
BALTIMORE DETOX CENTER

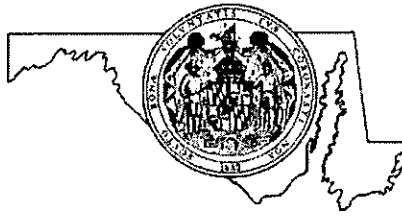
A 24 bed Intermediate Care Facility (ICF)

MARCH 23, 2018

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STATE OF MARYLAND



Craig P. Tanio, M.D.
CHAIR

Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

MATTER/DOCKET NO.

DATE DOCKETED

INSTRUCTIONS FOR APPLICATION FOR CERTIFICATE OF NEED: ALCOHOLISM AND DRUG ABUSE INTERMEDIATE CARE FACILITY TREATMENT SERVICES

ALL APPLICATIONS MUST FOLLOW THE FORMATTING REQUIREMENTS DESCRIBED IMMEDIATELY BELOW. NOT FOLLOWING THESE FORMATTING INSTRUCTIONS WILL RESULT IN THE APPLICATION BEING RETURNED.

Required Format:

Table of Contents. The application must include a Table of Contents referencing the location of application materials. Each section in the hard copy submission should be separated with tabbed dividers. Any exhibits, attachments, etc. should be similarly tabbed, and pages within each should be numbered independently and consecutively.

The Table of Contents must include:

- Responses to PARTS I, II, III, and IV of this application form
- Responses to PART IV must include responses to the standards in the State

Health Plan chapter that apply to the project being proposed.

- All Applicants must respond to the Review Criteria listed at 10.24.14.05(A) through 10.24.14.05(F) as detailed in the application form.

- **Identification of each Attachment, Exhibit, or Supplement**

Application pages must be consecutively numbered at the bottom of each page. Exhibits attached to subsequent correspondence during the completeness review process shall use a consecutive numbering scheme, continuing the sequencing from the original application. (For example, if the last exhibit in the application is Exhibit 5, any exhibits used in subsequent responses should begin with Exhibit 6. However, a replacement exhibit that merely replaces an exhibit to the application should have the same number as the exhibit it is replacing, noted as a replacement.

SUBMISSION FORMATS:

We require submission of application materials and the applicant's responses to completeness questions in three forms: hard copy; searchable PDF; and in Microsoft Word.

- **Hard copy:** Applicants must submit six (6) hard copies of the application to:
Ruby Potter
Health Facilities Coordinator
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
- **PDF:** Applicants must also submit *searchable* PDF files of the application, supplements, attachments, and exhibits.¹ All subsequent correspondence should also be submitted both by paper copy and as *searchable PDFs*.
- **Microsoft Word:** Responses to the questions in the application and the applicant's responses to completeness questions should also be electronically submitted in Word. Applicants are strongly encouraged to submit any spreadsheets or other files used to create the original tables (the native format). This will expedite the review process.

Applicants are strongly encouraged to submit any spreadsheets or other files used to create the original tables (the native format). This will expedite the review process.

PDFs and spreadsheets should be submitted to ruby.potter@maryland.gov and kevin.mcdonald@maryland.gov.

Note that there are certain actions that may be taken regarding either a health care

¹ PDFs may be created by saving the original document directly to PDF on a computer or by using advanced scanning technology

facility or an entity that does not meet the definition of a health care facility where CON review and approval are not required. Most such instances are found in the Commission's procedural regulations at COMAR 10.24.01.03, .04, and .05. Instances listed in those regulations require the submission of specified information to the Commission and may require approval by the full Commission. Contact CON staff at (410) 764-3276 for more information.

A pre-application conference will be scheduled by Commission Staff to cover this and other topics. Applicants are encouraged to contact Staff with any questions regarding an application.

PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. FACILITY

Name of Facility: Baltimore Detox Center ("BDC")

Address:

1825 Woodlawn Drive	Baltimore	21207	Baltimore County
Street	City	Zip	County

2. Name of Owner Baltimore Detox Center, LLC ("BDC")

If Owner is a Corporation, Partnership, or Limited Liability Company, attach a description of the ownership structure identifying all individuals that have or will have at least a 5% ownership share in the applicant and any related parent entities. Attach a chart that completely delineates this ownership structure.

APPLICANT RESPONSE: The owner is a limited liability company. The following is a list of all persons having an ownership interest of five percent (5%) or more in Baltimore Detox Center, LLC: Michael Silberman, Yitchok Gold, Baruch Rabhan, and Kabir Singh.

3. APPLICANT. *If the application has a co-applicant, provide the following information in an attachment.*

Legal Name of Project Applicant (Licensee or Licensee): Baltimore Detox Center, LLC

Address:

1825 Woodlawn Drive Street	Baltimore	21207	MD	Baltimore
	City	Zip	State	County
	Telephone:			

4. NAME OF LICENSEE OR PROPOSED LICENSEE, if different from the applicant:

5. LEGAL STRUCTURE OF APPLICANT (and LICENSEE, if different from applicant).

Check ☒ or fill in applicable information below and attach an organizational chart showing the owners of applicant (and licensee, if different).

- A. Governmental ☐
- B. Corporation ☐
- (1) Non-profit ☐
- (2) For-profit ☒
- (3) Close ☐
- State & Date of Incorporation
MD, 3/12/2018
- C. Partnership ☐
- General ☐
- Limited ☐
- Limited Liability Partnership ☐
- Limited Liability Limited Partnership ☐
- Other (Specify): _____
- D. Limited Liability Company ☐
- E. Other (Specify): _____
- To be formed: ☐
- Existing: ☐

6. PERSON(S) TO WHOM QUESTIONS REGARDING THIS APPLICATION SHOULD BE DIRECTED

A. Lead or primary contact:

Name and Title: Mark Gold, President

Company Name: Amatus Health

Mailing Address:

1825 Woodlawn Drive Baltimore 21207 Maryland

Street City Zip State

Telephone:

E-mail Address (required): mgold@amatushealth.com

Fax:

If company name is different than applicant briefly describe the relationship

B. Additional or alternate contact:

Name and Title: Carolyn Jacobs, Esq.

Company Name: Jacobs & Dembert, P.A.
Mailing Address:

One South Street, Suite 2100 Baltimore 21207 MD
Street City Zip State

Telephone: 410-727-4433

E-mail Address (required): ojacobs@jdlaw.com

Fax: 410-752-8105

7. TYPE OF PROJECT

The following list includes all project categories that require a CON pursuant to COMAR 10.24.01.02(A). Please mark all that apply in the list below.

If approved, this CON would result in (check as many as apply):

- | | | |
|-----|--|-------------------------------------|
| (1) | A new health care facility built, developed, or established | <input checked="" type="checkbox"/> |
| (2) | An existing health care facility moved to another site | <input type="checkbox"/> |
| (3) | A change in the bed capacity of a health care facility | <input type="checkbox"/> |
| (4) | A change in the type or scope of any health care service offered by a health care facility | <input type="checkbox"/> |
| (5) | A health care facility making a capital expenditure that exceeds the | <input type="checkbox"/> |

current threshold for capital expenditures found at:
http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/con_capital_threshold_20140301.pdf

8. PROJECT DESCRIPTION

A. Executive Summary of the Project: The purpose of this BRIEF executive summary is to convey to the reader a holistic understanding of the proposed project: what it is, why you need to do it, and what it will cost. A one-page response will suffice. Please include:

- (1) Brief Description of the project – what the applicant proposes to do
- (2) Rationale for the project – the need and/or business case for the proposed project
- (3) Cost – the total cost of implementing the proposed project

APPLICANT RESPONSE: See Attachment 1.
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B. Comprehensive Project Description: The description should include details regarding:

- (1) Construction, renovation, and demolition plans
- (2) Changes in square footage of departments and units
- (3) Physical plant or location changes
- (4) Changes to affected services following completion of the project
- (5) Outline the project schedule.

<p>The proposed intermediate care facility (“ICF”) will be located in an existing two-story commercial, multi-tenant office building located at 1825 Woodlawn Drive, Baltimore, Maryland. There currently are a total of 4 tenant suites within the building. One of these existing tenant suites (5,944 net square feet), located at the southeast end of the building is a two-story unit with an internal inter-connecting stair. A public elevator also serves both levels of this building. This two-story unit was previously used as general offices and will be occupied as an outpatient substance abuse treatment center to be known as the Foundation Recovery Center beginning on April 15, 2018. This space will be converted into the proposed Baltimore Detox Center ICF within 3 – 4 months following CON Approval. A continuation and relocation plan for the</p>

Foundation Recovery Center outpatient treatment programs is currently under development in the event this CON Application is approved.

The first floor space (2,720 net square feet) will remain in its current configuration with the uses of the existing spaces being changed to uses that will support the second floor patient rooms including a day room, a game room, a dining area, a staff work area, staff offices and a reception area. A kitchen is not necessary as all meals will be prepared off-site by a caterer and delivered to the site at meal time. Limited renovations will be required on this level as the existing spaces are being reassigned to new uses. Finishes will be updated and appropriate for the new uses. The second floor space (3,224 net square feet) will require minor renovations to accommodate ICF Level III. 7 inpatients. Renovations will commence within one month of receiving CON approval from the Commission, which is anticipated in December, 2018. When completed, there will be eleven semi-private rooms and one larger patient room that has the physical capacity to accommodate three beds. The third bed in that larger room will only be made available for occupancy in case of emergency circumstances. Under normal operating conditions, the BDC will make available 24 total ICF beds in twelve semi-private rooms. (See TABLE A in Attachment 2)

The patient rooms are approximately 288 NSF/Bed. An ADA toilet and a separate ADA shower will also be constructed in renovated space as well as additional toilet rooms and showers. The exterior of the building is brick and will require no improvements. The site has adequate paved parking spaces to support the other tenants in the building as well as this new intended use. When completed,

three unrelated tenants will remain in the building in other suites.

9. CURRENT CAPACITY AND PROPOSED CHANGES: Complete Table A (Physical Bed Capacity Before and After Project) from the CON Application Table package

APPLICANT RESPONSE: See Attachment 2.

10. REQUIRED APPROVALS AND SITE CONTROL

- A. Site size: 1.5 acres
- B. Have all necessary State and local land use and environmental approvals, including zoning and site plan, for the project as proposed been obtained? YES X NO _____ (If NO, describe below the current status and timetable for receiving each of the necessary approvals.)
- C. Form of Site Control (Respond to the one that applies. If more than one, explain.):
- (1) Owned **Woodlawn Holdings, LLC***
by: _____
 - (2) Options to purchase held
by: _____
Please provide a copy of the purchase option as an attachment.
 - (3) Land Lease held
by: _____
Please provide a copy of the land lease as an attachment.
 - (4) Option to lease held
by: _____
Please provide a copy of the option to lease as an attachment.
 - (5) Other: _____
Explain and provide legal documents as an attachment.

***Baltimore Detox Center, LLC will lease space in 1825 Woodlawn Drive, the building owned by Woodlawn Holdings, LLC.**

11. PROJECT SCHEDULE

(Instructions: In completing this section, please note applicable performance requirement time frames set forth in Commission Regulations, COMAR 10.24.01.12)

For new construction or renovation projects.

Project Implementation Target Dates

- A. Obligation of Capital Expenditure 1 month from approval date.
- B. Beginning Construction 1 month from capital obligation.
- C. Pre-Licensure/First Use 1-2 months from capital obligation.
- D. Full Utilization 24 months from first use.

For projects not involving construction or renovations.

Project Implementation Target Dates

- A. Obligation or expenditure of 51% of Capital Expenditure _____ months from CON approval date.
- B. Pre-Licensure/First Use _____ months from capital obligation.
- C. Full Utilization _____ months from first use.

For projects not involving capital expenditures.

Project Implementation Target Dates

- A. Obligation or expenditure of 51% Project Budget _____ months from CON approval date.
- B. Pre-Licensure/First Use _____ months from CON approval.
- C. Full Utilization _____ months from first use.

12. PROJECT DRAWINGS

Projects involving new construction and/or renovations should include scalable schematic drawings of the facility at least a 1/16" scale. Drawings should be completely legible and include dates.

These drawings should include the following before (existing) and after (proposed), as applicable:

- A. Floor plans for each floor affected with all rooms labeled by purpose or function, number of beds, location of bath rooms, nursing stations, and any proposed space for future expansion to be constructed, but not finished at the completion of the project, labeled as "shell space".

- B. For projects involving new construction and/or site work a Plot Plan, showing the "footprint" and location of the facility before and after the project.
- C. Specify dimensions and square footage of patient rooms.

APPLICANT RESPONSE: See Attachment 3.

13. AVAILABILITY AND ADEQUACY OF UTILITIES

Discuss the availability and adequacy of utilities (water, electricity, sewage, natural gas, etc.) for the proposed project and identify the provider of each utility. Specify the steps that will be necessary to obtain utilities.

1825 Woodlawn Drive is currently served by all necessary utilities, and will continue to be served for the Baltimore Detox Center.

PART II - PROJECT BUDGET

Complete Table B (Project Budget) of the CON Application Table Package

Note: Applicant should include a list of all assumptions and specify what is included in each budget line, as well as the source of cost estimates and the manner in which all cost estimates are derived. Explain how the budgeted amount for contingencies was determined and why the amount budgeted is adequate for the project given the nature of the project and the current stage of design (i.e., schematic, working drawings, etc.).

APPLICANT RESPONSE: BDC consulted with an experience architect to prepare the initial design for the necessary changes to 1825 Woodlawn Drive for an ICF. The current cost estimates for the planned renovations, fees, permits and contingency are consistent with implementing the proposed architectural design, summarized in **8. B. COMPREHENSIVE PROJECT DESCRIPTION** above. Furniture, equipment and non-capital cost estimates are based on the experience of BDC staff planning and operating similar facilities in other locations. The inflation allowance is 1.5% annually over the nine months estimated to complete the CON review process, and obligate the funds in January, 2019.

PART III - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND RELEASE OF INFORMATION, AND SIGNATURE

1. List names and addresses of all owners and individuals responsible for the proposed project.

Mark Gold - 3500 Southvale Road, Baltimore Md., 21208
Mike Silberman - 1648 Bullock Circle, Owings Mills Md., 21117
Baruch Rabhan - 4101 Pine Tree Drive Apt. 1127, Miami FL 33140
Kabir Singh - 7945 Deepwell Drive, Bethesda Md 20817

2. Is any applicant, owner, or responsible person listed above now involved, or has any such person ever been involved, in the ownership, development, or management of another health care facility? If yes, provide a listing of each such facility, including facility name, address, the relationship(s), and dates of involvement.

Each of the principals is involved in the ownership and management of the following facilities:

Fresh Start Recovery Center-05/01/2017-15886B Gaither Drive, Gaithersburg MD 20877

Midwest Detox Center-09/25/2017-1757 Indian Wood Circle, Maumee OH 43537

Midwest Recovery Center-09/25/2017-1757 Indian Wood Circle, Maumee OH 43537

Foundations Recovery Center-(04/15/2018)-1825 Woodlawn Drive, Baltimore MD 21207

More Life Recovery Center-(2/12/2016)-5001 Hollywood Blvd, Hollywood FL 33021

Breakthrough Treatment Center-(07/14/17)- 1380 NE Miami Gardens Drive
Suite 138, Miami Gardens FL, 33179

-
3. In the last 5 years, has the Maryland license or certification of the applicant facility, or the license or certification from any state or the District of Columbia of any of the facilities listed in response to Question 2, above, ever been suspended or revoked, or been subject to any disciplinary action (such as a ban on admissions) ? If yes, provide a written explanation of the circumstances, including the date(s) of the actions and the disposition. If the applicant(s), owners, or individuals responsible for implementation of the Project were not involved with the facility at the time a suspension, revocation, or disciplinary action took place, indicate in the explanation.

No

4. Other than the licensure or certification actions described in the response to Question 3, above, has any facility with which any applicant is involved, or has any facility with which any applicant has in the past been involved (listed in response to Question 2, above) ever received inquiries from a federal or any state authority, the Joint Commission, or other regulatory body regarding possible non-compliance with Maryland, another state, federal, or Joint Commission requirements for the provision of, the quality of, or the payment for health care services that

have resulted in actions leading to the possibility of penalties, admission bans, probationary status, or other sanctions at the applicant facility or at any facility listed in response to Question 2? If yes, provide, for each such instance, copies of any settlement reached, proposed findings or final findings of non-compliance and related documentation including reports of non-compliance, responses of the facility, and any final disposition or conclusions reached by the applicable authority.

No

5. Has any applicant, owner, or responsible individual listed in response to Question 1, above, ever pled guilty to, received any type of diversionary disposition, or been convicted of a criminal offense in any way connected with the ownership, development, or management of the applicant facility or any of the health care facilities listed in response to Question 2, above? If yes, provide a written explanation of the circumstances, including as applicable the court, the date(s) of conviction(s), diversionary disposition(s) of any type, or guilty plea(s).

No

One or more persons shall be officially authorized in writing by the applicant to sign for and act for the applicant for the project which is the subject of this application. Copies of this authorization shall be attached to the application. The undersigned is the owner(s), or Board-designated official of the applicant regarding the project proposed in the application.

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief.

Date

Signature of Owner or Board-designated Official

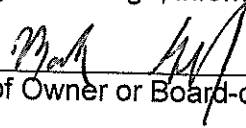
Position/Title

Printed Name

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief.

3/23/18

Date


Signature of Owner or Board-designated Official

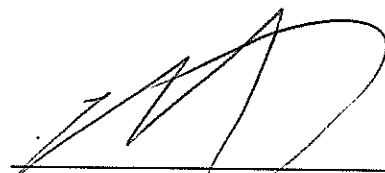
President
Position/Title

Mark Gold

Printed Name

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Certificate of Need Application and its attachments are true and correct to the best of my knowledge, information, and belief.



Name and Title
Nicholas Albargh

3/23/18

Date

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Certificate of Need Application and its attachments are true and correct to the best of my knowledge, information, and belief.

RT Cunningham
Name and Title

3/23/19
Date

PART IV - CONSISTENCY WITH GENERAL REVIEW CRITERIA AT COMAR 10.24.01.08G(3):

INSTRUCTION: Each applicant must respond to all applicable criteria included in COMAR 10.24.01.08G. These criteria follow, 10.24.01.08G(3)(a) through 10.24.01.08G(3)(f).

An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards and other review criteria.

If a particular standard or criteria is covered in the response to a previous standard or criteria, the applicant may cite the specific location of those discussions in order to avoid duplication. When doing so, the applicant should ensure that the previous material directly pertains to the requirement and to the directions included in this application form. Incomplete responses to any requirement will result in an information request from Commission Staff to ensure adequacy of the response, which will prolong the application's review period.

10.24.01.08G(3)(a). The State Health Plan.

Every applicant must address each applicable standard in the chapter of the State Health Plan for Facilities and Services². Commission staff can help guide applicants to the chapter(s) that applies to a particular proposal.

Please provide a direct, concise response explaining the project's consistency with each standard. Some standards require specific documentation (e.g., policies, certifications) which should be included within the application as an exhibit.

10.24.14.05 Certificate of Need Approval Rules and Review Standards for New Substance Abuse Treatment Facilities and for Expansions of Existing Facilities.

.05A. Approval Rules Related To Facility Size. Unless the applicant demonstrates why a relevant standard should not apply, the following standards apply to applicants seeking to establish or to expand either a Track One or a Track Two intermediate care facility.

- (1) The Commission will approve a Certificate of Need application for an intermediate care facility having less than 15 beds only if the applicant dedicates a special population as defined in Regulation .08.**
- (2) The Commission will approve a Certificate of Need application for a new intermediate care facility only if the facility will have no more than 40**

² [1] Copies of all applicable State Health Plan chapters are available from the Commission and are available on the Commission's web site here: http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_shp/hcfs_shp

adolescent or 50 adult intermediate care facility beds, or a total of 90 beds, if the applicant is applying to serve both age groups.

- (3) The Commission will not approve a Certificate of Need application for expansion of an existing alcohol and drug abuse intermediate care facility if its approval would result in the facility exceeding a total of 40 adolescent or 100 adult intermediate care facility beds, or a total of 140 beds, if the applicant is applying to serve both age groups.

APPLICANT RESPONSE: BDC is proposing to establish a 24-bed intermediate care facility for adults, and is consistent with Subpart (2) of the Standard.

.05B. Identification of Intermediate Care Facility Alcohol and Drug Abuse Bed Need.

- (1) An applicant seeking Certificate of Need approval to establish or expand an intermediate care facility for substance abuse treatment services must apply under one of the two categories of bed need under this Chapter:

(a) For Track One, the Commission projects maximum need for alcohol and drug abuse intermediate care beds in a region using the need projection methodology in Regulation .07 of this Chapter and updates published in the *Maryland Register*.

(b) For Track Two, as defined at Regulation .08, an applicant who proposes to provide 50 percent or more of its patient days annually to indigent and gray area patients may apply for:

(i) Publicly-funded beds, as defined in Regulation .08 of this Chapter, consistent with the level of funding provided by the Maryland Medical Assistance Programs (MMAP), Alcohol and Drug Abuse Administration, or a local jurisdiction or jurisdictions; and

(ii) A number of beds to be used for private-pay patients in accordance with Regulation .08, in addition to the number of beds projected to be needed in Regulation .07 of this Chapter.

- (2) To establish or to expand a Track Two intermediate care facility, an applicant must:

(a) Document the need for the number and types of beds being applied for;

(b) Agree to co-mingle publicly-funded and private-pay patients within the facility;

- (c) Assure that indigents, including court-referrals, will receive preference for admission, and**
- (d) Agree that, if either the Alcohol and Drug Abuse Administration, or a local jurisdiction terminates the contractual agreement and funding for the facility's clients, the facility will notify the Commission and the Office of Health Care Quality within 15 days that that the facility is relinquishing its certification to operate, and will not use either its publicly- or privately-funded intermediate care facility beds for private-pay patients without obtaining a new Certificate of Need.**

APPLICANT RESPONSE: BDC is proposing to establish a 24-bed Track One facility in Baltimore County. As defined in Regulation .07 of this Chapter, Baltimore County is located in the Central Maryland health planning region. The Maryland Health Care Commission (the "MHCC" or "Commission") updated the 2015 projection of bed need for Track One facilities in the Central Maryland region with the approval of the Maryland House Detox facility, Docket No. 16-02-2374, on December 15, 2016. The MHCC-approved projected gross need for Track One ICF/CD beds at that time ranged from a minimum of 245 to a maximum of 292 beds in 2020. The existing Track One inventory of ICF/CD beds in Central Maryland was 132 beds, indicating a net need of between 113 and 160 Track One beds projected for 2020. This bed need was found to support the addition of the 16 beds proposed for the Maryland House Detox, and its CON application was found consistent with this standard.

BDC prepared a second projection for 2020. BDC updated the population and bed need projections for the Central Maryland region, and the CON-approval of the 16-bed Track One Maryland House Detox facility located in Anne Arundel County. BDC updated net Track One bed need for 2020 is a minimum of 95 and a maximum of 141 beds in the Central Maryland region. The calculation of this update is shown in the table below:

**Projected Bed Need for Alcoholism and Drug Abuse ICF Beds Serving
Adults (18 years and older) in Central Maryland, 2020.**

	Base Year 2015	MHCC Projected 2020	BDC Projected 2020
Projected Population of 18 years and older - Projected 2020	2,010,055	2,078,614	2,056,582
Indigent Population - Central Maryland	236,802	243,385	240,805
(a) Non-Indigent Population	1,773,253	1,835,229	1,815,777
(b) Estimated Number of Substance Abusers (a*8.64%)	153,209	158,564	156,883
(c1) Estimated Annual Target Population (b*25%)	38,302	39,641	39,221
(c2) Estimate Number Requiring Treatment (c1*95%)	36,387	37,659	37,260
(d) Estimated Population requiring ICF/CD (12.5% - 15%)			
(d1) Minimum (c2*0.125)	4,548	4,707	4,657
(d2) Maximum (c2*0.15)	5,458	5,649	5,589
(e) Estimated Range requiring Readmission (10%)			
(e1) Minimum (d1*0.1)	455	471	466
(e2) Maximum (d2*0.1)	546	565	559
Total Discharges from out-of-State	251	262	262
(f) Range of Adults Requiring ICF/CD Care			
Minimum (d1+e1+out of State)	5,254	5,440	5,385
Maximum (d2+e2+out of State)	6,255	6,476	6,410
(g) Gross Number of Adult ICF Beds Needed			
(g1) Minimum = ((f*14 ALOS)/3650)/0.85	237	245	243
(g2) Maximum = ((f*14 ALOS)/365)/0.85	282	292	289
(h) Existing Track One Inventory ICF/CD beds	132	132	148
(i) Net Private ICF/CD Bed Need			
Minimum (g1-h)	105	113	95
Maximum (g2-h)	150	160	141

Source: Base Year 2015 and MHCC Projected 2020, CON Maryland House Detox 2374 Decision 20161215.pdf, page 6.; BDC Projected, DHG Healthcare.

The updated need analysis for the 24 beds proposed by BDC is consistent with the State Health Plan standard applicable to the establishment of a new Track One facility in Baltimore County.

.05C. Sliding Fee Scale. An applicant must establish a sliding fee scale for gray area patients consistent with the client's ability to pay.

APPLICANT RESPONSE: BDC will establish a sliding fee scale for gray area

consumers consistent with the client's ability to pay based on the 2018 Federal Poverty Guidelines. Each consumer will need to provide documented proof of a need for the Sliding Fee Scale by submitting:

- Tax Forms
- Pay Check Stubs of Current Employer
- Disability Forms
- Unemployment Documents
- Past Employment Forms

Income level is	<100% of Federal Poverty Level	75% Discount
Income level is	<150% but >100% of Federal Poverty Level	50% Discount
Income level is	<200% but >150% of Federal Poverty Level	25% Discount

BDC is consistent with this standard.

.05D. Provision of Service to Indigent and Gray Area Patients.

(1) Unless an applicant demonstrates why one or more of the following standards should not apply or should be modified, an applicant seeking to establish or to expand a Track One intermediate care facility must:

- (a) Establish a sliding fee scale for gray area patients consistent with a client's ability to pay;**

APPLICANT RESPONSE: For the reasons immediately above, BDC is consistent with this standard.

- (b) Commit that it will provide 30 percent or more of its proposed annual adolescent intermediate care facility bed days to indigent and gray area patients; and**

APPLICANT RESPONSE: This standard does not apply to the BDC facility because it will not provide services to adolescents.

- (c) Commit that it will provide 15 percent or more of its proposed annual adult intermediate care facility bed days to indigent or gray area patients.**

APPLICANT RESPONSE: BDC has projected 7,700 adult intermediate care facility bed days as shown on TABLE C. Entire Facility Stats in CY 2021. At that point in time, BDC should be operating at full capacity, with a projected bed occupancy rate of 87.9%. BDC is committed to providing 15% of those patient days to indigent or gray area patients. This commitment is the equivalent of utilizing slightly more than three of BDC's 24 occupied beds exclusively for indigent and gray area patients, and providing over \$1.3 Million in charity care annually.

BDC will document that it has provided 15% of its patient days to indigent and gray area patients as defined at COMAR 10.24.14.08B(9) and (11) by submitting annual reports auditing its total days of care and the provision of days of care to indigent and gray area patients as a percentage of total days. These audit reports will be submitted to the Commission following each fiscal year starting from the facility's commencement of providing services and continuing for five years thereafter.

(2) A existing Track One intermediate care facility may propose an alternative to the standards in Regulation D(1) that would increase the availability of alcoholism and drug abuse treatment to indigent or gray area patients in its health planning region.

APPLICANT RESPONSE: This standard does not apply to the BDC facility.

(3) In evaluating an existing Track One intermediate care facility's proposal to provide a lower required minimum percentage of bed days committed to indigent or gray area patients in Regulation D(1) or an alternative proposal under Regulation D(2), the Commission shall consider:

- (a) The needs of the population in the health planning region; and**
- (b) The financial feasibility of the applicant's meeting the requirements of Regulation D(1).**

APPLICANT RESPONSE: This standard does not apply to the BDC facility.

(4) An existing Track One intermediate care facility that seeks to increase beds

shall provide information regarding the percentage of its annual patient days in the preceding 12 months that were generated by charity care, indigent, or gray area patients, including publicly-funded patients.

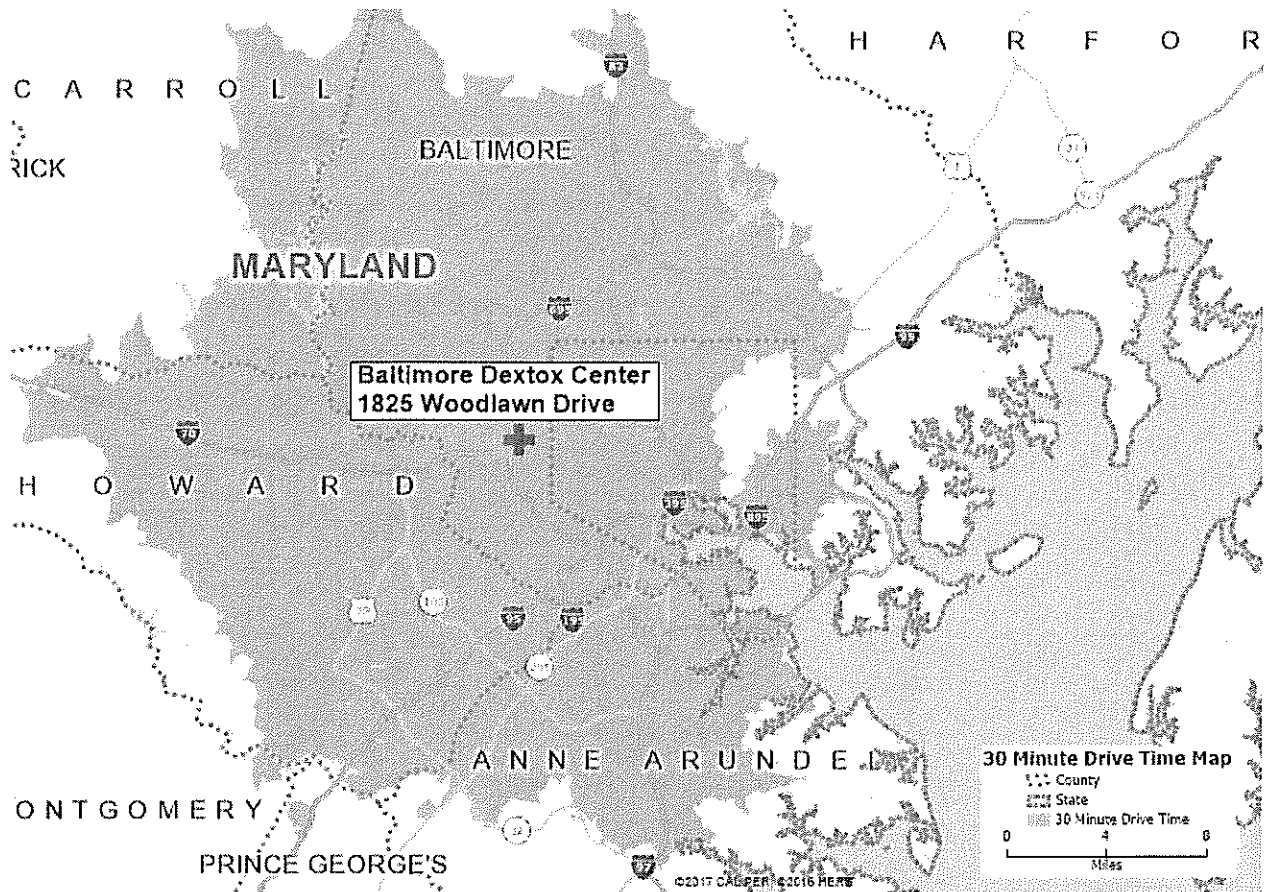
APPLICANT RESPONSE: This standard does not apply to the BDC facility.

.05E. Information Regarding Charges. An applicant must agree to post information concerning charges for services, and the range and types of services provided, in a conspicuous place, and must document that this information is available to the public upon request.

APPLICANT RESPONSE: Baltimore Detox Center will post documentation in an accessible and conspicuous location regarding charges for services, and the range and the types of services provided. BDC will ensure that this information is available to the public upon request.

.05F. Location. An applicant seeking to establish a new intermediate care facility must propose a location within a 30-minute one-way travel time by automobile to an acute care hospital.

APPLICANT RESPONSE: Baltimore Detox Center is located approximately 4 miles away from Northwest Hospital. Northwest Hospital provides emergency services 24/7, acute care services, and out-patient physician care. Baltimore Detox Center looks forward to building a referral agreement with Northwest Hospital. Shown below is a map of the location of the BDC and the area within a 30 minute drive time:



Source: Mapquest, 2017.

.05G. Age Groups.

- (1) An applicant must identify the number of adolescent and adult beds for which it is applying, and document age-specific treatment protocols for adolescents ages 12-17 and adults ages 18 and older.**

APPLICANT RESPONSE: Baltimore Detox Center is requesting approval of 24 beds for the ages of 18 and older. Age-specific treatment protocols are listed in our policies and procedures manual found at Attachment 4.

- (2) If the applicant is proposing both adolescent and adult beds, it must document that it will provide a separate physical, therapeutic, and educational environment consistent with the treatment needs of each age group including, for adolescents, providing for continuation of formal education.**

APPLICANT RESPONSE: This Standard does not apply. Baltimore Detox Center is requesting Adult ICF beds.

- (3) A facility proposing to convert existing adolescent intermediate care substance abuse treatment beds to adult beds, or to convert existing adult beds to adolescent beds, must obtain a Certificate of Need.**

APPLICANT RESPONSE: This Standard does not apply.

.05H. Quality Assurance.

- (1) An applicant must seek accreditation by an appropriate entity, either the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), in accordance with CFR, Title 42, Part 440, Section 160, the CARF...The Rehabilitation Accreditation Commission, or any other accrediting body approved by the Department of Health and Mental Hygiene. The appropriate accreditation must be obtained before a Certificate of Need-approved ICF begins operation, and must be maintained as a condition of continuing authority to operate an ICF for substance abuse treatment in Maryland.**
- (a) An applicant seeking to expand an existing ICF must document that its accreditation continues in good standing, and an applicant seeking to establish an ICF must agree to apply for, and obtain, accreditation prior to the first use review required under COMAR 10.24.01.18; and**
- (b) An ICF that loses its accreditation must notify the Commission and the Office of Health Care Quality in writing within fifteen days after it receives notice that its accreditation has been revoked or suspended.**
- (c) An ICF that loses its accreditation may be permitted to continue operation on a provisional basis, pending remediation of any deficiency that caused its accreditation to be revoked, if the Office of Health Care Quality advises the Commission that its continued operation is in the public interest.**

APPLICANT RESPONSE: This Standard does not apply.

- (2) A Certificate of Need-approved ICF must be certified by the Office of Health Care Quality before it begins operation, and must maintain that certification as a condition of continuing authority to operate an ICF for substance abuse treatment in Maryland.**
- (a) An applicant seeking to expand an existing ICF must document that its certification continues in good standing, and an applicant seeking to establish an ICF must agree to apply for certification by the time it requests that Commission staff perform the first use review required under COMAR 10.24.01.18.**

(b) An ICF that loses its State certification must notify the Commission in writing within fifteen days after it receives notice that its accreditation has been revoked or suspended, and must cease operation until the Office of Health Care Quality notifies the Commission that deficiencies have been corrected.

(c) Effective on the date that the Office of Health Care Quality revokes State certification from an ICF, the regulations at COMAR 10.24.01.03C governing temporary delicensure of a health care facility apply to the affected ICF bed capacity.

APPLICANT RESPONSE: Baltimore Detox Center will apply for accreditation through Commission on Accreditation of Rehabilitation Services (CARF) and the Office of Health Care Quality/Maryland Behavioral Health Administration upon completion of renovations to 1825 Woodlawn Drive. Baltimore Detox Center will be licensed and accredited on or around April, 2019. The Baltimore Detox Center commits to obtain preliminary accreditation from CARF prior to receipt of First Use Approval, and will maintain final accreditation consistently while operating.

.05I. Utilization Review and Control Programs.

(1) An applicant must document the commitment to participate in utilization review and control programs, and have treatment protocols, including written policies governing admission, length of stay, discharge planning, and referral.

APPLICANT RESPONSE: Baltimore Detox Center commits to participate in utilization review and control programs consistently. Baltimore Detox Center will have treatment protocols documented and implemented. Baltimore Detox Center's Policies and Procedures manual will consist of admission, length of stay, discharge planning and referral operations and will be approved by CARF.

(2) An applicant must document that each patient's treatment plan includes, or will include, at least one year of aftercare following discharge from the facility.

APPLICANT RESPONSE: Baltimore Detox Center will assure that each patient's treatment plan will include one year of aftercare after a patient is discharged. A specific department will be established to have annual check ins with each graduated patient and maintain communication to stay updated with his/her engagement in his/her recovery and/or treatment plan. These procedures are included in BDC policies and procedures manuals located in Attachment 5.

.05J. Transfer and Referral Agreements.

- (1) An applicant must have written transfer and referral agreements with facilities capable of managing cases which exceed, extend, or complement its own capabilities, including facilities which provide inpatient, intensive and general outpatient programs, halfway house placement, long-term care, aftercare, and other types of appropriate follow-up treatment.**
- (2) The applicant must provide documentation of its transfer and referral agreements, in the form of letters of agreement or acknowledgement from the following types of facilities:**
 - (a) Acute care hospitals;**
 - (b) Halfway houses, therapeutic communities, long-term care facilities, and local alcohol and drug abuse intensive and other outpatient programs;**
 - (c) Local community mental health center or center(s);**
 - (d) The jurisdiction's mental health and alcohol and drug abuse authorities;**
 - (e) The Alcohol and Drug Abuse Administration and the Mental Hygiene Administration;**
 - (f) The jurisdiction's agencies that provide prevention, education, driving-while-intoxicated programs, family counseling, and other services; and,**
 - (g) The Department of Juvenile Justice and local juvenile justice authorities, if applying for beds to serve adolescents.**

APPLICANT RESPONSE: Written transfer and referral agreements obtained by BDC to date are found at Attachment 6. Additional agreements are anticipated to be obtained, and will be forwarded by BDC to the Commission for review when they become available.

.05K. Sources of Referral.

- (1) An applicant proposing to establish a new Track Two facility must document to demonstrate that 50 percent of the facility's annual patient days, consistent with Regulation .08 of this Chapter, will be generated by the indigent or gray area population, including days paid under a contract with the Alcohol and Drug Abuse Administration or a jurisdictional alcohol or drug abuse authority.**
- (2) An applicant proposing to establish a new Track One facility must document referral agreements to demonstrate that 15 percent of the facility's annual patient days required by Regulation .08 of this Chapter will be incurred by the indigent or gray area populations, including days paid under a contract with the Alcohol or Drug Abuse Administration or a jurisdictional alcohol or drug abuse authority, or the Medical Assistance program.**

APPLICANT RESPONSE: Referral Agreement documenting that 15% of BDC's annual patient days as required by Regulation .08 will be incurred by indigent or gray area populations are found at Attachment 6. Additional agreements are anticipated to be obtained, and will be forwarded by BDC to the Commission for review when they become available.

.05L. In-Service Education. An applicant must document that it will institute or, if an existing facility, maintain a standardized in-service orientation and continuing education program for all categories of direct service personnel, whether paid or volunteer.

APPLICANT RESPONSE: Baltimore Detox Center will institute and maintain a standardized in-service orientation and continuing education program for all categories of direct service personnel, whether paid or volunteer. Staff orientation will be training provided upon hire, quarterly training every three months to ensure staff is performing in accordance with all applicable regulations and standards. Educational services will be provided by BDC's licensed clinical director and licensed medical director. BDC policies and procedures contain a section on in service trainings which are found at Attachment 7.

.05M. Sub-Acute Detoxification. An applicant must demonstrate its capacity to admit and treat alcohol or drug abusers requiring sub-acute detoxification by documenting appropriate admission standards, treatment protocols, staffing standards, and physical plant configuration.

APPLICANT RESPONSE: Baltimore Detox Center will have the capacity to admit and treat alcohol and drug abusers requiring sub-acute detoxification and will comply with COMAR 10.47.02.10(F) through documentation of appropriate admission standards, treatment protocols, staffing standards, and physical plant configuration. BDC will have licensed quality staff, 24/7 and a medical records system to assure appropriate documentation and storage. BDC policies and procedures containing above material are found at Attachment 8.

.05N. Voluntary Counseling, Testing, and Treatment Protocols for Human Immunodeficiency Virus (HIV). An applicant must demonstrate that it has procedures to train staff in appropriate methods of infection control and specialized counseling for HIV-positive persons and active AIDS patients.

APPLICANT RESPONSE: Baltimore Detox Center will offer the proper training courses in order to train staff in appropriate methods of infection control. Staff also will be trained in specialized counseling for HIV-positive persons and active AIDS patients. Staff will be given a pre-employment course on Infection Control along with annual mandatory training. BDC's Policies and Procedures contain above material which are found at Attachment 9.

.05O. Outpatient Alcohol & Drug Abuse Programs.

- (1) An applicant must develop and document an outpatient program to provide, at a minimum: individual needs assessment and evaluation; individual, family, and group counseling; aftercare; and information and referral for at least one year after each patient's discharge from the intermediate care facility.**
- (2) An applicant must document continuity of care and appropriate staffing at off-site outpatient programs.**
- (3) Outpatient programs must identify special populations as defined in Regulation .08, in their service areas and provide outreach and outpatient services to meet their needs.**

- (4) Outpatient programs must demonstrate the ability to provide services in the evening and on weekends.**
- (5) An applicant may demonstrate that outpatient programs are available to its patients, or proposed patient population, through written referral agreements that meet the requirements of (1) through (4) of this standard with existing outpatient programs.**

APPLICANT RESPONSE: Standards (1) - (4) do not apply as BDC will only provide inpatient levels of care. Currently, a licensed and certified affiliate of BDC, the Fresh Start Recovery Center, located in Gaithersburg, Maryland, provides outpatient substance abuse treatment services, and will be available to BDC patients. (See Attachment 10) BDC has obtained written referral agreements with providers in the Central Maryland Planning Region who offer outpatient treatment and meet criteria for .05O (1-4) of this standard. Copies of referral agreements with outpatient providers are found at Attachment 6. These agreements will ensure our patients of a "warm handoff" to a continuum of treatment.

.05P. Program Reporting. Applicants must agree to report, on a monthly basis, utilization data and other required information to the Alcohol and Drug Abuse Administration's Substance Abuse Management Information System (SAMIS) program, and participate in any comparable data collection program specified by the Department of Health and Mental Hygiene.

APPLICANT RESPONSE: This standard was determined moot by the Commission as stated in the CON Maryland House Detox 2374 Decision 20161215.pdf, page 16.

.06 Preferences for Certificate of Need approval.

A. In a comparative review of applicants for private bed capacity in Track One, the Commission will give preference expand an intermediate care facility if the project's sponsor will commit to:

- (1) Increase access to care for indigent and gray area patients by reserving more bed capacity than required in Regulation .08 of this Chapter;**
- (3) Treat special populations as defined in Regulation .08 of this Chapter or, if an existing alcohol or drug abuse treatment facility, treat special populations it has historically not treated;**

- (4) Include in its range of services alternative treatment settings such as intensive outpatient programs, halfway houses, therapeutic foster care, and long-term residential or shelter care;
 - (5) Provide specialized programs to treat an addicted person with co-existing mental illness, including appropriate consultation with a psychiatrist; or,
 - (6) In a proposed intermediate care facility that will provide a treatment program for women, offer child care and other related services for the dependent children of these patients.
- B. If a proposed project has received a preference in a Certificate of Need review pursuant to this regulation, but the project sponsor subsequently determines that providing the identified type or scope of service is beyond the facility's clinical or financial resources:
 - (1) The project sponsor must notify the Commission in writing before beginning to operate the facility, and seek Commission approval for any change in its array of services pursuant to COMAR 10.24.01.17.
 - (2) The project sponsor must show good cause why it will not provide the identified service, and why the effectiveness of its treatment program will not be compromised in the absence of the service for which a preference was awarded; and
 - (3) The Commission, in its sole discretion, may determine that the change constitutes an impermissible modification, pursuant to COMAR 10.24.01.17C(1).

APPLICANT RESPONSE: This standard is not applicable to BDC project.

B. NEED

COMAR 10.24.01.08G(3)(b) Need. The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

INSTRUCTIONS: Please discuss the need of the population served or to be served by the Project.

Responses should include a quantitative analysis that, at a minimum, describes the Project's expected service area, population size, characteristics, and projected growth. If the relevant chapter of the State Health Plan includes a need standard or need projection methodology, please reference/address it in your response. For applications proposing to address the need of special population groups, please specifically identify those populations that are underserved and describe how this Project will address their needs.

If the project involves modernization of an existing facility through renovation and/or expansion, provide a detailed explanation of why such modernization is needed by the service area population. Identify and discuss relevant building or life safety code issues, age of physical plant issues, or standard of care issues that support the need for the proposed modernization.

Please assure that all sources of information used in the need analysis are identified. List all assumptions made in the need analysis regarding demand for services, utilization rate(s), and the relevant population, and provide information supporting the validity of the assumptions.

Complete Table C (Statistical Projections – Entire Facility) from the CON Application Table Package.

APPLICANT RESPONSE: As stated in response to COMAR 10.24.14.05B *Identification of Intermediate Care Facility and Drug Abuse Bed Need* above, the updated bed need methodology for Track One beds as defined in Paragraph .07 of the State Health Plan shows a need for between 95 and 141 additional ICF/CD beds in the Central Maryland region. This proposal is for an additional 24 beds for adults in Baltimore County, one of five Maryland jurisdictions in Central Maryland.

C. AVAILABILITY OF MORE COST-EFFECTIVE ALTERNATIVES

COMAR 10.24.01.08G(3)(c) Availability of More Cost-Effective Alternatives. The Commission shall compare the cost effectiveness of the proposed project with the cost effectiveness of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.

INSTRUCTIONS: Please describe the planning process that was used to develop the proposed project. This should include a full explanation of the primary goals or objectives of the project or the problem(s) being addressed by the project. It should also identify the alternative approaches to achieving those goals or objectives or solving those problem(s) that were considered during the project planning process, including the alternative of the services being provided by existing facilities.

For all alternative approaches, provide information on the level of effectiveness in goal or objective achievement or problem resolution that each alternative would be likely to achieve and the costs of each alternative. The cost analysis should go beyond development cost to consider life cycle costs of project alternatives. This narrative should clearly convey the analytical findings and reasoning that supported the project choices made. It should demonstrate why the proposed project provides the most effective goal and objective achievement or the most effective solution to the identified problem(s) for the level of cost required to implement the project, when compared to the effectiveness and cost of alternatives including the alternative of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.

APPLICANT RESPONSE: The need for the proposed BDC is consistent with the updated State Health Plan need methodology for ICF beds in Central Maryland. By 2020, the adult population of this region is projected to need between 231 and 277 ICF beds, and with the anticipated in-migration of out-of-state residents, the entire region will need between 243 and 289 ICF beds.

The objective of the project is to provide an opportunity for those seeking recovery from substance abuse to safely and effectively detox on an inpatient basis, under medical supervision, in an affordable non-hospital setting. A licensed, certified and accredited ICF facility is the only alternative in Maryland available to meet this objective. The plan for this facility, located in an existing building readily adaptable for its intended use, demonstrates that the establishment of the BDC facility, requiring minimal capital expenditures, is both cost-effective and sustainable in the current healthcare

marketplace.

The process for planning the BDC involved a review of the availability of Track One ICF beds in Central Maryland. The current count of Track One ICF beds located in three facilities in Central Maryland is 148; all of the beds are located in Anne Arundel County (43) and Harford County (100). The fact that there are no Track One ICF beds located in Baltimore County, the most populous jurisdiction in Central Maryland, would suggest that the 25 ICF beds proposed by BDC are needed, and clearly represent a cost-effective alternative to the existing three ICF facilities located elsewhere. The Woodlawn location itself is an effective alternative as well, proximate to the Baltimore Beltway, and very close to the western border of Baltimore City.

D. VIABILITY OF THE PROPOSAL

COMAR 10.24.01.08G(3)(d) Viability of the Proposal. The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

INSTRUCTIONS: Please provide a complete description of the funding plan for the project, documenting the availability of equity, grant(s), or philanthropic sources of funds and demonstrating, to the extent possible, the ability of the applicant to obtain the debt financing proposed. Describe the alternative financing mechanisms considered in project planning and provide an explanation of why the proposed mix of funding sources was chosen.

- Complete Tables D (Revenues & Expenses, Uninflated – Entire Facility) and F (Revenues & Expenses, Uninflated – New Facility or Service) from the CON Application Table Package.
- Complete Table G (Work Force Information) from the CON Application Table Package.
- Audited financial statements for the past two years should be provided by all applicant entities and parent companies to demonstrate the financial condition of the entities involved and the availability of the equity contribution. If audited financial statements are not available for the entity or individuals that will provide the equity contribution, submit documentation of the financial condition of the entities and/or individuals providing the funds and the availability of such funds. Acceptable documentation is a letter signed by an independent Certified Public Accountant. Such letter shall detail the financial information considered by the CPA in reaching the conclusion that adequate funds are available.
- If debt financing is required and/or grants or fund raising is proposed, detail the experience of the entities and/or individuals involved in obtaining such financing and grants and in raising funds for similar projects. If grant funding is proposed, identify the grant that has been or will be pursued and document the eligibility of the proposed project for the grant.
- Describe and document relevant community support for the proposed project.
- Identify the performance requirements applicable to the proposed project (see question 12, "Project Schedule") and explain how the applicant will be able to implement the project in compliance with those performance requirements. Explain the process for completing the project design, obtaining State and local land use, environmental, and design approvals, contracting and obligating the funds within the prescribed time frame. Describe the construction process or refer to a description elsewhere in the application that demonstrates that the project can be completed within the applicable time frame(s).

APPLICANT RESPONSE: With respect to the availability of funds to fund the project, BDC has retained the services of an independent CPA to review the documentation provided in this CON application. (See Attachment 11)

The source of funds for the project is cash (See Attachment 2, TABLE B.)

Letters of Community support are found at Attachment 12.

As set forth at COMAR 10.24.01.12, a proposed new health care facility has up to 18 months to obligate 51% of the CON-approved capital expenditure, and up to 18 months after the effective date of a binding construction project to complete the project. The proposed project for BDC will be implemented immediately upon CON approval by the Commission. The schedule for obligating the necessary funds for the intended renovations, commencement of construction, obtaining accreditation and licensure, and hiring and training staff will take no longer than four months from the anticipated CON approval. BDC's implementation schedule is well within the applicable performance requirement timeframes.

E. COMPLIANCE WITH CONDITIONS OF PREVIOUS CERTIFICATES OF NEED

COMAR 10.24.01.08G(3)(e) Compliance with Conditions of Previous Certificates of Need. An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need, or provide the Commission with a written notice and explanation as to why the conditions or commitments were not met.

INSTRUCTIONS: List all of the Maryland Certificates of Need that have been issued to the project applicant, its parent, or its affiliates or subsidiaries over the prior 15 years, including their terms and conditions, and any changes to approved Certificates that needed to be obtained. Document that these projects were or are being implemented in compliance with all of their terms and conditions or explain why this was not the case.

APPLICANT RESPONSE: Baltimore Detox Center LLC has never been granted a Certificate of Need in Maryland.

F. IMPACT ON EXISTING PROVIDERS AND THE HEALTH CARE DELIVERY SYSTEM

COMAR 10.24.01.08G(3)(f) Impact on Existing Providers and the Health Care Delivery System. An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the health planning region, including the impact on geographic and demographic access to services, on occupancy, on costs and charges of other providers, and on costs to the health care delivery system.

INSTRUCTIONS: Please provide an analysis of the impact of the proposed project. Please assure that all sources of information used in the impact analysis are identified and identify all the assumptions made in the impact analysis with respect to demand for services, payer mix, access to service and cost to the health care delivery system including relevant populations considered in the analysis, and changes in market share, with information that supports the validity of these assumptions. Provide an analysis of the following impacts:

- a) On the volume of service provided by all other existing health care providers that are likely to experience some impact as a result of this project;
- b) On the payer mix of all other existing health care providers that are likely to experience some impact on payer mix as a result of this project. If an applicant for a new nursing home claims no impact on payer mix, the applicant must identify the likely source of any expected increase in patients by payer.
- c) On access to health care services for the service area population that will be served by the project. (State and support the assumptions used in this analysis of the impact on access);
- d) On costs to the health care delivery system.

If the applicant is an existing facility or program, provide a summary description of the impact of the proposed project on the applicant's costs and charges, consistent with the information provided in the Project Budget, the projections of revenues and expenses, and the work force information.

APPLICANT RESPONSE: Because BDC's proposed project is designed to address unmet needs for services among Central Maryland residents, there should be no impact on the volumes of any other existing Maryland ICF providers of inpatient detox services. In calculating future volume projections, in light of the magnitude of the projected unmet need for ICF services, BDC assumed that the utilization of the adult inpatient Track One ICF facilities in Central Maryland would remain unchanged as a result of the development and operation of its proposed 24-bed facility.

BDC's proposed project includes the renovation of existing space in a commercial office building located in Woodlawn, Baltimore County, Maryland to provide a cost-effective location for this needed facility. The utilization of this facility in the County will have a positive impact on the health status of hundreds of Central Maryland residents annually, and allow them to set a course for recovery from substance abuse in whatever settings are most appropriate, including inpatient, residential, or in outpatient settings, including the existing Fresh Start Recovery Center and many others. Executed transfer and referral agreements between BDC and other providers will assure that BDC patients will have access to the full continuum of care for substance abuse treatment and recovery services.

In our view, the overall access to health care services for the Central Maryland adult population will improve as a result of the planned utilization of the proposed new inpatient detox service at BDC.

The availability of the additional ICF beds at BDC will likely reduce the number of times a Maryland hospital's Emergency Department will need to "hold" an adult patient awaiting admission to a bed to obtain medically monitored detox services,

Finally, BDC believes that there is a long-term cost saving to the proposed project insofar as the efficient use of renovated existing space has been programmed into the project, which will provide BDC with the long-term flexibility to meet future patient needs for affordable substance abuse treatment and services, without incurring the high costs of additional new construction. Shown below is a comparison of the capital costs per bed estimates provided by CON applicants proposing new or expanded ICF beds in Maryland. Among these approved projects, BDC's project is the most cost-effective for increasing the supply of ICF beds needed.

Comparison of Cost/Bed: Recent Maryland ICF Projects			
Project	Project Cost	ICF Beds	Cost per Bed
Ashley	\$18,563,000	15	\$1,237,533
RCA Earlville	\$17,370,227	21	\$827,154
RCA Waldorf	\$21,193,277	64	\$331,145
RCA Upper Marlboro	\$21,019,435	55	\$382,172
MHD	\$1,936,275	16	\$121,017
BDC	\$202,250	24	\$8,427

Source: MHC CON Application; Attachment 2, TABLE B. BDC Project Budget.

REMEMBER TO SUBMIT THE COMPANION TABLE SET FEATURING PROJECT BUDGET, STATISTICAL PROJECTIONS, REVENUE AND EXPENSE PROJECTIONS, AND WORKFORCE INFORMATION

Created March 24, 2017

ATTACHMENT 1: Executive Summary

Baltimore Detox Center ("BDC") proposes to establish a 24-bed Track One intermediate care facility ("ICF") in Woodlawn in Baltimore County, Maryland.

BDC seeks to increase the inpatient treatment bed capacity for substance abuse treatment to complement the existing outpatient programs in the State and to meet the unmet need for which other inpatient programs do not have the capacity. The owners and operators BDC individually and together have many years of experience in establishing and managing both inpatient and outpatient substance abuse treatment facilities and programs in Maryland and other states. With respect to Maryland facilities, Fresh Start Recovery Center ("Fresh Start") located in Gaithersburg, Montgomery County, MD. is licensed to provide Partial Hospitalization, Intensive Outpatient, and Outpatient Treatment services for substance abuse and is accredited by CARF. (See Attachment 10). This facility was opened in May of 2017 and since its opening it has served hundreds of individuals from Maryland and other states in its outpatient setting. The experience with Fresh Start prompted the principals of BDC to explore the possibility of expanding both inpatient and outpatient substance abuse services into the Central Maryland region. The principals will be opening a second outpatient center, this time in Baltimore County, called Foundations Recovery Center ("FRC"). FRC initially will operate in the same building in which the BDC will be located: 1825 Woodlawn Dr., Baltimore County, MD. Plans to sustain the operations and continue to provide the outpatient services of the FRC are being developed by the principals of BDC in the event this application for BDC is CON-approved by the Commission. FRC has gone through the preliminary accreditation process with the Commission on Accreditation of Rehabilitation Facilities ("CARF") and is currently going through the licensing process with the Office of Healthcare Quality. FRC is poised to open on April 15, 2018.

To complement the existing outpatient services, the principals of BDC see a need for a new Track One ICF in Central Maryland and have submitted this CON Application to permit its development as the first and only Track One ICF in Baltimore County devoted to providing detox and intensive inpatient treatment to adults for substance abuse. As

discussed in the body of this Application, the proposed ICF is consistent with the State Health Plan Track One Bed Need Methodology as updated and all applicable regulatory standards.

BDC will have 24 beds available to adult individuals needing inpatient detox services due to substance use dependency. All the beds will be licensed as Medically Monitored Inpatient Treatment - American Society of Addiction Medicine (ASAM) level III.7 and level III.7WM and comply with COMAR § 10.24.14. In accordance with COMAR § 10.63.02 (b)(8) and 10.63.18(4).

Patients admitted to BDC will be closely monitored 24 hours a day by a team of licensed medical and nursing professionals. Prior to being admitted into BDC, patients will go through a pre-screening process using ASAM criteria to ensure each patient's placement is suitable for his or her individual needs. While a patient is under treatment at BDC, he or she will receive extensive assessment and evaluation. Each patient's course of treatment at BDC will consist of both medically monitored detoxification, and intensive inpatient treatment. The average length of stay for a BDC patient is projected to be 28 days. As shown on TABLE C., found at Attachment 2, BDC plans to admit 275 patients a year, and achieve 87.9% bed occupancy at full capacity. Despite this significant investment in new inpatient treatment capacity, as the only Track One ICF located in Baltimore County, the utilization of BDC will meet only a very small portion of the State Health Plan projected need for these inpatient services.

Following completion of the inpatient course of treatment, each BDC patient will be provided an appropriate discharge plan to suit his or her individual needs. These plans may include referrals to local providers of outpatient care, established by a network BDC will build throughout the Maryland community with existing behavioral health treatment providers, including Fresh Start and Foundations Recovery. This network will be sustained by multiple referral and transfer agreements examples of which are included in this application (See Attachment 6).

The total capital cost for implementing the project is \$202,250. Because the existing building in which BDC will be located has been renovated to provide outpatient substance abuse treatment services, the capital costs of the project to meet ICF licensure and accreditation standards are minimal. Minor renovations to existing space and expenditures for equipment and furniture make up 88% of the budgeted capital costs of the project, making the total cost per bed very economical. (See Attachment 2, TABLE B.)

BDC will address the needs of patients with limited ability to pay by providing 15% of its projected patient days to indigent and gray area patients, and will report to the Commission its performance annually.

According to the Behavioral Health Administrations latest data report for 2017, opioid related deaths between January and September were counted at a preliminary 1520. This preliminary count of 1520 opioid related deaths is over 100 counts higher than 2016, and over 700 counts more than 2015. The Central Maryland Planning Region accounts for over 1000 of the opioid related deaths in 2017. With overdose deaths at an all-time high, BDC looks to serve the Central Maryland Region with ICF care in which safe detoxification and intensive inpatient services can help address the ongoing problem throughout Maryland. The project implementation schedule for BDC recognizes the urgency of the opioid crisis, and its sponsors are prepared to act immediately upon the Commission's approval of this application to complete the planned renovations, hire and train staff, obtain accreditation and licensure, and commence operations.

ATTACHMENT 2: CON Application Table Package

Name of Applicant: Baltimore Detox Center
Date of Submission: 23-Mar-18

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.

Table Number	Table Title	Instructions
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	Project Budget	All applicants, regardless of project type or scope, must complete Table B.
Table C	Statistical Projections - Entire Facility	All applicants must complete Table C. All applicants who complete this table must also complete Table D.
Table D	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who complete a Table C must complete Table D. The projected revenues and expenses in Table D should be consistent with the volume projections in Table C.
Table D1	Other Expenses Detail	A supplementary table to TABLE D.
Table E	Work Force Information	All applicants, regardless of project type or scope, must complete Table E.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. **NOTE:** Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project						After Project Completion					
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Service Location (Floor/Wing)	Location (Floor/ Wing)*	Based on Physical Capacity			
		Room Count			Bed Count			Room Count			Bed Count
		Private	Semi-Private	Total Rooms				3 Bed Room	Semi-Private	Total Rooms	
III.7 AND III.7D						III.7 AND III.7D					
						Baltimore Detox Center					
						Floor One					
						Floor Two		1	11	12	25
Subtotal III.7 AND III.7D						Subtotal III.7 and III.7 D		1	11	12	25
FACILITY TOTAL						FACILITY TOTAL		1	11	12	25

*Despite the fact that the three bedded room is large, it will be made available for occupancy by three patients only in non-normal or emergency circumstances.

TABLE B. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than level III.7 and III.7D explain the allocation of costs between the levels. NOTE: Inflation should only be included in the inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

	III.7 and III.7D	RESIDENTIAL	TOTAL
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$0		\$0
(2) Fixed Equipment	\$0		\$0
(3) Site and Infrastructure	\$0		\$0
(4) Architect/Engineering Fees	\$0		\$0
(5) Permits (Building, Utilities, Etc.)	\$0		\$0
SUBTOTAL	\$0	\$0	\$0
b. Renovations			
(1) Building	\$75,500		\$75,500
(2) Fixed Equipment (not included in construction)	N/A		\$0
(3) Architect/Engineering Fees	\$30,000		\$30,000
(4) Permits (Building, Utilities, Etc.)	\$4,500		\$4,500
SUBTOTAL	\$110,000	\$0	\$110,000
c. Other Capital Costs			
(1) Movable Equipment (Beds, Nurse Station, Furnishings)	\$65,000		\$65,000
(2) Contingency Allowance	\$25,000		\$25,000
(3) Gross interest during construction period	\$0		\$0
(4) Other (Specify/add rows if needed)	\$0		\$0
SUBTOTAL	\$90,000		\$90,000
TOTAL CURRENT CAPITAL COSTS	\$200,000	\$0	\$200,000
d. Land Purchase	\$0		
e. Inflation Allowance (1.5% annually over 9 months)	\$2,250		\$2,250
TOTAL CAPITAL COSTS	\$202,250	\$0	\$202,250
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			
b. Bond Discount			
c. CON Application Assistance			
c1. Legal Fees	\$35,000		\$35,000
c2. Other Fees	\$40,000		\$40,000
d. Non-CON Consulting Fees			
d1. Legal Fees			
d2. Other (Specify/add rows if needed)			
e. Debt Service Reserve Fund			
i. Other (Specify/add rows if needed)			
SUBTOTAL	\$75,000	\$0	\$75,000
3. Working Capital Startup Costs	\$225,000		\$225,000
TOTAL USES OF FUNDS	\$502,250	\$0	\$502,250
B. Sources of Funds			
1. Cash	\$502,250		\$502,250
2. Philanthropy (to date and expected)	\$0		\$0
3. Authorized Bonds	\$0		\$0
4. Interest Income from bond proceeds listed in #3	\$0		\$0
5. Mortgage	\$0		\$0
6. Working Capital Loans	\$0		\$0
7. Grants or Appropriations			
a. Federal	\$0		\$0
b. State	\$0		\$0
c. Local	\$0		\$0
8. Other (Specify/add rows if needed)	\$0		\$0
TOTAL SOURCES OF FUNDS	\$502,250		\$502,250
	III.7 and III.7D	RESIDENTIAL	TOTAL
Annual Lease Costs (if applicable)			
1. Land	\$0		\$0
2. Building	\$240,000	\$0	\$240,000
3. Major Movable Equipment	\$0		\$0
4. Minor Movable Equipment	\$0		\$0
5. Other (Specify/add rows if needed)	\$0		\$0

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

Lease to be standard five year (60 month) term with triple net terms. Option of one renewable five year term (60 month).

TABLE C. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.							
Indicate CY or FY			2019	2020	2021	2022					
1. DISCHARGES											
a. Residential											
b. III.7 and III.7D			157	236	260	275					
c. Other (Specify/add rows of needed)											
TOTAL DISCHARGES	0	0	157	236	260	275	0	0	0	0	0
2. PATIENT DAYS											
a. Residential											
b. III.7 and III.7D			4,400	6,600	7,270	7,700					
c. Other (Specify/add rows of needed)											
TOTAL PATIENT DAYS	0	0	4,400	6,600	7,270	7,700	0	0	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)											
a. Residential											
b. III.7 and III.7D			28.0	28.0	26.0	28.0					
c. Other (Specify/add rows of needed)											
TOTAL AVERAGE LENGTH OF STAY			28.0	28.0	26.0	28.0					
4. NUMBER OF LICENSED BEDS											
a. Residential											
b. III.7 and III.7D			24	24	24	24					
c. Other (Specify/add rows of needed)											
TOTAL LICENSED BEDS	0	0	24	24	24	24	0	0	0	0	0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.											
a. Residential											
b. III.7 and III.7D			50.2%	75.3%	83.0%	87.9%					
c. Other (Specify/add rows of needed)											
TOTAL OCCUPANCY %			50.2%	75.3%	83.0%	87.9%					
6. OUTPATIENT VISITS											
a. Residential											
b. III.7 and III.7D											
c. Other (Specify/add rows of needed)											
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0	0

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

ASSUMPTIONS:

1. BDC will commence operations during April, 2019.
2. ALOS comprises of both detox and intensive inpatient services.

TABLE D. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table F should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of Manpower listed in Table G. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	2019 CY	2020 CY	2021 CY	2022 CY			
1. REVENUE							
a. Inpatient Services	\$ 4,875,200	\$ 7,312,800	\$ 8,055,160	\$ 8,531,600			
b. Outpatient Services	N/A	N/A	N/A	N/A			
Gross Patient Service Revenues	\$ 4,875,200	\$ 7,312,800	\$ 8,055,160	\$ 8,531,600	\$ -	\$ -	\$ -
c. Allowance for Bad Debt	\$ 1,462,560	\$ 2,193,840	\$ 2,416,548	\$ 2,559,480			
d. Contractual Allowance	\$ -	\$ -	\$ -	\$ -			
e. Charity Care	\$ 731,280	\$ 1,096,920	\$ 1,208,274	\$ 1,279,740			
Net Patient Services Revenue	\$ 2,681,360	\$ 4,022,040	\$ 4,430,338	\$ 4,692,380	\$ -	\$ -	\$ -
f. Other Operating Revenues (Toxicology - U/A)	\$ 429,000	\$ 540,000	\$ 540,000	\$ 540,000			
NET OPERATING REVENUE	\$ 3,110,360	\$ 4,562,040	\$ 4,970,338	\$ 5,232,380	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 1,864,390	\$ 2,214,895	\$ 2,339,188	\$ 2,485,853			
b. Contractual Services	\$ -	\$ -	\$ -	\$ -			
c. Interest on Current Debt	\$ -	\$ -	\$ -	\$ -			
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ -			
e. Current Depreciation	\$ -	\$ -	\$ -	\$ -			
f. Project Depreciation (60 months)	\$ 55,450	\$ 55,450	\$ 55,450	\$ 55,450			
g. Current Amortization	\$ -	\$ -	\$ -	\$ -			
h. Project Amortization	\$ -	\$ -	\$ -	\$ -			
i. Other Expenses (See TABLE D.1.)	\$ 1,375,599	\$ 1,658,449	\$ 1,745,000	\$ 1,800,171			
TOTAL OPERATING EXPENSES	\$ 3,295,439	\$ 3,928,794	\$ 4,139,638	\$ 4,341,474	\$ -	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ (185,078.75)	\$ 633,246.48	\$ 830,699.88	\$ 890,905.63	\$ -	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ (185,078.75)	\$ 633,246.48	\$ 830,699.88	\$ 890,905.63	\$ -	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ (185,078.75)	\$ 633,246.48	\$ 830,699.88	\$ 890,905.63	\$ -	\$ -	\$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare	0.0%	0.0%	0.0%	0.0%			
2) Medicaid	0.0%	0.0%	0.0%	0.0%			
3) Blue Cross	29.0%	29.0%	29.0%	29.0%			
4) Commercial Insurance	67.0%	67.0%	67.0%	67.0%			
5) Self-pay	3.9%	3.9%	3.9%	3.9%			
6) Other	0.1%	0.1%	0.1%	0.1%			
TOTAL	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare	0.0%	0.0%	0.0%	0.0%			
2) Medicaid	0.0%	0.0%	0.0%	0.0%			
3) Blue Cross	29.0%	29.0%	29.0%	29.0%			
4) Commercial Insurance	67.0%	67.0%	67.0%	67.0%			
5) Self-pay	3.9%	3.9%	3.9%	3.9%			
6) Other	0.1%	0.1%	0.1%	0.1%			
TOTAL	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%

ASSUMPTIONS:

- | | |
|--|---|
| 1. a. Inpatient Services | Calculated as annual patient days @ \$1,108 per deim. |
| 1. c. Allowance for Bad Debt | Projected at 30% of Inpatient Revenue. |
| 1. e. Charity Care | Projected at 15% of Inpatient Revenue. |
| 1. f. Other Operating Revenues (Toxicology - Urinalysis) | Projected at \$45,000 per month. |
| 2. a. Wages and Salaries | See TABLE E. Workforce |
| 2. f. Project Depreciation (60 months) | Project cost of \$277,250 depreciated over 5 years (term of lease) equals |

TABLED. 1. OTHER EXPENSE DETAILS

OTHER EXPENSES	ASSUMPTIONS	Fixed/ Variable	CY 2019	CY 2020	CY 2021	CY 2022
	Variable Expense Increase %: Same as Occupancy Growth		N/A	50.0%	10.2%	5.9%
Food						
Meals	6.50 a meal x 3	V	\$85,176	\$127,764	\$140,796	\$149,103
Snacks	2k a month	V	\$24,000	\$36,000	\$39,672	\$42,013
Referral Development - Luncheons & Open House	2k a month	F	\$24,000	\$24,000	\$24,000	\$24,000
Total - Food Expenses			\$133,176	\$187,764	\$204,468	\$215,116
Meds						
Medical Supply Detox	3500 per month	V	\$42,000	\$63,000	\$69,426	\$73,522
Total - Meds Expenses			\$42,000	\$63,000	\$69,426	\$73,522
Patient Services						
Cable TV - Common Areas / Netflix	1000 per month	F	\$12,000	\$12,000	\$12,000	\$12,000
Activities Contracted	5k per month	F	\$60,000	\$60,000	\$60,000	\$60,000
Patient Ground Transportation (2 Vehicle Expense)	3k per month	F	\$36,000	\$36,000	\$36,000	\$36,000
Total - Patient Services Expenses			\$108,000	\$108,000	\$108,000	\$108,000
Building Services						
Real Estate Rent Expense	20,000 per month	F	\$240,000	\$240,000	\$240,000	\$240,000
Utilities	3500 per month	F	\$42,000	\$42,000	\$42,000	\$42,000
Linens & Laundry	800 PER MONTH materials	V	\$9,600	\$14,400	\$15,869	\$16,805
Security Services (Fire Alarm / Cameras / Secured Entry)	650 per month	F	\$7,800	\$7,800	\$7,800	\$7,800
Common Area Cleaning & Room Cleaning Services	550 per month materials	F	\$6,600	\$6,600	\$6,600	\$6,600
Repairs & Maintenance	materials only maint.	V	\$30,000	\$45,000	\$49,590	\$52,516
Total - Building Services Expenses			\$336,000	\$355,800	\$361,859	\$365,721
Marketing						
Advertising - Industry Publications	1250 per month	F	\$15,000	\$15,000	\$15,000	\$15,000
Conference Sponsorship	1650 per month	F	\$19,800	\$19,800	\$19,800	\$19,800
Internet / SEO / PPC/ Client Marketing	8,500 per month	F	\$102,000	\$102,000	\$102,000	\$102,000
Postage & Mailing	1850 per month	V	\$22,200	\$33,300	\$36,697	\$38,862
Marketing & Promotional Materials	5,000 per month	V	\$60,000	\$90,000	\$99,180	\$105,032
Travel & Lodging	5000 per month	F	\$60,000	\$60,000	\$60,000	\$60,000
Total - Marketing Expenses			\$279,000	\$320,100	\$332,677	\$340,693
Administrative						
Advertising Employment (Job Boards)		F	\$7,200	\$7,200	\$7,200	\$7,200
Computer Printer & Equipment		F	\$10,200	\$10,200	\$10,200	\$10,200
Backend System / EMR - Retain Inactive Files	Kipu (2,000 per month)	F	\$24,000	\$24,000	\$24,000	\$24,000
Telephone / Internet	450 per month	F	\$5,400	\$5,400	\$5,400	\$5,400
Insurance	1,000 per month	F	\$12,000	\$12,000	\$12,000	\$12,000
Unforeseen / Miscellaneous Expenses	1,000 per month	F	\$12,000	\$12,000	\$12,000	\$12,000
Office Supplies		F	\$24,000	\$24,000	\$24,000	\$24,000
Copiers - Network		F	\$6,000	\$6,000	\$6,000	\$6,000
Postage & Shipping		F	\$3,600	\$3,600	\$3,600	\$3,600
Total - Administrative Expenses			\$104,400	\$104,400	\$104,400	\$104,400
Professional Services						
Billing & Utilizations Review (U/R)	9%	V	\$292,723	\$439,085	\$483,871	\$512,420
Accounting Fees (Audit & Tax)	30,000 a year	F	\$30,000	\$30,000	\$30,000	\$30,000
IT Support - Contract Services	3600 a year	F	\$3,600	\$3,600	\$3,600	\$3,600
Legal Fees	18,000 Year	F	\$18,000	\$18,000	\$18,000	\$18,000
Professional Dues - Individuals		F	\$4,200	\$4,200	\$4,200	\$4,200
Staff Training & Supervisor	12500 year	F	\$12,500	\$12,500	\$12,500	\$12,500
Total - Professional Services Expenses			\$361,023	\$507,385	\$552,171	\$580,720
Licensing						
Licenses & On Site Survey Fees	1,000 per month	F	\$12,000	\$12,000	\$12,000	\$12,000
Total - Licensing Expenses			\$12,000	\$12,000	\$12,000	\$12,000
Total - Other Expenses			\$1,375,599	\$1,658,449	\$1,745,000	\$1,800,171

TABLE E. WORKFORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.											
	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
Job Category	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
CEO			\$0	1.0	\$130,000	\$130,000			\$0	1.0	\$130,000
COO			\$0	1.0	\$95,000	\$95,000			\$0	1.0	\$95,000
Clinical Director			\$0	1.0	\$82,000	\$82,000			\$0	1.0	\$82,000
Compliance Officer / QA / HR			\$0	1.0	\$65,000	\$65,000			\$0	1.0	\$65,000
Director of Admissions			\$0	1.0	\$80,000	\$80,000			\$0	1.0	\$80,000
Outreach Coordinators			\$0	3.0	\$45,000	\$135,000			\$0	3.0	\$135,000
Total Administration				8.0		\$587,000			\$0	8.0	\$587,000
Direct Care Staff (List general categories, add rows if needed)											
Medical Director			\$0	1.0	\$240,000	\$240,000			\$0	1.0	\$240,000
Director of Nursing RN			\$0	1.0	\$115,000	\$115,000			\$0	1.0	\$115,000
Nurse RN			\$0	6.0	\$82,500	\$495,000			\$0	6.0	\$495,000
Clinician			\$0	1.0	\$95,000	\$95,000			\$0	1.0	\$95,000
Total Direct Care				9.0		\$945,000			\$0	9.0	\$945,000
Support Staff (List general categories, add rows if needed)											
Admission / Insurance			\$0	1.0	\$55,000	\$55,000			\$0	1.0	\$55,000
Intake Coordinator			\$0	1.0	\$40,000	\$40,000			\$0	1.0	\$40,000
Case Manager			\$0	1.0	\$44,000	\$44,000			\$0	1.0	\$44,000
Maintenance Tech			\$0	1.0	\$55,000	\$55,000			\$0	1.0	\$55,000
Behavioral Health Tech			\$0	11.0	\$35,000	\$385,000			\$0	11.0	\$385,000
Total Support			\$0	15.0		\$579,000			\$0	15.0	\$579,000
REGULAR EMPLOYEES TOTAL			\$0	32.0		\$2,111,000			\$0	32.0	\$2,111,000
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Administration			\$0			\$0			\$0	0.0	\$0
Direct Care Staff (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff			\$0			\$0			\$0	0.0	\$0
Support Staff (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support Staff			\$0			\$0			\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL			\$0			\$0			\$0	0.0	\$0
Payroll Taxes (Employer)*			\$0			259,653					259,653
Benefits** (State method of calculating benefits below):			\$0			115,200					115,200
TOTAL COST	0.0		\$0	32.0		\$2,485,853	0.0		\$0		\$2,485,853

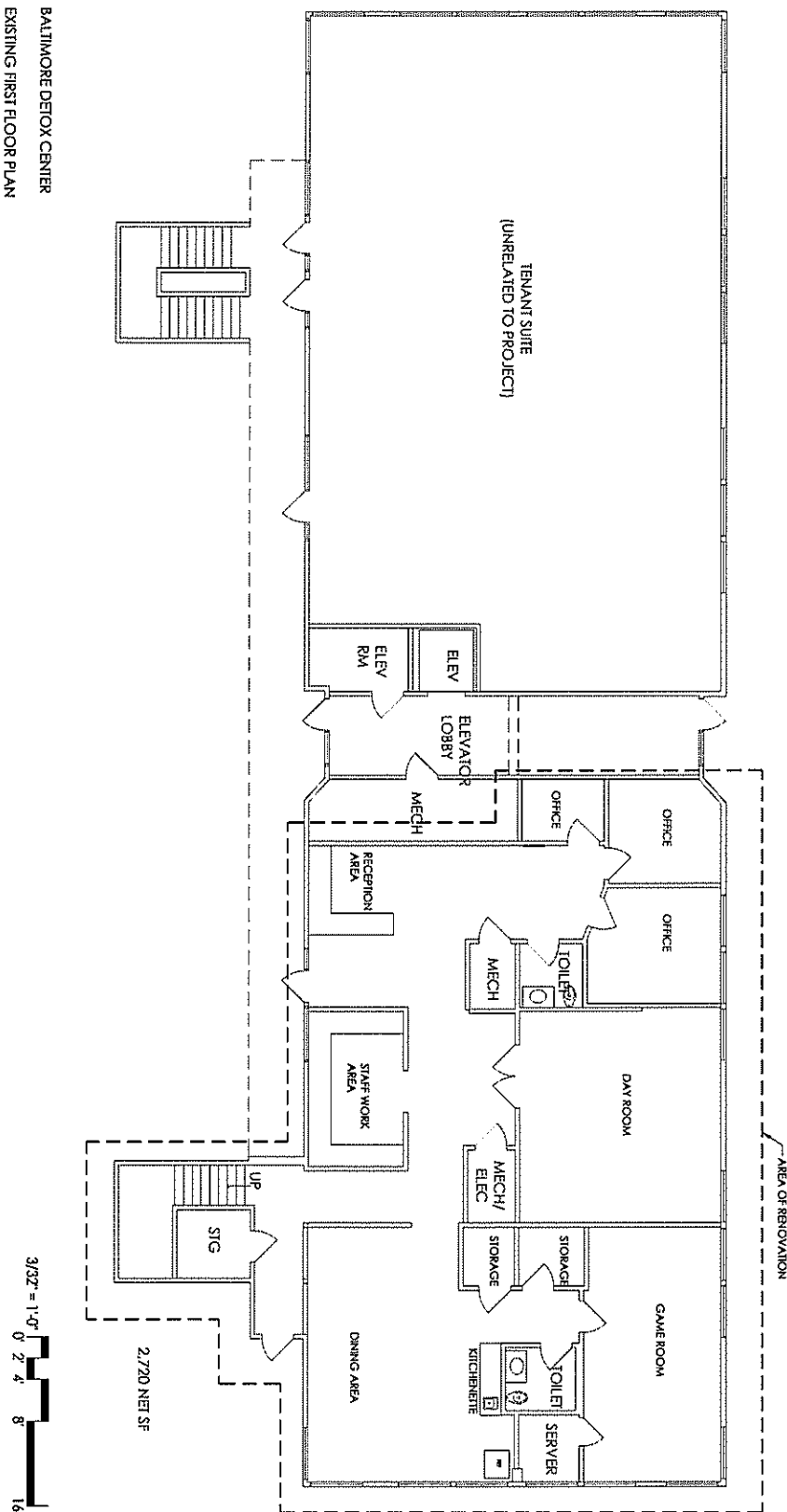
ASSUMPTIONS:

*Calculated as 12.3% of total compensation (line 27).

**Benefits calculated as \$9,600 per month (Employer contribution).

ATTACHMENT 3: Project Drawings

BALTIMORE DETOX CENTER
 EXISTING FIRST FLOOR PLAN
 (NO IMPROVEMENTS REQUIRED)



CRGA DESIGN
 912 Commerce Road
 Annapolis, Maryland 21401
 o : 410.841.2570
 www.crgadesign.com

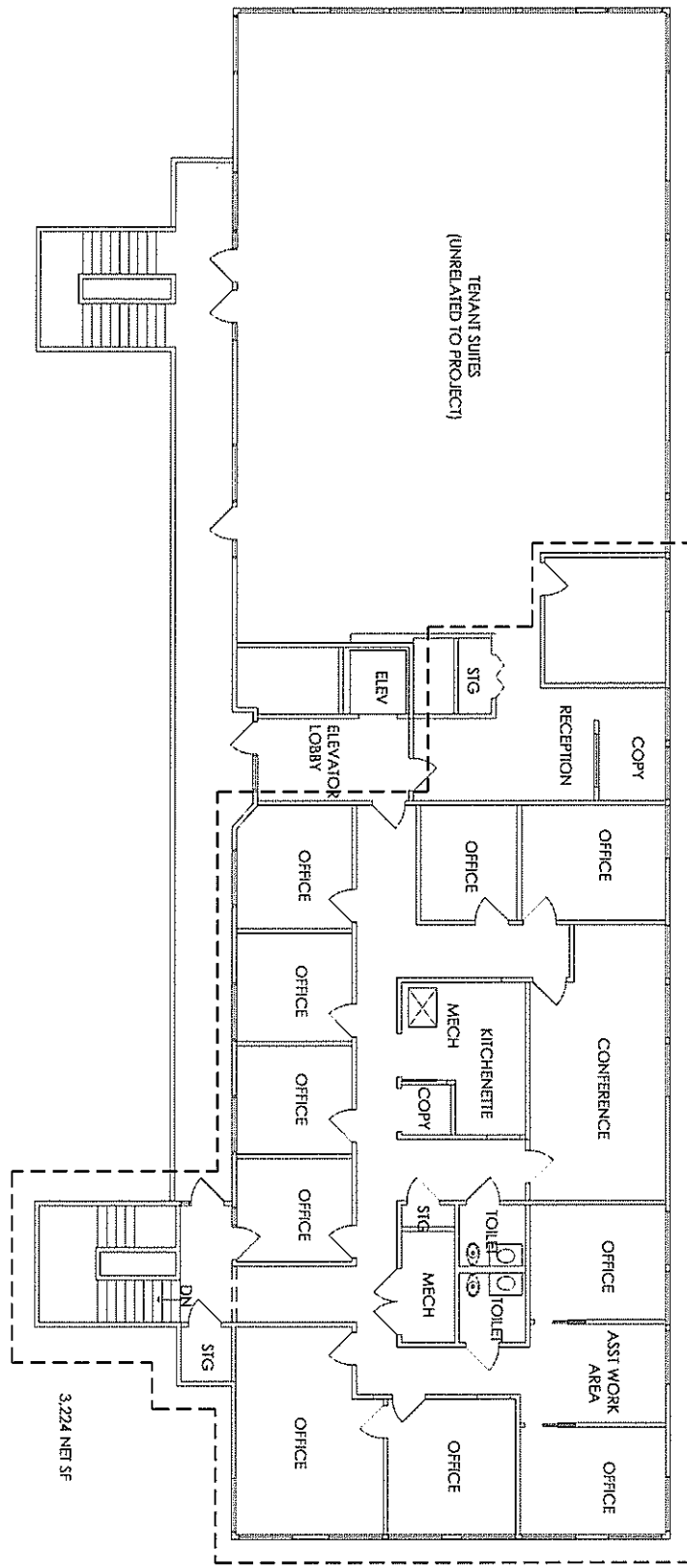
SCHEMATIC DRAWING
 1825 WOODLAWN DRIVE
 WOODLAWN MD
 CRGA PROJECT 18.035.A
 ISSUED BY: CRGA
 DATE: 03.16.18

DRAWING # SK-1

DRAWING TITLE: EXISTING FIRST FLOOR PLAN

SCALE: 3/32" = 1'-0"

BALTIMORE DETOX CENTER
EXISTING SECOND FLOOR PLAN



CRGA DESIGN

912 Commerce Road
Annapolis, Maryland 21401
o : 410.841.2570
www.crgadesign.com

SCHEMATIC DRAWING

1825 WOODLAWN DRIVE
WOODLAWN MD
CRGA PROJECT 18.035.A

ISSUED BY: CRGA

DATE: 03.16.18

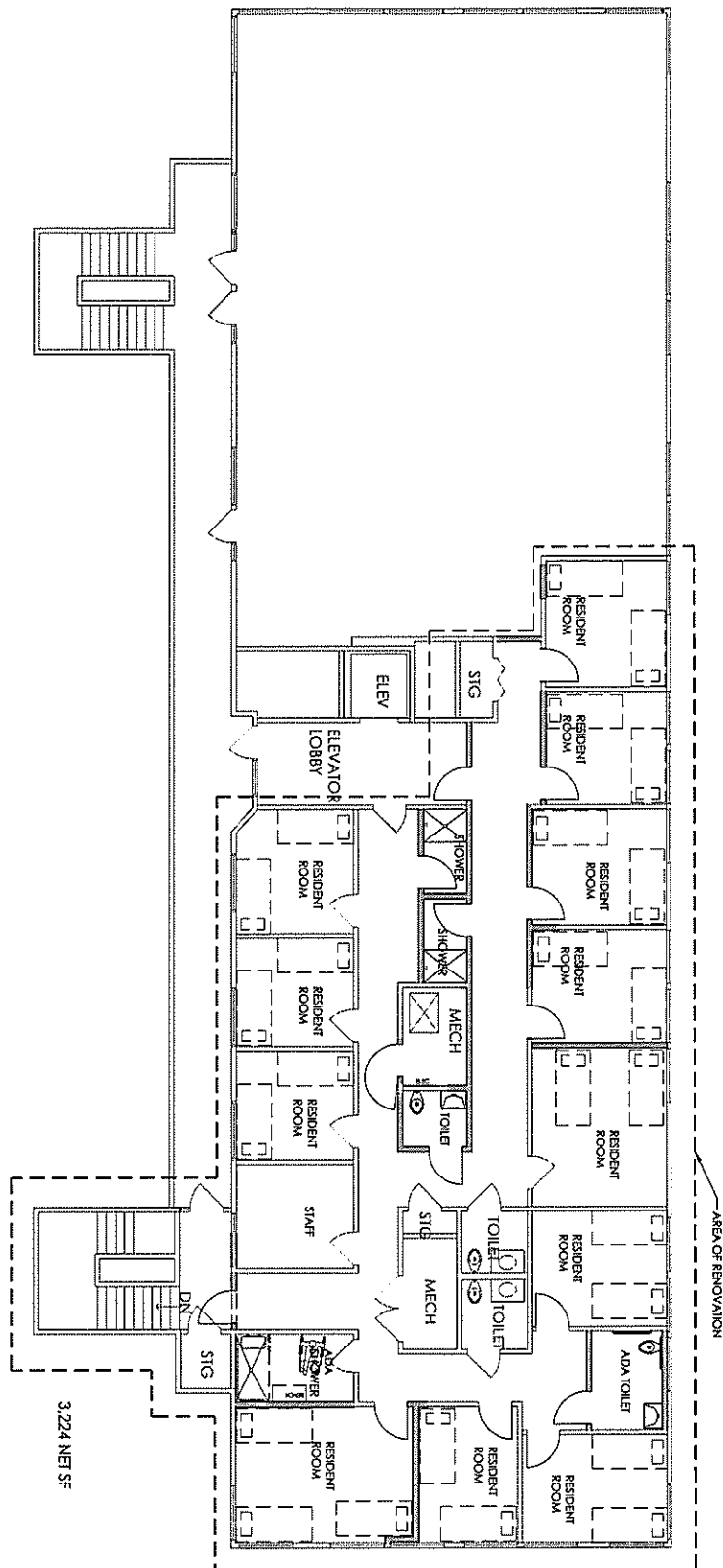
DRAWING # SK-1

DRAWING TITLE: EXISTING SECOND FLOOR PLAN

SCALE: 3/32' = 1'-0"

BALTIMORE DETOX CENTER
PROPOSED SECOND FLOOR PLAN

3/32" = 1'-0"
0 2 4 8 16



CRGA DESIGN

912 Commerce Road
Annapolis, Maryland 21401
o : 410.841.2570
www.crgadesign.com

SCHEMATIC DRAWING

1825 WOODLAWN DRIVE
WOODLAWN MD
CRGA PROJECT 18.035.A

ISSUED BY: CRGA
DATE: 03.16.18

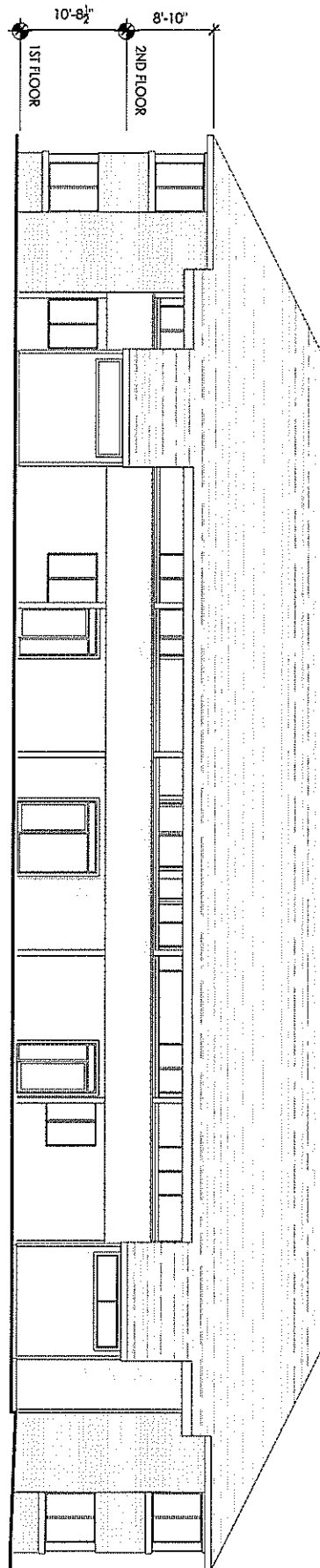
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DRAWING TITLE: PROPOSED SECOND FLOOR PLAN

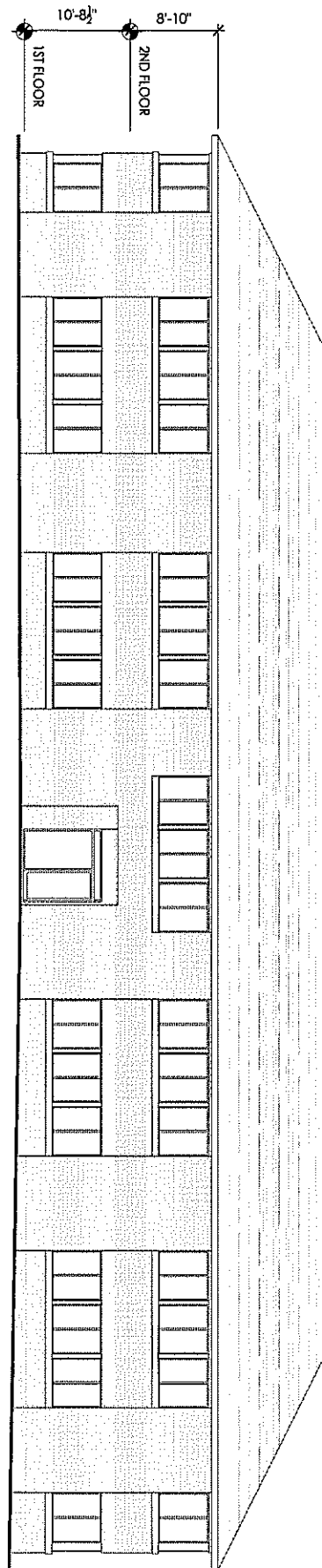
SCALE: 3/32" = 1'-0"

BALTIMORE DETOX CENTER

1 SOUTHWEST ELEVATION
0316A SCALE: 3/32" = 1'-0"



2 NORTHEAST ELEVATION
0316A SCALE: 3/32" = 1'-0"



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SKETCH DRAWING
1825 WOODLAWN DRIVE
WOODLAWN MD
CRGA PROJECT 18.035.A

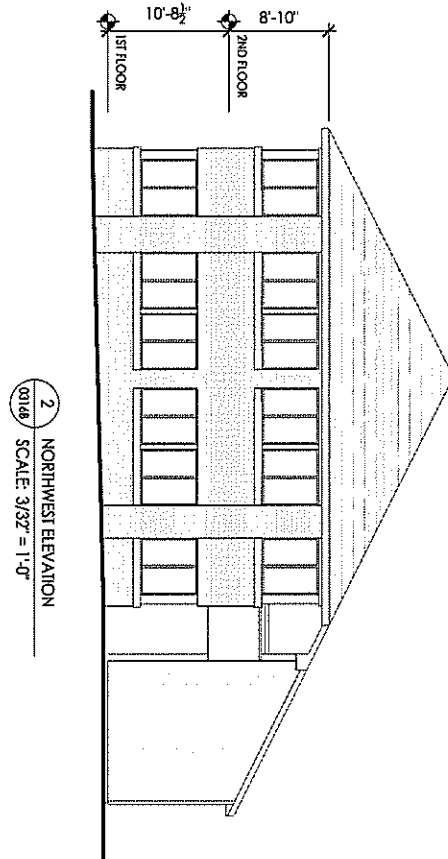
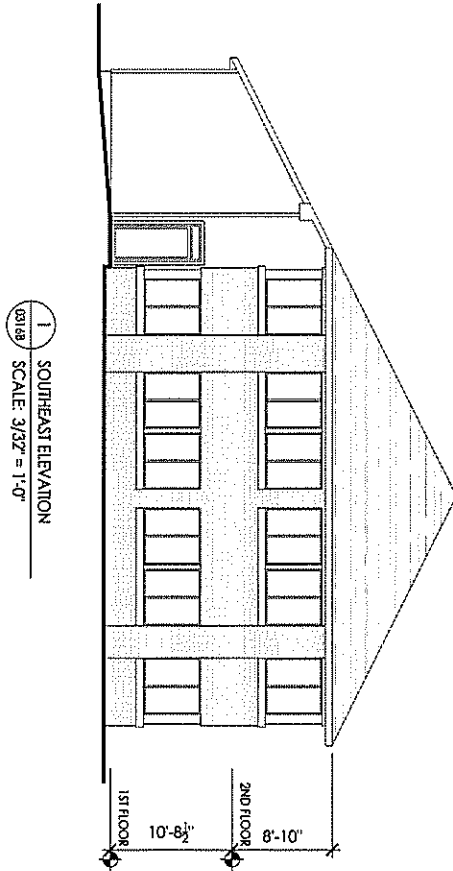
ISSUED BY: CRGA
DATE: 03.16.18

DRAWING # SK-0316A

DRAWING TITLE: EXISTING ELEVATIONS

SCALE: 3/32" = 1'-0"

BALTIMORE DETOX CENTER



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SKETCH DRAWING
 1825 WOODLAWN DRIVE
 WOODLAWN MD
 CRGA PROJECT 18.035.A
 ISSUED BY: CRGA
 DATE: 03.16.18

DRAWING # SK-0316B

DRAWING TITLE: EXISTING ELEVATIONS

SCALE: 3/32" = 1'-0"

BALTIMORE DETOX CENTER



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SKETCH DRAWING
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WOODLAWN MD
CRGA PROJECT 18.035.A

ISSUED BY: CRGA
DATE: 03.16.18

DRAWING # SK-0316C

DRAWING TITLE: VINCITY MAP

SCALE: N/A

ATTACHMENT 4: Treatment Protocols

POLICY: **Individual Treatment Planning and Review**

PURPOSE:

To ensure each client receives complete and appropriate service planning assuring that treatment is appropriate to client needs

SCOPE:

This policy applies to all staff of Baltimore Detox Center.

RESPONSIBILITY:

It is the responsibility of the Executive Director and Clinical Director to implement this policy and procedure and to disseminate this information to all licensed staff and employees under their direction.

PROCEDURE:

1. Upon admission, the Primary Counselor will ask the client what his/her goals/ plans for treatment are and will reflect that information in the admission note;
2. The client's primary counselor will provide and/or coordinate the individualized treatment plan;
3. The primary counselor will utilize the referral sources, family members, clinical team and client interview in determining client's needs and the development of goals for services;
4. The treatment planning process will be holistic in approach focusing on all domains that impact on the client (i.e.: recovery issues, vocational, educational, housing, relationships, etc);
5. In developing a client's treatment plan, the primary counselor will utilize client input ascertained during focused interviews, as well as the input of family members via phone conversations, family therapy and informal interviews;
6. Client and family will receive education and be provided with information regarding symptoms, effects, and treatment of mental illness, medications, substance abuse; co-dependency and its effect on substance abuse treatment; the implementation of self-care rehabilitation (including, but not limited to, Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Nar-Anon, Ala-teen)

and community agencies/ resources available during treatment services. Clinical team will provide above mentioned education and information;

7. The treatment plan will include goals, timeframes, measurable objectives that relate to the goals and specific criteria for termination or reduction in services;
8. The treatment plan will be completed within 72 hours of admission;
9. Client's treatment plan will be evaluated on a weekly basis by the multidisciplinary team during Case Review and in Clinical Supervision;
10. Criteria for a decrease in services or discharge include: The client has achieved the goals articulated in his/her treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Or the client has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to treatment plan. Or the client has demonstrated a lack of capacity to resolve his/her problem(s). Or the client has experienced an intensification of his/her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care;
11. Before completion of treatment and discharge from facility, primary counselor will secure referrals to community agencies and resources for aftercare, as assessed and developed by client and multidisciplinary team
12. Primary counselor will utilize representatives of support groups including, but not limited to, Alcoholics and Narcotics Anonymous, to secure sponsorship and/or contacts to accompany clients to support groups prior to discharge;
13. For clients who are receiving medication monitoring, that is to be included in the treatment plan;
14. The client is to sign the treatment plan as an indication of client's participation in the development of the treatment plan.

ATTACHMENT 5: Treatment Plans

POLICY: **Discharge Planning**

PURPOSE:

To ensure each client receives complete and appropriate discharge planning assuring a smooth transition into the community

SCOPE:

This policy applies to all staff of Baltimore Detox Center.

RESPONSIBILITY:

It is the responsibility of the Executive Director and Director of Nursing to implement this policy and procedure and to disseminate this information to all licensed staff and employees under their direction. The Medical Director is responsible to provide overall decision of discharge for clients at Baltimore Detox Center

PROCEDURE:

1. Upon admission, the Primary Counselor will ask the client what his/her goals/ plans for discharge are and will reflect that information in the admission note;
2. The primary counselor will utilize the referral sources, family members, clinical team and client interview in determining client's needs and the development of goals for aftercare services;
3. In developing a client's discharge plan, the primary counselor will utilize client input ascertained during focused interviews, as well as the input family members (as appropriate and agreed to by client) via phone conversations, family therapy and informal interviews;
4. Client and family (if appropriate and permitted by client) will receive education and be provided with information regarding symptoms, effects, and treatment of substance abuse; codependency and its effect on substance abuse treatment; the implementation of self-care rehabilitation (including, but not limited to, Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Nar-Anon, Ala-teen) and/or information about mental health issues and medications upon discharge from facility; and community agencies/ resources available for aftercare services. Clinical team will provide above mentioned education and information;
5. Client's discharge plan may be evaluated on a weekly basis by the multidisciplinary team during Case Review and in Clinical Supervision;
6. Criteria for client discharge include: The client has achieved the goals articulated in his/her treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Or the client has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to treatment plan. Or the client has demonstrated a lack of capacity to resolve his/her problem(s). Or the client has experienced an intensification of his/her

problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care;

7. Before completion of treatment and discharge from facility, primary counselor will secure referrals to community agencies and resources for aftercare, as assessed and developed by multidisciplinary team;
8. Primary counselor will utilize representatives of support groups including, but not limited to, Alcoholics and Narcotics Anonymous, to secure sponsorship and/or contacts to accompany clients to support groups upon discharge;
9. When a client chooses to terminate treatment of his/her own volition, or is involuntarily discharged, when appropriate and agreed to by client, referrals will be offered (including alternative care (Outpatient, medication management, housing and support group contact); Discharge summary will be completed within 30 days of discharge;
10. After a client's discharge from the program, staff will conduct follow up calls every 30, 60, 90, 180, and 365 days with client and discharging facility when appropriate consents were established.
11. Clients may be readmitted to The Baltimore Detox Center programs if the assessment conducted finds them appropriate for services.

ATTACHMENT 6: Written Transfer and Referral Agreements

Baltimore Detox Center

Incoming Referral Agreement

The purpose of this document is to formalize the relationship between Baltimore Detox Center an Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 and Evolve Life Centers. This cooperative and reciprocal arrangement will expedite referral, admission, and discharge of clients, allowing both agencies to serve clients better. In accordance with COMAR 10.24.14.05(j) referral and transfer agreements will be made with providers in the Central Maryland Planning Region. Baltimore Detox Center will provide 15% of its available bed space to gray area and indigent consumers under COMAR 10.24.14.05 (j)(k). This agreement is intended to establish referrals for gray area and indigent consumers.

Both parties to this agreement shall provide all services in accordance with all applicable federal and Maryland laws and applicable accreditation standards including confidentiality of client information requirements. Both parties agree that all services will be provided without regards to race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation or any other impermissible basis.

Each party will be responsible for its own acts and omissions with respect to the care and services provided to clients.

Services will be provided under each party's usual arrangements for payment and/or funding and this agreement is not a guarantee that each party's services, treatment slots or shelter beds will be available.

This agreement will become effective on the date both parties sign this agreement. Either party may terminate this agreement upon thirty days' written notice to the other party.


Baltimore Detox Center

KABIR SINGH / CEO

Name/Title

3-20-18

Date

Evolve Life Centers IOP

Dora Hudson CEO

Name/Title

3-14-18

Date

Baltimore Detox Center

The purpose of this document is to formalize the relationship between Baltimore Detox Center an Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 and Evolve Life Centers. This cooperative and reciprocal arrangement will expedite referral, admission, and discharge of clients, allowing both agencies to serve clients better. In accordance with COMAR 10.24.14.05(j) referral agreements will be made with providers in the Central Maryland Planning Region.

Evolve Life Centers will provide the following:

Level I services
Conventional outpatient services

Level II services
Intensive outpatient or partial hospitalization services

Level III services
Residential Treatment Services/Halfway Housing

Case management services related to substance abuse treatment

Both parties to this agreement shall provide all services in accordance with all applicable federal and Maryland laws and applicable accreditation standards including confidentiality of client information requirements. Both parties agree that all services will be provided without regards to race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation or any other impermissible basis.

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Baltimore Detox Center

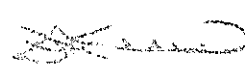
KABIR SINGH / CEO

Name/Title

3-20-18

Date

Evolve Life Centers IDP


Sara Burdon CEO

Name/Title

3-14-18

Date

Baltimore Detox Center

Incoming Referral Agreement

The purpose of this document is to formalize the relationship between Baltimore Detox Center and University of Baltimore Washington Medical Center. This cooperative and reciprocal arrangement will expedite referral, admission, and discharge of clients, allowing both agencies to serve clients better. In accordance with COMAR 10.24.14.05(j) referral and transfer agreements will be made with providers in the Central Maryland Planning Region. Baltimore Detox Center will provide 15% of its available bed space to gray area and indigent consumers under COMAR 10.24.14.05 (j)(k). This agreement is intended to establish referrals for gray area and indigent consumers as well as consumers who do not meet criteria for intensive medically managed (hospital) detoxification.

Both parties to this agreement consent to abide by federal and Maryland standards regarding the confidentiality of client information, and to defend against efforts to obtain that information without the client's consent. Services will be provided under each party's usual arrangements for payment and/or funding and this agreement is not a guarantee that treatment slots or shelter beds will be available.

This agreement will become effective on the date both parties sign this agreement. Either party may terminate this agreement upon thirty days' written notice to the other party.



Baltimore Detox Center

KABIR SINGH / CEO

Name/Title

3-20-18

Date

UNIVERSITY OF BALTIMORE WASHINGTON MEDICAL CENTER

Dr. [Signature] / MD

Name/Title

[Signature] / MD

Date

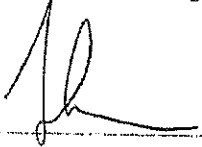
Baltimore Detox Center

Incoming Referral Agreement

The purpose of this document is to formalize the relationship between Baltimore Detox Center and University of Baltimore Washington Medical Center. This cooperative and reciprocal arrangement will expedite referral, admission, and discharge of clients, allowing both agencies to serve clients better. In accordance with COMAR 10.24.14.05(j) referral and transfer agreements will be made with providers in the Central Maryland Planning Region. Baltimore Detox Center will provide 15% of its available bed space to gray area and indigent consumers under COMAR 10.24.14.05 (j)(k). This agreement is intended to establish referrals for gray area and indigent consumers as well as consumers who do not meet criteria for intensive medically managed (hospital) detoxification.

Both parties to this agreement consent to abide by federal and Maryland standards regarding the confidentiality of client information, and to defend against efforts to obtain that information without the client's consent. Services will be provided under each party's usual arrangements for payment and/or funding and this agreement is not a guarantee that treatment slots or shelter beds will be available.

This agreement will become effective on the date both parties sign this agreement. Either party may terminate this agreement upon thirty days' written notice to the other party.



Baltimore Detox Center

KABIR SINGH / CEO

Name/Title

3-20-18

Date

THE UNIVERSITY

Tanya Chel Belmont Health Clinical Coordinator

3/14/18

Date

ATTACHMENT 7: In-Service Training

POLICY: **Staff Training and Development**

PURPOSE: To enhance the skills and increase the knowledge each employee brings to his/her position; employees are required to take advantage of agency provided training as well as to participate in education programs outside of Baltimore Detox Center

PROCEDURE:

Baltimore Detox Center provides for three types of training and development for staff:

- Basic orientation program for new employees
- In-house instruction needed to upgrade the skills of employees within their existing positions along with a yearly training schedule
- Referral to outside trainings/education programs to assist employees in skill development and to meet requirements of licensing

Employees are responsible for bringing their assessment of their training needs to the attention of their immediate supervisor;

Full time staff will have 5 training days/year available for outside trainings/education programs. Part time staff must use their own time for this purpose;

Staff are to provide documentation from training/education programs for their personnel file;

Staff education and training in the policies and procedures for emergency plans, infection prevention, universal precautions, confidentiality, client rights, identification of child/elder abuse, professional ethics, conflict of interest, prevention of workplace violence, cultural competency, critical incident reporting, sexual abuse/assault, domestic violence, medication review/co-occurring disorders and person- and family- centered services will occur during orientation and on an annual basis;

Staff education and in-service training activities will be evaluated at least annually by the Executive Director or designee.

ATTACHMENT 8: Admission Standards

POLICY: **Program Admission and Exclusionary Criteria**

PURPOSE:

The purpose of this policy is to delineate the criteria and process for an admission requiring stabilization detoxification services.

SCOPE:

This policy applies to all staff of Baltimore Detox Center.

RESPONSIBILITY:

It is the responsibility of the Executive Director and Director of Nursing to implement this policy and procedure and to disseminate this information to all licensed staff and employees under their direction. The Medical Director is responsible to provide overall decision of the pending admission and if individual meets criteria for admission at Baltimore Detox Center.

POLICY:

It is the policy of Baltimore Detox Center to ensure all clients meet specific criteria for levels III.7 & III.7-WM as defined by the American Society on Addiction Medicine (ASAM). The consumer must be at risk of severe withdrawal but not so severe that the individual cannot be managed at the level of care provided by Baltimore Detox Center.

PROCEDURE:

Admission Criteria:

1. If an individual is found ineligible for services, the individual and the referring agency will be notified of the ineligibility and will be offered alternative referrals for admission (release of information needed for the referral source). A log will be kept which will consist of consumers not admitted, referral provided, and reason;
2. Priority of admissions are based on seriousness of need:
 1. Pregnant injecting drug users (1st trimester)
 2. Pregnant substance abusers (1st trimester)
 3. Injecting drug users
 4. All other substance abusers
3. The client is assessed as meeting diagnostic criteria of the

American Society of Addiction Medicine - Patient Placement Criteria for the Treatment of Substance-Related Disorders; Second Edition- revised;

4. The client may be assessed as having a secondary diagnosis of a mental health problem;
5. Any of the client's biomedical conditions, if persistent, continue to be sufficiently stable to permit participation in services;
6. Mental status of client does not preclude his or her ability to comprehend and understand material presented. Client is able to participate in treatment process;
7. Client expresses a willingness to cooperate and attend all scheduled activities;
8. Client presents as not a danger to self or others;
9. Client is free of communicable disease, or if a client had a communicable disease, that the client is treated, or if the disease is not curable, that the client is managed to prevent transmission to other clients;
10. Client is able to complete all Activities of Daily Living (ADL).

Exclusionary Criteria:

- Individuals under the age of 18
- An individual who is unconscious at the time of presentation, but shall transfer such an individual immediately to a hospital;
- An individual who manifests such a degree of behavioral disorder that the individual is a danger to him/ herself or others, or whose behavior interferes with the health or safety of staff or other clients. The program shall provide assistance in referring such individuals to an appropriate treatment program;
- An individual who meets criteria for ASAM level V intensive medically managed inpatient treatment;
- Individuals with persistent biomedical issues which need 24 hour medically managed care;
- Individuals not able to complete ADLs (activities of daily living);
- All requests for admission will be reviewed by the Medical Director who provides final determination of admission into Baltimore Detox Center.

Intake Procedure:

1. Admissions staff will complete an initial pre admission assessment/screening to collect information pertinent to a consumers criteria for admission to Baltimore Detox Center.
2. Consumers must present with indications of a presence of substances as evidenced by BAL or urinalysis screen, and/or a CIWA, COWS score indicating moderate to severe withdrawal symptoms.
3. The Medical Director of Baltimore Detox Center will make final approval on all admissions for level III.7 & III.7-WM.
4. Once approval for admission has been given, the ordering physician will create the plan for withdrawal management such as medication protocol along with any activity restrictions/safety issues.
5. Intake coordinator will begin the admissions process which includes:
 - a) intake assessment, fall risk screen, Social/risk assessment and assignment care team which includes-Primary Therapist, Case Manager, Physician, and RN.
 - b) Body Search in private area to ensure no contraband will be entered into facility.
 - c) Consents for family, referral, legal contacts, and consent to participate in treatment.
 - d) Explanation of program rules, consumer is provided a client handbook.
 - e) Explanation of client rights.
6. Nursing Staff completes necessary immediate medical intake once intake coordinator is complete. This includes:
 - a) Nursing Screen and Assessment
 - b) Individual withdrawal protocol form as ordered by Physician.
 - c) Medical screens including- nutritional screen, HIV/TB assessment, Pain screen, Suicide screen, Nicotine dependence screen, and Health History screen.
 - d) Initial vital signs and CIWA/COWS
7. Once clinical and nursing assessment has been completed, the consumer will be provided a gender specific room assignment.
8. Once client has settled, medical staff will conduct recurring assessments as indicated by BDC withdrawal management protocol.

ATTACHMENT 9: Infection Control

POLICY: **Infection Control Plan**

PURPOSE: In order to provide quality care and to maintain a safe and secure environment for clients, personnel, and visitors, the Baltimore Detox Center has established a facility-wide Infection Control Program for the surveillance, prevention and control of infection.

The authority of the facility-wide Infection Control Program is vested in the Executive Director or his designee (Safety Officer) who has the ultimate responsibility to ensure that correct control measures are initiated and maintained to prevent the spread of infection.

Due to the size and scope of services of the Baltimore Detox Center, the Infection Control Plan is monitored by the Safety Officer who reports to the CQI Committee the findings.

PROCEDURE:

The responsibilities of the Safety Officer are as follows:

- Review results of client and employee infection surveillance activities and make recommendations for necessary actions;
- Focus reviews on those infections that present the potential for prevention or intervention to reduce the risk of future occurrence;
- Documentation of conclusions, recommendations and actions in minutes;
- Review and recommend policies and procedures related to surveillance, prevention and control activities annually;
- Nosocomial is an infection that generally manifests itself or is acquired during a hospitalization. Due to the nature of the client treatment program, nosocomial infections are difficult to track;
 - Community-acquired infection is an infection that is clinically evident or incubating at the time of admission to the program;
 - Clients and staff with community-acquired infections may spread the infection to susceptible clients and personnel while at the Baltimore Detox Center. Inanimate infected objects, such as food, water, and surfaces, constitute another major source of infection;
 - Contact with an infected person is the most common route of transmission of the micro-organism. The contact can be direct or it

may be indirect. Contact with infected droplets during coughing, sneezing or talking may also transfer disease;

- Vehicle for transmission occurs via contaminated food, water, and blood. Air-borne transmission can be the result of evaporated droplets that remain suspended in the air for a long period of time or dust particles containing the infectious agent. Organisms carried in this manner may be inhaled by, or deposited upon, a susceptible host;
- All infections will be evaluated as soon as they become apparent and identify those which could be associated with attendance at the Baltimore Detox Center;
- Determine indications for precautions and make recommendations when needed;
- Institute control measures:
 1. Identify reservoirs (clients, staff, and environmental contamination).
 2. Halt transmission (hand washing, remove infected person, disinfect environment, treat infected person).
- Prepare quarterly reports--Incidence of infection and any recommendation regarding precaution, isolation or cross infection;
- Infection Report Mechanism
 1. Counselors will report clients sent home with an infection from work or calling out sick with an infection to the Safety Officer who will fill out an infection report.
 2. Safety Officer completes an employee "infection report" on all employees out sick with symptoms of an infectious process and forward it to the Executive Director
 3. The Safety Officer will function as the Infection Control Manager. He/she is responsible for the management of infection surveillance, prevention, and control.
 4. Supervisors must report any previously unidentified or reported infections or signs and symptoms in clients or employees to the Safety Officer.
 5. Each individual can help control the spread of infection. All employees will participate in an orientation program and an annual in-service on infection control.
 6. The employee will practice good personal hygiene and will come to work only if well and free of infection (afebrile).

- The personnel at the Baltimore Detox Center are not involved in tasks that expose them to blood, tissue, or blood/body fluids. The counselors are involved in the collection of urine specimens. For the procedure, they are encouraged to use gloves in handling urine samples that have already been bagged by the client;
- All employees will wash their hands following contact with potentially contaminated materials;
- Any client diagnosed with a Reportable Disease will be reported to the Safety Officer and reported to the State of Department of Health if not already reported by client's private physician;
- Any client who is found to have signs or symptoms of a communicable disease will not be admitted to the program until a physical examination is performed by their physician and they are medically cleared to enter the program;
 - Employee infections will be recorded on a regular basis and sent to the Safety Officer monthly for review and reported quarterly to the Executive Director or Clinical Director;
- Employees will report illnesses which include the following symptoms to the Safety Officer: fever, skin rash, respiratory infections, sore throat, diarrhea, jaundice or any other kind of infection;
 - The Safety Officer will complete the Employee Infection Form immediately and inform the Executive Director or Director of Substance Abuse Services the nature of the infection;
 - This data will be reviewed by the Executive Director who will look for trends;
 - If the employee is absent from work for three or more days, medical clearance may be required prior to return to work;
 - Medical clearance will include the nature of the employee's illness as well as a statement that the employee can resume full work duties;
 - Medical clearance will be reviewed by the Executive Director, signed and retained in the infection report file;
 - All employees are oriented to infection control upon employment and annually thereafter;
 - Employees must pass the Infection Control Post-Test with a 70% or greater. In the event an employee scores below a 70, they are given further instruction in this area;

- Each employee will be responsible to adhere to the Infection Control Policies;
- The annual Infection Control in-service, and the Infection Control orientation is derived from OSHA's Blood borne Pathogens regulation;
- To prevent the spread of infection from blood borne illnesses, all staff must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or body fluids of any client is anticipated;
- Gloves should be worn when doing urine specimen collections or when touching any blood or body fluids, or items contaminated by the same, of any client;
- In the unlikely event of a blood/body fluid spill, the facility will follow Universal Precautions guidelines and use of "mess kit" to clean up the spill. Instructions are self-explanatory from the kit itself. The waste would then be disposed of according to state law;
- The Baltimore Detox Center does not generate items that are considered regulated medical waste. Gloves used in the collection of urine specimens are disposed of in the regular waste receptacles;
- The Baltimore Detox Center has an Exposure Control Plan and an Infection Control Plan to promote safe work practices in an effort to minimize the incident of illness and injury experienced by employees and to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other "blood borne pathogens" that an employee may encounter in the workplace;
- In the normal course of the work day, all employees are not occupationally exposed to blood borne pathogens. However, the Baltimore Detox Center observes the practice of "Universal Precautions"; engineering controls of hand washing with antibacterial agents and use of leak proof specimen containers; work practice controls of bagging urine specimen containers; and the use of gloves as personal protective equipment. Maintaining the facility in a clean and sanitary condition is an important part of the Blood borne Pathogens Compliance Program;
- If the unlikely event should occur and one of the employees is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things that are immediately focused upon:
 1. Investigating the circumstance surrounding the exposure incident (Incident Report).

2. Making sure employees receive medical consultation and treatment (if required).
3. Recommendations are made for avoiding similar incidents in the future.

ATTACHMENT 10: “Fresh Start” Licensing Letter



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Behavioral Health Administration

55 Wade Avenue - Dix Building SGHC - Catonsville, MD 21228

Barbara J. Bazron, Ph.D., Deputy Secretary / Executive Director

March 16, 2018

Mr. Nicholas Albaugh
Fresh Start Recovery Center, LLC
15886B Gaither Drive
Gaithersburg, MD 20877

Dear Mr. Albaugh:

The Behavioral Health Administration has completed the review of Fresh Start Recovery Center's application for a license under COMAR 10.63 to provide Outpatient Treatment Level 1 (OP-1), Intensive Outpatient Treatment Level 2.1 (IOP-2.1), and Partial Hospitalization Treatment Level 2.5 (PH-2.5).

Based on this review and accreditation by CARE, Fresh Start Recovery Center's application has been approved. Enclosed please find the license for the programs and location identified below, which will be in effect from **March 16, 2018** to **March 31, 2021**, unless revoked under COMAR 10.63.06.13.

OP-1/IOP-2.1/PH-2.5

- 15886B Gaither Drive, Gaithersburg, MD 20877

License #**BH000468**

Licenses are valid only for the program type(s) and location(s) for which they are issued and cannot be sold or transferred per COMAR 10.6301.03B. In addition, all closures, relocations, or expansions must be approved by the Department's designated approval unit (see COMAR 10.63.06.07B).

The appropriate Core Service Agency (CSA)/Local Addictions Authority (LAA)/Local Behavioral Health Authority (LBHA), whichever is appropriate, Medicaid (MA), and the Administrative Service Organization (ASO) have been informed about the program's status by copy of this letter.

ATTACHMENT 11: CPA Letter (TO BE PROVIDED UNDER SEPARATE COVER)

ATTACHMENT 12: Community Support Letters

Letter of Support

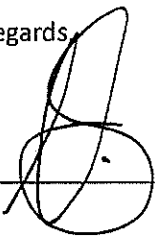
Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

Alejandra Muñoz is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Alejandra Muñoz is in support of this Project.

Best Regards,

X 

Letter of Support

Darby Integrative Counseling, LLC
9900 Georgia Avenue, Unit 706
Silver Spring, Maryland 20902
March 6, 2018

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

I, Andrew P. Darby, LCSW-C, LCADAS, am aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. I, Andrew P. Darby, LCSW-C, LCADAS, am in support of this Project. Please see the attached with information regarding my practice.

Best Regards,

X Andrew P. Darby, LCSW-C, LCADAS

Andrew P. Darby, LCSW-C, LCADAS
CEO and Psychotherapist at Darby Integrative Counseling, LLC
Clinical Director at the Kolmac Outpatient Recovery Center in Gaithersburg, Maryland
301-960-8694
therapywithandrew@gmail.com

Letter of Support

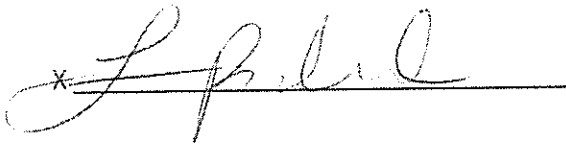
Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

Leann Bedsaul is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Leann Bedsaul is in support of this Project.

Best Regards,

A handwritten signature in cursive script, appearing to read "Leann Bedsaul", is written over a horizontal line. A small asterisk is visible at the beginning of the signature.

Letter of Support

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

Char Hope Foundation, Inc. is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Char Hope Foundation, Inc. is in support of this Project.

Best Regards,

x Myra T. DeBaptiste (program manager)

Letter of Support

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

Myra Derbyshire is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Myra Derbyshire is in support of this Project.

Best Regards,

x Myra Derbyshire

Letter of Support

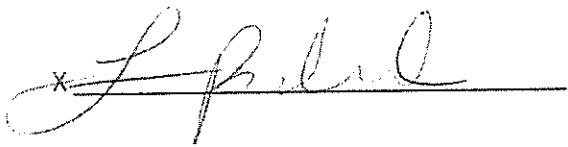
Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

Leann Bedsaul is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Leann Bedsaul is in support of this Project.

Best Regards,

A handwritten signature in cursive script, appearing to read "Leann Bedsaul", is written over a horizontal line. A small asterisk is visible at the beginning of the signature.

Letter of Support

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

Myra Derbyshire is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Myra Derbyshire is in support of this Project.

Best Regards,

x Myra Derbyshire

Letter of Support

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

Char Hope Foundation, Inc. is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Char Hope Foundation, Inc. is in support of this Project.

Best Regards,

x Myra Debyshire (program manager)

Letter of Support

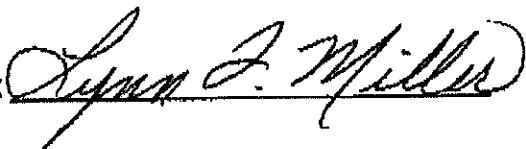
Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

Maryland Heroin Awareness Advocates is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Maryland Heroin Awareness Advocates is in support of this Project.

Best Regards,

x 

Letter of Support

**Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215**

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

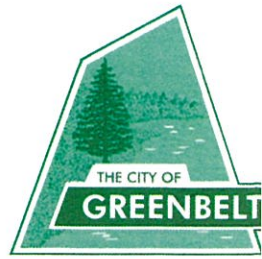
Chance Ashman-Galliker is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Chance Ashman-Galliker is in support of this Project.

Best Regards,

Chance Ashman-Galliker

**Chance Ashman-Galliker
Vice President
Magnolia New Beginnings**

CITY OF GREENBELT, MARYLAND
GREENBELT CARES YOUTH AND FAMILY SERVICES BUREAU
25 CRESCENT ROAD, GREENBELT, MD 20770



Teresa Smithson, LCSW-C, DCSW
March 7, 2018

Letter of Support

Kevin McDonald, Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

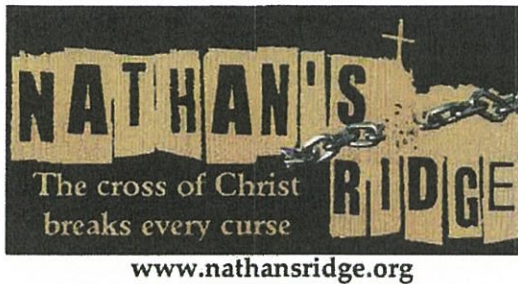
Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

Greenbelt CARES Youth and Family Services Bureau is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Greenbelt CARES Youth and Family Services Bureau is in support of this Project.

Best Regards,

Teresa Smithson, LCSW-C, DCSW
Clinical Supervisor
Greenbelt CARES Youth and Family Services Bureau



NATHAN'S RIDGE

Structured Sober Living for Men and Women

P.O. Box 434

Mt. Airy, MD 21771

info@nathansridge.org

Lorelei Irons, Director

240-793-3393

3/5/18

Kevin McDonald, Chief, Certificate of Need

Maryland Health Care Commission

4160 Patterson Avenue

Baltimore, Maryland 21215

Re: Certificate of Need Application of Free State Detox

Dear Mr. McDonald:

Nathan's Ridge, Inc. is aware that Free State Detox, LLC is seeking a Certificate of Need to establish a new twenty-four (24) bed Alcoholism and Drug Abuse Intermediate Care Facility for the treatment of alcoholism and drug abuse to be located at 1825 Woodlawn Drive, Woodlawn, Maryland 21207 in Baltimore County Maryland (the "Project"). We are aware that the Project will serve adult residents of Central Maryland and surrounding counties. Nathan's Ridge is in support of this Project.

Best Regards,

A handwritten signature in black ink, appearing to read "Lorelei C. Irons". The signature is fluid and cursive, with a long horizontal line extending from the end.

Lorelei C Irons

Director