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August 10, 2017

Via Hand Delivery and E-Mail

Kevin McDonald, Chief, Certificate of Need
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
Updated Tables**

Dear Mr. McDonald:

Per your request of August 9th, enclosed please find one copy of all of the Tables and updated Tables submitted by Broadmead in relation to the above-mentioned project.

If we can provide any additional information, please do not hesitate to contact me.

Very truly yours,



Rose M. Matricciani

RMM:mrm

Enclosures:

CON Table Package

Table A - Bed and Room Inventory

Table B - Construction and Renovation Square Footage

Table C - Project Budget

Updated Table D - Utilization - Entire Facility

Updated Table E - Utilization - New Facility or Service

Updated Table F - Revenues & Expenses, Uninflated - Entire Facility

Updated Table G - Revenues & Expenses, Uninflated - New Facility or Service

Updated Supplemental Table G - Separates Payor Mix by CCRC residents and public patients

Updated Table H - Workforce

Table I - Bedside Care Staffing

Table J - Construction Characteristics

Table K - Onsite and Offsite Costs Included and Excluded in Marshall Valuation Costs

cc: Ruby Potter, Administrator, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission

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

CON TABLE PACKAGE FOR NURSING HOME (CCFs) APPLICATIONS

Name of Applicant: _____

Date of Submission: _____

*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</u>	<u>Table Title</u>	<u>Instructions</u>
Table A	Bed and Room Inventory	All Comprehensive Care facility applicants must complete Table A regardless of the project type and scope.
Table B	Construction and Renovation Square Footage	All applicants proposing new construction or renovation must complete Table B.
Table C	Project Budget	All applicants, regardless of project type or scope, must complete Table C.
Table D	Utilization - Entire Facility	Existing facility applicants must complete Table D. All applicants who complete this table must also complete Table F.
Table E	Utilization - New Facility or Service	Applicants who propose to: establish a new facility; a new service; or are directed by MHCC staff must complete Table E. All applicants who complete this table must also complete Table G.
Table F	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table F. The projected revenues and expenses in Table F should be consistent with the volume projections in Table D.
Table G	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to: establish a new facility; a new service and any other applicant who completes a Table D must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table E.
Table H	Workforce	All applicants, regardless of project type or scope, must complete Table H.
Table I	Bedside Care Staffing	All applicants, regardless of project type or scope, must complete Table I.
Table J	Construction Characteristics	All applicants proposing new construction or renovation must complete Table J.
Table K	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table K

TABLE A
BED AND ROOM INVENTORY

TABLE A. BED CAPACITY BY FLOOR AND NURSING UNIT 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. Applicants should add columns and recalculate formulas to address any rooms with 3 and 4 bed capacity. See additional instruction in the column to the right of the table.

Before the Project						After Project Completion				
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Based on Physical Capacity				
		Room Count			Physical Bed Capacity	Service Location (Floor/Wing)	Room Count			Physical Bed Capacity
		Private	Semi-Private	Total Rooms			Private	Semi-Private	Total Rooms	
COMPREHENSIVE CARE						COMPREHENSIVE CARE				
2nd floor LTC	70	40	15	55	70	2nd floor LTC Memory Support	9	2	11	13
				0	0	2nd floor Skilled LTC	19	4	23	27
				0	0	2nd floor Rehab	17	0	17	17
				0	0	3rd floor Skilled	9	2	11	13
				0	0				0	0
SUBTOTAL Comprehensive Care	70	40	15	55	70	SUBTOTAL	54	8	62	70
ASSISTED LIVING						ASSISTED LIVING				
3rd floor AL	30	28	1	29	30	3rd floor AL	24	2	26	28
						2nd floor AL Memory Support	12	2	14	16
TOTAL ASSISTED LIVING	30	28	1	29	30	TOTAL ASSISTED LIVING	36	4	40	44
Other (Specify/add rows as needed)				0	0	Other (Specify/add rows as needed)			0	0
TOTAL OTHER						TOTAL OTHER				
FACILITY TOTAL	100	68	16	84	100	FACILITY TOTAL	90	12	102	114

TABLE B

CONSTRUCTION AND RENOVATION SQUARE FOOTAGE

TABLE B. PROPOSED NEW CONSTRUCTION AND RENOVATION SQUARE FOOTAGE

INSTRUCTION: Account for all existing and proposed square footage by floor. Further breakdown by nursing unit and building wing are at Applicants discretion and should be used by applicants if it adds valuable information to the description of the existing and proposed facilities. Add or delete rows if necessary. See additional instruction in the column to the right of the table.

Gross Square Footage by Floor/Nursing Unit/Wing	DEPARTMENTAL GROSS SQUARE FEET				Total After Project Completion
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	
2nd Floor, SNF	11,751	2,705	11,751	0	14,456
2nd Floor, Rehab	8,646	0	8,646	0	8,646
2nd Floor, SN Dementia	5,159	2,422	5,159	0	7,581
3rd Floor, SNF	0	5,539	1,577	0	7,116
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total	25,556	10,666	27,133	0	37,799

TABLE C
PROJECT BUDGET

TABLE C. 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. If the project involves services other than CCF such as assisted living explain the allocation of costs between the CCF and the other service(s). 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

	CCF Nursing Home	Other Service Areas	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$2,531,000	\$11,437,000	\$13,968,000
(2) Fixed Equipment	39,000	161,000	200,000
(3) Site and Infrastructure	339,000	3,647,000	3,986,000
(4) Architect/Engineering Fees	317,000	1,240,000	1,557,000
(5) Permits (Building, Utilities, Etc.)	28,000	237,000	265,000
SUBTOTAL New Construction	\$3,254,000	\$16,722,000	\$19,976,000
b. Renovations			
(1) Building	5,650,000	20,662,000	26,312,000
(2) Fixed Equipment (not included in construction)	58,000	242,000	300,000
(3) Architect/Engineering Fees	471,000	1,972,000	2,443,000
(4) Permits (Building, Utilities, Etc.)	113,000	356,000	469,000
SUBTOTAL Renovations	\$6,292,000	\$23,232,000	\$29,524,000
c. Other Capital Costs			
(1) Movable Equipment	720,000	1,580,000	2,300,000
(2) Contingency Allowance	580,000	2,345,000	2,925,000
(3) Gross interest during construction period	1,174,000	4,672,000	5,846,000
(4) Other (Specify/add rows if needed): Development Costs	575,000	500,000	1,075,000
Pre-Development Costs	200,000	100,000	300,000
Marketing Costs	-	1,765,000	1,765,000
SUBTOTAL Other Capital Costs	\$3,249,000	\$10,962,000	\$14,211,000
TOTAL CURRENT CAPITAL COSTS	\$12,795,000	\$50,916,000	\$63,711,000
d. Land Purchased/Donated	-	-	-
e. Inflation Allowance	-	-	-
TOTAL CAPITAL COSTS	\$12,795,000	\$50,916,000	\$63,711,000
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	473,000	2,092,000	2,565,000
b. Bond Discount	-	-	-
c. Legal Fees CON	50,000	-	50,000
d. Legal Fees (Other)	-	50,000	50,000
e. Non-Legal Consultant Fees (CON application related - specify what it is and why it is needed for the CON)	25,000	-	25,000
f. Non-Legal Consultant Fees	284,000	426,000	710,000
g. Liquidation of Existing Debt	-	5,448,000	5,448,000
h. Debt Service Reserve Fund	1,065,000	4,858,000	5,923,000
i. Other (Specify/add rows if needed):	-	-	-
SUBTOTAL	\$1,897,000	\$12,874,000	\$14,771,000
3. Working Capital Startup Costs	\$31,000	\$15,000	\$46,000
TOTAL USES OF FUNDS	\$14,723,000	\$63,805,000	\$78,528,000
B. Sources of Funds			
1. Cash	186,000	822,000	1,008,000
2. Philanthropy (to date and expected)	-	-	-
3. Authorized Bonds	14,537,000	62,983,000	77,520,000
4. Interest Income from bond proceeds listed in #3	-	-	-
5. Mortgage	-	-	-
6. Working Capital Loans	-	-	-
7. Grants or Appropriations	-	-	-
a. Federal	-	-	-
b. State	-	-	-
c. Local	-	-	-
8. Other (Specify/add rows if needed)	-	-	-
TOTAL SOURCES OF FUNDS	\$14,723,000	\$63,805,000	\$78,528,000
Annual Lease Costs (if applicable)			
1. Land	-	-	-
2. Building	-	-	-
3. Major Movable Equipment	-	-	-
4. Minor Movable Equipment	-	-	-
5. Other (Specify/add rows if needed)	-	-	-

* 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.

UPDATED TABLE D
UTILIZATION - ENTIRE FACILITY

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.

	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.						
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Indicate CY or FY = FY										
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	8	9	11	12	12
d. Other - Independent Living	37	28	24	24	24	23	23	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	85,772	85,248	85,248	86,251	88,768	122,551	142,025	142,025	142,025
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	22	22	22
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0	0	48	48	48
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 <i>IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</i>										
a. Comprehensive Care (public)	10.7%	16.2%	24.7%	24.7%	24.4%	16.4%	25.3%	94.5%	95.0%	92.3%
b. Comprehensive Care (CCRC Restricted)	63.1%	60.7%	52.4%	52.4%	47.0%	40.7%	60.4%	92.1%	91.9%	93.1%
Total Comprehensive Care Beds	73.8%	76.9%	77.1%	77.1%	71.4%	57.1%	85.7%	92.9%	92.9%	92.9%
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 of needed)	90.2%	88.4%	97.0%	94.7%	94.9%	80.8%	92.9%	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

UPDATED TABLE E
UTILIZATION - NEW FACILITY OR SERVICE

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	22	22	22
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	48	48	48
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%	94.5%	95.0%	92.3%
b. Comprehensive Care (CCRC Restricted)	52.4%	47.0%	40.7%	60.4%	92.1%	91.9%	93.1%
Total Comprehensive Care Beds	77.1%	71.4%	57.1%	85.7%	92.9%	92.9%	92.9%
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)							

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.						
<i>Indicate CY or FY = FY</i>	2018	2019	2020	2021	2022	2023	2024
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0

Note - Table represents only Licensed Comprehensive Care Operations

UPDATED TABLE F
REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. The table should reflect current 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 application, provide an explanation or basis for the projected revenue and expenses specifying all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with calculations detailed in the attachment and Contractual Allowance should not be included if it is a positive adjustment to gross revenue. Specify the sources of non-operating income. See additional instruction in the column to the right of the table.

	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.						
	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	\$ 4,610,000	\$ 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	\$ 1,289,000	\$ 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	\$ 26,922,000	\$ 26,158,000	\$ 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	3,408,000
e. Current Depreciation	2,798,000	3,348,000	4,135,000	4,614,000	4,894,000	4,894,000	4,773,000	5,640,000	5,675,000	6,118,000
f. Project Depreciation							953,000	2,032,000	2,160,000	2,160,000
g. Current Amortization	15,000	15,000					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	965,000	990,000	994,000
Utilities	979,000	975,000	952,000	952,000	952,000	952,000	1,118,000	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

UPDATED TABLE G
REVENUES & EXPENSES, UNINFLATED
NEW FACILITY OR SERVICE

UPDATED SUPPLEMENTAL TABLE G
SEPARATES PAYOR MIX BY CCRC RESIDENTS
AND PUBLIC PATIENTS

Syupplemental 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 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 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	2025
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
Public (non-CCRC)	10.3%	11.7%	13.4%	14.0%	18.4%	14.4%	14.4%
CCRC	4.7%	5.3%	5.6%	1.0%	4.6%	8.6%	8.6%
2) Medicaid (non-CCRC)	0.0%	0.0%	0.0%	12.0%	15.0%	16.0%	16.0%
3) Blue Cross	0.0%	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%	0.0%
5) Self-pay							
Public (non-CCRC)	0.4%	1.3%	1.5%	2.2%	2.7%	3.4%	3.4%
CCRC	84.6%	81.7%	79.5%	70.8%	59.3%	57.6%	57.6%
6) Other	0.0%	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%	100.0%
b. Percent of Inpatient Days							
1) Medicare							
Public (non-CCRC)	11.0%	13.8%	10.0%	21.2%	18.2%	14.3%	14.3%
CCRC	5.0%	6.3%	4.2%	1.5%	4.6%	8.5%	8.5%
2) Medicaid (non-CCRC)	0.0%	0.0%	12.3%	15.4%	16.2%	16.2%	16.2%
3) Blue Cross	0.0%	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%	0.0%
5) Self-pay							
Public (non-CCRC)	0.4%	1.3%	1.3%	1.8%	2.6%	3.4%	3.4%
CCRC	83.6%	78.8%	72.2%	60.0%	58.5%	57.7%	57.7%
6) Other	0.0%	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%	100.0%

Note - Table represents only Licensed Comprehensive Care Operations

UPDATED TABLE H
WORKFORCE

TABLE H. WORKFORCE 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 F and G. 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 G, if submitted)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
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
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
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
<i>Support Staff (List general categories, add rows if needed)</i>											
Lifestyle and Engagement	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											
<i>Administration (List general categories, add rows if needed)</i>											
Total Administration											
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Total Direct Care Staff											
<i>Support Staff (List general categories, add rows if needed)</i>											
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		\$ -	73.0	\$ 3,789,550

UPDATED TABLE I
BEDSIDE CARE STAFFING

TABLE I. Scheduled Staff for Typical Work Week

INSTRUCTION: Quantify the staff that will provide bedside care that would be counted toward the current minimum staffing as required by COMAR 10.07.02.12

Staff Category	Weekday Hours Per Day				Weekend Hours Per Day			
	Day	Evening	Night	Total	Day	Evening	Night	Total
Registered Nurses	32.75	24.75	16.50	74.00	24.75	24.75	16.50	66.00
L. P. N. s	8.25	8.25	-	16.50	8.25	8.25	-	16.50
Aides	64.00	64.00	64.00	192.00	64.00	64.00	64.00	192.00
C. N. A.s	-	-	-	-	-	-	-	-
Medicine Aides	16.00	16.00	-	32.00	16.00	16.00	-	32.00
Total	121.00	113.00	80.50	314.50	113.00	113.00	80.50	306.50
Licensed Beds at Project Completion				70	Licensed Beds at Project Completion			70
Hours of Bedside Care per Licensed Bed per Day				4.49	Hours of Bedside Care per Licensed Bed Per Day			4.38
Staff Category	Weekday Hours Per Day				Weekend Hours Per Day			
	Day	Evening	Night	Total	Day	Evening	Night	Total
Ward Clerks (bedside care time calculated at 50%)	4.00	4.00	-	8.00	4.00	4.00	-	8.00
Total Including 50% of Ward Clerks Time	123.00	115.00	80.50	318.50	115.00	115.00	80.50	310.50
Total Hours of Bedside Care per Licensed Bed Per Day				4.55	Total Hours of Bedside Care per Licensed Bed Per Day			4.44

70 SKILLED BEDS

Total Weekly Hours			
Day	Evening	Night	Total
213.25	173.25	115.50	502.00
57.75	57.75	-	115.50
448.00	448.00	448.00	1,344.00
-	-	-	-
112.00	112.00	-	224.00
831.00	791.00	563.50	2,185.50

FTEs			
Day	Evening	Night	Total
5.33	4.33	2.89	12.55
1.44	1.44	-	2.89
11.20	11.20	11.20	33.60
-	-	-	-
2.80	2.80	-	5.60
20.78	19.78	14.09	54.64

UPDATED TABLE J
CONSTRUCTION CHARACTERISTICS

TABLE J. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, 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 type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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		
First Floor		
Second Floor	5,127	25,513
Third Floor	5,539	1,577
Fourth Floor		
Average Square Feet		
Perimeter in Linear Feet	Linear Feet	
Basement		
First Floor		
Second Floor	934	1,349
Third Floor	373	162
Fourth Floor		
Total Linear Feet	1,307	1,511
Average Linear Feet		
Wall Height (floor to eaves)	Feet	
Basement		
First Floor		
Second Floor	11	11
Third Floor	13	13
Fourth Floor		
Average Wall Height	12	12
OTHER COMPONENTS		
Elevators	List Number	
Passenger	0	2
Freight	0	1
Sprinklers	Square Feet Covered	
Wet System	10,666	27,090
Dry System		
Other	Describe Type	
Type of HVAC System for proposed project	Central plant w/ water source heat pumps	
Type of Exterior Walls for proposed project	Clad metal stud with continuous insulation.	

UPDATED TABLE K
ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED
IN MARSHALL VALUATION COSTS

TABLE K. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHAL

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

	NEW CONSTRUCTION COSTS
SITE PREPARATION COSTS	
Normal Site Preparation	\$0
Utilities from Structure to Lot Line	\$0
Subtotal included in Marshall Valuation Costs	
Site Demolition Costs	\$35,000
Storm Drains	\$75,000
Rough Grading	\$65,000
Hillside Foundation	\$0
Paving	\$125,000
Exterior Signs	\$0
Landscaping	\$35,000
Walls	\$0
Yard Lighting	\$0
Other (Specify/add rows if needed)	\$0
Sediment Control & Stabilization	\$3,500
Helipad	\$0
Water	\$0
Sewer	\$0
Premium for Minority Business Enterprise Requirement	\$0
Outside the Loop	\$0
Subtotal On-Site excluded from Marshall Valuation Costs	\$338,500
OFFSITE COSTS	
Roads	\$0
Utilities	\$0
Jurisdictional Hook-up Fees	\$0
Other (Specify/add rows if needed)	\$0
Subtotal Off-Site excluded from Marshall Valuation Costs	\$0
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$338,500
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$338,500

BUILDING COSTS	
Normal Building Costs	\$2,236,150
Subtotal included in Marshall Valuation Costs	\$2,236,150
Canopy	\$0
Premium for Labor Shortages on Eastern Shore Projects	\$0
LEED Silver Premium	\$248,000
Siesmic Costs	\$0
Pneumatic Tube System	\$0
Transvac System	\$0
Signs	\$0
Premium for Minority Business Enterprise Requirement	\$0
Subtotal Building Costs excluded from Marshall Valuation Costs	\$248,000
TOTAL Building Costs included and excluded from Marshall Valuation Service*	\$2,484,150
A&E COSTS	
Normal A&E Costs	
Subtotal included in Marshall Valuation Costs	\$0
Amount Spent on the 2012 Project that is not now Usable:	
Subtotal A&E Costs excluded from Marshall Valuation Costs	\$0
TOTAL A&E Costs included and excluded from Marshall Valuation Service*	\$0
PERMIT COSTS	
Normal Permit Costs	\$5,000
Subtotal included in Marshall Valuation Costs	\$5,000
Jurisdictional Hook-up Fees	\$0
Impact Fees	\$0
Amount Spent on the 2012 Project that is not now Usable	
Subtotal Permit Costs excluded from Marshall Valuation Costs	\$0
TOTAL Permit Costs included and excluded from Marshall Valuation Service*	