

March 28, 2025

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***VIA HAND DELIVERY***

Ewurama Shaw-Taylor  
Chief, Certificate of Need  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore MD 21215

Re: Luminis Health Doctors Community Medical Center (Docket No. 23-16-2466)

Dear Ms. Shaw-Taylor:

On behalf of Luminis Health Doctors Community Medical Center (LHDCMC), enclosed are six copies of a request for project changes post-approval of the above-referenced Certificate of Need (CON) pursuant to COMAR 10.24.01.17.

The Maryland Health Care Commission issued this CON to LHDCMC on December 14, 2023 to establish an obstetrics service and undertake a capital expansion and renovation of the existing hospital in Lanham. The approved project included the construction of new facilities for the new obstetrics service as well as for the hospital's existing surgical services. The approved original project had an estimated cost of approximately \$300 million.

As LHDCMC undertook the initial detailed planning phases of the project, it became clear that the projected capital cost was outpacing an acceptable level of inflation. LHDCMC hired an architecture firm to revisit the approach to determine if more cost-effective and time-efficient alternatives could be found. Through that process, we determined that we could deliver the same level and extent of service by renovating, rather than rebuilding our surgical platform. By changing the approach to modernizing our operating rooms, we were able to develop a more efficient and cost-effective solution to the construction of the hospital tower for obstetrical services.

Because the need for obstetrics services and campus improvements remains unchanged, the scope of the proposed services under this request are unchanged from the approved CON. However, this modification request reduces the size of the new construction (to include just the Obstetrics Pavilion and Loading Dock expansion), and proposes to renovate the existing operating rooms, rather than construct new operating rooms. This change in approach reduces construction costs by reducing the size of the new building, but also allowed LHDCMC to move the location

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of the Obstetrics Pavilion to the east side of campus, which reduced the degree of sitework and need for a parking structure.

Altogether, these changes will save almost \$100 million versus the approved project design without reducing the breath of services that will be provided when the project is complete.

A copy of this request is being forwarded to the appropriate local health planning agencies copied below.

Thank you for your consideration.

Sincerely,

*Marta Harting*  
Marta D. Harting  
Partner

MDH/dll  
Enclosures

cc: Matthew Levy, MD, MPH, F.A.A.P.  
Wynee Hawk  
Moira Lawson

# **PART I**

## PART I

The responses to Questions 1-7 in Part I are unchanged with the proposed modifications. Responses to Questions 8-12 of Part I with the proposed modifications are set forth below.

### 8. PROJECT DESCRIPTION

#### A. Executive Summary of Project with Proposed Modifications

On Dec 14, 2023, the MHCC issued a certificate of need (CON) to Luminis Health Doctors Community Medical Center (LHDCMC) to establish an obstetrics service and to undertake a capital expansion and renovation to the existing Hospital. The approved project included the construction and renovation of 301,952 SF and had an approved capital expenditure cost of \$299,012,841.

As LHDCMC began the initial planning phases of the project, it became clear that there were significant increases in both construction and anticipated operating costs since the original proposal and anticipated in the future. The projected capital costs are outpacing an acceptable rate of inflation. Rather than change the scope of the proposed services, because the need for obstetrics services and campus improvements remains unchanged (as described at length in the original CON Application), LHDCMC hired an architecture firm, Wilmot Sanz, to revisit the approach to determine if more cost-effective and time-efficient alternatives could be found. LHDCMC notified the MHCC in its September 2024 Progress Report that we intended to submit a design modification based on architect's analysis and recommendations.

This proposed project modification changes the location and size of the new building expansion that is planned for the LHDCMC Campus. Conceptually, the principal change in the approach is the relocation of the new Obstetrics Pavilion from the west face of the current hospital, where it was in the approved CON, to the east. This change reduces the need for new roadways throughout the campus and eliminates the need for a parking structure. In addition, in order to accomplish the goals for the surgical services, in both capacity and efficiency, the new proposal is to renovate the existing surgical floor of the hospital in place, rather than build new operating rooms in the new Pavilion.

These two major changes to the approach to the project will reduce the projected capital expense by nearly one third to \$210,828,366 without reducing the breadth of services that will be provided when the project is complete.

#### (1) Obstetrics Program

As originally proposed, and unchanged by this modification request, the obstetric program will provide a full obstetrics service to the LHDCMC region. The obstetrics program integrates best practices in facility design, clinical operations for obstetric care, and security and safety for patients, infants and staff. The room count proposed in this modification represents a minor change from the original proposal. This modification has 5 fewer beds in the Obstetrics Pavilion. Specifically, there are 18 postpartum beds and 3 ante-partum beds in the approved project; the proposed modification has 16-bed postpartum beds and is designed for flexibility in patient use, to include antepartum patients within the postpartum or Labor/Delivery/Recovery beds. The modified project is able to achieve a similar number of births as the original proposal, albeit with higher occupancy rates, but still within standard practices for safe, high quality care.

In the proposed modification, the obstetrics program will occupy Levels 1 and 2 of the new Obstetrics Pavilion. As with the approved project, the program elements proposed are all included in this modified plan. Level 1 will include Labor/Delivery/Recovery (LDR) rooms, C-Section Operating Rooms, and additional patient, family, and clinical support spaces. Level 2 will include the postpartum/antepartum unit, Level II Continuing Care Nursery (five stations), Respiratory Therapy and clinical support spaces.

The proposed obstetric program will meet Prince George's County's need for additional obstetrics services by improving access to care and maternal and infant health outcomes. The entirety of the program offerings and commitment to community need remains unchanged from the original proposal, other than the slight reduction in beds.

LHDCMC continues to advance our original plans to deliver a comprehensive and integrated perinatal program incorporating outpatient services from preconception to menopause and inpatient labor and delivery, postpartum, antepartum, and a special care nursery. As in the approved CON, the obstetrics program at LHDCMC will create opportunities for OB/GYNs to successfully provide care in this under-resourced region by offering: (a) program affiliation with the well-recognized women's care programs of Luminis Health, (b) the laborist model at LHDCMC to attract clinicians seeking to leverage this program model and provide robust ambulatory clinical care in the community, and (c) a new, locally based facility with progressive design and programmatic features.

The LHDCMC obstetric program is expected to yield the same community and population health benefits for which it was originally approved, including:

- Provide access to a local delivery site and increase the number of ambulatory providers.
- Improve maternal/child health outcomes and reduce health disparities.
- Reduce the C-Section rate through protocol development and utilization of the laborist model.
- Reduce travel time for obstetric care for patients who now rely on delivery sites in Montgomery County, Anne Arundel County, or Washington, DC.

## (2) Capital Expansion and Renovation

As in the approved CON, there are two primary elements of capital construction in this modified plan: new construction and renovation. The new construction in this modification includes two distinct areas of expansion: The Obstetrics Pavilion on the southeast corner of the existing hospital structure and the loading dock and pharmacy expansion on the northeast corner of the existing hospital. The loading dock is located in the same place as in the approved CON, but it now includes a second floor, proposed to house pharmacy. The Obstetrics Pavilion in this modified proposal is in a new location on campus. Both portions of the building expansion are connected to the existing main hospital via a support services circulation spine. This new corridor defines a service zone for the entire LHDCMC existing hospital and enables efficient distribution patterns to both the new expansions and existing hospital.

Renovations inside the main hospital pavilion are enabled by reconfiguration of existing space and the movement of some services to the expansion areas. This creates opportunities to reconsider interior space to improve layout, department size, and flow. These departmental moves and redesign will create key functional adjacencies and clinical efficiencies for patient care delivery and staff efficiency.

The new building expansions are addressed together below as “New Construction” in that the new structures are distinct from existing facilities. Renovations are similarly grouped into “Renovations” within the existing structures.

## **B. Comprehensive Project Description with Proposed Modifications**

### **(1) New Construction**

#### *(a) New Construction Overview: Obstetrics Pavilion and Loading Dock Expansion*

**Obstetrics Pavilion:** The new Obstetrics Pavilion will be three enclosed stories, located adjacent to the southeast portion of the existing hospital facility, behind the current Emergency Department. The new Pavilion spans 67,000 square feet and is designed to serve only the obstetrics program, which is located primarily on the first and second floors of the new pavilion. The facility is designed to integrate best practices in hospital obstetrics program design and clinical operations for obstetric care as well as safety and security for patients, infants, and staff. The obstetrics spaces will be used for all aspects of care delivery, including space dedicated to labor, delivery, recovery and postpartum.

The first floor of the Obstetrics Pavilion will contain the new lobby, entry, and the labor and delivery unit, including two dedicated C-Section operating rooms. This lobby and entrance are dedicated to the Obstetrics Pavilion for obstetrics services – this is a separate entrance from the rest of the hospital, dedicated to this program, to maximize safety and experience for families. A patient drop off area will be provided as well as a new surface parking lot adjacent to the main entry. The second floor of the Obstetrics Pavilion will house the post-partum and nursery units with direct connection back to the existing hospital building for staff use.

The Obstetrics Pavilion was originally proposed to be located on the west side of the existing hospital, adjacent to the main hospital entrance, and in the position of the current main parking area. This location was determined to be suboptimal in that it necessitated the construction of a new loop road around the west side of the campus and a new parking structure. By moving the Obstetrics Pavilion to the opposite side of the hospital campus, we are able to propose less road construction, forgo the parking structure, and offer all of the programmatic elements originally proposed.

**Loading Dock:** The loading dock and pharmacy expansion is two floors. The loading dock is located on the first floor of the structure with the pharmacy above. This loading dock relocation is part of the approved project, but the addition of the pharmacy on the second floor is a modification from the original plan. The pharmacy modification is necessitated by the proposed renovations of the surgical floor rather than expansion into the new building (discussed below). The pharmacy must be expanded to accommodate the existing hospital volume and the new obstetrical service. The loading dock expansion offers ideal space for the pharmacy, which will connect back to the main hospital pavilion via the second floor of the new service corridor for efficient flow.

While the relocation of the Obstetrics Pavilion would have allowed us to have kept the loading dock in its current position, the existing loading dock is woefully undersized and its location on the west side of the building, near the existing front entrance to the hospital, is highly inefficient for vehicular flow. The existing location of the loading dock is prohibitive to improving flow around the hospital building, which is the reason it is proposed to be relocated to the east side of the existing hospital building, where it will be adjacent to roadways and not interfere with entry and exit to the hospital for patients and staff. The

relocation and expansion of the loading dock will allow for it to properly support the supply chain and will create efficiencies for receiving and distribution.

Both new buildings are connected to the existing structure via a support services circulation spine which will allow for efficient staff flow between the loading dock, pharmacy, and new Obstetrics Pavilion and the existing hospital. It should be noted that one advantage of this design is that it allows for extension of the circulation corridor southward to connect to the Behavioral Health Pavilion. New spaces are shown in the diagram below in green.

Figure 1. New Construction Footprint.



***(b) New Construction Detail: Obstetrics Pavilion and Loading Dock Expansion***

Detail on the use of the space in the new buildings is as follows, highlighting elements or features of the building that are changed from the CON; all other specifications not directly addressed are unchanged.

**Obstetrics Pavilion - Level 1** The Obstetrics Pavilion’s location requires a new lobby and entrance for the pavilion, including areas for an information desk, admissions / check-in / and health information management. There will be centralized areas for security, a dedicated space for community / multipurpose room, public toilets, and administrative areas for executive use, medical staff services, nursing administration, case management, and shared office space.

The clinical obstetrical services in the first floor are consistent with the original CON, including:

- Obstetric triage rooms (4 bays),
- Six Labor Delivery Recover rooms (LDRs),
- Two additional LDRs designed for a birthing center experience for patients who choose a midwife delivery,
- Two dedicated C-Section operating rooms, On-Call rooms, and clinical support space,
- Main Entrance Lobby with Information Desk, Admissions / Check-in / HIMS, Security, Public Toilets,
- Building Services – elevator and stair, service spine to connect to service corridor.

The following drawing provides a general schematic of the first floor of the Obstetrics Pavilion, after new construction and renovation is complete.

Figure 2. First Floor Construction Footprint Obstetrics Pavilion



**Obstetrics Pavilion - Level 2** There will be 16 postpartum beds and five beds in the Level II continuing care nursery. This is a slight reduction from the approved project (which had 18 postpartum beds, 3 ante-partum beds, but only four nursery bassinets). The beds on this floor can accommodate postpartum and antepartum care. There is also clinical support space and respiratory therapy on this floor. The minor reduction in beds is consistent with updated birth projections, discussed below, but the Pavilion is still capable of achieving the birth volumes projected in the approved project, albeit at higher occupancy rates. The following drawing shows detail of the second floor of the Obstetrics Pavilion.





**Obstetrics Pavilion – Overall Circulation and Security Features** As before, the plans for the Obstetrics Pavilion and internal department renovations will be developed based on current standards and requirements established by the 2022 Guidelines for Design and Construction of Hospitals by the Facility Guidelines Institute (FGI) and is designed with careful consideration given to patient, infant and staff safety, comfort, and convenience. The projects have also been planned to achieve LEED Silver requirements.

The Obstetrics Pavilion proposes four new elevators and is organized with a designated public circulation/transport zone that is separated from patient, staff, and materials movement.

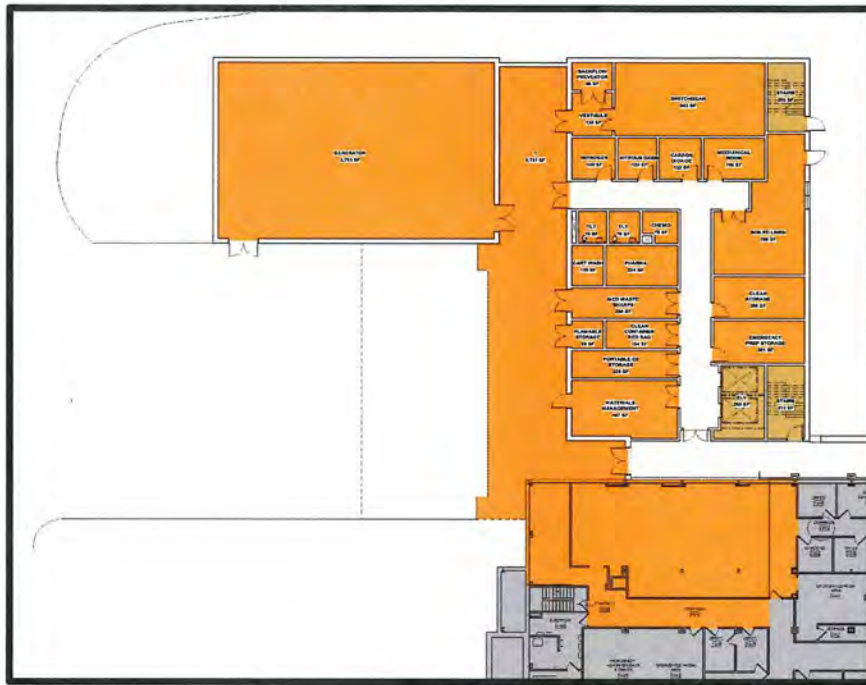
- Two designated public elevators for surgical and obstetrics patients and visitors are provided from the Main Entrance on Level 1 to all levels of the new Obstetrics Pavilion. Elevators are configured for future vertical expansion, if needed.
- Two patient / service transport elevators are provided in the support service zone for the movement of patients, staff, and materials and provide access to the Level 4 Helipad.
- The new main entrance on Level 1 will serve as the primary point of access and wayfinding for all patients and visitors.
- Obstetric patients arriving from the Emergency Department will be transported via the secure patient corridor directly into the labor and delivery suite.

As part of the Obstetrics Pavilion there will also be specific features that address the potential of infant abduction that distinguishes the Obstetrics program from general health care services. The following features address safety and security as well as best practice functional design features.

- **Secure Zones:** Overall facility design and configuration will include secure mother-baby inpatient zones to prevent non-authorized patients, visitors, and family movement throughout the Maternity Center's inpatient care and nursery zones.
- **Access points:** Department / facility configuration will incorporate safety and security. Secured doors at all entries and stairs serving the Obstetrics Pavilion to control access.
- **IT Access Control Systems:** The Obstetrics Pavilion access points will also have dedicated security monitoring and notification systems. These security systems include electronic access control such as card readers, cameras, door prop sensors, and infant abduction sensors.
- **Communications:** Monitoring / alert systems will support clinical and security protocols.

**Loading Dock Expansion and Support Services - Level 1** The loading dock will be dramatically improved by relocation to the east side of the hospital building – creating improved access for arriving and departing commercial vehicles and separating patient and staff vehicular traffic from the loading dock area. This structure includes a new, five-bay loading dock with wide, covered access. Additionally, on the first floor of the building there will be 6,000 sf of new construction for EVS medical waste management, gas cylinder storage, soiled linen and emergency preparedness storage.

Figure 6. First Floor Loading Dock Expansion



**Loading Dock Expansion and Support Services - Level 2** The pharmacy will relocate to the second floor of the new loading dock where it will have additional space to better meet the needs of existing and future patients, including obstetrics patients. This move will also create the opportunity to expand and renovate other support services within the existing hospital's first floor.

Figure 7. Second Floor Loading Dock Expansion



## (2) Renovation of Existing Hospital Space

The new building projects will relocate some services from within the existing hospital pavilion that will enable LHDCMC to resize, modernize, and renovate some hospital support services. As described below, surgical services will be renovated in the current floor (the second floor) of the main hospital pavilion, rather than constructing a new surgical suite in one floor of the new Obstetrics Pavilion as in the approved project. The master plan for this area will improve operating room size and flow for all spaces, to allow for more efficient care and modern surgical equipment which is often too large to fit into older, smaller operating rooms.

In the approved project, LHDCMC was granted 10 general purpose operating room licenses (in addition to the two dedicated C-Section Rooms located in the Obstetrics Pavilion). This modification will achieve the same number of licensed operating rooms, but rather than construct ten new general purpose operating rooms within the Obstetrics Pavilion, this modification renovates the ORs in existing space.

The LHDCMC master plan addresses renovation of the entire existing surgical suite, although not all of the space will be renovated at this time. The master plan reorganizes the space on the second floor to allow for more efficient surgical support, including resized sterile processing and storage. The first two phases of the master plan will be implemented as part of the modified project. The renovation proposed in this modification will create the full surgical capacity granted in the approved CON, but not all operating rooms and support services will be completely renovated at this time.

It is important to note that because the approved CON included relocating the entire operating room suite, a larger area was available for the relocation, resizing, and renovation of other hospital support services. The proposed modification includes smaller areas of renovation, but is designed to meet the demands of the hospital facility as planned, including expected future community need.

### *(a) Renovation Detail: Support Services First Floor*

On the first floor of the existing hospital pavilion, renovations and reallocations of space are designed to improve work flows related to the moved loading dock and resizing departments into then-open spaces to better address patient needs.

- Supply Chain Management will be relocated within the current LHDCMC hospital building to the first floor, adjacent to the new loading dock.
- Laboratory space, which was determined to be undersized as demonstrated in the CON, will expand to support the new Obstetrics program. Specifically, microbiology, blood bank, and associated storage space adjacent to the lab will be renovated to meet programmatic needs. The lab will be larger than the current facility, but not as large as original CON specifications because we are no longer relocating the morgue.
- Linen and Laundry will be able to expand because the Pharmacy relocation to the Loading Dock Expansion, 2<sup>nd</sup> Floor. This will enable the clean linen and a new laundry service area to be provided in the vacated Pharmacy space.
- Food and Nutrition is undersized and will receive partial renovation of the existing kitchen, food prep, and dry good storage area. This is required to accommodate the additional need of the new obstetrics program. Unlike the approved CON, there is no additional dining area in this proposed modification because the dining-adjacency of the Obstetrics Pavilion was changed with the relocation.

- Imaging will expand in place to meet planning benchmarks associated with the LHDCMC campus, but there will be no significant expansion as the size is adequate to meet patient need.

The areas highlighted in blue in Figure 8 show renovation under the proposed modifications.

Fig. 8 below shows areas on the first floor that will be renovated under the proposed modifications.



*(b) Renovation Detail: Surgical Services Second Floor*

The renovated surgical space will provide operating rooms based on current best practice technology and space requirements with an integrated sterile core and connectivity to sterile processing, located adjacent to the suite. Renovations on this floor allow for reorganization of procedural space such that there will be dedicated space for procedure rooms, catheterization labs and interventional radiology services, as well as shared prep and recovery bays with surgical services. This will enhance procedural efficiency as well as efficiency for the operating rooms and surgical services staff.

Renovation of the surgical suite of the existing building under the proposed modification will include implementation of the first two phases of the master plan. Specifically, under this modification, LHDCMC will renovate and resize four (4) general purpose operating rooms, keeping the six (6) largest and newest of the existing operating rooms, creating a platform of 10 ORs that are consistent with best practice, technology, and space requirements. We will relocate and modernize two interventional radiology rooms and reconfigure the cath labs into adjacent spaces made available through enabling moves.

The sterile core will be reconfigured allowing for improved accessible storage for the operating rooms and IT support services will be relocated and expanded into vacant space on the floor.

Also on the second floor, the surgical/procedural registration and waiting rooms will be relocated for better efficiency for staff and improved experience for patients and families as well as better overall circulation through the entire second floor surgical and procedural space. These moves within the second level are enabled by moves in other parts of this project.

The approved project provided dedicated support space for interventional radiology and procedure rooms, but the proposed modification has the support space and prep and recovery rooms shared with all perioperative services, thereby reducing the amount of renovation required while still meeting patient needs. The other variance from the approved CON includes fewer relocations and expansions of individual spaces because the new design allows biomed and surgical locker rooms to remain in place. Additionally, the GME suite was located in a portion of the vacated second floor surgical suite, that space is now located on the third floor of the Obstetrics Pavilion.

Fig. 9 below shows areas on the second floor that will be renovated under the proposed modifications.

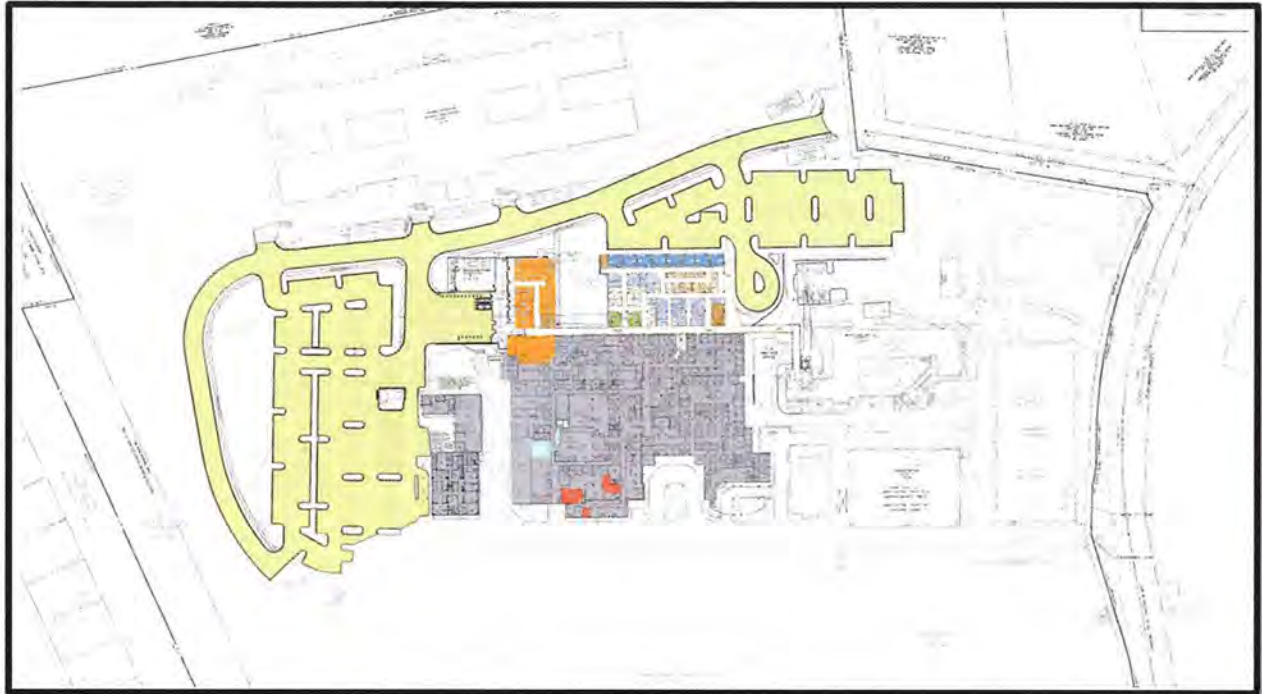


### (3) Site Development, Circulation and Utilities

With the proposed construction, significant changes to the overall site are required, including moving the loading dock and utilities. Over the lifetime of the LHDCMC campus, the utility systems on and off

campus have grown in their complexity. The loading dock requires relocation and expansion so it can properly support the supply chain and efficiencies for receiving and distribution. The utility infrastructure for water, electric and wastewater systems require overhauling. The proposed modification to the CON involves similar infrastructure relocation and upgrading, but reduces the roadwork expected throughout the campus.

Fig. 10 Campus Map showing Roads and Utilities



#### (4) Construction, Renovation, and Demolition Plans

With this modification, LHDCMC proposes a single-phase capital improvement project that will require site modifications, construction of the new Obstetrics Pavilion and Loading Dock and renovation(s) to the existing hospital. This is a change from the original CON, which was a multi-phase project.

#### (5) Changes in Square Footage of Departments and Units

Changes to the overall building square footage, and the square footage of departments and units are detailed in the attached Exhibit 1, Table B.

#### (6) Physical Plant Changes

A detailed description of all elements of the new building expansion's physical plant systems, including mechanical, plumbing, fire protection, electrical, and low-voltage systems, is provided in Exhibit 2: Physical Plant System Descriptions.

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

See Exhibit 1, Table B

#### (8) Single Phase Project Description

Unlike the original CON, LHDCMC proposes that this modified CON will be a single phase project, consisting of the construction of an Obstetrics Pavilion, Loading Dock Expansion, and internal

department renovations. This single phase project will be performed over a 36-month period following capital obligation. The construction phase also includes site development projects for campus roads and site utility upgrades. All areas of construction will be completed for the Go-live date of the OB pavilion.

The Departmental Gross Square Feet Worksheet is included as Table B in the CON Table Package, included as Exhibit 1 to this Modification.

#### 9. CURRENT PHYSICAL CAPACITY AND PROPOSED CHANGES

The Bed Capacity Table is the Table A worksheet in the CON Table Package, included as Exhibit 1 to this Modification.

#### 10. REQUIRED APPROVALS AND SITE CONTROL

Unchanged from original submission

#### 11. PROJECT SCHEDULE

The project schedule is detailed below. This project, as modified, is a single phase project. The first milestone is the obligation of 51% of the approved capital expenditure within 24 months after the original CON was approved (December, 2025). Construction will be initiated within 6 months of the effective date of binding contract, and the project will be completed within 36 months of the binding capital obligation.

#### 12. PROJECT DRAWINGS

Project drawings are attached as Exhibit 3 (full size drawings filed with the Commission with the hard copies of this Modification Request).

# **PART II**

## PART II - PROJECT BUDGET

The modified project budget is included in Table E and is provided with related assumptions within Exhibit 1.

# **PART III**

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

This section is unchanged from the original submission.

# **PART IV**

#### PART IV - PROPOSED PROJECT MODIFICATION ALIGNMENT WITH STANDARDS

None of the proposed modifications to the CON will change LHDCMC's consistency with all applicable standards. LHDCMC will continue to meet all applicable standards with the proposed modifications. Below we will address how the modification will continue to meet standards for elements of the project that are different from the original application. All other criteria not discussed below are unchanged in our approach to meet the applicable standards.

# **ACUTE CARE CHAPTER**

## COMAR 10.24.10.04. ACUTE CARE CHAPTER STANDARDS

Unless specifically addressed herein, this modification does not change LHDCMC's approach to meeting all applicable standards.

### COMAR 10.24.10.04 (B) (4) Adverse Impact

LHDCMC will be seeking an increase to its Global Budget Revenue (GBR) related to this capital project via the HSCRC's Capital Funding Policy. This policy takes an average of the statewide capital ratio and a hospital's proforma capital ratio and subtracts the hospital's current capital ratio to determine eligible capital funding. This amount is then adjusted based on the hospital's efficiency ranking in the state.

Using the HSCRC's FY24 efficiency results LHDCMC estimates \$6,605,556 annually in capital rates.

### COMAR 10.24.10.04 (B) (5) Cost Effectiveness

- a) The primary objectives for this project are unchanged.

LHDCMC evaluated several new alternatives in addition to the alternatives presented in the original CON. The proposed construction approach in this modification is determined to be the most cost-effective approach. In comparison to the approved project, the relocation of the Obstetrics Pavilion to the east side of the existing hospital facility enabled us to reduce the amount of associated construction on the campus, including less earthwork and roadwork and no new parking facility. In addition, the cost to renovate the surgical suite in place rather than construct all new operating rooms is much lower than in the approved project. The smaller size of the new building and the less overall campus construction required made this a more cost-effective solution.

### COMAR 10.24.10.04 (B) (6) Burden of Proof Regarding Need

- (a) Need for Support Services and Infrastructure Expansion and Renovations

The rationale for the renovation and expansion of support services is unchanged, but the enabling move of the entire operating room suite into a new facility in the original CON no longer exists in the proposed modifications, reducing the overall level of expansion of services as compared to the approved project.

The critical support services expansions and renovations are still planned within the proposed modifications, but are reduced since LHDCMC will not be relocating surgical services to the new building. The key services with reduced expansion in this modification are described below, with the rationale for the change. The proposed modification will meet the need of the existing hospital services at LHDCMC, the proposed obstetrics program, and future demand for patient care.

#### First Floor Renovation

- Lobby/Security/Registration: The approved CON required a redesigned main hospital entrance and the relocation of the administration suite and gift shop. This is no longer required with the Obstetrics Pavilion moving from the west side of campus to the east side of campus. Radiology: The approved CON took advantage of enabling moves to expand and collocate all imaging functions into one cohesive suite and the addition of a nuclear medicine procedure room. The proposed modification meets projected need, but keeps all the rooms in their current location.

- **Dietary:** The approved CON took advantage of enabling moves to expand and modernize production, storage and dining areas. The proposed modification does not require such significant renovations. Food and nutrition will receive partial renovation of the kitchen and food prep areas, and additional dry storage and pot wash area will be added to meet the needs of the additional obstetrics program.
- **EVS, Laundry, Linens and Biomed:** The renovations in the approved CON are proposed to be modified. Linen and Laundry will expand due to the pharmacy relocation to the loading dock expansion. This will enable the clean linen and a new laundry service area to be provided in the vacated pharmacy space. EVS medical waste will collocate with the Loading Dock
- **Core Lab:** Significant renovations are not required. Microbiology, Blood Bank and storage renovations will occur to accommodate all hospital services, including Obstetrics.
- **Morgue:** The morgue will no longer be relocated.

### **Second Floor Renovation**

- **Pharmacy:** The approved CON relocated Pharmacy into existing space occupied by Biomed, Cardiac Rehab and Surgery locker rooms. In the proposed modification, the pharmacy is being located in new space on the second floor above the loading dock. Therefore, the existing Biomed and Surgery Locker rooms are no longer impacted by the project and do not need to be relocated.
- **GME:** The approved CON showed a new GME suite in renovated space. GME is now shown on the 3rd floor of the new Obstetrics Pavilion.
- **IR and Endo Suites:** The approved CON showed a dedicated suite with the requisite amount of support space for interventional radiology, catheterization procedure rooms, and endoscopy, but in the proposed modification, the support space and prep and recovery rooms will be shared with the perioperative rooms, thereby reducing the amount of renovation required while still meeting the patient need.
- **Vascular Lab, Echo and EEG:** The approved CON had the Vascular Lab, Echo and EEG stress test rooms redesigned into a new suite. In the proposed modification, these functions are being relocated into underutilized space near the ICU unit.

#### **(b) Need for Surgical Services Facilities Renovations**

As in the approved CON, renovations of LHDCMC's surgical services facilities are needed because the existing facilities are insufficient and do not align with current industry standards. The approved CON that authorizes 10 general purpose operating rooms for the LHDCMC Surgical Services (in addition to 2 dedicated C-Section operating rooms). Under the proposed modification, LHDCMC will achieve ten general purpose operating rooms, but will achieve this by renovating space on the second floor of the LHDCMC hospital building. Currently, LHDCMC operates nine of its licensed operating rooms on the second floor of the hospital. Six of these are 540SF in size, and three are significantly smaller which limits their functionality. Under this proposed modification, LHDCMC will eliminate the smaller operating rooms and reconfigure the overall layout of the surgical floor in order to accommodate four new operating rooms that are 700SF each while keeping the existing walls of the six larger operating rooms intact.

The approach in this modification differs from the largely "new construction" approach in the approved CON. The modified approach is to renovate the surgical suite within the second floor of LHDCMC. The

operating rooms in the renovated surgical space will adhere to current best practice technology and space requirements with an integrated sterile core and connectivity to sterile processing. Renovating surgical space will allow for reorganization of the existing procedural space and dedicated space for procedure rooms, as well as prep and recovery bays for all perioperative services. This will enhance procedural efficiency as well as efficiency for the operating rooms and surgical services staff.

Renovation under this CON Modification will include implementation of the first two phases of the master plan. Specifically, LHDCMC will renovate and resize four (4) general purpose operating rooms, creating a platform of 10 ORs on the second floor of LHDCMC that are consistent with best practice, technology, and space requirements. LHDCMC will relocate and modernize two interventional radiology rooms and reconfigure the cath labs into adjacent spaces made available through enabling moves. The sterile core will be reconfigured allowing for improved accessible storage for the operating rooms and IT support services will be relocated and expanded into vacant space on the floor.

Also on the second floor, the surgical/procedural registration and waiting rooms will be relocated for better efficiency for staff and improved experience for patients and families as well as better overall circulation through the entire second floor surgical and procedural space.

As with the approved CON, this modification includes renovation of lighting, mechanical and electrical systems to meet the need of surgical services. Current operating rooms will receive renovations to finishes to promote clean sterile environments.

While there will be some operating rooms that are not increased in overall size at this time, the existing operating rooms will have modernized mechanical, electrical, and plumbing systems and will be modernized with new finishes, as needed. These renovated surgical spaces will provide operating rooms consistent with current best practice technology and space requirements with an integrated sterile core and connectivity to sterile processing, located adjacent to the suite.

Renovations to the second floor surgical suite will include reorganization of the existing procedural space creating two, larger interventional radiology rooms with adjacent support services, improved catheterization labs and endoscopy spaces, as well as updated prep and recovery bays. This will enhance procedural efficiency as well as efficiency for the operating rooms and surgical services staff.

Also on the second floor, the surgical/procedural registration and waiting rooms will be relocated for better efficiency for staff and improved experience for patients and families as well as better overall circulation through the entire second floor surgical and procedural space.

#### COMAR 10.24.10.04 (B) (7) Construction Cost of Hospital Space

The proposed cost of the hospital construction project is reasonable and consistent with current industry cost experience in Maryland, as evidenced by the Marshall Valuation Service (MVS) analysis of construction costs for the modified project. This analysis is contained in Exhibit 4.

#### COMAR 10.24.10.04 (B) (9) Inpatient Nursing Unit Space

The only inpatient nursing unit space involved in the proposed project is the postpartum nursing unit. This unit is 261 square feet per bed, which meets the reasonable space standards.

The overall continuing care nursery includes five continuing care infant stations (inpatient beds) and also includes other types of spaces such as a family sleep rooms (with toilet) which is not required by FGI; The continuing care nursery space, not including the "other" spaces, is 172 square feet per bed which is below the standard.

The labor and delivery (OB) unit is not an inpatient nursing unit to which this standard applies.

#### COMAR 10.24.10.04 (B) (11) Efficiency

**Obstetrics Services.** The new obstetrics program design is consistent with the original CON. This includes all private rooms for patient experience and privacy. The antepartum/postpartum unit was designed for staff efficiency, as well as to have a significant positive impact on patient outcomes. By streamlining workflow and reducing transfers, staff can better manage patients' care and reduce the risk of medication errors, falls, and hospital-acquired infections.

Overall, the new maternity center's design has taken into account several critical factors, including patient privacy, staff efficiency, and patient safety. These features can have a significant impact on patient outcomes, improving the overall quality of care provided by the hospital.

**Imaging.** The imaging department will not be relocated under the proposed modifications is modified CON, as it has been determined that the current department meets the needs of patients and the facility, as planned.

**Surgical Services.** As with the original CON, the design of the renovated surgery department will improve efficiency, patient safety, and maximize the utilization of space. Efficiency will be improved in the prep and recovery area design, which flexes to serve between pre-OP, PACU, and Phase I and Phase II recovery. This enables the use of space to be optimized, which is critical in ensuring that the hospital can provide timely high-quality care to patients. Additionally, the location of the prep and recovery area adjacent to ORs and procedure rooms minimizes patient transport time and optimizes patient treatment times.

The proposed modified project will improve process flows for sterile supplies, instrumentation, staff, patient and surgeons. Sterile processing and storage will be located adjacent to the OR suite, which is an essential aspect of the department's design. This is important as it ensures that the necessary sterile supplies are readily available for use in the ORs. The new central core allows for staging of case carts for optimal use and throughput. This helps to reduce time to set up ORs between procedures and ensures that ORs are utilized to their maximum potential. The project will also incorporate modern lighting and mechanical controls to promote efficient systems and energy efficiency.

Overall, the project design takes into account various critical factors, including patient safety, efficiency, and space utilization. By optimizing these elements, the hospital can provide high-quality surgical care to patients while improving overall efficiency and safety.

**Support Services.** Efficiency is a key priority for materials management, lab, EVS, food and nutrition, and pharmacy. The design of the new facility maximizes the efficiency of these services and minimizes travel time between locations through the introduction of a new support corridor for the hospital facility. While the modification has fewer service relocations than the original proposal, the proposed design helps to optimize the use of space and minimize the time required for clinical staff to locate essential items and is critical in providing high-quality care to patients while ensuring efficient operations.

#### COMAR 10.24.10.04 (B) (13) Financial Feasibility

The financial projections for the hospital, including the impact of the construction projects and new Obstetrics Services are included in Tables G and H of this Exhibit 1.

# **OBSTETRIC SERVICES CHAPTER**

### OBSTETRIC SERVICES CHAPTER STANDARDS

Unless specifically addressed herein, this modification does not change LHDCMC's approach to meeting all applicable standards.

#### COMAR 10.24.12.04 (1) Acute Hospital Inpatient Obstetric Services Need

The need for obstetric services in Northern Prince George's County has been well documented in the original CON Application and in many regional white papers pertaining to women's health in Prince George's County. This modification does not revisit the demonstrated need, but the construction proposal reduces the project by two postpartum beds and three antepartum beds. The facility, as designed, can achieve a similar number of deliveries to the approved CON (2,300 births) however the occupancy rate would be higher than originally proposed. Additionally, while the birth rate has been declining, the LHDCMC obstetrics program remains a necessary component of care in the region to ensure women receive the highest quality pregnancy-related care, close to home.

#### COMAR 10.24.12.04 (11) Acute Hospital Inpatient Obstetric Services Designated Bed Capacity

The CON included 29 dedicated beds, while the proposed modification will create 24 dedicated beds, including 16 post-partum beds. The program will also include eight LDR (two of which are designed to serve as birth center/midwife driven delivery rooms). The ante-partum admissions will be located within these two units and the beds for the obstetrics service will be new beds to LHDCMC, not reducing the existing hospital MSGA licensed beds.

#### Comparison of Obstetrics Pavilion Rooms original vs Modified Certificate of Need Application

	Original CON	Modified CON
Labor Delivery Recovery	6	6
Birth Center	2	2
Post-Partum	18	16
Level II Bassinets	4	5
Ante-Partum	3	Within above
C-Section ORs	2	2

The proposed modification is more conservative in the target occupancy rate for the Obstetrics Pavilion and to be responsible stewards of capital expenditure. The facility is capable of achieving the same number of deliveries as originally planned, but in acknowledgement of the recent decline in birth rate, and the ongoing potential that birth rates may continue to be highly variable, it is possible that the number of births may be slightly less than initially planned. The approved CON was designed to accommodate approximately 2,300 deliveries, but had capacity for more, if needed. With the proposed modification, LHDCMC has the capacity for 2,300 births.

Worldwide, nationally, and within Central Maryland birth rates have been declining since 2014, with consistent declines since the end of the Pandemic. The CDC National Center for Health Statistics published data in April 2024 that birth rates reached a record low in 2023,

([https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2024/20240525.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240525.htm)) with a 2% annual decline observed in that year. The Lancet predicted in a March 2024 journal article

(<https://www.healthdata.org/news-events/newsroom/news-releases/lancet-dramatic-declines-global->

[fertility-rates-set-transform](#)) that these trends are projected globally through the year 2100. Given the actual data for our region and the speculation around birth rates, LHDCMC is confident that the design of the program at 16 postpartum beds, including ante-partum admissions in the existing LDR and Post-Partum beds as appropriate, is sufficient to meet patient demand, even if it declines slightly from what was originally projected.

#### COMAR 10.24.12.04 (14) Financial Feasibility

While Tables G, H, J, and K are updated based on the modified Obstetrics Program projections, none of the other elements of this standard have changed. LHDCMC will meet the requirements of this standard with the LHDCMC obstetrics and perinatal program.

# **SURGICAL SERVICES CHAPTER**

## GENERAL SURGICAL SERVICES CHAPTER STANDARDS

Unless specifically addressed herein, this modification does not change LHDCMC's approach to meeting all applicable standards.

### COMAR 10.24.11.05 (6) Patient Safety of Proposed Modification for Surgical Renovations

LHDCMC planned and designed surgical services with patient and staff safety in mind as reflected in the core design elements. LHDCMC and Luminis Health Planning staff as well as the Luminis Health Capital Facility Planning team worked closely with Wilmot Sanz a licensed architect with experience designing healthcare facilities, who specializes in acute care, obstetrical and surgical services. Clinical leadership and Infection Prevention personnel from LHDCMC participated in the planning to identify patient needs and potential safety issues, including infection prevention. The proposed design complies with the applicable FGI Guidelines and ANSI standards.

LHDCMC's Surgical Services design includes the following key safety features:

- Appropriately sized ORs based on the procedures to be performed. Providing necessary space for number of staff and the amount and size of equipment to be used;
- Universal OR configuration for uniformity of equipment placement and use;
- Equipment storage areas adequately sized and located to provide access to ORs, which will eliminate cluttering of hallways, and keep the corridors clear for emergency egress;
- Clinical staff areas adequately sized to support the surgical suite ;
- Designed and zoned to optimize infection prevention based on the flow of clean and dirty materials and instruments, air flow, and patient flow;
- OR suite divided into three designated areas – unrestricted, semi-restricted and restricted – that are defined by the physical activities performed in each area;
- Properly zoned to maintain proper storage;
- Mechanical and electrical systems meeting all current guidelines and designed to maintain appropriate pressure relationships, temperature and humidity control and monitoring, appropriate lighting and a dedicated emergency power back-up;
- Prep/recovery patient care stations are sized to accommodate patients, staff, and family and reduce the chance of slip and falls;
- Three (3) airborne infectious isolation rooms (AIIR) provided in the prep/recovery area for increased infection prevention;
- Two (2) "individuals of size" prep/recovery patient care stations provided feature special accommodations for patients; the extra clearances will help with patient access and transfers, and will reduce patient and staff injuries;
- Direct line of sight from nursing work areas into all prep/recovery rooms;
- Enhancing the pneumatic tube system to the OR Suite and prep/recovery to provide easy transport of critical medication and other supplies as well as safe transport and timely turnaround of lab results.

### COMAR 10.24.11.05 (7) Construction Cost of Hospital Space

The proposed cost of the modified hospital construction project is reasonable and consistent with current industry cost experience in Maryland, as evidenced by the Marshall Valuation Service (MVS) analysis of construction costs for this project. This analysis is contained in Exhibit 4.

#### COMAR 10.24.11.05 (8) Financial Feasibility

Utilization projections for the modified project are unchanged from the approved CON, so the financial projections are consistent with the original plan. The Tables (G and H) provide financial projections for the project and LHDCMC. The assumptions around financial feasibility have not changed with the modified project.

# COMAR CON REVIEW CRITERIA

## COMAR CON REVIEW CRITERIA

Unless specifically addressed herein, this modification does not change LHDCMC's approach to meeting all applicable standards.

Tables F and I are attached in Exhibit 1.

### COMAR 10.24.01.08G (3) (c) Availability of More Cost-Effective Alternatives

In the original CON Application, LHDCMC evaluated several options as cost-effective alternatives, and Option E. Construct a new facility was the selected option because it was demonstrated to meet all of the project objectives and provide key clinical adjacencies. Because the approach to the project has changed under this modification, Option E is still the best alternative, but the proposed construction is able to achieve the same outcomes at a lower cost, making this the most cost-effective of all options considered.

The primary change that enabled LHDCMC to approach this construction with a lower cost alternative was the decision to renovate rather than rebuild the operating rooms. That choice enabled LHDCMC to reconsider the layout of the new building expansion because the need for clinical adjacency for surgical services was removed. By relocating the new construction to the east side of campus, fewer enabling moves are required, less campus redevelopment is needed, and no parking structure is required. Each of these components of the overall project, in addition to renovation rather than rebuilding surgical services, reduces the overall cost to achieve the planned outcome. While the new C-section suite is located a greater distance from the central surgical services on campus, there were design considerations made that enable satisfactory support, including efficiency for staff and supply flow through the hospital, and additional surgical storage capacity near the C-section operating rooms. The location for the new construction connects to the existing LHDCMC support services circulation spine and defines a service zone for the entire existing hospital with efficient distribution patterns and support/ materials flow to both the new construction and existing hospital. The new construction provides a new front door to the Obstetrics Pavilion, one that is not shared with the rest of the hospital. This will achieve a high level of security for Obstetrics and will offer excellent patient experience.

Because the modification achieves the same programmatic goals with minor reductions in support service renovations, and the cost of this modification is significantly less than the previously selective, cost-effective alternative, the modified project is believed to be the most cost-effective option.

### COMAR 10.24.01.08G (3)(d). Viability of the Proposal.

The required tables are included in Exhibit 1 (CON Table Package). These demonstrate the proposed project is sustainable because revenues cover expenses two years beyond completion of the project.

**Funding Plan:** As shown in Exhibit 1, Table E, the total cost of the project as modified is \$210.8 Million. The sources of funding for the project are cash flow from operations (\$34.5 million), philanthropic gifts (\$5.0 million) and proceeds from debt financing (\$76.3 million) and State Support (\$95.0M). The philanthropic target and State Funding are unchanged from the original CON submission, and are believed to be on target for this project.

The cash flow from operations of \$34.5 million sources are from consecutive years of operating cash flows generated to support capital investment and a disciplined approach to reserving cash flows for the future LHDCMC Obstetric Program. The largest source of funding for the project is the anticipated support from the State of Maryland followed by the proceeds from debt financing. As of March 2025,

LHDCMC has been allocated \$26M (\$7M in FY24 and \$19M in FY25). We have been pre-authorized for \$10M in the Governor's FY26 budget, which the General Assembly has not approved yet. We anticipate future funding will continue, as the program has widespread support. We anticipate future funding will continue, as the program has widespread support.

LHDCMC anticipates that it is capable of financing the \$76.3 million of bond proceeds at its current credit ratings. LHDCMC anticipates that it is capable of financing the \$76.3 million of bond proceeds at its current credit ratings. Luminis Health and LHDCMC were most recently rated in fall 2024, Moody's issued a rating of A3 to Luminis Health with a stable outlook. An A3 ratings signifies that the issuer has financial backing and some cash reserves with a low risk of default.

**Staffing Plan:** The staffing plan is unchanged from the original submission, as is Community Support.

#### Performance Requirements of the Proposed Project.

If the project is approved, LHDCMC will obligate 51% of the capital expenditure within 24 months after approval of the original CON (December, 2025), initiate construction within no more than 6 months of the effective date of binding contract and complete the project within 36 months of the capital obligation or purchase order, as applicable.

LHDCMC has selected an architectural firm (A/E), Wilmot Sanz of Rockville, MD, as the lead planner for the Certificate of Need application. Their team includes in-house and external consultants which include a civil engineering firm, mechanical and electrical designers, and various other consultants. Meetings have occurred between LHDCMC, the design team and the Prince George's County planning and zoning and permitting staff to discuss the project, zoning, other related requirements, and schedule. Wilmot Sanz has also been selected to provide design and engineering services. In addition, a construction management (CM) firm, Hensel Phelps of Tysons Corner, VA is providing pre-construction services and will be contracted for the project once planning, design, and permitting is complete.

# **ATTESTATIONS**

AFFIRMATION

I hereby declare and affirm under the penalties of perjury the facts stated in the foregoing Certificate of Need Modification by Luminis Health Doctors Community Medical Center to conduct a facility expansion with renovation and establish an obstetric program are true and correct to the best of my knowledge, information and belief.

*Jessica Farrar*

**Name:** Jessica Farrar

**Title:** Vice President, Strategic Planning

**Date:** March 27, 2025

AFFIRMATION

I hereby declare and affirm under the penalties of perjury the facts stated in the foregoing Certificate of Need Modification by Luminis Health Doctors Community Medical Center to conduct a facility expansion with renovation and establish an obstetric program are true and correct to the best of my knowledge, information and belief.



---

**Name: Rick Sasaki**

**Title: Partner**

**Date: 3/27/2025**

AFFIRMATION

I hereby declare and affirm under the penalties of perjury the facts stated in the foregoing Certificate of Need Modification by Luminis Health Doctors Community Medical Center to conduct a facility expansion with renovation and establish an obstetric program are true and correct to the best of my knowledge, information and belief.

*Marguerite Crandall Geppert*

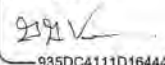
**Name:** Marguerite Crandall Geppert

**Title:** Manager, Business Development

**Date:** March 27, 2025

AFFIRMATION

I hereby declare and affirm under the penalties of perjury the facts stated in the foregoing Certificate of Need Modification by Luminis Health Doctors Community Medical Center to conduct a facility expansion with renovation and establish an obstetric program are true and correct to the best of my knowledge, information and belief.

Signed by:  
  
935DC4111D16444...

**Name:** Greg Vinci

**Title:** Luminis Health VP Construction

**Date:** 3/27/2025

AFFIRMATION

I hereby declare and affirm under the penalties of perjury the facts stated in the foregoing Certificate of Need Modification by Luminis Health Doctors Community Medical Center to conduct a facility expansion with renovation and establish an obstetric program are true and correct to the best of my knowledge, information and belief.



Name: Urvashi S. Patel  
Title: Sr. Director, PPJA  
Date: 3/27/25

# **EXHIBITS**

# **EXHIBIT 1**

<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**

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

Before the Project							After Project Completion						
Hospital Service	Location (Floor/Wing)*	Licensed Beds: 7/1/2022	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity				
			Room Count		Bed Count				Room Count		Bed Count		
			Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity	
<b>ACUTE CARE</b>							<b>ACUTE CARE</b>						
General Medical/ Surgical*		178	169	17	186	186	General Medical/ Surgical*		169	17	186	186	
<b>SUBTOTAL Gen. Med/Surg*</b>		<b>184</b>	<b>169</b>	<b>17</b>	<b>186</b>	<b>186</b>	<b>SUBTOTAL Gen. Med/Surg*</b>		<b>169</b>	<b>17</b>	<b>186</b>	<b>186</b>	
ICU/CCU		22	24		24	24	ICU/CCU		24		24	24	
Other (Specify/add rows as needed)					0	0					0	0	
<b>TOTAL MSGA</b>		<b>200</b>	<b>193</b>	<b>17</b>	<b>210</b>	<b>210</b>	<b>TOTAL MSGA</b>		<b>193</b>	<b>17</b>	<b>210</b>	<b>210</b>	
Obstetrics					0	0	Obstetrics		16		16	16	
Pediatrics					0	0	Pediatrics				0	0	
Psychiatric					0	0	Psychiatric		16		16	16	
<b>TOTAL ACUTE</b>		<b>200</b>	<b>193</b>	<b>17</b>	<b>210</b>	<b>210</b>	<b>TOTAL ACUTE</b>		<b>225</b>	<b>17</b>	<b>242</b>	<b>242</b>	
<b>NON-ACUTE CARE</b>							<b>NON-ACUTE CARE</b>						
Dedicated Observation**					0	0	Dedicated Observation**				0	0	
Rehabilitation					0	0	Rehabilitation				0	0	
Comprehensive Care					0	0	Comprehensive Care				0	0	
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)				0	0	
<b>TOTAL NON-ACUTE</b>							<b>TOTAL NON-ACUTE</b>						
<b>HOSPITAL TOTAL</b>		<b>200</b>	<b>193</b>	<b>17</b>	<b>210</b>	<b>210</b>	<b>HOSPITAL TOTAL</b>		<b>225</b>	<b>17</b>	<b>242</b>	<b>242</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.

**TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT**

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

DEPARTMENT/FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
<b>1ST FLOOR</b>					
LDR/Triage/C-Section	0	18,187	0	0	18,187
On Call	0	932	0	0	932
Public Space	0	1,858	0	0	1,858
Mechanical/Electrical	0	443	0	0	443
Pharmacy (Includes Additional Corridor)	3,786	0	2,825	1,792	4,616
Link Connector	0	1,427	0	0	1,427
Loading Dock	568	12,826	0	0	12,826
Vertical Circulation OB		984			984
Vertical Circulation Loading Dock	0	731	0	0	731
Pathology	5,228	0	2,780	3,508	6,288
ED Connection	444	0	444	0	444
Dietary	4,079	0	1,526	3,394	4,920
OB Circulation	0	2,880	0	0	2,880
Loading Dock Circulation	0	1,070	0	0	1,070
Exterior Walls OB (Includes Link Connector)	0	887			887
Exterior Walls Loading Dock	0	734	0	0	734
<b>Subtotal</b>					<b>59,227</b>
<b>2ND FLOOR</b>					
Postpartum/Antepartum	0	12,924	0	0	12,924

Level II Continuing Care Nursery and Well Baby Nursery/Resp. Therapy	0	2,730	0	0	2,730
Public Space	0	2,153	0	0	2,153
Mechanical/Electrical	0	312	0	0	312
Pharmacy	0	9,041	0	0	9,041
Circulation Pharmacy	0	433	197	0	630
Vertical Circulation Pharmacy	0	700	0	0	700
Vertical Circulation OB	0	965	0	0	965
Circulation OB	0	654	190	0	844
Exterior Walls OB	0	474	0	0	474
Exterior Walls Pharmacy	0	640	0	0	640
Surgical Suite Renovation (Only through Phase 2)	38,789	0	16,813	21,976	38,789
<b>Subtotal</b>					<b>70,201</b>
<b>3RD FLOOR</b>					
Mechanical/Electrical	0	13,529	0	0	13,529
On Call / GME Office	0	4,205	0	0	4,205
Circulation	0	529	0	0	529
Vertical Circulation	0	1,269	0	0	1,269
Exterior Walls	0	447	0	0	447
<b>Subtotal</b>					<b>19,978</b>
<b>4TH FLOOR</b>					
Vertical Circulation	0	1,204	0	0	1,204
Circulation	0	358	0	0	358
Exterior Walls	0	145	0	0	145
<b>Subtotal</b>					<b>1,706</b>

**TABLE C. CONSTRUCTION CHARACTERISTICS**

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

	NEW CONSTRUCTION	RENOVATION
<b>BASE BUILDING CHARACTERISTICS</b>	Check if applicable	
<b>Class of Construction</b> (for renovations the class of the building being renovated)*		
Class A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pharmacy (Includes Additional Corridor)</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>	4	2

\*As defined by Marshall Valuation Service

<b>PROJECT SPACE</b>	List Number of Feet, if applicable	
<b>Total Square Footage</b>	<b>Total Square Feet</b>	
Basement	NA	NA
First Floor	42,959	7,575
Second Floor	31,026	17,200
Third Floor	19,979	NA
Fourth Floor	1,707	NA
<b>Average Square Feet</b>	<b>23,918</b>	<b>12,388</b>
<b>Perimeter in Linear Feet</b>	<b>Linear Feet</b>	
Basement	NA	NA
First Floor	1,717	925
Second Floor	1,253	118
Third Floor	684	NA
Fourth Floor	224	NA
<b>Total Linear Feet</b>	<b>3,878</b>	<b>1,043</b>
<b>Average Linear Feet</b>	<b>970</b>	<b>522</b>
<b>Wall Height (floor to eaves)</b>	<b>Feet</b>	
Basement	NA	NA
First Floor	16	16
Second Floor	16	16
Third Floor	20	13
Fourth Floor	16	13
<b>Average Wall Height</b>	<b>17</b>	<b>15</b>
<b>OTHER COMPONENTS</b>		
<b>Elevators</b>	<b>List Number</b>	
Passenger	2	NA
Freight	4	NA
<b>Sprinklers</b>	<b>Square Feet Covered</b>	
Wet System	89,998	24,775
Dry System	8,733	NA
<b>Other</b>	<b>Describe Type</b>	
Type of HVAC System for proposed project	VAV Air Handling System	Replace entire systems with new VAV Air Handling Systems
Type of Exterior Walls for proposed project	Assembly of brick metal panels and glass	

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

*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	\$75,000	\$0
Utilities from Structure to Lot Line	\$125,000	\$0
<b>Subtotal included in Marshall Valuation Costs</b>	<b>\$200,000</b>	<b>\$0</b>
<u>Site Costs NOT Included in MVS</u>		
Site Demolition Costs	\$411,840	\$0
Rough Grading	\$167,571	\$0
Paving / Hardscape	\$687,430	\$0
Site Signage	\$50,000	\$0
Landscaping	\$197,166	\$0
Site Lighting	\$321,750	\$0
Hazardous Abatement (Building)	\$134,000	\$0
Selective Building Demolition	\$285,420	\$0
Site Development (Railings, Fixed Furnishing, Bike Rack etc)	\$25,000	\$0
Excavated Shoring System	\$418,080	\$0
Arch / Eng Fees for Sitework items above 8%	\$215,861	\$0
<b>Subtotal On-Site excluded from Marshall Valuation Costs</b>	<b>\$2,914,118</b>	<b>\$0</b>
<b>OFFSITE COSTS (Non MVS)</b>		
Jurisdictional Hook-up Fees / Utility / Impact Fees (Non-MVS)	\$680,000	\$0
<b>Subtotal Off-Site excluded from Marshall Valuation Costs</b>	<b>\$680,000</b>	<b>\$0</b>
<b>TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs</b>	<b>\$3,594,118</b>	<b>\$0</b>
<b>TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*</b>	<b>\$3,794,118</b>	<b>\$0</b>
<b>BUILDING COSTS</b>		
Normal Building Costs (MVS Adjusted Hospital)	\$76,669,917	\$26,188,811

<b>SUBTOTAL included in Marshall Valuation Costs</b>	<b>\$76,669,917</b>	<b>\$26,188,811</b>
<b>COSTS NOT INCLUDED IN MARSHALL EVALUATION</b>		
County 3rd Party Inspections (Building, Utilities etc)	\$500,397	\$196,035
Building Demolition + HazMat Abatement	\$318,612	\$0
Helipad + Associated Costs	\$1,407,281	\$0
General Conditions - Schedule / Phasing Impact	\$913,729	\$0
Constrained Site	\$1,404,998	\$0
Pneumatic Tube System	\$746,794	\$0
Canopies	\$134,625	\$0
Green Building / LEED Premium 5%	\$4,169,973	\$0
Future expansion (all impacts)	\$7,808,871	\$0
Dry Sprinklers at Loading Dock Canopy + Generator	\$58,365	\$0
MBE Premium - Construction	\$4,662,790	\$1,387,821
N+1 Generator	\$2,719,432	\$0
Third Fuel Tank Premium for Future	\$493,908	\$0
Premium for Labor Shortages	\$847,454	\$588,104
Temporary Parking During Construction	\$495,744	\$0
<b>SUBTOTAL <u>NOT</u> included in Marshall Valuation Costs</b>	<b>\$26,682,972</b>	<b>\$3,348,166</b>
<b>TOTAL Construction Inc. / Excl. MVS</b>	<b>\$107,147,007</b>	<b>\$29,536,978</b>
<b>A&amp;E COSTS</b>		
Normal A&E Costs	\$4,983,545	\$1,702,273
<b>Subtotal Included in Marshall Valuation Costs</b>	<b>\$4,983,545</b>	<b>\$1,702,273</b>
Architectural / Engineering Fees for Other Non MVS Costs	\$1,734,393	\$217,631
Architectural / Engineering Fees for Other Capital Costs	\$0	\$0
<b>Subtotal A&amp;E Costs excluded from Marshall Valuation Costs</b>	<b>\$1,734,393</b>	<b>\$217,631</b>
<b>TOTAL A&amp;E Costs Included and Excluded from Marshall Valuation Service</b>	<b>\$6,717,938</b>	<b>\$1,919,904</b>
<b>PERMIT COSTS</b>		
Normal Permit Costs	\$2,300,098	\$886,109

<b>Subtotal Included in Marshall Valuation Costs</b>	<b>\$2,300,098</b>	<b>\$886,109</b>
Other Regulatory & Environmental Permitting (Non-MVS)	\$843,369	\$324,907
<b>Subtotal Permit Costs excluded from Marshall Valuation Costs</b>	<b>\$843,369</b>	<b>\$324,907</b>
<b>TOTAL Permit Costs included and excluded from Marshall Valuation Service</b>	<b>\$3,143,467</b>	<b>\$1,211,016</b>
<b>TOTAL CONSTRUCTION COST</b>	<b>\$117,008,412</b>	<b>\$32,667,897</b>

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

**TABLE E. PROJECT BUDGET**

**INSTRUCTION:** Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application.

**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

	<i>Hospital Building</i>	<i>Total</i>
<b>A. USE OF FUNDS</b>		
<b>1. CAPITAL COSTS</b>		
<b>a. New Construction (MVS + Non-MVS)</b>		
(1) Building	\$103,352,889	\$103,352,889
(2) Fixed Equipment (Group I)	<i>Inc. Above</i>	<i>Inc. Above</i>
(3) Site and Infrastructure	\$3,794,118	\$3,794,118
(4) Architect/Engineering Fees	\$6,717,938	\$6,717,938
(5) Permits (Building, Utilities, Etc.)	\$3,143,467	\$3,143,467
<b>SUBTOTAL</b>	<b>\$117,008,412</b>	<b>\$117,008,412</b>
<b>b. Renovations (MVS + Non-MVS)</b>		
(1) Building	\$31,129,688	\$31,129,688
(2) Fixed Equipment (Group I)	<i>Inc. Above</i>	<i>Inc. Above</i>
(3) Architect/Engineering Fees	\$2,023,430	\$2,023,430
(4) Permits (Building, Utilities, Etc.)	\$1,276,317	\$1,276,317
<b>SUBTOTAL</b>	<b>\$34,429,435</b>	<b>\$34,429,435</b>
<b>c. Other Capital Costs</b>		
<b>Other Owner Capital Costs</b>		
4(a) Clinical Equipment (Group II and III)	\$5,601,903	\$5,601,903
4(b) Technology - Data/Communication/AV/Security/loMT	\$8,086,233	\$8,086,233
4(c) Hospital Move / Relocation	\$314,848	\$314,848
4(d) Furniture	\$702,709	\$702,709
4(e) Wayfinding / Signage	\$527,450	\$527,450
4(f) A/E Fees associated with Other Owner Costs Above	\$990,154	\$990,154
5(a) Contingency Reserve	\$24,050,172	\$24,050,172
<b>SUBTOTAL</b>	<b>\$40,273,469</b>	<b>\$40,273,469</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$191,711,315</b>	<b>\$191,711,315</b>
<b>d. Land Purchase</b>		
<b>e. Inflation Allowance</b>	\$8,839,626	\$8,839,626
<b>TOTAL CAPITAL COSTS</b>	<b>\$200,550,942</b>	<b>\$200,550,942</b>
<b>2. Financing Cost and Other Cash Requirements</b>		
a. Loan Placement Fees		\$0
b. Bond Discount		\$0
c. CON Application Assistance		
c1. Legal Fees		\$0
c2. Other (Specify/add rows if needed)		\$0
d. Non-CON Consulting Fees		
d1. Legal Fees		\$0
d2. Other (Specify/add rows if needed)		\$0
e. Debt Service Reserve Fund		\$0
f. Other (Specify/add rows if needed)		\$0
Bond Issue Fees	\$2,500,000	\$2,500,000
Capitalized Interest	\$7,777,424	\$7,777,424
<b>SUBTOTAL</b>	<b>\$10,277,424</b>	<b>\$10,277,424</b>
<b>3. Working Capital Startup Costs</b>		
<b>TOTAL USES OF FUNDS</b>	<b>\$210,828,366</b>	<b>\$210,828,366</b>

<b>B. Sources of Funds</b>		
1. Cash	\$34,578,366	\$34,578,366
2. Philanthropy (to date and expected)	\$5,000,000	\$5,000,000
3. Authorized Bonds	\$76,250,000	\$76,250,000
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	\$95,000,000	\$95,000,000
c. Local		\$0
8. Other (Specify/add rows if needed)		\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$210,828,366</b>	<b>\$210,828,366</b>
	<i>Hospital Building</i>	<i>Total</i>
<b>Annual Lease Costs (if applicable)</b>		
1. Land		\$0
2. Building		\$0
3. Major Movable Equipment		\$0
4. Minor Movable Equipment		\$0
5. Other (Specify/add rows if needed)		\$0

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

**TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY**

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.										
	FY2021	FY2022	FY2023 Annual	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032	FY2033	FY2034
<b>1. DISCHARGES</b>														
a. General Medical/Surgical*	9,088	7,811	7,910	8,937	8,943	8,949	8,955	8,962	9,013	9,064	9,116	9,168	9,220	9,272
b. ICU/CCU	1,394	1,213	1,134	1,281	1,282	1,283	1,284	1,285	1,292	1,299	1,307	1,314	1,322	1,329
<b>Total MSGA</b>	<b>10,482</b>	<b>9,024</b>	<b>9,044</b>	<b>10,218</b>	<b>10,225</b>	<b>10,232</b>	<b>10,239</b>	<b>10,246</b>	<b>10,305</b>	<b>10,364</b>	<b>10,423</b>	<b>10,482</b>	<b>10,542</b>	<b>10,602</b>
c. Pediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	278	1,373	1,650	1,965	2,387	2,387	2,387
e. Acute Psychiatric	0	0	182	695	700	705	710	710	710	710	710	710	710	710
<b>Total Acute</b>	<b>10,482</b>	<b>9,024</b>	<b>9,226</b>	<b>10,913</b>	<b>10,925</b>	<b>10,937</b>	<b>10,949</b>	<b>11,234</b>	<b>12,387</b>	<b>12,723</b>	<b>13,098</b>	<b>13,579</b>	<b>13,639</b>	<b>13,699</b>
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL DISCHARGES</b>	<b>10,482</b>	<b>9,024</b>	<b>9,226</b>	<b>10,913</b>	<b>10,925</b>	<b>10,937</b>	<b>10,949</b>	<b>11,234</b>	<b>12,387</b>	<b>12,723</b>	<b>13,098</b>	<b>13,579</b>	<b>13,639</b>	<b>13,699</b>
<b>2. PATIENT DAYS</b>														
a. General Medical/Surgical*	44,892	46,775	50,167	56,678	56,150	55,627	55,109	54,596	54,358	54,121	53,885	53,651	53,417	53,184
b. ICU/CCU	7,699	5,191	4,918	5,557	5,560	5,564	5,568	5,572	5,604	5,636	5,668	5,700	5,733	5,765
<b>Total MSGA</b>	<b>52,591</b>	<b>51,966</b>	<b>55,085</b>	<b>62,235</b>	<b>61,711</b>	<b>61,192</b>	<b>60,678</b>	<b>60,168</b>	<b>59,962</b>	<b>59,757</b>	<b>59,553</b>	<b>59,351</b>	<b>59,149</b>	<b>58,949</b>
c. Pediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	653	3,226	3,877	4,619	5,609	5,609	5,609
e. Acute Psychiatric	0	0	1,274	4,865	4,900	4,935	4,970	4,970	4,970	4,970	4,970	4,970	4,970	4,970
<b>Total Acute</b>	<b>52,591</b>	<b>51,966</b>	<b>56,359</b>	<b>67,100</b>	<b>66,611</b>	<b>66,127</b>	<b>65,648</b>	<b>65,791</b>	<b>68,158</b>	<b>68,604</b>	<b>69,142</b>	<b>69,930</b>	<b>69,728</b>	<b>69,528</b>
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL PATIENT DAYS</b>	<b>52,591</b>	<b>51,966</b>	<b>56,359</b>	<b>67,100</b>	<b>66,611</b>	<b>66,127</b>	<b>65,648</b>	<b>65,791</b>	<b>68,158</b>	<b>68,604</b>	<b>69,142</b>	<b>69,930</b>	<b>69,728</b>	<b>69,528</b>



**TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY**

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

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.										
	FY2021	FY2022	FY2023 Annual	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032	FY2033	FY2034
<b>5. OCCUPANCY PERCENTAGE</b> <i>*IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</i>														
a. General Medical/Surgical*	73.2%	69.6%	77.2%	87.2%	86.4%	85.6%	84.8%	84.0%	83.7%	83.3%	82.9%	82.6%	82.2%	81.9%
b. ICU/CCU	95.9%	64.6%	61.2%	69.2%	69.2%	69.3%	69.3%	69.4%	69.8%	70.2%	70.6%	71.0%	71.4%	71.8%
<b>Total MSGA</b>	<b>75.8%</b>	<b>69.1%</b>	<b>75.5%</b>	<b>85.3%</b>	<b>84.5%</b>	<b>83.8%</b>	<b>83.1%</b>	<b>82.4%</b>	<b>82.1%</b>	<b>81.9%</b>	<b>81.6%</b>	<b>81.3%</b>	<b>81.0%</b>	<b>80.8%</b>
c. Pediatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d. Obstetric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.2%	55.2%	66.4%	79.1%	96.0%	96.0%	96.0%
e. Acute Psychiatric	0.0%	0.0%	21.8%	83.3%	83.9%	84.5%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%
<b>Total Acute</b>	<b>75.8%</b>	<b>69.1%</b>	<b>71.5%</b>	<b>85.1%</b>	<b>84.5%</b>	<b>83.9%</b>	<b>83.3%</b>	<b>77.7%</b>	<b>80.5%</b>	<b>81.0%</b>	<b>81.7%</b>	<b>82.6%</b>	<b>82.3%</b>	<b>82.1%</b>
f. Rehabilitation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>TOTAL OCCUPANCY %</b>	<b>75.8%</b>	<b>69.1%</b>	<b>71.5%</b>	<b>85.1%</b>	<b>84.5%</b>	<b>83.9%</b>	<b>83.3%</b>	<b>77.7%</b>	<b>80.5%</b>	<b>81.0%</b>	<b>81.7%</b>	<b>82.6%</b>	<b>82.3%</b>	<b>82.1%</b>
<b>6. OUTPATIENT VISITS</b>														
a. Emergency Department	32,970	36,140	36,222	33,039	33,062	33,085	33,108	33,131	33,319	33,509	33,700	33,892	34,085	34,280
b. Same-day Surgery	4,150	3,705	3,772	4,159	4,162	4,164	4,167	4,170	4,194	4,218	4,242	4,266	4,290	4,315
c. Laboratory	4,854	3,879	4,861	4,864	4,868	4,871	4,874	4,878	4,881	4,884	4,888	4,891	4,895	4,898
d. Imaging	520	763	521	521	521	522	522	523	523	523	524	524	524	525
e. Other (Clinic)	3,705	2,161	2,060	3,713	3,715	3,718	3,720	3,723	3,744	3,766	3,787	3,809	3,830	3,852
<b>TOTAL OUTPATIENT VISITS</b>	<b>46,199</b>	<b>46,648</b>	<b>47,435</b>	<b>46,295</b>	<b>46,328</b>	<b>46,360</b>	<b>46,392</b>	<b>46,424</b>	<b>46,662</b>	<b>46,901</b>	<b>47,141</b>	<b>47,382</b>	<b>47,625</b>	<b>47,869</b>
<b>7. OBSERVATIONS**</b>														
a. Number of Patients	3,927	3,823	3,664	3,935	3,938	3,941	3,943	3,946	3,968	3,991	4,014	4,037	4,060	4,083
b. Hours	95,745	101,760	126,760	95,945	96,011	96,078	96,145	96,212	96,760	97,311	97,866	98,423	98,984	99,548

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

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

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

**INSTRUCTION:** Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and 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 assump

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 expenses consistent with the Financial Feasibility standard.						
	FY2021	FY2022	FY2023 P	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030
<b>1. REVENUE</b>										
a. Inpatient Services	\$ 166,407,973	\$ 166,865,639	\$ 195,069,043	\$ 189,440,580	\$ 189,650,628	\$ 189,860,763	\$ 190,071,130	\$ 190,281,730	\$ 191,233,139	\$ 192,189,304
b. Outpatient Services	\$ 91,753,629	\$ 103,807,451	\$ 114,364,819	\$ 111,064,971	\$ 111,142,147	\$ 111,219,376	\$ 111,296,658	\$ 111,373,995	\$ 111,930,865	\$ 112,490,519
c. Obstetric Services								\$ 4,832,441	\$ 23,105,264	\$ 27,822,445
d. Capital funding								\$ 1,651,389	\$ 6,605,556	\$ 6,605,556
<b>Gross Patient Service Revenues</b>	<b>\$ 258,161,602</b>	<b>\$ 270,673,090</b>	<b>\$ 309,433,862</b>	<b>\$ 300,505,551</b>	<b>\$ 300,792,775</b>	<b>\$ 301,080,138</b>	<b>\$ 301,367,788</b>	<b>\$ 308,139,554</b>	<b>\$ 332,874,824</b>	<b>\$ 339,107,825</b>
c. Allowance For Bad Debt	\$ 5,151,892	\$ 8,511,088	\$ 9,185,700	\$ 6,033,034	\$ 6,038,801	\$ 6,044,570	\$ 6,027,356	\$ 6,162,791	\$ 6,657,496	\$ 6,782,156
d. Contractual Allowance	\$ 35,434,170	\$ 32,457,858	\$ 38,979,515	\$ 35,990,752	\$ 36,025,152	\$ 36,059,568	\$ 36,164,135	\$ 36,976,747	\$ 39,944,979	\$ 40,692,939
e. Charity Care	\$ 6,776,112	\$ 8,470,778	\$ 17,076,760	\$ 9,404,392	\$ 9,413,380	\$ 9,422,374	\$ 9,041,034	\$ 9,244,187	\$ 9,986,245	\$ 10,173,235
<b>Net Patient Services Revenue</b>	<b>\$ 210,799,428</b>	<b>\$ 221,233,366</b>	<b>\$ 244,191,887</b>	<b>\$ 249,077,373</b>	<b>\$ 249,315,442</b>	<b>\$ 249,553,627</b>	<b>\$ 250,135,264</b>	<b>\$ 255,755,830</b>	<b>\$ 276,286,104</b>	<b>\$ 281,459,495</b>
f. Other Operating Revenues (Specify/add rows if needed)	\$ 18,562,531	\$ 7,698,149	\$ 7,302,559	\$ 7,397,160	\$ 2,597,160	\$ 2,597,160	\$ 2,597,160	\$ 2,597,160	\$ 2,597,160	\$ 2,597,160
<b>NET OPERATING REVENUE</b>	<b>\$ 229,361,960</b>	<b>\$ 228,931,515</b>	<b>\$ 251,494,446</b>	<b>\$ 256,474,533</b>	<b>\$ 251,912,602</b>	<b>\$ 252,150,787</b>	<b>\$ 252,732,424</b>	<b>\$ 258,352,990</b>	<b>\$ 278,883,264</b>	<b>\$ 284,056,655</b>
<b>2. EXPENSES</b>										
a. Salaries & Wages (including benefits)	\$ 98,012,469	\$ 101,584,949	\$ 114,315,004	\$ 118,166,414	\$ 118,231,925	\$ 118,297,426	\$ 118,639,789	\$ 121,811,378	\$ 127,917,449	\$ 129,696,284
b. Contractual Services	\$ 40,848,292	\$ 40,289,039	\$ 41,541,754	\$ 40,942,437	\$ 40,962,004	\$ 40,981,570	\$ 41,094,705	\$ 43,475,108	\$ 46,333,361	\$ 46,265,217
c. Interest on Current Debt	\$ 4,512,479	\$ 4,381,359	\$ 4,290,651	\$ 4,168,976	\$ 3,954,778	\$ 3,778,930	\$ 3,628,549	\$ 3,471,192	\$ 3,310,446	\$ 3,209,396
d. Interest on Project Debt	\$ -	\$ -	\$ -				\$ -	\$ 1,211,166	\$ 3,575,311	\$ 3,484,566
e. Current Depreciation	\$ 11,193,187	\$ 11,654,490	\$ 11,948,147	\$ 11,861,960	\$ 11,864,794	\$ 11,867,628	\$ 11,884,009	\$ 11,899,559	\$ 11,915,135	\$ 11,930,739
f. Project Depreciation	\$ -	\$ -	\$ -				\$ -	\$ 1,452,200	\$ 5,808,802	\$ 5,808,802
g. Current Amortization	\$ 1,377,612	\$ (60,919)	\$ -				\$ -	\$ -	\$ -	\$ -
h. Project Amortization	\$ -	\$ -	\$ -				\$ -	\$ -	\$ -	\$ -
i. Supplies	\$ 37,762,429	\$ 37,606,070	\$ 34,900,852	\$ 34,095,237	\$ 34,121,308	\$ 34,147,386	\$ 34,298,215	\$ 34,828,944	\$ 36,700,515	\$ 37,270,588
j. Other Expenses (Specify/add rows if needed)	\$ 36,695,657	\$ 47,980,503	\$ 35,172,128	\$ 34,258,767	\$ 34,288,237	\$ 34,317,719	\$ 34,488,248	\$ 34,650,700	\$ 34,813,988	\$ 34,978,115
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 230,402,126</b>	<b>\$ 243,435,492</b>	<b>\$ 242,168,536</b>	<b>\$ 243,493,791</b>	<b>\$ 243,423,046</b>	<b>\$ 243,390,658</b>	<b>\$ 244,033,515</b>	<b>\$ 252,800,248</b>	<b>\$ 270,375,007</b>	<b>\$ 272,643,707</b>
<b>3. INCOME</b>										
a. Income From Operation	\$ (1,040,166)	\$ (14,503,977)	\$ 9,325,910	\$ 12,980,742	\$ 8,489,557	\$ 8,760,128	\$ 8,698,909	\$ 5,552,742	\$ 8,508,256	\$ 11,412,948
b. Non-Operating Income										
<b>SUBTOTAL</b>	<b>\$ (1,040,166)</b>	<b>\$ (14,503,977)</b>	<b>\$ 9,325,910</b>	<b>\$ 12,980,742</b>	<b>\$ 8,489,557</b>	<b>\$ 8,760,128</b>	<b>\$ 8,698,909</b>	<b>\$ 5,552,742</b>	<b>\$ 8,508,256</b>	<b>\$ 11,412,948</b>
c. Income Taxes										
<b>NET INCOME (LOSS)</b>	<b>\$ (1,040,166)</b>	<b>\$ (14,503,977)</b>	<b>\$ 9,325,910</b>	<b>\$ 12,980,742</b>	<b>\$ 8,489,557</b>	<b>\$ 8,760,128</b>	<b>\$ 8,698,909</b>	<b>\$ 5,552,742</b>	<b>\$ 8,508,256</b>	<b>\$ 11,412,948</b>









**TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE**

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

	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables J and K.								
Indicate CY or FY	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032
<b>TOTAL AVERAGE LENGTH OF STAY</b>					2.35	2.35	2.35	2.35	2.35

**TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE**

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

Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables J and K.									
Indicate CY or FY	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032
<b>4. NUMBER OF LICENSED BEDS</b>									
a. General Medical/Surgical*									
b. ICU/CCU									
<b>Total MSGA</b>	0	0	0	0	0	0	0	0	0
c. Pediatric									
d. Obstetric					16	16	16	16	16
e. Acute Psychiatric									
<b>Total Acute</b>	0	0	0	0	16	16	16	16	16
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
<b>TOTAL LICENSED BEDS</b>					16	16	16	16	16
<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*									
b. ICU/CCU									
<b>Total MSGA</b>									
c. Pediatric									
d. Obstetric					11.2%	55.2%	66.4%	79.1%	96.0%
e. Acute Psychiatric									
<b>Total Acute</b>					11.2%	55.2%	66.4%	79.1%	96.0%
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
<b>TOTAL OCCUPANCY %</b>					11.2%	55.2%	66.4%	79.1%	96.0%
<b>6. OUTPATIENT VISITS</b>									
a. Emergency Department									
b. Same-day Surgery									
c. Laboratory									
d. Imaging									
e. Other (Specify/add rows of needed)									
<b>TOTAL OUTPATIENT VISITS</b>	0	0	0	0	0	0	0	0	0
<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**

*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	FY2028	FY2029	FY2030	FY2031	FY2032	FY2033	FY2034
<b>1. REVENUE</b>							
a. Inpatient Services	\$ 4,832,441	\$ 23,105,264	\$ 27,822,445	\$ 32,963,600	\$ 39,450,700	\$ 39,450,700	\$ 39,450,700
b. Outpatient Services							
c. Capital Policy Reimbursement	\$ 1,651,389	\$ 6,605,556	\$ 6,605,556	\$ 6,605,556	\$ 6,605,556	\$ 6,605,556	\$ 6,605,556
<b>Gross Patient Service Revenues</b>	<b>\$ 6,483,830</b>	<b>\$ 29,710,820</b>	<b>\$ 34,428,001</b>	<b>\$ 39,569,156</b>	<b>\$ 46,056,256</b>	<b>\$ 46,056,256</b>	<b>\$ 46,056,256</b>
c. Allowance For Bad Debt	\$ 130,171	\$ 596,483	\$ 691,186	\$ 794,401	\$ 924,638	\$ 924,638	\$ 924,638
d. Contractual Allowance	\$ 776,550	\$ 3,558,380	\$ 4,123,343	\$ 4,739,084	\$ 5,516,026	\$ 5,516,026	\$ 5,516,026
e. Charity Care	\$ 202,913	\$ 929,808	\$ 1,077,433	\$ 1,238,327	\$ 1,441,342	\$ 1,441,342	\$ 1,441,342
<b>Net Patient Services Revenue</b>	<b>\$ 5,374,196</b>	<b>\$ 24,626,150</b>	<b>\$ 28,536,039</b>	<b>\$ 32,797,343</b>	<b>\$ 38,174,250</b>	<b>\$ 38,174,250</b>	<b>\$ 38,174,250</b>
f. Other Operating Revenues (Specify)							
<b>NET OPERATING REVENUE</b>	<b>\$ 5,374,196</b>	<b>\$ 24,626,150</b>	<b>\$ 28,536,039</b>	<b>\$ 32,797,343</b>	<b>\$ 38,174,250</b>	<b>\$ 38,174,250</b>	<b>\$ 38,174,250</b>
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)	\$ 2,855,381	\$ 8,644,285	\$ 9,679,126	\$ 10,752,493	\$ 11,880,580	\$ 11,880,580	\$ 11,880,580
b. Contractual Services	\$ 2,272,864	\$ 5,023,249	\$ 4,846,909	\$ 4,670,647	\$ 4,528,446	\$ 4,528,446	\$ 4,528,446
c. Interest on Current Debt							
d. Interest on Project Debt	\$ 1,211,166	\$ 3,575,311	\$ 3,484,566	\$ 3,389,178	\$ 3,288,910	\$ 3,183,512	\$ 3,072,722
e. Current Depreciation							
f. Project Depreciation	\$ 1,452,200	\$ 5,808,802	\$ 5,808,802	\$ 5,808,802	\$ 5,808,802	\$ 5,808,802	\$ 5,808,802
g. Current Amortization							
h. Project Amortization							
i. Supplies	\$ 387,123	\$ 2,114,424	\$ 2,539,561	\$ 2,983,708	\$ 3,479,317	\$ 3,479,317	\$ 3,479,317
j. Other Expenses (Specify)							
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 8,178,734</b>	<b>\$ 25,166,071</b>	<b>\$ 26,358,963</b>	<b>\$ 27,604,829</b>	<b>\$ 28,986,055</b>	<b>\$ 28,880,657</b>	<b>\$ 28,769,867</b>
<b>3. INCOME</b>							
a. Income From Operation	\$ (2,804,538)	\$ (539,921)	\$ 2,177,076	\$ 5,192,515	\$ 9,188,195	\$ 9,293,593	\$ 9,404,383
b. Non-Operating Income							
<b>SUBTOTAL</b>	<b>\$ (2,804,538)</b>	<b>\$ (539,921)</b>	<b>\$ 2,177,076</b>	<b>\$ 5,192,515</b>	<b>\$ 9,188,195</b>	<b>\$ 9,293,593</b>	<b>\$ 9,404,383</b>
c. Income Taxes							
<b>NET INCOME (LOSS)</b>	<b>\$ (2,804,538)</b>	<b>\$ (539,921)</b>	<b>\$ 2,177,076</b>	<b>\$ 5,192,515</b>	<b>\$ 9,188,195</b>	<b>\$ 9,293,593</b>	<b>\$ 9,404,383</b>



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

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

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY2028	FY2029	FY2030	FY2031	FY2032	FY2033	FY2034
<b>1. REVENUE</b>							
a. Inpatient Services	\$ 5,550,643	\$ 27,284,946	\$ 33,778,691	\$ 41,145,042	\$ 50,625,922	\$ 52,048,510	\$ 53,511,074
b. Outpatient Services							
c. Capital Policy Reimbursement	\$ 1,896,820	\$ 7,800,484	\$ 8,019,677	\$ 8,245,030	\$ 8,476,716	\$ 8,714,911	\$ 8,959,800
<b>Gross Patient Service Revenues</b>	<b>\$ 7,447,464</b>	<b>\$ 35,085,429</b>	<b>\$ 41,798,368</b>	<b>\$ 49,390,072</b>	<b>\$ 59,102,638</b>	<b>\$ 60,763,422</b>	<b>\$ 62,470,874</b>
c. Allowance For Bad Debt	\$ 149,517	\$ 704,385	\$ 839,156	\$ 991,569	\$ 1,186,561	\$ 1,219,903	\$ 1,254,183
d. Contractual Allowance	\$ 891,961	\$ 4,202,081	\$ 5,006,071	\$ 5,915,307	\$ 7,078,554	\$ 7,277,461	\$ 7,481,958
e. Charity Care	\$ 233,070	\$ 1,098,007	\$ 1,308,091	\$ 1,545,675	\$ 1,849,632	\$ 1,901,607	\$ 1,955,042
<b>Net Patient Services Revenue</b>	<b>\$ 6,172,915</b>	<b>\$ 29,080,956</b>	<b>\$ 34,645,051</b>	<b>\$ 40,937,521</b>	<b>\$ 48,987,891</b>	<b>\$ 50,364,451</b>	<b>\$ 51,779,692</b>
f. Other Operating Revenues (Specify/add rows of needed)							
<b>NET OPERATING REVENUE</b>	<b>\$ 6,172,915</b>	<b>\$ 29,080,956</b>	<b>\$ 34,645,051</b>	<b>\$ 40,937,521</b>	<b>\$ 48,987,891</b>	<b>\$ 50,364,451</b>	<b>\$ 51,779,692</b>
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)	\$ 3,310,169	\$ 10,321,728	\$ 11,904,104	\$ 13,620,937	\$ 15,501,462	\$ 15,966,506	\$ 16,445,501
b. Contractual Services	\$ 2,509,425	\$ 5,656,994	\$ 5,567,575	\$ 5,472,407	\$ 5,411,912	\$ 5,520,150	\$ 5,630,553
c. Interest on Current Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Interest on Project Debt	\$ 1,211,166	\$ 3,575,311	\$ 3,484,566	\$ 3,389,178	\$ 3,288,910	\$ 3,183,512	\$ 3,072,722
e. Current Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Project Depreciation	\$ 1,452,200	\$ 5,808,802	\$ 5,808,802	\$ 5,808,802	\$ 5,808,802	\$ 5,808,802	\$ 5,808,802
g. Current Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
h. Project Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
i. Supplies	\$ 470,994	\$ 2,675,421	\$ 3,341,889	\$ 4,083,410	\$ 4,952,153	\$ 5,150,240	\$ 5,356,249
j. Other Expenses (Specify/add rows of needed)							
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 8,953,955</b>	<b>\$ 28,038,257</b>	<b>\$ 30,106,935</b>	<b>\$ 32,374,735</b>	<b>\$ 34,963,240</b>	<b>\$ 35,629,210</b>	<b>\$ 36,313,827</b>
<b>3. INCOME</b>							
a. Income From Operation	\$ (2,781,040)	\$ 1,042,699	\$ 4,538,116	\$ 8,562,786	\$ 14,024,651	\$ 14,735,241	\$ 15,465,865
b. Non-Operating Income							
<b>SUBTOTAL</b>	<b>\$ (2,781,040)</b>	<b>\$ 1,042,699</b>	<b>\$ 4,538,116</b>	<b>\$ 8,562,786</b>	<b>\$ 14,024,651</b>	<b>\$ 14,735,241</b>	<b>\$ 15,465,865</b>
c. Income Taxes							
<b>NET INCOME (LOSS)</b>	<b>\$ (2,781,040)</b>	<b>\$ 1,042,699</b>	<b>\$ 4,538,116</b>	<b>\$ 8,562,786</b>	<b>\$ 14,024,651</b>	<b>\$ 14,735,241</b>	<b>\$ 15,465,865</b>



**TABLE L. WORKFORCE INFORMATION**

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

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

**TABLE L. WORKFORCE INFORMATION**

Providers			\$0	17.2	\$94,677	\$1,628,444			\$0	17.2	\$1,628,444
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Administration</b>			\$0	17.2		\$1,628,444			\$0	17.2	\$1,628,444
<b>Direct Care Staff (List general categories, add rows if needed)</b>											
Providers											
<b>Total Direct Care Staff</b>											
<b>Support Staff (List general categories, add rows if needed)</b>											
<b>Total Support Staff</b>											
<b>CONTRACTUAL EMPLOYEES TOTAL</b>											
<b>Benefits (State method of calculating benefits below):</b>											
<b>TOTAL COST</b>	<b>839.8</b>		<b>\$118,166,414</b>	<b>98.9</b>		<b>\$11,880,562</b>	<b>8.7</b>		<b>\$851,733</b>		<b>\$130,898,709</b>

**MODIFICATION** TABLE ASSUMPTIONS

Table A - Physical Bed Capacity Before and After Project
Kept Table A consistent with CON submission. Updated Obstetric beds from 21 to 16 licensed beds

Table B – Departmental Gross Square Feet Affected By Proposed Project
Table B is completely new to reflect the new capital project.

Table C – Construction Characteristics
Table C is completely new to reflect the new capital project.

Table D – Onsite and Offsite Costs Included and Excluded in Marshall Valuation Costs
Table D is completely new to reflect the new capital project.

Table E – Project Budget
Part A. Use of Funds is completely new to reflect the new capital project. Part B. Source of Funds is updated to reflect the new project cost, however, keeping the philanthropy and state funding consistent with the original CON.

Table F – Key Financial Projection Assumptions for Doctors Community Medical Center Statistical Projections – Entire Facility
Historical period reflects FY 2021 – 2022

**MODIFICATION TABLE ASSUMPTIONS**

<p>Current period reflects YTD FY2023 annualized          Projection period reflects FY 2024 – FY 2034</p> <p>The projection includes Doctors Community Medical Center</p> <p>Kept original assumptions but delayed market growth associated with the OB program to reflect later start date.</p>	
Discharges	<p>FY23 discharges were estimated from actual discharges in March 2023. FY24 discharges were estimated from our FY24 budget. For FY25 through FY28, discharges increase 0.7% annually aligning with the population growth in the LHDCMC service area from the Advisory Board Demographic Profiler. From FY29 onward, discharges include the 0.07% population growth and market growth of 0.5% per year as well as volumes associated with the obstetrics service (this is delayed from FY27 in the original CON because of the later obstetric start date in modification).</p>
Patient Days	<p>Assumes a 1% annual improvement in average length of stay starting at FYTD 2024 for general MSGA beds. Average length of stay for ICU and psychiatric beds remain constant at FY23 levels. Beginning in FY29, when the obstetric program opens, which has a lower average length of stay compared to all other services, the overall hospital average length of stay drops as the program increases in size (this is delayed from FY27 in the original CON because of the later obstetric start date in modification).</p>
Licensed Beds	<p>Held at FY 2023 license plus beds associated with the project.</p>
Outpatient Visits	<p>FY23 outpatient visits were estimated from actual outpatient visits in March 2023. FY24 outpatient visits were estimated from our FY24 budget. For FY25 through FY28, outpatient visits increase 0.7% annually aligning with the population growth in the LHDCMC service area from the Advisory Board Demographic Profiler. From FY29 onward, outpatient visits include the 0.07% population growth and market growth of 0.5% per year (this is delayed from FY27 in the original CON because of the later obstetric start date in modification).</p>
Observation patients & hours	<p>FY23 observation patients &amp; hours were estimated from actual observation patients &amp; hours in March 2023. FY24 observation patients &amp; hours were estimated from our FY24 budget. For FY25 through FY28, observation patients &amp; hours increase 0.7% annually aligning with the population growth in the LHDCMC service area from the Advisory Board Demographic Profiler. From</p>

**MODIFICATION TABLE ASSUMPTIONS**

	FY29 onward, observation patients & hours includes the 0.07% population growth and market growth of 0.5% per year. Maintains constant average length of stay at FY23 levels (this is delayed from FY27 in the original CON because of the later obstetric start date in modification).
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<p>Tables G &amp; H– Key Financial Projection Assumptions for Doctors Community Medical Center                  Revenues &amp; Expenses, Uninflated – Entire Facility and Inflated – Entire Facility                  Projection is based on FY 2021 with additional assumptions outlined below.</p>		
<p>Historical period reflects FY 2021-2022                  Current period reflects YTD FY2023 annualized                  Projection period reflects FY 2024 – FY 2034                  The projection includes Doctors Community Medical Center                  Kept DCMC Facility projections consistent with original CON. Added in new Table J and Table K.</p>		
Revenue	Variability with volume & other assumptions	Inflation (Table H Only)
Gross Patient Revenue	At FY 2023 prices and 100% variable with volume changes	2.8%/year from FY 2023
Deductions from Revenue	At FY23 rate adjusted for improvements driven by payer issues in FY23 that are not expected to recur (as a % of Gross Patient Revenue)	No inflation- increases are due to increase in revenue
Non-Patient Revenue	Based on returning to Other Operating Revenue prior to any COVID related funding in FY25.	No inflation
Non-Operating Revenue	Based on historical experience, no non-operating revenue was assumed	2.8%/year from FY 2023
Expenses		
Salaries, Wages & Benefits	Assumed 50% variable from FY 2023 projection	3.0%/year from FY 2023
Contractual Services	Assumed 50% variable from FY 2023 projection	2.0%/year from FY 2023

**MODIFICATION TABLE ASSUMPTIONS**

Interest on Current Debt	From current debt schedules- assuming no additional debt outside of new program (OB).	No inflation- projection is based on current debt schedule.
Interest on Project Debt	Please refer to assumptions on Table J	
Current Depreciation & Amortization	Assumed depreciation is 25% variable from FY 2023 projection and amortization held constant at FY 2023 projection	2.0% year from FY 2023
Project Depreciation & Amortization	Please refer to assumptions on Table J	
Supplies	Assumed 80% variable from FY 2023 projection	4.0%/year from FY 2023
Other Expenses	Assumed 90% variable from FY 2021 projection	2.0%/year from FY 2023
Payer Mix	Held constant at FY23 YTD Jan	

<p><b>Table I – Key Financial Projection Assumptions for Doctors Community Medical Center Statistical Projections – New Facility or Service</b></p>	
<p>Projection period reflects FY 2028 – FY 2032</p>	
Discharges	Year 5 discharges are consistent with original CON and needs analysis. Annual volumes were adjusted for a Q4 FY28 start date.
Patient Days	Assumed an average length of stay of 2.35 which is LHAAMC’s current obstetric average length of stay adjusted to exclude LHAAMC’s higher acuity patients.

<p><b>Tables J &amp; K– Key Financial Projection Assumptions for Doctors Community Medical Center Revenues &amp; Expenses, Uninflated – New Facility/Service and Inflated – New Facility/Service</b></p>	
<p>Projection is based on FY 2023 with additional assumptions outlined below.</p>	
<p>Projection period reflects FY 2028 – FY 2034</p>	
<p>Adjusted annual volumes to reflect Q4 FY 2028 start date. Revenue per case and expenses consistent with original submission.</p>	

**MODIFICATION TABLE ASSUMPTIONS**

Revenue	Variability with volume & other assumptions	Inflation (Table K Only)
Gross Patient Revenue	At FY 2023 prices and 100% variable	2.8%/year from FY 2023
Deductions from Revenue	At FY23 rate adjusted for improvements driven by payer issues in FY23 that are not expected to recur (as a % of Gross Patient Revenue)	No inflation- increases are due to an increase in revenue
Expenses		
Salaries, Wages & Benefits	Used staffing based on AAMC L&D and MBU nursing care model with continuous hospitalists coverage	3.0% year from FY 2023
Contractual Services	Hospitalists, Midwives, MFM providers, Neonatologists and Pediatrician coverage including malpractice	2.0% year from FY 2023
Project Depreciation & Amortization	Depreciated the Building over 40 years, Equipment over 15	No inflation
Supplies	Used cost per case based on AAMC FY22 actuals for W&C IP and W&C Gyn surg	4.0%/year from FY 2023
Other Expenses		
Payer Mix	Weighted average of FY22 AAMC Payer Mix of LHDCMC Service Area deliveries and LHDCMC Service Area Obstetric Payer Mix	

# **EXHIBIT 2**

## Exhibit 2. Physical Plant Systems Descriptions

### a) Obstetrics Pavilion

#### Mechanical Systems:

New air-cooled heat recovery type chillers (N+1) located on the roof will be provided for the Obstetrics Pavilion simultaneous cooling and heating requirements. Base mounted pumps (N+1) with variable speed drives and a chilled water piping system will be located in the penthouse to serve the air handling equipment. Connections to the existing facility for back-up, and future connections for Obstetrics Pavilion expansion will be included.

All-electric trim load hot-water boilers (N+1) will be provided for the supplemental heating necessary at very cold outdoor temperatures. The heating water system will utilize variable speed pumping and distribution piping throughout the Obstetrics Pavilion connected to AHU, VAV, and supplemental heating coils.

Stand-by electric power will be connected to provide back-up conditioning for the building.

The project will pursue a minimum of LEED Silver certification, with LEED Gold certification as the goal.

The new Obstetrics Pavilion will include stand-alone MEP infrastructure intended to meet the Maryland Building Energy Performance Standards (BEPS) for zero local carbon emissions.

Tie-ins to existing heating water, chilled water, and domestic water infrastructure are anticipated to ensure redundancy in the event of component failure.

Custom type indoor air handling units will be located in the Mechanical Penthouse. The air handlers will be constructed for healthcare applications and include a return fan array, hot water coil, humidifier, chilled water coil, UV light array, supply fan array, energy recovery wheels and final filters.

All-electric clean steam generators, or electric adiabatic high-pressure systems with water treatment will provide humidification for each of the air handling systems.

Supply air and return air systems will be ducted from each air handling unit to pressure independent, double wall, VAV and CV boxes as required for pressurization. Air devices will be ceiling panel type or laminar flow type where appropriate throughout the facility. Smoke and fire dampers will be provided as required by code.

Each air handling unit will be associated with a variable speed general exhaust fan system.

Independent exhaust systems will be provided for specialized rooms including Isolation Rooms.

Ductless split systems will be provided for spaces requiring independent supplemental cooling, such as elevator machine rooms.

All piping and ductwork will be insulated as required by the Energy Code.

The existing Schneider Electric EcoStruxure Building Management and Control System (BMS) will be expanded to serve the Obstetrics Pavilion.

#### Plumbing Systems:

Domestic cold water will be extended from the new loop road utilities to feed plumbing fixtures throughout the Obstetrics Pavilion. A domestic water booster pump system will be installed in the first floor water service room to serve the OB Tower.

Domestic hot water will be provided with semi-instantaneous all-electric heat pump type domestic water heaters located in the penthouse.

The Obstetrics Pavilion will have a sanitary waste and vent system connecting into the new loop road utilities.

The storm water drainage and overflow drain system will be accommodated by the site water treatment and piping systems along the new loop road.

Natural gas will not be provided to the OB Tower, as this intended to be an all-electric building.

Oxygen will be extended within the existing building served from the existing central bulk tank and generator system located on the north side of campus.

Nitrogen, Carbon Dioxide, and Nitrous Oxide will be extended from the new loading dock medical gas storage rooms.

Medical air and medical vacuum pumps will be added to the existing systems located in the penthouse of the Patient Tower for additional capacity. New lines will be extended from the main Hospital Building into the new OB Tower.

#### Fire Protection Systems:

The Obstetrics Pavilion will be fully protected by an automatic sprinkler system. The majority of the area will be a wet-pipe type system, with Data Rooms protected with pre-action type systems. A new fire pump and controller will be installed in the North Building to replace the existing fire pump and controller. The new fire pump will serve the new Obstetrics Pavilion along with the existing Hospital and North Building.

The fire main in the main hospital will be extended across the first floor to the Obstetrics Pavilion. Future vertical expansion may have High-Rise code requirements. A first-floor command center would be added, and potentially a separate fire pump to support the new building height and a rooftop helipad.

#### Electrical Systems:

The existing hospital electrical service is at capacity for the current square footage and usage of the hospital. A new electrical service will be required for the Obstetrics Pavilion. The service will be sized to provide a minimum of 20% capacity, in addition to support planned future vertical expansion. Electrical service will be served from the campus medium voltage service, with two (2) outdoor service transformers providing dual 480Y/277 volts, 3-phase, 4-wire effectively grounded wye systems. Electrical service entrance equipment will be configured in a double ended arrangement with a tie breaker. Each transformer will be fed from separate medium voltage feeders for redundancy.

The existing hospital emergency electrical system distribution is also at capacity for the current square footage and usage of the hospital. For the Obstetrics Pavilion, a new Emergency Power System (EPSS) room will be provided per the requirements of National Electrical Code Article 517. The source of power will be the paralleling switchgear located in the loading dock served by the hospital generator plant. A dedicated feeder would be provided to a new distribution equipment in the addition to serve the building and any future adjacent expansions or renovations. Power will be distributed to the following load types through isolation bypass style automatic transfer switches. A dedicated feed will be provided for the fire pump. Emergency Life Safety power will be provided for egress lighting, fire alarm, and telecommunications.

Emergency Critical power systems will provide power for patient lighting, nurse call systems, etc. Equipment emergency power will be provided for mechanical systems for patient support, elevators, med-gas systems and general utilization. Optional standby will be provided to support up to 50% of any cooling systems required for the spaces.

Each floor will be supported by a dedicated electrical closet for branch circuiting to individual devices. Closets will be sized based off of the types of power required on each floor. Branch circuits and devices will be designed for compliance with NEC Article 517, including HCF cable, applicable fire ratings, and hospital grade devices.

A Lightning Protection system will be provided for the addition. Lightning protection equipment will consist of a roof perimeter mounted air terminals with down conductors installed per NFPA 780 requirements. The lightning protection system will be certified by an approved UL certified installer and will have the UL master label.

Throughout the entire project, General Lighting Design Concepts will be developed in collaboration between the architectural and engineering teams, the lighting design concepts will provide holistic integration of electric and natural lighting systems within the architectural environment. The lighting systems will be designed to enrich the building's environments by meeting the visual needs of the building users while complimenting the architecture and surface finishes. The lighting will be developed in full support of programmatic requirements and will be designed to provide illuminance levels in accordance with IESNA recommendations. The lighting system will support the sustainable design and energy efficiency goals of the project and will be designed to enhance visual quality while minimizing lighting energy use. Lighting power density and lighting control systems will be specified to conform to IECC 2021 and LEED requirements. Efforts will be taken to further reduce the lighting load without compromising functionality or quality of the illuminated environment.

At the exterior of the building, new site lighting will be introduced to provide a safe and comfortable visual environment. Lighting will be designed in accordance with IESNA recommended practices and LEED site lighting requirements. Lighting power density and lighting control systems will be specified to conform to IECC 2021 and LEED requirements. Exterior lighting will be coordinated for color temperature and aesthetic based on campus standards.

#### Low-Voltage Systems:

The addition will require new IT spaces and systems for the following services: telecommunications, access control, video surveillance, asset tracking systems, nurse call systems, patient monitoring systems. Spaces should be provided on each floor with sleeving to interconnect. Additional raceways will be required to interconnect the existing hospital with the addition.

Pathways and raceways throughout each floor will be required for all low-voltage devices including cable tray, conduit and boxes.

The new addition will require the inclusion of an Emergency Responder Radio System. The system will be monitored by the fire alarm system. The system will be dedicated and will not include cellular signals.

The need for a cellular system would be based on existing site signal strength and desired contracts with service providers by the owner.

The addition will include a dedicated system for the new addition and will provide interface and annunciation at the existing building fire alarm system to provide full building coverage in

accordance with NFPA 72 requirements. The system will be designed to be expandable and meet high-rise construction requirements. The fire alarm system will be a complete microprocessor based, networked, addressable, fire alarm system with true alarm devices with voice notification through the introduction of additional control, speaker, and notification appliance panels. The system will be installed to meet ADA requirements. The main panels will be installed in a fire command center or area that would be renovated in the future to be a fire command center. Distribution fire alarm equipment will be located in the local IT room or electrical closet.

b) Surgical Suite Renovations

Mechanical Systems:

New base mounted pumps (N+1) with variable speed drives will replace existing pumps in the OR penthouse. Chilled water distribution piping will be installed to serve new the air handling equipment. Heating water piping will be extended from existing mains to serve the new unit and terminal units.

One new custom outdoor air handling unit will be located on roof supports adjacent to the OR Penthouse. The air handling unit will be constructed for healthcare applications and include a return fan array, heating water coil, humidifier, chilled water coil, UV light array, supply fan array, energy recovery wheel and final filters. New ductwork and VAV terminals will serve the new suite renovated areas of the second floor.

Three existing air handling units will be extended with new ductwork and VAV terminals and re-balanced to serve the new renovated areas of the second floor. Ductwork from two smaller air handling units in the OR Penthouse will also be revised to accommodate suite renovations.

One new clean steam generator with gas-fired burner will provide humidification for the air handling systems.

Each air handling unit will have a dedicated general exhaust fan with variable speed drive.

All piping and ductwork will be insulated as required by the Energy Code.

Supply air and return air systems will be ducted from each air handling unit to pressure independent, double wall, VAV and CV boxes as required for pressurization. Air devices will be ceiling panel type or laminar flow type where appropriate throughout the facility. Smoke and fire dampers will be provided as required by code.

The existing Schneider Electric EcoStruxure Building Management and Control System (BMS) will be expanded to serve the Surgical Suite renovations.

Plumbing Systems:

Domestic cold water and hot water will be extended from the existing utilities to feed fixtures throughout the suite.

The existing sanitary waste and vent system will be revised to accommodate new fixtures on the second floor. Renovations above many areas of the first floor will be necessary to accommodate the new fixtures.

Natural gas will be extended from the first floor to serve the third floor penthouse steam generator for humidification.

Oxygen will be extended within the existing building served from the existing central bulk tank and generator system.

Nitrogen, Carbon Dioxide, and Nitrous Oxide will be extended from the new loading dock medical gas storage rooms.

Medical air and medical vacuum pumps will be added to the existing systems located in the OR penthouse for additional capacity. New lines will be extended from the main Hospital utilities.

#### Fire Protection Systems:

The renovation areas of the Main Hospital will be fully protected by an automatic sprinkler system. The majority of the area will be a wet-pipe type system, with Data Rooms protected with pre-action type systems.

#### Electrical Systems:

The existing surgical areas are fed from various normal and emergency electrical panels. Some equipment is original to the building, while others have been added in recent expansions and renovations. Existing equipment over 20-years old or where the room is demolished, will be replaced with new equipment. In general, there is adequate capacity for the electrical systems, based on a similar function being renovated within the existing space.

Where electrical spaces are demolished, new closets will be created in parallel to provide phased renovation of the area.

New rooftop equipment will be served by new infrastructure in the penthouse. Much of the electrical equipment in the penthouse has exceeded its useful life.

Throughout the entire project, General Lighting Design Concepts will be developed in collaboration between the architectural and engineering teams, the lighting design concepts will provide holistic integration of electric and natural lighting systems within the architectural environment. The lighting systems will be designed to enrich the building's environments by meeting the visual needs of the building users while complimenting the architecture and surface finishes. The lighting will be developed in full support of programmatic requirements and will be designed to provide illuminance levels in accordance with IESNA recommendations. The lighting system will support the sustainable design and energy efficiency goals of the project and will be designed to enhance visual quality while minimizing lighting energy use. Lighting power density and lighting control systems will be specified to conform to IECC 2021 and LEED requirements. Efforts will be taken to further reduce the lighting load without compromising functionality or quality of the illuminated environment.

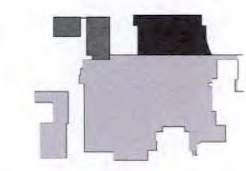
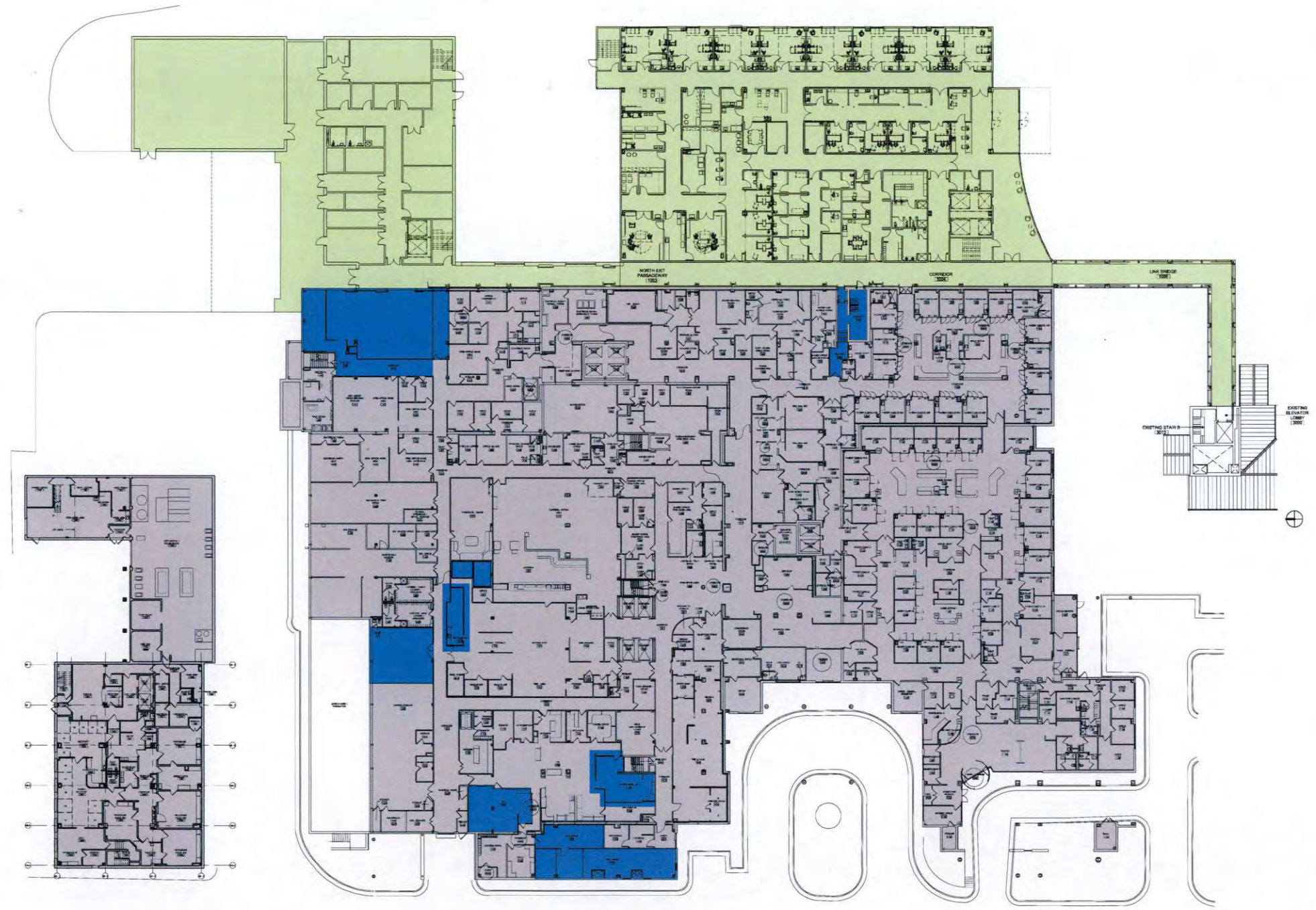
#### Low-Voltage Systems (Surgical Suite Renovations):

Existing low-voltage systems will be required to be removed and replaced to support new space layouts. Existing spaces will be required to be verified for adequate size and capacity for connections of the following systems: telecommunications, access control, video surveillance, asset tracking systems, nurse call systems, patient monitoring systems.

Pathways and raceways throughout each floor will be required for all low-voltage devices including cable tray, conduit and boxes.

Existing fire alarm devices will be removed back to the local notification appliance panel or control panel. New devices will be provided and reconnected to the existing building system based on NFPA 72 and 99 requirements for the renovated area.

# **EXHIBIT 3**



TRUE PLAN  
NORTH NORTH

KEY PLAN

REVISIONS	DATE	NO.



LO60 LUMINIS HEALTH  
**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
#150 Good Luck Rd, Lanham, MD 20706

FIRST FLOOR CON SCOPE

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**CON 1**

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- NEW CONSTRUCTION
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- RENOVATION



KEY PLAN

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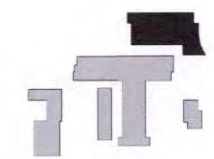
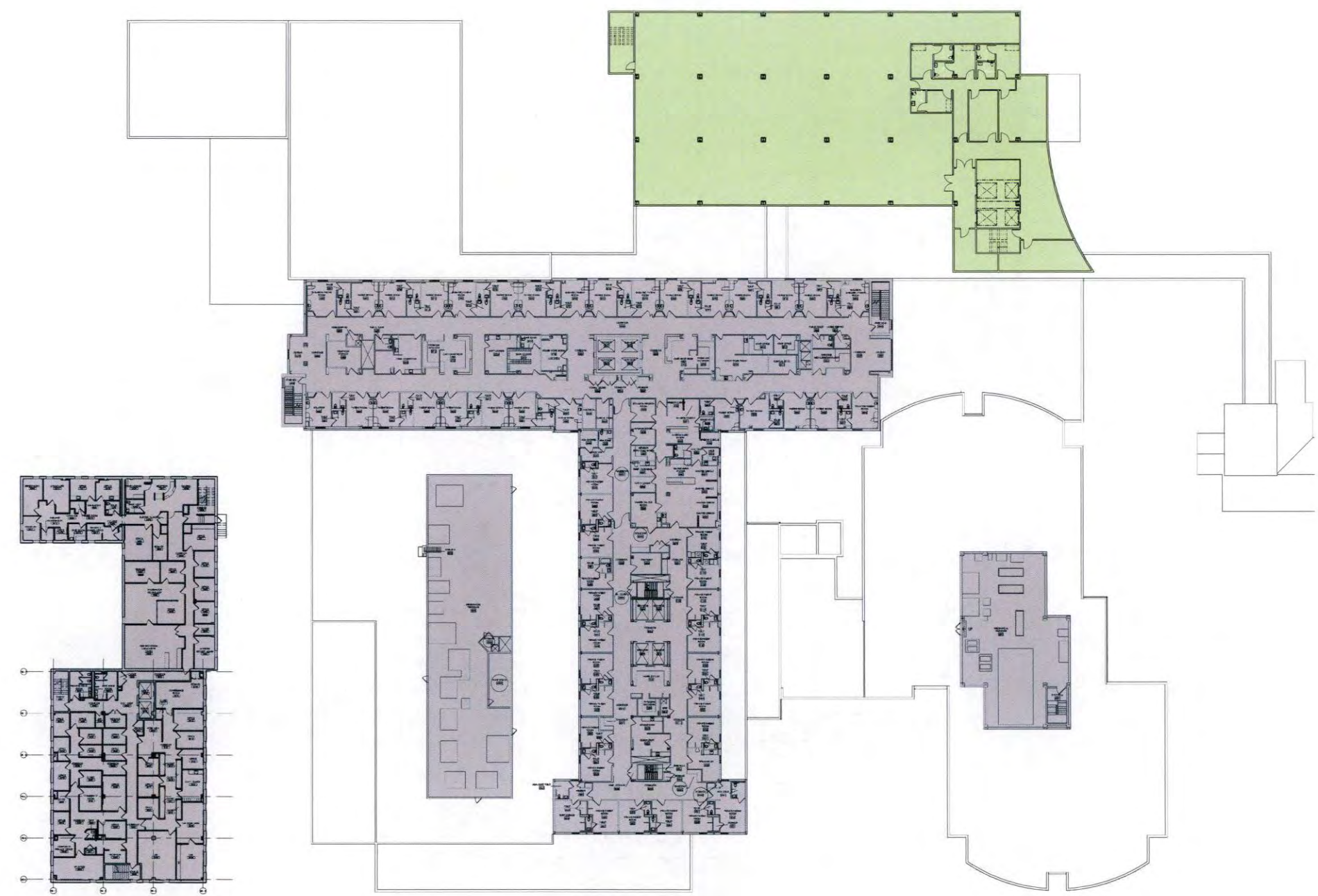


LOGO LUMINIS HEALTH  
**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
8199 Good Luck Rd, Lanham, MD 20796

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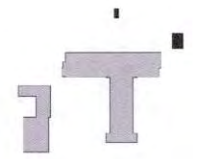
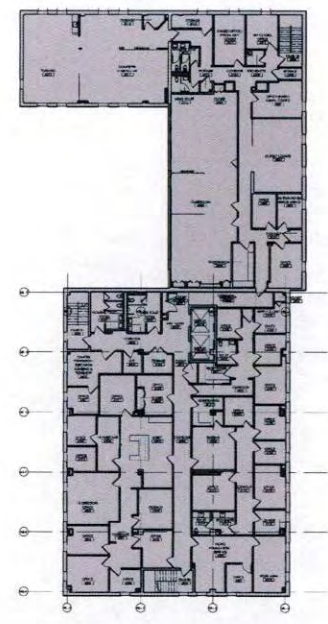
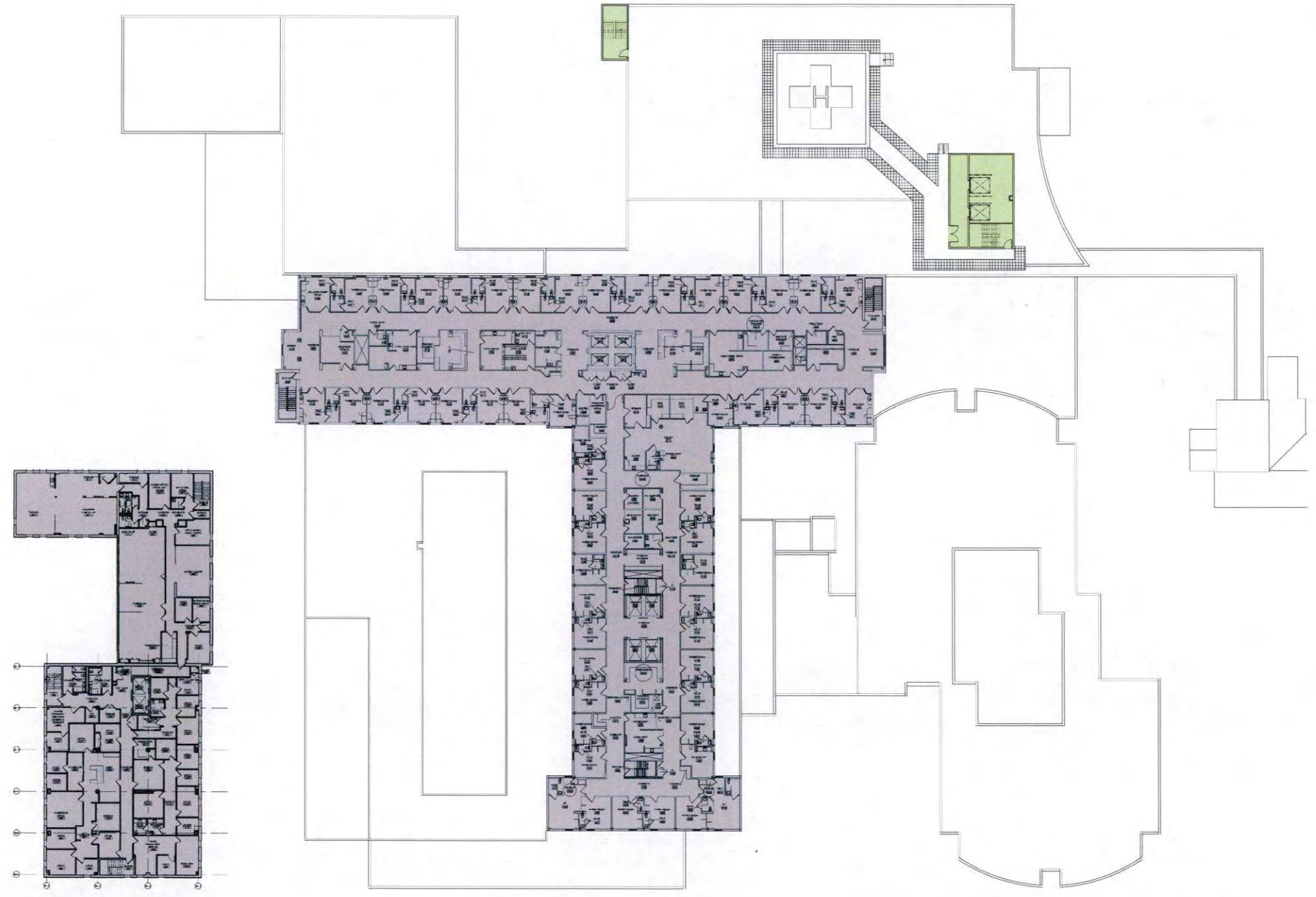


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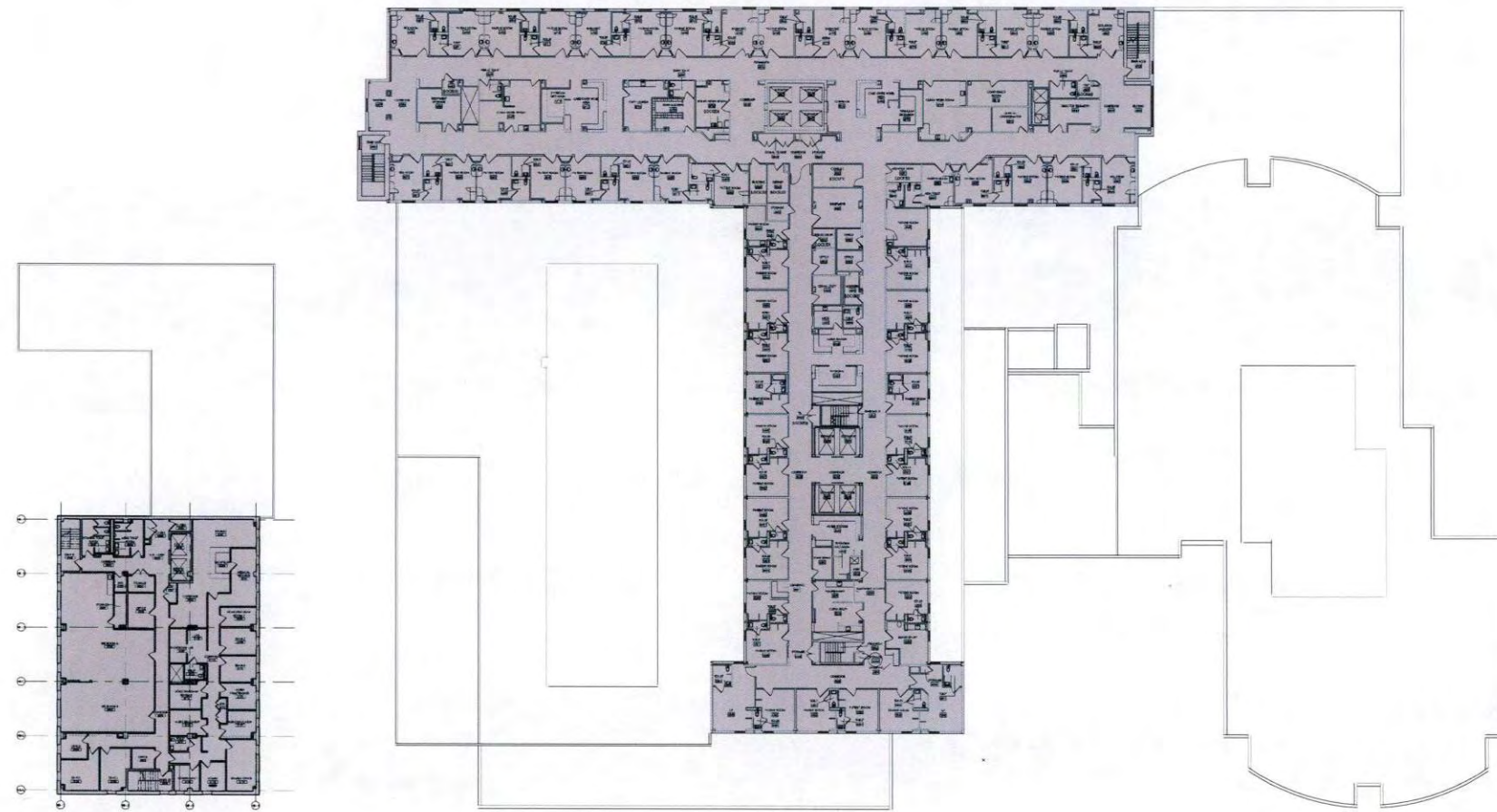
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**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
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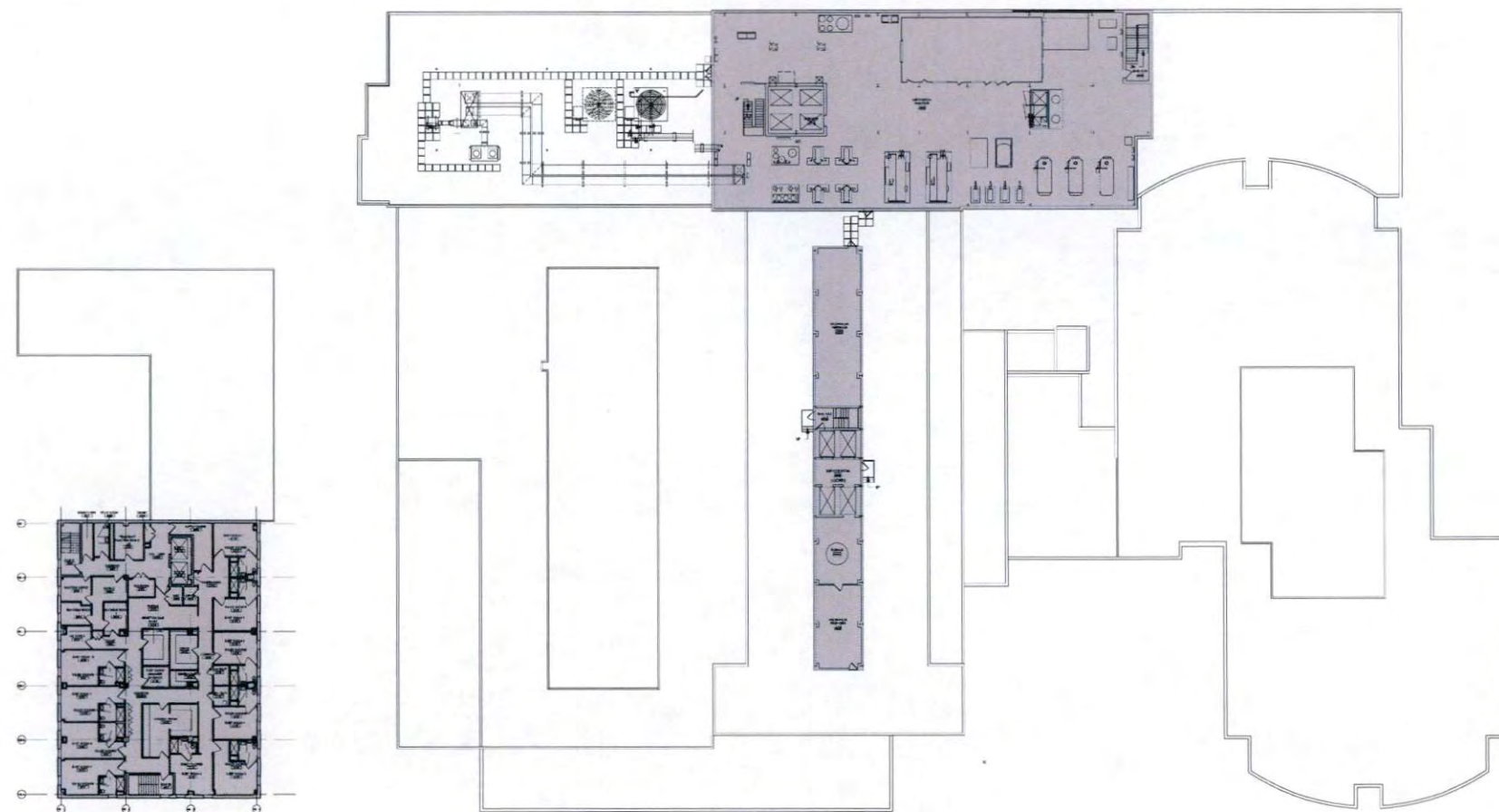


LOSG LUMINIS HEALTH  
**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
 8118 Coast Lock Rd, Lanham, MD 20706

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**CON 5**  
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KEY PLAN

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**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
8118 Good Luck Rd, Lanham, MD 20758

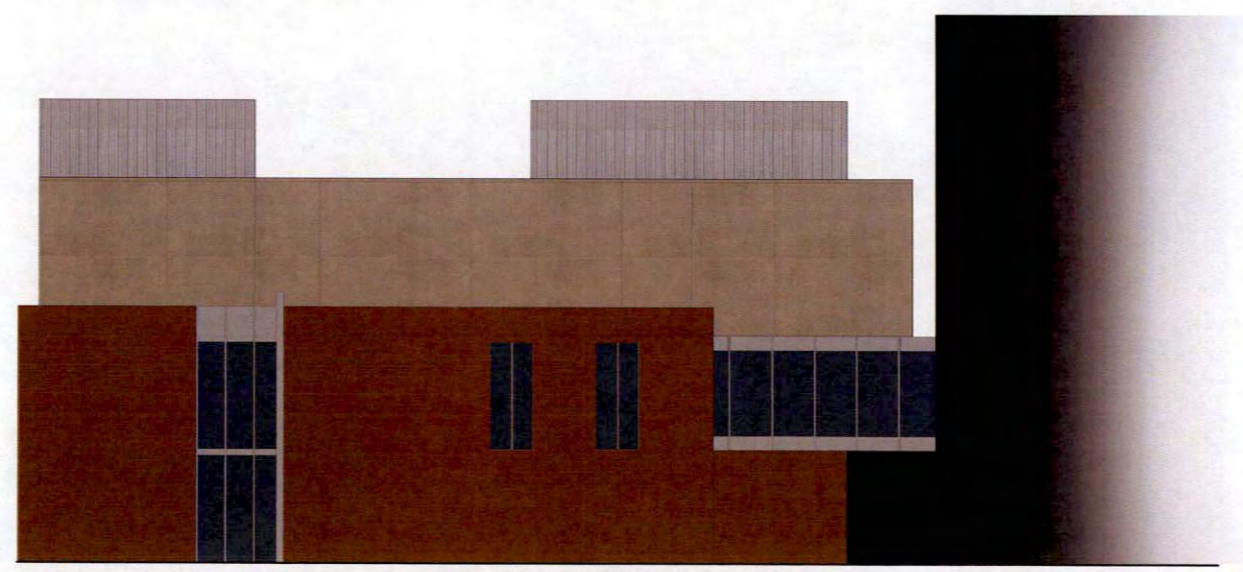
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- RENOVATION

**CON 6**  
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NORTH ELEVATION



SOUTH ELEVATION



KEY PLAN

REVISIONS	DATE	NO.



LOGO LUMINIS HEALTH  
**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
8118 Good Luck Rd, Luthers, MD 20718

**OPTION F ELEVATIONS**

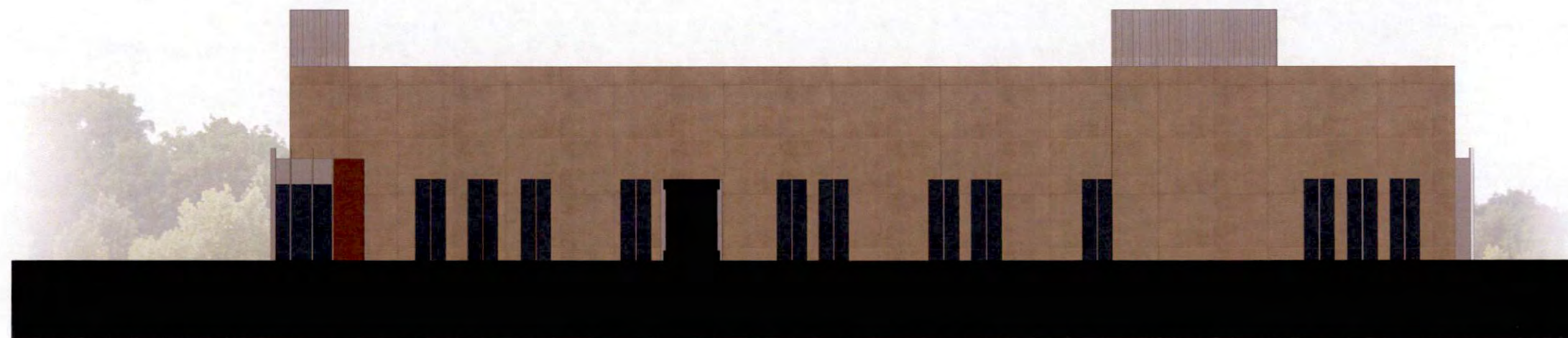
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EAST ELEVATION



WEST ELEVATION



KEY PLAN

REVISIONS	DATE	NO.



1060 LUMINIS HEALTH  
**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
8118 Good Luck Rd, Lanham, MD 20706

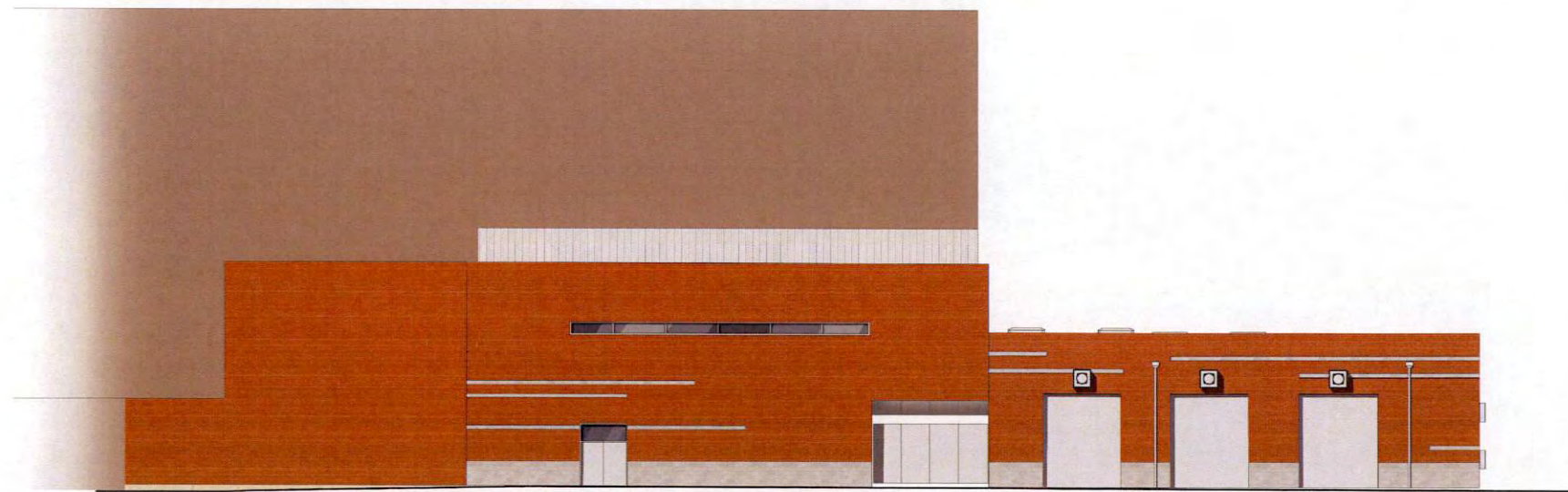
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NORTH ELEVATION



EAST ELEVATION



KEY PLAN

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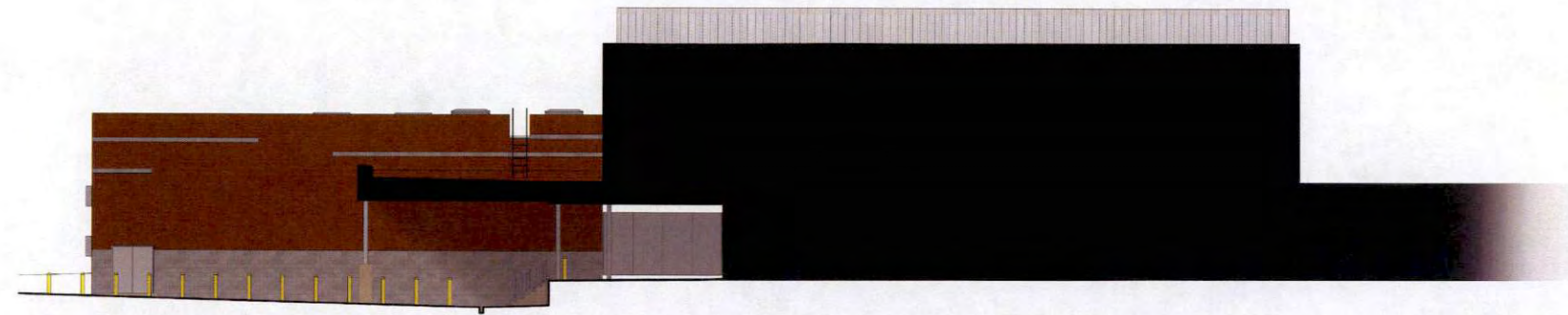
LO60 LUMINIS HEALTH  
**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
 8118 Good Luck Rd, Lanham, MD 20798

**LOADING DOCK ELEVATIONS**

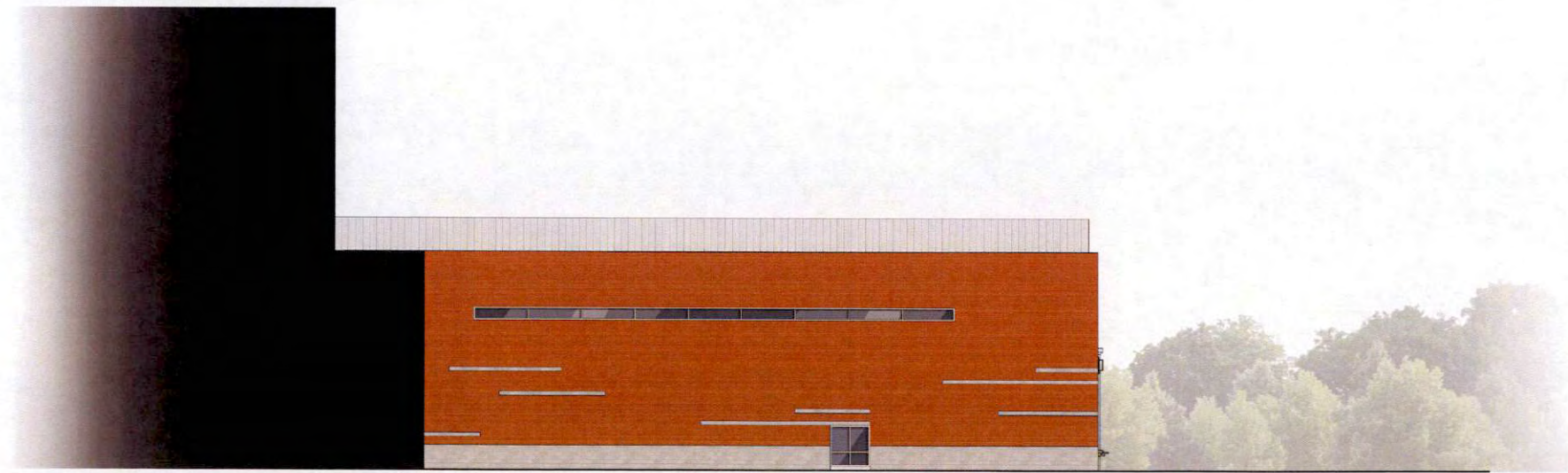
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WEST ELEVATION



SOUTH ELEVATION



KEY PLAN

REVISIONS	DATE	NO.



L060 LUMINIS HEALTH

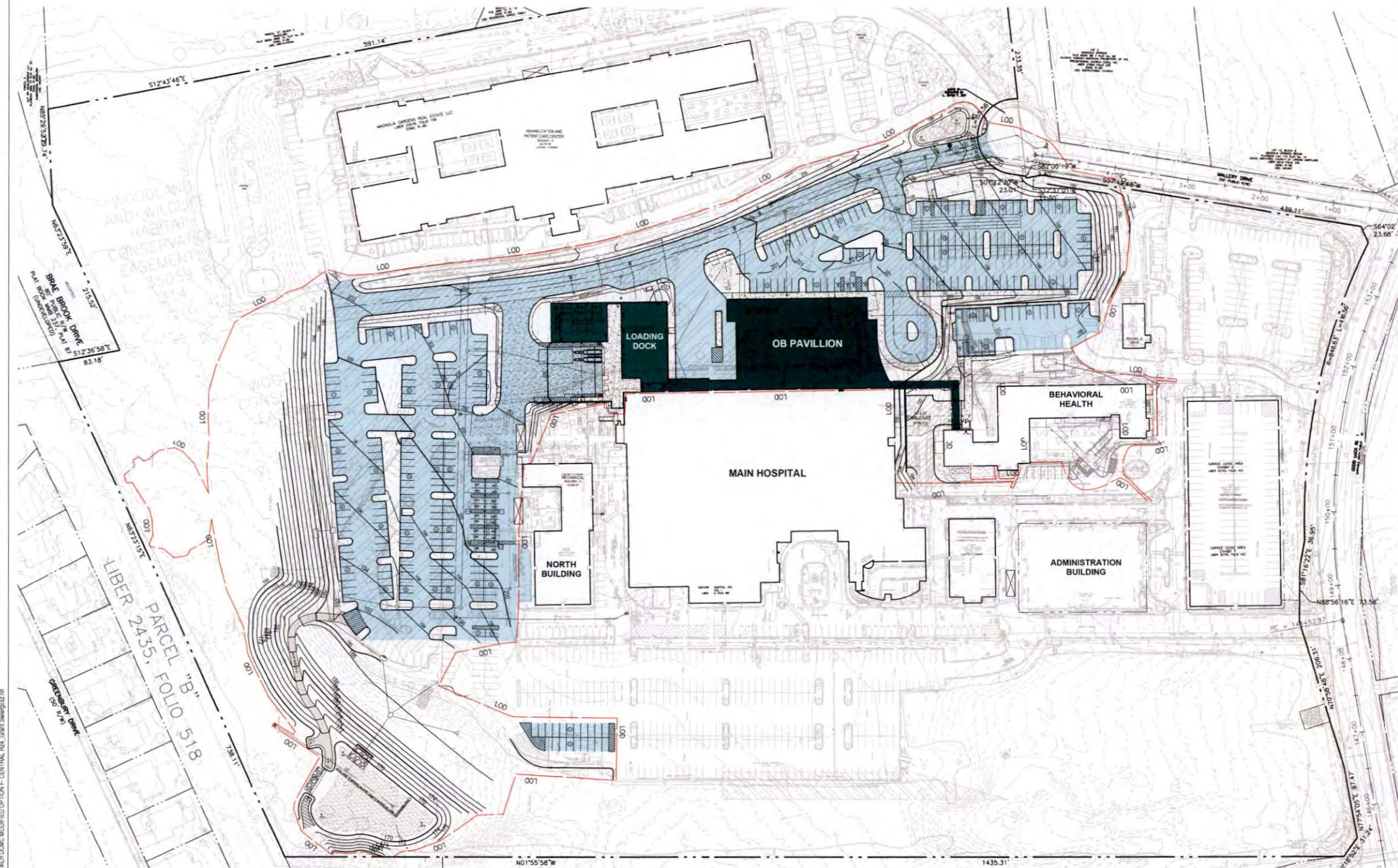
**OBSTETRICS PAVILION AND CAPITAL  
IMPROVEMENTS CON**  
#118 Good Luck Rd, Leithers, MD 20718

**LOADING DOCK ELEVATIONS**

Project Number: \_\_\_\_\_  
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Date: 10/1/2023  
Drawing: \_\_\_\_\_ of \_\_\_\_\_  
Print Date/Time: 10/23/2023 8:16:53 A.  
Sheet No.: \_\_\_\_\_

**A2-04**

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TRUE PLAN  
NORTH NORTH

REVISIONS	DATE	NO.



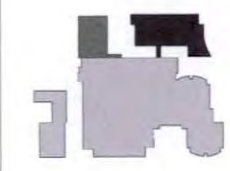
**OBSTETRICS PAVILLION AND CAPITAL IMPROVEMENTS CON**  
8118 Good Luck Rd, Lanham, MD 20718

**SITE PLAN**

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Date:	1/11/2025
Drawing:	of
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Sheet No.:	

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KEY PLAN

REVISIONS	DATE	NO.

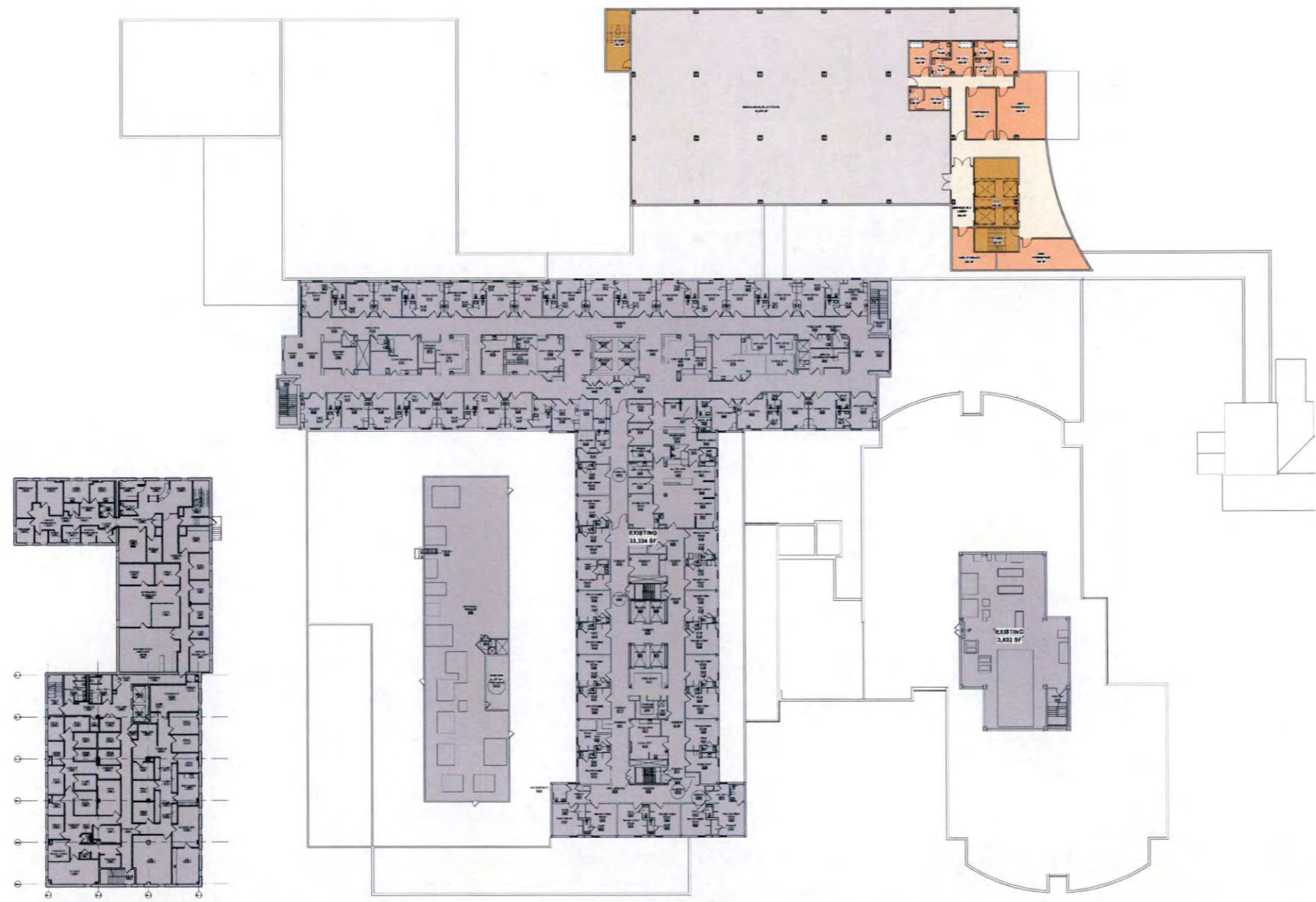


LOGO LUMINIS HEALTH  
**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
8118 Good Luck Rd, Lanham, MD 20796

**SECOND FLOOR**

Project Number: \_\_\_\_\_  
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Date: 10/10/22  
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Sheet No.:

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KEY PLAN

REVISIONS	DATE	NO.



LOGO LUMINIS HEALTH  
**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
8118 Great Linn Rd, Lanham, MD 20706

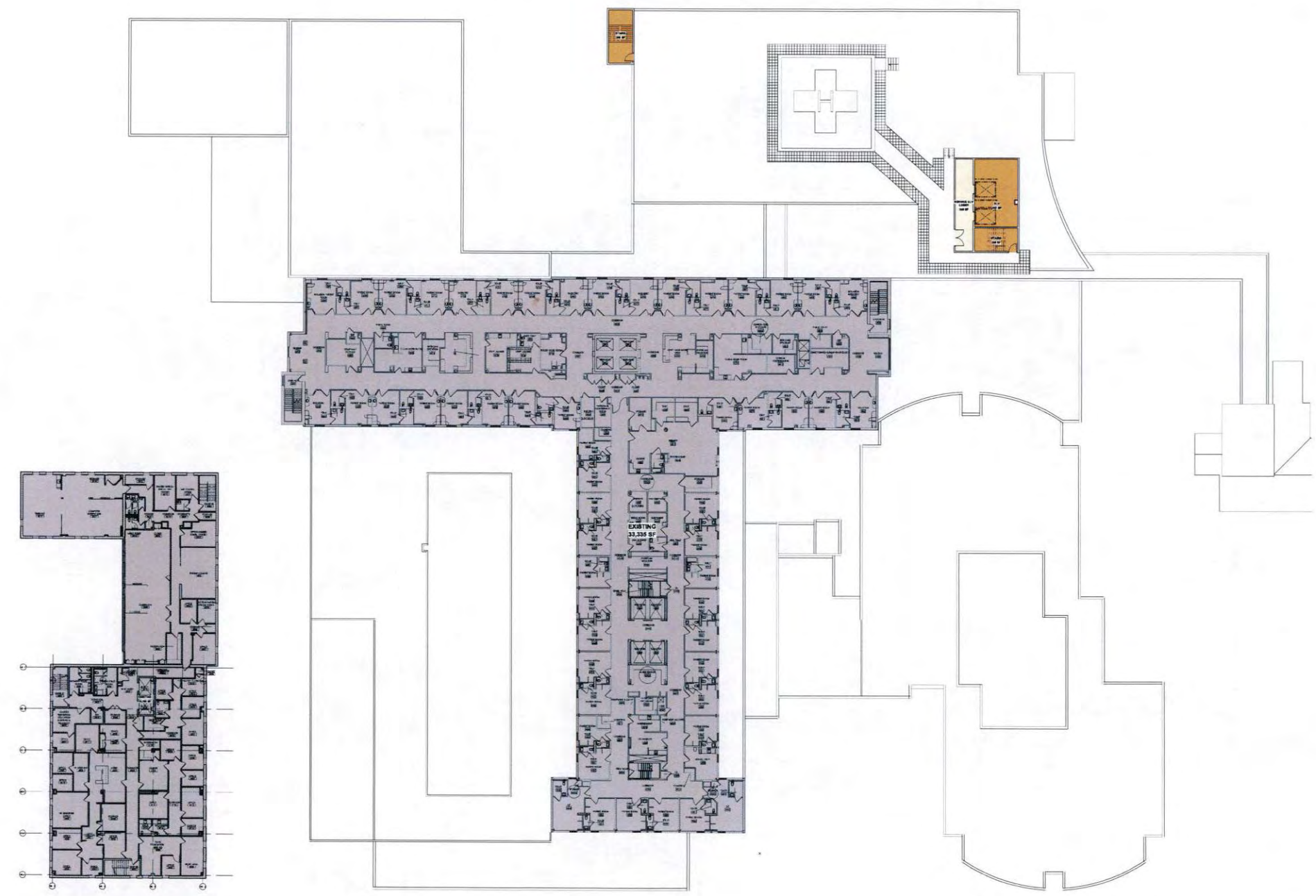
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- Mech-Elec
  - ELV/STAIRS
  - HORIZONTAL CIRCULATION
  - EXISTING
  - GME

**THIRD FLOOR**

Project Number: \_\_\_\_\_  
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Print Date/Stamp: 1/22/2025 8:17:15 A  
Sheet No.:

**A7-03**

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KEY PLAN

REVISIONS	DATE	NO.



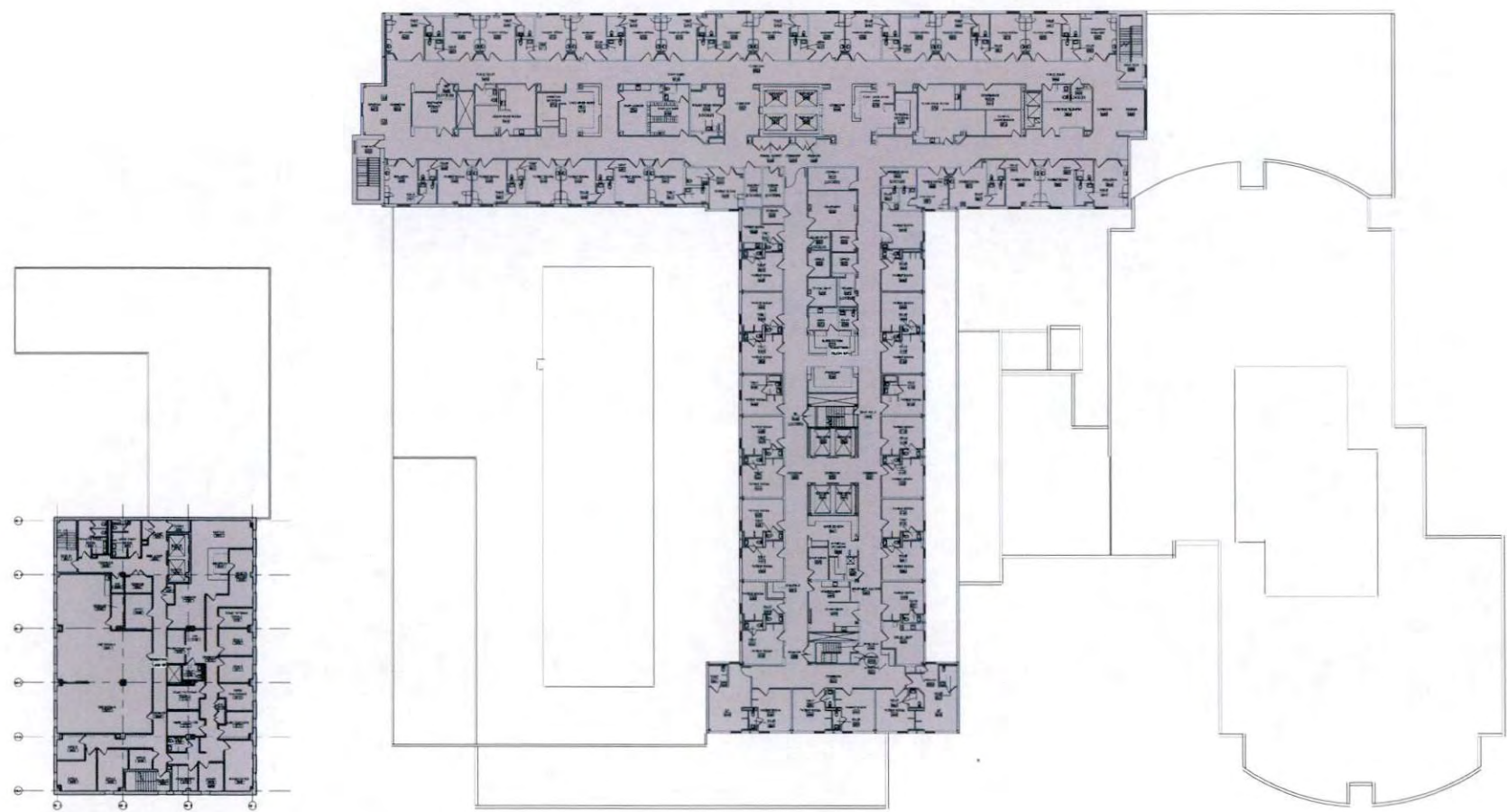
LOGO LUMINIS HEALTH  
**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
8118 Good Luck Rd, Lanham, MD 20706

**FOURTH FLOOR**

Project Number: \_\_\_\_\_  
Scale: 1/4" = 1'-0"  
Date: 10/10/22  
Drawing: \_\_\_\_\_ of \_\_\_\_\_  
Print Date/Stamp: 10/22/2022 8:17:18 A  
Sheet No: \_\_\_\_\_

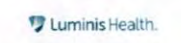
- Department Legend**
- ELV/STAIRS
  - HORIZONTAL CIRCULATION
  - EXISTING

**A7-04**  
006663.0



KEY PLAN

REVISIONS	DATE	NO.



LOSD LUMINIS HEALTH  
**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
8198 Good Luck Rd, Lanham, MD 20706

**FIFTH FLOOR**

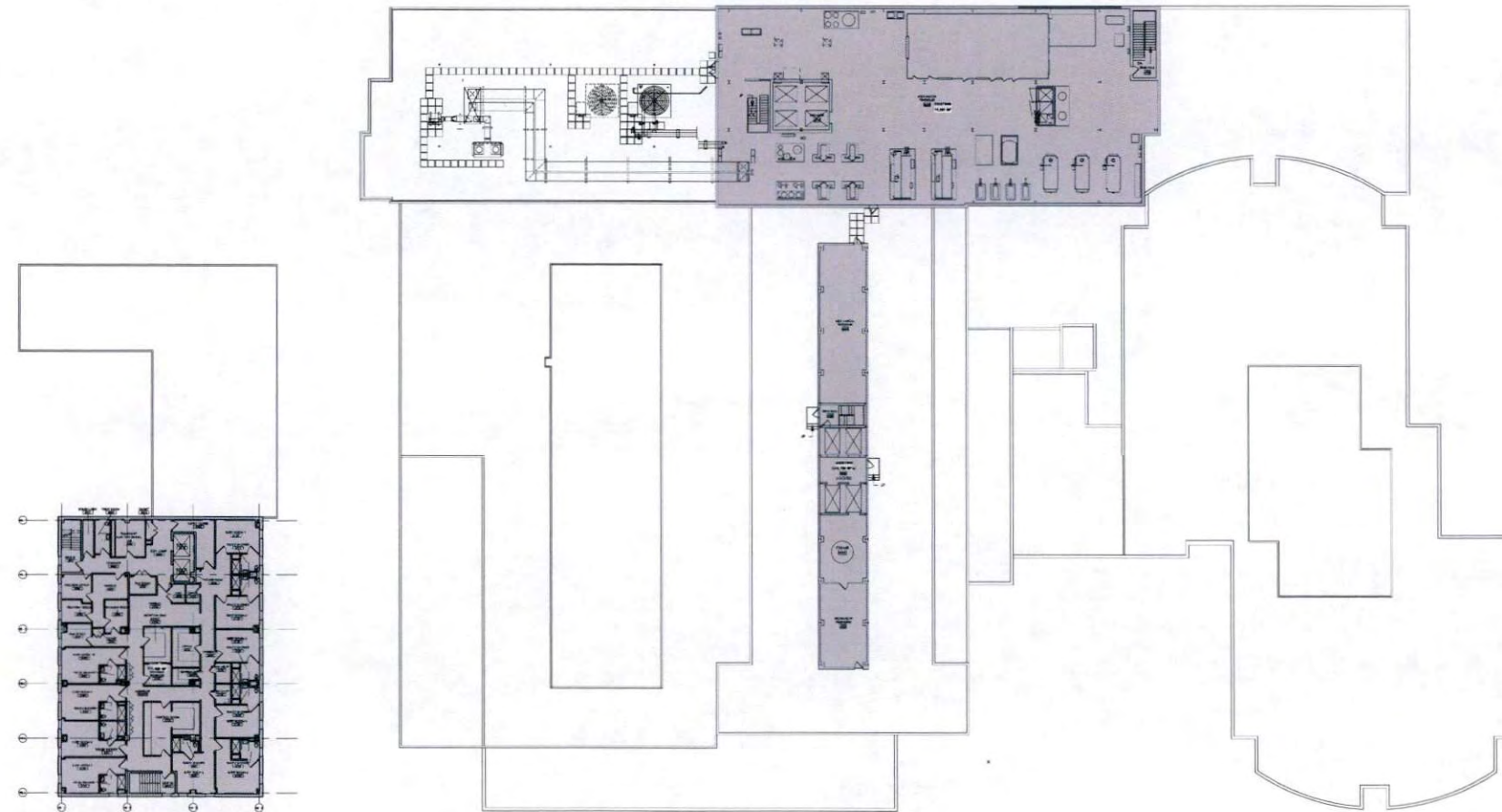
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Department Legend

■ EXISTING

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KEY PLAN

REVISIONS	DATE	NO.



LOGO LUMINIS HEALTH

**OBSTETRICS PAVILION AND CAPITAL IMPROVEMENTS CON**  
 #118 Coast Lock Rd, Luthers, MD 20718

SIXTH FLOOR

Project Number: 3647-01  
 Scale: 1/8" = 1'-0"  
 Date: 10/1/2022  
 Drawing: 01  
 Plot Date/Stamp: 10/20/2022 8:17:17 A  
 Sheet No.:

Department Legend

■ EXISTING

**A7-06**

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FIGURE 1: NEW CONSTRUCTION FOOTPRINT

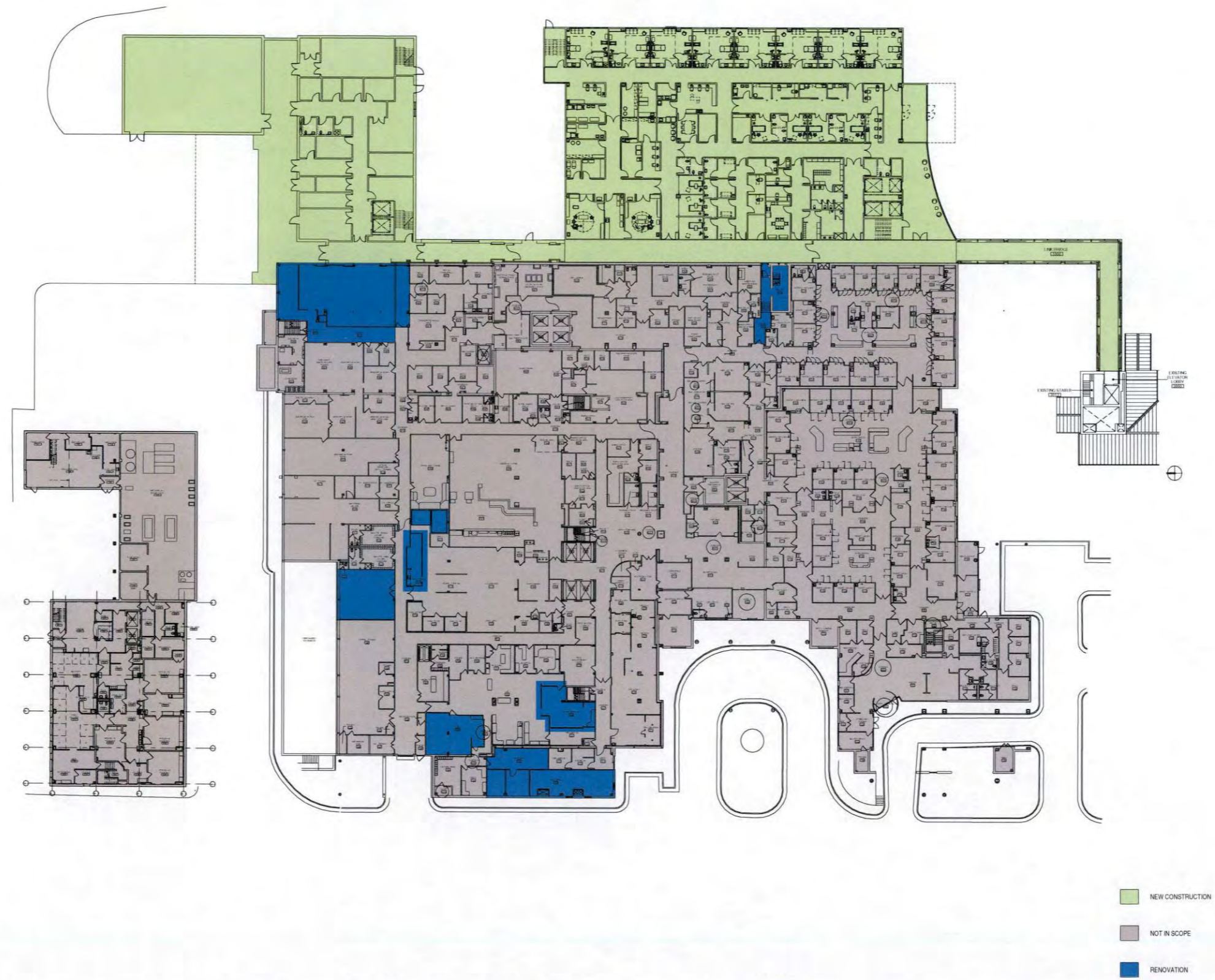


FIGURE 2: FIRST FLOOR CONSTRUCTION FOOTPRINT OBSTETRICS PAVILION

- Department Legend
- Mech-Elec
  - LABOR-DELIVERY
  - LDR UNIT SUPPORT
  - C-SECTION
  - UNIT SUPPORT C-SECTION
  - TRIAGE
  - ELV/STAIRS
  - HORIZONTAL CIRCULATION
  - EXISTING



FIGURE 3: SECOND FLOOR CONSTRUCTION FOOTPRINT OBSTETRICS PAVILION

Department Legend

- Mech-Elec
- NURSERY
- UNIT SUPPORT
- POST PARTUM
- ELV/STAIRS
- HORIZONTAL CIRCULATION
- EXISTING



FIGURE 4: THIRD FLOOR CONSTRUCTION FOOTPRINT OBSTETRICS PAVILION



FIGURE 5: FIRST FLOOR CONSTRUCTION FOOTPRINT OBSTETRICS PAVILION

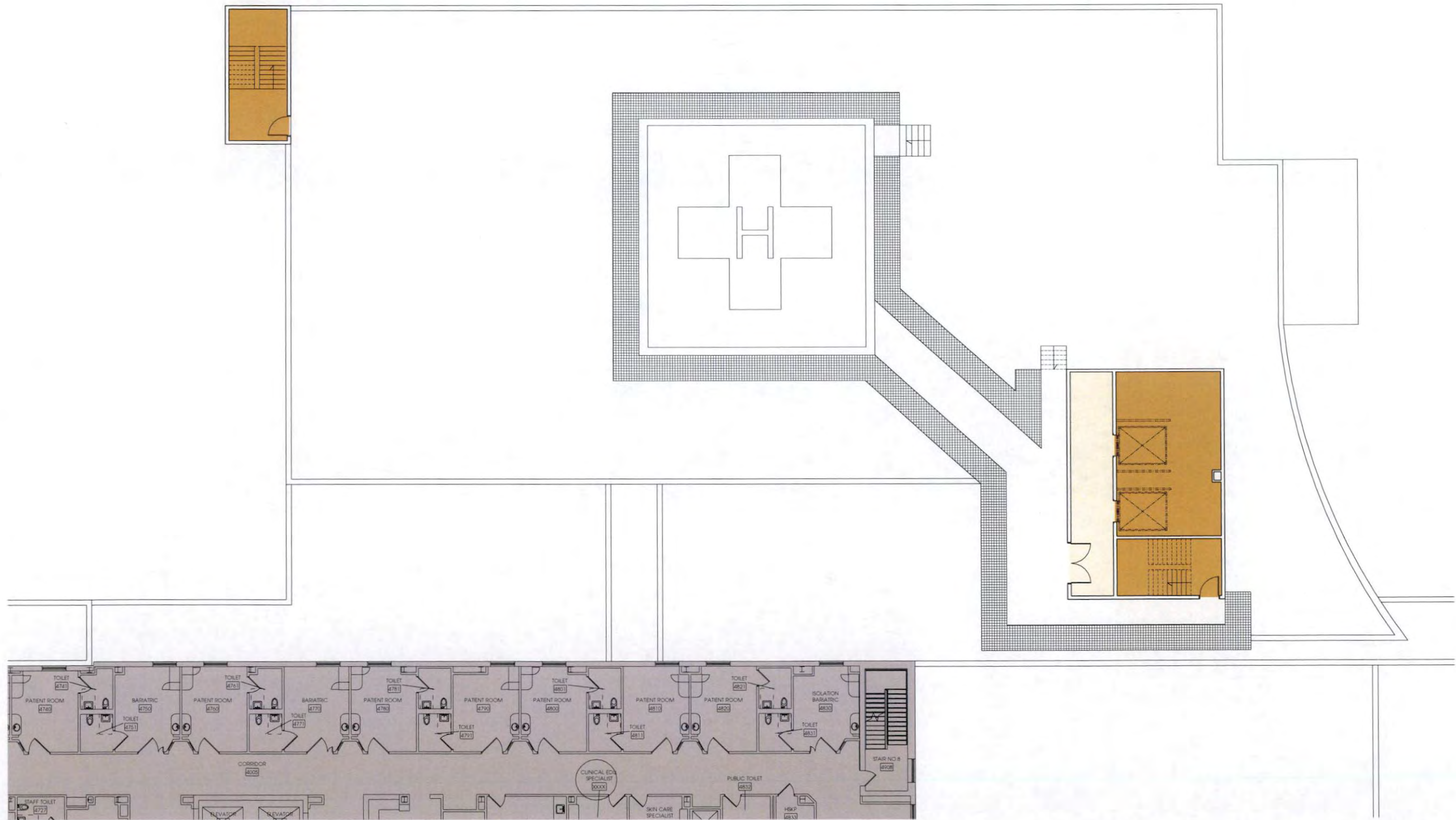


FIGURE 6: FIRST FLOOR LOADING DOCK EXPANSION

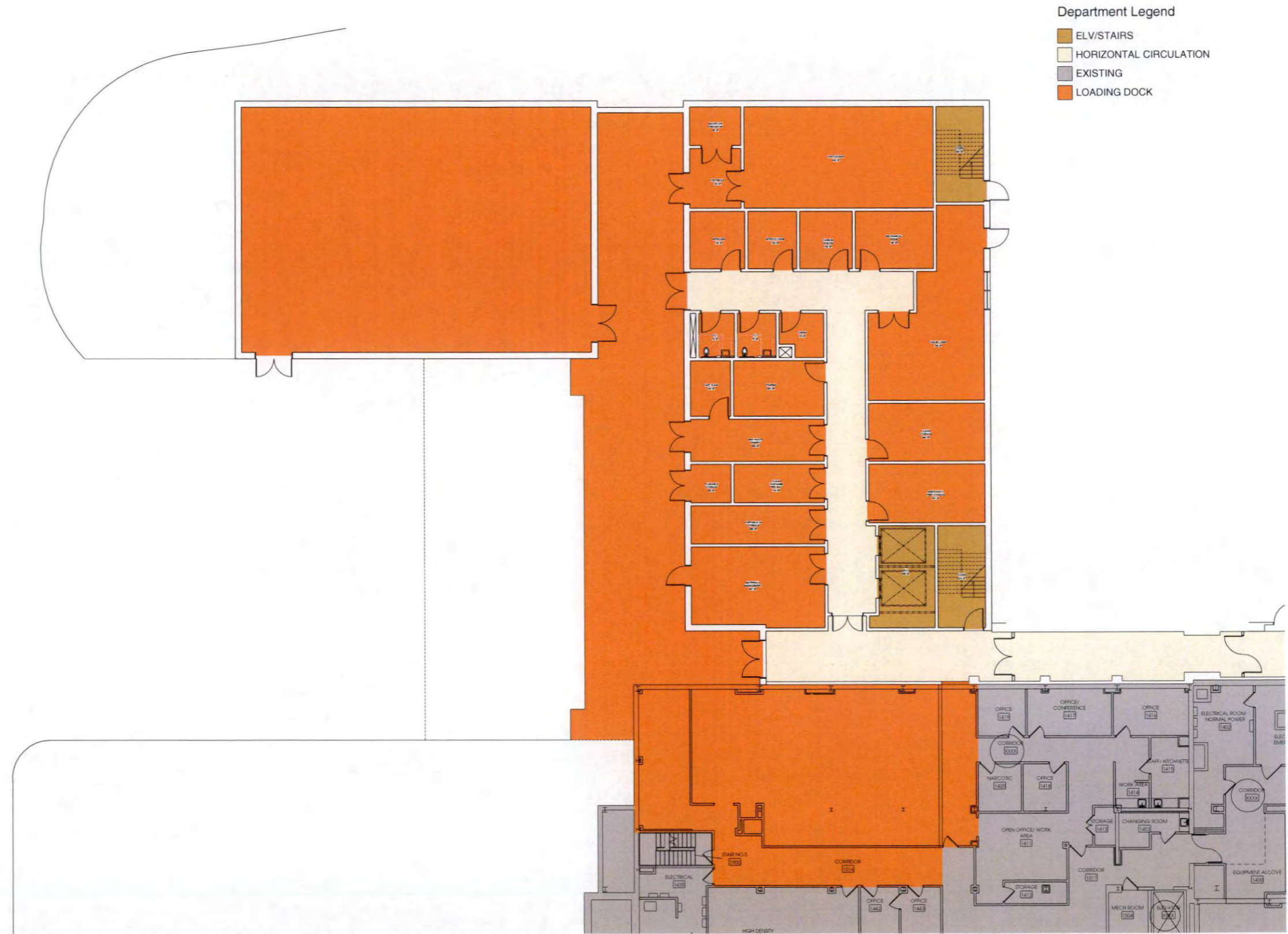


FIGURE 7: SECOND FLOOR LOADING DOCK EXPANSION



FIGURE 8: AREAS ON THE FIRST FLOOR THAT WILL BE RENOVATED UNDER THIS CON

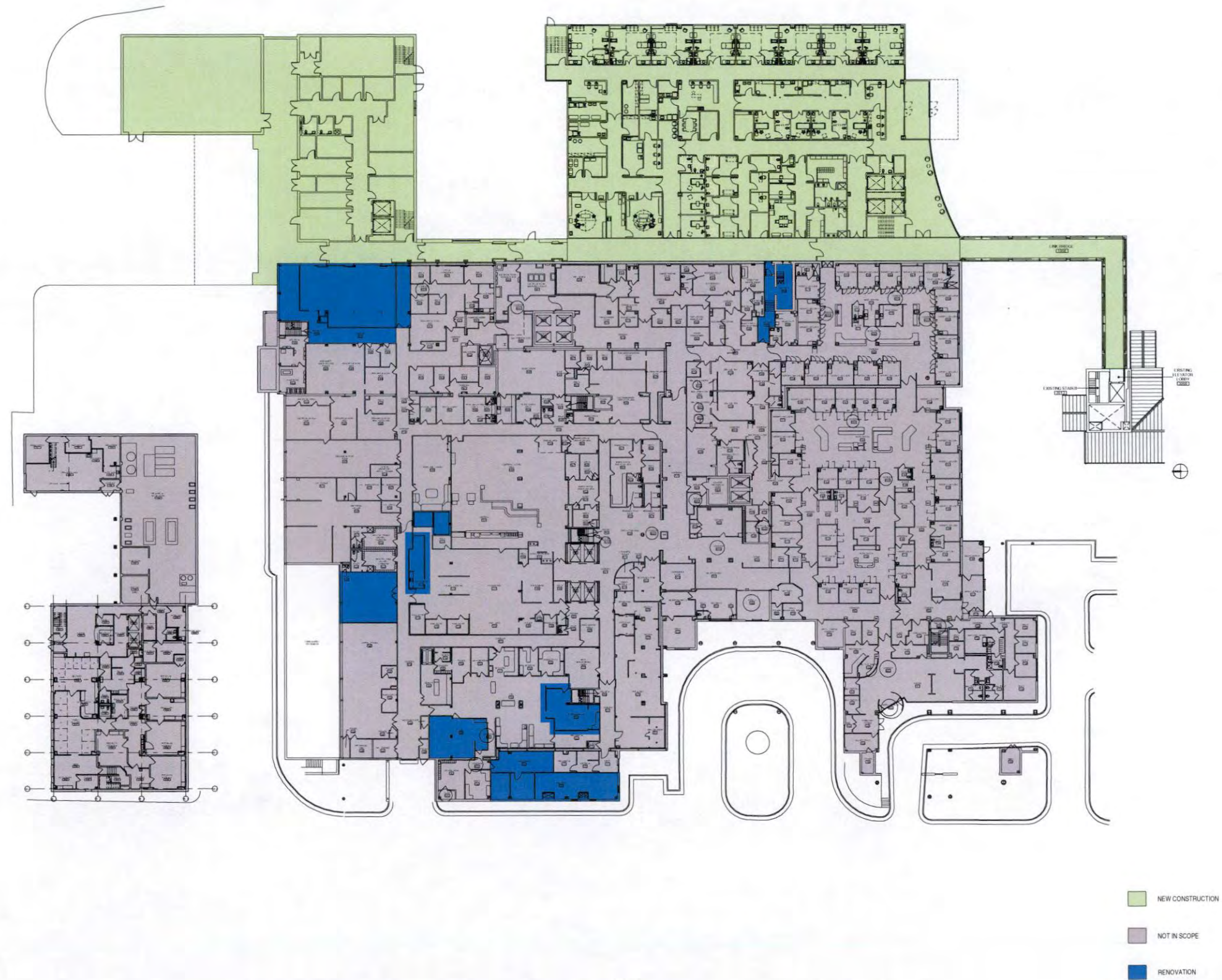


FIGURE 9: AREAS ON THE SECOND FLOOR THAT WILL BE RENOVATED UNDER THIS CON

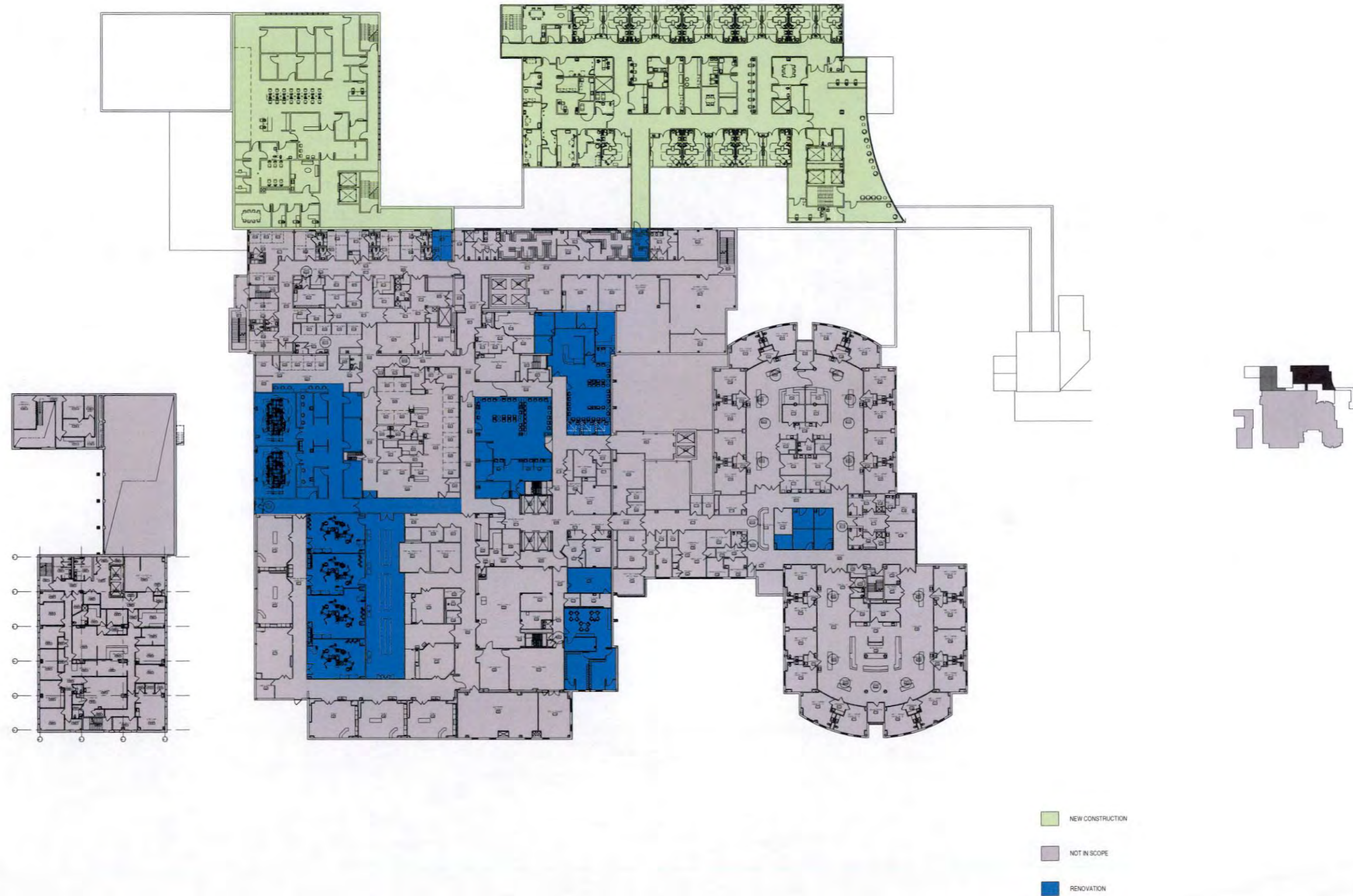
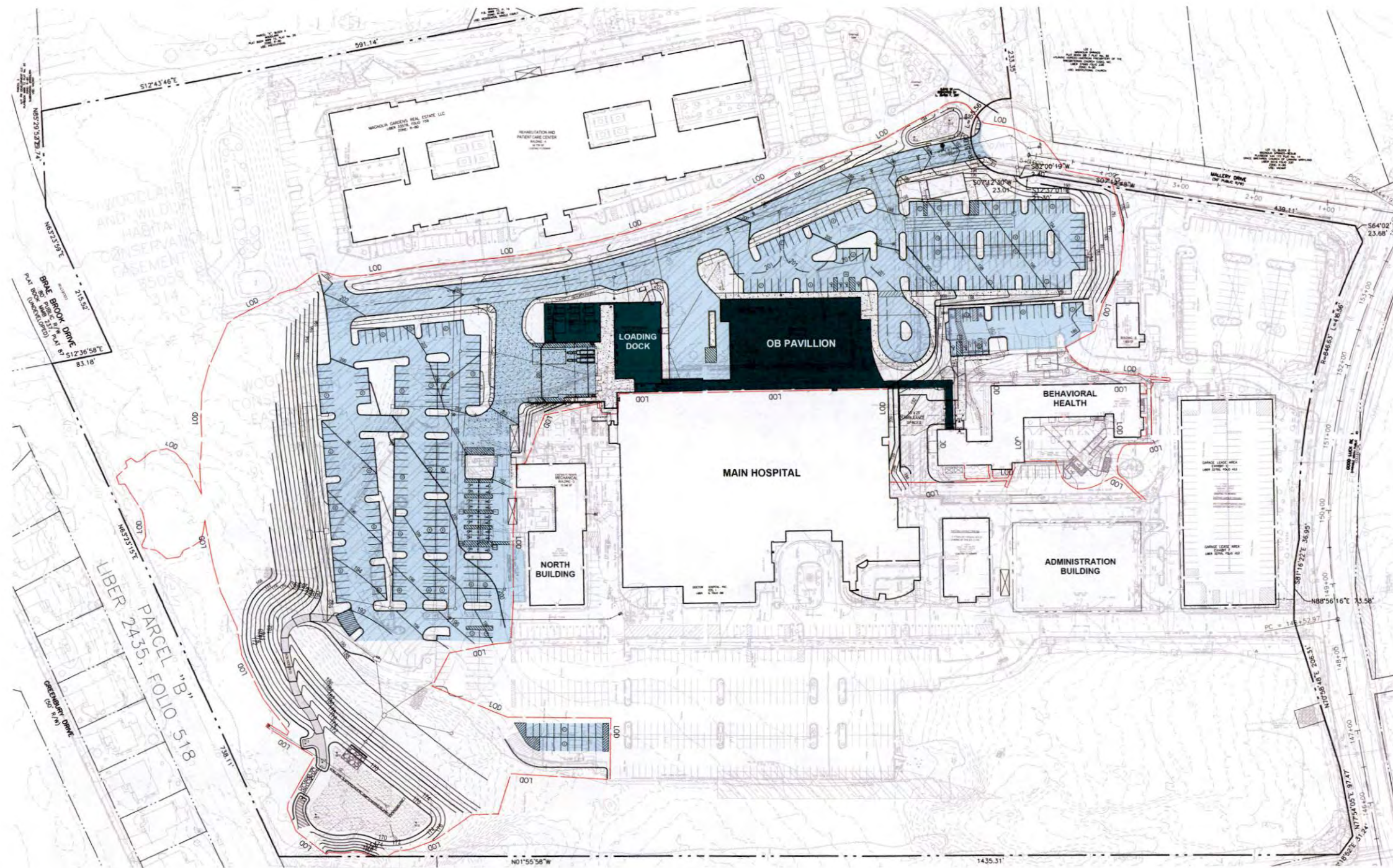


FIGURE 10: CAMPUS MAP WITH ROADS AND UTILITIES



# **EXHIBIT 4**

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

The LHDCMC projects include both new construction and interior renovations. Each are presented separately.

New construction of the Obstetrics Pavilion, previously termed Acute Care Pavilion, will include four (4) levels: Level 1- Triage, C-Section, Labor, Delivery, Recovery and Materials Management/Logistics spaces; Level 2 – Post-Partum, Antepartum and new Pharmacy space; Level 3 On Call/Graduate Medical Education rooms, Mechanical & Electrical Space, Level 4 – Vertical circulation & circulation to Helipad.

Renovations are included at the first 2 levels of the existing hospital. Level 1 includes renovation of pathology and dietary departments; Level 2 includes Surgical Suite Renovations.

<b>Type</b>		<b>Hospital</b>
Construction Quality/Class		Good/A
Stories		4
Perimeter Linear Feet		3,878
Average Floor to Floor Height		17
Square Feet		95,671
Average Floor Area		23,918
<b>A. Base Costs</b>		
Basic Structure (11/21)		\$560.00
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>\$560.00</b>
<b>Adjustment for Departmental Differential Cost Factors</b>		<b>1.1998</b>
<b>Adjusted Total Base Cost</b>		<b>\$671.90</b>
<b>B. Additions</b>		
Elevator (if not in base)		\$0.00
Other		\$0.00
<b>Sub-total</b>		<b>\$0.00</b>
<b>Total</b>		<b>\$671.90</b>
<b>C. Multiplier</b>		
Floor Area - Perimeter Multiplier		0.969
Product		\$651.17
Height Multiplier		1.115
Product		\$726.06
Multi-story Multiplier		\$2.80
Product		\$728.86
<b>D. Sprinklers</b>		
Wet Sprinkler Amount		\$4.736
<b>Sub-total</b>		<b>\$728.86</b>
<b>E. Update/Location Multipliers</b>		

Current Cost Multiplier (11/2023) to (02/2025)		1.0504
	Product	\$770.57
Location Multiplier (Silver Spring)		1.04
	Product	\$801.39
<b>Calculated Square Foot Cost Standard</b>		<b>\$801.39</b>

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

\*Department Gross Square Feet (DGSF)

Department/Function	DGSF*	MVS Department Name	MVS Differential Cost Factor	Cost Factor X DGSF
<b>Level 1</b>				
Labor & Delivery / Triage	18,187	Obstetric Facility	1.42	25,826
On-Call	932	Obstetric Facility	1.42	1,323
Public Space	1,858	Public Spaces	0.80	1,486
Mechanical / Electrical	443	Obstetric Facility	1.42	629
Link Corridor	1,427	Internal Circulation, Corridors	0.60	856
Loading Dock	12,826	Housekeeping	1.31	16,802
Vertical Circulation OB	984	Internal Circulation, Corridors	0.60	590
Vertical Circulation Loading Dock	731	Housekeeping	1.31	958
Circulation OB	2,880	Obstetric Facility	1.42	4,090
Circulation Loading Dock	1,070	Housekeeping	1.31	1,402
Exterior Walls - OB	887	Obstetric Facility	1.42	1,260
Exterior Walls - Loading Dock	734	Housekeeping	1.31	962
<b>Level 2</b>				
Postpartum / Antepartum	12,924	Obstetric Facility	1.42	18,352
Level II Continuing Care Nursery and Well Baby Nursery	2,730	Obstetric Facility	1.42	3,877
Public Space	2,153	Public Spaces	0.80	1,722
Mechanical / Electrical	312	Mechanical Equipment Shop	0.70	218
Pharmacy	9,041	Pharmacy	1.33	12,025

Circulation Pharmacy	433	Pharmacy	1.33	576
Vertical Circulation - Pharmacy	700	Pharmacy	1.33	931
Vertical Circulation - OB	965	Internal Circulation, Corridors	0.60	579
Circulation - OB	654	Obstetric Facility	1.42	929
Exterior Walls - OB	474	Obstetric Facility	1.42	673
Exterior Walls - Pharmacy	640	Pharmacy	1.33	851
<b>Level 3</b>				
Mechanical / Electrical	13,529	Mechanical Equipment Shop	0.70	9,470
On Call / GME Office	4,205	Obstetric Facility	1.42	5,971
Circulation	529	Internal Circulation, Corridors	0.60	317
Vertical Circulation	1,269	Internal Circulation, Corridors	0.60	761
Exterior Walls	447	Mechanical Equipment Shop	0.70	313
<b>Level 4</b>				
Vertical Circulation	1,204	Internal Circulation, Corridors	0.60	722
Circulation	358	Internal Circulation, Corridors	0.60	215
Exterior Walls	145	Mechanical Equipment Shop	0.70	102
<b>Total</b>	95,671	<b>Adjustment Factor:</b>	<b>1.1998</b>	114,788

## II. Cost of New Construction

	<b>Project Cost</b>	<b>Per Square Foot</b>
Building	\$103,352,889	\$1,080.29
Fixed Equipment	Inc. Above	\$0
Site Preparation	\$3,794,118	\$39.66
Architectural Fees	\$6,717,938	\$70.22
Permits	\$3,143,437	\$32.86
<b>Subtotal</b>	\$117,008,412	\$1,223.03
Capitalized Construction Interest	\$0	\$0.00
<b>Total</b>	\$117,008,412	\$1,223.03

### B. Extraordinary Cost Adjustments

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

MVS applicable calculated standard.

An explanation of these extraordinary costs includes the following:

<b>Project Budget Item</b>	<b>Cost</b>	<b>Location</b>	<b>Explanation Requirement</b>	<b>Basis of Estimate</b>
County 3 <sup>rd</sup> Party Inspections	\$500,397	Building	MVS Excludes	% of Construction Cost
Building Demolition + HazMat Abatement	\$318,612	Building	MVS excludes	Contractor Budget
Helipad + Associated Costs	\$1,407,281	Building	MVS excludes	Contractor Budget
General Conditions – Schedule+ Phasing	\$913,729	Building	MVS Excludes	Contractor Budget
Constrained Site	\$1,404,998	Building	MVS excludes	Contractor Budget
Pneumatic Tube System	\$746,794	Building	MVS excludes	Contractor Budget
Canopies	\$134,625	Building	MVS excludes	Contractor Budget
Green Building / LEED Premium	\$4,169,973	Building	MVS excludes	5% Allowance per MVS Range
Future expansion (all impacts)	\$7,808,871	Building	MVS excludes	Contractor ROM Budget
Dry Sprinklers at Loading Dock Canopy + Generator Building	\$58,365	Building	MVS excludes	\$/SF at canopy per MVS segregated Costs
MBE Premium - Construction	\$4,662,790	Building	MVS excludes	% Allowance of Construction Costs – Contractor Budget
N+1 Generator	\$2,719,432	Building	MVS excludes	Contractor Budget
Third Fuel Tank Premium	\$493,908	Building	MVS excludes	Contractor Budget
Premium for Labor Shortages	\$847,454	Building	MVS excludes	% Allowance of Construction Costs – Contractor Budget
Temporary Parking during Construction	\$495,744	Building	MVS excludes	Contractor Budget
<b>Total Adjustments to Cost</b>	<b>\$26,682,972</b>			

### **Explanation of Extraordinary Costs**

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

#### County Third Party Inspections

This cost is not included in the Marshall Valuation. This rough order of magnitude estimate is based on previous healthcare projects at Luminis. The cost includes for independent evaluations conducted by an external organization to assess the hospitals compliance with regulatory standards, safety protocols and overall quality of care. The key areas of inspection includes facility and equipment safety, hygiene and infection control, patient care quality, regulatory compliance, emergency preparedness a, medical records and data security and others.

Building Demolition – Specifically Excluded in MVS. This cost is for minor site demolition and demolition for new openings in the existing hospital for connections to the new OB Building. There is also some minor hazmat abatement included at the existing hospital or an allowance to abate if required.

#### Helipad

The new helipad is located on top of the new pavilion. There are multiple repercussions throughout the building increasing the cost of this project. MVS does not account for Helipads in the cost calculator method. The monies included in the extra ordinary cost account for the structural upgrades including bigger foundations, a heavier structural frame for additional weight and vibration, stronger structural connections and the helipad structure itself. Other impacts include the exterior façade especially the 3<sup>rd</sup> floor for acoustics, exterior lighting, fire suppression systems, flight navigation systems, extended staircase, extended elevators and addition square footage on the roof and lower levels for the transportation of the gurney bed.

#### General Conditions – Schedule + Phasing

Due to the existing healthcare facility adjacent, the re-routing of traffic, phasing of the demolition and link buildings the schedule is pushed out and therefore there is extended general conditions costs. This cost is a rough estimate from the general contractor what the phasing is costing the project.

#### Constrained Site

The area for the new building is on the East side of the campus adjacent to the existing hospital which will remain operational. To access the site construction vehicles and materials will have to enter through what is currently a patient entrance. The location is also on the existing loop road around the campus which will have to be altered. Certain construction activities will be restricted during specific times and coordinate with the hospital will be required on a daily basis. Premiums have been included in the estimate to cover overtime, night and weekend work shortening the project duration and therefore reducing operational impacts. Based on the planning to date the budget carries a premium on the construction cost from contractor feedback.

#### Pneumatic Tube System

There is an additional premium for the Pneumatic Tube System being installed. The cost is based on the number of stations for benchmarking purposes. The system is used to transport medications and lab samples throughout the medical center. Extensive coordination, design and fabrication / installation will be required to implement this system.

Canopies – Specifically Excluded in MVS. Used General Contractor number with markups not the segregated costs included in MVS as they are generic. This cost covers the canopy at the front of the building. The cost also has additional items added like the foundations, the storm water and associated lighting not just the canopy itself which is separated out in the general contractor estimate.

#### Green Building / LEED Gold Premium

LHDCMC included a 5% premium (based on Building Costs only) due to constructing this building to Green Building / LEED Gold standards. The additional premium is recognized by MVS in Section 99, Page 1 titled 'Green Buildings' and 'Modifying Adjustments'. The 5% was achieved after discussing the premium with an independent cost consultant and the general contractor on the project. 6% was the average between the two premium suggestions

#### Future Expansion

Costs are currently being carried for potential future expansion by adding floors. This has had

an impact on the building structure, especially the columns and foundations. The potential future expansion has also affected the sizing of MEP equipment, fire pump and MEP space leaving room for future growth if/when required saving costly adjustments in the future. All premiums for the structure, elevators, larger MEP space are carried in this extra ordinary cost.

#### Dry Sprinklers at Loading Dock + Generator Building

There is a large, covered area by the loading dock and a partially enclosed generator yard which both require fire protection. MVS does not account for fire protection in partially open areas. The fire protection being provided is a dry sprinkler system. The number was provided by the contractor which is actually less than what's suggested in Marshall Valuation Section 15 Page 37 Segregated Costs.

#### Premium for Minority Business Enterprise (MBE)

The LHDCMC project includes a premium for Minority Business Enterprises that are not carried in the average cost of hospital construction in MVS. This premium was projected to be 10% of the labor component. LHDCMC consulted with its cost estimators/construction managers on the impact on project budgets of targeting 10% inclusion of MBE subcontractors or suppliers as part of its project(s). The cost estimators and construction managers conservatively estimate that achieving the MBE goals will add 3% to the costs, compared to projects that do not include MBE subcontractors or suppliers. This premium also includes for community outreach initiatives.

#### Generator (N+1)

This project has N+1 redundancy requirements which adds cost. This is required for life safety requirements and not captured in MVS allowance but as a separate segregated cost. The cost includes the belly tank and all associated switches, controls and markups.

#### Third Fuel Tank Premium

The cost is for future expansion. The current design includes space for an additional generator with fuel below grade. It makes financial and design sense to install the below grade fuel tank now rather than after construction which would require significant demolition and be logistically difficult. This rough order of magnitude is in the contractor estimate.

#### Labor Shortages

There is a significant skilled labor shortage in the construction industry especially in healthcare which is generally more complex. The impacts are visible in productivity metrics and increased labor costs especially in the last 2 years. COVID inflated material costs and general market commodities and now labor costs are catching up. The percentage increase is averaged at 5% p.a. meaning owners are having to pay more for contractors and subcontractors to work on their projects. This 5% is over and above the typical 3% annual increase and is therefore adding approximately 2% to the majority of labor costs in the contractor estimate. This percentage is also higher than inflation allowances in the IMS Market Indexes.

#### Temporary Parking During Construction

This cost is associated with the site setup and being carried as an allowance in the contractors estimate. Although the exact process is still to be determined there will be a requirement for either offsite parking (leased), a shuttle service or the construction of a temporary on grade parking lot that will allow the construction trades to get to the project. The existing parking will be compromised by construction logistics and new utilities to the OB/Loading Dock which will reduce parking for patients which is already constrained and therefore using existing parking for the construction trades is not an option.

### C. Adjusted Project Cost – New Construction

Eliminating the extraordinary costs reduces the project costs that should be compared to the MVS Benchmark shown in the table below.

#### NEW CONSTRUCTION

Type	Hospital	Computations
MVS Cost Standard	\$76,669,917	\$801.39
Current Construction Costs	\$84,153,559	\$1,223.03
Extraordinary Costs	\$32,854,853	\$343.41
Adjusted Current Construction Costs	\$51,298,706	\$536.20
Above / (Below) MVS Standard	(\$25,371,210)	(\$265.19)

In addition to the new construction proposed for the LHDCMC project, approximately 24,775 DGSF of renovations are planned in the existing hospital facility. Below are the computations of the MVS factors as applied to this portion of the project.

### III. Marshall Valuation Service Valuation Benchmark – Renovation

Type	Hospital
Construction Quality/Class	Good/A
Stories	2
Perimeter Linear Feet	1,043
Average Floor to Floor Height	15.0
Square Feet	24,775
	Average Floor Area
	12,388
<b>A. Base Costs</b>	
	Basic Structure (11/21)
	\$560.00
	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>	\$560.00
<b>Adjustment for Departmental Differential Cost Factor</b>	1.39
<b>Adjusted Total Base Cost</b>	\$778.51
<b>B. Additions</b>	
	Elevator (if not in base)
	-\$12.65
	Other
	\$0.00
<b>Sub-total</b>	\$0.00
<b>Total</b>	\$765.86
<b>C. Multiplier</b>	
Floor Area - Perimeter Multiplier	0
	Product
	\$818.70
Height Multiplier	1.046

	Product	\$801.09
Multi-story Multiplier + Renovation Multiplier Per MVS (20%)		\$160.22
	Product	\$961.31
<b>D. Sprinklers</b>		
	Wet Sprinkler Amount	\$6.33
<b>Sub-total</b>		\$967.64
<b>E. Update/Location Multipliers</b>		
Current Cost Multiplier (11/2023) to (02/2025)		1.0504
	Product	\$1,016.41
Location Multiplier (Silver Spring)		1.04
	Product	\$1,057.07
<b>Calculated Square Foot Cost Standard</b>		<b>\$1,057.07</b>

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

\*Department Gross Square Feet (DGSF)

Department/Function	DGSF*	MVS Department Name	MVS Differential Cost Factor	Cost Factor X DGSF
<b>Level 1</b>				
Pharmacy - Inpatient	2,825	Pharmacy	1.33	3,757
Pathology	2,780	Laboratories	1.15	3,197
ED Connection	444	Internal Circulation, Corridors	0.60	266
Dietary	1,526	Dietary	1.52	2,320
<b>Level 2</b>				
Circulation Pharmacy	197	Pharmacy	1.33	262
Circulation	190	Internal Circulation, Corridors	0.60	114
Waiting Area / Support	6,652	Public Space	0.80	5,322
Surgical Suite	10,161	Operating Rooms	1.89	19,204
<b>Total</b>	24,775	<b>Adjustment Factor:</b>	<b>1.3902</b>	34,442

Project Budget Item	Cost	Location	Explanation Requirement	Basis of Estimate
County 3 <sup>rd</sup> Party Inspections	\$196,035	Building	MVS Excludes	% of Construction Cost
MBE Premium -	\$2,980,530	Building	MVS excludes	% Allowance

Construction				
Premium for Labor Shortages	\$588,104	Building	MVS excludes	% Allowance
<b>Total Adjustments to Cost</b>	<b>\$4,940,876</b>			

#### Explanation of Extraordinary Costs

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

**Explanation is provided above under New Construction**

#### IV. Adjusted Project Cost – Renovation

Eliminating the extraordinary costs reduces the project costs that should be compared to the MVS Benchmark shown in the table below.

#### RENOVATION

Type	Hospital	Computations
MVS Cost Standard	\$26,188,811	\$1,057.07
Current Construction Costs	\$28,824,975	\$1,163.47
Extraordinary Costs	\$5,604,460	\$226.21
Adjusted Current Construction Costs	\$23,220,515	\$937.26
Above / (Below) MVS Standard	(\$2,968,296)	(\$119.81)

#### V. Comparison to the Marshall Valuation Service Valuation Benchmark

As noted below the project's cost per square foot are above the MVS Benchmark by relatively small percentages.

#### NEW CONSTRUCTION + RENOVATION

	New Construction	Renovation
MVS Benchmark	\$801.39	\$1,057.07
The Project	\$536.20	\$937.26
Above / (Below) MVS Benchmark	(\$265.19)	(\$119.81)
% Over / (Under) MVS Standard	(33.10%)	(11.30%)

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

The LHDCMC projects include both new construction and interior renovations. Each are presented separately.

New construction of the Obstetrics Pavilion, previously termed Acute Care Pavilion, will include four (4) levels: Level 1- Triage, C-Section, Labor, Delivery, Recovery and Materials Management/Logistics spaces; Level 2 – Post-Partum, Antepartum and new Pharmacy space; Level 3 On Call/Graduate Medical Education rooms, Mechanical & Electrical Space, Level 4 – Vertical circulation & circulation to Helipad.

Renovations are included at the first 2 levels of the existing hospital. Level 1 includes renovation of pathology and dietary departments; Level 2 includes Surgical Suite Renovations.

<b>Type</b>		<b>Hospital</b>
Construction Quality/Class		Good/A
Stories		4
Perimeter Linear Feet		3,878
Average Floor to Floor Height		17
Square Feet		95,671
Average Floor Area		23,918
<b>A. Base Costs</b>		
Basic Structure (11/21)		\$560.00
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>		\$560.00
<b>Adjustment for Departmental Differential Cost Factors</b>		1.1998
<b>Adjusted Total Base Cost</b>		\$671.90
<b>B. Additions</b>		
Elevator (if not in base)		\$0.00
Other		\$0.00
<b>Sub-total</b>		\$0.00
<b>Total</b>		\$671.90
<b>C. Multiplier</b>		
Floor Area - Perimeter Multiplier		0.969
Product		\$651.17
Height Multiplier		1.115
Product		\$726.06
Multi-story Multiplier		\$2.80
Product		\$728.86
<b>D. Sprinklers</b>		
Wet Sprinkler Amount		\$4.736
<b>Sub-total</b>		\$728.86
<b>E. Update/Location Multipliers</b>		

Current Cost Multiplier (11/2023) to (02/2025)		1.0504
	Product	\$770.57
Location Multiplier (Silver Spring)		1.04
	Product	\$801.39
<b>Calculated Square Foot Cost Standard</b>		<b>\$801.39</b>

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

\*Department Gross Square Feet (DGSF)

Department/Function	DGSF*	MVS Department Name	MVS Differential Cost Factor	Cost Factor X DGSF
<b>Level 1</b>				
Labor & Delivery / Triage	18,187	Obstetric Facility	1.42	25,826
On-Call	932	Obstetric Facility	1.42	1,323
Public Space	1,858	Public Spaces	0.80	1,486
Mechanical / Electrical	443	Obstetric Facility	1.42	629
Link Corridor	1,427	Internal Circulation, Corridors	0.60	856
Loading Dock	12,826	Housekeeping	1.31	16,802
Vertical Circulation OB	984	Internal Circulation, Corridors	0.60	590
Vertical Circulation Loading Dock	731	Housekeeping	1.31	958
Circulation OB	2,880	Obstetric Facility	1.42	4,090
Circulation Loading Dock	1,070	Housekeeping	1.31	1,402
Exterior Walls - OB	887	Obstetric Facility	1.42	1,260
Exterior Walls - Loading Dock	734	Housekeeping	1.31	962
<b>Level 2</b>				
Postpartum / Antepartum	12,924	Obstetric Facility	1.42	18,352
Level II Continuing Care Nursery and Well Baby Nursery	2,730	Obstetric Facility	1.42	3,877
Public Space	2,153	Public Spaces	0.80	1,722
Mechanical / Electrical	312	Mechanical Equipment Shop	0.70	218
Pharmacy	9,041	Pharmacy	1.33	12,025

Circulation Pharmacy	433	Pharmacy	1.33	576
Vertical Circulation - Pharmacy	700	Pharmacy	1.33	931
Vertical Circulation - OB	965	Internal Circulation, Corridors	0.60	579
Circulation - OB	654	Obstetric Facility	1.42	929
Exterior Walls - OB	474	Obstetric Facility	1.42	673
Exterior Walls - Pharmacy	640	Pharmacy	1.33	851
<b>Level 3</b>				
Mechanical / Electrical	13,529	Mechanical Equipment Shop	0.70	9,470
On Call / GME Office	4,205	Obstetric Facility	1.42	5,971
Circulation	529	Internal Circulation, Corridors	0.60	317
Vertical Circulation	1,269	Internal Circulation, Corridors	0.60	761
Exterior Walls	447	Mechanical Equipment Shop	0.70	313
<b>Level 4</b>				
Vertical Circulation	1,204	Internal Circulation, Corridors	0.60	722
Circulation	358	Internal Circulation, Corridors	0.60	215
Exterior Walls	145	Mechanical Equipment Shop	0.70	102
<b>Total</b>	95,671	<b>Adjustment Factor:</b>	<b>1.1998</b>	114,788

## II. Cost of New Construction

	<b>Project Cost</b>	<b>Per Square Foot</b>
Building	\$103,352,889	\$1,080.29
Fixed Equipment	Inc. Above	\$0
Site Preparation	\$3,794,118	\$39.66
Architectural Fees	\$6,717,938	\$70.22
Permits	\$3,143,437	\$32.86
<b>Subtotal</b>	\$117,008,412	\$1,223.03
Capitalized Construction Interest	\$0	\$0.00
<b>Total</b>	\$117,008,412	\$1,223.03

### B. Extraordinary Cost Adjustments

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

MVS applicable calculated standard.

An explanation of these extraordinary costs includes the following:

<b>Project Budget Item</b>	<b>Cost</b>	<b>Location</b>	<b>Explanation Requirement</b>	<b>Basis of Estimate</b>
County 3 <sup>rd</sup> Party Inspections	\$500,397	Building	MVS Excludes	% of Construction Cost
Building Demolition + HazMat Abatement	\$318,612	Building	MVS excludes	Contractor Budget
Helipad + Associated Costs	\$1,407,281	Building	MVS excludes	Contractor Budget
General Conditions – Schedule+ Phasing	\$913,729	Building	MVS Excludes	Contractor Budget
Constrained Site	\$1,404,998	Building	MVS excludes	Contractor Budget
Pneumatic Tube System	\$746,794	Building	MVS excludes	Contractor Budget
Canopies	\$134,625	Building	MVS excludes	Contractor Budget
Green Building / LEED Premium	\$4,169,973	Building	MVS excludes	5% Allowance per MVS Range
Future expansion (all impacts)	\$7,808,871	Building	MVS excludes	Contractor ROM Budget
Dry Sprinklers at Loading Dock Canopy + Generator Building	\$58,365	Building	MVS excludes	\$/SF at canopy per MVS segregated Costs
MBE Premium - Construction	\$4,662,790	Building	MVS excludes	% Allowance of Construction Costs – Contractor Budget
N+1 Generator	\$2,719,432	Building	MVS excludes	Contractor Budget
Third Fuel Tank Premium	\$493,908	Building	MVS excludes	Contractor Budget
Premium for Labor Shortages	\$847,454	Building	MVS excludes	% Allowance of Construction Costs – Contractor Budget
Temporary Parking during Construction	\$495,744	Building	MVS excludes	Contractor Budget
<b>Total Adjustments to Cost</b>	<b>\$26,682,972</b>			

### **Explanation of Extraordinary Costs**

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

#### County Third Party Inspections

This cost is not included in the Marshall Valuation. This rough order of magnitude estimate is based on previous healthcare projects at Luminis. The cost includes for independent evaluations conducted by an external organization to assess the hospitals compliance with regulatory standards, safety protocols and overall quality of care. The key areas of inspection includes facility and equipment safety, hygiene and infection control, patient care quality, regulatory compliance, emergency preparedness a, medical records and data security and others.

Building Demolition – Specifically Excluded in MVS. This cost is for minor site demolition and demolition for new openings in the existing hospital for connections to the new OB Building. There is also some minor hazmat abatement included at the existing hospital or an allowance to abate if required.

#### Helipad

The new helipad is located on top of the new pavilion. There are multiple repercussions throughout the building increasing the cost of this project. MVS does not account for Helipads in the cost calculator method. The monies included in the extra ordinary cost account for the structural upgrades including bigger foundations, a heavier structural frame for additional weight and vibration, stronger structural connections and the helipad structure itself. Other impacts include the exterior façade especially the 3<sup>rd</sup> floor for acoustics, exterior lighting, fire suppression systems, flight navigation systems, extended staircase, extended elevators and addition square footage on the roof and lower levels for the transportation of the gurney bed.

#### General Conditions – Schedule + Phasing

Due to the existing healthcare facility adjacent, the re-routing of traffic, phasing of the demolition and link buildings the schedule is pushed out and therefore there is extended general conditions costs. This cost is a rough estimate from the general contractor what the phasing is costing the project.

#### Constrained Site

The area for the new building is on the East side of the campus adjacent to the existing hospital which will remain operational. To access the site construction vehicles and materials will have to enter through what is currently a patient entrance. The location is also on the existing loop road around the campus which will have to be altered. Certain construction activities will be restricted during specific times and coordinate with the hospital will be required on a daily basis. Premiums have been included in the estimate to cover overtime, night and weekend work shortening the project duration and therefore reducing operational impacts. Based on the planning to date the budget carries a premium on the construction cost from contractor feedback.

#### Pneumatic Tube System

There is an additional premium for the Pneumatic Tube System being installed. The cost is based on the number of stations for benchmarking purposes. The system is used to transport medications and lab samples throughout the medical center. Extensive coordination, design and fabrication / installation will be required to implement this system.

Canopies – Specifically Excluded in MVS. Used General Contractor number with markups not the segregated costs included in MVS as they are generic. This cost covers the canopy at the front of the building. The cost also has additional items added like the foundations, the storm water and associated lighting not just the canopy itself which is separated out in the general contractor estimate.

#### Green Building / LEED Gold Premium

LHDCMC included a 5% premium (based on Building Costs only) due to constructing this building to Green Building / LEED Gold standards. The additional premium is recognized by MVS in Section 99, Page 1 titled 'Green Buildings' and 'Modifying Adjustments'. The 5% was achieved after discussing the premium with an independent cost consultant and the general contractor on the project. 6% was the average between the two premium suggestions

#### Future Expansion

Costs are currently being carried for potential future expansion by adding floors. This has had

an impact on the building structure, especially the columns and foundations. The potential future expansion has also affected the sizing of MEP equipment, fire pump and MEP space leaving room for future growth if/when required saving costly adjustments in the future. All premiums for the structure, elevators, larger MEP space are carried in this extra ordinary cost.

#### Dry Sprinklers at Loading Dock + Generator Building

There is a large, covered area by the loading dock and a partially enclosed generator yard which both require fire protection. MVS does not account for fire protection in partially open areas. The fire protection being provided is a dry sprinkler system. The number was provided by the contractor which is actually less than what's suggested in Marshall Valuation Section 15 Page 37 Segregated Costs.

#### Premium for Minority Business Enterprise (MBE)

The LHDCMC project includes a premium for Minority Business Enterprises that are not carried in the average cost of hospital construction in MVS. This premium was projected to be 10% of the labor component. LHDCMC consulted with its cost estimators/construction managers on the impact on project budgets of targeting 10% inclusion of MBE subcontractors or suppliers as part of its project(s). The cost estimators and construction managers conservatively estimate that achieving the MBE goals will add 3% to the costs, compared to projects that do not include MBE subcontractors or suppliers. This premium also includes for community outreach initiatives.

#### Generator (N+1)

This project has N+1 redundancy requirements which adds cost. This is required for life safety requirements and not captured in MVS allowance but as a separate segregated cost. The cost includes the belly tank and all associated switches, controls and markups.

#### Third Fuel Tank Premium

The cost is for future expansion. The current design includes space for an additional generator with fuel below grade. It makes financial and design sense to install the below grade fuel tank now rather than after construction which would require significant demolition and be logistically difficult. This rough order of magnitude is in the contractor estimate.

#### Labor Shortages

There is a significant skilled labor shortage in the construction industry especially in healthcare which is generally more complex. The impacts are visible in productivity metrics and increased labor costs especially in the last 2 years. COVID inflated material costs and general market commodities and now labor costs are catching up. The percentage increase is averaged at 5% p.a. meaning owners are having to pay more for contractors and subcontractors to work on their projects. This 5% is over and above the typical 3% annual increase and is therefore adding approximately 2% to the majority of labor costs in the contractor estimate. This percentage is also higher than inflation allowances in the IMS Market Indexes.

#### Temporary Parking During Construction

This cost is associated with the site setup and being carried as an allowance in the contractors estimate. Although the exact process is still to be determined there will be a requirement for either offsite parking (leased), a shuttle service or the construction of a temporary on grade parking lot that will allow the construction trades to get to the project. The existing parking will be compromised by construction logistics and new utilities to the OB/Loading Dock which will reduce parking for patients which is already constrained and therefore using existing parking for the construction trades is not an option.

### C. Adjusted Project Cost – New Construction

Eliminating the extraordinary costs reduces the project costs that should be compared to the MVS Benchmark shown in the table below.

#### NEW CONSTRUCTION

Type	Hospital	Computations
MVS Cost Standard	\$76,669,917	\$801.39
Current Construction Costs	\$84,153,559	\$1,223.03
Extraordinary Costs	\$32,854,853	\$343.41
Adjusted Current Construction Costs	\$51,298,706	\$536.20
Above / (Below) MVS Standard	(\$25,371,210)	(\$265.19)

In addition to the new construction proposed for the LHDCMC project, approximately 24,775 DGSF of renovations are planned in the existing hospital facility. Below are the computations of the MVS factors as applied to this portion of the project.

### III. Marshall Valuation Service Valuation Benchmark – Renovation

Type	Hospital
Construction Quality/Class	Good/A
Stories	2
Perimeter Linear Feet	1,043
Average Floor to Floor Height	15.0
Square Feet	24,775
Average Floor Area	12,388
<b>A. Base Costs</b>	
Basic Structure (11/21)	\$560.00
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>\$560.00</b>
<b>Adjustment for Departmental Differential Cost Factor</b>	<b>1.39</b>
<b>Adjusted Total Base Cost</b>	<b>\$778.51</b>
<b>B. Additions</b>	
Elevator (if not in base)	-\$12.65
Other	\$0.00
<b>Sub-total</b>	<b>\$0.00</b>
<b>Total</b>	<b>\$765.86</b>
<b>C. Multiplier</b>	
Floor Area - Perimeter Multiplier	0
Product	\$818.70
Height Multiplier	1.046

	Product	\$801.09
Multi-story Multiplier + Renovation Multiplier Per MVS (20%)		\$160.22
	Product	\$961.31
<b>D. Sprinklers</b>		
	Wet Sprinkler Amount	\$6.33
<b>Sub-total</b>		\$967.64
<b>E. Update/Location Multipliers</b>		
Current Cost Multiplier (11/2023) to (02/2025)		1.0504
	Product	\$1,016.41
Location Multiplier (Silver Spring)		1.04
	Product	\$1,057.07
<b>Calculated Square Foot Cost Standard</b>		<b>\$1,057.07</b>

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

\*Department Gross Square Feet (DGSF)

Department/Function	DGSF*	MVS Department Name	MVS Differential Cost Factor	Cost Factor X DGSF
<b>Level 1</b>				
Pharmacy - Inpatient	2,825	Pharmacy	1.33	3,757
Pathology	2,780	Laboratories	1.15	3,197
ED Connection	444	Internal Circulation, Corridors	0.60	266
Dietary	1,526	Dietary	1.52	2,320
<b>Level 2</b>				
Circulation Pharmacy	197	Pharmacy	1.33	262
Circulation	190	Internal Circulation, Corridors	0.60	114
Waiting Area / Support	6,652	Public Space	0.80	5,322
Surgical Suite	10,161	Operating Rooms	1.89	19,204
<b>Total</b>	24,775	<b>Adjustment Factor:</b>	<b>1.3902</b>	34,442

Project Budget Item	Cost	Location	Explanation Requirement	Basis of Estimate
County 3 <sup>rd</sup> Party Inspections	\$196,035	Building	MVS Excludes	% of Construction Cost
MBE Premium -	\$2,980,530	Building	MVS excludes	% Allowance

Construction				
Premium for Labor Shortages	\$588,104	Building	MVS excludes	% Allowance
<b>Total Adjustments to Cost</b>	<b>\$4,940,876</b>			

#### Explanation of Extraordinary Costs

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

Explanation is provided above under New Construction

#### IV. Adjusted Project Cost – Renovation

Eliminating the extraordinary costs reduces the project costs that should be compared to the MVS Benchmark shown in the table below.

#### RENOVATION

Type	Hospital	Computations
MVS Cost Standard	\$26,188,811	\$1,057.07
Current Construction Costs	\$28,824,975	\$1,163.47
Extraordinary Costs	\$5,604,460	\$226.21
Adjusted Current Construction Costs	\$23,220,515	\$937.26
Above / (Below) MVS Standard	(\$2,968,296)	(\$119.81)

#### V. Comparison to the Marshall Valuation Service Valuation Benchmark

As noted below the project's cost per square foot are above the MVS Benchmark by relatively small percentages.

#### NEW CONSTRUCTION + RENOVATION

	New Construction	Renovation
MVS Benchmark	\$801.39	\$1,057.07
The Project	\$536.20	\$937.26
Above / (Below) MVS Benchmark	(\$265.19)	(\$119.81)
% Over / (Under) MVS Standard	(33.10%)	(11.30%)