

August 22, 2016

VIA HAND DELIVERY

Ms. Ruby Potter
ruby.potter@maryland.gov
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Sheppard Pratt at Ellicott City
Relocation and Replacement of Special Psychiatric Hospital
Matter No. 15-23-2367

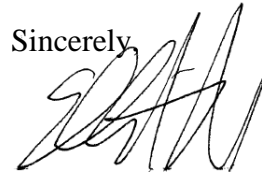
Dear Ms. Potter:

On behalf of applicant Sheppard Pratt Health System, Inc., we are submitting a CD containing searchable PDF files of its Modification in Response to July 29, 2016 Project Status Conference, a Word version of the application, native Excel spreadsheets of the MHCC tables, and two sets of full-size project drawings. Six hard copies of the application and exhibits will be delivered by courier tomorrow.

I hereby certify that a copy of this submission has also been forwarded to the appropriate local health planning agencies as noted below.

Please sign and return to our waiting messenger the enclosed acknowledgment of receipt.

Sincerely



Ella R. Aiken

ERA:blr

Enclosures

cc: Kevin McDonald, Chief, Certificate of Need
Paul Parker, Director, Center for Health Care Facilities Planning & Development, MHCC
Suellen Wideman, Esq., Assistant Attorney General, MHCC
Jinlene Chan, M.D., Health Officer, Anne Arundel County Health Department
Leana S. Wen, M.D., Health Officer, Baltimore City Health Department
Gregory W. Branch, M.D., Health Officer, Baltimore County Health Department

#566702
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GALLAGHER
EVELIUS & JONES LLP
ATTORNEYS AT LAW

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Edwin F. Singer, Health Officer, Carroll County Health Department
Susan C. Kelly, EHS, Health Officer, Harford County Health Department
Maura J. Rossman, M.D., Health Officer, Howard County Health Department
Harsh Trivedi, M.D., M.B.A., President & CEO, Sheppard Pratt Health System
Bonnie Katz, VP, Business Dev. & Support Operations, Sheppard Pratt Health System
Gerald Noll, VP & CFO, Sheppard Pratt Health System
Thomas D. Hess, Special Assistant to the President, Sheppard Pratt Health System
Scott Thomas, Senior VP, Cannon Design
Arin D. Foreman, C.P.A., KPMG
Thomas C. Dame, Esq.

**MODIFICATION TO
CERTIFICATE OF NEED APPLICATION
RELOCATION OF SHEPPARD PRATT AT ELLICOTT CITY
Docket No. 15-13-2367**

“SHEPPARD PRATT AT ELKRIDGE”



Applicant: Sheppard Pratt Health System, Inc.

Original Application: April 10, 2015

**Modification in Response to
Project Status Conference: August 22, 2016**

**SHEPPARD PRATT HEALTH SYSTEM, INC.
SHEPPARD PRATT AT ELLICOTT CITY
RELOCATION AND REPLACEMENT OF SPECIAL PSYCHIATRIC HOSPITAL
Matter No. 15-23-2367**

Modification in Response to July 29, 2016 Project Status Conference

Sheppard Pratt Health System, Inc. ("Applicant"), by its undersigned counsel, pursuant to COMAR § 10.24.01.08.E(2) and in response to the recommendations made during the July 29, 2016 Project Status Conference, submits these modifications to its Application for a Certificate of Need for the Relocation and Replacement of a Special Psychiatric Hospital.

Introduction

Sheppard Pratt is a mission driven, private non-profit psychiatric institution borne of the social reforms of the 19th century. Among Sheppard Pratt's facilities and programs are two specialty hospitals: (1) The Sheppard and Enoch Pratt Hospital, located in Towson, Maryland; and (2) Sheppard Pratt at Ellicott City, located in Ellicott City, Maryland. Today, Sheppard Pratt Health System has nearly 10,000 inpatient admissions annually to its two acute inpatient facilities, including half of all adolescents and a third of all children hospitalized in Central Maryland. Sheppard Pratt at Ellicott City treats nearly 3,000 inpatients annually.

Sheppard Pratt's founder, Quaker philanthropist Moses Sheppard, directed that the institution "do everything for the comfort of the patient" and "meet unmet needs." This project responds to those directives in the 21st century environment by replacing and relocating the Sheppard Pratt at Ellicott City facility, constructed in 1968 and home to Sheppard Pratt at Ellicott City since 2002, to a new facility in Elkridge, Maryland. The new facility is designed to be consistent with modern standards and to meet the diverse needs of Sheppard Pratt's patient population.

I. Modifications to Project Scope, Size and Cost

A. Summary of Project Changes

Applicant submitted its original application on April 10, 2015. A project status conference was held on July 29, 2016, during which Maryland Health Care Commission staff recommended changes to the bed capacity of the proposed project. Applicant has modified the project to conform with the recommended reduction in project bed capacity from 100 beds to 85 beds.

Table 20¹
Summary of Project Changes

	Original Application April 10, 2015	Project Modifications August 22, 2016
Bed Capacity	100 Beds	85 Beds
Services / Units	<u>Unit Type</u> <u>Beds</u>	<u>Unit Type</u> <u>Beds</u>
	General Adult17	General Adult17
	Psychotic Disorders17	Psychotic Disorders17
	Co-Occurring Disorders17	Co-Occurring Disorders17
	Adolescents17	Adolescents17
	Young Ault17	Young Ault17
	Geriatric15	GeriatricEliminated*
Project Size (in gross sq. ft.)	171,490 GSF	155,707 GSF
Project Cost	\$ 102,653,372	\$ 96,532,907

* Eliminated as separate unit. See Section IB, below, for greater discussion.

These changes are discussed in greater detail below.

B. Form Tables and Project Drawings

Applicant has modified all form tables, attached as Exhibit 34,¹ consistent with these project changes. Revised project drawings consistent with the changes are attached as Exhibit 35.

¹ The numbering of tables and exhibits is continued from prior submissions in this review. Table 20 is the first table in this submission. Exhibit 34 is the first Exhibit attached to this submission.

C. Bed and Service Changes

Applicants seek through this modification to construct an 85 bed hospital facility rather than the originally proposed 100 bed facility. Specifically, the proposed 15-bed Geriatric unit has been removed. The modified proposal is for five 17-bed inpatient units, designated as General Adult, Psychotic Disorders (Fenton), Co-Occurring Disorders, Young Adult, and Adolescents. The new design will not include a separate Geriatric unit. The Elkridge facility will admit healthy older adults in the 65 to 70 age band who present with affective disorders such as depression or anxiety. Frail elderly adults with complicated medical co-morbidities or those with dementia will be admitted to the existing Towson facility. No other change in proposed services has been made. The service and bed changes are reflected in the revised tables, Exhibit 34, Table A.

D. Design and Cost Changes

The elimination of the 15-bed unit Geriatric Unit results in a reduction of 15,783 gross square feet ("GSF"). The new total area of the project is 155,707 GSF, reduced from the original proposal of as 171,490 GSF.

This change has resulted in a reduction of the total capital costs for the hospital building, before financing, of more than \$6 million, from \$100,653,372 to \$94,532,907. The total project cost is projected to be \$96,532,907, a reduction of \$6,120,465 from the original project budget of \$102,653,372.

These changes are reflected in the revised tables, Exhibit 34, Tables B through E.

II. Modifications to Responses General Review Criteria

A. 10.24.01.08G(3)(c). Availability of More Cost-Effective Alternatives

In connection with this modification, Applicant revised its Marshall Valuation Service ("MVS") analysis based upon the removal of the Geriatric unit and current MVS criteria/multipliers. That analysis demonstrates that the proposed construction cost for the modified

project is reasonable. Based on the MVS definition of construction cost, including the gross interest during the construction period and excluding the land purchase value, the total construction cost of the proposed project, as modified is \$61,162,367.²

The total square feet / area of the proposed project is 155,707 GSF as follows:

Ground Floor	41,382 GSF
First Floor	58,283 GSF
<u>Second Floor</u>	<u>56,042 GSF</u>
Total Area	155,707 GSF

The total cost per square foot of the Proposed Construction Budget is \$392.80, calculated as \$6,162,367 (construction cost) / 155,707 (Building GSF).

The Marshall Valuation Service Allowable cost per square foot is calculated as follows:

Base Allowable by Marshall Valuation Service	\$365.78
Deduct for no Elevator	\$ 0.00
Subtotal	\$365.78
Story Height Multiplier (15'-0" floor to floor)	1.069
Subtotal	\$391.02
Floor Area-Perimeter Multiplier (Avg. perimeter/floor = 2,337', avg. area/floor = 51,902 gsf)	0.964
Subtotal	\$376.95
Add for Wet Sprinklers	\$ 2.59
Subtotal	\$379.54
Current Cost Multiplier	1.02
Subtotal	\$387.12
Local Area Multiplier	1.05
Total MVS Allowable Cost per Square Foot	\$406.49

Thus, the total Allowable Construction Budget is \$406.49 x 155,707 BGSF = \$63,293,339.

² The base construction cost per square foot was increased by 5% from the original application submitted in April 2015 to account for escalation from the original application to August 2016. This 5% increase is based on the elapsed time and the current market. The 5% is reflecting a 3% annual escalation value over the 16-month extension. MVS currently shows a minimally escalated base value since the April 2015 application. If this escalation factor is not used, the proposed construction cost is reduced even further below the MVS allowable cost value. Thus, the reduction in project costs attributable to the Geriatric unit being removed from the project is greater than the difference between the project cost of the original application and the project cost of the current modification, which includes that reduction but also increases costs by the escalation factor.

In comparison, the proposed construction cost per square foot for this project is \$392.80. The MVS allowable construction cost per square foot allowed is \$406.49. Therefore, the proposed construction cost per square foot is \$13.69 below the MVS allowable cost per square foot.

This narrative replaces the narrative discussing the prior MVS analysis, pages 44-45 of the April 10, 2015 Application.

B. 10.24.01.08G(3)(b). Need

Applicant withdraws those portions of its response to this standard in its April 10, 2015 Application that address need for the geriatric unit. April 10, 2015 Application, pp. 33-42. As described above, the Elkridge facility will admit healthy older adults in the 65 to 70 age band who present with affective disorders such as depression or anxiety. Frail elderly adults with complicated medical co-morbidities or those with dementia will be admitted to the existing Towson facility.

C. 10.24.01.08G(3)(d). Viability of the Proposal

The proposed project is financially feasible. Tables F, G, H, and L have been updated to reflect the changes made through this modification. Table H shows that at its maturity in 2022, the facility reaches an operating margin of 6.03% and a net excess of \$3,260,693, which is sufficient to cover the annual debt service from the project.

As stated in the original application, Applicant intends to raise \$15 million from public and private sources to support the replacement hospital project. Applicant believes this to be an achievable goal. Applicant anticipates an equity contribution of \$14.85 million, \$15 million in fundraising, and the balance to be borrowed through a long-term Maryland Health and Higher Educational Facilities Authority (MHHEFA) tax exempt bond issuance in the amount of \$67 million. In addition, as part of a partial rate application to be filed with the HSCRC, Sheppard Pratt is requesting an increase in rates equal to approximately 50% of the increase in

capital costs (principal and interest) associated with the proposed project. Associated with the expected \$67 million bond issuance at an interest rate of 4%, annual principal and interest payments are expected to total about \$4 million. Applying Sheppard Pratt's approved markup (1.0836) to 50% of annual principal and interest results in an estimate of gross revenue related to the project of about \$2.1 million. Given an assumed opening date of December 2018, the allocation of the funding to Sheppard Pratt at Elkridge that is built into the financial projections on Tables G & H is shown below.

Allocation of Capital Funding to SPHS – Elkridge			
<u>Gross Impact</u>			
<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>
\$ 296,275	\$ 600,511	\$ 616,198	\$616,338

The current facility, Sheppard Pratt at Ellicott City, employs approximately 186 FTEs (215 staff). The new hospital is projected to add 144 new FTEs attributable to the additional services (one additional inpatient units, three additional day hospitals, an intensive outpatient unit program (IOP), a walk-in clinic, electroconvulsive therapy (ECT)) and a more robust infrastructure to support a larger operation. The remainder are administrative and support positions, including a larger security presence, more onsite IT staff, and larger environmental services, plant operations and nutrition services staffs. The Elkridge hospital will also have a dedicated chaplain, an important resource that is not currently available. The Sheppard Pratt at Elkridge operation is projected to have 330 FTEs (380 staff).

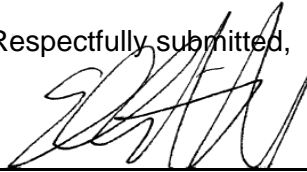
Sheppard Pratt's Human Resources department is confident that these additional staff can be recruited. The Human Resources department relies on a variety of general and discipline-specific online recruiting sites on which to advertise vacancies. Sheppard Pratt strives to maintain a low vacancy rate on all positions and has a large recruitment staff to maintain recruitment, hiring, and orientation momentum.

This narrative replaces the narrative appearing under the heading "Financial Vaibility and Requirement of Staff," April 10, 2015 Application, pp. 46-47 § I.

D. 10.24.01.08G(3)(f). Impact on Existing Providers and the Health Care Delivery System

The impact analysis submitted in the CON application (Table 13, page 53) remains valid. However, the column for "Impact of Elkridge Geriatric Service" should be disregarded since the applicant has eliminated the geriatric unit from the proposal.

Respectfully submitted,



Thomas C. Dame
Ella R. Aiken
Gallagher Evelius & Jones LLP
218 North Charles Street, Suite 400
Baltimore MD 21201
(410) 727-7702

Attorneys for Sheppard Pratt Health System, Inc.

Dated: August 22, 2016

Table of Exhibits

Exhibit	Description
34	MHCC Tables and Statement of Assumptions
35	Project drawings

Table of Tables

Table	Description
20	Summary of Project Changes

I hereby declare and affirm under the penalties of perjury that the facts stated in applicant's Modification in Response to July 29, 2016 Project Status Conference and its attachments are true and correct to the best of my knowledge, information, and belief.

August 22, 2016

Date

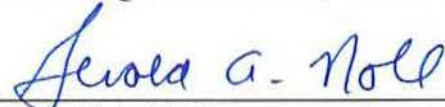


Bonnie Katz
Vice President, Business Development
and Support Operations
Sheppard Pratt Health System, Inc.

I hereby declare and affirm under the penalties of perjury that the facts stated in applicant's Modification in Response to July 29, 2016 Project Status Conference and its attachments are true and correct to the best of my knowledge, information, and belief.

August 22, 2016

Date



Gerald A. Noll

Vice President and Chief Financial
Officer

Sheppard Pratt Health System, Inc.

#524243
011000-0005

I hereby declare and affirm under the penalties of perjury that the facts stated in applicant's Modification in Response to July 29, 2016 Project Status Conference and its attachments are true and correct to the best of my knowledge, information, and belief.

August 22, 2016

Date



Scott Thomas
Architect and Senior Vice President
Cannon Design

EXHIBIT 34

Name of Applicant: Sheppard Pratt Health System, Inc.

Date of Submission: 22-Aug-16

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.

<u>Table Number</u>	<u>Table Title</u>	<u>Instructions</u>
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	Departmental Gross Square Feet	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.
Table C	Construction Characteristics	All applicants proposing new construction or renovation must complete Table C.
Table D	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table D.
Table E	Project Budget	All applicants, regardless of project type or scope, must complete Table E.
Table F	Statistical Projections - Entire Facility	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.
Table G	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table F.
Table H	Revenues & Expenses, Inflated - Entire Facility	Existing facility applicants must complete Table H. The projected revenues and expenses in H should be consistent with the projections in Tables F and G.
Table I	Statistical Projections - New Facility or Service	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table I. All applicants who complete this table must also complete Tables J and K.
Table J	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who completes a Table I must complete Table J. The projected revenues and expenses in Table J should be consistent with the volume projections in Table I.
Table K	Revenues & Expenses, Inflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant that completes a Table I must complete Table K. The projected revenues and expenses in Table K should be consistent with the projections in Tables I and J.
Table L	Manpower	All applicants, regardless of project type or scope, must complete Table L.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTION: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. See additional instruction in the column to the right of the table.

NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion						
Hospital Service	Location (Floor/Wing)*	Licensed Beds:	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity				
			Room Count			Bed Count			Room Count			Bed Count	
		Private	Semi-Private	Total Rooms	Physical Capacity	Private			Semi-Private	Total Rooms	Physical Capacity		
ACUTE CARE							ACUTE CARE						
General Medical/Surgical*					0	0	General Medical/Surgical*				0	0	
					0	0					0	0	
					0	0					0	0	
					0	0					0	0	
					0	0					0	0	
SUBTOTAL Gen. Med/Surg*							SUBTOTAL Gen. Med/Surg*						
ICU/CCU					0	0	ICU/CCU				0	0	
Other (Specify/add rows as needed)					0	0					0	0	
TOTAL MSGA							TOTAL MSGA						
Obstetrics					0	0	Obstetrics				0	0	
Pediatrics					0	0	Pediatrics				0	0	
Psychiatric		92	0	39	39	78	Psychiatric		75	5	80	85	
General Adult				10	10	20	General Adult	Floor 1	15	1	16	17	
Co-occurring				9	9	18	Co-occurring	Floor 2	15	1	16	17	
Fenton				9	9	18	Fenton Unit	Floor 1	15	1	16	17	
Adolescent				11	11	22	Adolescent	Ground Floor	15	1	16	17	
							Young Adult Unit	Floor 2	15	1	16	17	
TOTAL ACUTE		92	0	39	39	78	TOTAL ACUTE		75	5	80	85	
NON-ACUTE CARE							NON-ACUTE CARE						
Dedicated Observation**					0	0	Dedicated Observation**				0	0	
Rehabilitation					0	0	Rehabilitation				0	0	
Comprehensive Care					0	0	Comprehensive Care				0	0	
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)				0	0	
TOTAL NON-ACUTE							TOTAL NON-ACUTE						
HOSPITAL TOTAL		92	0	39	39	78	HOSPITAL TOTAL		75	5	80	85	

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

INSTRUCTION: Add or delete rows if necessary. See additional instruction in the column to the right of the table.

DEPARTMENT/FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
General Adult Unit	5,697	12,209			12,209
Adolescent Unit	6,090	12,209			12,209
Co-Occurring Unit	5,861	12,209			12,209
Fenton Unit	5,462	12,209			12,209
Young Adult Unit	n/a	12,209			12,209
Lobby Admissions / Intake/ CWIC	2,434	5,265			5,265
Administration	1,605	3,240			3,240
Clinical Services	1,731	4,074			4,074
Pharmacy	648	1,800			1,800
Day Hospitals	4,093	14,729			14,729
Inpatient Treatment Team	729	754			754
Gymnasium	3,809	6,470			6,470
Meditation Suite	n/a	754			754
Education / Conference Center	782	2,484			2,484
Judicial Suite	n/a	999			999
Dietary	4,738	5,575			5,575
EVS - Housekeeping / Laundry	963	1,350			1,350
Maintenance / Engineering / Security	2,612	6,544			6,544
					0
Sub-total	47,256	115,083			115,083
Building Grossing Factor	1.28	1.35			1.35
Total BGSF	60,289	155,707			155,707

Additional Instruction
Total After Project Completion should equal square feet to be added, renovated, and remain as is

Calculate sum of all rows

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

TABLE C. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.

	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Basement		
Ground Level	41,382	
Level 1	58,283	
Level 2	56,042	
Average Square Feet	51,902	
Perimeter in Linear Feet	Linear Feet	
Basement		
Ground Level	2,236	
Level 1	2,489	
Level 2	2,406	
Total Linear Feet	7,131	
Average Linear Feet	2,377	
Wall Height (floor to eaves)	Feet	
Basement		
Ground Level	15	
Level 1	15	
Level 2	15	
Average Wall Height	15	
OTHER COMPONENTS		
Elevators	List Number	
Passenger	5	
Freight	1	
Sprinklers	Square Feet Covered	
Wet System	152,487	
Dry System		
Electrical Room	2,920	
Loading Dock	6,750	
Server Room	300	
Bridge	1,410	
Ambulance Area	7,750	
Dry System Total	19,130	
Other	Describe Type	
Type of HVAC System for proposed project	Overhead air, VAV terminal units with hot water reheat	
Type of Exterior Walls for proposed project	Assembly of masonry, glass, wood and metal panels	

TABLE C. CONSTRUCTION CHARACTERISTICS

Notes to Accompany Table C

Sprinklers (Line 44): Any building structure or canopy that a vehicle can drive under has to be sprinkled. This includes the bridge, loading dock and ambulance area, although none are inside the building. This is required and will be served from the water service that serves the interior sprinkler systems.

HVAC System (Line 54): The building HVAC system shall consist of a combination of VAV with hot water reheat, single zone VAV air handling units with energy recovery, single zone make up air units for the kitchen and dedicated outdoor air units with hybrid fan powered terminal units. All air handling units with the exception of the Gym AHU will be installed in rooftop mechanical penthouses.

The service wing shall be served by a 15,000 cfm indoor air handling unit, AHUA, with VAV terminals with hot water reheat.

The kitchen and dietary areas will be served by an indoor 5,000 cfm 100% outdoor air make up air unit to provide conditioned air to the kitchen areas. Kitchen hoods and dishwashing will be served by dedicated exhaust fans as required by the mechanical code.

The gym will be served by AHU-B1 which will be a rooftop 5,000 cfm 100% outdoor air single zone VAV unit with total energy recovery wheel. The dining and serving area will be served by AHU-B2 which will be an indoor 6,000 cfm 100% outdoor air single zone VAV unit with total energy wheel.

The day hospital, treatment and support spaces in the main central portion of the building will be served by AHU-C, which will be an indoor 20,000 cfm dedicated outdoor air unit with dual heat wheels. Air distribution will be provided by hybrid fan powered terminal units with sensible cooling coils and hot water heating coils similar to Krueger KLPS-D. Sensible cooling coils will be served by a dedicated secondary water system that will operate with 58 degree chilled water supplied by a dedicated pumping system with blending valve located in the mechanical room above the dining area.

The three story inpatient wing will be served by one air handling unit AHU-D which will be 30,000 cfm indoor VAV air handling units with VAV terminal and hot water reheat. The two story inpatient units will be served by a similar single air handling unit AHU-E with a capacity of 22,000 cfm. Each patient room will be provided with a dedicated VAV terminal unit and support and common areas will be grouped together by exposure and function into VAV terminal unit zones.

Toilet and general exhaust in the patient wings will be provided by rooftop dome exhaust fans one for each patient wing.

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

***INSTRUCTION:** If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table D for each structure.*

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	\$150,000	
Utilities from Structure to Lot Line	\$165,000	
Subtotal included in Marshall Valuation Costs	\$315,000	
Site Demolition Costs		
Storm Drains		
Rough Grading		
Hillside Foundation		
Paving		
Exterior Signs		
Landscaping		
Walls		
Yard Lighting		
Other <i>(Specify/add rows if needed)</i>	\$1,316,400	
Subtotal On-Site excluded from Marshall Valuation Costs	\$1,316,400	
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees	\$93,600	
Other <i>(Specify/add rows if needed)</i>		
Subtotal Off-Site excluded from Marshall Valuation Costs	\$93,600	
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$1,410,000	\$0
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$1,725,000	\$0

*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

TABLE E. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. See additional instruction in the column to the right of the table.

NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.a as a use of funds and on line B.8 as a source of funds

	Hospital Building	Other Structure	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. Land Purchase	\$2,837,150		\$2,837,150
b. New Construction			
(1) Building	\$52,383,532		\$52,383,532
(2) Fixed Equipment	in above		\$0
(3) Site and Infrastructure	\$315,000		\$315,000
(4) Architect/Engineering Fees	\$5,048,863		\$5,048,863
(5) Permits (Building, Utilities, Etc.)	\$1,059,000		\$1,059,000
SUBTOTAL	\$58,806,395	\$0	\$58,806,395
c. Renovations			
(1) Building			\$0
(2) Fixed Equipment (not included in construction)			\$0
(3) Architect/Engineering Fees			\$0
(4) Permits (Building, Utilities, Etc.)			\$0
SUBTOTAL	\$0	\$0	\$0
d. Other Capital Costs			
(1) Movable Equipment	\$5,950,000		\$5,950,000
(2) Contingency Allowance	\$9,578,370		\$9,578,370
(3) Gross interest during construction period	\$2,355,972		\$2,355,972
(4) Other (Specify/add rows if needed)			
Permits (Campus Dev, Wetlands, Storm Water Mgmt)	\$1,000,103		\$1,000,103
Specialty Hardware & Security	\$1,000,000		\$1,000,000
Technology - IT, AV, Safety, & Communications	\$3,100,000		\$3,100,000
Exterior Courtyards / Security Walls	\$500,000		\$500,000
Balconies	\$272,268		\$272,268
Balcony Hardscaping / Landscaping	\$500,000		\$500,000
Canopies	\$150,000		\$150,000
Sitework - Roads and Parking Lots	\$1,410,000		\$1,410,000
Architectural / Engineer Fees for other Capital Cost	\$1,814,814		\$1,814,814
Non-AE Fees	\$1,372,735		\$1,372,735
SUBTOTAL	\$29,004,262		\$29,004,262
TOTAL CURRENT CAPITAL COSTS	\$90,647,807	\$0	\$90,647,807
e. Inflation Allowance	\$3,885,100		\$3,885,100
TOTAL CAPITAL COSTS	\$94,532,907	\$0	\$94,532,907
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$1,400,000		\$1,400,000
b. Bond Discount	\$300,000		\$300,000
c. Legal Fees	\$250,000		\$250,000
d. Non-Legal Consultant Fees	\$50,000		\$50,000
e. Liquidation of Existing Debt			\$0
f. Debt Service Reserve Fund			\$0
g. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$2,000,000		\$2,000,000
3. Working Capital Startup Costs			\$0
TOTAL USES OF FUNDS	\$96,532,907	\$0	\$96,532,907
B. Sources of Funds			
1. Cash	\$14,857,500		\$14,857,500
2. Philanthropy (to date and expected)	\$7,500,000		\$7,500,000
3. Authorized Bonds	\$66,675,407		\$66,675,407
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage			\$0
6. Working Capital Loans			\$0
7. Grants or Appropriations			
a. Federal			\$0
b. State	\$7,500,000		\$7,500,000
c. Local			\$0
8. Other (Specify/add rows if needed)			\$0
TOTAL SOURCES OF FUNDS	\$96,532,907		\$96,532,907
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0
Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.			

TABLE E. PROJECT BUDGET

Statement of Assumptions – Project Costs

General:

The construction cost estimate was based upon Architectural Plans, Program & Engineering Narratives dated December 2014. It was supplemented with conversations with the Architects and the Engineers.

All estimated building systems costs and owner soft costs were compared to “normalized” (area factored to Towson / Baltimore metro, MD and escalated to today’s prices) constructed and project costs of similar size and similar program building types for reasonableness.

Costs are based upon a competitive open book CM with a Guaranteed Maximum Price project delivery process.

Exclusions:

- Material Sales Tax
- Project Labor Agreement – Labor rates are based upon a competitively – qualified low bid process
- Hazardous Material removal and structure removal from the existing site.
- Project phasing
- Land acquisition costs and project financing

Systems assumptions:

- **A10 Foundations** - Conventional spread footing system
- **B10 Superstructure** - Floor Framing 16 LBs / BGSF to cover structure and misc. metals. Roof framing- 14 LBs/ Roof Area
- **B20 Exterior Enclosure** - Wall surface areas based upon Architectural model take off of glass and solid surface areas. Glass is laminated tamper resistant but not unbreakable.
- **B30 Roofing** - Membrane System on sloped insulation.
- **C10 Interior Construction** - Benchmarked SF dollars
- **C30 Interior Finishes & E10 Equipment & E20 Furnishings** - Benchmarked SF dollars based upon program. Includes but not limited to; Psychiatric Showers, Casework, Recreational Equipment, Toilet Accessories, Medical Equipment Built In.
- **C20 Stairs & D10 Conveying** - Benchmarked Unit pricing.
- **D20 thru D50 MEP Engineering - Detailed** Estimates as provided. Based upon Engineering narratives.
- **Z10 CM General Conditions** – Benchmarking Average to cover all CM Indirect Construction Costs. Including but not limited to: General Conditions, General Requirements, Fees, and Insurances & CM Contingencies.
- **Site Developments** - Lump sum allowance to cover all site grading rough and backfill, site improvements and utility allowances for hook-ups

- **Mark-Ups:**
 - Design & Estimating Contingency= 10%
 - Construction Contingency= 5%
 - Escalation- 3% per year to a construction Mid Point (6/2018).
 - Design Fees-10%
 - Permits and Testing and Administration Costs-2.5%
- The following Owner direct buy systems were provided as part of Owner direct buying contracts.
 - Major Medical Equipment – Loose type 3 including beds, sterilizers and freezers. \$25/SF of Medical Space.
 - Dietary & Laundry- \$100/SF of food prep and laundry areas.
 - Furnishings- Loose Tables, Chairs and Gurnee's \$20/SF of BGSF.
 - Technology- LV Systems of AV, IT, Safety. \$20/SF of BGSF.
 - 10% Owner conditions

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.						
Indicate CY or FY	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
1. DISCHARGES										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA	0	0	0	0	0	0	0	0	0	0
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric	2,911	2,817	2,941	2,970	2,970	2,970	3,046	3,399	3,580	3,580
Total Acute	2,911	2,817	2,941	2,970	2,970	2,970	3,046	3,399	3,580	3,580
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL DISCHARGES	2,911	2,817	2,941	2,970	2,970	2,970	3,046	3,399	3,580	3,580
2. PATIENT DAYS										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA	0	0	0	0	0	0	0	0	0	0
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric	21,008	21,011	21,375	21,769	21,769	21,769	23,023	26,458	27,930	27,930
Total Acute	21,008	21,011	21,375	21,769	21,769	21,769	23,023	26,458	27,930	27,930
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL PATIENT DAYS	21,008	21,011	21,375	21,769	21,769	21,769	23,023	26,458	27,930	27,930
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. General Medical/Surgical*	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. ICU/CCU	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total MSGA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
c. Pediatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Obstetric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	7.2	7.5	7.3	7.3	7.3	7.3	7.6	7.8	7.8	7.8
Total Acute	7.2	7.5	7.3	7.3	7.3	7.3	7.6	7.8	7.8	7.8
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.						
Indicate CY or FY	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
h. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	7.2	7.5	7.3	7.3	7.3	7.3	7.6	7.8	7.8	7.8
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA	0	0	0	0	0	0	0	0	0	0
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric	78	78	78	78	78	78	85	85	85	85
Total Acute	78	78	78	78	78	78	85	85	85	85
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL LICENSED BEDS	78	78	78	78	78	78	85	85	85	85
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. General Medical/Surgical*	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. ICU/CCU	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total MSGA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
c. Pediatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Obstetric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	73.8%	73.8%	75.1%	76.5%	76.5%	76.5%	74.2%	85.3%	90.0%	90.0%
Total Acute	73.8%	73.8%	75.1%	76.5%	76.5%	76.5%	74.2%	85.3%	90.0%	90.0%
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	73.8%	73.8%	75.1%	76.5%	76.5%	76.5%	74.2%	85.3%	90.0%	90.0%
6. OUTPATIENT VISITS										
a. Emergency Department										
b. Same-day Surgery										
c. Laboratory										
d. Imaging										
e. Other (Specify/add rows of needed)										

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.						
Indicate CY or FY	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Day Hospital	2,875	2,875	2,904	3,175	3,175	3,175	9,398	17,780	17,780	17,780
Intensive Outpatient							1,375	2,625	2,625	2,625
Electroconvulsive Therapy (ECT)							1,370	2,743	2,743	2,743
TOTAL OUTPATIENT VISITS	2,875	2,875	2,904	3,175	3,175	3,175	12,143	23,148	23,148	23,148
7. OBSERVATIONS**										
a. Number of Patients										
b. Hours										

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income. See additional instruction in the column to the right of the table.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.						
	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
1. REVENUE										
a. Inpatient Services	\$ 23,937,093	\$ 24,573,143	\$ 24,345,936	\$ 24,345,936	\$ 24,345,936	\$ 24,345,936	\$ 26,406,740	\$ 31,021,975	\$ 32,549,458	\$ 32,549,458
b. Outpatient Services	\$ 4,201,671	\$ 4,146,485	\$ 4,310,349	\$ 4,310,349	\$ 4,310,349	\$ 4,310,349	\$ 9,574,832	\$ 14,202,372	\$ 14,357,072	\$ 14,372,256
Rate Adjustment							\$ 296,275	\$ 600,511	\$ 616,198	\$ 616,338
Gross Patient Service Revenues	\$28,138,764	\$28,719,628	\$28,656,285	\$28,656,285	\$28,656,285	\$28,656,285	\$36,277,847	\$45,824,858	\$47,522,728	\$47,538,052
c. Allowance For Bad Debt	\$ 338,418	\$ 534,722	\$ 549,442	\$ 549,442	\$ 549,442	\$ 549,442	\$ 799,558	\$ 1,091,237	\$ 1,138,385	\$ 1,139,017
d. Contractual Allowance	\$ 4,784,830	\$ 4,461,114	\$ 4,492,817	\$ 4,492,817	\$ 4,492,817	\$ 4,492,817	\$ 5,662,724	\$ 7,015,169	\$ 7,239,674	\$ 7,250,566
e. Charity Care	\$ 2,892,542	\$ 2,183,596	\$ 859,035	\$ 859,035	\$ 859,035	\$ 859,035	\$ 1,058,985	\$ 1,330,975	\$ 1,418,696	\$ 1,418,696
Rate Adjustment Allowance							\$ 78,656	\$ 159,425	\$ 163,590	\$ 163,627
Net Patient Services Revenue	\$20,122,974	\$21,540,196	\$22,754,991	\$22,754,991	\$22,754,991	\$22,754,991	\$28,677,924	\$36,228,052	\$37,562,383	\$37,566,146
f. Other Operating Revenues (Specify/add rows if needed)	\$ 11,418	\$ 15,149	\$ 49,836	\$ 49,836	\$ 49,836	\$ 49,836	\$ 66,561	\$ 66,561	\$ 66,561	\$ 66,561
NET OPERATING REVENUE	\$20,134,392	\$21,555,345	\$22,804,827	\$22,804,827	\$22,804,827	\$22,804,827	\$28,744,485	\$36,294,613	\$37,628,944	\$37,632,707
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 12,189,729	\$ 12,772,943	\$ 12,624,949	\$ 12,624,949	\$ 12,624,949	\$ 12,624,949	\$ 17,063,471	\$ 21,871,949	\$ 22,750,029	\$ 22,750,029
b. Contractual Services	\$ 583,211	\$ 670,529	\$ 675,846	\$ 675,846	\$ 675,846	\$ 675,846	\$ 899,796	\$ 1,109,791	\$ 1,151,981	\$ 1,157,281
c. Interest on Current Debt										
d. Interest on Project Debt							\$ 1,328,683	\$ 2,621,965	\$ 2,573,162	\$ 2,522,371
e. Current Depreciation	\$ 261,883	\$ 251,665	\$ 238,109	\$ 238,109	\$ 238,109	\$ 238,109	\$ 282,100	\$ 344,271	\$ 360,491	\$ 360,491
f. Project Depreciation							\$ 1,592,830	\$ 3,185,659	\$ 3,186,659	\$ 3,186,659
g. Current Amortization										
h. Project Amortization										
i. Supplies	\$ 1,160,064	\$ 1,188,745	\$ 1,073,747	\$ 1,073,747	\$ 1,073,747	\$ 1,073,747	\$ 1,314,294	\$ 1,505,865	\$ 1,557,063	\$ 1,557,063
j. Rentals	\$ 1,215,046	\$ 1,266,097	\$ 1,112,457	\$ 1,112,457	\$ 1,112,457	\$ 1,112,457	\$ 118,211	\$ 299,131	\$ 375,943	\$ 375,943
k. Other	\$ 342,362	\$ 324,198	\$ 263,193	\$ 263,193	\$ 263,193	\$ 263,193	\$ 283,727	\$ 316,716	\$ 329,324	\$ 329,324
l. Corporate Overhead	\$ 3,558,560	\$ 3,689,788	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071	\$ 3,223,071
TOTAL OPERATING EXPENSES	\$19,310,855	\$20,163,965	\$19,211,372	\$19,211,372	\$19,211,372	\$19,211,372	\$26,106,183	\$34,478,418	\$35,507,723	\$35,462,232
3. INCOME										
a. Income From Operation	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 2,638,302	\$ 1,816,195	\$ 2,121,221	\$ 2,170,475
b. Non-Operating Income										
SUBTOTAL	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 2,638,302	\$ 1,816,195	\$ 2,121,221	\$ 2,170,475
c. Income Taxes										
NET INCOME (LOSS)	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 3,593,455	\$ 2,638,302	\$ 1,816,195	\$ 2,121,221	\$ 2,170,475
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	14.7%	14.9%	14.8%	14.8%	14.8%	14.8%	18.3%	20.6%	20.0%	21.4%
2) Medicaid	37.9%	37.8%	38.0%	38.0%	38.0%	38.0%	32.2%	28.5%	29.1%	30.0%
3) Blue Cross	18.9%	18.8%	18.8%	18.8%	18.8%	18.8%	20.2%	21.1%	21.0%	19.9%
4) Commercial Insurance	20.8%	20.8%	20.7%	20.7%	20.7%	20.7%	22.4%	23.4%	23.3%	22.0%
5) Self-pay	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	4.4%	3.8%	4.0%	4.3%
6) Other	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.6%	2.6%	2.6%	2.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.1%	100.0%	100.0%	100.0%
b. Percent of Equivalent Inpatient Days										
1) Medicare	14.8%	15.0%	15.0%	15.0%	15.0%	15.0%	19.1%	22.1%	21.4%	21.4%
2) Medicaid	37.7%	37.6%	37.6%	37.6%	37.6%	37.6%	32.8%	29.4%	30.0%	30.0%
3) Blue Cross	19.0%	18.9%	18.9%	18.9%	18.9%	18.9%	19.5%	19.9%	19.9%	19.9%
4) Commercial Insurance	20.9%	20.8%	20.8%	20.8%	20.8%	20.8%	21.6%	22.0%	22.0%	22.0%
5) Self-pay	5.1%	5.2%	5.2%	5.2%	5.2%	5.2%	4.6%	4.2%	4.3%	4.3%
6) Other	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.4%	2.4%	2.4%	2.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.						
	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
25319773										
a. Inpatient Services	\$ 23,937,093	\$ 24,573,143	\$ 24,345,936	\$ 24,832,855	\$ 25,319,773	\$ 25,806,692	\$ 28,519,279	\$ 34,124,172	\$ 36,455,395	\$ 37,106,382
b. Outpatient Services	\$ 4,201,671	\$ 4,146,485	\$ 4,310,349	\$ 4,396,556	\$ 4,482,763	\$ 4,568,970	\$ 10,340,818	\$ 15,622,610	\$ 16,079,921	\$ 16,384,371
Rate Adjustment							\$ 296,275	\$ 600,511	\$ 616,198	\$ 616,338
Gross Patient Service Revenues	\$ 28,138,764	\$ 28,719,628	\$ 28,656,285	\$ 29,229,411	\$ 29,802,536	\$ 30,375,662	\$ 39,156,372	\$ 50,347,293	\$ 53,151,514	\$ 54,107,091
c. Allowance For Bad Debt	\$ 338,418	\$ 534,722	\$ 549,442	\$ 560,431	\$ 571,420	\$ 582,409	\$ 863,523	\$ 1,200,361	\$ 1,274,991	\$ 1,298,479
d. Contractual Allowance	\$ 4,784,830	\$ 4,461,114	\$ 4,492,817	\$ 4,582,673	\$ 4,672,529	\$ 4,762,386	\$ 6,115,742	\$ 7,716,686	\$ 8,108,435	\$ 8,265,646
e. Charity Care	\$ 2,892,542	\$ 2,183,596	\$ 859,035	\$ 876,216	\$ 893,396	\$ 910,577	\$ 1,143,703	\$ 1,464,072	\$ 1,588,940	\$ 1,617,313
Rate Adjustment Allowance							\$ 78,656	\$ 159,425	\$ 163,590	\$ 163,627
Net Patient Services Revenue	\$ 20,122,974	\$ 21,540,196	\$ 22,754,991	\$ 23,210,091	\$ 23,665,191	\$ 24,120,290	\$ 30,954,748	\$ 39,806,749	\$ 42,015,558	\$ 42,762,026
f. Other Operating Revenues (Specify/add rows if needed)	\$ 11,418	\$ 15,149	\$ 49,836	\$ 50,833	\$ 51,829	\$ 52,826	\$ 71,886	\$ 73,217	\$ 74,548	\$ 75,880
NET OPERATING REVENUE	\$ 20,134,392	\$ 21,555,345	\$ 22,804,827	\$ 23,260,924	\$ 23,717,020	\$ 24,173,116	\$ 31,026,634	\$ 39,879,966	\$ 42,090,106	\$ 42,837,906
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 12,189,729	\$ 12,772,943	\$ 12,624,949	\$ 12,877,448	\$ 13,129,947	\$ 13,382,446	\$ 18,428,549	\$ 24,059,144	\$ 25,480,034	\$ 25,935,035
b. Contractual Services	\$ 583,211	\$ 670,529	\$ 675,846	\$ 689,363	\$ 702,880	\$ 716,397	\$ 971,780	\$ 1,220,770	\$ 1,290,219	\$ 1,319,300
c. Interest on Current Debt										
d. Interest on Project Debt							\$ 1,328,683	\$ 2,621,965	\$ 2,573,162	\$ 2,522,371
e. Current Depreciation	\$ 261,883	\$ 251,665	\$ 238,109	\$ 238,109	\$ 238,109	\$ 238,109	\$ 282,100	\$ 344,271	\$ 360,491	\$ 360,491
f. Project Depreciation							\$ 1,592,830	\$ 3,185,659	\$ 3,186,659	\$ 3,186,659
g. Current Amortization										
h. Project Amortization										
i. Supplies	\$ 1,160,064	\$ 1,188,745	\$ 1,073,747	\$ 1,095,221	\$ 1,116,696	\$ 1,138,171	\$ 1,419,437	\$ 1,656,452	\$ 1,743,910	\$ 1,775,051
j. Rentals	\$ 1,215,046	\$ 1,266,097	\$ 1,112,457	\$ 1,134,706	\$ 1,156,955	\$ 1,179,204	\$ 127,668	\$ 329,044	\$ 421,056	\$ 428,575
k. Other	\$ 342,362	\$ 324,198	\$ 263,193	\$ 268,457	\$ 273,721	\$ 278,985	\$ 306,425	\$ 348,387	\$ 368,843	\$ 375,430
l. Corporate Overhead	\$ 3,558,560	\$ 3,689,788	\$ 3,223,071	\$ 3,287,532	\$ 3,351,994	\$ 3,416,455	\$ 3,480,917	\$ 3,545,378	\$ 3,609,840	\$ 3,674,301
TOTAL OPERATING EXPENSES	\$ 19,310,855	\$ 20,163,965	\$ 19,211,372	\$ 19,590,836	\$ 19,970,302	\$ 20,349,767	\$ 27,938,389	\$ 37,311,070	\$ 39,034,214	\$ 39,577,213
3. INCOME										
a. Income From Operation	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,670,088	\$ 3,746,718	\$ 3,823,349	\$ 3,088,245	\$ 2,568,896	\$ 3,055,892	\$ 3,260,693
b. Non-Operating Income										
SUBTOTAL	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,670,088	\$ 3,746,718	\$ 3,823,349	\$ 3,088,245	\$ 2,568,896	\$ 3,055,892	\$ 3,260,693
c. Income Taxes										
NET INCOME (LOSS)	\$ 823,537	\$ 1,391,380	\$ 3,593,455	\$ 3,670,088	\$ 3,746,718	\$ 3,823,349	\$ 3,088,245	\$ 2,568,896	\$ 3,055,892	\$ 3,260,693
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	14.7%	14.9%	14.8%	14.8%	14.8%	14.8%	18.3%	20.6%	20.0%	21.4%
2) Medicaid	37.9%	37.8%	38.0%	38.0%	38.0%	38.0%	32.2%	28.5%	29.1%	30.0%
3) Blue Cross	18.9%	18.8%	18.8%	18.8%	18.8%	18.8%	20.2%	21.1%	21.0%	19.9%
4) Commercial Insurance	20.8%	20.8%	20.7%	20.7%	20.7%	20.7%	22.4%	23.4%	23.3%	22.0%
5) Self-pay	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	4.4%	3.8%	4.0%	4.3%
6) Other	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.6%	2.6%	2.6%	2.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.1%	100.0%	100.0%	100.0%
b. Percent of Equivalent Inpatient Days										
Total MSGA										
1) Medicare	14.8%	15.0%	15.0%	15.0%	15.0%	15.0%	19.1%	22.1%	21.4%	21.4%
2) Medicaid	37.7%	37.6%	37.6%	37.6%	37.6%	37.6%	32.8%	29.4%	30.0%	30.0%
3) Blue Cross	19.0%	18.9%	18.9%	18.9%	18.9%	18.9%	19.5%	19.9%	19.9%	19.9%
4) Commercial Insurance	20.9%	20.8%	20.8%	20.8%	20.8%	20.8%	21.6%	22.0%	22.0%	22.0%
5) Self-pay	5.1%	5.2%	5.2%	5.2%	5.2%	5.2%	4.6%	4.2%	4.3%	4.3%
6) Other	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.4%	2.4%	2.4%	2.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE L. MANPOWER INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables G and J. See additional instruction in the column to the right of the table.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table J)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
Admin Director				2.00	\$100,000	\$200,000			\$0	2.00	\$200,000
Clerical	11.04	\$33,694	\$372,071	9.58	\$33,694	\$322,894			\$0	20.62	\$694,858
Clinical Director	1.04	\$120,638	\$125,267	-0.04	\$128,000	\$2,734			\$0	1.00	\$128,000
Medical Director	0.10	\$151,959	\$15,196	0.00	\$200,000	\$4,804			\$0	0.10	\$20,000
Office Manager				1.00	\$60,000	\$60,000			\$0	1.00	\$60,000
Program Managers	5.02	\$97,440	\$489,071	2.98	\$97,440	\$290,447			\$0	8.00	\$779,442
Total Administration	17.20		\$1,001,605	15.52		\$880,879			\$0	32.72	\$1,882,483
Direct Care Staff (List general categories, add rows if needed)											
Chemical Dependency Counselor	1.75	\$49,796	\$87,144	-0.60	\$49,796	-\$29,878			\$0	1.15	\$57,266
Clinical Dieticians				2.40	\$57,810	\$138,743			\$0	2.40	\$138,743
Discharge Coordinator	5.22	\$37,008	\$193,226	2.18	\$37,008	\$80,630			\$0	7.40	\$273,902
Medical Assistants				2.00	\$32,407	\$64,815			\$0	2.00	\$64,815
Mental Health Workers	48.36	\$29,633	\$1,433,067	32.28	\$29,633	\$956,580			\$0	80.64	\$2,389,617
Nursing	53.88	\$72,067	\$3,882,833	25.35	\$72,067	\$1,827,013			\$0	79.23	\$5,709,724
Occupational / PT				1.90	\$71,578	\$135,998			\$0	1.90	\$135,998
Psychiatrist	7.07	\$200,000	\$1,414,997	7.95	\$200,000	\$1,590,421			\$0	15.02	\$3,004,997
Recreational Therapists	4.01	\$43,619	\$175,022	3.01	\$43,619	\$131,180			\$0	7.02	\$306,314
Social Workers	12.45	\$57,804	\$719,823	16.95	\$57,804	\$979,629			\$0	29.40	\$1,699,609
Unit Based Admissions Staff				1.18	\$65,605	\$77,414			\$0	1.18	\$77,414
Total Direct Care	132.75		\$7,906,112	94.60		\$5,952,545			\$0	227.35	\$13,858,657
Support Staff (List general categories, add rows if needed)											
Access Coordinator				1.20	\$41,600	\$49,920			\$0	1.20	\$49,920
Chaplain				1.00	\$62,837	\$62,837			\$0	1.00	\$62,837
Dietary	10.64	\$29,599	\$314,972	2.38	\$29,599	\$70,418			\$0	13.02	\$385,390
Driver	2.81	\$30,002	\$84,193	1.19	\$30,002	\$35,814			\$0	4.00	\$120,007
Housekeeping	6.03	\$27,611	\$166,519	9.97	\$27,611	\$275,252			\$0	16.00	\$441,771
HR				1.00	\$73,240	\$73,240			\$0	1.00	\$73,240
Information Systems				2.00	\$66,976	\$133,952			\$0	2.00	\$133,952
Mail				2.00	\$33,966	\$67,933			\$0	2.00	\$67,933
Operations Director	1.00	\$80,220	\$80,220	0.00	\$80,000	-\$220			\$0	1.00	\$80,000
Pharmacy	3.33	\$83,239	\$276,830	-0.33	\$83,239	-\$27,113			\$0	3.00	\$249,717
Plant Operations	3.53	\$51,367	\$181,230	1.50	\$51,367	\$76,812			\$0	5.02	\$258,041
Purchasing				1.00	\$36,192	\$36,192			\$0	1.00	\$36,192
Security	6.01	\$36,758	\$220,752	7.63	\$36,758	\$280,623			\$0	13.64	\$501,375
Training Staff	0.50	\$87,282	\$43,610	1.50	\$87,282	\$130,954			\$0	2.00	\$174,564
Utilization Review	2.02	\$53,553	\$108,134	1.58	\$53,553	\$84,796			\$0	3.60	\$192,930
Total Support	35.86		\$1,476,458	33.62		\$1,351,410			\$0	69.48	\$2,827,868
REGULAR EMPLOYEES TOTAL	185.81		\$10,384,175	143.74		\$8,184,834			\$0	329.55	\$18,569,008
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
Total Administration	0.00		\$0	0.00		\$0			\$0	0.00	\$0
Direct Care Staff (List general categories, add rows if needed)											
Dept of Medicine Physician	0.16	\$249,049	\$40,710	0.34	\$249,049	\$83,815			\$0	0.50	\$124,525
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
Total Direct Care Staff	0.16		\$40,710	0.34		\$83,815			\$0	0.50	\$124,525
Support Staff (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
			\$0			\$0			\$0	0.00	\$0
Total Support Staff	0.00		\$0	0.00		\$0			\$0	0.00	\$0
CONTRACTUAL EMPLOYEES TOTAL	0.16		\$40,710	0.34		\$83,815			\$0	0.50	\$124,525
Benefits (State method of calculating benefits below) :			2,200,065								4,056,497
Estimated at 21.7% of salaries											
TOTAL COST	185.97		\$12,624,950	144.08		\$8,268,648	0.00		\$0	330.05	\$22,750,029

TABLE L. MANPOWER INFORMATION

EXHIBIT 35(A)



SHEPPARD PRATT HEALTH SYSTEM

85 BED REPLACEMENT BEHAVIORAL HEALTH FACILITY

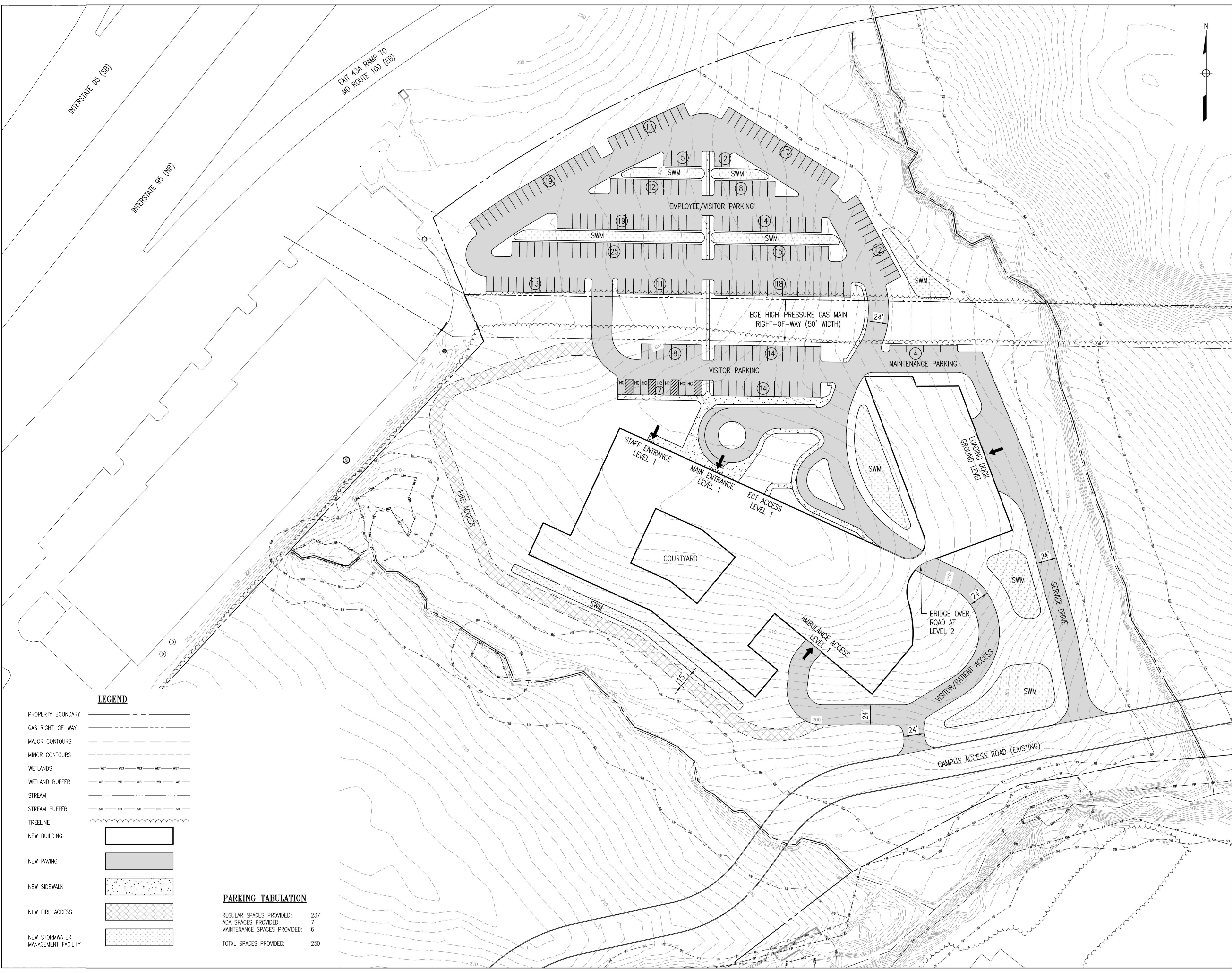
004598.00
CON SUBMISSION
08.22.2016

CANNONDESIGN

BOSTON NEW YORK BALTIMORE WASHINGTON DC BUFFALO TORONTO MONTREAL CHICAGO
ST. LOUIS VANCOUVER SAN FRANCISCO LOS ANGELES PHOENIX SHANGHAI MUMBAI DELHI

Consultants:

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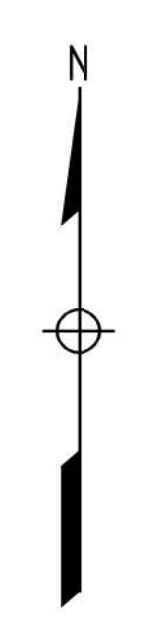


LEGEND

- PROPERTY BOUNDARY
- GAS RIGHT-OF-WAY
- MAJOR CONTOURS
- MINOR CONTOURS
- WETLANDS
- WETLAND BUFFER
- STREAM
- STREAM BUFFER
- TREELINE
- NEW BUILDING
- NEW PAVING
- NEW SIDEWALK
- NEW FIRE ACCESS
- NEW STORMWATER MANAGEMENT FACILITY

PARKING TABULATION

REGULAR SPACES PROVIDED:	237
ADA SPACES PROVIDED:	7
MAINTENANCE SPACES PROVIDED:	6
TOTAL SPACES PROVIDED:	250



**SHEPPARD PRATT
HEALTH SYSTEM**

Project No.:

PRIME A/E:

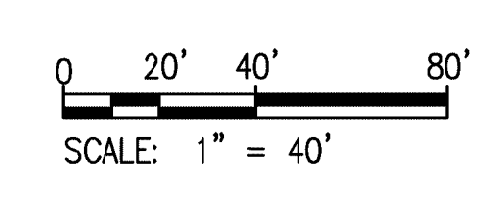
CANNONDESIGN

250 West Pratt Street, Suite 2100
Baltimore, Maryland 21201
T: 410.234.1155
F: 410.234.1160

STAMP/SEAL:

A/E CONSULTANTS:

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Baltimore, MD 21231
410.235.3450
Mahan Rykiel Associates, Inc.
Landscape Architecture
800 Wyman Park Drive, Suite 100
Baltimore, MD 21211
410.235.6001



ISSUED FOR:

PLANNING STUDY

REV	DATE	DESCRIPTION

SCALE: DATE: 02/24/2015

SHEET TITLE:

CONCEPT SITE PLAN

SHEPPARD PRATT
HEALTH SYSTEM

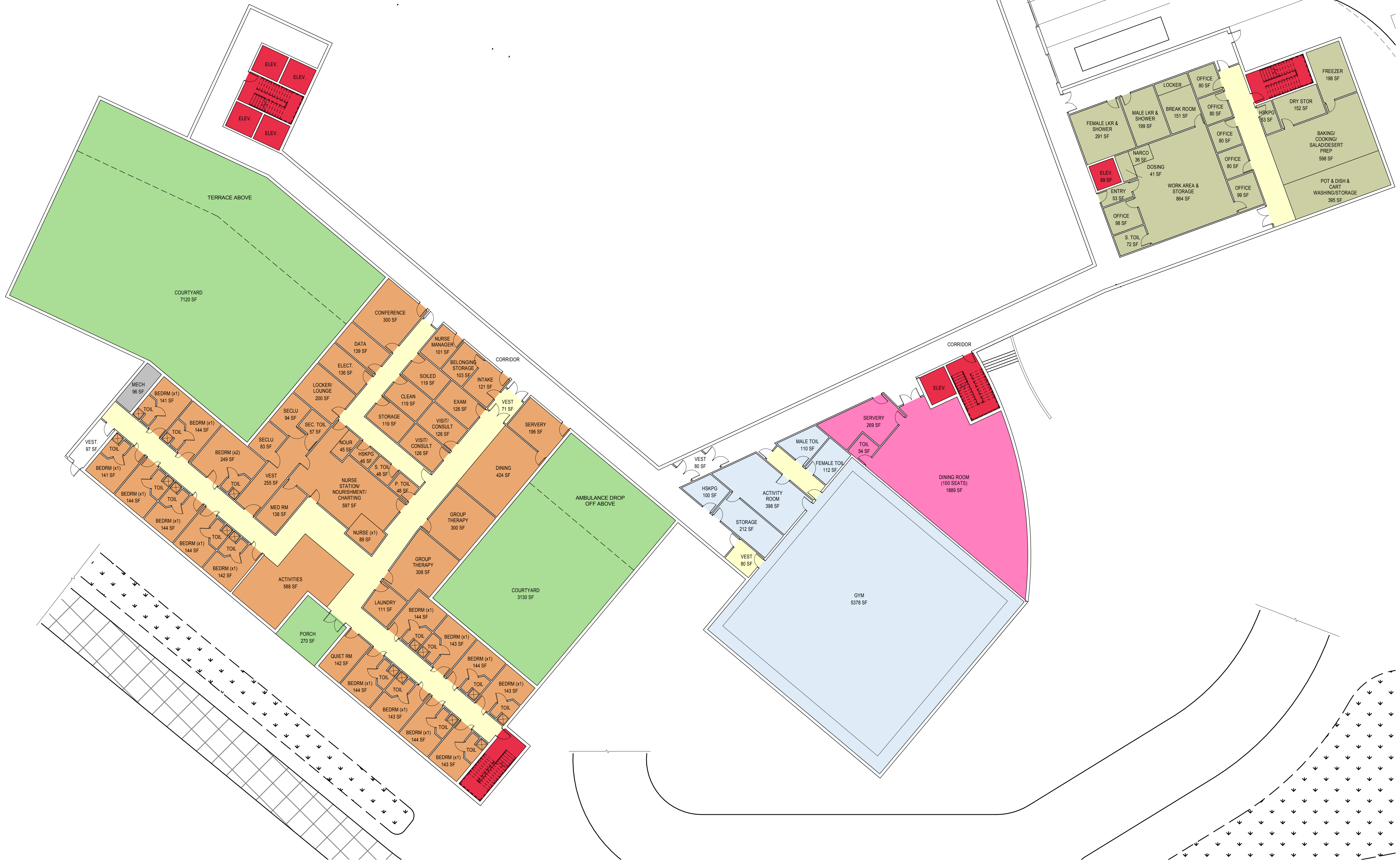
85 BED REPLACEMENT
BEHAVIORAL HEALTH
FACILITY
ELKRIDGE, MD

CANNONDESIGN

2170 Whitehaven Road
Grand Island, New York 14072
T: 716.773.6900
F: 716.773.5909

- OUTPATIENT
- ADMINISTRATIVE
- INTAKE / TRIAGE
- CLINIC / EXAM
- BUILDING SUPPORT
- PUBLIC
- CLINICAL SUPPORT
- INPATIENT CARE UNIT / TREATMENT
- TERRACE / COURTYARD
- MECH / ELECT
- OPEN AIR MECH UNITS

1 GROUND FLOOR PLAN
1/16" = 1'-0"



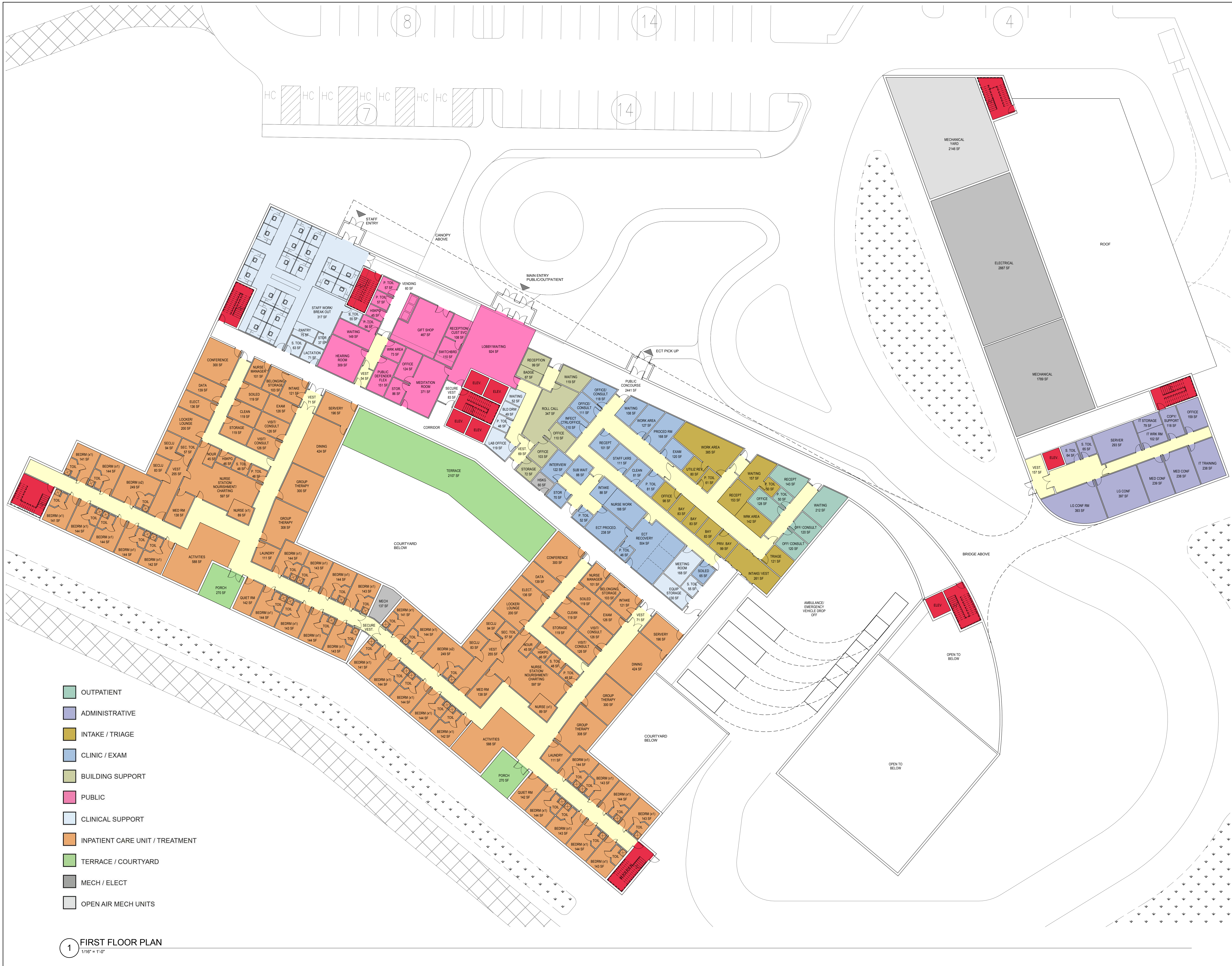
No.	Description	Date
RELEASE 1		22 AUG 2016



Drawing Title:
GROUND FLOOR PLAN

Project No.: 004590.00 Checked by: Checker

CON100



1 FIRST FLOOR PLAN
1/16" = 1'-0"

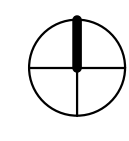
SHEPPARD PRATT
HEALTH SYSTEM

85 BED REPLACEMENT
BEHAVIORAL HEALTH
FACILITY
ELKRIDGE, MD

CANNONDESIGN

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No.	Description	Date	



Drawing Title:

FIRST FLOOR PLAN

Project No.: 004590.00 Checked by: Checker

CON101

SHEPPARD PRATT
HEALTH SYSTEM

85 BED REPLACEMENT
BEHAVIORAL HEALTH
FACILITY
ELKRIDGE, MD

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- OUTPATIENT / DAY HOSPITALS
- ADMINISTRATIVE
- INTAKE / TRIAGE
- CLINIC / EXAM
- BUILDING SUPPORT
- PUBLIC
- CLINICAL SUPPORT
- INPATIENT CARE UNIT / TREATMENT
- TERRACE / COURTYARD
- MECH / ELECT
- OPEN AIR MECH UNITS

1 SECOND FLOOR PLAN
1/16" = 1'-0"

No.	Description	Date
RELEASE 1		22 AUG 2016



Drawing Title:

SECOND FLOOR PLAN

Project No.: 004590.00 Checked by: Checker

CON102

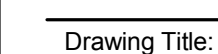
**85 BED REPLACEMENT
BEHAVIORAL HEALTH
FACILITY
ELKRIDGE, MD**

2170 Whitehaven Road
Grand Island, New York 14072
T: 716.773.6800
F: 716.773.5909



1 THIRD FLOOR PLAN
1/16" = 1'-0"

RELEASE 1		22 AUG 2016
No.	Description	Date



ROOF PLAN

Project No.: 004590.00 Checked by: Checker

CON103



- OUTPATIENT
- ADMINISTRATIVE
- INTAKE / TRIAGE
- CLINIC / EXAM
- BUILDING SUPPORT
- PUBLIC
- CLINICAL SUPPORT
- IPU / TREATMENT
- TERRACE / COURTYARD
- MECH / ELECT
- OPEN AIR MECH UNITS

1 TYPICAL INPATIENT UNIT PLAN
1/8" = 1'-0"

SHEPPARD PRATT
HEALTH SYSTEM

85 BED REPLACEMENT
BEHAVIORAL HEALTH
FACILITY
ELKRIDGE, MD

CANNONDESIGN

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F: 716.773.5909

RELEASE 1		22 AUG 2016
No.	Description	Date

Drawing Title:

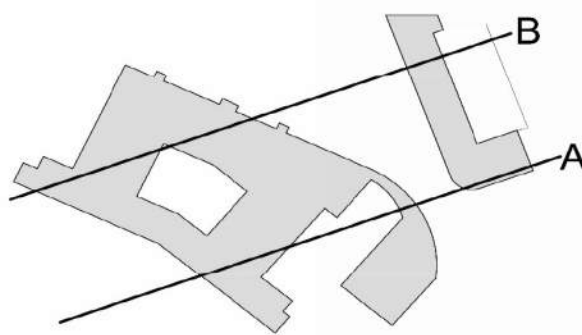
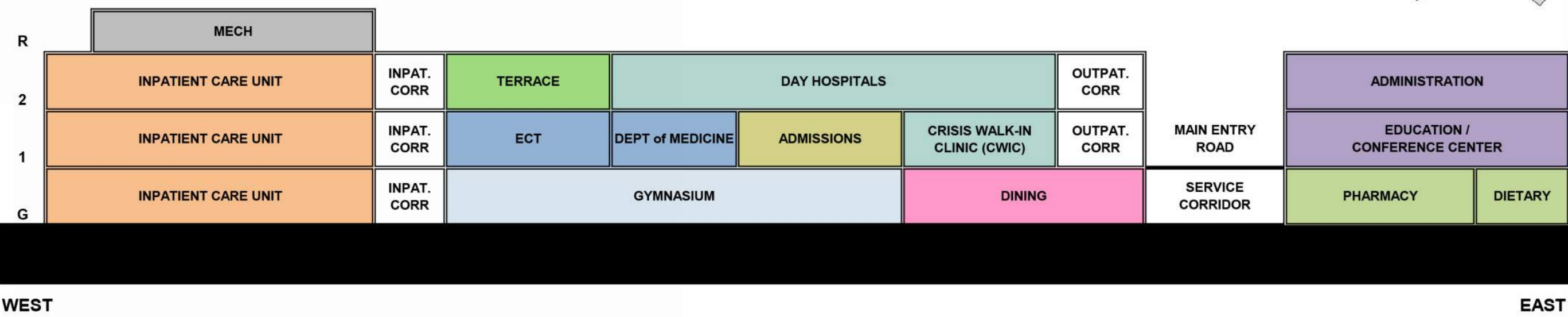
TYPICAL INPATIENT UNIT
PLAN

Project No.: 004590.00 Checked by: Checker

CON104

STACKING DIAGRAM

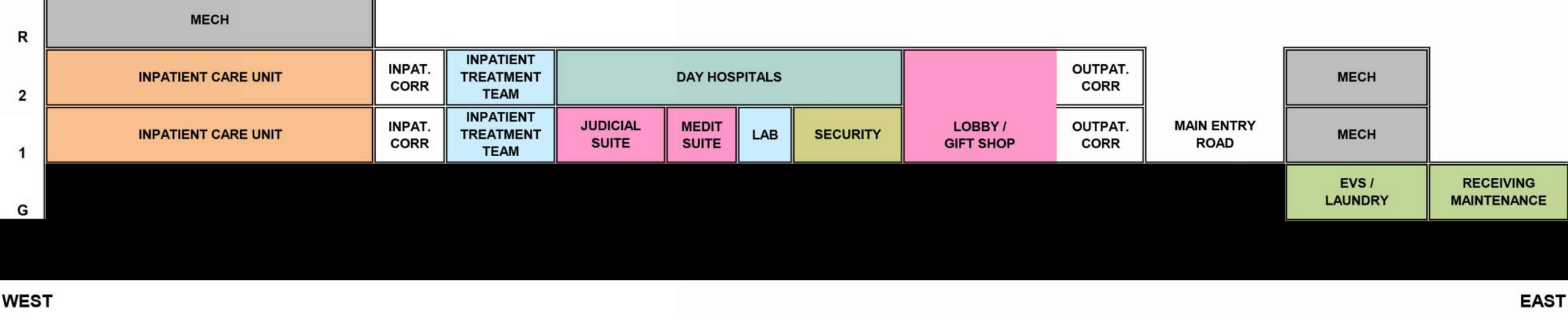
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KEY PLAN

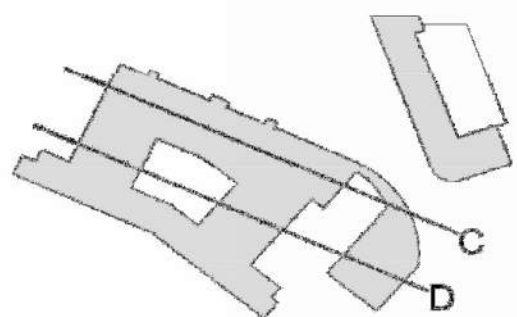
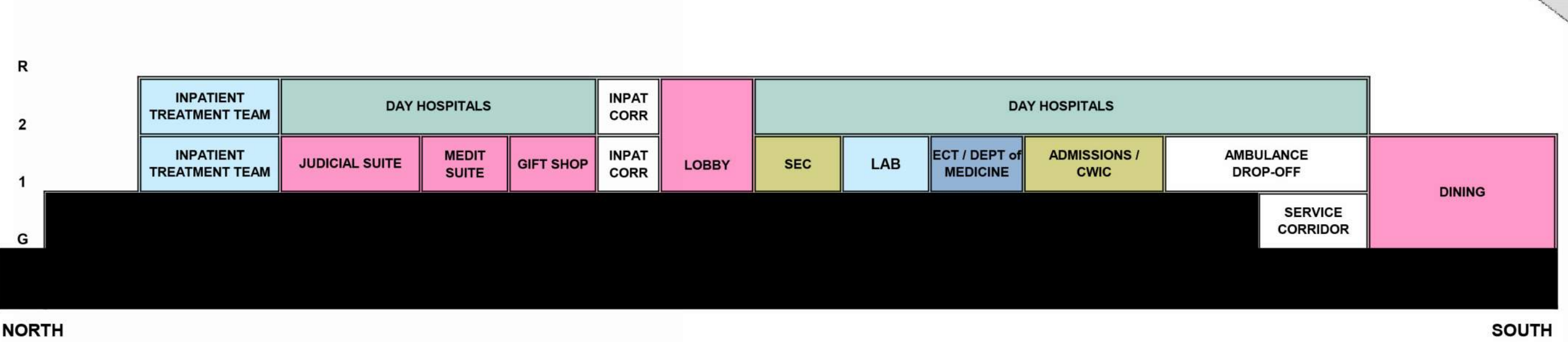
STACKING DIAGRAM

B



STACKING DIAGRAM

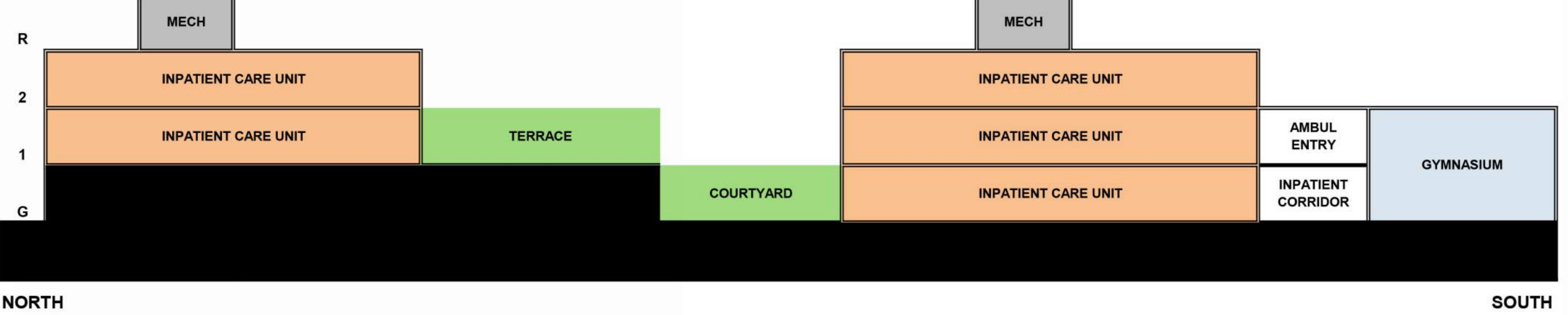
C



KEY PLAN

STACKING DIAGRAM

D



SHEPPARD PRATT
HEALTH SYSTEM

85 BED REPLACEMENT
BEHAVIORAL HEALTH
FACILITY
ELKRIDGE, MD

CANNONDESIGN

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RELEASE 1 22 AUG 2016
No. Description Date

Drawing Title:

STACKING DIAGRAMS
AND
ELEVATIONS/RENDERS

Project No.: 004590.00 Checked by: Checker

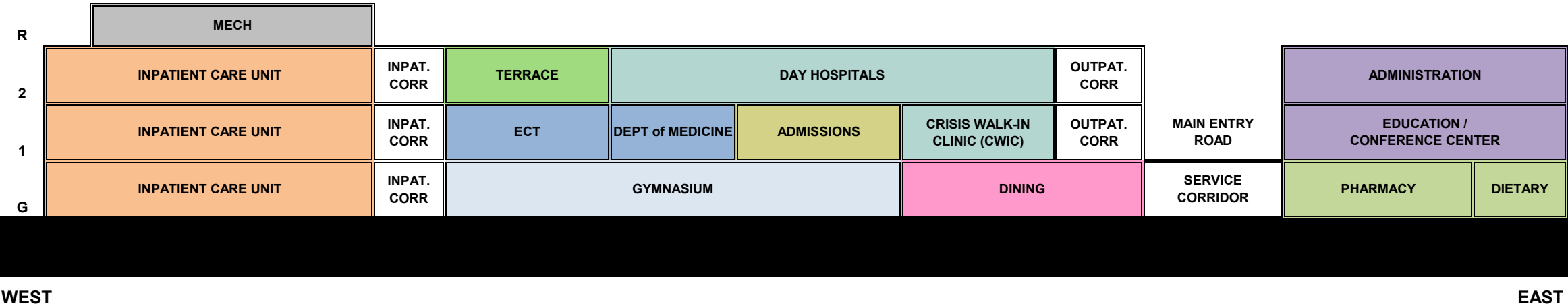
CON105

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EXHIBIT 35(B)

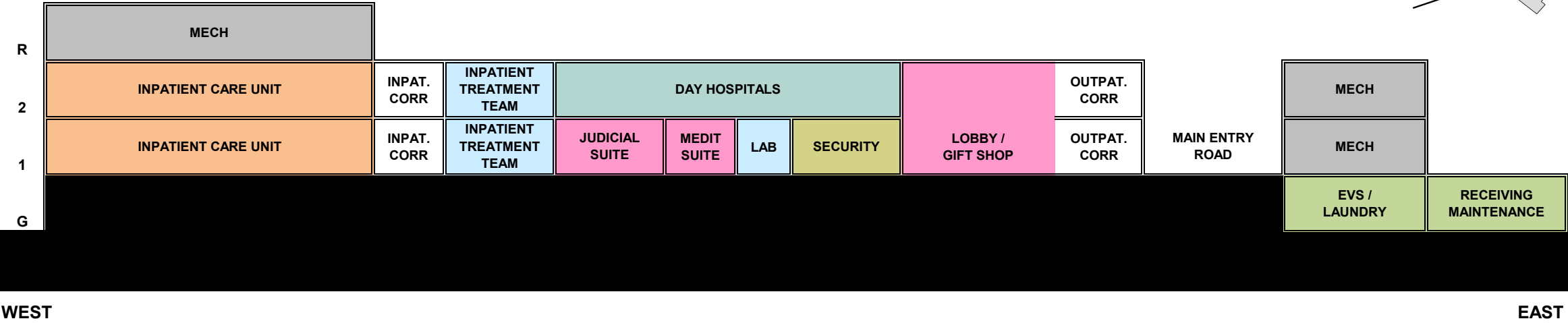
STACKING DIAGRAM

A



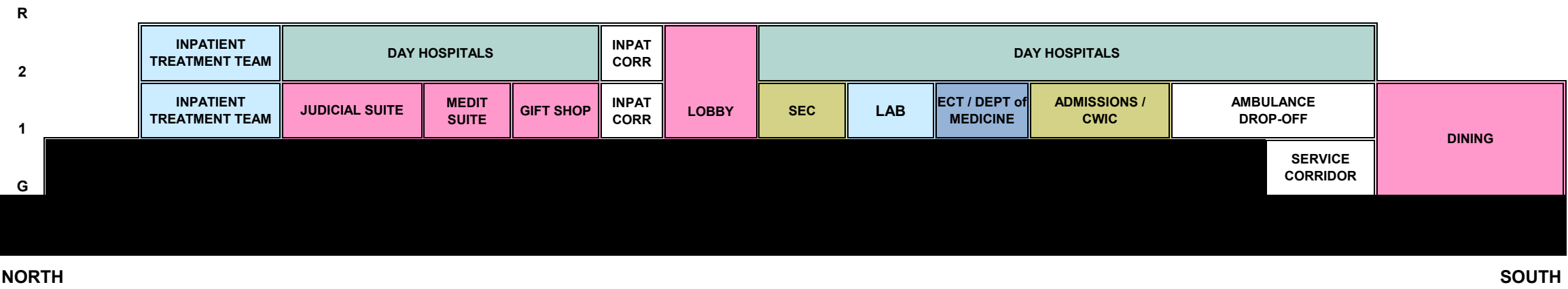
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STACKING DIAGRAM

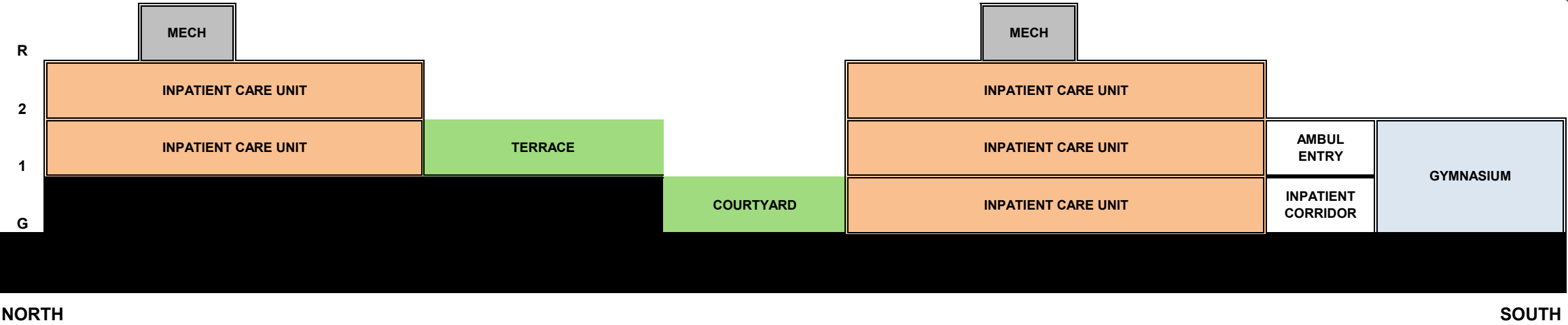
C



KEY PLAN

STACKING DIAGRAM

D



KEY PLAN

