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February 3, 2023

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VIA ELECTRONIC MAIL

Ms. Moira Lawson
Program Manager
Certificate of Need Division
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Re: Alpas Wellness La Plata, LLC
Matter No. 22-04-2462

Dear Ms. Lawson:

Attached please find the Applicant's Response to December 22, 2022 Completeness Questions. As stated in the Response, we are still awaiting the CPA letter you requested and will supplement the Response with the letter when we receive it.

Please let me know if you have any questions.

Sincerely,

Marta Harting

Partner

Enclosure

Applicant Response to December 13, 2022 Completeness Questions

Project Identification and General Information

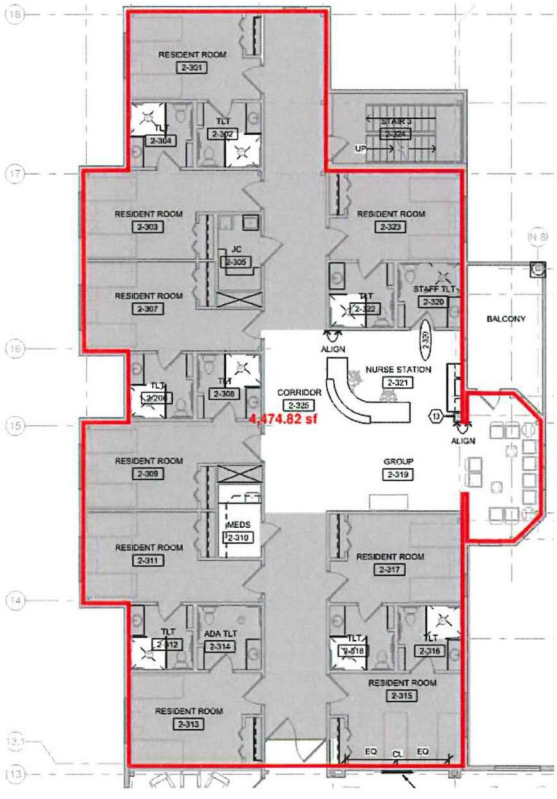
1. **The application states that the building is 58,904 sq. ft. What is the sq. footage attributed to the ICF unit? What is the square footage of each of the semiprivate patient rooms?**

   Applicant Response:

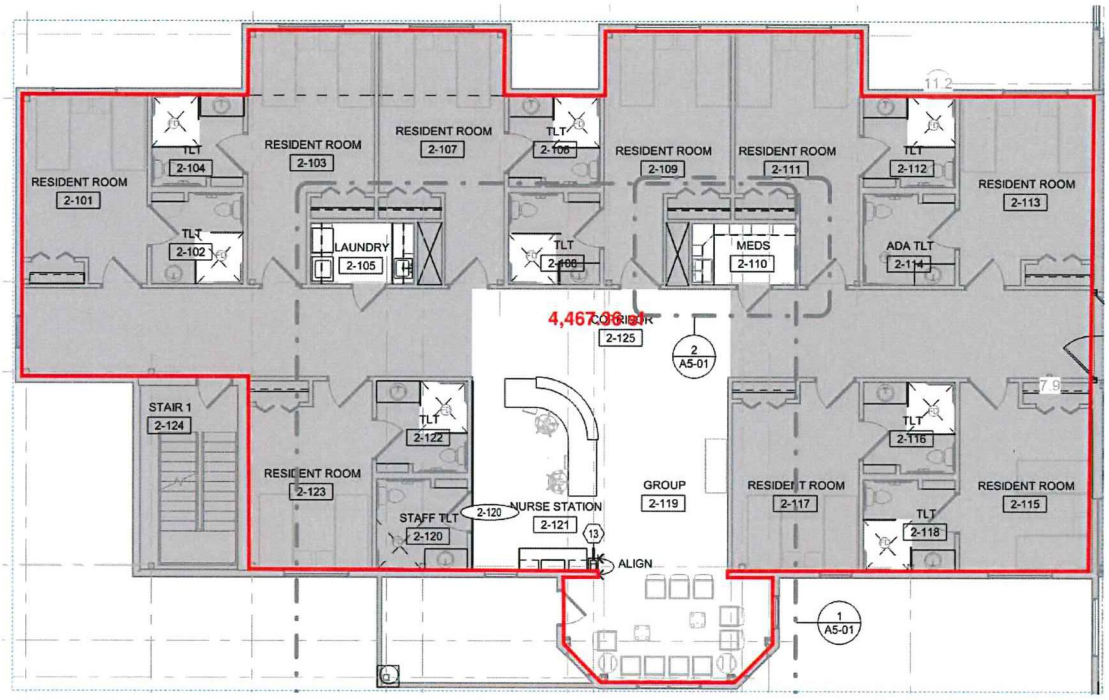
   - 1st Floor North Unit ~ 4,475 sf (walls included)
   - 1st Floor West Unit ~ 4,467 sf (walls included)
   - Rooms 101, 109 ~ 215 sf (closet included), toilet ~ 72 sf
   - Rooms 102, 103, 104, 105, 113, 114 ~ 238 sf (closet included), toilet ~ 72 sf
   - Rooms 106, 107, 108, 115, 116, 117 ~ 205 sf (closet included), toilet ~ 72 sf
   - Rooms 110, 118 ~ 219 sf (closet included), toilet ~ 72 sf
   - Room 111 ~ 244 sf (closet included), toilet ~ 72 sf
   - Room 112 ~ 233 sf (closet included), toilet ~ 72 sf

2. **Provide floor plans clearly identifying the location of the proposed ICF.**

   Applicant Response:



NORTH UNIT 1st FLOOR



WEST UNIT 1st FLOOR

Please also see Exhibit 15, First Floor Plan

3. **Will patients with different addiction related diagnosis be segregated or separated in any way?**

   Applicant Response:

   No, patients with SUD diagnoses will cohabitate on their respective units.

4. **Will there be separate areas in the ICF for male and female patients? If so, please provide floorplans clearly identifying where males and females will be housed.**

   Applicant Response:

   Yes, hallways will serve as a dividing line for gender specific rooms. Please refer to Exhibit 15 First Floor Plan

5. **The application states that 18 beds will be reserved for 3.7 services patients and 18 beds reserved for 3.7WM services patients. Please provide floorplans clearly identifying the location of 3.7 and 3.7WM rooms.**

   Applicant Response:

   Please refer to Exhibit 15 First Floor Plan – North Unit will be 3.7, West Unit will be 3.7WM

6. **How will grey area and private pay patients be managed within the facility?**

   Applicant Response:

   Grey area and private pay patients receive the same level of care management. Regardless of payer, patients receive access to the same amenities, level of therapeutic intervention, case management and referral services. Grey area and private pay patients will reside on the same unit(s).

7. **Please describe the experience of each of Alpas owners in the ownership or management of any health or addiction treatment related facilities?. Do any of these facilities provide 3.7/3.7WM services?**

   Applicant Response:

   John Beecroft has 20 years of experience working in behavioral health. He has managed 3.7 and 3.7WM related levels of care for Penn Medicine, Mercy Health System, and Banyan Treatment Centers. He developed the opioid use disorder treatment center of excellence at Penn Medicine, as recognized by the State of Pennsylvania. He has served as a Program Director and Executive Director across a variety of levels of care and lines of service.
   His facilities have consistently performed well on State Licensing, Joint Commission, and Patient Satisfaction and Outcomes measures.
   Please refer Exhibit 16 for John Beecroft's Resume

8. **The organizational chart is unclear. Describe the role of each of the three individuals (Sean Smith, Michael Martin, and John Beecroft) shown in the organizational chart.**

   Applicant Response:

   Please refer to Exhibit 17 for Organizational Chart with Detail

9. **Describe the relationship of all individuals who will have ownership/management roles for the ICF with SKAOS MD LLC. Please describe the relationship between Skaos MD LLC and Alpas Wellness and explain whether there is any fiscal or organizational division between the entities.**

   Applicant Response:

   Stephen Smith serves as managing member for SKAOS MD LLC and Alpas Wellness La Plata LLC. Sean Smith, John Beecroft, and Michael Martin have roles with Alpas Wellness MD LLC in the C-Suite.

   SKAOS MD LLC is in place as the Property Company and Alpas Wellness La Plata LLC is the Operating Company.

   The property company has served as a beneficial entity for financing the project of the operating company.

   Financially, all revenues and expenses generated by Alpas Wellness La Plata LLC remain with Alpas Wellness' operating account for use to serve the facility's treatment mission.

   Organizationally, Stephen Smith is the only member shared by both entities. He served as guarantor for funding obtained by the Property Company.

10. **Provide an update on any referral agreements that have been entered into. What plans are being made to develop relationships with inpatient and outpatient aftercare**

programs in Maryland? Does Alpas plan to retain patients in lower levels of inpatient care after completion of the level 3.7 program?

Applicant Response:

Alpas has entered an agreement with G.S. Proctor and Associates to further engage with community providers, local public representatives, and local religious organizations. This agreement was entered into with the intention of developing working relationships with wraparound services, including a variety of aftercare providers that offer housing and support services, while also allowing Alpas to serve as a treatment resource.

All patients are afforded the opportunity to remain with Alpas for lower levels of care, following their 3.7 level of stay. However, the patient is welcome to transfer to another provider for 3.1-3.5 levels of service should a different provider better meet the patient's unique needs.

Alpas has explored referral agreements with Freedom Center and Discovery Behavioral Health, their respective counsels are reviewing the referral agreements. We will provide the Commission with referral agreements as they are received.

We have engaged the FQHC and local religious organizations offering to be a resource for residential and referral resources, including:

La Plata Church of Christ, La Plata Baptist Church, Christ Church, and La Plata United Methodist Church, Greater Baden Medical Service at La Plata.

11. **The project construction is underway and scheduled to be completed prior to the approval of the CON. What are the contingency plans if the CON is denied?**

Applicant Response:

The contingency plan if the CON is denied focuses on expansion of 3.1, 3.3, 3.5 levels of care, to include expanded bed availability for process disorder and eating disorder programming.

Need

12. **Define the service area for the proposed project, including all jurisdictions that Alpas projects to obtain clients**.

Applicant Response:

Alpas is capable of serving the entire Delaware, Maryland, Virginia, District of Columbia region given our transportation capabilities. The primary market area includes the following Maryland regions: Southern, Capital, and Central.

13. **Describe the transportation services that will be provided to patients**.

Applicant Response:

The facility provides private transportation service through a fleet of SUVs leased by Alpas Wellness La Plata LLC. Alpas will provide transportation to and from treatment by qualified drivers on staff.

14. **Provide an analysis of the impact the addition of 20 Track One patient beds recently approved by the Commission to Avenues Recovery Center in in Prince Frederick will affect this project.**

Applicant Response:

Maryland State	2020	2025
Projected Adult Population 18+	4,794,366	4,965,091
Indigent Adult Population 18+	886,366	917,929
a) Non Indigent Population	3,908,000	4,047,162
b) Estimated Number of Substance Abusers (a. x 8.64%)	337,651	349,675
c1) Estimated Annual Target Population (bx 25%)	84,413	87,419
c2) Estimated Number Requiring Treatment (c1 x 95%)	80,192	83,048
d) Estimated Population Requiring ICF/CD (12.5% - 15%)		
d1) Minimum (c2 x 0.125)	10,024	10,381
d2) Maximum (c2 x 0.15)	12,029	12,457
e) Estimated Range Requiring Readmission (10%)		
e1) Minimum (d1 x 0.1)	1,002	1,038
e2) Maximum (d2 x 0.1)	1,203	1,246
Total Discharges from Out of State	44	46
f) Range of Adults Requiring ICF/CD Care		
f1) Minimum (d1 + e1 + Out of State)	11,071	11,465
f2) Maximum (d2 + e2 + Out of State)	13,276	13,749
g) Gross Number of Adult ICF Beds Needed		
g1) Maximum ((f1 x 14 ALOS)/365/0.85)	535	554
g2) Minimum ((f2 x 14 ALOS)/365/0.85)	642	665
h) Existing Track One Inventory ICF/CD Beds	571	571
i) Net Private ICF/CD Bed Need		
Minimum (g1-h)	-36	-17
Maximum (g2-h)	71	94

Southern Maryland Region	2020	2025
Projected Adult Population 18+	1,038,240	1,078,430
Indigent Adult Population 18+	178,686	205,489
c) Non Indigent Population	859,554	872,941
d) Estimated Number of Substance Abusers (a. x 8.64%)	89,704	93,176
c1) Estimated Annual Target Population (b x 25%)	44,672	51,372
c2) Estimated Number Requiring Treatment (c1 x 95%)	42,438	48,803
j) Estimated Population Requiring ICF/CD (12.5% - 15%)		
d1) Minimum (c2 x 0.125)	5,305	6,100
d2) Maximum (c2 x 0.15)	6,366	7,320
k) Estimated Range Requiring Readmission (10%)		
e1) Minimum (d1 x 0.1)	531	610
e2) Maximum (d2 x 0.1)	637	732
Total Discharges from Out of State	11	13
l) Range of Adults Requiring ICF/CD Care		
f1) Minimum (d1 + e1 + Out of State)	5,847	6,723
f2) Maximum (d2 + e2 + Out of State)	7,014	8,065
m) Gross Number of Adult ICF Beds Needed		
g1) Maximum ((f1 x 14 ALOS)/365/0.85)	264	303
g2) Minimum ((f2 x 14 ALOS)/365/0.85)	317	364
n) Existing Track One Inventory ICF/CD Beds	84	84
o) Net Private ICF/CD Bed Need		
Minimum (g1-h)	180	219
Maximum (g2-h)	233	280

15. **Explain the decision to allocate 18 beds to level 3.7WM patients and 18 beds to level 3.7 services. What percentage of 3.7 WM patients does the applicant project will transition to 3.7 care at the facility after withdrawal management? What percentage of patients will be transferred to other facilities for lower levels of care? Does the applicant expect to receive level 3.7 patients who have gone through detox at other facilities?**

Applicant Response:

The overall goal would be to have flexibility in providing 3.7 and 3.7WM lines of service deployed across 36 beds in whatever ratio best meets the needs of the community Alpas

serves. Alpas is motivated to work with the Department of Health and Behavioral Health Authority to achieve this goal.

The majority of patients receiving 3.7WM service are expected to remain within Alpas' care for 3.7 services, to ensure continuous care while the patient remains in a relatively stressful period in their recovery. This is also why Alpas would prefer to have flexibility in 3.7 and 3.7WM bed deployment. The facility would prefer to be able to flex bed service lines to ensure that patients are able to access care in a timely fashion.

It is projected that 20-30% of patients will be transferred to an outside provider for lower levels of care. This is largely based upon limitations placed upon care delivery by insurance carriers. It is possible that some patients will be able to receive 3.7WM service and their insurance will then dictate they have to be referred to Partial Hospital or Intensive Outpatient. Alpas does not expect this to be the norm.

As bed availability permits, Alpas will accept patients that have received detoxification services at another facility but still require 3.7 level of care.

16. **How will the applicant monitor the percentage of grey area patients served by the program? How will the facility recruit grey area patients if the percentage of this population falls below 15 percent?**

Applicant Response:

The Electronic Medical Record utilized allows Alpas to monitor the payer mix of the current patient census. A weekly report is drafted to ensure that Alpas is meeting the needs of the grey area patient population.

In the event average census percentage drops below 15%, Alpas is able to leverage its existing relationship with University Maryland Charles Regional Medical Center, Elevate Recovery Centers to recruit grey area patients. Alpas is continuing to work with FQHC, NAMI, and local churches to develop a working relationship that will provide access to quality care for individuals that are uninsured or underinsured.

Availability of More Cost-Effective Alternatives

17. **The application states that the new facility will be research oriented and "partnered with research conducted by the University of Pennsylvania" (page 29). Please provide any research supporting any services, including addiction recovery methods that will be used at the facility**.

Applicant Response:

The research as planned to be conducted by Dr. Anjan Chatterjee and his team at the Penn Center for NeuroAesthetics is new and in the final planning stages. This research focuses on how a built but modular environment known as the "refresh room" is able to effectively reduce symptomology for patients and staff struggling with anxiety or other stressors. The "research room" will be optional for patients and staff, similar to the offering of biofeedback services that are standard within the field.

Informed consent will be obtained and all patient identifiers masked for the purposes of the research.

The facility's interior itself is designed around tenets of hominess, fascination and cohesion when considering the psychological response of our patients and staff as they experience their day to day activities within the building's confines. These are all informed by Dr. Chatterjee's work in the space of neuroaesthetics. - Weinberger, A. B., Garside, E. W., Christensen, A. P., & Chatterjee, A. (2022). Effects of expertise on psychological responses to buildings and natural landscapes. *Journal of Environmental Psychology*, *84*, 101903.

You can read about Dr. Chatterjee's work at: https://neuroaesthetics.med.upenn.edu/

Alpas incorporates biophilic design, allowing elements of nature to enter the built environment. We've incorporated rich green walls throughout the facility and installed a variety of plants throughout. Research has shown that biophilic design within the built environment effectively improves healing and psychological health - Bolten, B., & Barbiero, G. (2020). Biophilic Design: How to enhance physical and psychological health and wellbeing in our built environments. *Visions for Sustainability*, *13*, 11-16.

Clinical modalities include but are not limited to:

CBT - An, H., He, R. H., Zheng, Y. R., & Tao, R. (2017). Cognitive-behavioral therapy. *Substance and non-substance addiction*, 321-329.

DBT - Rezaie, Z., Afshari, B., & Balagabri, Z. (2021). Effects of dialectical behavior therapy on emotion regulation, distress tolerance, craving, and depression in patients with opioid dependence disorder. *Journal of Contemporary Psychotherapy*, 1-10.

Motivational Interviewing: Abohamza, E., & Moustafa, A. A. (2020). Motivational interviewing for the treatment of addiction. *AA Moustafa, cognitive, clinical, and neural aspects of drug dddiction*, 289-313.

Trauma Art Narrative Therapy: https://www.learntraumaart.com/

18. **Please explain the statement that Alpas will "bring an unparalleled treatment experience to the in-network coverage space"? What carrier and insurer networks have Alpas as a provider, either in or out of network? Please provide any documentation showing participation arrangements.**

Applicant Response:

Alpas has partnered with AVA Billing and Consulting to manage our contracting and billing processes. As a startup, still in the CON and Licensing process, Alpas does not have participation agreements with any carriers at this time. Alpas, with AVA, is exploring participating with Care First/BCBS, Tricare, and VA Optum early in operations. It is the goal of Alpas to also participate with CMS.

19. **Please provide any alternate approaches that were considered in the planning of the project. Provide data to support that current facilities fail "to comprehensively address the complex co-occurring nature of behavioral health concerns".**

Applicant Response:

Alternative approaches were not considered in the planning of the project. Alpas was developed around the notion of having an eclectic evidence-based inpatient curriculum and highly qualified co-occurring capable staff able to effectively deploy interventions. The concept came about 7 years ago when Sean Smith and John Beecroft met while working at the University of Pennsylvania Medical Center. For 20 years, John Beecroft has worked with patients to develop outcomes based peer driven curriculum that blends CBT, DBT, 12 step, and Experiential modalities. Across multiple levels of care, these custom curriculum have resulted in extremely high patient satisfaction and outcomes ratings. Alpas is the culmination of years of experience in clinical development and outcomes measures.

NIDA and NIH acknowledge that only 18% of SUD treatment providers are capable of providing co-occurring services - https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-4-barriers-to-comprehensive-treatment-individuals-co-occurring-disorders

Relapse rates for individuals receiving detoxification service once are in the 60% range, while individuals having been through multiple detoxification stays nears 88%, 6 month post discharge relapse rates trend towards 72%, with opioid dependent patients facing the highest likelihood of relapse - Liu, N., Lu, Z., & Xie, Y. (2022). Tracking Study on the Relapse and Aftercare Effect of Drug Patients Released From a Compulsory Isolated Detoxification Center. *Frontiers in Psychiatry*, *12*, 2596.

NIDA reports alcohol use disorder relapse rates are in the range of 40-60% - https://fherehab.com/learning/another-relapse-how-to-stop/

Chances of addiction relapse with opiates are higher than those of any other drug addiction, with one study reporting that as many as 91% of those in opioid recovery will experience a relapse.[2] The study also found that at least 59% of those who had an opiate relapse would do so within the first week of sobriety, and 80% would relapse within a month after discharging from a detox program.[2] - https://drugabuse.com/opioids/relapse/

Elements of traditional treatment have worked, but we continue to see high relapse rates and our population consistently struggling to maintain sobriety. The field needs to move forward and adapt.

Viability of the Proposal

20. **Please provide an audited financial statement for the past two years for all applicant entities/individuals. If audited 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 <u>independent</u> Certified Public Accountant detailing the financial information considered in reaching the conclusion that adequate funds are available.**

Applicant Response:

We are working with a CPA on this request but we have not yet received the letter We will update this response to provide the letter when we receive it. Additionally, please see the funding spreadsheet/draw history on the loan demonstrating the available funds attached as Exhibit 18.

21. **Please provide letters of support from community-based organizations and mental health organizations.**

Applicant Response:

Please see Exhibit 19 for additional Support Letters

Impact on Existing Providers

22. **How will the additional services impact existing ICFs regarding staffing availability and costs?**

Applicant Response:

Given the recent staffing cuts and layoffs at a local ICF, there are no concerns regarding impact on staffing availability for other providers in the region. The additional service line at Alpas does not present a threat to impact costs, contracted reimbursement rates and staffing costs are competitive with the market. Alpas does not expect to increase the costs of staffing, or reduce the contracted reimbursement rates of other ICFs in the region. Alpas offers opportunities for working relationships with other ICF providers given our ability to accept individuals for residential services that include eating disorders and process disorders. A working relationship with local ICFs for difficult to place patients may reduce the cost of referrals for our local ICF facilities.

Tables

23. **Please resubmit Table A with the projected bed count by floor and service type.**
Applicant Response:

Completed and 3.7 levels of care clearly identified as 3.7 and 3.7WM.

24. **The application states that $2.4 million of the budget is allocated to the CON regulated portion of the budget (page 4) while the Table B shows $8,703,832 in costs for the 3.7/3.7WM portion of the budget. Please explain the disparity.**

Applicant Response:

The $2.4 million as listed on page 4 of the application is in reference to construction costs, which aligns with line item 19 on Table B. Including FF&E, the cost to fully complete the CON regulated portion is nearly $2.75 million as outlined on line item 29 of Table B.

The overall budget in Table B for CON regulated unit expenses totaling $8.7 million is reflective of total development and operating expense for the CON regulated unit, including working capital costs that cover payroll and all related operational activities.

25. **Table B does not show the costs for the new 2,200 sq ft addition to the property. Please include these costs.**

Applicant Response:

Those costs are allocated to the Residential column, as the property addition largely provides space for that service line.

26. **Table B shows that the total cost of the project is $42,637,500 paid for with a combination of cash ($1,285,999), a mortgage ($16,000,000), working capital loans ($16,351,501), construction financing ($7,500,000) and interest reserve ($1,500,000). The application contains a loan document for $29,800,000. Please provide a detailed explanation of how this loan will be allocated in the projrct? What is the source of the remaining funds?**

Applicant Response:

Please refer to Exhibit 18 which contains a draw and disbursement schedule by line item.

27. **In Table B, please provide detail for the use of the term "Residential," does it refer to all beds other than the 36 identified as the ICF?**

Applicant Response:

Yes, "Residential" refers to all beds other than the 36 proposed ICF beds.

28. **Table B does not include any charges for Architect/Engineering Fees or Permits. Please revise the table to include these charges or provide an explanation for why the project did not include these services.**

Applicant Response:

Architectural/Engineering services are grouped into the construction financing line item, which aligns with how our funding draw is structured with Colliers and its partner banks.

29. **In Table E, provide a breakdown of LOS for 3.7 and for 3.7WM services.**

Applicant Response:

See attached revised table.

30. **In Table E, please explain why patient discharges will increase to 1,065 in 2026 but decrease to 665 in 2027.**

Applicant Response:

The expectation is that patient acuity will continue to increase incrementally in the coming years. This has been an observed trend at facilities overseen by John Beecroft. We have continued to see more significant medical comorbidities, the after effects of COVID complicating treatment interventions, and more dangerous patterns of drug use. With increased presenting patient acuity, the potential for extended lengths of stay at more acute levels of care arises. The drop in discharges reflects projected longer lengths of stay which would result in fewer potential discharges.

It is projected that a steady increase in service line utilization and operational efficiency will fully stabilize in 2026, and with stabilization, operational efficiency and improved brand recognition and presence in the community, the facility will be able to more fully offer care to patients with increased acuity in 2027.

31. **Table E shows a 9.3-day LOS for Level 3.7 patients in 2023 and a 16.8-day LOS for the same level patients in 2027? Please explain why the LOS for these patients increases? How does this compare to similar Track One facilities in the state?**

Applicant Response:

The response to 30 above explains the projected longer length of stay.

32. **In Table F, please break down revenues and expenses for the ICF, the residential drug treatment and the other treatment area.**

Applicant Response:

See attached revised table.

33. **In Table F, please include costs of any charity care that will be provided.**

Applicant Response:

See attached revised table.

34. **Please include any assumptions used to complete table F.**

Applicant Response:

Assumptions are based on standard market pricing for utilities and maintenance at a cost per square foot. Dietary, Transportation, and Insurance have all been quoted out through consultants and outside vendors. Marketing developed its own internal budget. Interest and Financing Fees were calculated by the lender. Operating assumptions surrounding revenue and bad debt were developed by Dixon Hughes Goodman, a consulting firm that assisted in the development of Alpas' proforma.

35. **In Table G, please breakdown the staffing numbers for the ICF and the rest of the facility.**

Applicant Response:

See attached revised table.

36. **In Table G, please include the costs of benefits for staff, and the method or assumptions used to calculate the benefit amount.**

Applicant Response:

Staff benefit amount was calculated at a rate of ~30% of salary, as recommended by our payroll provider ADP.

37. **Does the ICF plan to hire a nutritionist? If so, please include in Table G and in the budget. If not, please explain how this function will be staffed.**

Applicant Response:

One of the budgeted admissions staff is currently a registered dietician and is able to provide that line of service at the time of intake and throughout a patient's length of stay. The staffing budget is subject to change as new roles may become necessary in future operating years.

38. **Does the ICF plan to hire any janitorial staff? If so, please include in Table G and in the budget. If not, please explain how this function will be staffed.**

Applicant Response:

Janitorial staff are outside vendors and counted on the Repairs and Maintenance line item

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Applicant's Response to December 22, 2022 Completeness Questions are true and correct to the best of my knowledge, information and belief.

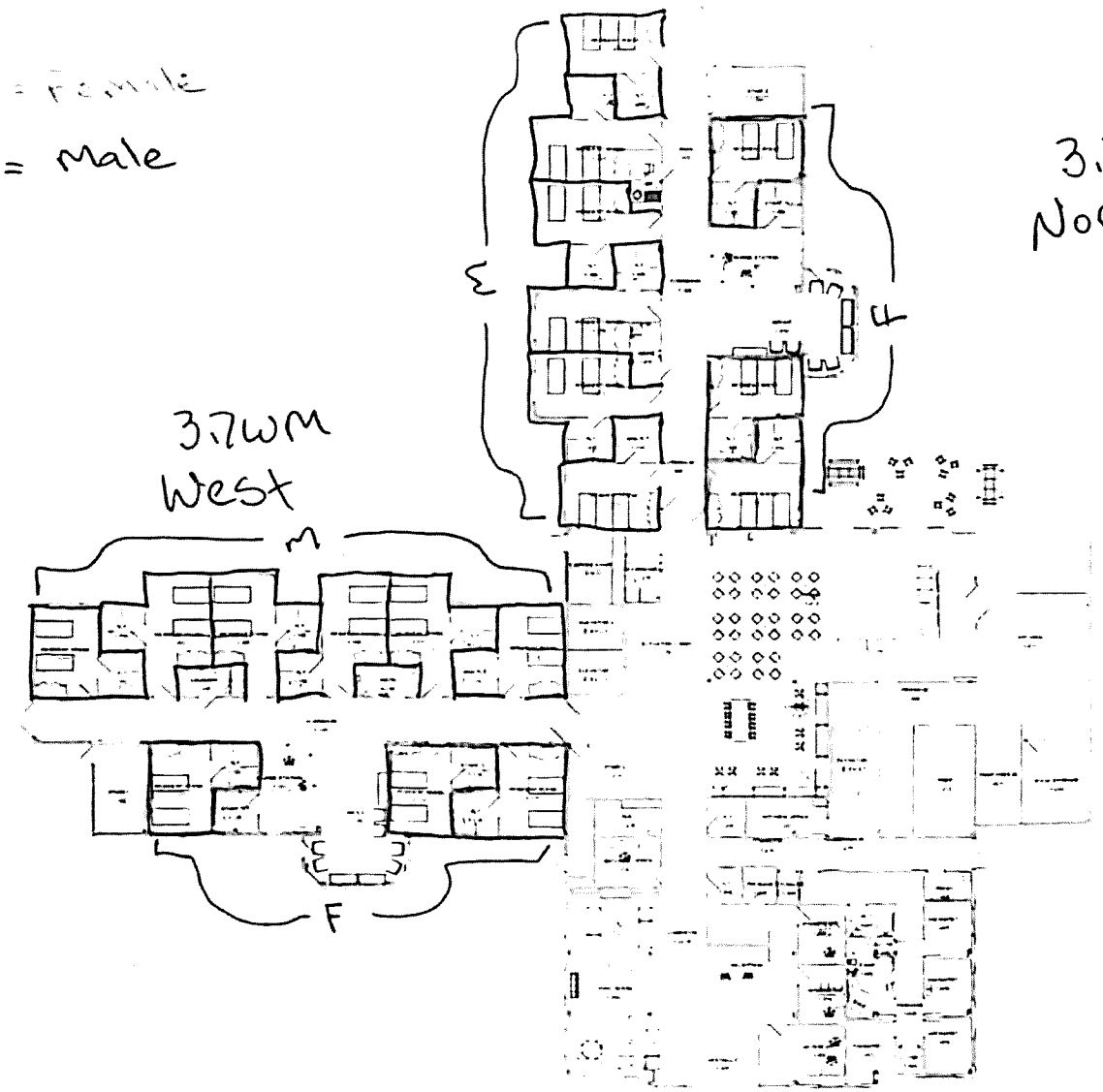
John Beceroll, Chief Operating Officer

Date: 2/3/23

EXHIBIT 15

= Female

= Male



5/13/2022

LEVEL 1 - NEW WORK P2
1/8" = 1'-0"

WILMOTSANZ

EXHIBIT 16

John Beecroft

319 Cooper Street Woodbury, NJ 08096
(856) 649-4598 | jjbeecroft@gmail.com

CORE ACHIEVEMENTS

Project Management

- Licensed, opened, and accredited Partial Program in NJ (2023)
- Design and development of PHP, Detox, Residential Programs in NJ (2021)
- Design and Development of 2 inpatient startups (2020-2021)
- Consultation in turnaround of OP/IOP (2021-2022)
- Consultation in development of PHP programs (2019, 2020, 2021)
- Board Member of Drug and Alcohol Service Providers of PA (2019)
- Reduction of inpatient facility operating expenses ($475k in 2019)
- Designed, licensed and opened 40 bed PHP program (2017-2018)
- Implemented mobile assessment protocol for off-site patients within large health system (2017)
- Developed and implemented MAT integrated care model with Family Medicine for UPHS (2017)
- Obtained Center of Excellence for Opioid Use Disorders recognition and $500k grant (2016)
- Member of committee charged with developing integrated care model for a large health system (2016)
- 1 IOP startup (2014-2015), 4 PHP Startups (2018, 2019, 2020, 2021), 4 Residential Turnarounds (2015 and 2019) and 2 Successful IOP/OP Turnarounds (2011 and 2015)
- Increased census by 75% in first year as director (2015)
- Reduced direct expenses by $500,000.00 within health system treatment facility (2015)
- Consistent 0 findings by TJC, DDAP and primary funder audits (2014-2019)
- Initiated involvement in Pay 4 Performance program - $15,000 program bonus (2013-2016)
- Added Suboxone and Problem Gambling treatment to array of existing services (2012)
- Devised and implemented internal patient satisfaction and outcomes measures (2011-2020)
- Increased patient census by 150% in first year as director (2011)
- Lowered primary funder variance from 30% to less than 5% in two years (2011)
- Reduced licensing inspection citations from 17 to 3 in one year (2011)
- Effectively developed and implemented peer governance (2011-2023)
- Construct and implement a peer driven curriculum (2010-2023)

Staff Development

- Effectively recruited and retained staff throughout tenure of positions
- Provision of clinical training to up to 50 clinical and hospital personnel
- Trained staff on implementation of contingency management retention focused protocol
- Developed a weekly team meeting to build rapport, manage clinical concerns, and efficiently address programmatic needs (2008-2017)
- Developed and implemented novel PHP, IOP and inpatient curriculums

PROFESSIONAL EXPERIENCE

Empower Recovery | Sicklerville, NJ
01/01/2023 - Present
Chief Executive Officer

- Develop standalone Partial Program
  - Certificate of need, licensure, accreditation
  - Identify and secure appropriate property for facility
- Work through process of obtaining certificate of need and licensure for detox and residential program

Access to Recovery Consulting | Woodbury, NJ
03/2020 - Present
Chief Executive Officer / Co-Founder

- Provision on consultative services to behavioral health providers in the areas of:
  - Startup/Turnaround/Recruitment
  - Managing acquisitions and mergers
  - Licensing/Quality Assurance
  - Operational Efficiencies
  - Clinical services and level of care expansion
  - Medication assisted and holistic treatment interventions
  - Marketing and Fundraising

Alpas Wellness Retreat, Alpas Wellness La Plata and Alpas Memory Care Center | Quakertown, PA and La Plata, MD
01/2020 - Present
Chief Operating Officer / Partner

- Obtain certificate of need, accreditation and licensure for Detox and Residential
- Recruit and onboard senior and mid-level leadership
- Contract with necessary outside vendors – EMR, billing, EVS, etc
- Assist in architectural design of a purpose built high-end residential behavioral health treatment center and distinct memory care center
- Manage pre-construction activities
- Facilitate development of staffing model, operating budget and curriculum
- Investigate and secure materials providers – furniture, medical equipment, etc

Banyan Treatment Center PHP and Clearbrook Treatment Center | Langhorne/Laurel Run, PA
11/2017 – 01/2020
Executive Director

- Provide operations oversight to 40 bed Partial Hospitalization Program and 68 bed Residential Detox/Rehab Program
- Develop and implement eclectic co-occurring disorder treatment curriculum
- Organize culture change within an existing 68 bed residential treatment program
- Manage compliance with licensing, accreditation and credentialing requirements
- Recruit and train staff

Mercy Health System/Horizon Health | Philadelphia and Darby, PA
09/2016 – 11/2017
Consultant

- Provide operations consultation to Residential Detox, Dual-Diagnosis, and Acute Psych Units at two distinct inpatient hospitals
- Develop and implement eclectic co-occurring disorder treatment curriculum
- Devise and manage RFP process for new level of care contracting
- Review and manage compliance with licensing, accreditation and credentialing requirements
- Develop appropriate report of findings and recommendations for program changes

University of Pennsylvania/Penn Presbyterian Medical Center/Horizon Health | Philadelphia, PA
10/2014 – 7/2017
Program Director

- Develop model for new Medication Assisted Treatment and its integration into primary care practices
- Direct daily operations of two distinct outpatient addictions treatment programs for UPHS
- Assist in operations monitoring and budgetary planning for inpatient detox and psych units
- Develop alternative staffing models and outcomes for inpatient detoxification/rehab unit
- Participate in behavioral health QI for all behavioral health operations at PPMC
- Devise patient satisfaction and outcome measure for IOP/OP behavioral health programming
- Developed and obtained licensure for a boutique IOP treatment program for Penn Behavioral

Health

- Creation and implementation of policy and procedure
- Identify and network with key referral sources
- Create marketing and development strategies
- Collaborate with executive officials within the hospital system
- Develop and implement clinical programming
- Supervise clinical staffing
- Provision of clinical and operations training to all staff
- Conduct D&A and MH evaluations

GPASS | Philadelphia, PA
10/2011 – 10/2014
Program Director / Clinical Supervisor

- Expanded treatment contracts with varied referral sources
- Expansion of Intensive Outpatient services
- Facilitate weekly team and individual supervision
- Initiated implementation of a token economy program
- Responsible for developing and facilitating clinical trainings
- Secured contract with US Courts/Federal Probation for CBT Group Therapy
- General supervision of co-occurring disorder outpatient clinic
- Overall management of facility

SKILLS

Critical Thinking	Therapy and Counseling	Negotiation
Management of Personnel	Quality Control Analysis	Program Expansion and Development
Psychopharmacology	Psychopathology	Forensic Populations
Regulatory	Licensing	Staff Development

EDUCATION

Master of Healthcare Administration / Public Health - Executive (2021-2023)
Columbia University – New York, NY

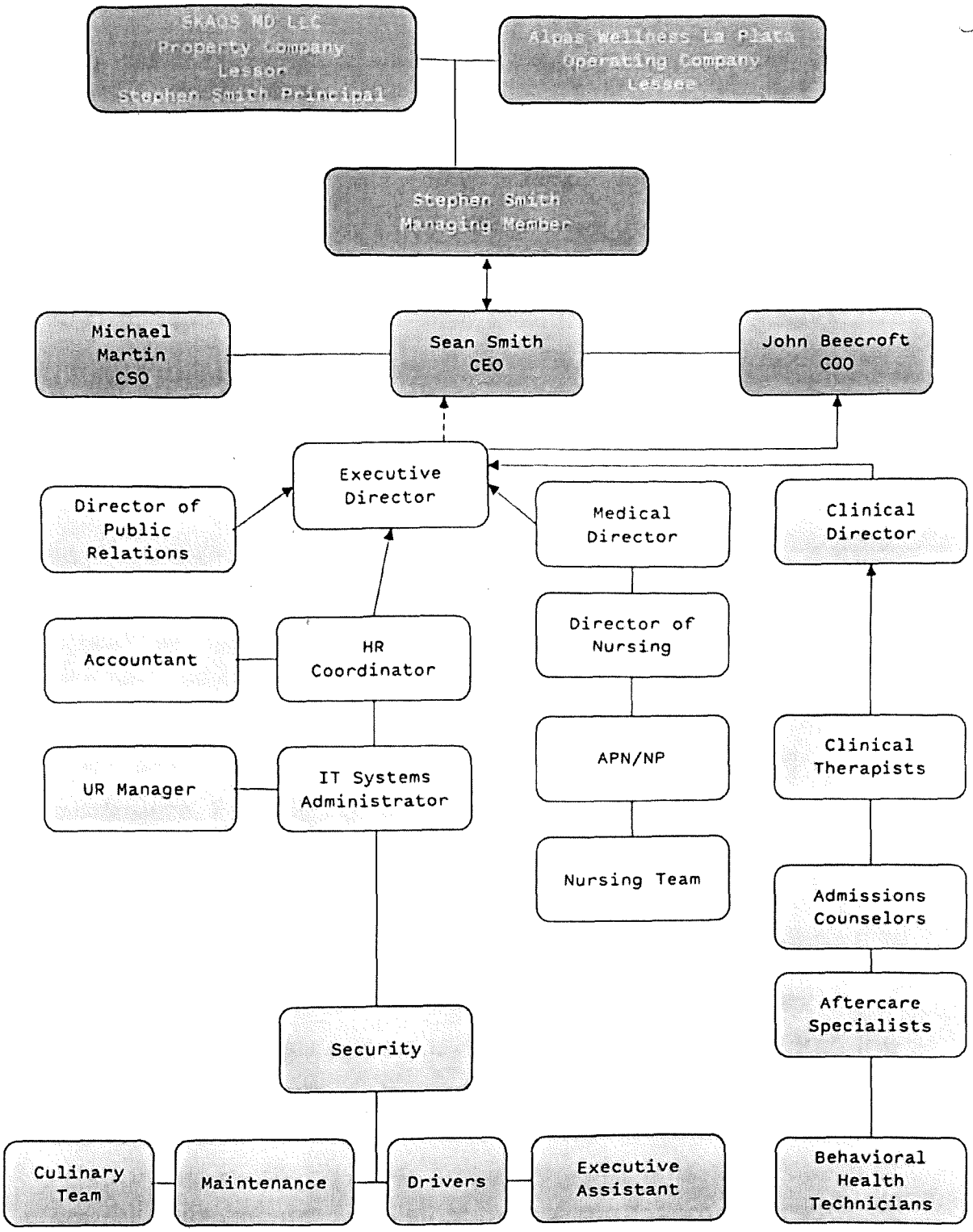
Master of Arts in Forensic Psychology (2012 - 2014)
The Chicago School of Professional Psychology - Chicago, IL (GPA: 4.0)

Bachelor of Arts in Psychology (2001 - 2007)
Rutgers University - Camden, NJ

CERTIFICATIONS

Certified Alcohol and Drug Counselor (CADC) with Problem Gambling Competency
Level II Problem Gambling Counselor
Certified Co-Occurring Disorders Professional Diplomate (CCDPD)
Level I Trauma Art Narrative Therapy Certified
Completion of Pennsylvania State Clinical Supervision Training

EXHIBIT 17


SKAOS ND LLC
Property Company
Lessor
Stephen Smith Principal
Alpas Wellness La Plata
Operating Company
Lessee
Stephen Smith
Managing Member
Michael
Martin
CSO
Sean Smith
CEO
John Beecroft
COO
Executive
Director
Director of
Public
Relations
Medical
Director
Clinical
Director
Accountant
HR
Coordinator
Director of
Nursing
UR Manager
IT Systems
Administrator
APN/NP
Clinical
Therapists
Nursing Team
Admissions
Counselors
Aftercare
Specialists
Security
Culinary
Team
Maintenance
Drivers
Executive
Assistant
Behavioral
Health
Technicians

Sean Smith – Chief Executive Officer – Responsible for overall financial management of facility. Develop and maintain strategic partnership with Penn Medicine. Work with Chief Operating Officer on facility budgeting and mission. Facilitate design and outfitting of facility. Focus on long-term goals, partners in executive hiring process,

John Beecroft – Chief Operations Officer – Responsible for overall operations of facility. Establish and monitor licensing and accreditation compliance. Recruit and onboard leadership positions. Manage vendor contracts. Work with Clinical Director to develop proprietary evidence-based curriculum. Provides general oversight to facility once operational. Responsible for short and long-term objectives.

Michael Martin – Chief Strategy Officer – responsible for identifying strategic opportunities and relationships within the field. Including partnerships with local universities, representatives, and other providers. Has developed a relationship between Alpas and local politicians, the College of Southern Maryland, and valuable case management resources.

Alpas

CHIEF EXECUTIVE OFFICER JOB DESCRIPTION

Job Summary:

The Chief Executive Officer provides leadership for all aspects of the company's operations with an emphasis on long-term goals, growth, profit, and return on investment.

Supervisory Responsibilities:

- Oversees the ongoing operations of all divisions in the company.
- Manages and directs the company toward its primary goals and objectives.
- Oversees employment decisions at the executive level of the company.
- Leads a team of executives to consider major decisions including acquisitions, mergers, joint ventures, or large-scale expansion.
- Promotes communication and cooperation among divisions to create a spirit of unity in the organization.

Duties/Responsibilities:

- Works with the board of directors and other executives to establish short-term objectives and long-range goals, and related plans and policies.
- Presents regular reports on the status of the company's operations to the board of directors and to company staff.
- Oversees the organization's financial structure, ensuring adequate and sound funding for the mission and goals of the company.
- Reviews the financial results of all operations, comparing them with the company's objectives and taking appropriate measures to correct unsatisfactory performance and results.
- Ensures the company's compliance with all applicable laws, rules, regulations, and standards.
- Negotiates with other companies regarding actions such as mergers, acquisitions, or joint ventures.
- Serves as the company's representative to the board of directors, shareholders, employees, customers, the government, and the public.
- Performs other related duties to benefit the mission of the organization.

Required Skills/Abilities:

- Excellent managerial and financial skills and the ability to take leadership over any business operations area.
- Superlative communication skills, particularly the ability to communicate as a leader.
- Thorough understanding of management and financial practices in all areas and phases of business operations.

Education and Experience:

- Extensive professional experience in leadership roles.

- Education may vary; an advanced degree in business administration, finance, or law is preferred, but not required.

Physical Requirements:

- Prolonged periods sitting at a desk and working on a computer.
- Must be able to lift up to 15 pounds at times.
- Must be able to navigate various departments of the organization's physical premises.

_____
Print Name:

_____ _____
Signature: Date:

Alpas

Chief Operating Officer

Job Description

POSITION SUMMARY:

Adheres to Alpas's corporate mission statement regarding patient care and ensures that all staff does the same. The Chief Operating Officer is responsible for planning, developing, coordinating, directing, supervising and organizing all operations services functions Alpas-wide including (Inpatient, Treatment and Mental Health), Outpatient Services and Residential Services, and Administrative Support Services to ensure optimal office and unit operations and functioning. The COO serves as a member of the Senior Leadership Team and works collaboratively with other Senior Management Team members by providing leadership and motivation to staff on departmental matters for the best possible organizational outcomes. Responsible for all regulatory reporting to Corporate as well as unusual events. Responsible for federal, state, and local compliance with those regulations. Responsible for the overall management of the center to include patient care, staffing, safety, clinical, risk management, marketing, state licensing, and accreditation standards knowledge and other duties assigned by management.

This position reports directly to the Managing Member

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Direct the overall operation of all clinical/medical and ancillary service delivery programs, integrating consideration of organizational functioning, financial and business issues, public relations, evidence-based clinical practices, program policies and procedures and clinical standards, into overall guidance, development, and direction of the Operations group and all operational functions

- Work collaboratively with the CEO and CSO to assess organizational performance against both the annual budget and Alpas's long-term strategy. Develops tools and systems to provide critical operational information to the Managing Member and CEO and make actionable recommendations on both strategy and operations
- Represent Alpas or CEO at meetings/conferences as directed. Attends Executive meetings.
- Coordinate the development, dissemination and implementation of Alpas's policies and procedures. Interprets Alpas's rules, policies, and procedures for management, supervisors and staff
- Identify changing environmental, financial, clinical and other conditions within and outside Operations that may affect the group's contribution to successful completion of Alpas mission, and strategizes, develops, and oversees response to these changes
- Identify opportunities for Alpas to leverage cross-program strengths to take advantage of new opportunities and/or to address organizational challenges. Partners with the Senior Leadership Team in strategic decision making and operations as Alpas continues to enhance its quality programming and build capacity
- Effectively manage the performance of employees of the Operations group. Provides effective and inspiring leadership by being actively involved in all programs and services, developing a broad and deep knowledge of all programs. Leads, coaches, develops, and retains Banyan' high performance Senior Management Team with an emphasis on developing capacity in strategic analysis and planning and program budgeting. Develops and implements training programs to expand the capacity of all staff

- Develops and implements a system for tracking and reporting on the progress of the strategic plan implementation
- Assure that internal controls and audit processes are maintained
- Exercise leadership in Continuous Quality Assurance activities
- Effectively share responsibilities as part of a team
- Relate to Alpas clients, the public, department staff, and colleagues in a manner that is consistent with Alpas's standards
- Courtesy is demonstrated in interactions with clients, the public, staff and Alpas's standards for ethical behavior and treatment are followed
- Administers staff corrective actions and disciplinary action as needed.
- Accountable for achieving revenue targets and controlling expenses
- Set the tone for a positive work environment
- Participates in marketing efforts to build census
- Ensures clean, safe work environment including compliance with fire and safety officials.
- Strictly adhere to Alpas's rules of confidentiality

Qualifications

- Bachelor's Degree in Human Services, Master Degree preferred. Minimum of five (5) years of related and significant executive work experience in the Human Services field, preferably both in Healthcare (specifically in Community Mental Health) and Social Services or substance abuse environment/mental health.
- Working knowledge in the treatment of Mental Health and Substance Abuse problems
- Knowledge of Alcohol and Substance Abuse rules and regulations, and Federal and State requirements and other state governing preferably in the Medication assisted treatment.
- Ability to relate to a variety of other professionals such as those in Mental Health, Medical/Clinical Services, Social Services, Criminal Justice and other related disciplines
- Excellent oral and written communication skills.
- Ability to interact with people at all levels.
- Proficiency in Microsoft Office.
- This is a sensitive position and the position is required to maintain confidential information in accordance with the HIPPA, Information Security Policy, Protocols, Procedures and CFR-42

_____
Print Name:

_____ _____
Signature: Date:

Alpas

CHIEF STRATEGY OFFICER JOB DESCRIPTION

Job Summary:

The Chief Strategy Office is responsible for developing and executive strategies that facilitate financial growth and clinical partnership opportunities.

Duties/Responsibilities:

- Developing an inclusive strategic plan and strategy by collaborating with the leadership team, board, and executive.
- Collaborating with CEO and COO to develop a capital plan in line with the strategy.
- Analyzing market dynamics, market share changes, product line performance, and competitive intelligence.
- Identifying key capital projects, joint ventures, potential M&A targets, and other strategic partnership opportunities.
- Identifying strategic risks.
- Collaborating with leadership, special committees, and consultants to execute strategies.
- Communicating strategy effectively throughout the company.
- Ensuring suitable metrics are in place to measure performance and progress.
- Monitoring execution of business initiatives.
- Executing divestments and divestiture.

Required Skills/Abilities:

- 3+ years of strategic experience in a similar environment, management consulting, or investment banking.
- Outstanding communication skills, both written and verbal.
- Excellent people skills.
- Proficient computer skills.
- Available to travel

Alpas

CHIEF STRATEGY OFFICER JOB DESCRIPTION

Physical Requirements

- Prolonged periods sitting at a desk and working on a computer.
- Must be able to lift up to 15 pounds at times.
- Must be able to navigate various departments of the organization's physical premises.

_____

Print Name

_____ _____

Signature Date:

EXHIBIT 18

4

90 South Seventh Street
Suite 4300
Minneapolis, MN 55402
colliers.com

MAIN 612.317.2000 | 800.227.0786

Colliers INTERNATIONAL

January 31, 2023

RE: $29,800,000 Alpas Wellness Treatment Center Construction Loan
La Plata, Maryland
Skaos MD LLC and Alpas Wellness La Plata LLC

The Draw History attached, imported from the Colliers Funding system, will confirm the current balance of the Alpas Wellness construction loan as of today's date. This will supplement the Project budget and GC construction budget previously provided.

Karen Esbjornson
Assistant Vice President
Colliers Funding LLC

Construction Draw History

By Loan:

Alpas Wellness Treatment Center Acquisition / Construction ☐ Get History

Current Summary (○ By ◉ To) Date:

Participant	Distribution Date	Payment Date	Effective Date	Payment Via	Amount Paid
TOTAL DISTRIBUTION	2/10/2022	2/10/2022	2/10/2022	Wire	7,350,000.00
TOTAL DISTRIBUTION	3/1/2022	3/1/2022	3/1/2022	Interest	19,395.84
TOTAL DISTRIBUTION	4/1/2022	4/1/2022	4/1/2022	Interest	31,729.33
TOTAL DISTRIBUTION	5/2/2022	5/2/2022	5/2/2022	Interest	30,838.02
TOTAL DISTRIBUTION	6/1/2022	6/1/2022	6/1/2022	Interest	31,994.45
TOTAL DISTRIBUTION	6/22/2022	6/22/2022	6/22/2022	Wire	406,041.81
TOTAL DISTRIBUTION	7/1/2022	7/1/2022	7/1/2022	Interest	31,607.38
TOTAL DISTRIBUTION	7/28/2022	7/28/2022	7/28/2022	Wire	331,471.83
TOTAL DISTRIBUTION	8/1/2022	8/1/2022	8/1/2022	Interest	37,625.45
TOTAL DISTRIBUTION	9/1/2022	9/1/2022	9/1/2022	Interest	39,170.98
TOTAL DISTRIBUTION	9/14/2022	9/14/2022	9/14/2022	Wire	676,320.64
TOTAL DISTRIBUTION	10/3/2022	10/3/2022	10/3/2022	Interest	39,843.48
TOTAL DISTRIBUTION	10/20/2022	10/20/2022	10/20/2022	Wire	936,165.51
TOTAL DISTRIBUTION	11/1/2022	11/1/2022	11/1/2022	Interest	56,575.86
TOTAL DISTRIBUTION	12/1/2022	12/1/2022	12/1/2022	Interest	58,442.88
TOTAL DISTRIBUTION	12/2/2022	12/2/2022	12/2/2022	Wire	1,853,955.66
TOTAL DISTRIBUTION	1/3/2023	1/3/2023	1/3/2023	Interest	71,558.02
TOTAL DISTRIBUTION	1/25/2023	1/25/2023	1/25/2023	Wire	1,944,906.05
				Total Payments	**$13,947,643.19**

Available Draw Balance: **$15,852,356.81**

ALPAS WELLNESS TREATMENT CENTER
RENOVATION CONTRACT

Whiting-Turner	Scheduled VALUE	PA 9 Change Orders	REVISED Value	Prior Completed	PA 9	Retainage	Total COMPLETE	Balance to Complete
General Requirements	24,750.00		133,643.00	29,914.55	6,384.17	2,067.39	36,298.72	97,344.28
Demolition	24,473.00		142,385.00	135,165.00		0.00	135,165.00	7,220.00
Concrete		105,600.00	120,600.00	5,400.00		0.00	5,400.00	115,200.00
Masonry	5,000.00		14,192.00	9,192.00		0.00	9,192.00	5,000.00
Metals	77,000.00	-45,130.00	122,130.00	72,000.00	22,500.00	2,250.00	94,500.00	27,630.00
Woods, Plastics, Composites		1,632.00	260,768.00	205,763.00	31,126.70	3,616.97	236,889.70	23,878.30
Thermal & Moisture Protection			32,800.00	5,400.00	1,800.00	720.00	7,200.00	25,600.00
Openings	63,850.00		210,405.00	140,739.86	4,910.28	3,296.51	145,650.14	64,754.86
Finishes	4,000.00	7,171.00	854,663.00	618,061.00	129,966.00	20,750.55	748,027.00	106,636.00
Furnishings	0.00		6,500.00	5,734.59	2,499.50	249.95	8,234.09	-1,734.09 *
Fire Suppression		132.00	79,332.00	27,800.00	17,625.00	1,762.50	45,425.00	33,907.00
Plumbing & Mechanical	16,700.00		946,458.00	541,508.05	123,775.35	37,684.34	665,283.40	281,174.60
Electrical			680,520.00	384,134.00	191,389.00	36,100.60	575,523.00	104,997.00
Pre-Construction	10,000.00		10,000.00	10,000.00		0.00	10,000.00	0.00
General Conditions	82,160.00		391,416.00	245,632.00	38,400.00	8,197.61	284,032.00	107,384.00
WT Contingency	14,897.00	-3,435.00	108,775.00	0.00		0.00	0.00	108,775.00
General Liability Insurance	2,830.00	1,485.00	37,786.00	23,146.22	5,418.57	1,058.13	28,564.79	9,221.21
FEE	10,428.00	5,520.00	139,464.00	85,275.54	19,963.16	3,898.23	105,238.70	34,225.30
Unassigned								
	336,088.00	163,235.00	4,291,837.00	2,544,865.81	595,757.73	121,652.78	3,140,623.54	1,151,213.46

Budget Contract:	4,230,000.00
Budget FF&E:	2,340,000.00
	6,570,000.00

* will adjust on next app

1	Contract	336,088.00
2	Changes	3,955,749.00
3	Revised Sum	4,291,837.00
4	Total Complete	3,140,623.54
5	Retainage	121,652.78
6	Total Earned less Retain.	3,018,970.76
7	Less Previous Certs.	2,482,788.80
8	Current Payment Due	536,181.96
9	Balance to Finish	1,272,866.24

ALPAS WELLNESS TREATMENT CENTER

La Plata, Maryland

	ORIGINAL BUDGET	Total CHANGES	REVISED BUDGET	PRIOR PAYMENTS	CURRENT REQUEST	TOTAL COMPLETED	BALANCE TO FUND	% DONE
Land								
Land Acquisition	16,000,000.00		16,000,000.00	16,000,000.00		16,000,000.00	-	100.00%
						-		
Direct Construction Costs					PA 7-9			
Renovation / Conversion Buildout	4,230,000.00	(570,000.00)	3,660,000.00	2,115,661.91	1,276,038.72	3,391,700.63	268,299.37	92.67%
FF&E	2,340,000.00	-	2,340,000.00	1,361,619.03	208,500.67	1,570,119.70	769,880.30	67.10%
Project CONTINGENCY	300,000.00	570,000.00	870,000.00	-		-	870,000.00	0.00%
	6,870,000.00	-	6,870,000.00			4,961,820.33	1,908,179.67	72.22%
Indirect Costs								
PreDevelopment Costs Paid to Date	3,200,000.00	(351,930.35)	2,848,069.65	2,848,069.65		2,848,069.65	-	100.00%
Pre-Opening / Branding	4,079,031.00	-	4,079,031.00	50,884.00		50,884.00	4,028,147.00	1.25%
Startup / Working Capital RESERVE	6,683,469.00	-	6,683,469.00	925,106.40	275,988.59	1,201,094.99	5,482,374.01	17.97%
Marketing RESERVE	3,000,000.00	-	3,000,000.00	55,131.20	163,128.56	218,259.76	2,781,740.24	7.28%
INTEREST RESERVE	1,500,000.00	-	1,500,000.00	333,381.44	134,643.77	468,025.21	1,031,974.79	31.20%
Insurance	419,000.00		419,000.00	20,126.36	5,905.84	26,032.20	392,967.80	6.21%
Real Estate Taxes	300,000.00	-	300,000.00	218,483.25		218,483.25	81,516.75	72.83%
Professional Fees	86,000.00	-	86,000.00	7,912.30	10,700.80	18,613.10	67,386.90	21.64%
Financing / CLOSING Costs	500,000.00	351,930.35	851,930.35	851,930.35		851,930.35	-	100.00%
						-		
Total Indirect Costs	19,767,500.00	-	19,767,500.00			5,901,392.51	13,866,107.49	29.85%
Total Project - Use of Funds	42,637,500.00	-	42,637,500.00	24,788,305.89	2,074,906.95	26,863,212.84	15,774,287.16	63.00%
SOURCES								
Colliers First Deed of Trust Loan	29,800,000.00		29,800,000.00	11,872,736.24	2,074,906.95	13,947,643.19	15,852,356.81	
Borrower Notes	2,000,000.00		2,000,000.00	2,000,000.00		2,000,000.00	-	
Borrower Cash Equity	10,837,500.00		10,837,500.00	10,915,569.65		10,915,569.65	(78,069.65)	
	42,637,500.00		42,637,500.00	24,788,305.89	2,074,906.95	26,863,212.84	15,774,287.16	

EXHIBIT 19

UNIVERSITY of MARYLAND
CHARLES REGIONAL
MEDICAL CENTER

Noel A. Cervino
President and Chief Executive Officer

5 Garrett Avenue
P.O Box 1070
La Plata, Maryland 20646
301-609-4265 | 301-609-4037 FAX
Ncervino@umm.edu
Charlesregional.org

January 9, 2023

Mike Martin
Chief Strategy Officer
Alpas Wellness
1014 Washington Ave
La Plata, Maryland 20646

Dear Mr. Martin,

The University of Maryland Charles Regional Medical Center is pleased to offer this letter of support for the Alpas Wellness facility in La Plata.

As Charles County's only hospital, we experience on a daily basis the challenges caused by the mental health crisis and the growing number of patients with substance use disorders in Charles County, and across the region. In fact, from 2019 through 2022, the percentage of time spent treating mental health and substance abuse patients as a proportion of our total emergency department volume has grown from 12% to 20%; this in an emergency room that sees approximately 50,000 patients annually.

As a provider of services that treat these issues, we have a unique perspective and appreciation for the fact that more providers are needed, and that the Alpas Wellness facility will provide a state-of-the-art option to patients who need tailored, unique programs as part of their continuing medical care.

Further, because of our commitment to community and population health programs, we will look forward to working with you as we fill our respective organizations' commitment to providing outreach and educational programs for patients and caregivers who are seeking treatment for and understanding of behavioral health issue and substance use disorders.

In short, the Alpas Wellness facility will offer additional, important resources in the fight for improved mental health resources and substance abuse treatment in Charles County. We're pleased to be joined in that effort, and look forward to working with the team at Alpas Wellness.

Sincerely,

Noel A. Cervino
President and Chief Executive Officer

Charles County Department of Health

Local Behavioral Health Authority

Dianna E. Abney MD, FAAP
Health Officer

January 20, 2023

Mr. John Beecroft
Alpas Wellness LaPlata
1014 Washington Avenue
LaPlata, MD 20646

Administration
phone 301-609-6900
fax 301-934-4632

Local Behavioral Health Authority
phone 301-609-5757
fax 301-609-5749

Disability Services
phone 301-609-6830
fax 301-609-6691

Environmental Health Services
phone 301-609-6751
fax 301-609-6684

Mental Health Services
phone 301-609-6700
fax 301-609-6741

Nursing and Community Health Services
phone 301-609-6799
fax 301-934-7048

Public Health Preparedness Services
phone 301-609-6761
fax 301-609-6650

Substance Use Services
phone 301-609-6600
fax 301-934-1234

Dear Mr. Beecroft:

Thank you for submitting a request for an Agreement to Cooperate to operate services in Charles County. As per COMAR 10.63, attached is the signed agreement. While COMAR 10.63 stipulates the regulations concerning the Agreement to Cooperate, Local Behavioral Health Authorities * (LBHAs) are tasked with developing, planning, monitoring and managing a system of care for their local jurisdiction. Authority to perform this system oversight role is granted to LBHAs through a Memorandum of Understanding (MOU) with the Department of Health (MOH) Behavioral Health Administration (BHA). As per this MOU, the Charles County Local Behavioral Health Authority (or any entity that is designated to provide any of the specific duties listed below) is asking you to cooperate with the below additional items.

- Attend and participate in provider meetings hosted by the LBHA.
- Maintain a Disaster Preparedness and Response Plan.
- Participate in regional or county specific Behavioral Health Disaster Preparedness and Response activities as needed and able; encourage staff registration with Maryland Responds Volunteer Corps.
- Support and encourage appropriate utilization of emergency department and behavioral health crisis response services, if available.
- Ensure program after hours emergency support services and execute consumer specific crisis intervention plans as part of the treatment process.
- Ensure program listing in the resource directory is updated at least annually each December, to include names of relevant staff.
- Participate in collaborative problem solving on behalf of identified high service utilizers to support community stabilization, improved quality of life and system cost efficiency.
- Cooperate with all complaint investigations.

Charles County Department of Health

- Cooperate with all Program Improvement Plan (PIP) obligations and follow-up resulting from site visits by the ASO, Office of Health Care Quality, or BHA's Office of Compliance as delegated to the LBHA.
- Report critical incidents/sentinel events as defined by COMAR 10.63.
- Collaborate in the planning and development of services to be delivered in the jurisdiction.
- Notify the LBHA 60 days prior to closure, and cooperate in finding appropriate alternative services for consumers.
- Make available all financial, treatment, personnel, or service records needed for the purpose of assessing an individual's quality of care or investigating a complaint or grievance.
- Cooperate with all site visits and audits from the State, local jurisdiction, and ASO.
- Make staff and/or service recipients available for complaint or grievance investigation.
- Provide access for announced or unannounced visits to the program site.

Thank you for providing services in Charles County. The success of our jurisdiction is dependent upon the collaborative work we all do within our respective roles. The Charles County Local Behavioral Health Authority looks forward to our outgoing partnership.

Sincerely,

Donna Brennan
Assistant Director

BEHAVIORAL HEALTH ADMINISTRATION (BHA)

AGREEMENT TO COOPERATE
(REQUIREMENT UNDER COMAR 10.63.01.05)

Before applying for licensure under Subtitle 10.63 - *Community-Based Behavioral Health Programs and Services*, behavioral health programs in Maryland must enter into an Agreement to Cooperate with the CSA, LAA, or LBHA in each of the relevant counties or Baltimore City in which the program operates. Agreements are required when submitting an initial application, renewal application, or when a change to a program's license is requested (e.g., change in service array or locations). Please note that separate agreements are not required per site, unless there is a change to the program's existing license, such as adding a new location.

Program Information

Program Name*: Alpas Wellness La Plata
Primary Program Address: 1014 Washington Avenue La Plata, MD 20646
Primary Contact Name: John Beecroft
Primary Contact Phone: 856-649-4598
Primary Contact Email: johnbeecroft@alpaswellness.com

Local Behavioral Health Authority Information

Local Jurisdiction: Charles County
Primary Contact Name: DONNA BRENNAN
Primary Contact Phone: 31-609-5757
Primary Contact Email: mdh.charlescountycsa@maryland.gov

Type of Program

Non-Accredited Program Types	
☐ DUI Education	☐ Substance-Related Disorder Assessment and Referral
☐ Early Intervention Level 0.5	

Accredited Program Types	
☐ Group Homes for Adults with Mental Illness	☐ Psychiatric Rehabilitation Program for Minors (PRP-M)
☐ Integrated Behavioral Health	☐ Residential Crisis Services (RCS)
☐ Intensive Outpatient Treatment Level 2.1	☒ Residential: Low Intensity Level 3.1
☐ Mobile Treatment Services (MTS)	☒ Residential: Medium Intensity Level 3.3
☐ Outpatient Mental Health Center (OMHC)	☒ Residential: High Intensity Level 3.5
☐ Outpatient Treatment Level 1	☒ Residential: Intensive Level 3.7
☐ Partial Hospitalization Treatment Level 2.5	☐ Residential Rehabilitation Program (RRP)
☐ Psychiatric Day Treatment Program (PDTP)	☐ Respite Care Services (RPCS)
☐ Psychiatric Rehabilitation Program for Adults (PRP-A)	☐ Supported Employment Program (SEP)

Accredited Services	
☐ Opioid Treatment	☐ Withdrawal Management

* Program name should match the corporate/business name included on the application for licensure.

DHMH #4781 (September 21, 2016)

CamScanner

As required under COMAR 10.63.01.05, enters into the following agreement with to provide for coordination and cooperation between the parties in carrying out behavioral health activities in the jurisdiction, including complaint investigation and the transition of services if the program closes.

Additional activities identified by the program and local authority will include (optional):
(Please note that the agreement may not include a provision to prohibit a program from offering services at any location.)

Click here to enter text.

Behavioral Health Program

Signature

Click here to enter a date.
Date

John Beecroft
Print Name

Local Behavioral Health Authority

Signature

Click here to enter a date.
1/20/23
Date

Click here to enter text. Donna Brennan
Print Name

Regulatory Authority

COMAR 10.63.01.02B(5)

B. Terms Defined.

(5) "Agreement to cooperate" means a written agreement between the program and a core service agency, local addictions authority, or local behavioral health authority that provides for coordination and cooperation in carrying out behavioral health activities in a given jurisdiction.

COMAR 10.63.01.05E

E. Agreement to Cooperate.

(1) Before applying for licensure, a program shall enter into an agreement to cooperate with the CSA, LAA, or LBHA that operates in the relevant county or Baltimore City.

(2) The agreement to cooperate shall provide for coordination and cooperation between the parties in carrying out behavioral health activities in the jurisdiction, including but not limited to facilitating:

(a) A complaint investigation; and

(b) The transition of services if the program closes.

(3) The agreement to cooperate may not include a provision that authorizes the CSA, LAA, or LBHA to prohibit a program from offering services at any location.

CamScanner

The Joint Commission

January 5, 2023

John Beecroft,
Chief Operating Officer
Alpas Wellness La Plata
1014 Washington Avenue
La Plata, MD 20646

Joint Commission ID #: 688593
Program: Behavioral Health Care and Human Services
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 1/4/2023

Dear Mr. Beecroft:

The Joint Commission is pleased to grant your organization an accreditation decision of Limited, Temporary Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Behavioral Health Care and Human Services

Please note, this organization demonstrates compliance with selected standards in the first of two surveys conducted under the Joint Commission's Early Survey Policy. This accreditation cycle is effective beginning November 29, 2022. This decision remains in effect until one of the other official accreditation decision categories is assigned, based on a complete survey against all applicable standards to be conducted in approximately six months.

The Joint Commission will update your accreditation decision on Quality Check®.

Sincerely,

Deborah A. Ryan

Deborah A. Ryan, MS, RN
Executive Vice President
Division of Accreditation and Certification Operations

Table Number	Table Title	Instructions
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	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity
III.7 AND III.7D						III.7 AND III.7D					
	N/A	N/A	N/A	0	#VALUE!	3.7	1 North	0	9	9	18
				0	0	3.7WM	1 West	0	9	9	18
				0	0					0	0
				0	0					0	0
				0	0					0	0
Subtotal III.7 AND III.7D	**0**	**0**	**0**	**0**	**#VALUE!**	**Subtotal III.7 and III.7 D**		**0**	**18**	**18**	**36**
RESIDENTIAL						RESIDENTIAL					
				0	0					0	0
	N/A	N/A	N/A	0	#VALUE!	**Residential**	2 North	0	9	9	18
						Residential	2 West		9	9	18
						Residential	3 North		9	9	18
						Residential	3 West		9	9	18
Subtotal Residential	**0**	**0**	**0**	**0**	**#VALUE!**	**Subtotal Residential**		**0**	**9**	**36**	**72**
TOTAL	**0**	**0**	**0**	**0**	**#VALUE!**	**TOTAL**		**0**	**27**	**54**	**108**
Other *(Specify/add rows as needed)*				0	0	**Other** *(Specify/add rows as needed)*				0	0
TOTAL OTHER	**0**	**0**	**0**	**0**	**0**	**TOTAL NON-ACUTE**		**0**	**0**	**0**	**0**
FACILITY TOTAL	**0**	**0**	**0**	**0**	**#VALUE!**	**FACILITY TOTAL**		**0**	**27**	**54**	**108**

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.						
Indicate CY or FY			CY 2023	CY 2024	CY 2025	CY 2026	CY 2027			
1. DISCHARGES										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify/add rows of needed)										
TOTAL DISCHARGES	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***
2. PATIENT DAYS										
a. Residental										
b. III.7 and III.7D										
c. Other (Specify/add rows of needed) Eating/Process DO										
TOTAL PATIENT DAYS	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residental	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
c. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed): Eating/Process Disorder										
TOTAL LICENSED BEDS	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***
5. OCCUPANCY PERCENTAGE ***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*										
a. Residential	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
c. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***
6. OUTPATIENT VISITS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify/add rows of needed)										
TOTAL OUTPATIENT VISITS	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***

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

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.						
Indicate CY or FY			**CY 2023**	**CY 2024**	**CY 2025**	**CY 2026**	**CY 2027**			
TOTAL OPERATING EXPENSES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. INCOME										
a. Income From Operation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. Non-Operating Income										
SUBTOTAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c. Income Taxes										
NET INCOME (LOSS)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

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.						
Indicate CY or FY			**CY 2023**	**CY 2024**	**CY 2025**	**CY 2026**	**CY 2027**			
1. DISCHARGES										
a. Residential	0	0	136	192	327	369	399			
b. III.7 and III.7D	0	0	855	955	1,055	1,065	665			
c. Other (Specify)	0	0	39	175	327	369	399			
TOTAL DISCHARGES	***0***	***0***	***1,030***	***1,322***	***1,709***	***1,803***	***1,463***	***0***	***0***	***0***
2. PATIENT DAYS										
a. Residental			3,808	7,555	9,198	10,512	11,169			
b. III.7 and III.7D			7,955	9,198	10,512	11,169	11,169			
c. Other (Specify) Eating/Process DO			1,092	3,948	9,198	10,512	11,169			
TOTAL PATIENT DAYS	***0***	***0***	***12,855***	***20,701***	***28,908***	***32,193***	***33,507***	***0***	***0***	***0***
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residental	#DIV/0!	#DIV/0!	28.0	39.3	28.1	28.5	28.0	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	9.3	9.6	10.0	10.5	16.8	#DIV/0!	#DIV/0!	#DIV/0!
3.7			7.6	8.1	8.3	8.5	15.3			
3.7WM			11.0	11.1	11.7	12.5	18.3			
c. Other (Specify)	#DIV/0!	#DIV/0!	28.0	22.6	28.1	28.5	28.0	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	#DIV/0!	#DIV/0!	12.5	15.7	16.9	17.9	22.9	#DIV/0!	#DIV/0!	#DIV/0!
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation			18	36	36	36	36			
g. iii.7 and iii.7D			36	36	36	36	36			
h. Other (Specify) Eating/Process Disorder			9	18	36	36	36			
TOTAL LICENSED BEDS	***0***	***0***	***63***	***90***	***108***	***108***	***108***	***0***	***0***	***0***
5. OCCUPANCY PERCENTAGE ***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*										
a. Residential	#DIV/0!	#DIV/0!	58.0%	57.5%	70.0%	80.0%	85.0%	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	60.5%	70.0%	80.0%	85.0%	85.0%	#DIV/0!	#DIV/0!	#DIV/0!
c. Other (Specify) Eating/Process DO	#DIV/0!	#DIV/0!	33.2%	60.1%	70.0%	80.0%	85.0%	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	**#DIV/0!**	**#DIV/0!**	**55.9%**	**63.0%**	**73.3%**	**81.7%**	**85.0%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
6. OUTPATIENT VISITS										

a. Residential										
b. III.7 and III.7D										
c. Other (Specify)										
TOTAL OUTPATIENT VISITS	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***

* 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 curre 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 tab 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 u 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 over total expenses consistent with the Financial Feasibility standard.

Indicate CY or FY	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027
1. REVENUE					
a. Inpatient Services					
3.7 and 3.7WM	$ 1,755,600	$ 7,520,100	$ 9,190,650	$ 9,349,900	$ 9,443,350
Residential SUD	$ 2,510,400	$ 8,594,400	$ 10,116,000	$ 9,349,900	$ 9,443,350
Residential Process/ED	$ 750,000	$ 5,371,500	$ 6,952,350	$ 8,014,200	$ 8,094,300
b. Outpatient Services	$ -	$ -	$ -	$ -	$ -
Gross Patient Service Revenues	***$ 5,016,000***	***$ 21,486,000***	***$ 26,259,000***	***$ 26,714,000***	***$ 26,981,000***
c. Allowance For Bad Debt	$ 516,000	$ 2,208,000	$ 2,699,000	$ 2,746,000	$ 2,773,000
d. Contractual Allowance					
e. Charity Care	$ 75,000	$ 420,000	$ 540,000	$ 660,000	$ 780,000
Net Patient Services Revenue	***$ 4,425,000***	***$ 18,858,000***	***$ 23,020,000***	***$ 23,308,000***	***$ 23,428,000***
f. Other Operating Revenues (Specify)					
NET OPERATING REVENUE	***$ 4,425,000***	***$ 18,858,000***	***$ 23,020,000***	***$ 23,308,000***	***$ 23,428,000***
2. EXPENSES					
a. Salaries & Wages (including benefits)	$ 3,184,000	$ 5,094,000	$ 5,246,000	$ 5,404,000	$ 5,566,000
b. Contractual Services					
c. Interest on Current Debt					
d. Interest on Project Debt					
e. Current Depreciation	$ 43,000	$ 672,000	$ 685,000	$ 702,000	$ 725,000
f. Project Depreciation					
g. Current Amortization					
h. Project Amortization					
i. Supplies					
j. Other Expenses (Specify) Total	$ 9,053,000	$ 11,618,000	$ 11,739,000	$ 13,092,000	$ 13,403,000
k. Dietary	$ 308,000	$ 752,000	$ 873,000	$ 904,000	$ 931,000
l. Repairs and Maintenance	$ 123,000	$ 346,000	$ 410,000	$ 424,000	$ 437,000
m. Transportation	$ 271,000	$ 384,000	$ 396,000	$ 408,000	$ 42,000
n. Administrative	$ 2,240,000	$ 2,553,000	$ 2,630,000	$ 2,708,000	$ 2,790,000
o. Marketing	$ 5,000,000	$ 5,150,000	$ 5,305,000	$ 5,464,000	$ 5,628,000
p. Utilities	$ 28,000	$ 128,000	$ 159,000	$ 165,000	$ 170,000
q. Insurance	$ 279,000	$ 432,000	$ 445,000	$ 458,000	$ 472,000
r. Property Taxes	$ 200,000	$ 309,000	$ 318,000	$ 328,000	$ 338,000
s. Interest Expense and Finan Fees	$ 604,000	$ 1,564,000	$ 1,572,000	$ 1,531,000	$ 1,492,000
TOTAL OPERATING EXPENSES	**$ 12,280,000**	**$ 17,384,000**	**$ 17,670,000**	**$ 19,198,000**	**$ 19,694,000**

nt dollars (no inflation). Projected
ıle if the reporting period is
sed. Applicants must explain

l will generate excess revenues

$ -	
$ -	**$ -**
$ -	**$ -**
$ -	**$ -**
$ -	**$ -**

TABLE G. WORKFORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

	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	
Job Category	**Current Year FTEs**	**Average Salary per FTE**	**Current Year Total Cost**	**FTEs**	**Average Salary per FTE**	**Total Cost** *(should be consistent with projections in Table D, if submitted).*	**FTEs**	**Average Salary per FTE**	**Total Cost**	**FTEs**	**Total Cost** *(should be consistent with projections in Table D)*
1. Regular Employees											
Administration *(List general categories, add rows if needed)*											
Chief Executive Officer	1.0	$507,000	$507,000			$0			$0	1.0	$507,000
Chief Operating Officer	1.0	$357,000	$357,000			$0			$0	1.0	$357,000
Chief Strategy Officer	1.0	$357,000	$357,000			$0			$0	1.0	$357,000
Chief Clinical Officer	1.0	$195,000	$195,000			$0			$0	1.0	$195,000
Vice Pres of Bus Development	1.0	$260,000	$260,000			$0			$0	1.0	$260,000
HR Coordinator	1.0	$91,000	$91,000			$0			$0	1.0	$91,000
Utilization Review Mngr	1.0	$91,000	$91,000			$0			$0	1.0	$91,000
Executive Assistant	1.0	$52,000	$52,000			$0			$0	1.0	$52,000
Medical Director	1.0	$325,000	$325,000			$0			$0	1.0	$325,000
Director of Nursing	1.0	$117,000	$117,000			$0			$0	1.0	$117,000
Accountant	1.0	$130,000	$130,000			$0			$0	1.0	$130,000
Executive Director	1.0	$162,500	$162,500			$0			$0	1.0	$162,500
Systems Administrator	1.0	$84,500	$84,500			$0			$0	1.0	$84,500
			$2,729,000			$0			$0	0.0	$2,729,000
Total Administration											
Direct Care Staff *(List general categories, add rows if needed)*			$0			$0			$0	0.0	$0
Therapists	13.0	$78,000	$1,014,000			$0			$0	13.0	$1,014,000
3.7	2.5										
3.7WM	2.5										
Res	8.0										
Reigstered Nurses	15.0	$78,000	$1,170,000			$0			$0	15.0	$1,170,000
3.7	3.0										
3.7WM	3.0										
Res	9.0										
Licensed Practical Nurses	9.0	$48,100	$432,900			$0			$0	9.0	$432,900
3.7	2.5										
3.7WM	2.5										
Res	4.0										
Nurse Practitioners	4.0	$195,000	$780,000			$0			$0	4.0	$780,000
3.7	1.0										
3.7WM	1.0										
Res	2.0										
Aftercare Specialists	2.0	$52,000	$104,000			$0			$0	2.0	$104,000
Behavioral Health Techs	26.0	$39,000	$1,014,000			$0			$0	26.0	$1,014,000
3.7	5.0										
3.7WM	5.0										
Res	16.0										
Admissions	8.0	$48,750	$390,000			$0			$0	8.0	$390,000
			$4,904,900			$0			$0	0.0	$4,904,900
Total Direct Care											
Support Staff *(List general categories, add rows if needed)*			$0			$0			$0	0.0	$0
Security	2.0	$45,500	$91,000			$0			$0	2.0	$91,000
Drivers	6.0	$45,500	$273,000			$0			$0	6.0	$273,000
Head Chef	1.0	$78,000	$78,000			$0			$0	1.0	$78,000
Chef	4.0	$45,500	$182,000			$0			$0	4.0	$182,000
			$0			$0			$0	0.0	$0
Total Support			$624,000			$0			$0	0.0	$624,000
REGULAR EMPLOYEES TOTAL											
2. Contractual Employees											
Administration *(List general categories, add rows if needed)*			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Administration											
Direct Care Staff *(List general categories, add rows if needed)*			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Direct Care Staff											
Support Staff *(List general categories, add rows if needed)*			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Support Staff			$0			$0			$0	0.0	$0
CONTRACTUAL EMPLOYEES TOTAL											
Benefits *(State method of calculating benefits below):*											
	0.0		***$8,257,900***	***0.0***		***$0***	***0.0***		***$0***		***$624,000***