

Revised Tables for CON Application:

Table E. Project Budget

		Hospital Building	Other Structure	Total
A. USE OF FUNDS				
1. CAPITAL COSTS				
a.	New Construction			
(1)	Building		\$0	\$0
(2)	Fixed Equipment		\$0	\$0
(3)	Site and Infrastructure		\$0	\$0
(4)	Architect/Engineering Fees		\$0	\$0
(5)	Permits (Building, Utilities, Etc.)		\$0	\$0
	SUBTOTAL	\$0	\$0	\$0
b.	Renovations			
(1)	Building		\$724,040	\$724,040
(2)	Fixed Equipment (not included in construction)		\$53,369	\$53,369
(3)	Architect/Engineering Fees		\$65,000	\$65,000
(4)	Permits (Building, Utilities, Etc.)			\$0
	SUBTOTAL	\$0	\$842,409	\$842,409
c.	Other Capital Costs			
(1)	Movable Equipment		\$6,750	\$6,750
(2)	Contingency Allowance		\$73,079	\$73,079
(3)	Gross interest during construction period			\$0
(4)	Other (Specify/add rows if needed)			\$0
	SUBTOTAL	\$0	\$79,829	\$79,829
	TOTAL CURRENT CAPITAL COSTS	\$0	\$922,238	\$922,238
d.	Land Purchase			
e.	Inflation Allowance			\$0
	TOTAL CAPITAL COSTS	\$0	\$922,238	\$922,238
2. Financing Cost and Other Cash Requirements				
a.	Loan Placement Fees			\$0
b.	Bond Discount			\$0

		<i>Hospital Building</i>	<i>Other Structure</i>	<i>Total</i>
c	CON Application Assistance			
	<i>c1. Legal Fees</i>			\$0
	<i>c2. Other (Specify/add rows if needed)</i>			
d.	Non-CON Consulting Fees			
	<i>d1. Legal Fees</i>			\$0
	<i>d2. Other (Specify/add rows if needed)</i>			\$0
e.	Debt Service Reserve Fund			\$0
f	Other <i>(Specify/add rows if needed)</i>			\$0
SUBTOTAL		\$0	\$0	\$0
3.	Working Capital Startup Costs			\$0
TOTAL USES OF FUNDS		\$0	\$922,238	\$922,238
B. Sources of Funds				
1.	Cash			\$0
2.	Philanthropy (to date and expected)			\$0
3.	Authorized Bonds			\$0
4.	Interest Income from bond proceeds listed in #3			\$0
5.	Mortgage			\$0
6.	Working Capital Loans			\$0
7.	Grants or Appropriations			
a.	Federal			\$0
b.	State			\$0
c.	Local			\$0
8.	Other <i>(Specify/add rows if needed)</i>			\$0
	Line of Credit		\$922,238	
TOTAL SOURCES OF FUNDS			\$922,238	\$922,238
Annual Lease Costs (if applicable)				
1.	Land			\$0
2.	Building			\$0
3.	Major Movable Equipment			\$0
4.	Minor Movable Equipment			\$0
5.	Other <i>(Specify/add rows if needed)</i>			\$0

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

Table E Assumptions:

In Table E, “Line of Credit” explanation of use: This Grant is “Expense Reimbursable” where we spend the funds first and then the Grant will reimburse Board of Child Care for those expenses. The Line of Credit will be used as interim funds and once payments are received from the Grant, the money will be returned to the LOC. The current variable interest rate on the LOC is 3.1%.

Table 2: Statistical Projections (Proposed Project)

CY or FY (Circle)	Projected Years (Ending with first full year at full utilization)			
	2023	2024	2025	
1. Admissions				
a. ICF-MR				
b. RTC-Residents	2	4	4	
Day Students				
c. ICF-C/D				
d. Other (Specify)				
e. TOTAL				
2. Patient Days				
a. ICF-MR				
b. Residential Treatment Ctr	243	1095	1095	
c. ICF-C/D				
d. Other (Specify)				
e. TOTAL				
3. Average Length of Stay				

	Projected Years (Ending with first full year at full utilization)			
CY or FY (Circle)	2023__	2024__	2025__	__
a. ICF-MR				
b. Residential Treatment Ctr	121.7	273.75	273.75	
c. ICF-C/D				
d. Other (Specify)				
e. TOTAL				
4. Occupancy Percentage*				
a. ICF-MR				
b. Residential Treatment Ctr	50%	75%	75%	
c. ICF-C/D				
d. Other (Specify)				
e. TOTAL				
5. Number of Licensed Beds				
a. ICF-MR				
b. Residential Treatment Ctr	4	4	4	
c. ICF-C/D				
d. Other (Specify)				
e. TOTAL				
6. Home Health Agencies				
a. SN Visits				

	Projected Years (Ending with first full year at full utilization)			
CY or FY (Circle)	2023__	2024__	2025__	__
b. Home Health Aide				
c.				
d.				
e. Total patients served				
7. Hospice Programs				
a. SN Visits				
b. Social work visits				
c. Other staff visits				
d. Total patients served				
8. Ambulatory Surgical Facilities				
a. Number of operating rooms (ORs)				
• Total Procedures in ORs				
• Total cases in ORs				
• Total Surgical Minutes in ORs**				
b. Number of Procedure Rooms (PRs)				

CY or FY (Circle)	Projected Years (Ending with first full year at full utilization)			
	2023__	2024__	2025__	__
• Total Procedures in PRs				
• Total Cases in PRs				
• Total Minutes in PRs**				

*Do not include turnover time

Table 2 Assumptions:

The assumption in FY 2023 (July 1, 2022- June 30, 2023) is that we will not start programming immediately, as programming is slated to begin in the February 2023. With this assumption, BCC would assume a 4-month occupancy in the Bridge Program for the remainder of FY 2023 with at least 2 identified youth for FY 2023. This would mean 50% occupancy.

FY2023 – With a maximum unit census of 2 youth, the operational period in FY23 would be a maximum of 486.8 patient days. FY23 occupancy rate is calculated based on serving two youth for an estimated length of stay of 121.7 patient days per youth, for a total of 243 patient days. Occupancy rate equals # of actual patient divided # of maximum patient days)

$$(243 / 486.8) \times 100\% = 50\%$$

FY2024 – With a maximum unit census of 4 youth, the operational period for FY24 would be a maximum of 1460 patient days. FY23 occupancy rate is calculated based on serving four youth for an estimated length of stay of 273.75 patient days per youth, for a total of 1095 patient days. Occupancy rate equals # of actual patient divided # of maximum patient days)

$$(1095 / 1460) \times 100\% = 75\%$$

BCC acknowledges that the age and gender identification of the participant will play a role in placement and total occupancy. The Bridge Program, with the approval of the Office of Health Care Quality (OHCQ) Licensing and Monitoring, anticipates serving all youth regardless of their gender identification and intends for youth that are transgendered to reside with the gender that they identify with. BCC’s Bridge Program will operate contractually according to “no eject/no reject” policy with regards to admissions but will also consider whether the youth’s presenting needs meets BCC’s provider profile and whether there is a vacancy appropriate to

aged and gender. As such this will directly impact our occupancy for youth served given that we will subscribe to maintaining the same gender identity and similar aged peers in the unit.

To clarify, this assumption will also impact page 89 of the original CON application. It should read as follows:

RTC Medicaid Rate is estimated reimbursement for BCC’s RTC Medicaid rate, utilizing a per diem of \$600 for this calculation. Utilizing a 75% occupancy rate, it is estimated that BCC will receive \$675,000 annually in Medicaid reimbursement for the Bridge Program.

Table 3: Revenue and Expenses (Entire Facility)

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.						
	FY2021	FY2022	FY2023	FY2024	FY2025					
1. REVENUE										
Purchase of Care	\$ 36,834,595	\$ 41,349,356	\$ 59,587,957	\$ 64,354,993	\$ 69,503,393					
Gifts and Bequests	\$ 788,761	\$ 1,176,547	\$ 828,199	\$ 869,609	\$ 913,089					
Grants	\$ 1,585,089	\$ 2,819,838	\$ 914,100	\$ 959,805	\$ 1,007,795					
Contributions	\$ 762,860	\$ 589,033	\$ 1,190,910	\$ 1,250,456	\$ 1,312,978					
Adoption Reimbursements	\$ 29,400	\$ 40,000	\$ 29,400	\$ 30,870	\$ 32,414					
Gross Patient Service Revenues	\$ 40,000,705	\$ 45,974,774	\$ 62,550,565	\$ 67,465,732	\$ 72,769,669	\$ -	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt										
d. Contractual Allowance										
e. Charity Care										
Net Patient Services Revenue	\$ 40,000,705	\$ 45,974,774	\$ 62,550,565	\$ 67,465,732	\$ 72,769,669	\$ -	\$ -	\$ -	\$ -	\$ -

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.						
	FY2021	FY2022	FY2023	FY2024	FY2025					
f. Other Operating Revenues (Specify/add rows if needed)	\$ 80,359	\$ 53,519	\$ 57,750	\$ 62,370	\$ 67,360					
NET OPERATING REVENUE	\$ 40,081,064	\$ 46,028,293	\$ 62,608,315	\$ 67,528,102	\$ 72,837,028	\$ -	\$ -	\$ -	\$ -	\$ -
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 39,891,369	\$ 40,832,847	\$ 51,007,766	\$ 53,558,155	\$ 56,236,062					
Contractual Services	\$ 1,077,703	\$ 1,251,455	\$ 1,132,532	\$ 1,189,159	\$ 1,248,617					
Interest on Current Debt	\$ 85,194	\$ 91,725	\$ 89,772	\$ 94,260	\$ 98,973					
Office Equipment	\$ 236,367	\$ 610,453	\$ 544,852	\$ 572,095	\$ 600,700					
Depreciation	\$ 2,625,843	\$ 2,826,307	\$ 2,817,985	\$ 2,958,884	\$ 3,106,828					
Recreational Expenses	\$ 32,003	\$ 39,373	\$ 71,440	\$ 75,012	\$ 78,762					
Telephone	\$ 648,613	\$ 671,347	\$ 748,465	\$ 785,888	\$ 825,183					
Postage	\$ 58,180	\$ 58,258	\$ 62,769	\$ 65,907	\$ 69,203					
Occupancy/Utilities/Repairs	\$ 3,360,310	\$ 3,975,454	\$ 4,760,399	\$ 4,998,419	\$ 5,248,340					
Printing Publications	\$ 162,710	\$ 167,968	\$ 265,155	\$ 278,413	\$ 292,334					
Mileage/Travel/Vehicle/Lodging	\$ 359,707	\$ 461,308	\$ 876,568	\$ 920,397	\$ 966,417					
Assistance to Children	\$ 670,867	\$ 633,880	\$ 784,920	\$ 824,166	\$ 865,374					
Dues	\$ 87,053	\$ 281,912	\$ 338,411	\$ 355,331	\$ 373,098					
Recruitment/Staff Development	\$ 768,737	\$ 652,692	\$ 801,126	\$ 841,182	\$ 883,241					
Project Amortization				\$ -	\$ -					
Supplies	\$ 2,218,680	\$ 2,271,401	\$ 2,580,134	\$ 2,709,140	\$ 2,844,597					
Other Expenses (Specify/add rows if needed)	\$ 138,689	\$ 108,948	\$ 124,040	\$ 130,242	\$ 136,754					

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.						
	FY2021	FY2022	FY2023	FY2024	FY2025					
TOTAL OPERATING EXPENSES	\$ 52,422,025	\$ 54,935,328	\$ 67,006,334	\$ 70,356,650	\$ 73,874,483	\$ -	\$ -	\$ -	\$ -	\$ -
3. INCOME										
a. Income From Operation	\$ (12,340,961)	\$ (8,907,035)	\$ (4,398,018)	\$ (2,828,548)	\$ (1,037,455)	\$ -	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income	\$ 23,894,287	\$ 9,762,012	\$ 4,945,446	\$ 5,439,991	\$ 5,983,990					
SUBTOTAL	\$ 11,553,326	\$ 854,977	\$ 547,428	\$ 2,611,443	\$ 4,946,535	\$ -	\$ -	\$ -	\$ -	\$ -
c. Income Taxes										
NET INCOME (LOSS)	\$ 11,553,326	\$ 854,977	\$ 547,428	\$ 2,611,443	\$ 4,946,535	\$ -	\$ -	\$ -	\$ -	\$ -
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%					
2) Medicaid	6.0%	6.0%	7.0%	7.0%	7.0%					
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%					
4) Commercial Insurance	0.0%	0.0%	0.0%	0.0%	0.0%					
5) Self-pay	0.0%	0.0%	0.0%	0.0%	0.0%					
6) Other	94.0%	94.0%	93.0%	93.0%	93.0%					
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days										
Total MSGA										
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%					
2) Medicaid	6.0%	6.0%	7.0%	7.0%	7.0%					
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%					
4) Commercial Insurance	0.0%	0.0%	0.0%	0.0%	0.0%					
5) Self-pay	0.0%	0.0%	0.0%	0.0%	0.0%					
6) Other	94.0%	94.0%	93.0%	93.0%	93.0%					
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table 3 Assumptions:

In the most recent years (inflated), net income has dropped from \$11,553,326 to \$854,977 due to Stock Market Performance. The part of our Net Income is the income from our investment accounts and due to the current Stock Market Performance, it has dropped significantly.

“Other Expenses”: Part of the “Other Expenses” category is the financial assistance to the BCC Alumni if they choose to go to college or need extra help with rent expenses, etc. In addition to this, Unallowable expenses are also part of this line item. These expenses include social activities for the employees that are not reimbursed by the State or Federal Government.

“Other Operating Revenue”: This line item includes Interest Income and revenue from special events such fundraising events and some rental income.

BCC’s sources of Non-Operating Income: The source of the Non-Operating Income comes from our Investment Accounts. This income includes Investment Income (net of fees), Realized and Unrealized Gain.

To clarify, “Assistance to Children” includes field trips, educational supplies, children’s allowance, clothing, incentives, payments to foster parents and transportation.

“Contractual Services” in this table includes expenses to pay for help from Temp Staffing Agencies, fees for Psychiatrists, professional legal fees, audit fees, payroll processing fees, and consulting fees.

Table 4: Revenue & Expenses (New Project)

	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	FY 2023	FY 2024	FY2025				
1. REVENUE							
Purchase of Care	\$ 4,046,487	\$ 4,248,812	\$ 4,461,252				
Gross Patient Service Revenues	\$ 4,046,487	\$ 4,248,812	\$ 4,461,252	\$ -	\$ -	\$ -	\$ -

	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	FY 2023	FY 2024	FY2025				
c. Allowance For Bad Debt							
d. Contractual Allowance							
e. Charity Care							
Net Patient Services Revenue	\$ 4,046,487	\$ 4,248,812	\$ 4,461,252	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ 4,046,487	\$ 4,248,812	\$ 4,461,252	\$ -	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 3,008,716	\$ 3,159,152	\$ 3,317,109				
Contractual Services	\$ 113,920	\$ 119,616	\$ 125,597				
Interest on Current Debt							
Office Equipment	\$ 27,300	\$ 28,665	\$ 30,098				
Depreciation	\$ 38,896	\$ 40,841	\$ 42,883				
Recreational Expenses	\$ 6,800	\$ 7,140	\$ 7,497				
Telephone	\$ 13,440	\$ 14,112	\$ 14,818				
Postage	\$ 1,200	\$ 1,260	\$ 1,323				
Occupancy/Utilities/Repairs	\$ 134,578	\$ 141,307	\$ 148,373				
Printing Publications		\$ -	\$ -				
Mileage/Travel/Vehicle/Lodging	\$ 4,296	\$ 4,511	\$ 4,736				
Assistance to Children	\$ 9,680	\$ 10,164	\$ 10,672				
Dues	\$ 2,400	\$ 2,520	\$ 2,646				
Recruitment/Staff Development	\$ 44,300	\$ 46,515	\$ 48,841				
Project Amortization		\$ -	\$ -				
Supplies	\$ 28,380	\$ 29,799	\$ 31,289				
Other Expenses (Specify/add rows if needed)		\$ -	\$ -				
Indirect Rate	\$ 574,191	\$ 602,900	\$ 633,045				
TOTAL OPERATING EXPENSES	\$ 4,008,097	\$ 4,208,502	\$ 4,418,927	\$ -	\$ -	\$ -	\$ -
3. 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	FY 2023	FY 2024	FY2025				
a. Income From Operation	\$ 38,390.16	\$ 40,309.66	\$ 42,325.15	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ 38,390.16	\$ 40,309.66	\$ 42,325.15	\$ -	\$ -	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ 38,390.16	\$ 40,309.66	\$ 42,325.15	\$ -	\$ -	\$ -	\$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare	0.0%	0.0%	0.0%				
2) Medicaid	26.0%	26.0%	26.0%				
3) Blue Cross	0.0%	0.0%	0.0%				
4) Commercial Insurance	0.0%	0.0%	0.0%				
5) Self-pay	0.0%	0.0%	0.0%				
6) Other	74.0%	74.0%	74.0%				
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare	0.0%	0.0%	0.0%				
2) Medicaid	26.0%	26.0%	26.0%				
3) Blue Cross	0.0%	0.0%	0.0%				
4) Commercial Insurance	0.0%	0.0%	0.0%				
5) Self-pay	0.0%	0.0%	0.0%				
6) Other	74.0%	74.0%	74.0%				
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%

Table 4 Assumptions:

To clarify the discrepancy between the 6% Medicaid patients for the entire facility and the Bridge Program serving 26%: Currently, our agency is being paid for the services provided based on a Per Diem amount for each client and Medicaid payments are only for therapy sessions if a client has them. Additionally, a portion of our campus serves unaccompanied youth placed by the federal Office of Refugee Resettlement. The youth placed in that program (Camino) are undocumented and do not receive Medicaid benefits. The Bridge Program suggests that Medicaid will pay a Per Diem amount per client and that is why there is a projected increase in Medicaid revenue.


Re: Supplementary Information relating to CON Application

- Table E
- Table 2
- Table 3
- Table 4

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief.

Nicole Smith, LMSW, CRCCPA


Printed Name



Signature

Executive Director, MD & DC Programs

Title



Date

Rochon K. Steward

Printed Name



Signature

Director of Special Operations

Title



Date