GALLAGHER
GALLAGHER EVELIUS & JONES
ATTORNEYS AT LAW

April 12, 2024

VIA EMAIL & FEDERAL EXPRESS MAIL

Ms. Ruby Potter
ruby.potter@maryland.gov
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: James Lawrence Kernan Hospital, Inc. *d/b/a* University of Maryland Rehabilitation and Orthopaedic Institute and University of Maryland Medical Center, LLC
Request for Exemption from Certificate of Need to Merge and Consolidate Portions of University of Maryland Rehabilitation and Orthopaedic Institute and University of Maryland Medical Center

Dear Ms. Potter:

On behalf of the applicants James Lawrence Kernan Hospital, Inc. *d/b/a* University of Maryland Rehabilitation and Orthopaedic Institute ("UMROI") and University of Maryland Medical Center, LLC ("UMMC"), we are submitting an electronic version, via email and four (4) hard copies of their Response to the Request for Additional Follow-Up Questions dated April 1, 2024 and related exhibits. We will be providing both a WORD version of the responses and the EXCEL tables under separate email.

We hereby certify that a copy of this submission has also been forwarded to the appropriate local health planning agency as noted below.

If you have questions about the information provided above, please contact us at your convenience.

Very truly yours,

Ella R. Aiken, Esq.   Alison B. Lutich, Esq.

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006551-0232

cc: Ben Steffen, Executive Director, MHCC
Wynee Hawk, RN, JD, Director, Center for Health Care Planning & Development, MHCC
Jeanne-Marie Gawel, Acting Chief, Certificate of Need, MHCC
Alexa Bertinelli, Esq., Assistant Attorney General, MHCC
Caitlin E. Tepe, Esq., Assistant Attorney General, MHCC
Stan Lustman, Esq., Assistant Attorney General, HSCRC
Jerry Schmith, Principal Deputy Director, Hospital Rate Revenue and Regulations, HSCRC
Allan Pack, Principal Deputy Director, Quality and Population-Based Methodologies, HSCRC
Letitia Dzirasa, MD, Baltimore City Health Commissioner
Tonii Gedin, Anne Arundel County Health Officer
Della Leister, Acting Baltimore County Health Officer & Director
Lauren Levy, JD, MPH, Cecil County Health Officer
Marcy Austin, Harford County Health Officer
Maura Rossman, MD, Howard County Health Officer
Dana Farrakhan, Dr. PH, MHS, FACHE, Senior Vice President, Strategy, Community and Business Development, UMMC
Scott Tinsley-Hall, Senior Director, Strategic Planning, UMMC
Marina Bogin, CPA, Vice President of Financial Services, Chief Financial Officer, UMROI
Julie Nemens, RN, MSN, Chief Administrative Officer & Senior Vice President, UMROI
Richie Stever, VP of Real Estate and Property Management, UMMS
Alicia Cunningham, SVP Corporate Finance & Revenue Advisory Services, UMMS
Lucas Sater, Director - Revenue and Reimbursement, UMMS
Christopher Tully, Esq., Associate Counsel, UMMS
Emily Wein, Esq., Vice President and General Counsel, UMMC
Marty Chafin, FACHE, President, Chafin Consulting Group, NE
Craig Wheeless
Thomas C. Dame, Esq.

Request for Exemption from Certificate of Need Review

Merger and Consolidation of University of Maryland Rehabilitation and Orthopaedic Institute and University of Maryland Medical Center
Matter No. 23-24-EX-017

Responses to Additional Follow-Up Questions Dated April 1, 2024

MHCC

1. **UMROI/UMMC's responses to the completeness request dated January 25, 2024, raised questions related to Question 11, which focused on the Acute Care Hospital Services State Health Plan (SHP) Chapter.**

   In the March 15, 2024, submission, you referenced the SHP chapter effective on March 18, 2024, while in the February 28, 2024, submission, the previous SHP chapter appears to have been utilized.

   Projects are governed by the SHP regulations in place at the time of submission. Given that the updated SHP chapter is silent on the effective date and this matter is still pending at the time the regulations became effective, we are amenable to applying the current SHP chapter if that is your preference. Please specify which Acute Care Hospital SHP chapter you prefer the Request for Exemption to be evaluated, either the SHP in effect when the request was submitted or the SHP effective March 18, 2024. Further, please review your Request for Exemption, and all subsequent submissions to ensure consistency with the SHP standards and update accordingly

Applicant Response

The Applicants request that the MHCC evaluate the Exemption Request under the revised Acute Care Hospital State Health Plan Chapter effective March 18, 2024. The Applicants have revised their response to Question 11 of the MHCC's Additional Information Questions Dated 1-25-2024 regarding Cost Effectiveness below. Changes are noted in red text:

> "Cost Effectiveness
>
> The Applicants propose a project involving limited objectives – namely, relocating the TBI and SCI inpatient rehabilitation service lines from UMROI to UMMC. The primary goal of this project is to reunify these acute inpatient rehabilitation services for patients who most frequently experience traumatic brain and spinal cord injuries following a traumatic event, with the world-class trauma care provided at STC on the downtown campus of UMMC. As a result, the only practical approach to achieving the objectives of this reunification, which will improve the efficiency, quality, and effectiveness of clinical care delivery for this highly complex patient population, is to undertake the project as outlined by the Applicants in their request for exemption from CON review. The Applicants are therefore not required to identify two alternative approaches that they considered for achieving the objectives of the project. *See* COMAR 10.24.10.04B(6)(b).

While the Applicants do not need to demonstrate that the approach determined for the project is more cost effective than certain alternatives, the Applicants emphasize that significant cost savings will be realized by undertaking the project at this time. Adding the additional four floors to the Stoler Center now, while it is currently under construction, will enable the Applicants to avoid many project development costs. The project will result in significant savings on escalation costs because the Phase 1 new work can be commenced approximately 12-18 months sooner than would be possible for a traditional freestanding project. For additional details regarding the cost savings associated with constructing the project concurrent with the construction of the original nine-story Stoler Center building, please see pages 4-5 of the Exemption Request."

2. For Question 13, answered via Exhibit 13, please submit UMROI's post-survey Quality Improvement Plan, addressing all recommendations identified by CARF in its accreditation review, as indicated in the Executive Summary of the CARF Accreditation Report at the bottom of page 5.

Applicant Response

Please see **Exhibit 19**.

3. For Question 21, please respond to the following:

a. The Project Budget submitted in December 2023 listed a Total Use of Funds of $207,315,000. However, UMROI/UMMC revised the budget in their March 15, 2024, completeness responses, indicating that the project's costs now amount to $235,855,047, representing an increase of $28.5 million or approximately 13.6% in project costs.

Despite this adjustment, UMROI/UMMC's response to Question 21(c) and (d) from the Commission's January 25, 2024, request for additional information was non-responsive.

The initial Project Budget (Table E) included costs for items such as third-party peer review of documents, third-party testing & scheduling, curtain wall testing, and a category labeled as "Other" in line A.2.f. UMROI/UMMC stated that these costs are "not applicable" in their revised response dated March 15, 2024, but did not provide an explanation supporting why these identified costs are deemed irrelevant.

Given the substantial increase in Total Project Cost, please clarify where these costs are: Are they recategorized within the project's expenses or eliminated? If these costs are still included, please revise Table E and provide a detailed response regarding the allocation.

Applicant Response

The Applicants' revised Table E accounts for changes in financing and other costs from the costs originally included in the December 2023 Exemption Request. Details of these costs are as follows:

- Loan placement fees have increased from $1,488,000 to $1,745,000 as a result of the increase in authorized bonds to finance the project.
- CON application assistance fees changed from $125,750 to $2,369,000. This is a result of collapsing the $1,963,000 in "A.2.f. Other" from the December submission into item A.2.c. The net increase in cost for CON application assistance fees is $279,650. This figure represents additional time and effort related to the CON process. The current value of A.2.c in Table E project budget ($2,369,000) represents the expenses to complete the full CON application process including external legal and consultant expenses.
- In the Exemption Request, the Applicants included a line item for $520,000 of non-CON consulting fees. Those costs included early design development and permit related expenses (third-party peer review of documents, third-party testing & scheduling, curtain wall testing). In revising the budget, the Applicants determined that these costs are captured in the New Construction and Renovation subtotals of the project budget. The Applicants have removed the non-CON consulting fees line item so as not to double count these expenses.

b. The Total Project Cost is $235.9 million, an increase of $28.5 million in recent months. Please elaborate on the factors contributing to the Total Project Cost increase of 13.6% in the last two months. Furthermore, do the Applicants have any evidence or assurance that there will not be similar cost increases before the completion of the proposed project?

Applicant Response

The recent escalation in the total project cost by $28.5 million can be attributed to several key factors. Moveable equipment contributes to a significant portion of the increase, amounting to $7,913,040, due to adjustments in the budget allocated for necessary equipment procurement. Similarly, adjustments to the contingency fund, totaling $7,886,205, were deemed necessary to address potential risks and ensure project resilience. Economic fluctuations and inflationary pressures impacted the overall project cost, leading to adjustments in the budget to accommodate rising costs in materials, labor, and other expenses. Additionally, the increase of $11,297,000 in capitalized interest expense was attributed to expanded authorized borrowing and an additional year of construction/capitalized interest expense compared to the project budget included in the December 2023 Exemption Request. While assurance against similar cost increases before project completion cannot be guaranteed, proactive measures, including diligent monitoring, budgetary discipline, and risk mitigation strategies, are in place to minimize the likelihood of such occurrences.

c. While your initial application suggested an anticipated $55 million in state funding for the hospital's additional floors, it was acknowledged that this funding was not assured. Given this uncertainty and the unpredictability of future events that could further affect State funding, please address how this has been factored into your plans.

Applicant Response

UMMS requested the project funding from the State in September 2023 as part of a routine meeting with the Maryland Department of Budget & Management ("DBM") to request capital for the 2025-2029 State CIP Budget. As they did with all new projects proposed at the time, the DBM

and the Moore Administration indicated that funding for this project would not be included in the 2025-2029 CIP budget as submitted as they lacked the time necessary to independently vet the project.

UMMS and UMMC executives continue to meet with the Moore Administration and the DBM to facilitate their analysis of the project and consideration of the funding request in September 2024 for inclusion in the 2026-2030 CIP.

The State of Maryland has a long history of partnering with UMMS to address health disparities and market failures that have led to insufficient health care infrastructure in vulnerable communities, with recent examples including significant investments in Baltimore City, Prince George's County and the Eastern Shore. UMMS remains steadfast that this partnership should and will naturally extend to address the next phase of the Shock Trauma continuum of care by relocating the UMROI rehabilitation programs to UMMC. These programs will serve the entire State, and as demonstrated in the Exemption Request, the relocation will improve access to care and patient outcomes.

As stated in previous responses, UMMS is extremely confident the State of Maryland will provide significant financial support to this important project. If the full state support is not received, UMMS would pursue additional funding to fill the gap in State capital support. This could include a combination of cash from the balance sheet of UMMS, philanthropic support, and the issuance of additional long-term debt. There are a number of factors to consider in determining the combination of alternate sources, including interest rates.

i. **Please elaborate on whether there are any contingency plans for unanticipated increases in project costs, such as implications of the Francis Scott Key bridge incident? Please discuss any potential factors such as labor, supply chain disruptions for construction materials and supplies, or any other expenses related to the completion of construction for this project.**

Applicant Response

In light of the recent and tragic Francis Scott Key bridge incident, which deeply impacted our community, the Applicants acknowledge the potential implications on project costs. While the Applicants extend their heartfelt condolences to all affected by this tragedy, they remain vigilant in addressing unforeseen challenges that may arise during the project's lifecycle. The Applicants' contingency plans are comprehensive, considering various factors, including labor shortages, disruptions in the supply chain for construction materials and supplies, and other related expenses. Recent adjustments to the project budget, particularly in the areas of moveable equipment, contingency funds, and capitalized interest expenses coupled with early procurement efforts reflect the Applicants' proactive approach to mitigate such risks.

ii. **Question 21(g), the applicants state that the fiscal year 2025 Governor's Capital Budget submitted in January 2024 does not include funding for the proposed UMROI/UMMC relocation project. Please provide details that support the applicants' reliance on this belief including the communication with the State on future negotiations and allocation of $55.0 million for the proposed Exemption. What is the basis for the**

applicants' representation and the assumption that the State will fund this project in future State capital budgets?

Applicant Response

Please see the response to Question 3(c) above.

d. **For Question 21(h), please discuss the contingency plans UMMC has developed if the State does not set aside the $55.0 million as a source of funds for this proposed project. Please submit documentation or evidence that the applicants have sufficient cash or allocated funds in place to finance the State funding portion for this project.**

Applicant Response

Please see response to Question 3(c) above.

4. **The Commission recently approved a project change for the University of Maryland Medical Center after project approval on October 19, 2023. Please explain why these changes were not included in the planning and construction of the mechanical penthouse, which is now proposed to be relocated to the top of the 14th floor instead of the 9th and 10th floors of the Greenebaum Comprehensive Cancer Center/Stoler Center?**

Applicant Response

The decision to relocate the mechanical penthouse to the top of Floor 14, as opposed to its original planned location on Floors 9 and 10 of the Stoler Center, stems from several factors that emerged after the MHCC's October 19, 2023 approval of the Cancer Center project change request. First and foremost, unforeseen structural, logistical and operational challenges arose during the planning phase, necessitating a reassessment of the mechanical penthouse's location to ensure optimal functionality, efficiency, and integration with both the Cancer Center and rehabilitation programs. Additionally, evolving project requirements, technological advancements, and stakeholder feedback further informed the decision to relocate the mechanical space to its proposed new location.

The relocation of the mechanical penthouse is essential to ensuring the long-term success and sustainability of both the Cancer Center and Exemption Request projects. The Applicants are confident that the revised plans will ultimately result in a more robust and resilient facility that meets the needs of their patients, staff, and the community.

HSCRC –

1. **Regarding the interest expenses on the profit and loss statement (Table G): HSCRC staff seeks clarification on whether the recorded values are either gross or net of interest income. Refer to the attached Excel spreadsheet illustrating the staff's calculations. Subsequently, please clarify the following concerns in both Part a. and Part b. below.**

a. **In reviewing the budget (Table E as revised 03/18/24), based on the expectation that interest earned on bond will increase at a 2.5% rate, staff has identified a discrepancy in this table. Subtracting interest earned from interest expensed yields a net interest incurred on project debt from '27 to '30 of $18,863K. Adding back capitalized interest brings the interest closer to the $42,242K reflected in the amortization schedule (but still $2.8 million higher). Please address and clarify this discrepancy.**

Applicant Response

Tables F, G, H, and I have been updated to correct for this error. Interest expense from the new debt issuance will not impact the income statement until FY 2029, which corrects the discrepancy noted above. A full set of revised tables is attached hereto as **Exhibit 20**.

b. **Table G shows interest expenses on project debt from '27 through '30 totaling $25,229K.**

i. **Table E reveals capitalized interest on project debt of $26,173K during the construction periods from '26 through '28, resulting in a combined amount of $51,402K over the five years ending in '30.**

Applicant Response

Tables F, G, H, and I have been updated to correct for this error. Interest expense from the new debt issuance will not impact the income statement until FY 2029, which corrects the discrepancy noted above.

ii. **Additionally, amortization of $174,489 over 30 years at 5% starting in '26 results in a total of $42,242K for the first five years. This creates a difference of $9,160K between these periods.**

Applicant Response

Tables F, G, H, and I have been updated to correct for this error. Interest expense from the new debt issuance will not impact the income statement until FY 2029, which corrects the discrepancy noted above. In addition, principal payments on the bond proceeds will not begin until FY 2029.

iii. **Table E also reflects interest income on debt proceeds of $6,366K. If this income is netted against interest expense on project debt, the difference would decrease to $2,794K.**

Applicant Response

Tables F, G, H, and I have been updated to correct for this error. Interest expense from the new debt issuance will not impact the income statement until FY 2029, which corrects the discrepancy noted above.

Given the figures above, is the interest on project debt as presented in Table G either net or gross of interest income on bond proceeds?

Applicant Response

Tables F, G, H, and I have been updated to correct for this error. Interest expense from the new debt issuance will not impact the income statement until FY 2029, which corrects the discrepancy noted above. The capitalized interest for three years is $26,173,000 and is correct in Table E.

2. **Usually, interest on current debt and depreciation of current assets are not affected by inflation. There are noted inconsistencies between the revised Table G and Table H regarding interest in '21, '22, and '26 and depreciation in '26. Please reconcile these differences.**

Applicant Response

The error in Table H has been corrected for interest expense and depreciation. Table G information was correct.

3. **A request for an increase to your Gross Budget Revenue (GBR) for incremental capital-related expenses due to this project was not noted in your 12/29/23 Exemption request. Based on a review of that submission, can you please clarify your current intent and whether UMMC is seeking an increase in its GBR or incremental GBR for capital to transfer the 58 beds from UMROI to UMMC?**

Applicant Response

UMMC is not seeking a rate increase in connection with the project. The Applicants instead anticipate shifting GBR revenue, as described more fully in the February 14, 2024 Staff Recommendation, as adopted by the Health Services Cost Review Commission on February 14, 2024.

4. **Based on the 12/29/2023 Exemption request, revenue projections include $65,765,000 of top-line patient service revenues from the transfer of 58 beds from UMROI to UMMC (FY2030 over FY2026) as shown in Table J, and $94,782,000 in incremental revenues (FY2030 over FY2026) as shown in Table G, both without accounting for inflation. Following inquiries about the higher figures in Table G, the HSCRC discovered that costs were associated with GCCC operations. However, the $94,782,000 closely matches the $95,153,000 stated in UMMC's request. What components contribute to the revenue projections?**

Applicant Response

The components of the increase between $65M in Table J and $94.7M in Table G represent the increase in revenues from GCCC operations.

The $95.1M that is mentioned above represents the total portion of UMROI's $147.3M estimated GBR that UMMS proposed to retain. After discussions with HSCRC staff and a resulting change to the retention methodology, the number dropped to $87.9M. Importantly, the additional $7.3M (which is the difference between UMMS' original proposal and the HSCRC staff recommendation) will be earmarked for population health spending through the Revenue for Reform policy, and thus it will still be retained by UMMS through that pathway.

For better clarity, the $65.7M in the CON tables is only the portion of the retained revenue that is related to the trauma rehab services. The Applicants did not include the revenue and expenses associated with any of the non-trauma rehab services that will not be transitioning to the new Stoler Center, because those are unrelated to the CON Exemption Request.

Table of Exhibits

Exhibit	Description
19.	CARF Quality Improvement Plan
20.	Updated MHCC Tables

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I hereby declare and affirm under the penalties of perjury that the facts stated in the Responses to MHCC and HSCRC's Request for Additional Follow-Up Questions dated April 1, 2024 regarding the Request for Exemption from Certificate of Need Review to Merge and Consolidate University of Maryland Rehabilitation and Orthopaedic Institute and University of Maryland Medical Center, and the attachments thereto, are true and correct to the best of my knowledge, information, and belief.

4/11/2024
Date

DocuSigned by:
Brian Sturm
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Brian Sturm
Vice President, Corporate Decision Support & Capital Planning
University of Maryland Medical System

#861759
006551-0232

DocuSign Envelope ID: E03A4267-2484-4FC3-B279-6B55A8592CBF

I hereby declare and affirm under the penalties of perjury that the facts stated in the Response to the April 1, 2024 Requests for Additional Follow-Up Questions regarding the Request for Exemption from Certificate of Need Review to Merge and Consolidate University of Maryland Rehabilitation and Orthopaedic Institute and University of Maryland Medical Center, and the attachments thereto, are true and correct to the best of my knowledge, information, and belief.

4/11/2024
Date

DocuSigned by:
Richie Stever
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Richie Stever
Vice President, Real Estate and Property Management
University of Maryland Medical System

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4/11/2024
Date

DocuSigned by:
Dana Farrakhan
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Dana Farrakhan, Ph.D., MHS, FACHE
Senior Vice President, Strategy,
Community and Business Development
University of Maryland Medical Center

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4/11/2024
Date

DocuSigned by:
Marina Bogin
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Marina Bogin, MBA
Vice President of Financial Services,
Chief Financial Officer
University of Maryland Rehabilitation &
Orthopaedic Institute

#861750
006551-0232

EXHIBIT 19

carf INTERNATIONAL

GUIDELINES FOR SUBMITTING A QUALITY IMPROVEMENT PLAN

Attached is a form for your use in submitting a Quality Improvement Plan (QIP). Quality improvement efforts are regarded by CARF as integral and critical facets of the accreditation process. Guidelines for completing the form are as follows:

1. Respond to all standards identified.
2. Include a brief response that indicates the steps that have been taken or are being taken to address the recommendation. Indicate estimated dates for completion of "in process" items, where appropriate. Do not repeat the wording of the recommendation from the survey report in your QIP.
3. Do **not** include any copies of your organization's forms, policies, procedures, memos, pamphlets, documents, or other attachments with the QIP. CARF will only review your written response to each recommendation.

Upon receipt of the QIP, CARF will review your progress toward addressing the recommendations and acknowledge the plan in a letter to your operational leadership. The QIP will be included in the packet of materials sent to the next survey team. During the next survey visit, the team will review this further to make the determination whether the actions you have taken have brought your organization into conformance to the standards. Additional information concerning the interpretation of specific standards is available by calling CARF.

Please note that the submission of a QIP within 90 days following your initial notice of accreditation is a CARF Accreditation Condition and is required to maintain accredited status. For more information refer to the Accreditation Conditions in the current standards manual.

We encourage you to approach the completion of the QIP as an additional opportunity to enhance the quality, value, and outcomes of your services. If you would like further assistance, please do not hesitate to contact us toll free at (888) 281-6531 [dial 001 (520) 325-1044 from outside the US and Canada].

Please upload the completed QIP via Customer Connect. Click on the Quality Improvement Plan Due action item on the home page.

If you are unable to submit the QIP electronically, you may send the completed plan via regular mail to the Tucson, Arizona, office.

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

QUALITY IMPROVEMENT PLAN

Return to CARF by July 24, 2023

Company ID: 15245

University of Maryland Rehabilitation & Orthopaedic Institute
2200 Kernan Drive
Baltimore, MD 21207

Survey Number: 167941
Accreditation Decision: Three-Year Accreditation
Accreditation Expiration Date: April 30, 2026
Survey Date(s): March 13–14, 2023
Standards Manual(s): 2022 Medical Rehabilitation

Completed by (Name): __Lori Patria_______________ Date Completed: _____7/21/24_________________

Job Title: ___Director of Therapy Services___

Standard Number for Recommendation	Step(s) to Address the Recommendation	Completion Date (Actual or Estimated)
2.A.9.	Revise Discharge Planning and Follow-Up Care for Hospital Inpatients Policy to include: G. "Unanticipated Service Modification, Reduction, or Exits/Transitions: When unanticipated discharges occur as a result of funding or other resource issues: 1. An appeal will be initiated by the interdisciplinary team with the patient's insurance company, if applicable. 2. When appropriate, a family conference will be convened to discuss the options for meeting the patient's care needs outside of a hospital setting. 3. Options for a safe discharge plan along with any resultant out of pocket costs will be presented to the patient/family. 4. The interdisciplinary team will work in conjunction with the patient and family to create the safest discharge plan possible given funding or other resource limitations.	Completed 5/23 actual
2.A.11.b.(1) 2.A.11.b.(2) 2.A.11.b.(3) 2.A.11.b.(5)	Required topics covered in new employee orientation but need a plan for updates through the year. Considering the use of UMMSU – computer-based annual training.	December 2023-estimated
2.A.14.a. 2.A.14.b. 2.A.14.c. 2.A.14.d. 2.A.14.e.(1) 2.A.14.e.(2) 2.A.14.e.(3) 2.A.14.e.(4) 2.A.14.e.(5)(a) 2.A.14.e.(5)(b) 2.A.14.e.(5)(c)	Service referrals determined to be ineligible, denials, and interrupted services are all being collected. Data for FY 23 will be analyzed for causes, trends, actions for improvement, and necessary education and training by Aug 2023.	August 2023 - estimated

2.A.22.b.	A meeting was held with the wound care team lead and director of nursing.to review current policies. Policy Wound Care Treatment recommends change III. c Re-evaluation of dressings will occur by wound care as appropriate based on wound characteristics and the patient's response to healing. Deterioration of wounds will be referred to the treating team for care planning. IV. add K. All persons requiring treatment outside of our scope, including debridement, washouts, and worsening of medical condition, will be referred to a higher level of care by either the following physician or the sending physician after team discussion regarding follow-up and recommendations.	September 2023 - estimated
2.A.26.b.(1)(a) 2.A.26.b.(1)(b) 2.A.26.b.(1)(c) 2.A.26.b.(2) 2.A.26.b.(3) 2.A.26.b.(4) 2.A.26.b.(5)(a) 2.A.26.b.(5)(b) 2.A.26.b.(5)(c)	Wounds for OP Therapy- embedding into therapy note to collect data on wounds at prescribed times. Analyze annually. IP: In order to identify wounds for patients in the amputee program, we will add a column to the deterioration database where the wound care team can identify if the wound is on a patient in the amputee program. Lead wound care nurse will look into data for national targets on wounds that improve or deteriorate and report back to set targets for FY24 Each program will have wound care data broken out on the program level to include: wounds present on admission that improve or deteriorate, wounds not present on admission that improve or deteriorate, and types of wounds that improve or deteriorate. Program teams will be divided between wound nurse with quarterly report out to team on trends	July 1, 2024 Annual report- estimated
2.B.46.a. 2.B.46.b.(1) 2.B.46.b.(2) 2.B.46.b.(3) 2.B.46.c.(1)(a) 2.B.46.c.(1)(b) 2.B.46.c.(1)(c) 2.B.46.c.(2) 2.B.46.c.(3) 2.B.46.c.(4) 2.B.46.c.(5)	Outpatient program is currenty collecting data will analyze annually. Inpatient Programs – identify idicators and begin data collection.	Aug 1, 2023 for OP FY 23 Data) Inpatient begin data collection July 23- complete
2.E.1.b.	Inpatient: Annual program snapshots for Spinal Cord Injury, Brain Injury and CIIRP will reflect the number of patients served in the 14-17 age range and will be shared with the public, prospective patients and their families/support systems and other relevant stakeholders beginning with the FY 23 year snapshot. Outpatient: Annual program snapshots for Spinal Cord Injury, and Brain Injury will reflect the number of patients served in the 14-17 (or appropriate) age range and will be shared with the public, prospective patients and their families/support systems and other relevant stakeholders beginning with the FY 23 year snapshot.	Inpatient: 9/1/23 for FY 23 data Outpatient 8/1/23 for FY23 data
3.A.15.a.(1) 3.A.15.a.(2) 3.A.15.a.(3) 3.A.15.b.(1)(a) 3.A.15.b.(1)(b) 3.A.15.b.(1)(c)	Annual program data review will have a written analysis of unplanned transfers to acute medical facilities, discharges to long term care and expiration with trends as well as idenfity if any actions for improvement needed	August 2023 - estimated

3.A.15.b.(2) 3.A.15.b.(3) 3.A.15.b.(4) 3.A.15.b.(5)(a) 3.A.15.b.(5)(b) 3.A.15.b.(5)(c)		
3.A.16.a. 3.A.16.b.(1) 3.A.16.b.(2) 3.A.16.b.(3) 3.A.16.b.(4) 3.A.16.c.(1)(a) 3.A.16.c.(1)(b) 3.A.16.c.(1)(c) 3.A.16.c.(1)(d) 3.A.16.c.(2) 3.A.16.c.(3) 3.A.16.c.(4) 3.A.16.c.(5)(a) 3.A.16.c.(5)(b) 3.A.16.c.(5)(c)	Data collection began for inpatient programs in FY 23. First full annual report will be completed when data received for fourth quarter	August 2023 - estimated
3.B.4.a.	Data now being analyzed annually and not in three year roll up.	August 2023 - estimated
4.B.9.a. 4.B.9.b. 4.B.9.c.	Resume a formalized in-person training program utilizing training material from the Amputee Coalition. Develop an electronic tracking system for Certified Peer Visitor Training dates and peer visitors trained,	January 2024- estimated
4.B.16.b.(2) 4.B.16.b.(3) 4.B.16.b.(4)	OP - Use diagnostic reports to delineate UE from LE amputations. Embed into therapy note to collect data on foot ulcers and subsequent amputations at prescribed times. Analyze annually. IP- Will delineate UE and LE amputations in the unit dashboard. Will incorporate into annual review of trend of data. For number of persons who experience additional amputation during their stay, quality reviews every acute transfer and will indicate if any of the patients needed an additional amputation. This will be incoporated into the annual program review of data. WOCN will be tracking in their database if any amputee patients develop new foot ulcers and will be incorporate into the annual program review of trend of data.	August 24 – first annual report (estimated)
4.B.17.a.(1) 4.B.17.a.(2)(a) 4.B.17.a.(2)(b) 4.B.17.a.(3) 4.B.17.b.(1)(a) 4.B.17.b.(1)(b)(i) 4.B.17.b.(1)(b)(ii) 4.B.17.b.(1)(c) 4.B.17.b.(2) 4.B.17.b.(3) 4.B.17.b.(4) 4.B.17.b.(5)(a) 4.B.17.b.(5)(b) 4.B.17.b.(5)(c)	Added OP Amputee specialty program to Med Tel post discharge calls. Data collection will begin July 23 and annual analysis will begin Aug 24. Data collection for inpatient began in FY23. First annual report will be completed by September 2023.	Aug 24 – First annual review (estimated) September 24 (IP) estimated.

4.C.33.a.(1)(a) 4.C.33.a.(1)(b) 4.C.33.a.(1)(c) 4.C.33.a.(1)(d)(i) 4.C.33.a.(1)(d)(ii) 4.C.33.a.(2)(a) 4.C.33.a.(2)(b) 4.C.33.a.(2)(c) 4.C.33.b.(1)(a)(i) 4.C.33.b.(1)(a)(ii) 4.C.33.b.(1)(a)(iii) 4.C.33.b.(1)(a)(iv) 4.C.33.b.(1)(a)(v) 4.C.33.b.(1)(b)(i) 4.C.33.b.(1)(b)(ii) 4.C.33.b.(1)(b)(iii) 4.C.33.b.(2) 4.C.33.b.(3) 4.C.33.b.(4) 4.C.33.b.(5)(a) 4.C.33.b.(5)(b) 4.C.33.b.(5)(c) 4.C.33.b.(5)(d)	Outpatient Brain Injury Specialty Program patients added to Med Tel Post-discharge calls. Will begin analyzing data, determining performance to targets, developing action plan with a review of the action plan and including necessary education Inpatient contract in place and data for FY 23 has been received. Will conduct annual outcome report with action plan Aug 23.	Aug 2024 – first annual review (OP) estimated Aug 23 – Inpatient- estimated
4.E.21.a.(1) 4.E.21.a.(2) 4.E.21.a.(3) 4.E.21.a.(4) 4.E.21.a.(5) 4.E.21.b.(1)(a) 4.E.21.b.(1)(b) 4.E.21.b.(1)(c) 4.E.21.b.(1)(d) 4.E.21.b.(1)(e) 4.E.21.b.(2) 4.E.21.b.(3) 4.E.21.b.(4) 4.E.21.b.(5)(a) 4.E.21.b.(5)(b) 4.E.21.b.(5)(c) 4.E.21.b.(5)(d)	Added OP SCI specialty population to Med Tel post discharge calls. Will implement annual analysis of: (1) rehospitalizations. (2) Adjustment to disability. (3) Health promotion. (4) Independence and autonomy. (5) Return to productive activity. b. At least annually conducts a written analysis that addresses: (1) Performance in relationship to established targets for: (a) Rehospitalizations. (b) Adjustment to disability. (c) Health promotion. (d) Independence and autonomy. (e) Return to productive activity. (2) Trends. (3) Actions for improvement. (4) Results of performance improvement plans. (5) Necessary education and training of: (a) Persons served. (b) Families/support systems. (c) Healthcare providers. (d) Others, as appropriate.	August 2024
4.E.27.a. 4.E.27.b. 4.E.27.c. 4.E.27.d. 4.E.27.e. 4.E.27.f. 4.E.27.g. 4.E.27.h. 4.E.27.i.	Review interdisciplinary orientation specific to Spinal Cord Injury: a. Medical/physiological sequelae. b. Function. c. Psychosocial issues. d. Transitions across the lifespan. e. Resource management. f. Health promotion and wellness. g. Resources for independent living and community integration. h. Prevention related to potential risks and secondary health conditions. i. Safety for persons served in the environments in which they participate. Create content and ensure sign off for employees upon hire. Tip sheets will be available for staff that are covering on the SCI unit.	November 2023 - estimated

4.F.20.a.(1) 4.F.20.a.(2) 4.F.20.a.(3) 4.F.20.a.(4) 4.F.20.a.(5) 4.F.20.a.(6) 4.F.20.b.(1)(a) 4.F.20.b.(1)(b) 4.F.20.b.(1)(c) 4.F.20.b.(1)(d) 4.F.20.b.(1)(e) 4.F.20.b.(1)(f) 4.F.20.b.(2) 4.F.20.b.(3) 4.F.20.b.(4) 4.F.20.b.(5)(a) 4.F.20.b.(5)(b) 4.F.20.b.(5)(c)	Follow-up data is collected via MedTel on aspiration pneumonia, falls, falls with injuries, other injuries, rehospitalization, and unplanned medical visits/encounters Annual contract is in place and Stroke Program Team will conduct a written analysis that addresses performance in relationship to established targets for follow-up information including aspiration pneumonia, falls, fall with injuries, other injuries, rehospitalizations and unplanned medical visits/encounters that addresses trends; actions for improvement, results of performance improvement plans,	August 2023 - estimated

EXHIBIT 20

TABLE A. PHYSICAL BED CAPACITY 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 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. See additional instruction in the column to the right of the table.
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						
Hospital Service	Location (Floor/Wing)*	Licensed Beds: July 1, 2023	Based on Physical Capacity					Hospital Service	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
ACUTE CARE							**ACUTE CARE**						
General Medical/Surgical*	CS Telemetry, Acute 11E, Acute 10E, Med Telemetry 13 E/W, Medical IMC, Neurocare Step Down, Neurocare Acute, Vascular PCU, Transplant Gudelsky, Acute W5, Surgical IMC	262	152	40	192	232	**General Medical/Surgical***	CS Telemetry, Acute 10E, Medical IMC, Neurocare Step Down, Neurocare Acute, Vascular PCU, Transplant Gudelsky, Acute W5, Surgical IMC, N8W, N9W, CAM 9 Acute Med, CAM 10 Acute Med	200	22	222	244
SUBTOTAL Gen. Med/Surg*		**262**	**152**	**40**	**192**	**232**	**SUBTOTAL Gen. Med/Surg***		**200**	**22**	**222**	**244**
Medical Surgical Intensive Care	Neurocare ICU, Cardiac Surgery ICU, Medical ICU, Surgical ICU	99	101	2	103	105		Neurocare ICU, Cardiac Surgery ICU, Medical ICU, Surgical ICU	101	2	103	105
Medical Cardiac Critical Care	Cardiac Care Unit, Cardiac Progressive Care Unit	41	41	0	41	41		Cardiac Care Unit, Cardiac Progressive Care Unit	41	0	41	41
Oncology	Gudelsky BMT C9W, Medical Oncology N8W & N9W	62	52	0	52	52		CAM 6 Med Onc, CAM 7 Med Onc, CAM 9 BMT	62	0	62	62
Shock Trauma	Neurotrauma IMC, Neurotrauma CC, Multitrauma IMC-5, Multitrauma CC, Multitrauma IMC-6, Multitrauma Acute Care, Ortho Acute	115	110	2	112	114		Neurotrauma IMC, Neurotrauma CC, Multitrauma IMC-5, Multitrauma CC, Multitrauma IMC-6, Multitrauma Acute Care, Ortho Acute	110	2	112	114
TOTAL MSGA		**579**	**456**	**44**	**500**	**544**	**TOTAL MSGA**		**514**	**26**	**540**	**566**
Obstetrics	Inpatient Perinatal - N6	30	22	4	26	30	**Obstetrics**	Inpatient Perinatal - N6	22	4	26	30
Pediatrics	PPCU, PICU	59	37	11	48	59	**Pediatrics**	PPCU, PICU	37	11	48	59

TABLE A. PHYSICAL BED CAPACITY 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 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. See additional instruction in the column to the right of the table.
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					
Hospital Service	Location (Floor/Wing)*	Licensed Beds: July 1, 2023	Based on Physical Capacity				Hospital Service	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
Psychiatric	Adult N12W, Geriatric N12E, Child and Adolescent N11W	42	10	17	27	44	**Psychiatric**	11E and CAM 11 Adult/Geri Psych, Child and Adolescent N11W	34	2	36	38
TOTAL ACUTE		**710**	**525**	**76**	**601**	**677**	**TOTAL ACUTE**		**607**	**43**	**650**	**693**
NON-ACUTE CARE							**NON-ACUTE CARE**					
Dedicated Observation**		10	6	2	8	10	**Dedicated Observation****		6	2	8	10
Newborn Nursery		24	24	0	24	24	**Newborn Nursery**		24	0	24	24
Neonatal Intensive Care Unit		52	52	0	52	52	**Neonatal Intensive Care Unit**		52	0	52	52
Acute Rehabilitation					0	0	**Acute Rehabilitation**	12 E/W and CAM 12, 13 E/W and CAM 13	43	0	43	43
Comprehensive Care					0	0	**Comprehensive Care**				0	0
Other: Chronic Care Beds					0	0	**Other: Chronic Care Beds**	12 E/W and CAM 12, 13 E/W and CAM 13	5		5	5
Other: Dually-licensed Chronic/Rehab					0	0	**Other: Dually-licensed Chronic/Rehab**	12 E/W and CAM 12, 13 E/W and CAM 13	10		10	10
TOTAL NON-ACUTE		**76**	**82**	**2**	**84**	**86**	**TOTAL NON-ACUTE**		**140**	**2**	**142**	**144**
HOSPITAL TOTAL		**786**	**607**	**78**	**685**	**763**	**HOSPITAL TOTAL**		**747**	**45**	**792**	**837**

* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit
** Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

INSTRUCTION : Add or delete rows if necessary. See additional instruction in the column to the right of the table.

DEPARTMENT/FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
ADULT/GERIATRIC PSYCH INPATIENT		17,357	8,513		25,870
LOBBY		8,735	8,377		17,112
MEDICAL/SURGERY INPATIENT		28,850	0		28,850
MECHANICAL/ELECTRICAL		6,019	3,581		9,600
SCI REHAB		16,996	17,131		34,127
TBI REHAB		16,902	17,738		34,640
SHARED STAFF SUPPORT & PUBLIC CIRCULATION		6,187	7,959		14,146
MECHANICAL PENTHOUSE		6,200	0		6,200
					0
Total		107,246	63,299		170,545

TABLE C. CONSTRUCTION CHARACTERISTICS

INSTRUCTION : If project includes non-hospital space structures (e.g., parking garages, 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	☑	☑
Class B	☐	☐
Class C	☐	☐
Class D	☐	☐
Type of Construction/Renovation*		
Low	☐	☐
Average	☐	☐
Good	☑	☑
Excellent	☐	☐
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	**List Number of Feet, if applicable**	
Total Square Footage	**Total Square Feet**	
Ground Floor	0	0
First Floor	0	0
Second Floor	0	0
Third Floor	0	0
Fourth Floor	0	0
Fifth Floor	0	0
SixthFloor	0	0
Seventh Floor	0	0
Eighth Floor	0	0
Ninth Floor	12,186	0
Tenth Floor	22,215	1,005
Eleventh Floor	22,215	12,132
Twelveth Floor	22,215	25,125
Thirteenth Floor	22,215	25,037
Fourteenth Floor	6,200	0
Total	107,246	63,299
Average Square Feet	**17,874**	**10,550**
Perimeter in Linear Feet	**Linear Feet**	
Ground Floor	0	0
First Floor	0	0
Second Floor	0	0
Third Floor	0	0
Fourth Floor	0	0
Fifth Floor	0	0
SixthFloor	0	0
Seventh Floor	0	0
Eighth Floor	0	0
Ninth Floor	312	0
Tenth Floor	628	0
Eleventh Floor	628	132
Twelveth Floor	628	349
Thirteenth Floor	628	349
Fourteenth Floor	703	0
Total Linear Feet	**3,527**	**830**

TABLE C. 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
Average Linear Feet	**588**	**138**
Wall Height (floor to eaves)	**Feet**	
Ground Floor		
First Floor		
Second Floor		
Third Floor		
Fourth Floor		
Fifth Floor		
SixthFloor		
Seventh Floor		
Eighth Floor		
Ninth Floor	12'-6"	12'-6"
Tenth Floor	12'-6"	12'-6"
Eleventh Floor	12'-6"	12'-6"
Twelveth Floor	12'-6"	12'-6"
Thirteenth Floor	12'-6"	12'-6"
Fourteenth Floor	29'-8"	29'-8"
Average Wall Height	**13'-6"**	**13'-6"**
OTHER COMPONENTS		
Elevators	**List Number**	
Passenger	2	
Freight (Hospital)	2	
	Square Feet Covered	
Wet System Fully Sprinklered -Preaction in main electrical rooms.	107,246	63,299
Dry System		
Other	**Describe Type**	
Type of HVAC System for proposed project	The HVAC system is a fully ducted Variable Air Volume system with air handling units on level 9. Chilled water and heating water is provided from the existing central utility plant	
Type of Exterior Walls for proposed project	Curtain Wall System with glass and spandrel panels on the east, south & north facades. Terracotta with windows on the west facade. Curtainwall and Metal panel clading on the penthouse.	

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

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

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	$0	
Other		
Subtotal included in Marshall Valuation Costs	**0**	**-**
Storm Drains	210,000	
Deep Foundation	1,650,500	
Premium for Constrained Site	114,846	
Premium for Prevailing Wage	229,691	
Premium for Minority Business Enterprise Requirement	91,877	
Subtotal On-Site excluded from Marshall Valuation Costs	**2,296,914**	
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees		
Other		
Subtotal Off-Site excluded from Marshall Valuation Costs	**-**	**-**
TOTAL Estimated On-Site and Off-Site Costs not included in Marshall Valuation Costs	**2,296,914**	**-**
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	**$2,296,914**	**$0**
BUILDING COSTS		
Normal Building Costs	$38,237,959	
Subtotal included in Marshall Valuation Costs	**38,237,959**	**-**
Pneumatic Tube System	450,000	
Infection Prevention	600,000	
Asbestos abatement	300,000	

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
Adjacent Occupants Premium	600,000	
Premium for Constrained Site	3,459,177	
Premium for LEED Silver Construction	2,767,341	
Premium for Prevailing Wage	6,918,354	
Premium for Minority Business Enterprise Requirement	2,767,341	
Vertical Flooded Heating Hot Water Plant Upgrade	3,150,000	
Fire Pump with Express Riser & Electrical Feeder	1,209,000	
(Qty 3) Tier 4 Generators	6,000,000	
Cistern Within Building for Storm Water Retention	889,000	
Penthouse Exterior - Fully Clad on 4 sides	1,376,000	
Penthouse Roof Screenwall	459,364	
Subtotal Building Costs excluded from Marshall Valuation Costs	**30,945,577**	**-**
TOTAL Building Costs included and excluded from Marshall Valuation Service*	**$69,183,536**	**$0**
A&E COSTS		
Normal A&E Costs	$7,340,800	
Subtotal included in Marshall Valuation Costs	**7,340,800**	**-**
A&E Costs Excluded from Marshall Valuation Costs		
Subtotal A&E Costs excluded from Marshall Valuation Costs	**-**	**-**
TOTAL A&E Costs included and excluded from Marshall Valuation Service*	**$7,340,800**	**$0**
PERMIT COSTS		
Normal Permit Costs	$50,000	
Subtotal included in Marshall Valuation Costs	**50,000**	**-**
Permit Costs Excluded from Marshall Valuation Costs		
Subtotal Permit Costs excluded from Marshall Valuation Costs	**-**	**-**
TOTAL Permit Costs included and excluded from Marshall Valuation Service*	**$50,000**	**$0**

TABLE E. PROJECT BUDGET	
INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. 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.	
	Hospital Building
A. USE OF FUNDS	
1. CAPITAL COSTS	
a. New Construction	
(1) Building	$ 71,480,450
(2) Fixed Equipment	$ 11,996,000
(3) Site and Infrastructure	$ -
(4) Architect/Engineering Fees	$ 7,340,800
(5) Permits (Building, Utilities, Etc.)	$ 50,000
SUBTOTAL	**$ 90,867,250**
b. Renovations	
(1) Building	$ 40,950,000
(2) Fixed Equipment (not included in construction)	$ 8,000,000
(3) Architect/Engineering Fees	$ 4,893,600
(4) Permits (Building, Utilities, Etc.)	$ 44,000
SUBTOTAL	**$ 53,887,600**
c. Other Capital Costs	
(1) Movable Equipment	$ 30,209,240
(2) Contingency Allowance	$ 18,498,005
(3) Gross interest during construction period	$ 26,173,000
(4) Other (Specify/add rows if needed)	
SUBTOTAL	**$ 74,880,245**
TOTAL CURRENT CAPITAL COSTS	**$ 219,635,095**
d. Land Purchase	
e. Inflation Allowance	$ 12,105,952
TOTAL CAPITAL COSTS	**$ 231,741,047**
2. Financing Cost and Other Cash Requirements	
a. Loan Placement Fees	$ 1,745,000
b. Bond Discount	$ -
c CON Application Assistance	$ 2,369,000
c1. Legal Fees	$ -
c2. Other (Accounting, Architectural, Planning)	$ -
d. Non-CON Consulting Fees	$ -
d1. Legal Fees	
d2. Other (third party peer review of documents; third party testing & scheduling, curtain wall testing)	
e. Debt Service Reserve Fund	$ -
f Other (Specify/add rows if needed)	
SUBTOTAL	**$ 4,114,000**
3. Working Capital Startup Costs	
TOTAL USES OF FUNDS	**$ 235,855,047**
B. Sources of Funds	
1. Cash	
2. Philanthropy (to date and expected)	$ -
3. Authorized Bonds	$ 174,489,047
4. Interest Income from bond proceeds listed in #3	$ 6,366,000
5. Mortgage	
6. Working Capital Loans	
7. Grants or Appropriations	
a. Federal	

b. State	$ 55,000,000
c. Local	
8. Other (Cash Flow from Operations)	$ -
TOTAL SOURCES OF FUNDS	**$ 235,855,047**
	Hospital Building
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.

Note 1: There is no "other structure" for this project. That column has been removed.

REVISED

TABLE F. 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	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**	**FY26**	**FY27**	**FY28**	**FY29**	**FY30**
1. DISCHARGES										
a. General Medical/Surgical*	17,610	15,877	15,434	15,627	15,627	15,649	15,671	15,693	15,715	15,737
b. ICU/CCU	2,817	3,019	3,382	3,424	3,424	3,424	3,424	3,424	3,424	3,424
Total MSGA	***20,427***	***18,896***	***18,816***	***19,052***	***19,052***	***19,074***	***19,096***	***19,118***	***19,140***	***19,140***
c. Pediatric	1,687	1,943	2,134	2,134	2,134	2,134	2,134	2,134	2,134	2,134
d. Obstetric	3,173	3,166	3,438	3,438	3,438	3,438	3,438	3,438	3,438	3,438
e. Acute Psychiatric	665	632	550	600	600	600	600	600	600	600
Total Acute	***25,952***	***24,637***	***24,938***	***25,224***	***25,224***	***25,246***	***25,268***	***25,290***	***25,320***	***25,320***
f. Rehabilitation								210	856	872
g. Comprehensive Care										
h. Other - Chronis								24	98	100
TOTAL DISCHARGES	***25,952***	***24,637***	***24,938***	***25,224***	***25,224***	***25,246***	***25,268***	***25,500***	***26,177***	***26,192***
2. PATIENT DAYS										
a. General Medical/Surgical*	121,364	106,502	105,575	106,634	106,634	107,141	108,293	109,446	109,600	109,753
b. ICU/CCU	67,084	72,453	70,796	71,506	71,506	71,506	71,506	71,506	71,506	71,506
Total MSGA	***188,448***	***178,955***	***176,371***	***178,140***	***178,140***	***178,647***	***179,799***	***180,952***	***181,106***	***181,106***
c. Pediatric	7,085	6,942	7,296	7,296	7,296	7,296	7,296	7,296	7,296	7,296
d. Obstetric	7,470	7,965	8,080	8,080	8,080	8,080	8,080	8,080	8,080	8,080
e. Acute Psychiatric	7,768	9,332	9,101	9,926	9,926	9,926	9,926	9,926	9,926	9,926
Total Acute	***210,771***	***203,194***	***200,848***	***203,443***	***203,443***	***203,949***	***205,102***	***206,254***	***206,408***	***206,408***
f. Rehabilitation								4,115	16,772	17,081
g. Comprehensive Care										
Other - Chronis								684	2,792	2,848
TOTAL PATIENT DAYS	***210,771***	***203,194***	***200,848***	***203,443***	***203,443***	***203,949***	***205,102***	***210,369***	***223,180***	***223,489***
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. General Medical/Surgical*	6.9	6.7	6.8	6.8	6.8	6.8	6.9	7.0	7.0	7.0
b. ICU/CCU	23.8	24.0	20.9	20.9	20.9	20.9	20.9	20.9	20.9	20.9
Total MSGA	***9.2***	***9.5***	***9.4***	***9.4***	***9.4***	***9.4***	***9.4***	***9.5***	***9.5***	***9.5***
c. Pediatric	4.2	3.6	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4
d. Obstetric	2.4	2.5	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4
e. Acute Psychiatric	11.7	14.8	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5
Total Acute	***8.1***	***8.2***	***8.1***	***8.1***	***8.1***	***8.1***	***8.1***	***8.2***	***8.2***	***8.2***
f. Rehabilitation								19.6	19.6	19.6
g. Comprehensive Care										
Other - Chronis								28.5	28.5	28.5
TOTAL AVERAGE LENGTH OF STAY	8.1	8.2	8.1	8.1	8.1	8.1	8.1	8.2	8.5	8.5
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*	392	392	392	392	392	392	392	392	392	392
b. ICU/CCU	239	239	239	239	239	239	239	239	239	239
Total MSGA	**631**	**631**	**631**	**631**	**631**	**631**	**631**	**631**	**631**	**631**
c. Pediatric	44	44	44	44	44	44	44	44	44	44
d. Obstetric	34	34	34	34	34	34	34	34	34	34
e. Acute Psychiatric	42	42	42	42	42	42	42	42	42	42
Total Acute	***751***	***751***	***751***	***751***	***751***	***751***	***751***	***751***	***751***	***751***
f. Rehabilitation								50	50	50
g. Comprehensive Care										
Other - Chronis								8	8	8
TOTAL LICENSED BEDS	***751***	***751***	***751***	***751***	***751***	***751***	***751***	***801***	***801***	***801***
5. OCCUPANCY PERCENTAGE **IMPORTANT NOTE:* *Leap year formulas should be changed by applicant to reflect 366 days per year.*										
a. General Medical/Surgical*	84.8%	74.4%	73.8%	74.5%	74.5%	74.9%	75.7%	76.5%	76.6%	76.6%
b. ICU/CCU	76.9%	83.1%	81.2%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Total MSGA	***81.8%***	***77.7%***	***76.6%***	***77.3%***	***77.3%***	***77.6%***	***78.1%***	***78.6%***	***78.6%***	***78.6%***
c. Pediatric	44.1%	43.2%	45.4%	45.4%	45.4%	45.4%	45.4%	45.4%	45.4%	45.4%
d. Obstetric	60.2%	64.2%	65.1%	65.1%	65.1%	65.1%	65.1%	65.1%	65.1%	65.1%
e. Acute Psychiatric	50.7%	60.9%	59.4%	64.8%	64.8%	64.8%	64.8%	64.8%	64.8%	64.8%
Total Acute	***76.9%***	***74.1%***	***73.3%***	***74.2%***	***74.2%***	***74.4%***	***74.8%***	***75.2%***	***75.3%***	***75.3%***
f. Rehabilitation								22.5%	91.9%	93.6%
g. Comprehensive Care										
Other - Chronis								23.4%	95.6%	97.5%
TOTAL OCCUPANCY %	***76.9%***	***74.1%***	***73.3%***	***74.2%***	***74.2%***	***74.4%***	***74.8%***	***72.0%***	***76.3%***	***76.4%***
6. OUTPATIENT VISITS										
a. Emergency Department	33,089	36,359	38,855	38,855	38,855	38,855	38,855	38,855	38,855	38,855
b. Same-day Surgery	15,354	15,622	15,726	15,726	15,726	15,726	15,726	15,726	15,726	15,726
c. Laboratory	Included in Item "e"									
d. Imaging										
e. Clinic Visits / Other Ancillary	228,779	228,665	221,628	221,628	221,628	226,528	229,376	232,223	235,105	240,748
TOTAL OUTPATIENT VISITS	***277,222***	***280,646***	***276,208***	***276,208***	***276,208***	***281,108***	***283,956***	***286,803***	***289,686***	***289,686***
7. OBSERVATIONS**										
a. Number of Patients	3,756	3,821	3,636	3,636	3,636	3,636	3,636	3,636	3,636	3,636
b. Hours	113,088	138,102	123,889	123,889	123,889	123,889	123,889	123,889	123,889	123,889

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

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

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TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. 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.

	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	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**	**FY26**	**FY27**	**FY28**	**FY29**	**FY30**
1. REVENUE										
a. Inpatient Services	$1,405,371	$1,431,200	$1,471,160	$ 1,432,600	$ 1,434,650	$ 1,440,117	$ 1,445,583	$ 1,468,175	$ 1,521,599	$ 1,525,711
b. Outpatient Services	616,878	666,749	672,830	663,815	664,765	667,298	669,831	672,681	$ 674,581	$ 676,486
Gross Patient Service Revenues	***$2,022,249***	***$2,097,949***	***$2,143,989***	***$2,096,415***	***$2,099,415***	***$2,107,415***	***$2,115,415***	***$ 2,140,856***	***$ 2,196,180***	***$ 2,202,197***
c. Allowance For Bad Debt	$ 49,246	$ 51,392	$ 51,929	$ 50,777	$ 50,850	$ 51,043	$ 51,237	$ 51,866	$ 53,245	$ 53,390
d. Contractual Allowance	195,934	223,069	225,401	220,399	220,715	221,556	222,397	225,019	230,677	$ 231,309
e. Charity Care	20,877	21,746	21,973	21,486	21,516	21,598	21,680	21,924	22,439	$ 22,501
Net Patient Services Revenue	***$ 1,756,192***	***$ 1,801,742***	***$ 1,844,686***	***$ 1,803,752***	***$ 1,806,334***	***$ 1,813,217***	***$ 1,820,100***	***$ 1,842,047***	***$ 1,889,819***	***$ 1,894,996***
f. Other Operating Revenues (Specify/add rows if needed)	$ 205,193	$ 219,353	$ 247,431	$ 214,431	$ 214,431	$ 219,431	$ 223,431	$ 226,431	$ 228,431	$ 226,431
NET OPERATING REVENUE	***$ 1,961,385***	***$ 2,021,095***	***$ 2,092,116***	***$ 1,999,119***	***$ 2,001,672***	***$ 2,013,483***	***$ 2,024,293***	***$ 2,068,477***	***$ 2,118,250***	***$ 2,121,427***
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 732,429	$ 785,407	$ 786,433	$ 739,633	$ 727,933	$ 738,463	$ 740,897	$ 749,027	$ 765,214	$ 765,214
b. Contractual Services	511,461	533,586	554,444	551,944	552,944	554,978	556,464	561,056	570,136	$ 570,206
c. Interest on Current Debt	17,012	13,377	20,782	22,398	21,944	29,865	29,254	28,633	28,133	27,555
d. Interest on Project Debt	-	-	-	-	-	-	$ -	$ -	$ 8,724	$ 8,566
e. Current Depreciation	94,920	95,624	94,246	92,928	95,170	106,036	105,094	104,162	102,324	100,517
f. Project Depreciation	-	-	-	-	-	-	$ 4,737	$ 8,325	$ 14,353	$ 14,353
g. Current Amortization	-	-	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-	-	-	-
i. Supplies	468,374	477,808	502,651	492,701	496,901	500,909	504,157	507,422	510,098	$ 511,291
j. Other Expenses (Utilities / Insurance)	46,792	51,517	55,431	55,708	55,708	55,708	55,708	55,708	55,708	55,708
TOTAL OPERATING EXPENSES	**$ 1,870,988**	**$ 1,957,319**	**$ 2,013,987**	**$ 1,955,312**	**$ 1,950,600**	**$ 1,985,959**	**$ 1,996,311**	**$ 2,014,332**	**$ 2,054,691**	**$ 2,053,411**
3. INCOME										
a. Income From Operation	**$ 90,397**	**$ 63,776**	**$ 78,129**	**$ 43,807**	**$ 51,073**	**$ 27,524**	**$ 27,983**	**$ 54,145**	**$ 63,559**	**$ 68,016**
b. Non-Operating Income	$ 49,675	$ (55,571)								
SUBTOTAL	***$ 140,072***	***$ 8,205***	***$ 78,129***	***$ 43,807***	***$ 51,073***	***$ 27,524***	***$ 27,983***	***$ 54,145***	***$ 63,559***	***$ 68,016***
c. Income Taxes	$ -	$ -								
NET INCOME (LOSS)	***$ 140,072***	***$ 8,205***	***$ 78,129***	***$ 43,807***	***$ 51,073***	***$ 27,524***	***$ 27,983***	***$ 54,145***	***$ 63,559***	***$ 68,016***
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	35.9%	36.8%	37.3%	37.5%	37.7%	37.9%	38.1%	38.3%	38.4%	38.4%
2) Medicaid	28.4%	28.0%	27.1%	27.1%	27.1%	27.1%	27.0%	26.9%	26.8%	26.8%
3) Blue Cross	15.8%	16.1%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
4) Commercial Insurance	15.5%	14.4%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
5) Self-pay	0.9%	1.2%	1.4%	1.4%	1.3%	1.2%	1.2%	1.2%	1.2%	1.2%
6) Other	3.6%	3.6%	4.1%	4.0%	3.9%	3.8%	3.7%	3.6%	3.6%	3.6%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. 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.

	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	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**	**FY26**	**FY27**	**FY28**	**FY29**	**FY30**
b. Percent of Equivalent Inpatient Days										
Total MSGA										
1) Medicare										
2) Medicaid										
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay										
6) Other										
TOTAL	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*		*0.0%*	*0.0%*	*0.0%*

UMMC does not track payer's by patient days

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TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. 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.

	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	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**	**FY26**	**FY27**	**FY28**	**FY29**	**FY30**
1. REVENUE										
a. Inpatient Services	$1,405,371	$1,431,200	$1,471,160	$1,461,252	$1,508,706	$1,561,403	$1,615,918	$1,692,159	$1,808,364	$1,862,615
b. Outpatient Services	616,878	666,749	672,830	$677,091	$699,080	$723,498	$748,758	$775,254	$801,544	$825,591
Gross Patient Service Revenues	***$2,022,249***	***$2,097,949***	***$2,143,989***	***$2,138,343***	***$2,207,786***	***$2,284,902***	***$2,364,676***	***$2,467,413***	***$2,609,909***	***$ 2,688,206***
c. Allowance For Bad Debt	$ 49,246	$ 51,392	$ 51,929	$ 51,792	$ 53,474	$ 55,342	$ 57,274	$ 59,778	$ 63,275	$65,174
d. Contractual Allowance	195,934	223,069	225,401	224,807	232,108	240,215	248,602	259,342	274,132	282,356
e. Charity Care	20,877	21,746	21,973	21,915	22,627	23,418	24,235	25,268	26,666	27,466
Net Patient Services Revenue	***$ 1,756,192***	***$ 1,801,742***	***$ 1,844,686***	***$ 1,839,828***	***$ 1,899,577***	***$ 1,965,926***	***$ 2,034,564***	***$ 2,123,026***	***$ 2,245,836***	***$ 2,313,211***
f. Other Operating Revenues (Specify/add rows if needed)	$ 205,193	$ 219,353	$ 247,431	$ 218,719	$ 225,499	$ 237,911	$ 249,758	$ 260,958	$ 271,424	$282,009
NET OPERATING REVENUE	***$ 1,961,385***	***$ 2,021,095***	***$ 2,092,116***	***$ 2,058,547***	***$ 2,125,076***	***$ 2,203,837***	***$ 2,284,322***	***$ 2,383,983***	***$ 2,517,259***	***$ 2,595,220***
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 732,429	$ 785,407	$ 786,433	$ 765,520	$ 776,013	$ 810,856	$ 837,934	$ 872,513	$ 918,017	$ 945,558
b. Contractual Services	511,461	524,206	554,444	568,502	583,771	600,566	617,228	637,947	664,753	684,696
c. Interest on Current Debt	17,012	13,377	20,782	22,398	21,944	29,865	29,254	28,633	28,133	27,555
d. Interest on Project Debt	-	-	-	-	-		$ -	$ -	$ 8,724	$ 8,566
e. Current Depreciation	94,920	95,624	94,246	92,928	95,170	106,036	105,094	104,162	102,324	100,517
f. Project Depreciation	-	-	-	-	-		$ 4,737	$ 8,325	$ 14,353	$ 14,353
g. Current Amortization	-	-	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-	-	-	-
i. Supplies	468,374	477,808	502,651	$ 514,872	$ 541,330	$ 568,889	$ 596,912	626,274	656,138	675,822
j. Other Expenses (Utilities / Insurance)	46,792	51,517	55,431	$ 57,379	$ 58,908	$ 60,478	$ 62,090	63,745	65,444	67,407
TOTAL OPERATING EXPENSES	**$ 1,878,499**	**$ 1,955,642**	**$ 2,013,987**	**$ 2,021,600**	**$ 2,077,136**	**$ 2,176,690**	**$ 2,253,249**	**$ 2,341,598**	**$ 2,457,886**	**$ 2,524,473**
3. INCOME										
a. Income From Operation	**$ 82,886**	**$ 65,453**	**$ 78,129**	**$ 36,947**	**$ 47,940**	**$ 27,147**	**$ 31,073**	**$ 42,385**	**$ 59,374**	**$ 70,747**
b. Non-Operating Income	$ 57,183	$ (47,869)	$ -							
SUBTOTAL	***$ 140,069***	***$ 17,584***	***$ 78,129***	***$ 36,947***	***$ 47,940***	***$ 27,147***	***$ 31,073***	***$ 42,385***	***$ 59,374***	***$ 70,747***
c. Income Taxes	$ -	$ -	$ -							
NET INCOME (LOSS)	***$ 140,069***	***$ 17,584***	***$ 78,129***	***$ 36,947***	***$ 47,940***	***$ 27,147***	***$ 31,073***	***$ 42,385***	***$ 59,374***	***$ 70,747***
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	35.9%	36.8%	37.3%	37.5%	37.7%	37.9%	38.1%	38.3%	38.4%	38.4%
2) Medicaid	28.4%	28.0%	27.1%	27.1%	27.1%	27.1%	27.0%	26.9%	26.8%	26.8%
3) Blue Cross	15.8%	16.1%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
4) Commercial Insurance	15.5%	14.4%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
5) Self-pay	0.9%	1.2%	1.4%	1.4%	1.3%	1.2%	1.2%	1.2%	1.2%	1.2%
6) Other	3.6%	3.6%	4.1%	4.0%	3.9%	3.8%	3.7%	3.6%	3.6%	3.6%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. 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.

	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	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**	**FY26**	**FY27**	**FY28**	**FY29**	**FY30**
b. Percent of Equivalent Inpatient Days										
Total MSGA										
1) Medicare										
2) Medicaid										
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay										
6) Other										
TOTAL	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

UMMC does not track payer's by patient days

REVISED

TABLE I. 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							**FY28**	**FY29**	**FY30**
1. DISCHARGES									
a. General Medical/Surgical*									
b. ICU/CCU									
Total MSGA									
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute									
f. Rehabilitation							210	856	872
g. Comprehensive Care									
h. Other - Chronic							24	98	100
TOTAL DISCHARGES							***234***	***954***	***972***
2. PATIENT DAYS									
a. General Medical/Surgical*									
b. ICU/CCU									
Total MSGA									
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute									
f. Rehabilitation							4,115	16,772	17,081
g. Comprehensive Care									
h. Other Chronic							684	2,792	2,848
TOTAL PATIENT DAYS							***4,799***	***19,564***	***19,929***
3. AVERAGE LENGTH OF STAY									
a. General Medical/Surgical*									
b. ICU/CCU									
Total MSGA									
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute									
f. Rehabilitation							19.6	19.6	19.6
g. Comprehensive Care									
h. Other - Chronic							28.5	28.5	28.5
TOTAL AVERAGE LENGTH OF STAY							20.5	20.5	20.5
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*									
b. ICU/CCU									
Total MSGA									
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute									
f. Rehabilitation							50	50	50
g. Comprehensive Care									
h. Other - Chronic							8	8	8
TOTAL LICENSED BEDS							***58***	***58***	***58***
5. OCCUPANCY PERCENTAGE ****IMPORTANT NOTE:*** *Leap year formulas should be changed by applicant to reflect 366 days per year.*									
a. General Medical/Surgical*									
b. ICU/CCU									
Total MSGA									
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute									
f. Rehabilitation							22.5%	91.9%	93.6%
g. Comprehensive Care									
h. Other - Chronic							23.4%	95.6%	97.5%
TOTAL OCCUPANCY %							**22.7%**	**92.4%**	**94.1%**
6. OUTPATIENT VISITS									
a. Emergency Department									
b. Same-day Surgery									
c. Laboratory									
d. Imaging									
e. Clinic Visits / Other Ancillary									
TOTAL OUTPATIENT VISITS									
7. OBSERVATIONS**									
a. Number of Patients									
b. Hours									

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

** Services included in the reporting of the “Observation Center”, direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital’s premises, including use of a bed and periodic monitoring by the hospital’s nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE J. 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 J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. 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		**FY27**	**FY28**	**FY29**	**FY30**		
1. REVENUE							
a. Inpatient Services			$ 16,441	$ 65,765	$ 65,765		
b. Outpatient Services							
Gross Patient Service Revenues	***$ -***	***$ -***	***$ 16,441***	***$ 65,765***	***$ 65,765***	***$ -***	***$ -***
c. Allowance For Bad Debt			$ 411	$ 1,644	$ 1,644		
d. Contractual Allowance			$ 1,676	$ 6,703	$ 6,703		
e. Charity Care			$ 151	$ 605	$ 605		
Net Patient Services Revenue	***$ -***	***$ -***	***$ 14,203***	***$ 56,813***	***$ 56,813***	***$ -***	***$ -***
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	***$ -***	***$ -***	***$ 14,203***	***$ 56,813***	***$ 56,813***	***$ -***	***$ -***
2. EXPENSES							
a. Salaries & Wages (including benefits)			$ 5,323	$ 21,292	$ 21,292		
b. Contractual Services			$ 3,003	$ 12,013	$ 12,013		
c. Interest on Current Debt							
d. Interest on Project Debt		$ -	$ -	$ 8,724	$ 8,566		
e. Current Depreciation							
f. Project Depreciation		$ 4,737	$ 8,325	$ 14,353	$ 14,353		
g. Current Amortization							
h. Project Amortization							
i. Supplies			$ 495	$ 2,021	$ 2,062		
j. Other Expenses (Specify)							
Other Expense (Utilities)							
TOTAL OPERATING EXPENSES	**$ -**	**$ 4,737**	**$ 17,146**	**$ 58,404**	**$ 58,286**	**$ -**	**$ -**
3. INCOME							
a. Income From Operation	**$ -**		**$ (2,943)**	**$ (1,590)**	**$ (1,473)**	**$ -**	**$ -**
b. Non-Operating Income							
SUBTOTAL	***$ -***		***$ (2,943)***	***$ (1,590)***	***$ (1,473)***	***$ -***	***$ -***
c. Income Taxes							
NET INCOME (LOSS)	***$ -***		***$ (2,943)***	***$ (1,590)***	***$ (1,473)***	***$ -***	***$ -***

TABLE J. 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 J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. 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		**FY27**	**FY28**	**FY29**	**FY30**		
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION : *After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. 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.*

	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		**FY27**	**FY28**	**FY29**	**FY30**		
1. REVENUE							
a. Inpatient Services			$ 19,060	$ 78,527	$ 80,883		
b. Outpatient Services							
Gross Patient Service Revenues	***$ -***	***$ -***	***$ 19,060***	***$ 78,527***	***$ 80,883***	***$ -***	***$ -***
c. Allowance For Bad Debt			$ 477	$ 1,963	$ 2,022		
d. Contractual Allowance			$ 1,943	$ 8,003	$ 8,244		
e. Charity Care			$ 175	$ 722	$ 744		
Net Patient Services Revenue	***$ -***	***$ -***	***$ 16,466***	***$ 67,838***	***$ 69,873***	***$ -***	***$ -***
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	***$ -***	***$ -***	***$ 16,466***	***$ 67,838***	***$ 69,873***	***$ -***	***$ -***
2. EXPENSES							
a. Salaries & Wages (including benefits)			$ 6,171	$ 25,424	$ 26,187		
b. Contractual Services			$ 3,482	$ 14,344	$ 14,774		
c. Interest on Current Debt							
d. Interest on Project Debt		$ -	$ -	$ 8,724	$ 8,566		
e. Current Depreciation							
f. Project Depreciation		$ 4,737	$ 8,325	$ 14,353	$ 14,353		
g. Current Amortization							
h. Project Amortization							
i. Supplies			$ 574	$ 2,366	$ 2,437		
j. Other Expenses (Specify)							
Other Expense (Utilities)							
TOTAL OPERATING EXPENSES	**$ -**		**$ 18,552**	**$ 65,211**	**$ 66,317**	**$ -**	**$ -**
3. INCOME							
a. Income From Operation	**$ -**		**$ (2,086)**	**$ 2,627**	**$ 3,556**	**$ -**	**$ -**
b. Non-Operating Income							
SUBTOTAL	***$ -***		***$ (2,086)***	***$ 2,627***	***$ 3,556***	***$ -***	***$ -***
c. Income Taxes							
NET INCOME (LOSS)	***$ -***		***$ (2,086)***	***$ 2,627***	***$ 3,556***	***$ -***	***$ -***
4. PATIENT MIX							

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION : After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. 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.

	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		**FY27**	**FY28**	**FY29**	**FY30**		
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***

TABLE L. 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 DOLLARS) **	
Job Category	**Current Year FTEs**	**Average Salary per FTE**	**Current Year Total Cost**	**FTEs**	**Average Salary per FTE**	**Total Cost** *(should be consistent with 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											
Administration *(List general categories, add rows if needed)*											
Managers/Directors/Sr. Administrators	370.0	$120,264	$ 44,499,345	4.0	$126,125	$ 504,500	4.7	$120,264	$ 568,809	378.7	$ 45,572,655
							-		$ -		
							-		$ -		
Total Administration	370.0	$ 120,264	$ 44,499,345	4.0	$126,125	$ 504,500	4.7		$ 568,809	378.7	$ 45,572,655
Direct Care Staff *(List general categories, add rows if needed)*											
RNs	1,849.2	$104,809	$ 193,816,673	52.9	$101,069	$5,344,504	216.9	$90,380	$ 19,604,878	2,119.0	$ 218,766,055
Clinical Professionals	1,144.1	$100,888	$ 115,422,303	73.0	$77,844	$5,681,815	56.7	$118,361	$ 6,711,533	1,273.8	$ 127,815,651
Clinical Techs	593.2	$78,054	$ 46,300,430	6.4	$69,835	$446,944	27.8	$72,595	$ 2,018,111	627.4	$ 48,765,485
Non-Licensed Clinical	960.2	$42,061	$ 40,387,816	72.1	$53,177	$3,832,490	136.8	$43,269	$ 5,917,428	1,169.1	$ 50,137,735
Residents	583.0	$65,606	$ 38,248,111	0.0		$ -	7.5	$65,606	$ 495,210	590.5	$ 38,743,322
Total Direct Care	5,129.7	$ 84,639	$ 434,175,333	204.3	$ 74,903	$ 15,305,753	445.7	$ 77,956	$ 34,747,162	5,780	$ 484,228,248
Support Staff *(List general categories, add rows if needed)*											
Administrative and Clerical	508.7	$ 45,346	$ 23,066,330	5.9	$38,876	$228,200	48.8	$44,094	$ 2,152,746	563.4	$ 25,447,276
All Other Support	710.6	$ 40,135	$ 28,521,883	21.5	$43,096	$926,560	14.3	$40,135	$ 572,951	746.4	$ 30,021,394
							-		$ -		$ -
							-		$ -		$ -
Total Support	1,219.3	$ 42,309	$ 51,588,212	27.4	$ 42,191	$ 1,154,760	63.1	$ 43,198	$ 2,725,697	1,310	$ 55,468,670
REGULAR EMPLOYEES TOTAL	***6,719.0***	***$78,919***	***$ 530,262,891***	***235.7***	***$71,974***	**$ 16,965,013**	***513.6***	***$74,075***	**$ 38,041,669**	***7,468.3***	**$ 585,269,573**
2. Contractual Employees											
Administration *(List general categories, add rows if needed)*											
							-		$ -		
							-		$ -		
							-		$ -		
							-		$ -		
Total Administration			$ -				-		$ -		
Direct Care Staff *(List general categories, add rows if needed)*											
RNs	411.1	$260,671	$ 107,156,553	1.8	$185,120	$ 333,216	(290.0)	$260,671	$ (75,594,532)	122.9	$ 31,895,236
Clinical Professionals	32.4	$218,524	$ 7,086,748			$ -	(10.0)	$218,524	$ (2,185,244)	22.4	$ 4,901,503
Clinical Techs							-		$ -		$ -
Non-Licensed Clinical	276.5	$69,659	$ 19,262,823	3.2	$72,800	$ 232,960	(150.0)	$69,659	$ (10,445,614)	129.8	$ 9,050,169
Total Direct Care Staff	720.0	185,415	$ 133,506,123	5.0	113,235.2	$ 566,176	(450.0)	196,076.7	$ (88,225,390)	275.1	$ 45,846,909
Support Staff *(List general categories, add rows if needed)*											
Administrative and Clerical	18.7	$62,815	$ 1,174,643				(4.8)	$62,815	$ (300,250)	13.9	$ 874,393
All Other Support	78.9	$49,799	$ 3,929,617				(9.2)	$49,799	$ (460,527)	69.7	$ 3,469,090
							-		$ -		$ -
							-		$ -		$ -
Total Support Staff	97.6	52,292	$ 5,104,260				(14.0)	$54,234	$ (760,777)	(14.0)	$ 4,343,484
CONTRACTUAL EMPLOYEES TOTAL	***817.7***	***169,523***	**$ 138,610,383**	***5.0***	***$113,235***	**$ 566,176**	***(464.0)***	***$191,788***	**$ (88,986,167)**	**261.1**	**$ 50,190,393**
Benefits *(State method of calculating benefits below)* **:**			**$ 117,559,283**			**$ 3,761,143**			**$ 8,433,838**		**$ 129,754,264**
22.17% of regular employee salaries											
TOTAL COST	***7,536.7***		***$ 786,432,557***	***240.7***		***$ 21,292,333***	***110.6***		***$ (42,510,660)***	***7,729.4***	***$ 765,214,230***

Assumption

Assumptions to Revenue	2024	2025	2026	2027	2028	2029
Inflation	2.91%	3.00%	3.00%	3.00%	3.00%	3.00%
Quality Adjustments	-0.82%	0.00%	0.00%	0.00%	0.00%	0.00%
Demographic Factor	-0.48%	0.00%	0.00%	0.00%	0.00%	0.00%
Market Shift	-0.30%	0.00%	0.00%	0.00%	0.00%	0.00%
Innovation	-0.51%	0.00%	0.00%	0.00%	0.00%	0.00%
High Cost Drug Funding	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
All Other	-1.55%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	**-0.75%**	**3.00%**	**3.00%**	**3.00%**	**3.00%**	**3.00%**

Assumptions to Salaries	2024	2025	2026	2027	2028	2029
Inflation	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Performance Improvement [1]	($46.8M)	($11.7M)				
New Facility			**Variable w/ Volume**			

[1] Salaries in the current and prior fiscal year reflect an environment that is heavily dependent on temporary and other premium labor. This is driving up salaries due to the extremely high cost of that labor. UMMC has an action plan in place over the next two years to reduce both the hourly rate for temporary labor (anticipated softening of the market nationwide) as well as the number of premium FTEs. The reduction in FTEs is due to efficiency improvements driving down the number of FTEs needed to provide the care as well market equity salary adjustments to facilitate hiring. ***These changes drive the salaries down which is relfected in the Work Force Table under "Other Anticipated Changes".***

Assumptions to Benefits	2024	2025	2026	2027	2028	2029
	21.8%	21.8%	21.8%	21.8%	21.8%	21.8%

Other Inflation Assumptions)	2024	2025	2026	2027	2028	2029
Drugs	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
Supplies	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Purchased Services	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Physician Services	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Insurance	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%