November 2, 2018

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 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
Division Director II
Gaudenzia Inc. - Anne Arundel County

Cc: Greg Warren, MBA, Regional Director, Gaudenzia Inc.
Billie Penley, MBA, Acting Health Officer, Anne Arundel County

Part I- Project Identification and General Information

1. Following up on your response to question 1b.

   a) At various times the application refers to adding 25 beds and 27 III-7/III-7WM beds; Table A shows an addition of 6 rooms and 25 beds. This is inconsistent with the 27 in your description. Which is it? (Note that if it is 27, a corrected Table A will be required.)

   The correct number of beds is 27. This correction has been noted on Table A and is attached for your review.

   b) Describe the current bed complement of the facility and how it will change.

   The current bed complement of the facility includes 80 residential beds for ASAM Levels of Care 3.5, 3.3 and 3.1 collectively. These clients stay in treatment based on clinical and medical necessity, averaging 4-7 months. We also currently have 10 male crisis beds that are available for placement of clients coming through the *Safe Station* program in Anne Arundel County through the MORR grant. These clients stay for a period of up to 4 days, until they are transferred to the appropriate level of treatment. This may be with Gaudenzia or another provider. The bed complement will only change by the increase or addition of 27 detox/ICF beds.

   c) The proposed addition of 27 (or 25?) beds appears to be incompatible with a project cost (Table B) of zero. Is there no construction, renovation or equipment purchase involved?

   The only project cost for the implementation of the 27 beds is for the purchase of furniture. This includes bedroom furniture, office furniture and client recreation area furniture (couches, chairs and tables). This cost is totaled and noted on Table B for your review.

   d) Your response states: "Our plan is to add 12 beds for 3.7WM level service and 15 beds for 3.7 level of service, (totaling 27 beds) and utilize the available capacity (a separate unit) already within the Crownsville facility." Are you proposing to add beds or convert license levels?

   Gaudenzia proposes to add the 27 beds to be able to provide services to ASAM Level of Care 3.7WM, 3.7, 3.5, 3.3 and 3.1 residential levels of care.

2. Question 2 was not answered. The question is: *As described in your response to question 12 (p.11) the 27 beds would be located in 5 rooms, allowing between 50 and 60 square feet (SF) per bed. How does this comport with licensing standards?*

Under Maryland COMAR 10.63 regulations, effective April 1, 2018, licensing standards with regards to the square footage per client, per room is not defined. COMAR 10.63 defers facility needs to the health and safety standards set forth by the agencies accrediting body. Gaudenzia was recently re-accredited by CARF for 3 years (in June 2018) and was found to be compliant in all standards related to health and safety.

Identification of Intermediate Care Facility Alcohol and Drug Abuse Bed Need

3. Following up on your response to question 3. You refer to 3.7WM, the "Park Heights ICF program," "detox program," 3.7D, and 3.7 levels of care. Please define and distinguish each of these.

Gaudenzia currently operates an ASAM Level of Care 3.7WM program (formerly identified by the state of Maryland under COMAR 10.47 as 3.7D) and an ASAM Level of Care 3.7 (ICF/intermediate care facility) at our Park Heights facility, located at 4615 Park Heights Avenue, Baltimore, MD 21215.

Age Groups

4. Following up on your response to question 6. Please give the title and number of the policy that addresses this standard. Excerpting the relevant language (if applicable) is useful, and you should cite the section of the policy where the referenced language can be found.

With regards to "age specific treatment protocols", although Gaudenzia treats both adults and adolescents in an outpatient setting, the organization only treats adults in our residential programs. Our policies and procedures with regards to residential treatment, only apply to adults.

-Gaudenzia, Inc. Policy and Procedure Manual, Policy: Management of Treatment Services-Admission (see Attachment B1). The first statement in the policy states *"The Gaudenzia program will provide treatment for adults referred for therapeutic care from other Gaudenzia programs as well as those referred form other appropriate referral services."*

Under General Admission Criteria of the same policy (Attachment B1), the first sentence states *"Admission is open to anyone 18 years of age or older who abuses alcohol and/or drugs."*

Utilization Review and Control Programs

5. Question 8 asked that the applicant *give the title and number of the policy that addresses this standard.* In addition, please directly quote the statement in the policy that addresses the requirement in the standard.

   Gaudenzia participates in utilization review practices and control programs as stated in the policy titled *Uniform Data Collection System- CQI Program* (See Attachment).

   -It is stated under the paragraph titled "Monthly monitoring of Quality of Care":

   "Additionally, the CQI report also serves as a tool to monitor whether or not individuals being admitted into the program meet all admission criteria and that clients being successfully discharged from the program meet all completion criteria in order to ensure appropriateness and continuity of care."

   -It stated under the paragraph titled "Monthly monitoring of Programming/Utilization Review":

   "On a monthly basis, each program will report on key data points to include, but not limited to:

   - ***Number of Admissions***
   - ***Number of Discharges***
   - ***Average Length of Stay for all Discharges***
   - ***Number and Rate of Program Completions***
   - ***Average Length of Stay for Individuals who Complete the Program***
   - ***Number and Rate of "Negative" Discharges.***

6. Question 9 asked that the applicant *identify a policy number or page number where its policy specifying that each patient's treatment plan includes, or will include, at least one year of aftercare following discharge from the facility.*

   Gaudenzia treatment plans focus on the goals and objectives identified while in treatment that strive to be achieved DURING the current treatment episode. As stated in the policy entitled "Follow Up" with regards to following clients after treatment, it states in the first paragraph:

   "All Gaudenzia programs will make reasonable follow up attempts regarding all clients after discharge from any Gaudenzia program (unless the client has made a specific request to not receive a follow up). This done to ensure that a client who has been referred to another program or service is successfully connected with that program. It is also done in order to document the discharged clients' progress and well-being and if necessary and appropriate, provide an opportunity for re-admission to the program or

referral to another appropriate referral. Only after such an attempt has been made and documented as described below will Gaudenzia consider its obligation to the individual fulfilled."

This follow up may be 30 days up to 1 year, based on the clients desire to remain connected.

Transfer and Referral Agreements

7. Following up on the response to question 10, Gaudenzia should indicate which of the transfer agreements it attached as exhibits match the required category of provider. Staff has prepared a table that should make such submission clear.

Category	Agreement(s) with:
Acute care hospitals	UNIVERSITY OF MARYLAND MEDICAL CENTER
Halfway houses, therapeutic communities, long-term care facilities	ARUNDEL HOUSE OF HOPE CENTER FOR ADDICTION MEDICINE HEALTHCARE FOR THE HOMELESS, INC. HOUSE OF RUTH MARYLAND, INC. PATRICK ALLISON HOUSE, INC.
local alcohol and drug abuse intensive and other outpatient programs	MEDMARK TREATMENT CENTERS
Local community mental health center or center(s)	CHANGE HEALTH SYSTEMS, INC.
The jurisdiction's mental health and alcohol and drug abuse authorities	ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH
The Alcohol and Drug Abuse Administration (i.e., BHA)	MARYLAND DEPARTMENT OF HEALTH (BHA)
Mental Hygiene Administration (i.e., DHMH)	MARYLAND DEPARTMENT OF HEALTH (BHA)
The jurisdiction's agencies that provide prevention, education, driving-while-intoxicated programs, family counseling, and other services	MD EDUCATIONAL OPPORTUNITY CENTER MARYLAND HOUSE DETOX OUR NEW HOUSE

Sources of Referral

8. Following up on your response to question 12, please offer evidence suggesting that the applicant will comply with the standard's requirement that 50 percent of the facility's annual patient days will be generated by the indigent or gray area population.

For the past 50 years, Gaudenzia has prided itself on treating the poor and disenfranchised as our primary population. This is evident by the clients that we have served and will continue to assist. Currently, 100% of the clients treated at Gaudenzia Crownsville have Medicaid, which is indicative of the indigent and gray area population. We anticipate to continue to treat well more than 50% of that population in the future.

Need

9. Following up on your response to question 18:
   a) Please restate this passage immediately below (from p. 28 in the CON application) to delineate the need case more clearly:

      Gaudenzia has a crisis center for opioid addicted people to received treatment which opened in November 2017. From November 2017 through February 2018, we have services 241 clients, with 70% of those admissions being male. These clients are referred through the crisis program and are in need of ICF/detox treatment. In addition, our regular admissions numbers from that same time period as 315 for detox with 101 clients being admitted to 3.7 from 3.7WM treatment.

      Gaudenzia has a crisis center located in the Park Heights neighborhood of Baltimore City. This crisis center is for opioid addicted people that enables them to receive immediate access to treatment 24/7. This crisis center opened in November 2017 and from November 2017 through February 2018, Gaudenzia Park Heights served 241 clients, with 70% of those admissions being male. These clients are self- referred or referred through the crisis program and are in need of 3.7WM or 3.7 treatment for opioid dependence. In addition, our regular admissions numbers from that same time period at our Park Heights facility were 315 for 3.7WM, with 101 of those clients being admitted to 3.7 from 3.7WM treatment.

   b) The applicant is currently applying for a CON to provide level 3.7 and 3.7WM beds, but the statement: "our regular admissions numbers from that same time period as 315 for detox with 101 clients being admitted to 3.7 from 3.7WM treatment" seems to suggest it is currently being offered. Please explain.

The numbers reference above of 315 client admitted for detox (3.7WM) with 101 of those clients being admitted into 3.7 are from Gaudenzia's Park Heights detox program located in Baltimore City.

c) Does the statement *our regular admissions numbers from that same time period [w]as 315 for detox with 101 clients being admitted to 3.7 from 3.7WM treatment"* mean that 315 were admitted for detox (3.7WM), with 101 of them following up with 3.7 level of care?

Yes, that is correct. 315 were admitted for detox (3.7WM), with 101 of them following up with ICF (3.7) level of care.

Statistical and Revenue/Expense Projections (Tables C,D,F)

10. Question 22 asked Gaudenzia to *put the average length of stay for "residential" care of 116 (2016) and 138.8 (2017) and 133 (2018 projected) in context by comparing it to the industry average, and cite the sources of such an average.* The response spoke to the ALOS for 3.7WM and 3.7, but was silent on residential (which was the question).

    See attached Table C

11. Question 23 noted that Table E -- which should show the incremental statistical projections associated with the new (i.e., III.7/III.7WM) services broken out/set apart from the statistics for the entire facility, i.e., Table C – was not provided. It still hasn't been. In addition Table F was also not provided, and must be. Note that the purpose of these tables is to isolate the incremental impact of the new service (and those projections should also --- and appear to be -- inherently part of the projected year's data shown on Tables C and D).

    See attached Table C

12. The "patient mix" section of Table D, the application shows "other" as providing 100% of both total revenue and total patient days in 2016 and 2017, thereafter moving to 40% and stabilizing at 30%. If these are not Medicare, Medicaid, Blue Cross, commercial insurance, or self-pay, what is it? Explain or describe "other."

    See Table D

13. Your response to question 25 did not address the question asked, which was: *Table D projects a profit margin that grows from 2.3% of expenses to 74% of expenses in 2020. Please comment on how profitability can be so strong and comment on how realistic that is. Add any assumptions behind these numbers that may not have been provided in the original submission.*

    Table D

GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL

Subject: **Management of Treatment Services - Admission**
Relevant Regulations/Standards: **COMAR 10.47**
Revision Date: **Feb 2015**

Management of Treatment Services - Admission

The Gaudenzia program will provide treatment for adults referred for therapeutic care from other Gaudenzia programs as well as those referred from other appropriate referral services. They may be referrals from the legal system, relatives or friends, as well as other agencies. Gaudenzia offers services to men, women, women *with* children, and adolescents. Gaudenzia offers services at the various programs to address the *continuum of care* for addiction, mental health, co-occurring, and physical well being. Emphasis is placed on recovery and becoming a productive person.

Both Gaudenzia residential and outpatient programs vary in length. Individuals requiring hospitalization may not be eligible for acceptance into the program immediately, but can be considered once stabilized. These individuals will be referred to a more appropriate resource and/or agency for further evaluation.

GENERAL ADMISSION CRITERIA

Admission is open to anyone 18 years of age or older who abuses alcohol and/or drugs. Adolescent programs are ages 12 – 18. Delaware residential program is 18 – 25. An interview is required prior to an individual's acceptance into the program. If an individual is not admitted, he/she will be referred accordingly.

Services of Gaudenzia are available without regard to sex, race, national origin, sexual orientation or religious affiliation. All clients will be physically and mentally suitable to participate in the therapeutic phases of the program. Clients possessing any of the attributes listed below (1 – 4), are reviewed on an individual basis for admission acceptance based on level of severity, program/clinical staff capabilities and clinical appropriateness.

1. History of, or current psychosis or psychotic behavior
2. Medical issues requiring hospitalization
3. Certain sexual offenses
4. Arson

The professional staff of Gaudenzia may waive certain admission criteria if the demonstrated or perceived need of the client is such that by a refusal of admission, the client's health or safety would be jeopardized. A waiver of this nature must receive approval of the Program Director.

GAUDENZIA, INC.
POLICY & PROCEDURE MANUAL

Subject: **Uniform Data Collection System – CQI Program**
Relevant Regulations/Standards: COMAR 10.47
Revision Date: **Feb 2015**

CQI Program Organization and Responsibilities

The CQI program is organized to permit participation in quality-improvement activities by individuals who are affiliated with the facilities. Mechanisms shall exist to ensure diverse input arising from the client population, department, administration and the Board of Directors. The organizational components are as follows:

1 - The CQI committee (ECQI) has responsibility for ensuring that the key components of the QI program meet stated objectives. This committee has quasi-authoritative and consultative functions, respectively, from and to the appropriate Regional and Executive Director.

2 - The Director of CQI acts to provide consultative services to the appropriate Regional Directors and the ECQI with regard to quality-improvement activities. The Director of CQI also serves as the Chairperson of the ECQI.

3 - The Director of CQI monitors all quality-improvement activities, serves as custodian of all quality improvement records, and reports to the appropriate Regional Director.

4 - The data-retrieval function is assigned to the Clinical Supervisor, UR Coordinator and unit / department supervisors. These individuals are responsible for conducting systematic searches of the records and other data sources. Mandates issued by these persons can arise from action of the CQI Director, the ECQI or other entities as designated the regional Directors.

5 - Every staff member contributes to the facilities' quality improvement activities by providing problem identification input to the quality-improvement system via formal channels, formal channels consist primarily of documented reports to quality improvement personnel or of information secured from personnel during staff surveys or meetings.

Program Components:

Monthly CQI Committee Meetings:
Each month, the following 6 CQI Committees meet:

- Eastern Region Residential Mental Health Programs
- Eastern Region Residential Drug & Alcohol and Women and Children Programs
- Eastern Region Ambulatory (Outpatient) Programs
- Chesapeake Region Programs (All)
- Central Region Residential Programs
- Central Region Ambulatory (Outpatient) Programs

The purpose of these meetings is for the program managers of similar programs in each region to meet as peers, review data, share insight, troubleshoot problems, suggest solutions, discuss outcomes, and hold each other accountable for meeting the standards set forth by the agency.

Monthly Quantitative Audits of Clinical Charts:

Each month, each program will conduct a comprehensive quantitative review of a pre-determined sample of its clinical charts. This is done to ensure that each chart contains all required documentation in order to meet all Licensing, Accrediting, and Funding standards and requirements.

Results of these audits will be reported in the monthly CQI meeting. Any area falling below 100% compliance will be discussed, and areas falling significantly below 100% will require that corrections be made and reported on in the following months' meeting. The committee will help to consult with any program struggling in any area with suggestions for improvement.

Monthly Qualitative Audits of Clinical Documentation:
On a monthly basis, the Program Director, Program Supervisor or assigned staff will conduct a comprehensive qualitative review of a pre-determined sample of the program's clinical charts.

The tool used to evaluate the quality of each area describes the criteria for each item, in order to make the review as objective, clear, and evidence-based as possible.

Monthly monitoring of Quality of Care:
As a part of the Qualitative chart review, the quality and appropriateness of the services delivered will be evaluated and documented in the monthly CQI report. Additionally, the CQI report also serves as a tool to monitor whether or not individuals being admitted to the program meet all admission criteria and that clients being successfully discharged from the program meet all completion criteria in order to ensure appropriateness and continuity of care.

Monthly monitoring of Follow Up outcomes:
On a monthly basis, programs will report on the post-discharge status of all clients. The tool used to record this data notes the date of discharge from the Gaudenzia program; the level of care and program name of the program to which the client is being discharged; and the date that the client actually began services at that next level of care (as well as several other pertinent data points). This is done to monitor and improve the coordination and smooth transition through the continuum of care in an effort to increase successful client outcomes.

Monthly monitoring of Programming Data/Utilization Review:
On a monthly basis, each program will report on key data points to including, but not limited to:

- Number of Admissions
- Number of Discharges
- Average Length of Stay for all Discharges
- Number and Rate of Program Completion
- Average Length of Stay for Individuals who Complete the Program
- Number and Rate of 'Negative' Discharges

These data points are reviewed and discussed in the monthly CQI meeting. In areas where the program falls below established thresholds, the causes for such are discussed as well as possible solutions. Where a program falls significantly below established thresholds a plan of correction may be required.

Quarterly review of Agency wide Programming Data:

On a quarterly basis, the Programming Data described above is compiled into an agency-wide report organized by 'clusters' of similar programs. This report serves to monitor the overall effectiveness of the agency's programs and help to identify trends within regions or types/levels of care. This report is given to the Board Program Committee and reviewed by them. Regional Director is present at this review to respond to questions and explain the reasons for any areas falling below established thresholds. The report then serves as the basis for reporting by the Program Committee to the Board at large.

Monthly meeting of CQI Subcommittee of Board Program Committee:
On a monthly basis, the CQI Subcommittee to the Board of Directors Program Committee meets to review and discuss specific areas of program performance and quality improvement activities. This subcommittee reports to the Board Program Committee, which in turn reports to the Board of Directors, thereby ensuring that the Board is continually kept apprised of all critical CQI and Programming activities.

Reporting of CQI Data and Activities to the Executive Director:
On a monthly basis, the Director of Clinical and Research & Evaluation Services meets with the Executive Director and reports on critical CQI data, activities, and any significant concerns. This is to ensure that the Executive Director is kept apprised of any significant program concerns, and to involve the Executive Director in any agency-wide decision making.

Revision of forms:
Any and all revision of any Gaudenzia form, and/or creation of any new form to be utilized at any Gaudenzia program must come through the CQI Department. Program staff are encouraged to bring to the CQI Committee for consideration suggestions or requests for revisions, but may not alter or create any new form, or use any altered or newly created form at their program without approval of the CQI Department.

When a form has been revised or created, it will be disseminated through the CQI Committee so that Program managers will have the opportunity to ask questions and have them answered and to raise any concerns about the forms. It will then be the responsibility of the Program managers to ensure that the new form is implemented as intended, and that all previous versions of the revised form currently at the program are destroyed.

Client Satisfaction Surveys:
Client satisfaction surveys are distributed at regular intervals and to a representative cross-section of clients in order to accurately gauge the satisfaction of the persons served. Results of these surveys are tallied and analyzed for review by the CQI Committee. Programs falling below 85% satisfaction ratings in any area, and/or programs with responses of a particularly concerning or high-risk nature, are required to submit a corrective action plan to the committee in order to address concerns in that area. Results of these surveys, as well as actions to address them, will be posted in common areas of each program in order to provide feedback to persons served.

Annual review of the Continuous Quality Improvement Program:
The Continuous Quality Improvement Director is responsible for completing an annual review, evaluation, and analysis of the CQI program activities at the end of each fiscal year.

Coordination of Preparation for Licensing, Accreditation Funding, and other External visits:

The CQI Committee serves as a mechanism to coordinate the preparation of programs for any external reviews, audits, or other types of site visits, etc.

Following the completion of any of these types of external reviews, the Program Director will report to the committee regarding the findings and outcome of the review, as well as any citations, recommendations, and necessary plans of correction. Plans of correction may be reviewed and discussed by the committee as necessary.

Policy Changes:
Any and all revision of any Gaudenzia Policy, and/or creation of any new policy to be utilized at any Gaudenzia program must come through the CQI Department. Program staff are encouraged to bring to the CQI Committee for consideration suggestions or requests for revisions, but may not alter or create any new policy, or use any altered or newly created policy at their program without approval of the CQI Department.

When a policy has been revised or created, it will be disseminated through the CQI Committee so that Program managers will have the opportunity to ask questions and have them answered and to raise any concerns about the policies. It will then be the responsibility of the Program managers to ensure that the new policy is implemented as intended, and that all previous versions of the revised policy currently at the program are destroyed.

Documentation of Quality-Improvement Activities:
It is the responsibility of the ECQI to ensure that accurate and complete records of the quality improvement activities within the facility are maintained. The Clinical Supervisor is designated as the primary medium for collating documentation which reflects active efforts to meet quality improvement objectives.

Minutes:
The ECQI maintains minutes of its meetings and ancillary records of quality-improvement activities.

Statistics:
The CQI Committee initiates data-gathering activities as part of its function of issue identification, assessment, improvement, monitoring, and demonstrating the effectiveness of the CQI Program. These data-gathering activities may originate from committee mandate, from a mandate by the Board of Directors, Director of CQI, or the Regional Directors. The chief source of data within this function shall be the client's record.

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.

Before the Project						After Project Completion					
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Service Location (Floor/Wing)	Location (Floor/ Wing)*	Based on Physical Capacity			
		Room Count			Bed Count			Room Count			Bed Count
		Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity
III.7 AND III.7D						III.7 AND III.7D					
				0	0	First floor, west wing	same			6	27
				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	Subtotal III.7 and III.7 D		0	0	6	27
RESIDENTIAL						RESIDENTIAL					
2nd floor East, West and Annex	3.5			17	85					17	85
Annex	3.3			1	5					1	5
Subtotal Residential	6.8	0	0	18	90	Subtotal Residential		0	0	18	90
TOTAL	6.8	0	0	18	90	TOTAL		0	0	24	117
Other: Annex	Crisis beds			3	10	Other *(Specify/add rows as needed)*	Crisis Beds			3	10
						105 Circle Drive (Attached House	3.1			8	20
TOTAL OTHER	0	0	0	3	10	TOTAL NON-ACUTE		0	0	11	30
FACILITY TOTAL	6.8	0	0	21	100	FACILITY TOTAL		0	0	35	147

TABLE B. PROJECT BUDGET - NOT APPLICABLE

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	$0		$0
(2) Fixed Equipment (not included in construction)	$0		$0
(3) Architect/Engineering Fees	$0		$0
(4) Permits (Building, Utilities, Etc.)	$0		$0
SUBTOTAL	$0	$0	$0
c. Other Capital Costs			
(1) Movable Equipment Office and lounge furniture)	$16,325		$16,325
(2) Contingency Allowance	$0		$0
(3) Gross interest during construction period	$0		$0
(4) Other *(Specify/add rows if needed)*	$0		$0
SUBTOTAL	*$16,325*	*$0*	$16,325
TOTAL CURRENT CAPITAL COSTS	$16,325	$0	$16,325
d. *Land Purchase*	$0		
e. Inflation Allowance	$0		$0
TOTAL CAPITAL COSTS	$16,325	$0	$16,325
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	$0		$0
b. Bond Discount	$0		$0
c CON Application Assistance	$0		
c1. Legal Fees	$0		$0
c2. Other (Specify/add rows if needed)	$0		
d. Non-CON Consulting Fees	$0		
d1. Legal Fees	$0		$0
d2. Other (Specify/add rows if needed)	$0		$0
e. Debt Service Reserve Fund	$0		$0
i. Other *(Specify/add rows if needed)*	$0		$0
SUBTOTAL	*$0*	*$0*	$0
3. Working Capital Startup Costs			$0
TOTAL USES OF FUNDS	*$16,325*	*$0*	*$16,325*
B. Sources of Funds			
1. Cash	$0		$0
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.			0
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			$0
	III.7 and III.7D	*RESIDENTIAL*	*TOTAL*
Annual Lease Costs (if applicable)			
1. Land	$0		$0
2. Building	$0		$0
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.

	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.						
Indicate CY or FY	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 25	FY 26
1. DISCHARGES										
a. Residential	86	160	210	260	260	260	260	260	260	260
b. III.7 and III.7D	0	0	241	311	311	311	311	311	311	311
c. Other (Specify/add rows of needed)										
TOTAL DISCHARGES	***86***	***160***	***451***	***571***	***571***	***571***	***571***	***571***	***571***	***571***
2. PATIENT DAYS										
a. Residental	9,976	22,214	27,930	34,580	34,580	34,580	34,580	34,580	34,580	34,580
b. III.7 and III.7D	0	0	4,850	7,952	7,952	7,952	7,952	7,952	7,952	7,952
c. Other (Specify/add rows of needed)										
TOTAL PATIENT DAYS	***9,976***	***22,214***	***32,780***	***42,532***	***42,532***	***42,532***	***42,532***	***42,532***	***42,532***	***42,532***
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residental	116.0	138.8	133.0	133.0	133.0	133.0	133.0	133.0	133.0	133.0
b. III.7 and III.7D	0.0	0.0	20.1	25.6	25.6	25.6	25.6	25.6	25.6	25.6
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	116.0	138.8	72.7	74.5	74.5	74.5	74.5	74.5	74.5	74.5
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation	0	0								
g. Comprehensive Care	0	0								
h. Other 3.5 and 3.3	90	90	90	90	90	90	90	90	90	90
Crisis beds	0	10	10	10	10	10	10	10	10	10
Halfway House	5	5	25	25	25	25	25	25	25	20
TOTAL LICENSED BEDS	***95***	***95***	***140***	***140***	***140***	***140***	***140***	***140***	***140***	***90***
5. OCCUPANCY PERCENTAGE **IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.*										
a. Residential	78.9%	78.9%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
b. III.7 and III.7D	#DIV/0!	#DIV/0!	70.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
c. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	***28.8%***	***64.1%***	***64.1%***	***83.2%***	***83.2%***	***83.2%***	***83.2%***	***83.2%***	***83.2%***	***129.5%***
6. OUTPATIENT VISITS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify/add rows of needed) PHP										
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.

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TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table D should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table C 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.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns 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	**FY 16**	**FY 17**	**FY 18**	**FY 19**	**FY 20**	**FY 21**	**FY 22**	**FY 24**	**FY 25**	**FY 26**
1. REVENUE										
a. Inpatient Services	$ 750,741	$ 3,002,965	$ 5,586,307	$ 11,915,185	$ 11,915,185	$ 11,915,185	$ 11,915,185	$ 11,915,185	$ 11,915,185	$ 11,915,185
b. Outpatient Services										
Gross Patient Service Revenues	***$ 750,741***	***$ 3,002,965***	***$ 5,586,307***	***$ 11,915,185***	***$ 11,915,185***	***$ 11,915,185***	***$ 11,915,185***	***$ 11,915,185***	***$ 11,915,185***	***$ 11,915,185***
c. Allowance For Bad Debt	5%	$ 150,148	$ 279,315	$ 595,759	$ 595,759	$ 595,759	$ 595,759	$ 595,759	$ 595,759	$ 595,759
d. Contractual Allowance										
e. Charity Care	5%	$ 150,148	$ 279,315	$ 595,759	$ 595,759	$ 595,759	$ 595,759	$ 595,759	$ 595,759	$ 595,759
Net Patient Services Revenue	***$ 750,741***	***$ 2,702,669***	***$ 5,027,677***	***$ 10,723,667***	***$ 10,723,667***	***$ 10,723,667***	***$ 10,723,667***	***$ 10,723,667***	***$ 10,723,667***	***$ 10,723,667***
f. Other Operating Revenues (Specify/add rows if needed)										
NET OPERATING REVENUE	***$ 750,741***	***$ 2,702,669***	***$ 5,027,677***	***$ 10,723,667***	***$ 10,723,667***	***$ 10,723,667***	***$ 10,723,667***	***$ 10,723,667***	***$ 10,723,667***	***$ 10,723,667***
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 278,034	$ 556,068	$ 1,009,500	$ 4,379,040	$ 4,379,040	$ 4,379,040	$ 4,379,040	$ 4,379,040	$ 4,379,040	$ 4,379,040
b. Contractual Services	$ 30,356	$ 60,000	$ 531,760	$ 531,760	$ 531,760	$ 531,760	$ 531,760	$ 531,760	$ 531,760	$ 531,760
c. Interest on Current Debt	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Current Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
f. Project Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
g. Current Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
i. Supplies	$ 267,629	$ 1,022,382	$ 928,208	$ 928,208	$ 928,208	$ 928,208	$ 928,208	$ 928,208	$ 928,208	$ 928,208
j. Other Expenses (Specify/add rows if needed)	$ 157,880	$ 274,000	$ 324,000	$ 324,000	$ 324,000	$ 324,000	$ 324,000	$ 324,000	$ 324,000	$ 324,000
TOTAL OPERATING EXPENSES	***$ 733,899***	***$ 1,912,450***	***$ 2,793,468***	***$ 6,163,008***	***$ 6,163,008***	***$ 6,163,008***	***$ 6,163,008***	***$ 6,163,008***	***$ 6,163,008***	***$ 6,163,008***
3. INCOME										
a. Income From Operation	***$ 16,842***	***$ 790,219***	***$ 2,234,209***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***
b. Non-Operating Income										
SUBTOTAL	***$ 16,842***	***$ 790,219***	***$ 2,234,209***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***
c. Income Taxes										
NET INCOME (LOSS)	***$ 16,842***	***$ 790,219***	***$ 2,234,209***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***	***$ 4,560,659***

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TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table D should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table C 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.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns 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	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 24	FY 25	FY 26
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	0.0%	0.0%	60.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%
2) Medicaid										
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay										
6) Other (BHA 8507 Contract)	100.0%	100.0%	40.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%
TOTAL	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*
b. Percent of Equivalent Inpatient Days										
1) Medicare			60.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%
2) Medicaid										
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay										
6) Other	100.0%	100.0%	40.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%
TOTAL	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*

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.

	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.						
Fiscal Year	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
1. DISCHARGES										
a. Residential	87	184	252	252	252	252	252	252	252	252
b. III.7 and III.7D				421	843	843	843	843	843	843
c. Other (Specify)										
TOTAL DISCHARGES	***87***	***184***	***252***	***673***	***1,095***	***1,095***	***1,095***	***1,095***	***1,095***	***1,095***
2. PATIENT DAYS										
a. Residental	10,092	21,344	29,232	29,232	29,232	29,232	29,232	29,232	29,232	29,232
b. III.7 and III.7D				5,241	10,453	10,453	10,453	10,453	10,453	10,453
c. Other (Specify)										
TOTAL PATIENT DAYS	***10,092***	***21,344***	***29,232***	***34,473***	***39,685***	***39,685***	***39,685***	***39,685***	***39,685***	***39,685***
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residental	116.0	116.0	116.0	116.0	116.0	116.0	116.0	116.0	116.0	116.0
b. III.7 and III.7D	0.0	0.0	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4
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	116.0	116.0	116.0	51.2	36.2	36.2	36.2	36.2	36.2	36.2
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify)										
TOTAL LICENSED BEDS	***0***	***0***	***0***	***0***	***0***	***0***	***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	65.0%	72.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
b. III.7 and III.7D	0.0%	0.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	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!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***	***#DIV/0!***
6. OUTPATIENT VISITS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify)	0	0	30	30	30	30	30	30	30	30
TOTAL OUTPATIENT VISITS	***0***	***0***	***30***	***30***	***30***	***30***	***30***	***30***	***30***	***30***

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

TABLE F. 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.

FY	2016	2017	2018	2019	2020	2021	2022
1. REVENUE							
a. Inpatient Services	$ -	$ 3,002,965					
b. Outpatient Services							
Gross Patient Service Revenues	$ -	$ 3,002,965	$ -	$ -	$ -	$ -	$ -
c. Allowance For Bad Debt							
d. Contractual Allowance							
e. Charity Care							
Net Patient Services Revenue	$ -	$ 3,002,965	$ -	$ -	$ -	$ -	$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	$ -	$ 3,002,965	$ -	$ -	$ -	$ -	$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)							
b. Contractual Services							
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization							
i. Supplies							
j. Other Expenses (Specify)							
TOTAL OPERATING EXPENSES	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. INCOME							
a. Income From Operation	$ -	$3,002,965.00	$ -	$ -	$ -	$ -	$ -
b. Non-Operating Income							
SUBTOTAL	$ -	##########	$ -	$ -	$ -	$ -	$ -
c. Income Taxes							
NET INCOME (LOSS)	$ -	##########	$ -	$ -	$ -	$ -	$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid		100.0%	100.0%	95.0%	90.0%	85.0%	85.0%
3) Blue Cross							
4) Commercial Insurance				5.0%	10.0%	15.0%	15.0%
5) Self-pay							

TABLE G. 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.

	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	
Job Category	**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											
Administration *(List general categories, add rows if needed)*											
Division Director II	0.8	$72,000	$72,000	0.0	$80,000	$80,000			$0	0.8	$90,000
Program Director	1.0	$65,000	$65,000	2.0	$65,000	$130,000			$0	3.0	$195,000
Administrative Coordinator	2.0	$33,000	$66,000	2.0	$36,000	$72,000			$0	4.0	$138,000
Clinical Director	2.0	$50,000	$100,000	2.0	$55,000	$110,000			$0	4.0	$210,000
Total Administration	5.8	$220,000	$303,000	6.0	$236,000	$392,000			$0	11.8	$633,000
Direct Care Staff *(List general categories, add rows if needed)*											
Addiction Counselors	7.0	$38,000	$266,000	9.0	$45,000	$405,000			$0	16.0	$671,000
Mental Health Therapists	2.0	$55,000	$110,000	2.0	$55,000	$110,000			$0	4.0	$220,000
Intake Specialists	1.0	$41,000	$41,000	2.0	$41,000	$82,000			$0	3.0	$123,000
Nurses	1.5	$97,500	$97,500	10.0	$65,000	$650,000			$0	11.5	$747,500
Total Direct Care	11.5		$514,500	23.0		$1,247,000			$0	34.5	$1,761,500
Support Staff *(List general categories, add rows if needed)*											
House Managers	10.5	$24,960	$262,080	5.0	$24,960	$124,800			$0	15.5	$386,880
Cooks	2.0	$29,000	$58,000	0.5	$16,000	$16,000			$0	2.5	$74,000
Billing Specialists	1.0	$41,000	$41,000	1.5	$61,500	$135,000			$0	2.5	$176,000
Peer Recovery Specialists	2.0	$33,000	$66,000	4.0	$33,000	$132,000			$0	6.0	$198,000
Director of Admissions				1.0	$65,000	$65,000				1.0	$65,000
IT Support				1.0	$45,000	$45,000				1.0	$45,000
Total Support	15.5		$427,080	13.0	$245,460	$245,460			$0	28.5	$944,880
REGULAR EMPLOYEES TOTAL	***32.8***		$1,009,500			$0			$0	83.0	$4,379,040
2. Contractual Employees											
Administration *(List general categories, add rows if needed)*											
			$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 Administration			$0			$0			$0	0.0	$0
Direct Care Staff *(List general categories, add rows if needed)*											
Nurse Practitioner	0.0		$0	1.0	$95,000	$95,000			$0	1.0	$95,000
Medical Director	0.2	$68,460	$68,460	0.3	$102,960	$102,960			$0	0.5	$171,420
Psychiatrist	0.1	$40,560	$40,560	0.4	$202,780	$202,780			$0	0.5	$243,340
			$0			$0			$0	0.0	
Total Direct Care Staff	1.9		$0			$0			$0	1.9	$509,760
Support Staff *(List general categories, add rows if needed)*											
			$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	$0
CONTRACTUAL EMPLOYEES TOTAL			$0			$0			$0	1.9	$531,760
Benefits *(State method of calculating benefits below)*:											
32% of Salary and Fringe											
TOTAL COST	***32.8***		***$1,009,500***	***0.0***		***$0***	***0.0***		***$0***		***$4,910,800***