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June 8, 2021

VIA PDF & REGULAR MAIL

Mr. William D. Chan, Program Manager
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Avenues Recovery Center of Chesapeake Bay, LLC
Matter # 21-09-2449

Dear Mr. Chan:

Attached please find four (4) copies of the responses to your April 29, 2021, completeness questions and the additional information provided by Avenues Recovery Center of Chesapeake Bay, LLC ("Avenues-Chesapeake Bay") in connection with its Certificate of Need ("CON") application to establish a 20 bed Track One Intermediate Care facility providing ASAM Level III.7 and Level III.7-WM services in Cambridge, Dorchester County. These responses also have been submitted as of this date electronically, in both Word and PDF format, to Ruby Potter at ruby.potter@maryland.gov.

Part I - Project Identification and General Information

1. Please provide a description of the proposed Level 3.7-WM and Level 3.7 inpatient program, such as:

   a. Who will own and/or operate the proposed program (i.e., Avenues Recovery Center, Rehab Venture, etc.);

Avenues Recovery Center of Chesapeake Bay, LLC will be the owner, operator, and licensee of the proposed Level 3.7-WM and Level 3.7 inpatient program. Although Avenues-Chesapeake Bay has a management agreement with Rehab Ventures ("Rehab Ventures"), Rehab Ventures has no ownership interest in Avenues-Chesapeake Bay. Rehab Ventures manages Avenues-Chesapeake Bay (and the other Avenues facilities). Please see the updated Ownership Chart in Exhibit 27.

Both Avenues-Chesapeake Bay and Rehab Ventures are owned by the Livorno Trust, Yehuda Alter, and Yosef Cohen.

b. The current condition of inpatient rooms located in the South Wing of the Cambridge facility;

Avenues-Chesapeake Bay's inpatient rooms were newly remodeled prior to opening the facility in Fall 2020. The remodeling included new flooring, fresh paint, new furniture, and modern décor to enhance patient stay with comfortable and pristine conditions. These rooms are ready to accept patients and meet all regulatory requirements as approved by CARF and the Local Addiction Authority.

c. Whether the program will initially treat patients in the Level 3.7-WM and then move these individuals either to the Level 3.5 or lower services at the Avenues-Chesapeake Bay facility or to another alcohol and substance abuse provider; and

Because Avenues-Chesapeake Bay offers the full continuum of services, patients who initially are treated at Level 3.7-WM are likely to be transitioned to Level 3.5 or lower services at the Avenues-Chesapeake Bay facility. Avenues-Chesapeake Bay prides itself in offering a continuum of care for all patients who admit to its program. Patients may admit directly to ASAM levels 3.7-WM, 3.7, 3.5, 3.3, 2.5, 2.1, or 1.0 based on the needs of the patient. As such, Avenues confirms that patients will step down to lower levels of care as they progress throughout treatment, and, if needed, will refer the patient to other treatment providers as appropriate.

d. The patient's projected average length of stay at Avenues-Chesapeake Bay Level 3.7-WM and/or Level 3.7 program.

The patient's projected average length of stay at Avenues-Chesapeake Bay is seven (7) days in total between both 3.7-WM and 3.7.

2. Please respond to the following:

a. Whether Avenues Recovery Center of Chesapeake Bay has a website;

The following is the website for Avenues-Chesapeake Bay: https://avenuesrecoverymaryland.com/locations/eastern-shore-drug-rehab-detox-center. Avenues Recovery Center at Eastern Shore is the d/b/for Avenues-Chesapeake Bay. Please see Exhibit 28.

b. Provide a brief history for both the applicant and the Cambridge facility including current services offered; and

Avenues Recovery Center opened its first location in Bucks County, Pennsylvania in 2016 offering 2.5, 2.1, and 1.0 services. Having much success in 2016 in Bucks County, Avenues opened its second facility, Avenues Recovery Center of Maryland in Prince Frederick, Maryland in 2017. Avenues-Prince Frederick Maryland offers 3.5, 3.3, 2.5, 2.1, 1.0 and Crisis Stabilization services. In 2018, Avenues acquired another 2.5, 2.1, and 1.0 program in New Hampshire. Avenues Recovery wanted to expand its levels of care offered to high intensity residential and detox services and acquired Avenues New Orleans in 2018 and Townsend Recovery Center in 2019; two Louisiana based facilities that offer 3.7-WM and 3.7 as well as 3.5, 3.3, 2.5, 2.1, 1.0, and Mental Health Outpatient services. Because Avenues saw the success of these higher levels of care in Louisiana and wanted to expand its unique services across the country, Avenues opened Avenues Lake Ariel (Pennsylvania) in 2019 and Avenues Fort Wayne in 2020 (Indiana). Finally, as described throughout the Certificate of Need application, Avenues wanted to provide its high quality clinical and medical treatment to all Maryland residents, including residents of Maryland's Eastern Shore. Therefore, Avenues opened Avenues-Chesapeake Bay.

The Avenues Recovery network is rapidly growing and now has 8 facilities spread across the country. Avenues has earned a pristine reputation in the field of drug and alcohol addiction treatment. Avenues is committed to providing all its patients, regardless of their payor source, with a path to recovery according to their specific needs, backgrounds, and unique struggles with addiction.

c. Include the applicant's experience in providing Level 3.7-WM and Level 3.7 services in its existing alcohol and substance abuse treatment facilities either in Maryland or in other locations across the country.

As described above, Avenues has provided care at the 3.7 level, both for withdrawal management and high intensity residential services, since 2018. Level 3.7 care is currently offered in its two Louisiana facilities, as well as in Lake Ariel (Pennsylvania) and Fort Wayne (Indiana). The ability to offer the full range of services has contributed greatly to program effectiveness and the well-being of Avenues patients. Thus, Avenues is eager to add Level 3.7 and Level 3.7-WM to Avenues-Chesapeake Bay as well. This expansion will allow Avenues to give the Chesapeake Bay patients the very best chance at a pathway to returning to a meaningful and productive life and lifestyle.

3. Regarding Tab 6, Exhibit 3, please identify how many of these 20 beds will be dedicated either for detox services only and/or for Level 3.7 inpatient services. Regarding the seventh triple-occupancy patient room next to the "med room" on the South Wing, identify the level of care for these patients. Will the 20 beds designated in the South Wing be dedicated only for Level 3.7-WM and Level 3.7 patients and a closed unit, or will all of the beds in this unit provide Level 3.5 services or lower level of care as well?

With respect to how many of the 20 proposed beds will be dedicated either for detox services only and/or for Level 3.7 inpatient services, Avenues-Chesapeake Bay will not dedicate for 3.7 or 3.7-WM but instead will flex as needed. Per Spencer Gear, ACSW, LCSW-C, Director of Licensing, BHA, BHA

> "can either license a specific number of 3.7 and/or 3.7WM, or we can license the whole facility for multiple levels, and you can flex within that. Obviously, if you do the latter, you would have to meet the 3.7WM standards for the whole facility all the time, regardless of who is in the beds." If you had a 3.5 patient in the bed, you would only be able to bill 3.5, obviously."

(e-mail to Hudi Alter October 20, 2020)

Regarding the seventh triple-occupancy patient room next to the "med room" on the South Wing, the beds in that room will be flex beds.

With respect to the 20 beds designated in the South Wing, those beds will flex between Level 3.7-WM and Level 3.7. Patients at Level 3.5 services or a lower level of care will not be located in the South Wing unless all other beds in the facility are occupied and there is availability in the South Wing.

4. Regarding Tab 6, Exhibit 1, Organizational Chart, please clarify the following:

   a. Clarify the relationship of Avenues Recovery Center, LLC, with Rehab Venture, identified as a management company, in the applicant's organizational structure;

The Livorno Trust, Yehuda Alter, and Yosef Cohen are the three owners of both Avenues Recovery Center, LLC and Rehab Ventures. Rehab Ventures manages the various Avenues facilities. See Exhibit 27.

b. Clarify the relationship of the owners with the four organizations identified as "property owner" and the eight organizations identified as "facility" in your diagram. Does the applicant own these individual organizations, or is there another entity with ownership interest besides Avenues Recovery Center, LLC?; and

Livorno Trust, Yehuda Alter, and Yosef Cohen are the three owners of all Avenues Recovery Center(s) depicted on the Organizational Chart and labeled "Facility". Livorno Trust, Yehuda Alter, and Yosef Cohen also own the LLCs as depicted on the Organizational Chart as "Property Owner." Neither the applicant nor Avenues Recovery Center LLC has an ownership interest in any of these individual legal entities. Instead, the individual entities have common ownership.

c. Update the organizational chart to include the Avenues Recovery Center of Oklahoma and the Avenues Recovery Center of Central Jersey identified on p. 10 of your CON application.

Avenues Recovery Center of Oklahoma was sold in 2020. Avenues Recovery Center of Central Jersey closed in 2018. Please see updated Organizational Chart at Exhibit 27.

Part II - Project Budget

5. Regarding the $55,000 in legal and consulting fees, please cite the source for the $55,000 in cash that will fund your project. Provide either documentation or evidence that the applicant has sufficient financial resources to fund and establish the proposed Level 3.7-WM and Level 3.7 inpatient program.

Please see Exhibit 29, a letter from Roth & Company, a CPA firm who has "taken into consideration the members' global cash flow and reviewed the entity's projections" and determined that "there seems to be adequate availability of funds in the outstanding Accounts receivable to cover project costs." These accountants do not work for Avenues in any capacity and thus are independent accountants.

Part IV - Consistency with General Review Criteria

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

Provision of Service to Indigent and Gray Area Patients

6. To verify that Avenues Recovery Center of Chesapeake Bay will comply with this standard, will the applicant accept the following condition should staff recommend an approval to its CON application?

   Avenues Recovery Center of Chesapeake Bay shall document the provision of a minimum of 15% of patient days of care to indigent and gray area patients, as defined at COMAR 10.24.14.08B(9) and (11), by submitting annual reports auditing its total days of care and the provision of days of care to indigent and gray area patients as a percentage of total days of care. Such audit reports shall be submitted to the Commission following each Avenues fiscal year, from the patient's inception and continuing for five years thereafter.

The applicant will comply with the condition set forth above should staff recommend an approval to its CON application.

Information Regarding Charges

7. Please provide a draft of the required posting to the public that provides information concerning the range and types of services provided and the charges for these services.

Please see Exhibit 8 which is draft of the required posting to the public that provides information concerning the range and types of services provided and the charges for these services. There is a posting in the entry hallway of Avenues-Chesapeake Bay. See draft of the posting to the public in Exhibit 30.

Location

8. The University of Maryland Shore Medical Center at Dorchester will soon cease to operate as an acute general hospital. When that occurs, will Avenues Recovery Center be within a 30-minute one-way auto trip from an acute care hospital?

University of Maryland Shore Medical Center at Easton is 16.8 miles and a 24-minute one-way auto trip from Avenues-Chesapeake Bay. Also, please be advised that although University of Maryland Shore Medical Center at Dorchester will soon cease to operate as an acute general hospital, the new University of Maryland Dorchester health care campus "will include an 82,000 square-foot, two story building, of which the freestanding medical facility (FMF) will occupy the entire first floor. The FMF will include a 22-bed emergency department, six private observation beds and a separate, three-bed unit for the assessment and treatment of

patients needing behavioral health emergency care, intensive outpatient behavioral health services, infusion and cardiopulmonary rehabilitation."

Utilization Review and Control Programs

9. While the applicant directed staff to a series of policies included as exhibits, staff requests that the applicant provide some narrative description of how these policies are implemented.

    a) Utilization Review and Control Programs: The policy listed as Exhibit 13 seems to describe the necessary record-keeping and how it is done, but does not seem to describe the practice and focus of the utilization review and control program. Please provide such a description.

Avenues has utilization review and control programs in place to ensure proper and appropriate record keeping for all patients. At the facility level, there are daily treatment team meetings to review current census and patient identified needs. The treatment team consists of clinical, medical, and case management. Additionally, the Clinical Supervisor conducts weekly group supervision and monthly individual supervision which supervision includes record reviews and identifying areas for improvement. The Clinical Supervisor is responsible for reviewing and signing off on assessments and progress notes on an ongoing basis in the clinical record. Chart reviews are completed for all open and closed records. Although CARF requires such reviews quarterly, this review occurs on every clinical record.

Further, at the Rehab Ventures office, there are Utilization Review Specialists who make up the Utilization Review Committee. These UR specialists' primary function is to review all charts on a regular basis to discuss identified needs to insurance companies. There is daily communication between the UR specialists and the facility to ensure that the documentation is adequate, and each patient identified need is being addressed appropriately.

    b) Discharge Planning and Length of Stay: Please discuss how the appropriate length of stay is determined.

Avenues has written policies governing admission, length of stay, discharge planning, and referral operations that have been approved by CARF. See Exhibits 15 and 16.

Upon admission, an initial length of stay is assigned following the determination that the patient meets criteria for the level of care in which her or she has been placed. Next, the clinical team meets and determines anticipated length of stay. Continued stay reviews occur on a regular basis and are documented in the patient records and are individualized to the patients' needs. When a patient does not meet the criteria for continued length of stay, the patient will be assessed for the appropriate level of care and transferred if necessary.

c) Referrals: The application refers staff to Exhibit 16, entitled "COMMUNICATIONS (REFERRALS)." That content seems to discuss communication practices, many of them internal to the staff. Please discuss how this description governs referral practices and cite where this is referred to in the document.

Transfer and referral agreements with other facilities are an intricate part of a patient's treatment. Avenues has established strong community partnerships, locally and across the State of Maryland. These relationships are the core of its practice and are essential in providing superior care to the patients served. Avenues has written transfer and referral agreements with facilities capable of managing cases which exceed, extend, or complement its own capabilities, including facilities which provide impatient, intensive, and general outpatient programs, halfway house placement, long-term care, aftercare, and other types of appropriate follow-up treatment.

Utilizing a multidisciplinary team approach, staff meetings and patient input govern any referrals necessary to meet the needs of the patient. The team includes administrative staff, clinical staff, medical staff, and case management. Ongoing communication is key to providing the best care for the patients with any referrals necessary to enhance their treatment.

Policies and procedures have been updated to reflect this statement. See Coordination of Care Policy at Exhibit 31.

10. The applicant cited a statement in its Discharge Planning Policy which states: "Each patient's treatment plan will include, at least one year of aftercare following discharge from the facility." Please supplement the policy statement with a description of how the applicant facilitates the aftercare of its patients and any community partners it may involve.

Each patient's treatment plan includes at least one year of aftercare following discharge from the facility. This care will be supported by referrals to care coordination, recovery support personnel, and monitoring through quarterly follow-up calls. Additionally, Avenues will make every effort to coordinate care with an outpatient provider in close proximity to the patient's home (or sober home). Avenues makes every effort to secure an appointment for post-discharge intake the same-day or day-after discharge.

Sources of Referral

11. Please identify and elaborate on the organizations that the applicant expects to receive referrals from, discussing the demographics/socio-economic status of their clientele to provide evidence that at least 15% of applicant's patient days will be allocated to members of the indigent/gray area population.

Provided below is a list of the types of organizations that the applicant expects to receive referrals from. This list is based on the origin of current referrals to the facilities in both Prince Frederick and Cambridge and results in the high Medicaid percentages of patient days in both facilities. These types of organizations which, by definition, do not treat patients or clients (or inmates) based on ability to pay or payor source, are likely to refer patients/clients who are members of the indigent/gray area population.

1. Acute care hospitals - treat patients regardless of payor source/ability to pay;

2. Detention centers - likely to include inmates who are members of the indigent/gray area population; and

3. Health departments - provide services to clients regardless of payor source/ability to pay.

Furthermore, and in particular, the Cambridge facility already receives referrals from the following organizations, all of which serve patients/clients whose demographic/socioeconomic status result in such patients/clients being members of the indigent/gray area population:

1. Baltimore Washington Medical Center

2. Wicomico Detention Center

3. Dorchester County Detention Center

4. Wicomico COATS

5. Frederick Health

6. Dover Behavior Health

7. University of Maryland Shore Medical Center

Sub-Acute Detoxification

12. Describe the following applicant's standards for handling sub-acute detoxification:

    a) Admission standards;
    b) Treatment protocols;
    c) Staffing standard.

Avenues has the appropriate admission standards, treatment protocols, staffing standards and physical plant configurations for sub-acute detoxification. These policies are in accordance with ASAM Patient Placement Criteria and in compliance with CARF guidelines. All Federal and state level regulations are followed.

Admission standards:

Individuals are admitted to this level of care based on a complete medical review and biopsychosocial history review.

Patients who are considered appropriate for this level of care:

- Eighteen (18) years of age or older.
- Meet ICD-10 criteria of substance use disorder.
- Meet appropriate ASAM (American Society of Addiction Medicine) placement criteria.
- Be able to perform basic self-help activities including eating, grooming, and maintaining a reasonable state of orderliness and cleanliness appropriate to the surrounding.
- Be free of suicidal or homicidal behaviors.
- Be willing to contract for safety.

Treatment protocols:

Treatment protocols for individuals needing sub-acute detoxification include a medical exam, medication needs review, complete substance use evaluation, individual treatment plan, and 24 -hour medical supervision. All patients receive a comprehensive referral to the next appropriate level of care.

Staffing standards:

The program is staffed to ensure adequate biomedical and psychological assessment, observation and care, and referrals to meet the individual needs of the persons served.

Avenues maintains a 1:12 counselors-to-patients ratio and a 1:10 nursing-to-patient ratio.

The applicant's standards for handling sub-acute detoxification concerning admission standards, treatment protocols and staffing standards are set forth in Exhibit 21 and updated in attached Exhibit 32.

13. Describe how the physical plant configuration will support sub-acute detoxification.

Please see pages 23-24 of the CON application which describes how the physical plant configuration will support sub-acute detoxification and re-stated below:

> The intent is to convert 20 total beds (seven bedrooms) into 3.7 and 3.7WM beds located in the South Wing as shown in the Floor Plan (Exhibit 3). Of the seven bedrooms, six of them will have three beds per bedroom, and one bedroom will have two beds. The South Wing was chosen because of the more private setting for patients in need of the higher levels of care. The South Wing is located the closest to the clinical offices, group rooms, medical offices, dining area, fitness room, game room, and Yoga room for ease of access for patients experiencing withdrawal symptoms for level 3.7WM patients and post-acute withdrawal symptoms for level 3.7 patients. The close proximity of the medical offices will be most beneficial for patients who need to be seen. There is also a medication room, staffed by nurses, at the entrance of the hallway in the South Wing so that patients do not need to travel throughout the 40,180 square foot space facility for any prescribed medications.
>
> After the initial assessment of patients, Avenues will make every attempt to room patients together by presenting similarities. The intent is to have a therapeutic balance where patients may share their personal experiences with other patients to remind one another that they are not alone in this battle against addiction. Some examples of presenting similarities may be based on age and/or drug of choice. Avenues will make every attempt to keep 3.7WM patients in rooms together as well as 3.7 patients in rooms together. All rooms will be gender specific.

Outpatient Alcohol & Drug Abuse programs

14. Please provide more description and detail on the subparts of this standard as follows:

    a) Subpart 1: The applicant's response points MHCC staff to Exhibit 23. The text therein speaks to appropriateness of admission, but does not seem to *address needs assessment and evaluation*. Please describe that process.

When a patient is referred for outpatient care, the outpatient counselor performs or facilitates the following "Needs Assessment and Evaluation":

- Biopsychosocial

- ASAM assessment
- Suicide Risk Assessment

Once the assessment is complete, the outpatient counselor reports to the Clinical Supervisor whether outpatient care is the appropriate level of care.

b) Subpart 2 requires the applicant to describe its capacity for continuity of care and appropriate staffing at off-site outpatient programs. Please do so.

Avenues ensures continuity of services by providing outpatient services on-location with a capacity of 35 patients with a counselor-patient ratio of 1:35. If a patient is unable to participate in the Avenues outpatient program, the Case Management Team facilitates alternate arrangements for patients near their residences or sober homes.

c) Subpart 4 states that "[o]utpatient programs must demonstrate the ability to provide services in the evening and on weekends." The applicant points staff to a policy statement that simply says: "Patients may access services on evenings and weekends." Please describe where and how.

Avenues is committed to ensuring access to services on weekends and evenings by offering evening and weekend sessions. Appointments can be coordinated with the patient's case manager or counselor. Avenues has designated on-call staff who are available by phone twenty-four (24) hours a day, seven (7) days a week. If a patient needs service, on call staff contacts the Clinical Supervisor who arranges for services to be provided. Avenues can admit patients in need of inpatient treatment 24/7.

B) <u>NEED</u>

15. Please respond to the following:

a) Regarding the Track 1 ICF bed need methodology on pp. 32-33, provide a copy of the actual numbers or tables used as the source for both (a) the population projections used and (b) the information on Medicaid eligible populations in your methodology calculations. If available, provide the Excel spreadsheet or the documentation that includes the background numbers and calculations used for the three methodology tables.

An Excel workbook that includes the requested data is being submitted along with these responses. <u>See</u> Exhibit 33,

b) Regarding the Prince Frederick County patient origin data on p. 38-39, provide the timeframe and source for the Prince Frederick patient data.

The data on actual patients are for the period 1/1/2019-11/12/2020.

c) Provide evidence that supports your statement on p. 40 that RCA Bracebridge does not accept Medicaid patients.

Page 42 of the "Recovery Center of America - Earleville - Complete Corrected Modification Request (12/21/15)" (available on the MHCC website at: http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/filed_2015/con_rca_earleville_corrected_modified_application_20151221.pdf) says:

> While Applicant's facility will not serve patients covered by Medicaid, the expansion in Medicaid coverage means that treatment services are now available to more Maryland residents at other facilities that are already in existence.

In addition, Avenues has recently telephoned RCA's facility, and RCA confirmed that it does not accept Medicaid patients.

d) Provide any data or documentation that supports the demand for the proposed services, utilization rate(s), and the relevant population served, and the information that supports the validity of these assumptions.

Please see the response to Question 16.

16. The applicant makes the point that the prevalence data for addiction treatment needs is outdated. Please provide more recent prevalence data you may be relying on in projecting need for such services.

Avenues is responding to both Questions 15d and 16 in one response, as, together, they provide a more complete and integrated response.

According to the Substance Abuse and Mental Health Services Administration (SAMSA), 7.7% of the population age 18 and over had Substance Use Disorder (either alcohol or illicit drugs) in 2019.[1] However, that figure has without a doubt increased because of the

[1] https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetailedTabs2019.pdf, Table 5.1B Substance Use Disorder for Specific Substances in Past Year among Persons Aged 12 or Older, by Age Group: Percentages, 2018 and 2019

Coronavirus pandemic. In April and May 2020, the CDC found that depression, suicidal thoughts, and drug use increased markedly during the pandemic.[2] The report published in the Morbidity and Mortality Weekly Report (MMWR) states:

> Current depression among adults aged ≥18 years was estimated to be 7.0% by the 2019 National Health Interview Survey (6) and 23.5% by the 2020 Household Pulse Survey during April 23–May 5, 2020,*** compared with an estimated 28.6% of adults aged ≥18 years in this report. In the 2019 National Survey on Drug Use and Health, 4.8% of U.S. adults aged ≥18 years reported serious suicidal thoughts (1), whereas 8.4% of adults in this report indicated having suicidal thoughts/ideation. Recent data from another U.S. panel survey indicated that 40.9% of respondents aged ≥18 years reported mental or behavioral health concerns during the COVID-19 pandemic, with 13.3% of respondents reporting that they increased or initiated substance use (7), compared with nearly 20% of respondents in this report.
>
> Of course, the increase in substance use is not surprising, as many people turn to substance abuse to deal with anxiety and depression. The Kaiser Family Foundation (KFF) also found that the pandemic has exacerbated mental health and substance use.
>
> The COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders. During the pandemic, about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from one in ten adults who reported these symptoms from January to June 2019 (Figure 1). A KFF Health Tracking Poll from July 2020 also found that many adults are reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus. As the pandemic wears on, ongoing and necessary public health measures expose many people to experiencing situations linked to poor mental health outcomes, such as isolation and job loss.[3]
>
> A CDC survey in June 2020 showed 13% of adults started or increased substance use as a means of coping during the pandemic, a rate higher than historic estimates that continued in a September follow up. According to the CDC:

[2] MMWR Morb Mortal Wkly Rep. 2021 Feb 5; 70(5): 162–166. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7861483/

[3] https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

> Overall, 40.9% of 5,470 respondents who completed surveys during June reported an adverse mental or behavioral health condition, including those who reported symptoms of anxiety disorder or depressive disorder (30.9%), those with TSRD symptoms related to COVID-19 (26.3%), those who reported having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%), and those who reported having seriously considered suicide in the preceding 30 days (10.7%).[4]
> Source:

In fact, one limitation of the study was that substance use was self-reported and thus might be undercounted.

> The findings in this report are subject to at least four limitations. First, a diagnostic evaluation for anxiety disorder or depressive disorder was not conducted; however, clinically validated screening instruments were used to assess symptoms. Second, the trauma- and stressor-related symptoms assessed were common to multiple TSRDs, precluding distinction among them; however, the findings highlight the importance of including COVID-19 -- specific trauma measures to gain insights into peri- and posttraumatic impacts of the COVID-19 pandemic (7). Third, substance use behavior was self-reported; therefore, responses might be subject to recall, response, and social desirability biases. Finally, given that the web-based survey might not be fully representative of the United States population, findings might have limited generalizability. However, standardized quality and data inclusion screening procedures, including algorithmic analysis of click-through behavior, removal of duplicate responses and scrubbing methods for web-based panel quality were applied. Further the prevalence of symptoms of anxiety disorder and depressive disorder were largely consistent with findings from the Household Pulse Survey during June (1).[5]

Page 2 of the **Maryland Opioid Operational Command Center** 2020 Annual Report, January 1, 2020 - December 31, 2020 (Released: April 13, 2021) says:

> While the full extent to which COVID-19 has contributed to an increase in substance misuse and related deaths of despair may not be known until further research can be done, we know that vulnerable populations, such as people with substance use disorder (SUD), are bearing the brunt of the associated societal disruptions.[6]

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[4] Czeisler, Mark É., et al, "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020" Weekly, 69(32), August 14, 2020, 1049–1057. cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

[5] Czeisler et al

[6] Maryland Opioid Operational Command Center 2020 Annual Report, January 1, 2020 – December 31, 2020 (Released: April 13, 2021) https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/04/2020-Annual-Report-Final.pdf

To address the increase in mental health and substance abuse disorder needs, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced on May 18, 2021 that SAMHSA is distributing $3 billion in American Rescue Plan funding -- the largest aggregate amount of funding to date for its mental health and substance use block grant programs. The announcement included:

> The Centers for Disease Control and Prevention (CDC) preliminary data points to 90,000 overdose deaths for the 12 months ending last September - about 20,000 more than the same period the year before. CDC data also shows that American adults in June 2020 reported elevated levels of adverse mental health conditions, substance use, and suicidal ideation. The prevalence of symptoms of anxiety was approximately three times those reported in the second quarter of 2019, and prevalence of depression was approximately four times that reported in the second quarter of 2019.
>
> Last week, the Centers for Medicare & Medicaid Services (CMS) released data highlighting health services received by millions of Medicaid and Children Health Insurance Program beneficiaries during the COVID-19 Public Health Emergency. Despite an overall rebound for most of these services, mental health utilization remains below pre-pandemic levels.
>
> With the nation's mental and substance use disorder needs squarely in focus, HHS Secretary Xavier Becerra is establishing a new Behavioral Health Coordinating Council (BHCC). The Assistant Secretary for Mental Health and Substance Use and the Assistant Secretary for Health will serve as the co-chairs of this coordinating body, which is comprised of senior leadership from across the Department. The BHCC's primary goal is to facilitate collaborative, innovative, transparent, equitable, and action-oriented approaches to addressing the HHS' behavioral health agenda.
>
> Behavioral health is a priority for the Department of Health and Human Services. The COVID-19 pandemic has made clear the need to invest resources in our nation's mental health and address the inequities that still exist around behavioral health care. That's why we are making this historic investment in mental health and substance use services," said HHS Secretary Xavier Becerra. "In addition, this national problem calls for Department-wide coordination to address the issue. That's why I am convening the Behavioral Health Coordinating Council to work across HHS to facilitate collaboration and strategic planning as we implement our behavioral health agenda.
>
> And

> Across America, we are seeing a startling rise in mental health and substance use disorders during the COVID-19 pandemic," said Assistant Secretary for Health Dr. Rachel Levine. "We know multiple stressors during the pandemic - isolation, sickness, grief, job loss, food instability, and loss of routines - have devastated many Americans and presented the unprecedented behavioral health challenges across the nation. Addressing the COVID-19 mental and behavioral health impacts on vulnerable and disenfranchised populations are among the top priorities of the Biden-Harris Administration. Establishing a new Behavioral Health Coordinating Council will assure the right prioritization and guidelines are in place to provide pathways to prevention, intervention, treatment and recovery services."
> Source: https://www.hhs.gov/about/news/2021/05/18/hhs-announces-3-billion-in-american-rescue-plan-funding-for-samhsa-block-grants.html

Experts do not think that this increase in mental health and substance abuse disorder needs will change soon. As Daniel Van Boom wrote on Cnet on May 2, 2021:

> What researchers now know about mental health in the COVID era is a snapshot, and it'll take years before its impacts can be properly measured.
>
> Partially, that's because effects can linger. As the pandemic drags on researchers are learning more about "long COVID," in which symptoms from the virus persist long after a victim contracted it. Those who suffer from long COVID can experience issues in their respiratory, cardiovascular and gastrointestinal systems, according to an April paper in Nature. It's also associated with less sleep and more anxiety. Research from Britain's National Institute of Health suggests that at least 50% of people admitted to hospital for COVID-19 were still enduring symptoms two months later.
>
> Then there's post-traumatic stress disorder. Marques points out that 12% of first responders to 9/11 still had clinical symptoms of PTSD in 2011, a decade later. A full third of patients treated for SARS, another coronavirus, went on to develop PTSD symptoms, according to a 2005 study from Hong Kong University. Seeing the syndrome in the same percentage of people treated for COVID-19 would be a colossal issue alone.
>
> The third long-term worry is that emotional problems often don't manifest for years until after the traumatic incident. Marques points out that many people living through the pandemic are in perpetual survival mode and that symptoms of trauma may not manifest until after the virus recedes, when they feel safe. "My hypothesis is that we'll see a shift in the prevalence of mental illness, and it's going to stay that way for a while," she said.[7]

[7] Van Boom, "Daniel, Our mental health crashed in 2020. Recovery could take years," Cnet https://www.cnet.com/features/our-mental-health-crashed-in-2020-recovery-could-take-years/

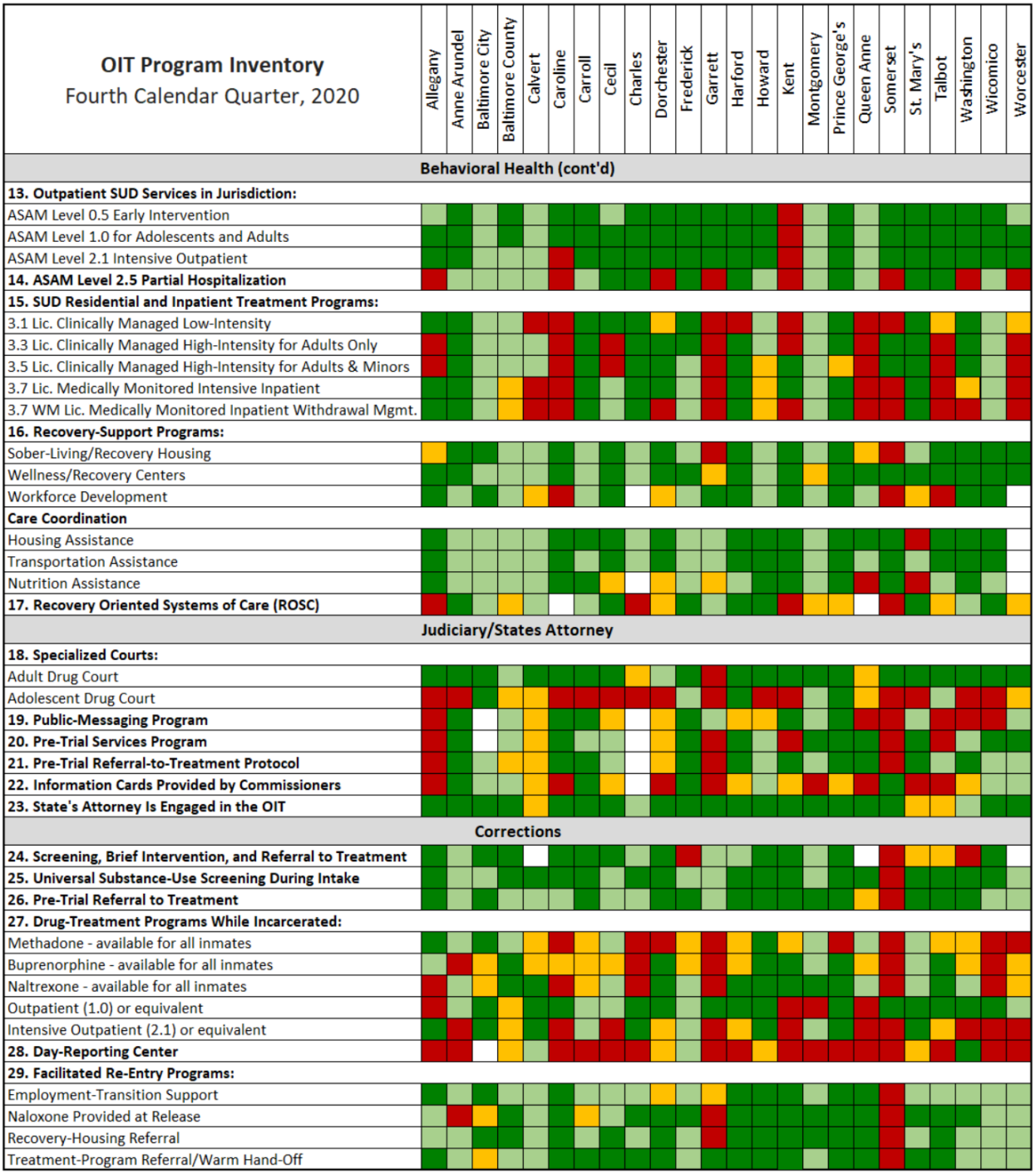
Consequently, Avenues does not believe that the 2019 substance abuse percentage of the population is an appropriate indicator of need for 3.7 and 3.7-WM capacity.

Furthermore, Avenues believes that removing the indigent and gray area population from the projection of whether the Avenues Eastern Shore facility is needed is inappropriate, given that Avenues projects that approximately 75% of its 3.7 and 3.7-WM patient days will be for Medicaid recipients.

In addition, another Maryland State Entity (which operates from the Governor's Office), the Maryland Opioid Operational Command Center, believes that additional 3.7-WM capacity is needed on the Eastern Shore. Page 26 of the Maryland Opioid Operational Command Center 2020 Annual Report, January 1, 2020 - December 31, 2020 (Released: April 13, 2021)[8] shows the available services by county (Table 7. Full OIT Program Inventory as of December 31, 2020). The table identifies availability by color ["no programming planned" (red) to "substantial programming in place" (dark green).]

The Maryland Opioid Operational Command Center rates Caroline, Dorchester, Kent, Talbot, Queen Anne's, Somerset, and Worcester Counties as red for "WM Lic. Medically Monitored Inpatient Withdrawal Mgmt." The chart is provided below.

[8] https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/04/2020-Annual-Report-Final.pdf


OIT Program Inventory
Fourth Calendar Quarter, 2020
Allegany
Anne Arundel
Baltimore City
Baltimore County
Calvert
Caroline
Carroll
Cecil
Charles
Dorchester
Frederick
Garrett
Harford
Howard
Kent
Montgomery
Prince George's
Queen Anne
Somerset
St. Mary's
Talbot
Washington
Wicomico
Worcester
Behavioral Health (cont'd)
13. Outpatient SUD Services in Jurisdiction:
ASAM Level 0.5 Early Intervention
ASAM Level 1.0 for Adolescents and Adults
ASAM Level 2.1 Intensive Outpatient
14. ASAM Level 2.5 Partial Hospitalization
15. SUD Residential and Inpatient Treatment Programs:
3.1 Lic. Clinically Managed Low-Intensity
3.3 Lic. Clinically Managed High-Intensity for Adults Only
3.5 Lic. Clinically Managed High-Intensity for Adults & Minors
3.7 Lic. Medically Monitored Intensive Inpatient
3.7 WM Lic. Medically Monitored Inpatient Withdrawal Mgmt.
16. Recovery-Support Programs:
Sober-Living/Recovery Housing
Wellness/Recovery Centers
Workforce Development
Care Coordination
Housing Assistance
Transportation Assistance
Nutrition Assistance
17. Recovery Oriented Systems of Care (ROSC)
Judiciary/States Attorney
18. Specialized Courts:
Adult Drug Court
Adolescent Drug Court
19. Public-Messaging Program
20. Pre-Trial Services Program
21. Pre-Trial Referral-to-Treatment Protocol
22. Information Cards Provided by Commissioners
23. State's Attorney Is Engaged in the OIT
Corrections
24. Screening, Brief Intervention, and Referral to Treatment
25. Universal Substance-Use Screening During Intake
26. Pre-Trial Referral to Treatment
27. Drug-Treatment Programs While Incarcerated:
Methadone - available for all inmates
Buprenorphine - available for all inmates
Naltrexone - available for all inmates
Outpatient (1.0) or equivalent
Intensive Outpatient (2.1) or equivalent
28. Day-Reporting Center
29. Facilitated Re-Entry Programs:
Employment-Transition Support
Naloxone Provided at Release
Recovery-Housing Referral
Treatment-Program Referral/Warm Hand-Off

In addition, as the letters of support at Exhibit 26 show, the people "on the ground" on the Eastern Shore believe this project is needed. These letters all speak to need. The letters include support from:

- Jay L. Newcomb, President, Dorchester County Council
- Jonathan P. Forte, MHA, FACHE, Senior Vice President/Chief Operating Officer, Choptank Community Health
- Joseph Hughes, Director of Corrections, Dorchester County Department of Corrections
- Andrew Bradshaw, Mayor of Cambridge
- Kathryn G. Dilley, LCSW-C, Executive Director, Mid-Shore Behavioral Health
- Mark K. Lewis, N.A, Cambridge Chief of Police
- Senator Addie C. Eckardt, District 37

These letters also speak to Avenues' reputation and quality of care. Avenues respectfully reminds the Commission that, as the CON application demonstrated, the CON Modernization Task Force believed that the only reason this service should continue to be regulated was to keep out "bad actors."

17. The applicant states that RCA Bracebridge does not have 3.7WM services, apparently relying on an inventory that MHCC staff has been attempting to maintain. Unfortunately, this information regarding RCA Bracebridge was not complete; indeed, RCA Bracebridge does include detox (WM) beds, as seen on its web site https://recoverycentersofamerica.com/substance-abuse-treatment. You may wish to restate your position.

Avenues relied on the veracity of 3.7-WM inventory provided by the MHCC. As a result of this Completeness question, Avenues has telephoned RCA-Bracebridge and has confirmed that it does have 3.7-WM beds. Hence, Avenues certainly acknowledges that RCA does have 3.7-WM and that portion of Avenues' need discussion is hereby revised to delete any such statement to the contrary. Of course, as demonstrated above, RCA's 3.7-WM beds are not available to Medicaid enrollees.

C) AVAILABILITY OF MORE COST-EFFECTIVE ALTERNATIVES

18. See our reference to the presence of Level 3.7WM services at RCA Bracebridge in question 17 above and provide a more detailed discussion of why existing facilities cannot handle the planning region's need for ICF-alcohol and drug services.

Please see response to number 19 below.

19. See previous question 17 above. Please discuss why existing facilities such as RCA Bracebridge Hall (Cecil County), Warwick Manor Behavioral Health (Dorchester County), and Hudson Health Services (Wicomico County) do not address the demand for substance abuse treatment on the Eastern Shore. Provide evidence to support the applicant's statement that alcohol and drug abuse treatment services "are not available to all patients, including Medicaid patients, on the Eastern Shore" on p. 41.

Avenues is responding to both Questions 18 and 19 in one response, as, together, they provide a more complete and integrated response.

First, Avenues anticipates that the majority of its patients will derive from outside the Eastern Shore. As shown in the application at page 32, there is a substantial need for additional beds statewide, using the State Health Plan methodology. Pertaining to the Eastern Shore, as documented above, RCA Bracebridge does not accept Medicaid patients. On page 33 of the CON Application, Avenues demonstrated, using the SHP methodology, that there is a maximum need for 12 additional beds for Medicaid and Gray Area patients in 2025, taking into account the beds at the other two existing Track 1 facilities. Avenues does not have data on the historical or current occupancies of these facilities, or data on the extent to which they admit Medicaid enrollees. The CON's entire discussion of Need is hereby incorporated by reference in this response. The Commission should not deny an application to provide high quality care, particularly to Medicaid patients, in order to protect RCA Bracebridge, which does not accept Medicaid.

In addition, as demonstrated above, the Maryland Opioid Operational Command Center 2020 Annual Report shows a need for additional WM beds on the Eastern Shore.

Further, Warwick Manor Behavioral Health was rated at 3.7 in Google reviews of satisfaction, Hudson Health Services has a 3.2 rating, and Avenues-Chesapeake Bay is at a 4.8 rating (all out of 5 stars). To further demonstrate, existing Avenues facilities that offer 3.7-WM and 3.7 levels of care are rated as follows: Avenues-New Orleans is 4.8, Townsend Recovery Center is 4.7, Avenues-Fort Wayne is 4.3, and Avenues-Lake Ariel is at 4.9; demonstrating that the respective communities view Avenues as a top-tier program.

In addition, as shown above, the Maryland Opioid Operational Command Center, believes that additional 3.7-WM capacity is needed on the Eastern Shore.

As demonstrated in the application at pages 34-38, the only reason this service continues to be CON regulated is to keep out "bad actors." Avenues proposes to provide additional beds for addiction rehab, the majority of which will serve Medicaid patients. Avenues clearly provides high quality and high satisfaction care and is not a "bad actor."

20. Please discuss the assumptions and/or evidence to support the statement made by the applicant that "patients clearly are willing to travel from outside of the Eastern Shore to receive services" as stated on p. 41.

On pages 38-40 of its CON application, Avenues provided data showing that patients travel from around the state to seek care at the two Avenues Maryland facilities. Specific to the Eastern Shore, the data presented on pages 30-40 show that patients clearly *are* willing to travel from outside the Eastern Shore to receive services, as more than half the patients at Avenues Eastern Shore were from outside the Eastern Shore.

21. Demonstrate why the establishment of Avenue's detox and substance abuse program is a more effective alternative than providing these services through the three existing ICF facilities in Eastern Shore.

Over the last three years, Avenues has perfected and implemented an intensive and individualized clinical and medical curriculum of levels 3.7-WM and 3.7 in its Louisiana facilities. With this experience, Avenues has successfully onboarded two more facilities (Avenues Lake Ariel and Avenues Fort Wayne) to provide these same services. The goal is to bring these services to the Eastern Shore. Avenues staff is well trained and staff members are constantly monitoring and tweaking the curriculum to meet each patient's needs. While a patient is in the medically supervised detox program, 3.7-WM, each patient is seen and assessed daily by the medical provider on site to manage withdrawal symptoms and ultimately enable patients to start their journey to recovery.

Medicaid makes up approximately 75% of Avenues total census. RCA Bracebridge Hall does not accept Medicaid and is located 1.5 hours from Cambridge, Maryland. While Warwick Manor Behavioral Health and Hudson Health Services are located closer to Cambridge and accept Medicaid, please note the following Google reviews: Warwick Manor Behavioral Health was rated at 3.7, Hudson Health Services has a 3.2 rating, and Avenues-Chesapeake Bay is at a 4.8 rating (all out of 5 stars). To further demonstrate, existing Avenues facilities that offer 3.7-WM and 3.7 levels of care are rated as follows: Avenues-New Orleans is 4.8, Townsend Recovery Center is 4.7, Avenues-Fort Wayne is 4.3, and Avenues-Lake Ariel is at 4.9; demonstrating that its respective communities view Avenues as a top-tier program.

In addition to the outstanding treatment, the facility is inviting and aesthetically beautiful. Avenues is proud to offer a modern, clean, and safe environment to all patients regardless of their payor source. As mentioned herein, Avenues' census is approximately 75% Medicaid. The Avenues detox and substance abuse program has proven itself in every community it has planted its roots. The strong focus on recruitment of staff, planning each individual's treatment, and constant communication among parties responsible for different areas of a person's treatment progress creates a cohesive and effective unit sharing the same goal. Avenues' aftercare

programming and alumni programming is unmatched. A patient becomes part of the family forever. Avenues would be a true asset to the Eastern Shore and the State of Maryland at large.

22. Discuss why the applicant did not consider establishing the proposed Track 1 Level 3.7-WM and Level 3.7 inpatient program at Avenues Recovery Center of Maryland in Prince Frederick, Calvert County.

Avenues Recovery Center of Maryland located in Prince Frederick considered applying for a CON for 3.7-WM and 3.7, however, the physical building at that location does not fit the proper building code for these levels of care.

D) VIABILITY OF THE PROPOSAL

23. As the directions require, please submit audited financial statements for the past two years for the applicant and, if applicable, parent company to demonstrate the financial condition of the entities involved. If not available, please discuss why there are no audited financial statements for the past two years for Avenues Recovery Center, LLC.

There are no audited financial statements for the applicant for the past two years because the applicant facility opened in December 2020. As stated above, Avenues Recovery Center LLC is not the "parent" of Avenues-Chesapeake Bay.

24. Regarding Tab 6, Exhibit 25, Roth & Co. states in its letter that "(we) are the accountants for the above-mentioned entity and its member." This does not conform with the CON application's instructions, which instructs the applicant "must document or provide a letter from an independent Certified Public Accountant that includes documentation on the financial information considered by the CPA in reaching the conclusion that adequate funds are available." If audited financial statements for the last two years are not available for Avenues Recovery Center, LLC, then re-submit a letter from an independent CPA that conforms with the instructions stated above.

Per the CON application instructions, if audited financial statements are not available 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. See Exhibit 29.

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

25. The Commission identifies three ICF facilities with 148 beds that are designated as Track 1 Level 3.7-WM and/or Level 3.7 beds that operate on the Eastern Shore. Please revise your statement on p. 44 of the CON application and address how the addition of 20 Track 1 Level 3.7-WM and 3.7 beds in Cambridge will not have an adverse impact on the volume of service provided by these three existing health care providers in Cecil, Dorchester, and Wicomico Counties.

To avoid repeating everything that has been said previously, please see the responses to questions 16 and 18, which are incorporated into this response by reference. In summary, Avenues does not believe that its approval will have an adverse impact on the existing facilities because:

1. Avenues anticipates that it will be a statewide facility and the majority of its patients will derive from outside the Eastern Shore. In the CON application, Avenues demonstrated that there is a statewide need for additional 3.7 and 3.7-WM beds.

2. There is an additional need for 3.7 and 3.7-WM beds for Medicaid and gray area patients on the Eastern Shore. The Maryland Opioid Operational Command Center stated that additional 3.7-WM capacity is needed on the Eastern Shore.

3. Approximately 75% of Avenues' patients will be Medicaid, and RCA does not accept Medicaid patients. Hence, the Avenues facility will have little to no effect on RCA. Avenues does not have data on the payor mix at the other two facilities, but as shown in the application, there is additional need for beds for these patients.

26. Regarding Tab 5, Exhibit E, Revenue & Expense Statement - Entire Facility, the applicant shows that the payor mix at the Cambridge facility will decrease the percentage (of total revenue) Medicaid patients by 31.6% and the percentage of commercial insurers will increase by 24.4% from CY 2021 to CY 2023. The table indicates Avenue will serve fewer Medicaid patients with the establishment of your proposed project. Please explain how the payer mix for the three existing Level 3.7 detox and inpatient programs will not either alter or experience an adverse impact with the establishment of Avenue's program.

The Commission's calculation that "Avenue will serve fewer Medicaid patients with the establishment of your proposed project" is incorrect, as demonstrated below. For the facility as a whole, Avenues projects that it will serve 31% more Medicaid patient days in 2023 than it will in 2021. (27,010/20,683 = 1.31)

Year:	CY 2021	CY 2022	CY 2023
2. PATIENT DAYS (From Table C)			
TOTAL PATIENT DAYS	23,269	32,820	32,850
b. Percent of Equivalent Inpatient Days (From Table D)			
Medicaid	88.9%	85.3%	82.2%
Calculated Medicaid Days (Total PD X MAP %)	20,683	27,983	27,010

For just the 3.7 and 3.7-WM ("New Faclty,Serv" Tables), Avenues projects that it will serve considerably more Medicaid patient days in 2023 than it will in 2022.

Year:	CY 2021	CY 2022	CY 2023
2. PATIENT DAYS (From Table E)			
TOTAL PATIENT DAYS		4,441	6,935
b. Percent of Equivalent Inpatient Days (From Table F)			
Medicaid		75.3%	73.7%
Calculated Medicaid Days (Total PD X MAP %)	-	3,346	5,110

Avenues is committed to serving Medicaid enrollees who require substance abuse rehab (unlike RCA, which does not admit any).

27. Provide a response to as to how the establishment of Avenues' Level 3.7-WM and 3.7 inpatient program will improve the access of these services to the population residing in the Eastern Shore and in the State of Maryland. Please provide the assumptions used as the basis for this response.

To avoid repeating everything that has been said previously, please see the responses to questions 16 and 18, which are incorporated into this response by reference. In summary, Avenues will increase access to these services because:

1. Avenues anticipates that it will be a statewide facility and the majority of its patients will derive from outside the Eastern Shore. In the CON application, Avenues demonstrated that there is a statewide need for additional 3.7 and 3.7WM beds.

2. There is an additional need for 3.7 and 3.7WM beds for Medicaid and gray area patients on the Eastern Shore. The Maryland Opioid Operational Command Center believes that additional 3.7WM capacity is needed on the Eastern Shore.

3. Approximately 75% of Avenues' patients will be Medicaid, and RCA does not accept Medicaid patients.

Tables under Tab 5

28. Regarding Tables C and D, please clarify whether these tables provide historical and projected utilization and revenue/expenses for all levels of care provided at Avenues Recovery Center of Chesapeake Bay, i.e., Level 3.5, 3.3, partial hospitalization program (PHP), and outpatient care.

Avenues has confirmed that these tables provide historical and projected utilization and revenue/expenses for all levels of care Avenues.

29. Regarding Table E, please separate and provide the utilization projections for the Level 3.7-WM and the Level 3.7 programs individually. Should the patient expect to have a maximum ALOS of 14 days at the Cambridge facility should they need both detox and inpatient services?

In the discussion of need, Avenues used the State Health Plan's assumption of a 14-day length of stay for ICF treatment. Based on historical data from its Louisiana facility that offers 3.7-WM and 3.7, seven days total is the ALOS between 3.7-WM and 3.7 combined. The ALOS as a patient transitions through the residential continuum from 3.7-WM, 3.7, 3.5, and 3.3 would average to 35 days total.

30. Regarding Tables E and F, please extend the utilization and financial projections to CY 2024, the second full-year of operation.

Please note that CY 2023 is the second full-year of operation and thus Avenues already has included utilization and financial projections through the second full-year of operation.

31. Regarding Table G, please discuss how the applicant will recruit the 8.0 FTEs for the Level 3.7-WM and Level 3.7 programs. Does the applicant anticipate any issues with recruiting and hiring the 8.0 FTEs for the program?

Avenues has a recruiter on staff and has had no problems in recruiting, hiring, and staffing any Avenues facility. Avenues does not anticipate any issues with hiring 8.0 FTEs for the program.

Sincerely,

Carolyn Jacobs

Please see attached attestations.

cc: Ruby Potter
Hudi Alter
Andy Solberg