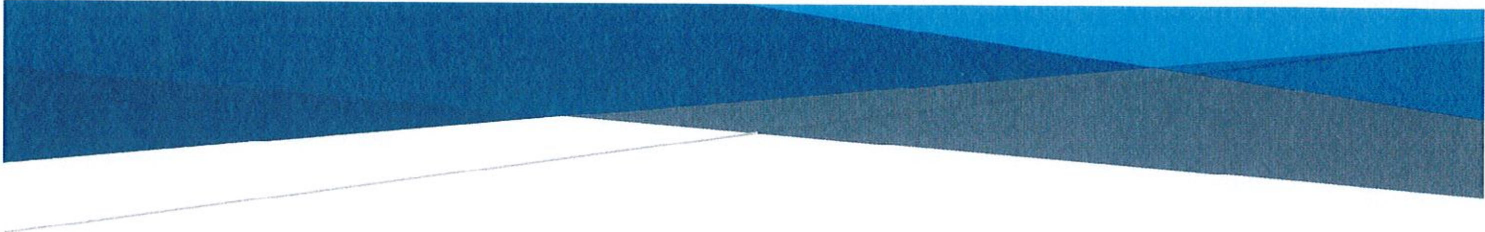

ADDICTION RECOVERY, INC

Hope House Treatment Centers

CON Completeness
Responses

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

Hope House Treatment Centers

26 Marbury Drive

Crownsville, MD 21032

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

The following information is to satisfy missing information or clarify responses from the most recent application.

Part I- Project Identification and General Information

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

Amendment to program description highlighted below to reflect accurate bed count per state licensing.

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 a licensed capacity of 50 beds. At 419 Main Street we operate a Detox Program and Inpatient Rehab with a licensed capacity of 20 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 which is currently has a licensed capacity of 18 beds at either a 2.5 or 3.3 level of care. 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 88 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.

Current					**After Approval**			
Level	**Crownsville**	**419**	**429**		**Level**	**Crownsville**	**419**	**429**
2.5	50	20	18		2.5	50	20	22
3.1	50	0	0		3.1	50	0	0
3.3	50	20	18		3.3	50	20	22
3.7	50	20	0		3.7	50	20	22
3.7WM	50	20	0		3.7WM	50	20	22

MARYLAND
Department of Health

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

Behavioral Health Administration
55 Wade Avenue - Dix Building SGHC - Catonsville, MD 21228
Barbara J. Bazron, Ph.D., Deputy Secretary / Executive Director

August 8, 2018

Mr. Peter D'Souza
Addiction Recovery, Inc. dba Hope House Treatment Centers
26 Marbury Drive
Crownsville, MD 21032

Dear Mr. D'Souza:

The Behavioral Health Administration has completed the review of Addiction Recovery dba House Hope Treatment Centers' applications for licenses under COMAR 10.63 to provide DUI Education Program (DUI), Early Intervention Program Level 0.5 (0.5), Outpatient Treatment Program Level 1 (OP-1), Intensive Outpatient Treatment Program Level 2.1 (IOP-2.1), Partial Hospitalization Treatment Program Level 2.5 (PHP-2.5), Residential Low Intensity Program Level 3.1 (Res-3.1), Residential Medium Intensity Program Level 3.3 (Res-3.3), Residential Intensive Inpatient Program Level 3.7 (Res-3.7) and Withdrawal Management Services (WM).

Based on this review and accreditation by CARF, Addiction Recovery dba Hope House Treatment Centers' applications have been approved. Enclosed please find the licenses for the programs and locations identified below, which will be in effect from **August 8, 2018** to **December 30, 2019**, unless revoked under COMAR 10.63.06.13.

DUI/0.5/OP-1/IOP-2.1/PHP-2.5/Res-3.1/Res-3.3/Res-3.7/WM

- 26 Marbury Drive, Crownsville, MD 21032 License **#BH001121**
  - Total Beds: 50

OP-1/IOP-2.1/PHP-2.5/Res-3.3/Res-3.7/WM

- 419 Main Street, Laurel, MD 20707 License **#BH001122**
  - Total Beds: 20

DUI/0.5/OP-1/IOP-2.1/PHP-2.5/Res-3.3

- 429 Main Street, Laurel, MD 20707 License **#BH001123**
  - Total Beds: 18

health.maryland.gov • Toll Free: 1-877-4MD-DHMH • TTY: 1-800-735-2258
bha.health.maryland.gov • BHA Main Line: 410-402-8300

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

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

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

Clarification of how the waitlist numbers are determined:

Waitlist numbers are calculated by a collection of total number of individuals on the waitlist every Friday and then averaged within the month.

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

Addiction Recovery, Inc. d.b.a. Hope House Treatment Centers self-pay rates are based off minimum operations costs for services rendered. Individuals pay the minimum operating costs for each service rendered regardless of income level. This self-pay fee structure only applied to individuals above 138% of the Federal Poverty Line who are either uninsured or choosing not to use their private insurance coverage. All individuals who have no income up to 138% of the current Federal Poverty Line are eligible for Medicaid. If they are not currently enrolled in Medicaid, our program will apply them for Medicaid and open an uninsured authorization, which covers their services. Operational cost is determined by fixed costs from previous year actuals.

If a sliding fee scale is still required, the following scale will be utilized to determine costs for each service based on 2016 IRS income brackets. Costs for services needed to be scaled up for higher income levels to meet the standard. Prior to the use of this sliding fee scale, all individuals were charged the operational cost of services rendered despite their income level.

February 1, 2019

Addiction Recovery Inc. dba Hope House Treatment Centers - Sliding Fee Scale FY 2019

Table 1: MD Medicaid covers all individuals up to 138% of the Federal Poverty Line - As of March 2018 this was cited as $16,753

Household Size	Income Level	Detox Fee Per Diem	Inpatient Fee Per Diem	Assessment	Screening/Processing	Intensive Outpatient	Outpatient	Individual Session	DUI/DWI Course
1	$23,000>	$375*	$350*	$160*	$125*	$60*	$40*	$60*	$600*
2	$29,000>	$375*	$350*	$160*	$125*	$60*	$40*	$60*	$600*
3	$35,000>	$375*	$350*	$160*	$125*	$60*	$40*	$60*	$600*
4+	$40,000+>	$375*	$350*	$160*	$125*	$60*	$40*	$60*	$600*

**Based on minimum operational cost*

Table 2: Median

Household Size	Income Level	Detox Fee Per Diem	Inpatient Fee Per Diem	Assessment	Screening/Processing	Intensive Outpatient	Outpatient	Individual Session	DUI/DWI Course
1	$39,000>	$425	$400	185	$150	$85	$65	$85	$625
2	$45,000>	$425	$400	185	$150	$85	$65	$85	$625
3	$51,000>	$425	$400	185	$150	$85	$65	$85	$625
4+	$56,000+>	$425	$400	185	$150	$85	$65	$85	$625

Table 3: Maximum

Household Size	Income Level	Detox Fee Per Diem	Inpatient Fee Per Diem	Assessment	Screening/Processing	Intensive Outpatient	Outpatient	Individual Session	DUI/DWI Course
1	$55,000>	$475	$450	$210	$175	$110	$90	$110	$650
2	$61,000>	$475	$450	$210	$175	$110	$90	$110	$650
3	$67,000>	$475	$450	$210	$175	$110	$90	$110	$650
4+	$70,000+>	$475	$450	$210	$175	$110	$90	$110	$650

.050. Outpatient Alcohol & Drug Abuse Programs.

(4) Outpatient programs must demonstrate the ability to provide services in the evening and on weekends.

See Appendix Q to reference the excerpt below with the addition of a Saturday outpatient group.

"**HOURS AND DAYS AND FREQUENCY OF OPERATION:**

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.

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; Saturday 9:00am – 10:00am

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."

Table A

Physical Bed Capacity Before and After Project

Updated bed capacity to reflect current licensing and an increase of four beds after project completion.

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. See additional instruction in the column to the right of the table. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.*

Before the Project						After Project Completion					
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Service Location (Floor/Wing)	Location (Floor/ Wing)*	Based on Physical Capacity			
		Room Count			Bed Count			Room Count			Bed Count
		Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity
III.7 AND III.7D						III.7 AND III.7D					
				0	0	Second Floor			5	5	18
				0	0	Third Floor			2	2	4
				0	0					0	0
				0	0					0	0
				0	0					0	0
Subtotal III.7 AND III.7D	0	0	0	0	0	Subtotal III.7 and III.7 D		0	7	7	22
RESIDENTIAL						RESIDENTIAL					
III.3 - Second Floor	12	0	5	5	12					0	0
III.3 - Third Floor	6	0	2	2	6					0	0
Subtotal Residential	18	0	7	7	18	Subtotal Residential		0	0	0	0
TOTAL	18	0	7	7	18	TOTAL		0	7	7	22
Other *(Specify/add rows as needed)*				0	0	Other *(Specify/add rows as needed)*				0	0
TOTAL OTHER	0	0	0	0	0	TOTAL NON-ACUTE		0	0	0	0
FACILITY TOTAL	18	0	7	7	18	FACILITY TOTAL		0	7	7	22

Appendix Q

Outpatient Policy/Procedure

ADDICTION RECOVERY INC. PROGRAM DESCRIPTION FOR THE

OUT PATIENT LEVEL OF CARE

Mission

To provide high quality, comprehensive, integrated, holistic, patient-centered treatment for addiction and co-occurring mental illness in a caring and supportive environment that equips patients to achieve sobriety and pursue a fulfilling life in recovery.

Vision

To achieve status as the premier provider of addiction and mental health recovery treatment for patient, support and advocacy services for families, and as a positive change agent in the communities we serve.

Core Values

- Person Centered Approach: Our people are our greatest asset. Our programs and policies and procedures are designed to optimize the therapeutic experience of patient, family members, and professional staff, maximizing the dignity and respect shown to all.
- Maximum Extension of Reach: We seek to provide affordable, high quality services to the greatest number possible, not ignoring the most fragile, by pursuing aggressive expansion and cost management strategies.
- Continuous Improvement through Innovation and Best Practive:We are dedicated to incorporating innovative treatment and management practices to optimize the existing business model.

POPULATIONS SERVED:

Clients who are 18 years of age or older who have a current history of a co-occurring disorder and/or of alcohol and/or drug use indicating a need for treatment according to ASAM criteria. There also must be an absence of severe medical and/or psychiatric problems that would require a different level of care, intervention, or not impact their ability to engage in our treatment program.

SETTING: The setting for Out-Patient services is a freestanding substance abuse facility.

Hope House Crownsville
26 Marbury Drive
Crownsville MD 21032

Hope House Laurel
419/429 Main Street
Laurel MD 20707

HOURS AND DAYS AND FREQUENCY OF OPERATION:

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.

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; Saturday 9:00am – 10:00am

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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.

PAYER SOURCES:

Payer Sources include but are not limited to: Insurance Companies, Medicaid, Other Public Funds, and Self Pay.

FEES:

Fees are assessed on the day of admission depending on the funding source of the individual's treatment stay. These may include but are not limited to: deductibles, co-pays, any other managed care related fee and facility fees. If the client is transitioned from another level of care, these fees are billed at the end of treatment. If a client loses their funding while attending program Addiction Recovery Inc. will offer self-pay rates and/or refer client to County Health Department for evaluation for funding.

REFERRAL SOURCES:

There is a myriad of ways to be referred to our Out-Patient program including but not limited to: Insurance Companies, Internet, Court System, EAP, DSS/CPS, Crisis Response, or Self-referral.

SPECIFIC SERVICES OFFERED:

Clients receive all services from Addiction Recovery Inc. employees and their independent contractor unless an emergent situation arises that requires transfer to another level of care.

PROGRAM DESCRIPTION AND SCOPE OF SERVICES:

Addiction Recovery Inc. offers short-term treatment for people who meet the ASAM criteria Out-Patient. Services for outpatient are provided 1-8hrs per week of therapeutic programming, dependent on contractual obligations with payers, and these services are funded by private insurance, County/State funding, or a self-pay option. Treatment is supervised by a qualified behavioral health practitioner that is on site during clinical hours. 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.

PHILOSPHY OF THE PROGRAM:

The Addiction Recovery Inc. philosophy at all treatment levels is based on the belief that chemical dependency is a chronic, progressive, primary, incurable disease. The disease results in progressive physical, mental, emotional and social impairment and premature death unless intervention takes place and abstinence is maintained. The Addiction Recovery Inc. philosophy supports the belief that the patient is not responsible for having the disease of addiction, but is clearly supportive of the position that the patient is responsible for his or her recovery.

While addiction cannot be cured, it is treatable. The great majority of addicts can begin to recover with the help of professional treatment services. Most benefit from an intensive, short-term detoxification and treatment experience while others need further residential placement support based upon their history, support systems, vocational experience, and living environment. In addition, the high prevalence of co-occurring psychiatric disorders in the addicted population suggests that residential treatment settings that provide concurrent psychiatric treatment provide a strong foundation for the recovery process.

GOALS OF THE PROGRAM:

- Ongoing management of psychiatric issues.
- Continuing education regarding development of coping skills.
- Relapse prevention work based on a client's own personal triggers.
- Completion of the individual's treatment goals.
- Reduction of use so the client may remain a productive member of the community.
- Continuation/Introduction to abstinence or medication assisted recovery

SERVICE MODALITIES TO BE PROVIDED TO ACHIEVE THE PROGRAM OBJECTIVES AND GOALS:

Group therapy will be the standard component. And will be provided by a qualified clinician utilizing group processes and dynamics to facilitate the treatment process. Appropriateness for group therapy will be considered before patients will be admitted to group therapy situations. Before participating in group therapy, clients will be oriented regarding appropriate behavior in the group, and other group rules will be explained, such as those associated with attendance, participation, honesty, feedback to others, and confidentiality.

Group sessions will focus on here-and-now issues such as the desire to use AOD, recent relapses, struggles with potent emotions, or conflicts with other group members or family members. Other topics to be addressed include incest and abuse, gender or cultural issues, family relationships, and sexual orientation. Therapy groups will not include more than 12 patients. Coverage during the therapist's absence will be arranged pursuant to program standards of operation.

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.

SCOPE OF SERVICES:

Addiction Recovery Inc. will provide Out Patient services (1.1 ASAM) as part of the continuum of care for those clients meeting criteria. Those services include at a minimum:

- Counseling Services: Individual psychotherapy will be available as needed to help clients identify self-defeating patterns of behavior and unconscious motivations for specific behaviors not able to be addressed in the group process. The goals of individual counseling include:
  - Maintaining clients' participation in the treatment process by continual review and clarification of treatment goals and objectives
  - Reassuring clients about fears and anxieties that will be an expected part of the

behavioral change process
  - Enhancing retention of clients in the program by strengthening the client-counselor relationship
  - Identifying new and healthy responses and solutions to stressful and difficult situations.
- Crisis Management: Clients who present with behavioral concerns during the group setting will be redirected by clinical staff. If redirection is unsuccessful then client will be asked to leave group and one on one counseling will be provided. If the intervention is unsuccessful mobile crisis may be called in further escalations may result in a 911 call. Clients will be provided with information regarding hotlines, crisis intervention services, and hospital emergency rooms. County Mobile Crisis Units are also available 24 hours a day 7 days a week for additional management if needed.
- Psychiatric Services: Any person, who presents with perceived psychiatric concerns, will be assessed by the Psychiatric Nurse Practitioner at Addiction Recovery Inc. who is onsite weekly. If emergent care is needed, the Psych Nurse Practitioner is available by phone 24 hours a day 7 days a week. There are also additional Mental Health Services provided by adjunct LCPC/LCSW-C staff. If the psychiatric emergency cannot be managed at this level of care, the patient will be referred to the Emergency Department for emergency evaluation and treatment.
- Patient Education: Education regarding the disease model of addictions and the process of recovery will be an integral component of the OP program. The didactic presentation of information will include:
  - The dynamics of addiction and the addiction process
  - The role and process of treatment and recovery
  - Medical aspects of addiction
  - The importance of abstinence from alcohol and all other drugs
  - Appropriate use of prescribed and over-the-counter drugs
  - Powerlessness and unmanageability of AOD use
  - Maximizing the use of self-help and support groups
  - Spirituality and the development of an externalized source of support
  - The roles of nutrition, exercise, leisure, and recreation in recovery
  - Experiencing emotions and feelings without AOD
  - Relationship skills
  - Sex and sexuality and recovery
  - Conflict resolution and confrontation skills
  - Family dynamics of addiction
  - Healthy relationships and family functioning
  - Relapse management skills
  - AOD refusal skills
  - Avoiding and defusing triggers for craving and relapse
  - Minimizing risks for HIV, AIDS, and sexually transmitted diseases.
- Case management: Arrangements with other organizations for delivery of support services not provided by the treatment program (such as vocational rehabilitation, social services, and employment services) will be made on a case-by-case basis to address issues identified in the biopsychosocial assessment. Services include referral for financial assistance if available, housing, transportation as needed and assistance with activities of daily living as

needed. Some clients qualify for external case management as offered by outside entities and weekly meetings will be held as deemed necessary by providers of services.

- Information and Referral Services: Patients will be assessed by the nurse and or counselor to determine when discharge criteria from this level of care have been met. A determination and recommendation is
  made to the client to safely discharge to the community. If the determination is made for discharge, the appropriate referrals will be made. Emphasis is placed on developing community based recovery support in the patient's own community.
- Auricular acupuncture (Acudetox) is available and offered to clients to help reduce cravings to use mood altering substances and to decrease their level stress, thus enhancing the treatment experience.
- Addiction Recovery Inc. does not restrict client's right for an infraction of programing rules however repeated infractions could result in staff discharge from the program at which time the client will receive an appropriate referral for continuing services.

ADMISSION CRITERIA TO THE OUT PATIENT LEVEL OF CARE:

All patients requiring Out-Patient services must meet admission/entry criteria for service, as described below determined by medical/behavioral health assessment:

- 18 years old or older
- Meet diagnostic criteria for substance-related disorder of the DSM V
- Must be at minimal risk of withdrawal symptoms or have minimal remaining withdrawal symptoms.
- Be physically and psychologically stable.
- Client meets the following:
  - a) The member has been discharged from an inpatient hospital stay for the treatment of a Substance-Related Disorder, or outpatient is the initial level of care for the member whose severity of illness and level of functioning require treatment to change substance abuse and addictive behaviors (e.g., pharmacotherapy, psychotherapy, and/or psychoeducation provided by physicians, psychologists, and nurses and). (CMS NCD Manual, Section 130.2; ASAM Criteria, 2013).
  - b) Services must be for the purpose of diagnostic study or reasonably expected to improve the member's condition, and designed to reduce or control the member's symptoms, to prevent relapse or hospitalization, and improve or maintain the member's level of functioning (CMS Benefit Policy Manual, Chapter 6-20).

DISCHARGE AND TRANSITION CRITERIA TO A LOWER LEVEL OF CARE:

- The patient no longer requires services 1-8 hrs. Per week of treatment.
- The patient is mentally competent and cognitively stable to be discharged to the community.

To ensure that the recovery process continues beyond the point of outpatient treatment, a continuing care plan will be developed by the patient and the therapist. The objectives and goals identified during the initial phases of treatment are carried forth in this written plan, which specifies the activities and objectives that

will enable the client to sustain abstinence and a recovery-oriented lifestyle. Issues left unresolved will be addressed in the continuing care treatment plan.

Transition planning will be established early in the treatment process and may include outpatient services, group counseling, vocational training, ongoing individual or family therapy, and/or self-help group participation.

POLICY ON PRE-ADMISSION FOR CLIENTS COMING FROM THE COMMUNITY OR DOOR TO DOOR FROM THE HOSPITAL

INITIAL TELEPHONE CONTACT:

The administrative office staff accepts referrals from outside agencies or individuals seeking treatment, Monday through Friday, 8:00 AM – 5:00 PM. The administrative office staff enters initial information into a new Credible electronic record and puts the record ON HOLD or SCHEDULED. This includes information regarding the demographic information, patient's condition, drugs of choice, living environment, past treatments, current health problems, mental health history and insurance information. In the case of referrals from AACo HD OTF program, refer to OTF manual.

1. If the client's screening information does not have to undergo a review for admission by the DOT or DON, the administrative office staff will have that individual come in that day if possible for admission once the client's insurance has been checked on-line or telephonically. If the client is unable to come in that day for admission, they are scheduled for the next available admission date/time.
2. If the caller does not have insurance and are Anne Arundel county residents, they are referred to the OTF Department for assessment through that funding source. If the client is an IV drug abuser, every effort is made to admit provide admission to Addiction Recovery Inc.'s within 14 days. The patient will be placed on a waiting list.

VERIFICATION AND EXPANSION OF INITIAL INFORMATION:

Categories of applicants who may require a pre-admission review or Treatment team review include:

- Un-stabilized Co-occurring Disorder
- Re-admission of previous patients
  HIV Positive applicants – recent CD4 counts are usually requested.

Priority status for admission is given in accordance with directives from the Maryland Alcohol and Drug Abuse administration to include:

- Individuals who are pregnant, or have given birth within the past 12 months
- HIV Positive applicants
- IV drug abusers

CLIENTS INELIGIBLE FOR ADMISSION:

1. Clients who are requesting a different level of treatment not available at Addiction Recovery Inc.
2. On admission clients will be assessed by clinical staff/Medical Director/NP and all clients that require inpatient care will be referred to a higher level of care.
3. Mental health issues requiring immediate intervention such as active SI or hallucinations.
4. Married couples, significant others or related family who are currently in treatment.

The Directory of Community Services in Maryland is used as a resource as well as service providers known to Addiction Recovery Inc. locally and through the Alcohol and Drug Abuse Administration. Specific programs, telephone numbers, addresses and contact persons are provided to the client. Persons requiring mental health/medical/dental intervention are referred to available public agencies, private treatment providers, or if none is available, to a local emergency room or University of Maryland Dental Clinic. Documentation of the referral is made on the Screening Assessment.

NOTIFICATION OF THE ANNE ARUNDEL ADDICTION COORDINATOR REGARDING TOTAL CAPACITY:

Within 1 week of reaching 90% capacity, the Intake office will notify Anne Arundel Addiction Coordinator that 90% capacity has been met. Addiction Recovery Inc. will admit individuals in need of treatment who are currently IV drug abusers not later than 14 days after the request for treatment has been made.

CAPACITY NOTIFICATION TO THE STATE OF MARYLAND – IV Drug Users:

Within 7 days of reaching 90% capacity, Addiction Recovery Inc. will notify the State of Maryland that 90% capacity has been reached.

WAITING LIST:

Individuals accepted into the program that cannot be admitted within 24 hours will be placed on waiting list. Each client on this list will be assigned a unique patient identifier which is the last 4 digits of a patient's SSN. The front office will call individuals who are on the waiting list daily. If the potential client cannot be admitted into Addiction Recovery Inc. within 10 days, the DOT or DON will contact other appropriate treatment programs in order to arrange admission or transfer within a reasonable geographic area.

The priority of the waiting list for admission slots will be as follows: HIV positive individuals, pregnant women who have been detoxed and IV drug users. After those individuals have been given slots, the final criteria for an admission slot is the date the individual was placed on the list.

When an admission slot becomes available, the clients will be contacted in order of priority. If that individual is not reachable, then the next individual who has been on the list the longest will be contacted. Addiction Recovery Inc. will remove individuals on the waiting list only if they cannot be located or when they refused treatment when they were contacted.

POLICY AND PROCEDURES FOR ADMISSION/INTAKE FOR CLIENTS COMING FROM THE COMMUNITY OR ANOTHER PROGRAM:

Intake is a process whereby an individual, who has previously been screened for eligibility and diagnostic impression, presents on day of admission for final determination of appropriateness for admission. This involves a preliminary assessment by the clinician to admit the patient based upon the diagnosis and needs of the patient. At any time during this process, if the individual is determined to be ineligible, inappropriate, or more suited to a different level or type of care not available at Addiction Recovery Inc., referral to another treatment provider who more closely meets the needs of the patient is facilitated by the case manager and or the Director of Treatment.

FRONT OFFICE STAFF:

1. For admissions Monday through Friday, the OP coordinator will scan in the patient's electronic record a copy of the patient's identification (driver's license, social security card, insurance card).. (***If the admission comes on Saturday or Sunday, this admission data entry into the electronic record is done on the first day when the business office is open). If patients call at other times, and they need immediate admission, they are either directed to Anne Arundel Medical Center or Laurel Regional Medical Center.

FINANCIAL REGISTRATION AND FEE ASSESSMENT – Monday through Friday

1. The patient then meets with the OP coordinator who describes all treatment costs to be borne by the patient. The administrative staff member will complete the following forms in the Credible electronic record:

a. Promissory notes for clients approved for waiver of admission/copay amounts are by the Executive Director.
b. Promissory note for any pharmacy co-pays/laboratory costs
c. Patient Rights review and explanation
d. Family Assessment completed by the client on Credible
e. Consent for Department of Social Services for OTF clients
f. Consent for Bridging the Gap
g. Consent to any third party payer (i.e. OTF, Medical Assistance VO, private insurance carriers, and various other contracted agencies/counties.)
h. Emergency contact consent
i. Consent for any financial concerns if patient is having another individual pay for their stay.
j. A General Consent/Consents if patient wishes communication with other person/persons.
k. Verification of income form which assesses a patient's ability to pay fees for program services.
l. Consent for Intervention psychiatric services.

2. Fees are assessed on the day of admission depending on the funding source of the individual's treatment stay. A synopsis of the current fees assessed is reviewed one on one with the client and the client initials the appropriate block on the form. Some of the various funding sources and associated fees are listed below.

Privately insured clients (other than Medical Assistance):

Addiction Recovery Inc. maintains contracts with a variety of insurance companies and Health Maintenance Organizations to assist in paying for treatment for covered individuals. These clients/patients work with Utilization Review for precertification and authorization for by the insurance company throughout their stay. When an individual has OP benefits, Addiction Recovery Inc. will require authorization to assign payment to Addiction Recovery Inc. and will accept the contracted amount as payment in full, less any patient deductible and/or co-pay or uncovered medication and laboratory costs, for which the patient will be responsible. Reimbursement rates differ, as do billing practices for each company.

Screening:

An initial, brief screening of a potential patient may be done during the first phone contact or through a scheduled or unscheduled walk-in. During this initial screening, basic data will be gathered and the individual is encouraged to participate in an assessment if appropriate.

To the extent possible, medical emergencies will be screened and the client will be given a brief overview of the services provided by the program. The purpose of this initial screening is to determine whether the individual is likely to be an appropriate candidate for the program according to clear, previously determined admission criteria that include guidelines on clinical and financial eligibility.

The purposes and reasons for screening include:

- Determining the need for an AOD assessment
- Ensuring immediate placement in the appropriate level of will be
- Responding to communications from referral sources, self-referrals, families, and others about the potential for AOD treatment
- Engaging and involving the referral source with the treatment program and the treatment process
- Documenting information gained during crisis interventions and assisting clients to reach other levels of will be such as emergency room treatment
- Scheduling appointments for assessment and preparing patients for the assessment process.

Clinical staff will conduct front-line AOD screening.

Assessment and Intake:

An assessment will be arranged as soon as possible if the person seems to be an appropriate candidate for OP level of care. The assessment process will provide a complete biopsychosocial-spiritual profile of each person, including all problems will be such as AOD use; psychological, physical, legal, and vocational problems and issues; and family and other social relationships.

Clients will be informed about confidentiality regulations and other informed consent issues. Both of these will help to promote a trusting relationship between the client and the program staff.

Clients can be placed in treatment at the earliest opportunity. Encouragement and positive reinforcement for clients' participation will be required throughout this process. Those for whom medical stability is in question will be examined by a physician prior to admission. If the assessment reveals that a client is inappropriate for participation in the OP program, the program is responsible for linking the client with an appropriate level of care.

Intake and registration procedures will be include patient education regarding program policies and procedures, rules and regulations, expectations and rights, program schedules, the consequences of noncompliance, the use of AOD during treatment, the role of toxicology screening results, the extent and limits of confidentiality, and the clients are given an out-patient handbook.

Toxicology Screening:

Routine screening will be performed once a week, in the beginning of treatment then randomly as treatment progresses and goals will be attained. If deemed appropriate routine screenings can be observed.

Patients will be required to provide written informed consent regarding who, outside of the program staff, may have access to or be informed of toxicology screen results. The therapist will address positive drug screens.

Appropriate procedures are followed regarding the safe collection, handling, storage, and testing of urine samples per program policy.

Treatment Planning:

The treatment plan will be based on the patient's expressed objectives and on findings from the initial assessment, toxicology screenings, and the biopsychosocial-spiritual assessment. Treatment planning will follow the standard for AOD treatment. Based on the findings of the assessment, goals will be established for an individualized master treatment plan that describes specific goals and actions to be taken. The treatment plan will be updated periodically reflecting the client's cognitive, emotional, social, physical, and behavioral changes.

Specific, measurable patient centered goals that the patient agrees to accomplish during the course of treatment will be identified in the master treatment plan. A treatment contract will be used as needed.

FAMILY INVOLVEMENT:

Family member participation is a critical area of AOD treatment. Didactic and experiential sessions will be provided for family members and significant others of patients. These sessions will help engage clients' families in treatment and enhance family members' understanding of the treatment and recovery process. Topics to be covered include:

- The dynamics of addiction, treatment, and recovery in the family
- Relapse and relapse prevention
- Family issues common in addicted families
- Enabling and denial
- Healthy family functioning
- Healthy detachment and "tough love"
- Communication and problem solving in the family
- Management of family social functions
- Introduction to Al-Anon, Alateen, and other relevant support systems for family members.

Self-Help and Support Group Orientation:

Patients will be advised of the times and locations of 12-step group meetings and other support groups.

OP staff members will be sensitive to the need for matching individual patients to a "home group" of people with similar backgrounds, culture, and experience. ARI treatment staff will be willing to help such clients explore reasonable alternatives that will genuinely help them establish and

maintain sobriety and promote emotional and spiritual growth. The effectiveness of the self-help experience will be based on the client's comfort level and assumed benefit rather than on the experience or traditional outlook of the treatment provider.

ARI treatment staff will be familiar with alternatives to 12-step programs that may be available in their area, such as Rational Recovery Systems, Addicts Victorious and Women for Sobriety.

Group Therapy:

Group therapy will be the standard component. And will be provided by a qualified clinician utilizing group processes and dynamics to facilitate the treatment process. Appropriateness for group therapy will be considered before patients will be admitted to group therapy situations. Before participating in group therapy, clients will be oriented regarding appropriate behavior in the group, and other group rules will be explained, such as those associated with attendance, participation, honesty, feedback to others, and confidentiality.

Group sessions will focus on here-and-now issues such as the desire to use AOD, recent relapses, struggles with potent emotions, or conflicts with other group members or family members. Other topics to be addressed include incest and abuse, gender or cultural issues, family relationships, and sexual orientation. Therapy groups will not include more than 12 patients. Coverage during the therapist's absence will be arranged pursuant to program standards of operation.

INTAKE INTERVIEW:

1. All applicants eligible and appropriate for admission will be scheduled for a face to face interview with the Counselor. The Intake interview is an assessment to insure that the patient's needs correlate with the services available at Addiction Recovery Inc. based on admission criteria. Exceptions to this are on a case by case basis.

2. Criteria for determining the eligibility of patients for admission to the various levels of care are clearly described in the following in the Credible Treatment Plan:

    a. DSM - V Diagnostic Criteria

    b. ASAM PPCII –R

3. The counselor uses the collected data to complete the DSM-V Criteria to determine a

    presumptive diagnosis of Substance Dependence. If two or more criteria are met, the counselor proceeds with the ASAM PPC-2–R. The purpose of the criteria and check lists is to ensure that treatment required by the patient is appropriate to the intensity and restrictions of care provided by Addiction Recovery Inc.

4. A Gambling Assessment is also conducted by the counselor.

*** It is the intention of this process to insure the appropriateness of the patient and the ability of Addiction Recovery Inc. to meet the patient needs and/or suggest alternative services. The patient is matched to the type and level of services that best meets his/her needs. In the event that the screening process reveals there are medical, psychiatric, legal or other complicating factors which require further assessment in order to determine the appropriate disposition of the applicant, the review conducted by one or more of the following individuals will be performed: Director of Treatment, Director of Nursing, Physician, and/or Charge Nurse.

POLICY AND PROCEDURES FOR ADMISSION/INTAKE FOR CLIENTS TRANSITIONING FROM INTENSIVE OUT PATIENT SERVICES HERE AT ARI:

The counselor at Addiction Recovery Inc. makes the referral to transition the client from INTENSIVE OUT PATIENT level of care to an OP level of care on the date of completion of their treatment plan/goals.

If the counseling staff determines the client meets one or more of the transition criteria, a transition plan is then developed with the input of the client.

Finally, the OP Coordinator will discharge the client in the Credible electronic record and change to the level of care The patient is transitioning to.

ADDICTION RECOVERY INC. PROCEDURES FOR DISCHARGE FOR THE OP LEVEL OF CARE:

A patient's readiness for discharge from all levels of care is determined by the treatment team through the process of treatment plan review (see policies on therapeutic reviews) and based upon ASAM PPC II R. However, the process of discharge planning from OP is initiated at the time of admission as the treatment team assists the patient in making responsible, discharge decisions. It is the philosophy of Addiction Recovery Inc. to provide the least restrictive environment, which is conducive to the recovery process based upon each individual's need and their ability to achieve therapeutic goals and objectives.

All discharged patients are given referrals for continuing chemical dependency treatment at a level of care best suited to their needs. Medical, dental, psychiatric, or other types of referrals are offered as individually needed.

THE DISCHARGE PLAN:

Discharge planning procedures begin on the day of admission when the patient assessment process begins. The patient is questioned, at the initial screening, concerning his/her discharge plans (living environment). The assessment process, completed at the first appointment, also incorporates the patient's discharge plans.

Completion of the full bio-psychosocial assessment provides the initial information from which the treatment team begins to consider the appropriate level of care for the patient following discharge from Out Patient. Each individual's full set of circumstances is taken into consideration from the initial assessment and throughout treatment. Recommendations for appropriate discharge plans are based upon: a. Patient's living environment, b. Active drug use in the home or neighborhood, c. Patient's financial resources, d. Patient's family support, e. Patient's ability to reach therapeutic goals and objectives and demonstrate commitment to the recovery process f. access continuing treatment facilities, g. Patient's perception(s) of his/her continuing care needs, h. Patient's responsibilities toward children, i. Patient's legal status and court influences regarding continuing care, j. Patient's physical or mental health status, k. Patient's relapse history and/or potential.

During the assessment phase, the primary counselor begins discussing, with the patient, his/her needs at discharge. The primary counselor will prepare a treatment plan during the assessment phase regarding continuing care to assist the patient in making a healthy decision for ongoing treatment after discharge from Addiction Recovery Inc. Treatment Center.

The primary counselor continues to assess the safety of the home environment through contact with the patient and his/her family members. This information is shared with the treatment team to assist in the discharge decision-making process.

Readiness for discharge is based upon integrating all of the above information through the treatment team review process.

PROCEDURES FOR DISCHARGE REFERRALS:

1. Discharge referrals for continuing chemical dependency treatment are made based upon the individual circumstances of the client, recommendation of the treatment team and willingness of the patient to follow those recommendations. Referral Agreements will be made with those outside agencies that agree to do so.

2. As soon as an appropriate level of care is determined (outpatient, 12-step fellowships mental health counseling and family counseling) and agreed upon by the patient, the primary counselor begins the process of making a referral.

3. Consents to the referral agency are obtained both to release and obtain information prior to giving the agency any information about the patient.

4. The primary counselor telephones the agency to determine if there is a treatment slot and whether the patient may be eligible, based upon available information.

5. The primary counselor notifies the Medical Records Technician to insure required documents (agency specific) are forwarded as soon as possible. This is accompanied by a Referral Form.

These may include but are not limited to:

a. Consent to release information

b. Screening Form

c. All Assessment Forms

d. History and Physical

e. All laboratory reports including Urine Drug Screens

f. Treatment Plans

g. Progress Notes

h. Psychiatric Evaluation

i. Medication Records
j. TB Test Results
k. Discharge Instruction Sheet which is completed for all clients whether they chose to sign and take them with them no matter what the type of discharge.

6. All attempts are made to have an F/U appointment for continuing care occur prior to the patient's actual discharge from Addiction Recovery Inc. The purpose is to help insure appropriate linkage. However, when that is not possible due to distance and schedules, the primary counselor attempts to schedule the patient's initial appointment as soon as possible after discharge.

7. All attempts are made to help the client/patient obtain personal transportation to initial continuing care appointments. However, in some instances (when distance is not a concern), Addiction Recovery Inc. will provide transportation for OP in the Annapolis, Glen Burnie area. In the event a patient requires transportation, a request is made indicating that transportation is needed. If scheduling permits, the patient may be transported to and from OP by the ARI staff.

8. In the event the patient requires a mental health referral at discharge, in addition to the chemical dependency referral, all attempts are made by the counselor to facilitate an initial appointment prior to discharge or as soon after discharge as possible.

9. Individuals requiring medical or dental referrals will receive information from their primary counselor.

10. All discharge referrals are documented in the chart, the patient discharge instruction sheet, and indicated in the discharge summary, and reported at the Daily Clinical Team Meeting

11. If family members request assistance with understanding discharge referrals, the primary counselor will meet with family members prior to discharge to explain the nature of the referral, with the consent of the patient.

CLIENTS WITH A PRIMARY DIAGNOSIS OF OPIOID DEPENDANCE

Clients who have a primary diagnosis of opiate dependence are scheduled intake appointments for opioid maintenance therapy unless they refuse this referral.

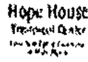
WOMEN WITH DEPENDANT CHILDREN

Women with dependent children are given linkages on the discharge instructions which include but are not limited to :

a. Case management
b. Transportation needs
c. Legal needs
d. Assistance with accessing insurance
e. Education needs
f. Housing needs
g. Physical health
h. Behavioral health
i. Prenatal Care and other health services
j. Therapeutic daycare for children
k. Head Start
l. Trauma Informed Care service

PROCEDURES FOR DISCHARGE CLOSURE OF THE ELECTRONIC RECORD

1. All paper documents (medical records from hospital, urine results, medication Kardexes etc.) are scanned into the record by the Nursing Assistant.
2. The Front office changes the client electronic record from ACTIVE to DISCHARGED.



Hope House Treatment Centers

26 Marbury Drive

Crownsville, MD 21032

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 knowledge, information, and belief.

D'Souza

Peter D'Souza

Executive Director

Feb. 6, 2019

Date