Dartmouth Health

Southwestern Vermont Medical Center

Docket No. GMCB-014-23con

Certificate of Need Application
Create Inpatient Mental Health Unit for Adolescents

Southwestern Vermont Medical Center
February, 2024

Document prepared by:
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Dartmouth Health

Southwestern Vermont Medical Center

February 28, 2024

Donna Jerry, Health Care Administrator
Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, VT 05620

RE: Docket No. GMCB-014-23con
CON application to create an inpatient mental health unit for adolescents

This application is pursuant to Certificate of Need (CON) statute 18 V.S.A. 9440(c)(2)(A). Southwestern Vermont Medical Center (SVMC) is applying for a certificate of need to create an inpatient mental health unit for adolescents (ages 12-17) on SVMC's Bennington Campus. This project requires a CON, because the project is estimated to cost $9.5M and thereby exceeds the threshold for invoking CON jurisdiction, per statue.

SVMC requests approval to create an inpatient mental health unit for adolescents for the following reasons:

- There is statewide unmet demand for inpatient mental health services for adolescents, particularly those with medical co-morbidities.
- One third of adolescents in Vermont have consistently reported poor mental health and one in 7 have made a suicide plan
- Adolescents are not receiving optimal healing treatment and potentially being exposed to additional emotional and mental harm as they wait for inpatient placement in emergency departments across the state
- The feasibility study conducted by SVMC and the Vermont Department of Mental Health identified a suitable site on SVMC's Bennington campus for a 12 bed inpatient unit, including the required outside space
- SVMC has partnered with Dartmouth Heath's Department of Psychiatry to supply providers and clinical oversite for the unit
- Capital funds have been committed by the state for the project
- The Vermont Department of Mental Health and SVMC have developed an innovative reimbursement approach that will result in the project and subsequent operations being budget neutral to SVMC

SVMC intends to renovate 6,800 sq ft and build a new entrance vestibule of 200 sq ft to deliver:

- 12 single occupancy inpatient rooms
- Seclusion suite and sensory mitigation space
- Group dining, social, and educational spaces
- Outside gross motor and play area
- Staff collaboration and documentation space

- Separate entrance for adolescents being brought to the unit from other communities

SVMC is planning to fund the project as follows:

• Equity contribution	$ 293,006
• Grant	9,250,000
Total	***$ 9,543,006***

The equity contribution ($293,006) has been secured from operating cash and will fund renovation of spaces for relocated staff. The grant funding ($9.25M) will originate from the Department of Mental Health as identified by the Governor in the Vermont state budget because the inpatient unit will serve the needs of adolescents from across the state.

We thank the Green Mountain Care Board for considering this important project.

James Trimarchi, Director Planning
802 440 4051
James.Trimarchi@svhealthcare.org

Verification Under Oath

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re:	Application	)	
	Certificate of Need to	)	Docket No. GMCB-014-23con
	Inpatient Mental Health Unit	)	
	For Adolescents	)	

Verification Under Oath to file with the Certificate of Need Application, correspondence and additional information subsequent to filing an Application.

Robert Laba, being duly sworn, states on oath as follows:

1. My name is Robert Laba. I am the Chief Financial Officer and Vice President of Finance of Southwestern Vermont Medical Center. I have reviewed the Certificate of Need Application for the project to create an inpatient mental health unit for adolescents.

2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the application for the project to create an inpatient mental health unit for adolescents is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.

3. My personal knowledge of the truth, accuracy and completeness of the information contained in the application for the project to create an inpatient mental health unit for adolescents is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.

4. The following individuals have provided information or documents to me in connection with the application for the project to create an inpatient mental health unit for adolescents and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

   James Trimarchi, Director Planning
   Ronald Zimmerman, Director Engineering

5. In the event that the information contained in the application for the project to create an inpatient mental health unit for adolescents becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the application for the project to create an inpatient mental

health unit for adolescents as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.

[signature]

On 2/28/2024, Robert Laba appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Notary public

My commission expires 2/28/2024

SEAL 01/31/25

Certificate of Need Cover sheet and Application Form

Name of Applicant: Southwestern Vermont Medical Center

Date of Application: February 8, 2024

Project Title: Create Inpatient Mental Health Unit for Adolescents

Contact person: James Trimarchi, Director of Planning

Mailing Address:

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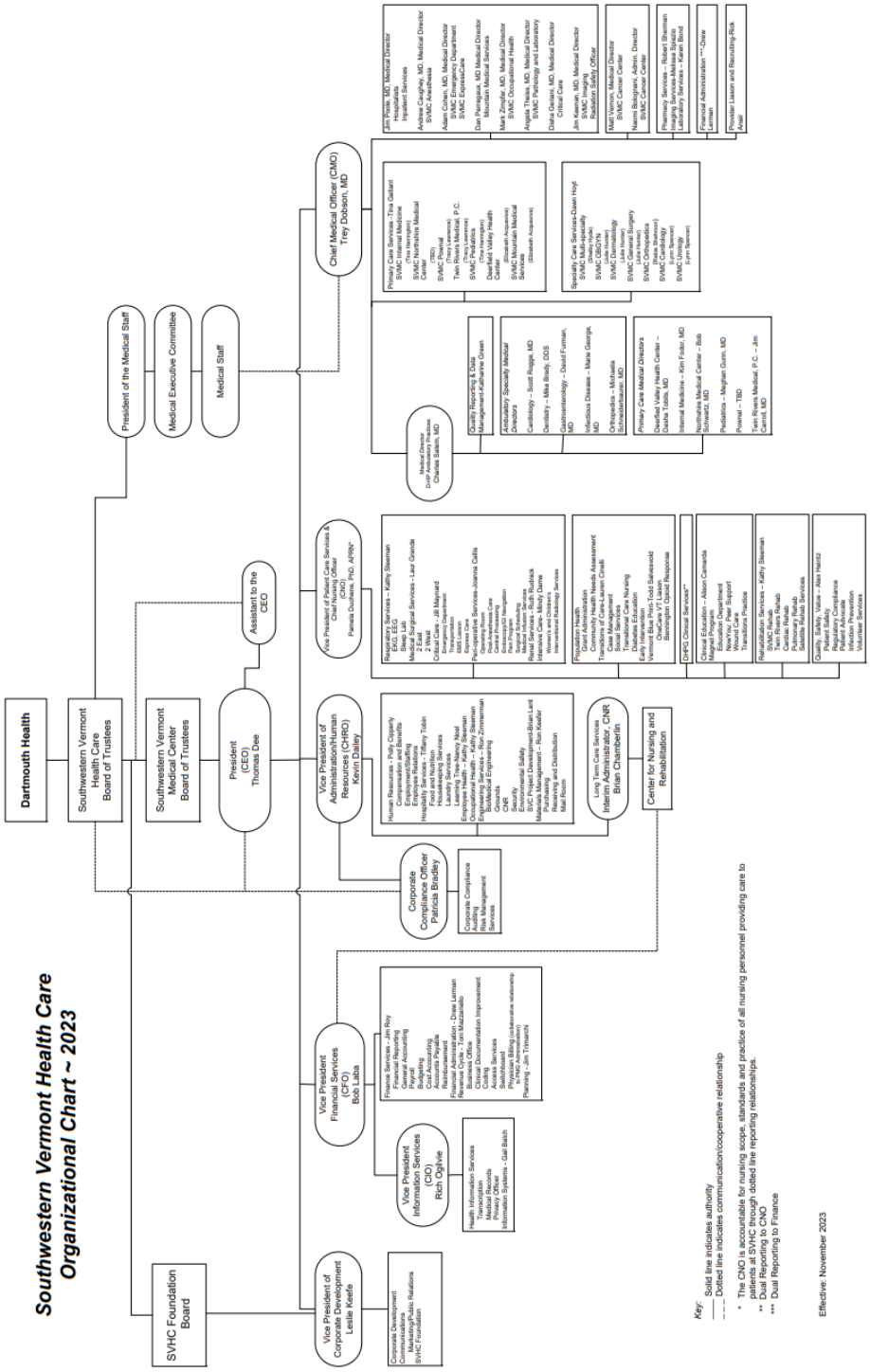
Bennington, VT 05201

Email: james.trimarchi@svhealthcare.org

Phone number: 802 440 4051

Proposed Total Project Cost: $9,543,006

SVMC Organizational Chart



Project Description

Southwestern Vermont Medical Center (SVMC) requests a Certificate of Need (CON) to create an inpatient mental health unit for adolescents. The inpatient unit will be within SVMC's hospital in Bennington and would serve teens age 12-17 from across the state of Vermont. A CON is required because:

- The estimated renovation cost, $9.5M, exceeds the hospital capital expenditure CON threshold of $3.6M AND
- The annual operational expenses for the new service, more than $6.0M, exceeds the CON threshold for new hospital service's operating expenses of $1.2M

The timeline for completing the project appears in appendix 1.

A feasibility study of the project was recently completed in collaboration with the Vermont Department of Mental Health (DMH) (appendix 2). In brief the feasibility study findings were:

- There is statewide demand for a 12-bed inpatient mental health unit for adolescents age 12 to 17
- SVMC's Bennington campus has a suitable space for the mental health unit
- A schematic design was creating which included the required outside space and separate ambulance entrance
- The cost to renovate the space and create the mental health unit with support spaces was estimated at $9.5M by SVMC's construction partner
- A staffing model was approved by SVMC, the Dartmouth Health Department of Psychiatry, and DMH staff
- The Dartmouth Health Department of Psychiatry will provide the clinical team to operate the unit
- The unit will serve patients with mental health and stable medical comorbidities
- The annual operating expenses of the mental health unit are projected to exceed $6.0M annually

The financing for this project and subsequent operations is unique and the program will be financially neutral SVMC:

- The state will provide $9.25M in capital to renovate the unit
- The state will provide $1.0M in operational support to remediate the financial loss of initial launch of the unit- expenses that accrue while the care team develops care protocols and during the patient volume ramp up period (approximately the first year of operations).
- The per diem reimbursement for Vermont Medicaid patients receiving inpatient mental health services will provide sufficient revenue such that operational expenses of the mental health unit are covered and do not negatively impact SVMC's financials

associated with medical services[1]. The majority (78%) of the patients are anticipated to be covered by Vermont Medicaid.

- The per diem reimbursement rate for Vermont Medicaid patients receiving inpatient mental health services will be reviewed and adjusted annually to remediate the previous year's financial impact (both negative and positive) and to align the subsequent year's reimbursement and budgeted operating expenses. Alignment of reimbursement with budgeted expenses will ensure the impact of the unit on SVMC's ongoing financial position remains neutral and the unit continues to be fiscally sustainable long term.

In response to this project, SVMC will not seek insurance rate increases because the project and subsequent operations will be financially neutral to SVMC.

A 5-year financial pro forma of the unit appears in the feasibility study, appendix 2, pages 11-13 and details pages 52-62.

SVMC seeks a CON for this project by early summer 2024 to maintain the proposed timeline (appendix 1). The implementation plan includes permitting coincident with CON application review, 9 months of construction, and culminates in April 2025. First patients will be admitted to SVMC's inpatient mental health unit for adolescents in May 2025.

Summary Project Description

Geographic area and population served– The unit will serve the inpatient mental health needs of the more than 48,000 adolescents (ages 12-17) across Vermont[2]. One third of adolescents in Vermont have consistently reported poor mental health and one in 7 have made a suicide plan[3]. A detailed analysis of the demand for inpatient mental health beds for this population indicates the need for more than 12 new inpatient adolescent mental health beds in addition to those that already exist at the Brattleboro Retreat (appendix 2)[4]. Through support by SVMC's pediatricians and emergency medicine providers, the unit will be able to serve adolescents with stable

[1] The expectation is that commercial payers match the per diem rate negotiated with the Vermont Department of Health Access for Medicaid patients. If the commercial payer rate is lower than the rate from Medicaid, financial sustainability of the service could be in jeopardy and the per diem rate for Medicaid patients will need to be adjusted to account for the financial shortfall. An annual financial true-up and alignment with budget will occur through review of operating revenue and expenses with the Department of Mental Health and the Vermont Department of Health Access.
[2] US Census data
[3] Vermont Department of Health's bi-annual Youth Risk Behavior Survey
[4] The number of staffed adolescent inpatient mental health beds at the Brattleboro Retreat is dynamic and may have changed since finalization of the feasibility study. However, long wait times for adolescent inpatient placement persist today. Diversification of care options remains a goal of the Department of Mental Health to build resilience in the state-wide mental health care system.

medical conditions in addition to their mental health. Due to their medical needs these adolescents typically would not be treated at the Brattleboro Retreat.

Location of the proposed project– SVMC will create a 12 bed mental health unit on the ground floor of the East building of the hospital on SVMC's Bennington campus (100 Hospital Drive, Bennington, Vermont) (appendix 3). The unit will include the following support spaces: group and individual therapy areas, sensory mitigation space, consult spaces for meeting with social service agencies, quiet and active social and learning spaces, staff documentation and support spaces. Per regulation, the unit will have access to a private, secure, outside space of sufficient size for exercise and energy regulation. A dedicated entrance to the unit with vestibule will serve ambulances, cabulances, or vehicles bringing adolescents to the unit from across Vermont.

Description of the renovation and fit-up– Developing the inpatient mental health unit will require 6,800 sq ft of renovation and 200 sq ft of new construction. The new construction is necessary to provide a vestibule and direct entrance for patients brought to the unit from across Vermont. Creation of the unit requires complete renovation of the space, including reconfiguring the layout of the space and upgrading electrical, plumbing, heating, ventilation and air conditioning infrastructure. Upon obtaining the CON, SVMC will leverage its recent experience creating a mental health space in its new emergency department and integrate input from individuals with lived experience to inform the detailed design and fit-up. The objective is to deliver a healing environment that minimizes its institutional feel while not compromising safety of patients or staff.

Description of health information technology components– To efficiently and effectively document care on the mental health unit, SVMC anticipates upgrading its Meditech electronic medical record to include a module specific for documentation of inpatient mental health care. Any software purchased or leased for the inpatient mental health unit will be evaluated and adapted to conform with the Vermont's Health Information Technology Plan, including any requirements for public reporting and connectivity to the statewide health information exchange (VHIE) operated by the Vermont Information Technology Leaders, Inc. (VITL). All costs associated with the software (estimated at $200,000) have been included in the total project cost ($9,542,006) and will be documented in bi-annual progress reports.

Description of staffing– The details of the proposed staffing model appear in appendix 2. The Dartmouth Health Department of Psychiatry will supply the providers and manage the unit while staff will be supplied by SVMC. An example of the staffing model is shown below.

Greater than 8 patients- high staffing	Number of people on the unit Weekdays Day (8hrs)	Evening (8hrs)	Night (8hrs)	Weekends Day (8hrs)	Evening (8hrs)	Night (8hrs)
RN	2.00	2.00	1.00	2.00	2.00	1.00
Charge RN	1.00	1.00	1.00	1.00	1.00	1.00
Mental Health Technician (sitter)	3.00	3.00	2.00	3.00	3.00	2.00
Mental Health Counselor	2.00	2.00	0.00	1.00	1.00	0.00
Occupational Therapist	0.50	0.00	0.00	0.50	0.00	0.00
Unit Coord	1.00	0.00	0.00	0.00	0.00	0.00
Social Work	1.00	0.00	0.00	0.00	0.00	0.00
Nurse Manager	1.00	0.00	0.00	0.00	0.00	0.00
Providers						
APRN (DH Dept of Psychiatry)	1.00	0.00	0.00	1.00	0.00	0.00
MD Psychologist (DH Dept of Psychiatry	0.50	0.00	0.00	0.00	0.00	0.00
MD Psychiatrist (DH Dept of Psychiatry)	0.80	call	call	0.80	call	call
Mental Heath Medical Director (One of the persons that are MD Psychiatrist above)	0.20	0.00	0.00	0.00	0.00	0.00

The staffing model was vetted by SVMC, the Department of Psychiatry and the Vermont Department of Mental Health.

Service to be provided– SVMC proposes to provide mental health services in an inpatient setting to youth ages 12-17 experiencing mental health crisis. Typical conditions requiring inpatient care include:

- Severe Anxiety and Depression
- Suicidality
- Bipolar disorder
- Post-traumatic stress disorder
- Personality disorders

Each patient will undergo a psychiatric assessment to create an individualized and comprehensive treatment plan. Treatment will include individual and group counseling to develop coping and resiliency skills, medication management to ensure effective chemo-regulation, and Cognitive Behavioral Therapy (CBT)/Dialectical Behavior Therapy (DBT) to improve emotional reactions to the environment and community. These services will be provided in partnership with Dartmouth's Department of Psychiatry.

Through support from SVMC's pediatricians and emergency medicine providers, the unit will serve adolescents with stable medical conditions in addition to their mental health,

Therapy services offered at SVMC's inpatient mental health unit may not be sufficient for condition management, high quality healing, and subsequent safe discharge of select disorders:

- Anticipated difficult detoxification
- Some presentations of autism spectrum disorder
- Some developmental neurological disabilities
- Severe repetitive self-harm (head banging)
- Severe eating disorders
- Some teen pregnancies
- Severe communication disorders that would prevent therapy

Adolescents with these conditions would be served better at facilities that specialize in treating and managing their conditions.

Prior to acceptance for admission each patient's unique condition will be considered within the context of the existing milieu of the unit. Efforts will be made to accept as many patients as sensible, while sustaining the appropriate healing environment.

Total Project Cost– Total project cost is estimated to be $9,543,006 comprised of several components;

Renovation	$5,071,615
New construction	$ 149,224
Site work	$ 208,511
Furnishings, fixtures and other equipment	$1,085,000
EHR software module	$ 200,000
Fees and contingency	$2,828,656

These project costs include contingencies for design and construction. Also included is $300,000 for renovations of other spaces into which staff currently inhabiting the proposed inpatient mental health unit space will move (enabling moves). Below are the project costs illustrated in CSI format;

Div	Category	Cost
1	General Conditions	$ 778,944.69
1	Interior Demolition	$ 307,899.50
2	Site work	$ 208,511
3	Building Concrete	$ 68,807.40
4	Masonry	$ 27,307.44
5	Steel	$ 163,357.00
6	Carpentry	$ 20,181.50
7	Thermal and Moisture Protection	$ 256,364.84
8	Openings	$ 390,683.30
9	Finishes	$ 1,073,949.56
10	Specialties	$ 159,049.58
12	Furnishings	$ 28,932.88
12	Casework and Millwork	$ 41,383.77
21	Sprinkler	$ 85,335.75
22	Plumbing	$ 330,940.15
23	HVAC	$ 1,639,702.42
26	Electrical	$ 932,999.32
	Construction Total	**$ 6,514,350**
	EHR software module	$ 200,000
	Design/Bidding Contingency	$ 476,868
	Construction Contingency	$ 891,392
	Fees and Permitting	$ 1,460,395
	Total Project Cost	**$ 9,543,006**

The original construction estimate prior to scaling for project timing appears in appendix 4. These costs are reasonable and necessary for the scope, scale, and style of construction. An entire wing of the hospital's ground floor will need to be gutted. Plumbing, electric, and HVAC infrastructure will be upgraded and reconfigured to align with the unit's layout of rooms, programming, and patient safety. SVMC's architecture and construction partners have extensive healthcare construction experience and validated these project cost estimates.

SVMC is planning to fund the project as follows:

• Equity contribution	$ 293,006
• Grant	9,250,000
Total	***$ 9,543,006***

The equity contribution ($293,006) has been secured from operating cash and will fund renovation of spaces for relocated staff. The grant funding ($9.25M) will originate from the Department of Mental Health as identified by the Governor in the Vermont state budget because the inpatient unit will serve the needs of adolescents from across the state.

Through SVMC's partnership with Efficiency Vermont, all appropriate energy conservation initiatives have been integrated into the project (see letter of support from Efficiency Vermont in appendix 5).

This project was included in the narrative SVMC's 2024 fiscal budget submitted to the GMCB. The project's scope and scale was being refined during 2023 budget development and the project costs reported here reflect those adjustments and the final project scope and cost.

Displacement of staff and services– SVMC has identified the staff and services that are currently using the space designated for the mental health unit. The expenses to renovate space and relocate the staff ($300,000) are including in the project budget.

Group	Proposed Location
SVHC Enterprise	SVC
Transcription/Medical Records	Third Floor School of Nursing
Prior Auth	Third Floor School of Nursing
Central Triag Team	Third Floor School of Nursing
Lab	EVS office and portion of EVS common space
Dietician	
Medical Staff Office	Former Library

How will the project be financed– The Department of Mental Health has secured $9.25M through a state budget resolution to cover the cost of renovating the space for the mental health unit. SVMC commits the balance of the project cost from operational revenue. No debt service or fundraising are required to fund this project.

Impact of project on healthcare costs– Creating an inpatient mental health unit for adolescents will not increase the costs of medical care or impact the affordability of medical care because the financial impact to SVMC will be neutralized by support from the state of Vermont:

- The state will provide $9.25M in capital to renovate the unit
- The state will provide $1.0M in operational support to remediate the financial loss of initial launch of the unit- expenses that accrue while the care team develops care protocols and during the patient volume ramp up period (approximately the first year of operations).
- The per diem reimbursement for Vermont Medicaid patients receiving inpatient mental health services will provide sufficient revenue such that operational expenses of the mental health unit are covered and do not negatively impact SVMC's financials associated with medical services[5]. The majority (78%) of the patients are anticipated to be covered by Vermont Medicaid.

[5] The expectation is that commercial payers match the per diem rate negotiated with the Vermont Department of Health Access for Medicaid patients. If the commercial payer rate is lower than the rate from Medicaid, financial sustainability of the service could be in jeopardy and the per diem rate for

- The per diem reimbursement rate for Vermont Medicaid patients receiving inpatient mental health services will be reviewed and adjusted annually to remediate the previous year's financial impact (both negative and positive) and to align the subsequent year's reimbursement and budgeted operating expenses. Alignment of reimbursement with budgeted expenses will ensure the impact of the unit on SVMC's ongoing financial position remains neutral and the unit continues to be fiscally sustainable long term.

In response to this project, SVMC will not seek insurance rate increases because the project and subsequent operations will be financially neutral to SVMC.

A 5-year financial pro forma of the unit appears in the feasibility study, appendix 2, pages 11-13 and details pages 52-62.

Impact of project on access and quality– The inpatient mental health unit at SVMC will increase access to high-quality care for adolescents in mental health crisis. The additional inpatient beds at SVMC will complement those present the Brattleboro Retreat and diversify options for patients. To ensure that care provided at SVMC's mental health unit adheres to current best-practices and guidelines the unit will be managed by Dartmouth Health's Department of Psychiatry. This team has access to the latest best-practice for inpatient mental health care and providers are adept at translating changes to evidence-based guidelines into functional practice and direct patient care. As a commitment to care quality, SVMC's inpatient mental health unit will be evaluated by The Joint Commission at launch as part of a new service assessment and recurring evaluations will occur as part of The Joint Commission's regular course of accrediting SVMC. The Joint Commission standards for inpatient mental health are informed by the National Association for Behavioral Healthcare, the leading organization establishing guidelines for high quality inpatient mental health care.

Project beginning and completion date– SVMC is poised to begin the project upon approval from the GMCB. Appendix 1 illustrates the timeline for the project. SVMC anticipates gaining swift approval for this project because of its importance for Vermont youth. SVMC will proceed with permitting, including ACT250 permitting, while the GMCB considers the project for CON approval. Once all regulatory approvals and permits have been obtained, ground breaking will occur in summer 2024. The project will require 9 months of construction and will be completed in spring 2025.

Medicaid patients will need to be adjusted to account for the financial shortfall. An annual financial true-up and alignment with budget will occur through review of operating revenue and expenses with the Department of Mental Health and the Vermont Department of Health Access.

About SVMC

Mission

Southwestern Vermont Health Care exists to provide exceptional health care and comfort to the people we serve.

Vision

Southwestern Vermont Health Care is recognized as a preeminent, rural integrated health care system that provides exceptional, convenient, safe, and affordable care.

Southwestern Vermont Medical Center (SVMC), a member hospital of Dartmouth Health, is an integrated non-profit health system with a proud 100-year history as an innovator in health care delivery. It includes a 99-bed hospital, 25 primary care and specialty care practices, two nursing homes, and a foundation in nine locations in Vermont and nearby New York and Massachusetts. Through visionary partnerships with Dartmouth-Hitchcock, Castleton University, and others, nearly 1,400 employees emulate the values of quality, empathy, safety, teamwork and stewardship to fulfill their mission of exceptional care and comfort for the 75,000 people they serve. Their collective commitment to quality care and innovation is recognized by the nation's most stringent regulators and the industry's leading professional organizations, including The Joint Commission, the Centers for Medicare and Medicaid Services, and the American Nurses Credentialing Center.

Southwestern Vermont Medical Center is among the most lauded small rural health systems in the nation. It is the recipient of the American Hospital Association's 2020 Rural Hospital Leadership Award. In addition, SVMC is a five-time recipient of the American Nurses Credentialing Center's Magnet® recognition for nursing excellence. Southwestern Vermont Medical Center provides exceptional care without discriminating on the basis of an individual's age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. Language assistance services, free of charge.

An organization chart for SVMC appears on page 9.

CON Statutory Criteria

This project serves the public good, meets the required CON statutory criteria, and aligns with the current Health Resource Allocation Plan standards as described below.

CON Statutory Criteria 1- the proposed project aligns with statewide health reform goals and principles because the project:

(A) takes into consideration health care payment and delivery system reform initiatives:

Payment and delivery system reform initiatives dovetail in several ways with the proposed project to create an inpatient mental health unit for adolescents at SVMC. The table below illustrates how the project aligns with healthcare reform initiatives.

Health Reform Initiative	Project Impact
Increase access to care	Increase number of inpatient beds available and diversify the institutions providing inpatient mental health care for adolescents
Improve quality of care	No direct impact on the quality of care being delivered at other institutions currently delivering the service. To ensure that care provided at SVMC adheres to current best-practices and guidelines the unit will be managed by Dartmouth Health's Department of Psychiatry and accredited by The Joint Commission.
Improve patient experience	More expeditious admission to inpatient care of patients that otherwise would be waiting in emergency departments across the state will improve the patient experience
Improve population's health	Many adolescents are forgoing the mental health care they need because of limited access or no choice of providers. More expeditious access to care and alternative providers will reduce additional trauma, accelerate healing, and have long term impact on the person's wellbeing and that of their community
Decrease total cost of care healthcare spending	Individuals with an untreated mental health condition have 5-7 times higher medical utilization and healthcare spending. Providing additional access to inpatient mental health care for adolescents is a good value that will yield a reduction in total cost of care spending in near term and yield dividends in the future.

These listed positive impacts are not exhaustive and merely illustrative of how this project will advance Vermont's health reform initiatives. Creating assets that bolster the mental health care

continuum is critical to Vermont's efforts to manage current and future healthcare spending while delivering a healthier future population.

(B) addresses current and future community needs in a manner that balances statewide needs, if applicable;

Three consecutive community health assessments conducted by SVMC (2015, 2018, 2021) identified mental health as a priority health need. Adolescents in mental health crisis spend an average of 31 hours in SVMC's emergency department compared to 6 hours for adolescents with a medical need (FY2023 data). In addition to spending 5 times longer in the emergency department, these adolescents return to the emergency department more frequently- adolescents with a mental health diagnosis are 50% more likely to have 3 or more emergency department visits in a year than do adolescents with only a medical diagnosis. These data are echoed in a letter of support from Bennington Cares (appendix 6)

The statewide need for additional inpatient mental health services for adolescents prompted the Department of Mental Health to advance a request for proposals to develop a unit for adolescent inpatient mental health healing. The feasibility study jointly conducted by SVMC and the Department of Mental Health (appendix 7) indicated that the mental health unit at SVMC would serve adolescents from across Vermont. There is strong alignment between community and statewide needs for more inpatient mental health beds and this project will serve the regional and state-wide demand.

(C) is consistent with appropriate allocation of health care resources including appropriate utilization of services as identified in the Health Resource Allocation Plan developed in pursuant to section 9405 of this title.

The project is consistent with the current Health Resource Allocation Plan as evidenced by alignment with specific CON standards in the plan, described below.

CON STANDARD 1.2: Applicants seeking to expand or introduce specific health care services shall show that such services have been shown to improve health. To the extent such services have been the subject of comparative effectiveness research, an applicant shall show that the results of this research support the proposed project.

Inpatient mental health care is best practice for adolescents in severe mental health crisis. A three year cohort study demonstrated the effectiveness of inpatient mental health treatment.[6] Although not specific to adolescents, the study demonstrated a substantial and positive impact of inpatient care that is likely translatable to the adolescent population. An inpatient mental health unit at SVMC will expand access to best-practice care for inpatient mental healing for adolescents across Vermont.

CON STANDARD 1.3: To the extent neighboring health care facilities provide the services proposed by a new health care project, an applicant shall demonstrate that a collaborative approach to delivering the service has been taken or is not feasible or appropriate.

The Brattleboro Retreat is the only other facility in Vermont offering inpatient mental health services for adolescents. Leadership from SVMC, the Brattleboro Retreat, and the Department of Mental Health have discussed the shared goal to meet the mental health care needs of Vermont's adolescents. The group discussed the potential negative impact of the inpatient mental health unit at SVMC on the patient census at the Brattleboro Retreat and thereby the institution's fiscal sustainability. Providing choices for adolescents to seek care should be balanced with sustaining the long-term viability of both inpatient units and the respective institutions.

The unit at SVMC adds needed inpatient capacity to the ecosystem of mental health care in Vermont and diversifies options for patients and families. Patients who have found that one facility's approach does not align with their needs for healing will be able to request placement at the other facility if subsequent inpatient mental health care is needed. Toward that end, SVMC anticipates collaborating with the Brattleboro Retreat on care plans for adolescents who previously received care at the other institution.

SVMC, Dartmouth Health's Department of Psychiatry, and the Brattleboro Retreat will stay in communication about patient census, workforce, protocols, and operations to ensure the success of both organizations. Vermont needs both organizations to thrive to meet the increasing demand for inpatient mental health services by Vermont's youth.

[6] Awara et al. (2023) Three-year-cohort-study: clinical and cost effectiveness of an inpatient psychiatric rehabilitation. Front Psychiatry 28:14, 1-10

Lastly, SVMC's unit will be able to treat patients with stable medical comorbidities, thereby providing access to adolescents that otherwise would need to seek care outside of Vermont. The Brattleboro Retreat has limited capability to manage patients with the dual diagnosis of mental and medical conditions. SVMC's pediatricians and emergency medicine providers will treat the stable medical conditions of adolescents on SVMC's mental health unit.

CON Standard 1.4: If an applicant proposes services for which a higher volume of such service is positively correlated to better quality, the applicant shall show that it will be able to maintain appropriate volume for the service and that the addition of the service at the facility will not erode volume at any other Vermont facility in such a way that quality at that could be compromised.

Inpatient mental health care is a service for which higher volume is positively correlated with better quality - several studies had demonstrated that high-volume inpatient units are associated with a greater probability of receiving guideline-recommended care.[7,8] In these studies, a low volume unit is defined as treating less than 102 patients per year. SVMC is proposing to treat approximately 250 patients annually, more than double the level that would evoke concern about care quality associated with low volume, per the research. SVMC's 12 bed inpatient mental health unit will be staffed by providers from Dartmouth Health's Department of Psychiatry, which will elevate the quality of care delivered and ensure adherence with guideline-recommended care.

[7] Rasmussen et al. (2018) Inpatient volume and quality of mental health care among patients with unipolar depression. Psychiatr Serv 69(7):797-803.
[8] Druss et al. (2004) The volume-quality relationship of mental health care: does practice make perfect? Am J Psychiatry 161:2282-2286.

CON Standard 1.6: Applicants seeking to develop a new healthcare project shall explain how the applicant will collect and monitor data relating to health care quality and outcomes related to the proposed new health care project. To the extent practicable, such data collection and monitoring shall be aligned with related data collection and monitoring efforts, whether within the applicant's organization, other organizations or the government.

Care quality is a focus for SVMC and essential for our patients. SVMC will monitor and report performance on the same quality metrics currently being reported by the Brattleboro Retreat to the Vermont Department of Health (appendix 7). The quality measures extend across 5 areas. A few examples of the quality measures that will be reported by SVMC are shown below.

Quality Area	Sample Metric
Preventive Care and Screening	Screening for metabolic disorders due to risks associated with antipsychotic medications
Patient Safety	Hours of physical restraint use
	Hours of seclusion use
Follow-up Care	Outpatient counseling- Percent of patients with an encounter with an outpatient mental health provider within 7 and 30 days after discharge
	Percent of patients who filled prescribed medications after discharge
Substance Use Treatment	Percent of patients offered treatment for unhealthy alcohol or substance use
	Percent of patients offered treatment for tobacco use
Unplanned Readmissions	Percentage of patients readmitted to any hospital within 30 days after discharge

Measuring the quality of services is critical to improvement and regulatory monitoring. SVMC will comply with all state and federal quality reporting and performance standards associated with operating an adolescent mental health unit.

CON Standard 1.7: Applicants seeking to develop a new healthcare project shall explain how such project is consistent with evidence-based practice. Such explanation may include a description of how practitioners will be made aware of evidence based practice guidelines and how such guidelines will be incorporated into ongoing decision making. (2005 State Health plan, page 48)

The SVMC inpatient mental health unit for adolescents will be overseen by providers from Dartmouth Health's Department of Psychiatry. This team has access to the latest best-practice for inpatient mental health care and providers are adept at translating changes to evidence-based guidelines into functional practice and direct patient care. Adaptation of care practice will occur as new guidelines emerge. At least annually, the care team will review routine care protocols for opportunities to integrate changes in practice and improve the care delivered.

As evidence of SVMC's commitment to deploy best practice care and quickly disseminate and apply new guidelines, SVMC is accredited by The Joint Commission. SVMC's inpatient mental health unit will be evaluated by The Joint Commission at launch as part of a new service assessment and recurring evaluations will occur as part of The Joint Commission's regular course of accrediting SVMC. The Joint Commission standards for inpatient mental health are informed by the National Association for Behavioral Healthcare, the leading organization establishing guidelines for inpatient mental health care.

CON Standard 1.8: Applicants seeking to develop a new healthcare project shall demonstrate, as appropriate, that the applicant has a comprehensive evidence-based system for controlling infectious disease.

SVMC is dedicated to limiting infection risk for all patients. The inpatient mental health unit will adhere to all Facility Guidelines Institute and The Joint Commission regulations, standards, recommendations and best practices. In addition, the design of the unit integrates best-practice for mitigating infection transfer between patients. For example, each patient will have a private sleeping space and common spaces will be cleaned according to rigorous standards and schedules.

SVMC's infection prevention team will scrutinize the detailed inpatient mental health unit design to ensure it supports the best evidence-based practice for infection control. Moreover, this team will be active during construction to ensure that infection prevention protocols and processes are maintained during the various construction phases.

Lastly, all providers and staff delivering care or supporting the unit will receive vaccinations including the annual flu vaccine, as is mandatory for SVMC employment. All staff are also required to complete annual training in infection prevention. These measures ensure knowledge and use of the latest practices in controlling infectious disease.

CON Standard 1.9: Applicants proposing construction projects shall show that costs and methods of the proposed construction are necessary and reasonable. Applicants shall show that the project is cost-effective and that reasonable energy conservation measures have been taken.

The costs and methods of the proposed project are necessary and reasonable. Total project cost is estimated to be $9,543,006 comprised of several components;

Renovation	$5,071,615
New construction	$ 149,224
Site work	$ 208,511
Furnishings, fixtures and other equipment	$1,085,000
EHR software module	$ 200,000
Fees and contingency	$2,828,656

These project costs include contingencies for design and construction. Also included is $300,000 for renovations of other spaces into which staff currently inhabiting the proposed inpatient mental health unit space will move (enabling moves). Below are the project costs illustrated in CSI format;

Div	Category	Cost
1	General Conditions	$ 778,944.69
1	Interior Demolition	$ 307,899.50
2	Site work	$ 208,511
3	Building Concrete	$ 68,807.40
4	Masonry	$ 27,307.44
5	Steel	$ 163,357.00
6	Carpentry	$ 20,181.50
7	Thermal and Moisture Protection	$ 256,364.84
8	Openings	$ 390,683.30
9	Finishes	$ 1,073,949.56
10	Specialties	$ 159,049.58
12	Furnishings	$ 28,932.88
12	Casework and Millwork	$ 41,383.77
21	Sprinkler	$ 85,335.75
22	Plumbing	$ 330,940.15
23	HVAC	$ 1,639,702.42
26	Electrical	$ 932,999.32
	Construction Total	**$ 6,514,350**
	EHR software module	$ 200,000
	Design/Bidding Contingency	$ 476,868
	Construction Contingency	$ 891,392
	Fees and Permitting	$ 1,460,395
	Total Project Cost	**$ 9,543,006**

The original construction estimate prior to scaling for project timing appears in appendix 4. These costs are reasonable and necessary for the scope, scale and style of construction. An entire wing of the hospital's ground floor will need to be gutted. Plumbing, electric, and HVAC infrastructure will be upgraded and reconfigured to align with the unit's layout, programming, and patient safety. SVMC's architectural and construction partners have extensive healthcare construction experience and validated the project's cost estimates.

SVMC is planning to fund the project as follows:

• Equity contribution	$ 293,006
• Grant	9,250,000
Total	***$ 9,543,006***

The equity contribution ($293,006) has been secured from operating cash and will fund renovation of spaces for relocated staff. The grant funding ($9.25M) will originate from the Department of Mental Health as identified by the Governor in the Vermont state budget because the inpatient unit will serve the needs of adolescents from across the state.

Through SVMC's partnership with Efficiency Vermont, all appropriate energy conservation initiatives have been integrated into the project (see letter of support from Efficiency Vermont in appendix 5).

CON Standard 1.10: Applicants proposing new health care projects requiring construction shall show such projects are energy efficient. As appropriate, applicants shall show that Efficiency Vermont, or an organization with similar expertise, has been consulted on the proposal.

Efficiency Vermont has been an active participant in the design of this project. Efficiency Vermont has assigned a designated energy consultant to review the project design and support energy efficiency initiatives. By partnering with Efficiency Vermont, SVMC is ensuring that every effort is being taken towards energy efficiency within the specifications of this project. A letter confirming engagement of Efficiency Vermont and their input appears in appendix 5.

CON Standard 1.11: Applicants proposing new health care projects requiring new construction shall demonstrate that new construction is the more appropriate alternative when compared to renovation.

Developing the inpatient mental health unit will require 6,800 sq ft of renovation and only 200 sq ft of new construction. The new construction is necessary to provide a vestibule and direct entrance for patients brought to the unit from across Vermont (see unit layout, appendix 3). This vestibule will also serve as the transition from inside to the outdoor recreation area required by standards. Although the unit could be designed with an internal vestibule thereby averting any new construction, the internal space consumed by the vestibule would limit other programming and logical room adjacencies. The most appropriate approach is the new construction of a small external vestibule.

CON Standard 1.12: New construction health care projects shall comply with the Guidelines for Design and Construction of Health Care Facilities as issued by the Facility Guidelines Institute (FGI), current edition. See Bulletin 001 for CON on GMCB website.

This project complies with the standards of the 2018 Guidelines for Design and Construction of Health Care Facilities from the Facilities Guidelines Institute (FGI). The FGI compliance checklist IP11 for construction of a Psychiatric Care Unit and the FGI compliance checklist IP10 for construction of a Pediatric & Adolescent Inpatient Care Unit appear in appendix 8.

CON Standard 3.3: Applicants seeking to add inpatient capacity shall demonstrate that such capacity is needed by the service area population and that services are not available at neighboring hospitals.

Vermont currently has only one site providing inpatient care for adolescents in mental health crisis, the Brattleboro Retreat. Demand for inpatient mental health care by adolescents across Vermont exceeds the bed capacity as evidenced by long-wait times for inpatient placement in emergency departments (reported by VAHHS). Adolescents in mental health crisis spend an average of 31 hours in SVMC's emergency department compared to 6 hours for adolescents with a medical need (FY2023 data). In addition to spending 5 times longer in the emergency department, these adolescents return to the emergency department more frequently- adolescents with a mental health diagnosis are 50% more likely to have 3 or more emergency department visits in a year than do adolescents with only a medical diagnosis.

The feasibility study completed by SVMC and the Department of Mental Health in the summer of 2023 reported that comprehensive data is unavailable to precisely quantify the number of additional inpatient beds required to treat Vermont adolescents in mental health crisis- there is insufficient data to leverage the analytical model created by the American Psychiatric Association for calculating Vermont's demand for inpatient mental health care. Parameters such as the availability of intensive outpatient programs and mobile crisis teams impact the precise

count of needed inpatient beds, and these parameters are dynamic. The feasibility report does indicate that 12 inpatient mental health beds at SVMC are possible and would be a logical step to better meet the demand for care. Creating the inpatient mental health unit at SVMC would also diversify options for care thereby creating more resiliency in the mental health care delivery system (appendix 2).

CON Standard 3.4: Applicants subject to budget review shall demonstrate that a proposed project has been included in hospital budget submissions or explain why inclusion was not feasible.

This project was included in the narrative of SVMC's 2023 and 2024 fiscal budget submission to the GMCB. Since those submissions, the project has been under continuous development and the scope and cost of the project has been refined.

CON Standard 4.1: Applicants for inpatient mental health service related certificates of need shall include specific information about how the proposal relates to the VSH Futures Project (or subsequent plan). Applicants shall not receive a certificate of need without showing how the proposal is consistent with the most current planning objectives identified by the Vermont Department of Mental Health.

This project has been developed in close collaboration with the Department of Mental Health and aligns with the department's goals to build a comprehensive mental health care ecosystem. The project will conform to the planning objectives and guidance imparted by the department for inpatient mental health units caring for adolescents.

CON Standard 4.2: Applicants seeking to add mental health services capacity shall submit a letter from the Vermont Department of Mental Health indicating its support of, or opposition to, the proposal, and the reasons therefore, unless DMH is the applicant.

A letter from the Vermont Department of Mental Health in support of establishing an inpatient mental health unit for adolescents at SVMC appears in appendix 9.

CON Standard 4.4: Applications involving substance abuse treatment services shall include an explanation of how such proposed project is consistent with the Department of Health's recommendations concerning effective substance abuse treatment or explain why such consistency should not be required.

Some adolescents receiving care at SVMC's inpatient mental health unit will undoubtedly be struggling with substance use disorder (SUD). The care provided will align with the Department of Health's Division of Substance Use Programs recommendations. For example, adolescents experiencing substance use disorder will be cared for without stigma and using the framework that SUD is a brain disorder. Whole person care will be informed by the best available evidence and guided by the person and the person's family. Efforts to address SUD will engage the adolescent's social ecosystem (ex. schools, sports and arts coaches, etc.) to ensure creation of a supportive environment for sustained recovery post discharge.

CON Standard 4.5: To the extent possible, an applicant seeking to implement a new health care project shall ensure that such project supports further integration of mental health, substance abuse and other health care.

The project to launch an inpatient mental health unit for adolescents is not separate from the integration of mental health and substance use disorder care at other care sites at SVMC. The development of the inpatient mental health unit has prompted conversation and action to deepen mental health services across SVMC's care delivery platform. In particular, SVMC is committed to offering mental health services in its primary care practices through the Vermont's Blueprint for Health. In addition SVMC will continue to embed mental health services in its emergency department and medical inpatient units through a contract arrangement with United Counselling Service, the local designated agency. Lastly, the coordination of care in SVMC inpatient mental health unit by providers from Dartmouth Health's Department of Psychiatry will prompt discussions about outpatient mental health resources available to adolescents after discharge. Development of SVMC's inpatient mental health unit for adolescents will be a catalyst to elevate the regional mental health care delivery system.

CON Standard 4.6: Applicants for mental health care, substance abuse treatment or primary care related certificates of need should demonstrate how integration of mental health, substance abuse and primary care will occur, including whether co-location of services is proposed.

The creation of SVMC's inpatient mental health unit for adolescents will support other mental health and substance use disorder services in the region by adding an access point to the continuum of care and reducing wait times to inpatient care. Outpatient mental health and substance use disorder providers that identify an adolescents experiencing mental health crisis will be able to contact the unit at SVMC and send the patient through their local emergency

department for initial evaluation and stabilization prior to transport to SVMC's inpatient unit. Providing an additional access point for inpatient care will greatly relieve strain on outpatient providers, who often have limited options for treating adolescents in mental health crisis.

Although SVMC's inpatient mental health unit will not be co-located with primary care services, the unit will positively impact primary care by providing easier access to inpatient care for their patients. Primary Care practices are often challenged to care for adolescents with mental health comorbidities. Adding assets to the state-wide mental health continuum of care will assist primary care providers as they strive to care for their patients.

Triple Aims: Institute of Healthcare Improvement (IHI), Triple Aims: Explain how your project is:

(a) improving the individual experience of care;

(b) improving health of populations;

(c) reducing the per capita costs of care for populations.

This project will advance the triple aim as evidenced by its impact on Vermont's health reform initiatives described in the table below.

Health Reform Initiative	Project Impact
Increase access to care	Increase number of inpatient beds available and diversify the institutions providing inpatient mental health care for adolescents
Improve quality of care	No direct impact on the quality of care being delivered at other institutions currently delivering the service. To ensure that care provided at SVMC adheres to current best-practices and guidelines the unit will be managed by Dartmouth Health's Department of Psychiatry and accredited by The Joint Commission.
Improve patient experience	More expeditious admission to inpatient care of patients that otherwise would be waiting in emergency departments across the state will improve the patient experience
Improve population's health	Many adolescents are forgoing the mental health care they need because of limited access or no choice of providers. More expeditious access to care and alternative providers will reduce additional trauma, accelerate healing, and have long term impact on the person's wellbeing and that of their community
Decrease total cost of care healthcare spending	Individuals with an untreated mental health condition have 5-7 times higher medical utilization and healthcare spending. Providing additional access to inpatient mental health care for adolescents is a good value that will yield a reduction in total cost of care spending in near term and yield dividends in the future.

More specifically towards the triple aims, the launch of an inpatient mental health unit for adolescents at SVMC will increase access to mental healthcare for adolescents in crisis that would otherwise linger in the chaotic environment of emergency departments while awaiting inpatient placement. This project will:

- Provide more rapid access to care and thereby Improve the individual experience of care (triple aim a)
- Reduce the likelihood of additional trauma and ameliorate delays to healing care thereby enhancing outcomes and the health of the population (triple aim b)
- Stem additional use of medical services by adolescents with uncontrolled mental health conditions thereby decreasing per capita spending on healthcare (total cost of care) (triple aim c)

CON Statutory Criteria 2- the cost of the project is reasonable, because each of the following conditions is met:

(A) The applicant's financial condition will sustain any financial burden likely to result from completion of the project;

SVMC's financial condition will sustain the financial burden of the inpatient mental health unit because support from the state will ensure the project and subsequent program is financially neutral to SVMC. The state of Vermont is providing capital for the renovation, funds to remediate financial losses during the patient ramp-up period, reimbursement rates that match operating expenses, and annual financial evaluations with true-up to maintain long-term financial sustainability of the unit. In response to this project, SVMC will not seek insurance rate increases because the project and subsequent operations will be financially neutral to SVMC.

(B) The project will not result in an undue increase in the costs of medical care or an undue impact on the affordability of medical care for consumers. In making a finding under this subdivision, the commissioner shall consider and weigh relevant factors including;

Creating an inpatient mental health unit for adolescents will not increase the costs of medical care or impact the affordability of medical care because the financial impact to SVMC will be neutralized by financial support from the state of Vermont:

- The state will provide $9.25M in capital to renovate the unit
- The state will provide $1.0M in operational support to remediate the financial loss of initial launch of the unit- expenses that accrue while the care team develops care protocols and during the patient volume ramp up period (approximately the first year of operations).
- The per diem reimbursement for Vermont Medicaid patients receiving inpatient mental health services will provide sufficient revenue such that operational expenses of the

mental health unit are covered and do not negatively impact SVMC's financials associated with medical services[9]. The majority (78%) of the patients are anticipated to be covered by Vermont Medicaid.

- The per diem reimbursement rate for Vermont Medicaid patients receiving inpatient mental health services will be reviewed and adjusted annually to remediate the previous year's financial impact (both negative and positive) and to align the subsequent year's reimbursement and budgeted operating expenses. Alignment of reimbursement with budgeted expenses will ensure the impact of the unit on SVMC's ongoing financial position remains neutral and the unit continues to be fiscally sustainable long term.

In response to this project, SVMC will not seek insurance rate increases because the project and subsequent operations will be financially neutral to SVMC

SVMC is planning to fund the project as follows:

• Equity contribution	$ 293,006
• Grant	9,250,000
Total	***$ 9,543,006***

The equity contribution ($293,006) has been secured from operating cash and will fund renovation of spaces for relocated staff. The grant funding ($9.25M) will originate from the Department of Mental Health as identified by the Governor in the Vermont state budget because the inpatient unit will serve the needs of adolescents from across the state.

A 5-year financial pro forma of the unit appears in the feasibility study, appendix 2, pages 11-13 and details pages 52-62.

[9] The expectation is that commercial payers match the per diem rate negotiated with the Vermont Department of Health Access for Medicaid patients. If the commercial payer rate is lower than the rate from Medicaid, financial sustainability of the service could be in jeopardy and the per diem rate for Medicaid patients will need to be adjusted to account for the financial shortfall. An annual financial true-up and alignment with budget will occur through review of operating revenue and expenses with the Department of Mental Health and the Vermont Department of Health Access.

(i) the financial implications of the project on hospitals and other clinical settings, including the impact on their services, expenditures, and charges;

Creating an inpatient mental health unit for adolescents at SVMC will influences other services at SVMC, most notably the emergency department and primary care practices as previously discussed. The mental health unit is not anticipated to impact SVMC's expenditures, charges, or rate requests because the state will ensure the financial impact of the unit on SVMC is neutral.

More broadly the inpatient mental health unit for adolescent at SVMC will impact hospitals and clinical settings beyond SVMC. Emergency departments across the state will decrease boarding of adolescents in mental health crisis thereby allowing them to focus on delivery of quality medical care to other patients. Emergency departments might be able to reduce expenses for patient sitters or other support services. We do not anticipate the mental health unit at SVMC to impact charges at or rate requests from other institutions. Modelling the impact of the mental health unit at SVMC on healthcare charges across the state was beyond the scope of the feasibility study and this Certificate of Need application.

Lastly, launching the inpatient mental health unit for adolescents at SVMC will impact the Brattleboro Retreat, the only other facility in Vermont offering a similar service. Leadership from SVMC, the Brattleboro Retreat, and the Department of Mental Health have discussed the complementary goal of meeting the mental health care needs of Vermont's adolescents. The group discussed the potential negative impact of the inpatient mental health unit at SVMC on the patient census at the Brattleboro Retreat and thereby the institution's fiscal sustainability. The feasibility study suggested that Vermont needs more access to inpatient mental health beds for adolescents in crisis than the Brattleboro Retreat provides.[10] However, there is recognition that launching the unit at SVMC will not be without negative impact on the Brattleboro Retreat. The long-term viability of both institutions is imperative to maintain and grow the continuum of mental health care necessary to meet the expanding needs of Vermont's adolescents.

(ii) whether the impact on services, expenditures, and charges is outweighed by the benefit of the project to the public;

The inpatient mental health unit for adolescents will have:

- Large benefit to the public
- Minimal financial impact on SVMC
- Positive impact on Medicaid total cost of care

[10] The number of staffed adolescent inpatient mental health beds at the Brattleboro Retreat is dynamic and may have changed since finalization of the feasibility study. However, long wait times for adolescent inpatient placement persist today. Diversification of care options remains a goal of the Department of Mental Health to build resilience in the state-wide mental health care system.

Currently adolescents wait for inpatient placement or defer seeking inpatient mental health care. As such, their untreated mental health conditions continue to grow worse. If these untreated mental health conditions escalate, the cost of extensive inpatient mental health care and subsequent counselling is substantial. Adding more inpatient beds to the mental health care continuum will expedite appropriate care at the right time and setting, thereby circumventing subsequent higher utilization and more extensive healthcare spending. In addition to being beneficial to the individual, increasing access to care and reducing subsequent healthcare spending are significant benefits to the public.

(C) less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate;

Less expensive alternatives to creating a new inpatient mental health unit for adolescents are not apparent or appropriate. SVMC explored five sites on its main hospital campus in Bennington for the inpatient mental health unit using the following considerations:

- Suitability for mental health unit
- Square footage available
- First floor location (avoid stairways and elevators)
- Access to outside green space
- Location of critical infrastructure
- Distance from the Emergency Department
- Current use of space
- Potential alternative future uses of space

The site that best met the criteria was the former area for medical records. Two separate consultants verified that the site was suitable for an inpatient mental health unit. A schematic design was developed to align with the proposed programming. The cost of the renovation was estimated by SVMC's construction partner, Skanska USA. Less expensive alternatives do not exist for creating the inpatient mental health unit that meets programming requirements.

(D) if applicable, the applicant has incorporated appropriate energy efficient measures.

Efficiency Vermont has been an active participant in the design of this project. Efficiency Vermont has assigned a designated energy consultant to review the project design and support energy efficiency initiatives. By partnering with Efficiency Vermont, SVMC is ensuring that every effort is being taken towards energy efficiency within the specifications of this project. A letter confirming engagement of Efficiency Vermont and their input appears in appendix 5.

CON Statutory Criteria 3- There is an identifiable, existing, or reasonably anticipated need for the proposed project that is appropriate for the applicant to provide;

Three consecutive community health assessments conducted by SVMC (2015, 2018, 2021) identified mental health as a priority health need. Adolescents in mental health crisis spend an average of 31 hours in SVMC's emergency department compared to 6 hours for adolescents with a medical need (FY2023 data). In addition to spending 5 times longer in the emergency department, these adolescents return to the emergency department more frequently- adolescents with a mental health diagnosis are 50% more likely to have 3 or more emergency department visits in a year than do adolescents with only a medical diagnosis. These data are echoed in a letter of support from Bennington Cares (appendix 6)
The statewide need for additional inpatient mental health services for adolescents prompted the Department of Mental Health to advance a request for proposals to develop a unit for adolescent inpatient mental health healing. The feasibility study jointly conducted by SVMC and the Department of Mental Health (appendix 2) indicated that the mental health unit at SVMC would serve adolescents from across Vermont. The demand analysis in the feasibility study suggested the need for more than 12 new inpatient adolescent mental health beds in addition to those that already exist at the Brattleboro Retreat.

The American Psychiatric Association created a model to estimate the number of adolescent psychiatric beds required to meet community demand[11]. Although effective, this comprehensive model requires more than 40 input parameters including; population size, incidence of acute mental health crisis per 100,000 adolescents, capacity of outpatient mental health counselors, capacity of school-based programs, availability of mobile crisis units, regulatory process times and delays in admission approvals. Most of the parameters required for the model have not been quantified across Vermont, making the model's utility impractical for calculating the additional number of inpatient mental health beds needed. As such, the feasibility study turned to more traditional and less accurate approaches that provide a directional estimate of the number of beds needed.

Data Source	Estimated number of additional beds needed
Population based utilizing statistics from MA	**More than 4-8**
VAHHS wait time report	Not useful for calculation
DMH FY2021 Statistical Report	Not useful for calculation
Claims data from VAHHS and Queueing Theory	**More than 0-12**

The population of Vermont (July 2022) includes approximately 48,000 adolescents ages 12-17. In Massachusetts there are 38.84 licensed inpatient mental health beds per 100,000 for youth

[11] Report of the Presidential Task Force on Assessment of Psychiatric Bed Needs in the United States. Published in August 2022 Issue of The American Journal of Psychiatry (Psychiatry.org - Psychiatric Bed Crisis Report)

ages 5 to 18, yet there are more than 100 patients per week boarding in emergency departments waiting for beds. Although the age ranges are not congruent, using the rate of 38.84 licensed inpatient mental health beds per 100,000, Vermont needs more than 18 beds to meet the inpatient mental health needs of its adolescent population. The Brattleboro Retreat maintains 10-14 beds for adolescents in mental health crisis[12]. The population-demand analysis conducted as part of this feasibility study suggests that Vermont needs an additional 4-8 adolescent mental health beds.

Two data sources are frequently offered as potential sources to determine the state-wide need for inpatient adolescent mental health care:

- VAHHS wait time report that tracks the number of adolescents in VT emergency departments waiting for a mental health inpatient admission
- VDMH FY2021 statistical report which conveys the magnitude and pattern of inpatient admissions

Although both of these reports illuminate the need for more adolescent mental health beds, neither has sufficient detail to quantitatively estimate the number of needed inpatient beds. For example, the VAHHS report does not indicate whether individuals waiting in emergency departments are the same individuals that were in previous counts.

State-wide claims data from VAHHS can be used with a queueing theory model to create a lower estimate of the number of inpatient adolescent mental health beds needed. Claims from July 2021 to June 2022 indicate that approximately 48 Vermont residents age 12-17 per quarter were:

- Experiencing mental health crisis
- Residing in a Vermont hospital emergency department
- Stayed in the emergency department for more than 2 midnights

These data suggest that at least 48 adolescents per quarter are in need of a higher level of mental health care. Assuming a random start of the inpatient stay and a 15 day length of stay, queueing theory calculates the need for additional beds to be between 0 and 12. The broad range of the queueing prediction reflects the small and temporally variable demand created by the 48,000 Vermont adolescents.

[12] The number of staffed adolescent inpatient mental health beds at the Brattleboro Retreat is dynamic and may have changed since finalization of the feasibility study. However, long wait times for adolescent inpatient placement persist today. Diversification of care options remains a goal of the Department of Mental Health to build resilience in the state-wide mental health care system.

Lastly, SVMC's unit will be able to treat patients with stable medical comorbidities, thereby providing access to adolescents that otherwise would need to seek care outside of Vermont. The Brattleboro Retreat has limited capability to manage patients with the dual diagnosis of mental and medical conditions. SVMC's pediatricians and emergency medicine providers will treat the stable medical conditions of adolescents on the unit.

Given the inability to utilize the comprehensive model from the American Psychiatric Association to predict bed demand, the limited Vermont data suitable for more traditional demand analyses, and SVMC's ability to treat patients with mental and medical comorbidities, SVMC feels the case is compelling to create a 12 bed mental health unit for adolescents in Bennington.

CON Statutory Criteria 4- The project will improve the quality of healthcare in the state or provide greater access to healthcare for Vermont's residents, or both;

This project will improve the quality of healthcare in Vermont and provide greater access to high quality inpatient care to adolescents experiencing a mental health crisis. Challenges accessing inpatient mental health care for adolescents has been well documented across Vermont, with the Vermont Association of Hospitals and Health Systems collating a bi-weekly report showing boarding in Vermont's emergency departments of individuals waiting for inpatient placement. In SVMC's emergency, adolescents in mental health crisis spend an average of 31 hours, compared to 6 hours for adolescents with a medical need.

SVMC's 12-bed inpatient mental health unit for adolescents will expand the state's inpatient mental health capacity and provide an alternative site for care, complementing the Brattleboro Retreat. In addition, SVMC's partnership with providers of Dartmouth Health's Department of Psychiatry will ensure that the adolescents receive best-practice, high quality care.

CON Statutory Criteria 5- The project will not have an undue adverse impact on any other existing services provided by the applicant;

Launching an adolescent inpatient mental health unit at SVMC will not have undue adverse impact on any other existing services provided by SVMC. Rather, some existing SVMC services will experience benefit. Most notably, SVMC's emergency department will benefit from more rapid placement and discharge of adolescents in mental health crisis. SVMC's emergency department typically boards adolescents waiting for placement to inpatient mental health care for more than 24 hours and frequently more than 3 days. Boarding in a chaotic environment is not conducive to healing for adolescents in mental health crisis. Access to local inpatient mental health care will greatly reduce this length of stay in the emergency department with the collateral benefit of opening access for emergency medical patients and decreasing strain and burn-out of emergency department providers and staff.

CON Statutory Criteria 7- The applicant has adequately considered the availability of affordable, accessible transportation services to the facility, if applicable.

Although, SVMC's Bennington campus is served by public transportation 7 days per week, the majority of adolescents admitted to the inpatient mental health unit will originate in emergency departments and be transported directly to the unit by healthcare professionals.

Patients originating from SVMC's emergency department will be transported by stretcher or wheel chair to the mental health unit under close supervision by SVMC staff trained in protocols to safely transport patients in mental health crisis.

Patients originating from other emergency departments across the state will be transported by emergency medical services (EMS) and arrive through a dedicated entrance directly into the unit. Through a fraud and abuse waiver from OneCare Vermont, Rescue Inc. currently conducts statewide transports of mental health patients from emergency departments across the state to the Brattleboro Retreat. SVMC anticipates leveraging a similar transport arrangement with Rescue Inc. to assist in transport of adolescents to SVMC's mental health unit.

CON Statutory Criteria 8- If the application is for the purchase or lease of new Health Care Information Technology, it conforms with the Health Information Technology Plan established under section 9351 of this title.

To efficiently and effectively document care on the mental health unit, SVMC anticipates upgrading its Meditech electronic medical record to include a module specific for documentation of inpatient mental health care. The estimated cost of this software upgrade ($200,000) has been included in the project cost. Since Dartmouth Health providers will be caring for patients on the unit, alternative approaches for the medical record at a lower cost may be possible. Upon obtaining the CON, SVMC will refine the software technology approach used to document care delivered on the adolescent mental health unit. All costs associated with the software have been included in the total project cost ($9,542,006) and will be documented in bi-annual progress reports.

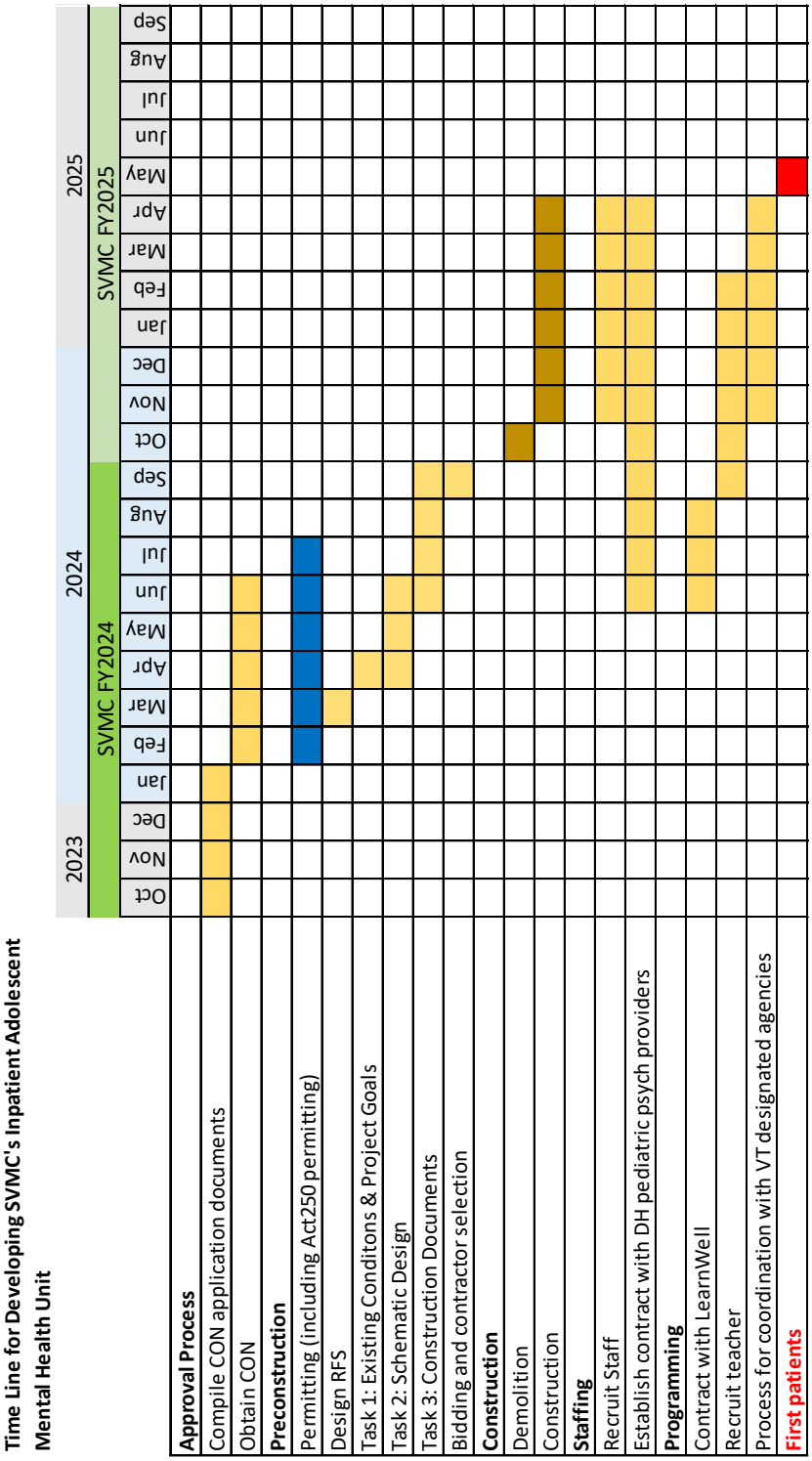
Any software purchased or leased for the inpatient mental health unit will be evaluated and adapted to conform with the Vermont's Health Information Technology Plan, including any requirements for public reporting and connectivity to the statewide health information exchange (VHIE) operated by the Vermont Information Technology Leaders, Inc. (VITL). Ensuring digital connectivity and secure exchange of appropriate patient information is critical to supporting the health reform initiatives as outlined in the Health Information Technology Plan.

CON Statutory Criteria 9- The project will support equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care, as appropriate. 18 V.S.A. § 9437(9).

SVMC is dedicated to delivering high quality medical and mental health care in an equitable and holistic manner that aligns with the cultural sensitivities and health goals of individual patients. Management of the SVMC's adolescent mental health unit by providers from Dartmouth Health's Department of Psychiatry will ensure the highest quality, best-practice care. SVMC will make every effort to ensure consistent statewide access to the unit's inpatient resources. The per diem rate being negotiated with the Vermont Department of Health Access is sensible and if matched by commercial payers will provide an affordable and financially sustainable service for Vermonters. The financial pro forma in the feasibility study (appendix 2, pages 11-13 and 52-62) illustrate how the per diem rate builds revenue sufficient to supports operational expenses.

The standard financial tables from the Green Mountain Care Board for CON projects appear in appendix 10 and illustrate the financial impact of the $9,543,006 capital project and new service on SVMC's operations and financial sustainability.

Appendix 1- Timeline



Appendix 2

Inpatient Adolescent Mental Health Unit Feasibility Study

Southwestern Vermont Medical Center
TaraVista HealthPartners
Vermont Department of Mental Health

FINAL 5.6.2023

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Appendices

Executive summary

Southwestern Vermont Medical Center (SVMC) and TaraVista HealthPartners (TVHP), in collaboration with the Vermont Department of Mental Health (VDMH), conducted a feasibility study for an inpatient adolescent mental health unit to be located on the campus of SVMC in Bennington, Vermont. The unit would treat adolescents (age 12-17) experiencing typical mental health conditions that require inpatient care and would be capable of managing stable co-occurring medical conditions. The unit would be accessible to Vermont residents only and accept patients across all insurance payers.

Findings suggest there is sufficient demand across Vermont and current limited access to care to create a 12 bed inpatient mental health unit. SVMC's physical plant and outdoor space can accommodate a 12 bed unit. Major renovations of the facility would be required at a cost estimated at $9.2M. During the first year, the service would require operational support of $984,000. For the subsequent 4 years, annual operating expenses are projected to be $7-8 million, which equates to approximately $1,700 in operating expenses per patient day and ramps up to nearly $2,000 in expenses per patient day by year 5.

A financial pro forma illustrates the need for reimbursement that scales with expenses for the unit to remain financially sustainable. Two revenue models were explored with reimbursement per patient day of approximately $2,000.

	Year				
	1	2	3	4	5
Medicaid rate different from other payers (rate per patient day)					
Medicaid rate	$ 1,875	$ 1,950	$ 2,026	$ 2,106	$ 2,189
Anticiapted commercial payer rate	$ 1,200	$ 1,236	$ 1,273	$ 1,311	$ 1,351
All payers pay the same rate (rate per patient day)	$ 1,710	$ 1,777	$ 1,847	$ 1,920	$ 1,996

Supporting appendices are attached, including a slide-deck of key findings (Appendix 1) and explanation of the financial pro forma (Appendix 2).

Next steps require determinations by VDMH and the SVMC Board to go forward, including commitment by the state to capital funding and operational support, as well as approval of a certificate of need (CON) by the Green Mountain Care Board. If the approval and regulatory process goes well the first patients would be admitted in December of 2024.

Feasibility study scope

SVMC, TVHP and VDMH determined the feasibility of a 12 bed adolescent inpatient mental health service on the Bennington campus of SVMC. This report describes the process employed and the key findings including:

- Estimated state-wide clinical demand for inpatient adolescent mental health services
- Architectural/engineering site review and identification of a suitable space for the service
- Development of a schematic architectural design of the clinical space
- Capital cost estimates for creating and furnishing the clinical space
- Development of a staffing model including providers from Dartmouth Health Department of Psychiatry
- Creation of a financial pro-forma of operational costs

SVMC and TVHP resources included financial, health care strategy and planning, architectural, and health care construction experts. Collectively these resources bring decades of experience in creating and operating behavioral health services across the country. The feasibility study was completed in close collaboration with VDMH staff through virtual meetings and digital exchanges to establish expectations, review data, and verify findings.

Demand for inpatient adolescent mental health care

Vermont's adolescents in mental health crisis experience significant delays to timely inpatient mental health care. For the past several years the sole provider of inpatient mental care for adolescents, The Brattleboro Retreat, has experienced significant challenges in capacity, exacerbated by the COVID-19 pandemic. No other entity within the state provides inpatient services for this population. This study was undertaken to understand the clinical demand, the operational approach needed to serve the community, and to determine the fiscal feasibility of establishing an inpatient adolescent mental health unit in Bennington, Vermont.

Data available for this study included:

1. Medicaid utilization data for youth placed at the Brattleboro Retreat
2. Quarterly claims data for youth boarding in emergency rooms for longer than 72 hours (Vermont Association of Hospitals and Health Systems, VAHHS)
3. Queuing theory model of demand
4. Population data for Vermont and Massachusetts youth
5. Massachusetts and Vermont licensed and operational inpatient adolescent mental health beds
6. Anecdotal data from clinical resources working with youth in mental health crisis and insufficiently cared for in community settings

Key Inputs and Findings:

The demand analysis suggests the need for more than 12 new inpatient adolescent mental health beds in addition to those that already exist at the Brattleboro Retreat (see Appendix 1, slides 4-12).

The American Psychiatric Association created a model to estimate the number of adolescent psychiatric beds required to meet community demand[1]. Although effective, this comprehensive model requires more than 40 input parameters including; population size, incidence of acute mental health crisis per 100,000 adolescents, capacity of outpatient mental health counselors, capacity of school-based programs, availability of mobile crisis units, regulatory process times and delays in admission approvals. Most of the parameters required for the model have not been quantified across Vermont, making the model's utility impractical for calculating the additional number of inpatient mental health beds needed. As such, this feasibility study turned to more traditional and less accurate approaches that provide a directional estimate of the number of beds needed.

Data Source	Estimated number of additional beds needed
Population based utilizing statistics from MA	**More than 4-8**
VAHHS wait time report	Not useful for calculation
DMH FY2021 Statistical Report	Not useful for calculation
Claims data from VAHHS and Queueing Theory	**More than 0-12**

The population of Vermont (July 2022) includes approximately 48,000 adolescents ages 12-17. In Massachusetts there are 38.84 licensed inpatient mental health beds per 100,000 for youth ages 5 to 18, yet there are more than 100 patients per week boarding in emergency departments waiting for beds. Although the age ranges are not congruent, using the rate of 38.84 licensed inpatient mental health beds per 100,000, Vermont needs more than 18 beds to meet the inpatient mental health needs of its adolescent population. The Brattleboro Retreat maintains 10-14 beds for adolescents in mental health crisis. The population-demand analysis conducted as part of this feasibility study suggests that Vermont needs an additional 4-8 adolescent mental health beds.

Two data sources are frequently offered as potential sources to determine the state-wide need for inpatient adolescent mental health care:

- VAHHS wait time report that tracks the number of adolescents in VT emergency departments waiting for a mental health inpatient admission
- VDMH FY2021 statistical report which conveys the magnitude and pattern of inpatient admissions

[1] Report of the Presidential Task Force on Assessment of Psychiatric Bed Needs in the United States. Published in August 2022 Issue of The American Journal of Psychiatry (Psychiatry.org - Psychiatric Bed Crisis Report)

Although both of these reports illuminate the need for more adolescent mental health beds, neither has sufficient detail to quantitatively estimate the number of needed inpatient beds. For example, the VAHHS report does not indicate whether individuals waiting in emergency departments are the same individuals that were in previous counts.

State-wide claims data from VAHHS can be used with a queueing theory model to create a lower estimate of the number of inpatient adolescent mental health beds needed. Claims from July 2021 to June 2022 indicate that approximately 48 Vermont residents age 12-17 per quarter were experiencing mental health crisis, in a Vermont hospital emergency department, and stayed in the emergency department for more than 2 midnights suggesting their need for a higher level of mental health care. Assuming a random start of the inpatient stay and a 15 day length of stay, queueing theory calculates the need for additional beds to be between 0 and 12. The broad range of the queueing prediction reflects the small and temporally variable demand created by the 48,000 Vermont adolescents.

There are other considerations beyond state-wide quantitative demand that might influence the decision of the number of inpatient adolescent mental health beds to build and operate at SVMC:

- Should the location of all new inpatient adolescent mental health beds be in a single location
- Should all new beds be created in southern Vermont in proximity to the existing beds
- The non-linear impact of the number of beds and patients on operating expenses
- The impact of the number of patients on specialty provider and staff recruitment

Given the inability to utilize the comprehensive model from the American Psychiatric Association, the limited Vermont data suitable for more traditional demand analyses, and the breadth of other considerations, SVMC feels it prudent to proceed with exploring the construction of a 12 bed unit in Bennington.

Potential location for the inpatient adolescent mental health unit

SVMC established a set of criteria for evaluating potential spaces for the inpatient adolescent mental health unit, including:

- Suitability for mental health unit
- Square footage available
- First floor location (avoid stairways and elevators)
- Access to outside green space
- Location of critical infrastructure
- Distance from the Emergency Department
- Current use of space
- Potential alternative future uses of space

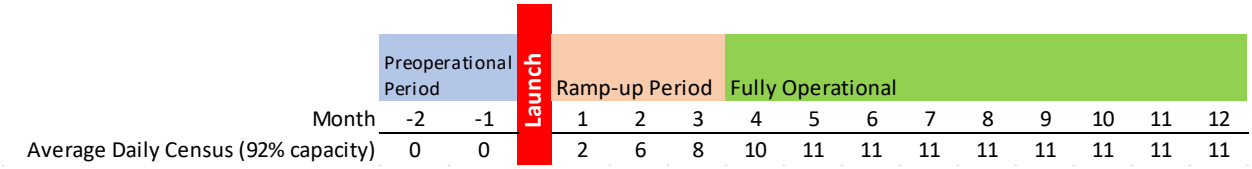
The space on SVMC's Bennington campus that best met the criteria was the former medical records space that currently support hospital operations. Decades ago this area served as a medical inpatient unit. GMI Architects, a firm that specializes in the design of inpatient mental health units was engaged to develop a schematic layout that would support the planned program and comply with regulatory requirements, including access to a sufficiently sized and secure outdoor space (see Appendix 1, slides 13-18). The available space could accommodate up to 12 bed rooms, group therapy areas, sensory mitigation spaces, and supportive clinical and staff spaces.

Schematic drawings permitted estimation of the renovation capital costs- $9.2 million (see Appendix 3) and the construction duration- 16 months including permitting (see Appendix 4).

The cost estimate of $9.2 million to complete renovations nets to $1,300 per square foot and approximately $767,000 per licensed bed. The final design of the unit is beyond the scope of this project and if the project proceeds, SVMC will engage individuals, particularly adolescents, inpatient mental health care experience to inform the design.

Prelaunch, ramp-up, and fully operational volumes

Anticipated census adolescent mental health inpatient unit



To effectively launch the inpatient mental health unit, the team will be brought together for 2 months prior. During this time the team will establish protocols and process, smooth operations, coordinate with referring agencies and hospitals, create connections between LearnWell and VT school districts, and develop timely systems for discharge of patients to independent counselors and designated mental health agencies across the state. This preoperational period is critical to successful launch.

Launch would be followed by a three month ramp-up period during which patient volumes would increase. Once fully operational, the 12 bed unit is projected to have 92% occupancy or an average daily census of 11. The projected occupancy allows 14 hours between patients for coordination of transportation, room preparation, and communication with referring counselors and institutions thereby ensuring the best start for the patient. Despite potential seasonality (national data suggests decreased demand for inpatient mental health services during summer months), the financial projections anticipate the average daily census to remain at 11 patients for years 2 through 5. The unit was designed and staffing and operations modelled to serve approximately 270 adolescents annually and provide more than 4,000 patient-care-days each year.

		Year				
	2 month preoperational	1	2	3	4	5
		Year 1	Year 2	Year 3	Year 4	Year 5
Patient Days	-	3,466	4,015	4,015	4,015	4,015

Staffing model

The proposed staffing models reflects input from SVMC nursing and physician leadership, Dartmouth Health's Department of Psychiatry, the team at the Vermont Department of Mental Health, and TaraVista Health Partners consulting. A staffing model has been developed for each of the three phases:

- Pre-operational staffing
- Ramp-up staffing, up to 8 patients
- Fully operational staffing, for more than 8 patients

For each situation, careful consideration was given to the number, type, and skill level of the team required to develop or deliver high quality care and programming. The details of each staffing model appear in Appendix 1, slides 20 through 23.

The clinic would be staffed by a diverse provider team that includes:

- Medical Director trained in Pediatric Psychiatry
- Pediatric Psychiatrist (MD)
- Pediatric Psychologist
- Advanced Practice Registered Nurse training in psychiatry

An on-call rotation for Pediatric Psychiatrists would be created within Dartmouth Health's Department of Psychiatry. The call rotation and some portion of pediatric psychiatry coverage is likely to be through telemedicine given the challenges with recruiting pediatric psychiatrists.

This team of providers would be supported by:

- Nurse Manager
- Nurses
- Mental Health Counselors
- Mental Health Technicians
- Social Workers
- Occupational Therapists
- Unit Coordinators
- Patient Educators contracted through LearnWell (contracted expense)

The staffing flexes across the three 8 hour shifts throughout the day, with the days shift being the most heavily staffed and the night shift staffed the lightest.

Greater than 8 patients- high staffing	Number of people on the unit Weekdays			Weekends		
	Day (8hrs)	Evening (8hrs)	Night (8hrs)	Day (8hrs)	Evening (8hrs)	Night (8hrs)
RN	2.00	2.00	1.00	2.00	2.00	1.00
Charge RN	1.00	1.00	1.00	1.00	1.00	1.00
Mental Health Technician (sitter)	3.00	3.00	2.00	3.00	3.00	2.00
Mental Health Counselor	2.00	2.00	0.00	1.00	1.00	0.00
Occupational Therapist	0.50	0.00	0.00	0.50	0.00	0.00
Unit Coord	1.00	0.00	0.00	0.00	0.00	0.00
Social Work	1.00	0.00	0.00	0.00	0.00	0.00
Nurse Manager	1.00	0.00	0.00	0.00	0.00	0.00
Providers						
APRN (DH Dept of Psychiatry)	1.00	0.00	0.00	1.00	0.00	0.00
MD Psychologist (DH Dept of Psychiatry	0.50	0.00	0.00	0.00	0.00	0.00
MD Psychiatrist (DH Dept of Psychiatry)	0.80	call	call	0.80	call	call
Mental Heath Medical Director (One of the persons that are MD Psychiatrist above)	0.20	0.00	0.00	0.00	0.00	0.00

The level of staffing for many of these positions is consistently required regardless of the number of patients. For example provider and nursing leadership staffing is consistent across all three staffing models. Only the number of Register Nurses (RNs) and Mental Health Technicians flexes with the transition to more patients that eight. For example, 2 RNs (including the charge RN) are needed for 8 or fewer patients, whereas 3 RNs to deliver high quality care to more than 8 patients.

Financial Pro Forma

A financial pro forma was created for a unit with 12 inpatient adolescent mental health beds. Appendix 2 provides a detailed description of the assumptions and calculations in the pro forma.

In summary, the annual operating expenses of the unit are projected to be $6-7 million. This equates to a cost of nearly $2,000 to care for each patient per day.

Southwestern Vermont Medical Center
Annual expense-based model

		Year				
	2 month preoperational	**1**	**2**	**3**	**4**	**5**
		Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Patient Days	-	3,466	4,015	4,015	4,015	4,015
Net Revenue	-	$ 5,871,593	$ 7,062,405	$ 7,328,827	$ 7,605,837	$ 7,893,526
Expenses						
Salary	50,100	2,425,332	2,637,673	2,743,143	2,852,883	2,966,810
Benefits	15,030	727,596	791,302	822,943	855,865	890,043
Providers Wages & Ben - Outsourced	244,411	2,160,138	2,246,559	2,336,421	2,429,842	2,526,984
Pharmacy	-	104,220	125,268	130,279	135,490	140,909
Lab	-	69,480	83,512	86,852	90,327	93,940
Food	-	224,801	270,203	281,011	292,252	303,942
Transportation at Discharge	-	17,370	20,878	21,713	22,582	23,485
Patient Education Expense	1,500	18,000	18,720	19,469	20,248	21,057
General Medicine	-	17,370	20,878	21,713	22,582	23,485
Indirect Expenses	-	319,608	384,155	399,521	415,502	432,122
Depreciation	-	460,372	463,250	465,750	468,250	470,750
Staff Salary and Benfits	65,130	3,152,928	3,428,975	3,566,086	3,708,748	3,856,853
Provider Salary and Benefits	244,411	2,160,138	2,246,559	2,336,421	2,429,842	2,526,984
Other Expenses	1,500	1,231,221	1,386,864	1,426,308	1,467,233	1,509,690
TOTAL OPERATING EXPENSES	**311,041**	**6,544,287**	**7,062,398**	**7,328,815**	**7,605,823**	**7,893,527**
Operating Gain (Loss)	$ (311,041)	$ (672,694)	$ 7	$ 12	$ 14	$ (0)
Launch Operating Loss		(983,735)				
Revenue PPD		**1,694**	**1,759**	**1,825**	**1,894**	**1,966**
Cost PPD		**(1,888)**	**(1,759)**	**(1,825)**	**(1,894)**	**(1,966)**
Rate PPD						
Medicaid (75% of patients)		1,875.00	1,949.82	2,026.43	2,106.20	2,189.15
Percent increase Medicaid			3.99%	3.93%	3.94%	3.94%
Commercial (18% of patients)		1,200.00	1,236.00	1,273.08	1,311.27	1,350.61
Self-Pay (6% of patients)		1,200.00	1,236.00	1,273.08	1,311.27	1,350.61
Bad Debt (1% of patients)		-	-	-	-	-
Percent increase non-Medicaid			3.00%	3.00%	3.00%	3.00%

The expenses in the financial model were derived from known activities and associated expenses. Staff expenses were derived from the staffing model and known market rates for salary and benefits for specific positions. Provider wages align with those of the Dartmouth Health's Department of Psychiatry. Pharmacy, lab, and food expenses reflect SVMC's expenses to deliver services. The cost for transportation of some patients upon discharge was estimated by TaraVista.

The expense for educating patients while in the unit reflects standard institutional charges from LearnWell, a contract organization that specializes in providing education services on adolescent mental health units. LearnWell will also bill the school districts from which patients originate as is the current process in Vermont.

General medicine expenses indicated in the pro form cover only minor patient needs. It is likely that the month-to-month medical needs would fluctuate considerably as different patients become admitted and/or discharged. For example, a patient with wound care needs or pregnancy might increase medical expenses for the month relative to a milieu of patients with less medically intensive needs such as asthma or diabetes management. The expenses to care for the medical needs of the adolescents on the mental health unit are not included in the pro forma and would be billed as outpatient fee-for-service directly to payers for reimbursement separate from the cost per patient day reimbursement.

Indirect expenses were estimated from the Medicare cost report and scaled down to reflect the lower intensity of medical services offered. The overhead allocated to the unit does not adhere to Medicare allocation principles and reflects a reduction from the full overhead that could be allocated. SVMC considers the unallocated overhead as part of its mission to serve the health needs of the region's most vulnerable citizens.

Depreciation expenses reflect 20 years of depreciation of the $9.2 million capital investment for the renovation. The depreciation amount also accounts for $50,000 in annual capital to repair and maintain the unit due to excessive wear consistent with the population being served (approximately an additional $2,500 in annual depreciation).

Revenue was set to equal expenses and meet the goal of financially break-even operations. The sources of revenue were estimated by two methods:

- Different payment from Medicaid and commercial payers
- Parity between the payers (same payment from all payers)

For both revenue estimates the payer mix was identical and reflected VAHHS claims data for adolescents with a mental health diagnosis and lengthy emergency department stay.

Payer	Percent of proposed census
Medicaid	75%
Commercial	18%
Self-pay	6%
No-pay, bad debt	1%
Total	100%

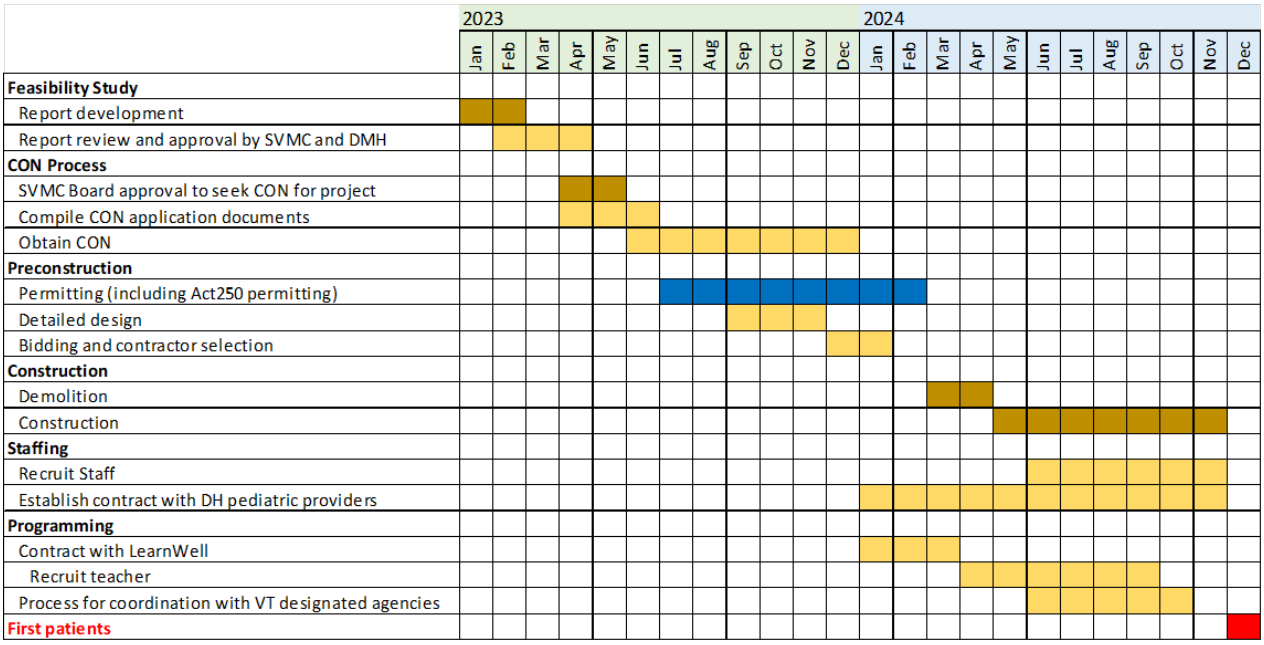
To derive the revenue estimate using different payments per patient day for Medicaid and commercial insurance, year 1 commercial insurance payment was set to $1,200 and scaled annually at 3%. When combined with the patient volume and payer mix percentage, this created between $750,000 to 975,000 in revenue from commercial payers. Revenue from self-pay patients was treated similar to commercial patients. The balance of revenue needed to cover operating expenses was derived from the Medicaid patients, which account for the majority of patients. The Medicaid reimbursement per patient day in year one was set to $1,875 and scaled at approximately 3.95% annually to generate the balance of revenue needed to cover expenses. The table below shows the rates per patient day during the first 5 years of operations.

	Year				
	1	2	3	4	5
Medicaid rate different from other payers (rate per patient day)					
Medicaid rate	$ 1,875	$ 1,950	$ 2,026	$ 2,106	$ 2,189
Anticiapted commercial payer rate	$ 1,200	$ 1,236	$ 1,273	$ 1,311	$ 1,351
All payers pay the same rate (rate per patient day)	$ 1,710	$ 1,777	$ 1,847	$ 1,920	$ 1,996

The bottom row of the table shows the rate per patient day that would be required if there was payment parity between payers. These rates generate revenue identical to expenses thereby creating break even operations.

Timeline

The timeline to launch the inpatient adolescent mental health unit illustrates that the first patients could be admitted in December of 2024. The timeline includes the preconstruction processes to obtain the certificate of need from the Green Mountain Care Board and construction permitting. The 9 months of construction is reasonable given the scope and scale of the renovation. Provider and staff recruitment would occur coincident with construction. Program development, particularly the patient education services would be coordinated during construction.



The five darker bars in the timeline indicate the critical path, with the blue bar representing the best opportunity to shorten the duration to first patients. In particular, the certificate of need and ACT250 processes might be shortened through cross agency collaboration.

Summary

Southwestern Vermont Medical Center and TaraVista HealthPartners, in working collaboration with the Vermont Department of Mental Health conducted a study into the viability of a 12 bed inpatient adolescent mental health unit to serve patients from across the state of Vermont. Incorporating the input of these organizations nets to a unit requiring:

- $9.2 million in renovation and furnishing costs
- $1 million in year 1 operational support to supplement reimbursement for care
- Scaling reimbursement of approximately $2,000 per patient per day from Vermont Medicaid

	Year				
	1	2	3	4	5
Medicaid rate different from other payers (rate per patient day)					
Medicaid rate	$ 1,875	$ 1,950	$ 2,026	$ 2,106	$ 2,189
Anticiapted commercial payer rate	$ 1,200	$ 1,236	$ 1,273	$ 1,311	$ 1,351
All payers pay the same rate (rate per patient day)	$ 1,710	$ 1,777	$ 1,847	$ 1,920	$ 1,996

If the approval and regulatory process goes well the first patients would be admitted in December of 2024.

Next Steps

- Review of the feasibility study by staff at the Department of Mental Health and integration of their comments
- Commitment from the Department of Mental Health to the capital and operational support to achieve financially break-even operations
- Approval from SVMC leadership and board to proceed with the project
- Submittal of the certificate of need application to the Green Mountain Care Board

Appendix 1: Adolescent mental health unit feasibility study, slide deck

Southwestern Vermont Medical Center Adolescent Mental Health Unit Feasibility Study

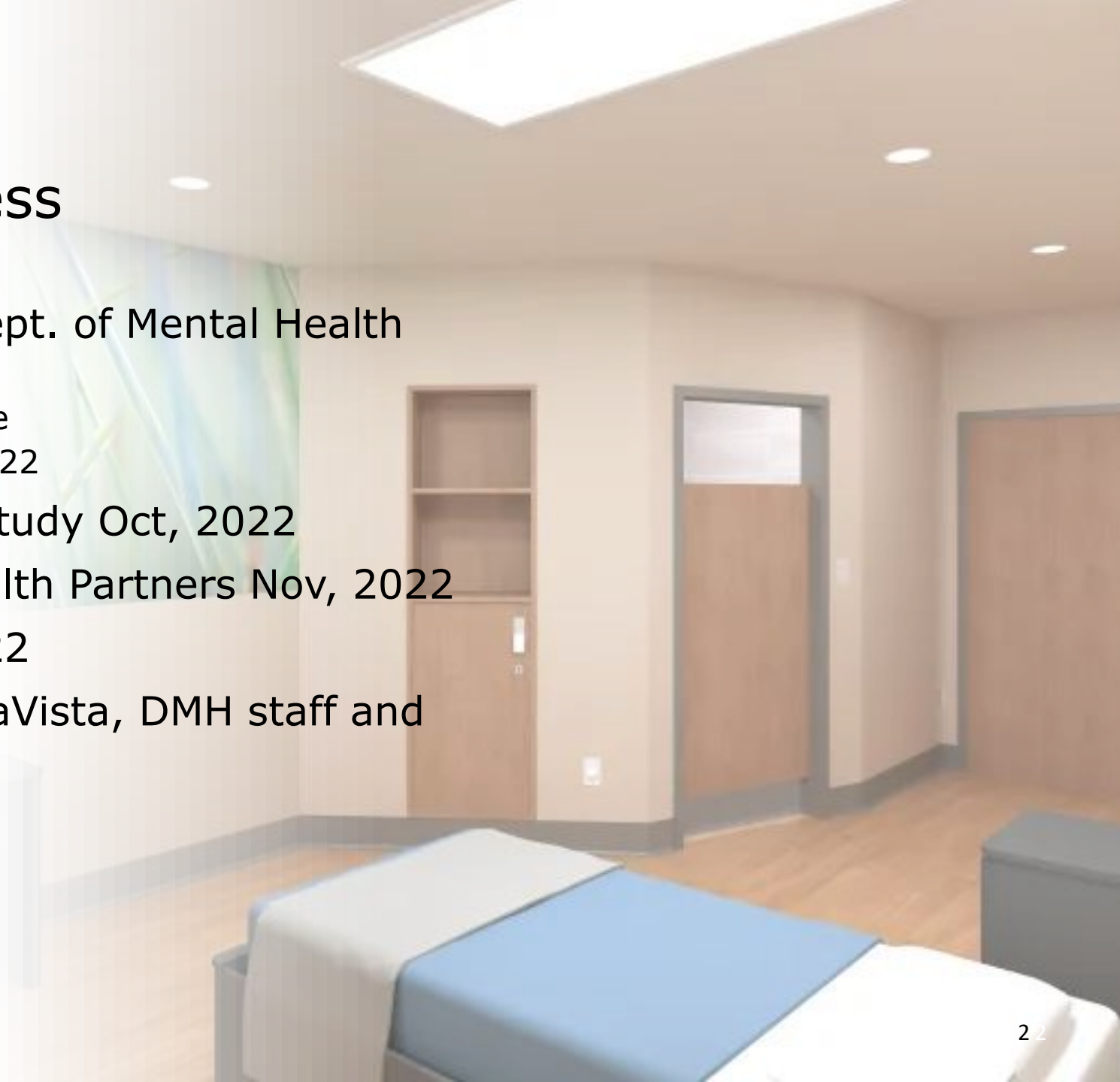
April, 2023

James Trimarchi, Director Planning, SVMC
Michael Krupa, TaraVista Health Partners

In partnership with Vermont Department of Mental Health, Lee Dorf, Samantha Sweet, and Dr Haley McGowan

Feasibility Study Preprocess

- Request for Proposals from VT Dept. of Mental Health
  - RFP Issued June, 2022
  - SVMC encouraged to submit response
  - SVMC submitted proposal August, 2022
- Executed contract for feasibility study Oct, 2022
- Subcontracted with TaraVista Health Partners Nov, 2022
- Feasibility study kick-off Nov, 2022
- Recurring meetings of SVMC, TaraVista, DMH staff and DMH Pediatric Psychiatrist



Feasibility Study Elements

- Demand analysis
- Space evaluation & draft schematic design for cost estimating
- Estimate renovation cost
- Staffing model
- Operational coordination with VT agencies
- Operating budget (ramp up & full operations)
- Reimbursement model
- Financial pro forma and business plan
- Timeline to launch
- Impact on VT agencies

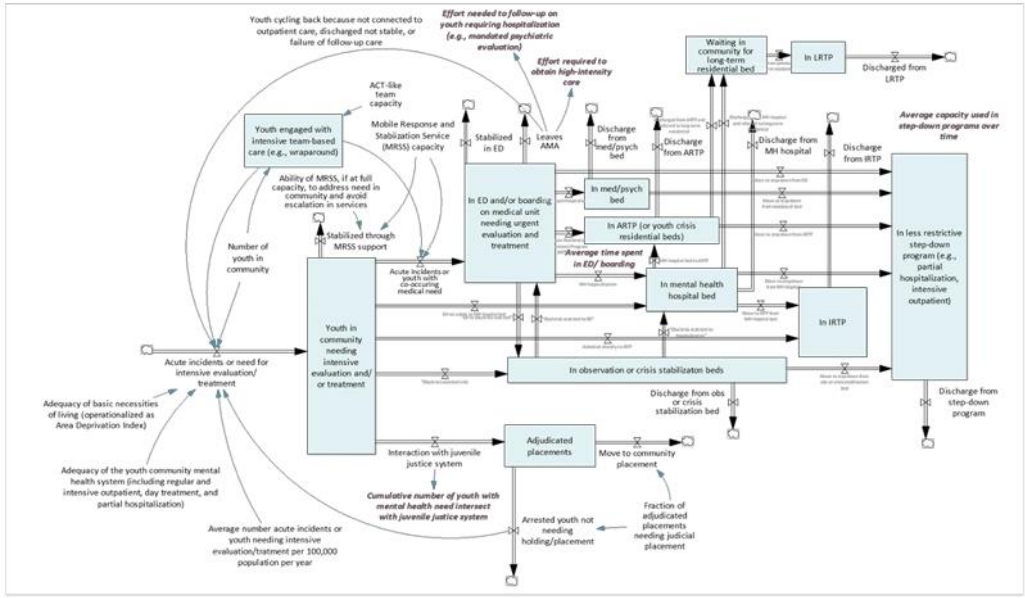
Demand Analysis

- American Psychiatric Association model for estimating the number of needed psychiatric beds
- Available data in Vermont and estimates using that data
  - Population based utilizing statistics from MA
  - VAHHS wait time report
  - DMH FY2021 Statistical Report
  - Claims data from VAHHS & Queueing theory model
- Other considerations

Although clinical experience, anecdotal information, and state reports indicate that a crisis exists in access to adolescent mental health inpatient care, no structured data is available to accurately calculate the additional number of beds needed in Vermont

Demand Analysis- American Psychiatric Association Model for Estimating the Number of Needed Psychiatric Beds

- Model proposed in May, 2022*
- More than 40 input parameters
  - Population size
  - Incidence of acute mental health crisis per 100,000
  - Existing number of inpatient mental health beds
  - Adequacy of resources to manage patients pre- and post- inpatient admission
    - Capacity of outpatient mental health counselors
    - Capacity of school-based programs
    - Number of community crisis stabilization beds
    - Availability of mobile crisis units
    - Availability of intensive outpatient programs
  - Regulatory process times and delays in admission approval
- Accurate data for these parameters is not available in Vermont



"Because of these interdependencies, the number of beds needed cannot be estimated using a simple ratio of the number of beds required per population or similar approach"

* The Psychiatric Bed Crisis in the US: Understanding the problem and moving toward solution. Report of the Presidential Task Force on Assessment of Psychiatric Bed Needs in the United States. Published in August 2022 Issue of The American Journal of Psychiatry

Demand Analysis

- Available data in Vermont and more traditional estimates
  - Population based utilizing statistics from MA
  - VAHHS wait time report
  - DMH FY2021 Statistical Report
  - Claims data from VAHHS & Queueing theory model

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Demand Analysis

- Population based demand analysis using statistics from Massachusetts

	Population	Licensed Mental Health Beds	Licensed Beds per 100,000	Boarding per week waiting for a bed
MA ages 5 to 18	1,135,564	441	38.84	~100

Imputed	Population	Demand for Mental Health Beds (38.84/100,000)
VT ages 12 to 17	47,648	18.50

Vermont statewide demand is predicted to exceed 18 beds using the underestimated ratio of 38.84/100,000

- Massachusetts does not segment the beds to ages 12-17, thereby the 38.84/100,000 ratio derived from ages 5-18 is only an estimate of the need for ages 12-17 in MA
- VT's VAHHS data suggests bed utilization is higher in older children than younger children, thereby using the 38.84/100,000 ratio will underestimate the bed need in for ages 12-17 in VT
- The 38.84/100,000 ratio does not take into consideration the ~100 patients in MA boarding and waiting for a bed, indicating that this ratio of beds to population does not meet demand

Despite flaws in the data, using this approach predicts the need for more than 18 total adolescent mental health inpatient beds in VT

The need for additional beds should be derived by deducting the 10-14 beds currently at the Brattleboro Retreat

According to this approach the number of additional beds needed in VT is more than 4-8

Demand Analysis

- VAHHS wait time report
  - Number of adolescents in VT ED's waiting for a bed
  - The wait time report is "point-in-time" data and does not indicate whether the persons are the same on consecutive counts
  - Although useful to illuminate the need for more adolescent mental health beds, this report cannot be used to quantitatively estimate the demand nor the number of beds needed
- DMH FY2021 statistical report
  - The report indicates mental health admissions and does not capture referrals that do not achieve admission nor patients that were not referred because capacity did not exist
  - Although useful to illuminate the need for more adolescent mental health beds, this report cannot be used to quantitatively estimate the demand nor the number of beds needed

Demand Analysis

- Statewide claims data from VAHHS
  - Claims July 2021 to June 2022
  - Emergency department patients
  - Mental health primary diagnosis
  - VT residents
  - Ages 12-17
  - LOS in Emergency Department greater than two midnights (suggesting need for higher level of mental health care)

Adolescents waiting in ED for IP MH Care	2021		2022		Total
	Q3	Q4	Q1	Q2	
	46	49	52	45	192

DEMAND
48
adolescents
per quarter

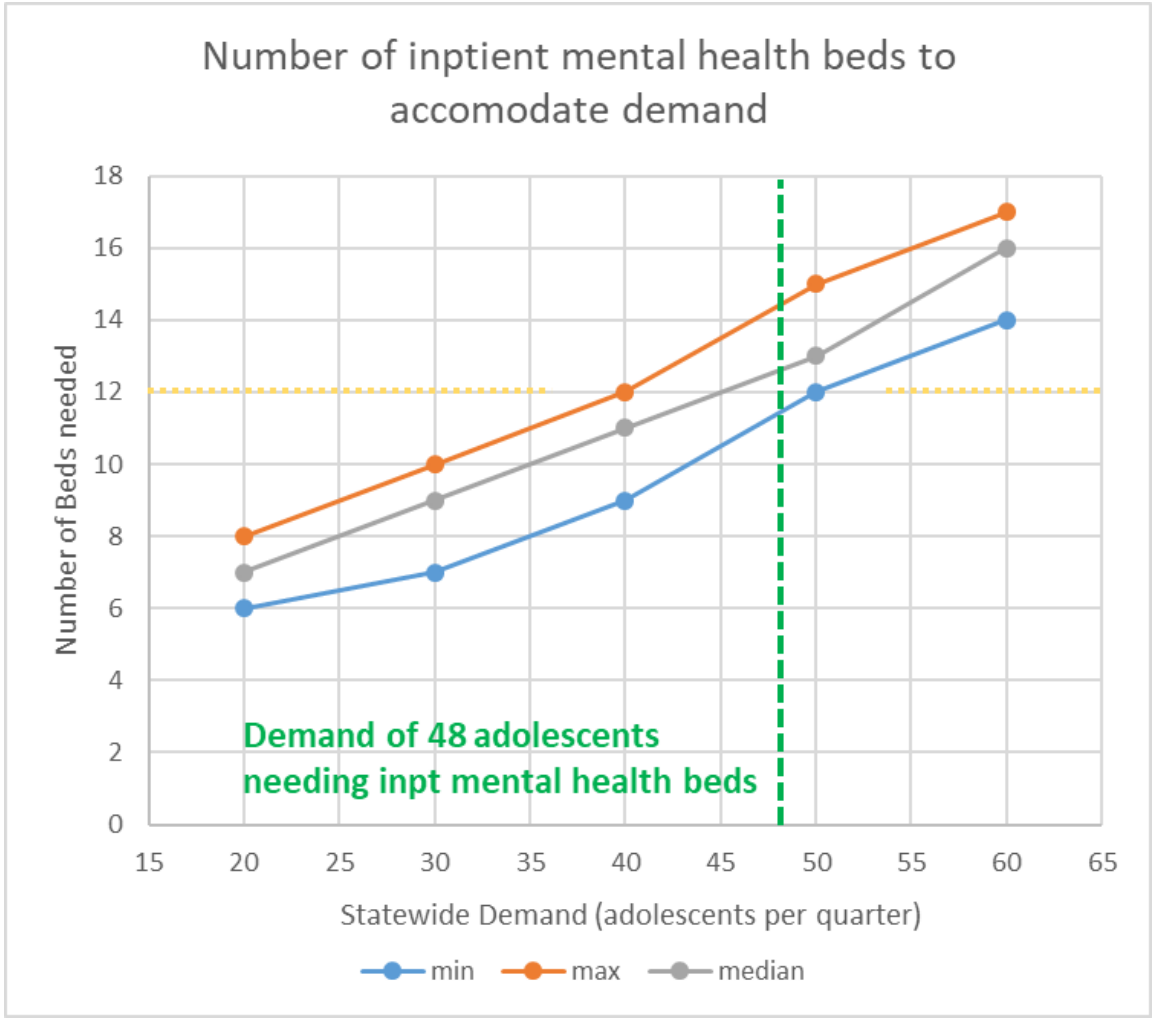
Most Common Medical Secondary Dx
Asthma
Long Term Drug Therapy
Nausea
Lacerations/Self Harm
Tachycardia

Age Distribution	
12	5.7%
13	14.1%
14	18.2%
15	20.8%
16	18.2%
17	22.9%

78%
Medicaid

Demand Analysis

- Queueing Theory Model
  - Random start of stay
  - Length of stay of 15 days
  - 5% of patients have long length of stay (120 days)
  - VAHHS claims data indicates a minimum demand of 48 adolescents needing an inpatient mental health bed per quarter



CONCLUSION: Demand <u>exceeds</u> 12 beds

This approach does not account for adolescents that were eventually placed at the Brattleboro Retreat

The need for additional beds should be derived by deducting some portion of the 10-14 beds currently at the Brattleboro Retreat

According to this approach the number of <u>additional</u> beds needed in VT could be 0-12

Demand Analysis

- Other Considerations- The determination of how many adolescent mental health beds to build at SVMC must consider dimensions beyond the statewide demand and the number of beds that could be accommodated by renovation of the SVMC facility, including;
  - Should the location of all new beds be in a single location or across multiple sites strategically positioned
  - Should new beds be created in southern Vermont since the current beds are also in southern Vermont at the Brattleboro Retreat (Vermonter's expectation that care resources, particularly those funded by the state, are nearby and equitably located)
  - The incremental capital cost of additional new beds at a single location is lower than the cost of creating new beds at multiple sites
  - The non-linear impact of bed number on operating expenses (ex. a core staff is required for 1 bed, and staff additions occur at distinct points as the number of beds increases)
    - Core staff required for 1 to 8 beds
    - Core staff plus extra staff required for additional 4 beds above 8
  - Required reimbursement per bed decreases with increasing number of beds at a single location due to the spreading fixed costs, while multiple sites would require more total reimbursement for the same number of beds
  - Provider recruitment is easier for a larger unit than a smaller unit

Demand Analysis- Summary

- Cannot leverage the American Psychiatric Association model to estimate the number of beds needed
- Available data in Vermont and estimates using that data

Data Source	Estimated number of additional beds needed
Population based utilizing statistics from MA	**More than 4-8**
VAHHS wait time report	Not useful for calculation
DMH FY2021 Statistical Report	Not useful for calculation
Claims data from VAHHS and Queueing Theory	**More than 0-12**

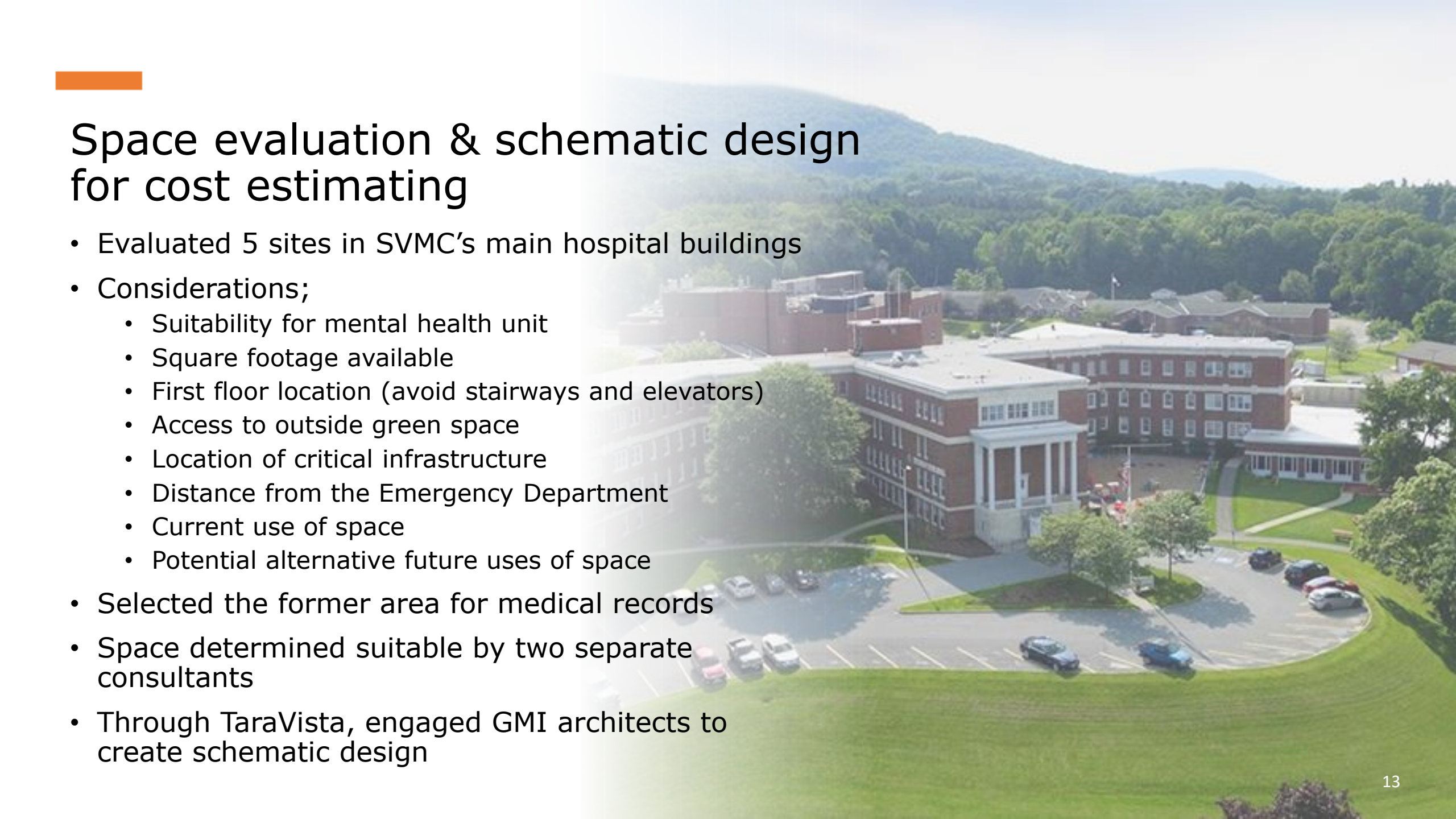
- Other considerations confound the quantitative estimate of the number of beds to build at SVMC

Although clinical experience, anecdotal information, and state reports indicate that a crisis exists in access to adolescent mental health inpatient care, no structured data is available to accurately calculate the additional number of beds needed in Vermont

12

Space evaluation & schematic design for cost estimating

- Evaluated 5 sites in SVMC's main hospital buildings
- Considerations;
  - Suitability for mental health unit
  - Square footage available
  - First floor location (avoid stairways and elevators)
  - Access to outside green space
  - Location of critical infrastructure
  - Distance from the Emergency Department
  - Current use of space
  - Potential alternative future uses of space
- Selected the former area for medical records
- Space determined suitable by two separate consultants
- Through TaraVista, engaged GMI architects to create schematic design



Space evaluation & schematic design for cost estimating

- **Design reviewed and adjusted by SVMC clinicians, DH Dept of Psychiatry, and DMH staff**
- Bed Rooms (BR- orange)
  - 12 single bed rooms
  - Exceed 100 sq ft (FGI Guideline)
- Consult Room (CONS- lime) for private meetings with VT agency staff and educators
  - Can accommodate family
- Toilets and Shower (T, T/S- purple)- number per FGI guidelines
- Seclusion Suite (SEC- maroon)
- Sensory Room (QUIET- maroon)
- Quiet Social Room (QUIET SOC.- blue) for activities such as completing homework
- Noisy Social Room (NOISY SOC.- blue) for group therapy, indoor exercise, and social activities

Space evaluation & schematic design for cost estimating

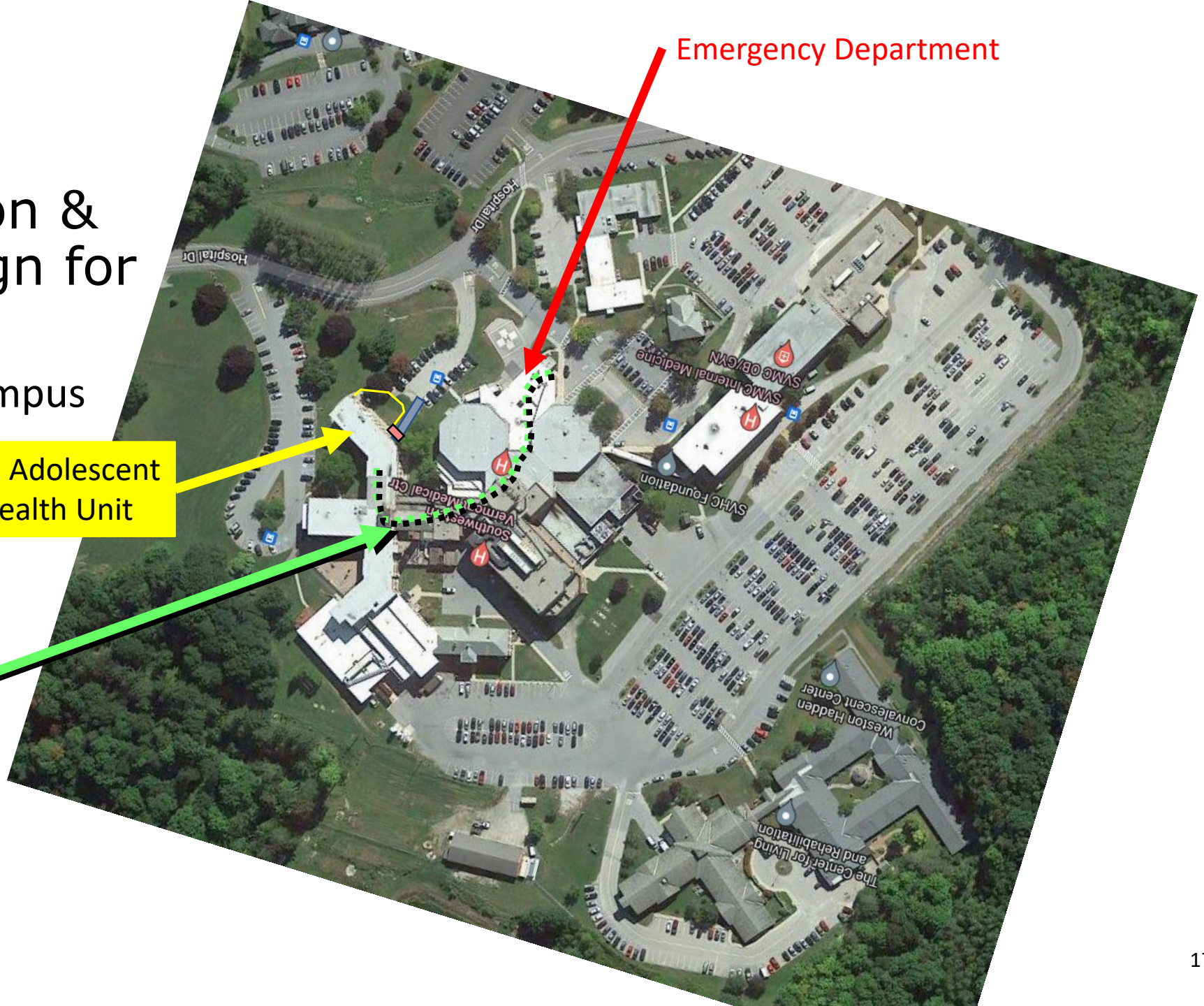
- Dining Room (DINING- blue) for eating and celebrating
- Care Team Station (Red circle)
- Documentation and Video Surveillance Area (CHART- lime)
- Staff Off Stage Space (STAFF- yellow) for private staff conversations, lounge, and security from violence
- Staff toilet (Staff- purple)
- Soiled and Clean Utilities Rooms (SOIL & CL.- grey)

Space evaluation & schematic design for cost estimating

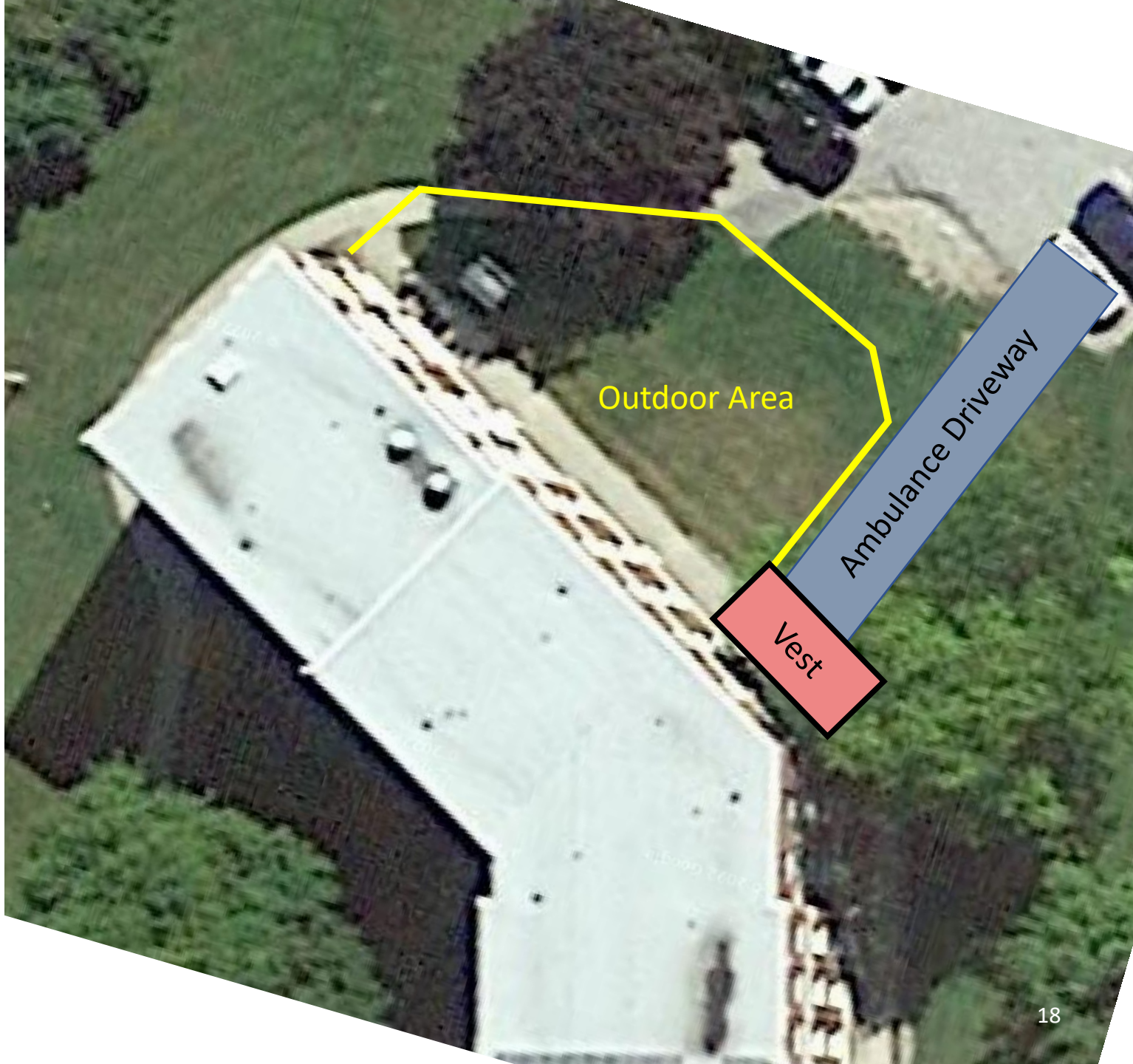
- Access from SVMC (☆) including from emergency department
  - Internal access from SVMC's emergency department requires hallway transport through public areas and down an elevator
  - For some patients (ex. severely disruptive) will be transported from SVMC's emergency department via ambulance
- Ambulance Entrance (red triangle) for directly receiving patients, particularly those from institutions across VT
- Outside Access (red triangle)
- Gross Motor and Play Area (Outdoor Area) fenced for security and privacy yet of sufficient size for limited running
- Vestibules and Sally Ports (Vest)

Space evaluation & schematic design for cost estimating

SVMC's Bennington Campus



Space evaluation & schematic design for cost estimating



Construction and Fit-up Costs

- **$9.2M**
- 7,000 sq ft
- Full gut rehabilitation of space
- $75,000 for abatement
- New interior walls to accommodate layout
- Replace existing windows with shatter-proof windows
- New entrance and vestibule
- Necessary upgrades to HVAC and electrical infrastructure
- Staff call, door control, and security systems
- Built to best-practice standards for adolescent mental health unit

SVMC Adolescent Mental Health Unit

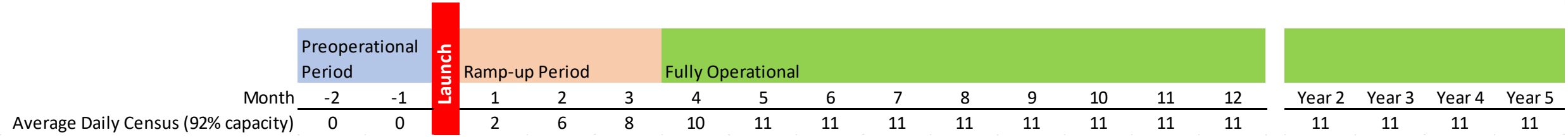
Cost Estimate

Description	Estimated Value
Construction Costs	
Construction - New (200 SF)	$ 125,339
Construction - Reno (6800 SF)	4,261,762
Allowance - Exterior Wall Insulation	100,000
Site work	179,751
Design Contingency	395,921
Construction Manager Fee	228,644
Construction Total	**5,291,417**
Construction Contingency (Owner)	529,142
Construction Total +Owner Contingency	***$ 5,820,559***
Related Project Costs (Soft Costs)	
Furnishings, Fixtures & Other Equipment	
Interactive digital interface (12 units)	$ 360,000
Nurse Call	100,000
IT	150,000
Security	100,000
FF&E Other	300,000
Total Furnishings, Fixtures & Other Equipment	**1,010,000**
Architectural/Engineering Fees, Permiting, etc.	
Architectural/Engineering Fees	444,479
OPM Fees Assume 3% construction cost	158,743
Independent Testing	30,000
Owner Cost of Funds (Interest) - SVMC advise	200,000
Commissioning Costs	30,000
Industrial Hygienist Fee (abatement)	25,000
Department Moving Costs	30,000
Act 250 Fee's - Based on ED project	75,000
GMCB Fees - Based on ED Project	20,000
State of Vt Permits - ($8 per $1,000 of Construction)	42,331
Other Misc. fees and Costs	100,000
Total Architectural/Engineering Fees, Permiting, etc.	**1,155,553**
Related Cost Total	***$ 2,165,553***
Total	**$ 7,986,112**
Construction Materials and Labor Escalation	1,217,882
Grand Total	**$ 9,203,994**

Census and Ramp-up

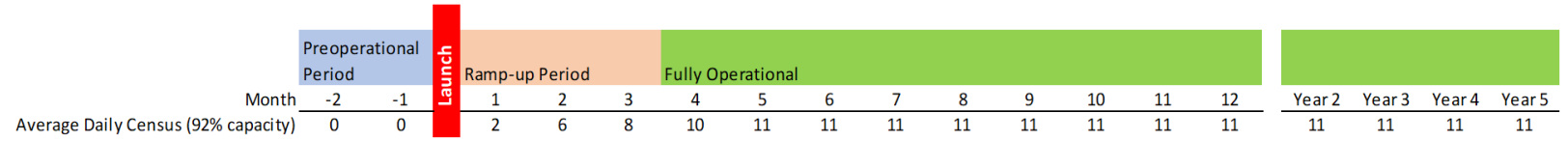
- Unit capacity = 12 beds at 92% occupancy = 11 Average Daily Census
  - Approximately 12 hours between discharge and admission of next patient (includes authorization, transport, admission)
- 3-4 month ramp-up period
- 2 months of preoperational effort

Anticipated census adolescent mental health inpatient unit



Month	-2	-1	1	2	3	4	5	6	7	8	9	10	11	12	Year 2	Year 3	Year 4	Year 5
Average Daily Census (92% capacity)	0	0	2	6	8	10	11	11	11	11	11	11	11	11	11	11	11	11

Anticipated census adolescent mental health inpatient unit



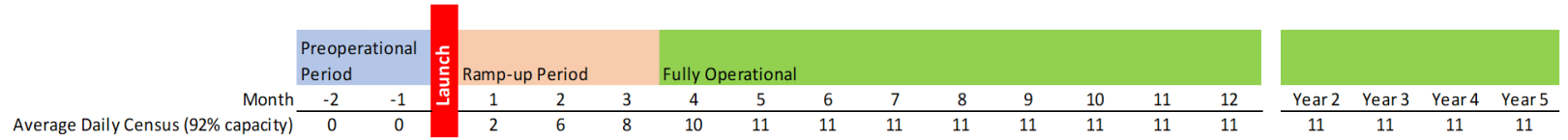
Staffing Fully Operational

- Staff to match programming
- 2-3 RNs
- 2-3 Mental Health Technicians (sitters)
- 2-3 Mental Health Counselors
- Support staff
- Providers will be members of Dartmouth Hitchcock's Dept of Psychiatry
- Pediatric Psychiatrist and APRN
- Pediatric psychologist
- Some provider interaction may occur through telemedicine or through a purchased service

Greater than 8 patients- high staffing	Number of people on the unit Weekdays Day (8hrs)	Evening (8hrs)	Night (8hrs)	Weekends Day (8hrs)	Evening (8hrs)	Night (8hrs)
RN	2.00	2.00	1.00	2.00	2.00	1.00
Charge RN	1.00	1.00	1.00	1.00	1.00	1.00
Mental Health Technician (sitter)	3.00	3.00	2.00	3.00	3.00	2.00
Mental Health Counselor	2.00	2.00	0.00	1.00	1.00	0.00
Occupational Therapist	0.50	0.00	0.00	0.50	0.00	0.00
Unit Coord	1.00	0.00	0.00	0.00	0.00	0.00
Social Work	1.00	0.00	0.00	0.00	0.00	0.00
Nurse Manager	1.00	0.00	0.00	0.00	0.00	0.00
Providers						
APRN (DH Dept of Psychiatry)	1.00	0.00	0.00	1.00	0.00	0.00
MD Psychologist (DH Dept of Psychiatry	0.50	0.00	0.00	0.00	0.00	0.00
MD Psychiatrist (DH Dept of Psychiatry)	0.80	call	call	0.80	call	call
Mental Heath Medical Director (One of the persons that are MD Psychiatrist above)	0.20	0.00	0.00	0.00	0.00	0.00

The proposed number and compliment of providers was proposed by TaraVista Health Partners Consulting, reviewed and adjusted by SVMC nursing leadership, Dept of Psychiatry providers, and DMH staff

Anticipated census adolescent mental health inpatient unit

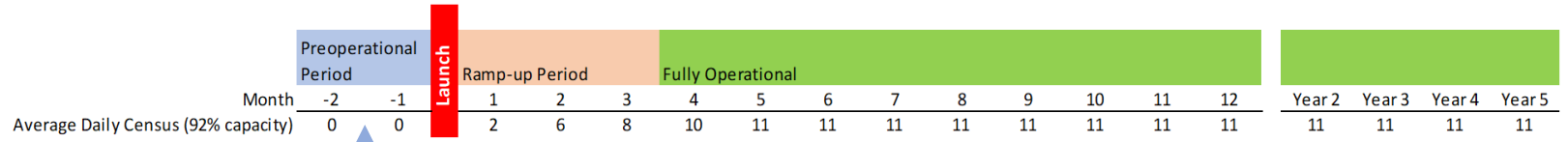


Staffing Ramp-up Period (3 months)

- The providers required for 12 patients are required during the ramp-up period and to manage 8 patients
- During the ramp up period there will be;
  - 1 fewer RN
  - 1 fewer Mental Health Technician
- The number and complement of all other staff remain constant

8 patients or less- low staffing	Number of people on the unit Weekdays Day (8hrs)	Evening (8hrs)	Night (8hrs)	Weekends Day (8hrs)	Evening (8hrs)	Night (8hrs)
RN	1.00	1.00	1.00	1.00	1.00	1.00
Charge RN	1.00	1.00	1.00	1.00	1.00	1.00
Mental Health Technician (sitter)	2.00	2.00	2.00	2.00	2.00	2.00
Mental Health Counselor	2.00	2.00	0.00	1.00	1.00	0.00
Occupational Therapist	0.50	0.00	0.00	0.50	0.00	0.00
Unit Coord	1.00	0.00	0.00	0.00	0.00	0.00
Social Work	1.00	0.00	0.00	0.00	0.00	0.00
Nurse Manager	1.00	0.00	0.00	0.00	0.00	0.00
Providers						
APRN (DH Dept of Psychiatry)	1.00	0.00	0.00	1.00	0.00	0.00
MD Psychologist (DH Dept of Psychiatry	0.50	0.00	0.00	0.00	0.00	0.00
MD Psychiatrist (DH Dept of Psychiatry)	0.80	call	call	0.80	call	call
Mental Heath Medical Director (One of the persons that are MD Psychiatrist above)	0.20	0.00	0.00	0.00	0.00	0.00

Anticipated census adolescent mental health inpatient unit



Staffing Preoperational Period (2 months)

- The preoperational period will include the following efforts;
  - Establish care protocols
  - Finalize regulatory reviews
  - Orient staff and build cohesive team
  - Establish coordination with the LearnWell instructor
  - Establish relationships with Designated Agencies across VT
  - Coordinate with the Department of Mental Health's Care Management Team overseeing mental health admissions
- The efforts during the preoperational period will be coordinated by the Nurse Manager and Medical Director

Number of people on the unit	Weekdays
Preoperational Period	**Day (8hrs)**
RN	1.00
Charge RN	0.00
Mental Health Technician (sitter)	0.00
Mental Health Counselor	1.00
Occupational Therapist	0.10
Unit Coord	0.10
Social Work	0.50
Nurse Manager	1.00
Providers	
APRN (DH Dept of Psychiatry)	1.00
MD Psychologist (DH Dept of Psychiatry	0.50
MD Psychiatrist (DH Dept of Psychiatry)	0.80
Mental Heath Medical Director (One of the persons that are MD Psychiatrist above)	0.20

Engagement with local mental health providers

- Include voice of local counselors and providers
- Engage individuals employed by UCS and independent practitioners
- Inpatient unit will receive referrals and coordinate local discharges to local providers
- Input and assistance from Kristyn Harrington
- Date for discussion(s) TBD

Education for patients- LearnWell

- Contracted service
- Specializes in delivering high quality academics in inpatient mental health setting
- Dedicated professional educators capable of curriculum across disciplines and grades
- Back-up educators for absences
- Minimum of 2 hrs of instruction each weekday (part-time service)
- Capable of delivering services beyond the school calendar (ex. during summer break)
- Collaborates with schools for successful transition back to the school environment
- Cost effective approach to providing high quality, consistent education
- Contracted by Brattleboro Retreat

LearnWell Reimbursement Model

Typical Model	Proposed Model
Base fee paid by MH institution	Contract with Agency of Education for daily rate per child
Fees paid by individual school districts*	

*Requires significant administrative effort and unnecessary LearnWell expenses to secure payment

*Burdens individual school districts with administrative effort

Admission- Considerations

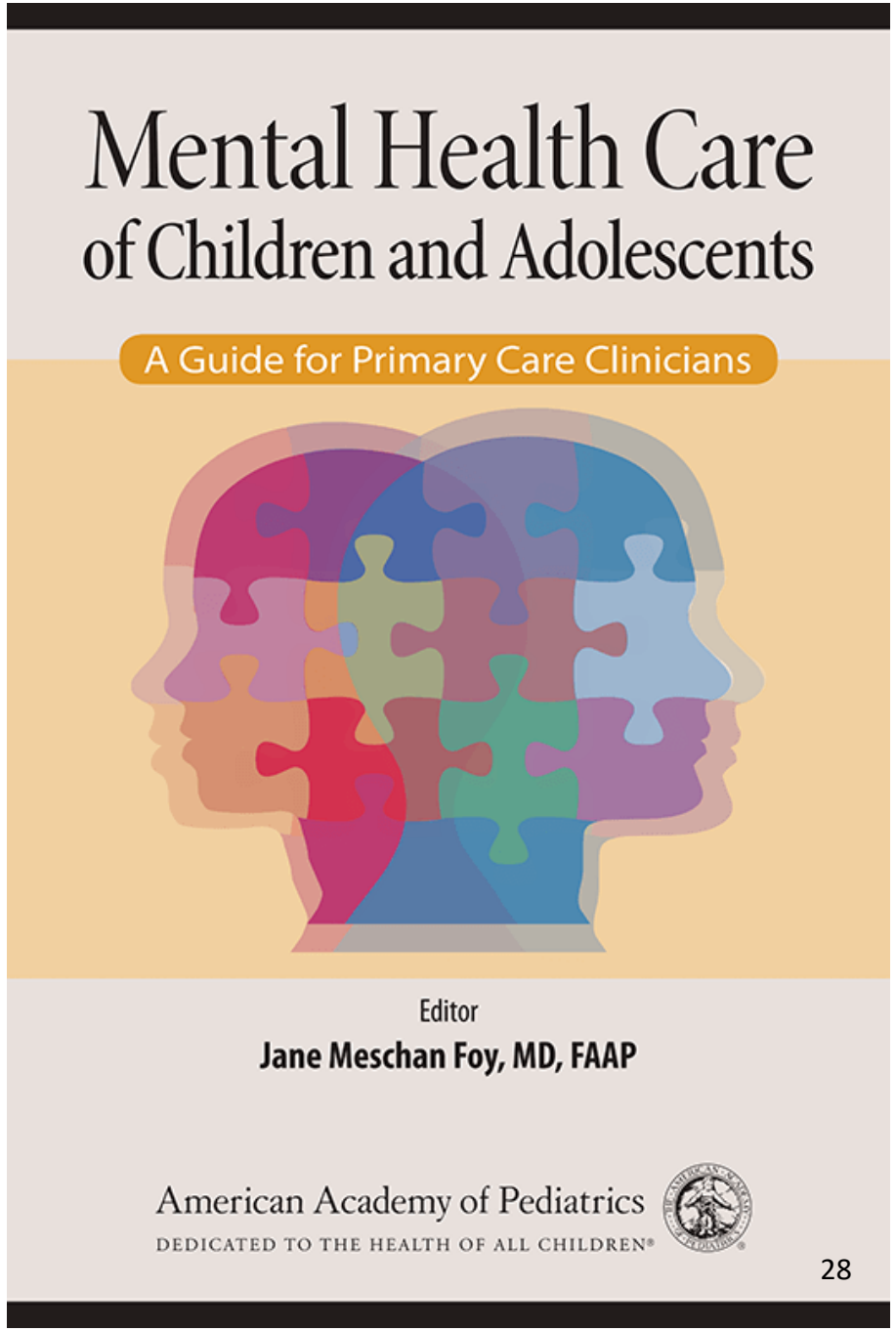
- The admission process will balance the goals of;
  - Timely admission, limit delays
  - Placing children at the nearest facility to their home as sensibly possible
  - Equitable access, including foreign language speakers
  - Serving children across the entire state of Vermont
- Admission to SVMC's Adolescent Mental Health Unit will be determined based upon;
  - Availability of a bed and staff
  - Current patient complement and milieu
  - Referral location- consideration of patients from SVMC's Emergency Department
  - Patient home location
  - Patient acuity and condition
  - Involuntary and Voluntary status (both accepted depending upon milieu)
  - Medical comorbidities, including teen pregnancy
  - Need for forensic psychiatry
  - Ability of SVMC to provide high quality care for the patient's mental and medical conditions
  - Final determination will be informed by discussion with the Department of Mental Health's Care Management Team overseeing mental health admissions

Admission- Medical Considerations

- All patients will be medically stable prior to being admitted
- Continuing medical care will be provided by SVMC's pediatricians
  - Laboratory tests and imaging studies may be required for on-going medical condition management
- During the stay, mild to moderate acerbations of previously stable medical conditions will be evaluated and treated by SVMC's pediatricians
- More severe changes to stable medical conditions will require evaluation and treatment by an SVMC emergency medicine physician
  - Ideally evaluation and treatment will occur on the mental health unit
  - Some conditions may require relocation of the patient to SVMC's Emergency Department for evaluation and treatment
- Rare, extreme medical situations will require transportation of the adolescent to a tertiary care center (Albany Medical Center, UVMMC, or Dartmouth Hitchcock Medical Center)

Admission- Medical Considerations

- Additional considerations for admission
- Therapy services offered by SVMC may not be sufficient for condition management, high quality healing, and subsequent safe discharge
  - Anticipated difficult detoxification
  - Some presentations of autism spectrum disorder
  - Some developmental neurological disabilities
  - Severe repetitive self harm (head banging)
  - Severe eating disorders
  - Some teen pregnancies
  - Severe communication disorders that would prevent therapy
- Adolescents with these conditions would be better served at facilities that specialize in treating and managing their conditions



Financials- Expenses

- Requires $9.2M in capital for renovation
- $984,000 in start-up operational support
- Approximately $2,000 in reimbursement per patient day

Southwestern Vermont Medical Center
Annual expense-based model

		Year				
	2 month preoperational	1	2	3	4	5
		Year 1	Year 2	Year 3	Year 4	Year 5
Patient Days	-	3,466	4,015	4,015	4,015	4,015
Net Revenue	-	$ 5,871,593	$ 7,062,405	$ 7,328,827	$ 7,605,837	$ 7,893,526
Expenses						
Salary	$ 50,100	$ 2,425,332	$ 2,637,673	$ 2,743,143	$ 2,852,883	$ 2,966,810
Benefits	15,030	727,596	791,302	822,943	855,865	890,043
Providers Wages & Ben - Outsourced	244,411	2,160,138	2,246,559	2,336,421	2,429,842	2,526,984
Pharmacy	-	104,220	125,268	130,279	135,490	140,909
Lab	-	69,480	83,512	86,852	90,327	93,940
Food	-	224,801	270,203	281,011	292,252	303,942
Transportation at Discharge	-	17,370	20,878	21,713	22,582	23,485
Patient Education Expense	1,500	18,000	18,720	19,469	20,248	21,057
General Medicine	-	17,370	20,878	21,713	22,582	23,485
Indirect Expenses	-	319,608	384,155	399,521	415,502	432,122
Depreciation	-	460,372	463,250	465,750	468,250	470,750
Staff Salary and Benfits	65,130	3,152,928	3,428,975	3,566,086	3,708,748	3,856,853
Provider Salary and Benefits	244,411	2,160,138	2,246,559	2,336,421	2,429,842	2,526,984
Other Expenses	1,500	1,231,221	1,386,864	1,426,308	1,467,233	1,509,690
TOTAL OPERATING EXPENSES	**$ 311,041**	**$ 6,544,287**	**$ 7,062,398**	**$ 7,328,815**	**$ 7,605,823**	**$ 7,893,527**
Operating Gain (Loss)	(311,041)	(672,694)	7	12	14	(0)
Launch Operating Loss		(983,735)				
Revenue PPD		**1,694**	**1,759**	**1,825**	**1,894**	**1,966**
Cost PPD		**(1,888)**	**(1,759)**	**(1,825)**	**(1,894)**	**(1,966)**
Rate PPD						
Medicaid (75% of patients)		1,875.00	1,949.82	2,026.43	2,106.20	2,189.15
Percent increase Medicaid			3.99%	3.93%	3.94%	3.94%
Commercial (18% of patients)		1,200.00	1,236.00	1,273.08	1,311.27	1,350.61
Self-Pay (6% of patients)		1,200.00	1,236.00	1,273.08	1,311.27	1,350.61
Bad Debt (1% of patients)		-	-	-	-	-
Percent increase non-Medicaid			3.00%	3.00%	3.00%	3.00%

Reimbursement- Insurance

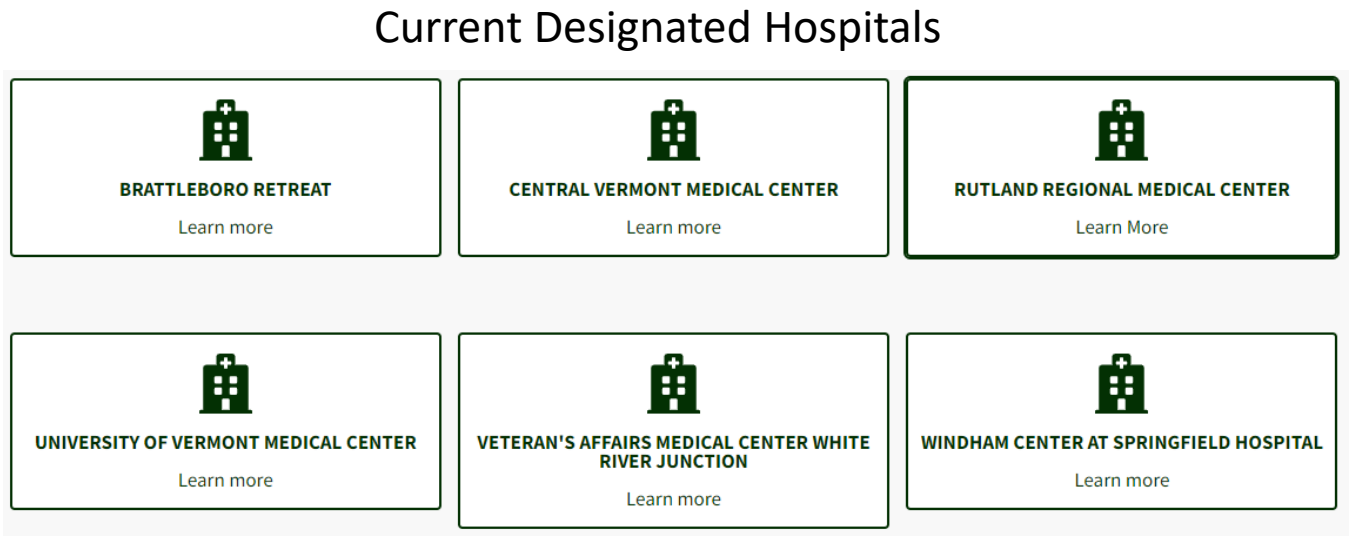
- SVMC’s Adolescent Mental Health Unit will admit patients independent of insurance type;

- To ensure financial sustainability and limit denying adolescent admission based upon insurance type, SVMC and DMH hope to secure sensible reimbursement from all payers
- The initial goal, although unlikely, would be to achieve reimbursement parity across payers

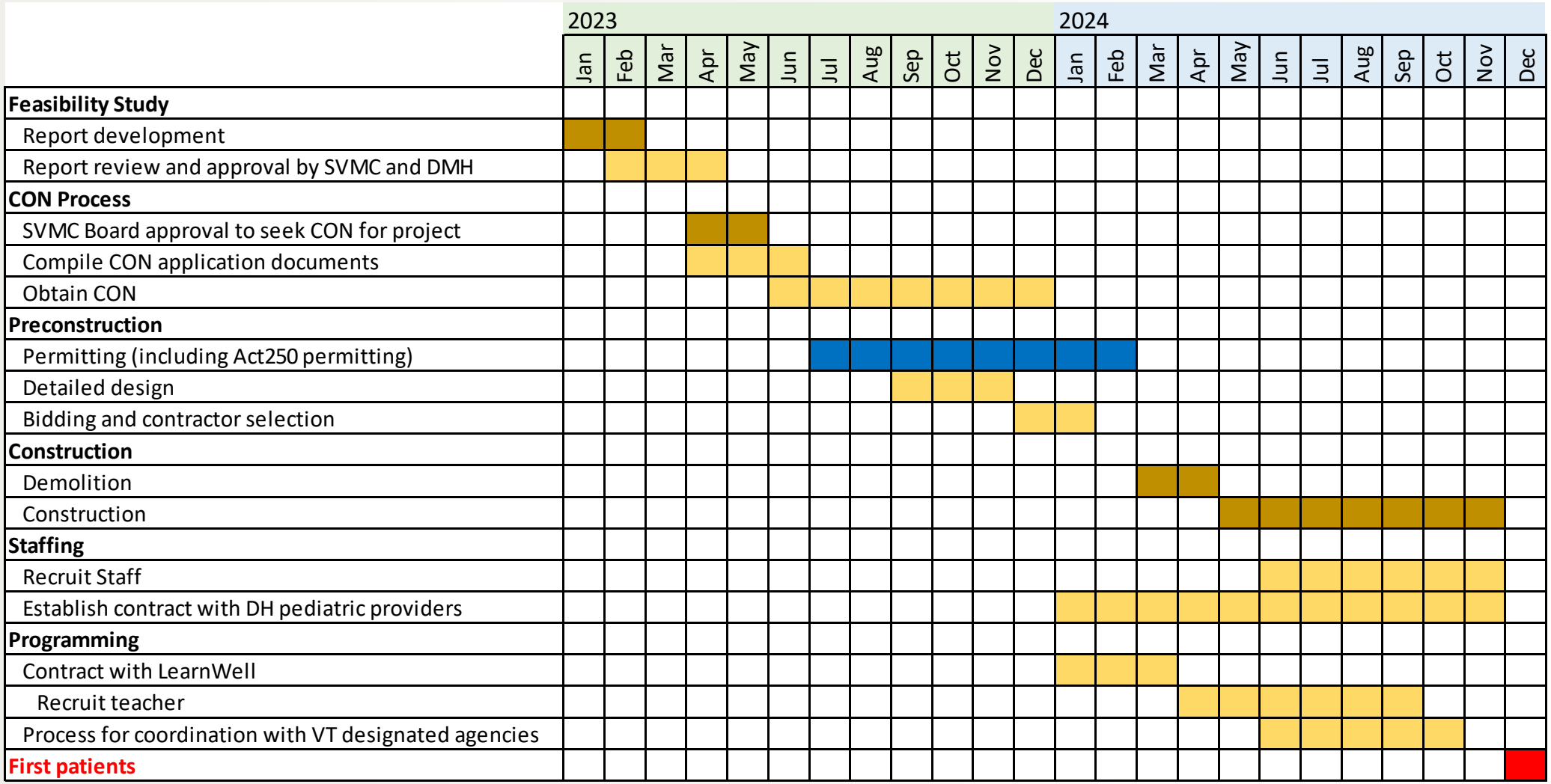
Designated Hospital designation

- SVMC will become a designated hospital (Designated Hospitals | Department of Mental Health (vermont.gov))

- "The Department of Mental Health designates hospitals in Vermont to provide services to those under the custody of the Commissioner of Mental Health, also known as involuntary hospitalization."
- What does this mean?
  - Current understanding is that DMH will send adolescents with mental health issues to SVMC's emergency department for potential p[lacement in the mental health unit, including;
    - Court orders
    - Judge screens
    - Etc.



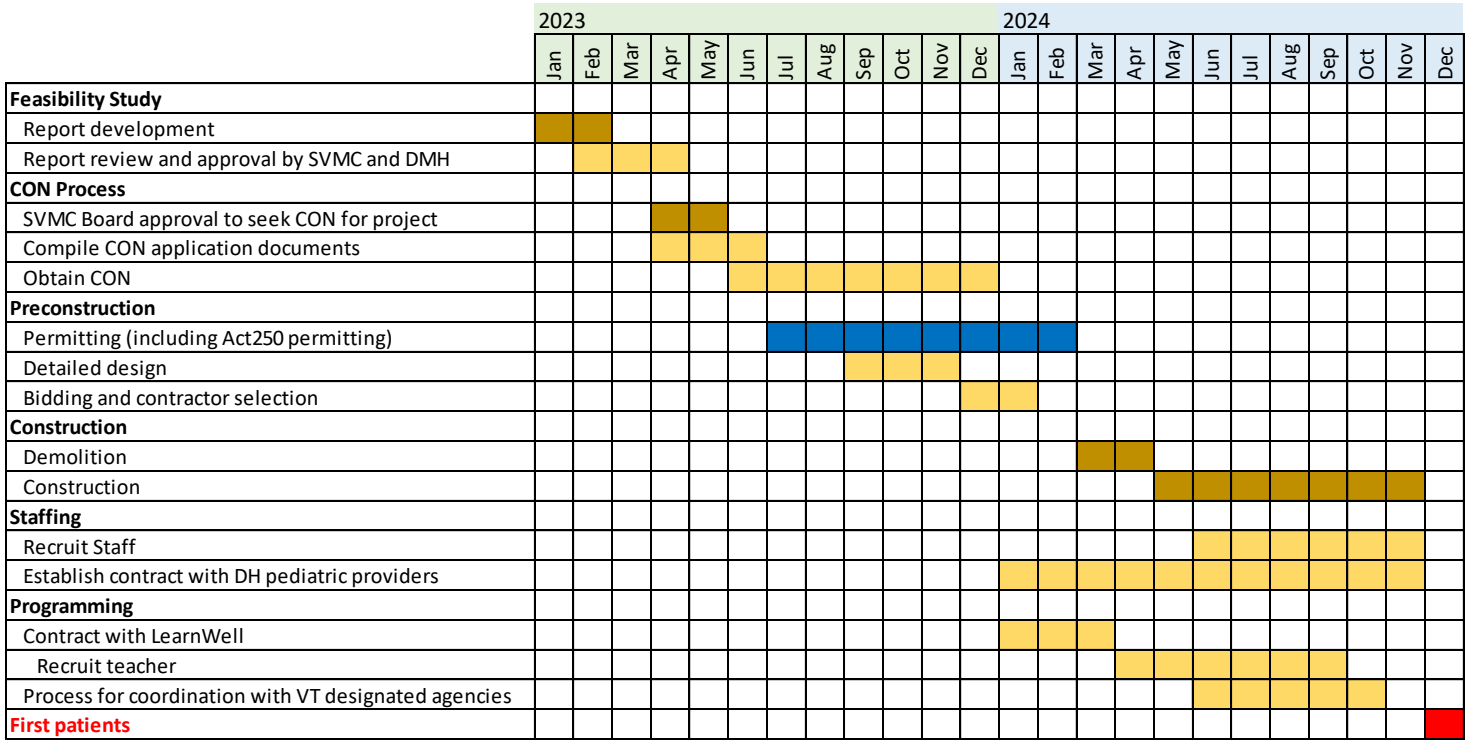
Timeline to Launch- First patients, winter 2024



Timeline to Launch- Considerations

- 5 **critical path elements** (of the 15) set the time to launch
- **Permitting** (8 months) provides the greatest;
  - Risk for extending the time to launch
  - Opportunity to shorten the time to launch
- ACT250 permitting could
  - Become further protracted with historic building review

  OR
  - Become reduced if this project was prioritized for expedited review



Critical path elements shown in **brown** and **blue**

Feasibility Study Elements

- Demand analysis
- Space evaluation & schematic design
- Estimate renovation cost
- Staffing model
- Operational coordination with VT agencies
- Operating budget (ramp up & full operations)
- Reimbursement model
- Financial pro forma and business plan
- Timeline to launch
- Impact on VT agencies

Appendix 2: Financial pro forma derivation and explanation

Southwestern Vermont HEALTH CARE

100 Hospital Drive | Bennington, VT 05201 | phone 802.442.6361 | fax 802.442.8331 | svhealthcare.org

SVMC Inpatient Adolescent Mental Health Expense-based reimbursement Pro forma description

Southwestern Vermont Medical Center
April, 2023

Document prepared by:
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Southwestern Vermont Medical Center
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Bennington, VT 05201
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Executive Summary

Southwestern Vermont Medical Center (SVMC) is exploring the feasibility of a 12 bed inpatient mental health unit for adolescents in Bennington, Vermont. The unit would treat typical mental health conditions requiring inpatient care and would be capable of managing stable co-occurring medical conditions. Creation of the inpatient mental health unit would require a major renovation (cost $9.2M) of a ground floor wing of the hospital's main campus. The providers and medical director of the unit would be provided by Dartmouth Health's Department of Psychiatry, while the staff would be employees of SVMC.

The following are required for the inpatient mental health unit to be financially sustainable;

- $9.2M in capital to renovate the space
- $984,000 in operational support during the pre-launch and first year to remediate the operating loss during launch and patient volume ramp up
- Approximately $2,000 in reimbursement per patient day which will scale at roughly 3.9% annually to ensure reimbursement keeps pace with expenses

The pro forma (next page) includes 2 months of preoperational expenses, including staff expense to establish protocols and process for effective launch, smooth operations, coordination with referring agencies and hospitals, and timely discharge of patients to independent counselors and designated mental health agencies across the state.

The annual operating expenses for the unit are projected to be $6-7 million for each of the first 5 years, which equates to approximately $2,000 per patient day.

This document describes the assumptions underlying the financial model and the derivation of the financial estimates. The description of the pro forma will occur in sections;

- Patient volume estimates
- Capital requirements and depreciation
- Staffing plan
- Provider expenses
- Supporting clinical team expenses
- Other operating expenses
- SVMC's contribution to sustainability

Southwestern Vermont Medical Center
Annual expense-based model

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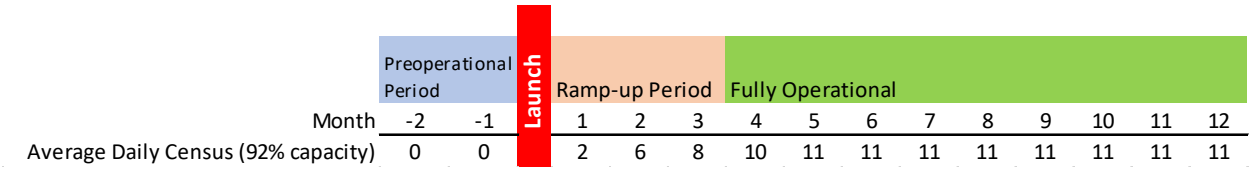
Pharmacy	-	104,220	125,268	130,279	135,490	140,909
Lab	-	69,480	83,512	86,852	90,327	93,940
Food	-	224,801	270,203	281,011	292,252	303,942
Transportation at Discharge	-	17,370	20,878	21,713	22,582	23,485
Patient Education Expense	1,500	18,000	18,720	19,469	20,248	21,057
General Medicine	-	17,370	20,878	21,713	22,582	23,485
Indirect Expenses	-	319,608	384,155	399,521	415,502	432,122
Depreciation	-	460,372	463,250	465,750	468,250	470,750
Staff Salary and Benfits	65,130	3,152,928	3,428,975	3,566,086	3,708,748	3,856,853
Provider Salary and Benefits	244,411	2,160,138	2,246,559	2,336,421	2,429,842	2,526,984
Other Expenses	1,500	1,231,221	1,386,864	1,426,308	1,467,233	1,509,690
TOTAL OPERATING EXPENSES	**$ 311,041**	**$ 6,544,287**	**$ 7,062,398**	**$ 7,328,815**	**$ 7,605,823**	**$ 7,893,527**
Operating Gain (Loss)	(311,041)	(672,694)	7	12	14	(0)
Launch Operating Loss		(983,735)				
Revenue PPD		**1,694**	**1,759**	**1,825**	**1,894**	**1,966**
Cost PPD		**(1,888)**	**(1,759)**	**(1,825)**	**(1,894)**	**(1,966)**
Rate PPD						
Medicaid (75% of patients)		1,875.00	1,949.82	2,026.43	2,106.20	2,189.15
Percent increase Medicaid			3.99%	3.93%	3.94%	3.94%
Commercial (18% of patients)		1,200.00	1,236.00	1,273.08	1,311.27	1,350.61
Self-Pay (6% of patients)		1,200.00	1,236.00	1,273.08	1,311.27	1,350.61
Bad Debt (1% of patients)		-	-	-	-	-
Percent increase non-Medicaid			3.00%	3.00%	3.00%	3.00%

Patient Volume Estimates

Launch would be followed by a three month ramp-up period during which patient volumes would increase. Once fully operational, the unit is projected to have 92% occupancy or an average daily census of 11. The projected occupancy allows 14 hours between patients for coordination of transportation, room preparation, and communication with referring counselors and institutions thereby ensuring the best start for the patient.

Anticipated census adolescent mental health inpatient unit



Month	-2	-1	1	2	3	4	5	6	7	8	9	10	11	12
Average Daily Census (92% capacity)	0	0	2	6	8	10	11	11	11	11	11	11	11	11

Despite potential seasonality (national data suggests decreased demand for inpatient mental health services during summer months), the financial projections anticipate the average daily census to remain at 11 patients for years 2 through 5.

Capital Requirements and Depreciation

SVMC's independent construction cost estimating firm, Skanska USA Building Inc, projected the cost of the renovation of the 7,000 square foot unit to be $9.2M (Appendix A- Renovation expense detail). The estimate is comprised of 4 main components;

- Construction including contingency $5,820,559
- Fit-up and technology $1,010,000
- Fees and permitting $1,155,553
- Material and labor escalation $1,217,882

This estimate seems reasonable given the scale and complexity of the renovation to modernize a dated facility.

The composite useful life of the facility is estimated at 20 years, yielding an annual depreciation of approximately $460,000.

The pro forma includes $40,000 to $50,000 annually as repair capital because adolescents with mental health conditions can be hard on facilities. SVMC's consultant has recommended this level of capital to support necessary annual repairs. The facility repair capital and the depreciation of this capital (approximately $3,000 annually) is included in the pro forma. Although this proposal requests $9.2M in initial capital for the renovation, accruing depreciation annually allows refurbishment of the unit after the projected 20 years useful life.

Staffing Models

The proposed staffing models reflects input from SVMC nursing and physician leadership, Dartmouth Health's Department of Psychiatry, the team at the Vermont Department of Mental Health, and TaraVista Partners consulting. Three staffing models have been proposed;

- Pre-operational staffing
- Ramp-up staffing, up to 8 patients
- Fully operational staffing, for more than 8 patients

For each situation, careful consideration was given to the number, type, and skill level of the team required to develop or deliver high quality care and programming. The details of each staffing model appear in Appendix B- Staffing models.

The clinic would be staffed by a diverse provider team that includes;

- Medical Director trained in Pediatric Psychiatry
- Pediatric Psychiatrist (MD)
- Pediatric Psychologist
- Advanced Practice Registered Nurse training in psychiatry

An on-call rotation for Pediatric Psychiatrists would be created within Dartmouth Health's Department of Psychiatry. The call rotation and some portion of pediatric psychiatry coverage is likely to be through telemedicine given the challenges with recruiting pediatric psychiatrists.

This team of providers would be supported by;

- Nurse Manager
- Nurses
- Mental Health Counselors
- Mental Health Technicians
- Social Workers
- Occupational Therapists
- Unit Coordinators
- Patient Educators would be contracted from LearnWell (contracted expense, not labor expense)

The staffing flexes across the three 8 hour shifts throughout the day, with the days shift being the most heavily staffed and the night shift staffed the lightest.

The level of staffing for many of these positions is consistently required regardless of the number of patients. For example provider and nursing leadership staffing is consistent across all three staffing models. Only the number of Register Nurses (RNs) and Mental Health Technicians flexes with the transition to more patients that eight. For example, 2 RNs (including the charge RN) are needed for 8 or fewer patients, whereas 3 RNs to deliver high quality care to more than 8 patients.

Only during the day shift on weekdays would the number of staff exceed the number of patients. This level of staffing is necessary since many staff intensive activities occur during the day shift on weekdays including; admissions, discharges, engagement with Vermont agency staff (ex. Department for Children and Families), one-to-one and group counselling, etc.

Ratio of staff to patients (example 1.0 = 1 to 1, number greater than 1, reflects more staff than patients)

	Weekdays			Weekends		
	Day	Evening	Night	Day	Evening	Night
12 patients	1.2	0.7	0.3	0.8	0.6	0.3
8 patients	1.5	0.8	0.5	0.9	0.6	0.5

The provider and staff expenses were derived by combining the full-time equivalent (FTE) needs for each position with the market rate wage and benefit scale appropriate for each position reflective of the talent required to operate a unit that delivers high quality care.

Provider Expenses

Recruitment and retention of providers to Dartmouth Health's Psychiatry Department for the inpatient unit in Bennington may be a challenge. Provider expenses were scaled as if providers were obtained through a locum service organization that is familiar to Dartmouth Health's psychiatry team. The providers are assumed to be employed by Dartmouth Health and eligible for benefits at 17% of base salary. The pro forma anticipates 4% annual inflation of provider salaries and benefits.

		Salary				
	FTE level	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Pediatric Psychiatrist Medical Director	0.20	$ 135,216	$ 140,630	$ 146,255	$ 152,105	$ 158,188
Pediatric Psychiatrist Physician	1.20	811,320	843,778	877,529	912,628	949,125
Pediatric Psychologist	0.50	78,012	81,132	84,378	87,748	91,253
APRN Pediatric MH	1.40	509,676	530,066	551,268	573,315	596,236
Pediatric Psychiatrist Physician On-Call	2.00	312,048	324,530	337,511	350,992	365,013
Total Wages		**$ 1,846,272**	**$ 1,920,136**	**$ 1,996,941**	**$ 2,076,788**	**$ 2,159,815**
Benefits (17%)		313,866	326,423	339,480	353,054	367,169
Total Wages and Benefits		**$ 2,160,138**	**$ 2,246,559**	**$ 2,336,421**	**$ 2,429,842**	**$ 2,526,984**

Supporting Clinical Team Expenses

The supporting clinical team's expenses were calculated from their FTE levels and market rate wages with benefits estimated at 30% of base wage. The table below shows the estimate wages.

Year 1 Wages

	Day	Evening	Night
RN	$ 40.00	$ 44.50	$ 49.00
Charge RN	41.50	46.00	50.50
Mental Health Technician	25.00	27.00	29.00
Mental Health Counselor	30.00	33.00	35.00
Occupational Therapist	40.00		
Unit Coordinator	30.00		
Social Work	35.00		
Nurse Manager	50.00		

Other Operating Expenses

Other operating expenses were derived from the Medicare cost report or SVMC's internal policies;

Item	Unit	Value
Pharmacy	PPD	$ 30.00
Lab	PPD	20.00
Food	Per Meal	21.57
Transportation at discharge	PPD	5.00
General Medicine	PPD	5.00
Patient Education Expense	Fixed Monthly	1,500.00
Indirect Expenses	PPD	92.00

Pharmacy expense includes the estimated cost of medications and a part-time pharmacist. The lab expense includes a part-time phlebotomist for blood draws and laboratory analyses. The food expense includes the cost of meal supplies and a part-time food service technician in dietary services. Not all patients will incur transportation costs upon discharge, however, some will, thereby transportation costs at discharge are included and calculated per patient day. A minor general medicine expense is anticipated.

To maintain academic continuity while an inpatient, the adolescents will receive education through LearnWell, a contract education service that specializes in inpatient adolescent education on mental health units. Learnwell bills the institution $1,500 monthly for the service and bills the school system from which the patient originates.

The largest non-salary expense is a grouped indirect expenses that including but not limited to;

- Maintaining the physician plant (heat, light, power)
- Housekeeping
- Human Resources
- Central Supply
- Medical Records
- Information Services
- Administration

Careful review of the Medicare cost report suggested burdening the unit with signification indirect expenses. SVMC leadership recommends applying only $92.00 per patient day to the expenses of the unit.

Medical Expenses

It is difficult to estimate the medical needs and expenses for the adolescents. It is also likely that the month-to-month medical needs would fluctuate considerably as different patients become admitted and/or discharged. For example, a patient with wound care needs or pregnancy might increase medical expenses for the month relative to a milieu of patients with less medically intensive needs such as asthma or diabetes management. The expenses to care for the medical needs of the adolescents on the mental health unit are not include in the pro forma and. would be billed as outpatient fee-for-service directly to payers for reimbursement.

Appendix A- Renovation Expense Detail

SVMC Adolescent Mental Health Unit

Cost Estimate

Description	Estimated Value
Construction Costs	
Construction - New (200 SF)	$ 125,339
Construction - Reno (6800 SF)	4,261,762
Allowance - Exterior Wall Insulation	100,000
Site work	179,751
Design Contingency	395,921
Construction Manager Fee	228,644
Construction Total	**5,291,417**
Construction Contingency (Owner)	529,142
Construction Total +Owner Contingency	***$ 5,820,559***
Related Project Costs (Soft Costs)	
Furnishings, Fixtures & Other Equipment	
Interactive digital interface (12 units)	$ 360,000
Nurse Call	100,000
IT	150,000
Security	100,000
FF&E Other	300,000
Total Furnishings, Fixtures & Other Equipment	**1,010,000**
Architectural/Engineering Fees, Permiting, etc.	
Architectural/Engineering Fees	444,479
OPM Fees Assume 3% construction cost	158,743
Independent Testing	30,000
Owner Cost of Funds (Interest) - SVMC advise	200,000
Commissioning Costs	30,000
Industrial Hygienist Fee (abatement)	25,000
Department Moving Costs	30,000
Act 250 Fee's - Based on ED project	75,000
GMCB Fees - Based on ED Project	20,000
State of Vt Permits - ($8 per $1,000 of Construction)	42,331
Other Misc. fees and Costs	100,000
Total Architectural/Engineering Fees, Permiting, etc.	**1,155,553**
Related Cost Total	***$ 2,165,553***
Total	**$ 7,986,112**
Construction Materials and Labor Escalation	1,217,882
Grand Total	**$ 9,203,994**

Appendix B- Staffing Models

Number of people on the unit Preoperational Period	Weekdays Day (8hrs)
RN	1.00
Charge RN	0.00
Mental Health Technician (sitter)	0.00
Mental Health Counselor	1.00
Occupational Therapist	0.10
Unit Coord	0.10
Social Work	0.50
Nurse Manager	1.00
Providers	
APRN (DH Dept of Psychiatry)	1.00
MD Psychologist (DH Dept of Psychiatry	0.50
MD Psychiatrist (DH Dept of Psychiatry)	0.80
Mental Heath Medical Director (One of the persons that are MD Psychiatrist above)	0.20

8 patients or less- low staffing	Number of people on the unit Weekdays Day (8hrs)	Evening (8hrs)	Night (8hrs)	Weekends Day (8hrs)	Evening (8hrs)	Night (8hrs)
RN	1.00	1.00	1.00	1.00	1.00	1.00
Charge RN	1.00	1.00	1.00	1.00	1.00	1.00
Mental Health Technician (sitter)	2.00	2.00	2.00	2.00	2.00	2.00
Mental Health Counselor	2.00	2.00	0.00	1.00	1.00	0.00
Occupational Therapist	0.50	0.00	0.00	0.50	0.00	0.00
Unit Coord	1.00	0.00	0.00	0.00	0.00	0.00
Social Work	1.00	0.00	0.00	0.00	0.00	0.00
Nurse Manager	1.00	0.00	0.00	0.00	0.00	0.00
Providers						
APRN (DH Dept of Psychiatry)	1.00	0.00	0.00	1.00	0.00	0.00
MD Psychologist (DH Dept of Psychiatry	0.50	0.00	0.00	0.00	0.00	0.00
MD Psychiatrist (DH Dept of Psychiatry)	0.80	call	call	0.80	call	call
Mental Heath Medical Director (One of the persons that are MD Psychiatrist above)	0.20	0.00	0.00	0.00	0.00	0.00

Yellow denotes fields that increase when more than 8 patients are present on the unit.

Greater than 8 patients- high staffing	Number of people on the unit Weekdays			Weekends		
	Day (8hrs)	Evening (8hrs)	Night (8hrs)	Day (8hrs)	Evening (8hrs)	Night (8hrs)
RN	2.00	2.00	1.00	2.00	2.00	1.00
Charge RN	1.00	1.00	1.00	1.00	1.00	1.00
Mental Health Technician (sitter)	3.00	3.00	2.00	3.00	3.00	2.00
Mental Health Counselor	2.00	2.00	0.00	1.00	1.00	0.00
Occupational Therapist	0.50	0.00	0.00	0.50	0.00	0.00
Unit Coord	1.00	0.00	0.00	0.00	0.00	0.00
Social Work	1.00	0.00	0.00	0.00	0.00	0.00
Nurse Manager	1.00	0.00	0.00	0.00	0.00	0.00
Providers						
APRN (DH Dept of Psychiatry)	1.00	0.00	0.00	1.00	0.00	0.00
MD Psychologist (DH Dept of Psychiatry	0.50	0.00	0.00	0.00	0.00	0.00
MD Psychiatrist (DH Dept of Psychiatry)	0.80	call	call	0.80	call	call
Mental Heath Medical Director (One of the persons that are MD Psychiatrist above)	0.20	0.00	0.00	0.00	0.00	0.00

The table below shows the FTE levels required to support the staffing model in the table above, when greater than 8 patients are on the unit.

Greater than 8 patients- high staffing	Total FTEs
RN	7.70
Charge RN	4.62
Mental Health Technician (sitter)	12.32
Mental Health Counselor	6.16
Occupational Therapist	0.77
Unit Coord	1.10
Social Work	1.10
Nurse Manager	1.00
Providers	
APRN (DH Dept of Psychiatry)	1.59
MD Psychologist (DH Dept of Psychiatry	0.57
MD Psychiatrist (DH Dept of Psychiatry)	1.27
Mental Heath Medical Director (One of the persons that are MD Psychiatrist above)	0.20

Appendix 3: Renovation cost detail

SVMC Adolescent Mental Health Unit

Cost Estimate

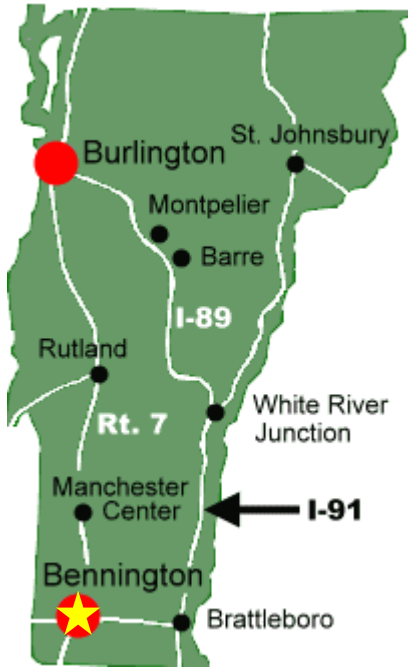
Description	Estimated Value
Construction Costs	
Construction - New (200 SF)	$ 125,339
Construction - Reno (6800 SF)	4,261,762
Allowance - Exterior Wall Insulation	100,000
Site work	179,751
Design Contingency	395,921
Construction Manager Fee	228,644
Construction Total	**5,291,417**
Construction Contingency (Owner)	529,142
Construction Total +Owner Contingency	***$ 5,820,559***
Related Project Costs (Soft Costs)	
Furnishings, Fixtures & Other Equipment	
Interactive digital interface (12 units)	$ 360,000
Nurse Call	100,000
IT	150,000
Security	100,000
FF&E Other	300,000
Total Furnishings, Fixtures & Other Equipment	**1,010,000**
Architectural/Engineering Fees, Permiting, etc.	
Architectural/Engineering Fees	444,479
OPM Fees Assume 3% construction cost	158,743
Independent Testing	30,000
Owner Cost of Funds (Interest) - SVMC advise	200,000
Commissioning Costs	30,000
Industrial Hygienist Fee (abatement)	25,000
Department Moving Costs	30,000
Act 250 Fee's - Based on ED project	75,000
GMCB Fees - Based on ED Project	20,000
State of Vt Permits - ($8 per $1,000 of Construction)	42,331
Other Misc. fees and Costs	100,000
Total Architectural/Engineering Fees, Permiting, etc.	**1,155,553**
Related Cost Total	***$ 2,165,553***
Total	**$ 7,986,112**
Construction Materials and Labor Escalation	1,217,882
Grand Total	**$ 9,203,994**

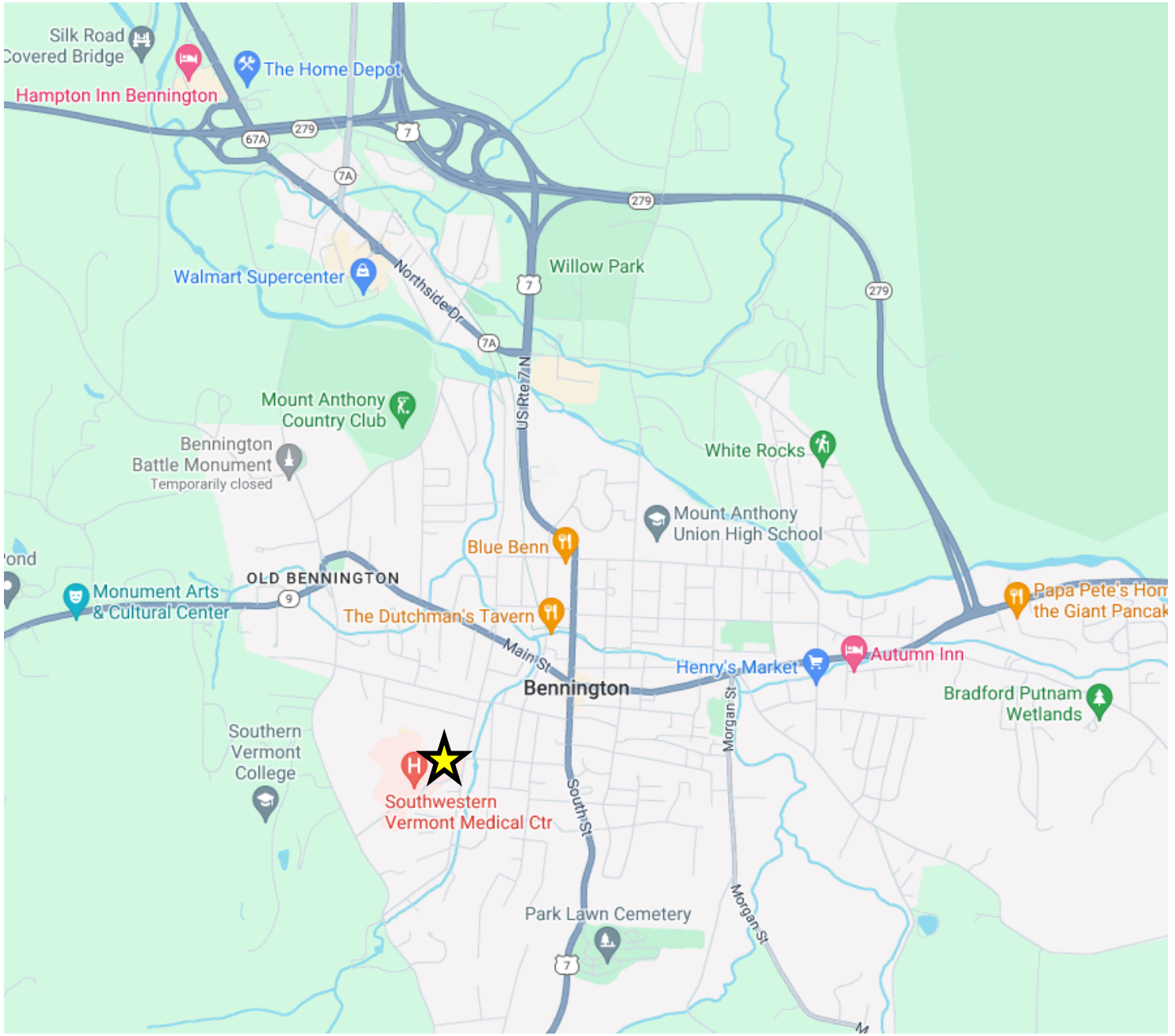
Appendix 3
Location and Schematic Layout
Southwestern Vermont Medical Center
Adolescent Mental Health Unit

January, 2024

Location- 100 Hospital Drive Bennington, VT

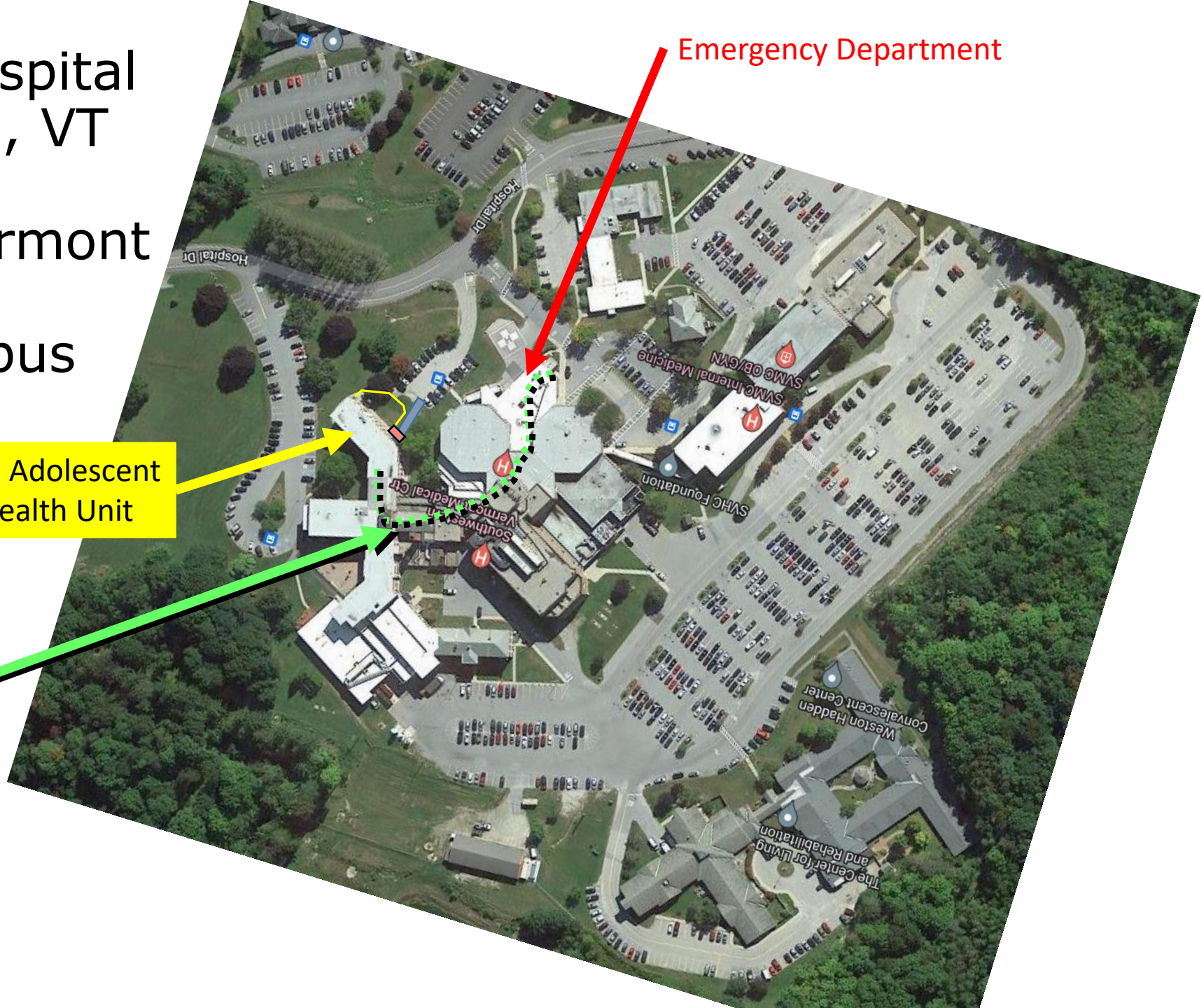
Southwestern Vermont Medical Center Bennington Campus





Location- 100 Hospital Drive Bennington, VT

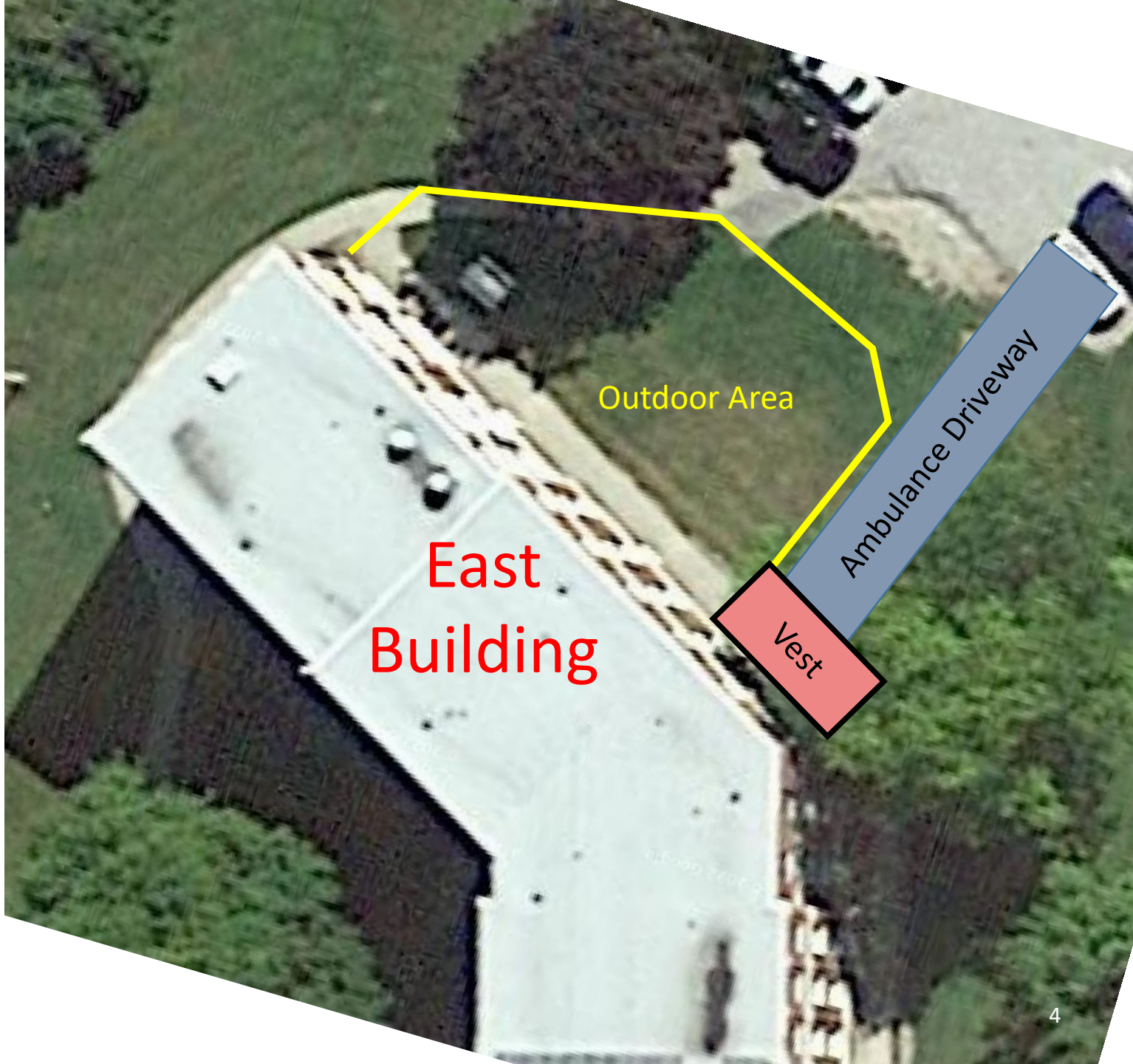
Southwestern Vermont Medical Center Bennington Campus



Location- East building, first floor

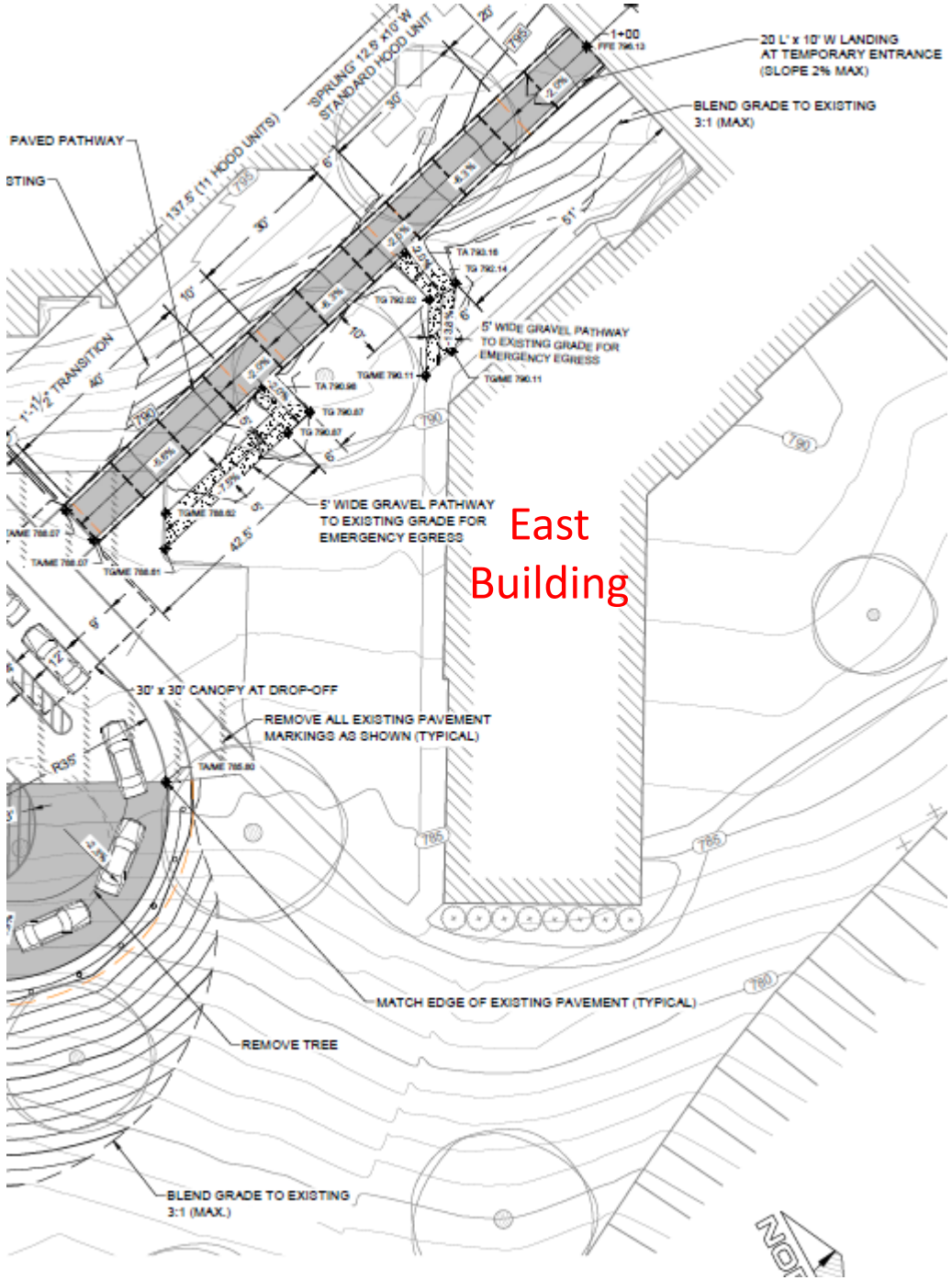
Southwestern Vermont Medical Center Bennington Campus

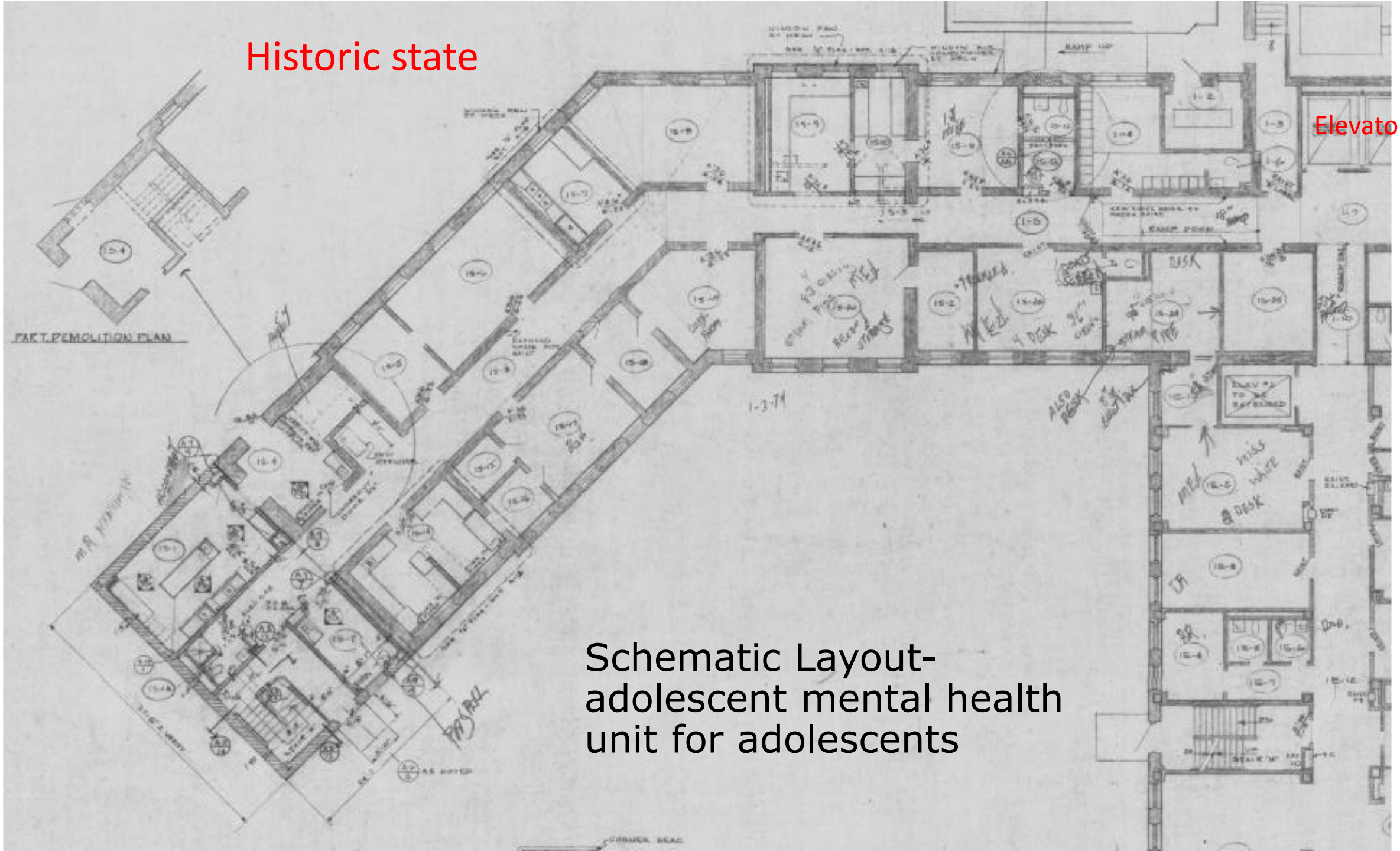
Proposed ambulance driveway, vestibule, and outdoor area

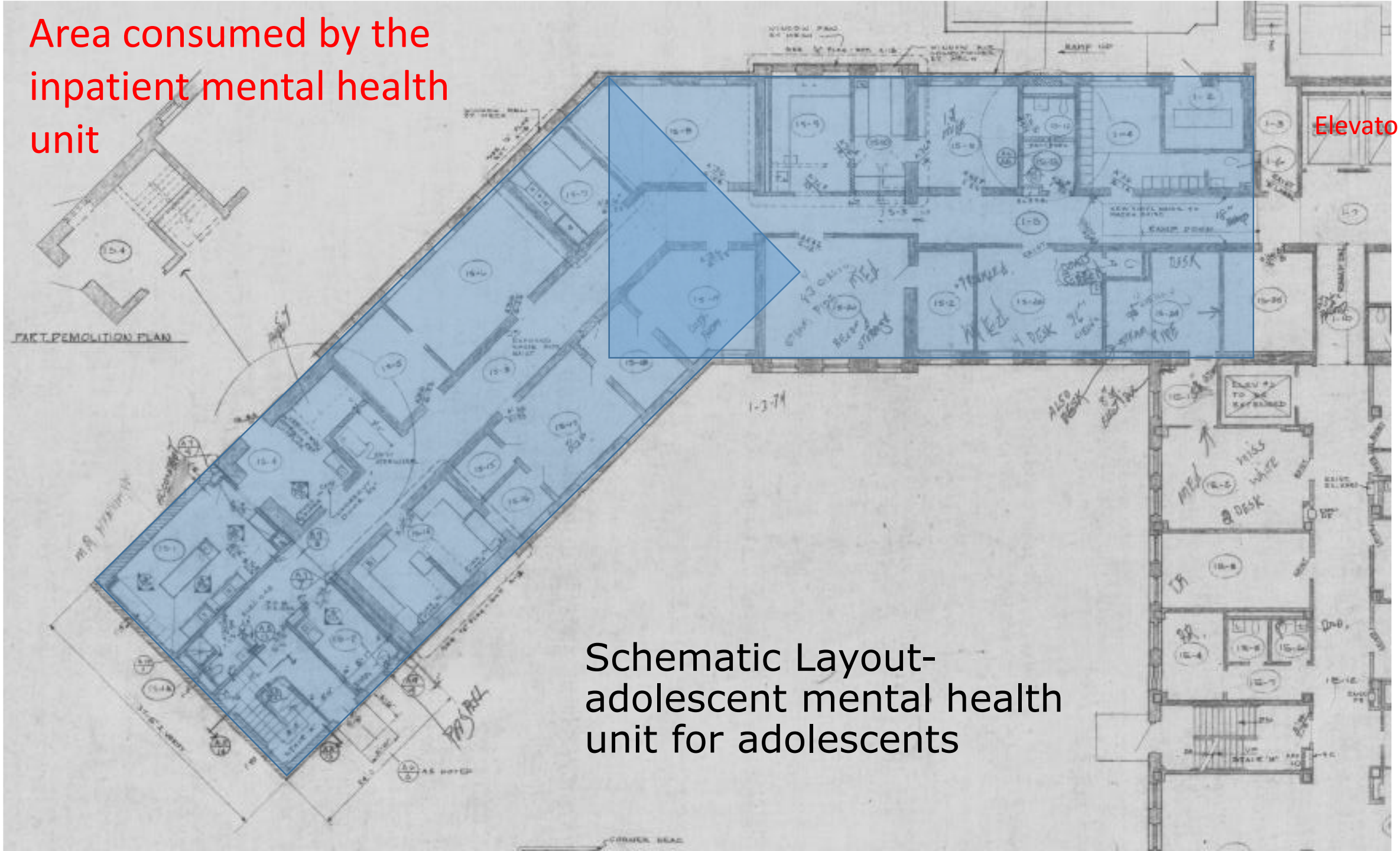


Location- Site topology

Southwestern Vermont
Medical Center
Bennington Campus




Historic state
Elevators
PART DEMOLITION PLAN
Schematic Layout-
adolescent mental health
unit for adolescents


Area consumed by the inpatient mental health unit
Elevators
PART DEMOLITION PLAN
Schematic Layout- adolescent mental health unit for adolescents

Schematic Layout-
adolescent mental health
unit for adolescents

Space evaluation & schematic design for cost estimating

- **Design reviewed and adjusted by SVMC clinicians, DH Dept of Psychiatry, and DMH staff**
- Bed Rooms (BR- orange)
  - 12 single bed rooms
  - Exceed 100 sq ft (FGI Guideline)
- Consult Room (CONS- lime) for private meetings with VT agency staff and educators
  - Can accommodate family
- Toilets and Shower (T, T/S- purple)- number per FGI guidelines
- Seclusion Suite (SEC- maroon)
- Sensory Room (QUIET- maroon)
- Quiet Social Room (QUIET SOC.- blue) for activities such as completing homework
- Noisy Social Room (NOISY SOC.- blue) for group therapy, indoor exercise, and social activities

Space evaluation & schematic design for cost estimating

- Dining Room (DINING- blue) for eating and celebrating
- Care Team Station (Red circle)
- Documentation and Video Surveillance Area (CHART- lime)
- Staff Off Stage Space (STAFF- yellow) for private staff conversations, lounge, and security from violence
- Staff toilet (Staff- purple)
- Soiled and Clean Utilities Rooms (SOIL & CL.- grey)

Space evaluation & schematic design for cost estimating

- Access from SVMC (☆) including from emergency department
  - Internal access from SVMC's emergency department requires hallway transport through public areas and down an elevator
  - For some patients (ex. severely disruptive) will be transported from SVMC's emergency department via ambulance
- Ambulance Entrance (red triangle) for directly receiving patients, particularly those from institutions across VT
- Outside Access (red triangle)
- Gross Motor and Play Area (Outdoor Area) fenced for security and privacy yet of sufficient size for limited running
- Vestibules and Sally Ports (Vest)

Appendix 4

SVMC Adolescent Mental Health Unit

Cost Estimate

Description		Estimated Value
Construction Costs		
Construction - New (200 SF)	$	149,224
Construction - Reno (6800 SF)		5,071,615
Site work		208,511
Fixed Equipment		-
Design Contingency		476,868
Construction Contingency		891,392
Construction Manager Fee		271,926
Other		
Construction Total		**7,069,538**
Related Project Costs (Soft Costs)		
Furnishings, Fixtures & Other Equipment		
Interactive digital interface (12 units)	$	360,000
Nurse Call		100,000
IT		150,000
Security		100,000
FF&E Other		375,000
Total Furnishings, Fixtures & Other Equipment		**1,085,000**
Architectural/Engineering Fees, Permiting, etc.		
Architectural/Engineering Fees		636,258
OPM Fees Assume 3% construction cost		212,086
Independent Testing		30,000
Commissioning Costs		30,000
Industrial Hygienist Fee (abatement)		25,000
Department Moving Costs		3,568
Act 250 Fee's - Based on ED project		75,000
GMCB Fees - Based on ED Project		20,000
State of Vt Permits - ($8 per $1,000 of Construction)		56,556
Other Misc. fees and Costs		100,000
Total Architectural/Engineering Fees, Permiting, etc.		**1,188,469**
Sotware		**200,000**
Related Cost Total	***$***	***2,473,469***
Total	**$**	**9,543,006**

Div	Category	Cost
1	General Conditions	$ 778,944.69
1	Interior Demolition	$ 307,899.50
2	Site work	$ 208,511
3	Building Concrete	$ 68,807.40
4	Masonry	$ 27,307.44
5	Steel	$ 163,357.00
6	Carpentry	$ 20,181.50
7	Thermal and Moisture Protection	$ 256,364.84
8	Openings	$ 390,683.30
9	Finishes	$ 1,073,949.56
10	Specialties	$ 159,049.58
12	Furnishings	$ 28,932.88
12	Casework and Millwork	$ 41,383.77
21	Sprinkler	$ 85,335.75
22	Plumbing	$ 330,940.15
23	HVAC	$ 1,639,702.42
26	Electrical	$ 932,999.32
	Construction Total	**$ 6,514,350**
	EHR software module	$ 200,000
	Design/Bidding Contingency	$ 476,868
	Construction Contingency	$ 891,392
	Fees and Permitting	$ 1,460,395
	Total Project Cost	**$ 9,543,006**

PCM COMPANY
Accuracy You Can Build On

SVHC - BEHAVIORAL HEALTH UNIT

SKANSKA
CONCEPT ESTIMATE
1/20/2023

THE ATTACHED COST ESTIMATE IS BASED ON THE FOLLOWING DOCUMENTS:

Drawings Dated	Number of Sheets
12 Bed - Inpatient Psychiatric Unit Floor Plan	1

ASSUMPTIONS AND EXCLUSIONS:

1. A hazmat abatement allowance of $75,000 is included.
2. Replacement of existing windows in kind is included; enlarging of openings is excluded.
3. Exterior wall thermal improvements are excluded.
4. Replacement of interior gwb at exterior wall is included.
5. Loose furniture is excluded.
6. Medical equipment is excluded.
7. A dry sprinkler system at vestibule canopy is excluded.
8. New fixtures are assumed to tie into existing plumbing system. New equipment is excluded.
9. Electrical is assumed to tie into existing electrical system. New service is excluded. Tie-in to local distribution panel is assumed to be within 100' of the space.
10. Estimate assumes a CM at Risk delivery method.

PCM reserve the right to revise and/or amend this estimate accordingly should any new or additional information be made available to us.

Project estimate prepared by:

Kyla Magnusson, Lead Estimator
Preferred Construction Management Co., Inc.
kyla@pcmcompany.com
(t) 207.618.7500
(c) 973.945.0323

SVHC - BEHAVIORAL HEALTH UNIT — CONCEPT ESTIMATE

PCM COMPANY
Accuracy You Can Build On

NEW 200 sf
RENOVATED 6800 sf

PROJ. NO: 28-008
REVISION: 1
EST DATE: 1/20/2023
GROSS SF: 7000

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTAL COST
DIVISION 1 - GENERAL CONDITIONS	7,000	SF	$ 68.46	$ 479,220.00
DIVISION 2 - INTERIOR DEMOLITION	7,000	SF	$ 27.06	$ 189,425.00
DIVISION 2 - SITE WORK	7,000	SF	$ 25.68	$ 179,750.93
DIVISION 3 - BUILDING CONCRETE	7,000	SF	$ 6.05	$ 42,331.48
DIVISION 4 - MASONRY	7,000	SF	$ 2.40	$ 16,800.00
DIVISION 5 - STEEL	7,000	SF	$ 14.36	$ 100,500.00
DIVISION 6 - CARPENTRY	7,000	SF	$ 1.77	$ 12,416.00
DIVISION 7 - THERMAL MOISTURE PROTECTION	7,000	SF	$ 8.25	$ 57,720.00
DIVISION 8 - OPENINGS	7,000	SF	$ 34.34	$ 240,355.00
DIVISION 9 - FINISHES	7,000	SF	$ 94.39	$ 660,712.50
DIVISION 10 - SPECIALTIES	7,000	SF	$ 13.98	$ 97,850.00
DIVISION 11 - EQUIPMENT	7,000	SF	$ -	$ -
DIVISION 12 - FURNISHINGS	7,000	SF	$ 2.54	$ 17,800.00
DIVISION 12 - CASEWORK AND MILLWORK	7,000	SF	$ 3.64	$ 25,460.00
DIVISION 13 - SPECIAL CONSTRUCTION	7,000	SF	$ -	$ -
DIVISION 14 - CONVEYING	7,000	SF	$ -	$ -
DIVISION 21 - SPRINKLER	7,000	SF	$ 7.50	$ 52,500.00
DIVISION 22 - PLUMBING	7,000	SF	$ 29.09	$ 203,600.00
DIVISION 23 - HVAC	7,000	SF	$ 144.11	$ 1,008,772.77
DIVISION 26 - ELECTRICAL	7,000	SF	$ 82.00	$ 573,997.02
CONSTRUCTION SUBTOTAL	**7,000**	**SF**	**$ 565.60**	**$ 3,959,211**
DESIGN / ESTIMATE CONTINGENCY	10.00	%		$ 395,921
CONSTRUCTION SUBTOTAL	**7,000**	**SF**	**$ 622.16**	**$ 4,355,132**
CONSTRUCTION CONTINGENCY	5.00	%		$ 217,757
CONSTRUCTION SUBTOTAL	**7,000**	**SF**	**$ 653.27**	**$ 4,572,888**
OVERHEAD AND PROFIT	5.00	%		$ 228,644
CONSTRUCTION SUBTOTAL	**7,000**	**SF**	**$ 685.93**	**$ 4,801,533**
BOND AND INSURANCE	2.00	%		$ 96,031
CONSTRUCTION SUBTOTAL	**7,000**	**SF**	**$ 699.65**	**$ 4,897,563**
ESCALATION - ASSUME SPRING 2024	6.00	%		$ 293,854
CONSTRUCTION GRAND TOTAL	**7,000**	**SF**	$ 741.63	**$ 5,191,417**

SVHC - BEHAVIORAL HEALTH UNIT
CONCEPT ESTIMATE
DETAILED ITEM TAKEOFF

1/20/2023
7000 sf

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
DIVISION 1 - GENERAL CONDITIONS				
# OF MONTHS 6				
# OF WEEKS 26				
SUPERVISION - ASSUME 40 HRS/WK	1040	HRS	145.00	$ 150,800.00
PROJECT MANAGER - ASSUME 40 HRS/WK	1040	HRS	145.00	$ 150,800.00
OFFICE SUPPORT - ASSUME 16 HRS/WK	416	HRS	95.00	$ 39,520.00
CLEAN UP FINAL	7000	SF	0.50	$ 3,500.00
CONTAINERS - NOT INCL DEMO	6	EA	750.00	$ 4,500.00
TEMP TRAILER	6	MOS	400.00	$ 2,400.00
TEMP PHONE	6	MOS	100.00	$ 600.00
TEMP TOILET	6	MOS	200.00	$ 1,200.00
BOTTLED WATER	6	MOS	50.00	$ 300.00
PROJECT SIGN	1	EA	1,500.00	$ 1,500.00
SAFETY SIGNAGE & FIRST AID	1	EA	2,500.00	$ 2,500.00
TEMP FENCE	300	LF	14.00	$ 4,200.00
ADD FOR MAN GATE	1	EA	250.00	$ 250.00
ADD FOR VEHICLE GATE	1	EA	750.00	$ 750.00
DAILY CLEANUP - ASSUME 20 HRS/WK	520	HRS	115.00	$ 59,800.00
PHOTOS	6	MOS	100.00	$ 600.00
TEMPORARY PROVISIONS	7000	SF	8.00	$ 56,000.00
DIVISION 1 - GENERAL CONDITIONS				**$ 479,220.00**
DIVISION 2 - INTERIOR DEMOLITION				
SELECTIVE DEMO				
CEILINGS & FLOORING	8700	SF	4.50	$ 39,150.00
CONCRETE SLAB	500	SF	25.00	$ 12,500.00
DOORS & FRAMES	38	EA	135.00	$ 5,130.00
PARTITIONS	750	LF	35.00	$ 26,250.00
EXTERIOR WALLS AT VESTIBULE	10	LF	300.00	$ 3,000.00
WINDOWS	32	EA	270.00	$ 8,640.00
PLUMBING FIXTURES	3	EA	135.00	$ 405.00
MISC DEMOLITION	60	MHR	135.00	$ 8,100.00
CONTAINERS	15	EA	750.00	$ 11,250.00
HAZARDOUS MATERIAL ABATEMENT ALLOWANCE	1	ALLW	75,000.00	$ 75,000.00
DIVISION 2 - INTERIOR DEMOLITION				**$ 189,425.00**
DIVISION 2 - SITE WORK				
SITE DEMOLITION				

SVHC - BEHAVIORAL HEALTH UNIT
CONCEPT ESTIMATE
DETAILED ITEM TAKEOFF

1/20/2023
7000 sf

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
MISC SITE DEMOLITION	120	MHR	135.00	$ 16,200.00
EROSION AND SEDIMENT CONTROL	1	LS	10,000.00	$ 10,000.00
EARTHWORK				
GRADE	7000	SF	2.50	$ 17,500.00
TRENCH & BACKFILL FOOTINGS AT VESTIBULE ADDITION	40	LF	85.00	$ 3,400.00
STONE UNDER SLAB	7.4	CY	125.00	$ 925.93
SMALL RETAINING WALL ADJACENT TO GREENSPACE - ASSUME	50	LF	500.00	$ 25,000.00
4' HIGH				
SITE IMPROVEMENTS				
SITE CONCRETE				
SIDEWALK - RELOCATE AROUND GREEN SPACE	375	SF	18.00	$ 6,750.00
CONCRETE PADS FOR AHU	1	LS	5,000.00	$ 5,000.00
BOLLARD, SUPPLY - AT AMBULANCE ENTRANCE	4	EA	400.00	$ 1,600.00
BOLLARD FOOTING / INSTALL	4	EA	4,500.00	$ 18,000.00
PAVEMENT, INCL STRIPING				
PARKING PATCH / AMBULANCE DRIVE	389	SY	45.00	$ 17,500.00
UTILITY RELOCATION / PROTECTION ALLOWANCE	1	ALLW	25,000.00	$ 25,000.00
LANDSCAPING				
SPREAD / IMPORT TOPSOIL	42	CY	75.00	$ 3,125.00
SEEDING / FERTILZING	500	SY	2.50	$ 1,250.00
FENCES AND GATES				
SOLID FENCE (ANTI-LIGATURE)	190	LF	150.00	$ 28,500.00
DIVISION 2 - SITE WORK				**$ 179,750.93**
DIVISION 3 - BUILDING CONCRETE				
RIGID INSULATION AT FOUNDATION	160	SF	2.50	$ 400.00
FOOTINGS, CONTINUOUS - ASSSUME 3'X1'				
FORM & POUR	40	LF	55.00	$ 2,200.00
FORMWORK MATERIAL	80	SF	7.00	$ 560.00

SVHC - BEHAVIORAL HEALTH UNIT
CONCEPT ESTIMATE
DETAILED ITEM TAKEOFF

1/20/2023
7000 sf

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
REBAR - ASSUME 100 LBS/CY	0.2	TN	4,500.00	$ 1,000.00
CONCRETE	4.4	CY	175.00	$ 777.78
FOUNDATION WALLS - 4' HIGH, 12" THICK				
FORM & POUR	40	LF	155.00	$ 6,200.00
FORMWORK MATERIAL	320	SF	7.00	$ 2,240.00
REBAR - ASSUME 140 LBS/CY	0.41	TN	4,500.00	$ 1,866.67
CONCRETE	5.9	CY	175.00	$ 1,037.04
SLAB ON GRADE - 5" THICK	200	SF	11.25	$ 2,250.00
PATCH SLAB ON GRADE	500	SF	35.00	$ 17,500.00
DOWEL AND EPOXY INTO EXISITING	30	EA	210.00	$ 6,300.00
DIVISION 3 - BUILDING CONCRETE				**$ 42,331.48**
DIVISION 4 - MASONRY				
BRICK VENEER	420	SF	40.00	$ 16,800.00
DIVISION 4 - MASONRY				**$ 16,800.00**
DIVISION 5 - STEEL				
METAL DECK				
ROOF DECK	200	SF	15.00	$ 3,000.00
STRUCTURAL STEEL				
VESTIBULE FRAMING - ASSUME 15 LBS/SF	1.5	TN	15,000.00	$ 22,500.00
MISC METALS ALLOWANCE	1	ALLW	25,000.00	$ 25,000.00
CANOPY AT VESTIBULE	400	SF	125.00	$ 50,000.00
DIVISION 5 - STEEL				**$ 100,500.00**
DIVISION 6 - CARPENTRY				
BLOCKING				
ROOF	60	LF	20.00	$ 1,200.00
INTERIOR	500	LF	10.00	$ 5,000.00

SVHC - BEHAVIORAL HEALTH UNIT
CONCEPT ESTIMATE
DETAILED ITEM TAKEOFF

1/20/2023
7000 sf

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
WINDOW	518	LF	12.00	$ 6,216.00
DIVISION 6 - CARPENTRY				**$ 12,416.00**
DIVISION 7 - THERMAL MOISTURE PROTECTION				
THERMAL MOISTURE PROTECTION				
FOUNDATION WATERPROOFING	160	SF	10.00	$ 1,600.00
AIR & MOISTURE BARRIER SYSTEM	420	SF	6.00	$ 2,520.00
ROOFING				
EPDM MEMBRANE W/ TAPERED INSULATION	200	SF	45.00	$ 9,000.00
EPDM MEMBRANE AT CANOPY	400	SF	30.00	$ 12,000.00
ROOF DRAIN: SUPPLY, SET, FLASH	2	EA	450.00	$ 900.00
ALUMINUM SOFFIT AT CANOPY	400	SF	45.00	$ 18,000.00
FASCIA	40	LF	35.00	$ 1,400.00
PERIMETER CONDITION	60	LF	30.00	$ 1,800.00
JOINT SEALANTS & CAULKING	7000	SF	1.50	$ 10,500.00
DIVISION 7 - THERMAL MOISTURE PROTECTION				**$ 57,720.00**
DIVISION 8 - OPENINGS				
ALUMINUM & GLASS DOORS				
SLIDING ENTRY DOOR; AUTOMATIC -- *INCLUDES HAREWARE*				
DOUBLE SLIDER	1	EA	18,000.00	$ 18,000.00
ALUMINUM STOREFRONT AT VESTIBULE	180	SF	125.00	$ 22,500.00
INTERIOR STOREFRONT				
INTERIOR ALUMINUM STOREFRONT	180	SF	70.00	$ 12,600.00
INTERIOR ALUMINUM DOORS				
DOUBLE SLIDER	1	EA	10,000.00	$ 10,000.00
GLAZING ALLOWANCE	1	ALLW	10,000.00	$ 10,000.00
EXTERIOR ALUMINUM WINDOWS				
ASSUME 4' X 7'	14	EA	2,660.00	$ 37,240.00
ASSUME 4' X 3'	15	EA	1,140.00	$ 17,100.00
HM / WOOD DOORS / FRAMES				
HOLLOW METAL FRAMES				

SVHC - BEHAVIORAL HEALTH UNIT
CONCEPT ESTIMATE
DETAILED ITEM TAKEOFF

1/20/2023
7000 sf

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
SINGLE HM	32	EA	500.00	$ 16,000.00
INTERIOR WOOD DOORS	31	EA	575.00	$ 17,825.00
EXTERIOR STEEL DOORS	1	EA	550.00	$ 550.00
HARDWARE MATERIAL				
INTERIOR HARDWARE SETS - ANTI-LIGATURE	31	EA	1,500.00	$ 46,500.00
EXTERIOR HARDWARE SETS	1	EA	1,800.00	$ 1,800.00
DOORS / FRAMING / HARDWARE LABOR				
INSTALL DOORS	32	EA	270.00	$ 8,640.00
INSTALL SINGLE FRAMES	32	EA	270.00	$ 8,640.00
HARDWARE INSTALLATION	32	EA	405.00	$ 12,960.00
DIVISION 8 - OPENINGS				**$ 240,355.00**
DIVISION 9 - FINISHES				
EXTERIOR WALL				
EXTERIOR WALL - MS, SHEATHING, INTERIOR GWB	600	SF	22.50	$ 13,500.00
INTERIOR PARTITIONS				
TYPICAL INTERIOR PARTITIONS	13500	SF	16.50	$ 222,750.00
ADD FOR SOUND / RATED WALLS	1	ALLW	50,000.00	$ 50,000.00
FURRED WALLS AT EXTERIOR WALL	6600	SF	5.75	$ 37,950.00
MISC CUTTING & PATCHING	180	MHR	180.00	$ 32,400.00
GYP SOFFITS AND CEILINGS				
GWB CEILINGS - ASSUMED AT BEDROOMS & BATHROOMS	2705	SF	12.00	$ 32,460.00
GWB SOFFITS	400	LF	35.00	$ 14,000.00
ACCOUSTIC CEILING				
ACT - TAMPER RESISTANT	4295	SF	9.50	$ 40,802.50
REMOVE & REINSTALL CEILINGS OUTSIDE OF SPACE	6840	SF	3.75	$ 25,650.00
FLOOR PREP & MOISTURE MITIGATION ALLOWANCE	7000	SF	5.00	$ 35,000.00
EPOXY RESINOUS FLOOR - ASSUME AT BATHROOMS	375	SF	15.00	$ 5,625.00
ADD FOR INTEGRAL BASE	175	LF	9.00	$ 1,575.00
CARPET AND RESILIENT				

SVHC - BEHAVIORAL HEALTH UNIT
CONCEPT ESTIMATE
DETAILED ITEM TAKEOFF

1/20/2023
7000 sf

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
CARPET TILE AT QUITE SPACES, GROUP, OFFICE	300	SF	6.50	$ 1,950.00
SHEET VINYL WITH WELDED SEAMS	6325	SF	12.00	$ 75,900.00
ADD FOR INTEGRAL SHEET VINYL BASE	2065	LF	9.00	$ 18,585.00
PAINT				
WALLS	20160	SF	1.25	$ 25,200.00
CEILINGS AND SOFFITS	3105	SF	3.00	$ 9,315.00
DOOR FRAMES	32	EA	100.00	$ 3,200.00
METAL DOORS	1	EA	150.00	$ 150.00
FRP AT BATHROOMS	1400	SF	10.50	$ 14,700.00
DIVISION 9 - FINISHES				**$ 660,712.50**
DIVISION 10 - SPECIALTIES				
TOILET AND BATH ACCESSORIES - ANTI-LIGATURE	5	LOC	2,200.00	$ 11,000.00
FIRE EXTINGUISHER & CABINET	2	EA	650.00	$ 1,300.00
SIGNAGE				
INTERIOR ALLOWANCE	1	ALLW	7,500.00	$ 7,500.00
WALL PROTECTION				
CORNER GUARDS	15	EA	150.00	$ 2,250.00
BUMPER RAIL / CRASH RAIL	400	LF	55.00	$ 22,000.00
RIGID SHEET PROTECTION - ASSUME AT CORRIDOR	1600	SF	18.00	$ 28,800.00
MISC SPECIALTIES ALLOWANCE	1	LS	25,000.00	$ 25,000.00
DIVISION 10 - SPECIALTIES				**$ 97,850.00**
DIVISION 11 - EQUIPMENT				
DIVISION 11 - EQUIPMENT				**$ -**
DIVISION 12 - FURNISHINGS				
FLOOR MAT / WALK OFF MAT	100	SF	35.00	$ 3,500.00
WINDOW TREATMENT				

SVHC - BEHAVIORAL HEALTH UNIT
CONCEPT ESTIMATE
DETAILED ITEM TAKEOFF

1/20/2023
7000 sf

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
BLINDS / SHADES	572	SF	25.00	$ 14,300.00
DIVISION 12 - FURNISHINGS				**$ 17,800.00**
DIVISION 12 - CASEWORK AND MILLWORK				
CABINETRY				
SOILED ROOM CASEWORK	5	LF	935.00	$ 4,675.00
MED ROOM CASEWORK	5	LF	935.00	$ 4,675.00
CHART - COUNTER	8	LF	225.00	$ 1,800.00
STAFF ROOM CASEWORK	6	LF	935.00	$ 5,610.00
WINDOW SILLS	116	LF	75.00	$ 8,700.00
DIVISION 12 - CASEWORK AND MILLWORK				**$ 25,460.00**
DIVISION 13 - SPECIAL CONSTRUCTION				
DIVISION 13 - SPECIAL CONSTRUCTION				**$ -**
DIVISION 14 - CONVEYING				
DIVISION 14 - CONVEYING				**$ -**
DIVISION 21 - SPRINKLER				
REWORK EXISTING SPRINKLER SYSTEM	7000	SF	7.50	$ 52,500.00
INCLUDING MAINS, BRANCH PIPING AND HEADS				
DIVISION 21 - SPRINKLER				**$ 52,500.00**
DIVISION 22 - PLUMBING				
PLUMBING DEMOLITION	40	MHR	145.00	$ 5,800.00
FIXTURES, *INCLUDES ROUGH-IN, MAINS, BRANCHES*				
WATER CLOSET - ANTI-LIGATURE	5	EA	9,500.00	$ 47,500.00
LAVATORY - ANTI-LIGATURE	5	EA	9,500.00	$ 47,500.00
SINKS	4	EA	8,000.00	$ 32,000.00
SHOWER - ANTI-LIGATURE	3	EA	12,000.00	$ 36,000.00
MOP SINK	1	EA	4,000.00	$ 4,000.00
FLOOR DRAIN	6	EA	3,800.00	$ 22,800.00

SVHC - BEHAVIORAL HEALTH UNIT
CONCEPT ESTIMATE
DETAILED ITEM TAKEOFF

1/20/2023
7000 sf

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
ROOF DRAIN	2	EA	4,000.00	$ 8,000.00
EQUIPMENT - EXCLUDED, ASSUME ALL FIXTURES TIE INTO EXISTING SYSTEMS				
DIVISION 22 - PLUMBING				**$ 203,600.00**
DIVISION 23 - HVAC				
HVAC DEMOLITION	80	MHR	145.00	$ 11,600.00
AIR DISTRIBUTION				
DUCTWORK - ASSSUME 1.25 LBS/SF	8750	LBS	22.00	$ 192,500.00
INSULATION	6562.5	SF	5.25	$ 34,453.13
DIFFUSERS / REGISTERS - ASSUME ANTI-LIGATURE	70	EA	325.00	$ 22,750.00
HYDRONIC PIPING & INSULATION	7000	SF	12.50	$ 87,500.00
ADD FOR AHU TIE-IN TO EXISTING SYSTEMS	500	LF	125.00	$ 62,500.00
EQUIPMENT				
AHU / DOAS UNIT TO SERVE SPACE - ASSUME LOCATE ON GROUND	1	EA	300,000.00	$ 300,000.00
EXHAUST AT BATHROOMS AND SOILED ROOM	6	LOC	1,500.00	$ 9,000.00
TERMINAL UNITS (ASSUME 1 EA / 250 SF)	28	EA	2,200.00	$ 61,600.00
CABINET UNIT HEATER AT VESTIBULE	1	EA	4,200.00	$ 4,200.00
TEST AND BALANCE	3.00%			$ 23,235.09
CONTROLS	25.00%			$ 199,434.55
DIVISION 23 - HVAC				**$ 1,008,772.77**
DIVISION 26 - ELECTRICAL				
ELECTRICAL DEMOLITION	80	MHR	145.00	$ 11,600.00
LIGHT FIXTURES				
INTERIOR LIGHTS - ANTI-LIGATURE - ASSUME 1 EA / 40 SF	175	EA	350.00	$ 61,250.00
OUTDOOR WALL MOUNTED	4	EA	400.00	$ 1,600.00
OUTDOOR DOWNLIGHTS AT CANOPY	4	EA	350.00	$ 1,400.00
LABOR TO INSTALL FIXTURES (ALLOW 1.5HRS/EA)	183	EA	217.50	$ 39,802.50
LIGHTING CONTROL & DEVICES				
SWITCHES, DIMMERS, OCC SENSORS - ANTI-LIGATURE	45	EA	275.00	$ 12,375.00

SVHC - BEHAVIORAL HEALTH UNIT
CONCEPT ESTIMATE
DETAILED ITEM TAKEOFF

1/20/2023
7000 sf

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
POWER DEVICES - ANTI-LIGATURE	200	EA	225.00	$ 45,000.00
WIRE & CONDUIT, *FOR LIGHTS & DEVICES*				
CONDUIT - ALLOW 3/4" EMT	5136	LF	13.98	$ 71,801.28
#12	154.08	CLF	78.00	$ 12,018.24
MC CABLE		CLF	410.00	$ -
HVAC LINE VOLTAGE	1	LS	35,000.00	$ 35,000.00
POWER AND DISTRIBUTION				
EXTEND POWER FROM MAIN DISTRIBUTION PANEL	500	LF	150.00	$ 75,000.00
PANELBOARDS TO SERVE UNIT	3	EA	7,000.00	$ 21,000.00
BRANCH FEEDERS AND SUBFEEDERS ALLOWANCE	1	ALLW	20,000.00	$ 20,000.00
FIRE ALARM - EXTEND FROM EXISTING SYSTEM	7000	SF	4.50	$ 31,500.00
NURSE CALL - TIE-IN TO EXISTING SYSTEM	7000	SF	3.50	$ 24,500.00
SECURITY & ACCESS CONTROL				
CARD ACCESS - INCL WIRE/CONDUIT	10	EA	2,500.00	$ 25,000.00
CAMERA, INTERIOR	15	EA	1,800.00	$ 27,000.00
CAMERA, EXTERIOR	2	EA	2,200.00	$ 4,400.00
TIE-IN TO EXISTING SYSTEM	1	LS	10,000.00	$ 10,000.00
TELE/DATA - EXTEND FROM EXISTING SYSTEM	7000	SF	6.25	$ 43,750.00
DIVISION 26 - ELECTRICAL				**$ 573,997.02**

Appendix 5

www.efficiencyvermont.com
888-921-5990 | 802-860-4095

To: James Trimarchi, Director Planning

From: David C. Adams

Date: January 10, 2024

Re: **Southwestern Vermont Medical Center** – *Psych Unit Project*

This memo confirms that Efficiency Vermont is working closely with Southwestern Vermont Medical Center on development and implementation of the Psych Unit project at their Bennington campus location.

As part of the project team, Efficiency Vermont has assigned a designated energy consultant, who will provide support services as part of the design, system selection, and equipment selection process, including:

- Technical assistance & recommendations on energy efficiency opportunities
- Engineering plans or design narrative review
- Cost/benefit analysis of options
- Collaborate with Architects/Contractors
- Provide "Objective Expertise"
- Financial incentives & assistance

The collaborative goal of these efforts is to achieve the highest levels of efficiency that are appropriate for a project of this nature, and in the process, reduce energy costs, strengthen the economy, and protect our environment.

If you have any questions, don't hesitate to contact me directly.

Thanks,

David C. Adams, BEP

Senior Account Manager

Efficiency Vermont

P: (802) 540-7628

C: (802) 318-7561

Appendix 6

Bennington Cares
benningtoncares@gmail.com

April 5, 2023

James Trimarchi
Director of Planning
Southwestern Vermont Medical Center
Bennington, VT 05201
James.Trimarchi@svhealthcare.org

Dear Mr. Trimarchi,

On behalf of Bennington Cares, we wish to convey to you our support for Governor Scott's $9.25 million budget appropriation request for an intensive inpatient psychiatric program for youth at SVMC.

We encourage you to press ahead with the feasibility study now under way for this facility and to recommend its quick approval by the SVMC board of directors.

Bennington Cares is a group of concerned Bennington citizens that formed in December 2022 after a news story described the frequency of calls to the Bennington Police to respond to dangerous student behaviors at Bennington Elementary School. Although the suggested SVMC project does not directly affect Bennington Elementary School, it does point to the urgent need for mental health services for our youth. The only facility offering a comparable service in the state is the Brattleboro Retreat.

The need for inpatient mental health care for our young people is urgent. The lack of appropriate care for youth with complex medical needs is a problem recognized and called for by such groups as the Vermont Department of Mental Health and United Counseling Service of Bennington County.

We urge you to continue with the necessary steps to make this facility a reality. Our youth deserve our help, and our community supports and thanks you for your efforts on their behalf.

Sincerely,

Bennington Cares
Cc:
Emily Hawes, Commissioner, Vermont Department of Mental Health
Lorna Mattern, Executive Director, United Counseling Service of Bennington County
Michael Albans, malbans@benningtonbanner.com
Dane Whitman, Representative Bennington 2-1 dwhitman@leg.state.vt.us

Bennington Cares

Jack Rossiter-Munley
Lois W. Davis
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Mary McGuinness
Ashley Brenon Jowett
Mary J Heffron
Thomas P Fenton
Rev. Barbara R. Threet
Jennie M. Hogan
Mary Ellen Munley
Janet Groom
Donna Stone
Wendy Lyons
Cindy Krautheim
Judy Murphy

Appendix 7

2023 Quality of Care Report

Brattleboro Retreat

- Preventive Care and Screening –

1. Screening for Metabolic Disorders (SMD)

Studies show that antipsychotics increase the risk of metabolic syndrome. Metabolic syndrome is a cluster of conditions that occur together, including excess body fat around the waist, high blood sugar, high cholesterol, and high blood pressure, all of which increase the risk of coronary artery disease, stroke, and type 2 diabetes. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	4	1/1/2021 – 12/31/2021
National Average	77	

2. Influenza Immunization for the Patients (IMM-2)

Increasing influenza vaccination can reduce unnecessary hospitalizations and secondary complications. Vaccination is the most effective way to prevent influenza and is associated with reductions in influenzas among all age groups. This measure addresses hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	8	10/1/2021 – 3/31/2022
National Average	77	

- Patient Safety -

3. Hours of Physical Restraint Use (HBIPS-2)

The use of physical restraints increases a patient's risk of physical and psychological harm. This intervention is intended for use only if a patient is in imminent danger to him/herself or others and if less restrictive interventions have failed. **Lower rates are better.**

Hospital Name	Results (per 1000 hours)	Reporting Period
Brattleboro Retreat	0.35	1/1/2021 – 12/31/2021
National Average	0.39	

VERMONT
Department of Health
Agency of Human Services

4. Hours of Seclusion Use (HBIPS-3)

The use of seclusion increases a patient's risk of physical and psychological harm. This intervention is intended for use only if a patient is in imminent danger to him/herself or others and if less restrictive interventions have failed. **Lower rates are better.**

Hospital Name	Results (per 1000 hours)	Reporting Period
Brattleboro Retreat	0.17	1/1/2021 – 12/31/2021
National Average	0.36	

- Follow Up Care –

5. Transition Record with Specified Elements Received by Discharged Patients (TR-1)

Providing detailed discharge information enhances the preparation of patients to self-manage post-discharge care and comply with treatment plans. This measure assesses the percentage of patients discharged from an inpatient psychiatric facility who received (or whose caregiver received) a complete record of inpatient psychiatric care and plans for follow-up. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	95	1/1/2021 – 12/31/2021
National Average	67	

6. Timely Transmission of Transition Record (TR-2)

The availability of the patient's discharge information at the first post-discharge physician visit improves the continuity of care and may be associated with a decreased risk of re-hospitalization. This measure assesses the percentage of patients whose follow-up care provider received a complete record of their inpatient psychiatric care and plans for follow-up within 24 hours of discharge. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	87	1/1/2021 – 12/31/2021
National Average	57	

7. Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)

This measure is collected on patients discharged on multiple antipsychotics. Appropriate reasons for discharging a patient on multiple antipsychotics are as follows:

- The medical record contains a minimum of three failed trials with using only one antipsychotic drug.
- The medical record contains either a plan that tapers to using one antipsychotic drug or one that decreases the dosage of one or more antipsychotic medications while increasing the dosage of another to a level that manages the patient's symptoms with one antipsychotic medication.
- The medical record contains documentation of augmentation of Clozapine.

Higher rates indicate higher quality of care because documenting the reasons for assigning multiple antipsychotics suggests that careful consideration of the benefits of treatment were weighed against the potential side effects.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	7	1/1/2021 – 12/31/2021
National Average	62	

8. Follow-up After Hospitalization for Mental Illness (FUH)

This measure assesses the percentage of inpatient psychiatric facility hospitalizations for treatment of select mental health disorders that were followed by an outpatient mental health care encounter. The percentage of discharges for which the patient received follow-up within 7 days and 30 days of discharge is reported. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	30 days: 58.8 7 days: 36.0	7/1/2020 – 6/30/2021
National Average	30 days: 51.7 7 days: 28.6	

9. Medication Continuation following Inpatient Psychiatric Discharge

This measure shows the percentage of patients admitted to an inpatient psychiatric facility for serious mental illness who filled at least one prescription between the 2 days before they were discharged and 30 days after they were discharged from the facility. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	76.5	7/1/2019 – 6/30/2021
National Average	73.1	

- Substance Use Treatment -

10. Alcohol Use Brief Intervention Provided or Offered (SUB-2)

Clinical trials have demonstrated that brief interventions, especially prior to the onset of addiction, significantly improve health and reduce costs. **Higher rates are better.** Includes 18 years and older patients who screened positive for unhealthy alcohol use or an alcohol use disorder.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	90	1/1/2021 – 12/31/2021
National Average	65	

11. Alcohol Use Brief Intervention (SUB-2a)

This rate includes patients who were offered intervention and received it.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	94	1/1/2021 – 12/31/2021
National Average	76	

12. Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3)

Currently, less than one in 20 patients with an addiction are referred for treatment. Hospitalization provides a prime opportunity to address the entire spectrum of substance use problems within the health care system. This measure assesses the percentage of patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received or refused a prescription for medications to treat their alcohol or drug use disorder OR (2) received or refused a referral for addiction treatment. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	71	1/1/2021 – 12/31/2021
National Average	75	

13. Alcohol and Other Drug Use Disorder Treatment at Discharge (SUB-3a)

This rate includes patients who were offered treatments and received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	69	1/1/2021 – 12/31/2021
National Average	62	

14. Tobacco Use Treatment Provided or Offered (TOB-2)

The measure is reported as an overall rate which includes all patients to whom tobacco use treatment was provided or offered and refused. It includes patients who are tobacco users within the past 30 days and received or refused counseling to quit and receive or refuse cessation medications. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	52	1/1/2021 – 12/31/2021
National Average	72	

15. Tobacco Use Treatment During Hospital Stay (TOB-2a)

This rate includes patients who received practical counseling to quit and received FDA-approved cessation medications or had a reason for not receiving the medication.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	0	1/1/2021 – 12/31/2021
National Average	42	

16. Tobacco Use Treatment Provided or Offered at Discharge (TOB-3)

This measure assesses the percentage of patients who use tobacco and at discharge (1) received or refused a referral for outpatient counseling AND (2) received or refused a prescription for medications to help them quit or had a reason for not receiving medication. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	1	1/1/2021 – 12/31/2021
National Average	57	

17. Tobacco Use Treatment at Discharge (TOB-3a)

This rate includes patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	0	1/1/2021 – 12/31/2021
National Average	18	

- Unplanned Readmissions –

18. Patients readmitted t any hospital within 30 days of discharge from the inpatient psychiatric facility (READM-30-IPF)

This measure shows the percentage of patients who return to a hospital for an unplanned inpatient stay after leaving the inpatient psychiatric facility following a previous inpatient stay. **Lower rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	Not Available	7/1/2019 – 6/30/2021
National Average	Not Available	

COMPLIANCE CHECKLIST

IP11_Psychiatric Patient Care Unit

The following checklist is intended to be used in the plan review applications for health care facilities submitted to the Massachusetts Department of Public Health. This checklist summarizes and references the applicable requirements from the Licensure Regulations and the 2018 Edition of the FGI Guidelines for Design and Construction of Hospitals. Applicants must verify compliance of the plans submitted to the Department with all referenced requirements from the Licensure Regulations and FGI Guidelines when completing this Checklist. A separate Checklist must be completed for each nursing unit, hospital or clinic department, or clinical suite.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2012) and applicable related standards contained in the appendices of the Code
- State Building Code (780 CMR)
- Accreditation requirements of The Joint Commission
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797 & Regulations of the Massachusetts Board of Registration in Pharmacy
- Occupational Safety & Health Standards (OSHA)
- Accessibility Guidelines of the Americans with Disabilities Act (ADA)
- Architectural Access Board Regulations (521 CMR)
- Local Authorities having jurisdiction.

Instructions:

1. All requirement lines must be completed according to the following instructions and included in the plan submissions for Self-Certification Process or Abbreviated Review Process.
2. This checklist must be completed by the project architect or engineer based on the design actually reflected in the plans at the time of completion of the checklist.
3. Each requirement line (___) of this Checklist must be completed exclusively with one of the following marks, unless otherwise directed in the checklist. If a functional space is not affected by a renovation project, the mark "E" may be indicated on the requirement line (___) before the name of the functional space (associated requirements on indented lines below that name, or associated MEP requirements do not have to be completed in this case). If more than one functional space serves a given required function (e.g. patient room or exam room), that clarification should be provided in the Project Narrative, and the requirement lines are understood to only address the functional spaces that are involved in the project.

X = Requirement is met, for new space, for renovated space, or for existing direct support space for an expanded service.

E = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required direct support space* for the specific service affected by the project. "E" must not be used for an existing required support space associated with a new patient care room or area.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the project area.

W = Waiver requested for specific section of the Regulations or FGI Guidelines, where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request). An explicit floor plan or plan detail must be attached to each waiver request.

4. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
5. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. The relevant section of the FGI Guidelines must be used for project compliance with all MEP requirements and for waiver references.
6. Oxygen, vacuum, medical air, waste anesthesia gas disposal and instrument air outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", "WAGD" & "IA".
7. Requirements referenced with "FI" result from formal interpretations from the FGI Interpretations Task Group.
8. The location requirements including asterisks (*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines and reproduced in this checklist.

Facility Name:

Southwestern Vermont Medical Center

Facility Address:

100 Hospital Drive, Bennington, Vermont 05201

Satellite Name: (if applicable)

Satellite Address: (if applicable)

Project Description:

Inpatient Mental Health Unit for Adolescents

DoN Project Number: (if applicable)

Patient Care Unit Bed Complements:

Current = Proposed =

Building/Floor Location:

Submission Dates:

Initial Date:

Revision Date:

	Architectural Requirements	Building Systems Requirements	
2.2-2.12	**PSYCHIATRIC PATIENT CARE UNIT**		
2.2-2.12.1.2	Environment of Care:		
	_x_ facility provides therapeutic environment appropriate for planned treatment programs		
2.2-2.12.1.3	Safety & Security:		
1.2-4.6.2.2(1)	_x_ patient environment designed to protect the privacy, dignity, & health of patients		
	_x_ patient environment designed to address the potential risks related to patient elopement & harm to self, others, & the environment		
2.2-2.12.1.4	Shared Facilities:		
	_x_ adult & pediatric patient populations are kept separate (nurse stations or support areas may be shared)		
2.2-2.12.2	**PSYCHIATRIC PATIENT ROOM**		
2.5-2.2.2.1	Capacity:		
	_x_ maximum room capacity of two patients		
2.5-2.2.2.2	Space Requirements:	Ventilation:	
(1)	Single-Patient Rooms:	_x_ Min. 4 air changes per hour	Table 7.1
	☐ check if not included in project	Lighting:	2.1-8.3.4.3(1)
	_x_ min. clear floor area 100 sf	_x_ General lighting	
		_x_ Reading light for each patient bed	
(2)	Multiple-Patient Rooms:	_x_ controls accessible to patients in bed	(a)
	☒ check if not included in project	_x_ Night-light located in each patient room	(b)
	___ min. clear floor area 80 sf per bed	___ no central control of night-lights outside room	
		_x_ night-light illuminates path from room entrance to bedside	
		___ night-light illuminates path between bed & toilet room	
2.5-2.2.2.3	Windows in Patient Rooms:		
2.1-7.2.2.5(1)	_x_ each patient room provided with natural light by means of window to outside		
2.1-7.2.2.5(2)	___ operable windows in patient rooms		
	☒ check if not included in project		
	___ window operation is limited with either stop limit/restrictor hardware or open guard/screen		
	___ prevents passage of 4-inch diameter sphere through opening		
2.1-7.2.2.6	___ insect screens		
2.1-7.2.2.5(3)			
(a)	_x_ min. net glazed area be no less than 8% of required min. clear floor area		
(b)	_x_ max. 36” windowsill height above finished floor		

	Architectural Requirements	Building Systems Requirements	
2.5-2.2.2.6	_x_ Patient toilet room		
(1)	___ each patient has access to toilet room without having to enter corridor **or** _x_ no direct access to toilet room in specific patient bedrooms where use of corridor access is part of written Clinical Risk Assessment & Management Program ___ copy of Clinical Risk Assessment & Management Program is attached to Project Narrative		
(2)	___ toilet room serve no more than 2 patient bedrooms & no more than 4 patients	Ventilation:	
(3)	_x_ toilet & handwashing station	_x_ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1
(4)	Toilet Room Doors:		
(a)	___ keyed locks that allow staff to control access to toilet room ☐ check if not included in project (only if not required by safety risk assessment)		
(b)	_x_ swing-type door ☐ check if not included in project ___ door to toilet room swings outward or is double-acting		
(5)(a)	ADA Compliant Toilet Rooms: _x_ thresholds designed to facilitate use & to prevent tipping of wheelchairs & other portable wheeled equipment by patients & staff		
(5)(b)	_x_ grab bars designed to facilitate use & to be ligature-resistant		
(5)(c)	___ entry door provides space for health care providers to transfer patients to toilet using portable mechanical lift		
2.5-2.2.2.7	Patient Bathing Facilities: _x_ bathtub or shower provided in patient care unit for each 6 beds not otherwise served by bathing facilities at patient bedrooms	Ventilation: _x_ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1
2.5-2.2.2.8	_x_ Patient storage _x_ separate wardrobe locker or closet for each patient		
(1)	_x_ shelves for folded garments instead of arrangements for hanging garments		
(2)	_x_ storage for daily change of clothes for seven days		

	Architectural Requirements	Building Systems Requirements	
2.2-2.12.4.1	**ELECTROCONVULSIVE THERAPY (ECT)** ☒ check if not included in project		
2.5-3.4.2.2	___ ECT treatment room		
(1)	Space Requirements: ___ min. clear floor area 200 sf ___ min. clear dimension of 14'-0"	Ventilation: ___ Min. 4 air changes per hour	Table 7.1
(2)	___ handwashing station	Lighting: ___ Emergency power lighting	2.5-3.4.7.2
(3)	___ documentation area	Power: ___ Min. 12 receptacles in total ___ Min. 8 receptacles convenient to table placement with at least one on each wall ___ Emergency power receptacles	Table 2.1-1 2.5-3.4.7.2
		Nurse Call System: ___ Staff assistance station ___ Emergency call station	Table 2.1-2
		Medical Gases: ___ 1 OX, 1 VAC	Table 2.1-3
2.5-3.4.3	___ Pre- & post-treatment patient care areas		
2.1-3.4.1.1	___ patient care stations accommodate lounge chairs, gurneys or beds for pre- & post-procedure (recovery) patient care as well as seating space for family/visitors		
2.1-3.4.1.4(1)	___ at least two patient care stations for each procedure room		
2.1-3.4.2	Patient Care Station Design:		
2.1-3.4.2.1	___ bays, cubicles or single-patient rooms permitted to serve as patient care stations		
2.1-3.4.2.2	Space Requirements:		
(2)(a)	___ patient care bays ☐ check if not included in project ___ min. clearance 5'-0" between sides of patient beds/gurneys/ lounge chairs ___ min. clearance 3'-0" between sides of patient beds/gurneys/ lounge chairs & adjacent* walls or partitions ___ min. clearance 2'-0" between foot of patient beds/gurneys/ lounge chairs & cubicle curtain	Ventilation: ___ Min. 6 air changes per hour ___ No recirculating room units Power: ___ Min. 8 receptacles in total ___ convenient to head of gurney or bed Nurse Call System: ___ Staff assistance station ___ Emergency call station Medical Gases: ___ 1 OX, 3 VAC, 1 MA per station	Table 7.1 Table 2.1-1 Table 2.1-2 Table 2.1-3
(2)(b)	___ patient care cubicles ☐ check if not included in project ___ min. clearance 3'-0" between sides of patient beds/gurneys/ lounge chairs & adjacent* walls or partitions	Ventilation: ___ Min. 6 air changes per hour ___ No recirculating room units Power:	Table 7.1

	Architectural Requirements	Building Systems Requirements	
	___ min. clearance 2'-0" between foot of patient beds/gurneys/ lounge chairs & cubicle curtain	___ Min. 8 receptacles in total ___ convenient to head of gurney or bed	Table 2.1-1
		Nurse Call System: ___ Staff assistance station ___ Emergency call station	Table 2.1-2
		Medical Gases: ___ 1 OX, 3 VAC, 1 MA per station	Table 2.1-3
	___ bays or cubicles face each other ☐ check if not included in project		
	___ aisle with min. clearance 8'-0" independent of foot clearance between patient stations or other fixed objects		
(2)(c)	___ single-patient rooms ☐ check if not included in project	Ventilation: ___ Min. 6 air changes per hour ___ No recirculating room units	Table 7.1
	___ min. clearance 3'-0" between sides & foot of beds/gurneys/ lounge chairs & adjacent* walls or partitions	Power: ___ Min. 8 receptacles in total ___ convenient to head of gurney or bed	Table 2.1-1
		Nurse Call System: ___ Staff assistance station ___ Emergency call station	Table 2.1-2
		Medical Gases: ___ 1 OX, 3 VAC, 1 MA per station	Table 2.1-3
2.1-3.4.2.4 2.1-2.1.2	Patient Privacy: ___ provisions are made to address patient visual & speech privacy		
2.1-3.4.2.5	___ Handwashing stations		
2.1-2.8.7.1	___ located in each room where hands-on patient care is provided		
2.1-2.8.7.3	___ handwashing station serves multiple patient care stations ☐ check if not included in project		
(1)	___ at least 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof		
(2)	___ handwashing stations evenly distributed		
2.5-3.4.8.13	___ Emergency equipment storage		

	Architectural Requirements	Building Systems Requirements	
2.2-2.12.4.3	**SECLUSION ROOM**		
	_x_ Designed for short-term occupancy		
2.1-2.4.3.1			
(1)	Capacity:		
(a)	_x_ each room for only one patient		
(b)	_x_ at least one seclusion room for each 24 beds or fewer & for each major fraction thereof on each psychiatric unit		
(c)	___ facility has more than one psychiatric patient care unit ☒ check if not included in project ___ number of seclusion rooms is function of total number of psychiatric beds in facility		
(2) (a)	_x_ Located to permit observation from nurse station		
2.1-2.4.3.2	Space Requirements:	Ventilation:	
(1)	_x_ min. wall length 7'-0" _x_ max. wall length 11'-0"	_x_ Min. 4 air changes per hour	Table 7.1
(2)	___ room used for restraining patients ___ min. clear floor area 80 sf **or** _x_ room not used for restraining patients _x_ min. clear floor area 60 sf		
2.1-2.4.3.1(3)	_x_ Anteroom _x_ provides access to seclusion room & toilet room	Nurse Call System: _x_ Staff assistance station ___ Emergency call station	Table 2.1-2 + Errata
2.1-2.4.3.9	Special Design Elements:		
	_x_ designed & constructed to avoid features that enable patient hiding, escape, injury or suicide		
(1)(a)	_x_ walls ceiling & floor designed to withstand direct & forceful impact		
(1)(b)	_x_ min. ceiling height 9'-0"		
(1)(c)	_x_ door to seclusion room swings out		
2.1-7.2.2.3(2)	Door Opening:		
(a)	_x_ min. 45.5" clear door width _x_ min. 83.5" clear door height		
	_x_ doors permit staff observation of patient through view panel		
	_x_ provisions for patient privacy		
	_x_ view panel made of fixed glazing with polycarbonate or laminate on inside of glazing		
(1)(d)	_x_ seclusion rooms do not contain outside corners or edges		
(2)(a)	_x_ all items including lighting fixtures, sprinkler heads, HVAC grilles & surveillance cameras tamper-resistant & designed to prevent injury to patient		
(2)(b)	_x_ no electrical switches or receptacles		

	Architectural Requirements	Building Systems Requirements	
2.2-2.12.8	**SUPPORT AREAS FOR PSYCHIATRIC PATIENT CARE UNIT**		
2.5-2.2.8.1(1)	_x_ Support areas listed are located in or readily accessible* to each patient care unit unless otherwise noted		
2.5-2.2.8.1(2)	_x_ Support areas provided on each patient care floor (may serve more than one unit)		
2.5-2.2.8.2	_x_ Administrative center or nurse station	Nurse Call System:	
		_x_ Nurse master station	Table 2.1-2
2.1-2.8.2.1(1)	_x_ space for counters		
2.1-2.8.2.1(2)	_x_ handwashing station next to or directly accessible*		
	or		
	___ hand sanitation dispenser next to or directly accessible*		
2.5-2.2.8.3	_x_ Documentation area		
	_x_ separate charting area with provisions for acoustic & patient file privacy		
2.5-2.2.8.4	_x_ Office for staff		
2.5-2.2.8.5	_x_ Multipurpose room		
	_x_ location either in psychiatric patient care unit or immediately accessible*		
2.5-2.2.8.8	_x_ Medication safety zone		
2.1-2.8.8.1(2)	Design Promoting Safe Medication Use:		
(a)	_x_ medication safety zones located out of circulation paths		
(b)	_x_ work space designed so that staff can access information & perform required tasks		
(c)	_x_ work counters provide space to perform required tasks		
(e)	_x_ sharps containers placed at height that allows users to see top of container		
(f)	_x_ max. 45 dBA noise level caused by building systems		
2.1-2.8.8.2(1)	_x_ medication preparation room		
(a)	_x_ under visual control of nursing staff	Ventilation:	
(b)	_x_ work counter	_x_ Min. 4 air changes per hour	Table 7.1
	_x_ handwashing station	Lighting:	
	_x_ lockable refrigerator	___ Task lighting	2.1-2.8.8.1(2)(d)
	_x_ locked storage for controlled drugs		
	_x_ sharps containers		
	☐ check if not included in project		
(c)	_x_ self-contained medication-dispensing unit		
	☐ check if not included in project		
	_x_ room designed with space to prepare medications		
	or		

	Architectural Requirements	Building Systems Requirements	
2.1-2.8.8.2(2)	___ automated medication-dispensing unit		
(a)	___ located at nurse station, in clean workroom or in alcove	Lighting:	
		___ Task lighting	2.1-2.8.8.1(2)(d)
(c)	___ handwashing station located next to stationary medication-dispensing units or stations		
2.5-2.2.8.9	Nourishment Area:		
(1)	_x_ nourishment station		
	or		
(2)	___ kitchenette designed for patient use		
	___ staff control of heating & cooking devices		
	or		
(3)	___ kitchen area		
(a)	___ handwashing station		
(b)	___ secured storage		
(c)	___ refrigerator		
(d)	___ facilities for meal preparation and/or service		
2.5-2.2.8.10	_x_ Ice-making equipment		
2.5-2.2.8.11	_x_ Clean workroom or clean supply room		
2.1-2.8.11.2	___ clean workroom	Ventilation:	
	___ used for preparing patient care items	___ Min. 4 air changes per hour	Table 7.1
(1)	___ work counter	___ Positive pressure	
(2)	___ handwashing station		
(3)	___ storage facilities for clean & sterile supplies		
	or		
2.1-2.8.11.3	_x_ clean supply room	Ventilation:	
	_x_ used only for storage & holding as part of system for distribution of clean & sterile supplies	_x_ Min. 4 air changes per hour ___ Positive pressure	Table 7.1
2.5-2.2.8.12	_x_ Soiled workroom or soiled holding room		
2.1-2.8.12.2	___ soiled workroom	Ventilation:	
		___ Min. 10 air changes per hour	Table 7.1
(1)(a)	___ handwashing station	___ Exhaust	
(1)(b)	___ flushing-rim clinical service sink with bedpan-rinsing device or equivalent flushing-rim fixture	___ Negative pressure ___ No recirculating room units	
(1)(c)	___ work counter		
(1)(d)	___ space for separate covered containers for waste & soiled linen		
(2)	___ fluid management system is used		
	☐ check if <u>not</u> included in project		
(a)	___ electrical & plumbing connections that meet manufacturer requirements		
(b)	___ space for docking station		
	or		

	Architectural Requirements	Building Systems Requirements	
2.1-2.8.12.3	_x_ soiled holding room	Ventilation:	
		_x_ Min. 10 air changes per hour	Table 7.1
(1)	_x_ handwashing station or hand sanitation station	___ Exhaust	
		___ Negative pressure	
(2)	_x_ space for separate covered containers for waste & soiled linen	___ No recirculating room units	
2.5-2.2.8.13(1)	_x_ Clean linen storage		
2.1-2.8.13.1(1)	_x_ stored in clean workroom		
	or		
	___ separate closet		
	or		
	___ covered cart distribution system on each floor		
2.1-2.8.13.1(2)	___ storage of clean linen carts in designated corridor alcoves, clean workroom or closets		
2.5-2.2.8.13(3)	_x_ Wheelchair storage space		
2.1-2.8.13.4	_x_ Emergency equipment storage		
(1)	_x_ each patient care unit has at least one emergency equipment storage location		
(2)	_x_ provided under visual observation of staff		
(3)	_x_ storage locations in corridors do not encroach on min. required corridor width		
2.5-2.2.8.13(5)	_x_ Administrative supplies storage		
2.5-2.2.8.14(1)	_x_ Environmental services room		
2.5-2.2.8.14(2)	_x_ located outside patient care unit on same floor		
	or		
	___ located in patient care unit		
	___ designed to minimize risk to patient population		
2.1-2.8.14.2			
(1)	___ service sink or floor-mounted mop sink		
(2)	___ provisions for storage of supplies & housekeeping equipment	Ventilation:	
		_x_ Min. 10 air changes per hour	Table 7.1
(3)	___ handwashing station	___ Exhaust	
	or	___ Negative pressure	
	___ hand sanitation station	___ No recirculating room units	
2.5-2.2.8.16	_x_ Consultation rooms		
(1)	_x_ min. clear floor area of 100 sf		
	_x_ one consultation room for each 12 psychiatric beds or fewer		
(2)	_x_ designed for acoustic & visual privacy		
	_x_ sound insulation per See Table 1.2-6		
(3)	_x_ dedicated rooms		
	or		
	___ combined with visitor room		
2.5-2.2.8.17	_x_ Conference & treatment planning room		

	Architectural Requirements	Building Systems Requirements	
2.5-2.2.8.18	_x_ Space for group therapy _x_ serves more than 12 patients _x_ dedicated room where unit **or** ___ serves no more than 12 patients ___ combined with quiet activity space ___ at least 225 sf of enclosed private space is available for group therapy activities		
2.2-2.12.9	**SUPPORT AREAS FOR STAFF**		
2.5-2.2.9.1	_x_ Staff lounge facilities		
2.5-2.2.9.2	_x_ Staff toilet room	Ventilation: _x_ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1
2.5-2.2.9.3	_x_ Staff storage locations _x_ securable closets or cabinet compartments for personal effects of nursing personnel _x_ immediately accessible* to administrative center or nurse station		
2.2-2.12.10	**SUPPORT AREAS FOR PATIENTS & VISITORS**		
2.5-2.2.10.1	___ Visitor room ___ min. floor area of 100 sf		
2.5-2.2.10.2 (1)	Social Spaces: ___ at least two separate social spaces one appropriate for noisy activities & one for quiet activities ___ combined area of these spaces min. 25 sf per patient ___ at least 120 sf for each of two spaces		
(2)(a) (2)(b)	_x_ Dining area ___ dedicated space ___ 20 sf per patient provided for dining **or** _x_ social space used for dining activities _x_ additional 15 sf per patient (total 40 sf for two social spaces)		
2.5-2.2.10.3	___ patient laundry facilities ___ equipped with washer & dryer		
2.5-2.2.10.4 (1) (2)	_x_ Patient storage facilities _x_ staff-controlled secured storage area provided for patients effects determined to be potentially harmful (may be combined with clean workroom or clean supply room)		
2.5-2.2.10.5	_x_ Space for locked storage of visitor belongings		

*LOCATION TERMINOLOGY:

Directly accessible: Connected to the identified area or room through a doorway, pass-through, or other opening without going through an intervening room or public space

Adjacent: Located next to but not necessarily connected to the identified area or room

Immediately accessible: Available either in or adjacent to the identified area or room

Readily accessible: Available on the same floor or in the same clinic as the identified area or room

Architectural Details & MEP Requirements Specific to Psychiatric Patient Care Units

2.5-7.2.2 **ARCHITECTURAL DETAILS**

CORRIDOR WIDTH:

2.1-7.2.2.1 NFPA 101, 18.2.3.4

_x_ Aisles, corridors & ramps required for exit access for an acute patient care unit are not less than 8'-0" in clear & unobstructed width

☐ check if not included in project

or

___ Detailed code review incorporated in Project Narrative

2.1-7.2.2.1 NFPA 101, 18.2.3.5

_x_ Aisles, corridors & ramps required for exit access in a psychiatric unit are not less than 6'-0" in clear & unobstructed width

or

___ Detailed code review incorporated in Project Narrative

_x_ Aisles, corridors & ramps in adjunct areas not intended for the housing, treatment, or use of inpatients not less than 44” in clear & unobstructed width

or

___ Detailed code review incorporated in Project Narrative

2.5-7.2.2.3 DOORS & DOOR HARDWARE:

(2) _x_ Door openings for patient use have min. clear width of 34 inches

(3) _x_ Doors to private patient toilet rooms or bathing facilities swing out, are double-acting with emergency strike or have other barricade-resistant provisions to allow for staff emergency access

(4) Door Closers:

☐ check if not included in project

_x_ door closer devices required for patient care reasons on patient bedroom door

_x_ mortised type or surface mounted on public side of door rather than private patient side of door

(5) Door Hinges:

(a) _x_ Door hinges be designed to minimize points for hanging (i.e. cut hinge type)

(b) _x_ Door hinges consistent with level of care for patient

(6) Fasteners:

_x_ all hardware have tamper-resistant fasteners

2.5-7.2.2.5 WINDOWS:

(1) _x_ Windows located in areas used by patients are designed to limit opportunities for patients to seriously harm themselves

(a) _x_ Glass mirrors fabricated with polycarbonate or laminate on inside of glazing

_x_ Glazing meets or exceeds requirements for Class 1.4 per ASTM F1233

(b) _x_ All glazing for borrowed lights fabricated with polycarbonate, laminate or tempered glass

(2) Window Assembly: (includes anchorage, frame & hardware)

(a) _x_ designed to resist impact loads of 2,000 foot-pounds applied from inside

(b) _x_ tested in accordance with AAMA 501.8

(3) _x_ Min. net glazed area of no less than 8% of floor area of each social & dining space

2.5-7.2.2.6 PATIENT TOILET/BATHING ROOMS:
- x hardware & accessories designed to prevent injury & suicide
- (1) x grab bars anchored to sustain concentrated load of 250 pounds
- (2)(a) x no towel bars
- (2)(b) x no shower curtain rods
- (2)(c) x no lever handles (except where specifically designed anti-ligature lever handle is used)

2.5-7.2.2.7 FIRE SPRINKLERS & OTHER PROTRUSIONS:
- (1) x Fire sprinklers in patient areas are designed to minimize patient tampering
- (2) x In patient toilet rooms & bathing facilities light fixtures, fire sprinklers, electrical receptacles & other appurtenances are tamper/ligature-resistant types

2.5-7.2.3 SURFACES:

2.5-7.2.3.3 Ceilings in Seclusion Rooms, Patient Bedrooms, Toilet Rooms & Bathing Facilities:
- (1) x monolithic ceilings
- (a) x ceiling secured from patient access
- (b) x mechanical electrical & plumbing systems other than terminal elements serving room are concealed above ceiling
- (2) x Ventilation grilles in seclusion rooms, bedrooms, patient toilet rooms & bathing facilities are designed to prevent them from being used as ligature points
- (3) x Ceiling access doors are without gaps & secured with keyed lock and/or tamper-resistant fasteners
- 2.1-8.1.1 x Ceiling & air distribution devices, lighting fixtures, sprinkler heads & other appurtenances are of tamper- & ligature-resistant type in patient rooms, toilet rooms & seclusion rooms

2.5-7.2.4 **FURNISHINGS:**
- 2.5-7.2.4.1(1) x Built-in furnishings constructed to minimize potential for injury, suicide or elopement
- 2.5-7.2.4.1(2) x no doors or drawers
- 2.5-7.2.4.1(3) x open shelves fixed with tamper-resistant hardware
- 2.5-7.2.4.2 x no clothing rods
- x robe or towel hooks designed for ligature resistance
- ☐ check if not included in project
- 2.5-7.2.4.3 x Window treatments in patient areas
- ☐ check if not included in project
- x designed without accessible anchor points or cords

2.1-8.2 **HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS**
- Part 3/7.6 x Exposed equipment located in patient areas have enclosures with rounded corners & tamper-resistant fasteners
- x HVAC equipment arranged so that maintenance personnel are not required to enter patient care spaces for service (except for any room recirculating units)

2.5-8.3 **ELECTRICAL SYSTEMS**

2.5-8.3.4 LIGHTING:
- 2.5-8.3.4.1 x General luminaires tamper-resistant
- 2.5-8.3.4.2(1) x Patient bedrooms have general lighting & night lighting
- x at least one nightlight fixture in each bedroom is controlled at room entrance

2.5-8.3.6 RECEPTACLES:
- 2.5-8.3.6.1 x Receptacles in patient bedrooms
- ☐ check if not included in project
- (1) x tamper-resistant
- (2) x controlled by single switch under control of staff outside room
- (3) x equipped with ground-fault circuit interrupter devices
- **or**
- ___ on circuit protected by ground-fault circuit breaker

2.5-8.4 **PLUMBING SYSTEMS**
- 2.5-8.4.2 x Shower heads of flush-mounted design minimizes hanging appendages

2.5-8.5.1 **CALL SYSTEMS**
- ☐ check if patient use call system is not included in project
- 2.5-8.5.1.1(1) x Staff response call systems low voltage with limited current

2.5-8.5.1.1(2) _x_ Controls to limit unauthorized use
☐ check if not included in project

2.5-8.5.1.2
(1) _x_ Provisions for easy removal or covering of call buttons
(2) _x_ All hardware have tamper-resistant fasteners

(3) Signal Location:
(a) _x_ calls activate visible signal in corridor at patient room door & at annunciator panel at nurse station
(b) ___ in multi-corridor units additional visible signals are installed at corridor intersections
(4) ___ Call cords or strings max. 6 inches

2.5-8.5.1.3 _x_ Emergency call system

(1) _x_ signal activated by staff will initiate visible & audible signal distinct from regular nurse call system
(2) ___ signal activates annunciator panel at nurse station & distinct visible signal in corridor at door to room where signal was initiated

2.5-8.6 **ELECTRONIC SAFETY & SECURITY SYSTEMS**

2.5-8.6.1 Fire Alarm System:
_x_ fire extinguisher cabinets & fire alarm pull stations located in staff areas
or
___ secured in patient-accessible locations

2.5-8.7.2 **ELEVATORS**
2.5-8.7.2.5(2) ___ Elevator call buttons & car buttons are key-controlled
☒ check if not included in project (only if allowed by safety risk assessment)

General Architectural Details & MEP Requirements

2.1-7.2.2 **ARCHITECTURAL DETAILS**
2.1-7.2.2.2 CEILING HEIGHT:
(1) _x_ Min ceiling height 7'-6"in corridors & in normally unoccupied spaces
(3) _x_ Min. height 7'-6" above floor of suspended tracks, rails & pipes located in traffic path for patients in beds & on stretchers
_x_ Min. ceiling height 7'-10" in other areas

2.1-7.2.2.3 DOORS & DOOR HARDWARE:
(1) Door Type:
(a) _x_ doors between corridors, rooms, or spaces subject to occupancy swing type or sliding doors
(b) _x_ bathing area or toilet room opens onto public area or corridor
☐ check if not included in project
_x_ visual privacy is maintained

2.1-7.2.2.5 WINDOWS IN PATIENT ROOMS:

2.1-7.2.2.5(1) _x_ Each patient room provided with natural light by means of window to outside
2.1-7.2.2.5(2) ___ Operable windows in patient rooms
☒ check if not included in project
___ window operation is limited with either stop limit/restrictor hardware or open guard/screen
___ prevents passage of 4-inch diameter sphere through opening
2.1-7.2.2.6 ___ insect screens

2.1-7.2.2.5(3) Window Size In Patient Rooms:
(a) _x_ minimum net glazed area be no less than 8% of required min. clear floor area of room served
(b) _x_ maximum 36 inches windowsill height above finished floor

2.1-7.2.2.8 HANDWASHING STATIONS:

(3)(a) _x_ Handwashing station countertops made of porcelain, stainless steel, solid-surface materials or impervious plastic laminate assembly

(3)(b) _x_ Countertops substrate
☐ check if not included in project
_x_ marine-grade plywood (or equivalent material) with impervious seal

(4) _x_ Handwashing station casework
☐ check if not included in project
_x_ designed to prevent storage beneath sink

(5) _x_ Provisions for drying hands

(a) _x_ hand-drying device does not require hands to contact dispenser

(b) _x_ hand-drying device is enclosed to protect against dust or soil & to ensure single-unit dispensing

(6) _x_ Liquid or foam soap dispensers

2.1-7.2.2.10 HANDRAILS:

(1) ___ Handrails installed on both sides of patient use corridors

(3) _x_ Rail ends return to wall or floor

(4) _x_ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8-inch min. radius

(5) _x_ Handrails have eased edges & corners

(6) _x_ Handrail finishes are cleanable

2.5-7.2.4.2/ Policy _x_ Handrails are ligature-resistant

2.1-7.2.2.12 NOISE CONTROL:

(1) _x_ Recreation rooms, exercise rooms equipment rooms & similar spaces where impact noises may be generated are not located directly over patient bed areas

or

___ Special provisions are made to minimize impact noise

(2) ___ Noise reduction criteria in Table 1.2-6 applicable to partitions, floors & ceiling construction are met in patient areas

2.1-7.2.3 **SURFACES**

2.1-7.2.3.1 FLOORING & WALL BASES:

(1) _x_ Flooring surfaces cleanable & wear-resistant for location

(3) _x_ Smooth transitions provided between different flooring materials

(4) _x_ Flooring surfaces including those on stairways are stable, firm & slip-resistant

(5) _x_ Floors & wall bases of soiled workrooms, toilet rooms & other areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions

2.1-7.2.3.2 WALLS & WALL PROTECTION:

(1)(a) _x_ Wall finishes are washable

(1)(b) _x_ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant

(2) _x_ Wall surfaces in areas routinely subjected to wet spray or splatter are monolithic or have sealed seams that are tight & smooth

2.1-7.2.3.3 CEILINGS:

(1) _x_ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms

(a) _x_ Ceilings cleanable with routine housekeeping equipment

(b) _x_ Acoustic & lay-in ceilings where used do not create ledges or crevices

2.1-8.2 **HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS**

Part 3/6.1 UTILITIES:

Part 3/6.1.2 Heating & Cooling Sources:

Part 3/6.1.2.1 _x_ heat sources sufficient for facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance

_x_ capacity of remaining source or sources is sufficient to provide for domestic hot water & to provide heating for inpatient rooms

Part 3/6.1.2.2 Central cooling systems greater than 400 tons (1407 kW) peak cooling load
☐ check if not included in project
_x_ number & arrangement of cooling sources & essential accessories is sufficient to support facility operation plan upon breakdown or routine maintenance of any one of cooling sources

Part 3/6.2 AIR-HANDLING UNIT (AHU) DESIGN:

Part 3/6.2.1 _x_ AHU casing is designed to prevent water intrusion, resist corrosion & permit access for inspection & maintenance

.

Part 3/6.3 OUTDOOR AIR INTAKES & EXHAUST DISCHARGES:

Part 3/6.3.1 Outdoor Air Intakes:

Part 3/6.3.1.1 _x_ located min. of 25 ft from cooling towers & all exhaust & vent discharges

_x_ outdoor air intakes located such that bottom of air intake is at least 6'-0" above grade

_x_ air intakes located away from public access

Part 3/6.3.1.3 _x_ intakes on top of buildings

☐ check if not included in project

_x_ located with bottom of air intake min. 3'-0" above roof level

Part 3/6.3.1.4 ___ intake in areaway

☒ check if not included in project

___ bottom of areaway air intake opening is at least 6'-0" above grade

___ bottom of air intake opening from areaway into building is at least 3'-0" above bottom of areaway

Part 3/6.4 FILTRATION:

_x_ Two filter banks for inpatient care (see Table 6.4)

_x_ Filter Bank No. 1: MERV 7

_x_ Filter Bank No. 2: MERV 14

_x_ Each filter bank with efficiency of greater than MERV 12 is provided with differential pressure measuring device to indicate when filter needs to be changed

Part 3/6.4.1 _x_ Filter Bank No. 1 is placed upstream of heating & cooling coils

Part 3/6.4.2 _x_ Filter Bank No. 2 is placed downstream of all wet-air cooling coils & supply fan

Part 3/6.7 AIR DISTRIBUTION SYSTEMS:

Part 3/6.7.1 _x_ pressure relationships required in tables 7.1 maintained in all modes of HVAC system operation

_x_ Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems

_x_ Inpatient facilities are served by fully ducted return or exhaust systems

Part 3/6.7.2 Air Distribution Devices:

_x_ supply air outlets comply with Table 6.7.2

Part 3/6.7.3 Smoke Barriers:

_x_ HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers.

Part 3/6.8 ENERGY RECOVERY SYSTEMS:

☒ check if not included in project

Part 3/6.8.1 ___ Located upstream of Filter Bank No. 2

Part 3/6.8.3 ___ Energy recovery systems with leakage potential

☐ check if not included in project

___ arranged to minimize potential to transfer exhaust air directly back into supply airstream

___ designed to have no more than 5% of total supply airstream consisting of exhaust air

Part 3/7 SPACE VENTILATION

Part 3/7.1.a _x_ Spaces ventilated according to Table 7.1

Part 3/7.1.a.1 _x_ Air movement is from clean to less-clean areas

Part 3/7.1a.5 ___ Air recirculation through room units

☒ check if not included in project

___ comply with Table 7.1

___ room units receive filtered & conditioned outdoor air

___ provide min. MERV 6 filter located upstream of any cold surface so that all of air passing over cold surface is filtered

2.1-8.3 **ELECTRICAL SYSTEMS**

2.1-8.3.2.2 Panelboards:

(1) _x_ panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below

(2) _x_ panelboard critical branch circuits serve floors on which they are located

(3) _x_ panelboards not located in exit enclosures or exit passageways

2.1-8.3.4 LIGHTING:

2.1-8.3.4.2 _x_ Luminaires in wet areas (e.g. kitchens showers) have smooth cleanable shatter-resistant lenses & no exposed lamps

2.1-8.3.4.3(1) (a) _x_ Reading light for each bed
___ incandescent & halogen lights
☐ check if not included in project
_x_ placed or shielded to protect patient from injury
___ light source covered by diffuser or lens

2.1-8.3.4.3(2) _x_ Patient care unit corridors have general illumination with provisions for reducing light levels at night

2.1-8.3.5 ELECTRICAL EQUIPMENT:

2.1-8.3.5.1 ___ Handwashing sinks that depends on building electrical service for operation are connected to essential electrical system
☒ check if not included in project

2.1-8.3.6 ELECTRICAL RECEPTACLES:

2.1-8.3.6.1 Receptacles In Corridors:

(1) _x_ duplex-grounded receptacles for general use installed 50'-0" apart or less in all corridors

_x_ duplex-grounded receptacles for general use installed within 25'-0" of corridor ends

(2) _x_ receptacles in corridors are of tamper-resistant type

2.1-8.3.6.3 Essential Electrical System Receptacles:

(1) _x_ cover plates distinctively colored or marked for identification

(2) _x_ same color is used throughout facility

2.1-8.4 **PLUMBING SYSTEMS**

2.1-8.4.2 Plumbing & Other Piping Systems:

2.1-8.4.2.1(3) _x_ no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem

2.1-8.4.2.5 Heated Potable Water Distribution Systems:

(2) _x_ heated potable water distribution systems serving patient care areas are under constant recirculation

_x_ non-recirculated fixture branch piping max. length 25'-0"

(3)(a) _x_ no installation of dead-end piping (except for empty risers mains & branches for future use)

(3)(c) (3)(b) _x_ any existing dead-end piping is removed
☐ check if not included in project

(4)(a) _x_ water-heating system supplies water at temperatures & amounts indicated in Table 2.1-4

2.1-8.4.2.6 Drainage Systems:

(1)(a) ___ drainage piping installed above ceiling of or exposed in electronic data processing areas & electric closets
☒ check if not included in project

___ special provisions to protect space below from leakage & condensation

(1)(b) ___ drip pan for drainage piping above ceiling of sensitive area
☐ check if not included in project

___ accessible

___ overflow drain with outlet located in normally occupied area

2.1-8.4.3 PLUMBING FIXTURES

2.1-8.4.3.1(1) _x_ Materials used for plumbing fixtures are non-absorptive & acid-resistant

2.1-8.4.3.2 Handwashing Station Sinks:

(2) _x_ sink basins have nominal size of no less than 144 square inches

_x_ sink basins have min. dimension 9 inches in width or length

(3) _x_ sink basins are made of porcelain, stainless steel or solid-surface materials

(5) _x_ water discharge point min. 10" above bottom of basin

(7) _x_ anchored to resist so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied

(8) _x_ sinks used by medical staff, patients & public have fittings that can be operated without using hands (may be single-lever or wrist blade)

(a) _x_ blade handles
☐ check if not included in project

_x_ at least 4 inches in length

_x_ provide clearance required for operation

(b) ___ sensor-regulated water fixtures
☒ check if not included in project

___ meet user need for temperature & length of time water flows

___ designed to function at all times and during loss of normal power

2.1-8.4.3.3 Showers & Tubs:
(1) _x_ nonslip surfaces
2.1-8.4.3.5 Clinical Flushing-Rim Sinks:
☒ check if not included in project
(1) ___ trimmed with valves that can are operated without hands
(a) (may be single-lever or wrist blade devices)
(b) ___ handles are at least 6 in. long
(2) ___ integral trap wherein upper portion of water trap provides visible seal

2.1-8.6.2 **ELECTRONIC SURVEILLANCE SYSTEMS**
☐ check if not included in project
2.1-8.6.2.2 _x_ Monitoring devices are located so they are not readily observable by general public or patients
2.1-8.6.2.3 _x_ Electronic surveillance systems receive power from essential electrical system

COMPLIANCE CHECKLIST

IP10_Pediatric & Adolescent Patient Care Unit

The following checklist is intended to be used in the plan review applications for health care facilities submitted to the Massachusetts Department of Public Health. This checklist summarizes and references the applicable requirements from the Licensure Regulations and the 2018 Edition of the FGI Guidelines for Design and Construction of Hospitals. Applicants must verify compliance of the plans submitted to the Department with all referenced requirements from the Licensure Regulations and FGI Guidelines when completing this Checklist. A separate Checklist must be completed for each nursing unit, hospital or clinic department, or clinical suite.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2012) and applicable related standards contained in the appendices of the Code
- State Building Code (780 CMR)
- Accreditation requirements of The Joint Commission
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797 & Regulations of the Massachusetts Board of Registration in Pharmacy
- Occupational Safety & Health Standards (OSHA)
- Accessibility Guidelines of the Americans with Disabilities Act (ADA)
- Architectural Access Board Regulations (521 CMR)
- Local Authorities having jurisdiction.

Instructions:

1. All requirement lines must be completed according to the following instructions and included in the plan submissions for Self-Certification Process or Abbreviated Review Process.
2. This checklist must be completed by the project architect or engineer based on the design actually reflected in the plans at the time of completion of the checklist.
3. Each requirement line (___) of this Checklist must be completed exclusively with one of the following marks, unless otherwise directed in the checklist. If a functional space is not affected by a renovation project, the mark "E" may be indicated on the requirement line (___) before the name of the functional space (associated requirements on indented lines below that name, or associated MEP requirements do not have to be completed in this case). If more than one functional space serves a given required function (e.g. patient room or exam room), that clarification should be provided in the Project Narrative, and the requirement lines are understood to only address the functional spaces that are involved in the project.

X = Requirement is met, for new space, for renovated space, or for existing direct support space for an expanded service.

E = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required direct support space* for the specific service affected by the project. "E" must not be used for an existing required support space associated with a new patient care room or area.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the project area.

W = Waiver requested for specific section of the Regulations or FGI Guidelines, where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request). An explicit floor plan or plan detail must be attached to each waiver request.

4. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
5. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. The relevant section of the FGI Guidelines must be used for project compliance with all MEP requirements and for waiver references.
6. Oxygen, vacuum, medical air, waste anesthesia gas disposal and instrument air outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", "WAGD" & "IA".
7. Requirements referenced with "FI" result from formal interpretations from the FGI Interpretations Task Group.
8. The location requirements including asterisks (*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines and reproduced in this checklist.

Facility Name:

Southwestern Vermont Medical Center

Facility Address:

100 Hospital Drive, Bennington, VT 05201

Satellite Name: (if applicable)

Satellite Address: (if applicable)

Project Description:

Inpatient Mental Health Unit for Adolescents

DoN Project Number: (if applicable)

Patient Care Unit Bed Complements:

Current = Proposed =

Building/Floor Location:

Submission Dates:

Initial Date:

Revision Date:

Architectural Requirements **Building Systems Requirements**

2.2-2.11 **DISCRETE PEDIATRIC & ADOLESCENT PATIENT CARE UNIT**
☐ check if not included in project

2.1-1.2.3 Shared Services:
_x_ No combined functions unless specifically allowed in this checklist

2.2-2.11.2 **PATIENT ROOM**
2.2-2.11.2.1 Capacity:
(1) _x_ maximum number of beds per room is one bed
(2) **or**
___ renovation work is undertaken
___ present capacity is more than one patient in each room
___ proposed room capacity is no more than present capacity
___ maximum 2 patients in each room

2.2-2.11.2.2 Space Requirements:
(1)(a) _x_ single-patient rooms
☐ check if not included in project
_x_ min. clear floor area 120 sf
2.2-2.2.2.2
(2)(a) ___ min. clearance 3'-0" between sides of bed & any wall or any other fixed obstruction
___ min. clearance 3'-0" between foot of bed & any wall or any other fixed obstruction
(1)(b) ___ multiple-patient rooms
☐ check if not included in project
___ min. clear floor area 100 sf per bed
2.2-2.2.2.2
(2)(a) ___ min. clearance 3'-0" between sides of bed & any wall or any other fixed obstruction
(2)(b) ___ min. clearance 4'-0" at foot of each bed to permit passage of equipment & beds

2.2-2.11.2.3 Windows in Patient Rooms:
2.1-7.2.2.5(1) _x_ each patient room provided with natural light by means of window to outside

Ventilation:
_x_ Min. 4 air changes per hour — Table 7.1

Lighting: — 2.1-8.3.4.3(1)
_x_ General lighting
_x_ Reading light for each patient bed — (a)
_x_ controls accessible to patients in bed
_x_ Night-light located in each patient room — (b)
___ no central control of night-lights outside room
_x_ night-light illuminates path from room entrance to bedside
___ night-light illuminates path between bed & toilet room

Power: — Table 2.1-1
_x_ Min. 12 receptacles in total
___ Min. 2 receptacles at each side of the head of the bed
___ Min. 2 receptacles on all other walls (not including any TV receptacle)

Nurse Call System:
___ Patient station — Table 2.1-2
_x_ Staff assistance station
___ Emergency call station

Medical Gases:
___ 1 OX, 1 VAC per bed — Table 2.1-3

	Architectural Requirements	Building Systems Requirements	
2.1-7.2.2.5(2)	___ operable windows in patient rooms ☐ check if not included in project ___ window operation is limited with either stop limit/restrictor hardware or open guard/screen ___ prevents passage of 4-inch diameter sphere through opening		
2.1-7.2.2.6	___ insect screens		
2.1-7.2.2.5(3)			
(a)	_x_ min. net glazed area be no less than 8% of required min. clear floor area		
(b)	_x_ max. 36" windowsill height above finished floor		
2.2-2.2.2.7	Patient Bathing Facilities:		
(1)(a)	___ located in toilet room directly accessible* from each patient room **or**		
(1)(b)	_x_ located in central bathing facility		
(2)	Central Bathing Facilities: ☐ check if not included in project		
(a)	_x_ each bathtub or shower in individual room or enclosure that provides privacy for bathing drying & dressing	Ventilation: _x_ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units Nurse Call System: _x_ Bath station	Table 7.1 Table 2.1-2
(b)	___ at least one shower or bathtub provided for each patient care unit _x_ at least one bathing facility with space for attendant to accommodate patients on gurneys, carts & wheelchairs (may be shared with multiple patient care units located on separate floors)		
(c)	_x_ toilet in separate enclosure in or directly accessible to each central bathing facility _x_ handwashing sink in or directly accessible to each central bathing facility _x_ storage for soap & towels in or directly accessible to each central bathing facility	Ventilation: _x_ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units Nurse Call System: _x_ Bath station	Table 7.1 Table 2.1-2
(3)	Mobile Lifts, Shower Gurney Devices & Wheelchair Access:		
(a)	___ doorways designed to allow entry of portable/mobile mechanical lifts & shower gurney devices		
(b)	_x_ thresholds designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment		

	Architectural Requirements	Building Systems Requirements	
(c)	___ patient shower rooms designed to allow entry of portable/mobile mechanical lifts & shower gurney devices		
(d)	_x_ floor drain grates be designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment		
2.2-2.2.2.8 2.1-2.2.8	Patient Storage: _x_ separate wardrobe, locker, or closet suitable for garments & for storing personal effects		
2.2-2.11.3	Family Support Provisions: ☒ check if not included in project ___ additional provisions for hygiene, toilets, sleeping & personal belongings be made where parents will be allowed to remain with children		
2.2-2.7.2.2(1)	___ space at each bedside for families & visitors ___ in addition to space provided for staff ___ space provided for parental accommodations & for movable furniture does not encroach on minimum clearance requirements		
2.2-2.11.4	**SPECIAL PATIENT CARE ROOMS**		
2.2-2.11.4.2	___ Airborne infection isolation (AII) room		
(1)	___ at least one AII room be provided in each pediatric unit		
2.1-2.4.2.2	___ complies with requirements applicable to patient rooms		
(1)	___ capacity one bed		
(2)	___ personal protective equipment (PPE) storage at entrance to room		
(3)	___ handwashing station		
(4)	___ patient toilet room ___ serves only one AII room	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1
(5)	___ bathtub or shower		
2.1-2.4.2.3	___ Anteroom ☐ check if not included in project		
(1)	___ provides space for persons to don personal protective equipment (PPE) before entering patient room	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ No recirculating room units	Table 7.1
(2)	___ all doors to anteroom have self-closing devices **or** ___ audible alarm activated when AII room is in use as isolation room		

	Architectural Requirements	Building Systems Requirements	
(3)(a)	___ handwashing station		
(3)(b)	___ storage for unused PPE		
(3)(c)	___ disposal/holding container for used PPE		
2.1-2.4.2.4	Architectural Details & Furnishings:		
(1)(a)	___ perimeter walls ceiling & floor including penetrations constructed to prevent air exfiltration		
(1)(b)	___ self-closing devices on all room exit doors **or** ___ activation of audible alarm when AII room is in use as isolation room		
	___ edge seals provided along sides & top of doorframe for any door into AII room		
(2) (a)	___ window treatments do not include fabric drapes & curtains		
2.1-2.4.2.5	___ room pressure visual or audible alarm		
2.2-2.11.8	**SUPPORT AREAS FOR PEDIATRIC & ADOLESCENT UNITS**		
2.2-2.11.8.1 2.1-2.8.1	_x_ Support areas provided on each patient care unit floor (permitted to are arranged & located to serve more than one patient care unit)		
2.2-2.2.8.2	_x_ Administrative center or nurse station	Nurse Call System: _x_ Nurse master station	Table 2.1-2
2.1-2.8.2.1(1)	_x_ space for counters		
2.1-2.8.2.1(2)	_x_ handwashing station next to or directly accessible* **or** ___ hand sanitation dispenser next to or directly accessible*		
2.1-2.8.2.2	_x_ Center for reception & communication		
	___ self-contained **or** _x_ combined with administrative center or nurse station		
2.2-2.2.8.3	_x_ Documentation area		
2.1-2.8.3.1	_x_ work surface to support documentation process	Nurse Call System: ___ Duty station (light/sound signal)	2.1-8.5.1.2(3)(b)
2.2-2.2.8.4	_x_ Nurse or supervisor office		

	Architectural Requirements	Building Systems Requirements	
2.2-2.2.8.5	_x_ Multipurpose room		
2.1-2.8.5	_x_ at least one multipurpose room for each facility for patient conferences, reports, education, training sessions & consultation (may serve several patient care units & departments)		
2.2-2.2.8.7	_x_ Handwashing station		
2.1-2.8.7.1	_x_ located in each room where hands-on patient care is provided		
2.2-2.2.8.8	_x_ Medication safety zones		
2.1-2.8.8.1(2)	Design Promoting Safe Medication Use:		
(a)	_x_ medication safety zones located out of circulation paths		
(b)	_x_ work space designed so that staff can access information & perform required tasks		
(c)	_x_ work counters provide space to perform required tasks		
(e)	_x_ sharps containers placed at height that allows users to see top of container		
(f)	_x_ max. 45 dBA noise level caused by building systems		
2.1-2.8.8.2(1)	_x_ medication preparation room		
(a)	_x_ under visual control of nursing staff		
(b)	_x_ work counter	Lighting:	
	_x_ handwashing station	___ Task lighting	2.1-2.8.8.1(2)(d)
	_x_ lockable refrigerator	Ventilation:	
	_x_ locked storage for controlled drugs	_x_ Min. 4 air changes per hour	Table 7.1
	_x_ sharps containers	Nurse Call System:	
	☐ check if not included in project	___ Duty station (light/sound signal)	Table 2.1-2
(c)	_x_ self-contained medication-dispensing unit		
	☐ check if not included in project		
	_x_ room designed with space to prepare medications		
	or		
2.1-2.8.8.2(2)	___ automated medication-dispensing unit		
(a)	___ located at nurse station, in clean workroom or in alcove		
(c)	___ handwashing station located next to stationary medication-dispensing units or stations	Nurse Call System:	
		___ Duty station (light/sound signal)	Table 2.1-2
2.2-2.2.8.9	_x_ Nourishment area or room		
2.1-2.8.9.2		Ventilation:	
(1)	_x_ handwashing station	_x_ Min. 2 air changes per hour	Table 7.1
(2)	_x_ work counter	Nurse Call System:	
(3)	_x_ refrigerator	___ Duty station (light/sound signal)	2.1-8.5.1.2(3)(b)

	Architectural Requirements	Building Systems Requirements	
(4)	_x_ microwave		
(5)	_x_ storage cabinets		
(6)	_x_ space for temporary storage of food service implements		
2.1-2.8.9.3	_x_ provisions & space are included for separate temporary storage of unused & soiled meal trays		
2.2-2.2.8.10	_x_ Ice-making equipment		
	___ located in each patient care unit		
	_x_ equipment to provide ice for treatments & for nourishment		
2.2-2.2.8.11	_x_ Clean workroom or clean supply room		
2.1-2.8.11.2	___ clean workroom	Ventilation:	
	___ used for preparing patient care items	___ Min. 4 air changes per hour	Table 7.1
(1)	___ work counter	___ Positive pressure	
(2)	___ handwashing station	Nurse Call System:	
		___ Duty station (light/sound signal)	Table 2.1-2
(3)	___ storage facilities for clean & sterile supplies		
	or		
2.1-2.8.11.3	_x_ clean supply room	Ventilation:	
	_x_ used only for storage & holding as part of system for distribution of clean & sterile supplies	_x_ Min. 4 air changes per hour	Table 7.1
		___ Positive pressure	
2.2-2.2.8.12	_x_ Soiled workroom or soiled holding room		
2.1-2.8.12.2	___ soiled workroom	Ventilation:	
		___ Min. 10 air changes per hour	Table 7.1
(1)(a)	___ handwashing station	___ Exhaust	
(1)(b)	___ flushing-rim clinical service sink with bedpan-rinsing device or equivalent flushing-rim fixture	___ Negative pressure	
		___ No recirculating room units	
(1)(c)	___ work counter	Nurse Call System:	
		___ Duty station (light/sound signal)	Table 2.1-2
(1)(d)	___ space for separate covered containers for waste & soiled linen		
(2)	___ fluid management system is used		
	☐ check if not included in project		
(a)	___ electrical & plumbing connections that meet manufacturer requirements		
(b)	___ space for docking station		
	or		
2.1-2.8.12.3	_x_ soiled holding room	Ventilation:	
		_x_ Min. 10 air changes per hour	Table 7.1
(1)	_x_ handwashing station or hand sanitation station	___ Exhaust	
		___ Negative pressure	
(2)	_x_ space for separate covered containers for waste & soiled linen	___ No recirculating room units	

	Architectural Requirements	Building Systems Requirements	
2.1-2.8.13.1	_x_ Clean linen storage		
(1)	_x_ stored in clean workroom **or** ___ separate closet **or** ___ covered cart distribution system on each floor		
(2)	___ storage of clean linen carts in designated corridor alcoves, clean workroom or closets		
2.1-2.8.13.2	_x_ Equipment & supply storage room or alcoves _x_ sized to provide min. 10 sf per patient bed		
2.1-2.8.13.3	_x_ Storage space for gurneys, stretchers & wheelchairs		
2.1-2.8.13.4	_x_ Emergency equipment storage		
(1)	___ each patient care unit has at least one emergency equipment storage location		
(2)	_x_ provided under visual observation of staff		
(3)	_x_ storage locations in corridors do not encroach on minimum required corridor width		
2.2-2.2.8.14	_x_ Environmental services room	Ventilation:	
2.1-2.8.14.1	_x_ readily accessible* to unit or floor it serves (permitted to serve more than one patient care unit on floor)	_x_ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure	Table 7.1
2.1-2.8.14.2		___ No recirculating room units	
(1)	_x_ service sink or floor-mounted mop sink		
(2)	_x_ provisions for storage of supplies & housekeeping equipment		
(3)	_x_ handwashing station **or** ___ hand sanitation station		
2.2-2.11.8.15 2.2-2.2.8.15	___ Examination room ☒ check if not included in project		
(1)	(only if all patient rooms in patient care unit are single-patient rooms) ___ designed for single patient		
(2)	___ serves only one patient care unit **or** ___ serves more than one patient care unit on same floor ___ centrally located		
2.1-2.1.2	Patient privacy: ___ provisions are made to address patient visual & speech privacy		
2.1-3.2.2.1	Space Requirements:	Ventilation:	

Architectural Requirements

(1) ___ min. clear floor area 120 sf
___ min. clear dimension 10'-0"

(2)(a) ___ room size permits room arrangement with min. clearance 3'-0" at each side & at foot of exam table
___ room arrangement (layout #1) shown in the plans

(2)(b) ___ exam table, recliner or chair is placed at angle closer to one wall than another or against wall to accommodate type of patient being served
☐ check if not included in project
___ room arrangement (layout #2) shown in the plans

2.2-2.11.8.5 _x_ Multipurpose activity room
_x_ multipurpose activity room for dining education & developmentally appropriate play & recreation
_x_ provided in or adjacent* to areas serving pediatric & adolescent patients
(1) _x_ provides access & accommodates equipment for patients with physical restrictions
(2) _x_ insulation & structural provisions to minimize transmission of impact noise through floor, walls or ceiling of multipurpose room

2.2-2.11.8.9 ___ Infant feeding facilities
___ storage for human milk & formula be provided

2.2-2.11.8.13 _x_ Equipment & supply storage
(1) _x_ storage closets or cabinets for toys & educational & recreational equipment
(2) ___ storage space provided in facility to permit exchange of cribs & adult beds
(3) ___ provisions for storage of equipment & supplies for parents who stay with patient overnight

2.2-2.11.9 **SUPPORT AREAS FOR STAFF**
2.1-2.9.1 _x_ Staff lounge
_x_ min.100 sf
2.1-2.9.2 _x_ Staff toilet room (permitted to be unisex)
2.1-2.9.2.1 _x_ readily accessible* to each patient care unit
2.1-2.9.2.2 _x_ toilet & handwashing station

2.1-2.9.3 _x_ Staff storage facilities

Building Systems Requirements

___ Min. 6 air changes per hour Table 7.1

Lighting:
___ Portable or fixed exam light 2.1-8.3.4.3(3)

Power:
___ Min. 8 receptacles in total Table 2.1-1
___ Min. 4 receptacles convenient to head of gurney or bed

Nurse Call System:
___ Staff assistance station Table 2.1-2
___ Emergency call station

Ventilation:
_x_ Min. 10 air changes per hour Table 7.1
___ Exhaust
___ Negative pressure
___ No recirculating room units

	Architectural Requirements	Building Systems Requirements	
2.1-2.9.3.1	_x_ securable closets or cabinet compartments for personal articles of staff _x_ located in or near nurse station		
2.2-2.11.10	**SUPPORT AREAS FOR PATIENTS**		
2.2-2.2.10.1	___ Family & visitor lounge ___ each patient care unit provides access to lounge for family & visitors	Communications: ___ Public communication services provided in each family & visitor lounge	2.1-2.10.1.6
2.1-2.10.1.1(1)	___ accommodates at minimum 3 chairs & 1 wheelchair space		
(2)	___ accommodates at least 1 person for every 4 beds in unit		
2.1-2.10.1.2	___ immediately accessible* to patient care units served (permitted to serve more than one patient care unit)		
2.1-2.10.1.4	___ designed to minimize impact of noise & activity on patient rooms & staff functions		
2.2-2.2.10.2 (1)	_x_ Toilet room _x_ handwashing station _x_ readily accessible* to multipurpose room	Ventilation: _x_ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1
2.2-2.2.10.4	_x_ Place for meditation & prayer _x_ at least one dedicated quiet space to support meditation bereavement or prayer		
2.2-2.11.10.2	_x_ Patient toilet rooms (in addition to toilet rooms serving bed areas) _x_ handwashing stations _x_ immediately accessible* to multipurpose room _x_ immediately accessible* to each central bathing	Ventilation: _x_ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1

	Architectural Requirements	Building Systems Requirements
2.2-2.11	**PEDIATRIC SUB-UNIT** ☐ check if not included in project	
130.740(A)(2)	Location: ___ discrete sub-unit is located within an adult care unit ___ discrete sub-unit contains beds permanently designated as pediatric beds	
130.740(A)(2)(a)	___ such pediatric beds are located in a specific room, or contiguous specific rooms	
130.740(A)(2)(d)	___ pediatric sub-unit is situated in such a way that the flow of adult patients through it is discouraged	
2.2-2.11.2	**PATIENT ROOM**	
2.2-2.11.2.1	Capacity:	
(1)	___ maximum number of beds per room is one bed	
(2)	**or**	
	___ renovation work is undertaken	
	___ present capacity is more than one patient in each room	
	___ proposed room capacity is no more than present capacity	
	___ maximum 2 patients in each room	
2.2-2.11.2.2	Space Requirements:	
(1)(a)	___ single-patient rooms	
	☐ check if not included in project	
	___ min. clear floor area 120 sf	
2.2-2.2.2.2 (2)(a)	___ min. clearance 3'-0" between sides of bed & any wall or any other fixed obstruction	
	___ min. clearance 3'-0" between foot of bed & any wall or any other fixed obstruction	
(1)(b)	___ multiple-patient rooms	
	☐ check if not included in project	
	___ min. clear floor area 100 sf per bed	
(2)(a)	___ min. clearance 3'-0" between sides of bed & any wall or any other fixed obstruction	

Ventilation:	
___ Min. 4 air changes per hour	Table 7.1
Lighting:	2.1-8.3.4.3(1)
___ General lighting	
___ Reading light for each patient bed	(a)
___ controls accessible to patients in bed	
___ Night-light located in each patient room	(b)
___ no central control of night-lights outside room	
___ night-light illuminates path from room entrance to bedside	
___ night-light illuminates path between bed & toilet room	
Power:	Table 2.1-1
___ Min. 12 receptacles in total	
___ Min. 2 receptacles at each side of the head of the bed	

	Architectural Requirements	Building Systems Requirements	
(2)(b)	___ min. clearance 4'-0" at foot of each bed to permit passage of equipment & beds	___ Min. 2 receptacles on all other walls (not including any TV receptacle) Nurse Call System: ___ Patient station ___ Staff assistance station ___ Emergency call station Medical Gases: ___ 1 OX, 1 VAC per bed	 Table 2.1-2 Table 2.1-3
2.2-2.11.2.3 2.1-7.2.2.5(1)	Windows in Patient Rooms: ___ each patient room provided with natural light by means of window to outside		
2.1-7.2.2.5(2)	___ operable windows in patient rooms ☐ check if <u>not</u> included in project ___ window operation is limited with either stop limit/restrictor hardware or open guard/screen ___ prevents passage of 4-inch diameter sphere through opening		
2.1-7.2.2.6	___ insect screens		
2.1-7.2.2.5(3) (a)	___ min. net glazed area be no less than 8% of required min. clear floor area		
(b)	___ max. 36" windowsill height above finished floor		
2.2-2.2.2.7 (1)(a)	Patient Bathing Facilities: ___ located in toilet room directly accessible from each patient room		
	or		
(1)(b)	___ located in central bathing facility		
(2)	Central Bathing Facilities: ☐ check if <u>not</u> included in project		
(a)	___ each bathtub or shower in individual room or enclosure that provides privacy for bathing drying & dressing	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1
(b)	___ at least one shower or bathtub provided for each patient care unit		
	___ at least one bathing facility with space for attendant to accommodate patients on gurneys, carts & wheelchairs (may be shared with multiple patient care units located on separate floors)	Nurse Call System: ___ Bath station	Table 2.1-2
(c)	___ toilet in separate enclosure in or directly accessible to each central bathing facility	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1
	___ handwashing sink in or directly accessible to each central bathing facility		
	___ storage for soap & towels in or directly accessible to each central bathing facility	Nurse Call System: ___ Bath station	Table 2.1-2

	Architectural Requirements	Building Systems Requirements
(3)	Mobile Lifts, Shower Gurney Devices & Wheelchair Access:	
(a)	___ doorways designed to allow entry of portable/mobile mechanical lifts & shower gurney devices	
(b)	___ thresholds designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment	
(c)	___ patient shower rooms designed to allow entry of portable/mobile mechanical lifts & shower gurney devices	
(d)	___ floor drain grates be designed to facilitate use & prevent tipping of wheelchairs & other portable wheeled equipment	
2.2-2.2.2.8 2.1-2.2.8	Patient Storage: ___ separate wardrobe, locker, or closet suitable for garments & for storing personal effects	
2.2-2.11.3	Family Support Provisions: ☐ check if <u>not</u> included in project ___ additional provisions for hygiene, toilets, sleeping & personal belongings be made where parents will be allowed to remain with children	
2.2-2.7.2.2(1)	___ space at each bedside for families & visitors ___ in addition to space provided for staff ___ space provided for parental accommodations & for movable furniture does not encroach on minimum clearance requirements	
2.2-2.11.4	**SPECIAL PATIENT CARE ROOMS**	
2.2-2.11.4.2	___ Airborne infection isolation room	
(1)	___ at least one AII room be provided in pediatric sub-unit	
(2) 2.1-2.4.2.2	___ complies with requirements applicable to patient rooms	
(1)	___ capacity one bed	
(2)	___ personal protective equipment (PPE) storage at entrance to room	
(3)	___ handwashing station	

	Architectural Requirements	Building Systems Requirements	
(4)	___ patient toilet room ___ serves only one AII room	Ventilation: ___ Min. 10 air changes per hour	Table 7.1
(5)	___ bathtub or shower	___ Exhaust ___ Negative pressure ___ No recirculating room units	
2.1-2.4.2.3	___ Anteroom ☐ check if not included in project		
(1)	___ provides space for persons to don personal protective equipment (PPE) before entering patient room	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ No recirculating room units	Table 7.1
(2)	___ all doors to anteroom have self-closing devices **or** ___ audible alarm activated when AII room is in use as isolation room		
(3)(a)	___ handwashing station		
(3)(b)	___ storage for unused PPE		
(3)(c)	___ disposal/holding container for used PPE		
2.1-2.4.2.4	Architectural Details & Furnishings:		
(1)(a)	___ perimeter walls ceiling & floor including penetrations constructed to prevent air exfiltration		
(1)(b)	___ self-closing devices on all room exit doors **or** ___ activation of audible alarm when AII room is in use as isolation room		
	___ edge seals provided along sides & top of doorframe for any door into AII room		
(2) (a)	___ window treatments do not include fabric drapes & curtains		
2.1-2.4.2.5	___ room pressure visual or audible alarm		
130.740(A)(2)(b)	**NURSE STATION OR SUB-STATION**		
	___ Nurse station or sub-station ___ serves pediatric patients ___ adjacent* to the room(s) containing beds designated for pediatric patients ___ observation of these rooms is possible from the nurse station or sub-station	Nurse Call System: ___ Nurse master station	Table 2.1-2
2.1-2.8.2.1(1)	___ space for counters		
2.1-2.8.2.1(2)	___ handwashing station next to or directly accessible* **or** ___ hand sanitation dispenser next to or directly accessible*		

	Architectural Requirements	Building Systems Requirements	
2.2-2.11.8.5 130.740(A)(3)	**MULTIPURPOSE ACTIVITY ROOM** ___ Pediatric sub-unit has an area or areas that are used primarily for recreation or play and equipped with items appropriate for the pediatric patients of the age using the areas		
2.2-2.11.8.5	___ Multipurpose activity room ___ multipurpose activity room for dining education & developmentally appropriate play & recreation ___ provided in or adjacent* to areas serving pediatric & adolescent patients		
(1)	___ provides access & accommodates equipment for patients with physical restrictions		
(2)	___ insulation & structural provisions to minimize transmission of impact noise through floor, walls or ceiling of multipurpose room		
2.2-2.11.8	**OTHER SUPPORT AREAS FOR PEDIATRIC SUB-UNIT** (may be shared with adjacent* med/surg adult unit)		
2.1-2.8.2.2	___ Center for reception & communication ___ self-contained **or** ___ combined with administrative center or nurse station		
2.2-2.2.8.3 2.1-2.8.3.1	___ Documentation area ___ work surface to support documentation process	Nurse Call System: ___ Duty station (light/sound signal)	2.1-8.5.1.2(3)(b)
2.2-2.2.8.4	___ Nurse or supervisor office		
2.2-2.2.8.5 2.1-2.8.5	___ Multipurpose room ___ at least one multipurpose room for each facility for patient conferences, reports, education, training sessions & consultation (may serve several patient care units & departments)		
2.2-2.2.8.7 2.1-2.8.7.1	___ Handwashing station ___ located in each room where hands-on patient care is provided		

	Architectural Requirements	Building Systems Requirements	
2.2-2.2.8.8	___ Medication safety zones		
2.1-2.8.8.1(2)	Design Promoting Safe Medication Use:		
(a)	___ medication safety zones located out of circulation paths		
(b)	___ work space designed so that staff can access information & perform required tasks		
(c)	___ work counters provide space to perform required tasks		
(e)	___ sharps containers placed at height that allows users to see top of container		
(f)	___ max. 45 dBA noise level caused by building systems		
2.1-2.8.8.2(1)	___ medication preparation room		
(a)	___ under visual control of nursing staff		
(b)	___ work counter	Lighting:	
	___ handwashing station	___ Task lighting	2.1-2.8.8.1(2)(d)
	___ lockable refrigerator	Ventilation:	
	___ locked storage for controlled drugs	___ Min. 4 air changes per hour	Table 7.1
	___ sharps containers	Nurse Call System:	
	☐ check if not included in project	___ Duty station (light/sound signal)	Table 2.1-2
(c)	___ self-contained medication-dispensing unit		
	☐ check if not included in project		
	___ room designed with space to prepare medications		
	or		
2.1-2.8.8.2(2)	___ automated medication-dispensing unit		
(a)	___ located at nurse station, in clean workroom or in alcove		
(c)	___ handwashing station located next to stationary medication-dispensing units or stations	Nurse Call System:	
		___ Duty station (light/sound signal)	Table 2.1-2
2.2-2.2.8.9	___ Nourishment area or room		
2.1-2.8.9.2		Ventilation:	
(1)	___ handwashing station	___ Min. 2 air changes per hour	Table 7.1
(2)	___ work counter	Nurse Call System:	
(3)	___ refrigerator	___ Duty station (light/sound signal)	2.1-8.5.1.2(3)(b)
(4)	___ microwave		
(5)	___ storage cabinets		
(6)	___ space for temporary storage of food service implements		
2.1-2.8.9.3	___ provisions & space are included for separate temporary storage of unused & soiled meal trays		

	Architectural Requirements	Building Systems Requirements	
2.2-2.2.8.10	___ Ice-making equipment ___ located in each patient care unit ___ equipment to provide ice for treatments & for nourishment		
2.2-2.2.8.11	___ Clean workroom or clean supply room		
2.1-2.8.11.2	___ clean workroom ___ used for preparing patient care items	Ventilation: ___ Min. 4 air changes per hour	Table 7.1
(1)	___ work counter	___ Positive pressure	
(2)	___ handwashing station	Nurse Call System: ___ Duty station (light/sound signal)	Table 2.1-2
(3)	___ storage facilities for clean & sterile supplies		
	or		
2.1-2.8.11.3	___ clean supply room ___ used only for storage & holding as part of system for distribution of clean & sterile supplies	Ventilation: ___ Min. 4 air changes per hour ___ Positive pressure	Table 7.1
2.2-2.2.8.12	___ Soiled workroom or soiled holding room	Ventilation:	
2.1-2.8.12.2	___ soiled workroom	___ Min. 10 air changes per hour	Table 7.1
(1)(a)	___ handwashing station	___ Exhaust	
(1)(b)	___ flushing-rim clinical service sink with bedpan-rinsing device or equivalent flushing-rim fixture	___ Negative pressure ___ No recirculating room units	
(1)(c)	___ work counter	Nurse Call System: ___ Duty station (light/sound signal)	Table 2.1-2
(1)(d)	___ space for separate covered containers for waste & soiled linen		
(2)	___ fluid management system is used ☐ check if <u>not</u> included in project		
(a)	___ electrical & plumbing connections that meet manufacturer requirements		
(b)	___ space for docking station		
	or		
2.1-2.8.12.3	___ soiled holding room	Ventilation: ___ Min. 10 air changes per hour	Table 7.1
(1)	___ handwashing station or hand sanitation station	___ Exhaust ___ Negative pressure	
(2)	___ space for separate covered containers for waste & soiled linen	___ No recirculating room units	

	Architectural Requirements	Building Systems Requirements	
2.1-2.8.13.1	___ Clean linen storage		
(1)	___ stored in clean workroom **or** ___ separate closet **or** ___ covered cart distribution system on each floor		
(2)	___ storage of clean linen carts in designated corridor alcoves, clean workroom or closets		
2.1-2.8.13.2	___ Equipment & supply storage room or alcoves ___ sized to provide min. 10 sf per patient bed		
2.1-2.8.13.3	___ Storage space for gurneys, stretchers & wheelchairs		
2.1-2.8.13.4	___ Emergency equipment storage		
(1)	___ each patient care unit has at least one emergency equipment storage location		
(2)	___ provided under visual observation of staff		
(3)	___ storage locations in corridors do not encroach on minimum required corridor width		
2.2-2.2.8.14	___ Environmental services room	Ventilation:	
2.1-2.8.14.1	___ readily accessible* to unit or floor it serves (permitted to serve more than one patient care unit on floor)	___ Min. 10 air changes per hour	Table 7.1
		___ Exhaust ___ Negative pressure ___ No recirculating room units	
2.1-2.8.14.2			
(1)	___ service sink or floor-mounted mop sink		
(2)	___ provisions for storage of supplies & housekeeping equipment		
(3)	___ handwashing station **or** ___ hand sanitation station		
2.2-2.11.8.15	___ Examination room		
2.2-2.2.8.15	☐ check if <u>not</u> included in project		
(1)	(only if all patient rooms in patient care unit are single-patient rooms) ___ designed for single patient		
(2)	___ serves only one patient care unit **or** ___ serves more than one patient care unit on same floor ___ centrally located		
2.1-2.1.2	Patient privacy:		

	Architectural Requirements	**Building Systems Requirements**	
	___ provisions are made to address patient visual & speech privacy		
2.1-3.2.2.1	Space Requirements:	Ventilation:	
(1)	___ min. clear floor area 120 sf	___ Min. 6 air changes per hour	Table 7.1
	___ min. clear dimension 10'-0"		
(2)(a)	___ room size permits room arrangement with min. clearance 3'-0" at each side & at foot of exam table	Lighting: ___ Portable or fixed exam light	2.1-8.3.4.3(3)
	___ room arrangement (layout #1) shown in the plans	Power: ___ Min. 8 receptacles in total	Table 2.1-1
(2)(b)	___ exam table, recliner or chair is placed at angle closer to one wall than another or against wall to accommodate type of patient being served ☐ check if <u>not</u> included in project	___ Min. 4 receptacles convenient to head of gurney or bed	
	___ room arrangement (layout #2) shown in the plans	Nurse Call System: ___ Staff assistance station ___ Emergency call station	Table 2.1-2
2.2-2.11.8.9	___ Infant feeding facilities		
	___ storage for human milk & formula		
2.2-2.11.8.13	___ Equipment & supply storage		
(1)	___ storage closets or cabinets for toys & educational & recreational equipment		
(2)	___ storage space provided in facility to permit exchange of cribs & adult beds		
(3)	___ provisions for storage of equipment & supplies for parents who stay with patient overnight		
2.2-2.11.9	**SUPPORT AREAS FOR STAFF** (may be shared with adjacent* med/surg adult unit)		
2.1-2.9.1	___ Staff lounge		
	___ min.100 sf		
2.1-2.9.2	___ Staff toilet room (permitted to be unisex)		
2.1-2.9.2.1	___ readily accessible* to each patient care unit	Ventilation: ___ Min. 10 air changes per hour	Table 7.1
2.1-2.9.2.2	___ toilet & handwashing station	___ Exhaust ___ Negative pressure ___ No recirculating room units	
2.1-2.9.3	___ Staff storage facilities		
2.1-2.9.3.1	___ securable closets or cabinet compartments for personal articles of staff		
	___ located in or near nurse station		

	Architectural Requirements	Building Systems Requirements	
2.2-2.11.10	**SUPPORT AREAS FOR PATIENTS** (may be shared with adjacent* med/surg adult unit)		
2.2-2.2.10.1	___ Family & visitor lounge	Communications:	
	___ each patient care unit provides access to lounge for family & visitors	___ Public communication services provided in each family & visitor lounge	2.1-2.10.1.6
2.1-2.10.1.1(1)	___ accommodates at minimum 3 chairs & 1 wheelchair space		
2.1-2.10.1.1(2)	___ accommodates at least 1 person for every 4 beds in unit		
2.1-2.10.1.2	___ immediately accessible* to patient care units served (permitted to serve more than one patient care unit)		
2.1-2.10.1.4	___ designed to minimize impact of noise & activity on patient rooms & staff functions		
2.2-2.2.10.2 (1)	___ Toilet room ___ handwashing station ___ readily accessible* to multipurpose room	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1
2.2-2.2.10.4	___ Place for meditation & prayer ___ at least one dedicated quiet space to support meditation, bereavement or prayer		
2.2-2.11.10.2	___ Patient toilet rooms (in addition to toilet rooms serving bed areas) ___ handwashing stations ___ immediately accessible* to multipurpose room ___ immediately accessible* to each central bathing	Ventilation: ___ Min. 10 air changes per hour ___ Exhaust ___ Negative pressure ___ No recirculating room units	Table 7.1

*LOCATION TERMINOLOGY:

Directly accessible: Connected to the identified area or room through a doorway, pass-through, or other opening without going through an intervening room or public space

Adjacent: Located next to but not necessarily connected to the identified area or room

Immediately accessible: Available either in or adjacent to the identified area or room

Readily accessible: Available on the same floor or in the same clinic as the identified area or room

Architectural Details & MEP Requirements

2.1-7.2.2 **ARCHITECTURAL DETAILS**

CORRIDOR WIDTH:

2.1-7.2.2.1 NFPA 101, 18.2.3.4

_x_ Aisles, corridors & ramps required for exit access in a hospital not less than 8'-0" in clear & unobstructed width

or

___ Detailed code review incorporated in Project Narrative

___ Aisles, corridors & ramps in adjunct areas not intended for the housing, treatment, or use of inpatients not less than 44" in clear & unobstructed width

or

___ Detailed code review incorporated in Project Narrative

2.1-7.2.2.2 CEILING HEIGHT:

(1) _x_ Min ceiling height 7'-6"in corridors & in normally unoccupied spaces

(3) _x_ Min. height 7'-6" above floor of suspended tracks, rails & pipes located in traffic path for patients in beds & on stretchers

_x_ Min. ceiling height 7'-10" in other areas

2.1-7.2.2.3 DOORS & DOOR HARDWARE:

(1) Door Type:

(a) _x_ doors between corridors, rooms, or spaces subject to occupancy swing type or

(b) sliding doors

___ sliding doors

☒ check if not included in project

___ manual or automatic sliding doors comply with NFPA 101

___ detailed code review incorporated in Project Narrative

___ no floor tracks

(2) Door Opening:

(a) _x_ min. 45.5" clear door width for patient rooms

_x_ min. 83.5" clear door height for patient rooms

(b) ___ swinging doors for personnel use in addition to sliding doors

☒ check if not included in project

___ min. clear width 34.5"

(3) Door Swing:

(a) _x_ doors do not swing into corridors except doors to non-occupiable spaces (e.g. environmental services rooms & electrical closets) & doors with emergency breakaway hardware

(4) _x_ Lever hardware or push/pull latch hardware

(5) Doors for Patient Bathing/Toilet Facilities:

(a) ___ two separate doors

or

___ door that swings outward

or

_x_ door equipped with emergency rescue hardware (permits quick access from outside the room to prevent blockage of the door)

or

___ sliding door other than pocket door

(b) _x_ bathing area or toilet room opens onto public area or corridor

☐ check if not included in project

_x_ visual privacy is maintained

2.1-7.2.2.5 WINDOWS IN PATIENT ROOMS:

2.1-7.2.2.5(1) _x_ Each patient room provided with natural light by means of window to outside

2.1-7.2.2.5(2) ___ Operable windows in patient rooms or suites

☒ check if not included in project

___ window operation is limited—with either stop limit/restrictor hardware or open guard/screen

___ prevents passage of 4-inch diameter sphere through opening

2.1-7.2.2.6 ___ insect screens

2.1-7.2.2.5(3) Window Size In Patient Rooms:

(a) _x_ minimum net glazed area be no less than 8% of required min. clear floor area of room served

(b) _x_ maximum 36 inches windowsill height above finished floor

2.1-7.2.2.7 GLAZING MATERIALS:
___ Glazing within 1 foot 6 inches of floor
☒ check if not included in project
___ must be safety glass, wire glass or plastic break-resistant material

2.1-7.2.2.8 HANDWASHING STATIONS:
(1)(c) _x_ Handwashing stations in patient care areas located so they are visible & unobstructed
(3)
(a) _x_ Handwashing station countertops made of porcelain, stainless steel, solid-surface materials or impervious plastic laminate assembly
(b) _x_ Countertops substrate
☐ check if not included in project
_x_ marine-grade plywood (or equivalent material) with impervious seal
(4) _x_ Handwashing station casework
☐ check if not included in project
_x_ designed to prevent storage beneath sink
(5) _x_ Provisions for drying hands
(a) _x_ hand-drying device does not require hands to contact dispenser
(b) _x_ hand-drying device is enclosed to protect against dust or soil & to ensure single-unit dispensing
(6) _x_ Liquid or foam soap dispensers

2.1-7.2.2.9 GRAB BARS:
(1) _x_ Grab bars anchored to sustain concentrated load 250 pounds
(2) _x_ Grab bars in toilet rooms used by patients of size anchored to sustain concentrated load 800 pounds
(3) _x_ Ends of grab bars constructed to prevent snagging clothes of patients, staff & visitors

2.1-7.2.2.10 HANDRAILS:
(1) ___ Handrails installed on both sides of patient use corridors
(3) _x_ Rail ends return to wall or floor
(4) _x_ Handrail gripping surfaces & fasteners are smooth (free of sharp or abrasive elements) with 1/8-inch min. radius
(5) _x_ Handrails have eased edges & corners
(6) _x_ Handrail finishes are cleanable

2.1-7.2.2.12 NOISE CONTROL:
(1) _x_ Recreation rooms, exercise rooms equipment rooms & similar spaces where impact noises may be generated are not located directly over patient bed areas
or
___ Special provisions are made to minimize impact noise

(2) _x_ Noise reduction criteria in Table 1.2-6 applicable to partitions, floors & ceiling construction are met in patient areas

2.1-7.2.2.14 DECORATIVE WATER FEATURES:
(1) _x_ No indoor unsealed water features
(2) ___ Covered fish tanks
☒ check if not included in project
___ restricted to public areas

2.1-7.2.3 **SURFACES**
2.1-7.2.3.1 FLOORING & WALL BASES:
(1) _x_ Flooring surfaces cleanable & wear-resistant for location
(3) _x_ Smooth transitions provided between different flooring materials
(4) _x_ Flooring surfaces including those on stairways are stable, firm & slip-resistant
(5) _x_ Floors & wall bases of soiled workrooms, toilet rooms & other areas subject to frequent wet cleaning are constructed of materials that are not physically affected by germicidal or other types of cleaning solutions

2.1-7.2.3.2 WALLS & WALL PROTECTION:
(1)(a) _x_ Wall finishes are washable
(1)(b) _x_ Wall finishes near plumbing fixtures are smooth, scrubbable & water-resistant
(2) _x_ Wall surfaces in areas routinely subjected to wet spray or splatter (e.g. environmental services rooms) are monolithic or have sealed seams that are tight & smooth
(5) _x_ Wall protection devices & corner guards durable & scrubbable

2.1-7.2.3.3 CEILINGS:
(1) _x_ Ceilings provided in all areas except mechanical, electrical & communications equipment rooms
(a) _x_ Ceilings cleanable with routine housekeeping equipment
(b) _x_ Acoustic & lay-in ceilings where used do not create ledges or crevices

2.1-7.2.4.1 Built-In Furnishings:
☐ check if not included in project
_x_ upholstered with impervious materials in patient treatment areas

2.1-7.2.4.2 Window Treatments in Patient Rooms & Other Patient Care Areas:
(1) _x_ patient-controlled window treatments provided to allow for patient privacy & to control light levels & glare
(2) _x_ window treatments do not compromise patient safety
_x_ easy for patients, visitors & staff to operate
(3) _x_ window treatments selected for ease of cleaning, disinfection or sanitization

2.1-7.2.4.3 ___ Privacy curtains in patient rooms & other patient care areas are washable
☒ check if not included in project

2.1-8.2 **HEATING VENTILATION & AIR-CONDITIONING (HVAC) SYSTEMS**

Part 3/6.1 UTILITIES:
Part 3/6.1.1 Ventilation Upon Loss of Electrical Power:
_x_ space ventilation & pressure relationship requirements of Tables 7.1 are maintained for AII Rooms, PE Rooms in event of loss of normal electrical power

Part 3/6.1.2 Heating & Cooling Sources:
Part 3/6.1.2.1 _x_ heat sources & essential accessories are provided in number & arrangement sufficient to accommodate facility needs (reserve capacity) even when any one of heat sources or essential accessories is not operating due to breakdown or routine maintenance
_x_ capacity of remaining source or sources is sufficient to provide for domestic hot water & to provide heating for inpatient rooms

Part 3/6.1.2.2 Central cooling systems greater than 400 tons (1407 kW) peak cooling load
☐ check if not included in project
_x_ number & arrangement of cooling sources & essential accessories is sufficient to support facility operation plan upon breakdown or routine maintenance of any one of cooling sources

Part 3/6.2 AIR-HANDLING UNIT (AHU) DESIGN:
Part 3/6.2.1 _x_ AHU casing is designed to prevent water intrusion, resist corrosion & permit access for inspection & maintenance

.

Part 3/6.3 OUTDOOR AIR INTAKES & EXHAUST DISCHARGES:
Part 3/6.3.1 Outdoor Air Intakes:
Part 3/6.3.1.1 _x_ located min. of 25 ft from cooling towers & all exhaust & vent discharges
_x_ outdoor air intakes located such that bottom of air intake is at least 6'-0" above grade
_x_ air intakes located away from public access

Part 3/6.3.1.3 _x_ intakes on top of buildings
☐ check if not included in project
_x_ located with bottom of air intake min. 3'-0" above roof level

Part 3/6.3.2 Exhaust Discharges for Infectious Exhaust Air:
☒ check if not included in project
Part 3/6.3.2.1 ___ ductwork within building is under negative pressure for exhaust of contaminated air (i.e. air from AII rooms)

___ exhaust discharge outlets with contaminated air located such that they reduce potential for recirculation of exhausted air back into building

Part 3/6.3.2.2 ___ exhaust discharge outlets with contaminated air is arranged to discharge to atmosphere in vertical direction at least 10'-0" above adjoining roof level

___ exhaust discharge outlets from AII rooms is located not less than 25 feet horizontally from outdoor air intakes, openable windows/doors & areas that are normally accessible to public

Part 3/6.4 FILTRATION:

_x_ Two filter banks for inpatient care (see Table 6.4)

_x_ Filter Bank No. 1: MERV 7

_x_ Filter Bank No. 2: MERV 14

_x_ Each filter bank with efficiency of greater than MERV 12 is provided with differential pressure measuring device to indicate when filter needs to be changed

Part 3/6.4.1 _x_ Filter Bank No. 1 is placed upstream of heating & cooling coils

Part 3/6.4.2 _x_ Filter Bank No. 2 is placed downstream of all wet-air cooling coils & supply fan

Part 3/6.5 HEATING & COOLING SYSTEMS:

Part 3/6.5.3 ___ Radiant heating systems

☒ check if not included in project

___ ceiling or wall panels with exposed cleanable surfaces or radiant floor heating are provided in AII room, PE room & burn unit

Part 3/6.7 AIR DISTRIBUTION SYSTEMS:

Part 3/6.7.1 _x_ pressure relationships required in tables 7.1 maintained in all modes of HVAC system operation

_x_ Spaces that have required pressure relationships are served by fully ducted return systems or fully ducted exhaust systems

_x_ Inpatient facilities are served by fully ducted return or exhaust systems

Part 3/6.7.2 Air Distribution Devices:

_x_ supply air outlets comply with Table 6.7.2

Part 3/6.7.3 Smoke Barriers:

_x_ HVAC zones coordinated with compartmentation to minimize ductwork penetrations of fire & smoke barriers.

Part 3/6.8 ENERGY RECOVERY SYSTEMS:

☒ check if not included in project

Part 3/6.8.1 ___ Located upstream of Filter Bank No. 2

Part 3/6.8.2 ___ AII room exhaust systems or combination AII/PE rooms are not used for energy recovery

Part 3/6.8.3 ___ Energy recovery systems with leakage potential

☐ check if not included in project

___ arranged to minimize potential to transfer exhaust air directly back into supply airstream

___ designed to have no more than 5% of total supply airstream consisting of exhaust air

Part 3/7 SPACE VENTILATION

Part 3/7.1.a _x_ Spaces ventilated according to Table 7.1

Part 3/7.1.a.1 _x_ Air movement is from clean to less-clean areas

Part 3/7.1.a.3 _x_ Min. number of total air changes required for positive pressure rooms is provided by total supply airflow

_x_ Min. number of total air changes required for negative pressure rooms is provided by total exhaust airflow

Part 3/7.1a.5 ___ Air recirculation through room unit

☒ check if not included in project

___ complies with Table 7.1

___ room unit receive filtered & conditioned outdoor air

___ serve only a single space

___ provides min. MERV 6 filter located upstream of any cold surface so that all of air passing over cold surface is filtered

Part 3/7.2 ADDITIONAL ROOM-SPECIFIC REQUIREMENTS:

Part 3/7.2.1 Airborne Infection Isolation (AII) Rooms

☒ check if not included in project

___ AII rooms have permanently installed device and/or mechanism to constantly monitor differential air pressure between room & corridor

___ Local visual means is provided to indicate whenever negative differential pressure is not maintained

___ Air from AII room is exhausted directly to outdoors
___ Exhaust air from AII rooms, associated anterooms & toilet rooms is discharged directly to outdoors without mixing with exhaust air from any other non-AII room or exhaust system

Part 3/7.2.1 ___ Exhaust air grille or register in patient room is located directly above patient bed on ceiling or on wall near head of bed

___ Anteroom
☐ check if not included in project
___ AII room is at negative pressure with respect to anteroom
___ Anteroom is at negative pressure with respect to corridor

2.1-8.3 **ELECTRICAL SYSTEMS**

2.1-8.3.2.2 Panelboards:
(1) _x_ panelboards serving life safety branch circuits serve floors on which they are located & floors immediately above & below
(2) _x_ panelboard critical branch circuits serve floors on which they are located
(3) _x_ panelboards not located in exit enclosures or exit passageways

2.1-8.3.3 **POWER-GENERATING & -STORING EQUIPMENT**

2.1-8.3.3.1 _x_ Essential electrical system or emergency electrical power
(1) _x_ essential electrical system complies with NFPA 99
(2) _x_ emergency electrical power complies with NFPA 99

2.1-8.3.4 LIGHTING:
2.1-8.3.4.2 _x_ Luminaires in wet areas have smooth cleanable shatter-resistant lenses & no exposed lamps
2.1-8.3.4.3(1) _x_ Reading light for each patient bed
(a) ___ incandescent & halogen lights
☒ check if not included in project
___ placed or shielded to protect patient from injury
_x_ light covered by diffuser or lens
___ flexible light arms
☒ check if not included in project
___ mechanically controlled to prevent lamp from contacting bed linen
2.1-8.3.4.3(2) _x_ Patient care unit corridors have general illumination with provisions for reducing light levels at night

2.1-8.3.5 ELECTRICAL EQUIPMENT:
2.1-8.3.5.1 ___ Handwashing sinks that depends on building electrical service for operation are connected to essential electrical system
☒ check if not included in project

2.1-8.3.6 ELECTRICAL RECEPTACLES:
2.1-8.3.6.1 Receptacles In Corridors:
(1) _x_ duplex-grounded receptacles for general use installed 50'-0" apart or less in all corridors
_x_ duplex-grounded receptacles for general use installed within 25'-0" of corridor ends
(2) _x_ receptacles in pediatric unit corridors are of tamper-resistant type

2.1-8.3.6.3 Essential Electrical System Receptacles:
(1) _x_ cover plates for electrical receptacles supplied from essential electrical system are distinctively colored or marked for identification
(2) _x_ same color is used throughout facility

2.1-8.4 **PLUMBING SYSTEMS**

2.1-8.4.2 Plumbing & Other Piping Systems:
2.1-8.4.2.1(3) _x_ no plumbing piping exposed overhead or on walls where possible accumulation of dust or soil may create cleaning problem

2.1-8.4.2.5 Heated Potable Water Distribution Systems:
(2) _x_ heated potable water distribution systems serving patient care areas are under constant recirculation
_x_ non-recirculated fixture branch piping max. length 25'-0"
(3)(a) _x_ no installation of dead-end piping (except for empty risers mains & branches for future use)
(3)(c)
(3)(b) _x_ any existing dead-end piping is removed
☐ check if not included in project
(4)(a) _x_ water-heating system supplies water at temperatures & amounts indicated in Table 2.1-4

2.1-8.4.2.6 Drainage Systems:
(1)(a) ___ drainage piping installed above ceiling of or exposed in electronic data processing areas & electric closets
☒ check if not included in project

___ special provisions to protect space below from leakage & condensation

(1)(b) ___ drip pan for drainage piping above ceiling of sensitive area
☐ check if not included in project
___ accessible
___ overflow drain with outlet located in normally occupied area

2.1-8.4.3 PLUMBING FIXTURES:

2.1-8.4.3.1(1) _x_ Materials used for plumbing fixtures are non-absorptive & acid-resistant

2.1-8.4.3.2 Handwashing Station Sinks:

(1) _x_ designed with basins that will reduce risk of splashing to areas for direct patient care & medications preparation

(2) _x_ sink basins have nominal size of no less than 144 square inches

_x_ sink basins have min. dimension 9 inches in width or length

(3) _x_ sink basins are made of porcelain, stainless steel or solid-surface materials

(5) _x_ water discharge point is at least 10" above bottom of basin

(7) _x_ anchored so that allowable stresses are not exceeded where vertical or horizontal force of 250 lbs. is applied

(8) _x_ sinks used by staff, patients, & public have fittings that can be operated without using hands (may be single-lever or wrist blade devices)

(a) _x_ blade handles
☐ check if not included in project
_x_ at least 4 inches in length
_x_ provide clearance required for operation

(b) ___ sensor-regulated water fixtures
☒ check if not included in project
___ meet user need for temperature & length of time water flows
___ designed to function at all times and during loss of normal power

2.1-8.4.3.3 Showers & Tubs:

(1) _x_ nonslip surfaces

2.1-8.4.3.4 Ice-Making Equipment:

_x_ copper tubing provided for supply connections to ice-making equipment

2.1-8.4.3.5 Clinical Flushing-Rim Sinks:
☒ check if not included in project

(1) ___ trimmed with valves that can are operated without hands (may be single-lever or wrist blade devices)

(a) ___ handles are at least 6 in. long

(b) ___ integral trap wherein upper portion of water trap provides visible seal

(2) 2.1-8.4.3.7 Bedpan-Rinsing Devices:

(1) ___ bedpan-rinsing devices provided in each inpatient toilet room

(2) ___ use cold water only

2.1-8.4.4 **MEDICAL GAS & VACUUM SYSTEMS**

___ Station outlets provided as indicated in Table 2.1-3

2.1-8.5.1 **CALL SYSTEMS**

2.1-8.5.1.1

(1) _x_ Nurse call stations provided as required in Table 2.1-2

(2) _x_ Nurse call systems report to attended location with electronically supervised visual & audible annunciation

(4) _x_ Call system complies with UL 1069 "Standard for Hospital Signaling & Nurse Call Equipment"

(5) _x_ Wireless nurse call system
☐ check if not included in project
_x_ complies with UL 1069

2.1-8.5.1.2 Patient Call Stations:

(1) _x_ each patient sleeping bed provided with patient call station equipped for two-way voice communication

(2)(a) _x_ indicator light that remains lighted as long as voice circuit is operating

(2)(b) _x_ reset switch for canceling call

(3)(a) _x_ visible signal in corridor at patient's door
Multi-Corridor Patient Areas:
☒ check if not included in project

___ additional visible signals at corridor intersections

2.1-8.5.1.3 Bath Stations:

_x_ bath station that can be activated by patient lying on floor provided at each patient toilet, bathtub or shower stall

(1) _x_ alarm in these areas can only be turned off at bath station where it was initiated

(2) _x_ shower/tub bath stations located 3'-0" to 4'-0" above floor within view of user & within reach of staff without need to step into shower or tub

(3) _x_ toilet bath stations located on the side of toilets within 12" of front of toilet bowl & 3'-0" to 4'-0" above floor

2.1-8.5.1.5 _x_ Emergency call stations are equipped with continuous audible or visual confirmation to person who initiated the code call

2.1-8.6.2 **ELECTRONIC SURVEILLANCE SYSTEMS**

☐ check if not included in project

2.1-8.6.2.2 _x_ Monitoring devices are located so they are not readily observable by general public or patients

2.1-8.6.2.3 _x_ Electronic surveillance systems receive power from essential electrical system

VERMONT

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MEMORANDUM

TO: **Tom Dee, CEO, Southwestern Vermont Medical Center**

FROM: **Emily Hawes, Commissioner, Vermont Department of Mental Health**
CC: **Karen Barber, General Counsel, Vermont Department of Mental Health**

DS EH

DATE: **January 30, 2024**

RE: **In-patient Psychiatric Unit for Adolescents**

The Department of Mental Health (DMH) values our continued partnership with Southwestern Vermont Medical Center (SVMC) as we work towards establishing an in-patient unit for adolescents in order to diversify existing in-state resources for this vulnerable population served. The Department has reviewed your bid for our Request for Proposals, and as a result worked on a feasibility study for repurposing an existing wing of SVMC to serve as a psychiatric unit for adolescents. At this time, DMH has been appropriated funding for this endeavor through the 2023 Big Bill. As such, based on funding availability and feasibility study, DMH is in support of the SVMC Certificate of Need Application for the project. DMH awaits the Green Mountain Care Board's review and determinations before proceeding with any further contractual agreements.

Questions may be directed to DMH General Counsel, Karen.Barber@vermont.gov

Appendix 10- Financial Tables and Assumptions

Table #1 – Construction Cost Assumptions

The schematic design for the mental health unit was completed as part of the feasibility study conducted in partnership with the Department of Mental Health. The construction cost was estimated by Skanska USA. Skanska has extensive experience in regional healthcare construction, and has served as SVMC's construction advisor, including as the owners representative for SVMC's Emergency Department and Main Entrance modernization.

Table #2 – Sources of Funds Assumptions

SVMC is planning on funding the Project as follows:

• Equity contribution	$293,006
• Grant	9,250,000
Total	***$9,543,006***

- Equity Contribution

  SVMC plans on contributing $293,006 from operating cash toward the enabling project of space renovation for staff.

- Grant

  The Department of Mental Health and Vermont Governor have allocated $9,250,000 in the Vermont state budget toward the project because the inpatient unit will serve the needs of adolescents across the state.

P&L Assumptions

Income Statement

Emerging from the pandemic, the operating results of healthcare organizations is much different. In order to maintain services for the communities that are served, SVMC had to use reserves and lines of credit as sources of cash. Routine maintenance and equipment replacement was carefully expended in order to preserve cash. The P&L represented in the base case returns SVMC to a modest operating margin in order to start to pay off the line of credit and be able to invest in the routine capital and maintenance to ensure the quality of the equipment and facilities matches the quality of care provided by the staff.

Net Patient Service Revenues

SVMC developed its financial forecast for the income statement, considering the following:

- Baseline assumption was a 6.0% Net Patient Service Revenues annual increase, predominately driven by increased utilization;
    - The population of Bennington County is aging. This demographic is going to utilize healthcare resources at a higher rate.
    - Primary care and diagnostic testing growth is also expected in order to keep patients out of the emergency department and acute inpatient areas. This decrease effect is netted in the overall net patient service revenue growth.
    - **The net patient service revenue increase is not to pay for the construction of this project and the project will be sustainable through funding sources, see below.**

- Population trends for the Hospital service area were examined along with use rates. Below are just a few items that were considered in the 'without project' projection;
    - Aging population – greater Medicare patients;
    - Regions economic challenges – greater Medicaid patients;
    - Commercial payers decreasing;

- Payer mix for the adolescent psych unit is assumed to be:
    - Medicaid 75%
    - Commercial 18%
    - Self-pay 6%
    - Bad Debt 1%

- Constant growth level of Fixed Prospective Revenue through OneCare Vermont were included in the forecast. The level of fixed prospective payment may change and advancing global budgets might alter this assumption.

Other operating revenues

The assumption is that SVMC will continue to qualify and participate in the 340B contract pharmacy program. SVMC's participation in the 340B program is at risk annually and thereby represents significant revenue uncertainty to projections of SVMC's future revenue base. Eligibility is currently effective until approximately March 2025.

Included in the project only projection is the subsidy provided by Department of Mental Health and the Department of Health Access in order to bring the service to a break-even operating margin. This financial support takes several forms;

- $1,000,000 in financial support for the first year of operations while patient volumes are ramping up.
- Per Diem Rate that supports operational expenses
- Annual adjustment of per diem rate for the subsequent year to remediate financial losses or gains from the previous year and establish an estimated revenue budget that matches estimated operating expenses

Operating Expenses

Overall, expense is going to increase around 5.5% each year. This is due to inflationary pressures still present in the healthcare operating environment as well as staff costs. Details on the major expense categories are below:

Salaries Non MD

Below list the significant salaries and wage high-level assumptions:

- Rate of pay increase of 6%, annually;
    - The increase in salaries is to continue to be competitive in the healthcare environment and limit traveler costs which are more expensive and typically offer a lower quality of care.
- Included are approximately 40 FTE increase to support the project. The major categories are:
    - RNs
    - Mental Health Technicians
    - Mental Health Counselors

Fringe Benefits Non MD

The majority of fringe benefits is related to health insurance. SVMC intends to manage the self-insured plan in order to only have increases of 5-6% in cost annually based on continuing to use population health management strategies to ensure a healthy workforce.

Physician Fees Salaries Contracts & Fringe

Below list the significant Physician Fees Salaries Contracts & Fringe high-level assumptions are below:

- No new services or providers were added to the without project projection which is subject to change;
- Providers come and go, replacements are budgeted at 100% replacement factor.
- Provider compensation and fringe benefits are increased at a rate of 3%, annually;
- Additional physician FTEs were incorporated in the project only projection. Recruitment of physicians will be done with the assistance of Dartmouth Health.

Health Care Provider Tax

The Provider Tax will increase as NPSR increases.

Depreciation / Amortization

Below lists the significant Depreciation / Amortization expense assumptions:

- Depreciation schedule for existing equipment as of September 30, 2023 audited financial statements;
- Annual routine capital budget of $9,000,000;
- $9,543,006 adolescent psych project to be completed in 2024 with the first full year 2025;
- The American Hospital Association “Estimated Useful Lives of Depreciable Hospital Assets” guide to determine useful lives of purchased assets.

Interest Expense

Interest expense is expected to increase slightly due to capital market as well as changes in the operating line of credit. No additional debt is anticipated for this project.

Other Operating Expenses

Below lists the significant Other Operating Expense assumptions:

- Pharmacy (Drugs)
  - Inflationary increase of 6% is included, annually;
  - Continue to participate in group purchasing arrangements with NEAH;
  - Increasing the purchasing of Drugs under the 340B program with the help of Dartmouth Health's 340B Team of Excellence. This shift in drug purchases will offset the inflationary increase.
- Supply costs
  - Inflationary increase of 4% is included, annually;
  - Continue to participate in group purchasing arrangements with NEAH;
  - Investigation into other opportunities continue monthly through "Value Analysis" Process.
  - The project adds supply costs, specifically in lab supplies and food costs.

- Purchase Services
  - Inflationary increase of 4-5% is included, annually;
  - Performance improvement initiatives continue;

Balance Sheet Assumptions

Balance Sheet Assets

Current Assets

- Cash and Investments are a result of operating activities and other balance sheet changes. The equity contribution in year 1 will reduce the cash balance by about $300,000.

- Accounts Receivable – the projection maintains the historical level of days outstanding;

- Other current assets will increase approximately 2.5% on average and aligned with historic inflation;

Board Designated Assets

- An average of 5% growth rate has been assumed for the board designated investments;

Plant Property and Equipment

- Annual capital budget of $9,000,000;
- Inpatient Adolescent Psych project of approximately $9,543,006;
- The American Hospital Association "Estimated Useful Lives of Depreciable Hospital Assets" guide to determine useful lives of purchased assets.

Balance Sheet Liabilities

Accounts Payable

- Maintain current level of outstanding balance and payment cycles.

Salaries, Wages and Payroll Taxes Payable

- The amount of the staff related liability is not expected to materially change;
- Based upon salaries and wage expense base as well as benefits.

Estimated Third Party Settlements

- Projected a small settlement in each year.

Other Current Liabilities

- Remain consistent throughout the years.

Current portion and Long-term portion of Long Term Debt

- Current amortization of current debt;
- No additional debt for this project.

NOTE: When completing this table make entries in the shaded fields only.

Southwestern VT Medical Center
Project
TABLE 1
PROJECT COSTS

Construction Costs	
1. New Construction	$ 149,224
2. Renovation	$5,071,615
3. Site Work	208,511
4. Fixed Equipment	-
5. Design/Bidding Contingency	$476,868
6. Construction Contingency	$891,392
7. Construction Manager Fee	271,926
8. Other (please specify)	-
Subtotal	$ 7,069,538
Related Project Costs	
1. Major Moveable Equipment	
2. Furnishings, Fixtures & Other Equip.	$1,085,000
3. Architectural/Engineering Fees	$634,548
4. Land Acquisition	
5. Purchase of Buildings	
6. Administrative Expenses & Permits	$553,920
7. Debt Financing Expenses (see below)	-
8. Debt Service Reserve Fund	-
9. Working Capital	-
10. Other (E.H.R. software module)	200,000
	-
	-
Subtotal	$ 2,473,469
Total Project Costs	**$ 9,543,006**

Debt Financing Expenses	
1. Capital Interest	$ -
2. Bond Discount or Placement Fee	-
3. Misc. Financing Fees & Exp. (issuance costs)	-
4. Other	-
Subtotal	$ -
Less Interest Earnings on Funds	
1. Debt Service Reserve Funds	$ -
2. Capitalized Interest Account	-
3. Construction Fund	-
4. Other	-
Subtotal	$ -
Total Debt Financing Expenses	**$ -**
feeds to line 7 above	

NOTE: When completing this table make entries in the shaded fields only.

Southwestern VT Medical Center
Project
TABLE 2
DEBT FINANCING ARRANGEMENT, SOURCES & USES OF FUNDS

Sources of Funds

1. Financing Instrument	Bond			
a. Interest Rate	0.0%			
b. Loan Period		To:		
c. Amount Financed			$	-
2. Equity Contribution				293,006
3. Other Sources				
a. Working Capital				-
b. Fundraising				-
c. Grants				9,250,000
d. Other				-
Total Required Funds			**$**	**9,543,006**

Uses of Funds

Project Costs (feeds from Table 1)		
1. New Construction	$	149,224
2. Renovation		5,071,615
3. Site Work		208,511
4. Fixed Equipment		-
5. Design/Bidding Contingency		476,868
6. Construction Contingency		891,392
7. Construction Manager Fee		271,926
8. Major Moveable Equipment		-
9. Furnishings, Fixtures & Other Equip.		1,085,000
10. Architectural/Engineering Fees		634,548
11. Land Acquisition		-
12. Purchase of Buildings		-
13. Administrative Expenses & Permits		553,920
14. Debt Financing Expenses		-
15. Debt Service Reserve Fund		-
16. Working Capital		-
17. Other (please specify)		200,000
Total Uses of Funds	**$**	**9,543,006**

Total sources should equal total uses of funds.

SOUTHWESTERN VT MEDICAL CENTER

Project

INCOME STATEMENT

Table 3A

WITHOUT PROJECT

Proposed Years Must change from Current Budget

	2022	2023		2024		Proposed Yr 1 2025		Proposed Yr 2 2026		Proposed Yr 3 2027	
	Actual	Actual/Projection	% change	Budget 2024 App	% change		% change		% change		% change
REVENUES											
INPATIENT CARE REVENUE	86,438,636	90,519,047	0.0%	-	-100.0%	99,570,952	#DIV/0!	105,545,209	6.0%	111,350,195	5.5%
OUTPATIENT CARE REVENUE	288,474,812	309,009,378	0.0%	-	-100.0%	367,721,160	#DIV/0!	389,784,429	6.0%	411,222,573	5.5%
OUTPATIENT CARE REVENUE - PHYSICIAN	58,741,376	55,545,562	0.0%	-	-100.0%	66,654,674	#DIV/0!	70,653,955	6.0%	74,539,922	5.5%
CHRONIC/SNF PT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SWING BEDS PT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	1,697,392	#DIV/0!	1,799,236	6.0%	1,898,193	5.5%
GROSS PATIENT CARE REVENUE	433,654,824	455,073,987	0.0%	502,952,280	10.5%	535,644,178	6.5%	567,782,829	6.0%	599,010,884	5.5%
DISPROPORTIONATE SHARE PAYMENTS	1,766,096	883,067	13.2%	883,065	0.0%	940,464	6.5%	996,892	6.0%	1,051,721	5.5%
TOTAL BAD DEBT FREE CARE	(6,945,867)	(9,516,547)	-6.2%	(10,150,000)	6.7%	(10,809,750)	6.5%	(11,458,335)	6.0%	(12,088,543)	5.5%
DEDUCTIONS FROM REVENUE	(273,590,999)	(290,359,167)	-1.3%	(320,751,591)	10.5%	(341,600,444)	6.5%	(362,096,471)	6.0%	(382,011,777)	5.5%
NET PATIENT CARE REVENUE	154,884,054	156,081,340	2.9%	172,933,754	10.8%	184,174,448	6.5%	195,224,915	6.0%	205,962,285	5.5%
TOTAL FIXED PROSPECTIVE PAYMENTS AND RESERVES	31,845,094	30,525,953	-18.0%	30,525,953	0.0%	32,510,140	6.5%	34,460,748	6.0%	36,356,090	5.5%
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES	186,729,148	189,694,558	0.4%	203,459,707	7.3%	216,684,588	6.5%	229,685,663	6.0%	242,318,374	5.5%
OTHER OPERATING REVENUE	8,708,465	10,344,245	26.9%	10,191,106	-1.5%	10,191,106	0.0%	10,191,106	0.0%	10,191,106	0.0%
TOTAL OPERATING REVENUE	195,437,613	200,038,803	1.5%	213,650,813	6.8%	226,875,694	6.2%	239,876,769	5.7%	252,509,480	5.3%
OPERATING EXPENSE											
SALARIES NON MD	59,320,960	62,208,977	-0.1%	65,698,909	5.6%	69,640,844	6.0%	73,819,294	6.0%	78,248,452	6.0%
FRINGE BENEFITS NON MD	15,797,832	18,427,903	8.3%	19,098,304	3.6%	20,053,219	5.0%	21,256,412	6.0%	22,531,797	6.0%
PHYSICIAN FEES & SALARIES	35,260,736	37,323,500	6.0%	38,613,754	3.5%	39,772,167	3.0%	40,965,332	3.0%	42,194,292	3.0%
FRINGE BENEFITS MD	-	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
HEALTH CARE PROVIDER TAX	10,868,481	11,233,013	1.0%	11,680,361	4.0%	12,567,706	7.6%	13,321,768	6.0%	14,054,466	5.5%
TOTAL DEPRECIATION AMORTIZATION	6,241,552	7,118,738	12.0%	7,921,480	11.3%	8,713,628	10.0%	9,149,309	5.0%	9,606,775	5.0%
INTEREST - LONG/SHORT TERM	767,602	1,450,762	142.1%	1,675,340	15.5%	1,692,093	1.0%	1,725,935	2.0%	1,743,195	1.0%
TOTAL OTHER OPERATING EXPENSE	67,519,882	67,200,155	5.7%	66,903,340	-0.4%	69,579,474	4.0%	73,058,447	5.0%	75,980,785	4.0%
TOTAL OPERATING EXPENSE	195,777,045	204,963,048	4.5%	211,591,488	3.2%	222,019,130	4.9%	233,296,499	5.1%	244,359,761	4.7%
NET OPERATING INCOME (LOSS)	(339,432)	(4,924,245)	-644.4%	2,059,325	-141.8%	4,856,563	135.8%	6,580,270	35.5%	8,149,720	23.9%
NON-OPERATING REVENUE	-	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	(339,432)	(4,924,245)	-644.4%	2,059,325	-141.8%	4,856,563	135.8%	6,580,270	35.5%	8,149,720	23.9%

Operating Margin %	-0.2%	-2.5%	1.0%	2.1%	2.7%	3.2%
Bad Debt & Free Care%	1.6%	2.1%	2.0%	2.0%	2.0%	2.0%
Compensation Ratio	56.4%	57.6%	58.3%	58.3%	58.3%	58.5%
Capital Cost % of Total Expenses	3.6%	4.2%	4.5%	4.7%	4.7%	4.6%

SOUTHWESTERN VT MEDICAL CENTER

PROJECT NAME

INCOME STATEMENT

Table 3B

	2022	PROJECT ONLY 2023	2024			Proposed Years Must change from Current Budget Proposed Yr 1		Proposed Yr 2		Proposed Yr 3	
	Actual	Actual/Projection	% change	Budget 2024 App	% change	2025	% change	2026	% change	2027	% change
REVENUES											
INPATIENT CARE REVENUE			#DIV/0!		#DIV/0!	11,743,186	#DIV/0!	14,124,796	20.3%	14,657,630	3.8%
OUTPATIENT CARE REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OUTPATIENT CARE REVENUE - PHYSICIAN			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
CHRONIC/SNF PT CARE REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
SWING BEDS PT CARE REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
GROSS PATIENT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	11,743,186	#DIV/0!	14,124,796	20.3%	14,657,630	3.8%
DISPROPORTIONATE SHARE PAYMENTS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
BAD DEBT FREE CARE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
DEDUCTIONS FROM REVENUE			#DIV/0!		#DIV/0!	(5,871,593)	#DIV/0!	(7,062,398)	20.3%	(7,328,815)	3.8%
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
NET PATIENT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	5,871,593	#DIV/0!	7,062,398	20.3%	7,328,815	3.8%
FIXED PROSPECTIVE PAYMENTS AND RESERVES			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES			#DIV/0!		#DIV/0!	5,871,593	#DIV/0!	7,062,398	20.3%	7,328,815	3.8%
OTHER OPERATING REVENUE			#DIV/0!		#DIV/0!	1,013,246	#DIV/0!	409,619	-59.6%	425,071	3.8%
TOTAL OPERATING REVENUE	-	-	#DIV/0!	-	#DIV/0!	6,884,839	#DIV/0!	7,472,017	8.5%	7,753,886	3.8%
OPERATING EXPENSE											
SALARIES NON MD			#DIV/0!		#DIV/0!	2,425,332	#DIV/0!	2,637,673	8.8%	2,743,143	4.0%
FRINGE BENEFITS NON MD			#DIV/0!		#DIV/0!	727,596	#DIV/0!	791,302	8.8%	822,943	4.0%
FRINGE BENEFITS MD			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
PHYSICIAN FEES & SALARIES			#DIV/0!		#DIV/0!	2,160,138	#DIV/0!	2,246,559	4.0%	2,336,421	4.0%
HEALTH CARE PROVIDER TAX			#DIV/0!		#DIV/0!	340,552	#DIV/0!	409,619	20.3%	425,071	3.8%
DEPRECIATION AMORTIZATION			#DIV/0!		#DIV/0!	460,372	#DIV/0!	463,250	0.6%	465,750	0.5%
INTEREST - LONG/SHORT TERM			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER OPERATING EXPENSE			#DIV/0!		#DIV/0!	770,849	#DIV/0!	923,614	19.8%	960,558	4.0%
TOTAL OPERATING EXPENSE	-	-	#DIV/0!	-	#DIV/0!	6,884,839	#DIV/0!	7,472,017	8.5%	7,753,886	3.8%
NET OPERATING INCOME (LOSS)	-	-	#DIV/0!	-	#DIV/0!	(0)	#DIV/0!	(0)	-78.7%	(0)	221.4%
NON-OPERATING REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	-	-	#DIV/0!	-	#DIV/0!	(0)	#DIV/0!	(0)	-78.7%	(0)	221.4%

SOUTHWESTERN VT MEDICAL CENTER

Project

Note: This table requires no "fill-in" as it is populated automatically

INCOME STATEMENT

Table 3C

	2022	WITH PROJECT 2023		2024		Proposed Yr 1		Proposed Yr 2		Proposed Yr 3	
							Proposed Years Must change from Current Budget				
	Actual	Actual/Projection	% change	Budget 2024 App	% change	2025	% change	2026	% change	2027	% change
REVENUES											
INPATIENT CARE REVENUE	86,438,636	90,519,047	0.0%	-	-100.0%	111,314,138	#DIV/0!	119,670,005	7.5%	126,007,825	5.3%
OUTPATIENT CARE REVENUE	288,474,812	309,009,378	0.0%	-	-100.0%	367,721,160	#DIV/0!	389,784,429	6.0%	411,222,573	5.5%
OUTPATIENT CARE REVENUE - PHYSICIAN	58,741,376	55,545,562	0.0%	-	-100.0%	66,654,674	#DIV/0!	70,653,955	6.0%	74,539,922	5.5%
CHRONIC/SNF PT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SWING BEDS PT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	1,697,392	#DIV/0!	1,799,236	6.0%	1,898,193	5.5%
GROSS PATIENT CARE REVENUE	433,654,824	455,073,987	0.0%	-	-100.0%	547,387,364	#DIV/0!	581,907,625	6.3%	613,668,514	5.5%
DISPROPORTIONATE SHARE PAYMENTS	1,766,096	883,067	13.2%	883,065	0.0%	940,464	6.5%	996,892	6.0%	1,051,721	5.5%
BAD DEBT FREE CARE	(6,945,867)	(9,516,547)	-6.2%	(10,150,000)	6.7%	(10,809,750)	6.5%	(11,458,335)	6.0%	(12,088,543)	5.5%
DEDUCTIONS FROM REVENUE	(273,590,999)	(290,359,167)	-1.3%	(320,751,591)	10.5%	(347,472,037)	8.3%	(369,158,869)	6.2%	(389,340,592)	5.5%
	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
NET PATIENT CARE REVENUE	154,884,054	156,081,340	2.9%	(330,018,526)	-311.4%	190,046,041	-157.6%	202,287,313	6.4%	213,291,100	5.4%
FIXED PROSPECTIVE PAYMENTS AND RESERVES	31,845,094	30,525,953	-18.0%	30,525,953	0.0%	32,510,140	6.5%	34,460,748	6.0%	36,356,090	5.5%
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES	186,729,148	189,694,558	0.4%	203,459,707	7.3%	222,556,181	9.4%	236,748,061	6.4%	249,647,189	5.4%
OTHER OPERATING REVENUE	8,708,465	10,344,245	26.9%	10,191,106	-1.5%	11,204,352	9.9%	10,600,725	-5.4%	10,616,177	0.1%
TOTAL OPERATING REVENUE	195,437,613	200,038,803	1.5%	213,650,813	6.8%	233,760,533	9.4%	247,348,786	5.8%	260,263,366	5.2%
OPERATING EXPENSE											
SALARIES NON MD	59,320,960	62,208,977	-0.1%	65,698,909	5.6%	72,066,176	9.7%	76,456,967	6.1%	80,991,595	5.9%
FRINGE BENEFITS NON MD	15,797,832	18,427,903	8.3%	19,098,304	3.6%	20,780,815	8.8%	22,047,714	6.1%	23,354,740	5.9%
FRINGE BENEFITS MD	35,260,736	37,323,500	6.0%	38,613,754	3.5%	39,772,167	3.0%	40,965,332	3.0%	42,194,292	3.0%
PHYSICIAN FEES & SALARIES	-	-	#DIV/0!	-	#DIV/0!	2,160,138	#DIV/0!	2,246,559	4.0%	2,336,421	4.0%
HEALTH CARE PROVIDER TAX	10,868,481	11,233,013	1.0%	11,680,361	4.0%	12,908,258	10.5%	13,731,388	6.4%	14,479,537	5.4%
DEPRECIATION AMORTIZATION	6,241,552	7,118,738	12.0%	7,921,480	11.3%	9,174,000	15.8%	9,612,559	4.8%	10,072,525	4.8%
INTEREST - LONG/SHORT TERM	767,602	1,450,762	142.1%	1,675,340	15.5%	1,692,093	1.0%	1,725,935	2.0%	1,743,195	1.0%
OTHER OPERATING EXPENSE	67,519,882	67,200,155	5.7%	66,903,340	-0.4%	70,350,323	5.2%	73,982,061	5.2%	76,941,343	4.0%
TOTAL OPERATING EXPENSE	195,777,045	204,963,048	4.5%	211,591,488	3.2%	228,903,970	8.2%	240,768,516	5.2%	252,113,647	4.7%
NET OPERATING INCOME (LOSS)	(339,432)	(4,924,245)	-644.4%	2,059,325	-141.8%	4,856,563	135.8%	6,580,270	35.5%	8,149,719	23.9%
NON-OPERATING REVENUE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	(339,432)	(4,924,245)	-644.4%	2,059,325	-141.8%	4,856,563	135.8%	6,580,270	35.5%	8,149,719	23.9%

Operating Margin %	-0.2%	-2.5%	1.0%	2.1%	2.7%	3.1%
Bad Debt & Free Care%	1.6%	2.1%	#DIV/0!	2.0%	2.0%	2.0%
Compensation Ratio	56.4%	57.6%	58.3%	58.9%	58.9%	59.1%
Capital Cost % of Total Expenses	3.6%	4.2%	4.5%	4.7%	4.7%	4.7%

SOUTHWESTERN VT MEDICAL CENTER

Inpatient Psych

Balance Sheet

WITHOUT PROJECT — **Proposed Years Must change from Current Budget**

	FY2022	FY2023		FY2023		FY2024		2025		2026		2027	
	Actual	Budget	% change	Proj.	% change	Budget	% change	Proposed Year 1	% change	Proposed Year 2	% change	Proposed Year 3	% change
ASSETS													
CURRENT ASSETS													
CASH & INVESTMENTS	10,785,155	10,020,348	-7.1%	11,984,702	19.6%	13,399,549	11.8%	10,899,549	-18.7%	11,899,549	9.2%	12,899,549	8.4%
PATIENT ACCOUNTS RECEIVABLE, GROSS	49,023,469	45,585,468	-7.0%	54,252,887	19.0%	62,756,328	15.7%	66,756,328	6.4%	65,756,328	-1.5%	66,256,328	0.8%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS	(34,449,268)	(30,143,917)	-12.5%	(37,868,515)	25.6%	(43,803,917)	15.7%	(45,803,917)	4.6%	(45,503,917)	-0.7%	(45,803,917)	0.7%
DUE FROM THIRD PARTIES	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
ACO RISK RESERVE/SETTLEMENT RECEIVABLE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER CURRENT ASSETS	7,755,405	8,736,335	12.6%	10,371,075	18.7%	10,426,879	0.5%	10,926,879	4.8%	11,126,879	1.8%	11,226,879	0.9%
TOTAL CURRENT ASSETS	33,114,761	34,198,234	3.3%	38,740,149	13.3%	42,778,839	10.4%	42,778,839	0.0%	43,278,839	1.2%	44,578,839	3.0%
BOARD DESIGNATED ASSETS					#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL FUNDED DEPRECIATION	8,696,183	9,879,506	13.6%	19,911,532	101.5%	20,458,365	2.7%	21,481,283	5.0%	22,555,347	5.0%	23,683,115	5.0%
ESCROWED BOND FUNDS	18,036,139	-	-100.0%	2,000,000	#DIV/0!	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL OTHER	99,527	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL BOARD DESIGNATED ASSETS	26,831,849	9,879,506	-63.2%	21,911,532	121.8%	20,458,365	-6.6%	21,481,283	5.0%	22,555,347	5.0%	23,683,115	5.0%
PROPERTY, PLANT, AND EQUIPMENT													
LAND, BUILDINGS & IMPROVEMENTS	54,689,660	56,623,818	3.5%	90,725,253	60.2%	102,020,253	12.4%	102,020,253	0.0%	102,020,253	0.0%	102,020,253	0.0%
CONSTRUCTION IN PROGRESS	14,678,849	21,385,849	45.7%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
MAJOR MOVABLE EQUIPMENT	71,799,104	79,246,919	10.4%	74,111,688	-6.5%	78,396,688	5.8%	87,396,688	11.5%	96,396,688	10.3%	105,396,688	9.3%
FIXED EQUIPMENT	30,197,994	31,856,136	5.5%	33,209,227	4.2%	34,209,227	3.0%	34,209,227	0.0%	34,209,227	0.0%	34,209,227	0.0%
TOTAL PROPERTY, PLANT AND EQUIPMENT	171,365,607	189,112,722	10.4%	198,046,168	4.7%	214,626,168	8.4%	223,626,168	4.2%	232,626,168	4.0%	241,626,168	3.9%
LESS: ACCUMULATED DEPRECIATION													
LAND, BUILDINGS & IMPROVEMENTS	(36,580,559)	(37,507,866)	2.5%	(46,849,157)	24.9%	(50,416,004)	7.6%	(55,088,412)	9.3%	(60,007,845)	8.9%	(65,186,587)	8.6%
EQUIPMENT - FIXED	(23,653,326)	(24,614,235)	4.1%	(24,118,655)	-2.0%	(25,150,067)	4.3%	(26,225,586)	4.3%	(27,347,099)	4.3%	(28,516,573)	4.3%
EQUIPMENT - MAJOR MOVEABLE	(62,901,356)	(68,222,730)	8.5%	(58,685,395)	-14.0%	(61,514,275)	4.8%	(64,479,519)	4.8%	(67,587,700)	4.8%	(70,845,708)	4.8%
TOTAL ACCUMULATED DEPRECIATION	(123,135,242)	(130,344,831)	5.9%	(129,653,207)	-0.5%	(137,080,346)	5.7%	(145,793,517)	6.4%	(154,942,644)	6.3%	(164,548,867)	6.2%
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET	48,230,366	58,767,891	21.8%	68,392,961	16.4%	77,545,822	13.4%	77,832,651	0.4%	77,683,524	-0.2%	77,077,301	-0.8%
OTHER LONG-TERM ASSETS	16,000,945	16,697,418	4.4%	8,913,675	-46.6%	10,931,834	22.6%	10,931,834	0.0%	10,931,834	0.0%	10,931,834	0.0%
TOTAL ASSETS	**124,177,921**	**119,543,049**	-3.7%	**137,958,317**	15.4%	**151,714,860**	10.0%	**153,024,607**	0.9%	**154,449,545**	0.9%	**156,271,089**	1.2%
LIABILITIES AND FUND BALANCE													
CURRENT LIABILITIES													
ACCOUNTS PAYABLE	12,703,595	6,640,510	-47.7%	10,729,470	61.6%	12,384,617	15.4%	11,789,200	9.9%	11,054,950	-6.2%	10,522,082	-4.8%
CURRENT LIABILITIES COVID-19	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SALARIES, WAGES AND PAYROLL TAXES PAYABLI	4,213,297	6,519,763	54.7%	6,630,599	1.7%	6,910,949	4.2%	7,010,949	5.7%	7,010,949	0.0%	7,010,949	0.0%
TOTAL ESTIMATED THIRD-PARTY SETTLEMENTS	1,537,638	6,500,000	322.7%	1,000,000	-84.6%	1,300,000	30.0%	1,300,000	30.0%	1,300,000	0.0%	1,300,000	0.0%
OTHER CURRENT LIABILITIES	12,384,573	15,748,394	27.2%	22,036,029	39.9%	23,313,416	5.8%	22,255,004	1.0%	22,255,004	0.0%	22,255,004	0.0%
CURRENT PORTION OF LONG-TERM DEBT	13,901,907	2,950,000	-78.8%	2,490,000	-15.6%	3,023,000	21.4%	3,030,013	21.7%	3,030,013	0.0%	3,030,013	0.0%
TOTAL CURRENT LIABILITIES	44,741,010	38,358,667	-14.3%	42,886,098	11.8%	46,931,982	9.4%	45,385,166	5.8%	44,650,916	-1.6%	44,118,048	-1.2%
LONG-TERM DEBT													
LONG TERM LIABILITIES COVID-19	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
BONDS & MORTGAGES PAYABLE	27,809,790	25,168,000	-9.5%	25,168,000	0.0%	22,145,000	-12.0%	20,145,000	-20.0%	15,723,918	-21.9%	9,928,610	-36.9%
CAPITAL LEASE OBLIGATIONS	3,229,412	2,793,000	-13.5%	3,419,000	22.4%	3,183,000	-6.9%	3,183,000	-6.9%	3,183,000	0.0%	3,183,000	0.0%
OTHER LONG-TERM DEBT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL LONG-TERM DEBT	31,039,202	27,961,000	-9.9%	28,587,000	2.2%	25,328,000	-11.4%	23,328,000	-18.4%	18,906,918	-19.0%	13,111,610	-30.7%
OTHER NONCURRENT LIABILITIES	2,401,399	3,255,258	35.6%	2,536,241	-22.1%	2,596,974	2.4%	2,596,974	2.4%	2,596,974	0.0%	2,596,974	0.0%
TOTAL LIABILITIES	**78,181,611**	**69,574,925**	-11.0%	**74,009,339**	6.4%	**74,856,956**	1.1%	**71,310,140**	-3.6%	**66,154,808**	-7.2%	**59,826,632**	-9.6%
TOTAL FUND BALANCE	45,996,885	49,968,124	8.6%	63,948,978	28.0%	76,857,904	20.2%	81,714,467	27.8%	88,294,737	8.1%	96,444,457	9.2%
TOTAL LIABILITIES AND FUND BALANCE	**124,178,496**	**119,543,049**	-3.7%	**137,958,317**	15.4%	**151,714,860**	10.0%	**153,024,607**	10.9%	**154,449,545**	0.9%	**156,271,089**	1.2%

SOUTHWESTERN VT MEDICAL CENTER

Inpatient Psych

Balance Sheet

PROJECT ONLY

Proposed Years Must change from Current Budget

	FY2022	FY2023		FY2023		FY2024		2025		2026		2027	
	Actual	Budget	% change	Proj.	% change	Budget	% change	Proposed Year 1	% change	Proposed Year 2	% change	Proposed Year 3	% change
ASSETS													
CURRENT ASSETS													
CASH & INVESTMENTS			#DIV/0!		#DIV/0!		#DIV/0!	(293,006)	#DIV/0!	(293,006)	0.0%	(293,006)	0.0%
PATIENT ACCOUNTS RECEIVABLE, GROSS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
DUE FROM THIRD PARTIES			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ACO RISK RESERVE/SETTLEMENT RECEIVABLE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER CURRENT ASSETS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL CURRENT ASSETS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	(293,006)	#DIV/0!	(293,006)	0.0%	(293,006)	0.0%
BOARD DESIGNATED ASSETS					#DIV/0!		#DIV/0!		#DIV/0!				
FUNDED DEPRECIATION			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ESCROWED BOND FUNDS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL BOARD DESIGNATED ASSETS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
PROPERTY, PLANT, AND EQUIPMENT													
LAND, BUILDINGS & IMPROVEMENTS			#DIV/0!		#DIV/0!		#DIV/0!	9,543,006	#DIV/0!	9,543,006	0.0%	9,543,006	0.0%
CONSTRUCTION IN PROGRESS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
MAJOR MOVABLE EQUIPMENT			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
FIXED EQUIPMENT			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL PROPERTY, PLANT AND EQUIPMENT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	9,543,006	#DIV/0!	9,543,006	0.0%	9,543,006	0.0%
LESS: ACCUMULATED DEPRECIATION													
LAND, BUILDINGS & IMPROVEMENTS			#DIV/0!		#DIV/0!		#DIV/0!	(460,372)	#DIV/0!	(923,622)	100.6%	(1,389,372)	50.4%
EQUIPMENT - FIXED			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
EQUIPMENT - MAJOR MOVEABLE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL ACCUMULATED DEPRECIATION	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	(460,372)	#DIV/0!	(923,622)	100.6%	(1,389,372)	50.4%
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	9,082,634	#DIV/0!	8,619,384	-5.1%	8,153,634	-5.4%
OTHER LONG-TERM ASSETS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL ASSETS	**-**	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**8,789,628**	#DIV/0!	**8,326,378**	-5.3%	**7,860,628**	-5.6%
								-		-		-	
LIABILITIES AND FUND BALANCE													
CURRENT LIABILITIES													
ACCOUNTS PAYABLE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
CURRENT LIABILITIES COVID-19			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
SALARIES, WAGES AND PAYROLL TAXES PAYABLE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ESTIMATED THIRD-PARTY SETTLEMENTS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER CURRENT LIABILITIES			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
CURRENT PORTION OF LONG-TERM DEBT			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL CURRENT LIABILITIES	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
LONG-TERM DEBT													
LONG TERM LIABILITIES COVID-19			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
BONDS & MORTGAGES PAYABLE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
CAPITAL LEASE OBLIGATIONS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER LONG-TERM DEBT			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL LONG-TERM DEBT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER NONCURRENT LIABILITIES			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TOTAL LIABILITIES	**-**	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!
FUND BALANCE			#DIV/0!		#DIV/0!		#DIV/0!	8,789,628	#DIV/0!	8,326,378	-5.3%	7,860,628	-5.6%
TOTAL LIABILITIES AND FUND BALANCE	**-**	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**8,789,628**	#DIV/0!	**8,326,378**	-5.3%	**7,860,628**	-5.6%

SOUTHWESTERN VT MEDICAL CENTER

PROJECT NAME

Balance Sheet

WITH PROJECT

Proposed Years Must change from Current Budget

	FY2022 Actual	FY2023 Budget	% change	FY2023 Proj.	% change	FY2024 Budget	% change	2,025 Proposed Year 1	% change	2,026 Proposed Year 2	% change	2,027 Proposed Year 3	% change
ASSETS													
CURRENT ASSETS													
CASH & INVESTMENTS	10,785,155	10,020,348	-7.1%	11,984,702	19.6%	13,399,549	11.8%	10,606,543	-20.8%	11,606,543	9.4%	12,606,543	8.6%
PATIENT ACCOUNTS RECEIVABLE, GROSS	49,023,469	45,585,468	-7.0%	54,252,887	19.0%	62,756,328	15.7%	66,756,328	6.4%	65,756,328	-1.5%	66,256,328	0.8%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS	(34,449,268)	(30,143,917)	-12.5%	(37,868,515)	25.6%	(43,803,917)	15.7%	(45,803,917)	4.6%	(45,503,917)	-0.7%	(45,803,917)	0.7%
DUE FROM THIRD PARTIES	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
ACO RISK RESERVE/SETTLEMENT RECEIVABLE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER CURRENT ASSETS	7,755,405	8,736,335	12.6%	10,371,075	18.7%	10,426,879	0.5%	10,926,879	4.8%	11,126,879	1.8%	11,226,879	0.9%
TOTAL CURRENT ASSETS	33,114,761	34,198,234	3.3%	38,740,149	13.3%	42,778,839	10.4%	42,485,833	-0.7%	42,985,833	1.2%	44,285,833	3.0%
BOARD DESIGNATED ASSETS					#DIV/0!		#DIV/0!		#DIV/0!				
FUNDED DEPRECIATION	8,696,183	9,879,506	13.6%	19,911,532	101.5%	20,458,365	2.7%	21,481,283	5.0%	22,555,347	5.0%	23,683,115	5.0%
ESCROWED BOND FUNDS	18,036,139	-	-100.0%	2,000,000	#DIV/0!	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER	99,527	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL BOARD DESIGNATED ASSETS	26,831,849	9,879,506	-63.2%	21,911,532	121.8%	20,458,365	-6.6%	21,481,283	5.0%	22,555,347	5.0%	23,683,115	5.0%
PROPERTY, PLANT, AND EQUIPMENT													
LAND, BUILDINGS & IMPROVEMENTS	54,689,660	56,623,818	3.5%	90,725,253	60.2%	102,020,253	12.4%	111,563,259	9.4%	111,563,259	0.0%	111,563,259	0.0%
CONSTRUCTION IN PROGRESS	14,678,849	21,385,849	45.7%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
MAJOR MOVABLE EQUIPMENT	71,799,104	79,246,919	10.4%	74,111,688	-6.5%	78,396,688	5.8%	87,396,688	11.5%	96,396,688	10.3%	105,396,688	9.3%
FIXED EQUIPMENT	30,197,994	31,856,136	5.5%	33,209,227	4.2%	34,209,227	3.0%	34,209,227	0.0%	34,209,227	0.0%	34,209,227	0.0%
TOTAL PROPERTY, PLANT AND EQUIPMENT	171,365,607	189,112,722	10.4%	198,046,168	4.7%	214,626,168	8.4%	233,169,174	8.6%	242,169,174	3.9%	251,169,174	3.7%
LESS: ACCUMULATED DEPRECIATION													
LAND, BUILDINGS & IMPROVEMENTS	(36,580,559)	(37,507,866)	2.5%	(46,849,157)	24.9%	(50,416,004)	7.6%	(55,548,784)	10.2%	(60,931,467)	9.7%	(66,575,959)	9.3%
EQUIPMENT - FIXED	(23,653,326)	(24,614,235)	4.1%	(24,118,655)	-2.0%	(25,150,067)	4.3%	(26,225,586)	4.3%	(27,347,099)	4.3%	(28,516,573)	4.3%
EQUIPMENT - MAJOR MOVEABLE	(62,901,356)	(68,222,730)	8.5%	(58,685,395)	-14.0%	(61,514,275)	4.8%	(64,479,519)	4.8%	(67,587,700)	4.8%	(70,845,708)	4.8%
TOTAL ACCUMULATED DEPRECIATION	(123,135,242)	(130,344,831)	5.9%	(129,653,207)	-0.5%	(137,080,346)	5.7%	(146,253,889)	6.7%	(155,866,266)	6.6%	(165,938,239)	6.5%
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET	48,230,366	58,767,891	21.8%	68,392,961	16.4%	77,545,822	13.4%	86,915,285	12.1%	86,302,908	-0.7%	85,230,935	-1.2%
OTHER LONG-TERM ASSETS	16,000,945	16,697,418	4.4%	8,913,675	-46.6%	10,931,834	22.6%	10,931,834	0.0%	10,931,834	0.0%	10,931,834	0.0%
TOTAL ASSETS	**124,177,921**	**119,543,049**	-3.7%	**137,958,317**	15.4%	**151,714,860**	10.0%	**161,814,235**	6.7%	**162,775,923**	0.6%	**164,131,717**	0.8%
LIABILITIES AND FUND BALANCE													
CURRENT LIABILITIES													
ACCOUNTS PAYABLE	12,703,595	6,640,510	-47.7%	10,729,470	61.6%	12,384,617	15.4%	11,789,200	9.9%	11,054,950	-6.2%	10,522,082	-4.8%
CURRENT LIABILITIES COVID-19	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SALARIES, WAGES AND PAYROLL TAXES PAYABLI	4,213,297	6,519,763	54.7%	6,630,599	1.7%	6,910,949	4.2%	7,010,949	5.7%	7,010,949	0.0%	7,010,949	0.0%
ESTIMATED THIRD-PARTY SETTLEMENTS	1,537,638	6,500,000	322.7%	1,000,000	-84.6%	1,300,000	30.0%	1,300,000	30.0%	1,300,000	0.0%	1,300,000	0.0%
OTHER CURRENT LIABILITIES	12,384,573	15,748,394	27.2%	22,036,029	39.9%	23,313,416	5.8%	22,255,004	1.0%	22,255,004	0.0%	22,255,004	0.0%
CURRENT PORTION OF LONG-TERM DEBT	13,901,907	2,950,000	-78.8%	2,490,000	-15.6%	3,023,000	21.4%	3,030,013	21.7%	3,030,013	0.0%	3,030,013	0.0%
TOTAL CURRENT LIABILITIES	44,741,010	38,358,667	-14.3%	42,886,098	11.8%	46,931,982	9.4%	45,385,166	5.8%	44,650,916	-1.6%	44,118,048	-1.2%
LONG-TERM DEBT													
LONG TERM LIABILITIES COVID-19	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
BONDS & MORTGAGES PAYABLE	27,809,790	25,168,000	-9.5%	25,168,000	0.0%	22,145,000	-12.0%	20,145,000	-20.0%	15,723,918	-21.9%	9,928,610	-36.9%
CAPITAL LEASE OBLIGATIONS	3,229,412	2,793,000	-13.5%	3,419,000	22.4%	3,183,000	-6.9%	3,183,000	-6.9%	3,183,000	0.0%	3,183,000	0.0%
OTHER LONG-TERM DEBT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL LONG-TERM DEBT	31,039,202	27,961,000	-9.9%	28,587,000	2.2%	25,328,000	-11.4%	23,328,000	-18.4%	18,906,918	-19.0%	13,111,610	-30.7%
OTHER NONCURRENT LIABILITIES	2,401,399	3,255,258	35.6%	2,536,241	-22.1%	2,596,974	2.4%	2,596,974	2.4%	2,596,974	0.0%	2,596,974	0.0%
TOTAL LIABILITIES	**78,181,611**	**69,574,925**	-11.0%	**74,009,339**	6.4%	**74,856,956**	1.1%	**71,310,140**	-3.6%	**66,154,808**	-7.2%	**59,826,632**	-9.6%
FUND BALANCE	45,996,885	49,968,124	8.6%	63,948,978	28.0%	76,857,904	20.2%	90,504,095	41.5%	96,621,115	6.8%	104,305,085	8.0%
TOTAL LIABILITIES AND FUND BALANCE	**124,178,496**	**119,543,049**	-3.7%	**137,958,317**	15.4%	**151,714,860**	10.0%	**161,814,235**	17.3%	**162,775,923**	0.6%	**164,131,717**	0.8%

SOUTHWESTERN VT MEDICAL CENTER

PROJECT NAME

PAYER REVENUE REPORT

WITHOUT PROJECT

Proposed Years Must change from Current Budget

	FY2023 Actual	FY2023 Budget	% change	FY2023	% change	FY2024 Budget	% change	2025 Proposed Year 1	% change	2026 Proposed Year 2	% change	2027 Proposed Year 3	% change
Commercial													
Hospital	120,544,074	128,410,129	6.5%	120,544,074	-6.1%	137,423,064	14.0%	141,545,756	3.0%	141,545,756	0.0%	137,299,383	-3.0%
Physician	21,792,185	20,319,805	-6.8%	21,792,185	7.2%	19,811,563	-9.1%	20,405,910	3.0%	20,405,910	0.0%	19,793,733	-3.0%
Total Revenue	142,336,259	148,729,934	4.5%	142,336,259	-4.3%	157,234,627	10.5%	161,951,666	3.0%	161,951,666	0.0%	157,093,116	-3.0%
Allowances - Hospital	-26,964,092	-34,684,753	28.6%	-26,964,092	-22.3%	-35,006,200	29.8%	(35,056,386)	0.1%	(34,856,386)	-0.6%	(32,574,694)	-6.5%
Allowances - Physicians	-10,905,580	-8,585,341	-21.3%	-10,905,580	27.0%	-5,046,660	-53.7%	(5,198,060)	3.0%	(5,198,060)	0.0%	(5,042,118)	-3.0%
Free Care	-2,073,062	-2,500,000	20.6%	-2,073,062	-17.1%	-2,500,000	20.6%	(2,575,000)	3.0%	(2,575,000)	0.0%	(2,497,750)	-3.0%
Bad Debt	-6,168,682	-7,650,000	24.0%	-6,168,682	-19.4%	-7,650,000	24.0%	(10,809,750)	41.3%	(11,458,335)	6.0%	(12,088,543)	5.5%
Net Payer Revenue	96,224,843	95,309,840	-1.0%	96,224,843	1.0%	107,031,767	11.2%	108,312,470	1.2%	107,863,885	-0.4%	104,890,010	-2.8%
Fixed Prospective Payment & Reserves	0	4,500,000	#DIV/0!	0	-100.0%	0	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Total Net Payer Revenue & Fixed Prospective Payment	96,224,843	99,809,840	3.7%	96,224,843	-3.6%	107,031,767	11.2%	108,312,470	1.2%	107,863,885	-0.4%	104,890,010	-2.8%
Reimbursement Rate - Commercial	68%	67%		68%		68%		0.668795035		0.666025165		0.667693233	
Payer Mix - Commercial	52%	53%		52%		53%		50%		47%		43%	
Medicaid													
Hospital	69,477,658	65,409,622	-5.9%	69,477,658	6.2%	74,885,976	7.8%	78,630,275	5.0%	82,561,789	5.0%	85,864,260	4.0%
Physician	12,019,491	10,888,108	-9.4%	12,019,491	10.4%	10,795,919	-10.2%	11,335,715	5.0%	11,902,500	5.0%	12,378,600	4.0%
Total Revenue	81,497,149	76,297,730	-6.4%	81,497,149	6.8%	85,681,895	5.1%	89,965,990	5.0%	94,464,289	5.0%	98,242,861	4.0%
Allowances - Hospital	-61,812,653	-58,494,892	-5.4%	-61,812,653	5.7%	-64,789,307	4.8%	(67,028,772)	3.5%	(70,430,211)	5.1%	(72,287,420)	2.6%
Allowances - Physicians	-9,549,613	-8,894,451	-6.9%	-9,549,613	7.4%	-9,340,335	-2.2%	(9,807,352)	5.0%	(10,297,719)	5.0%	(10,709,628)	4.0%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Graduate Medical Education Payments-Phys	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Net Payer Revenue	10,134,883	8,908,387	-12.1%	10,134,883	13.8%	11,552,253	14.0%	13,129,866	13.7%	13,736,359	4.6%	15,245,813	11.0%
Fixed Prospective Payment & Reserves	0	0	#DIV/0!	0	#DIV/0!	9,000,000	#DIV/0!	9,450,000	5.0%	9,922,500	5.0%	10,418,625	5.0%
Total Net Payer Revenue & Fixed Prospective Payment	20,416,758	18,340,484	-10.2%	20,416,758	11.3%	20,552,253	0.7%	22,579,866	9.9%	23,658,859	4.8%	25,664,438	8.5%
Reimbursement Rate - Medicaid	25%	24%		25%		24%		0		0.25045294		0.261234639	
Payer Mix - Medicaid	11%	10%		11%		10%		10%		10%		11%	
Medicare													
Hospital	208,104,568	205,708,674	-1.2%	208,104,568	1.2%	227,271,252	9.2%	248,013,211	9.1%	272,189,372	9.7%	300,187,880	10.3%
Physician	27,844,550	24,337,649	-12.6%	27,844,550	14.4%	32,764,506	17.7%	35,713,311	9.0%	39,177,502	9.7%	43,487,027	11.0%
Total Revenue	235,949,118	230,046,323	-2.5%	235,949,118	2.6%	260,035,758	10.2%	283,726,522	9.1%	311,366,874	9.7%	343,674,907	10.4%
											#DIV/0!		#DIV/0!
Allowances - Hospital	-173,756,324	-168,805,011	-2.8%	-173,756,324	2.9%	-179,557,301	3.3%	(193,719,314)	7.9%	(207,786,626)	7.3%	(224,542,926)	8.1%
Allowances - Physicians	-13,825,628	-14,596,952	5.6%	-13,825,628	-5.3%	-25,885,835	87.2%	(28,215,560)	9.0%	(30,952,470)	9.7%	(34,357,241)	11.0%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Net Payer Revenue	48,367,166	46,644,360	-3.6%	48,367,166	3.7%	54,592,622	12.9%	61,791,648	13.2%	72,627,779	17.5%	84,774,740	16.7%
Fixed Prospective Payment & Reserves	18,831,210	23,297,261	23.7%	18,831,210	-19.2%	20,400,000	8.3%	23,060,140	13.0%	24,538,248	6.4%	25,937,465	
Total Net Payer Revenue & Fixed Prospective Payment	67,198,376	69,941,621	4.1%	67,198,376	-3.9%	74,992,622	11.6%	84,851,788	13.1%	97,166,027	14.5%	110,712,205	
Reimbursement Rate - Medicare	28%	30%		28%		29%		0.299061884		0.312062826		0.322142241	
Payer Mix - Medicare	36%	37%		36%		37%		39%		42%		46%	
Disproportionate Share Payments	861,771	780,264	-9.5%	861,771	10.4%	883,065	2.5%	940,464	6.5%	996,892	6.0%	1,051,721	5.5%
Total Payer Revenue													
Hospital	398,126,300	399,528,425	0.4%	398,126,300	-0.4%	439,580,293	10.4%	468,189,242	6.5%	496,296,916	6.0%	523,351,523	5.5%
Physician	61,656,226	55,545,562	-9.9%	61,656,226	11.0%	63,371,987	2.8%	67,454,936	6.4%	71,485,913	6.0%	75,659,360	5.8%
Total Revenue	459,782,526	455,073,987	-1.0%	459,782,526	1.0%	502,952,280	9.4%	535,644,178	6.5%	567,782,829	6.0%	599,010,884	5.5%
Allowances - Hospital	-262,533,069	-261,984,656	-0.2%	-262,533,069	0.2%	-279,352,808	6.4%	(295,804,472)	5.9%	(313,073,222)	5.8%	(329,405,040)	5.2%
Allowances - Physicians	-34,280,821	-32,076,744	-6.4%	-34,280,821	6.9%	-40,272,830	17.5%	(43,220,972)	7.3%	(46,448,249)	7.5%	(50,108,988)	7.9%
Free Care	-2,073,062	-2,500,000	20.6%	-2,073,062	-17.1%	-2,500,000	20.6%	(2,575,000)	3.0%	(2,575,000)	0.0%	(2,497,750)	-3.0%
Bad Debt	-6,168,682	-7,650,000	24.0%	-6,168,682	-19.4%	-7,650,000	24.0%	(10,809,750)	41.3%	(11,458,335)	6.0%	(12,088,543)	5.5%
Disproportionate Share Payments	861,771	780,264	-9.5%	861,771	10.4%	883,065	2.5%	940,464	6.5%	996,892	6.0%	1,051,721	5.5%
Graduate Medical Education Payments_Phys	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Net Payer Revenue	155,588,663	151,642,851	-2.5%	155,588,663	2.6%	174,059,707	11.9%	184,174,448	5.8%	195,224,915	6.0%	205,962,285	5.5%
Fixed Prospective Payment & Reserves	29,113,085	37,229,358		29,400,000		29,400,000		32,510,140		34,460,748		36,356,090	
Total Net Payer Revenue & Fixed Prospective Payment	184,701,747	188,872,209		184,701,747		203,459,707		216,684,588		229,685,663		242,318,375	
Reimbursement Rate - All Payers	40%	42%		40%		40%		40%		40%		40%	

SOUTHWESTERN VT MEDICAL CENTER

PROJECT NAME

PAYER REVENUE REPORT

PROJECT ONLY

Proposed Years Must change from Current Budget

	FY2023 Actual	FY2023 Budget	% change	FY2023	% change	FY2024 Budget	% change	2025 Proposed Year 1	% change	2026 Proposed Year 2	% change	2027 Proposed Year 3	% change
Commercial													
Hospital			#DIV/0!		#DIV/0!		#DIV/0!	2,566,085	#DIV/0!	3,086,507	20.3%	3,202,940	3.8%
Physician			#DIV/0!		#DIV/0!		#DIV/0!	369,712	#DIV/0!	444,692	20.3%	461,467	3.8%
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	2,935,797	#DIV/0!	3,531,199	20.3%	3,664,408	3.8%
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!	(1,693,684)	#DIV/0!	(2,045,484)	20.8%	(2,130,686)	4.2%
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!	(244,020)	#DIV/0!	(294,706)	20.8%	(306,981)	4.2%
Free Care							#DIV/0!		#DIV/0!				
Bad Debt							#DIV/0!		#DIV/0!				
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	998,093	#DIV/0!	1,191,009	19.3%	1,226,740	3.0%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment													
Reimbursement Rate - Commercial	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		0		0		0	
Payer Mix - Commercial	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		0%		0%		0%	
Medicaid													
Hospital			#DIV/0!		#DIV/0!		#DIV/0!	7,698,254	#DIV/0!	9,259,520	20.3%	9,608,820	3.8%
Physician			#DIV/0!		#DIV/0!		#DIV/0!	1,109,135	#DIV/0!	1,334,077	20.3%	1,384,402	3.8%
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	8,807,390	#DIV/0!	10,593,597	20.3%	10,993,223	3.8%
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!	(3,438,486)	#DIV/0!	(4,127,524)	20.0%	(4,275,183)	3.6%
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!	(495,404)	#DIV/0!	(594,678)	20.0%	(615,952)	3.6%
Free Care							#DIV/0!		#DIV/0!				
Bad Debt							#DIV/0!		#DIV/0!				
Graduate Medical Education Payments-Phys.			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Graduate Medical Education Payments-Hosp			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	4,873,500	#DIV/0!	5,871,395	20.5%	6,102,087	3.9%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment													
Reimbursement Rate - Medicaid	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		0		0		0	
Payer Mix - Medicaid	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		0%		0%		0%	
Medicare													
Hospital			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Physician			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
											#DIV/0!		#DIV/0!
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care							#DIV/0!		#DIV/0!				
Bad Debt							#DIV/0!		#DIV/0!				
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment													
Reimbursement Rate - Medicare	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Payer Mix - Medicare	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		0%		0%		0%	
Disproportionate Share Payments			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Total Payer Revenue													
Hospital			#DIV/0!		#DIV/0!		#DIV/0!	10,264,339	#DIV/0!	12,346,027	20.3%	12,811,760	3.8%
Physician			#DIV/0!		#DIV/0!		#DIV/0!	1,478,847	#DIV/0!	1,778,769	20.3%	1,845,870	3.8%
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	11,743,186	#DIV/0!	14,124,796	20.3%	14,657,630	3.8%
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!	(5,132,169)	#DIV/0!	(6,173,008)	20.3%	(6,405,870)	3.8%
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!	(739,424)	#DIV/0!	(889,384)	20.3%	(922,933)	3.8%
Free Care			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Bad Debt			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Disproportionate Share Payments			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Graduate Medical Education Payments-Phys.			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Graduate Medical Education Payments-Hosp			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	5,871,593	#DIV/0!	7,062,404	20.3%	7,328,827	3.8%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment								5,871,593		7,062,404		7,328,827	
Reimbursement Rate - All Payers	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		0.5		0.500000425		0.500000819	

SOUTHWESTERN VT MEDICAL CENTER

PROJECT NAME

Note: This table requires no "fill-in" as it is populated automatically

PAYER REVENUE REPORT

WITH PROJECT

Proposed Years Must change from Current Budget

	FY2023 Actual	FY2023 Budget	% change	FY2023	% change	FY2024 Budget	% change	2025 Proposed Year 1	% change	2026 Proposed Year 2	% change	2027 Proposed Year 3	% change
Commercial													
Hospital	120,544,074	128,410,129	6.5%	120,544,074	-6.1%	137,423,064	14.0%	144,111,841	4.9%	144,632,263	0.4%	140,502,323	-2.9%
Physician	21,792,185	20,319,805	-6.8%	21,792,185	7.2%	19,811,563	-9.1%	20,775,622	4.9%	20,850,602	0.4%	20,255,200	-2.9%
Total Revenue	142,336,259	148,729,934	4.5%	142,336,259	-4.3%	157,234,627	10.5%	164,887,462	4.9%	165,482,865	0.4%	160,757,523	-2.9%
Allowances - Hospital	-26,964,092	-34,684,753	28.6%	-26,964,092	-22.3%	-35,006,200	29.8%	-36,750,070	5.0%	-36,901,870	0.4%	-34,705,380	-6.0%
Allowances - Physicians	-10,905,580	-8,585,341	-21.3%	-10,905,580	27.0%	-5,046,660	-53.7%	-5,442,080	7.8%	-5,492,766	0.9%	-5,349,100	-2.6%
Free Care	-2,073,062	-2,500,000	20.6%	-2,073,062	-17.1%	-2,500,000	20.6%	-2,575,000	3.0%	-2,575,000	0.0%	-2,497,750	-3.0%
Bad Debt	-6,168,682	-7,650,000	24.0%	-6,168,682	-19.4%	-7,650,000	24.0%	-10,809,750	41.3%	-11,458,335	6.0%	-12,088,543	5.5%
Net Payer Revenue	96,224,843	95,309,840	-1.0%	96,224,843	1.0%	107,031,767	11.2%	109,310,563	2.1%	109,054,894	-0.2%	106,116,750	-2.7%
Fixed Prospective Payment & Reserves	0	4,500,000	#DIV/0!	0	-100.0%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Total Net Payer Revenue & Fixed Prospective Payment	96,224,843	99,809,840	3.7%	96,224,843	-3.6%	107,031,767	11.2%	108,312,470	1.2%	107,863,885	-0.4%	104,890,010	0
Reimbursement Rate - Commercial	68%	67%		68%		68%		66%		65%		65%	
Payer Mix - Commercial	52%	53%		52%		53%		49%		46%		42%	
Medicaid													
Hospital	69,477,658	65,409,622	-5.9%	69,477,658	6.2%	74,885,976	7.8%	86,328,529	15.3%	91,821,309	6.4%	95,473,080	4.0%
Physician	12,019,491	10,888,108	-9.4%	12,019,491	10.4%	10,795,919	-10.2%	12,444,850	15.3%	13,236,577	6.4%	13,763,003	4.0%
Total Revenue	81,497,149	76,297,730	-6.4%	81,497,149	6.8%	85,681,895	5.1%	98,773,379	15.3%	105,057,886	6.4%	109,236,083	4.0%
Allowances - Hospital	-61,812,653	-58,494,892	-5.4%	-61,812,653	5.7%	-64,789,307	4.8%	-70,467,258	8.8%	-74,557,735	5.8%	-76,562,603	2.7%
Allowances - Physicians	-9,549,613	-8,894,451	-6.9%	-9,549,613	7.4%	-9,340,335	-2.2%	-10,302,756	10.3%	-10,892,397	5.7%	-11,325,580	4.0%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Graduate Medical Education Payments-Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Net Payer Revenue	10,134,883	8,908,387	-12.1%	10,134,883	13.8%	11,552,253	14.0%	18,003,366	55.8%	19,607,754	8.9%	21,347,900	8.9%
Fixed Prospective Payment & Reserves	0	0		0		9,000,000		9,450,000		9,922,500		10,418,625	
Total Net Payer Revenue & Fixed Prospective Payment	20,416,758	18,340,484		20,416,758		20,552,253		22,579,866		23,658,859		25,664,438	
Reimbursement Rate - Medicaid	25%	24%		25%		24%		23%		23%		23%	
Payer Mix - Medicaid	11%	10%		11%		10%		10%		10%		10%	
Medicare													
Hospital	208,104,568	205,708,674	-1.2%	208,104,568	1.2%	227,271,252	9.2%	248,013,211	9.1%	272,189,372	9.7%	300,187,880	10.3%
Physician	27,844,550	24,337,649	-12.6%	27,844,550	14.4%	32,764,506	17.7%	35,713,311	9.0%	39,177,502	9.7%	43,487,027	11.0%
Total Revenue	235,949,118	230,046,323	-2.5%	235,949,118	2.6%	260,035,758	10.2%	283,726,522	9.1%	311,366,874	9.7%	343,674,907	10.4%
Allowances - Hospital	-173,756,324	-168,805,011	-2.8%	-173,756,324	2.9%	-179,557,301	3.3%	-193,719,314	7.9%	-207,786,626	7.3%	-224,542,926	8.1%
Allowances - Physicians	-13,825,628	-14,596,952	5.6%	-13,825,628	-5.3%	-25,885,835	87.2%	-28,215,560	9.0%	-30,952,470	9.7%	-34,357,241	11.0%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Net Payer Revenue	48,367,166	46,644,360	-3.6%	48,367,166	3.7%	54,592,622	12.9%	61,791,648	13.2%	72,627,779	17.5%	84,774,740	16.7%
Fixed Prospective Payment & Reserves	18,831,210	23,297,261		18,831,210		20,400,000		23,060,140		24,538,248		25,937,465	
Total Net Payer Revenue & Fixed Prospective Payment	67,198,376	69,941,621		67,198,376		74,992,622		84,851,788		97,166,027		110,712,205	
Reimbursement Rate - Medicare	28%	30%		28%		29%		30%		31%		32%	
Payer Mix - Medicare	36%	37%		36%		37%		38%		41%		44%	
Disproportionate Share Payments	861,771	780,264	-9.5%	861,771	10.4%	883,065	2.5%	940,464	6.5%	996,892	6.0%	1,051,721	5.5%
Total Payer Revenue													
Hospital	398,126,300	399,528,425	0.4%	398,126,300	-0.4%	439,580,293	10.4%	478,453,581	8.8%	508,642,944	6.3%	536,163,284	5.4%
Physician	61,656,226	55,545,562	-9.9%	61,656,226	11.0%	63,371,987	2.8%	68,933,783	8.8%	73,264,681	6.3%	77,505,230	5.8%
Total Revenue	459,782,526	455,073,987	-1.0%	459,782,526	1.0%	502,952,280	9.4%	547,387,364	8.8%	581,907,625	6.3%	613,668,514	5.5%
Allowances - Hospital	-262,533,069	-261,984,656	-0.2%	-262,533,069	0.2%	-279,352,808	6.4%	-300,936,641	7.7%	-319,246,231	6.1%	-335,810,909	5.2%
Allowances - Physicians	-34,280,821	-32,076,744	-6.4%	-34,280,821	6.9%	-40,272,830	17.5%	-43,960,396	9.2%	-47,337,633	7.7%	-51,031,921	7.8%
Free Care	-2,073,062	-2,500,000	20.6%	-2,073,062	-17.1%	-2,500,000	20.6%	-2,575,000	3.0%	-2,575,000	0.0%	-2,497,750	-3.0%
Bad Debt	-6,168,682	-7,650,000	24.0%	-6,168,682	-19.4%	-7,650,000	24.0%	-10,809,750	41.3%	-11,458,335	6.0%	-12,088,543	5.5%
Disproportionate Share Payments	861,771	780,264	-9.5%	861,771	10.4%	883,065	2.5%	940,464	6.5%	996,892	6.0%	1,051,721	5.5%
Graduate Medical Education Payments-Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Net Payer Revenue	155,588,663	151,642,851	-2.5%	155,588,663	2.6%	174,059,707	11.9%	190,046,041	9.2%	202,287,319	6.4%	213,291,112	5.4%
Fixed Prospective Payment & Reserves	29,113,085	37,229,358		29,400,000		29,400,000		32,510,140		34,460,748		36,356,090	
Total Net Payer Revenue & Fixed Prospective Payment	184,701,747	188,872,209		184,701,747		203,459,707		222,556,181		236,748,067		249,647,202	
Reimbursement Rate - All Payers	34%	33%		34%		35%		35%		35%		35%	

Southwestern VT Medical Center

PROJECT NAME

UTILIZATION PROJECTIONS--TABLE 7

	WITHOUT PROJECT							Proposed Years Must change from Current Budget					
	FY2023 Actual	FY2023 Budget	% change	FY2023 Proj.	% change	FY2024 Budget	% change	Proposed Yr 1 2025	% change	Proposed Yr 2 2026	% change	Proposed Yr 3 2027	% change
Inpatient Utilization													
Acute Beds (Staffed)	60	80	33.3%	80	0.0%	60	-25.0%	60	0.0%	60	0.0%	60	0.0%
Acute Admissions	2,823	3,167	12.2%	3,167	0.0%	2,832	-10.6%	3,000	5.9%	3,000	0.0%	2,970	-1.0%
Acute Patient Days	11,805	11,301	-4.3%	11,301	0.0%	11,653	3.1%	12,600	8.1%	13,500	7.1%	14,256	5.6%
Acute Average Length Of Stay	4.19	3.57	-14.8%	3.57	0.0%	4.11	15.3%	4	2.1%	5	7.1%	5	6.7%
Outpatient													
All Outpatient Visits	305,402	405,794	32.9%	405,794	0.0%	-	-100.0%	320,672	#DIV/0!	339,912	6.0%	358,608	5.5%
Physician Office Visits	146,481	132,306	-9.7%	132,306	0.0%	147,228	11.3%	147,174	0.0%	156,004	6.0%	164,585	5.5%
Ancillary													
All Operating Room Procedure	3,142	3,010	-4.2%	3,010	0.0%	3,151	4.7%	3,168	0.5%	3,358	6.0%	3,543	5.5%
All Operating Room Cases	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!
Emergency Room Visits	23,406	25,695	9.8%	25,695	0.0%	22,714	-11.6%	24,744	8.9%	26,229	6.0%	27,671	5.5%
Cat Scan Procedures	15,163	14,499	-4.4%	14,499	0.0%	14,898	2.8%	13,872	-6.9%	14,704	6.0%	15,513	5.5%
Magnetic Resonance Image Exams	4,541	4,065	-10.5%	4,065	0.0%	4,676	15.0%	4,167	-10.9%	4,417	6.0%	4,660	5.5%
Nuclear Medicine Procedures	897	979	9.1%	979	0.0%	926	-5.4%	1,077	16.3%	1,142	6.0%	1,204	5.5%
Radiology - Diagnostic Procedures	47,440	44,912	-5.3%	44,912	0.0%	47,553	5.9%	61,935	30.2%	65,651	6.0%	69,262	5.5%
Laboratory Tests	374,910	360,038	-4.0%	360,038	0.0%	410,708	14.1%	388,071	-5.5%	411,355	6.0%	433,980	5.5%
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Adjusted Statistics													
Adjusted Admissions	-	15,922	#DIV/0!	16,030	0.7%	-	-100.0%		#DIV/0!		#DIV/0!		#DIV/0!
Adjusted Days	-	56,814	#DIV/0!	57,200	0.7%	-	-100.0%		#DIV/0!		#DIV/0!		#DIV/0!

Southwestern VT Medical Center

PROJECT NAME

UTILIZATION PROJECTIONS--TABLE 7

				PROJECT ONLY				**Proposed Years Must change from Current Budget**					
	FY2023 Actual	**FY2023 Budget**	**% change**	**FY2023 Proj.**	**% change**	**FY2024 Budget**	**% change**	**Proposed Yr 1 2025**	**% change**	**Proposed Yr 2 2026**	**% change**	**Proposed Yr 3 2027**	**% change**
Inpatient Utilization													
Acute Beds (Staffed)			#DIV/0!		#DIV/0!		#DIV/0!	12	#DIV/0!	12	0.0%	12	0.0%
Acute Admissions			#DIV/0!		#DIV/0!		#DIV/0!	231	#DIV/0!	267	0	267	0.0%
Acute Patient Days			#DIV/0!		#DIV/0!		#DIV/0!	3,466	#DIV/0!	4,015	15.8%	4,015	0.0%
Acute Average Length Of Stay			#DIV/0!		#DIV/0!		#DIV/0!	15	#DIV/0!	15	0.0%	15	0.0%
Outpatient													
All Outpatient Visits			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Physician Office Visits			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Ancillary													
All Operating Room Procedure			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
All Operating Room Cases			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Emergency Room Visits			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Cat Scan Procedures			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Magnetic Resonance Image Exams			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Nuclear Medicine Procedures			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Radiology - Diagnostic Procedures			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Laboratory Tests			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Adjusted Statistics													
Adjusted Admissions			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Adjusted Days			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!

Southwestern VT Medical Center

PROJECT NAME

UTILIZATION PROJECTIONS--TABLE 7

Note: This table requires no "fill-in" as it is populated automatically

WITH PROJECT

Proposed Years Must change from Current Budget

	FY2023 Actual	FY2023 Budget	% change	FY2023 Proj.	% change	FY2024 Budget	% change	Proposed Yr 1 2025	% change	Proposed Yr 2 2026	% change	Proposed Yr 3 2027	% change
Inpatient Utilization													
Acute Beds (Staffed)	60	80	33.3%	80	0.0%	60	-25.0%	72	20.0%	72	0.0%	72	0.0%
Acute Admissions	2,823	3,167	12.2%	3,167	0.0%	2,832	-10.6%	3,231	14.1%	3,267	1.1%	3,237	-0.9%
Acute Patient Days	11,805	11,301	-4.3%	11,301	0.0%	11,653	3.1%	16,066	37.9%	17,515	9.0%	18,271	4.3%
Acute Average Length Of Stay	4	4	-14.8%	4	0.0%	4	15.3%	19	366.6%	20	1.6%	20	1.5%
Outpatient													
All Outpatient Visits	305,402	405,794	32.9%	405,794	0.0%	-	-100.0%	320,672	#DIV/0!	339,912	6.0%	358,608	5.5%
Physician Office Visits	146,481	132,306	-9.7%	132,306	0.0%	147,228	11.3%	147,174	0.0%	156,004	6.0%	164,585	5.5%
Ancillary													
All Operating Room Procedure	3,142	3,010	-4.2%	3,010	0.0%	3,151	4.7%	3,168	0.5%	3,358	6.0%	3,543	5.5%
All Operating Room Cases	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Emergency Room Visits	23,406	25,695	9.8%	25,695	0.0%	22,714	-11.6%	24,744	8.9%	26,229	6.0%	27,671	5.5%
Cat Scan Procedures	15,163	14,499	-4.4%	14,499	0.0%	14,898	2.8%	13,872	-6.9%	14,704	6.0%	15,513	5.5%
Magnetic Resonance Image Exams	4,541	4,065	-10.5%	4,065	0.0%	4,676	15.0%	4,167	-10.9%	4,417	6.0%	4,660	5.5%
Nuclear Medicine Procedures	897	979	9.1%	979	0.0%	926	-5.4%	1,077	16.3%	1,142	6.0%	1,204	5.5%
Radiology - Diagnostic Procedures	47,440	44,912	-5.3%	44,912	0.0%	47,553	5.9%	61,935	30.2%	65,651	6.0%	69,262	5.5%
Laboratory Tests	374,910	360,038	-4.0%	360,038	0.0%	410,708	14.1%	388,071	-5.5%	411,355	6.0%	433,980	5.5%
	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Adjusted Statistics													
Adjusted Admissions	-	15,922	#DIV/0!	16,030	0.7%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Adjusted Days	-	56,814	#DIV/0!	57,200	0.7%	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

SOUTHWESTERN VT MEDICAL CENTER

PROJECT NAME

STAFFING REPORT - TABLE 8

WITHOUT PROJECT

Proposed Years Must change from Current Budget

	FY2022 Actual	FY2023 Budget	% change	FY2023 Actual	% change	FY2024 Budget	% change	Proposed Year 1 2025	% change	Proposed Year 2 2026	% change	Proposed Year 3 2027	% change
PHYSICIAN FTEs	**99.9**	**97.3**	-2.6%	**98.7**	1.4%	**97.7**	-1.0%	**100.0**	2.4%	**100.0**	0.0%	**100.0**	0.0%
TRAVELERS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Residents & Fellows	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
MLPs	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Non-MD FTEs	820.2	813.8	-0.8%	822.0	1.0%	813.0	-1.1%	812.0	-0.1%	812.0	0.0%	812.0	0.0%
TOTAL NON-MD FTEs	**820.2**	**813.8**	-0.8%	**822.0**	1.0%	**813.0**	-1.1%	**812.0**	-0.1%	**812.0**	0.0%	**812.0**	0.0%

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

STAFFING REPORT - TABLE 8

PROJECT ONLY

Proposed Years Must change from Current Budget

	FY2022 Actual	FY2023 Budget	% change	FY2023 Actual	% change	FY2024 Budget	% change	Proposed Year 1 2025	% change	Proposed Year 2 2026	% change	Proposed Year 3 2027	% change
PHYSICIAN FTEs			#DIV/0!		#DIV/0!		#DIV/0!	**1.9**	#DIV/0!	**1.9**	0.0%	**1.9**	0.0%
TRAVELERS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Residents & Fellows			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
MLPs			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Non-MD FTEs			#DIV/0!		#DIV/0!		#DIV/0!	44.1	#DIV/0!	44.1	0.0%	44.1	0.0%
TOTAL NON-MD FTEs	**-**	**-**	#DIV/0!	**-**	#DIV/0!	**-**	#DIV/0!	**44.1**	#DIV/0!	**44.1**	0.0%	**44.1**	0.0%

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

Note: This table requires no "fill-in" as it is populated automatically

STAFFING REPORT - TABLE 8

WITH PROJECT

Proposed Years Must change from Current Budget

	FY2022 Actual	FY2023 Budget	% change	FY2023 Actual	% change	FY2024 Budget	% change	Proposed Year 1 2025	% change	Proposed Year 2 2026	% change	Proposed Year 3 2027	% change
PHYSICIAN FTEs	**99.9**	**97.3**	-2.6%	**98.7**	1.4%	**97.7**	-1.0%	**101.9**	4.3%	**101.9**	0.0%	**101.9**	0.0%
TRAVELERS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Residents & Fellows	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
MLPs	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Non-MD FTEs	820.2	813.8	-0.8%	822.0	1.0%	813.0	-1.1%	856.1	5.3%	856.1	0.0%	856.1	0.0%
TOTAL NON-MD FTEs	**820.2**	**813.8**	-0.8%	**822.0**	1.0%	**813.0**	-1.1%	**856.1**	5.3%	**856.1**	0.0%	**856.1**	0.0%

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs