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March 26, 2025

Moira Lawson
Program Manager
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Re: Foundations Inpatient LLC
CON Application- Intermediate Care Facility- Third
Completeness Response

Dear Ms. Lawson:

On March 11, 2025, the applicant, Foundations Inpatient LLC (“Foundations” or “Foundations Inpatient”) received a third completeness inquiry from the Maryland Health Care Commission (“MHCC” or “Commission”) in response to its second completeness response submitted on February 19, 2025, for a CON for Level III.7 beds for a Track 1 Intermediate Care Facility in Baltimore County. We are submitting this response on behalf of Foundations Inpatient.

The Commission identified that there are key documents and pieces of information that the applicant has not satisfactorily furnished. These include:

- Transfer and referral agreements with required entities
- Agreements with outpatient programs.

The Commission stated that all of the requested information must be provided for the application to be considered complete.

RESPONSE: Foundations is actively working on obtaining additional transfer and referral agreements with required entities and outpatient programs. Attached to this submission are additional agreements entered into since its last submission:

- a. *Outpatient Agreement with Achieve*
- b. *Outpatient Agreement with Come Back Care*
- c. *Transfer/Referral Agreement with Addiction Medication Clinic*

Foundations asks that the requirement to obtain the remaining agreements be part of any Certificate of Need issued and be a condition of obtaining First Use Approval. Despite Foundation's best efforts, it is having difficulty obtaining agreements from some of the required types of providers, such as a hospital.

1. Gray area patients – Provide the strategy/mechanism to recruit more indigent and gray area patients if bed days for these individuals falls below 15%?

RESPONSE: Foundations does not anticipate any issue with this as Baltimore Detox Center, which serves a patient mix similar to that which Foundations anticipates serving, has never approached falling below 15% of indigent and gray area patient bed days. However, if this were to ever become an issue, Foundations would work to inform its referral sources who also serve these populations to inform them that Foundations has bed availability for this population. Such referral sources include Elevate, Revolve, Achieve, and the local health department.

2. Need – On page 4 of your February 19 response, you state that after opening the Foundations facility, patients currently receiving 3.7 level care at BDC will be moved to Foundations, freeing up more beds for detox patients (at BDC). You state that “Foundations anticipates this shift to account for an additional 8.6 patients.” Clarify whether the 8.6 patients are monthly, yearly? How did you arrive at the 8.6 patient number?

*RESPONSE: This is an additional 8.6 average daily patients (the current average daily census in 3.7 at BDC) that will be able to be treated by Baltimore Detox Center at the detox level of care because BDC will be able to free up beds that are currently being used for 3.7 residential care following detox. These individuals will step down from Detox to 3.7 at a 26.3% rate based on historic average across related facilities: an increase of 2.26 patients per day in need of 3.7 level of care. This equates to 825.6 annual units (2.26 * 365) of the total 3.7 beds annual capacity at Foundations (825.6/14,600 (40x365)) or 5.7%.*

3. On page 4 of your response, you state that:

Foundations also assumes...that the care plan for Level III.7 residential is 14 days instead of the 8 days used in the prior more conservative model.

What is the clinical justification (or evidence for) 14-day length of stay for III.7 patients. Provide the source(s) of information used.

RESPONSE: Length of stay for each level of SUD residential care is based on medical necessity and is an individual assessment of each client. However, the reality is that insurance carriers (or administrators) typically dictate the length of stay for a client based on how many days the

insurer or administrator will approve, that that length of stay is often shorter than what is medically necessary. It is the experience of the applicant that Optum, Maryland Medicaid's prior Behavioral Health Administrator, was unlikely to approve more than 8 days at level III.7, regardless of client need. Carelon, the new Maryland Medicaid Behavioral Health Administrator, is currently approving 14 days at level III.7, which more appropriately aligns with average patient need. It is Amatus' experience in facilities it manages in other states, where a similar cap at 8 days did not exist, that the average client needs at least 14 days at level III.7, and often needs more than 14 days. Additionally, in late 2024, the American Society of Addiction Medicine ("ASAM") released the 4th edition of its criteria for addiction treatment which expanded the services that are appropriately provided at level III.7 thus lengthening the time that a client may appropriately receive services at level III.7.

This is also supported by Maryland Medicaid's FAQ about covering SUD residential care¹ which states:

“Beginning on July 1, 2017, Medicaid will provide reimbursement for up to two nonconsecutive stays of up to 30 days without a break in treatment within a rolling year for ASAM levels 3.7WM, 3.7, 3.5, and 3.3. An episode of treatment will qualify as a single 30-day stay, even if an individual receives services at multiple different levels of care. For example, if an individual 1 requires 14 days of care at an ASAM Level 3.7 and then steps down to 14 days of care at an ASAM Level 3.3 or 3.5 without a gap in care, the full 28 days of treatment services would be paid for by Medicaid.”

4. Impact – On page 8 of your response you state that “Foundations does not believe its proposed 40 ICF beds will have a significant impact on other providers in Central and Western Maryland given the geographic distance between Foundations and most of the facilities.” Yet you state that “Washington County, Allegheny County and Garrett County are large referral sources to BDC and are anticipated to be large referral sources to Foundations.” What proportion of patients are expected to come from Western Maryland? Explain why Foundations would not have an impact on existing Track 2 facilities in Western Maryland.

RESPONSE: *Approximately thirty-five percent (35%) of BDC's patients come from Western Maryland. As such, Foundations anticipates that Western Maryland will be a source of referrals to Foundations but will not negatively impact the patient population that currently seeks care at the Track 2 facilities in Western Maryland. Of the two Track 2 facilities in Western Maryland, one is located inside a hospital setting (UPMC) and the other is a state funded facility (Massie). Due to the limited resources in Western Maryland, UPMC experiences significant wait times for beds and increased costs to client due to being in a hospital. In addition, Massie is located in the*

¹ Residential Treatment for Individuals with Substance Use Disorder, Frequently Asked Questions #1, May 11, 2027, available at https://health.maryland.gov/mmcp/Documents/Adult%20Residential%20SUD%20Treatment/Res_sud_for_adults_fa_q_060217.pdf#:~:text=Beginning%20on%20July%201%2C%202017%2C%20Medicaid%20will,30-day%20stay%2C%20even%20if%20an%20individual%20receives

heart of the opioid crisis in Alleghany County. Clients sometimes choose to leave their local environment for a better chance at long term success. Opening additional beds at Foundations would help facilitate increased referrals and availability leading to better patient outcomes. However, given Foundation's distance from Western Maryland, these beds will not draw patients from Western Maryland that are not already looking to travel to receive care from a facility other than the existing Track 2 facilities in Western Maryland.

5. Provide the data to support your statement on page 8 of your response “Although Baltimore City has 228 approved Track 2 ICF beds, which have their own access and availability issues.” Describe the access and availability issues currently faced by residents.

RESPONSE: There are four Track 2 facilities in Baltimore City. Baltimore Crisis and Gaudenzia focus more on crisis stabilization and not longer-term residential levels of care. Tuerck House often has a wait list of up to a week per data provided on various web platforms. Maryland Treatment Center does provide Level III.7 services, however clients who have detoxed but are not ready to step down to Level 3.5 are at the highest risk of overdose deaths. It is imperative that those clients have a Level III.7 bed available to them immediately. It would be beneficial to those clients being served in Baltimore City to have another Level III.7 facility close by to absorb clients who cannot timely secure a Level III.7 bed in Baltimore City. The information about the Baltimore City facilities and beds came from various sources including personal knowledge of staff at Foundations, peers in the community and by researching online for bed wait times, including on Rehab.com.

6. Health Equity – On page 9 of your response you state, “Foundations plans to employ a Spanish speaking business development representative to engage the Hispanic population and facilitate admissions.” Identify which individual on the staffing chart (Table G) will fulfill this role.

RESPONSE: Foundations plans for its Director of Referral Management to be Spanish speaking. One of the Director's responsibilities is to foster relationships with referral sources and share information about Foundations' services within the community Foundations serves. Foundations has added “(spanish)” to that Job Category in Table G, Line 10.

TABLES

7. Tables C and F – These tables show occupancy rates for the residential and 3.7 beds at 84.4% and 93.8% respectively. According to Commission staff calculations, the residential side of the facility will be running at 93.8% occupancy (15,056 projected bed days/16,060 possible bed days) while the 3.7 facility will be operating at 84.4% (12,319 projected bed days/14,600 possible bed days). Please correct.

RESPONSE: This has been corrected. Please see the updated Tables in Exhibit A.

8. Table G – Commission staff remains concerned about the feasibility of the staffing at Foundations, especially as it pertains to the salaries. Staff notes that the medical director, clinical director and director of nursing, all positions requiring various levels of

education and expertise, are slated to receive the same salary. Clarify the salary structure and/or correct. Make sure any changes are reflected in tables D/F.

RESPONSE: The salaries provided in Table G are the median of salary ranges that are available to each position. Baltimore Detox Center currently employs clinicians in the noted positions at salaries similar or identical to the salaries identified in Table G. The market dictates what a facility pays employees and currently, the market supports the numbers provided as evidenced by Baltimore Detox Center.

9. Table G - Staff is unclear about the work schedule of the executive director. The position is labeled as Executive Director – PT but it shows 1.0 full-time equivalent. Correct the table as necessary.

RESPONSE: The Executive Director is expected to devote a third of their time to Foundations. Foundations updated Table G to reflect .33 instead of 1.0 FT.

10. Table G – The final projected year of the entire facility’s total costs on the bottom right of the table Row 55 shows \$1,074,411 but should actually show \$4,542,276. Please correct.

RESPONSE: Corrected.

11. Exhibit C:

a) The Assumptions sheet states your Gross Revenue per patient day as \$1,300. We understand that when you reduce contractual allowance and bad debt your Net Revenue should yield \$389. Relatedly, on page 9 under the “Impact to Health Care Delivery System” you compare the projected Gross Patient Revenue per patient day, at \$389, to Hygea Detox’s, at \$1224.5. If you observe the Gross Patient Service Revenue in Hygea’s CON tables (Row 8, Table D) and divide it by the Patient Days (Row 14, Table C) stated therein, it does yield a constant Gross Patient Revenue of \$1224.5 across the projected years CY 2024, 25, and 26. Same was the case in BDC tables (Row 8, Table D), divide it by the Patient Days (Row 14, Table C) stated therein, and it yielded a constant Gross Patient Revenue of \$1108, across the projected years CY 2021, 22, 23, and 24. Table D data in both CON applications tally with their stated assumptions. Also note that the payer mix for both the aforementioned applicants was predominantly Blue Cross and Commercial. Considering that 90% of Foundation’s patients are expected to be on Medicaid, and applying similar calculation to your latest CON table D; the Gross Revenue per patient day should be \$371, \$392 and \$398 (Row 8, Table D divided by Patient Days on Row 14, Table C) across CY 25, 26, and 27 respectively. Kindly clarify our understanding. In case this is a representation error, then you might have to correct Table D and/or Table C and/or Table F and/or the Assumptions sheet to match your response.

RESPONSE: Foundations adjusted its Tables D and F to properly reflect Gross Revenue in response to both tables’ #1. It is accurate that Foundation’s Gross Revenue per patient day is \$1300. Because 90 % of Foundation’s patients are anticipated to be Medicaid patients, the contractually allowed discount is 64.10% and the resulting Net Patient Services Revenue Per Day for Level III.7 (after accounting for bad debt and charity care) is \$445.85, which is far

below Hygea's \$830. Foundations has revised its Impact on Health Care Delivery System response as follows:

Impact on Health Care Delivery System

Foundations Inpatient's proposed project will provide needed ICF services comparably with other approved Track One and Track Two facilities. Foundations Inpatient projects a Net Revenue per Patient Day of approximately \$445.85. This is far less than other Track One facilities, such as Hygea Detox at Camp Meade, whose proposed Net Revenue per Patient Day was \$830 in its 2023 application to the Commission. This is because Foundations Inpatient anticipates that 90% of its patient population will be made up of Medicaid patients, and Medicaid reimburses less than commercial payors for these services.

*Foundations Inpatient's Gross Patient Services Revenue is \$1300 per day. This is slightly higher than the \$1224.50 that was reported as Gross Patient Services Revenue by Hygea Detox at Camp Meade in 2023. It is reasonable that Hygea may have raised its prices in the intervening years since it submitted its application to the Commission, given the raising costs of supplies and staff. These Gross Patient Services Revenues per day are still similar enough to potentially encourage pricing competition among the Track One facilities, which the Commission has acknowledged as causing positive charges to the market price for these services. See *In rel. Hygea Detox, Inc.*, Docket No. 21-03-2450, Staff Report Recommendation, p. 26. Foundations Inpatient's allowed amount for Medicaid patients will be identical to the Track Two providers in Maryland as Medicaid sets the reimbursement rates for services provided by ICFs.*

Reimbursement rates at Foundations will be set by Medicaid and commercial payers. These rates are generally standardized across providers; therefore, the approval of this application will not impact reimbursement rates for these services in Maryland and, therefore, have not impact on cost or charges to the health care system.

b) On similar lines, the Bad Debt % stated on the Assumptions sheet reflects 2% whereas the actual Bad Debt (in Row 9, Table D) turns out to be 3.1%, 2.7%, and 2.7% of the stated Gross Patient Service Revenue (Row 8, Table D) across CY 25, 26, and 27 respectively. It is the same case with Charity Care. The Assumptions sheet does not state it speak, however the actual Charity Care stated on Row 11, Table D works out to 1.9%, 2.3% and 2.3% of the stated Gross Patient Service Revenue for the same period. The reverse is the case with Contractual Allowance. The Assumptions sheet has a percentage attributed to it, however Row 10, Table D shows blank across respective fields, which again takes it back to the question 11a about representation and public interpretation. Kindly explain your position.

RESPONSE: *With the correction of Gross Revenue in Tables D and F, Foundations has similarly corrected how it broke out Bad Debt, Contractual Allowance, and Charity Care in those tables. Those amounts have been corrected, and the Assumptions Tables, included as Exhibit B to this submission, show the corrected percentages for Contractual Allowance, Bad Debt, and Charity Care.*

c) The 15% year over year growth in "Facility Operations and Support" on Row 2e of Table F between CY 2026 and 2027 is mainly driven by a 256% increase in "Other Facility Operations Support Expenses" on Row 33 of Exhibit C "Table - Other Expenses", from \$13,505 to \$48,053. Could you kindly explain? These expense items affect profitability, which is fundamental to ascertaining viability of the project.

RESPONSE: *Foundations has corrected this line item. It was caused by an expense being included twice that should have only been included once and was an error in the pro forma.*

Foundations appreciates the opportunity to provide this clarifying information to the Commission. Please do not hesitate to contact me at the above noted contact information if you have any questions.

Sincerely,



Darci Smith

CC: Della Leister, RN, Deputy Health Officer, Baltimore County Health Department

Wynee Hawk, RN, JD, Director, Center for Health Care Facilities Planning and Development, MHCC

Lucy Wilson, M.D, Health Officer, Baltimore County

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

DocuSigned by:
Baruch Rabhan
B30E06EDCDA84C1

Baruch Rabhan

03/26/2025
Date

<u>Table Number</u>	<u>Table Title</u>	<u>Instructions</u>
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	Project Budget	All applicants, regardless of project type or scope, must complete Table B.
Table C	Statistical Projections - Entire Facility	Existing facility applicants must complete Table C. All applicants who complete this table must also complete Table D.
Table D	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table D. The projected revenues and expenses in Table D should be consistent with the volume projections in Table C.
Table E	Statistical Projections - New Facility or Service	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table E. All applicants who complete this table must also complete Table F.
Table F	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who complete a Table F must complete Table F. The projected revenues and expenses in Table F should be consistent with the volume projections in Table E.
Table G	Work Force Information	All applicants, regardless of project type or scope, must complete Table G.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project						After Project Completion					
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Service Location (Floor/Wing)		Based on Physical Capacity			
		Room Count			Bed Count			Room Count			Bed Count
		Private	Semi-Private	Total Rooms	Physical Capacity			4 Bed	4 plus	Total Rooms	Physical Capacity
III.7 AND III.7D						III.7 AND III.7D					
				0	0	Female Wing		4	0	4	16
				0	0	Male Wing		6	0	6	24
				0	0					0	0
				0	0					0	0
				0	0					0	0
Subtotal III.7 AND III.7D	0	0	0	0	0	Subtotal III.7 and III.7 D		10	0	10	40
RESIDENTIAL						RESIDENTIAL					
		4	0	4	16	Female Wing		4	0	4	16
		7	0	7	28	Male Wing		7	0	7	28
Subtotal Residential	0	11	0	11	44	Subtotal Residential		11	0	11	44
TOTAL	0	11	0	11	44	TOTAL		21	0	21	84
<i>Other (Specify/add rows as needed)</i>				0	0	<i>Other (Specify/add rows as needed)</i>				0	0
TOTAL OTHER	0	0	0	0	0	TOTAL NON-ACUTE		0	0	0	0
FACILITY TOTAL	0	11	0	11	44	FACILITY TOTAL		21	0	21	84

TABLE B. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than level III.7 and III.7D explain the allocation of costs between the levels. NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

	III.7 and III.7D	RESIDENTIAL	TOTAL
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building			\$0
(2) Fixed Equipment			\$0
(3) Site and Infrastructure			\$0
(4) Architect/Engineering Fees			\$0
(5) Permits (Building, Utilities, Etc.)			\$0
SUBTOTAL	\$0	\$0	\$0
b. Renovations			
(1) Building	\$150,000		\$150,000
oCabling, network and security - \$90k			
oOther Leasehold Improvements - \$30k			
oWindow Tinting - \$20k			
oOther Misc- \$10k			
(2) Fixed Equipment (not included in construction)	\$20,000		\$20,000
oCommercial Washer and Dryer - \$20k			
(3) Architect/Engineering Fees			\$0
(4) Permits (Building, Utilities, Etc.)			\$0
SUBTOTAL	\$170,000	\$0	\$170,000
c. Other Capital Costs			
(1) Movable Equipment	\$0		\$0
(2) Contingency Allowance			\$0
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)	\$30,000		\$30,000
oStartup Marketing Expenses - \$30k			
SUBTOTAL	\$30,000	\$0	\$30,000
TOTAL CURRENT CAPITAL COSTS	\$200,000	\$0	\$200,000
d. Land Purchase			
e. Inflation Allowance			
TOTAL CAPITAL COSTS	\$200,000	\$0	\$200,000
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			\$0
b. Bond Discount			\$0
c. CON Application Assistance			
c2. Other - Consulting/Legal Expenses	\$40,000		\$40,000
d. Non-CON Consulting Fees			\$0
d1. Legal Fees			\$0
d2. Other - Licensing and Payor Contracting	\$20,000		\$20,000
e. Debt Service Reserve Fund			\$0
i. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$60,000	\$0	\$60,000
3. Working Capital Startup Costs	\$493,348		\$493,348
TOTAL USES OF FUNDS	\$753,348	\$0	\$753,348
B. Sources of Funds			
1. Cash			\$0
2. Philanthropy (to date and expected)			\$0
3. Authorized Bonds			\$0
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage			\$0
6. Working Capital Loans			\$0
7. Grants or Appropriations			
a. Federal			\$0
b. State			\$0
c. Local			\$0
8. Other (Specify/add rows if needed)			\$0
TOTAL SOURCES OF FUNDS			\$0
	III.7 and III.7D	RESIDENTIAL	TOTAL
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building	\$173,426	\$578,704	\$752,130
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0

5. Other (Specify/add rows if needed)				\$0
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* 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. - Current lease is \$62,677.50, escalating at 3% annual.
Property location: 7131 Rutherford Road, Windsor Mill, MD 21244 ("Premises")
Agreements on file: Lease and (1) Amendment
Type of lease: Triple Net Building Lease
Payments: Due the 1st of each month
Term: 10 years (Mar 2022 – Feb 2032)

TABLE C. STATISTICAL PROJECTIONS - ENTIRE FACILITY

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

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
			CY 2025	CY 2026	CY 2027					
1. DISCHARGES										
a. Residential			582	753	753					
b. III.7 and III.7D			392	880	880					
c. Other (Specify/add rows of needed)										
TOTAL DISCHARGES	0	0	974	1,633	1,633	0	0	0	0	0
2. PATIENT DAYS										
a. Residential			11,640	15,056	15,056					
b. III.7 and III.7D			5,493	12,319	12,319					
c. Other (Specify/add rows of needed)			0							
TOTAL PATIENT DAYS	0	0	17,133	27,375	27,375	0	0	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residential			20.0	20.0	20.0					
b. III.7 and III.7D			14.0	14.0	14.0					
c. Other (Specify/add rows of needed)			0.0	0.0	0.0					
TOTAL AVERAGE LENGTH OF STAY			17.6	16.8	16.8					
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL LICENSED BEDS	0	0	0	0	0	0	0	0	0	0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. Residential			72.5%	93.8%	93.8%					
b. III.7 and III.7D			37.6%	84.4%	84.4%					
c. Other (Specify/add rows of needed)			0.0%	0.0%	0.0%					
TOTAL OCCUPANCY %			55.9%	89.3%	89.3%					
6. OUTPATIENT VISITS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify/add rows of needed)										
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0

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

TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
			CY 2025	CY 2026	CY 2027					
1. REVENUE										
a. Inpatient Services			\$ 18,780,900	\$ 31,070,700	\$ 31,070,700					
b. Outpatient Services										
Gross Patient Service Revenues	\$ -	\$ -	\$ 18,780,900	\$ 31,070,700	\$ 31,070,700	\$ -	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt			\$ 421,431	\$ 599,119	\$ 450,492					
d. Contractual Allowance			\$ 12,270,879	\$ 20,170,802	\$ 20,170,802					
e. Charity Care			\$ 56,343	\$ 93,212	\$ 93,212					
Net Patient Services Revenue	\$ -	\$ -	\$ 6,032,247	\$ 10,207,567	\$ 10,356,193	\$ -	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify/add rows if needed)										
NET OPERATING REVENUE	\$ -	\$ -	\$ 6,032,247	\$ 10,207,567	\$ 10,356,193	\$ -	\$ -	\$ -	\$ -	\$ -
2. EXPENSES										
a. Salaries & Wages (including benefits)			\$ 2,594,875	\$ 4,367,356	\$ 4,542,276					
b. Client/Clinical Expenses			\$ 646,581	\$ 992,565	\$ 1,022,341					
c. Facility Expenses, rent, taxes, utilities			\$ 921,945	\$ 1,051,824	\$ 1,099,058					
d. Management Services			\$ 761,989	\$ 1,289,257	\$ 1,308,236					
e. Facility Operations and Support			\$ 407,456	\$ 417,024	\$ 435,979					
f. Start-up Costs			\$ 90,000							
g. Depreciation Expense			\$ 8,500	\$ 17,000	\$ 17,000					
TOTAL OPERATING EXPENSES	\$ -	\$ -	\$ 5,431,347	\$ 8,135,025	\$ 8,424,891	\$ -	\$ -	\$ -	\$ -	\$ -
3. INCOME										
a. Income From Operation	\$ -	\$ -	\$ 600,900	\$ 2,072,542	\$ 1,931,302	\$ -	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income			\$ -	\$ -	\$ -					
SUBTOTAL	\$ -	\$ -	\$ 600,900	\$ 2,072,542	\$ 1,931,302	\$ -	\$ -	\$ -	\$ -	\$ -
c. Income Taxes			\$ 210,315	\$ 725,390	\$ 675,956					
NET INCOME (LOSS)	\$ -	\$ -	\$ 390,585	\$ 1,347,152	\$ 1,255,346	\$ -	\$ -	\$ -	\$ -	\$ -

TABLE D. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
			CY 2025	CY 2026	CY 2027					
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare										
2) Medicaid			80.0%	80.0%	80.0%					
3) Blue Cross			10.0%	10.0%	10.0%					
4) Commercial Insurance			10.0%	10.0%	10.0%					
5) Self-pay										
6) Other										
TOTAL	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days										
1) Medicare										
2) Medicaid			90.0%	90.0%	90.0%					
3) Blue Cross			5.0%	5.0%	5.0%					
4) Commercial Insurance			5.0%	5.0%	5.0%					
5) Self-pay										
6) Other										
TOTAL	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE E. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.								
				CY 2025	CY 2026	CY 2027						
<i>Indicate CY or FY</i>												
1. DISCHARGES												
a. Residential												
b. III.7 and III.7D			392	880	880							
c. Other (Specify/add rows of needed)												
TOTAL DISCHARGES	0	0	392	880	880	0	0	0	0	0	0	0
2. PATIENT DAYS												
a. Residential												
b. III.7 and III.7D			5,493	12,319	12,319							
c. Other (Specify/add rows of needed)												
TOTAL PATIENT DAYS	0	0	5,493	12,319	12,319	0	0	0	0	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)												
a. Residential												
b. III.7 and III.7D			14.0	14.0	14.0							
c. Other (Specify/add rows of needed)			0.0	0.0	0.0							
TOTAL AVERAGE LENGTH OF STAY			14.0	14.0	14.0							
4. NUMBER OF LICENSED BEDS												
f. Rehabilitation												
g. Comprehensive Care												
h. Other (Specify/add rows of needed)												
TOTAL LICENSED BEDS	0	0	0	0	0	0	0	0	0	0	0	0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.												
a. Residential												
b. III.7 and III.7D			37.6%	84.4%	84.4%							
c. Other (Specify/add rows of needed)												
TOTAL OCCUPANCY %			37.6%	84.4%	84.4%							
6. OUTPATIENT VISITS												

a. Residential										
b. III.7 and III.7D										
c. Other (Specify/add rows of needed)										
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0

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

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

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

Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	CY 2025	CY 2026	CY 2027				
1. REVENUE							
a. Inpatient Services	\$ 7,140,900	\$ 16,014,700	\$ 16,014,700				
b. Outpatient Services							
Gross Patient Service Revenues	\$ 7,140,900	\$ 16,014,700	\$ 16,014,700	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 172,917	\$317,572	\$236,697				
d. Contractual Allowance	\$ 4,528,836	\$ 10,156,695	\$ 10,156,695				
e. Charity Care	\$ 21,423	\$48,044	\$48,044				
Net Patient Services Revenue	\$ 2,417,725	\$ 5,492,389	\$ 5,573,263	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ 2,417,725	\$ 5,492,389	\$ 5,573,263	\$ -	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 1,717,477	\$ 3,256,456	\$ 3,392,988				
b. Client/Clinical Expenses	\$ 202,532	\$ 446,654	\$ 460,054				
c. Facility Expenses, rent, taxes, utilities	\$ 227,804	\$ 473,321	\$ 494,576				
d. Management Services	\$ 307,581	\$ 696,123	\$ 706,371				
e. Facility Operations and Support	\$ 243,525	\$ 293,970	\$ 306,152				
f. Start-up Costs	\$ 90,000						
g. Depreciation Expense	\$ 8,500	\$ 17,000	\$ 17,000				
TOTAL OPERATING EXPENSES	\$ 2,797,419	\$ 5,183,524	\$ 5,377,140	\$ -	\$ -	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ (379,695)	\$ 308,865	\$ 196,123	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ (379,695)	\$ 308,865	\$ 196,123	\$ -	\$ -	\$ -	\$ -
c. Income Taxes	\$ (132,893)	\$ (24,790)	\$ 43,853				
NET INCOME (LOSS)	\$ (246,801)	\$ 333,655	\$ 152,270	\$ -	\$ -	\$ -	\$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid	80.0%	80.0%	80.0%				
3) Blue Cross	10.0%	10.0%	10.0%				
4) Commercial Insurance	10.0%	10.0%	10.0%				
5) Self-pay							
6) Other							
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							

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

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

Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	CY 2025	CY 2026	CY 2027				
Total MSGA							
1) Medicare							
2) Medicaid	90.0%	90.0%	90.0%				
3) Blue Cross	5.0%	5.0%	5.0%				
4) Commercial Insurance	5.0%	5.0%	5.0%				
5) Self-pay							
6) Other							
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%

TABLE G. WORKFORCE INFORMATION

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

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Office Manager				1.0	\$73,809	\$73,809	0.0	\$0	\$0	1.00	\$73,809
Director of Operations				1.0	\$110,713	\$110,713	0.0	\$0	\$0	1.00	\$110,713
Executive Director - PT	0.33	\$66,413	\$66,413		\$0	\$0	0.0	\$71,041	\$4,628	0.33	\$71,041
Director Referral Management (spanish)				1.0	\$92,261	\$92,261	0.0	\$0	\$0	1.00	\$92,261
Alumni Coordinator				1.0	\$55,357	\$55,357	0.0	\$0	\$0	1.00	\$55,357
Total Administration	0.33	\$ 66,413	\$ 66,413	4.0	\$332,140	\$332,140	0.0	\$71,041	\$4,628	4.33	\$403,181
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Medical Director				0.5	\$153,768	\$153,768	0.0	\$0	\$0	0.5	\$153,768
Clinical Director				1.0	\$153,768	\$153,768	0.0	\$0	\$0	1.0	\$153,768
Clinical Supervisor				1.0	\$92,261	\$92,261	0.0	\$0	\$0	1.0	\$92,261
Director of Nursing				1.0	\$153,768	\$153,768	0.0	\$0	\$0	1.0	\$153,768
Nuses - RN and LPN				16.0	\$102,348	\$1,637,570	0.0	\$0	\$0	16.0	\$1,637,570
MedTechs	3.0	\$59,800	\$179,400				0.0	\$63,686	\$12,503	3.0	\$191,903
Intake Coordinator	1.0	\$46,000	\$46,000	1.0	\$49,206	\$49,206	0.0	\$49,206	\$3,206	2.0	\$98,412
Behavioral Health Tech Supervisor	1.0	\$63,250	\$63,250				0.0	\$67,360	\$4,408	1.0	\$67,658
Behavioral Health Tech	10.0	\$40,664	\$406,640	6.0	\$43,498	\$260,988	0.0	\$43,498	\$28,339	16.0	\$695,967
Case Manager	1.0	\$46,000	\$46,000	2.0	\$49,206	\$98,412	0.0	\$49,206	\$3,205	3.0	\$147,617
Therapist	2.0	\$74,750	\$149,500	3.0	\$79,959	\$239,877	0.0	\$79,959	\$10,420	5.0	\$399,797
Group Facilitator				2.0	\$49,206	\$98,412	0.0	0.0	0.0	2.0	\$98,412
Total Direct Care	18.0	\$ 330,464	\$ 890,790	33.5	\$926,988	\$2,938,030	0.0	\$352,915	\$62,081	51.5	\$3,890,901
<i>Support Staff (List general categories, add rows if needed)</i>											
Housekeeping	1.0	\$38,272	\$38,272	3.0	\$40,939	\$122,818	0.0	\$40,939	\$2,667	4.0	\$163,757
Maintenance	1.0	\$38,272	\$38,272			\$0	0.0	\$40,939	\$2,667	1.0	\$40,939
Transportation	1.0	\$40,664	\$40,664			\$0	0.0	\$43,498	\$2,834	1.0	\$43,498
Total Support	3.0	\$ 117,208	\$ 117,208	3.0	\$40,939	\$122,818	0.0	\$125,376	\$8,168	6.0	\$248,194
REGULAR EMPLOYEES TOTAL	21.3	\$ 514,085	\$ 1,074,411	40.5	\$1,300,068	\$3,392,988	0.0	\$549,332	\$74,877	61.8	\$4,542,276
2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Administration			\$0			\$0			\$0	0.0	\$0
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff			\$0			\$0			\$0	0.0	\$0
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support Staff			\$0			\$0			\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL			\$0			\$0			\$0	0.0	\$0
Benefits (State method of calculating benefits below) : .15 of salary											
TOTAL COST	21.3		\$1,074,411	40.5		\$3,392,988	0.0		\$74,877		\$4,542,276

Detail of Other Expenses Reported on Table F, Line 2			
	<u>CY 2025</u>	<u>CY 2026</u>	<u>CY 2027</u>
Facility Expenses, rent, taxes, utilities	\$ 227,804	\$ 473,321	\$ 494,576
Rent	173,426	348,612	361,165
Utilities (phone, internet, power, water, waste management, etc)	17,114	49,804	55,809
Repairs & Maintenance	5,520	11,097	11,497
Landscaping/Pest Control	5,520	11,097	11,497
Copier/Printer Leases	6,901	13,871	14,371
Office Cleaning	5,520	11,097	11,497
Other	13,801	27,743	28,741
Client/Clinical Expenses	\$ 202,532	\$ 446,654	\$ 460,054
Food	137,321	307,969	317,208
Recruiting	11,372	22,860	23,546
Medical Supplies	9,004	20,250	20,858
Transportation	9,004	20,250	20,858
Other Client-Related Expenses and Clinical expenses	35,830	75,325	77,585
Management Services	\$ 307,581	\$ 696,123	\$ 706,371
Facility Operations and Support	\$ 243,525	\$ 293,970	\$ 306,153
Marketing	58,000	18,495	19,161
Insurance	20,702	46,204	50,228
Payroll Fees	9,361	18,349	18,422
Software Licenses	9,361	18,349	18,422
Tech Support	9,361	18,349	18,422
Dues & Subscriptions	16,000	24,660	25,548
Office Supplies	24,000	36,990	38,322
Travel	20,000	30,825	31,935
Holiday Event	-	-	-
Phone Expense	4,140	8,323	8,622
Contract Labor	6,901	13,871	14,371
Fuel/Transportation	9,004	20,250	20,418
Professional Development	2,760	5,549	5,748
EMR	9,004	20,250	20,418
Other Facility Operations Support Expenses	44,930	13,505	16,118
Startup Costs	\$ 90,000	\$ -	\$ -
Depreciation Expense	\$ 8,500	\$ 17,000	\$ 17,000
Total Other Expenses	\$ 1,079,942	\$ 1,927,068	\$ 1,984,154
Salaries & Wages are in Table G			

	<u>CY 2025</u>	<u>CY 2026</u>	<u>CY 2027</u>
Average Daily Census			
Residential 3.7	15.0	33.8	33.8
Residential 3.5	31.9	41.3	41.3
Patient Days			
Medicaid	11,640	15,056	15,056
Commercial OON	5,493	12,319	12,319
Payor Mix of Patient Days			
Medicaid	90.0%	90.0%	90.0%
Commercial OON	10.0%	10.0%	10.0%
Revenue - 3.5- Medicaid			
Gross Revenue per Day	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Deduction % of Gross Revenue			
Contractual Allowance	67.47%	67.47%	67.47%
Allowance for Bad Debt	2.14%	1.87%	1.42%
Charity Care	0.00%	0.00%	0.00%
Revenue - 3.5 - Commercial			
Gross Revenue per Day	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Deduction % of Gross Revenue			
Contractual Allowance	57.90%	57.90%	57.90%
Allowance for Bad Debt	5.00%	3.00%	2.00%
Charity Care	3.00%	3.00%	3.00%
Revenue - 3.7 - Medicaid			
Gross Revenue per Day	\$ 1,300.00	\$ 1,300.00	\$ 1,300.00
Deduction % of Gross Revenue			
Contractual Allowance	64.10%	64.10%	64.10%
Allowance for Bad Debt	2.14%	1.87%	1.42%
Charity Care	0.00%	0.00%	0.00%
Revenue - 3.7 - Commercial			
Gross Revenue per Day	\$ 1,300.00	\$ 1,300.00	\$ 1,300.00
Deduction % of Gross Revenue			
Contractual Allowance	57.27%	57.27%	57.27%
Allowance for Bad Debt	5.00%	3.00%	2.00%
Charity Care	3.00%	3.00%	3.00%

	Gross Revenue		
Medicaid - 3.5	\$ 10,476,000.00	\$ 13,550,400.00	\$ 13,550,400.00
Commercial- 3.5	\$ 1,164,000.00	\$ 1,505,600.00	\$ 1,505,600.00
Medicaid - 3.7	\$ 6,426,810.00	\$ 14,413,230.00	\$ 14,413,230.00
Commercial- 3.7	\$ 714,090.00	\$ 1,601,470.00	\$ 1,601,470.00
	\$ 18,780,900.00	\$ 31,070,700.00	\$ 31,070,700.00
	Contractual		
Medicaid - 3.5	\$ 7,068,052.44	\$ 9,142,319.38	\$ 9,142,319.38
Commercial- 3.5	\$ 673,990.92	\$ 871,787.57	\$ 871,787.57
Medicaid - 3.7	\$ 4,119,881.83	\$ 9,239,545.66	\$ 9,239,545.66
Commercial- 3.7	\$ 408,953.85	\$ 917,149.55	\$ 917,149.55
	\$ 12,270,879.04	\$ 20,170,802.15	\$ 20,170,802.15
	Bad Debt		
Medicaid - 3.5	\$ 223,662.60	\$ 253,392.48	\$ 192,415.68
Commercial- 3.5	\$ 24,851.40	\$ 28,154.72	\$ 21,379.52
Medicaid - 3.7	\$ 137,212.39	\$ 269,527.40	\$ 204,667.87
Commercial- 3.7	\$ 35,704.50	\$ 48,044.10	\$ 32,029.40
	\$ 421,430.89	\$ 599,118.70	\$ 450,492.47
	Charity		
Medicaid - 3.5	\$ -	\$ -	\$ -
Commercial- 3.5	\$ 34,920.00	\$ 45,168.00	\$ 45,168.00
Medicaid - 3.7	\$ -	\$ -	\$ -
Commercial- 3.7	\$ 21,422.70	\$ 48,044.10	\$ 48,044.10
	\$ 56,342.70	\$ 93,212.10	\$ 93,212.10
	Net Revenue		
Medicaid - 3.5	\$ 3,184,284.96	\$ 4,154,688.14	\$ 4,215,664.94
Commercial- 3.5	\$ 430,237.68	\$ 560,489.71	\$ 567,264.91
Medicaid - 3.7	\$ 2,169,715.77	\$ 4,904,156.94	\$ 4,969,016.48
Commercial- 3.7	\$ 248,008.95	\$ 588,232.25	\$ 604,246.95
	\$ 6,032,247.36	\$ 10,207,567.05	\$ 10,356,193.28
Revenue - Pre Allowance	\$ 6,032,416.02	\$ 10,206,617.93	\$ 10,356,866.17
Revenue - Net	\$ 6,032,416.02	\$ 10,206,617.93	\$ 10,356,866.17
	\$ 168.66	\$ (949.12)	\$ 672.89
	\$ 4,528,835.68	\$ 10,156,695.21	\$ 10,156,695.21
	\$ 172,916.89	\$ 317,571.50	\$ 236,697.27
	\$ 21,422.70	\$ 48,044.10	\$ 48,044.10
	\$ 2,435,017.43	\$ 5,510,974.68	\$ 5,592,100.02
	\$ 1,899,478.66	\$ 4,280,104.92	\$ 4,279,853.82

TABLE G. WORKFORCE INFORMATION

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

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
Office Manager				1.0	\$73,809	\$73,809	0.0	\$0	\$0	1.00	\$73,809
Director of Operations				1.0	\$110,713	\$110,713	0.0	\$0	\$0	1.00	\$110,713
Executive Director - PT	0.33	\$66,413	\$66,413		\$0	\$0	0.0	\$71,041	\$4,628	0.33	\$71,041
Director Referral Management (spanish)				1.0	\$92,261	\$92,261	0.0	\$0	\$0	1.00	\$92,261
Alumni Coordinator				1.0	\$55,357	\$55,357	0.0	\$0	\$0	1.00	\$55,357
Total Administration	0.33	\$ 66,413	\$ 66,413	4.0	\$332,140	\$332,140	0.0	\$71,041	\$4,628	4.33	\$403,181
Direct Care Staff (List general categories, add rows if needed)											
Medical Director				0.5	\$153,768	\$153,768	0.0	\$0	\$0	0.5	\$153,768
Clinical Director				1.0	\$153,768	\$153,768	0.0	\$0	\$0	1.0	\$153,768
Clinical Supervisor				1.0	\$92,261	\$92,261	0.0	\$0	\$0	1.0	\$92,261
Director of Nursing				1.0	\$153,768	\$153,768	0.0	\$0	\$0	1.0	\$153,768
Nuses - RN and LPN				16.0	\$102,348	\$1,637,570	0.0	\$0	\$0	16.0	\$1,637,570
MedTechs	3.0	\$59,800	\$179,400				0.0	\$63,686	\$12,503	3.0	\$191,903
Intake Coordinator	1.0	\$46,000	\$46,000	1.0	\$49,206	\$49,206	0.0	\$49,206	\$3,206	2.0	\$98,412
Behavioral Health Tech Supervisor	1.0	\$63,250	\$63,250				0.0	\$67,360	\$4,408	1.0	\$67,658
Behavioral Health Tech	10.0	\$40,664	\$406,640	6.0	\$43,498	\$260,988	0.0	\$43,498	\$28,339	16.0	\$695,967
Case Manager	1.0	\$46,000	\$46,000	2.0	\$49,206	\$98,412	0.0	\$49,206	\$3,205	3.0	\$147,617
Therapist	2.0	\$74,750	\$149,500	3.0	\$79,959	\$239,877	0.0	\$79,959	\$10,420	5.0	\$399,797
Group Facilitator				2.0	\$49,206	\$98,412	0.0	0.0	0.0	2.0	\$98,412
Total Direct Care	18.0	\$ 330,464	\$ 890,790	33.5	\$926,988	\$2,938,030	0.0	\$352,915	\$62,081	51.5	\$3,890,901
Support Staff (List general categories, add rows if needed)											
Housekeeping	1.0	\$38,272	\$38,272	3.0	\$40,939	\$122,818	0.0	\$40,939	\$2,667	4.0	\$163,757
Maintenance	1.0	\$38,272	\$38,272			\$0	0.0	\$40,939	\$2,667	1.0	\$40,939
Transportation	1.0	\$40,664	\$40,664			\$0	0.0	\$43,498	\$2,834	1.0	\$43,498
Total Support	3.0	\$ 117,208	\$ 117,208	3.0	\$40,939	\$122,818	0.0	\$125,376	\$8,168	6.0	\$248,194
REGULAR EMPLOYEES TOTAL	21.3	\$ 514,085	\$ 1,074,411	40.5	\$1,300,068	\$3,392,988	0.0	\$549,332	\$74,877	61.8	\$4,542,276
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Administration			\$0			\$0			\$0	0.0	\$0
Direct Care Staff (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff			\$0			\$0			\$0	0.0	\$0
Support Staff (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support Staff			\$0			\$0			\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL			\$0			\$0			\$0	0.0	\$0
Benefits (State method of calculating benefits below):											
TOTAL COST	21.3		\$1,074,411	40.5		\$3,392,988	0.0		\$74,877		\$4,542,276

	<u>CY 2025</u>	<u>CY 2026</u>	<u>CY 2027</u>
Average Daily Census			
Residential 3.7	15.0	33.8	33.8
Residential 3.5	31.9	41.3	41.3
Patient Days			
Medicaid	11,640	15,056	15,056
Commercial OON	5,493	12,319	12,319
Payor Mix of Patient Days			
Medicaid	90.0%	90.0%	90.0%
Commercial OON	10.0%	10.0%	10.0%
Revenue - 3.5- Medicaid			
Gross Revenue per Day	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Deduction % of Gross Revenue			
Contractual Allowance	67.47%	67.47%	67.47%
Allowance for Bad Debt	2.14%	1.87%	1.42%
Charity Care	0.00%	0.00%	0.00%
Revenue - 3.5 - Commercial			
Gross Revenue per Day	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Deduction % of Gross Revenue			
Contractual Allowance	57.90%	57.90%	57.90%
Allowance for Bad Debt	5.00%	3.00%	2.00%
Charity Care	3.00%	3.00%	3.00%
Revenue - 3.7 - Medicaid			
Gross Revenue per Day	\$ 1,300.00	\$ 1,300.00	\$ 1,300.00
Deduction % of Gross Revenue			
Contractual Allowance	64.10%	64.10%	64.10%
Allowance for Bad Debt	2.14%	1.87%	1.42%
Charity Care	0.00%	0.00%	0.00%
Revenue - 3.7 - Commercial			
Gross Revenue per Day	\$ 1,300.00	\$ 1,300.00	\$ 1,300.00
Deduction % of Gross Revenue			
Contractual Allowance	57.27%	57.27%	57.27%
Allowance for Bad Debt	5.00%	3.00%	2.00%
Charity Care	3.00%	3.00%	3.00%

		Gross Revenue	
Medicaid - 3.5	\$ 10,476,000.00	\$ 13,550,400.00	\$ 13,550,400.00
Commercial- 3.5	\$ 1,164,000.00	\$ 1,505,600.00	\$ 1,505,600.00
Medicaid - 3.7	\$ 6,426,810.00	\$ 14,413,230.00	\$ 14,413,230.00
Commercial- 3.7	\$ 714,090.00	\$ 1,601,470.00	\$ 1,601,470.00
	\$ 18,780,900.00	\$ 31,070,700.00	\$ 31,070,700.00
		Contractual	
Medicaid - 3.5	\$ 7,068,052.44	\$ 9,142,319.38	\$ 9,142,319.38
Commercial- 3.5	\$ 673,990.92	\$ 871,787.57	\$ 871,787.57
Medicaid - 3.7	\$ 4,119,881.83	\$ 9,239,545.66	\$ 9,239,545.66
Commercial- 3.7	\$ 408,953.85	\$ 917,149.55	\$ 917,149.55

	\$ 12,270,879.04	\$ 20,170,802.15	\$ 20,170,802.15
		Bad Debt	
Medicaid - 3.5	\$ 223,662.60	\$ 253,392.48	\$ 192,415.68
Commercial- 3.5	\$ 24,851.40	\$ 28,154.72	\$ 21,379.52
Medicaid - 3.7	\$ 137,212.39	\$ 269,527.40	\$ 204,667.87
Commercial- 3.7	\$ 35,704.50	\$ 48,044.10	\$ 32,029.40
	\$ 421,430.89	\$ 599,118.70	\$ 450,492.47
		Charity	
Medicaid - 3.5	\$ -	\$ -	\$ -
Commercial- 3.5	\$ 34,920.00	\$ 45,168.00	\$ 45,168.00
Medicaid - 3.7	\$ -	\$ -	\$ -
Commercial- 3.7	\$ 21,422.70	\$ 48,044.10	\$ 48,044.10
	\$ 56,342.70	\$ 93,212.10	\$ 93,212.10
		Net Revenue	
Medicaid - 3.5	\$ 3,184,284.96	\$ 4,154,688.14	\$ 4,215,664.94
Commercial- 3.5	\$ 430,237.68	\$ 560,489.71	\$ 567,264.91
Medicaid - 3.7	\$ 2,169,715.77	\$ 4,904,156.94	\$ 4,969,016.48
Commercial- 3.7	\$ 248,008.95	\$ 588,232.25	\$ 604,246.95
	\$ 6,032,247.36	\$ 10,207,567.05	\$ 10,356,193.28
Revenue - Pre Allowance	\$ 6,032,416.02	\$ 10,206,617.93	\$ 10,356,866.17
Revenue - Net	\$ 6,032,416.02	\$ 10,206,617.93	\$ 10,356,866.17
	\$ 168.66	\$ (949.12)	\$ 672.89
	\$ 4,528,835.68	\$ 10,156,695.21	\$ 10,156,695.21
	\$ 172,916.89	\$ 317,571.50	\$ 236,697.27
	\$ 21,422.70	\$ 48,044.10	\$ 48,044.10
	\$ 2,435,017.43	\$ 5,510,974.68	\$ 5,592,100.02
	\$ 1,899,478.66	\$ 4,280,104.92	\$ 4,279,853.82

