

April 28, 2023

**VIA EMAIL**

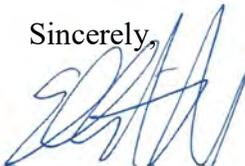
Ms. Ruby Potter  
[ruby.potter@maryland.gov](mailto:ruby.potter@maryland.gov)  
Health Facilities Coordination Officer  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Re: **Request for Post-Approval Project Change**  
Construction of a Cancer Center at the  
University of Maryland Medical Center (19-24-2438)

Dear Ms. Potter:

On behalf of applicant University of Maryland Medical Center, enclosed is its Request for Post-Approval Project Change regarding the construction of a cancer center at the University of Maryland Medical Center.

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

Sincerely,  
  
Ella R. Aiken

ERA:blr  
Enclosure

cc: Wynee Hawk, Esq., Director, Center for Health Care Facilities Planning & Development  
Alexa Bertinelli, Esq., Assistant Attorney General  
Caitlin Tepe, Esq., Assistant Attorney General  
Dr. Letitia Dzirasa, Baltimore City Health Commissioner  
Sandra H. Benzer, Esq., Associate Counsel, UMMS  
Dana D. Farrakhan, FACHE, Sr. VP, Strategy, Community and Business Development  
Scott Tinsley-Hall, Director, Strategic Planning, UMMC  
Thomas C. Dame, Esq.

#831758  
006551-0238

IN THE MATTER OF	*
	*
UNIVERSITY OF MARYLAND MEDICAL	*
	*
CENTER	BEFORE THE
	*
	MARYLAND HEALTH
	*
CANCER CENTER	CARE COMMISSION
	*
Matter No. 19-24-2438	*
	*
CON Granted August 20, 2020	*
* * * * *	* * * * *

**REQUEST FOR POST-APPROVAL PROJECT CHANGE**

University of Maryland Medical Center (“UMMC”), by its undersigned counsel, respectfully requests the Maryland Health Care Commission (the “Commission”) to approve a project change to the Certificate of Need (“CON”) issued on August 20, 2020, as described herein.

**I. BACKGROUND OF APPROVED PROJECT**

The Commission issued a CON on August 20, 2020, authorizing UMMC to construct a nine-story addition on the east side of the North Hospital building at the corner of Greene and Baltimore streets. (**Exhibit 1**, August 20, 2020 CON.) The approved project includes the addition of 62 beds to the hospital’s existing physical bed capacity, approximately 155,000 square feet (SF) of new construction, and approximately 73,000 SF in renovations to contiguous existing space within the North Hospital. The Commission approved \$194,368,000 in total use of funds for the project, including \$184,493,169 in current capital expenditures

and a budgeted inflation allowance of \$9,374,831, for total capital costs of \$193,868,000, and \$500,000 in financing costs and other cash requirements.

UMMC expects to satisfy the applicable performance requirements of COMAR § 10.24.01.12. Preconstruction site and infrastructure work is underway, and site work is scheduled to begin in May.

## **II. BASIS FOR REQUESTED PROJECT CHANGE**

UMMC is requesting a project change to increase the capital costs associated with the project, to make changes in the physical plant design, and to remove one of the Conditions on the approved project based on the changes to the physical plant design.

### ***A. Requested Increase in Capital Expenditures***

UMMC seeks a modification of project costs to increase its capital costs by \$72,453,180, bringing the total capital costs to \$266,321,180. As discussed more fully in Section III, pursuant to COMAR § 10.24.01.17B(2), there is a permitted increase in capital expenditure of \$12,890,179, or 6.99%, resulting in an increase in capital costs of \$68,937,832 beyond the amount of allowable inflation.<sup>1</sup>

UMMC also increases its financing and other cash requirements by \$2,369,000 due to an anticipated increase in bond placement fees and other

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<sup>1</sup> The approved total capital costs included \$9,374,831 in inflation allowance. Thus, the requested increase in total capital costs beyond allowable inflation is calculated as \$72,453,180 less only the additional allowable inflation of \$3,515,348 (calculated as \$12,890,179 less \$9,374,831).

assistance over the budgeted amount. Together with the capital cost increases, UMMC's projected increase in total use of funds is \$74,822,180, for a total project cost of \$269,190,180. To the extent the Commission deems approval of these non-capital costs necessary, UMMC requests approval for this increase as well.

A revised budget showing the approved costs, requested increase, and variance is attached as **Exhibit 2**, Revised Table E. If approved, UMMC will pay for the additional capital costs using authorized bonds and related interest income, and through increasing its philanthropy goal. Attached as **Exhibit 3** is an amended Marshall Valuation Service ("MVS") analysis. As described more fully in that analysis, the revised cost per square foot of the new construction at \$554.86 is slightly over the MVS benchmark of \$513.83.

UMMC is requesting an increase in capital expenditures for several reasons. As described more fully below, UMMC's total capital costs have increased due to: (1) a delay in project implementation as UMMC focused its efforts on responding to the COVID-19 pandemic; (2) an underestimation of project escalation costs in UMMC's CON application filed on February 8, 2019; (3) certain enabling requirements not included in the approved budget; and (4) certain design modifications made to meet regulatory or other requirements, as well as efficiency and/or other design relate reasons, including (i) moving the apheresis and cell processing laboratory into the main hospital from the cancer center; (ii) abandoning renovations in favor of building out a shell floor; (iii)

slightly expanding the footprint of the new construction; and (iv) adding service elevators to provide adequate support for that portion of the hospital campus.

First, UMMC delayed implementing the project beyond its initial estimates as it focused its efforts on providing its existing services during the COVID-19 pandemic. UMMC had initially projected signing a construction contract 12 months after CON approval and initiating construction 18 months after CON approval. CON Appl., 10. The CON was granted in August 2020, and UMMC reasonably delayed implementing the project as it focused its efforts on providing critical health services during the public health emergency. UMMC executed the construction contract in April 2023, within the applicable regulatory performance requirement, as extended by the Commission for all projects pending during the public health emergency.

Second, projected costs and availability for some materials changed significantly since the CON was approved at the beginning the COVID-19 pandemic. The COVID-19 pandemic and economic market following it has significantly affected labor and material costs beyond typical increases brought by the passage of time itself. UMMC has also increased certain pre-construction budget items due to estimates the construction management firm involved in this project based on the project requirements and on other similar projects in the area.

Third, UMMC did not include enabling costs in its budget previously because it anticipated that the great majority of the enabling work would be

completed even absent an approved CON, as a part of UMMC's continuous maintenance and improvement of its campus. However, UMMC has now identified certain enabling requirements that it would not complete absent the CON project, and now includes those in its revised budget. Among the enabling requirements not previously included in the budget and that would not be completed absent the CON project are: relocation of the existing Infusion operation, at an approximate cost of \$400,000; renovations to the South Entrance so it can serve as the main entrance during the building construction, at an approximate cost of \$1,000,000; renovation to the upper floor of North Hospital where the new service elevators will tie-in, at an approximate cost of \$3,000,000; and related renovations that UMMC would not otherwise complete, comprising approximately \$500,000.

Fourth, during the final architectural design planning, UMMC identified certain modifications that are required due to regulatory and other requirements, are more cost effective, and/or will make the facility more efficient and improve patient experience. These design changes, and their impact on the budget, are described in more detail in subsection B below.

***B. Changes to Physical Plant Design***

As architectural design and planning has progressed, UMMC has determined that a number of design changes are warranted. Revised floor plans are attached as **Exhibit 4**. A revised description of the floor-by-floor services from

the initial project description, including an updated stacking diagram, is attached as **Exhibit 5A**, and a redline to the original description is attached as **Exhibit 5B**.

First, UMMC had planned to include six stations for apheresis and a cell processing laboratory on the eighth floor of the new addition. UMMC CON Appl., p. 7. However, as the design and planning process progressed, UMMC realized that these components required more space than planned and that UMMC would be unable to place them in the new addition without also substantially encroaching into the existing North Hospital program space on that floor. As a result, UMMC has decided to remove the apheresis and cell processing laboratory from the project. At this point, UMMC plans to proceed with constructing apheresis stations and the cell processing laboratory elsewhere in the existing hospital in space not contiguous to the new addition, for less than the capital expenditure threshold and pursuant to a separate construction contract. UMMC expects that the costs attributable to this project comprised \$2,000,000 of the approved project cost. UMMC now plans to use the eighth floor for the blood and marrow transplant clinic, moved from space shared with other oncology clinical space on the fifth floor.

Second, UMMC had anticipated that it would renovate the fifth floor of its existing North building and combine it with the new addition for a combined footprint of 47,180SF, with the existing fifth floor housing infusion treatment areas and a pharmacy, and the new addition housing oncology clinics. However,

as the designing and planning stage progressed, UMMC encountered obstacles. For practical reasons involving efficient patient experience and delivery of care, the compounding pharmacy should be co-located with infusion. However, based on pharmacy requirements promulgated after CON approval by United States Pharmacopeia 797/800, the existing space UMMC planned to use for these services could not support the required air flow. UMMC estimates that bringing the existing space into compliance would add 25%-30% to the costs of the project. As a result, UMMC has determined that it is more financially feasible to locate the infusion treatment areas and pharmacy in the new addition, in the fourth floor space previously planned as shell space, as the new cancer center will support the air flow requirements.

Third, UMMC plans to slightly expand the footprint of the new addition and reduce the footprint for renovation space. UMMC proposes to expand the new addition from 154,610 SF to 187,121 SF, and to reduce renovated space from 73,400 SF to 32,511 SF. See Exhibit 2, Revised Project Tables, Revised Tables B, C, and D. This allows for more cancer center program space to be within the new building footprint versus renovated space. This also allows for more economical construction of areas like the infusion pharmacy, and, given the loss of a shell floor, preserves existing hospital space for future growth for other programs. This expansion is also due in part to the space required to add two service and patient elevators, discussed below.

Fourth, UMMC plans to add two service and patient elevators that will service both the North Hospital and the new addition. UMMC determined that existing elevators would not appropriately service both the existing hospital space and the new addition, and also would not be sufficient to move materials and supplies throughout to and from the new addition. The existing elevators are not built to modern standards for size, weight capacity, and speed of transport, making them impractical to support the added program space in the new building.

### **III. COMPARISON OF NEW TOTAL PROJECT COSTS AND ALLOWABLE CURRENT PROJECT COSTS**

To assess whether UMMC must obtain Commission approval to increase its capital as described above, the CON-approved costs must be inflated by means of the inflation index set forth in the Commission’s regulations to determine the currently allowable project costs. *See* COMAR § 10.24.01.17B(2). This computation is based on the process outlined in the document on the Commission’s website: “Determining the Threshold for Required Approval of Changes in Certificate of Need Approved Capital Cost.”<sup>2</sup>

The approved capital costs for the project were \$184,493,169. Applying the inflation index, which the Commission requires applicants to use in accordance with COMAR § 10.24.01.17B(2) permits 6.99% inflation as calculated below.

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[https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_con/documents/con\\_cap\\_cost\\_index\\_20210503.pdf](https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/con_cap_cost_index_20210503.pdf)

Budget Development		2018.2		
Date of Modification Request:		2023.2		
2019.2	%MOVAVG	1.6	1.016	<i>A</i>
2020.2	%MOVAVG	1.5	1.015	<i>B</i>
2021.2	%MOVAVG	1.2	1.012	<i>C</i>
2022.2	%MOVAVG	1.2	1.012	<i>D</i>
2203.2	%MOVAVG	1.3	1.013	<i>E</i>

$$A * B * C * D * E \qquad \qquad \qquad \mathbf{1.0699 \quad 6.99\%}$$

The product of the two inflation values is 1.0699, or 6.99% inflation. Applying this rate to the \$184,493,169 in approved total current capital Costs amounts to:

Total Approved Capital Costs	\$184,493,169
Allowable Inflation at 6.99%	\$12,890,179
Total Allowable Capital Costs	\$197,383,348
Projected Capital Costs	\$266,321,180
Increase in Excess of Allowable Capital Costs	\$68,937,832

Pursuant to COMAR § 10.24.01.17B(2), because the projected total capital costs exceed the allowable total capital costs, UMMC must obtain Commission approval for the proposed increase.

#### **IV. CHANGES TO CONDITIONS**

The August 20, 2020 CON included certain conditions related to the two floors of shell space that the approved project included at a projected cost of \$2,210,850. Because the changes UMMC requests involve constructing only one floor of shell space, UMMC requests that the Commission approve certain changes to the second and third conditions. UMMC proposes the changes as follows, with ~~stricken~~ text representing language in the original condition that

UMMC requests be removed, and with **bold** text representing new language that UMMC requests be added.

2. Any future change to the financing of this project involving adjustments in revenue must exclude ~~\$2,210,850~~ **\$1,105,425** in shell space-related costs, which includes the estimated new construction costs of the proposed shell space and portions of the contingency allowance, inflation allowance, and capitalized construction interest expenditure related to the estimated cost of the shell space.
3. UMMC will not finish the shell space on ~~either the third or fourth~~ floor without giving notice to the Commission and obtaining all required Commission approvals. UMMC will not request any adjustment in budgeted revenue by the Health Services Cost Review Commission (HSCRC) that includes depreciation or interest costs associated with construction of the proposed shell space unless UMMC has obtained either CON approval for finishing the shell space or a determination of coverage from the Maryland Health Care Commission that CON approval is not required.

#### **V. THE REQUESTED PROJECT CHANGES ARE APPROVABLE**

Commission regulation COMAR § 10.24.01.17A requires notification of any proposed project changes. Certain types of proposed project changes are impermissible, including the following:

- (1) Changes in the fundamental nature of a facility or the services to be provided in the facility from those that were approved by the Commission;
- (2) Increases in the total licensed bed capacity or medical service categories from those approved;
- (3) Any change that requires an extension of time to meet the applicable performance requirements specified under

Regulation .12 of this chapter, except as permitted under  
Regulation .12E of this chapter.

COMAR § 10.24.01.17C.

The proposed changes identified in this filing do not change the fundamental nature of the project; will not result in an increase in the total licensed bed capacity as previously approved; and will not require any extension of time beyond what is permitted under COMAR § 10.24.01.12E to meet applicable performance requirements.

The following types of changes to a project require formal Commission approval:

- (1) Before making a significant change in physical plant design;
- (2) Before incurring capital cost increases that exceed the approved capital cost inflated by an amount determined by applying the Building Cost Index published in Health Care Cost Review from the application submission date to the date of the filing of a request for approval of a project change;
- (3) When total projected operating expenses or revenue increases exceed the projected expenses or revenues in the approved Certificate of Need Application, inflated by 10 percent per year;
- (4) Before changing the financial mechanisms of the project;
- (5) Before changing the location or address of the project.

COMAR § 10.24.01.17B.

The proposed changes to increase capital costs requires Commission approval. While the majority of the physical plant design changes are insignificant, the decision to build out the fourth floor is related to overall space and design constraints. Therefore, in an abundance of caution, UMMC requests approval for all of the physical plant design changes described in this request. UMMC does not waive the right to claim that certain elements of the proposed design changes do not require Commission approval.

**CONCLUSION**

For all of the reasons set forth above, University of Maryland Medical Center respectfully requests that the Commission approve the proposed changes described above.

Respectfully submitted,



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Thomas C. Dame  
Ella R. Aiken  
Gallagher Evelius & Jones LLP  
218 North Charles Street, Suite 400  
Baltimore MD 21201  
(410) 727-7702  
*Attorneys for University of Maryland  
Medical System*

Date: April 28, 2023

# **EXHIBIT 1**

# MARYLAND HEALTH CARE COMMISSION

## Certificate of Need

TO: Mohan Suntha, M.D., President/CEO  
University of Maryland Medical Center, LLC  
22 S. Greene Street  
Baltimore, MD 21201

August 20, 2020  
Date

RE: University of Maryland Medical Center  
Construction of nine-story addition  
Consolidate oncology services within Greenebaum Comprehensive Cancer Center

19-24-2438  
Docket No.

### PROJECT DESCRIPTION

This Certificate of Need authorizes the University of Maryland Medical Center (“UMMC”) to construct a new nine-story addition constructed above the main hospital entrance on the east side of the North Hospital building at the corner of Greene and Baltimore streets. The proposed project will consist of approximately 155,000 square feet (SF) of new construction and about 73,000 SF in renovations to contiguous existing space within the North Hospital.

The newly-constructed nine story addition consists of a two-story entrance, two floors of shell space, the relocation and creation of additional space for the inpatient and outpatient cancer programs on four floors, and space for the Cancer Center’s administrative offices and mechanical/electrical space. The renovations include changes to the lobby and fifth floor of the existing hospital, the addition of two elevators, and connecting the new addition to the existing building on floors three through nine. Finally, the project will add 62 beds to the hospital’s physical capacity.

The total estimated project cost is approximately \$194.4 million, which the applicant will finance with \$95.8 million in State grants from the State of Maryland, \$78.5 million in taxable bonds, \$20 million in philanthropic donations, and \$100,000 in cash

### ORDER

The Maryland Health Care Commission reviewed the Staff Report and Recommendation and, based on that analysis and the record of the review, ordered on August 20, 2020, that a Certificate of Need be issued for the project with the following three conditions:

1. Prior to its request for first use approval, UMMC will submit an assessment of the need for surge bed capacity at UMMC and its plan to maintain and deploy adequate surge bed capacity when needed.
2. Any future change to the financing of this project involving adjustments in revenue must exclude \$2,210,850 in shell space-related costs, which includes

the estimated new construction costs of the proposed shell space and portions of the contingency allowance, inflation allowance, and capitalized construction interest expenditure related to the estimated cost of the shell space.

3. UMMC will not finish the shell space on either the third or fourth floor without giving notice to the Commission and obtaining all required Commission approvals. UMMC will not request any adjustment in budgeted revenue by the Health Services Cost Review Commission (HSCRC) that includes depreciation or interest costs associated with construction of the proposed shell space unless UMMC has obtained either CON approval for finishing the shell space or a determination of coverage from the Maryland Health Care Commission that CON approval is not required.
4. In calculating any future adjustment to budgeted revenues related to the costs of this project, HSCRC shall exclude the capital costs associated with the shell space until the space is finished and put to use in a regulated activity. In calculating any revenue adjustment that includes an accounting for capital costs associated with the shell space, the rate shall only account for depreciation and interest expenses going forward through the remaining useful life of the space

## **PERFORMANCE REQUIREMENTS**

In accordance with COMAR 10.24.01.12C(3)(b), the project is subject to the following performance requirements:

1. Obligation of not less than 51 percent of the approved capital expenditure, as documented by a binding construction contract, within twenty four (24) months of the date of this Certificate of Need;
2. Initiation of construction no later than four months after the effective date of the binding construction contract; and
3. Documentation that the approved project has been completed, has been licensed, and has met all legal requirements and is providing the approved services no later than twenty four (24) months after the effective date of the binding construction contract.

Failure to meet these performance requirements will render this Certificate of Need void, subject to the requirements of COMAR 10.24.01.12 F through I.

## **PROPOSED CHANGES TO THE APPROVED PROJECT**

Before making any changes to the facts in the Certificate of Need application and other information provided to the Commission, UMMC must notify the Commission in writing and receive Commission approval of each proposed change, including the obligation of any funds above those approved by the Commission in this Certificate of Need, in accordance with COMAR

10.24.01.17. Pursuant to COMAR 10.24.01.17B(2), the project cannot incur capital cost increases that exceed the approved capital cost inflated by an amount determined by applying the Building Cost Index published on a quarterly basis by IHS Economics in the Healthcare Cost Review unless CSI obtains a modification of this Certificate of Need from the Commission. Instructions for determining the threshold that necessitates Commission review and approval of changes to the capital cost approved in this Certificate of Need are located on the Commission's website at: [http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_con/hcfs\\_con.aspx](http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/hcfs_con.aspx)

## **DESIGN APPROVAL AND FACILITIES LICENSURE BY DHMH**

This Certificate of Need does not constitute a license or replace any approvals required by the Office of Health Care Quality or others within the Maryland Department of Health ("MDH") to construct and operate new space within an existing facility. UMMC must provide MDH with all information it requires for plan approval, facility licensure, and putting into operation renovated space within its existing facility, including information pertaining to project design and specifications.

## **QUARTERLY STATUS REPORTS**

UMMC must submit quarterly status reports on the approved project to the Commission, beginning November 20, 2020, three months from the date of this Certificate of Need, and continuing, at three-month intervals, until the completion of the project.

## **REQUEST FOR FIRST USE REVIEW**

UMMC must request in writing, not less than 60 days but not more than 120 days before the first use of the approved operating room, a first use review from the Commission, specifying the anticipated date of first use and documenting that the project has been substantially completed and will be completed, within 120 days or less, in a manner and at a cost consistent with this Certificate of Need. Commission staff will review the request in consultation, as necessary, with OHCQ, and in accordance with COMAR 10.24.01.18 to determine whether the project conforms with the Certificate of Need. First use approval does not constitute a license or replace any approvals required by OHCQ or others within MDH to operate new space within an existing health care facility. Therefore, UMMC should assure that OHCQ is notified of the imminent completion of the project and should arrange for completion of any inspections and or approvals required by OHCQ in a timely manner. First use approval remains in effect for 90 days. If first use of the new operating room does not occur within 90 days of approval, UMMC shall reapply for first use approval.

## **ACKNOWLEDGEMENT OF RECEIPT OF CERTIFICATE OF NEED**

Acknowledgement of your receipt of this Certificate of Need, stating acceptance of its terms and conditions, is required within thirty (30) days.

Docket No. 19-24-2438

August 20, 2020

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**MARYLAND HEALTH CARE COMMISSION**

A handwritten signature in black ink that reads "Ben Steffen". The signature is written in a cursive, slightly slanted style.

Ben Steffen  
Executive Director

cc: Patricia T. Nay, M.D., Executive Director, Office of Health Care Quality  
Letitia Dzirasa, M.D., Health Commissioner, Baltimore City Health Department

# **EXHIBIT 2**

**Name of Applicant:** University of Maryland Medical Center

**Date of Submission:** 24-Apr-23

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

<b>Table Number</b>	<b>Table Title</b>	<b>Instructions</b>
<b>Table A</b>	<b>Physical Bed Capacity Before and After Project</b>	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
<b>Table B</b>	<b>Departmental Gross Square Feet</b>	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.
<b>Table C</b>	<b>Construction Characteristics</b>	All applicants proposing new construction or renovation must complete Table C.
<b>Table D</b>	<b>Site and Offsite Costs Included and Excluded in Marshall Valuation Costs</b>	All applicants proposing new construction or renovation must complete Table D.
<b>Table E</b>	<b>Project Budget</b>	All applicants, regardless of project type or scope, must complete Table E.
<b>Table F</b>	<b>Statistical Projections - Entire Facility</b>	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.
<b>Table G</b>	<b>Revenues &amp; Expenses, Uninflated - Entire Facility</b>	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.
<b>Table H</b>	<b>Revenues &amp; Expenses, Inflated - Entire Facility</b>	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.
<b>Table I</b>	<b>Statistical Projections - New Facility or Service</b>	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.
<b>Table J</b>	<b>Revenues &amp; Expenses, Uninflated - New Facility or Service</b>	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.
<b>Table K</b>	<b>Revenues &amp; Expenses, Inflated - New Facility or Service</b>	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.
<b>Table L</b>	<b>Work Force Information</b>	All applicants, regardless of project type or scope, must complete Table L.

**TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT - Revised April 2023**

**INSTRUCTION:** 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. See additional instruction in the column to the right of the table.

**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: July 1, 2023	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	
<b>ACUTE CARE</b>							<b>ACUTE CARE</b>						
<b>General Medical/Surgical*</b>	Vascular Surgery, Medical Acute 11E, Medical Acute N10E, Surgical Acute, Medical Telemetry N13, Neurocare Acute, Orthopedic Acute, Transplant IMC, Neurocare Stepdown, Cardiac Surgery Stepdown, Surgical IMC, Medical IMC	291	152	40	192	232	<b>General Medical/Surgical*</b>	Vascular Surgery, Medical Acute 11E, Medical Acute N10E, Surgical Acute, Medical Telemetry N13, Neurocare Acute, Orthopedic Acute, Transplant IMC, Neurocare Stepdown, Cardiac Surgery Stepdown, Surgical IMC, Medical IMC, Gudelsky BMT C9W, Medical Oncology 8W & 9N	204	40	244	284	
<b>SUBTOTAL Gen. Med/Surg*</b>		<b>291</b>	<b>152</b>	<b>40</b>	<b>192</b>	<b>232</b>	<b>SUBTOTAL Gen. Med/Surg*</b>		<b>204</b>	<b>40</b>	<b>244</b>	<b>284</b>	
<b>ICU/CCU</b>	Neurocare ICU, Cardiac Surgery ICU, Medical ICU, Surgical ICU	99	101	2	103	105	<b>ICU/CCU</b>	Neurocare ICU, Cardiac Surgery ICU, Medical ICU, Surgical ICU	101	2	103	105	
<b>Medical Cardiac Critical Care</b>	Cardiac Care Unit, Cardiac Progressive Care Unit	41	41	0	41	41		Cardiac Care Unit, Cardiac Progressive Care Unit	41	0	41	41	
<b>Shock Trauma</b>	Neurotrauma IMC, Neurotrauma CC, Multitrauma IMC, Multitrauma CC, Select Trauma IMC, Acute Care	115	110	2	112	114		Neurotrauma IMC, Neurotrauma CC, Multitrauma IMC, Multitrauma CC, Select Trauma IMC, Acute Care	110	2	112	114	
<b>Oncology</b>	Gudelsky BMT C9W, Medical Oncology 8W & 9N	62	52	0	52	52		New Building	62	0	62	62	
<b>TOTAL MSGA</b>		<b>608</b>	<b>456</b>	<b>44</b>	<b>500</b>	<b>544</b>	<b>TOTAL MSGA</b>		<b>518</b>	<b>44</b>	<b>562</b>	<b>606</b>	

**TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT - Revised April 2023**

**INSTRUCTION:** 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. See additional instruction in the column to the right of the table.

**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: July 1, 2023	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	
Obstetrics	Inpatient Perinatal GYN	30	22	4	26	30	Obstetrics	Inpatient Perinatal GYN	22	4	26	30	
Pediatrics	PPCU, PICU	59	37	11	48	59	Pediatrics	PPCU, PICU	37	11	48	59	
Psychiatric	Adult, Geriatric, Child, and Adolescent	42	16	14	30	44	Psychiatric	Adult, Geriatric, Child, and Adolescent	16	14	30	44	
<b>TOTAL ACUTE</b>		<b>739</b>	<b>531</b>	<b>73</b>	<b>604</b>	<b>677</b>	<b>TOTAL ACUTE</b>		<b>593</b>	<b>73</b>	<b>666</b>	<b>739</b>	
<b>NON-ACUTE CARE</b>							<b>NON-ACUTE CARE</b>						
Dedicated Observation**		10	6	2	8	10	Dedicated Observation**		6	2	8	10	
Newborn Nursery		24	24	0	24	24	Newborn Nursery		24	0	24	24	
Neonatal ICU		52	52	0	52	52	Neonatal ICU		52	0	52	52	
Rehabilitation		0	0	0	0	0	Rehabilitation		0	0	0	0	
Comprehensive Care		0	0	0	0	0	Comprehensive Care		0	0	0	0	
Other (Specify/add rows as needed)		0	0	0	0	0	Other (Specify/add rows as needed)		0	0	0	0	
<b>TOTAL NON-ACUTE</b>		<b>86</b>	<b>82</b>	<b>2</b>	<b>84</b>	<b>86</b>	<b>TOTAL NON-ACUTE</b>		<b>82</b>	<b>2</b>	<b>84</b>	<b>86</b>	
<b>HOSPITAL TOTAL</b>		<b>815</b>	<b>613</b>	<b>75</b>	<b>688</b>	<b>763</b>	<b>HOSPITAL TOTAL</b>		<b>675</b>	<b>75</b>	<b>750</b>	<b>825</b>	

\* 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.

Note: This table does not account for bed changes in psychiatry that would result if the Certificate of Need application filed August 3, 2018 for adolescent psychiatry services is approved.

**TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT - Revised April 2023**

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

DEPARTMENT/FUNCTIONAL AREA	Approved CON			Proposed Modification			Variance		
	To Be Added Thru New Constr.	To Be Renovated	Total After Project Completion	To Be Added Thru New Constr.	To Be Renovated	Total After Project Completion	Approved CON	To Be Renovated	Total After Project Completion
Mechanical/Electrical	15,700	0	15,700	34,826	266	35,092	19,126	266	19,392
Cancer Center Administrative Offices	5,500	3,786	9,286	5,979	4,378	10,357	479	592	1,071
Oncology Inpatient	42,400	0	42,400	35,936	0	35,936	-6,464	0	-6,464
Apheresis	0	1,227	1,227	0	1,127	1,127	0	-100	-100
Cell Processing Lab	0	1,140	1,140	0	1,140	1,140	0	0	0
Oncology Inpatient & Outpatient BMT (Bone Marrow Transplant)	21,200		21,200	18,012	3,942	21,954	-3,188	3,942	754
ETC	0	2,259	2,259	0	3,311	3,311	0	1,052	1,052
Shared Staff Support & Public Circulation		19,568	19,568	27,307	9,731	37,038	27,307	-9,837	17,470
Oncology & BMT Clinics	21,200	0	21,200	18,434	4,519	22,953	-2,766	4,519	1,753
Infusion	0	23,550	23,550	16,317	0	16,317	16,317	-23,550	-7,233
Infusion Pharmacy & Blood Bank	0	2,200	2,200	2,136	0	2,136	2,136	-2,200	-64
Shell Space	42,400	0	42,400	17,576	4,503	22,079	-24,824	4,503	-20,321
Phlebotomy	0	4,171	4,171	2,010	1,061	3,071	2,010	-3,110	-1,100
Lobby	6,210	15,499	21,709	8,589	7,666	16,255	2,379	-7,833	-5,454
<b>Total</b>	<b>154,610</b>	<b>73,400</b>	<b>228,010</b>	<b>187,121</b>	<b>41,644</b>	<b>228,765</b>	<b>32,511</b>	<b>-31,756</b>	<b>755</b>

"Current" and "To Remain As Is" columns in form tables are not applicable to this project and so were removed.

**TABLE C. CONSTRUCTION CHARACTERISTICS - Revised April 2023**

*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.*

	NEW CONSTRUCTION	RENOVATION
<b>BASE BUILDING CHARACTERISTICS</b>	<b>Check if applicable</b>	
<b>Class of Construction</b> (for renovations the class of the building being renovated)*		
Class A	<input checked="" type="checkbox"/>	<input checked="" 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"/>
<b>Type of Construction/Renovation*</b>		
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"/>
<b>Number of Stories</b>		

\*As defined by Marshall Valuation Service

<b>PROJECT SPACE</b>	<b>List Number of Feet, if applicable</b>	
<b>Total Square Footage</b>	<b>Total Square Feet</b>	
Ground Floor	0	3,452
First Floor	12,792	12,325
Second Floor	1,668	5,724
Third Floor	21,925	0
Fourth Floor	22,181	0
Fifth Floor	22,071	5,180
Sixth Floor	22,215	0
Seventh Floor	22,215	3,585
Eighth Floor	22,085	7,000
Ninth Floor	22,231	4,378
Tenth Floor	12,653	0
Eleventh Floor	1,211	0
Twelfth Floor	1,211	0
Thirteenth Floor	1,211	0
Fourteenth Floor	1,451	0
<b>Total</b>	<b>187,121</b>	<b>41,644</b>
<b>Average Square Feet</b>	<b>19,326</b>	<b>2,776</b>
<b>Perimeter in Linear Feet</b>	<b>Linear Feet</b>	
Ground Floor	0	257
First Floor	628	864
Second Floor	0	320
Third Floor	688	0
Fourth Floor	627	0
Fifth Floor	628	829
Sixth Floor	628	0
Seventh Floor	626	218
Eighth Floor	625	281
Ninth Floor	625	218
Tenth Floor	865	0
Eleventh Floor	155	0
Twelfth Floor	155	0
Thirteenth Floor	155	0
Fourteenth Floor	212	0
<b>Total Linear Feet</b>	<b>6,617</b>	<b>2,730</b>
<b>Average Linear Feet</b>	<b>634</b>	

**TABLE C. CONSTRUCTION CHARACTERISTICS - Revised April 2023**

*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.*

	NEW CONSTRUCTION	RENOVATION
<b>Wall Height (floor to eaves)</b>	<b>Feet</b>	
Ground Floor	0	12'-3"
First Floor	12'-6"	12'-6"
Second Floor	0	12'-6"
Third Floor	12'-6"	0
Fourth Floor	12'-6"	0
Fifth Floor	12'-6"	12'-6"
Sixth Floor	12'-6"	0
Seventh Floor	12'-6"	12'-6"
Eighth Floor	12'-6"	12'-6"
Ninth Floor	18'-7"	12'-6"
Tenth Floor	12'-6"	0
Eleventh Floor	12'-6"	0
Twelfth Floor	12'-6"	0
Thirteenth Floor	12'-6"	0
Fourteenth Floor	12'-6"	0
<b>Average Wall Height</b>	<b>13.34</b>	
<b>OTHER COMPONENTS</b>		
<b>Elevators</b>	<b>List Number</b>	
Passenger	2	
Freight (Hospital)	2	
	<b>Square Feet Covered</b>	
Wet System Fully Sprinklered -Preaction in main electrical rooms and vehicular drive under the building.	187,121	41,644
Dry System		
<b>Other</b>	<b>Describe Type</b>	
Type of HVAC System for proposed project	The HVAC system is a fully ducted Variable Air Volume	
Type of Exterior Walls for proposed project	Curtain Wall System with glass and spandrel panels on the	

**TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS - Revised April 2023**

*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.*

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
<b>SITE PREPARATION COSTS</b>		
Normal Site Preparation	\$1,317,498	
Utilities from Structure to Lot Line		
<b>Subtotal included in Marshall Valuation Costs</b>	<b>\$1,317,498</b>	
Site Demolition Costs	\$1,782,000	
Storm Drains	\$2,250,000	
Rough Grading	\$825,000	
Paving	\$600,000	
Deep Foundation	\$4,155,000	
Yard Lighting	\$592,500	
Dewatering	\$120,000	
Sediment Control & Stabilization	\$120,000	
Premium for Constrained Site	\$872,716	
Underground utility work for Foundations / Total Shoring for excavation	\$2,376,000	
Premium for Prevailing Wage	\$1,745,432	
Premium for Minority Business Enterprise Requirement	\$698,173	
<b>Subtotal On-Site excluded from Marshall Valuation Costs</b>	<b>\$16,136,821</b>	
<b>OFFSITE COSTS</b>		
Roads		
Utilities		
Jurisdictional Hook-up Fees		
Other (Specify/add rows if needed)		
<b>Subtotal Off-Site excluded from Marshall Valuation Costs</b>	<b>\$0</b>	
<b>TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs</b>	<b>\$16,136,821</b>	<b>\$0</b>
<b>TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*</b>	<b>\$17,454,319</b>	<b>\$0</b>
<b>BUILDING COSTS</b>		
Normal Building Costs	\$83,759,584	
<b>Subtotal included in Marshall Valuation Costs</b>	<b>\$83,759,584</b>	
Canopy	\$7,125,000	
Pneumatic Tube System	\$1,125,000	
Deep trusses on Levels 3 & 4 to allow building to span over drive up	\$3,564,000	
Infection Prevention	\$1,500,000	
Asbestos abatement	\$750,000	
Adjacent Occupants Premium	\$1,500,000	
Temporary entrance and logistics associated with entrance closure	\$2,800,000	
Structured Floor with Soffit under 3rd Level in lieu of Slab on Grade	\$7,125,000	
Premium for Constrained Site	\$8,058,934	
Level 4 Temporary MEP Piping Offset to allow access in 4th Floor Ceiling to access to Mechanical Penthouse	\$8,496,000	
Retro Fit Two New Elevators, Shafts and Pits into the existing Medical Tower	\$6,363,000	
Premium for LEED Silver Construction	\$6,447,147	
Premium for Prevailing Wage	\$16,117,868	
Premium for Minority Business Enterprise Requirement	\$6,447,147	

**TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS - Revised April 2023**

*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.*

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
<b>Subtotal Building Costs excluded from Marshall Valuation Costs</b>	\$77,419,097	
<b>TOTAL Building Costs included and excluded from Marshall Valuation Service*</b>	\$161,178,681	#REF!
<b>A&amp;E COSTS</b>		
Normal A&E Costs	\$15,190,000	
<b>Subtotal included in Marshall Valuation Costs</b>	<b>\$15,190,000</b>	
Amount Spent on the 2012 Project that is not now Usable:		
<b>Subtotal A&amp;E Costs excluded from Marshall Valuation Costs</b>	<b>\$0</b>	
<b>TOTAL A&amp;E Costs included and excluded from Marshall Valuation Service*</b>	<b>\$15,190,000</b>	<b>\$0</b>
<b>PERMIT COSTS</b>		
Normal Permit Costs	\$660,000	
<b>Subtotal included in Marshall Valuation Costs</b>	<b>\$660,000</b>	
Jurisdictional Hook-up Fees		
Impact Fees		
Amount Spent on the 2012 Project that is not now Usable:		
<b>Subtotal Permit Costs excluded from Marshall Valuation Costs</b>	<b>\$0</b>	
<b>TOTAL Permit Costs included and excluded from Marshall Valuation Service*</b>	<b>\$660,000</b>	<b>\$0</b>

**TABLE E. PROJECT BUDGET - Revised April 2023**

**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

	Approved CON Budget, Hospital Building1	New Proposed Budget, Hospital Building1	Variance
<b>A. USE OF FUNDS</b>			
<b>1. CAPITAL COSTS</b>			
<b>a. New Construction</b>			
(1) Building	\$ 84,625,169	\$ 161,178,681	\$ 76,553,512
(2) Fixed Equipment			\$ -
(3) Site and Infrastructure	\$ 13,000,000	\$ 17,454,319	\$ 4,454,319
(4) Architect/Engineering Fees	\$ 12,000,000	\$ 15,190,000	\$ 3,190,000
(5) Permits (Building, Utilities, Etc.)	\$ 1,000,000	\$ 660,000	\$ (340,000)
<b>SUBTOTAL</b>	<b>\$ 110,625,169</b>	<b>\$ 194,483,000</b>	<b>\$ 83,857,831</b>
<b>b. Renovations</b>			
(1) Building	\$ 20,000,000	\$ 14,100,000	\$ (5,900,000)
(2) Fixed Equipment (not included in construction)			
(3) Architect/Engineering Fees			
(4) Permits (Building, Utilities, Etc.)			
<b>SUBTOTAL</b>	<b>\$ 20,000,000</b>	<b>\$ 14,100,000</b>	<b>\$ (5,900,000)</b>
<b>c. Other Capital Costs</b>			
(1) Movable Equipment	\$ 30,000,000	\$ 32,706,450	\$ 2,706,450
(2) Contingency Allowance	\$ 15,000,000	\$ 15,000,000	\$ -
(3) Gross interest during construction period	\$ 8,868,000	\$ 10,031,730	\$ 1,163,730
(4) Other (Specify/add rows if needed)			
<b>SUBTOTAL</b>	<b>\$ 53,868,000</b>	<b>\$ 57,738,180</b>	<b>\$ 3,870,180</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$ 184,493,169</b>	<b>\$ 266,321,180</b>	<b>\$ 81,828,011</b>
<b>d. Land Purchase</b>			
<b>e. Inflation Allowance</b>			
	\$ 9,374,831	\$ -	\$ (9,374,831)
<b>TOTAL CAPITAL COSTS</b>	<b>\$ 193,868,000</b>	<b>\$ 266,321,180</b>	<b>\$ 72,453,180</b>
<b>2. Financing Cost and Other Cash Requirements</b>			
a. Loan Placement Fees	\$ 50,000	\$ 933,450	\$ 883,450
b. Bond Discount		\$ -	
c. CON Application Assistance	\$ 100,000		\$0 <sup>2</sup>
c1. Legal Fees		\$ 100,000	\$0 <sup>2</sup>
c2. Other (Accounting, Architectural, Planning)		\$ 1,039,400	\$ 1,039,400
d. Non-CON Consulting Fees			
d1. Legal Fees	\$ 200,000	\$ 32,150	\$ (167,850)
d2. Other (third party peer review of documents; third party testing & scheduling, curtain wall testing)	\$ 150,000	\$ 764,000	\$ 614,000
e. Debt Service Reserve Fund	\$ -	\$ -	\$ -
f. Other (Specify/add rows if needed)			
<b>SUBTOTAL</b>	<b>\$ 500,000</b>	<b>\$ 2,869,000</b>	<b>\$ 2,369,000</b>
<b>3. Working Capital Startup Costs</b>			
<b>TOTAL USES OF FUNDS</b>	<b>\$ 194,368,000</b>	<b>\$ 269,190,180</b>	<b>\$ 74,822,180</b>
<b>B. Sources of Funds</b>			
<b>1. Cash</b>			
<b>2. Philanthropy (to date and expected)</b>			
	\$ 20,000,000	\$ 40,000,000	\$ 20,000,000
<b>3. Authorized Bonds</b>			
	\$ 78,500,000	\$ 100,233,495	\$ 21,733,495
<b>4. Interest Income from bond proceeds listed in #3</b>			
		\$ 3,956,685	\$ 3,956,685
<b>5. Mortgage</b>			
<b>6. Working Capital Loans</b>			
<b>7. Grants or Appropriations</b>			
<b>a. Federal</b>			
<b>b. State</b>			
	\$ 95,768,000	\$ 125,000,000	\$ 29,232,000
<b>c. Local</b>			
<b>8. Other (Cash Flow from Operations)</b>			
	\$ 100,000		\$ (100,000)
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$ 194,368,000</b>	<b>\$ 269,190,180</b>	<b>\$ 74,822,180</b>
	Approved CON Budget, Hospital Building	New Proposed Budget, Hospital Building	Variance
<b>Annual Lease Costs (if applicable)</b>			
<b>1. Land</b>			
<b>2. Building</b>			
<b>3. Major Movable Equipment</b>			
<b>4. Minor Movable Equipment</b>			
<b>5. Other (Specify/add rows if needed)</b>			
* 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.			
Note 1: There is no "other structure" for this project. That column has been removed.			
Note 2: This is reported as a variance of 0 because the amount reported in the approved Table E in lined 2d has been moved to 2d1.			

**TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY - Revised April 2023**

*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.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
<b>1. DISCHARGES</b>								
a. General Medical/Surgical*	17,610	15,877	15,434	15,627	15,627	15,649	15,671	15,693
b. ICU/CCU	2,817	3,019	3,382	3,424	3,424	3,424	3,424	3,424
<b>Total MSGA</b>	<b>20,427</b>	<b>18,896</b>	<b>18,816</b>	<b>19,052</b>	<b>19,052</b>	<b>19,074</b>	<b>19,096</b>	<b>19,118</b>
c. Pediatric	1,687	1,943	2,134	2,134	2,134	2,134	2,134	2,134
d. Obstetric	3,173	3,166	3,438	3,438	3,438	3,438	3,438	3,438
e. Acute Psychiatric	665	632	550	600	600	600	600	600
<b>Total Acute</b>	<b>25,952</b>	<b>24,637</b>	<b>24,938</b>	<b>25,224</b>	<b>25,224</b>	<b>25,246</b>	<b>25,268</b>	<b>25,290</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL DISCHARGES</b>	<b>25,952</b>	<b>24,637</b>	<b>24,938</b>	<b>25,224</b>	<b>25,224</b>	<b>25,246</b>	<b>25,268</b>	<b>25,290</b>
<b>2. PATIENT DAYS</b>								
a. General Medical/Surgical*	121,364	106,502	105,575	106,634	106,634	107,141	108,293	109,446
b. ICU/CCU	67,084	72,453	70,796	71,506	71,506	71,506	71,506	71,506
<b>Total MSGA</b>	<b>188,448</b>	<b>178,955</b>	<b>176,371</b>	<b>178,140</b>	<b>178,140</b>	<b>178,647</b>	<b>179,799</b>	<b>180,952</b>
c. Pediatric	7,085	6,942	7,296	7,296	7,296	7,296	7,296	7,296
d. Obstetric	7,470	7,965	8,080	8,080	8,080	8,080	8,080	8,080
e. Acute Psychiatric	7,768	9,332	9,101	9,926	9,926	9,926	9,926	9,926
<b>Total Acute</b>	<b>210,771</b>	<b>203,194</b>	<b>200,848</b>	<b>203,443</b>	<b>203,443</b>	<b>203,949</b>	<b>205,102</b>	<b>206,254</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL PATIENT DAYS</b>	<b>210,771</b>	<b>203,194</b>	<b>200,848</b>	<b>203,443</b>	<b>203,443</b>	<b>203,949</b>	<b>205,102</b>	<b>206,254</b>

**TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY - Revised April 2023**

*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.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
<i>Indicate CY or FY</i>								
<b>3. AVERAGE LENGTH OF STAY (patient days divided by discharges)</b>								
a. General Medical/Surgical*	6.9	6.7	6.8	6.8	6.8	6.8	6.9	7.0
b. ICU/CCU	23.8	24.0	20.9	20.9	20.9	20.9	20.9	20.9
<b>Total MSGA</b>	<b>9.2</b>	<b>9.5</b>	<b>9.4</b>	<b>9.4</b>	<b>9.4</b>	<b>9.4</b>	<b>9.4</b>	<b>9.5</b>
c. Pediatric	4.2	3.6	3.4	3.4	3.4	3.4	3.4	3.4
d. Obstetric	2.4	2.5	2.4	2.4	2.4	2.4	2.4	2.4
e. Acute Psychiatric	11.7	14.8	16.5	16.5	16.5	16.5	16.5	16.5
<b>Total Acute</b>	<b>8.1</b>	<b>8.2</b>	<b>8.1</b>	<b>8.1</b>	<b>8.1</b>	<b>8.1</b>	<b>8.1</b>	<b>8.2</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>8.1</b>	<b>8.2</b>	<b>8.1</b>	<b>8.1</b>	<b>8.1</b>	<b>8.1</b>	<b>8.1</b>	<b>8.2</b>
<b>4. NUMBER OF LICENSED BEDS</b>								
a. General Medical/Surgical*	392	392	392	392	392	392	392	392
b. ICU/CCU	239	239	239	239	239	239	239	239
<b>Total MSGA</b>	<b>631</b>	<b>631</b>	<b>631</b>	<b>631</b>	<b>631</b>	<b>631</b>	<b>631</b>	<b>631</b>
c. Pediatric	44	44	44	44	44	44	44	44
d. Obstetric	34	34	34	34	34	34	34	34
e. Acute Psychiatric	42	42	42	42	42	42	42	42
<b>Total Acute</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL LICENSED BEDS</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>

**TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY - Revised April 2023**

**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.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
<b>5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</b>								
a. General Medical/Surgical*	84.8%	74.4%	73.8%	74.5%	74.5%	74.9%	75.7%	76.5%
b. ICU/CCU	76.9%	83.1%	81.2%	82.0%	82.0%	82.0%	82.0%	82.0%
<b>Total MSGA</b>	<b>81.8%</b>	<b>77.7%</b>	<b>76.6%</b>	<b>77.3%</b>	<b>77.3%</b>	<b>77.6%</b>	<b>78.1%</b>	<b>78.6%</b>
c. Pediatric	44.1%	43.2%	45.4%	45.4%	45.4%	45.4%	45.4%	45.4%
d. Obstetric	60.2%	64.2%	65.1%	65.1%	65.1%	65.1%	65.1%	65.1%
e. Acute Psychiatric	50.7%	60.9%	59.4%	64.8%	64.8%	64.8%	64.8%	64.8%
<b>Total Acute</b>	<b>76.9%</b>	<b>74.1%</b>	<b>73.3%</b>	<b>74.2%</b>	<b>74.2%</b>	<b>74.4%</b>	<b>74.8%</b>	<b>75.2%</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL OCCUPANCY %</b>	<b>76.9%</b>	<b>74.1%</b>	<b>73.3%</b>	<b>74.2%</b>	<b>74.2%</b>	<b>74.4%</b>	<b>74.8%</b>	<b>75.2%</b>
<b>6. OUTPATIENT VISITS</b>								
a. Emergency Department	33,089	36,359	38,855	38,855	38,855	38,855	38,855	38,855
b. Same-day Surgery	15,354	15,622	15,726	15,726	15,726	15,726	15,726	15,726
c. Laboratory								
d. Imaging	Included in Item "e"							
e. Clinic Visits / Other Ancillary	228,779	228,665	221,628	221,628	221,628	226,528	229,376	232,223
<b>TOTAL OUTPATIENT VISITS</b>	<b>277,222</b>	<b>280,646</b>	<b>276,208</b>	<b>276,208</b>	<b>276,208</b>	<b>281,108</b>	<b>283,956</b>	<b>286,803</b>
<b>7. OBSERVATIONS**</b>								
a. Number of Patients	3,756	3,821	3,636	3,636	3,636	3,636	3,636	3,636
b. Hours	113,088	138,102	123,889	123,889	123,889	123,889	123,889	123,889

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

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

**TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY - Revised April 2023**

*INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.*

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
<b>Indicate CY or FY</b>								
<b>1. REVENUE</b>								
a. Inpatient Services	\$1,405,371	\$1,431,200	\$1,471,160	\$ 1,432,600	\$ 1,434,650	\$ 1,440,117	\$ 1,445,583	\$ 1,451,734
b. Outpatient Services	616,878	666,749	672,830	663,815	664,765	667,298	669,831	672,681
<b>Gross Patient Service Revenues</b>	<b>\$2,022,249</b>	<b>\$2,097,949</b>	<b>\$2,143,989</b>	<b>\$2,096,415</b>	<b>\$2,099,415</b>	<b>\$2,107,415</b>	<b>\$2,115,415</b>	<b>\$2,124,415</b>
c. Allowance For Bad Debt	\$ 49,246	\$ 51,392	\$ 51,929	\$ 50,777	\$ 50,850	\$ 51,043	\$ 51,237	\$ 51,455
d. Contractual Allowance	195,934	223,069	225,401	239,464	239,807	240,720	241,634	242,662
e. Charity Care	20,877	21,746	21,973	21,486	21,516	21,598	21,680	21,773
<b>Net Patient Services Revenue</b>	<b>\$ 1,756,192</b>	<b>\$ 1,801,742</b>	<b>\$ 1,844,686</b>	<b>\$ 1,784,688</b>	<b>\$ 1,787,242</b>	<b>\$ 1,794,052</b>	<b>\$ 1,800,863</b>	<b>\$ 1,808,525</b>
f. Other Operating Revenues (Specify/add rows if needed)	\$ 205,193	\$ 219,353	\$ 247,431	\$ 214,431	\$ 214,431	\$ 219,431	\$ 223,431	\$ 226,431
<b>NET OPERATING REVENUE</b>	<b>\$ 1,961,385</b>	<b>\$ 2,021,095</b>	<b>\$ 2,092,116</b>	<b>\$ 1,999,119</b>	<b>\$ 2,001,672</b>	<b>\$ 2,013,483</b>	<b>\$ 2,024,293</b>	<b>\$ 2,034,955</b>
<b>2. EXPENSES</b>								
a. Salaries & Wages (including benefits)	\$ 732,429	\$ 785,407	\$ 786,433	\$ 739,633	\$ 727,933	\$ 738,463	\$ 740,897	\$ 743,704
b. Contractual Services	511,461	524,206	554,444	551,944	552,944	554,978	556,464	558,053
c. Interest on Current Debt	24,523	21,080	20,782	22,398	21,944	21,966	21,499	21,030
d. Interest on Project Debt	-	-	-	-	-	7,899	7,755	7,603
e. Current Depreciation	94,920	95,624	94,246	92,928	95,170	94,218	93,276	92,343
f. Project Depreciation	-	-	-	-	-	11,818	11,818	11,818
g. Current Amortization	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-	-
i. Supplies	468,374	477,808	502,651	492,701	496,901	500,909	504,157	506,927
j. Other Expenses (Utilities / Insurance)	46,792	51,517	55,431	55,708	55,708	55,708	55,708	55,708
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 1,878,499</b>	<b>\$ 1,955,642</b>	<b>\$ 2,013,987</b>	<b>\$ 1,955,312</b>	<b>\$ 1,950,600</b>	<b>\$ 1,985,960</b>	<b>\$ 1,991,574</b>	<b>\$ 1,997,186</b>
<b>3. INCOME</b>								
a. Income From Operation	\$ 82,886	\$ 65,453	\$ 78,129	\$ 43,807	\$ 51,073	\$ 27,523	\$ 32,720	\$ 37,770
b. Non-Operating Income	\$ 57,183	\$ (47,869)						
<b>SUBTOTAL</b>	<b>\$ 140,069</b>	<b>\$ 17,584</b>	<b>\$ 78,129</b>	<b>\$ 43,807</b>	<b>\$ 51,073</b>	<b>\$ 27,523</b>	<b>\$ 32,720</b>	<b>\$ 37,770</b>
c. Income Taxes	\$ -	\$ -						
<b>NET INCOME (LOSS)</b>	<b>\$ 140,069</b>	<b>\$ 17,584</b>	<b>\$ 78,129</b>	<b>\$ 43,807</b>	<b>\$ 51,073</b>	<b>\$ 27,523</b>	<b>\$ 32,720</b>	<b>\$ 37,770</b>
<b>4. PATIENT MIX</b>								
<b>a. Percent of Total Revenue</b>								
1) Medicare	35.9%	36.8%	37.3%	37.5%	37.7%	37.9%	38.1%	38.3%
2) Medicaid	28.4%	28.0%	27.1%	27.1%	27.1%	27.1%	27.0%	26.9%
3) Blue Cross	15.8%	16.1%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
4) Commercial Insurance	15.5%	14.4%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
5) Self-pay	0.9%	1.2%	1.4%	1.4%	1.3%	1.2%	1.2%	1.2%
6) Other	3.6%	3.6%	4.1%	4.0%	3.9%	3.8%	3.7%	3.6%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY - Revised April 2023**

*INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.*

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
<b>Indicate CY or FY</b>								
<b>b. Percent of Equivalent Inpatient Days</b>								
<b>Total MSGA</b>								
1) Medicare								
2) Medicaid								
3) Blue Cross				UMMC does not track payer's by patient days				
4) Commercial Insurance								
5) Self-pay								
6) Other								
<b>TOTAL</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY - Revised April 2023**

*INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.*

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
<b>Indicate CY or FY</b>								
<b>1. REVENUE</b>								
a. Inpatient Services	\$1,405,371	\$1,431,200	\$1,471,160	\$1,454,089	\$1,502,767	\$1,556,765	\$1,612,680	\$1,671,367
b. Outpatient Services	616,878	666,749	672,830	\$673,772	\$696,328	\$721,349	\$747,258	\$774,451
<b>Gross Patient Service Revenues</b>	<b>\$2,022,249</b>	<b>\$2,097,949</b>	<b>\$2,143,989</b>	<b>\$2,127,861</b>	<b>\$2,199,095</b>	<b>\$2,278,114</b>	<b>\$2,359,938</b>	<b>\$2,445,818</b>
c. Allowance For Bad Debt	\$ 49,246	\$ 51,392	\$ 51,929	\$ 51,539	\$ 53,264	\$ 55,178	\$ 57,160	\$ 59,240
d. Contractual Allowance	195,934	223,069	225,401	223,705	231,194	239,502	248,104	257,133
e. Charity Care	20,877	21,746	21,973	21,808	22,538	23,348	24,187	25,067
<b>Net Patient Services Revenue</b>	<b>\$ 1,756,192</b>	<b>\$ 1,801,742</b>	<b>\$ 1,844,686</b>	<b>\$ 1,830,809</b>	<b>\$ 1,892,098</b>	<b>\$ 1,960,086</b>	<b>\$ 2,030,488</b>	<b>\$ 2,104,379</b>
f. Other Operating Revenues (Specify/add rows if needed)	\$ 205,193	\$ 219,353	\$ 247,431	\$ 217,647	\$ 224,612	\$ 237,204	\$ 249,257	\$ 260,687
<b>NET OPERATING REVENUE</b>	<b>\$ 1,961,385</b>	<b>\$ 2,021,095</b>	<b>\$ 2,092,116</b>	<b>\$2,048,456</b>	<b>\$2,116,710</b>	<b>\$2,197,291</b>	<b>\$2,279,745</b>	<b>\$2,365,066</b>
<b>2. EXPENSES</b>								
a. Salaries & Wages (including benefits)	\$ 732,429	\$ 785,407	\$ 786,433	\$ 750,728	\$ 762,495	\$ 798,278	\$ 826,538	\$ 856,219
b. Contractual Services	511,461	524,206	554,444	\$ 568,502	\$ 586,618	\$ 606,439	\$ 626,305	\$ 646,936
c. Interest on Current Debt	24,523	21,080	20,782	22,398	21,944	21,966	21,499	21,030
d. Interest on Project Debt	-	-	-	-	-	7,899	7,755	7,603
e. Current Depreciation	94,920	95,624	94,246	92,928	95,170	94,218	93,276	92,343
f. Project Depreciation	-	-	-	-	-	11,818	11,818	11,818
g. Current Amortization	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-	-
i. Supplies	468,374	477,808	502,651	\$ 514,872	\$ 541,330	\$ 568,889	\$ 596,912	\$ 625,700
j. Other Expenses (Utilities / Insurance)	46,792	51,517	55,431	\$ 57,379	\$ 58,908	\$ 60,478	\$ 62,090	\$ 63,745
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 1,878,499</b>	<b>\$ 1,955,642</b>	<b>\$ 2,013,987</b>	<b>\$ 2,006,807</b>	<b>\$ 2,066,466</b>	<b>\$ 2,169,986</b>	<b>\$ 2,246,193</b>	<b>\$ 2,325,393</b>
<b>3. INCOME</b>								
a. Income From Operation	\$ 82,886	\$ 65,453	\$ 78,129	\$ 41,648	\$ 50,244	\$ 27,305	\$ 33,552	\$ 39,672
b. Non-Operating Income	\$ 57,183	\$ (47,869)	\$ -					
<b>SUBTOTAL</b>	<b>\$ 140,069</b>	<b>\$ 17,584</b>	<b>\$ 78,129</b>	<b>\$ 41,648</b>	<b>\$ 50,244</b>	<b>\$ 27,305</b>	<b>\$ 33,552</b>	<b>\$ 39,672</b>
c. Income Taxes	\$ -	\$ -	\$ -					
<b>NET INCOME (LOSS)</b>	<b>\$ 140,069</b>	<b>\$ 17,584</b>	<b>\$ 78,129</b>	<b>\$ 41,648</b>	<b>\$ 50,244</b>	<b>\$ 27,305</b>	<b>\$ 33,552</b>	<b>\$ 39,672</b>
<b>4. PATIENT MIX</b>								
<b>a. Percent of Total Revenue</b>								
1) Medicare	35.9%	36.8%	37.3%	37.5%	37.7%	37.9%	38.1%	38.3%
2) Medicaid	28.4%	28.0%	27.1%	27.1%	27.1%	27.1%	27.0%	26.9%
3) Blue Cross	15.8%	16.1%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
4) Commercial Insurance	15.5%	14.4%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
5) Self-pay	0.9%	1.2%	1.4%	1.4%	1.3%	1.2%	1.2%	1.2%
6) Other	3.6%	3.6%	4.1%	4.0%	3.9%	3.8%	3.7%	3.6%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY - Revised April 2023**

*INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.*

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.				
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
<b>b. Percent of Equivalent Inpatient Days</b>								
<b>Total MSGA</b>								
1) Medicare								
2) Medicaid				UMMC does not track payer's by patient days				
3) Blue Cross								
4) Commercial Insurance								
5) Self-pay								
6) Other								
<b>TOTAL</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE - Revised April 2023**

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

Indicate CY or FY	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
<b>1. DISCHARGES</b>								
a. General Medical/Surgical*	1,347	1,146	1,158	1,173	1,173	1,195	1,217	1,239
b. ICU/CCU								
<b>Total MSGA</b>	<b>1,347</b>	<b>1,146</b>	<b>1,158</b>	<b>1,173</b>	<b>1,173</b>	<b>1,195</b>	<b>1,217</b>	<b>1,239</b>
c. Pediatric								
d. Obstetric								
e. Acute Psychiatric								
<b>Total Acute</b>	<b>1,347</b>	<b>1,146</b>	<b>1,158</b>	<b>1,173</b>	<b>1,173</b>	<b>1,195</b>	<b>1,217</b>	<b>1,239</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL DISCHARGES</b>	<b>1,347</b>	<b>1,146</b>	<b>1,158</b>	<b>1,173</b>	<b>1,173</b>	<b>1,195</b>	<b>1,217</b>	<b>1,239</b>
<b>2. PATIENT DAYS</b>								
a. General Medical/Surgical*	15,209	13,575	14,386	14,530	14,530	14,786	15,042	15,276
b. ICU/CCU								
<b>Total MSGA</b>	<b>15,209</b>	<b>13,575</b>	<b>14,386</b>	<b>14,530</b>	<b>14,530</b>	<b>14,786</b>	<b>15,042</b>	<b>15,276</b>
c. Pediatric								
d. Obstetric								
e. Acute Psychiatric								
<b>Total Acute</b>	<b>15,209</b>	<b>13,575</b>	<b>14,386</b>	<b>14,530</b>	<b>14,530</b>	<b>14,786</b>	<b>15,042</b>	<b>15,276</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL PATIENT DAYS</b>	<b>15,209</b>	<b>13,575</b>	<b>14,386</b>	<b>14,530</b>	<b>14,530</b>	<b>14,786</b>	<b>15,042</b>	<b>15,276</b>
<b>3. AVERAGE LENGTH OF STAY</b>								
a. General Medical/Surgical*	11.3	11.8	12.4	12.4	12.4	12.4	12.4	12.3
b. ICU/CCU								
<b>Total MSGA</b>	<b>11.3</b>	<b>11.8</b>	<b>12.4</b>	<b>12.4</b>	<b>12.4</b>	<b>12.4</b>	<b>12.4</b>	<b>12.3</b>
c. Pediatric								
d. Obstetric								
e. Acute Psychiatric								
<b>Total Acute</b>	<b>11.3</b>	<b>11.8</b>	<b>12.4</b>	<b>12.4</b>	<b>12.4</b>	<b>12.4</b>	<b>12.4</b>	<b>12.3</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>11.3</b>	<b>11.8</b>	<b>12.4</b>	<b>12.4</b>	<b>12.4</b>	<b>12.4</b>	<b>12.4</b>	<b>12.3</b>

**TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE - Revised April 2023**

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

Indicate CY or FY	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28
<b>4. NUMBER OF LICENSED BEDS</b>								
a. General Medical/Surgical*	52	52	52	52	52	52	52	52
b. ICU/CCU								
<b>Total MSGA</b>	<b>52</b>							
c. Pediatric								
d. Obstetric								
e. Acute Psychiatric								
<b>Total Acute</b>	<b>52</b>							
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL LICENSED BEDS</b>	<b>52</b>							
<b>5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</b>								
a. General Medical/Surgical*	80.1%	71.5%	75.8%	76.6%	76.6%	77.9%	79.3%	80.5%
b. ICU/CCU								
<b>Total MSGA</b>	<b>80.1%</b>	<b>71.5%</b>	<b>75.8%</b>	<b>76.6%</b>	<b>76.6%</b>	<b>77.9%</b>	<b>79.3%</b>	<b>80.5%</b>
c. Pediatric								
d. Obstetric								
e. Acute Psychiatric								
<b>Total Acute</b>	<b>80.1%</b>	<b>71.5%</b>	<b>75.8%</b>	<b>76.6%</b>	<b>76.6%</b>	<b>77.9%</b>	<b>79.3%</b>	<b>80.5%</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL OCCUPANCY %</b>	<b>80.1%</b>	<b>71.5%</b>	<b>75.8%</b>	<b>76.6%</b>	<b>76.6%</b>	<b>77.9%</b>	<b>79.3%</b>	<b>80.5%</b>
<b>6. OUTPATIENT VISITS</b>								
a. Emergency Department								
b. Same-day Surgery								
c. Laboratory								
d. Imaging								
e. Clinic Visits / Other Ancillary	69,166	72,013	74,865	79,765	82,613	87,513	90,361	93,208
<b>TOTAL OUTPATIENT VISITS</b>	<b>69,166</b>	<b>72,013</b>	<b>74,865</b>	<b>79,765</b>	<b>82,613</b>	<b>87,513</b>	<b>90,361</b>	<b>93,208</b>
<b>7. OBSERVATIONS**</b>								
a. Number of Patients								
b. Hours								

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

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

**TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE - Revised April 2023**

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

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY		FY26	FY27	FY28				
<b>1. REVENUE</b>								
a. Inpatient Services								
b. Outpatient Services								
<b>Gross Patient Service Revenues</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt								
d. Contractual Allowance								
e. Charity Care								
<b>Net Patient Services Revenue</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)								
<b>NET OPERATING REVENUE</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>2. EXPENSES</b>								
a. Salaries & Wages (including benefits)		\$ 10,530	\$ 12,964	\$ 15,771				
b. Contractual Services		\$ 2,034	\$ 3,520	\$ 5,108				
c. Interest on Current Debt								
d. Interest on Project Debt		\$ 7,899	\$ 7,755	\$ 7,603				
e. Current Depreciation								
f. Project Depreciation		\$ 11,818	\$ 11,818	\$ 11,818				
g. Current Amortization								
h. Project Amortization								
i. Supplies		\$ 1,434	\$ 2,481	\$ 3,601				
j. Other Expenses (Specify)								
Other Expense (Utilities)								
<b>TOTAL OPERATING EXPENSES</b>	\$ -	\$ 33,714	\$ 38,538	\$ 43,901	\$ -	\$ -	\$ -	\$ -
<b>3. INCOME</b>								
<b>a. Income From Operation</b>	\$ -	\$ (33,714)	\$ (38,538)	\$ (43,901)	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income								
<b>SUBTOTAL</b>	\$ -	\$ (33,714)	\$ (38,538)	\$ (43,901)	\$ -	\$ -	\$ -	\$ -
c. Income Taxes								
<b>NET INCOME (LOSS)</b>	\$ -	\$ (33,714)	\$ (38,538)	\$ (43,901)	\$ -	\$ -	\$ -	\$ -

**TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE - Revised April 2023**

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

	<b>Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.</b>						
Indicate CY or FY		FY26	FY27	FY28			
<b>4. PATIENT MIX</b>							
<b>a. Percent of Total Revenue</b>							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
<b>TOTAL</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>b. Percent of Equivalent Inpatient Days</b>							
<b>Total MSGA</b>							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
<b>TOTAL</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE - Revised April 2023**

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

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY		FY26	FY27	FY28			
<b>1. REVENUE</b>							
a. Inpatient Services							
b. Outpatient Services							
<b>Gross Patient Service Revenues</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt							
d. Contractual Allowance							
e. Charity Care							
<b>Net Patient Services Revenue</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)							
<b>NET OPERATING REVENUE</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)		\$ 11,507	\$ 14,591	\$ 18,282			
b. Contractual Services		\$ 2,208	\$ 3,923	\$ 5,845			
c. Interest on Current Debt							
d. Interest on Project Debt		\$ 7,899	\$ 7,755	\$ 7,603			
e. Current Depreciation							
f. Project Depreciation		\$ 11,818	\$ 11,818	\$ 11,818			
g. Current Amortization							
h. Project Amortization							
i. Supplies		\$ 1,628	\$ 2,938	\$ 4,445			
j. Other Expenses (Specify)							
Other Expense (Utilities)							
<b>TOTAL OPERATING EXPENSES</b>	\$ -	\$ 35,060	\$ 41,025	\$ 47,994	\$ -	\$ -	\$ -
<b>3. INCOME</b>							
a. Income From Operation	\$ -	\$ (35,060)	\$ (41,025)	\$ (47,994)	\$ -	\$ -	\$ -
b. Non-Operating Income							
<b>SUBTOTAL</b>	\$ -	\$ (35,060)	\$ (41,025)	\$ (47,994)	\$ -	\$ -	\$ -
c. Income Taxes							
<b>NET INCOME (LOSS)</b>	\$ -	\$ (35,060)	\$ (41,025)	\$ (47,994)	\$ -	\$ -	\$ -
<b>4. PATIENT MIX</b>							

**TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE - Revised April 2023**

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

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY		FY26	FY27	FY28			
<b>a. Percent of Total Revenue</b>							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
<b>TOTAL</b>		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>b. Percent of Equivalent Inpatient Days</b>							
<b>Total MSGA</b>							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
<b>TOTAL</b>		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

**TABLE L. WORKFORCE INFORMATION - Revised April 2023**

**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)
<b>1. Regular Employees</b>											
Administration (List general categories, add rows if needed)											
Managers/Directors/Sr. Administrators	370.0	\$120,264	\$ 44,499,345				4.7	\$120,264	\$ 568,809	374.7	\$ 45,068,155
<b>Total Administration</b>	<b>370.0</b>	<b>\$ 120,264</b>	<b>\$ 44,499,345</b>	<b>0.0</b>	<b>-</b>	<b>\$ -</b>	<b>4.7</b>	<b>\$120,264</b>	<b>\$ 568,809</b>	<b>374.7</b>	<b>\$ 45,068,155</b>
Direct Care Staff (List general categories, add rows if needed)											
RNs	1,830.3	\$104,809	\$ 191,829,176	48.7	\$90,380	\$ 4,403,137	186.2	\$90,380	\$ 16,826,775	2,065.2	\$ 213,059,088
Clinical Professionals	1,144.1	\$100,888	\$ 115,422,303	31.9	\$135,884	\$ 4,333,111	24.8	\$95,844	\$ 2,378,423	1,200.8	\$ 122,133,836
Clinical Techs	593.2	\$78,054	\$ 46,300,430	20.2	\$72,595	\$ 1,467,668	7.6	\$72,595	\$ 550,443	621.0	\$ 48,318,541
Non-Licensed Clinical	960.2	\$42,061	\$ 40,387,816	24.5	\$43,269	\$ 1,059,423	112.3	\$43,269	\$ 4,858,006	1,097.0	\$ 46,305,245
Residents	583.0	\$65,606	\$ 38,248,111	0.0	\$0	\$ -	7.5	\$65,606	\$ 495,210	590.5	\$ 38,743,322
<b>Total Direct Care</b>	<b>5,110.7</b>	<b>\$ 84,565</b>	<b>\$ 432,187,836</b>	<b>125.3</b>	<b>\$ 89,885</b>	<b>\$ 11,263,338</b>	<b>338.4</b>	<b>\$ 74,199</b>	<b>\$ 25,108,857</b>	<b>5,574.5</b>	<b>\$ 468,560,032</b>
Support Staff (List general categories, add rows if needed)											
Administrative and Clerical	508.7	\$ 45,346	\$ 23,066,330	37.3	\$44,094	\$ 1,645,575	11.5	\$44,094	\$ 507,171	557.5	\$ 25,219,076
All Other Support	710.6	\$ 40,135	\$ 28,521,883	0.0	\$0	\$ -	14.3	\$40,135	\$ 572,951	724.9	\$ 29,094,834
<b>Total Support</b>	<b>1,219.3</b>	<b>\$ 42,309</b>	<b>\$ 51,588,212</b>	<b>37.3</b>	<b>\$ 44,094</b>	<b>\$ 1,645,575</b>	<b>25.8</b>	<b>\$ 41,902</b>	<b>\$ 1,080,123</b>	<b>1,282.4</b>	<b>\$ 54,313,910</b>
<b>REGULAR EMPLOYEES TOTAL</b>	<b>6,700.1</b>	<b>\$78,846</b>	<b>\$ 528,275,394</b>	<b>162.6</b>	<b>\$79,377</b>	<b>\$ 12,908,913</b>	<b>368.9</b>	<b>\$72,533</b>	<b>\$ 26,757,789</b>	<b>7,231.6</b>	<b>\$ 567,942,096</b>
<b>2. Contractual Employees</b>											
Administration (List general categories, add rows if needed)											
<b>Total Administration</b>			\$ -								
Direct Care Staff (List general categories, add rows if needed)											
RNs	371.1	\$260,671	\$ 96,729,721			\$ -	(250.0)	\$260,671	\$ (65,167,700)	121.1	\$ 31,562,020
Clinical Professionals	32.4	\$218,524	\$ 7,086,748				(10.0)	\$218,524	\$ (2,185,244)	22.4	\$ 4,901,503
Clinical Techs											
Non-Licensed Clinical	276.5	\$69,659	\$ 19,262,823			\$ -	(150.0)	\$69,659	\$ (10,445,614)	126.6	\$ 8,817,209
<b>Total Direct Care Staff</b>	<b>680.0</b>	<b>\$180,988</b>	<b>\$ 123,079,291</b>			<b>\$ -</b>	<b>(410.0)</b>	<b>\$ 189,774</b>	<b>\$ (77,798,558)</b>	<b>270.1</b>	<b>\$ 45,280,733</b>
Support Staff (List general categories, add rows if needed)											
Administrative and Clerical	18.7	\$62,815	\$ 1,174,643			\$ -	(4.8)	\$62,815	\$ (300,250)	13.9	\$ 874,393
All Other Support	78.9	\$49,799	\$ 3,929,617			\$ -	(9.2)	\$49,799	\$ (460,527)	69.7	\$ 3,469,090
<b>Total Support Staff</b>	<b>97.6</b>	<b>\$2,292</b>	<b>\$ 5,104,260</b>			<b>\$ -</b>	<b>(14.0)</b>	<b>\$54,234</b>	<b>\$ (760,777)</b>	<b>83.6</b>	<b>\$ 4,343,484</b>
<b>CONTRACTUAL EMPLOYEES TOTAL</b>	<b>777.7</b>	<b>\$164,835</b>	<b>\$ 128,183,551</b>			<b>\$ -</b>	<b>(424.0)</b>	<b>\$185,290</b>	<b>\$ (78,559,335)</b>	<b>353.7</b>	<b>\$ 49,624,217</b>
Benefits (State method of calculating benefits below):			\$ 117,118,655			\$ 2,861,906			\$ 5,932,202		\$ 125,912,763
22.17% of regular employee salaries											
<b>TOTAL COST</b>	<b>7,477.7</b>		<b>\$ 773,577,600</b>	<b>162.6</b>		<b>\$ 15,770,819</b>	<b>(55.1)</b>		<b>\$ (45,869,343)</b>	<b>7,585.3</b>	<b>\$ 743,479,076</b>

	2024	2025	2026	2027	2028
<b>Assumptions to Revenue</b>					
Inflation	2.91%	3.20%	3.20%	3.20%	3.20%
Quality Adjustments	-0.82%	0.15%	0.10%	0.00%	0.00%
Demographic Factor	-0.48%	0.00%	0.00%	0.00%	0.00%
Market Shift	-0.30%	0.00%	0.00%	0.05%	0.10%
Innovation	-0.51%	0.00%	0.29%	0.29%	0.29%
High Cost Drug Funding	0.00%	0.00%	0.00%	0.05%	0.05%
All Other	-1.55%	0.00%	0.00%	0.00%	0.00%
<b>Total</b>	<b>-0.75%</b>	<b>3.35%</b>	<b>3.59%</b>	<b>3.59%</b>	<b>3.64%</b>

	2024	2025	2026	2027	2028
<b>Assumptions to Salaries</b>					
Inflation	3.0%	3.0%	3.0%	3.0%	3.0%
Performance Improvement <sup>1</sup>	(\$46.8M)	(\$11.7M)			
New Facility			<b>Variable w/ Volume</b>		

<sup>1</sup> Salaries in the current and prior fiscal year reflect an environment that is heavily dependent on temporary and other premium labor. This is driving up salaries due to the extremely high cost of that labor. UMMC has an action plan in place over the next two years to reduce both the hourly rate for temporary labor (anticipated softening of the market nationwide) as well as the number of premium FTEs. The reduction in FTEs is due to efficiency improvements driving down the number of FTEs needed to provide the care as well market equity salary adjustments to facilitate hiring. **These changes drive the salaries down which is reflected in the Work Force Table under "Other Anticipated Changes".**

	2024	2025	2026	2027	2028
<b>Assumptions to Benefits</b>					
	21.8%	21.8%	21.8%	21.8%	21.8%

	2024	2025	2026	2027	2028
<b>Other Inflation Assumptions)</b>					
Drugs	6.0%	6.0%	6.0%	6.0%	6.0%
Supplies	3.0%	3.0%	3.0%	3.0%	3.0%
Purchased Services	3.0%	3.0%	3.0%	3.0%	3.0%
Physician Services	3.0%	3.0%	3.0%	3.0%	3.0%
Insurance	3.0%	3.0%	3.0%	3.0%	3.0%

# **EXHIBIT 3**

**Standard .04B(7) – Construction Cost of Hospital Space**

(a) The cost per square foot of hospital construction projects shall be no greater than the cost of good quality Class A hospital construction given in the Marshall and Swift Valuation Quarterly, updated to the nearest quarter using the Marshall and Swift update multipliers, and adjusted as shown in the Marshall and Swift guide as necessary for terrain of the site, number of levels, geographic locality, and other listed factors.

(b) Each Certificate of Need applicant proposing costs per square foot above the limitations set forth in the Marshall and Swift Guide must demonstrate that the higher costs are reasonable.

Applicant Response:

The comparison of the modified project costs to the Marshall Valuation Service (“MVS”) benchmark is shown below.

***I. Marshall Valuation Service  
Valuation Benchmark – New Construction – Tower***

Type		Hospital
Construction Quality/Class		Good/A
Stories		14
Perimeter		455
Average Floor to Floor Height		13.2
Square Feet		187,121
f.1	Average floor Area	12,475
<b>A. Base Costs</b>		
	Basic Structure	\$485.00
	Elimination of HVAC cost for adjustment	0
	HVAC Add-on for Mild Climate	0
	HVAC Add-on for Extreme Climate	0
<b>Total Base Cost</b>		<b>\$485.00</b>
<b>Adjustment for Departmental Differential Cost Factors</b>		0.854
<b>Adjusted Total Base Cost</b>		<b>\$413.98</b>

<b>B. Additions</b>		
	Elevator (If not in base)	\$0.00
	Other	\$0.00
<b>Subtotal</b>		\$0.00
<b>TOTAL</b>		\$413.98
<b>C. Multipliers</b>		
Perimeter Multiplier		0.9398255
	Product	\$389.07
Height Multiplier		1.03
	Product	\$400.01
Multi-story Multiplier		1.055
	Product	\$422.01
<b>D. Sprinklers</b>		
	Sprinkler Amount	\$2.64
<b>Subtotal</b>		\$424.66
<b>E. Update/Location Multipliers</b>		
Update Multiplier		1.21
	Product	\$513.83
Location Multiplier		1
	Product	\$513.83
<b>Calculated Square Foot Cost Standard</b>		<b>\$513.83</b>

The MVS estimate for this 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 department compared to the average cost for an entire hospital. The calculation of the average factor is shown below.

Department/Function	BGSF	MVS Department Name	MVS Differential Cost Factor	Cost Factor X SF
<b>ACUTE PATIENT CARE</b>				
Mechanical/Electrical	34,826	Mechanical Equipment and Shops	0.7	24,378
Cancer Center Administrative Offices	5,979	Offices	0.96	5,740
Oncology Inpatient	35,936	Inpatient Unit	1.06	38,092
Oncology Inpatient & Outpatient BMT (Bone Marrow Transplant)	18,012	Inpatient Unit	1.06	19,092
Shared Staff Support & Public Circulation	27,307	Internal Circulation	0.6	16,384
Oncology & BMT Clinics	18,434	Outpatient	0.99	18,250
Infusion	16,317	Inpatient Unit	1.06	17,296
Infusion Pharmacy & Blood Bank	2,136	Pharmacy	1.33	2,840

Department/Function	BGSF	MVS Department Name	MVS Differential Cost Factor	Cost Factor X SF
Shell Space	17,576	Unassigned	0.5	8,788
Phlebotomy	2,010	Outpatient	0.99	1,990
Lobby	8,589	Public Space	0.8	6,871
<b>Total</b>	<b>187,121</b>		<b>0.85</b>	<b>159,722</b>

## **II. Cost of New Construction**

A. Base Calculations	Actual	Per Sq. Foot
Building	\$161,178,681	\$861.36
Fixed Equipment		\$0.00
Site Preparation	\$17,454,319	\$93.28
Architectural Fees	\$15,190,000	\$81.18
Permits	\$660,000	\$3.53
Loan Placement Fees	\$933,450	\$4.99
Capitalized Construction Interest	Calculated Below	Calculated Below
<b>Subtotal</b>	<b>\$195,416,450</b>	<b>\$1,029.93</b>

However, as related in the following table, this project includes expenditures for items not included in the MVS average.

	Project Costs		Associated Cap Interest	Associated Loan Placement
Site Demolition Costs	\$1,782,000	Site		\$8,512
Storm Drains	\$2,250,000	Site		\$10,748
Rough Grading	\$825,000	Site		\$3,941
Paving	\$600,000	Site		\$2,866
Deep Foundation	\$4,155,000	Site		\$19,847
Exterior Signs on building		Site		
Landscaping		Site		
Walls		Site		
Yard Lighting	\$592,500	Site		\$2,830
Dewatering	\$120,000	Site		\$573
Sediment Control & Stabilization	\$120,000	Site		\$573
Premium for Constrained Site	\$872,716	Site		\$4,169
Underground utility work for Foundations / Total Shoring for excavation	\$2,376,000	Site		\$11,349
Premium for Prevailing Wage	\$1,745,432	Site		\$8,337

	<b>Project Costs</b>		<b>Associated Cap Interest</b>	<b>Associated Loan Placement</b>
Premium for Minority Business Enterprise Requirement	\$698,173	Site		\$3,335
Canopy	\$7,125,000	Building	\$443,459	\$34,034
Pneumatic Tube System	\$1,125,000	Building	\$70,020	\$5,374
Transfer Girders	\$3,564,000	Building	\$221,823	\$17,024
Infection Prevention	\$1,500,000	Building	\$93,360	\$7,165
Asbestos abatement	\$750,000	Building	\$46,680	\$3,583
Adjacent Occupants Premium	\$1,500,000	Building	\$93,360	\$7,165
Temporary entrance and logistics associated with entrance closure	\$2,800,000	Building	\$174,271	\$13,375
Drop Off Soffit and Lighting Scheme	\$7,125,000	Building	\$443,459	\$34,034
Premium for Constrained Site	\$8,058,934	Building	\$501,587	\$38,495
Level 4 Temporary MEP Piping Offset to allow access in 4th Floor Ceiling to access to Mechanical Penthouse	\$8,496,000	Building	\$528,789	\$40,583
Retro Fit Two New Elevators, Shafts and Pits into the existing Medical Tower	\$6,363,000	Building	\$396,032	\$30,394
Premium for LEED Silver Construction	\$6,447,147	Building	\$401,269	\$30,796
Premium for Prevailing Wage	\$16,117,868	Building	\$1,003,173	\$76,991
Premium for Minority Business Enterprise Requirement	\$6,447,147	Building	\$401,269	\$30,796
<b>Total Cost Adjustments</b>	<b>\$93,555,917</b>		<b>\$4,818,550</b>	<b>\$446,891</b>

### **Explanation of Extraordinary Costs**

Below are the explanations of the Extraordinary Costs that are not specifically mentioned as not being in contained in the MVS average costs in the MVS Guide (at Section 1, Page 3) but that are specific to this project and would not be in the average cost of a hospital project.

#### **Premium for LEED Silver Construction**

UMMC has included a 4% premium (based on Building Costs only) due to constructing this building to LEED Silver standards. The potential for a 0%-7% premium is recognized by MVS in Section 99, Page 1.

#### **Premium for Constrained Site**

The site for the new building is quite constrained in a dense downtown block, directly next to an existing operating hospital building on the west side, Baltimore Street on the North side, Greene Street on the east wide, and other existing hospital buildings on the south side. Building on this site will require close coordination with adjacent occupants and premiums for overtime to shorten the duration of work to reduce operational impacts and night / weekend work throughout the project.

### Underground utility work for Foundations / Total Shoring for excavation

Significant “support of excavation (SOE)” is needed for multiple reasons. First, the service elevator pits extend to approximately 18’ below grade. The site is too constrained for a traditional layback cut, so shoring is required to access this area for both CFA and the construction of the pit. Additionally, the building weight and the soils require deep foundations (cast flight augers) with pile caps that range in depth from 12’ to 6’. The depths and locations required additional SOE. The close proximity to the public sidewalk requires that we provide SOE along the city sidewalk edge to prevent collapse. Finally, an existing Verizon fiber ductbank serving West Baltimore crosses through the site and underneath the existing building. This ductbank is critically important to be maintained. It will be fully exposed and suspended from the shoring until the foundations are complete. It will need to be heavily protected for the duration it is exposed, and the major equipment will need to avoid driving over the ductbank. Finally, in order to accommodate all of the new utility services and layout, UMMC needed to have Vicinity (the third-party provider of steam to UMMC) move an existing gas main out of the construction footprint. This will be complete prior to commencement of the foundations.

### Premium for Paying Prevailing Wage

Because State funds will be used to construct the building, UMMC’s contractors will have to pay “prevailing” wages, rather than “scale.” For a previous project, UMMC’s consultant, Andrew Solberg, telephoned Marshall and Swift’s Technical Assistance staff on 9/27/13 and asked John Thompson whether this would constitute a premium over the average cost per square foot presented in the MVS, even when adjusted for update and local multipliers. Mr. Thompson stated that paying prevailing wage would definitely be a premium over the average. He stated that he had previously been an electrician and, on buildings on which he was paid scale, the pay was approximately \$11/hour. However, on projects on which he was paid prevailing wage, he was paid approximately \$32/hour. Mr. Solberg searched for an average premium that to use as the basis for the assumption that the difference between scale and prevailing wages are treated as premium. The Maryland Department of Legislative Services Office of Policy Analysis issued a report on March 25, 2014 that found that in cases of available “side by side” bid comparisons with prevailing wage requirements and without prevailing wage requirements, on average bids with prevailing wages came in at 10% higher.<sup>1</sup> UMMC assumes the premium will be 10%. Because prevailing wage will have to be paid for both site preparation and construction, UMMC has applied it to both.

### Premium for Minority Business Enterprise Requirement

UMMS projects include a premium for Minority Business Enterprises that would not be in the average cost of hospital construction. This premium was projected to be 4%. UMMS consulted with its cost estimators/construction managers on the impact on project budgets of targeting 25% inclusion of MBE subcontractors or suppliers as part of its project. The cost estimators and construction managers conservatively estimate that achieving MBE goals add 3-4% to the project costs, compared to projects that do not include MBE subcontractors or suppliers. This estimate has been confirmed through UMMC and UMMS’ experience with past

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<sup>1</sup> Maryland Department of Legislative Services Office of Policy Analysis, Task Force to Study the Applicability of the Maryland Prevailing Wage Law (Annapolis, MD, March 25, 2014), p. 5

construction jobs. UMMS and UMMC now use this percentage in all of their construction cost estimates.

### Pneumatic Tube System

UMMC uses a pneumatic tube system to transport medications and lab samples throughout the complex. The new building will include tube stations on every clinical floor connecting back to the existing system and allowing for movement of these items to and from any point on campus. Extensive coordination, design, and fabrication / installation work will be required to implement the system.

### Transfer Girders

The project was changed from steel to cast in place concrete following the approval of the CON, because concrete is less expensive than steel in this market, and it is also more flexible for future renovations. Given that the building is being constructed over the main drop off of the campus, the requirements of navigating the traffic for drop off necessitated transferring several columns out of the roadway. The transfer girders are located just above the drop off canopy (supporting levels 3 and above), and are approximately 8' deep and 4' wide, containing significant rebar to achieve the transfer and very large spans.

### Infection Prevention

Working in an occupied hospital requires rigorous infection control requirements to ensure dust does not impact adjacent patient care areas. These requirements include, but are not limited to, containment around the site perimeter, mechanical devices to vent the contaminated air outside the building, and protective coverings to be worn by all workers during construction.

### Asbestos abatement

Given the age of the building in which renovations are required, UMMC anticipates needing to abate multiple building elements within the site. These elements could include piping insulation, structure fire-proofing, and under-floor adhesive materials.

### Adjacent Occupants Premium

Connecting a new tower to an existing operating medical facility with ongoing adjacent inpatient services poses complex phasing and congested areas. MVS states at Section 99, Page 1 that the premium for Complex/congested areas is 2%-5%. UMMC believes that the premium is at least 5%, given that all materials cannot be stored on-site and delivery of materials will have to be phased without affecting adjacent services. UMMC has assumed a 5% premium.

### Temporary entrance and logistics associated with entrance closure

The new building will connect to the existing campus over the main entrance at the corner of Baltimore and Greene streets. This will necessitate closing that main entrance for a long, to be determined, period of time. UMMC will need to create a temporary entrance near that location to ensure that patients and staff members can still gain appropriate access to the facility. The temporary entrance will involve filling in an existing ramp, deconstructing part of the curtain-wall and canopy of the first floor concourse, and adding in new security measures to ensure safety of visitors and staff.

### Drop Off Soffit and Lighting Scheme

The drop off soffit is the decorative ceiling above the drive lanes under the building. Had the building been slab on grade, a decorative exterior grade ceiling would not have been necessary. In order to make the drop off both safe and inviting, extensive lighting is required to adequately illuminate the drive aisles and sidewalks, as well as acting like a beacon to prevent the main entrance from feeling dark and foreboding. It needs to be evenly illuminated across the drive surfaces, at higher levels than an interior space requiring more fixtures at higher outputs.

### Level 4 Temporary MEP Piping Offset to allow access in 4th Floor Ceiling to access to New Building's Mechanicals

In order to connect the piping serving the new building to the existing plant in the sub-basement of the North Building, groupings of chilled water, hot water and domestic water pipes needed to be snaked through existing space to get close to the new building. Unfortunately it did not land close enough to the shaft location on the upper floors, and needed to be transferred from the old building connection point to the new shaft, which stacked throughout the entire new building.

### Retro Fit Two New Elevators, Shafts and Pits into the existing Medical Tower

The original CON located the service elevators in the new tower. Because the service elevators were behind the doors of locked units, it made it impossible for the elevators to also be utilized by the North Building. By locating the service elevators adjacent to the North Tower, and not within the original tower footprint, the service elevators will be able serve both buildings. This required additional exterior skin, square footage, and a renovation component of the lobby that was not originally anticipated.

### Capitalized Construction Interest and Loan Placement Fees on Extraordinary Costs

Capital interest and Loan Placement Fees shown on the project budget are for the entire costs of the hospital building. The costs associated with this line item also apply to the extraordinary costs. Because only the Capitalized Construction Interest and Loan Placement Fees associate with the costs in the "Building" budget line are considered in the MVS analysis, it is appropriate to adjust the cost of each of the above items that are included in the Building costs to include the associated capitalized construction interest.

Capitalized Construction Interest costs were calculated as follows:

<b>Hospital</b>	<b>New</b>	<b>Renovation</b>	<b>Total</b>
Building Cost	\$161,178,681	\$14,100,000	\$175,278,681
Subtotal Cost (w/o Cap Interest)	\$195,416,450	\$14,100,000	\$209,516,450
Subtotal New Vs. Reno Percent	93.3%	6.7%	Net Interest
Cap Interest	\$9,356,616	\$675,114	\$10,031,730
Building/Subtotal	82.5%	100.0%	
Building Cap Interest	\$7,717,299	\$675,114	
Associated with Extraordinary Costs	\$4,818,550		
Applicable Cap Interest.	\$2,898,749		

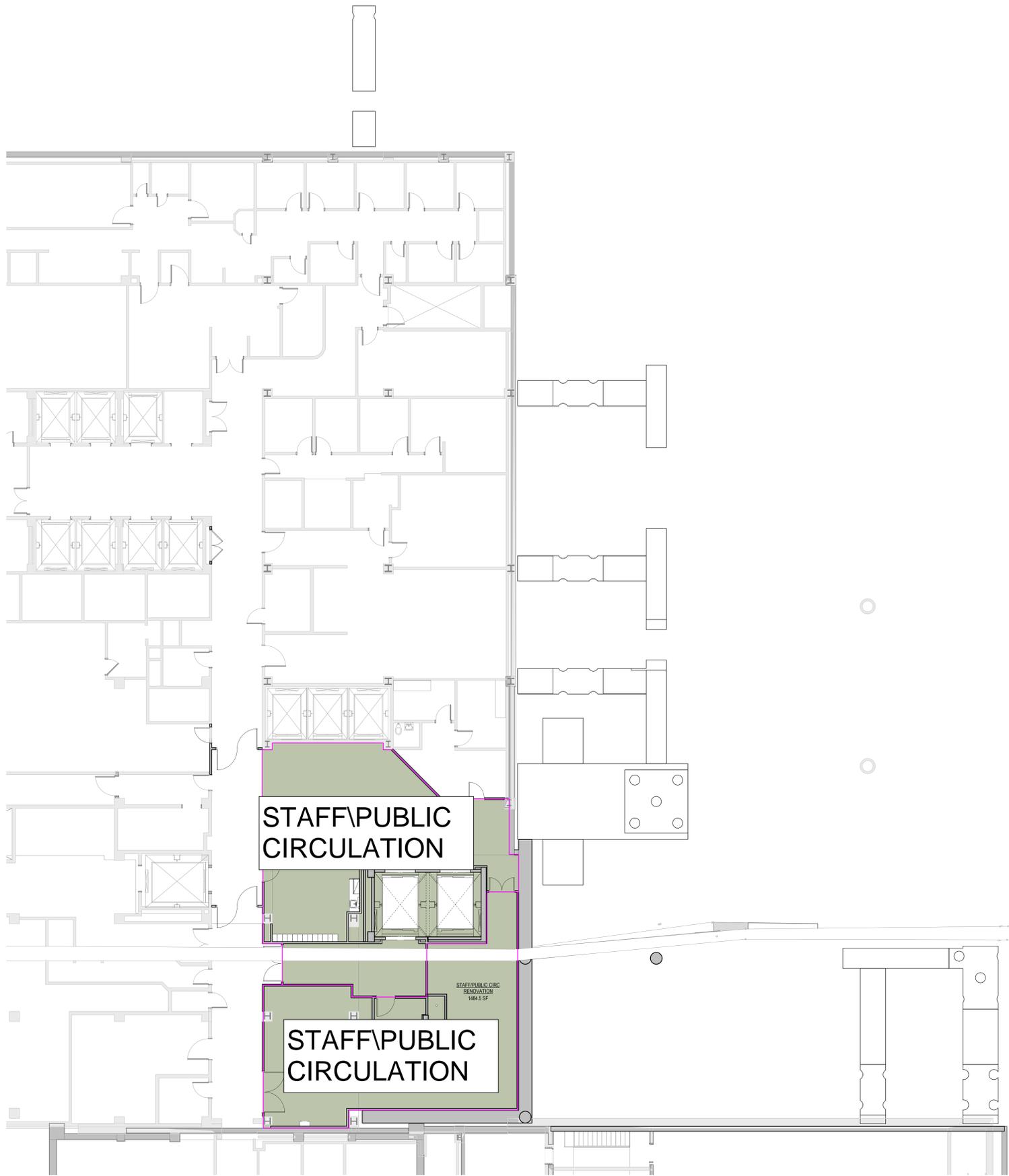
Eliminating all of the extraordinary costs reduces the project costs that should be compared to the MVS estimate. As noted below, the project's cost per square foot is slightly over the MVS benchmark.<sup>2</sup>

<b>C. Adjusted Project Cost</b>		<b>Per Square Foot</b>
Building	\$83,759,584	\$447.62
Fixed Equipment	\$0	\$0.00
Site Preparation	\$1,317,498	\$7.04
Architectural Fees	\$15,190,000	\$81.18
Permits	\$660,000	\$3.53
Loan Placement Fees	\$486,559	\$2.60
Subtotal	\$100,927,083	\$539.37
Capitalized Construction Interest	\$2,898,749	\$15.49
<b>TOTAL</b>	<b>\$103,825,832</b>	<b>\$554.86</b>

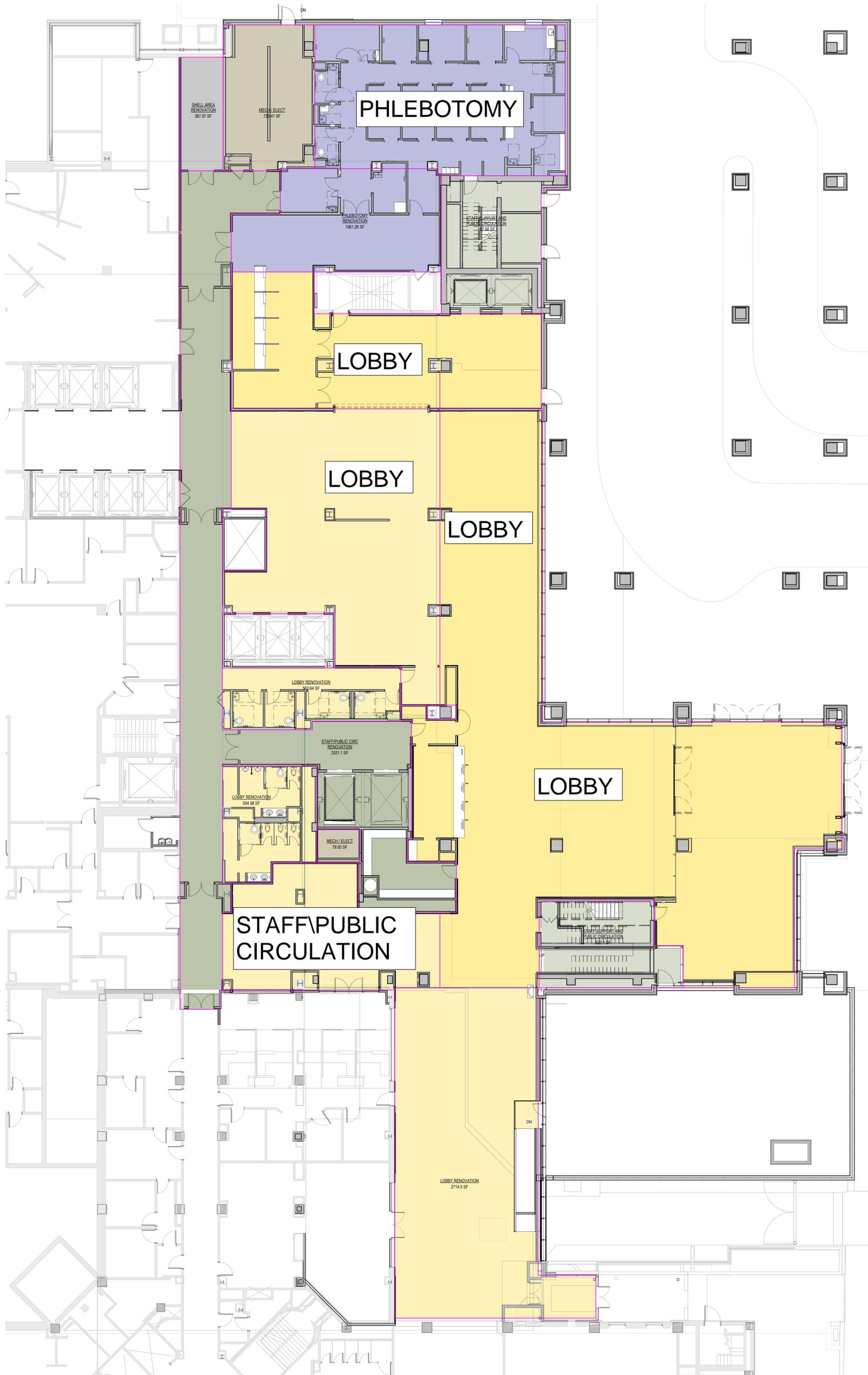
MVS Benchmark	\$513.83
The Project	\$554.86
Difference	\$41.03
	7.98%

<sup>2</sup> In recent reviews, Commission Staff have added Contingency and Inflation to the costs being compared to the MVS benchmark. Historically, Contingency and Inflation costs were not included in the comparison. UMMC believes that Contingency costs should not be included because they may not be spent. If the inclusion of Contingency in the comparison causes an applicant to exceed the MVS benchmark, a condition is imposed on the CON approval that the HSCRC should take a related amount out of the rates that the HSCRC approves for the project. However, if in building the project, an applicant subsequently does not need to spend the Contingency, the condition is not revised or removed. This combined with the contingent nature of this budget item favors not including it in the comparison. Like Contingency costs, the Commission Staff have only recently begun considering Inflation in the MVS comparison in the last few years. Inflation is calculated through the midpoint of construction, reflecting future costs per square foot, while the MVS benchmark reflects current costs. Thus, including inflation results in an unfair comparison. However, should Commission Staff include Contingency and/or Inflation in its consideration of the comparison, certainly the percentage of Contingency and/or Inflation associated with Extraordinary Costs (which are, themselves, excluded from the comparison) should not be included.

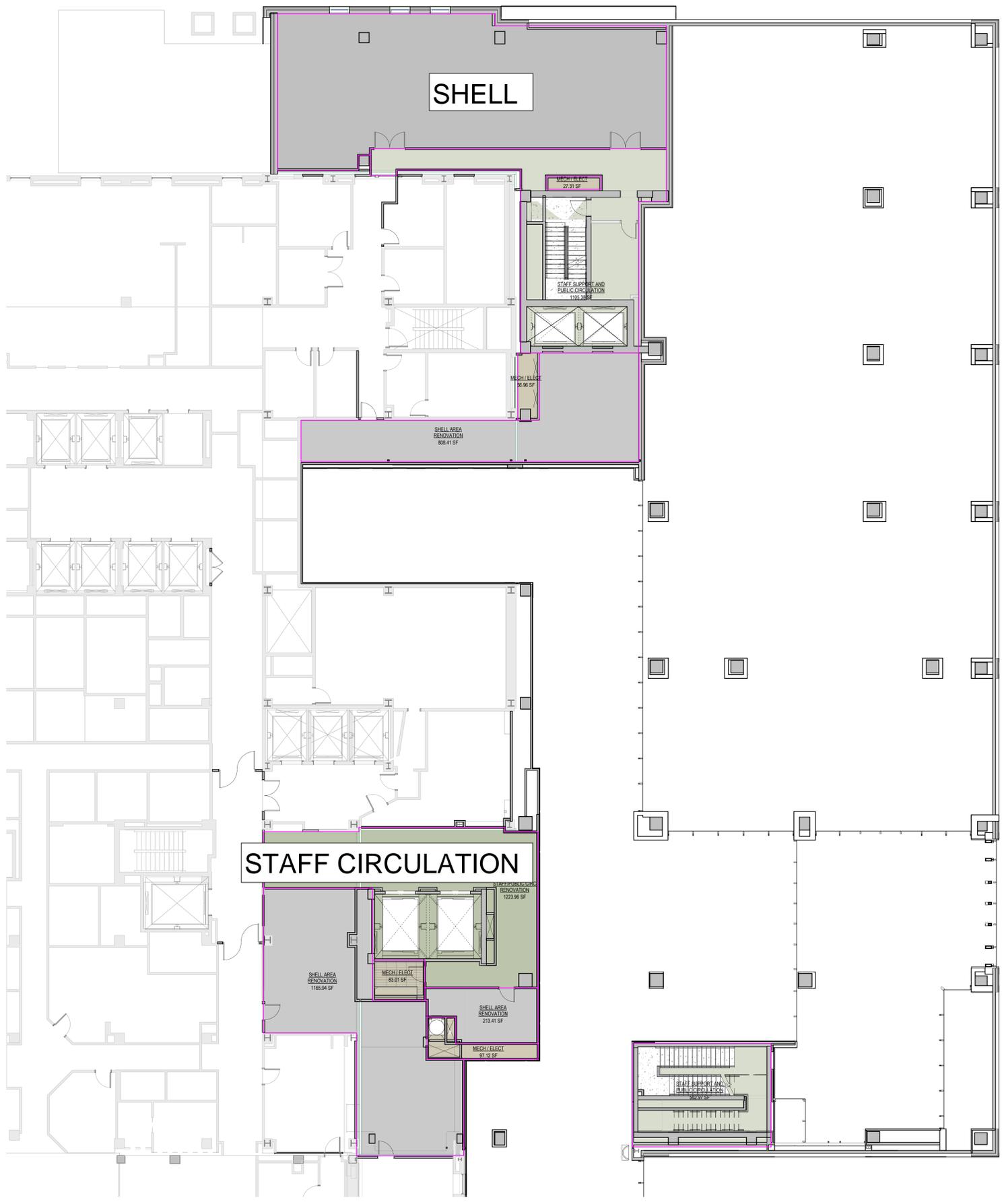
# **EXHIBIT 4**



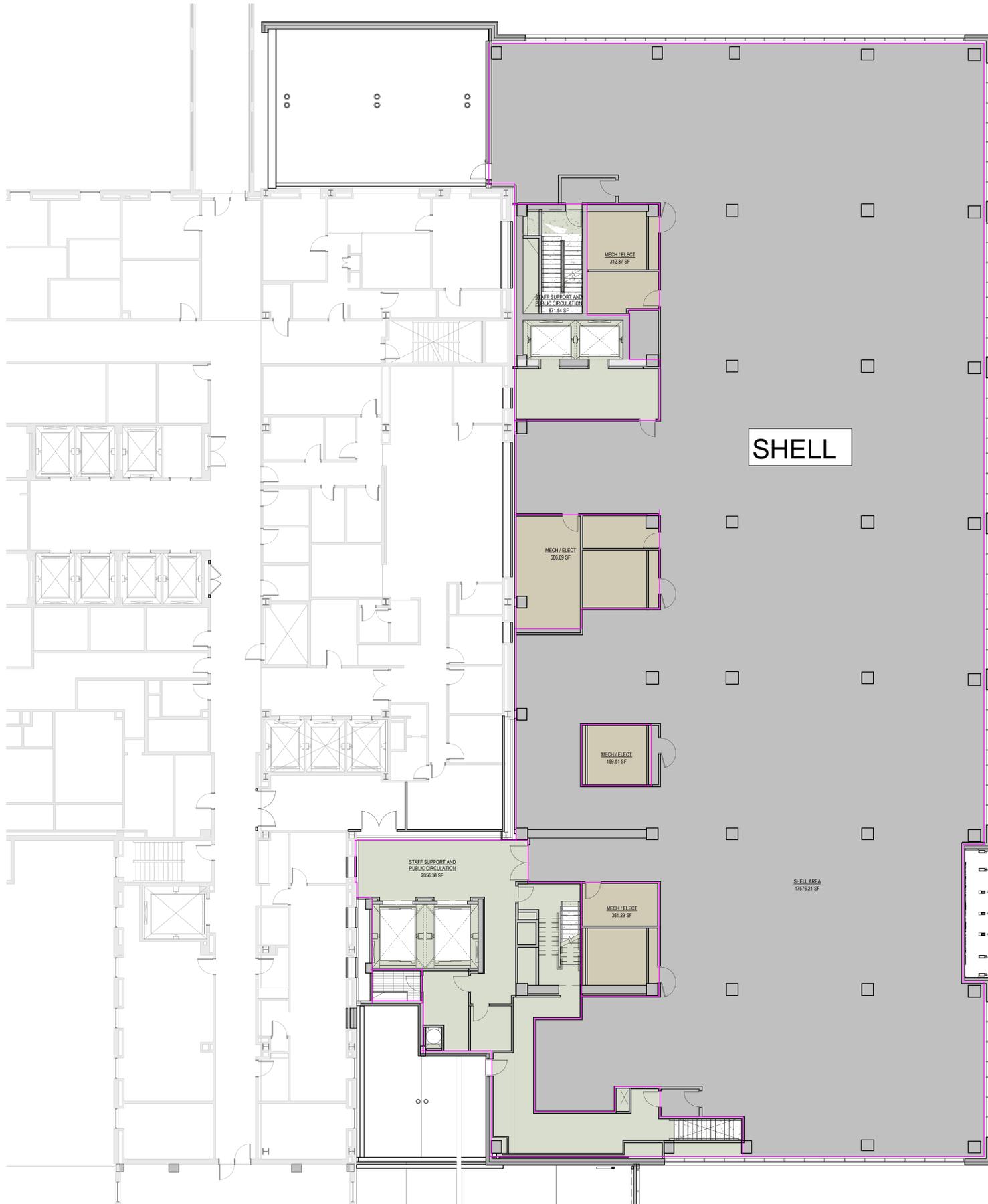
**LEVEL GROUND**



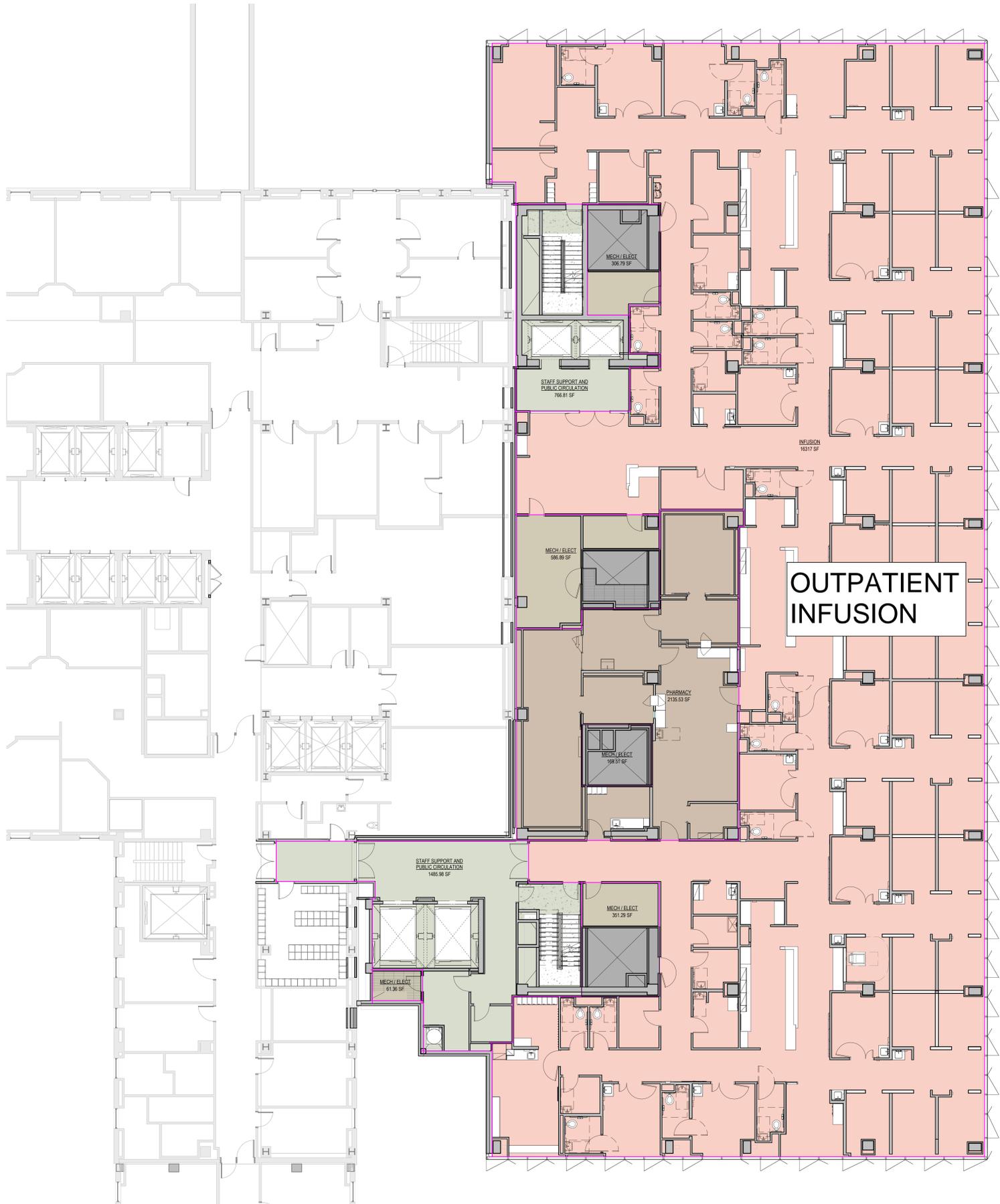
**LEVEL ONE**



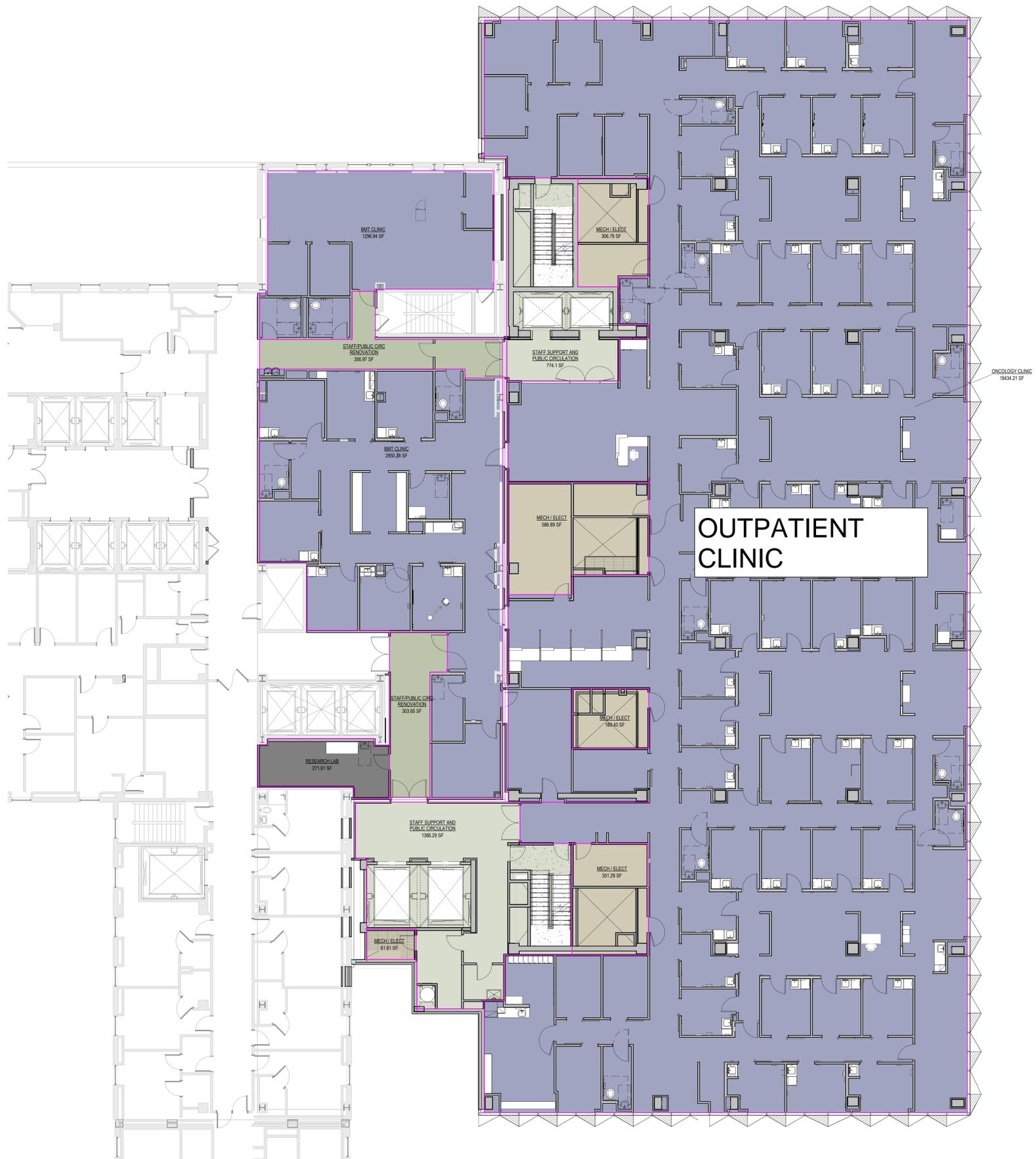
**LEVEL TWO**



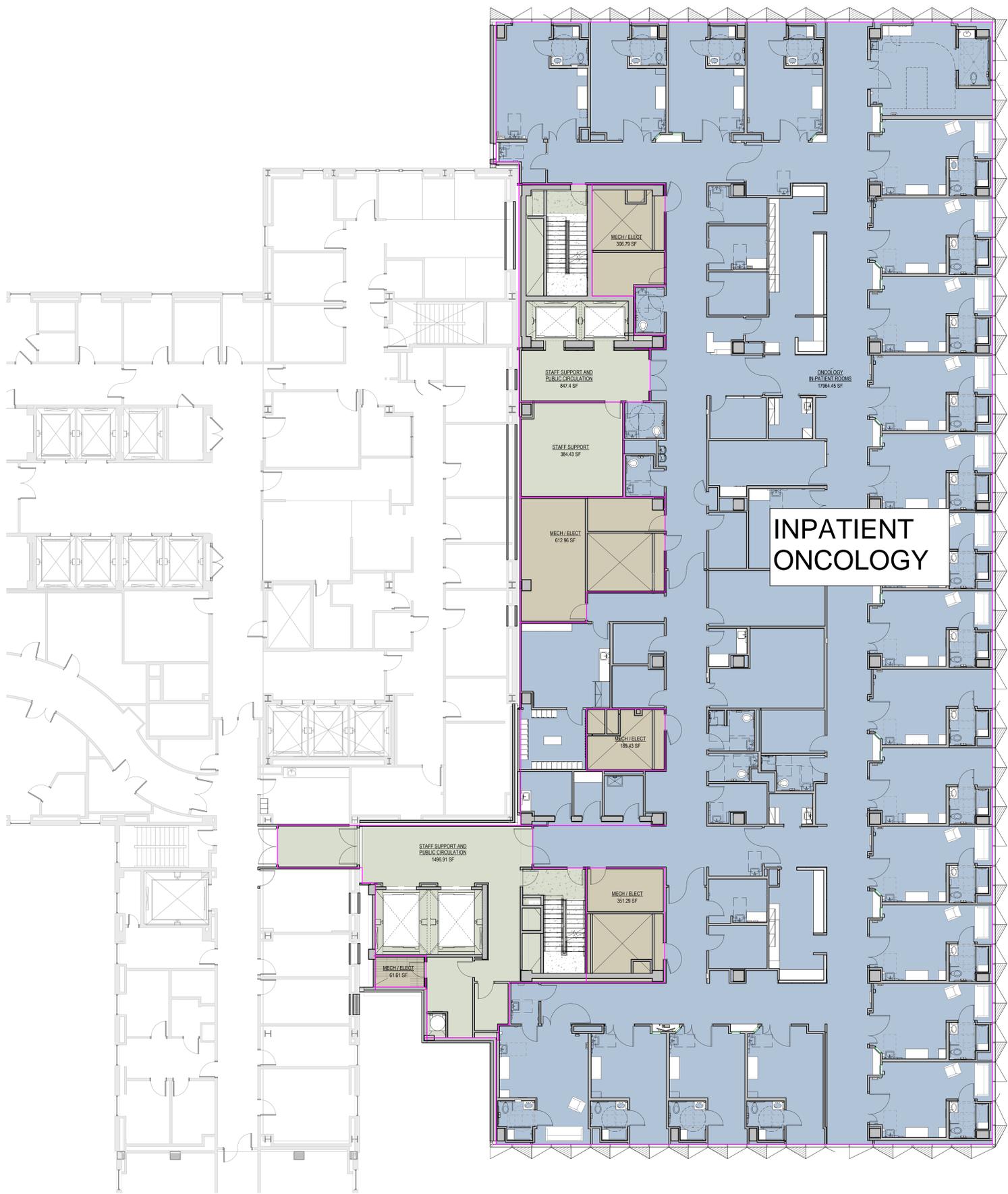
**LEVEL THREE**



**LEVEL FOUR**



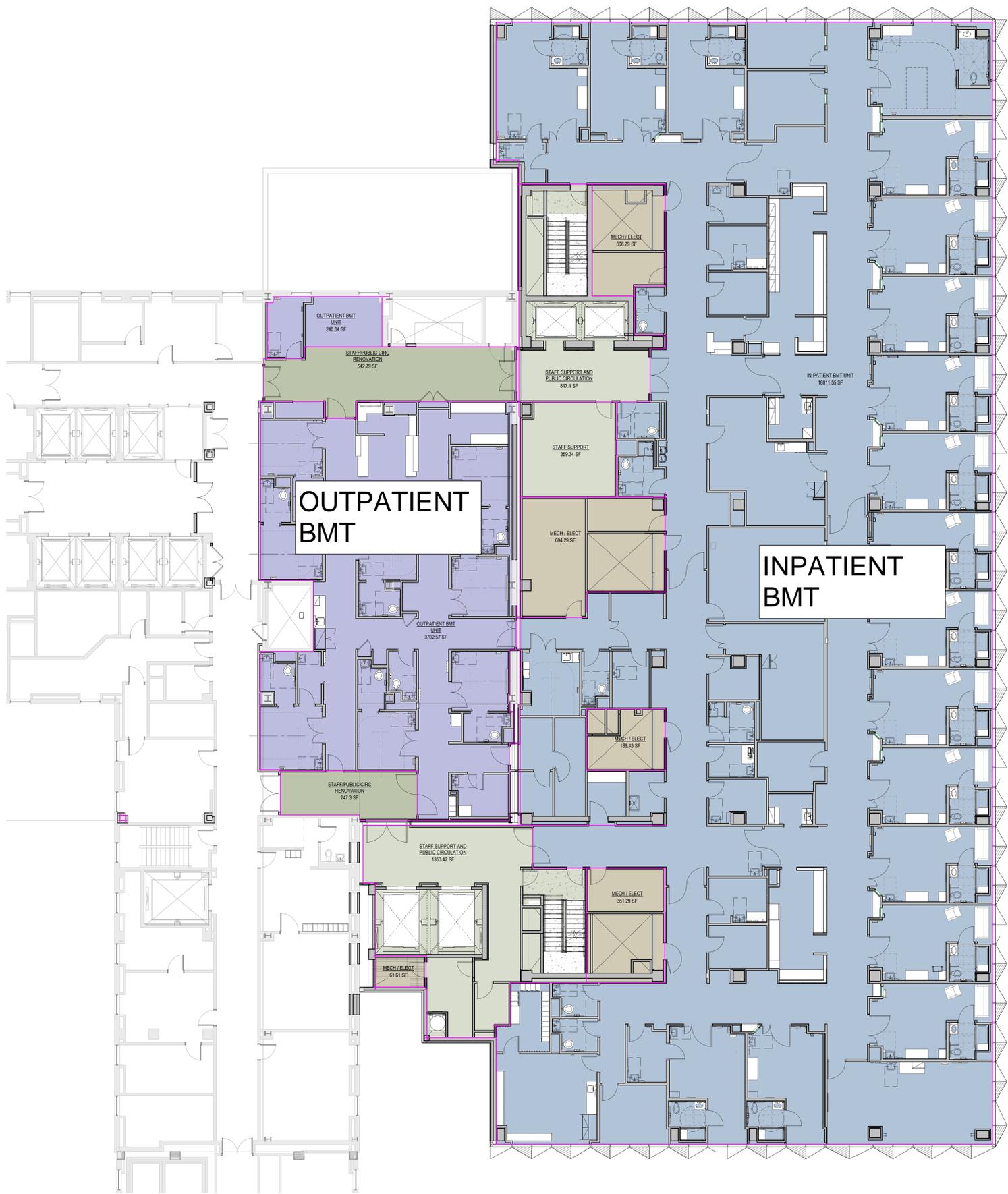
**LEVEL FIVE**



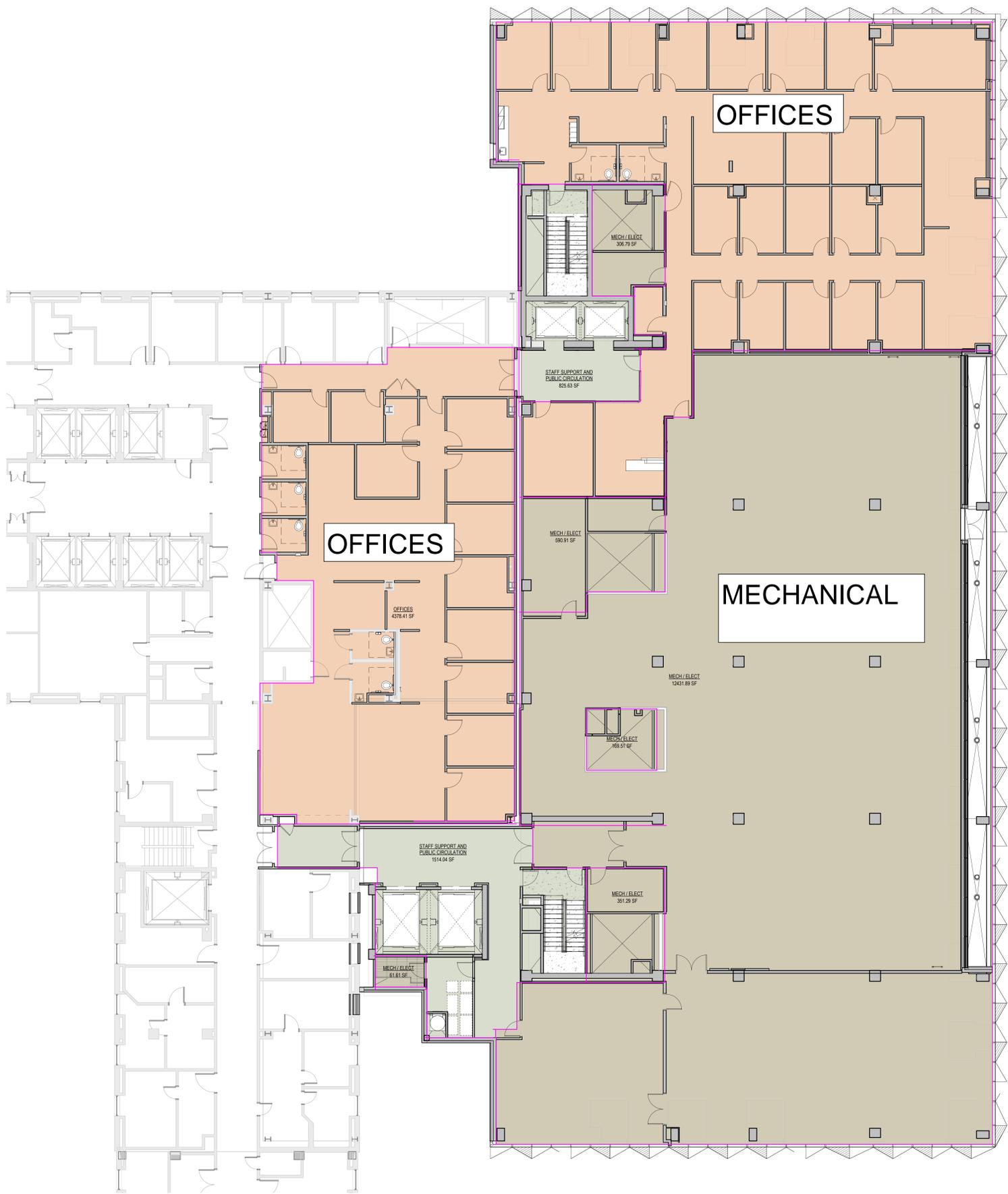
**LEVEL SIX**



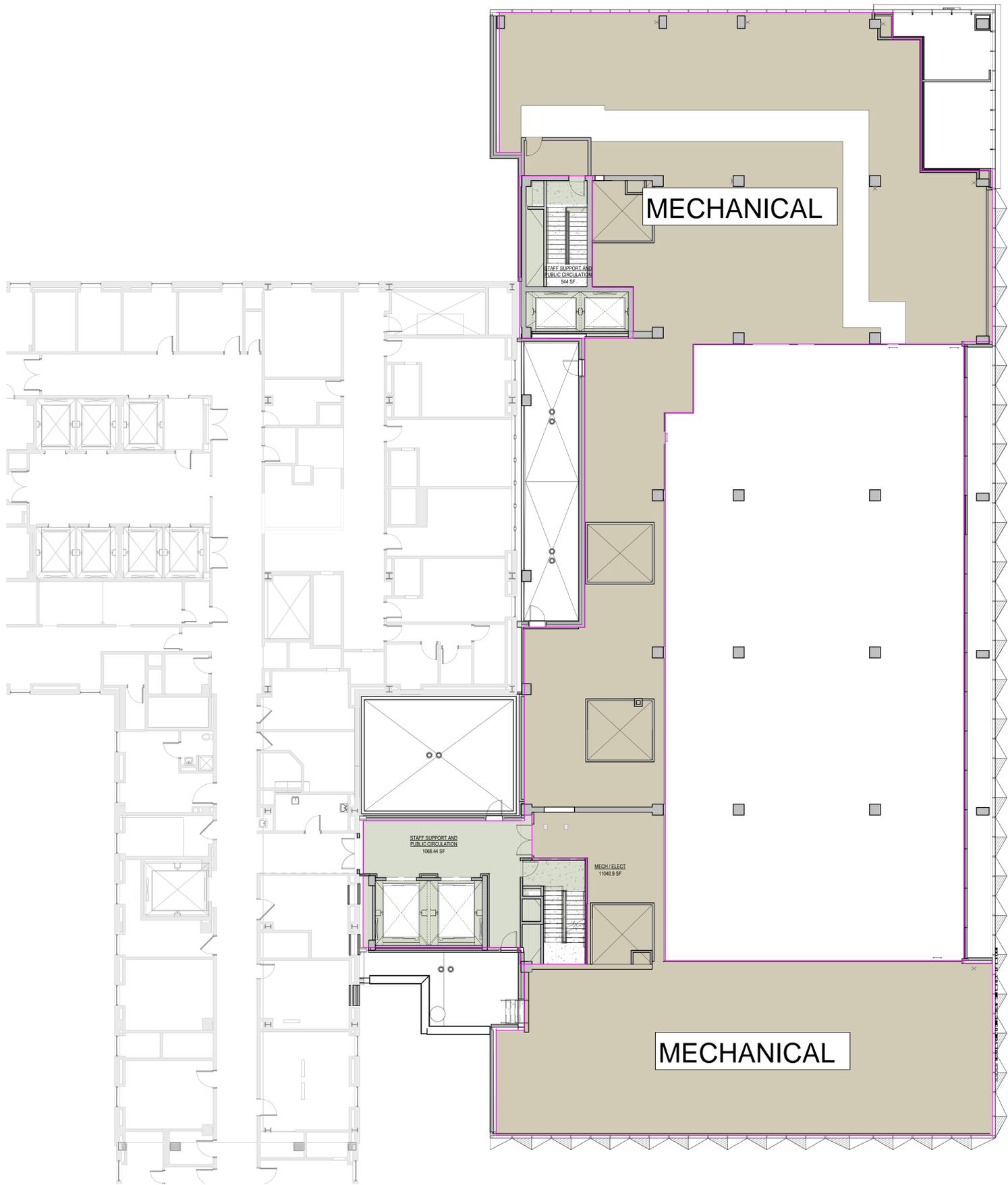
**LEVEL SEVEN**



**LEVEL EIGHT**



**LEVEL NINE**



**LEVEL TEN**

# **EXHIBIT 5A**

(B1) Construction, renovation, and demolition plans

The project will include renovation of a portion of the existing first floor to create a new main entrance to the hospital and the Cancer Center. The existing Stoler Cancer Clinic on the first floor will be converted to important cancer center support functions including: phlebotomy and Cancer Center Patient Registration.

The street level features a modified vehicle drop off, new entryway, and lobby concourse. It serves the Cancer Center and the main hospital. The Cancer Center will have its own lobby off the concourse with dedicated elevators to access services on the upper floors.

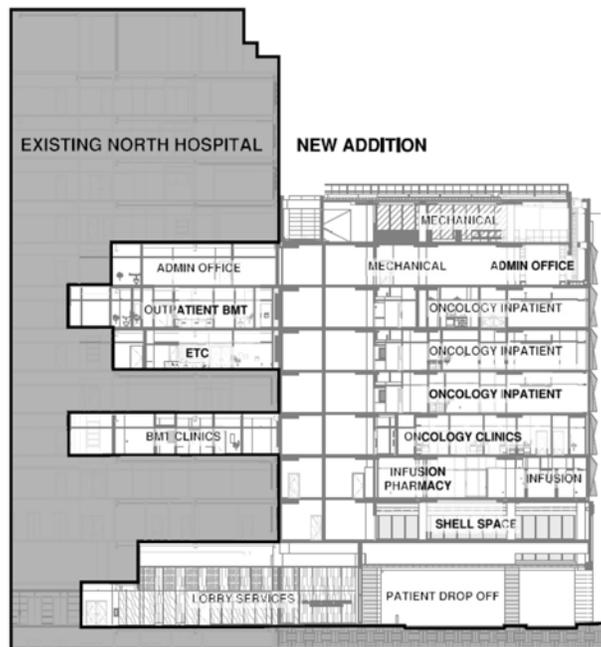
The third floor of the project will consist only of core and shell space.

The fifth floor will be a combined floor with renovated space in the existing building and new addition space. The combined footprint of this floor will be 27,251. The fifth floor will house outpatient services consisting of infusion treatment areas and oncology clinics.

The sixth through eighth floor, 21,215 sf, 21,215 sf, and 21,085 sf respectively, will house the inpatient oncology program, including the BMT program. In all there will be 62 inpatient beds, eight specialized BMT outpatient treatment spaces, and support space. Adjacent renovated space on the seventh floor will house a Short Stay Evaluation & Treatment Center in 3,585 sf. Adjacent renovated space on the eighth floor will house outpatient BMT in 4,733 sf.

Elevators will be added to the renovated lobby and be within the Cancer Center addition to serve the Cancer Center floors. Two new staff/patient/service transport elevators will be added (extending from the ground floor to thirteenth floor) to alleviate existing vertical transport deficiencies and to serve the needs of the addition. For the stops at the eighth floor and above, the elevators extend above the existing building footprint and will require an addition.

The following stacking diagram depicts the fit out of the extension:



The floors of the project are will be fit out as follows:

#### **Level 01**

- New Addition: open to above and sides, support columns for structure above
- Renovation: Lobby Services – renovated areas for Registration, Reception/Security Desk, Gift Shop, Public Toilets; Cancer Center Services – Lobby, Phlebotomy; Building Services – elevator and stairs

#### **Level 02**

- New Addition: open above and sides, support columns
- Renovation: (shell and core functions) Building Service – elevators and stairs

#### **Level 03**

- New Addition: shelled space – no fit-out – reserve for future use
- Renovation: elevator lobby for new elevators, access into shelled space, main access renovation for new addition – future

#### **Level 04**

- New Addition: outpatient infusion with private infusion rooms and 36 infusion bays, team space and associated clinical support space.
- Renovation: elevator lobby for new elevators, access into shelled space, main access renovation for new addition– future

#### **Level 05**

- New Addition: oncology clinic with 44 examination rooms, six consultation rooms, team space, and associated clinical support space
- Renovation: Seven specialty treatment spaces associated with the oncology clinic, and associated clinical and staff support

#### **Level 06**

- New Addition: 22 oncology inpatient rooms, associated clinical and staff support
- Renovation: elevator lobby for new elevators, access into shelled space

#### **Level 07**

- New Addition: oncology patient beds with 22 inpatient rooms and associated support
- Renovation: entry to new addition, Oncology Evaluation and Treatment Center Department, clinical and staff support

#### **Level 08**

- New Addition: BMT patient beds with 18 inpatient rooms and associated clinical and staff support
- Renovation: BMT outpatient treatment space and associated clinical support

## Level 09

- New Addition: Cancer Center administrative offices and mechanical/electrical
- Renovation: Entry to new addition, Cancer Center administration

### (B2) Changes in square footage of departments and units

See **Exhibit** Error! Reference source not found., Table B.

### (B3) Physical plant or location changes

The addition, a new 185,000 sf nine-story building with a two-story drop-off entry, seven floors of program space, and a floor of mechanical space, will connect to the existing hospital floors.

The proposed structure is designed to provide a two-story-high vehicular drop-off at the first floor, recreating the existing main hospital entry.

The lobby concourse will:

- create a better, more welcoming environment for patients and visitors when they arrive through the main entrance;
- improve flow into the hospital;
- provide an identifiable Cancer Center entry; and
- improve the experience at the front desk and adjacent lobby / concourse spaces.

The ninth floor of the proposed project will include mechanical and electrical space to serve the new addition. The mechanical air handler rooms are set back from perimeter to allow space for cancer center administrative space along glazing and to provide concealed air intake and relief air. This will allow the required heights for the large air handler units and access to louvers above the roof of level nine.

The north, east, and south facades of the addition will provide a new welcoming contemporary look for exterior for the hospital.

The exterior enclosure of the addition will meet current energy conservation standards, which exceed the performance of the existing exterior and contribute to the energy savings required to meet the LEED target of Silver.

### (B4) Changes to affected services following completion of the project

See **Exhibit 2**, Table B.

### (B5) Multi-phase project description

The proposed project will be executed in the following phases:

**Phase One, 6 months** – Site Work and Excavation – This will involve preparing the building site to accept the new structure.

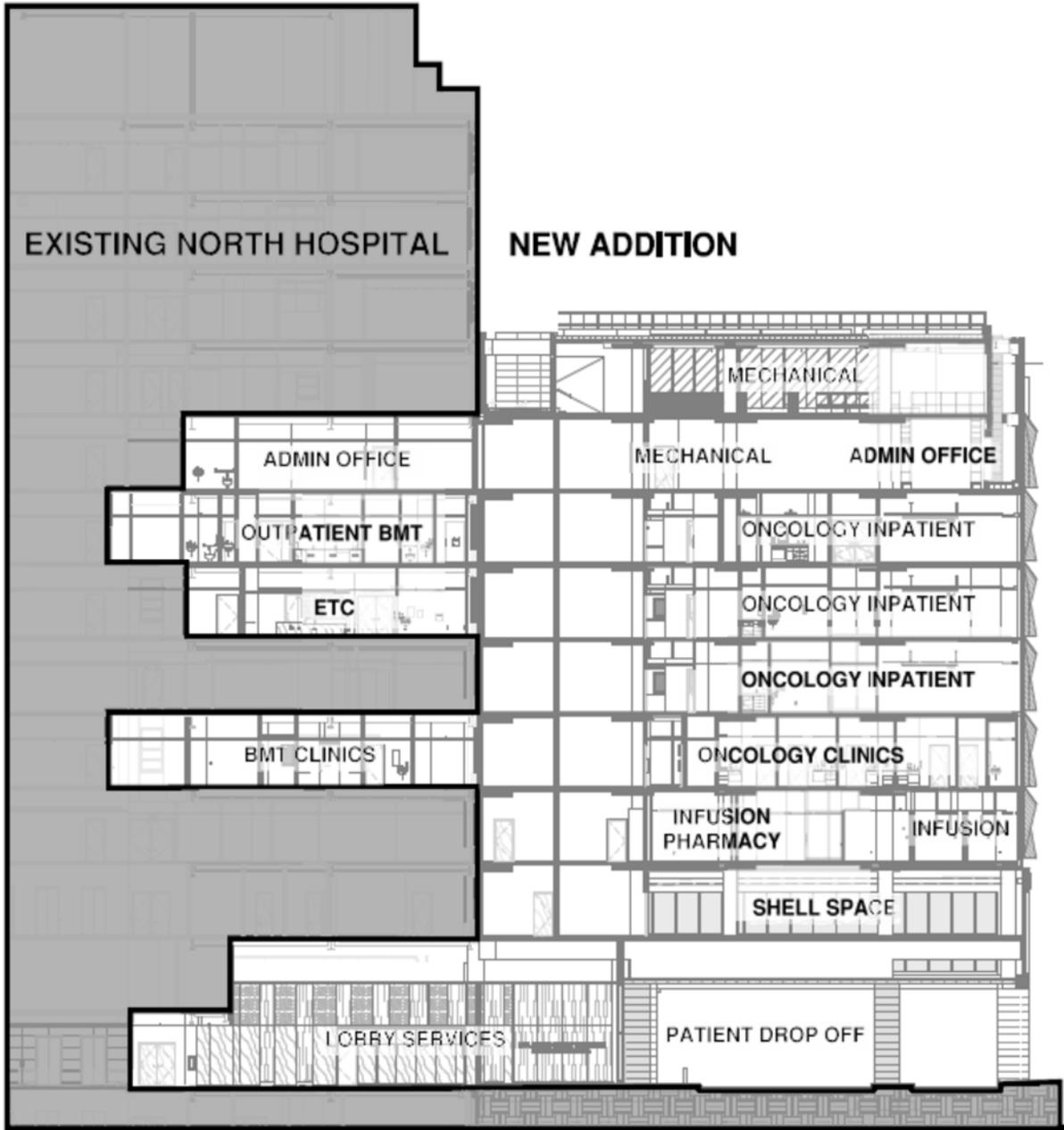
**Phase Two, 12 months** – Core & Shell – This will involve constructing the new building structure to be ready for the fit-out stage to follow.

**Phase Three, 12 months** – Fit-out – This will involve building out each of the occupied floors per the approved space program.

**Phase Four, 12 months** – Renovations – This will involve renovating some existing space to accommodate cancer center programs.

**Stacking Diagram**

*(larger depiction, identical to in-text version above)*



# **EXHIBIT 5B**

(B1) Construction, renovation, and demolition plans

The project will include renovation of a portion of the existing first floor to create a new main entrance to the hospital and the Cancer Center. The existing Stoler Cancer Clinic on the first floor will be converted to important cancer center support functions including: phlebotomy, ~~retail,~~ ~~patient image renewal center (oncology patient skincare and wigs), and a patient resource center.~~ and Cancer Center Patient Registration.

The street level features a modified vehicle drop off, new entryway, and lobby concourse. It serves the Cancer Center and the main hospital. The Cancer Center will have its own lobby off the concourse with dedicated elevators to access services on the upper floors.

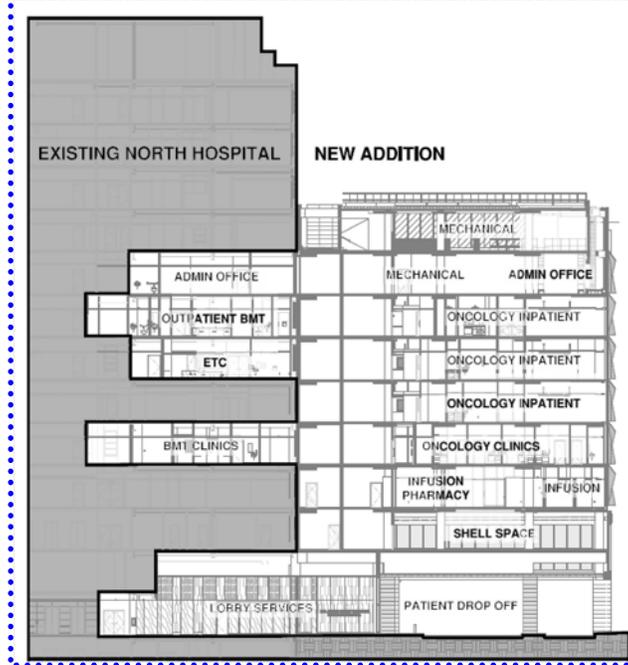
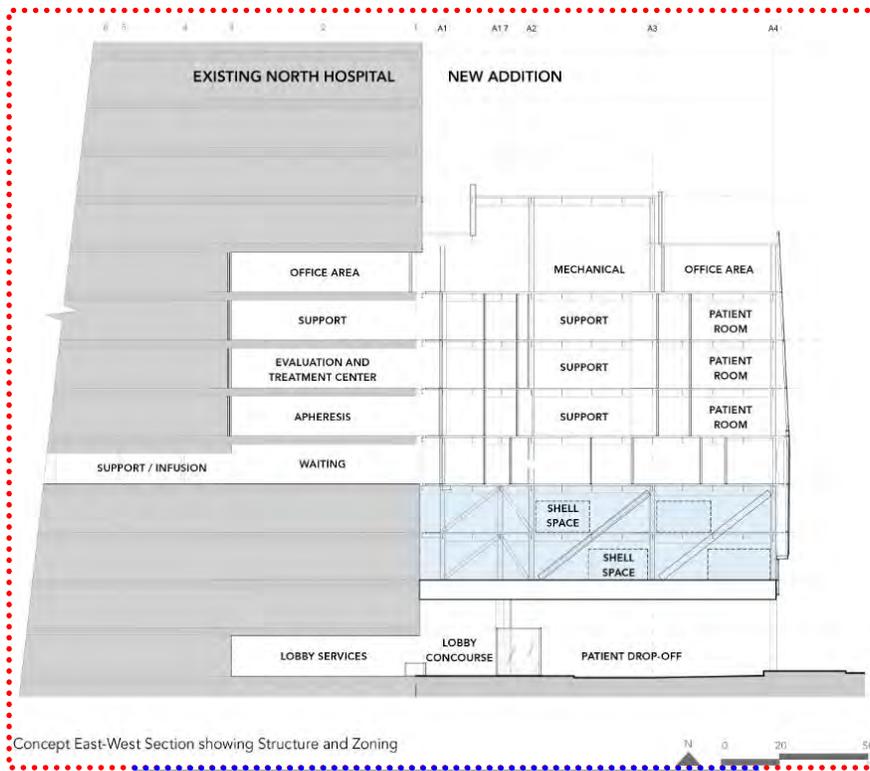
The third ~~and fourth floors~~ floor of the project will consist only of core and shell space.

The fifth floor will be a combined floor with renovated space in the existing building and new addition space. The combined footprint of this floor will be ~~47,180 sf~~ 27,251. The fifth floor will house outpatient services consisting of infusion treatment areas and oncology clinics.

The sixth through eighth ~~floors of the new addition, 21,200~~ floor, 21,215 sf each, 21,215 sf, and 21,085 sf respectively, will house the inpatient oncology program, including the BMT program. In all there will be 62 inpatient beds, eight specialized BMT outpatient treatment spaces, and support space. Adjacent renovated space on the seventh floor will house a Short Stay Evaluation & Treatment Center in 3,585 sf. Adjacent renovated space on the eighth floor will house outpatient BMT in 4,733 sf.

~~Dedicated elevators~~ Elevators will be added to the renovated lobby and be within the Cancer Center addition to serve the Cancer Center floors. Two new staff/patient/service transport elevators will be added ~~within the existing building footprint~~ (extending from the ground floor to thirteenth floor) to alleviate existing vertical transport deficiencies and to serve the needs of the addition. For the stops at the eighth floor and above, the elevators extend above the existing building footprint and will require an addition.

The following stacking diagram depicts the fit out of the extension:



The floors of the project are will be fit out as follows:

### Level 01

- New Addition: open to above and sides, support columns for structure above
- Renovation: Lobby Services – renovated areas for Registration, Reception/Security Desk, Gift Shop, Public Toilets; Cancer Center Services – Lobby, ~~Resource Center,~~ Phlebotomy; Building Services – elevator and stairs

## Level 02

- New Addition: open above and sides, support columns
- Renovation: (shell and core functions) Building Service – elevators and stairs

## Level 03

- New Addition: shelled space – no fit-out – reserve for future use
- Renovation: elevator lobby for new elevators, access into shelled space, main access renovation for new addition – future

## Level 04

- New Addition: ~~shelled space – no fit-out – reserve for future use~~ outpatient infusion with private infusion rooms and 36 infusion bays, team space and associated clinical support space.
- Renovation: elevator lobby for new elevators, access into shelled space, main access renovation for new addition– future

## Level 05

- New Addition: oncology clinic with ~~45~~44 examination rooms, ~~four~~six consultation rooms, team space, and associated clinical support space
- Renovation: Seven specialty treatment spaces associated with the oncology clinic- ~~waiting and check-in/check-out space; infusion with 38 infusion bays, ten private infusion rooms, pharmacy,~~ and associated clinical and staff support

## Level 06

- New Addition: ~~BMT with 18~~22 oncology inpatient rooms, ~~outpatient transplant with four rooms and four patient stations,~~ associated clinical and staff support
- Renovation: ~~entry to new addition, support~~ elevator lobby for ~~functions in new addition~~ elevators, access into shelled space

## Level 07

- New Addition: oncology patient beds with 22 inpatient rooms and associated support
- Renovation: entry to new addition, Oncology Evaluation and Treatment Center Department, clinical and staff support

## Level 08

- New Addition: ~~oncology~~BMT patient beds with ~~22~~18 inpatient rooms and associated clinical and staff support
- Renovation: ~~Entry to new addition, apheresis (six stations) and cell processing laboratory~~ BMT outpatient treatment space and associated clinical support

## Level 09

- New Addition: Cancer Center administrative offices and mechanical/electrical
- Renovation: Entry to new addition, Cancer Center administration

(B2) Changes in square footage of departments and units

See **Exhibit 42**, Table B.

(B3) Physical plant or location changes

The addition, a new ~~455,000~~ 185,000 sf nine-story building with a two-story drop-off entry, ~~six~~ seven floors of program space, and a floor of mechanical space, will connect to the existing hospital floors.

The proposed structure is designed to provide a two-story-high vehicular drop-off at the first floor, recreating the existing main hospital entry.

The lobby concourse will:

- create a better, more welcoming environment for patients and visitors when they arrive through the main entrance;
- improve flow into the hospital;
- provide an identifiable Cancer Center entry; and
- improve the experience at the front desk and adjacent lobby / concourse spaces.

The ninth floor of the proposed project will include mechanical and electrical space to serve the new addition. The mechanical air handler rooms are set back from perimeter to allow space for cancer center administrative space along glazing and to provide concealed air intake and relief air. This will allow the required heights for the large air handler units and access to louvers above the roof of level nine.

The north, east, and south facades of the addition will provide a new welcoming contemporary look for exterior for the hospital.

The exterior enclosure of the addition will meet current energy conservation standards, which exceed the performance of the existing exterior and contribute to the energy savings required to meet the LEED target of Silver.

(B4) Changes to affected services following completion of the project

See **Exhibit 42**, Table B.

(B5) Multi-phase project description

The proposed project will be executed in the following phases:

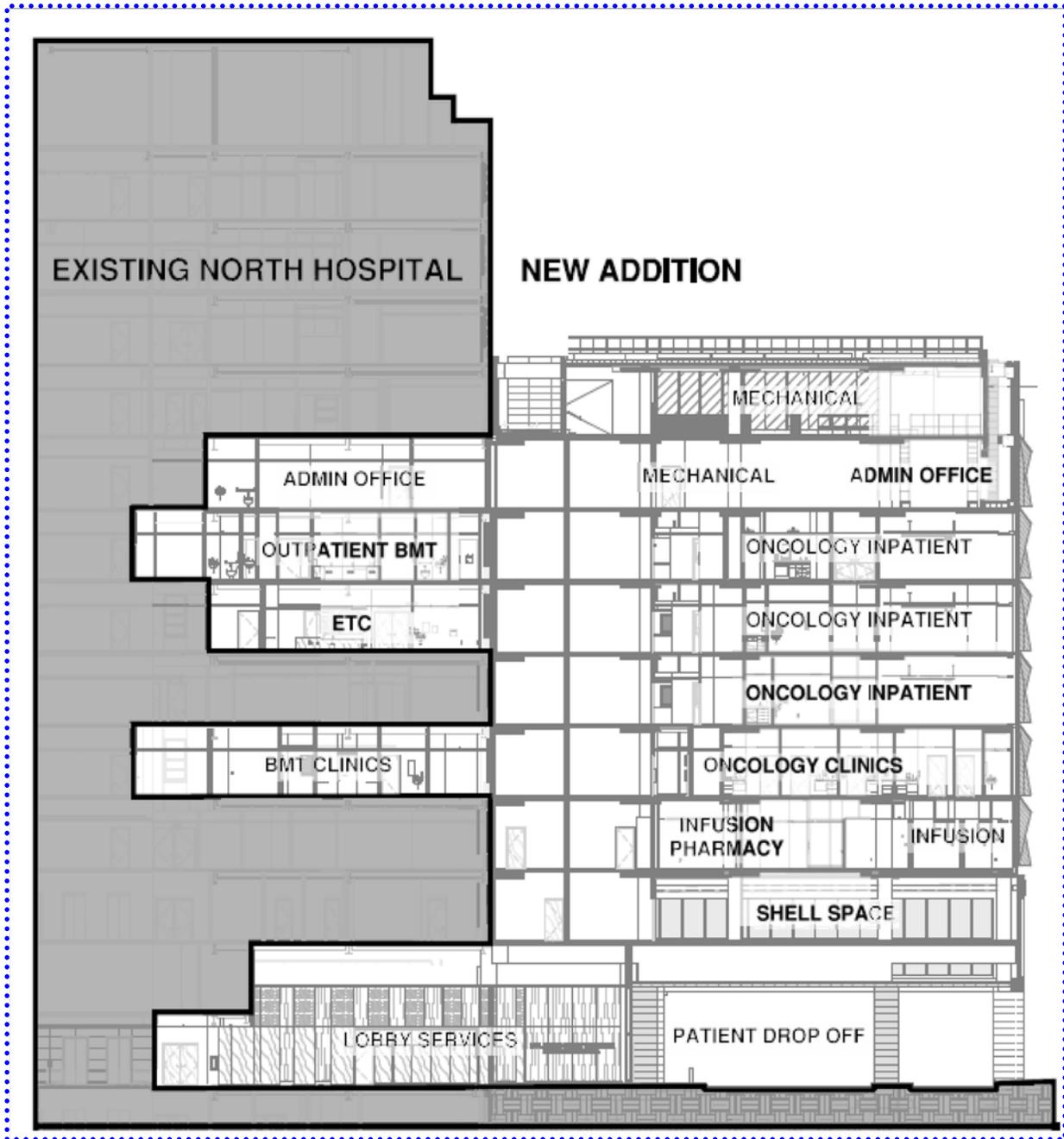
**Phase One, 6 months** – Site Work and Excavation – This will involve preparing the building site to accept the new structure.

**Phase Two, 12 months** – Core & Shell – This will involve constructing the new building structure to be ready for the fit-out stage to follow.

**Phase Three, 12 months** – Fit-out – This will involve building out each of the occupied floors per the approved space program.

**Phase Four, 12 months** – Renovations – This will involve renovating some existing space to accommodate cancer center programs.

**Stacking Diagram**  
*(larger depiction, identical to in-text version above)*



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