



**PETITION FOR ADMINISTRATIVE REVIEW BY THE
OFFICE OF ADMINISTRATIVE LAW PROCEEDINGS**

State Form 56961 (5-20)
OFFICE OF ADMINISTRATIVE LAW PROCEEDINGS

This form is available to be submitted electronically at www.IN.gov/OALP.

INSTRUCTIONS: Complete this form to request review of an agency action that was either directed to you or someone you represent. If you do not submit this form electronically, you must fill out the below fields and deliver or mail the form to: Office of Administrative Law Proceedings, 402 West Washington Street, Room W161, Indianapolis, IN 46204. You will receive a response at your preferred method of communication selected below.

Select which best describes you:

- Individual or business entity Attorney or non-attorney representative of an aggrieved party State of Indiana agency

SECTION 1 – CONTACT INFORMATION FOR PETITIONER

If you are an attorney representing the aggrieved person or entity, input the aggrieved person's or entity information here and then your own information in Section 2.

First name of petitioner (individual) Hyung Seok		Last name of petitioner (individual) Kang	
Date of birth (month, day, year) (Optional) Date of birth is only requested to help identify you as the petitioner in our database. 12/23/1986			
Entity or business name (if applicable) Landmark Recovery of Carmel, LLC			
Telephone number (Example: XXX-XXX-XXXX) 615-517-5907	Extension	E-mail address legal@landmarkrecovery.com	
Petitioning individual or entity's mailing address (number and street, PO box, or rural route) 720 Cool Springs Blvd. #500			
City Franklin		State TN	ZIP code 37067
Select your preferred way to receive communication about your petition for review: <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> US Postal mail			
Do you need an interpreter? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what language do you speak / write?	
Do you need a reasonable accommodation in order to fully participate in an administrative proceeding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, explain.			
Are you represented by an attorney or other representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section 2.			

SECTION 2 – CONTACT INFORMATION FOR ATTORNEY OR REPRESENTATIVE

Note: you are not required to have an attorney or representative to submit this request.

First name of your attorney or representative K. Michael		Last name of your attorney or representative Gaerte	
Indiana attorney number (if applicable) 22969-49	Name of firm (if applicable) Dentons Bingham Greenebaum LLP		
Telephone number (Example: XXX-XXX-XXXX) 317-968-5446	Extension	E-mail address michael.gaerte@dentons.com	
Mailing address (number and street, PO box, or rural route) 2700 Market Tower, 10 West Market Street			
City Indianapolis,		State IN	ZIP code 46204

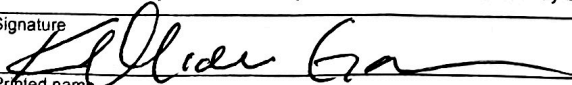
SECTION 3 – DETAILS ABOUT WHY YOU ARE FILING THIS PETITION FOR REVIEW OF THE AGENCY ACTION

Is there a cause or order number or other identifier (if any) listed on the agency action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, enter the identifier.
When did you receive the agency action? (month, day, year) July 26, 2023	Does the agency action identify an effective date for the action? If so, what date is listed? (month, day, year) July 26, 2023	
Enter the name of the agency or authority that issued the agency action. Indiana Family and Social Services Administration, Division of Mental Health and Addiction ("DMHA")		Include a copy of the agency action.
What is the county in which the agency's action takes place? St. Joesph County, Wells County, and Hamilton County		
Is the agency action specifically directed to the petitioning individual or entity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain. Petitioner is an evidence-based recovery provider serving those battling substance use and co-occurring mental disorders. On July 26, 2023, DMHA issued an emergency order revoking the certifications for three different facilities owned by the Petitioner ("July 26 Order").		
Has the individual or entity been aggrieved or adversely affected by the agency action? Yes		
If yes, explain. As a result of the July 26 Order, the Petitioner has lost the ability to operate 298 inpatient and detox beds. It also has caused: (1) more than 200 Hoosiers to lose their jobs; and (2) more than 100 disabled, low-income patients to find last-minute care.		
Is the petitioning individual or entity entitled to review of the agency action under any law? Yes		
If yes, explain what law entitles review of the agency action. DMHA issued the July 26 Order under IC 4-21.5-4-1. The relevant statute (IC 4-21.5-4-4) states "Upon a request by a party for a hearing on an order rendered under section 2(a)(1) of this chapter, the agency shall, as quickly as is practicable, set the matter for an evidentiary hearing. An administrative law judge shall determine whether the order under this chapter should be voided...."		

SECTION 4 – OUTCOME DESIRED BY FILING THIS PETITION FOR REVIEW

What outcome are you seeking from filing this petition for review? Petitioner asks that the July 26 Order be voided in its entirety. It also asks that the July 26 Order be immediately stayed until a full evidentiary hearing.	
Are you requesting a stay of effectiveness of the agency action? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach copies of documents supporting your request for stay of effectiveness.
If you have additional documents you would like to submit, you will be allowed to present these at a later date during the proceeding.	

AFFIRMATION / CERTIFICATION

I certify, under penalty of perjury, that the information that I have provided is true, complete, and correct to the best of my knowledge and belief. The date and time on which you submit this petition will be saved and may be used to assess timeliness of your request.	
Signature 	Date signed (month, day, year) 8/4/2023
Printed name K. Michael Gaerte	

STATE OF INDIANA)
)
)
)

BEFORE THE INDIANA OFFICE OF
ADMINISTRATIVE LAW
PROCEEDINGS

IN THE MATTER OF:)
)
APPEAL OF JULY 26 FSSA)
ORDER TO LANDMARK RECOVERY)
OF CARMEL, LLC)

**PETITION FOR REVIEW AND REQUEST FOR STAY
OF EFFECTIVENESS OF AN AGENCY ACTION**

Statement of the Case

Landmark Recovery of Carmel, LLC hereby petitions for administrative review and stay of effectiveness of an emergency order dated July 26, 2023 (“July 26 Order”) issued by the Indiana Family and Social Services Administration, Division of Mental Health and Addiction (“DMHA”).¹ The July 26 Order revokes the certifications for three different facilities owned by Landmark Recovery of Carmel, LLC.² Those three facilities — located in three different regions and municipalities of Indiana — are: (1) Praxis of South Bend; (2) Praxis of Carmel; and (3) Praxis of Fort Wayne.

DMHA did not conduct any formal hearing before issuing the July 26 Order. DMHA instead issued it as an “emergency” order under IC 4-21.5-4-1. The July 26 Order implies there is “[c]onduct or practice in the operations of the facility that is found by the division to be detrimental to the welfare of the residents.” *See* 440 IAC 7.5-4-6(a)(3).

Yet the July 26 Order contains little identification of facts or explanation or rationale. It only states that: (a) the three sites were on a conditional status pending

¹ A copy of the July 26 Order is attached here as Exhibit A.

² Landmark Recovery currently operates five facilities in Indiana. They are: (1) Praxis of Carmel; (2) Praxis of Fort Wayne; (3) Praxis of South Bend; (4) Landmark Recovery of Carmel; and (5) Praxis of Ladoga.

completion of a Corrective Action Plan (“CAP”); (b) Landmark Recovery failed to *timely* report three deaths at the South Bend facility; and (c) Landmark Recovery failed to report other unspecified incidences at the South Bend facility to DMHA. The Order lacks: (1) any supporting evidence of these claims; (2) any statement of facts and law justifying the exercise of its emergency powers; and (3) any allegation whatsoever relating to any (if any) issues at the Carmel and/or Fort Wayne facilities.

If the word “emergency” is to have any meaning, the above cannot constitute an emergency. Our courts have allowed agencies to temporarily infringe on constitutional rights in emergency situations. But these instances are rare and involved truly exceptional — and often unconscionable — situations. *See e.g., U.S. v. Huddleston*, 593 F.3d 596 (7th Cir. 2010) (presence of an armed, sleeping trespasser who just threatened to kill the tenant justified warrantless entry of a home); *Majors v. Engelbrecht*, 149 F.3d 709 (7th Cir. 1998) (Indiana could suspend a license of nurse for 90 days when preliminary investigations showed that the nurse may have been euthanizing elderly patients). The above does not qualify as such a situation. Indeed, the July 26 Order does not even comply with the plain meaning of the relevant statutes.

First, the July 26 Order refers to the conditional status of the three facilities. Perhaps the suggestion is that this conditional status is somehow also grounds for the drastic emergency actions being taken now. But that conditional status, and the concerns that originally led to its implementation, have been known to DMHA *for over 5 months*. Those concerns were not cause for any emergency unilateral revocation of certification then, and nothing changed since to justify it on July 26, 2023. This is especially true because DMHA agreed in writing that each of the three facilities was meeting (if not exceeding) essentially all of DMHA’s expectations for timely compliance with the CAPs. Landmark Recovery was more than on its way to fully completing the CAPs by September 11, 2023. DMHA fails to explain its sudden and unilateral change of expectations embodied in the July 26 Order –

not for the South Bend facility, and certainly not for either the Fort Wayne or Carmel facilities.

Second, DMHA is silent on what emergency exists at the Carmel or Fort Wayne facilities. The only new situation that could qualify as an “emergency” are the three deaths that occurred at the South Bend facility. And yet the July 26 Order blithely lumps all three facilities together, ordering that *all three* facilities cease operations by August 16, 2023. IC 4-21.5-4-2 requires DMHA to give “a brief statement of the facts and the law that justifies [its] decision to take the specific action” outlined in the July 26 Order. DMHA has blatantly failed to do so. And it could not even if it had tried – indeed, it failed to even visit these facilities before shutting them down. There are simply no factual grounds that can even be argued to justify the drastic emergency action as it relates to the Carmel and Fort Wayne facilities.

Third, even the cryptic reference to untimely reporting of three deaths at the South Bend facility is suspect. As discussed below, DMHA could not have conducted any meaningful investigation into these three deaths. Landmark Recovery knows this is true because — despite its many attempts to cooperate and explain the relevant laws — not a *single* governmental agency has followed proper procedures under 42 CFR Part 2 to obtain the relevant evidence. That federal law mandates that patient identities and health information at addiction treatment facilities such as these must be withheld from authorities absent a court order obtained by the requesting authorities. Landmark Recovery has repeatedly tried to explain the relevant federal laws and mandatory procedures for many months. The only success it ever had in this regard was with the St. Joseph County Prosecutor’s Office. Without having followed these federal mandates to properly obtain the information from the South Bend facility, DMHA cannot possibly have reached any conclusions about the circumstances and/or causes of these three tragic events.

Fourth, there is little truth to the allegation that Landmark Recovery failed to timely report the three deaths at the South Bend facility. Two were timely reported within one working day as is required by 440 IAC 7.5-2-4. The third was reported within two working days, with a 12-hour delay beyond the deadline. That only occurred because of the unexpected and sudden resignation of the South Bend facility's Executive Director before the report could be completed and submitted. And a 12-hourly reporting delay is not the kind of "emergency" that justifies the abrogation of constitutional property rights. *See Huddleston and Majors.*

Last, 440 IAC 7.5-2-4 requires a report to DMHA only for incidents "involving the resident or a household member *requiring* police response." (Emphasis added.) But since March 24, 2023, there have been no unreported incidents at any of the three facilities where a police response was *required*. It appears DMHA is thus referring to situations involving routine medical or psychiatric events. For the past few months, the St. Joseph County Sheriff's Office *chose* to send a police officer to accompany any and all ambulance runs whenever the South Bend facility's personnel would request such services. But those ambulance runs did not in any way require a police response. Moreover, neither the Carmel nor Fort Wayne facilities have had similar situations with law enforcement attending purely medical incidents.

There is simply no justification for the July 26 Order. And it is hard to overstate the gravity of this situation. With a careless stroke of a pen, DMHA overnight has caused: (1) more than 200 Hoosiers to lose their jobs; (2) more than 100 disabled, low-income patients to need to find last-minute care; and (3) Indiana to lose 298 beds that are exclusively dedicated to serving Medicaid patients.

Our courts have held time and time again that "[a]ny act of an agency in excess of its power is ultra vires and void." *Planned Parenthood of Indiana v. Carter*, 854 N.E.2d 853, 864 (Ind. Ct. App. 2006) (citing *Howell v. Indiana-American Water Co.*, 668 N.E.2d

1272, 1276 (Ind. Ct. App. 1996)). This is such a situation. At its core, the July 26 Order is legally insufficient for the three facilities, collectively or individually. It must be voided. At a minimum, it must be stayed until further proceedings to prevent any additional irreparable harm. It is one thing for Landmark Recovery to suffer financial harm. It is entirely another to cause irreparable harm to hundreds of hardworking Hoosiers that are often impoverished and at their most vulnerable state of need, battling addictions that are capable of destroying them and their lives.

Introduction

1. Landmark Recovery is an evidence-based recovery provider serving those battling substance use and co-occurring mental disorders. It has facilities in nine states: Colorado, Indiana, Kentucky, Michigan, Nevada, Ohio, Oklahoma, Tennessee, and Virginia.
2. Each of the five facilities operating in Indiana functions under different Executive Directors and local leadership teams. They are related in the sense that they each fall under the same corporate entity. But the day-to-day operations are completely separate and independently run.
3. In 2021 and 2022, Newsweek named Landmark Recovery's flagship location in Louisville, Kentucky as Kentucky's "top addiction treatment center." Landmark Recovery is committed to providing that high-quality, evidence-based care to *everyone who seeks it*. It has made it a mission to help individuals seeking assistance with substance use and co-occurring mental disorders, regardless of their socioeconomic status. This commitment necessitates accepting clients who receive healthcare coverage through Medicaid.
4. This is a critical mission. According to the Kaiser Family Foundation, mental illness and substance use disorders affect around 65.4 million Americans who are

- non-elderly adults.³ This equates to roughly one-third of the nation’s population. There is evidence, alongside simple common sense, that those Americans who are enrolled in Medicaid suffer from substance use and mental health issues at a higher rate than those with private insurance. Those same Americans also are more likely to have chronic health conditions and often report poorer health.
5. Medicaid plays a vital role in ensuring fair healthcare access for minority groups. The Kaiser Family Foundation notes that Medicaid is “a major source of coverage for people of color” and “helps to ensure access to care and provide financial protection from health care costs.”⁴
 6. By welcoming those patients who are enrolled in Medicaid, Landmark Recovery provides services to those who almost surely would otherwise go untreated. Very few providers have attempted to extend their services to Medicaid patients at scale. This is primarily because of the economics of the situation. Medicaid reimbursements often come at approximately one-third (1/3) or one-fourth (1/4) of commercial insurance rates. To add an additional challenge, many Medicaid patients tend to grapple with more severe, complex physical and mental conditions. Landmark Recovery is one of the few providers of substance use and mental health treatment that have embraced this population and the challenges presented.
 7. Landmark Recovery provides 434 detox and inpatient beds in Indiana. Approximately 80% of those beds are exclusively dedicated to serving those who depend on Medicaid. Data suggests that Landmark Recovery is one of the largest — if not the largest — providers of Medicaid beds in Indiana.
 8. If the July 26 Order goes into effect, Indiana will immediately lose 298 detox and inpatient beds that are almost entirely reserved for Medicaid patients.

³ <https://www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/>

⁴ <https://www.kff.org/medicaid/issue-brief/medicaid-and-racial-health-equity/>

9. Since the July 26 Order, Landmark Recovery has been forced to furlough more than 200 hardworking employees in Indiana.

The July 26 Order

10. This petition concerns DMHA's July 26 Order. There, DMHA invoked its emergency powers under IC 4-21.5-4-1 to revoke the certifications of three of Landmark Recovery's facilities operating in Indiana – South Bend, Carmel, and Fort Wayne.
11. It is a basic axiom that healthcare providers have a constitutional “property interest” in their ability to licenses and certifications. *Family and Social Svcs. Admin. v. Jones*, 691 N.E.2d 1354, 1357 (Ind. Ct. App. 1998) (citing *McKinney v. George*, 726 F.2d 1183, 1189 (7th Cir. 1984)).
12. It follows that healthcare providers “may not be deprived of that license without due process of law.” *See id.*
13. In the July 26 Order, DMHA stated the sole rationale for this emergency action against all three separate facilities as follows:

On March 15, 2023, Landmark Recovery of Carmel, LLC had three locations placed on a conditional status due to noncompliance of various sections of 440 IAC 7.5 and 440 IAC 4.4. These locations included Landmark Recovery of Carmel, Praxis Treatment of Fort Wayne, and Praxis of South Bend. On July 12, 2023, Praxis of South Bend was issued an amended conditional status based on three deaths that occurred at that location and that were not reported in accordance with 440 IAC 7.5-2-4. In addition, DMHA sent multiple incidences that were not reported to the division in accordance with 440 IAC 7.5-2-4 to the agency.

14. DMHA thus concluded that it: “...will revoke certification for Landmark Recovery of Carmel, Praxis Treatment of Fort Wayne, and Praxis of South Bend based on 440

- IAC 7.5-4-6(a)(3) effective July 27, 2023.” It is noteworthy that DMHA chose not to revoke certification for the facilities in Indianapolis or Ladoga.⁵
15. 440 IAC 7.5-4-6(a)(3) states DMHA may “revoke certification issued under this rule if the division's investigation finds ... [c]onduct or practice in the operations of the facility that is found by the division to be detrimental to the welfare of the residents.”
 16. No formal proceeding preceded the July 26 Order. IC 4-21.5-4-1 allows DMHA to make such revocations unilaterally without a formal proceeding if: (1) “an emergency exists” or (2) “a statute authorizes the agency to issue a temporary order or otherwise take immediate agency action.” No statutory authority was cited by DMHA under the second scenario. It only identified an emergency as justification for its actions in the July 26 Order.
 17. There is no case law on what “emergency” means under IC 4-21.5-4-1. But our courts have allowed agencies to temporarily infringe on constitutional rights in emergency situations. These rare instances involved truly exceptional — and often unconscionable — situations. *See e.g., U.S. v. Huddleston*, 593 F.3d 596 (7th Cir. 2010) (presence of an armed, sleeping trespasser who just threatened to kill the tenant justified warrantless entry of a home); *Majors v. Engelbrecht*, 149 F.3d 709 (7th Cir. 1998) (Indiana could suspend a license of nurse for 90 days when preliminary investigations showed that the nurse may have been euthanizing elderly patients).

⁵ Perhaps DMHA believes that incidents at one location should not implicate another location. And Landmark Recovery agrees with this. But, DMHA should then have followed this same logic and not revoked the licenses for the Carmel and Fort Wayne facilities based upon their purported concerns over the South Bend facility.

18. To justify such use of emergency powers, DMHA must provide “a brief statement of the facts and the law that justifies the agency's decision to take the specific action under this chapter.” *See* IC 4-21.5-4-2.
19. As will be described in more detail, and as will be demonstrated at the hearing in this matter, there was no “emergency” justifying DMHA’s unilateral decision to act without a formal proceeding.
20. As a consequence, the July 26 Order is contrary to law, unconstitutional, and should be overturned.

Landmark Recovery is in Compliance with CAP

21. DMHA based its certification revocation of the three Landmark Recovery facilities on their alleged noncompliance with 440 IAC 7.5 and 440 IAC 4.4. The first statute concerns “Sub-Acute Stabilization Facility.” The second statute concerns “Addiction Treatment Services Provider.”
22. DMHA first asserted that Landmark Recovery was in noncompliance with these statutes at each of the three facilities on March 15, 2023.⁶ There, DMHA listed 134 citations based on its initial review. However, DMHA did not seek emergency relief under IC 4-21.5-4-1. Clearly, the agency did not believe then that the issues raised in the citations somehow constituted a sufficient alarm or emergency to trigger unilateral relief without a formal proceeding.
23. The process of identifying, reviewing, and addressing DMHA citations of treatment providers occurs in a CAP. In this matter, DMHA arrived at an agreed-upon CAP for each of the three separate facilities on March 24, 2023.⁷
24. After further investigations and discussions taking place shortly after the entry of the March 2023 CAP, the CAP was reduced to only 27 issues that required further

⁶ A copy of the letter dated March 15, 2023 is attached hereto as Exhibit B.

⁷ A copy of the CAP is attached hereto as Exhibit C.

- attention, with DMHA withdrawing over 100 of its initial citations. Indeed, the last time DMHA visited the South Bend facility, there were only 5 items from the CAP that required further corrections. Every other remaining issue had been addressed.
25. Similarly, DMHA found that the Carmel facility was in compliance with all but 3 of the remaining items from the CAP. Under the CAP’s terms, the Landmark Recovery facilities each have until September 11, 2023, to demonstrate compliance with the CAP before DMHA can move to revoke its license – at least, absent the need for truly legitimate emergency relief.
26. The CAP process clearly worked and was working. Despite the fact that the three Landmark Recovery facilities have well over a month still to complete the CAP, the exchanges between the parties show that they were each already substantially complying with the CAP and/or making significant progress towards such compliance.
27. The DMHA investigators repeatedly admit this. For example, the Provider Review for South Bend dated May 18, 2023 gives a positive assessment of Landmark Recovery (“South Bend Provider Review”).⁸ Below are just a few excerpts of what DMHA wrote in that Provider Review:
- a. *“All residents and staff reported a noticeably improved culture change since leadership changed in April.”*
 - b. *“Staff demonstrate a cohesive knowledge of safety practices and general administrative protocols.”*
 - c. *“In a review of documentation, intakes were thorough and consistently adhered to Indiana Administrative Code.”*
 - d. *“Treatment plans were completed on time, demonstrated individualization, and were clear in the established agreement with the individual.”*

⁸ A copy of the South Bend Provider Review is attached hereto as Exhibit D.

- e. *“There is consistent evidence of discharges being completed with individuals and on time, according to Indiana Administrative Code.”*
- f. *“The agency is also demonstrating adherence to Indiana Administrative Code as it relates to consumer rights notifications.”*
- g. *“While resident feedback provided a plethora of ideas on how to improve day-to-day flow and the consumer experience, much of the feedback brought forth is perceived by DMHA as items that are easy to be responded to with considerate updates to practices.”*
- h. *“During the site visit, eight residents were successfully graduating and returning to the community, which is a notable and positive result. DMHA commends the successful outcomes.”*
- i. *“During the site visit, Leadership balanced engaging with Residents to address needs and to express affirmations to Residents while juggling the site visit. DMHA appreciated the congenial engagement, and accessibility of Leadership to Residents, and how that culminated in a homelike, supportive atmosphere.”*
- j. *“One resident felt so connected with Landmark they would like to explore future employment opportunity with the agency.”*

28. The South Bend Provider Review concluded:

“Overall, Praxis of South Bend appears to be in transition towards improving overall practices. The documentation reviewed demonstrated an agency improvement from QI review conducted at Fort Wayne in February of 2023.”

29. As another example, the Provider Review for Carmel location, dated May 31, 2023, also gives a positive assessment of Landmark Recovery (“Carmel Provider Review”):⁹

- a. *“The intake process demonstrates almost all areas of Indiana Administrative Code are appropriately adhered to. Especially notable was that all residents clearly underwent a medical exam early in admission. Treatment plans were completed on time, and all included a signature demonstrating consumer involvement.”*
- b. *“There were consistently favorable reviews of nursing staff and therapists.”*
- c. *“Overall satisfaction with the quality of care, and connection with others in group work.”*
- d. *“There is consistent evidence of discharges being completed with individuals and on time and planned discharges demonstrated consumer involvement in planning.”*
- e. *“The agency is also demonstrating adherence to Indiana Administrative Code as it relates to consumer rights notifications and had zero findings in this area.”*

30. The Carmel Provider Review concluded:

“Overall, Praxis of Carmel appears to be completing the majority of documentation well and in adherence to Indiana Administrative Code. Residents speak highly of their recovery experience at the agency, including relationships with staff and the treatment components.”

⁹ A copy of the Carmel Provider Review is attached hereto as Exhibit E.

31. There was no emergency that justified revocation under IC 4-21.5-4-1. To the contrary, the record establishes that the CAP process worked, and was working. DMHA’s own site reviews in May 2023 conclusively establish that the South Bend and Carmel facilities, for example, were in compliance with Indiana law, providing valuable treatment to Hoosiers who needed it the most.

There are no emergencies in any of the facilities.

32. In the July 26 Order, DMHA also cites the fact that there were three deaths at the South Bend facility in July 2023. Tragically, that is true.
33. What is also true, though, is that there is absolutely no proof – much less *an allegation or finding* – that any one of those deaths was the result of any harmful “conduct or practice in the operations of the facility.” *See* 440 IAC 7.5-4-6(a)(3).
34. The wording of the July 26 Order effectively concedes this by merely stating that the three deaths “were *not reported* in accordance with” the Indiana Code.
35. Indiana Code does not allow DMHA to revoke the South Bend facility’s certification solely based on patient deaths. This is especially true since DMHA has not made any determinations or findings regarding the deaths. Indeed, it is not possible for it to do so with the information at hand.¹⁰

¹⁰ Since the tragedies, Landmark Recovery has attempted to work with state and federal agencies to share the relevant evidence about these separate events. As Landmark Recovery has explained to them many times since at least October 2022, Landmark Recovery must comply with the procedures mandated by federal law under 42 CFR Part 2. But despite its multiple attempts to cooperate and explain the relevant laws and procedures to all agencies, none of them have followed the proper procedure required under 42 CFR Part 2.

To make the record clear, 42 CFR Part 2 is a federally mandated procedure that was enacted to protect against the unnecessary disclosure of sensitive medical information and/or the identities of people seeking help to address their addictions. The initial burden of filing the necessary pleadings to obtain such information rests on the requesting party (e.g., the law enforcement entities or prosecutorial officials investigating the incidents). While Landmark Recovery is willing, if not eager, to assist and cooperate depending on the situation, it cannot do the filings for them.

Without the information that Landmark Recovery has been willing to provide to all relevant officials so long as the procedures mandated by 42 CFR Part 2 are complied with, DMHA could not possibly have made any determinations about the deaths or the circumstances surrounding them.

36. And there is nothing to connect even remotely any of these events at the South Bend facility to either of the independently run Carmel or Fort Wayne facilities, operating in other regions of the state.
37. Indeed, DMHA *did not even visit* either of these other facilities after the South Bend incidents were reported to DMHA prior to the July 26 Order). Yet, that is exactly what the July 26 Order does – it shuts down all three facilities. For all of these reasons, the July 26 Order is contrary to law, and should be reversed.

Landmark Recovery timely reported the deaths under 440 IAC 7.5-2-4

38. DMHA also cites noncompliance with 440 IAC 7.5-2-4 as justification for unilateral revocation without a formal proceeding. Amongst other things, 440 IAC 7.5-2-4 mandates that any residential treatment facility must report any resident death to the DMHA “within one working day.”
39. The July 26 Order simply concludes, for example, that Landmark Recovery failed to properly report “three deaths that occurred [at the South Bend facility].” This assertion is patently wrong
40. The first death happened on July 3, 2023. The South Bend facility reported it on July 5 — the next working day. This complies with Indiana law.
41. The second death occurred on July 4, 2023. The South Bend facility reported it on July 5 – the next calendar day. This complies with Indiana law.
42. The third death occurred on July 9, 2023. The South Bend facility reported it at noon on July 11. While this report was 12 hours past the statutory due date, extenuating factors led to the brief delay. Most pertinent here is the fact that the Executive Director of the South Bend facility suddenly and unexpectedly resigned from the position, effective immediately and before the report was made. Landmark Recovery’s Chief Operating Officer immediately traveled from Tennessee to the South Bend facility to personally begin an investigation, and the turnover caused a brief

delay in reporting that was entirely inconsistent with this facility’s prior timely and lawful disclosures.

43. The 12-hour delay in reporting the singular incident, while admittedly not in compliance, does not constitute the “emergency” required by law in order to justify DMHA’s unilateral action under IC 4-21.5-4-1.
44. This brief delay does not evidence “conduct or practice in the operations of the facility that is ... detrimental to the welfare of the residents” for the South Bend facility, and most certainly not for either of the Carmel or Fort Wayne facilities. *See* 440 IAC 7.5-4-6(a)(3).

Landmark Recovery has otherwise complied with 440 IAC 7.5-2-4

45. DMHA also states that it provided Landmark Recovery with “multiple incidences that were not reported to the division in accordance with 440 IAC 7.5-2-4 to the agency.”¹¹ DMHA’s cryptic reference to multiple incidences here can be broken down into two categories – (1) incidences that occurred *prior* to the March 24, 2023 CAP and (2) incidences that occurred *after* the March 24, 2023 CAP.
46. The pre-March 24, 2023 CAP incidences were successfully addressed initially and almost immediately thereafter as part of that initial CAP process. Indeed, as has been discussed previously, DMHA’s May 2023 Provider Reviews gave both the South Bend and Carmel facilities a positive report.¹² Those incidents thus cannot possibly serve as any basis supposedly justifying DMHA’s emergency actions here.
47. With regard to the second category (incidents that occurred *after* the CAP on March 24, 2023), DMHA’s statement in the July 26 Order suggests (and reference to 440 IAC 7.5.2.4 further suggests) that it is contending that various reports were required because the incidents involved a police response. But none of these incidents

¹¹ See Exhibit F, attached hereto.

¹² See Exhibits D and E, attached hereto.

actually constitute an “incident involving the resident or a household member *requiring police response*,” as is specified by the regulation. *See* 440 IAC 7.5-2-4. Every one of these incidents instead involved a call to *EMS for medical and psychiatric events* when Landmark Recovery sought to move a patient to a higher level of care. This is a best practice in the industry. And although law enforcement did arrive at the South Bend facility when calls were made to *EMS for medical and psychiatric events*, this is not because a *police response* was *required* - and it thus does not trigger the reporting requirement outlined in 440 IAC 7.5-2. Rather, upon information and belief, the St. Joseph County Sheriff’s Office currently has adopted a policy to send an officer to *every* EMS call to the South Bend facility without regard for whether a police response is *required*.

48. Upon information and belief, this chaperoning policy only applies to the South Bend facility, which also happens to be the only facility in the area dedicated to treating Medicaid patients for substance use disorder.
49. As a consequence, *none* of these incidents qualifies as an incident “*requiring police response*” and DMHA’s unilateral revocation without a formal proceeding based on this rationale is contrary to law and should be reversed. *See* 440 IAC 7.5-2-4.

Request for Stay of Effectiveness

As noted herein, FSSA seeks to revoke the certification of three different facilities owned by Landmark Recovery. Due to the potential likelihood for success on the merits and the irreparable harm that will occur should the July 26 Order remain in place during the pendency of this administrative review, Landmark Recovery respectfully requests a stay of effectiveness of the July 26 Order. A stay of effectiveness in agency actions is akin to a preliminary injunction, such that the status quo is maintained during the pending resolution of the underlying action. Maintaining the status quo is important because if “irreparable injury were to occur during the course of the litigation, the judgment, in effect, would

be rendered meaningless.” *See Wells v. Auberry*, 429 N.E.2d 679, 683 (Ind. Ct. App. 1982). The potential damage both to Hoosiers in need and to Landmark Recovery itself would be irreversible here. Moreover, Landmark Recovery need only demonstrate a “reasonable probability” of success; and, where the moving party has shown strong irreparable harm, the required showing of likely success on the merits is less stringent. *Id.* For all of the reasons stated herein, Landmark Recovery has demonstrated a high likelihood of success on the merits and the irreparable harm that will occur if the July 26 Order is not stayed. Therefore, Landmark Recovery of Carmel, LLC, respectfully requests that the ALJ grant this petition for a stay of effectiveness or set this matter for a preliminary hearing at which the ALJ will determine whether the July 26 Order should or should not be stayed.

Conclusion

The Indiana Office of Administrative Law Administrative Proceedings should — as quickly as is practicable — void the DMHA’s July 26 Order under IC 4-21.5-4-4. The facts asserted by DMHA in support of this extreme action simply do not justify the use of emergency powers under IC 4-21.5-4-1. Indeed, our courts have held time and time again that “[a]ny act of an agency in excess of its power is ultra vires and void.” *Planned Parenthood of Indiana v. Carter*, 854 N.E.2d 853, 864 (Ind. Ct. App. 2006) citing *Howell v. Indiana-American Water Co.*, 668 N.E.2d 1272, 1276 (Ind. Ct. App. 1996). This is such a situation.

If the July 26 Order is allowed to remain in place, it will cause irreversible harm to not only each of the three separate facilities and to Landmark Recovery, but Hoosiers of all types with substance use disorders and/or mental health issues who rely on Medicaid for care. It is hard to overstate the gravity of this situation. With a careless stroke of a pen, DMHA immediately caused: (1) more than 200 Hoosiers to lose their jobs; (2) more than 100 disabled, low-income patients to be forced to urgently find last-minute care; and (3) Indiana to lose 298 beds — exclusively dedicated to serving Medicaid patients. This loss is catastrophic. According to SAMHSA's National Survey of Substance Use Treatment

Services (N-SSATS), there were a total of 601 beds in Indiana providing such services in 2020.¹³ The July 26 Order looks to cut that in half. The above is especially a concern when one considers that these beds are **exclusively** dedicated to serving Medicaid enrollees. Landmark Recovery research indicates that only about 5% of available beds in any given area are available for Medicaid enrollees. This is simply due to the reality that Medicaid pays very little to treat patients with a higher likelihood of complex medical conditions. Indeed, allowing the July 26 Order to remain based on these circumstances implicates the Americans with Disabilities Act, the Rehabilitation Act, and Title VII of the Civil Rights Act.

Since news of the July 26 Order broke, Landmark Recovery has received over 100 letters from former and current patients and other interested parties (*e.g.*, the Indiana Department of Corrections) in support of Landmark Recovery and its crucial services. Many voices are those of current and former patients of one of the three Indiana facilities at issue here. Some of the letters are attached to this Petition as Exhibit G. Landmark Recovery urges that the OLAP – and all interested parties – review them. They show the devastating impact that the July 26 Order will likely have on the individuals in Indiana who are seeking help.

For the above reasons, Landmark Recovery petitions that the OLAP review the July 26 Order, stay the effectiveness of said order pending resolution, and ultimately void the same.

¹³ See https://www.samhsa.gov/data/sites/default/files/reports/rpt35313/2020_NSSATS_FINAL.pdf

Respectfully submitted,

Date: August 4, 2023

/s/ K. Michael Gaerte

Dentons Bingham Greenebaum

2700 Market Tower

10 W. Market Street

Indianapolis, IN 46204

(317) 968-5446 (office)

michael.gaerte@dentons.com

Exhibit A



Eric Holcomb, Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739

July 26, 2023

Matt Boyle, Chief Executive Officer
Landmark Recovery of Carmel, LLC
13594 N. Meridian St.
Carmel, IN 46032

Re: Division of Mental Health and Addiction- conditional certification, on-going complaints and investigation

Dear Mr. Boyle:

This letter is in response to the recent Indiana Family and Social Services Administration, Division of Mental Health and Addiction (“DMHA”) investigation regarding complaints received, critical incident reports, and follow-up related to conditional certification status. The team reviewed consumer records, reports, and gathered external stakeholder feedback regarding this agencies ability to comply with Indiana Administrative Code (440 IAC 4.4 and 440 IAC 7.5).

On March 15, 2023, Landmark Recovery of Carmel, LLC had three locations placed on a conditional status due to noncompliance of various sections of 440 IAC 7.5 and 440 IAC 4.4. These locations included Landmark Recovery of Carmel, Praxis Treatment of Fort Wayne, and Praxis of South Bend. On July 12, 2023, Praxis of South Bend was issued an amended conditional status based on three deaths that occurred at that location and that were not reported in accordance with 440 IAC 7.5-2-4. In addition, DMHA sent multiple incidences that were not reported to the division in accordance with 440 IAC 7.5-2-4 to the agency. Based on the findings and pursuant to the authority granted to DMHA as the certification body of Landmark Recovery of Carmel, LLC, DMHA will revoke certification for Landmark Recovery of Carmel, Praxis Treatment of Fort Wayne, and Praxis of South Bend based on 440 IAC 7.5-4-6(a)(3) effective July 27, 2023, pursuant to IC 4-21.5-4-1. As of July 27, 2023, these facilities are to halt admissions and shall not admit any new consumers. If there are any consumers in these facilities at this time, you will have 21 days to either transfer or discharge consumers to adequate levels of treatment, which is Thursday, August 17, 2023.

Pursuant to IC 4-21.5-3-6, if you are dissatisfied with this determination, you may request a formal administrative review of this matter. To request an administrative review, you must file a written petition for review that details the basis for the appeal and submit and your



contact info. This appeal should be submitted in writing to Jenna Ward, DMHA Assistant Director for Quality Improvement at Jenna.Ward@fssa.in.gov within fifteen (15) days of the receipt of this communication.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rebecca Buhner". The signature is fluid and cursive, with a long horizontal stroke at the end.

Rebecca Buhner
Indiana Family and Social Services Administration, Chief of Staff, Division of Mental Health
and Addiction

Exhibit B



Eric Holcomb, Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739

March 15, 2023

Mr. Matt Boyle, Chief Executive Officer
Landmark Recovery of Carmel, LLC
DBA: Praxis Treatment of Fort Wayne
1529 West Lancaster Street
Bluffton, IN 46714

Re: Division of Mental Health and Addiction- Site Visit and Action; notification provided via electronic mail and certified letter tracking # 7016 3010 0001 0291 3015

Dear Mr. Matt Boyle:

This letter is in response to the recent Indiana Family and Social Services Administration, Division of Mental Health and Addiction (“DMHA”) quality improvement announced site visit of Landmark Recovery of Carmel, LLC DBA: Praxis Treatment of Fort Wayne. The team reviewed consumer records, policy documents, completed a physical verification of the building, and conducted interviews of staff and residents, to evaluate compliance with Indiana Administrative Code (440 IAC 4.4 & 440 IAC 7.5).

The following deficiencies have been identified:

Source	Item	Findings	Files Deficient
440 IAC 4.4-2-4.5 (d)(1)	The intake was completed within two weeks of the consumer's first contact with the agency.	2 out of 9 charts reviewed lacked evidence the intake was completed within the first two weeks of the consumer's first contact with the agency.	3, 6
440 IAC 4.4-2-4.5 (d)(2)(a)	The intake included a psychosocial history.	3 out of 9 charts reviewed lacked evidence of a completed psychosocial history.	3, 6, 9



440 IAC 4.4-2-4.5 (d)(2)(b)	The intake indicated the individual's current level of functioning.	3 out of 9 charts reviewed lacked evidence of an individual's current level of functioning.	3, 6, 9
440 IAC 4.4-2-4.5 (d)(2)(c)	The intake included alcohol and/or other drug use history.	3 out of 9 charts reviewed lacked evidence the intake included information gathering on alcohol and/or other drug use history.	3, 6, 9
440 IAC 4.4-2-4.5 (d)(2)(d)	Medical conditions were included in the information gathering at intake.	2 out of 9 charts reviewed lacked evidence of information gathering of medical conditions at intake.	6, 9
440 IAC 4.4-2-4.5 (e)	The intake indicated whether there was a need for referral to another program of special expertise.	3 out of 9 charts reviewed lacked evidence of assessing for the need for referral for other areas of expertise.	7, 8, 9
440 IAC 7.5-2-8 (c)(2)(B)	Evidence referrals for appropriate health care providers were made as needed.	2 out of 9 charts reviewed lacked evidence referrals for appropriate health care providers were made.	7, 9
440 IAC 7.5-2-8 (b)(1)(A)(B)	Evidence the resident had a physical exam either 6 months prior or 3 months after admission.	5 out of 9 charts reviewed lacked evidence the resident was verified to have had a physical exam either 6 months prior or around the time of admission.	3, 6, 7, 9, 10
440 IAC 7.5-2-8 (b)(1)(A)(B)	Evidence a TB test was completed either 3 months prior to admission or at admission and read within 72 hours.	8 out of 9 charts lacked evidence of verifying TB tests had been completed within 3 months prior to admission or read within 72 hours of admission.	2, 3, 6, 7, 8, 9, 10
440 IAC 4.4-2-4.5 (f)(1)	The treatment plan is individualized.	5 out of 9 treatment plans reviewed lacked evidence of being individualized.	3, 6, 8, 9, 10
440 IAC 4.4-2-4.5 (f)(2) & 440 IAC 7.5-2-6 (g)(4)	The consumer participated in the development of the treatment plan.	6 out of 9 treatment plans reviewed lacked evidence of the consumer participating in the development of the plan.	3, 4, 6, 8, 9, 10

440 IAC 4.4-2-4.5 (f)(5)	The treatment plan includes attainable goals and how they will be worked on.	2 out of 9 treatment plans reviewed lacked inclusion of attainable goals and how they will be worked on.	6, 10
440 IAC 4.4-2-4.5 (g)(1)	The treatment plan includes the areas of desired change to be addressed.	3 out of 9 treatment plans reviewed lacked inclusion of the desired area(s) of change to be addressed.	8, 9, 10
440 IAC 4.4-2-4.5 (g)(2) & 440 IAC 7.5-2-6 (g)(4)	The plan includes measurable actions to work towards the goal(s).	3 out of 9 treatment plans reviewed lacked the inclusion of measurable actions to work towards the goal(s).	6, 8, 10
440 IAC 4.4-2-4.5 (g)(3)	The treatment plan includes the therapeutic activities and their frequency.	2 out of the 9 treatment plans reviewed lacked evidence of the planned therapeutic activities and their frequency.	6, 10
440 IAC 4.4-2-4.5 (g)(5)	It is clear who is responsible for working on each identified goal on the treatment plan.	2 out of the 9 treatment plans reviewed lacked evidence of who is responsible for working on each identified goal on the treatment plan.	8, 10
440 IAC 4.4-2-4.5 (g)(7)	The consumer signed their plan demonstrating understanding and agreement.	4 out of the 9 treatment plans reviewed lacked a consumer signature demonstrating understanding and agreement with their treatment plan.	3, 6, 9, 10
440 IAC 4.4-2-4.5 (g)(7)	If a consumer has not signed their treatment plan, there is there a reasonable explanation documented.	3 out of 9 treatment plans reviewed did not have a consumer signature or an explanation for a lack of signature documented.	3, 9, 10
440 IAC 7.5-2-7 (1)	Financial counseling has been offered or provided.	6 out of 9 charts reviewed lacked evidence financial counseling was offering or provided when a need was indicated during intake.	2, 3, 4, 7, 9, 10

440 IAC 7.5-2-8 (c)(2)(D)	Evidence the agency is supporting the individual in learning how to independently address personal health, hygiene, and dental conditions.	2 out of 9 charts reviewed lacked evidence the agency supported the individual in learning how to independently address personal health, hygiene, and dental conditions when a need was indicated in the documentation.	5, 10
440 IAC 4.4-2-4.5 (i)(1)	The discharge reviewed by the consumer.	6 out of 10 charts reviewed lacked evidence the discharge was reviewed by the consumer.	3, 6, 7, 8, 9, 10
440 IAC 4.4-2-4.5 (i)(2)(a)	The discharge includes progress on outcomes for each goal.	8 out of 10 discharges reviewed lacked inclusion of progress on outcomes for each goal.	3, 4, 5, 6, 7, 8, 9, 10
440 IAC 4.4-2-4.5 (i)(2)(b)	The discharge includes a final evaluation.	4 out of 10 discharges reviewed lacked inclusion of a final evaluation.	7, 8, 9, 10
440 IAC 4.4-2-4.5 (i)(2)(c)	The discharge includes recommendations for care after discharge.	5 out of 10 discharges reviewed lacked inclusion of recommendations for care after discharge.	1, 5, 8, 9, 10
440 IAC 4.4-2-4.5 (i)(3)	The discharge summary was completed within 30 days following the discharge.	4 out of 10 discharges reviewed lacked evidence the summary was completed within 30 days following discharge.	3, 8, 9, 10
IC 12-27-6-3 (a, b)	The consumer rights notify clients they have the right to refuse treatment.	6 out of 9 charts reviewed lacked evidence the consumer rights included the right to refuse treatment.	3, 6, 7, 8, 9, 10
§ 2.1 - § 2.67	The consumer rights notification includes adherence to 42CFR, Part 2.	7 out of 9 charts reviewed lacked evidence the consumer rights notification included adherence to 42CFR, Part 2.	3, 5, 6, 7, 8, 9, 10

§ 2.1 - § 2.67	The ROI includes adherence to 42CFR, Part 2.	4 out of 9 charts reviewed lacked evidence of ROIs including adherence to 42CFR, Part 2.	3, 6, 9, 10
440 IAC 7.5-2-6 (b)(7)	The individual has been informed they have the right to manage personal financial affairs or to seek assistance in managing them unless the resident has a representative payee or a court appointed guardian for financial matters.	6 out of 9 charts lacked evidence the individual had been informed they have the right to manage personal financial affairs or to seek assistance in managing them unless the resident has a representative payee or a court appointed guardian for financial matters.	2, 3, 4, 7, 9, 10
440 IAC 7.5-2-6 (b)(8)	The individual has been informed about available legal and advocacy services, and may contact or consult legal counsel at the resident's own expense.	6 out of 9 charts lacked evidence the individual has been informed about available legal and advocacy services, and may contact or consult legal counsel at the resident's own expense.	3, 4, 6, 7, 9, 10
440 IAC 7.5-2-6 (g)(6)	The individual received the facility's rules during the resident orientation procedure.	5 out of 9 charts reviewed lacked evidence the resident received the facility's rules during the orientation procedure.	3, 6, 8, 9, 10
440 IAC 7.5-2-9 (f)(1-3)	Evidence of all staff and householder training in the following: Medications used by their residents, the purposes and functions of the medications, major side effects and contraindications.	10 employee records were reviewed and reviewers found no evidence of staff training in the areas identified in IAC 440 IAC 7.5-2-9 (f)(1-3).	R.D., T.T., G.H., J.S. Sr., J.B., C.D., S.H., R.M., P.P., E.N.
440 IAC 7.5-2-9 (f)(4)(A-C)	Evidence of all staff and householder training in recognition of signs that medication is: not being taken, being misused, or ineffective.	10 employee records were reviewed and reviewers found no evidence of staff training in the areas identified in IAC 440 IAC 7.5-2-9 (f)(4)(A-C).	R.D., T.T., G.H., J.S. Sr., J.B., C.D., S.H., R.M., P.P., E.N.
440 IAC 7.5-2-7 (3)	Agency policies include information that encourages residents to maintain savings and checking accounts in community financial institutions.	Review of agency policy did not include language reflecting 440 IAC 7.5-2-7 (3).	N/A

440 IAC 7.5-2-7 (5)	Agency policies include information that establish specific policies regarding the agency acting as representative payee for the resident, including meeting the fiduciary duty owed to a resident by a representative payee.	Review of agency policy did not include language reflecting 440 IAC 7.5-2-7 (5).	N/A
440 IAC 7.5-2-7 (7)	Agency policies include information that provide that the financial record shall be available to the resident or to the resident's legal representative.	Review of agency policy did not include language reflecting 440 IAC 7.5-2-7 (7).	N/A
440 IAC 7.5-2-7 (8)	Agency policies include information that provide that staff persons shall not borrow or accept money or anything of value from a resident.	Review of agency policy did not include language reflecting 440 IAC 7.5-2-7 (8).	N/A

Other areas of concern:

Division of Mental Health and Addiction (DMHA) appreciates the collaboration Praxis Treatment of Fort Wayne exhibited in the coordination of this Quality Assurance (QA) review. The agency communicated needs and processes well that supported optimal coordination of the review. The agency was also collaborative in needs to reschedule, as well as coordinate document provision for completion of the QA review. Reviewers noted concerns of a lack of appropriate and/or adequate supervision. Majority of residents were found to be in bed and sleeping during the physical verification of the visit commencing at 11:45am, demonstrating a lack of treatment involvement. Other concerns related to resident safety and setting practices are itemized below.

Consumer Rights:

- The DMHA Consumer Service Line (CSL) was found to be absent from being posted throughout the facility - 440 IAC 7.5-2-6 (c).
- Resident interviews yielded a lack of knowledge in the CSL - 440 IAC 7.5-2-6 (A)(4) & (C).
- Residents have the right to contribute to and participate in the formulation of their own treatment plans and work toward attaining treatment goals - 440 IAC 7.5-2-6 (G)(4); during interviews at least one resident reported they had not worked on their treatment plan and had waited as long as eight days to meet with their therapist after admission.
- Residents shall have an orientation experience - 440 IAC 7.5-2-5 (c); during interviews at least one resident reported they did not receive an orientation and obtained necessary information from another resident.

Medication:

- When assistance is required by the resident for taking medications there is a practice for how residents who need assistance with medication will receive it - 440 IAC 7.5-2-9 (b)(3)(A); during the physical verification of the QA review, when asked how staff respond to residents missing doses of medications due to failing to appear for med pass, a nurse responded that it is the resident's responsibility to know when to take their medications and denied contacting residents for follow-up when this occurred. While leadership for the agency reported what the policy is, which includes following up with a resident for missed medication, it was reported that practice is not meeting agency policy.
- All ten staff records reviewed for training demonstrated a lack of training in medication monitoring and safety practices that are outlined in 440 IAC 7.5-2-9 (f)(1-3) and 440 IAC 7.5-2-9 (f)(4)(A-C).

Environmental Safety:

- Staff interviews yielded mixed responses about navigating fire drill procedures as well as a lack of knowledge of where fire extinguishers are located. Staff had differing reports on staff responsibility for resident safety - 440 IAC 7.5-2-13 (N).
- The setting is in good repair and free from hazards - 440 IAC 7.5-2-12 (a)(1); almost every room visited in the physical verification yielded a need for a repair or a hazard to be addressed, resulting in items too numerous to itemize for the purposes of reporting, but included sinks being displaced from the wall and the heating/cooling elements in resident units being in a state of disrepair.
- Reviewers noted overall the setting was conspicuously unclean; floors were unclean, debris was on the floors, walls showed evidence of spills, bathrooms appeared unclean and unsanitary.

Resident Safety:

- Chart 7 indicated a lack of physician oversight. The resident presented with a complex mix of physical health, mental health, and substance use disorder needs, however, there were no physician notes done during the one-month admission 11/1/22 to 11/29/22.
 - DMHA consulted with a Medical Director who advised for this resident there should be a minimum of weekly (at minimum) medical visits, a history and physical, a mental status exam by a provider and not just checklists.
- Chart 7 also indicated repeated behavioral needs, specifically around presenting aggressively or threateningly to staff and/or other residents. Documentation in the chart did not demonstrate the agency following outlined policies and practices to respond to these behaviors.
- Chart 7 included documentation that the individual repeatedly appeared to the nurse's station appearing "impaired," however, there was no evidence of urine screens in the resident's chart to verify or rule out the causes of impairment.
- There was an overall lackadaisical response to individuals smoking in their rooms and residents being found in the beds of other residents. Multiple chart reviews included multiple reports of repeated violations of agency policy in both areas, however, charts did not document responding to these violations. The agency does not appear to be enforcing policies and practices in these areas.

- During staff interviews, when discussing practices related to responding to behavioral needs, including threats of or actual aggression, staff responded with mixed and inconsistent reporting of how to respond - 440 IAC 7.5-2.4 (C)(5)(6) & 440 IAC 7.5-2.6 (B)(1).
 - Additionally, staff lacked knowledge of incident reporting practices.

Documentation Concerns:

- Reviewers found rampant documentation of group therapy progress notes that appeared to only document a resident appeared for mealtime and the meal they consumed. DMHA's recommendation is this documentation may be more appropriate for a contact note, rather than a group therapy progress note, since a service was not provided.
- There was documentation of individuals being assessed for natural supports, however, natural supports were inconsistently incorporated in treatment plan processes, including when it appears residents preferred natural support involvement.
- Chart 3 lacked fulfillment of the intake process in the documentation DMHA was able to review.
- Some policy documentation lacked specificity in which Landmark setting the documentation applied to and was blank for location.
- Charts lacked MARS documentation, as well as consumer rights information.
- Individuals who were transitioned to IOP had unclear documentation regarding the process of the coordination, as well as documentation of the services they were receiving.
- There were regular and consistent gaps in therapy notes across all charts reviewed.

Based on the findings and pursuant to the authority granted to DMHA as the certifying body of Landmark Recovery of Carmel, LLC DBA: Praxis Treatment of Fort Wayne pursuant to 440 IAC 4.4-2-8 the determination has been made to change the certification status of Landmark Recovery of Carmel, LLC DBA: Praxis Treatment of Fort Wayne to that of a conditional certification effective immediately. Pursuant to 440 IAC 4.4-2-8(c), the division shall notify the entity the requirements not met, and the intermediate steps required by the division that the entity must take to meet those requirements. Pursuant to 440 IAC 4.4-2-8(c)(1), the division is granting the entity 180 days to meet the division's requirements. Failure to complete with these requirements within the allotted timeframe will result in termination of certification, 440 IAC 4.4-2-8(d). The agency is required to submit a corrective plan of action to Elaine Trepanier, DMHA's Outpatient and Residential Quality Improvement Team Lead at elaine.trepanier@fssa.in.gov. This corrective action plan must be submitted to Elaine Trepanier within thirty (30) calendar days of the receipt of this letter, and must contain specifics as to how Landmark Recovery of Carmel, LLC DBA: Praxis Treatment of Fort Wayne is going to overcome the deficiencies identified above prior to approval.

Please be advised that during this time, Landmark Recovery of Carmel, LLC DBA: Praxis Treatment of Fort Wayne certification will remain on conditional status, and DMHA will continue to monitor Landmark Recovery of Carmel, LLC DBA: Praxis Treatment of Fort Wayne's corrective action plan, which may include additional announced and unannounced site visits. **New admissions are suspended at the time of this notification. Admissions will be suspended while the corrective action plan is developed and until the corrective action plan**

is approved by DMHA. Landmark Recovery of Carmel, LLC DBA: Praxis Treatment of Fort Wayne's regular certification will be reinstated at such time as the deficiencies noted above are corrected to the satisfaction of DMHA, which must occur within six (6) months of the receipt of this communication.

Should Landmark Recovery of Carmel, LLC DBA: Praxis Treatment of Fort Wayne disagree with this decision, pursuant to 440 IAC 4.4-2-11, you may appeal the action under Indiana Code IC 4-21.5-3 within fifteen (15) days by contacting Jenna Ward, DMHA's Assistant Director for Quality Improvement at jenna.ward@fssa.in.gov.

Sincerely,

Jenna Ward
Indiana Family and Social Services Administration, Assistant Director for Quality Improvement,
Division of Mental Health and Addiction

Exhibit C

DMHA Corrective Action Plan									
Agency:		Date of Review:		Clinical Lead:					
NON-COMPLIANT ITEM	PROVIDER-PROPOSED CORRECTIVE ACTION	Evidence of Actions (proof it was completed)	How will the solution be evaluated/audited to ensure effectiveness of the action steps?	EXPECTED TIMELINE FOR CORRECTIVE ACTION	PERSON/PARTY RESPONSIBLE FOR IMPLEMENTATION	DMHA Comments	DMHA Comments	Landmark Response 3/23/23	DMHA Comments
440 IAC 4.4-2-4.5(d)(1)	As these violations pertain to intake processes required within two weeks of admission, all clinical staff in Indiana will attend mandatory documentation trainings facilitated by Chief Clinical Officer on documentation standards and expectations week of 3/20/23. Documentation training will be for one hour/day, Monday - Friday, with expected completion by 3/24/2023. In addition, all staff will be required to complete e-learnings on policy and procedure related to Biopsychosocial completion and sign attestation.	At close of week, provider will supply DMHA with copies of attendance logs from daily trainings; copies of the trainings, policies and procedures, and staff attestations will be available for review.	Reports of staff attendance to trainings will be submitted to executive team and staff who have not completed treatment will receive corrective action. Electronic Medical Records will be audited for timeliness and accuracy of completion via quantitative and qualitative chart audits, to be monitored weekly; outcome of chart audits will be reported to executive and facility leadership for immediate correction.	All training to be complete by 3/23/2023.	Clinical Director	This approach is approved pending the provision of documentation demonstrating training completion.			DMHA received the slides of the training, however the attestation or document demonstrating the e-learning occurred was not received by DMHA. Please provide. Additionally, the training provided did not appear to include training for 440 IAC 4.4-2-4.5 (e) The intake indicated whether there was a need for referral to another program of special expertise. Demonstration of training attendance and content has been provided as of 3/24/2023
440 IAC 4.4-2-4.5(d)(2)(a)									
440 IAC 4.4-2-4.5(d)(2)(b)									
440 IAC 4.4-2-4.5(d)(2)(c)									
440 IAC 4.4-2-4.5(d)(2)(d)									
440 IAC 4.4-2-4.5(e)									
440 IAC 7.5-2-3(c)(2)(b)	As this citing pertains to referrals and treatment planning for needs identified during intake, all clinical staff in Indiana facilities will attend mandatory documentation standards training, with expected completion by 3/24/2023. In addition, all staff will be required to complete e-learnings on policy and procedure related to treatment planning, care coordination, and referrals. Clinical Director is responsible for reviewing intake documentation and communicating needs identified upon admission to treatment team, who will make needed referrals by first treatment team meeting.	At close of week, provider will supply DMHA with copies of attendance logs from daily trainings; copies of the trainings, policies and procedures, and staff attestations for e-learning will be available for review.	Electronic Medical Records will be evaluated via qualitative audits to ensure needs identified at time of intake are referred to appropriate services; Qualitative audits will be performed on a sampling of charts weekly; Facility will receive no less than one unannounced monthly site visit from QA team, during which time admission assessments and treatment referrals will be evaluated for adherence; findings will be reported to facility and executive leadership.	All training to be complete by 3/23/2023; monthly site visits and findings disseminated to executive team by end of each quarter.	Clinical Director	DMHA anticipates receiving the documentation demonstrating completion of training. Please provide a tool/template Landmark Recovery of Carmel, LLC will utilize to perform audits. During the remediation period, audits should have an increased frequency than quarterly. Please provide an updated planned frequency of self-audits in this area. Please provide audit reports to DMHA to support the remediation period.	Can you help guide me to where on the auditing tool Landmark Recovery, LLC is monitoring for completion of referrals made for this citation, please? Information in E 10 is not congruent with information in D 10.	This is located on the document titled <i>Medical Record Completion Checklist</i> , page six, under Treatment Plan Tab; it is also located in the Facility Audit Tool, beginning on page five under Master Treatment Plan	This has been verified and this area is approved.

<p>440 IAC 7.5-2-8 (b)(1)(A)(B)</p>	<p>All clinical staff in Indiana (Resi and IOP) will be re-trained on Standard Operating Procedures P 07-06, Completing Direct IOP Intake and 07-09, Completing a Residential to IOP Step-Down. While these findings were unsubstantiated, Internal tracer found that Outpatient Health Screening was not completed.</p>	<p>At close of week, provider will supply DMHA with copies of attendance logs from daily trainings; copies of the trainings, policies and procedures, and staff attestations will be available for review.</p>	<p>Electronic Medical Records will be evaluated via quantitative audits to individuals admitting to IOP level of care receive outpatient health screening and have had physical assessment within past six months or three months of post admission. Quantitative chart audits will occur weekly. Facility will receive no less than unannounced monthly site visit from QA team, during which time admission assessments and treatment referrals will be evaluated for adherence; findings will be reported to facility and executive.</p>	<p>All training to be complete by 3/24/2023; quarterly audits and findings disseminated to executive team by end of each quarter.</p>	<p>Clinical Director</p>	<p>DMHA anticipates receiving the documentation demonstrating completion of training. Please provide a tool/template Landmark Recovery of Camel, LLC will utilize to perform audits. During the remediation period, audits should have an increased frequency than quarterly. Please provide an updated planned frequency of self-audits in this area. Please provide audit reports to DMHA to support the remediation period.</p>	<p>Can you help guide me to where on the auditing tool Landmark Recovery, LLC is monitoring for evidence of a physical exam has been completed either 6 months prior to admission or within 3 months of admission for this citation, please? Information in E 11 is not congruent with information in D 11.</p>	<p>This is located in three documents: (1) <i>Medical Record Checklist</i>, Page Five, question asks "Initial Psychiatric Evaluation/H&P Combined, present within 24 hours; Documentation Scorecard", page 5, section three; <i>Facility Audit</i>, page 29, under Medical Services. In addition, I've uploaded a sample outpatient Health Screening tool (completed for community admissions) from our EMR, which assesses for physical assessment within past six months and indicates need for referral if not.</p>	<p>This has been verified and this area is approved.</p>
<p>440 IAC 7.5-2-8 (b)(1)(A)(B)</p>	<p>Chief Medical Officer has revised standing orders to include TB Skin Testing for admissions that have not received this test within past six months; Vice President of Nursing has ordered supplies necessary to implement this change in standing orders and all Directors of Nursing have been scheduled mandatory meeting to review 3/17/23 at 12pm CDT; Company Policy 9-2-05, Patient Assessments has been updated to reflect change in standing orders and mandatory TB skin testing and company has developed Standard Operating Procedure Completing PPD Assessment. All nursing staff will be required to attend e-learning on PPD testing.</p>	<p>Company Policy 9-2-05, Patient Assessments; Standard Operating Procedure Completing PPD Assessment; Pharmacy Invoice reflecting supply order; DON meeting and nursing e-learning attestation forms will be available for review</p>	<p>Vice President of Medical Operations will be responsible for generating weekly reports to measure compliance with PPD testing; deficiencies will be immediately reported to CMO and VPQA. Electronic Medical Records will be evaluated via quantitative audits to ensure documentation of PPD testing is present in chart. Quantitative audits will be completed weekly.</p>	<p>DoN meeting to be complete by 3/17/2023; Nurse e-learning to be complete by 3/24/2023; PPD testing supplies began arriving to sites 3/16/2023.</p>	<p>Director of Nursing</p>	<p>Please provide documentation demonstrating training completed. Please provide a mechanism for self-audit in this area.</p>	<p>Can you help guide me to where on the auditing tool Landmark Recovery, LLC is monitoring for evidence of TB testing has been completed for this citation, please?</p>	<p>This is located in the document titled <i>Medical Record Completion Checklist</i>, page 4, "PPD Testing and Results"</p>	<p>This has been verified and this area is approved.</p>
<p>440 IAC 4.4-2-4.5(f)(1) 440 IAC 4.4-2-4.5 (f)(2) & 440 IAC 7.5-2-6(g)(4) 440 IAC 4.4-2-4.5(f)(5) 440 IAC 4.4-2-4.5 (g)(1) 440 IAC 4.4-2-4.5(g)(2) & 440 IAC 7.5-2-6 (g)(4) 440 IAC 4.4-2-4.5 (g)(3) 440 IAC 4.4-2-4.5 (g)(5)</p>	<p>As these violations pertain to treatment planning, all clinical staff in Indiana will attend mandatory documentation trainings facilitated by Chief Clinical Officer on documentation standards and expectations week of 3/20/23. Documentation training will be for one hour/day, Monday -</p>	<p>At close of week, provider will supply DMHA with copies of attendance logs from daily trainings; copies of the trainings.</p>	<p>Reports of staff attendance to trainings will be submitted to executive team and staff who have not completed treatment will receive corrective action. Electronic Medical Records will be reviewed for quality of treatment plans, to be monitored monthly;</p>	<p>All training to be complete by 3/24/2023; qualitative chart audits findings to</p>	<p>Clinical Director</p>	<p>DMHA anticipates receiving the documentation demonstrating the completion of training. Please</p>	<p>Can you please guide me to where on the audit tool the following will be monitored for: individuality in treatment plans, demonstration of the consumer's involvement, the inclusion of areas of change in the treatment plan, the measurability of</p>	<p>This is located in document <i>Documentation Scorecard</i>, beginning on page 17 and continuing to page 18; a document <i>Facility Audit</i>, beginning on page 6, section titled "Master Treatment Plan includes the following</p>	<p>DMHA received the slides of the training, however the attestation or document demonstrating the e-learning occurred was not received by DMHA. Please provide. Additionally, the training provided did not appear to include training for 440 IAC 4.4-2-4.5 (f)(2) & 440 IAC 7.5-2-6 (g)(4) The consumer</p>

440 IAC 4.4-2-4.5 (g)(7)	Friday, with expected completion by 3/24/2023. In addition, all staff will be required to complete e-learning on policy and procedure related to treatment planning and sign attestation.	policies and procedures, and staff attestations will be available for review.	outcome of chart audits will be reported to executive and facility leadership for immediate correction, as well as review during monthly Performance Improvement Committees.	be reported by first business day of each month.		provide audit reports to DMHA to support the remediation period.	the treatment plan, the therapeutic activities and frequency within the treatment plan, who is responsible for each goal, and either a signature or explanation for lack of signature?	elements", and continuing on page 7; document <i>Medical Record Completion Checklist</i> , page 6, section titled "Treatment Plan Tab".	participated in the development of the treatment plan or 440 IAC 4.4-2-4.5 (g)(7) The consumer signed their plan demonstrating understanding and agreement. <u>Demonstration of training attendance and content has been provided as of 3/24/2023</u>
440 IAC 4.4-2-4.5 (g)(7)									
440 IAC 7.5-2-7 (1)	Chief Clinical Officer will review and update Life Skills curriculum, ensuring budgeting and money management topics are addressed. Clinical staff will be trained by Chief Clinical Officer to include goals for identified needs/problems related to financial status in Master Treatment Plan for individuals who identify this as a need/problem they would like to address during treatment.	At close of week, provider will supply DMHA with copies of attendance logs from daily trainings; copies of updated curriculum will be available for review.	Electronic Medical Records will be reviewed for quality and accuracy of treatment plans, to be monitored monthly; outcome of chart audits will be reported to executive and facility leadership for immediate correction.	All training to be complete by 3/24/2023; qualitative chart audits findings to be reported by first business day of each month.	Clinical Director	DMHA anticipates receiving the documentation demonstrating the completion of training. Please provide audit reports to DMHA to support the remediation period.	Can you please guide me to where on the audit tool financial counseling has been offered or provided will be monitored?	This is included in document <i>Medical Record Completion Checklist</i> , page 5, under "Clinical" header.	This has been verified and this area is approved.
440 IAC 7.5-2-8 (c)(2)(D)	Organization will provide DMHA with copy of Life Skills Curriculum schedule, as programming covers these topics. Life skills programming is facilitated five times per week. Clinical Director is responsible for auditing groups weekly and will audit no less than one Life Skills group per week to ensure curriculum is being followed.	Organization to provide with LS curriculum for review.	Clinical Director is responsible for auditing no less than one group per week to ensure fidelity to the model; group audit sheets will be submitted to Executive Director and VPQA weekly. Electronic Medical Records will be evaluated via qualitative review monthly and staff will be directed to audit no less than one Life Skills group note per EMR reviewed to ensure continued fidelity to programming.	Organization will provide Life Skills curriculum no later than 3/21/2023.	VPQA	While Landmark Recovery of Camel, LLC's curriculum may include this area, there was evidence in chart documentation curriculum was not being invoked/ utilized. Please provide plan details on how Landmark Recovery of Camel, LLC's settings will ensure for utilization of curriculum, where needed.	Please guide me to where on the audit tool evidence the agency is supporting the individual in learning how to independently address personal health, hygiene, and dental conditions will be monitored.	The document, <i>Group Audit Form</i> , would be used to ensure the curriculum is being implemented with fidelity to the program schedule and Life Skills lesson plans. An example of a Life Skills lesson plan has been uploaded for review. In addition, facility evaluates need for assistance with dental and ADLs in the biopsychosocial assessment, nursing screen and assessment, and initial H&P. If this is indicated as a need for the individual, it would be indicated as a problem, which would then be included in the Master Treatment Plan. The document, <i>Documentation Scorecard</i> , page 17, Section 6 assesses whether treatment plan includes goals and interventions for problems identified from assessments.	This has been verified and this area is approved.
440 IAC 4.4-2-4.5 (i)(1)	As these violations pertain to discharge planning, all clinical and patient navigator staff in	At close of week, provider	Reports of staff attendance to trainings will be submitted to executive team and						DMHA received the slides of the training, however the attestation or document demonstrating the e-learning occurred was not received by DMHA. Please provide,
440 IAC 4.4-2-4.5 (i)(2)(a)									
440 IAC 4.4-2-4.5 (i)(2)(b)									
440 IAC 4.4-2-4.5 (i)(2)(c)									

440 IAC 4.4-2-4.5 (i) (3)	Indiana will attend mandatory documentation trainings facilitated by Chief Clinical Officer on documentation standards and expectations week of 3/20/23. Documentation training will be for one hour/day, Monday - Friday, with expected completion by 3/24/2023. In addition, all staff will be required to complete e-learning on policy and procedure related to discharge planning and sign attestation.	will supply DMHA with copies of attendance logs from daily trainings; copies of the trainings, policies and procedures, and staff attestations will be available for review.	staff who have not completed treatment will receive corrective action. Electronic Medical Records will be reviewed timely and thorough completion of discharge summaries; outcome of chart audits will be reported to executive and facility leadership for immediate correction	Training to be completed by 3/24/2023; qualitative chart audits findings to be reported by first business day of each month.	Clinical Director	DMHA anticipates receiving the documentation demonstrating the completion of training. Please provide audit reports to DMHA to support the remediation period.	on the audit tool the following will be monitored: the discharge was reviewed with the consumer (or attempted to for unplanned discharges), the discharge plan includes progress on each goal, the discharge plan includes a final evaluation, and discharge documentation is completed within 30 days.	Checklist, page 7, section "Discharge Planning Tab"; document <i>Documentation Scorecard</i> , beginning on page 18, section titled "Discharge Tab"; and document <i>Facility Audit</i> , page 8, section titled "Clinical Staff engage in the discharge planning process to ensure continuity of care, treatment, or services after transfer, discharge, or termination of services which includes:".	Additionally, the training provided did not appear to include training for 440 IAC 4.4-2-4.5 (i)(1) The discharge reviewed by the consumer, 440 IAC 4.4-2-4.5 (i) (3) The discharge summary was completed within 30 days following the discharge. 3/24/2023 The agency uses collaborative documentation, the training was based on the policy, which has been verified and approved, and the self-audit tool includes areas to achieve these IAC citation. Demonstration of training attendance has been provided as of 3/24/2023
IC 12-27-6-3(a,b)	Organization will provide DMHA with copy of Patient Rights Consent, for which this regulation is met in the second paragraph, item 15.	Organization to provide time-stamped documentation from each individual EMR to demonstrate compliance	Electronic Medical Records will be assessed for compliance via quantitative chart audits and deficiencies will be reported to facility leadership for correction.	Quantitative chart audits to be completed weekly; organization to prepare time-stamped Pt Rights Consent form for conference call 3/21/23	VPQA	This approach is approved pending the provision of documentation demonstrating adherence to 12-27.	This item has been met and is approved.		
2.1-2.67	Organization will update standard release of information forms to include 42 CFR, Part 2 language. Forms will be updated by EoD 3/17/23.	Organization will provide updated forms to DMHA for review.	Electronic Medical Records will be assessed for compliance via quantitative chart audits and deficiencies will be reported to facility leadership for correction.	Quantitative chart audits to be completed weekly; organization will have updated ROI form by EoD 3/17/23.	Director of Enterprise Medical and Revenue Software	Please provide a copy of the updated ROI. Please provide an self-audit tool/template. Please provide reports of self-auditing to DMHA during the remediation period.	This item has been met and is approved.		
440 IAC 7.5-2-6 (b)(7)	Organization will provide DMHA with copy of Patient Rights Consent, for which this regulation is met in the second paragraph, item 12.	Organization to provide time-stamped documentation from each individual EMR to demonstrate compliance	Electronic Medical Records will be assessed for compliance via quantitative chart audits and deficiencies will be reported to facility leadership for correction.	Quantitative chart audits to be completed weekly; organization to prepare time-stamped Pt Rights Consent form for conference call 3/21/23	VPQA	Please provide a copy of the updated Patient Rights Consent document. Please provide an self-audit tool/template. Please provide reports of self-auditing to DMHA during the remediation period.	IAC specifies "Verify the individual has been informed they have the right to manage personal financial affairs or to seek assistance in managing them unless the resident has a representative payee or a court appointed guardian for financial matters." Item 12 states "Keep and spend a reasonable amount of the individual's own money." While this is an important item and should be maintained, 440 IAC 7.5-2-6 (b)(7) should also speak to an individual's ability to continue to access their financial institutions and manage their personal affairs as needed.	This consent was update to match the language in 440 IAC 7.5-2-6 (b)(7). Copy of updated consent form has been uploaded to the drive.	On the Patient Rights document uploaded on 3/23/23 I don't see either the historical item 12 or the information guided by DMHA in field 131. Please provide clarification. 3/24/2023 the policy has been located and approved.

440 IAC 7.5-2-7 (7)	As these violations were related to management of Patient funds, Company Policy 3-2-07, Cash, Credit, and Gift Cards has been updated to reflect regulatory requirements. Policy to be provided to DMHA.	Organization to provide updated policy to DMHA.	regulations no less than once per quarter to ensure policies and procedures remain adherent; in event non-adherence is determined, QA will report to VPQA, who will work with Change Management Department to update policy and procedure.	Policy was updated 3/16/2023 and is ready for publishing.	VPQA	This approach is approved pending provision of the updated policy and DMHA's review of the updated policy.	This item has been met and is approved.		
440 IAC 7.5-2-7 (8)	Organization confirmed during DMHA survey 2/28/23 that company policy 4-2-22, Ethical Standards fulfills regulatory requirement. Organization to provide copy of policy to DMHA.	Organization to provide policy 4-2-22 to DMHA for review.	Quality Assurance Department is responsible for reviewing governing regulations no less than once per quarter to ensure policies and procedures remain adherent; in event non-adherence is determined, QA will report to VPQA, who will work with Change Management Department to update policy and procedure.	Policy is ready for DMHA submission.	VPQA	This approach is approved pending provision of the updated policy and DMHA's review of the updated policy.	A policy inclusion stating that staff persons shall not borrow or accept money or anything of value from a resident according to 440 IAC 7.5-2-7 (8) does not appear to be added in the updated financial policy; please include.	Policy has been updated to reflect language identified in 440 IAC 7.5-2-7 (8) and updated copy was uploaded to drive.	I was unable to locate the updated version of this policy and was only able to locate yesterday's version. Please provide 3/24/2023, policy located and approved.

Exhibit D



Eric Holcomb, Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739

**Quality Improvement Site Visit-State Fiscal Year 2023
Landmark Recovery of Carmel, LLC; Praxis of South Bend
Residential Addiction Services Provider Review
May 18, 2023**

Division of Mental Health and Addictions Staff:

Jennifer Royer, Quality Improvement Reviewer
Elaine Trepanier, Outpatient and Residential QI Team Lead
Mark Loggins, Assistant Director of Addiction Services

Agency Staff:

Patrick Moody, Executive Director
Adam Miller, Regional Director

The Division of Mental Health and Addiction's (DMHA) Quality Improvement (QI) team visited Praxis of South Bend in person as part of Landmark Recovery of Carmel, LLC's conditional certification status and remediation process. The team reviewed consumer records, completed a physical verification of the building, and conducted interviews with staff and residents, to evaluate compliance with Indiana Administrative Code (440 IAC 4.4 & 440 IAC 7.5).

The Quality Improvement team reviewed (5) consumer charts (A.C., E.L., J.V., M.V., W.B.).

While on-site, the QI team completed a physical verification of the facility. The QI team reviewed code items including medication practices, medication documentation, and bathroom facility-to-resident ratios, and verified the residents are being provided with adequate living essentials. Based on the tour, DMHA's QI team has the following feedback:

- Some saline stations did not have saline solution throughout the building, which could be a safety hazard.
- The DMHA Consumer Service Line is posted in the lobby. DMHA advises posting throughout the building where residents have regular access. I have attached the poster for the CSL for Landmark's convenience.

The QI team interviewed (3) employees and (3) residents on the date of the site visit.

Employee Interviews:



- Staff were consistent in their knowledge and were very knowledgeable about safety protocols.

Resident Interviews:

- Some residents reported a delay in meeting with their therapist or being unsure of when they were meant to meet with their therapist; this also lent to being unsure about the content and status of their treatment plan.
- Some residents are unsure of what to do in an emergency or how they can access emergency services if they need to.
- Residents report a delay in getting medications, including for prescriptions they brought with them; one resident reported a seizure disorder and was nervous to be without medication, discussion was on day 6 since they had been admitted to the setting.
- Residents reported a culture of Patient Engagement Specialists demonstrating favoritism to some residents over others and that this has contributed to waiting longer for needed items; a resident reported waiting 3 days for toilet paper and having to use the bathroom's paper hand towels, as well as there being difficulty in getting bath towels.
- Residents reported being uninformed about the DMHA Consumer Service Line but are aware of how to navigate Landmark's grievance process.
- Residents reported a desire in more frequent snack availability, as well as healthier options.
- Residents reported preferring the discussion/education portion in groups over watching videos and sometimes groups can overly rely on the video portions; Residents reported they think the overall curriculum is good/helpful.
- Residents reported bottlenecks for mealtimes and medication distribution – that some felt like they were needing to choose to get a meal or their meds, that there isn't time for both, as well as feeling there isn't enough break time.
- Residents reported a need for more quiet spaces for independent time overall.
- Residents reported challenges with Patient Navigators (PN):
 - Difficulty in getting to meet with a PN due to PN's lack of availability.
 - Residents report feeling they need to be proactive and seek out support, rather than support being readily available.
 - Residents reported an institutional and controlling culture from PNs; one resident reported when asking about discharge plans, they were told by the PN "Well, that's my decision".
 - Residents reported anxiety around planning for discharge due to feeling inadequately prepared with PNs.
- Residents reported discomfort that a lounge area is juxtaposed to the nurse's station contributing to issues with maintaining privacy.
- Residents reported a delay in orientation or inconsistent orientation with peers.
- One resident felt so connected with Landmark they would like to explore a future employment opportunity with the agency.

Agency Strengths:

All residents and staff reported a noticeably improved culture change since leadership changed in April. Staff demonstrate a cohesive knowledge of safety practices and general administrative protocols.

In a review of documentation, intakes were thorough and consistently adhered to Indiana Administrative Code. Treatment plans were completed on time, demonstrated individualization, and were clear in the established agreement with the individual. There is consistent evidence of discharges being completed with individuals and on time, according to Indiana Administrative Code. The agency is also demonstrating adherence to Indiana Administrative Code as it relates to consumer rights notifications.

Items requiring a corrective action plan (CAP):

Please incorporate these findings into ongoing CAP remediation strategies. Please consider the following as a progress report of the status of remediation practices.

These items were found to be under 85% compliance.

Source	Item	Findings	Files Deficient
440 IAC 4.4-2-4.5 (d)(2)(d)	The intake includes medical conditions.	In one chart, evidence of a review of medical conditions was unable to be located.	W.B.
440 IAC 7.5-2-8 (c)(2)(B)	There is evidence of the agency completing referrals for health care providers when needed.	Two charts indicated health related needs individuals may have benefitted from a referral to a health care provider and there was no evidence located a referral was made.	J.V., A.C.
440 IAC 7.5-2-8 (b)(1)(A)(B)	There is evidence of the consumer having a physical exam either 6 months prior or 3 months after admission.	Three charts did not demonstrate individuals had a physical health exam within the timeframe outlined in IAC.	J.V., E.L.
440 IAC 4.4-2-4.5 (g)(3)	The treatment plan includes therapeutic activities and their frequency.	One chart had a treatment plan that did not clearly outline the planned frequency for therapeutic activities.	W.B.
440 IAC 4.4-2-4.5 (i)(2)(a)	Discharge documents include progress on the outcomes of each goal.	Four out of five charts did not include progress on goal(s) on discharge documentation.	M.V., J.V., E.L., A.C.

Reviewer Summary:

Overall, Praxis of South Bend appears to be in transition towards improving overall practices. The documentation reviewed demonstrated an agency improvement from QI review conducted at Fort Wayne in February of 2023.

While resident feedback provided a plethora of ideas on how to improve day-to-day flow and the consumer experience, much of the feedback brought forth is perceived by DMHA as items that are easy to be responded to with considerate updates to practices. Areas to note and that are recommended for the agency to focus on are improving meal/medication access flows and moving lounge spaces away from nursing stations to ensure optimal privacy practices.

Areas of concern that DMHA recommends also addressing are those reports related to the culture and practices of Patient Engagement Specialists and Patient Navigators, especially the reports related to conduct that impacts the quality of life and perceived collaboration while in treatment. DMHA encourages prioritizing improving practices around discharge planning (where folks will live after, transportation, etc.) to reduce anxiety and increase a sense of supported readiness for transition. DMHA also recommends a review of access-to-medication practices to address reported concerns regarding delays in receiving medications upon arrival.

During the site visit, eight residents were successfully graduating and returning to the community, which is a notable and positive result. DMHA commends the successful outcomes.

During the site visit, Leadership balanced engaging with Residents to address needs and to express affirmations to Residents while juggling the site visit. DMHA appreciated the congenial engagement, and accessibility of Leadership to Residents, and how that culminated in a homelike, supportive atmosphere.

It is also notable a resident had such a positive experience, they wanted to seek employment with the agency.

Please note, the quality assurance review process does not replace re-certification processes. The Division of Mental Health and Addiction and the Quality Assurance Team thank you for your collaboration and service.

Exhibit E



Eric Holcomb, Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739

**Quality Improvement Site Visit-State Fiscal Year 2023
Landmark Recovery, LLC; Praxis of Carmel
Residential Addiction Services Provider Review
May 31, 2023**

Division of Mental Health and Addictions Staff:

Jennifer Royer, Quality Improvement Reviewer
Elaine Trepanier, Outpatient and Residential QI Team Lead
Kelly Welker, Director of Addiction and Prevention Services
Jenna Ward, Assistant Director for Quality Improvement

Agency Staff:

Alvin Luster, Executive Director
Ely Ayers, Assistant Director

The Division of Mental Health and Addiction's (DMHA) Quality Improvement (QI) team visited Praxis of Carmel in person as part of Landmark Recovery, LLC's conditional certification status and remediation process. The team reviewed consumer records, completed a physical verification of the building, and conducted interviews with staff and residents, to evaluate compliance with Indiana Administrative Code (440 IAC 4.4 & 440 IAC 7.5).

The Quality Improvement team reviewed (5) consumer charts (A.F., G.M., M.B., N.M., S.H.).

While on-site, the QI team completed a physical verification of the facility. The QI team reviewed code items including medication practices, medication documentation, and bathroom facility-to-resident ratios, and verified the residents are being provided with adequate living essentials. Based on the tour, DMHA's QI team has the following feedback:

- One urinal was not in working order.
- **There was an overpopulation of male residents in order to adhere to 440 IAC 7.5-2-12 (j) states "There must be at least one (1) toilet and lavatory for every four (4) residents and one (1) tub or shower for every six (6) residents."**
(<http://www.in.gov/legislative/iac/T04400/A00075.PDF>)



The QI team interviewed (3) employees and (3) residents on the date of the site visit.

Employee Interviews:

- Staff responses varied on the fire drill procedure.
- Staff appeared unsure or did not know the roles of their coworkers.
- Overall, staff seemed to feel supported by leadership at the agency. Staff appear to enjoy working at the agency.

Resident Interviews:

- There were consistently favorable reviews of nursing staff and therapists.
- Overall satisfaction with the quality of care, and connection with others in group work.
- Residents were not knowledgeable of the DMHA Consumer Service Line or emergency procedures.
- Residents would like a list of items not allowed by the agency to avoid ordering those items from local businesses and not getting delivery fulfillment.
- Residents reported requesting alternatives for meals is not really possible. There were some reports that meal alternatives are not an option.

Agency Strengths:

The intake process demonstrates almost all areas of Indiana Administrative Code are appropriately adhered to. Especially notable was that all residents clearly underwent a medical exam early in admission. Treatment plans were completed on time and all included a signature demonstrating consumer involvement. There is consistent evidence of discharges being completed with individuals and on time and planned discharges demonstrated consumer involvement in planning. The agency is also demonstrating adherence to Indiana Administrative Code as it relates to consumer rights notifications and had zero findings in this area.

Items requiring a corrective action plan (CAP):

Please incorporate these findings into ongoing CAP remediation strategies. Please consider the following as a progress report of the status of remediation practices.

These items were found to be under 85% compliance.

Source	Item	Findings	Files Deficient
440 IAC 7.5-2-8 (b)(2)	There is evidence of a TB test was completed either 3 months prior to admission or at admission and read within 72 hours.	Three of the five charts reviewed demonstrated a delay in TB testing. TB tests were initiated days after admission.	M.B., N.M., S.H.
440 IAC 4.4-2-4.5 (f)(1)	Treatment plans are individualized.	Three of the five charts did not demonstrate individualization and appeared to utilize a standardized or templated	M.B., N.M., S.H.

		plan. One treatment plan demonstrated a copy/paste that used "his/her" language and did not individualize pronouns, in addition to other areas.	
440 IAC 4.4-2-4.5 (i)(2)(a)	Discharge documents include progress on the outcomes of each goal.	Three out of five discharge documents reviewed did not demonstrate an evaluation of progress on goals on the treatment plan.	G.M., M.B., S.H.

Reviewer Summary:

Overall, Praxis of Carmel appears to be completing the majority of documentation well and in adherence to Indiana Administrative Code. Residents speak highly of their recovery experience at the agency, including relationships with staff and the treatment components.

In order to support remediation, DMHA will prioritize addressing the population-to-bathroom facility ratios.

Other areas of concern located in consumer charts are:

- One chart (M.B.) reviewed never underwent a TB test.
 - Screened on 5/19/23 (p. 203), but not tested
 - PN for 5/21/23 discusses CL becoming aggressive when informed of need for TB test (P. 237)
 - Discussed in BPSA on 5/23/23 (P. 266), but not completed
 - Discharge document discusses test, but the chart does not have evidence the test was started or read.

- One chart (M.B.) had a standardized initial detox treatment plan that lacked individualization; plan completed on 5/19/23, although biopsychosocial not completed until 5/23/23; DMHA recommends more timely biopsychosocial assessments in order to incorporate nuanced strengths and needs in treatment planning appropriately.

- One chart (M.B.) reported receiving health care through Eskenazi, although no ROI was obtained in order to coordinate care with the external agency. The individual left treatment prior to any coordination of care being able to be completed, however the collection of a signed ROI would have demonstrated intent in this area.

- One chart (N.M.) experienced a delay in TB testing. The individual was admitted and screened on 3/26/23, but was not tested until 3/30/23 with a reading on 4/2/23.

- **One chart (N.M.) appeared to overlook an area of the need for the consumer that potentially could have contributed to the consumer's safety.**
 - The individual reported having been abused by her parents throughout her childhood, that the abuse was ongoing, and that the abuse was a source of her PTSD. The individual reported a plan to return to their parent's house after their treatment was completed.
 - There was no evidence of the individual being offered treatment specific to victim care, such as being connected with victim services or focusing therapy on domestic violence.
 - There were two therapy sessions during the individual's stay, one focused on rapport building and level-setting for CBT; the second completed an MSE and assessed for risk and withdrawal with no other therapeutic activity documented.
 - At discharge the individual's needs in this area were identified as a problem with living situation, rather than a victim recovery need.
- One chart (S.H.) did not appear to clearly complete a full assessment. The medical assessment was not fully completed due to intoxication. The biopsychosocial assessment completed at a later date was not fully filled out.
- One chart (S.H.) demonstrated a delay in TB testing. The individual was admitted on 4/27/23, but did not have a test initiated until 4/29/23. The individual left for HLOC prior to the test being read.
- One chart (S.H.) appeared to have unclear treatment planning. The individual had an initial detox treatment plan on 4/28/23, then a Master Treatment Plan on 4/29/23, however the assessments were not fully complete at this time (as noted above).
- One chart (S.H.) had a therapy note that was authored in a way that the narrative was difficult to discern and symptoms or needs cannot be confirmed or negated due to authorship.
- One chart (S.H.) obtained a signature for a "Medicaid Discharge" but the chart included other discharge documentation that was unsigned. It was unclear to reviewers what discharge guidance the individual was receiving.

All five charts included group notes for attending meals. DMHA noted this trend in the initial reporting for Fort Wayne and recommended discontinuing this practice.

DMHA appreciates the accommodation and coordination of the ongoing remediation and review processes.

Please note, the quality assurance review process does not replace re-certification processes. The Division of Mental Health and Addiction and the Quality Assurance Team thank you for your collaboration and service.

Exhibit F

Date	Time	Dispatch #	Incident	Consumer Name
5/23/2023	7:41	SJC-2023-0019953	Dispatch doc says assist and case doc says drug overdose; consumer was transported to hospital and administered Narcan	[REDACTED]
5/21/2023	18:28	SJC-2023-00019712	Landmark stated he was homicidal; consumer denied homicidal thoughts stating he was kicked out of the facility several days prior due to insurance running out; consumer was transported to hospital for 24hr hold.	[REDACTED]
5/10/2023	20:09	SJC-2023-00018059	Consumer reports detoxing from Xanax; Transported to hospital for 24hr hold	[REDACTED]
5/3/2023	14:16	SJC-2023-00016854	Consumer transported to hospital for suicidal thoughts.	[REDACTED]
5/3/2023	0:53	SJC-2023-00016800	Consumer transported to hospital for 24 hour hold.	[REDACTED]
4/26/2023	23:51	SJC-2023-00016039	NP deemed that three consumers had suicidal thoughts and were transported to hospital	[REDACTED]
4/26/2023	22:37	SJC-2023-00016038	NP deemed that three consumers had suicidal thoughts and were transported to hospital	[REDACTED]
4/24/2023	22:17	SJC-2023-00015716	Consumer administered several doses of Narcan by facility prior to police/EMS arrival.	[REDACTED]
4/19/2023	16:48	SJC-2023-00015045	Consumer transported to hospital for homicidal thoughts	[REDACTED]
3/14/2023	17:32	SJC-2023-00009852	Female consumer was administered narcan at the facility and then transported to hospital	[REDACTED]

1/22/2023	11:26	SJC-2023-00003028	Consumer transported to hospital for 24hr hold	[REDACTED]
1/20/2023	18:59	SJC-2023-00002794	Consumer unresponsive and had cuts to his arms and staff believe consumer took illicit drug; transported to hospital for 24hr hold	[REDACTED]
12/14/2022	13:39	SJC-2022-00045496	Consumer with POA and guardian was trying to leave and was transported to hospital	[REDACTED]
12/13/2022	14:21	SJC-2022-00045364	Battery; both consumers transported to hospital	[REDACTED]
11/27/2022	21:25	SJC-2022-00043292	Consumer transported to hospital	[REDACTED]
11/15/2022	22:58	SJC-2022-00041827	Attempted suicide; consumer transported to hospital	[REDACTED]
10/30/2022	0:05	SJC-2022-00039334	Consumer administered Narcan at facility; EMS gave Narcan at arrival and transported to hospital	[REDACTED]
10/21/2022	16:01	SJC-2022-00038027	Battery; Consumer transported for medical eval; Consumer ended up dropping case and filing no charges.	[REDACTED]
10/21/2022	2:38	SJC-2022-00037955	Consumer reports sexual harassment and unwanted physical touching	[REDACTED]
10/14/2022	23:08	SJC-2022-00037163	Consumer being verbally harassed; Police note that they asked why male and female consumers are housed in the same area and even same rooms	[REDACTED]
10/12/2022	15:14	SJC-2022-00036846	Consumer reports that another consumer is physically grabbing them, verbally harassing them, and forcing them to give them their food	[REDACTED]

10/4/2022	2:47	SJC-2022-00035656	Consumer broke into med cabinet and took narcotics; transported to hospital	[REDACTED]
9/26/2022	21:35	SJC-2022-00034676	Consumer assaulted staff and transported to jail; Head laceration of consumer?	[REDACTED]
9/20/2022	12:25	SJC-2022-00033734	Consumer attempted suicide and transported to hospital	[REDACTED]
9/15/2022	14:49	SJC-2022-00033061	Transported to hospital for shortness of breath	[REDACTED]

Exhibit G

BLUFFTON POLICE DEPARTMENT

KYLE RANDALL
Chief of Police
kyle.randall@blufftonindiana.gov



ANDREW ELLIS
Deputy Chief of Police
andrew.ellis@blufftonindiana.gov

August 1, 2023

RE: Improvements at Praxis of Fort Wayne by Landmark Recovery in Bluffton, Indiana

In March 2023, after community outcry, The Bluffton Praxis facility initiated efforts for operational improvements for the safety of their patients, staff and community members. Many of those improvements centered around proper staffing and their discharge procedure. Their efforts, led by Drew Mack, Ethan Koby and Trevor Conger, have led to many positive changes very noticeable within our community.

The Praxis leadership team listened to our community members and developed a plan for improvement. Then they reached out to community leaders to conduct regular meetings showing the continued progress towards their goals for improvement. The meetings have given both the Praxis leadership team and community leaders a better understanding of the correlation between facility needs and the community resources required to meet those needs, and how we can work together to reduce the expenditure of those community resources.

Since the inception of the improvement plan the Bluffton Police Department has received fewer calls for service at the Praxis facility, and we have garnered more problem-solving support from the Praxis team. In fact, during the first six months of 2023, we have received a 20% reduction in calls for service from the same period in 2022, while maintaining a plan to fully investigate criminal complaints made by patients.

The continued efforts being made by Trevor Conger and Ethan Koby deserve recognition and appreciation.

Respectfully,

A handwritten signature in black ink that reads "Kyle Randall". The signature is written in a cursive, flowing style.

Kyle Randall
Chief of Police



STATE OF INDIANA
Department of Correction
Indianapolis Parole District

Eric J. Holcomb
Governor

6400 E. 30th Street • Indianapolis, Indiana 46219
Phone: (317) 541-1088 • Fax: (317) 541-1098 • Website: www.in.gov/idoc/

Christina Reagle
Commissioner

Greetings,

My name is Koshaun Mosley, and I am currently the Parole Liaison at Marion County Parole District 3. One of our most important responsibilities as a liaison is helping those suffering from addiction. We have gained several relationships with various rehabilitation facilities over time, but Landmark Recovery has been one of our primary resources for treatment. Landmark has been reliable, consistent and has provided our clients with the resources they need to be successful in the community. Landmark has done so well with helping our population that most parolees ask specifically to attend Landmark in order to get the help that is needed. If Landmark were to lose their Medicaid facilities it would be detrimental to the work we do as Parole Liaisons. There are not many options for our population due to some of their backgrounds so not having Landmark as one of our primary resources would cause more harm to those individuals and possibly the communities in which they live. I have heard from numerous parolees about how going to treatment at Landmark Recovery has greatly improved their lives whether it be through sobriety, or the relationships gained through counseling. Landmark has also done a great job of utilizing their resources to help those in recovery find housing that otherwise may not be available. Being able to go to treatment, get sober, and leave with a safe place to return to has been one of the biggest benefits Landmark Recovery has provided for our population. Landmark has been able to help our population rebuild relationships with loved ones as well as provide support for those that do not otherwise have any. I believe not having Landmark Recovery as a resource would put our population at an even bigger disadvantage when it comes to being successful in the community, than they may already have being on parole.

Thank you in advance,

Koshaun Mosley

Transitional Healthcare Liaison

Marion County (PD3)

6400 E 30th St

Indianapolis, IN 46219

Fax: (317) 541-1098

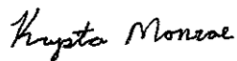
Cell: (463) 201-3645

Email: kmosley@idoc.in.gov or kmosley3@TeamCenturion.com

To Whom It May Concern,

With the recent events that have been occurring regarding Praxis with Landmark I am writing this to show my full support of the program and to bring to light the impact it has on not just myself but the community as a whole. As a Transitional Healthcare Liaison for Marion County Parole my initiative is to help my clients successfully complete parole. We serve a very stigmatized and complex population. I say "we" because it is just not myself nor the department of corrections doing the work. The help provided to these individuals wouldn't be as positive and influential without Praxis with Landmark Recovery. The clients this program helps serves are more often than not are those at rock bottom. Personally and professionally I have never seen nor dealt with a program more equipped to help build the foundation and support needed to achieve recovery. The entire population I work with is covered by state insurance. This population is also a mix of genders, races, ethnicities and on different "levels" of addiction. All these variables are welcomed by Praxis with no questions asked besides those that are geared to help ensure their chances of recovery are optimized. Without Landmark, the population involved with the department of corrections is severely impacted and their chances of receiving the assistance they need is closer to zero than ever before. Myself, and others in my field, have always supported Landmark without hesitation as the work they do is not just changing lives but also saving lives. Not everyone can be helped. Not everyone is going to want the help and those not ready for recovery will do what they can to stick to their ways, their comfort zone. This is inevitable, but what can impact a person the most is knowing that change can be good and that although recovery is scary and/or uncomfortable, hope can be lost, and the mind and body are being challenged they know they are not alone when they are with Landmark Recovery. No matter where they are in the process Landmark not only embodies this concept but embraces it and the challenges that come along with it.

In Full Support,



Krysta Monroe

Transitional Healthcare Liaison

Marion County Parole



Department of Veterans Affairs

Richard L. Roudebush
VA Medical Center
1481 West 10th Street
Indianapolis, IN 46202
(317)554-0000

7/31/2023

To Whom it May Concern,

I am a Veteran Justice Outreach Social Worker (VJO) thru Richard Roudebush VA Medical Center. I complete outreach for legally challenged Veterans. I have had several Veteran's who have needed intensive residential treatment for their addiction struggles. My role is to assess the needs of the Veteran and connect to identified resource needs. I have worked very closely with Landmark Recovery to place several of the Veterans. My work experience with Landmark Recovery staff has been excellent. It is known that one of the most critical needs is immediate assistance of a Veteran who is struggling with addiction. Landmark Recovery will complete intake and arrange for immediate admission for Veteran. Landmark will transport Veteran during working hours and after working hours. Landmark has been available if needed on weekends. Landmark always puts the needs of that Veteran as priority. I have also had the pleasure of working with the Landmark Case Managers who are in communication with me on the present and aftercare needs of the Veteran to ensure their progress in their sobriety/recovery. Landmark was also one of the few facilities that was open and active during the COVID crisis.

It has been a pleasure working with Landmark Facility and the Landmark staff. I hope to continue to work closely with Landmark for the needs of the Veteran's we serve. Please feel free to reach out for any questions or additional information.

Sincerely
Ceil Hanley, LCSW
Mary.hanley11@va.gov
317-734-5892



To Whom it May Concern,

We are a ministry that provides a faith-based program of recovery that includes housing and accountability for those with substance abuse disorders in Columbus, Indiana. We at Transformational Living Ministries have been sending folks with SUDs to Landmark Recovery for the past couple of years. We have partnered with them to give our mutual clients the care and support they need while trying to get their lives back together after difficult journeys that have been their lives. Landmark has helped them to not only find sobriety but also to discover other mental health issues they may not have even realized they were struggling with. Many times, finding the basic cause for their substance use in the process.

There are few providers that have the flexibility to work on some of these issues while battling the disease of substance abuse. Landmark is also unique in their ability to accept Medicaid along with other insurance providers, this really helps those of us searching for help with troubled clients that have long criminal histories and those that haven't worked in many years.

We have seen many success stories coming to us in the sober living community. Landmark provides solid education in life skills and coping skills that have given several of our residents the tools to fight their SUD.

Thanks for listening,

A handwritten signature in black ink, appearing to read "Tim Timmons". The signature is fluid and cursive, with a long horizontal stroke at the end.

Tim Timmons
Executive Director
Transformational Living Ministries
Columbus, Indiana
812.341.5884



COLUMBUS REGIONAL HEALTH

July 31, 2023

To Whom It May Concern:

My name is Tiffany Baker, MSW, LSW and I am a social worker at Columbus Regional Health. I see many patients in the Emergency Department and on our medical floors who are struggling with alcohol/substance abuse disorders. If those individuals are willing, one of our options is to help them get to an inpatient facility for SUD treatment. There are only a handful of facilities that take patients with Medicaid insurance.

My understanding is Praxis (Landmark Recovery) in Mishawaka may lose their Medicaid eligibility due to three deaths that occurred the beginning of July 2023. This has the potential to impact 300+ beds for Medicaid eligible individuals. My experience working with Landmark Recovery has been positive and responsive. Addiction is challenging and finding services to assist individuals facing substance disorders is limited. I understand the need to investigate these deaths, and I hope the services they have been providing to so many individuals will also be taken into consideration.

Sincerely,

Tiffany S. Baker, MSW, LSW

Social Services Department

812-375-3659

To Whom it May Concern:

Hello, my name is Ashley Gauck and I am a Licensed Clinical Social Worker at Major Health Partners in Shelbyville, Indiana. I have been an LCSW at MHP since 2017 and over the past 10 months, I have transitioned to our inpatient floor. We oftentimes have patients admitted that are actively going through withdrawal, have overdosed and require medical stability or are admitted for medical reasons and then express interest in getting clean and sober. As the LCSW on the unit, I am in charge of providing resources, having discussions regarding levels of care and facilitating these referrals.

Landmark has been a highly utilized facility when someone expresses interest in inpatient treatment. I have developed a great working relationship with Misty and she is always available and eager to assist in anyway. The population we serve is 65-70% Medicaid and knowing that Landmark is a great treatment facility and also takes Medicaid, has had a significant impact on our patients and those seeking treatment from drugs and alcohol.

Addiction continues to impact so many individuals and families and treatment facilities are desperately needed. In the past, people would often avoid treatment or getting sober because of cost or "not having the right insurance". As a society, we need to continue creating the shift of recovery is possible, regardless of income or insurance. Knowing that there are Medicaid options for treatment gives people hope!

Landmark has been a pleasure to work with; quick to respond to referrals, answer the phone and attempt to accommodate people wanting help. Misty does an excellent job of networking and truly just wants to help any and everyone with the desire to get clean and sober.

Ashley Gauck MSW, LSW, LCSW

agauck@majorhospital.org

812-614-9992

The Division of Mental Health and Addiction

To whom it may concern,

My name is Colton Frauhiger. I am the pharmacy manager of the Wal-Mart Pharmacy in Bluffton, Indiana. I am writing to you today on behalf of Praxis in Bluffton. The aforementioned facility has been providing addiction treatment to Indiana residents during the extent of my tenure at this location. During my time as pharmacy manager, I have had the opportunity to work closely with the providers of the Bluffton facility to provide medications to the resident when any delays occur with the LTCF pharmacy, PharMerica.

With this history in mind, I was concerned when I learned that the Bluffton site had its license to practice suspended along with two other locations in Indiana. I am also a resident of Bluffton and was keenly aware of the unfortunate circumstances that lead to the passing of a patient that voluntarily left the facility several months ago; since this incident I have observed a change in staffing at this facility. The staff have impressed me with their dedication to providing for the pharmaceutical needs of their patients.

Moving forward, I would expect to see continued changes to improve the conditions that Praxis patients can expect. My role is secondary at best, but as a pharmacist and a member of the Bluffton community, I would strongly encourage the re-instatement of the license for Praxis of Bluffton.

Thank you for your time,



Colton Frauhiger, PharmD
Pharmacy Manager
Wal-Mart Pharmacy 2819
2100 North Main St
Bluffton, IN 46714
(260) 824 - 0546

To whom It may concern,

My experience with Landmark has been nothing short of amazing. I've visited every location except for the Oklahoma location and every facility has been amazing clinically as well as aesthetically. We have gotten a number of patients recently from the Indiana location and every client I've received has done amazing. The client shows up motivated to change and get back on the path to sobriety. The communication with Hunter has always been smooth and clear. Landmark also provides quality care in places that don't have the type of service I'd highly recommend the Indiana location specifically for someone seeking help with substance abuse and mental health issues.

☐

Adam Smith

CEO / Partner

Santa Barbara Recovery

(949)887-3716

Adam@santabarbararecovery.com

www.santabarbararecovery.com

July 28, 2023

To whom this may concern;

I am writing in regards to the shortage of Medicaid available beds in the State of Indiana. Our Medicaid patients need options. Somewhere they can go to get the treatment they need. If we are ever going to get ahead of this drug epidemic we need to be able to meet people where they are and offer the services that are needed. It would be a great disservice to our community and to our Medicaid population to be short 300 Medicaid beds in the State of Indiana. Where will these individuals go? How will there be enough beds to provide services? Isn't it our duty to ensure that we are providing the best treatment possible with the most options available? People are dying everyday while they wait for a bed to come available. If the State of Indiana losses 300 Medicaid beds the number of deaths of people on a waiting list will substantially grow.

Regards,

Missey Badgerow

Missey Badgerow, Recovery Coach
Mhaines1984@gmail.com
765-346-8911

August 2, 2023

Elijah Larson

Business Development Representative

Southern California Recovery Centers

C: 702-767-9021

E: Ej@socalrecovery.com

To Whom It May Concern,

I am writing to recommend Landmark Recovery of Indianapolis as a top-tier treatment facility based on our exceptional business relationship and partnership. Throughout our collaboration, I have witnessed firsthand the outstanding level of care they provide to individuals seeking recovery from substance abuse and addiction.

Our association with Landmark Recovery has been nothing short of exemplary. From the moment we began working together, it was evident that they possess a deep commitment to their mission of helping individuals reclaim their lives and achieve lasting sobriety. The dedication and passion exhibited by the entire staff at Landmark Recovery are truly commendable.

One of the most impressive aspects of Landmark Recovery is their personalized approach to treatment. They recognize that everyone's journey to recovery is unique, and they tailor their programs to meet the specific needs of each patient. Their team of experienced and compassionate professionals is highly skilled in crafting individualized treatment plans that address both the physical and psychological aspects of addiction, ensuring comprehensive care.

Furthermore, Landmark Recovery's facilities are state-of-the-art and designed to promote a healing environment. The supportive atmosphere they create plays a significant role in fostering a sense of comfort and security for their patients, encouraging them to focus on their recovery journey enthusiastically.

In addition, I must commend Landmark Recovery for the strong emphasis they place on aftercare support. Their commitment to ongoing support ensures that individuals leaving the facility are equipped with the necessary tools and resources to maintain their sobriety. This approach increases the likelihood of successful, sustained recovery.

Throughout our partnership, I have witnessed Landmark Recovery's integrity, transparency, and ethical practices. They consistently prioritize the well-being of their patients more than anything else, and it is evident that they genuinely care about the individuals they serve.

In conclusion, I wholeheartedly recommend Landmark Recovery as an exceptional treatment facility. Their unwavering dedication to quality care, personalized treatment, evidence-based practices, and ongoing support make them a true leader in the field of addiction treatment. Our partnership with Landmark Recovery has been a source of pride, and I have no doubt that anyone seeking recovery services from them will experience the same level of excellence that we have enjoyed throughout our collaboration.

If you have questions or need more information, please contact me.

Sincerely,

Elijah Larson
Business Development Representative
Southern California Recovery Centers
C: 702-767-9021
E: Ej@socalrecovery.com

To whom it may concern,

I am writing this as a parent of an addict who has attended Landmark Recovery Indianapolis recently and is still in active outpatient treatment. Our son has struggled with both drug and alcohol addiction and has been a patient at Landmark Recovery a total of 3 times. I want to express from the bottom of my heart as a parent, you would never put your child in harms way. I was very involved with his recovery process and was very thankful for the care and concern that was given to him when he was there.

I believe the incidents were truly related to the specific facility in question and does not reflect the reality of the other centers being affected by the negative publicity. I believe that the specific facility should be at fault. Not the others that are trying to help people in dire need. These are separate entities under the same umbrella. The corporation has rules and regulations they must follow to keep their license and keep everyone safe. The fate of that specific facility should be in question. The other facilities that are following the rules and keeping their patients safe should not be punished for someone else's mistakes.

Our son went to Landmark specifically because he felt safe and trusted the staff had his best interest in mind. They have helped him overcover a benzo and an alcohol addiction and have empowered him to start living a better life. Not once did he feel he was being mistreated, misunderstood, or was in any danger. In fact, as a parent of an addict, I felt at peace knowing he was getting the care he needed. He has formed incredible relationships with the staff who continue to keep him accountable for his actions and check in on him regularly. They truly care for his wellbeing and for him as a person.

Seeing the struggle and understanding the importance of having a place to go when the addict is ready for help is incredibly important. Landmark is one of the few facilities in the area that provide inpatient services and understand how to help. They are very crucial to the community, addicts, and their families.

We would not have our son back if it was not for Landmark Recovery!

Sincerely,

Kristin Angus

Kristin Angus

Loan Partner

D 317.819.3914

F 317.597.2956

W MarkKuchik.com

E kristin.angus@ccm.com

CrossCountry Mortgage, LLC

645 West Carmel Drive Suite 170

Carmel, IN 46032

Personal NMLS1025964 Branch NMLS1604400

Company NMLS3029

Dear Trevor,

I know being ED you normally hear all the negative run up the chain but I wanted to say I appreciate you and some of your staff that's fantastic. I wouldn't have made it through without them.

I am thankful for Momma (in the kitchen), her husband, her son (Dash) the nurses (Michelle & Corina), Leroy on night shift, + Darrel + Keyni (the PES). They all go above and beyond to help your patients. I appreciate them more than you know.

For instance Dash kept me from hitting my head twice with the patient Arietta when I went into seizure during a fire alarm. I am so proud to say I'm graduating from your program.

I don't know what I would have done without Keyni and Corina talking and checking on me last night to get through being triggered. Keyni also helped me talk through some stuff with my graduation being Tuesday.

I just want to say thank you to you and your staff. I also wanted to say I appreciate the ones who do their job and go above and beyond. Thank you



Hello! My name is [REDACTED]

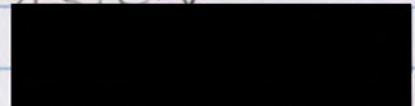
I just wanted to say how appreciative and grateful I am for the tremendous amount of assistance I've received from Landmark Recovery. From staff including all the teachers and there teaching. Some favorites would be Rebecca, Corey, Jackie, Angel etc... the list just goes on.

The amazing food that nourished my body mind and soul back to health. Words cant express my joy. My brotherhood with my liked mind individuals. We all held each other together in all times especially in times of need. Also staff the nurses the owner even came and showed love care and got things back in an even better direction or flow. I'll take all these unforgettable moments of self gratification graving and challenges with me into my new better version of myself into my new journey of new beginnings. Excuse my spelling and if I left anyone or thing out.

Landmark Recovery gave me my life back.
[REDACTED]

This letter is in regards to my rating of Landmark Recovery of Southbend, and the treatment ive recieved from July 1, 2023 through the present date July 28, 2023. Giving it a measurable rating 0-10 gives this facility Justice. By the way it would be a 10 out of 10. I came here broken and dead inside. Through the genuine and sincere attitudes of the staff and thearipst here, I once again have developed a loving, disciplined and ambitious view of myself. Im forever grateful for the new found family I now have. I hope this testimony of I have given helps in regards of future treatment opportunities for addicts seeking a new life. Im not just speaking for myself today, Im speaking for all addicts, We need the type of critical treatment landmark has to offer.

Sincerely



To whom it may concern,

I just wanted to write this letter regarding my stay at Landmark Recovery.

I became hooked on Keyboard duster for almost a year, and it was detrimental to my health. I was unresponsive multiple times and taken away in an ambulance and admitted to the hospital. I finally decided to seek treatment for this and was taken to Landmark in Indy. I was scared and ashamed the same time. Once I walked in the front door and met the admission Nurse, I felt so much better. She was calm cool and collected and then I found out we both worked at the same hospital years ago. Once I got up to the residential area all the panic came right back. I was placed in a room with 4 other men and each of them were great and made me feel welcome. What a relief that was. Monday morning came around and I was ready for classes which I thought were going to be just boring however each staff member doing the classes made me feel welcome. Each class was so well structured that I really enjoyed them and learned that I wasn't alone in my addiction. That made me feel even better. It was awesome to know that each instructor there was also an addict. Each day was so structured and that is what I really needed.

During the down times the Patient engagement specialist help me as well by talking with me if I had concerns and always helping me through every aspect of my day. They do not have easy jobs as I had observed many patients become angry during this process. The Pes's would always jump into action to calm the situation down.

The meals were great and each person in the kitchen was awesome. If there was something that I didn't like such as the Tilapia!! They would always find something else for me that meal.

I cannot say enough about the nursing staff and the Nurse practitioner's as they helped with my medication needs and were absolutely the best. With all of these team approaches I have been free from the addiction that brought me to Landmark and I will be forever grateful to each and every person that helped me through my journey.

Sincerely!



My name is [REDACTED] and today I come to you 38 months clean. That's 3 years, 2 months, and 26 days to be exact. Three whole years that I've been able to keep my life going in the right direction.

Life hasn't always been great to me. Addiction found me at the age of 19. I had just given birth to twins leaving me with crippling postpartum depression. I was in an abusive marriage that had me contemplating suicide daily. I had no help, no one to care for me, and nowhere to go. I was lost and was not in a clear state of mind. I turned to drugs to make the pain go away.

I dealt with my raging meth and fentanyl addiction for roughly 4 years. In those 4 years I found myself in and out of jails, rehabilitation centers, detox centers, suboxone clinics, mental hospitals, and even holistic medicine clinics. I had tried to find help everywhere it seemed. Although I was begging for help, not a person or community seemed to be able to give or even try to help me. This left me feeling empty and hopeless.

I was 15 weeks pregnant with my third child, had already lost custody of my twins, and was sitting in a jail cell with nothing left to my name when I found Landmark Recovery. I was sentenced to roughly 4 months jail time, an intensive inpatient rehabilitation facility, and long term

sober living with the end date being at the discretion of my probation officer. Landmark Recovery in Carmel Indiana accepted me from jail. Without knowing much else about me other than that I needed help. I had no idea how much this rehabilitation center would change my life.

I remember my first day at Landmark like it was yesterday. I went in tremendously scared, knowing this was very well my last chance to get it right before being sent to prison with a baby in my belly. I remember immediately being greeted by smiling faces, caring, gentle humans from the start. To be specific, Coreina Stevenson. She was the first person I made contact with that day. I had no clue then how important she would be to me during my stay. In the 28 days I was at Landmark, I spent all 4,0320 minutes healing myself. I was able to finally buckle down and learn some things to help myself recover.

Being that I was about 3-4 months pregnant while I was there, I required more medical attention than other residents sometimes, and I always remember the nursing staff being so kind and gentle with me and the precious growing baby in my tummy. I was surrounded by lots of other healing people, and that sometimes gets a little much to deal with. I remember crying,

venting, laughing, and making some of the best memories with the staff at Landmark Recovery.

During my entire stay at Landmark, I didn't have much support at home. My family had all but given up on me and had no faith that I would make it out of all I was going through. That meant that the staff at Landmark was quite literally my family for 28 days. Coreina took me to and from two of my very first OBGYN appointments when my own mother couldn't and to be honest probably wouldn't have even if she could've.

The father of my unborn child was still out in the streets of Logansport Indiana, I was doing all I could too stay away from. He had not a care in the world about me or the child we had created. My family had left my recovery to me and gone on about their lives. It was a very lonely time for me. I remember feeling like I wasn't going to make it one day after a class that Coreina had taught. She took me outside and we walked and talked and even cried. By the end of the walk she had shared some really deep things with me, some that I truthfully still look back on to this day. But the thing I remember most clearly from that conversation was Coreina's pure 110% faith in me. She had tears in her eyes telling me that if anyone was capable of doing this thing; it was me. Even today at 3 years clean I look back in my

mind at her reminding me who I was, and that's what gets me through whatever moment I'm struggling with.

During my time at Landmark I learned so many things about myself and how to LOVE myself through my recovery. The staff taught classes all day every day, ranging from coping skills to interpersonal relationship skills. The number of classes we attended every day was ultimately up to us, but it was strongly encouraged to go to classes. I find my happy place to be surrounded by my peers and other struggling people, even today. So naturally, I found myself at most classes, most days; soaking all the information up like a sponge, craving recovery like I once craved drugs.

When I left Landmark I continued my journey with recovery and it has since just become a way of life for me. I mentioned in the beginning that I just recently celebrated 3 years clean. There have been countless times where it would've been so easy for me to quit. I just never allow quitting to be an option, and regularly find myself referencing Coreina's pep talk. Today I'm working full time for UPS, parenting a toddler single handedly, and keeping up with my recovery. I am headed in the right direction to continue to stay clean. I am learning everyday about how strong I

really am. I am now able to build and grow and even flourish because I was able to achieve sobriety and maintain it.

My whole point in writing this letter is to let people know how much of an impact that Landmark Recovery made on me and my daughter's life. I am forever grateful and eternally thankful to them for giving me a chance when no one else wanted to. This was only a small snippet of my story in hopes to save your attention span.

Thank you for taking the time to read,

██████████.

7-31-2023

6YES
AFTER BEING CLEAN FROM MY HEROIN ADDICTION, I WANTED TO HELP OTHER ADDICTS WITH THEIR ADDICTIONS, I APPLIED AT LANDMARK RECOVERY IN JANUARY OF 2023 AND WAS HIRED IN FEBRUARY. IT'S THE FIRST JOB I EVER HAD, WHERE I COULDN'T WAIT TO GO TO WORK, IT'S NOT JUST A PAYCHECK IT'S MAKING A DIFFERENCE IN PEOPLES LIVES. THE STAFF AND PATIENTS ARE LIKE FAMILY TO ME. I'VE SEEN SOME AMAZING THINGS HAPPEN IN THIS BUILDING, I'VE SEEN PATIENTS AT THEIR WORSE, RISE UP WITHIN WEEKS AND SEE REAL LIFE MIRACLES EVERYDAY, ONE OF MY FAVORITE THINGS TO SEE IS HOW THE STAFF AND PATIENTS RALLY TOGETHER AND RAISE EACH OTHER UP. I WAS HEART BROKEN WITH THE PASSING OF 3 OF OUR PATIENTS. ADDICTION IS A VERY SCARY THING TO SEE, BUT I WOULD NOT WANT TO WORK AT ANY OTHER ADDICTION CENTER. LANDMARK RECOVERY HAS SAVED MY LIFE, AND I'VE SEEN IT CHANGE HUNDREDS OF LIVES IN JUST THE SHORT TIME, I'VE WORKED HERE. I PRAY EVERYDAY THAT WE DONT GET SHUTDOWN, CAUSE WITH SO MANY ADDICTS IN THIS AREA, WE NEED LANDMARK TO STAY OPEN. WE HAVE MADE A LOT OF POSITIVE CHANGES AND IM CONFIDENT WE'LL WORK TOWARDS

5-21-2018

BETTER SERVING OUR PATIENTS
AND THE REMAINING STAFF WE
DO HAVE, ARE ~~SOME~~^{SOME} OF THE MOST
KIND HEARTED, LOVING PEOPLE I HAVE
EVERY KNOWN. THANK YOU LANDMARK
RECOVERY, FOR GIVING ME TRUE PURPOSE
IN LIFE.



Hey, I just wanted to say thank you for everything you guys did for me. That one class Ely taught was severely eye opening and life changing for me. I would love to stay in contact and possibly work the steps and then work for a place like Praxis.

I'm all in just like he talked about with things, full throttle recovery as he would always say, haha.

I loved Evans getting me in contact and setting me up with a church and church community.

You have a great day and I'll be waiting to hear from y'all.

Love y'all!

-

, Praxis of Carmel

6/28/2023-7/19/2023

Dear Eithen,

I would like to thank you
so much for everything. I would recom-
mend your program to anyone who is ready
to get clean. You and your staff are
so awesome like "Tony THE TIGER
You All ARE GREAT"; Thanks for
the ice cream I appreciate every-
thing. So much thank you for all
the support and wonderful program
you did a great job have a blessed
day and looking forward to work-
ing with you someday.
Keep up the good work.

Sincerely



I want to let people know my stay at Praxis in Carmel was a great thing. They helped me greatly with my recovery and my thoughts. Group Therapist Megan helped me with so much in understanding my wrong and what I need to do without being mean or hateful. I am so glad I came here. A lot of the staff were also a big help in helping me with being angry or feeling down. They have been a big understanding in what I need to do to stay sober in my recovery. I am so thankful to have come to understand how I'm feeling and what I've been though. This place has made me a stronger and better person.

██████████, Praxis of Carmel
Admission Date: 7/16/23 Discharge Date: 8/2/23

My name is [REDACTED]. I am an addict/alcoholic. Recently was my first time in a rehab facility. I came here with hopes to change, and this is the best I've ever done. I'm sad that the Carmel Landmark got dragged into drama and is getting shut down. Me having to leave treatment early was a bummer. For most of us, we waited a week or two just to find a bed in a place that took insurance I got, and now I have to leave the place I was getting great help at.

I'm thankful for the PES here, especially Constance, Evans, and Jackie. Those people made me realize a lot of things. I've never had any conversations like I've had with them. I truly have love for them and the facility. Another person that really helped me out in the time I was there is Carrie. She was super awesome and helpful as a nurse. My therapist Yolanda really, really helped me out. I appreciate her for what she has done, and I cannot wait to show them that I can do anything in life. One more thing, the group therapists were running great groups. Send all of these people my huge hugs and I hope to see them in the future.

[REDACTED]
Admitted: 7/20/23 Discharged: 8/1/23

Name: [REDACTED]

Dates attended: 2/20/2023 to 3/28/2023

Location: IND

Dear Landmark of Indianapolis,

I just wanted to take a minute to express my gratitude for such a great experience. From the intake call and even after graduating IOP, Landmark has been my saving grace every step my journey. There are so many good things I can say about the programming and the staff, but the combination of all is exactly what I needed to jump start my sobriety for what I hope to be final time. Landmark has transformed my outlook on recovery and pushed me to reach my goal of keeping a healthy state of mind. Although the program is not classified as dual-diagnosis, I learned the importance and how much my mental health plays into my substance use disorder. I am extremely blessed to have crossed paths with every individual therapist at the exact right time. The continued support from staff since graduating IOP and being able to build a sober bond with the alumni group is a major part of my plan to help keep sober. I'm hoping to keep in touch with all of my peers and the staff as I venture on to new opportunities with sober living in California. I won't stop until I've fully transformed into the butterfly I'm supposed to become. Thank you, Landmark of Indianapolis!

Sincerely,

[REDACTED]

Name: [REDACTED]

Dates: 3/31/23 to 4/25/23

PIND

My name is [REDACTED], I am a recovering alcoholic who is 118 days sober and counting. I faced addiction for nearly 14 years of my life since I started college. I never had any type of direction or guidance to face my issues and my life had spiraled and hit an all-time low for me to the point I lost my family and my drive to pursue life. I literally had no options left before I decided to break down and have my family get me before making a life changing decision and finally committed myself to undergo treatment at Landmark Praxis in Carmel. While there, I was able to find some answers to begin fixing my life. I was able to talk to licensed therapists and engage staff who let me see that I was not alone in my battle and that I had support. I was able to attend classes that helped highlight my triggers and see what my past traumas did to get me to the place I was at. I met many fellow addicts there who I still talk to today who continue to reach out to me and help me stay on the path. I read the entire Big Book while there and highlighted parts that I use daily to motivate me when I find something beginning to take me back to the old me. I was able to see the importance of mental health and substance abuse treatment and learn my disease is not the end of my journey or my story. I was able to see that even though I had/have a good job and loving people in my life that I had let my addiction take away from me the things I held dear and that I needed to get direction and guidance and Landmark did that (Play The Tape). It let me see that just because someone can smile and look ok on the outside doesn't mean they aren't fighting every day to find sanity in their addiction and sometimes fear asking for help rather than continue losing themselves to their vice. Landmark gave me hope when I was hopeless it let me find peace knowing I'm not alone and I have people I can call friends and family to support me with this lifelong battle against my addiction.

Sincerely,

[REDACTED]

Name: [REDACTED]

Location of Service: IND

Dates of Service: 07/06/2021 to 08/16/2021

I could write a novel on the positive impact that Landmark Recovery has made in my life. But I'll try to keep it short and sweet. In 2021, after losing my older brother, I relapsed on what I thought was heroine and I over dosed. I was alone with my two young children and thankfully my son made the phone call that saved my life. I was extremely depressed, and lost after my brother died, and I made phone call after phone call trying to find a rehab to get into because I'd been down this road since 2005 and I knew if I didn't get in somewhere fast, I might not be as lucky the next time.

I came across a phone number for Landmark Recovery and they had an opening at their Digital Way location. Almost a two-hour drive from where I lived and the guy I spoke with on the phone was ready to send someone to pick me up. Right then and there. The sincerity in his voice.. he cared.. he wanted me to get in there as soon as possible and he meant it. From the intake, to the PES specialist.. everyone was so kind. I did not meet one soul in that building that was not putting their all into helping with our recovery. When I say Landmark saved my life.. I mean it. They gave me tools I was never given in other rehabilitation centers. No matter what obstacle we went through in there, the Landmark employees were there. To hold our hand, to guide us, to teach us, and most importantly to LISTEN to us.

I know I would not be where I am today, and I thank Landmark for getting me here. Two years ago, I was hopeless, but today, I am an Assistant General Manager at a hotel in my town.. and was just offered a General Manager position at a hotel in Sturgis MI. I have my children back after losing them due to my overdose, and I SMILE. Every day. And on my difficult days, I know they aren't forever, and I have Landmark to thank for all of it.

Name: [REDACTED]

Location of Service: IND

Dates of Service: 10/25/2021 to 12/21/2021

When I walked into the doors of Landmark Recovery I didn't even know what hope felt like anymore. So it's not surprising that I didn't have hope that I could ever live a life of lasting recovery when I began going to classes and getting to know the staff and my peers. However as I began to engage with the staff who were in recovery this little flicker of possibility grew into an honest desire to learn how to achieve the freedom that a life of recovery could offer me. I am forever grateful for the journey that started at Landmark that continues to this day; it saved my life!

Name: [REDACTED]

Dates of service: 01/21/2022 to 03/01/2022

Address: [REDACTED]

Sober and Clean. I'll always count my clean date, I never understood "trading one addiction for another" but after years of ignoring my loved ones, I realized the truth, that I had done just that. I feel for those who don't have the support that they need, too often the people in our lives wonder why we just can't get it right the 1st time. After 16 years of drinking, 11 of which I spent so far gone drunk or high I hardly remember them and 12 years of substance abuse. I had spent 7 years in and out of sobriety trying to get it right on my own before Landmark, but after not being able to I'd give up because I thought I could never change to get to where I am today. I never thought it would be possible. Everybody else tried to convince me that's what I needed, this last time I realized it for myself, I hit my bottom and it almost cost me my children, now I have 552 days sober! I am honestly horrible with words, but if I was to describe Landmark to anybody it would be the feeling of a hug.. Being inside those walls was the warmest embrace I have had in a very long time. The staff was amazingly welcoming and supportive. I sent myself in two days after I got out of jail, So I had court and everything else to deal with, But I put getting help as a priority. They had someone who contacted the courts for me and offered to transport me for my appointment if they couldn't get the date moved. My needs weren't ever priority but they were always met. (I remember I used to get mad because they weren't getting things done quick enough, But by the end, I was also the one telling the newcomers. That it's 1-3 people working on everybody's issues and to breathe because they would be ok) But from my PA to my therapist to teachers and the PES. I never felt alone, there was always somebody that I could turn to when I needed them. Even if it was to just talk. That was another thing that I loved, that made it feel so warm and welcoming. The diversity. Not the people in general but their life's, not every worker or teacher was in sobriety. Some had family that struggled, and it made them want to work in the field. Although they might not have been able to understand what I was going through, they were able to help me understand what I was doing to my family and see another point of view... So I don't know if you have ever experienced an amazing healing hug, But if you have then you know that when you are released from it, you feel like a weight has been lifted. You are rejuvenated from on the inside, and you feel like you can take on the world. That's what it was for me. I have no doubt that I wouldn't be here If I hadn't found Landmark, they had a bed available to me in 72 hours when everywhere I called said two weeks to a month and then put me on a list. I found myself again and had the support of all the beautiful people that loved me when I didn't know how to love myself. What makes it even better is even after I left those walls. My support system never left me. There is always somebody within the alumni to talk to and once a month, there is an opportunity to be shown that you can be sober/clean and enjoy life.

Name: [REDACTED]

Dates of Service: 04/25/2022 to 06/01/2022

When I look back on my life, I can see that drugs became a way for me to escape the pain and trauma I experienced as a child. Drugs made it easier to avoid confronting abuse and the complex emotions I would feel as an adult. Eventually, nothing could stop those emotions. I had to face them, and Landmark helped me do this. Landmark helped me turn to healing internally. Before rehab, my thoughts were jumbled and confused. But during my time in treatment, I experienced a mental clarity that I hadn't felt before. It was like a fog had lifted and I could see things more clearly. With the help of the staff and other patients support, I could see that I had to change for the better. One of the biggest things I learned in rehab was that my past didn't have to define my future. I realized that I had the power to create a new life for myself. The next step was putting what I'd learned into practice. It was a challenge, but I was determined to make positive changes in my life during my time there. And, keep that same mindset when I departed. One of the first changes I made was to start attending therapy sessions regularly. This helped me process my emotions and work through my trauma in a safe and supportive environment. I had been in therapy for years, however after Landmark I decided to try trauma therapy and EMDR, which I learned about in class at Landmark. My world has truly changed because of Landmark, and I appreciate all the staff that work to help those who need treatment. It truly changed my life. I have over a year of sobriety. With therapy, I have challenged myself to discover who I truly am without alcohol or drugs. I'd like to think I'm still the life of the party, just a lot less loud and hungover! I give landmark tremendous praise for helping me uncover my true inner self and inner peace. I have found peace through the help of Landmark and their staff, and I wouldn't want to give that up.

[REDACTED]

[REDACTED]

[REDACTED]

Name: [REDACTED]

Dates of Service: 04/22/2022 to 05/20/2022

To whom it may concern:

My name is [REDACTED] and I admitted myself into Landmark Recovery on April 23rd, 2022. I was heavily addicted to alcohol and marijuana. I had also struggled with other drugs in the past, so my addiction was very universal. Any drug or drink you could give me, I would take. I knew I needed to get help and I looked online and found Landmark. I called the number and the person on the other side of the line helped me get a ride set up to come in, but also gave me time to say goodbye to my family.

When I came in, I was greeted by an amazing nurse. I believe her name was Amy, but due to the high and hangover, I could be wrong. She instantly made me feel comfortable. I also smoked cigarettes and didn't have any with me. On her own, she gave me a pack to help me relax once I was in. After the first day jitters, I attended classes.

The classes that I attended were exactly what I needed. I knew of the "12 Steps", but I didn't know how to understand WHY my brain reacted the way it did with substances. The classes at Landmark Recovery taught me that my brain was wired differently than others and that my disease was truly a disease. I learned out to prevent relapse, how to notice when I was falling back into my old ways and taught me how to deal with the trauma I had went through, that was also contributed to my addiction.

I just celebrated 450 days sober on July 18th of this year. I am currently working as a Legal Clerical Assistant for [REDACTED]. I am making more money than ever. I am a few months from celebrating a year at my job! That is unheard of for me! Landmark didn't make me feel like a terrible person. They taught me how to accept my disease. They taught me how to keep my triggers away. They taught me how to be sober. They taught me that it is okay to slip if you get back up. Landmark taught me many things. But the biggest and most precious thing they taught me is how to be a normal, sober, human. It IS possible, and Landmark helped me get there.

Best of all wishes,

[REDACTED]

Name: [REDACTED]

Dates attended: October 2020 to November 2020

Location: IND

Dear Landmark Recovery and to whom it may concern,

I hope this email finds you well. I am writing to express my heartfelt gratitude and share the profound positive impact that Landmark Recovery, the rehab center, has had on my life.

From the moment I walked through the doors of Landmark Recovery, I was met with unwavering support, understanding, and empathy from the dedicated staff and professionals. Their commitment to my recovery journey was evident in every aspect of the program, and it truly made a significant difference.

During my time at Landmark Recovery, I was provided with a safe and nurturing environment that allowed me to focus on healing and growth. The personalized treatment plans and therapy sessions helped me gain invaluable insights into myself and the underlying factors contributing to my struggles.

I was inspired by the passion and dedication of the counselors and therapists who guided me through the challenges, celebrating my progress and providing encouragement during difficult moments. They taught me valuable coping strategies and life skills that have empowered me to face life's challenges with newfound strength and resilience.

Beyond the professional support, the camaraderie among fellow residents was a source of immense comfort. The sense of community and understanding from others who were also on their paths to recovery created an environment of mutual encouragement and acceptance.

Today, as I reflect on my journey, I can confidently say that Landmark Recovery has been instrumental in turning my life around. It provided me with the tools to rebuild my life and relationships, and for that, I will be forever grateful.

I want to extend my appreciation to the entire Landmark Recovery team for their unwavering commitment to making a difference in the lives of individuals like me. Their dedication to improving the lives of those struggling with addiction is truly commendable.

Once again, thank you for being an integral part of my journey to recovery. I am now looking forward to a brighter, healthier, and more fulfilling future, and it wouldn't have been possible without the care and support I received from Landmark Recovery.

Warmest regards,

[REDACTED]