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March 7, 2023

Via Electronic Mail - ruby.potter@maryland.gov

Maryland Health Care Commission
Attn: Marcus L. Wang, Esq.
4160 Patterson Avenue
Baltimore, MD 21215

Re: Pascal Crisis Services, Inc. ("Pascal")
Intermediate Care Facility
Docket # - 22-02-2459

Dear Commissioner Wang:

Our firm represents Pascal Crisis Services, Inc. ("Pascal"). We are in receipt of your February 22, 2023 letter and appreciate the opportunity to supply the requested additional information.

1. Bed Projections

Applicant Response: Due to the nature of Pascal's patient census, the submitted bed capacity totals required calculations of different combinations of total bed types, resulting in differing total numbers. For example, the tables did not include the low-intensity 3.1 beds (8) Pascal is licensed for at 43 Community Place, Crownsville MD 21032 because Pascal does not currently operate the low intensity beds due to the volume of higher acuity bed referrals received for individuals in need of stabilization.

The tables also did not include grant funded Crisis Response System (CRS) "Resolution Beds." Pascal can only provide an estimation of bed capacity for Resolution Beds because the daily bed occupancy number fluctuates based on need. A Resolution Bed is utilized when the Local Behavioral Health Authority (LBHA) requests Pascal to admit a person in need of a mental health bed despite their RCS beds being fully occupied, causing Pascal to exceed their Residential Crisis Services (RCS) 16-bed census.

In order to reflect a consistent total bed occupancy number, Pascal inserted "c. 3.1 Low Intensity," "d. Other (State Opioid Response Grant)" and "e. CRS (Resolution Bed)" into tables "C" and "E." The numbers describe the actual number of beds in the current configuration and the after-project completion. The attached table reflects the bed count adjustment from 50 to 42 in all tables respectively.

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2. Viability

Applicant Response:

The viability of Pascal's application will not be affected due to Optum's unsubstantiated allegation regarding an alleged "overpayment" of \$722,446.69. Optum's system uses the term "overpayment" as its internal accounting terminology instead of the more appropriate term "reconciliation."

Pascal is actively engaged in the reconciliation process and has not made any "repayment" to Optum because Pascal does not owe Optum any amount. Indeed, the reconciliation process has revealed that Pascal is owed monies from Optum.

By way of historical background, Optum has failed to properly process claims for the entire state of Maryland. At present, through the reconciliation process, tens of thousands of lines of data continue to be sorted by Pascal in order to reconcile its account and receive payment by the failed vendor from properly submitted claims/billing during the "estimated payment" period of 2020.

The reconciliation process from August 3, 2022 through February 9, 2023 has thus far resulted in a positive billing paid to Pascal of \$342,865.68 that was incorrectly denied by Optum during the estimated payment time period in 2020.

Despite Pascal's best efforts, the reconciliation process has been slowly moving forward. As the table attached hereto show, some of the payments made to Pascal for 2020 claims have occurred only within the past few months – over three years after the services were rendered .

Optum Estimated "Overpayment":	\$722,446.69
Pascal Claims Paid since August 3, 2023:	<u>\$342,865.68</u>
	\$379,581.01

The process of reconciliation has taken hundreds of labor hours by Pascal to reconcile thousands of lines of data between Optum LifeCycle report and Pascal's Electronic Medical Record (EMR). Optum recently has identified \$164,893.30 in claims that need to be resubmitted for payment. In addition, Pascal has identified \$163,522.34 in claims associated with service code T2048 Room and Board which have been wrongfully denied by Optum for the past three years. This is just one example of the on-going issues Pascal is experiencing with Optum's dysfunctional processing of claims.

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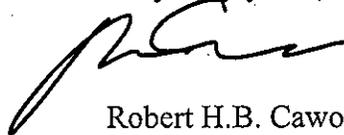
The combination of just these two amounts is \$328,415.64 which remains payable to Pascal and there are many more claims to be adjudicated. This represents just one service code of many which has been adjudicated, there are many more that still require reconciliation.

The Optum dilemma for all behavioral health providers has been extraordinarily difficult to manage. Many other providers were forced to close their doors as a direct result of Optum's system implementation failure; however, Pascal's substantial financial reserves allowed the agency to wait for the reimbursement of hundreds of thousands of dollars for over three years, and Pascal will not be financially impacted regardless of the resolution of the reconciliation process with Optum.

Pascal remains committed to providing services and throughout this process, Pascal has consistently maintained the viability of their agency without issue. Receiving the long-awaited funds owed by Optum as a result of the reconciliation process will have, in sharp contrast to the suggestion made by an interested party, only a positive impact on Pascal's viability and further support for the approval of this application.

We trust this responds to your letter. Should you have any questions or additional requests please feel free to contact the undersigned. Thank you for your courtesy regarding these matters.

Very truly yours,



Robert H.B. Cawood

RHBC/se

Enclosure: Excel Tables

cc: Ruby Potter, Health Facilities Coordinator, ruby.potter@maryland.gov
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TABLE B. PROJECT BUDGET

		III.7 and III.7D		RESIDENTIAL	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
(4)	Architect/Engineering Fees				\$0
(5)	Permits (Building, Utilities, Etc.)				\$0
	SUBTOTAL		\$0		\$0
b. Renovations					
(1)	Building	\$35,000			\$35,000
(2)	Fixed Equipment (not included in construction)	\$0			\$0
(3)	Architect/Engineering Fees	\$3,500			\$3,500
(4)	Permits (Building, Utilities, Etc.)	\$1,500			\$1,500
	SUBTOTAL	\$40,000	\$0		\$40,000
c. Other Capital Costs					
(1)	Movable Equipment	\$5,500			\$5,500
(2)	Contingency Allowance	\$15,000			\$15,000
(3)	Gross interest during construction period	\$0			\$0
(4)	Other (Specify/add rows if needed)	\$0			\$0
	SUBTOTAL	\$20,500	\$0		\$20,500
TOTAL CURRENT CAPITAL COSTS					
	Land Purchase	\$60,500	\$0		\$60,500
	Inflation Allowance	\$0	\$0		\$0
	TOTAL CAPITAL COSTS	\$60,500	\$0		\$60,500
2. Financing Cost and Other Cash Requirements					
a.	Loan Placement Fees		\$0		\$0
b.	Bond Discount		\$0		\$0
c.	CON Application Assistance		\$0		\$0
	<i>c1. Legal Fees</i>		\$0		\$0
	<i>c2. Other (Specify/add rows if needed)</i>		\$0		\$0
d.	Non-CON Consulting Fees		\$0		\$0
	<i>d1. Legal Fees</i>		\$0		\$0
	<i>d2. Other (Specify/add rows if needed)</i>		\$0		\$0

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-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.

e.	Debt Service Reserve Fund	\$0	\$0	\$0
i.	Other (Specify/add rows if needed)	\$0	\$0	\$0
	SUBTOTAL	\$0	\$0	\$0
3.	Working Capital Startup Costs			
	TOTAL USES OF FUNDS	\$60,500	\$60,500	\$60,500
B. Sources of Funds				
1.	Cash	\$60,500		\$60,500
2.	Philanthropy (to date and expected)	\$0		\$0
3.	Authorized Bonds	\$0		\$0
4.	Interest Income from bond proceeds listed in #3	\$0		\$0
5.	Mortgage	\$0		\$0
6.	Working Capital Loans	\$0		\$0
7.	Grants or Appropriations			
a.	Federal	\$0		\$0
b.	State	\$0		\$0
c.	Local	\$0		\$0
8.	Other (Specify/add rows if needed)	\$0		\$0
	TOTAL SOURCES OF FUNDS	\$60,500	RESIDENTIAL	\$60,500
		III.7 and III.7D		
Annual Lease Costs (if applicable)				
1.	Land	\$0		\$0
2.	Building	\$1		\$1
3.	Major Movable Equipment	\$0		\$0
4.	Minor Movable Equipment	\$0		\$0
5.	Other (Specify/add rows if needed)	\$0		\$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 C. STATISTICAL PROJECTIONS - ENTIRE FACILITY (Pascal Crisis Stabilization Center - 43 Community Place, Cowansville MD only)

INDICATE CY OR FY: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation of basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

Indicate CY or FY	Two Most Recent Years		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.				
	CY 2020	CY 2021		CY 2022	CY 2023	CY 2024	CY 2025	
1. DISCHARGES								
a. Residential Crisis Services	978	1,495	1,496	1,789	1,880	1,950		
b. Ill,7 and Ill,7D			0	1,200	1,236	1,273		
c. 3.1 Low Intensity	0	0	0	0	0	0		
d. Other (State Opioid Response Grant)	858	1,157	761	0	0	0		
e. CRS (Resolution Bed)	24	24	24	24	24	24		
TOTAL DISCHARGES	1,860	2,676	2,285	3,004	3,110	3,247	0	0
2. PATIENT DAYS								
a. Residential Crisis Services	6,412	9,217	8,208	9,770	10,500	11,250		
b. Ill,7 and Ill,7D			0	7,284	7,284	7,284		
c. 3.1 Low Intensity	0	0	0	0	0	0		
d. Other (State Opioid Response Grant)	3,149	4,087	2,732	0	0	0		
e. CRS (Resolution Bed)	24	24	24	24	24	24		
TOTAL PATIENT DAYS	9,585	13,328	10,964	17,078	17,808	18,558	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)								
a. Residential Crisis Services	6.8	6.2	5.5	5.5	5.7	5.8		
b. Ill,7 and Ill,7D				6.1	5.9	5.7		
c. 3.1 Low Intensity	0.0	0.0	0.0	0.0	0.0	0.0		
d. Other (State Opioid Response Grant)	3.7	3.5	3.6	0.0	0.0	0.0		
e. CRS (Resolution Bed)	1.0	1.0	1.0	1.0	1.0	1.0		
TOTAL AVERAGE LENGTH OF STAY	2.8	2.7	2.5	5.7	5.7	5.7		
4. NUMBER OF LICENSED BEDS								
a. Residential Crisis Services	16	16	16	16	16	16		
b. Ill,7 and Ill,7D				20	20	20		
c. 3.1 Low Intensity	8	8	8	0	0	0		
d. Other (State Opioid Response Grant)	20	20	20	0	0	0		
e. CRS (Resolution Bed)	6	6	6	6	6	6		
TOTAL LICENSED BEDS	50	50	50	42	42	42	0	0
5. OCCUPANCY PERCENTAGE (IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.)								
a. Residential Crisis Services	109.5%	157.8%	140.5%	167.3%	179.3%	192.6%		
b. Ill,7 and Ill,7D				0.0%	0.0%	0.0%		
c. 3.1 Low Intensity	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
d. Other (State Opioid Response Grant)	43.0%	56.0%	37.4%	0.0%	0.0%	0.0%		
e. CRS (Resolution Bed)	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%		
TOTAL OCCUPANCY %	111.9%	117.9%	111.9%	116.2%	116.2%	116.2%	0	0
6. OUTPATIENT VISITS								
a. Residential	3,310	4,120	4,400	4,600	4,800	5,000		
b. Ill,7 and Ill,7D			0	2,600	2,600	2,600		
c. 3.1 Low Intensity	0	0	0	0	0	0		
d. Other (SOR Grant)	1,175	1,354	2,377	0	0	0		
e. CRS (Resolution Bed)	12	12	12	12	12	12		
TOTAL OUTPATIENT VISITS	4,485	5,474	6,777	7,212	7,412	7,612	0	0

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

TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY (Pascal Crisis Stabilization Center - 43 Community Place, Crownsville MD only)

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 income.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
	CY-2020	CY-2021	CY-2022	CY-2023	CY-2024	CY-2025				
1. REVENUE										
a. Residential Crisis Services	\$ 1,931,102	\$ 2,886,948	\$ 2,853,839	\$ 3,396,931	\$ 3,396,931	\$ 3,396,931				
b. Outpatient Services	\$ 1,226,338	\$ 1,756,799	\$ 1,714,773	\$ 2,947,403	\$ 3,061,826	\$ 3,179,383				
c. III, 7/III, 7WM				\$ 3,485,685	\$ 3,485,685	\$ 3,485,685				
Gross Patient Service Revenues	\$ 3,157,440	\$ 4,643,747	\$ 4,568,612	\$ 6,344,334	\$ 6,458,757	\$ 6,576,314				
d. Allowance For Bad Debt				\$ -	\$ -	\$ -				
e. Contractual Allowance				\$ -	\$ -	\$ -				
f. Charity Care				\$ -	\$ -	\$ -				
Net Patient Services Revenue	\$ 3,157,440	\$ 4,643,747	\$ 4,568,612	\$ 6,344,334	\$ 6,458,757	\$ 6,576,314				
f. Other Operating Revenues (Specify/add rows if needed)										
NET OPERATING REVENUE	\$ 3,157,440	\$ 4,643,747	\$ 4,568,612	\$ 6,344,334	\$ 6,458,757	\$ 6,576,314				
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 1,995,246	\$ 2,056,487	\$ 2,146,680	\$ 4,745,000	\$ 4,887,350	\$ 5,033,971				
b. Contractual Services	\$ 118,134	\$ 134,517	\$ 201,000	\$ 233,000	\$ 239,990	\$ 247,190				
c. Interest on Current Debt				\$ -						
d. Interest on Project Debt				\$ -						
e. Current Depreciation				\$ -						
f. Project Depreciation				\$ -						
g. Current Amortization				\$ -						
h. Project Amortization				\$ -						
i. Supplies	\$ 67,084	\$ 70,778	\$ 83,200	\$ 83,200	\$ 85,000	\$ 87,500				
j. Other Expenses (Specify/add rows if needed)	\$ 88,558	\$ 99,447	\$ 102,000	\$ 152,600	\$ 157,178	\$ 161,893				
TOTAL OPERATING EXPENSES	\$ 2,269,022	\$ 2,361,229	\$ 2,532,880	\$ 5,213,800	\$ 5,369,518	\$ 5,530,664				
3. INCOME										
a. Income From Operation	\$ 888,418	\$ 2,282,518	\$ 2,035,732	\$ 1,130,534	\$ 1,089,239	\$ 1,045,760				
b. Non-Operating Income										
SUBTOTAL	\$ 888,418	\$ 2,282,518	\$ 2,035,732	\$ 1,130,534	\$ 1,089,239	\$ 1,045,760				
c. Income Taxes										
NET INCOME (LOSS)	\$ 888,418	\$ 2,282,518	\$ 2,035,732	\$ 1,130,534	\$ 1,089,239	\$ 1,045,760				
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare										
2) Medicaid	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%				
3) Blue Cross										
4) Commercial Insurance	6.8%	6.8%	6.8%	6.9%	6.9%	6.9%				
5) Self-pay										
6) Other (SOR Grant 2022)	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%				
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days										
1) Medicare										
2) Medicaid	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%				
3) Blue Cross										
4) Commercial Insurance	6.8%	6.8%	6.8%	6.9%	6.9%	6.9%				
5) Self-pay										
6) Other	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%				
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%

TABLE E. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE (Pascal Crisis Stabilization Center - 43 Community Place, Crownsville MD)

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) include additional years, if needed in order to be consistent with Tables G and H.						
	CY-2020	CY-2021	CY-2022	CY-2023	CY-2024	CY-2025				
1. DISCHARGES										
a. Residential Crisis Services	978	1,495	1,495	1,780	1,850	1,950				
b. III.7 and III.7D				1,200	1,236	1,273				
c. 3.1 Low Intensit	0	0	0	0	0	0				
d. Other (State Opioid Response Grant)	858	1,157	761	0	0	0				
e. CRS (Resolution Bed)	24	24	24	24	24	24				
TOTAL DISCHARGES	1,838	2,652	2,257	2,980	3,086	3,223	0	0	0	0
2. PATIENT DAYS										
a. Residential Crisis Services	6,412	9,217	8,208	9,770	10,500	11,250				
b. III.7 and III.7D				7,284	7,284	7,284				
c. 3.1 Low Intensit	0	0	0	0	0	0				
d. Other (State Opioid Response Grant)	3,149	4,087	2,732	0	0	0				
e. CRS (Resolution Bed)	24	24	24	24	24	24				
TOTAL PATIENT DAYS	9,581	13,304	10,940	17,054	17,784	18,534	0	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residential Crisis Services	6.6	6.2	5.5	5.5	5.7	5.8				
b. III.7 and III.7D				6.1	5.9	5.7				
c. 3.1 Low Intensit	0.0	0.0	0.0	0.0	0.0	0.0				
d. Other (State Opioid Response Grant)	3.7	3.5	3.6	0.0	0.0	0.0				
e. CRS (Resolution Bed)	1.0	1.0	1.0	1.0	1.0	1.0				
TOTAL AVERAGE LENGTH OF STAY	2.8	2.7	2.5	2.5	2.5	2.5				
4. NUMBER OF LICENSED BEDS										
a. Residential Crisis Services	16	16	16	16	16	16				
b. III.7 and III.7D				20	20	20				
c. 3.1 Low Intensit	8	8	8	0	0	0				
d. Other (State Opioid Response Grant)	20	20	20	0	0	0				
e. CRS (Resolution Bed)	6	6	6	6	6	6				
TOTAL LICENSED BEDS	50	50	50	42	42	42	0	0	0	0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. Residential Crisis Services	109.8%	157.8%	140.5%	167.3%	179.3%	192.6%				
b. III.7 and III.7D					115.7%	120.9%				
c. 3.1 Low Intensit	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
d. Other (State Opioid Response Grant)	43.1%	56.0%	37.4%	0.0%	0.0%	0.0%				
e. CRS (Resolution Bed)										
TOTAL OCCUPANCY %	52.4%	72.9%	59.9%	111.2%	116.0%	120.9%				
6. OUTPATIENT VISITS										
a. Residential	3,310	4,120	4,400	4,600	4,800	5,000				
b. III.7 and III.7D				2,600	2,600	2,600				
c. 3.1 Low Intensit	0	0	0	0	0	0				
d. Other (Specify)	1,175	1,354	2,377	0	0	0				
e. CRS (Resolution Bed)	0	0	0	0	0	0				
TOTAL OUTPATIENT VISITS	4,485	5,474	6,777	7,200	7,400	7,600	0	0	0	0

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

TABLE F. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE (Pascal Crisis Stabilization Center - 43 Community Place, Crownsville MD only)

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 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	CY 2023	CY 2024	CY 2025				
1. REVENUE							
a. Inpatient Services (Facility)	\$ 3,396,931	\$ 3,396,931	\$ 3,396,931				
b. Outpatient Services	\$ 2,947,403	\$ 3,061,826	\$ 3,179,383				
c. III.7 / III.7WM	\$ 3,485,685	\$ 3,485,685	\$ 3,485,685				
Gross Patient Service Revenues	\$ 6,344,334	\$ 6,458,757	\$ 6,576,314	\$ -	\$ -	\$ -	\$ -
d. Allowance For Bad Debt							
e. Contractual Allowance							
f. Charity Care							
Net Patient Services Revenue	\$ 6,344,334	\$ 6,458,757	\$ 6,576,314	\$ -	\$ -	\$ -	\$ -
g. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ 6,344,334	\$ 6,458,757	\$ 6,576,314	\$ -	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 4,745,000	\$ 4,887,350	\$ 5,033,971				
b. Contractual Services	\$ 233,000	\$ 239,990	\$ 247,190				
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization							
i. Supplies	\$ 83,200	\$ 85,000	\$ 87,500				
j. Other Expenses (Specify)	\$ 152,600	\$ 157,178	\$ 161,893				
TOTAL OPERATING EXPENSES	\$ 5,213,800	\$ 5,369,518	\$ 5,530,554	\$ -	\$ -	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ 1,130,534.00	\$ 1,089,239.00	\$ 1,045,760.46	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ 1,130,534.00	\$ 1,089,239.00	\$ 1,045,760.46	\$ -	\$ -	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ 1,130,534.00	\$ 1,089,239.00	\$ 1,045,760.46	\$ -	\$ -	\$ -	\$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid	93.0%	93.0%	93.0%				
3) Blue Cross							
4) Commercial Insurance	6.8%	6.8%	6.8%				
5) Self-pay							
6) Other SOR Grant	0.2%	0.2%	0.2%				
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							
2) Medicaid	92.1%	94.6%	94.6%				
3) Blue Cross							
4) Commercial Insurance	6.9%	5.4%	5.4%				
5) Self-pay							
6) Other SOR Grant	1.0%						
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	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.

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)	
	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											
<i>Administration (List general categories, add rows if needed)</i>											
Clinical Director	1.0	\$120,000	\$120,000	1.0	\$120,000	\$120,000			\$0	2.0	\$240,000
Intake/Case Management	4.0	\$51,000	\$204,000	4.0	\$51,000	\$204,000			\$0	8.0	\$408,000
Substance Use Counselor(s)	1.0	\$52,000	\$52,000	4.0	\$52,000	\$208,000			\$0	5.0	\$260,000
Administrative Staff	3.0	\$40,000	\$120,000	2.0	\$40,000	\$80,000			\$0	5.0	\$200,000
Total Administration	9.0	\$263,000	\$496,000	11.0	\$263,000	\$612,000			\$0	20.0	\$1,108,000
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Psychiatrist / Medical Director	1.0	\$182,000	\$182,000						\$0	1.0	\$182,000
CRNP	4.0	\$120,000	\$480,000						\$0	4.0	\$480,000
LCPC, LCSW-C	7.0	\$70,000	\$490,000	4.0	\$70,000	\$280,000			\$0	11.0	\$770,000
RN	2.0	\$90,000	\$180,000	4.0	\$90,000	\$360,000			\$0	6.0	\$540,000
LPN	3.0	\$60,000	\$180,000	1.0	\$60,000	\$60,000			\$0	4.0	\$240,000
Behavioral Health Supervisor	1.0	\$60,000	\$60,000	2.0	\$60,000	\$120,000			\$0	3.0	\$180,000
Psychiatric Technicians	24.0	\$35,000	\$840,000						\$0	24.0	\$840,000
Total Direct Care	42.0	\$617,000	\$2,412,000	11.0	\$280,000	\$820,000			\$0	53.0	\$3,232,000
<i>Support Staff (List general categories, add rows if needed)</i>											
Peer Recovery Specialist / Driver	5.0	\$35,000	\$175,000	4.0	\$35,000	\$140,000			\$0	9.0	\$315,000
Facilities Maintenance	1.0	\$60,000	\$60,000	0.5	\$60,000	\$30,000			\$0	1.5	\$90,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support			\$0			\$0			\$0	0.0	\$0
REGULAR EMPLOYEES TOTAL	6.0	\$95,000	\$235,000	4.5	\$95,000	\$170,000			\$0	10.5	\$405,000
2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff	0.0	\$0	\$0			\$0			\$0	0.0	\$0
<i>Support Staff (List general categories, add rows if needed)</i>											
Chef	1.0	\$50,000	\$50,000						\$0	1.0	\$50,000
Food Service Tech	0.5	\$40,000	\$20,000						\$0	0.5	\$20,000
Billing Services	1.0	\$35,000	\$35,000						\$0	1.0	\$35,000
Transportation Services	3.0	\$32,000	\$96,000	1.0	\$32,000	\$32,000			\$0	4.0	\$128,000
Total Administration	5.5	\$157,000	\$201,000	1.0	\$32,000	\$32,000			\$0	6.5	\$233,000
CONTRACTUAL EMPLOYEES TOTAL	6.5	\$157,000	\$201,000	1.0	\$32,000	\$32,000	0.0	\$0	\$0	6.5	\$233,000
<i>Benefits (State method of calculating benefits below):</i>											
TOTAL COST	62.5		\$3,344,000	27.5		\$1,634,000	0.0		\$0	90.0	\$4,978,000