

**Luminis Health Doctors Community Medical Center
CON Application -- Obstetrics and Facility Modernization (Docket No. 23-16-2466)**

Response to MHCC Request for Completeness Information Dated June 2, 2023

Table D MVS

1. Please provide more detail on the impact “extraordinary costs” had on the MVS calculation.

Applicant Response:

The detail on the Extraordinary Costs was provided in Exhibit 17 in the original application, pages 145-154. The extraordinary costs were itemized and detailed in corresponding narratives on pages 149-151. These sections specific to the extraordinary costs are presented in attached Exhibit 29 with an updated Comparison to Marshall Valuation Benchmark Table (Table 1), which is also shown, below.

The detail attached as Exhibit 29 outlines the extraordinary cost (exclusion value) of \$57,297,223 and the impact on the overall MVS calculation / benchmark for the new construction. Overall the extraordinary costs fall into two general categories, physical/capital variations from typical construction and process related variance.

As detailed in Exhibit 29, there are a number of construction elements that are specifically excluded from the MVS calculation for Class A Hospital (Signs, Canopy, Jurisdictional Hook-up Fees, Impact Fees, Paving and Roads, Storm Drains, Rough Grading, Landscaping, and Sediment Control & Stabilization). Additionally, this project requires designated sterile processing and distribution (SPD) elevators to support the surgical platform and a pneumatic tube system which fall outside the MVS calculation. These costs represent \$6,822,813 of the \$57M exclusion.

Process related expenses outside the MVS calculation include costs associated with constrained site, phased construction, LEED Silver Standards, and MBE values. Additional costs associated with temporary entrances and architectural fees are also included in this category. These costs represent \$50,470,410 of the MVS exclusion.

An itemized list of extraordinary costs and descriptive detail is provided in Exhibit 29. In summary, the extraordinary costs represent \$87.13 cost per square foot or 12.9% above the MVS cost standard. Please note that this table has been updated from the table in Exhibit 18, page 154 of the original Application.

Table 1
New Construction Comparison to Marshall Valuation Service Benchmark

Type	Hospital	Computations
MVS Cost Standard	\$123,667,458	\$675.96
Current Construction Costs	\$139,623,357	\$763.09
Difference		\$87.13
% Above/(Below) MVS Standard		12.9%

- Regarding Exhibit 1, Table D, the corrected Table D is the same version of the table that was submitted with the CON application. Please provide a corrected Table D that identifies the total site and off-site costs included and excluded from the MVS analysis for the revised \$139,623,357 in new construction costs.

Applicant Response:

The attached updated Table D includes all new construction and other capital costs found in Table E. The total new construction costs included in the MVS calculation is \$139,623,357. The other capital costs captured on Table E but excluded from MVS are \$57,297,223. The total project cost for new construction is \$196,920,580 (included and excluded from MVS).

Table E Budget

- The average useful life of acquired assets used in this Table is approximately 36 years. Based on other recent CON reviews of large capital projects, the average useful life used is approximately 25 years. Given that overly optimistic life expectancy drives down annual depreciation expense, please justify the use of this assumption by line-item assets.

Applicant Response:

The majority of the capital spend for this project is for Building & Infrastructure Expenses which we depreciated over 40 years in accordance with American Hospital Association (AHA) depreciation guide. These 40-year depreciation elements correspond to lines on Table E that include all of the Building assets, such as all of A.1.a New Construction and most of A.1.b Renovation (except fixed equipment). In addition, the majority of Other Capital Costs are associated with building costs, and therefore fall into the 40-year depreciation category. The exceptions include signage (A.1.c (5b)), lighting (A.1.c (5d)), canopies (A.1.c (7c)) and other equipment costs (A.1.c (7i-m)). Because the aggregate useful life is essentially a weighted average of the capital cost and depreciation schedule of each project element, and the vast majority of the capital (over 90% of the total cost) is associated with 40-year depreciation, the resulting project depreciation is approximately 36 years.

- What is the anticipated date of bond financing?

Applicant Response:

Assuming CON approval in December 2023, the anticipated timeframe of bond financing would be CY2025.

5. Please identify the obligated group for the bond.

Applicant Response:

The obligated group consists of Luminis Health Inc, Luminis Health Anne Arundel Medical Center, Luminis Health Doctors Community Medical Center, and Luminis Health Imaging.

6. What are the expected dates of construction completion for each of the three phases?

Applicant Response:

If the CON is approved in December 2023, the expected dates of construction completion for each of the three phases are below. If the CON approval date is earlier or later than December 2023 the dates below may adjust.

Loading Dock: December 2024
Acute Care Pavilion: January 2027
Renovations: April 2029

7. In Uses of Funds, assuming borrowing precedes the construction, please provide detail related to the provision for capitalized interest.

Applicant Response:

The original submitted CON did not include capitalized interest. Upon further analysis the borrowing is likely to occur prior to the project in-service date. Table E has been adjusted for the capitalized interest and Tables G, H, J, and K have been adjusted with an updated project depreciation.¹

8. In Sources of Funds, assuming borrowing precedes the construction, please provide details related to the provision for interest earnings on bond proceeds.

Applicant Response:

For conservatism we did not assume interest earned on unspent bond proceeds. Recent market volatility led us to assume neither gain nor loss on the unspent bond proceeds.

9. What is the estimated MVS exclusion value, if any?

Applicant Response:

¹ The Applicant is including with this filing the complete set of CON Application Tables, but notes that only Tables D, E, G, H, J and K have been revised.

The estimated MVS exclusion value (extraordinary cost) is \$57,297,223 and is outlined in Exhibit 29.

10. Under “Other Capital Costs” there is now a blank next to “Prevailing Wages”, please explain this change.

Applicant Response:

The original Table E submitted with the application was incorrect. There are no expenses for “Prevailing Wages” and it should not have been included on the original Table E or left blank on the corrected Table E.

11. Regarding the response to Question #7(b), please provide the bond issue costs and the \$628,629 under Table E, Financing Costs and Other Cash Requirements.

Applicant Response:

The bond issue costs are estimated to be \$3,060,000 based on the sizing of the bond offering. The \$628,629 was a side calculation used to cross-check the tables and should have not remained in the deliverable table when the application was provided to the MHCC. This number has no relevance to the project.

12. Regarding the response to Question #13, as previously requested, please provide details on how LHDCMC would address if the requested rate relief from the HSCRC is not granted.

Applicant Response:

As stated in our response to Question #13, we believe this application adheres to the HSCRC requirements to obtain rates to offset our capital investment per the current HSCRC Capital Funding Policy. LHDCMC has FY23 permanent revenue of \$285M. The capital needs of this project exceed the 50% minimum threshold stated in the policy. Additionally, following HSCRC methodologies for funding a new service, we believe the obstetrics program at LHDCMC will be funded as a new service once it is operational. If the HSCRC does not agree to prospectively fund the new volume related to this program, the revenue adjustment will be captured in market shift and added to LHDCMC’s GBR in subsequent years.

However, if the requested rate relief from the HSCRC is not granted, Luminis Health would have to reevaluate the project as currently designed depending on what if any rates were granted. Detail on how the project might be changed would depend on the degree to which rates are granted. The project design would be reconsidered to ensure financial and operational feasibility.

Table G Revenues and Expenses Uninflated Entire Facility

13. What is the value of GBR for FY 2023 as per the rate file?

Applicant Response:

The Applicant's 3/15/23 rate order has a GBR of \$309,657,371.

14. It appears that top line revenues grow by 14.3% from 2022 to 2023, what is the basis for the increase?

Applicant Response:

The major driver is an increase in GBR due to an FY21 and FY22 reconciliation driven by the COVID-19 pandemic related to undercharges in alignment with volume loss. Per the 2/4/22 HSCRC memo, LHDCMC received 45% of its FY21 undercharge through the HSCRCs agreement to guarantee hospitals' GBR during the height of the COVID-19 pandemic. 55% of the FY21 undercharge was provided in the January 2022 rate order (FY22) with the remaining 45% applied in July 2022 (FY23).

15. Excluding incremental revenue for OB service introduction and assumed Incremental Capital Award, what is the assumed basis for uninflated top line revenue growth?

Applicant Response:

The uninflated top line revenue growth is due to volume growth projections driven by forecasted demographic adjustments for the LHDCMC service area based on data utilized from the Advisory Board Demographic Profiler for the LHDCMC Service Area.

16. What is the formula for projecting top line OB service revenue from 2027 through 2033?

Applicant Response:

The Applicant utilized the statewide data to determine average volumes per case for each DRG anticipated in the program and multiplied projected cases at the DRG level by the average volumes of nearby hospitals to determine the total projected volume at the rate center level. The Applicant then multiplied the volumes by LHDCMC rates (using the statewide median for OBS, NUR, DEL) to determine revenue. Lastly, the Applicant applied a 50% variable cost factor.

17. Explain the high-level formula for projecting a \$4.2 million annual GBR award for capital.

Applicant Response:

The Applicant followed the HSCRC's Capital Funding Policy. Taking the average of LHDCMC's proforma capital ratio and the statewide capital ratio minus LHDCMC's current capital ratio results in 2.29% based on FY21 Annual Filings. Multiplying 2.29% by LHDCMC's FY21 regulated operating costs results in potential funding of \$5.4M. Applying the 70% efficiency adjustment based on the FY22 stand-in efficiency policy

results in \$3.8M, to which application of the FY23 markup of 1.11 results in \$4.2M of capital funding.

18. Note estimated average annual per books depreciation expense (with 36-year life) = \$7.9 million. Please make any needed changes.

Applicant Response:

The majority (93%) of the capital spend for this project is for Building & Infrastructure Expenses which the Applicant depreciated over 40 years in accordance with American Hospital Association (AHA) depreciation guide. The aggregate average useful life is approximately 36 years due to the mix of capital expenses and their corresponding depreciation rules. Please refer to the Applicant's response to Question 3 for information on the depreciation applied by line items in Table E.

19. Note estimated average annual per books depreciation expense (with 25-year life) = \$11.3 million. Please make any needed changes.

Applicant Response:

The majority (93%) of the capital spend for this project is for Building & Infrastructure Expenses which the Applicant depreciated over 40 years in accordance with American Hospital Association (AHA) depreciation guide. The aggregate average useful life is approximately 36 years due to the mix of capital expenses and their corresponding depreciation rules. Please refer to the Applicant's response to Question 3 for information on the depreciation period that corresponds to line items in Table E.

20. Why does contra revenue percent change from 18.3% to 16.0% through the years projected?

Applicant Response:

The projected change in the tables is derived from current trends in contractual allowances and our expectations for the future. The Applicant has updated the projections in the Tables to reflect current data which indicates payer reimbursement has declined over the past few years. Currently contra revenue is projected to be a 21.08% deduction percentage in FY23 based on actuals. From FY24 forward the applicant expects deductions will return closer to pre-COVID deduction percentages. Therefore, the projection for FY24 and later is estimated as 17.11% contra revenues. The tables as presented reflect these figures. .

21. Explain why projected "non-patient other" operating revenue falls from over \$7 million to just \$2.5 million through the years.

Applicant Response:

FY24 represents the last year of COVID related Other Operating Funding (CARES Act, FEMA, etc). Other operating revenue in FY25 and beyond returns back to non-COVID related revenue.

22. Interest on current debt would be expected to fall as years progress and loans are paid down, please explain why it remains flat?

Applicant Response:

The Applicant has revised the Tables to align with current interest schedule for existing debt.

23. Interest of project debt would be expected to fall with the amortization of bonds, following completion of construction and commencement of operation, please explain why it remains flat?

Applicant Response:

FY27 represents the first year of the interest payments at half a year and FY28 is the first full year of interest, which is why FY28 Interest on Project Debt is larger than FY27 Interest on Project Debt. A decline in interest after FY28, would be expected, and the tables have been revised to reflect this decrease.

24. Current depreciation expense is expected to fall as assets become depreciated, please explain why it remains flat?

Applicant Response:

The depreciation projection reflects both current assets as well as anticipated new capital for additional or replacement assets as older equipment fully depreciates/is disposed for maintenance of existing facility, but assets which are unrelated to this project, specifically. The Tables represent purchasing of replacement assets as items approach and surpass End of Life. The depreciation on these replacement assets would offset the decrease in depreciation on existing assets in order to maintain current operations.

25. Supply expense is expected to change with patient volume measures, which grow at 2.5% CAGR, please explain why a 0.2% CAGR growth is projected?

Applicant Response:

This lower growth rate in supplies vs. a higher rate in CAGR is driven by the delineation of fixed vs. variable supplies where only the variable supply rate was projected to align with CAGR. The increase in supply cost, therefore, will not match perfectly to the change in patient volumes plus inflation. The assumption in these tables is that 20% of the supplies are fixed and the change in costs associated with them will not change based on volume changes. This classification of fixed vs. variable supplies is driving a smaller change in supplies when compared to the volume change.

Table H Revenues and Expenses Inflated Entire Facility

26. Payroll expense is growing at 2.8% CAGR, while Table G grows at 2.5% CAGR. Payroll for 2033 is 3% higher than the same for Table G. What is the assumed

inflation rate on payroll?

Applicant Response:

The assumed inflation rate on payroll is 3%.

27. Interest expense and depreciation expense should not be inflated, but rather should be the same as value on Table G. Please make any needed changes.

Applicant Response:

The Tables have been revised accordingly.

28. Supply expense should grow with patient volumes plus inflation. Please make any needed changes.

Applicant Response:

As with Question 25, above, the lower growth rate in supplies vs. a higher rate in change in volumes is driven by the delineation of fixed vs. variable supplies where only the variable supply rate was projected to align with volume change. The changes made in attached Table G correspond to the changes in Table H. Table H includes the additional impact of inflation on supplies of 4%.

Table J Uninflated New Service

29. What methodology was used for projecting top line OB service revenue from 2027 through 2033?

Applicant Response:

As discussed in response to Question 16, LHDCMC utilized the statewide data to determine average volumes per case for each DRG anticipated to be received in the program and multiplied the projected cases at the DRG level by the average volumes of nearby hospitals to determine the total projected volume at the rate center level. LHDCMC then multiplied the volumes times DCMC rates (using the statewide median for OBS, NUR, DEL) to determine revenue. Lastly, LHDCMC applied a 50% variable cost factor.

30. Please explain the contra revenue % change from 12.6% to 15.6% over the years projected?

Applicant Response:

The projected change is based on current trends in collections. The Applicant has updated the projections in the Tables to reflect the most current trends. Please also refer to the response to Question 20 above.

General Surgical

31. Regarding the response to Question #25, in response to Paragraph .05A (2), please

identify where on Luminis Health website patients would be able to review the types and volumes of surgical procedures performed at Doctor’s Hospital for the most recent 12 months available.

Applicant Response:

Under COMAR 10.24.11.05A(2), LHDCMC is required to provide to the public, upon request, information on the volume of specific surgical procedures performed at the hospital in the most recent 12 months. A patient may request this information from any customer service representative at Luminis Health, who will transfer the request to the Supervisor of Patient Financial Services who will provide the required information on surgical procedure volume to the patient. Accordingly, while surgical service volume is not posted on the Luminis Health website, it is available upon request as required by the standard.

32. Regarding the response to Question #27 and Tables 27 through 29, provide a breakdown of the inpatient and outpatient surgical cases and surgical minutes similar to the format used in response to Question #31, Table 33 on p. 25 for (a) 66-month construction period and (b) the first three years after project completion.

Applicant Response:

Table 2 below provides a breakdown of the inpatient and outpatient surgical cases and surgical minutes for (a) 66-month construction period and (b) the first three years after project completions.

Table 2
Luminis Health Doctors Community Medical Center
Projected Cases at Current Average Time per Case with Estimated Operating Rooms

Year	Inpatient				Outpatient				Total		
	Cases	Avg Time per Case	Avg. Turnaround Time	Total Minutes	Cases	Avg Time per Case	Avg. Turnaround Time	Total Minutes	Total Cases	Total Minutes	# ORs
<u>(a) 66 Month Construction Period:</u>											
Year 1	2,324	138	35	401,836	4,218	99	35	566,284	6,541	968,119	8.49
Year 2	2,338	138	35	404,293	4,244	99	35	569,746	6,581	974,039	8.54
Year 3	2,352	138	35	406,750	4,269	99	35	573,209	6,621	979,959	8.60
Year 4	2,366	138	35	409,207	4,295	99	35	576,672	6,661	985,879	8.65
Year 5	2,380	138	35	411,664	4,321	99	35	580,135	6,701	991,799	8.70
<u>(b) First Three Years After Project Completion:</u>											
Year 1	2,523	138	35	436,236	4,579	99	35	614,763	7,101	1,050,999	9.22
Year 2	2,581	138	35	446,434	4,686	99	35	629,133	7,267	1,075,567	9.43
Year 3	2,638	138	35	456,252	4,789	99	35	642,969	7,427	1,099,221	9.64

Other

33. Please include balance sheet projections.

Applicant Response:

Luminis Health does not prepare projected or forecasted balance sheets as a part of our long-range capital and financial planning process. Key aspects of Luminis Health's financial position (cash/investments, debt, etc.) are forecasted and evaluated throughout the long range financial planning process. Historical financial statement audits may provide a lens into Luminis Health balance sheets, but have limited applicability as a forward looking tool since these balance sheets are maintained largely for tracking of historical investments.

Luminis Health makes capital investment decisions to achieve its strategic mission by considering: (a) cash flows, (b) the expected outcomes of its investing, philanthropic, and public funding strategies, (c) the forecasted impact of external factors such as capital market conditions, and (d) other relevant factors. Cash flows changes due to operations may result in balance sheet changes that are considered in capital investment decisions.

Luminis Health and LHDCMC were most recently rated in Spring 2022, Moody's affirms Luminis Health Inc.'s, MD A3 rating, and upgrades LHDCMC to MD A3. An A3 ratings indicates that the issuer has financial backing and some cash reserves with a low risk of default. The A3 rating was confirmed during the COVID-19 pandemic that had a significant impact on health care generally, and temporarily negatively impacted many hospitals and healthcare systems' financial performance across the nation. The bond rating of Luminis Health and LHDCMC is a good indication of Luminis Health's strong financial stewardship.

34. Regarding the response to Question #28, please complete ambulatory surgery CON application Addendum B Providing Individual Physician Volume Data for each of the eleven surgeons that LHDCMC will recruit to the general surgical services program. Please provide the surgical cases and volume for the two current and three projected years and identify where each of these surgeons currently perform their surgical procedures. For these eleven surgeons, please respond to the standard at Paragraph .05B(9)(b) Impact and the effect the relocation of these eleven surgeons will have on the hospitals where each surgeon currently practices.

Applicant Response:

Table 3 provides the Individual Physician Volume Data for each of the eleven surgeons that LHDCMC will recruit to the general surgical services program. Volumes for the 66 month construction period and the first three years after project completion are included. The minutes per case are estimated at 148 minutes. This is the average minutes per cases across the procedures the eleven surgeons will perform and the average turnaround time.

Table 3
Luminis Health Doctors Community Medical Center
Projected Individual Volume Data

Physician	66 Month Construction Period										First Three Years After Project Completion						Facility(s) from which these cases will be migrating
	Year 1		Year 2		Year 3		Year 4		Year 5		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
Gynecologist - New to Market	-	-	-	-	-	-	-	-	-	-	20	2,960	30	4,440	40	5,920	N/A
Gynecologist - New to Market	-	-	-	-	-	-	-	-	-	-	20	2,960	30	4,440	40	5,920	N/A
Gynecologist - New to Market	-	-	-	-	-	-	-	-	-	-	20	2,960	30	4,440	40	5,920	N/A
Gynecologist - New to Market	-	-	-	-	-	-	-	-	-	-	20	2,960	30	4,440	40	5,920	N/A
Bariatric Surgeon - New to Market	-	-	-	-	-	-	10	1,480	40	5,920	100	14,800	120	17,760	130	19,240	N/A
Breast Surgeon - New to Market	-	-	-	-	-	-	-	-	-	-	90	13,320	146	21,608	190	28,120	N/A
General Surgeon - New to Market	-	-	-	-	-	-	-	-	-	-	40	5,920	50	7,400	70	10,360	N/A
Vascular Surgeon - New to Market	-	-	-	-	30	4,440	50	7,400	60	8,880	80	11,840	95	14,060	115	17,020	N/A
Orthopedic Surgeon - New to Market	-	-	-	-	-	-	-	-	-	-	50	7,400	60	8,880	75	11,100	N/A
Orthopedic Surgeon - New to Market	-	-	40	5,920	50	7,400	60	8,880	60	8,880	70	10,360	75	11,100	75	11,100	N/A
Orthopedic Surgeon - New to Market	-	-	-	-	-	-	-	-	-	-	50	7,400	60	8,880	71	10,508	N/A

We are unable to identify where these surgeons practice as it is our intention to bring new surgeons to the market. We do not currently have specific surgeons identified for recruitment over the next 5 years. We have identified surgeon specialties for recruitment not specific individuals.

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

Jessica Farrar

Name: Jessica Farrar

Title: Vice President, Strategic Planning

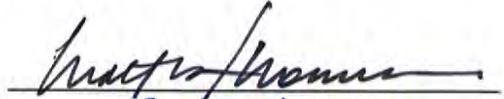
Date: 6/21/2023

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



Name: Luke Klock
Title: Director, Capital Projects
Date: 6/21/2023

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

A handwritten signature in blue ink, appearing to read "Scott Thomas", written over a horizontal line.

Name: *Scott Thomas*

Title: *PRINCIPAL*

Date: *6/21/2023*

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

Urvashi Sagar

Name: Urvashi Sagar

Title: Sr Director, Financial Planning

Date: 6/23/23

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

A handwritten signature in black ink, consisting of stylized, cursive letters that appear to be 'KJ' followed by a long horizontal flourish.

Name:

Title:

Date:

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

Marguerite Crandall

Name: Marguerite Crandall

Title: Manager, Business Development

Date: 6/21/23

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



Name: Zachary Pietsch

Title: Sr. Manager - Hospital Reimbursement

Date: 6/20/23

EXHIBIT 29

MVS Extraordinary Cost Detail

B. Extraordinary Cost Adjustments

This Project includes certain costs have been identified as “extraordinary” and are excluded from the comparison to the applicable MVS standard. These extraordinary construction costs are included in the construction budget, are shown on Table E. Excluding these extraordinary costs reduce the estimated project costs that are comparable to the MVS applicable calculated standard.

An explanation of these extraordinary costs includes the following:

Project Budget Item	Cost		Basis of Estimate
County 3rd Party Inspections (Building, Utilities, Etc.)	\$856,900	Building	Proportional allocation of estimated GC Costs
Regulatory & Environmental Permitting	\$1,466,813	Building	Proportional allocation of estimated GC Costs
Paving (Roadways, Parking , etc.)	\$1,006,000	Site	Allowance per conceptual plans.
Exterior Signs	\$50,000	Site	Allowance per conceptual plans.
Landscaping	\$150,000	Site	Allowance per conceptual plans.
Site Lighting	\$200,000	Site	Allowance per conceptual plans.
Site Development (Railings, Bike rack, fixed benches)	\$30,000	Site	Allowance per conceptual plans.
Jurisdictional Hook Up Fees	\$ 850,000	Site	Allowance per conceptual plans.
Arch / Eng. Fees for Non-MVS Cap Costs From Table D	\$100,500	Site	Allowance
Additional Service Elevators (2)	\$305,000	Building	MVS allowance for extra elevators. Quantity from conceptual plans
Atrium Premium	\$322,000	Building	Allowance per conceptual plans
Canopies	\$475,000	Building	Main entry quantity take off from conceptual plans
Pneumatic Tube System	\$1,010,600	Building	SF quantity take off from conceptual plans x allowance.
Temporary Entrance / During Construction Closure	\$400,000	Building	Allowance per conceptual plans
Constrained Site	\$1,450,000	Building	Allowance per

			conceptual plans.
Extended General Conditions – Schedule/Phasing Impact	\$1,120,000	Building	Proportional % allocation estimated GC Costs
Architectural / Engineering Fees for Other Capital Costs	\$1,999,410	Building	Proportional allocation of estimated A/E Costs
Movable Equipment (Inc. Furnishings)	\$5,750,000	Building	Allowance
Minor Clinical Equipment	\$2,730,000	Building	Allowance
Technology - Data/Communication/AV	\$2,550,000	Building	Allowance
Technology - Safety and Security Systems	\$1,150,000	Building	Allowance
Technology - Clinical Systems (IoMT)	\$3,125,000	Building	Allowance
Green Building / LEED Premium	\$4,725,000	Building	Premium provided per MVS Section 99, Page 1
MBE Premium	\$2,900,000	Building	Proportional allocation of estimated GC Costs
Prevailing Wage	\$0	Building	
Contingency Allowance	\$22,575,000		
Total Adjustments to Cost	\$57,297,223		

Explanation of Extraordinary Costs

Below are the explanations of the Extraordinary Costs that are not specifically excluded from the MVS average costs in the MVS Guide (at Section 1, Page 3), but are elements of this project that would not be in the average cost of a hospital project.

Signs, Canopy, Jurisdictional Hook-up Fees, Impact Fees, Paving and Roads, Storm Drains, Rough Grading, Landscaping, and Sediment Control & Stabilization

These costs are specifically excluded from the Marshall & Swift Valuation base square foot cost for a Class A – Good General Hospital per Section 1, page 3 of the MVS.

Two New Elevators, Shafts and Pits in the New Acute Care Pavilion

These designated elevators, one “clean” and one “dirty” elevator provide direct connectivity for the movement of supplies and materials between the new Surgical Services sterile core the new Sterile Processing Distribution (SPD) department located directly below the OR Suite.

Pneumatic Tube System

LHDCMC uses a pneumatic tube system to transport medications and lab samples throughout the medical center. The new building will include tube stations allowing for movement of these items to and from points in the medical center. Extensive coordination, design, and fabrication / installation work will be required to implement the system.

Temporary Entrances

The new building will connect to the existing hospital at/adjacent to the main entrance on Levels 1 and 2. This will necessitate closing that main entrance for an extended, to be determined,

period of time. LHDCMC will need to create a temporary entrance near that location to ensure that patients and staff members can still safely gain appropriate access to the facility. The temporary entrance will involve filling in an existing drop-off, deconstructing part of the exterior wall and canopy of the first floor and adding new security measures to ensure safety of visitors and staff.

Premium for Constrained Site

The site for the new building is in a constrained area of the campus, directly adjacent to an existing main entrance to the operating hospital building on the west side of campus immediately adjacent to surface parking, parking deck, loop road, and other existing hospital buildings and mechanical yards on the north side. The proposed building attaches to the existing lobby on Level 1 and adjacent to the existing Surgery suite on Level 2. This site will require close coordination with adjacent occupants, and premiums for overtime to shorten the duration of the work to reduce operational impacts and night / weekend work throughout the project. Based on the planning to date the budget assumes 2.5% of the construction cost.

Extended General Conditions – Phasing Impact

Phasing of multiple projects including the loading dock extend the construction schedule by 12 months to overall schedule.

Extended General Conditions - Schedule Impact

Based on phasing impact, assumes that there is additional time allocated for activity associated with the constrained site.

Premium for LEED Silver Construction

LHDCMC included a premium (based on Building Costs only) due to constructing this building to Green Building / LEED standards. The potential for a 0%-7% premium is recognized by MVS in Section 99, Page 1.

Premium for Minority Business Enterprise (MBE)

The LHDCMC project will be subject to include a premium for Minority Business Enterprises (MBE) that would not be in the average cost of hospital construction. The cost estimators and construction managers conservatively estimate that achieving the MBE goals will be a premium cost, compared to projects that do not include MBE subcontractors or suppliers.

Architectural & Engineering Fees for other Capital Costs

A&E Fees are typically a percentage of the total cost of Building and Site Preparation, including extraordinary costs. Consequently, like Capitalized Interest, if the extraordinary costs are removed from the comparison, the related A&E Fees should also be removed. This was accomplished by calculating the percent that the original A&E Fees comprised of the Building, Fixed Equipment, and Site Prep costs, multiplying that percentage times the sum of the adjusted Building, Fixed Equipment and Site Prep costs.

B. Adjusted Project Cost – New Construction

Eliminating all of the extraordinary costs reduces the project costs that should be compared to the MVS Benchmark.

	Project Cost	Per Square Foot
Building	\$125,033,933	\$683.44

Fixed Equipment		\$0.00
Site Preparation	\$1,949,561	\$10.66
Architectural Fees	\$8,888,845	\$48.59
Permits	\$3,751,018	\$20.50
Subtotal	\$139,623,357	\$763.09
Capitalized Construction Interest	\$0.00	\$0.00
Total	\$139,623,357	\$763.09

In addition to the new construction proposed for the LHDCMC project, approximately 105,541 DGSF of renovations are planned in the existing hospital facility. Below are the computations of the MVS factors as applied to the renovation portion of the project.

I. Marshall Valuation Service Valuation Benchmark – Renovation

Type		Hospital
Construction Quality/Class		Good/A
Stories		2
Perimeter Linear Feet		NA
Average Floor to Floor Height		16.0
Square Feet		105,541
	Average Floor Area	52,771
A. Base Costs		
	Basic Structure (11/21)	\$485.00
	Elimination of HVAC cost for adjustment	0
	HVAC Add-on for Mild Climate	0
	HVAC Add-on for Extreme Climate	0
Total Base Cost		\$485.00
Adjustment for Departmental Differential Cost Factors		1.24202
Adjusted Total Base Cost		\$602.38
B. Additions		
	Elevator (if not in base)	\$0.00
	Other	\$0.00
Sub-total		\$0.00
Total		\$602.38
C. Multiplier		
Floor Area - Perimeter Multiplier		NA
	Product	\$602.38
Height Multiplier		1.092
	Product	\$657.80
Multi-story Multiplier		1.0
	Product	\$657.80
D. Sprinklers		
	Wet Sprinkler Amount	\$3.83
Sub-total		\$661.63

E. Update/Location Multipliers		
Current Cost Multiplier (11/21)		1.21
	Product	\$800.58
Location Multiplier (Silver Spring)		1.03
	Product	\$824.59
Calculated Square Foot Cost Standard		\$824.59

The MVS estimate for the project is impacted by the Adjustment for Departmental Differential Cost Factor. In Section 87 on page 8 of the Valuation Service, MVS provides the cost differential by hospital department compared to the average cost for an entire hospital. The calculation of the average differential cost factor is shown below.

Department/Function	DGSF*	MVS Department Name	MVS Differential Cost Factor	Cost Factor X DGSF
Level 1				
Imaging / Nuclear Medicine	14,907	Radiology	1.22	18,187
Laboratory	6,315	Laboratories	1.15	7,262
Supply Chain / Materials Management/EPS	5,345	Storage and Refrigeration	1.60	8,552
Bio-Medical Engineering	2,074	Service Dept	1.20	2,489
EVS / Linen / Laundry	3,294	Laundry	1.68	5,534
Gift Shop / Retail	1,137	Public Spaces	0.80	910
Food & Nutrition - Kitchen	2,600	Dietary	1.52	3,952
Food & Nutrition - Dining & Servery	6,240	Dining Room	0.95	5,928
Morgue	844	Storage and Refrigeration	1.60	1,350
Staff Lounge / Lockers	1,656	Employee Facilities	0.80	1,325
Mechanical / Electrical	989	Mechanical Equipment Shop	0.70	692
Circulation	9,222	Internal Circulation, Corridors	0.60	5,533
Level 2				
Public Space / Lobby	281	Public Spaces	0.80	225
Surgery Services	21,589	Operating Suite	1.59	34,327
Information Technology (IT) & Information Systems (IS)	809	Offices	0.96	777
Cardiac Cath / Interventional Radiology	10,435	Operating Suite	1.59	16,592
Non-Invasive Cardiology / PFT	2,358	Radiology	1.22	2,877
Pharmacy - Inpatient	6,450	Pharmacy	1.33	8,579
Respiratory Therapy	500	Radiology	1.22	610
GME	746	Offices	0.96	716
Mechanical / Electrical	196	Mechanical Equipment Shop	0.70	137
Circulation	7,554	Internal Circulation, Corridors	0.60	4,532

TOTAL	105,541		1.24202	131,084
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II. Comparison to the Marshall Valuation Service Valuation Benchmark

As noted below the project's cost per square foot in comparison to the MVS Benchmark. New construction slightly exceeds the benchmark. Renovation is below the benchmark.

New Construction

Type	Hospital	Computations
MVS Cost Standard	\$123,667,458	\$675.96
Current Construction Costs	\$139,623,357	\$763.09
Difference		\$87.13
% Above/(Below) MVS Standard		12.9%

Renovation

Type	Hospital	Computations
MVS Cost Standard	\$87,028,385	\$824.59
Current Construction Costs	\$57,501,629	\$544.83
Difference		\$279.76
% Above/(Below) MVS Standard		(33.9%)

UPDATED CON TABLES

Name of Applicant: Luminis Health Doctors Community Medical Center

Date of Submission: 5/16/2023

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.

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: 7/1/2022	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*		178	169	17	186	186	General Medical/ Surgical*	178	169	17	186	186
SUBTOTAL Gen. Med/Surg*		178	169	17	186	186	SUBTOTAL Gen. Med/Surg*		169	17	186	186
ICU/CCU		22	24		24	24	ICU/CCU		24	0	24	24
SICU					0	0	SICU				0	0
MICU					0	0	MICU				0	0
TOTAL MSGA		200	193	17	210	210	TOTAL MSGA		193	17	210	210
Obstetrics					0	0	Obstetrics		21		21	21
Pediatrics					0	0	Pediatrics				0	0
Psychiatric					0	0	Psychiatric		16		16	16
TOTAL ACUTE		200	193	17	210	210	TOTAL ACUTE		230	17	247	247
NON-ACUTE CARE							NON-ACUTE CARE					
Dedicated Observation**					0	0	Dedicated Observation**				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		0	0	0	0	0	TOTAL NON-ACUTE		0	0	0	0
HOSPITAL TOTAL		200	193	17	210	210	HOSPITAL TOTAL		230	17	247	247

* 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
LEVEL 1					
Public Space / Lobby	2,375	3,370	0	0	3,370
Community / Multipurpose Room	0	1,703	0	0	1,703
Café / Grab & Go	0	1,638	0	0	1,638
Care Management	1,332	2,610	0	0	2,610
Executive Administration	1,585	3,087	0	0	3,087
Medical Staff Services	1,010	2,239	0	0	2,239
Nursing Administration	767	2,271	0	0	2,271
Admin Space / Hoteling	0	1,465	0	0	1,465
Admissions / Check-in / HIMS (ROI)	1,436	1,619	0	0	1,619
Security	301	1,027	0	0	1,027
Sterile Processing Distribution (SPD)	5,942	9,008	0	0	9,008
Loading Dock/EVS (Linen,Red bag, Gas Cyl,)	347	3,695	0	0	3,695
Gift Shop / Retail	377	0	1,137	0	1,137
Imaging / Nuclear Medicine	7,072	663	14,907	0	15,570
Bio-Medical Engineering	1,155	0	2,074	0	2,074
EVS / Linen / Laundry	1,067	0	3,294	0	3,294
Food & Nutrition - Kitchen	4,015	0	2,600	2,600	5,200
Food & Nutrition - Dining & Servery	4,700	0	6,240	0	6,240
Laboratory	6,315	260	6,315	0	6,575
Morgue	344	0	844	0	844
Supply Chain Management / EPS	3,117	335	5,345	0	5,680
Staff Support Svc. - Staff Lng / Lockers	599	0	1,656	0	1,656
Mechanical / Electrical	4,207	8,705	989	4,207	13,901
Vertical Circulation	1,569	988	0	1,394	2,382
Circulation	9,205	6,173	9,222	0	15,395
Exterior Walls	0	2,376	0	0	2,376
Sub-Total Level 1	58,837	53,232	54,623	8,201	116,056
LEVEL 2					
Public Space / Lobby	0	2,665	281	0	2,946
Meditation	165	403	0	0	403
Surgery Services	27,295	26,420	21,589	0	48,009
Endoscopy	0	5,860	0	0	5,860
Imaging - CT / US	841	0	0	841	841

Information Technology (IT) & Information System	1,006	0	809	0	809
Cardiac Cath / Interventional Radiology	3,332	0	10,435	0	10,435
Non-Invasive Cardiology / PFT	592	0	2,358	0	2,358
Pharmacy - Inpatient	3,780	0	6,450	0	6,450
Respiratory Therapy	473	0	500	0	500
GME	0	0	746	0	746
Mechanical / Electrical	1,531	1,153	196	1,531	2,880
Vertical Circulation	2,001	988	0	2,001	2,989
Circulation (Horizontal)	6,576	4,801	7,554	0	12,355
Exterior Walls	0	1,740	0	0	1,740
Sub-Total Level 2	47,592	44,030	50,918	4,373	99,321
LEVEL 3					
Public Space	0	2,630	0	0	2,630
Labor & Delivery / Triage / C-Section	0	26,060	0	0	26,060
On-call	0	1,262	0	0	1,262
Mechanical / Electrical	0	5,187	0	0	5,187
Vertical Circulation	0	988	0	0	988
Circulation	0	2,420	0	0	2,420
Exterior Walls	0	1,712	0	0	1,712
Sub-Total Level 3	0	40,259	0	0	40,259
LEVEL 4					
Public Space	0	1,024	0	0	1,024
Postpartum / Antepartum	0	16,124	0	0	16,124
Level II Continuing Care Nursery and Well Baby Nursery / Resp. Therapy	0	2,905	0	0	2,905
Respiratory Therapy	0	264	0	0	264
Mechanical / Electrical	0	967	0	0	967
Vertical Circulation	0	988	0	0	988
Circulation	0	964	0	0	964
Exterior Walls	0	1,234	0	0	1,234
Sub-Total Level 4	0	24,470	0	0	24,470
PENTHOUSE					
Penthouse	0	20,958	0	0	20,958
Sub-Total Penthouse	0	20,958	0	0	20,958
Total	106,429	182,949	105,541	12,574	301,064

TABLE C. CONSTRUCTION CHARACTERISTICS

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

BASE BUILDING CHARACTERISTICS	NEW CONSTRUCTION	RENOVATION
	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories	5	2

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Basement	NA	NA
First Floor	53,232	54,623
Second Floor	44,030	50,918
Third Floor	40,259	0
Fourth Floor	24,470	NA
Penthouse	20,958	NA
Total Square Footage	182,949	105,541
Average Square Feet	36,590	52,771
Perimeter in Linear Feet	Linear Feet	
Basement	NA	NA
First Floor	1,093	NA
Second Floor	814	NA
Third Floor	1,207	0
Fourth Floor	693	0
Penthouse	646	0
Total Linear Feet	4,453	NA
Average Linear Feet	891	NA
Wall Height (floor to eaves)	Feet	
Basement	NA	NA
First Floor	16	16
Second Floor	16	16
Third Floor	16	NA
Fourth Floor	16	NA
Penthouse	18	NA
Average Wall Height	16.4	16.0
OTHER COMPONENTS		
Elevators	List Number	
Passenger	4	NA
Freight	2	NA
Sprinklers	Square Feet Covered	
Wet System	182,949	105,541
Dry System	NA	NA
Other	Describe Type	
Type of HVAC System for proposed project	VAV Air Handling Systems	Replace entire systems with new VAV Air Handling Systems
Type of Exterior Walls for proposed project	Assembly of brick masonry, metal panels and glass.	

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

<i>INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table D for each structure.</i>			
	NEW CONSTRUCTION COSTS	RENOVATION COSTS	Notes
ON-SITE PREPARATION COSTS			
Normal Site Preparation	\$1,013,977		\$0
Utilities Connections	\$935,583		\$0
Subtotal included in Marshall Valuation Costs	\$1,949,560		\$0
Site Demolition Costs	\$0		\$0
Storm Drains	\$0		\$0
Rough Grading / Erosion Control	\$0		\$0
Site Utility Relocation	\$0		\$0
Paving / Site Roads / Hardscape	\$1,006,010		\$0
Site Signage	\$50,000		\$0
Landscaping	\$150,000		\$0
Walls	\$0		\$0
Site Lighting	\$200,000		\$0
Site Development (Railings, Bike Rack, Benches etc.)	\$30,000		\$0
Subtotal On-Site excluded from Marshall Valuation Costs	\$1,436,010		\$0 A
OFF-SITE COSTS			
Offsite Road Repairs	\$0		\$0
Extending Utilities to Site Line	\$0		\$0
Jurisdictional Hook-up and Impact Fees	\$850,000		\$0
Subtotal Off-Site excluded from Marshall Valuation Costs**	\$850,000		\$0 A
TOTAL On-Site and Off-Site Costs <u>excluded</u> from Marshall Valuation Costs	\$2,286,010		\$0
TOTAL On-Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$4,235,570		\$0
BUILDING COSTS			
Normal Building Costs	\$125,033,933		\$0
Subtotal included in Marshall Valuation Costs	\$125,033,933		\$0
County 3rd Party Inspections (Building, Utilities, Etc.)	\$856,900		\$0
Additional Service Elevators (2)	\$305,000		\$0
Atrium Premium	\$322,000		\$0
Canopies	\$475,000		\$0
Pneumatic Tube System	\$1,010,600		\$0
Temporary Entrance / During Construction Closure	\$400,000		\$0
Constrained Site	\$1,450,000		\$0
Extended General Conditions — Schedule/Phasing Impact	\$1,120,000		\$0
Movable Equipment (Inc. Furnishings)	\$5,750,000		\$0
Minor Clinical Equipment	\$2,730,000		\$0
Technology - Data/Communication/AV	\$2,550,000		\$0
Technology - Safety and Security Systems	\$1,150,000		\$0
Technology - Clinical Systems (IoMT)	\$3,125,000		\$0

Green Building / LEED Premium	\$4,725,000	\$0	
MBE Premium	\$2,900,000	\$0	
Prevailing Wage	\$0	\$0	
Contingency Allowance	\$22,575,000	\$0	
Subtotal Building Costs excluded from Marshall Valuation Service*	\$51,444,500	\$0	A
TOTAL Building Costs included and excluded from Marshall Valuation Service*	\$176,478,433	\$0	
A&E COSTS			
Normal A&E Costs	\$8,888,845	\$0	
Subtotal included in Marshall Valuation Costs	\$8,888,845	\$0	
Architectural / Engineering Fees for Other Non MVS Costs	\$100,500	\$0	A
Architectural / Engineering Fees for Other Capital Costs	\$1,999,410	\$0	A
Subtotal A&E Costs excluded from Marshall Valuation Costs	\$2,099,910	\$0	
TOTAL A&E Costs included and excluded from Marshall Valuation Service*	\$10,988,755	\$0	
PERMIT COSTS			
Normal Permit Costs	\$3,751,081	\$0	
Subtotal included in Marshall Valuation Costs	\$3,751,081		
Regulatory & Environmental Permitting	\$1,466,813	\$0	A
Subtotal Permit Costs excluded from Marshall Valuation Costs	\$1,466,813		
TOTAL Permit Costs included and excluded from Marshall Valuation Service*	\$5,217,894	\$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.

A: These values together represent the Exclusions/Extraordinary Costs from MVS calculations on Table E C. *Other Capital Costs Subtotal and Exhibit 1.*

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

	New Construction	Other Structure	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$ 125,033,933		\$ 125,033,933
(2) Fixed Equipment	in above		in above
(3) Site and Infrastructure	\$ 1,949,561		\$ 1,949,560
(4) Architect/Engineering Fees	\$ 8,888,845		\$ 8,888,845
(5) Permits (Building, Utilities, Etc.)	\$ 3,751,018		\$ 3,751,018
SUBTOTAL	\$ 139,623,357	\$ -	\$ 139,623,356
b. Renovations			
(1) Building	\$ 49,613,831		\$ 49,613,831
(2) Fixed Equipment (not included in construction)	\$ 1,438,000		\$ 1,438,000
(3) Architect/Engineering Fees	\$ 4,961,383		\$ 4,961,383
(4) Permits (Building, Utilities, Etc.)	\$ 1,488,415		\$ 1,488,415
SUBTOTAL	\$ 57,501,629	\$ -	\$ 57,501,629
c. Other Capital Costs			
(1a) County 3rd Party Inspections (Building, Utilities, Etc.)	\$ 856,900		\$ 856,900
(1b) Regulatory & Environmental Permitting	\$ 1,466,813		\$ 1,466,813
(5a) Paving (Roadways, Parking, Etc.)	\$ 1,006,000		\$ 1,006,000
(5b) Exterior Signs	\$ 50,000		\$ 50,000
(5c) Landscaping	\$ 150,000		\$ 150,000
(5d) Site Lighting	\$ 200,000		\$ 200,000
(5e) Site Development (Railings, Bike Rack, Fixed Benches etc)	\$ 30,000		\$ 30,000
(6a) Jurisdictional Hook up Fees	\$ 850,000		\$ 850,000
(5-6) Arch / Eng. Fees for Non-MVS Cap Costs From Table D	\$ 100,500		\$ 100,500
(7a) Additional Service Elevators (2)	\$ 305,000		\$ 305,000
(7b) Atrium Premium	\$ 322,000		\$ 322,000
(7c) Canopies	\$ 475,000		\$ 475,000
(7d) Pneumatic Tube System	\$ 1,010,600		\$ 1,010,600
(7e) Temporary Entrance During Construction Closure	\$ 400,000		\$ 400,000
(7f) Constrained Site	\$ 1,450,000		\$ 1,450,000
(7g) General Conditions - Schedule/Phasing Impact	\$ 1,120,000		\$ 1,120,000
(7h) Arch / Engineering Fees for Other Capital Costs	\$ 1,999,410		\$ 1,999,410
(7i) Movable Equipment (Inc. Furnishings)	\$ 5,750,000		\$ 5,750,000
(7j) Minor Clinical Equipment Equipment	\$ 2,730,000		\$ 2,730,000
(7k) Technology - Data/Communcation/AV	\$ 2,550,000		\$ 2,550,000
(7l) Technology - Safety and Security Systems	\$ 1,150,000		\$ 1,150,000
(7m) Technology - Clinical Systems (IoMT)	\$ 3,125,000		\$ 3,125,000
(8a) Green Building / LEED Premium	\$ 4,725,000		\$ 4,725,000
(8b) MBE Premium Premium	\$ 2,900,000		\$ 2,900,000
(8c) Prevailing Wage	\$ -		\$ -
(8d) Contingency Allowance	\$ 22,575,000		\$ 22,575,000
SUBTOTAL	\$ 57,297,223	\$ -	\$ 57,297,223
TOTAL CURENT CAPITAL COSTS	\$ 254,422,209	\$ -	\$ 254,422,208
d. Land Purchase	\$ -	\$ -	\$ -
e. Inflation Allowance	\$ 29,100,650	\$ -	\$ 29,100,650
TOTAL CAPITAL COSTS	\$ 283,522,859	\$ -	\$ 283,522,858
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			\$ -
b. Bond Discount			\$ -
c. CON Application Assistance			\$ -
c1. Legal Fees			\$ -
c2. Other (Specify/add rows if needed)			\$ -
d. Non-CON Consulting Fees			\$ -
d1. Legal Fees			\$ -
d2. Other (Specify/add rows if needed)			\$ -
e. Debt Service Reserve Fund			\$ -
f. Bond Issue Fees	\$3,060,000		\$ 3,060,000
g. Capitalized Interest	\$12,429,983		
SUBTOTAL	\$ 15,489,983	\$ -	\$ 15,489,983
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$ 299,012,842	\$ -	\$ 299,012,841
B.			
1. Cash	\$46,118,612		\$ 46,118,612
2. Philanthropy (to date and expected)	\$5,000,000		\$ 5,000,000
3. Authorized Bonds	\$152,894,229		\$ 152,894,229
4. Interest Income from bond proceeds listed in #3	\$0		\$ -
5. Mortgage	\$0		\$ -
6. Working Capital Loans	\$0		\$ -

7.			
a. Federal	\$0		\$ -
b. State	\$95,000,000		\$ 95,000,000
c. Local	\$0		\$ -
8. Other (Specify/add rows if needed)	\$0		\$ -
TOTAL SOURCES OF FUNDS	\$ 299,012,841	\$ -	\$ 299,012,841
	Hospital Building	Other Structure	Total
1. Land			\$ -
2. Building			\$ -
3. Major Movable Equipment			\$ -
4. Minor Movable Equipment			\$ -
5. Other (Specify/add rows if needed)			\$ -

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

TABLE 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.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.							
	FY2021	FY2022	FY2023 Annual	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031
1. DISCHARGES											
a. General Medical/Surgical*	9,088	7,811	7,910	8,937	8,943	8,949	9,000	9,051	9,103	9,155	9,207
b. ICU/CCU	1,394	1,213	1,134	1,281	1,282	1,283	1,290	1,298	1,305	1,313	1,320
Total MSGA	10,482	9,024	9,044	10,218	10,225	10,232	10,291	10,349	10,408	10,467	10,527
c. Pediatric	0	0	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	556	1,460	1,754	2,090	2,387
e. Acute Psychiatric	0	0	182	695	700	705	710	710	710	710	710
Total Acute	10,482	9,024	9,226	10,913	10,925	10,937	11,557	12,519	12,872	13,267	13,624
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0	0	0	0
TOTAL DISCHARGES	10,482	9,024	9,226	10,913	10,925	10,937	11,557	12,519	12,872	13,267	13,624
2. PATIENT DAYS											
a. General Medical/Surgical*	44,892	46,775	50,167	56,678	56,150	55,627	55,385	55,144	54,903	54,664	54,426
b. ICU/CCU	7,699	5,191	4,918	5,557	5,560	5,564	5,596	5,628	5,660	5,692	5,725
Total MSGA	52,591	51,966	55,085	62,235	61,711	61,192	60,981	60,771	60,563	60,356	60,150
c. Pediatric	0	0	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	1,363	3,596	4,301	5,123	5,852
e. Acute Psychiatric	0	0	1,274	4,865	4,900	4,935	4,970	4,970	4,970	4,970	4,970
Total Acute	52,591	51,966	56,359	67,100	66,611	66,127	67,314	69,337	69,834	70,449	70,972
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0	0	0	0
TOTAL PATIENT DAYS	52,591	51,966	56,359	67,100	66,611	66,127	67,314	69,337	69,834	70,449	70,972

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.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.							
	FY2021	FY2022	FY2023 Annual	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)											
a. General Medical/Surgical*	4.9	6.0	6.3	6.3	6.3	6.2	6.2	6.1	6.0	6.0	5.9
b. ICU/CCU	5.5	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3
Total MSGA	5.0	5.8	6.1	6.1	6.0	6.0	5.9	5.9	5.8	5.8	5.7
c. Pediatric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
d. Obstetric	0.0	0.0	0.0	0.0	0.0	0.0	2.5	2.5	2.5	2.5	2.5
e. Acute Psychiatric	0.0	0.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0
Total Acute	5.0	5.8	6.1	6.1	6.1	6.0	5.8	5.5	5.4	5.3	5.2
f. Rehabilitation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
g. Comprehensive Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
h. Other (Specify/add rows of needed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL AVERAGE LENGTH OF STAY	5.0	5.8	6.1	6.1	6.1	6.0	5.8	5.5	5.4	5.3	5.2
4. NUMBER OF LICENSED BEDS											
a. General Medical/Surgical*	168	184	178	178	178	178	178	178	178	178	178
b. ICU/CCU	22	22	22	22	22	22	22	22	22	22	22
Total MSGA	190	206	200	200	200	200	200	200	200	200	200
c. Pediatric											
d. Obstetric							21	21	21	21	21
e. Acute Psychiatric			16	16	16	16	16	16	16	16	16
Total Acute	190	206	216	216	216	216	237	237	237	237	237
f. Rehabilitation											
g. Comprehensive Care											
h. Other (Dedicated Observation)											
TOTAL LICENSED BEDS	190	206	216	216	216	216	237	237	237	237	237

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.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.							
	FY2021	FY2022	FY2023 Annual	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.											
a. General Medical/Surgical*	73.2%	69.6%	77.2%	87.2%	86.4%	85.6%	85.2%	84.9%	84.5%	84.1%	83.8%
b. ICU/CCU	95.9%	64.6%	61.2%	69.2%	69.2%	69.3%	69.7%	70.1%	70.5%	70.9%	71.3%
Total MSGA	75.8%	69.1%	75.5%	85.3%	84.5%	83.8%	83.5%	83.2%	83.0%	82.7%	82.4%
c. Pediatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d. Obstetric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	17.8%	46.9%	56.1%	66.8%	76.3%
e. Acute Psychiatric	0.0%	0.0%	21.8%	83.3%	83.9%	84.5%	85.1%	85.1%	85.1%	85.1%	85.1%
Total Acute	75.8%	69.1%	71.5%	85.1%	84.5%	83.9%	77.8%	80.2%	80.7%	81.4%	82.0%
f. Rehabilitation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	75.8%	69.1%	71.5%	85.1%	84.5%	83.9%	77.8%	80.2%	80.7%	81.4%	82.0%
6. OUTPATIENT VISITS											
a. Emergency Department	32,970	36,140	36,222	33,039	33,062	33,085	33,273	33,463	33,654	33,845	34,038
b. Same-day Surgery	4,150	3,705	3,772	4,159	4,162	4,164	4,188	4,212	4,236	4,260	4,284
c. Laboratory	4,854	3,879	4,861	4,864	4,868	4,871	4,874	4,878	4,881	4,884	4,888
d. Imaging	520	763	521	521	521	522	522	523	523	523	524
e. Other (Clinic)	3,705	2,161	2,060	3,713	3,715	3,718	3,739	3,760	3,782	3,803	3,825
TOTAL OUTPATIENT VISITS	46,199	46,648	47,435	46,295	46,328	46,360	46,597	46,835	47,075	47,317	47,559
7. OBSERVATIONS**											
a. Number of Patients	3,927	3,823	3,664	3,935	3,938	3,941	3,963	3,986	4,008	4,031	4,054
b. Hours	95,745	101,760	126,760	95,945	96,011	96,078	96,626	97,176	97,730	98,287	98,847

* 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 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	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031
1. DISCHARGES								
a. General Medical/Surgical*								
b. ICU/CCU								
Total MSGA								
c. Pediatric								
d. Obstetric					556	1,460	1,754	2,090
e. Acute Psychiatric								
Total Acute					556	1,460	1,754	2,090
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
TOTAL DISCHARGES					556	1,460	1,754	2,090
2. PATIENT DAYS								
a. General Medical/Surgical*								
b. ICU/CCU								
Total MSGA								
c. Pediatric								
d. Obstetric					1,363	3,596	4,301	5,123
e. Acute Psychiatric								
Total Acute					1363	3596	4301	5123
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
TOTAL PATIENT DAYS					1,363	3,596	4,301	5,123
3. AVERAGE LENGTH OF STAY								
a. General Medical/Surgical*								
b. ICU/CCU								
Total MSGA								
c. Pediatric								
d. Obstetric					2.5	2.5	2.5	2.5
e. Acute Psychiatric								
Total Acute								
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
TOTAL AVERAGE LENGTH OF STAY					2.5	2.5	2.5	2.5

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	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031
4. NUMBER OF LICENSED BEDS								
a. General Medical/Surgical*								
b. ICU/CCU								
Total MSGA								
c. Pediatric								
d. Obstetric								
e. Acute Psychiatric					21	21	21	21
Total Acute					21	21	21	21
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
TOTAL LICENSED BEDS					21	21	21	21
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					17.8%	46.9%	56.1%	66.8%
e. Acute Psychiatric								
Total Acute					17.8%	46.9%	56.1%	66.8%
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
TOTAL OCCUPANCY %					17.8%	46.9%	56.1%	66.8%
6. OUTPATIENT VISITS								
a. Emergency Department								
b. Same-day Surgery								
c. Laboratory								
d. Imaging								
e. Other (Specify/add rows of needed)								
TOTAL OUTPATIENT VISITS								
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 hospital 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 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.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)	
	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											
<i>Administration (List general categories, add rows if needed)</i>											
Management	37.2	261,330	\$ 9,721,494	2.8	\$ 190,589	\$533,648			\$0	40.0	\$10,255,142
						\$0			\$0	0.0	\$0
Total Administration	37.2		\$9,721,494	2.8		\$533,648			\$0	40.0	\$10,255,142
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Registered nurses	280.6	196,941	\$55,261,765	51.9	\$ 142,138	\$7,376,955	4.2	\$123,432	\$513,478	336.7	\$63,152,198
Nursing assistive personnel	198.7	80,906	\$16,076,065	4.2	\$59,473	\$249,788	1.6	\$55,097	\$89,257	204.5	\$16,415,109
Licensed practical (vocational) nurses	13.9	89,984	\$1,250,774						\$0	13.9	\$1,250,774
Total Direct Care	493.2		\$72,588,604	56.1		\$7,626,743	5.8		\$602,735	555.1	\$80,818,081
<i>Support Staff (List general categories, add rows if needed)</i>											
All Other Personnel	133.8	127,031	\$16,996,740	8.4	\$ 64,121	\$538,612			\$0	142.2	\$17,535,353
Service	99.2	70,926	\$7,035,827	13.3	\$ 64,174	\$853,518				112.5	\$7,889,344
Techs	59.6	135,619	\$8,082,919	6.3	\$ 96,893	\$610,424	2.9	\$85,273	\$248,998	68.8	\$8,942,341
Professionals	16.8	222,668	\$3,740,830	12.0	\$ 143,135	\$1,717,617				28.8	\$5,458,447
Total Support	309.4		\$35,856,316	40.0		\$3,720,171	2.9		\$248,998	352.3	\$39,825,485
REGULAR EMPLOYEES TOTAL	839.8		\$118,166,414	98.9		\$11,880,562	8.7		\$851,733	947.4	\$130,898,709
2. Contractual Employees											

TABLE L. WORKFORCE INFORMATION

Administration (List general categories, add rows if needed)											
Providers			\$0	17.2	\$94,677	\$1,628,446			\$0	17.2	\$1,628,446
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Administration			\$0	17.2	\$94,677	\$1,628,446			\$0	17.2	\$1,628,446
Direct Care Staff (List general categories, add rows if needed)											
Providers											
Total Direct Care Staff											
Support Staff (List general categories, add rows if needed)											
Total Support Staff											
CONTRACTUAL EMPLOYEES TOTAL											
Benefits (State method of calculating benefits below) :											
TOTAL COST	839.8		\$118,166,414	98.9		\$11,880,562	8.7		\$851,733		\$130,898,709