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July 16, 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  
Establishment of 20 bed Track One Intermediate  
Care Facility providing ASAM Level III.7 and  
Level III.7-WM services  
Matter # 21-09-2449**

Dear Mr. Chan:

Attached please find four (4) copies of the responses to your June 23, 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](mailto:ruby.potter@maryland.gov).

1. The response to Question #4 states that Avenues Recovery Center, LLC, does not have an ownership interest in any of the individual legal entities identified in Exhibit 27 (Organizational Chart). The applicant states there is common ownership (i.e., Livorno Trust, Yehuda Alter, and Yosef Cohen) between Avenues Recovery Center, LLC, Rehab Venture (who manages the various Avenues facilities), and the individual entities listed in Exhibit 27. Please clarify the relationship and/or role between Avenues Recovery Center, LLC, and the eight facilities listed on its website at <https://www.avenuesrecovery.com/>.

**Response:**

Avenues Recovery Center, LLC is an existing limited liability company. It does not provide any functions for any of the existing Avenues entities and facilities.

2. The Avenues Recovery Center's website at <https://www.avenuesrecovery.com/> indicates that a ninth facility at Valley Forge will open soon. Please provide details on the type of services that will be provided and the timetable of when this location will be operational.

**Response:**

Avenues Recovery Medical Center at Valley Forge (also owned by the Livorno Trust, Yehuda Alter, and Yosef Cohen) acquired Valley Forge Medical Center and Hospital on June 14, 2021. Upon this acquisition there were no changes in services provided and the facility is fully operational at this time. The facility is an inpatient hospital and residential program servicing drug and alcohol patients: ASAM levels 4.0, 3.7WM, 3.7, and 3.5.

Please see updated organizational chart in Exhibit 34.

3. The response to Question #4b, please clarify the statement “the individual entities have common ownership.” Clarify whether the ownership interest is either with the Livorno Trust, Yehuda Alter, and Yosef Cohen, or with the Rehab Ventures and the various entities on the organizational chart in Exhibit 27.

**Response:**

Each individual entity is owned by the Livorno Trust, Yehuda Alter, and Yosef Cohen.

4. In Question #5 and Exhibit 29, the accounting firm Roth & Co states they are “the accountants for (Avenues Recovery Center of Chesapeake Bay),” and further “there seems to be adequate availability of funds in the outstanding Accountants Receivable to cover project costs.” The accountant’s letter contradicts the applicant’s response on p. 5. that “the accountants do not work for Avenues in any capacity.” Also, the accountant’s response does not provide a strong recommendation that the applicant has sufficient funds for this proposed project.

As previously instructed by staff in the April 29<sup>th</sup> completeness request for Question #24, the applicant should submit a letter from an independent CPA regarding the availability of sufficient financial funds for this project and the future operations of this facility. The response related to financial viability should be more specific.

**Response:**

Please see updated letter from Roth & Co. at Exhibit 35.

5. For Question #16 on p. 14, please provide the link or the location of the data referenced in the first paragraph on this page, “the 2019 National Health Interview (6) and the 2020 Household Pulse Survey during April 23-May 5, 2020\*\*\*.”

**Response:**

Please note that these two citations were in the body of the Morbidity and Mortality Weekly Report (MMWR article quoted in the response to Question 16. The links to the two articles referenced by the author of the article are:

Mr. William D. Chan, Program Manager  
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Page 3

2019 National Health Interview (6)

<https://www.cdc.gov/nchs/products/databriefs/db379.htm>

2020 Household Pulse Survey during April 23-May 5, 2020

<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

6. In Question #17, please provide any evidence to support the applicant's statement that "RCA's 3.7WM beds are not available to Medicaid enrollees."

**Response:**

Please see the response to Completeness Question 15c, which states:

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](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: (i) Avenues has recently telephoned RCA's facility, and RCA confirmed that it does not accept Medicaid patients and (ii) a legal assistant in the office of Jacobs & Dembert also recently telephoned RCA's facility, and RCA confirmed that it does not accept Medicaid patients. Furthermore, please see Exhibit 36 which is an email confirming RCA Braceridge Hall does not accept Medicaid.

7. For Question #19 on p. 21, provide the link to the Google reviews of satisfaction cited for Warwick Manor Behavioral Health, Hudson Health Services, Avenues-Chesapeake Bay, and the other four Avenues facilities.

**Response:**

Townsend Recovery Center:

[https://www.google.com/search?q=townsend+recovery+center+new+orleans&rlz=1C1GCEA\\_enUS877US877&oq=townsend+recovery+center+new+orleans&aqs=chrome..69i57j46i175i199j0i22i30j69i60.7919j0j4&sourceid=chrome&ie=UTF-8#lrd=0x889e025ba1aaaab:0xec9d65ea1ef8e4cf,1,,](https://www.google.com/search?q=townsend+recovery+center+new+orleans&rlz=1C1GCEA_enUS877US877&oq=townsend+recovery+center+new+orleans&aqs=chrome..69i57j46i175i199j0i22i30j69i60.7919j0j4&sourceid=chrome&ie=UTF-8#lrd=0x889e025ba1aaaab:0xec9d65ea1ef8e4cf,1,,)

Avenues-Fort Wayne:

[https://www.google.com/search?q=avenues+recovery+center+of+fort+wayne&rlz=1C1GCEA\\_enUS877US877&ei=ofTZYKiML6Pi5NoPwOuYoAs&oq=avenues+recovery+center+of+fort+wayne&gs\\_lcp=Cgdnd3Mtd2l6EAMyCwguEMcBEK8BEJMCMgYIABAWEB46BQgAEJECogsILhDHARCvARCRAjoICAAQsQMQgwE6BQgAELEDOgsILhCxAXDHARCjAjoICC4QsQMQgwE6BQgAEEM6BwguELEDEEM6CgguEMcBEK8BEEM6AggAOGUILhCxAZoICC4QxwEQrWE6BQgAEM0CSgQIQRgAUMHKB1iR8wdg5PMHaAJwAHgAgAFqiAGaGJIBBDM4LjKYAQCgAQGqAQdnd3Mtd2l6wAEB&scient=gws-wiz&ved=0ahUKEwjo4KXo27rxAhUjMVkFHcA1BrQQ4dUDCA4&uact=5#lrd=0x8815e57c387dc331:0x707234ebfed2b618,1,,](https://www.google.com/search?q=avenues+recovery+center+of+fort+wayne&rlz=1C1GCEA_enUS877US877&ei=ofTZYKiML6Pi5NoPwOuYoAs&oq=avenues+recovery+center+of+fort+wayne&gs_lcp=Cgdnd3Mtd2l6EAMyCwguEMcBEK8BEJMCMgYIABAWEB46BQgAEJECogsILhDHARCvARCRAjoICAAQsQMQgwE6BQgAELEDOgsILhCxAXDHARCjAjoICC4QsQMQgwE6BQgAEEM6BwguELEDEEM6CgguEMcBEK8BEEM6AggAOGUILhCxAZoICC4QxwEQrWE6BQgAEM0CSgQIQRgAUMHKB1iR8wdg5PMHaAJwAHgAgAFqiAGaGJIBBDM4LjKYAQCgAQGqAQdnd3Mtd2l6wAEB&scient=gws-wiz&ved=0ahUKEwjo4KXo27rxAhUjMVkFHcA1BrQQ4dUDCA4&uact=5#lrd=0x8815e57c387dc331:0x707234ebfed2b618,1,,)

Avenues-New Orleans:

[https://www.google.com/search?q=avenues+recovery+center+or+new+orleans+metairie&rlz=1C1GCEA\\_enUS877US877&ei=U\\_XZYInaGPHI5NoP97-haA&oq=avenues+recovery+center+or+new+orleans+metairie&gs\\_lcp=Cgdnd3Mtd2l6EAMyBwghEAoQoAEyBwghEAoQoAE6EAgUEMcBEK8BELADEA0QkwI6BggAEBYQHjoFCCEQqWJKBAhBGAFQyD5YwUVgp0ZoAXAAeACAAYUBiAGQBpIBAzguMpgBAKABAaoBB2d3cy13aXrIAQHAAQE&scient=gws-wiz&ved=0ahUKEwjJz-83LrxAhXxMlkFHfdCA0Q4dUDCA4&uact=5#lrd=0x8620b11a8fc88705:0x2ec26e771974a684,1,,](https://www.google.com/search?q=avenues+recovery+center+or+new+orleans+metairie&rlz=1C1GCEA_enUS877US877&ei=U_XZYInaGPHI5NoP97-haA&oq=avenues+recovery+center+or+new+orleans+metairie&gs_lcp=Cgdnd3Mtd2l6EAMyBwghEAoQoAEyBwghEAoQoAE6EAgUEMcBEK8BELADEA0QkwI6BggAEBYQHjoFCCEQqWJKBAhBGAFQyD5YwUVgp0ZoAXAAeACAAYUBiAGQBpIBAzguMpgBAKABAaoBB2d3cy13aXrIAQHAAQE&scient=gws-wiz&ved=0ahUKEwjJz-83LrxAhXxMlkFHfdCA0Q4dUDCA4&uact=5#lrd=0x8620b11a8fc88705:0x2ec26e771974a684,1,,)

Avenues-Lake Ariel:

[https://www.google.com/search?q=avenues+recovery+center+of+lake+ariel&rlz=1C1GCEA\\_enUS877US877&ei=XfXZYJK5Luyx5NoP0cSQgAk&oq=avenues+recovery+center+of+lake+ariel&gs\\_lcp=Cgdnd3Mtd2l6EAMyCwguEMcBEK8BEJMCMgYIABAWEB46BQgAEEM6CgguEMcBEK8BEEM6CAGAELEDEIMBOgUIABCxAZoLCC4QsQMQxwEQowI6BQguELEDOggILhCxAXCDAToHCC4QsQMQQzoFCAAQyQM6AgguOggILhDHARCvAToCCAA6BwgAELEDEEM6BQghEKABOgUIIRCRAjoJCAAQyQMqFhAeSgQIQRgAUKyIAliVrAJgnq0CaAJwAHgAgAFriAHvFpIBBDM5LjGYAQCgAQGqAQdnd3Mtd2l6wAEB&scient=gws-wiz&ved=0ahUKEwjS2\\_fB3LrxAhXsGFkFHVEiBJAQ4dUDCA4&uact=5#lrd=0x89c4c168c12f0fe7:0x99fa8e9e9eaa9eb9,1,,](https://www.google.com/search?q=avenues+recovery+center+of+lake+ariel&rlz=1C1GCEA_enUS877US877&ei=XfXZYJK5Luyx5NoP0cSQgAk&oq=avenues+recovery+center+of+lake+ariel&gs_lcp=Cgdnd3Mtd2l6EAMyCwguEMcBEK8BEJMCMgYIABAWEB46BQgAEEM6CgguEMcBEK8BEEM6CAGAELEDEIMBOgUIABCxAZoLCC4QsQMQxwEQowI6BQguELEDOggILhCxAXCDAToHCC4QsQMQQzoFCAAQyQM6AgguOggILhDHARCvAToCCAA6BwgAELEDEEM6BQghEKABOgUIIRCRAjoJCAAQyQMqFhAeSgQIQRgAUKyIAliVrAJgnq0CaAJwAHgAgAFriAHvFpIBBDM5LjGYAQCgAQGqAQdnd3Mtd2l6wAEB&scient=gws-wiz&ved=0ahUKEwjS2_fB3LrxAhXsGFkFHVEiBJAQ4dUDCA4&uact=5#lrd=0x89c4c168c12f0fe7:0x99fa8e9e9eaa9eb9,1,,)

Avenues-Chesapeake Bay:

[https://www.google.com/search?q=avenues+recovery+center+at+eastern+shore&rlz=1C1GCEA\\_enUS877US877&sxsrf=ALeKk03k-OARxeahoq-](https://www.google.com/search?q=avenues+recovery+center+at+eastern+shore&rlz=1C1GCEA_enUS877US877&sxsrf=ALeKk03k-OARxeahoq-)

[iZusXI2NtNhy0Ow%3A1626358431375&ei=n0LwYPmtFu-z5NoPvpyoyA8&oq=avenues+recovery+centerat+eastern+shore&gs\\_lcp=Cgdnd3Mtd2l6EAMyDQguEMcBEK8BEA0QkwI6BwgiELACECc6CgguEMcBEK8BEA06BAgAEA06BggAEBYQHjoKCCEQFhAKEB0QHjoECCEQCKoECEEYAFDXtAFY1tIBYLjTAWgAcAB4AYABhgKIAdENkgEGMTAuNi4xmAEAoAEBqgEHZ3dzLXdpesABAQ&scient=gws-wiz&ved=0ahUKEwi5-dCkoeXxAhXvGVkFHT4OCvkQ4dUDCA4&uact=5#lrd=0x89b84b45a439cad5:0xa9d030525d87c087,1,,](https://www.google.com/search?q=avenues+recovery+centerat+eastern+shore&gs_lcp=Cgdnd3Mtd2l6EAMyDQguEMcBEK8BEA0QkwI6BwgiELACECc6CgguEMcBEK8BEA06BAgAEA06BggAEBYQHjoKCCEQFhAKEB0QHjoECCEQCKoECEEYAFDXtAFY1tIBYLjTAWgAcAB4AYABhgKIAdENkgEGMTAuNi4xmAEAoAEBqgEHZ3dzLXdpesABAQ&scient=gws-wiz&ved=0ahUKEwi5-dCkoeXxAhXvGVkFHT4OCvkQ4dUDCA4&uact=5#lrd=0x89b84b45a439cad5:0xa9d030525d87c087,1,,)

Warwick Manor Behavioral Health

[https://www.google.com/search?q=warwick+manor+behavioral+health&rlz=1C1GCEA\\_enUS877US877&ei=o\\_XZYIaFKs7R5NoP\\_ZOj2AQ&oq=warwick+manor+behavioral+health&gs\\_lcp=Cgdnd3Mtd2l6EAMyCwguEMcBEK8BEJMCogUIABCRAjoECAAQZoFCC4QsQM6CwguELEDEMcbEKMCogcILhCxAXBDogUIABDJAzoFCAAQsQM6CAguELEDEIMBOggIABCxAXCDAToICAAQ6gIQjwE6CwguEMcBEK8BEJECog4ILhCxAXCDARDHARCjAjoCCAA6DgguEMcBEK8BEJECEJMCogOILhBDogolLhDHARCjAhBDogcIABCxAXBDogolLhDHARCvARBDOgUILhCRAjoNCC4QsQMoxwEQowIQzoOCC4QsQMogwEQxwEQrwe6CwguELEDEMcbEK8BOggILhDHARCvAToCCC46BggAEBYQHkoECEEYAVC3rwFY7NYBYNXXAWgCcAB4AIABkwGIAfIUkgEEMzAuNZgBAKABAaoBB2d3cy13aXqWAQrAAQE&scient=gws-wiz&ved=0ahUKEwjG4qPj3LrxAhXOKFkFHf3JCEsQ4dUDCA4&uact=5#lrd=0x89b84f14def9269f:0x85521c67e1452393,1,,](https://www.google.com/search?q=warwick+manor+behavioral+health&rlz=1C1GCEA_enUS877US877&ei=o_XZYIaFKs7R5NoP_ZOj2AQ&oq=warwick+manor+behavioral+health&gs_lcp=Cgdnd3Mtd2l6EAMyCwguEMcBEK8BEJMCogUIABCRAjoECAAQZoFCC4QsQM6CwguELEDEMcbEKMCogcILhCxAXBDogUIABDJAzoFCAAQsQM6CAguELEDEIMBOggIABCxAXCDAToICAAQ6gIQjwE6CwguEMcBEK8BEJECog4ILhCxAXCDARDHARCjAjoCCAA6DgguEMcBEK8BEJECEJMCogOILhBDogolLhDHARCjAhBDogcIABCxAXBDogolLhDHARCvARBDOgUILhCRAjoNCC4QsQMoxwEQowIQzoOCC4QsQMogwEQxwEQrwe6CwguELEDEMcbEK8BOggILhDHARCvAToCCC46BggAEBYQHkoECEEYAVC3rwFY7NYBYNXXAWgCcAB4AIABkwGIAfIUkgEEMzAuNZgBAKABAaoBB2d3cy13aXqWAQrAAQE&scient=gws-wiz&ved=0ahUKEwjG4qPj3LrxAhXOKFkFHf3JCEsQ4dUDCA4&uact=5#lrd=0x89b84f14def9269f:0x85521c67e1452393,1,,)

Hudson Health Services:

[https://www.google.com/search?q=HUDSON+HEALTH+SERVICES+MARYLAND&rlz=1C1GCEA\\_enUS877US877&ei=wPXZYKqtItKx5NoP0YOWkaA0&oq=HUDSON+HEALTH+SERVICES+MARYLAND&gs\\_lcp=Cgdnd3Mtd2l6EAMyBggAEBYQHjoOCC4QxwEQrweQkQIQkwI6BQgAEJECogQIABBDOgoILhDHARCvARBDOg4ILhCxAXCDARDHARCjAjoICAAQsQMogwE6CAguELEDEIMBOgUIABCxAZoNCC4QxwEQrweEQxCTAjoLCC4QxwEQrweQkQI6CAguEMcBEK8BOg0ILhCxAXDHARCvARBDOgsILhCxAXDHARCvAToCCAA6AgguOgsILhDHARCvARCTAjoJCAAQyQMqFhAeOgUIIRCgAToFCAAQyQNKBAhBGABQooYBWKiqAWDQqgFoAXACeACAAXOIAeERkgEEMzAuMpgBAKABAaoBB2d3cy13aXrAAQE&scient=gws-wiz&ved=0ahUKEwiqjYbx3LrxAhXSGFkFHdGBBdIQ4dUDCA4&uact=5#lrd=0x89b903eb6f322eef:0xa1718e23831d9e0,1,,](https://www.google.com/search?q=HUDSON+HEALTH+SERVICES+MARYLAND&rlz=1C1GCEA_enUS877US877&ei=wPXZYKqtItKx5NoP0YOWkaA0&oq=HUDSON+HEALTH+SERVICES+MARYLAND&gs_lcp=Cgdnd3Mtd2l6EAMyBggAEBYQHjoOCC4QxwEQrweQkQIQkwI6BQgAEJECogQIABBDOgoILhDHARCvARBDOg4ILhCxAXCDARDHARCjAjoICAAQsQMogwE6CAguELEDEIMBOgUIABCxAZoNCC4QxwEQrweEQxCTAjoLCC4QxwEQrweQkQI6CAguEMcBEK8BOg0ILhCxAXDHARCvARBDOgsILhCxAXDHARCvAToCCAA6AgguOgsILhDHARCvARCTAjoJCAAQyQMqFhAeOgUIIRCgAToFCAAQyQNKBAhBGABQooYBWKiqAWDQqgFoAXACeACAAXOIAeERkgEEMzAuMpgBAKABAaoBB2d3cy13aXrAAQE&scient=gws-wiz&ved=0ahUKEwiqjYbx3LrxAhXSGFkFHdGBBdIQ4dUDCA4&uact=5#lrd=0x89b903eb6f322eef:0xa1718e23831d9e0,1,,)

8. Regarding the Viability of the Proposal, the applicant has not submitted, and the CON application does not provide any documentation or related information that the applicant has sufficient financial resources to support the CON project's costs and operations for Avenues -

Mr. William D. Chan, Program Manager

July 16, 2021

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Chesapeake Bay upon project completion. The applicant should submit documentation either on behalf of the Livorno Trust, Yehuda Alter, and Yosef Cohen, or from the Avenues Recovery Center, LLC, or Rehab Venture, related to the financial resources for the CON project and for the operations of Avenues Chesapeake Bay.

**Response:**

Please see Exhibit 35.

9. The response to Question #29 was insufficient. As requested in the April 29<sup>th</sup> completeness request for Question #29, separate and provide the utilization projections for the Level 3.7WM and the Level 3.7 programs individually, not combined.

**Response:**

Please see Exhibit 37.

Sincerely,



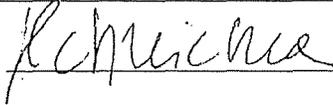
Carolyn Jacobs

Please see attached attestations.

cc: Wynee Hawk  
Ruby Potter  
Hudi Alter  
Andy Solberg

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

Name: Jamie Schleicher

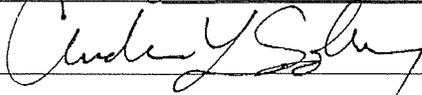
Signature: 

Title: Director of Regulatory Compliance

Date: July 1, 2021

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

Name: Andrew L. Solberg

Signature: 

Title: President, A.L.S. Healthcare Consultant Services

Date: 6/30/2021

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

Name: Yehuda Alter

Signature:  \_\_\_\_\_

Title: CEO

Date: 06/30/2021

EXHIBIT 34

Livorno Trust, Hudi Alter, and Yossi Cohen are the owners of Rehab Ventures Management Company, which manages the identified LLCs noted on this organizational chart.

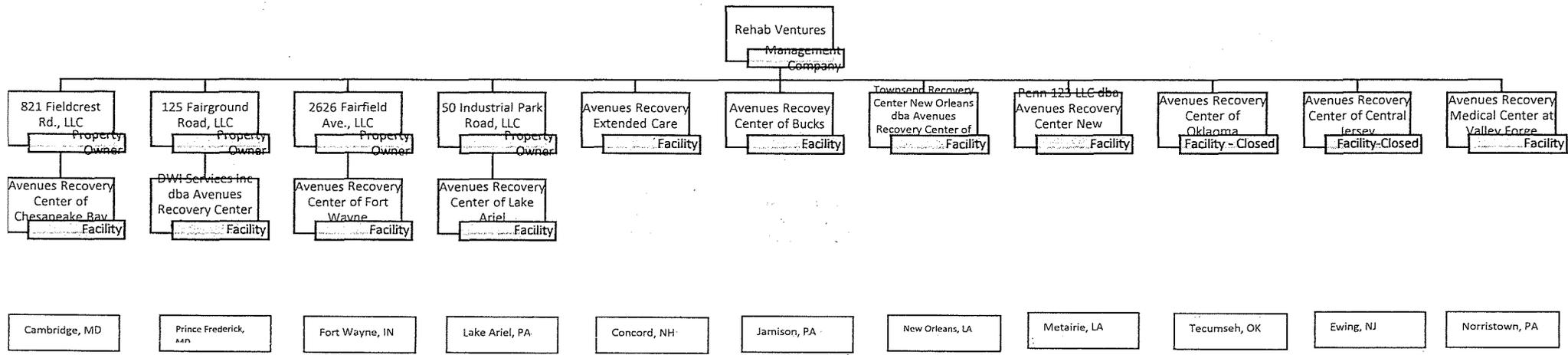


EXHIBIT 35



July 14, 2021

Maryland Healthcare Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

**RE: Avenues Recovery Center of Chesapeake Bay LLC**

Dear Sir or Madam,

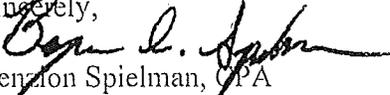
We have been the accountants for the Avenues Group of Drug Rehab Centers (the "Centers") from inception through present, as their independent public accounting firm, preparing their financial statements and income tax returns. Avenues Recovery Center of Chesapeake Bay LLC (Avenues-Chesapeake Bay) is one of the Avenues Group of Drug Rehab Centers. We are now tasked with addressing the ability of Avenues-Chesapeake Bay to fund the costs associated with its Certificate of Need application. The Centers have been a successful and profitable endeavor since they have begun operations. The Centers have provided us with current financial information, including recently filed income tax returns and internally generated financial statements for all facilities. The Avenues-Chesapeake Bay facility is fully up and running and we understand the expenses relating to obtaining the certificate to be approximately \$55,000. There is no reason to believe that Avenues-Chesapeake Bay would have any financial difficulty in successfully funding the certificate of need costs for this project.

The Centers have traditionally maintained monthly cash balances in excess of the estimated cost of this project. The Centers have consistently achieved annual cash profits, in excess of expenses of approximately \$1,900,000 on average. Since January 1, 2021, Avenues-Chesapeake Bay has continued to achieve positive cash flow and has been exceeding budgeted amounts.

Based on the historic financial success, and continued positive operations, we believe that Avenues Group of Drug Rehab Centers appears to have the adequate funds to cover the costs associated with the Avenues-Chesapeake Bay Certificate of Need as well as any deficits in revenues over expenses at Avenues-Chesapeake Bay.

If you should have any questions, please feel free to contact us at any time at 718-975-5399.

Sincerely,

  
Ben Zion Spielman, CPA

1428 36<sup>th</sup> Street Suite 200  
Brooklyn, NY 11218

P (718) 236-1600  
F (718) 236-4849

200 Central Avenue  
Farmingdale, NJ 07727

P (732) 276-1220  
F (732) 751-0505

info@rothcocpa.com  
www.rothcocpa.com

EXHIBIT 36

**From:** Michele Tedesco <[mtedesco@recoverycoa.com](mailto:mtedesco@recoverycoa.com)>

**Date:** June 28, 2021 at 2:31:01 PM EDT

**To:**

**Cc:** MDTeam <[MDTeam@recoverycoa.com](mailto:MDTeam@recoverycoa.com)>

**Subject:** RE: NEED HELP!

We are not contracted with Medicaid. We can however utilize our team to refer you to a facility that is in network with your insurance.

Michele Tedesco  
Mission Center Supervisor

Recovery Centers of America  
2701 Renaissance Blvd | 4<sup>th</sup> Floor | King of Prussia, PA 19406  
Direct: 610-994-2932  
Fax: 484-971-6409  
24-Hour Help Line: 1-800-RECOVERY  
[www.recoverycentersofamerica.com](http://www.recoverycentersofamerica.com)

**From:**

**Sent:** Monday, June 28, 2021 1:31 PM

**To:** Michele Tedesco <[mtedesco@recoverycoa.com](mailto:mtedesco@recoverycoa.com)>

**Cc:** Help <[help@recoverycoa.com](mailto:help@recoverycoa.com)>; MDTeam <[MDTeam@recoverycoa.com](mailto:MDTeam@recoverycoa.com)>

**Subject:** Re: NEED HELP!

**CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

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But does braceridge hall accept Medicaid?

Sent from my iPhone

On Jun 28, 2021, at 1:22 PM, Michele Tedesco <[mtedesco@recoverycoa.com](mailto:mtedesco@recoverycoa.com)> wrote:



We can provide you help today.

We can help to refer you to a program that is in network with your insurance.

What is your phone number?

Michele Tedesco  
Mission Center Supervisor

Recovery Centers of America  
2701 Renaissance Blvd | 4<sup>th</sup> Floor | King of Prussia, PA 19406  
Direct: 610-994-2932  
Fax: 484-971-6409  
24-Hour Help Line: 1-800-RECOVERY  
[www.recoverycentersofamerica.com](http://www.recoverycentersofamerica.com)

**From:**  
**Sent:** Monday, June 28, 2021 12:24 PM  
**To:** Help <[help@recoverycoa.com](mailto:help@recoverycoa.com)>  
**Subject:** NEED HELP!

**CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

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Hi!

I am need treatment on the Eastern Shore - does braceridge hall accept Medicaid?

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EXHIBIT 37

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

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

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

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	2 beds	3 beds	4 beds	Total Rooms	Physical Capacity			Private	2 beds	3 beds	4 beds	Total Rooms	Physical Capacity
III.7 AND III.7D								III.7 AND III.7D							
First Floor								First Floor			1	6		7	20
Subtotal III.7 AND III.7D	0	0	0	0	0	0	0	Subtotal III.7 and III.7 D		0	1	6	0	7	20
RESIDENTIAL								RESIDENTIAL							
First Floor			1	10	18	29	104	First Floor				4	18	22	84
Subtotal Residential	0	0	1	10	18	29	104	Subtotal Residential		0	0	4	18	22	84
TOTAL	0	0	1	10	18	29	104	TOTAL		0	1	10	18	29	104
Other (Specify/add rows as needed)								Other (Specify/add rows as needed)							
TOTAL OTHER	0	0	0	0	0	0	0	TOTAL NON-ACUTE		0	0	0	0	0	0
FACILITY TOTAL	0	0	1	10	18	29	104	FACILITY TOTAL		0	1	10	18	29	104

**TABLE B. PROJECT BUDGET**

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

	III.7 and III.7D	RESIDENTIAL	TOTAL
<b>A. USE OF FUNDS</b>			
<b>1. CAPITAL COSTS</b>			
<b>a. New Construction</b>			
(1) Building			\$0
(2) Fixed Equipment			\$0
(3) Site and Infrastructure			\$0
(4) Architect/Engineering Fees			\$0
(5) Permits (Building, Utilities, Etc.)			\$0
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>b. Renovations</b>			
(1) Building			\$0
(2) Fixed Equipment (not included in construction)			\$0
(3) Architect/Engineering Fees			\$0
(4) Permits (Building, Utilities, Etc.)			\$0
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>c. Other Capital Costs</b>			
(1) Movable Equipment			\$0
(2) Contingency Allowance			\$0
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
d. Land Purchase			\$0
e. Inflation Allowance			\$0
<b>TOTAL CAPITAL COSTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>2. Financing Cost and Other Cash Requirements</b>			
a. Loan Placement Fees			\$0
b. Bond Discount			\$0
c. CON Application Assistance			
c1. Legal Fees	\$40,000		\$40,000
c2. Consulting fee	\$15,000		\$15,000
d. Non-CON Consulting Fees			
d1. Legal Fees			\$0
d2. Other (Specify/add rows if needed)			\$0
e. Debt Service Reserve Fund			\$0
i. Other (Specify/add rows if needed)			\$0
<b>SUBTOTAL</b>	<b>\$55,000</b>	<b>\$0</b>	<b>\$55,000</b>
<b>3. Working Capital Startup Costs</b>			\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$55,000</b>	<b>\$0</b>	<b>\$55,000</b>
<b>B. Sources of Funds</b>			
1. Cash	\$55,000		\$55,000
2. Philanthropy (to date and expected)			\$0
3. Authorized Bonds			\$0
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage			\$0
6. Working Capital Loans			\$0
7. Grants or Appropriations			
a. Federal			\$0
b. State			\$0
c. Local			\$0
8. Other (Specify/add rows if needed)			\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$55,000</b>		<b>\$55,000</b>
	III.7 and III.7D	RESIDENTIAL	TOTAL
<b>Annual Lease Costs (if applicable)</b>			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0

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

TABLE C. STATISTICAL PROJECTIONS - ENTIRE FACILITY

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

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
			CY 2021	CY 2022	CY 2023					
<b>1. DISCHARGES</b>										
a. Residential			776	946	864					
b. III.7 and III.7WM				634	991					
c. Other (Specify/add rows of needed)										
<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>776</b>	<b>1,580</b>	<b>1,855</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2. PATIENT DAYS</b>										
a. Residential			23,269	28,379	25,915					
b. III.7 and III.7WM				4,441	6,935					
c. Other (Specify/add rows of needed)										
<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>23,269</b>	<b>32,820</b>	<b>32,850</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>3. AVERAGE LENGTH OF STAY (patient days divided by discharges)</b>										
a. Residential			30.0	30.0	30.0					
b. III.7 and III.7WM				7.0	7.0					
c. Other (Specify/add rows of needed)										
<b>TOTAL AVERAGE LENGTH OF STAY</b>			<b>30.0</b>	<b>20.8</b>	<b>17.7</b>					
<b>4. NUMBER OF LICENSED BEDS</b>										
f. Rehabilitation			104	84	84					
g. Comprehensive Care				20	20					
h. Other (Specify/add rows of needed)										
<b>TOTAL LICENSED BEDS</b>	<b>0</b>	<b>0</b>	<b>104</b>	<b>104</b>	<b>104</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</b>										
a. Residential			61.3%	92.6%	84.5%					
b. III.7 and III.7WM				60.8%	95.0%					
c. Other (Specify/add rows of needed)										
<b>TOTAL OCCUPANCY %</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>61.3%</b>	<b>86.5%</b>	<b>86.5%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
<b>6. OUTPATIENT VISITS</b>										
a. Residential										
b. III.7 and III.7WM										
c. Other (Specify/add rows of needed)										
<b>TOTAL OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>365</b>	<b>365</b>	<b>365</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

**TABLE C. STATISTICAL PROJECTIONS - ENTIRE FACILITY**

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
			CY 2021	CY 2022	CY 2023					
<i>Indicate CY or FY</i>										

Assumptions:  
 3.7 program starts 1/1/2022  
 30 day LOS for RES, 7 day LOS for 3.7

**TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY**

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
			CY 2021	CY 2022	CY 2023					
<b>1. REVENUE</b>										
a. Inpatient Services			\$ 12,228,765	\$ 21,412,606	\$ 24,816,737					
b. Outpatient Services			\$ 109,500	\$ 109,500	\$ 109,500					
<b>Gross Patient Service Revenues</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 12,338,265</b>	<b>\$ 21,522,106</b>	<b>\$ 24,926,237</b>	<b>\$ -</b>				
c. Allowance For Bad Debt			\$ 149,724	\$ 217,282	\$ 231,053					
d. Contractual Allowance			\$ 4,852,067	\$ 10,658,000	\$ 13,373,600					
e. Charity Care			\$ 146,000	\$ 146,000	\$ 146,000					
<b>Net Patient Services Revenue</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,190,475</b>	<b>\$ 10,500,824</b>	<b>\$ 11,175,584</b>	<b>\$ -</b>				
f. Other Operating Revenues (Specify/add rows if needed)										
<b>NET OPERATING REVENUE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,190,475</b>	<b>\$ 10,500,824</b>	<b>\$ 11,175,584</b>	<b>\$ -</b>				
<b>2. EXPENSES</b>										
a. Salaries & Wages (including benefits)			\$ 2,692,048	\$ 4,538,936	\$ 4,538,936					
b. Contractual Services			\$ 200,000	\$ 300,000	\$ 300,000					
c. Interest on Current Debt										
d. Interest on Project Debt										
e. Current Depreciation										
f. Project Depreciation										
g. Current Amortization										
h. Project Amortization										
i. Supplies			\$ 590,844	\$ 829,615	\$ 830,375					
j. Other Expenses (Specify/add rows if needed)										
Insurance			\$ 50,000	\$ 50,000	\$ 50,000					
Professional Fees			\$ 24,000	\$ 24,000	\$ 24,000					
Marketing			\$ 120,000	\$ 120,000	\$ 120,000					
Billing & UR			\$ 374,310	\$ 543,205	\$ 577,632					
Utilities/Facility Costs			\$ 261,000	\$ 360,000	\$ 360,000					
Repairs & Maintenance			\$ 60,000	\$ 72,000	\$ 72,000					
Property Taxes			\$ 60,000	\$ 60,000	\$ 60,000					

**TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY**

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

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
			CY 2021	CY 2022	CY 2023					
Rent			\$ 303,600	\$ 303,600	\$ 303,600					
Management Fees			\$ 1,200,000	\$ 1,440,000	\$ 1,440,000					
General & Administrative			\$ 1,435,000	\$ 1,476,000	\$ 1,476,000					
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,370,802</b>	<b>\$ 10,117,356</b>	<b>\$ 10,152,543</b>	<b>\$ -</b>				
<b>3. INCOME</b>										
a. Income From Operation	\$ -	\$ -	\$ (180,327)	\$ 383,468	\$ 1,023,041	\$ -	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income										
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (180,327)</b>	<b>\$ 383,468</b>	<b>\$ 1,023,041</b>	<b>\$ -</b>				
c. Income Taxes										
<b>NET INCOME (LOSS)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (180,327)</b>	<b>\$ 383,468</b>	<b>\$ 1,023,041</b>	<b>\$ -</b>				

**TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY**

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
			CY 2021	CY 2022	CY 2023					
<b>4. PATIENT MIX</b>										
<b>a. Percent of Total Revenue</b>										
1) Medicare										
2) Medicaid			44.3%	36.0%	30.9%					
3) Blue Cross										
4) Commercial Insurance			54.2%	62.2%	67.4%					
5) Self-pay			1.5%	1.7%	1.8%					
6) Other										
<b>TOTAL</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>b. Percent of Equivalent Inpatient Days</b>										
1) Medicare										
2) Medicaid			88.9%	85.3%	82.2%					
3) Blue Cross										
4) Commercial Insurance			9.5%	12.8%	15.6%					
5) Self-pay			1.6%	1.9%	2.2%					
6) Other										
<b>TOTAL</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**TABLE E. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE**

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
			CY 2021	CY 2022	CY 2023					
<i>Indicate CY or FY</i>										
<b>1. DISCHARGES</b>										
a. Residential										
b. III.7D				211	330					
III.7				211	330					
c. Other (Specify)										
<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>423</b>	<b>660</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2. PATIENT DAYS</b>										
a. Residential										
b. III.7D				1,480	2,311					
III.7				2,961	4,624					
c. Other (Specify)										
<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,441</b>	<b>6,935</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>3. AVERAGE LENGTH OF STAY (patient days divided by discharges)</b>										
a. Residential										
b. III.7D				7.0	7.0					
III.7				14.0	14.0					
c. Other (Specify)										
<b>TOTAL AVERAGE LENGTH OF STAY</b>				<b>21.0</b>	<b>21.0</b>					
<b>4. NUMBER OF LICENSED BEDS</b>										
f. Rehabilitation										
g. Comprehensive Care				20	20					
h. Other (Specify)										
<b>TOTAL LICENSED BEDS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>5. OCCUPANCY PERCENTAGE</b> <i>*IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</i>										
a. Residential										
b. III.7 and III.7D				60.8%	95.0%					
c. Other (Specify)										
<b>TOTAL OCCUPANCY %</b>				<b>60.8%</b>	<b>95.0%</b>					
<b>6. OUTPATIENT VISITS</b>										
a. Residential										
b. III.7 and III.7D			0	0	0					
c. Other (Specify)										
<b>TOTAL OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

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

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

Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	CY 2021	CY 2022	CY 2023				
<b>1. REVENUE</b>							
a. Inpatient Services	\$ -	\$ 4,460,875	\$ 7,615,309				
b. Outpatient Services							
<b>Gross Patient Service Revenues</b>	<b>\$ -</b>	<b>\$ 4,460,875</b>	<b>\$ 7,615,309</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Allowance For Bad Debt	\$ -	\$ 37,971	\$ 61,202				
d. Contractual Allowance		\$ 2,562,300	\$ 4,555,200				
e. Charity Care		\$ 18,334	\$ 28,879				
<b>Net Patient Services Revenue</b>	<b>\$ -</b>	<b>\$ 1,842,270</b>	<b>\$ 2,970,028</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
f. Other Operating Revenues (Specify)							
<b>NET OPERATING REVENUE</b>	<b>\$ -</b>	<b>\$ 1,842,270</b>	<b>\$ 2,970,028</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)	\$ -	\$ 508,929	\$ 508,929				
b. Contractual Services		\$ 100,000	\$ 100,000				
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization							
i. Supplies		\$ 104,177	\$ 164,250				
j. Other Expenses (Specify)							
Insurance		\$ 6,279	\$ 9,890				
Professional Fees		\$ 3,014	\$ 4,747				
Marketing		\$ 15,069	\$ 23,736				
Billing & UR		\$ 68,212	\$ 114,257				
Utilities/Facility Costs		\$ 45,206	\$ 71,209				
Repairs & Maintenance		\$ 9,041	\$ 14,242				
Property Taxes		\$ 7,534	\$ 11,868				
Rent		\$ 38,124	\$ 60,053				
Management Fees		\$ 180,825	\$ 284,835				
General & Administrative		\$ 185,346	\$ 291,956				
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ -</b>	<b>\$ 1,271,755</b>	<b>\$ 1,659,972</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>3. INCOME</b>							
a. Income From Operation	\$ -	\$ 570,514.47	\$ 1,310,055.55	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income							
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ 570,514.47</b>	<b>\$ 1,310,055.55</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Income Taxes							
<b>NET INCOME (LOSS)</b>	<b>\$ -</b>	<b>\$ 570,514.47</b>	<b>\$ 1,310,055.55</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>4. PATIENT MIX</b>							
<b>a. Percent of Total Revenue</b>							
1) Medicare							
2) Medicaid		27.0%	24.4%				
3) Blue Cross							
4) Commercial Insurance		68.8%	72.3%				
5) Self-pay		4.1%	3.2%				
6) Other							
<b>TOTAL</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>b. Percent of Equivalent Inpatient Days</b>							
<b>Total MSGA</b>							
1) Medicare							
2) Medicaid		75.3%	73.7%				
3) Blue Cross							
4) Commercial Insurance		18.5%	21.1%				
5) Self-pay		6.2%	5.3%				
6) Other							
<b>TOTAL</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

TABLE G. WORKFORCE INFORMATION

<i>INSTRUCTION</i> - List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.											
Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
<b>1. Regular Employees</b>											
<i>Administration (List general categories, add rows if needed)</i>											
Clinical Director	1.0	\$150,000	\$150,000	0.5	\$150,000	\$75,000			\$0	1.5	\$225,000
Program Director	1.0	\$120,000	\$120,000	0.5	\$120,000	\$60,000			\$0	1.5	\$180,000
<b>Total Administration</b>	<b>2.0</b>	<b>\$270,000</b>	<b>\$270,000</b>	<b>1.0</b>	<b>\$270,000</b>	<b>\$135,000</b>			<b>\$0</b>	<b>3.0</b>	<b>\$405,000</b>
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Clinical Supervisor	1.0	\$75,000	\$75,000	0.5	\$75,000	\$37,500			\$0	1.5	\$112,500
NP	1.0	\$120,000	\$120,000		\$120,000	\$0			\$0	1.0	\$120,000
Counselor	15.0	\$50,000	\$750,000		\$50,000	\$0			\$0	15.0	\$750,000
LPN	5.0	\$45,000	\$225,000	2.5	\$45,000	\$112,500			\$0	7.5	\$337,500
RN	2.0	\$55,000	\$110,000	1.0	\$55,000	\$55,000			\$0	3.0	\$165,000
Medical Technician	6.0	\$30,000	\$180,000	3.0	\$30,000	\$90,000			\$0	9.0	\$270,000
Behavioral Health Tech	35.0	\$30,000	\$1,050,000		\$30,000	\$0			\$0	35.0	\$1,050,000
<b>Total Direct Care</b>	<b>65.0</b>	<b>\$405,000</b>	<b>\$2,510,000</b>	<b>7.0</b>	<b>\$405,000</b>	<b>\$295,000</b>			<b>\$0</b>	<b>72.0</b>	<b>\$2,805,000</b>
<i>Support Staff (List general categories, add rows if needed)</i>											
Admissions	4.0	\$35,000	\$140,000		\$35,000	\$0			\$0	4.0	\$140,000
Outreach Coordinator	2.0	\$50,000	\$100,000		\$50,000	\$0			\$0	2.0	\$100,000
Case Manager	4.0	\$40,000	\$160,000		\$40,000	\$0			\$0	4.0	\$160,000
Receptionist	2.0	\$30,000	\$60,000		\$30,000	\$0			\$0	2.0	\$60,000
Admin Assistant	3.0	\$35,000	\$105,000		\$35,000	\$0			\$0	3.0	\$105,000
Custodian	2.0	\$30,000	\$60,000		\$30,000	\$0			\$0	2.0	\$60,000
<b>Total Support</b>	<b>17.0</b>	<b>\$220,000</b>	<b>\$625,000</b>	<b>-</b>	<b>\$220,000</b>	<b>\$0</b>			<b>\$0</b>	<b>17.0</b>	<b>\$625,000</b>
<b>REGULAR EMPLOYEES TOTAL</b>	<b>84.0</b>	<b>\$ 895,000</b>	<b>\$ 3,405,000</b>	<b>8.0</b>	<b>\$ 895,000</b>	<b>\$ 430,000</b>			<b>\$0</b>	<b>92.0</b>	<b>\$3,835,000</b>
<b>2. Contractual Employees</b>											
<i>Administration (List general categories, add rows if needed)</i>											
Medical Director	1.0	\$200,000	\$200,000	0.5	\$200,000	\$100,000			\$0	1.5	\$300,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Administration</b>	<b>1.0</b>	<b>\$200,000</b>	<b>\$200,000</b>	<b>0.5</b>	<b>\$200,000</b>	<b>\$100,000</b>			<b>\$0</b>	<b>1.5</b>	<b>\$300,000</b>
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Direct Care Staff</b>			<b>\$0</b>			<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Support Staff</b>			<b>\$0</b>			<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<b>CONTRACTUAL EMPLOYEES TOTAL</b>	<b>1.0</b>	<b>\$200,000</b>	<b>\$200,000</b>	<b>0.5</b>	<b>\$200,000</b>	<b>\$100,000</b>			<b>\$0</b>	<b>1.5</b>	<b>\$300,000</b>
<i>Benefits (State method of calculating benefits below) :</i>			625,007.1			78,928.9					703,936.0
<b>TOTAL COST</b>	<b>85.0</b>	<b>1,095,000.0</b>	<b>4,230,007.1</b>	<b>8.5</b>		<b>608,928.9</b>	<b>0.0</b>		<b>\$0</b>		<b>\$4,838,936</b>