

Janette Smith

From: Miryam Jimenez <miryamjimenez@vaqualityoflife.com>
Sent: Wednesday, July 1, 2020 10:41 AM
To: Janette Smith; Cale Curtis; Tommy Ruzzano
Cc: kyle.teal@bipc.com
Subject: Business Plans
Attachments: CCF07012020.pdf; BusPlanNOTMODIFY2662020.docx; QOL BUSINESS PLAN 0620.docx

Good morning Miss Smith; I was told by other City officials that you described the business plans I presented for the Veterans Care Facility as being exactly a business plans for a Detoxification Facility.

Please find attached the original business plan that was done when the facility was offering Detox as the main treatment and the Business plans that I presented for the Veterans Residential Treatment Facility and compare the differences. Also I attached the latest version of the Veterans Care Facility as being updated by a business developer.

Can we work together and my project be presented and put in the agenda as any other project in the City and discuss openly with the Residents if it has to, or if the commissioners for political reasons do not want the project to be exposed to the Residents then can it be approved by doing a Reasonable Accommodation and NOT involving the Residents. We need to come to a conclusion, for every week more Veterans die, less jobs that can provide income in the crisis situation, and more lost of income for me.

When can we meet? When can my project be approved or properly put in the agenda? as of today the City has NOT change my checks for the payment of the Rezoning of my project, meaning the application for rezoning may not be moving.

Thanks for your cooperation,

Miryam Jimenez



QUALITY OF LIFE

A PREMIERE BEHAVIORAL HEALTH FACILITY

BUSINESS PLAN

Quality of Life
603 Melaleuca Drive
Margate, FL 33063

FOR MORE INFORMATION CONTACT: MIRYAM JIMENEZ: J-MIRYAM@BELLSOUTH.NET

Executive Summary

Quality of Life is designed to be a premier, free-standing, inpatient behavioral healthcare facility, at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, a successful business woman who resides in South Florida.

Business Description

Quality of Life is the vision of Miryam Jimenez, who, through the tragic loss of a loved one, is personally motivated to help others break free from addiction. The facility has been totally renovated with an anticipated grand opening set for July 1, 2018. The agency is registered in the State of Florida as a S-Corporation, subject to the laws and regulations therein.

Licensure

Quality of Life will be licensed by the Department of Children and Families, Substance Abuse and Mental Health Program Office in accordance with Chapter 397, Florida Statute and Chapter 65D-30, Florida Administrative Code for the following services:

65D-30.006 (2): Residential Detoxification

"Detoxification" is a process involving sub-acute care that is provided on a residential or an outpatient basis to assist clients who meet the placement criteria for this component to withdraw from the physiological and psychological effects of substance abuse". The services provided are non-evasive, comprised of medication management and therapeutic activities.

65D-30.0061: Intensive Inpatient Treatment

"Intensive Inpatient Treatment" includes a planned regimen of evaluation, observation, medical monitoring, and clinical protocols delivered through an interdisciplinary team approach provided 24 hours per day, 7 days per week in a highly structured, live-in environment.

65D-30.007: Residential Treatment

"Residential Treatment" is provided on a residential basis 24 hours-per-day, 7 days-per-week, and is intended for clients who meet the placement criteria for this component." "This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program."

Accreditation

The agency will be fully accredited by Joint Commission, The Joint Commission is a private, not for profit organization established in 1951 to evaluate health care organizations. The Joint Commission accredits and certifies nearly 21,000 health care organizations and programs in the United States and is deemed by the industry as the "Golden Seal" for reliable quality healthcare.

Executive Leadership Team

Quality of Life has assembled an experienced Executive Leadership Team:

Miryam Jimenez, Owner

Ms. Jimenez has proven to be a successful business woman in South Florida. As a successful business woman, she has developed a thriving real estate business with vast holdings. She specializes in procurement and selling of residential and commercial real estate. It is through the death of a loved one that Ms. Jimenez is driven to help individuals and their families who are dealing with the disease of addiction.

Emilio Mantero-Atienza, M.D. PH.D.

Emilio Mantero, MD is a highly respected board-certified, psychiatrist and author who has over 50 years of experience working with those who suffer from addictions. He specializes in Medication Assisted Therapies, including Suboxone for the detoxification and maintenance for opioid dependence. Medication Assisted Treatment is an Substance Abuse and Mental Health Service Administration (SAMHSA), Evidenced Based Treatment for Opioid Addiction. Dr. Mantero acquired a PH.D. in Clinical Biochemistry.

Mary Jane Fitzpatrick, RN, JD,-Consultant

Ms. Fitzpatrick, RN, Behavioral Health Consultant specializing in nursing administration, medical-legal, and risk management. She is considered an expert in Joint Commission quality standards and Department of Children and Families regulatory requirements. Ms. Fitzgerald is a member of the Florida Bar and is a Registered Professional Nurse.

Linda Potere, MBA, LHCRM, CHCQM, LADAC, CAP-Program Director

Linda Potere is a behavioral health consultant to a wide variety of behavioral health organizations holding the positions of Quality Assurance Director, Corporate Compliance Officer, and Risk Manager. Her duties and responsibilities include: (1) achieving and maintaining licensure; 2) certification, accreditation and regulatory compliance for all state, local, and federal licensure and accreditation bodies; 3) certification and compliance with risk management, Center for Medicare Services and Medicaid Standards; 4) coordinate and implement of Joint Commission and CARF standards in behavioral & hospital health care settings; and 5) insuring compliance and training of

staff in Performance Improvement, team building, and additional training needs for accreditation survey for Community Mental Health Centers, Methadone Clinics, and Partial Hospitalization Programs for both Mental Health and Substance Abuse services.

Cathy Claud, MNM, CAP, CPP, ICADAC, CRRA-Consultant

Ms. Claud has over 35 years of experience in the development and management of health care systems, specializing in systems of care for children and families dealing with substance use and mental health disorders. Specifically, Ms. Claud was employed as the Substance Abuse Service Coordinator for the Department of Children and Families for over 15 years, serving on statewide workgroups which drafted the Florida Administrative Code for substance abuse licensure and managed state and federal grants using a coalition building approach. Cathy's dedication, experience, and passion for the work form the basis of her professional standards of excellence in serving the recovery community.

Quality of Life will employ approximately 49 employees in the following positions:

- Chief Operating Officer
- Compliance Officer
- Admissions Director
- Addiction Therapist
- Group Therapy Facilitator
- Janitorial/Cleaning Staff
- Chef
- Assistant Chef
- Secretarial
- Medical Director
- Psychiatrist
- Physician Assistant
- Nursing Director
- Registered Nurses
- Licensed Practical Nurses
- Case Managers
- Behavioral Health Technicians
- Drivers

Mission Statement

Our Mission is Recovery. We provide the highest quality, behavioral health services to those suffering from the disease of addiction and their love ones. We promote a supportive, residential environment in which to heal.

Descriptions of Services

Quality of Life specializing in the medical detoxification and rehabilitation for the addicted.

Multidisciplinary Approach: We use a multidisciplinary approach to safely cleanse the mind, body and spirit in a safe, serene, environment. The approach utilizes best practices from the field of medicine, psychology, social work and spirituality.

Licensed Clinical Team: Our highly trained and licensed clinical team assists individuals to begin their journey into sobriety, healing the relationships which have been strained during the addiction process. Our multidisciplinary team consists of:

- Licensed medical personnel, i.e. physicians and nurses;
- Licensed clinical personnel, i.e. Licensed Clinical Social Workers, Mental Health Counselors;
- Certified Addiction Professionals, i.e. Certified Addiction Professionals;
- Certified Behavioral Health Technicians;
- Certified Massage Therapist/Yoga Instructor;
- Dietician and other ancillary supports.

Voluntary Services: Our services are voluntary; therefore, we do not provide services to individuals who are court mandated and resistive to the therapeutic process.

Safe Capacity: All program participants are pre-screened to ensure their level of motivation and ability to maximum their opportunity for success in the program.

Individuals who need pre-motivational counseling and medical/psychiatric stabilization are referred to a higher level of care and not accepted into the program.

Detoxification Services and Stabilization Services.

Our detoxification services provide a carefully controlled withdrawal process under the close guidance of board-certified physicians and licensed medical and behavioral health professionals.

Upon admission to Quality of Life, individuals undergo a comprehensive medical assessment and are prescribed medication to assist with the withdrawal of alcohol and other drugs.

Our medical staff are experienced in detoxification protocols for opiates, benzodiazepines, and alcohol dependence. Our skilled counseling and therapeutic staff provide supportive counseling to determine the most appropriate course of treatment.

Specific services include:

- Nursing Assessment/24-hour Observation
- Physical Exam/ Medication Management
- Psychiatric Evaluation
- Individual /Group Therapy
- Relaxation Therapy, massage and Yoga
- Discharge and Continuing Care Planning

Intensive Inpatient Services

Intensive Inpatient Services provide a 24/7, residential environment, clinically driven to assist individuals with a co-occurring substance abuse and mental health disorder and related biomedical disorders. Specifically, services may include:

- Individual counseling;
- Group counseling;
- Substance abuse education, such as strategies for avoiding substance abuse or relapse, information on health problems related to substance abuse, motivational enhancement, and strategies for achieving a substance-free lifestyle;
- Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery management, decision-making, relationship skills, and symptom management;
- Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self-expression and problem resolution;
- Training or advising in health and medical issues;
- Mental health services for the purpose of:
 - Managing clients with disorders who are stabilized;

- Evaluating clients' needs for in-depth mental health assessment;
- Training clients to manage symptoms; and
- Timely referral to an appropriate provider for mental health crises or for the emergence of a primary mental health disorder, if the provider is not staffed to address primary mental health problems which may arise during treatment.

Required Hours of Services. Program participants receive a total of 34 structured hours per week, a minimum of 14 hours of counseling.

Residential Treatment Services

Residential Services provide a 24/7, residential environment, clinically driven to assist individuals who need a safe and stable living environment in order to develop sufficient recovery skills for the transition to a less restrictive level of care or reintegration into the general community in accordance with placement criteria. Treatment includes a schedule of services provided within a positive environment that reinforce the client's recovery.

Our services are appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require inpatient treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. Typically, clients have a job and a home to support their recovery upon completion of this level of care. The emphasis is clearly on an intensive regimen of clinical services using a multidisciplinary team approach. Services may include all services offered by the agency based on the needs of the client.

I. BUSINESS SUMMARY

Industry Overview

The National Council on Alcoholism and Drug Dependency estimates that over 23 million Americans (age 12 and older) are addicted to alcohol and other drugs. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), just under 11% (2.5 million) received care at an addiction treatment facility in 2012. SAMHSA also estimates that the market for addiction treatment is about \$35 billion per year.

The abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting more than \$740 billion annually in costs related to crime, lost work productivity and health care.

A leading analysis firm, First Research, forecast the substance abuse industry to grow at an annual compounded rate of 7% between 2018 and 2022.

For many individuals entering substance abuse treatment, substance abuse is not an isolated problem. Drug- and alcohol-abusing populations have higher rates of mental health issues than the general population, and many suffer from direct and indirect physical health conditions caused or exacerbated by their substance abuse. Because substance use often impacts multiple aspects of an individual's life, clients often enter treatment with housing issues, employment problems, and damaged family or social relationships.

Treatment outcomes have been shown to improve when clients receive tailored services that match and address their specific needs. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines the term "recovery" as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA has identified four dimensions of recovery from substance abuse:

1. Health: overcoming or managing one's disease(s) or symptoms— for example, abstaining from use of alcohol, illicit drugs, and nonprescribed medications if one has an addiction problem— and for everyone in recovery, making informed, healthy choices that support physical and emotional well-being;
2. Home: having a stable and safe place to live;
3. Purpose: participating in meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and having the independence, income, and resources to participate in society; and
4. Community: engaging in relationships and social networks that provide support, friendship, love, and hope.

Business Goals and Objectives

Short Term (0-3 Months)

- 1) Design and implement a prestigious, residential treatment facility for substance abusing adults, specializing in detoxification, intensive inpatient and residential care:
 - a. Community approval;
 - b. Apply and acquire license from Department of Children and Families;
 - c. Employ highly professional consultants to assist with implementation:
 - i. Hiring;
 - ii. Orientation;
 - iii. Competency training;
 - d. Design and implement Performance Improvement;
- 2) Implement Marketing Plan:
 - a. Open House;
 - b. Local medical groups; physicians / hospitals;
 - c. Veteran's Administration;
 - d. Web based applications;
- 3) Maintain a 50% capacity by 90 days;

Long Term (4 -12 Months)

- 1) Apply for and acquire Joint Commission Accreditation (JC);
- 2) Apply for a license from Agency for Health Care Administration (AHCA);
- 3) 100% compliance with all performance measures, including safety;
- 4) Maintain 80% capacity by 12 months;
- 5) 12 Month: Reach financial goal established in the Financial Plan;
- 6) Acquire alternative location to develop and implement Outpatient services with supportive housing;

Legal Issues

Quality of Life affirms that its promoters have and will continue to abide by all regulatory requirements. The agency is or will be regulated by the following:

City of Margate: Planning and Zoning: ensure for proper land use;

Broward County Health Department: regulates and licenses professionals and cleanliness of environment;

Broward County Fire Department: regulates and inspects facility for safety;

Department of Children and Families, Substance Abuse and Mental Health Program Office: regulates and licenses provision of services;

The Joint Commission: Accreditation of services and physical environment.

Agency for Health Care Administration: regulates and inspects provision of care and environment.

II. MARKETING SUMMARY

Miryam Jimenez, Owner, is known throughout Florida, with well established relationships in the business community. Ms. Jimenez will personally handle marketing the agency as a premier behavioral health center. Sharing her passions and hope for those affected by the disease of addiction as a primary marketing strategy.

Target Markets

The agency will target adults with substance use disorders and co-occurring mental or physical health concerns.

Ms. Jimenez will target referral sources such as physicians, behavioral health professionals, hospitals and the community at large to share her vision and information regarding the services.

Pricing Strategy

The Company has completed a thorough analysis of its competitors' pricing. Keeping in mind our competition's pricing and the costs of customer acquisition, we have decided to offer services on a cash pay basis and accept "out of network" rates from most major insurance companies.

Once the agency has met the financial goals set forth in the Financial Plan, providing scholarship for services may be awarded at the discretion of the owner.

SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats) ANALYSIS

As part of the agency's strategic planning process, the Executive Leadership Team analyzed the organization's internal and external environment by completing an analysis of the strengths, weaknesses, opportunities and threats (SWOT).

Organizational strengths are those attributes of the organization that are helpful to achieving the goals and objectives, the weaknesses are the attributes of the organization that are harmful to achieving the objectives. The opportunities are external conditions that are helpful and promote the achievement of the agency's objectives and the threats are external conditions which could do damage to the agency's performance.

SWOT Analysis

Expectations of persons served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Therapeutic Groups • Qualified staff • Solid Program Schedule • Individualized care • Location • "client input into our treatment" • Financially secure • Safe, comfortable medication mgt. 	<ul style="list-style-type: none"> • New facility • Not enough "free time" 	<ul style="list-style-type: none"> • Expansion into Outpatient Services possible; • Agency financially positioned to increase services • High # of Community based NA Meetings 	<ul style="list-style-type: none"> • 18-26 Yr. old often surfing treatment-looking for best hotel • Clients expect short term care or direct admission to a halfway house • Insurance driven care • Agencies that over-medicate clients. • Program limited to residential • Program capacity limited: only residential services

Expectations of stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Ethical • Good Staff • Good Program/Treatment • Established Program • Accepted by community • Maintains property • Fiscally responsible • Administratively responsive • Ease of access to services • Good Reputation 	<ul style="list-style-type: none"> • Changing populations • Community not knowledgeable of composition of services. 	<ul style="list-style-type: none"> • Land for expansion available close by. • Clinical staff with expertise • Florida Certification Board certifications 	<ul style="list-style-type: none"> • Insurance driven care • Medical necessity needed justification • Lack of knowledge of addiction • Competition • Limited services • Lacks a full system of care-relies on external OP services

Competitive environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Experienced, knowledgeable owner • Good, Experienced staff • Licensed clinicians • Financially solvent • Quality of Care • Good recovery environment 	<ul style="list-style-type: none"> • Lacks a system of care • Minimum marketing activities • Space • New facility 	<ul style="list-style-type: none"> • Good community relationships • Abundant labor force • Metropolitan area for shopping • Marketing Plan 	<ul style="list-style-type: none"> • 140 Treatment agencies in Broward. • Private, independent centers with private chefs • Major centers with huge advertising budgets

Financial threats			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Experienced, knowledgeable owner Financially solvent Free of debt External Accountant 	<ul style="list-style-type: none"> Income depends upon census, admissions External billing staff 	<ul style="list-style-type: none"> Legal representation Experienced accountant Community Ed. on healthcare reform Expansion Annual Budget 	<ul style="list-style-type: none"> 3rd Party pricing Healthcare reform Bigger, fancier centers Centers engaged in client brokering
Organization's capabilities (HR; Program Development, Technology, etc.)			
Strengths	Weakness	Opportunities	Threats
HR: <ul style="list-style-type: none"> Experienced, knowledgeable owner Multi-disciplinary team Administratively self-contained Licensed clinicians Strong IT Misc. <ul style="list-style-type: none"> DCF Licensable Financial resources EMR ready 	HR: <ul style="list-style-type: none"> New staff need to be trained and bond as a team. 	<ul style="list-style-type: none"> BHT Training and Certification available Recovery Specialist Training and Certification Available Abundant professional workforce 	<ul style="list-style-type: none"> Competition Zoning
Service Area Needs (Waiting lists, Ineligible clients, Program Needs)			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> DCF Licensable Financial Resources to care for facilities Planned ratio of clients/staff Easy access to services Accepts insurance 	<ul style="list-style-type: none"> Lack of Continuum of Care on one campus- utilizes external OP levels of care Lack on-site Family Program 	<ul style="list-style-type: none"> Develop Alumni Develop family program Explore OP detox and OP treatment modalities as an expansion towards continuum of care. 	<ul style="list-style-type: none"> Competition Large treatment centers which are spa-like with minimal treatment
Demographics of Area Served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Desirable South Florida location Saturation of treatment facilities Advocacy for substance abuse issues Excellent access to Police and Fire Area served not limited to South Florida 	<ul style="list-style-type: none"> High concentration of relapsed clients at community AA/NA Saturation of treatment facilities NIMBY 	<ul style="list-style-type: none"> AA/NA Concentration Weather Marketing in areas up north when cold 	<ul style="list-style-type: none"> NIMBY Hurricanes Large # of unethical "treatment" and sober houses

Relationships with external stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Staff Respected in field • Referral agreements • Good working relationships • Good communication 	<ul style="list-style-type: none"> • Competition • Clinical vs insurance driven • Community not aware of the scope of service 	<ul style="list-style-type: none"> • Large market of possible referral agencies • Community Education • Conferences 	<ul style="list-style-type: none"> • Very competitive field • Other centers engaged in client brokering • Hurricanes and internet outages
Regulatory Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Licensable and in full compliance by DCF • Knowledgeable and licensed staff • Proactive involvement 	<ul style="list-style-type: none"> • NIMBY: Zoning • State SAMH Office is very weak, new staff unknowledgeable- each specialist interprets the rules differently 	<ul style="list-style-type: none"> • Accreditation • State of Florida revising substance abuse rule • Florida Association of Recovery Residences forming 	<ul style="list-style-type: none"> • Insurance problems with lengths of stay • Local DCF Office is minimal with few resources or regulatory power • Unregulated sober houses • Failure of Florida to enforce current legislation
Legislative Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Affordable healthcare increases consumers • Pro Rehab-Parity Bill • Knowledgeable staff 	<ul style="list-style-type: none"> • Agency limited to Out-of-Network insurance billing 	<ul style="list-style-type: none"> • State of Florida revising substance abuse rule • Possible FARR legislation • Development of in-network contracts if agency gets accredited 	<ul style="list-style-type: none"> • Failure of Florida to enforce current legislation • Failure of Florida to address sober house issue • Unlicensed sober housing perform services which should be licensed.
Technology			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • All staff have computers • IT technology • Financial assets • Key staff have agency cell phones 	<ul style="list-style-type: none"> • EMR under development-not implemented- 	<ul style="list-style-type: none"> • Staff training • Internet phone services • Consultants 	<ul style="list-style-type: none"> • Hurricanes and internet outages • Emerging technology • Hacking
Performance Analysis			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • 2 years of client information-from mirror agency • Willing staff 	<ul style="list-style-type: none"> • Minimal staff knowledge • Lack of tracking or established performance measures 	<ul style="list-style-type: none"> • Performance measures in EMR • National performance measures • Access Databases 	<ul style="list-style-type: none"> • Revision of substance abuse indicators • Client response to 3 and 6-month follow-up-from mirror agency.

Regulatory and Legislative Environment:

In Broward County and throughout the nation, municipalities are strengthening their stance of the "NIMBY" ("Not in My Back Yard") principle, making it harder to implement treatment facilities and to partner with legitimate sober living facilities for continuing care.

Nationally, the changes that are taking place under the Affordable Healthcare Act will allow the agency to provide more services to those in the age range of 26 and under. Individuals under the age of 26 are eligible for insurance coverage under their parent's insurance plans.

Quality of Life continues to work with local and state advocacy and regulatory bodies that advocate for excellence in drug and alcohol treatment. The agency supports the Broward County Substance Awareness Coalition. The agency's consultants are highly recognized in the field of addiction and serve on statewide advocacy workgroups.

Competition

Demand for mental health and substance abuse services is driven by availability of new drugs and treatments and funding policies of health care insurance programs. The profitability of individual facilities depends on controlling costs and attracting physician referrals. Large companies have advantages in group purchasing and in marketing to physicians and managed health care companies. Small facilities compete effectively by providing superior patient service, integrating treatment with follow-up procedures, and specializing by treatment or demographic group.

The US industry is highly fragmented: the top 50 outpatient companies account for less than 20% of segment revenue; the top 50 residential companies account for about 25% of segment revenue.

National analysts identify the following agencies in Palm Beach and Broward County as reputable competition for the services Quality of Life will offer.

Caron Foundation
Origins Behavioral Health
Behavioral Health of the Palm Beaches

In South Florida, the "Florida Model" (sober housing combined with clinical services in a strip mall) is widely utilized, often opened by individuals who are newly in recovery and prone to relapse or individuals /companies with minimal knowledge of the field. The Florida Model competes for individuals which should be in a residential level of care.

FINANCIAL PLAN

12 Month Profit and Loss Projections

Income Statement Projection Commencing 1/1/17

Days	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL	% OF TOTAL INCOME	\$ Per Bed Per Annum	Per Day
Any Census	51,400	51,400	51,400	51,400	51,400	51,400	51,400	51,400	51,400	51,400	51,400	51,400	16,296,000	1.186	428,942	1,191
Any Daily Collected	51,400	51,400	51,400	51,400	51,400	51,400	51,400	51,400	51,400	51,400	51,400	51,400	16,296,000	0.942	15,009	42
Insurance Payments	630,000	840,000	1,050,000	1,260,000	1,470,000	1,680,000	1,890,000	2,100,000	2,310,000	2,520,000	2,730,000	2,940,000	27,900,000	0.942	15,009	42
Self Pay	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	240,000	(0.180)	(64,319)	(179)
Less: Vacancies (15%)	(94,500)	(126,000)	(157,500)	(189,000)	(220,500)	(252,000)	(283,500)	(315,000)	(346,500)	(378,000)	(409,500)	(441,000)	(4,244,400)	0.000	(21,462)	(60)
Insurance Co. Over Payments (5%)	(31,500)	(42,000)	(52,500)	(63,000)	(73,500)	(84,000)	(94,500)	(105,000)	(115,500)	(126,000)	(136,500)	(147,000)	(1,414,500)	1.000	390,083	995
Total Income	528,000	704,000	876,000	1,052,000	1,227,000	1,402,000	1,577,000	1,752,000	1,927,000	2,102,000	2,277,000	2,452,000	23,007,600			
Expenses:																
Payroll (Schedule)	216,907	216,907	216,907	216,907	216,907	216,907	216,907	216,907	216,907	216,907	216,907	216,907	2,602,884	0.191	68,497	189
Continuing Education and Training	5,500	5,500	5,500	5,500	5,500	5,500	5,500	5,500	5,500	5,500	5,500	5,500	66,000	0.003	1,805	5
Burden (Payroll Taxes, Health Insur., Benefits)	65,072	65,072	65,072	65,072	65,072	65,072	65,072	65,072	65,072	65,072	65,072	65,072	780,864	0.057	20,549	57
Total Payroll	287,479	287,479	287,479	287,479	287,479	287,479	287,479	287,479	287,479	287,479	287,479	287,479	3,453,748	0.252	90,851	250
Client Expenses:																
Client Meals	3,825	5,100	6,375	7,650	8,925	10,200	11,475	12,750	14,025	15,300	16,575	17,850	191,025	0.007	2,602	7
Laundry	9,563	12,750	15,938	19,125	22,313	25,500	28,688	31,875	35,063	38,250	41,438	44,625	458,563	0.038	6,508	18
Supplies	785	1,020	1,255	1,490	1,725	1,960	2,195	2,430	2,665	2,900	3,135	3,370	35,800	0.001	321	1
Client Expenses Other	2,253	2,936	3,619	4,302	4,985	5,668	6,351	7,034	7,717	8,400	9,083	9,766	102,600	0.002	758	3
Transportation (includes Insurance)	3,103	3,455	3,807	4,159	4,511	4,863	5,215	5,567	5,919	6,271	6,623	6,975	72,900	0.003	1,026	3
Billing Services	9,075	10,359	11,643	12,927	14,211	15,495	16,779	18,063	19,347	20,631	21,915	23,199	244,800	0.012	4,262	12
Total Client Expenses	829	1,105	1,381	1,658	1,934	2,210	2,486	2,762	3,038	3,314	3,590	3,866	40,000	0.002	564	2
Marketing & Advertising Expenses:																
Marketing	29,411	33,765	38,119	42,473	46,827	51,181	55,535	59,889	64,243	68,597	72,951	77,305	817,251	0.044	16,243	45
Digital Marketing	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	1,200,000	0.008	31,579	86
Radio & Television	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	600,000	0.004	15,769	44
Brochures	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	1,200,000	0.008	31,579	86
Websites	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000	0.001	316	1
Travel & Promotions	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	18,000	0.001	474	1
Meals	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000	0.002	632	2
Total Marketing & Advertising Expenses	216,907	216,907	216,907	216,907	216,907	216,907	216,907	216,907	216,907	216,907	216,907	216,907	2,602,884	0.002	632	2
Professional Fees:																
Accounting	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	22,356	0.001	1,863	5
Legal	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	22,356	0.001	1,863	5
Consultants	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	22,356	0.001	1,863	5
Other	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	1,863	22,356	0.001	1,863	5
Total Professional Fees	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500	7,500	90,000	0.007	2,368	7
Insurance Expenses:																
Professional Liability	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000	0.004	1,579	4
Liability	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	150,000	0.011	3,947	11
Total Insurance Expenses	18,250	18,250	18,250	18,250	18,250	18,250	18,250	18,250	18,250	18,250	18,250	18,250	219,000	0.016	5,783	16
Office Expenses:																
Rent (includes CDM)	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	300,000	0.022	7,885	22
Electric	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	30,000	0.002	789	2
Water & Sewer	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	18,000	0.001	424	1
Cable TV & Internet	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	18,000	0.001	424	1
Telephone (includes of Cellular)	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000	0.001	395	1
Basic Charges/ Credit Card Processing	500	500	500	500	500	500	500	500	500	500	500	500	6,000	0.001	1,667	5
Computer Supplies and Software	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	42,000	0.003	1,105	3
Dues & Subscriptions	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000	0.002	632	2
Janitorial Supplies	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000	0.001	395	1
Office Supplies	500	500	500	500	500	500	500	500	500	500	500	500	6,000	0.001	1,667	5
Leased Equipment	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	30,000	0.002	789	2
Linens	300	300	300	300	300	300	300	300	300	300	300	300	3,600	0.000	95	0
Postage & Delivery	750	750	750	750	750	750	750	750	750	750	750	750	9,000	0.001	237	1
Printing & Reproduction	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000	0.001	336	1
Repair & Maintenance	1,750	1,750	1,750	1,750	1,750	1,750	1,750	1,750	1,750	1,750	1,750	1,750	21,000	0.002	553	2
Total Office Expenses	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	555,350	0.041	14,816	43
Total Expense	647,948	654,904	661,797	668,751	675,705	682,659	689,613	696,567	703,521	710,475	717,429	724,383	8,045,345	0.590	211,720	588
Contingencies	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	300,000	0.02	7,885	22
Income Before Income Taxes, Depreciation and Interest	(146,458)	22,096	190,953	359,849	528,745	697,641	866,537	1,035,433	1,204,329	1,373,225	1,542,121	1,711,017	3,261,815	0.308	138,469	385

Bed facility with a camp up and constant 15% vacancy

ADDENDUM

SUMMARY

Quality of Life, LLC is envisioned to be a prestigious, free-standing, behavioral healthcare facility, for those individuals who are substance abuse dependent. The facility's owner, Mrs. Jimenez, has the financial capital to ensure the facility's structure is beautifully designed and maintained. The building was renovated, at substantial cost, to comply with the Agency for Health Care Administration in preparation to opening an Assisted Living Facility and Skilled Nursing Home. Due to a regulatory moratorium, Mrs. Jimenez is currently prohibited from utilizing the property as intended and has embraced her vision for a spa-like environment, in which medication management and therapeutic interventions are applied to individuals suffering with addiction.

Ms. Jimenez has assembled a highly experienced and respected team to assist in the design, implementation and ongoing operation of the facility. Once fully operational, Quality of Life will employ over forty staff, comprising a multidisciplinary team of licensed and certified professionals.

Quality of Life, LLC will be strictly regulated by city, county, state and national agencies. Regulations apply to the physical structure, type of programming, provision of clinical services and staff.

The target population is comprised of working professionals and their family members who have insurance or an ability to pay cash for treatment. The agency will only accept voluntary clients and will not accept individuals who are court ordered for services or who have outstanding felony convictions. Individuals who have been convicted of sexual crimes will not be accepted for admission. All program participants will be pre-screened to ensure they are motivated to change their lives and capable of "safe-capacity", not a danger to themselves, other clients, staff or the community. Program participants will be restricted to the property and under visual supervision at all times.

The agency will provide services in accordance with the Department of Children and Families, Substance Abuse and Mental Health Program Office. Services will be comprised of counseling and medication management. Medical protocols are limited to monitoring vital signs, i.e. blood pressure and pulse, medication administration with continuous assessment.

Quality of Life has integrated "Evidence Based Practice" or "Best Practices" into the programming. The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified four dimensions of recovery from substance abuse: health; home; purpose; and community. The agency has incorporated all four aspects into its service array to provide program participants with optimum potential for recovery.

The agency's Executive Leadership Team engaged in a SWOT Analysis during the strategic planning process. The agency's strengths, weaknesses, opportunities and threats were identified.

Quality of Life appears to have a solid foundation which is evidenced by the strengths associated with the agency. Mrs. Jimenez has the financial resources to ensure for quality; quality of physical environment and quality of staff. The building has undergone extensive renovation to comply with ACHA regulations and now will safely accommodate a high-end clientele, with and without physical handicaps. The agency's staff are professionally licensed or certified, experienced and well respected in the behavioral health field. The legislative environment is strong due to Affordable Health Care Act and Pro-Rehabilitation Parity bill.

The Executive Leadership Team sees the agency's weaknesses as associated with the organization's early stage of development, a narrow focus for services, and misconceptions by the community. The newly formed clinical and nursing staff will need time to bond together to become a high performing "team". Being limited to focus on residential services hinders the agency's ability to provide a more effective design as a "continuum of care" which would include out-patient services, extensive family therapy and community recovery supports. The surrounding community, neighbors and regulatory officials, appear to be viewing the facility as an intensive medical unit when actually the scope of service, the clientele and staffing pattern are very similar to that of an Assisted Living Facility or Skilled Nursing Facility. With our program plan there will be less of an impact on the neighborhood because our clients are pre-screened for safety risk and motivation prior to admission, they are restricted to the facility and they intend to provide the highest level of competent and effective professional healthcare providers.

The organization has vast opportunities for continued success and growth. The financial resources, qualified staff and metropolitan location support the development of Out-patient services. Business relationships, in conjunction with the marketing plan and the South Florida location, should drive admissions for services. Organizations, such as Florida Association for Recovery Residences, Florida Certification Board and Florida Alcohol and Drug Abuse Association, offer trainings which will assist the staff to further their professional growth. The agency's Performance Improvement Plan has aligned the agency's performance goals with national benchmarks for quality, which will allow the agency to compare their outcomes to national standards.

External threats which could damage the agency's performance were centered around the insurance industry, community perception and competition located throughout the area. The insurance industry is systematically delaying payments for services, questioning the medical necessity of the care. Due to the Affordable Health Care Act, young adults, age 18-26 who are covered on their parents' insurance plans, are often not serious about recovery, but looking for

an exclusive resort. Communities which engage in restrictive zoning and exhibit a "Not in My Back Yard" (NIMBY) attitude make it difficult to establish and administer facilities. There is an abundance of large treatment centers, with private chefs and huge advertising budgets which could be a direct competitor for the target population.

Based on the SWOT Analysis, the agency has adopted the following goals:

Short Term (0-3 Months)

- 1) Design and implement a prestigious, residential treatment facility for substance abusing adults, specializing in detoxification, intensive inpatient and residential care:
 - a. Community approval;
 - b. Apply and acquire license from Department of Children and Families;
 - c. Employ highly professional consultants to assist with implementation:
 - i. Hiring;
 - ii. Orientation;
 - iii. Competency training;
 - d. Design and implement Performance Improvement;
- 2) Implement Marketing Plan:
 - a. Open House;
 - b. Local medical groups; physicians / hospitals;
 - c. Veteran's Administration;
 - d. Web based applications;
- 3) Maintain a 50% capacity by 90 days;

Long Term (4 -12 Months)

- 1) Apply for and acquire Joint Commission Accreditation (JC);
- 2) Apply for a license from Agency for Health Care Administration (AHCA);
- 3) 100% compliance with all performance measures, including safety;
- 4) Maintain 80% capacity by 12 months;
- 5) 12 Month: Reach financial goal established in the Financial Plan;
- 6) Develop and implement Outpatient services with supportive housing;

Opinion:

The difference between an Assisted Living Facility and a residential facility for detoxification and treatment for substance use disorders is minimal.

Aspect of Care	Assisted Living	Licensed DCF Facility	Sober Living
Facility Regulations	Chapter 408, Part II, F.S. Chapter 59A-35, F.A.C. Chapter 429, Part I, F.S. Chapter 58A-5, F.A.C. Chapter 58T-1, F.A.C. Chapter 419, F.S.	Chapter 397, F.S. Chapter 65D-30, F.A.C. Chapter 394, Part IV Chapter 435, F.S. Section 633.022 F.S. CFR 42, Part 2	NARR Standards (National Association of Recovery Residences) Smoke detectors
Bed Capacity	32	32	40
Staff:	Nurses Contracted Physician Aids	Nurses Contracted Physician Behavioral AIDS Therapist	One Certified Staff Paid, awake staff
Target Population	Elderly or Developmentally Disabled-may have substance abuse issues: untreated.	Substance Abuse Adults- entering treatment	Adults: Post treatment
Activities	Available-at will	Structured: mandatory	Not Required
Traffic in Neighbor	High: individuals are allowed to leave and walk through or drive through the community. Emergency vehicles are routine.	Minimal: Admissions and staff only: Clients are not allowed to drive, and visitation is discouraged.	High: Residents have cars and allowed to come and go as desired.

A facility licensed under Chapter 397, Florida Statute would provide the least impact on the community due to the restriction of movement of the residents, strict regulations and staffing composition.



QUALITY OF LIFE

A GROUP CARE FACILITY

BUSINESS PLAN

Quality of Life

603 Melaleuca Drive

Margate, FL 33063

Executive Summary

Quality of Life is a Group Care Facility, located at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, an entrepreneur and investor based in South Florida.

Business Description

Quality of Life is the vision of Ms. Jimenez, who, through the tragic loss of a loved one, is personally motivated to help others. The facility was first envisioned in 2016, with an anticipated grand opening set for August 15, 2019. The agency is registered in the State of Florida as a S-Corporation, subject to the laws and regulations therein.

Licensure

Quality of Life will be licensed by the Agency of Health Care Administration (AHCA) in accordance with Chapter 64E-12 of the Florida Administrative Code, Chapter 394 of the Florida Statutes, and Section 381.006(16) of the Florida Statutes. Relevant materials are attached to this proposal as Exhibit A.

64E-12 Residential Treatment

“Residential Treatment” is a group care facility and provides services on a residential basis 24 hours-per-day, 7 days-per-week, and is intended for clients who meet the placement criteria for this component.” “This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require residential treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.”

Quality of Life will be a group-care-facility as defined and meet the definition and regulations in Section 381.006 of the Florida Statutes and Chapter 64E-12 of the Fla. Administrative Code. As used in Section 381.006 of the Florida Statutes and Chapter 64E-12 of the Fla. Administrative Code, the term “group care facility” means any public or private school, assisted living facility, adult family-care home, adult day care center, short-term residential treatment center, residential treatment facility, home for special services, transitional living facility, crisis stabilization unit, hospice, prescribed pediatric extended care center, intermediate care facility for persons with developmental disabilities, or boarding school. The department of health may adopt rules necessary to protect the health and safety of residents, staff, and patrons of group care facilities. Rules related to public and private schools shall be developed by the Department of Education in consultation with the department. Rules adopted under this subsection may include definitions of terms; provisions relating to operation and maintenance of facilities, buildings, grounds, equipment, furnishings, and occupant-space requirements; lighting; heating, cooling, and ventilation; food service; water supply and plumbing; sewage; sanitary facilities; insect and rodent control; garbage; safety; personnel health, hygiene, and work practices; and other matters the department finds are appropriate or necessary to protect the safety and health of the residents, staff, students, faculty, or patrons. The department of health may not adopt rules that conflict with rules adopted by the licensing or certifying agency. The

department of health may enter and inspect at reasonable hours to determine compliance with applicable statutes or rules. In addition to any sanctions that the department of health may impose for violations of rules adopted under this section, the department of health shall also report such violations to any agency responsible for licensing or certifying the group care facility, which is the Agency of Health Care Administration. The licensing or certifying agency may also impose any sanction based solely on the findings of the department of health.

Accreditation

The agency will be fully accredited by The Joint Commission. The Joint Commission is a private, not for profit organization established in 1951 to provide accreditation to health care organizations within the United States. The Joint Commission accredits nearly 21, 000 health care organizations in the United States. The Joint Commission provides deemed status and is recognized by the Centers of Medicare and Medicaid Services (CMS) as the industry “Golden Seal” for organizations that provide the highest quality healthcare.

Executive Leadership Team

Quality of Life has assembled an experienced Executive Leadership Team:

Miryam Jimenez, Owner

Ms. Jimenez has developed a thriving real estate business with vast holdings. She specializes in procurement and selling of residential and commercial real estate. It is through the death of a loved one that Ms. Jimenez is driven to help individuals and their families who are dealing with behavioral health issues.

Emilio Mantero-Atienza, MD, PhD

Dr. Mantero-Atienza is a highly respected board-certified, psychiatrist and author who has over 50 years of experience working with those who suffer from behavioral health issues. He specializes in Medication Assisted Therapies, Medication Assisted Treatment in Mental Health Services, and Evidenced Based Treatment. Dr. Mantero acquired a PH.D. in Clinical Biochemistry.

Mary Jane Fitzpatrick, RN, JD, Consultant

Ms. Fitzpatrick, RN, Behavioral Health Consultant specializing in nursing administration, medical-legal, and risk management. She is considered an expert in Joint Commission quality standards and the Agency for Health Care Administration regulatory requirements. Ms. Fitzgerald is a member of the Florida Bar and is a Registered Professional Nurse.

Linda Potere, MBA, LHCRM, CHCQM, LADAC, CAP-Program Director

Linda Potere is a behavioral health consultant to a wide variety of behavioral health organizations holding the positions of Quality Assurance Director, Corporate Compliance Officer, and Risk Manager. Her duties and responsibilities include: (1) achieving and

maintaining licensure; 2) certification, accreditation and regulatory compliance for all state, local, and federal licensure and accreditation bodies; 3) certification and compliance with risk management, Center for Medicare Services and Medicaid Standards; 4) coordinate and implement of Joint Commission and CARF standards in behavioral & hospital health care settings; and 5) insuring compliance and training of staff in Performance Improvement, team building, and additional training needs for accreditation survey for Community Mental Health Centers, Methadone Clinics, and Partial Hospitalization Programs for both Mental Health and Substance Abuse services.

Cathy Claud, MNM, CAP, CPP, ICADAC, CRRA-Consultant

Ms. Claud has over 35 years of experience in the development and management of health care systems, specializing in systems of care for children and families dealing with .behavioral .health disorders. Specifically, Ms. Claud’s dedication, experience, and passion for the work, forms the basis of her professional standards of excellence in serving the community.

Quality of Life will employ approximately 49 (part and/or fulltime) employees in the following positions:

Chief Operating Officer
Compliance Officer
Admissions Director
Drivers
Group Therapy Facilitator
Janitorial/Cleaning Staff
Chef
Assistant Chef
Secretarial
Medical Director

Licensed Nurses
Case Managers
Mental Health Counselors
Behavioral Health Technicians
Certified Massage Therapist
Yoga Instructor

Mission Statement

Our Mission

To provide the highest quality of evidence-based mental health care to active duty and reserve military personnel that are involve in heightened stress levels and trauma, as well as the elderly military personnel that were affected by and are suffering from Posttraumatic Stress Disorder (PTSD). Quality of Life aims to address Veterans’ needs during reintegration into civilian life.

A report posted by the Mental Health First Aid for Veterans organization states that “thirty percent of active duty and reserve military personnel deployed in Iraq and Afghanistan have a mental health condition requiring treatment – approximately 730,000 men and women, with many

experiencing post-traumatic stress disorder and major depression. Sadly, less than 50 percent of returning veterans in need receive any mental health treatment. The Veterans Administration reports that approximately 20 veterans die by suicide every day.”

Descriptions of Services.

Quality of Life Program Description

The program will specialize in Evidence Base Treatment The facility will provide a structured group treatment setting with 24 hour per day, 7 days per week supervision for residents who range from those who have significant deficits in independent living skills and need extensive supervision, support and assistance to those who have achieved a limited capacity for independent living, but who require frequent supervision, support and assistance. The residents served in this facility have a moderate capacity for independent living.

(1) Services.

Each patient shall receive 34 hours of services each week, with a minimum of 14 hours of counseling by Licensed Therapists. Quality of Life will provide or arrange for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the patient as identified in the treatment plan as follows:

- a) Individual counseling;
- b) Group counseling;
- c) Counseling with families;
- d) Mental Health Issues education, such as strategies mental health related issues or relapse, health problems related to mental health issues, and motivational enhancement and strategies for achieving a stable mental health lifestyle;
- e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;
- f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the patient with alternative means of self-expression and problem resolution;
- g) Training or advising in health and medical issues;
- h) Employment or educational support services to assist patients in becoming financially independent; and
- i) Mental health services for the purpose of:
 - 1. Managing patients with disorders who are stabilized;
 - 2. Evaluating patients' needs for in-depth mental health assessment;
 - 3. Training patients to manage symptoms; and
 - 4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not

staffed to address primary mental health problems, which may arise during treatment

(2) Caseload.

Licensed Therapists will have a caseload that will not exceed 8 patients at one time.

(3) Staffing Coverage and Pattern.

The staffing coverage and pattern for the facility shall be maintained at a minimum of 1-15 staff to resident ratio with never less than two staff on the premises when residents are present. The facility shall have procedures to mobilize additional staff 24 hours daily in the event of emergency need. The facility will have a telephone tree to mobilize additional staff 24 hours daily in the event of emergency needs.

Evidence Base Treatment Practices Include The Following:

Prolonged Exposure (PE);

Prolonged exposure is typically provided over a period of about three months with weekly individual sessions, resulting in eight to 15 sessions overall. The original intervention protocol was described as nine to 12 sessions, each 90 minutes in length. Sixty to 120-minute sessions are usually needed in order for the individual to engage in exposure and sufficiently process the experience.

Licensed Therapists begin with an overview of treatment and understanding the veteran's past experiences. Licensed Therapists continue with psychoeducation and then will generally teach a breathing technique to manage anxiety.

Generally, after the assessment and initial session, exposure begins. As this is very anxiety-provoking for most patients, the therapist works hard to ensure that the therapy relationship is perceived to be a safe space for encountering very scary stimuli. Both imaginal and in vivo exposure are utilized with the pace dictated by the patient.

- **Imaginal exposure** occurs in session with the patient describing the event in detail in the present tense with guidance from the therapist. Together, patient and therapist discuss and process the emotion raised by the imaginal exposure in session. The patient is recorded while describing the event so that she or he can listen to the recording between sessions, further process the emotions and practice the breathing techniques.

- **In vivo exposure**, that is confronting feared stimuli outside of therapy, is assigned as homework. The therapist and patient together identify a range of possible stimuli and situations connected to the traumatic fear, such as specific places or people. They agree on which stimuli to confront as part of in vivo exposure and devise a plan to do so between sessions. The patient is encouraged to challenge him or herself but to do so in a graduated fashion so as to experience some success in confronting feared stimuli and coping with the associated emotion.

Cognitive Processing Therapy (CPT);

Cognitive processing therapy is a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after experiencing a variety of traumatic events including child abuse, combat, rape and natural disasters.

CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the patient creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.

Cognitive Behavioral Therapy (CBT);

Therapists use a variety of techniques to aid patients in reducing symptoms and improving functioning. Therapists employing CBT may encourage patients to re-evaluate their thinking patterns and assumptions in order to identify unhelpful patterns (often termed “distortions”) in thoughts, such as overgeneralizing bad outcomes, negative thinking that diminishes positive thinking, and always expecting catastrophic outcomes, to more balanced and effective thinking patterns. These are intended to help the person reconceptualize their understanding of traumatic experiences, as well as their understanding of themselves and their ability to cope.

Exposure to the trauma narrative, as well as reminders of the trauma or emotions associated with the trauma, are often used to help the patient reduce avoidance and maladaptive associations with the trauma. Note, this exposure is done in a controlled way, and planned collaboratively by the provider and patient so the patient chooses what they do. The goal is to return a sense of control, self-confidence, and predictability to the patient, and reduce escape and avoidance behaviors.

Education about how trauma can affect the person is quite common as is instruction in various methods to facilitate relaxation. Managing stress and planning for potential crises can also be important components of CBT treatment. The provider, with the patient, has some latitude in selecting which elements of cognitive behavioral therapy are likely to be most effective with any particular individual.

Trauma-focused Psychotherapy (TFP);

Trauma-focused psychotherapies are the most highly recommended type of treatment for PTSD. "Trauma-focused" means that the treatment focuses on the memory of the traumatic event or its meaning. These treatments use different techniques to help you process your traumatic experience. Some involve visualizing, talking, or thinking about the traumatic memory. Others focus on changing unhelpful beliefs about the trauma. They usually last about 8-16 sessions.

Clinical Personnel

Licensed medical personnel, i.e. physicians and nurses;

Licensed clinical personnel, i.e. Licensed Clinical Social Workers, Mental Health Counselors;

Certified Behavioral Health Technicians;

Certified Massage Therapist/Yoga Instructor;

Certified Behavioral Health Technicians;

Certified Massage Therapist/Yoga Instructor;

Security

Quality of Life services are provided in the privacy of a self-standing gated facility, monitored with all around security cameras. The facility will follow protocols proven to work in other VA residential inpatient facilities. The patients stay 60 to 90 days, receive mail at the facility and will have visitation privileges after two weeks of treatment; however, visitation is earned and needs to be approved by their doctor or the clinical director. Guest will have to pass a full body search prior to enter in contact with their visitor. Residents' passes to the outside of the facility are earned after several weeks in the facility and, upon their return, the patients will have to undertake a full body search by a Quality of Life employee of the same sex, and drug and alcohol test prior to enter in contact with other patients in the facility.

Our services are voluntary; therefore, we do not provide services to individuals who are court mandated and resistive to the therapeutic process.

All program participants are pre-screened to ensure their level of motivation and ability to maximum their opportunity for success in the program.

Admission Criteria

- a. Ambulatory or capable of self-transfer
- b. Able to participate in treatment programming and services;
- c. Free of major medical conditions requiring ongoing 24 hours per day, 7 days per week nursing services;
- d. Assessed as having the potential, with staff supervision, to self-administer medication, maintain personal hygiene, and participate in social interaction; and
- e. Does not exhibit chronic inappropriate behavior which disrupts the facility's activities or is harmful to self or others.
- g. Self-administers medication with staff supervision,
- i. Maintains personal hygiene and grooming with staff supervision

Quality of Life takes a strength-based approach that empowers patients and their families to go beyond simply pointing out problems and deficits. We take a problem-solving approach that stabilizes veteran's while working to identify and prevent future problems. We understand that our veterans and their families need the skills, knowledge, and support in a wide variety of personal and social functions. Quality of Life takes a broad holistic view to patient treatment. Our veteran's will be treated with respect and dignity. Patients will be free from neglect, abuse, and exploitation and have open access to guardian(s), and advocates as appropriate.

Services provided include but are not limited to: Intake, Assessment and Discharge Planning; Development of Individualized Treatment, Treatment Plan; Individual, Group and Family Therapy; Case Management; and Recreational Activities.

Quality of Life Will Provide

- Plan, arrange, and provide for transportation to medical/dental appointments.
- A planned activity program including arrangement for utilization of available V A community resources.
- Continuous observation, care and supervision as required.
- Assistance in meeting necessary medical and dental needs.
- Assistance with taking prescribed medications in accordance with physician's instructions, unless prohibited by law or regulation.
- Food services (three nutritious meals daily, snack, unrestricted access to fruit and vegetables and arranging of special diets if prescribed by a physician or dietician.
- Maintenance or supervision of patient cash resources, electronics, or other property if necessary.

The Treatment Plan will be developed for the patient, by the treatment team consisting of medical, clinical, and program staff.

The plan includes the following:

- 1) Use of a strength/deficit list.
 - 2) Behavioral objectives in written agreements that focus on individual outcomes.
 - 3) Realistic target dates that also permit frequent feedback to the patient on progress.
 - 4) Revisions to the plan when there is a change in objectives, goals, or services.
 - 5) The veteran's active participation in the development, modification and evaluation of the plan.
 - 6) The accurate and complete documentation of the veteran's progress and problems to be addressed.
 - 7) Regular evaluation of the service plan to occur on an as-needed basis.
- Physician, Psychologist and the Licensed Therapist will design an evaluation plan for patients. The evaluation will be a model for use in measuring the success of patient objectives

Upon discharge of a patient, all cash resources, personal property, and valuables that have been entrusted to Quality of Life will be surrendered to the patient.

Patients are given copies of all discharge instructions and policies and procedures. Signed copies of the policies and procedures are maintained in the veteran's file records. In addition, a licensed mental health professional shall complete and provide to the veterans a typed discharge summary which includes demographic information, date of admission, DSM-V diagnosis, current emotional and/or behavioral problem, continuing therapeutic and educational needs, medication, and reason for discharge.

The licensed mental health professional shall also provide a signed discharge report within 14 days of the date of discharge. This report will include the reason for admission, reason for discharge, course of treatment (including medications), the discharge diagnosis, report of all medical and dental services received during the veteran's stay, the prognosis and recommendations for further mental health treatment, education programs, or placement.

Business Summary

Industry Overview

For the U.S. Department of Veterans Affairs (VA), nothing is more important than supporting the health and well-being of the Nation's Veterans and their families. A major part of that support is providing timely access to high-quality, evidence-based mental health care. VA aims to address Veterans' needs, during Service members' reintegration into civilian life and beyond.

The VA Office of Mental Health and Suicide Prevention Guidebook provides information on the variety of mental health services that VA offers on both a national and local level. These programs and services are rooted in several core values:

Focus on Recovery

Keeping a focus on recovery from mental health challenges or substance use issues empowers Veterans to take charge of their treatment and live a full and meaningful life. This approach focuses on the Veteran's strengths offering respect, honor, and hope to Veterans and the family members who support them.

VA provides treatments that are proven to be effective for mental health concerns. These treatments are time-limited and focus on helping Veterans recover and meet their goals. To learn more about evidence-based mental health treatments, please visit treatmentworksforvets.org. You can also view a video, "Evidence-Based Treatment: What Does It Mean," and other brief videos about evidence-based treatments for Posttraumatic Stress Disorder on the website for the VA National Center for PTSD.

VA health care providers work together to provide safe and effective treatment for the whole person — head to toe, inside and out using a Whole Health approach. Timely medical care, good nutrition, and exercise — along with a sense of purpose are just as important to mental health as to physical health. Veterans take an active role in their care by partnering with their providers to improve their health and well-being.

Whole Health

It all starts with a simple question: What matters most to you? That's the first step in the Whole Health approach, which is designed to help Veterans achieve and maintain their best all-around health and well-being. Through a Whole Health Approach, VA is committed to empowering, equipping, and treating Veterans according to their preferences and priorities. Learn more about Whole Health and the impact this is having in helping Veterans live their life to the fullest by visiting the Whole Health for Life website.

Business Goals and Objectives

Short Term (0-3 Months)

Design and implement a prestigious, residential treatment facility for military VA, specializing in addressing Veterans' needs during their reintegration into civilian life, as well as providing treatment for the elderly Veterans affected by PTSD or other mental health disorders.

- 1) Inpatient Residential Care.
 - a. Community approval;
 - b. Apply and acquire license from the Agency for Health Care Administration (AHCA)

- c. Employ highly professional consultants to assist with implementation;
 - i. Hiring
 - ii. Orientation
 - iii. Competency training
 - d. Design and implement Performance Improvement
- 2) Implement Marketing Plan
 - a. Open House
 - b. Local medical groups; physicians / hospitals
 - c. Veteran's Administration
 - d. Web based applications
- 3) Maintain a 50% capacity by 90 days

Long Term (4 -12 Months)

- 1) Apply for and acquire Joint Commission Accreditation;
- 2) 100% compliance with all performance measures, including safety;
- 3) Maintain 80% capacity by 12 months.
- 4) 12 Month: Reach financial goal established in the Financial Plan
- 5) To acquire more licenses so that we can provide more levels of services.
- 6) Develop and implement Outpatient services with supportive housing.

Legal Issues

Quality of Life affirms that its promoters have and will continue to abide by all regulatory requirements. The agency is or will be regulated by the following:

City of Margate: Planning and Zoning: ensure proper land use;

Broward County Health Department: regulates and licenses professionals and cleanliness of environment;

Broward County Fire Department: regulates and inspects facility for safety;

The Joint Commission: Accreditation of services and physical environment.

Agency for Health Care Administration: regulates and inspects provision of care and environment.

Marketing Summary

Miryam Jimenez, Owner, is known throughout Florida, with well established relationships in the business community. Ms. Jimenez will personally handle marketing the agency as a premier Group Care Facility/VA Residential Treatment Facility. Sharing her passions and hope for those affected by mental health is her primary marketing strategy.

Target Markets

The agency will target veterans with co-occurring mental or physical health concerns, i.e. PTSD, Trauma, etc.

Ms. Jimenez will target referral sources such as the Veteran's Administration, physicians, behavioral health professionals, hospitals and the community at large to share her vision and information regarding the services.

Pricing Strategy

The Company has completed a thorough analysis of its pricing. Most of our pricing will be regulated by the government since our target clients are the military veterans. The facility will be accepting all insurances available to veterans, Tri-Care, Choice, Medicare, private insurance, etc.

Once the facility has met the financial goals set forth in the Financial Plan, providing scholarship for services may be awarded at the discretion of the owner.

SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats) ANALYSIS

As part of the agency's strategic planning process, the Executive Leadership Team analyzed the organization's internal and external environment by completing an analysis of the strengths, weaknesses, opportunities and threats (SWOT).

Organizational strengths are those attributes of the organization that are helpful to achieving the goals and objectives, the weaknesses are the attributes of the organization that are harmful to achieving the objectives. The opportunities are external conditions that are helpful and promote the achievement of the agency's objectives and the threats are external conditions which could do damage to the agency's performance.

SWOT Analysis

Expectations of persons served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none">• Therapeutic Groups• Individual counseling• Qualified staff• Solid Program Schedule• Individualized care• Location• "client input into our treatment"	<ul style="list-style-type: none">• New facility• Program limited to residential level 1 and 2	<ul style="list-style-type: none">• Expansion into Outpatient Services in other locations.• Agency financially positioned to increase services• The first VA inpatient treatment facility in Broward County.	<ul style="list-style-type: none">• City limitations of available viable licenses.

<ul style="list-style-type: none"> Financially secure Safe, comfortable. 			
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Expectations of stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Ethical Good Staff Good Program/Treatment Established Program Accepted by community Maintains property Fiscally responsible Administratively responsive Ease of access to services Good Reputation 	<ul style="list-style-type: none"> Limited services due to limited available licenses. 	<ul style="list-style-type: none"> Working with the Government. Federal Governments new budgets benefits VAs 	<ul style="list-style-type: none"> The City preventing the facility to open.

Competitive environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Experienced, owner Good, Experienced staff Licensed clinicians Financially solvent Quality of Care Good recovery environment 	<ul style="list-style-type: none"> New facility Limitation of services due to limited licensing 	<ul style="list-style-type: none"> Good community relationships Abundant labor force The only VA inpatient treatment facility in Broward 	<ul style="list-style-type: none"> Limitation of Services due to limitation of licensing

Financial threats			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Viable management team Financially solvent External Accountant 		<ul style="list-style-type: none"> Experienced accountant Annual Budget 	

Organization's capabilities (HR; Program Development, Technology, etc.)			
Strengths	Weakness	Opportunities	Threats
HR: <ul style="list-style-type: none"> Experienced, knowledgeable owner Multi-disciplinary team Administratively self-contained Licensed Doctors and clinicians Strong IT Misc. <ul style="list-style-type: none"> AHCA Licensable Financial resources EMR ready 	HR: <ul style="list-style-type: none"> New staff need to be trained to bond as a team. 	<ul style="list-style-type: none"> BHT Training and Certification available Abundant professional workforce 	<ul style="list-style-type: none"> City of Margate litigation
Service Area Needs (Waiting lists, Ineligible clients, Program Needs)			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> AHCA Licensable Financial Resources to care for facilities Planned ratio of clients/staff Easy access to services Accepts insurance Government contracts 	<ul style="list-style-type: none"> City zoning may not allow the services to be provided to the Military VAs 	<ul style="list-style-type: none"> Federal government commitment to provide much needed services for the VAs. 	<ul style="list-style-type: none"> Issues with City zoning dept.
Demographics of Area Served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Desirable South Florida location The only VA impatient facility in Broward County. Excellent access to Police and Fire Area served not limited to South Florida 	<ul style="list-style-type: none"> NIMBY 	<ul style="list-style-type: none"> Government new contract and expansion to other services for the VA Weather Marketing in areas up north when cold 	<ul style="list-style-type: none"> NIMBY City not allowing QOL to open.
Relationships with external stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Government contracts Referral agreements Good working relationships Good communication 		<ul style="list-style-type: none"> Large market of possible referral agencies Community Education 	
Regulatory Environment			

Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Licensed and in full compliance by AHCA Knowledgeable and licensed staff Proactive involvement 	<ul style="list-style-type: none"> NIMBY: Zoning City not allowing the facility to provide services for the VA 	<ul style="list-style-type: none"> Sen. Rick Scott supporting the VA in the State of Florida Big budget allocated for the VA 	City Zoning not allowing the Facility to open.
Legislative Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Knowledgeable staff 		<ul style="list-style-type: none"> To provide more services to the VA as they become available with more licensing 	<ul style="list-style-type: none"> Zoning limitations

Technology			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> New facility with state of the are capabilities and technology IT technology Financial assets Gated Facility 	New System Integration only for the first 30 to days	<ul style="list-style-type: none"> Staff training Support from the VA hospitals with new technology Consultants To provide new medical equipment 	City not allowing new medical services

Performance Analysis			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Electronic Medical Record Willing staff 		<ul style="list-style-type: none"> Performance measures in EMR National performance measures Access Databases 	

Regulatory and Legislative Environment:

In Broward County and throughout the nation, municipalities are strengthening their stance of the “NIMBY” (“Not in My Back Yard”) principle, making it harder to implement treatment facilities.

Quality of Life continues to work with local and state advocacy and regulatory bodies that advocate for excellence in providing mental health treatment to the VAs.

Competition

Demand for mental health services is driven by availability of new drugs, treatments, and the healthcare funding policies for the military VA. The profitability of individual facilities depends on controlling costs and attracting referrals from the VA outpatient facilities. There are no large companies to compete with since the nearest VA inpatient facility is in Miami-Dade County as a part of the VA hospital. Self-standing small facilities such as Quality of Life will effectively provide superior patient service, integrating treatment with follow-up procedures, and specializing by treatment or demographic group.

National analysts identify the following agencies in Palm Beach, Date and Broward County as reputable competition for the services Quality of Life will offer.

TELEPHONE

ADDRESS

WEB



QUALITY OF LIFE GROUP CARE FACILITY

Business Plan

Quality of Life is a Group Care Facility, located at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, an entrepreneur and investor based in South Florida.

BUSINESS PLAN





CONTENTS

<u>3</u>	<u>EXECUTIVE OVERVIEWS</u>
<u>4</u>	<u>ACCELARATION</u>
<u>4</u>	<u>EXECUTIVE LEADERSHIP</u>
<u>5</u>	<u>MISSION STATEMENT</u>
<u>6</u>	<u>DESCRIPTION OF SERVICES</u>
<u>7</u>	<u>TREATMENT PRACTICES</u>
<u>9</u>	<u>CLINICAL PERSONNEL</u>
<u>10</u>	<u>ADMISSION CRITERIOR</u>
<u>12</u>	<u>SERVICES</u>
<u>13</u>	<u>BUSINESS OBJECTIVES</u>
<u>14</u>	<u>LEGAL ISSUES</u>
<u>14</u>	<u>MARKET SUMMARIES</u>
<u>15</u>	<u>SWOT ANALYSIS</u>
<u>19</u>	<u>REGULATORY & LEGISLATIVE</u>

- EXECUTIVE SUMMARY

Quality of Life is a Group Care Facility, located at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, an entrepreneur and investor based in South Florida.

BUSINESS DESCRIPTION

Quality of Life is the vision of Ms. Jimenez, who, through the tragic loss of a loved one, is personally motivated to help others. The facility was first envisioned in 2016, with an anticipated grand opening set for August 15, 2019. The agency is registered in the State of Florida as a S-Corporation, subject to the laws and regulations therein.

LICENSURE

Quality of Life will be licensed by the Agency of Health Care Administration (AHCA) in accordance with Chapter 64E-12 of the Florida Administrative Code, Chapter 394 of the Florida Statutes, and Section 381.006(16) of the Florida Statutes. Relevant materials are attached to this proposal as Exhibit A.

64E-12 Residential Treatment

“Residential Treatment” is a group care facility and provides services on a residential basis 24 hours-per-day, 7 days-per-week, and is intended for clients who meet the placement criteria for this component.” “This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require residential treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.”

Quality of Life will be a group-care-facility as defined and meet the definition and regulations in Section 381.006 of the Florida Statutes and Chapter 64E-12 of the Fla. Administrative Code. As used in Section 381.006 of the Florida Statutes and Chapter 64E-12 of the Fla. Administrative Code, the term “group care facility” means any public or private school, assisted living facility, adult family-care home, adult day care center, short-term residential treatment center, residential treatment facility, home for special services, transitional living facility, crisis stabilization unit, hospice, prescribed pediatric extended care center, intermediate care facility for persons with developmental disabilities, or boarding school. The department of health may adopt rules necessary to protect the health and safety of residents, staff, and patrons of group care facilities. Rules related to public and private schools shall be developed by the Department of Education in consultation with the department. Rules adopted under this subsection may include definitions of terms; provisions relating to operation and maintenance of facilities, buildings, grounds, equipment, furnishings, and occupant-space requirements; lighting; heating, cooling, and ventilation; food service; water supply and plumbing; sewage; sanitary facilities; insect and rodent control; garbage; safety; personnel health, hygiene, and work practices; and other matters the department finds are appropriate or necessary to protect the safety and health of the residents, staff, students, faculty, or patrons. The department of health may not

adopt rules that conflict with rules adopted by the licensing or certifying agency. The department of health may enter and inspect at reasonable hours to determine compliance with applicable statutes or rules. In addition to any sanctions that the department of health may impose for violations of rules adopted under this section, the department of health shall also report such violations to any agency responsible for licensing or certifying the group care facility, which is the Agency of Health Care Administration. The licensing or certifying agency may also impose any sanction based solely on the findings of the department of health.

ACCREDITATION

The agency will be fully accredited by The Joint Commission. The Joint Commission is a private, not for profit organization established in 1951 to provide accreditation to health care organizations within the United States. The Joint Commission accredits nearly 21, 000 health care organizations in the United States. The Joint Commission provides deemed status and is recognized by the Centers of Medicare and Medicaid Services (CMS) as the industry “Golden Seal” for organizations that provide the highest quality healthcare.

EXECUTIVE LEADERSHIP TEAM

Quality of Life has assembled an experienced Executive Leadership Team:

Miryam Jimenez, Owner

Ms. Jimenez has developed a thriving real estate business with vast holdings. She specializes in procurement and selling of residential and commercial real estate. It is through the death of a loved one that Ms. Jimenez is driven to help individuals and their families who are dealing with behavioral health issues.

Emilio Mantero-Atienza, MD, PhD

Dr. Mantero-Atienza is a highly respected board-certified, psychiatrist and author who has over 50 years of experience working with those who suffer from behavioral health issues. He specializes in Medication Assisted Therapies, Medication Assisted Treatment in Mental Health Services, and Evidenced Based Treatment. Dr. Mantero acquired a PH.D. in Clinical Biochemistry.

Mary Jane Fitzpatrick, RN, JD, Consultant

Ms. Fitzpatrick, RN, Behavioral Health Consultant specializing in nursing administration, medical-legal, and risk management. She is considered an expert in Joint Commission quality standards and the Agency for Health Care Administration regulatory requirements. Ms. Fitzgerald is a member of the Florida Bar and is a Registered Professional Nurse.

Linda Potere, MBA, LHCRM, CHCQM, LADAC, CAP-Program Director

Linda Potere is a behavioral health consultant to a wide variety of behavioral health organizations holding the positions of Quality Assurance Director, Corporate Compliance

Officer, and Risk Manager. Her duties and responsibilities include: (1) achieving and maintaining licensure; 2) certification, accreditation and regulatory compliance for all state, local, and federal licensure and accreditation bodies; 3) certification and compliance with risk management, Center for Medicare Services and Medicaid Standards; 4) coordinate and implement of Joint Commission and CARF standards in behavioral & hospital health care settings; and 5) insuring compliance and training of staff in Performance Improvement, team building, and additional training needs for accreditation survey for Community Mental Health Centers, Methadone Clinics, and Partial Hospitalization Programs for both Mental Health and Substance Abuse services.

Cathy Claud, MNM, CAP, CPP, ICADAC, CRRA-Consultant

Ms. Claud has over 35 years of experience in the development and management of health care systems, specializing in systems of care for children and families dealing with .behavioral .health disorders Specifically, Ms. Claud’s dedication, experience, and passion for the work, forms the basis of her professional standards of excellence in serving the community.

Quality of Life will employ approximately 49 (part and/or fulltime) employees in the following positions:

Chief Operating Officer
Compliance Officer
Admissions Director
Drivers
Group Therapy Facilitator
Janitorial/Cleaning Staff
Chef
Assistant Chef
Secretarial
Medical Director

Licensed Nurses
Case Managers
Mental Health Counselors
Behavioral Health Technicians
Certified Massage Therapist
Yoga Instructor

MISSION STATEMENT

Our Mission

To provide the highest quality of evidence-based mental health care to active duty and reserve military personnel that are involve in heightened stress levels and trauma, as well as the elderly military personnel that were affected by and are suffering from Posttraumatic Stress Disorder (PTSD). Quality of Life aims to address Veterans’ needs during reintegration into civilian life.

A report posted by the Mental Health First Aid for Veterans organization states that “thirty percent of active duty and reserve military personnel deployed in Iraq and Afghanistan have a mental health condition requiring treatment – approximately 730,000 men and women, with many experiencing post-traumatic stress disorder and major depression. Sadly, less than 50 percent of returning veterans in need receive any mental health treatment. The Veterans Administration reports that approximately 20 veterans die by suicide every day.”



DESCRIPTIONS OF SERVICES.

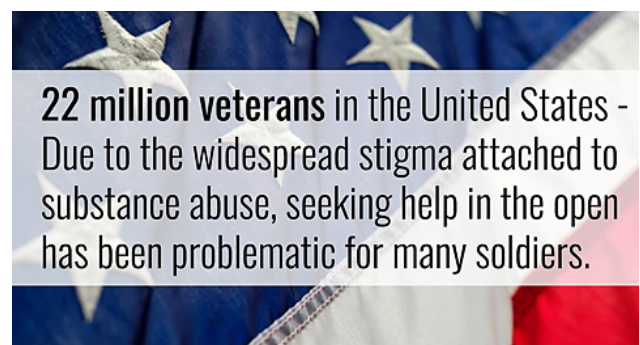
Quality of Life Program Description

The program will specialize in Evidence Base Treatment The facility will provide a structured group treatment setting with 24 hour per day, 7 days per week supervision for residents who range from those who have significant deficits in independent living skills and need extensive supervision, support and assistance to those who have achieved a limited capacity for independent living, but who require frequent supervision, support and assistance. The residents served in this facility have a moderate capacity for independent living.

(1) Services.

Each patient shall receive 34 hours of services each week, with a minimum of 14 hours of counseling by Licensed Therapists. **Quality of Life** will provide or arrange for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the patient as identified in the treatment plan as follows:

- a) Individual counseling.
- b) Group counseling.
- c) Counseling with families.
- d) Mental Health Issues education, such as strategies mental health related issues or relapse, health problems related to mental health issues, and motivational enhancement and strategies for achieving a stable mental health lifestyle.
- e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management.
- f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the patient with alternative means of self-



expression and problem resolution.

- g) Training or advising in health and medical issues.
- h) Employment or educational support services to assist patients in becoming financially independent; and
- i) Mental health services for the purpose of:
 - 1. Managing patients with disorders who are stabilized.
 - 2. Evaluating patients' needs for in-depth mental health assessment.
 - 3. Training patients to manage symptoms; and
 - 4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems, which may arise during treatment

(2) Caseload.

Licensed Therapists will have a caseload that will not exceed 8 patients at one time.

(3) Staffing Coverage and Pattern.

The staffing coverage and pattern for the facility shall be maintained at a minimum of 1-15 staff to resident ratio with never less than two staff on the premises when residents are present. The facility shall have procedures to mobilize additional staff 24 hours daily in the event of emergency need. The facility will have a telephone tree to mobilize additional staff 24 hours daily in the event of emergency needs.

Evidence Base “TREATMENT PRACTICES”

PROLONGED EXPOSURE (PE).

Prolonged exposure is typically provided over a period of about three months with weekly individual sessions, resulting in eight to 15 sessions overall. The original intervention protocol was described as nine to 12 sessions, each 90 minutes in length. Sixty to 120-minute sessions are usually needed in order for the individual to engage in exposure and sufficiently process the experience.

Licensed Therapists begin with an overview of treatment and understanding the veteran’s past experiences. Licensed Therapists continue with psychoeducation and then will generally teach a breathing technique to manage anxiety.

Generally, after the assessment and initial session, exposure begins. As this is very anxiety-provoking for most patients, the therapist works hard to ensure that the therapy relationship is perceived to be a safe space for encountering very scary stimuli. Both imaginal and in vivo exposure are utilized with the pace dictated by the patient.

- **Imaginal exposure** occurs in session with the patient describing the event in detail in the present tense with guidance from the therapist. Together, patient and therapist discuss and process the emotion raised by the imaginal exposure in session. The patient is recorded while describing the event so that she or he can listen to the recording between sessions, further process the emotions and practice the breathing techniques.
- **In vivo exposure**, that is confronting feared stimuli outside of therapy, is assigned as homework. The therapist and patient together identify a range of possible stimuli and situations connected to the traumatic fear, such as specific places or people. They agree on which stimuli to confront as part of in vivo exposure and devise a plan to do so between sessions. The patient is encouraged to challenge him or herself but to do so in a graduated fashion so as to experience some success in confronting feared stimuli and coping with the associated emotion.

COGNITIVE PROCESSING THERAPY (CPT).

Cognitive processing therapy is a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after experiencing a variety of traumatic events including child abuse, combat, rape and natural disasters.

CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the patient creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.

COGNITIVE BEHAVIORAL THERAPY (CBT).

Therapists use a variety of techniques to aid patients in reducing symptoms and improving functioning. Therapists employing CBT may encourage patients to re-evaluate their thinking patterns and assumptions in order to identify unhelpful patterns (often termed “distortions”) in thoughts, such as overgeneralizing bad outcomes, negative thinking that diminishes positive thinking, and always expecting catastrophic outcomes, to more balanced and effective thinking patterns. These are intended to help the person reconceptualize their understanding of traumatic experiences, as well as their understanding of themselves and their ability to cope.

Exposure to the trauma narrative, as well as reminders of the trauma or emotions associated with the trauma, are often used to help the patient reduce avoidance and maladaptive associations with the trauma. Note, this exposure is done in a controlled way, and planned collaboratively by the provider and patient so the patient chooses what they do. The goal is to return a sense of control, self-confidence, and predictability to the patient, and reduce escape and avoidance behaviors.

Education about how trauma can affect the person is quite common as is instruction in various methods to facilitate relaxation. Managing stress and planning for potential crises can also be important components of CBT treatment. The provider, with the patient, has some latitude in selecting which elements of cognitive behavioral therapy are likely to be most effective with any particular individual.

TRAUMA-FOCUSED PSYCHOTHERAPY (TFP).

Trauma-focused psychotherapies are the most highly recommended type of treatment for PTSD. "Trauma-focused" means that the treatment focuses on the memory of the traumatic event or its meaning. These treatments use different techniques to help you process your traumatic experience. Some involve visualizing, talking, or thinking about the traumatic memory. Others focus on changing unhelpful beliefs about the trauma. They usually last about 8-16 sessions.

CLINICAL PERSONNEL

Licensed medical personnel, i.e. physicians and nurses.

Licensed clinical personnel, i.e. Licensed Clinical Social Workers, Mental Health Counselors.

Certified Behavioral Health Technicians.

Certified Massage Therapist/Yoga Instructor.



SECURITY

Quality of Life services are provided in the privacy of a self-standing gated facility, monitored with all around security cameras. The facility will follow protocols proven to work in other VA residential inpatient facilities. The patients stay 60 to 120 days, receive mail at the facility and will have visitation privileges after two weeks of treatment; however, visitation is earned and needs to be approved by their doctor or the clinical director. Guest will have to pass a full body search prior to enter in contact with their visitor. Residents' passes to the outside of the facility are earned after several weeks in the facility and, upon their return, the patients will have to undertake a full body search by a **Qualify of Life** employee of the same sex, and drug and alcohol test prior to enter in contact with other patients in the facility.

Our services are voluntary; therefore, we do not provide services to individuals who are court mandated and resistive to the therapeutic process.

All program participants are pre-screened to ensure their level of motivation and ability to maximum their opportunity for success in the program.

ADMISSION CRITERIA

- a. Ambulatory or capable of self-transfer
- b. Able to participate in treatment programming and services;
- c. Free of major medical conditions requiring ongoing 24 hours per day, 7 days per week nursing services;
- d. Assessed as having the potential, with staff supervision, to self-administer medication, maintain personal hygiene, and participate in social interaction; and
- e. Does not exhibit chronic inappropriate behavior which disrupts the facility's activities or is harmful to self or others.
- g. Self-administers medication with staff supervision,
- i. Maintains personal hygiene and grooming with staff supervision

Quality of Life takes a strength-based approach that empowers patients and their families to go beyond simply pointing out problems and deficits. We take a problem-solving approach that stabilizes veteran's while working to identify and prevent future problems. We understand that our veterans and their families need the skills, knowledge, and support in a wide variety of personal and social functions. **Quality of Life** takes a broad holistic view to patient treatment. Our veteran's will be treated with respect and dignity. Patients will be free from neglect, abuse, and exploitation and have open access to guardian(s), and advocates as appropriate.



Services provided include but are not limited to: Intake, Assessment and Discharge Planning; Development of Individualized Treatment, Treatment Plan; Individual, Group and Family Therapy; Case Management; and Recreational Activities.

QUALITY OF LIFE WILL PROVIDE (SERVICES)

- Plan, arrange, and provide for transportation to medical/dental appointments.
- A planned activity program including arrangement for utilization of available VA community resources.
- Continuous observation, care and supervision as required.

- Assistance in meeting necessary medical and dental needs.
- Assistance with taking prescribed medications in accordance with physician's instructions, unless prohibited by law or regulation.
- Food services (three nutritious meals daily, snack, unrestricted access to fruit and vegetables and arranging of special diets if prescribed by a physician or dietician.
- Maintenance or supervision of patient cash resources, electronics, or other property if necessary.

The Treatment Plan will be developed for the patient, by the treatment team consisting of medical, clinical, and program staff.

The plan includes the following:

- 1) Use of a strength/deficit list.
 - 2) Behavioral objectives in written agreements that focus on individual outcomes.
 - 3) Realistic target dates that also permit frequent feedback to the patient on progress.
 - 4) Revisions to the plan when there is a change in objectives, goals, or services.
 - 5) The veteran's active participation in the development, modification and evaluation of the plan.
 - 6) The accurate and complete documentation of the veteran's progress and problems to be addressed.
 - 7) Regular evaluation of the service plan to occur on an as-needed basis.
- Physician, Psychologist and the Licensed Therapist will design an evaluation plan for patients. The evaluation will be a model for use in measuring the success of patient objectives

Upon discharge of a patient, all cash resources, personal property, and valuables that have been entrusted to **Quality of Life** will be surrendered to the patient.

Patients and are given copies of all discharge instructions and policies and procedures. Signed copies of the policies and procedures are maintained in the veteran's file records. In addition, a licensed mental health professional shall complete and provide to the veterans a typed discharge summary which includes demographic information, date of admission, DSM-V diagnosis, current emotional and/or behavioral problem, continuing therapeutic and educational needs, medication, and reason for discharge.

The licensed mental health professional shall also provide a signed discharge report within 14 days of the date of discharge. This report will include the reason for admission, reason for discharge, course of treatment (including medications), the discharge diagnosis, report of all medical and dental services received during the veteran's stay, the

prognosis and recommendations for further mental health treatment, education programs, or placement.

BUSINESS SUMMARY

INDUSTRY OVERVIEW

For the U.S. Department of Veterans Affairs (VA), nothing is more important than supporting the health and well-being of the Nation's Veterans and their families. A major part of that support is providing timely access to high-quality, evidence-based mental health care. VA aims to address Veterans' needs, during Service members' reintegration into civilian life and beyond.

The VA Office of Mental Health and Suicide Prevention Guidebook provides information on the variety of mental health services that VA offers on both a national and local level. These programs and services are rooted in several core values:

FOCUS ON RECOVERY

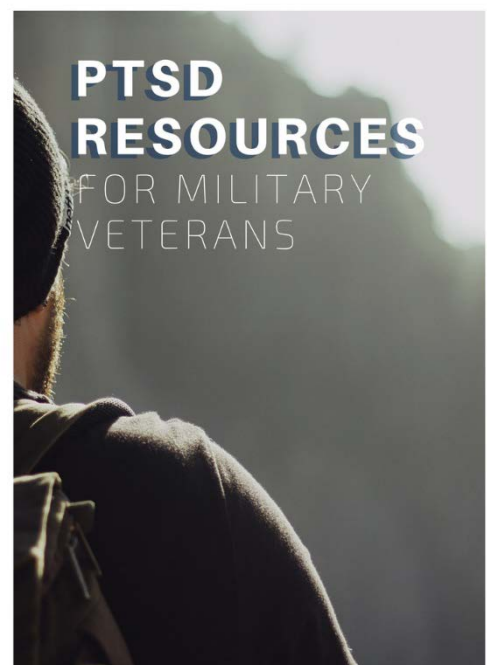
Keeping a focus on recovery from mental health challenges or substance use issues empowers Veterans to take charge of their treatment and live a full and meaningful life. This approach focuses on the Veteran's strengths offering respect, honor, and hope to Veterans and the family members who support them.

VA provides treatments that are proven to be effective for mental health concerns. These treatments are time-limited and focus on helping Veterans recover and meet their goals. To learn more about evidence-based mental health treatments, please visit treatmentworksforvets.org. You can also view a video, "Evidence-Based Treatment: What Does It Mean," and other brief videos about evidence-based treatments for Posttraumatic Stress Disorder on the website for the VA National Center for PTSD.

VA health care providers work together to provide safe and effective treatment for the whole person — head to toe, inside and out using a Whole Health approach. Timely medical care, good nutrition, and exercise — along with a sense of purpose are just as important to mental health as to physical health. Veterans take an active role in their care by partnering with their providers to improve their health and well-being.

WHOLE HEALTH

It all starts with a simple question: What matters most to you? That's the first step in the Whole Health approach, which is designed to help Veterans achieve and maintain their best all-around



health and well-being. Through a Whole Health Approach, VA is committed to empowering, equipping, and treating Veterans according to their preferences and priorities. Learn more about Whole Health and the impact this is having in helping Veterans live their life to the fullest by visiting the Whole Health for Life website.

BUSINESS GOALS AND OBJECTIVES

Short Term (0-3 Months)

Design and implement a prestigious, residential treatment facility for military VA, specializing in addressing Veterans' needs during their reintegration into civilian life, as well as providing treatment for the elderly Veterans affected by PTSD or other mental health disorders.

1) Inpatient Residential Care.

- a. Community approval.
- b. Apply and acquire license from the Agency for Health Care Administration (AHCA)
- c. Employ highly professional consultants to assist with implementation.
 - i. Hiring
 - ii. Orientation
 - iii. Competency training
- d. Design and implement Performance Improvement

2) Implement Marketing Plan

- a. Open House
- b. Local medical groups; physicians / hospitals
- c. Veteran's Administration
- d. Web based applications

3) Maintain a 50% capacity by 90 days

Long Term (4 -12 Months)

- 1) Apply for and acquire Joint Commission Accreditation.
- 2) 100% compliance with all performance measures, including safety.
- 3) Maintain 80% capacity by 12 months.
- 4) 12 Month: Reach financial goal established in the Financial Plan
- 5) To acquire more licenses so that we can provide more levels of services.
- 6) Develop and implement Outpatient services with supportive housing.

LEGAL ISSUES

Quality of Life affirms that its promoters have and will continue to abide by all regulatory requirements. The agency is or will be regulated by the following:

City of Margate: Planning and Zoning: ensure proper land use.

Broward County Health Department: regulates and licenses professionals and cleanliness of environment.

Broward County Fire Department: regulates and inspects facility for safety.

The Joint Commission: Accreditation of services and physical environment.

Agency for Health Care Administration: regulates and inspects provision of care and environment.

MARKETING SUMMARY

Miryam Jimenez, Owner, is known throughout Florida, with well established relationships in the business community. Ms. Jimenez will personally handle marketing the agency as a premier Group Care Facility/VA Residential Treatment Facility. Sharing her passions and hope for those affected by mental health is her primary marketing strategy.

TARGET MARKETS

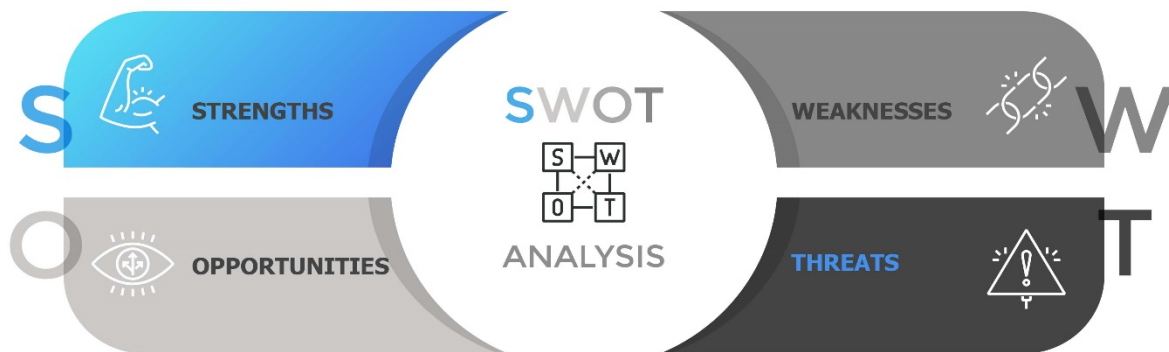
The agency will target veterans with co-occurring mental or physical health concerns, i.e. PTSD, Trauma, etc.

Ms. Jimenez will target referral sources such as the Veteran's Administration, physicians, behavioral health professionals, hospitals and the community at large to share her vision and information regarding the services.

PRICING STRATEGY

The Company has completed a thorough analysis of its pricing. Most of our pricing will be regulated by the government since our target clients are the military veterans. The facility will be accepting all insurances available to veterans, United Health Group, Medicare, Optum Behavioral Health, VA CEN Southeast Region, etc.

Once the facility has met the financial goals set forth in the Financial Plan, providing scholarship for services may be awarded at the discretion of the owner.



SWOT ANALYSIS (Strengths, Weaknesses, Opportunities and Threats) ANALYSIS

As part of the agency's strategic planning process, the Executive Leadership Team analyzed the organization's internal and external environment by completing an analysis of the strengths, weaknesses, opportunities and threats (SWOT).

Organizational strengths are those attributes of the organization that are helpful to achieving the goals and objectives, the weaknesses are the attributes of the organization that are harmful to achieving the objectives. The opportunities are external conditions that are helpful and promote the achievement of the agency's objectives and the threats are external conditions which could do damage to the agency's performance.

SWOT ANALYSIS

Expectations of persons served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Therapeutic Groups • Individual counseling • Qualified staff • Solid Program Schedule • Individualized care • Location • "client input into our treatment" • Financially secure • Safe, comfortable. 	<ul style="list-style-type: none"> • New facility • Program limited to residential level 1 and 2 	<ul style="list-style-type: none"> • Expansion into Outpatient Services in other locations. • Agency financially positioned to increase services • The first VA inpatient treatment facility in Broward County. 	<ul style="list-style-type: none"> • City limitations of available viable licenses.

Expectations of stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Ethical • Good Staff • Good Program/Treatment • Established Program • Accepted by community • Maintains property • Fiscally responsible • Administratively responsive • Ease of access to services • Good Reputation 	<ul style="list-style-type: none"> • Limited services due to limited available licenses. 	<ul style="list-style-type: none"> • Working with the Government. Federal Governments new budgets benefits VAs 	<ul style="list-style-type: none"> • The City preventing the facility to open.

Competitive environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Experienced, owner • Good, Experienced staff • Licensed clinicians • Financially solvent • Quality of Care • Good recovery environment 	<ul style="list-style-type: none"> • New facility • Limitation of services due to limited licensing 	<ul style="list-style-type: none"> • Good community relationships • Abundant labor force • The only VA inpatient treatment facility in Broward 	<ul style="list-style-type: none"> • Limitation of Services due to limitation of licensing

Financial threats			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Viable management team • Financially solvent • External Accountant 		<ul style="list-style-type: none"> • Experienced accountant • Annual Budget 	

Organization's capabilities (HR; Program Development, Technology, etc.)			
Strengths	Weakness	Opportunities	Threats
HR: <ul style="list-style-type: none"> Experienced, knowledgeable owner Multi-disciplinary team Administratively self-contained Licensed Doctors and clinicians Strong IT Misc. <ul style="list-style-type: none"> AHCA Licensable Financial resources EMR ready 	HR: <ul style="list-style-type: none"> New staff need to be trained to bond as a team. 	<ul style="list-style-type: none"> BHT Training and Certification available Abundant professional workforce 	<ul style="list-style-type: none"> City of Margate litigation
Service Area Needs (Waiting lists, Ineligible clients, Program Needs)			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> AHCA Licensable Financial Resources to care for facilities Planned ratio of clients/staff Easy access to services Accepts insurance Government contracts 	<ul style="list-style-type: none"> City zoning may not allow the services to be provided to the Military VAs 	<ul style="list-style-type: none"> Federal government commitment to provide much needed services for the VAs. 	<ul style="list-style-type: none"> Issues with City zoning dept.
Demographics of Area Served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Desirable South Florida location The only VA inpatient facility in Broward County. Excellent access to Police and Fire Area served not limited to South Florida 	<ul style="list-style-type: none"> NIMBY 	<ul style="list-style-type: none"> Government new contract and expansion to other services for the VA Weather Marketing in areas up north when cold 	<ul style="list-style-type: none"> NIMBY City not allowing QOL to open.
Relationships with external stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Government contracts Referral agreements Good working relationships Good communication 		<ul style="list-style-type: none"> Large market of possible referral agencies Community Education 	

Regulatory Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Licensed and in full compliance by AHCA Knowledgeable and licensed staff Proactive involvement 	<ul style="list-style-type: none"> NIMBY: Zoning City not allowing the facility to provide services for the VA 	<ul style="list-style-type: none"> Sen. Rick Scott supporting the VA in the State of Florida Big budget allocated for the VA 	City Zoning not allowing the Facility to open.
Legislative Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Knowledgeable staff 		<ul style="list-style-type: none"> To provide more services to the VA as they become available with more licensing 	<ul style="list-style-type: none"> Zoning limitations

Technology			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> New facility with state of the are capabilities and technology IT technology Financial assets Gated Facility 	New System Integration only for the first 30 to days	<ul style="list-style-type: none"> Staff training Support from the VA hospitals with new technology Consultants To provide new medical equipment 	City not allowing new medical services

Performance Analysis			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Electronic Medical Record Willing staff 		<ul style="list-style-type: none"> Performance measures in EMR National performance measures Access Databases 	

REGULATORY AND LEGISLATIVE ENVIRONMENT:

In Broward County and throughout the nation, municipalities are strengthening their stance of the “NIMBY” (“Not in My Back Yard”) principle, making it harder to implement treatment facilities.

Quality of Life continues to work with local and state advocacy and regulatory bodies that advocate for excellence in providing mental health treatment to the VAs.

COMPETITION

Demand for mental health services is driven by availability of new drugs, treatments, and the healthcare funding policies for the military VA. The profitability of individual facilities depends on controlling costs and attracting referrals from the VA outpatient facilities. There are no large companies to compete with since the nearest VA inpatient facility is in Miami-Dade County as a part of the VA hospital. Self-standing small facilities such as **Quality of Life** will effectively provide superior patient service, integrating treatment with follow-up procedures, and specializing by treatment or demographic group.

National analysts identify the following agencies in Palm Beach, Date and Broward County as reputable competition for the services **Quality of Life** will offer.

CORPORATE COLLABORATIONS

Quality of Life has partnered with HOOP4VETS a not for profit subsidiary of Falana Transition Living, LLC., to provide an extra valued added service to the company structure. HOOP4VETS is considered a general manager (“Operational Partner”) in this venture and is responsible for the operation and coordination of all services provided in the facility. We have made this strategic partnership, because of the passion and commitment to excellence of the CEO/Executive Director Shaneka R. Falana. As the operations arm of **Quality of Life**, they bring the following skills and proficiencies to the table.

- Leadership
- Conflict management
- Organization
- Decision-making
- People management
- Data entry skills
- Data processing skills

- Dependable
- Reporting skills
- Deadline-oriented
- Budget development
- Critical thinking skills
- Teamwork
- Stress tolerance
- Influencing and leading

The strategic partner's skill set has completed a team that we know will bring **Quality of Life** to our Veterans who deserve that and more for ensuring our freedoms as Americans.

