

Re: Supplementary Information


Board of Child Care Residential Treatment Center (RTC) Completeness Request

Board of Child Care Staff provided responses to the following questions raised during the CON application review:

1. Education: In the Strawbridge School description, there are different "Types" listed I-III, please explain the differences between each type. Is the use of "Types" synonymous with "Level I" and Level "Level VI"?
2. Medical Assistance: Does the Board of Childcare work with the Maryland Healthy Kids program, or any other assistance program?
3. Accreditation and Certification: Please identify the organization the Board of Childcare will be applying for accreditation?
4. Need: Does the Bridge Program draw referrals from throughout the state or is the program focused on any particular jurisdiction(s)?
5. Cost- Effective Alternatives: On page 70 you state that Maryland has "increased the daily rate for residential treatment providers can charge for services, increased the number of beds at residential treatment facilities." Provide more detailed information on the increased number of RTC beds and rates, specifically identifying the facilities?
6. Viability: In the viability criterion discussion, you state "funding is specifically for the services proposed in the Bridge Program and in addition to the MDH grant, Medicare and MSDE reimbursements will also be used" however, no line item is shown in the Revenue and Expense Table 3 and Table 4 under Patient Mix for Medicare. Please resolve this discrepancy.
7. Please identify all program expenses that will be funded by the grant. Will the grant funding received from the state supplement the operating costs of the program, or will the program be funded on the standard RTC reimbursement through vouchers and Medicaid?
8. The audited financial statements, Exhibit 11, shows fiscal years June 2020 and June 2021 numbers. When will BCC have 2022 audited financials?
9. Impact: Please identify the Western Maryland facility that was mentioned in the application that will also have a "bridge program."
10. Budget: Under your budget assumptions you state that the line of credit used for funding (reimbursed by the grant) will have a 3.1% interest rate, where is this expense listed in your tables?

I (We) 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.

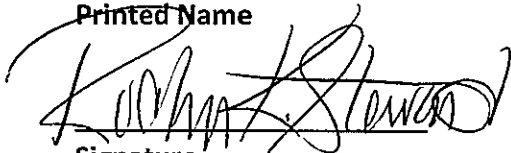
Nicole Smith, LMSW, CRCCPA
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Signature

Executive Director, MD & DC Programs
Title

October 20, 2022
Date


Rochon K. Steward
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October 20, 2022
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Director of Finance
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Date

Responses to Reviewer's Questions to BCC's CON Application

Education

1. In the Strawbridge School description, there are different "Types" listed I-III, please explain the differences between each type. Is the use of "Types" synonymous with "Level I" and Level "Level VI"?

BCC's Response:

"Types" refer to specific programs approved by the Maryland State Department of Education (MSDE) and "levels" refer more to instructional supports/assistance. Approved publicly funded, non-public schools approved under Code of Maryland Regulations 13A.09.10 are responsible for governing and operating a school that provides a Type I, Type II, or Type III educational program. Type III schools are non-public general education programs established as a means to provide short-term transitional instructional programming to the residents of a licensed facility, who are not to exceed an average of 60 school days in a facility licensed by a unit of State government. The educational program may include Nursery school, Kindergarten, Grades 1-12, or any consecutive sequence of these and includes diagnostic-prescriptive educational pre-GED programs or GED TESTs preparation programs.

The Strawbridge School is accredited through the Maryland State Department of Education as a Type I full day Special Education program and also a Type III General Education program (grades 4 – 12). The domestic program at Strawbridge is Type I. The Caminos program is our Type III, because those youth typically only stay for a short of amount of time, and we provide transitional educational services.

Levels are more associated with the IEP groupings and/or the intensity of instructional assistance needed for students. MSDE uses this categorization for billing authorization. The Strawbridge School is classified as a Level V non-public program because it offers students continuous and intense (one-on-one or very small group) assistance. Level III indicates the student is receiving accommodations to the learning environment that are more complex or is receiving services on a more frequent schedule. For the purpose of the Bridge Program, BCC will collaborate with care coordination to seek level III and 1915(i) services as needed.

Medical Assistance

2. Does the Board of Childcare work with the Maryland Healthy Kids program, or any other assistance program?

BCC's Response:

BCC work does not with Maryland Health Kids program, or any other assistance programs.

Accreditation and Certification

3. Please identify the organization the Board of Childcare will be applying for accreditation?

BCC's Response:

BCC is currently accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Educational Assessment Guidelines Leading toward Excellence (EAGLE). Our desire is to accredit the Bridge program through both of these entities (CARF & EAGLE).

Criterion

Need

4. Does the Bridge Program draw referrals from throughout the state or is the program focused on any particular jurisdiction(s)?

BCC's Response:

BCC anticipates drawing referrals for the Bridge Program from throughout the state.

Cost- Effective Alternatives

5. On page 70 you state that Maryland has “increased the daily rate for residential treatment providers can charge for services, increased the number of beds at residential treatment facilities.” Provide more detailed information on the increased number of RTC beds and rates, specifically identifying the facilities?

BCC's Response:

As a correction and clarification to BCC's statement on page 70, over \$7 million of ARPA Federal grant funding went to private RTC providers regarding COVID related losses, allowing the RTC providers to extend to full licensure bed capacity. An indirect effect of COVID was the decrease in overall workforce. The ARPA funding allowed RTC providers to re-expand their staff to increase full licensed bed capacity to meet the needs of youth and children across Maryland.

The state of Maryland has made provisions to develop more psychiatric residential treatment level beds to younger patients, including the \$5 million in funding for providers to develop targeted programming for the children and youth experiencing long hospital overstay. As of March 2022, five youth were in active overstay and placed in one of the funded Western Maryland facilities (Grafton). BCC's Bridge Program is anticipating addressing the same hospital overstay population and seeking licensure for an RTC, increasing RTC licensed beds by four (4). By acquiring an RTC license, BCC will be able to obtain a match reimbursement to the level of service needed by the youth or child.

In addition to RTC beds, the state has also taken steps to provide more psychiatric care for younger patients. In June 2021, the University of Maryland Children's Hospital opened a 16-bed treatment facility, the *Trauma-Informed Children and Adolescent Psychiatric Unit* for children and youth experiencing acute mental health crises.

Viability

6. In the viability criterion discussion, you state "funding is specifically for the services proposed in the Bridge Program and in addition to the MDH grant, Medicare and MSDE reimbursements will also be used" however, no line item is shown in the Revenue and Expense Table 3 and Table 4 under Patient Mix for Medicare. Please resolve this discrepancy.

BCC's Response:

Thanks for catching this typo. As a correction and clarification to BCC's statement, this should read as followings: "funding is specifically for the services proposed in the Bridge Program and in addition to the MDH grant, Medicaid and MSDE reimbursements will also be used..." Tables 3 and 4 under Patient Mix outlines information for Medicaid.

7. Please identify all program expenses that will be funded by the grant. Will the grant funding received from the state supplement the operating costs of the program, or will the program be funded on the standard RTC reimbursement through vouchers and Medicaid?

BCC's Response:

Grant funding received from the state shall supplement the operating costs for the program as outlined below:

1. Room and Board expenses for the clients stay will be funded by MDH
 2. Educational expenses will be funded by MSDE
 3. Medical and Mental Health expenses may be funded by Medicaid
8. The audited financial statements, Exhibit 11, shows fiscal years June 2020 and June 2021 numbers. When will BCC have 2022 audited financials?

BCC's Response:

BCC's FY2022 Audit report will be completed by November 30, 2022.

Impact

9. Please identify the Western Maryland facility that was mentioned in the application that will also have a “bridge program.”

BCC's Response:

The Western Maryland facility mentioned in the application that will have a similar “bridge program” and awarded for the Hospital Overstay program is Grafton Integrated Health Network. According to the letter released from the Governor’s Coordinating Offices on March 30, 2022, Grafton is a psychiatric residential treatment facility (PRTF). Feel free to visit their website at [Home - Grafton](#).

Budget

10. Under your budget assumptions you state that the line of credit used for funding (reimbursed by the grant) will have a 3.1% interest rate, where is this expense listed in your tables?

BCC's Response:

BCC’s Line of Credit interest is part of the Interest on Current Debt in Table 3. Table 4 is updated to reflect the interest amount (see attached updated tables).

Revised Tables for CON Application:

Table E. Project Budget

A. USE OF FUNDS		Hospital Building	Other Structure	Total
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				
	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

	Hospital Building	Other Structure	Total
c			
	CON Application Assistance		
	c1. Legal Fees		\$0
	c2. Other (Specify/add rows if needed)		
d.	Non-CON Consulting Fees		
	d1. Legal Fees		\$0
	d2. Other (Specify/add rows if needed)		\$0
e.	Debt Service Reserve Fund		\$0
f	Other (Specify/add rows if needed)		\$0
	SUBTOTAL	\$0	\$0
3.	Working Capital Startup Costs		\$0
	TOTAL USES OF FUNDS	\$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 (Specify/add rows if needed)		\$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 (Specify/add rows if needed)		\$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		
	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			

CY or FY (Circle)	Projected Years		
	2023	2024	2025
(Ending with first full year at full utilization)			
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)		
	2023	2024	2025
CY or FY (Circle)			
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 (OHCCQ) 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 f. Other Operating Revenues (Specify/add rows if needed)	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
	\$ 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/Rep airs	\$ 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	\$ 766,737	\$ 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%	0.0%
2) Medicaid	6.0%	6.0%	7.0%	7.0%	7.0%	7.0%
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4) Commercial Insurance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5) Self-pay	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6) Other	94.0%	94.0%	93.0%	93.0%	93.0%	93.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
b. Percent of Equivalent Inpatient Days						
Total MSGA						
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2) Medicaid	6.0%	6.0%	7.0%	7.0%	7.0%	7.0%
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4) Commercial Insurance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5) Self-pay	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6) Other	94.0%	94.0%	93.0%	93.0%	93.0%	93.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	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)

Indicate CY or FY	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.			
	FY 2023	FY 2024	FY 2025	
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	FY 2025		
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	\$ 2,563	0	0		
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	\$ 4,010,660	\$ 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%
b. Percent of Equivalent Inpatient Days						
<i>Total MSGA</i>						
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%

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 (Caminos) 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.