

GALLAGHER

GALLAGHER EVELIUS & JONES
ATTORNEYS AT LAW

March 15, 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 Responses to the HSCRC’s Additional Information Questions dated February 16, 2024 and related exhibits. We will be providing a WORD version of the responses 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.

cc: Ben Steffen, Executive Director, MHCC

Ms. Ruby Potter
March 15, 2024
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MHCC
Jeanne-Marie Gawel, Acting Chief, Certificate of Need, MHCC
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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 Wheelless

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 HSCRC's Additional Information Questions Dated February 16, 2024

Table E (Project Budget):

1. The capital costs tally \$203.2 M, and the financing costs tally \$4.1 M for a total budget of \$207.3 M. Table G reflects annual depreciation/ amortization expense of \$25.5 M which implies an average life of 8.1 years. This is judged unreasonable.

The average depreciable lives of assets and amortization life of the bonds used in the Greenebaum Comprehensive Cancer Center (GCCC) project was 22.8 years and yielded an average annual depreciation/amortization expense of \$11.8 M, as reflected in Tables E and G, and as submitted 08/16/2023. This was judged reasonable using approximate lives of 35 years of building, 20 years of fixed equipment, 10 years of moveable equipment, and 30 years of bond life.

Please provide average useful lives expected by asset class and bond amortization life expected so as to support a reasonableness test of annual depreciation/amortization and tie Table E costs to Table G expense.

Applicant Response

The Applicants have revised Tables C, E, F, G, H, I, J, K, and L and attached such revised tables as Exhibit 16 in their responses to Additional Information Questions from the Maryland Health Care Commission. A copy of that Exhibit 16 is attached hereto for ease of reference. As reflected in the revised tables, the depreciation included in the Table G (\$14,353 in FY 2029) reflects the \$235.8M total project cost and the underlying useful lives for building at 30 years, renovations at 25 years, clinical equipment, FF&E and information technology at 5 to 7 years, and the bond/financing- related amortization of 27 years.

The depreciation is phased in over FY 2027 and FY 2028 based on the occupancy and operation of Floors 9-11 as well as the Floor 12 and 13 occupancy in April 2028.

2. The capitalized interest during construction is \$14.9 M. Please provide a term sheet for proposed bonds (start date, rate, duration) and relate it to the construction timetable and opening to support the reasonableness test of capitalized interest on project financing.

Applicant Response

Pursuant to the revised Table E, capitalized interest during construction is \$26.1M. A term sheet for the proposed bonds is not available as the planned debt issuance is not expected until early calendar year 2025. The assumptions for the debt issuance are as follows:

- \$174.5M total debt issuance
- Interest rate of 5.0%
- 30-year life of bonds with a 27-year amortization
- A maximum of 3 years of capitalized interest expense
- Interest earnings on the bond proceeds of 2.5% over a 36-month draw schedule.

- 3. The contingency allowance is \$10.6 M and the inflation allowance is \$10.7 M, combined this represents 10.5% of budgeted capital costs. Given that the capital cost for the GCCC project rose from \$193.9 M to \$266.3 M (an increase of 37%) as reflected in Table E as submitted August 2023. Please provide the reasons for supporting the sufficiency of a 10.5% combined allowance for this project.**

[Applicant Response](#)

The combined contingency and inflation allowance, now escalated in revised Table E to \$18,498,005 and \$12,105,952, respectively, represent an increase from the initial 10.5% to 13.2% of the budgeted capital costs. This adjustment was carefully determined based on comprehensive risk assessments, historical data, and industry benchmarks. It accounts for potential cost escalations due to various factors such as market fluctuations, material price increases, labor shortages, and scope changes. Our decision to adjust the allowances reflects our confidence in their sufficiency to address unforeseen expenses and inflationary pressures throughout the project lifecycle. Furthermore, rigorous cost control measures, proactive risk management strategies, and ongoing monitoring of the allowances will ensure that we remain within budgetary constraints while delivering the project successfully.

- 4. The bonds are measured at \$148.8 M in Table E. Assuming such bonds are to have an amortization of 30 years, its first year's interest (2024) is approx. \$7.4 M and its fourth year's interest (2027 when project construction is finished and open for business) is approx. \$7.1 M. Table G reflects annual interest of \$15.6 M and falling. Please provide the assumed terms sheet for proposed bonds and relate it to the timetable for construction and opening so to support the reasonableness of annual expensed interest on project financing and tie Table E costs to Table G expense.**

[Applicant Response](#)

The interest expense has been updated in Table G, adjusted to the timetable of the start of operations in two separate stages for Floors 9-11 and then the existing north hospital for the rehabilitation space on Floors 12 and 13 over FY2027 through FY2029, with FY2029 being the first full year.

The assumptions for the bond issuance are addressed in response to Question 2, *supra*.

- 5. Other financing costs and cash requirements are \$1,963,600. Please define.**

[Applicant Response](#)

An adjustment has been made to Table E which collapses the non-CON fees, other fees, and CON application assistance fees into one total of \$2,369,000. This total fee represents an estimate for consultant advisory services and legal services used in the completion of the pre-

and post-application process. These expenses include but are not limited to financial consultants for developing projections of financial performance, Maryland health care regulatory revenue consultants, and consultants specializing in MVS analysis.

- 6. Interest earned from bonds proceed is \$3.6 M. Please provide assumptions on spend down of bond proceeds and earnings rate on proceeds and relate to the construction timetable and bond financing timetable so as to support the reasonableness test of interest earnings.**

[Applicant Response](#)

The assumptions for the bond issuance, specifically the investment earnings on proceeds rate and the draw schedule, are addressed in response to Question 2, *supra*.

- 7. Authorized bonds are \$148.8 M. Does this represent new borrowing, and allocation of existing borrowing, or a combination of both?**

[Applicant Response](#)

The bond issuance of \$174.5M, reflected in the revised Table E, represents a new borrowing that is expected to occur early in calendar year 2025.

- 8. State Grants/Appropriations are \$55 M. To date how much has been realized in cash, and how much more has been pledged?**

[Applicant Response](#)

The fiscal year 2025 Governor's Capital Budget submitted January 2024 did not include the project in the five-year CIP (2025-2029). The Governor's administration indicates that the funding was not included as the administration lacked the time necessary to independently vet the project as submitted. UMMS Executives are continuing to meet with the executive and legislative representatives to share information on this project in order to facilitate the analysis and consideration for future State grant support of \$55M in the 2026 CIP process.

The State of Maryland has a long history of partnering with UMMS to address healthcare disparities and market failures. UMMS is confident in the State's support for this project.

- 9. How much of the \$207.3 M budget is supported by binding contracts, if any? How much is supported by vendor estimates?**

[Applicant Response](#)

Of the updated budget set out in revised Table E, \$45 million is currently supported by binding contracts, while the remaining funds allocated for the building, fixed equipment, AE fees, permits, and movable equipment rely on vendor estimates and historical data. These binding contracts provide assurance of firm commitments, bolstering confidence in the stability of project costs. The uncommitted amounts in each area are subject to potential adjustments as contracts are finalized and scope details are confirmed, yet collectively, they are expected to yield a positive variance to the overall budget.

Table F (Statistics Entire Facility/Services):

- 10. Total discharges grow at an average rate of 0.9% for the 6 projected years ending FY29. However, FY27 reflects growth of 3.8%, What assumptions are driving the growth in non-acute care in FY27 and beyond?**

Applicant Response

The growth in non-acute care is attributed to the relocation of acute inpatient rehabilitation and chronic beds from UMROI to UMMC. The volume of these services is not projected to increase, but rather will shift from one facility to another.

- 11. Total patient days grow at an average rate of 2% for the 6 projected years ending FY29. However, FY27 reflects growth of 10%, What assumptions are driving the growth in non-acute care in FY27 and beyond?**

Applicant Response

Please see the response to Question 10. Growth in patient days is attributable to the relocation of acute inpatient rehabilitation and chronic care beds from UMROI to UMMC.

Table G (P&L Uninflated Entire Facility/Services):

- 12. Gross patient service revenues (GPSR) grow at an average rate of 0.5% for the 6 years ending FY29. However, FY27 reflects growth at 4.2%. What assumptions are driving the growth in FY27 and beyond? Please relate to GBR value and assumed growth rate.**

Applicant Response

Please see the response to Question 10. Growth in gross patient service revenues is attributable to the relocation of acute inpatient rehabilitation and chronic care beds from UMROI to UMMC.

- 13. Table J reflects FY27 growth in GPSR of \$65,765 K due to the transfer of beds, while Table G reflects \$87,863 K. Given both are uninflated what other assumptions are impacting the UMMC growth rate for FY27 and beyond?**

Applicant Response

Other UMMC growth is related to the opening of comprehensive cancer care services at the Center of Advanced Medicine, which will comprise Floors 1-8 of the Stoler Center. This growth is reflected in the Center for Advanced Medicine approved CON tables.

- 14. The contra revenues to GPSR are consistently 14.9% for the 6 years projected ending FY29. However, such is not consistent with Table H, which reflects 14% for the 3 years ended FY26 and 13.8% for the 3 years ended FY29. Please reconcile the change in assumption.**

[Applicant Response](#)

UMMS identified a calculation error in the Contractual Allowances, Deductions and Bad Debt ("CA") from the previously submitted CON Tables for the Cancer Center and this project, on which the tables for the Exemption are based. That error was a difference in the uninflated CA of 14.9% compared to the inflated of 14.0%. The correct CA should be 14.0% for both uninflated and inflated based on FY 2023 current year projected performance.

This correction has been made and is updated in Tables G & H for the entire facility. The change is accretive to the operating income from operations in the uninflated Table G. This change will correct for the inconsistencies identified between Tables J & K and Tables G & H.

- 15. Payroll expenses for FY23 and FY29 do not tie to the same expense for these periods in Table L. Please reconcile.**

[Applicant Response](#)

These expenses have been reconciled by moving Agency expense from Contractual Services to Salaries and Wages.

- 16. Interest Expense on Current Debt for FY21 through FY23 is inconsistent with the same as presented on the audited financials by the Hospital. (\$24,523, \$21,080, and \$20,782 per Table G versus \$16,839, \$13,205, and \$18,088 per Audit for FY21, FY22, and FY23 respectively). Please reconcile and confirm the presentation format referenced per audit. Also, please explain the source and format for interest projected through FY29.**

[Applicant Response](#)

For the actual and projected years in the hospital CON tables, UMMS uses internal management financial statements and not the annual audited financial statements. For projection purposes, it is appropriate to utilize internal management statements as the base historical period. Specifically, the audited statements require that the fair value estimates of the SWAPS (+ or -) are carried up in interest expense and is the key difference between the internal statement and audited statement values.

The interest expense on current debt in the projected period is based on current amortization schedules for all debt allocated to the University of Maryland Medical Center.

- 17. Interest Expense on Project Debt for FY26 through FY29. See point #4 above.**

[Applicant Response](#)

Please see the responses to Questions 2 and 4, *supra*.

- 18. Project Depreciation projected for FY26 through FY29 appears to be inconsistent with text on page 11 of CON and inconsistent with Table E. See point #1 above. It is assumed that amortization of project financing should be reflected here as well.**

[Applicant Response](#)

Floors 9-11 of the Stoler Center will be completed and occupied around October 2027. A portion of the project will be placed into service with a 9-month impact in 2027 and is reflected in Table G. Upon completion of the remaining stages of the project in the North Hospital (Floors 12 and 13), occupancy of those floors will begin in April of 2028 (FY28) with a 3-month impact and the first full year of operation in FY 2029.

FY 2029 in Table G reflects the full year impact of depreciation for the total project.

- 19. Total Operating Expenses reflect an average annual growth of 0.3% for the 6 years ended FY29 implying volume changes in costs. While Total Operating Income reflects an average annual growth of 0.1% for the 6 years ended FY29 implying volume changes at a slower pace. Please comment on this pre-inflation negative measure of operations planning, and the strategy to mitigate going forward.**

[Applicant Response](#)

Most of the increase is attributed to relocation of acute inpatient rehabilitation and chronic care beds from UMROI to UMMC and not growth. Both the revenue and the expenses associated with the volume shift is included.

Table H (P&L Inflated Entire Facility/Services):

- 20. The contra revenues to GPSR are less conservative than that of Table G. See Point #14 above.**

[Applicant Response](#)

Please see the response to Question 14, *supra*.

- 21. Payroll expenses for FY23 and FY29 do not tie to the same expense for these periods in Table L. See Point #15 above.**

[Applicant Response](#)

These expenses have been reconciled in the revised Table L.

Table J (P&L Uninflated New Facility/Services):

22. The contra revenues to GPSR are consistently 13.6% for the 3 years projected ending FY29. However, such is not consistent with Table G.

Applicant Response

Please see the response to Question 14, *supra*.

23. Interest on Project Debt is not consistent with the same item on Table G. Please reconcile.

Applicant Response

This has been reconciled in the revised tables.

24. Project Depreciation is not consistent with the same item in Table G. Please reconcile.

Applicant Response

This has been reconciled in the revised tables.

Table K (P&L Inflated New Facility/Services):

25. The contra revenues to GPSR are consistently 13.6% for the 3 years projected ending FY29. However, such is not consistent with Table H.

Applicant Response

Please see the response to Question 14, *supra*.

26. Interest on Project Debt is not consistent with the same item in Table H. Please reconcile.

Applicant Response

This has been reconciled in the revised tables.

27. Project Depreciation is not consistent with the same item in Table H. Please reconcile.

Applicant Response

This has been reconciled in the revised tables.

Table of Exhibits

Exhibit	Description
18	Updated/Revised MHCC Tables (Attached as Exhibit 16 to Applicants' March 15, 2024 Response to MHCC Requests for Additional Information)

I hereby declare and affirm under the penalties of perjury that the facts stated in the Responses to HSCRC's Request for Additional Information dated February 16, 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.

3/13/2024

Date

DocuSigned by:

Brian Sturm

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

I hereby declare and affirm under the penalties of perjury that the facts stated in the Responses to HSCRC's Request for Additional Information dated February 16, 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.

3/13/2024

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

I hereby declare and affirm under the penalties of perjury that the facts stated in the Responses to HSCRC's Request for Additional Information dated February 16, 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.

3/13/2024

Date

DocuSigned by:

Richie Stever

97A8762E51904F5...

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

EXHIBIT 18

EXHIBIT 16
TO APPLICANT'S
MARCH 15, 2024
SUPPLEMENTAL RESPONSE
TO MHCC REQUEST FOR
ADDITIONAL INFORMATION

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		

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	
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	
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	

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	

* 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

REVISED

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
BASE BUILDING CHARACTERISTICS	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Ground Floor	0	0
First Floor	0	0
Second Floor	0	0
Third Floor	0	0
Fourth Floor	0	0
Fifth Floor	0	0
Sixth Floor	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
Twelfth 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
Sixth Floor	0	0
Seventh Floor	0	0
Eighth Floor	0	0
Ninth Floor	312	0
Tenth Floor	628	0
Eleventh Floor	628	132
Twelfth 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		
Sixth Floor		
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 14. 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 cladding 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 <u>not</u> 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)		
<p>* 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.</p> <p>Note 1: There is no "other structure" for this project. That column has been removed.</p>		

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.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
	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

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.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
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

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.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
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	Included in Item "e"									
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.

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.

											FY28	FY29	FY30
Indicate CY or FY													
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		\$ 2,879	\$ 5,060	\$ 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	\$ -	\$ 7,616	\$ 22,206	\$ 58,404	\$ 58,286	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ -		\$ (8,003)	\$ (1,590)	\$ (1,473)	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ -		\$ (8,003)	\$ (1,590)	\$ (1,473)	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ -		\$ (8,003)	\$ (1,590)	\$ (1,473)	\$ -	\$ -

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		\$ 2,879	\$ 5,060	\$ 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	\$ -	\$ -	\$ 23,612	\$ 65,211	\$ 66,317	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ -	\$ (7,146)	\$ 2,627	\$ 3,556	\$ -	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ -	\$ (7,146)	\$ 2,627	\$ 3,556	\$ -	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ -	\$ (7,146)	\$ 2,627	\$ 3,556	\$ -	\$ -	\$ -
4. PATIENT MIX							

REVISED

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.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
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	\$ 568,809	378.7	\$ 45,572,655
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
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
<i>Support Staff (List general categories, add rows if needed)</i>											
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											
<i>Administration (List general categories, add rows if needed)</i>											
							-		\$ -		
							-		\$ -		
							-		\$ -		
Total Administration			\$ -				-		\$ -		
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
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
<i>Support Staff (List general categories, add rows if needed)</i>											
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

