

VERIFICATION UNDER OATH

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Kahm Clinic IOP-PHP
Eating Disorder Treatment Program
GMCB-009-21con

Verification Under Oath

Nicholas Kahm, being duly sworn, states on oath as follows:

1. I am the Chief Executive Officer of Kahm Clinic IOP-PHP, LLC. I have reviewed the Certificate of Need Application (Application) to begin an IOP-PHP eating disorder treatment program.
2. Based on my personal knowledge, and after diligent inquiry, I attest that the information contained in the Answers to First Set of Questions is true, accurate and complete and 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 is based on my actual knowledge of the subject information or upon information reasonably believed to be true and reliable to me (for example information in published articles).
4. In the event that the information contained in the Application becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board as soon as I know that the information or document has become untrue, inaccurate or incomplete in any material respect.



Nicholas Kahm

On April 13th, 2022 Nicholas Kahm appeared before me and swore to the truth, accuracy and completeness of the foregoing.


Notary Public

My Commission expires 1-31-2023
Comm# 157.0000283



Here are our responses to the seventh round of questions. We have been working through this grueling Certificate of Need process now for over a year, and we respectfully request that the application be closed. The additional costs that we will incur due to inflation are staggering and will be hundreds of thousands more than they would have been had we not had to go through this process. I am very concerned that those costs keep climbing as the clock keeps ticking and may jeopardize our ability to move forward. We were delighted to see that the HCA has waived the hearing, and we hope that the Board will return us to expedited status that was removed because of the HCA intervention.

A lot of the questioning seems to involve detailed, hypothetical, clinical questions that assume uniformity across situations. Within the scope of the program as described, we will be providing the right care for the patients and adjusting for individual needs in a patient centered manner as determined in the professional judgment and discretion of our licensed professionals. Our programs and practitioners will be subject to insurer credentialing requirements and licensing oversight. We have provided extensive detail about the planned programs and need, and believe that there is sufficient information here for the Board to decide whether our application meets the criteria.

1. In a table format, for the PHP adult program and the IOP adult program and the IOP adolescent program, broken down by the average number of weeks in each program (week 1, 2, 3 etc.,) specify the number of minutes each participant will receive in: (a) individual therapy; (b) group therapy; (c) family therapy; and (d) with the dietician; in each week of the program.

Such a table would not be accurate. For instance, there are some in the IOP program who are there 3 days/week rather than 5. Nor can we specify the number of minutes devoted to family therapy, since this will depend on which qualified staff we can hire and whether and how we use them in the adult program. We cannot know that at this time. See our answer to the 10th question of the third round of questions for specific information.

2. Specify the frequency of use and the justification that supports the frequency of use for the Metabolic Testing Device and for the Body Composition Analysis Testing Device for participants in the adult PHP program, the adult IOP program and the adolescent IOP program. Please address concerns that measurements can be a “triggering” event for a participant with an eating disorder and explain how the Kahm Clinic will recognize and minimize such distress if encountered with participants in the PHP and IOP programs.

We will run the Metabolic Test once on admission and every 4-6 weeks thereafter, for the most part. The reason for that timeline is that it takes that long for a metabolism to change. However, in cases when a metabolism is restored and the body composition analysis looks good, there is no reason to test them again. We will not run the test if there is no reason to believe the results would be any different. The Body Composition Analysis will be completed roughly 2x/week however this may vary from patient to patient depending on severity of the case. The reason for the higher frequency of testing is that body composition changes very quickly. For instance, we can see almost immediately when someone has been restricting at

home (loss of lean mass), and when we suspect that someone is restricting, we may test them more. Or, if someone is at risk for refeeding edema, we may test them daily to track the fluid buildup.

When treating eating disorders, many necessary parts of treatment can be "triggering" to the eating disorder, for instance weight, but that doesn't make those aspects of treatment any less necessary. In any treatment facility there are going to be instances where a patient's eating disorder is triggered. If that happens during or after a patient does the testing, the therapists will process these parts of treatment with the patient. As discussed in q.6, a., in the third round of questions, our patients are blind to the testing numbers.

3. Given that the Metabolic Testing device and the Body Composition Analysis device are not widely used in the treatment of eating disorders, explain in more detail the specific information generated by each device, how that specific information will be applied and how it improves quality and the informs the course of treatment for adults and adolescents in the IOP and PHP programs, and whether such information is shared with participants and their families. To the extent possible, provide objective standards that professionals use to interpret and apply the information and data generated by each device and medical resources used to inform those standards.

The specific information given by the machines are listed in the answer to a. of the first question of the second round of questions. This information is used by the dietitians to determine if the patient needs a meal plan increase or if their current meal plan is appropriate. For example, based on NHANES data, the normal range for a 20yo female's muscle mass begins at 42.4lb or above. If a client comes in and has a muscle mass of 38.9lb, it indicates that the body is using muscle as a source of fuel due to not being fed enough calories. As a result, the dietitian will know to increase the patient's meal plan. It would only be once the patient's muscle mass reaches 42.4lb or above that we know the person is healed internally. The Body Composition Analysis results will not be shared with patients or their families, it is solely used as a clinical tool to provide the best care possible. The objective standards for the Metabolic Test come from the Harris-Benedict Equation which is the industry standard for calculation of metabolic rate. The body composition analysis standards are based off the National Health and Nutrition Examination Survey (NHANES) through the CDC.

On the one hand, we use the "objective standards" routinely used in the industry, namely, NHANES and the Harris-Benedict Equation to determine "acceptable" ranges for the data points. On the other hand, the ultimate "objective standard," is the empirical data from the patient's own body. If the Harris Benedict Equation predicts that someone's RMR should be 1300, but that person's actual RMR is 600, then our dietitians know how to fuel that patient until their metabolism is within a healthy range.

This is how it works with all data points listed in the answer to a. of the first question of the second round of questions. We have ranges based on large studies which are widely used. Because of these we know where the patient should be, and then because of the machines, we know where they actually are. The dietitian's job, in part, is to get them from where they are to an acceptable range. It is far more "objective" than what other dietitians are doing in standard

treatments settings where they do not get the benefit of the machines. It is no different than, for instance, a pediatrician worrying about a child because she is too low on the height and weight charts. Pediatricians have acceptable ranges based on large widely used data sets; then they weigh and measure their patient's height, and they compare the actual empirical numbers to the acceptable ranges based on large population studies.

For an answer as to how this would look in the treatment setting, please revisit our hypothetical cases in our response to the second question of the fourth round of questions. As for the part of this question about how this specific information will be used in IOP/PHP treatment, that is impossible to answer in the way the question is asked. Consider the PHP schedule in which a large percentage of the week is consumed by group therapies of various sorts. Can we tie an improvement in lean mass from the body composition analysis machine to a specific improvement in say CBT skills group rather than a body image group? No, of course not. This part of the question seems to us to be a rephrasing of b. of question 1 of the second round of questions. And I will repeat my answer to that question here.

“Therapists work on the psychological roots of the eating disorder, and Dietitians work on its bodily problems, which are mainly caused by malnutrition. Therapists use different treatment modalities as helpful tools. Our dieticians use these medical machines as tools to help to cure malnutrition. Curing malnutrition makes therapy more effective: a starved brain cannot do the grueling therapeutic work required to get to the psychological root of the eating disorder. The machines are not used differently in each modality, but they make each modality more effective. It is physiological groundwork that enables the psychological work to be effective.”

Healing malnutrition does not change if it is in an IOP or PHP setting, nor does it change based on adolescents or adults, nor does it change depending on various treatment methodologies. Therapy does not work well when someone is malnourished. Because we are better than standard PHPs and IOPs are at curing malnourishment, the therapy will be more effective, and we believe we will have a better program and treatment outcomes.

4. Provide a detailed description of your contacts with Vermont Medicaid, the dates of contact, and the content of what was discussed. Provide copies of all documents you submitted to Vermont Medicaid. This must include requests made for reimbursement rates and codes for all services and the use of the two devices in both the adult PHP and the adult and adolescent IOP programs and specify whether the rates you requested included or excluded the charges per appointment or per week for both the Metabolic Testing device and the Body Composition Analysis device. Specify the frequency of use per patient for the Metabolic Testing device and the Body Composition Analysis device and whether that frequency of use is covered in the Medicaid rates you have negotiated with Vermont Medicaid. If not, please explain why the charges for the two devices were not included in the requested Medicaid rate. Provide a copy of signed letter of agreement with the Department of Vermont Health Access for the provision of services to Medicaid Members.

I will here update the thread on my discussion with DVHA that was begun in the answer to the first question in the sixth round of questions.

On April 6th, I responded that we will also be billing for Metabolic Testing and Body Composition analysis, but that the decision to go in network with Medicaid did not depend on those rates, but on the day rates for IOP and PHP. I asked to come to an agreement about those rates first.

On April 7th, they responded and accepted the daily rates that I had proposed. They enquired about the testing fees.

On April 7th I responded that I was thrilled that we would be able to accept Medicaid. I proposed rates for both tests.

On that same day a representative from DVHA called me and said that they agreed to the rates, but that they wanted to roll the body composition analysis reimbursement into the daily rates for IOP and PHP. So we agreed to a slightly higher daily reimbursement rate for IOP and PHP treatment. They accepted my proposed rate for the metabolic testing.

On that same day I emailed the correct information to be included in the Letter of Payment Agreement. I enquired whether I had their permission to submit this with the rates excised as a public documents for the GMCB as part of the CON process.

On that same day I received the letter and was granted permission to submit it to the GMCB.

On April 8th I emailed them the signed copy of the letter.

On April 11th they emailed me a counter signed document.

On April 11th, I had a conversation with Tonya about the scenario where we run the body composition analysis more than twice a week. Since this will be a relatively rare occurrence, she advised me to keep track of how often this happens and that we could return to the negotiation table at some later date.

The Letter of Payment Agreement is included below.

5. If you accept Medicaid, all affected financial tables must be revised to reflect Medicaid members and revenues. You also mentioned that you may wish to increase the total cost of the project due to on-going inflation. If so, please revise and resubmit financial tables 1; 2; 3 B, C; 4 B, C; 5 B, C; 6 B, C; 7 B, C; 8 B, C; 9 B, C; and the Annual Operating Expense Detail table to reflect the addition of Medicaid as well as any increase you are adding to the total cost of the project. Please make certain that the Excel version of the tables are identical to the PDF version submitted.

I have reached out to contractors, furniture vendors, art vendors, prospective employees, etc., and all of them have told me to raise my expenses. In light of those discussions, I have added an additional 20% to all expenses. It is impossible to predict which particular costs will go up exactly how much; however, I am quite confident that there will be dramatic price increases here

and there and raising everything by that much should ensure that we do not have to come back and ask for more. The tables and expense detail have been revised accordingly. We have also included Medicaid in the payer mix, of course.

State of Vermont
Department of Vermont Health Access
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010

[Phone] 802-879-5900

Agency of Human Services
<http://dvha.vermont.gov>

04/07/2022

Letter of Payment Agreement

Kahm Clinic IOP-PHP
120 Kimball Ave
South Burlington, VT 05403

Provider Number: TBD
(EIN 87-2201915)

Contact: Nick Kahm, PhD
Phone: 802-881-2936
Email: nick@thekahmclinic.com

This letter states the terms of our agreement for eating disorder treatment, to be paid by the Department of Vermont Health Access at the following rates: \$[REDACTED] for procedure code 94690, \$[REDACTED] per diem for IOP (S9480) and \$[REDACTED] per diem for PHP (H0035). The per diem rates for S9480 and H0035 includes reimbursement for bioelectrical impedance analysis whole body composition assessment, with interpretation and report (0358T). This service (0358T) will not be separately billable. This letter of payment agreement is contingent upon the provider successfully obtaining approval of their Certificate of Need and enrollment with Vermont Medicaid.

All billing providers must utilize correct coding and appropriate claim forms. Providers submitting claims must be actively enrolled with the Department of Vermont Health Access and must follow Vermont Medicaid rules and regulations, including but not limited to, Prior Authorization and claims Timely Filing requirements.

A paper claim with a copy of this agreement should be submitted directly to:

Gainwell Technologies
Attention: Special Pricing
P.O. Box 888
Williston, VT 05495



Sandi Hoffman, Deputy Commissioner
Department of Vermont Health Access

Nick Kahm, PhD
The Kahm Clinic

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
 TABLE 1
PROJECT COSTS

Construction Costs	
1. New Construction	\$ -
2. Renovation	416,664
3. Site Work	-
4. Fixed Equipment	-
5. Design/Bidding Contingency	-
6. Construction Contingency	-
7. Construction Manager Fee	-
8. Other (Software)	-
Subtotal	\$ 416,664
Related Project Costs	
1. Major Moveable Equipment	\$ -
2. Furnishings, Fixtures & Other Equip.	103,055
3. Architectural/Engineering Fees	36,000
4. Land Acquisition	-
5. Purchase of Buildings	-
6. Administrative Expenses & Permits	-
7. Debt Financing Expenses (see below)	-
8. Debt Service Reserve Fund	-
9. Working Capital	614,281
10. Other (Software)	30,000
Subtotal	\$ 783,336
Total Project Costs	\$ 1,200,000

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.

Kahm Clinic IOP/PHP, LLC

PROJECT NAME

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			1,200,000
3. Other Sources			
a. Working Capital			-
b. Fundraising			-
c. Grants			-
d. Other			-
Total Required Funds			\$ 1,200,000

Uses of Funds		
<u>Project Costs (feeds from Table 1)</u>		
1. New Construction		\$ -
2. Renovation		416,664
3. Site Work		-
4. Fixed Equipment		-
5. Design/Bidding Contingency		-
6. Construction Contingency		-
7. Construction Manager Fee		-
8. Major Moveable Equipment		-
9. Furnishings, Fixtures & Other Equip.		103,055
10. Architectural/Engineering Fees		36,000
11. Land Acquisition		-
12. Purchase of Buildings		-
13. Administrative Expenses & Permits		-
14. Debt Financing Expenses		-
15. Debt Service Reserve Fund		-
16. Working Capital		614,281
17. Other (Software)		30,000
Total Uses of Funds		\$ 1,200,000

Total sources should equal total uses of funds.

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
 TABLE 3A
 INCOME STATEMENT

THIS IS NEW ENTITY THIS TABLE IS NOT APPLICABLE

	Latest Actual 2020	Budget 2021	Proposed Year 1 2022	Proposed Year 2 2023	Proposed Year 3 2024
Revenues					
Inpatient Care Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
Outpatient Care Revenue	-	-	-	-	-
Chronic/Rehab Revenue	-	-	-	-	-
SNF/ECF Patient Care Revenue	-	-	-	-	-
Swing Beds Patient Care Revenue	-	-	-	-	-
Gross Patient Care Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
Disproportionate Share Payments	\$ -	\$ -	\$ -	\$ -	\$ -
Free Care & Bad Debt	-	-	-	-	-
Deductions from Revenue	-	-	-	-	-
Net Patient Care Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
Other Operating Revenue					
Total Operating Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
Operating Expense					
Salaries (Non-MD)	\$ -	\$ -	\$ -	\$ -	\$ -
Fringes Benefits (Non-MD)	-	-	-	-	-
Physician Fees/Salaries/Contracts/Fringe	-	-	-	-	-
Health Care Provider Tax					
Depreciation/Amortization					
Interest					
Other Operating Expense					
Total Operating Expense	\$ -	\$ -	\$ -	\$ -	\$ -
Net Operating Income (Loss)	\$ -	\$ -	\$ -	\$ -	\$ -
Non-Operating Revenue					
Excess (Deficit) of Rev Over Exp	\$ -	\$ -	\$ -	\$ -	\$ -

Latest actual numbers should tie to the hospital budget process.

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
 TABLE 3B
 INCOME STATEMENT
 PROJECT ONLY

	Latest Actual 2020	Pre CO 2021	Proposed Year 1 2022	Proposed Year 2 2023	Proposed Year 3 2024
Revenues					
Inpatient Care Revenue	N/A	\$ -	\$ -	\$ -	\$ -
Outpatient Care Revenue	N/A	-	1,031,100	2,420,150	3,010,150
Chronic/Rehab Revenue	N/A	-	-	-	-
SNF/ECF Patient Care Revenue	N/A	-	-	-	-
Swing Beds Patient Care Revenue	N/A	-	-	-	-
Gross Patient Care Revenue		\$ -	\$ 1,031,100	\$ 2,420,150	\$ 3,010,150
Disproportionate Share Payments	N/A	\$ -	\$ -	\$ -	\$ -
Free Care & Bad Debt	N/A	-	(51,555)	(121,008)	(150,508)
Deductions from Revenue	N/A	-	-	-	-
Net Patient Care Revenue	N/A	\$ -	\$ 979,545	\$ 2,299,142	\$ 2,859,642
Other Operating Revenue	N/A	-	-	-	-
Total Operating Revenue	N/A	\$ -	\$ 979,545	\$ 2,299,142	\$ 2,859,642
Operating Expense					
Salaries (Non-MD)	N/A	\$ 21,927	587,431	\$ 801,896	\$ 1,111,973
Fringes Benefits (Non-MD)	N/A	4,395	134,595	174,017	249,554
Physician Fees/Salaries/Contracts/Fringe	N/A	-	146,602	186,583	300,492
Health Care Provider Tax	N/A	-	-	-	-
Depreciation/Amortization	N/A	-	23,174	23,174	28,477
Interest	N/A	-	-	-	-
Other Operating Expense	N/A	93,474	536,353	642,868	764,008
Total Operating Expense	N/A	\$ 119,796	\$ 1,428,155	\$ 1,828,538	\$ 2,454,504
Net Operating Income (Loss)	N/A	\$ (119,796)	\$ (448,610)	\$ 470,604	\$ 405,138
Non-Operating Revenue	N/A	-	-	-	-
Excess (Deficit) of Rev Over Exp	N/A	\$ (119,796)	\$ (448,610)	\$ 470,604	\$ 405,138

Latest actual numbers should tie to the hospital budget process.

NOTE: This table requires no 'fill-in' as it is populated automatically from Tables 3A & 3B.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
 TABLE 3C
 INCOME STATEMENT

THIS IS NEW ENTITY THIS TABLE IS NOT APPLICABLE AS ITS SAME AS TABLE B

	Latest Actual 2020	Budget 2021	Proposed Year 1 2022	Proposed Year 2 2023	Proposed Year 3 2024
Revenues					
Inpatient Care Revenue	#VALUE!	\$ -	\$ -	\$ -	\$ -
Outpatient Care Revenue	#VALUE!	-	1,031,100	2,420,150	3,010,150
Chronic/Rehab Revenue	#VALUE!	-	-	-	-
SNF/ECF Patient Care Revenue	#VALUE!	-	-	-	-
Swing Beds Patient Care Revenue	#VALUE!	-	-	-	-
Gross Patient Care Revenue	#VALUE!	\$ -	\$ 1,031,100	\$ 2,420,150	\$ 3,010,150
Disproportionate Share Payments	#VALUE!	\$ -	\$ -	\$ -	\$ -
Free Care & Bad Debt	#VALUE!	-	(51,555)	(121,008)	(150,508)
Deductions from Revenue	#VALUE!	-	-	-	-
Net Patient Care Revenue	#VALUE!	\$ -	\$ 979,545	\$ 2,299,142	\$ 2,859,642
Other Operating Revenue	#VALUE!	-	-	-	-
Total Operating Revenue	#VALUE!	\$ -	\$ 979,545	\$ 2,299,142	\$ 2,859,642
Operating Expense					
Salaries (Non-MD)	#VALUE!	\$ 21,927	\$ 587,431	\$ 801,896	\$ 1,111,973
Fringes Benefits (Non-MD)	#VALUE!	4,395	134,595	174,017	249,554
Physician Fees/Salaries/Contracts/Fringe	#VALUE!	-	146,602	186,583	300,492
Health Care Provider Tax	#VALUE!	-	-	-	-
Depreciation/Amortization	#VALUE!	-	23,174	23,174	28,477
Interest	#VALUE!	-	-	-	-
Other Operating Expense	#VALUE!	93,474	536,353	642,868	764,008
Total Operating Expense	#VALUE!	\$ 119,796	\$ 1,428,155	\$ 1,828,538	\$ 2,454,504
Net Operating Income (Loss)	#VALUE!	\$ (119,796)	\$ (448,610)	\$ 470,604	\$ 405,138
Non-Operating Revenue	#VALUE!	-	-	-	-
Excess (Deficit) of Rev Over Exp	#VALUE!	\$ (119,796)	\$ (448,610)	\$ 470,604	\$ 405,138

Latest actual numbers should tie to the hospital budget process.

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME

TABLE 4A

BALANCE SHEET - UNRESTRICTED FUNDS

THIS IS NEW ENTITY THIS TABLE IS NOT APPLICABLE

ASSETS	Latest Actual 2020	Budget 2021	Proposed Year 1 2022	Proposed Year 2 2023	Proposed Year 3 2024
Current Assets					
Cash & Investments	\$ -	\$ -	\$ -	\$ -	\$ -
Patient Accounts Receivable, Gross Less: Allowance for Uncollectable Accts.					
Due from Third Parties					
Other Current Assets					
Total Current Assets	\$ -	\$ -	\$ -	\$ -	\$ -
Board Designated Assets					
Funded Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
Escrowed Bond Funds					
Other					
Total Board Designated Assets	\$ -	\$ -	\$ -	\$ -	\$ -
Property, Plant & Equipment					
Land, Buildings & Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Fixed Equipment					
Major Moveable Equipment					
Construction in Progress					
Total Property, Plant & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Less: Accumulated Depreciation					
Land, Buildings & Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Fixed Equipment					
Major Moveable Equipment					
Total Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
Total Net Property, Plant & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Other Long-Term Assets	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL ASSETS	\$ -	\$ -	\$ -	\$ -	\$ -
LIABILITIES AND FUND BALANCE					
Current Liabilities					
Accounts Payable	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries, Wages & Payroll Taxes Payable					
Estimated Third-Party Settlements					
Other Current Liabilities					
Current Portion of Long-Term Debt					
Total Current Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Long-Term Debt					
Bonds & Mortgages Payable	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Lease Obligations	-	-	-	-	-
Other Long-Term Debt					
Total Long-Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Non-Current Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Total Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Fund Balance	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL LIABILITIES & FUND BALANCE	\$ -	\$ -	\$ -	\$ -	\$ -

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
 TABLE 4B
 BALANCE SHEET - UNRESTRICTED FUNDS
 PROJECT ONLY

ASSETS	Latest Actual 2020	Pre CO 2021	Proposed Year 1 2022	Proposed Year 2 2023	Proposed Year 3 2024
Current Assets					
Cash & Investments	N/A	\$ 638,630	\$ 36,732	\$ 297,428	\$ 349,520
Patient Accounts Receivable, Gross	N/A	-	185,750	232,950	291,950
Less: Allowance for Uncollectable Accts.	N/A	-	(9,288)	(11,647)	(14,598)
Due from Third Parties	N/A	-			
Other Current Assets	N/A			-	-
Total Current Assets	N/A	\$ 638,630	\$ 213,194	\$ 518,731	\$ 626,872
Board Designated Assets					
Funded Depreciation	N/A	\$ -	\$ -	\$ -	\$ -
Escrowed Bond Funds	N/A	-			
Other	N/A	9,246	9,246	9,246	13,325
Total Board Designated Assets	N/A	\$ 9,246	\$ 9,246	\$ 9,246	\$ 13,325
Property, Plant & Equipment					
Land, Buildings & Improvements	N/A	\$ 332,664	\$ 332,664	\$ 332,664	\$ 452,664
Fixed Equipment	N/A	-	-		
Major Moveable Equipment	N/A	99,664	99,664	99,664	133,055
Construction in Progress	N/A	-			
Total Property, Plant & Equipment	N/A	\$ 432,328	\$ 432,328	\$ 432,328	\$ 585,719
Less: Accumulated Depreciation					
Land, Buildings & Improvements	N/A	\$ -	\$ (8,530)	\$ (17,060)	\$ (28,667)
Fixed Equipment	N/A	-			
Major Moveable Equipment	N/A	-	(14,644)	(29,288)	(46,158)
Total Accumulated Depreciation	N/A	\$ -	\$ (23,174)	\$ (46,348)	\$ (74,825)
Total Net Property, Plant & Equipment	N/A	\$ 432,328	\$ 409,154	\$ 385,980	\$ 510,894
Other Long-Term Assets	N/A	\$ -	\$ -	\$ -	\$ -
TOTAL ASSETS	N/A	\$ 1,080,204	\$ 631,594	\$ 913,957	\$ 1,151,091
LIABILITIES AND FUND BALANCE					
Current Liabilities					
Accounts Payable	N/A	\$ -	\$ -	\$ -	\$ -
Salaries, Wages & Payroll Taxes Payable	N/A	-	-	-	-
Estimated Third-Party Settlements	N/A	-	-	-	-
Other Current Liabilities	N/A	-	-	-	-
Current Portion of Long-Term Debt	N/A	-	-	-	-
Total Current Liabilities	N/A	\$ -	\$ -	\$ -	\$ -
Long-Term Debt					
Bonds & Mortgages Payable	N/A	\$ -	\$ -	\$ -	\$ -
Capital Lease Obligations	N/A	-	-	-	-
Other Long-Term Debt	N/A	-	-	-	-
Total Long-Term Debt	N/A	\$ -	\$ -	\$ -	\$ -
Total Other Non-Current Liabilities	N/A	\$ -	\$ -	\$ -	\$ -
Total Liabilities	N/A	\$ -	\$ -	\$ -	\$ -
Fund Balance	N/A	\$ 1,080,204	\$ 631,594	\$ 913,957	\$ 1,151,091
TOTAL LIABILITIES & FUND BALANCE	N/A	\$ 1,080,204	\$ 631,594	\$ 913,957	\$ 1,151,091

NOTE: This table requires no 'fill-in' as it is populated automatically from Tables 4A & 4B.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME

TABLE 4C

BALANCE SHEET - UNRESTRICTED FUNDS

THIS IS NEW ENTITY THIS TABLE IS NOT APPLICABLE AS ITS SAME AS TABLE B

ASSETS	Latest Actual 2020	Budget 2021	Proposed Year 1 2022	Proposed Year 2 2023	Proposed Year 3 2024
Current Assets					
Cash & Investments	#VALUE!	\$ 638,630	\$ 36,732	\$ 297,428	\$ 349,520
Patient Accounts Receivable, Gross	#VALUE!	-	185,750	232,950	291,950
Less: Allowance for Uncollectable Accts.	#VALUE!	-	(9,288)	(11,647)	(14,598)
Due from Third Parties	#VALUE!	-	-	-	-
Other Current Assets	#VALUE!	-	-	-	-
Total Current Assets	#VALUE!	\$ 638,630	\$ 213,194	\$ 518,731	\$ 626,872
Board Designated Assets					
Funded Depreciation	#VALUE!	-	-	-	-
Escrowed Bond Funds	#VALUE!	-	-	-	-
Other	#VALUE!	9,246	9,246	9,246	13,325
Total Board Designated Assets	#VALUE!	\$ 9,246	\$ 9,246	\$ 9,246	\$ 13,325
Property, Plant & Equipment					
Land, Buildings & Improvements	#VALUE!	\$ 332,664	\$ 332,664	\$ 332,664	\$ 452,664
Fixed Equipment	#VALUE!	-	-	-	-
Major Moveable Equipment	#VALUE!	99,664	99,664	99,664	133,055
Construction in Progress	#VALUE!	-	-	-	-
Total Property, Plant & Equipment	#VALUE!	\$ 432,328	\$ 432,328	\$ 432,328	\$ 585,719
Less: Accumulated Depreciation					
Land, Buildings & Improvements	#VALUE!	-	(8,530)	(17,060)	(28,667)
Fixed Equipment	#VALUE!	-	-	-	-
Major Moveable Equipment	#VALUE!	-	(14,644)	(29,288)	(46,158)
Total Accumulated Depreciation	#VALUE!	-	\$ (23,174)	\$ (46,348)	\$ (74,825)
Total Net Property, Plant & Equipment	#VALUE!	\$ 432,328	\$ 409,154	\$ 385,980	\$ 510,894
Other Long-Term Assets	#VALUE!	-	-	-	-
TOTAL ASSETS	#VALUE!	\$ 1,080,204	\$ 631,594	\$ 913,957	\$ 1,151,091
LIABILITIES AND FUND BALANCE					
Current Liabilities					
Accounts Payable	#VALUE!	-	-	-	-
Salaries, Wages & Payroll Taxes Payable	#VALUE!	-	-	-	-
Estimated Third-Party Settlements	#VALUE!	-	-	-	-
Other Current Liabilities	#VALUE!	-	-	-	-
Current Portion of Long-Term Debt	#VALUE!	-	-	-	-
Total Current Liabilities	#VALUE!	-	-	-	-
Long-Term Debt					
Bonds & Mortgages Payable	#VALUE!	-	-	-	-
Capital Lease Obligations	#VALUE!	-	-	-	-
Other Long-Term Debt	#VALUE!	-	-	-	-
Total Long-Term Debt	#VALUE!	-	-	-	-
Total Other Non-Current Liabilities	#VALUE!	-	-	-	-
Total Liabilities	#VALUE!	-	-	-	-
Fund Balance	#VALUE!	\$ 1,080,204	\$ 631,594	\$ 913,957	\$ 1,151,091
TOTAL LIABILITIES & FUND BALANCE	#VALUE!	\$ 1,080,204	\$ 631,594	\$ 913,957	\$ 1,151,091

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME

TABLE 5A
STATEMENT OF CASH FLOWS

THIS IS NEW ENTITY THIS TABLE IS NOT APPLICABLE

	Latest Actual 2020	Budget 2021	Proposed Year 1 2022	Proposed Year 2 2023	Proposed Year 3 2024
Beginning Cash	\$ -	\$ -	\$ -	\$ -	\$ -
Operations					
Excess revenues over expenses	-	-	-	-	-
Depreciation / Amortization	-	-	-	-	-
(Increase)/Decrease Patient A/R	-	-	-	-	-
(Increase)/Decrease Other Changes	-	-	-	-	-
Subtotal Cash from Operations	\$ -	\$ -	\$ -	\$ -	\$ -
Investing Activity					
Capital Spending					
Capital					
Capitalized Interest					
Change in accum depr less depreciation	-	-	-	-	-
(Increase) Decrease in capital assets	-	-	-	-	-
Subtotal Capital Spending	\$ -	\$ -	\$ -	\$ -	\$ -
(Increase) / Decrease					
Funded Depreciation	-	-	-	-	-
Other LT assets & escrowed bonds & other	-	-	-	-	-
Subtotal (Increase) / Decrease	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Cash from Investing Activity	\$ -	\$ -	\$ -	\$ -	\$ -
Financing Activity					
Debt (increase) decrease					
Bonds & mortgages	-	-	-	-	-
Repayment	-	-	-	-	-
Capital lease & other long term debt	-	-	-	-	-
Subtotal Cash from Financing Activity	\$ -	\$ -	\$ -	\$ -	\$ -
Other Changes (please describe)					
Manual adjustment	-	-	-	-	-
Other	-	-	-	-	-
Change in fund balance less net income	-	-	-	-	-
Other	-	-	-	-	-
Subtotal Other Changes	\$ -	\$ -	\$ -	\$ -	\$ -
Net Increase (Decrease) in Cash	\$ -	\$ -	\$ -	\$ -	\$ -
Ending Cash	\$ -	\$ -	\$ -	\$ -	\$ -

NOTE: This table requires no 'fill-in' as it automatically populates from Tables 4B, 5A and 5B.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
 TABLE 5B
 STATEMENT OF CASH FLOWS
 PROJECT ONLY

	Latest Actual 2020	Pre CO 2021	Proposed Year 1 2022	Proposed Year 2 2023	Proposed Year 3 2024
Beginning Cash	N/A	N/A	\$ 430,648	\$ 36,732	\$ 297,429
Operations					
Excess revenues over expenses	N/A	(119,796)	(448,610)	470,604	405,138
Depreciation / Amortization	N/A	-	23,174	23,175	28,476
(Increase)/Decrease Patient A/R	N/A		(176,462)	(44,841)	(56,049)
(Increase)/Decrease Other Changes	N/A		-	-	-
Subtotal Cash from Operations	N/A	\$ (119,796)	\$ (601,898)	\$ 448,938	\$ 377,565
Investing Activity					
Capital Spending					
Capital	N/A	1,200,000			
Capitalized Interest	N/A				
Change in accum depr less depreciation	N/A		-	-	-
(Increase) Decrease in capital assets	N/A	(432,328)	-	-	(153,391)
Subtotal Capital Spending	N/A	\$ 767,672	\$ -	\$ -	\$ (153,391)
(Increase) / Decrease					
Funded Depreciation	N/A		-	-	-
Other LT assets & escrowed bonds & other	N/A		-	-	(4,079)
Subtotal (Increase) / Decrease	N/A	\$ -	\$ -	\$ -	\$ (4,079)
Subtotal Cash from Investing Activity	N/A	\$ 767,672	\$ -	\$ -	\$ (157,470)
Financing Activity					
Debt (increase) decrease					
Bonds & mortgages	N/A		-	-	-
Repayment	N/A				
Capital lease & other long term debt	N/A		-	-	-
Subtotal Cash from Financing Activity	N/A	\$ -	\$ -	\$ -	\$ -
Other Changes (please describe)					
Manual adjustment	N/A				
Other	N/A				
Change in fund balance less net income	N/A		-	(188,241)	(168,004)
Other	N/A				
Subtotal Other Changes	N/A	\$ -	\$ -	\$ (188,241)	\$ (168,004)
Net Increase (Decrease) in Cash	N/A	\$ 647,876	\$ (601,898)	\$ 260,697	\$ 52,091
Ending Cash	N/A	\$ 638,630	\$ 36,732	\$ 297,429	\$ 349,520

NOTE: This table requires no 'fill-in' as it is populated automatically from Tables 5A & 5B.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
 TABLE 5C
 STATEMENT OF CASH FLOWS

THIS IS NEW ENTITY THIS TABLE IS NOT APPLICABLE AS ITS SAME AS TABLE B

	Latest Actual 2020	Budget 2021	Proposed Year 1 2022	Proposed Year 2 2023	Proposed Year 3 2024
Beginning Cash	#VALUE!	#VALUE!	\$ 430,648	\$ 36,732	\$ 297,429
Operations					
Excess revenues over expenses	#VALUE!	(119,796)	(448,610)	470,604	405,138
Depreciation / Amortization	#VALUE!	-	23,174	23,175	28,476
(Increase)/Decrease Patient A/R	#VALUE!	-	(176,462)	(44,841)	(56,049)
(Increase)/Decrease Other Changes	#VALUE!	-	-	-	-
Subtotal Cash from Operations	#VALUE!	\$ (119,796)	\$ (601,898)	\$ 448,938	\$ 377,565
Investing Activity					
Capital Spending					
Capital	#VALUE!	1,200,000	-	-	-
Capitalized Interest	#VALUE!	-	-	-	-
Change in accum depr less depreciation	#VALUE!	-	-	-	-
(Increase) Decrease in capital assets	#VALUE!	(432,328)	-	-	(153,391)
Subtotal Capital Spending	#VALUE!	\$ 767,672	\$ -	\$ -	\$ (153,391)
(Increase) / Decrease					
Funded Depreciation	#VALUE!	-	-	-	-
Other LT assets & escrowed bonds & other	#VALUE!	-	-	-	(4,079)
Subtotal (Increase) / Decrease	#VALUE!	\$ -	\$ -	\$ -	\$ (4,079)
Subtotal Cash from Investing Activity	#VALUE!	\$ 767,672	\$ -	\$ -	\$ (157,470)
Financing Activity					
Debt (increase) decrease					
Bonds & mortgages	#VALUE!	-	-	-	-
Repayment	#VALUE!	-	-	-	-
Capital lease & other long term debt	#VALUE!	-	-	-	-
Subtotal Cash from Financing Activity	#VALUE!	\$ -	\$ -	\$ -	\$ -
Other Changes (please describe)					
Manual adjustment	#VALUE!	-	-	-	-
Other	#VALUE!	-	-	-	-
Change in fund balance less net income	#VALUE!	-	-	(188,241)	(168,004)
Other	#VALUE!	-	-	-	-
Subtotal Other Changes	#VALUE!	\$ -	\$ -	\$ (188,241)	\$ (168,004)
Net Increase (Decrease) in Cash	#VALUE!	\$ 647,876	\$ (601,898)	\$ 260,697	\$ 52,091
Ending Cash	#VALUE!	#VALUE!	\$ (171,250)	\$ 297,429	\$ 349,520

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME

TABLE 6A
REVENUE SOURCE PROJECTIONS

THIS IS NEW ENTITY THIS TABLE IS NOT APPLICABLE

	Latest Actual 2020	% of Total	Budget 2021	% of Total	Proposed Year 1 2022	% of Total	Proposed Year 2 2023	% of Total	Proposed Year 3 2024	% of Total
Gross Inpatient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Commercial		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Self Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care / Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Outpatient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Commercial		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Self Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care / Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Other Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Commercial		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Self Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care / Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Patient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Commercial		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Self Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care / Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Deductions from Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Commercial		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Self Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care / Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Net Patient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Commercial		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Self Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care / Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
DSP*		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!

Latest actual numbers should tie to the hospital budget process.

* Disproportionate share payments

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
TABLE 6B
REVENUE SOURCE PROJECTIONS
PROJECT ONLY

	Latest Actual 2020	% of Total	Budget 2021	% of Total	Proposed Year 1 2022	% of Total	Proposed Year 2 2023	% of Total	Proposed Year 3 2024	% of Total
Gross Inpatient Revenue										
Medicare	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Outpatient Revenue										
Medicare	N/A		\$ -	#DIV/0!	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	N/A		-	#DIV/0!	123,732	12.0%	290,418	12.0%	361,218	12.0%
Commercial	N/A		-	#DIV/0!	771,263	74.8%	1,810,272	74.8%	2,251,592	74.8%
Self Pay	N/A		-	#DIV/0!	136,105	13.2%	319,460	13.2%	397,340	13.2%
Free Care / Bad Debt	N/A		-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Other	N/A		-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
	N/A		\$ -	#DIV/0!	\$ 1,031,100	100.0%	\$ 2,420,150	100.0%	\$ 3,010,150	100.0%
Gross Other Revenue										
Medicare	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Patient Revenue										
Medicare	N/A		\$ -	#DIV/0!	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	N/A		-	#DIV/0!	123,732	12.0%	290,418	12.0%	361,218	12.0%
Commercial	N/A		-	#DIV/0!	771,263	74.8%	1,810,272	74.8%	2,251,592	74.8%
Self Pay	N/A		-	#DIV/0!	136,105	13.2%	319,460	13.2%	397,340	13.2%
Free Care / Bad Debt	N/A		-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Other	N/A		-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
	N/A		\$ -	#DIV/0!	\$ 1,031,100	100.0%	\$ 2,420,150	100.0%	\$ 3,010,150	100.0%
Deductions from Revenue										
Medicare	N/A		\$ -	#DIV/0!	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	N/A		-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Commercial	N/A		-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Self Pay	N/A		-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Free Care / Bad Debt	N/A		-	#DIV/0!	51,555	100.0%	121,008	100.0%	150,508	100.0%
Other	N/A		-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
	N/A		\$ -	#DIV/0!	\$ 51,555	100.0%	\$ 121,008	100.0%	\$ 150,508	100.0%
Net Patient Revenue										
Medicare	N/A		\$ -	#DIV/0!	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	N/A		-	#DIV/0!	123,732	12.6%	290,418	12.6%	361,218	12.6%
Commercial	N/A		-	#DIV/0!	771,263	78.7%	1,810,272	78.7%	2,251,592	78.7%
Self Pay	N/A		-	#DIV/0!	136,105	13.9%	319,460	13.9%	397,340	13.9%
Free Care / Bad Debt	N/A		-	#DIV/0!	(51,555)	-5.3%	(121,008)	-5.3%	(150,508)	-5.3%
Other	N/A		-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
DSP*	N/A		N/A		N/A		N/A		N/A	
	N/A		\$ -	#DIV/0!	\$ 979,545	100.0%	\$ 2,299,142	100.0%	\$ 2,859,642	100.0%

Latest actual numbers should tie to the hospital budget process.

* Disproportionate share payments

NOTE: This table requires no 'fill-in' as it will automatically populate from Tables 6A & 6B.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME

TABLE 6C
 REVENUE SOURCE PROJECTIONS

THIS IS NEW ENTITY THIS TABLE IS NOT APPLICABLE AS ITS SAME AS TABLE B

	Latest Actual 2020	% of Total	Budget 2021	% of Total	Proposed Year 1 2022	% of Total	Proposed Year 2 2023	% of Total	Proposed Year 3 2024	% of Total
Gross Inpatient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Outpatient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	-	#DIV/0!	-	#DIV/0!	-	100.0%	-	100.0%	-	100.0%
Commercial	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Self Pay	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Free Care / Bad Debt	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Other	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	100.0%	\$ -	100.0%	\$ -	100.0%
Gross Other Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Patient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	-	#DIV/0!	-	#DIV/0!	-	100.0%	-	100.0%	-	100.0%
Commercial	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Self Pay	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Free Care / Bad Debt	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Other	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	100.0%	\$ -	100.0%	\$ -	100.0%
Deductions from Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Net Patient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	-	#DIV/0!	-	#DIV/0!	-	100.0%	-	100.0%	-	100.0%
Commercial	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Self Pay	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Free Care / Bad Debt	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
Other	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
DSP*	-	#DIV/0!	-	#DIV/0!	-	0.0%	-	0.0%	-	0.0%
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	100.0%	\$ -	100.0%	\$ -	100.0%

Latest actual numbers should tie to the hospital budget process.

* Disproportionate share payments

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
 TABLE 7
 UTILIZATION PROJECTIONS
 TOTALS

A: WITHOUT PROJECT		Latest Actual	Pre CO	Proposed Year 1	Proposed Year 2	Proposed Year 3
			1	2	3	4
Inpatient Utilization						
Staffed Beds						
Admissions						
Patient Days						
Average Length of Stay						
Outpatient Utilization						
All Outpatient Visits						
OR Procedures						
Observation Units						
Physician Office Visits						
Ancillary						
All OR Procedures						
Emergency Room Visits						
Adjusted Statistics						
Adjusted Admissions						
Adjusted Patient Days						

B: PROJECT ONLY		Latest Actual	Pre CO	Proposed Year 1	Proposed Year 2	Proposed Year 3
		0	1	2	3	4
Inpatient Utilization						
Staffed Beds	N/A	-	-	-	-	-
Admissions	N/A	-	-	-	-	-
Patient Days	N/A	-	-	-	-	-
Average Length of Stay	N/A	-	-	-	-	-
Outpatient Utilization						
All Outpatient Visits	N/A	-	-	-	-	-
OR Procedures	N/A	-	-	-	-	-
Observation Units	N/A	-	-	-	-	-
Physician Office Visits	N/A	-	-	-	-	-
Ancillary						
All OR Procedures	N/A	-	-	-	-	-
Emergency Room Visits	N/A	-	-	-	-	-
Adjusted Statistics						
Adjusted Admissions	N/A	-	-	-	-	-
Adjusted Patient Days	N/A	-	-	-	-	-

C: WITH PROJECT		Latest Actual	Pre CO	Proposed Year 1	Proposed Year 2	Proposed Year 3
		0	1	2	3	4
Inpatient Utilization						
Staffed Beds	-					
Admissions	-					
Patient Days	-					
Average Length of Stay	-					
Outpatient Utilization						
All Outpatient Visits	-	-	-	-	-	-
OR Procedures	-	-	-	-	-	-
Observation Units	-	-	-	-	-	-
Physician Office Visits	-	-	-	-	-	-
Ancillary						
All OR Procedures	-	-	-	-	-	-
Emergency Room Visits	-	-	-	-	-	-
Adjusted Statistics						
Adjusted Admissions	-					
Adjusted Patient Days	-					

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
 TABLE 8
 UTILIZATION PROJECTIONS
 PROJECT SPECIFIC

A: WITHOUT PROJECT		Latest Actual	Pre CO	Proposed Year 1	Proposed Year 2	Proposed Year 3
You may wish to enter your own categories below:			1	2	3	4
Acute						
Acute Care Admissions						
Acute Patient Days						
Acute Staffed Beds						
Imaging						
Radiology - Diagnostic Procedures						
Nuclear Medicine Procedures						
Cat Scan Procedures						
Magnetic Resonance Imaging						
Other						
Laboratory Tests						
Division staff can assist in determining the amount of detail required to support your proposal.						

B: PROJECT ONLY		Latest Actual	Pre CO	Proposed Year 1	Proposed Year 2	Proposed Year 3
		0	1	2	3	4
Acute						
Acute Care Admissions	N/A	-	-	-	-	-
Acute Patient Days	N/A	-	-	-	-	-
Acute Staffed Beds	N/A	-	-	-	-	-
Imaging						
Radiology - Diagnostic Procedures	N/A	-	-	-	-	-
Nuclear Medicine Procedures	N/A	-	-	-	-	-
Cat Scan Procedures	N/A	-	-	-	-	-
Magnetic Resonance Imaging	N/A	-	-	-	-	-
Other						
Laboratory Tests	N/A	-	-	-	-	-
	N/A	-	-	-	-	-
	N/A	-	-	-	-	-
	N/A	-	-	-	-	-
	N/A	-	-	-	-	-

C: WITH PROJECT		Latest Actual	Pre CO	Proposed Year 1	Proposed Year 2	Proposed Year 3
		0	1	2	3	4
Acute						
Acute Care Admissions	-	-	-	-	-	-
Acute Patient Days	-	-	-	-	-	-
Acute Staffed Beds	-	-	-	-	-	-
Imaging						
Radiology - Diagnostic Procedures	-	-	-	-	-	-
Nuclear Medicine Procedures	-	-	-	-	-	-
Cat Scan Procedures	-	-	-	-	-	-
Magnetic Resonance Imaging	-	-	-	-	-	-
Other						
Laboratory Tests	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-

4/12/2022

NOTE: When completing this table make entries in the shaded fields only.

Kahm Clinic IOP/PHP, LLC
PROJECT NAME
 TABLE 9
 STAFFING PROJECTIONS
 TOTALS

A: WITHOUT PROJECT		Latest Actual	Pre CO	Proposed	Proposed	Proposed
			1	Year 1	Year 2	Year 3
				2	3	4
Non-MD FTEs						
Total General Services						
Total Inpatient Routine Services						
Total Outpatient Routine Services						
Total Ancillary Services						
Total Other Services						
Total Non-MD FTEs		0.0	0.0	0.0	0.0	0.0
Physician FTEs						
Direct Service Nurse FTEs						

B: PROJECT ONLY		Latest Actual	Pre CO	Proposed	Proposed	Proposed
		0	1	Year 1	Year 2	Year 3
				2	3	4
Non-MD FTEs						
Total General Services		N/A				
Total Inpatient Routine Services		N/A				
Total Outpatient Routine Services		N/A				
Total Ancillary Services		N/A				
Total Other Services		N/A				
Total Non-MD FTEs		N/A	0.0	0.0	0.0	0.0
Physician Services		N/A				
Direct Service Nurse FTEs		N/A				

C: WITH PROJECT		Latest Actual	Pre CO	Proposed	Proposed	Proposed
		0	1	Year 1	Year 2	Year 3
				2	3	4
Non-MD FTEs						
Total General Services		#VALUE!	0.0	0.0	0.0	0.0
Total Inpatient Routine Services		#VALUE!	0.0	0.0	0.0	0.0
Total Outpatient Routine Services		#VALUE!	0.0	0.0	0.0	0.0
Total Ancillary Services		#VALUE!	0.0	0.0	0.0	0.0
Total Other Services		#VALUE!	0.0	0.0	0.0	0.0
Total Non-MD FTEs		#VALUE!	0.0	0.0	0.0	0.0
Physician Services		#VALUE!	0.0	0.0	0.0	0.0
Direct Service Nurse FTEs		#VALUE!	0.0	0.0	0.0	0.0

Kahm Clinic IOP/PHP, LLC
Expense Detail

	Pre Co	Year 1	Year 2	Year 3
Expenses				
Wages	\$ 21,927	\$ 723,596	\$ 975,196	\$ 1,384,302
Employee Benefits	\$ 4,395	\$ 145,032	\$ 187,300	\$ 277,717
Administration Services				
Civil Engineer	\$ 4,140	\$ -	\$ -	\$ 2,000
Consultant	\$ 6,900	\$ 46,920	\$ 34,776	\$ 34,776
Billing & Collections	\$ -	\$ 85,581	\$ 200,872	\$ 249,840
Bookkeeping & Accounting	\$ 6,900	\$ 4,968	\$ 5,216	\$ 6,260
Training and Continuing Education	\$ -	\$ 18,630	\$ 18,630	\$ 26,082
Bad Debts	\$ -	\$ 51,555	\$ 121,008	\$ 150,508
Medical & PPE Supplies	\$ -	\$ 1,656	\$ 1,739	\$ 1,826
Electronic Medical Records	\$ -	\$ 28,800	\$ 30,240	\$ 31,752
Cleaning/Supplies	\$ -	\$ 8,280	\$ 8,694	\$ 11,592
Furnishings and Kitchen	\$ -	\$ 16,560	\$ 16,560	\$ 16,560
Staff Meetings	\$ -	\$ 2,415	\$ 2,415	\$ 2,415
Moving Stipends	\$ 5,520	\$ -	\$ -	\$ -
Marketing	\$ 13,800	\$ 82,800	\$ 82,800	\$ 99,360
Website Upgrade	\$ 6,900	\$ -	\$ -	\$ -
Employment Advertising	\$ 2,760	\$ 3,381	\$ 2,484	\$ 828
Software Update	\$ 3,036	\$ -	\$ -	\$ -
Liability Insurance	\$ -	\$ 41,400	\$ 43,470	\$ 57,960
Legal	\$ 42,000	\$ 4,968	\$ 4,968	\$ 4,968
Rent	\$ -	\$ 133,137	\$ 136,465	\$ 157,349
Software	\$ -	\$ 33,120	\$ 34,777	\$ 36,515
Utilities	\$ 1,518	\$ 18,216	\$ 18,762	\$ 19,325
Accreditation Fee	\$ -	\$ 5,520	\$ -	\$ 4,600
Depreciation	\$ -	\$ 23,174	\$ 23,174	\$ 28,477
Total Expenses	\$ 119,796	\$ 1,479,709	\$ 1,949,546	\$ 2,605,012
Capital Expenditures, Owner Draws				
Furniture	\$ 69,664		\$ -	\$ 33,391
Software	\$ 30,000		\$ -	\$ -
Leasehold Improvements - Fit up	\$ 308,664		\$ -	\$ 108,000
Architect Fees	\$ 24,000		\$ -	\$ 12,000
Owner Distributions for taxes	\$ -	\$ -	\$ 188,242	\$ 168,003
Total Capital Expenditures, Owner Draws	\$ 432,328	\$ -	\$ 188,242	\$ 321,394

Kahm Clinic IOP/PHP, LLC
Capital Expenditures

	Pre Co	Year 1	Year 2	Year 3
Furniture	\$ 69,664			\$ 33,391
Software	\$ 30,000			\$ -
Leasehold Improvements - Fit up	\$ 308,664			\$ 108,000
Architect Fees	\$ 24,000			\$ 12,000
Total Capital Expenditures	\$ 432,328	\$ -	\$ -	\$ 153,391