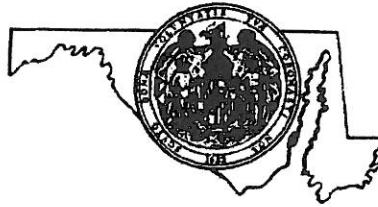


Craig P. Tanio, M.D.
CHAIR

STATE OF MARYLAND



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 the 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 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.

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

PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. FACILITY

Name of Gaudenzia Weinberg Building
 Facility: _____

Address: , Maryland, 21215

3643	Baltimore	21215	
Woodland			
Avenue			
Street	City	Zip	County

2. Name of Owner Gaudenzia Inc.

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.

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

Legal Name of Project Applicant (Licensee or Proposed) _____

Address:

Street				
	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
- C. Partnership
- General
- Limited
- Limited Liability Partnership
- Limited Liability Limited Partnership
- Other (Specify): _____
- D. Limited Liability Company
- E. Other (Specify): _____
- To be formed:
- Existing:
- State & Date of Incorporation
PA 1968

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

A. Lead or primary contact:

Name and Title: Marvin Brown , LCADC, PhD. Division Director

Company Gaudenzia Inc.

Name _____

Mailing Address:

3642 Woodland Avenue

Street

Baltimore

City

2121

5

Zip

Maryland

State

Telephone: 410-267-5501

E-mail Address (required): mbrown@gaudenzia.org

Fax: 410-367-4122

If company name is different than applicant briefly describe the relationship

B. Additional or alternate contact:

Name and Title:

Greg
Warren

Company Name

Mailing Address:

3643 Woodland Avenue

Street

Baltimore

City

21215 MD

Zip

State

Telephone: 410-367-5501

E-mail Address (required): aperson@gaudenzia.org

Fax:

If company name is different than applicant briefly describe the relationship

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
- (2) An existing health care facility moved to another site
- (3) A change in the bed capacity of a health care facility
- (4) **A change in the type or scope of any health care service offered by a health care facility** **G**
- (5) A health care facility making a capital expenditure that exceeds the 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

Gaudenzia Inc. is about to celebrate 50 years of providing drug addiction and mental health treatment. The agency started in Pennsylvania and has developed and opened multiple treatment sites there, Delaware, Maryland and Washington DC. We have several residential programs located in Baltimore City Maryland with one of the programs providing level 3.7 and 3.7 WM.

The epidemic of heroin in the city of Baltimore and the Greater Maryland area ensured that there would be an increase in drug overdose deaths by the beginning of 2017, but at an increase of 67% and 1,566 deaths, the official count is shocking (Addiction Rep News. 2017).

With the level of overdoses increasing in the city, we have experienced an increase in request for treatment of males at level 3.7. Gaudenzia has a crisis center for opioid addicted people to receive treatment which

opened in November of 2017. From November 2017 to February 2018 we have served 241 clients, with 70% of those admits being male, through the Crisis program who are in need of Intermediate Care Facility level 3.7 treatment. In addition, our regular admissions numbers from November to February is 315 for Detoxification with 101 clients stepping down to level 3.7 from level 3.7 WM. Out of the 566 admissions through our regular admission process and crisis center approximately 101, 70% were male and referred to our 3.7 level of treatment. However, out of the number of those referred 50% were placed on a waiting list because no beds in our 3.7 level of care at 4615 Park Heights Avenue were available.

We are requesting that Level 3.7 service be added to our state license at Weinberg building at 3643 Woodland Avenue to fill the need for 30 additional male beds.

Our current license at 3643 Woodland Avenue is approved by the Office of Health Care Quality (OHCQ) and Behavioral Health Administration (BHA) to provide 3.3, 3.5 and 3.1 services. We plan to add level 3.7 to our treatment milieu so that we can accommodate 30 males to reduced wait time to enter treatment.

The cost of the project is approximately \$475,000.00, which will cover salaries for additional personnel needed to deliver the level 3.7 treatment services at 3643 Woodland Avenue. We will use qualified, certified and approved professionals to provide these services. Gaudenzia currently accepts referrals from local fire departments, city and state law enforcement, hospitals, physicians, and other social agencies that who need to refer people with substance use disorders who need drug and co-occurring treatment services.

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.

Gaudenzia Inc. is requesting an addition to our existing license to the facility allowing for 30 of its existing beds to be used for 3.7 ICF beds. The requested addition to our licensing at Weinberg Center 3643 Woodland Avenue Baltimore Maryland, 21215 does not require construction, renovation or demolition. In addition, no square footage of departments or units will be altered and the current services 3.1, 3.3, and 3.5 can continue as they currently operate.

The project can begin once the Certificate of Need award is finalized, and the project date and schedule will start 90 days after receipt of our Medicaid application update to reflect the new level of care. Upon awarding of the CON Gaudenzia Inc. will initiate the staff recruitment process.

The outline of the project schedule is as follows:

Certificate of Need Award Date: Start 2/8/18, Finish 5/1/18

Staff Recruitment and Hiring: Start 5/1/18, Finish 6/1/18

Beacon Application: Start 5/1/18, Finish 6/1/18

Medicaid Application: 5/1/18, Finish 6/1/18

Target Date: 6/1/2018

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

10. **REQUIRED APPROVALS AND SITE CONTROL**

- A. Site size: _____ 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 by: Gaudenzia Inc.
- (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.

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 _____ months from approval date.
- B. Beginning Construction _____ months from capital obligation.
- C. Pre-Licensure/First Use _____ months from capital obligation.
- D. Full Utilization _____ months from first use.

For projects not involving construction or renovations.

Project Implementation Target Dates

- A. **Obligation or expenditure of 51% of Capital Expenditure are available through the organization and can be provided as needed immediately after CON approval date.**
- B. **Pre-Licensure/First Use 60 Days/ months from capital obligation.**
- C. **Full Utilization 90 days from CON approval.**

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 bathrooms, 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.

See Exhibit 1.

There will be no new construction or renovation needed.

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.

We will use the facilities already in place at the facility. We already have water, electricity, sewage, gas, air conditioning etc.

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.).

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.

Board of Directors see Exhibit 2

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.

No

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.

3/23/2018

Date

Signature of Owner or Board-designated Official

Chesapeake Region, Regional Director
Position/Title

Greg Warren
Printed Name

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.**

Gaudenzia Inc. is requesting 30 intermediate care facility beds.

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

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

Gaudenzia Inc. is not requesting adolescent beds and under 40 adult male beds to be added to our facility at 3643 Woodland Avenue, Baltimore Maryland 21215.

- (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.

Gaudenzia Inc. is not requesting more than 30 beds at our facility.

.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;**

Gaudenzia Inc. has 20 crisis beds at our 4615 Park Heights residential program .the majority of those clients seeking care are male and they and the demand for level 3.7 beds exceed those that are available at that site. Our crisis beds are available for a maximum of four days before a patient must be transferred/referred to another level of care at Gaudenzia or another program/organization.

- (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.**

Gaudenzia Agrees with the Track Two intermediate care facility requirements letters a, b, c and d.

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

Gaudenzia agrees to .05C for establishing a sliding fee scale for gray area patients' is consistent with the client's ability to pay. Attached is sliding scale fee Exhibit 3.

.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;**

(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

(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.

(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.

(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).

(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.

.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.

.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.

.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.

(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.

- (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.**

.05H. Quality Assurance.

Gaudenzia Inc. is not requesting track one approval and will not be providing adolescent care.

- (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.**

All of Gaudenzia Inc. facilities are CARF accredited and the addition of level 3.7 intermediate care facility will be added to our accreditation with CARF.

- (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.**

Gaudenzia Inc. agrees with all of the provisions in this section for accreditation, notification of CARF about the extended licensing and level 3.7 services, notification to the Commission of Health Care Quality in writing in 15 days of if and when accreditation has been revoked and continue operations on a provisional basis, pending remediation of any deficiency that caused the loss of accreditation, if the The Office of Health Care Quality advises the Commission that its continued operation is in the publics best interest.

- (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.

Gaudenzia Inc. understands that OHCCQ must approve a Certificate of Need 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.**

We understand this regulation.

- (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.**

We understand this regulation.

- (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.**

Gaudenzia Inc. will comply with this standard.

.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.**
- (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.**

Gaudenzia Inc. will comply with this standard and has attached the policy for our CQI protocol/s to this application in Exhibit 4.

.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.**

Gaudenzia Inc. has transfer agreements in place with other facilities capable of managing cases, which exceed, extend, or complement its own capabilities. These include inpatient, intensive and general outpatient programs, halfway house placement, long-term care, aftercare and other types of appropriate follow-up treatment. See Exhibit 5

- (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.**

Gaudenzia Inc. has referral agreements and documentation of transfer and referral in form of letters of agreement, and acknowledgement from acute care hospitals, local mental health programs; BHSB local mental health and substance use disorder authorities as well as Behavioral Health Administration. In addition, we have agreements with prevention and education services, DWI programs, family counseling and other services, see Exhibit 6.

.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.

.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.

Gaudenzia has a training institute that provide training for employees and support materials for in-service education as needed.

.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.

Please see attached policies Exhibit 7.

.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.

Please see attached policies Exhibit 7.

.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.

The goal Gaudenzia Inc. has is to keep clients engaged in treatment for up to one year.

Please see attached policies Exhibit 8.

- (2) An applicant must document continuity of care and appropriate staffing at off-site outpatient programs.**

Please see attached policies Exhibit 8. outpatient treatment schedule.

- (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.**

Please see attached outpatient treatment schedule Exhibit 8.

- (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.**

Please see Exhibit 6. MOUs with providers.

.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.

We agree to this standard.

.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 childcare 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).**
- 0.**

C. 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.

Gaudenzia Inc. at 4615 has increased the Crisis Beds for opioid dependence from 12 to 20 beds. This increase has caused the need for an additional 30 3.7 beds, particularly for males, entering our program after detoxification. We were originally requesting an extension of our license 4615 Park Heights Avenue to 3463 Woodland Avenue at the Weinberg Center facility, which is our all male facility.

Gaudenzia Inc. has demonstrated the need for the additional 3.7 beds through the description of services found in section F of this application.

As stated in the initial proposal for the CON Please see section F.

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.

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).

Please see Exhibit 9.

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.

Gaudenzia Inc. has not obtained any CON certificates in the prior 15 years. All conditions of the prior CON have been met on a continuous basis.

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.

Gaudenzia has been a leading substance abuse treatment provider in the state of Maryland since 2001. Gaudenzia has been successfully providing ASAM levels of care 3.7WM and 3.7 in Baltimore City to the residents of the city and the state of Maryland at our 4615 Park Heights Avenue location. The proposed project for our Weinberg Center to add level 3.7 beds to this location is necessary in response to the state and city opioid epidemic declaration of 2015. The demand for detox services has increased with respect to the limited number of ICF beds currently offered by providers Baltimore City Maryland. The current providers throughout the city and state are only able to provide beds to a small portion of the numbers of patients needing/requesting level 3.7 services. Gaudenzia Inc. at our Park Heights residential program often have a waiting list, which then requires patients to search and secure these services when a bed becomes available or not seek treatment at all possible adding to the overdose rates in the city and the

state. Gaudenzia Inc. recently added crisis bed services for opioid addicted clients is a main gatekeeper for those needing detox and ICF services since November 2017. The Crisis Services provided at our Park Heights site is available to people seeking opioid treatment to enter our crisis center and receive immediate substance use services, often times imminently needing detox treatment and ICF for stabilization. The impact of Gaudenzia providing the addition of 30 ICF beds at our Weinberg Center would reduce the number of clients on waiting lists, giving them the treatment they need.

Payor mix for ICF services currently includes Maryland Medicaid and private commercial insurance. Gaudenzia submits claims to Beacon Health (ASO for the state of Maryland) as well as a variety of commercial insurance providers including Blue Cross Blue Shield, Aetna and Cigna.

Access to health care services for the service area population will be impacted in a positive manner, as patients will have the ability to receive services from various behavioral health providers once stabilized from an ICF treatment bed. Patients will be referred by Gaudenzia clinical staff to recommended providers in the area based on the appropriate level of care determined by ASAM as well as support services based on the patients need at the time of discharge. These health care services include but are not limited to; mental health services, primary care, care coordination for benefits and other ancillary services such as housing needs and vocational/educational support services.

The addition of 30 ICF treatment beds in Baltimore City will have an impact on the health care delivery system by allowing patients to be treated for urgent medical needs in a non-hospital treatment setting and those needing treatment to be treated by a substance use provider. This will significantly decrease emergency room costs as well as the costs associated with non-emergency medical issues being treated at the appropriate level.

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

Created March 24, 2017

PROJECT RESPONSE

RESPONSE TO QUESTIONS IN CON APPLICATION

7. TYPE OF PROJECT

- (4) A change in the type or scope of any health care service offered by a health care facility

Executive Summary of the Project:

Gaudenzia Inc. is about to celebrate 50 years of providing drug addiction and mental health treatment. The agency started in Pennsylvania and has developed and opened multiple treatment sites there, Delaware, Maryland and Washington DC. We have several residential programs located in Baltimore City Maryland with one of the programs providing level 3.7 and 3.7 WM.

The epidemic of heroin in the city of Baltimore and the Greater Maryland area ensured that there would be an increase in drug overdose deaths by the beginning of 2017, but at an increase of 67% and 1,566 deaths, the official count is shocking (Addiction Rep News, 2017).

With the level of overdoses increasing in the city, we have experienced an increase in request for treatment of males at level 3.7. Gaudenzia has a crisis center for opioid addicted people to receive treatment which opened in November of 2017. From November 2017 to February 2018 we have served 241 clients, with 70% of those admits being male, through the Crisis program who are in need of Intermediate Care Facility level 3.7 treatment. In addition, our regular admissions numbers from November to February is 315 for Detoxification with 101 clients stepping down to level 3.7 from level 3.7 WM. Out of the 566 admissions through our regular admission process and crisis center approximately 101, 70% were male and referred to our 3.7 level of treatment. However, out of the number of those referred 50% were placed on a waiting list because no beds in our 3.7 level of care at 4615 Park Heights Avenue were available.

We are requesting that Level 3.7 service be added to our state license at Weinberg building at 3643 Woodland Avenue to fill the need for 30 additional male beds.

Our current license at 3643 Woodland Avenue is approved by the Office of Health Care Quality (OHCQ) and Behavioral Health Administration (BHA) to provide 3.3, 3.5 and 3.1 services. We plan to add level 3.7 to our treatment milieu so that we can accommodate 30 males to reduced wait time to enter treatment.

The cost of the project is approximately \$475,000.00, which will cover salaries for additional personnel needed to deliver the level 3.7 treatment services at 3643 Woodland Avenue. We will use qualified, certified and approved professionals to provide these services. Gaudenzia currently accepts referrals from local fire departments, city and state law enforcement, hospitals, physicians, and other social agencies who need to refer people with substance use disorders who need drug and co-occurring treatment services.

B. Comprehensive Project Description:

Gaudenzia Inc. is requesting an addition to our existing license to the facility allowing for 30 of its existing beds to be used for 3.7 ICF beds. The requested addition to our licensing at Weinberg Center 3643 Woodland Avenue Baltimore Maryland, 21215 does not require construction, renovation or demolition. In addition, no square footage of departments or units will be altered and the current services 3.1, 3.3, and 3.5 can continue as they currently operate.

The project can begin once the Certificate of Need award is finalized, and the project date and schedule will start 90 days after receipt of our Medicaid application update to reflect the new level of care. Upon awarding of the CON Gaudenzia Inc. will initiate the staff recruitment process.

The outline of the project schedule is as follows:

Certificate of Need Award Date: Start 2/8/18, Finish 5/1/18

Staff Recruitment and Hiring: Start 5/1/18, Finish 6/1/18

Beacon Application: Start 5/1/18, Finish 6/1/18

Medicaid Application: 5/1/18, Finish 6/1/18

Target Date: 6/1/2018

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

10. REQUIRED APPROVALS AND SITE CONTROL

- 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 NO (If NO, describe below the current status and timetable for receiving each of the necessary approvals.)

11. PROJECT SCHEDULE

- A. Obligation or expenditure of 51% of Capital Expenditure are available through the organization and can be provided as needed immediately after CON approval date.**
- B. Pre-Licensure/First Use 60 Days/ months from capital obligation.**
- C. Full Utilization 90 days from CON approval.**

12. PROJECT DRAWINGS

See Exhibit 1.

There will be no new construction or renovation needed.

13. AVAILABILITY AND ADEQUACY OF UTILITIES

We will use the facilities already in place at the facility. We already have water, electricity, sewage, gas, air conditioning etc.

PART II - PROJECT BUDGET

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

Gaudenzia Inc. is requesting 30 intermediate care facility beds.

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

Gaudenzia Inc. is not requesting adolescent beds and under 40 adult male beds to be added to our facility at 3643 Woodland Avenue, Baltimore Maryland 21215.

- (2) 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.**

Gaudenzia Inc. is not requesting more than 30 beds at our facility.

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

(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;

Gaudenzia Inc. has 20 crisis beds at our 4615 Park Heights residential program. The majority of those clients seeking care are male and they and the demand for level 3.7 beds exceed those that are available at that site. Our crisis beds are available for a maximum of four days before a patient must be transferred/referred to another level of care at Gaudenzia or another program/organization.

(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 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.

Gaudenzia Agrees with the Track Two intermediate care facility requirements letters a, b, c and d.

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

Gaudenzia agrees to .05C for establishing a sliding fee scale for gray area patients' is consistent with the client's ability to pay. Attached is sliding scale fee Exhibit 3.

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

(1) 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.

(2) Gaudenzia Inc. is not requesting track one approval and will not be providing adolescent care.

.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.**

All of Gaudenzia Inc. facilities are CARF accredited and the addition of level 3.7 intermediate care facility will be added to our accreditation with CARF.

- (a) 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.**

Gaudenzia Inc. agrees with all of the provisions in this section for accreditation, notification of CARF about the extended licensing and level 3.7 services, notification to the Commission of Health Care Quality in writing in 15 days of if and when accreditation has been revoked and continue operations on a provisional basis, pending remediation of any deficiency that caused the loss of accreditation, if The Office of Health Care Quality advises the Commission that its continued operation is in the publics best interest.

- (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.**

Gaudenzia Inc. understands that OHCQ must approve a Certificate of Need 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.**

We understand this regulation.

- (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.**

We understand this regulation.

- (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.**

Gaudenzia Inc. will comply with this standard.

.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.**
- (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.**

Gaudenzia Inc. will comply with this standard and has attached the policy for our CQI protocol/s to this application in Exhibit 4.

.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.**

Gaudenzia Inc. has transfer agreements in place with other facilities capable

of managing cases, which exceed, extend, or complement its own capabilities. These include inpatient, intensive and general outpatient programs, halfway house placement, long-term care, aftercare and other types of appropriate follow-up treatment. See Exhibit 5

.05J. Transfer and Referral Agreements.

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A. 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.

Gaudenzia Inc. has demonstrated the need for the additional 3.7 beds through the description of services found in section F of this application.

Gaudenzia Inc. at 4615 has increased the Crisis Beds for opioid dependence from 12 to 20 beds. This increase has caused the need for an additional 30 3.7 beds, particularly for males, entering our program after detoxification. We were originally requesting an extension of our license 4615 Park Heights Avenue to 3463 Woodland Avenue at the Weinberg Center facility, which is our all male facility.

Gaudenzia Inc. has demonstrated the need for the additional 3.7 beds through the description of services found in section F of this application.

As stated in the initial proposal for the CON Please see section F.

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Gaudenzia Inc. has demonstrated the need for the additional 3.7 beds through the description of services found in section F of this application.

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.

Our project request does not include the need for new construction, bathrooms, kitchen, medical units or additional equipment but will need to add staff to provide the level 3.5 services.

D. VIABILITY OF THE PROPOSAL

Please see Exhibit 9.

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.

Gaudenzia Inc. has not obtained any CON certificates in the prior 15 years. All conditions of the prior CON have been met on a continuous basis.

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

G. Gaudenzia has been a leading substance abuse treatment provider in the state of Maryland since 2001. Gaudenzia has been successfully providing ASAM

levels of care 3.7WM and 3.7 in Baltimore City to the residents of the city and the state of Maryland at our 4615 Park Heights Avenue location. The proposed project for our Weinberg Center to add level 3.7 beds to this location is necessary in response to the state and city opioid epidemic declaration of 2015. The demand for detox services has increased with respect to the limited number of ICF beds currently offered by providers Baltimore City Maryland. The current providers throughout the city and state are only able to provide beds to a small portion of the numbers of patients needing/requesting level 3.7 services. Gaudenzia Inc. at our Park Heights residential program often have a waiting list, which then requires patients to search and secure these services when a bed becomes available or not seek treatment at all possible adding to the overdose rates in the city and the state. Gaudenzia Inc. recently added crisis bed services for opioid addicted clients is a main gatekeeper for those needing detox and ICF services since November 2017. The Crisis Services provided at our Park Heights site is available to people seeking opioid treatment to enter our crisis center and receive immediate substance use services, often times imminently needing detox treatment and ICF for stabilization. The impact of Gaudenzia providing the addition of 30 ICF beds at our Weinberg Center would reduce the number of clients on waiting lists, giving them the treatment they need.

- H. Payor mix for ICF services currently includes Maryland Medicaid and private commercial insurance. Gaudenzia submits claims to Beacon Health (ASO for the state of Maryland) as well as a variety of commercial insurance providers including Blue Cross Blue Shield, Aetna and Cigna.
- I. Access to health care services for the service area population will be impacted in a positive manner, as patients will have the ability to receive services from various behavioral health providers once stabilized from an ICF treatment bed. Patients will be referred by Gaudenzia clinical staff to recommended providers in the area based on the appropriate level of care determined by ASAM as well as support services based on the patients need at the time of discharge. These health care services include but are not limited to; mental health services, primary care, care coordination for benefits and other ancillary services such as housing needs and vocational/educational support services.
- J. The addition of 30 ICF treatment beds in Baltimore City will have an impact on the health care delivery system by allowing patients to be treated for urgent medical needs in a non-hospital treatment setting and those needing treatment to be treated by a substance use provider. This will significantly decrease emergency room costs as well as the costs associated with non-emergency medical issues being treated at the appropriate level.

Exhibit

I

Position	HR Code	FTE	Name	Notes	Date of Hire	Salary Grade	Actual Salary	Budget
Program Director 1	PD1	1.00						\$57,000.00
Administrative Coordinator 2	AC2	1.00						\$30,000.00
Intake Specialist 3	SPEC3	1.00						\$41,000.00
Counselor 3	C3-A	1.00						\$35,500.00
Counselor 3	C3-B	1.00						\$35,500.00
Counselor 2	C2-A	0.50						\$16,250.00
Counselor 2	C2-B	1.00						\$32,500.00
House Manager	HM-A	1.00						\$21,000.00
House Manager	HM-B	1.00						\$21,000.00
House Manager-PT	HM-C	0.50						\$10,500.00
House Manager-PT	HM-D	0.50						\$10,500.00
Nurse Practitioner	NPRAC	1.00						\$10,500.00
RN 3	RN3-A	1.00						\$49,000.00
RN 3	RN3-B	1.00						\$57,000.00
RN 3 PT (Psych.)	RN3-D	0.50						\$57,000.00
RN/LPN	RN3-C	0.50						\$28,500.00
LPN 2	LPN2-B	1.00						\$28,500.00
LPN 2	LPN2-C	1.00						\$35,500.00
LPN 3	LPN3-A	1.00						\$35,500.00
LPN 3	LPN3-B	1.00						\$35,500.00
LPN-PT	LPN-A	0.50						\$39,000.00
House manager Trainee-PT	HM-D	0.50						\$7,540.00
House manager Trainee-PT	HM-E	0.50						\$7,540.00

19.00

\$655,830.00

OPEN POSITION
DO NOT FILL POSITION

REVIEWED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

Exhibit

II

3

MEMORANDUM OF PURCHASE OPTION AND SUBORDINATION AGREEMENT 07-4017

THIS MEMORANDUM OF PURCHASE OPTION AND SUBORDINATION AGREEMENT ("Memorandum") is made this 12th day of December, 2007 by SHANNON HOUSE, INC., a Maryland corporation ("Owner"), and having an office for business c/o Gaudenzia Foundation, Inc. 106 W. Main Street, Norristown, Pennsylvania 19401, GAUDENZIA, INC., a Pennsylvania corporation ("Tenant"), and having an office for business at 106 W. Main Street, Norristown, Pennsylvania 19401, and THE ABELL FOUNDATION, INC., a Maryland corporation ("Abell"), and having an office for business at 111 South Calvert Street, Suite 2300, Baltimore, Maryland 21202.

1. Owner owns certain real property situate in Baltimore City, Maryland, as more particularly described on Exhibit A hereto (together with all present and future improvements thereto and all the rights, ways, alleys, privileges, and appurtenances belonging or in anywise appertaining thereto, the "Property"). Tenant leases the Real Property from Owner pursuant to a lease agreement dated April 1, 2006 (the "Lease").

2. Pursuant to an agreement between Owner, Tenant and Abell dated as of even date herewith (the "Option Agreement"), Owner has granted to Abell an option to purchase the Property beginning as of the date hereof and thereafter until the earlier of (a) the fifth (5th) anniversary of the date of repayment of the Loan (as defined in the Option Agreement) in full, and (b) December __, 2027, on the terms set forth in the Option Agreement. There is no right of extension or renewal of the option.

3. Pursuant to the Option Agreement, Tenant has agreed that the Lease is and shall be subject and subordinate to the operation and effect of the Option Agreement.

4. This Memorandum is prepared for the purpose of recordation and it in no way modifies the provisions of the Option Agreement. All provisions of the Option Agreement are incorporated in this Memorandum by this reference.

IN WITNESS WHEREOF, the undersigned have executed this Memorandum as of the day and year first above written.

SHANNON HOUSE, INC.

By: Michael Harle
Michael Harle
President

GAUDENZIA, INC.

By: Michael Harle
Michael Harle
President

THE ABELL FOUNDATION, INC.

By: Robert C. Embry, Jr.
Robert C. Embry, Jr.
President

Return to:

The Security Title Guarantee Corporation of Baltimore
7939 Honeygo Boulevard, Suite 205-206
White Marsh, Maryland 21236
Office 410-931-5363 Fax 410-931-4483
Toll Free 800-669-6063

State OF Maryland
City OF Baltimore

I HEREBY CERTIFY, That on this 11th day of December, 2007, before me, the subscriber, a Notary Public of the State of Maryland, personally appeared Michael Harle, who acknowledged himself to be the President of Shannon House, Inc., a Maryland corporation, the within named Owner, and that, as such President, being authorized so to do, executed the foregoing Memorandum for the purposes therein contained, by signing the name of the Owner by himself as President, and in my presence signed and sealed same.

AS WITNESS my hand and Notarial Seal.

Biana Barnes
Notary Public

My commission expires: April 27, 2010

State OF Maryland
City OF Baltimore

I HEREBY CERTIFY, That on this 11th day of December, 2007, before me, the subscriber, a Notary Public of the State of Maryland, personally appeared Michael Harle, who acknowledged himself to be the President of Gaudenzia, Inc., a Pennsylvania corporation, the within named Tenant, and that, as such President, being authorized so to do, executed the foregoing Memorandum for the purposes therein contained, by signing the name of the Tenant by himself as President, and in my presence signed and sealed same.

AS WITNESS my hand and Notarial Seal.

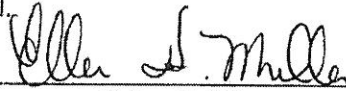
Biana Barnes
Notary Public

My commission expires: April 27, 2010

STATE OF MARYLAND)
CITY OF BALTIMORE)

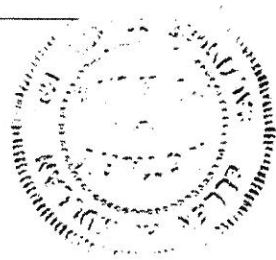
I HEREBY CERTIFY, That on this 5th day of December, 2007, before me, the subscriber, a Notary Public of the State of Maryland, personally appeared Robert C. Embry, Jr., who acknowledged himself to be the President of The Abell Foundation, Inc., a Maryland corporation, and that, as such President, being authorized so to do, executed the foregoing Memorandum for the purposes therein contained, by signing the name of The Abell Foundation, Inc. by himself as President, and in my presence signed and sealed same.

AS WITNESS my hand and Notarial Seal.



Notary Public

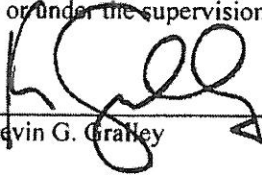
ELLEN H. MULLAN
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires Feb. 1, 2010



My commission expires:

BN 10256 PG 0335

The undersigned, an attorney, duly admitted to practice before the Court of Appeals of Maryland, hereby certifies that this instrument has been prepared by or under the supervision of the undersigned.



Kevin G. Gralley

As to 3643 Woodland Avenue:

3196
BEGINNING FOR THE FIRST on the southernmost side of Doll Avenue as laid out 50 feet wide, which by deed dated December 7, 1955, and recorded among the Land Records of Baltimore City in Liber M.L.P. No. 10015, folio 250 was conveyed by George W. Mitchell and Wife, et al to the Mayor and City Council of Baltimore at the dividing line between Lots Nos. 176 and 177 as shown on Plat No. 5 of Avondale Park, recorded among the aforesaid Land Records in Liber S.C.L. No. 3643, folio 611, and running thence and binding on the Southernmost side of Doll Avenue herein referred to, and referring the courses of this description to the Baltimore City Grid Meridian, Southeasterly by a curve to the left with a radius of 1096.56 feet the distance of 69.73 feet (the chord of the arc bears South 68 degrees 10 minutes 42 seconds East 69.72 feet) and South 70 degrees 00 minutes 00 seconds East 191.71 feet to the Westernmost side of Virginia Avenue as laid out 50 feet Wide, thence binding thereon South 20 degrees 11 minutes 12 seconds West 8.87 feet, thence Southwesterly by a curve to the left with a radius of 225.00 feet the distance of 31.58 feet (the chord of the arc bears South 16 degrees 09 minutes 56 seconds West 31.56 feet) to the end of the 6th line of the land which by Deed dated December 30, 1955, and recorded among the aforesaid Land Records in Liber M.L.P. No. 10013, folio 562, was conveyed by George W. Mitchell and wife to E. Stewart Mitchell, Inc. and running thence and binding reversely on said 6th line South 53 degrees 33 minutes 00 seconds West 142.75 feet to the end of the 5th line of the land which by Deed dated December 30, 1955, and recorded among the aforesaid Land Records in Liber M.L.P. No. 10013, Folio 564, was conveyed by George W. Mitchell and wife to Ligon & Ligon, Inc. thence binding reversely on the 5th, 4th and 3rd lines of the said last mentioned land South 53 degrees 33 minutes 00 seconds West 1.50 feet, South 58 degrees 53 minutes 30 seconds West 75.04 feet, and South 52 degrees 44 minutes 30 seconds West 85.78 feet to the beginning of the second line of the land which by deed dated December 30, 1955 and recorded among the aforesaid land records in Liber M.L.P. No. 10013, folio 566, was conveyed by Ligon & Ligon, Inc. to George W. Mitchell and Wife, thence binding on said second line South 52 degrees 44 minutes 30 seconds West 138.82 feet to the Northeasternmost right-of-way line of the Western Maryland Railway Company, thence binding thereon North 49 degrees 28 minutes 20 seconds West in all 244.07 feet to a joint between the building wall on the property now being described and the property next adjoining to the Northwest, thence leaving the Western Maryland Railway Company right-of-way and binding on said joint North 40 degrees 31 minutes 40 seconds East 93.50 feet to the Southwesternmost side of E. Wabash Avenue as laid out 50 feet wide, thence binding thereon South 49 degrees 28 minutes 20 seconds East 0.12 feet, thence leaving the Southeasternmost side of E. Wabash Avenue and running North 40 degrees 31 minutes 40 seconds East 50.00 feet to the Northeasternmost side of E. Wabash Avenue as shown on Plat No. 5 of Avondale Park herein referred to and closed by Ordinance No. 1457 of the Mayor and City Council of Baltimore dated May 13, 1955 thence binding on the Northeasternmost side of E. Wabash Avenue as closed, South 49 degrees 28 minutes 20 seconds East 130.91 feet to the dividing line between Lots Nos. 194 and 195 as shown on the Plat herein referred to, thence binding on said dividing line North 40 degrees 24 minutes 10 seconds East 128.71 feet to the dividing line between Lots Nos. 176 and 177 herein referred to, and thence binding thereon North 17 degrees 46 minutes 10 seconds East 115.53 feet to the place of beginning, containing 2.1167 acres, more or less.

3196
BEGINNING FOR THE SECOND on the Southernmost side of Doll Avenue as laid out 40 feet wide and shown on Plat No. 5 of Avondale Park, recorded among the Land Records of Baltimore City in Liber S.C.L. No. 3643, folio 611, at the dividing line between Lots Nos. 176 and 177 as shown on said Plat, and running thence and binding on said dividing line, as now surveyed, and referring the courses of this description to the Baltimore City Grid Meridian South 17 degrees 46 minutes, 10 seconds West 120.60 feet to the dividing line between Lots Nos. 194 and 195 as shown on said Plat, thence binding thereon South 40 degrees 24 minutes 10 seconds West 128.71 feet to the Northernmost side of E. Wabash Avenue as shown on said Plat, which was closed by Ordinance No. 1457 of the Mayor and City Council of Baltimore dated May 13, 1955 thence binding on the Northeasternmost side of E. Wabash Avenue as closed North 49 degrees 28 minutes 20 seconds West 130.91 feet to the Southeasternmost side of Woodland Avenue as widened, thence binding thereon North 6 degrees 17 minutes 00

seconds East 36.28 feet to the Southeasternmost side of Woodland Avenue as shown on the Plat herein referred to, thence binding thereon Northeasterly by a curve to the left with a radius of 1091.20 feet the distance of 152.51 feet (the chord of the arc bears North 34 degrees 56 minutes 45.5 seconds East 152.39 feet), thence Easterly by a curve to the right with a radius of 25.00 feet the distance of 36.25 feet to the Southernmost side of Doll Avenue as shown on the Plat herein referred to (the chord of the arc bears North 72 degrees 28 minutes 45.5 seconds East 33.16 feet), and thence binding on the Southernmost side of Doll Avenue last above referred to, South 65 degrees 59 minutes 00 seconds East 106.04 feet to the place of beginning. Containing 0.7555 acres, more or less.

SAVING AND EXCEPTING THEREFROM, the following described property.

BEGINNING FOR THE SAME at a pipe now set on the Southwest side of Doll Avenue as described in a Deed from G.W. Mitchell and wife to the Mayor and City Council of Baltimore and recorded among the Land Records of Baltimore City in Liber MLP No. 10015, folio 250 at the distance of South 65 degrees 59 minutes 00 seconds East 60 feet from the intersection formed by the center line of Woodland Avenue and the Southwest side of Doll Avenue and running thence leaving Doll Avenue South 24 degrees 01 minutes 00 seconds West 72.15 feet to a pipe now set one foot east of a 10 foot wire fence; thence along the fence North 71 degrees 22 minutes 30 seconds West 45.3 feet to intersect the Southeasternmost side of Woodland Avenue and also to a point in the fifth line of a Deed from George W. Mitchell and wife to Mitchell Realty Corporation dated June 28, 1957 and recorded among the Land Records of Baltimore City in Liber JFC No. 170, folio 20 and running thence and binding along said fifth line and on Woodland Avenue Northeasterly by a curve to the left with a radius of 1091.20 feet the distance of 54.78 feet (the chord of the arc bears North 30 degrees 03 minutes 16 seconds East 54.76 feet) to the end of said fifth line and to the beginning of the sixth line of the aforesaid Deed recorded in Liber JFC No. 170, folio 20 and binding on said sixth line thence Easterly by a curve to the right with a radius of 25 feet the distance of 36.25 feet to the Southernmost side of Doll Avenue (40 feet wide) (the chord of the arc bears North 72 degrees 28 minutes 45.5 seconds East 33.16 feet) and thence binding on the Southernmost side of Doll Avenue last above referred to South 65 degrees 59 minutes East 13 feet more or less to the place of beginning. Being known as part of No. 3637 Woodland Avenue and containing 2560 square feet of land, more or less.

BK 10256 PG 0338

000346

10256 PG 0338
000346

10256 PG 0338
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2007 DEC 14 PM 12:27

Exhibit

III



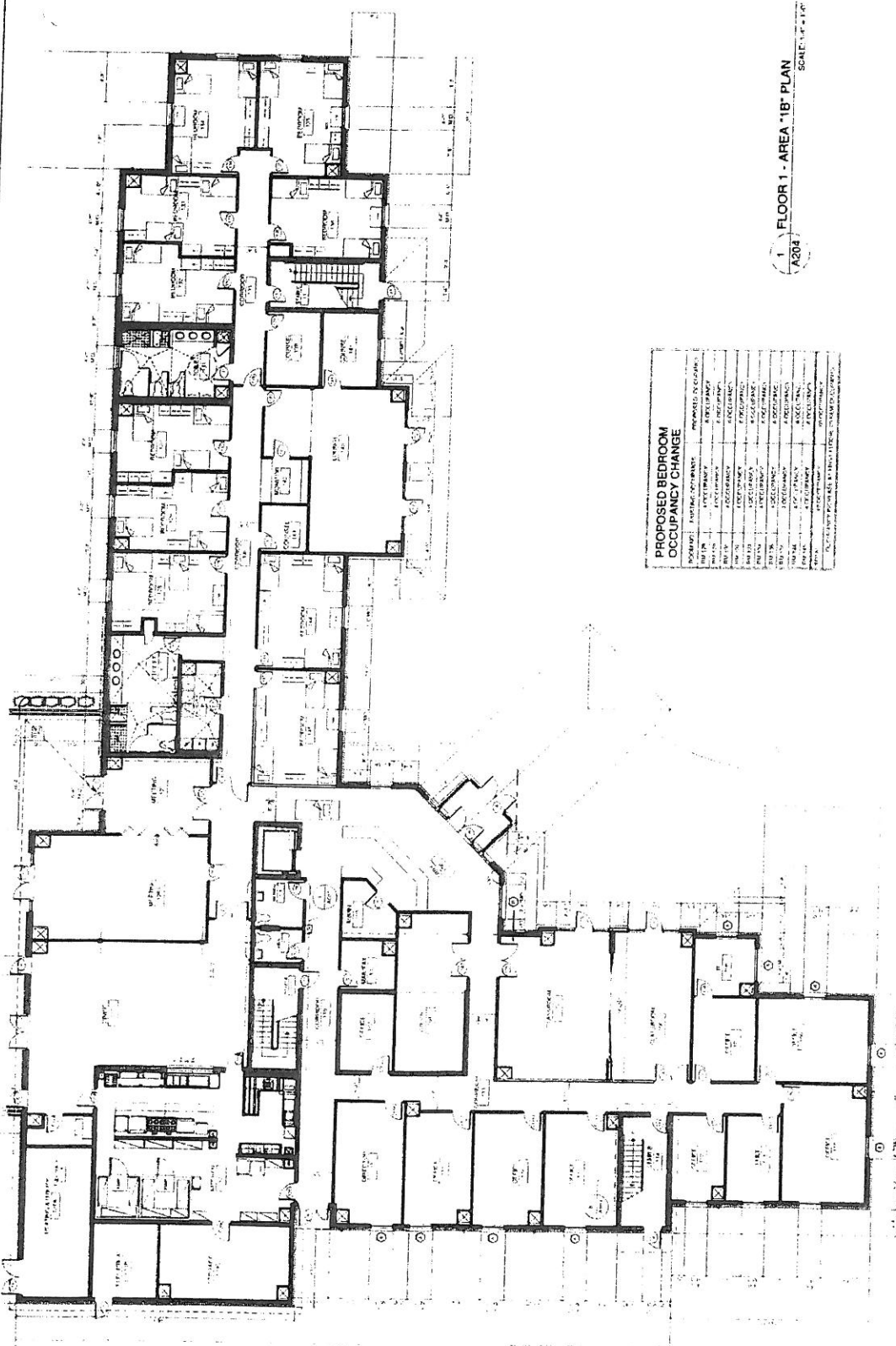
GAUDENZIA TREATMENT CENTER
 1620 DOLL AVENUE
 BALTIMORE, MARYLAND 21215

GAUDENZIA TREATMENT CENTER
 1620 DOLL AVENUE
 BALTIMORE, MARYLAND 21215

NO. OF SHEETS	1
TOTAL NO. OF SHEETS	1
DATE	...
PROJECT NO.	...
DATE	...
PROJECT NO.	...

FLOOR 1
 AREA "1B"
 ENLARGED
 FLOORPLAN

REVISIONS
 OCCUPANCY SET
 A-201



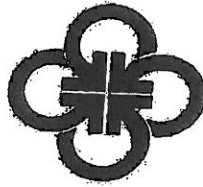
PROPOSED BEDROOM OCCUPANCY CHANGE

ROOM NO.	EXISTING OCCUPANCY	PROPOSED OCCUPANCY
101
102
103
104
105
106
107
108
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110
111
112
113
114
115
116
117
118
119
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150

FLOOR 1 - AREA "1B" PLAN
 SCALE: 1/8" = 1'-0"

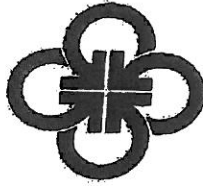
Exhibit

IV



GAUDENZIA, INC. BOARD OF DIRECTORS
As of: October 24, 2014

NAME	ADDRESS	PHONE NUMBER
Maureen Brennan-Miller	1451 Brandywine Lane Chesterbrook, PA 19087	610-648-0614
Theodora Chairsell <i>Secretary</i>	2424 Butter Road Lancaster, PA 17601	717-393-1127
Negli Coffee	6740 Allentown Road Suite 2 Harrisburg, PA 17112	Day: 717-671-9878 Cell: 717-439-2744
Kevin Cummings	1606 Williams Way West Chester, PA 19380	610-696-1670 Ofc: 215-946-9200 Cell: 610-563-8893
Jeannie Day-Roggio	118 Margaret Lane Malvern, PA 19355	Day: 610-935-5678 Cell: 610-405-5727
Bert DiClemente	114 Ramunno Circle Hockessin, DE 19707	Day: 302-239-2214 Cell: 302-545-9373
Carlo DiClemente	University of MD Baltimore County Dept. of Psychology 1000 Hilltop Circle Baltimore, MD 21250	Day: 410-455-2415 Eve: 410-750-2854
Theodore J. Flocco <i>Treasurer</i>	11 Brookwood Road Mt. Laurel, NJ 05054	856-722-0411 Cell: 856-296-0044
Richard Z. Freeman, Jr., Esq.	820 Springbank Lane Wayne, PA 19087	Day: 610-687-6264 Cell: 610-996-1233
Michael Harle <i>Gaudenzia, Inc. President</i>	106 W. Main Street Norristown, PA 19401	610-239-9600 ext. 201 Cell: 215-919-6112



GAUDENZIA, INC. BOARD OF DIRECTORS

As of: October 24, 2014

Jim Howe	23 Colfax Court Newport, DE 19804	302-996-0479
Phillip Jordan Vice Chairman	Phillip Jordan Architects 4450 State Road Drexel Hill, PA 19026	610-394-6558
Carol M. Lauchmen	388 Main Street Harleysville, PA 19438	Day: 215-256-4300 Eve: 215-256-4640
Sue Mack	2125 Lakeside Drive Erie, PA 16511	Day: 814-451-6524 Eve: 814-459-4098
Sheila Moore-Ross	1221 Cross Creek Drive Mechanicsburg, PA 17050	717-732-5029 Cell: 717-579-8571
Roseann Oley	14051 Kelvin Avenue Philadelphia, PA 19119	Day: 215-327-3224 Eve: 215-698-0954
Karen Parenti	1361 Phoenixville Pike West Chester, PA 19380	610-213-7784
Joseph Vignola	532 Fitzwater Street Philadelphia, PA 19147	215-925-3131 Cell: 215-901-3521

Exhibit

V

**ALCOHOL AND DRUG ADMINISTRATION
 HALFWAY HOUSES * LONG TERM CARE FACILITIES * RESIDENTIAL INTERMEDIATE
 CARE FACILITY (ICF)
 ABILITY TO PAY SCHEDULE WORKSHEET**

CLIENT'S NAME _____

SOCIAL SECURITY NUMBER _____ NUMBER IN FAMILY _____
 (INCLUDING CLIENT)

- A. **MONTHLY HOUSEHOLD NET INCOME*** \$ _____
- Enter monthly net family or household income. *Net income is the gross income (both earned and unearned) less mandatory deductions: i.e. State, Federal and FICA taxes.*
 - Income must be documented and must be retained in the client's record.
 - A quarterly review of the client's income must be performed to determine any income changes.

***REFER TO TABLE 1 (ABILITY TO PAY SCHEDULE) TO DETERMINE IF THE CLIENT MEETS THE REQUIREMENTS TO APPLY THE ABILITY TO PAY SCALE. IF NOT, USE THEIR INCOME IN THE CALCULATION AND DO NOT RECORD AN AMOUNT ON "C".**

- B. **MONTHLY PERSONAL ALLOWANCE** \$ _____
- The standard personal allowance is \$60.00.
 - The Personal Allowance must be increased to \$85.00 for clients who receive SSI Payments.

- C. **MONTHLY FAMILY ALLOWANCE** \$ _____
- Enter \$0 if not applying the ability to pay scale.
 - Enter the Monthly Family Allowance from Table 1 if client has financial responsibility for other persons.
(Living expenses include rent or mortgage, food, utilities, insurance).

- D. **ADDITIONAL MONTHLY ADJUSTMENT** \$ _____
 (i.e. Job related transportation, medical bills). Living expenses in excess of Item C. Adjustments must be documented.

E. **NET MONTHLY ALLOWABLE INCOME (A-B-C-D-E)** \$ _____

F. **DAILY AMOUNT AVAILABLE (Sum of E/30-F)** \$ _____

- G. **DHMH APPROVED DAILY PROGRAM RATE** \$ _____
- This rate is shown on your most recently approved Schedule of Charges.
 - The rate on the Schedule of Charges is the only rate that may be used.

H. **DAILY AMOUNT TO BE CHARGED (Lower amount of F or G)** \$ _____

 Client's Signature Date Program Official Signature Date

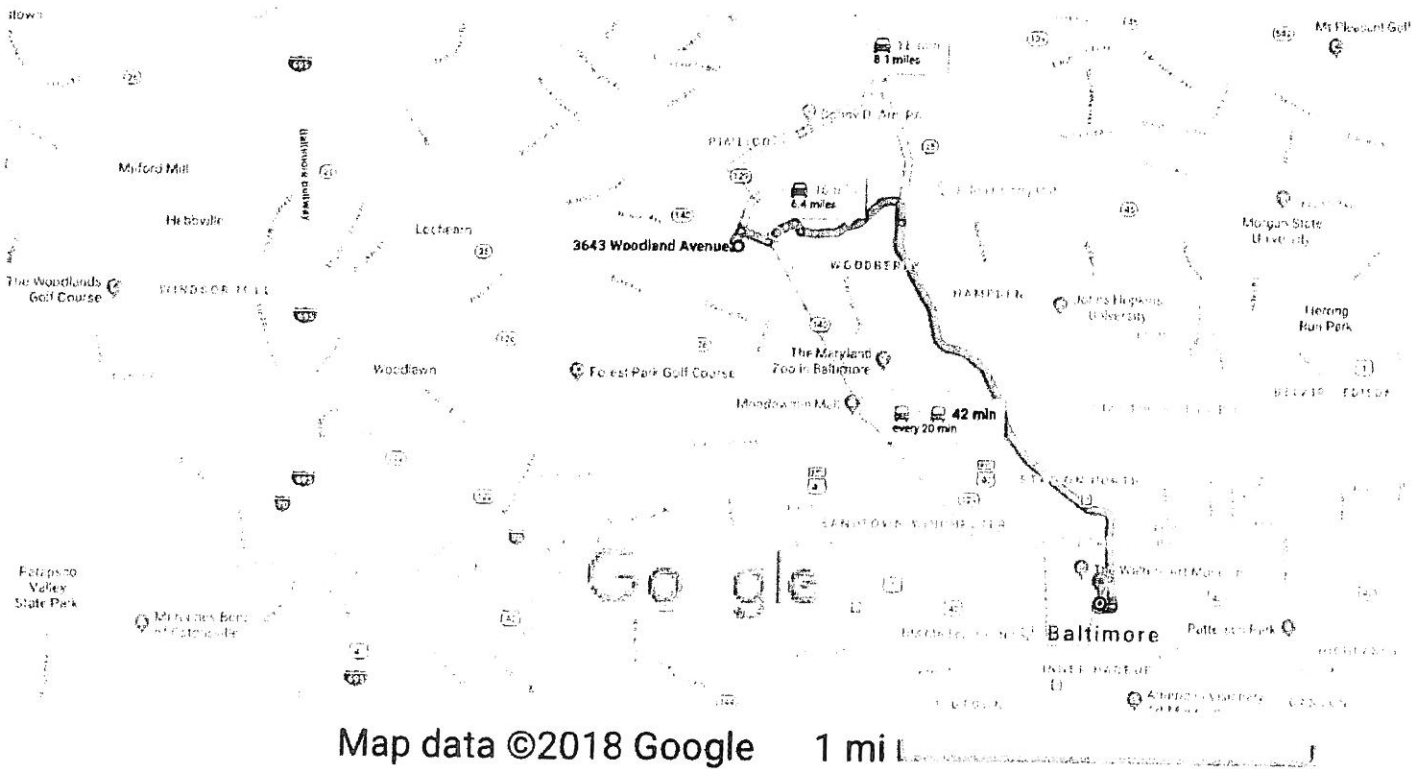
*This worksheet must be kept in the client's medical record.
 **A new worksheet must be completed any time the client's income changes.
 REVISED 02/2015

Exhibit

VI

Google Maps

Drive 6.4 miles, 16 min 3643 Woodland Avenue, Baltimore, MD to Mercy Medical Center



via I-83 S

16 min

Fastest route, despite the usual traffic

6.4 miles



via W Belvedere Ave and I-83 S

18 min

Some traffic, as usual

8.1 miles



1:06 PM—1:48 PM

42 min



33

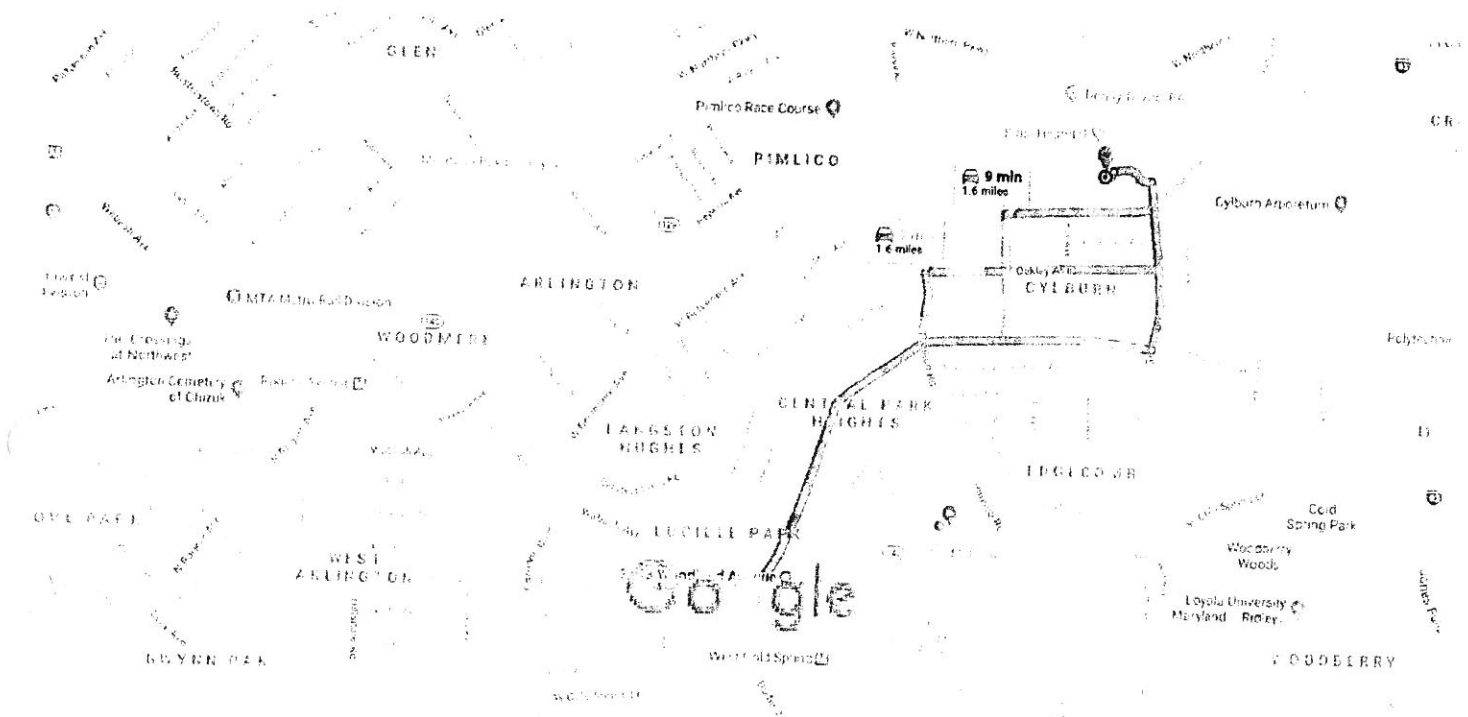


Metro Subwaylink



Google Maps

Drive 1.6 miles, 10 min 3643 Woodland Ave, Baltimore, MD 21215 to Sinai Hospital Emergency Room



Map data ©2018 Google 1000 ft



via Woodland Ave

Best route, despite the usual traffic

1.6 miles



via Woodland Ave and Oakley Ave

9 min

1.6 miles

Some traffic, as usual



via Woodland Ave and Cylburn Ave

9 min

1.6 miles

Exhibit

VII



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Compliance with Staff Qualifications
Relevant Regulations/Standards: PA 704.4
Revision Date: Jan 2012

Compliance with Staff Qualifications

Gaudenzia, Inc. complies with the staffing requirements established by the Department of Health for drug and alcohol treatment facilities which are licensed under PA Chapters 704, 705, 709 as well as relevant Maryland and Delaware state regulations.

Gaudenzia Inc. adheres to the staff qualification policies established by the parent organization.

Said qualifications are outlined on Generic Job Descriptions for each position.

The project also complies with the staffing regulations and standards set forth in Chapter 704, Staffing Requirements for Drug and Alcohol Treatment Activities

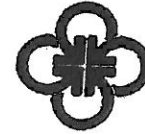
Staff qualifications shall be verified (degrees, certifications, licensing, etc.) by examining original transcripts, certifications, and licensing. In addition, computer verification will be made when applicable. When information received during the credentialing process contradicts information provided by the employee, the employee will be notified by their supervisor of the contradiction and be given an opportunity to explain and document the rationale for the contradiction or correct the misinformation in the file. The HR department shall be notified by the supervisor (or in some instances, the HR department shall notify the supervisor of the contradiction).

Disciplinary action: any employee who is found to have misrepresented credentialing information shall be dismissed immediately.

On an annual basis a computerized credentialing verification shall be completed by the HR department and/or regional Nursing Managers on all medical/licensed personnel to ensure that there are no liabilities, licensing revocations or disbarment by the certification/licensing entities of Maryland, Pennsylvania and Delaware or any other government entity.



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Compliance with Staff Qualifications
Relevant Regulations/Standards: PA 704.4
Revision Date: Jan 2012

In response to PA DOH Notice to Facilities on Required Employment Clearances dated November 2008, all staff who begin working after July 1, 2008, in a position/facility where they would have "significant likelihood of regular contact with children in the form of care, guidance, supervision or training" obtain three background checks as a condition of employment:

1. Pennsylvania State Police Clearance
2. Department of Public Welfare (DPW) Childline Clearance
3. Federal (FBI) Criminal Background Check (using electronic fingerprinting through a vendor to DPW: Cogent Systems)

Employees include those individuals who receive a salary and are on the payroll of the facility as well as staff under contract with the facility. Employees who do not provide care, guidance, supervision or training to children, such as those employed in housekeeping, maintenance and dietary, would generally not be covered by the CPSL requirements. Facilities also must ensure that entities providing contract, temporary or agency staff comply with the law and meet the CPSL requirements.

There is no requirement in CPSL for periodic update of the criminal background checks.

Facilities should provide for provisional status until all background information has been received and reviewed. During this period, persons may be employed on provisional status, if certain conditions are met. These include:

- A requirement that the provisional employee has applied for the mandatory background checks, provides evidence of completion of the request form and swears or affirms in writing that he or she is not disqualified from employment.
- The facility must not be aware of any information that would disqualify the provisional employee from employment.
- The provisional employee must work in the immediate presence of a regular employee and not work alone with children.
- If the information that is obtained reveals that the provisional employee is disqualified from employment, the individual must be immediately dismissed.
- An individual may be provisionally employed for a maximum of 90 days for out of state residents and 30 days for Pennsylvania residents



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Staff Development Program
Relevant Regulations/Standards: PA 704.11 a 1
Revision Date: Jan 2012

**Staff Development Program
Plan for Assessment of Training Needs**

Gaudenzia programs adhere to the staff development policies and procedures established by the parent organization.

The Program Director, with assistance from the program/dinical supervisor, assumes responsibility for implementing the staff development plan and shall complete an annual assessment of staff training needs.

The assessment process shall include, but not be limited to consideration of the following sources of data:

- Discussion via staff meetings
- Completed staff training plans
- Supervisor recommendations
- Peer review recommendations
- Training feedback sheets

Assessment outcomes are reported to the Regional Director.

The staff training year runs from January 1 to December 31.

Gaudenzia, Inc. shall develop an annual Staff Training Plan that will provide opportunities for staff to enhance their job performance through the acquisition of additional skills and knowledge. All newly hired full-time employees, working in criminal justice programs, are to participate in at least forty (40) hours of training the first week of work; part-time employees and volunteers (criminal justice) working less than forty (40) hours per week will participate in training proportionate to their work assignments. These training will be planned, coordinated and supervised by a qualified employee under the guidance of the Program Director. The training will include all orientation, in-house, and specialized curricula with specified timelines for completing each topic. The plan will consider the organization's mission, philosophy, characteristics as well as specific offender populations.

In-Service Training:

- Training provided on the job site, either by program staff or consultants.

Outside Training:

- Training provided by contracted agencies or through the Department of Corrections.

Continuing Education:

- Seminars, conferences, and workshops which may be requested by the employee, and may be partially or totally reimbursed by the Agency.

Mandatory Training:

- All House Managers, staff members and those staff assuming shift coverage shall be trained in, an approved First Aid course and Cardiopulmonary Resuscitation. It shall be the



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Staff Development Program
Relevant Regulations/Standards: PA 704.11 a 1
Revision Date: Jan 2012

responsibility of the employee to arrange a convenient training time -with the Supervisor in which this requirement may be completed. For all new employees, these trainings must be completed within the first ninety (90) days of employment with the agency.

In **January** of each year, the Program Director, in conjunction with the Supervisor, will conduct needs assessments, via Individual Training Plan forms for all employees, to determine what topics and areas of training should be provided during the coming year.

The **Program Director** will tabulate the results of the Individual Training Plans and create an overall Program Training Needs Assessment, which includes all training needs for each staff member and dates the staff member is scheduled to attend. Attached to the Program Training Needs Assessment will be the Individual Training Plan forms for all employees. The Program Director will review the Program Training Needs annually, revising and updating as needed.

STAFF GROWTH AND DEVELOPMENT PROGRAM

An appropriate staff development program shall be provided for all personnel-professional, administrative and support staff. This program shall be under the direction of the Program Director in conjunction with the Region Director and with input from the Continuous Performance Improvement (CQI) committee. The primary goals of this program are:

1. To provide orientation to all new employees on or before the first day of their employment.
2. To provide ongoing staff development to all employees through either in-service training or participation in outside workshops.
3. To maintain state-of-the-art level of care to all professional staff members, in accordance with standards, set by national or local professional organizations.
4. To prepare personnel for promotions and greater responsibilities, and to update staff on any administrative or service changes in the facility.

The Staff Development Coordinator shall be directly responsible for the following:

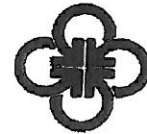
1. To meet with all new employees on or before the first day of employment and to individually review the appropriate, critical information (see attached). Documentation of the orientation having been given shall be signed and kept in each person's file.
2. To keep up to date on developments in the field of alcoholism treatment through specific organizations such as the N.I.A.A.A., The National Clearinghouse on Alcoholism, and the National Council on Alcoholism.
3. To plan and schedule in-service training programs on a continuing basis throughout the facility with input from the various department heads and the CQI/QI (quality improvement) committees.

4. To keep record of all training and development activities provided either in-house or outside:
 - a. Copy of any certificates awarded for outside participation shall be maintained in the personnel file of each employee.
 - b. In-service programs shall be documented and recorded per session, including:
 - a. Trainer
 - b. Date
 - c. Topic
 - d. Content
 - e. Teaching Methods
 - f. Staff members present (this shall be corroborated by a sign-in sheet provided at the activity)
 - g. This documentation shall be maintained in the administrative office in the Staff Growth and Development file (see attached)
 - c. In-service programs shall be documented on the appropriate form in each person's file to verify participation per staff members (see attached).
5. To prepare an annual Staff Growth and Development Program proposal which will include suggestions for the upgrading of all staff members, personally, and for the meeting of any facility need in the coming year as identified by patient care evaluations, Continuous Performance Improvement activities. This proposal shall be submitted to the Executive Committee for review and approval at the first meeting of the calendar year.
6. To prepare an annual report on the past year's activities including facility-wide goals met, staff positions upgraded and any needs that may have to be incorporated into the following year's proposal. This report shall be submitted to the appropriate Region Director at the first meeting of the calendar year.

The Regional Director shall, in conjunction with the annual reports and proposals prepared by the Staff Development Coordinator, evaluate the program annually. The proposal for the coming year shall, then, be either approved or revised, based on the current evaluation, and a final report will be submitted by the Executive Director of the Board of Directors for approval



**GAUDENZIA, INC.
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Subject: Staff Development Program
Relevant Regulations/Standards: PA 704.11 a 4
Revision Date: Jan 2012

Staff Development Program

Annual Evaluation of the Overall Staff Training Plan

Gaudenzia programs adhere to the staff development policies and procedures of the parent organization.

Upon completion of the training year, the Project Director, with assistance from the Program/Clinical Supervisor shall complete a written evaluation of the overall staff training plan.

This evaluation is forwarded to the Division Director and Regional Director.

The evaluation should measure the extent to which the training plan successfully addressed the needs identified, including a determination of the extent to which implementing the plan eliminated or satisfied the identified needs. Consideration should also be given to the plan's overall value to the enhancement of the project's performance and the competency of its employees.

The plan should also be informally reviewed periodically throughout the year for any impact it may have on the staff's practical demonstration of skills, improvement in charting and documentation, and staff feelings of self-confidence and job satisfaction. This informal review is recommended on a quarterly basis.

Based on the outcome of the evaluation revisions, deletions, or additions may be made to the new overall staff training plan developed for the new year.

Outcomes will be included in planning for Continuous Quality Improvement (CQI).



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POLICY & PROCEDURE MANUAL**



Subject: Staff Development Program
Relevant Regulations/Standards: PA 704.11 b
Revision Date: Jan 2012

Staff Development Program

Policy & Plan for Written Individual Training Plans

Gaudenzia programs adhere to the staff development policies and procedures of the parent organization.

The Project Director, Program/Clinical Supervisor and/or nurse will provide each clinical, medical, administrative, and support staff member with an individual staff assessment and training plan for completion relative to the new training year.

Each individual training plan should include the staff member's perceived needs, the supervisor's recommendations, and the specific training areas of focus to be pursued, as well as targeted time frames and sources of training. It is the responsibility of the staff member to carry out the agreed upon training plan.

The individual training plan is reviewed and revised annually by the staff member and their supervisor to ensure the training needs are being addressed and met. The employee and the supervisor should each sign the plan.

The plan should be appropriate to the employee's skill level, position, performance requirements, and interests. The employee's previous education and experience should also be considered in plan development.

Each plan should identify at least three subject areas for training based on areas needing improvement or goals to be pursued by the employee. It is recommended that, subject areas relate to the core staff training requirements established under PA Chapter 704.11 (d) through (g) - depending on the employee's job title.



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Subject: Staff Development Program
Relevant Regulations/Standards: PA 704.11 c
Revision Date: Jan 2012

Staff Development Program

Policy & Plan for General Training Requirements

Gaudenzia programs adhere to the general staff orientation and training policies and procedures of the parent organization and in Pennsylvania, the Training Institute will liaison with BDAP for approved Confidentiality trainings and identified BDAP Confidentiality trainers.

Core staff training shall be completed and include, but not be limited to:

- HIV/AIDS
- TB/STDs
- Fire Safety
- CPR First Aid – as per staff identified for each facility
- Confidentiality – In Pennsylvania must be BDAP approved with a BDAP approved trainer
- Therapeutic Community Principles
- Ethics
- Cultural Diversity
- Management of Escalation/Work Force Violence
- Suicide assessment/management
- Age Specific Trainings
- Memorandum 46 – State of Delaware
- Additional for Case Managers – PCPC2 and/or ADAM (adolescent level) Screening and Assessment

At least one half of all mandatory trainings shall be provided by trainers outside the project unless employed specifically to provide training.

Any individual holding more than one position within the project shall meet the training requirement hours set forth for the individual's primary position.

Additional training subjects shall correlate to the individual's training plan.



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Subject: Staff Development Program
Relevant Regulations/Standards: PA 704.11 d
Revision Date: Nov 2012

Training Requirements Specific to Position

Gaudenzia programs adhere to the specific position training requirements set by the parent organization.

The project complies with the training requirements and recommendations established by its licensing, and certification bodies including;

- PA DOH Division of Drug and Alcohol Licensure
- Certification and Accreditation of Rehabilitation Facilities (CARF)
- American Corrections Associations
- Department of Public Welfare - Office of Mental Health
- CBH - Community Behavioral Health
- Maryland COMHAR
- Delaware Division of Substance Abuse and Mental Health

Additionally the project seeks to assist staff holding certifications and licenses to meet the training requirements necessary to maintain continued certification and/or license.

Based on the individual training plan, the **Project Director** shall complete at least 12 clock hours of training annually in, but not limited to, such areas as follow:

1. Fiscal Policy
2. Administration
3. Program Planning
4. Quality Assurance
5. Grantsmanship
6. Program Licensure
7. Personnel Management
8. Confidentiality
9. Ethics
10. Substance Abuse Trends
11. Developmental Psychology
12. Co-Occurring Disorders
13. Cultural Diversity
14. Sexual Harassment
15. Relapse Prevention
16. Addictive Disease
17. Principles of AA/NA

Based on the individual training plan, the **Clinical/Program Supervisor** shall complete at least 12 clock hours of training annually in, but not limited to, such areas as follows:

1. Supervision and Evaluation
2. Counseling Techniques
3. Substance Abuse Trends & Addiction Treatment Methodologies



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4. Confidentiality
5. Codependency/ACOA Issues
6. Ethics
7. Dual-Diagnosis
8. Cultural Diversity
9. Sexual Harassment
10. Developmental Psychology
11. Relapse Prevention
12. Addictive Disease
13. Principles of AA/NA

Based on the individual training plan, the Counselor shall complete at least 25 dock hours of training annually in, but not limited to such areas as follow:

1. Client Recordkeeping
2. Counseling Techniques
3. Substance Abuse Trends
4. Confidentiality
5. Codependency
6. Ethics
7. Co-Occurring Disorders
8. Cultural Diversity
9. Sexual Harassment
10. Developmental Psychology
11. Relapse Prevention
12. Addictive Disease
13. Principles of AA/NA
14. Pharmacology
15. Treatment Plan
16. AOD Assessment
17. Aftercare Planning
18. ACOA Issues
19. Work Place Violence

Core Competency Courses for **Staff Performing ACM Functions** include (42Hours)

1. Addictions 101- 6 hours
2. Confidentiality- 6 hours
3. Practical Application of Confidentiality laws- 3 hours
4. Case Management Overview- 6 hours
5. Emergent Care Screening and Assessment – 6hours
6. PCPC- 6 hours
7. Practical Application of PCPC- 3 hours
8. ASAM- 6 hours

Requirements for **Intensive Case Managers** - (27 hours)



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1. Addictions 101 (6 hours)
2. Confidentiality (6 hours)
3. Practical Application of Confidentiality Laws and regulations (3 hours)
4. Case Management Overview (6 hours)
5. ISS Service Planning (6 hours)

Support Staff With Any Exposure to Confidential Information must complete Confidentiality Training (6 hours) within 365 days of their hire date.

It is the policy of Gaudenzia, Inc. to ensure that all **administrative, managerial, and professional staff** receive a minimum of 40 hours of training beyond orientation, to include general management, labor law, and employee-management relations. Each employee's supervisor is responsible for ensuring that these trainings are received. Each employee will sign a statement indicating the date, type, and length of training, and trainer. This document will become a part of each new employee's personnel file.

1. The Regional Director, in conjunction with the Division Director and Program Director, will conduct needs assessments to determine what topics and areas of training should be provided: on an annual basis.
2. Training opportunities will be posted to allow employees some decision-making regarding specific sessions in which they would like to participate.
3. The training will include all orientation, general management, labor law, employee-management relations, the criminal justice system, and relationships with other agencies.
4. Employees interested in an outside educational program, conference, seminar, or workshop which is relevant to their job function, or provides a level of career enhancement for the employee, should submit a request to the Executive/Regional Director. If approved, the request shall be forwarded to the Corporate Office for final review. Approval may be granted with or without partial or full funding by the agency.

It is the policy of Gaudenzia, Inc. to provide for all **support staff who have regular or daily contact with offenders** 40 hours of training annually that include offender supervision and security, policy and procedure, facility safety and other trainings that relate to their daily work assignment. These trainings will be scheduled by their immediate supervisor and they will be provided by both in house and out of house personnel. An approved training form will be completed and it will become a permanent part of their personnel record.

1. The supervisor of support staff will at hire, develop with their employee, a training plan that will encompass offender supervision/security, policy and procedures, facility safety and other identified trainings that will support the employee in their assigned duties.
2. This training plan will become a permanent part of their personnel file.



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Subject: Staff Development Program
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It is the policy of Gaudenzia, Inc. to ensure that **all support/clerical staff who have minimal or no contact with offenders** receive a minimum of 12 hours of additional training and 12 hours every year thereafter. These trainings will include corporate and program policy and procedures, plant safety and security, and rules and regulations of the program and organization. These trainings will be provided by in-house and out-of-house trainers and they will be scheduled by their supervisor. All trainings will be documented on an approved form and submitted to the human resources department for inclusion in their personnel file.

PROCEDURE:

1. The supervisor of support staff will at hire develop with their employee; a training plan that will encompass corporate and program policy and procedures, plant safety and security, and rules and regulations of the program and organization.
2. This training plan will become a permanent part of their personnel file.



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Management of Treatment Services - Admission
Relevant Regulations/Standards: PA 709.24 a 1
Revision Date: Jan 2012

Management of Treatment Services - Admission

The Gaudenzia program will provide treatment for adults referred for therapeutic care from other Gaudenzia programs as well as those referred from other appropriate referral services. They may be referrals from the legal system, relatives or friends, as well as other agencies. Gaudenzia offers services to men, women, women *with* children, and adolescents. Gaudenzia offers services at the various programs to address the *continuum of care* for addiction, mental health, co-occurring, and physical well being. Emphasis is placed on recovery and becoming a productive person.

Both Gaudenzia residential and outpatient programs vary in length. Individuals requiring hospitalization may not be eligible for acceptance into the program immediately, but can be considered once stabilized. These individuals will be referred to a more appropriate resource and/or agency for further evaluation.

GENERAL ADMISSION CRITERIA

Admission is open to anyone 18 years of age or older who abuses alcohol and/or drugs. Adolescent programs are ages 12 – 18. Delaware residential program is 18 – 25. An interview is required prior to an individual's acceptance into the program. If an individual is not admitted, he/she will be referred accordingly.

Services of Gaudenzia are available without regard to sex, race, national origin, sexual orientation or religious affiliation. All clients will be physically and mentally suitable to participate in the therapeutic phases of the program. Clients possessing any of the attributes listed below (1 – 4), are reviewed on an individual basis for admission acceptance based on level of severity, program/clinical staff capabilities and clinical appropriateness.

1. History of, or current psychosis or psychotic behavior
2. Medical issues requiring hospitalization
3. Certain sexual offenses
4. Arson

The professional staff of Gaudenzia may waive certain admission criteria if the demonstrated or perceived need of the client is such that by a refusal of admission, the client's health or safety would be jeopardized. A waiver of this nature must receive approval of the Program Director.



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Subject: Treatment Models
Relevant Regulations/Standards: PA 709.24 a 2
Revision Date: Jan 2012

Treatment Models Utilized at Gaudenzia

Within the context of the Therapeutic Community (TC) and/or the modified TC used by co-occurring programs at Gaudenzia, the principles and methods of other treatment models may be applied. While the Therapeutic Community is a comprehensive treatment model in its own right, it was developed during a historical period (1950-1960) that saw the development of a number of innovative treatment models. Included among these treatment models are Gestalt Therapy, Reality Therapy, Behavior Modification, Psychosocial Rehabilitation, and Psychodrama. The Therapeutic Community welcomes the contributions of professionals trained in these models. During the 1970's the Modified Therapeutic Community was influenced by the rise of the family therapy movement. The treatment models sanctioned for use in the TC are as follows:

Psychosocial Rehabilitation (Residential & Outpatient):

The Psychosocial rehabilitation model is a model that was developed mainly by providers of mental health services. It is based on the belief that much of the symptomatic behavior of the mentally ill is the result of poor social learning. Psychosocial rehabilitation focuses on re-educating the client in areas of everyday living. Mental Health professionals have backgrounds in psychosocial rehabilitation.

Behavior Modification (Residential & Outpatient):

Behavior Therapy plays a major role in the RTFA Program. A system of rewards and sanctions is built into the structure of the program. Clients are assigned responsibilities and awarded privileges as they successfully master these responsibilities. Individual behavior-oriented treatment plans are routinely used. Special behavioral plans of contracts may be designed for clients having special problems around particular behaviors.

Cognitive Behavioral Therapeutic Techniques (Residential & Outpatient):

CBT is a therapeutic approach that seeks to modify negative or self-defeating thoughts and behaviors. CBT combines elements of behavioral theory, cognitive theory, cognitive social learning theory and therapy into a distinctive therapeutic approach that helps the client recognize situations where they are likely to relapse, find alternatives to those situations, and learn better ways to cope with feelings and situations that might have led to relapse in the past.

Gestalt Therapy (Residential & Outpatient):

Another area of concern with our clients is the inability of clients to direct their own lives. Quite often clients look to society at large to be responsible for them and to "tell" them what to do. Gestalt Therapy challenges the client to move from an "environmental support" to "self-support". The aim of therapy is to make the client not depend upon others, but to make the client discover from the very first moment that he/she can do many things, much more than he/she thinks he can do. Gestalt therapy enables the client to deal more effectively with the 'here and now'. It focuses on the client's messages, and blocks to awareness. Gestalt therapy is at times confrontational. It can be done in such a way that clients cooperate, especially when they are invited to examine their behaviors, attitudes, and thoughts.

Prior to a counselor using this approach it is recommended that they experience many of the techniques. Their own experimentation and learning can insure that they will use the techniques with greater care, respect, and understanding.



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This approach is utilized when a client has been in treatment for sometime and is ready to explore their feelings and thoughts in the present. This can be difficult and this is suggested that a rapport needs to develop first between the counselor and the client before this approach can be utilized.

Family Education/Counseling Sessions (Residential & Outpatient):

While the Therapeutic Community does not conduct on-going family therapy sessions, it does integrate many of the concepts and principles of family therapy, both in assessment and family participation and support is viewed as critical. A family association is maintained under the supervision of the Director. Family's reactions to a member being clean and sober are explored and addiction education and processing this information occurs.

Medical/Psychiatric Services (Residential & Some Identified Outpatient Programs):

Gaudenzia recognizes that the psychiatric profession and chemotherapy should be included in any comprehensive service for people with severe and persistent mental illness. Referrals are made when indicated.

Social Work/Case Management System Approach (Residential & Outpatient):

Individuals with alcohol and other drug (AOD) abuse/addiction need to receive services which are coordinated with a network of other services to insure that all of their needs are adequately addressed. A social work system approach will be maintained for the client.

Additional Outpatient Models:

To structure a treatment program that will deliver substance abuse rehabilitation services to clients in an outpatient status, the clinical staff will provide treatment programming that focuses on goal-oriented process and personality development. Although the staff takes an eclectic stance in terms of treatment approaches, the following methods are utilized:

Client Centered Counseling (Outpatient):

Once therapy begins it is important for the client and the counselor to develop a rapport. In an attempt to do this Rogerian Therapy is used to a great extent. With the person centered approach, therapeutic change depends on the client's perception both of their own experience in therapy and of the counselor's basic attitudes. During the beginning stages of therapy a client's behaviors and feelings might be characterized for example, by extremely rigid beliefs and attitudes, a lack of centeredness, a sense of unwillingness to communicate deeper levels of the self, or a fear of intimacy. The therapist's own realness, unconditional acceptance of their feelings, and ability to assume their internal frame of reference allow them to gradually peel away layers of defenses and come to terms with what is behind the facades.

Since the potential of significant positive personality change does not occur except in a relationship, the client needs to experience the realness of the therapist. As they find the therapist caring for and valuing them (even the aspects that have been hidden and regarded as negative), they begin to see worth and value in themselves. It is important that the therapist project three personal characteristics or attitudes in order to form a central part of the therapeutic relationship. These are: congruence or genuineness; unconditional positive regard/acceptance; and accurate empathic understanding. If these attitudes are projected and the client responds one can assume a therapeutic relationship has begun and therefore other therapeutic goals can be addressed.



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Subject: Treatment Models
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Revision Date: Jan 2012

Rational Emotive Counseling (Residential/Outpatient):

Is based on the assumption that human beings are born with a potential for both rational, straight thinking and irrational, crooked thinking. Our clients quite often have irrational thinking which seems to go hand and hand with the drug culture. The main therapeutic activity is to help the client get free of illogical ideas and learn to substitute logical ideas in their place. The aim is to get the client to internalize a rational philosophy of life, just as he or she internalized a set of dogmatic, irrational, and superstitious beliefs from both parents and culture. This approach is used as the client progresses in the beginning stages of treatment and is utilized when needed throughout treatment.

Reality Therapy (Residential and Outpatient):

Many of our clients, due to the abusive use of drugs somewhere along the line, lose their sense of identity. Reality therapy is based on the premise that there is a single psychological need present throughout life - the need for identity. This includes a need to feel a sense of uniqueness, separateness, and distinctiveness.

The characteristics of Reality Therapy are as follows:

1. It assumes that specific behavior disorders are the result of irresponsibility, and it equates mental health with responsible behavior.
2. It focuses on behavior rather than on feelings and attitudes.
3. It focuses on the present, not on the past.
4. It emphasizes value judgments. It holds that change is unlikely unless clients make some determination of the constructiveness or destructiveness of their behavior.
5. It calls for therapists to be themselves, not play the role of the client's mother or father.
6. It stresses the conscious, not the unconscious aspects of personality. Reality Therapy emphasizes what clients are doing wrong, how their present behavior is not getting them what they want.
7. It emphasizes responsibility which is defined as the ability to fulfill one's needs and to do it in such a way that does not deprive others of the ability to fulfill their needs. This is at the core of Reality Therapy. It also emphasizes the therapist's teaching functions. The therapist teaches the client better ways to fulfill their needs by exploring the specifics of their daily lives and by making directive statements and suggestions of ways to solve problems more effectively.

Many of our clients need to learn the above mentioned characteristics and this is an ongoing process which begins when the client first comes to treatment and continues throughout the treatment experience.



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Subject: Management of Treatment Services – Procedures

Relevant Regulations/Standards: PA 709.24 a 3

Revision Date: May 2013

Plan for the Coordination of Treatment & Rehabilitation Services

The management of the program seeks to provide leadership through the development and expression of a program purpose, philosophy, and service coordination plan, through staff training, and the supervision of staff functioning to enhance service quality and productivity. An active team approach is utilized.

Responsibilities:

The Director assumes responsibility for project operation via representation to the governing body, fiscal management, oversight of clinical, medical, and administrative departments, and project licensure / accreditation.

The Program/Clinical Supervisor provides oversight of clinical services, staff supervision, case consultation, coordination of staff training, intervention with non-compliant and complex cases, quality assurance of clinical documentation, and ensures compliance with licensing standards.

The client –staff assignments are approved by the Program/Clinical Supervisor who will make the decision based on the unique characteristics of the client and the staff member who has the expertise to address these characteristics. She/he shares responsibility for outreach, marketing, project reports, and policy development.

The Administrative Coordinator supervises the administrative and clerical activities of the project.

General Policy:

The provision of quality treatment/rehabilitation services is an ongoing process. It is therefore crucial to develop means to approve, monitor and evaluate the services being provided on the continuum of care. Treatment plans, case consultation reports and supervisory monitoring will ensure meeting the desired goal.

Procedures for Development:

Upon acceptance into the program, each client is interviewed by the Intake Counselor, who, along with the client, will complete the initial information.

The individual treatment plans are developed utilizing Psychosocial Histories and Evaluations, Medical History, the Strength, Needs, Ability and Preferences self report, and the Intake Counselor's impressions. Subsequent treatment plans are developed by the Client and Primary Counselor, and are geared toward individual need, as reflected by the client problem list, treatment plan updates, case consultations and progress notes.

Procedures for Approval:



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Subject: Management of Treatment Services – Procedures
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Revision Date: Jan 2012

The Program Director or Clinical Supervisor approves treatment plans within one week of the plan's development. The Chesapeake Region (COMAR) requires that the plans be reviewed and approved upon the plan's development.

Procedures for Ongoing Management:

The program director, program supervisor and administrative personnel review treatment plans monthly, if not more frequently, to assure compliance with regulations and completeness and accuracy of client-related material.

Procedures for Evaluating:

Evaluation of treatment plans is an ongoing process that is addressed via case consultations and client chart review. These activities are designed to ensure appropriateness of therapy and related services. The Primary Counselor is responsible for case consultation presentations, treatment plan development and providing individual counseling services. The program director and clinical supervisor do monthly chart reviews for the purpose of Program Improvement.



**GAUDENZIA, INC.
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Subject: Management of Treatment Services – Referrals
Relevant Regulations/Standards: PA 709.24 a 4
Revision Date: Jan 2012

Policy & Procedures for Referrals

Gaudenzia staff shall ensure continuity of care by cooperating with other community social, health, welfare, mental health, and criminal justice agencies to provide appropriate services. Due to the wide range of necessary services, sources of referrals will be varied. Clients may originate from courts, prisons, hospitals, etc. Our programs have established and maintained referral agreements with a wide variety of human service agencies to provide ancillary services to clients once in treatment.

Philosophy:

The program is part of the total continuum of services. The responsibility of the staff is to cooperate with other agencies in the community to provide continuity of quality care to the person in need of services. The key to the cooperation is for each organization or agency to provide and to refer to other organizations for services staff are not qualified to provide.

Treatment of individuals with AOD abuse, AOD and MH (Co-occurring), or Women with Children require that the treatment plan contain physical, social, and medical objectives. Where possible, the relationship to other agencies shall be defined in writing in the form of a contract or agreement.

Examples of use of the referral process are:

- Examinations, assessments, and consultations that are not within the domain of expertise of Gaudenzia staff.
- Special treatment services.
- Assistance of other resources that can contribute to the client's well being; i.e., literacy, parenting skills, vocational rehabilitation, child development, mental health, etc.

Procedure:

When making a referral to other services or programs, the staff shall appropriately notify the receiving service or program of the desire for transfer, the physical and mental status of the individual, any unusual circumstances of the case, and the elements of the aftercare plan. This conversation shall take place in person or by telephone and shall be documented in the patient record. Prior to referral to or from services or programs outside of Gaudenzia, the proper release of information form shall be completed.

Protocol for Referral - Out of the Agency:

If a client is not appropriate for admission (residential), then he/she may be referred to another agency. This is documented on the intake interview form. If a residential client is in treatment and it is perceived that he/she is in need of additional services, this is discussed in a team meeting and documented on a Case Consultation form. When a client completes treatment and is referred elsewhere for aftercare services, this is done by telephone, as well as by letter. The referral is also documented on the Continuing Care/Aftercare/Discharge Plan and Summary, which is forwarded to the referral agency.

Referral agreements are maintained with a wide range of human service agencies to provide services to clients in treatment.



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Subject: Management of Treatment Services – Referrals
Relevant Regulations/Standards: PA 709.24 a 4
Revision Date: Jan 2012

Gaudenzia will not refer to or contract with agencies or individuals who have been disbarred or suspended by regulatory bodies that license their professional activities.

When the need for a referral for outside service arises, the primary counselor will consult with the Director and/or Clinical Supervisor to make the necessary arrangements. All pertinent documentation regarding this referral will be placed in the client's folder. If a client is not appropriate for admission then he/she may be referred to another agency. This is documented on the screening form. A release of information form is completed.

All referral documentation will include the client's name, diagnosis, referring agency practitioner and reason(s) for referral (in/out), current medications, history of allergies, and the date of referral. When a client completes treatment at Gaudenzia, he/she is referred to Gaudenzia or other identified aftercare services. The referral is documented on the Aftercare Plan that the Primary Counselor or Social Worker has developed with the client. The PCPC/ASAM and discharge information is sent to the facility where the client is being referred.

Protocol for Referral - To the Agency:

Incoming referrals are made by the referral agency or individual contacting any of the staff, either by telephone or letter. When contact is made, a time is set for an intake interview. Admission to the program is based on the information received during the interview. The referral source is documented on the intake interview form.

Admission into Gaudenzia is based on referral information received prior to and during the interviewing process. The interview is conducted by the clinical staff. The case is reviewed during the multi-disciplinary treatment team meeting, which includes the Psychiatrist, Program Director, Clinical Supervisor, Nurse, and all clinical support to ensure that the admission criteria are met. The referring agency contacts the program social worker with a call and report that they have a client who is authorized for a specific PCPC/ASAM level of care facility. The initial authorization should have taken place prior to the contact. Referring agency must notify the CBH (in PA) contact person, and verify that the client actually has authorization for this level of care.

Client-Initiated:

If a client feels that there are services she needs that are not being met by the program, he/she may request a referral to another service provider. The primary counselor will communicate the request to the counseling supervisor who, in turn, will follow the procedures outlined above under "Outgoing Referrals".

From A Medical Professional:

In all cases of referrals to the program from a medical professional, the call will be forwarded to the nurse on duty. When possible, the nurse will gather all pertinent information relevant to the general physical condition and needs of the client being transferred. This information will include, but is not limited to: medications, concomitant physical condition, special procedures, appointment dates (medical), drug abuse (if known).

Follow-Up Reporting on Referrals from Medical Professionals:



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Subject: Management of Treatment Services – Referrals
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The nursing staff (when applicable to the program) is responsible for notifying the appropriate referring medical professional:

- Within 3 days after a client's admission. The purpose of this contact will center on providing information relating to the client's physical status, as well as to gather pertinent information from the referral source.
- At least one week prior to discharge. The purpose of this contact will center on providing information relating to the client's physical status and aftercare plan information necessary to assure continuity of care for the client with that health professional.

The prospective admission will be interviewed by the social worker and or designee to determine final acceptance for admission. Gaudenzia staff schedules an appointment for the candidate to come in for assessment. During this time the candidate will interact with the clients, this is so that any additional information necessary for program appropriateness can be provided. The decision will be made by the Director in collaboration with the Counselor. If an admission is initiated through personal contact with the program staff directly, it is the responsibility of the counselor to obtain some verification of the prospective admissions' medical diagnosis and status. Upon determination of eligibility, the procedure for intake is the same as in the aforementioned paragraph.



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Subject: Management of Treatment - Waiting List
Relevant Regulations/Standards: PA 709.24.4
Revision Date: Feb 2013

Management of Treatment – Waiting List

After gathering information on pre-authorization forms, Admission PCPC/ASAM, the counselor reviews the client for appropriateness with the multi-disciplinary team, client's diagnosis, referring agency/practitioner, current medications, history of allergies, and date of referral. If the client is appropriate, the referring/ funding entity is notified to confirm an admission date. This process is replicated in Maryland and Delaware with their respective referral entities. If the referral is not deemed appropriate, the clinical staff will contact the referral source and indicate why the client was not appropriate. The Social Worker can make a recommendation to a program more suitable for the clients but it is determined by the referral source where the client is to be placed.

Waiting List:

If the client is appropriate but the facility is full to capacity, the counselor will contact the referring agency. The referring agency may choose to place the client in another program or agree to place the client on a waiting list. If the client is placed on a waiting list, the intake staff person will review the list daily, and stay in communication with the referring agency as to a possible bed date. Clients will be prioritized on the waiting list in the following manner:

1. Pregnant Intravenous Drug Users
2. Pregnant Substance Abusers
3. Intravenous Drug Users
4. Women with Children
5. Individuals with HIV
6. Individuals with Co-occurring Disorders
7. Other

If there is more than one individual within a certain category on the waiting list, then priority will be given to the individual who has been on the waiting list the longest.

As soon as a bed becomes available the next person with the highest priority on the waiting list is given a bed date. If that client is unavailable to come into treatment at that time, the next person on the waiting list is contacted and the referring agency is notified.

If the prospective client does not keep their initial appointment, the counselor will contact the referring agency. A new appointment will be scheduled once contact is made.



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Management of Treatment - Waiting List
Relevant Regulations/Standards: PA 709.24.4
Revision Date: Feb 2013

POLICY FOR THE PROVISION OF INTERIM SERVICES FOR PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN

The Interim Services Plan is directed toward the provision of services to pregnant substance abusers and women with dependent children who are unable to access treatment within certain specified timeframes. This Plan does not include Medical Assistance recipients who are part of Health Choices and who, as a result, may not be put on a waiting list for services. For non-Medical Assistance eligible pregnant women or women with children, once they are screened and assessed and a level of care determination has been made:

- The client is then to be referred to a treatment provider that has the capacity to provide treatment services to the woman within 14 days of identifying the need for treatment.
- If no treatment facility has the capacity to admit the woman within this time frame, the interim services must be made available to the woman within 48 hours after the woman has been identified as needing treatment services.
- Interim services are defined as services to reduce adverse health effects of substance abuse, to promote the health of the individual and to reduce the risk of transmission of a disease until the individual is admitted to a treatment program. Interim services include:
 - Counseling and education about HIV and TB;
 - Information about the risks of needle sharing;
 - Information about the risks of transmission to sexual partners and infants;
 - Information about steps that can be taken to ensure that HIV and TB transmission does not occur;
 - Referral for HIV and TB services, if necessary
 - Counseling on the effects of alcohol and drug use on a fetus; and
 - Referral to pre-natal and primary health care and pediatric care for their children if needed
- In Maryland, the referring agency arranging for interim services shall also notify the BHSI unit within 48 hours of determining the lack of availability of treatment services for the client. BHSI staff shall notify all providers with the capability to provide services to the client of the need for a treatment slot and providers shall notify BHSI when a treatment opening occurs.

POLICY FOR THE PROVISION OF INTERIM SERVICES FOR INJECTION DRUG USERS (IDUs)

The Interim Services Plan is directed toward the provision of services to the IDU who is unable to access treatment within certain specified timeframes. This Plan does not include Medical Assistance recipients who are part of Health Choices and who, as a result, may not be put on a waiting list for services. For non-Medical Assistance eligible individuals who are injection drug users and have been identified as needing treatment services for injection drug abuse, admission to a program for such treatment is as follows:

- Within 14 days after being identified as needing treatment
- Not later than 120 days after being identified as needing treatment, if no such program has the capacity to admit the individual on the date of such identification and if interim services are made



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Management of Treatment - Waiting List
Relevant Regulations/Standards: PA 709.24.4
Revision Date: Feb 2013

- available to the individual within 48 hours.
- Interim services are defined as services that are provided until an individual is admitted to a substance abuse treatment program. Interim services include:
 - Counseling and education about HIV and TB;
 - Information about the risks of needle sharing;
 - Information about the risks of transmission to sexual partners and infants;
 - Information about steps that can be taken to ensure that HIV and TB transmission does not occur;
 - Referral for HIV and TB services, if necessary
- The referring agency arranging for interim services shall also notify the funding entity within 48 hours of determining the lack of availability of treatment services for the client.
- In Maryland, BHSI staff will contact all providers with the capability to provide services to the client of the need for a treatment slot within 24 hours of notification. All providers capable of providing treatment to the client shall be required to notify the BHSI unit as soon as a treatment slot becomes available for the client.
- In Maryland, BHSI staff shall contact those same providers every week to ascertain the status of availability of a treatment slot for the client.
- In Maryland, the Director of the BHSI unit will provide a status report to the CODAAP Director weekly until such time as the client is appropriately placed.

POLICY TO ENSURE ALL CLIENTS ARE ASSESSED WITHIN 7 DAYS OF THE DATE OF THE INITIAL APPOINTMENT - STATE OF MARYLAND

All providers that are credentialed as assessment sites shall assess clients within 7 days of the date of initial contact. If a provider that is a credentialed assessment site is unable to perform an assessment within this timeframe, the provider shall attempt to contact other credentialed sites in order to refer the individual. If the provider is unable to secure a referral that meets this timeframe, the provider shall notify the BHSI unit of the need to identify an assessment site.

Once notification to BHSI has been made, the following procedures will be established:

- BHSI staff will contact other credentialed assessment sites to determine where the individual may be able to be assessed within the prescribed timeframe.
- If BHSI staff are unable to secure an assessment within the prescribed timeframe, an assessment shall be scheduled as soon thereafter as possible at the most conveniently located credentialed site for the individual.
- In those instances where the assessment takes more than 7 days from initial contact to actually being performed, the agency performing that assessment is required to report this activity on the monthly Case Management Resource Report (CMRR).



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Management of Tx Services – Letter of Agreement
Relevant Regulations/Standards: PA 709.24 b
Revision Date: Jan 2012

Letters of Agreement

Gaudenzia is committed to assuring that the client receives quality treatment. We seek to assure the most appropriate placement for clients referred outside the project and strive to provide a gapless service delivery for clients referred to us from outside sources.

The project maintains referral service agreements with various primary referral sources. Agreements are established with projects providing drug and alcohol treatment on the following levels: inpatient detoxification, inpatient rehabilitation, outpatient activities and transitional living arrangements. Agreements are also maintained with county drug and alcohol authorities.

Support Service Agreements are also maintained with Community resources to provide for potential medical, dental, psychiatric/mental health, legal, support groups, social service, and economic, educational, employment, recreational, and spiritual needs. Clients are given referrals as needed.

Service agreements are presently renewed every two years. The Program Director periodically reviews the agreements and assures that renewals and revisions, when appropriate, are instituted promptly. The Program Director or designee signs these service agreements.

Gaudenzia will not refer to or contract with agencies or individuals who have been suspended by regulatory bodies that license their professional activities.



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Continuing Care
Relevant Regulations/Standards: 709.51 a 2
Revision Date: Feb 2012

Treatment Structure: Full and Modified Therapeutic Community

Residential: Individual Sessions; Group, Family, Seminar, and Psycho-Educational Sessions

Outpatient: Individual Sessions, Group, Family, and Psycho-Educational Sessions

Detox: Individual Sessions, Addiction Seminar



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Requirements for the Completion of Treatment
Relevant Regulations/Standards: 709.51 a 3
Revision Date: Mar 2012

Plan for Coordination of Treatment & Rehabilitation Services

Continuing care/aftercare can be a true test of the effectiveness and appropriateness of therapeutic care. It provides a continuum of treatment for clients as they progress in the process of recovery. Aftercare planning is initiated the first week of treatment. When a client nears completion of treatment, it is important that future goals and plans are discussed. The client should have a sense of direction and know that resources are available after he/she leaves treatment. A client will be advised of Gaudenzia's outpatient program for individual counseling and continuing care groups. The client will be advised also of available private counseling in this area, if desired. In the event that the client lives a distance from Gaudenzia's available resources, Gaudenzia will contact and refer the client to other programs or private counseling in order to continue treatment as required by the client's Continuing Care Plan.

Procedure:

Five to seven days prior to discharge (residential) or 3 sessions prior to discharge (outpatient), the Continuing Care Plan should be reviewed and completed by the primary counselor and the client. This plan includes the following information:

1. Counselor and client discuss treatment progress.
2. Counselor and client will agree to client's ability to complete treatment.
3. Counselor and client develop Continuing Care Plan, consulting outside referral source, when appropriate.

Criteria for Completion:

1. Client should have verified job, job training program, volunteer or educational program.
2. Client will have adequate housing.
3. Client will be involved with AA, NA, Double Trouble and have a sponsor.
4. Be scheduled for individual counseling and a Continuing Care group (residential) or has completed all outpatient goals.
5. Meet the PCPC2 or ASAM criteria for discharge to a lower level of care.
6. Self administer medication on a daily basis (co-occurring).

Criteria for Graduation:

Note: Graduation is a volunteer process from Gaudenzia services to become an alumnus of the program. Ongoing recovery supports are required.

1. Client must have been drug and alcohol-free for a minimum of 1 year, including a negative urinalysis. Jail time is not included, except clients from approved Gaudenzia prison programs.
2. Client must have been living stable in the community for a minimum of 4 months.
3. Client must have stable employment or be involved in an education program. Volunteer work can be substituted for people with verified disabilities. Family conditions such as homemaker, head of household, sick children, etc., will be handled on a case-by-case basis.
4. Client must be crime-free (must not have committed any crimes since entering treatment).
5. Client must have drug/alcohol free and stable living arrangements.
6. Client must have completed all program requirements and at least 4 months of documented aftercare.
7. Client must have fulfilled all financial commitments to the agency before graduation.
8. Client must be evaluated with a positive vote by an evaluation team.
9. Client must be attending Narcotics Anonymous, Alcoholics Anonymous, ACOA, or other 12-step meetings and have a NA or AA sponsor. Alternative support systems like a mentor or advisor.
10. Must have a long term recovery plan that is reviewed by the team.



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Aftercare Planning
Relevant Regulations/Standards: PA 709.53 a 9
Revision Date: Feb 2012

Aftercare Planning

Aftercare planning is initiated during the first week of treatment. In an effort to promote continued growth of the progress made while in treatment, Gaudenzia attempts to complete individualized aftercare plan with each client regardless of the discharge status or treatment disposition.

Initial discharge plan begins within 24 hours of admission while formal arrangements are made upon determination of the client's readiness for discharge. This is the individual's plan for the future, including identification of the client's personal goals and objectives. It should focus on sustaining and building on the progress achieved during treatment and should have input from all significant persons, especially the client.

While some client's may refuse aftercare planning (i.e. when leaving against staff advice), each client being considered for treatment completion must complete an individualized aftercare plan. In preparation for the aftercare plan, the client is asked to complete a "Mock Continuing Care Plan" containing information on: living arrangements, employment, recreation/leisure activities, AA/NA sponsor, contacts, and planned meeting attendance.

The formal Discharge/Continuing Care Plan to be completed by the Counselor in conjunction with the client, shall contain:

- Assessment of the Client's commitment to recovery
- Family involvement
- Living Arrangements
- Employment/Education plans
- Recreation/Leisure Activities
- Plans for 12 step program participation
- D & A service/treatment arrangements
- Ancillary service arrangements
- Future Goals, Action Steps and projected dates of achievement
- Treatment Summary
- Prognosis
- Referral and Client comments
- Project services post-discharge
- Readmission procedures (criteria for re-entry into the program)
- Provision for the periodic re-evaluation and termination of the plan
- Client/Staff signatures

The original aftercare plan shall be maintained in the client's record. A copy of the plan should be given to the client.



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Aftercare
Relevant Regulations/Standards: PA 709.54 b
Revision Date: Feb 2012

Aftercare

In an effort to promote continued growth of the progress made while in treatment, Gaudenzia programs complete an individualized aftercare plan with each and every client.

The Initial Aftercare Plan is initiated within the first week of treatment at residential programs and within 30-60 days or the first 3 sessions of treatment in outpatient programs, with formal arrangements pursued as the client demonstrates progress towards discharge readiness.

The Counselor or designee assumes responsibility for completion of the written aftercare plan prior to discharge signed by the client.

Additional details regarding aftercare planning are referenced under standard 709.53 a 9.



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Follow Up
Relevant Regulations/Standards: PA 709.53 a 11, 709.54 c
Revision Date: Feb 2012

Follow Up

All Gaudenzia programs will make reasonable follow up attempts regarding all clients after discharge from any Gaudenzia program (unless the client has made a specific request to not receive a follow up). This is done to ensure that a client who has been referred to another program or service is successfully connected with that program or service. It is also done in order to document the discharged client's progress and well being, and if necessary and appropriate, provide an opportunity for re-admission to the program or referral to another appropriate service. Only after such an attempt has been made and documented as described below will Gaudenzia consider its obligation to the individual fulfilled.

If the client is referred to another program or service, Gaudenzia will, having obtained the written consent of the client, attempt via telephone to contact the program to which the client was referred in order to determine the disposition of the referral. This will be completed no later than 7 days after the date of the client's referral appointment.

In instances when the client either refuses a referral to another program or service, or circumstances otherwise prevent such a referral (i.e.: the client leaves against staff advice, declines referral to services after discharge, etc) an attempt will still be made to follow up with the client within 30 days after the date of discharge.

Responsibility for follow up lies with the client's Primary Counselor, unless otherwise designated by the Program Director or Supervisor.

Information obtained during follow up shall include:

- The client's current status with the program or service to which they were referred.
- The client's current sobriety status.
- The client's current 12 step/support group involvement.
- The client's overall progress with aftercare goals.

In instances where the client refuses follow up, such refusal shall be documented on the Follow Up form as well as in a progress note documenting the client's stated reason for refusal.

All information regarding follow up (including unsuccessful follow up attempts, and documentation of refusal to consent to follow up) shall be maintained on-site in a Follow Up Log binder.



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Recruitment & Hiring of Staff
Relevant Regulations/Standards: PA 704.3 b
Revision Date: Dec 2011

Recruitment & Hiring Of Staff

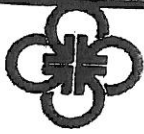
Gaudenzia programs adhere to the employee recruiting and hiring policies and practices established by the parent organization.

Said policies and practices may be found in the Gaudenzia Personnel Manual.

Staff considered for hire to work with the project's clients are chosen with consideration given to their ability to relate to the special characteristics and needs of the population served. Client assignments are based on staff expertise to address the client's special characteristics.

Staff presently associated with the project include the following characteristics:

- Bilingual Language Skills
- Male & Female Gender
- African-American, Caucasian, & Hispanic Ethnicity
- Recovering & Non-Recovering
- Varied Marital Status
- Varied Levels of Academic Training
- Varied Ages
- Varied Sexual Orientation



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Staff Development Program
Relevant Regulations/Standards: PA 704.11 a 2
Revision Date: Jan 2012

PLAN FOR ADDRESSING STAFF TRAINING NEEDS

Gaudenzia programs adhere to the staff development policies and procedures of the parent organization.

Upon completion of the annual assessment of staff training needs, the Program / Clinical Supervisor in collaboration with the Project Director shall develop a plan to address those needs. As training years run calendar, the training plan shall be ready for implementation effective Jan. 31st of each year.

The plan shall take into consideration the needs specific to the service area, while remaining attentive to how the project operates within the parent organization of Gaudenzia, Inc.

The overall plan shall address training subjects, assuring their relevance to specific staff needs, job responsibilities and project mission.

The plan may also identify proposed trainers or training sources and proposed time frames or training dates.

A copy of the plan shall be maintained in the Staff Training Binder. Brochures and notices of additional training opportunities will be posted in the Administrative Office upon receipt.

The Program / Clinical Supervisor and Project Director assume responsibility for including training projections in the annual budget.

Full-time employees are also eligible for tuition reimbursement under the agency's employee benefits package



**GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL**



Subject: Staff Development Program
Relevant Regulations/Standards: PA 704.11 a 2
Revision Date: Jan 2012

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Exhibit

VIII



MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
ALCOHOL AND DRUG ABUSE ADMINISTRATION

SPRING GROVE CENTER
VOC REHAB BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

General Certificate of Approval

SAMIS No. 101003

Registration No. 905704

Issued to:

Gaudenzia Woodland Avenue
3643 Woodland Avenue
Baltimore, Maryland 21215

Type of Facility or Community Program:

Level I - Outpatient Treatment
Level III.3 - Clinically Managed Medium-Intensity Residential Treatment
Level III.5 - Clinically Managed High-Intensity Residential Treatment

Date Issued: 07/06/2015

Authority to operate in this State is granted to the above entity pursuant to the Alcohol and Drug Abuse Act, Section 8-101, Annotated Code of Maryland. This Approval is non-transferable and is granted only for cause by the Alcohol and Drug Abuse Administration.

Expiration Date: 07/06/2017

Patricia Trossel Hays, M.D.
Director, Office of Health Care Quality

CARF INTERNATIONAL

A Three-Year Accreditation is awarded to

Gaudenzia, Inc.

for the following programs:

Community Housing: Alcohol and Other Drugs/Addictions (Adults)

Community Housing: Mental Health (Adults)

Detoxification: Alcohol and Other Drugs/Addictions (Adults)

Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults, Children and Adolescents)

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults, Children and Adolescents)

Prevention: Alcohol and Other Drugs/Addictions (Adults)

Residential Treatment: Alcohol and Other Drugs/Addictions (Adults, Children and Adolescents)

Residential Treatment: Integrated: AOD/MSH (Adults)

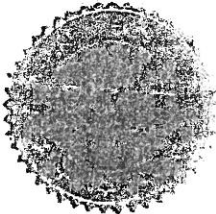
Therapeutic Communities: Alcohol and Other Drugs/Addictions (Adults, Children and Adolescents)

Therapeutic Communities: Integrated: AOD/MSH (Adults)

Governance Standards Applied

*This accreditation is valid through
May 2018*

The accreditation seals in place below signify that the organization has met annual conformance requirements for quality standards that enhance the lives of persons served.



*Second year
seal of
annual
conformance*

*Third year
seal of
annual
conformance*

This accreditation certificate is granted by authority of:

*Herb Zaretsky, Ph.D.
Chair*

CARF International Board of Directors

*Brian J. Boon, Ph.D.
President/CEO
CARF International*

Gaudenzia Park Heights Outpatient
4450 Park Heights Avenue
Baltimore, MD 21215

Program Description

Gaudenzia park Heights Outpatient program provides outpatient substance use disorder treatment at the Park Heights location in Baltimore, Maryland. All services are provided by licensed and certified clinicians. Each program offering is delivered using manualized empirically proven treatment program content. These offerings include, Cognitive Behavioral treatment, modified Therapeutic Community treatment processes, Thinking for Change, Moral Reconciliation Therapy, and other approaches needed to guide clients to successful completion of our programs.

Services

- Screening
- Assessment for substance use disorders and mental health disorders.
- Intensive outpatient services nine hours a week on Monday, Wednesday and Friday. Day and evening groups are offered.
- Individual counseling both for substance use disorders and mental health disorders.
- Traditional outpatient groups are offered two mornings and evenings per week on Tuesday and Thursday.
- Moral Reconciliation Therapy (MRT) groups are offered two days per week for both male and female clients.
- Co-occurring disorder groups are offered two days per week for both male and female clients.
- Psychiatric screening, evaluation and treatment are provided for those clients with substance use disorders comorbid with mental illness.
- DWI groups are offered either in 12 hour, 12 week or 26 week intervals.

Funding

- Special contracts with Federal Bureau of Prisons and United States Federal Pre-trial and Probation.
- Private/ Commercial Insurance
- Self-Pay/ Sliding Scale

Criteria for Admission

- Client must have a Chemical Dependency Diagnosis
- Client may also have an Psychiatric diagnoses as defined by DSM criteria.
- Client must be medically and psychiatrically stable.
- Client must be at least 18 years old.

Criteria for Successful Completion

- Client must complete all identified treatment goals on his individual treatment plan.
- Client must attend all required outpatient groups/individual sessions as agreed upon by the client and counselor.
- Client must maintain abstinence from alcohol and other drugs.

Licensing/Accreditation

Gaudenzia's accreditation by Commission on the Accreditation of Rehabilitation Facilities (CARF) has been in place for years. We received an initial accreditation and have since earned multiple awards and received reaccreditation by the CARF. We maintain our license and certification from the Office of Health Care Quality (OHCQ) for all of the levels of care we provide in addition to our accreditation.

IOP SCHEDULE

WEEK 1/ Time	Monday	Tuesday	Wednesday	Thursday	Friday
THEME	DISEASE PROCESS OF ADDICTION: definitions, terms, and self-diagnosis		FIRST, SECOND, THIRD ORDER SYMPTOMS: DEFENSE MECHANISMS/alcohol and other drug education		NORMAL RECOVERY SYMPTOMS: MOOD SWINGS (triggers, cravings, and relapse)
	CHECK IN		CHECK IN		CHECK IN
	Didactic presentation Break Task group		Didactic presentation Break Task group		Didactic presentation Break Task group

WEEK 2/ Time	Monday	Tuesday	Wednesday	Thursday	Friday
THEME	PLANNING FOR SOBRIETY		ALCOHOL AND TOBACCO USE		SPIRITUALITY
	CHECK IN		CHECK IN		CHECK IN
	Didactic presentation Break Task group		Didactic presentation Break Task group		Didactic presentation Break Task group

WEEK 3/ Time	Monday	Tuesday	Wednesday	Thursday	Friday
THEME	SEX, DRUGS AND ALCOHOL: relationships in recovery		STRESS AND EMOTIONAL WELL-BEING: relapse prevention		NORMAL RECOVERY SYMPTOMS: mood swings /skills for reducing stress (perception)
	CHECK IN		CHECK IN		CHECK IN
	Didactic presentation Break		Didactic presentation Break		Didactic presentation Break

	Task group	Task group	Task group
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IOP SCHEDULE

WEEK 4/ Time THEME	Monday	Tuesday	Wednesday	Thursday	Friday
	NEGATIVE EMOTIONS		ANGER AND COMMUNICATION		AVOIDING RELAPSE
	CHECK IN		CHECK IN		CHECK IN
	Didactic presentation Break Task group		Didactic presentation Break Task group		Didactic presentation Break Task group

WEEK 5/ Time THEME	Monday	Tuesday	Wednesday	Thursday	Friday
	INTRODUCTION TO 12 STEP GROUPS		THE FIRST THREE STEPS OF THE 12 STEPS		SEXUALLY TRANSMITTED DISEASES
	CHECK IN		CHECK IN		CHECK IN
	Didactic presentation Break Task group		Didactic presentation Break Task group		Didactic presentation Break Task group

WEEK 6/ Time THEME	Monday	Tuesday	Wednesday	Thursday	Friday
	FOCUS ON AIDS/HIV		NUTRITION AND EXERCISE		PHYSICAL WELLNESS
	CHECK IN		CHECK IN		CHECK IN
	Didactic presentation Break Task group		Didactic presentation Break Task group		Didactic presentation Break Task group

IOP SCHEDULE

WEEK 7/ Time	Monday	Tuesday	Wednesday	Thursday	Friday
THEME	PROBLEM SOLVING/ANGER MANAGEMENT		HUMAN NEEDS AND SOCIAL RELATIONSHIPS: <i>slippery people, places and things</i>		FAMILY MATTERS: <i>addiction and the family</i>
	CHECK IN		CHECK IN		CHECK IN
	Didactic presentation Break Task group		Didactic presentation Break Task group		

WEEK 8/ Time	Monday	Tuesday	Wednesday	Thursday	Friday
THEME	PREPING FOR DC FROM IOP TO OP: <i>Recovery plan</i>		REVIEW RECOVERY PLAN WITH PEERS: <i>feedback</i>		PROCESS GROUP FOR DC TO OP
	CHECK IN		CHECK IN		CHECK IN
	Didactic presentation Break Task group		Didactic presentation Break Task group		Didactic presentation Break Task group

OP SCHEDULE

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday
RELAPSE PREVENTION		A BIO/PSYCHO SOCIAL DISEASE CHECK IN		THE ADDICTION CYCLE	
		PSYCHO EDUCATION GROUP EXERCISE FROM STAYING SOBER		CHECK IN	
				PSYCHO EDUCATION GROUP EXERCISE FROM STAYING SOBER	

WEEK 2	Monday	Tuesday	Wednesday	Thursday	Friday
		RECOVERY FROM ADDICTIVE DISEASE CHECK IN		COMPREHENSIVE SESSION	
		PSYCHO EDUCATION GROUP EXERCISE		CHECK IN	
				PSYCHO EDUCATION GROUP EXERCISE	

WEEK 3	Monday	Tuesday	Wednesday	Thursday	Friday
		POST ACUTE WITHDRAWAL SYMPTOMS (PAW) CHECK IN		PAW EPISODE	
		PSYCHO EDUCATION GROUP EXERCISE		CHECK IN	
				PSYCHO EDUCATION GROUP EXERCISE	

WEEK 4	Monday	Tuesday	Wednesday	Thursday	Friday
		STRESS AND PAW CHECK IN		COMPREHENSIVE SESSION	
				CHECK IN	

		PSYCHO EDUCATION GROUP EXERCISE			PSYCHO EDUCATION GROUP EXERCISE

WEEK 5	Monday	Tuesday	Wednesday	Thursday	Friday
		MANAGING PAW SUPPORT SYSTEMS CHECK IN		PAW HEALTHFUL LIVING CHECK IN	
		PSYCHO EDUCATION GROUP EXERCISE		PSYCHO EDUCATION GROUP EXERCISE	

WEEK 6	Monday	Tuesday	Wednesday	Thursday	Friday
		PAW PERSONAL/SPIRITUAL GROWTH CHECK IN		MANAGING PAW COMPREHENSIVE SESSION CHECK IN	
		PSYCHO EDUCATION GROUP EXERCISE		PSYCHO EDUCATION GROUP EXERCISE	

WEEK 7	Monday	Tuesday	Wednesday	Thursday	Friday
		DEVELOPMENTAL MODEL OF RECOVERY CHECK IN		PRETREATMENT STABILIZATION, AND EARLY RECOVERY CHECK IN	
		PSYCHO EDUCATION GROUP EXERCISE		PSYCHO EDUCATION GROUP EXERCISE	

WEEK 8	Monday	Tuesday	Wednesday	Thursday	Friday
		MIDDLE, LATE, MAINTENANCE IN RECOVERY		THE RECOVERY PROCESS COMPREHENSIVE SESSION	
		CHECK IN		CHECK IN	
		PSYCHO EDUCATION GROUP EXERCISE		PSYCHO EDUCATION GROUP EXERCISE	

WEEK 9	Monday	Tuesday	Wednesday	Thursday	Friday
		UNDERSTANDING RELAPSE EXPANDING YOUR CONCEPT OF RELAPSE		UNDERSTANDING RELAPSE MISTAKEN BELIEFS ABOUT RELAPSE	
		CHECK IN		CHECK IN	
		PSYCHO EDUCATION GROUP EXERCISE		PSYCHO EDUCATION GROUP EXERCISE	

WEEK 10	Monday	Tuesday	Wednesday	Thursday	Friday
		USUNDERSTANDING RELAPSE THE RELAPSE SYNDROME		UNDERSTANDING RELAPSE COMPREHENSIVE SESSION	
		CHECK IN		CHECK IN	
		PSYCHO EDUCATION GROUP EXERCISE		PSYCHO EDUCATION GROUP EXERCISE	

WEEK 11	Monday	Tuesday	Wednesday	Thursday	Friday
		PHASES AND WARNING SIGNS OF RELAPSE 1-3 CHECK IN		PHASES AND WARNING SIGNS OF RELAPSE 4-7 CHECK IN	
		PSYCHO EDUCATION GROUP EXERCISE		PSYCHO EDUCATION GROUP EXERCISE	

WEEK 12	Monday	Tuesday	Wednesday	Thursday	Friday
		PHASES AND WARNING SIGNS OF RELAPSE 8-11 CHECK IN		PHASES AND WARNING SIGNS OF COMPREHENSIVE SESSION CHECK IN	
		PSYCHO EDUCATION GROUP EXERCISE		PSYCHO EDUCATION GROUP EXERCISE	

WEEK 13	Monday	Tuesday	Wednesday	Thursday	Friday
		RELAPSE PREVENTION PLANNING STEPS 1-3 CHECK IN		RELAPSE PREVENTION PLANNING STEPS 4-6 CHECK IN	
		PSYCHO EDUCATION GROUP EXERCISE		PSYCHO EDUCATION GROUP EXERCISE	

WEEK 14	Monday	Tuesday	Wednesday	Thursday	Friday
		RELAPSE PREVENTION PLANNING STEPS 7-9		RELAPSE PREVENTION PLANNING COMPREHENSIVE SESSION	
		CHECK IN		CHECK IN	
		PSYCHO EDUCATION		PSYCHO EDUCATION	
		GROUP EXERCISE		GROUP EXERCISE	

WEEK 15	Monday	Tuesday	Wednesday	Thursday	Friday
		FAMILY INVOLVEMENT IN RELAPSE PREVENTION		RELAPSE PREVENTION NETWORKING	
		CHECK IN		CHECK IN	
		PSYCHO EDUCATION		PSYCHO EDUCATION	
		GROUP EXERCISE		GROUP EXERCISE	

Exhibit

VIII

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
Existing facility applicants must complete Table C. All applicants who complete this table must also complete Table D.

Table D Existing Facility - New Service
Existing facility applicants who propose a new service, must complete Table D.

Table E Statistical Projections - New Facility or Service
Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table E. All applicants who complete this table must also complete Table F.

Table F Existing Facility - New Service
Existing facility applicants who propose a new service, must complete Table F.

Table G Work Force Information
All applicants, regardless of project type or scope, must complete Table G.

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.

Service Location (Floor/Wing)	Before the Project							After Project Completion					
	Current Licensed Beds	Based on Physical Capacity				Location (Floor/Wing)	Based on Physical Capacity						
		Room Count		Bed Count			Private	Room Count		Bed Count			
III.7 AND III.7D		Private	Semi-Private	Total Rooms	Physical Capacity	Private		Semi-Private	Total Rooms		Physical Capacity		
				0	0			same				6	30
				0	0							0	0
				0	0							0	0
				0	0							0	0
	0	0	0	0	0							0	0
Subtotal III.7 AND III.7D		0	0	0	0			Subtotal III.7 and III.7 D		0	0	6	30
RESIDENTIAL													
1st and 2nd Floor Units 1,3 and 4	3.5/3.3			29	145			1st and 2nd Floor Units 1,3 and 4				23	115
1st Floor Unit 4	3.1			1	5			1st Floor Unit 4	3.5/3.3			1	5
Subtotal Residential		0	0	30	150			Subtotal Residential	3.1		0	24	120
TOTAL		0	0	30	150			TOTAL		0	0	30	150
Other:								Other (Specify/add rows as needed)					
TOTAL OTHER	0	0	0	0	0			TOTAL NON-ACUTE		0	0	0	0
FACILITY TOTAL	0	0	0	30	150			FACILITY TOTAL		0	0	30	150

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, cost 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	\$0		\$0
(2) Fixed Equipment (not included in construction)	\$0		\$0
(3) Architect/Engineering Fees	\$0		\$0
(4) Permits (Building, Utilities, Etc.)	\$0		\$0
SUBTOTAL	\$0	\$0	\$0
c. Other Capital Costs			
(1) Movable Equipment	\$0		\$0
(2) Contingency Allowance	\$0		\$0
(3) Gross interest during construction period	\$0		\$0
(4) Other (Specify/add rows if needed)	\$0		\$0
SUBTOTAL	\$0	\$0	\$0
TOTAL CURRENT CAPITAL COSTS	\$0	\$0	\$0
d. Land Purchase			
	\$0		\$0
e. Inflation Allowance			
	\$0		\$0
TOTAL CAPITAL COSTS	\$0	\$0	\$0
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$0		\$0
b. Bond Discount	\$0		\$0
c. CON Application Assistance	\$0		\$0
c1. Legal Fees	\$0		\$0
c2. Other (Specify/add rows if needed)	\$0		\$0
d. Non-CON Consulting Fees	\$0		\$0
d1. Legal Fees	\$0		\$0
d2. Other (Specify/add rows if needed)	\$0		\$0
e. Debt Service Reserve Fund	\$0		\$0
i. Other (Specify/add rows if needed)	\$0		\$0
SUBTOTAL	\$0	\$0	\$0
3. Working Capital Startup Costs			
	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$0	\$0	\$0
B. Sources of Funds			
1. Cash			
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	\$172,119	\$172,119
6. Working Capital Loans	\$0		\$0
7.			0
a. Federal	\$0		\$0
b. State	\$0	\$480	\$480
c. Local	\$0		\$0
8. Other (Specify/add rows if needed)	\$0		\$0
TOTAL SOURCES OF FUNDS			\$172,599
	III.7 and III.7D	RESIDENTIAL	TOTAL
Annual Lease Costs (if applicable)			
1. Land	\$0		\$0
2. Building	\$0		\$0
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.

TABLE C. HISTORICAL 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.

Indicate CY or FY	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.								
	FY 16	FY 17		FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 25	FY 26	
1. DISCHARGES												
a. Residential	141	149	175	175	175	175	175	175	175	175	175	175
b. III.7 and III.7D	0	0	20	210	210	210	210	210	210	210	210	210
c. Other (Specify/add rows of needed)												
TOTAL DISCHARGES	141	149	195	385	385	385	385	385	385	385	385	385
2. PATIENT DAYS												
a. Residential	19,926	24,883	27,475	27,475	27,475	27,475	27,475	27,475	27,475	27,475	27,475	27,475
b. III.7 and III.7D	0	0	511	5,369	5,369	5,369	5,369	5,369	5,369	5,369	5,369	5,369
c. Other (Specify/add rows of needed)												
TOTAL PATIENT DAYS	19,926	24,883	27,986	32,844	32,844	32,844	32,844	32,844	32,844	32,844	32,844	32,844
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)												
a. Residential	162.0	167.0	157.0	157.0	157.0	157.0	157.0	157.0	157.0	157.0	157.0	157.0
b. III.7 and III.7D	0.0	0.0	25.6	25.6	25.6	25.6	25.6	25.6	25.6	25.6	25.6	25.6
c. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	141.3	167.0	143.5	85.3	85.3	85.3	85.3	85.3	85.3	85.3	85.3	85.3
4. NUMBER OF LICENSED BEDS												
f. Rehabilitation	0	0										
g. Comprehensive Care	0	0										
h. Other 3.5 and 3.3	152	152	117	117	117	117	117	117	117	117	117	117
Halfway House	0	0	30	30	30	30	30	30	30	30	30	30
TOTAL LICENSED BEDS	152	152	152	152	152	152	152	152	152	152	152	152
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.												
a. Residential	79.0%	79.0%	79.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
b. III.7 and 3.7D	%	#DIV/0!	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
c. Other (Specify/add rows of 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 OCCUPANCY %	35.9%	44.9%	50.4%	59.2%	59.2%	59.2%	59.2%	59.2%	59.2%	59.2%	59.2%	59.2%
6. OUTPATIENT VISITS												
a. Residential	0	0	0	0	0	0	0	0	0	0	0	0
b. III.7 and III.7D												
c. Other (Specify/add rows of needed) PHP												
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0	0	0

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

TABLE E. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (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.

Indicate CY or FY	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.
1. DISCHARGES			
a. Residential			
b. III.7 and III.7D			
c. Other (Specify)			
TOTAL DISCHARGES	0	0	0
2. PATIENT DAYS			
a. Residential			
b. III.7 and III.7D			
c. Other (Specify)			
TOTAL PATIENT DAYS	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)			
a. Residential	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	#DIV/0!
c. Other (Specify)	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	#DIV/0!	#DIV/0!	#DIV/0!
4. NUMBER OF LICENSED BEDS			
f. Rehabilitation			
g. Comprehensive Care			
h. Other (Specify)			
TOTAL LICENSED BEDS	0	0	0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.			
a. Residential	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	#DIV/0!
c. Other (Specify)	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	#DIV/0!	#DIV/0!	#DIV/0!
6. OUTPATIENT VISITS			
a. Residential			
b. III.7 and III.7D			
c. Other (Specify)			
TOTAL OUTPATIENT VISITS	0	0	0

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

TABLE G. 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 unaffiliated projections in Tables F and G.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT)	
	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											
<i>Administration (List general categories, add rows if needed)</i>											
Division Director II	0.8	\$84,000	\$84,000	0.2	\$21,000	\$21,000			\$0	1.0	\$105,000
Program Director	1.0	\$65,000	\$65,000	1.0	\$70,000	\$70,000			\$0	2.0	\$135,000
Administrative Coordinator	4.0	\$33,000	\$132,000	2.0	\$40,000	\$160,000			\$0	6.0	\$292,000
Clinical Director	2.0	\$50,000	\$100,000	1.0	\$55,000	\$55,000			\$0	3.0	\$532,000
Total Administration	7.8		\$381,000	4.2		\$306,000			\$0	12.0	\$687,000
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Addiction Counselors	11.0	\$38,000	\$38,000	4.0	\$45,000	\$630,000			\$0	15.0	\$668,000
Mental Health Therapists	2.0	\$65,000	\$130,000	3.0	\$65,000	\$325,000			\$0	5.0	\$455,000
Intake Specialists	3.0	\$41,000	\$41,000	1.0	\$41,000	\$123,000			\$0	4.0	\$164,000
Nurses	2.0	\$63,000	\$126,000	9.0	\$73,000	\$766,500			\$0	11.0	\$892,500
Total Direct Care	18.0		\$335,000	17.0		\$1,844,500			\$0	35.0	\$2,179,500
<i>Support Staff (List general categories, add rows if needed)</i>											
House Managers	12.0	\$23,000	\$276,000	3.0	\$24,960	\$599,040			\$0	15.0	\$875,040
Cooks	2.0	\$29,000	\$58,000	0.5	\$16,000	\$16,000			\$0	2.5	\$74,000
Billing Specialists	1.0	\$41,000	\$41,000	2.0	\$45,000	\$90,000			\$0	3.0	\$131,000
Peer Recovery Specialists	3.0	\$41,000	\$123,000	2.0	\$31,000	\$62,000			\$0	5.0	\$185,000
Medical Plant Specialist				1.0	\$41,000	\$41,000				1.0	\$41,000
Support/Teacher/Voc. Spec	6.7	\$42,000	\$281,400	0.5	\$22,500	\$22,500				0.5	\$303,900
Total Support	20.0		\$779,400	9.0	\$180,460	\$180,460			\$0	29.0	\$1,609,940
REGULAR EMPLOYEES TOTAL	50.5		\$1,495,400			\$0			\$0	83.0	\$4,476,440
2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
			\$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
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Nurse Practitioner	0.0		\$0	0.5	\$58,500	\$58,500			\$0	0.5	\$58,500
Medical Director	0.2	\$68,460	\$68,460	0.3	\$102,960	\$102,960			\$0	0.5	\$171,420
Psychiatrist	0.1	\$40,560	\$40,560	0.4	\$202,780	\$202,780			\$0	0.5	\$243,340
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff	0.3		\$0			\$0			\$0	1.5	\$473,260
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$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	1.5	\$473,260
TOTAL COST											
	50.5		\$4,495,400	0.0		\$0	0.0		\$0		\$4,949,700

Explanations for the Tables

- Table B: The building is Owned to Gaudenzia for \$1 per year for 15 years (3-5 year renewable terms). Gaudenzia has renovated the building almost entirely at its own expense, approximately \$750,000. Anne Arundel County has financially contributed \$265,000 over the past 2 years, in two grants. We have no debt on the property and we maintain utilities and landscaping.
- Table C: The census assumptions are based on 17 years of experience managing a 3.7 and 3.7D program in Baltimore City very similar in size to what we hope to open in Crownsville. Until this fiscal year of length of stay 6.8 days for 3.7 D and 25 days for 3.7 care are based on that experience. In addition we can anticipate our completion and premature discharge numbers for Crownsville also from that experience and are staffing model is based on optimizing length of stay.
- Table D Our revenue projections are based on the medicaid rates published by Beacon Health and our existing contracts with BHA (8507 Contract) as well as Anne Arundel County (Crisis beds and Halfway House). Our expenses are based on a combination of our existing program at Crownsville what we know the expenses to be for 3.7 and 3.7D at a similar sized program in Baltimore. The expenses for this upcoming fiscal year however are not completely known yet. Based on the new COMAR 10.63 regs we will be adding mental health therapists and urinalysis testing to the facility's budget. In addition until now there are many unknowns for us still based on the new regs, adjusting to fee for service billing via Beacon and understanding the increased flow of individuals into treatment from our recent addition of 10 Crisis beds. We must increase our salaries to regain competitive salaries with outpatient programs who received rate increases prior to the residential programs. In the next few months we anticipate adjusting our salaries significantly to hire the additional staff we will need to staff our programs and our expenses will increase significantly.
- Table E Our staffing projections are based on the patient counselor ratios that exceed best practice expectations for each level of care. Eight to one for the 3.7D and 3.7 and 12 to one for 3.5 and 3.3 levels of care. A position that needs 24 hour staffing is calculated at 5.5 FTE's for a 24 hour period. We also always have male and female staff scheduled for every shift and have same sex staff for gender specific units such as the female Halfway house. There are staffing savings based on sharing Cooks, House Managers, Medical staff and billing specialists.