



June 9, 2022

**VIA HAND-DELIVERY & PDF**

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

**Re: Avenues Recovery Center of Maryland  
Establishment of 20 bed Track One Intermediate  
Care Facility providing ASAM Level III.7 and  
Level III.7-WM services  
Matter # 22 -04-2455**

Dear Mr. Chan:

Attached please find four (4) copies of the responses to your May 19, 2022, completeness questions and the additional information provided by the Avenues Recovery Center in connection with its Certificate of Need application for the establishment of 20 bed Track One ASAM Level III.7-WM and Level III.7 medically monitored intensive inpatient treatment program in Prince Frederick, Maryland (Calvert 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). (Please note that the application is filed by DWI Services Inc. d/b/a Avenues Recovery Center of Maryland.)

**Part I – Project Identification and General Information**

1. Exhibit 1 – Organizational Chart, please explain the following:
  - a. The status of Avenues Recovery Center of Oklahoma and of Central Jersey, which the chart indicates are closed and the Avenues Recovery Medical Center at Valley Forge, which states it is sold.

**RESPONSE:**

Avenues Recovery Center of Oklahoma was sold in 2020. It is being operated by another unrelated provider.

Avenues Recovery Center of Central Jersey closed in 2018. The building it occupied is currently vacant.

Avenues Recovery Center of Valley Forge was sold 2021. It is being operated by another unrelated provider.

- b. Show the relationship of Avenues Recovery Extended Care (Concord, NH) and Avenues Recovery Center at Kentuckiana (Clarksville, IN) to the applicant on the organizational chart. What type of services are offered at the Concord, NH facility?

**RESPONSE:**

Avenues Kentuckiana and Avenues Extended Care have the same ownership as the applicant: Yosef Cohen and Yehuda Alter. Please note that all other facility and property entities also have the same ownership.

Please see Exhibit 30 for an updated organizational chart.

Concord NH offers PHP, IOP, and OP levels of care.

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

**RESPONSE:**

Avenues Recovery Center, LLC is an existing limited liability company which **does not** provide any functions for any of the existing Avenues entities and facilities, nor does it provide any functions for Rehab Ventures.

- d. Clarify by describing the relationship of the five organizations identified as "property owner" and the nine organizations identified as "facility" in your diagram.

**RESPONSE:**

Yehuda Alter and Yosef Cohen are the owners of all Avenues Recovery Center(s) depicted on the Organizational Chart and labeled "Facility." Yehuda Alter and Yosef Cohen also own the LLCs as depicted on the Organizational Chart as "Property Owner." The applicant, Avenues Recovery Center of Maryland, does not have an ownership interest in any of these individual legal entities. Instead, the individual entities have common ownership.

- 2. Exhibit 5, please explain the relationship of Capital Hills Enterprise, LLC, with the applicant. Clarify the relationship of Messrs. Alter and Cohen with this entity?

**RESPONSE:**

Capital Hills Enterprise, LLC is the Property Owner for 75 Monnet. The addresses/properties, 75 Monnet and 125 Fairground, collectively make up DWI Services

Inc., d/b/a Avenues Recovery Center of Maryland. Messrs. Alter and Cohen own both properties.

3. Please provide a description of the current condition and use of the three 6-bed inpatient rooms located on the first floor of the Prince Frederick facility.

**RESPONSE:**

Avenues at Prince Frederick recently remodeled its facilities in Fall 2021 to a more modern and aesthetically pleasing look. The first floor is in pristine condition and all of the bedrooms are fully functioning and ready for use as 3.7 and 3.7WM.

**Part III – Applicant History, Statement of Responsibility, Authorization, and Release of Information, and Signature**

4. Item #2 on p. 11, please discuss why Avenues Recovery Center of Chesapeake Bay, as well as any other facilities missed by applicant is not listed here.

**RESPONSE:**

Avenues Recovery Center of Chesapeake Bay was inadvertently omitted. There are no other facilities.

**Part IV – Consistency with General Review Criteria**

**A) STATE HEALTH PLAN: COMAR 10.24.14 STATE HEALTH PLAN FOR FACILITIES AND SERVICES: ALCOHOL AND DRUG ABUSE TREATMENT SERVICES STANDARDS**

**Provision of Service to Indigent and Gray Area Patients**

5. To verify that Avenues Recovery Center of Maryland will comply with this standard, please confirm that the applicant accepts the following condition should staff recommend an approval to its CON application:

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

**RESPONSE:**

Avenues at Prince Frederick accepts the condition to document the provision of 15% of patient days of care to indigent and gray area patients by submitting annual reports auditing its total days of care and the provision of days of care to indigent and gray area patients as a percentage of total days of care.

6. Exhibit 9, please discuss the materials and methods that will be utilized to communicate to patients and the community that 15% or more of its proposed annual adult ICF bed days at Avenues Recovery Center of Maryland will be set aside for either indigent or gray area patients. Will the applicant post this information on its website?

**RESPONSE:**

Avenues at Prince Frederick will communicate to patients and the community that 15% or more of its proposed annual adult ICF bed days will be set aside for indigent or gray area patients through posts in the facility (see Exhibit 31), publication on its website, and marketing materials, such as brochures.

**Information Regarding Charges**

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

**RESPONSE:**

See CON Application Exhibit 10

**Utilization Review and Control Programs**

8. It is insufficient to direct staff to a series of policies included as exhibits; the applicant is required to provide a narrative description of how these policies are implemented.

a) Utilization Review and Control Programs: The policy listed as Exhibit 15 does not describe the focus and function of the utilization review and control program. Please provide such a description.

**RESPONSE:**

Please see the narrative description on the initial application under .05I (1) for further detail which states:

Avenues has utilization review and control programs in place to ensure proper and appropriate record keeping for all patients. At the facility level, there are daily treatment team meetings to review current census and patient identified needs. The treatment team consists of clinical, medical, and case

management. Additionally, the Clinical Supervisor conducts weekly group supervision and monthly individual supervision which supervision includes record reviews and identifying areas for improvement. The Clinical Supervisor is responsible for reviewing and signing off on assessments and progress notes on an ongoing basis in the clinical record. Chart reviews are completed for all open and closed records. Although TJC does not require chart reviews, this review occurs on every clinical record.

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

The focus of the utilization review and control program is to ensure that there is appropriate record keeping for all patients, in accordance with local, state, and federal regulations. The function of the utilization review and control program is to have ongoing and continual quality assurance monitoring to meet the focus of the program and each individual patient's needs.

b) Discharge Planning and Length of Stay: Exhibit 17, please discuss how Avenues determines the appropriate length of stay for each patient.

**RESPONSE:**

Please see narrative description on the initial application under .05I (1) which states.

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

As set forth above, upon admission, an initial length of stay is assigned following the determination that the patient meets criteria for the level of care in which he or she has been placed. Next, the clinical team meets and determines anticipated length of stay. Continued stay reviews occur on a regular basis and are documented in the patient records and are individualized to the patients' needs. When a patient

does not meet the criteria for continued length of stay, the patient will be assessed for the appropriate level of care and transferred if necessary.

c) Referrals: The application refers staff to Exhibit 18, entitled “COMMUNICATIONS (REFERRALS).” Please discuss how this policy governs referral practices, and cite where this process is referred to in the document.

**RESPONSE:**

Communication with referral source - Avenues at Prince Frederick strives to maximize patient recovery through on-site treatment and planning with the patient and the referral source for appropriate post-treatment support services.

- a. Each patient, at admission will be asked to sign a release of confidential information to their stated referral source.
- b. Each patient, who is self-referred, but court involved, will be requested to sign a release of confidential information to the appropriate authority (e.g., probation/parole, DHS, Drug Court, Mental Health Court, District or Municipal Court, etc.).
- c. The staff assigned to complete the patient intake will notify, in writing, those parties identified and for whom releases exist, the date of the patient’s admission to Avenues, the primary counselor assigned and contact information for the clinical director.
- d. Prior to discharge, the primary counselor assigned to the patient will assure that all necessary releases exist. Each counselor will request from the patient, any additional releases necessary for communication with identified pre- or post-treatment referral sources.
- e. Within five (5) working days of discharge, the patient’s primary counselor will complete the discharge letter and mail it to the appropriate pre- and post-treatment referral sources for which a release exists.
- f. Input from patients, personnel and other stakeholders is in the communication process.
- g. Avenues solicits, collect, and analyzes input from all stakeholders to create services that meet or exceed the expectation of the patient, community, and stakeholders. Some examples include:
  - i. Written surveys
  - ii. Face-to-face meetings
  - iii. Focus groups

9. On p. 22 and Exhibit 17, the applicant cited a statement in its Discharge Planning Policy which states: "Each patient's treatment plan will include, at least one year of aftercare following discharge from the facility." Please identify the community agencies or partners that the applicant utilizes in its patient aftercare treatment program.

**RESPONSE:**

Community agencies or partners are specific to the aftercare set up for the patient. The following are the most common aftercare programs referred to by Avenues at Prince Frederick: Uplift Recovery, Project Chesapeake, Wells House, Kolmac Outpatient, Samaritan House, and Oxford House.

**Transfer and Referral Agreements**

10. Please provide copies of the transfer and referral agreements or acknowledgements for each of the entities as listed in the chart on p. 24 of the CON application.

**RESPONSE:**

See attached Exhibit 32 for transfer and referral agreements and Exhibit 33 for acknowledgements.

**Sources of Referral**

11. Please provide the following:
- a. Copies of the referral agreements that comply with Paragraph .05K(2) of this regulation.

**RESPONSE:**

See Exhibit 31

Applicant must document a transfer/referral agreement with at least one entity in each class of providers listed. A suggested format is shown below.	
Provider Category	Agreement(s) with:
Acute care hospitals	St. Mary's Hospital
Halfway houses, therapeutic communities, long-term care facilities, and local alcohol and drug abuse outpatient programs	Second Chance Addiction Care, Turning Corner, Freedom Center, Wells House, New Life
Local community mental health center or center(s)	Calvert County Health Department, BH Division
The jurisdiction's mental health and alcohol and drug abuse authorities	Calvert County Health Department, BH Division
The Behavioral Health Administration of MDH (formerly the Mental Hygiene Administration with its division of Alcohol and Drug Abuse)	Calvert County Health, LBHA and Calvert County Health, BH Department
The jurisdiction's agencies that provide prevention, education, driving-while-intoxicated programs, family counseling, and other services	Turning Corners
The Department of Juvenile Justice and local juvenile justice authorities, if is serving or plans to serve adolescents	N/A

- b. Identify and elaborate on the organizations that the applicant expects to receive referrals, including discussions on the demographics/socio-economic status of their referral clientele which demonstrates that at least 15% of applicant's patient days will be allocated to members of the indigent or gray area population.

Because referral sources will be advised that Avenues at Prince Frederick admits Medicaid enrollees, the majority of the referrals from referral sources are expected to be Medicaid patients. Indeed, as Table D (Entire Facility – Uninflated) of the CON Table Package shows, 68% of Avenues' patient days last year were for Medicaid patients.

See Exhibit 34 for complete list of referring organizations and the number of admissions from each source during the last year at Avenues at Prince Frederick.

These data shows that there are four general source categories of referrals (aside from self-referrals). Mental health providers and other addiction treatment programs (both inpatient and outpatient) comprise the largest group. Twenty-eight programs referred 48 patients. These patients tend to be a mix of insured and Medicaid patients, with Medicaid patients predominating. Various RCA facilities referred 6 patients to Avenues. As we know, RCA does not admit Medicaid patients.



The second largest group of referrers is hospitals, 22 of which referred 39 patients. Because hospitals are trying to find an addiction treatment bed for both insured and Medicaid patients, they are likely to call Avenues for their Medicaid patients. They do refer insured people to Avenues, as well, but it is harder to find a bed for Medicaid patients, so they call Avenues. The next two groups of referrers are Local Health Departments and the legal system (detention centers and courts). Each group had 3 sources of referral and referred 3 patients. These patients tend to be all Medicaid.

As Table F. New Facility, Serv – Uninflated of the CON Table Package shows, Avenues anticipates that the payor mix for the 3.7 and 3.7-WM will approximate the historic payor mix. Since Avenues' historic referral sources have resulted in Medicaid patient days being more than 65% of Avenues' total days, Avenues is confident that it will exceed the requirement that 5% of applicant's patient days be allocated to members of the indigent or gray area population.

### **Sub-Acute Detoxification**

12. In a review of the floor plans in Exhibit 5, p. 2, there will be three bedrooms with six beds in each room. The space for each patient in each six-bed room is limited, and averages a little over 60 sf per bed. The lack of space in these rooms raises concerns for patients receiving Level 3.7 WM and Level 3.7 Medically Monitored Intensive Inpatient care. Describe how the planned physical plant configuration supports and enhances the delivery of Level 3.7WM and Level 3.7 services to patients seeking this level of care.

#### **RESPONSE:**

The square footage listed on the floor plans had already taken into consideration the square footage of the beds. The square footage listed is the total amount of floor space per patient. Neither COMAR nor any other Maryland regulation has square footage requirements for shared bedrooms, therefore the applicant has looked to other the regulations of other states for guidance for appropriateness. 60 square feet per patient in a shared bedroom is consistent with regulations in other states. For example, Pennsylvania state requires "each shared bedroom shall have at least 60 square feet of floor space per resident measured wall to wall, including space occupied by furniture" per DDAP regulation 705.5.

### **Outpatient Alcohol & Drug Abuse programs**

13. The applicant refers to a number of exhibits, but does not provide information that addresses this standard. Please provide more description and detail on how each of these exhibits address subpart (2) regarding continuity of care and appropriate staffing at offsite outpatient programs.

#### **RESPONSE:**

Avenues ensures continuity of services by providing outpatient services on-location with a capacity of 50 patients and with a counselor-patient ratio of 1:35. If a patient is unable to

participate in the Avenues outpatient program, the Case Management Team facilitates alternate arrangements for patients near their residences or sober homes.

**B) NEED**

14. Please identify the service area for Avenues-Prince Frederick Level 3.7WM/Level 3.7 program, which includes a description of the primary and secondary service area; population size; demographic and socioeconomic data on the population served; and projected growth of the population.

**RESPONSE:**

Table 1 reflects the data included in the table on page 41 of the CON application (concerning the client origin of the Prince Frederick facility's patients in calendar year 2021), arrayed by the percent that each county comprises of Avenues at Prince Frederick's total clients. The counties contributing the top 70 percent of clients comprise the primary service area, and the next 20 percent comprise the secondary service area. Avenues believes that the service areas for 3.7 and 3.7WM levels of care will be the same as the remainder of the clients.

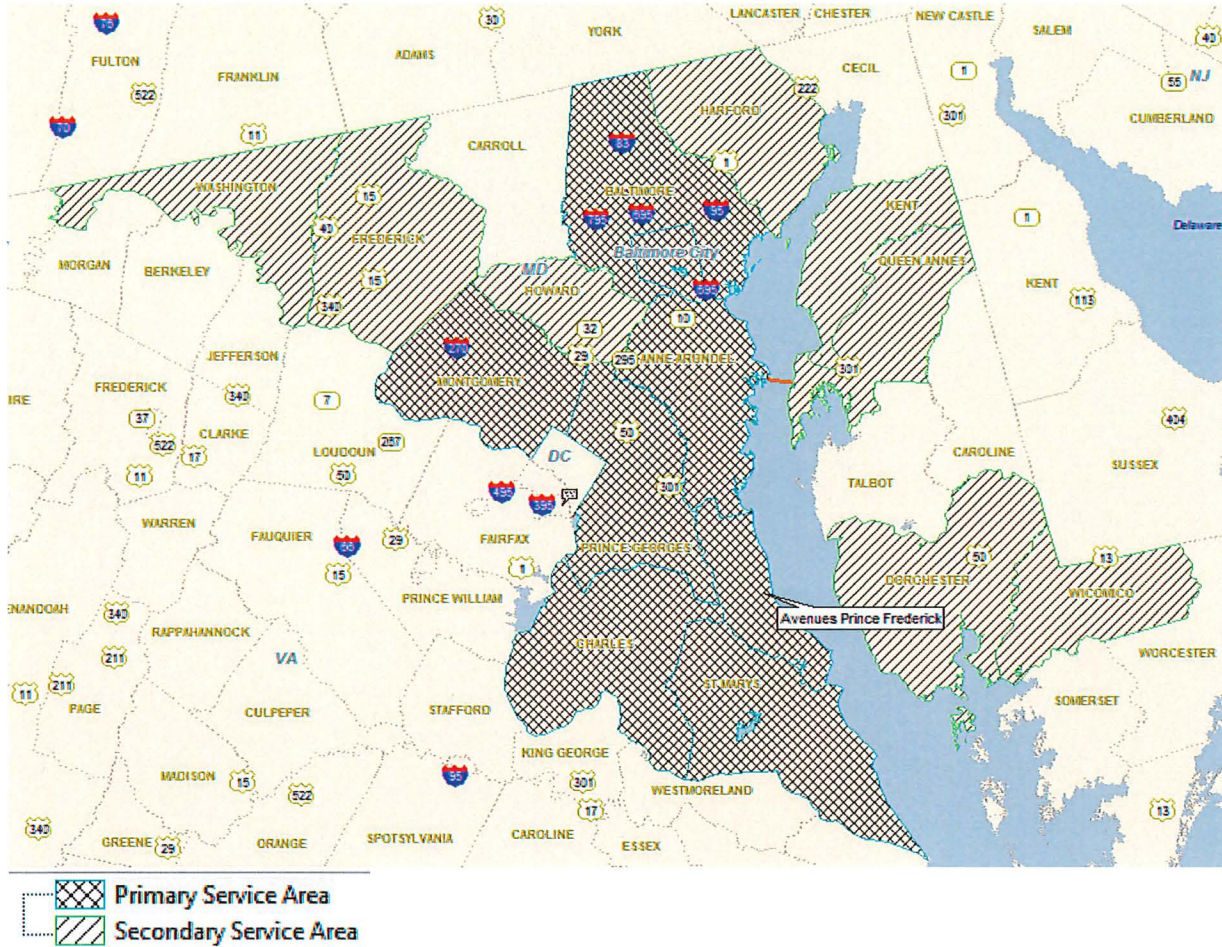
**Table 1**  
**Counties Comprising the Primary and Secondary Service Areas**  
**Avenues Prince Frederick**  
**2021**

Row Labels	Sum of Count of Address Zip	Drive Time (Minutes)	Percent	Cumulative Percent	
ANNE ARUNDEL	53	46	12.3%	12.3%	Primary Service Area
PRINCE GEORGES	44	42	10.2%	22.5%	
CHARLES	41	44	9.5%	31.9%	
BALTIMORE CITY	41	88	9.5%	41.4%	
CALVERT	34	9	7.9%	49.3%	
MONTGOMERY	34	83	7.9%	57.2%	
SAINT MARYS	29	28	6.7%	63.9%	
BALTIMORE	29	100	6.7%	70.6%	
HOWARD	18	76	4.2%	74.8%	Secondary Service Area
FREDERICK	16	106	3.7%	78.5%	
KENT	12	114	2.8%	81.3%	
HARFORD	10	115	2.3%	83.6%	
WICOMICO	9	151	2.1%	85.6%	
QUEEN ANNES	6	79	1.4%	87.0%	
DORCHESTER	6	120	1.4%	88.4%	
WASHINGTON	6	126	1.4%	89.8%	
CAROLINE	5	94	1.2%	91.0%	Other
CARROLL	5	117	1.2%	92.1%	
TALBOT	3	101	0.7%	92.8%	
CECIL	3	129	0.7%	93.5%	
WORCESTER	3	176	0.7%	94.2%	
SOMERSET	1	189	0.2%	94.4%	
Out of State	24	> 50 Min.	5.6%	100.0%	
Total	432		100.0%		

Source: Avenues Prince Frederick

The service areas are graphically shown in Figure 1.

**Figure 1**  
**Counties Comprising the Primary and Secondary Service Areas**  
**Avenues Prince Frederick**



The map graphically (i) demonstrates that Avenues at Prince Frederick is a statewide facility and (ii) shows that more than half the patients come from zip codes requiring a 50-minute drive or longer - many from locations outside of Calvert County and Southern Maryland, as well as from out of state.

Table 2 shows the Maryland Department of Planning’s most recent estimates and projections of total 2020 population as well as population by gender, race, and ethnicity for Avenues at Prince Frederick’s primary and secondary service areas. It also shows the 2025 total population and the percentage change 2020-2025. It shows that all of the counties in are expected to grow in population between 2020 and 2025.

**Table 2**  
**Population and Demographic Data**  
**Avenues Prince Frederick Primary and Secondary Service Areas**  
**2020 and 2025**

	2020													2025	
	Total Pop	Total Male	Male %	Total Female	Female %	Total Non-Hispanic White	White %	Total Non-Hispanic Black	Black %	Total Non-Hispanic Other	Other %	Total Hispanic	Hispanic %	Total Pop	Pop. Change '20-'25
Primary Service Area															
ANNE ARUNDEL	582,881	287,443	49.3%	295,438	50.7%	388,933	66.7%	101,928	17.5%	44,159	7.6%	47,861	8.2%	595,005	102.1%
PRINCE GEORGES	911,139	437,888	48.1%	473,251	51.9%	120,083	13.2%	561,780	61.7%	61,716	6.8%	167,560	18.4%	926,024	101.6%
CHARLES	164,538	78,380	47.6%	86,158	52.4%	62,515	38.0%	79,050	48.0%	13,151	8.0%	9,822	6.0%	174,221	105.9%
BALTIMORE CITY	595,025	283,774	47.7%	311,251	52.3%	169,253	28.4%	366,506	61.6%	29,133	4.9%	30,133	5.1%	599,995	100.8%
CALVERT	93,308	45,595	48.9%	47,713	51.1%	72,954	78.2%	12,163	13.0%	4,511	4.8%	3,680	3.9%	96,048	102.9%
MONTGOMERY	1,051,990	503,257	47.8%	548,733	52.2%	430,522	40.9%	200,304	19.0%	203,208	19.3%	217,956	20.7%	1,087,289	103.4%
SAINT MARYS	115,152	57,301	49.8%	57,851	50.2%	85,111	73.9%	16,694	14.5%	7,303	6.3%	6,044	5.2%	123,696	107.4%
BALTIMORE	830,310	391,637	47.2%	438,673	52.8%	452,119	54.5%	250,611	30.2%	78,628	9.5%	48,952	5.9%	838,558	101.0%
Total	4,344,343	2,085,275	48.0%	2,259,068	52.0%	1,781,490	41.0%	1,589,036	36.6%	441,809	10.2%	532,008	12.2%	4,440,836	102.2%
Secondary Service Area															
HOWARD	327,991	160,496	48.9%	167,495	51.1%	160,837	49.0%	65,361	19.9%	77,867	23.7%	23,926	7.3%	344,148	104.9%
FREDERICK	264,780	129,613	49.0%	135,167	51.0%	192,597	72.7%	25,461	9.6%	20,967	7.9%	25,755	9.7%	285,688	107.9%
KENT	19,697	9,433	47.9%	10,264	52.1%	15,424	78.3%	2,852	14.5%	555	2.8%	866	4.4%	20,399	103.6%
HARFORD	257,681	124,460	48.3%	133,221	51.7%	193,000	74.9%	36,128	14.0%	15,863	6.2%	12,690	4.9%	264,871	102.8%
WICOMICO	104,202	49,276	47.3%	54,926	52.7%	64,998	62.4%	27,611	26.5%	6,102	5.9%	5,491	5.3%	109,399	105.0%
QUEEN ANNES	50,811	24,998	49.2%	25,813	50.8%	43,714	86.0%	3,485	6.9%	1,650	3.2%	1,962	3.9%	53,431	105.2%
DORCHESTER	32,105	15,363	47.9%	16,742	52.1%	20,028	62.4%	9,096	28.3%	1,090	3.4%	1,891	5.9%	33,852	105.4%
WASHINGTON	151,801	76,673	50.5%	75,128	49.5%	117,969	77.7%	18,236	12.0%	7,623	5.0%	7,973	5.3%	157,444	103.7%
Total	1,209,068	590,312	48.8%	618,756	51.2%	808,567	66.9%	188,230	15.6%	131,717	10.9%	80,554	6.7%	1,269,232	105.0%

Source: Maryland Department of Planning, Total Population Projections by Age, Sex and Race, [planning.maryland.gov/MSDC/Pages/s3\\_projection.aspx](https://planning.maryland.gov/MSDC/Pages/s3_projection.aspx)

As for socio-economic indicators, Table 3 shows relevant socio-economic data for all of the Maryland counties (except Charles County, for which data were not available). The counties in Avenues at Prince Frederick's primary service area are in **bold**. These data show that all of the counties in the primary service area except for Montgomery and Prince George's County exceed the statewide percentage of Excessive Drinking. All but Baltimore County, Baltimore City, and Montgomery County exceed the statewide percentage of Driving Deaths with Alcohol Involvement.

**Table 3**  
**Socio-Economic and Relevant Health Indicators**  
**Maryland Counties**  
**2019**

	% Excessive Drinking	# Alcohol- Impaired Driving Deaths	% Driving Deaths with Alcohol Involvement	# Drug Overdose Deaths	Median Household Income	% Unemployed
Maryland	16	755	28.3	7,464	\$88,589	6.8
Allegany	18	16	48.5	107	\$53,023	7.8
<b>Anne Arundel</b>	<b>19</b>	<b>68</b>	<b>29.2</b>	<b>785</b>	<b>\$105,979</b>	<b>5.8</b>
<b>Baltimore</b>	<b>17</b>	<b>90</b>	<b>26.8</b>	<b>1,262</b>	<b>\$79,974</b>	<b>6.8</b>
<b>Calvert</b>	<b>20</b>	<b>13</b>	<b>29.5</b>	<b>107</b>	<b>\$111,665</b>	<b>5.2</b>
Caroline	16	9	23.7	49	\$60,617	5.5
Carroll	20	21	24.1	208	\$104,817	5.1
Cecil	19	29	25.4	234	\$84,248	5.9
Charles	16	46	35.4	138	\$102,681	6.7
Dorchester	17	7	30.4	39	\$54,846	6.7
Frederick	17	29	27.4	233	\$99,254	5.9
Garrett	17	11	31.4	22	\$56,929	6.6
Harford	19	24	25.8	313	\$102,537	5.8
Howard	16	30	26.8	154	\$124,042	5.2
Kent	20	5	31.3	15	\$64,437	6.6
<b>Montgomery</b>	<b>15</b>	<b>41</b>	<b>21.7</b>	<b>391</b>	<b>\$115,394</b>	<b>6.3</b>
<b>Prince George's</b>	<b>15</b>	<b>151</b>	<b>30.9</b>	<b>528</b>	<b>\$85,246</b>	<b>8.2</b>
Queen Anne's	24	12	33.3	62	\$93,427	5.5
<b>St. Mary's</b>	<b>20</b>	<b>31</b>	<b>41.9</b>	<b>100</b>	<b>\$105,197</b>	<b>4.8</b>
Somerset	16	5	25.0	33	\$51,787	8.3
Talbot	19	10	41.7	40	\$69,311	6.0
Washington	15	19	22.6	276	\$63,237	6.7
Wicomico	16	15	27.3	113	\$59,387	7.5
Worcester	21	25	40.3	51	\$62,481	11.2
<b>Baltimore City</b>	<b>18</b>	<b>48</b>	<b>20.3</b>	<b>2,204</b>	<b>\$51,485</b>	<b>N/A</b>

Source: County Health Rankings & Roadmaps National data & documentation 2022 County Health Rankings, [www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation](http://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation).

15. Please provide any data or documentation that supports the demand for the proposed services, utilization rate(s), and the information that supports the validity of the assumptions.

**RESPONSE:**

Avenues respectfully maintains that there should be no need to respond to the request at Question 15 for what is essentially a quantitative need analysis. In the decision *on Avenues at Chesapeake Bay in Dorchester County - Docket No. 21-09-2449*, issued on October 21, 2021, approving the CON, the MHCC found (on pages 11 - 12):

“However, staff agrees with the applicant that this bed need projection methodology has been made obsolete, but not primarily because of its age. The steps and assumptions, which are updatable, are not illogical as a forecasting model. Its obsolescence is primarily caused by the changes made to the scope of CON regulation in 2019 legislation, which were supported by the Commission. MHCC no longer has the authority to limit ICF bed supply by comprehensively regulating changes in such bed supply, in the way, for example, that MHCC controls hospital and nursing home bed capacity.”

**Another Maryland state entity (which operates from the Governor’s Office), the Maryland Opioid Operational Command Center, maintains that additional 3.7 and 3.7-WM capacity is needed to serve Calvert County.** Page 4 of the Maryland Opioid Operational Command Center Opioid Intervention Team Program Inventory, Third Calendar Quarter, 2021, shows the available services by county (Table 2. OIT Program Inventory: Third Calendar Quarter, 2021). The table identifies availability by color [“no programming planned” (red) to “substantial programming in place” (dark green).]

The Maryland Opioid Operational Command Center rates Calvert County as red for “WM Lic. Medically Monitored Intensive Inpatient” and “3.7-WM Lic. Medically Monitored Inpatient Withdrawal Mgmt.” The chart is provided below.



OIT Program Inventory Third Calendar Quarter, 2021	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
<b>Behavioral Health (cont'd)</b>																								
<b>13. Outpatient SUD Services in Jurisdiction:</b>																								
ASAM Level 0.5 Early Intervention																								
ASAM Level 1.0 for Adolescents and Adults																								
ASAM Level 2.1 Intensive Outpatient																								
<b>14. ASAM Level 2.5 Partial Hospitalization</b>																								
<b>15. SUD Residential and Inpatient Treatment Programs:</b>																								
3.1 Lic. Clinically Managed Low-Intensity																								
3.3 Lic. Clinically Managed High-Intensity for Adults Only																								
3.5 Lic. Clinically Managed High-Intensity for Adults & Minors																								
3.7 Lic. Medically Monitored Intensive Inpatient																								
3.7 WM Lic. Medically Monitored Inpatient Withdrawal Mgmt.																								
<b>16. Recovery-Support Programs:</b>																								
Sober-Living/Recovery Housing																								
Wellness/Recovery Centers																								
Workforce Development																								
<b>Care Coordination</b>																								
Housing Assistance																								
Transportation Assistance																								
Nutrition Assistance																								
<b>17. Recovery Oriented Systems of Care (ROSC)</b>																								
<b>Judiciary/States Attorney</b>																								
<b>18. Specialized Courts:</b>																								
Adult Drug Court																								
Adolescent Drug Court																								
<b>19. Public-Messaging Program</b>																								
<b>20. Pre-Trial Services Program</b>																								
<b>21. Pre-Trial Referral-to-Treatment Protocol</b>																								
<b>22. Information Cards Provided by Commissioners</b>																								
<b>23. State's Attorney Is Engaged in the OIT</b>																								
<b>Corrections</b>																								
<b>24. Screening, Brief Intervention, and Referral to Treatment</b>																								
<b>25. Universal Substance-Use Screening During Intake</b>																								
<b>26. Pre-Trial Referral to Treatment</b>																								
<b>27. Drug-Treatment Programs While Incarcerated:</b>																								
Methadone - available for all inmates																								
Buprenorphine - available for all inmates																								
Naltrexone - available for all inmates																								
Outpatient (1.0) or equivalent																								
Intensive Outpatient (2.1) or equivalent																								
<b>28. Day-Reporting Center</b>																								
<b>29. Facilitated Re-Entry Programs:</b>																								
Employment-Transition Support																								
Naloxone Provided at Release																								
Recovery-Housing Referral																								
Treatment-Program Referral/Warm Hand-Off																								

Substantially Implemented
  Partially Implemented
  In Development
  Not Planned
  Not Applicable

Source: The Maryland Opioid Operational Command Center, Opioid Intervention Team Program Inventory, OIT Program Inventory as of Q3, 2021



<https://beforeitstoolate.maryland.gov/resources/content/uploads/sites/34/2022/04/OOCC-Opioid-Intervention-Team-Program-Inventory-UPDATE-Third-Quarter-2021.pdf>, <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2022/04/OOCC-Opioid-Intervention-Team-Program-Inventory-UPDATE-Third-Quarter-2021.pdf>

In the first five months of 2022, Avenues at Prince Frederick has added 117 people to its waiting list. That averages an additional 23 people a month who need care but for whom Avenues cannot accommodate. Of the people who joined the waiting list for whom Avenues has Zip Code of residence, 12.1% come from Calvert County, 39.7% come from the four county Southern Maryland service area, and another 13.8% come from neighboring Anne Arundel County. The remainder come from around the state. The demand for care at Avenues at Prince Frederick is exceeding its ability to admit people in need.

**Table 4**  
**Persons on Avenues – Prince Frederick Waiting List**  
**For Whom Avenues has Zip Codes**  
**January-May 2022**

<b>County</b>	<b>%</b>
ALLEGANY	1.7%
ANNE ARUNDEL	13.8%
BALTIMORE	6.9%
BALTIMORE CITY	8.6%
CALVERT	12.1%
CARROLL	1.7%
CHARLES	6.9%
DORCHESTER	3.4%
FREDERICK	3.4%
HARFORD	5.2%
KENT	1.7%
PRINCE GEORGES	10.3%
QUEEN ANNES	1.7%
SAINT MARYS	10.3%
WASHINGTON	1.7%
WICOMICO	6.9%
WORCESTER	3.4%

In Avenues' experience, a little more than half of its clients need medical detox management. This has been born out in its Cambridge facility, which is building up to its projected volumes ahead of schedule.

### **C) AVAILABILITY OF MORE COST-EFFECTIVE ALTERNATIVES**

16. Please explain why the 64 Track 1 beds at RCA Capital Region in Waldorf (Charles County), the 59 Track 2 beds at Hope House (Prince George's County), and the 27 Track 2 beds at Pyramid Walden (St. Mary's County) do not address the demand for Level 3.7WM/Level 3.7 treatment in Southern Maryland.

#### **RESPONSE:**

RCA Capital Region does not accept Medicaid as confirmed in a telephone conversation on June 8, 2022 conducted by Nikki Berger, an Executive Assistant at Avenues. Therefore, Medicaid patients do not have access to the 64 Track 1 beds at RCA Capital Region. Avenues at Prince Frederick projects that more than 65% of its patient days will be Medicaid.

As demonstrated above, the Maryland Opioid Operational Command Center, believes that additional 3.7 and 3.7-WM capacity is needed to serve Calvert County. Neither Hope House nor Pyramid are located in Calvert County. Avenues at Prince Frederick is located in Calvert County and will meet the need identified by the Maryland Opioid Operational Command Center

17. Demonstrate why the establishment of Avenue Prince Frederick's detox and substance abuse program is a more effective alternative than providing these services through the three existing ICF facilities in Southern Maryland.

#### **RESPONSE**

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

Medicaid makes up approximately 70% of Avenues at Prince Frederick's total projected census. RCA Capital Region does not accept Medicaid. Please note the following Google

reviews: RCA Capital Region in Waldorf has a Google rating of 3.8, Maryland Treatment Centers, Inc. – Rockville is at 2.7, Hope House – Laurel is at 3.6, and Pyramid Walden, LLC - Charlotte Hall has a 3 rating (all out of 5 stars). To further demonstrate, existing Avenues facilities that offer 3.7-WM and 3.7 levels of care are rated as follows: Avenues-New Orleans is 4.8, Townsend Recovery Center is 4.7, Avenues-Fort Wayne is 4.3, Avenues-Lake Ariel is at 4.9, and Avenues Recovery Center at Cambridge is 4.9; demonstrating that its respective communities view Avenues as a top-tier program. Avenues at Prince Frederick has a 4.2 rating, higher than all of the other providers.

As demonstrated in the application at pages 36-39, the only reason this service continues to be CON regulated is to keep out “bad actors.” Avenues proposes to provide additional beds for addiction rehab, the majority of which will serve Medicaid patients. Avenues clearly provides high quality and high satisfaction care and is not a “bad actor.”

In addition to the outstanding treatment, the facility is inviting and aesthetically beautiful. Avenues is proud to offer a modern, clean, and safe environment to all patients regardless of their payor source. As mentioned herein, Avenues’ census is approximately 70% Medicaid. The Avenues detox and substance abuse program has proven itself in every community it has planted its roots. The strong focus on recruitment of staff, planning each individual’s treatment, and constant communication among parties responsible for different areas of a person’s treatment progress creates a cohesive and effective unit sharing the same goal. Avenues’ aftercare programming and alumni programming is unmatched. A patient becomes part of the family forever. Avenues would be a true asset to Southern Maryland and the State of Maryland at large.

18. Provide evidence to support the applicant’s statement that alcohol and drug abuse treatment services in Southern Maryland “are not available to all patients, including Medicaid” on p. 42.

## **RESPONSE**

The full statement on page 42 states:

“Continuity of care generally requires that patients detox upon admission. The true full continuity of care, however, also requires the provision of ASAM level 3.7. These services are not available to all patients, including Medicaid patients, in Southern Maryland.”

As demonstrated on page 40 of the application and confirmed above, RCA, the only Track 1 provider in Southern Maryland, does not accept Medicaid patients. Hence, levels 3.7 and 3.7-WM, in a Track 1 facility, are not available to all patients in Southern Maryland.

**D) VIABILITY OF THE PROPOSAL**

19. Regarding Exhibit 28, Roth & Co. states in its letter that “(W)e have been the accountants for the Avenues Group of Drug Centers from inception through present...” This does not conform with the CON application’s instructions, which states the applicant “must document or provide a letter from an independent Certified Public Accountant that includes documentation on the financial information considered by the CPA in reaching the conclusion that adequate funds are available.” If audited financial statements for the last two years are not available for Avenues Recovery Center of Maryland, LLC, then re-submit a letter from an independent CPA that conforms with the instructions stated above.

**RESPONSE:**

Roth & Co. is an independent Certified Public Accountant. Roth & Co. was accepted as the independent Certified Public Accountant for Avenues Chesapeake Bay. These accountants do not work for Avenues in any capacity and thus are independent accountants.

**E. COMPLIANCE WITH CONDITIONS OF PREVIOUS CERTIFICATES OF NEED**

20. This is incorrect. Provide a response with regard to Messrs. Alter and Cohen’s compliance with Avenues Recovery Center of Chesapeake Bay, LLC, (Docket No. 21-09-2449) which the Commission approved on October 21, 2021.

**RESPONSE:**

The applicant of this application is Avenues Recovery Center of Maryland and not Avenues Recovery Center of Chesapeake Bay nor Messrs. Alter and Cohen. As such, the applicant, Avenues Recovery Center of Maryland, has not previously received a Maryland Certificate of Need.

Of course, Avenues Recovery Center of Chesapeake Bay will comply with the conditions of its Certificate of Need.

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

21. Please discuss the impact of Avenues Price Frederick’s proposed program on the 64 Track 1 beds at RCA Capital Region in Waldorf (Charles County), the 59 Track 2 beds at Hope House (Prince George’s County), and the 27 Track 2 beds at Pyramid Walden (St. Mary’s County). What evidence does the applicant rely on to support that the proposed 20 Level 3.7WM and Level 3.7 beds will not have an impact either on the volume or payor mix of these three existing providers.

**RESPONSE:**

Avenues does not believe that the addition of Level 3.7 and 3.7-WM care in 20 beds will have a negative impact on the three facilities for the following reasons.

1. There is a current additional need for 3.7 and 3.7-WM beds in Calvert County. The Maryland Opioid Operational Command Center stated that additional 3.7 and 3.7-WM capacity is needed in Calvert County. Avenues will fill the additional need.
  2. The population in both the primary and secondary service areas is growing.
  3. Avenues anticipates that it will be a statewide facility, and the majority of its patients will derive from outside of the four counties that comprise “Southern Maryland” (Calvert, Charles, Prince George’s, and St. Mary’s Counties). One can see from Table 1 that 284 clients of the 432 clients in 2021 came from outside Southern Maryland. Hence, the impact of the additional level of care will be dispersed among the 16 different counties in its primary and secondary service areas.
  4. Approximately 68% of Avenues’ admissions will be Medicaid, and RCA does not accept Medicaid patients. Hence, the Avenues facility will have little to no effect on RCA. Avenues does not have data on the payor mix, volumes, or service areas of the other two facilities, but as shown in the application, there is additional need for beds for these patients. Hope House (Prince George’s County) and Pyramid Walden (St. Mary’s County) are both Track 2 facilities. Hope House has a 3.6 rating on Google while Pyramid Walden has a 3.0 rating, both lower than Avenues’ 4.2 rating.
22. Provide details or documentation to support your statement on p. 46 regarding “the need for Track 1 (Private Pay) beds for Medicaid and indigent patients in Southern Maryland.” In addition, please submit details or evidence to support your statement that the proposed project “will improve access....for Eastern Shore residents and residents from other parts of the state.”

**RESPONSE:**

The reference to the “Eastern Shore” was a typographical error and should be “Southern Maryland.”

RCA Capital Region does not accept Medicaid. Therefore, Medicaid patients do not have access to the 64 Track 1 beds at RCA. Avenues at Prince Frederick projects that more than 65% of its patient days will be Medicaid, improving the access for Medicaid patients in Southern Maryland.

As demonstrated above, the Maryland Opioid Operational Command Center, believes that additional 3.7 and 3.7-WM capacity is needed to serve Calvert County. Neither Hope House nor Pyramid are located in Calvert County. Avenues at Prince Frederick is located in Calvert County and will meet the need identified by the Maryland Opioid Operational Command Center. Hence, Avenues at Prince Frederick will improve access to those services in Southern Maryland.

As shown previously, many patients at Avenues at Prince Frederick come from other parts of the state, and addition of the 3.7 and 3.7 WM level of care will improve access to those services for them as well.

23. Provide a response, along with the assumptions used as the basis for your response, as to how the establishment of Avenues Level 3.7 – WM and 3.7 medically monitored inpatient program will improve the access of these services to the population residing in Southern Maryland.

**RESPONSE:**

RCA Capital Region does not accept Medicaid. Therefore, Medicaid patients do not have access to the 64 Track 1 beds at RCA. Avenues at Prince Frederick projects that more than 65% of its patient days will be Medicaid, improving the access for Medicaid patients in Southern Maryland.

As demonstrated above, the Maryland Opioid Operational Command Center, believes that additional 3.7 and 3.7-WM capacity is needed to serve Calvert County. Neither Hope House nor Pyramid are located in Calvert County. Avenues at Prince Frederick is located in Calvert County and will meet the need identified by the Maryland Opioid Operational Command Center. Hence, Avenues at Prince Frederick will improve access to those services in Southern Maryland.

**Tables under Tab 6**

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

**RESPONSE:**

Yes, these tables provide historical and projected utilization and revenue/expenses for all levels of care provided at Avenues Recovery Center of Maryland.

25. Regarding Table E, please separate and provide the utilization projections for the Level 3.7-WM and the Level 3.7 programs individually.

**RESPONSE:**

Please see attached Exhibit 35

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

**RESPONSE:**

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

Sincerely,

  
Carolyn Jacobs

Please see attached attestations.

cc: Laurence Polsky, M.D., Calvert County Health Department  
Paul Parker  
Wynee Hawk, Esq.  
Ruby Potter  
Hudi Alter  
Andy Solberg

I hereby declare and affirm under the penalties of perjury that the facts stated in the DWI Services, Inc. (d/b/a Avenues Recovery Center of Maryland) Certificate of Need Application completeness response are true and correct to the best of my knowledge, information and belief.

6/8/2022

Date

*Abe Gartenhaus*

Name:

CFO

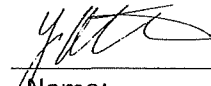
Title:



I hereby declare and affirm under the penalties of perjury that the facts stated in the DWI Services, Inc. (d/b/a Avenues Recovery Center of Maryland) Certificate of Need Application completeness response are true and correct to the best of my knowledge, information and belief.

6/7/2022

Date

  
Name:

Yehuda Alter, CEO

Title:

I hereby declare and affirm under the penalties of perjury that the facts stated in the DWI Services, Inc. (d/b/a Avenues Recovery Center of Maryland) Certificate of Need Application completeness response are true and correct to the best of my knowledge, information and belief.

06/07/2022

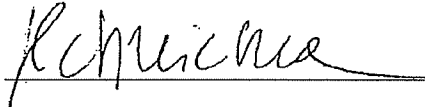
Date

Jamie Schleicher

Name:

Director of Regulatory Compliance

Title:

A handwritten signature in black ink, appearing to read 'J Schleicher', written over a horizontal line.

I hereby declare and affirm under the penalties of perjury that the facts stated in the DWI Services, Inc. (d/b/a Avenues Recovery Center of Maryland) Certificate of Need Application completeness response are true and correct to the best of my knowledge, information and belief.

6/7/2022

Date

Name:

Andrew L. Solberg

Title:

Principal, A.L.S. Healthcare Consultant Services

**EXHIBITS REVISED - 6/9/2022**

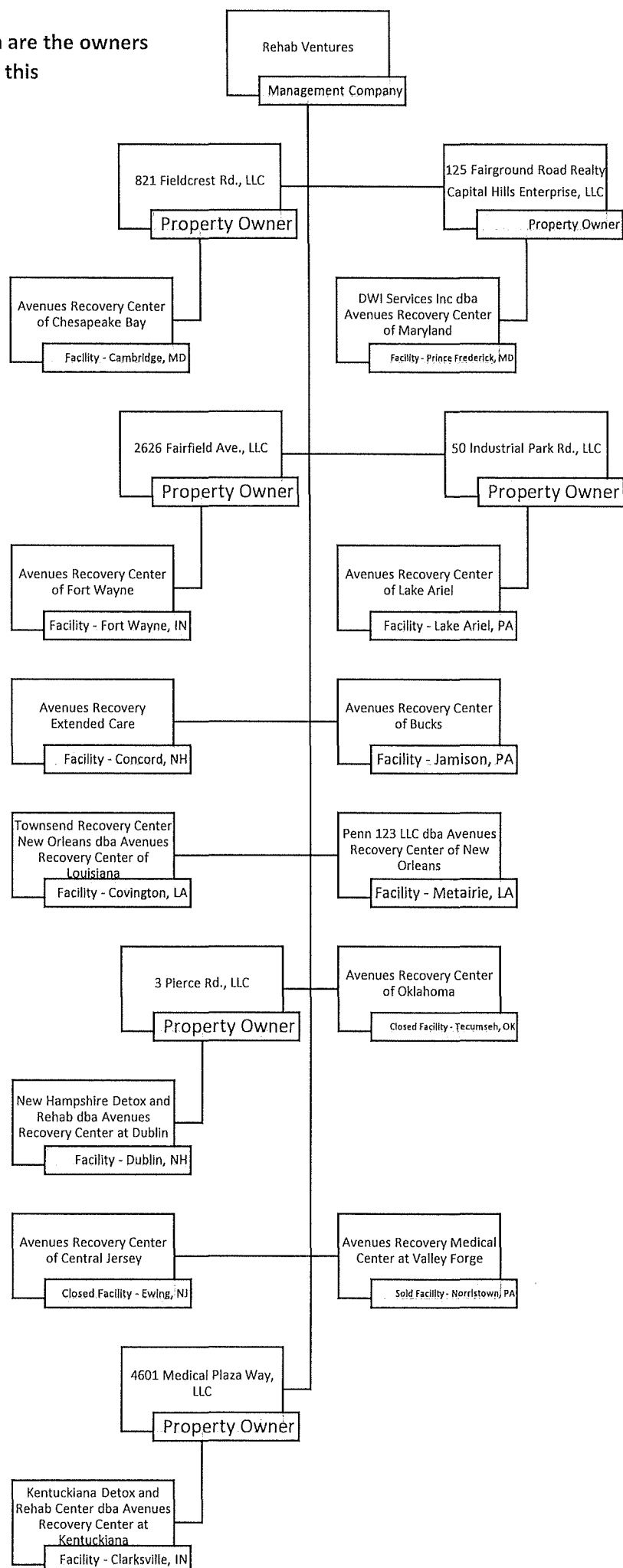
**AVENUES RECOVERY CENTER OF MARYLAND**

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## EXHIBIT 30

Hudi Alter and Yossi Cohen are the owners of identified LLCs noted on this organizational chart.



## EXHIBIT 31





Avenues provides scholarship to those who qualify.

Information on range, types of services and charges will be available upon request.

See the administrative assistant at the front desk or call the business office at 410-535-8930 if applicable.

Thank you.

## EXHIBIT 32

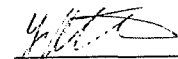


## TRANSFER AND REFERRAL AGREEMENT

This drug abuse and alcoholism transfer, referral, and supportive service agreement (the "Agreement") seeks to facilitate continuity of care, availability of treatment resources, and efficient and timely referral and transfer of clients. This Agreement is effective as of 6-2-22, between DWI Services Inc, DBA Avenues Recovery Center of Maryland and MedStar St. Mary Hospital (each an "Institution" and together the "Institutions").

Both Institutions understand and agree that:

1. Each Institution maintains the freedom to operate independently.
2. When there is a need for transfer or referral from one Institution to the other, both Institutions shall comply with all applicable legal confidentiality requirements and a Release of Confidential Information will be signed by the client (or the client's legally authorized representative) prior to the transfer.
3. When there is a need for transfer or referral from one Institution to the other, the referring Institution will provide complete, accurate, and legible documents that are mutually agreed upon to assure continuity of care for the client, and information necessary to facilitate transfer and to assure the appropriateness of treatment at the receiving Institution.
4. When there is a need for transfer or referral from one Institution to the other and the receiving Institution has agreed to accept the client, the receiving Institution agrees to admit the client as promptly as possible, provided the client meets the admission requirements per the receiving Institution's policies and procedures and provided the client agrees voluntarily.
5. All fees are the responsibility of the client, the client's guarantor, or the client's third-party payor source.
6. The client is responsible for any and all transportation requirements and the cost for same.
7. Each Institution shall have the right to enter into referral and transfer agreements with other institutions.
8. Neither Institution may use this agreement for any form of marketing, publicity, or advertisement unless there is written consent.
9. Each Institution agrees to comply with all confidentiality laws, rules, regulations, and standards including: Local, State, HIPAA, 42 CFR Part 2, Federal, and Accreditation requirements.
10. This Agreement shall remain in effect for two (2) years from the date of signature.
11. This Agreement may be terminated by either Institution upon thirty (30) days written notice and shall be automatically terminated should either institution fail to maintain its present licensing or accreditation or standards.
12. This Agreement may be only modified or amended by mutual agreement of the institutions.

  
Heidi Auer, CEO

6/2/2022  
Date

Eric Slankard  
Institution Representative Name

  
Institution Representative Signature

6-2-22  
Date

A. 125 Fairground Rd, Prince Frederick, MD 20673

P. 410-535-3930

W. [www.avenuesrecovery.com](http://www.avenuesrecovery.com)



## TRANSFER AND REFERRAL AGREEMENT

This drug abuse and alcoholism transfer, referral, and supportive service agreement (the "Agreement") seeks to facilitate continuity of care, availability of treatment resources, and efficient and timely referral and transfer of clients. This Agreement is effective as of 3rd June, between DWI Services Inc, DBA Avenues Recovery Center of Maryland and Wells + House (each an "Institution" and together the "Institutions").

Both Institutions understand and agree that:

1. Each Institution maintains the freedom to operate independently.
2. When there is a need for transfer or referral from one Institution to the other, both Institutions shall comply with all applicable legal confidentiality requirements and a Release of Confidential Information will be signed by the client (or the client's legally authorized representative) prior to the transfer.
3. When there is a need for transfer or referral from one Institution to the other, the referring Institution will provide complete, accurate, and legible documents that are mutually agreed upon to assure continuity of care for the client, and information necessary to facilitate transfer and to assure the appropriateness of treatment at the receiving Institution.
4. When there is a need for transfer or referral from one Institution to the other and the receiving Institution has agreed to accept the client, the receiving Institution agrees to admit the client as promptly as possible, provided the client meets the admission requirements per the receiving Institution's policies and procedures and provided the client agrees voluntarily.
5. All fees are the responsibility of the client, the client's guarantor, or the client's third-party payor source.
6. The client is responsible for any and all transportation requirements and the cost for same.
7. Each Institution shall have the right to enter into referral and transfer agreements with other institutions.
8. Neither Institution may use this agreement for any form of marketing, publicity, or advertisement unless there is written consent.
9. Each Institution agrees to comply with all confidentiality laws, rules, regulations, and standards including: Local, State, HIPAA, 42 CFR Part 2, Federal, and Accreditation requirements.
10. This Agreement shall remain in effect for two (2) years from the date of signature.
11. This Agreement may be terminated by either Institution upon thirty (30) days written notice and shall be automatically terminated should either institution fail to maintain its present licensing or accreditation or standards.
12. This Agreement may be only modified or amended by mutual agreement of the institutions.

  
Judi Alter, CEO

06/03/2022  
Date

  
Christina Trenton Nee  
Institution Representative Name

  
Institution Representative Signature

6/3/22  
Date

## EXHIBIT 33



Director, Center for Health Care Facilities Planning and Development  
Maryland Health Care Commission  
4160 Patterson Ave  
Baltimore, Maryland  
21215

Dear Maryland Health Care Commission,

I am pleased to write and submit this letter, in support of Avenues Recovery Center of Maryland and their plans to obtain a CON to better serve the needs of those suffering with Substance Use Disorder. The region continues to experience a shortage of services that offer this level of detoxification treatment. This project, as envisioned by Avenues Recovery Center of Maryland, will open more doors and provide increased access for those in need.

Avenues has an unbeatable reputation in providing successful SUD treatment across the nation and in Maryland specifically. I have found Avenues committed to the services they offer and especially to the indigent and publicly funded population. I trust that by granting Avenues a CON and the ability to offer levels 3.7 and 3.7 WM to their patients, they will use the opportunity to continue to provide exemplary service to all those in need.

We look forward to working alongside Avenues in making southern Maryland a more sober and happy place.

Thank you,

*Jennifer Wheeler*  
Clinical & Community Outreach  
New Life Addiction Counseling & Mental Health Services  
Pasadena MD 21122  
[Jwheeler@newlifeacs.com](mailto:Jwheeler@newlifeacs.com)



**TRANSFER AND REFERRAL AGREEMENT**

This drug abuse and alcoholism transfer, referral, and supportive service agreement (the "Agreement") seeks to facilitate continuity of care, availability of treatment resources, and efficient and timely referral and transfer of clients. This Agreement is effective as of 6-1-2022, between DWI Services Inc, DBA Avenues Recovery Center of Maryland and New Life Addiction Counseling Services (each an "Institution" and together the "Institutions").

Both Institutions understand and agree that:

1. Each Institution maintains the freedom to operate independently.
2. When there is a need for transfer or referral from one Institution to the other, both Institutions shall comply with all applicable legal confidentiality requirements and a Release of Confidential Information will be signed by the client (or the client's legally authorized representative) prior to the transfer.
3. When there is a need for transfer or referral from one Institution to the other, the referring Institution will provide complete, accurate, and legible documents that are mutually agreed upon to assure continuity of care for the client, and information necessary to facilitate transfer and to assure the appropriateness of treatment at the receiving Institution.
4. When there is a need for transfer or referral from one Institution to the other and the receiving Institution has agreed to accept the client, the receiving Institution agrees to admit the client as promptly as possible, provided the client meets the admission requirements per the receiving Institution's policies and procedures and provided the client agrees voluntarily.
5. All fees are the responsibility of the client, the client's guarantor, or the client's third-party payor source.
6. The client is responsible for any and all transportation requirements and the cost for same.
7. Each Institution shall have the right to enter into referral and transfer agreements with other institutions.
8. Neither Institution may use this agreement for any form of marketing, publicity, or advertisement unless there is written consent.
9. Each Institution agrees to comply with all confidentiality laws, rules, regulations, and standards including: Local, State, HIPAA, 42 CFR Part 2, Federal, and Accreditation requirements.
10. This Agreement shall remain in effect for two (2) years from the date of signature.
11. This Agreement may be terminated by either Institution upon thirty (30) days written notice and shall be automatically terminated should either institution fail to maintain its present licensing or accreditation or standards.
12. This Agreement may be only modified or amended by mutual agreement of the Institutions.

Hudi Alter, CEO

Date

Jennifer Wheeler

Institution Representative Name

Jennifer Wheeler  
Institution Representative Signature

6-1-22  
Date



Director, Center for Health Care Facilities Planning and Development  
Maryland Health Care Commission  
4160 Patterson Ave  
Baltimore, Maryland 21215

Dear Maryland Health Care Commission,

I am pleased to write and submit this letter, in support of Avenues Recovery Center of Maryland and their plans to obtain a CON to better serve the needs of those suffering with substance use disorders. The region continues to experience a shortage of services that offer Level 3.7 and Level 3.7WM which includes detoxification treatment. This project, as envisioned by Avenues Recovery Center of Maryland, will provide increased access for those in need. Avenues has a good reputation in providing successful SUD treatment across the nation and in Maryland.

Wells House has found Avenues committed to the services they offer to those individuals who have Maryland Medicaid. Wells House is in support of a Certificate of Need for Avenues to open and operate Levels 3.7 and 3.7 WM to patients across the state of Maryland.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina Trenton", is written over a light blue horizontal line.

Christina Trenton, LCSW-C, CAC-AD  
Chief Operating Officer  
ctrenton@wellshouse.org



## EXHIBIT 34

Referring Organization to Avenues ↓	Account Name	Stage
Medstar St.Mary's Hospital		Admitted
		Admitted
		Admitted
		Admitted
		Admitted
Pascal Crisis Stabalization Center		Admitted
		Admitted
		Admitted
		Admitted
		Admitted
National Guard Psychological Health- MD		Admitted
		Admitted
		Admitted
		Admitted
Baltimore Washington Medical Center		Admitted
		Admitted
		Admitted
		Admitted
Univerity of Maryland Charles Regional		Admitted
		Admitted
		Admitted
STEER Program		Admitted
		Admitted
Sibley Memorial Hospital		Admitted
		Admitted
		Admitted
RCA Capitol Region		Admitted
		Admitted
		Admitted
Missy Direct		Admitted
		Admitted
		Admitted
Beebe Healthcare		Admitted
		Admitted
		Admitted
University of Maryland Medical Center: Midtown		Admitted
		Admitted
Recovery Centers of America		Admitted
		Admitted
Meritus Health		Admitted
		Admitted

Medstar Southern Maryland		Admitted
		Admitted
INOVA CATS		Admitted
		Admitted
Hope's Horizon		Admitted
		Admitted
Harcum Homes		Admitted
		Admitted
Bayview Medical Center		Admitted
		Admitted
Ashley Addiction Treatment		Admitted
		Admitted
Adventist Shady Grove		Admitted
		Admitted
Worcester County Health Dept.		Admitted
Wicomico County Detention Center		Admitted
Voices of Hope		Admitted
Virginia Hospital Center		Admitted
UM Upper Chesapeake Hospital		Admitted
Tranquility Woods		Admitted
The Freedom Center		Admitted
Sheppard Pratt		Admitted
Second Chance Addiction Care		Admitted
RCA at Bracebridge Hall		Admitted
Psychiatric Institute of Washington		Admitted
Prince Georges Circuit Drug Court		Admitted
Perry Point VA Medical Center		Admitted
Pax River USN		Admitted
Northwest Hospital		Admitted
New Life Addiction Counseling & Mental Health Services		Admitted
Mountain Manor		Admitted
Medstar Georgetown University Hospital		Admitted
Life's Energy Wellness Center, Inc. - Easton		Admitted
Kolmac outpatient		Admitted
Johns Hopkins: Suburban		Admitted
INOVA Mount Vernon		Admitted
Garden State Treatment Center		Admitted
Frederick Health Hospital		Admitted
Frederick County Health Department		Admitted
Evolve Alcohol and Drug Rehab		Admitted
Elevate Recovery Centers		Admitted
Dorchester County Detention Center		Admitted
Cecil County Health Department		Admitted
CalvertHealth Medical Center		Admitted

Calvert Behavioral Health		Admitted
Anne Arundel Medical Center		Admitted
Anne Arundel Crisis Response Services		Admitted
American Addiction Centers		Admitted
Adventist White Oak		Admitted
advanced recovery systems cherry hill		Admitted
<b>Total</b>		<b>93</b>

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## EXHIBIT 35

**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	2020	2021	2022	2023	2024					
<b>1. DISCHARGES</b>										
a. Residential										
b. III.7D			17	258	344					
III.7			17	262	349					
c. Other (Specify)										
<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>258</b>	<b>344</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			120	1,807	2,409					
III.7			245	3,668	4,891					
c. Other (Specify)										
<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>365</b>	<b>5,475</b>	<b>7,300</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	7.0					
III.7			14.0	14.0	14.0					
c. Other (Specify)										
<b>TOTAL AVERAGE LENGTH OF STAY</b>			<b>21.2</b>	<b>21.2</b>	<b>21.2</b>					
<b>4. NUMBER OF LICENSED BEDS</b>										
f. Rehabilitation										
g. Comprehensive Care			20	20	20					
h. Other (Specify)										
<b>TOTAL LICENSED BEDS</b>	<b>0</b>	<b>0</b>	<b>20</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 *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</b>										
a. Residential										
b. III.7 and III.7D			5.0%	75.0%	100.0%					
c. Other (Specify)										
<b>TOTAL OCCUPANCY %</b>			<b>5.0%</b>	<b>75.0%</b>	<b>100.0%</b>					
<b>6. OUTPATIENT VISITS</b>										
a. Residential										
b. III.7 and III.7D										
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.