WHITEFORD, TAYLOR & PRESTON L.L.P.

SEVEN SAINT PAUL STREET
BALTIMORE, MARYLAND 21202-1636
MAIN TELEPHONE (410) 347-8700
FACSIMILE (410) 752-7092

ROSE M. MATRICCIANI
DIRECT LINE (410) 347-9476
DIRECT FAX (410) 234-2355
rmatricciani@wtplaw.com

BALTIMORE, MD
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WWW.WTPLAW.COM
(800) 987-8705

May 31, 2017

Via Hand Delivery
Ruby Potter
Health Facilities Coordinator
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Re: Broadmead Project to Renovate and Expand the Skilled Nursing Areas that House its 70 Beds
Matter #17-03-2394
Responses to Completeness Questions Received 4/26/17

Dear Ms. Potter:

I am in receipt of the correspondence to Robin Somers, Chief Operating Officer, Broadmead, Inc. from Mr. McDonald dated April 26, 2017 concerning the above-mentioned matter. The responses from Broadmead to the questions follow.

PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. **Project Drawings that were submitted did not meet the required specifications.**

   Large scale drawings are being submitted separately.

2. **Please lay out the expected timeline for project construction. Also describe your expectations regarding continuation/interruption of CCF bed availability.**

The expected timeline is shown in the following table.

Date	Milestone
December 2018	Fixed-rate bond financing
December 2018	Sitework and other construction begins
May 2019	Construction complete on Assisted Living Memory Care Units and used as Level 3 Assisted Living through completion of Health Care Renovations
December 2020	Health Care Renovations complete and Nursing Beds opens (25 month construction) and external admissions begin
January 2021	Assisted Living Memory Care opens to memory care residents and begins fill up
May 2021	Assisted Living Memory Care achieves stabilized occupancy of 93 percent
Fiscal Years 2022+	Nursing census is stable but payor mix shift continues

Broadmead's expectations regarding continuation/interruption of CCF bed availability are shown in the following table.

SNF Room and Bed Count Summary					
Service	**Start**	**Finish**	**Duration (Calendar Days)**	**Number of SNF Beds for Duration**	**Number of AL Beds for Duration**
SNF	Current			55	
Skilled MC	07.01.19	12.17.19	170	39	14
Skilled – LTC	12.24.19	05.18.20	31	55	14
Skilled – LTC	01.24.20	05.18.20	115	55	14
Skilled – Rehab	05.28.20	07.22.20	56	61	14
Skilled – Rehab	07.30.20	09.28.20	61	48	14
Skilled – LTC	07.30.20	12.02.20	126	48	14
Skilled Nursing	Completed			70	

CONSISTENCY WITH STATE HEALTH PLAN STANDARDS
Medical Assistance Participation

3. **Standard A.(2)(c) requires an applicant to have a "written policy" stating its commitment "to continue to admit Medicaid residents to maintain its required level of participation when attained." Please submit such a policy.**

   Please see **Tab 11**.

4. **In responding to this standard Broadmead states that it: "...agrees to meet all of the requirements of this standard in regard to the patient days generated by admissions from the public (i.e., not Broadmead CCRC members). Broadmead will not count any Medicaid days generated by Broadmead CCRC members in the percentage."**

   a) **There are no Medicaid days or revenue shown now. Please explain the nature of payment.**

   Tab 12 includes revised Tables D, E, F, G, and H. Tables F and G show the percent of Medicaid patient days and revenue.

   b) **Please describe how the Medicaid participation commitment will be monitored to ensure it is fulfilled.**

   Broadmead will establish two new fields in its electronic patient record system:

   1. Patient Source
      a. CCRC
      b. Public
   2. Payor
      a. CCRC
      b. Medicare
      c. Medicaid
      d. Other government programs
      e. Commercial Insurance
      f. HMO
      g. VA Contract
      h. Hospice
      i. Other

   Broadmead will develop a monthly report that will be provided to the Administrator and to the Admissions personnel that will show the Year-to-Date cumulative number of patient days by Patient Source and Payor and the cumulative

percentage. This report will be a regular item on the agenda of Broadmead's monthly management meetings.

Collaborative Relationships

5. **The standard requires an applicant to *demonstrate that it has established collaborative relationships with other types of long term care providers to assure that each resident has access to the entire long term care continuum.* Your response referenced transfer agreement with two other nursing home facilities. The standard requires collaboration with *other types of long term care providers* so as to assure *access to the entire long term care continuum.* Referral agreements with like providers does not meet the intent of this standard. Applicant should describe the nature of the existing relationships with a representative range of other provider organizations that you may share patients with (e.g., refer to, receive referrals from, etc.). Perhaps the best documentation would be a concise letter – or email that you can excerpt into the application response -- from such care partners.**

Broadmead has collaborative relationships with the following long-term care providers:

1. We refer to Med Options which provides psychiatric and psychological assessments and treatment.
2. We refer to Ferretto Eldercare Consulting, Inc. which provides geriatric care management services that address the medical, legal and financial components necessary for the resident's care.
3. We offer the services of Friends Circle which is a licensed residential service agency that provides personal support in a resident's living accommodation through companions and geriatric nursing assistants.
4. We refer to Genesis Rehab Services which provides physical, occupational and speech therapies to address the therapy needs of residents during their stay in comprehensive care and beyond.
5. We refer to the Hearing Assessment Group which provides audiology services and assessments.
6. We refer to Hunt Valley Dental which provides on-site dental services through Thomas Rhoades, DMD.
7. We refer to LabCorp which provides diagnostic laboratory services including stat services.
8. We refer to Dr. Angelique Pilar who provides ophthalmology services.
9. We refer to Family Foot and Ankle Care, PC which provides podiatry services through Dr. Linh Nguyan.
10. We refer to Radiation Physics which provides on-site radiology services.
11. We refer to Advanced Radiology which provides off-site radiology services.
12. Pets on Wheels provides pet therapy to our comprehensive care residents. We work with this program to provide comfort and enjoyment for our comprehensive care residents.

13. We offer the services of Dana Miller who provides massage therapy services. We may refer to Ms. Miller if therapeutic for the resident.
14. Gilchrist Hospice Care provides palliative and hospice care services to residents in their living accommodation. We refer to Gilchrist.
15. We refer to East Coast Ambulance which supplies transportation between hospitals/appointments when medically necessary.
16. We refer to Dr. Elizabeth Macdougall who is a Clinical Psychologist and provides clinical psychology services addressing a variety of conditions (e.g., anxiety, stress, depression, sleep disorders, mental health issues, etc.).
17. We offer Remedi Senior Care as our pharmacy provider and refer to the entity for pharmaceutical services on-site for our residents.
18. We refer to Dietary Consulting, Inc. which provides nutritional and registered dietician services.
19. We send residents to St. Joseph Medical Center which provides hospital services, both inpatient and outpatient services, for our residents and refers patients to our facility.
20. We send residents to Greater Baltimore Medical Center which provides hospital services, both inpatient and outpatient services, for our residents and refers patients to our facility.
21. We send residents to Sinai Hospital which provides hospital services, both inpatient and outpatient services, for our residents and refers patients to our facility.
22. We send residents to MedStar Franklin Square Medical Center which provides hospital services, both inpatient and outpatient services, for our residents and refers patients to our facility.
23. We send residents to Johns Hopkins Hospital which provides hospital services, both inpatient and outpatient services, for our residents and refers patients to our facility.

TABLES

6. **Provide a complete description of all assumptions that "fed" the utilization and revenue and expense tables associated with the CCF, and the rationale behind those assumptions. At minimum, address the assumptions behind projections of: admissions; length of stay; payor mix; and rates received by payor. In most cases, these assumptions should be disclosed and discussed for both CCRC and public patients. Assumptions behind the expense lines should also be included.**

   Tab 13 includes the Statement of Assumptions.

7. **Table A refers to four units: a second floor LTC Memory Support unit; a second floor Skilled LTC unit; a second floor Rehab unit; and a third floor Skilled unit. Please describe the typical resident/patient envisioned to be served by each of these units.**

The second floor, long term care memory support household will be home to residents in the later stages of dementia, who need extensive support with activities of daily living and nursing supervision and support. These residents will also require a secured household, allowing them freedom to move about with self-direction, without the risk of elopement. These residents will share their household with peers of similar abilities and interests.

The second floor long term care household will be home to residents in the later stages of life, who do not require a secured household, but will need moderate to extensive assistance with activities of daily living and 24-hour nursing support.

The second floor rehab unit will serve up to 17 temporary residents from Broadmead and the greater community, who are recovering from an acute hospitalization, and are in need of nursing and therapy services to achieve their highest level of independence with the goal of returning to their previous home setting.

The third floor skilled unit does not currently exist. This will be newly constructed space adjacent to the existing assisted living. The third floor skilled unit will be the home to residents who have either transitioned from Broadmead's level 3 assisted living or residents in need of a light to moderate level of nursing care who do not require a secured household.

8. **Table B lists a "3rd Floor, SNF" as currently consisting of "0" SF to be added through new construction, but also lists 1,577 SF to be renovated. Is this a mistake (i.e., how can a floor with no SF be renovated)? The same table lists more SF to be renovated than currently reported to be existing. <u>Please explain how there can be more SF renovated than SF that exist.</u>**

The initial table only included SF related to Nursing areas. The current 3rd floor has 0 SF of Nursing. We will be adding new Nursing construction of 5,539 SF and renovating existing Non-Nursing SF (1,577 SF) into Nursing SF. See revised total SF by floor below to help clarify.

Total 2nd Floor Existing - 45,437 SF

Total 2nd Floor After Project – 50,196 SF

Total 3rd Floor Existing – 28,340 SF

Total 3rd Floor After Project – 34,560 SF

9. Tables D and F request utilization and revenue/expense data, respectively, for the ENTIRE FACILITY; Tables E and G request the same information for the NEW FACILITY OR SERVICE. Please make clear what elements of the CCRC are included in each of these categories, i.e., NEW FACILITY OR SERVICE and ENTIRE FACILITY. Using the table below may facilitate that explication.

As stated previously, **Tab 12** includes revised Tables. Broadmead's tables now include the following information:

CON Application Tables	Includes statistics for….. (what elements of the CCRC? That is, which among independent living, assisted living, nursing home)
Table D – Utilization Projections, Entire Facility	Independent Living, Assisted Living, Skilled Units
Table F – Revenue and Expenses, Entire Facility	Independent Living, Assisted Living, Skilled Units
Table E - Utilization Projections, New Facility or Service	Skilled Units
Table G - Revenue and Expenses, New Facility or Service	Skilled Units

10. Please provide a Table F for just the CCF portion of the operation.

Please see **Tab 14**. It includes a Table G just for the CCF portion of the facility.

11. We have several questions regarding Table D, which follow immediately.

a) The projections for 2020 show a very different blend of comprehensive care and assisted living patient days than is the case both historically and subsequent to 2020. Historically it appears that comprehensive care days made up about 68% of total patient days, and projections for 2021 forward show that to be about 63%; however, in 2020 the blend is 50/50, while total patient days show a small decline. Please explain.

The number of Comprehensive Care patient days is projected to decline in 2020 to demonstrate the number of residents that are projected to move or be assigned to the new Assisted Living Units when they open in 2020 and remain during the Health Center renovations. These residents are projected to be cared for as an Assisted Living Level 3 resident. The Health Center renovations are projected to be complete in December 2020. At that time, certain residents being cared for as Assisted Living Level 3 will be moved to the newly renovated Health Center rooms and the New Assisted Living Units will be operated as memory care units. At that time, certain new residents are projected to move

into the New Assisted Living Units and are projected to fill the 14 New Assisted Living Units with 13 assisted living residents by June 2021.

b) For 2015 and '16, and '17 projected, 20% of the facility's occupancy was "public" patients; in 2018 and after the project is completed, that proportion rises to the upper 30's (%). Over the same timeframe, overall occupancy rate is projected to rise from the mid-to-upper 70's to about 93%. Please explain the assumptions and dynamics behind: 1) the projected change in patient mix: 2) the improved occupancy.

Management assumes that the Health Center room configuration will change, allowing full utilization of the 70 currently licensed beds. As the current room configuration has resulted in an average utilization of 54 beds using 55 rooms, average census is projected to increase to 65, utilizing 62 rooms as a result of the Project As a result of adding the additional capacity, Management will be able to attract more "public" skilled nursing residents from outside the community than they have historically. Additionally, as a result of the expansion and renovations to the Health Care Center, the Community will now begin accepting Medicaid patients when they historically have not done so. The increase in census projected by Management is attributed to the addition of the Medicaid payer beginning in 2021 to a level exceeding the minimum requirement set by the state.

c) What assumptions are made regarding occupancy during construction? CCF patient days dip significantly in 2020, but by 2021 patient days are projected to reach new highs.

Please see the responses to questions 2 and 11.b, above.

d) In section 4 of the table (Occupancy Percentage) you have listed separate occupancy rates for two classes of patients – "public" and "CCRC." That implies assigning a certain number of beds for each of these classes. Please specify that breakdown. (Staff Note: the occupancy %s specified correlate with patient days, i.e., for example, the 34.6% occupancy in 2024 for public CCF beds tracks with the 8870 public patient days/25620 total available days…and that 34.6% occupancy + the 58% occupancy for CCRC beds = the projected 92.6% occupancy).

All of Broadmead's skilled beds have been public beds since it opened. The percent occupancy shown in Table D does not imply any different. It is intended to only show how much of the total occupancy (92.6% in 2024) is made up of Public patients and how much is made up of CCRC patients.

12. Referencing Tables E and F:

a) Please explain the high proportion of self-pay patients/residents in Table F, and describe the make-up of those patients (i.e., CCRC residents or other).

Management has modeled the payor mix based on the projections of CCRC residents' Health Center utilization and the addition of residents from the public. We have projected approximately 49% of public patient days as Medicaid, which is the approximate average of the nursing homes in the jurisdiction within which Broadmead operates. Beyond that, given the focus on aggressive return to home rehabilitation residents and other more acute conditions, we estimate a high percentage of patients (23%) to be Medicare patients and 62% will be self-pay.

b) Are all of the Medicare patients in Table F "public" patients? If not, specify the mix of CCRC residents vs. other.

While the question asks for the mix of Public and CCRC patients, the data in Table F asks for Patient Days. Supplemental Table G in **Tab 14** shows the percent of Patient Days by payor for Public Patient Days and for CCRC Patient Days.

c) Thoroughly state the assumptions that produce the resulting projected Medicaid patient days?

The projected Medicaid patient days are based on the jurisdictional average and the commitment that Broadmead is making to meet or exceed it for its public patient days. Broadmead anticipates that Medicaid patients will be long stay patients.

13. Referencing Table G:

a) Section 4 of the 2019 column is not filled in.

Please see **Tab 12** which includes a corrected Table G.

b) Please supply a supporting data table for sections 4a. and 4b. for the CCF that separates the payor mix by CCRC patients/residents and public patients/residents.

Tab 14 includes a Supplemental Table G that separates the payor mix by CCRC patients and public patients. Please note that this table reflects the payor mix for all 70 beds.

c) **Self-pay is the main source of payment in Table F, but disappears in Table G. Please explain.**

Tab 12 includes a corrected Table G.

d) **The salaries and wages line on Table G does not agree with the data presented in Table H. Please explain and submit a corrected Table H.**

Tab 12 includes revised Tables G and H. The total for Salaries & Wages (including benefits) in 2024 on Table G is $5,268,000. The total on Table H is $5,267,475. The difference is due to rounding on Table G.

e) **Explain the assumptions made that align the MOU requirement that Broadmead will have with the projected % of patient days that will be Medicaid.**

Please see **Tab 13,** Statement of Assumptions.

Enclosed is a revised Table of Contents for the binders.

Thank you for the additional time to respond to the questions, and for your assistance.

Very truly yours,

Rose M. Matricciani

RMM:mrm

Enclosures:
Table of Contents

Tab 11 – Medical Assistance Patient Days

Tab 12
- D. Utilization Projections – Entire Facility
- E. Utilization Projections – New Facility or Service
- F. Revenues & Expenses, Uninflated – Entire Facility
- G. Revenues & Expenses, Uninflated – Just Skilled Beds
- H. Workforce Information

Tab 13 – Statement of Assumptions

Tab 14 – Supplemental Table G

Tab 15 – Affirmations

cc: Robin Somers, Chief Operating Officer
Broadmead, Inc.

John Palkovitz, Chief Financial Officer
Broadmead, Inc.

Frank R. Muraca, President & Senior Planner
ARCH Consultants Ltd.

Andrew L. Solberg, Consultant
A.L.S. Healthcare Consultant Services

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REVISED TABLE OF CONTENTS
Matter #17-03-2394
5/31/17

TAB 11

Broadmead, Inc.

Policy Number	ADM-
Policy Title	Medical Assistance Patient Days
Effective Date	**Approved By:**
Revision Date	John Howl, CEO
Regulation	
CARF Standard	
Related Entities	Broadmead, Inc.

Purpose:

It is Broadmead's commitment that the mix of comprehensive care resident patient days admitted from the public will meet or exceed the Medical Assistance percentage required by the Maryland Healthcare Commission. Such commitment has been memorialized in Broadmead's signed Memorandum of Understanding with the Maryland Medical Assistance Program dated _____, which is attached to this policy.

Policy:

Broadmead's percentage of Medical Assistance payor mix percentage, determined by dividing Medical Assistance patient days of service provided to total non-CCRC contract holder service days, must be at least 42.59%. This percentage will not include patient days generated by Broadmead CCRC contract holders.

When admitting persons from the public, Broadmead will not use payor as a consideration. Broadmead will inform the Case Managers, Discharge Planners, and comparable staff of referring hospitals that Broadmead accepts Medical Assistance participants and Medicare participants whose payor may be Medical Assistance once their Medicare skilled nursing benefit is exhausted, and continued long term care is needed.

Broadmead has established appropriate source (CCRC and Public) codes within and payor codes (CCRC, Medicare, Medical Assistance, etc.) in its electronic patient record system to capture appropriate information with which to report and monitor compliance with this policy.

The Chief Financial Officer will ensure that monthly reporting will be maintained to show the Year-to-Date cumulative number of patient days and the cumulative percentage by Patient Source and Payor. Broadmead's Health Services Administrator and Admissions personnel will acknowledge receipt and review this report monthly to ensure ongoing compliance. Copies of the signed version of the monthly reports will be

maintained electronically by Broadmead's Finance Department to document ongoing compliance.

If this report shows that the payor mix of Broadmead's public patient days is not consistent with its commitment, the Health Services Administrator will develop and document a corrective action plan, and report upon progress against such plan on a monthly basis to the Chief Operating Officer. The Chief Operating Officer will ensure that Broadmead will take every action possible to meet its commitment.

Team Members:

Chief Financial Officer, Chief Operating Officer

TAB 12

TAB D

TABLE D. UTILIZATION PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, 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.

				2018	2019	2020	2021	2022	2023	2024
	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY = FY	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
1. ADMISSIONS										
a. Comprehensive Care (public)	68	63	57	57	57	38	59	69	69	69
b. Comprehensive Care (CCRC Restricted)	60	45	45	45	40	35	51	54	54	54
Total Comprehensive Care	**128**	**108**	**102**	**102**	**97**	**73**	**110**	**123**	**123**	**123**
c. Assisted Living	11	8	8	8	8	9	12	11	12	12
d. Other (Specify/add rows if needed)	37	28	24	24	24	23	33	22	22	22
TOTAL ADMISSIONS	***176***	***144***	***134***	***134***	***129***	***105***	***145***	***156***	***157***	***157***
2. PATIENT DAYS										
a. Comprehensive Care (public)	2,734	4,162	6,315	6,315	6,242	4,198	6,461	7,592	7,629	7,410
b. Comprehensive Care (CCRC Restricted)	16,122	15,564	13,396	13,396	12,009	10,403	15,440	16,133	16,097	16,316
Total Comprehensive Care	**18,856**	**19,652**	**19,710**	**19,710**	**18,250**	**14,600**	**21,900**	**23,725**	**23,725**	**23,725**
c. Assisted Living	9,302	9,494	9,490	9,490	9,490	10,950	14,600	13,578	14,235	14,235
d. Other - Independent Living	87,235	85,472	88,148	86,104	86,260	85,765	103,054	104,025	104,025	104,025
TOTAL PATIENT DAYS	***115,393***	***114,618***	***117,348***	***115,304***	***113,990***	***114,318***	***138,554***	***141,328***	***141,985***	***141,985***
3. NUMBER OF BEDS										
a. Comprehensive Care (public)	70	70	70	70	70	70	70	70	70	70
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0	0	0	0	0
Total Comprehensive Care Beds	**70**	**70**	**70**	**70**	**70**	**70**	**70**	**70**	**70**	**70**
c. Assisted Living	30	30	30	30	34	44	44	44	44	44
d. Other - Independent Living	265	265	249	249	249	301	301	301	301	301
TOTAL BEDS	***365***	***365***	***349***	***349***	***353***	***415***	***415***	***415***	***415***	***415***
4. OCCUPANCY PERCENTAGE ***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*										
a. Comprehensive Care (public)	10.7%	16.3%	24.7%	24.7%	24.4%	16.4%	25.3%	29.7%	29.9%	29.0%
b. Comprehensive Care (CCRC Restricted)	63.1%	60.9%	52.4%	52.4%	47.0%	40.7%	60.4%	63.1%	63.0%	63.9%
Total Comprehensive Care Beds	**73.8%**	**76.9%**	**77.1%**	**77.1%**	**71.4%**	**57.1%**	**85.7%**	**92.9%**	**92.9%**	**92.6%**
c. Assisted Living	84.9%	86.7%	86.7%	86.7%	76.5%	68.2%	90.9%	84.5%	88.6%	88.6%
d. Other (Specify/add rows if needed)	90.2%	80.4%	97.0%	94.7%	94.5%	90.8%	92.0%	94.7%	94.7%	94.7%
TOTAL OCCUPANCY %	**86.6%**	**86.0%**	**92.1%**	**90.5%**	**88.5%**	**75.5%**	**91.5%**	**93.3%**	**93.7%**	**93.7%**
5. OUTPATIENT (specify units used for charging and recording revenues)										
a. Adult Day Care										
b. Other (Specify/add rows of needed)										
TOTAL OUTPATIENT VISITS	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***

Note - Table represents all CCRC Operations and levels of care

TAB E

TABLE E. UTILIZATION PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of proposed 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.

	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY = FY	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
1. ADMISSIONS							
a. Comprehensive Care (public)	57	57	38	59	69	69	69
b. Comprehensive Care (CCRC Restricted)	45	40	35	51	54	54	54
Total Comprehensive Care	**102**	**97**	**73**	**110**	**123**	**123**	**123**
c. Assisted Living							
d. Other (Specify/add rows of needed)							
TOTAL ADMISSIONS	***102***	***97***	***73***	***110***	***123***	***123***	***123***
2. PATIENT DAYS							
a. Comprehensive Care (public)	6,315	6,242	4,198	6,461	7,592	7,629	7,410
b. Comprehensive Care (CCRC Restricted)	13,396	12,009	10,403	15,440	16,133	16,097	16,316
Total Comprehensive Care	**19,710**	**18,250**	**14,600**	**21,900**	**23,725**	**23,725**	**23,725**
c. Assisted Living							
TOTAL PATIENT DAYS	***19,710***	***18,250***	***14,600***	***21,900***	***23,725***	***23,725***	***23,725***
3. NUMBER OF BEDS							
a. Comprehensive Care (public)	70	70	70	70	70	70	70
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0	0
Total Comprehensive Care Beds	**70**	**70**	**70**	**70**	**70**	**70**	**70**
c. Assisted Living							
d. Other (Specify/add rows of needed)							
TOTAL BEDS	***70***	***70***	***70***	***70***	***70***	***70***	***70***
4. OCCUPANCY PERCENTAGE ***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*							
a. Comprehensive Care (public)	24.7%	24.4%	16.4%	25.3%	29.7%	29.9%	28.9%
b. Comprehensive Care (CCRC Restricted)	52.4%	47.0%	40.7%	60.4%	63.1%	63.0%	63.7%
Total Comprehensive Care Beds	**77.1%**	**71.4%**	**57.1%**	**85.7%**	**92.9%**	**92.9%**	**92.6%**
c. Assisted Living							
d. Other (Specify/add rows of needed)							
TOTAL OCCUPANCY %	**77.1%**	**71.4%**	**57.0%**	**85.7%**	**92.9%**	**92.9%**	**92.6%**
5. OUTPATIENT (specify units used for charging and recording revenues)							
a. Adult Day Care							
b. Other (Specify/add rows of needed)							
TOTAL OUTPATIENT VISITS	***0***	***0***	***0***	***0***	***0***	***0***	***0***

Note - Table represents only Licensed Comprehensive Care Operations

TAB F

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION - Complete this table for the entire facility, including the proposed project. Use Table 3-3 for the project. Project uninflated dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table D reflecting changes in volume and with the costs of the Workforce identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY = FY	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
1. REVENUE										
a. Inpatient Services	$ 17,641,000	$ 19,158,000	$ 19,644,000	$ 19,541,000	$ 19,396,000	$ 19,861,000	$ 24,148,000	$ 26,168,000	$ 26,227,000	$ 26,318,000
b. Outpatient Services										
Gross Patient Service Revenues	***$ 17,641,000***	***$ 19,158,000***	***$ 19,644,000***	***$ 19,541,000***	***$ 19,396,000***	***$ 19,861,000***	***$ 24,148,000***	***$ 26,168,000***	***$ 26,227,000***	***$ 26,318,000***
c. Allowance For Bad Debt										
d. Contractual Allowance							$ 394,000	$ 532,000	$ 532,000	$ 532,000
e. Charity Care										
Net Patient Services Revenue	***$ 17,641,000***	***$ 19,158,000***	***$ 19,644,000***	***$ 19,541,000***	***$ 19,396,000***	***$ 19,861,000***	***$ 23,754,000***	***$ 25,636,000***	***$ 25,695,000***	***$ 25,786,000***
f. Other Operating Revenues (Specify/add rows if needed)										
Amortization of entrance fees	$ 4,661,000	$ 4,742,000	$ 4,810,000	$ 4,748,000	$ 4,891,000	$ 6,052,000	$ 7,260,000	$ 7,416,000	$ 7,576,000	$ 7,742,000
Investment income	$ 1,572,000	$ 1,015,000	$ 779,000	$ 846,000	$ 1,015,000	$ 1,229,000	$ 1,345,000	$ 1,269,000	$ 1,294,000	$ 1,303,000
Other	$ 1,440,000	$ 1,107,000	$ 1,126,000	$ 1,126,000	$ 1,126,000	$ 1,138,000	$ 1,209,000	$ 1,233,000	$ 1,237,000	$ 1,241,000
NET OPERATING REVENUE	***$ 25,314,000***	***$ 26,022,000***	***$ 26,159,000***	***$ 26,261,000***	***$ 26,428,000***	***$ 28,280,000***	***$ 33,568,000***	***$ 35,574,000***	***$ 35,802,000***	***$ 36,072,000***
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 7,922,000	$ 8,224,000	$ 8,246,000	$ 8,246,000	$ 8,270,000	$ 8,287,000	$ 9,458,000	$ 10,790,000	$ 10,790,000	$ 10,790,000
b. Contractual Services										
c. Interest on Current Debt	109,000	140,000	146,000	149,000	55,000	78,000	276,000	264,000	261,000	256,000
d. Interest on Project Debt	-	-	-	-	-	1,034,000	3,673,000	3,514,000	3,462,000	3,408,000
e. Current Depreciation	2,798,000	3,348,000	4,135,000	4,614,000	4,894,000	4,694,000	4,773,000	5,640,000	5,875,000	6,118,000
f. Project Depreciation	-	-	-	-	-	953,000	2,032,000	2,160,000	2,160,000	2,160,000
g. Current Amortization	15,000	15,000	-	-	-	147,000	147,000	147,000	147,000	147,000
h. Project Amortization										
i. Supplies	1,090,000	1,156,000	919,000	842,000	791,000	740,000	767,000	780,000	780,000	780,000
j. Other Expenses (Specify/add rows if needed)										
Dining Services	3,075,000	3,266,000	3,257,000	3,239,000	3,241,000	3,246,000	3,327,000	3,378,000	3,377,000	3,379,000
General and Administrative	4,621,000	5,270,000	5,372,000	5,356,000	5,427,000	5,522,000	5,849,000	6,048,000	6,065,000	6,083,000
Plant Operations	1,288,000	1,482,000	1,722,000	1,714,000	1,715,000	1,715,000	1,730,000	1,738,000	1,738,000	1,738,000
Housekeeping	881,000	783,000	642,000	639,000	639,000	706,000	927,000	985,000	990,000	994,000
Utilities	979,000	975,000	952,000	952,000	952,000	952,000	1,116,000	1,294,000	1,304,000	1,315,000
Loss on Disposal of Equipment	39,000	-	-	-	-	-	-	-	-	-
TOTAL OPERATING EXPENSES	$ 22,817,000	$ 24,659,000	$ 25,391,000	$ 25,751,000	$ 25,984,000	$ 28,274,000	$ 34,077,000	$ 36,738,000	$ 36,949,000	$ 37,168,000
3. INCOME										
a. Income From Operation	$ 2,497,000	$ 1,363,000	$ 768,000	$ 510,000	$ 444,000	$ 6,000	$ (509,000)	$ (1,164,000)	$ (1,147,000)	$ (1,096,000)
b. Non-Operating Income										
SUBTOTAL	***$ 2,497,000***	***$ 1,363,000***	***$ 768,000***	***$ 510,000***	***$ 444,000***	***$ 6,000***	***$ (509,000)***	***$ (1,164,000)***	***$ (1,147,000)***	***$ (1,096,000)***
c. Income Taxes										
NET INCOME (LOSS)	***$ 2,497,000***	***$ 1,363,000***	***$ 768,000***	***$ 510,000***	***$ 444,000***	***$ 6,000***	***$ (509,000)***	***$ (1,164,000)***	***$ (1,147,000)***	***$ (1,096,000)***
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	36.5%	45.9%	12.0%	15.0%	17.0%	19.0%	15.0%	23.0%	23.0%	23.0%
2) Medicaid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.0%	15.0%	16.0%	16.0%
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay	63.5%	54.1%	88.0%	85.0%	83.0%	81.0%	73.0%	62.0%	61.0%	61.0%
6) Other										
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Inpatient Days										
1) Medicare	16.5%	22.8%	12.0%	14.8%	14.8%	14.8%	14.2%	22.8%	22.8%	22.8%
2) Medicaid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.3%	15.4%	15.4%	15.4%
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay	83.5%	77.2%	88.0%	85.2%	85.2%	85.2%	73.5%	61.8%	61.8%	61.8%
6) Other										
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

Note - Table represents all CCRC Operations and levels of care

TAB G

TABLE G. REVENUES & EXPENSES, UNINFLATED -JUST THE 70 SKILLED BEDS						
[illegible] current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table F and with the Workforce costs						
	Projected Years (ending five years after completion) Add columns of needed.					
Indicate CY or FY = FY	2019	2020	2021	2022	2023	2024
1. REVENUE						
a. Inpatient Services	$ 8,584,000	$ 8,638,000	$ 10,010,000	$ 11,006,000	$ 11,051,000	$ 11,120,000
b. Outpatient Services						
Gross Patient Service Revenues	***$ 8,584,000***	***$ 8,638,000***	***$ 10,010,000***	***$ 11,006,000***	***$ 11,051,000***	***$ 11,120,000***
c. Allowance For Bad Debt						
d. Contractual Allowance			$ 394,000	$ 532,000	$ 532,000	$ 532,000
e. Charity Care						
Net Patient Services Revenue	***$ 8,584,000***	***$ 8,638,000***	***$ 9,616,000***	***$ 10,474,000***	***$ 10,519,000***	***$ 10,588,000***
f. Other Operating Revenues (Specify)						
Amortization of entrance fees	$ 846,000	$ 1,047,000	$ 1,225,000	$ 1,251,000	$ 1,278,000	$ 1,306,000
Investment income	$ 176,000	$ 213,000	$ 227,000	$ 217,000	$ 218,000	$ 220,000
Other						
NET OPERATING REVENUE	***$ 9,606,000***	***$ 9,898,000***	***$ 11,068,000***	***$ 11,942,000***	***$ 12,015,000***	***$ 12,114,000***
2. EXPENSES						
a. Salaries & Wages (including benefits)	$ 3,994,000	$ 3,994,000	$ 4,689,000	$ 5,268,000	$ 5,268,000	$ 5,268,000
b. Contractual Services						
c. Interest on Current Debt	10,000	13,000	47,000	45,000	44,000	43,000
d. Interest on Project Debt	-	208,000	738,000	706,000	695,000	684,000
e. Current Depreciation	847,000	847,000	805,000	951,000	991,000	1,032,000
f. Project Depreciation	-	191,000	408,000	434,000	434,000	434,000
g. Current Amortization						
h. Project Amortization						
i. Supplies	791,000	740,000	767,000	780,000	780,000	780,000
j. Other Expenses (Specify)						
Dining Services	661,000	662,000	661,000	670,000	670,000	670,000
General and Administrative	1,048,000	1,064,000	1,089,000	1,122,000	1,125,000	1,128,000
Plant Operations	382,000	382,000	375,000	376,000	376,000	376,000
Housekeeping	145,000	160,000	206,000	218,000	219,000	220,000
Utilities	165,000	165,000	189,000	218,000	220,000	222,000
TOTAL OPERATING EXPENSES	***$ 8,043,000***	***$ 8,426,000***	***$ 9,974,000***	***$ 10,788,000***	***$ 10,822,000***	***$ 10,857,000***
3. INCOME						
a. Income From Operation	**$ 1,563,000**	**$ 1,472,000**	**$ 1,094,000**	**$ 1,154,000**	**$ 1,193,000**	**$ 1,257,000**
b. Non-Operating Income						
SUBTOTAL	***$ 1,563,000***	***$ 1,472,000***	***$ 1,094,000***	***$ 1,154,000***	***$ 1,193,000***	***$ 1,257,000***
c. Income Taxes						
NET INCOME (LOSS)	***$ 1,563,000***	***$ 1,472,000***	***$ 1,094,000***	***$ 1,154,000***	***$ 1,193,000***	***$ 1,257,000***
4. PATIENT MIX						
a. Percent of Total Revenue						
1) Medicare	15.0%	17.0%	19.0%	15.0%	23.0%	23.0%
2) Medicaid	0.0%	0.0%	0.0%	12.0%	15.0%	16.0%
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4) Commercial Insurance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5) Self-pay	85.0%	83.0%	81.0%	73.0%	62.0%	61.0%
6) Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Inpatient Days						
1) Medicare	14.8%	14.8%	14.2%	22.8%	22.8%	22.8%
2) Medicaid	0.0%	0.0%	12.3%	15.4%	15.4%	15.4%
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4) Commercial Insurance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5) Self-pay	85.2%	85.2%	73.5%	61.8%	61.8%	61.8%
6) Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

Note - Table represents only Licensed Comprehensive Care Operations

TAB H

TABLE H. WORKFORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes raquirad 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 par yaar aquals one FTE. In an attachmant to the application, axplain any factor used in convarting paid hours to workad hours. Please ensure that tha projactions in this tabla are consistent with expansas providad in uninflatad projections in Tables F and G. Saa additional instruction in tha column to the right of the table.

	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) *	
Job Category	**Current Year FTEs**	**Average Salary per FTE**	**Current Year Total Cost**	**FTEs**	**Average Salary per FTE**	**Total Cost** *(should be consistent with projactions in Table G, if submitted)*	**FTEs**	**Average Salary per FTE**	**Total Cost**	**FTEs**	**Total Cost** *(should be consistent with projactions in Tabla G)*
1. Regular Employees											
Administration *(List ganaral categories, add rows if neadad)*											
Health Services Administrator	1.0	$ 124,000	$ 124,000			$ -			$0	1.0	$ 124,000
Assistant Health Services Administrator	0.3	97,000	29,100			-			$0	0.3	29,100
Resident Assessment Coordinator	1.0	89,000	89,000			-			$0	1.0	89,000
Medical Records Supervisor	1.0	65,000	65,000			-			$0	1.0	65,000
Director of Nursing	1.0	110,000	110,000			-			$0	1.0	110,000
Supervisors	4.3	86,000	372,380	0.4	86,000	30,100			$0	4.7	402,480
Lifestyle and Engagement	3.5	84,000	294,000	0.3	84,000	23,520			$0	3.8	317,520
Total Administration	**12.1**		**$ 1,083,480**	**0.6**		**$ 53,620**			**$0**	**12.8**	**$ 1,137,100**
Direct Care Staff *(List ganaral categories, add rows if needed)*											
RN Unit Manager	1.0	$ 76,000	$ 76,000			$ -			$ -	1.0	$ 76,000
RNs	11.0	74,000	812,520	0.6	74,000	42,180			-	11.6	854,700
LPNs	2.7	59,000	157,530	0.2	59,000	12,980			-	2.9	170,510
CNAs/Caregivers	30.9	33,000	1,020,360	2.7	33,000	88,440			-	33.6	1,108,800
Medication Aides	5.2	38,000	196,080	0.4	38,000	16,720			-	5.6	212,800
Total Direct Care	**50.7**		**$ 2,262,490**	**3.9**		**$ 160,320**	**0.0**		**$ -**	**54.6**	**$ 2,422,810**
Support Staff *(List ganaral categorias, add rows if needed)*											
Lifestyle and Engegement	0.5	$ 42,000	$ 21,000			$ -			$ -	0.5	$ 21,000
Housekeeping	1.0	23,000	23,000	0.3	$23,000	6,440			-	1.3	29,440
Clinical Admissions/Case Manager	1.0	70,000	70,000			-			-	1.0	70,000
Unit Clerk	2.8	39,000	109,200			-			-	2.8	109,200
Total Support	**5.3**		**$ 223,200**	**0.3**		**$ 6,440**	**0.0**		**$ -**	**5.6**	**$ 229,640**
REGULAR EMPLOYEES TOTAL	***68.2***		**$ 3,569,170**	***4.8***		**$ 220,380**	***0.0***		**$ -**	**73.0**	**$ 3,789,550**
2. Contractual Employees											
Administration *(List ganaral categories, add rows if neaded)*											
			-			-			-	-	-
			-			-			-	-	-
			-			-			-	-	-
			-			-			-	-	-
Total Administration			-			-			-	-	-
Direct Care Staff *(List ganaral categories, add rows if needed)*											
			-			-			-	-	-
			-			-			-	-	-
			-			-			-	-	-
			-			-			-	-	-
Total Direct Care Staff			-			-			-	-	-
Support Staff *(List ganaral categories, add rows if neaded)*											
			-			-			-	-	-
			-			-			-	-	-
			-			-			-	-	-
			-			-			-	-	-
Total Support Staff			-			-			-	-	-
CONTRACTUAL EMPLOYEES TOTAL			-			-			-	-	-
Benefits *(State method of calculating benefits below):*											
As a percent of salaries and wages											
TOTAL COST	***68.2***		***$ 3,569,170***	***4.8***		***$ 220,380***	***0.0***		***$ -***		***$ 3,789,550***

Payroll Taxes and Benefits @	39.0%	$1,477,925
Total		*$5,267,475*

TAB 13

Assumptions behind Financial Projections

Management has used its experience to develop its financial projections. The existing community will continue to operate as it is currently operating until the Project begins and during the Project, with the exceptions noted below.

Project Timeline

A proposed timeline for the Project is summarized in the following table:

Date	Milestone
December 2018	Fixed-rate bond financing
December 2018	Sitework and other construction begins
May 2019	Construction complete on Assisted Living Memory Care Units and used as Level 3 Assisted Living through completion of Health Care Renovations
December 2020	Health Care Renovations complete and Nursing Beds opens (25 month construction) and external admissions begin
January 2021	Assisted Living Memory Care opens to memory care residents and begins fill up
May 2021	Assisted Living Memory Care achieves stabilized occupancy of 93 percent
Fiscal Years 2022+	Nursing census is stable but payor mix shift continues

Census / Volume Growth

Projected licensed Comprehensive Care (Health Center) revenue consists of revenue from operating the Health Center during the Projection Period. Management has projected resident services revenue from the Health Center based upon Management's historical experience operating the Health Center and its plan for operating the Health Center during the Projection Period.

Another key assumption is the payor mix at the facility. Management has modeled the payor mix based on the projections of CCRC residents' Health Center utilization and the addition of residents from the public. We have projected an approximate 49% of public patient days as Medicaid, which is the approximate average of the nursing homes in the jurisdiction within which Broadmead operates. Beyond that, given the focus on aggressive return to home rehabilitation residents and other more acute conditions, we estimate a high percentage of patients (23%) to be Medicare patients and 62% will be self-pay.

Management has projected occupancy and payor mix of the Health Center during the Projection Period as shown in the table below:

	2017	2018	2019	2020	2021	2022	2023	2024
Occupancy:								
Available Beds	55.0	55.0	55.0	47.5	60.1	70.0	70.0	70.0
Occupancy Percentage	94.7%	98.2%	90.9%	84.2%	99.8%	92.9%	92.9%	92.9%
Occupied Beds	54.0	54.0	50.0	40.0	60.0	65.0	65.0	65.0
Payor Mix:								
Private Pay (CCRC residents)	5.0	6.3	7.1	7.5	5.8	2.0	2.1	2.5
Medicaid (non-CCRC residents)	-	-	-	-	7.4	10.0	10.5	10.5
Medicare (CCRC residents)	2.0	2.5	2.5	2.5	2.5	1.0	2.0	2.5
Medicare (non-CCRC residents)	4.5	5.5	5.5	5.5	6.0	13.8	12.8	12.3
Lifecare - Permanent Transfer (CCRC residents)	37.5	34.7	29.7	19.0	32.5	32.0	30.9	30.0
Fee for Service (non-CCRC residents)	-	-	0.2	0.5	0.8	1.2	1.7	2.2
Lifecare - Temporary Transfer (CCRC residents)	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Total	54.0	54.0	50.0	40.0	60.0	65.0	65.0	65.0

The number of Comprehensive Care patient days is projected to decline in 2020 to demonstrate the number of residents that are projected to move or be assigned to the new Assisted Living Units when they open in 2020 and remain during the Health Center renovations. These residents are projected to be cared for as an Assisted Living Level 3 resident. The Health Center renovations are projected to be complete in December 2020. At that time, certain residents being cared for as Assisted Living Level 3 will be moved to the newly renovated Health Center rooms and the New Assisted Living Units will be operated as memory care units. At that time, certain new residents are projected to move into the New Assisted Living Units and are projected to fill the 14 New Assisted Living Units with 13 assisted living residents by June 2021.
A more detailed project timeline of the SNF renovations is detailed in the project timeline table below:

SNF Room and Bed Count Summary					
Service	Start	Finish	Duration (Calendar Days)	Number of SNF Beds for Duration	Number of AL Beds for Duration
SNF	Current			55	
Skilled MC	07.01.19	12.17.19	170	39	14
Skilled – LTC	12.24.19	05.18.20	31	55	14
Skilled – LTC	01.24.20	05.18.20	115	55	14
Skilled – Rehab	05.28.20	07.22.20	56	61	14
Skilled – Rehab	07.30.20	09.28.20	61	48	14
Skilled – LTC	07.30.20	12.02.20	126	48	14
Skilled Nursing	Completed			70	

Management assumes that the Health Center room configuration will change, allowing full utilization of the 70 currently licensed beds. As the current room configuration has resulted in an average utilization of 54 beds using 55 rooms, average census is projected to increase to 65, utilizing 62 rooms as a result of the Project As a result of adding the additional capacity, Management will be able to attract more "public" skilled nursing residents from outside the community than they have historically. Additionally, as a result of the expansion and

renovations to the Health Care Center, the Community will now begin accepting Medicaid patients when they historically have not done so. The increase in census projected by Management is attributed to the addition of the Medicaid payer beginning in 2021 to a level exceeding the minimum requirement set by the state.

Projected Reimbursement Rates

Management has assumed rates based on expected case mix and by application of rates at other Maryland facilities. Management has projected the expected Medicaid reimbursement rate based on current rates, the projected case mix index and application of Maryland pricing methodology. The following table summarizes the projected daily rates for the Health Center during the Projection Period:

	2017	2018	2019	2020	2021	2022	2023	2024
Private Pay	$ 370.86	$ 370.86	$ 370.86	$ 370.86	$ 370.86	$ 370.86	$ 370.86	$ 370.86
Medicaid	225.00	225.00	225.00	225.00	225.00	225.00	225.00	225.00
Medicare	493.00	493.00	493.00	493.00	493.00	493.00	493.00	493.00
Lifecare - Permanent Transfer	154.32	154.32	154.32	154.32	154.32	154.32	154.32	154.32
Fee for Service	370.86	370.86	370.86	370.86	370.86	370.86	370.86	370.86
Lifecare - Temporary Transfer	-	-	-	-	-	-	-	-

Expense Assumptions

Expense assumptions have been built on a detailed line item basis based on per diem rates and totals from Management. Specific costs for year 2017 are detailed at Table H of the application for labor and contractual services. Supplies, and Other Expenses are based on historical data and the effects of the changes services as determined by the team of health care professionals.

Tab 14 Supplemental Table G that Separates the Payor Mix by CCRC Patients and Public Patients

TAB 14

Supplemental TABLE G. section 4 as requested

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). This table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table E and with the Workforce costs identifled in Table H. 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. Revenue should be projected based on actual charges with detailed calculation by payer in the attachment. The contractual allowance should not be reported if it is a positive adjustment to gross revenue. Specify the sources of non-operating income. See additional instructions in the column to right of the table.

	Projected Years (ending five years after completion) Add columns of needed.					
Indicate CY or FY = FY	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
4. PATIENT MIX						
a. Percent of Total Revenue						
1) Medicare						
Public (non-CCRC)	10.3%	11.7%	13.4%	14.0%	19.9%	19.1%
CCRC	4.7%	5.3%	5.6%	1.0%	3.1%	3.9%
2) Medicaid (non-CCRC)	0.0%	0.0%	0.0%	12.0%	15.0%	16.0%
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4) Commercial Insurance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5) Self-pay						
Public (non-CCRC)	0.4%	1.3%	1.5%	2.2%	2.7%	3.4%
CCRC	84.6%	81.7%	79.5%	70.8%	59.3%	57.6%
6) Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Inpatient Days						
1) Medicare						
Public (non-CCRC)	11.0%	13.8%	10.0%	21.2%	19.7%	18.9%
CCRC	5.0%	6.3%	4.2%	1.5%	3.1%	3.8%
2) Medicaid (non-CCRC)	0.0%	0.0%	12.3%	15.4%	16.2%	16.2%
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4) Commercial Insurance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5) Self-pay						
Public (non-CCRC)	0.4%	1.3%	1.3%	1.8%	2.6%	3.4%
CCRC	83.6%	78.8%	72.2%	60.0%	58.5%	57.7%
6) Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

Note - Table represents only Licensed Comprehensive Care Operations

TAB 15

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.

Signature

5/31/17
Date

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.

Signature 

Date 5/31/17

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.

Ann Patterson

Signature

5/16/2017

Date

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.

Signature

5.23.17
Date

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.

Signature

5/23/17
Date

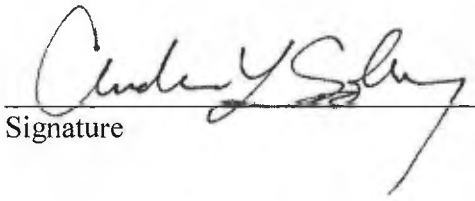
I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.

05.31.17

Signature

Date

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.



Signature

5/22/17

Date