

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 Additional Information Questions dated January 25, 2024 (Supplemental) 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
Page 2

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 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**

**Response to Additional Information Questions Dated January 25, 2024,
Questions 2, 11 in part, and 19-22**

Background and Project

2. The applicants indicate in the project modification referenced above that UMMC will complete the construction phase for the new tower by January 2026.
 - a. On pg. 11 – Project Budget and Timetable: Please use a Gantt diagram or show visually the timeline for completion for Phase 1, Phase 2 (as specified in the Project Change approved October 2023), and completion of construction for the addition of four floors plus mechanical penthouse.

Applicant Response

A construction schedule showing the timeline for completion of Phase 1 and Phase 2, as well as the construction of the additional four floors plus mechanical penthouse is attached hereto as **Exhibit 15**. This timeline has been revised since the submission of the CON Exemption Request to account for additional time needed to comply with all permitting requirements of Baltimore City, as well as the reorganization of space within the existing building to accommodate the project's logistical needs. The Applicants anticipate that Phase 1 construction will be completed in April 2026, Phase 2 construction will be completed in February 2028, and the new rehabilitation floors will open April 2028. The change in construction timeline also necessitates an update in the Applicants' statistical and financial projection tables. An updated full set of the hospital CON tables, including revised Tables C, E, F, G, H, I, J, and K, is attached hereto as **Exhibit 16**.

- b. Include in the timeline when UM ROI projects the 58 beds will be taken out of service at Kernan.

Applicant Response

The 58 beds are expected to be taken out of service in April 2028, following completion of the renovations of the North Hospital Floors 12 & 13 and concurrent with the opening of those floors. A significant activation planning effort will take place during the Phase 2 construction in order to prepare for the move and decommissioning of the beds at UMROI. It is anticipated that all patients will move in one to two days per floor. During these transition days, some staff will be present at UMMC to receive patients, and the rest of the staff will travel to UMMC at the time that their patients are transferred.

STATE HEALTH PLAN: Acute Care Hospital Services

11. Please respond to the following:

- a. **COMAR 10.24.10, State Health Plan for Facilities and Services: Acute Care Hospital Services, specifically information regarding charges, and cost effectiveness.**

Applicant Response

Information Regarding Charges

The Maryland Health Care Commission voted to approve amendments to the Acute Care Hospital State Health Plan Chapter in February 2024. Because the amendments will be effective as of the date a decision is rendered on this Request, UMMC has relied upon the amended standard in preparing this response. With respect to the Information Regarding Charges standard, the amended State Health Plan Chapter reads as follows:

(1) Information Regarding Charges. Information regarding hospital charges shall be available to the public.

(a) At a minimum, a hospital shall:

(i) Comply with requirements of the HSCRC regarding posting or providing charge information; and

(ii) Comply with requirements of CMS for surprise billing and price transparency, including Code of Federal Regulations, Title 45, Parts 149 and 180.

(b) A hospital shall demonstrate compliance with price transparency laws and regulations. Commission staff may request information about the hospital's compliance with price transparency laws and regulations from the applicant hospital, HSCRC, the Consumer Protection Division of the Attorney General's office, and other entities as appropriate.

UMMC is in full compliance with the requirements of the HSCRC regarding posting charge information as well as the CMS price transparency and surprise billing rules. Information regarding charges for inpatient and outpatient services is readily available to the public on the UMMC website here: <https://www.umms.org/ummc/patients-visitors/for-patients/financial-assistance-billing/price-transparency>. Through this link, members of the public may also request a price estimate for an outpatient visit, procedure, or surgery.

STATE HEALTH PLAN: Chronic Care

Exhibit 1

19. Regarding the impact of the proposed exemption on UM ROI, please submit Tables A (Physical Bed Capacity), F (Statistical Projections – Entire Facility), G (Revenue and Expenses – Entire Facility Uninflated), H (Revenue and Expenses – Entire Facility Inflated), and L (Workforce Information) that presents the historical, projected utilization during construction, and after project completion.

Applicant Response

Attached as **Exhibit 17** are complete tables for UMROI at present through completion of the CON Exemption project. As described more fully in response to Question 4, submitted to the Commission on February 28, 2024, UMROI has not yet determined its final plans for the existing campus and is not in a position to project what its physical bed capacity, volume, staffing or expense will be at that time. As described more fully in response to Question 4, UMROI plans that any services remaining at UMROI following completion of the Exemption project will be unregulated, and the Applicants are not in a position at this time to project revenue for those unregulated services.

At this time, it does not appear that plans for the existing UMROI campus will require CON approval. If and when UMROI identifies an appropriate site for a new freestanding special rehabilitation hospital, it will submit a CON with forward looking projections.

20. Regarding UMMC's Table E Project Budget, please provide a description of the \$53.9 million in renovations that is involved for Floors 9 through 14 of the North Hospital, including the cost breakdown for the mechanical penthouse on the 14th floor. Are any of these costs included with the Cancer Center project. If yes, please explain.

Applicant Response

The renovations included in Table E are as follows:

- Floor 9 – No renovation component. Connections to existing hospital were previously included in the Cancer Center Project, for which a CON has been obtained from the Commission.
- Floor 10 - Renovate the rooms along the east face whose windows are now blocked, as they can no longer be utilized as inpatient rooms, per FGI guidelines. Cost \$1,035,000

- Floor 11 – Renovate the east wing of North Hospital to reconfigure the spaces that are losing windows, and to create a locked unit that extends to the South Hospital Rotunda. Cost \$9,082,300
- Floor 12 – Renovate both the east and west wings of North Hospital to create a single floor for Spinal Cord Injury that meets the programmatic needs of patients and providers without having to leave the floor. Cost \$21,937,100
- Floor 13 - Renovate both the east and west wings of North Hospital to create a single floor for Traumatic Brain Injury that meets the programmatic needs of patients and providers without having to leave the floor. Cost \$21,583,200
- Floor 14 (Mechanical Penthouse) – There is no specific renovation work anticipated in the existing mechanical penthouse. There will be the need for piping, ductwork, or electrical connections, but no significant work is anticipated. Cost \$250,000

None of the costs associated with these renovations are included in the Cancer Center project. The original 9 floors of the Stoler Center were bid and contracted with the construction manager prior to envisioning this CON Exemption project.

21. Regarding UMMC’s Table E Project Budget, please respond to the following:

- a. The assumption or basis for the \$10.6 million in Contingency Allowance, \$14.9 million in Gross Interest during construction period, and \$10.7 million in Inflation Allowance.**

[Applicant Response](#)

Please note that certain figures in the project budget have been updated as reflected in **Exhibit 16**, Table E. The contingency allowance is based on two different percentages. For the core & shell of Floors 10-14, which has already been developed to a high level because of the Cancer Center project, the contingency is 5%. The value of the core and shell is approximately \$56,250,000 and the contingency allotted is \$2,812,500. The remainder of the contingency is for the fit-out of the floors and the renovations, which carry a more typical risk. This is approximately 14% of the remaining costs of \$110,183,650. The value of the fit out & renovation contingency is \$15,685,505.

The inflation allowance is based on several factors including 2.5% on the core and shell value, which is anticipated to begin construction in October 2024, and will see limited inflation. The value of that inflation is \$1,406,250. The design fees for the new building and for the renovation have not been inflated, as that work is being procured now.

The fit out of Floors 10-13 will be bid January 2026, and have been inflated approximately 4% each year. The value of that inflation is \$2,982,116.

The renovation of Floors 12 & 13 will be the last work to occur, and will be bid January 2027. The value of that work has been inflated by approximately 15.6%, or 5% for +/-3.1 years.

The gross interest expense represents 36 months of interest expense on the bonds during the project construction. Assumptions for the debt assumptions are described in response to Question 21(e), *infra*.

b. What is included with the \$125,750 in CON application assistance fees and \$185,000 in non-CON legal fees?

[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 of 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. The revised Table E is included in the full set up of updated tables attached as **Exhibit 16**.

c. What is included in the \$335,000 costs for third party peer review of documents, third party testing & scheduling, and curtain wall testing?

[Applicant Response](#)

Not applicable in revised Table E, see **Exhibit 16**.

d. Provide detail on the \$1,963,600 entry in A.2.f. in the “Other” category.

[Applicant Response](#)

Not applicable in revised Table E, see **Exhibit 16**.

e. Provide the terms for the \$148.8 million in authorized bonds, such as the life of the bonds, interest rate, terms for these bonds, and the financial institution that will issue these bonds.

[Applicant Response](#)

Pursuant to the revised Table E in **Exhibit 16**, the Applicants anticipate issuing a total of \$174.5 million in authorized bonds. The bond issuance assumes a 30-year bond with a 27-year amortization and interest rate of 5.0%. UMMS has not decided on the underwriter/issuer for the bonds as the offering is not anticipated until early calendar year 2025.

- f. Discuss the basis or financial instrument that will provide \$3.6 million in interest income from the bond proceeds.**

[Applicant Response](#)

Pursuant to the revised Table E in **Exhibit 16**, the Applicants have budgeted \$6,366,000 in interest income from bond proceeds. The interest earnings (income) on the bond proceeds assumes a 36-month draw period of the proceeds with a conservative earnings rate of 2.5%. The bond proceeds are typically invested with the bond trustee.

- g. Has UMMC received the identified \$55.0 million in funds from the State? If no, provide more detail on when this will be realized.**

[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.

- h. Discuss the contingency plans UMMC has in place to finance the project should there be a shortfall in any category of the sources of funds, including the interest income from authorized bond proceeds and the State funds.**

[Applicant Response](#)

A contingency plan for a significant change in State grant support has not been developed. However, as stated in 21(g), UMMS is confident in the State's support to this project.

A contingency plan for a significant change in the proceeds from a bond issuance has not been developed. UMMS is confident in completing a successful bond issuance based on the current financial environment, recent rating agency reviews affirming UMMS' rating, as well as the financial strength of UMMS's balance sheet.

The investment earnings rate on the bonds proceeds is conservative and therefore a contingency plan has not been developed. The earnings rates on bond proceeds is higher in today's interest rate market.

Potentially small changes to the source estimates would not negatively impact the project.

22. Regarding UMMC's Table L:

- a. Please show the number of FTEs and the total costs in salaries and benefits that will move from UM ROI to UMMC after project completion in FY 2027.**

Applicant Response

The number of FTEs and total costs in salaries and benefits that will move from UMROI to UMMC after project completion are reflected in columns E-G of Exhibit 1, Table L (as submitted in the Exemption Request). Columns H-G of Table L reflect changes in operations at UMMC as a result of all changes associated with the opening of the Stoler Center.

Table of Exhibits

Exhibits	Description
15	Construction Timeline for Phase I and II
16	Updated MHCC Tables
17	Existing Facility Tables

I hereby declare and affirm under the penalties of perjury that the facts stated in the Response to the January 25, 2024 Requests for Additional Information 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

74AA54F674C0491...

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 Response to the January 25, 2024 Requests for Additional Information 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:

Dana Farrakhan

92D6FF1677BD42F...

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

I hereby declare and affirm under the penalties of perjury that the facts stated in the Response to the January 25, 2024 Requests for Additional Information 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

7D9AD93F73B84E1...

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 Response to the January 25, 2024 Requests for Additional Information 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 15

UMMC Stoler Center for Advanced Medicine and Rehab & Trauma Unification Schedule

Task	Duration	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027	Q1 2028	Q2 2028	Q3 2028
Cancer Center Floors 1-9																				
CON Update	COMPLETE																			
CM Procurement	COMPLETE																			
CM Award and Contract Negotiation	COMPLETE																			
Phase 1 - New Building Construction																				
Mobilization	COMPLETE																			
Construction	26 months										substantial completion									
Phase 1 Construction Complete	Apr-26										Complete									
Phase 1 - Activation																				
Activation/ Workflow Planning	12 months																			
Medical Equipment Delivery	6-9 months																			
Information Technology Installation	21 months																			
EUC Equipment Installation	6-9 months																			
Stocking	2 months																			
Training	3 months																			
Phase 1 Go-Live	Jun-26										**									
Phase 2 - Renovation Construction																				
Procurement of CM/GMP/Negotiation	4-5 months																			
Enabling - Relocate Misc Clinics to First Floor (Stoler Clinic)	9-10 months																			
Mobilization & Construction 5, 7 & 8 (CC Renov)	14 months																			
Activation/ Equipment/Stocking	6 months																			**
Phase 2 Go-Live	May-28																			**
Rehab Floors 10-13																				
CON Merged Asset Exemption	6 months																			
HDR Design - Core & Shell Only	4-5 months																			
Phase 2 Design - Fit Out & Renovation																				
Procure A/E Team	3 months																			
Schematic Design	3 months																			
Design Development	3 months																			
Construction Documents	6 months																			
Permitting	6-9 months					*														
Phase 1 - Core and Shell																				
Bidding/GMP Negotiation	3-4 months				Core & Shell															
Construction	18 months					Construction Begins					substantial completion									
Phase 1 Construction Complete	Apr-26										Complete									
Phase 1 Go-Live Floors 1-8, 9	Jun-26										**									
Phase 2 - Fit Out & Renovation	36 months																			
CM Pricing/GMP/Buyout	6-9 months						**													
Fitout Floors 10, 11, 12 (Tower), 13 (Tower)	15 months								***				substantial completion							
Activation/Equip/Stocking of Floors 10 & 11	6 months															**				
Phase 1 Go-Live Floor 10-11	Dec-26																			
Renovate Floors 12 (NH) & 13 (NH)	14 months																		substantial completion	
Phase 2 Construction Complete	Feb-28																		Complete	
Phase 2 - Rehab Move & Closure Planning																				
Activation/ Workflow Planning	12 months																			
Medical Equipment Delivery	6-9 months																			
Information Technology Installation	15 months																			
EUC Equipment Installation	6-9 months																			
Stocking	2 months																			
Training	2 months																			**
Phase 2 Go-Live Floors 12-13 Move UMROI	Apr-28																			**

* Start of Permitting for Phase 2 Fit-Out & Renovation assumes multiple/expedited permit packages and 1 year total design phase (complete no later than 3/30/2025)

** Phase 2 Fit-Out & Renovation assumed to be completed by same contractor as New Building Construction for expedited CM Pricing/GMP/Buyout Phase

*** Start of Phase 2 Fit-Out & Renovation, Fitout Floor 10, 11, 12 (Tower), 13 (Tower) assumes approval from the Fire Marshal to begin fit-out of upper floors prior to issuance of Core and Shell U&O.

EXHIBIT 16

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 garages, 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"
Twelfth 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 garages, 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.

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		\$ 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

EXHIBIT 17

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion					
Hospital Service	Location (Floor/Wing)*	Licensed Beds: 7/1/2023_	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*	Altwater - 1st	2	20	4	24	28	General Medical/ Surgical*			0	0	
										0	0	
										0	0	
										0	0	
SUBTOTAL Gen. Med/Surg*		2	20	4	24	28	SUBTOTAL Gen. Med/Surg*					
ICU/CCU							ICU/CCU			0	0	
Other (Specify/add rows as needed)										0	0	
TOTAL MSGA		2	20	4	24	28	TOTAL MSGA					
Obstetrics							Obstetrics			0	0	
Pediatrics							Pediatrics			0	0	
Psychiatric							Psychiatric			0	0	
TOTAL ACUTE		2	20	4	24	28	TOTAL ACUTE	0	0	0	0	
NON-ACUTE CARE							NON-ACUTE CARE					
Dedicated Observation**					0	0	Dedicated Observation**			0	0	
Rehabilitation	Shaffer Building - Ground Floor	49	8	21	29	50	Rehabilitation			0	0	
Rehabilitation	Shaffer Building - Terrace Level	53	8	24	32	56						
Chronic	Shaffer Building - Ground Floor	20		7	7	14						
Chronic	Shaffer Building - Terrace Level	20		5	5	10						
Comprehensive Care					0	0	Comprehensive Care			0	0	

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion					
Hospital Service	Location (Floor/Wing)*	Licensed Beds: 7/1/2023_	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
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)			0	0	
TOTAL NON-ACUTE		142	16	57	73	130	TOTAL NON-ACUTE					
HOSPITAL TOTAL		144	36	61	97	158	HOSPITAL TOTAL	0	0	0	0	

* 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 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.						
	FY21	FY22	FY23	FY24	FY25	FY26	FY27			
<i>Indicate CY or FY</i>										
1. DISCHARGES										
a. General Medical/Surgical*	199	208	272	346	356	356	356			
b. ICU/CCU										
Total MSGA	199	208	272	346	356	356	356	0	0	0
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric										
Total Acute	199	208	272	346	356	356	356	0	0	0
f. Rehabilitation	1,481	1,222	1,266	1,282	1,294	1,294	1,294			
g. Comprehensive Care										
h. Other - Chronic	164	254	238	184	211	211	211			
TOTAL DISCHARGES	1,844	1,684	1,776	1,812	1,861	1,861	1,861	0	0	0
2. PATIENT DAYS										
a. General Medical/Surgical*	1,253	876	1,573	1,958	2,126	2,126	2,126			
b. ICU/CCU										
Total MSGA	1,253	876	1,573	1,958	2,126	2,126	2,126	0	0	0
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric										
Total Acute	1,253	876	1,573	1,958	2,126	2,126	2,126	0	0	0
f. Rehabilitation	23,574	21,175	23,108	27,905	25,069	25,069	25,069			
g. Comprehensive Care										
h. Other - Chronic	5,942	7,412	7,720	5,938	5,698	5,698	5,698			
TOTAL PATIENT DAYS	30,769	29,463	32,401	35,801	32,893	32,893	32,893	0	0	0

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.						
	FY21	FY22	FY23	FY24	FY25	FY26	FY27			
<i>Indicate CY or FY</i>										
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. General Medical/Surgical*	6.3	4.2	5.8	5.7	6.0	6.0	6.0			
b. ICU/CCU										
Total MSGA	6.3	4.2	5.8	5.7	6.0	6.0	6.0			
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric										
Total Acute	6.3	4.2	5.8	5.7	6.0	6.0	6.0			
f. Rehabilitation	15.9	17.3	18.3	21.8	19.4	19.4	19.4			
g. Comprehensive Care										
h. Other- Chronic	36.2	29.2	32.4	32.3	27.0	27.0	27.0			
TOTAL AVERAGE LENGTH OF STAY	16.7	17.5	18.2	19.8	17.7	17.7	17.7			
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*	2	2	2	2	2	2	2			
b. ICU/CCU										
Total MSGA	2	2	2	2	2	2	2	0	0	0
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric										
Total Acute	2	2	2	2	2	2	2	0	0	0
f. Rehabilitation	102	102	102	102	102	102	102			
g. Comprehensive Care										
h. Other - Chronic	40	40	40	40	40	40	40			
TOTAL LICENSED BEDS	144	144	144	144	144	144	144	0	0	0

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.						
	FY21	FY22	FY23	FY24	FY25	FY26	FY27			
<i>Indicate CY or FY</i>										
5. OCCUPANCY PERCENTAGE <i>*IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</i>										
a. General Medical/Surgical*	171.6%	120.0%	215.5%	268.2%	291.2%	291.2%	291.2%			
b. ICU/CCU										
Total MSGA	171.6%	120.0%	215.5%	268.2%	291.2%	291.2%	291.2%			
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric										
Total Acute	171.6%	120.0%	215.5%	268.2%	291.2%	291.2%	291.2%			
f. Rehabilitation	63.3%	56.9%	62.1%	75.0%	67.3%	67.3%	67.3%			
g. Comprehensive Care										
h. Other (Specify/add rows of needed)	40.7%	50.8%	52.9%	40.7%	39.0%	39.0%	39.0%			
TOTAL OCCUPANCY %	58.5%	56.1%	61.6%	68.1%	62.6%	62.6%	62.6%			
6. OUTPATIENT VISITS										
a. Emergency Department										
b. Same-day Surgery	1,772	3,305	3,455	3,440	3,452	3,452	3,452			
c. Laboratory										
d. Imaging										
e. Ambulatory	16,530	19,133	19,984	19,514	20,750	20,750	20,750			
e. Therapy	22,293	27,076	26,591	20,152	20,152	20,152	20,152			
TOTAL OUTPATIENT VISITS	40,595	49,514	50,030	43,106	44,354	44,354	44,354	0	0	0
7. OBSERVATIONS**										
a. Number of Patients										
b. Hours										

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

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.						
	FY21	FY22	FY23	FY24	FY25	FY26	FY27			
<i>Indicate CY or FY</i>										

** 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 G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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

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) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
	FY21	FY22	FY23	FY24	FY25	FY26	FY27			
1. REVENUE										
a. Inpatient Services	\$ 72,996	\$ 73,920	\$ 80,973	\$ 89,178	\$ 89,178	\$ 89,178	\$ 89,178			
b. Outpatient Services	\$ 56,776	\$ 63,576	\$ 64,749	\$ 58,156	\$ 58,156	\$ 58,156	\$ 58,156			
Gross Patient Service Revenues	\$ 129,772	\$ 137,496	\$ 145,722	\$ 147,334	\$ 147,334	\$ 147,334	\$ 147,334	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 3,141	\$ 4,216	\$ 3,336	\$ 3,651	\$ 3,651	\$ 3,651	\$ 3,651			
d. Contractual Allowance	\$ 11,127	\$ 14,549	\$ 16,899	\$ 17,244	\$ 17,244	\$ 17,244	\$ 17,244			
e. Charity Care	\$ 1,884	\$ 1,023	\$ 1,725	\$ 1,348	\$ 1,348	\$ 1,348	\$ 1,348			
Net Patient Services Revenue	\$ 113,620	\$ 117,708	\$ 123,762	\$ 125,091	\$ 125,091	\$ 125,091	\$ 125,091	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify/add rows if needed)	\$ 7,182	\$ 3,579	\$ 2,906	\$ 1,711	\$ 1,700	\$ 1,700	\$ 1,700			
NET OPERATING REVENUE	\$ 120,802	\$ 121,287	\$ 126,668	\$ 126,802	\$ 126,791	\$ 126,791	\$ 126,791	\$ -	\$ -	\$ -
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 56,471	\$ 60,931	\$ 68,306	\$ 73,536	\$ 71,242	\$ 69,442	\$ 69,442			
b. Contractual Services	\$ 34,067	\$ 32,843	\$ 34,256	\$ 35,074	\$ 35,074	\$ 35,074	\$ 35,074			
c. Interest on Current Debt	\$ 372	\$ 435	\$ 436	\$ 469	\$ 443	\$ 427	\$ 411			
d. Interest on Project Debt										
e. Current Depreciation	\$ 7,261	\$ 7,876	\$ 8,430	\$ 8,331	\$ 8,813	\$ 8,801	\$ 8,460			
f. Project Depreciation										
g. Current Amortization										
h. Project Amortization										
i. Supplies	\$ 14,168	\$ 13,858	\$ 13,033	\$ 13,442	\$ 13,500	\$ 13,500	\$ 13,500			
j. Other Expenses (Specify/add rows if needed)										
TOTAL OPERATING EXPENSES	\$ 112,339	\$ 115,943	\$ 124,461	\$ 130,852	\$ 129,072	\$ 127,244	\$ 126,887	\$ -	\$ -	\$ -
3. INCOME										
a. Income From Operation	\$ 8,463	\$ 5,344	\$ 2,207	\$ (4,050)	\$ (2,281)	\$ (453)	\$ (96)	\$ -	\$ -	\$ -
b. Non-Operating Income	\$ 8,713	\$ (4,843)	\$ 4,409							
SUBTOTAL	\$ 17,176	\$ 501	\$ 6,616	\$ (4,050)	\$ (2,281)	\$ (453)	\$ (96)	\$ -	\$ -	\$ -
c. Income Taxes										
NET INCOME (LOSS)	\$ 17,176	\$ 501	\$ 6,616	\$ (4,050)	\$ (2,281)	\$ (453)	\$ (96)	\$ -	\$ -	\$ -

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.

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) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
	FY21	FY22	FY23	FY24	FY25	FY26	FY27			
1. REVENUE										
a. Inpatient Services	\$ 72,996	\$ 73,920	\$ 80,973	\$ 89,178	\$ 91,853	\$ 94,609	\$ 97,447			
b. Outpatient Services	\$ 56,776	\$ 63,576	\$ 64,749	\$ 58,156	\$ 59,901	\$ 61,698	\$ 63,549			
Gross Patient Service Revenues	\$ 129,772	\$ 137,496	\$ 145,722	\$ 147,334	\$ 151,754	\$ 156,307	\$ 160,996	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 3,141	\$ 4,216	\$ 3,336	\$ 3,651	\$ 3,761	\$ 3,873	\$ 3,990			
d. Contractual Allowance	\$ 11,127	\$ 14,549	\$ 16,899	\$ 17,244	\$ 17,761	\$ 18,294	\$ 18,843			
e. Charity Care	\$ 1,884	\$ 1,023	\$ 1,725	\$ 1,348	\$ 1,388	\$ 1,430	\$ 1,473			
Net Patient Services Revenue	\$ 113,620	\$ 117,708	\$ 123,762	\$ 125,091	\$ 128,844	\$ 132,709	\$ 136,690	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify/add rows if needed)	\$ 7,182	\$ 3,579	\$ 2,906	\$ 1,711	\$ 1,762	\$ 1,815	\$ 1,870			
NET OPERATING REVENUE	\$ 120,802	\$ 121,287	\$ 126,668	\$ 126,802	\$ 130,606	\$ 134,524	\$ 138,560	\$ -	\$ -	\$ -
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 56,471	\$ 60,931	\$ 68,306	\$ 73,536	\$ 73,379	73,726	\$ 75,938			
b. Contractual Services	\$ 34,067	\$ 32,843	\$ 34,256	\$ 35,074	\$ 36,126	\$ 37,210	\$ 38,326			
c. Interest on Current Debt	\$ 372	\$ 435	\$ 436	\$ 469	\$ 443	\$ 427	\$ 411			
d. Interest on Project Debt										
e. Current Depreciation	\$ 7,261	\$ 7,876	\$ 8,430	\$ 8,331	\$ 8,813	\$ 8,801	\$ 8,460			
f. Project Depreciation										
g. Current Amortization										
h. Project Amortization										
i. Supplies	\$ 14,168	\$ 13,858	\$ 13,033	\$ 13,442	\$ 13,845	\$ 14,261	\$ 14,688			
j. Other Expenses (Specify/add rows if needed)										
TOTAL OPERATING EXPENSES	\$ 112,339	\$ 115,943	\$ 124,461	\$ 130,852	\$ 132,606	\$ 134,425	\$ 137,824	\$ -	\$ -	\$ -
3. INCOME										
a. Income From Operation	\$ 8,463	\$ 5,344	\$ 2,207	\$ (4,050)	\$ (2,000)	\$ 100	\$ 736	\$ -	\$ -	\$ -
b. Non-Operating Income	\$ 8,713	\$ (4,843)	\$ 4,409							
SUBTOTAL	\$ 17,176	\$ 501	\$ 6,616	\$ (4,050)	\$ (2,000)	\$ 100	\$ 736	\$ -	\$ -	\$ -
c. Income Taxes										
NET INCOME (LOSS)	\$ 17,176	\$ 501	\$ 6,616	\$ (4,050)	\$ (2,000)	\$ 100	\$ 736	\$ -	\$ -	\$ -
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	33.0%	35.4%	34.1%	35.0%	35.0%	35.0%	35.0%			
2) Medicaid	25.0%	24.1%	24.6%	24.6%	24.6%	24.6%	24.6%			
3) Blue Cross	18.0%	18.8%	18.9%	18.8%	18.8%	18.8%	18.8%			
4) Commercial Insurance	22.9%	20.1%	20.8%	20.0%	20.0%	20.0%	20.0%			
5) Self-pay	1.1%	1.7%	1.6%	1.6%	1.6%	1.6%	1.6%			
6) Other										
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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.

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/Executives	46.0	\$155,174	\$7,138,000			\$0			\$0	46.0	\$7,138,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Administration	46.0	-\$155,174	\$7,138,000	0.0		\$0			\$0	46.0	\$7,138,000
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
RNs	126.7	\$105,564	\$13,375,000			\$0			\$0	126.7	\$13,375,000
Medicak Doctor	3.7	\$216,044	\$799,361			\$0			\$0	3.7	\$799,361
Clinical Professionals	122.0	\$101,000	\$12,322,000			\$0			\$0	122.0	\$12,322,000
Clinical Techs	30.7	\$75,000	\$2,302,500			\$0			\$0	30.7	\$2,302,500
Non-Licensed Clinical	116.4	\$55,000	\$6,403,100			\$0			\$0	116.4	\$6,403,100
Total Direct Care	399.5	\$88,111	\$35,201,961	0.0		0			\$0	399.5	\$35,201,961
<i>Support Staff (List general categories, add rows if needed)</i>											
Administrative and Clerical	57.7	\$52,000	\$3,000,400			\$0			\$0	57.7	\$3,000,400
All Other Support	110.3	\$49,175	\$5,424,000			\$0			\$0	110.3	\$5,424,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support	168.0	\$50,145	\$8,424,400	0.0		0			\$0	168.0	\$8,424,400
REGULAR EMPLOYEES TOTAL	613.5	\$82,743	50,764,361	0.0		\$0			\$0	613.5	\$50,764,361
2. Contractual Employees											

TABLE L. WORKFORCE INFORMATION

Administration (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Administration			\$0			\$0			\$0	0.0	\$0
Direct Care Staff (List general categories, add rows if needed)											
RNs	12.9	\$237,120	\$3,049,363			\$0			\$0	12.9	\$3,049,363
Clinical Professionals	3.3	\$208,000	\$682,176			\$0			\$0	3.3	\$682,176
Clinical Techs						\$0			\$0	0.0	\$0
Non-Licensed Clinical	28.8	\$81,120	\$2,339,501			\$0			\$0	28.8	\$2,339,501
Total Direct Care Staff	45.0	\$134,973	\$6,071,040	0.0		0			\$0	45.0	\$6,071,040
Support Staff (List general categories, add rows if needed)											
All Other Support	8.5	\$45,760	\$388,960			\$0			\$0	8.5	\$388,960
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support Staff	8.5	\$45,760	\$388,960			\$0			\$0	8.5	\$388,960
CONTRACTUAL EMPLOYEES TOTAL	53.5	\$120,794	\$6,460,000	0.0		\$0			\$0	53.5	\$6,460,000
Benefits (State method of calculating benefits below):			11,082,000.0			0					11,254,459
21.9% of regular employee salary											
TOTAL COST	667.0		\$68,306,361	0.0		\$0	0.0		\$0		\$68,478,820

Assumption

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

	2024	2025	2026	2027
Assumptions to Salaries				
Inflation	3.0%	3.0%	3.0%	3.0%

	2024	2025	2026	2027
Assumptions to Benefits				
	21.9%	21.9%	21.9%	21.9%

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