

March 31, 2021

Ms. Ruby Potter  
[ruby.potter@maryland.gov](mailto:ruby.potter@maryland.gov)  
Health Facilities Coordination Officer  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Re: In the Matter of Hope Health Systems Application  
Matter No. 20-03-2444

Dear Ms. Potter:

On behalf of interested party Sheppard Pratt Health System, Inc., we are submitting three copies its interested party comments addressing the Modified Certificate of Need Application filed by Hope Health Systems, Inc. in the above-referenced matter.

I hereby certify that a copy of this submission has been forwarded to the appropriate local health planning agencies as noted below. Thank you for your assistance.

Sincerely,



James Buck

JB:blr

Enclosures

cc: Kevin McDonald, Chief, Certificate of Need  
Paul Parker, Director, Center for Health Care Facilities Planning & Development, MHCC  
Suellen Wideman, Esq., Assistant Attorney General, MHCC  
Dr. Nilesh Kalyanaraman, Health Officer, Anne Arundel County  
Dr. Letitia Dzirasa, Health Commissioner, Baltimore City  
Gregory W. Branch, M.D., Health Officer, Baltimore County  
Edwin F. Singer, Health Officer, Carroll County  
Dr. David Bishai, Health Officer, Harford County  
Dr. Maura J. Rossman, Health Officer, Howard County  
Mr. Yinka Fadiora, Hope Health Systems  
Mr. Biran Niehaus  
Robert Fulton Dashiell, Esq.  
Jennifer Weiss Wilkerson, VP and Chief Strategy Officer, Sheppard Pratt  
Ella R. Aiken, Esq.

#737276  
011000-0009

IN THE MATTER OF  
HOPE HEALTH SYSTEMS APPLICATION

Docket No. 20-03-2444

\*  
\* BEFORE THE  
\*  
\* MARYLAND HEALTH  
\*  
\* CARE COMMISSION  
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**SHEPPARD PRATT HEALTH SYSTEM’S COMMENTS ON  
HOPE HEALTH SYSTEMS’ MODIFIED CON APPLICATION  
PROPOSING TO ESTABLISH A SPECIAL PSYCHIATRIC HOSPITAL  
FOR CHILDREN AND ADOLESCENTS**

Sheppard Pratt Health System, Inc. (“Sheppard Pratt”), by its undersigned counsel and pursuant to COMAR §§ 10.24.01.08E(3) and F, submits these comments addressing the modified Certificate of Need (“CON”) Application and related materials filed by Hope Health Systems, Inc. (“Hope Health”) on March 15, 2021. Hope Health seeks to establish a special psychiatric hospital for children and adolescents in Baltimore County (the “Modified Application”). For the reasons described below and as stated in its interested party comments filed on March 1, 2021, Sheppard Pratt requests that the Commission recognize it as an interested party and deny Hope Health’s Modified Application.

**Statement of Interested Party Status**

In its interested party comments opposing Hope Health’s original CON Application, Sheppard Pratt established that it is an “interested party” within the meaning of COMAR § 10.24.01.01B(20) because it is authorized to provide the same service as the applicant, in the same planning region used for purposes of determining need under the State Health Plan. For the same reason, Sheppard Pratt remains an interested party in the review of Hope Health’s Modified CON Application.

## Introduction

Hope Health seeks to establish a 16-bed special psychiatric hospital to treat children and adolescents in a renovated portion of a commercial office building in Baltimore County. None of the principals of Hope Health, a for-profit enterprise, has any claimed experience owning, operating, or working for or at a hospital, much less a special psychiatric hospital for children and adolescents. Hope Health's architect has no apparent experience designing hospital facility space, much less one with unique requirements necessary to treat children and adolescents suffering from psychiatric diagnoses. From a review of Hope Health's CON Application, it is unclear how the facility could accept patients without an ambulance bay or even feed its patients in a "hospital" designed without a commercial kitchen, much less how Hope Health would provide pediatric medical care coverage to its patients or perform required medical screenings.

In its interested party comments filed on March 1, 2021, Sheppard Pratt demonstrated that Hope Health failed to satisfy several CON project review criteria. In sum, Hope Health's proposed project:

- is not financially viable or financially feasible;
- is not cost effective;
- is not supported by verifiable or reliable need projections;
- will increase costs to the health delivery system and threaten access to care; and
- has not been designed, planned, or staffed for patient safety or quality.<sup>1</sup>

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<sup>1</sup> Contrary to Hope Health's assertion in its response to Sheppard Pratt's interested party comments, Sheppard Pratt's comments are not "unsupported" nor "offensive, bald conclusions or opinions." Rather, Sheppard Pratt's comments originate from a facility that has been providing inpatient psychiatric services to children and adolescents across Maryland for more than 130 years, were derived from numerous documents cited in but not included with Hope Health's CON Application, and were supported by the sworn affirmations of Sheppard Pratt's executives with actual experience operating psychiatric hospitals. While Hope Health accuses Sheppard Pratt of opposing its project merely to preserve market share, Sheppard Pratt did not oppose either the recent CON applications by the University of Maryland Medical Center to establish a child and adolescent psychiatric unit or Anne Arundel Medical Center to establish a 16-bed adult special psychiatric hospital in the same service area.

In response to Sheppard Pratt’s comments, Hope Health filed the Modified Application on March 15, 2021, in which it made several modifications to directly address concerns that Sheppard Pratt had raised in opposition to the proposed project.<sup>2</sup> More specifically, through its modifications, Hope Health reduced its projected revenues, clarified that its revenue projections include ancillary services, increased its employed staff to account for several departments and positions required for hospital operations, and increased its employed staffing and contractual services costs.

Despite the Modified Application’s changes, however, Hope Health’s Modified Application fails to comply with mandatory CON review criteria.<sup>3</sup> Most significantly, although Hope Health amended its staffing plan and staffing expense projections, Hope Health does not account for the cost of any benefits for any of its employees. Using a conservative estimate of benefits paid by other recently approved special psychiatric hospital CONs, the additional cost of employee benefits at Hope Health’s proposed facility in the first year alone would erase all of Hope Health’s projected profits over its six-year revenue and expense projection. The proposed project is neither financially viable nor feasible. Indeed, using Hope Health’s own revenue, cost, and inflation estimates, the facility would generate more than \$5 million in net losses in its first six years of operations, losing at least \$500,000 annually. Hope Health also continues to overestimate its projected revenue, even accepting that its per-day charges are inclusive of the ancillary services Hope Health now claims, including lab, drugs, and professional fees for individual and group therapy.

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<sup>2</sup> Indeed, through its modification filing Hope Health “welcomed the additional information” Sheppard Pratt provided.

<sup>3</sup> See COMAR § 10.24.01.08G(1) (“[T]he burden of proof that the project meets the applicable criteria for review, by a preponderance of the evidence, rests with the applicant.”)

Hope Health also continues to fail to show that the proposed project is cost effective. Finally, none of the modifications or clarifications in Hope Health’s Modified CON Application rectify its failures to demonstrate need for its proposed project or show that its facility meets design, quality, or safety standards necessary for CON or eventual licensure approval.

### **ARGUMENT**

#### **I. HOPE HEALTH’S MODIFIED CON APPLICATION AGAIN FAILS TO SHOW THAT ITS PROPOSED PROGRAM IS FINANCIALLY VIABLE OR FEASIBLE, COMAR § 10.24.01.08G(3)(d).**

As required under COMAR § 10.24.01.08G(3)(d), the Commission must “consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission’s performance requirements, as well as the availability of resources necessary to sustain the project.” The Commission has recognized that this standard requires that an applicant show that the project will generate excess revenues over total expenses (including debt service expenses and plant and equipment depreciation) if utilization forecasts are achieved for the specific services affected by the project within five years or less of initiating operations. *See, e.g., In re: Anne Arundel Med. Ctr. Mental Health Hospital*, No. 16-02-2375, Decision at p. 32 (Mar. 26, 2018); *In re: Sheppard Pratt at Elkridge*, No 15-152367, Decision at p. 20 (Sept. 20, 2016).<sup>4</sup>

As Sheppard Pratt established in its March 1, 2021 interested party comments, Hope Health’s original CON Application significantly overestimated its revenue projections while grossly underestimating its operating costs. In an acknowledged response to Sheppard Pratt’s

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<sup>4</sup> *See also*, Draft State Health Plan for Facilities and Services: Acute Psychiatric Hospital Services, COMAR §§ 10.24.07.05(B)(12)(b) (“Each applicant must document that . . . (iv) The hospital will generate excess revenues over total expenses, including debt service expenses and plant and equipment depreciation, within five years or less of initiating operations, if utilization forecasts are achieved for the specific services affected by the project. (approved for formal public comment (Feb. 18, 2021)).

comments, Hope Health modified its CON Application to decrease its revenue projections, increase its staffing projections to account for positions and departments required to operate a special psychiatric hospital, and accordingly increased its employed staffing and contractual services costs. Hope Health's staffing projections now likely satisfy minimal staffing projections required to operate a 16-bed special psychiatric hospital for children and adolescents. While Sheppard Pratt continues to believe that Hope Health's revenue projections are overstated, Hope Health's failure to account for costs of any benefits to any of its employees renders Hope Health's proposed program unable to ever generate revenues in excess of expenses. Hope Health also lacks the resources necessary to sustain the proposed facility.

**A. Hope Health Continues to Underestimate Operating Costs, Rendering its Facility Non-Viable and not Financially Feasible.**

In its Modified Application dated March 15, 2021, Hope Health increased its staffing costs for employment of four psychiatrists and added projected employment and staffing costs associated with the following positions that were glaringly absent from its original application:

- 0.5 FTE infection control/health & safety employee;
- 1.0 FTE health information management/medical records employee;
- 2.0 FTE patient services/accounts personnel;
- 0.5 FTE purchasing/materials management employee; and
- 1.4 FTE physical plant management/maintenance personnel.

In total, Hope Health upwardly adjusted its direct staffing costs by \$429,920. These staffing changes and expense projections are included in Hope Health's Modified CON Table L (Workforce Information) and Tables J and K (Uninflated and Inflated Revenue Projections) beginning in FY2023.

Importantly, however, Hope Health fails to account for the cost of any benefits to any of its employees. These benefits and associated costs include, but are not limited to, worker's

compensation, benefits required under the Maryland Healthy Working Families Act, medical insurance, long-term and/or short-term disability insurance, retirement benefits, and life or supplemental insurance benefits. In its Modified Application, Hope Health did not even complete the portion of CON Table L that requires a CON applicant to define the costs of employee benefits and to state its methodology for calculating such benefits.<sup>5</sup>

Enclosed as **Exhibit 2** is a revision to Hope Health's Modified Table L (Workforce Information) reflecting conservative estimates of additional staffing costs associated with employee benefits that Hope Health would need to incur.<sup>6</sup> Changes to Hope Health's Modified Table L are highlighted in yellow. Sheppard Pratt conservatively calculated employee benefit costs at 21.7% of non-physician employee salaries and 20% of employed physician salaries based upon the three most-recently approved CON applications to establish or relocate special psychiatric hospitals. *See In re: Sheppard Pratt at Elkridge*, No. 15-152367, Modified App. at Ex. 1, Table L (filed Aug. 22, 2016) (projecting benefit costs at 21.7% of all employee salaries); *In re: Anne Arundel Med. Ctr. Mental Health Hospital*, No. 16-02-2375, App. at p. 571, Table L (filed March 29, 2016) (projecting employee benefit costs at 22% of staff salaries and 20% of physician salaries); *In re: Upper Chesapeake at Aberdeen*, No. 18-12-2436, App. at Ex. 1, Table L (filed Nov. 21, 2018) (projecting employee benefit costs at 22.7% of all employee salaries).

As shown by the attached **Exhibit 2**, Table L (Work Force Information) employee benefits would cost Hope Health at least \$908,006 annually. Sheppard Pratt also revised Hope

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<sup>5</sup> In its initial CON filing, Hope Health did not compete or even include the lower portion of Table L, which requires a CON applicant to identify the costs of employee benefits and its benefit calculation methodology.

<sup>6</sup> In its interested party comments to Hope Health's original CON Application, Sheppard Pratt filed an Exhibit 1. Sheppard Pratt's numbering of its exhibits continues numerically.

Health’s Table J (Uninflated Revenues & Expenses) and Table K (Inflated Revenues & Expenses) to account for employee benefit costs while leaving all other revenue and expense projections consistent with those submitted by Hope Health. The revised Tables J and K are included with **Exhibit 2**. Even if Hope Health’s revenue projections are presumed correct, in its first year of operation alone, Hope Health would suffer a net loss of more than \$1.15 million – not the \$57,548 profit it claims.<sup>7</sup>

As proven in **Exhibit 2**, Table K, Hope Health could not generate revenues in excess of expenses within five years as required by COMAR § 10.24.01.08G(3)(d). Instead, Hope Health would lose more than \$500,000 annually and lose more than \$5 million over its projected six years of projected operations. Table 6 below shows Hope Health’s net annual and cumulative losses assuming Hope Health’s projected operating revenue and expense projections with conservative employee benefit costs included.

**Table 6<sup>8</sup>**  
**Hope Health Projected Annual and Cumulative**  
**Operating Losses Including Employee Benefit Costs**

	2022	2023	2024	2025	2026	2027	2028
<b>NET OPERATING REVENUE<sup>a</sup></b>	\$ 5,844,590	\$ 6,352,704	\$ 6,495,531	\$ 6,638,359	\$ 6,781,186	\$ 6,924,013	\$ 7,066,840
<b>TOTAL OPERATING EXPENSES<sup>b</sup></b>	\$6,995,485	\$7,151,987	\$ 7,235,354	\$ 7,319,243	\$ 7,403,658	\$ 7,488,608	\$ 7,574,095
<b>NET INCOME (LOSS)</b>	\$ (1,150,985)	\$ (799,283)	\$ (739,823)	\$ (680,884)	\$ (622,472)	\$ (546,595)	\$ (507,255)
<b>Cumulative Loss</b>							\$ (5,047,297)

<sup>a</sup>= Hope Health Projected Net Operating Revenue Hope Health Modified Table K

<sup>b</sup>= Hope Health Projected Total Operating Expenses inclusive of employee benefit costs at 21.7% of non-physician salaries and 20% of physician salaries per Hope Health Modified Table L

<sup>7</sup> In its revisions to Tables K, Sheppard Pratt projected that total staffing costs would increase by 1% annually, in accordance with Hope Health’s Modified Table K. Hope Health’s projected annual staffing increases of 1% are incredibly low. Wage inflation for clinical staff has been increasing at between 5 and 7% annually.

<sup>8</sup> Sheppard Pratt continued its numbering of Tables from its initial interested party comments to Hope Health’s CON Application.

Notably, in its letter to the Commission dated March 15, 2021 modifying its CON Application, Hope Health indicated that its Modified Table K “increased revenues at 2.3% per year . . . [a] reduction from 2.77% and in keeping with Sheppard Pratt’s recommendations.”<sup>9</sup> In fact, Hope Health’s Modified Table K only inflates its projected revenues at approximately 1% per year. Hope Health also projects direct employment and contractual services costs to increase at approximately 1% annually. Despite Hope Health’s calculation errors, Hope Health’s proposed project would take a decade or longer to ever generate revenues in excess of expenses when employee benefit costs are considered. And, as shown below, Hope Health lacks the resources to sustain such losses.

**B. Hope Health Continues to Overstate its Revenue Projections and Fails to Show that it Has Resources Available to Sustain the Proposed Facility.**

In response to Sheppard Pratt’s interested party comments, Hope Health decreased its proposed revenue projections and also clarified that its per-day revenue projections include ancillary services comprised of drug, lab, and professional services for individual and group therapy. Hope Health’s original application was far from clear that these ancillary services were included in its revenue projections, particularly since Hope Health does not have a lab or project to employ a pharmacist or even pharmacist assistant. (App. at Ex. 1, p. 19 & Table L.)

Sheppard Pratt undertands that the Health Services Cost Review Commission will carefully scrutinize Hope Health’s projected per-day charges for room and board and any ancillary services. Sheppard Pratt notes, however, that Hope Health’s inclusive proposed per-day rate of \$1,585.73 exceeds Sheppard Pratt’s FY2020 average inclusive per-day rate for

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<sup>9</sup> Annual revenue increases for special hospitals approved by the Health Services Cost Review Commission have averaged 2.27% over the prior five years.

children and adolescents of \$1,522. It is inconceivable that Hope Health's rates will exceed those of Sheppard Pratt, which has much larger facilities, will continue to care for a much more acute population, and incurs significantly higher overhead costs. Of course, any additional downward adjustment to Hope Health's projected rates and revenues will only contribute to its net losses as shown in Table 6 above.

Notwithstanding Hope Health's excessive revenue projections and failure to account for the costs of benefits for any of its employees, Hope Health's financial statements show that it lacks resources necessary to sustain the proposed project. Even if Hope Health's Modified Table K showing revenues and expenses were accurate – and it is not – Hope Health's projected profit in 2022 is \$57,548. Hope Health's projected profit climbs to \$207,237 by 2028. Yet, Hope Health's balance sheet as of December 31, 2019 shows that its total current assets are less than \$580,000, including only \$146,244 in cash. Through its FY 2019 financial statements, Hope Health has only 3.84 days cash on hand (\$13,899,846 in annual expenses divided by 365 days) and a daily payroll of \$20,090 (\$6,159,969 in payroll expenses plus \$1,176,210 in fringe expenses divided by 365 days). And, based on its own revenue and expense projections and financial statements, Hope Health, a for-profit entity, would be one unanticipated event away from being forced to close, thereby jeopardizing its patients. Hope Health simply lacks the resources necessary to sustain its proposed hospital.

**II. HOPE HEALTH AGAIN FAILED TO DEMONSTRATE THAT ITS PROPOSED PROGRAM IS COST EFFECTIVE, COMAR § 10.24.01.08G(3)(f).**

COMAR § 10.24.01.08G(3)(c) requires that the Commission “compare the cost effectiveness of the proposed project with the cost effectiveness of providing the service through alternative existing facilities[.]” Even at its reduced revenue projections and per-diem charges,

Hope Health's Modified Application fails to comply with Standard AP 11 of the State Health Plan, COMAR § 10.24.07, which requires that:

Private psychiatric hospitals applying for a Certificate of Need for acute psychiatric beds must document that the age-adjusted average total cost for an acute (< 30 days) Psychiatric admission is no more than the age-adjusted average total cost per acute psychiatric admission in acute general psychiatric units in the local health planning area.

Rather than comply with this applicable CON standard, Hope Health seeks to rewrite it.

In its Modified Application, in Figures 2.1 and 2.2, Hope Health includes the total costs of all acute inpatient stays at acute general hospitals for children and adolescents in the Central Planning Region with a psychiatric diagnosis, including all stays longer than 30 days. This is clearly not what the standard states nor intends. The discharge data reflects the intent of the standard; the cases with acute hospital admissions longer than 30 days would not appropriately be treated in Hope Health's program. Of the twenty-three adolescent cases with stays longer than thirty days at acute general hospitals in 2019, Sheppard Pratt determined from diagnosis codes that six patients had significant medical conditions in addition to behavioral health diagnoses, at least six patients were treated for eating disorders, four of which also had severe malnutrition, and two patients had genetic disorders manifesting developmental disabilities.

Table 7 below compares Hope Health's amended charge-per-case with the age-adjusted cost-per-discharge for adolescents with psychiatric admissions at acute general hospitals, excluding the costs of acute hospital admissions longer 30 days, as required by the applicable standard. Table 7 is a restatement of Hope Health's Figure 2.2, including Hope Health's reduced charge amount, as well as its unsupported estimates of revenue inflation at acute general hospitals through FY2022 but excludes costs associated with inpatient stays at acute general hospitals exceeding 30 days. Even if Hope Health's revenue inflation estimates were accurate,

Table 7 proves that Hope Health fails to comply with Standard AP 11 as its age adjusted cost-per-case would exceed that of acute general hospitals in the Central Planning Region by more than \$840.

**Table 7  
Average Total Cost of Acute Psychiatric Admission – Central Planning Area Adolescent**

<b>Hospital</b>	<b>Inpatient Discharges</b>	<b>Total Cost Per Discharge (2019)</b>	<b>FY 2020 Rate</b>	<b>FY2021 Rate Increase (2.77%)</b>	<b>FY 2022 Rate Increase</b>
University of Maryland	11	\$18,172	\$18,652	\$19,168	\$19,699
Johns Hopkins	433	\$13,728	\$14,090	\$14,481	\$14,882
MedStar Franklin Square	290	\$10,496	\$10,773	\$11,072	\$11,378
Carroll Hospital Center	72	\$14,338	\$14,717	\$15,124	\$15,543
			<b>Total Cost Per Discharge</b>		<b>\$13,746.04</b>
			Hope Health Cost Per Case		<b>\$14,588.72</b>
			Hope Health Excess Charge-Per-Case		<b>\$842.68</b>

Additionally, while Sheppard Pratt has established that its current charges are below those of Hope Health, Hope Health suggests that it will reduce costs to the health delivery system by somehow reducing patients’ lengths of stay. In its response to Sheppard Pratt’s comments, Hope Health improperly compares its costs of treating a patient at its projected 9.2 day average length of stay to the cost of treating the same patient at another provider’s longer average length of stay. (HHS Resp. at 14). Hope Health does not credibly explain how it can lower the length of stay a patient requires; nor can it. As noted above, neither Hope Health nor any of its principals have any experience owning, operating, or working at or for a special psychiatric hospital. The Commission should not accept Hope Health’s unadorned prognostication of reduced lengths of stay and cost savings to the health delivery system.

In fact, Hope Health’s projected declining patient length of stay from 9.2 days in 2022 to 8.3 days in 2028 is simply the result of a mathematical equation to maintain Hope Health’s

projected patient days at 4,964, while at the same time increasing its proposed discharges by approximately 1% annually. (*See App. at Ex. 1, Table I.*) Nothing in Hope Health’s CON Application, Modified Application, or supporting materials suggests that Hope Health’s program can decrease lengths of stay or provide more quality care at a lower cost than existing providers. Sheppard Pratt offers many more outpatient service options at its respective campuses than does Hope Health.

**III. HOPE HEALTH’S MODIFIED APPLICATION DOES NOT ADDRESS ITS FAILURE TO DEMONSTRATE NEED FOR ITS PROPOSED PROGRAM OR THAT IT HAS PLANNED APPROPRIATELY FOR PATIENT SAFETY AND QUALITY.**

In its response to Sheppard Pratt’s interested party comments, Hope Health attached population estimates and data sets allegedly used in its need projections. None of these materials demonstrate a need for Hope Health’s proposed project. Hope Health also did not offer any support for its projection of need based on need in the state as a whole, rather than in its proposed service area – it instead points to the fact that other providers in the service area draw from throughout the state. But Hope Health provides no support for its supposition that its new, 16-bed program will have the same draw as large, long-standing providers. Moreover, Hope Health continues to ignore that the University of Maryland Medical Center has been approved for a 16-bed child and adolescent unit that has not yet opened or that Sheppard Pratt will soon open a new facility in Elkridge with 75 private and 5 semi-private rooms, which will expand capacity and negate any need to ever block beds.

Finally, Hope Health did not modify its project design to comport with patient safety and quality concerns raised by Sheppard Pratt. Contrary to Hope Health’s assertion, it cannot avoid its obligation to submit a facility designed to applicable State and Federal standards by stating

that the facility will be redesigned at some point in the future after CON approval. *See* COMAR 10.24.01.17B (requiring that any “significant change in physical plant design” requires Commission approval).

**Conclusion**

For the reasons stated above and in Sheppard Pratt’s interested party comments filed on March 1, 2021, Sheppard Pratt requests that the Commission recognize Sheppard Pratt as an “interested party” in connection with Hope Health’s CON review. The Commission should exercise its “gatekeeping” function and deny Hope Health’s Modified Application.

Respectfully submitted,

A handwritten signature in blue ink that reads "James C. Buck". The signature is written in a cursive style and is positioned above a horizontal line.

James C. Buck  
Ella R. Aiken  
Gallagher Evelius & Jones LLP  
218 North Charles Street, Suite 400  
Baltimore MD 21201  
(410) 727-7702

*Attorneys for Sheppard Pratt Health System, Inc.*

March 31, 2021

**Table of Exhibits**

<b>Exhibit</b>	<b>Description</b>
2	<b>REVISED</b> Tables J, K, and L

**Table of Tables**

Table 6 Hope Health Projected Annual and Cumulative Operating Losses Including  
Employee Benefit Costs..... 7

Table 7 Average Total Cost of Acute Psychiatric Admission – Central Planning Area  
Adolescent ..... 11

**CERTIFICATE OF SERVICE**

I hereby certify that on the 31st day of March, 2021, a copy of Sheppard Pratt Health System, Inc.'s Interested Party Comments on Hope Health System, Inc.'s Modified CON Application Proposing the Establishment of a Freestanding Inpatient Psychiatric Hospital for Children and Adolescents sent via email and first-class mail to:

Mr. Yinka Fadiora  
Hope Health Systems  
1726 Whitehead Road  
Woodlawn, Maryland 21207  
[yfadiora@hopehealthsystems.com](mailto:yfadiora@hopehealthsystems.com)

Bryan Niehaus  
7840 Graphics Dr., Suite 100  
Tinley Park, IL 60477  
[bniehaus@advis.com](mailto:bniehaus@advis.com)

Dr. Nilesh Kalyanaraman  
Health Officer  
Anne Arundel County Health Dept.  
Health Services Building  
3 Harry S Truman Pkwy  
Annapolis MD 21401  
[hdkaly00@aacounty.org](mailto:hdkaly00@aacounty.org)

Edwin F. Singer  
Health Officer  
Carroll County Health Dept.  
290 S. Center Street  
Westminster, MD 21157  
[ed.singer@maryland.gov](mailto:ed.singer@maryland.gov)

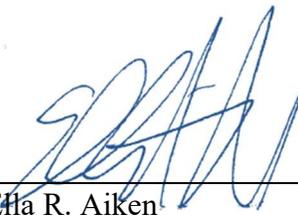
Dr. Letitia Dzirasa  
Health Commissioner  
Baltimore City Health Dept.  
1001 E. Fayette Street  
Baltimore, MD 21202  
[letitia.dzirasa@baltimorecity.gov](mailto:letitia.dzirasa@baltimorecity.gov)

Dr. David Bishai  
Health Officer  
Harford County Health Dept.  
120 S. Hays Street  
PO Box 797  
Bel Air MD 21014-0797  
[david.bishai@maryland.gov](mailto:david.bishai@maryland.gov)

Gregory W. Branch, M.D.  
Health Officer | Dir. of Health & Human Services  
Baltimore County Health Department  
6401 York Rd 3d Floor  
Baltimore MD 21212-2130  
[gbranch@baltimorecountymd.gov](mailto:gbranch@baltimorecountymd.gov)

Dr. Maura J. Rossman  
Health Officer  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia MD 21045  
[mrossman@howardcountymd.gov](mailto:mrossman@howardcountymd.gov)

Robert Fulton Dashiell, Esq.  
Robert Fulton Dashiell, Esq., P.A.  
1726 Whitehead Road  
Baltimore, Maryland 21207  
[robertdashiell@dashiell-lawoffice.com](mailto:robertdashiell@dashiell-lawoffice.com)

  
\_\_\_\_\_  
Ella R. Aiken

I hereby declare and affirm under the penalties of perjury that the facts stated in Sheppard Pratt Health System's Comments on Hope Health System's Modified CON Application and its attachments are true and correct to the best of my knowledge, information, and belief.

March 31, 2021

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Date

  
Jennifer Wilkerson  
VP and Chief Strategy Officer

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I hereby declare and affirm under the penalties of perjury that the facts stated in Sheppard Pratt Health System's Comments on Hope Health System's Modified CON Application and its attachments are true and correct to the best of my knowledge, information, and belief.

March 31, 2021

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**Date**



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Kelly Savoca  
Vice President and CFO

# **EXHIBIT 2**

**ALTERNATIVE TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE (Sheppard Pratt Comments on Modified Application)**

*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.*

	<b>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.</b>						
<b>Indicate CY or FY</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>
<b>1. REVENUE</b>							
a. Inpatient Services	\$7,408,531	\$7,871,564	\$7,871,564	\$7,871,564	\$7,871,564	\$7,871,564	\$7,871,564
b. Outpatient Services							
<b>Gross Patient Service Revenues</b>	<b>\$7,408,531</b>	<b>\$7,871,564</b>	<b>\$7,871,564</b>	<b>\$7,871,564</b>	<b>\$7,871,564</b>	<b>\$7,871,564</b>	<b>\$7,871,564</b>
c. Allowance For Bad Debt	\$814,938	\$865,872	\$865,872	\$865,872	\$865,872	\$865,872	\$865,872
d. Contractual Allowance	\$444,512	\$472,294	\$472,294	\$472,294	\$472,294	\$472,294	\$472,294
e. Charity Care	\$304,491	\$323,521	\$323,521	\$323,521	\$323,521	\$323,521	\$323,521
<b>Net Patient Services Revenue</b>	<b>\$5,844,590</b>	<b>\$6,209,877</b>	<b>\$6,209,877</b>	<b>\$6,209,877</b>	<b>\$6,209,877</b>	<b>\$6,209,877</b>	<b>\$6,209,877</b>
f. Other Operating Revenues (Specify)							
<b>NET OPERATING REVENUE</b>	<b>\$5,844,590</b>	<b>\$6,209,877</b>	<b>\$6,209,877</b>	<b>\$6,209,877</b>	<b>\$6,209,877</b>	<b>\$6,209,877</b>	<b>\$6,209,877</b>
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)	\$5,170,708	\$5,170,708	\$5,170,708	\$5,170,708	\$5,170,708	\$5,170,708	\$5,170,708
b. Contractual Services	\$ 634,135	\$ 673,768	\$ 673,768	\$ 673,768	\$ 673,768	\$ 673,768	\$ 673,768
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization	\$ 341,317	\$ 341,317	\$ 341,317	\$ 341,317	\$ 341,317	\$ 341,317	\$ 341,317
i. Supplies	\$ 544,328	\$ 578,348	\$ 578,348	\$ 578,348	\$ 578,348	\$ 578,348	\$ 578,348
j. Other Expenses: Marketing, recruitment, training, miscellaneous	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000
j. Other Expenses: Lease	\$ 180,000	\$ 180,000	\$ 180,000	\$ 180,000	\$ 180,000	\$ 180,000	\$ 180,000
<b>TOTAL OPERATING EXPENSES</b>	<b>\$6,995,488</b>	<b>\$7,069,141</b>	<b>\$7,069,141</b>	<b>\$7,069,141</b>	<b>\$7,069,141</b>	<b>\$7,069,141</b>	<b>\$7,069,141</b>
<b>3. INCOME</b>							
<b>a. Income From Operation</b>	<b>\$ (1,150,898)</b>	<b>\$ (859,264)</b>					
b. Non-Operating Income							
<b>SUBTOTAL</b>	<b>\$ (1,150,898)</b>	<b>\$ (859,264)</b>					
c. Income Taxes							
<b>NET INCOME (LOSS)</b>	<b>\$ (1,150,898)</b>	<b>\$ (859,264)</b>					

**ALTERNATIVE TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE (Sheppard Pratt Comments on Modified Application)**

*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.*

	<b>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.</b>						
<b>Indicate CY or FY</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>
<b>4. PATIENT MIX</b>							
<b>a. Percent of Total Revenue</b>							
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2) Medicaid	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%
3) Blue Cross	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
4) Commercial Insurance	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
5) Self-pay	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
6) Other	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>b. Percent of Equivalent Inpatient Days</b>							
<b>Total MSGA</b>							
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2) Medicaid	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%
3) Blue Cross	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
4) Commercial Insurance	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
5) Self-pay	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
6) Other	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**ALTERNATIVE TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE (Sheppard Pratt Comments on Modified Application)**

*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	2022	2023	2024	2025	2026	2027	2028
<b>1. REVENUE</b>							
a. Inpatient Services	\$7,408,531.00	\$8,052,610.00	\$8,233,656.00	\$8,414,702.00	\$8,595,748.00	\$8,776,794.00	\$8,957,840.00
b. Outpatient Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Gross Patient Service Revenues</b>	<b>\$ 7,408,531</b>	<b>\$ 8,052,610</b>	<b>\$ 8,233,656</b>	<b>\$ 8,414,702</b>	<b>\$ 8,595,748</b>	<b>\$ 8,776,794</b>	<b>\$ 8,957,840</b>
c. Allowance For Bad Debt	\$ 814,938	\$ 885,787	\$ 905,702	\$ 925,617	\$ 945,532	\$ 965,447	\$ 985,362
d. Contractual Allowance	\$ 444,512	\$ 483,157	\$ 494,020	\$ 504,882	\$ 515,745	\$ 526,608	\$ 537,471
e. Charity Care	\$ 304,491	\$ 330,962	\$ 338,403	\$ 345,844	\$ 353,285	\$ 360,726	\$ 368,167
<b>Net Patient Services Revenue</b>	<b>\$ 5,844,590</b>	<b>\$ 6,352,704</b>	<b>\$ 6,495,531</b>	<b>\$ 6,638,359</b>	<b>\$ 6,781,186</b>	<b>\$ 6,924,013</b>	<b>\$ 7,066,840</b>
f. Other Operating Revenues (Specify/add rows of needed)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>NET OPERATING REVENUE</b>	<b>\$ 5,844,590</b>	<b>\$ 6,352,704</b>	<b>\$ 6,495,531</b>	<b>\$ 6,638,359</b>	<b>\$ 6,781,186</b>	<b>\$ 6,924,013</b>	<b>\$ 7,066,840</b>
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)	\$ 5,170,705	\$ 5,222,412	\$ 5,274,636	\$ 5,327,383	\$ 5,380,656	\$ 5,434,463	\$ 5,488,808
b. Contractual Services	\$ 634,135	\$ 687,243	\$ 700,719	\$ 714,194	\$ 727,669	\$ 741,145	\$ 754,620
c. Interest on Current Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Current Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Project Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
g. Current Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
h. Project Amortization	\$ 341,317	\$ 341,317	\$ 341,317	\$ 341,317	\$ 341,317	\$ 341,317	\$ 341,317
i. Supplies	\$ 544,328	\$ 589,915	\$ 601,482	\$ 613,049	\$ 624,616	\$ 636,183	\$ 647,750
j. Other Expenses: Marketing, recruitment, training, miscellaneous	\$ 125,000	\$ 127,500	\$ 130,000	\$ 132,500	\$ 135,000	\$ 137,500	\$ 140,000
j. Other Expenses: Lease	\$ 180,000	\$ 183,600	\$ 187,200	\$ 190,800	\$ 194,400	\$ 198,000	\$ 201,600
<b>TOTAL OPERATING EXPENSES</b>	<b>\$6,995,485</b>	<b>\$ 7,151,987</b>	<b>\$ 7,235,354</b>	<b>\$ 7,319,243</b>	<b>\$ 7,403,658</b>	<b>\$ 7,488,608</b>	<b>\$ 7,574,095</b>
<b>3. INCOME</b>							
<b>a. Income From Operation</b>	<b>\$ (1,150,895)</b>	<b>\$ (799,283)</b>	<b>\$ (739,823)</b>	<b>\$ (680,884)</b>	<b>\$ (622,472)</b>	<b>\$ (564,595)</b>	<b>\$ (507,255)</b>
b. Non-Operating Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>SUBTOTAL</b>	<b>\$ (1,150,985)</b>	<b>\$ (799,283)</b>	<b>\$ (739,823)</b>	<b>\$ (680,884)</b>	<b>\$ (622,472)</b>	<b>\$ (546,595)</b>	<b>\$ (507,255)</b>
c. Income Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>NET INCOME (LOSS)</b>	<b>\$ (1,150,985)</b>	<b>\$ (799,283)</b>	<b>\$ (739,823)</b>	<b>\$ (680,884)</b>	<b>\$ (622,472)</b>	<b>\$ (546,595)</b>	<b>\$ (507,255)</b>

**ALTERNATIVE TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE (Sheppard Pratt Comments on Modified Application)**

*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.*

	<b>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.</b>						
<b>Indicate CY or FY</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>
<b>4. PATIENT MIX</b>							
<b>a. Percent of Total Revenue</b>							
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2) Medicaid	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%
3) Blue Cross	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
4) Commercial Insurance	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
5) Self-pay	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
6) Other	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>b. Percent of Equivalent Inpatient Days</b>							
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2) Medicaid	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%
3) Blue Cross	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
4) Commercial Insurance	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
5) Self-pay	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
6) Other	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**ALTERNATIVE TABLE L. WORKFORCE INFORMATION (Sheppard Pratt Comments on Modified Application)**

**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)
<b>1. Regular Employees</b>											
Administration (List general categories, add rows if needed)											
Administrator			\$0	1.0	\$158,400	\$158,400			\$0	1.0	\$158,400
Clinical Director			\$0	1.0	\$109,300	\$109,300			\$0	1.0	\$109,300
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Administration</b>			\$0	2.0		\$267,700			\$0	2.0	\$267,700
Direct Care Staff (List general categories, add rows if needed)											
Recreation Therapist			\$0	1.0	\$46,410	\$46,410			\$0	1.0	\$46,410
Psychologist			\$0	2.0	\$70,600	\$141,200			\$0	2.0	\$141,200
Psychiatrist			\$0	4.0	\$250,000	\$1,000,000			\$0	4.0	\$1,000,000
Social Worker			\$0	3.0	\$52,710	\$158,130			\$0	3.0	\$158,130
RN			\$0	9.5	\$77,910	\$740,145			\$0	9.5	\$740,145
Occ. Therapist			\$0	1.0	\$87,610	\$87,610			\$0	1.0	\$87,610
Psych Tech			\$0	16.0	\$35,910	\$574,560			\$0	16.0	\$574,560
Nurse Manager			\$0	1.0	\$100,000	\$100,000			\$0	1.0	\$100,000
Infection Control / Health & Safety			\$0	0.5	\$60,000	\$30,000			\$0	0.5	\$30,000
<b>Total Direct Care</b>			\$0	38.0		\$2,878,055			\$0	38.0	\$2,878,055
Support Staff (List general categories, add rows if needed)											
Discharge Coordinator			\$0	1.5	\$60,700	\$91,050			\$0	1.5	\$91,050
Finance Staff			\$0	3.0	\$75,900	\$227,700			\$0	3.0	\$227,700
Food and Nutrition			\$0	2.5	\$41,925	\$104,813			\$0	2.5	\$104,813
Reception/Assistant			\$0	3.5	\$32,600	\$114,100			\$0	3.5	\$114,100

**ALTERNATIVE TABLE L. WORKFORCE INFORMATION (Sheppard Pratt Comments on Modified Application)**

**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)	
Security Officer			\$0	7.2	\$36,920	\$265,824			\$0	7.2	\$265,824	
UR/Billing			\$0	2.5	\$53,000	\$132,500			\$0	2.5	\$132,500	
HIM/Medical Records			\$0	1.0	\$45,760	\$45,760			\$0	1.0	\$45,760	
Patient Services/Accounts			\$0	2.0	\$37,440	\$74,880			\$0	2.0	\$74,880	
Purchasing /Materials Management			\$0	0.5	\$16,640	\$8,320			\$0	0.5	\$8,320	
Physical Plant Management / Maintenance			\$0	1.4	\$37,143	\$52,000			\$0	1.4	\$52,000	
<b>Total Support</b>			\$0	25.1		\$1,116,947			\$0	25.1	\$1,116,947	
<b>REGULAR EMPLOYEES TOTAL</b>			\$0	<b>65.1</b>		\$4,262,702			\$0	65.1	\$4,262,702	
<b>2. Contractual Employees</b>												
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	
<b>Total Administration</b>			\$0			\$0			\$0	0.0	\$0	
Direct Care Staff (List general categories, add rows if needed)												
			\$0			\$0			\$0	0.0	\$0	
			\$0			\$0			\$0	0.0	\$0	
			\$0			\$0			\$0	0.0	\$0	
			\$0			\$0			\$0	0.0	\$0	
<b>Total Direct Care Staff</b>			\$0			\$0			\$0	0.0	\$0	

**ALTERNATIVE TABLE L. WORKFORCE INFORMATION (Sheppard Pratt Comments on Modified Application)**

**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)
Support Staff (List general categories, add rows if needed)			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Support Staff</b>			\$0			\$0			\$0	0.0	\$0
<b>CONTRACTUAL EMPLOYEES TOTAL</b>			\$0			\$0			\$0	0.0	\$0
Benefits (State method of calculating benefits below):											
21.7% of non-physician salary; 20% physician salary	<b>\$908,006</b>										<b>\$908,006</b>
<b>TOTAL COST</b>	<b>0.0</b>		<b>\$0</b>	<b>65.1</b>		<b>\$5,170,708</b>	<b>0.0</b>		<b>\$0</b>		<b>\$5,170,708</b>