty Hospitals of Washington (SHW), which at the time operated the only two Long-Term Acute Care Hospitals ("LTACHs") in the greater metropolitan area, and also the area's only two Skilled Nursing Facilities ("SNFs") licensed for residents requiring ventilators and other complex health conditions. BridgePoint acquired Capitol Hill Hospital with 117 SNF beds and 60 LTACH beds and Hadley Hospital with 62 SNF beds and 82 LTACH beds.

The Applicant maintains that BridgePoint's primary mission during the last three (3) years has been to turnaround a pair of struggling LTACH and SNF facilities by actively promoting healing and wellness, in a safe and welcoming environment to District residents, with an individualized path to recovery for each patient. The Applicant states that the turnaround process has been a multi-year activity with an initial focus on stabilizing the work force and on compliance with regulatory requirements. BridgePoint made capital investments to an aging physical plant. The Applicant further states that BridgePoint installed a new critical care monitoring system, purchased new patient beds, and other critical equipment and began work to overhaul and re-install the IT infrastructure.

According to the Applicant, in 2017, BPNH attained a five-star quality rating from the Centers for Medicare and Medicaid Services (CMS) for the skilled nursing facility. Additionally, in 2017 BPNH increased the number of ventilator beds in the SNF.

The Applicant is now seeking a certificate of need to add 32 skilled nursing beds at BPNH. BPNH currently has a sixty-two (62) bed licensed SNF that is co-located within an eighty-two (82) bed LTACH. The Applicant states BPNH is currently one of two facilities in the District designated by the DC Department of Health (DOH) to care for patients on a mechanical ventilator. The Applicant maintains that BPNH provides specialized on-site services for SNF patients at the facility, including laboratory, radiology, wound care, respiratory, rehabilitation, and surgery.

According to the Applicant, the additional beds will be located on the first and second floors of the facility. The first-floor section was previously used as a physician medical office suite and is currently unoccupied. The second floor is currently housing administrative, respiratory, and rehabilitation offices which will be relocated throughout the facility. The Applicant states that each floor will have eight (8) double-occupancy rooms totaling sixteen (16) beds, a nurse's station, a day room, two (2) showers, and other utility/ancillary rooms (e.g. linen, equipment, medication, nourishment) as required by regulations. Additionally, BPNH will renovate the front yard of the facility to provide a scenic and useable courtyard for the benefit of residents and their visitors.

The Applicant states that the capital expenditure associated with this project is $5,319,909. The Applicant proposes that the service will be operational in August of 2019.

Need:

The Applicant states that the proposed SNF bed expansion at BPNH is based primarily on the need for more SNF beds in the District, especially those that can accept ventilation ("vent") patients. The SNF services provided at BPNH are a category of post-acute care (PAC) services, all of which serve as a critical referral source for acute care hospitals and provide important transition services enabling patients to recover from illness, injury and surgical procedures. The Applicant maintains that according to the District of Columbia Health Systems Plan 2017 the current PAC service capacity is

"adequate to meet the current market demand". However, the Applicant states that the Director of the Department of Health Care Finance (DHCF) contends that there is a clear need in the District for additional SNF beds.

According to the Applicant, the primary goal of the DHCF, which administers the District's Medicaid program, is to ensure that District Medicaid beneficiaries have access to comprehensive and cost-effective care. The Director of DHCF states that "At least for as long as I have been in the District, the DHCF has had to contend with an insufficient number of available SNF beds within the District to meet the needs of the population. While the District does have SNFS, there are not enough providers with the capabilities to serve the population requiring such care. As a result, SNF patients must sometimes be transferred to neighboring states such as Virginia, Maryland, and Delaware where there are available SNF beds." The Applicant states that according to DHCF there are approximately two hundred eighty eight (288) District residents in SNF beds receiving care outside the District. In an average month, there are approximately twenty (20) District Medicaid patients placed in a skilled nursing facility outside the District. Additionally, Medicaid SNF patients with complex conditions do not have the same access to SNF beds as other SNF patients with other payors. In particular, the placement of vent patients, dialysis patients, bariatric patients, patients with psychiatric conditions, and other complex patients are an ongoing challenge. The Applicant maintains that currently, the DHCF reports that there are approximately twenty-five (25) vent patients and five (5) dialysis patients who are District residents but are currently placed in facilities outside the District.

The Applicant states that according to DHCF the primary reason there is a shortage of available beds for vent patients in the District is because vent SNF patients are particularly difficult to care for. In order to provide treatment for such complex Medicaid patients a SNF must have capable and trained staff and the proper equipment, licenses and certification. Caring for these patients is also expensive because they often have chronic and complex health problems that can be challenging to manage. The Applicant maintains that this challenge is particularly complex for patients placed outside the

District, geographically separated from their network of District primary and specialty providers. The Applicant further states that according to the District of Columbia Health Care Association, (DCHCA) (non-profit organization representing SNFs) the BridgePoint facilities are currently the only SNFs within the District that provide treatment for Medicaid vent patients and one of four SNFs that provide treatment for bariatric patients.

According to the Applicant, DHCF prefers to keep complex Medicaid patients such as patients that require vent services in local facilities in order to ensure proper care coordination. The Applicant states that according to DCHCA, the risk and cost associated with transferring patients to other states and the impact out-of-state placement has on care coordination and patient's families is not desirable. DCHCA states that many patients requiring transfer are very sick, and there is a natural risk associated with taking such patients from a hospital and transporting them to a facility that can be far away, such as Delaware or in central or southern Virginia. For patients who are very ill, such a transfer can be a catalyst for a downward spiral in their health. DCHCA further states that transferring such patients can also disrupt continuity of care especially if all of the components of a patient's care have historically been located in the District. The obvious risk of moving this patient to another state is that there will be important and nuanced information about the patient's needs that is lost in the transfer and as a result, the patient may face unnecessary clinical risk.

The Applicant states that finding beds for SNF Medicaid patients with complex health needs is particularly difficult because the District does not have enough providers with the resources and capabilities to care for these patients. The Applicant further states that while the District Health Plan concludes that its findings suggest that capacity of PAC Services in general is adequate, it recognizes that considerable variation exists with respect to discharge and referral patterns to the different type of PAC facilities by payor class, demographic characteristics and other factors. The Health Systems Plan states, "There is considerable variation regionally with respect to rates of discharge to different PAC settings and there is even more variation with regard to discharge

patterns by payor class, demographic characteristics and other factors. These referral and discharge patterns to specific facility types are not well understood and this assessment was not designed to fully explore the implications and consequences of these patterns in DC."

The Applicant maintains that the average occupancy rate for District nursing facilities, as reported in the CMS 2015 Nursing Home Data Compendium, was eighty-nine percent (89%) (based upon data for 19 facilities) higher than the national average of eight two (82%). The District also had a lower SNF beds per 1,000 populations (all ages) rate (4.3) compared to the national rate (5.3), and a higher re-hospitalization rate (I8.3%) than the national rate (17.5%). However, The Applicant contends that the occupancy rates for skilled nursing facilities in the District are even higher because such rates do not account for the bed-hold that SNFs are required to maintain. The Applicant states that SNF rules require a bed hold if a skilled nursing facility patient who is a DC resident is hospitalized, Medicaid reimbursement is available for I8 bed-hold days per patient per fiscal year. While the bed of a SNF patient in the hospital may be unoccupied for occupancy rate purposes, the facility will not fill that bed as it is being held for the SNF patient who is receiving hospital services. The Applicant states that it is likely that occupancy of the facility is between 92% and 95%.

According to the Applicant, the need for SNF beds in the District is not a short term phenomenon, as the need for SNF services is projected to increase nationally. The population of people 65 and older is projected to more than double between 2010 and 2050 from 40.2 million to 88.5 million. In addition, the number of people 85 years and older is expected to triple during the same period from 6.3 million in 2015 to 17.9 million in 2050. The Applicant states that this increase means an increase in the population with the highest need for PAC services. Older adults, particularly those who are 85 years old or older, have the highest disability rate and therefore the highest need for PAC services.

After a careful review of the information, staff has determined that the Applicant has demonstrated the need for the proposed addition of beds. The Applicant has provided information from DHCF that identifies that there is a gap in services for skilled nursing patients. This is suggested by the number of DC Medicaid patients receiving services at SNFs outside of the District (288). Additionally, BridgePoint has demonstrated that it is the only provider of vent services in the District and serves the bariatric population. Staff also notes that in December of 2016 Washington Home a 192 bed DC SNF closed its facility. As a result, staff has determined that the Applicant has demonstrated the need for the addition of 32 skilled nursing beds at BPNH.

Accessibility:

The Applicant states that access is of the utmost importance to BPNH and that through the proposed project BPNH seeks to improve access for District residents by serving the most complex and neediest patients in the District. Currently, Medicaid patients with complex issues that require ventilation services are often transported to other facilities in neighboring states. The Applicant maintains that the expansion of SNF beds allows residents of the District to receive services in the city and ease the burden on families and friends. Moreover, BridgePoint admits patients through a well-defined referral process that is available 24 hours a day and serves as a critical referral source for acute care hospitals.

The Applicant maintains that BridgePoint long term acute care and skilled nursing facilities are referral-based. Short term acute care hospitals refer patients to BridgePoint primarily using two patient referral software programs, Allscripts and NaviHealth. The Applicant states that once the BPNH Admissions Department receives a referral, they verify the patient's insurance. Upon verification, the referral is sent to the appropriate clinical liaison who determines if the patient's medical needs are appropriate for one of BridgePoint's levels of care. The Applicant further states that if the patient is medically eligible, the clinical liaison communicates with the referring hospital to ensure the patient can be safely discharged. According to the Applicant, if a BridgePoint long term

acute care patient needs to transition to a SNF level of care, they are referred to the Director of Nursing to perform a clinical review to determine if the skilled nursing facility can meet the patient's clinical and psychosocial needs.

The Applicant states that Patients and their families will have access to BridgePoint National Harbor by METRO rail and bus. The Anacostia Metrorail Station is the closest rail system accompanied with an Anacostia Station Bus Bay. Residents may access BridgePoint facilities via Metro bus, in which there is a stop within a 1 minute walk of the facility. Additionally, BridgePoint is located five minutes from I-295. The Applicant further states that patient families can visit the patients 24 hours a day, 365 days a year and free visitor parking is available at all BridgePoint locations.

Based on the above information, staff has determined that the Applicant has met the criteria and standards for the accessibility of care.

Quality:

According to the Applicant, the Governing Board provides oversight to BPNH's financial, clinical, and administrative operations. Their oversight includes reviewing and approving contracts, policies and procedures, quality assessment, and performance improvement tools, as well as allocating resources such as staffing, capital equipment, and supplies. The Applicant states that the Administrator, Director of Nursing, and Resident Care Coordinators provide daily on-site leadership and support to the clinical team. The Director of Quality and Education reports directly to the Administrator and ensures that the clinical team receives ongoing education to meet clinical competencies. The Infection Preventionist, Plant Operations Director, and Food Service Director also report directly to the Administrator and ensure that the facility environment and equipment meet regulations.

The Applicant states that BPNH maintains all of the required certifications and licenses and thereby assures that it meets the required quality standards. According to the

Applicant, in 2017, BPNH attained a five-star quality rating from CMS for the skilled nursing facility. CMS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which one may want to ask questions. The Nursing Home Compare Web site features a quality rating system that gives each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have much above average quality and nursing homes with 1 star are considered to have quality much below average. There is one Overall 5-star rating for each nursing home, and a separate rating for each of the following three sources of information:

- **Health Inspections** – The health inspection rating contains information from the last 3 years of onsite inspections, including both standard surveys and any complaint surveys. This information is gathered by trained, objective inspectors who go onsite to the nursing home and follow a specific process to determine the extent to which a nursing home has met Medicaid and Medicare's minimum quality requirements. The most recent survey findings are weighted more than the prior two years. More than 180,000 onsite reviews are used in the health inspection scoring nationally.

- **Staffing** – The staffing rating has information about the number of hours of care provided on average to each resident each day by nursing staff. This rating considers differences in the levels of residents' care need in each nursing home. For example, a nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high.

- **Quality Measures (QMs)** – The quality measure rating has information on 11 different physical and clinical measures for nursing home residents. The rating now includes information about nursing homes' use of antipsychotic medications in both long-stay and short-stay residents. This information is collected by the nursing home for all residents. The QMs offer information about how well

nursing homes are caring for their residents' physical and clinical needs. More than 12 million assessments of the conditions of nursing home residents are used in the Five-Star rating system.

The Applicant maintains that BPNH contracts with a Medical Director who is responsible for the coordination of medical care. The Medical Director plays a pivotal role in providing clinical leadership regarding application of current standards of practice for resident care and new or proposed treatments, practices, and approaches to ensuring quality care. The Medical Director receives ongoing support from other contracted physicians including the Infection Disease Doctor and Pulmonologist. The Applicant maintains that this physician team focuses on improving quality of care to attain optimal resident outcomes. Additionally, the Medical Director helps the facility deal with regulatory and survey issues by ensuring that appropriate systems exist to facilitate good medical care. According to the Applicant, the clinical team is led by the Director of Nursing who plays a vital role in implementing resident care policies and conducts weekly at-risk meetings with an interdisciplinary team that includes the Resident Care Coordinators, Registered Dietician, Social Worker, MDS Coordinator, and Rehabilitation Therapists. The team reviews and updates care plans for new residents and residents with a change in care, including unplanned hospital discharges, new clinical conditions, and changes in mental status. The weekly meetings may also include resident rounds and education on selected topics by the physicians.

The Applicant states that on a daily basis a clinical meeting occurs which includes the interdisciplinary team and SNF corporate leadership and oversight. Additionally, a daily prospective payment system meeting is conducted which also includes the interdisciplinary team and corporate leadership. The Applicant maintains that this utilization review meeting and corresponding chart review and level of care assignment is conducted by the interdisciplinary team to include discharge planning, payor status, anticipated length of stay, continuing stay needs. Medical audits are conducted by the Resident Care Coordinators, Dietician, MDS Coordinator, and include the Medical

Director. The Applicant further states that the Medical Director conducts peer review at least weekly at the patient at risk meeting.

According to the Applicant, BPNH also participates in the state and federal approved Quality Improvement Organization where it participates in data collection, facility comparison, and education on best practices for several Quality Measures to include: pressure ulcers, falls, falls with major injury, psychoactive medications, urinary tract infections, and unplanned hospitalizations. The Applicant states that BPNH employs an application called Care Watch that utilizes data and comparison trending to measure success or need for improvement in some of the aforementioned areas. In reviewing this data and tracking BPNH is able to analyze and put in action plans to become a best practice performing facility.

The Applicant maintains that BPNH employs a full-time scheduler who is solely focused on staffing and scheduling to prevent understaffing. According to the Applicant, BPNH provides 4.5 - 4.8 hours of direct care per patient day, exceeding the District of Columbia nursing home regulations of 4.1 hours of direct care per patient day. On the ventilator unit, there are additionally two full-time respiratory therapists available 24 hours/day and a part-time wound nurse. The Applicant states that new employees receive a general orientation and role-specific training upon hire, and thereafter receive annual competency training.

Based on the above information, staff has determined that the Applicant is consistent with the criteria and standards for quality of care.

Continuity:

The Applicant states that continuity of care is at risk when SNF patients are transferred out of state. The Applicant maintains that the Health Systems Plan recognizes the importance of continuity of care and need to continue community-based services for SNF patients. According to the Applicant, the Health Systems Plan states that focusing

on care transitions and ensuring a strong continuum of community-based services to promote post-acute recovery and prevent acute inpatient hospitalizations, including hospital readmissions, was one of the leading discussion points and priorities cited by community residents, service providers and other stakeholders. Additionally, DHCF prefers to keep SNF patients in local facilities in order to assist with continuity of community-based services.

The Applicant maintains that delivering well-coordinated, patient centered care transitions is embedded in BPNH's delivery system model which offers three levels of care in one building to ensure that patients have the resources they need to enhance patient's recovery, increase independence, and reduce inappropriate hospital readmissions. BPNH offers skilled nursing, sub-acute and rehabilitation, and long-term acute care in one building. The Applicant states that BPNH has agreements in place that allow for ambulance services and lab services, as well as coordination agreements with Providence Hospital and United Medical Center that will provide outpatient surgery, inpatient hospital services and routine diagnostic testing services, including but not limited to MRIs, CT Scans and nuclear medicine studies to Bridgepoint's patients.

Staff, therefore, concludes that the Applicant is consistent with the criteria and standards of continuity of care.

Acceptability:

According to the Applicant, BPNH maintains patient grievance policies that provide multiple opportunities for residents to share grievance. Admissions material includes a description of how to contact BPNH to lodge a complaint. If a patient lodges a complaint or concern, the complaint or concern is addressed immediately, and brought to the immediate attention of the Director of Nursing, Social Workers, or any other individual who is able to record the grievance on the Grievance Report Form. The Applicant states that all complaints are documented on the Grievance Report Form by the recipient of the complaint or immediate supervisor. The grievance will be reported to the

Administrator and will be logged in an administrative record. The Administrator shall address all grievances within five (5) working days (excluding weekends and holidays) and a copy of the action taken and results will be provided to the persons filling the grievance.

According to the Applicant, BPNH has informed Advisory Neighborhood Commission (ANC) 8D regarding the proposed project. SHPDA has received letters of support from the ANC regarding this project. Additionally, the Applicant has provided letters of support from Councilmembers Vincent Gray and Trayon White. The Applicant has provided letters of support from George Washington University Hospital, and MedStar Washington Hospital Center.

Based on the above information, staff has determined that the Applicant is consistent with the criteria and standards for the acceptability of care.

Financial Feasibility:

The capital expenditure associated with the project is $5,319,909. The capital expenditure consists of $325,525 in pre-operational costs, $3,552,104 in construction costs, $1,052,280 in equipment costs, and $165,000 in contingency costs. The Applicant states that the majority of the cost will be paid for with retained earnings ($4,485,109) of BridgePoint Healthcare. The Applicant states that leasing terms of equipment will be finalized near the completion of the construction project, and if leasing is not a viable option, the equipment will be paid for with cash on hand ($834,800). The Applicant has provided audited financial statements that indicated that BridgePoint Healthcare had $ 2 million in excess of revenues over expenses in FY 2016.

BPNH has provided information detailing the sources and amounts of funding for the proposed project including financial statements and other financial indicators. BPNH has submitted a projected manpower budget specifying the personnel required for the staffing of the proposed project and a plan for the recruitment and training of personnel.

The Applicant has provided financial projections that indicate BPNH will produce more revenues than expenses.

Based on the above information, staff has determined that the Applicant is consistent with the criteria and standards of financial feasibility.

Preliminary Staff Recommendation to the SHPDA Director:

After a careful review of the information, staff has determined that the Applicant has demonstrated the need for the proposed addition of beds. The Applicant has provided information from DHCF that identifies that there is a gap in services for skilled nursing patients at SNFs in the District. This is suggested by the number of DC Medicaid patients receiving services at SNFs outside of the District (288). Additionally, BridgePoint has demonstrated that it is the only provider of vent services in the District and serves the bariatric population. Staff also notes that in December of 2016 Washington Home a 192 bed DC SNF closed its facility, thereby creating gaps in service.

As a result, staff recommends approval of a certificate of need to DCA Hadley SNF, LLC d/b/a BridgePoint Sub-Acute and Rehabilitation National Harbor for the addition of 32 skilled nursing beds.

STAFF REPORT II

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

899 North Capitol Street, N.E.

Sixth Floor

WASHINGTON, D.C. 20002

ANALYSIS OF NEW CERTIFICATE OF NEED APPLICATION
BASIC PROJECT AND REVIEW INFORMATION

Project Data

Registration Number:	**17-7-5**
Applicant:	**Plant the Seed Youth Treatment Services, LLC**
Project Title	**Establishment of 15 Bed In-Patient Residential Substance Abuse Treatment Program for Youth**
Address:	**5212 Astor Place S.E., Washington, D.C. 20019**
Project Representative:	**Melvin Davis**
Proposed Capital Expenditure:	**$200,000**
Proposed Completion Date:	**Soon after CON Approval**

Review Data

Date for Project Review Committee Action:	**March 15, 2018**
Date for SHCC Action:	**April 12, 2018**
Estimated SHPDA Decision Date:	**April 20, 2018**
Lead SHPDA Analyst:	**John Clark**

Description of the Applicant and the Proposed Project:

Plant The Seed Youth Treatment Services (PTS) is an organization which was established in 2017. PTS states that its administrative and treatment staff includes drug abuse treatment personnel who individually have more than ten years of experience as licensed Clinic Directors, Nurses, Clinical Care Coordinators, Psychiatrists, Psychologists, Social Workers and Drug Treatment Counselors. According to the Applicant, the personnel has managed and staffed local drug treatment agencies and reportedly have earned reputations for effective service delivery.

The Applicant is proposing a 15-bed, in-patient, substance abuse treatment program for youth which will be housed in a barrier-free, home-like residence at 5212 Astor Place SE, Washington, DC 20019. According to PTS, the residence will offer services to youth who are aged 13 through 20, will contain 9 bedrooms with 6½ baths with on street parking and be located within the Marshall Heights community of Ward 7. The site is bordered by Benning Road, Southern Avenue, and East Capitol Street, S.E., is easily accessible by private and public transportation, and is near to the Benning Road metro station.

The District of Columbia Department of Behavioral Health (DBH) has determined that Level 3.5 of the American Society of Addiction Medicine's (ASAM) treatment regimen is the appropriate level of care for a significant portion of District youth who currently need treatment services. ASAM is described by PTS as this nation's leading professional society, with over 4,000 physician, clinician and associated professional members who treat addiction.

As an ASAM Level 3.5 substance abuse youth residential treatment program, PTS will offer twenty-five (25) hours of treatment services per week for a period of up to twenty-eight (28) days; a 24-hour supportive treatment environment in which to initiate and continue the individual recovery process; at least twenty (20) hours of additional complex treatment services per week; be able to accommodate patients who have co-

occurring or severe social/interpersonal impairments due to substance use and/or significant interaction with the criminal justice system caused by prohibited substance use. The proposed program will treat approximately sixty youth annually.

Need:

The District of Columbia Department of Behavioral Health (DBH) has determined that there is a significant number of District resident youth who need Level 3.5 ASAM residential substance use disorder treatment and that currently there are no such facilities within the City. As a consequence, DBH has contracted for youth residential facilities in Maryland for treatment. DBH states that because many family members have limited private transportation resources, family members are prevented from participating in the youth's treatment. In addition, DBH stated that out of state placement limits access to coordinated, follow-up, District based treatment after discharge from the out-of-state in-patient facility.

DBH states that a local, youth, residential SUD treatment facility will address the need and facilitate continuity of care after discharge.

In support of DBH's determination of need for residential SUD treatment of District youth, the Applicant cites national statistics which rank the District as either second or third highest among all large urban areas for certain categories of illicit drug use among youth (CDC Youth Risk Behavior Survey – YRBS, 2015) and that the high percentage of marijuana use among youth in the District (28%) is a critical health issue for the Nation's Capital. According to PTS, the crisis is heightened by findings that in 2013, 41% of juvenile arrestees in the District tested positive for marijuana (National Indicator for Drug Abuse, NIDA, 2013).

PTS states that the 2010 Census reported that one in every five District residents is an adolescent between 10 and 24 years old, with 53% of that population of children, youth and young adults residing in Wards 7 and 8.

Youth	1 in every 5 DC residents is an adolescent between the ages of 10-24
Poverty Level	Consistently more children live in poverty in the District compared to the rest of the nation,
Juvenile Delinquency	The rate of youth placed in juvenile detention and correctional facilities is also consistently higher than the national average - In 2010, residential placements were twice as high as the nation
Health Indicators	1 in 100 youth in the District is HIV positive Teen pregnancy rate is 45.4 per 1000 girls
Death rate	Homicide/assault is the leading cause of death (55%) among 10-24 year olds

According to the Applicant, these statistics are consistent with data collected in the Center for Disease Control's (CDC) 2015 Youth Risk Behavior Survey which captured demographic data for high school students in large urban school jurisdictions. The study found the percentage of youth in the District who had used marijuana before the age of 13 at 15.6%, surpassed only by Baltimore, MD at 15.7%. Current marijuana use in this demographic is highest in the District at 28.7%, as compared to Duvall, Florida with the second highest percentage of youth using marijuana at 25.0%.

PTS also cites CDC's assessment that heroin use by District youth is at 4.6%, surpassed by only three other large school districts: 8.3% for Baltimore, MD, 6.3% for Duvall, Florida, and 6.1% for Houston, Texas. Statistics for methamphetamine use among District youth is 4.5%, with only three cities having higher rates of use: 7.9% in Baltimore, 7.5% in Duvall, and 6.5% in Houston. According to the Applicant, steroids are used by 16.4% of District youth, compared with greater percentages in only two other cities: 17.7% in DeKalb, Georgia and 18.7% in Cleveland, Ohio. PTS states that 11.5 % of District youth reportedly use inhalants, slightly less than the nation's leading two cities: 11.6% in Baltimore, MD, and 12.7% in Duvall, Fla.

While these national statistics rank the District as either second or third highest among all large urban areas for certain categories of illicit drug use among youth, the Applicant states that the high percentage of marijuana use by local youth (28%) is a critical health issue for the nation's Capital. This crisis is heightened by national findings that 41% of District juvenile arrestees tested positive for marijuana (National Indicator for Drug Abuse, 2013).

PTS states that current out-patient SUD services available to youth in the District include outpatient services in Ward 1 - Latin American Youth Center; Ward 4 – Riverside Treatment Center; Ward 6 - Federal City Recovery Services; Ward 8 – Hillcrest Children's Center and residential services available in Baltimore, MD. According to PTS, residential treatment is different from out-patient treatment because in-patient treatment provides an intensive, supportive environment which allows individuals to acquire an understanding of their relationship with drugs and alcohol, through group and individual counseling. PTS states that this process has proven to be effective because it occurs without the pressure of outside influences such as negative peer, home, and environmental coercions. In addition, PTS asserts that clinical care and other support services in a residential setting are continually being introduced and used to ensure that continuity of care is the expectation rather that the option.

According to the Applicant, DBH has determined that based on the foregoing data, there is a need for a residential, youth, addiction treatment program in the District because:

1. There are currently no youth ASAM Level 3 substance use disorder (SUD) residential providers in the District;

2. During each of the past three years, DBH annually contracted for sixty District youth to receive in-patient substance abuse treatment at a facility located 50 miles away in Baltimore, Maryland;

3. Many of the patients' family members do not have transportation resources for regular travel to Baltimore to participate in the treatment program;

4. Treatment in Baltimore hinders the patients' of access to post in-patient treatment resources which are available to former in-patients in the District; and

5. The Applicant and DBH state that adding a youth residential treatment provider located within the District's will not only support family involvement in the youth's treatment, it will also enhance continuity of care and will increase the probability for youth being linked to community based out-patient services on a local level.

According to the Applicant, a new District based residential facility will increase the District's capability to provide SUD services for youth who are assessed as needing Level 3.5 ASAM residential treatment.

After careful consideration of the application and supporting documentation, staff has determined that the Applicant meets the criteria for need because there is a significant number of youth who need local, residential, in-patient treatment and there is no existing in-patient youth SUD program within the District. DBH has also stated that there is a need for the proposed program.

Accessibility:

Accessibility is described by PTS as a function of the physical location of service, the ability to reach and participate in treatment; hours of operation during which a patient can be admitted to treatment and the absence of barriers which restrict access to service. PTS states that it accepts referrals from DBH, walk-ins, court service agencies, and other drug treatment programs The Applicant asserts that the facility is easily accessible by either private or public transportation with on-street parking, and is free of barriers which restrict the movements of participants, especially persons with physical disabilities. While the residential facility will operate 24 hours per day, intake for prospective patients will be available at the facility from 9 am until 6 pm, daily. PTS

states that it will comply with all laws and guidelines against discrimination of protected classes of District residents, and has developed policies to provide services without restriction for language/disability/special needs patients and it observes Patient Rights.

After careful consideration of the application and supporting documentation, staff has determined that, contingent upon submission of the requested documentation, the Applicant meets the criteria and standards for accessibility.

Quality:

The Applicant states that the substance use disorder treatment services which will be offered utilize a comprehensive, evidence-based approach to provide an atmosphere where holistic treatment of the entire person can be fostered and experienced throughout the participant's 28-day stay. The Applicant states its belief that if a youth is provided the support in a culture where change is possible, positive and healthier choices can be made. An appropriate staff of qualified professionals, a person-centered protocol, and policies for continuous quality improvement ensure the groundwork necessary for service quality.

The Applicant's stated goals are to treat youth with chronic substance use disorders, returning them to the community chemically free and with the support which they need and are provided consistent with Certification Standards for Substance Abuse Treatment Programs and Facilities which are contained in Chapter 63 of the DC Municipal Regulations.

According to the Applicant, youth who are referred to the program will have had a history of substance abuse, legal issues and/or familial relationship challenges. These youths may have co-occurring disorders and educational interruptions which decrease marketable skills to a point which is not appropriate to their age. The educational component of the program will be administer by the District of Columbia Board of Education.

The program seeks to successfully incorporate professional substance abuse treatment services with community/social model concepts into treatment use the best of what works from both worlds and apply the techniques to a population of youth in dire need of a solution to their addiction. The Applicant believes that the product is an effective, cost efficient alternative to long term, chronic substance abuse.

In order to be certain that a prospective patient is appropriate for the proposed project, PTS states that it administers a diagnostic assessment which includes:

A. Participants must be detoxified prior to admission to the program;

B. Evaluation of the youth's level of readiness and motivation to engage in treatment;

C. Supervision by a psychiatrist, the diagnostic/assessment team includes psychiatrists, psychologists, licensed social workers, registered nurses and addiction counselors who perform an intensive clinical/functional evaluation for each potential patient to include consideration of a prospective client's mental health condition and produces recommendations for the development of an individual treatment plan;

D. Consideration of concerns expressed by family members, guardians, and/or significant others in the diagnostic/assessment;

E. Performance by the diagnostic/assessment team for each prospect, one of the qualified practitioners possesses the professional licensure to authorize diagnosing mental illness, while another qualified practitioner is knowledgeable of community resources to ensure that appropriate community-based services are incorporated into the individual treatment plan.

PTS states that subsequent to diagnosis and assessment, accepted clients receive intensive substance abuse treatment and related services. According to the Applicant, comprehensive drug-free treatment and related services will include daily living support; drug and alcohol testing; individual counseling; group and family counseling; educational/vocational advocacy, independent life skills, social detoxification services; attention to special issues (e.g., HIV, sexually transmitted diseases, parenting, etc.), continuum of medical care and other essential services.

The Applicant states that treatment standards for admissions are: patients who have been determined to be dually diagnosed and are willing to accept the program's assistance in addressing substance abuse issues; patient is stabilized by medication and has cognitive functioning to accept the program concepts. All individuals entering PTS treatment will be assigned to a particular level of care consistent with the DBH approved assessment tools and the ASAM criteria and be able to participate in group and community based counseling, treatment and activities.

PTS Treatment Protocol and Staffing - The Applicant states that it will provide an individualized treatment plan for each client:

- Assessment/Diagnostic and Treatment Planning
  - Initial comprehensive individualized assessment;
  - Continuing assessment, required within seven (7) days of admission;

- SUD counseling as a clinically appropriate combination of individual, family, and group counseling, and counseling-psycho-education, in accordance with the client's assessed needs;

- Clinical care coordination, which establishes the frequency of the additional assessments and updates to the treatment plan, performed for a minimum of 3 hours each week;

- Case management – a minimum of sixteen units (4 hours) of case management is performed every twenty-eight days unless otherwise required and approved by CCC;

- Initial drug screening and as clinically indicated throughout the course of treatment;

- Crisis intervention services as needed; and

- Medication management is supervised by a qualified practitioner and documented.

Applicant Curriculum - PTS states that it will employ a number of evidence-based practices in its treatment of clients such as Cognitive Behavioral Therapy, Motivational Interviewing, Living In Balance, and other treatment modules.

Cognitive Behavioral Therapy (CBT) - The Applicant's states that CBT treatment is seeking to change overt behaviors, while attempting to keep cognitive demands on client to a minimum. Repetition is essential to the learning process in order to develop proficiency and to ensure that newly acquired behaviors will be achievable when needed. PTS states that behavioral rehearsal will be emphasized, using varied, realistic case examples to enhance generalization to real life settings. During the rehearsal periods, clients are asked to identify cues which signal high-risk situations, indicating their recognition of when to employ learned coping skills.

Living In Balance (LIB) – The Applicant maintains that LIB consists of a series of 1.5 – 2-hour psycho-educational training sessions. The therapy includes 12 core and 21 supplemental sessions. LIB is reportedly delivered on either an individual basis or in group settings with relaxation, role-play exercises, discussions, and workbook exercises. The interactive sessions are designed to enhance the client's level of functioning in certain key life areas that are often neglected with drug use: physical,

emotional, and social well-being, academic achievement/vocational development, daily living skills, spirituality/recovery, sexuality, and recreation/leisure. Sessions include a large amount of role-play with time to actively process personal issues and learn how to cope with everyday stressors. The individual sessions will cover:

- Addiction—Definition and Terms
- Trust and Addiction
- The Effects of Drugs
- Triggers and Planning for Sobriety
- HIV, Condoms, and Getting Tested
- Sexually Transmitted Diseases and HIV/AIDS
- Early Recovery and the Sexual Pull
- Sex and Drugs
- Irrational Beliefs
- Stress and Supportive Relationships
- Guilt and Forgiveness
- Expressing Anger
- Anger and Communication
- Making Amends and Forgiveness
- Relationships and Feelings
- Recovery and Self-Help
- Feelings and Family Dysfunction and
- Dysfunctional Roles

The Applicant states that the range of services offered are individually tailored, comprehensive, and cultural/gender specific. Some of these services include, but are not limited to:

- Life and Leisure Skills Education
- Preventative and primary medical care
- Vocational Counseling
- Exercise and Recreational activities
- NA/AA Meetings
- Parenting Groups
- Transportation Services
- Family Therapy

Education for Participants - Educational support is a primary component of treatment service continuity for this population of adolescents and young adult participants. PTS states that it has instituted a service component for academic support that includes 5 hours/week for age-appropriate instruction that will incorporate the learning levels within

the participant population: Intermediate and Secondary grade levels. The PTS states that the educational component will include weekly instruction at 2 hours of math instruction and 3 hours designated for instructional support in the English Language Arts. Administration of the PTS education component will be provided by a certified teaching professional for the oversight of academic curriculum as well as for student assessment.

In implementing its education component services, PTS states that it expects to offer instructional support in accordance with State standards, and to provide the services that meet the educational needs of those youths who are program participants, including those who are requiring school re-engagement, alternative pathways, and/or GED program initiation or completion. PTS will operate in close alliance, and seek to establish a working collaboration with District Public Schools through the Divisions for School Mental Health, Office of Teaching and Learning /Academic Support Services, as well as with the Office of State Superintendent of Education (OSSE) through its Home and Hospitals Instructional Program (HHIP).

PTS states that its services are overseen by the Clinical Director and Clinical Care Coordinator and for each program Level of Care, there is a Licensed Clinical Manager who supervises the day-to-day facility operation and staff.

The Applicant describes the staffing plan for the program as follows:

One (1) Clinical Director (LPC, LICSW) supervises counselors, program managers and case managers in therapeutic teams on the efficient and effective delivery of all programmatic services. Facilitates interdisciplinary team meetings, conducts random record audits adhering to the DBH's documentation checklist, and provides timely feedback to appropriate staff when records are deficient, follows up to insure deficiencies have been corrected. Provides supervision during case consultations and assists staff while stressing the importance of revising treatment plans as necessary, in

conjunction with the client. Assists staff with continuing patient assessments and treatment planning either through direct service or review of work.

One (1) Clinical Care Coordinator (LPC, LICSW, LGSW) provides comprehensive clinical care coordination services. The Coordinator links clients as they transition through the phases of care, ensuring that the treatment plan is adjusted to the goal of recovery, regardless of the client's current status. The Coordinator is responsible for facilitating specified outcomes through recovery that will restore a client's functional status in the community.

One (1) FT Quality Assurance Specialist ensures that program services are designed, integrated and coordinated to achieve maximum effectiveness for each client. Program oversight will be from a strength-based perspective that focuses on the client's individual strengths to ensure proper written documentation of all services, unusual incidents, etc. Conducts record reviews, chart audits, and treatment satisfaction survey processing.

Three full time and two part time Substance Abuse Counselors (LPC, LGSW, LICSW, CAC) continuously assess and treat individuals with mental, emotional, or substance abuse problems, including abuse of alcohol, and other drugs. Orders tests and evaluates appropriate data to ensure that problems assessed are treated and documented and provide individual, group and family counseling of assigned chemically dependent clients.

Two Case Managers (BA, MA or minimum of 4 years of experience) maintain the appropriate level of certification and education to provide the necessary services. Provide initial intake and orientation of clients, assists counselors to ensure that residents are safe and orderly.

Ten Residential Specialists provide 24 Hour monitoring of the residential facility and clients.

Nutritionist plans and supervises patients' meals.

Two Cooks provide meal services for residential clients including 3 meals and a snack per day, seven days per week. Cooks are supervised by the Nutritionist and Clinical Director / Supervisor.

Quality Improvement – PTS states that all staff will initially participate in staff orientation and subsequent in-service training to assure that staff maintains skills levels and are proficient in current methods of substance use disorder treatment. The Applicant states that quality improvement activities will include methods to assess substance use disorder treatment effectiveness; concepts of quality improvement and outcomes; trauma-related issues; and other issues mandated by the DBH. Training will be for a minimum of 20 hours annually.

The Applicant states that it will also maintain its quality improvement program under the director of the Chief Executive Officer and a Quality Improvement Committee (QIC). The QIC will include the Clinical Director, Quality Improvement Specialist, a Counselor or Case Manager, the Program Director and a Consumer/Family Member of a person receiving behavioral health or SUD services in the District. The QIC will be responsible for managing the activities of the QIC Program, and participating in the maintenance of the QI Work Plan - setting the specific performance indicators of the QI Program and monitoring all performance reports for compliance with quality standards and improvement activities. The QIC will also conduct treatment satisfaction surveys every six months.

PTS states that it will require all staff and contracted personnel to deliver care consistent with accepted professional and community practices, provide access to their offices and consumer medical records, and demonstrate compliance with regulations established by state and federal standards. The Applicant expects staff to actively participate in the QI process by responding to surveys, participating in chart audits,

attending forums, serving on committees, and otherwise participating and cooperating with QI initiatives.

PTS also states that it has adopted a written QI plan which describes the objectives and scope of its QI program and requiring PTS staff, consumers, and family involvement in the QI program. The QI program measures and ensures at least the following:

- Access and availability of services;
- Treatment and prevention of acute and chronic conditions;
- High volume services, high risk conditions and services, especially children and youth services;
- Coordination of care across behavioral health treatment and primary care treatment settings;
- Compliance with all SUD certification standards;
- Adequacy, appropriateness and quality of care;
- Efficient utilization of resources;
- Consumer and family satisfaction with services;
- Monthly review of consumer records using a checklist of required Documents; and
- Ongoing training and participation in DBH provider meetings to ensure awareness of policy changes/governing rules and regulatory guidelines.

After careful consideration of the application and supporting documentation, staff has determined that the Applicant meets the standards for quality of care.

Continuity:

As an in-patient service for the treatment of substance use disorders among youth, PTS states that it will maintain affiliations, collaborations and associations with agencies and organizations which are involved in the support of substance abuse treatment, including: local hospitals; Board of Education, Court Services, Family Division and Juvenile Probation; Child and Family Services Agency; Outpatient Treatment Services (Drop-in Center); Sasha Bruce Youth Work; Prevention Centers in all Wards; the community based psychiatric and mental health services (PIW, Community Connections); and the District's public schools. The Applicant states that through Affiliate Provider Agreements with these organizations, participation will be generated through the efforts of these community and government agencies for substance use disorders to youth. PTS' stated intent is to make the resources of these agencies readily available to the Applicant's clients for:

(a) Community health promotion for the prevention of substance abuse disorder in youth;

(b) Prevention and detection of substance abuse disorder in youth;

(c) Diagnosis and treatment of substance abuse disorder in youth;

(d) Ensuring rehabilitation for substance use disorder in youth;

(e) Decrease in chronic maintenance through treatment and recovery tools for substance use disorder;

(f) Support services for SUD in youth; and

(g) Advocacy to establish of enabling services for the treatment of SUD in youth.

After careful consideration of the application and supporting documentation, staff has determined that the Applicant meets the standards for continuity of care.

Acceptability:

The Applicant states that it is responsible for honoring client rights. The Applicant states that it has developed procedures for consistent practices to ensure cultural competence, risk management/client safety, grievance/complaint reporting and resolutions, and client confidentiality. At the time of admission, the PTS states that it will explain program rules, client rights, and grievance procedures and staff will document the explanation by including a form, signed by the client and witnessed by the staff person, within the client's record.

PTS states that it will conspicuously post a statement of client rights, program rules, and grievance procedures. The posted data will inform clients that they may report any violation of their rights to the DBH and shall include the telephone numbers of the DBH and any other relevant agencies for the purpose of filing complaints. The Applicant assures a prompt, impartial review of any alleged or apparent incident of violation of rights or confidentiality.

PTS states that it is committed to assuring that the unique needs of individual patients are met, as reflected in policies, procedures, and programming. The Applicant states that its staff will be experienced in working with individuals who have been homeless and living with behavioral health challenges - mental illness and/or co-occurring disorders. According to PTS, its experience requires a flexible approach to service delivery, which must include a full array of wraparound supports. PTS states that it has the capacity to meet the language needs of individuals served with staff who are proficient in Spanish, interpreter services, qualified sign language interpreters and other auxiliary aids will be made available to sensory-impaired persons where necessary to afford such persons equal opportunity to benefit from the services provided. The

Applicant states that these interpreters and auxiliary aids will be provided to the consumer without additional costs.

PTS states that it has a formal policy to assure that all activities are provided without discrimination based on race, religion, sexual orientation, gender, national origin or disability.

During preparation of the application, PTS states that it presented its proposal to ANC 7E for consideration at its October 2017 meeting. The Applicant states that after deliberations during the October 2017 meeting, the ANC 7E gave PTS an opportunity to survey ANC 7E residents to acquire community comments on the application. In response to a survey of more than 200 ANC 7E residents which was performed by PTS, the Applicant states that the majority of the respondents recommended the approval of the application. According to PTS, the responses to the survey were presented to ANC 7E as evidence of community support for the CON application. However, ANC 7E opposed the CON application.

In an email dated January 23, 2018, ANC 7E informed the SHPDA that at its January 2018 meeting, it had voted unanimously not to support the proposed project. ANC 7E stated that it had visited the property at 5212 Astor Place S.E and had, "...noticed that the size of the property as well as the amount of people would not be feasible for the safety of the occupancy and the community". The ANC also stated that it had submitted a resolution to the Board of Zoning requesting that, "the Government of the District of Columbia Board of Zoning Adjustment deny the application of Plant the Seed Youth Treatment Services to increase the occupant load from 6 to 15 persons in the R-2 Zone at the 5212 Astor Place S.E, 9 Square 5308. Lot 25 address."

On the other hand, information submitted by the Applicant states that the DC Office of Planning has recommended that the special exemption requested by the Applicant be approved by the Board of Zoning Adjustments. The recommendation states:

"Plant the Seeds Youth Treatment Services (applicant) requests special exception review under Subtitle U § 203.1(e) pursuant to Subtitle U § 202.1(j) and Subtitle X § 901.2 to increase the occupant load of a Health Care Facility from six to 15 persons at 5212 Astor Place, SE in the R-2 zone. The Office of Planning (OP) recommends approval of the requested special exception with the following condition:

- The health care facility shall not exceed 15 residents not including supervisors and staff."

In addition, according to the Office of Planning, the Department of Transportation found in their report, that there should be no adverse impacts on the traffic conditions because of the proposed use. It is not envisioned that the use would generate noise to adversely impact the neighborhood as the residents would be monitored and supervised at all times.

After careful consideration of the application and supporting documentation, staff has determined that the Applicant meets the standards for acceptability.

Financial Feasibility:

The CON application has a proposed capital cost of $200,000. The Applicant has included with the application, evidence of $198,919 available. PTS states that the available cash is a combination of investment funds by the Applicant's owner and lines of credit issued to PTS, sums which it describes as sufficient to cover the costs of operation to establish the program, including program furniture and office equipment. The Applicant states that the renovations will not be required. In addition, the Applicant anticipates that it will be paid approximately $1.5 million dollars for services to DBH.

After careful consideration, staff has determined that the application meets the criteria and standards for financial feasibility because PTS has sufficient funds to operate the program for a year; and as the only juvenile, in-patient SUD facility in the District; the

DBH agrees that there is a need for the service and the Applicant does not have local competition for clients from existing agencies.

Preliminary Staff Recommendation to the SHPDA Director:

After careful consideration of the application and supportive documentation, staff has determined that the Applicant has met the criteria for need, quality, accessibility, acceptability, coordination of care and financial viability. SHPDA staff recommends the approval of this application to establish a youth, in-patient, substance abuse drug treatment program at 5212 Astor Place SE, Washington, DC 20019 for the following reasons:

- PTS's management and treatment staff includes drug abuse treatment personnel who individually have more than ten years of experience as licensed Clinic Directors, Nurses, Clinical Care Coordinators, Psychiatrists, Psychologists, Social Workers, Drug Treatment Counselors and Educators who have administered and staffed local drug treatment agencies and reportedly have earned reputations for effective service delivery;

- DBH has determined that there is a need for a Level 3 ASAM intensive residential, youth, addiction treatment program in the District;

- There are currently no youth ASAM Level 3 substance use disorder (SUD) residential providers in the District;

- During each of the past three years, DBH annually contracted for sixty District youth to receive in-patient substance abuse treatment at a facility located 50 miles away in Baltimore, Maryland;

- Many of the patients' family members do not have transportation resources for regular travel to Baltimore to participate in the treatment program;

- Treatment in Baltimore hinders the patients' access to post in-patient treatment resources which are available to former in-patients in the District;

- DBH states that adding a District based youth residential treatment provider will support family involvement in the youth's treatment, enhance continuity of care and will increase the probability for youth being linked to community based out-patient services on a local level.;

- According to PTS, residential treatment is different from out-patient treatment because in-patient treatment provides an intensive, supportive environment which allows individuals to acquire an understanding of their relationship with drugs and alcohol, through group and individual counseling; this process has proven to be effective because it occurs without the pressure of outside influences such as negative peer, home, and environmental coercions. Clinical care and other support services in a residential setting are continually being introduced and used to ensure that continuity of care is the expectation rather that the option which happens with outpatient services; and

After careful consideration of the application, staff recommends approval of the application by Plant the Seed Youth Treatment Services, LLC to establish a 15-bed youth residential drug treatment program at 5212 Astor Place, S.E.

PREPARED BY
DEPARTMENT OF HEALTH
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