INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table F should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of Manpower listed in Table G. Manpower, indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (EY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard. 2020 2021 2022 2023 Indicate CY or FY 1. REVENUE 351,614 \$ 6.893,109 | \$ 10.580.573 a. Inpatient Services b. Outpatient Services \$ Gross Patient Service Revenues 351.614 \$ 6,893,109 \$ 10,580,573 \$ -\$ CARCA ŽŽ CARCAPI \$ 54.350 | \$ 74,955 c. Allowance For Bad Debt 3,236 | \$ d. Contractual Allowance 189.800 \$ 4,175,600 | \$ 6,832,800 2.129 \$ 25.917 \$ 33.563 e. Charity Care Net Patient Services Revenue 3,639,254 \$ \$ 156,449 \$ 2,637,242 \$ f. Other Operating Revenues (Specify) 2,637,242 \$ 3,639,254 \$ - \$ **NET OPERATING REVENUE** STATE OF THE PROPERTY OF THE P \$ 156.449 \$ 2. EXPENSES 496,472 | \$ 496,472 82.911 | \$ a. Salaries & Wages (including benefits) 16,700 \$ 100.000 | \$ 100.000 b. Contractual Services c. Interest on Current Debt d. Interest on Project Debt e. Current Depreciation f. Project Depreciation g. Current Amortization h. Project Amortization i. Supplies j. Other Expenses (Specify) 9.125 \$ 136.875 \$ 182,500 Client Related Expenses \$ 1,239 \$ 17,041 | \$ 22.069 **Employee Related Expenses** \$ 11,494 729 | \$ 8.876 | \$ Insurance 350 \$ 4,260 \$ 5.517 Professional Fees 27,586 Marketing \$ 1.750 | \$ 21.302 | \$ Billing & UR 6.839 | \$ 108,648 | \$ 148.959 Utilities/Facility Costs 3.881 \$ 69.383 \$ 89,852 875 \$ 12,781 \$ 16,552 Repairs & Maintenance \$ 10.651 | \$ 13,793 **Property Taxes** 875 | \$ 237,241 15.047 \$ 183,195 | \$ Rent 25,371 \$ 468,639 \$ 606,897 Management Fees 41.379 2,187 \$ 31,953 | \$ General & Administrative \$ - | \$ | - | \$ | 167,878 | \$ | 1,670,076 | \$ | 2,000,312 | \$ | - | \$ | -TOTAL OPERATING EXPENSES 3. INCOME

INSTRUCTION: After consulting with Commission Staff, complete this table for the inew facility or service (the proposed project). Table is should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of Manpower listed in Table G. 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 of basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income:

Projected Years (ending at least two years)	ars after project	completion and	full occupancy)	Add years, if need	ded in order to do	cument that the	hospital will
				th the Financial F			
Indicate CY or FY	2020	2021	2022	2023	2024		
a. Income From Operation	\$ 4	\$ -	\$ (11,430)	\$ 967,166	\$ 1,638,942	\$	-
b. Non-Operating Income							
SUBTOTAL	\$	15 11	\$ (11,430)	\$ 967,166	\$ 1,638,942	\$	S arahin in Luar
c. Income Taxes					"		
NET INCOME (LOSS)	·\$	1 5	\$ (11,430)	\$ 967,166	\$ 1,638,942	-\$' hord was -uni	\$
4. PATIENT MIX		.,					
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid			32.5%	20.6%	16.9%		
3) Blue Cross						·	
4) Commercial Insurance			67.5%	75.7%	80.7%		
5) Self-pay			0.0%	3.7%	2.4%		
6) Other							
TOTAL	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare							
2) Medicaid			83.3%	68.9%	65.0%		
3) Blue Cross							
4) Commercial Insurance			16.7%	24.4%			
5) Self-pay	·		0.0%	6.7%	5.0%		
6) Other							
TOTAL	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columber of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a meas having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-phospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are cun

				Before t	he Project					<u> </u>		
	0		<u>-</u>		Based on Ph	ysical Capaci	ty				Location	
Service Location	Current				Room Count				Bed Count	Service Location	(Floor/	<u> </u>
(Floor/Wing)	Licensed Beds	Private	2 Beds	3 Beds	4 Beds	5 Beds	6 Beds	Total Rooms	Physical Capacity	(Floor/Wing)	Wing)*	Private
· · ·	· · · · · ·			III.7 AND III.7	D .							
1st Floor						•				1st Floor	<u> </u>	
2nd Floor		•	<u> </u>							2nd Floor		***************************************
Subtotal III.7 AND III.7D	3-P0	0	0	0	0	0	0	0.	0	Subtotal III.7 and III.7 D		0
	•			RESIDENTIA	L							
1st Floor	48	-	2		2	-	6			1st Floor		
2nd Floor	45	-	-	4	7	1		12		2nd Floor		
Subtotal Residential	93	* * 0 * *	2 10 17		9	第25.1 四埔 鄉	111111111111111111111111111111111111111	22		Subtotal Residential		0
TOTAL	93	0 1	2 1	4	9	1 1	6	22	93	TOTAL		0
Other (Specify/add rows as needed)										Other (Specify/add rows as needed)		
TOTAL OTHER	0 4	0	0	0	i	0 🔅	0.	0;:-	O	TOTAL NON-ACUTE		0
ACILITY TOTAL	93	. 0	2	4	9	1	6	22	93	FACILITY TOTAL		0

mns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is ture of staffing capacity. A room with two headwalls and two sets of gasses should be counted as private room, since renovation/construction would be required to convert it to semi-private use. If the rently used.

	t Come	

		Based on Ph	ysical Capa	city		
	<u> </u>	Room Coun	t			Bed Count
2 Beds	3 Beds	4 Beds	5 Beds	6 Beds	Total Rooms	Physical Capacity
111.7	AND III.7D					
1	-		-	3	4	20
-	-	-	-	-	-	-
1 1	0	0	* 0	3 *	4	20
RES	IDENTIAL					
1	-	2	-	3	6	28
-	4	7	1	-	12	45
	The C4 sale	19 19 19	機關體1.355个	3/1/13	18 m	### 473 * If if if
2 2	4. *	9	111111111111111111111111111111111111111	6	22	##F 93
0	0	0	0	Ö	0	0
2	4	9	1	6	22	93

TABLE B. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.e-e), Financing Costs and Other Cash Requirements (2.e-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than level III.7 and III.7D explain the allocation of costs between the levels. NOTE: Inflation should only be included in the Inflation allowance line A.1.e., The value of donated land for the project should be included on Line A.1 d as a use of funds and on line B.8 as a source of funds

	III.7 and III.7D	RESIDENTIAL	TOTAL
USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building			
(2) Fixed Equipment			
(3) Site and Infrastructure			
(4) Architect/Engineering Fees	·		
(5) Permits (Building, Utilities, Etc.)			
SUBTOTAL	\$0		
b. Renovations	.		
(1) Building			
(2) Fixed Equipment (not included in construction)			
(3) Architect/Engineering Fees			
(4) Permits (Building, Utilities, Etc.)			
SUBTOTAL	\$6	編練 155 深刻的 多分\$	0
c. Other Capital Costs			The section of the se
(1) Movable Equipment		1	
(2) Contingency Allowance			
(3) Gross interest during construction period		-	
(4) Other (Specify/add rows if needed)			
SUBTOTAL	**** \$0	\$(0 (200
TOTAL CURRENT CAPITAL COSTS	\$0		0
	- 30	' 	· ·
d. Land Purchase		 	
e. Inflation Allowance	And the Annual Control of the Contro	25	
TOTAL CAPITAL COSTS	Section 1997	Section 1	
2. Financing Cost and Other Cash Requirements			
Loan Placement Fees			
b. Bond Discount			
c CON Application Assistance			
c1. Legal Fees	\$40,000		\$40
c2. Consulting Fees	\$15,000		\$15
d. Non-CON Consulting Fees			
d1. Legal Fees			
d2. Other (Specify/add rows if needed)			
e. Debt Service Reserve Fund		ļ <u>.</u>	
i. Other (Specify/add rows if needed)			
SUBTOTAL	\$55,000	\$	0 \$55
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$55,000	\$	0 \$55
Sources of Funds			
1. Cash	\$55,000		\$55
2. Philanthropy (to date and expected)			
3. Authorized Bonds			
4. Interest Income from bond proceeds listed in #3		<u> </u>	T
5. Mortgage		1 "	
6. Working Capital Loans			1
7. Grants or Appropriations			-
a. Federal		1	
b. State	-		
c. Local			1
8. Other (Specify/add rows if needed)			
TOTAL SOURCES OF FUNDS			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
TOTAL GOOKGLO OF FORDS	III.7 and III.7D	RESIDENTIAL	TOTAL
unt Longo Costo (if applicable)	m.r anu m.r v	VESIDEIALINE	TOTAL
ual Lease Costs (if applicable)		1 .	1
1. Land		 	+
2. Building		·	+
3. Major Movable Equipment		 	
Minor Movable Equipment Other (Specify/add rows if needed)		 	

^{*} 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 D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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

income:	Tw	o Most Rece	n t `	/ears (Actual)	С	urrent Year Projected		Projected Your lumns if nee	ears ded	s (ending at I in order to e expenses c	least docu onsi	two years ment that stent with	s afte t the b the f	r project nospital v inancial	compl vill ger Feasib	etion a rerate	ınd fu exces	ıll occup ss reveni	ancy) ies o) Add ver total
Indicate CY or FY		2020		2021		2022		2023		2024					12.5					
1. REVENUE																				
a. Inpatient Services	\$	13,569,878	\$	16,773,455	\$		\$_			37,027,567	<u> </u>				<u> </u>					
b. Outpatient Services	\$	203,995		23,400	\$	109,500	\$		\$	109,500	<u> </u>			404077777444444444444444444444444444444	1.11000	Incont. Loc in a	1 . 4 . 15.	hearthreadilein.	.cathb	Designation of the entire of
Gross Patient Service Revenues	. \$ if	13,773,873	:\$	16,796,855	\$. \$	34,243,201		37,137,067	\$		\$		\$		\$		\$	
c. Allowance For Bad Debt	\$	117,952	\$	117,978	\$	187,618	\$	244,820	\$	259,189										
d. Contractual Allowance	\$	6,888,336	\$	10,549,747	\$					24,177,600	<u> </u>			•					ļ	
e. Charity Care					\$	146,000		146,000	\$	146,000			21317. 31. T		100 110 11		1 1120.0	0.194-33394	inda.	- CONTRACTOR OF THE CONTRACTOR
Net Patient Services Revenue	\$	6,767,586	\$	6,129,130	\$	9,047,291	\$	11,850,181	\$	12,554,278	\$		\$	4 4	\$		\$		\$	
f. Other Operating Revenues	Ι,																			
(Specify/add rows if needed)	<u> </u>						<u> </u>								 		-		-	
Ancillary Revenue	\$	402,138		55,372			—								 		├		<u> </u>	_
Interest Income	\$	2,184		768			<u> </u>						<u> </u>		-		\vdash		 	
Covid Relief	\$	197,450		344,391		W 0 0 47 004	e de ch	44 050 404	<i>•</i>	40 EE4 070	i e		S	. Applu	S	- 5550	\$	84	\$	
NET OPERATING REVENUE	\$	7,369,358	***	6,529,660	Þ	9,047,291	•	77,850,181	(12,004,270	4		H. 400 E.	. wideniality	gφ _i , ····	11454	3 L.W. F.	11 การ 11 เดอสิเดีย	Ψ.	11112446418388941
2. EXPENSES	Ι.		Π.				$\overline{}$						г				T	•	T	
a. Salaries & Wages (including benefits)	\$	2,175,930	\$	1,893,221	\$	3,991,956	\$	4,488,428	\$	4,488,428									Ĺ	
b. Contractual Services	-		-		\$	200,000	\$	300,000	\$	300,000	 						1			
·	-	046	┝	0.750	Ψ.	200,000	۳	300,000	Ψ	000,000	 -				1		 			
c. Interest on Current Debt	\$	216	\$	3,756			\vdash			<u> </u>	├		_		 	_		 	 	
d. Interest on Project Debt	<u> </u>		Ļ		_		<u> </u>		_		<u> </u>	-			 		 	_	-	-
e. Current Depreciation	\$	52,408	\$	68,701	\$	50,000	\$	50,000	\$	50,000	<u> </u>				<u> </u>		<u> </u>		1	
f. Project Depreciation															<u> </u>		<u> </u>			
g. Current Amortization																	<u> </u>		<u> </u>	
h. Project Amortization											ŀ									
i. Supplies								-												
j. Other Expenses (Specify/add rows if	\vdash		H	· · ·			<u> </u>		_									<u> </u>		
needed)					İ															
Client Related Expenses	\$	345,591	\$	327,062	\$	625,823	\$	771,063	\$	793,875							1		<u> </u>	
Employee Related Expenses	\$	53,726	-		_	85,000	\$	96,000	\$	96,000										<u> </u>
Insurance	\$	34,084	-		_	50,000	_	50,000	\$	50,000										
Professional Fees	\$	53,163	_			24,000		24,000	\$	24,000										
Marketing	\$	173,477	-		_	120,000	-	120,000	\$	120,000										
Billing & UR	Ť		Ť	<u> </u>	\$		_	612,050	\$	647,973										
Utilities/Facility Costs	\$	599,087	\$	587,531	\$	266,143	\$	390,857	\$	390,857										

TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table D should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table C and with the costs of Manpower listed in Table G. Manpower, Indicate on the table if the reporting period is Calendar Year (CV) or Fiscal Year (FV). 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.

は人とグルとと他の順性を対する。以外の他の目標の本語は同意には、リップ・東京中心				ears (Actual)	expenses consistent with the Financial Feasib										nerate excess revenues over total bility standard.				
Indicate CY or FY	ائي م تاريخ	2020		2021		2022		2023	槲	2024						07046			
Repairs & Maintenance	\$	44,208	\$	73,809	\$\$	60,000	\$_	72,000	\$	72,000									
Property Taxes				- -	\$	60,000	\$	60,000	\$	60,000		ļ							
Rent					\$	1,032,000	\$	1,032,000	\$	1,032,000									
Management Fees	\$	1,657,000	\$	1,455,000	\$	1,740,000	\$	2,640,000	\$	2,640,000				<u> </u>					
General & Administrative	\$	407,320	\$	319,719	\$	150,000	\$	180,000	\$	180,000									
Charitable Contributions			\$	60,000		;	_												
TOTAL OPERATING EXPENSES	\$	5,596,209	\$	5,152,429	\$	8,923,967	\$	10,886,398	\$	10,945,134	\$	\$		\$	\$ 1. T. 187	\$			
3. INCOME			T		25.00	mental series are re-	10.774.1938	udidi. Limitana and			Trzezsanarański.	لل ند.	HORROSON TOGG	ar chailtean o	ال يرفع والم	i samos	Control of the Contro		
a. Income From Operation	-\$#	1,773,149	-\$ 40	1,377,231	\$	123,324	\$	963,784	\$	1,609,144	\$	\$ 11	u <u>limak</u> di sis	3	```fr**' = (}	\$ -			
b. Non-Operating Income							11.411.41.			Military IV-Sec. 1231. 2 2 2 2	VRICANSESSE PECES : TO	et acidi	CL28618181818181	Jan San San San San San San San San San S	ii	or • crusto (co. ore anomalis	or character (Control of Control		
SUBTOTAL	\$	1,773,149	\$	1,377,231	\$	123,324	\$	963,784	\$	1,609,144	5	\$		\$100		\$ -	9 2000000000000000000000000000000000000		
c. Income Taxes			<u> </u>				207-227	Ellin a privilege terriri	1.14.1	retterreterreterreterreterreter		1-35-286	1866			agranti og ngstores	: • 50000000000572 ag		
NET INCOME (LOSS)	\$	1,773,149	\$ 100	1,377,231	\$ 1	123,324	\$	963 <u>,</u> 784	\$	1,609,144	 5	\$		\$		\$.	\$		

TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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

		nt Years (Actual)	Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add									
Indicate CY or FY	2020	2021	: 2022		2024			1,175	1.1				
4. PATIENT MIX				· · · · · · · · · · · · · · · · · · ·	<u> </u>								
a. Percent of Total Revenue													
1) Medicare													
2) Medicaid	39%	44%	17.4%	17.6%	16.7%								
3) Blue Cross						<u> </u>							
4) Commercial Insurance	59%	55%	81.2%	80.6%	81.6%								
5) Self-pay	2%	1%	1.4%	1.8%	1.7%			<u></u>					
6) Other	1%	1%											
TOTAL	100%	//////////////////////////////////////	100%	100%	100%		elinerkunter i	THE PROPERTY OF THE	加勒特等等別				
b. Percent of Equivalent Inpatient Da	ys				<u> </u>			т	<u> </u>				
1) Medicare													
2) Medicaid	68%	68%	70.7%	69.9%	68.6%		_						
3) Blue Cross													
4) Commercial Insurance	28%	29%	26.4%	26.5%	27.9%				-				
5) Self-pay	4%	3%	3.0%	3.6%	3.5%								
6) Other													
TOTAL	100%	100%	100%	100%	100%	0%	0%	1 0%	0%	0%			

TABLE C. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections: 4.8.5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most R (Act		Current Year Projected	Projected Includ	d Years (endin le additional y	ig at least two ears, if neede	years after pr d in order to b	oject complet e consistent v	with Tables G	ecupancy) and H.
Indicate CY or FY	2020	2021	2022	2023	2024					
1. DISCHARGES										
a. Residential	546	510	810	833	803					
b. III.7 and III.7D			52	782	1,043					
c. Other (Specify/add rows of			_							
needed)	3	2	-		L					
TOTAL DISCHARGES	549	512	862	1,616	1,846	0 (1)		0 .	10.	0
2. PATIENT DAYS	1									
a. Residental	16,393	15,311	24,303	25,003	24,090			_		
b. III.7 and III.7D			365	5,475	7,300					t
c. Other (Specify/add rows of										
needed)										<u> </u>
Scholarship	78	51								
TOTAL PATIENT DAYS	16,471	15,362	24,668	30,478	31,390			Total Control		
3. AVERAGE LENGTH OF STAY (oatient days di	vided by discl	narges)	•					·	
a. Residental	30.0	30.0	30.0	30.0	30.0					
b. III.7 and III.7D			7.0	7.0	7.0				·	
c. Other (Specify/add rows of]				
needed)	30.0	30.0			_					
TOTAL AVERAGE LENGTH OF	,									
STAY	30.0	30.0	28.6	18.9	17.0			,		
4. NUMBER OF LICENSED BEDS			•							
f. Rehabilitation	48	48	73	73	73					
g. Comprehensive Care			20	20	20					
h. Other (Specify/add rows of	1				_					
needed)										
TOTAL LICENSED BEDS	48	48	93	93	93	0	0	0	0	0
5. OCCUPANCY PERCENTAGE *	IMPORTANT N	OTE: Leap ye	ar formulas sh	ould be chang	ed by applican	t to reflect 366	days per year.			
a. Residential	93.6%	87.4%	91.2%	93.8%	90.4%		-			<u></u>
b. III.7 and III.7D		·	5.0%	75.0%	100.0%					
c. Other (Specify/add rows of		·								
needed)				<u> </u>						
TOTAL OCCUPANCY %	94:0%	87.7%	72.7%	89.8%	92.5%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/01 A
6. OUTPATIENT VISITS	<u>-</u>									
a. Residential	1									
b. III.7 and III.7D										
c. Other (Specify/add rows of									_	
needed)	186		365	365						
TOTAL OUTPATIENT VISITS	186	22	365	365	365 · 365	W W W W W W W W W W W W W W W W W W W	0	diam'r O	<u>0</u>	.

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

TABLE E. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility of service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FX). For sections 4.8.5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Years (A	Recent	Current Year Projected	Projected Includ	l Years (endin le additional y	g at least two ears, if neede	years after pr d in order to b	oject complet e consistent v	ion and full oo with Tables G	ecupancy) and H.
Indicate CY or FY	2020	2021	2022	2023	2024					
1. DISCHARGES										
a. Residential								<u></u>		
b. III.7 and III.7D			52	782	1,043					
c. Other (Specify)	<u></u>					<u>.</u>				ANTHORNY CO. D. TARRES
TOTAL DISCHARGES	0	0	52	782	1,043	0	0	0	eller elle	
2. PATIENT DAYS									•	
a. Residental		•								
b. III.7 and III.7D			365	5,475	7,300			<u> </u>		
c. Other (Specify)			_							2000
TOTAL PATIENT DAYS	0	0	365	5,475	7,300	. 0	0	0	. 0	O
3. AVERAGE LENGTH OF STAY	′ (patient days	divided b	y discharges)		·					
a. Residental									ļ	
b. III.7 and III.7D			7.0	7.0	7.0	L				
c. Other (Specify)										
TOTAL AVERAGE LENGTH OF						•				
STAY			7.0	7.0	7.0				<u> </u>	<u> </u>
4. NUMBER OF LICENSED BEI	os	_			•					
f. Rehabilitation										
g. Comprehensive Care			20	20	20				ļ	
h. Other (Specify)										\$ 1949.A3A-01.0 10
TOTAL LICENSED BEDS			20		2/2:	0	. Strainings	0	15.4	
5. OCCUPANCY PERCENTAGE	*IMPORTANT	NOTE: L	eap year formι	ılas should be	changed by ap	plicant to refle	ct 366 days pe	r year.		
a. Residential										
b. III.7 and III.7D			5.0%	75.0%	100.0%					
c. Other (Specify)									100000000000000000000000000000000000000	Versal Development of the contract of
TOTAL OCCUPANCY %		i ka ka da	5.0%	75.0%	100.0%					
6. OUTPATIENT VISITS									,	
a. Residential										
b. III.7 and III.7D									<u> </u>	
c. Other (Specify)										J. TOWN OR STREET, PROPERTY OF THE
TOTAL OUTPATIENT VISITS	0.	# 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 : 14	0	- C			0	C. Asserbation C

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

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table F should reflect current dollars (no inflation) Projected revenues and expenses should be consistent with the projections in Table E and with the costs of Manpower listed in Table G. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

Projected Years (ending at least two y	ears after project	completion and	full o	cupancy)	Add	l years, if need	ded	in order to do	cument that the	nospitai Wili
	xcess revenues ov	er total expense	s con	sistent wi	th th	ne Financial F	easi	bility standard	d.	
Indicate CY or FY	2020	2021		2022		2023	Miller	2024		
1. REVENUE										
a. Inpatient Services			\$	351,614	\$	6,893,109	\$	10,580,573		
b. Outpatient Services							<u></u>		ADVANCE - CLOS OVCC-	
Gross Patient Service Revenues	\$ -	\$ -		351,614	\$		\$		15	\$
c. Allowance For Bad Debt			\$	3,236	\$	54,350	_	74,955		
d. Contractual Allowance			\$	189,800	\$	4,175,600		6,832,800	· 	
e. Charity Care			\$	2,129	\$_	25,917		33,563		PAY 2 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Net Patient Services Revenue	\$ 4.	\$ -	\$	156,449	\$	2,637,242	\$	3,639,254	\$ -	\$
f. Other Operating Revenues (Specify)								-		
NET OPERATING REVENUE	\$	\$ 1000000000000000000000000000000000000	\$	156,449	\$	2,637,242	\$	3,639,254	\$ 110	\$
2. EXPENSES										
a. Salaries & Wages (including benefits)			\$	82,911		496,472		496,472		
b. Contractual Services			\$	16,700	\$	100,000	\$	100,000		
c. Interest on Current Debt		·					<u> </u>	·		
d. Interest on Project Debt										
e. Current Depreciation										
f. Project Depreciation					<u>L</u>		<u>L_</u>			
g. Current Amortization						<u> </u>				
h. Project Amortization						<u>,</u>			•	<u> </u>
i. Supplies					<u> </u>		<u> </u>		1 .	
j. Other Expenses (Specify)				·					_	
Client Related Expenses			\$	9,125	\$	136,875	_	182,500		
Employee Related Expenses			\$	1,239	\$	17,041	_	22,069		
Insurance			\$	729	\$	8,876		11,494		
Professional Fees			\$	350		4,260		5,517		
Marketing			\$	1,750		21,302		27,586		
Billing & UR			\$	6,839	_	108,648		148,959		
Utilities/Facility Costs			\$	3,881		69,383	_	89,852		
Repairs & Maintenance			\$	875		12,781	\$	16,552		
Property Taxes			\$	875	_	10,651		13,793		
Rent			\$	15,047		183,195	_	237,241		
Management Fees			\$	25,371		468,639	_	606,897		ļ
General & Administrative			\$	2,187		31,953	_	41,379		19-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
TOTAL OPERATING EXPENSES	\$	\$ 1-2	\$	167,878	\$	1,670,076	\$	2,000,312	\$	\$
3. INCOME										

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table P should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of Manpower listed in Table G. 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 as

Projected Years (ending at least	two years after project	completion and	full occupancy)	Add years, if need	ded in order to do	cument that the	hospital will
gene	rate excess revenues ov	er total expense	es consistent wi	th the Financial F	easibility standar	d	
Indicate CY or FY	2020	2021	2022	2023	2024		
a. Income From Operation	\$19.75	\$	\$ (11,430)	\$ 967,166	\$ 1,638,942	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL ·	\$ 444	\$	\$ (11,430)	\$ 967,166	\$ 1,638,942	.\$	\$ ~~ **********************************
c. Income Taxes							
NET INCOME (LOSS)	\$ 100	(\$) 李紫 () "	\$ (11,430)	\$ 967,166	\$ 1,638,942	\$	\$
4. PATIENT MIX					·		
a. Percent of Total Revenue				·		·	,
1) Medicare				<u> </u>			
2) Medicaid			32.5%	20.6%	16.9%		
3) Blue Cross				<u></u>			
4) Commercial Insurance			67.5%				
5) Self-pay			0.0%	3.7%	2.4%		
6) Other							70 00000000
TOTAL	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient D	ays						
Total MSGA						1	1
1) Medicare							
2) Medicaid			83.3%	68.9%	65.0%		
3) Blue Cross							
4) Commercial Insurance			16.7%				
5) Self-pay			0.0%	6.7%	5.0%		
6) Other						500 St. No. 100 St. 10	
TOTAL	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%

TABLE G. WORKFORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

	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) *	
Job Category	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 D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
Clinical Director	1.0	\$150,000	\$150,000	0.5	\$150,000	\$75,000			\$0	1.5	\$225,000
Program Director	1.0	\$120,000	\$120,000	0.5	\$120,000	\$60,000			\$0	1.5	\$180,000
Total Administration	≝ 2.0	270,000.0	270,000,0	1.0	270,000.0	135,000.0	0.0	0.0	0.0	3.0	\$405,000
Direct Care Staff (List general											
categories, add rows if needed)	4.0	Φ75 000	675 000	0.5	67E 000	\$37,500	-		\$0	1.5	\$112,500
Clinical Supervisor NP	1.0 1.0	\$75,000 \$120,000	\$75,000 \$120,000	0.5	\$75,000 \$120,000				\$0		\$120,000
Counselor	15.0	\$50,000	\$750,000		\$50,000				\$0		\$750,000
LPN	5.0	\$45,000	\$225,000	2.5	\$45,000				\$0	7.5	\$337,500
RN	2.0	\$55,000	\$110,000	1.0	\$55,000	\$55,000			\$0		\$165,000
Medical Technician	6.0	\$30,000	\$180,000	3.0					\$0		\$270,000
Behavioral Health Tech	35.0	\$30,000	\$1,050,000		\$30,000				\$0		\$1,050,000
Total Direct Care	65.0	405,000.0	2,510,000.0	多 套套 7.0	405,000.0	295,000.0	0.0	0.0	0.0	72.0	\$2,805,000
Support Staff (List general											
categories, add rows if needed) Admissions	4.0	\$35,000	\$140,000		\$35,000	\$0			\$0	4.0	\$140,000
Outreach Coordinator	2.0	\$50,000	\$100,000		\$50,000				\$0		\$100,000
Case Manager	4.0	\$40,000	\$160,000		\$40,000				\$0	4.0	\$160,000
Receptionist	2.0	\$30,000	\$60,000		\$30,000				\$0		\$60,000
Admin Assistant	3.0	\$35,000	\$105,000		\$35,000				\$0		\$105,000
Custodian	2.0		\$60,000		\$30,000				\$0		\$60,000 \$625,000
Total Support		\$220,000	\$625,000 \$3,405,000	\$0				- DU		17.0 92.0	
REGULAR EMPLOYEES TOTAL 2. Contractual Employees	84.0	\$ 895,000	\$ 3,400,000	φ <u> </u>	3 _093,000	3 430,000	9 7	N. O. State Control	4	JA.U	:::::::::φυ,ουυ,ουο
Administration (List general											
categories, add rows if needed)											
Medical Director	1.0	\$200,000	\$200,000	0.5	\$200,000	\$100,000			\$0	1.5	\$300,000
			\$0			\$0			\$0		\$0
			_\$0	1		\$0			\$0		\$0
	· · · · · · · · · · · · · · · · · · ·		\$0	rollination a p.	*****	\$0		. (1)	\$0 \$0		\$0 \$300,000
Total Administration Direct Care Staff (List general	1.0	\$200,000	\$200,000	U.5	<u></u>	\$100,000			4.26.345.00	170	
categories, add rows if needed)											
categories, and forms if freededy			\$0			\$0	·		\$0	0.0	
			\$0			\$0	Ī.,		\$0		
			\$0			\$0			\$0		
	20,000.000	900 mg, 21 graph page, 22 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$0		44 W F. 18 1 A. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$0			\$0	0.0	\$0 */*/**** \$0
Total Direct Care Staff	/ 2 2	E PA LAK	** * * \$0		5 4 44	\$0		## W.	<u> </u>	U.U	[中心图字符合] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1
Support Staff (List general categories, add rows if needed)											
categories, add rows it needed)			\$0			\$0			1 \$0	0.0	\$0
	1		\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0		\$0
			\$0			\$0			\$0		
Total Support Staff	3.44 S	, J.	>/	電車場が	45 44 31344	- 1 SC)				
CONTRACTUAL EMPLOYEES TOTAL	1.0	\$200,000	\$200,000	0.5	\$200,000	\$100,000			\$0	1.5	\$300,000
Benefits (State method of											
calculating benefits below):	2		586,956.0			66,472.0					\$653,428
. 175 17	85.0		\$4,191,956			\$596,472			\$0		\$4,788,428
TOTAL COST	January 00.0		- φ+, ι σ ι , σ ο ο	*[\$; :X#0:0			-р - актерия				