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January 9, 2019

VIA EMAIL & REGULAR MAIL

Kevin McDonald
Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

**Re: Baltimore Detox Center
Matter No. 18-03-2419**

Dear Mr. McDonald:

On behalf of Baltimore Detox Center ("BDC"), and pursuant to COMAR 10.24.01.08E (2), we are hereby submitting six (6) copies of a modification ("the Modification") to the above-referenced CON application. We also will provide Word, PDF and Excel copies of the Modification as appropriate.

BDC revises its projected work force to increase the number of FTEs budgeted for the position of "Case Manager" from one to two, and to add one "Nurse Practitioner" as a Contractual Employee. The expenses for these two positions have been incorporated into the revised projected expenses for the BDC. (See Attachment 19 Table D and Attachment 20 Table E). The other Tables remain unchanged. A complete and revised Table Set is provided as Attachment 21 for your convenience.

I hereby certify that a copy of the Modification has also been forwarded to the appropriate local health planning agency and the registered Interested Party, as noted below.

If any further information is needed, please let us know.

Sincerely,


Carolyn Jacobs

CJ:tmh
Enclosures

cc: William D. Chan
Health Policy Analyst

Ruby Potter
Administrator
Health Facilities Coordinator

Gregory Wm. Branch, M.D., MBA, CPE, FACP
Director, Health and Human Services | Health Officer
6401 York Road, Third Floor
Baltimore, Maryland 21212-2130

David Stup
Director of Corporate Business Development
817 S Camp Meade Road
Linthicum, MD 21090

I hereby declare and affirm under the penalties of perjury that the facts stated in this Modification to the CON Application for the Baltimore Detox Center, Matter No. 18-03-2419, are true and correct to the best of my knowledge, information, and belief.

DT Conway

Name

1-8-19

Date

ATTACHMENT 19

MODIFIED TABLE D. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table F should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of Manpower listed in Table G. 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.

Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	2019 CY	2020 CY	2021 CY	2022 CY			
1. REVENUE							
a. Inpatient Services	\$ 4,875,200	\$ 7,312,800	\$ 8,055,160	\$ 8,531,600			
b. Outpatient Services	N/A	N/A	N/A	N/A			
Gross Patient Service Revenues	\$ 4,875,200	\$ 7,312,800	\$ 8,055,160	\$ 8,531,600	\$ -	\$ -	\$ -
c. Allowance for Bad Debt	\$ 1,462,560	\$ 2,193,840	\$ 2,416,548	\$ 2,559,480			
d. Contractual Allowance	\$ -	\$ -	\$ -	\$ -			
e. Charity Care	\$ 731,280	\$ 1,096,920	\$ 1,208,274	\$ 1,279,740			
Net Patient Services Revenue	\$ 2,681,360	\$ 4,022,040	\$ 4,430,338	\$ 4,692,380	\$ -	\$ -	\$ -
f. Other Operating Revenues (Toxicology - U/A)	\$ 429,000	\$ 540,000	\$ 540,000	\$ 540,000			
NET OPERATING REVENUE	\$ 3,110,360	\$ 4,562,040	\$ 4,970,338	\$ 5,232,380	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 1,904,149	\$ 2,262,129	\$ 2,389,072	\$ 2,538,865			
b. Contractual Services	\$ 117,000	\$ 117,000	\$ 117,000	\$ 117,000			
c. Interest on Current Debt	\$ -	\$ -	\$ -	\$ -			
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ -			
e. Current Depreciation	\$ -	\$ -	\$ -	\$ -			
f. Project Depreciation (60 months)	\$ 55,450	\$ 55,450	\$ 55,450	\$ 55,450			
g. Current Amortization	\$ -	\$ -	\$ -	\$ -			
h. Project Amortization	\$ -	\$ -	\$ -	\$ -			
i. Other Expenses (See TABLE D.1.)	\$ 1,375,599	\$ 1,658,449	\$ 1,745,000	\$ 1,800,171			
TOTAL OPERATING EXPENSES	\$ 3,452,198	\$ 4,093,027	\$ 4,306,522	\$ 4,511,486	\$ -	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ (341,837.75)	\$ 469,012.79	\$ 663,815.59	\$ 720,893.63	\$ -	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ (341,837.75)	\$ 469,012.79	\$ 663,815.59	\$ 720,893.63	\$ -	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ (341,837.75)	\$ 469,012.79	\$ 663,815.59	\$ 720,893.63	\$ -	\$ -	\$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare	0.0%	0.0%	0.0%	0.0%			
2) Medicaid	0.0%	0.0%	0.0%	0.0%			
3) Blue Cross	29.0%	29.0%	29.0%	29.0%			
4) Commercial Insurance	67.0%	67.0%	67.0%	67.0%			
5) Self-pay	3.9%	3.9%	3.9%	3.9%			
6) Other	0.1%	0.1%	0.1%	0.1%			
TOTAL	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare	0.0%	0.0%	0.0%	0.0%			
2) Medicaid	0.0%	0.0%	0.0%	0.0%			
3) Blue Cross	29.0%	29.0%	29.0%	29.0%			
4) Commercial Insurance	67.0%	67.0%	67.0%	67.0%			
5) Self-pay	3.9%	3.9%	3.9%	3.9%			
6) Other	0.1%	0.1%	0.1%	0.1%			
TOTAL	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%

ASSUMPTIONS:

- | | |
|--|--|
| 1. a. Inpatient Services | Calculated as annual patient days @ \$1,108 per deim. |
| 1. c. Allowance for Bad Debt | Projected at 30% of Inpatient Revenue. |
| 1. e. Charity Care | Projected at 15% of Inpatient Revenue. |
| 1. f. Other Operating Revenues (Toxicology - Urinalysis) | Projected at \$45,000 per month. |
| 2. a. Wages and Salaries | See TABLE E. Workforce |
| 2. f. Project Depreciation (60 months) | Project cost of \$277,250 depreciated over 5 years (term of lease) equals \$55,450 |

ATTACHMENT 20

MODIFIED TABLE E. 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.

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 D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
CEO			\$0	1.0	\$130,000	\$130,000			\$0	1.0	\$130,000
COO			\$0	1.0	\$95,000	\$95,000			\$0	1.0	\$95,000
Clinical Director			\$0	1.0	\$82,000	\$82,000			\$0	1.0	\$82,000
Compliance Officer / QA / HR			\$0	1.0	\$65,000	\$65,000			\$0	1.0	\$65,000
Director of Admissions			\$0	1.0	\$80,000	\$80,000			\$0	1.0	\$80,000
Outreach Coordinators			\$0	3.0	\$45,000	\$135,000			\$0	3.0	\$135,000
Total Administration				8.0		\$587,000			\$0	8.0	\$587,000
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Medical Director			\$0	1.0	\$240,000	\$240,000			\$0	1.0	\$240,000
Director of Nursing RN			\$0	1.0	\$115,000	\$115,000			\$0	1.0	\$115,000
Nurse RN			\$0	6.0	\$82,500	\$495,000			\$0	6.0	\$495,000
Clinician			\$0	1.0	\$95,000	\$95,000			\$0	1.0	\$95,000
Total Direct Care				9.0		\$945,000			\$0	9.0	\$945,000
<i>Support Staff (List general categories, add rows if needed)</i>											
Admission / Insurance			\$0	1.0	\$55,000	\$55,000			\$0	1.0	\$55,000
Intake Coordinator			\$0	1.0	\$40,000	\$40,000			\$0	1.0	\$40,000
Case Manager			\$0	2.0	\$44,000	\$88,000			\$0	2.0	\$88,000
Maintenance Tech			\$0	1.0	\$55,000	\$55,000			\$0	1.0	\$55,000
Behavioral Health Tech			\$0	11.0	\$35,000	\$385,000			\$0	11.0	\$385,000
Total Support				16.0		\$623,000			\$0	16.0	\$623,000
REGULAR EMPLOYEES TOTAL				33.0		\$2,155,000			\$0	33.0	\$2,155,000
2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Dietician (per diem)			\$0			\$25,000			\$0	0.0	\$25,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Contractual						\$25,000			\$0	0.0	\$25,000
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Psychiatric Nurse Practitioner			\$0	1.0	\$92,000	\$92,000			\$0	1.0	\$92,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff				1.0		\$92,000			\$0	1.0	\$92,000
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support Staff						\$0			\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL						\$117,000			\$0	0.0	\$117,000
Payroll Taxes (Employer)*						\$265,065					\$265,065
Benefits** (State method of calculating benefits below) :						\$118,800					\$118,800
TOTAL COST	0.0		\$0	34.0		\$2,655,865	0.0		\$0		\$2,655,865

ASSUMPTIONS:

*Calculated as 12.3% of total compensation (line 27).

**Benefits calculated as \$9,600 per month (Employer contribution).

ATTACHMENT 21

<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	Project Budget	All applicants, regardless of project type or scope, must complete Table B.
Table C	Statistical Projections - Entire Facility	All applicants must complete Table C. All applicants who complete this table must also complete Table D.
Table D	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 complete a Table C must complete Table D. The projected revenues and expenses in Table D should be consistent with the volume projections in Table C.
Table D 1	Other Expenses Detail	A supplementary table to TABLE D.
Table E	Work Force Information	All applicants, regardless of project type or scope, must complete Table E.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: 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. 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.

Service Location (Floor/Wing)	Current Licensed Beds	Before the Project				After Project Completion						
		Based on Physical Capacity			Location (Floor/ Wing)*	Based on Physical Capacity						
		Private	Semi-Private	Total Rooms		3 Bed Room	Semi- Private	Total Rooms	Bed Count Physical Capacity			
					III.7 AND III.7D							
					Baltimore Detox Center							
					Floor Two				0	12	12	24
									0	5	5	10
					Subtotal Residential				5	5	5	10
					Subtotal III.7 and III.7 D				2	2	2	4
					Subtotal "Flex"				0	12	12	24
					FACILITY TOTAL							

TABLE B. 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 level III.7 and III.7D explain the allocation of costs between the levels. 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.d as a use of funds and on line B.8 as a source of funds

	III.7 and III.7D	RESIDENTIAL	TOTAL
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$0		\$0
(2) Fixed Equipment	\$0		\$0
(3) Site and Infrastructure	\$0		\$0
(4) Architect/Engineering Fees	\$0		\$0
(5) Permits (Building, Utilities, Etc.)	\$0		\$0
SUBTOTAL	\$0	\$0	\$0
b. Renovations			
(1) Building	\$155,000		\$155,000
(2) Fixed Equipment (not included in construction)	N/A		\$0
(3) Architect/Engineering Fees	\$30,000		\$30,000
(4) Permits (Building, Utilities, Etc.)	\$4,500		\$4,500
SUBTOTAL	\$189,500	\$0	\$189,500
c. Other Capital Costs			
(1) Movable Equipment (Beds, Nurse Station, Furnishings)	\$65,000		\$65,000
(2) Contingency Allowance	\$28,300		\$28,300
(3) Gross interest during construction period	\$0		\$0
(4) Other (Specify/add rows if needed)	\$0		\$0
SUBTOTAL	\$93,300		\$93,300
TOTAL CURRENT CAPITAL COSTS	\$282,800	\$0	\$282,800
d. Land Purchase	\$0		
e. Inflation Allowance (1.5% annually over 9 months)	\$3,182		\$3,182
TOTAL CAPITAL COSTS	\$285,982	\$0	\$285,982
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			
b. Bond Discount			
c. CON Application Assistance			
c1. Legal Fees	\$35,000		\$35,000
c2. Other Fees	\$40,000		\$40,000
d. Non-CON Consulting Fees			
d1. Legal Fees			
d2. Other (Specify/add rows if needed)			
e. Debt Service Reserve Fund			
i. Other (Specify/add rows if needed)			
SUBTOTAL	\$75,000	\$0	\$75,000
3. Working Capital Startup Costs	\$225,000		\$225,000
TOTAL USES OF FUNDS	\$585,982	\$0	\$585,982
B. Sources of Funds			
1. Cash	\$585,982		\$585,982
2. Philanthropy (to date and expected)	\$0		\$0
3. Authorized Bonds	\$0		\$0
4. Interest Income from bond proceeds listed in #3	\$0		\$0
5. Mortgage	\$0		\$0
6. Working Capital Loans	\$0		\$0
7. Grants or Appropriations			
a. Federal	\$0		\$0
b. State	\$0		\$0
c. Local	\$0		\$0
8. Other (Specify/add rows if needed)	\$0		\$0
TOTAL SOURCES OF FUNDS	\$585,982		\$585,982
	III.7 and III.7D	RESIDENTIAL	TOTAL
Annual Lease Costs (if applicable)			
1. Land	\$0		\$0
2. Building	\$240,000	\$0	\$240,000
3. Major Movable Equipment	\$0		\$0
4. Minor Movable Equipment	\$0		\$0
5. Other (Specify/add rows if needed)	\$0		\$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 C. 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.

Indicate CY or FY	Two Most Recent Years (Actual)	Current Year Projected	2019	2020	2021	2022	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.
1. DISCHARGES							
a. Residential							
b. III.7 and III.7D							
c. Other (Specify/add rows of needed)							
TOTAL DISCHARGES*	0	0	157	236	260	275	0 0 0 0
2. PATIENT DAYS							
a. Residential			2,830	4,240	4,670	4,950	
b. III.7 and III.7D			1,570	2,360	2,600	2,750	
c. Other (Specify/add rows of needed)							
TOTAL PATIENT DAYS	0	0	4,400	6,600	7,270	7,700	0 0 0 0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)							
a. Residential			18.0	18.0	18.0	18.0	
b. III.7 and III.7D			10.0	10.0	10.0	10.0	
c. Other (Specify/add rows of needed)							
TOTAL AVERAGE LENGTH OF STAY			28.0	28.0	28.0	28.0	
4. NUMBER OF LICENSED BEDS							
a. Residential			14	14	14	14	
b. III.7 and III.7D			10	10	10	10	
c. Other (Specify/add rows of needed)							
TOTAL LICENSED BEDS	0	0	24	24	24	24	0 0 0 0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.							
a. Residential			55.4%	83.0%	91.4%	96.9%	
b. III.7 and III.7D			43.0%	64.7%	71.2%	75.3%	
c. Other (Specify/add rows of needed)							
TOTAL OCCUPANCY %			50.2%	75.3%	83.0%	87.9%	
6. OUTPATIENT VISITS							
a. Residential							
b. III.7 and III.7D							
c. Other (Specify/add rows of needed)							
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0 0 0 0

* Includes discharges for patients who receive some combination of detox and residential services during an average stay.

ASSUMPTIONS:

1. BDC will commence operations during April, 2019.
2. ALOS comprises of both detox and intensive inpatient services.

MODIFIED TABLE D. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

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Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	2019 CY	2020 CY	2021 CY	2022 CY			
1. REVENUE							
a. Inpatient Services	\$ 4,875,200	\$ 7,312,800	\$ 8,055,160	\$ 8,531,600			
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f. Project Depreciation (60 months)	\$ 55,450	\$ 55,450	\$ 55,450	\$ 55,450			
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a. Income From Operation	\$ (341,837.75)	\$ 469,012.79	\$ 663,815.59	\$ 720,893.63	\$ -	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ (341,837.75)	\$ 469,012.79	\$ 663,815.59	\$ 720,893.63	\$ -	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ (341,837.75)	\$ 469,012.79	\$ 663,815.59	\$ 720,893.63	\$ -	\$ -	\$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
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2) Medicaid	0.0%	0.0%	0.0%	0.0%			
3) Blue Cross	29.0%	29.0%	29.0%	29.0%			
4) Commercial Insurance	67.0%	67.0%	67.0%	67.0%			
5) Self-pay	3.9%	3.9%	3.9%	3.9%			
6) Other	0.1%	0.1%	0.1%	0.1%			
TOTAL	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare	0.0%	0.0%	0.0%	0.0%			
2) Medicaid	0.0%	0.0%	0.0%	0.0%			
3) Blue Cross	29.0%	29.0%	29.0%	29.0%			
4) Commercial Insurance	67.0%	67.0%	67.0%	67.0%			
5) Self-pay	3.9%	3.9%	3.9%	3.9%			
6) Other	0.1%	0.1%	0.1%	0.1%			
TOTAL	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%

ASSUMPTIONS:

- | | |
|--|--|
| 1. a. Inpatient Services | Calculated as annual patient days @ \$1,108 per deim. |
| 1. c. Allowance for Bad Debt | Projected at 30% of Inpatient Revenue. |
| 1. e. Charity Care | Projected at 15% of Inpatient Revenue. |
| 1. f. Other Operating Revenues (Toxicology - Urinalysis) | Projected at \$45,000 per month. |
| 2. a. Wages and Salaries | See TABLE E. Workforce |
| 2. f. Project Depreciation (60 months) | Project cost of \$277,250 depreciated over 5 years (term of lease) equals \$55,450 |

OTHER EXPENSES	ASSUMPTIONS	Fixed/ Variable	CY 2019	CY 2020	CY 2021	CY 2022
	Variable Expense Increase %: Same as Occupancy Growth		N/A	50.0%	10.2%	5.9%
Food						
Meals	6.50 a meal x 3	V	\$85,176	\$127,764	\$140,796	\$149,103
Snacks	2k a month	V	\$24,000	\$36,000	\$39,672	\$42,013
Referral Development - Luncheons & Open House	2k a month	F	\$24,000	\$24,000	\$24,000	\$24,000
Total - Food Expenses			\$133,176	\$187,764	\$204,468	\$215,116
Meds						
Medical Supply Detox	3500 per month	V	\$42,000	\$63,000	\$69,426	\$73,522
Total - Meds Expenses			\$42,000	\$63,000	\$69,426	\$73,522
Patient Services						
Cable TV - Common Areas / Netflix	1000 per month	F	\$12,000	\$12,000	\$12,000	\$12,000
Activities Contracted	5k per month	F	\$60,000	\$60,000	\$60,000	\$60,000
Patient Ground Transportation (2 Vehicle Expense)	3k per month	F	\$36,000	\$36,000	\$36,000	\$36,000
Total - Patient Services Expenses			\$108,000	\$108,000	\$108,000	\$108,000
Building Services						
Real Estate Rent Expense	20,000 per month	F	\$240,000	\$240,000	\$240,000	\$240,000
Utilities	3500 per month	F	\$42,000	\$42,000	\$42,000	\$42,000
Linens & Laundry	800 PER MONTH materials	V	\$9,600	\$14,400	\$15,869	\$16,805
Security Services (Fire Alarm / Cameras / Secured Entry)	650 per month	F	\$7,800	\$7,800	\$7,800	\$7,800
Common Area Cleaning & Room Cleaning Services	550 per month materials	F	\$6,600	\$6,600	\$6,600	\$6,600
Repairs & Maintenance	materials only maint. Tech	V	\$30,000	\$45,000	\$49,590	\$52,516
Total - Building Services Expenses			\$336,000	\$355,800	\$361,859	\$365,721
Marketing						
Advertising - Industry Publications	1250 per month	F	\$15,000	\$15,000	\$15,000	\$15,000
Conference Sponsorship	1650 per month	F	\$19,800	\$19,800	\$19,800	\$19,800
Internet / SEO / PPC/ Client Marketing	8,500 per month	F	\$102,000	\$102,000	\$102,000	\$102,000
Postage & Mailing	1850 per month	V	\$22,200	\$33,300	\$36,697	\$38,862
Marketing & Promotional Materials	5,000 per month	V	\$60,000	\$90,000	\$99,180	\$105,032
Travel & Lodging	5000 per month	F	\$60,000	\$60,000	\$60,000	\$60,000
Total - Marketing Expenses			\$279,000	\$320,100	\$332,677	\$340,693
Administrative						
Advertising Employment (Job Boards)		F	\$7,200	\$7,200	\$7,200	\$7,200
Computer Printer & Equipment		F	\$10,200	\$10,200	\$10,200	\$10,200
Backend System / EMR - Retain Inactive Files	Kipu (2,000 per month)	F	\$24,000	\$24,000	\$24,000	\$24,000
Telephone / Internet	450 per month	F	\$5,400	\$5,400	\$5,400	\$5,400
Insurance	1,000 per month	F	\$12,000	\$12,000	\$12,000	\$12,000
Unforeseen / Miscellaneous Expenses	1,000 per month	F	\$12,000	\$12,000	\$12,000	\$12,000
Office Supplies		F	\$24,000	\$24,000	\$24,000	\$24,000
Copiers - Network		F	\$6,000	\$6,000	\$6,000	\$6,000
Postage & Shipping		F	\$3,600	\$3,600	\$3,600	\$3,600
Total - Administrative Expenses			\$104,400	\$104,400	\$104,400	\$104,400
Professional Services						
Billing & Utilizations Review (U/R)	9%	V	\$292,723	\$439,085	\$483,871	\$512,420
Accounting Fees (Audit & Tax)	30,000 a year	F	\$30,000	\$30,000	\$30,000	\$30,000
IT Support - Contract Services	3600 a year	F	\$3,600	\$3,600	\$3,600	\$3,600
Legal Fees	18,000 Year	F	\$18,000	\$18,000	\$18,000	\$18,000
Professional Dues - Individuals		F	\$4,200	\$4,200	\$4,200	\$4,200
Staff Training & Supervisor	12500 year	F	\$12,500	\$12,500	\$12,500	\$12,500
Total - Professional Services Expenses			\$361,023	\$507,385	\$552,171	\$580,720
Licensing						
Licenses & On Site Survey Fees	1,000 per month	F	\$12,000	\$12,000	\$12,000	\$12,000
Total - Licensing Expenses			\$12,000	\$12,000	\$12,000	\$12,000
Total - Other Expenses			\$1,375,599	#####	#####	#####

MODIFIED TABLE E. 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.

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 D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
CEO			\$0	1.0	\$130,000	\$130,000			\$0	1.0	\$130,000
COO			\$0	1.0	\$95,000	\$95,000			\$0	1.0	\$95,000
Clinical Director			\$0	1.0	\$82,000	\$82,000			\$0	1.0	\$82,000
Compliance Officer / QA / HR			\$0	1.0	\$65,000	\$65,000			\$0	1.0	\$65,000
Director of Admissions			\$0	1.0	\$80,000	\$80,000			\$0	1.0	\$80,000
Outreach Coordinators			\$0	3.0	\$45,000	\$135,000			\$0	3.0	\$135,000
Total Administration				8.0		\$587,000			\$0	8.0	\$587,000
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Medical Director			\$0	1.0	\$240,000	\$240,000			\$0	1.0	\$240,000
Director of Nursing RN			\$0	1.0	\$115,000	\$115,000			\$0	1.0	\$115,000
Nurse RN			\$0	6.0	\$82,500	\$495,000			\$0	6.0	\$495,000
Clinician			\$0	1.0	\$95,000	\$95,000			\$0	1.0	\$95,000
Total Direct Care				9.0		\$945,000			\$0	9.0	\$945,000
<i>Support Staff (List general categories, add rows if needed)</i>											
Admission / Insurance			\$0	1.0	\$55,000	\$55,000			\$0	1.0	\$55,000
Intake Coordinator			\$0	1.0	\$40,000	\$40,000			\$0	1.0	\$40,000
Case Manager			\$0	2.0	\$44,000	\$88,000			\$0	2.0	\$88,000
Maintenance Tech			\$0	1.0	\$55,000	\$55,000			\$0	1.0	\$55,000
Behavioral Health Tech			\$0	11.0	\$35,000	\$385,000			\$0	11.0	\$385,000
Total Support				16.0		\$623,000			\$0	16.0	\$623,000
REGULAR EMPLOYEES TOTAL				33.0		\$2,155,000			\$0	33.0	\$2,155,000
2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Dietician (per diem)			\$0			\$25,000			\$0	0.0	\$25,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Contractual						\$25,000			\$0	0.0	\$25,000
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Psychiatric Nurse Practitioner			\$0	1.0	\$92,000	\$92,000			\$0	1.0	\$92,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff				1.0		\$92,000			\$0	1.0	\$92,000
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support Staff						\$0			\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL						\$117,000			\$0	0.0	\$117,000
Payroll Taxes (Employer)*						\$265,065					\$265,065
Benefits** (State method of calculating benefits below):						\$118,800					\$118,800
TOTAL COST	0.0		\$0	34.0		\$2,655,865	0.0		\$0		\$2,655,865

ASSUMPTIONS:

*Calculated as 12.3% of total compensation (line 27).

**Benefits calculated as \$9,600 per month (Employer contribution).