

ADDICTION RECOVERY, INC

Hope House Treatment Centers

CON Completeness Questions

429 Main St. Laurel, MD 20707
410-923-6700



Hope House Treatment Centers
26 Marbury Drive
Crownsville, MD 21032

CON Completeness Questions for application at 429 Main Street, Laurel, MD 20707

The attached questions and responses were created to accompany the revised application that was submitted July 31st.. Please contact me for any additional information that may be required for the completion of this application.

Part I- Project Identification and General Information

1. Provide a thorough description of the facilities and services of Addiction Recovery, Inc..

Addiction Recovery Inc. dba Hope House Treatment Centers is a private, non-profit, alcohol and drug rehabilitation center that provides various levels of care: non-hospital detoxification, Inpatient/ICF, residential (RTC), PHP and IOP/OP/DWI/DUI. Hope House Treatment Centers is owned and operated by Addiction Recovery, Inc. (ARI) and has been in operation since 1983. Addiction Recovery Inc. is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and certified by the Maryland State Department of Health and Mental Hygiene.

Hope House Treatment Centers operate Inpatient Programs for Addiction & Mental Illness at two locations. At Crownsville, we operate a Detox Program and Inpatient Rehab with 49 beds. At 419 Main Street we operate a Detox Program and Inpatient Rehab with 18 beds. Our proposal for a Certificate of Need is for 429 Main Street, Laurel (adjacent to 419 Main Street), is to operate a Detox Program for 22 beds. We have always been an Inpatient Facility providing Addiction & Mental Health services to the Maryland Community. We have grown from a 20 bed facility to an 89 bed facility to become one of the largest community-based Inpatient Program in Maryland. Most of the patients we serve are indigent and on Medicaid.

2. Even though the project as described does not involve construction, please provide drawings of the facility that meet the description in Part 1, number 12, i.e., *Floor plans for each floor affected with all rooms labeled by purpose or function, number of beds, location of bath rooms, nursing stations*, if such drawings are available.

See Appendix A for floor plans.

Part III – Consistency with General Review Criteria at COMAR 10.24.01.08G(3)

A) State Health Plan: COMAR 10.24.14 STATE HEALTH PLAN FOR FACILITIES AND SERVICES: ALCOHOL AND DRUG ABUSE TREATMENT SERVICES standards

Identification of Intermediate Care Facility Alcohol and Drug Abuse Bed Need

3. Please respond to this standard by indicating the proportion of beds that are expected to serve publicly funded patients vs. private pay patients.

More than 80% of our beds are expected to serve individuals with Medicaid vs. private pay patients. See supporting documentation below.

**Appendix L
Sources of Referral**

Sources of Referral

"More than 80% of the patients that we serve are on Medicaid and are considered indigent or gray area population."

Average percentage over the last 4 years: 82.31%

2018 Data Income Level	Patients Served	%
\$0-\$999	483	81%
\$1,000-\$4,999	16	2.65%
\$10,000-\$19,999	29	4.81%
\$100,000-\$119,999	1	0.17%
\$120,000-\$139,999	3	0.50%
\$150,000-\$159,999	1	0.17%
\$160,000-\$169,999	1	0.17%
\$20,000-\$29,999	15	2.49%
\$30,000-\$39,999	11	1.82%
\$40,000-\$49,999	3	0.50%
\$5,000-\$9,999	3	0.50%
\$50,000-\$59,999	3	0.50%
\$70,000-\$79,999	2	0.33%
\$80,000-\$89,999	1	0.17%
\$90,000-\$99,999	2	0.33%
Declined to Answer	11	1.82%
Grand Total	593	

2016 Data Income Level	Patients Served	%
\$0-\$999	706	70.46%
\$1,000-\$4,999	6	0.60%
\$10,000-\$19,999	39	3.89%
\$100,000-\$119,999	6	0.60%
\$130,000-\$139,999	2	0.20%
\$150,000-\$159,999	3	0.30%
\$160,000-\$169,999	4	0.40%
\$20,000-\$29,999	64	6.39%
\$30,000-\$39,999	41	4.09%
\$40,000-\$49,999	25	2.50%
\$5,000-\$9,999	12	1.20%
\$50,000-\$59,999	22	2.20%
\$60,000-\$69,999	18	1.80%
\$70,000-\$79,999	9	0.90%
\$80,000-\$89,999	5	0.50%
\$90,000-\$99,999	3	0.30%
Declined to Answer	37	3.69%
Grand Total	1002	

2017 Data Income Level	Patients Served	%
\$0-\$999	796	78.66%
\$1,000-\$4,999	17	1.58%
\$10,000-\$19,999	39	3.35%
\$100,000-\$119,999	6	0.59%
\$130,000-\$139,999	1	0.10%
\$140,000-\$149,999		0.00%
\$150,000-\$159,999	1	0.10%
\$160,000-\$169,999	5	0.49%
\$20,000-\$29,999	42	4.15%
\$30,000-\$39,999	21	2.08%
\$40,000-\$49,999	20	1.98%
\$5,000-\$9,999	3	0.30%
\$50,000-\$59,999	8	0.79%
\$60,000-\$69,999	7	0.69%
\$70,000-\$79,999	4	0.40%
\$90,000-\$99,999	4	0.40%
Declined to Answer	42	4.15%
Grand Total	1012	

2015 Data Income Level	Patients Served	%
\$0-\$999	712	70.50%
\$1,000-\$4,999	13	1.29%
\$10,000-\$19,999	62	6.14%
\$100,000-\$119,999	2	0.20%
\$120,000-\$129,999	2	0.20%
\$130,000-\$139,999	1	0.10%
\$140,000-\$149,999	2	0.20%
\$160,000-\$169,999	1	0.10%
\$20,000-\$29,999	38	3.76%
\$30,000-\$39,999	34	3.37%
\$40,000-\$49,999	29	2.87%
\$5,000-\$9,999	9	0.89%
\$50,000-\$59,999	20	2.57%
\$60,000-\$69,999	8	0.79%
\$70,000-\$79,999	9	0.89%
\$80,000-\$89,999	3	0.30%
\$90,000-\$99,999	4	0.40%
Declined to Answer	55	5.45%
Grand Total	1010	

4. You failed to address subpart (2)(a) of this standard, which requires you to "Document the need for the number and types of beds being applied for." Your response stated: "We already have a big waiting list of patients who require Detoxification, Stabilization and Treatment. Maryland is already experiencing a Heroin Epidemic and the Governor has declared a State of Emergency." Please be more quantitative and specific regarding patients requiring this service and documenting the waiting list. The longer the time frame you can provide quantitative documentation for, the stronger your response would be.

We are a (1) (b)(i) (ii) type of facility. See Appendix C for Addiction Recovery, Inc. d.b.a. Hope House Treatment Centers' history of waitlist numbers to support the need for detox beds.

Appendix C
Waitlist Numbers

January 2018	138
February 2018	109
March 2018	113
April 2018	154
May 2018	180
June 2018	181

*The waitlist is a living list that is often changed due to a patient's status change from waitlist to active, hold, or contacted status. Our electronic medical record system does not have the capability to pull waitlist numbers from a given day month year. In January 2018, Hope House Treatment Centers joined an initiative with the local health department to communicate waitlist numbers for data tracking purposes. For that reason, waitlist numbers are only available from January 2018 until the present day.

5. You also failed to make assurances and agreements required under (2) b, c, and d, i.e.:

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

Addiction Recovery, Inc. d.b.a. Hope House Treatment Centers agrees to con-mingle publically-funded and private-pay patients within the facility.

(c) Assure that indigents, including court-referrals, will receive preference for admission, and

Indigents, including court-referrals, will receive preference for admission.

(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.

Addiction Recovery, Inc. d.b.a. Hope House Treatment Centers agrees that if the contractual agreement and funding is terminated, the Commission and the Office of Health Care Quality will be notified within 15 days that the facility is relinquishing its certification to operate and will not use either its publically- or privately-funded intermediate care facility beds for private-pay patients without obtaining a new Certificate of Need.

Sliding Fee Scale

6. You have stated that the vast majority, but not all, patients would be Medicaid-funded; thus your response that: "...Since there are no grey area patients a sliding fee scale is redundant" seems contradictory. Please submit a sliding fee scale or document that there are/will be no private paying patients.

Addiction Recovery Inc. d.b.a. Hope House Treatment Centers self-pay rates are based off minimum operating costs for treatment. Therefore, the self-pay rates are the lowest possible rates for any given service.

Information Regarding Charges

7. You responded that this standard is not applicable. Please explain why that is so, or provide a list of services and prices.

Addiction Recovery, Inc. d.b.a. Hope House Treatment Centers agrees to post information concerning charges for services, and the range and types of services provided, in a conspicuous place, and will document that this information is available to the public upon request.

Self-Pay Rates	
Assessment	\$160.00
Screening/Processing	\$125.00
Detoxification	\$375.00/day
Residential	\$350.00/day
Intensive Outpatient Group	\$60/session
Outpatient Group	\$40/session
Individual IOP/OP	\$60/session
DUI/DWI Course	\$600.00

Age Groups

8. Part (1) of this standard requires the applicant to *document age-specific treatment protocols for...adults ages 18 and older*. Please provide.

1. All beds are designated for adults 18 years of age and older. See Appendix D for Treatment Protocols.
2. Not applicable. All beds proposed are designated for adults 18 years of age and older.
3. Not applicable. All current beds are designated for adults 18 years of age and older.

Quality Assurance

9. You failed to respond to subpart (2) of this standard, which states: *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. Please respond acknowledging and asserting agreement to comply with this requirement.

A) Addiction Recovery, Inc. d.b.a. Hope House Treatment Centers is currently certified by the Office of Health Care Quality and maintains the certification as a condition of continuing authority to operate an ICF for substance abuse treatment in Maryland. See Appendix F for certifications.

B) Addiction Recovery, Inc. d.b.a. Hope House Treatment Centers agrees to notify the Commission in writing within fifteen days after it receives notice that its accreditation has been revoked or suspended, and will cease operation until the Office of Health Care Quality notifies the Commission that deficiencies have been corrected.

C) Addiction Recovery, Inc. d.b.a. Hope House Treatment Centers understand that 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.

Utilization Review and Control Programs

10. Applicant responded by including its utilization management plan as an exhibit. In order to demonstrate the plan's alignment with the specifications in the standard, please quote the statements and cite the section in the plan that addresses each of the following:

- (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.
 - a) Utilization review: Appendix G
 - b) treatment protocols: Appendix D
 - c) policies governing admission: Appendix H
 - d) policies governing length of stay: Appendix I (see excerpts below)
 - a. Detoxification generally lasts from 5-10 days, depending upon the drug(s) used and complications. All individuals detoxified are referred to the next appropriate level of care for continued treatment.
 - b. Residential treatment generally lasts from 7 to 14 days, depending upon individual need and completion of treatment plan goals develop with client input. Residential treatment is always followed by a transition to ongoing, continuing care in a different level of treatment such as PHP or IOP.
 - c. Partial Hospitalization (PHP) generally lasts from 7 to 28 days, depending upon individual need, and is always followed by a transition or referral for ongoing, continuing care in a different level of treatment such as IOP or OP.
 - e) policies governing discharge planning, and referral: Appendix J
- (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
 - a. All patients receive follow up in incremental periods following discharge for up to one year. This information is documented in a follow up survey conducted by nursing assistants.

Transfer and Referral Agreements

11. Hope House failed to provide a response to standard 05J. Transfer and Referral Agreements. As subpart (2) of the standard demands, “provide documentation of transfer and referral agreements, in the form of letters of agreement or acknowledgement from each of 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.

Addiction Recovery, Inc. d.b.a. Hope House Treatment Centers has written transfer and referral agreements with facilities capable of managing cases, which exceed, extend, or complement our 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.

Documentation of transfer and referral agreements in the form of letters of agreement or acknowledgement from the following types of facilities: See Appendix K and details of each below.

- Acute care hospitals: Laurel Regional Hospital (awaiting signed agreement)
- Halfway houses, therapeutic communities, long-term care facilities, and local alcohol and drug abuse intensive and other outpatient programs: A+ Counseling
- Local community mental health center or center(s): QCI
- The jurisdiction’s mental health and alcohol and drug abuse authorities: PG County
- The Alcohol and Drug Abuse Administration and the Mental Hygiene Administration: PG County
- The jurisdiction’s agencies that provide prevention, education, driving-while-intoxicated programs, family counseling, and other services: A+ Counseling
- The Department of Juvenile Justice and local juvenile justice authorities: Not applicable.

Sources of Referral

12. Please document that 50 percent of the facility’s annual patient days will be generated by the indigent or gray area population. Document the statement made in the application that: *More than 80% of the patients that we serve are on Medicaid and are*

considered indigent or gray area population. This can be done by documenting the payor mix at Addiction management's existing facilities for the last several years.

More than 80% of the patients that we serve are on Medicaid and are considered indigent or gray area population. See Appendix L

Appendix L

Sources of Referral

Sources of Referral
 "More than 80% of the patients that we serve are on Medicaid and are considered indigent or gray area population."

Average percentage over the last 4 years: 82.31%

2018 Data	Income Level	Patients Served	%
	\$0-\$999	285	81%
	\$1,000-\$4,999	16	4.4%
	\$10,000-\$19,999	29	8.1%
	\$100,000-\$119,999	4	0.6%
	\$120,000-\$139,999	3	0.5%
	\$140,000-\$159,999	1	0.1%
	\$160,000-\$169,999	1	0.1%
	\$20,000-\$25,999	15	2.4%
	\$30,000-\$39,999	11	1.8%
	\$40,000-\$49,999	3	0.5%
	\$5,000-\$9,999	3	1.0%
	\$20,000-\$59,999	3	1.0%
	\$70,000-\$79,999	2	0.3%
	\$80,000-\$89,999	1	0.1%
	\$50,000-\$99,999	2	0.3%
	Declined to Answer	11	1.4%
	Grand Total	353	

2016 Data	Income Level	Patients Served	%
	\$0-\$999	706	70.46%
	\$1,000-\$4,999	6	0.60%
	\$10,000-\$19,999	39	3.89%
	\$100,000-\$119,999	6	0.60%
	\$120,000-\$139,999	2	0.20%
	\$150,000-\$159,999	1	0.10%
	\$160,000-\$169,999	4	0.40%
	\$20,000-\$29,999	64	6.39%
	\$30,000-\$39,999	41	4.08%
	\$40,000-\$49,999	25	2.50%
	\$5,000-\$9,999	12	1.20%
	\$50,000-\$59,999	22	2.20%
	\$60,000-\$69,999	18	1.80%
	\$70,000-\$79,999	9	0.90%
	\$80,000-\$89,999	5	0.50%
	\$90,000-\$99,999	3	0.30%
	Declined to Answer	17	3.69%
	Grand Total	1002	

2017 Data	Income Level	Patients Served	%
	\$0-\$999	796	78.66%
	\$1,000-\$4,999	17	1.68%
	\$10,000-\$19,999	39	3.85%
	\$100,000-\$119,999	6	0.59%
	\$120,000-\$139,999	1	0.10%
	\$140,000-\$149,999		0.00%
	\$150,000-\$159,999	1	0.10%
	\$160,000-\$169,999	5	0.49%
	\$20,000-\$29,999	42	4.15%
	\$30,000-\$39,999	21	2.08%
	\$40,000-\$49,999	20	1.98%
	\$5,000-\$9,999	3	0.30%
	\$50,000-\$59,999	8	0.79%
	\$60,000-\$69,999	7	0.69%
	\$70,000-\$79,999	4	0.40%
	Declined to Answer	12	1.15%
	Grand Total	1012	

2015 Data	Income Level	Patients Served	%
	\$0-\$999	712	70.50%
	\$1,000-\$4,999	13	1.29%
	\$10,000-\$19,999	22	6.14%
	\$100,000-\$119,999	2	0.20%
	\$120,000-\$129,999	2	0.20%
	\$130,000-\$139,999	1	0.10%
	\$140,000-\$149,999	2	0.20%
	\$160,000-\$169,999	1	0.10%
	\$20,000-\$29,999	38	3.76%
	\$30,000-\$39,999	34	3.37%
	\$40,000-\$49,999	19	2.87%
	\$5,000-\$9,999	9	0.89%
	\$50,000-\$59,999	26	2.57%
	\$60,000-\$69,999	8	0.79%
	\$70,000-\$79,999	9	0.89%
	\$80,000-\$89,999	3	0.30%
	\$90,000-\$99,999	4	0.40%
	Declined to Answer	55	5.45%
	Grand Total	1010	

Sub-Acute detoxification

13. Please describe the applicant's admission standards, treatment protocols, staffing standards, and physical plant configuration which enable it to treat alcohol or drug abusers requiring sub-acute detoxification.

- Admission Standards: Appendix H
- Treatment Protocols: Appendix D
- Staffing Standards: Appendix N
- Floor Plans: Appendix A

Voluntary Counseling, Testing, and Treatment Protocols

14. The applicant failed to respond to this standard (.05N). Please rectify that omission.

- Infection Control: Appendix O

- Blood Borne Pathogen Training: Appendix P

Outpatient Alcohol & Drug Abuse Programs

15. Provide a listing of the outpatient programs to which Hope House refers its patients for outpatient care, and provide copies of the referral agreements with those organizations. Also, respond to each subpart of this standard.

- Appendix Q: p. 100 – see below excerpt for sub section “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 from the intermediate care facility.”

“Admission to this level of care usually begins with a complete psychosocial assessment, including a mental health assessment when psychiatric problems are suspected if not already done in previous levels of care. The treatment component consists of group, as needed individual, and family counseling using ROSC, Motivational Interviewing, and the Matrix Model and other evidence based practices, health teaching, education about drugs and recovery, introduction to 12-step, self-help support groups, such as alumni, interactive peer support, introduction to web base services, psychiatric services as required and intervention/referral when physical problems are noted. The short-term component of treatment generally lasts from 30 to 90 days for Out-Patient, depending upon individual need, and is always followed by a transition or referral for ongoing, continuing care in a different level of treatment such as group counseling, vocational training, ongoing individual or family therapy, and/or self-help group participation.”

All patients are contacted for a discharge survey across increments of time for up to one year following discharge.

- Appendix Q: p. 99 – see below excerpt for staffing:

“Out-Patient services are provided at least 1-8hrs per week a week and have a licensed and or certified counseling, (LCPC, LCSW-C, CSC-AD, CAC-AD, ADT) and therapeutic intervention services available.”

- Appendix Q: p. 101 – see below excerpt for section “identification of special populations as defined in Regulation .08, in their service areas and provide outreach and outpatient services to meet their needs.”

SPECIAL POPULATIONS AND MECHANISMS TO ADDRESS THEIR NEEDS:

Addiction Recovery Inc. is able to provide services to individuals which may be categorized as “Special Populations”. These individuals include but are not limited to HIV individuals, IV drug users, pregnant women, older or aging adults, and DUI offenders. However, these individuals must meet criteria listed above, be medically/psychiatrically stable, and be able to participate fully in treatment.

- Appendix Q: p. 99 – see excerpt below for service hours:

Individual sessions are provided as needed.

IOP: Monday, Wednesday, Friday 11:00am – 2:00pm; Tuesday, Wednesday, Thursday 5:00pm – 8:00pm
 OP: Monday 5:30pm – 6:30pm; Thursday 11:00am – 12:00pm

Liver Transplant Group: Tuesday 10:00am – 11:00am

IOP/OP Cancellations: Weather events will run in accordance with county school closers.

Addiction Recovery Inc. emergencies will be communicated via phone and if a client has an emergency situation that deems an absence from group they should call 410-923-9700 ext 113

Barry Grant during normal business hours and if it is not during business hours to call 410-923-6700 or 911 for any medical/psychiatric emergencies.

- Appendix K – copy of all transfer agreements

B) Need

16. Document the need for III.7/III.7D services by a) providing data for Hope House showing the number of such patients served, patient-days, and waiting lists covering the last three complete fiscal years, and; b) providing letters from referral sources attesting to the need.

a) Appendix C provides waitlist numbers for the last several months. Information explains that our waitlist is a living list that is often changed due to individuals no longer available for treatment, admission into our treatment facility, and other reasons. We began tracking the waitlist for the State and County, but it is impossible to provide accurate numbers of previous months. The last three fiscal years number of patients, patient days and average stay is found below:

Appendix R

Patient- Served Days

Addiction Recovery Inc.
 Patients Served-Patient Days

Fiscal Year	# of Patients	Total Patient Days	Average Patient Stay
2015	917	13677	14.91
2016	950	14023	14.76
2017	1013	19645	19.39

** This data represents all patients served including those who have left our program unsuccessfully. Our average patient-stay for successfully completed patients is around 21 days.

b) currently waiting for requested letters from referral sources attesting to the need.

C) Availability of More Cost Effective Alternatives

17. As the instructions request, a) specify the project's goals and objectives; b) describe any alternative approaches considered, and why the chosen alternative is the most cost-effective. Hope House Treatment Center in Laurel is the only Inpatient Addiction Program in Prince George's County with the ability to provide 3.7D and 3.7 Residential Services. As part of the planning process, we experienced a growing number of patients wanting these dire services to the point that we had to have a Waiting List. Additionally, the alternative treatment approach is for patients to receive detoxification treatment in a local hospital setting and the cost of hospital treatment far exceeds the cost of placement at our freestanding facility.

D) Viability of the Proposal

Project Budget

18. **There is no cost projected to implement this project, despite the apparent addition of 6 beds to the existing 16 bed residential services. Please confirm that this is accurate.**

This is correct. There are no additional capital expenditures needed for this project.

Statistical and Revenue/Expense Projections (Tables C,D,F)

19. **Please indicate what facility(s) and/or locations the data on Table C (Entire Facility) refers to. Indicate the locations of each bed listed in section 4 of that table.**

This includes 26 Marbury Drive, Crownsville, MD, 419 Main Street, Laurel, MD and 429 Main Street, Laurel, MD locations.

20. **What does "PHP" and "PHP III.3" stand for?**
Partial Hospitalization which is Level III.3 of care.

21. **Why is the line for III.7 and III.7D vacant of occupancy % data? Submit a corrected Table C if necessary.**

For FY '16 and FY '17, we were not contracted for level III.7 and III.7D with Medicaid.

22. **Please indicate what facility(s) and/or locations the data on Table D (Entire Facility) refers to.**

This includes 26 Marbury Drive, Crownsville, MD, 419 Main Street, Laurel, MD and 429 Main Street, Laurel, MD locations.

23. **Tables D and E are incomplete; section 4, Patient Mix, was left blank on Table D, and the occupancy percentages were left blank on Table E. Submit corrected and complete tables.**

Table D and E are completed. The Patient Mix is no longer blank on Table D. The occupancy percentage is completed on Table E. The reason there are blank cells for Residential is because we are not contracted with Medicaid for residential. The reason

there are blank cells for III.7 and III.7D is blank for FY '16, '17, and '18 is because we are not contracted with Medicaid for III.7 and III.7D.

24. **Tables D and F, both of which are essentially an income statement, appear to be inconsistent. Table D (entire operation) shows a profit for 2016 and 2017 (cumulatively \$309,000), and projects break-even operations in the current year as well as for 2019 and 2020. Table F (the new service only) projects substantial profitability (close to \$700,000 over those two years). Logically that means that without adding this new service Hope House would face substantial losses in the future. Please explain this apparent inconsistency.**

See revised tables. Also note the detail "other expenses" FY '18, '19, and '20 line item "Investment Reserve."

If you need additional information on this, please contact Carrie Fronczek

Workforce Information (Table G)

25. **This table is not accurately completed.**

- **The columns showing the number of employees by category multiplied by the average salary of, and total cost for, employees in that category do not align.**
- **Total employee cost shown on this table does not agree with the salaries line in the revenue/expense tables.**
- **Projected staffing – and staffing costs – do not change from the current year to the projected years, meaning 1) there are no staffing changes, and 2) no salary increases, over that time; is that accurate? Correct.**

See revised schedule (Table G). All items discussed that were inconsistent and did not align are now in alignment. This table was completed in error by a staff member other than our Director of Finance. She completed a brand new table to ensure accuracy.

E) Impact on Existing Providers

26. **Please provide a more thorough statement regarding your proposal's likely impact on the service area population's access to the service and on costs to the health care system.**

We are the only Inpatient Addiction Service Provider in Prince George's County. The Governor of Maryland has declared that we have an Opioid Crisis in Maryland. It will help the Healthcare Delivery System to get rid of the Gridlock for Detoxification, Stabilization and Treatment for those affected by Addiction and Mental Illness.

The increase of detoxification beds will allow individuals to receive treatment at a freestanding facility vs. being treated at a hospital emergency room, which poses a higher cost. Hospitals are also able to quickly transfer their patients to the facility for treatment. Additionally, receiving referrals from drug-court, parole, and probation offices allows patients to receive treatment vs. the cost incurred from incarceration.



Hope House Treatment Centers
26 Marbury Drive
Crownsville, MD 21032

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

A handwritten signature in cursive script, appearing to read "P. Souza", written over a horizontal line.

Peter D'Souza

A handwritten date "Sept. 19, '18" written in cursive script over a horizontal line.

Date