HOPE HEALTH SYSTEMS, INC. CERTIFICATE OF NEED APPLICATION
(MATTER NO. 23-03-2465)

APPLICANT'S RESPONSES TO APRIL 4, 2023 COMPLETENESS QUESTIONS

General

1. Please provide the sources and assumptions made in all tables that support the CON application

Applicant Response:

Please see attached chart as **Exhibit 17** documenting the sources/assumptions for each table by number.

2. As indicated on p. 4, please identify the facility and bed count for:

a. The seven Maryland hospitals that provide child psychiatric services; and

b. The eleven Maryland hospitals that provide adolescent psychiatric services.

Applicant Response:

The Applicant totaled the counts referenced above based upon the HSCRC data it purchased for CY 2017-2019, counting each provider with 10 or more psychiatric patient days reports for children or adolescents in CY 2019. The Applicant notes that some of the facilities with lower patient day counts may not be providing psychiatric services routinely to these age groups or through a distinct unit, but treated enough patients with the diagnosis codes to show up on the report. Please see the facilities by age group in the table below:

HSCRC Data CY 2019 (Primary Diagnosis = ICD-10 F01-F99) (Age 13-17) (By Provider)(Patient Days >10)		
Provider #	**Hospital Name**	**Hospital Type**
210002	University of Maryland	General Acute Care
210009	Johns Hopkins	General Acute Care
210015	MedStar Franklin Square	General Acute Care
210018	MedStar Montgomery General	General Acute Care
210022	Suburban Hospital	General Acute Care
210028	MedStar Saint Mary's Hospital	General Acute Care
210033	Carroll Hospital Center	General Acute Care
210039	Calvert Health Medical Center, Inc.	General Acute Care
210057	Shady Grove Adventist	General Acute Care

214000	Sheppard Pratt Health System	Psychiatric
214003	Brook Lane Health Services	Psychiatric

HSCRC Data CY 2019 (Primary Diagnosis = ICD-10 F01-F99) (Age 0-12) (By Provider)(Patient Days >10)		
Provider #	**Hospital Name**	**Hospital Type**
210002	University of Maryland	General Acute Care
210009	Johns Hopkins	General Acute Care
210015	MedStar Franklin Square	General Acute Care
210057	Shady Grove Adventist	General Acute Care
210033	Carroll Hospital Center	General Acute Care
214000	Sheppard Pratt Health System	Psychiatric
214003	Brook Lane Health Services	Psychiatric

The Applicant notes that there is no source of publicly reported bed counts for children and adolescent bed counts in total or by facility. Sheppard Pratt and Brook Lane report a bed count under the HSCRC Experience reports for the "PCD" cost center, but no other provider reports a bed count figure for this age-limited cost center. Please see Table 15 on Page 41 of the CON Application for the PCD cost center bed counts. The Applicant also referenced the MHCC Psychiatric Work Group Services survey from 2019/2020 (attached as **Exhibit 18**) that included reports on providers, bed counts, and staffed beds for children and adolescent psychiatric services.

3. Budget: Page 5 provides the estimated project cost, and later a working capital credit line is cited as the source (Exh. 7). What is the status of the application for the credit line and what other funding options is applicant exploring if the credit line is not approved?

Applicant Response:

The Applicant has documented the interest of its banking partner in providing the required financing at the stated terms. The line of credit will not be formally applied for and acquired until the project has been approved by the Maryland Health Care Commission. The Applicant has also obtained a letter of interest from a second bank, Fulton Bank, as an alternate financing option. Please see **Exhibit 20.**

4. As stated on p. 6, provide the final agreement which provides the relationship and role between HHS and Scott Migdole. Please identify these consulting costs in the Project Budget.

Applicant Response:

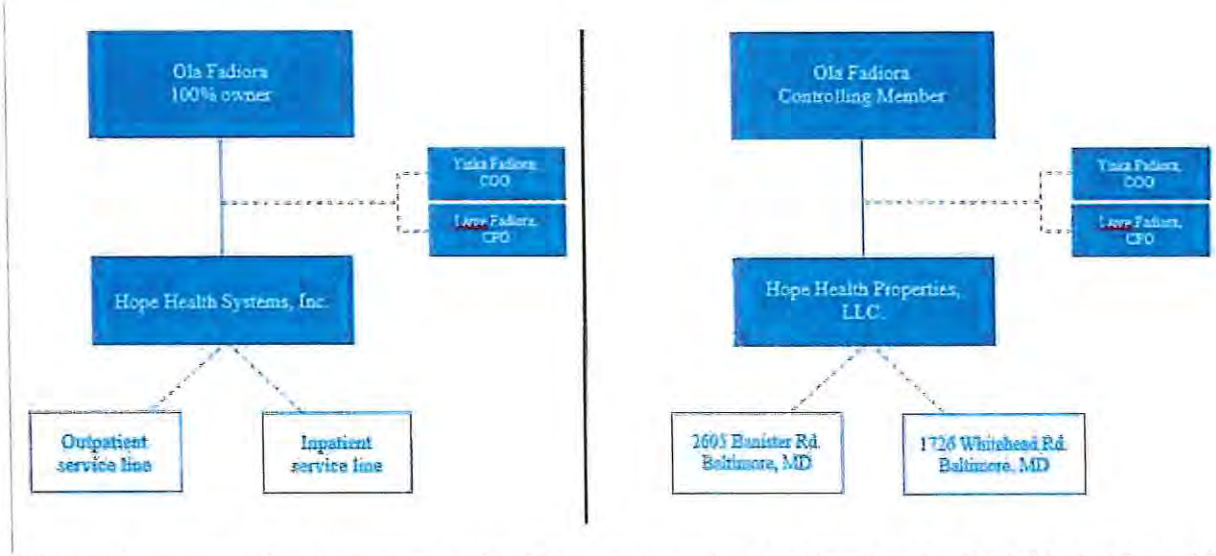
The agreement is attached as **Exhibit 21**. As identified therein, Scott Migdole and his team are contracted to provide technical support in developing and operationalizing the proposed children

and adolescent inpatient psychiatric hospital program. The consulting cost estimates have been added to the project budget in the revised tables submitted with this response.

5. Please provide an organizational chart that shows the relationship of Hope Health Services, Inc., (HHS) to the following entities: (1) Hope Health Psychiatric Hospital (HHPH); Hope Health Properties, LLC (HHP); the four HHS offices located in Baltimore City, and Baltimore, Carroll, and Prince George's Counties; and any other entities or subsidiaries owned and operated by HHS, either referenced in the application or in the financial statements. Please identify the ownership for each entity including the percentage ownership if there are multiple owners; include an entity relationship diagram that provides an overview of the hierarchy of the relationships within the entire organizational structure.

Applicant Response:

The following shows the organizational structure of HHS and HHP. The four HHS office are not legal entities; rather, each is a physical location from which HHS operates and provides its existing outpatient programs/service line. Similarly, HHPH will be a service line of HHS operating from the 1726 Whitehead Road location; it will not be a legal entity separate from HHS.



Although not specifically requested in this question, the Applicant notes that Ola Fadiora (the owner/controlling member of HHS and HHP), also owns or has a controlling interest in the following two entities: Peju's Kitchen (a restaurant) and Agape Health Systems (a primary care medical practice). Accordingly, these entities have the same owner (Ola Fadiora) as HHP and HHS.

6. Project Description: Please provide the following:

a. A detailed description of the plans to minimize the disruption of current behavioral health services by HHS during the renovations?

Applicant Response:

The renovations to the existing building to incorporate the proposed Inpatient Psychiatric Hospital will have minimal or no impact on the current operations of the existing Hope Health Facility. Please see the attached floor plan as **Exhibit 22**, with sections of the proposed facility highlighted regarding its current usage. The day program shown on the plan (shaded orange) never became operational due to COVID 19 and the area is not in use today. The other area is the executive area (shaded green). The executive area will be relocated to 6707 Whitestone Road, Suite 106 (a 3-minute walk from the facility). The remaining area (shaded yellow) is mostly not used and has a few therapist offices. These offices will be relocated within other areas of the existing facility.

The main entry will still be utilized for the existing HHS operations in the building.. A temporary construction wall will be erected to separate the current operations from the existing facility. Additionally, the construction entrance will be located on the side as indicated to allow all construction workers and activities to occur so as not to disrupt current business operations. All walls and temporary partitions will be sealed properly to prevent any dust or debris from entering the current business. As a part of the final drawings the Architect will develop an Infection Control Risk Assessment (ICRA) plan for use by the contractor.

b. Please describe how the 15,329 SF in renovations will meet the FGI Guidelines for a hospital-based pediatric behavioral and mental health patient care program.

Applicant Response:

HHPH is designed to be a code compliant, nurturing, and safe environment through the use of the current edition of the FGI Guidelines, and incorporates materials, furniture, fixtures and equipment consistent with those identified in Maryland COMAR 10.07.01.30 and by The Joint Commission. the current version of the Patient Safety Standards, Materials and Systems Guidelines. The architect's extensive experience with healthcare facility design in Maryland is summarized in **Exhibit 5** to the Application.

The unit is organized into separate suites to segregate latency age patients from adolescents at all times with a central Security / Reception area providing a direct line of site, and access to, both the adolescent and child suites. The unit also provides a variety of spaces, including a respite or "quiet" room, seclusion area, as well as a diverse group of environments for active play, therapy, and group interaction. The unit is designed to be ligature resistant where staff can interact with and observe patients in an open environment without blind corners and hiding spaces. For the staff, the nurse stations within each suite are designed to be forward facing so staff's backs are never to the patients as well as provide localized visual and auditory supervision of both colleagues and patients. The unit also includes a separate space for staff reprieve.

7. Please provide full scale line drawings. Clearly identify each patient room, the square footage of all rooms and spaces, if a room is designated for a child or adolescent, and open areas in the proposed inpatient psychiatric program.

Applicant Response:

A set of full-scale drawings has been delivered to the MHCC via hard copy.

8. The plans show a distinct classroom in the children's program area. Describe the educational services planned to be provided to the child and adolescent population. Are the costs for the education program included in the Revenue and Expense Statements? If not, please update the appropriate tables to include.

Applicant Response:

HHS recognizes the importance of providing educational services to the child and adolescent population admitted to inpatient services. For those who have one, HHS ensures elements of the child/youth's individualized educational plan (IEP) are appropriately addressed. HHS's physical plant structure has a distinct classroom area in which to provide group instruction/tutoring. The classroom is located in the children's program area for use by the child population. The adolescent patients have access to the classroom under close observation by staff when the children are supervised elsewhere. At no time are the children and adolescents in close proximity.

In addition to the classroom, there are other spaces for small group instruction and/or individual. workspace for study and completion of assignments. They are provided in shared spaces on the units and in individual bedrooms which include safety desks, safety chairs and adequate lighting. Group and/or individual instruction/tutoring are provided by contracted staff who are credentialed to provide either elementary or secondary education/tutoring and who have proven expertise in the subject matter being provided.

In addition, contracted staff have knowledge and skill-based competencies to provide group and individual instruction and/or tutoring to children/adolescent with diverse learning styles and behavioral needs. Because of the limited length of stay (estimated to be 5-9 days) and the critical importance of providing active treatment (clinical services and interventions), group and individual instruction/tutoring will not be reflective of the hours in a typical school day but will be sufficient to allow the child/youth to maintain his/her/their standing academically. Adaptions will be made for those adolescents who have graduated from school, have a GED or are currently working on a GED.

Expenses for contracted educational staff are reflected in the revised Table L. Work Force and the Revenue and Expense Statements.

9. In Exhibit 1, p. 18, the applicant indicates that the eligibility requirements for the child and adolescent programs at HHS are "ages 5-21 years." Please clarify whether this includes the proposed inpatient psychiatric child and adolescent program as well.

Applicant Response:

The statement in Exhibit I regarding "ages 5-21 years" is referencing the HHS Health Homes outpatient program. It does not apply to the proposed inpatient psychiatric child and adolescent program.

10. Please provide a detailed description of the security measures to be provided for HHPH, including the child and adolescent psychiatric rooms. Will HHS outpatient comingle with HHPH inpatients or will there be any security measures be considered about the potential access? Provide a detailed description of the security guard staffing plans, including whether the security staff will be shared with HSS outpatient facility. Are the costs for the security personnel and the security program included in the Revenue and Expense Statements and the Workforce Information?

Applicant Response:

There is nothing more important to HHS than providing for the health and safety of its patient population and the safety of its staff. As such, HHS has taken all precautions to ensure shared spaces and individual patient rooms meet the highest safety and security standards.

Shared areas are free of hazards and maintain a security management program to protect staff, patients, and visitors from harm. The two programs' shared spaces and individual patient rooms are designed specifically to meet the needs of both. The two program spaces offer secure, attractive, and comfortable living spaces.

Ligature proof hardware and fixtures are used throughout patient services areas and in individual and shared patient rooms. Physical plant accommodates adequate space for treatment team and staff meetings and discussions while ensuring patient privacy and security. The physical plant provides space that can accommodate visitors and is welcoming and comfortable with sufficient space for family visiting that also allows for staff observation and intervention as needed. Charting areas allow for visual and acoustical privacy while accommodating observation of the patient areas. Secure medication storage area includes provisions for security against unauthorized access.

Patient rooms meet all safety and security standards set forth by The Joint Commission and required by Maryland COMAR 10.07.01.30, to include:

- Ligature proof hardware and fixtures
- Adequate space to assure privacy and provide storage for patients' personal possessions including a secured space.
- Furniture is safety graded and is weighted and of particular hefty and size that it cannot be moved by patient population.
- Furniture includes bed, desk area, chair as well as adequate safety lighting.
- Windows have operable section or sash controlled by keys or tools under the control of the staff or safe window shades that can be controlled by patients. Operation of window sash is restricted to inhibit possible escape or harm risks. Safety glazing and/or other appropriate security features are used.
- Bathroom facilities offer break-away, ligature proof safety bars.
- All door handles are ligature safe and all doors open from the outside to prevent any inside room barricading.

The HHPH facility will maintain and deploy fire safety, emergency and disaster preparedness protocols in those events that require patients to vacate the premises. Ongoing maintenance, repair, and replacement of furnishings/ equipment ensures all safety and security measures for shared common and individual patient areas are in good working order.

HHPH will include physical separation and programmatic distinctions between children and adolescents populations in accordance with current best practices and FGI Guideline requirements. The sleeping quarters for children are separated by locked doors from the adolescent program and the child program has its own designated nursing station. While dining, social, classroom and therapy spaces may be shared by both the child and adolescent populations, comingling is effectively managed through timing of use which differs and allows for adequate transition time between each age cohort to ensure clinically appropriate separation between children and adolescents that is consistent with existing clinical operations of like facilities within the State, similar to the program in the University of Maryland CON Application (Psych) - Docket No. 18-24-2429.

During any transition time in which the two populations might be present in the same space for a limited period of time, it will be under close and constant staff oversight and staff observation. Physical plant design and barriers such as separate entry ways prevent any comingling between the inpatient child/adolescent population and any other HHS client service population.

Inpatient child and adolescent patients and clients receiving other HHS services will not comingle at any time other than with the possible exceptions of an emergency evacuation and/or as part of a scheduled disposition/discharge planning activity.

In the first instance a nurse should be the person to special a patient. Where a patient is physically hostile or verbally threatening to other patients or staff, or has a recent history of such behavior, appropriately trained security officers may be used. When warranted, the role of security personnel is to support nursing staff with patients who have been assessed as presenting a potential risk to themselves and or others and require an increased level of observation. Security personnel are able to support de-escalation and restraint of patients under the direction of nursing and medical staff.

The Applicant has budgeted 7.20 FTEs for dedicated Security Officers for an annual cost of $284,400, which has been included in the revenue and expense tables. This proposed FTE and cost allocation is intended for the proposed inpatient facility separate and distinct from outpatient operations.

11. Please describe how you will ensure compliance with federal and state requirements for closing a hospital, and HIPAA requirements to ensure all medical records are kept safe and confidential given the landlord's remedies under the lease agreement.

Applicant Response:

Please see the lease amendment attached as **Exhibit 23** which clarifies that the Landlord's remedies are subject to the Applicant's compliance with federal and state requirements for closing a hospital, as well as HIPAA requirements.

12. Exhibit 3, page 20, there is a blank which needs to be corrected: " (ii) the Landlord shall not be required to expend more than (insert amount) to complete the work requested by the Tenant".

Applicant Response:

The Applicant has added the requested information to the lease through the lease addendum attached to this response (**Exhibit 23**), with the amount of $5,000,000 added which covers all projected build-out costs.

13. Lease terms – Please explain the reasoning for having a five year term for a hospital lease.

Applicant Response:

The Lease includes one initial 5-year term with options for HHS to unilaterally execute two 3-year term renewals. Thus, the lease provides the Applicant with the option to control the premises for 11 years following the commencement date, but also maintains flexibility for HHS. As a new hospital operator/operation, these terms were deemed prudent and sufficient for operationalizing the proposed program. With common ownership between the tenant and landlord, any risks of the landlord and tenant being unable to re-negotiate terms at the end of the eleven (11) year period are considered inconsequential.

State Health Plan

COMAR 10.24.10., General Standards

Information Regarding Charges

14. Please provide a response to each of subparagraphs (a) through (c) separately. Please indicate where in Exhibit 10 does this policy address each of these subparagraphs.

(1) Information Regarding Charges.
Information regarding hospital charges shall be available to the public. After July 1, 2010, each hospital shall have a written policy for the provision of information to the public concerning charges for its services. At a minimum, this policy shall include:

(a) Maintenance of a Representative List of Services and Charges that is readily available to the public in written form at the hospital and on the hospital's internet web site;

Applicant Response:

Exhibit 24 contains a revised "Patient Financial Services – Hospital Statement of Charges, Financial Assistance, Charity Care, Billing & Collection Policies" updated with specific language included on Page 1 (fifth bullet) which states as follows:

- A representative list of services and charges is available to the public on the hospital's website and in written form at the hospital site. The website will be updated quarterly with the most recent average charge per case for each of the services.

(b) Procedures for promptly responding to individual requests for current charges for specific services/procedures; and

Applicant Response:

Please refer to the attached revised "Patient Financial Services – Hospital Statement of Charges, Financial Assistance, Charity Care, Billing & Collection Policies" (**Exhibit 24**) which includes (at Page 1, 6th bullet) the following language:

- Requests and inquires for current charges for specific procedures/services will be directed to the HHS Financial Representative. The Representative will communicate with the patient and the patient's provider of care to provide the best possible estimate. Every effort will be made to respond to the request for charges within 2 business days depending on information needed to fulfill the patient's request.

(c) Requirements for staff training to ensure that inquiries regarding charges for its services are appropriately handled.

Applicant Response:

Please refer to the attached revised "Patient Financial Services – Hospital Statement of Charges, Financial Assistance, Charity Care, Billing & Collection Policies" (**Exhibit 24**) which includes (at Page 1, 7th bullet) the following language:

- The HHS Financial Representative and supporting staff will be trained regarding HHS's procedures for inquiries related to patient charges and the applicable State and Federal regulatory requirements.

Charity Care Policy

15. Please provide the sliding fee scale for HHPH.

Applicant Response:

The sliding fee scale for HHPH is below, which has also been added to the revised "Patient Financial Services – Hospital Statement of Charges, Financial Assistance, Charity Care, Billing & Collection Policies" (**Exhibit 24**) at page 4:

	Financial Assistance Level Free / Reduced-Cost Care	
Adjusted Percentage of Poverty Level	**HSCRC-Regulated Services**	**Hospital-Based Physician Practices, and Non-HSCRC Regulated Services**
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 330%	20%	40%
more than 330%	no financial assistance	no financial assistance

16. Please provide a copy or draft copy of the application used to determine probable eligibility for charity care.

Applicant Response:

Please see the Financial Assistance Application attached as **Exhibit 24**, where it is appended to the revised "Patient Financial Services – Hospital Statement of Charges, Financial Assistance, Charity Care, Billing & Collection Policies."

17. Describe in more detail the eligibility for the charity care process and what is required by applicants before a decision is made within two days.

Applicant Response:

Please see the revised "Patient Financial Services – Hospital Statement of Charges, Financial Assistance, Charity Care, Billing & Collection Policies" attached as **Exhibit 24**, which states (at page 3 under "Determination of Charity Care Eligibility," bullets 1-4):

- Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospital must make a determination of probable eligibility.
- HHS will provide a financial assistance probable eligibility determination to the patient within two business days from receipt of the initial HHS Financial Assistance Application. Probable and likely eligibility determinations will be based on:
    - Receipt of an initial submission of the HHS Financial Assistance Application.
- The final eligibility determination will be made and communicated to the patient based on receipt and review of a completed application. Completed application is defined as follows:
    - All supporting documents are provided by the patient to complete the application review and decision process.
    - Pending a final decision for the Medicaid application process.

- On receipt of a completed application, HHS will make a final eligibility determination within 14 days. During this period, any billing and collection actions will be suspended.

18. The applicant makes the following statement in Exhibit 10, p. 4, the third bullet item under "Determination of Charity Care Eligibility" :"HHS provides 100% charity to individuals enrolled in the Medicaid program and other means tested State & Local programs." Please clarify how HHS will implement the provision of charity care provided to the Medicaid eligible patient population.

Applicant Response:

As stated in the revised "Patient Financial Services – Hospital Statement of Charges, Financial Assistance, Charity Care, Billing & Collection Policies" document attached as **Exhibit 24:** "HHS provides 100% charity to individuals enrolled in the Medicaid program and other means tested State & Local programs. Patients who provide proof of enrollment in one of these programs do not have to complete an application or submit supporting documentation of income to be approved for financial assistance." See Exhibit 24, page 3 "Determination of Charity Care Eligibility", third bullet. HHS patients with documented enrollment in the Medicaid program will qualify for the 100% financial assistance level for cost incurred and not covered by their Medicaid program coverage. HHS will request and verify documentation of the patient's Medicaid eligibility.

Construction Cost of Hospital Space

19. COMAR 10.24.21.05B(10) Construction Cost states that "a hospital construction project or renovation project shall be compared to the benchmark cost of good quality Class A hospital construction given in the Marshall Valuation Service guide." Please revise your construction cost characteristics to meet the Construction Cost of Hospital Space for good quality Class A hospital, as required by the standard.

Applicant Response:

Please see the report attached as **Exhibit 25** with the requested revisions.

COMAR 10.24.21
Acute Psychiatric Services

20. Access to Acute Psychiatric Services (p. 55). Please provide any policy or procedure and describe the process applicant will use to determine when a patient is turned away. In this situation, please discuss what steps would be taken to assure the individual obtains the appropriate services.

Applicant Response:

Please see the "Admissions Policy and Procedure" attached as **Exhibit 26**. Patients will be admitted in keeping with these policies and procedures. To the extent a patient is deemed inappropriate for admission to HHPH, HHS will seek to provide such patients with resources as options in finding appropriate placement to the extent allowable. The applicant notes some

regulations govern the responsibilities for patient transfers, including COMAR 10.07.01.23 – Guidelines Governing the Transfer of Patient Between Hospitals, which the applicant will follow as part of its own policies and procedures.

Other Criteria

Viability

21. Provide an audit letter and analysis from the new independent CPA for CY 2021 for both HHS and HHP with financial statements from HHS, Inc. (tenant), and HHP, LLC. (landlord), independently, that will affirm that each of these entities have the financial resources to complete their portion of the proposed inpatient psychiatric project. Please provide more detail or documentation that demonstrates that HHS and HHP are legally separate entities.

Applicant Response:

Please see the Combined Financial Statements and Supplementary Information of Hope Health Systems, Inc. and Hope Health Properties LLC for the year ended December 31, 2021 attached as **Exhibit 27**. With regard to the auditor's notation related to the status of the Truist debt in Exhibit 27, the Applicant notes that, in order to provide the 2021 Audited Financial Statement with this response in a timely manner, the Audited Financial Statements needed to be finalized before Truist has completed its annual review process to extend the loan for another year. This process has historically been completed in/around the month of June each year. Based on where Truist is in its process for this year and its communications with the Applicant, the Applicant expects to be notified by Trust by the end of this month that the loan has been extended for another year.

Impact

22. Please provide numerical projected estimates of volume shifts from other providers. Please identify the facilities, hospital Emergency Departments or Observation Units that 80% of the first year of patients will be derived.

Applicant Response:

HHS provides the requested estimates in the table below. (Information on each column follows the table.) The volume projections presented here are conservative because they do not rely solely on shifting existing inpatient volume from other providers. These projections attempt to use existing data to estimate a reasonable impact on existing providers, while recognizing that this project is intended to meet demand not currently being met. The rationale for the estimated volumes from hospital emergency departments and observation cases is that many of the children and adolescents who are boarded in these settings, are likely in need of inpatient care if not for a lack of capacity. The rate of patients left without being seen due to historically high ED wait times and transfer issues are captured in these estimates. It could be reasonably assumed that some of these cases would historically be transfers to Sheppard Pratt, however we assume that the more

complex and higher acuity cases in the ED are the cases more likely (and appropriately) to be prioritized for transfer to Sheppard Pratt, as it is equipped to care for high acuity cases. Therefore, HHS believes it to be a reasonable assumption that the cases that remain should be admitted are a lower acuity setting, in alignment with the average case mix to be cared for by HHS.

Hospital Name	IP	ED	OBS<24	OBS>24	Total
Johns Hopkins Hospital	38	48	28	48	161
University Of Maryland Medical Center	17	13	5	8	44
Howard County General Hospital	0	27	0	0	27
Greater Baltimore Medical Center	0	18	0	0	18
Ascension Saint Agnes Hospital	0	5	4	7	16
Johns Hopkins Bayview Medical Center	1	11	3	0	15
Sinai Hospital	4	5	0	5	14
Shady Grove Adventist Hospital	3	6	1	1	12
UM-Baltimore Washington Medical Center	1	11	0	0	12
Medstar Franklin Square	5	6	0	0	11
Anne Arundel Medical Center	0	9	1	0	9
Carroll Hospital Center	1	6	0	0	7
UM-St. Joseph Medical Center	0	5	0	0	5
Medstar Montgomery Medical Center	1	3	0	0	5
Mercy Medical Center	0	4	0	0	4
Holy Cross Hospital	0	4	0	0	4
Suburban Hospital	0	3	0	0	4
Medstar Harbor Hospital Center	0	3	0	0	3
Northwest Hospital Center	0	2	0	0	2
Adventist White Oak Hospital	0	2	0	0	2
Medstar Union Memorial Hospital	0	1	0	0	1
Holy Cross Hospital-Germantown	0	1	0	0	1
UM Capital Region Medical Center	0	1	0	0	1
Medstar Good Samaritan	0	1	0	0	1
UM Laurel Medical Center	0	1	0	0	1
Doctors Community Medical Center	0	1	0	0	1
Medstar Southern Maryland Hospital Center	0	1	0	0	1
Germantown Emergency Center	0	1	0	0	1
UMMC Midtown Campus	0	1	0	0	1
Total	**72**	**203**	**41**	**70**	**384**

Inpatient Direct Admissions

HHS began by projecting a 5% service area market share in year one of what is considered direct admissions. Examples sources of direct admission include transfers from other sites of care, provider referrals, law enforcement, etc. More than 57% of youth admitted to an inpatient psych bed are admitted through the emergency department per data obtained from the HSCRC. This projection adjusts inpatient volume for admissions through the emergency department to avoid double counting in subsequent projections.

Hospital Name	Distance in Miles	Total Admissions	IP Market Share (CRISP)	Distance Adjusted Market Share	Distance Adjusted Market Share (Normalized)	Market Shift
Johns Hopkins Hospital	9.3	1,153	38.55%	77.10%	51.40%	38
University Of Maryland Medical Center	6.5	529	17.69%	35.37%	23.58%	17
Medstar Franklin Square	23	277	9.26%	9.26%	6.17%	5
Sinai Hospital	6.3	123	4.11%	8.22%	5.48%	4
Shady Grove Adventist Hospital	43	420	14.04%	7.02%	4.68%	3
Carroll Hospital Center	25	85	2.84%	2.84%	1.89%	1
Medstar Montgomery Medical Center	30	164	5.48%	2.74%	1.83%	1
UM-Baltimore Washington Medical Center	17	36	1.20%	1.81%	1.20%	1
Mt. Washington Pediatric Hospital	6.3	21	0.70%	1.40%	0.94%	1
Johns Hopkins Bayview Medical Center	18	26	0.87%	1.30%	0.87%	1

Source of Admission	Volume Projection	Total
IP	73	72

Source:	CRISP Public Health Dashboard
Month of Discharge Date:	January 1, 2022 - December 31, 2022
Conditions:	Any Mental Health Condition
Age Group:	0-4 ; 5-9 ; 10-14 ; 15-17
County (patient origin):	Anne Arundel County ; Baltimore City ; Baltimore County ; Carroll County ; Howard County ; Montgomery County ; Prince George's County

Admissions from Emergency Departments

Recent trends indicate that approximately 57% of patients under the age of 18 are admitted to psych units from hospital emergency departments. When adjusting for the differences in length of stay, volume and bed capacity for children and adolescents, the combined results yield an ED to inpatient conversion rate of 52%. This accounts for the projection of 203 admissions from existing emergency department volume.

Hospital Name	Distance in Miles	Total ED Visits	ED Market Share (CRISP)	Distance Adjusted Market Share	Distance Adjusted Market Share (Normalized)	Market Shift
Johns Hopkins Hospital	9.3	1,621	14.37%	28.75%	23.56%	48
Howard County General Hospital	15	1,216	10.78%	16.17%	13.26%	27
Greater Baltimore Medical Center	15	833	7.39%	11.08%	9.08%	18
University Of Maryland Medical Center	6.5	455	4.03%	8.07%	6.61%	13
Johns Hopkins Bayview Medical Center	18	516	4.58%	6.86%	5.63%	11
UM-Baltimore Washington Medical Center	17	488	4.33%	6.49%	5.32%	11
Anne Arundel Medical Center	31	1,165	10.33%	5.17%	4.23%	9
Medstar Franklin Square	23	430	3.81%	3.81%	3.13%	6
Shady Grove Adventist Hospital	43	837	7.42%	3.71%	3.04%	6
Carroll Hospital Center	25	397	3.52%	3.52%	2.89%	6
UM-St. Joseph Medical Center	15	245	2.17%	3.26%	2.67%	5
Sinai Hospital	6.3	166	1.47%	2.94%	2.41%	5
Ascension Saint Agnes Hospital	7.6	153	1.36%	2.71%	2.22%	5
Mercy Medical Center	7.6	126	1.12%	2.23%	1.83%	4
Holy Cross Hospital	34	481	4.27%	2.13%	1.75%	4
Medstar Montgomery Medical Center	30	231	2.05%	2.05%	1.68%	3
Suburban Hospital	40	445	3.95%	1.97%	1.62%	3
Medstar Harbor Hospital Center	13	145	1.29%	1.93%	1.58%	3
Northwest Hospital Center	4.3	70	0.62%	1.24%	1.02%	2
Adventist White Oak Hospital	28	132	1.17%	1.17%	0.96%	2
Medstar Union Memorial Hospital	8.3	49	0.43%	0.87%	0.71%	1
Holy Cross Hospital-Germantown	47	195	1.73%	0.86%	0.71%	1
Medstar Good Samaritan	10	45	0.40%	0.80%	0.65%	1
UM Laurel Medical Center	25	89	0.79%	0.79%	0.65%	1
UM Capital Region Medical Center	37	173	1.53%	0.77%	0.63%	1
Doctors Community Medical Center	31	127	1.13%	0.56%	0.46%	1
Medstar Southern Maryland Hospital Center	51	106	0.94%	0.47%	0.39%	1
Germantown Emergency Center	43	102	0.90%	0.45%	0.37%	1
UMMC Midtown Campus	8	22	0.20%	0.39%	0.32%	1

	Source of Admission	Volume Projection	Total
	ED	203	202

Source:	CRISP Public Health Dashboard
Month of Discharge Date:	January 1, 2022 - December 31, 2022
Conditions:	Any Mental Health Condition
Age Group:	0-4 ; 5-9 ; 10-14 ; 15-17
County (patient origin):	Anne Arundel County ; Baltimore City ; Baltimore County ; Carroll

Admissions From Observation Stays Less than 24 Hours:

Based on data obtained from the HSCRC, 11% of inpatient admissions were originally in an observation status. This results in 41 admissions from existing service are observation volume.

Hospital Name	Distance in Miles	OBS<24 Visits	OBS<24 Market Share (CRISP)	Distance Adjusted Market Share	Distance Adjusted Market Share (Normalized)	Market Shift
Johns Hopkins Hospital	9.3	115	45.45%	90.91%	67.25%	28
University Of Maryland Medical Center	6.5	20	7.91%	15.81%	11.70%	5
Ascension Saint Agnes Hospital	7.6	17	6.72%	13.44%	9.94%	4
Johns Hopkins Bayview Medical Center	18	14	5.53%	8.30%	6.14%	3
Shady Grove Adventist Hospital	43	22	8.70%	4.35%	3.22%	1
Anne Arundel Medical Center	31	12	4.74%	2.37%	1.75%	1

Source of Admission	Volume Projection	Total
OBS<24	41	41

Source:	CRISP Public Health Dashboard
Month of Discharge Date:	January 1, 2022 - December 31, 2022
Conditions:	Any Mental Health Condition
Age Group:	0-4 ; 5-9 ; 10-14 ; 15-17
County (patient origin):	Anne Arundel County ; Baltimore City ; Baltimore County ; Carroll County ;

Admissions from Observation Stays Greater Than 24 Hours:

HHS assumes that a significant portion of observation stays greater than 24 hours would otherwise be an inpatient admission if not for the lack of capacity. Thus, a 25% shift of existing observation stays greater than 24 hours is included in the year one projections.

Hospital Name	Distance in Miles	OBS>24 Visits	OBS>24 Market Share (CRISP)	Distance Adjusted Market Share	Distance Adjusted Market Share (Normalized)	Market Shift
Johns Hopkins Hospital	9.3	129	52.65%	105.31%	69.08%	48
University Of Maryland Medical Center	6.5	22	8.98%	17.96%	11.78%	8
Ascension Saint Agnes Hospital	7.6	19	7.76%	15.51%	10.17%	7
Sinai Hospital	6.3	13	5.31%	10.61%	6.96%	5
Shady Grove Adventist Hospital	43	15	6.12%	3.06%	2.01%	1

Source of Admission	Volume Projection	Total
OBS>24	70	70

Source:	CRISP Public Health Dashboard
Month of Discharge Date:	January 1, 2022 - December 31, 2022
Conditions:	Any Mental Health Condition
Age Group:	0-4 ; 5-9 ; 10-14 ; 15-17
County (patient origin):	Anne Arundel County ; Baltimore City ; Baltimore County ;

23. Please explain the impact of staff recruitment to existing psychiatric programs (both inpatient and outpatient) in the proposed Baltimore/Greater Washington service area?

Applicant Response:

The Applicant is not forecasting any direct or substantive impact to existing psychiatric programs, inpatient or outpatient, as a result of HHPH's staff recruitment. HHS already recruit and employs many of the positions required by the proposed inpatient facility as part of its existing operations. As with any other provider within the market, HHS and the proposed HHPH operations have and

will continue to recruit additional personnel for open positions through a combination of recruitment tactics, as also discussed in response to line item #33 below.

These efforts are generally focused at bringing and/or retaining additional clinical and operational personnel to and within the local market. The intent and focus of recruitment efforts are not directed at employed personnel from other psychiatric programs within the market. Personnel are free to select and choose employment with HHS and the proposed HHPH program, and some may choose to join HHS from another local provider based on individual's preferences in employer. However, the Applicant's goal with the proposed HHPH operation is to expand the retention and recruitment of clinical and operational staff within the market area, not shift and/or target personnel from other providers. With an inpatient program to align with its robust outpatient services, the Applicant will present potential recruits with a more competitive and attractive option for employment with the goal of boosting, not shifting, the market area employment of qualified personnel.

Tables

24. Please provide the assumptions used for each of the exhibits in the CON application tables package.

Applicant Response:

Table A

Table A is based upon the proposed bed count for the facility.

Table B

Table B is based upon the square footage from the proposed inpatient facility floor design plan.

Table C

Table C is based upon the proposed inpatient facility floor design plan.

Table D

Not applicable.

Table E Project Budget (Hope Health Systems, Inc.)

The project budget is based upon incurred and expected expenses for completing the CON application process, operational consulting for standing up the proposed hospital, and working capital loans necessary to finance the operations prior to breakeven on cash flow. Working capital is based upon expected pre-opening costs to prepare the facility for operations and survey, account receivable delays in reimbursement, and the reported costs and expenses for year 1. Annual building lease costs include the building base rent and taxes, which are based upon the executed

lease and amendments. Additional annual lease costs include the estimated costs of leasing medical equipment, furnishings, and EMR/IT software, which were estimated based upon reviews of like costs from other psychiatric hospital developments and finalized based on discussions with Fulton Bank regarding purchasing vs. leasing costs.

Table E Project Budget (Hope Health Properties, LLC)

The project budget for Hope Health Properties is included for transparency on the costs incurred by an organization under common ownership with Hope Health Systems, Inc. The project budget is based upon the information in Exhibit 8 of the CON Application and upon feedback from the architecture firm regarding estimated architect/engineering fees.

Table F Entire Facility Stats

In responding to this question, the Applicant discovered that two subsections in the Need analysis (COMAR 10.24.21.05(b)(2)(d)) which explain the projected volume for the program with detailed charts and assumptions were inadvertently not included in the final CON Application. These subsections (VIII. Additional Factors Indicative of Growing / Unmet Need, and IX. Cumulative Project Need / Discharge Assumptions) were referenced in the outline at the beginning of the Need analysis found at page 31 of the Application, but the sections themselves were inadvertently dropped from the final Application document. The Applicant has attached these two subsections as **Exhibit 28** to these responses, which provide the information requested as to inpatient volumes in Table F.

The outpatient volume represents HHS's historical outpatient volume and growth assumptions that are detailed under Table 29 in the Application.

Table G Entire Facility Uninflated

For the existing operations, the applicant is providing revised figures that reflects both (1) the 2021 audited financials and (2) the 2022 unaudited financials that have been grouped based on the 2021 audited financials methodology and supplemented with assumptions based on 2021 figures for depreciation. (The auditor is currently working on the preparation of the 2022 Audited Financial Statement and will the Applicant will provide it to MHCC upon receipt.) In addition, please see Table 29 and Table 30 on Page 64 of the Application for growth assumptions for current outpatient operations.

The Applicant than totaled the Table J figures with current operations to produce the Table G figures.

Table H Entire Facility Inflated

The Applicant forecast the values in Table H based upon Table G and Table K. The Applicant added in the values from Table K (assumptions further explained below) and applied the inflationary assumptions outlined under Table 31 on Page 64 of the CON Application (please

reference the below chart to reflect the revised cost groupings) to the current outpatient program components of Table G. The combined inflationary totals are reported within Table H.

Year	2024	2025	2026	2027	2028
a. Salaries & Wages (including benefits)	3.00%	3.00%	3.00%	3.00%	3.00%
b. Contractual Services	2.00%	2.00%	2.00%	2.00%	2.00%
i. Medical Supplies	3.00%	3.00%	3.00%	3.00%	3.00%
j. Repairs and Maintenance	2.00%	2.00%	2.00%	2.00%	2.00%
k. Utilities	2.00%	2.00%	2.00%	2.00%	2.00%
l. Lease Expense	2.00%	2.00%	2.00%	2.00%	2.00%
m. General and Administrative	2.00%	2.00%	2.00%	2.00%	2.00%
n. Property Taxes	2.00%	2.00%	2.00%	2.00%	2.00%
j. Repairs and Maintenance	2.00%	2.00%	2.00%	2.00%	2.00%

Table I New Facility Stats

Please see the **Exhibit 28** for the information on Table I (the missing subsections from the Need analysis in the CON Application as explained in the response to the question about Table F above).

Table J New Facility Uninflated

The Applicant projected the Table J values based on the following assumptions, please note some of the category groupings have been updated to align with financial groupings in the 2021 Audited Financial Statement (**Exhibit 27**) and in response to staff questions for clarity:

- Inpatient Revenue – Volumes from Table I multiplied by costs per day patient day documented under Table 22 and Table 23 on Page 60 of the original filing.
- Professional Revenue – Professional services reflect reimbursement for billable professional staff employed/contracted by HHS to provide services to hospital inpatients and that will have re-assigned their insurance reimbursement benefits to HHS. See also (Anne Arundel Medical Center Docket #16-02-2375 / AAMC's Response to HSCRC Questions (12/11/17) / Page 3 / Tables 3 &4). This differs from the "inpatient services" line item, as that line item reflects the facility reimbursement rates. The applicant forecast a very conservative assumption of $55 per inpatient day for professional services.
- Bad Debt/Charity/Contractual Deductions - HHS projected charity care at 2%, bad debt at 2%, and contractual adjustments at 10% to be in line with the recent operational experiences of Sheppard Pratt and Brook Lane (per their public cost reports) and the projections contained in the UMMC CON application (Docket #18-24-2429) for an adolescent/child psychiatric unit. See also Table 24 of the original application filing.
- Salary and Wages are based upon the direct salary, wages, and benefit employee costs from Table L – Work Force. Please note that Year 1 and 2 of operations have slightly lower nursing and tech costs vs. Table L to reflect the ramp up in volumes.
- Contractual Services – Contractual Services are based upon the contracted employee costs from Table L – Work Force.

- Interest on Project Debt is based upon a loan value of $1,395,000 (as seen in the revised tables) at a 7% interest rate and 10 year term that begins 1 year after receipt of the funds.
- Medical Supplies – Please see Table 27 on Page 63 of the CON Application. The Applicant forecasted Medical Supplies based upon the cost report figures reported by Sheppard Pratt and Brook Lane as "like providers" for insurance, telephone, utilities and water, and office supplies from the "ACS" form and the total equivalent inpatient days reported on the "V5" schedule. The Applicant inflated the FY 21 cost report figures by 20% to account for inflationary rises and possible inefficiencies the proposed facility may experience versus the established providers.
- Utilities – please see Page 62-63 and Table 27 of the CON application. The Applicant forecasted the expenses based upon the cost report figures reported by Sheppard Pratt and Brook Lane as "like providers" for insurance, telephone, utilities and water, and office supplies from the "ACS" form and the total equivalent inpatient days reported on the "V5" schedule. The Applicant inflated the FY 21 cost report figures by 20% to account for inflationary rises and possible inefficiencies the proposed facility may experience versus the established providers.
- Lease Expenses
    - Property Lease – The applicant forecast this expense based upon the lease document, including base rent and taxes as discussed within line item #28 of this response as well.
    - Moveable Equipment / IT Lease Costs - Additional annual lease costs include the estimated costs of leasing medical equipment, furnishings, and EMR/IT software, which were estimated based upon reviews of like costs from other psychiatric hospital developments and finalized based on discussions with Fulton Bank regarding purchasing vs. leasing costs.
- General and Administrative - please see Page 62-63 and Table 27 of the CON application. The Applicant forecasted the expenses based upon the cost report figures reported by Sheppard Pratt and Brook Lane as "like providers" for insurance, telephone, and office supplies from the "ACS" form and the total equivalent inpatient days reported on the "V5" schedule. The Applicant inflated the FY 21 cost report figures by 20% to account for inflationary rises and possible inefficiencies.
- Purchased Services - Please see Table 27 on Page 63 of the CON Application. The Applicant forecasted purchased services based upon the cost report figures reported by Sheppard Pratt and Brook Lane as "like providers" from the "ACS" form and the total equivalent inpatient days reported on the "V5" schedule. The Applicant inflated the FY 21 cost report figures by 20% to account for inflationary rises and possible inefficiencies the proposed facility may experience versus the established providers.
- Income taxes – Estimated at 28% of income from operations.
- Percent of Total Revenue and % of Equivalent Inpatient Days based upon the payer mix forecasted and discussed on Page 61 of the CON Application.

Table K New Facility Inflated

In Table K, the Applicant applied the inflationary assumptions discussed in Table 23 on page 60 of the CON Application and Table 28 of Page 63 of the CON Application to the values in Table J. Please note the original "Contractual Services" expenses were split into "Contractual Services

and "Purchased Services" and the original "Other Expenses" were split into "Utilities" and "General and Administrative" expense line items in keeping with the 2021 Audited Financial Statement (**Exhibit 27**) financials groupings. The inflationary assumption applied remained the same and are included below for clarity:

Year	2025	2026	2027	2028
a. Salaries & Wages (including benefits)	3.00%	3.00%	3.00%	3.00%
b. Contractual Services	2.00%	2.00%	2.00%	2.00%
i. Medical Supplies	3.00%	3.00%	3.00%	3.00%
j. Other Expenses:	2.00%	2.00%	2.00%	2.00%
k. Utilities	2.00%	2.00%	2.00%	2.00%
m. General and Administrative	2.00%	2.00%	2.00%	2.00%
o. Purchased Services	2.00%	2.00%	2.00%	2.00%

Table L Work Force

The Applicant developed Table L based upon industry standard staffing ratios and internal discussions on staffing expectations for the proposed facility. Based on additional input from Scott Migdole and Lesa Yawn as well as Dr. Juanita "Lynn" Taylor, M.D. from HHS around clinical programming since the CON Application was filed, revised assumptions for the proposed inpatient facility developed.

By way of background, Dr. Lynn Taylor, M.D. is a child and adolescent psychiatrist at HHS. Dr. Taylor was a medical director at Arkansas Total Care. She completed her residency at University of Arkansas, College of Medicine and was a fellow in Child and Adolescent Psychiatry at Brown University. She has worked as a medical director of inpatient psychiatric services at Johns Hopkins College of Medicine and was on the curriculum committee of Johns Hopkins department of psychiatry and behavioral sciences. Dr Taylor has over 25 years of experience in the field of child and adolescent psychiatry, with a focus on designing inpatient programming. (Scott Migdole and Lesa Yawn's information was provided with the CON Application.)

Exhibit 29 contains the clinical programming overview that reflects the plans for HHPH. Based on this clinical programming, the staffing charts reported in response to question #32 were developed and migrated into the revised Work Force Table. Overall, the adjustments increased primary and supporting therapists, nursing, and techs, while decreasing some administrative positions and total psychiatrists. The group refined the descriptions of the various potions to more accurately reflect their expectations for the unit.

For the existing operations, the Applicant utilized internal electronic reports to categorize and report FTEs by position. Beyond officer oversight, the current operations are not projected to overlap with the proposed inpatient facility workforce requirements. In keeping with other requests from MHCC, the Applicant has also broken out the "HHPH" work force projections into a separate table for clarity.

25. Tables E: Moveable equipment and "Other Costs" are excluded from either the HHS budget or the HHP budget. This must be accounted for in the budget. The IT equipment charge is also not listed. Please provide the complete budget for the project.

Applicant Response:

The Moveable Equipment / IT Lease Costs is reported under the HHS budget on line item #3 of the Annual Lease Costs section of Table E, or line 62 of the excel version for Table E. The Other Costs (now recategorized/named) are discussed in response to #26(d) below.

26. Tables G/J: Please address the following:

a. What assumptions are used to calculate charity care and bad debt?

Applicant Response:

HHS projected charity care at 2%, bad debt at 2%, and contractual adjustments at 10% to be in line with the recent operational experiences of Sheppard Pratt and Brook Lane (per their public cost reports) and the projections contained in the UMMC CON application (Docket #18-24-2429) for an adolescent/child psychiatric unit. See also Table 24 of the original application filing.

b. Explain revenue line for professional services and how it differs from either inpatient or outpatient services.

Applicant Response:

Professional services reflect reimbursement for billable professional staff employed/contracted by HHS to provide services to hospital inpatients and that will have re-assigned their insurance reimbursement benefits to HHS. See also (Anne Arundel Medical Center Docket #16-02-2375 / AAMC's Response to HSCRC Questions (12/11/17) / Page 3 / Tables 3 &4). This differs from the "inpatient services" line item, as that line item reflects the facility reimbursement rates. The applicant forecast a very conservative assumption of $55 per inpatient day for professional services.

c. Please explain why depreciation was not included? Why is there no new amortization required?

Applicant Response:

For the proposed inpatient program, the Applicant is leasing the facility and equipment. The Applicant has reported the project debt interest within the filing. No other costs have resulted in increases to depreciation or amortization.

For existing operations, the applicant was pending audited financials for 2021. In keeping with our other responses on the subject the applicant has adjusted the current operations assumptions in keeping with the audit results. Depreciation in 2021 reflects the audit value and subsequent years

track this 2021 value, as depreciation may increase or decrease over the coming years based on business decisions and needs.

d. Please elaborate on line j. Other expenses.

Applicant Response:

The Applicant forecasted "Other Expenses" based upon the cost report figures reported by Sheppard Pratt and Brook Lane as "like providers" for insurance, telephone, utilities and water, and office supplies from the "ACS" form and the total equivalent inpatient days reported on the "V5" schedule. The Applicant inflated the FY 21 cost report figures by 20% to account for inflationary rises and possible inefficiencies the proposed facility may experience versus the established providers.

For the proposed inpatient facility, please see also Page 62-63 of the CON application. Please note the applicant has now re-grouped the expenses in keeping with its 2021 audited financial groupings, with utilities broken out on a separate line and the remining costs for insurance, telephone, and office supplies on the general and administrative line item.

For existing operations, the Applicant combined multiple different line items from the internal financials within the "other expenses" line item.

e. How is the "non-operating income" in the red after 2021? Please explain this value.

Applicant Response:

The non-operating income was previously reflecting bad debt, contributions, and business gifts from FY 2022. However, the applicant has now corrected the groupings based on the 2021 audited financial statement (**Exhibit 27**) grouping methodology, and also revised the groupings for the 2022 figures so that they correspond to the groupings in the 2021 audited financial statement. The de-minimis value in FY2022 reflects minor interest income that is also carried forward for future year projections.

27. Please explain the discrepancy between Table J and Table H. Table H shows workforce totaling $5,139,345 including contractual staff salaries; Table J shows salaries at $5,139,345 and contractual at an additional $546,547.

Applicant Response:

The Applicant previously rolled up the entire employed and contracted workforce costs from Table L ("H" was a typo on the header of Table L – Work Force) into the salary and wage line item on Table J. The contractual services of $546,547 on Table J reflected the cost assumptions for purchased services, rather than direct FTEs. The applicant has broken out the contracted staff costs from the directly employed personnel costs in the revised tables, as this is consistent with the

cost groupings for the 2021 audited financials and responsive to staff's questions. The Applicant further broke out purchased services as a separate line item.

28. Table J: Rent (Exh 2, schedule 1, is $19,250 per month), or $231,000 per year. Please explain why the lease expense is listed as $259,800 per year? Also explain or provide the assumptions for the lease expense in Table G, entire facility that shows an increase of $388,800 per year starting in 2024, the first projected year of new project.

Applicant Response:

The annual lease cost for the proposed projected reflects the negotiated lease rate for the re-financing building space being leased by HHS from HHP. To finance the proposed new facility, HHP intends to refinance the existing mortgage on the building to cover the build out, and spread that cost over both the proposed inpatient operation and the existing outpatient facility square footage. The per square footage costs for the entire 44,000 square foot building is set at $15 per square foot, and allocated based on 15,400 square feet for the inpatient hospital and 28,600 for the outpatient space.

For the inpatient lease for the proposed facility, the $259,800 per year figure represents the lease rate for the inpatient space and is inclusive of both the $19,250 per month in base rent and the estimated $2,400 per month in real estate taxes noted under Section 4(a)(ii) of the lease in Exhibit 3. (19250+2400)*12=$259,800 per year.

The existing outpatient facility lease costs are currently reflected within the HHS financial statements. To adjust for the revised base rent, the Applicant removed the previous base rent of $300,000 per year from the organization's property lease cost center and added back in the revised base rent cost of $429,000 for the outpatient space.

The $388,000 figure represents both the $259,800 figure for the inpatient space, and the $129,000 increase to the base rent for the outpatient space.

29. Provide an updated Table H (Workforce Table) only including the staff for the HHPH. Identify which staff members will be eligible for benefits and the method used to calculate the benefits.

Applicant Response:

The Applicant notes that the existing table splits out the proposed HHPH inpatient staff in the new workforce column, which is Columns E-G of the excel file tab for Table L and included under the heading "PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)".

However, please see also a separate work force Table L version titled "L. Work Force (HHPH Only) as requested.

For the new hospital facility operations, benefits are calculated based on 21% of the projected salary for "regular" employed personnel, which is based on analysis of like providers. For the current outpatient operations, the "regular" employed personnel benefits are calculated at 17% of projected salary to reflect historical and expected benefit rates for the operations.

30. Table H (Workforce Table). Please address the following:

a. Identify what current staff of the 78.82 FTEs in Direct Care and 6.08 FTEs in Contractual Employees will also staff the HHPH. What is the breakdown between existing HHS outpatient employees and HHPH employees?

Applicant Response:

As discussed in line item #29 above, please see also a separate work force Table L version titled "L. Work Force (HHPH Only) as requested.

b. The distinction between HHS and HHPH is not clear. With regard to the .0 FTEs and 17.7 FTES that HHPH proposes to hire, please clarify what entity these employees are proposed to staff: the proposed inpatient psychiatric care program for children and adolescents, or to the existing HHS outpatient staff.

Applicant Response:

As discussed in questions #29 and #30 above, please see the breakout of the existing employees versus proposed additional FTEs for the inpatient facility.

c. Under category 2, contractual employees, please provide an explanation of why the professional staff are contractual? Please identify what personnel are included in the term professional services. Also, is the use of "professional staff" in this category an industry standard or practice?

Applicant Response:

The costs represented a part time contracted book-keeper. The costs have now been moved to the "purchased services" expense line based on the 2021 audited financial groupings and are not 1099 contracted employee costs.

d. Please describe what other expected changes in operations will activate the third grouping of personnel under "Other Expected Changes in Operations."

Applicant Response:

The other expected changes in operations reflect outpatient program staff based on forecasted volume increases within the programs. The Applicant added these in this column rather than the proposed project column to distinguish the inpatient and outpatient programs.

e. Please explain the rationale for not having a registered dietician or nutritionist in the staffing plan for children and adolescents, including how their dietary needs will be met.

Applicant Response:

The Applicant initially included these costs within its food service line item. Upon further review of staffing assumptions with Scott Migdole and Lesa Yawn and in response to this clarifying question, the Applicant has designated a separate 0.5 FTE allocation on Table L for a contracted dietician/nutritionist within the revised work force tables included within this response and adjusted the food service FTEs and costs accordingly.

f. The MA assistant and purchasing positions appear to pay at a salary below minimum wage.

Applicant Response:

Both of these line items contained errors that have been corrected. The MA Assistant was intended to be a 0.5 FTE at average FTE salary of $40,560 per year. The Purchasing position was intended to be 0.5 FTE at an average FTE salary of $50,000 per year.

g. There is only one maintenance position, is that reasonable? What are the responsibilities of the maintenance position?

Applicant Response:

Maintenance is projected to be minimal given the footprint of the proposed facility. The Applicant is conservatively including a full FTE at a contracted position. Responsibilities would generally include:

1. Performs maintenance and repairs on a variety of mechanical and electrical equipment.
2. Performs routine building repair tasks
3. Performs routine carpentry, plumbing, and electrical repairs.
4. Performs preventive maintenance on equipment

h. Explain the assumptions and rationale for the personnel projections in nursing, security, and maintenance.

Applicant Response:

Please see response to Question #33 below for additional details on the nursing personnel. Please see the response to Question #30(g) above regarding maintenance. Finally, as noted in the response above, HHPH has budgeted 7.20 FTEs for dedicated Security Officers for an annual cost of $284,400, which has been included in the revenue and expense tables. This proposed FTE and cost allocation is intended for the proposed inpatient facility separate and distinct from outpatient operations.

i. The need for 27.60 full-time reception/assistant/clerical positions.

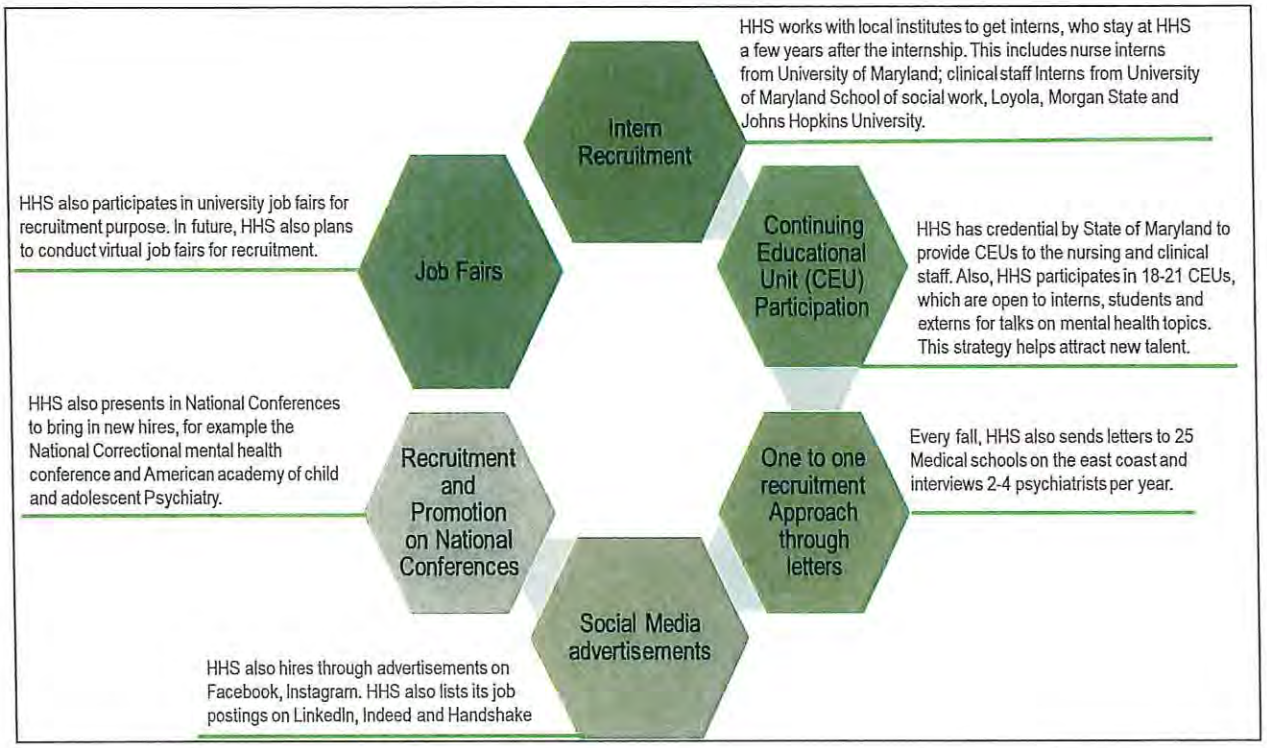
Applicant Response:

As indicated in the split work force tables, the majority of these FTEs are for current operations. The positions fulfill reception and clerical responsibilities at multiple offices. The applicant has also adjusted the prior Table L line items to combine the "driver" line item with these positions as many of these FTEs also serve as part-time drivers for patients when necessary.

31. Please discuss what steps HHS and HHPH will use to recruit the additional 40.0 FTEs and 17.7 contractual employees. What resources will the applicant utilize to recruit the additional staff?

Applicant Response:

The applicant already has a documented history of recruiting necessary staffing for its outpatient operations, which will be leveraged and supplemented as necessary in staffing the proposed facility. Please see the following graphic for some examples of the applicant's recruitment methods and steps.



32. Please provide a staffing plan including a shift schedule that shows the employees that will staff the proposed inpatient psychiatric program 24 hours per day, seven days a week. A table with this breakdown by shift (i.e., day, evening, night) and by day of week (i.e., weekday, weekend) should be provided.

Applicant Response:

Below is a breakdown of the shift schedules for employees staffing the inpatient unit. Please see also the revised tables, including Table L, Work Force, that have been included within this response and that reflect the below shift schedules. The Applicant notes that the revised work force assumptions were based on feedback from discussions with Scott Migdole and Lesa Yawn, and that the revised figures are in fact slightly lower in total cost than the prior assumptions. In conjunction with the staffing schedule and updates, please see **Exhibit 29** for a description of the clinical programming planned for the proposed inpatient facility, which drives the below staffing requirements.

STAFFING PATTERNS
WEEKDAY- Monday thru Friday- Children Unit
Nursing
Day Shift
7am-3pm Nursing- 1 RN & 1 MHT
Evening Shift
3pm-11pm- 1 RN & 2 MHT
Night Shift
11pm-1 RN & 1 MHT

Monday thru Friday- Adolescent Unit
7am-3pm Nursing- 2 RN & 2 MHT
Evening Shift
3pm-11pm- 2 RN & 3 MHT
Night Shift
11pm-1 RN & 2 MHT

Nursing FTES
RN- 8 RNs & 11 MHTs

WEEKEND- Saturday & Sunday - Children Unit
Nursing
Day Shift
7am-3pm Nursing- 1 RN & 2 MHT
Evening Shift
3pm-11pm- 2 RN & 2 MHT
Night Shift
11pm-1 RN & 2 MHT

WEEKEND- Saturday & Sunday - Adolescent Unit
7am-3pm Nursing- 2 RN & 2 MHT
Evening Shift
3pm-11pm- 2 RN & 3 MHT
Night Shift
11pm-1 RN & 2 MHT

Nursing FTES
RN- 5 RNs & 5.2 MHTs

ANNUAL BUDGET FOR TOTAL NURSING FTEs for 24/7 day coverage = 12 RNs & 17 MHTs

Clinical Staffing
Primary Therapists- LCSW; LPC; LMFT- Monday – Friday
Primary Therapist- 3
9am- 5pm- 2 primary therapist
11am-7pm- 1 primary
Primary Therapists FTEs
3

Group/Skill Building Therapists- SW; OT; AT; RT- Monday-Sunday
10am -6pm- 2
11am- 7pm- 2

Therapists FTEs
5.6=6

ANNUAL BUDGET FOR TOTAL CLINICAL FTEs for 24/7 day coverage
8.6 =9

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*PLEASE NOTE THAT THE APPLICANT HAS ATTACHED AS **EXHIBIT 30** THE LETTER OF SUPPORT FOR THE PROJECT FROM THE FROM THE LOCAL ADVISORY COUNCIL, WHICH WAS RECEIVED AFTER THE CON APPLICATION WAS FILED.*

ADDENDUM: PART III –APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND RELEASE OF INFORMATION, AND SIGNATURE:

I hereby declare and affirm under the penalties of perjury that within the last ten years:

(a) No current or former owner or senior manager of the applicant or of any related or affiliated entity:

(i) Has been convicted of a felony or pleaded guilty, nolo contendere, entered a best interest plea of guilty, or received a diversionary disposition regarding a felony;

(ii) Has received a determination of exclusion from participation in Medicare or State health care programs, with respect to a criminal conviction or civil finding of Medicare or Medicaid fraud or abuse; and

(b) Neither the applicant, its operator, nor a current or related or affiliated entity:

(i) Has been convicted of a felony or pleaded guilty, nolo contendere, entered a best interest plea of guilty, or received a diversionary disposition regarding a felony;

(ii) Has received a determination of exclusion from participation in Medicare or State health care programs, with respect to a criminal conviction or civil finding of Medicare or Medicaid fraud or abuse; or

(iii) Has paid fines, penalties, or entered a monetary settlement that exceeds $10,000,000 with or without an admission or finding of guilt with respect to any criminal or civil charges or investigation relating to allegations of Medicare or Medicaid fraud or abuse.

06-01-23
Date

Signature of Owner or Board-designated Official

CEO
Position/Title

Oladipo Fadiora
Printed Name

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the Application, the Applicant's Responses to the Completeness Questions contained in the Maryland Health Care Commission's April 4, 2023 Letter, and all attachments thereto are true and correct to the best of my knowledge, information and belief.

Date: June 9, 2023

Name: LANE FADIORA

Title: CFO

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the Application, the Applicant's Responses to the Completeness Questions contained in the Maryland Health Care Commission's April 4, 2023 Letter, and all attachments thereto are true and correct to the best of my knowledge, information and belief.

Date: June 9, 2023

Name: Yinka Fadiora

Title: Executive Program Director

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the Application, the Applicant's Responses to the Completeness Questions contained in the Maryland Health Care Commission's April 4, 2023 Letter, and all attachments thereto are true and correct to the best of my knowledge, information and belief.

Date: June 9, 2023

Bryan Niehaus

Name: Bryan Niehaus

Title: Vice President

REVISED APPLICATION TABLE

Table Number	Table Title	Instructions
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	Departmental Gross Square Feet	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.
Table C	Construction Characteristics	All applicants proposing new construction or renovation must complete Table C.
Table D	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table D.
Table E	Project Budget	All applicants, regardless of project type or scope, must complete Table E.
Table F	Statistical Projections - Entire Facility	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.
Table G	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table F.
Table H	Revenues & Expenses, Inflated - Entire Facility	Existing facility applicants must complete Table H. The projected revenues and expenses in H should be consistent with the projections in Tables F and G.
Table I	Statistical Projections - New Facility or Service	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table I. All applicants who complete this table must also complete Tables J and K.
Table J	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who completes a Table I must complete Table J. The projected revenues and expenses in Table J should be consistent with the volume projections in Table I.
Table K	Revenues & Expenses, Inflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant that completes a Table I must complete Table K. The projected revenues and expenses in Table K should be consistent with the projections in Tables I and J.
Table L	Work Force Information	All applicants, regardless of project type or scope, must complete Table L.

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

Before the Project							After Project Completion						
Hospital Service	Location (Floor/ Wing)*	Licensed Beds: 7/1/201_	Based on Physical Capacity				Hospital Service	Location (Floor/ Wing)*	Based on Physical Capacity			
			Room Count			Bed Count			Room Count			Bed Count
			Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity
ACUTE CARE							ACUTE CARE					
General Medical/ Surgical*					0	0	General Medical/ Surgical*				0	0
					0	0					0	0
					0	0					0	0
					0	0					0	0
					0	0					0	0
SUBTOTAL Gen. Med/Surg*							SUBTOTAL Gen. Med/Surg*					
ICU/CCU					0	0	ICU/CCU				0	0
Other *(Specify/add rows as needed)*					0	0					0	0
TOTAL MSGA							TOTAL MSGA					
Obstetrics					0	0	Obstetrics				0	0
Pediatrics					0	0	Pediatrics				0	0
Psychiatric			0		0	0	Psychiatric		16		16	16
TOTAL ACUTE		0	0	0	0	0	TOTAL ACUTE		16	0	16	16
NON-ACUTE CARE							NON-ACUTE CARE					
Dedicated Observation**					0	0	Dedicated Observation**				0	0
Rehabilitation					0	0	Rehabilitation				0	0
Comprehensive Care					0	0	Comprehensive Care				0	0
Other *(Specify/add rows as needed)*					0	0	Other *(Specify/add rows as needed)*				0	0
TOTAL NON-ACUTE							TOTAL NON-ACUTE					
HOSPITAL TOTAL		0	0	0	0	0	HOSPITAL TOTAL		16	0	16	16

* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit

** Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

INSTRUCTION: Add or delete rows if necessary. See additional instruction in the column to the right of the table.

DEPARTMENT/FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
Adolescent Patient Rooms (12 Total)			1,950		1,950
Children Patient Rooms (4 Total)			666		666
Special Patient Care Rooms			309		309
Patient Support Areas			5,867		5,867
Staff Support Areas			513		513
Patient & Visitor Support Areas			1,644		1,644
Multipurpose Room / Gymnasium			4,380		4,380
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total			15,329		15329.00

TABLE C. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table C for each structure.

	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	**Check if applicable**	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	☐	☐
Class B	☐	☐
Class C	☐	☑
Class D	☐	☐
Type of Construction/Renovation*		
Low	☐	☐
Average	☐	☐
Good	☐	☑
Excellent	☐	☐
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	**List Number of Feet, if applicable**	
Total Square Footage	**Total Square Feet**	
Basement		
First Floor		15,329
Second Floor		
Third Floor		
Fourth Floor		
Average Square Feet		**15,329**
Perimeter in Linear Feet	**Linear Feet**	
Basement		
First Floor		978
Second Floor		
Third Floor		
Fourth Floor		
Total Linear Feet		**978**
Average Linear Feet		**978**
Wall Height (floor to eaves)	**Feet**	
Basement		
First Floor		12'-8"
Second Floor		
Third Floor		
Fourth Floor		
Average Wall Height		**12'-8"**
OTHER COMPONENTS		
Elevators	**List Number**	
Passenger		N/A
Freight		N/A
Sprinklers	**Square Feet Covered**	
Wet System		15,329
Dry System		
Other	**Describe Type**	
Type of HVAC System for proposed project	VAV INDEPENDENT SYSTEM	
Type of Exterior Walls for proposed project	Existing Brick Masonry on Cold Formed Metal Framing	

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table D for each structure.

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation		
Utilities from Structure to Lot Line		
Subtotal included in Marshall Valuation Costs		
Site Demolition Costs		
Storm Drains		
Rough Grading		
Hillside Foundation		
Paving		
Exterior Signs		
Landscaping		
Walls		
Yard Lighting		
Other *(Specify/add rows if needed)*		
Subtotal On-Site excluded from Marshall Valuation Costs		
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees		
Other *(Specify/add rows if needed)*		
Subtotal Off-Site excluded from Marshall Valuation Costs		
TOTAL Estimated On-Site and Off-Site Costs not included in Marshall Valuation Costs	**$0**	**$0**
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	**$0**	**$0**

*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.

TABLE E. PROJECT BUDGET

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.

I[illegible] 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.[illegible] a source of funds

	Hospital Building	Other Structure	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building			$0
(2) Fixed Equipment			$0
(3) Site and Infrastructure			$0
(4) Architect/Engineering Fees			$0
(5) Permits (Building, Utilities, Etc.)			$0
SUBTOTAL	**$0**	**$0**	**$0**
b. Renovations			
(1) Building			$0
(2) Fixed Equipment (not included in construction)			$0
(3) Architect/Engineering Fees			$0
(4) Permits (Building, Utilities, Etc.)			$0
SUBTOTAL		**$0**	**$0**
c. Other Capital Costs			
(1) Movable Equipment (Medical Equipment, Furnishings, Fixtures & Instruments, not included in contruction contract)			$0
(2) IT Equipment / Software			
(3) Contingency Allowance			$0
(4) Gross interest during construction period			$0
(5) Other *(Specify/add rows if needed)*			$0
SUBTOTAL	***$0***	***$0***	**$0**
TOTAL CURRENT CAPITAL COSTS	$0	$0	**$0**
d. *Land Purchase*			
e. Inflation Allowance			$0
TOTAL CAPITAL COSTS	**$0**	**$0**	**$0**
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			$0
b. Bond Discount			$0
c CON Application Assistance	**$65,000**		$65,000
c1. Legal Fees			$0
c2. Other (Specify/add rows if needed)			$0
d. Non-CON Consulting Fees			$0
d1. Legal Fees			$0
d2. Other (Operational Consulting Services)	**$30,000**		$30,000
e. Debt Service Reserve Fund			$0
f Other *(Miscellaneous start up and funding)*			$0
SUBTOTAL	***$95,000***	***$0***	**$95,000**
3. Working Capital Startup Costs	**$1,300,000**		$1,300,000
TOTAL USES OF FUNDS	***$1,395,000***	***$0***	***$1,395,000***
B. Sources of Funds			
1. Cash			
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	**$1,395,000**		$1,395,000
7. Grants or Appropriations			
a. Federal			$0
b. State			$0
c. Local			$0
8. Other *(Specify/add rows if needed)*		$0	$0
TOTAL SOURCES OF FUNDS	***$1,395,000***	***$0***	***$1,395,000***

	Hospital Building	Other Structure	Total
Annual Lease Costs (if applicable)			
1. Land			$0
2. Building	$ 259,800.00		$259,800
3. Movable Equipment (Medical Equipment, Furnishings, Fixture	$ 215,000.00		$215,000
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. PROJECT BUDGET

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.

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

	Hospital Building	Other Structure	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building			$0
(2) Fixed Equipment			$0
(3) Site and Infrastructure			$0
(4) Architect/Engineering Fees			$0
(5) Permits (Building, Utilities, Etc.)			$0
SUBTOTAL	**$0**	**$0**	**$0**
b. Renovations			
(1) Building	$3,874,673		$3,874,673
(2) Fixed Equipment (not included in construction)			$0
(3) Architect/Engineering Fees	$350,000		$350,000
(4) Permits (Building, Utilities, Etc.)			$0
SUBTOTAL	**$4,224,673**	**$0**	**$4,224,673**
c. Other Capital Costs			
(1) Movable Equipment			$0
(2) Contingency Allowance	$387,467		$387,467
(3) Gross interest during construction period			$0
(4) Other *(Specify/add rows if needed)*			$0
SUBTOTAL	***$387,467***	***$0***	**$387,467**
TOTAL CURRENT CAPITAL COSTS	**$4,612,140**	**$0**	**$4,612,140**
d. *Land Purchase*			
e. Inflation Allowance			$0
TOTAL CAPITAL COSTS	**$4,612,140**	**$0**	**$4,612,140**
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			$0
b. Bond Discount			$0
c CON Application Assistance			$0
c1. Legal Fees			$0
c2. Other (Specify/add rows if needed)			$0
d. Non-CON Consulting Fees			$0
d1. Legal Fees			$0
d2. Other (Specify/add rows if needed)			$0

e. Debt Service Reserve Fund			$0
f Other *(Miscellaneous start up and funding)*			$0
SUBTOTAL	***$0***	***$0***	***$0***
3. Working Capital Startup Costs			$0
TOTAL USES OF FUNDS	***$4,612,140***	***$0***	***$4,612,140***
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	$4,612,140		$4,612,140
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	$0
TOTAL SOURCES OF FUNDS	***$4,612,140***	***$0***	***$4,612,140***
	Hospital Building	***Other Structure***	***Total***
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.

Item 10. Moveable Equipment not in construction contracts - $850,000

The total amount for equipment and furnishings is $850,000, of which $642,068 is associated with clinical services.

Clinical area furnishings include patient room beds and wardrobes, seclusion room beds, tables, chairs and sofas, loveseats and side tables for therapy spaces, consult rooms and day rooms. Equipment for patient areas include TV sets with protective enclosures, and washers and dryers for patient clothing.

Furnishings include tables and chairs for waiting areas, conference rooms, and administrative and staff areas, desks and work stations.

Item 14. Other Costs to be Capitalized - $790,000

Information technology includes computers, switches, cabling	$750,000
Artwork for lobby and public areas, waiting, exam rooms	$25,000
Directional signage and signs for functional areas	$15,000

TABLE F. 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 & 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 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.						
Indicate CY or FY	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**		
1. DISCHARGES										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric				389	408	427	440	453		
Total Acute	***0***	***0***	***0***	***389***	***408***	***427***	***440***	***453***	***0***	***0***
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL DISCHARGES	***0***	***0***	***0***	***389***	***408***	***427***	***440***	***453***	***0***	***0***
2. PATIENT DAYS										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric				4,177	4,380	4,586	4,726	4,865		
Total Acute	***0***	***0***	***0***	***4,177***	***4,380***	***4,586***	***4,726***	***4,865***	***0***	***0***
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL PATIENT DAYS	***0***	***0***	***0***	***4,177***	***4,380***	***4,586***	***4,726***	***4,865***	***0***	***0***

TABLE F. 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 & 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 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.						
Indicate CY or FY	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**		
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA										
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric				10.74	10.74	10.74	10.74	10.74		
Total Acute										
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL AVERAGE LENGTH OF STAY										
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric										
Total Acute	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL LICENSED BEDS	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***

TABLE F. 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 & 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 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.						
Indicate CY or FY	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**		
5. OCCUPANCY PERCENTAGE ***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*										
a. General Medical/Surgical*										
b. ICU/CCU										
Total MSGA										
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric				71.5%	75.0%	78.5%	80.9%	83.3%		
Total Acute				**71.5%**	**75.0%**	**78.5%**	**80.9%**	**83.3%**		
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL OCCUPANCY %				**71.5%**	**75.0%**	**78.5%**	**80.9%**	**83.3%**		
6. OUTPATIENT VISITS										
a. Emergency Department										
b. Same-day Surgery										
c. Laboratory										
d. Imaging										
e. Other (Specify/add rows of needed)	40,019	40,765	43,211	45,804	47,178	48,593	50,051	51,552		
TOTAL OUTPATIENT VISITS	***40,019***	***40,765***	***43,211***	***45,804***	***47,178***	***48,593***	***50,051***	***51,552***	***0***	***0***
7. OBSERVATIONS**										
a. Number of Patients										
b. Hours										

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

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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

	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.						
Indicate CY or FY	2021	2022	2023	2024	2025	2026	2027	2028		
1. REVENUE										
a. Inpatient Services	$ -	$ -	$ -	$ 7,606,771	$ 7,976,456	$ 8,351,604	$ 8,606,559	$ 8,859,693		
b. Outpatient Services	$ 12,108,287	$ 12,973,286	$ 13,888,988	$ 14,722,327	$ 15,163,997	$ 15,618,917	$ 16,087,485	$ 16,570,109		
c. Professional Services	$ -	$ -	$ -	$ 229,735	$ 240,900	$ 252,230	$ 259,930	$ 267,575		
Gross Patient Service Revenues	***$ 12,108,287***	***$ 12,973,286***	***$ 13,888,988***	***$ 22,558,833***	***$ 23,381,353***	***$ 24,222,751***	***$ 24,953,974***	***$ 25,697,377***	***$ -***	***$ -***
c. Allowance For Bad Debt	$ 158,528	$ 198	$ -	$ 156,730	$ 164,347	$ 172,077	$ 177,330	$ 182,545		
d. Contractual Allowance	$ -	$ -	$ -	$ 783,651	$ 821,736	$ 860,383	$ 886,649	$ 912,727		
e. Charity Care	$ -	$ -	$ -	$ 156,730	$ 164,347	$ 172,077	$ 177,330	$ 182,545		
Net Patient Services Revenue	***$ 11,949,759***	***$ 12,973,088***	***$ 13,888,988***	***$ 21,461,722***	***$ 22,230,923***	***$ 23,018,214***	***$ 23,712,665***	***$ 24,419,560***	***$ -***	***$ -***
f. Other Operating Revenues (Specify/add rows if needed)	$ 11,401	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
NET OPERATING REVENUE	***$ 11,961,160***	***$ 12,973,088***	***$ 13,888,988***	***$ 21,461,722***	***$ 22,230,923***	***$ 23,018,214***	***$ 23,712,665***	***$ 24,419,560***	***$ -***	***$ -***
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 10,161,123	$ 9,257,350	$ 9,701,703	$ 13,453,200	$ 13,742,955	$ 14,239,427	$ 14,495,298	$ 14,757,309		
b. Contractual Services	$ 1,721,939	$ 1,473,807	$ 1,544,550	$ 3,178,588	$ 3,217,437	$ 3,257,218	$ 3,297,953	$ 3,339,666		
c. Interest on Current Debt	$ 93,942	$ 95,419	$ 98,282	$ 98,282	$ 98,282	$ 98,282	$ 98,282	$ 98,282		
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ 194,366	$ 194,366	$ 194,366	$ 194,366		
e. Current Depreciation	$ 135,913	$ 135,000	$ 135,000	$ 135,000	$ 135,000	$ 135,000	$ 135,000	$ 135,000		
f. Project Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
g. Current Amortization	$ 9,944	$ 4,206	$ 4,332	$ 4,332	$ 4,332	$ 4,332	$ 4,332	$ 4,332		
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
i. Supplies	$ 334,783	$ 289,280	$ 297,958	$ 769,979	$ 797,088	$ 824,598	$ 844,862	$ 865,086		
j. Repairs and Maintenance	$ 497,047	$ 311,093	$ 320,426	$ 330,039	$ 339,940	$ 350,138	$ 360,642	$ 371,461		
k. Utilities	$ 50,432	$ 77,050	$ 79,362	$ 153,453	$ 159,390	$ 165,453	$ 170,458	$ 175,524		
l. Lease Expense (Property + Equipment/Software)	$ 473,647	$ 530,041	$ 545,942	$ 1,149,742	$ 1,149,742	$ 1,149,742	$ 1,149,742	$ 1,149,742		
m. General and Administrative	$ 564,855	$ 599,483	$ 617,467	$ 787,013	$ 803,892	$ 821,023	$ 835,913	$ 850,914		
n. Property Taxes	$ 49,118	$ 24,310	$ 25,039	$ 25,790	$ 26,564	$ 27,361	$ 28,182	$ 29,027		
o. Purchased Services				$ 921,618	$ 955,619	$ 990,221	$ 1,017,448	$ 1,044,825		
TOTAL OPERATING EXPENSES	***$ 14,092,743***	***$ 12,797,039***	***$ 13,370,061***	***$ 21,007,035***	***$ 21,624,607***	***$ 22,257,160***	***$ 22,632,477***	***$ 23,015,534***	***$ -***	***$ -***
3. INCOME										
a. Income From Operation	***$ (2,131,583)***	***$ 176,049***	***$ 518,927***	***$ 454,687***	***$ 606,316***	***$ 761,054***	***$ 1,080,187***	***$ 1,404,026***	***$ -***	***$ -***
b. Non-Operating Income	$ 1,768,171	$ 4	$ 4	$ 4	$ 4	$ 4	$ 4	$ 4		
SUBTOTAL	***$ (363,412)***	***$ 176,053***	***$ 518,931***	***$ 454,691***	***$ 606,320***	***$ 761,058***	***$ 1,080,191***	***$ 1,404,030***	***$ -***	***$ -***
c. Income Taxes	$ 142,579	$ 3,373	$ 28,128	$ 127,314	$ 169,770	$ 213,096	$ 302,454	$ 393,128		
NET INCOME (LOSS)	***$ (505,991)***	***$ 172,680***	***$ 490,803***	***$ 327,378***	***$ 436,551***	***$ 547,962***	***$ 777,738***	***$ 1,010,901***	***$ -***	***$ -***

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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

	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.						
Indicate CY or FY	2021	2022	2023	2024	2025	2026	2027	2028		
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	11.0%	9.0%	10.0%	6.5%	6.5%	6.4%	6.4%	6.4%		
2) Medicaid	72.0%	78.0%	70.0%	73.5%	73.5%	73.6%	73.6%	73.6%		
3) Blue Cross	1.0%	1.0%	5.0%	4.1%	4.1%	4.1%	4.1%	4.1%		
4) Commercial Insurance	5.0%	3.0%	5.0%	6.2%	6.2%	6.2%	6.2%	6.2%		
5) Self-pay	1.0%	1.0%	1.0%	2.4%	2.4%	2.4%	2.4%	2.4%		
6) Other	10.0%	8.0%	9.0%	7.3%	7.2%	7.2%	7.2%	7.2%		
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***	***0.0%***
b. Percent of Equivalent Inpatient Days										
1) Medicare	11.0%	9.0%	10.0%	6.6%	6.6%	6.5%	6.5%	6.5%		
2) Medicaid	72.0%	78.0%	70.0%	73.4%	73.4%	73.5%	73.5%	73.5%		
3) Blue Cross	1.0%	1.0%	5.0%	4.1%	4.1%	4.1%	4.1%	4.1%		
4) Commercial Insurance	5.0%	3.0%	5.0%	6.2%	6.2%	6.2%	6.2%	6.2%		
5) Self-pay	1.0%	1.0%	1.0%	2.4%	2.4%	2.4%	2.4%	2.4%		
6) Other	10.0%	8.0%	9.0%	7.3%	7.3%	7.3%	7.3%	7.3%		
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***	***0.0%***

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. 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.

	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.						
Indicate CY or FY	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**		
1. REVENUE										
a. Inpatient Services	$ -	$ -	$ -	$ 7,606,771	$8,235,691.00	$8,873,579.00	$9,402,666.00	$9,945,005.00		
b. Outpatient Services	$ 12,108,287	$ 12,973,286	$ 13,888,988	$ 15,127,191	$ 16,009,485	$ 16,943,238	$ 17,931,452	$ 18,977,304		
c. Professional Services	$ -	$ -	$ -	$ 229,735	$248,729.00	$267,994.00	$283,974.00	$300,353.00		
Gross Patient Service Revenues	***$ 12,108,287***	***$ 12,973,286***	***$ 13,888,988***	***$ 22,963,697***	***$ 24,493,905***	***$ 26,084,811***	***$ 27,618,092***	***$ 29,222,662***	$ -	$ -
c. Allowance For Bad Debt	$ 158,528	$ 198	$ -	$ 156,730	$ 169,688	$ 182,831	$ 193,733	$ 204,907		
d. Contractual Allowance	$ -	$ -	$ -	$ 783,651	$ 848,442	$ 914,157	$ 968,664	$ 1,024,536		
e. Charity Care	$ -	$ -	$ -	$ 156,730	$ 169,688	$ 182,831	$ 193,733	$ 204,907		
Net Patient Services Revenue	***$ 11,949,759***	***$ 12,973,088***	***$ 13,888,988***	***$ 21,866,586***	***$ 23,306,086***	***$ 24,804,991***	***$ 26,261,963***	***$ 27,788,312***	$ -	$ -
f. Other Operating Revenues (Specify/add rows if needed)	$ 11,401	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
NET OPERATING REVENUE	***$ 11,961,160***	***$ 12,973,088***	***$ 13,888,988***	***$ 21,866,586***	***$ 23,306,086***	***$ 24,804,991***	***$ 26,261,963***	***$ 27,788,312***	$ -	$ -
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 10,161,123	$ 9,257,350	$ 9,701,703	$ 13,758,222	$ 14,476,956	$ 15,442,704	$ 16,187,529	$ 16,967,237		
b. Contractual Services	$ 1,721,939	$ 1,473,807	$ 1,544,550	$ 3,210,962	$ 3,315,599	$ 3,423,503	$ 3,534,819	$ 3,649,698		
c. Interest on Current Debt	$ 93,942	$ 95,419	$ 98,282	$ 98,282	$ 98,282	$ 98,282	$ 98,282	$ 98,282		
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ 194,366	$ 194,366	$ 194,366	$ 194,366		
e. Current Depreciation	$ 135,913	$ 135,000	$ 135,000	$ 135,000	$ 135,000	$ 135,000	$ 135,000	$ 135,000		
f. Project Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
g. Current Amortization	$ 9,944	$ 4,206	$ 4,332	$ 4,206	$ 4,206	$ 4,206	$ 4,206	$ 4,206		
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
i. Supplies	$ 334,783	$ 289,280	$ 297,958	$ 779,186	$ 830,626	$ 884,422	$ 932,295	$ 981,689		
j. Repairs and Maintenance	$ 497,047	$ 311,093	$ 320,426	$ 336,639	$ 348,523	$ 360,826	$ 373,563	$ 386,749		
k. Utilities	$ 50,432	$ 77,050	$ 79,362	$ 155,088	$ 164,262	$ 173,805	$ 182,472	$ 191,406		
l. Lease Expense (Property + Equipment/Software)	$ 473,647	$ 530,041	$ 545,942	$ 1,149,742	$ 1,149,742	$ 1,149,742	$ 1,149,742	$ 1,149,742		
m. General and Administrative	$ 564,855	$ 599,483	$ 617,467	$ 799,733	$ 832,881	$ 866,968	$ 899,369	$ 932,488		
n. Property Taxes	$ 49,118	$ 24,310	$ 25,039	$ 25,540	$ 26,562	$ 28,155	$ 30,408	$ 33,449		
o. Purchased Services	$ -	$ -	$ -	$ 909,900	$ 960,581	$ 1,022,123	$ 1,087,536	$ 1,166,648		
TOTAL OPERATING EXPENSES	***$ 13,478,770***	***$ 12,173,246***	***$ 12,727,554***	***$ 19,627,326***	***$ 20,717,561***	***$ 21,866,855***	***$ 22,792,273***	***$ 23,758,375***	$ -	$ -
3. INCOME										
a. Income From Operation	***$ (1,517,610)***	***$ 799,842***	***$ 1,161,434***	***$ 2,239,260***	***$ 2,588,525***	***$ 2,938,135***	***$ 3,469,690***	***$ 4,029,937***	$ -	$ -
b. Non-Operating Income	$ 1,768,171	$ 4	$ 4	$ 4	$ 4	$ 4	$ 4	$ 4		
SUBTOTAL	***$ 250,561***	***$ 799,846***	***$ 1,161,438***	***$ 2,239,264***	***$ 2,588,529***	***$ 2,938,139***	***$ 3,469,694***	***$ 4,029,941***	$ -	$ -
c. Income Taxes	$ 142,579	$ 3,373	$ 28,128	$ 626,994	$ 724,788	$ 822,679	$ 971,514	$ 1,128,384		
NET INCOME (LOSS)	***$ 107,982***	***$ 796,473***	***$ 1,133,310***	***$ 1,612,270***	***$ 1,863,741***	***$ 2,115,460***	***$ 2,498,180***	***$ 2,901,558***	$ -	$ -
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	11.0%	9.0%	10.0%	6.6%	6.5%	6.5%	6.5%	6.5%		
2) Medicaid	72.0%	78.0%	70.0%	73.4%	73.5%	73.5%	73.5%	73.5%		
3) Blue Cross	1.0%	1.0%	5.0%	4.1%	4.1%	4.1%	4.1%	4.1%		
4) Commercial Insurance	5.0%	3.0%	5.0%	6.2%	6.2%	6.2%	6.2%	6.2%		

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. 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.

	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.						
Indicate CY or FY	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**		
5) Self-pay	1.0%	1.0%	1.0%	2.4%	2.4%	2.4%	2.4%	2.4%		
6) Other	10.0%	8.0%	9.0%	7.3%	7.3%	7.2%	7.2%	7.2%		
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***	***0.0%***

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. 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.

	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.						
Indicate CY or FY	2021	2022	2023	2024	2025	2026	2027	2028		
b. Percent of Equivalent Inpatient Days										
Total MSGA										
1) Medicare	11.0%	9.0%	10.0%	6.7%	6.6%	6.6%	6.6%	6.6%		
2) Medicaid	72.0%	78.0%	70.0%	73.3%	73.4%	73.4%	73.4%	73.4%		
3) Blue Cross	1.0%	1.0%	5.0%	4.2%	4.2%	4.1%	4.1%	4.1%		
4) Commercial Insurance	5.0%	3.0%	5.0%	6.2%	6.2%	6.2%	6.2%	6.2%		
5) Self-pay	1.0%	1.0%	1.0%	2.3%	2.4%	2.4%	2.4%	2.4%		
6) Other	10.0%	8.0%	9.0%	7.3%	7.3%	7.3%	7.3%	7.3%		
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***	***0.0%***

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

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.

	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 J and K.						
Indicate CY or FY	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**
1. DISCHARGES							
a. General Medical/Surgical*	0						
b. ICU/CCU	0						
Total MSGA	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Pediatric	0						
d. Obstetric	0						
e. Acute Psychiatric	389	408	427	440	453	453	453
Total Acute	**389**	**408**	**427**	**440**	**453**	**453**	**453**
f. Rehabilitation	0						
g. Comprehensive Care	0						
h. Other (Specify/add rows of needed)	0						
TOTAL DISCHARGES	**389**	**408**	**427**	**440**	**453**	**453**	**453**
2. PATIENT DAYS							
a. General Medical/Surgical*	0						
b. ICU/CCU	0						
Total MSGA	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Pediatric	0						
d. Obstetric	0						
e. Acute Psychiatric	4177	4380	4586	4726	4865	4865	4865
Total Acute	**4177**	**4380**	**4586**	**4726**	**4865**	**4865**	**4865**
f. Rehabilitation	0						
g. Comprehensive Care	0						
h. Other (Specify/add rows of needed)	0						
TOTAL PATIENT DAYS	**4,177**	**4,380**	**4,586**	**4,726**	**4,865**	**4,865**	**4,865**
3. AVERAGE LENGTH OF STAY							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA							
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric	10.74	10.74	10.74	10.74	10.74	10.74	10.74
Total Acute	10.74	10.74	10.74	10.74	10.74	10.74	10.74
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL AVERAGE LENGTH OF STAY	10.74	10.74	10.74	10.74	10.74	10.74	10.74

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

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.

	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 J and K.						
Indicate CY or FY	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**
4. NUMBER OF LICENSED BEDS							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA	**0**	**0**	**0**	**0**	**0**	**0**	**0**
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric	16	16	16	16	16	16	16
Total Acute	***16***	***16***	***16***	***16***	***16***	***16***	***16***
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL LICENSED BEDS							
5. OCCUPANCY PERCENTAGE ***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA							
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric	71.5%	75.0%	78.5%	80.9%	83.3%	83.3%	83.3%
Total Acute	**71.5%**	**75.0%**	**78.5%**	**80.9%**	**83.3%**	**83.3%**	**83.3%**
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL OCCUPANCY %	**71.5%**	**75.0%**	**78.5%**	**80.9%**	**83.3%**	**83.3%**	**83.3%**
6. OUTPATIENT VISITS							
a. Emergency Department							
b. Same-day Surgery							
c. Laboratory							
d. Imaging							
e. Other (Specify/add rows of needed)							
TOTAL OUTPATIENT VISITS	***0***	***0***	***0***	***0***	***0***	***0***	***0***
7. OBSERVATIONS**							
a. Number of Patients							
b. Hours							

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

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

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

	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	2024	2025	2026	2027	2028	2029	2030
1. REVENUE							
a. Inpatient Services	$ 7,606,771.00	$ 7,976,456.00	$ 8,351,604.00	$ 8,606,559.00	$ 8,859,693.00		
b. Outpatient Services							
c. Professional Fees	$ 229,735.00	$ 240,900.00	$ 252,230.00	$ 259,930.00	$ 267,575.00		
Gross Patient Service Revenues	***$ 7,836,506.00***	***$ 8,217,356.00***	***$ 8,603,834.00***	***$ 8,866,489.00***	***$ 9,127,268.00***		
c. Allowance For Bad Debt	$ 156,730.00	$ 164,347.00	$ 172,077.00	$ 177,330.00	$ 182,545.00		
d. Contractual Allowance	$ 783,651.00	$ 821,736.00	$ 860,383.00	$ 886,649.00	$ 912,727.00		
e. Charity Care	$ 156,730.00	$ 164,347.00	$ 172,077.00	$ 177,330.00	$ 182,545.00		
Net Patient Services Revenue	***$ 6,739,395.00***	***$ 7,066,926.00***	***$ 7,399,297.00***	***$ 7,625,180.00***	***$ 7,849,451.00***		
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	***$ 6,739,395.00***	***$ 7,066,926.00***	***$ 7,399,297.00***	***$ 7,625,180.00***	***$ 7,849,451.00***		
2. EXPENSES							
a. Salaries & Wages (including benefits)	$3,285,815.50	$3,331,553.50	$3,578,151.50	$3,578,151.50	$3,578,151.50		
b. Contractual Services	$1,559,900.00	$1,559,900.00	$1,559,900.00	$1,559,900.00	$1,559,900.00		
c. Interest on Current Debt							
d. Interest on Project Debt		$194,365.56	$194,365.56	$194,365.56	$194,365.56		
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization	$0.00	$0.00	$0.00	$0.00	$0.00		
i. Medical Supplies	$463,081.65	$485,587.18	$508,425.29	$523,946.34	$539,356.53		
j. Repairs and Maintenance							
k. Utilities	$71,710.58	$75,195.68	$78,732.28	$81,135.79	$83,522.14		
l. Lease Expense (Property + Equipment/Software)	$474,800.00	$474,800.00	$474,800.00	$474,800.00	$474,800.00		
m. General and Administrative	$151,021.16	$158,360.71	$165,808.72	$170,870.48	$175,896.08		
n. Property Taxes							
o. Purchased Services	$483,057.13	$506,533.45	$530,356.71	$546,547.28	$562,622.20		
TOTAL OPERATING EXPENSES	***$ 6,489,386.02***	***$ 6,786,296.07***	***$ 7,090,540.06***	***$ 7,129,716.95***	***$ 7,168,614.01***		
3. INCOME							
a. Income From Operation	**$ 250,009**	**$ 280,630**	**$ 308,757**	**$ 495,463**	**$ 680,837**	$ -	$ -
b. Non-Operating Income	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUBTOTAL	***$ 250,009***	***$ 280,630***	***$ 308,757***	***$ 495,463***	***$ 680,837***	$ -	$ -
c. Income Taxes	$ 70,003	$ 78,576	$ 86,452	$ 138,730	$ 190,634	$ -	$ -
NET INCOME (LOSS)	***$ 180,006***	***$ 202,054***	***$ 222,305***	***$ 356,733***	***$ 490,203***	$ -	$ -

TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

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

	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	2024	2025	2026	2027	2028	2029	2030
a. Percent of Total Revenue							
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%		
2) Medicaid	80.0%	80.0%	80.0%	80.0%	80.0%		
3) Blue Cross	2.5%	2.5%	2.5%	2.5%	2.5%		
4) Commercial Insurance	8.5%	8.5%	8.5%	8.5%	8.5%		
5) Self-pay	5.0%	5.0%	5.0%	5.0%	5.0%		
6) Other	4.0%	4.0%	4.0%	4.0%	4.0%		
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***		
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%		
2) Medicaid	80.0%	80.0%	80.0%	80.0%	80.0%		
3) Blue Cross	2.5%	2.5%	2.5%	2.5%	2.5%		
4) Commercial Insurance	8.5%	8.5%	8.5%	8.5%	8.5%		
5) Self-pay	5.0%	5.0%	5.0%	5.0%	5.0%		
6) Other	4.0%	4.0%	4.0%	4.0%	4.0%		
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***		

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**
1. REVENUE							
a. Inpatient Services	$7,606,771.00	$8,235,691.00	$8,873,579.00	$9,402,666.00	$9,945,005.00		
b. Outpatient Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c. Professional Fees	$ 229,735	$ 248,729	$ 267,994	$ 283,974	$ 300,353		
Gross Patient Service Revenues	***$ 7,836,506***	***$ 8,484,420***	***$ 9,141,574***	***$ 9,686,639***	***$ 10,245,358***	***$ -***	***$ -***
c. Allowance For Bad Debt	$ 156,730	$ 169,688	$ 182,831	$ 193,733	$ 204,907	$ -	$ -
d. Contractual Allowance	$ 783,651	$ 848,442	$ 914,157	$ 968,664	$ 1,024,536	$ -	$ -
e. Charity Care	$ 156,730	$ 169,688	$ 182,831	$ 193,733	$ 204,907	$ -	$ -
Net Patient Services Revenue	***$ 6,739,395***	***$ 7,296,601***	***$ 7,861,754***	***$ 8,330,510***	***$ 8,811,008***	***$ -***	***$ -***
f. Other Operating Revenues (Specify/add rows of needed)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
NET OPERATING REVENUE	***$ 6,739,395***	***$ 7,296,601***	***$ 7,861,754***	***$ 8,330,510***	***$ 8,811,008***	***$ -***	***$ -***
2. EXPENSES	$ -	$ -	$ -	$ -	$ -	$ -	$ -
a. Salaries & Wages (including benefits)	$ 3,285,816	$ 3,431,500	$ 3,792,841	$ 3,900,185	$ 4,007,530	$ -	$ -
b. Contractual Services	$ 1,559,900	$ 1,591,098	$ 1,622,296	$ 1,653,494	$ 1,684,692	$ -	$ -
c. Interest on Current Debt	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d. Interest on Project Debt	$ -	$ 194,366	$ 194,366	$ 194,366	$ 194,366	$ -	$ -
e. Current Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
f. Project Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
g. Current Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -
i. Supplies	$ 463,082	$ 500,155	$ 538,931	$ 571,102	$ 604,079	$ -	$ -
j. Repairs and Maintenance	$ -						
k. Utilities	$ 71,711	$ 76,700	$ 81,882	$ 86,004	$ 90,204		
l. Lease Expense (Property + Equipment/Software)	$ 474,800	$ 474,800	$ 474,800	$ 474,800	$ 474,800	$ -	$ -
m. General and Administrative	$ 151,021	$ 161,528	$ 172,441	$ 181,123	$ 189,968		
n. Property Taxes	$ -						
o. Purchased Services	$ 483,057	$ 516,664	$ 551,571	$ 579,340	$ 607,632		
TOTAL OPERATING EXPENSES	***$ 6,006,329***	***$ 6,430,146***	***$ 6,877,556***	***$ 7,061,073***	***$ 7,245,638***		
3. INCOME							
a. Income From Operation	**$ 733,066**	**$ 866,455**	**$ 984,197**	**$ 1,269,436**	**$ 1,565,370**		

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**
b. Non-Operating Income	$ -						
SUBTOTAL	***$ 733,066***	***$ 866,455***	***$ 984,197***	***$ 1,269,436***	***$ 1,565,370***		
c. Income Taxes	$ 205,259	$ 242,607	$ 275,575	$ 355,442	$ 438,303		
NET INCOME (LOSS)	***$ 733,066***	***$ 623,848***	***$ 708,622***	***$ 913,994***	***$ 1,127,066***		

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%		
2) Medicaid	80.0%	80.0%	80.0%	80.0%	80.0%		
3) Blue Cross	2.5%	2.5%	2.5%	2.5%	2.5%		
4) Commercial Insurance	8.5%	8.5%	8.5%	8.5%	8.5%		
5) Self-pay	5.0%	5.0%	5.0%	5.0%	5.0%		
6) Other	4.0%	4.0%	4.0%	4.0%	4.0%		
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***		
b. Percent of Equivalent Inpatient Days							
1) Medicare	0.0%	0.0%	0.0%	0.0%	0.0%		
2) Medicaid	80.0%	80.0%	80.0%	80.0%	80.0%		
3) Blue Cross	2.5%	2.5%	2.5%	2.5%	2.5%		
4) Commercial Insurance	8.5%	8.5%	8.5%	8.5%	8.5%		
5) Self-pay	5.0%	5.0%	5.0%	5.0%	5.0%		
6) Other	4.0%	4.0%	4.0%	4.0%	4.0%		
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***		

TABLE L. 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 G, if submitted).*	**FTEs**	**Average Salary per FTE**	**Total Cost**	**FTEs**	**Total Cost** *(should be consistent with projections in Table G)*
1. Regular Employees											
Administration *(List general categories, add rows if needed)*											
Administrator	1.00	$83,200	$83,200						$0	1.00	$83,200
Managers	5.00	$71,401	$357,006			$0	1.0	$71,401	$71,401	6.00	$428,407
Hospital Administrator (Clinical Psychologist)			$0	1.00	$140,000	$140,000			$0	1.00	$140,000
CEO	1.00	$370,000	$370,000						$0	1.00	$370,000
CFO	1.00	$280,000	$280,000							1.00	$280,000
Director/COO	1.00	$350,000	$350,000							1.00	$350,000
Coordinator	2.00	$250,000	$500,000							2.00	$500,000
IT Director	1.00	$200,000	$200,000							1.00	$200,000
Training Director	1.00	$203,111	$203,111							1.00	$203,111
Total Administration	13.00		$2,343,317	1.00		$140,000	1.00		$71,401	15.00	$2,554,718
Direct Care Staff *(List general categories, add rows if needed)*											
Alternative Therapists- OT; Art/Music/Movement/Dance; Rec			$0	6.00	$55,000	$330,000			$0	6.00	$330,000
Primary Therapist- LCSW; LPC; LMFT	48.42	$61,909	$2,997,612	3.00	$83,600	$250,800	11.0	$61,909	$680,994	62.42	$3,929,406
RNs/LPNs	1.00	$51,812	$51,812	13.00	$83,000	$1,079,000			$0	14.00	$1,130,812
Mental Health Technician (MHT)			$0	17.00	$37,800	$642,600			$0	17.00	$642,600
Nurse Supervisor			$0	0.50	$110,500	$55,250			$0	0.50	$55,250
Psychiatrist / Doctors	2.00	$188,452	$376,904				1.0	$188,452	$188,452	3.00	$565,356
Care Coordination	12.00	$43,555	$522,654				1.0	$43,555	$43,555	13.00	$566,209
PHP	1.00	$46,010	$46,010				2.0	$46,010	$92,019	3.00	$138,029
MA Assistant	0.50	$40,560	$20,280						$0	0.50	$20,280
Intern	2.00	$32,240	$64,480						$0	2.00	$64,480

TABLE L. WORKFORCE INFORMATION

Family Service Coordinator	9.00	$43,530	$391,768				1.5	$45,702	$68,554	10.50	$460,322
Therapist - DJS	2.40	$54,614	$131,074				1.0	$54,614	$54,614	3.40	$185,689
Total Direct Care	78.32		$4,602,594	39.50		$2,357,650	17.50		$1,128,188	135.32	$8,088,432
Support Staff *(List general categories, add rows if needed)*											
			$0			$0			$0	0.00	$0
Finance Staff	2.50	$41,877	$104,693	2.00	$55,000	$110,000			$0	4.50	$214,693
Reception/Assistant/Clerical	22.10	$31,597	$698,283	2.50	$35,000	$87,500	2.0	$31,597	$63,193	26.60	$848,976
UR/Billing	2.00	$42,813	$85,627	2.00	$55,000	$110,000			$0	4.00	$195,627
HIM/Medical Records			$0	1.00	$47,000	$47,000			$0	1.00	$47,000
Patient Services/Accounts			$0	2.00	$40,000	$80,000			$0	2.00	$80,000
Purchasing /Materials Management			$0	0.50	$50,000	$25,000			$0	0.50	$25,000
Lab Staff	3.50	$73,989	$258,960						$0	3.50	$258,960
Drivers	1.00	$45,760	$45,760						$0	1.00	$45,760
IT	2.25	$51,280	$115,380						$0	2.25	$115,380
Maintenance	1.00	$37,440	$37,440						$0	1.00	$37,440
Total Support	34.35		$1,346,143	10.00		$459,500	2.00		$63,193	46.35	$1,868,836
REGULAR EMPLOYEES TOTAL	***125.67***		$8,292,054	***50.50***		$2,957,150	***20.50***		$1,262,782	***196.67***	$12,511,985
2. Contractual Employees											

TABLE L. WORKFORCE INFORMATION

Administration *(List general categories, add rows if needed)*											
Medical Director			$0	0.50	$115,000	$57,500			$0	0.50	$57,500
			$0			$0			$0	0.00	$0
			$0			$0			$0	0.00	$0
			$0			$0			$0	0.00	$0
			$0			$0			$0	0.00	$0
Total Administration			$0	0.50		$57,500			$0	0.50	$57,500
Direct Care Staff *(List general categories, add rows if needed)*											
Psychologist			$0	0.50	$85,000	$42,500			$0	0.50	$42,500
Psychiatrist	2.25	$378,352	$851,292	2.00	$380,000	$760,000	0.62	$378,352	$235,217	4.87	$1,846,509
Infection Control / Health & Safety			$0	0.50	$63,000	$31,500			$0	0.50	$31,500
Clinical Psychiatrist Director	1.00	$346,885	$346,885			$0			$0	1.00	$346,885
Physicians	1.00	$205,860	$205,860			$0			$0	1.00	$205,860
Nurse Practitioner			$0	1.00	$135,000	$135,000			$0	1.00	$135,000
Dietician/Nutritionist			$0	0.50	$60,000	$30,000			$0	0.50	$30,000
Total Direct Care Staff	4.25		$1,404,036	3.00		$999,000	0.62		$235,217	7.87	$2,638,253
Support Staff *(List general categories, add rows if needed)*											
Security			$0	7.20	$39,500	$284,400			$0	7.20	$284,400
Physical Plant Management / Maintenance	2.00	$39,000	$78,000	1.00	$39,000	$39,000			$0	3.00	$117,000
Dietary/Food Service			$0	2.00	$40,000	$80,000			$0	2.00	$80,000
Professional Services			$0			$0			$0	0.00	$0
Teacher/Tutor			$0	1.00	$100,000	$100,000			$0	1.00	$100,000
Janitorial	1.25	$50,011	$62,514			$0			$0	1.25	$62,514
Total Support Staff	3.25		$140,514	11.20		$503,400			$0	14.45	$643,914
CONTRACTUAL EMPLOYEES TO	***7.50***		$1,544,550	***14.70***		$1,559,900			$235,217	***22.20***	$3,339,667
Benefits *(State method of calculating benefits below)*:			$1,409,649			**$621,002**			**$214,673**		**$2,245,324**
TOTAL COST	***133.17***		***$11,246,253***	***65.20***		***$5,138,052***	***20.5***		***$1,712,672***	***218.87***	***$18,096,976***

TABLE L. 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 G, if submitted).*	**FTEs**	**Average Salary per FTE**	**Total Cost**	**FTEs**	**Total Cost** *(should be consistent with projections in Table G)*
1. Regular Employees											
Administration *(List general categories, add rows if needed)*											
Administrator											
Managers						$0					
Hospital Administrator (Clinical Psychologist)				1.00	$140,000	$140,000					
CEO											
CFO											
Director/COO											
Coordinator											
IT Director											
Training Director											
Total Administration				1.00		$140,000					
Direct Care Staff *(List general categories, add rows if needed)*											
Alternative Therapists- OT; Art/Music/Movement/Dance; Rec				6.00	$55,000	$330,000					
Primary Therapist- LCSW; LPC; LMFT				3.00	$83,600	$250,800					
RNs/LPNs				13.00	$83,000	$1,079,000					
Mental Health Technician (MHT)				17.00	$37,800	$642,600					
Nurse Supervisor				0.50	$110,500	$55,250					
Psychiatrist / Doctors											
Care Coordination											
PHP											
MA Assistant											
Intern											

TABLE L. WORKFORCE INFORMATION

Family Service Coordinator											
Therapist - DJS											
Total Direct Care				39.50		$2,357,650					
Support Staff *(List general categories, add rows if needed)*											
						$0					
Finance Staff				2.00	$55,000	$110,000					
Reception/Assistant/Clerical				2.50	$35,000	$87,500					
UR/Billing				2.00	$55,000	$110,000					
HIM/Medical Records				1.00	$47,000	$47,000					
Patient Services/Accounts				2.00	$40,000	$80,000					
Purchasing /Materials Management				0.50	$50,000	$25,000					
Lab Staff											
Drivers											
IT											
Maintenance											
Total Support				10.00		$459,500					
REGULAR EMPLOYEES TOTAL				***50.50***		$2,957,150					
2. Contractual Employees											

TABLE L. WORKFORCE INFORMATION

Administration *(List general categories, add rows if needed)*											
Medical Director				0.50	$115,000	$57,500					
						$0					
						$0					
						$0					
						$0					
Total Administration				0.50		$57,500					
Direct Care Staff *(List general categories, add rows if needed)*											
Psychologist				0.50	$85,000	$42,500					
Psychiatrist				2.00	$380,000	$760,000					
Infection Control / Health & Safety				0.50	$63,000	$31,500					
Clinical Psychiatrist Director						$0					
Physicians						$0					
Nurse Practitioner				1.00	$135,000	$135,000					
Dietician/Nutritionist				0.50	$60,000	$30,000					
Total Direct Care Staff				3.00		$999,000					
Support Staff *(List general categories, add rows if needed)*											
Security				7.20	$39,500	$284,400					
Physical Plant Management / Maintenance				1.00	$39,000	$39,000					
Dietary/Food Service				2.00	$40,000	$80,000					
Professional Services						$0					
Teacher/Tutor				1.00	$100,000	$100,000					
Janitorial						$0					
Total Support Staff				11.20		$503,400					
CONTRACTUAL EMPLOYEES TOTAL				***14.70***		$1,559,900					
Benefits *(State method of calculating benefits below)* **:**						**$621,002**					
TOTAL COST				***65.20***		***$5,138,052***					