

February 21, 2024

VIA EMAIL

Ruby Potter
ruby.potter@maryland.gov
Health Facilities Coordinator
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2299

**Re: *Hygea Detox at Camp Meade
Request for Post-Approval Project Change
Docket No. 23-02-2468***

Dear Ruby:

On behalf of Hygea Detox at Camp Meade, LLC (“Hygea”), we are submitting an electronic copy of its Request for Post-Approval Project Change and related exhibit in the above-referenced matter. A WORD version will be forwarded in a separate email. Four (4) hard copies will be sent separately by U.S. Mail.

We hereby certify that a copy of this submission has also been forwarded to the appropriate local health planning agency as noted below.

Thank you for your assistance. Please contact us if you have any questions.

Sincerely,


Mallory Regenbogen

Cc by email:

Jeanne Marie Gawel, Acting Chief, Certificate of Need
Wynnee Hawk, Director, Center for Health Care Facilities Planning & Development
Alexa Bertinelli, Esq., Assistant Attorney General
Caitlin E. Tepe, Esq., Assistant Attorney General
Tonii Gedin, RN, DNP, Acting Health Officer, Anne Arundel County
Alyssa S. Lord, Deputy Secretary, Behavioral Health Administration
Robby Stempler, CEO, Hygea
Stacy Fruhling, MBA, LCPC, COO and Executive Clinical Director, Hygea
Ella Aiken, Esq., Gallagher Evelius & Jones LLP

#870906
014168-0002

IN THE MATTER OF	*	
	*	
HYGEA DETOX AT CAMP MEADE, LLC	*	BEFORE THE
	*	
16-BED TRACK ONE	*	MARYLAND HEALTH CARE
	*	
INTERMEDIATE CARE FACILITY	*	COMMISSION
	*	
	*	Docket No. 23-02-2468
	*	

* * * * *

REQUEST FOR POST-APPROVAL PROJECT CHANGE

Hygea Detox at Camp Meade, LLC (“Hygea”) respectfully requests the Maryland Health Care Commission (the “Commission”) approve a post-approval project change to the Certificate of Need (“CON”) issued on September 21, 2023, as described herein.

I. BACKGROUND

Hygea’s approved CON project will be located at 817 S. Camp Meade Road, Linthicum Heights, Maryland 21090, the former site of Maryland House Detox (“MHD”), a 16-bed adult detoxification program that received a CON from the MHCC for a Track One ICF on this site on December 15, 2016. MHD closed in January 2023 due to bankruptcy of the prior operator. The prior operator renovated this building to create an ideal layout for offering medically monitored inpatient detoxification services.

As indicated on page 6 of the CON application, Hygea’s approved CON project involves on minor cosmetic renovations and repairs to the former MHD site, including interior painting, new signage for the facility, and minor repairs to fixtures. In addition, the renovations include updating internal fire safety, security, and communications systems. Hygea’s current approved project budget for these renovations is \$127,038, with \$72,038 related to capital costs.

Hygea will be leasing the project site from Camp Meade Investments I, LLC (the “Landlord”). The Landlord also intends to perform minor renovations to the site, which were estimated to cost \$9,743. The Landlord’s renovations include repairing external fencing, generator maintenance, and replacing damaged flooring. The Applicant provided Landlord’s costs in Table B for full transparency, however, the Applicant/Tenant’s costs were the only capital costs that required approval as part of this CON project. Together, the Tenant and Landlord’s renovations were estimated to cost \$136,781.

This project is being funded through cash provided by Mr. Stempler, the 100% owner of Hygea Healthcare, LLC, which is the sole member of Hygea Detox at Camp Meade.

II. PROPOSED PROJECT CHANGE

COMAR 10.24.01.17B(2) requires Commission approval prior to incurring capital cost increases that exceed the approved current capital cost amounts, inflated by the Building Cost Index multiplier published in the Health Care Cost Review. As described below, during its renovation process, some unanticipated costs have recently arisen that Hygea expects will result in the project exceeding its current approved project budget of \$127,038.

First, Hygea had the kitchen inspected in December 2023 and learned that the stove, countertop grill, and several kitchen appliances of MHD that it had planned to use at the facility are no longer functional and will require replacement. In addition, Hygea learned that certain medical equipment, including an EKG machine, will require replacement.

Second, Hygea had anticipated only replacing the living area furniture and reusing the bedroom and dining room furniture of MHD. However, upon recent inspection, it was determined that the furniture it had planned to repurpose is broken or non-functional. Due to the layout and size of the bedrooms at this facility, Hygea has opted to buy captain beds with built in drawers underneath to optimize space. These beds are higher in cost than traditional bedframes.

Finally, a recent storm caused a tree to fall and damage several sections of the fencing at the facility, which will require repair. The fence repair will also increase the Landlord's estimated costs by \$2,000 to a total of \$11,743.

Due to these unforeseen costs, Hygea is requesting an increase of \$114,844 in its total current project budget of \$127,038 for a total revised project budget of \$241,882, with \$186,882 related to capital costs. To put this revised budget cost in perspective, the total revised capital costs (\$186,882) related to this project represent about 6% of Hygea's projected total operating expenses in FY 2026. **Exhibit 1** includes a revised Table B, showing Hygea and the Landlord's total estimated project costs. Costs estimates that have changed since the original submission are highlighted in red text. The Landlord's revised costs are provided for transparency, and are not subject to MHCC approval. Together, Hygea and Landlord's renovations are estimated to cost \$253,625.

Hygea anticipates that all renovations to the site will be completed by the end of March 2024, and it will undergo a preliminary accreditation survey through CARF by the end of February 2024. It plans to open this facility on May 1, 2024. Assuming the MHCC's timely approval of this project change request and issuance of its first use approval, Hygea does not anticipate any change in its project schedule as a result of this project change. Hygea's proposed total budget increase will not impact its projected expenses or financial projections, given that the project is being paid for with cash.

CONCLUSION

For the reasons set forth above, Hygea respectfully requests that the Commission authorize approval of Hygea's total revised project budget of \$241,882.

Respectfully submitted,

Mallory Regenbogen

Mallory R. Regenbogen

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Attorneys for Hygea Detox at Camp Meade, LLC

February 21, 2024

TABLE OF EXHIBITS

1. **Revised** MHCC Tables

EXHIBIT 1

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					
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Service Location (Floor/Wing)	Proposed Licensed Beds	Based on Physical Capacity			
		Room Count		Total Rooms	Bed Count Physical Capacity			Room Count		Total Rooms	Bed Count Physical Capacity
		Private	Semi-Private					Private	Semi-Private		
III.7 AND III.7D						III.7 AND III.7D					
1- Single	0	1	0	1	1	1- Single	1	1	0	1	1
1 - Semi-Private	0	0	3	3	6	1 - Semi-Private	6	0	3	3	6
1 - Triple	0	0	3	3	9	1 - Triple	9	0	3	3	9
				0	0					0	0
				0	0					0	0
Subtotal III.7 AND III.7D	0	1	6	7	16	Subtotal III.7 and III.7 D		1	6	7	16
RESIDENTIAL						RESIDENTIAL					
				0	0					0	0
				0	0					0	0
Subtotal Residential	0	0	0	0	0	Subtotal Residential		0	0	0	0
TOTAL	0	1	6	7	16	TOTAL		1	6	7	16
<i>Other (Specify/add rows as needed)</i>				0	0	<i>Other (Specify/add rows as needed)</i>				0	0
TOTAL OTHER	0	0	0	0	0	TOTAL NON-ACUTE		0	0	0	0
FACILITY TOTAL	0	1	6	7	16	FACILITY TOTAL		1	6	7	16

TABLE B. 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. If the project involves services other than level III.7 and III.7D explain the allocation of costs between the levels. NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

	Landlord Costs	Tenant/Applicant Costs	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	\$11,743	\$34,870	\$46,613
(2) Fixed Equipment (not included in construction)		\$61,164	\$61,164
(3) Architect/Engineering Fees			\$0
(4) Permits (Building, Utilities, Etc.)		\$0	\$0
SUBTOTAL	\$11,743	\$96,034	\$107,777
c. Other Capital Costs			
(1) Movable Equipment		\$90,848	\$90,848
(2) Contingency Allowance			\$0
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$0	\$90,848	\$90,848
TOTAL CURRENT CAPITAL COSTS	\$11,743	\$186,882	\$198,625
d. Land Purchase			
e. Inflation Allowance			\$0
TOTAL CAPITAL COSTS	\$11,743	\$186,882	\$198,625
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			\$0
b. Bond Discount			\$0
c. CON Application Assistance		\$55,000	
c1. Legal Fees			\$0
c2. Other (Specify/add rows if needed)			
d. Non-CON Consulting Fees			
d1. Legal Fees			\$0
d2. Other (Specify/add rows if needed)			\$0
e. Debt Service Reserve Fund			\$0
i. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$0	\$55,000	\$55,000
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$11,743	\$241,882	\$253,625
B. Sources of Funds			
1. Cash	\$11,743	\$241,882	\$253,625
2. Philanthropy (to date and expected)			\$0
3. Authorized Bonds			\$0
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage			\$0
6. Working Capital Loans			\$0
7. Grants or Appropriations			
a. Federal			\$0
b. State			\$0
c. Local			\$0
8. Other (Specify/add rows if needed)			\$0
TOTAL SOURCES OF FUNDS	\$11,743	\$241,882	\$253,625
	<i>III.7 and III.7D</i>	RESIDENTIAL	TOTAL
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building		\$193,849	\$193,849
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0

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

TABLE C. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 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.		
				CY 2024	CY 2025	CY 2026
<i>Indicate CY or FY</i>						
1. DISCHARGES						
a. Residential						
b. III.7 and III.7D				465	633	633
c. Other (Specify/add rows of needed)						
TOTAL DISCHARGES	0	0	0	465	633	633
2. PATIENT DAYS						
a. Residential				0	0	0
b. III.7 and III.7D				3,862	5,256	5,256
c. Other (Specify/add rows of needed)				0	0	0
TOTAL PATIENT DAYS	0	0	0	3,862	5,256	5,256
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)						
a. Residential				0.0	0.0	0.0
b. III.7 and III.7D				8.3	8.3	8.3
c. Other (Specify/add rows of needed)				0.0	0.0	0.0
TOTAL AVERAGE LENGTH OF STAY				8.3	8.3	8.3
4. NUMBER OF LICENSED BEDS						
f. Residential				0	0	0
g. III.7 and III.7D				16	16	16
h. Other (Specify/add rows of needed)						
TOTAL LICENSED BEDS	0	0	0	16	16	16
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.						
a. Residential	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. III.7 and III.7D	0.0%	0.0%	0.0%	87.8%	90.0%	90.0%
c. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	0.0%	0.0%	0.0%	87.8%	90.0%	90.0%
6. OUTPATIENT VISITS						
a. Residential						
b. III.7 and III.7D						
c. Other (Specify/add rows of needed)						
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0

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

TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table D should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table C and with the costs of Manpower listed in Table G. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating 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.		
			CY 2024	CY 2025	CY 2026
<i>Indicate CY or FY</i>					
1. REVENUE					
a. Inpatient Services			\$ 4,729,520	\$ 6,435,987	\$ 6,435,987
b. Outpatient Services			\$ -	\$ -	\$ -
Gross Patient Service Revenues	\$ -	\$ -	\$ 4,729,520	\$ 6,435,987	\$ 6,435,987
c. Allowance For Bad Debt			\$ 94,590	\$ 128,720	\$ 128,720
d. Contractual Allowance			\$ 719,710	\$ 979,389	\$ 979,389
e. Charity Care			\$ 709,428	\$ 965,398	\$ 965,398
Net Patient Services Revenue	\$ -	\$ -	\$ 3,205,792	\$ 4,362,480	\$ 4,362,480
f. Other Operating Revenues (Specify/add rows if needed)			\$ -	\$ -	\$ -
NET OPERATING REVENUE	\$ -	\$ -	\$ 3,205,792	\$ 4,362,480	\$ 4,362,480
2. EXPENSES					
a. Salaries & Wages (including benefits)			\$ 1,716,827	\$ 2,289,103	\$ 2,289,103
b. Contractual Services			\$ -	\$ -	\$ -
c. Interest on Current Debt			\$ -	\$ -	\$ -
d. Interest on Project Debt			\$ -	\$ -	\$ -
e. Current Depreciation			\$ -	\$ -	\$ -
f. Project Depreciation			\$ -	\$ -	\$ -
g. Current Amortization			\$ -	\$ -	\$ -
h. Project Amortization			\$ -	\$ -	\$ -
i. Supplies			\$ -	\$ -	\$ -
j. Other Expenses (Specify/add rows if needed)			\$ 643,956	\$ 867,373	\$ 867,373
TOTAL OPERATING EXPENSES	# \$ -	\$ -	\$ 2,360,783	\$ 3,156,476	\$ 3,156,476
3. INCOME					
a. Income From Operation	# \$ -	\$ -	\$ 845,009	\$ 1,206,005	\$ 1,206,005
b. Non-Operating Income	\$ -	\$ -	\$ -	\$ -	\$ -
SUBTOTAL	\$ -	\$ -	\$ 845,009	\$ 1,206,005	\$ 1,206,005
c. Income Taxes			\$ -	\$ -	\$ -
NET INCOME (LOSS)	\$ -	\$ -	\$ 845,009	\$ 1,206,005	\$ 1,206,005

TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table D should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table C and with the costs of Manpower listed in Table G. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating 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.			
4. PATIENT MIX						
a. Percent of Total Revenue						
1) Medicare						
2) Medicaid						
3) Blue Cross			67.5%	67.5%	67.5%	
4) Commercial Insurance			32.5%	32.5%	32.5%	
5) Self-pay						
6) Other						
TOTAL	#	0.0%	0.0%	100.0%	100.0%	100.0%
b. Percent of Equivalent Inpatient Days						
1) Medicare						
2) Medicaid						
3) Blue Cross			70.0%	70.0%	70.0%	
4) Commercial Insurance			15.0%	15.0%	15.0%	
5) Self-pay						
6) Other			15.0%	15.0%	15.0%	
TOTAL	#	0.0%	0.0%	100.0%	100.0%	100.0%

**Hygea Detox at Camp Meade
Projected Revenue and Expense Assumptions**

	CY2024 (9 Mo)	CY2025	CY2026
STATISTICS			
Average Daily Census	14.0	14.4	14.4
Days in Period	275	365	365
PAYOR MIX OF PATIENT DAYS			
Carefirst BCBS	70.0%	70.0%	70.0%
UHC/Optum/Oxford	5.0%	5.0%	5.0%
Cigna	5.0%	5.0%	5.0%
Aetna	5.0%	5.0%	5.0%
Indigent	15.0%	15.0%	15.0%
Total	100.0%	100.0%	100.0%
REVENUE			
Gross Revenue per Day	\$ 1,225	\$ 1,225	\$ 1,225
Deduction % of Gross Revenue			
Allowance For Bad Debt	2.0%	2.0%	2.0%
Contractual Allowance	15.2%	15.2%	15.2%
Charity Care	15.0%	15.0%	15.0%
Net Patient Service Revenue	67.8%	67.8%	67.8%
Net Revenue per Day	\$ 830	\$ 830	\$ 830
PAYOR MIX % OF REVENUE			
Carefirst BCBS	67.5%	67.5%	67.5%
UHC/Optum/Oxford	12.0%	12.0%	12.0%
Cigna	15.1%	15.1%	15.1%
Aetna	5.4%	5.4%	5.4%
Indigent	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%
EXPENSES			
Salaries & Wages (including benefits)	* * * * * See G. Work Force tab * * * * *		

**Hygea Detox at Camp Meade
Projected Revenue and Expense Assumptions**

	CY2024 (9 Mo)	CY2025	CY2026
EXPENSES (continued)			
Other Expenses			
Property Expense			
Rent Payment	\$ 145,387	\$ 193,849	\$ 193,849
Property Taxes	\$ 6,000	\$ 8,000	\$ 8,000
Property Insurance	\$ 7,500	\$ 10,000	\$ 10,000
Property Management	\$ 9,000	\$ 12,000	\$ 12,000
Repairs and Maint (CAM)	\$ 12,960	\$ 17,280	\$ 17,280
Subtotal Property Expense	\$ 180,847	\$ 241,129	\$ 241,129
Utilities			
Gas/Electric/Water/Sewer	\$ 36,000	\$ 48,000	\$ 48,000
Phone/Internet/Cable	\$ 2,700	\$ 3,600	\$ 3,600
Subtotal Utilities	\$ 38,700	\$ 51,600	\$ 51,600
Vehicle Expense			
Auto-Fuel/Gas	\$ 5,400	\$ 7,200	\$ 7,200
Auto-Lease/Finance	\$ 9,000	\$ 12,000	\$ 12,000
Auto-Maintenance/Repairs	\$ 1,350	\$ 1,800	\$ 1,800
Subtotal Vehicle Expense	\$ 15,750	\$ 21,000	\$ 21,000
Office Supplies, Software and IT Support	\$ 45,000	\$ 60,000	\$ 60,000
Business Insurance	\$ 9,000	\$ 12,000	\$ 12,000
Other Employee Expense			
Hiring / Training	\$ 4,500	\$ 6,000	\$ 6,000
Payroll/HR fees and portals	\$ 9,000	\$ 12,000	\$ 12,000
Workers' Compensation Insurance	\$ 15,750	\$ 21,000	\$ 21,000
Subtotal Other Employee Expense	\$ 29,250	\$ 39,000	\$ 39,000
Client Expenditures			
Client Expenses	\$ 9,000	\$ 12,000	\$ 12,000
Client Food	\$ 96,560	\$ 131,400	\$ 131,400
Client Medical	\$ 9,000	\$ 12,000	\$ 12,000
Subtotal Client Expenditures	\$ 114,560	\$ 155,400	\$ 155,400
Client Incidentals	\$ 50,560	\$ 69,120	\$ 69,120
Billing Expense	\$ 160,290	\$ 218,124	\$ 218,124
Total Other Expenses	\$ 643,956	\$ 867,373	\$ 867,373

TABLE G. WORKFORCE INFORMATION

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

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost <i>(should be consistent with projections in Table D, if submitted)</i>	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost <i>(should be consistent with projections in Table D)</i>
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Executive Director			\$0	1.00	\$140,000	\$140,000			\$0	1.00	\$140,000
Medical Director			\$0	0.50	\$250,000	\$125,000			\$0	0.50	\$125,000
Clinical / BHT Supervisor			\$0	1.00	\$80,000	\$80,000			\$0	1.00	\$80,000
Facilities / Program Director			\$0	1.00	\$50,000	\$50,000			\$0	1.00	\$50,000
Case Management			\$0	2.00	\$45,000	\$90,000			\$0	2.00	\$90,000
Detox Counselor			\$0	2.00	\$65,000	\$130,000			\$0	2.00	\$130,000
SA Counselor			\$0	0.00	\$65,000	\$0			\$0	-	\$0
Business Development			\$0	2.00	\$75,000	\$150,000			\$0	2.00	\$150,000
Administrative Aide			\$0	0.00	\$45,000	\$0			\$0	-	\$0
Total Administration			\$0	9.50	\$80,526	\$765,000			\$0	9.50	\$765,000
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Director of Nursing			\$0	1.00	\$100,000	\$100,000			\$0	1.00	\$100,000
Psychiatrist			\$0	0.25	\$250,000	\$62,500			\$0	0.25	\$62,500
Mental Health Therapist			\$0	0.00	\$65,000	\$0			\$0	-	\$0
RN			\$0	2.50	\$85,000	\$212,500			\$0	2.50	\$212,500
LPN			\$0	3.00	\$70,000	\$210,000			\$0	3.00	\$210,000
Nurse Practitioner			\$0	1.00	\$110,000	\$110,000			\$0	1.00	\$110,000
BHT Supervisor / Lead			\$0	1.00	\$45,000	\$45,000			\$0	1.00	\$45,000
BHT			\$0	6.00	\$40,000	\$240,000			\$0	6.00	\$240,000
Social Worker			\$0	0.00	\$70,000	\$0			\$0	-	\$0
Total Direct Care			\$0	14.75	\$66,441	\$980,000			\$0	14.75	\$980,000
<i>Support Staff (List general categories, add rows if needed)</i>											
Billing Specialist			\$0	0.00	\$42,000	\$0			\$0	-	\$0
Driver			\$0	1.00	\$35,000	\$35,000			\$0	1.00	\$35,000
Housekeeper			\$0	1.00	\$35,000	\$35,000			\$0	1.00	\$35,000
Head Cook			\$0	1.00	\$50,000	\$50,000			\$0	2.00	\$50,000
Assistant Cook			\$0	2.00	\$40,000	\$80,000			\$0	1.00	\$80,000
Maintenance Specialist			\$0	1.00	\$40,000	\$40,000			\$0	1.00	\$40,000
Total Support			\$0	6.00	\$40,000	\$240,000			\$0	6.00	\$240,000
REGULAR EMPLOYEES TOTAL			\$0	30.25	\$65,620	\$1,985,000			\$0	30.25	\$1,985,000

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 D, if submitted)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
Pharmacies			\$0			\$0			\$0	-	\$0
Billing Services			\$0			\$0			\$0	-	\$0
Food			\$0			\$0			\$0	-	\$0
Transportation Staff			\$0			\$0			\$0	-	\$0
Total Administration			\$0			\$0			\$0	-	\$0
Direct Care Staff (List general categories, add rows if needed)											
			\$0			\$0			\$0	-	\$0
			\$0			\$0			\$0	-	\$0
			\$0			\$0			\$0	-	\$0
			\$0			\$0			\$0	-	\$0
Total Direct Care Staff			\$0			\$0			\$0	-	\$0
Support Staff (List general categories, add rows if needed)											
			\$0			\$0			\$0	-	\$0
			\$0			\$0			\$0	-	\$0
			\$0			\$0			\$0	-	\$0
			\$0			\$0			\$0	-	\$0
Total Support Staff			\$0			\$0			\$0	-	\$0
CONTRACTUAL EMPLOYEES TOTAL			\$0			\$0			\$0	-	\$0
Benefits (State method of calculating benefits below):											
Assume 15% for employer portion of gross wages for payroll taxes and unemployment insurance plus the cost of employer-sponsored health insurance to all full-time staff.			\$0			\$304,103			\$0		\$304,103
TOTAL COST	0.0		\$0	30.25		\$2,289,103	0.0		\$0		\$2,289,103