

**Delaware Health Resources Board
Post Acute Medical Rehabilitation Hospital of Georgetown
Review Committee Meeting Minutes
Wednesday, February 5, 2020 10:45 AM
DelDOT Administration Building
Farmington-Felton Conference Room
800 Bay Rd Dover DE 19901**

Review Committee Members Present: Theodore Becker, Carolyn Morris and John Walsh

Staff Present: Latoya Wright, Elisabeth Massa and Joanna Suder

Call to Order and Welcome

The meeting of the Review Committee for Post Acute Medical Rehabilitation Hospital of Georgetown was called to order at 10:55 a.m.

Post Acute Medical Rehab Hospital of Georgetown Certificate of Public Review Application

It was stated that the application for Post Acute Medical was deemed complete on November 13, 2019. At the December 12, 2019 Health Resources Board (HRB) meeting, Post Acute Medical representatives provided the HRB members with a formal presentation of the project.

Project Summary and Background Information

PAM Rehabilitation Hospital of Georgetown, LLC (“the Applicant”), a subsidiary of PAM Cubed, LLC, and a member of the Post Acute Medical, LLC (“PAM”) family of healthcare companies, is applying for Certificate of Public Review (“CPR”) approval to develop and operate a new 34-bed freestanding acute Inpatient Rehabilitation Facility (“IRF”). The facility will be located at 22297 Dupont Boulevard, Georgetown, Delaware, Sussex County. The proposed facility will be called PAM Rehabilitation Hospital of Georgetown. PAM, the parent company of the Applicant, owns and operates a network of post-acute hospitals in twelve states. Please see Exhibit 7 for information on PAM and its leadership and management team. The proposed facility will provide both inpatient and outpatient rehabilitation services including physiatrist services, nursing care, physical therapy, occupational therapy, speech therapy, and prosthetics / orthotics services. The proposed facility will involve new construction on a vacant lot. It will accommodate maximum patient ambulation and recreation. The project will require approximately five acres of land for construction and the building will be approximately 42,000 square feet. The project will have an estimated total capital expenditure between \$17 million and \$20 million.

The proposed project will include private rooms, state of the art therapy equipment, and two full-service therapy gyms. Ample parking and supportive grounds will welcome patients and their support networks to an intensive focused program designed to stabilize and strengthen patients’ physiology and return them to participation in the community with local follow up from a primary care support network. Exhibit 8 has copies of the floor plans and a site concept drawing showing how the proposed facility will fit on the site. Catalyst HRE, LLC, the parent company of 113 Georgetown Properties, LLC, will provide funding for the building. 113 Georgetown Properties, LLC will develop the building and lease it to the applicant. The proposed project schedule allows the applicant to begin providing service in the Georgetown area in January 2023.

Conformity of Project with Review Criteria

The Review Committee reviewed the CPR application and the responses to the seven criteria.

Criterion I: The relationship of the proposal to the Health Resources Management Plan.

As evidenced by the studies copied in Exhibit 9 in the application, summarized on Exhibit pages ES-3 and 4, when IRF service is appropriate, quality of care is significantly better for patients admitted to IRF rather than Skilled Nursing Facilities (“SNF”) services. PAM’s commitment to quality, means that PAM IRF facilities seek maximum functional improvement such that patients discharge to home quicker. This approach is better for the patient; it minimizes total system cost; and the quicker turnover increases bed availability.

Cost

Medicare beneficiaries are primary users of IRF services. Hence, a provider’s Medicare payment rate is a good measure of its impact on health care delivery system cost. Starting with data provided by the Advisory Board, the table below compares estimated cost to Medicare for IRF episodes in IRF facilities currently used by Sussex County residents, with proposed charges for the proposed PAM Rehabilitation Hospital of Georgetown.

The Post Acute application referenced other IRFs included in the table below.

Comparison of Average Medicare Payments for Selected Facilities

Notes	IRF Name	State	Estimated Medicare Payment 2018	Estimated Medicare Payment 2020 (d)
a	Bayhealth Hospital, Sussex Campus	DE	\$18,149	\$18,421
a	Christiana Care Health Services, Inc.	DE	\$21,561	\$21,884
a	Encompass Health Rehabilitation Hospital of Middletown	DE	\$21,667	\$21,992
a	Encompass Health Rehabilitation Hospital of Salisbury	MD	\$19,441	\$19,732
b	PAM Rehabilitation Hospital of Dover	DE	\$18,845	\$19,128
c	PAM Rehabilitation Hospital of Georgetown	DE	N/A	\$19,415

The

Quality

Joint Commission accreditation will assure quality at the proposed facility. The Applicant will participate in Delaware’s data sharing for the quality metrics associated with the Executive Order 25. The Applicant will provide approximately five percent of care to medically indigent patients as charity care. The applicant will implement a charity care policy specific to the Georgetown facility. PAM facilities work across the post-acute continuum. The Applicant will participate in the Delaware Health Information Network (“DHIN”), sharing appropriate patient care information with other participating providers with the goal of optimizing care coordination for its patients.

Because the proposed facility responds to a service deficit in Delaware, it will have no incentive for overutilization. The applicant's parent company, PAM, owns one other freestanding IRF in Dover. That facility was full within six months of opening. It had a waiting list by July and August 2019. The Bayhealth Hospital, Sussex Campus IRF unit also maintained occupancy at the times when the PAM Dover IRF facility had a waiting list. This is further evidence that Delaware is undersupplied with IRF beds. Other than PAM Rehabilitation Hospital, Dover, PAM has no ownership interests in facilities or providers who could refer to the proposed facility.

The Review Committee discussed that there is no facility such as PAM in the Georgetown area and this would benefit the population in the Georgetown area.

The Review Committee agreed the application met criterion I.

Criterion II: The need of the population for the proposed project.

It was stated in the Post Acute application, a host of factors supports the need for additional IRF beds in Delaware and specifically, in Sussex County. Four key elements support the need for the proposed 34-bed IRF facility:

- Need of the population of Delaware and Sussex County for IRF beds,
- Aging population in Delaware and Sussex County,
- Delaware resident health status,
- Need for additional training sites for therapy and nursing sites in Delaware
- Capacity limitations of current IRF beds in Delaware

IRF bed utilization is low in some regions of Delaware. This observation is supported by data from the CMS Geographic Variation Public Use file. According to CMS data for Medicare fee for service beneficiaries, in 2017, Sussex County had an IRF use rate of approximately 11.51 per 1,000 residents. By comparison, Kent County use rate was 17.21 IRF admissions per 1,000 residents. Demographic differences between Kent and the state do not explain the difference. Lower use rates suggest access barriers to IRFs in Sussex. The average 2017 IRF use rate in Delaware was 11.22 (2017 IRF stays / beneficiaries x 1,000 = average use rate). This is lower than nearby Pennsylvania, which had a rate of 16.2 in the same year.

Need for Additional Therapy and Nurse Practicum Training Sites in Delaware

In addition to patient care, keeping up with population health requires an adequate workforce. According to *US News and World Report*, the University of Delaware Physical Therapy program is ranked first nationally.¹ With such a prestigious program in a relatively small state, Delaware will benefit from additional in-state training and employment opportunities. Consistent with PAM's national history and PAM Rehabilitation Hospital of Dover practice, the Applicant will offer its facility as a training site for healthcare programs, including but not limited to the University of Delaware, Wesley College, and DelTech.

Capacity Limitations of Current SNF Facilities in Delaware

¹ US News and World Report (2017) UD Physical Therapy Program. Retrieved from <https://chs.udel.edu/ud-physical-therapy-named-no-1-graduate-program-in-the-united-states/>

SNF is another post-acute care alternative. Hospital discharge planners and discharging physicians must weigh available settings against the patient clinical needs to determine a best fit to the delivery system will reduce pressure on SNF, leaving more beds available for patients who need long term nursing support SNF beds in Delaware operate at high occupancy. Given these high occupancy rates and the forecast increase in service area population at risk, 34 new IRF beds in the Georgetown area will be an important element of the care continuum. Because not all IRF patients can go directly home at discharge, the proposed facility will likely boost demand for local SNF care. As the facility develops local relationships, PAM Rehabilitation Hospital of Georgetown staff will introduce patients and families to other post-acute resources in Sussex County.

Service Area and Demographics

The proposed service area has approximately 420,000 people. This includes all zip codes in Sussex and Kent Counties and one zip code in Caroline County, Maryland. The applicant chose this wide service area to account for use of an existing IRF resource, Bayhealth Hospital, Sussex Campus. Bayhealth Hospital, Sussex Campus is virtually at the intersection of Kent and Sussex Counties and serves both Kent and Sussex. The same is true for PAM Rehabilitation Hospital at Dover.

Need Methodology

The methodology shows that, by the proposed IRF hospital's third operating year, 2025, there will be a deficit of 40 IRF beds in the service area. The Applicant calculated the IRF bed need using 2017 IRF admission rate of fee for service Medicare beneficiaries and adjusting for use by other patients. Specifically, the Applicant used the Kent County Medicare fee for service use rate. Kent County median age was 37.3 in 2017, compared to Sussex County at 48.3 in the same year. Hence, the use rate may be conservative. The methodology involves applying the rate to the 65 and older population of the service area to establish the Medicare use and estimates other admissions as a percentage. This is a reasonable methodology. The 65 and older population are primary Medicare beneficiaries and the ratio of Medicare to other IRF users is relatively stable. It assumes that the FFS rate applies to all Medicare. The Health Resources Management Plan does not have methodology for determining the need for IRF beds in Delaware.

The Review Committee discussed the difference between SNFs and IRFs and the level of care they both provide. Although an SNF may provide rehabilitation services, an IRF requires three hours of intense physical therapy five days a week. The Review Committee inquired if Post Acute participated in a Medicare Advantage Plan. It was also discussed if Westley College, University of Delaware and Deltech expressed a need for training programs. Staff will send these follow up questions to the Applicant.

The Review Committee will wait on voting on criterion II until responses from the follow up questions are received.

Criterion III: The availability of less costly and/or more effective alternatives to the proposal of Delaware, including alternatives involving the use of resources located outside the State.

The applicant considered several alternatives to the proposed project and found the one described in this CPR application the most effective.

Status Quo

Delaware IRF facilities are in Wilmington, Dover, Middletown, and Milford. Sussex County has acute care hospitals in Lewes and Nanticoke. Georgetown has no acute care or rehabilitation hospital. Patients and Georgetown community representatives mentioned traffic and distance as the reason for their decisions to choose SNF facilities, even when physicians recommended IRF. SNFs provide a different level of care. SNFs focus on nursing with complementary therapy; whereas IRF involves daily physician-directed intensive therapy.

In interviews with local elected officials, hospital discharge planners and other community members²:

- Frustration with traffic on the highways that connect Sussex County, border Maryland communities, and point north to the Atlantic Ocean beaches, particularly in the summer months.
- Residents cite it as a deterrent to seeking care in Delaware IRF facilities, even one as close as Milford, in the northern part of Sussex County.
- Absence of an inpatient post-acute medical facility in Georgetown.
- Desire on the part of staff at two acute medical care hospitals in Sussex County (Nanticoke and Beebe Healthcare) for an IRF referral option in Georgetown.
- Observation that the Sussex and Georgetown economies and area health care delivery system would benefit from the presence of an appropriately scaled, high quality IRF facility in Georgetown.

Out of State Resources

Counting Christiana Care Hospital in Wilmington, there are six inpatient rehabilitation facilities on the Delmarva Peninsula. The other five, all below the Chesapeake and Delaware Canal, are

1. Encompass Rehabilitation Hospital of Middletown,
2. Bayhealth Hospital Sussex Campus, Milford,
3. PAM Rehabilitation Hospital of Dover,
4. Shore Health System in Easton, Maryland, and
5. Encompass Health Rehabilitation Hospital of Salisbury in Salisbury, Maryland.

The closest facility to the proposed site, Bayhealth Hospital, Sussex Campus is about 30 minutes from Georgetown and farther for those south of Georgetown. The two facilities in Maryland are more than 45-minutes' drive from Georgetown. Local representatives told PAM that these distances are unreasonably long for most patients and families. Although PAM Rehabilitation Hospital of Dover currently serves some Sussex County residents, PAM's Admissions Coordinator is learning from patients and discharge planners that, despite the recognized value of PAM's service program, travel obstacles prevent some from electing IRF care, even when IRF is the preferred alternative.

The Review Committee discussed that patients prefer to seek services closer to their home. This could be a concern if they have to seek services further away due to the distance to other facilities.

² Conversations by Post Acute Medical staff and consultants with community representatives in Georgetown and Sussex County. (July-Aug 2019).

The Review Committee agreed the application met criterion III.

Criterion IV: The relationship of the proposal to the existing health care delivery system.

The Applicant met with representatives of acute care hospitals in Sussex and Kent Counties. All expressed interest in the project and encouraged PAM to develop the facility in Georgetown. The applicant also met with state and Georgetown representatives, local support groups such as the Sussex County Parkinson's Association, and physicians. They too expressed support for this project. The Applicant's affiliated entity, PAM Squared at Dover, LLC, operates PAM Rehabilitation Hospital of Dover, in Kent County, and has developed a formal relationship with the health care delivery system in Delaware. PAM Rehabilitation Hospital of Dover has a transfer agreement with ChristianaCare. The proposed PAM Rehabilitation Hospital of Georgetown will complement the medical care system in Sussex County. Nearby health and social services include: Sun Behavioral Health psychiatric hospital, La Red Health Center, Beebe Healthcare Physical Rehabilitation Services Georgetown, Sussex County Veterans Affairs outpatient clinic, DC Medical Services primary care clinic.

Anticipated Impact on Existing Providers

Because it will fill a deficit in IRF beds, the proposed hospital will have a minimal last impact on existing IRF providers within the service area. The services will complement services offered by physicians, acute care hospitals, and home health agencies in the service area. IRF services differ from those offered by skilled nursing facilities and the difference has been emphasized by recent changes in the Medicare SNF payment rules.

Referral Arrangements

The Applicant will build on parent company, PAM relationships, which are developing as the PAM Rehabilitation Hospital of Dover integrates with the health care community. PAM does not establish formal referral arrangements with SNFs and home health agencies. PAM's case managers record the patient's prior skilled nursing facilities or home health agencies in each patient's plan of care. If patient and physician agree the patient should be transferred back into the care of the prior facility or agencies, the Applicant will work to provide seamless care coordination with the original entity. If patients require "downstream" discharge to another facility, the Applicant will consider all options for SNFs and home health agencies that can provide quality care to common patients. The Applicant always allows for and supports patient choice and home health agencies.

The Review Committee discussed that IRFs treat patients with the level of care so that they can function outside of the facility and be discharged to their home.

The Review Committee agreed the application met criterion IV.

Criterion V: The immediate and long-term viability of the proposal in terms of the applicant's access to financial, management and other necessary resources.

The estimated financial capital required for site development and facility construction is approximately \$17 million, which will be funded through the building developer, 113 Georgetown Properties, LLC, a subsidiary of Catalyst HRE, LLC. 113 Georgetown Properties, LLC is prepared to purchase the property, develop the building and site, and manage all permits and utility

connections. 113 Georgetown Properties, LLC will work side-by-side with the Applicant to ensure the facility meets PAM standards. Catalyst HRE, LLC, an experienced national healthcare real estate development firm will provide funds to its subsidiary for the building and 113 Georgetown Properties, LLC will retain ownership of the building after its completion. The Applicant will enter into a long-term lease with 113 Georgetown Properties, LLC to operate the IRF. The applicant will enter into a management services agreement with Post Acute Medical, LLC to provide administrative functions including Finance, Legal, Human Resources, Quality Management and Administrative Oversight. The proposed IRF will benefit from a recruitment pool of seasoned professionals who have experience in other PAM facilities. PAM's management team is highly experienced in the field of rehabilitation and a major contribution to the value PAM brings to Delaware. The national breadth provides a career ladder, which helps with retention. The Post Acute Medical, LLC family of rehabilitation companies now includes 18 comprehensive inpatient rehabilitation facilities in six states. The proposed facility will have the added advantage of proximity to PAM's corporate offices.

The Review Committee agreed that PAM has the funds and demonstrates financial viability to support the proposed facility.

The Review Committee agreed the application met criterion V.

Criterion VI: The anticipated effect of the proposal on the costs of and charges of healthcare.

Financial Impact (first full year of operations)

Estimated effect on annual expenses: \$14,273,104
Estimated effect on annual revenue: \$14,998,492
Estimated effect on individual charges: \$30,166,490

Costs

The proposed project should result in lower system costs. A typical IRF stay may cost more than a Medicare nursing home stay (Exhibit 9 longitudinal study). However, as the study by the Research Triangle Institute noted, most IRF patients go directly home or to outpatient rehabilitation. A related study of SNF and home health discharges, published in JAMA Internal Medicine in 2019 showed 17.8 percent of SNF patients readmitted after 30 days and 15.8% of home health patients³. The IRF stays are shorter, but the care program is more intense. In the end, IRF patients spend less time in health care institutions.

Charges

Medicare and Medicaid establish geographic payment rates for IRF services. Commercial payors negotiate rates with the facility, but generally start with the Medicare reference rate. The rate schedule used in proposed financial pro formas will also be subject to negotiation with commercial payors. The proposed facility will have a generous charity policy. The Applicant will likely participate in bundled payment arrangements as the local accountable care organization and other CMS bundling arrangements become part of the local health care delivery system.

³ Lyles, Ashley, Post-Acute Care Location Matters for Readmissions MedPage Today, Published on line March 11, 2019 <https://www.medpagetoday.com/hospitalbasedmedicine/generalhospitalpractice/78503>, accessed Sept 20, 2019.

The Review Committee reviewed and discussed Schedule 4-Statement of Revenues and Expenses in the application. It was noted that because Medicare rates at Sussex County facilities are lower than other IRFs in the area, the project should produce savings when patients choose the proposed Delaware PAM facility over the others.

The Review Committee agreed the application met criterion VI.

Criterion VII: The anticipated effect of the proposal on the quality of health care.

PAM, as well as the Applicant, have a strong commitment to quality. To maintain this commitment across all its LTACHs and IRFs, PAM has implemented a quality improvement program. Individual facilities adhere to corporate principles and policies, but also have freedom to implement solutions unique to their own settings. PAM leadership evaluates quality programs in each facility and considers whether to implement local quality initiatives across the family of hospitals. The new facility will pursue hospital accreditation as a rehabilitation facility from the Joint Commission. In addition, PAM requires facilities to seek additional certification in areas that affect a substantial number of their patients. Ten PAM rehabilitation hospitals hold Joint Commission accreditation for Stroke and Traumatic Brain Injury “(TBI)”. PAM Rehabilitation Hospital of Dover opened recently and expects accreditation soon. Four PAM facilities also hold Joint Commission Stroke Certification, and one holds Joint Commission Traumatic Brain Injury Certification.

Other Unique PAM Facilities Characteristics

PAM has developed several custom features:

- Home visits prior to patient discharge create a smoother transition from inpatient rehabilitation to home,
- Neuropsychology as part of the interdisciplinary team, including individual and group licensed professional counseling,
- The most current technology available as an adjunct to traditional hands-on clinical rehabilitation therapy services,
- Respiratory Therapy provided only by licensed Respiratory Therapists (RRTs). (The IRF industry standard is for nurses to deliver respiratory therapy. Asking nurses to perform both nursing and respiratory therapy functions frequently causes distraction from other important nursing-specific duties),

The Review Committee discussed the benefits of Neuropsychology.

The Review Committee agreed the application met criterion VII.

Other Review Considerations

It was noted the project will offer economies of scale and improvements to the delivery system. The new facility will fully integrate with the care of continuum in Georgetown. PAM incorporates energy saving features into all its facilities, for example, using low-powered lights, low-flow water devices, and, where possible, natural gas. In most areas, natural gas costs ten percent of electric for the same temperature maintenance in kitchens and indoor areas. The new facility will also eliminate architectural barriers.

Public Comment

Written Comments regarding the newly proposed Georgetown facility were received from the following entities:

- Eden Hill-written comment received by Eden Hill on January 9th, sent to Post Acute on January 13
- Harrison Senior Living of Georgetown -written comment presented in the meeting
- Cadia Renaissance-written comment presented in the meeting

Oral Comments were provided by the following:

Harrison Senior Living of Georgetown

It was stated that Harrison Senior Living of Georgetown (HSL) focuses on senior living, short-term rehabilitation, skilled nursing, assisted living and memory care services. Harrison serve residents experiencing a fall, stroke or other physical setback that requires short-term rehabilitation therapy for PT, OT and SLP services. Harrison House offers just the same services as the Intermediate Rehab Facility Post Acute Medical. residents can relax knowing they have a team of long-tenured professional skilled nurses, aides and therapists to help them reach and maintain their highest level of function. Along with the Medical Director, on-site physicians, Certified Nurse Practitioners, and skilled nurses, our therapists, social workers, nutritionists and activities staff create a rehabilitation program designed to the residents' individual need.

Harrison House of Georgetown on-site staff and on-site services includes:

- 24-hour skilled nursing care
- Physician Medical Director
- Podiatry services
- Dental services
- Eye care
- Physical therapy
- Occupational therapy
- Speech therapy
- IV therapy
- Skin integrity program • Secured memory support unit •
- Hospice care

The facility was approached by a representative from PAM in regard to a mutual collaboration. This has been determined as a disingenuous gesture, in attempt for HSL Georgetown to write a letter of approval for PAMs intention to build.

The need of the population for the proposed project

As previously noted, HSL offers the same services as Post Acute Medical, but in addition HSL meet and accept all source of payment, including Delaware Medicaid. Additionally, both our referrals basis are the very same. Presently greater than 90% of buildings in Sussex County SNF's are struggling with meeting census across all payors. This is data collection and provided by all SNFs in Sussex County and this information is shared and reviewed when we meet with our acute

bundle ACO providers. Georgetown is licensed for 139 skilled Medicare beds. HSL has 123 certified Medicaid beds. HSL also has the following:

16 Medicare A skilled residents

3 Managed Skilled residents

22 Private Pay residents

85 Medicaid Residents (67 %)

for a total of 127 residents on a licensed occupancy of 139.

The availability of less costly and/or more effective alternatives to the proposal, including alternatives involving the use of resources located outside the State of Delaware

Having a longstanding history in Delaware, HSL has been able to absorb their overall capital cost of operation through the investments made by fellow Delawareans during their 35-year history. Therefore, this provides HSL an opportunity to be more efficient with their resources and provide ongoing staff training and the purchase of new equipment and selective choice of overall goods and services.

The anticipated effect of the proposal on the costs of and charges for health care

It is well known that Delaware has a healthcare workforce shortage not just long-term care but also in acute care as well. Studies performed by The DE Healthcare Commission and the DE Center for Health Innovation has identified the greatest workforce shortage is in Kent and Sussex counties. HSL is not sure if all members of this board are aware of Delaware Eagles Law. Skilled Nursing Facilities are subjected to follow Delaware specific Eagles Law, this law which has strict staffing guidelines and staff to patient ratios on a daily basis. Post Acute Medical is not subject to Eagles Law and does not need meet this specific law. Harrison House does not utilize any agency staff; however, it is apparent that Harrison House struggles to find staff presently and then potentially to only have a new facility seek out our very own staff. This would ultimately drive up the overall healthcare cost. HSL ask that the Board request Post Acute to delay or wait until the workforce shortage improves.

Mayor of Georgetown

Is was stated the aging population in Georgetown continues to grow. There is a need for services such as Post Acute Medical. The communities in Sussex County are growing. The need is countywide and not just specific to Georgetown.

Cadia Renaissance

It was stated the construction of the new Post Acute Medical Rehabilitation Hospital in Georgetown will further exacerbate issues related to staffing and the provision of quality nursing care in nursing homes in the Georgetown area and lower Sussex County. Specifically, at this time, there is a critical shortage of staff available to service the construction of the proposed rehab facility providing services similar to nursing homes in lower Sussex County. Creating a new inpatient healthcare provider as proposed by PAM will cause a redistribution of the nursing staff available in the community and push staffing levels already at a critical low point for licensed nurses and nursing assistants to a level that is unsafe. A significant amount of the services provided under PAM's service model are similar to the care provided by skilled nursing and rehabilitation centers.

The HRB may find that the project is needed but it cannot be justified in the current labor market. Approval of the PAM CPR request should not be given until the HRB completes an analysis of the staffing crisis in lower Sussex County and has determined that the supply of necessary nursing staff is available. The consequence of such an approval will be devastating if new beds are put in place at this time. The Health Resources Board determines the need for facilities. There is an obligation to determine that the supply of staff to operate such a facility is available in the market. Nursing homes are required to provide staffing at regulated minimum thresholds as set forth by state law under SB115, also known as Eagles Law. The need for this facility must be weighed against the availability of staff in the market necessary to have a proper balance so that providers are able to meet their legal requirements. This is a fundamental obligation of the Board. Patient safety cannot be assured until there is a labor market correction.

It should be noted that:

1. The availability of licensed nursing staff in lower Sussex County is critically short.
2. The availability of CNA nursing staffing in lower Sussex County is critically short.
3. There is an absence of training for CNA's in lower Sussex County. The Board needs to determine the number of individuals in Sussex County who have completed CNA training in the last three years.
4. Unemployment is at a low rate which magnifies the problem.
The level of the shortage is unknown. It has not been measured. Much as the Board determines the need for new beds, it must also determine that the resources are in the market to support the new proposal without endangering the safety of those who are in existing facilities.

It is requested that:

1. The HRB initiates the study to understand the issues related to the staffing shortage in Sussex County and determine the balance point much as it does for new beds and services.
2. The Board request that PAM withdraw or suspend the application until such time as a study can be completed. Or,
3. The application be denied.

Parkinson's Education and Support Group

It was stated that the population living with Parkinson's Disease require adequate therapy and exercise. The population with Parkinson's would benefit from an IRF. Adding a facility such as Post Acute to the geographic area is beneficial. The Parkinson's Education and Support Group sponsors 12 exercise classes. It is often difficult for patients traveling from nearby cities to attend the exercise classes due to location of the classes. If there was a closer facility nearby that offered acute rehabilitation services, this would be helpful. It is understood that there are staffing issues within the state, however, access to the proper care should be considered. A facility such as Post Acute is needed for this population.

Brain Injury Association

The Brain Injury Association receives calls from people seeking rehab services. Often time people needing rehab services or suffering from a brain injury are sent to a SNF and do not receive the appropriate rehab services. Post Acute collaborates with the Brain Injury Association for advocacy efforts and they are able to see what the needs are in the Sussex County community. If Post Acute Medical was available in Georgetown, they would serve this need and it would be beneficial in Sussex County.

Post Acute Medical

Post Acute understands that healthcare is a topic that many of us are passionate about. They heard today's comments and also want to acknowledge the letters of support that were sent with the application. Post Acute have contracts in place with Deltech's Dover and Georgetown's campus for nursing training programs. There are also contracts in place with Westley College for nursing rotation programs. Post Acute is currently in advance discussions with University of Delaware for their therapy rotations programs. Post Acute has not had a chance to see the written comments that were presented today. Post Acute understands that the Board has a process in place in which if there is an interest to submit written comments, then a public hearing should be requested by that entity. Post Acute is then given a chance to respond to those comments. The question is quite often raised regarding SNFs versus IRFs. Eden Hill submitted a written comment regarding the Post Acute application. Post Acute provided a response to Eden Hill's written comment in which Post Acute provided a comprehensive perspective on the difference between SNFs and IRFs. They are different. The staffing is also different. Post Acute heard the concerns raised regarding staff issues across the state, however, Post Acute does not have issues recruiting staff in their Dover facility. They hire incredible talent from the area. Post Acute believes they will do the same for the Georgetown facility. Post Acute empathizes with the facilities that are having issues with staffing. Post Acute would like the opportunity to review the written comments submitted in today's meeting and have the opportunity to respond. Post Acute formally objects to the omission of the comments received as they are inappropriate at this time.

Next Steps

Staff will send the follow up questions to the applicant for responses. There will be another Review Committee Meeting scheduled to continue the review of the application.

Adjourn

The meeting adjourned at 12:39 p.m.