Attachment A

H. VOLUME OF ACTIVITY IN COST CENTERS RELATED TO PROJECT

Inpatient facility applicants with licensed psychiatric beds are required to fully complete table below. If applicant is not currently licensed to provide adult acute inpatient psychiatric services, then only projections are required.

The applicant may choose the methodology for the volume projections. However, the assumptions utilized in making the projections must be clearly substantiated in the application.

1. Admissions

	Calendar Year 2014	Calendar Year 2015	Calendar Year 2016	Calendar Year 2017	Projected Year 1 (First 12 months of operations)	Projected Year 2 (Second 12 months of operations)
Adult Acute Psychiatric Open (voluntary) beds						
Adult Acute Psychiatric Closed (involuntary) beds						
Totals						

Attachment B

H. VOLUME OF ACTIVITY IN COST CENTERS RELATED TO PROJECT

All applicants must respond to this section. If applicant is a general acute care hospital, all information is required. If applicant is not currently licensed to provide adult acute psychiatric services, then only projections are required.

The applicant may choose the methodology for the volume projections. However, the assumptions utilized in making the projections must be clearly substantiated in the application.

Applicants should recognize that mental health clinic services are required to be part of the continuum of care.

2. Visits

Cost Center	Calendar	Calendar	Calendar	Calendar	Projected	Projected
	Year 2014	Year 2015	Year 2016	Year 2017	Year 1	Year 2
					(First 12	(Second 12
					months of	months of
					operation)	operation)
Total Adult						
Emergency Room						
(ER) visits						
Total Adult Mental						
Health ER visits						
Total Adult Mental						
Health with						
Co-Occurring SUD						
ER visits						
Total number of						
observation days						
for Mental Health						
and Co-Occurring						
Mental Health and						
SUD						
Outpatient Mental						
Health Clinic visits						

Attachment C

I. Operating Projections

All applicants must respond to this section. For currently licensed Acute Inpatient Psychiatric providers, complete all required information. For non-licensed Acute Psychiatric applicants, provide projected revenues for Fiscal Year 1 through Fiscal Year 4.

1. Revenues (Report in 000's)

Category	Fiscal Year 2014 (Audited	Fiscal Year 2015 (Audited	Fiscal Year 2016 (Unaudited	Fiscal Year 2017 (Estimated	Projected Fiscal Year 1	Projected Fiscal Year 2	Projected Fiscal Year 3	Projected Fiscal Year 4
	Revenues)	Revenues)	Revenues, if Audited Unavailable)	Revenue)	(Include applied-for beds)	(Include applied-for beds)	(Include applied-for beds)	(Include applied-for beds)
Inpatient Services								
Outpatient Services								
Total Patient Services								
Allowance for Charity								
Care Contractual Allowances								
Net Patient Service Revenues								
Other Operating Revenues								
Total Net Operating Revenues								

Attachment D

I. Operating Projections

All applicants must respond to this section. For currently licensed Acute Inpatient Psychiatric providers, complete all required information. For non-licensed Acute Psychiatric applicants, provide projected expenses for Fiscal Year 1 through Fiscal Year 4.

2. Expenses (Report in 000's)

Category	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal	Projected	Projected	Projected	Projected
	2014	2015	2016	Year 2017	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year
	(Audited	(Audited	(Unaudited	(Estimate	1	2	3	4
	Expenses)	Expenses)	Expenses, if	. d	(include	(include	(include	(include
			Audited	Expenses)	applied-for	applied-for	applied-for	applied-for
			Unavailable)		beds)	beds)	beds)	beds)
Salaries, Wages &								
Professional Fees								
(Including								
Contracted								
Services and								
Fringe Benefits)								
Interest:								
Current Interest								
 Projected 								
Interest								
 Total Interest 								
Depreciation:								
 Current 								
Depreciation								
 Projected 								
Depreciation								
 Total 								
Depreciation								
Bad Debt								
Provision								
Supplies and								
Other Expenses								
Total Operating								
Expenses								
Net Income from								
Operation								
Non-Operating								
Income								
Surplus (or								
Deficit)								

Attachment E

I. Operating Projections

All applicants must respond to this section. For currently licensed Acute Inpatient Psychiatric providers, complete all required information. For non-licensed Acute Psychiatric applicants, provide projections for Fiscal Year 1 through Fiscal Year 4.

3. Patient Mix by Sources of Revenue (Report in 000's)

Category	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017	Projected Fiscal Year	Projected Fiscal	Projected Fiscal Year	Projected Fiscal Year
	(Audited	(Audited	(Unaudited	(Estimated	1	Year 2	3	4
	Revenues)	Revenues)	Revenues, if	revenue)	(include	(include	(include	(include
			Audited		applied-	applied-	applied-for	applied-
			Unavailable)		for beds)	for beds)	beds)	for beds)
Medicare								
Medicaid								
Commercial								
Insurance								
Self-Pay								
Charity Care								
Other								
Other								
Total Patient								
Service								
Revenue								