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February 19, 2025

Moira Lawson  
Program Manager  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

Re: Foundations Inpatient LLC  
CON Application- Intermediate Care Facility- Second  
Completeness Response

Dear Ms. Lawson:

On January 29, 2025, the applicant Foundations Inpatient LLC (“Foundations” or “Foundations Inpatient”) received a second and final completeness inquiry from the Maryland Health Care Commission (“MHCC” or “Commission”) in response to its completeness response submitted on January 9, 2025, for a CON for Level III.7 beds for a Track 1 Intermediate Care Facility in Baltimore County. We are submitting this response on behalf of Foundations Inpatient.

**PART I**

1. Provide the names of any individual with more than a 5% interest in Lyon Group I Joint Venture, LLC. What, if any, is the relationship among Lyon Group I Joint Venture, LLC, MBM Ventures, LLC, Baruch Rabhan, Amatus Health, LLC, Foundations Recovery Center, LLC, and Foundations Inpatient, LLC? If a relationship exists, provide an organizational chart that illustrates that relationship.

*Please see response in **Exhibit A** which contains the names of any individuals with more than a 5% interest in Lyon Group I Joint Venture, LLC (“Lyon Group”).*

*There is no relationship between Lyon Group and the other individuals/entities involved in this program (Foundations Inpatient, Foundations Recovery, MBM Ventures, Baruch Rabhan, Amatus Health). The relationship between Foundations Inpatient, Foundations*

*Recovery, MBM Ventures, Baruch Rabhan, and Amatus Health has been described in previous responses.*

2. Provide an updated Executive Summary that clarifies the total bed capacity of the facility (is it 84? 90?), the requested number for Level III.7, and other requested information in the summary. The number of beds being requested in this Certificate of Need (CON) application must be consistent throughout Foundation's response.

*In 2021, Foundations Recovery Center, LLC, ("Foundations Recovery") another entity owned by MBM Ventures, LLC, leased the property at 7131 Rutherford Rd, Windsor Mill, Maryland, 21244 ("Rutherford") with the intent of opening a Level III.5 residential program, which does not require a Certificate of Need ("CON"). With this intent, Foundations Recovery began renovations of Rutherford. In January 2025, Foundations Recovery entered a sublease with Foundations Inpatient, LLC ("Foundations Inpatient"), the applicant in this CON application. Foundations Recovery never opened at the Rutherford location.*

*Foundations Inpatient is solely owned by MBM Ventures, LLC, which also owns, at least in part, other treatment programs in Maryland, including Baltimore Detox Center ("BDC") which has a CON for a twenty-four (24) bed Level III.7 Medically Monitored Intensive Inpatient Withdrawal Management ("Level III.7-WM") program at 1825 Woodlawn Drive. BDC also has a license for Level III.5 beds at the same facility.*

*Since opening its doors in 2023, BDC's Level III.7-WM beds have been consistently full. Comparatively, BDC's Level III.5 residential beds have not been as in demand because of the other Level III.5 providers available in the area.*

*Given this experience and the demonstrated need for Level III.7 beds for those moving out of detox, Foundations Inpatient now seeks to open a forty (40) bed Level III.7 Medically Monitored Intensive Inpatient program at Rutherford. This higher-level program requires a CON.*

*With the Rutherford Level III.7 beds, Foundations Inpatient would be able to treat approximately 880 patients annually at Level III.7. The Rutherford facility will have additional services, including a full gymnasium with plenty of group and living spaces with accommodations that allow year-round recreation when the weather does not permit outside activities. The space also allows for more family visitation, which is an important step in the recovery process.*

*The construction costs have already been incurred, and construction has been completed. The costs associated with this CON are now all staffing costs, start up costs, and operational expenses which are reflected in the attached Tables.*

*Foundations Inpatient just received its license for Level III.5 beds. The Rutherford facility will only operate a total of 84 beds (combined of Level III.5 and III.7) at any given time. This amounts to a maximum of four (4) beds per bedroom in the Rutherford facility.*

3. Table A shows a total of 40 beds while the application requests 50. Explain the discrepancy.

*Foundations Inpatient is applying for approval for 40 Level III.7 beds.*

#### **PART IV/STATE HEALTH PLAN**

4. Approval rules related to facility size - Attest that the facility will not expand the capacity of the intermediate care facility (ICF) without prior Commission approval.

*During Foundation's call with the MHCC Staff on February 4, 2025, the Staff implied that this attestation requirement came from the Revised CON requirements for Baltimore Detox Center. The added requirement in the Baltimore Detox Center CON is specific to Baltimore Detox Center and does not apply to any affiliated entities:*

“If Baltimore Detox Center seeks to add additional intermediate care beds to its facility, it shall provide the Commission with evidence that it has appropriate staffing levels and bed and bathroom configurations that afford patient privacy and safety.”

*The MHCC Staff also stated that it had not required other ICFs to agree to this requirement to receive a CON or First Use approval. While Foundations is sympathetic to the Commission's frustration with ICFs who receive First Use approval and immediately increase the beds beyond what the Commission approved, the law was changed in 2019 to specifically allow such action. Respectfully, Foundations is not willing to agree to a restriction on its operations that is not similarly applied to other ICFs.*

5. Information regarding charges – Applicant provided the form used for a patient to agree to pay charges, **not** a draft of the document that inform patients of the charges, as required. Provide a draft of the document that will be used to inform patients of charges at Foundations. The final Foundations document will be required before first use approval is issued.

*Foundations has provided a template good faith estimate as **Exhibit B** that will be used by Foundations.*

6. Transfer and referral agreements – First use approval will rely on agreements with categories of treatment as identified in the State Health Plan (i.e., acute care hospitals; halfway houses; therapeutic communities; long term care facilities; local alcohol and drug abuse intensive and other outpatient programs; local community mental health centers, Baltimore County's mental health and alcohol and drug abuse authorities; BHA; and Baltimore County's agencies that provide prevention, education, and other services).

*Foundations understands the stated requirement and plans to provide additional agreements it has entered when it requests First Use Approval.*

7. Outpatient treatment – Identify Baltimore-region outpatient program(s) with which the applicant has an agreement. In accordance with the standard, outpatient programs must at a minimum provide: individual needs assessment and evaluation; individual, family, and group counseling; aftercare; and information and referral. If TruHealing Hagerstown Outpatient will be available to discharged Foundations patients, clarify how transportation to and from the program on an ongoing basis will be provided? Has TruHealing Hagerstown agreed to provide ongoing transportation to and from the Baltimore region?

*Foundations is working to identify additional outpatient programs with which it may enter into agreements that are closer in distance to Foundations. Foundations understands that this must be provided prior to First Use Approval.*

8. 8A-Need – Based on the tables and information on BDC, staff calculates that the applicant could expect 43 patients from BDC, which would account for only 23 percent of possible bed days for level 3.7 patients. Identify the expected additional sources of 3.7 patients to the facility?

*Foundations is asking for approval for 40 Level III.7 beds instead of 50 beds. This increases the anticipated impact from BDC to 28.3%. Additionally, if BDC can refer detox patients to Level III.7 beds at Foundations, that will free up more BDC beds to serve more detox patients thus increasing the number of patients who will need to be stepped down with level III.7 beds. Foundations anticipates this shift to account for an additional 8.6 patients, which accounts for an additional 5.7% of Foundations Level III.7 capacity.*

*Foundations also assumes, through its experience with Carelon in other states and as has already been realized in Maryland since Carelon took over as the Administrative Care Organization (ACO) for Maryland Medicaid behavioral health services, that the care plan for Level III.7 residential is 14 days instead of the 8 days used in the prior more conservative model. The additional 6 days for each patient referred from BDC to Foundations brings the percentage of Foundation's patient days from BDC up to approximately 59.4%.*

*Foundations anticipates patients to be referred from other facilities who refer to BDC or have asked to refer to BDC, including:*

*Achieve-IP, OP, IOP, OP, PHP, LTC*

*Elevate-IP, IOP, OP, PHP, LTC*

*Mulligans-IP, OP, IOP, PHP*

*Evolve-IP, OP, IOP*

*Comeback Care-PHP, OP, IOP*

*Hygea-IP, PHP, OP, PHP, LTC*

**8B.** According to Foundations' completeness response to Question 22, "although Foundations is applying for Track One beds, it anticipates that the vast majority of its beds will be filled by patients who are covered by Medicaid, which additionally changes the need analysis provided in the SHP, which excludes consideration of the Medicaid population's needs from the Track One need analysis". Staff agrees with Foundations that Medicaid patients should be included in the need analysis as well as the current total number of Track Two beds that could be used to treat these patients. Include Track Two providers in Central and Western Maryland in your analysis of need.

*As stated by Commission Staff in its recommendation to the Commission in DWI Services, Inc., d/b/a Avenues Recovery Center of Maryland, Dock. No. 22-04-2455, "We note that, because this applicant projects operating in a manner consistent with a Track Two ICF rather than a Track One, with Medicaid as its largest payor source, application of a bed need projection, if still meaningful, would not be consistent with the SHP's requirements for consideration of Track Two ICFs, to which no limitations of a bed need forecast are applied."*

*That said, Foundations Inpatient expects to primarily serve residents of Baltimore County and Baltimore City (Central Region) and Washington, Allegheny and Garrett Counties, based on BDC's experience.*

*According to the MHCC Bed Report dated December 2024, the approved detox and non-detox Level III.7 ICF beds in Baltimore County are all Track I and include 24 beds provided by BDC, 50 beds for Hygea Detox located at 1210 Middle River Rd., Middle River, MD 21220, and 16 beds for Hygea Detox- Camp Meade. However, Hygea Detox at Middle River is 25.3 miles away from Foundations and serves Central and Southern Maryland. There are no Track 2 beds in Baltimore County and neither Hygea location serves Medicaid patients according to the Hygea CON applications submitted to MHCC.<sup>1</sup>*

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<sup>1</sup> According to The Hilltop Institute in 2022, 70.4 percent of individuals who died from an overdose in 2020 were enrolled in Medicaid within 12 months of their death. The Hilltop Institute. (2022, June 7). Medicaid Data for DORM Report. Baltimore, MD: UMBC.

*Although Baltimore City has 228 approved Track 2 ICF beds, which have their own access and availability issues, therapeutically, it is often appropriate for a patient who lives in Baltimore City to seek treatment in Baltimore County where the patient will be removed from their social circumstances which can contribute significantly to continued drug abuse patterns. Currently, the only facility in Baltimore County serving Medicaid patients is Baltimore Detox Center. Furthermore, it is typically easier to obtain placement in a Baltimore County half-way house or lower level of care after an ICF stay in Baltimore County, which will continue to keep the patient away from social influences which may cause the patient to fall back into old patterns. Additionally, there are no Track 1 beds in Baltimore City.*

*Washington County, Allegheny County and Garrett County are large referral sources to BDC and are anticipated to be large referral sources to Foundations. According to the MHCC's Bed Report, Allegheny County only has 45 Track 2 beds (10 of which are at a hospital). Washington County and Garrett County have no Level III.7 beds.*

*BDC could fill its 24 Level III.7 beds as detox only, which is a shorter stay of 5-7 days, after which the patients are moved to a lower level of care such as Level III.7 residential treatment, which lasts approximately 14 days and Level III.5 which lasts approximately 20 days. As discussed in Foundation's prior responses, BDC is limited in the number of detox patients it can accommodate because it needs to have a Level III.7 residential bed to transfer the patient into once they have completed detox and those longer stay beds do not become available as quickly as the detox beds. By opening an additional 40 Level III.7 beds nearby at Foundations, BDC can accommodate more detox patients by transitioning their care to Foundations after detox.*

9. Impact – Medicaid patients are projected to make up 90% of Foundations' patient population. Discuss the impact of serving mostly indigent/grey area patients on Track Two providers, in addition to Track One.

*Table 1 below displays the location of each Track One and Track Two provider Central Maryland and Western Maryland.*

**Table 1**

**Maryland ICF Track One and Two ASAM Level 3.7 Providers**

<b>Provider</b>	<b>County</b>	<b>Region</b>	<b>Track One ICF Beds</b>	<b>Track Two ICF Beds</b>	<b>Driving Distance from Foundation's Proposed Site</b>
Baltimore Detox Center	Baltimore	Central MD	24		1.2
Hygea Detox- Middle River	Baltimore	Central MD	50		23.5
Hygea Detox- Camp Meade	Baltimore	Central MD	16		12.5
Gaudenzia, Inc.	Baltimore City	Central MD		40	5.8
Maryland Treatment Centers, Inc. (Mountain Manor Treatment Center)	Baltimore City	Central MD		88	7.3
Baltimore Crisis Response, Inc.	Baltimore City	Central MD		18	4.4
Tuerk House, Inc.	Baltimore City	Central MD		52	6.6
Ashley Addiction Treatment	Harford	Central MD	121		50
Pyramid Walden, LLC (detox and residential)	Harford	Central MD		50	31.7
Luminis Health Pathways, Inc.	Anne Arundel	Central MD		40	31.3
Addiction Recovery, Incorporated (Hope House)	Anne Arundel	Central MD		50	26
Gaudenzia, Inc. (Cownsville, MD)- detox and residential- high and low intensity)	Anne Arundel	Central MD		51	26
Robert A. Pascal Youth & Family Services, Inc. (detox and III.7)	Anne Arundel	Central MD		20	23
Allegany County Health Department Behavioral	Allegany County	Western MD		45	133

Health Services					
Maryland Treatment Centers, Inc.(Shoemaker Center)	Carroll County	Western MD		12	15.9
Maryland Treatment Centers, inc. (Mountain Manor at Marcies Choice)	Frederick County	Western MD		103	46.1

*Foundations does not believe its proposed 40 ICF beds will have a significant impact on other providers in Central and Western Maryland given the geographic distance between Foundations and most of the facilities. Currently, BDC is the only ICF in Baltimore County that serves Medicaid patients. With the addition of Foundations ICF Beds, Medicaid patients in Baltimore County will be much better able to access treatment. Because Foundations anticipates that 90% of its patient population will be made of Medicaid patients, it is unlikely to impact Hygea Detox, the only other ICF bed facility in Baltimore County which did not account for any Medicaid patients in its patient projections included in its applications to MHCC for CON approval.*

*In addition to serving Central Maryland, Foundations is the western most Track 1 ICF facility noted, which means that it is serving Western Maryland as well as Central Maryland, further reducing the impact to the existing Track 1 ICF facilities in Central Maryland. Additionally, most of the facilities listed above provide detox as well as high intensity and low intensity residential treatment. Therefore, it is not clear whether the number of beds identified for those facilities are all available for high intensity residential treatment. Some facilities additionally provide crisis residential services which take up additional beds.*

*Although Baltimore City has 228 approved Track 2 ICF beds, which have their own access and availability issues, therapeutically, it is often appropriate for a patient who lives in Baltimore City to seek treatment in Baltimore County where the patient will be removed from their social circumstances which can contribute significantly to continued drug abuse patterns. Furthermore, it is typically easier to obtain placement in a Baltimore County half-way house or lower level of care after an ICF stay in Baltimore County, which will continue to keep the patient away from social influences which may cause the patient to fall back into old patterns. There are no Track 1 beds in Baltimore City.*

*Given the above, Foundations expects that other providers will not experience any significant volume shift in number of patients or patient mix as a result of Foundation's proposed project.*

*Foundations Inpatient notes that ICF providers do not publicly report their volume of patient mix. Thus, even if it would have an impact on the volume or payer mix of existing providers, Foundations would not have access to data that would permit it to meaningfully project the impact.*

### **Impact on Health Care Delivery System**

*Foundations Inpatient's proposed project will provide needed ICF services comparably with other approved Track One and Track Two facilities. Foundations Inpatient projects a Gross Patient Revenue per Patient Day of approximately \$389. This is far less than Hygea Detox at Camp Meade, whose proposed Patient Revenue per Patient Day was \$1,244.50. This is because Foundations Inpatient anticipates that 90% of its patient population will be made up of Medicaid patients, and Medicaid reimburses less than commercial payors for these services.*

*Foundations Inpatient pricing should create pricing competition among the Track One facilities, which the Commission has acknowledged as causing positive charges to the market price for these services. See In rel. Hygea Detox, Inc., Docket No. 21-03-2450, Staff Report Recommendation, p. 26. Foundations Inpatient pricing for Medicaid patients will be identical to the Track Two providers in Maryland as Medicaid sets the reimbursement rates for services provided by ICFs.*

*Reimbursement rates at Foundations will be set by Medicaid and commercial payors. These rates are generally standardized across providers; therefore, the approval of this application will not impact reimbursement rates for these services in Maryland and, therefore, have not impact on cost or charges to the health care system.*

10. Health Equity – The applicant has identified Black and Hispanic individuals as underserved in substance use disorders treatment.

- a. What does Foundations propose to do to target/outreach to these two racial/ethnic populations and to increase their access?

*Foundations plans to employ a Spanish speaking business development representative to engage the Hispanic population and facilitate admissions. The representative will conduct outreach to community groups that primarily serve both Hispanic and Black communities, such as Helping Hands Mission. Foundations plans to have both pamphlets and forms available in Spanish for clients. Foundations plans to recruit at least one full time staff member who is fluent in Spanish to assist the Spanish speaking clients while in treatment.*

- b. Once referred or admitted, what is Foundations' methodology to ensure completeness and accurate tracking of client race/ethnicity? We note that nearly half of BDC's patients do not have race/ethnicity reported.

*Foundations plans to follow the same process as BDC. At intake, the client sits with a staff member of the facility and completes the intake form which includes race/ethnicity information. Staff asks the client whether that information can be completed but cannot require that the client complete this information. Staff will be counseled regarding the importance of this information and will be encouraged to explain the importance of the information to the client.*

- c. What procedures are in place to assist patients with adverse social determinants of

health post-discharge back to the community?

*Foundations will identify clients at intake and assist clients prior to discharge with aftercare programs to aid in deferring social detriments such as continued care with Baltimore County Health Department for diagnosis of HIV, Hepatitis, smoking cessation and STI treatment. Clients diagnosed with mental health disorders requiring follow up will be referred prior to discharge to after care encompassing mental health treatment/rehabilitation such as physician appointments, Helping Hands (psychiatric rehabilitation), and other mental health providers in the area.*

*Foundations will also assist clients, when appropriate, to gain or re-establish access to supplemental food programs such as SNAP benefits and TDAP benefits. Clients in need of housing options will be referred to after care programs that include residential services and/or housing in line with state regulations.*

11. Character and Competence - Disclose the following information for any person with 5% or more interest in the real property as identified in question 1:

- a. any involvement in the ownership, development, or management of another health care facility.

*None of the persons identified in Question 1 have any involvement in the ownership, development, or management of another health care facility.*

- b. if any license has been suspended or revoked or been subject to any disciplinary action (such as a ban on admissions) in the last 5 years.

*None of the persons identified in Question 1 has had any license suspended or revoked or been subject to any disciplinary action (such as a ban on admission) in the last 5 years.*

- c. any inquiries in the last ten (10) years from any federal (e.g., CMS) or state authority, or other regulatory body regarding possible non-compliance with any state or federal requirements for the provision of, the quality of, or the payment for health care services that have resulted in actions leading to the possibility of penalties, admission bans, probationary status, or other sanctions.

*None of the persons identified in Question 1 have had any inquiries in the last ten (10) years from any federal (e.g., CMS) or state authority, or other regulatory body regarding possible non-compliance with any state or federal requirements for the provision of, the quality of, or the payment for health care services that have resulted in actions leading to the possibility of penalties, admission bans, probationary status, or other sanctions.*

## TABLES

### TABLES (B-G)

12. Table B does not include working capital startup costs (Line 3). Startup costs are discussed in Foundations' response to question 5 and should appear as a line-item entry in Table F (Line 2e).

*After discussing with MHCC staff, the \$90,000 start up costs reflected in Table F are included in Table B as \$30,000 of marketing costs in Line 1.c(4), \$40,000 of legal and consulting fees in Line 2.c2 and \$20,000 of licensing and payor contracting fees in Line 2.d2. This is also broken down in **Exhibit C- Additional Information for Table F**.*

13. Table B totals \$982,130; how does this tally with the startup cost, capital expenditure and operating deficit stated as \$562,817 in the CPA letter (Exhibit 5)? Provide a revised CPA letter accordingly.

*The amounts have been updated, and a new CPA letter is attached as **Exhibit D**.*

14. Table B shows the annual lease cost of \$752,130; however, this figure matches neither *Facility Expenses* (Table F, line-item 2d) nor *Property Expenses* (Exhibit 7, under the Detail of Other Expenses Reported line-item 'Rent') for any of the years CY 2025 - 2027. The 'Rent' line-item quoted across these years show \$638,848, \$658,014, and \$681,708, respectively.

*The portion of the lease cost that is allocated to the project (Level III.7) has been updated and is now based on month-by-month census of patients allocated between Level III.5 and III.7 beds. Most of the lease cost for 2025 will be attributed to the Level III.5 program and that has been reflected in Table B.*

15. Table C should show utilization of the entire facility (level 3.5 and 3.7 beds) and table D should show the revenues and expenses for the entire facility (level 3.5 and 3.7). Table E should show the utilization of only the 3.7 ICF beds and table F should show revenues and expenses for just the 3.7 ICF. Complete Table D for the entire facility and correct tables E and F to reflect numbers only for the ICF.

*Tables have been corrected.*

16. Table C and E show patient days for the ICF at 12,319 in the second and third years of operation, which you calculate at 86%. According to our calculations, 12,319 patient days is equivalent to 67.5% occupancy. [50 beds for 365 days (100% utilization) equal 18,250 patient days]. Explain your calculation and correct the projection, as needed.

*Tables have been corrected with new data based on 40 beds and a 14 day length of stay.*

17. Tables C, E, and F show the ‘CY 2026’ twice. Correct to include CY 2027.

*Corrected.*

18. Table F - The numbers given for expenses provided do not match the numbers shown in the assumptions (Exhibit 7). Explain the discrepancy and correct it.

*Table F has been updated, and Foundations has provided updated assumptions for Table F as Exhibit C.*

19. Table F – The table shows that the percent of revenue from Medicaid is 90% and the percent of patient days for Medicaid patients is 80%. This is inconsistent with the 90% Medicaid patient days in the text of the application. Explain the projection or correct.

*This has been corrected. The numbers were flipped.*

20. Table G – The annual salary for the Medical Director, at \$125,000, is considerably lower than at other facilities in the area. Has a director been identified who will work at this salary or how does Foundation plan to recruit a physician at this pay rate?

*The salary for the medical director has been increased to \$153,091 annually. Additionally, Foundations plans to hire a nurse practitioner as a medical director.*

21. Table G – The first three columns for (Current Entire Facility) should be for the residential beds only (level 3.5) without the 3.7 service and should show the number of FTEs multiplied by the Average Salary per FTE equaling the Current Year Total. The next three columns (Projected Changes as a Result of the Proposed Project...) are the number of staff that will be added for 3.7 beds. Again, the number of FTEs times the average salary should equal the total cost. The last two columns (Projected Entire Facility...) should include the number of FTEs in the final projected year of the application (CY 2027) and the final cost. These should be consistent with the salary and benefit numbers in the Revenue and Expense Tables. Revise the table with the required information.

*The table has been revised.*

- a. For the following positions, the current year total is greater than their annual salary: Office Manager, Director of Operations, Executive Director, Director of Referral Management, Clinical Director, Supervising Nurse, Behavioral Health Tech Supervisor, and Transportation.

*As discussed with MHCC staff, the totals include the cost of benefits for each employee. This is calculated as 15% of annual salary.*

- b. For the following positions, the current year total is less than the expected annual salary: Alumni Coordinator, Medical Director, Clinical Supervisor, Director of

Nursing, RN and LPN, Med Techs, Intake Coordinator, Behavioral Health Tech, Case Manager, Therapist, Group Facilitator, Housekeeper, and Maintenance.

*As discussed with MHCC staff, this is because the prior submission only accounted for the actual costs in 2025 for employees, which would be less than a full year of employment for the first year the facility is open. After discussing with MHCC, the tables have been corrected to reflect full year staffing for Level III.5 and III.7. It is understood that the salary costs reflected for Level III.5 staffing in Columns B-D of Table G will not now correlated to the Table D, Line 2a Salary and Wages costs for 2025 or Table F Line 2a Salary and Wages costs for 2025 because the real expenses will be less than a full year of employment given that the facility is not yet open.*

Foundations appreciates the opportunity to provide this clarifying information to the Commission. Please do not hesitate to contact me at the above noted contact information if you have any questions.

Sincerely,



Darci Smith

CC: Della Leister, RN, Deputy Health Officer, Baltimore County Health Department

Wynee Hawk, RN, JD, Director, Center for Health Care Facilities Planning and Development, MHCC

Lucy Wilson, M.D, Health Officer, Baltimore County

**Detail of Other Expenses Reported on Table F, Line 2**

	CY 2025	CY 2026	CY 2027
<b>Client/Clinical Expenses</b>	\$ 202,532	\$ 446,654	\$ 460,054
Food	137,321	307,969	317,208
Recruiting	11,372	22,860	23,546
Medical Supplies	9,004	20,250	20,858
Transportation	9,004	20,250	20,858
Other Client-Related Expenses and Clinical expenses	35,830	75,325	77,585
<b>Facility Expenses, rent, taxes, utilities</b>	\$ 227,804	\$ 473,321	\$ 494,576
Rent	173,426	348,612	361,165
Utilities (phone, internet, power, water, waste management, etc)	17,114	49,804	55,809
Repairs & Maintenance	5,520	11,097	11,497
Landscaping/Pest Control	5,520	11,097	11,497
Copier/Printer Leases	6,901	13,871	14,371
Office Cleaning	5,520	11,097	11,497
Other	13,801	27,743	28,741
<b>Management Services</b>	\$ 307,581	\$ 696,123	\$ 706,371
<b>Facility Operations and Support</b>	\$ 243,525	\$ 293,970	\$ 338,088
Marketing	58,000	18,495	19,161
Insurance	20,702	46,204	50,228
Payroll Fees	9,361	18,349	18,422
Software Licenses	9,361	18,349	18,422
Tech Support	9,361	18,349	18,422
Dues & Subscriptions	16,000	24,660	25,548
Office Supplies	24,000	36,990	38,322
Travel	20,000	30,825	31,935
Holiday Event	-	-	-
Phone Expense	4,140	8,323	8,622
Contract Labor	6,901	13,871	14,371
Fuel/Transportation	9,004	20,250	20,418
Professional Development	2,760	5,549	5,748
EMR	9,004	20,250	20,418
Other Facility Operations Support Expenses	44,930	13,505	48,053
<b>Startup Costs</b>	\$ 90,000	\$ -	\$ -
CON Application Assistance - Consulting/Legal Expenses	40,000	-	-
Non-CON Consulting Fees - Licenses and Payrol Contracting	20,000	-	-
Startup Marketing Expenses	30,000	-	-
<b>Depreciation Expense</b>	\$ 8,500	\$ 17,000	\$ 17,000
<b>Total Other Expenses</b>	\$ 1,079,942	\$ 1,927,068	\$ 2,016,089

Dues & Subscriptions  
Office Supplies  
Travel  
Holiday Event/Staff Bonuses

**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.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
<b>1. Regular Employees</b>											
Administration (List general categories, add rows if needed)											
Office Manager				1.0	\$73,809	\$73,809	0.0	\$0	\$0	1.0	\$73,809
Director of Operations				1.0	\$110,713	\$110,713	0.0	\$0	\$0	1.0	\$110,713
Executive Director - PT	1.0	\$66,413	\$66,413		\$0	\$0	0.0	\$71,041	\$4,628	1.0	\$71,041
Director Referral Management				1.0	\$92,261	\$92,261	0.0	\$0	\$0	1.0	\$92,261
Alumni Coordinator				1.0	\$55,357	\$55,357	0.0	\$0	\$0	1.0	\$55,357
<b>Total Administration</b>	<b>1.0</b>	<b>\$ 66,413</b>	<b>\$ 66,413</b>	<b>4.0</b>	<b>\$332,140</b>	<b>\$332,140</b>	<b>0.0</b>	<b>\$71,041</b>	<b>\$4,628</b>	<b>5.0</b>	<b>\$403,181</b>
Direct Care Staff (List general categories, add rows if needed)											
Medical Director				1.0	\$153,768	\$153,768	0.0	\$0	\$0	1.0	\$153,768
Clinical Director				1.0	\$153,768	\$153,768	0.0	\$0	\$0	1.0	\$153,768
Clinical Supervisor				1.0	\$92,261	\$92,261	0.0	\$0	\$0	1.0	\$92,261
Director of Nursing				1.0	\$153,768	\$153,768	0.0	\$0	\$0	1.0	\$153,768
Nurses - RN and LPN				16.0	\$102,348	\$1,637,570	0.0	\$0	\$0	16.0	\$1,637,570
MedTechs	3.0	\$59,800	\$179,400				0.0	\$63,686	\$12,503	3.0	\$191,903
Intake Coordinator	1.0	\$46,000	\$46,000	1.0	\$49,206	\$49,206	0.0	\$49,206	\$3,206	2.0	\$98,412
Behavioral Health Tech Supervisor	1.0	\$63,250	\$63,250				0.0	\$67,360	\$4,408	1.0	\$67,658
Behavioral Health Tech	10.0	\$40,664	\$406,640	6.0	\$43,498	\$260,988	0.0	\$43,498	\$28,339	16.0	\$695,967
Case Manager	1.0	\$46,000	\$46,000	2.0	\$49,206	\$98,412	0.0	\$49,206	\$3,205	3.0	\$147,617
Therapist	2.0	\$74,750	\$149,500	3.0	\$79,959	\$239,877	0.0	\$79,959	\$10,420	5.0	\$399,797
Group Facilitator				2.0	\$49,206	\$98,412	0.0	\$0	\$0	2.0	\$98,412
<b>Total Direct Care</b>	<b>18.0</b>	<b>\$ 330,464</b>	<b>\$ 890,790</b>	<b>34.0</b>	<b>\$926,988</b>	<b>\$2,938,030</b>	<b>0.0</b>	<b>\$352,915</b>	<b>\$62,081</b>	<b>52.0</b>	<b>\$3,890,901</b>
Support Staff (List general categories, add rows if needed)											
Housekeeping	1.0	\$38,272	\$38,272	3.0	\$40,939	\$122,818	0.0	\$40,939	\$2,667	4.0	\$163,757
Maintenance	1.0	\$38,272	\$38,272			\$0	0.0	\$40,939	\$2,667	1.0	\$40,939
Transportation	1.0	\$40,664	\$40,664			\$0	0.0	\$43,498	\$2,834	1.0	\$43,498
<b>Total Support</b>	<b>3.0</b>	<b>\$ 117,208</b>	<b>\$ 117,208</b>	<b>3.0</b>	<b>\$40,939</b>	<b>\$122,818</b>	<b>0.0</b>	<b>\$125,376</b>	<b>\$8,168</b>	<b>6.0</b>	<b>\$248,194</b>
<b>REGULAR EMPLOYEES TOTAL</b>	<b>22.0</b>	<b>\$ 514,085</b>	<b>\$ 1,074,411</b>	<b>41.0</b>	<b>\$1,300,068</b>	<b>\$3,392,988</b>	<b>0.0</b>	<b>\$549,332</b>	<b>\$74,877</b>	<b>63.0</b>	<b>\$4,542,276</b>
<b>2. Contractual Employees</b>											
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
<b>Total Administration</b>			\$0			\$0			\$0	0.0	\$0
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
<b>Total Direct Care Staff</b>			\$0			\$0			\$0	0.0	\$0
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
<b>Total Support Staff</b>			\$0			\$0			\$0	0.0	\$0
<b>CONTRACTUAL EMPLOYEES TOTAL</b>			\$0			\$0			\$0	0.0	\$0
Benefits (State method of calculating benefits below) : 15% times annual salary-included in totals above											
<b>TOTAL COST</b>	<b>22.0</b>		<b>\$1,074,411</b>	<b>41.0</b>		<b>\$3,392,988</b>	<b>0.0</b>		<b>\$74,877</b>		<b>\$1,074,411</b>