From: [redacted]
To: Connolly, Abigail; Jerry, Donna
Cc: [redacted]
Subject: GMCB-007-22con Q001
Date: Thursday, July 14, 2022 4:45:05 PM
Attachments: CON Response to 070122 Questions.pdf
CON_Table_1-9-Waterbury MOB - UPDATED 07-06-22.xlsx
Verification under oath 071422.pdf
Copley CON Application as of 070822.pdf

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Abigail,

Attached please find:

1. CON Response to 070122 Questions.pdf
    a. Format – Questions is in bold font, responses are not bolded.
2. CON_Table_1-9-Waterbury MOB – Updated 07-06-22.xls
3. Verification under oath 071422.pdf
4. Copley CON Application as of 070822.pdf
    a. Page 3 paragraph 3 cleaned it up (referred to staff)
    b. Page 7 paragraph 2 and table (see CON question 12)
    c. Page 73/75/91-92 (see CON question 9 & 11)

We will also be mailing a hard copy (three-hole punched) with a Verification Under Oath to Donna Jerry's attention at the Green Mountain Care Board, 144 State Street, Montpelier, Vermont 05602.

Please, let me know if you have any questions/concerns.

Thanks.

Jeff Hebert
Chief Financial Officer
Copley Hospital
528 Washington Highway
Morrisville, VT 05661
[redacted]

COPLEY
Copley Hospital
528 Washington Highway, Morrisville, VT 05661
(802) 888-8888
copleyvt.org

DELIVERED ELECTRONICALLY

July 14, 2022

Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, VT 05602

RE: Docket No. GMCB-007-22con, Copley Hospital, Replacement of Mansfield Orthopaedics Medical Office Building in Waterbury. Total Project Cost: $5,903,747.

Dear Donna,

In response to your inquiry of July 1, 2022, we respectfully submit the following responses:

1. **Confirm there are currently no ORs or PRs at the Waterbury location, there will be no ORs or PRs at the proposed new medical office building in Waterbury, and that all Orthopedic surgeries/procedures will continue being provided at Copley Hospital in Morrisville.**

   There are no ORs or PRs at the Waterbury location, and there will be no ORs or PRs at the new medical office building. All orthopedic surgeries/procedures will continue being provided at Copley Hospital in Morrisville.

2. **You stated that it is best practice for an Orthopedic clinic to have 2.5-3 rooms per provider to enhance scheduling capacity, reduce bottlenecks, and facilitate care coordination among the care team. Provide the source for the optimal number of exam rooms per provider you cited. Confirm the number and type of staff that are considered providers. Given that, explain how you determined 14 exam rooms was the appropriate number of rooms.**

   Citation: Physician Offices and Outpatient Clinics: How Many Exam Rooms? - SpaceMed Essentials

   14 Exam Room Breakout between 5 Providers:
   - 2 Surgeons; 6 rooms
   - 1 Podiatrist; 2 rooms

- 2 Advanced Practice Practitioner (APP's); 5 rooms
- 1 overflow room for casting, RN education and prehab with AT-C.

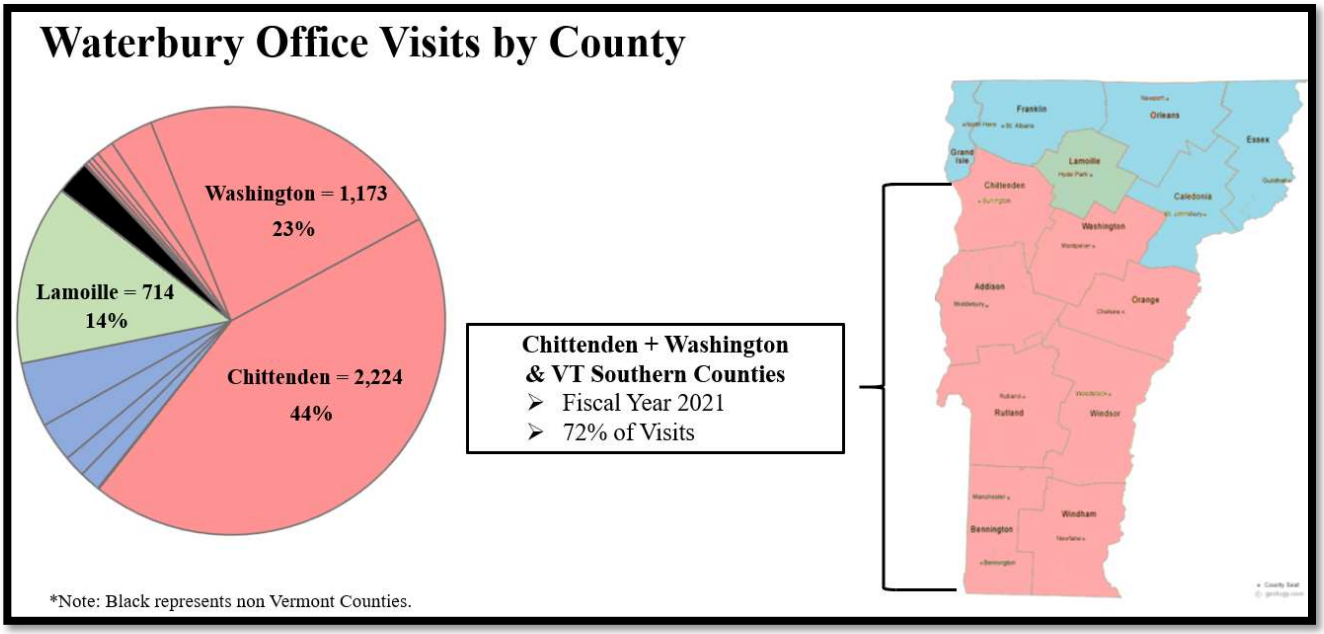
Traditionally, 3 exam rooms are ideal for best practice in seeing clinic patients for high volume practices and those with quick turnaround specialties such as surgery follow-up visits.

Room 1, a patient is beginning a visit with the medical assistant obtaining intake information.
Room 2, a patient is currently working with the provider.
Room 3, a patient has been seen by a medical assistant and is waiting to see a provider.

Medical assistant rotates between all three rooms; completing intakes, escorting patients and preparing the rooms for the next patient.

3. **Confirm the current primary, secondary, and tertiary service areas for the Waterbury location and the services areas for Year 1, 2, and 3.**

Exhibit A



4. **Address CON Standard 1.4 and explain in detail why your increased volume in outpatient visits will not erode volumes at nearby Vermont facilities, in particular Central Vermont Medical Center.**

The only increase in volumes of outpatient visits is related to diagnostic imaging, we predict no increase in clinic visits (see Table 7B). This small increase of 3,504 in

diagnostic imaging visits could not erode the volumes at Central Vermont Medical Center (CVMC) to the degree that their quality of service would be compromised. The CVMC approved FY2022 budget for "Radiology - Diagnostic Procedures" is 47,523.

Moreover, the small increase in images are done on orthopedic patients where we know their origin. Only a small percentage of these patients are from the Central Vermont area (see Exhibit A); which looks to be only ~ 1.7% of their increasing volumes ((3,504 x .23)/47,523).

It should also be noted that Mansfield Orthopaedics has had a long history of attracting patients well beyond our expected service area, almost 20 years. This is due to the extremely high-quality clinical care and services delivered, and primarily prompted by "word of mouth"; the most trusted and effective way used by discerning Vermonters.

5. **Address CON Standard 1.7 and explain how practitioners will be made aware of evidence-based practice guidelines and how such guidelines will be incorporated in ongoing decision making.**

   One source of clinical practice guidelines the surgeons at Mansfield Orthopaedics reference for evidence-based recommendations for current orthopedic diagnostic, treatment, and postoperative procedures are published in American Academy of Orthopaedic Surgeons (AAOS). Multidisciplinary clinician work groups and AAOS staff work together to synthesize published research with the aim of providing a transparent and robust summary of the research findings for a particular orthopedic disease topic. These are among the topics that are shared and discussed at quarterly provider meetings and total joint meetings.

6. **Address Statutory Criteria 9 by explaining your referral process for patients seen at Mansfield Orthopaedics who express a need for mental health services.**

   If a patient expresses they are utilizing mental health services during their telephone intake process, steps are taken to accommodate requests for support. This would involve obtaining the pertinent information about their support person or organization and ensuring that the proper releases are obtained. If they are asking for support, the call center staff has the patient speak with one of our RN's to better understand their needs and the RN will work with our community partners to ensure the support the patient needs are in place when they arrived for their clinic visit. We are also currently discussing the utilization of a specific mental health screening tool.

7. **You stated that "in 2021, Copley had a 14% D/C ratio compared to the Vermont average for critical access hospitals (CAH) of 29.73%, and a national average of 30.83%. Following completion of the Project, the cost of the Project and additional debt that Copley added in 2022, will leave Copley with a long-term D/C ratio of**

27%." Explain how the current and projected D/C ratio was calculated.

The exhibit to which the above quote is referencing is a Copley Health Systems, Inc. calculated debt to capitalization ratio, this was shown to give a comprehensive look at what the ratio would be at the parent level compared to the external benchmarks. The D/C ratio for Copley Hospital alone was 21% in FY2021 and we predict it will rise to 26% in FY2024. The calculation is simply: total long-term debt divided by total long-term debt plus fund balance.

8. **What is your days cash-on-hand and what is the projected days cash-on-hand for projected Years 1, 2, and 3 due to this project?**

Our days cash on hand as of May 31, 2022 was 69 days excluding COVID funds.

Days cash on hand projections:
Projected Year 1 (FY2023) = 68 days
Projected Year 2 (FY2024) = 65 days
Projected Year 3 (FY2025) = 67 days

9. **On page 13 you estimated that outpatient visits will more than double in volume from 6,852 to 16,816 and on page 15 you estimated that annual clinic visits will increase from 5,100 to 11,560 per year. Correct and resubmit Table 7B (Utilization Projections) and any other affected tables to reflect the increase in outpatient visits and physician office visits. Table 7B that you submitted with the application has a 0% increase for all years for outpatient visits and physician office visits.**

Table 7B and the associated assumptions have been corrected. We do not expect any increase in total clinic visits, the increase in clinic visits you reference are increases to our Waterbury location that will come from our Morrisville location. We intend to decompress by moving some providers and those associated visits from our overburdened Morrisville location to this new Waterbury location, but overall no increase in total clinic visits. Visits at the Waterbury location consist of two types: clinic visits (CV) and diagnostic imaging tests (DIT). Current Waterbury volumes are 5,100 CV and 1,752 DIT for a total of 6,852. We expect our DIT to increase by 3,504, this is our only expected increase in volume for Copley as a whole, bringing the Waterbury DIT to 5,256. We expect our clinic visits to remain the same for Copley as a whole. We also expect to move 6,460 CV from the Morrisville location to the Waterbury location, increasing the Waterbury CVs to 11,560. Thus, the total expected Waterbury volume will be 16,816 (11,560 CV + 5,256 DIT), an increase of 3,504 DITs plus the movement of 6,460 CVs from Morrisville. Equally, we expect the Morrisville CV to drop by the same 6,460 visits.

10. You represented that the project would increase access to outpatient services but would not increase surgical volume. Since the project is expected to decrease wait times to see orthopedic specialists, there could be a corresponding increase in patients who need orthopedic surgery compared to previous years where your capacity to see patients was less. Correct and resubmit Table 7B to reflect the possible increase in surgical volume or explain in detail why the project will not result in increased surgical volume.

Prior to the CON that was approved on February 12, 2016 Copley had three (3) operating rooms, one (1) endoscopy room and one (1) procedure room.

The CON that was approved was for three (3) operating rooms and one (1) procedure room, and assumed that the surgical utilization would remain consistent with historical levels. By the completion of the project, Copley's 2016 actual surgical volumes were exceeding historic levels.

Over the last 5 years Copley has focused on increasing the efficient use of the approved rooms to maximize utilization.

Efficiencies include:

- Suite utilization and scheduling accuracy
    - Utilizing flip rooms
    - Effective management of released time
- Pre-Admission testing and case cancellations
- Equipment and instrumentation levels - improving throughput in central sterile
- Efficient use of staff - nursing, surgical assists and anesthesia

Because of these efforts our current surgical suite is at capacity. We will continue to look for efficiencies, but due to our current infrastructure we have budgeted zero increases in surgical volumes.

11. **You stated that imaging services will increase from 1,752 to 5,256 per year. Correct and resubmit Table 7B (Utilization Projections) and the assumptions to reflect this or explain why 6,000 radiology – diagnostic procedures in 2024 and 2025 are projected in Table 7B.**

    Our Waterbury diagnostic imaging procedures are expected to increase by 3,504 from the FY2023 amount; going from 1,752 to 5,256 annual diagnostic imaging procedures in Waterbury. Table 7B and the associated assumptions have been corrected to reflect this change.

    With our current facilities, we must schedule longer than optimal visit lengths in order to accommodate our imaging backlog in the Morrisville office. We often have seven providers seeing patients and only one x-ray room in the building. Efforts have been made to send some patients to the hospital prior to their orthopedic appointment to help decompress the imaging load in the Morrisville office. This creates more time lag time as patients are often unable to get back to the office timely, which creates a ripple effect in the provider's schedule causing increased patient wait times. Thus, visit lengths increase and volume and productivity decrease.

12. **You stated on page 7 that Mansfield Orthopaedics in Waterbury currently has 1 Orthopaedic surgeon, 1 nurse practitioner (APP), 1 athletic trainer, 1 radiology technologist, and 3 support staff (7 FTEs). You also stated that the location has 8 FTEs currently. Confirm who the 8th FTE is.**

    The breakdown of the current staff did not include current employees that primarily work out of the Morrisville location and travel to the Waterbury location periodically. The total current FTE's at the Waterbury location is 8.6 which is made up of 1.6 FTE Orthopaedic Surgeon, 1.1 FTE Nurse Practitioner (APP), 1.0 FTE Athletic Trainer, 1.0 FTE Radiology Technologist and 3.9 FTE Support Staff. The CON application has been corrected to reflect this change.

13. **You stated that there will be 15 FTEs, up from 8 FTEs, at the new location. Identify the number and type staff who will be moved from the Morrisville location to the Waterbury location and identify the number and type of staff that will be hired for the Waterbury location. Explain who the two non-MD FTEs are that will be hired (listed in Year 2 and 3 in Table 7B).**

    Copley will move the following positions from Morrisville to the new Waterbury location: 1.0 FTE podiatrist, 0.9 FTE Orthopaedic APP and 3.5 FTE support staff. Additionally, Copley will hire one diagnostic imaging technician for the new Waterbury location. There is only one non-MD FTE being added, a diagnostic imaging technician; this single position will be needed in both projected fiscal years, FY2024 and FY2025.

14. Provide a full vendor quote for the cost of the two Siemens Ysio Max X-rays.

Attached: 14 GMCB Siemens Xray.pdf

Page 4 = System Total $298,340
Page 5 = Options Total $47,137
Page 5 Less Bone Density options:
- Tabletop Recognition - $936
- Manual Control Bucky Wall Unit $749
- Manual Control Ysio Table $749
- Upgr Foot Kick Switch $2,621
- Wireless Remote Control Ysio Max $2,402
= Total Bone Density $7,457

Total Cost (1unit) = $338,020 (2units) $676,040

Thank you for the opportunity to respond to your preliminary inquiry.

Sincerely,

/s/ Joseph Woodin
Joseph Woodin, President & CEO

VERIFICATION UNDER OATH

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Copley Hospital, Inc.	)	
Replacement Medical Office Building	)	Docket No. GMCB-007-22con
	)	
	)	

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

Joseph Woodin, being duly sworn, states on oath as follows:

1. My name is Joseph Woodin. I am the President and Chief Executive Officer of Copley Hospital Inc. I have reviewed the response to the questions and the revised application for a certificate of need for a replacement medical office building.

2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the response to the questions and the revised application for a certificate of need for a replacement medical office building 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 response to the questions and the revised application for a certificate of need for a replacement medical office building 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 response to the questions and the revised application for a certificate of need for a replacement medical office building 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:

   Jeff Hebert, Chief Financial Officer

5. In the event that the information contained in the response to the questions and the revised application for a certificate of need for a replacement medical office building becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the response to the questions and the revised application for a certificate of need for a replacement medical office building as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.

Joseph Woodin, President & CEO

On July 8, 2022 Joseph Woodin appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Nancy A. Sweeney
Notary public

My commission expires on: 1/31/2023

[seal]

Jeff Hebert, Chief Financial Officer

On July 8, 2022 Jeff Hebert appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Nancy A Sweeney
Notary public

My commission expires on: 1/31/2023

[seal]

COPLEY HOSPITAL
528 Washington Highway
Morrisville, VT 05661
802-888-8888 www.copleyvt.org

June 17, 2022

Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05602
Donna.Jerry@vermont.gov

Re: Request for Expedited Review of CON Application for Replacement Medical Office Building for Copley Hospital, Mansfield Orthopaedics

Dear Donna,

Copley Hospital, Inc. (Copley) respectfully submits a request for expedited review without a hearing, and an application for a Certificate of Need for the construction of a replacement medical office building (MOB) to be located on the west side of Route 100 at 2439 Waterbury-Stowe Road in Waterbury, 1.4 miles North of Interstate 89, exit 10. ("The Project"). The Project seeks to replace the existing Mansfield Orthopaedics Waterbury office, which is located in a 186 year old building at 6 North Main Street in Waterbury ("The Project").

We are submitting the request for expedited review, the application for a certificate of need, and a verification under oath.

Thank you for your consideration of our request and application in relation to this Project.

Sincerely,

/s/ Joseph Woodin_____
Joseph Woodin, President & CEO

Verification Under Oath

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Copley Hospital, Inc.	)	
Replacement Medical Office Building	)	Docket No. GMCB-007-22con
	)	
	)	

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

Joseph Woodin, being duly sworn, states on oath as follows:

1. My name is Joseph Woodin. I am the President and Chief Executive Officer of Copley Hospital Inc. I have reviewed the request for expedited review and the application for a certificate of need for a replacement medical office building.

2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the request for expedited review and the application for a certificate of need for a replacement medical office building. 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 request for expedited review and the application for a certificate of need for a replacement medical office building.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 [request for expedited review and the application for a certificate of need for a replacement medical office building.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:

   Jeff Hebert, Chief Financial Officer
   Stephanie Lussier, Vice President Ambulatory and Provider Services
   Wayne Stockbridge, Chief Operating Officer

5. In the event that the information contained in the request for expedited review and the application for a certificate of need for a replacement medical office building becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the request for expedited review and the application for a certificate of need for a replacement medical office building as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.

Joseph Woodin, President & CEO

On June 16, 2022, Joseph Woodin appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Nancy A. Sweeney
Notary public
My commission expires [date] 1/31/2023
[seal]

Jeff Hebert, Chief Financial Officer

On June 16, 2022, Jeff Hebert appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Nancy A Sweeney
Notary public
My commission expires [date] 1/31/2023
[seal]

Stephanie Lussier
Stephanie Lussier, Vice President Ambulatory and Provider Services

On June 16, 2022, Stephanie Lussier appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Nancy A. Sweeney
Notary public
My commission expires [date] 1/31/2023
[seal]

Wayne Stockbridge, Chief Operating Officer

On June 16, 2022, Wayne Stockbridge appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Notary public
My commission expires [date] 1/31/2023
[seal]

COPLEY HOSPITAL
528 Washington Highway
Morrisville, VT 05661
802-888-8888 www.copleyvt.org

June 17, 2022

Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05602
Donna.Jerry@vermont.gov

Re: Request for Expedited Review of CON Application for Replacement Medical Office Building for Copley Hospital, Mansfield Orthopaedics

Dear Donna,

Copley Hospital, Inc. (Copley) respectfully submits this request for expedited review without a hearing for its application for a Certificate of Need for the construction of a replacement medical office building (MOB) to be located on the west side of Route 100 at 2439 Waterbury-Stowe Road in Waterbury, 1.4 miles North of Interstate 89, exit 10. ("The Project"). The Project seeks to replace the existing Mansfield Orthopaedics Waterbury office, which is located in a 186 year old building at 6 North Main Street in Waterbury ("The Project").

A. Project Summary

The Project involves a land purchase, construction of a new medical office building, collaboration with local the ambulance service, and relocation of existing services from currently inadequate space in Waterbury and Morrisville.

The proposed MOB will be built on a 24 acre site. The site was selected because of its proximity to Interstate 89, exit 10, which will make it more accessible than the current Waterbury village location and other potential nearby options. Copley has arranged for an option to purchase the land at $540,000. There are no reasonably comparable properties near exit 10. The 24 acre lot will be divided between Copley and Waterbury Ambulance Service, Inc. (WASI). Copley will retain 18.9 acres for the medical office building, parking lot with 68 parking spaces, and storm water management area. WASI will receive a 5.1 acre lot on the south west part of the property for construction of an ambulance building.

The Project includes the construction of a new 9,993 square foot office building with fourteen exam rooms, two diagnostic imaging rooms each furnished with an X-ray machine, and workspace for fifteen employees. The cost of the Project is $5,903,747. The cost of the Project was included in the 2021 and 2022 budget submissions, and appears in the Capital Summary sheets. The project will be primarily debt financed through a $5,000,000 loan from the U.S. Department of Agriculture, Direct Loan Program. WASI will contribute $50,000 to site work, and $240,000 to the land purchase. The rest of the cost will be financed through working capital.

The total construction time is estimated to be 271 days, and the building construction time is estimated to be 138 days.

B. Need for the Project

As required by Rule 4.304(c), and as described further in the enclosed application, the Project is needed to relocate the Mansfield Orthopaedics from currently inadequate space, which causes lengthy wait times. The current average wait time for Mansfield Orthopaedics for new patients is 126 days for a patient to see an advance practice provider. The average wait time to see a surgeon following the preliminary visit with an APP is an additional 23 days, which makes the total time from a patient scheduling a new patient visit to seeing an orthopedic surgeon 149 days, which is practically five months after the patient first scheduled a visit. In other words, the lack of adequate office space causes patients to wait an average of five months to see an orthopedic surgeon. The extended wait times are due to the inadequate space. The current space includes four exam rooms, which limits the number of patients that a provider can see in one day. Best practice for an orthopedic clinic is 2.5-3 rooms per provider to enhance scheduling capacity, reduce bottlenecks and facilitate care coordination among the care team. Relocating the practice will increase efficiency, lower the per visit cost, and reduce the current severe wait times.

C. Need for Expedited Review

Copley requests that the Green Mountain Care Board ("GMCB") review the application on an expedited basis because there is a need to start construction in November 2022 so that the new building can be in operation as close as possible to when the lease for the current Waterbury office expires on August 31, 2023. An expeditious review of the project would allow Copley to avoid lease costs and begin to reduce Mansfield Orthopaedics' current substantial wait times for services due to the inadequacy of current space.

Copley has a ten-year lease for the space, and has occupied the office since 2013. Copley pays $5,833 per month for 3,053 SF. Copley has been unable to negotiate a lease renewal period that is less than five years. The lease expires on August 31, 2023. The lease has a rent escalation clause that increases the rent by up to 200 percent at the end of the lease term when the lease converts to a month-to-month holdover lease. An expeditious approval of the application will allow Copley to avoid wasteful lease expenses.

Lastly, an expeditious review will allow Copley to address Mansfield Orthopaedics wait times, which are dramatically longer than the average reported wait time for orthopedics. The recent State of Vermont Wait Times Report Study, secret shopper analysis identified that the average wait time in Vermont for orthopedic surgery was 35 days, and median wait time was 32 days. (Feb. 16, 2022 at 32-33). Due to the inadequate office space, the wait time for Mansfield Orthopaedics Waterbury is more than four times longer than the Vermont average orthopedic surgeon wait times.

D. Expedited Review

A request for expedited review may be granted if the project is likely to be uncontested and does not substantially alter services. 18 V.S.A. § 9440(c)(5). A CON project does not substantially alter services if (a) the project raises no significant health care policy concerns; and (b) the expenditures associated with the proposed project do not have a significant impact on the services provided, the cost of health care, or the financial strength of the applicant. GMCB, Rule 4, §4.304.

1. *As a replacement of an existing medical office building, the project is likely to be uncontested.*

Copley believes that The Project is likely to be uncontested because it involves relocating existing services from leased space into a new medical office building that will be owned by Copley. The Project will relocate and consolidate services in a single location, but it will not increase Copley's surgical capacity. The Project will improve the efficiency and quality of Copley's current operations, but will not adversely impact any external interests, which would be a basis for contesting the application.

By reason and belief, the construction of replacement medical office buildings have not been subject to contested CON proceedings, and when requested, the GMCB has granted requests for expedited review for replacements of medical office buildings.

2. *The project does not substantially alter services.*

The Project does not raise significant health care policy or planning concerns. The Project involves relocation of existing services to improve patient care, improve access, and facilitate care coordination. Relocating the practice will make the office location and building more accessible for patients and staff.

The new location was will be less than 1.5 miles north of exit 10. The majority of Waterbury office visits, and office staff reside in Chittenden and Washington counties. The Project will improve access to outpatient services and redistribute some outpatient volume from the congested main campus to a more accessible and comfortable location. The Project will not substantially alter Copleys' services, and will not lead to increased surgical volume. Rather improved patient care and working environment will help Copley maintain the financial strength of its current orthopedic services.

3. *Expenditures associated with the project do not have a significant impact on the service provided, the cost of health care, or financial strength of the applicant.*

The Project expenditures will not have a significant impact on the services provided, the cost of health care, and Copley's financial strength. The Project will result in relocating existing service from the current leased space, and will allow Copley to relocate rehab services and podiatry from the main hospital to a more accessible and less congested location. The Project will not affect the

cost of health care. Copley will not increase the charges for the services provided at the new building.

The Project will have a positive impact on Copley's financial strength in that it will relocate services to a more convenient, welcoming and healing environment to assure the continued financial wellbeing of the organization, and support the recruitment and retention of staff. The Project will save $70,000 in annual lease expense. Copley has substantial debt capacity to finance the project. Copley has a low long-term debt-to-capitalization ratio (D/C ratio). In 2021, Copley had a 14% D/C ratio compared to the Vermont average for critical access hospitals (CAH) of 29.73%, and a national average of 30.83%.[1] Following completion of the Project, the cost of the Project and additional debt that Copley added in 2022, will leave Copley with a long-term D/C ratio of 27%.

The Project will not lead to an increase in surgical volume. But will increase access to outpatient services. As a result of creating more efficient space, and relocating services, Waterbury outpatient visits are projected to more than double in volume from 6,852 to 16,816. By increasing the visit volume and staffing efficiency, the per visit expense will be reduced by 44 % from the current cost of $432.73 to $244.06.

For the foregoing reasons, we request that the enclosed application for a Certificate of Need be subject to an expedited review without a hearing.

Thank you for your consideration.

Sincerely,

/s/ Joseph Woodin_____
Joseph Woodin, President & CEO

[1] Flex Monitoring Team, Critical Access Hospital Financial Indicator Report: Summary of Indicator Medians by State, 2018 Median Indicator Values for Vermont and the United States. (Apr. 2020).

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

COPLEY HOSPITAL, INC.

APPLICATION FOR CERTIFICATE OF NEED

REPLACEMENT MEDICAL OFFICE BUILDING

Docket No. GMCB-007-22con.

June 17, 2022

Joseph Woodin, President & CEO
Wayne Stockbridge, Chief Operating Officer and VP, Human Resources
Jeff Hebert, Chief Financial Officer
Stephanie Lussier, VP Ambulatory and Provider Services

Table of Contents

I. Project Narrative

A. Replacement of existing medical office building

Copley Hospital, Inc. (Copley) respectfully submits this application for a Certificate of Need (CON) to the Green Mountain Care Board (GMCB) pursuant to 18 V.S.A. § 9434(b)(1) and GMCB Rule 4.000 § 4.302. Copley requests a CON approving the purchase of land, and construction of a replacement medical office building (MOB) for the purposes of vacating the existing leased medical office, and relocating Orthopaedic, Orthopaedic diagnostic imaging, rehabilitation, and podiatry to a new location on the west side of Route 100 in Waterbury, at 2439 Waterbury-Stowe Road, 1.4 miles North of Interstate 89, exit 10. (The Project).

Copley Hospital, Inc. is a private nonprofit community hospital that was founded in September, 1932. Copley has approximately 415 full time equivalent employees. It generates roughly $80 million in net patient care revenue. It has an average inpatient daily census of 14, and approximately 1,800 inpatient admissions. Copley's organizational chart is attached as Appendix 1.

Copley's Orthopaedic department operates as Mansfield Orthopaedics, which has two locations, Morrisville and Waterbury. Mansfield Orthopaedics is comprised of five Orthopaedic surgeons who are fellows of the American Academy of Orthopaedic Surgeons (AAOS), two board certified podiatrists, two board certified nurse practitioners, and four board certified physician assistants. The Waterbury location is currently staffed by an athletic trainer, nurse practitioner, orthopaedic surgeon, a radiology technologist, and support staff.

Mansfield Orthopaedics is committed to quality, team based care that supports exceptional patient outcomes and value. Mansfield Orthopaedics utilizes the Force Therapeutics tool to track patient reported outcomes for all knee, hip, shoulder and ankle replacements, and report outcomes data to the American Joint Replacement Registry (AJRR). Mansfield uses the registry information to measure and improve value. In relation to patient reported favorable outcomes, more than 93 percent of patients report being satisfied or very satisfied at twelve weeks following surgery. Copley's focus on value also contributes to it being a lower cost provider for inpatient major joint replacement. Based on a comparison of available hospital price estimators, for inpatient lower extremity major joint replacement without complications, Copley's costs are between 10 and 42 percent lower than other hospitals within the region. (Appendix 2)

Inpatient Major Joint Replacement Lower Extremity without Complications DRG 470	
Copley	$33,351
Central Vermont Medical Center	$36,975
Gifford Hitchcock Medical Center	$44,435
Northwestern Medical Center	$57,823
Porter Medical Center	$62,782-$68,959
Rutland Regional Medical Center	$44,677
Southwestern Vermont Health Care	$39,992
UVM Medical Center	$49,936
* Publicly available web based hospital price estimates. Other hospitals did not have estimates available.	

Copley Hospital/Mansfield Orthopaedics Waterbury currently occupies leased office space in a 186 year old shared building at 6 North Main Street in Waterbury Village. Copley shares the building with three residential apartments and one other office. The current space is 3,053 square feet (SF), which includes a 208 SF waiting room, four exam rooms, and one diagnostic imaging room with a floor mounted X-ray machine. The X-ray machine was purchased eight years ago and has an estimated useful life of seven years.

The office has 5,100 patient visits per year. The inadequately sized office, exam rooms, and imaging room limit the number of patients that the office can see, which leads to lengthy wait times. The office is staffed with two practitioners who share four exam rooms. An efficient Orthopaedic practice would have 2.5 to 3 exam rooms per practitioner to optimize patient flow and staff utilization. The limited office size also limits the number of support staff who can work in the office at one time. The office has to manage an elaborate manual scheduling process so that staff have work space. (Figures 1 and 2)

Work Space Scheduling

NAME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CAROL F	WO ? AG	WO DT	CR	CR	OFF
MARY P	Provider Office	Provider Office	Provider Office	Provider Office	Provider Office
TAMMY	CR	R	AG	WO SS 1ST THURS	CR
Front Office Morrisville					
STACEY	CI 2	CC 2	CI 2	CI 2	CI 2
EMILY	CI 1	CI 1	CI 1	CI 1	CI 1
HANNAH	CO 1	CO 1	WO SS	BD	R SS/Short day
COLLEEN	CO 2	CR	R	R	CO 2
WANDA	R	CO 2	CO 2	CO 2	R
SERENA	CO 3	CO 3	CO 3	CO 3	CO 3
JULIETTE	BD	CI 2	BD	R	R
Waterbury					
LISA K	WO F	WO F	WO F	WO F	WO CC
TRICIA	WO F	WO F	WO F	WO F	WO F
CAROL S	WO SS	WO SS	CO 1	CO 1	BD SS
Call Center					
SUSAN	CC 3	CC 3	CC 3	CC 3	WO SS
NEW	CC 2	CC 2	CC 2	CC 2	CC 2
MARIAH	CC 1	CC 1	CC 1	CC 1	CC 1
MELINDA	CC 4	R	CC 4	R	CC 3
JOHN	R	CC 4	R	CC 4	CC 4

Location	Task/Description
BD	BACK DESK
CC 1	CALL CENTER DE
CC 2	CALL CENTER DE
CC 3	CALL CENTER DE
CC 4	CALL CENTER DE
CI 1	CHECK-IN 1
CI 2	CHECK-IN 2
CO 1	CHECK-OUT
CO 2	CHECK-OUT
CO 3	CHECK-OUT
CR	CONFERENCE RO
DM	DOCUMENT M
PRE	PRE-REGISTRAT
R	REMOTE
WO CC	WATERBURY CALL CE
WO F	WATERBURY FR
WO SS	VATERBURY SURGICAL
WO	WATERBURY OT
AG	ALEXIS' DESK
DT	DAVID'S DES
IN/R	INTAKES/REFER
SS	SURGICAL SCHEDU

POTENTIAL DESK SPACE AVAILABILITY	
CO 1	FRIDAY
WO SS	1ST THURSDAY

Figure 1

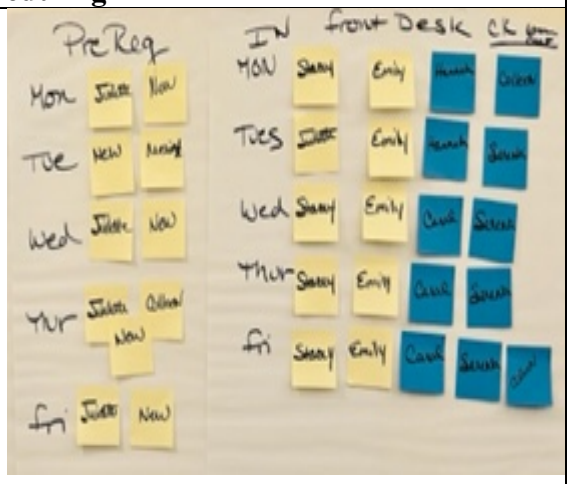


Figure 2

1. *Antiquated Office Space - delayed care*

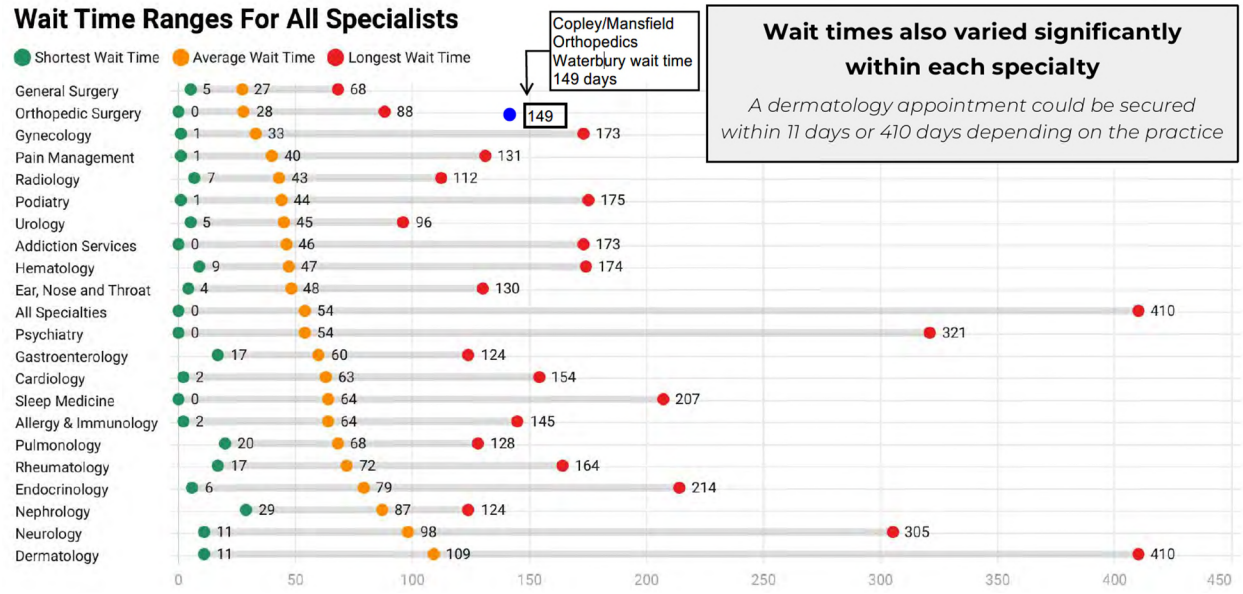
The space constraints limit the number of patients that the office can schedule in a day. The current wait times for the Waterbury office create a delay of up to five month from when a patient contacts the office to meeting with a surgeon. New patients are typically first scheduled with a board certified advance practice provider (APP) for intake and evaluation. The average wait time for the first visit with an APP is 126 days. Once a patient is seen by an APP, the patient either continues to work with the APP or a non-surgical physician for follow-up care, or if the patient is deemed an appropriate candidate for surgery, the APP will schedule a follow-up visit with an Orthopaedic surgeon. The average wait time for a follow-up visit with a surgeon is an additional 23 days, which makes the total time from a patient scheduling a new patient visit to seeing an Orthopaedic surgeon 149 days, which is practically five months after the patient first scheduled a visit. The Morrisville Mansfield Orthopaedics location does not have any additional

capacity to reduce wait times because its average wait time for an APP new patient visit is 85 days. (Figure 3)

Mansfield Orthopaedic Wait Times in Days		
Waterbury	**New Patient**	**Follow-Up**
APP	126	44
Surgeon	59	23.2
Morrisville		
APP	85	86
Surgeon	26	27
Podiatry	27	18

Figure 3

The recent State of Vermont Wait Times Report Study, secret shopper analysis identified that the average wait time in Vermont for Orthopaedic surgery was 35 days, and median wait time was 32 days. (Feb. 16, 2022 at 32-33). Due to the inadequate office space, the wait time for Mansfield Orthopaedics Waterbury is more than four times longer than the Vermont average Orthopaedic surgeon wait times. (Figure 4)



(Figure 4)

The inadequate clinic space presents a risk for employee retention and an obstacle to succession planning for existing surgeons. For example, as a shoulder surgeon approaches retirement, it would be valuable to have a recruited surgeon practice alongside the shoulder surgeon before the surgeon's retirement. The current space is not sufficient to accommodate shared visits. In addition the antiquated and suboptimum space and comprised volume creates a challenge for recruitment because the facility will dissuade some surgeons from joining the practice.

Copley has a ten-year lease for the space, and has occupied the office since 2013. Copley pays $5,833 per month for 3,053 SF. Copley has been unable to negotiate a lease renewal period that is less than five years. The lease expires on August 31, 2023. The lease has a rent escalation clause that increases the rent by up to 200 percent at the end of the lease term when the lease converts to a month-to-month holdover lease.

The small space makes wheelchair movement challenging, especially as patients move from the waiting room and try to enter the patient care area. Movement within the office is also compromised due to a lack of storage, which results in hampers and carts being stored in the hallways. The wheelchair ramp outside of the building also hinders patient access because the wooden ramp is not sheltered with an overhang and the ramp becomes slippery in the winter or in the rain.

The small space also creates bottlenecks and compromises patient care related to imaging. The imaging room's small size limits the number of patients that can be scanned, which disrupts patient flow, and restricts patient access. In addition, the space is unable to accommodate a ceiling mounted imaging unit. Floor mounted imaging does not allow certain imaging views such as lower leg views for individuals with shorter legs, cross-table views, axillary shoulders, and gravity stress ankles.

The existing clinic also does not have adequate workspace for staff to perform their jobs. There is no private space for staff to dictate after a patient visit. The office also lacks a conference room or other space for staff to meet with their supervisor privately.

There is no reasonable opportunity to renovate the space. To comply with Facility Guidelines Institute (FGI) Guidelines for Outpatient Facilities, the current space would need substantial expansion. FGI requires that exam rooms have 100 SF of clear floor space which means that exam rooms should be 130 SF. Three of the four exam rooms do not have enough floor area to meet this requirement. The current office also does not have adequate storage. FGI requires storage for wheelchairs and emergency equipment. The office does not have a designated wheelchair storage space or a dedicated storage room. All supplies and equipment are currently stored in offices, exam rooms and imaging rooms. Based on the number of exam rooms and imaging room, there should be eight waiting room seats. Of these seats, one should accommodate a patient of size seat, and one should be a space for a wheelchair. The current waiting room is not large enough to comply with FGI requirements. In addition, the entire waiting room is not visible from the reception desk or any other part of the office. The current waiting room also does not have access to a bathroom or a drinking fountain.

There is no reasonable opportunity to improve the space through renovation because it is leased office space and the building is 186 years old. The building's location and inadequate parking limit the ability to increase square footage and increase the size.

The new facility will have adequate seats for the additional exam rooms, and a bathroom and drinking fountain that are accessible to the waiting room. The new clinic will have a conference room, a practice manager's office with space for private meetings and space for the staff to work and dictate away from patient accessible areas.

2. New Medical Office Building – efficient coordinated care

The proposed larger efficient space will allow multiple disciplines to see patients in the same location and provide more coordinated and comprehensive care. The Project includes the purchase of a 24 acre lot on west side of Route 100 at 2439 Waterbury-Stowe Road in Waterbury, Vermont. The lot is 1.4 miles North of Interstate 89, exit 10. The property is listed at $540,000. The 24 acre lot will be divided between Copley and Waterbury Ambulance Service, Inc. (WASI). WASI has also outgrown its space that it has occupied since 1980, and has been looking for a new location for three years. Copley will retain 18.9 acres for the medical office building, parking lot with 68 parking spaces, and storm water management area. The site can accommodate an 8,000-14,000 SF facility for Copley, and a separate 6,000 SF facility for WASI. WASI will contribute $240,000 for the land purchase, and $50,000 for the site work. WASI will receive a 5.1 acre lot for construction of an ambulance building.

The proposed building will be 9,993 SF with fourteen exam rooms, and will be staffed by 15 FTEs. The staff will include the 8.6 existing Waterbury FTEs. Copley will also relocate staff from the Morrisville location including 1 podiatrist, 0.9 Orthopaedic APP, 1 new radiology technologist, and 3.5 support staff.

6 North Main Street	2439 Waterbury-Stowe Road
3,053 SF	9,993 SF
4 exam rooms	14 exam rooms
16 parking spaces	68 parking spaces
8.6 FTEs	15 FTEs
1.6 Orthopaedic surgeon	1.6 Orthopaedic surgeon
1.1 nurse practitioner (APP)	1.0 podiatrist
1.0 athletic trainer	2.0 nurse practitioners or PA (APP)
1.0 radiology technologist	1.0 athletic trainer
3.9 support staff	2.0 radiology technologist
	7.4 support staff

The larger space and staff will improve efficiency and access by allowing care teams, comprised of a surgeon, an APP, a RN, and a medical assistant, to coordinate the patient visit, improve patient flow and reduce wait times. The new construction includes two slightly larger exam rooms that will enable the care team to incorporate rehabilitative services into a patient visit. Additionally, some exam rooms will include casting drains so that casts may be placed during the patient visit as opposed to limiting casting to a single room, slowing patient flow.

The Waterbury office's space limitations has prevented Copley from including a registered nurse in the practice. The new construction would allow an RN to assume functions that, due to lack of space, are left to APPs and physicians such as clinic triage, suture removal, patient education, coordinating durable medical equipment, and coordinating care with facilities and providers. The involvement of an RN will improve efficiency, care coordination, and ensure that the all members of the team can work at the top of their license. In addition, the larger space will allow the addition of podiatry services to the Waterbury office.

The Orthopaedic and rehabilitation co-location will enable the care team to provide comprehensive prehabilitation and post-surgical rehabilitation interventional care by physical therapists who can join a patient encounter in Waterbury as needed. The team approach improves collaboration with evidence-based protocols, aids with consistent overview of patient outcome measures, supports patients' receipt of post-operative education on how to care for their joints, and facilitates timely follow-up. The rehabilitation /Orthopaedic collaboration will support the ability of physicians to participate in their patients' first post-operative rehabilitation visit to ensure a positive outcome. Ongoing and collaborative patient management allows the team to adjust care plans as patients proceed through their care pathways.

Co-location also improves patient satisfaction and outcomes by simplifying appointment coordination and alleviating stress associated with multiple appointments and transportation. Co-location is extremely beneficial for hand surgery and therapy so that casting and splinting can be performed during a single office visit, and so that the surgeon can work directly with the hand therapist. Co-location of the comprehensive foot and ankle team with a podiatrist will also improve coordination of wound care and other services.

B. Planning

The Project is the result of a recognized need to replace the Waterbury office and develop a larger facility that is accessible to Interstate 89, exit 10 for patient convenience and staff recruitment and retention. Copley included the expense for a medical office building as part of its projected capital budget in its budget submissions to the GMCB for both 2021 and 2022 budgets. (Appendix 3). The 2021 capital budget section of the budget submission includes a line for a medical office building valued at $9,437,000 for both FY 2023 and FY 2024. The 2022 budget submission also includes a capital budget line for a medical office building. The 2022 budget submission erroneously consolidated the MOB expense to $18,946,000 for FY 2025. The budget item should have remained the same as it appeared in the FY 2021 submission as $9,437,000 over two years.

As part of the 2022 Strategic Plan, the Copley Board of Trustees identified investment in a Waterbury office building as an important part of its commitment to its patients and the organization's financial stability. The new location will enhance Copley's ability to improve access and capacity for current patient demand; a current demand driven by patient choice rather than marketing. The strategy of prudent investing in capital needs is based on the consideration of facility needs, infrastructure needs, overall costs, impact on recruitment and retention, community cohesion, and patient retention. The investment in Waterbury is intended to support the growing community need for Orthopaedics, rehabilitation and podiatry while reinforcing the financial sustainability of both Copley's medical practices, and the hospital as a whole.

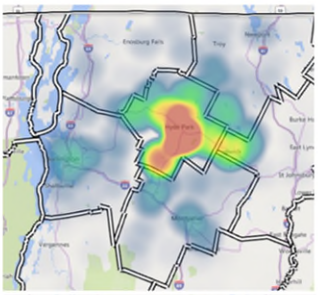
Strategically, Waterbury serves as the front door to the system for patients and staff coming from the surrounding areas to the South, East, and West. Even as the current clinic is one-third the size of the proposed building, the Waterbury clinic represents over twenty percent of all Copley patient encounters for patients coming from counties south of Interstate 89, exit 10. (Figure 5)

Patient Catchment

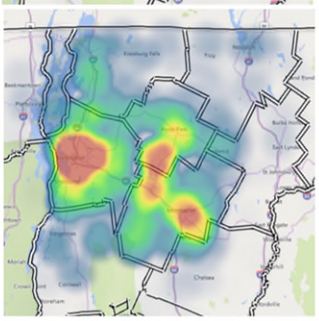
In its current state, the Waterbury clinic represents over 20% of all Copley patient encounters for patients coming from counties Intersecting or South of I-89

County	Copley Total	Waterbury Clinic	Waterbury Share
LAMOILLE	150,005	2,361	1.6%
CHITTENDEN	**21,270**	**6,345**	**29.8%**
ORLEANS	21,011	447	2.1%
CALEDONIA	18,122	249	1.4%
WASHINGTON	**17,456**	**3,760**	**21.5%**
FRANKLIN	6,054	780	12.9%
ADDISON	**1,197**	**522**	**43.6%**
ORANGE	**889**	**217**	**24.4%**
GRAND ISLE	717	250	34.9%
WINDSOR	**270**	**56**	**20.7%**
RUTLAND	**232**	**62**	**26.7%**
ESSEX	203	12	5.9%
WINDHAM	**155**	**34**	**21.9%**
BENNINGTON	**137**	**55**	**40.1%**
NY-Adjacent Counties			
CLINTON	247	122	49.4%
ESSEX	55	28	50.9%
WARREN	53	18	34.0%
NH-Adjacent Counties			
GRAFTON	90	8	8.9%
SULLIVAN	44	12	27.3%

Patient Encounters by ZIP Code: **Copley Total**



Patient Encounters by ZIP Code: **Waterbury Clinic**



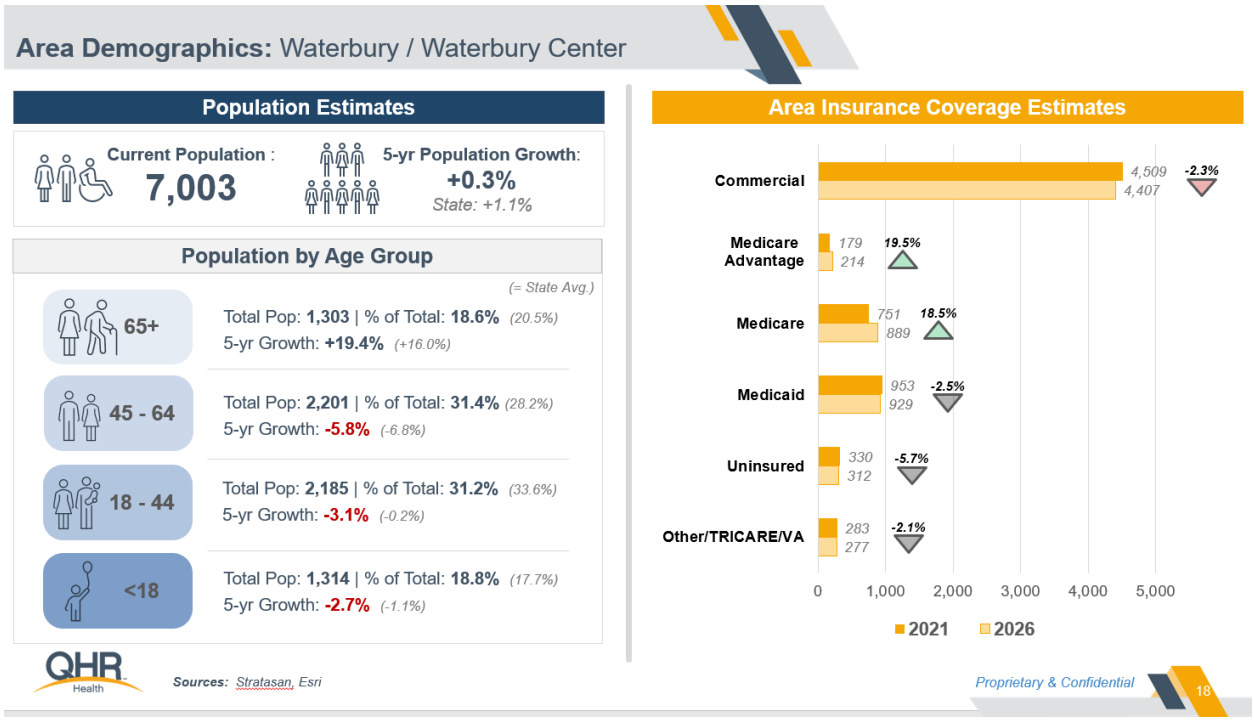
(Figure 5)

The relocation of the Waterbury office is intended to address regional demographic changes that are increasing need for Orthopaedic, rehabilitation, and podiatry services. The population surrounding the Mansfield Orthopaedic Waterbury office in Washington, Lamoille, and Chittenden Counties is projected to continue growing through 2030 by one to two percent. Copley's own demographic analysis for Waterbury and Waterbury Center projects that the population growth for the 65+ age bracket will increase by 19.4% over the next five years. That projection is consistent with the projection that the Vermont population for the 65+ age cohort will increase by 50 percent between 2015 and 2030.

Exhibit 5: Vermont Projected Population Change by County

County	2015	2020	2025	2030	Change, 2015-2030	% Change, 2015-2030
Addison	37,000	35,800	35,000	34,100	-2,900	-8%
Bennington	36,300	36,500	35,800	35,000	-1,300	-4%
Caledonia	30,800	32,200	32,400	32,500	1,700	6%
Chittenden	161,400	161,800	162,400	163,000	1,600	1%
Essex	6,200	6,000	5,700	5,500	-700	-11%
Franklin	48,800	49,300	50,000	50,700	1,900	4%
Grand Isle	6,900	6,800	6,600	6,400	-500	-7%
Lamoille	25,200	25,300	25,500	25,600	400	2%
Orange	28,900	28,900	28,700	28,400	-500	-2%
Orleans	27,100	27,400	27,200	27,000	-100	0%
Rutland	59,700	58,500	56,300	54,200	-5,500	-9%
Washington	58,600	60,000	60,000	60,000	1,400	2%
Windham	43,400	44,400	44,000	43,600	200	0%
Windsor	55,700	55,800	55,100	54,400	-1,300	-2%
Vermont Total	**626,000**	**628,700**	**624,700**	**620,400**	**-5,600**	**-1%**

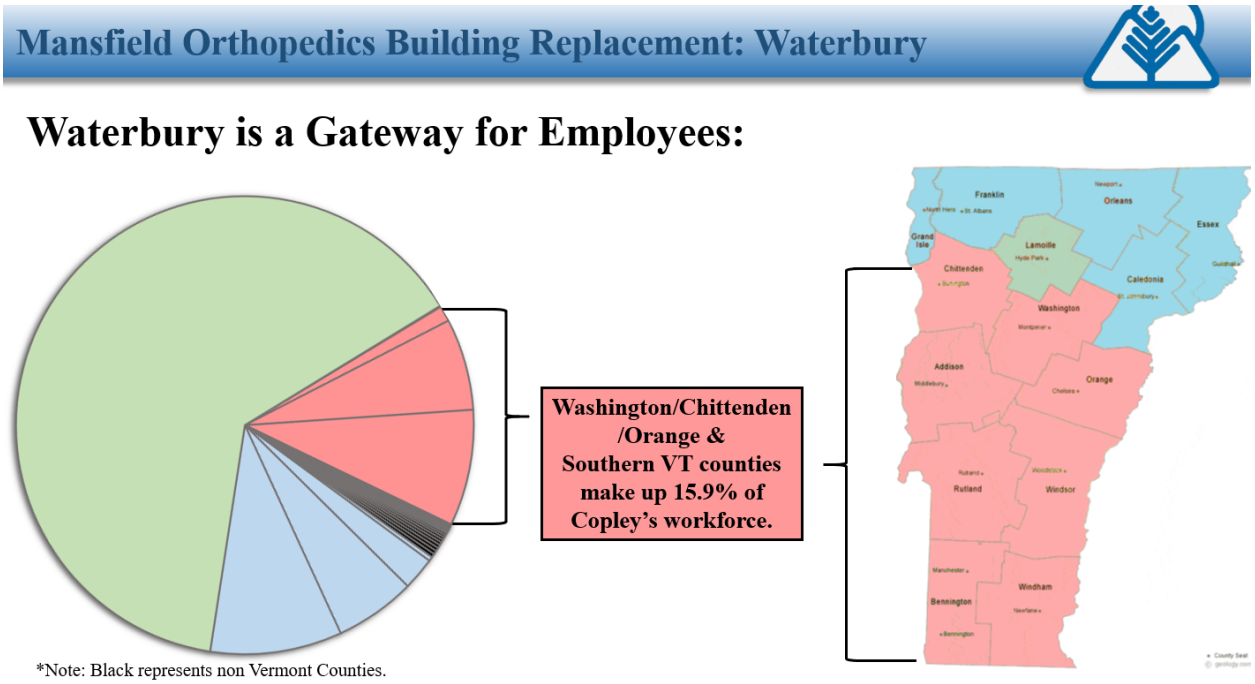
Note: Projections of Vermont's projected population growth and aging are from: Jones and Schwarz (2013).[8]



As the population ages, there will be an increasing need for Orthopaedic and rehabilitation services. The American Academy of Orthopaedic Surgeons projects that by 2030, primary total hip replacement (THR) is projected to grow by 171 percent, and total knee replacement (TKR) is

projected to grow by up to 189 percent.[1] Completion of the proposed Project will be necessary to reduce the currently prolonged wait times and address the increasing demand.

Waterbury also serves as a gateway for employees in that 15.9 percent of Copley's workforce comes from Washington, Chittenden, Orange, and counties south of I-89, Exit 10. The Waterbury location will allow greater access to Medicaid patients, by way of Rural Community Transport (RCT). The proposed site location is less than 1.5 miles from I-89. RCT runs directly by the proposed site location. The site is also accessible to public transit with both RCT and Green Mountain Transit.



C. Financing

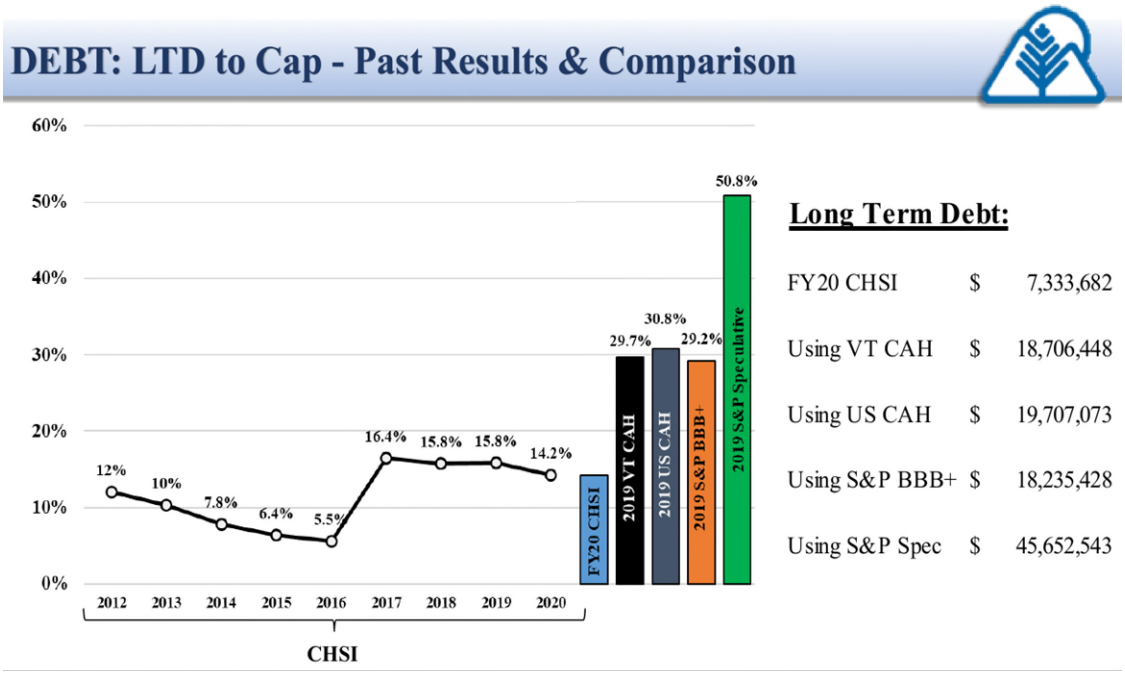
The Project will have a positive impact on Copley's financial strength in that it will relocate services to a more convenient, welcoming and healing environment to assure the continued financial wellbeing of the organization, and support the recruitment and retention of staff. The Project will save $70,000 in annual lease expense.

[1] M. Sloan, N. Sheth, Projected Volume of Primary and Revision Total Joint Arthroplasty in the United States, 2030-2060 (Mar. 6, 2018). http://submissions.mirasmart.com/Verify/AAOS2018/Submission/out/AAOS2018-002064.PDF

Project Costs		Contributions
Land Acquisition	$540,000	
Waterbury Ambulance (WASI) contribution – land		$240,000
Site Work	$906,951	
WASI contribution – site work		$50,000
Construction	$3,055,358	
Construction Contingency	$353,848	
Construction Manager Fee	$194,616	
Major Equipment	$676,040	
Furnishing, Fixtures, & Other Equipment	$176,934	
Total Project Costs	$5,903,747	$290,000

The majority of the cost, $5,000,000 will be debt financed through the U.S. Department of Agriculture, Direct Loan Program. The anticipated interest rate is 2.5 percent. Working capital will be used to finance $324,775. WASI will contribute the remaining $290,000 towards the purchase of the property and the site work.

Copley has substantial debt capacity to finance the Project. Copley has a low long-term debt-to-capitalization ratio (D/C ratio). In 2021, Copley had a 14% D/C ratio compared to the Vermont average for critical access hospitals (CAH) of 29.73%, and a national average of 30.83%.[2] Following completion of the Project, the cost of the Project and additional debt that Copley added in 2022, will leave Copley with a long-term D/C ratio of 27%.



[2] Flex Monitoring Team, Critical Access Hospital Financial Indicator Report: Summary of Indicator Medians by State, 2018 Median Indicator Values for Vermont and the United States. (Apr. 2020).

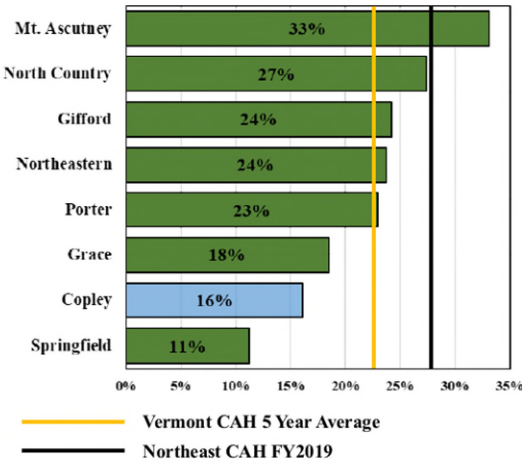
DEBT: LTD to Cap - Past Results & Comparison

CAH 5 Year Long Term Debt to Capitalization

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	5 Year Average
Copley	5.5%	19.2%	18.7%	18.5%	18.7%	16.1%
Gifford	25.6%	23.6%	23.5%	22.9%	25.4%	24.2%
Grace	25.8%	20.8%	14.4%	13.0%	NA	18.5%
Mt. Ascutney	36.1%	31.1%	28.4%	30.0%	39.8%	33.1%
North Country	29.6%	27.8%	25.0%	24.4%	30.4%	27.4%
Northeastern	23.8%	22.9%	21.0%	19.7%	31.2%	23.7%
Porter	30.5%	25.0%	21.5%	20.3%	17.5%	23.0%
Springfield	30.6%	36.2%	7.4%	-13.9%	-4.1%	11.2%

Notes:
- 2020 Copley PPP loan removed from calculation
- 2020 Grace NA due to inability to remove PPP loan
- 2016–20 Re-calculated Springfield ratio's based on audited financials

CAH 5 Year Average Long Term Debt to Cap (2016 – 2020):



D. Financial projection

The Project will not lead to an increase in surgical volume. But will increase access to outpatient Orthopaedic, rehabilitation, and podiatry services. As a result of creating more efficient space, and relocating services, Waterbury outpatient visits are projected to more than double in volume from 6,852 to 16,816. By increasing the visit volume and staffing efficiency, the per visit expense will be reduced by 44 % from the current cost of $432.73 to $244.06. The Orthopaedic net income is projected to increase 14% from $765,953 to $875,666.

Current

No Change (FYTD 01/22 Annualized)	Waterbury Clinic a	Waterbury Imaging b	Expanded Clinic c	Expanded Imaging d	Total Clinic e = (a+c)	Total Imaging f = (b+d)	Waterbury Hospital Surgeries g	Grand Total (e+f+g)
Visits	5,100	1,752			5,100	1,752	1,022	7,874
Gross Revenue	$ 837,327	$ 897,324			$ 837,327	$ 897,324	$ 33,276,144	$ 35,010,795
Net Revenue	$ 410,290	$ 606,322			$ 410,290	$ 606,322	$ 18,783,277	$ 19,799,889
Total Expenses	$ 2,620,483	$ 344,572			$ 2,620,483	$ 344,572	$ 16,068,881	$ 19,033,936
Net Income (Loss)	$ (2,210,193)	$ 261,750	$ -	$ -	$ (2,210,193)	$ 261,750	$ 2,714,396	$ 765,953

Proposed

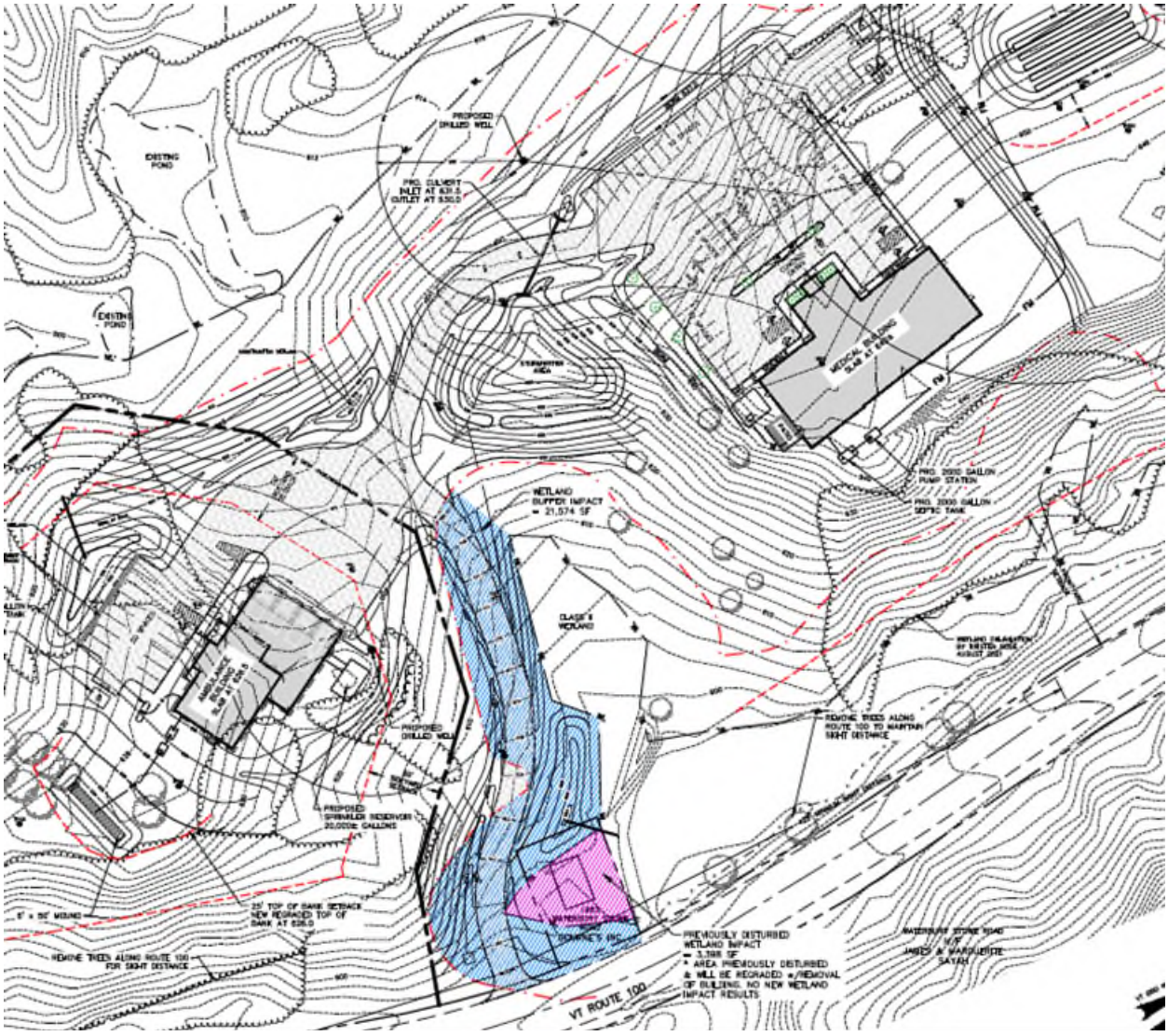
New Location (FYTD 01/22 Annualized)	Waterbury Clinic a	Waterbury Imaging b	Expanded Clinic c	Expanded Imaging d	Total Clinic e = (a+c)	Total Imaging f = (b+d)	Waterbury Hospital Surgeries g	Grand Total (e+f+g)
Visits	5,100	1,752	6,460	3,504	11,560	5,256	1,022	17,838
Gross Revenue	$ 837,327	$ 897,324	$1,311,072	$ 897,324	$ 2,148,399	$ 1,794,648	$ 33,276,144	$ 37,219,191
Net Revenue	$ 410,290	$ 606,322	$ 642,425	$ 606,322	$ 1,052,715	$ 1,212,644	$ 18,783,277	$ 21,048,636
Total Expenses	$ 2,908,003	$ 344,572	$ 763,136	$ 88,378	$ 3,671,139	$ 432,950	$ 16,068,881	$ 20,172,970
Net Income (Loss)	$ (2,497,713)	$ 261,750	$ (120,711)	$ 517,944	$ (2,618,424)	$ 779,694	$ 2,714,396	$ 875,666

E. Medical Office Building Description

1. Project Site

The proposed Medical Office Building will be built on a 24 acre site on the west side of Route 100 at 2439 Waterbury-Stowe Road in Waterbury, Vermont. The site was selected because of its proximity to Interstate 89, exit 10, which will make it more accessible than the current Waterbury village location and other potential nearby options. Copley has arranged for an option to purchase the land at $540,000. There are no reasonably comparable properties near exit 10.

The 24 acre lot will be divided between Copley and WASI. Copley will retain 18.9 acres for the medical office building, parking lot with 68 parking spaces, and storm water management area. WASI will receive a 5.1 acre lot on the south west part of the property for construction of an ambulance building.

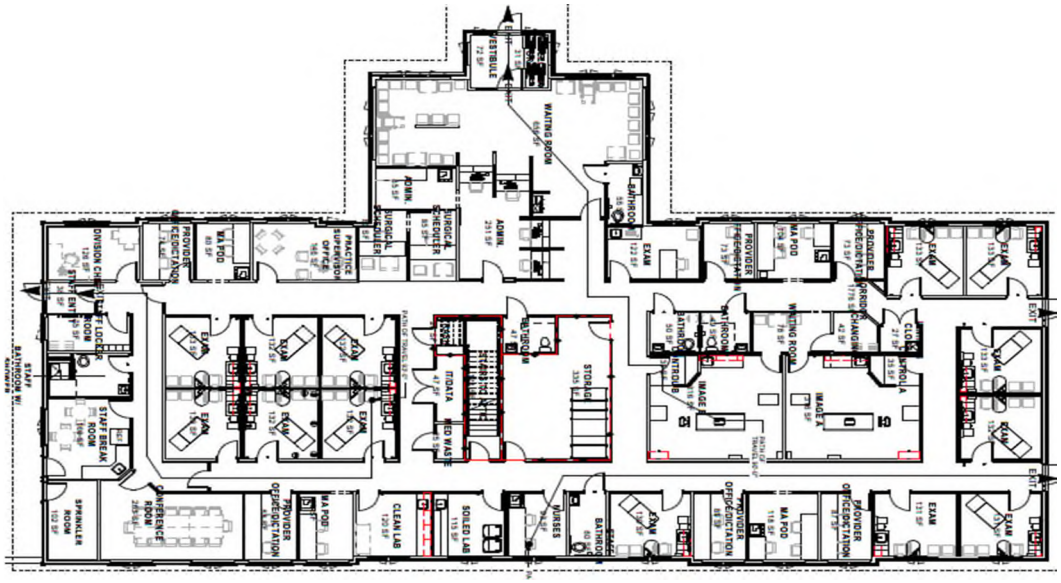


2. Project Timeline

The Project Timeline is included as a Preliminary Schedule at Appendix 6. The building construction is anticipated to take 138 days. The dates on the Preliminary Schedule are subject to change.

3. The Building

The proposed building will be a 9,997 SF, single-story medical office building with 14 exam rooms, two imaging rooms with one X-ray machine in each room, and a 656 SF waiting room. The building would allow the Waterbury Orthopaedic office to increase their annual clinic visits from the current 5,100 per year to 11,560 per year. The additional X-ray machine will allow the practice to increase the efficiency of its imaging services resulting in an increase in imaging visits from the current 1,752 per year to 5,256 per year. The space will allow improved infection prevention practices, which will include appropriate storage spaces and clean and soiled utility rooms. The proposed building will be energy-efficient. The heating and cooling system will be a high efficiency water-to-air heat pump that is more than 300 percent more efficient than any fuel fired heating equipment. LN Consulting, Design Narrative (Appendix 4). The lighting will all be high efficiency LED and fluorescent.



II. Consistency with 18 V.S.A. § 9437

The proposed project meets the statutory criteria set forth in Section 9437 of the Certificate of Need law and the HRAP Standards.

A. Section 9437 Criteria

1. ***The proposed project aligns with statewide health care reform goals and principles because the project:***
   (A) takes into consideration health care payment and delivery system reform initiatives;
   (B) addresses current and future community needs in a manner that balances statewide needs, if applicable; and
   (C) is consistent with appropriate allocation of health care resources, including appropriate utilization of services, as identified in the HRAP pursuant to section 9405 of this title.

If implemented promptly, the Project will address health reform goals by reducing the current and growing delays in access to services. Due to population growth particularly among older adults, without the prompt completion of the Project as proposed, such delays will continue to increase. The current wait times create a five month delay from the time when a patient contacts the office to meeting with a surgeon.

The recent State of Vermont Wait Times Report Study, secret shopper analysis identified that the average wait time in Vermont for Orthopaedic surgery was 35 days, and median wait time was 32 days. (Feb. 16, 2022 at 32-33). Due to the inadequate office space, the wait time for Mansfield Orthopaedics Waterbury is more than four times longer than the Vermont average Orthopaedic surgeon wait times.

The Waterbury location is intended to address regional demographic changes that are increasing the need for Orthopaedic, rehabilitation, and podiatry services. The population surrounding Waterbury in Washington, Lamoille, and Chittenden Counties is projected to continue growing through 2030 by one to two percent. Copley's own demographic analysis for Waterbury and Waterbury Center projects that the population growth for the 65+ age bracket will increase by 19.4% over the next five years. That projection is consistent with the estimates that the Vermont population for the 65+ age cohort will increase by 50 percent between 2015 and 2030.

As the population ages, there will be an increasing need for Orthopaedic and rehabilitation services. The American Academy of Orthopaedic Surgeons projects that by 2030, primary total hip replacement (THR) is projected to grow by 171 percent, and total knee replacement (TKR) is

projected to grow by up to 189 percent.[3] Completion of the proposed Project will be necessary to reduce the currently prolonged wait times and address the increasing demand.

B. HRAP Standards:

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 Project will improve access to an existing service and alleviate wait times that exist at all neighboring facilities. The Project is necessary to accommodate current needs and to address projected demographic associated growth. Referring existing patients to other facilities would exacerbate the existing statewide access problems.

CON STANDARD 1.4: If an application 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 facility could be compromised.

The proposed Project will decrease the wait time for existing patients by increasing the capacity to serve the current unmet demand.

CON STANDARD 1.6: Applicants seeking to develop a new health care 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.

Mansfield Orthopaedics uses the Force Therapeutics digital care platform to capture patient reported outcome measures (PROM) to monitor quality and outcomes for all knee, hip, shoulder and ankle replacements. PROM measures a patient's experience and demonstrates whether ongoing clinical management of disease/conditions improves a patient's health and well-being. The use of PROMs allows for the evaluation of the effectiveness of support and follow-up provided through transitions of care in relation to the patient's overall wellness.

Mansfield Orthopaedics uses the Force Therapeutics system to compare PROs with other Force Theraputics clients. Mansfield also reports outcomes data to the American Joint Replacement Registry (AJRR), and uses the registry information to measure and improve value. In relation to patient reported favorable outcomes, more than 93 percent of patients report being satisfied or very satisfied at twelve weeks following surgery.

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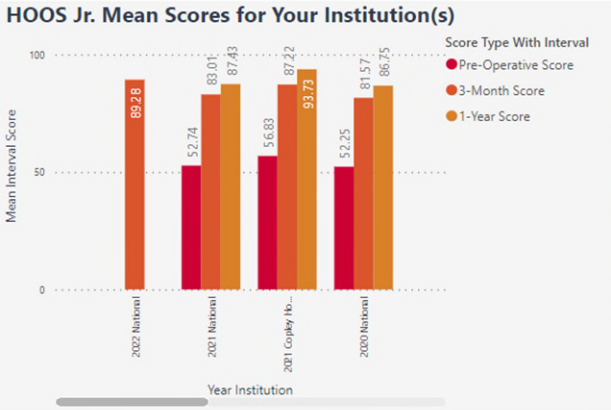
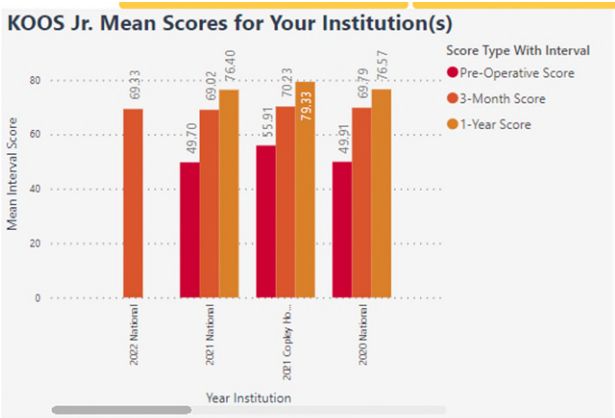
[3] M. Sloan, N. Sheth, Projected Volume of Primary and Revision Total Joint Arthroplasty in the United States, 2030-2060 (Mar. 6, 2018). http://submissions.mirasmart.com/Verify/AAOS2018/Submission/out/AAOS2018-002064.PDF

The outcome measures are reported as HOOS (hip disability and osteoarthritis outcome score) and KOOS (knee injury and osteoarthritis outcome score). The HOOS and KOOS comparative interval scoring demonstrates that Copley's Orthopaedic patients report higher than average outcome scores for their experience pre-operatively, at three months following surgery, and at one year following surgery.

As illustrated below, Copley's 2021 HOOS pre-operative score was 56.83 compared to national score of 52.74, at 3 months Copley was 87.22 compared to national score at 83.01, and at 1 year Copley was at 93.73 compared to national at 87.43.





CON STANDARD 1.7: Applicants seeking to develop a new health care 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.

As described in the response to Standard 1.6, Mansfield Orthopaedic actively uses patient reported outcomes to improve care and the patient experience, which contributes to the high level of patient satisfaction.

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

Copley has a robust Quality, Infection Prevention and Safety program. Copley voluntarily imposes the same infection prevention standards in its off-campus facilities as it is required to comply in the main hospital building as part of the Medicare Conditions of Participation for Hospitals. The Copley Safety Committee will survey the Waterbury facility and oversee infection prevention practices at the location.

The new clinic will help with infection prevention because it will have a designated clean utility room and a designated soiled utility room. The current office does not have a soiled or clean Utility Room. These rooms will allow for proper storage of clean instruments and supplies as well as proper storage of soiled waste, supplies and tools that need to be taken to the main

hospital campus for sterile processing. These rooms are necessary for the safe handling of instruments, supplies and linens and are required by the 2018 FGI Guidelines for New Outpatient Facilities.

There will also be dedicated trash, medical waste, and recycling rooms for safe temporary storage. All exam rooms will have hand wash sinks. The materials within the clinic with also be carefully selected to ensure they are durable and can withstand frequent cleaning with the appropriate hospital type products.

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.

This project will be executed in the Construction Management (CM) format. The CM has provided Copley with an initial budget, evaluating the constructability of the project, building performance, efficiencies of the design and all project costs. The CM will continue to work closely with Copley and the design professionals, updating the project as the Civil, Architectural, Structural, Mechanical and Electrical designs become more defined. This process will continue until the project plan set is complete and "For Construction" design documents are issued. Once the "For Construction" design documents are released, the CM will issue bid packages for every division of the project, which will capture the work responsibilities of each division. The CM will request competitive pricing from qualified subcontractors and vendors for every division of the project.

The review of the bid results and the post-bid project tally will be completely transparent and will include Copley and the design team. This open-book format will allow Copley and their trusted design professionals to collaborate with the CM in the review and awarding of the competitive bid results.

Throughout the project, the CM will be responsible for tracking the costs, addressing any unforeseen issues, and working with Copley and their design professionals to closely monitor quality, schedule, safety, and overall project performance. The project will be documented using daily reports and weekly updates issued at the weekly meetings. Any changes in work scope will be reviewed by design professionals and approved by Copley. Changes will only be executed once they're approved including substitution of products and the cost impact. Monthly invoices will include the CM's costs, subcontractor's invoices as well as any invoices for stored materials .

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.

The Mansfield Orthopaedic project is enrolled with Efficiency Vermont to ensure that the building project participates in all available energy savings and sustainable design opportunities. The proposed building will be energy-efficient. A letter from Efficiency Vermont describing their involvement in the project is included as Appendix 11. The heating and cooling system will

be a high efficiency water-to-air heat pump that is more than 300 percent more efficient than any fuel fired heating equipment as described in the LN Consulting, Design Narrative. (Appendix 4). The lighting will all be high efficiency LED and fluorescent.

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.

There is no reasonable opportunity to improve the current office space through renovation because it leased office space in a 186 year old building. To comply with Facility Guidelines Institute (FGI) Guidelines for Outpatient Facilities, the current space would need to have ten percent more square feet. It is not feasible to modify the current space in a way that would contribute to reducing the current patient wait times. Investing significant money to make structural changes to leased space in a 186 year old building would be objectively wasteful. The building's location and inadequate parking limit the ability to increase square footage, increase the office size and, increase patient volume to reduce the wait time.

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.

The proposed project will comply with FGI Guidelines. The detailed project analysis prepared by Scott & Partners Architecture that describes how the project satisfies each FGI standard is included as Appendix 5.

CON STANDARD 2.2: Applicants seeking to introduce new ambulatory care services, including hospital ambulatory care center or physician office-based services, shall show how such services are consistent with Vermont's focus on health promotion. Services to prevent the onset of disease and to minimize the effects of disease shall be given the highest priority.

The Project involves the relocation of existing services and does not introduce new ambulatory care services. Replacement of an antiquated, undersized, and inefficient office space is necessary to improving access to care that is currently delayed and fragmented. Improving access to Orthopaedic, rehabilitation, and podiatry services will obviously contribute to minimizing the effects of disease by restoring patient mobility, and ameliorating pain.

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.

Copley included the expense for a medical office building as part of its projected capital budget in its budget submissions to the GMCB for both 2021 and 2022 budgets. The 2021 capital budget section of the budget submission includes a line for a medical office building valued at $9,437,000 for both FY 2023 and FY 2024. The 2022 budget submission also includes a capital budget line for a medical office building. The 2022 budget submission erroneously consolidated

the MOB expense to $18,946,000 for FY 2025. The budget item should have remained the same as it appeared in the FY 2021 submission as $9,437,000 over two years.

CON STANDARDS 3.7: Applicants proposing to replace diagnostic or therapeutic equipment shall demonstrate that existing equipment is fully depreciated, or the cost of the early replacement, including the cost of the remaining depreciation on existing equipment, is less costly than keeping the existing equipment.

There will not be any mobile or fixed CT, MRI or PET CT. There will be two X-ray machines. The X-ray machines will replace a single Carestream Q-Rad Digital DRX System floor mounted X-ray machine. The machine was purchased in December 2013 at a cost of $152,995. Based on the American Hospital Association, Estimated Useful Lives of Depreciable Hospital Assets, the X-ray machine is fully depreciated and has a useful life of seven years. The new machines will be a Siemens Ysio Max X-ray.

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.

The Project advances the Institute for Health Improvement's Triple Aims by improving the individual experience of care, improving the health of populations, and reducing the per capita costs of care for populations. The Project will substantially improve the patient experience in that it will decrease the severe wait times. In addition patients will benefit in more efficient, integrated, coordinated, and convenient care by being able to experience the full services of a care team in a single office visit.

The Project will improve the access to higher value health care for the segment of the population that is in need of Orthopaedic, rehabilitative, and podiatry services.

The population of Washington, Lamoille, and Chittenden counties will benefit from the potential costs savings associated with maintaining access to an independent cost competitive provider. As described in the Project narrative, based on a comparison of available hospital price estimators, for inpatient lower extremity major joint replacement without complications, Copley's costs are between 10 and 42 percent lower than other hospitals within the region.

2. The cost of 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.

The Project will have a positive impact on Copley's financial strength in that it will relocate services to a more convenient, welcoming and healing environment to assure the continued financial wellbeing of the organization, and support the recruitment and retention of staff. The Project will save $70,000 in annual lease expense.

The majority of the cost, $5,000,000 will be debt financed through the U.S. Department of Agriculture, Direct Loan Program. The anticipated interest rate is 2.5 percent. Working capital will be used to finance $324,775. WASI will contribute the remaining $290,000 towards the purchase of the property and the site work.

Copley has substantial debt capacity to finance the Project. Copley has a low long-term debt-to-capitalization ratio (D/C ratio). In 2021, Copley had a 14% D/C ratio compared to the Vermont average for critical access hospitals (CAH) of 30%, and a national CAH average of 31%. Following completion of the Project, the cost of the Project and additional debt that Copley added in 2022, will leave Copley with a long-term D/C ratio of 27%.

(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 Board shall consider and weigh relevant factors, including:

1. the financial implications of the project on hospitals and other clinical settings, including the impact on their services, expenditures and charges; and

2. whether the impact on services, expenditures, and charges is outweighed by the benefit of the project to the public.

The Project involves the replacement of an existing office and consolidation of staff into a single larger location. The Project will not result in increased charges or costs for patient care. Rather, the relocation to more efficient space will decrease the per-visit expense. Copley will not raise its charges for the services provided at the office. The public will benefit from the continued presence of an independent, cost-competitive provider of services where patient demand exceeds the current supply.

Mansfield Orthopaedic Waterbury will continue to be a lower cost provider for Medicare beneficiaries because the Waterbury location operates as a physician office and does not charge facility fees, and only charges a single physician office copayment as opposed to provider-based Orthopaedic practices that charge facility fees and separate patient cost sharing amounts for professional and facility services furnished in the same visit. In 2017, the GMCB noted its concerns with market consolidation and its potential to lead to higher fees particularly in relation to provider-based billing. GMCB, Report to the Legislature, Act 143 (Feb. 1, 2017). As it operates as a standalone physician office, Mansfield Waterbury does not charge facility fees or issue separate bills for professional and facility services. The practice will continue to serve as a lower cost alternative to other Orthopaedic practices that operate as higher cost provider-based facilities.

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

This question is addressed in response to 1.11. In addition, Copley evaluated other sites. Copley considered a 20.8 acre property that is 5.1 miles from Interstate 89. The list price was $298,000, but the building lot was only three acres, which is too small for a medical office building

development. The other two feasible locations were cost prohibitive in that they have existing buildings that would need to be removed, and the prices were more than double the price of the selected lot at $1,250,000, and $1,600,000. (Appendix 7)

(D) If applicable, the applicant has incorporated appropriate energy efficiency measures.

This question is addressed in response to 1.10.

3. There is an identifiable, existing, or reasonably anticipated need for the proposed project that is appropriate for the applicant to provide.

As described throughout this Application, the Project is necessary to serve Copley's current patients to reduce the current sever wait times that can delay care by up to five month.

4. The project will improve the quality of health care in the State or provide greater access to health care for Vermont's residents, or both.

As described throughout this Application, the Project will improve the quality of care for Mansfield Orthopaedic patients and provider greater access to those who are experiencing severe wait times.

5. The project will not have an undue adverse impact on any other existing services provided by the applicant.

The Project will improve other services offered by Copley because it will allow some services that currently occupy sub-optimum space to relocate so that these services can be furnished in a more appropriate and integrated location.

6. [Repealed.]

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

The proposed Waterbury location will allow greater access to Medicaid patients, by way of Rural Community Transport (RCT). The proposed site location is less than 1.5 miles from Interstate 89, exit 10. RCT runs directly by the proposed site location. The site is also accessible to public transit with both RCT and Green Mountain Transit. Employees or patients in the Barre area could connect from GMT to RCT via the Waterbury Park and Ride at roughly 7:00 AM and 5:00 PM.

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.

The Project will not involve the purchase of new Health Information Technology. The practice will continue to use the existing electronic medical record.

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.***

Not applicable.

CONCLUSION

For the reasons stated herein, Copley Hospital respectfully requests that the GMCB issue a CON authorizing the proposed project for the replacement of the Waterbury medical office building.

Dated this 17th day of June, 2022.

APPLICANT
COPLEY HOSPITAL, INC.

By /s/ Joseph Woodin_____
Joseph Woodin, President & CEO

COPLEY HOSPITAL, INC.

REPLACEMENT MEDICAL OFFICE BUILDING

APPLICATION FOR CERTIFICATE OF NEED

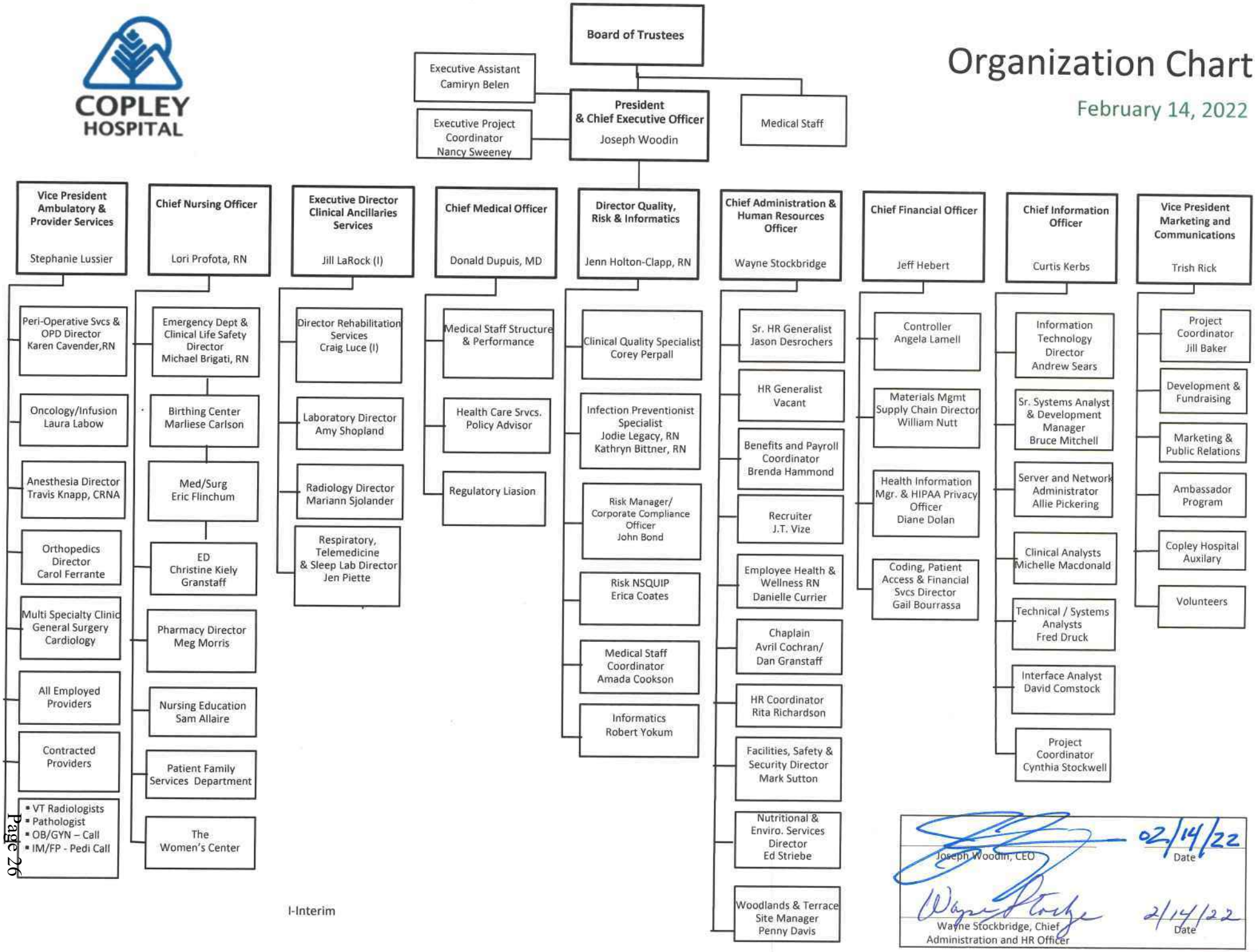
Docket No. GMCB-007-22con.

TABLE OF APPENDICES

COPLEY HOSPITAL

Organization Chart

February 14, 2022



I-Interim

Joseph Woodin, CEO — 02/14/22 Date

Wayne Stockbridge, Chief Administration and HR Officer — 2/14/22 Date

REVISED 021422,V1

Mansfield Orthopedics Building Replacement: Waterbury

Cost of Care:

IP Major Joint Replacement Lower Extremity W/O Comp DRG 470

Data acquired from 2020/21 hospital web based estimators

Note: Estimates based on hospital charges only

Copley Hospital	**$**	**33,351**
Central Vermont Medical Center	$	36,975
Gifford Medical Center	$	44,435
Northwestern Medical Center	$	57,823
Porter Medical Center	$62,782 - $68,959	
Rutland Regional Medical Center	$	44,677
Sourthwestern Vermont Health Care	$	39,992
UVM Medicical Center	$	49,936

Estimate not available: BMH, MAH, NCH, NVRH

Copley Hospital
528 Washington Highway, Morrisville, VT 05661
(802) 888-8888
livewellamoille.com | copleyvt.org

Copley Hospital
528 Washington Hwy
Morrisville VT 05661
802-888-8336

Patient Charge Estimate

Est Date of Service: 06/06/2022
Patient Birth Date: 02/01/2000

Service: MAJOR JOINT REPLACEMENT/REATTACHMENT W/O MCC

Estimate Information	**Average**
Estimated Charges:	$33,351.82

Porter Medical Center

Shoppable Services Worksheet
Updated 12-20-21

Identifier	Shoppable Service	CPT/HCPCS Code	Service Category	Standard Charge
43	Major joint replacement or reattachment of lower extremity without major comorbid conditions or	470	Medicine and Surgery Services	Items 314 and 315 below
314	Hip Arthroplasty, Total	27130	Medicine and Surgery Services	
	Hospital Room Charge and Supplies	various	Medicine and Surgery Services	$ 68,959.00
315	Knee Arthroplasty, (single/one knee), Total	27447	Medicine and Surgery Services	
	Hospital Room Charge and Supplies	various	Medicine and Surgery Services	$ 62,782.00

Shoppable Services file
Central Vermont Medical Center
Hospital # 470001
Post date 1/1/2022
Pricing Effective date: 11/1/2021

Shoppable services name	Category/Location	Primary CPT/DRG code	CMS Shoppable Service	Gross Charge
Major hip and knee joint replacement w/o mcc	Inpatient	470	Y	$ 36,974.97

Rutland Regional Medical Center

Charges included in this report are calculated using Fiscal Year 2021 data.

Professional Fees incurred during an inpatient stay are not included in Average Total Hopsital Inpatient Charges. Professional Fees are the charges for the medical provider(s) time and

Diagnosis Related Group Code (DRG)	True description	Average Total Hospital Inpatient Charges
470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	$44,677.39

Gifford Medical Center
Tax ID No. 03-0179418
Prices Effective 10/1/2020

Service	IP/OP/Pro	Revenue Code	Revenue Code Name	Standard Charge
Total Hip or Knee Replacement	IP	120	Room-Board/Semi	$2,158
		360	OR Services	$26,000
		278	Supply/Implants	$7,000
		710	Recovery Room	$4,700
		370	Anesthesia	$2,400
		272	Sterile Supplies	$1,400
		320	Xray	$1,100
		420	Physical Therapy	$600
		430	Occupational Therapy	$550
		300	Lab	$290
		250	Pharmacy	$275
		259	Drugs/Other	$120
				$44,435

Southwestern Vermont HEALTH CARE

Estimates

< Back to procedure selection

Selected Facility: **Southwestern Vermont Medical Center**

Selected Services

Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications(MCC)

Patient Estimates (Patient Responsibility)

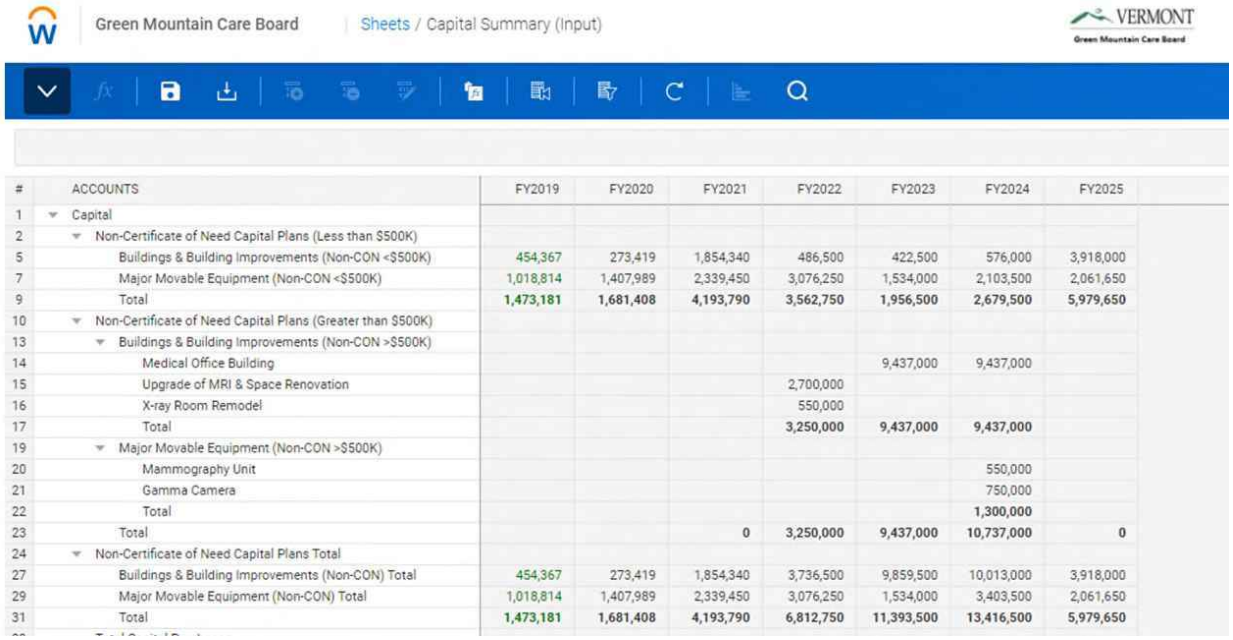
Payer did not respond, please try again at a later time.

See your estimated cost below.

Hospital

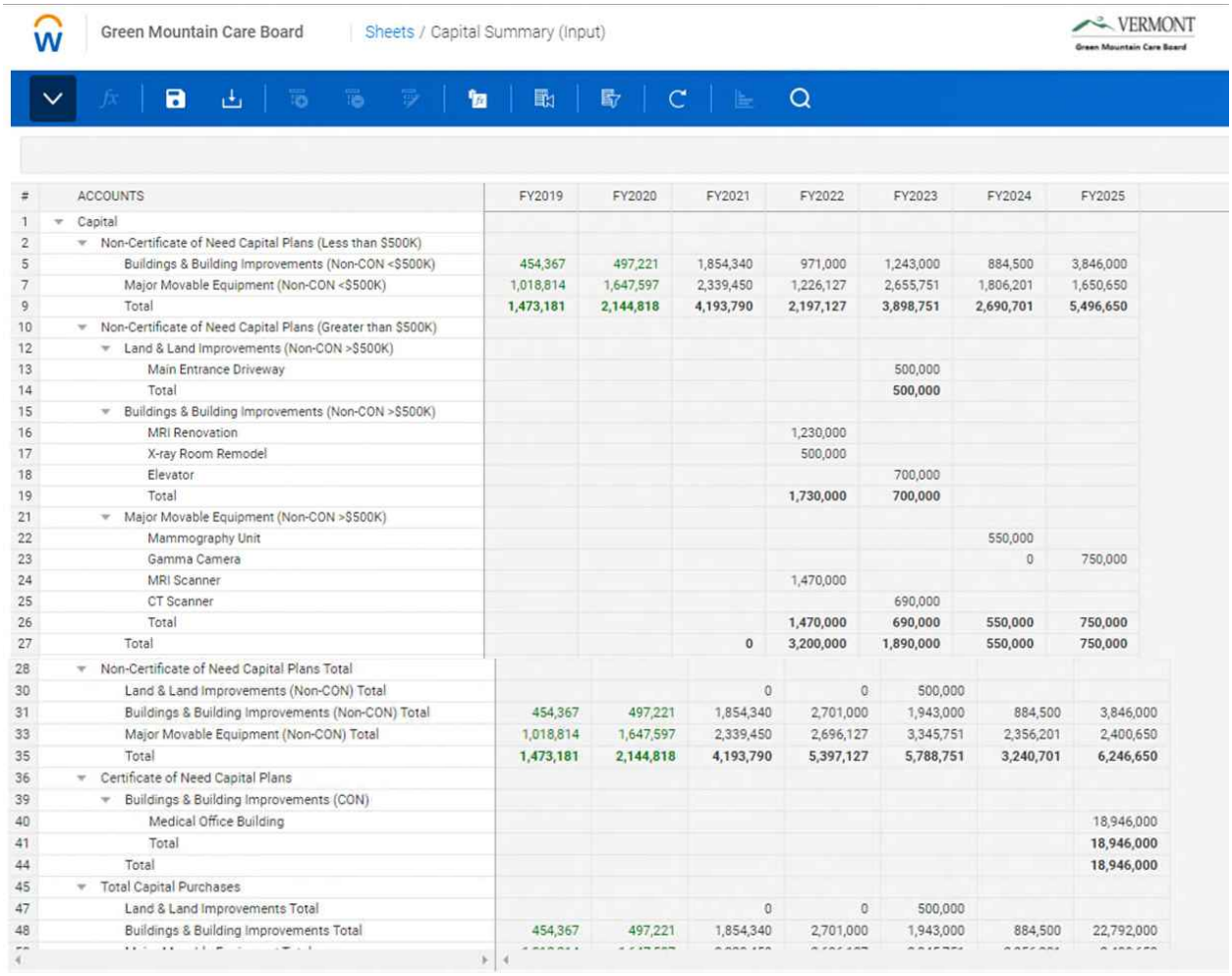
Total Charges		$39,991.53
Your estimated service cost	=	$39,991.53

2021 Budget



#	ACCOUNTS	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025
1	Capital							
2	Non-Certificate of Need Capital Plans (Less than $500K)							
5	Buildings & Building Improvements (Non-CON <$500K)	454,367	273,419	1,854,340	486,500	422,500	576,000	3,918,000
7	Major Movable Equipment (Non-CON <$500K)	1,018,814	1,407,989	2,339,450	3,076,250	1,534,000	2,103,500	2,061,650
9	Total	**1,473,181**	**1,681,408**	**4,193,790**	**3,562,750**	**1,956,500**	**2,679,500**	**5,979,650**
10	Non-Certificate of Need Capital Plans (Greater than $500K)							
13	Buildings & Building Improvements (Non-CON >$500K)							
14	Medical Office Building					9,437,000	9,437,000	
15	Upgrade of MRI & Space Renovation				2,700,000			
16	X-ray Room Remodel				550,000			
17	Total				**3,250,000**	**9,437,000**	**9,437,000**	
19	Major Movable Equipment (Non-CON >$500K)							
20	Mammography Unit						550,000	
21	Gamma Camera						750,000	
22	Total						**1,300,000**	
23	Total			**0**	**3,250,000**	**9,437,000**	**10,737,000**	**0**
24	Non-Certificate of Need Capital Plans Total							
27	Buildings & Building Improvements (Non-CON) Total	454,367	273,419	1,854,340	3,736,500	9,859,500	10,013,000	3,918,000
29	Major Movable Equipment (Non-CON) Total	1,018,814	1,407,989	2,339,450	3,076,250	1,534,000	3,403,500	2,061,650
31	Total	**1,473,181**	**1,681,408**	**4,193,790**	**6,812,750**	**11,393,500**	**13,416,500**	**5,979,650**

2022 Budget



#	ACCOUNTS	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025
1	Capital							
2	Non-Certificate of Need Capital Plans (Less than $500K)							
5	Buildings & Building Improvements (Non-CON <$500K)	454,367	497,221	1,854,340	971,000	1,243,000	884,500	3,846,000
7	Major Movable Equipment (Non-CON <$500K)	1,018,814	1,647,597	2,339,450	1,226,127	2,655,751	1,806,201	1,650,650
9	Total	**1,473,181**	**2,144,818**	**4,193,790**	**2,197,127**	**3,898,751**	**2,690,701**	**5,496,650**
10	Non-Certificate of Need Capital Plans (Greater than $500K)							
12	Land & Land Improvements (Non-CON >$500K)							
13	Main Entrance Driveway					500,000		
14	Total					**500,000**		
15	Buildings & Building Improvements (Non-CON >$500K)							
16	MRI Renovation				1,230,000			
17	X-ray Room Remodel				500,000			
18	Elevator					700,000		
19	Total				**1,730,000**	**700,000**		
21	Major Movable Equipment (Non-CON >$500K)							
22	Mammography Unit						550,000	
23	Gamma Camera						0	750,000
24	MRI Scanner				1,470,000			
25	CT Scanner					690,000		
26	Total				**1,470,000**	**690,000**	**550,000**	**750,000**
27	Total			**0**	**3,200,000**	**1,890,000**	**550,000**	**750,000**
28	Non-Certificate of Need Capital Plans Total							
30	Land & Land Improvements (Non-CON) Total			0	0	500,000		
31	Buildings & Building Improvements (Non-CON) Total	454,367	497,221	1,854,340	2,701,000	1,943,000	884,500	3,846,000
33	Major Movable Equipment (Non-CON) Total	1,018,814	1,647,597	2,339,450	2,696,127	3,345,751	2,356,201	2,400,650
35	Total	**1,473,181**	**2,144,818**	**4,193,790**	**5,397,127**	**5,788,751**	**3,240,701**	**6,246,650**
36	Certificate of Need Capital Plans							
39	Buildings & Building Improvements (CON)							
40	Medical Office Building							18,946,000
41	Total							**18,946,000**
44	Total							**18,946,000**
45	Total Capital Purchases							
47	Land & Land Improvements Total			0	0	500,000		
48	Buildings & Building Improvements Total	454,367	497,221	1,854,340	2,701,000	1,943,000	884,500	22,792,000

LN CONSULTING

May 12, 2022

John Alden
Scott + Partners Architecture
7 Carmichael St.
Essex Junction, VT 05452

Re: Copley Hospital Mansfield Orthopaedics– Mechanical, Electrical, Plumbing, and Fire Protection System Basis of Design Narrative

L.N. Consulting, Inc. has been retained to provide a mechanical, electrical, plumbing, and fire protection basis of design narrative regarding the Copley Hospital Mansfield Orthopaedics facility located in Waterbury, Vermont. The proposed building is a single-story structure and consist of approximately 10,000 sq. ft.

Outdoor Design Conditions

Elevation	449	ft.
Winter		
Dry bulb	-9	F
Summer		
Dry bulb	84	F
Wet bulb	69	F
Relative Humidity	47	RH
Dew Point	62	F
Moisture	82	grains/lb

Indoor Conditions

Thermostat/Sensor set points. Space humidity levels will be continuously monitored via thermostats and sensors located throughout the facility. During the cooling season, the humidity levels will be controlled by the ventilation units which will be sequenced to sub-cool and then reheat (via modulating hot gas reheat) the air to reduce the space humidity levels. Additional moisture will also be removed from each space via the water source heat pumps. The space humidity levels will be monitored, but not controlled during heating mode.

Temperature/RH Control Schedules

	Winter Occupied	Winter Unoccupied	Summer Occupied	Summer Unoccupied
Temperature	72 F	66 F	75 F	82 F
RH %	Uncontrolled	Uncontrolled	<50%	<50%

Heating and Cooling
The primary means of building conditioning shall be via an air-based system. Space conditioning will be via a water-to-air heat pump (water source) system. Water source heat pumps utilize the refrigeration cycle to both heat and cool air. They accomplish this using a refrigerant reversing valve allowing the equipment to run the cycle as an air conditioner or reverse the cycle to operate as a heater. The water source heat pump can extract heat from the air and transfer it to a water loop when in cooling mode or transfer heat from the water loop to the air in heating mode. The units are very efficient with Energy Efficiency Ratio (EER) values of 15-25 in cooling mode and the Coefficient of Performance (COP) values for heat pumps are in the range of 3.0-4.5. A COP value of 3.0 indicates that for every 1 unit of energy used to run the heat pump, 3 units of heat energy is transferred to the air. This represents a 300% increase in efficiency when compared to electric resistance heating and over 300% more efficient than any fuel fired heating equipment. A water source heat pump system has the added benefit of energy "sharing". Spaces that are in cooling mode can reject heat into the common water loop which can be used by spaces in heating. This condition can be common during shoulder seasons when the spaces with southern exposure require cooling while the spaces with northern exposure require heating. This can save significant amounts of energy in facilities that have many different exposures and variable occupancies such as this facility. Each heat pump will be connected to a central variable-volume flow heat pump circulating loop that will be distributed through the building. The pumps will operate in lead-lag fashion in order to reduce wear on a single pump over time and provide system redundancy. A differential pressure sensor located approximately 2/3rd the distance from the mechanical room on the heat pump loop mains will control the pump speed. Each heat pump is equipped with an open/close valve that opens only when the heat pump is in heating or cooling mode. When a heat pump valve opens, the pressure in the heat pump loop is reduced and the heat pump loop circulator pump's speed is modulated up to maintain the differential pressure set point.to maintain a heat pump loop differential pressure set point. The proposed heat pump loop circulation pumps shall be sized for 80 GPM at 75 feet of head through a 3" heat pump loop main.

Generally, the water source heat pumps will be installed in a horizontal configuration above the ceiling. The goal would be to locate these within the corridor for better maintenance. The water source heat pumps will distribute conditioned air to each zone using a fully ducted air distribution system. Heat Pumps are to have variable speed EC motors, low sound packages, insulated coils, BACnet controls package, MERV 13 filters, vibration isolation hangers, and auto-flow balance valves. The water source heat pump design will be based on Water Furnace Envision² Compact NBH for Heat pumps with capacities up to 2.5 tons. 2-Ton heat pumps are to be 2-stage units. The heat pumps with capacities of 3-tons and above are to be Water Furnace Versatec Variable Speed UVH with variable speed compressors and modulating control valves. UVH heat pumps to have dehumidification controls to vary fan speed and compressors to reduce indoor humidity.

The heat pumps shall be provided with extended range option for geothermal operation. Below is the approximate quantity and size of heat pumps based on the preliminary programming spaces:

Vestibule 100: (1) 1.0 ton (heating only)
Waiting 100 & Bathroom 102, and Admin 103: (1) 2.0 ton
Admin 103A, Scheduling 104, 105, and Partial Corridor: (1) 1.0 ton
Supervisor Office 106: (1) 0.75 ton
Soiled Lab 107 and Clean Lab 108: (1) 0.75 ton
Division Chief Office 109: (1) 0.75 ton
Storage 118, JC 117, Staff Corridor 157, Locker Room 111, Bath. 112, Sprinkler 113: (1) 1.5 ton
Staff Entrance: (1) 1.0 ton (heating only)
Staff Break Room: (1) 1.0 ton
Conference Room 115 and Storage 119: (1) 1.5 ton
IT/Data 116: (1) 1.0 ton
Image A 120: (1) 1.5 ton (Exact load to be confirmed based on imaging Equipment)
Bathroom 123, 124, Waiting 125 and Changing/Bathroom 126: (1) 1.0 ton
Offices 127, 128, 129, and 130: (1) 1.0 ton
Exams 132, 144, 146, and 147: (1) 1.0 ton

Exams 138, 139, 142, 143 and Bathrooms 140, 141: (1) 1.25 ton
Exam 148: (1) 0.75 ton
Exams 131 and 132: (1) 0.75 ton
Offices 133, 134, 135 and Partial Corridor: (1) 1.0 ton
Exams 136, 137, and 153: (1) 1.0 ton
Offices 149, 151, 152 and Partial Corridor: (1) 1.0 ton

The mechanical system will be provided with a fully functioning direct digital control (DDC) system. This system will be integrated into the existing campus network allowing the facilities team remote access from the network.

Conventional Piping System
The baseline system central system would consist of a central heating hot water boiler plant and a closed-circuit evaporative cooler. The central heat pump loop will be tied into the heating hot water plant to enable the boilers to add heat to the heat pump loop when the heat pump loop drops below temperature set point. The proposed heating plant will be based on (2) NTI LX 150 propane fired boilers which each have a net output capacity of 118,000 BTU/Hr and a 10:1 turn down ratio. The new boilers will be sealed combustion type with fully ducted intake combustion air (ducted from the outside) and fully ducted exhaust flues. Each boiler will be a multi/modular burner type with each burner containing an individual (dedicated) circulator (integral to the boiler).

The closed-circuit evaporative cooling tower would operate via electricity and would reject heat from the central heat pump loop. The tower would be based on Baltimore Air Coil V series and would have a capacity of 20 Tons.

Geothermal Borehole and Piping System Potential Alternate
The central heat pump loop will be tied into a closed loop geothermal borehole field located adjacent to the building beneath the parking area. The closed loop boreholes use the ground as a heat exchanger to heat and cool the building heat pump loop. Prior to drilling the well field, a single test well would be drilled and tested for thermal conductivity. The test well will also provide a basis for bidding of the well drillers as to the approximate location of bedrock and an expected cost for the borehole casing material. Utilizing the closed loop boreholes, water from the buildings heat pump loop system is circulated 500 feet down into the ground and back up in each borehole through a 1 1/4" HDPE heat pump loop supply and return pipe installed in a 6" borehole. The HDPE piping is SDR 11 installed with an SDR 9 U-bend at the bottom of each borehole. The borehole around the pipes is filled with a thermally conductive grout with a minimum thermal conductivity of 1.2 Btu/hr/ft/°F that helps with the exchange of energy between the heat pump fluid within the pipes and the ground. If there is a significant amount of static water under the surface of the ground then it may also be permitted to utilize pea stone to backfill the well, which is then capped with the grout below bedrock and filled with grout to the top of the borehole. The preliminary load for the system will require (8) boreholes or 4,000 linear feet of borehole. These boreholes are piped in series together in sets of (2) interconnected via reverse return configuration. A typical installation is in a grid layout where wells are spaced (25) feet apart. A trench is excavated approximately 5 feet below grade from the building to a geothermal vault, and the supply and return piping is run to the boreholes from the vault, connected, and the trench is then backfilled. The geothermal vault is either a precast concrete vault or may be a prefabricated HDPE vault. Located within the vault are the isolation and balance valves for each geothermal circuit. The heat pump loop piping will require 1" of fiberglass insulation and shall have a 15% glycol concentration.

Ventilation
The ventilation rates supplied to each space will be provided via the procedures outlined in ASHRAE 62.1- and ASHRAE 170. Ventilation air will be provided via a central energy recovery unit equipped with dehumidification capabilities through and outdoor air to air heat pump with hot gas re-heat. The energy recovery unit is based unit is based on a Swegon Gold F RX-12 with DX coil and hot gas re-heat coil and the outdoor air heat pump shall be based on an Aaon CF-007. Units shall be interconnected through 1.13" suction, 0.5" liquid, ad 0.88" hot gas refrigerant lines. The ventilation air discharge temperature and

humidity will be controlled through the air-to-air heat pump. The ERV will be enabled on a time schedule based on typical building occupied hours to save on electricity and building heating/cooling loads. The fan motors will be on variable frequency drives. The energy recovery wheel shall be bypassed in economizer mode during ideal conditions. During the energy modeling phase, we will look at the potential implementation of a demand control ventilation system based on occupancy schedule. This would result in VAV and CO2 sensos being added to the spaces. We can determine the payback based initial cost of adding these systems versus operational cost savings to determine if the team wants to proceed with the demand control ventilation option.

The following quantities of ventilation air shall be provided to each temperature control zone:

Waiting 100 & Bathroom 102, and Admin 103: 200 CFM O.A./E.A.
Admin 103A, Scheduling 104, 105, and Partial Corridor: 60 CFM O.A./E.A.
Supervisor Office 106: 30 CFM O.A./E.A.
Soiled Lab 107 and Clean Lab 108: 160 CFM O.A./E.A.
Division Chief Office 109: 30 CFM O.A./E.A.
Storage 118, JC 117, Staff Corridor 157, Locker Room 111, Bath. 112, Sprinkler 113: 125 CFM O.A./E.A.
Staff Break Room: 55 CFM O.A./E.A.
Conference Room 115 and Storage 119: 75 CFM O.A./E.A.
IT/Data 116: 20 CFM O.A./E.A.
Image A 120: 100 CFM O.A./E.A.
Bathroom 123, 124, Waiting 125 and Changing/Bathroom 126: 150 CFM O.A./E.A.
Offices 127, 128, 129, and 130: 50 CFM O.A./E.A.
Exams 132, 144, 146, and 147: 160 CFM O.A./E.A.
Exams 138, 139, 142, 143 and Bathrooms 140, 141: 160 CFM O.A./E.A.
Exam 148: 65 CFM O.A./E.A.
Exams 131 and 132: 80 CFM O.A./E.A.
Offices 133, 134, 135 and Partial Corridor: 30 CFM O.A./E.A.
Exams 136, 137, and 153: 120 CFM O.A./E.A.
Offices 149, 151, 152 and Partial Corridor: 50 CFM O.A./E.A.

Power
The proposed electric service will be 208 volt, three phase, four wire, fed from a new pad mounted. The transformer pad shall be per Green Mountain Power (GMP) standards. GMP shall run new primary voltage cables via customer-provided conduits to the new pad transformer. The service size is estimated to be 600 amps.

A new generator with automatic transfer switch shall be provided for the facility. The automatic transfer switch will be tied to the generator and would sense a loss of voltage and wait a pre-determined period of time to allow any instantaneous or quick reclosing by the utility to occur. If it is determined there is in fact a power outage sensed by any ATS, the ATS would send a signal to the generator to start. Once the generator is at full speed, typically 3 to 4 seconds, the ATS would transfer to emergency power. The entire process to go from normal to emergency power during an outage is typically 10 seconds. If normal power is sensed at some point after the ATS transfers to emergency power, a pre-determined time delay would occur before transferring back to normal power. This is normally at least 5 minutes. Once the generator is no longer providing emergency power, another pre-determined “cool down” period would occur before the generator shuts down. This is normally at least 15 minutes. The ATS switches would be kept a safe distance from other switchgear and would be provided with bypass and isolation means, to allow the ATS to be taken out of service without an outage if an issue with the ATS occurs.

An uninterruptable power supply (UPS) shall be provided for areas that cannot see any disruption of power such as the communications equipment and security system equipment. The communications equipment data racks shall have vertical cable management which shall be routed in cable trays. Cable tray shall connect to a plywood covered wall with the communications room where carrier will demark equipment. The conduit from the street shall terminate along the plywood wall. Multiple outlets shall be provided

along plywood and around the perimeter wall of communications equipment room. All racks should be grounded. In general, Power will be provided based on programming space requirements. All devices in secure locations will be vandal-proof type. All device location requirements to be coordinated with architect and owner. Below is a general idea for power requirements in each space:

- All receptacles shall be Leviton hospital grade tamper proof 20 amp receptacles or equivalent.
- Offices, Exams, Imaging, and Classroom receptacle locations, types and/or quantities will be installed as indicated on the Room Information Sheets.
- Toilet rooms - at least (1) GFCI protected receptacle.
- Storage areas - At least (1) receptacle every 12 L.F. of partition. At least (1) receptacle for each storage closet.
- Waiting areas and vestibules - at least (1) receptacle every 12 LF of wall.
- Miscellaneous clerical and reception areas - TBD however, partitions should have a minimum duplex receptacle every 4 LF with a minimum of two per workstation.
- Coordinate all power, data and telephone receptacle locations with respect to furniture, equipment and architectural layouts. Receptacles shall be easily reached by staff.
- All receptacles within 6 feet of a water source shall be GFCI.
- Provide GFCI service receptacles in weatherproof enclosures within each piece of mechanical equipment located outdoors.
- Each copy machine shall be fitted with a duplex receptacle fed with a dedicated circuit. Coordinate copy machine locations with Architectural Documents.
- Provide electrical infrastructure to support all mechanical equipment including but not limited to fans, circulating pumps, air handling units, heat pumps, and control panels. All air handler fans, hot water and condenser water circulating pumps, exhaust fans, and energy recovery unit fans shall be powered via variable frequency drives.

Lighting

All new LED high efficiency lighting shall be installed throughout. All LED and fluorescent lighting shall be high-efficiency and approved for rebates by Efficiency Vermont. The Open Waiting area lighting on top level to be a combination of pendant down-lighting and 2x2 recessed LED fixtures. Conference rooms will be a combination of LED down-lighting, for dimming control, and recessed indirect fluorescent fixtures. Smaller conference rooms will only be LED down-lighting. Lighting under cabinets shall be LED strip task lighting. Lighting in bathrooms shall be wall mount, indirect fluorescent fixtures, with supplemental LED down-lighting as needed. Lighting in Corridors, offices, and exam rooms shall be 2x2 recessed LED fixtures. Exterior LED wall mounted, pole mounted, and security lighting shall be provided. Exact lighting quantity and spacing shall be provided based on an exterior photometric model.

All lighting luminance levels shall be per IES Standards; in general:

1.	Offices	30 foot-candles at work surface
2.	Lab/Exam Spaces	50-75 foot-candles at work surface
3.	Corridors	5-10 foot-candles at floor
4.	Storage Rooms	15 foot-candles at work surface

Lighting Controls shall be provided for each space as follows:

- All lighting luminance levels shall be per IES.
- Lighting control will be digital.
- In general for offices and smaller conference rooms, upon entering the space occupants must manually turn on lights. If occupants do not manually turn off lights once they leave space, the occupancy sensors will automatically turn lights off.
- For office spaces occupancy sensors will automatically turn lights on or off depending on if it senses occupant(s).
- Offices to be provided with full-dimming (LED) control.
- Areas capable of taking advantage of ambient lighting to be provided with daylighting control in addition to occupancy sensors, step-dimming and full dimming controls.
- Corridors will be provided with occupancy sensors

Telecom
In general, Telecom will be provided based on programming space requirements. All device location requirements to be coordinated with architect and owner. Below is a general idea for telecom requirements in each space:

- Offices and exam data and voice locations, types and/or quantities will be installed as indicated on the Room Information Sheets.
- Switching equipment and all cabling from site to building to be outside scope of this project.
- IT equipment to be in the dedicated IT room.
- Contractor to be responsible for all cable tray and cabling from data center to telecom closets on each floor. Terminations by others.
- A/V design to be done by others. Design shall include all power and data connections required for equipment based on input from A/V designer.
- Design will meet requirements of ADA.

Fire Alarm
A new addressable Class A fire alarm system shall be provided for the facility. The fire alarm system shall be tied into the building fire protection system. The new installation shall meet the latest NFPA 101, NFPA 72, and state and local requirements for fire alarm systems. The new system shall be provided with a new amplifier to allow for voice communications and evacuation, in lieu of simple horns. This will allow for specific messaging, including the means to “defend in place” procedures if certain areas of the building cannot be vacated for alarms in areas that do not impact that area. The fire alarm system shall be provided with a remote annunciator at entry of building.

Security
A new security system will be provided for the facility. LN Consulting will work with the architect, owner, and security consultant to specify a system and provide a device layout.

Plumbing
Provide new 2" domestic water entrance to building. Water entrance to include Watts LF009 series reduced pressure zone assembly and Watts 909AGF air gap. Well pump, well pump controls, and pressure tank by others. The domestic water distribution system shall be provided to support the bathrooms, mop sinks, and kitchen sink. All new water closets shall be high efficiency 1.28 GPF flushometers, and sinks shall be equipped with 1.5 GPM aerators for water conservation. All facilities shall be ADA compliant where applicable. In general, provide the following plumbing fixtures:

- Lavatories to be American Standard 9024.001EC with Delta 22C601 Faucets and open grid strainer.
- Water Closets to be American Standard Cadet Pro 4188.154 with Bemis 1955CT seat
- Sinks to be Elkay Lustertone Undermount sink ELUHAD211555 with Delta 420LF faucet and sprayer.
- Mop sink to be Fiat MSB2424 832-AA hose and hose bracket, MSG 3624 wall guard, 889-CC Mop hanger, E-88 Bumper guards with Chicago Faucets 897-CRCF faucet with vacuum breakers and integral check valves.
- Provide Woodford model B67 freeze less wall hydrants at exterior as required to meet irrigation or program requirements. Coordinate exact location with Architect.

Provide AO Smith HPTU-80N 80 gallon hybrid electric hot water heater, Caleffi 521101A mixing valve, and Amtrol ST-20C thermal expansion tank, and Taco 006e3 recirculation pump for unit domestic water heating. Unit to be located centrally in basement. Provide cold and hot water to and from heater and all proposed plumbing fixtures. Provide piping insulation per Vermont Energy Code. All plumbing equipment including piping, valves, tanks, fixtures, etc. will be Lead-Free.

A new 6" sanitary waste main shall be installed for the facility and shall support all plumbing fixtures. Exact exit to be coordinated with civil. A floor drain shall be provided at water entrance in basement. Provide 1¼" condensate piping from each HVAC unit and water heater and pipe indirectly to floor drain in basement.

Fire Protection System
A new wet-type fire protection system entrance and distribution shall be provided and installed throughout the facility. The water entrance shall be 4" and shall have a double-check valve backflow preventer. The new system shall meet the programming space coverage requirements per NFPA 13 requirements. Dry sprinkler heads/coverage will be required for the porch ceiling space or any unconditioned spaces requiring coverage.

The new fire protection system will require a 250 GPM fire pump at 60PSIG, fire pump controller, jockey Pump, and Jockey Pump Controller. A 10,000 gallon storage will be need to be provided. This can either be a buried tank with a vertical turbine style fire pump at the exterior or an interior tank(s) with an inline fire pump. The tanks shall be fed from the well water supply.

If you any questions or require additional information, please contact our office.

Sincerely,
L.N. Consulting, Inc.

George D. Martin, P.E.

SCOTT + PARTNERS
ARCHITECTURE
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SCOTTPARTNERS.COM

May 13, 2022

Mr. Mark Sutton,
Director Facilities Copley Hospital
528 Washington Highway
Morrisville VT, 05661

RE: Mansfield Orthopedics Waterbury – New Clinic

Dear Mark;

This letter serves to confirm that the design for the proposed Waterbury Mansfield Orthopedics Clinic is in conformance with the requirements of the **2018 FGI Guidelines for the Design and Construction of Outpatient Facilities**, specifically, Chapter 1 – General Planning, Design, Construction, and Commissioning; New Construction, Chapter 2 - Common Elements for Outpatient Facilities, and other selected chapters that address specific requirements for services to be provided at this facility.
You may also refer to our conformance review sheet, attached.

Should you have any questions, please don't hesitate to contact me.

Regards,

John B. Alden, AIA
Principal

Copley Hospital Outpatient Clinic for Mansfield Orthopedics

CON Compliance Summary

Facility Guidelines Institute (FGI), 2018 edition - Outpatient Facilities: Chapters 1 & 2:

1.2	**Planning, Design, Construction and Commissioning**
1.2-2.2	Functional Program: see list of rooms/sizes in the drawings.
1.2-4	**Safety Risk Assessment**
	Provided By Copley Hospital
1.2-5	**Environments of Care**
	Environments of Care Requirements: The environment of care has been considered and documented in the drawings. See Architectural Drawings for finishes, details, patient space, private space, staff space and acoustic considerations.
1.2-6.2	**Sustainable Design:**
	The building envelope and HVAC Systems will be designed to meet or exceed the Vermont Commercial Energy Code requirements (VT-CBES-2020). The design team is working in collaboration with Efficiency Vermont to ensure that the facility is taking advantage of all currently available State efficiency programs and resources.
1.2-6.4	**Accommodations for Care of Patients of Size**
	The facility is designed to accommodate patients of size. There is 1 exam room and bathroom conforming to patients of size requirements. The bathroom and exam room are accessible from the waiting room. All doors in the path of travel to the exam room and bathroom are 4'-0".
1.2-8	**Commissioning**
	Commissioning of the following systems will be complete by a third party. • HVAC • Automatic Temperature Control • Domestic Hot Water • Fire Alarm and Fire Protection Systems • Essential Electrical Power Systems • Security System

	A commissioning plan, specification and construction checklist will be provided by the commissioning agent. Planning: An OPR (Owners Project Requirements) was developed by Copley hospital and is being used by the Design Team to guide the design.
1.2-9	**Record Drawings and Manuals**
	Connor Contracting Inc., the CM for the project will provide Record Drawings and Owner's Manuals with appropriate equipment information upon completion of the project. Scott + Partners Architects has provided a Life Safety plan and Code Review in the drawing set. Scott + Partners will also provide Specifications with the Construction Documents.
1.3	**Site**
1.3-2 Location	The site has been carefully selected to best serve Mansfield Orthopedics existing and growing client base, currently served now by substandard leased space in Waterbury Village along with their main facility in Morrisville by Copley Hospital. The selected site is located on the Route 100 corridor connecting Morrisville and Waterbury and is proximate to the I-89/Rt 100 Waterbury exchange. The site is near all the amenities in Waterbury Village and Waterbury Center. The site will provide easier access for patients from Waterbury, Burlington, and Montpelier than the existing clinic in Morrisville which will remain and serve patients in Lamoille County. The site will provide access for patients on bikes including bike parking.
1.3-3.1-1.3-3.3.1 Signage, Lighting and Roadways	Signage, Lighting, Roadways, Pedestrian Walkways
1.3-3.4	The site has adequate parking and lighting. There are adequate sidewalks for entries and egress. The site plan also provides a drive for patient drop offs. See the attached site plan.
1.4	**Equipment**
1.4-1.2	Copley hospital has provided an equipment list. A preliminary equipment list is included for the Exam rooms and Imaging rooms within the drawing set.
2.1-3	**Patient Care and Diagnostic Areas**
2.1-3.2.1.2	All Exam rooms will be a minimum of 130 SF. With a clear floor space of 3'-6" on the physician side of the table and at the foot of the exam table. There will be 1'-0" of clear floor space behind the head of the exam table. Each exam room will be equipped with the following: A portable exam light, storage cabinets, a workstation with a computer, a scale two visitors chairs, a hand

	wash sink. There are a total of 14 Exam rooms one of which will be a patient of size exam room. The patient of size exam room has 3'-0" clear floor space on one side of the exam table and 7'-0" of clear floor space on the other side. There is also 5'-0" of clear floor space at the foot of the exam table.
2.1-3.2.2.3	**Documentation Area**
	There will be a computer and a work counter provided in each exam room for documentation. There will also be provider "pods" which will provide space for the Doctors, Physicians Assistants, Medical Assistants and Nurses to do dictation after exams that are near a group of exam rooms.
2.1.3.2.2.5	**Handwashing Stations**
	There is a hand washing station provided in each exam room as well as the imaging room.
2.1-3.4	**Accommodations for Telemedicine:** Exam room 148 will be equipped with a screen and camera to support telemedicine.
2.1-3.5	**Imaging Services**
	Radiation Protection: The Imaging Room will be equipped with Siemens Equipment as indicated in the equipment list. The manufacture's guidelines for radiation protection and equipment clearances will be followed. A physicist will provide the necessary review and calculations for appropriate control and protection. **Control Alcoves:** There will be a control directly adjacent to the imaging room. The control room will have the required protection per the manufacture's requirements. The Control room will have a viewing window to provide a clear view of the imaging room. See the proposed plan.
2.1-3.5.2	**Imaging Rooms** The imaging room will be sized in accordance with the manufacture's requirements. There is a minimum clear floor space of 4'-0" provided on the three operational sides of the equipment. There is also adequate space for a patient in a wheelchair to turn around.
2.1-3.5.9.2	**Support Areas for Imaging** There will be a small sub waiting area adjacent to the imaging room for patients in hospital gowns to wait for their imaging appointment. There is also a changing room adjacent to both the waiting room and the imaging rooms. The changing room will be accessible and meet ADA guidelines. It will also have small lockers for patients to store their belongings and clothes.

	There will be a shared staff break room for the entire clinic, the staff break room is close enough to the imaging rooms that it will be useable for the imaging staff. There is also a staff toilet located near the imaging rooms that can be utilized by the imaging staff.
2.1-3.8	**Support Areas for Patient Care and Diagnostic Areas**
	Nurses Station (Shall include the following)**:** There is a nurse's station with adequate workspace for 2 nurses. The workspace includes work counter, phones, storage space, computers for written documentation, and a hand sanitizer dispenser. The workstation will be acoustically separated from adjacent rooms.
2.1-3.8.8.2	**Work Areas for preparing, dispensing, and administering Medications**
	Medications will be dispensed in the clean lab. There will be a sharps container within the lab as well as a hand wash sink. There will be a locked cabinet for medication storage in select exam rooms. All exam rooms have a sharps container and a hand wash sink.
2.1-3.8.11	**Clean Work Room or Clean Supply Room**
	There is a clean work room that has no direct connection to the soiled work room. The clean work room has a hand wash sink, work counter with cabinets above and below for secure storage of supplies. There is also a clean storage room that will only be used for the storage of clean supplies and equipment. The storage room will have adjustable shelving and high-density metro shelving.
2.1-3.8.12.2	**Soiled Work Room and Soiled Holding Room**
	Soiled work rooms shall contain the following: There will be a soiled lab that has no direct connection to the clean lab. The soiled lab has a work counter, hand wash sink and space for storage of soiled lines, sharps containers and other forms of waste. There will also be separate trash closets, recycling closets and med waste storage closets.
2.1-3.9	**Support Areas for Staff**
2.1-3.9.4.1	There is a staff locker room with an ADA compliant bench and lockers for the storage of staff belongings and clothes. There is a staff bathroom with a shower adjacent to the locker room. The staff bathroom with shower has a hand washing sink. There are also staff work areas in the Provider Pods and MA Pods. The staff work areas will have storage space for personal belongings.
2.1-5	**Building Support Facilities**

2.1-5.2	**Waste Management**
	There will be a sharps container in every exam room, the soiled lab, and clean lab. There is a trash, med waste and recycling closet near the exit so it can be picked up without going through the entire clinic.
2.1-5.3	There is a janitor's closet room with a mop sink, shelving and a hand sanitizer dispenser.
2.1-5.4.2	**Building Equipment Rooms**
	There is a mechanical/electrical room located in the attic. This will be accessible from a secure staircase. There is also a sprinkler room that is accessible directly from the outside of the building.
2.1-6	**Public and Administrative**
	There is a covered drop of for patients and visitors. The Covered drop off extends from the entry vestibule which leads directly into the waiting room and allows for a direct line of site to the check in – reception desks. The waiting room is visible to staff in the Admin. Space. The waiting area will have translucent privacy screens where necessary. There is an ADA compliant bathroom adjacent to the waiting room. There is also a drinking fountain adjacent to the waiting room. There is wheelchair storage located in the vestibule for easy access to the waiting room, clinic and drop off area.
2.1-6.3	**Administrative Areas**
	The practice supervisor's office is large enough to accommodate a work desk and a small conference table where private interviews and staff conversations can take place. The Administrative support space will have a secure lateral file for storge of hard copy patient files. The Administrative space also has a work counter with casework above and below for storage of office supplies.
A2.1-a	**Waiting Area and Seating Capacity**
	The proposed waiting room has 24 seats and the imaging waiting room has (3) seats for a total of 27 seats. The waiting room provides the necessary seats (21) for the 14 exam rooms. Of these 24 Seats (4) will be bariatric chairs and (2) will be spaces for wheelchairs. The imaging waiting room will have (3) seats with (1) bariatric seat. One of the Imaging waiting room chairs can be removed to allow for a wheelchair seat as necessary.
Table 1.2-6	**Design Criteria for Minimum Sound Isolation**
	All full height interior partitions between exam rooms, waiting rooms, bathrooms, imaging rooms, and staff work areas will have an STC of 51.

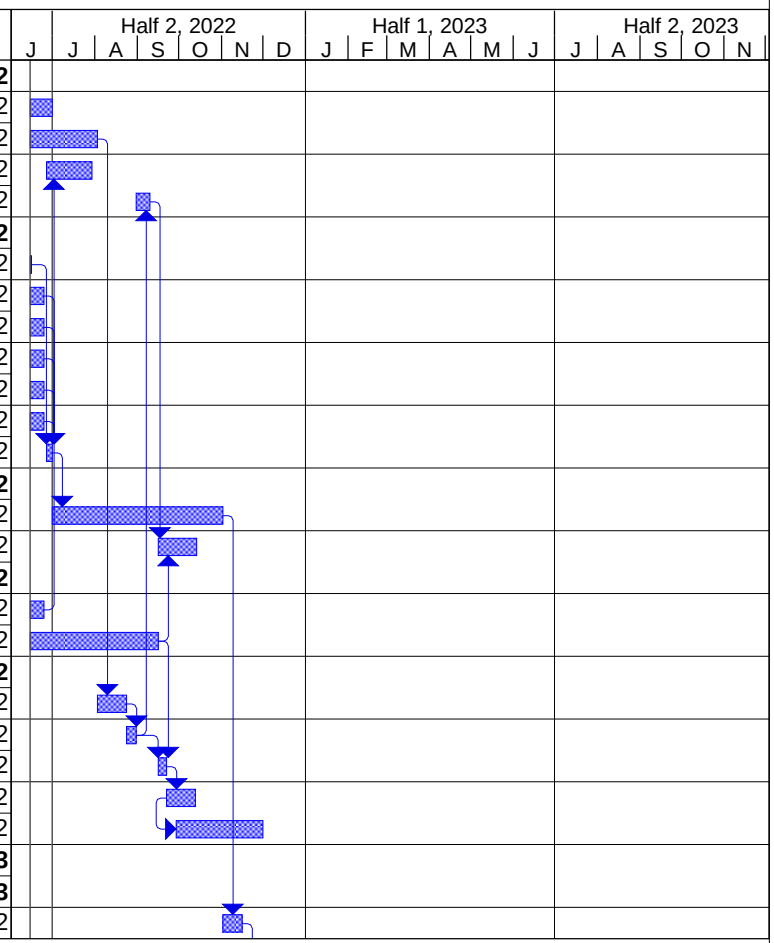
Room	Sound Absorption Coefficient	Building Systems Noise	Sound Isolation

				between enclosed rooms
	Exam Room	.15	45 dBA	STC 50 Between exam rooms. STC 50 between Exam room and public space. STC 35 Between Exam and Corridor.
	Waiting area	.15		50 STC
	Corridor	.15	50 dBA	
	Toilet			45 STC
	Waiting/Public Space			50 STC
2.1-7	**Design and Construction Requirements**			
	All corridors are a minimum of 5’-0”.			
	All rooms will have a minimum ceiling height of 9’-0”.			
	All exam room doors, corridor, bathroom, imaging, and office doors are 3’-0”. The waiting room door patient of size exam room and patient of size bathroom will have 4’-0” doors. All patient bathroom doors swing out (or are required to have emergency hardware). Staff bathroom doors are equipped with emergency release hardware. The vestibule entry doors are 4’-0”.			
2.1-7.2.2.8	All Handwash sinks have solid surface countertops. All hand wash sinks have an accessible knee panel below. There is no storage below sinks. All hand wash sinks have a soap dispenser and a paper towel dispenser. Bathroom sinks have a mirror above them.			
2.1-7.2.2.9	All grab bars will be anchored to withstand a concentrated load of 250 pounds.			
2.1-7.2.2.10	All handrails are hardwood with a clear finish, so they are cleanable. All handrails have eased edges and will be smooth. All corridors have a handrail.			
2.1-7.2.3.1	**Surfaces**			
	All floor finishes and wall finishes will meet State code requirements as well as FGI requirements.			
	All wall and ceiling finishes and wall finishes will meet State code requirements as well as FGI requirements.			
	All Ceilings finishes will meet State code requirements as well as FGI Requirements.			

	All exam rooms will be equipped with window treatments that provide patient privacy and are easy to operate.

Copley Hospital - Mansfield Orthopaedics
Preliminary Schedule
Connor Contracting, Inc

ID	Task Name	Duration	Start	Finish
1	**Design Team**	**63 days**	**Wed 6/15/22**	**Fri 9/9/22**
2	Civil	12 days	Wed 6/15/22	Thu 6/30/22
3	Architectural - Bid Set	35 days	Wed 6/15/22	Tue 8/2/22
4	MEP & Sprinkler	25 days	Mon 6/27/22	Fri 7/29/22
5	Finalize Construction Documents	8 days	Wed 8/31/22	Fri 9/9/22
6	**Permit Applications**	**12 days**	**Wed 6/15/22**	**Thu 6/30/22**
7	Vtrans	1 day	Wed 6/15/22	Wed 6/15/22
8	Storm water discharge	8 days	Wed 6/15/22	Fri 6/24/22
9	Water supply	8 days	Wed 6/15/22	Fri 6/24/22
10	Waste Water	8 days	Wed 6/15/22	Fri 6/24/22
11	Wetlands	8 days	Wed 6/15/22	Fri 6/24/22
12	Local zoning	8 days	Wed 6/15/22	Fri 6/24/22
13	ACT 250	4 days	Mon 6/27/22	Thu 6/30/22
14	**Permit Review**	**88 days**	**Fri 7/1/22**	**Tue 11/1/22**
15	ACT 250	88 days	Fri 7/1/22	Tue 11/1/22
16	DPS Building Permit	20 days	Fri 9/16/22	Thu 10/13/22
17	**Owner Items**	**67 days**	**Wed 6/15/22**	**Thu 9/15/22**
18	Finalize floor plan - program	8 days	Wed 6/15/22	Fri 6/24/22
19	CON Application and Review	67 days	Wed 6/15/22	Thu 9/15/22
20	**Pre-Construction**	**86 days**	**Wed 8/3/22**	**Wed 11/30/22**
21	Bid packages and bid period	15 days	Wed 8/3/22	Tue 8/23/22
22	GMP estimate	5 days	Wed 8/24/22	Tue 8/30/22
23	Review and sign GMP Amendment	4 days	Fri 9/16/22	Wed 9/21/22
24	Subcontracts	15 days	Thu 9/22/22	Wed 10/12/22
25	Submittals	45 days	Thu 9/29/22	Wed 11/30/22
26	**Construction**	**271 days**	**Wed 11/2/22**	**Wed 11/15/23**
27	**Sitework**	**203 days**	**Wed 11/2/22**	**Fri 8/11/23**
28	Mobilize, erosion control	10 days	Wed 11/2/22	Tue 11/15/22

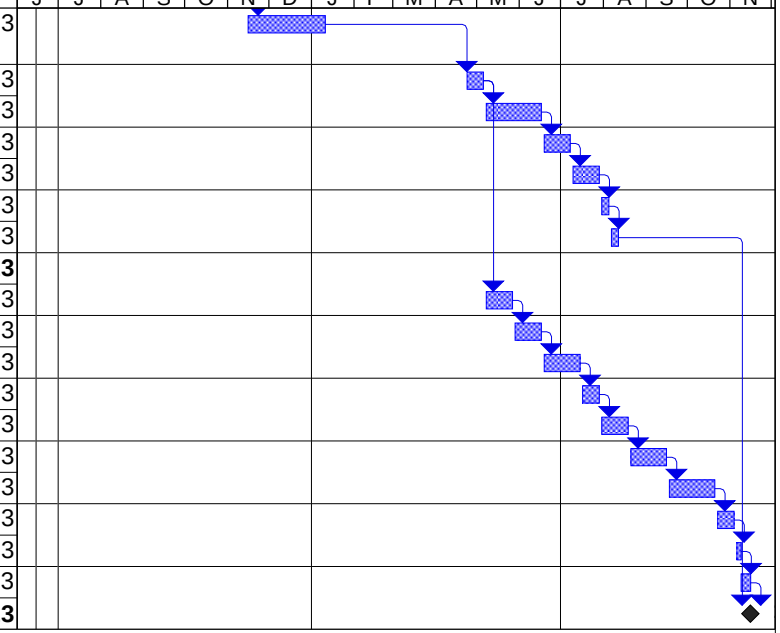


Project: Mansfield Orthopaedics
Date: 6/15/22

Task		External Tasks		Manual Summary Rollup	
Split		Project Summary		Manual Summary	
Milestone		External Milestone		Start-only	
Summary		Inactive Task		Finish-only	
Rolled Up Task		Inactive Milestone		Progress	
Rolled Up Split		Inactive Summary		Deadline	
Rolled Up Milestone		Manual Task			
Rolled Up Progress		Duration-only			

Copley Hospital - Mansfield Orthopaedics
Preliminary Schedule
Connor Contracting, Inc

ID	Task Name	Duration	Start	Finish
29	Access drive, strip topsoil, cuts/fills, storm water ponds	40 days	Wed 11/16/22	Tue 1/10/23
30	Excavate for building foundation	10 days	Mon 4/24/23	Fri 5/5/23
31	Site Utilities	30 days	Mon 5/8/23	Fri 6/16/23
32	Driveway base	15 days	Mon 6/19/23	Fri 7/7/23
33	Finish grades, sidewalks, curbs	15 days	Mon 7/10/23	Fri 7/28/23
34	Fine grade & paving	5 days	Mon 7/31/23	Fri 8/4/23
35	Landscaping	5 days	Mon 8/7/23	Fri 8/11/23
36	**Building**	**138 days**	**Mon 5/8/23**	**Wed 11/15/23**
37	Concrete foundations	15 days	Mon 5/8/23	Fri 5/26/23
38	Underslab utilities, subgrade, slab	15 days	Mon 5/29/23	Fri 6/16/23
39	Building shell	20 days	Mon 6/19/23	Fri 7/14/23
40	Interior partitions	10 days	Mon 7/17/23	Fri 7/28/23
41	MEP rough-ins	15 days	Mon 7/31/23	Fri 8/18/23
42	Drywall, taping, prime & 1st coat paint	20 days	Mon 8/21/23	Fri 9/15/23
43	Ceilings, flooring, doors, millwork, MEP finishes	25 days	Mon 9/18/23	Fri 10/20/23
44	Final painting	10 days	Mon 10/23/23	Fri 11/3/23
45	Final Inspections	3 days	Mon 11/6/23	Wed 11/8/23
46	Punch list	5 days	Thu 11/9/23	Wed 11/15/23
47	**Project Complete**	**0 days**	**Wed 11/15/23**	**Wed 11/15/23**



Project: Mansfield Orthopaedics
Date: 6/15/22

Task	External Tasks	Manual Summary Rollup
Split	Project Summary	Manual Summary
Milestone	External Milestone	Start-only
Summary	Inactive Task	Finish-only
Rolled Up Task	Inactive Milestone	Progress
Rolled Up Split	Inactive Summary	Deadline
Rolled Up Milestone	Manual Task	
Rolled Up Progress	Duration-only	

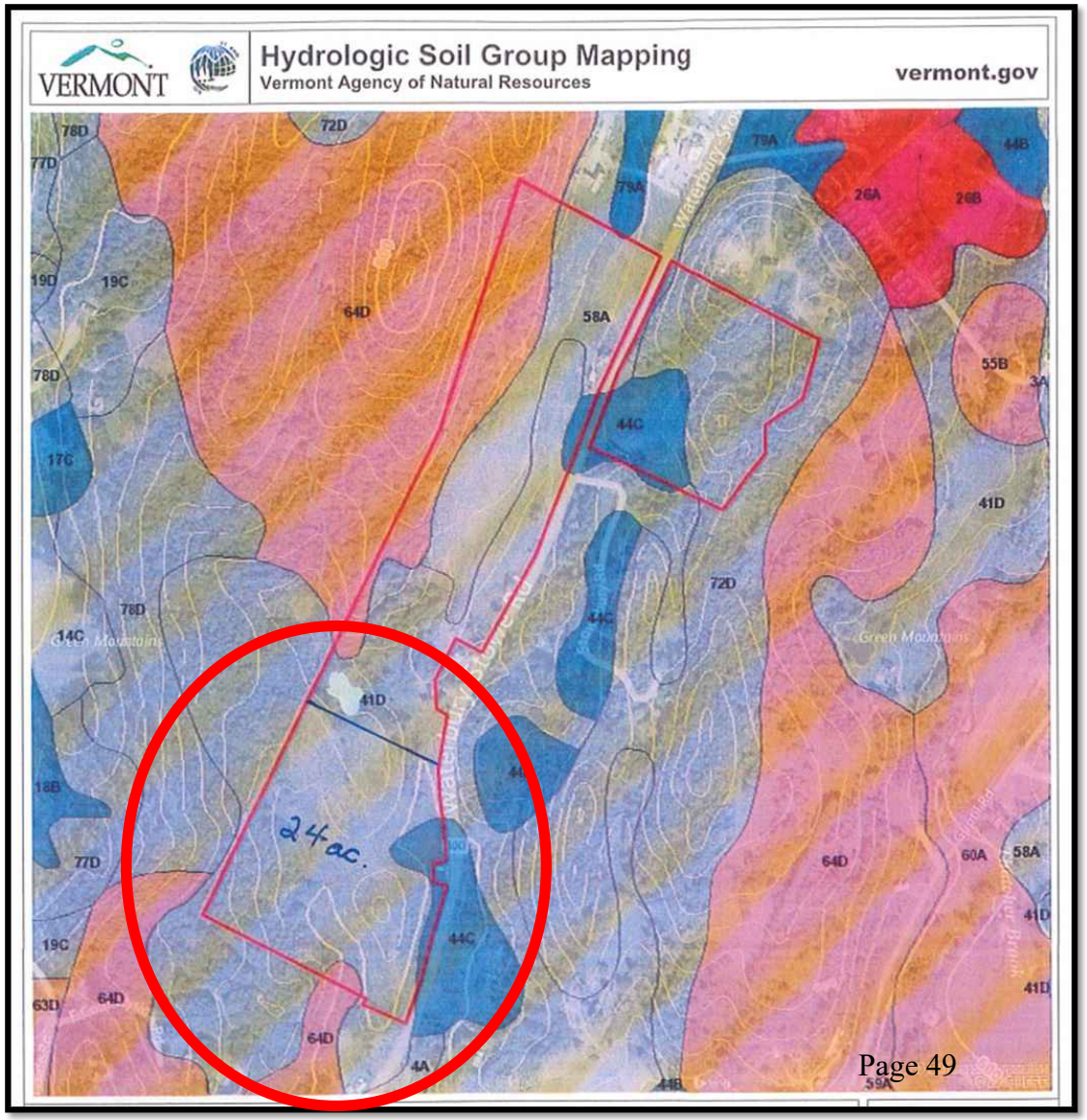
Properties: 1983 Waterbury-Stowe Road

Request:

Allow operations to purchase approximately 24 acres of land in Waterbury at 1983 Route 100 for $540,000 with the intent of relocating the orthopedic clinic.

Proposed Location:

- Site currently less than 2 miles from I89 Exit 10.
- Site to accommodate an 8-14,000 SF Copley facility and a separate 6,000 SF facility for Waterbury Ambulance.
- Good sight distance at Route 100; including "gaps" in northbound traffic courtesy of the recently installed traffic signal at Route 100 and Guptil Road
- "Vermont" setting with a rural driveway entry to building location surrounded by open space with views.
- Positive local and ACT 250 applications: The relocation of WASI and Mansfield Orthopedics within Waterbury to a site that is readily accessible from I-89 and Route 100, but screened from existing traffic;



Properties: 5431 Waterbury-Stowe Road

5431 Waterbury-Stowe
Waterbury, VT 05677

List Price: $298,000
Distance to 89: **5.1 miles**
Commercial Zoning
20.8 Acres

Note: Building lot is only 3 Acres (not large enough)

Properties: Other

Analysis (comp sites):

Ever Green Gardens
15 Cabin Lane
Waterbury, VT 05677

List Price: $1,600,000
Distance to 89: **4.2 miles**
Commercial Zoning
1,800sq ft Building
7+ Acres

Michael's on the Hill
4182 Waterbury-Stowe
Waterbury, VT 05677

List Price: $1,250,000
Distance to 89: **4.2 miles**
Commercial Zoning
4,377 sq ft Building
4 Acres

Cost Prohibited

COPLEY HOSPITAL
WATERBURY CLINIC

PROJECT LOCATION:

Sayah Farm
Waterbury Stowe Road
Waterbury Vermont 05676

Owner
Copley Hospital
528 Washington Hwy
Morrisville, VT 05661
P: 802-888-8888

Architect
Scott + Partners, Inc.
7 Carmichael St, Suite 102
Essex, VT 05452
P: (802) 879-5153
E: jba@scottpartners.com
Contact: John Alden

Civil Engineer
Grenier Engineering
155 Demeritt Place #2
Waterbury VT, 05676
P: 802-244-6413
E:john@grenierengineering.com
Contact: John Grenier

Structural Engineer
Hardy Strucural Engineering
8 Roosevelt HWY Ste. 120
Cholchester, VT 05446
P: (802) 655-0755
E: thardy@hardyse.com
Contact: Tim Hardy

Mechanical / Electrical Engineer
LN Consulting
208 Flynn Ave #2J,
Burlington, VT 05401
P: 802-655-1753
E:gmartin@lnconsulting.com
Contact: George Martin

Construction Manager
Connor Contracting, Inc.
1100 US Route 2,
Berlin, VT 05602
P: (802) 223-3843
E: john@connorcontractinginc.com
Contact: John Connor

DRAWINGS:

PRELIMINARY CON DRAWINGS - NOT FOR CONSTRUCTION

05/27/2022 PRELIMINARY CON DRAWINGS NOT FOR CONSTRUCTION

SCOTT + PARTNERS ARCHITECTURE
7 CARMICHAEL ST. ESSEX JUNCTION, VT 05452
P 802.879.5153 | F 802.872.2764 | SCOTTPARTNERS.COM

project name:
COPLEY MANSFIELD ORTHOPAEDICS

project address:
SAYAH FARM WATERBURY STOWE ROAD WATERBURY VERMONT 05676

scale:	
project no.	22-1513
checked by:	JBA
drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

No	Date	Revisions

sheet title:
COVER SHEET

sheet no.
A0.0

2 ATTIC LIFE SAFETY
1/16" = 1'-0"

1 LIFE SAFETY PLAN
1/8" = 1'-0"

Life Safety Code Review

Project: **Date:** 05/12/22

This project is submitted under the 2015 VT Fire & Building Safety Code as adopted on October 10, 2016, including references to the 2015 IBC, 2015 IEBC, ADA 2010, 2015 NFPA 1 Uniform Fire Code, and 2015 NFPA 101 Life Safety Codes. It also includes 2010 Federal ADA and 2012 VT Access Codes, and the 2020 CBES (Vermont Energy Standards)

Project Summary: This project is the construction of new 9,360 SF out patient medical clinic. The project includes 14 exam rooms, 1 imaging room and all of the necessary support spaces. The project will also include the necessary site work including a parking lot, new shared driveway, septic system, and well. The property is being subdivided and the entry driveway will be shared with WASI.

Project Type: New construction
Largest Floor Area: 9,962 SF
Number of Floors: 1
Construction Type: 5B

2015 IBC (as modified by the Vermont Fire and Building Safety Code)			
Chapter	Section	Subject	
3	**Occupancy/Use Classification**		Business
4	**Special Requirements of Use & Occupancy**		
			N/A
5	**General Building Heights and Areas**		
	503, 504	Building Hgt and Number of Stories	(2) allowable if sprinklered; (1) proposed with mechanical attic.
	Table 503	Construction Type	Type 5B
	506	Building Area	36,000sf Allowable; 9,962 sf proposed
	506.3	Area Modifications (as modified by	N/A
		VT. Fire & Bldg Code)	
	508,	Mixed Use & Occupancy Separations	N/A
	509, Table 509	Incidental Uses	Storage of medical supplies and Mechanical room
	510	Special Provisions	1 HR Fire Separation at Storage rooms and Mechanical Room
6	**Types of Construction**		
	Tables 601	Fire Resistance Ratings	1 HR Separation at Mechanical rooms and Storage Rooms
	Table 602	Fire Rating of Exterior Walls	No rating required
	603	Combustible Materials in Types I and II Construction	N/A
7	**Fire & Smoke Protection Features**		
	704	Fire Resistance Rating of Structural Members	N/A
	705	Exterior Walls	Non-Rated
	707	Fire Barriers	None
	708	Fire Partitions	1Hr fire rated walls at Mechanical rooms and Storage
	709	Smoke Partitions	None

2015 NFPA 101 (as modified by the Vermont Fire and Building Safety Code)			
	Chap. 38	NFPA 101 Occupancy Classification	Business
		Classification of Hazard of Contents	Ordinary
	Table 7.3.1.2	Occupant Load	One per 100sf = 100 total
	Chap. 7,8	Means of Egress Components	Exit access corridors leading to at-grade exits
		Number of exits	(4) total
	Chap. 38	Arrangement of Means of Egress:	Refer to Drawings
	38.2.5.2.1	Dead End Corridors	No Dead End Corridors Proposed
	38.2.6.3	Travel Distance to exits	All less than 300'
		Emergency Lighting	Provided
	38.2.10	Marking of Means of Egress:	Lighted exit signage provided
	38.3.2.2	Protection from Hazards:	Building is fully sprinklered, 1HR Rating at Storage and Mechanical Rooms
	38.3.3.2	Interior Finishes:	Class A or 1 as necessary
	38.3.4	Detection, Alarm, and Notification Systems:	Automatic fire alarm provided, tied to building sprinkler system
	38.3.5	Extinguishing Requirements:	Building is fully sprinklered. Portable fire extinguishers provided per section 9.9 Within 75'-0".
	38.3.6.1(2)	Corridors:	Corridors are not required to be fire rated.

2020 CBES ENERGY CODE:		
Building Component	**Required R Value and U Value**	**Proposed**
Attic	R-49	Blown in Cellulose R-49
Wood Framed Walls above Grade	R19+R8ci	R-19 in Therma fiber in walls R8 Continuous rigid insulation on exterior
Under slab and around perimeter	R-10 Min.	R-10
Swinging Doors	U- 0.37	U-0.37 Max.
Windows Fixed	U-0.33	U-0.33 Max
Windows Operable	U-0.37	U-0.37 Max

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project name:
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scale:	As indicated
project no.	22-1513
checked by:	JBA
drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

No	Date	Revisions

sheet title:
LIFE SAFETY PLAN

sheet no.
A0.1

05/27/2022 PRELIMINARY CON
DRAWINGS NOT FOR CONSTRUCTION

ABBREVIATIONS

ABBR	DESCRIPTION
#	NUMBER OF POUNDS
&	AND
=	EQUAL
@	AT
A/C	AIR CONDITIONING
A/E	ARCHITECT/ENGINEER
ABV	ABOVE
AC	ACOUSTICAL
ACT	ACOUSTIC CEILING TILE
AD	ACCESS DOOR or AREA DRAIN
ADD	ADDITIONAL
ADJ	ADJACENT
ADJT	ADJUSTABLE
AFF	ABOVE FINISHED FLOOR
AFG	ABOVE FINISHED GRADE
ALT	ALTERNATE
ALUM	ALUMINUM
ANCH	ANCHOR
ANCH B	ANCHOR BOLT
ANOD	ANODIZED
AP	ACCESS PANEL
APPROX	APPROXIMATELY
ARCH	ARCHITECT/ARCHITECTURAL
ASB	ASBESTOS
AUTO	AUTOMATIC
AUX	AUXILIARY
AV	AUDIO VISUAL
AVG	AVERAGE
B	BOLT
BC	BRICK COURSE
BD	BOARD
BEL	BELOW
BET	BETWEEN
BIT	BITUMINOUS
BL	BLANKET
BLDG	BUILDING
BLK	BLOCK
BLKG	BLOCKING
BM	BEAM, BENCH MARK
BN	BULL NOSE
BO	BOTTOM OF
BOS	BOTTOM OF STEP
BOT	BOTTOM
BRCG	BRACING
BRG	BEARING
BRK	BRICK
BRKT	BRACKET
BS	BOTH SIDES
BSMT	BASEMENT
BUR	BUILT UP ROOFING
BW	BOTH WAYS
CAB	CABINET
CB	CATCH BASIN
CEM	CEMENT
CER	CERAMIC
CF	CUBIC FEET
CG	CORNER GUARD
CH	CEILING HEIGHT
CHAM	CHAMFER
CIR	CIRCLE
CIRC	CIRCUMFERENCE
CJ	CONTROL JOINT or CONSTRUCTION JOINT
CL	CENTER LINE
CLF	CHAIN LINK FENCE
CLNG	CEILING
CLOS	CLOSET
CLR	CLEAR
CLS	CLOSURE OR CLOSER
CM	CONSTRUCTION MANAGER
CMU	CEMENT MASONRY UNIT
CO	CLEAN OUT
COL	COLUMN
COMP	COMPRESSIBLE
CONC	CONCRETE
CONST	CONSTRUCTION
CONT	CONTINUOUS
CONTR	CONTRACTOR
COORD	COORDINATE
COR	CORRUGATED
CORR	CORRIDOR
CPT	CARPET
CR	CHAIR RAIL
CRS	COURSE
CSMT	CASEMENT
CT	CERAMIC TILE
CTR	CENTER
CTSK	COUNTERSUNK
CU	CUBIC
CUH	CABINET UNIT HEATER
CW	COLD WATER
CYL	CYLINDER
D	DEEP OR DEPTH
DB	DECIBELS
DBL	DOUBLE
DEM	DEMOLISH
DEPT	DEPARTMENT
DET	DETAIL
DF	DRINKING FOUNTAIN
DIA	DIAMETER
DIAG	DIAGONAL
DIFF	DIFFUSER
DIM	DIMENSION
DISP	DISPENSER
DMT	DEMOUNTABLE
DN	DOWN
DP	DAMP PROOFING
DR	DOOR OR DRAIN
DS	DOWN SPOUT
DWG	DRAWING
E	EAST
EA	EACH
EIFS	EXTERIOR INSULATION FINISH SYSTEM
EJ	EXPANSION JOINT
EL	ELEVATION
ELEC	ELECTRIC OR ELECTRICAL

ABBREVIATIONS

ABBR	DESCRIPTION
ELEV	ELEVATOR
EMER	EMERGENCY
ENAM	ENAMEL
ENCL	ENCLOSURE
ENG	ENGINEER
ENT	ENTRANCE
EOS	EDGE OF SLAB
EQ	EQUAL
EQUIP	EQUIPMENT
EW	EACH WAY
EWC	ELEC. WATER COOLER
EXH	EXHAUST
EXIST	EXISTING
EXIST	EXISTING
EXP	EXPANSION
EXPD	EXPANDED
EXPO	EXPOSED
EXT	EXTERIOR
EXTR	EXTRUDED
FA	FIRE ALARM
FAS	FASTENER
FB	FACE BRICK OR FLAT BAR
FC	FLEXIBLE CONNECTION
FD	FLOOR DRAIN or FIRE DAMPER
FDN	FOUNDATION
FE	FIRE EXTINGUISHER
FEC	FIRE EXTINGUISHER CAB
FFE	FINISHED FLOOR ELEVATION
FGL	FIBERGLASS
FHC	FIRE HOSE CABINET
FIN	FINISHED
FIX	FIXTURE
FLASH	FLASHING
FLEX	FLEXIBLE
FLOUR	FLUORESCENT
FLR	FLOOR
FLRG	FLOORING
FOW	FACE OF WALL
FP	FIRE PROOFING
FR	FIRE RATED
FRM	FRAME
FRP	FIBERGLASS REINF. PANELING
FRT	FIRE RET. TREATED
FT	FOOT OR FEET
FTG	FOOTING
FTR	FIN TUBE RADIATION
FUR	FURRED OR FURRING
FURN	FURNISHED
FUT	FUTURE
FXD	FIXED
GA	GAUGE
GALV	GALVANIZE(D)
GB	GRAB BAR
GC	GENERAL CONTRACTOR
GD	GRADE
GDR	GUARDRAIL
GEN	GENERAL
GL	GLASS
GRD	GROUND
GS	GRAVEL STOP
GT	GROUT
GWB	GYPSUM WALL BOARD
GYP	GYPSUM
HB	HOSE BIB
HBD	HARDBOARD
HC	HOLLOW CORE or HANDICAP ACCESSIBLE
HDR	HANDRAIL
HDW	HARDWARE
HDWD	HARDWOOD
HM	HOLLOW METAL
HOR	HORIZONTAL
HP	HIGH PRESSURE
HR	HOUR
HT	HEIGHT
HTG	HEATING
HTR	HEATER
HVAC	HEATING, VENT. & A/C
HW	HOT WATER
ID	INSIDE DIAMETER
IN	INCH
INCL	INCLUDED/ING
INFO	INFORMATION
INSUL	INSULATION
INT	INTERIOR
INTER	INTERMEDIATE
JAN	JANITOR
JB	JUNCTION BOX
JC	JANITOR'S CLOSET
JST	JOIST
JT	JOINT
K PL	KICK PLATE
KD	KNOCK DOWN
LAM	LAMINATE
LAV	LAVATORY
LBS	POUNDS
LF	LINEAL FEET
LF F	LIGHT FIXTURE
LFLI	LANDLORD FURNISHED LANDLORD INSTALLED
LFLI	LANDLORD FURNISHED TENANT INSTALLED
LIQ	LIQUID
LOC	LOCATION
LT	LIGHT
LTG	LIGHTING
LTL	LINTEL
LVR	LOUVER
LW	LONG WAY
MACH	MACHINE
MAINT	MAINTENANCE
MAS	MASONRY
MAT	MATERIAL
MAX	MAXIMUM
MCF	METAL FURRING CHANNEL
MD	METAL DECKING
MECH	MECHANICAL

ABBREVIATIONS

ABBR	DESCRIPTION
MED	MEDIUM
MEMB	MEMBER
MFR	MANUFACTURER
MH	MANHOLE
MHO	MAGNETIC HOLD OPEN
MIN	MINIMUM OR MINUTE
MIRR	MIRROR
MISC	MISCELLANEOUS
MLD	MOLDING
MO	MASONRY OPENING
MOV	MOVABLE
MR	MOISTURE RESISTANT
MTD	MOUNTED
MTL	METAL
MULL	MULLION
N	NORTH
N/A	NOT APPLICABLE
NIC	NOT IN CONTRACT
NO	NUMBER
NOM	NOMINAL
NTS	NOT TO SCALE
OC	ON CENTER
OD	OUTSIDE DIAMETER
OF	OUTSIDE FACE
OFCI	OWNER FURNISHED CONTRACTOR INSTALLED
OFE	OWNER FURNISHED EQUIPMENT
OFF	OFFICE
OFI	OWNER FURNISHED AND INSTALLED
OH	OVERHEAD
OHD	OVER HEAD DOOR
OPNG	OPENING
OPP	OPPOSITE
OPPH	OPPOSITE HAND
OZ	OUNCE
PART	PARTITION
PC	PRECAST OR PIECE
PED	PEDESTAL
PERF	PERFORATED
PERIM	PERIMETER
PFN	PREFINISHED
PH	PARTIAL HEIGHT
PL	PLATE
PLAM	PLASTIC LAMINATE
PLAS	PLASTER
PLUM	PLUMBING
PLWD	PLYWOOD
PNL	PANEL
PORC	PORCELAIN
PREFAB	PREFABRICATED
PRESS	PRESSURE
PSF	POUNDS PER SQUARE FOOT
PSI	POUNDS PER SQUARE INCH
PT	PAINT OR POINT
PTD	PAINTED
PVC	POLY VINYL CHLORIDE
PVMT	PAVEMENT
PVR	PAVER
QTY	QUANTITY
R	RADIUS/RISER
RA	RETURN AIR
RAD	RADIATION
RD	ROOF DRAIN, ROAD
REBAR	REINFORCING BAR
REC	RECESSED
REF	REFERENCE
REFL	REFLECTED
REFR	REFRIGERATOR
REG	REGISTER
REINF	REINFORCED
REM	REMOVE
REQD	REQUIRED
RES	RESISTANT
RESIL	RESILIENT
RET	RETAINING
REV	REVISION/REVERSE
RF	ROOF
RFG	ROOFING
RM	ROOM OR ROOF MEMBRANE
RO	ROUGH OPENING
RSL	RESILIENT FLOORING
S	SOUTH
SAT	SUSPENDED ACOUSTICAL TILE
SC	SOLID CORE
SCHED	SCHEDULE
SECT	SECTION
SF	SQUARE FEET
SHLV	SHELVING
SHT	SHEET
SIM	SIMILAR
SLDG	SLIDING
SLNT	SEALANT
SPCG	SPACING
SPEC	SPECIFICATION
SPKR	SPEAKER
SPR HD	SPRINKLER HEAD
SQ	SQUARE
SS	STAINLESS STEEL
STC	SOUND TRANSMISSION CLASS
STD	STANDARD
STIFF	STIFFENER
STL	STEEL
STOR	STORAGE
STRUCT	STRUCTURAL
SURF	SURFACE
SUSP	SUSPENDED
SV	SHEET VINYL
SYM	SYMBOL
SYS	SYSTEM
T	TREAD, TILE
T&G	TONGUE AND GROOVE
TBD	TACK BOARD
TEL	TELEPHONE
TEMP	TEMPORARY, TEMPERATURE
TFLI	TENANT FURNISHED LANDLORD INSTALLED

ABBREVIATIONS

ABBR	DESCRIPTION
TFTI	TENANT FURNISHED or TENANT INSTALLED
THERM	THERMOMETER
THK	THICK
THR	THRESHOLD
THRU	THROUGH
TK BD	TACK BOARD
TLT	TOILET
TOC	TOP OF CURB
TOF	TOP OF FOOTING
TOS	TOP OF STEEL
TOW	TOP OF WALL
TR	TRENCH
TRT	TREATED
TYP	TYPICAL
UC	UNDER CUT
UH	UNIT HEATER
UL	UNDERWRITER'S LABORATORIES
UNFIN	UNFINISHED
UNO	UNLESS NOTED OTHERWISE
UR	URINAL
UTIL	UTILITY
VAC	VACUUM
VAR	VARIABLE
VB	VAPOR BARRIER
VCT	VINYL COMPOSITE TILE
VEH	VEHICLE
VERT	VERTICAL
VEST	VESTIBULE
VIF	VERIFY IN FIELD
VNR	VENEER
VOL	VOLUME
VP	VENT PIPE
VTR	VENT THROUGH ROOF
VWC	VINYL WALL COVERING
W	WEST
W/	WITH
W/O	WITH OUT
WC	WATER CLOSET
WD	WOOD
WF	WIDE FLANGE
WG	WIRE GLASS
WIN	WINDOW
WP	WATER PROOF
WR	WATER RESISTANT
WS	WATER STOP
WT	WEIGHT
WWF	WELDED WIRE FABRIC

SYMBOL LEGEND

WALL TAG — 1i — WALL TYPE

WINDOW TAG — 1t — WINDOW TYPE

DOOR TAG — ### — DOOR NUMBER

ROOM TAG
- Room name — ROOM NAME
- 101 — ROOM NUMBER
- 150 SF — AREA

SECTION MARK — 1 / A101 — SIM — DRAWING NUMBER / SHEET NUMBER

EXTERIOR ELEVATION — 1 / A4.1 — DRAWING NUMBER / SHEET NUMBER

INTERIOR ELEVATION — 1 / 2 / 3 / 4 / A8.1 — DETAIL NUMBER, TYP / DRAWING NUMBER / SHEET NUMBER

DETAIL SECTION — 1 / A101 — SIM — DRAWING NUMBER / SHEET NUMBER

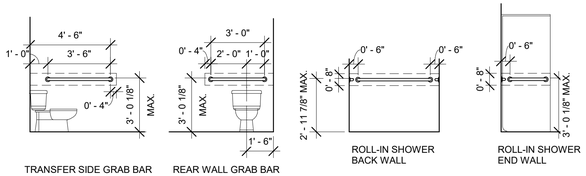
FLOOR FINISH TAG — Floor Material / Floor Material — FLOOR MATERIAL

DETAIL — 1 / A101 — SIM — DRAWING NUMBER / SHEET NUMBER

GENERAL NOTES:

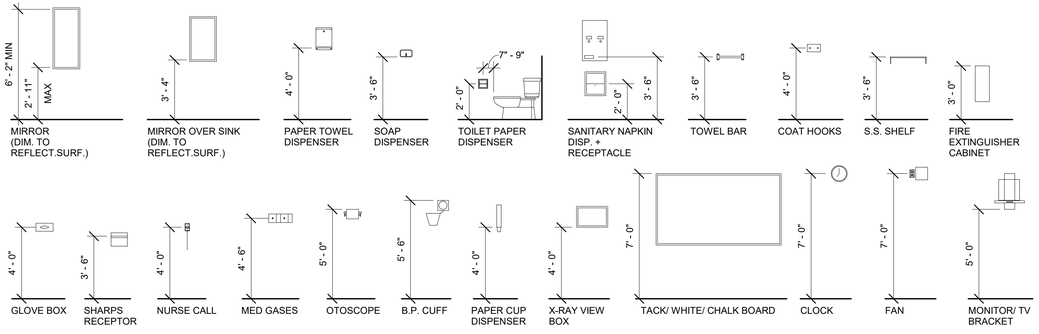
1. GENERAL CONTRACTOR TO FIELD VERIFY ALL DIMENSIONS IN THE FIELD AND REPORT ANY DISCREPANCIES TO THE ARCHITECT PRIOR TO STARTING ANY WORK.
2. DIMENSIONS TO NEW CONSTRUCTION SHALL BE TO FACE OF STUD OR FRAMING, UNLESS OTHERWISE NOTED OR INDICATED.
3. PATCH AND REPAIR ALL SURFACES/MATERIALS THAT ARE DAMAGED BY DEMOLITION. PATCH AND REPAIR ANY CRACKS, DINGS, HOLES, ETC., NOT RELATED TO DEMOLITION, AT ALL EXPOSED SURFACES SCHEDULED TO BE PAINTED. SEE SPECIFICATIONS.
4. ALL NEW GWB WALLS SHALL BE FULL HEIGHT, FROM SUBFLOOR TO UNDERSIDE OF STRUCTURE ABOVE. UNLESS NOTED OR OTHERWISE INDICATED.
5. ALL NEW GWB WALLS SHALL BE TAPED, SMOOTH FINISHED, AND PAINTED W/ (1) COAT OF LATEX PRIMER AND (2) COATS OF LATEX EGGSHELL PAINT, COLORS TO BE SELECTED BY ARCHITECT.
6. CONTRACTOR SHALL COMPLETELY PAINT ALL ROOMS WITH ANY NEW WORK OCCURRING IN THEM UNLESS NOTED OTHERWISE.
7. ALL FIRE RATED WALL AND DECK PENETRATIONS TO BE FIRESEALED AND DRAFT STOPPED.
8. ALL FLOOR/CEILING (DECK) ASSEMBLIES TO BE SMOKE TIGHT. SEAL ALL HOLES, GAPS AND AROUND ALL EXISTING AND NEW PENETRATIONS.
9. PROVIDE DAMPERS IN ALL DUCTWORK THAT PENETRATES FLOOR ASSEMBLIES. COORDINATE WITH MECHANICAL. THEREFORE- DUCT SHAFTS DO NOT NEED TO BE RATED AND MAY BE BUILT ONE-SIDED
10. COORDINATE SEQUENCING OF EXTERIOR REPAIRS, NEW WORK AND WINDOW REPAIR/REPLACEMENT WORK.
11. CLOSET SHELVING: WHERE SHOWN, SHELVING SHALL BE 3/4" VENEER PLYWOOD WITH SOLID WOOD NOSE ON ADJUSTABLE BRACKETS - HEAVY DUTY KV DBL SLOTTED. 4 SHELVES HIGH.

REQUIRED BLOCKING & GRAB BAR LOCATIONS:



TRANSFER SIDE GRAB BAR — REAR WALL GRAB BAR — ROLL-IN SHOWER BACK WALL — ROLL-IN SHOWER END WALL

MOUNTING HEIGHTS FOR EQUIPMENT & ACCESSORIES



MIRROR (DIM. TO REFLECT.SURF.) — MIRROR OVER SINK (DIM. TO REFLECT.SURF.) — PAPER TOWEL DISPENSER — SOAP DISPENSER — TOILET PAPER DISPENSER — SANITARY NAPKIN DISP. + RECEPTACLE — TOWEL BAR — COAT HOOKS — S.S. SHELF — FIRE EXTINGUISHER CABINET

GLOVE BOX — SHARPS RECEPTOR — NURSE CALL — MED GASES — OTOSCOPE — B.P. CUFF — PAPER CUP DISPENSER — X-RAY VIEW BOX — TACK/ WHITE/ CHALK BOARD — CLOCK — FAN — MONITOR/ TV BRACKET

05/27/2022 PRELIMINARY CON
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SCOTT + PARTNERS ARCHITECTURE
7 CARMICHAEL ST., ESSEX JUNCTION, VT 05452
P 802.879.5153 | F 802.872.2764 | SCOTTPARTNERS.COM

project name:
COPLEY MANSFIELD ORTHOPAEDICS

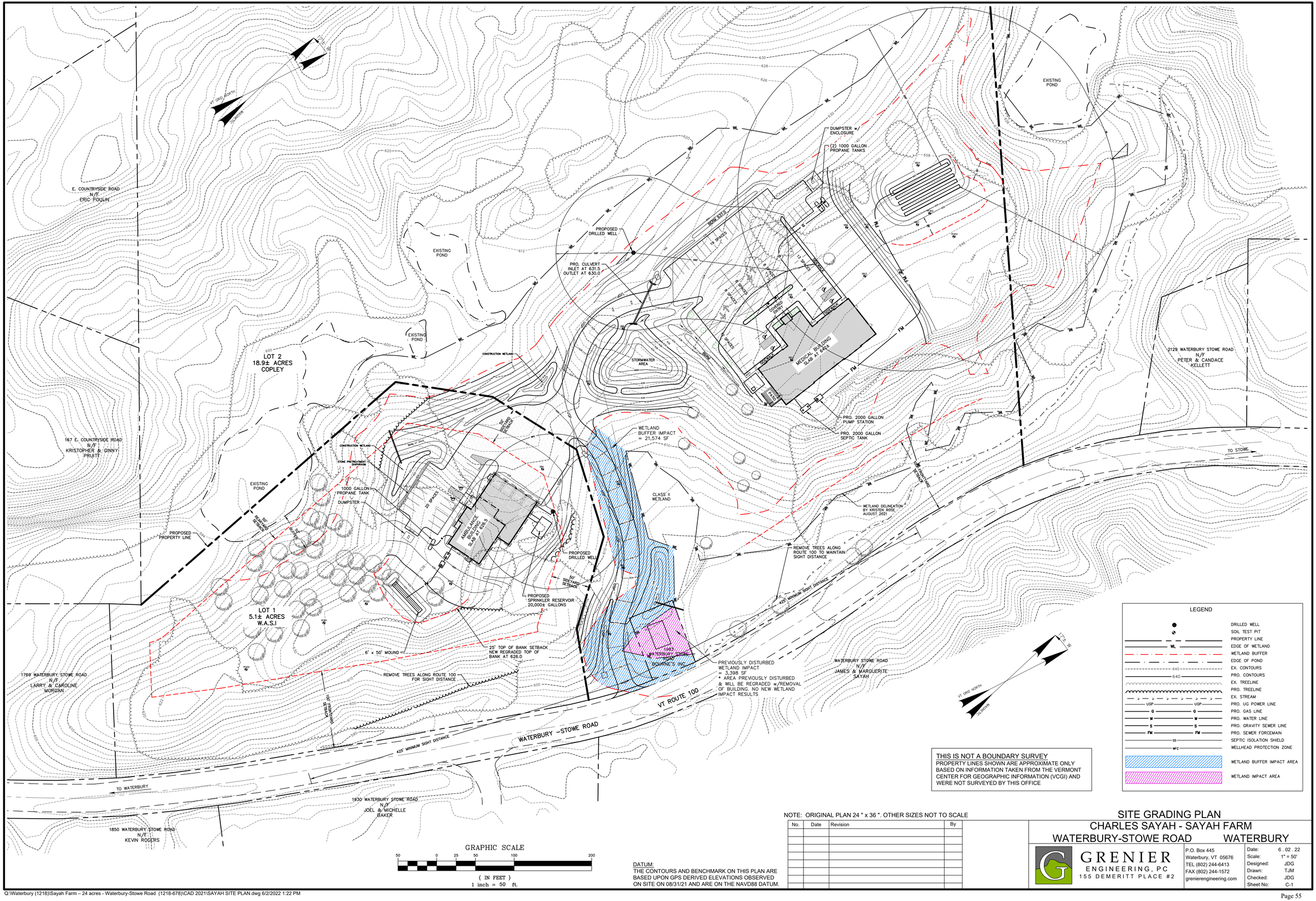
project address:
SAYAH FARM WATERBURY STOWE ROAD WATERBURY
VERMONT 05676

scale:	As indicated
project no.	22-1513
checked by:	JBA
drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

No	Date	Revisions

sheet title:
GENERAL NOTES AND ABBREVIATIONS

sheet no.
A0.2



LEGEND

- DRILLED WELL
- SOIL TEST PIT
- PROPERTY LINE
- WL — EDGE OF WETLAND
- WETLAND BUFFER
- EDGE OF POND
- 640 — EX. CONTOURS
- 640 — PRO. CONTOURS
- EX. TREELINE
- PRO. TREELINE
- EX. STREAM
- UGP — UGP — PRO. UG POWER LINE
- G — G — PRO. GAS LINE
- W — W — PRO. WATER LINE
- S — S — PRO. GRAVITY SEWER LINE
- FM — FM — PRO. SEWER FORCEMAIN
- SS — SEPTIC ISOLATION SHIELD
- WPZ — WELLHEAD PROTECTION ZONE
- WETLAND BUFFER IMPACT AREA
- WETLAND IMPACT AREA

THIS IS NOT A BOUNDARY SURVEY
PROPERTY LINES SHOWN ARE APPROXIMATE ONLY BASED ON INFORMATION TAKEN FROM THE VERMONT CENTER FOR GEOGRAPHIC INFORMATION (VCGI) AND WERE NOT SURVEYED BY THIS OFFICE

GRAPHIC SCALE
50 0 25 50 100 200
(IN FEET)
1 inch = 50 ft.

DATUM:
THE CONTOURS AND BENCHMARK ON THIS PLAN ARE BASED UPON GPS DERIVED ELEVATIONS OBSERVED ON SITE ON 08/31/21 AND ARE ON THE NAVD88 DATUM.

NOTE: ORIGINAL PLAN 24 " x 36 ". OTHER SIZES NOT TO SCALE

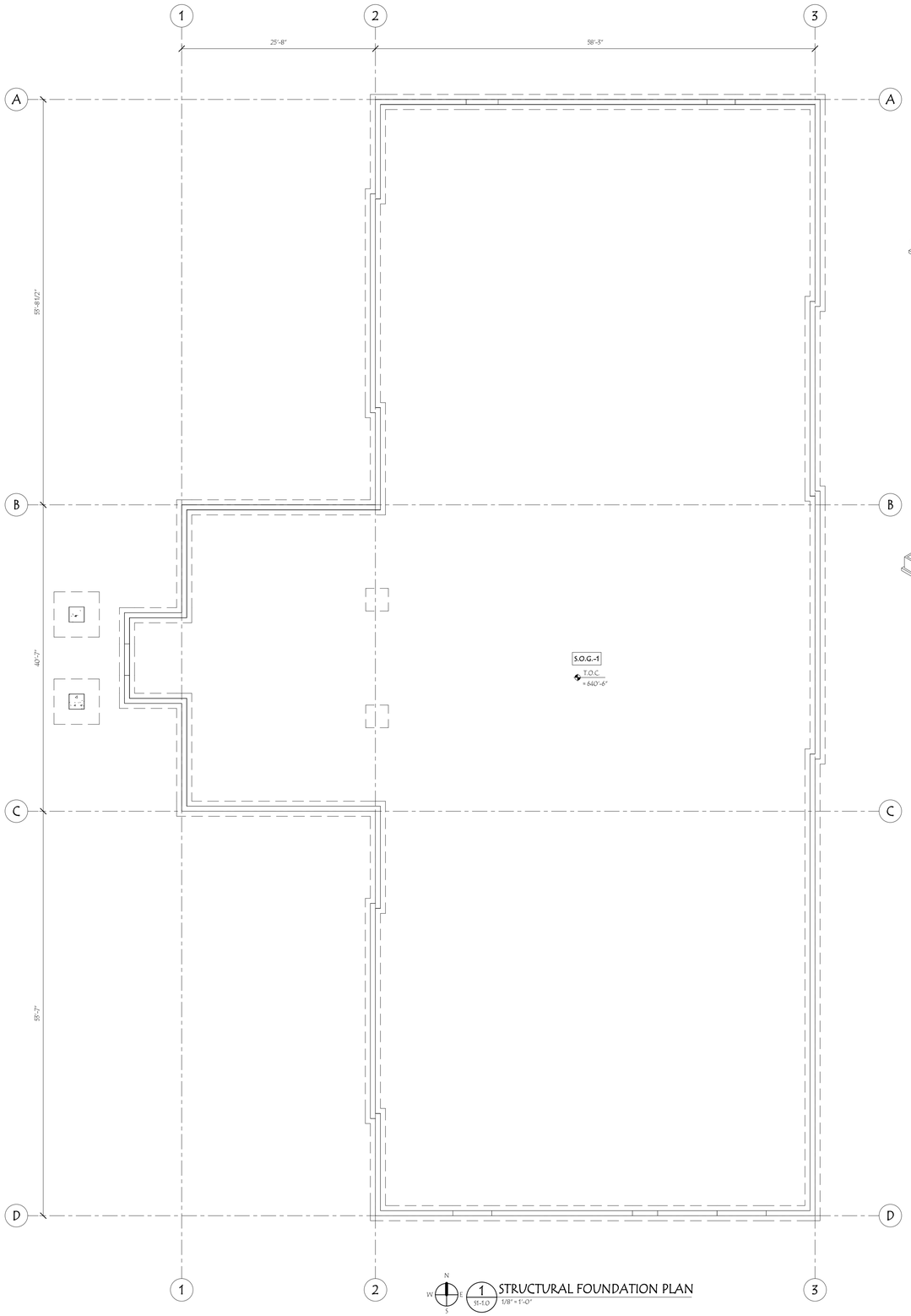
No.	Date	Revision	By

SITE GRADING PLAN
CHARLES SAYAH - SAYAH FARM
WATERBURY-STOWE ROAD WATERBURY

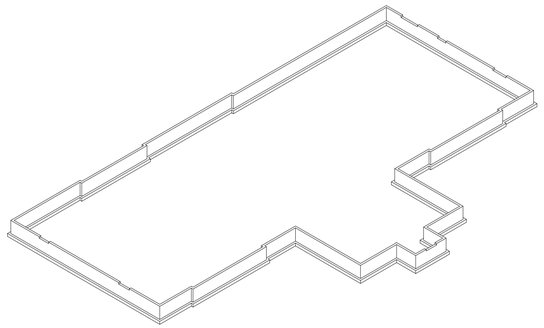
GRENIER ENGINEERING, PC
155 DEMERITT PLACE #2
P.O. Box 445
Waterbury, VT 05676
TEL (802) 244-6413
FAX (802) 244-1572
grenierengineering.com

Date:	6 . 02 . 22
Scale:	1" = 50'
Designed:	JDG
Drawn:	TJM
Checked:	JDG
Sheet No:	C-1

Q:\Waterbury (1218)\Sayah Farm – 24 acres - Waterbury-Stowe Road (1218-678)\CAD 2021\SAYAH SITE PLAN.dwg 6/2/2022 1:22 PM



1 S1-1.0 STRUCTURAL FOUNDATION PLAN 1/8" = 1'-0"



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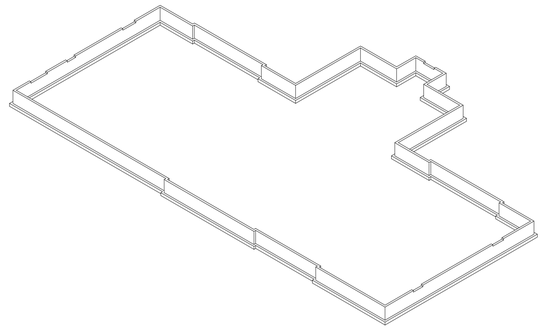

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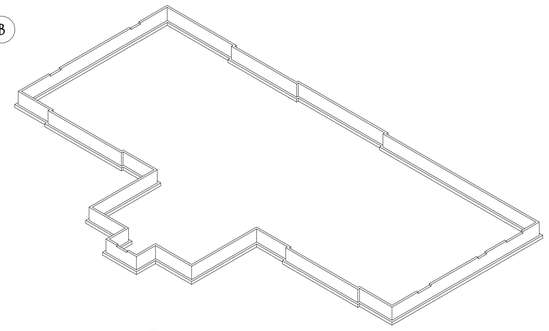

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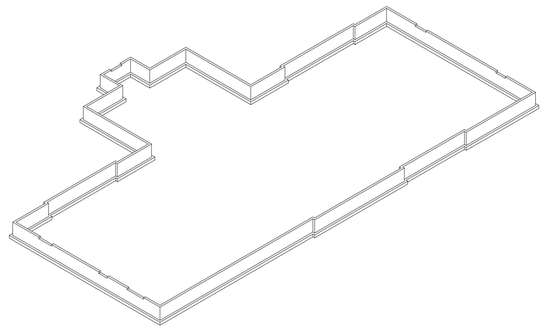
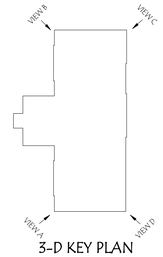


D S1-1.0 3-D RENDERING (FOUNDATION)



3-D KEY PLAN

05/27/2022 PRELIMINARY CON
DRAWINGS NOT FOR
CONSTRUCTION

HARDY
STRUCTURAL ENGINEERING
875 Roosevelt Hwy, Ste. 130
Colchester, VT 05446
Ph: 802.655.0755
www.hardyse.com

SCOTT + PARTNERS
ARCHITECTURE
7 CARMICHAEL ST. ESSEX JUNCTION, VT 05452
P. 802.879.5153 | F. 802.872.2764 | SCOTTPARTNERS.COM

project name:
COPLEY MANSFIELD ORTHOPAEDICS
project address:
MORRISVILLE, VT

scale:	As indicated
project no.	22-036.00
checked by:	TPH
drawn by:	SMD
proj. date:	T.B.D.

No	Date	Revisions

sheet title:
FOUNDATION PLAN

sheet no.
S1-1.0

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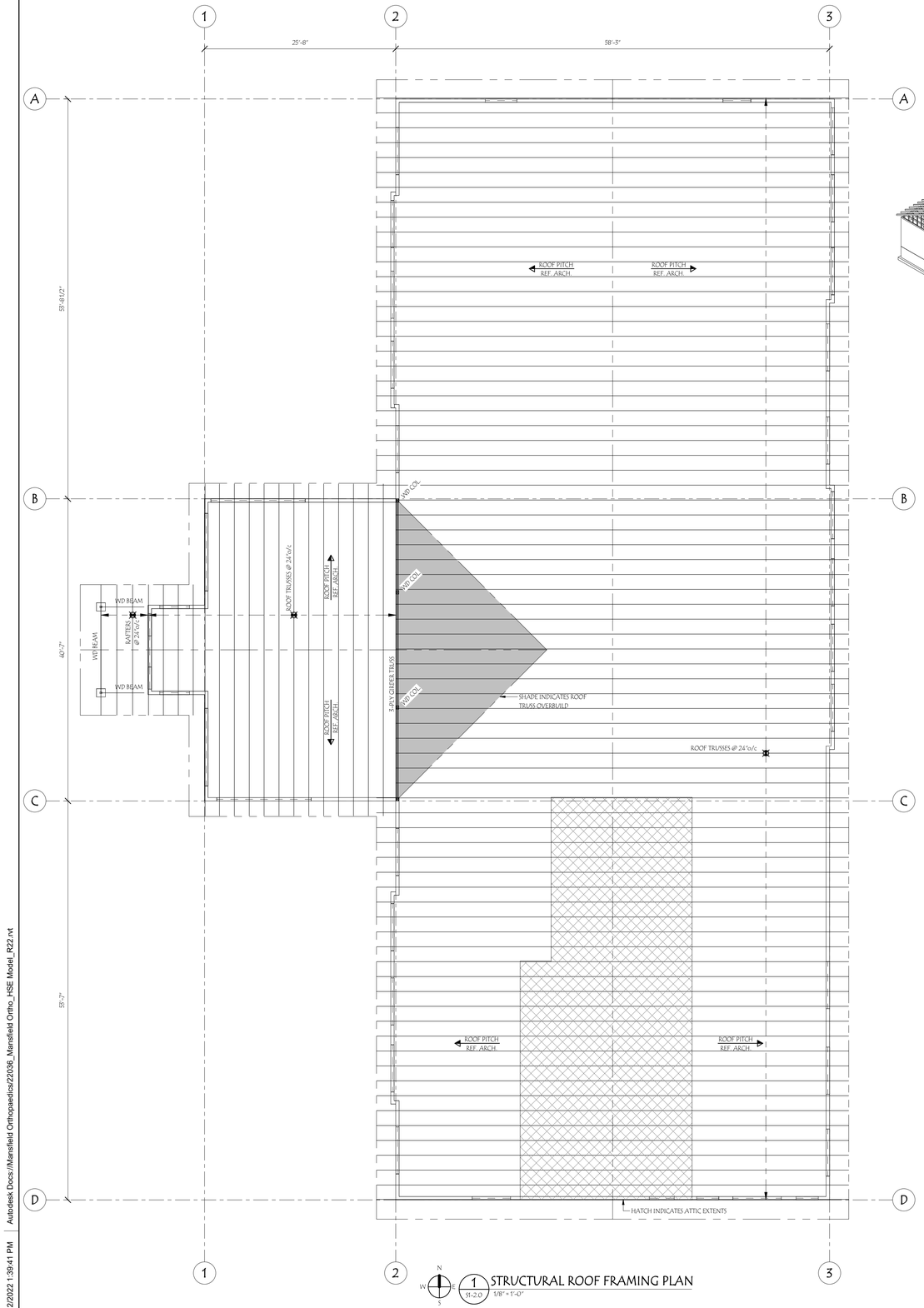
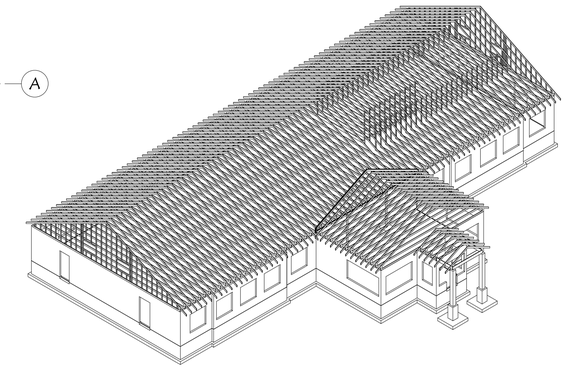


1 S1-2.0 STRUCTURAL ROOF FRAMING PLAN
1/8" = 1'-0"



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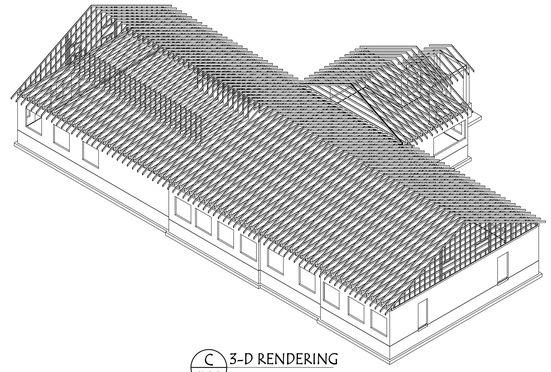

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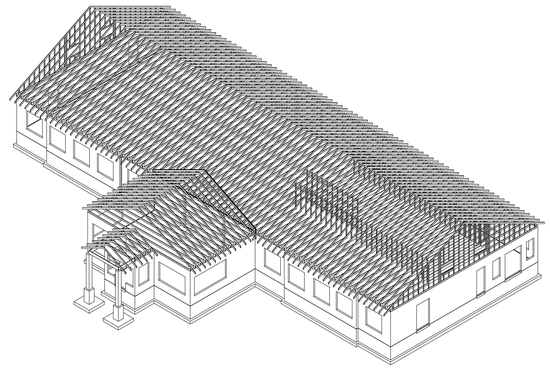

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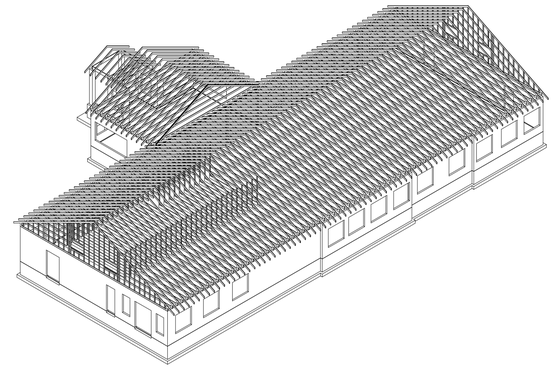

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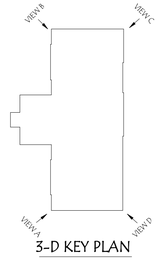

3-D KEY PLAN

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project name:
COPLEY MANSFIELD ORTHOPAEDICS
project address:
MORRISVILLE, VT

scale:	As indicated
project no.	22-036.00
checked by:	TPH
drawn by:	SMD
proj. date:	T.B.D.

No	Date	Revisions

sheet title:
ROOF FRAMING PLAN

sheet no.
S1-2.0

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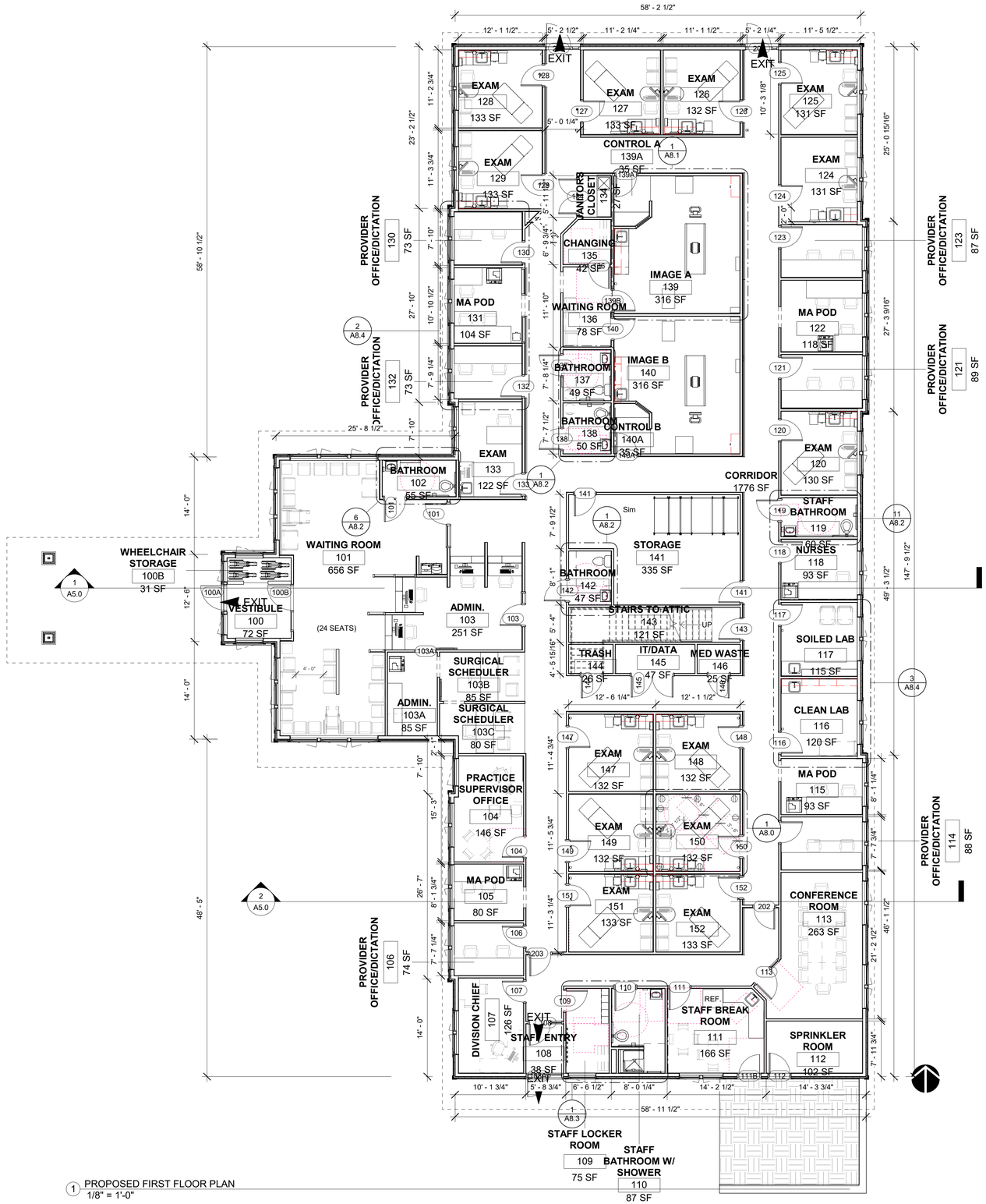
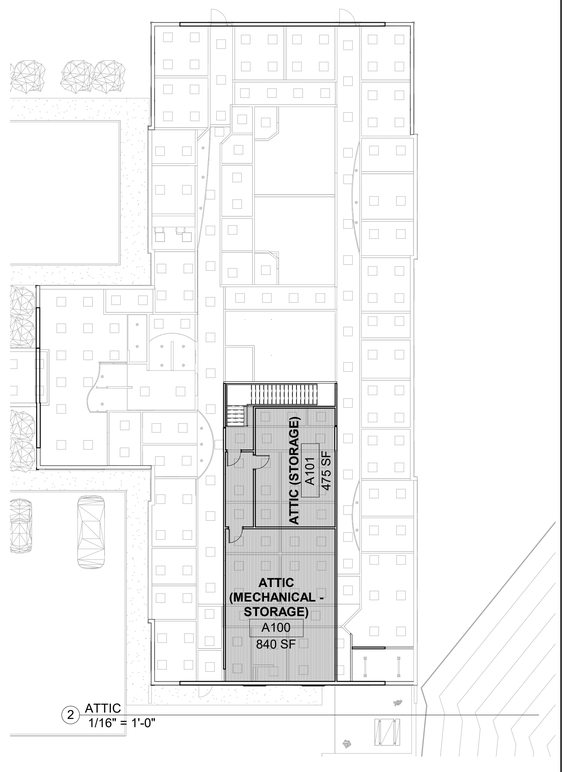
FUNCTIONAL PROGRAM		
ROOM NAME	Area	Count
Clinical Space		
CHANGING	42 SF	1
CLEAN LAB	120 SF	1
CONSULT	0 SF	1
CONTROL	0 SF	1
CONTROL A	35 SF	1
CONTROL B	35 SF	1
EXAM	1842 SF	15
IMAGE A	316 SF	1
IMAGE B	316 SF	1
SOILED LAB	115 SF	1
	2820 SF	
Patient Spaces		
WAITING ROOM	735 SF	4
	735 SF	
Staff Support Spaces		
STAFF BREAK ROOM	166 SF	1
STAFF LOCKER ROOM	75 SF	1
	240 SF	
STAFF MEETING SPACES		
CONFERENCE ROOM	263 SF	1
	263 SF	
Staff Work Areas		
ADMIN.	336 SF	2
DIVISION CHIEF	126 SF	1
MA POD	396 SF	4
NURSES	93 SF	2
PRACTICE SUPERVISOR OFFICE	146 SF	1
PROVIDER OFFICE/DICTATION	484 SF	6
SURGICAL SCHEDULER	165 SF	4
	1746 SF	
Support Spaces		
IT/DATA	47 SF	1
J.C.	0 SF	1
JANITORS CLOSET	27 SF	1
MED WASTE	25 SF	2
SPRINKLER ROOM	102 SF	2
STORAGE	335 SF	1
TRASH	26 SF	1
WHEELCHAIR STORAGE	31 SF	1
	592 SF	
BATHROOMS		
BATHROOM	200 SF	4
STAFF BATHROOM	60 SF	1
STAFF BATHROOM W/ SHOWER	87 SF	1
	347 SF	
NET 1ST FLOOR SF	**6,743 SF**	
Circulation		
CORRIDOR	1776 SF	1
STAFF ENTRY	38 SF	1
STAIRS TO ATTIC	121 SF	1
VESTIBULE	72 SF	1
	2008 SF	
Attic		
ATTIC (MECHANICAL - STORAGE)	840 SF	1
ATTIC (STORAGE)	475 SF	1
CORRIDOR	106 SF	1
	1420 SF	
GROSS 1ST FLOOR SF	**9,962 SF**	



1 PROPOSED FIRST FLOOR PLAN
1/8" = 1'-0"



2 ATTIC
1/16" = 1'-0"

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project name:
COPLEY MANSFIELD ORTHOPAEDICS

project address:
SAYAH FARM WATERBURY STOWE ROAD WATERBURY VERMONT 05676

scale:	As indicated
project no.	22-1513
checked by:	JBA
drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

No	Date	Revisions

sheet title:
PROPOSED FLOOR PLAN

sheet no.
A2.0

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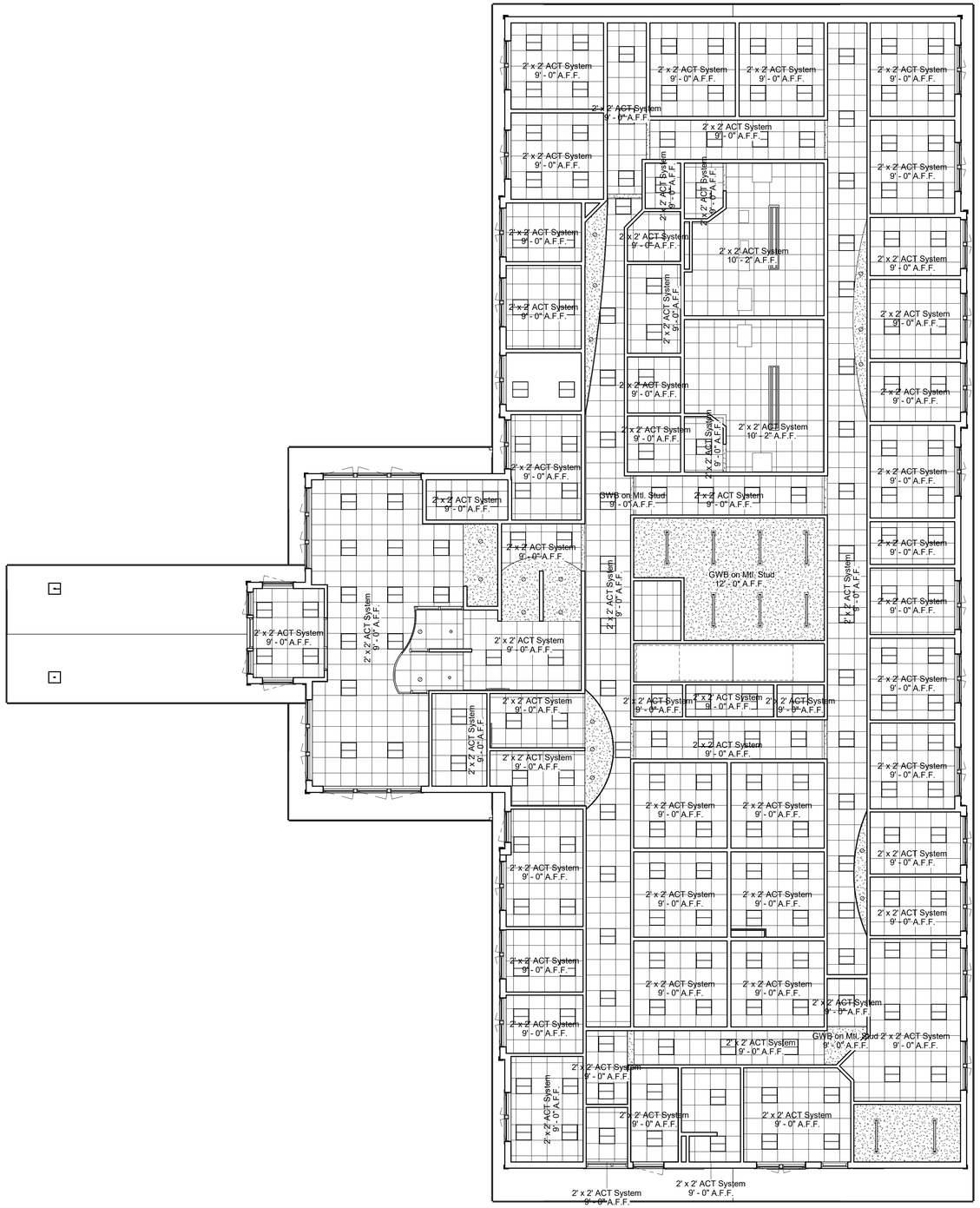

1 FIRST FLOOR
1/8" = 1'-0"

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DRAWINGS NOT FOR
CONSTRUCTION

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SAYAH FARM WATERBURY STOWE ROAD WATERBURY
VERMONT 05676

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checked by:	JBA
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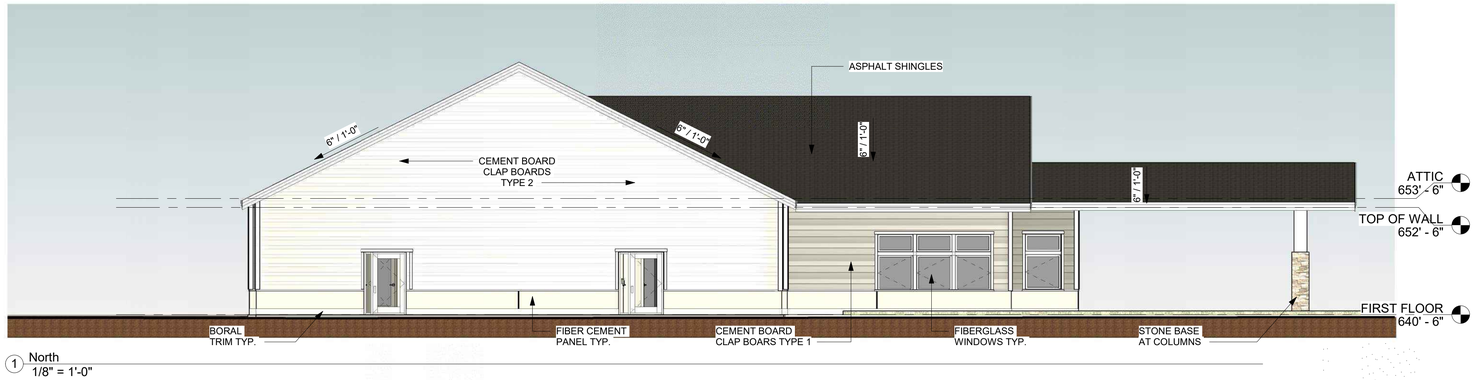
proj. date:	05/27/2022
sheet date:	05/27/2022

No	Date	Revisions

sheet title:
REFLECTED CEILING PLAN

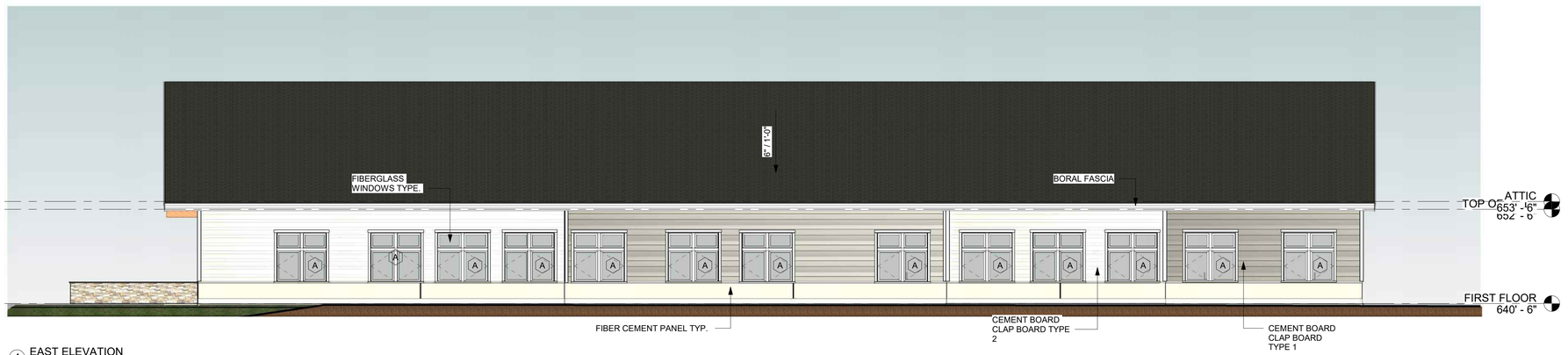
sheet no.
A3.0



1 North
1/8" = 1'-0"

2 South
1/8" = 1'-0"

3 West
1/8" = 1'-0"



4 EAST ELEVATION
1/8" = 1'-0"

05/27/2022 PRELIMINARY CON
DRAWINGS NOT FOR
CONSTRUCTION

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ARCHITECTURE
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proj. date:	05/27/2022
sheet date:	05/27/2022

No	Date	Revisions

sheet title:
EXTERIOR
ELEVATIONS

sheet no.
A4.0

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05/27/2022 PRELIMINARY CON
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ARCHITECTURE
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sheet date:	05/27/2022

No	Date	Revisions

sheet title:
EXTERIOR
PERSPECTIVES

sheet no.
A4.1

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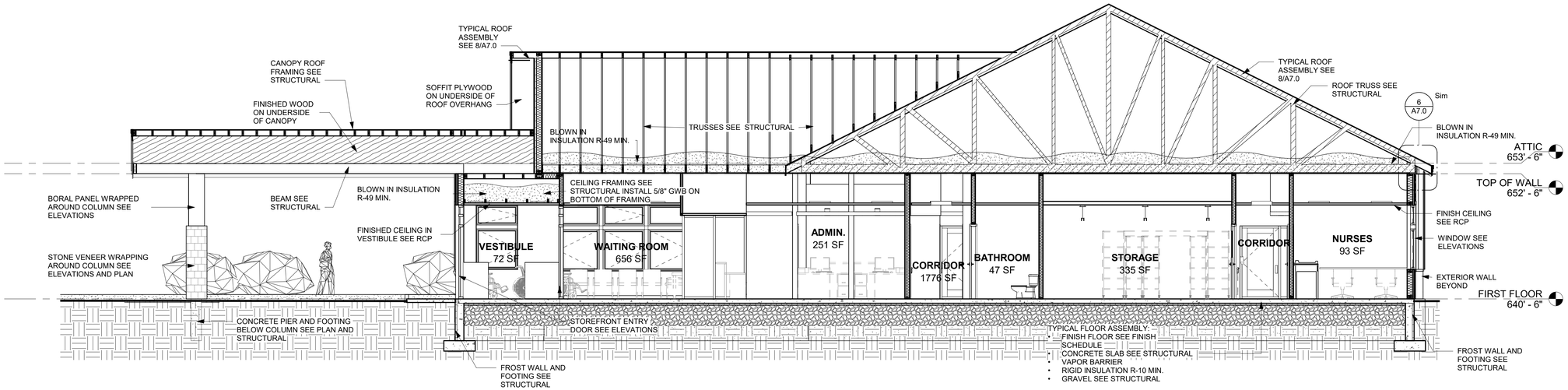
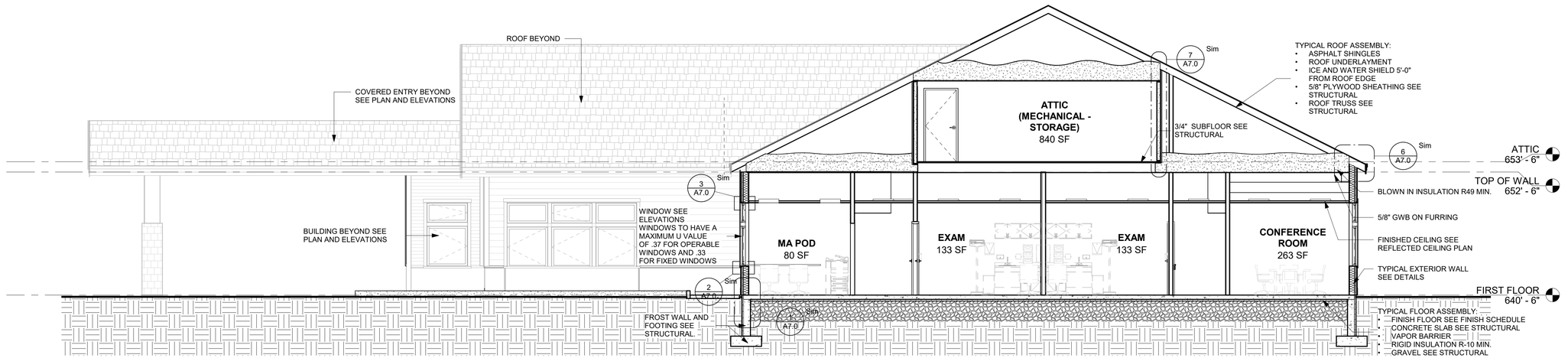


1 EAST WEST BUILDING SECTION A
3/16" = 1'-0"



2 EAST WEST BUILDING SECTION B
3/16" = 1'-0"

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7 CARMICHAEL ST., ESSEX JUNCTION, VT 05452
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project name:
COPLEY MANSFIELD ORTHOPAEDICS

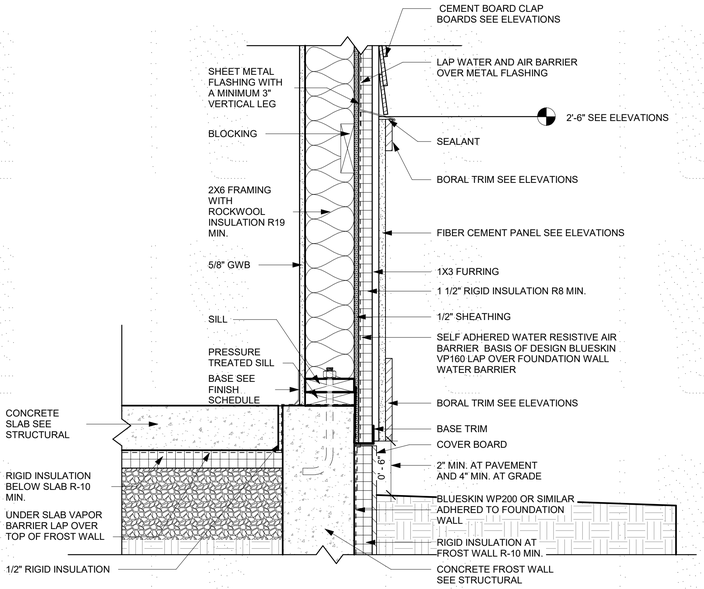
project address:
SAYAH FARM WATERBURY STOWE ROAD WATERBURY VERMONT 05676

scale:	3/16" = 1'-0"
project no.	22-1513
checked by:	JBA
drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

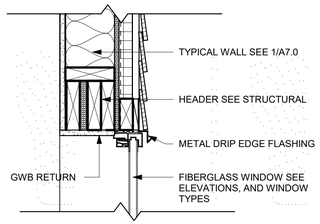
No	Date	Revisions

sheet title:
BUILDING SECTIONS

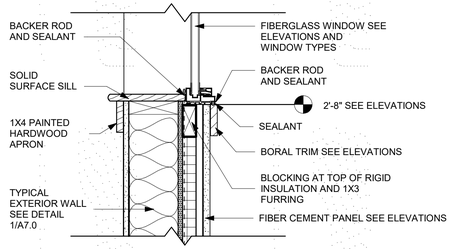
sheet no.
A5.0



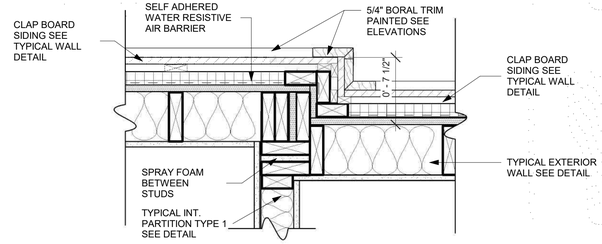
1 TYPICAL EXTERIOR WALL1
1 1/2" = 1'-0"



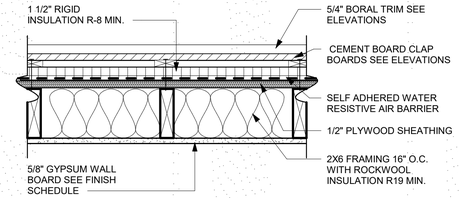
3 TYPICAL WINDOW HEAD DETAIL1
1 1/2" = 1'-0"



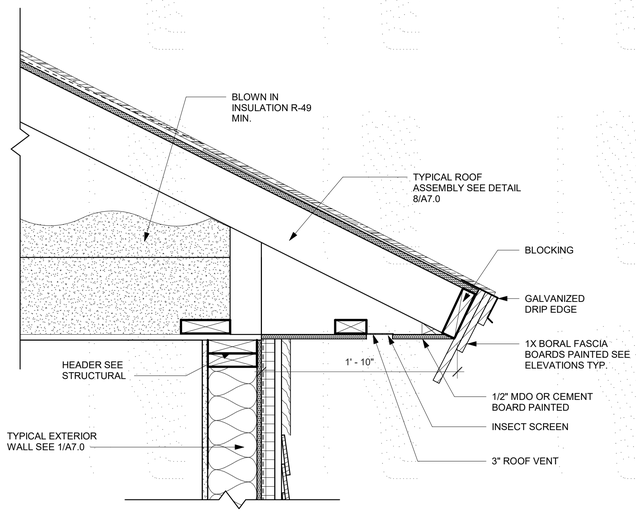
2 TYPICAL WINDOW SILL DETAIL1
1 1/2" = 1'-0"



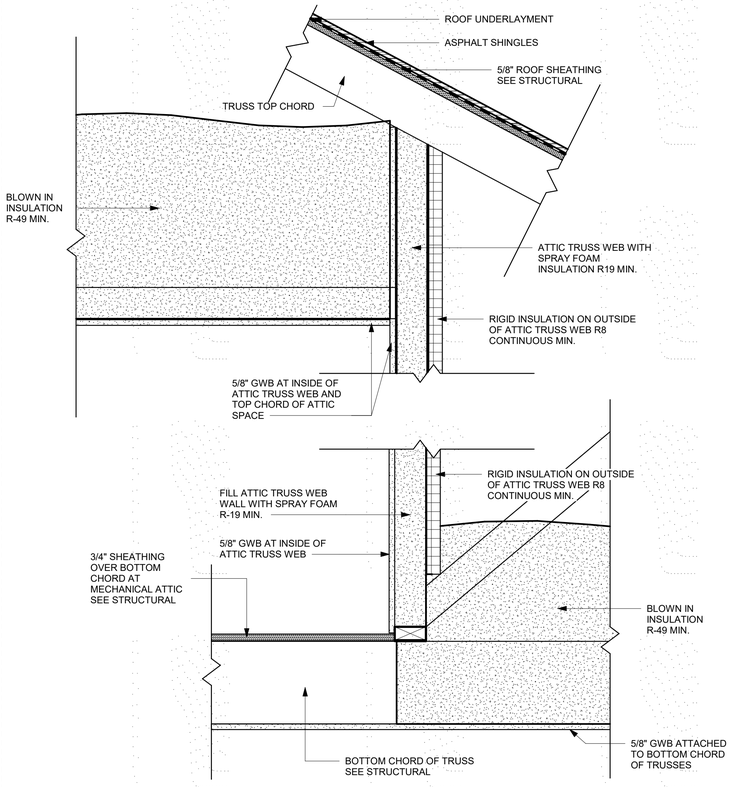
4 EXTERIOR WALL - PLAN DETAIL AT PILASTERS1
1 1/2" = 1'-0"



5 PLAN VIEW OF TYPICAL EXTERIOR WALL1
1 1/2" = 1'-0"



6 ROOF EDGE DETAIL1
1 1/2" = 1'-0"



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project name:
COPLEY MANSFIELD ORTHOPAEDICS

project address:
SAYAH FARM WATERBURY STOWE ROAD WATERBURY VERMONT 05676

scale:	1 1/2" = 1'-0"
project no.	22-1513
checked by:	JBA
drawn by:	JN
proj. date:	05/27/2022
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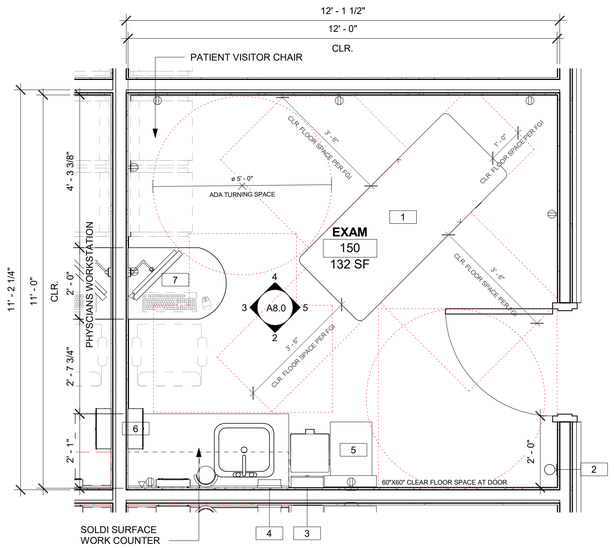
sheet title:
TYPICAL EXTERIOR DETAILS

sheet no.
A7.0



1 ENLARGED PLAN TYPICAL EXAM ROOM
1/2" = 1'-0"

TYPICAL EXAM ROOM EQUIPMENT SCHEDULE									
Equipment Number	Description	Power (120/240)	Specialty Power	Data	Floor Outlet	Emergency Power	(OFCI)	(OFOI)	(CFCI)
1	Exam Table							X	
2	Hand Sanitizer						X		
3	Paper Towel Dispenser						X		
4	Soap Dispenser						X		
5	Scale with Measuring Device							X	
6	Sharps Container						X		
7	Wall Mounted Monitor with Arm	Yes		Yes			X		
8	Coat Hook								X
9	Disinfecting Wipes						X		
10	Glove Dispenser						X		
20	TRASH								

2 TYPICAL EXAM ROOM INT. ELEVATION A
1/2" = 1'-0"

3 TYPICAL EXAM ROOM INT. ELEVATION B
1/2" = 1'-0"

4 TYPICAL EXAM ROOM INT. ELEVATION C
1/2" = 1'-0"

5 TYPICAL EXAM ROOM INT. ELEVATION D
1/2" = 1'-0"

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project no.	22-1513
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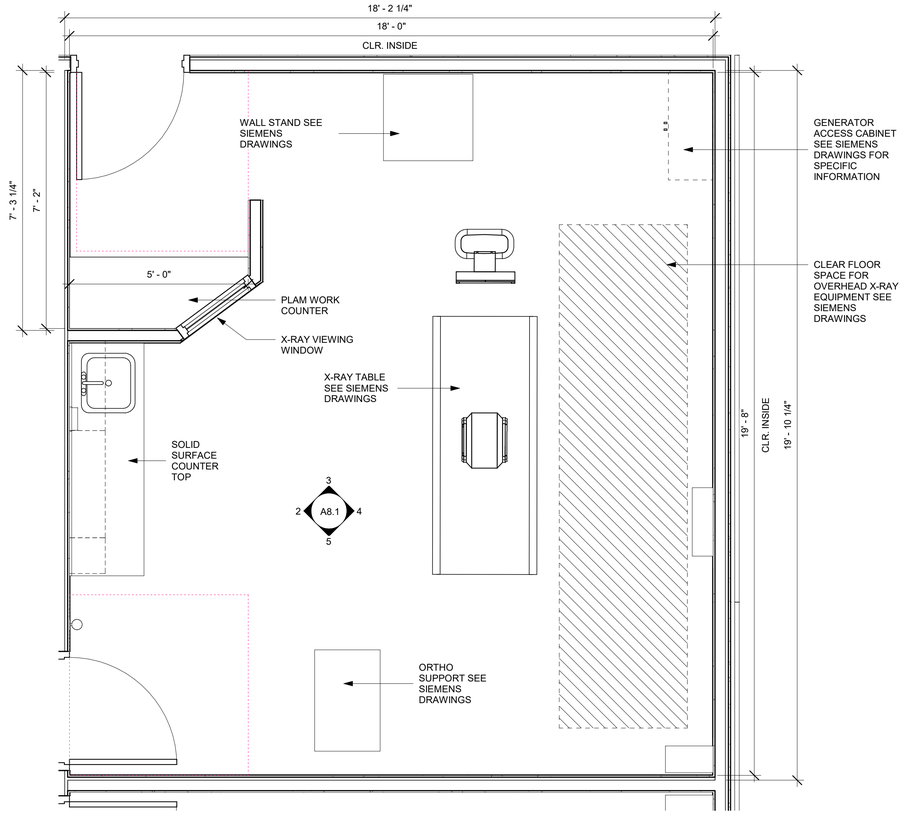
drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

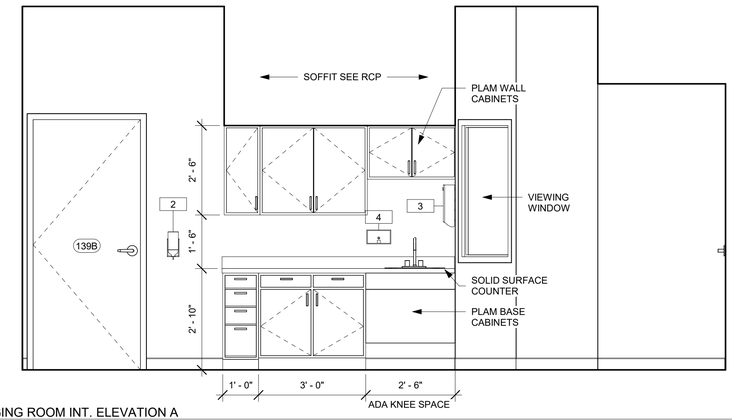
No	Date	Revisions

sheet title:
TYPICAL EXAM ROOM

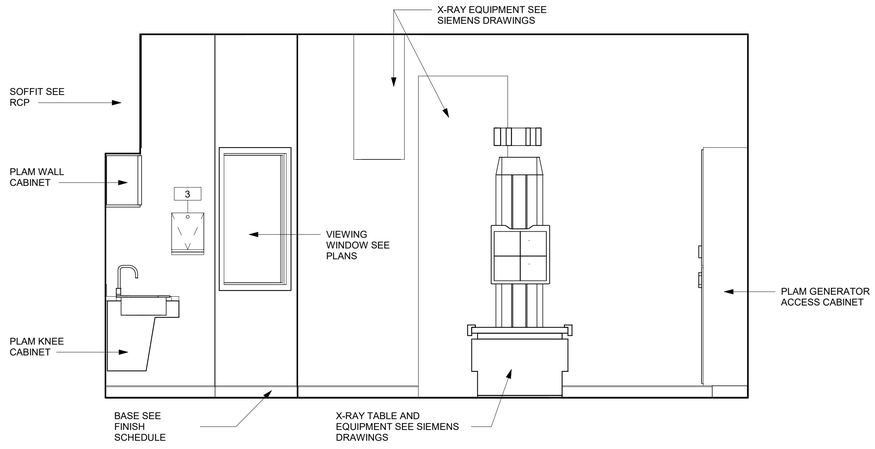
sheet no.
A8.0



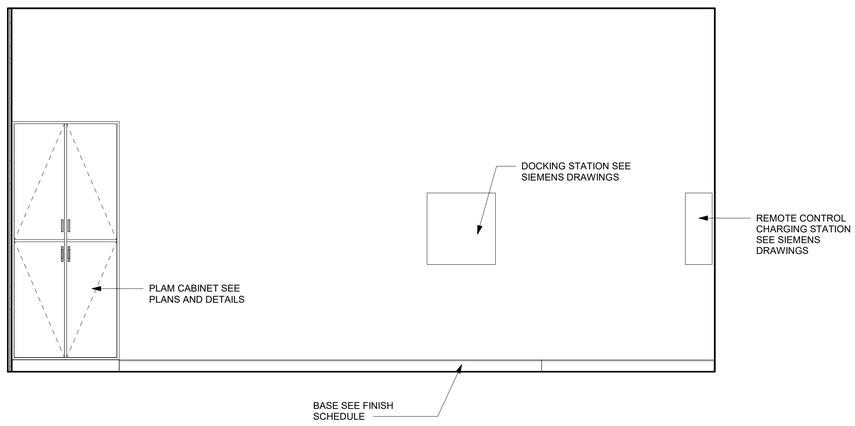
1 ENLARGED PLAN - IMAGING ROOM
1/2" = 1'-0"



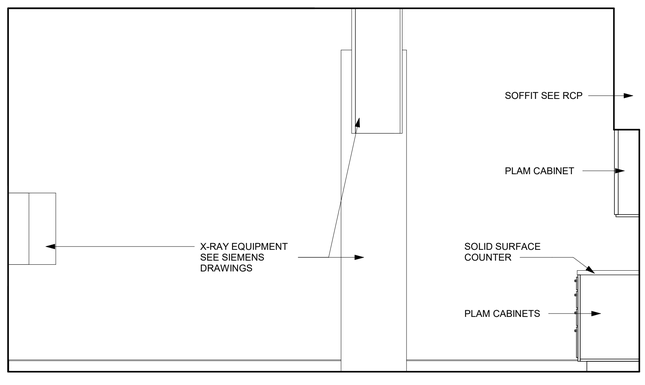
2 IMAGING ROOM INT. ELEVATION A
1/2" = 1'-0"



3 IMAGING ROOM INT. ELEVATION B
1/2" = 1'-0"



4 IMAGING ROOM INT. ELEVATION C
1/2" = 1'-0"



5 IMAGING ROOM INT. ELEVATION D
1/2" = 1'-0"

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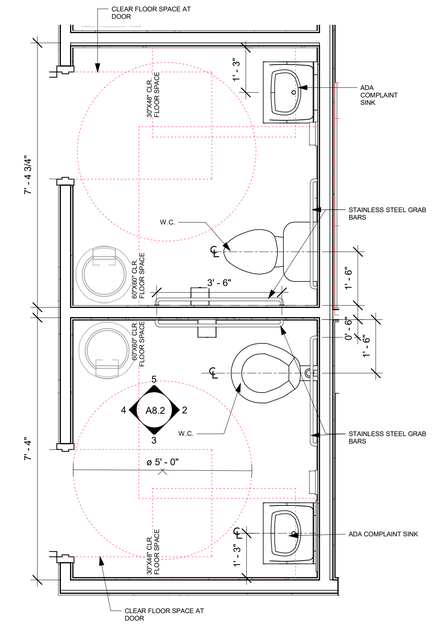
VERMONT 05676

scale:	1/2" = 1'-0"
project no.	22-1513
checked by:	JBA
drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

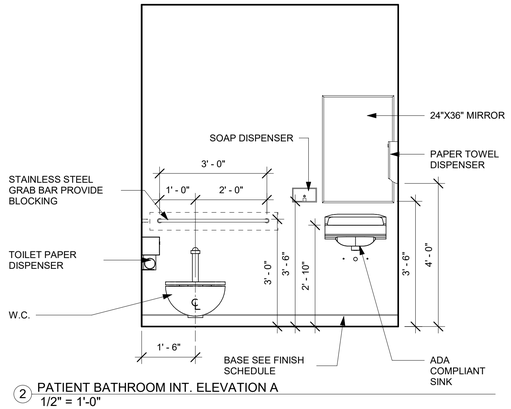
No	Date	Revisions

sheet title:
ENLARGED PLAN AND INT. ELEVATION IMAGING ROOMS

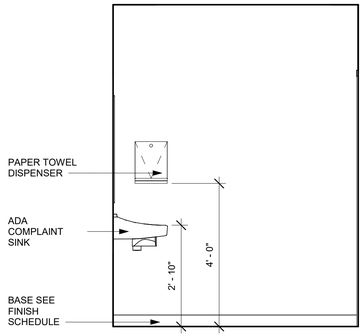
sheet no.
A8.1



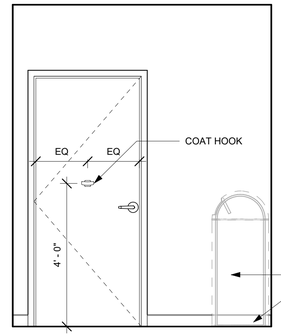
1 ENLARGED PLAN PATIENT BATHROOMS
1/2" = 1'-0"



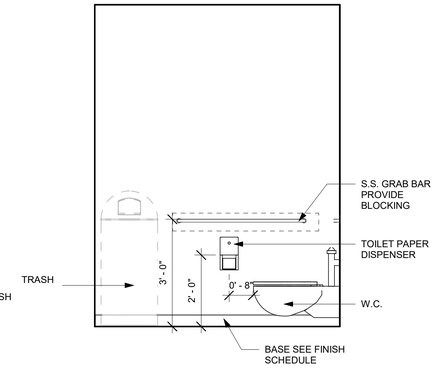
2 PATIENT BATHROOM INT. ELEVATION A
1/2" = 1'-0"



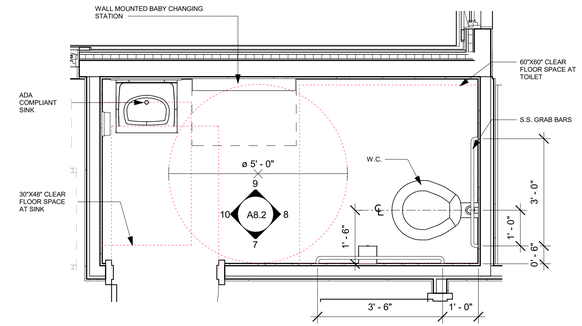
3 PATIENT BATHROOM INT. ELEVATION B
1/2" = 1'-0"



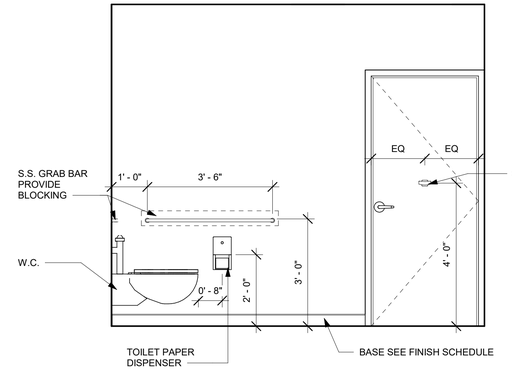
4 PATIENT BATHROOM INT. ELEVATION C
1/2" = 1'-0"



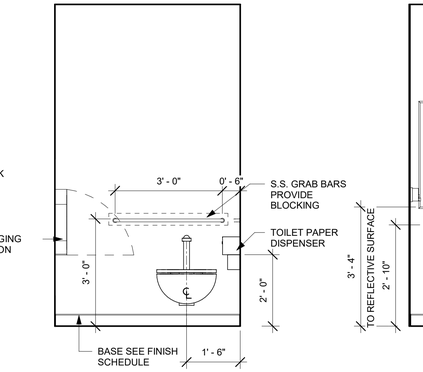
5 PATIENT BATHROOM INT. ELEVATION D
1/2" = 1'-0"



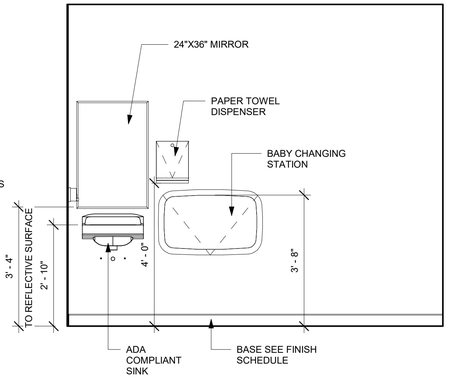
6 PATIENT BATHROOM WITH BABY CHANGING STATION ENLARGED PLAN
1/2" = 1'-0"



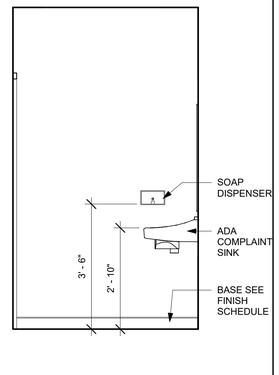
7 PATIENT BATHROOM WITH BABY CHANGING STATION INT. ELEVATION A
1/2" = 1'-0"



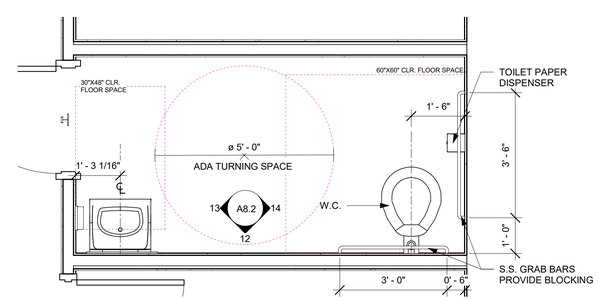
8 PATIENT BATHROOM WITH BABY CHANGING STATION ELEVATION B
1/2" = 1'-0"



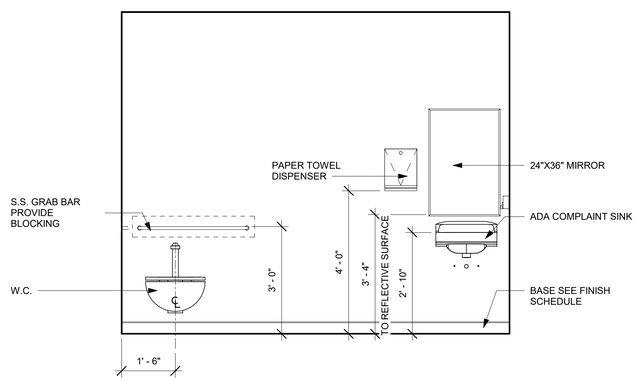
9 PATIENT BATHROOM WITH BABY CHANGING STATION INT. ELEVATION C
1/2" = 1'-0"



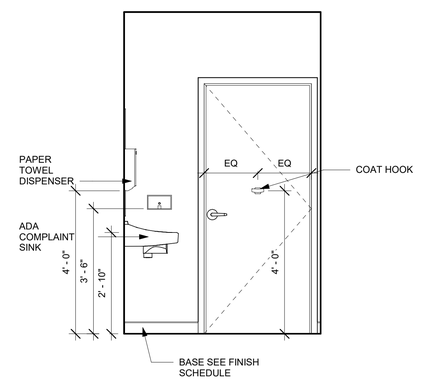
10 PATIENT BATHROOM WITH BABY CHANGING STATION INT. ELEVATION D
1/2" = 1'-0"



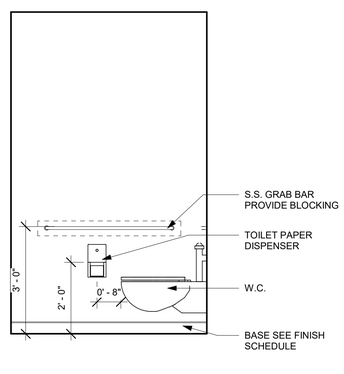
11 STAFF BATHROOM ENLARGED PLAN
1/2" = 1'-0"



12 STAFF BATHROOM INT. ELEVATION A
1/2" = 1'-0"



13 STAFF BATHROOM INT. ELEVATION B
1/2" = 1'-0"



14 STAFF BATHROOM INT. ELEVATION C
1/2" = 1'-0"

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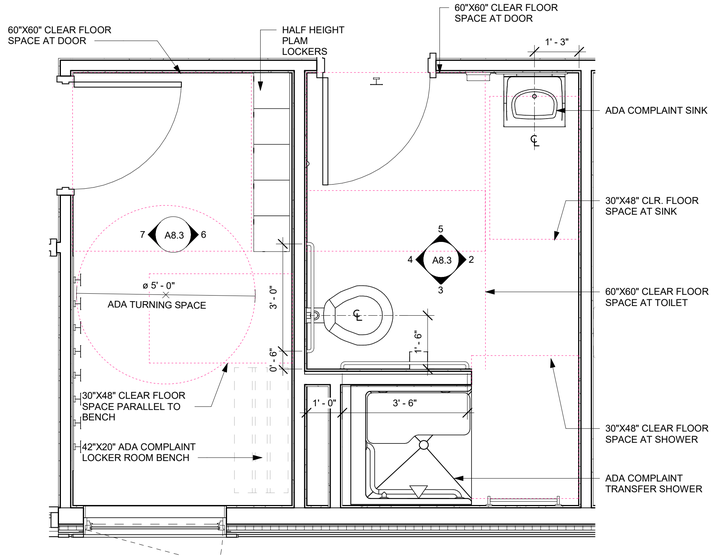
VERMONT 05676

scale:	1/2" = 1'-0"
project no.	22-1513
checked by:	JBA
drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

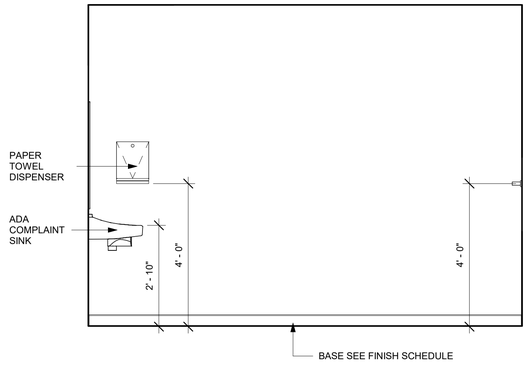
No	Date	Revisions

sheet title:
BATHROOMS ENLARGED PLANS AND INT. ELEVATIONS

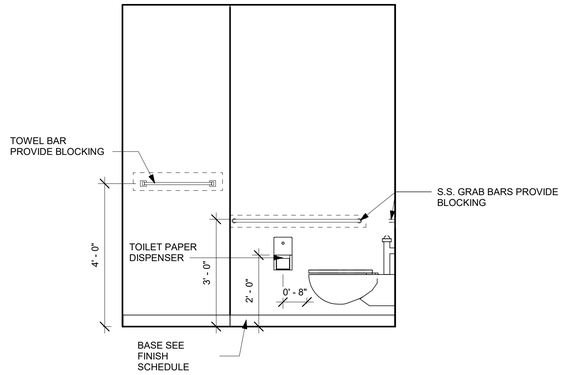
sheet no.
A8.2



1 ENLARGED PLAN STAFF BATHROOM WITH SHOWER AND LOCKER ROOM
1/2" = 1'-0"



2 STAFF BATHROOM WITH SHOWER INT. ELEVATION A
1/2" = 1'-0"



3 STAFF BATHROOM WITH SHOWER INT. ELEVATION B
1/2" = 1'-0"

4 STAFF BATHROOM WITH SHOWER INT. ELEVATION C
1/2" = 1'-0"

5 STAFF BATHROOM WITH SHOWER INT. ELEVATION D
1/2" = 1'-0"

6 STAFF LOCKER ROOM INT. ELEVATION A
1/2" = 1'-0"

7 STAFF LOCKER ROOM INT. ELEVATION B
1/2" = 1'-0"

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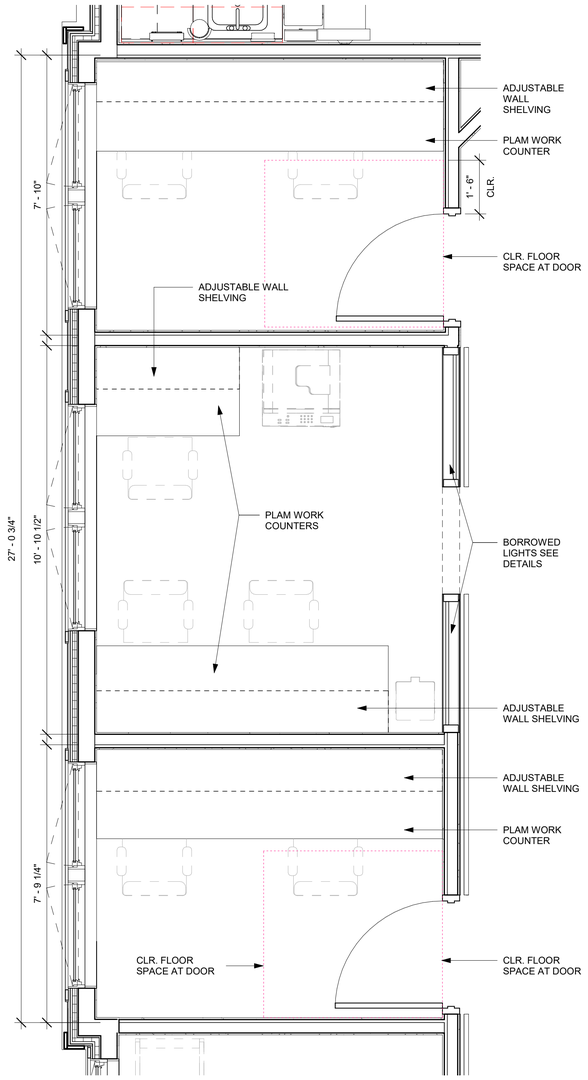
proj. date:	05/27/2022
sheet date:	05/27/2022

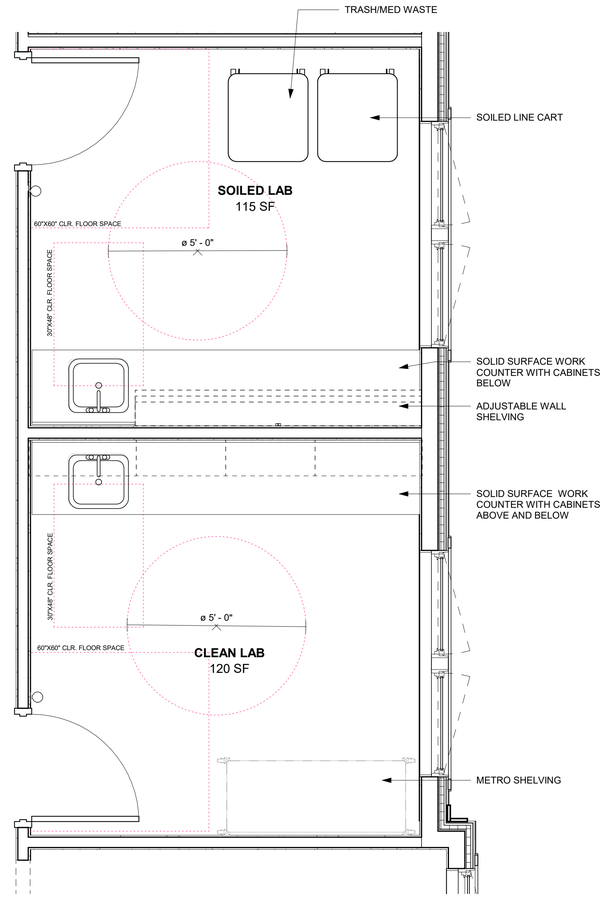
No	Date	Revisions

sheet title:
ENLARGED PLAN AND INT. ELEVATION STAFF BATH & LOCKER ROOM

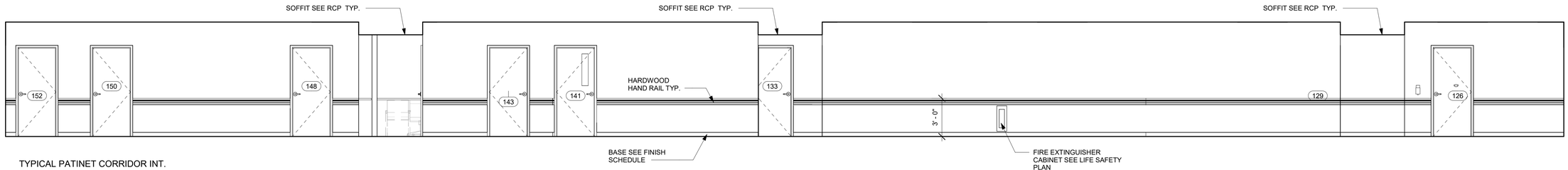
A8.3



2 ENLARGED PLAN PROVIDER POD
1/2" = 1'-0"



3 ENLARGED PLAN OF LABS
1/2" = 1'-0"



1 TYPICAL PATINET CORRIDOR INT. ELEVATION
1/4" = 1'-0"

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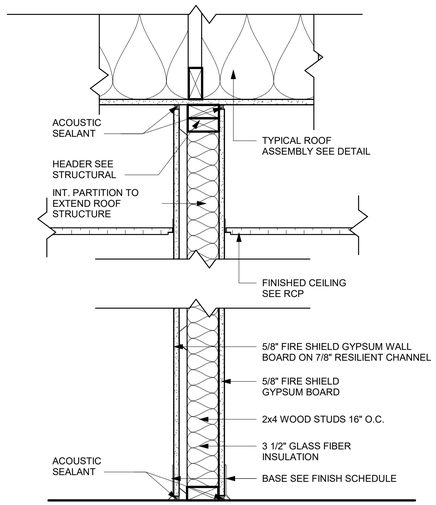
proj. date:	05/27/2022
sheet date:	05/27/2022

No	Date	Revisions

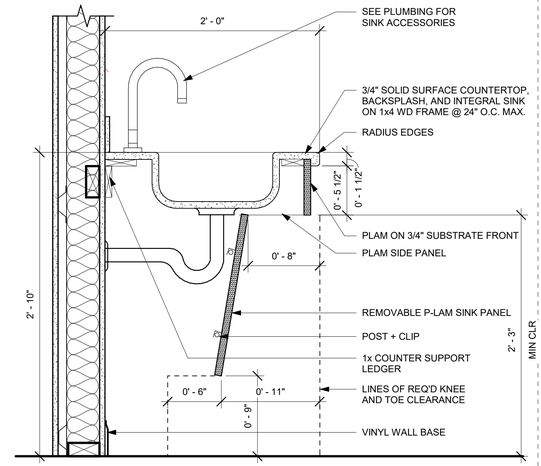
sheet title:
ENLARGED PLANS AND INT. ELEVATIONS

sheet no.
A8.4

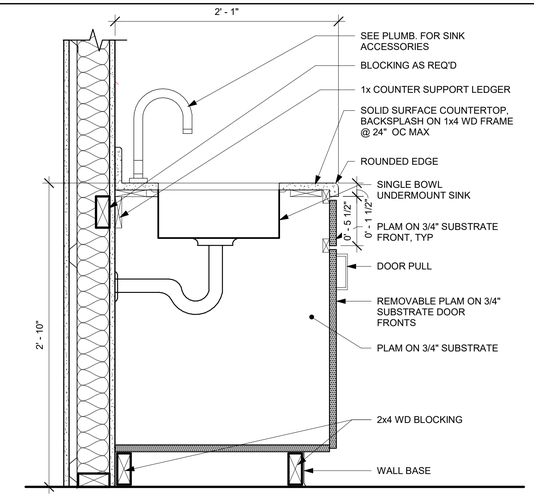


NOTES:
1. ACOUSTICALLY SEAL TOP, BOTTOM, PERIMETER AND ALL PENETRATION TO PREVENT DIRECT SOUND TRANSMISSION. USE FIRE RATED SEALANTS AT RATED PARTITIONS.
2. SEE PLAN AND DETAILS FOR ADDITIONAL NOTES ABOUT WALL THICKNESS AND CONSTRUCTION.
3. SEE FINISH SCHEDULE AND INT. ELEVATION FOR ADDITIONAL WALL FINISHES, PAINT COLORS, BASE, WAINSCOT, CHAIR RAIL AND HANDRAIL.
4. SEE ADDITIONAL REQUIREMENTS IN THE SPECS.

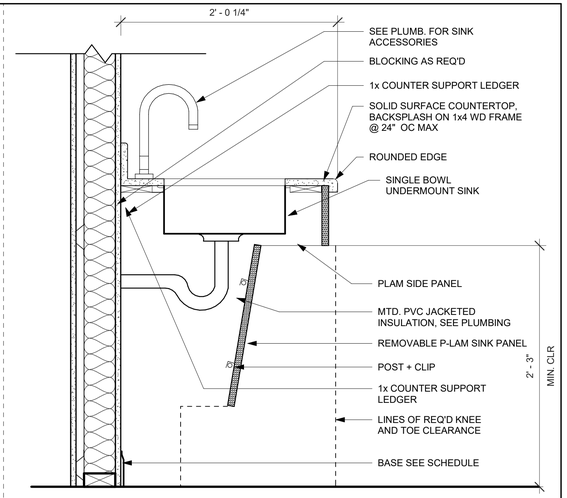
1 TYP. INT. PARTITION UL U305 STC - 1 (1HR RATED)
1 1/2" = 1'-0"



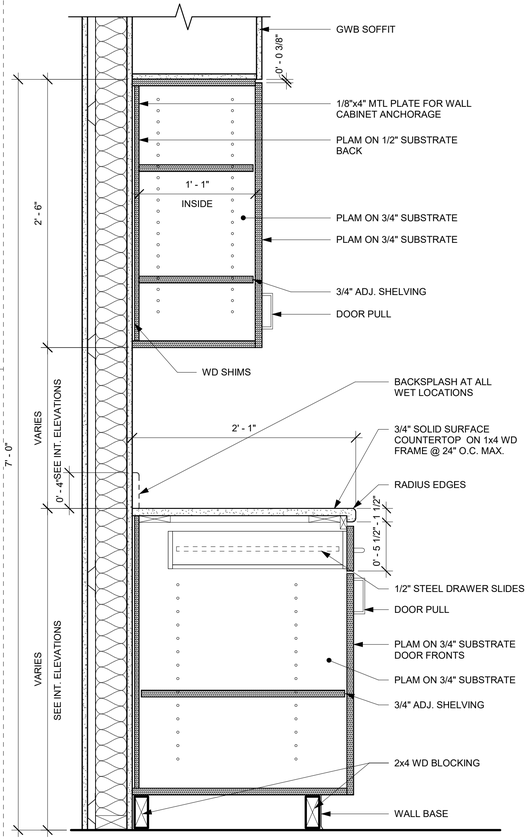
2 TYPICAL SINK1 (TYPICAL ALL EXAM ROOMS)
1 1/2" = 1'-0"



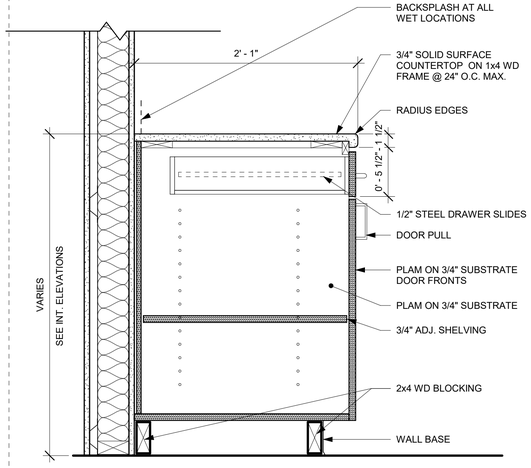
3 UNDERMOUNT SINK CABINET1 (TYPICAL ALL LABS)
1 1/2" = 1'-0"



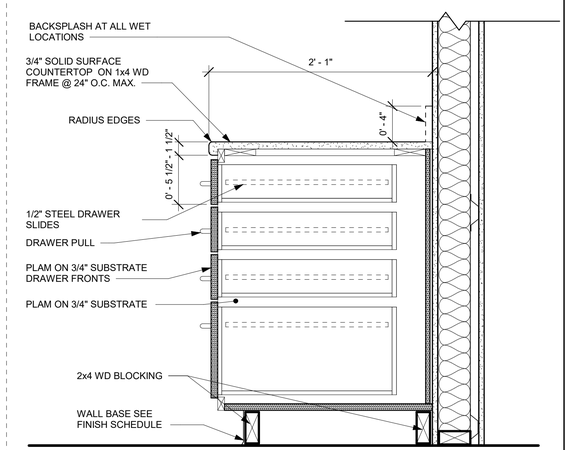
7 DROP IN SINK1
1 1/2" = 1'-0"



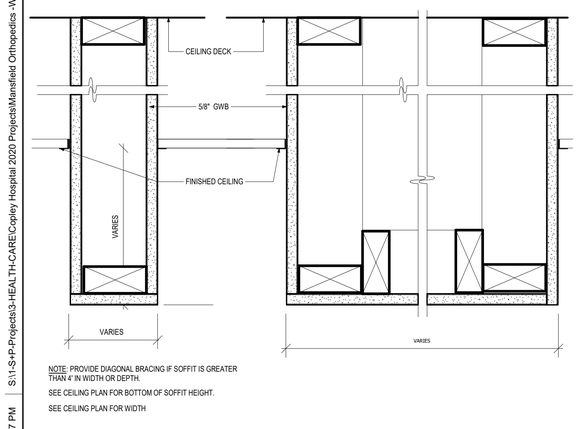
4 BASE AND UPPER CABINET1
1 1/2" = 1'-0"



6 TYPICAL BASE CABINET1
1 1/2" = 1'-0"

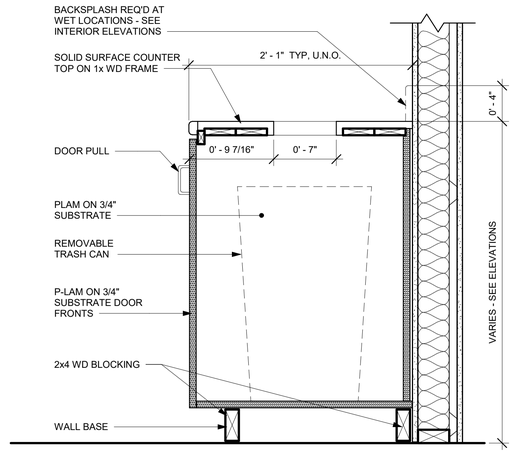


5 BASE CABINET 4 DRWAERS1
1 1/2" = 1'-0"

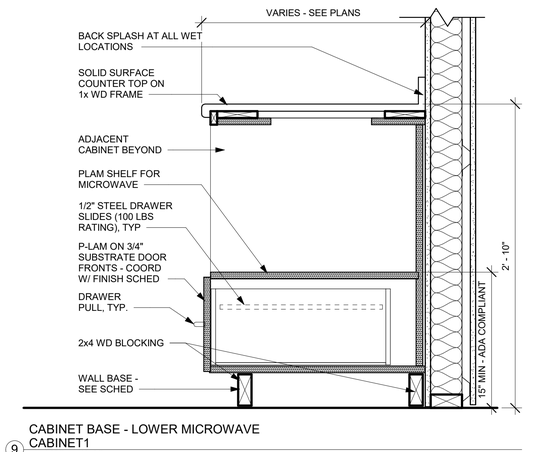


NOTE: PROVIDE DIAGONAL BRACING IF SOFFIT IS GREATER THAN 4' IN WIDTH OR DEPTH.
SEE CEILING PLAN FOR BOTTOM OF SOFFIT HEIGHT.
SEE CEILING PLAN FOR WIDTH

10 DRYWALL SOFFIT- TYPICAL2
3" = 1'-0"



8 CABINET BASE - TRASH1
1 1/2" = 1'-0"



9 CABINET BASE - LOWER MICROWAVE CABINET1
1 1/2" = 1'-0"

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project name:
COPLEY MANSFIELD ORTHOPAEDICS

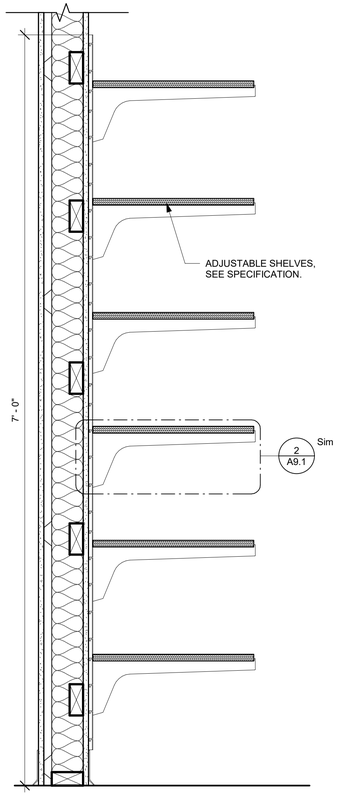
project address:
SAYAH FARM WATERBURY STOWE ROAD WATERBURY VERMONT 05676

scale:	As indicated
project no.	22-1513
checked by:	JBA
drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

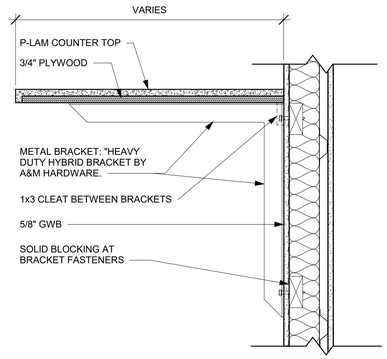
No	Date	Revisions

sheet title:
TYPICAL INT. PARTITION AND CASEWORK DETAILS

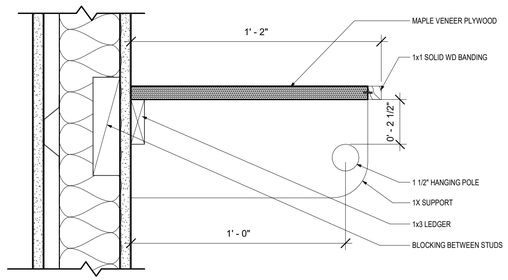
sheet no.
A9.0



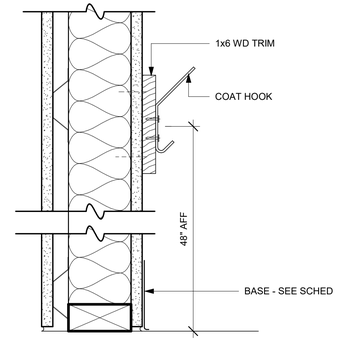
1 ADJUSTABLE SHELVING (18")1
1 1/2" = 1'-0"



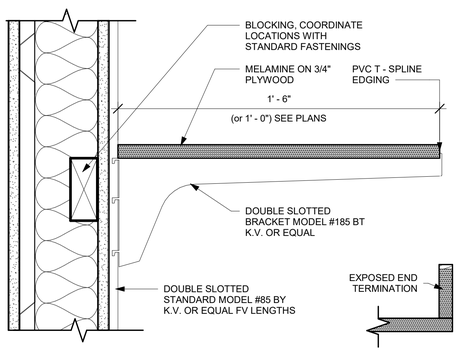
3 WORK COUNTER DETAIL1
1 1/2" = 1'-0"



4 SHELF AND ROD1
3" = 1'-0"

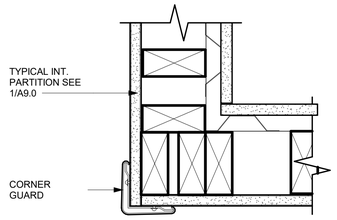


5 COAT HOOKS1
3" = 1'-0"

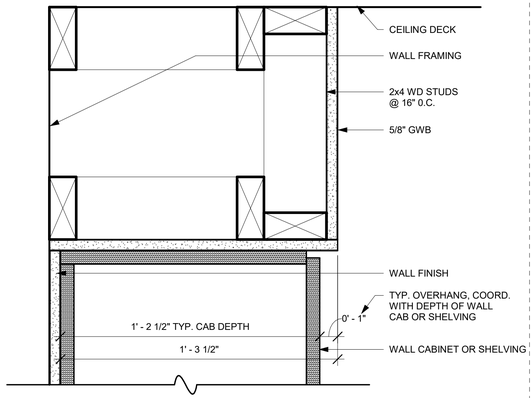


NOTE:
1. SECURELY FASTEN STANDARDS TO STUDS OR FT BLOCKING PER MFG. INSTRUCTIONS.
2. EXPOSED SHELF ENDS TO RECEIVE AN END TERMINATION.

2 ADJUSTIBLE SHELVING1
3" = 1'-0"

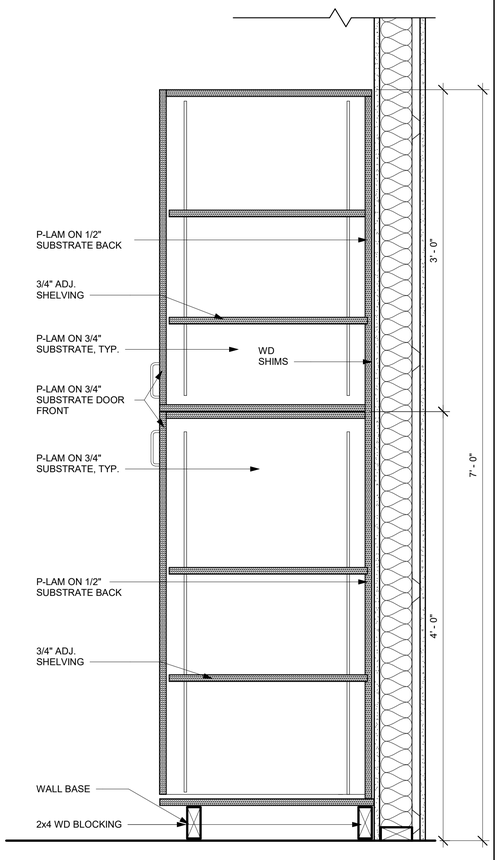


6 CORNER GUARD1
3" = 1'-0"

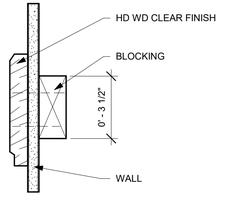


NOTE: PROVIDE DIAGONAL BRACING INTERNAL TO FRAMING
IF SOFFIT IS GREATER THAN 4' IN WIDTH OR DEPTH.

7 DRYWALL SOFFIT AT WALL CABINET OR
WALL SHELVING1
3" = 1'-0"

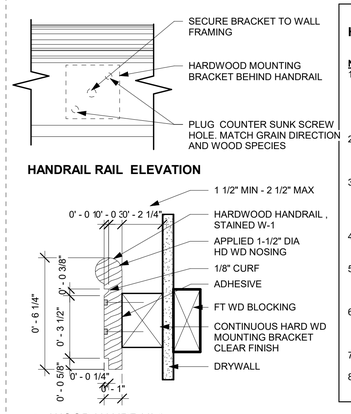


8 FULL HEIGHT CABINET1
1 1/2" = 1'-0"



NOTES:
1. FASTEN WALL GUARD TO SOLID BLOCKING OR USE TOGGLE BRAND TOGGLE BOLTS WITH (2) #8 SCREWS IN STAGGERED PATTERN.
2. COUNTER SINK AND PLUG ALL HOLES, MATCH GRAIN DIRECTION.
3. PROVIDE MITERED RETURNS AT EXPOSED ENDS.
4. HARD WOOD TO BE BIRCH WITH CLEAR FINISH UNLESS NOTIFIED OTHERWISE.
5. TOP OF GUARD TO BE 34" ABOVE THE FINISHED FLOOR.

9 WOOD CHAIR RAIL1
3" = 1'-0"



HANDRAIL RAIL SECTION

NOTE:
1. SECURELY FASTEN MOUNTING BRACKET TO BLOCKING AND STUDS WITH #12-#14 LAG SCREW OR USE TOGLER BRAND TOGGLE BOLT WITH #12-#14 BOLT.
2. SECURELY FASTEN HANDRAIL TO BRACKET WITH (2) #8 SCREWS IN STAGGERED PATTERN.
3. COUNTERSINK AND PLUG HANDRAIL MOUNTING SCREWS. MATCH GRAIN PATTERN, DIRECTION AND WOOD SPECIES WITH PLUG.
4. RETURN ENDS TO WALL AT A 45 DEGREE ANGLE.
5. END OF RETURN TO BE 5" FROM OUTSIDE CORNER EDGE OR INSIDE OF DOOR FRAME INTERIOR EDGE.
6. BISCUIT JOINT AND GLUE ALL RETURNS AND JOINTS. ALL FACE JOINTS TO BE MITERED.
7. EASE ALL SQUARE EDGES.
8. APPLY CLEAR URETHANE FINISH.

10 WOOD HANDRAIL1
3" = 1'-0"

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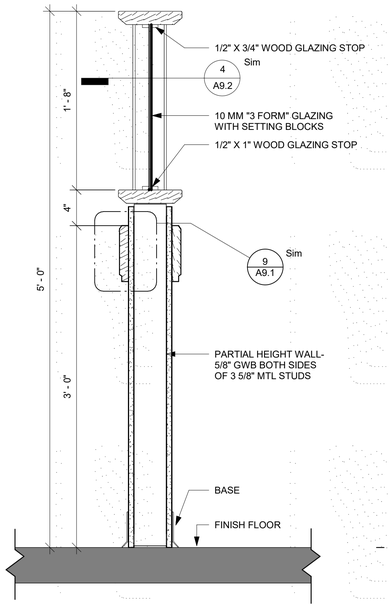
proj. date:	05/27/2022
sheet date:	05/27/2022

No	Date	Revisions

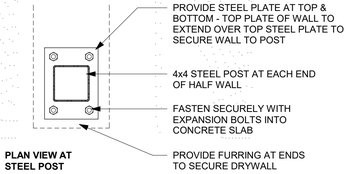
sheet title:
TYPICAL
CASEWORK
DETAILS

sheet no.
A9.1

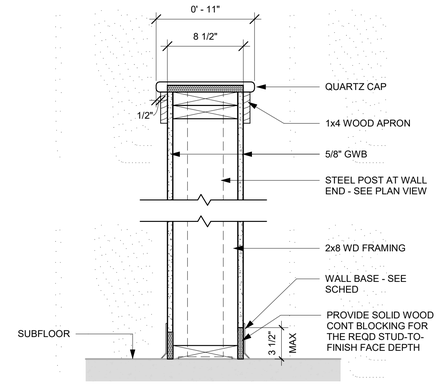


2 INT. PARTITION TYPE 2 - SCREEN WALL

1 SCREEN WALL1
1 1/2" = 1'-0"



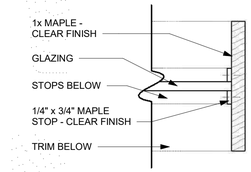
PLAN VIEW AT STEEL POST



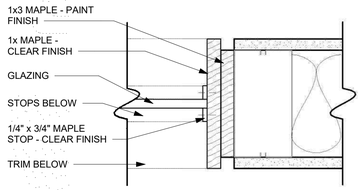
3 INT. PARTITION TYPE 2 -PARTIAL HEIGHT PARTITION

(WAITING ROOM & MA PODS)

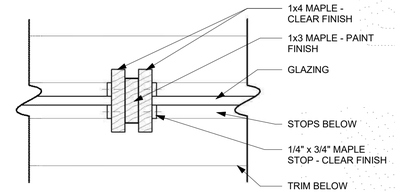
5 PARTITION TYPE 1
1 1/2" = 1'-0"



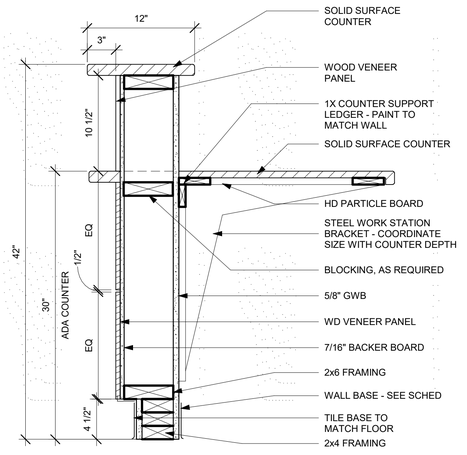
2 BORROWED LITE - EXPOSED END DETAIL1
3" = 1'-0"



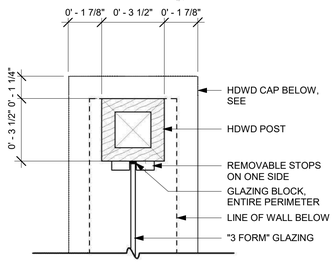
3 BORROWED LITE - JAMB DETAIL1
3" = 1'-0"



6 BORROWED LITE - MULLION DETAIL1
3" = 1'-0"



DETAIL AT CHECK-IN/CHECK-OUT DESK1
7 1 1/2" = 1'-0"



4 MULLION DETAIL1
3" = 1'-0"

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drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

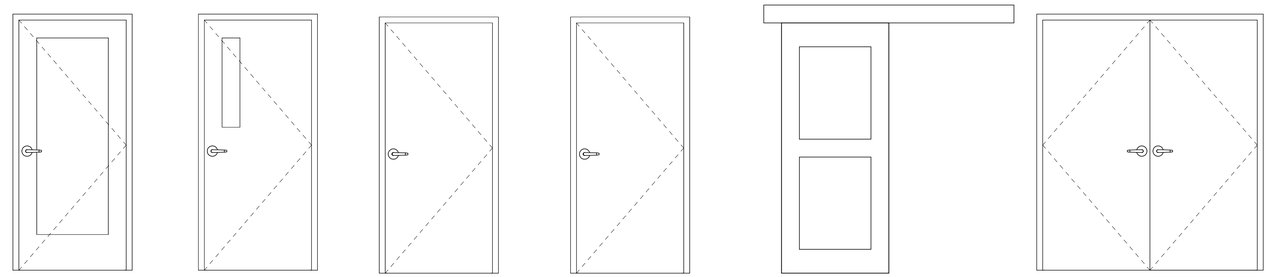
No	Date	Revisions

sheet title:
SPECIALTY WALL TYPES AND BORROWED LIGHTS

sheet no.
A9.2

DOOR SCHEDULE

LOCATION			DOOR					Door Glazing	HDWR SET	REMARKS
DOOR No.	ROOM No.	ROOM NAME	TYP	MAT'L	WIDTH	HEIGHT	THK			
FIRST FLOOR										
100A	100	VESTIBULE	1	ALUM.	3' - 6"	6' - 8 1/2"	0' - 1 3/4"	FG	1	
100B	100	VESTIBULE	1	ALUM.	3' - 6 1/2"	6' - 8 1/2"	0' - 1 3/4"	FG	1A	
101	101	WAITING ROOM	2	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	FG	5	
103	103	ADMIN.	2	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	FG	4	
103A	103	ADMIN.	6	WOOD	3' - 0"	7' - 0"	7' - 0"	N/A	4	
103B	103B	SURGICAL SCHEDULER	6	WOOD	3' - 0"	7' - 0"	7' - 0"	N/A	4	
104	104	PRACTICE SUPERVISOR OFFICE	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	4	
106	106	PROVIDER OFFICE/DICTATION	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	4	
107	107	DIVISION CHIEF	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	4	
108	108	STAFF ENTRY	1	ALUM.	3' - 0"	7' - 0"	0' - 1 3/4"	FG	5	
108A	108	STAFF ENTRY	1	ALUM.	3' - 0"	6' - 8 1/2"	0' - 1 3/4"	FG	5	
109	109	STAFF LOCKER ROOM	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	5	
110	110	STAFF BATHROOM W/ SHOWER	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	6	
111	111	STAFF BREAK ROOM	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	5	
111B	111	STAFF BREAK ROOM	1	ALUM.	3' - 0"	6' - 11"	0' - 1 3/4"	FG	5	
112	112	SPRINKLER ROOM	7	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	5	
113	113	CONFERENCE ROOM	2	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	FG	4	
114	114	PROVIDER OFFICE/DICTATION	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	4	
116	116	CLEAN LAB	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	2	
117	117	SOILED LAB	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	2	
118	118	NURSES	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	4	
119	119	STAFF BATHROOM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	6	
120	120	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
121	121	PROVIDER OFFICE/DICTATION	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	4	
123	123	PROVIDER OFFICE/DICTATION	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	4	
124	124	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
125	125	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
126	126	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
127	127	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
128	128	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
129	129	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
130	130	PROVIDER OFFICE/DICTATION	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	4	
132	132	PROVIDER OFFICE/DICTATION	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	4	
133	133	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
134	134	JANITORS CLOSET	5	WOOD	5' - 0"	7' - 0"	0' - 1 3/4"	N/A	2	
136	135	CHANGING	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	6	
137	137	BATHROOM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	6	
138	138	BATHROOM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	6	
139A	139A	CONTROL A	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	5	
139B	139	IMAGE A	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
140	140	IMAGE B	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
140A	140A	CONTROL B	3	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	5	
141	141	STORAGE	5	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	2	<varies>
142	142	BATHROOM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	6	
143	143	STAIRS TO ATTIC	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	NL	5	1HR RAITING
144	144	TRASH	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	2	1HR RAITING
145	145	IT/DATA	5	WOOD	6' - 0"	7' - 0"	0' - 1 3/4"	N/A	2	
146	146	MED WASTE	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	2	
147	147	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
148	148	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
149	149	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
150	150	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
151	151	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
152	152	EXAM	4	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	3	
200	200	CORRIDOR	1	ALUM.	2' - 3 1/2"	6' - 7"	0' - 1 3/4"	FG	1	
201	200	CORRIDOR	1	ALUM.	3' - 6"	6' - 7"	0' - 1 3/4"	FG	1	
202	200	CORRIDOR	2	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	FG	5	
203	200	CORRIDOR	2	WOOD	3' - 0"	7' - 0"	0' - 1 3/4"	FG	5	
ATTIC										
A100	A100	ATTIC (MECHANICAL - STORAGE)		MTL.	3' - 0"	7' - 0"	0' - 1 3/4"	NL	2	1HR RAITING
A101	A101	ATTIC (STORAGE)		MTL.	3' - 0"	7' - 0"	0' - 1 3/4"	NL	5	1HR RAITING
A102	A102	CORRIDOR		TL.M	3' - 0"	7' - 0"	0' - 1 3/4"	N/A	5	1HR RAITING



TYPE 1
FULL GLASS DOOR INT. DOORS TO HAVE HOLLOW METAL FRAMES.
EXTERIOR FULL GLASS TO BE ALUMINUM STOREFRONT
EXTERIOR DOORS TO HAVE A U FACTOR OF 0.37

TYPE 2
NARROW LIGHT WOOD DOOR WITH HOLLOW METAL FRAME

TYPE 3
FLUSH WOOD DOOR WITH HOLLOW METAL FRAME

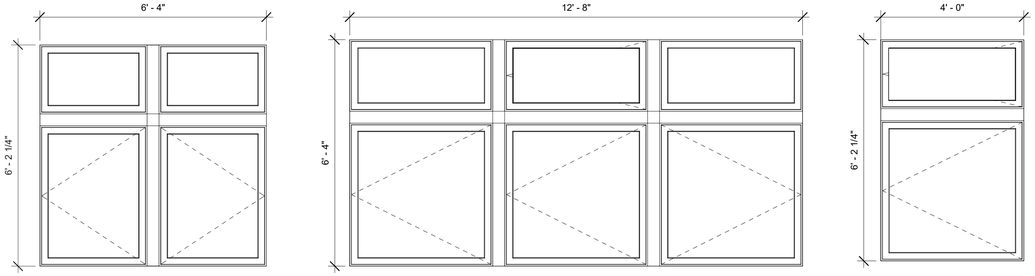
TYPE 4
FLUSH WOOD DOOR WITH LEAD LINING AND HOLLOW METAL FRAME

TYPE 5
INT. SLIDING "BARN" DOOR WOOD

TYPE 6
FLUSH WOOD DOUBLE DOOR HOLLOW METAL FRAMES

NOTES: PROVIDE (2) 20 GAUGE STUDS AT ALL DOOR FRAMES. PROVIDE (2) 16 GAUGE STEEL STUDS AT ALL DOOR FRAMES OVER 3'-0".

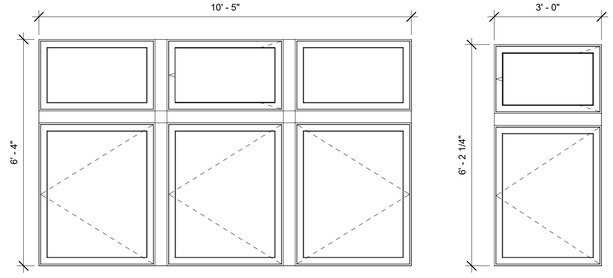
DOOR TYPES
1/2" = 1'-0"



WINDOW TYPE A
FIBERGLASS WINDOWS
CASEMENT WITH TRANSOM ABOVE
FIXED WINDOW U-VALUE 0.33
OPERABLE WINDOW U-VALUE 0.37

WINDOW TYPE B
FIBERGLASS WINDOWS
CASEMENT WITH TRANSOM ABOVE
FIXED WINDOW U-VALUE 0.33
OPERABLE WINDOW U-VALUE 0.37

WINDOW TYPE C
FIBERGLASS WINDOWS
CASEMENT WITH TRANSOM ABOVE
FIXED WINDOW U-VALUE 0.33
OPERABLE WINDOW U-VALUE 0.37



WINDOW TYPE D
FIBERGLASS WINDOWS
CASEMENT WITH TRANSOM ABOVE
FIXED WINDOW U-VALUE 0.33
OPERABLE WINDOW U-VALUE 0.37

WINDOW TYPE E
FIBERGLASS WINDOWS
CASEMENT WITH TRANSOM ABOVE
FIXED WINDOW U-VALUE 0.33
OPERABLE WINDOW U-VALUE 0.37

WINDOW TYPES
1/2" = 1'-0"

FINISH SCHEDULE

Room Type	FLOOR FINISH: SEALED CONCRETE	FLOOR FINISH: WALK-OFF MAT	FLOOR FINISH: CARPET (CPT)	FLOOR FINISH: SHEET VINYL (SV)	FLOOR FINISH: RUBBER TREADS + RISERS	FLOOR FINISH: PLYWOOD DECK	WALL BASE: VINYL	WALLS: GWB - PAINT	WALLS: GWB-MR-PAINT	WALLS: FRP TO 48" AFF	WALLS: PLYWOOD - PAINT	CEILINGS: GWB - PAINT	CEILINGS: ACT	COMMENTS
Attic						X	X	X			X	X		SEE RCP
BATHROOMS				X			X	X	X	X			X	
Circulation			X				X		X			X	X	SEE RCP
Clinical Space				X			X	X	X	X		X	X	SEE INT. ELEVATIONS AND RCP. PROVIDE HAND RAIL AND CHAIR RAIL AS NECESSARY
Patient Spaces			X				X	X		X		X	X	SEE INT. ELEVATIONS AND RCP. PROVIDE HAND RAIL AND CHAIR RAIL AS NECESSARY
STAFF MEETING SPACES			X				X	X				X	X	
Staff Support Spaces				X			X	X	X			X	X	SEE INT. ELEVATIONS AND RCP. PROVIDE HAND RAIL AND CHAIR RAIL AS NECESSARY
Staff Work Areas			X				X	X					X	
Support Spaces	X			X			X	X	X	X		X	X	PROVIDE FRP/ACROVYN PANELING TO 48" ABOVE FINISH FLOOR IN ALL TRASH, MED WASTE, AND JANITORS CLOSETS

05/27/2022 PRELIMINARY CON
DRAWINGS NOT FOR CONSTRUCTION

SCOTT + PARTNERS ARCHITECTURE
7 CARMICHAEL ST., ESSEX JUNCTION, VT 05452
P 802.879.5153 | F 802.872.2764 | SCOTTPARTNERS.COM

project name:
COPLEY MANSFIELD ORTHOPAEDICS

project address:
SAYAH FARM WATERBURY STOWE ROAD WATERBURY
VERMONT 05676

scale:	1/2" = 1'-0"
project no.	22-1513
checked by:	JBA
drawn by:	JN
proj. date:	05/27/2022
sheet date:	05/27/2022

No	Date	Revisions

sheet title:
SCHEDULES

sheet no.
A11.0

PLEASE PROVIDE ASSUMPTIONS

Copley Hospital

Waterbury Medical Office Building

	Proposed Yr 1 2023	Proposed Yr 2 2024	Proposed Yr 3 2025
TABLE 1 - Project Costs			
Using up to date projections from all vendors		**5,903,747**	
TABLE 2 - Debt Financing Arrangement, Sources & Uses of Funds			
Expectations are to finance over 30 years		**5,000,000**	
TABLE 3 - Income Statement			
Additional revenue due to move efficient throughput		**909,483**	**941,316**
for diagnostic imaging, one additional tech required		**(72,648)**	**(74,827)**
TABLE 4 - Balance Sheet			
Selling a portion of the land to WASI removes it from our balance sheet, net capital increase		**5,613,747**	
TABLE 5 - Cash Flow			
Positive cash flow generated by increase volume of diagnostic imaging		**(90,718)**	**438,911**
TABLE 6 - Payer Revenue Projections			
Addition revenue generated by diagnostic imaging is expected to span across all payers in proportion to all other revenue		**909,483**	**941,316**
TABLE 7 - Utilization Projections			
Only a modest increase in utilization expected in diagnostic imaging		**3,504**	**3,504**
TABLE 8 - Staffing Projections			
One additional diagnostic imaging technician		**1**	**1**
TABLE 9 - Statistics			
No additional assumptions			

Notes to General Assumptions:
None

PLEASE PROVIDE ASSUMPTIONS

Copley Hospital

Waterbury Medical Office Building

	Proposed Yr 1 2023	Proposed Yr 2 2024	Proposed Yr 3 2025
TABLE 6 - Payer Revenue Projections			
Commercial			
Hospital	-	667,347	690,705
Physician	-	-	-
Total Revenue	-	667,347	690,705
Allowances - Hospital	-	(196,400)	(203,274)
Allowances - Physicians	-	-	-
Free Care	-	(7,713)	(7,982)
Bad Debt	-	(23,540)	(24,364)
Net Payer Revenue	-	439,695	455,085
Medicaid			
Hospital	-	195,190	202,022
Physician	-	-	-
Total Revenue	-	195,190	202,022
Allowances - Hospital	-	(57,444)	(59,455)
Allowances - Physicians	-	-	-
Free Care	-	(376)	(389)
Bad Debt	-	(1,148)	(1,189)
Net Payer Revenue	-	136,221	140,989
Medicare			
Hospital	-	483,449	500,370
Physician	-	-	-
Total Revenue	-	483,449	500,370
Allowances - Hospital	-	(142,279)	(147,258)
Allowances - Physicians	-	-	-
Free Care	-	(1,876)	(1,942)
Bad Debt	-	(5,727)	(5,927)
Net Payer Revenue	-	333,567	345,242
Disproportionate Share Payments	-	-	-
Total Payer Revenue			
Hospital	-	1,345,986	1,393,096
Physician	-	-	-
Total Revenue	-	1,345,986	1,393,096
Allowances - Hospital	-	(396,123)	(409,987)
Allowances - Physicians	-	-	-
Free Care	-	(9,965)	(10,314)
Bad Debt	-	(30,415)	(31,479)
Disproportionate Share Payments	-	-	-
Net Payer Revenue	-	**909,483**	**941,316**

Notes to Payer Assumptions:
Addition revenue generated by diagnostic imaging is expected to span across all payers in proportion to all other revenue

PLEASE PROVIDE ASSUMPTIONS

Copley Hospital

Waterbury Medical Office Building

TABLE 7 - Utilization Projections

	Proposed Yr 1 2023	Proposed Yr 2 2024	Proposed Yr 3 2025
Inpatient Utilization			
Acute Beds (Staffed)	-	-	-
Acute Admissions	-	-	-
Acute Patient Days	-	-	-
Acute Average Length Of Stay	-	-	-
Outpatient			
All Outpatient Visits	-	-	-
Operating Room Procedure	-	-	-
Operating Room Cases	-	-	-
Physician Office Visits	-	-	-
Ancillary			
All Operating Room Procedure	-	-	-
Emergency Room Visits	-	-	-
Cat Scan Procedures	-	-	-
Magnetic Resonance Image Exams	-	-	-
Nuclear Medicine Procedures	-	-	-
Radiology - Diagnostic Procedures	-	**3,504**	**3,504**
Laboratory Tests	-	-	-
Adjusted Statistics			
Adjusted Admissions	-	-	-
Adjusted Days	-	-	-

Notes to Utilization Assumptions:
Only a modest increase in utilization expected in diagnostic imaging

TABLE 8 - Staffing Projections

PHYSICIAN FTEs	-	-	-
TRAVELERS	-	-	-
Residents & Fellows	-	-	-
MLPs	-	-	-
Non-MD FTEs	-	**1**	**1**
TOTAL NON-MD FTEs	-	**1**	**1**

Notes to Utilization Assumptions:
One additional diagnostic imaging technician

Copley Hospital

Waterbury Medical Office Building

PROJECT COSTS

Table 1

Construction Costs		
1. New Construction	$	3,055,358
2. Renovation		-
3. Site Work		906,951
4. Fixed Equipment		-
5. Design/Bidding Contingency		-
6. Construction Contingency		353,848
7. Construction Manager Fee		194,616
8. Other (please specify)		-
Subtotal	$	4,510,773
Related Project Costs		
1. Major Moveable Equipment	$	676,040
2. Furnishings, Fixtures & Other Equip.		176,934
3. Architectural/Engineering Fees		-
4. Land Acquisition		540,000
5. Purchase of Buildings		-
6. Administrative Expenses & Permits		-
7. Debt Financing Expenses (see below)		-
8. Debt Service Reserve Fund		-
9. Working Capital		-
10. Other (please specify)		-
11. Other (please specify)		-
12. Other (please specify)		-
Subtotal	$	1,392,974
Total Project Costs	**$**	**5,903,747**
Debt Financing Expenses		
1. Capital Interest	$	-
2. Bond Discount or Placement Fee		-
3. Miscellaneous (i.e. 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	**$**	**-**

To line 7 above

Copley Hospital

Waterbury Medical Office Building

DEBT FINANCING ARRANGEMENT, SOURCES & USES OF FUNDS

Table 2

Sources of Funds					
1. Financing Instrument	USDA Loan				
a. Interest Rate	2.50%				
b. Loan Period	10/1/2023	To:	9/30/2053		
c. Amount Financed				$	5,000,000
2. Equity Contribution					-
3. Other Sources					
a. Working Capital					613,747
b. Fundraising					-
c. Grants					-
d. Other (WASI Sale)					290,000
Total Required Funds				**$**	**5,903,747**
Uses of Funds - Project Costs (see Table 1)					
1. New Construction				$	3,055,358
2. Renovation					-
3. Site Work					906,951
4. Fixed Equipment					-
5. Design/Bidding Contingency					-
6. Construction Contingency					353,848
7. Construction Manager Fee					194,616
8. Major Moveable Equipment					676,040
9. Furnishings, Fixtures & Other Equip.					176,934
10. Architectural/Engineering Fees					-
11. Land Acquisition					540,000
12. Purchase of Buildings					-
13. Administrative Expenses & Permits					-
14. Debt Financing Expenses					-
15. Debt Service Reserve Fund					-
16. Working Capital					-
17. Other (please specify)					-
Total Uses of Funds				**$**	**5,903,747**

Total sources should equal total uses of funds.

Copley Hospital

Waterbury Medical Office Building

INCOME STATEMENT

Table 3A

WITHOUT PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
								Proposed Years Must change from Current Budget					
REVENUES													
INPATIENT CARE REVENUE	$ 39,662,229	$ 37,842,386	-4.6%	$ 31,643,848	-16.4%	$ 30,141,502	-4.7%	$ 35,911,654	19.1%	$ 37,168,562	3.5%	$ 38,469,461	3.5%
OUTPATIENT CARE REVENUE	77,555,054	72,242,272	-6.9%	83,548,375	15.7%	100,039,477	19.7%	94,816,544	-5.2%	98,135,123	3.5%	101,569,853	3.5%
OUTPATIENT CARE REVENUE - PHYSICIAN	5,227,181	28,604,172	447.2%	29,508,672	3.2%	23,305,910	-21.0%	33,488,507	43.7%	34,660,604	3.5%	35,873,725	3.5%
CHRONIC/SNF PT CARE REVENUE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
SWING BEDS PT CARE REVENUE	757,826	634,079	-16.3%	876,226	38.2%	1,019,282	16.3%	994,403	-2.4%	1,029,207	3.5%	1,065,229	3.5%
GROSS PATIENT CARE REVENUE	$ 123,202,290	$ 139,322,909	13.1%	$ 145,577,121	4.5%	$ 154,506,171	6.1%	$ 165,211,108	6.9%	$ 170,993,496	3.5%	$ 176,978,268	3.5%
DISPROPORTIONATE SHARE PAYMENTS	455,209	455,000	0.0%	500,596	10.0%	468,702	-6.4%	500,596	6.8%	500,596	0.0%	500,596	0.0%
BAD DEBT FREE CARE	(3,873,484)	(4,231,883)	9.3%	(3,496,619)	-17.4%	(4,282,968)	22.5%	(3,968,208)	-7.3%	(4,107,095)	3.5%	(4,250,844)	3.5%
DEDUCTIONS FROM REVENUE	(54,338,837)	(64,176,272)	18.1%	(62,860,431)	-2.1%	(67,352,609)	7.1%	(71,338,418)	5.9%	(73,835,262)	3.5%	(76,419,496)	3.5%
NET PATIENT CARE REVENUE (NPR)	$ 65,445,178	$ 71,369,754	9.1%	$ 79,720,667	11.7%	$ 83,339,296	4.5%	$ 90,405,078	8.5%	$ 93,551,735	3.5%	$ 96,808,524	3.5%
FIXED PROSPECTIVE PAYMENTS AND RESERVES	3,666,903	4,820,035	31.4%	5,051,669	4.8%	5,127,095	1.5%	5,479,444	6.9%	5,725,030	4.5%	5,925,407	3.5%
NPR & FIXED PAYMENTS & RESERVES	$ 69,112,081	$ 76,189,789	10.2%	$ 84,772,336	11.3%	$ 88,466,391	4.4%	$ 95,884,522	8.4%	$ 99,276,765	3.5%	$ 102,733,931	3.5%
OTHER OPERATING REVENUE	1,950,704	828,681	-57.5%	8,131,960	881.3%	1,465,301	-82.0%	1,000,000	-31.8%	1,000,000	0.0%	1,000,000	0.0%
TOTAL OPERATING REVENUE	$ 71,062,785	$ 77,018,470	8.4%	$ 92,904,296	20.6%	$ 89,931,692	-3.2%	$ 96,884,522	7.7%	$ 100,276,765	3.5%	$ 103,733,931	3.4%
OPERATING EXPENSE													
SALARIES NON MD	$ 24,121,978	$ 27,752,065	15.0%	$ 27,640,644	-0.4%	$ 26,978,632	-2.4%	$ 31,473,637	16.7%	$ 32,417,846	3.0%	$ 33,390,381	3.0%
FRINGE BENEFITS NON MD	6,314,253	6,560,998	3.9%	7,236,352	10.3%	7,970,467	10.1%	7,788,847	-2.3%	8,022,513	3.0%	8,263,188	3.0%
PHYSICIAN FEES & SALARIES	8,859,695	8,684,825	-2.0%	8,578,079	-1.2%	12,939,578	50.8%	9,233,015	-28.6%	9,510,006	3.0%	9,795,306	3.0%
FRINGE BENEFITS MD	589,113	712,824	21.0%	829,963	16.4%	914,161	10.1%	893,331	-2.3%	920,131	3.0%	947,735	3.0%
HEALTH CARE PROVIDER TAX	3,985,329	4,363,408	9.5%	4,101,251	-6.0%	5,016,234	22.3%	5,529,154	10.2%	5,724,767	3.5%	5,924,124	3.5%
DEPRECIATION & AMORTIZATION	2,789,868	2,808,850	0.7%	4,279,650	52.4%	3,114,771	-27.2%	3,442,499	10.5%	3,875,480	12.6%	4,209,891	8.6%
INTEREST - LONG/SHORT TERM	126,029	100,000	-20.7%	84,094	-15.9%	133,480	58.7%	100,000	-25.1%	100,000	0.0%	100,000	0.0%
OTHER OPERATING EXPENSE	27,033,312	25,596,904	-5.3%	35,438,380	38.4%	34,076,647	-3.8%	37,962,479	11.4%	39,291,165	3.5%	40,666,356	3.5%
TOTAL OPERATING EXPENSE	$ 73,819,577	$ 76,579,874	3.7%	$ 88,188,413	15.2%	$ 91,143,970	3.4%	$ 96,422,962	5.8%	$ 99,861,908	3.6%	$ 103,296,981	3.4%
NET OPERATING INCOME (LOSS)	(2,756,792)	438,596	-115.9%	4,715,883	975.2%	(1,212,278)	-125.7%	461,560	-138.1%	414,857	-10.1%	436,950	5.3%
NON-OPERATING REVENUE	448,038	302,200	-32.6%	5,321,764	1661.0%	1,296,590	-75.6%	500,000	-61.4%	500,000	0.0%	500,000	0.0%
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	$ (2,308,754)	$ 740,796	-132.1%	$ 10,037,647	1255.0%	$ 84,312	-99.2%	$ 961,560	1040.5%	$ 914,857	-4.9%	$ 936,950	2.4%

Operating Margin %	-3.9%	0.6%	5.1%	-1.3%	0.5%	0.4%	0.4%
Bad Debt & Free Care%	3.1%	3.0%	2.4%	2.8%	2.4%	2.4%	2.4%
Compensation Ratio	54.0%	57.1%	50.2%	53.5%	51.2%	50.9%	50.7%
Capital Cost % of Total Expenses	4.0%	3.8%	4.9%	3.6%	3.7%	4.0%	4.2%

Copley Hospital

Waterbury Medical Office Building

INCOME STATEMENT

Table 3B

PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
								Proposed Years Must change from Current Budget					
REVENUES													
INPATIENT CARE REVENUE								$ -	0.0%	$ -	0.0%	$ -	0.0%
OUTPATIENT CARE REVENUE								-	0.0%	1,345,986	0.0%	1,393,096	3.5%
OUTPATIENT CARE REVENUE - PHYSICIAN								-	0.0%	-	0.0%	-	0.0%
CHRONIC/SNF PT CARE REVENUE								-	0.0%	-	0.0%	-	0.0%
SWING BEDS PT CARE REVENUE								-	0.0%	-	0.0%	-	0.0%
GROSS PATIENT CARE REVENUE								$ -	0.0%	$ 1,345,986	0.0%	$ 1,393,096	3.5%
DISPROPORTIONATE SHARE PAYMENTS								-	0.0%	-	0.0%	-	0.0%
BAD DEBT FREE CARE								-	0.0%	(40,380)	0.0%	(41,793)	3.5%
DEDUCTIONS FROM REVENUE								-	0.0%	(396,123)	0.0%	(409,987)	3.5%
NET PATIENT CARE REVENUE (NPR)								$ -	0.0%	$ 909,483	0.0%	$ 941,316	3.5%
FIXED PROSPECTIVE PAYMENTS AND RESERVES								-	0.0%	-	0.0%	-	0.0%
NPR & FIXED PAYMENTS & RESERVES								$ -	0.0%	$ 909,483	0.0%	$ 941,316	3.5%
OTHER OPERATING REVENUE								-	0.0%	-	0.0%	-	0.0%
TOTAL OPERATING REVENUE								$ -	0.0%	$ 909,483	0.0%	$ 941,316	3.5%
OPERATING EXPENSE													
SALARIES NON MD								$ -	0.0%	$ 50,854	0.0%	$ 52,380	3.0%
FRINGE BENEFITS NON MD								-	0.0%	21,794	0.0%	22,448	3.0%
PHYSICIAN FEES & SALARIES								-	0.0%	-	0.0%	-	0.0%
FRINGE BENEFITS MD								-	0.0%	-	0.0%	-	0.0%
HEALTH CARE PROVIDER TAX								-	0.0%	80,759	0.0%	83,585	3.5%
DEPRECIATION & AMORTIZATION								-	0.0%	358,281	0.0%	358,281	0.0%
INTEREST - LONG/SHORT TERM								-	0.0%	113,507	0.0%	121,082	6.7%
OTHER OPERATING EXPENSE								-	0.0%	15,730	0.0%	16,202	3.0%
TOTAL OPERATING EXPENSE								$ -	0.0%	$ 640,925	0.0%	$ 653,978	2.0%
NET OPERATING INCOME (LOSS)								-	0.0%	268,558	0.0%	287,338	7.0%
NON-OPERATING REVENUE								-	0.0%	-	0.0%	-	0.0%
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE								$ -	0.0%	$ 268,558	0.0%	$ 287,338	7.0%

Operating Margin %	0.0%	0.0%	0.0%	0.0%	0.0%	29.5%	30.5%
Bad Debt & Free Care%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%
Compensation Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	11.3%	11.4%
Capital Cost % of Total Expenses	0.0%	0.0%	0.0%	0.0%	0.0%	73.6%	73.3%

Copley Hospital

Waterbury Medical Office Building

INCOME STATEMENT

Table 3C

WITH PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Years Must change from Current Budget Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
REVENUES													
INPATIENT CARE REVENUE	$ 39,662,229	$ 37,842,386	-4.6%	$ 31,643,848	-16.4%	$ 30,141,502	-4.7%	$ 35,911,654	19.1%	$ 37,168,562	3.5%	$ 38,469,461	3.5%
OUTPATIENT CARE REVENUE	77,555,054	72,242,272	-6.9%	83,548,375	15.7%	100,039,477	19.7%	94,816,544	-5.2%	99,481,109	4.9%	102,962,949	3.5%
OUTPATIENT CARE REVENUE - PHYSICIAN	5,227,181	28,604,172	447.2%	29,508,672	3.2%	23,305,910	-21.0%	33,488,507	43.7%	34,660,604	3.5%	35,873,725	3.5%
CHRONIC/SNF PT CARE REVENUE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
SWING BEDS PT CARE REVENUE	757,826	634,079	-16.3%	876,226	38.2%	1,019,282	16.3%	994,403	-2.4%	1,029,207	3.5%	1,065,229	3.5%
GROSS PATIENT CARE REVENUE	$ 123,202,290	$ 139,322,909	13.1%	$ 145,577,121	4.5%	$ 154,506,171	6.1%	$ 165,211,108	6.9%	$ 172,339,482	4.3%	$ 178,371,364	3.5%
DISPROPORTIONATE SHARE PAYMENTS	455,209	455,000	0.0%	500,596	10.0%	468,702	-6.4%	500,596	6.8%	500,596	0.0%	500,596	0.0%
BAD DEBT FREE CARE	(3,873,484)	(4,231,883)	9.3%	(3,496,619)	-17.4%	(4,282,968)	22.5%	(3,968,208)	-7.3%	(4,147,475)	4.5%	(4,292,637)	3.5%
DEDUCTIONS FROM REVENUE	(54,338,837)	(64,176,272)	18.1%	(62,860,431)	-2.1%	(67,352,609)	7.1%	(71,338,418)	5.9%	(74,231,385)	4.1%	(76,829,483)	3.5%
NET PATIENT CARE REVENUE (NPR)	$ 65,445,178	$ 71,369,754	9.1%	$ 79,720,667	11.7%	$ 83,339,296	4.5%	$ 90,405,078	8.5%	$ 94,461,218	4.5%	$ 97,749,840	3.5%
FIXED PROSPECTIVE PAYMENTS AND RESERVES	3,666,903	4,820,035	31.4%	5,051,669	4.8%	5,127,095	1.5%	5,479,444	6.9%	5,725,030	4.5%	5,925,407	3.5%
NPR & FIXED PAYMENTS & RESERVES	$ 69,112,081	$ 76,189,789	10.2%	$ 84,772,336	11.3%	$ 88,466,391	4.4%	$ 95,884,522	8.4%	$ 100,186,248	4.5%	$ 103,675,247	3.5%
OTHER OPERATING REVENUE	1,950,704	828,681	-57.5%	8,131,960	881.3%	1,465,301	-82.0%	1,000,000	-31.8%	1,000,000	0.0%	1,000,000	0.0%
TOTAL OPERATING REVENUE	$ 71,062,785	$ 77,018,470	8.4%	$ 92,904,296	20.6%	$ 89,931,692	-3.2%	$ 96,884,522	7.7%	$ 101,186,248	4.4%	$ 104,675,247	3.4%
OPERATING EXPENSE													
SALARIES NON MD	$ 24,121,978	$ 27,752,065	15.0%	$ 27,640,644	-0.4%	$ 26,978,632	-2.4%	$ 31,473,637	16.7%	$ 32,468,700	3.2%	$ 33,442,761	3.0%
FRINGE BENEFITS NON MD	6,314,253	6,560,998	3.9%	7,236,352	10.3%	7,970,467	10.1%	7,788,847	-2.3%	8,044,307	3.3%	8,285,636	3.0%
PHYSICIAN FEES & SALARIES	8,859,695	8,684,825	-2.0%	8,578,079	-1.2%	12,939,578	50.8%	9,233,015	-28.6%	9,510,006	3.0%	9,795,306	3.0%
FRINGE BENEFITS MD	589,113	712,824	21.0%	829,963	16.4%	914,161	10.1%	893,331	-2.3%	920,131	3.0%	947,735	3.0%
HEALTH CARE PROVIDER TAX	3,985,329	4,363,408	9.5%	4,101,251	-6.0%	5,016,234	22.3%	5,529,154	10.2%	5,805,526	5.0%	6,007,709	3.5%
DEPRECIATION & AMORTIZATION	2,789,868	2,808,850	0.7%	4,279,650	52.4%	3,114,771	-27.2%	3,442,499	10.5%	4,233,761	23.0%	4,568,172	7.9%
INTEREST - LONG/SHORT TERM	126,029	100,000	-20.7%	84,094	-15.9%	133,480	58.7%	100,000	-25.1%	213,507	113.5%	221,082	3.5%
OTHER OPERATING EXPENSE	27,033,312	25,596,904	-5.3%	35,438,380	38.4%	34,076,647	-3.8%	37,962,479	11.4%	39,306,895	3.5%	40,682,558	3.5%
TOTAL OPERATING EXPENSE	$ 73,819,577	$ 76,579,874	3.7%	$ 88,188,413	15.2%	$ 91,143,970	3.4%	$ 96,422,962	5.8%	$ 100,502,833	4.2%	$ 103,950,959	3.4%
NET OPERATING INCOME (LOSS)	(2,756,792)	438,596	-115.9%	4,715,883	975.2%	(1,212,278)	-125.7%	461,560	-138.1%	683,415	48.1%	724,288	6.0%
NON-OPERATING REVENUE	448,038	302,200	-32.6%	5,321,764	1661.0%	1,296,590	-75.6%	500,000	-61.4%	500,000	0.0%	500,000	0.0%
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	$ (2,308,754)	$ 740,796	-132.1%	$ 10,037,647	1255.0%	$ 84,312	-99.2%	$ 961,560	1040.5%	$ 1,183,415	23.1%	$ 1,224,288	3.5%

Operating Margin %	-3.9%	0.6%	5.1%	-1.3%	0.5%	0.7%	0.7%
Bad Debt & Free Care%	3.1%	3.0%	2.4%	2.8%	2.4%	2.4%	2.4%
Compensation Ratio	54.0%	57.1%	50.2%	53.5%	51.2%	50.7%	50.5%
Capital Cost % of Total Expenses	4.0%	3.8%	4.9%	3.6%	3.7%	4.4%	4.6%

Copley Hospital

Waterbury Medical Office Building

BALANCE SHEEET

Table 4A

WITHOUT PROJECT

Proposed Years Must change from Current Budget

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
ASSETS													
CURRENT ASSETS													
CASH & INVESTMENTS	$ 33,613,201	$ 9,739,446	-71.0%	$ 28,746,978	195.2%	$ 17,412,000	-39.4%	$ 17,412,000	0.0%	$ 17,124,381	-1.7%	$ 17,789,367	3.9%
PATIENT ACCOUNTS RECEIVABLE, GROSS	15,281,731	13,360,000	-12.6%	22,527,715	68.6%	23,905,000	6.1%	22,905,000	-4.2%	22,905,000	0.0%	22,905,000	0.0%
LESS: ALLOWANCE FOR UNCOLLECTIBLE	(10,268,000)	(7,306,000)	-28.8%	(11,940,280)	63.4%	(10,000,000)	-16.2%	(10,000,000)	0.0%	(10,000,000)	0.0%	(10,000,000)	0.0%
OTHER CURRENT ASSETS	4,607,586	5,000,000	8.5%	6,062,574	21.3%	5,000,000	-17.5%	6,000,000	20.0%	6,000,000	0.0%	6,000,000	0.0%
TOTAL CURRENT ASSETS	$ 43,234,518	$ 20,793,446	-51.9%	$ 45,396,987	118.3%	$ 36,317,000	-20.0%	$ 36,317,000	0.0%	$ 36,029,381	-0.8%	$ 36,694,367	1.8%
BOARD DESIGNATED ASSETS													
FUNDED DEPRECIATION	$ 5,266,650	$ 4,565,157	-13.3%	$ 145,744	-96.8%	$ -	-100.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
OTHER	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
TOTAL BOARD DESIGNATED ASSETS	$ 5,266,650	$ 4,565,157	-13.3%	$ 145,744	-96.8%	$ -	-100.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
PROPERTY, PLANT, AND EQUIPMENT													
LAND, BUILDINGS & IMPROVEMENTS	$ 34,133,351	$ 36,068,694	5.7%	$ 39,977,021	10.8%	$ 44,825,919	12.1%	$ 44,825,919	0.0%	$ 46,428,729	3.6%	$ 46,825,765	0.9%
CONSTRUCTION IN PROGRESS	99,497	-	-100.0%	971,535	0.0%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%
MAJOR MOVABLE EQUIPMENT	23,886,289	25,900,255	8.4%	24,326,281	-6.1%	26,629,704	9.5%	26,629,704	0.0%	27,534,168	3.4%	27,770,035	0.9%
TOTAL PROPERTY, PLANT AND EQUIPMENT	$ 58,119,137	$ 61,968,949	6.6%	$ 65,274,837	5.3%	$ 71,455,623	9.5%	$ 71,455,623	0.0%	$ 73,962,897	3.5%	$ 74,595,800	0.9%
LESS: ACCUMULATED DEPRECIATION													
LAND, BUILDINGS & IMPROVEMENTS	$ (14,828,239)	$ (16,311,554)	10.0%	$ (17,568,488)	7.7%	$ (18,808,737)	7.1%	$ (18,808,737)	0.0%	$ (20,048,986)	6.6%	$ (21,289,235)	6.2%
MAJOR MOVABLE EQUIPMENT	(18,145,431)	(19,562,798)	7.8%	(18,822,251)	-3.8%	(20,146,886)	7.0%	(20,146,886)	0.0%	(21,285,875)	5.7%	(20,678,529)	-2.9%
TOTAL ACCUMULATED DEPRECIATION	$ (32,973,670)	$ (35,874,352)	8.8%	$ (36,390,739)	1.4%	$ (38,955,623)	7.0%	$ (38,955,623)	0.0%	$ (41,334,861)	6.1%	$ (41,967,764)	1.5%
NET PROPERTY, PLANT AND EQUIPMENT	$ 25,145,467	$ 26,094,597	3.8%	$ 28,884,098	10.7%	$ 32,500,000	12.5%	$ 32,500,000	0.0%	$ 32,628,036	0.4%	$ 32,628,036	0.0%
OTHER ASSETS													
OTHER LONG-TERM ASSETS	$ 2,896,587	$ 2,600,000	-10.2%	$ 3,766,248	44.9%	$ 3,800,000	0.9%	$ 3,800,000	0.0%	$ 3,800,000	0.0%	$ 3,800,000	0.0%
TOTAL ASSETS	**$ 76,543,222**	**$ 54,053,200**	**-29.4%**	**$ 78,193,077**	**44.7%**	**$ 72,617,000**	**-7.1%**	**$ 72,617,000**	**0.0%**	**$ 72,457,417**	**-0.2%**	**$ 73,122,403**	**0.9%**
LIABILITIES AND FUND BALANCE													
CURRENT LIABILITIES													
ACCOUNTS PAYABLE	$ 4,052,691	$ 2,430,000	-40.0%	$ 6,641,744	173.3%	$ 2,681,000	-59.6%	$ 7,464,440	178.4%	$ 7,464,440	0.0%	$ 7,464,440	0.0%
CURRENT LIABILITIES COVID-19	18,910,583	1,000,000	-94.7%	8,854,351	785.4%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%
PAYROLL & TAXES PAYABLE	10,994,929	4,729,000	-57.0%	6,577,719	39.1%	5,368,000	-18.4%	6,700,000	24.8%	6,700,000	0.0%	6,700,000	0.0%
ESTIMATED THIRD-PARTY SETTLEMENTS	1,550,226	1,000,000	-35.5%	2,947,539	194.8%	8,268,000	180.5%	5,000,000	-39.5%	4,335,560	-13.3%	4,463,596	3.0%
OTHER CURRENT LIABILITIES	-	-	0.0%	1,945,218	0.0%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%
CURRENT PORTION OF LONG-TERM DEBT	407,358	412,969	1.4%	-	-100.0%	419,000	0.0%	410,000	-2.1%	400,000	-2.4%	390,000	-2.5%
TOTAL CURRENT LIABILITIES	$ 35,915,787	$ 9,571,969	-73.3%	$ 26,966,571	181.7%	$ 16,736,000	-37.9%	$ 19,574,440	17.0%	$ 18,900,000	-3.4%	$ 19,018,036	0.6%
LONG-TERM DEBT													
LONG TERM LIABILITIES COVID-19	$ -	$ 100,000	0.0%	$ -	-100.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
BONDS & MORTGAGES PAYABLE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
OTHER LONG-TERM DEBT	9,943,336	9,233,776	-7.1%	10,504,760	13.8%	14,565,000	38.7%	10,765,000	-26.1%	10,365,000	-3.7%	9,975,000	-3.8%
TOTAL LONG-TERM DEBT	$ 9,943,336	$ 9,333,776	-6.1%	$ 10,504,760	12.5%	$ 14,565,000	38.7%	$ 10,765,000	-26.1%	$ 10,365,000	-3.7%	$ 9,975,000	-3.8%
OTHER LIABILITIES													
OTHER NONCURRENT LIABILITIES	$ -	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
TOTAL LIABILITIES	**$ 45,859,123**	**$ 18,905,745**	**-58.8%**	**$ 37,471,331**	**98.2%**	**$ 31,301,000**	**-16.5%**	**$ 30,339,440**	**-3.1%**	**$ 29,265,000**	**-3.5%**	**$ 28,993,036**	**-0.9%**
FUND BALANCE	$ 30,684,099	$ 35,147,455	14.5%	$ 40,721,746	15.9%	$ 41,316,000	1.5%	$ 42,277,560	2.3%	$ 43,192,417	2.2%	$ 44,129,367	2.2%
TOTAL LIABILITIES AND FUND BALANCE	**$ 76,543,222**	**$ 54,053,200**	**-29.4%**	**$ 78,193,077**	**44.7%**	**$ 72,617,000**	**-7.1%**	**$ 72,617,000**	**0.0%**	**$ 72,457,417**	**-0.2%**	**$ 73,122,403**	**0.9%**

Copley Hospital

Waterbury Medical Office Building

BALANCE SHEEET

Table 4B

PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
								Proposed Years Must change from Current Budget					
ASSETS													
CURRENT ASSETS													
CASH & INVESTMENTS								$ -	0.0%	$ (90,718)	0.0%	$ 438,911	-583.8%
PATIENT ACCOUNTS RECEIVABLE, GROSS								-	0.0%	-	0.0%	-	0.0%
LESS: ALLOWANCE FOR UNCOLLECTIBLE								-	0.0%	-	0.0%	-	0.0%
OTHER CURRENT ASSETS								-	0.0%	-	0.0%	-	0.0%
TOTAL CURRENT ASSETS								$ -	0.0%	$ (90,718)	0.0%	$ 438,911	-583.8%
BOARD DESIGNATED ASSETS													
FUNDED DEPRECIATION								$ -	0.0%	$ -	0.0%	$ -	0.0%
OTHER								-	0.0%	-	0.0%	-	0.0%
TOTAL BOARD DESIGNATED ASSETS								$ -	0.0%	$ -	0.0%	$ -	0.0%
PROPERTY, PLANT, AND EQUIPMENT													
LAND, BUILDINGS & IMPROVEMENTS								$ -	0.0%	$ 5,613,747	0.0%	$ 5,613,747	0.0%
CONSTRUCTION IN PROGRESS								-	0.0%	-	0.0%	-	0.0%
MAJOR MOVABLE EQUIPMENT								-	0.0%	-	0.0%	-	0.0%
TOTAL PROPERTY, PLANT AND EQUIPMENT								$ -	0.0%	$ 5,613,747	0.0%	$ 5,613,747	0.0%
LESS: ACCUMULATED DEPRECIATION													
LAND, BUILDINGS & IMPROVEMENTS								$ -	0.0%	$ (358,281)	0.0%	$ (716,562)	100.0%
MAJOR MOVABLE EQUIPMENT								-	0.0%	-	0.0%	-	0.0%
TOTAL ACCUMULATED DEPRECIATION								$ -	0.0%	$ (358,281)	0.0%	$ (716,562)	100.0%
NET PROPERTY, PLANT AND EQUIPMENT								$ -	0.0%	$ 5,255,466	0.0%	$ 4,897,185	-6.8%
OTHER ASSETS													
OTHER LONG-TERM ASSETS								$ -	0.0%	$ -	0.0%	$ -	0.0%
TOTAL ASSETS								**$ -**	**0.0%**	**$ 5,164,748**	**0.0%**	**$ 5,336,096**	**3.3%**
LIABILITIES AND FUND BALANCE													
CURRENT LIABILITIES													
ACCOUNTS PAYABLE								$ -	0.0%	$ -	0.0%	$ -	0.0%
CURRENT LIABILITIES COVID-19								-	0.0%	-	0.0%	-	0.0%
PAYROLL & TAXES PAYABLE								-	0.0%	-	0.0%	-	0.0%
ESTIMATED THIRD-PARTY SETTLEMENTS								-	0.0%	-	0.0%	-	0.0%
OTHER CURRENT LIABILITIES								-	0.0%	-	0.0%	-	0.0%
CURRENT PORTION OF LONG-TERM DEBT								-	0.0%	115,991	0.0%	118,924	2.5%
TOTAL CURRENT LIABILITIES								$ -	0.0%	$ 115,991	0.0%	$ 118,924	2.5%
LONG-TERM DEBT													
LONG TERM LIABILITIES COVID-19								$ -	0.0%	$ -	0.0%	$ -	0.0%
BONDS & MORTGAGES PAYABLE								-	0.0%	-	0.0%	-	0.0%
OTHER LONG-TERM DEBT								-	0.0%	4,780,199	0.0%	4,661,276	-2.5%
TOTAL LONG-TERM DEBT								$ -	0.0%	$ 4,780,199	0.0%	$ 4,661,276	-2.5%
OTHER LIABILITIES													
OTHER NONCURRENT LIABILITIES								$ -	0.0%	$ -	0.0%	$ -	0.0%
TOTAL LIABILITIES								**$ -**	**0.0%**	**$ 4,896,190**	**0.0%**	**$ 4,780,200**	**-2.4%**
FUND BALANCE								$ -	0.0%	$ 268,558	0.0%	$ 555,896	107.0%
TOTAL LIABILITIES AND FUND BALANCE								**$ -**	**0.0%**	**$ 5,164,748**	**0.0%**	**$ 5,336,096**	**3.3%**

Copley Hospital

Waterbury Medical Office Building

BALANCE SHEEET

Table 4C

WITH PROJECT

Proposed Years Must change from Current Budget

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
ASSETS													
CURRENT ASSETS													
CASH & INVESTMENTS	$ 33,613,201	$ 9,739,446	-71.0%	$ 28,746,978	195.2%	$ 17,412,000	-39.4%	$ 17,412,000	0.0%	$ 17,033,663	-2.2%	$ 18,228,278	7.0%
PATIENT ACCOUNTS RECEIVABLE, GROSS	15,281,731	13,360,000	-12.6%	22,527,715	68.6%	23,905,000	6.1%	22,905,000	-4.2%	22,905,000	0.0%	22,905,000	0.0%
LESS: ALLOWANCE FOR UNCOLLECTIBLE	(10,268,000)	(7,306,000)	-28.8%	(11,940,280)	63.4%	(10,000,000)	-16.2%	(10,000,000)	0.0%	(10,000,000)	0.0%	(10,000,000)	0.0%
OTHER CURRENT ASSETS	4,607,586	5,000,000	8.5%	6,062,574	21.3%	5,000,000	-17.5%	6,000,000	20.0%	6,000,000	0.0%	6,000,000	0.0%
TOTAL CURRENT ASSETS	$ 43,234,518	$ 20,793,446	-51.9%	$ 45,396,987	118.3%	$ 36,317,000	-20.0%	$ 36,317,000	0.0%	$ 35,938,663	-1.0%	$ 37,133,278	3.3%
BOARD DESIGNATED ASSETS													
FUNDED DEPRECIATION	$ 5,266,650	$ 4,565,157	-13.3%	$ 145,744	-96.8%	$ -	-100.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
OTHER	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
TOTAL BOARD DESIGNATED ASSETS	$ 5,266,650	$ 4,565,157	-13.3%	$ 145,744	-96.8%	$ -	-100.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
PROPERTY, PLANT, AND EQUIPMENT													
LAND, BUILDINGS & IMPROVEMENTS	$ 34,133,351	$ 36,068,694	5.7%	$ 39,977,021	10.8%	$ 44,825,919	12.1%	$ 44,825,919	0.0%	$ 52,042,476	16.1%	$ 52,439,512	0.8%
CONSTRUCTION IN PROGRESS	99,497	-	-100.0%	971,535	0.0%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%
MAJOR MOVABLE EQUIPMENT	23,886,289	25,900,255	8.4%	24,326,281	-6.1%	26,629,704	9.5%	26,629,704	0.0%	27,534,168	3.4%	27,770,035	0.9%
TOTAL PROPERTY, PLANT AND EQUIPMENT	$ 58,119,137	$ 61,968,949	6.6%	$ 65,274,837	5.3%	$ 71,455,623	9.5%	$ 71,455,623	0.0%	$ 79,576,644	11.4%	$ 80,209,547	0.8%
LESS: ACCUMULATED DEPRECIATION													
LAND, BUILDINGS & IMPROVEMENTS	$ (14,828,239)	$ (16,311,554)	10.0%	$ (17,568,488)	7.7%	$ (18,808,737)	7.1%	$ (18,808,737)	0.0%	$ (20,407,267)	8.5%	$ (22,005,797)	7.8%
MAJOR MOVABLE EQUIPMENT	(18,145,431)	(19,562,798)	7.8%	(18,822,251)	-3.8%	(20,146,886)	7.0%	(20,146,886)	0.0%	(21,285,875)	5.7%	(20,678,529)	-2.9%
TOTAL ACCUMULATED DEPRECIATION	$ (32,973,670)	$ (35,874,352)	8.8%	$ (36,390,739)	1.4%	$ (38,955,623)	7.0%	$ (38,955,623)	0.0%	$ (41,693,142)	7.0%	$ (42,684,326)	2.4%
NET PROPERTY, PLANT AND EQUIPMENT	$ 25,145,467	$ 26,094,597	3.8%	$ 28,884,098	10.7%	$ 32,500,000	12.5%	$ 32,500,000	0.0%	$ 37,883,502	16.6%	$ 37,525,221	-0.9%
OTHER ASSETS													
OTHER LONG-TERM ASSETS	$ 2,896,587	$ 2,600,000	-10.2%	$ 3,766,248	44.9%	$ 3,800,000	0.9%	$ 3,800,000	0.0%	$ 3,800,000	0.0%	$ 3,800,000	0.0%
TOTAL ASSETS	**$ 76,543,222**	**$ 54,053,200**	**-29.4%**	**$ 78,193,077**	**44.7%**	**$ 72,617,000**	**-7.1%**	**$ 72,617,000**	**0.0%**	**$ 77,622,165**	**6.9%**	**$ 78,458,499**	**1.1%**
LIABILITIES AND FUND BALANCE													
CURRENT LIABILITIES													
ACCOUNTS PAYABLE	$ 4,052,691	$ 2,430,000	-40.0%	$ 6,641,744	173.3%	$ 2,681,000	-59.6%	$ 7,464,440	178.4%	$ 7,464,440	0.0%	$ 7,464,440	0.0%
CURRENT LIABILITIES COVID-19	18,910,583	1,000,000	-94.7%	8,854,351	785.4%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%
PAYROLL & TAXES PAYABLE	10,994,929	4,729,000	-57.0%	6,577,719	39.1%	5,368,000	-18.4%	6,700,000	24.8%	6,700,000	0.0%	6,700,000	0.0%
ESTIMATED THIRD-PARTY SETTLEMENTS	1,550,226	1,000,000	-35.5%	2,947,539	194.8%	8,268,000	180.5%	5,000,000	-39.5%	4,335,560	-13.3%	4,463,596	3.0%
OTHER CURRENT LIABILITIES	-	-	0.0%	1,945,218	0.0%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%
CURRENT PORTION OF LONG-TERM DEBT	407,358	412,969	1.4%	-	-100.0%	419,000	0.0%	410,000	-2.1%	515,991	25.9%	508,924	-1.4%
TOTAL CURRENT LIABILITIES	$ 35,915,787	$ 9,571,969	-73.3%	$ 26,966,571	181.7%	$ 16,736,000	-37.9%	$ 19,574,440	17.0%	$ 19,015,991	-2.9%	$ 19,136,960	0.6%
LONG-TERM DEBT													
LONG TERM LIABILITIES COVID-19	$ -	$ 100,000	0.0%	$ -	-100.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
BONDS & MORTGAGES PAYABLE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
OTHER LONG-TERM DEBT	9,943,336	9,233,776	-7.1%	10,504,760	13.8%	14,565,000	38.7%	10,765,000	-26.1%	15,145,199	40.7%	14,636,276	-3.4%
TOTAL LONG-TERM DEBT	$ 9,943,336	$ 9,233,776	-7.1%	$ 10,504,760	13.8%	$ 14,565,000	38.7%	$ 10,765,000	-26.1%	$ 15,145,199	40.7%	$ 14,636,276	-3.4%
OTHER LIABILITIES													
OTHER NONCURRENT LIABILITIES	$ -	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
TOTAL LIABILITIES	**$ 45,859,123**	**$ 18,805,745**	**-59.0%**	**$ 37,471,331**	**99.3%**	**$ 31,301,000**	**-16.5%**	**$ 30,339,440**	**-3.1%**	**$ 34,161,190**	**12.6%**	**$ 33,773,236**	**-1.1%**
FUND BALANCE	$ 30,684,099	$ 35,147,455	14.5%	$ 40,721,746	15.9%	$ 41,316,000	1.5%	$ 42,277,560	2.3%	$ 43,460,975	2.8%	$ 44,685,263	2.8%
TOTAL LIABILITIES AND FUND BALANCE	**$ 76,543,222**	**$ 53,953,200**	**-29.5%**	**$ 78,193,077**	**44.9%**	**$ 72,617,000**	**-7.1%**	**$ 72,617,000**	**0.0%**	**$ 77,622,165**	**6.9%**	**$ 78,458,499**	**1.1%**

Copley Hospital

Waterbury Medical Office Building

CASH FLOW

Table 5A

WITHOUT PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Years Must change from Current Budget Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
CASH FROM OPERATIONS													
EXCESS REVENUE OVER EXPENSE	$ (2,308,754)	$ 740,796	-132.1%	$ 10,037,647	1255.0%	$ 84,312	-99.2%	$ 961,560	1040.5%	$ 914,857	-4.9%	$ 936,950	2.4%
DEPRECIATION/AMORTIZATION	2,789,868	2,808,850	0.7%	4,279,650	52.4%	3,114,771	-27.2%	3,442,499	10.5%	3,875,480	12.6%	4,209,891	8.6%
PATIENT A/R	339,848	(973,000)	-386.3%	(5,573,704)	472.8%	(3,317,565)	-40.5%	1,000,000	-130.1%	-	-100.0%	-	0.0%
OTHER CHANGES	29,141,442	(15,963,389)	-154.8%	(10,404,204)	-34.8%	(8,658,055)	-16.8%	1,838,440	-121.2%	(674,440)	-136.7%	118,036	-117.5%
TOTAL CASH FROM OPERATIONS	$ 29,962,404	$ (13,386,743)	-144.7%	$ (1,660,611)	-87.6%	$ (8,776,537)	428.5%	$ 7,242,499	-182.5%	$ 4,115,897	-43.2%	$ 5,264,877	27.9%
CASH FROM INVESTING ACTIVITIES													
CAPITAL SPENDING													
CHANGE IN ACCUMULATED DEPRECIATION	(1,437,450)	-	-100.0%	$ (862,581)	0.0%	$ (549,887)	-36.3%	$ (3,442,499)	526.0%	$ (1,496,242)	-56.5%	$ (3,576,988)	139.1%
CHANGE IN CAPITAL ASSETS	(683,562)	(4,193,790)	513.5%	(7,155,700)	70.6%	(6,180,786)	-13.6%	(0)	-100.0%	(2,507,274)	#######	(632,903)	-74.8%
TOTAL	$ (2,121,012)	$ (4,193,790)	97.7%	$ (8,018,281)	91.2%	$ (6,730,673)	-16.1%	$ (3,442,499)	-48.9%	$ (4,003,516)	16.3%	$ (4,209,891)	5.2%
(INCREASE)/DECREASE													
FUNDED DEPRECIATION	(906,220)	1,139,939	-225.8%	5,120,906	349.2%	145,744	-97.2%	-	-100.0%	-	0.0%	-	0.0%
OTHER LT ASSETS	(518,213)	-	-100.0%	(869,661)	0.0%	(33,752)	-96.1%	-	-100.0%	-	0.0%	-	0.0%
TOTAL	$ (1,424,433)	$ 1,139,939	-180.0%	$ 4,251,245	272.9%	$ 111,992	-97.4%	$ -	-100.0%	$ -	0.0%	$ -	0.0%
TOTAL CASH FROM INVESTING ACTIVITIES	$ (3,545,445)	$ (3,053,851)	-13.9%	$ (3,767,036)	23.4%	$ (6,618,681)	75.7%	$ (3,442,499)	-48.0%	$ (4,003,516)	16.3%	$ (4,209,891)	5.2%
CASH FROM FINANCING													
BONDS & MORTGAGES	-	-	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
OTHER LONG TERM DEBT	56,018	(2,512,968)	-4586.0%	561,424	-122.3%	4,060,240	623.2%	(3,800,000)	-193.6%	(400,000)	-89.5%	(390,000)	-2.5%
TOTAL CASH FROM FINANCING	$ 56,018	$ (2,512,968)	-4586.0%	$ 561,424	-122.3%	$ 4,060,240	623.2%	$ (3,800,000)	-193.6%	$ (400,000)	-89.5%	$ (390,000)	-2.5%
BEGINNING CASH	7,140,224	28,693,008	301.9%	$ 33,613,201	17.1%	$ 28,746,978	-14.5%	$ 17,412,000	-39.4%	$ 17,412,000	0.0%	$ 17,124,381	-1.7%
NET INCREASE/(DECREASE) IN CASH	26,472,977	(18,953,562)	-171.6%	(4,866,223)	-74.3%	(11,334,978)	132.9%	-	-100.0%	(287,619)	0.0%	664,986	-331.2%
ENDING CASH	$ 33,613,201	$ 9,739,446	-71.0%	$ 28,746,978	195.2%	$ 17,412,000	-39.4%	$ 17,412,000	0.0%	$ 17,124,381	-1.7%	$ 17,789,367	3.9%

Waterbury Medical Office Building

CASH FLOW

Table 5B

PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
								Proposed Years Must change from Current Budget					
CASH FROM OPERATIONS													
EXCESS REVENUE OVER EXPENSE							0.0%	$ -	0.0%	$ 268,558	0.0%	$ 287,338	7.0%
DEPRECIATION/AMORTIZATION							0.0%	-	0.0%	358,281	0.0%	358,281	0.0%
PATIENT A/R							0.0%	-	0.0%	-	0.0%	-	0.0%
OTHER CHANGES							0.0%	-	0.0%	115,991	0.0%	2,933	-97.5%
TOTAL CASH FROM OPERATIONS							0.0%	$ -	0.0%	$ 742,830	0.0%	$ 648,552	-12.7%
CASH FROM INVESTING ACTIVITIES													
CAPITAL SPENDING													
CHANGE IN ACCUMULATED DEPRECIATION							0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
CHANGE IN CAPITAL ASSETS							0.0%	-	0.0%	(5,613,747)	0.0%	-	-100.0%
TOTAL							0.0%	$ -	0.0%	$ (5,613,747)	0.0%	$ -	-100.0%
(INCREASE)/DECREASE													
FUNDED DEPRECIATION							0.0%	-	0.0%	-	0.0%	-	0.0%
OTHER LT ASSETS							0.0%	-	0.0%	-	0.0%	-	0.0%
TOTAL							0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
TOTAL CASH FROM INVESTING ACTIVITIES							0.0%	$ -	0.0%	$ (5,613,747)	0.0%	$ -	-100.0%
CASH FROM FINANCING													
BONDS & MORTGAGES							0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
OTHER LONG TERM DEBT							0.0%	-	0.0%	4,780,199	0.0%	(118,923)	-102.5%
TOTAL CASH FROM FINANCING							0.0%	$ -	0.0%	$ 4,780,199	0.0%	$ (118,923)	-102.5%
BEGINNING CASH							0.0%	$ -	0.0%	$ -	0.0%	$ (90,718)	0.0%
NET INCREASE/(DECREASE) IN CASH							0.0%	-	0.0%	(90,718)	0.0%	529,629	-683.8%
ENDING CASH	$ -	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ (90,718)	0.0%	$ 438,911	-583.8%

Copley Hospital

Waterbury Medical Office Building

CASH FLOW

Table 5C

WITH PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Years Must change from Current Budget Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
CASH FROM OPERATIONS													
EXCESS REVENUE OVER EXPENSE	$ (2,308,754)	$ 740,796	-132.1%	$ 10,037,647	1255.0%	$ 84,312	-99.2%	$ 961,560	1040.5%	$ 1,183,415	23.1%	$ 1,224,288	3.5%
DEPRECIATION/AMORTIZATION	2,789,868	2,808,850	0.7%	4,279,650	52.4%	3,114,771	-27.2%	3,442,499	10.5%	4,233,761	23.0%	4,568,172	7.9%
PATIENT A/R	339,848	(973,000)	-386.3%	(5,573,704)	472.8%	(3,317,565)	-40.5%	1,000,000	-130.1%	-	-100.0%	-	0.0%
OTHER CHANGES	29,141,442	(15,963,389)	-154.8%	(10,404,204)	-34.8%	(8,658,055)	-16.8%	1,838,440	-121.2%	(558,449)	-130.4%	120,969	-121.7%
TOTAL CASH FROM OPERATIONS	$ 29,962,404	$ (13,386,743)	-144.7%	$ (1,660,611)	-87.6%	$ (8,776,537)	428.5%	$ 7,242,499	-182.5%	$ 4,858,727	-32.9%	$ 5,913,429	21.7%
CASH FROM INVESTING ACTIVITIES													
CAPITAL SPENDING													
CHANGE IN ACCUMULATED DEPRECIATION	(1,437,450)	-	-100.0%	$ (862,581)	0.0%	(549,887)	-36.3%	$ (3,442,499)	526.0%	$ (1,496,242)	-56.5%	$ (3,576,988)	139.1%
CHANGE IN CAPITAL ASSETS	(683,562)	(4,193,790)	513.5%	(7,155,700)	70.6%	(6,180,786)	-13.6%	(0)	-100.0%	(8,121,021)	#######	(632,903)	-92.2%
TOTAL	$ (2,121,012)	$ (4,193,790)	97.7%	$ (8,018,281)	91.2%	$ (6,730,673)	-16.1%	$ (3,442,499)	-48.9%	$ (9,617,263)	179.4%	$ (4,209,891)	-56.2%
(INCREASE)/DECREASE													
FUNDED DEPRECIATION	(906,220)	1,139,939	-225.8%	5,120,906	349.2%	145,744	-97.2%	-	-100.0%	-	0.0%	-	0.0%
OTHER LT ASSETS	(518,213)	-	-100.0%	(869,661)	0.0%	(33,752)	-96.1%	-	-100.0%	-	0.0%	-	0.0%
TOTAL	$ (1,424,433)	$ 1,139,939	-180.0%	$ 4,251,245	272.9%	$ 111,992	-97.4%	$ -	-100.0%	$ -	0.0%	$ -	0.0%
TOTAL CASH FROM INVESTING ACTIVITIES	$ (3,545,445)	$ (3,053,851)	-13.9%	$ (3,767,036)	23.4%	$ (6,618,681)	75.7%	$ (3,442,499)	-48.0%	$ (9,617,263)	179.4%	$ (4,209,891)	-56.2%
CASH FROM FINANCING													
BONDS & MORTGAGES	-	-	0.0%	$ -	0.0%	-	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
OTHER LONG TERM DEBT	56,018	(2,512,968)	-4586.0%	561,424	-122.3%	4,060,240	623.2%	(3,800,000)	-193.6%	4,380,199	-215.3%	(508,923)	-111.6%
TOTAL CASH FROM FINANCING	$ 56,018	$ (2,512,968)	-4586.0%	$ 561,424	-122.3%	$ 4,060,240	623.2%	$ (3,800,000)	-193.6%	$ 4,380,199	-215.3%	$ (508,923)	-111.6%
BEGINNING CASH	7,140,224	28,693,008	301.9%	$ 33,613,201	17.1%	28,746,978	-14.5%	$ 17,412,000	-39.4%	$ 17,412,000	0.0%	$ 17,033,663	-2.2%
NET INCREASE/(DECREASE) IN CASH	26,472,977	(18,953,562)	-171.6%	(4,866,223)	-74.3%	(11,334,978)	132.9%	-	-100.0%	(378,337)	0.0%	1,194,615	-415.8%
ENDING CASH	$ 33,613,201	$ 9,739,446	-71.0%	$ 28,746,978	195.2%	$ 17,412,000	-39.4%	$ 17,412,000	0.0%	$ 17,033,663	-2.2%	$ 18,228,278	7.0%

Copley Hospital

Waterbury Medical Office Building

PAYER REVENUE REPORT

Table 6A

WITHOUT PROJECT

Proposed Years Must change from Current Budget

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
Commercial													
Hospital	$ 55,540,519	$ 46,799,230	-15.7%	$ 56,490,644	20.7%	$ 52,607,878	-6.9%	$ 64,109,537	21.9%	$ 66,353,371	3.5%	$ 68,675,739	3.5%
Physician	2,565,369	12,593,039	390.9%	15,687,313	24.6%	14,609,079	-6.9%	17,803,061	21.9%	18,426,168	3.5%	19,071,084	3.5%
Total Revenue	58,105,888	59,392,269	2.2%	72,177,957	21.5%	67,216,957	-6.9%	81,912,598	21.9%	84,779,539	3.5%	87,746,823	3.5%
Allowances - Hospital	$ (12,907,632)	$ (15,983,892)	23.8%	$ (13,238,575)	-17.2%	$ (16,857,584)	27.3%	$ (15,024,062)	-10.9%	$ (15,549,904)	3.5%	$ (16,094,150)	3.5%
Allowances - Physicians	(1,098,698)	(3,635,551)	230.9%	(3,724,107)	2.4%	(4,742,161)	27.3%	(4,226,377)	-10.9%	(4,374,301)	3.5%	(4,527,401)	3.5%
Free Care	(510,169)	(767,178)	50.4%	(476,560)	-37.9%	(833,496)	74.9%	(540,834)	-35.1%	(559,763)	3.5%	(579,355)	3.5%
Bad Debt	(2,497,201)	(2,517,656)	0.8%	(2,229,672)	-11.4%	(3,831,459)	71.8%	(2,530,388)	-34.0%	(2,618,951)	3.5%	(2,710,615)	3.5%
Net Payer Revenue	41,092,188	36,487,992	-11.2%	52,509,043	43.9%	40,952,257	-22.0%	59,590,937	45.5%	61,676,620	3.5%	63,835,302	3.5%
Fixed Prospective Payment & Reserves	$ -	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Total Net Payer Revenue & Fixed Prospective Payment	$ 41,092,188	$ 36,487,992	-11.2%	$ 52,509,043	43.9%	$ 40,952,257	-22.0%	$ 59,590,937	45.5%	$ 61,676,620	3.5%	$ 63,835,302	3.5%
Reimbursement Rate - Commercial	71%	61%		73%		61%		73%		73%		73%	
Payer Mix - Commercial	59%	48%		62%		46%		62%		62%		62%	
Medicaid													
Hospital	$ 16,321,719	$ 14,530,435	-11.0%	$ 17,193,645	18.3%	$ 19,729,902	14.8%	$ 19,512,552	-1.1%	$ 20,195,491	3.5%	$ 20,902,333	3.5%
Physician	937,581	4,513,198	381.4%	3,917,408	-13.2%	4,495,270	14.8%	4,445,749	-1.1%	4,601,350	3.5%	4,762,397	3.5%
Total Revenue	17,259,300	19,043,633	10.3%	21,111,053	10.9%	24,225,172	14.8%	23,958,301	-1.1%	24,796,841	3.5%	25,664,730	3.5%
Allowances - Hospital	$ (13,846,374)	$ (10,397,130)	-24.9%	$ (15,936,599)	53.3%	$ (11,353,726)	-28.8%	$ (18,085,968)	59.3%	$ (18,718,977)	3.5%	$ (19,374,141)	3.5%
Allowances - Physicians	(629,189)	(3,699,250)	487.9%	(2,637,839)	-28.7%	(1,879,278)	-28.8%	(2,993,604)	59.3%	(3,098,381)	3.5%	(3,206,824)	3.5%
Free Care	(3,995)	(13,700)	242.9%	(3,731)	-72.8%	(6,526)	74.9%	(4,234)	-35.1%	(4,382)	3.5%	(4,536)	3.5%
Bad Debt	(143,677)	(86,816)	-39.6%	(128,285)	47.8%	(132,090)	3.0%	(145,587)	10.2%	(150,682)	3.5%	(155,956)	3.5%
Graduate Medical Education Payments-Phys.	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue	2,636,065	4,846,737	83.9%	2,404,599	-50.4%	10,853,552	351.4%	2,728,908	-74.9%	2,824,419	3.5%	2,923,273	3.5%
Fixed Prospective Payment & Reserves	$ 3,666,903	$ 4,820,035	31.4%	$ 5,051,669	4.8%	$ 5,127,095	1.5%	$ 5,479,444	6.9%	$ 5,725,030	4.5%	$ 5,925,406	3.5%
Total Net Payer Revenue & Fixed Prospective Payment	$ 6,302,968	$ 9,666,772	53.4%	$ 7,456,268	-22.9%	$ 15,980,647	114.3%	$ 8,208,352	-48.6%	$ 8,549,449	4.2%	$ 8,848,679	3.5%
Reimbursement Rate - Medicaid	37%	51%		35%		66%		34%		34%		34%	
Payer Mix - Medicaid	9%	13%		9%		18%		9%		9%		9%	
Medicare													
Hospital	$ 46,112,871	$ 49,389,072	7.1%	$ 42,384,160	-14.2%	$ 51,119,010	20.6%	$ 48,100,512	-5.9%	$ 49,784,030	3.5%	$ 51,526,471	3.5%
Physician	1,724,231	11,497,935	566.8%	9,903,951	-13.9%	11,945,032	20.6%	11,239,697	-5.9%	11,633,086	3.5%	12,040,244	3.5%
Total Revenue	47,837,102	60,887,007	27.3%	52,288,111	-14.1%	63,064,042	20.6%	59,340,209	-5.9%	61,417,116	3.5%	63,566,715	3.5%
Allowances - Hospital	$ (24,615,064)	$ (25,226,119)	2.5%	$ (20,165,937)	-20.1%	$ (22,887,378)	13.5%	$ (22,885,717)	0.0%	$ (23,686,717)	3.5%	$ (24,515,752)	3.5%
Allowances - Physicians	(1,241,880)	(5,202,394)	318.9%	(7,157,374)	37.6%	(8,123,279)	13.5%	(8,122,689)	0.0%	(8,406,983)	3.5%	(8,701,227)	3.5%
Free Care	(409,595)	(589,084)	43.8%	(382,611)	-35.0%	(669,181)	74.9%	(434,214)	-35.1%	(449,411)	3.5%	(465,140)	3.5%
Bad Debt	(308,847)	(289,385)	-6.3%	(275,760)	-4.7%	(319,419)	15.8%	(312,952)	-2.0%	(323,905)	3.5%	(335,242)	3.5%
Net Payer Revenue	21,261,716	29,580,025	39.1%	24,306,429	-17.8%	31,064,785	27.8%	28,331,803	-8.8%	29,323,416	3.5%	30,349,736	3.5%
Fixed Prospective Payment & Reserves	$ -	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Total Net Payer Revenue & Fixed Prospective Payment	$ 21,261,716	$ 29,580,025	39.1%	$ 24,306,429	-17.8%	$ 31,064,785	27.8%	$ 28,331,803	-8.8%	$ 29,323,416	3.5%	$ 30,349,736	3.5%
Reimbursement Rate - Medicare	44%	49%		46%		49%		48%		48%		48%	
Payer Mix - Medicare	31%	39%		29%		35%		30%		30%		30%	
Disproportionate Share Payments	455,209	455,000	0.0%	500,596	10.0%	468,702	-6.4%	500,596	6.8%	500,596	0.0%	500,596	0.0%
Total Payer Revenue													
Hospital	$ 117,975,109	$ 110,718,737	-6.2%	$ 116,068,449	4.8%	$ 123,456,790	6.4%	$ 131,722,601	6.7%	$ 136,332,892	3.5%	$ 141,104,543	3.5%
Physician	5,227,181	28,604,172	447.2%	29,508,672	3.2%	31,049,381	5.2%	33,488,507	7.9%	34,660,604	3.5%	35,873,725	3.5%
Total Revenue	123,202,290	139,322,909	13.1%	145,577,121	4.5%	154,506,171	6.1%	165,211,108	6.9%	170,993,496	3.5%	176,978,268	3.5%
Allowances - Hospital	$ (51,369,070)	$ (51,607,141)	0.5%	$ (49,341,111)	-4.4%	$ (51,098,689)	3.6%	$ (55,995,747)	9.6%	$ (57,955,598)	3.5%	$ (59,984,043)	3.5%
Allowances - Physicians	(2,969,767)	(12,537,195)	322.2%	(13,519,320)	7.8%	(14,744,717)	9.1%	(15,342,670)	4.1%	(15,879,665)	3.5%	(16,435,452)	3.5%
Free Care	(923,759)	(1,369,962)	48.3%	(862,902)	-37.0%	(1,509,203)	74.9%	(979,282)	-35.1%	(1,013,556)	3.5%	(1,049,031)	3.5%
Bad Debt	(2,949,725)	(2,893,857)	-1.9%	(2,633,717)	-9.0%	(4,282,968)	62.6%	(2,988,927)	-30.2%	(3,093,538)	3.5%	(3,201,813)	3.5%
Disproportionate Share Payments	455,209	455,000	0.0%	500,596	10.0%	468,702	-6.4%	500,596	6.8%	500,596	0.0%	500,596	0.0%
Graduate Medical Education Payments_Phys.	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue	65,445,178	71,369,754	9.1%	79,720,667	11.7%	83,339,296	4.5%	90,405,078	8.5%	93,551,735	3.5%	96,808,525	3.5%
Fixed Prospective Payment & Reserves	$ 3,666,903	$ 4,820,035		$ 5,051,669		$ 5,127,095		$ 5,479,444		$ 5,725,030		$ 5,925,406	
Total Net Payer Revenue & Fixed Prospective Payment	$ 69,112,081	$ 76,189,789		$ 84,772,335		$ 88,466,391		$ 95,884,522		$ 99,276,765		$ 102,733,931	
Reimbursement Rate - All Payers	56%	55%		58%		57%		58%		58%		58%	

Copley Hospital

Waterbury Medical Office Building

PAYER REVENUE REPORT

Table 6B

PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
								Proposed Years Must change from Current Budget					
Commercial													
Hospital								$ -	0.0%	$ 667,347	0.0%	$ 690,705	3.5%
Physician								-	0.0%	-	0.0%	-	0.0%
Total Revenue								-	0.0%	667,347	0.0%	690,705	3.5%
Allowances - Hospital								$ -	0.0%	$ (196,400)	0.0%	$ (203,274)	3.5%
Allowances - Physicians								-	0.0%	-	0.0%	-	0.0%
Free Care								-	0.0%	(7,713)	0.0%	(7,982)	3.5%
Bad Debt								-	0.0%	(23,540)	0.0%	(24,364)	3.5%
Net Payer Revenue								-	0.0%	439,694	0.0%	455,085	3.5%
Fixed Prospective Payment & Reserves								$ -	0.0%	$ -	0.0%	$ -	0.0%
Total Net Payer Revenue & Fixed Prospective Payment								$ -	0.0%	$ 439,694	0.0%	$ 455,085	3.5%
Reimbursement Rate - Commercial								0%		66%		66%	
Payer Mix - Commercial								0%		48%		48%	
Medicaid													
Hospital								$ -	0.0%	$ 195,190	0.0%	$ 202,022	3.5%
Physician								-	0.0%	-	0.0%	-	0.0%
Total Revenue								-	0.0%	195,190	0.0%	202,022	3.5%
Allowances - Hospital								$ -	0.0%	$ (57,444)	0.0%	$ (59,455)	3.5%
Allowances - Physicians								-	0.0%	-	0.0%	-	0.0%
Free Care								-	0.0%	(376)	0.0%	(389)	3.5%
Bad Debt								-	0.0%	(1,148)	0.0%	(1,189)	3.6%
Graduate Medical Education Payments-Phys.								-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp								-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue								-	0.0%	136,222	0.0%	140,989	3.5%
Fixed Prospective Payment & Reserves								$ -	0.0%	$ -	0.0%	$ -	0.0%
Total Net Payer Revenue & Fixed Prospective Payment								$ -	0.0%	$ 136,222	0.0%	$ 140,989	3.5%
Reimbursement Rate - Medicaid								0%		70%		70%	
Payer Mix - Medicaid								0%		15%		15%	
Medicare													
Hospital								$ -	0.0%	$ 483,449	0.0%	$ 500,370	3.5%
Physician								-	0.0%	-	0.0%	-	0.0%
Total Revenue								-	0.0%	483,449	0.0%	500,370	3.5%
Allowances - Hospital								$ -	0.0%	$ (142,279)	0.0%	$ (147,259)	3.5%
Allowances - Physicians								-	0.0%	-	0.0%	-	0.0%
Free Care								-	0.0%	(1,876)	0.0%	(1,942)	3.5%
Bad Debt								-	0.0%	(5,727)	0.0%	(5,927)	3.5%
Net Payer Revenue								-	0.0%	341,170	0.0%	353,111	3.5%
Fixed Prospective Payment & Reserves								$ -	0.0%	$ -	0.0%	$ -	0.0%
Total Net Payer Revenue & Fixed Prospective Payment								$ -	0.0%	$ 341,170	0.0%	$ 353,111	3.5%
Reimbursement Rate - Medicare								0%		71%		71%	
Payer Mix - Medicare								0%		38%		38%	
Disproportionate Share Payments								-	0.0%	-	0.0%	-	0.0%
Total Payer Revenue													
Hospital								$ -	0.0%	$ 1,345,986	0.0%	$ 1,393,097	3.5%
Physician								-	0.0%	-	0.0%	-	0.0%
Total Revenue								-	0.0%	1,345,986	0.0%	1,393,097	3.5%
Allowances - Hospital								$ -	0.0%	$ (396,123)	0.0%	$ (409,988)	3.5%
Allowances - Physicians								-	0.0%	-	0.0%	-	0.0%
Free Care								-	0.0%	(9,965)	0.0%	(10,313)	3.5%
Bad Debt								-	0.0%	(30,415)	0.0%	(31,480)	3.5%
Disproportionate Share Payments								-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments_Phys.								-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp								-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue								-	0.0%	909,483	0.0%	941,316	3.5%
Fixed Prospective Payment & Reserves								$ -		$ -		$ -	
Total Net Payer Revenue & Fixed Prospective Payment								$ -		$ 909,483		$ 941,316	
Reimbursement Rate - All Payers								0%		68%		68%	

Copley Hospital

Waterbury Medical Office Building

PAYER REVENUE REPORT

Table 6C

WITH PROJECT

Proposed Years Must change from Current Budget

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Yr 1 2023	% change	Proposed Yr 2 2024	% change	Proposed Yr 3 2025	% change
Commercial													
Hospital	$ 55,540,519	$ 46,799,230	-15.7%	$ 56,490,644	20.7%	$ 52,607,878	-6.9%	$ 64,109,537	21.9%	$ 67,020,718	4.5%	$ 69,366,444	3.5%
Physician	2,565,369	12,593,039	390.9%	15,687,313	24.6%	14,609,079	-6.9%	17,803,061	21.9%	18,426,168	3.5%	19,071,084	3.5%
Total Revenue	58,105,888	59,392,269	2.2%	72,177,957	21.5%	67,216,957	-6.9%	81,912,598	21.9%	85,446,886	4.3%	88,437,528	3.5%
Allowances - Hospital	$ (12,907,632)	$ (15,983,892)	23.8%	$ (13,238,575)	-17.2%	$ (16,857,584)	27.3%	$ (15,024,062)	-10.9%	$ (15,746,304)	4.8%	$ (16,297,424)	3.5%
Allowances - Physicians	(1,098,698)	(3,635,551)	230.9%	(3,724,107)	2.4%	(4,742,161)	27.3%	(4,226,377)	-10.9%	(4,374,301)	3.5%	(4,527,401)	3.5%
Free Care	(510,169)	(767,178)	50.4%	(476,560)	-37.9%	(833,496)	74.9%	(540,834)	-35.1%	(567,476)	4.9%	(587,337)	3.5%
Bad Debt	(2,497,201)	(2,517,656)	0.8%	(2,229,672)	-11.4%	(3,831,459)	71.8%	(2,530,388)	-34.0%	(2,642,491)	4.4%	(2,734,979)	3.5%
Net Payer Revenue	41,092,188	36,487,992	-11.2%	52,509,043	43.9%	40,952,257	-22.0%	59,590,937	45.5%	62,116,314	4.2%	64,290,387	3.5%
Fixed Prospective Payment & Reserves	$ -	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Total Net Payer Revenue & Fixed Prospective Payment	$ 41,092,188	$ 36,487,992	-11.2%	$ 52,509,043	43.9%	$ 40,952,257	-22.0%	$ 59,590,937	45.5%	$ 62,116,314	4.2%	$ 64,290,387	3.5%
Reimbursement Rate - Commercial	71%	61%		73%		61%		73%		73%		73%	
Payer Mix - Commercial	59%	48%		62%		46%		62%		62%		62%	
Medicaid													
Hospital	$ 16,321,719	$ 14,530,435	-11.0%	$ 17,193,645	18.3%	$ 19,729,902	14.8%	$ 19,512,552	-1.1%	$ 20,390,681	4.5%	$ 21,104,355	3.5%
Physician	937,581	4,513,198	381.4%	3,917,408	-13.2%	4,495,270	14.8%	4,445,749	-1.1%	4,601,350	3.5%	4,762,397	3.5%
Total Revenue	17,259,300	19,043,633	10.3%	21,111,053	10.9%	24,225,172	14.8%	23,958,301	-1.1%	24,992,031	4.3%	25,866,752	3.5%
Allowances - Hospital	$ (13,846,374)	$ (10,397,130)	-24.9%	$ (15,936,599)	53.3%	$ (11,353,726)	-28.8%	$ (18,085,968)	59.3%	$ (18,776,421)	3.8%	$ (19,433,596)	3.5%
Allowances - Physicians	(629,189)	(3,699,250)	487.9%	(2,637,839)	-28.7%	(1,879,278)	-28.8%	(2,993,604)	59.3%	(3,098,381)	3.5%	(3,206,824)	3.5%
Free Care	(3,995)	(13,700)	242.9%	(3,731)	-72.8%	(6,526)	74.9%	(4,234)	-35.1%	(4,758)	12.4%	(4,925)	3.5%
Bad Debt	(143,677)	(86,816)	-39.6%	(128,285)	47.8%	(132,090)	3.0%	(145,587)	10.2%	(151,830)	4.3%	(157,145)	3.5%
Graduate Medical Education Payments-Phys.	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue	2,636,065	4,846,737	83.9%	2,404,599	-50.4%	10,853,552	351.4%	2,728,908	-74.9%	2,960,641	8.5%	3,064,262	3.5%
Fixed Prospective Payment & Reserves	$ 3,666,903	$ 4,820,035	31.4%	$ 5,051,669	4.8%	$ 5,127,095	1.5%	$ 5,479,444	6.9%	$ 5,725,030	4.5%	$ 5,925,406	3.5%
Total Net Payer Revenue & Fixed Prospective Payment	$ 6,302,968	$ 9,666,772	53.4%	$ 7,456,268	-22.9%	$ 15,980,647	114.3%	$ 8,208,352	-48.6%	$ 8,685,671	5.8%	$ 8,989,668	3.5%
Reimbursement Rate - Medicaid	37%	51%		35%		66%		34%		35%		35%	
Payer Mix - Medicaid	9%	13%		9%		18%		9%		9%		9%	
Medicare													
Hospital	$ 46,112,871	$ 49,389,072	7.1%	$ 42,384,160	-14.2%	$ 51,119,010	20.6%	$ 48,100,512	-5.9%	$ 50,267,479	4.5%	$ 52,026,841	3.5%
Physician	1,724,231	11,497,935	566.8%	9,903,951	-13.9%	11,945,032	20.6%	11,239,697	-5.9%	11,633,086	3.5%	12,040,244	3.5%
Total Revenue	47,837,102	60,887,007	27.3%	52,288,111	-14.1%	63,064,042	20.6%	59,340,209	-5.9%	61,900,565	4.3%	64,067,085	3.5%
Allowances - Hospital	$ (24,615,064)	$ (25,226,119)	2.5%	$ (20,165,937)	-20.1%	$ (22,887,378)	13.5%	$ (22,885,717)	0.0%	$ (23,828,996)	4.1%	$ (24,663,011)	3.5%
Allowances - Physicians	(1,241,880)	(5,202,394)	318.9%	(7,157,374)	37.6%	(8,123,279)	13.5%	(8,122,689)	0.0%	(8,406,983)	3.5%	(8,701,227)	3.5%
Free Care	(409,595)	(589,084)	43.8%	(382,611)	-35.0%	(669,181)	74.9%	(434,214)	-35.1%	(451,287)	3.9%	(467,082)	3.5%
Bad Debt	(308,847)	(289,385)	-6.3%	(275,760)	-4.7%	(319,419)	15.8%	(312,952)	-2.0%	(329,632)	5.3%	(341,169)	3.5%
Net Payer Revenue	21,261,716	29,580,025	39.1%	24,306,429	-17.8%	31,064,785	27.8%	28,331,803	-8.8%	29,664,586	4.7%	30,702,847	3.5%
Fixed Prospective Payment & Reserves	$ -	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%
Total Net Payer Revenue & Fixed Prospective Payment	$ 21,261,716	$ 29,580,025	39.1%	$ 24,306,429	-17.8%	$ 31,064,785	27.8%	$ 28,331,803	-8.8%	$ 29,664,586	4.7%	$ 30,702,847	3.5%
Reimbursement Rate - Medicare	44%	49%		46%		49%		48%		48%		48%	
Payer Mix - Medicare	31%	39%		29%		35%		30%		30%		30%	
Disproportionate Share Payments	455,209	455,000	0.0%	500,596	10.0%	468,702	-6.4%	500,596	6.8%	500,596	0.0%	500,596	0.0%
Total Payer Revenue													
Hospital	$ 117,975,109	$ 110,718,737	-6.2%	$ 116,068,449	4.8%	$ 123,456,790	6.4%	$ 131,722,601	6.7%	$ 137,678,878	4.5%	$ 142,497,640	3.5%
Physician	5,227,181	28,604,172	447.2%	29,508,672	3.2%	31,049,381	5.2%	33,488,507	7.9%	34,660,604	3.5%	35,873,725	3.5%
Total Revenue	123,202,290	139,322,909	13.1%	145,577,121	4.5%	154,506,171	6.1%	165,211,108	6.9%	172,339,482	4.3%	178,371,365	3.5%
Allowances - Hospital	$ (51,369,070)	$ (51,607,141)	0.5%	$ (49,341,111)	-4.4%	$ (51,098,689)	3.6%	$ (55,995,747)	9.6%	$ (58,351,721)	4.2%	$ (60,394,031)	3.5%
Allowances - Physicians	(2,969,767)	(12,537,195)	322.2%	(13,519,320)	7.8%	(14,744,717)	9.1%	(15,342,670)	4.1%	(15,879,665)	3.5%	(16,435,452)	3.5%
Free Care	(923,759)	(1,369,962)	48.3%	(862,902)	-37.0%	(1,509,203)	74.9%	(979,282)	-35.1%	(1,023,521)	4.5%	(1,059,344)	3.5%
Bad Debt	(2,949,725)	(2,893,857)	-1.9%	(2,633,717)	-9.0%	(4,282,968)	62.6%	(2,988,927)	-30.2%	(3,123,953)	4.5%	(3,233,293)	3.5%
Disproportionate Share Payments	455,209	455,000	0.0%	500,596	10.0%	468,702	-6.4%	500,596	6.8%	500,596	0.0%	500,596	0.0%
Graduate Medical Education Payments_Phys.	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue	65,445,178	71,369,754	9.1%	79,720,667	11.7%	83,339,296	4.5%	90,405,078	8.5%	94,461,218	4.5%	97,749,841	3.5%
Fixed Prospective Payment & Reserves	$ 3,666,903	$ 4,820,035		$ 5,051,669		$ 5,127,095		$ 5,479,444		$ 5,725,030		$ 5,925,406	
Total Net Payer Revenue & Fixed Prospective Payment	$ 69,112,081	$ 76,189,789		$ 84,772,335		$ 88,466,391		$ 95,884,522		$ 100,186,248		$ 103,675,247	
Reimbursement Rate - All Payers	56%	55%		58%		57%		58%		58%		58%	

Copley Hospital

Waterbury Medical Office Building

UTILIZATION PROJECTIONS

Table 7A

WITHOUT PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Years Must change from Current Budget Proposed Yr 1 2023	% change	2 2024	% change	Proposed Yr 3 2025	% change
Inpatient Utilization													
Acute Beds (Staffed)	21	21	0.0%	21	0.0%	21	0.0%	21	0.0%	21	0.0%	21	0.0%
Acute Admissions	1,561	1,785	14.3%	1,582	-11.4%	1,573	-0.6%	1,600	1.7%	1,700	6.3%	1,800	5.9%
Acute Patient Days	4,092	4,350	6.3%	4,645	6.8%	4,580	-1.4%	4,700	2.6%	4,600	-2.1%	4,500	-2.2%
Acute Average Length Of Stay	2.62	2.44	-7.0%	2.94	20.5%	2.91	-0.8%	2.94	0.9%	2.71	-7.9%	2.50	-7.6%
Outpatient													
All Outpatient Visits	95,255	99,936	4.9%	115,452	15.5%	105,453	-8.7%	110,000	4.3%	110,000	0.0%	110,000	0.0%
Physician Office Visits	22,255	21,881	-1.7%	25,453	16.3%	36,152	42.0%	25,000	-30.8%	25,000	0.0%	25,000	0.0%
Ancillary													
All Operating Room Procedure	2,049	2,350	14.7%	2,352	0.1%	2,496	6.1%	2,400	-3.8%	2,400	0.0%	2,400	0.0%
All Operating Room Cases	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Emergency Room Visits	11,278	12,780	13.3%	10,404	-18.6%	11,731	12.8%	10,000	-14.8%	10,000	0.0%	10,000	0.0%
Cat Scan Procedures	4,486	4,640	3.4%	5,368	15.7%	5,466	1.8%	5,000	-8.5%	5,000	0.0%	5,000	0.0%
Magnetic Resonance Image Exams	1,093	1,131	3.5%	1,508	33.3%	1,543	2.3%	1,500	-2.8%	1,500	0.0%	1,500	0.0%
Nuclear Medicine Procedures	161	182	13.0%	250	37.4%	367	46.8%	250	-31.9%	250	0.0%	250	0.0%
Radiology - Diagnostic Procedures	21,181	15,415	-27.2%	24,540	59.2%	21,178	-13.7%	25,000	18.0%	25,000	0.0%	25,000	0.0%
Laboratory Tests	333,849	322,000	-3.5%	352,389	9.4%	159,776	-54.7%	360,000	125.3%	360,000	0.0%	360,000	0.0%
Adjusted Statistics													
Adjusted Admissions	4,849	6,572	35.5%	7,278	10.7%	8,063	10.8%	7,361	-8.7%	7,882	7.1%	8,346	5.9%
Adjusted Days	12,711	16,015	26.0%	21,369	33.4%	23,477	9.9%	21,622	-7.9%	21,329	-1.4%	20,865	-2.2%

Copley Hospital

Waterbury Medical Office Building

UTILIZATION PROJECTIONS

Table 7B

PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Years Must change from Current Budget Proposed Yr 1 2023	% change	2 2024	% change	Proposed Yr 3 2025	% change
Inpatient Utilization													
Acute Beds (Staffed)								-	0.0%	-	0.0%	-	0.0%
Acute Admissions								-	0.0%	-	0.0%	-	0.0%
Acute Patient Days								-	0.0%	-	0.0%	-	0.0%
Acute Average Length Of Stay								-	0.0%	-	0.0%	-	0.0%
Outpatient													
All Outpatient Visits								-	0.0%	-	0.0%	-	0.0%
Physician Office Visits								-	0.0%	-	0.0%	-	0.0%
Ancillary													
All Operating Room Procedure								-	0.0%	-	0.0%	-	0.0%
All Operating Room Cases								-	0.0%	-	0.0%	-	0.0%
Emergency Room Visits								-	0.0%	-	0.0%	-	0.0%
Cat Scan Procedures								-	0.0%	-	0.0%	-	0.0%
Magnetic Resonance Image Exams								-	0.0%	-	0.0%	-	0.0%
Nuclear Medicine Procedures								-	0.0%	-	0.0%	-	0.0%
Radiology - Diagnostic Procedures								-	0.0%	3,504	0.0%	3,504	0.0%
Laboratory Tests								-	0.0%	-	0.0%	-	0.0%
Adjusted Statistics													
Adjusted Admissions								-	0.0%	-	0.0%	-	0.0%
Adjusted Days								-	0.0%	-	0.0%	-	0.0%

Copley Hospital

Waterbury Medical Office Building

UTILIZATION PROJECTIONS

Table 7C

WITH PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Yr 1 2023	% change	2 2024	% change	Proposed Yr 3 2025	% change
								Proposed Years Must change from Current Budget					
Inpatient Utilization													
Acute Beds (Staffed)	21	21	0.0%	21	0.0%	21	0.0%	21	0.0%	21	0.0%	21	0.0%
Acute Admissions	1,561	1,785	14.3%	1,582	-11.4%	1,573	-0.6%	1,600	1.7%	1,700	6.3%	1,800	5.9%
Acute Patient Days	4,092	4,350	6.3%	4,645	6.8%	4,580	-1.4%	4,700	2.6%	4,600	-2.1%	4,500	-2.2%
Acute Average Length Of Stay	2.62	2.44	-7.0%	2.94	20.5%	2.91	-0.8%	2.94	0.9%	2.71	-7.9%	2.50	-7.6%
Outpatient													
All Outpatient Visits	95,255	99,936	4.9%	115,452	15.5%	105,453	-8.7%	110,000	4.3%	110,000	0.0%	110,000	0.0%
Physician Office Visits	22,255	21,881	-1.7%	25,453	16.3%	36,152	42.0%	25,000	-30.8%	25,000	0.0%	25,000	0.0%
Ancillary													
All Operating Room Procedure	2,049	2,350	14.7%	2,352	0.1%	2,496	6.1%	2,400	-3.8%	2,400	0.0%	2,400	0.0%
All Operating Room Cases	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Emergency Room Visits	11,278	12,780	13.3%	10,404	-18.6%	11,731	12.8%	10,000	-14.8%	10,000	0.0%	10,000	0.0%
Cat Scan Procedures	4,486	4,640	3.4%	5,368	15.7%	5,466	1.8%	5,000	-8.5%	5,000	0.0%	5,000	0.0%
Magnetic Resonance Image Exams	1,093	1,131	3.5%	1,508	33.3%	1,543	2.3%	1,500	-2.8%	1,500	0.0%	1,500	0.0%
Nuclear Medicine Procedures	161	182	13.0%	250	37.4%	367	46.8%	250	-31.9%	250	0.0%	250	0.0%
Radiology - Diagnostic Procedures	21,181	15,415	-27.2%	24,540	59.2%	21,178	-13.7%	25,000	18.0%	28,504	14.0%	28,504	0.0%
Laboratory Tests	333,849	322,000	-3.5%	352,389	9.4%	159,776	-54.7%	360,000	125.3%	360,000	0.0%	360,000	0.0%
Adjusted Statistics													
Adjusted Admissions	4,849	6,572	35.5%	7,278	10.7%	8,063	10.8%	7,361	-8.7%	7,882	7.1%	8,346	5.9%
Adjusted Days	12,711	16,015	26.0%	21,369	33.4%	23,477	9.9%	21,622	-7.9%	21,329	-1.4%	20,865	-2.2%

Copley Hospital

Waterbury Medical Office Building

STAFFING REPORT

Table 8A

WITHOUT PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Years Must change from Current Budget 1 2023	% change	2 2024	% change	3 2025	% change
PHYSICIAN FTEs	**14.7**	**15.1**	2.7%	**18.4**	21.9%	**19.7**	7.1%	**20.0**	1.5%	**20.0**	0.0%	**20.0**	0.0%
TRAVELERS	7.9	-	-100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Residents & Fellows	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
MLPs	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Non-MD FTEs	341.2	379.4	11.2%	355.7	-6.2%	388.5	9.2%	400.0	3.0%	400.0	0.0%	400.0	0.0%
TOTAL NON-MD FTEs	**341.2**	**379.4**	11.2%	**355.7**	-6.2%	**388.5**	9.2%	**400.0**	3.0%	**400.0**	0.0%	**400.0**	0.0%

Table 8b

PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Years Must change from Current Budget 1 -	% change	2 -	% change	3 -	% change
PHYSICIAN FTEs								**-**	0.0%	**-**	0.0%	**-**	0.0%
TRAVELERS								-	0.0%	-	0.0%	-	0.0%
Residents & Fellows								-	0.0%	-	0.0%	-	0.0%
MLPs								-	0.0%	-	0.0%	-	0.0%
Non-MD FTEs								-	0.0%	1.0	0.0%	1.0	0.0%
TOTAL NON-MD FTEs								**-**	0.0%	**1.0**	0.0%	**1.0**	0.0%

Table 8C

WITH PROJECT

	2020 Actual	2021 Budget	% change	2021 Actual	% change	2022 Projected	% change	Proposed Years Must change from Current Budget 1 -	% change	2 -	% change	3 -	% change
PHYSICIAN FTEs	**14.7**	**15.1**	2.7%	**18.4**	21.9%	**19.7**	7.1%	**20.0**	1.5%	**20.0**	0.0%	**20.0**	0.0%
TRAVELERS	7.9	-	-100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Residents & Fellows	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
MLPs	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Non-MD FTEs	341.2	379.4	11.2%	355.7	-6.2%	388.5	9.2%	400.0	3.0%	401.0	0.2%	401.0	0.0%
TOTAL NON-MD FTEs	**341.2**	**379.4**	11.2%	**355.7**	-6.2%	**388.5**	9.2%	**400.0**	3.0%	**401.0**	0.2%	**401.0**	0.0%

Copley Hospital

Waterbury Medical Office Building

Key Indicators

Flex Monitoring/Fitch Solutions 2019

	Northeast CAH	U.S. CAH	Fitch Solutions-Northern NE	Fitch Solutions-Northeast	2019 Actuals	2020 Actuals	2021 Actuals	2022 Projected
Liquidity								
Days Cash on Hand					62.1	199.8	125.7	72.2
Operating Margin %					-3.2%	-3.9%	5.1%	-1.3%
Debt								
Long Term Debt to Capitalization					23.1%	24.5%	20.5%	20.7%
Age of Plant					11.2	11.8	8.5	12.5
Capital Expenditures to Depreciation	N/A	N/A	N/A	N/A	54.3%	76.9%	199.1%	198.4%
Utilization								
All Outpatient Visits	N/A	N/A	N/A	N/A	94,884	95,255	115,452	105,453
Physician Office Visits	N/A	N/A	N/A	N/A	23,641	22,255	25,453	36,152
Clinic Visits	N/A	N/A	N/A	N/A	0	0	0	0
Adjusted Admissions	N/A	N/A	N/A	N/A	4,702	4,849	7,278	8,063
Acute Admissions	N/A	N/A	N/A	N/A	1,707	1,561	1,582	1,573
Total Admissions	N/A	N/A	N/A	N/A	1,944	1,767	1,803	1,674
Cost								
Capital Cost % of Total Expense					4.0%	4.0%	4.9%	0.6%
Cost per Adjusted Admission	N/A				$14,951	$15,224	$12,117	$11,304
Cost Per Adjusted Admissions Increase						1.8%	-20.4%	-6.7%
Employed								
Non-MD FTEs	N/A	N/A	N/A	N/A	345	341	356	389
Physician FTEs	N/A	N/A	N/A	N/A	15	15	18	20
Productivity								
FTEs per 100 Adj Discharges	N/A	N/A	N/A	N/A	7.3	7.0	4.9	4.8
Overhead Expense w/ fringe, as a % of Total Operating Exp	N/A	N/A	N/A	N/A	21.9%	23.7%	23.1%	22.9%
Bad Debt % of Gross Revenue	N/A	N/A	N/A	N/A	1.6%	2.4%	1.8%	2.2%
Free Care % of Gross Revenue	N/A	N/A	N/A	N/A	0.7%	0.7%	0.6%	0.6%

Equipment Listing

As of 05/16/2022

Description	Asset	Qty	Unit Cost	Total Cost
Samsung 65" Class LED-backlit LCD	IT	2	$ 650	$ 1,300
Webcam & Speakerphone Combo	IT	2	$ 486	$ 972
Mitel Phone	IT	23	$ 581	$ 13,358
Dell 24" Monitors	IT	45	$ 205	$ 9,231
Tripp Lite Open Frame Rack 45U 2	IT	1	$ 581	$ 581
APC Smart-UPS SRT	IT	1	$ 1,574	$ 1,574
Fortinet FortiGate 60F - security appliance	IT	1	$ 1,044	$ 1,044
EIZO RadiForce MX242W - LED monitor	IT	2	$ 1,763	$ 3,525
OptiPlex 3090 Micro	IT	17	$ 805	$ 13,692
Cannon MF Printers	IT	3	$ 151	$ 453
Cisco Meraki Cloud Managed MS225-48LP - switch	IT	3	$ 5,821	$ 17,462
Dell D3100 Docking Station	IT	6	$ 156	$ 936
Cisco Meraki MR36 - Wireless Access Point	IT	11	$ 508	$ 5,585
PC Wall Mounts	IT	14	$ 489	$ 6,850
APC Back-UPS 550VA 8	IT	34	$ 84	$ 2,849
Baby Changing Station	BS	1	$ 464	$ 464
Bathroom Shower	BS	1	$ 757	$ 757
Sink - Bathroom	BS	7	$ 174	$ 1,219
Sink - Breakroom	BS	1	$ 106	$ 106
Sink - Exam	BS	14	$ 194	$ 2,718
Sink - Labs (Soil/Clean)	BS	1	$ 109	$ 109
Sink/Basin - Janitor Closet	BS	1	$ 207	$ 207
Toilet - Bathroom	BS	7	$ 274	$ 1,918
"Metro" Shelving System - Storage	MM	1	$ 400	$ 400
3 Drawer - Office File Cabinet	MM	16	$ 600	$ 9,600
Artwork - Exam & Common Area	MM	1	$ 4,000	$ 4,000
Autoclave	MM	1	$ 7,580	$ 7,580
Bench - Locker	MM	1	$ 245	$ 245
Bike Rack	MM	1	$ 396	$ 396
Cabinets - Admin Space	MM	1	$ 700	$ 700
Cabinets - Breakroom	MM	1	$ 600	$ 600
Cabinets - Conference Room	MM	1	$ 700	$ 700
Cabinets x 2 - Labs (Soil/Clean)	MM	2	$ 700	$ 1,400
Cast Saw	MM	3	$ 1,223	$ 3,669
Chairs - Conference Room	MM	14	$ 291	$ 4,074
Chairs - Practice Manager	MM	2	$ 291	$ 582
Chairs - Service Chair	MM	2	$ 291	$ 582
Chairs - Surgical	MM	4	$ 291	$ 1,164
Chairs - Waiting	MM	24	$ 205	$ 4,920
Counter/Cabinet x 14 - Exam	MM	1	$ 700	$ 700
Dishwasher - Breakroom	MM	1	$ 511	$ 511
Exam Table - Exam	MM	10	$ 2,929	$ 29,290
Fridge - Breakroom	MM	1	$ 791	$ 791
Hand Table - Exam Room	MM	5	$ 150	$ 750
Linen Hampers	MM	6	$ 189	$ 1,134
Lockers	MM	1	$ 472	$ 472
Microwave - Breakroom	MM	1	$ 150	$ 150

Equipment Listing

As of 05/16/2022

Description	Asset	Qty	Unit Cost	Total Cost
Office Chairs	MM	25	$ 310	$ 7,750
Office Desks	MM	16	$ 450	$ 7,200
Patient Chairs - Exam	MM	20	$ 205	$ 4,100
Patient Scales	MM	10	$ 579	$ 5,790
Provider Stool - Exam	MM	10	$ 135	$ 1,350
Rack - Locker	MM	1	$ 150	$ 150
Table - Conference Room	MM	1	$ 1,107	$ 1,107
Table - Practice Manager	MM	1	$ 450	$ 450
Table - Service Chair	MM	1	$ 450	$ 450
Wheel Chairs	MM	2	$ 163	$ 326
X-Ray Cabinets/Storage	MM	2	$ 359	$ 718
Outpatient X-Ray VSIO Max Single Detector	MM	2	$ 338,020	$ 676,040
Total				**$ 866,751**

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

May 5, 2022

John B. Alden
Scott + Partners Architecture
7 Carmichael Street
Essex Junction, VT 05452

RE: Copley Mansfield Orthopedics - Efficiency Vermont letter of participation

Dear John,

Please let this letter confirm that the Mansfield Orthopedics new construction project has been enrolled with Efficiency Vermont and that I am the assigned engineering consultant.

My goal is to work with your design team to ensure the building takes advantage of all available incentives and programs in pursuit of energy savings and sustainable design regarding the building's envelope, mechanical systems, and electrical/lighting systems.

I anticipate providing design review, estimated savings calculations and cost benefit analyses with an aim towards identification of any additional cost-effective, energy efficiency improvement opportunities.

Thank you for including Efficiency Vermont in your project. I look forward to partnering with you and your design team as the project moves forward. Please keep me informed as the CON process progresses and do let me know if you have any questions.

Kind Regards,

Steve O'Malley
Lead Engineering Consultant