

**COMMONWEALTH OF VIRGINIA**

**APPLICATION FOR A**

**MEDICAL CARE FACILITIES CERTIFICATE OF PUBLIC NEED**

**(CHAPTER 4, ARTICLE 1:1 OF TITLE 32.1,**

**SECTIONS 32.1 – 102.1 THROUGH 32.1 – 102.11 OF**

**THE CODE OF VIRGINIA OF 1950, AS AMENDED)**

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**HOSPITALS**

All applicants are reminded that a determination of Public Need results from a consideration of the factors identified in §32.1 – 102.3.B of the Virginia Medical Facilities Certificate of Public Need Law.

Prior to completing the application forms, applicants are encouraged to contact the Division of Certificate of Public Need of the State Health Department and the appropriate Regional Health Planning Agency (RHPA) (if one is currently designated by the Board of Health to serve the area where the project would be located), concerning existing community health resources and the projected need for the proposed project. Of particular importance is a discussion of the required information necessary to complete the application. Copies of the appropriate State and RHPA (if one is currently designated by the Board of Health to serve the area where the project would be located) plans and policies will be made available upon request.

The Division of Public Need and the RHPA may be contacted at the following addresses, telephone and facsimile numbers:

Virginia Department of Health	(804) 367-2126
Division of Certificate of Public Need	(804) 527-4501-F
9960 Mayland Drive – Suite 401	
Henrico, Virginia 23233	

Health Systems Agency of Northern Virginia	(703) 573-3100
3040 Williams Drive, Suite 200	(703) 573-1276-F
Fairfax, Virginia 22031	

## **INSTRUCTIONS FOR COMPLETING ESTIMATED CAPITAL COSTS SECTION OF THE CERTIFICATE OF PUBLIC NEED APPLICATION**

### General Instructions

1. Questions should be answered only in space provided.
2. If additional space is required, attach a separate sheet. Be sure, however, to identify your answer with the correct question number.
3. Unless otherwise indicated, answer all questions by supplying dollar (\$) Amounts.
4. In certain instances, an expenditure may not be planned. In such cases, answer by placing a zero (0) in the appropriate space.
5. Proper completion of this section of the application should enable the applicant to meaningfully evaluate the costs of constructing a medical care facility and assess if such a financial commitment can realistically be undertaken.

### **INSTRUCTIONS FOR COMPLETING SECTION V, PART I – DIRECT CONSTRUCTION COSTS**

Answer to questions in this section should reflect planned expenditures for the construction of the primary structure (s) and all permanently affixed equipment. This includes construction materials (line 1) and labor (line 2) and equipment included in the construction contract which will be permanently attached to the structure (line 3). Examples of the latter include: life support systems, communications systems, central vacuuming, etc. Builder's overhead (line 4) is that portion of the builder's total overhead expenses allowable to the proposed facility and builder's profit (line 5), net earnings from the construction contract. Allocation for contingencies (line 6) is the dollar amount held in reserve for unanticipated construction expenses.

### **INSTRUCTIONS FOR COMPLETING SECTION V, PART II – EQUIPMENT NOT INCLUDED IN CONSTRUCTION CONTRACT**

List and price each piece of depreciable equipment not supplied as part of the construction contract (lines 8a through 8b). This generally includes equipment not permanently affixed to the structure. Examples include x-ray equipment, beds, freezers, etc.

**INSTRUCTIONS FOR COMPLETING SECTION V, PART III –  
SITE ACQUISITION COSTS**

Supply the acquisition price of the proposed facility site (line 10). If more than one use is planned for the site, include only that portion of the total purchase price which is allowable to the land area which will be occupied by the proposed facility. If a structure(s) currently stands on the proposed facility site and it is anticipated that this structure(s) will be used as part of the proposed facility portion, the total purchase between the value of the existing structure(s) and the value of the raw land (lines 11a and 11b), provide closing costs on line 12. These include legal fees, title fees, etc. If the site is to be leased rather than purchased, provide the lease expense for the entire term of the initial lease on line 13. All other expenses already paid or accrued should be itemized separately on lines 14a through 14c.

**INSTRUCTIONS FOR COMPLETING SECTION V, PART IV –  
SITE PREPARATION COSTS**

Supply financial data for site preparation work related solely to the proposed facility site or that portion of the total site which is to be occupied by the proposed facility. Earth work (line 16) refers primarily to land contouring. Site utilities (line 17) include the costs of installing water, electric and gas utilities. Roads and walks (line 18), lawns and planting (line 19) and unusual site conditions (lines 20a and 20b) refer to expenditures for on-site work only. Accessory structures (line 21) refer to unattached structures which are to be used in support of the primary; examples include garage, club house, etc. Demolition costs (line 22) are those costs incurred in clearing standing structures from the proposed facility site.

**INSTRUCTIONS FOR COMPLETING SECTION V, PART V –  
OFF-SITE COSTS**

Include only off-site construction costs for free standing structures which are to be used in support of the primary facility (lines 24 through 27). Examples might include off-site bus depots, clinics, extension of utilities to site, modification of highways for safe entrance, etc.

**INSTRUCTIONS FOR COMPLETING SECTION V, PART VI –  
ARCHITECTURAL AND ENGINEERING FEES**

Include on line 29 the architect's design fee and on line 30 the fee for supervising the implementation of the design. Engineering fees (line 31) include engineering design expenses. Consultant fees (line 32) refer only to architectural and engineering consultant fees.

**INSTRUCTIONS FOR COMPLETING SECTION V, PART VII –  
OTHER CONSULTANT FEES**

All consultant fees except for architectural and engineering consultant fees should be itemized separately on lines 34a through 34c.

**INSTRUCTIONS FOR COMPLETING SECTION V, PART VIII –  
TAXES DURING CONSTRUCTION**

Property taxes to be paid during the construction period should be listed on line 36. For multiple use sites, include only that portion of the total property allocable to the proposed facility site. Any other taxes to be paid during construction should be itemized on lines 37a and 37b. These, for example, might include permit fees, utility taxes, etc.

**INSTRUCTIONS FOR COMPLETING SECTION V, PART IX – A-  
HUD SECTION 232 FINANCING**

If it is expected that the proposed facility will be financed with HUD Section 232 Financing, complete and submit this section or otherwise complete either Section IX – B or IX – C. Regardless of the method of financing selected, applicants might choose to complete each of the facility financing sections. Such an exercise would permit a true comparison of the relative costs of the different methods of financing and in so doing, permit the applicant to select the least costly alternative. It is requested, however, that in submitting a Certificate of Need application, the applicant include financial data only for that financing alternative he finally selects.

On line 39 estimate the number of months required to complete construction of the proposed facility. On line 40 supply the dollar amount of the construction loan. The construction loan interest rate should be supplied on line 41 and the total interest on the construction loan for the entire construction period on line 42.

The term, in years, of the permanent mortgage loan should be provided on line 43 and the mortgage interest rate on line 44. FHA mortgage insurance (line 45) premiums equal 0.5% of the outstanding loan balance per year. Mortgage fees (line 46), for example, include examination and inspection fees and are charged at a rate of \$8 per \$1000 of mortgage value. Financing fees (line 47) are charged by the bank and may be as high as 2% of the loan. The placement fee (line 48) is a FNMA charge and is equal to 1 ½% of the loan value. The AMPO (line 49) is a reserve to make the project operational and is available to non-profit sponsors only. Up to 2% of the loan balance can be allocated to the AMPO. Title and recording fees should be supplied on line 50 and legal fees on line 51. Total mortgage interest to be paid on the permanent mortgage loan should be estimated from a book or mortgage tables and written on line 52.

**INSTRUCTIONS FOR COMPLETING SECTION V, PART IX – B  
INDUSTRIAL DEVELOPMENT AUTHORITY REVENUE AND GENERAL  
OBLIGATION BOND FINANCING**

If it is expected that the proposed facility will be financed from the sale of industrial revenue or general obligation bonds, complete and submit this section. Otherwise, complete either Section IX – A or Section IX- C.

Specify the source of all construction capital on line 54. If construction is to be financed from the proceeds of a bond sale, do not answer questions on line 55 through 58. If construction, however, is to be financed by a separate construction loan, answer questions 56, 57 and 58. How many months will it take to complete construction of the facility (line 55)? Provide the dollar amount of the construction loan on line 56 and the construction loan interest rate on line 57. Total interest costs on the construction loan should be supplied on line 58.

On line 59 identify the nature of the bond placement, e.g., direct, underwriter, etc. Will bonds be issued before construction begins (line 60)? If yes, how many months before construction is started will the bonds be issued (line 61)? What is the dollar value of the bonds that are expected to be sold prior to the beginning of construction (line 62)? For bonds sold prior to or during construction, will interest and principal be paid or only interest (line 63)? Finally, what is the estimated pore-construction bond interest expense (line 64)? How many months after construction begins is it expected that the last bond will have been sold (line 65)? What is the estimated bond interest expense during construction (line 66)? The percentage of total construction which will be financed from the bond issue should be supplied on line 67. The expected annual interest rate, anticipated term and expected bond discount should be supplied on lines 68, 69 and 70, respectively. Legal costs, printing costs, placement fees, feasibility study costs, insurance fees, title and recording fees and other fees should be given on lines 71 through 77c, respectively. Debt service reserve, \$200,000 should be written on line 78. Life time bond should be estimated on line 79.

**INSTRUCTIONS FOR COMPLETING SECTION V, PART IX – C –  
CONVENTIONAL MORTGAGE LOAN FINANCING**

If it is expected that the proposed facility will be financed with a conventional mortgage loan, complete and submit this section. Otherwise, complete either Section IX- A or IX-B.

Estimate the number of months required to complete construction on line 81, the dollar amount of the construction loan on line 82 and the construction loan interest rate on line 83. Total construction interest costs should be estimated on line 84. The terms of the permanent long term mortgage should be supplied on lines 85 through 87. On line 85 estimate the term of the loan; o line 86, its interest rate and the mortgage discount on line 87. Estimate on lines 88 through 93 the costs for a feasibility study, finder's fees, legal

fees, insurance and other fees respectively. Finally, on line 94 from a book of mortgage tables, estimate total interest for the permanent mortgage loan (line 94).

### **INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SUMMARY SHEET**

The Financial Data Summary sheet provides a summary of total construction and financing costs. Financial data for lines 96 through 106 and 110 can be found by referring to the referenced line numbers. Line 96 through 103 provide a summary of direct construction costs as previously compiled in Sections I through VIII. Depending on the method of financing anticipated, the applicant should supply financial data for either lines 104, 105 or 106. These financing cost sub-totals represent construction costs and permanent loan financing fees for the selected method of financing. Total construction costs (line 107), therefore, equal the sum of lines 96 through 106. Line 108 asks for the percent of total construction costs which will be financed. The dollar value of the long-term mortgage (line 109), therefore, can be derived by multiplying line 107 times 108. Total long-term financing interest costs should be supplied for the anticipated method of financing on line 110a, b. or c. The anticipated bond discount, for the selected method of financing, should be supplied on lines 111a, b or c. Finally, total project costs (line 112), the total of construction costs, financing fees and discounts, are the total of lines 107, 110a, b or c and 111a, b or c.

**SECTION I**

**FACILITY ORGANIZATION AND IDENTIFICATION**

A.

\_\_\_\_\_  
Official Name of Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

B.

\_\_\_\_\_  
Legal Name of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

C.

Chief Administrative Officer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

D.

Person(s) to whom questions regarding application should be directed:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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City	State	Zip
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Telephone	Facsimile	E-mail
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E. Type of Control and Ownership (Complete appropriate section for both owner and operator.)

Will the facility be operated by the owner?      Yes\_\_\_\_\_ No\_\_\_\_\_

Owner of the Facility (Check one)	Proprietary	Operator of Facility (Check one)
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(1) _____	(1) Individual	(1) _____
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(2) _____	(2) Partnership-attach copy of Partnership Agreement and receipt showing that agreement has been recorded	(2) _____
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(3) _____	(3) Corporate-attach copy of Articles of Incorporation and Certificate of Incorporation	(3) _____
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(4) _____	(4) Other_____Identify	(4) _____
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**Non-Profit**

(5) _____	(5) Corporation-attach copy of Articles of Incorporation and Certificate of Incorporation	(5) _____
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(6) _____	(6) Other_____Identify	(6) _____
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**Governmental**

(7) _____	(6) State	(7) _____
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(8) _____	(8) County	(8) _____
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(9) _____	(9) City	(9) _____
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(10) _____	(10) City/County	(10) _____
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(11) \_\_\_\_\_ (11) Hospital Authority or Commission (11) \_\_\_\_\_

(12) \_\_\_\_\_ (12) Other \_\_\_\_\_ Identify (12) \_\_\_\_\_

F. Ownership of the Site (Check one and attach copy of document)

- (1) \_\_\_\_\_ Fee simple title held by the applicant
- (2) \_\_\_\_\_ Option to purchase held by the applicant
- (3) \_\_\_\_\_ leasehold interest for not less than \_\_\_\_\_ years
- (4) \_\_\_\_\_ Renewable lease, renewable every \_\_\_\_\_ years
- (5) \_\_\_\_\_ Other \_\_\_\_\_ Identify

G. Attach a list of names and addresses of all owners or persons having a financial interest of five percent (5%) or more in the medical care facility.

(a) In the case of proprietary corporation also attach:

- (1) A list of the names and addresses of the board of directors of the corporation.
- (2) A list of the officers of the corporation.
- (3) The name and address of the registered agent for the corporation.

(b) In the case of a non-profit corporation also attach:

- (1) A list of the names and addresses of the board of directors of the corporation
- (2) A list of the officers of the corporation
- (3) The name and address of the registered agent for the corporation

(c) In the case of a partnership also attach:

- (1) A list of the names and addresses of all partners.
- (2) The name and address of the general or managing partner.

(d) In the case of other types of ownership, also attach such documents as will clearly identify the owner.

H. List all subsidiaries wholly or partially owned by the applicant.

I. List all organizations of which the applicant is wholly or partially owned subsidiary.

J. If the operator is other than the owner, attach a list of the names(s) and addresses of the operator(s) of the medical care facility project. In the case of a corporate operator, specify the name and address of the Registered Agent. In the case of the

partnership operator, specify the name and address of the general or managing partner.

- K. If the operator is other than the owner, attach an executed copy of the contract or agreement between the owner and the operator of the medical care facility.



- (5) If this proposal is to replace an existing facility, specify what use will be made of the existing facility after the new facility is completed.
  - (6) Describe any design features which will make the proposed project more efficient in terms of construction costs, operating costs or energy conservation.
- D. Describe and document in detail how the facility will be provided with water, Sewer and solid waste services. Also describe power source to be used for heating and cooling purposes. Documentation should include, but is not limited to:
- (1) Letters from appropriate governmental agencies verifying the availability and adequacy of utilities,
  - (2) National Pollution Discharge Elimination System permits,
  - (3) Septic tank permits, or
  - (4) Receipts for water and sewer connection and sewer connection fees.
- E. Space tabulation – (show in tabular form)
1. If Item #1 was checked in II-B, specify
    - a. The total number of square feet (both gross and net) in the proposed facility.
    - b. The total number of square feet (both gross and net) by department and each type of patient room (the sum of the square footage in this part should equal the sum of the square footage in (a) above and should be consistent with any preliminary drawings, if available).
  2. If Item #2 was checked in II-B, specify:
    - a. The total number of square feet (both gross and net) by department and each type of patient room in the existing facility.
    - b. The total number of square feet (both gross and net) to be added to the facility.
    - c. The total number square feet (both gross and net) to be remodeled, modernized or converted to another use.
    - d. The total number of square feet (both gross and net) by department and each type of patient room in the facility upon completion. (The sum of square footage in this part should equal the sum of the square footages in parts (a) and (b) above and should be consistent

with any preliminary drawings, if available. (The department breakdown should be the same as in (a) above.

3. Specify design criteria used or rationale for determining the size of the total facility and each department within the facility.
- F. Attach a plot plan of the site which includes at least the following:
1. The courses and distances of the property line.
  2. Dimensions and location of any buildings, structures, roads, parking areas, walkways, easements, right-of-way or encroachments on the site.
- G. Attach a preliminary design drawing drawn to a scale of not less than 1/16" - 1'0" showing the functional layout of the proposed project which indicates at least the following:
1. The layout of each typical functional unit.
  2. The spatial relationship of separate functional components to each mechanical spaces.
  3. Circulatory spaces (halls, stairwells, elevators, etc.) and mechanical spaces.
- H. Construction Time Estimates
1. Date of Drawings: Preliminary \_\_\_\_\_ Final \_\_\_\_\_
  2. Date of Construction: Begin \_\_\_\_\_ Completion \_\_\_\_\_
  3. Target Date of Opening: \_\_\_\_\_

## SECTION III

## SERVICE DATA

- A. In brief narrative form describe the kind of services now provided and/or the kind services to be available after completion of the proposed construction or equipment installation.
- B. Specify the historical and projected utilization of the facility using the following format:

		Past <u>Three Years</u> 20__ 20__ 20__	<u>Projected Two Years</u> <u>Following Completion</u> 20__ 20__
1.	Inpatient Data		
	Total Licensed Beds	_____	_____
	Total Patient Days	_____	_____
	Total Occupancy %	_____	_____
	Total Discharges	_____	_____
	Total Discharge Days	_____	_____
	Average Length of Stay	_____	_____
2.	By major Inpatient Services		
a.	Medical/Surgical Beds	_____	_____
	Medical/Surgical Patient Days	_____	_____
	Medical/Surgical Occupancy %	_____	_____
	Medical/Surgical Discharges	_____	_____
	Medical/Surgical Discharge Days	_____	_____
	Average Length of Stay	_____	_____
b.	Pediatric Beds	_____	_____
	Pediatric Patient Days	_____	_____
	Pediatric Occupancy %	_____	_____
	Pediatric Discharges	_____	_____
	Pediatric Discharge Days	_____	_____
	Average Length of Stay	_____	_____
c.	Obstetric Beds	_____	_____
	Obstetric Patient Days	_____	_____
	Obstetric Occupancy %	_____	_____
	Obstetric Discharges	_____	_____

	Obstetric Discharge Days	_____	_____
	Average Length of Stay	_____	_____
d.	Psychiatric Beds	_____	_____
	Psychiatric Patient		
	Days	_____	_____
	Psychiatric Occupancy %	_____	_____
	Psychiatric Discharges	_____	_____
	Psychiatric Discharge		
	Days	_____	_____
	Average Length of Stay	_____	_____
e.	Long-Term Care/ Nursing Home Beds	_____	_____
	Long-Term Care/ Nursing Home		
	Patient Days	_____	_____
	Long-Term Care/ Nursing Home		
	Occupancy %	_____	_____
	Long-Term Care/ Nursing Home		
	Discharges	_____	_____
	Long-Term Care/ Nursing Home		
	Discharge Days	_____	_____
	Average Length of Stay	_____	_____
f.	ICU – (Identify)	_____	_____
	Beds	_____	_____
	Patient Days	_____	_____
	Occupancy %	_____	_____
	ICU Discharges	_____	_____
	ICU Discharge Days	_____	_____
	Average Length of Stay	_____	_____
g.	CCU – (Identify)	_____	_____
	Beds	_____	_____
	Patient Days	_____	_____
	Occupancy %	_____	_____
	CCU Discharges	_____	_____
	CCU Discharge Days	_____	_____
	Average Length of Stay	_____	_____
h.	Other	_____	_____
	Beds	_____	_____

Patient Days	_____	_____	_____	_____
Occupancy %	_____	_____	_____	_____
Discharges	_____	_____	_____	_____
Discharge Days	_____	_____	_____	_____
Average Length of Stay	_____	_____	_____	_____

C. State assumptions and show methodology used to calculate projections for two years following completion of the proposed project.

D. Existing and/or Proposed Bed Complement

1. <u>Hospitals</u>	<u>Distribution Of Existing Licensed Beds</u>	<u>Total Beds to be Built</u>	<u>Total Beds To be Lost or Removed from Service</u>	<u>Total Beds After Construction (Should equal sum of Columns 1, 2 and 3)</u>
Medical/Surgical	_____	_____	_____	_____
Obstetrical	_____	_____	_____	_____
Pediatric	_____	_____	_____	_____
Psychiatric	_____	_____	_____	_____
Intensive/Coronary Care	_____	_____	_____	_____
Long-Term/Extended Care	_____	_____	_____	_____
Self-Care	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____
Newborn Bassinets	_____	_____	_____	_____
2. <u>Nursing Home Units</u>				
Skilled Care	_____	_____	_____	_____
Intermediate Care	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

3. Bed Assignment

One Bed Rooms	_____	_____	_____	_____
Two Bed Rooms	_____	_____	_____	_____
Three Bed Rooms	_____	_____	_____	_____
Four Bed Rooms	_____	_____	_____	_____
Other ( Specify)	_____	_____	_____	_____
 TOTAL	_____	_____	_____	_____

E. Facilities and Services to be Provided (Check)

	<u>Existing</u>	<u>This Project To be Added</u>	<u>This Project to be Discontinued</u>	<u>This Project to be Expanded Renovated</u>
1. Post Operative Recovery Room	_____	_____	_____	_____
2. Intensive Care Unit Cardiac	_____	_____	_____	_____
3. Open Heart Surgery Facilities	_____	_____	_____	_____
4. Pharmacy with full-time pharmacists	_____	_____	_____	_____
with part-time pharmacists	_____	_____	_____	_____
5. Diagnostic Radiological Services				
x-ray	_____	_____	_____	_____
ultrasonography	_____	_____	_____	_____
radiosotope	_____	_____	_____	_____
CT scanning	_____	_____	_____	_____
6. Therapeutic Radiological Services				
Brachytherapy	_____	_____	_____	_____
Specify Source(s) Used	_____			
	_____			

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Teletherapy  
Specify Source(s) or  
Type(s) of Equipment Used

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- |     |   |       |       |       |       |
|-----|---|-------|-------|-------|-------|
| 7.  | Clinical Pathology<br>Laboratory        | _____ | _____ | _____ | _____ |
| 8.  | Organ Bank                              | _____ | _____ | _____ | _____ |
| 9.  | Blood Bank                              | _____ | _____ | _____ | _____ |
| 10. | Electroencephalo-<br>graphy             | _____ | _____ | _____ | _____ |
| 11. | Electrocardiology                       | _____ | _____ | _____ | _____ |
| 12. | Respiratory Therapy                     | _____ | _____ | _____ | _____ |
| 13. | Premature Therapy                       | _____ | _____ | _____ | _____ |
| 14. | Self-Care Unit                          | _____ | _____ | _____ | _____ |
| 15. | Skilled Nursing or<br>Long-Term Nursing | _____ | _____ | _____ | _____ |
| 16. | Renal Dialysis                          |       |       |       |       |
|     | acute                                   | _____ | _____ | _____ | _____ |
|     | chronic                                 | _____ | _____ | _____ | _____ |
|     | inpatient                               | _____ | _____ | _____ | _____ |
|     | outpatient                              | _____ | _____ | _____ | _____ |
|     | home dialysis                           | _____ | _____ | _____ | _____ |
|     | training                                | _____ | _____ | _____ | _____ |
| 17. | Burn Care Unit                          | _____ | _____ | _____ | _____ |
| 18. | Physical Therapy<br>Department          | _____ | _____ | _____ | _____ |
| 19. | Occupational Therapy                    | _____ | _____ | _____ | _____ |
| 20. | Medical Rehabilitation                  |       |       |       |       |
|     | inpatient                               | _____ | _____ | _____ | _____ |
|     | outpatient                              | _____ | _____ | _____ | _____ |
| 21. | Tuberculosis Unit                       | _____ | _____ | _____ | _____ |
| 22. | Psychiatric Services                    |       |       |       |       |
|     | inpatient                               | _____ | _____ | _____ | _____ |
|     | outpatient                              | _____ | _____ | _____ | _____ |
|     | partial hospitali-<br>zation program    | _____ | _____ | _____ | _____ |
|     | emergency services                      | _____ | _____ | _____ | _____ |
|     | foster and/or<br>home care              | _____ | _____ | _____ | _____ |
|     | consultation                            | _____ | _____ | _____ | _____ |
| 23. | Clinical Psychology                     | _____ | _____ | _____ | _____ |
| 24. | Organized Outpatient                    | _____ | _____ | _____ | _____ |

	Department	_____	_____	_____	_____
25.	Outpatient Surgery	_____	_____	_____	_____
26.	Social Work	_____	_____	_____	_____
	Department	_____	_____	_____	_____
27.	Family Planning	_____	_____	_____	_____
	Service	_____	_____	_____	_____
28.	Genetic Counseling	_____	_____	_____	_____
	Service	_____	_____	_____	_____
29.	Abortion Services	_____	_____	_____	_____
	inpatient	_____	_____	_____	_____
	outpatient	_____	_____	_____	_____
30.	Pediatric Department	_____	_____	_____	_____
31.	Obstetric Service	_____	_____	_____	_____
32.	Alcoholic & Detoxi	_____	_____	_____	_____
	fication Department	_____	_____	_____	_____
33.	Home Care Depart-	_____	_____	_____	_____
	ment	_____	_____	_____	_____
34.	Speech Pathology	_____	_____	_____	_____
	Services	_____	_____	_____	_____
35.	Audiology Services	_____	_____	_____	_____
36.	Hospital Auxilary	_____	_____	_____	_____
37.	Volunteer Service	_____	_____	_____	_____
	Department	_____	_____	_____	_____
38.	Paramedical Training	_____	_____	_____	_____
	Program	_____	_____	_____	_____
39.	Emergency Depart-	_____	_____	_____	_____
	ment	_____	_____	_____	_____
40.	Dental Services	_____	_____	_____	_____
41.	Podiatric Services	_____	_____	_____	_____
42.	Pre-Admission	_____	_____	_____	_____
	Testing	_____	_____	_____	_____
43.	Pre-Discharge	_____	_____	_____	_____
	Planning	_____	_____	_____	_____
44.	Multiphasic	_____	_____	_____	_____
	Screening	_____	_____	_____	_____
45.	Other (Identify)	_____	_____	_____	_____

F. Staffing of Existing and/or Proposed Facility

In the following categories, indicate the number of full time equivalent personnel (at least 35 hours per week).

	<u>Current</u>	<u>Additional</u>	<u>NEEDED</u>
<u>Full</u>	<u>Vacant</u>	<u>Full</u>	
<u>Time</u>	<u>Positions</u>	<u>Time</u>	<u>Total</u>

<u>Total number of Full-time staff</u>	_____	_____	_____	_____
Administration-Business Office	_____	_____	_____	_____
Registered Nurses	_____	_____	_____	_____
Licensed Practical Nurses	_____	_____	_____	_____
Nurses Aides, Orderlies and Attendants	_____	_____	_____	_____
Registered Pharmacists	_____	_____	_____	_____
Laboratory Medical Technologists	_____	_____	_____	_____
ADA Dieticians	_____	_____	_____	_____
Radiologic Technologists	_____	_____	_____	_____
Occupational Therapists	_____	_____	_____	_____
Physical Therapists	_____	_____	_____	_____
Psychologists	_____	_____	_____	_____
Psychiatric Social Workers	_____	_____	_____	_____
Recreational Therapists	_____	_____	_____	_____
Inhalation Therapists	_____	_____	_____	_____
Medical Social Workers	_____	_____	_____	_____
Other Health Professionals (Identify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
All Other Personnel (Exclude Physicians and Dentists)	_____	_____	_____	_____

- G. Present a plan for obtaining all additional personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.
- H. Describe the anticipated impact that the project will have on the staffing of other facilities in the service area.
- I. Attach the following information or documents
  1. Roster of medical staff ( existing facilities). Indicate their specialty, board Certification, Board eligibility, and staff privileges (active, associate, etc.)
  2. Existing Facilities- Attach copy(ies) of letter of endorsement from the medical staff organization indicating the medical need for the proposed project.
  3. Copy of most recent licensing report from State Agency ( existing facilities).

4. Current accreditation status and copy of the latest accreditation report from the Joint Commission on Accreditation of Hospitals (existing facilities).

**SECTION IV PROJECT JUSTIFICATION AND IDENTIFICATION OF COMMUNITY NEED**

- A. Please provide a comprehensive narrative description of the proposed project.
- B. Identification of Community Need
1. Describe the geographic boundaries of the facility's primary service area. (Note: Primary service area may be considered to be geographic area from which 75% of patients are expected to originate.)
  2. Provide patient origin, discharge diagnosis or utilization data appropriate for the type of project being proposed.
- C.
1. Is (are) the services(s) to be offered presently being offered by any other existing facility(ies) in the Health Planning Region?
  2. If yes,
    - a. Identify the facility(ies)
    - b. Discuss the extent to which the facility(ies) satisfy(ies) the current demand for the services(s)
    - c. Discuss the extent to which the facility(ies) will satisfy(ies) the demand for services in five years.
- D. Discuss how the project will fill an unmet need in the delivery of health care in the service area including, where applicable, geographic barriers to access.
- E. Discuss the consistency of the proposed project with applicable Regional Health Plan, State Health Plan, State Medical Facilities Plan, or other plans promulgated by State Agencies.
- F. Show how the method and assumptions used in determining the need for additional beds, new services or deletion of service in the proposed project's service area.
- G. Coordination and Affiliation with Other Facilities.
- Describe any existing or proposed formal agreements or affiliations to share personnel, facilities, services or equipment. (Attach copies of any formal agreements with another health or medical care facility.)
- H. Attach copies of the following documents:

1. A map of the service area indicating:
  - a. Location of the proposed project.
  - b. Location of other existing medical facilities (by name, type, hospital, nursing home, outpatient clinic, etc.) and number of beds in each inpatient facility).
2. Any material which indicates community and professional support for this project; i.e. letter of endorsement from physicians, community organizations, local government, Chamber of Commerce, medical society, etc.
3. Letters to other area facilities advising of the scope of the proposed project.

**SECTION V**

**FINANCIAL DATA**

It will be the responsibility of the applicant to show sufficient evidence of adequate financial resources to complete construction of the proposed project and provide sufficient working capital and operating income for a period of not less than one (1) year after the date of opening:

- A. Specify the per diem rate for all existing negotiated reimbursement contracts and proposed contracts for patient care with state and federal governmental agencies, Blue Cross/Blue Shield Plans, labor organizations such as health and welfare funds and membership associations.
  
- B. Does the facility participate in a regional program which provides a means for facilities to compare its costs and operations with similar institutions?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify program \_\_\_\_\_  
 Provide a copy of report(s) which provide(s) the basis for comparison.

- C. Estimated Capital Costs

Please see “Instructions for Completing Estimated Capital Costs” Section of the Certificate of Need application for detailed instructions for completing this question (attached)

Part I – Direct Construction Costs

1.	Cost of materials	\$ _____
2.	Cost of labor	\$ _____
3.	Equipment included in construction contract	\$ _____
4.	Builder’s overhead	\$ _____
5.	Builder’s profit	\$ _____
6.	Allocation for contingencies	\$ _____
7.	Sub-total (add lines 1 thru 6)	\$ _____

Part II – Equipment Not Included in Construction Contract  
 (List each separately) If leasehold, lease expense for the entire term of the initial lease

- |    |                                  |          |
|----|----------------------------------|----------|
| 8. | a. _____                         | \$ _____ |
|    | b. _____                         | \$ _____ |
|    | c. _____                         | \$ _____ |
|    | d. _____                         | \$ _____ |
|    | e. _____                         | \$ _____ |
| 9. | Sub-total (add lines 8a thru 8e) | \$ _____ |

Part III – Site Acquisition Costs

- |     |  |          |
|-----|--|----------|
| 10. | Full purchase price  | \$ _____ |
| 11. | For sites with standing structures                                   | \$ _____ |
|     | a. purchase price allocable to structures                            | \$ _____ |
|     | b. purchase price allocable to land                                  | \$ _____ |
| 12. | Closing costs  | \$ _____ |
| 13. | If leasehold, lease expense for the entire term of the initial lease | \$ _____ |
| 14. | Additional expenses paid or accrued:                                 |          |
|     | a. _____   | \$ _____ |
|     | b. _____   | \$ _____ |
|     | c. _____   | \$ _____ |
| 15. | Sub-total (add lines 10 thru 14c)                                    | \$ _____ |

Part IV – Site Preparation Costs

- |     |                 |          |
|-----|-----------------|----------|
| 16. | Earth work      | \$ _____ |
| 17. | Site utilities  | \$ _____ |
| 18. | Roads and walks | \$ _____ |

- |     |                                  |          |
|-----|----------------------------------|----------|
| 19. | Lawns and planting               | \$ _____ |
| 20. | Unusual site conditions:         |          |
|     | a. _____                         | \$ _____ |
|     | b. _____                         | \$ _____ |
| 21. | Accessory structures             | \$ _____ |
| 22. | Demolition costs                 | \$ _____ |
| 23. | Sub-total (add lines 16 thru 22) | \$ _____ |

Part V – Off-site Costs (List each separately)

- |     |                                  |          |
|-----|----------------------------------|----------|
| 24. | _____                            | \$ _____ |
| 25. | _____                            | \$ _____ |
| 26. | _____                            | \$ _____ |
| 27. | _____                            | \$ _____ |
| 28. | Sub-total (add lines 24 thru 27) | \$ _____ |

Part VI – Architectural and Engineering Fees

- |     |                                  |          |
|-----|----------------------------------|----------|
| 29. | Architect's design fee           | \$ _____ |
| 30. | Architect's supervision fee      | \$ _____ |
| 31. | Engineering fees                 | \$ _____ |
| 32. | Consultant's fees                | \$ _____ |
| 33. | Sub-total (add lines 29 thru 32) | \$ _____ |

Part VII – Other Consultant Fees (List each separately)

- |     |          |          |
|-----|----------|----------|
| 34. | a. _____ | \$ _____ |
|     | b. _____ | \$ _____ |
|     | c. _____ | \$ _____ |

35. Sub-total (add lines 34a thru 34c) \$ \_\_\_\_\_

Part VIII – Taxes During Construction

36. Property taxes during construction \$ \_\_\_\_\_

34. List other taxes:

a. \_\_\_\_\_ \$ \_\_\_\_\_

b. \_\_\_\_\_ \$ \_\_\_\_\_

38. Sub-total (add lines 36 thru 37b) \$ \_\_\_\_\_

Part IX-A – HUD Section 232 Financing

39. Estimated construction time( in months) \_\_\_\_\_

40. Dollar amount of construction loan \$ \_\_\_\_\_

41. Construction loan interest rate \_\_\_\_\_%

42. Estimated construction loan interest costs \$ \_\_\_\_\_

43. Term of financing (in years) \_\_\_\_\_

44. Interest rate on permanent loan \_\_\_\_\_%

45. FHA mortgage insurance premium \$ \_\_\_\_\_

46. FHA mortgage fees \$ \_\_\_\_\_

47. Financing fees \$ \_\_\_\_\_

48. Placement fees \$ \_\_\_\_\_

49. AMPO (non-profit only) \$ \_\_\_\_\_

50. Title and recording fees \$ \_\_\_\_\_

51. Legal fees \$ \_\_\_\_\_

52. Total interest expense on permanent mortgage loan \$ \_\_\_\_\_

53. Sub-total Part IX-A HUD Section 232 Financing

(add lines 42, 45, 46, 47, 48, 49, 50 and 51)

\$ \_\_\_\_\_

Part IX-B – Industrial Development Authority Revenue and General  
Obligation Bond Financing

(Circle selected method of financing)

54. Method of construction financing (construction loan, proceeds of bond sales, if other, specify) \_\_\_\_\_  
If construction is to be financed from any source other than bond sale proceeds, answer question 56 through 58. Otherwise, proceed to question 59.
55. Estimated construction time (in months) \_\_\_\_\_
56. Dollar amount of construction loan \$ \_\_\_\_\_
57. Construction loan interest rate \_\_\_\_\_%
58. Estimated construction loan interest cost \$ \_\_\_\_\_
59. Nature of bond placement (direct, underwriter, if other, specify) \_\_\_\_\_
60. Will bonds be issued prior to the beginning of construction? \_\_\_\_\_ Yes \_\_\_\_\_ No
61. If the answer to question 60 is yes, how long before in months? \_\_\_\_\_
62. Dollar amount of bonds expected to be sold prior to the beginning of construction \$ \_\_\_\_\_
63. Will principal and interest be paid during construction or only interest? \_\_\_\_\_
64. Bond interest expense prior to the beginning of construction(in dollars) \$ \_\_\_\_\_
65. How many months after construction begins will last bond be sold? \_\_\_\_\_
66. Bond interest expense during construction \$ \_\_\_\_\_
67. What percent of total construction will be financed from bond issue? \$ \_\_\_\_\_

68. Expected bond interest rate \_\_\_\_\_%
69. Anticipated term of bond issued (in years) \_\_\_\_\_
70. Anticipated bond discount (in dollars) \_\_\_\_\_
71. Legal costs \$ \_\_\_\_\_
72. Printing costs \$ \_\_\_\_\_
73. Placement fee \$ \_\_\_\_\_
74. Feasibility study \$ \_\_\_\_\_
75. Insurance \$ \_\_\_\_\_
76. Title and recording fees \$ \_\_\_\_\_
77. Other fees (list each separately)
- a. \_\_\_\_\_ \$ \_\_\_\_\_
- b. \_\_\_\_\_ \$ \_\_\_\_\_
- c. \_\_\_\_\_ \$ \_\_\_\_\_
78. Sinking fund reserve account  
(Debt Service Reserve) \$ \_\_\_\_\_
79. Total bond interest expenses (in dollars) \$ \_\_\_\_\_
80. Sub-total Part IX\_B (add lines 58, 64, 66,  
71, 72, 73, 74, 75, 76, 77a, b, c and 78) \$ \_\_\_\_\_

Part IX\_C – Conventional Mortgage Loan Financing

81. Estimated construction time (in months) \_\_\_\_\_
82. Dollar amount of construction loan \$ \_\_\_\_\_
83. Construction interest rate \_\_\_\_\_%
84. Estimated construction loan interest cost  
(in dollars) \$ \_\_\_\_\_

85. Term of long term financing (in years) \_\_\_\_\_
86. Interest rate on long term loan \_\_\_\_\_%
87. Anticipated mortgage discount (in dollars) \$ \_\_\_\_\_
88. Feasibility study \$ \_\_\_\_\_
89. Finder's fee \$ \_\_\_\_\_
90. Legal fees \$ \_\_\_\_\_
91. Insurance \$ \_\_\_\_\_
92. Other fees (list each separately)
- \_\_\_\_\_ \$ \_\_\_\_\_
93. \_\_\_\_\_ \$ \_\_\_\_\_
94. Total permanent mortgage loan interest expense (in dollars) \$ \_\_\_\_\_
95. Sub-total Part IX\_C (add lines 84 & 88 thru 93) \$ \_\_\_\_\_

Financial Data Summary Sheet

96. Sub-total Part I Direct Construction Cost (line 7) \$ \_\_\_\_\_
97. Sub-total Part II Equipment not included in construction contract (line 9) \$ \_\_\_\_\_
98. Sub-total Part III Site Acquisition Costs (line 15) \$ \_\_\_\_\_
99. Sub-total Part IV Site Preparation Cost (line 23) \$ \_\_\_\_\_
100. Sub-total Part V Off-Site Costs (line 28) \$ \_\_\_\_\_
101. Sub-total Part VI Architectural and Engineering fees (line 33) \$ \_\_\_\_\_
102. Sub-total Part VII Other Consultant fees (line 35) \$ \_\_\_\_\_
103. Sub-total Part VIII Taxes During Construction (line 38) \$ \_\_\_\_\_
104. Sub-total Part IX-A HUD-232 Financing (line 53) \$ \_\_\_\_\_

105.	Sub-total Part IX-B	Industrial Development Authority Revenue & General Revenue Bond Financing (line 80)	\$ _____
106.	Sub-total Part IX-C	Conventional Loan Financing (line 95)	\$ _____
107.	<b>TOTAL CAPITAL COST</b> (lines 96 thru 106)		\$ _____
108.	Percent of total capital costs to be financed _____%		
109.	Dollar amount of long term mortgage (line 107 x 108)		\$ _____
110.	Total Interest Cost on Long Term Financing		\$ _____
	a.	HUD-232 Financing (line 53)	\$ _____
	b.	Industrial Development Authority Revenue & General Revenue Bond Financing (line 79)	\$ _____
	c.	Conventional loan Financing (line 94)	\$ _____
111.	Anticipated Bond discount		
	a.	HUD-232 Financing (line 53)	\$ _____
	b.	Industrial Development Authority Revenue & General Revenue Bond Financing (line 70)	\$ _____
	c.	Conventional Loan Financing (line 87)	\$ _____
112.	<b>TOTAL CAPITAL AND FINANCING COST</b> <b>(ADD LINES 107, 110a, b or c AND 111a, b or c)</b>		\$ _____
D.	1.	Estimated costs for new construction (excluding site acquisition costs)	\$ _____
	2.	Estimated costs of modernization and renovation (excluding site acquisition costs)	\$ _____
E.	Anticipated Sources of Funds for Proposed Project		<u>Amount</u>
	1.	Public Campaign	\$ _____
	2.	Bond Issue (Specify Type) _____	\$ _____

- 3. Commercial Loans \$ \_\_\_\_\_
- 4. Government Loans (Specify Type) \_\_\_\_\_ \$ \_\_\_\_\_
- 5. Grants (Specify Type) \_\_\_\_\_ \$ \_\_\_\_\_
- 6. Bequests \$ \_\_\_\_\_
- 7. Private Foundations \$ \_\_\_\_\_
- 8. Endowment Income \$ \_\_\_\_\_
- 9. Accumulated Reserves \$ \_\_\_\_\_
- 10. Other (Identify) \_\_\_\_\_ \$ \_\_\_\_\_

- F. Describe in detail the proposed method of financing the proposed project, including the various alternatives considered. Attach any documents which indicate the financial feasibility of the project.
- G. Describe the impact the proposed capital expenditure will have on the cost of providing care in the facility. Specify total debt service cost and estimated debt service cost per patient day for the first two (2) years of operation. (Total debt service cost is defined as total interest to be paid during the life of the loan (s). Estimate debt service cost per patient day by dividing estimated total patient days for year one into amount of debt service for that year. Repeat for year two.) Please attach an amortization schedule showing how the proposed debt will be repaid.
- H. Attach a copy of the following information of documents.
  - 1. The existing and/or proposed room rate schedule, by type of accommodation.
  - 2. The audited annual financial statements for the past two (2) years of the existing facility or if a new facility without operating experience, the financial state of the owner (s). Audited financial statements are required, if available.
  - 3. Copy of the proposed facility’s estimated income, expense and capital budget for the first two years of operation after the proposed project is completed.

## SECTION VI ASSURANCES

I hereby assure and certify that:

- a. The work on the proposed project will be initiated within the period of time set forth in the Certificate of Public Need; and
- b. completion of the proposed project will be pursued with reasonable diligence; and
- c. the proposed project will be constructed, operated and maintained in full compliance with all applicable local, State and Federal laws, rules, regulations and ordinances.

I hereby certify that the information included in this application and all attachments are correct to the best of my knowledge and belief and that it is my intent to carry out the proposed project as described.

\_\_\_\_\_  
Signature of Authorizing Officer

\_\_\_\_\_  
Address – Line 1

\_\_\_\_\_  
Type/Print Name of Authorizing Officer

\_\_\_\_\_  
Address – Line 2

\_\_\_\_\_  
Title of Authorizing Officer

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**Copies of this request should be sent to :**

- A. **Virginia Department of Health  
Division of Certificate of Public Need  
9960 Mayland Drive – Suite 401  
Henrico, Virginia 23233**
- B. **The Regional Health Planning Agency if one is currently designated by the Board of Health to serve the area where the project would be located.**