

PROVIDERS APPROVED FOR COOCCURRING SERVICES

Atlantic County

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000138</u> | | | | | | | | |
| AtlantiCare Behavioral Health | | | | | | | | |
| 6010 Black Horse Pike Egg Harbor Township, New Jersey 08234 | | | | | | | | |
| EMAIL: Joanne.ArnoldVelcheck@atlanticare.org | | | | | | | | |
| Phone: 609-646-5142 FAX: 609-646-8715 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|--|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000328</u> | | | | | | | | |
| AtlantiCare Behavioral Health | | | | | | | | |
| 120 South White Horse Pike Hammonton, New Jersey 08037 | | | | | | | | |
| EMAIL: Joanne.ArnoldVelcheck@atlanticare.org | | | | | | | | |
| Phone: 609-561-7911 FAX: 609-561-7245 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 1000003</u> | | | | | | | | |
| Hansen House | | | | | | | | |
| 411 Aloe Street Egg Harbor City, New Jersey 08215 | | | | | | | | |
| EMAIL: HDM542@aol.com | | | | | | | | |
| Phone: 609-965-3699 FAX: 609-965-3779 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | | | | | Yes | | |
| APPROVED Levels of Care for Drug Court | | | | | | Yes | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | Yes | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | Yes | | |
| APPROVED Levels of Care for SJI | | | | | | Yes | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 1000048</u> | | | | | | | | |
| John Brooks Recovery Center | | | | | | | | |
| 1315 Pacific Avenue Atlantic City, New Jersey 08401 | | | | | | | | |
| EMAIL: Williams.Carl@jbrcnj.org | | | | | | | | |
| Phone: 609-345-4035 FAX: 609-345-0952 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | | | | Yes | | | |
| APPROVED Levels of Care for Drug Court | | | | | Yes | | | |
| APPROVED Levels of Care for DOC MAP | | | | | Yes | | | |
| APPROVED Levels of Care for DUII | | | | | Yes | | | |
| APPROVED Levels of Care for MATI | | | | | Yes | | | |
| APPROVED Levels of Care for SPB MAP | | | | | Yes | | | |
| APPROVED Levels of Care for SJI | | | | | Yes | | | |

| Approved Enhancements | <u>Clinical Review</u> | <u>COOC</u> | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> | | | | | |
|--|------------------------|---|--------------------------------------|-------------------------|------------|-----------|--------------|-------------|--|
| | Yes | Yes | Yes | Yes | | | | | |
| <u>SITE LICENSE # 2000275</u> | | John Brooks Recovery Center | | | | | | | |
| | | 1315 Pacific Avenue Atlantic City, NJ 08401 | | | | | | | |
| | | EMAIL: Davis.Henrietta@jbrcnj.org | | | | | | | |
| | | Phone: 609-345-4035 FAX: | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> | |
| LICENSED Levels of Care | Yes | | | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | | | | | | | | |
| APPROVED Levels of Care for MATI | Yes | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | | | | | | | | |
| APPROVED Levels of Care for SJI | Yes | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> | <u>COOC</u> | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> | | | | | |
|--|------------------------|---|--------------------------------------|-------------------------|------------|-----------|--------------|-------------|--|
| | Yes | Yes | Yes | Yes | | | | | |
| <u>SITE LICENSE # 2000079</u> | | John Brooks Recovery Center | | | | | | | |
| | | 20 South Tennessee Avenue Atalntic City, NJ 08401 | | | | | | | |
| | | EMAIL: Kennison.Tracie@jbrcnj.org | | | | | | | |
| | | Phone: 609-347-8615 ext. 1908 FAX: 609-347-8607 | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> | |
| LICENSED Levels of Care | Yes | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | | |
| APPROVED Levels of Care for MATI | Yes | Yes | Yes | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> | <u>COOC</u> | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> | | | | |
|---|--|--------------------|---|--------------------------------|-------------------|------------------|---------------------|--------------------|
| | Yes | Yes | Yes | Yes | | | | |
| <u>SITE LICENSE # 1000044</u> | John Brooks Recovery Center | | | | | | | |
| | 20 S. Tennessee Avenue Atlantic City, New Jersey 08401 | | | | | | | |
| | EMAIL: Wood.Robyn@jbrcnj.org | | | | | | | |
| | Phone: 609-3475-8615 x124 FAX: 609-347-8607 | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | | | | Yes | | | |
| APPROVED Levels of Care for Drug Court | | | | | Yes | | | |
| APPROVED Levels of Care for DOC MAP | | | | | Yes | | | |
| APPROVED Levels of Care for DUII | | | | | Yes | | | |
| APPROVED Levels of Care for MATI | | | | | Yes | | | |
| APPROVED Levels of Care for SPB MAP | | | | | Yes | | | |
| APPROVED Levels of Care for SJI | | | | | Yes | | | |

Burlington County

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000174</u> | | | | | | | | |
| Elm Lifelines | | | | | | | | |
| 23 South Main Street Medford, New Jersey 08055 | | | | | | | | |
| EMAIL: elmlifelines@verizon.net | | | | | | | | |
| Phone: 609-654-4044 FAX: 609-953-5060 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000171</u> | | | | | | | | |
| Genesis Counseling Center, Marlton | | | | | | | | |
| 2003 C Lincoln Drive, West Marlton, NJ 08053 | | | | | | | | |
| EMAIL: mlister@genesiscenters.org | | | | | | | | |
| Phone: 856-596-8007 FAX: 856-596-8699 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> |
|---|--|---------------------------|---|--------------------------------|
| <u>SITE LICENSE # 2000030</u> | The Lester A. Drenk Behavioral Health Center - Outpatient | | | |
| | 795 Woodlane Road, Suite 301 Mount Holly, NJ 08060 | | | |
| | EMAIL: bgonzales@drenk.org | | | |
| | Phone: 609-267-1377 FAX: 609-265-9268 | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> |
| LICENSED Levels of Care | Yes | Yes | Yes | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | Yes | |
| APPROVED Levels of Care for DOC MAP | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | Yes | |
| APPROVED Levels of Care for MATI | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | Yes | |
| APPROVED Levels of Care for SJI | | | | |

Camden County

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000243</u> | | | | | | | | |
| Center for Family Services, Inc. | | | | | | | | |
| 594 Benson Street Camden, New Jersey 08103 | | | | | | | | |
| EMAIL: Lmur@centerffs.org | | | | | | | | |
| Phone: 856-963-0200 FAX: 856-963-0220 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000241</u> | | | | | | | | |
| Center for Family Services, Inc. | | | | | | | | |
| 108 Somerdale Road, Voorhees, NJ 08043 | | | | | | | | |
| EMAIL: Lmur@centerffs.org | | | | | | | | |
| Phone: 856-428-5688 FAX: 856-428-0949 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | | | <u>Recovery Support</u> Yes | | |
|--|-------------------------------|---------------------------------------|--------------------------------------|------------|------------|--------------------------------|--------------|-------------|
| <u>SITE LICENSE # 2000153</u> | | Genesis Counseling Center | | | | | | |
| | | 1000 Atlantic Avenue Camden, NJ 08105 | | | | | | |
| | | EMAIL: jjackson@genesiscenters.org | | | | | | |
| | | Phone: 856-858-9314 FAX: 856-964-9332 | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | | | <u>Recovery Support</u> Yes | | |
|--|-------------------------------|--|--------------------------------------|------------|------------|--------------------------------|--------------|-------------|
| <u>SITE LICENSE # 2000146</u> | | Genesis Counseling Center, Inc. | | | | | | |
| | | 566 Haddon Avenue Collingswood, New Jersey 08108 | | | | | | |
| | | EMAIL: kgregan@genesiscenters.org | | | | | | |
| | | Phone: 856-858-9314 FAX: 856-858-5672 | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> | <u>COOC</u> | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> | | | | | |
|---|------------------------|-------------|--------------------------------------|-------------------------|------------|-----------|--------------|-------------|--|
| | Yes | Yes | | | | | | | |
| <u>SITE LICENSE # 2000327</u> | | | | | | | | | |
| My Father's House, Inc. | | | | | | | | | |
| 104 North King Street Gloucester City, New Jersey 08030 | | | | | | | | | |
| EMAIL: sbroderick@myfathershouseinc.org | | | | | | | | | |
| Phone: 856-742-0900 FAX: 856-742-0811 | | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> | |
| LICENSED Levels of Care | Yes | Yes | | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> | <u>COOC</u> | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> | | | | | |
|---|------------------------|-------------|--------------------------------------|-------------------------|------------|-----------|--------------|-------------|--|
| | Yes | Yes | | Yes | | | | | |
| <u>SITE LICENSE # 2000298</u> | | | | | | | | | |
| Sikora Center, Inc. | | | | | | | | | |
| 613 Clinton Street Camden, New Jersey 08103 | | | | | | | | | |
| EMAIL: cfreedman@sikoracenter.org | | | | | | | | | |
| Phone: 856-963-1312 FAX: 856-963-2927 | | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> | |
| LICENSED Levels of Care | Yes | Yes | | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | | |

Cape May County

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000306</u> | | | | | | | | |
| Cape Counseling Services, Inc. | | | | | | | | |
| 128 Crest Haven Road Cape May Court House, New Jersey 08210 | | | | | | | | |
| EMAIL: eolwell@capecounseling.org | | | | | | | | |
| Phone: 609-465-4100 FAX: 609-465-2588 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | Yes | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000070</u> | | | | | | | | |
| Families Matter, LLC | | | | | | | | |
| 899 Bayshore Road Villas, NJ 08251 | | | | | | | | |
| EMAIL: Familiesinc@comcast.net | | | | | | | | |
| Phone: 609-886-8666 FAX: 609-886-9666 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes |
|---|--|---------------------------|---|---------------------------------------|
| <u>SITE LICENSE # 2000288</u> | Turning Point, Inc. | | | |
| | 96 Pompton Avenue Verona, NJ 07044 | | | |
| | EMAIL: mguantez@tpnj.org | | | |
| | Phone: 973- 239-9400 FAX: 973-857-4407 | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> |
| | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | |
| APPROVED Levels of Care for DOC MAP | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | |
| APPROVED Levels of Care for MATI | Yes | Yes | | |
| APPROVED Levels of Care for SPB MAP | | | | |
| APPROVED Levels of Care for SJI | | | | |

Gloucester County

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | | |
|--|-------------------------------|---|--------------------------------------|--------------------------------|------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000041</u> | | Center for Family Services, Inc. | | | | | | | |
| | | 601 S. Black Horse Pike, Williamstown, New Jersey 08094 | | | | | | | |
| | | EMAIL: Lmur@centerffs.org | | | | | | | |
| | | Phone: 856-728-0404 FAX: 856-728-1407 | | | | | | | |
| | | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | |
| APPROVED Levels of Care for DUII | | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | | |
| APPROVED Levels of Care for SJI | | Yes | Yes | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | | |
|--|-------------------------------|---|--------------------------------------|--------------------------------|------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000445</u> | | Center for Family Services, Inc. | | | | | | | |
| | | 250 South Delsea Drive, Glassboro, New Jersey 08028 | | | | | | | |
| | | EMAIL: Lmur@centerffs.org | | | | | | | |
| | | Phone: 856-881-5403 FAX: 856-881-1707 | | | | | | | |
| | | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | |
| APPROVED Levels of Care for DUII | | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | | |
| APPROVED Levels of Care for SJI | | Yes | Yes | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|---|---------------------------|---|---------------------------------------|-------------------|------------------|---------------------|--------------------|
| <u>SITE LICENSE # 2000124</u> | Center for Family Services, Inc./The Sanctuary 17 South Delsea Drive, Glassboro, NJ 08028 EMAIL: Lmur@centerffs.org Phone: 856-881-5511 FAX: 856-881-5582 | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | |

Mercer County

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | | |
|--|-------------------------------|---|--------------------------------------|--------------------------------|------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000313</u> | | Catholic Charities Alcoholism/Addictions Program | | | | | | | |
| | | 39 North Clinton Avenue Trenton, New Jersey 08609 | | | | | | | |
| | | EMAIL: cmussell@cctrenton.org | | | | | | | |
| | | Phone: 609-394-9398 FAX: 609-396-2670 | | | | | | | |
| | | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | Yes | | | | | | | |
| APPROVED Levels of Care for Drug Court | | Yes | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | |
| APPROVED Levels of Care for DUII | | Yes | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | Yes | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | | |
|--|-------------------------------|--|--------------------------------------|--------------------------------|------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000182</u> | | Corner House | | | | | | | |
| | | 369 Witherspoon Street Princeton, New Jersey 08540 | | | | | | | |
| | | EMAIL: gdeblasio@cornerhousenj.org | | | | | | | |
| | | Phone: 609-924-8018 FAX: 609-683-2045 | | | | | | | |
| | | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | | Yes | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> Yes | <u>Recovery Support</u> | | | | |
|---|--------------------------------------|---|--|--------------------------------|-------------------|------------------|---------------------|--------------------|
| <u>SITE LICENSE # 2000345</u> | | New Horizon Treatment Services, Inc. | | | | | | |
| | | 132 Perry Street Trenton, New Jersey 08618 | | | | | | |
| | | EMAIL: michael.hanlon@nhts.net | | | | | | |
| | | Phone: 609-394-8988x19 FAX: 609-394-2402 | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for MATI | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | Yes | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> Yes | <u>Recovery Support</u> | | | | |
|---|--------------------------------------|--|--|--------------------------------|-------------------|------------------|---------------------|--------------------|
| <u>SITE LICENSE # 2000078</u> | | New Horizon Treatment Services, Inc., Gryphon House | | | | | | |
| | | 144 Perry Street Trenton, NJ 08618 | | | | | | |
| | | EMAIL: jane.magruder@nhts.net | | | | | | |
| | | Phone: 609-394-8988 FAX: 609-394-2402 | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for MATI | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | Yes | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes |
|---|---|---------------------------|---|---------------------------------------|
| <u>SITE LICENSE # 2000319</u> | New Hope Foundation, Inc., The Open Door | | | |
| | 2-4 New and Kirkpatrick Streets New Brunswick, New Jersey 08901 | | | |
| | EMAIL: Tcomerford@newhopefoundation.org | | | |
| | Phone: 732-246-4800 FAX: 732-246-4860 | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> |
| | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | Yes | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | Yes | |
| APPROVED Levels of Care for DOC MAP | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | Yes | |
| APPROVED Levels of Care for MATI | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | Yes | |
| APPROVED Levels of Care for SJI | | | | |

Monmouth County

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000315</u> | | | | | | | | |
| Catholic Charities - Project FREE | | | | | | | | |
| 238 Neptune Boulevard Neptune, New Jersey 07753 | | | | | | | | |
| EMAIL: gdavis-lane@cctrenton.org | | | | | | | | |
| Phone: 732-897-7701 FAX: 732-897-7705 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000341</u> | | | | | | | | |
| Community YMCA Family Services | | | | | | | | |
| 166 Main Street Matawan, New Jersey 07747 | | | | | | | | |
| EMAIL: jkrolack@cymca.org | | | | | | | | |
| Phone: 732-290-9040 FAX: 732-566-0433 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> | | | | |
|--|-------------------------------|--------------------|--------------------------------------|-------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000332</u> | | | | | | | | |
| CPC Behavioral Healthcare, Inc. | | | | | | | | |
| 270 Highway 35, Red Bank, New Jersey 07701 | | | | | | | | |
| EMAIL: vsansone@cpcbhc.org | | | | | | | | |
| Phone: 732-842-2000 FAX: 732-212-2890 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> | | | | |
|---|-------------------------------|--------------------|--------------------------------------|-------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000037</u> | | | | | | | | |
| Discovery Institute for Addictive Disorder | | | | | | | | |
| 80 Conover Road Marlboro, New Jersey 07746 | | | | | | | | |
| EMAIL: pgiandonato@discoverynj.org | | | | | | | | |
| Phone: 732-946-9444 FAX: 732-946-0758 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> | | | | |
|--|-------------------------------|---|--------------------------------------|-------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 1000051</u> | | Discovery Institute for Addictive Disorders, Inc. | | | | | | |
| | | 80 Conover Road Marlboro, New Jersey 07746 | | | | | | |
| | | EMAIL: pgiandonato@discoverynj.org | | | | | | |
| | | Phone: 732-946-9444 FAX: 732-946-0758 | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | | | Yes | Yes | | | |
| APPROVED Levels of Care for Drug Court | | | | Yes | Yes | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | Yes | Yes | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|--|-------------------------------|---|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 1000057</u> | | Mattie House | | | | | | |
| | | 86 Conover Road Marlboro, New Jersey 07746 | | | | | | |
| | | EMAIL: Tcomerford@newhopefoundation.org | | | | | | |
| | | Phone: 732-817-0616 FAX: 732-817-0617 | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | | | | | Yes | | |
| APPROVED Levels of Care for Drug Court | | | | | | Yes | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | Yes | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | Yes | | |
| APPROVED Levels of Care for SJI | | | | | | Yes | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|--|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 1000053</u> | | | | | | | | |
| New Hope Foundation, Inc. | | | | | | | | |
| 80 Conover Road Marlboro, New Jersey 07746 | | | | | | | | |
| EMAIL: Tcomerford@newhopefoundation.org | | | | | | | | |
| Phone: 732-946-3030 FAX: 732-946-4891 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | | | Yes | Yes | | Yes | Yes |
| APPROVED Levels of Care for Drug Court | | | | Yes | Yes | | Yes | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | Yes | Yes | | Yes | Yes |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | Yes | Yes | | Yes | |
| APPROVED Levels of Care for SJI | | | | Yes | Yes | | Yes | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|--|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000110</u> | | | | | | | | |
| New Hope Foundation, Inc., Phillips House Outpatient Services | | | | | | | | |
| 190 Chelsea Avenue Long Branch, NJ 07740 | | | | | | | | |
| EMAIL: Tcomerford@newhopefoundation.org | | | | | | | | |
| Phone: 732-870-8500 FAX: 732-222-9315 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | |

Morris County

| Approved Enhancements | <u>Clinical Review</u> | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> | | | | |
|---|------------------------|--------------------|--------------------------------------|-------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000329</u> | | | | | | | | |
| Daytop Outpatient | | | | | | | | |
| 320-360 West Hanover Avenue, Parsippany, New Jersey 07054 | | | | | | | | |
| EMAIL: | | | | | | | | |
| Phone: 973-539-5624 FAX: 973-539-5489 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> | | | | |
|---|------------------------|--------------------|--------------------------------------|-------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 1000089</u> | | | | | | | | |
| Daytop Village, Inc. | | | | | | | | |
| 80 West Main Street Mendham, New Jersey 07945 | | | | | | | | |
| EMAIL: | | | | | | | | |
| Phone: 973-543-5656 FAX: 973-543-7502 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | | | | Yes | | | |
| APPROVED Levels of Care for Drug Court | | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

Ocean County

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000330</u> | | | | | | | | |
| Preferred Behavioral Health of N.J., Inc. | | | | | | | | |
| 848 West Bay Avenue Barnegat, New Jersey 08005 | | | | | | | | |
| EMAIL: esullivan@preferredbehavioral.org | | | | | | | | |
| Phone: 609-660-0197 FAX: 609-660-0132 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000152</u> | | | | | | | | |
| Preferred Behavioral Health of New Jersey, Inc. | | | | | | | | |
| 700 Airport Road, Lakewood, New Jersey 08701 | | | | | | | | |
| EMAIL: esullivan@preferredbehavioral.org | | | | | | | | |
| Phone: 732-367-4700 X123 FAX: 732-364-4190 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | Yes | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | | | | <u>Recovery Support</u> Yes | |
|--|-------------------------------|--|--------------------------------------|------------|------------|-----------|--------------------------------|-------------|
| <u>SITE LICENSE # 2000128</u> | | Seashore Family Services of New Jersey | | | | | | |
| | | 35 Beaverson Blvd., Bldg., 8, Suite 8A Brick, NJ 08723 | | | | | | |
| | | EMAIL: nrettino@sfsnj.org | | | | | | |
| | | Phone: 732-477-3507 FAX: 732-477-3527 | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | | | | <u>Recovery Support</u> Yes | |
|--|-------------------------------|---|--------------------------------------|------------|------------|-----------|--------------------------------|-------------|
| <u>SITE LICENSE # 2000351</u> | | Seashore Family Services of New Jersey | | | | | | |
| | | 226 Main Street Toms River, New Jersey 08753 | | | | | | |
| | | EMAIL: vandersch@sfsnj.org | | | | | | |
| | | Phone: 732-244-1600 FAX: 732-349-5532 | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | | | | <u>Recovery Support</u> Yes | |
|---|---|---------------------------|---|-------------------|-------------------|------------------|---------------------------------------|--------------------|
| <u>SITE LICENSE # 2000323</u> | Seashore Family Services of New Jersey 270 Chambers Bridge Road, Suite 10 Brick, New Jersey 08723 EMAIL: nrettino@sfsnj.org Phone: 732-920-2700 FAX: 732-262-0707 | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | Yes | Yes | | | | | | |
| APPROVED Levels of Care for SPB MAP | Yes | Yes | | | | | | |
| APPROVED Levels of Care for SJI | Yes | Yes | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> Yes | <u>Recovery Support</u> Yes | | | | | | |
|--|-------------------------------|--------------------|---|--------------------------------|------------|-----------|--------------|-------------|--|--|
| <u>SITE LICENSE # 1000079</u> | | | | | | | | | | |
| Straight and Narrow, Inc. - Adolescent Unit | | | | | | | | | | |
| 394 Straight Street Paterson, NJ 07501 | | | | | | | | | | |
| EMAIL: | | | | | | | | | | |
| Phone: 973-345-6000 FAX: 973-881-1550 | | | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> | | |
| LICENSED Levels of Care | | | | | Yes | | | | | |
| APPROVED Levels of Care for Drug Court | | | | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | | | |
|--|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|--|--|
| <u>SITE LICENSE # 1000062</u> | | | | | | | | | | |
| Turning Point, Inc | | | | | | | | | | |
| 680 Broadway Paterson, NJ 07514 | | | | | | | | | | |
| EMAIL: mguantez@tpnj.org | | | | | | | | | | |
| Phone: 973-239-9400 FAX: 973-239-2744 | | | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> | | |
| LICENSED Levels of Care | | | | Yes | | | Yes | Yes | | |
| APPROVED Levels of Care for Drug Court | | | | Yes | | | Yes | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | Yes | | | Yes | Yes | | |
| APPROVED Levels of Care for MATI | | | | Yes | | | Yes | Yes | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | Yes | | | Yes | | | |

Sussex County

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | | | | | | |
|--|-------------------------------|--------------------|--------------------------------------|--------------------------------|---|------------|------------|-----------|--------------|-------------|--|--|--|
| <u>SITE LICENSE # 2000012</u> | | | | | Capitol Care Inc. Outpatient Treatment Program | | | | | | | | |
| | | | | | 185 Route 183 Stanhope, NJ 07874 | | | | | | | | |
| | | | | | EMAIL: tcooke@capitol-care.org | | | | | | | | |
| | | | | | Phone: 973-426-1440 FAX: 973-426-1642 | | | | | | | | |
| | | | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> | | | |
| LICENSED Levels of Care | | | | | Yes | Yes | Yes | | | | | | |
| APPROVED Levels of Care for Drug Court | | | | | Yes | Yes | Yes | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | Yes | Yes | Yes | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | Yes | Yes | Yes | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | | | | |
|--|-------------------------------|--------------------|--------------------------------------|--------------------------------|---|------------|------------|-----------|--------------|-------------|--|
| <u>SITE LICENSE # 2000001</u> | | | | | Center for Prevention and Counseling | | | | | | |
| | | | | | 61 Spring Street Newton, NJ 07860 | | | | | | |
| | | | | | EMAIL: Barbara@centerforprevention.org | | | | | | |
| | | | | | Phone: 973-383-4787 FAX: 973-383-6576 | | | | | | |
| | | | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> | |
| LICENSED Levels of Care | | | | | Yes | Yes | | | | | |
| APPROVED Levels of Care for Drug Court | | | | | Yes | Yes | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | Yes | Yes | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000202</u> | | | | | | | | |
| Sunrise House Foundation Outpatient Services | | | | | | | | |
| 37 Sunset Inn Road Lafayette, New Jersey 07848 | | | | | | | | |
| EMAIL: george.dominguez@sunrisehouse.com | | | | | | | | |
| Phone: 973-383-6300 FAX: 973-383-3940 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for Drug Court | Yes | Yes | Yes | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|--|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 1000024</u> | | | | | | | | |
| Sunrise House Foundation, Inc. | | | | | | | | |
| 37 Sunset Inn Road Lafayette, New Jersey 07848 | | | | | | | | |
| EMAIL: george.dominguez@sunrisehouse.com | | | | | | | | |
| Phone: 973-383-6300 FAX: 973-383-3940 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | | | Yes | Yes | | Yes | |
| APPROVED Levels of Care for Drug Court | | | | Yes | | | Yes | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | Yes | | | Yes | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | Yes | | | Yes | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|---|---|---------------------------|---|---------------------------------------|-------------------|------------------|---------------------|--------------------|
| <u>SITE LICENSE # 1000016</u> | Sunrise House Halfway Home Program | | | | | | | |
| | 47 Main Street Franklin, New Jersey 07416 | | | | | | | |
| | EMAIL: beth.nathans@sunrisehouse.com | | | | | | | |
| | Phone: 973-827-5780 FAX: 973-383-3940 | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | | | | | | Yes | | |
| APPROVED Levels of Care for Drug Court | | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | Yes | | |

Warren County

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|--|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000073</u> | | | | | | | | |
| Family Guidance Center of Warren County | | | | | | | | |
| 128 Maple Avenue Hackettstown, NJ 07840 | | | | | | | | |
| EMAIL: bstover@fgwc.org | | | | | | | | |
| Phone: 908-852-0333 FAX: 908-852-8732 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | | | | | | | |
| APPROVED Levels of Care for Drug Court | | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

| Approved Enhancements | <u>Clinical Review</u> Yes | <u>COOC</u> Yes | <u>Medication Assisted Treatment</u> | <u>Recovery Support</u> Yes | | | | |
|--|-------------------------------|--------------------|--------------------------------------|--------------------------------|------------|-----------|--------------|-------------|
| <u>SITE LICENSE # 2000005</u> | | | | | | | | |
| Family Guidance Center of Warren County | | | | | | | | |
| 370 Memorial Parkway Phillipsburg, NJ 08865 | | | | | | | | |
| EMAIL: bstover@fgwc.org | | | | | | | | |
| Phone: 908-454-4470 FAX: 908-454-5317 | | | | | | | | |
| | <u>OP</u> | <u>IOP</u> | <u>PC</u> | <u>STR</u> | <u>LTR</u> | <u>HH</u> | <u>DETOX</u> | <u>MMID</u> |
| LICENSED Levels of Care | Yes | | | | | | | |
| APPROVED Levels of Care for Drug Court | | | | | | | | |
| APPROVED Levels of Care for DOC MAP | | | | | | | | |
| APPROVED Levels of Care for DUII | | | | | | | | |
| APPROVED Levels of Care for MATI | | | | | | | | |
| APPROVED Levels of Care for SPB MAP | | | | | | | | |
| APPROVED Levels of Care for SJI | | | | | | | | |

