



GAUDENZIA, INC.

Chesapeake Regional Office
3643 Woodland Avenue
Baltimore, MD 21215

(410) 367-5501
Fax: (410) 367-4447

Phillip Jordan, AIA
Chairman of the Board
Gaudenzia, Inc.

Michael Harle, M.H.S.
President

Dale Klatzker, Ph.D
Chief Executive Officer

May 22, 2019

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

Re: Gaudenzia Crownsville – Matter No. 18-24-2421

Dear Mr. McDonald,

Attached, please find Gaudenzia Inc.'s Final budgets in response to the Commission's completeness review in the above-referenced application.

Thank you for the opportunity to provide additional information in support of this application. We look forward to continuing to work with you and your office during this review process.

Respectfully,

Kristy Blalock, LCPC-S, LCADAS, NCC, BCPC, CADS
Acting Regional Director
Gaudenzia Inc. – Chesapeake Region

Cc: Billie Penley, MBA, Acting Health Officer, Anne Arundel County

Helping people help themselves since 1968

Gaudenzia is registered as a charitable organization with the Pennsylvania Department of State's Bureau of Charitable Organizations under the Solicitation of Funds for Charitable Purposes Act. A copy of this official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

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	Bed Count Physical Capacity
		Private	Total Rooms		Private	Total Rooms				
		III.7 AND III.7D				III.7 AND III.7D				
			0	0	0	0	6	6	27	
			0	0	0			0	0	
			0	0	0			0	0	
			0	0	0			0	0	
			0	0	0			0	0	
Subtotal III.7 AND III.7D	0	0	0	0	0	0	6	6	27	
		RESIDENTIAL				RESIDENTIAL				
2nd floor East, West and Annex	85		17	85				17	85	
Annex	5		1	5				1	5	
Subtotal Residential	90	0	18	90			0	18	90	
TOTAL	90	0	18	90			0	24	117	
Other (Specify/add rows as needed)			0	0				0	0	
TOTAL OTHER	0	0	0	0			0	0	0	
FACILITY TOTAL	90	0	18	90			0	24	117	

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
(2) Fixed Equipment			\$0
(3) Site and Infrastructure			\$0
(4) Architect/Engineering Fees			\$0
(5) Permits (Building, Utilities, Etc.)			\$0
SUBTOTAL	\$0	\$0	\$0
b. Renovations			
(1) Building			\$0
(2) Fixed Equipment (not included in construction)			\$0
(3) Architect/Engineering Fees			\$0
(4) Permits (Building, Utilities, Etc.)			\$0
SUBTOTAL	\$0	\$0	\$0
c. Other Capital Costs			
(1) Movable Equipment (Office & Lounge Furniture)	\$16,325		\$16,325
(2) Contingency Allowance			\$0
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$16,325	\$0	\$16,325
TOTAL CURRENT CAPITAL COSTS	\$16,325	\$0	\$16,325
d. Land Purchase			
e. Inflation Allowance			
TOTAL CAPITAL COSTS	\$16,325	\$0	\$16,325
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			\$0
b. Bond Discount			\$0
c. CON Application Assistance			
c1. Legal Fees			\$0
c2. Other (Specify/add rows if needed)			
d. Non-CON Consulting Fees			
d1. Legal Fees			\$0
d2. Other (Specify/add rows if needed)			\$0
e. Debt Service Reserve Fund			\$0
i. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$0	\$0	\$0
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$16,325	\$0	\$16,325
B. Sources of Funds			
1. Cash			
2. Philanthropy (to date and expected)			
3. Authorized Bonds			
4. Interest Income from bond proceeds listed in #3			
5. Mortgage			
6. Working Capital Loans			
7. Grants or Appropriations			
a. Federal			\$0
b. State			\$0
c. Local			\$0
8. Other (Specify/add rows if needed)			\$0
TOTAL SOURCES OF FUNDS			\$0
	III.7 and III.7D	RESIDENTIAL	TOTAL
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

TABLE 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	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.						
	FY17	FY 18		FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25
1. DISCHARGES										
a. Residential	187	277	235	230	230	230	230	230	230	230
b. III.7 and III.7D				1,034	1,034	1,034	1,034	1,034	1,034	1,034
c. Other (Specify/add rows of needed)										
TOTAL DISCHARGES	187	277	235	1,264	1,264	1,264	1,264	1,264	1,264	1,264
2. PATIENT DAYS										
a. Residential	19,622	24,962	28,251	27,999	27,922	27,922	27,922	27,999	27,922	27,922
b. III.7 and III.7D	0	0	0	8,400	8,377	8,377	8,377	8,400	8,377	8,377
c. Other (Specify/add rows of needed)										
TOTAL PATIENT DAYS	19,622	24,962	28,251	36,398	36,299	36,299	36,299	36,398	36,299	36,299
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residential	104.9	90.1	120.2	121.7	121.4	121.4	121.4	121.7	121.4	121.4
b. III.7 and III.7D	#DIV/0!	#DIV/0!	#DIV/0!	8.1	8.1	8.1	8.1	8.1	8.1	8.1
c. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	104.9	90.1	120.2	28.8	28.7	28.7	28.7	28.8	28.7	28.7
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation	90	90	90	90	90	90	90	90	90	90
b. III.7 and III.7D	0	0	0	27	27	27	27	27	27	27
h. Other (Specify/add rows of needed)										
TOTAL LICENSED BEDS	90	90	90	117	117	117	117	117	117	117
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. Residential	59.7%	76.0%	86.0%	85.2%	85.0%	85.0%	85.0%	85.2%	85.0%	85.0%
b. III.7 and III.7D	#DIV/0!	#DIV/0!	#DIV/0!	85.2%	85.0%	85.0%	85.0%	85.2%	85.0%	85.0%
c. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	59.7%	76.0%	86.0%	85.2%	85.0%	85.0%	85.0%	85.2%	85.0%	85.0%
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

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

TABLE E. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (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	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.						
	FY17	FY 18		FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25
1. DISCHARGES										
a. Residential										
b. III.7 and III.7D				1,034		1,034		1,034		1,034
c. Other (Specify)										
TOTAL DISCHARGES	0	0	0	1,034	1,034	1,034	1,034	1,034	1,034	1,034
2. PATIENT DAYS										
a. Residential										
b. III.7 and III.7D				8,400		8,377		8,377		8,377
c. Other (Specify)										
TOTAL PATIENT DAYS	0	0	0	8,400	8,377	8,377	8,377	8,400	8,377	8,377
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residential	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	#DIV/0!	8.1	8.1	8.1	8.1	8.1	8.1	8.1
c. Other (Specify)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	#DIV/0!	#DIV/0!	#DIV/0!	8.1	8.1	8.1	8.1	8.1	8.1	8.1
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation										
b. III.7 and III.7D				27		27		27		27
h. Other (Specify)										
TOTAL LICENSED BEDS	0	0	0	27	27	27	27	27	27	27
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. Residential	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. III.7 and III.7D	#DIV/0!	#DIV/0!	#DIV/0!	85.2%	85.0%	85.0%	85.0%	85.2%	85.0%	85.0%
c. Other (Specify)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	#DIV/0!	#DIV/0!	#DIV/0!	85.2%	85.0%	85.0%	85.0%	85.2%	85.0%	85.0%
6. OUTPATIENT VISITS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify)										
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0

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

