



The Certificate of Need in its entirety
(438) total pages is on file in the Clerk
of Council's Office.

71 Vickery Street
Roswell, Georgia 30075
Telephone 770-394-8465
Facsimile 770-394-5470
www.thestrategyhouse.net

February 18, 2020

Via Federal Express

Ms. Sandra Davis
Clerk of Council
Government Center Tower
100 10th Street, 6th Floor
Columbus, Georgia 31901

RE: Transmittal of Copy of Certificate of Need (CON) Application

Dear Ms. Davis:

Enclosed please find a copy of the Certificate of Need Application submitted to the Georgia Department of Community Health by Saint Francis Hospital to relocate a portion of its CON-approved, adult acute psychiatric beds from The Bradley Center location to the main hospital, which is located at 2121 Manchester Expressway. Specifically, SFH plans to relocate its geriatric psychiatric service, which is part of its adult acute psychiatric program. In addition, SFH will increase the number of geriatric psychiatric beds from 13 to 16 by reallocating three general adult acute psychiatric beds to the geriatric psychiatric service. The proposed project will not increase the number of adult acute psychiatric beds nor the total licensed bed capacity of SFH.

Revised Department regulations no longer require that you provide a receipt for this document. Please do not hesitate to contact me if you require further information.

Sincerely,

THE STRATEGY HOUSE, INC.

Kevin. A. Kimbell
Manager – Data Analytics

enclosure

Section 1: General Identifying Information

1. Enter the following information for the person or entity that will offer or develop the new institutional health service. If applicable, this information should correspond with the information submitted to the Department of Human Resources as the "Name of the Governing Body." The contact person should be a person directly affiliated with the Applicant and not a consultant or attorney.

APPLICANT		
Applicant Legal Name: St. Francis Health, LLC		
d/b/a (if applicable): St. Francis Hospital		
Address: 2121 Manchester Expressway		
City: Columbus	State: Georgia	Zip: 31904
County: Muscogee	Main Business Phone: 706-596-4000	
Parent Organization: St. Francis Holding Company, LLC		
CONTACT PERSON		
Name: Alan E. George, FACHE		Title or Position: Chief Operating Officer
Phone: 706-320-8387	Fax: 706-596-4481	
E-mail Address: georgeal@sfhga.com		

2. Is the name of the facility or proposed facility different than the Applicant's legal name? YES NO

If YES → Enter the facility information below. If applicable, this information should correspond to the "Name of Facility" maintained by the Department of Human Resources.

If NO → Continue to the next question.

FACILITY		
Facility Name:		
Facility Address:		
City:	State:	Zip:
County:	Phone:	

3. If the facility is currently existing, is it currently licensed or permitted by the Department of Human Resources?

YES NO Not Applicable

If YES → Attach a copy of any and all licenses and permits at **APPENDIX B**.

If NO → Continue to the next question.

If Not Applicable → Check one of the following: Not Currently Existing (Proposed Only)
 No License or Permit Required

4. Is the legal owner of the facility different than the Applicant? YES NO

If YES → Identify the legal owner and all individuals or entities that own 10 percent interest or more in the facility. Include complete names, addresses, and telephone numbers.

If NO → Continue to the next question.

OWNER #1		
Name:		
Address:		
City:	State:	Zip:
Phone:		
OWNER #2		
Name:		
Address:		
City:	State:	Zip:
Phone:		
OWNER #3		
Name:		
Address:		
City:	State:	Zip:
Phone:		

5. Check the appropriate box to indicate the type of ownership of the Facility. Check only one box.

TAX EXEMPT	<input type="checkbox"/> Not-for-Profit Corporation		
	<input type="checkbox"/> Public (Hospital Authority or Government)		
TAX PAYING	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Sole Proprietor
	<input type="checkbox"/> Limited Liability Partnership	<input checked="" type="checkbox"/> Limited Liability Corporation	

6. Will the **entire** facility be operated by an entity other than the Applicant or the legal owner?

YES NO

If YES → Identify the operator and include the complete name, address, and telephone number.

If NO → Continue to Question 8.

OPERATOR		
Name:		
Address:		
City:	State:	Zip:
Phone:		

7. Check the appropriate box to indicate the type of operator. Check only one box.


TAX EXEMPT	<input type="checkbox"/> Not-for-Profit Corporation	
	<input type="checkbox"/> Public (Hospital Authority or Government)	
TAX PAYING	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Business Corporation
	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Partnership
	<input type="checkbox"/> Limited Liability Corporation	

8. Please provide documentation of the organizational and legal structure of the Applicant as indicated in the table below. Attach this documentation as **APPENDIX C**. Please attach the documents in the order they are listed.

ORGANIZATIONAL STRUCTURE	
Not-for-Profit Corporation	<input type="checkbox"/> Name of Each Officer and Director <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Certificate of Existence <input type="checkbox"/> Bylaws <input type="checkbox"/> Organizational Chart(s) <input type="checkbox"/> Application/Authorization to do Business in Georgia (for Non-Resident Corporations)
Public (Hospital Authority or Government)	<input type="checkbox"/> All Governing Authority Approvals for this Application and Project <input type="checkbox"/> Bylaws <input type="checkbox"/> Organizational Chart(s)

ORGANIZATIONAL STRUCTURE	
Sole Proprietor	<input type="checkbox"/> County and Municipal Government Business Authorization Documents (e.g. Licenses, Permits, Etc.) <input type="checkbox"/> Bylaws <input type="checkbox"/> Organizational Chart(s)
General Partnership	<input type="checkbox"/> Name, Partnership Interest, and Percentage Ownership of Each Partner <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Certificate of Existence <input type="checkbox"/> Bylaws <input type="checkbox"/> Organizational Chart(s)
Limited Liability Partnership	<input type="checkbox"/> Name, Partnership Interest, and Percentage Ownership of Each Partner <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Certificate of Existence <input type="checkbox"/> Certificate of Registration <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Bylaws <input type="checkbox"/> Organizational Chart(s)
Business Corporation	<input type="checkbox"/> Name of Each Officer and Director <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Certificate of Existence <input type="checkbox"/> Bylaws <input type="checkbox"/> Organizational Chart(s) <input type="checkbox"/> Application/Authorization to do Business in Georgia (for Non-Resident Corporations)
Limited Liability Corporation	<input checked="" type="checkbox"/> Name of Each Officer and Director <input type="checkbox"/> Articles of Incorporation (Not Applicable) <input checked="" type="checkbox"/> Operating Agreement <input checked="" type="checkbox"/> Certificate of Existence <input type="checkbox"/> Bylaws (Not applicable, see Operating Agreement) <input checked="" type="checkbox"/> Organizational Chart(s) <input checked="" type="checkbox"/> Application/Authorization to do Business in Georgia (for Non-Resident Corporations)

9. If you have identified the Applicant as a Not-for-Profit Corporation, Business Corporation, or Limited Liability Corporation, explain the corporate structure and the manner in which all entities relate to the Applicant.

 **NOTE:** Do not exceed the allotted space for your response.

St. Francis Health, LLC d/b/a St. Francis Hospital ("SFH") is wholly owned by St. Francis Holding Company, LLC, which is a joint venture owned by EHC Ventures, LLC, a direct and wholly-owned subsidiary of Emory Healthcare, Inc, a Georgia non-profit corporation, and Georgia Healthcare Partner, LLC. Georgia Healthcare Partner, LLC is wholly owned by LifePoint Holdings 2, LLC, which, in turn, is wholly owned by LifePoint Hospitals Holdings, LLC, which is wholly owned by Historic LifePoint Hospitals, LLC, which is wholly owned by Legacy LifePoint Health, Inc., which is wholly owned by LifePoint Health, LLC.

*Please note that the joint venture with Emory Healthcare and LifePoint has just recently occurred and that details of the joint venture continue to be finalized. For that reason, in response to Question 17, SFH has provided both the current Limited Warranty Deed as well as the Memorandum of Lease Agreement.

10. Does the Applicant have Legal Counsel to whom legal questions regarding this application may be addressed?

YES NO

If YES → Identify the lead attorney below.

If NO → Continue to the next question.

LEGAL COUNSEL		
Name: Stanley S. Jones, Jr.		
Firm: Nelson Mullins Riley & Scarborough LLP		
Address: 201 17th Street NW, Suite 1700		
City: Atlanta	State: Georgia	Zip: 30326
Phone: 404-817-6133	Fax: 404- 861-7286	
Email: stan.jones@nelsonmullins.com		

11. Did a Consultant prepare and/or provide information in this application? YES NO

If YES → Identify the Consultant below.

If NO → Continue to the next question.

CONSULTANT		
Name: Dan Beall		
Firm: The Strategy House, Inc.		
Address: 71 Vickery Street		
City: Roswell	State: Georgia	Zip: 30075
Phone: 770-394-8465	Fax: 770-394-5470	
Email: dbeall@thestrategyhouse.net		

12. Does the Applicant wish to designate and authorize an individual other than the Applicant Contact listed in response to Question 1 to act as the representative of the Applicant for purposes of this application?

YES NO

If YES → Please complete the information in the table on the next page. By doing so, the Applicant authorizes the representative to submit this CON application and make amendments thereto; to provide the Department of Community Health with all information necessary for a determination on this application; to enter into agreements with the Department of Community Health in connection with this CON; and to receive and respond, if applicable, to notices in matters relating to this CON.

If NO → Continue to the next question.

AUTHORIZED REPRESENTATIVE		
Name:		
Firm:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

NOTE: This authorization will remain in effect for this application until written notice of termination is sent to the Department of Community Health that references the specific CON application number. Any such termination must identify a new authorized representative. Also, if the authorized representative's contact information changes at any time, the Applicant must immediately notify the Department of Community Health of any such change.

13. Does the Applicant have any lobbyist employed, retained, or affiliated with the Applicant directly or through its contact person or authorized representative?

YES NO

If YES → Please complete the information in the table below for each lobbyist employed, retained, or affiliated with the Applicant. Be sure to check the box indicating that the Lobbyist has been registered with the State Ethics Commission. Executive Order 10.01.03.01 and Rule 111-1-2-.03(2) require such registration.

If NO → Continue to the next question.

LOBBYIST DISCLOSURE STATEMENT		
Name of Lobbyist	Affiliation with Applicant	Registered with State Ethics Commission?
Stanley S. Jones, Jr.	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Other Affiliation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Helen L. Sloat	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Other Affiliation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
George S. Ray	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Other Affiliation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sam Marticke	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Other Affiliation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2: Project Description

14. Indicate the type of facility that will be involved in the project.


FACILITY TYPE							
<input type="checkbox"/> Birthing Center	<input checked="" type="checkbox"/> Hospital						
<input type="checkbox"/> Continuing Care Retirement Community (CCRC)	<input type="checkbox"/> Nursing or Intermediate Care Facility						
<input type="checkbox"/> Freestanding Ambulatory Surgery Center	<input type="checkbox"/> Personal Care Home						
<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Traumatic Brain Injury Facility						
<input type="checkbox"/> Diagnostic, Treatment or Rehabilitation Center (DTRC) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Freestanding Single-Modality Imaging Center</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Freestanding Multi-Modality Imaging Center</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Mobile Imaging</td> <td style="border: none;"><input type="checkbox"/> Practice-Based Imaging</td> </tr> <tr> <td colspan="2" style="border: none;"><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Freestanding Single-Modality Imaging Center	<input type="checkbox"/> Freestanding Multi-Modality Imaging Center	<input type="checkbox"/> Mobile Imaging	<input type="checkbox"/> Practice-Based Imaging	<input type="checkbox"/> Other:	
<input type="checkbox"/> Freestanding Single-Modality Imaging Center	<input type="checkbox"/> Freestanding Multi-Modality Imaging Center						
<input type="checkbox"/> Mobile Imaging	<input type="checkbox"/> Practice-Based Imaging						
<input type="checkbox"/> Other:							


15. Indicate the services that will be involved or affected by this project.

SERVICES		
ACUTE	<i>Hospital Inpatient</i> <ul style="list-style-type: none"> <input type="checkbox"/> Medical/Surgical <input type="checkbox"/> Open Heart Surgery <input type="checkbox"/> Pediatric <input type="checkbox"/> Obstetrics <input type="checkbox"/> ICU/CCU <input type="checkbox"/> Newborn, ICU/INT <input type="checkbox"/> Newborn/Nursery <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acute, Burn, Other Specialty <input type="checkbox"/> Long Term Acute Care <input type="checkbox"/> Inpatient, Other <input checked="" type="checkbox"/> Psychiatric, Adult <input type="checkbox"/> Substance Abuse, Adult <input type="checkbox"/> Psychiatric, Child/Adolescent <input type="checkbox"/> Substance Abuse, Child/Adolescent <input type="checkbox"/> Psychiatric, Extended Care <input type="checkbox"/> Destination Cancer Hospital 	<i>Diagnostic Services</i> <ul style="list-style-type: none"> <input type="checkbox"/> Computerized Tomography (CT) Scanner <input type="checkbox"/> Magnetic Resonance Imaging (MRI) <input type="checkbox"/> Positron Emission Tomography (PET) <input type="checkbox"/> Diagnostic Center, Cancer/Specialty
		<i>Other Outpatient Services</i> <ul style="list-style-type: none"> <input type="checkbox"/> Ambulatory Surgery <input type="checkbox"/> Birthing Center
		<i>Clinical/Surgical</i> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency Medical <input type="checkbox"/> Emergency Medical, Trauma Center <input type="checkbox"/> Adult Cardiac Catheterization <input type="checkbox"/> Gamma Knife <input type="checkbox"/> Lithotripsy <input type="checkbox"/> Pediatric Cardiac Catheterization <input type="checkbox"/> Megavoltage Radiation Therapy
LONG-TERM	<ul style="list-style-type: none"> <input type="checkbox"/> Skilled Nursing Care <input type="checkbox"/> Intermediate Nursing Care <input type="checkbox"/> Continuing Care Retirement Community (CCRC) 	<ul style="list-style-type: none"> <input type="checkbox"/> Personal Care Home <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> Home Health
OTHER	<ul style="list-style-type: none"> <input type="checkbox"/> Administrative Support <input type="checkbox"/> Non-Patient Care, Other 	<ul style="list-style-type: none"> <input type="checkbox"/> Grounds/Parking <input type="checkbox"/> Medical Office Building

16. Check the most appropriate category(ies) for this project. Check all that apply.

PROJECT CATEGORY	
<p>Construction</p> <input type="checkbox"/> New Facility <input type="checkbox"/> Expansion of Existing Facility <input checked="" type="checkbox"/> Renovation of Existing Facility <input type="checkbox"/> Replacement of Existing Facility	<p>Service Change</p> <input type="checkbox"/> New Service <input type="checkbox"/> Expansion of Service <input type="checkbox"/> Expansion or Acquisition of Service Area <input type="checkbox"/> Consolidation of Service <input checked="" type="checkbox"/> Relocation of Facility (relocation of geriatric psych beds) <input type="checkbox"/> Other
<p>Procurement of Medical Equipment</p> <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation (fair market value must be used)	

17. Please provide the following site information for the facility and services identified in this application. Check the appropriate box to indicate the current status of the site acquisition.  Attach the appropriate documents that provide for the Applicant's entitlement to the site at **APPENDIX D**.

 **NOTE:** If an unsigned lease is attached, include a letter documenting both parties' commitment to participate in the lease once the CON is approved, if applicable.

PROJECT SITE INFORMATION		
Street Address: 2121 Manchester Expressway		
City: Columbus	County: Muscogee	Zip: 31904
Number of Acres: 40.0		
Status of Site Acquisition		
<input checked="" type="checkbox"/> Purchased (attach deed)	<input checked="" type="checkbox"/> Leased (attach lease) Memorandum of Lease Agreement	
<input type="checkbox"/> Under Option (attach option agreement)	<input type="checkbox"/> Under Contract (attach contract or bill of sale)	
<input type="checkbox"/> Other; please specify:		
Zoning		
Is the site appropriately zoned to permit its use for the purpose stated within the application?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If NO → Describe what steps have been taken to obtain the correct zoning and the anticipated date of re-zoning:		
Encumbrances		
Are there any encumbrances that may interfere with the use of the site, such as mortgages, liens, assessments, easements, rights-of-way, building restrictions, or flood plains?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

18. Provide a detailed description of the proposed project including a listing of the departments (e.g. ED, ICU), services, (e.g. Home Health, Cardiac Cath), and equipment (e.g. MRI, PET, Cath) involved.

NOTE: If your description exceeds this blocked space, attach additional 8-½ by 11-inch pages, number the first sheet Page 9.1, the second Page 9.2 and so on. Do not alter the main page numbers of this application. Once printed, insert your additional pages 9.1, etc. behind this Page 9.

SFH is CON-authorized for 84 inpatient psychiatric beds, which are located on The Bradley Center campus, approximately two miles from the Main Hospital campus. Currently, of its compliment of CON-authorized beds, SFH operates 37 set-up and staffed adult psychiatric beds, 13 of which are allocated to a dedicated geriatric or senior care psychiatry unit. SFH also operates an inpatient pediatric psychiatry program, which is part of its CON-authorized inpatient psychiatry beds. In addition to its CON-authorized inpatient psychiatric beds, SFH has a contract with the State of Georgia to operate a 24-bed Crisis Stabilization Unit ("CSU") and a 12 observation beds, which is separate from its CON-authorized services.

As part of its planning for behavioral health services, SFH is pursuing the expansion of its CSU with the Department of Behavioral Health and Developmental Disabilities ("DBHDD"). This expansion of the CSU is not a CON-reviewable event. However, to accomplish this expansion, SFH must relocate its geriatric psychiatric service from The Bradley Center's campus to an unoccupied medical/surgical unit on the Main Hospital campus. The space that will be vacated by the geriatric service at The Bradley Center campus can then be reconfigured to allow expansion of the CSU.

With the relocation, SFH will allocate three additional CON-authorized adult psychiatric beds to its geriatric psychiatric service, increasing the number of geriatric psychiatric beds to 16 beds. Please see the following:

Exhibit 18.1
SFH Set-up and Staffed CON-Authorized Adult Psychiatric Beds

	Current	After Relocation	Difference
General Adult Psychiatric	24	24	0
Geriatric Psychiatric	13	16	+3
Total	37	40	+3

Please note that although the number of set-up and staffed CON-authorized adult psychiatric beds will increase, the total number of CON-authorized medical/surgical, obstetric, or psychiatric beds on the license of SFH will not change. Thus, the SFH proposal does not involve an increase in the number of beds nor a change in the inpatient psychiatric services authorized for SFH under its license.

Approximately 10,100 square feet of space will be renovated to accommodate the relocation of the geriatric psychiatry unit to the Main Hospital Campus. SFH estimates that the total cost of the project will be \$2,248,000, which includes \$1,943,000 in construction costs. LifePoint Health, Inc., SFH's parent organization, will provide funding for the project.

Section 3: General Review Considerations

All Certificate of Need applications are evaluated to determine their compliance with the general review considerations contained in Rule 111-2-2-.09. Please document how the proposed project conforms with the following general review considerations.

Rule 111-2-2-.09(1)(a): Consistency with State Health Plan

The proposed new institutional health services are reasonably consistent with the relevant general goals and objectives of the State Health Plan.

19. Explain how the project is consistent with the State Health Plan or why it does not apply. Also explain how the application is consistent with the Applicant's own long range plans.

NOTE: If your explanation exceeds this blocked space, attach additional 8-½ by 11-inch pages, number the first sheet Page 10.1, the second Page 10.2 and so on. Do not alter the main page numbers of this application. Once printed, insert your additional pages 10.1, etc. behind this Page 10.

SFH's proposal to relocate its inpatient geriatric psychiatry unit from The Bradley Center campus to the Main Hospital campus is consistent with the relevant goals and objectives of the State Health Plan. The state does not publish specific goals and objectives for inpatient adult psychiatric/substance services. However, the general goals and objectives of the State Health Plan are to promote improved access and availability of needed health care services to all Georgia residents, regardless of financial resources. In addition, the Plan promotes cost-effective and efficiently provided care.

Access and Availability of Needed Facilities and Services

SFH's proposal to relocate its inpatient geriatric psychiatry unit is consistent with the State Health Plan's general goals and objectives. The relocation of the unit will provide needed space in The Bradley Center, which SFH will use to expand its CSU and, thus, meet the state's need for short-term emergency psychiatric care, multidisciplinary assessment, and referral to appropriate follow-up care. Please note that the expansion of the CSU is not a CON-reviewable event.

Also, by relocating its geriatric psychiatry beds to the Main Hospital, SFH's project ensures the continued availability of inpatient geriatric services. In addition, SFH is committed to meet the mental health needs of indigent/charity patients and has made a formal commitment to provide unreimbursed indigent/charity care in an amount equal to 3.0 percent of adjusted gross revenue for its adult psychiatry program.

Quality and Cost-Effective Care for All Patients

SFH has historically achieved a high standard of care. The Joint Commission has accredited the hospital, including The Bradley Center, and SFH has no licensure deficiencies or Medicare/Medicaid certification deficiencies. By relocating its geriatric psychiatry patients to the Main Hospital, the overall quality of care for these patients will improve as their medical-related issues, including co-morbid behavioral health and medical conditions, will be cared for more effectively within the hospital setting. Also, geriatric psychiatry patients that present in the emergency department and require hospitalization can be quickly transferred to an inpatient bed in the Main Hospital to receive need care while freeing up needed emergency beds. Currently, SFH's emergency department includes 14 beds dedicated to patients with behavioral health problems. In addition, SFH plans to use underutilized beds and space that will require only renovation of the facility is a cost-effect approach to attaining its overall goals of expanding its CSU and ensuring that geriatric psychiatry services are available and accessible to the community.


The approval of this project will ensure that underserved populations such as Medicare, Medicaid, PeachCare and indigent/charity patients have access to high quality healthcare facilities and services. SFH has a strong history of providing services to these underserved populations. Medicare and Medicaid patients accounted for over 70 percent of SFH's total inpatient days in 2018 and over 73 percent of its psychiatry days. In addition, SFH provided almost \$8,000,000 in uncompensated indigent and charity care in 2018.


Rule 111-2-2-.09(1)(b): Need

The population residing in the area served, or to be served, by the new institutional health service has a need for such services.

20. Please explain the need for your particular project or service. For services for which a need methodology exists in the State Health Plan, please use the said methodology. In submitting information to explain the need for your project, please also use the following guidelines:

- For any population projections, the official projections of the Office of Planning and Budget should be utilized;
- Include maps that clearly define both the primary and secondary service areas and identify all other providers of the proposed service that lie within the primary and secondary service area on such maps;
- Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients, visitors, and employees; and
- For services that already have documented utilization rates, include such historical utilization data, and projections for future utilization.

 **NOTE:** *If your explanation exceeds this blocked space, attach additional 8-½ by 11-inch pages, number the first sheet Page 11.1, the second Page 11.2 and so on. Do not alter the main page numbers of this application. Once printed, insert your additional pages 11.1, etc. behind this Page 11.*

 Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that supports the need for your project into **APPENDIX E**. All documents such as tables, charts, and maps that support your need analysis and that are able to be inserted or created in MS Word format should be inserted following this page according to instructions in the note above.

Background

SFH is a 376-bed community hospital located in Columbus (Muscogee County), Georgia. The hospital offers a wide range of primary and specialty services, including inpatient adult psychiatric and substance abuse services. Over the course of a year, SFH will treat approximately 14,000 inpatients and over 137,000 outpatients, making it one of the largest hospital providers in West Central Georgia. SFH provides a range of medical and surgical services including:

- General Medicine - Inpatient
- General Surgery - Inpatient
- Intensive Care – Inpatient
- Obstetrical – Inpatient
- Behavioral health – inpatient/outpatient
- 23-hour observation
- Emergency Services, including behavioral health services
- Ambulatory Surgery, including cystoscopy
- Dialysis
- Lithotripsy (contract service)
- Diagnostic imaging, including X-ray, Nuclear Medicine, CT and MRI
- PET (contract service)
- Chemotherapy
- Respiratory Therapy
- Occupational Therapy
- Physical Therapy
- Speech Pathology

Also, SFH just became the first hospital to join the recently announced joint venture between Emory Healthcare and LifePoint Health, which was formed to enhance access to, and delivery of high-quality, cost-effective care; improve the health of residents in Columbus, Ga., and surrounding communities; and strengthen the regional benefits of Emory's health care expertise close to home.

In addition, SFH has developed a number of specialized programs and services to meet the healthcare needs of the community including, but not limited to:

- The Bradley Center – a freestanding, 84-bed mental health facility that provides addiction treatment, inpatient and day treatment, support groups, respite day care and educational programs.
- The Cancer Program of St. Francis – strives to collaborate with our peers in providing the highest standard of care for oncology patients through education, community liaison activities, participation in the West Central Georgia Cancer Coalition, membership in the Association of Community Cancer Centers and participation in the American Cancer Society.
- St. Francis Heart Hospital – Since 1974, St. Francis Heart Hospital has been dedicated to providing comprehensive cardiothoracic and vascular care, with highly trained experienced staff using the most advanced procedures and state-of-the-art equipment. Now affiliated with Emory Cardiothoracic Surgery, St. Francis is the region’s premier resource for the diagnosis and treatment of heart disease.
- Center for Breast Health - The Elena Diaz-Verson Amos Center for Breast Health at St. Francis is the premier facility in our region dedicated to improving women’s health. Not only was St. Francis first in the region, but first in the state of Georgia to offer diagnostic Automated Whole-Breast Ultrasound (AWBUS) and Breast-Specific Gamma Imaging (BSGI). We were among the first to provide 3-D mammography (tomosynthesis) and a dedicated Breast MRI.
- St. Francis Women’s Hospital - At the Women’s Hospital, comprehensive services are available - from mammography and breast health to obstetrics and gynecologic oncology care.
- St. Francis Diabetes Management Program – Nationally recognized by the American Diabetes Association, the program provides diabetes education, pre-diabetes education, intensive insulin management classes, insulin pump training and gestational diabetes classes.

During 2018, SFH admitted 13,708 inpatients, accounting for an average daily census of approximately 181.2 inpatients.

Exhibit 20.1
SFH Utilization Trends, 2016 - 2018

	2016	2017	2018	% Change
Authorized Beds	376	376	376	0.0%
Admissions	14,387	14,228	13,708	-4.7%
Patient Days	70,969	70,311	66,139	-6.8%
ADC	194.4	192.6	181.2	-6.8%
Occupancy	51.7%	51.2%	48.2%	-6.8%

Source: Annual Hospital Questionnaire

During 2018, over 70 percent of SFH’s inpatient utilization (patient days) was Medicare, Medicaid and PeachCare patients. Please see the following:

Exhibit 20.2
SFH 2018 Payor Mix

	Medicare	Medicaid	PeachCare	Private Pay	Self	Other
Admissions	56.7%	9.1%	1.4%	23.6%	6.8%	2.4%
Patient Days	61.8%	8.0%	0.8%	20.6%	7.0%	1.8%

Source: Annual Hospital Questionnaire

Patient Origin and Proposed Service Area

Based on 2018 data from GHA Analytics, SFH's service area for inpatient adult psychiatric services includes 10 counties. Muscogee, which accounted for approximately 62 percent of its patients, is its primary service area. In addition, the following nine counties accounted for another 28 percent of the patients: Russell (AL), Lee (AL), Harris, Troup, Talbot, Sumter, Marion, Chattahoochee, and Meriwether. Please see the following:

**Exhibit 20.3
SFH Adult Inpatient Psychiatry Patient Origin**

County	Percent of Total
Primary Service Area	
Muscogee	62.4%
Secondary Service Area	
Russell, AL	10.3%
Lee, AL	5.6%
Harris	3.5%
Troup	2.2%
Talbot	1.3%
Sumter	1.3%
Marion	1.3%
Chattahoochee	1.2%
Meriwether	1.2%
Subtotal	27.9%
Other	9.7%
Total	100.0%

Service Area Demographics

SFH's service area has an estimated 2020 population of 625,549. Muscogee County, which is SFH's primary service area and the largest of the service area counties, has an estimated 2020 population of 213,727. From 2020 to 2025, Muscogee County will grow by approximately 6,626 residents, a 3.1 growth rate, reaching 220,353 total residents. The secondary service area is projected to grow by 4.8% over the next five years, adding almost 20,000 residents while reaching 431,416 total residents. Please see the following analysis:

**Exhibit 20.4
Total Population Projections, 2020-2025**

	2020	2025	Growth	
			Absolute	Percent
Primary Service Area				
Muscogee	213,727	220,353	6,626	3.1%
Subtotal PSA	213,727	220,353	6,626	3.1%
Secondary Service Area				
Russell, AL	58,605	61,315	2,710	4.6%
Lee, AL	163,811	175,929	12,118	7.4%
Harris	35,495	37,679	2,184	6.2%
Troup	74,395	78,283	3,888	5.2%
Talbot	6,059	5,714	-345	-5.7%
Sumter	30,388	29,462	-926	-3.0%
Marion	8,758	8,777	19	0.2%
Chattahoochee	13,274	13,471	197	1.5%
Meriwether	21,037	20,786	-251	-1.2%

	2020	2025	Growth	
			Absolute	2020
Subtotal SSA	411,822	431,416	19,594	4.8%
Total	625,549	651,769	26,220	4.2%

Note: AL population data was extrapolated from 2019 and 2024 data.
Source: Resident Population Projections, 4/11 Release, Esri

The senior population (65 years of age and older) in the service area is growing at an even faster rate than the total population. The growth in the senior population is significant given that the proposed project addresses the needs of seniors with behavioral health problems, including those with co-morbid behavioral health and medical problems. Projections indicate that between 2020 and 2025, the senior population will grow from 93,346 to 110,990 residents, an increase of 17,644 seniors, representing a 18.9% increase. Moreover, seniors will account for over 17% of the service area's population by 2025, compared to 14.9 percent in 2020. Please see Exhibit 20.5.

Exhibit 20.5
Senior Population Projections, 2020-2025

Primary Service Area	2020	2025	Growth	
			Absolute	Percent
Muscogee	30,171	36,002	5,831	19.3%
Subtotal PSA	30,171	36,002	5,831	19.3%
Secondary Service Area				
Russell, AL	9,364	10,765	1,401	15.0%
Lee, AL	20,085	24,760	4,675	23.3%
Harris	7,590	9,399	1,809	23.8%
Troup	12,187	14,567	2,380	19.5%
Talbot	1,525	1,686	161	10.6%
Sumter	5,249	5,696	447	8.5%
Marion	1,815	2,101	286	15.8%
Chattahoochee	579	646	67	11.6%
Meriwether	4,781	5,368	587	12.3%
Subtotal SSA	63,175	74,988	11,813	18.7%
Total	93,346	110,990	17,644	18.9%

Note: AL population data was extrapolated from 2019 and 2024 data.
Source: Resident Population Projections, 4/11 Release, Esri

Mental Illness in Georgia – Mental Health and access to mental health resources is an important issue for Georgia, which typically ranks poorly on mental health indices when compared to other states. Based on information from Mental Health America of Georgia, there are over 2.3 million Georgians that live with a mental illness, representing approximately 20 percent of the state's population. However, despite the incidence of mental illness in the state, Georgia ranks 47th in the nation in access to mental health resources and insurance. In addition, Georgia has only 18.7 percent of the beds necessary to care for those with serious mental health illnesses. Please see the following 2020 rankings of Georgia on indicators of mental health:

Exhibit 20.6
Georgia Mental Health Rankings

Overall Ranking	36 th
Adult Ranking	40 th
Youth Ranking	23 rd
Access to Care	50 th
Mental Health Workforce Availability (2018 data)	48 th

Source: Mental Health America

The following information about mental health in Georgia is provided by Mental Health America in its publication 2019 The State of Mental Health in America:

- Over one in five Georgia adults with a mental illness reported that they were not able to receive the treatment that they needed (ranked 27th)
- 18.5 percent of Georgia adults with a mental illness do not have insurance (ranked 47th)
- 59 percent of adult Georgians with a mental illness did not receive treatment (ranked 42nd)

Because of the poor state of mental health in Georgia, SFH's project, which will increase the availability of mental health resources and improve access to these resources, will have a positive effect on the mental health delivery system.

SFH's Behavioral Health Services: The Bradley Center of St. Francis Hospital

SFH and The Bradley Center have a long history of meeting the mental health needs of Georgians. In 1955, the Bradley-Turner Foundation, which had been influential in the area of mental health and counseling resources for the Columbus community, opened The Bradley Center. The Bradley Center has since expanded its facilities and programs multiple times, affiliating with SFH to continue its growth and service in 1994. Today, The Bradley Center is a department of SFH and its 84 inpatient beds are included in SFH's 376 CON-authorized and licensed beds.

As it has for more than 60 years, the facility's outstanding clinicians care for people who have mental illness, addiction disorders, or are experiencing distress due to a life crisis. As the premier psychiatric hospital in the region, The Bradley Center is committed to providing the highest quality of care for our patients and adapting to the needs of the community. The Bradley Center has established a strong reputation as the mental health care provider of choice for people throughout the 10-county service area.

Wellness for the whole person, emotional, social, spiritual and physical, is the goal of The Bradley Center's team of professionals, which employs a multi-disciplinary team approach to treatment. Experienced and compassionate psychiatrists, therapists, counselors, nurses and support staff collaborate to ensure the best possible care for every patient. Services include inpatient, outpatient, and day treatment (Partial Hospitalization Program or PHP) services, including detoxification treatment. These programs, along with support groups and educational programs, work together to enhance the quality of life for individuals and families as well as the community and region. With board-certified adult, geriatric and child psychiatrists working with Advanced Practice nurses and family and PMHNP-certified practitioners, The Bradley Center has well-trained, competent and experienced staff.

The Bradley Center's Behavioral and Psychiatric Care Services include:

- Adult Inpatient Unit
- Adult Partial Hospitalization (Day Treatment) Programs
- Child & Adolescent Inpatient Unit
- Crisis Stabilization Unit
- Detoxification Services
- Prevention Services
- Senior Care Unit
- Transcranial Magnetic Stimulation (TMS)

SFH is also an emergency receiving, evaluation and treatment center under the state mental health system and this designation has two locations, one in the emergency room on the Main Hospital Campus and one at the Bradley Campus. This status means that patients with a mental health condition who are perceived as being harmful to themselves or others may be brought involuntarily to an emergency receiving facility for evaluation. This designation is especially important given the increasing volume of patients with mental health issues that seek out hospital emergency departments for care. In large part, the increased volume of emergency patients with mental health problems is the direct result of the state's closure of its state-owned and operated psychiatric hospitals, which has also had a negative impact on the availability of inpatient behavioral health beds and services. Currently, SFH operates 14 emergency beds that are dedicated to patients with behavioral health issues.

The following exhibit profiles utilization of SFH's inpatient psychiatric services, which have experienced a decline

over the past three years.

Exhibit 20.7
SFH Inpatient Psychiatric Utilization

	2016	2017	2018	% Change
Child (0-12)	531	533	433	-18.5%
Adolescent (13-17)	1,995	1,662	1,557	-22.0%
Adult (18+)	10,725	10,559	9,441	-12.0%
Total	13,251	12,754	11,431	-13.7%

Note: Does not include CSU utilization
Source: Annual Hospital Questionnaire

Of importance to the need for the proposed project are SFH's Senior Care Unit (Geriatric Psychiatry) and its Crisis Stabilization Unit. As discussed, SFH's is proposing to relocate its geriatric psychiatry service from The Bradley Center to the Main Hospital and increase its number of set-up and staffed beds from 13 to 16. With the relocation of the geriatric psychiatry service, the hospital's CSU will expand into the geriatric psychiatry service's vacated space and increase its bed capacity from 24 beds to 37 beds, which is not a CON reviewable event.

Geriatric Psychiatry Program

An important component of SFH's behavioral health services is its Senior Care Unit or geriatric psychiatric services. The Senior Care Unit, which is located at The Bradley Center, is a 13-bed inpatient program that treats seniors with behavioral health issues as well as those with co-morbid behavioral health and medical problems. The unit treats patients suffering from suicidal/homicidal ideations, anxiety and depression that interferes with the ability to function from day-to-day, and psychosis or dementia, which causes behavioral issues. Among the services provided on the Senior Care Unit area:

- Individual therapy
- Family therapy
- Process groups
- Coping skills groups
 - Anger management
 - Grief and loss
 - Depression
 - Anxiety
 - Family conflicts
 - Decision-making
 - Dealing with mental illness
- Psycho educational groups
 - Medication education / compliance
 - Memory recall
 - Physical health changes
- Pastoral counseling
- Relapse prevention / discharge planning

Over the past year (2019), SFH's geriatric psychiatry unit was highly utilized, averaging an average daily census ("ADC") of 11.8 patients and over 90 percent occupancy for the nine months that the unit was fully operational. Please note that the unit was closed during October, November and December of 2019 due to construction/renovation for ligature remediation to meet CMS and Joint Commission guidelines, and loss of a key provider. The unit is now fully operational. Please see the following:

**Exhibit 20.8
2019 SFH Geriatric Psychiatry Utilization**

	Bed Capacity	ADC	Occupancy
January, 2019	13	11.5	88.5%
February, 2019	13	13.4	103.1%
March, 2019	13	10.8	83.1%
April, 2019	13	9.9	76.2%
May, 2019	13	13.0	100.0%
June, 2019	13	10.5	80.8%
July, 2019	13	11.8	90.8%
August, 2019	13	14.1	108.5%
September, 2019	13	11.0	84.6%
October, 2019	0	N/A	N/A
November, 2019	0	N/A	N/A
December 2019	0	N/A	N/A
Total	13	11.8	90.8%

Source: SFH

The high utilization of the geriatric psychiatry service strongly supports SFH's project and demonstrates the need to expand its beds from 13 to 16. It is noteworthy that at its 2019 ADC of 11.8 patients, the unit would have operated at approximately 74 percent occupancy with 16 beds ($11.8 \div 16$), which is a very strong occupancy rate.

Crisis Stabilization Unit

The Crisis Stabilization Unit ("CSU") is a 24-bed unit that provides a stable, secure environment for psychiatric patients in crisis. The unit offers:

- Short-term emergency psychiatric care
- Multidisciplinary assessment
- Referral to appropriate follow-up care

This unit is funded by Georgia Department of Behavioral Health and Developmental Disabilities ("DBHDD"), which serves indigent and provides a local alternative to Georgia's state hospital. DBHDD's CSUs are not considered inpatient psychiatric beds and are explicitly exempt from CON review. The CSU is located in space that is part of the grandfathered 84 psychiatric beds.

The CSU is the only one in Georgia that is not operated by the public entity community service boards ("CSBs"). With the closure of two psychiatric hospitals in the state system this last decade and the reduction of the adult acute inpatient beds at other state hospitals, the CSUs serve the purpose of stabilizing patients in crisis before their referral to outpatient services at the CSBs or to the longer term acute adult acute inpatient units in the state hospital system.¹

Although the CSU and its beds are exempt from CON review, the unit is important to the need for the proposed project. SFH's plan to meet the state's need for additional CSU beds by providing 13 additional CSU beds is, partially, driving the need to relocate the geriatric psychiatry program to the Main Hospital. During 2019, SFH's CSU operated at almost 100 percent of capacity with an ADC of 23.2 patients, which strongly supports SFH's plan to increase the number of beds in the CSU from 24 to 37. Please see the following:

¹ DBHDD does also pay for some public sector patients to be served in psychiatric inpatient beds in general and freestanding private psychiatric hospitals, including SFH.

**Exhibit 20.9
2019 SFH Crisis Stabilization Unit Utilization**

	Bed Capacity	ADC	Occupancy
January, 2019	24	27.7	115.4%
February, 2019	24	18.4	76.7%
March, 2019	24	18.2	75.8%
April, 2019	24	16.0	66.7%
May, 2019	24	16.6	69.2%
June, 2019	24	18.3	76.3%
July, 2019	24	20.3	84.6%
August, 2019	24	32.1	133.8%
September, 2019	24	29.7	123.8%
October, 2019	24	26.7	111.3%
November, 2019	24	29.0	120.8%
December 2019	24	25.0	104.2%
Total		23.2	96.7%

Source: SFH

With DBHDD's continued focus on alternatives to inpatient psychiatric care and services, SFH believes that the demand for its CSU beds and services will continue.

Proposed Project

SFH is CON-authorized for 84 inpatient psychiatric beds, which are located on The Bradley Center campus, approximately two miles from the Main Hospital campus. Currently, of its compliment of CON-authorized beds, SFH operates 37 set-up and staffed adult psychiatric beds, 13 of which are allocated to a dedicated geriatric or senior care psychiatry unit. In addition to its CON-authorized inpatient psychiatric beds, SFH has a contract with the State of Georgia to operate a 24-bed Crisis Stabilization Unit ("CSU") and 14 DBBDD observation beds, which is separate from its CON-authorized services.

As part of its planning for behavioral health services, SFH is pursuing the expansion of its CSU with the Department of Behavioral Health and Developmental Disabilities ("DBHDD"). This expansion of the CSU is not a CON-reviewable event. However, to accomplish this expansion, SFH must relocate its geriatric psychiatric service from The Bradley Center's campus to an unoccupied medical/surgical unit on the Main Hospital campus. The space that will be vacated by the geriatric service at The Bradley Center campus can then be reconfigured to allow expansion of the CSU.

With the relocation, SFH will allocate three additional CON-authorized adult psychiatric beds to its geriatric psychiatric service, increasing the number of geriatric psychiatric beds to 16 beds. Please see the following:

**Exhibit 20.10
SFH Set-up and Staffed CON-Authorized Adult Psychiatric Beds**

	Current	After Relocation	Difference
General Adult Psychiatric	24	24	0
Geriatric Psychiatric	13	16	+3
Total	37	40	+3

Please note that although the number of set-up and staffed CON-authorized adult psychiatric beds will increase, the total number of CON-authorized medical/surgical, obstetric, or psychiatric beds on the license of SFH will not change. Thus, the SFH proposal does not involve an increase in the number of beds nor a change in the inpatient psychiatric services authorized for SFH under its license.


Approximately 10,100 square feet of space will be renovated to accommodate the relocation of the geriatric psychiatry unit to the Main Hospital Campus. SFH estimates that the total cost of the project will be \$2,248,000,


which includes \$1,943,000 in construction costs. LifePoint Health, Inc., SFH's parent organization, will provide funding for the project.

Rule 111-2-2-.09(1)(c): Existing Alternatives

Existing alternatives for providing services in the service area the same as the new institutional health service proposed are neither currently available, implemented, similarly utilized, nor capable of providing a less costly alternative, or no Certificate of Need to provide such alternative services has been issued by the Department and is currently valid.

21. Identify existing health care facilities and services and those approved for development in the service or planning area. Describe how your service differs in terms of population served from the existing and approved services. Describe how the proposed project will enhance service delivery in the service or planning area. Also, explain the internal organizational alternatives that the Applicant considered.

 **NOTE:** *If your explanation exceeds this blocked space, attach additional 8-½ by 11-inch pages, number the first sheet Page 12.1, the second Page 12.2 and so on. Do not alter the main page numbers of this application. Once printed, insert your additional pages 12.1, etc. behind this Page 12.*

 Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you utilize in your analysis of existing alternatives into **APPENDIX F**. All documents such as tables, charts, and maps that you wish to use to analyze the existing alternatives and that are able to be inserted or created in MS Word format should be inserted following this page according to instructions in the note above.

There is no existing alternative to SFH's proposal to relocate its geriatric psychiatry unit from The Bradley Center campus to the Main Hospital campus. With the exception of a program at East Alabama Medical Center, in Opelika (Lee County, AL) there are no inpatient behavioral health services in the service area. Furthermore, East Alabama Medical Center does not provide a dedicated geriatric psychiatry program similar to SFH. In SDDR 8, there is only one other inpatient adult psychiatric program, which is located at Flint River Community Hospital in Macon County. Flint River Community Hospital is located approximately 70 miles from SFH and serves a different population.

The status quo is not an option because it does not allow SFH to achieve its plan for its behavioral health services, which includes expanding its CSU to meet the state's need for short-term emergency psychiatric care, multidisciplinary assessment, and referral to appropriate follow-up care. In addition, SFH has determined that relocating its geriatric psychiatry beds to the Main Hospital will have a positive effect on the care of these patients. Having geriatric psychiatry patients in the Main Hospital will improve access to services for their medical-related issues, including co-morbid behavioral health and medical conditions, which can be treated more effectively within the hospital setting. In addition, geriatric psychiatry patients who present in SFH's emergency department and require hospitalization can be quickly transferred to an inpatient bed in the Main Hospital to receive needed care while freeing up needed emergency beds. Status quo would not permit the relocation of its geriatric psychiatry program to the Main Hospital and, thus, not improve the quality of care to the hospital's geriatric psychiatry patients.

Rule 111-2-2-.09(1)(d): Financial Feasibility

The project can be adequately financed and is, in the immediate and long-term, financially feasible.

22. Provide project cost estimates for the following categories. Enter in whole dollar amounts except Cost / Sq. Ft.

PROJECT COST ESTIMATES			
Type of Cost	Amount	Sq. Ft.	Cost / Sq. Ft.
COSTS APPLICABLE TO FILING FEE			
Construction			
(1) New Facility Costs	\$0		
(2) Expansion Costs	\$0		
(3) Renovation Costs	\$1,681,000	10,100	\$166.44
(4) Architectural and Engineering Fees	\$262,000		
(5) Subtotal Construction	\$1,943,000		
Equipment			
(6) Fixed Equipment (not in construction contract)	\$0		
(7) Moveable Equipment	\$150,000		
(8) Subtotal Equipment	\$150,000		
Other			
(9) Contingency	\$40,000		
(10) Legal and Administrative Fees	\$20,000		
(11) Interim Financing (internal cost)	\$65,000		
(12) Underwriting Costs	\$0		
(13) Building and Fire Code Compliance	\$0		
(14) Other: Furniture, Fixtures, Misc.	\$0		
(15) Subtotal Other	\$125,000		
(16) TOTAL COST APPLICABLE TO FILING FEE	\$2,218,000		
COSTS EXCLUDED FROM FILING FEE			
(17) Site Acquisition Cost	\$0		
(18) Predevelopment Costs			
(a) Preparation of Site	\$0		
(b) Development and Preparation of CON Application	\$30,000		
(19) Subtotal Predevelopment	\$30,000		
(20) Escrow for Debt Service	\$0		
(21) TOTAL COST EXCLUDED FROM FILING FEE	\$30,000		
(22) GRAND TOTAL ESTIMATED PROJECT COST	\$2,248,000		

Attach Purchase Orders or Quotes for All Major Medical Equipment at APPENDIX G.

NOTE:
Enter the Amount of Line 16 on the Cover Page at Item 2 of the Submission Table.

NOTE: Use the amount of Line 22 for all responses throughout this application except for calculating the filing fee.

23. Indicate the anticipated sources of funds for the proposed capital expenditures if any. Specify the amount received from each source. Round to whole dollar amounts. Attach documentation indicating the current availability of grants, private contributions, and unrestricted reserves, if any, at **Appendix G**.

Fund Sources	
Source	Amount
DEBT	
(1) Revenue Certificates	
(2) General Obligation Bonds	
(3) Commercial Loans	
(4) Government Loans	
EQUITY	
(5) Grants	
(6) Private Contributions (Philanthropy)	
(7) Public Campaign	
(8) Unrestricted Reserves on Hand (Cash)	\$2,248,000
(9) Other (please specify): Parent company funding	
(10) TOTAL ESTIMATED FUNDS	\$2,248,000

If you enter debt financing sources, provide the following in **APPENDIX G**:

- Contingency letters of commitment from a bank or other reputable lending institution(s) indicating its interest in financing the project if a Certificate of Need is issued to the Applicant that states the anticipated terms, including the interest rate, frequency of payments, total amount to be borrowed, and the duration of the financial obligation.
- Amortization schedules including the interest, principal, depreciation and amortization by year.

NOTE: The amount of Line 10 should equal the amount of Line 22 of Question 22 above!

24. Does the Applicant undergo annual financial audits? YES NO

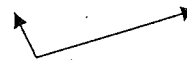
If YES → Attach the most recent financial audit at **APPENDIX G**.

If NO → Please provide Balance Sheets, Bank Statements, Tax Returns, or other financial statements verifying income. Attach this documentation in **APPENDIX G**.

25. Provide pro forma income and expense projections for the first two years of operation following the anticipated completion of the project. Identify all the assumptions used to develop the pro forma statement. Indicate the period covered for the first and second years.

Pro Forma Income and Expense Projections ('000's)		
Type of Income or Expense	First Year (mm/yy)	Second Year (mm/yy)
<i>Period Covered (Month and Year)</i>	03/2022 – 02/2023	03/2023 – 2/2024
(1) Number of Beds/Rooms/Procedures/Patients	513 admissions	518 admissions
(2) Projected Percent Occupied or Utilized	89.6%	90.5%
REVENUES		
(3) Inpatient Revenues	\$4,937	\$4,997
(4) Outpatient Revenues	\$0	\$0
<i>Add Lines 3 and 4</i> (5) Patient Revenues	\$4,937	\$4,997
(6) Other Revenues		
<i>Add Lines 5 and 6</i> (7) GROSS REVENUES	\$4,937	\$4,997
Deductions From Revenues		
(8) Indigent and Charity Care	\$63	\$64
(9) Bad Debt	\$99	\$100
(10) Contractual Adjustments		
Medicaid	\$0	\$0
Medicare	\$2,735	\$2,766
Other	\$0	\$0
(11) Other Free Care		
<i>Add Lines 8, 9, 10 & 11</i> (12) TOTAL DEDUCTIONS	\$2,897	\$2,930
<i>Subtract Line 12 from Line 7</i> (13) NET REVENUES	\$2,041	\$2,068
EXPENSES		
Direct Expenses		
(14) Salaries and Benefits	\$915	\$926
(15) Supplies	\$116	\$117
(16) Other	\$237	\$240
<i>Add Lines 14 through 16</i> (17) DIRECT EXPENSES	\$1,268	\$1,283
Indirect Expenses		
(18) Depreciation	\$279	\$279
(19) Amortization	\$0	\$0
(20) Interest	\$0	\$0

Pro Forma Income and Expense Projections ('000's)			
Type of Income or Expense		First Year (mm/yy)	Second Year (mm/yy)
Period Covered (Month and Year)		03/2022 – 02/2023	03/2023 – 2/2024
	(21) Other	\$0	\$0
Add Lines 18 through 21	(22) INDIRECT EXPENSES	\$279	\$279
Add Lines 17 & 22	(23) TOTAL EXPENSES	\$1,547	\$1,562
INCOME / (LOSS)			
Subtract Line 23 from Line 13	(24) Income / (Loss)	\$493	\$506
	(25) Income Taxes	\$0	\$0
Subtract Line 25 from Line 24	(26) NET INCOME / (LOSS)	\$493	\$506
GROSS PATIENT REVENUE BY SOURCE			
<i>Government</i>			
	(27) Medicare	\$4,937	\$4,997
	(28) Medicaid	\$0	\$0
	(29) Other Government	\$0	\$0
Add Lines 27 through 29	(30) Government	\$4,937	\$4,997
<i>Nongovernmental</i>			
	(31) Third Party Payors	\$0	\$0
	(32) Self-Pay	\$0	\$0
	(33) Other Nongovernmental	\$0	\$0
Add Lines 31 through 33	(34) Nongovernmental	\$0	\$0
Add Lines 30 and 34	(35) TOTAL, ALL SOURCES	\$4,937	\$4,997



NOTE: These amounts must equal "Patient Revenues" under line 5 on Page 15

Briefly outline the assumptions made for each line item of statistics entered in the Pro Forma Income and Expense Projections above.

PRO FORMA ASSUMPTIONS	
(1) Number of Beds/Rooms/Procedures/Patients:	The pro forma assumes 513 incremental patients in Year 1 and 518 incremental patients in Year 2.
(2) Projected Percent Occupied or Utilized:	Occupancy for the behavioral health service is projected to be 89.6 percent in Year 1 and 90.5 percent in Year 2.
(3) Inpatient Revenues:	Projected inpatient revenues are based on historical charge per admission in Years 1 and 2.
(4) Outpatient Revenues:	No outpatient revenues are projected.
(6) Other Revenues:	No other revenues are projected.
(8) Indigent and Charity Care:	Indigent and charity care is projected at 3.0 percent of adjusted gross revenue in Year 1 and Year 2.
(9) Bad Debt:	Bad debt is projected to be 2.0 percent of gross patient revenue in Year 1 and Year 2.

PRO FORMA ASSUMPTIONS

(10) Contractual Adjustments:

Contractual adjustments are based on the difference between charges and expected reimbursement.

(11) Other Free Care:

Not applicable, no other free care is projected.

(14) Salaries and Benefits:

Salaries and benefits are based on prevailing wages.

(15) Supplies:

Supply costs are based on historical costs.

(16) Other:

Other expenses include professional fees, contract services, repairs & maintenance, utilities, non-income taxes, and other direct expenses.

(18) Depreciation:

Based upon hospital accounting useful life.

(19) Amortization:

Not applicable; no amortization is projected.

(20) Interest:

Not applicable, no interest expense is projected.

PRO FORMA ASSUMPTIONS

(21) Other Indirect Expense:

Not applicable, no other indirect expenses are projected.

(25) Income Taxes:

Not applicable. Income taxes are paid by members of the LLC.

(27) Medicare:

Medicare is assumed to equal 100 percent of gross patient revenue.

(28) Medicaid:

Medicaid is assumed to equal 0.0 percent of gross patient revenue.

(29) Other Government:

Other governmental revenue is expected to be 0.0 percent of gross revenue.

(31) Third Party Payors:

Third Party Payors are assumed to equal 0.0 percent of gross patient revenue.

(32) Self-Pay:

Self-pay is assumed to equal 0.0 percent of gross patient revenue.

(33) Other Nongovernmental:

Other nongovernmental revenue is expected to be 0.0 percent of gross patient revenue.

27. Please provide the following information about staffing levels. Indicate the number of existing and proposed employees for the second operating year following the project's completion. Please express in full-time equivalents.

Staffing Levels (Full-Time Equivalents)			
Position	Existing	Proposed	Total
Registered Nurse	6.4	3.6	10.0
Licensed Practical Nurse			
Licensed Nurse Practitioner or Other Advanced Practice Nurse		1.0	1.0
Nurse Midwife			
Mental Health Techs	12.6	7.2	19.8
Physician	1.0		1.0
Pharmacist			
Dentist			
Social Worker	1.0	1.5	2.5
Certified Addiction Counselor		0.5	0.5
Audiologist			
Radiological Technician			
Surgical Technician			
Physical Therapist		1.0	1.0
Respiratory Therapist			
Occupational Therapist			
Psychologist			
Speech - Language Pathologist			
Medical Laboratory Technologist			
Personal Care Aide			
Home Health Aide			
Total Other Staff		1.0	1.0

28. Describe plans for securing the services of professional, administrative, and paramedical personnel. Describe the current availability of staff as well as plans for training and recruiting the required personnel. Include institutional agreements and other supporting documents. Do not exceed the space provided.


SFH does not anticipate any difficulty securing the necessary personnel to implement the proposed project. SFH has a very strong retention and recruitment program that includes education and training programs in partnership with technical colleges, state universities and county programs. SFH recruits staff through advertising in local and regional newspapers, representation at career fairs and recruiting conventions, and through relationships with most of the area colleges, universities and nursing programs.


Many resources are also available through the LifePoint Health system for recruitment of personnel, including internal job listings, recruiting ads and recruiting professionals. The opportunities and benefits afforded within LifePoint typically ensure many applications for open positions. In addition, with the recent Emory/LifePoint joint venture, SFH will have access to Emory's resources for securing needed staff.

Rule 111-2-2-.09(1)(e): Effects on Payors

The effects of the new institutional health service on payors for health services, including governmental payors, are reasonable.

29. Provide data to show the trend in current and projected charges under the facility's existing operations. For proposed new facilities or services, provide data to show the trend in charges at other facilities that are owned and/or operated by the Applicant, if applicable.

 **NOTE:** If your explanation exceeds this blocked space or you need to attach tables or graphs, attach additional 8-½ by 11-inch pages, number the first sheet Page 23.1, the second Page 23.2 and so on. Do not alter the main page numbers of this application. Once printed, insert your additional pages 23.1, etc. behind this Page 23.

 Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you utilize in your analysis of the effect on payors of your project into **APPENDIX H**. All documents such as tables, charts, and maps that you wish to use to analyze the effect on payors and that are able to be inserted or created in MS Word format should be inserted following this page according to instructions in the note above.

SFH does not anticipate that the relocation of its geriatric psychiatry program will have an effect on payors. Its current and projected charges are comparable to other, similar services in the service area. Please see the following:

Average Charge per Adult Psychiatric Admission

Current	Year 1	Year 2
\$9,240	\$9,624	\$9,648

Source: 2018 AHQ; SFH

Rule 111-2-2-.09(1)(f): Construction Methods and Costs- NOT APPLICABLE


The costs and methods of a proposed construction project, including the costs and methods of energy provision and conservation, are reasonable and adequate for quality health care.

30. Provide the following information about the architect or engineer who has been engaged to design this project. Include documentation of the architect or engineer's registration in Georgia.

CHIEF ARCHITECT/ENGINEER		
Name: Don Miller		
Firm: HMK Architects, PLLC		
Address: 5300 Maryland Way, Suite 109		
City: Brentwood	State: Tennessee	Zip: 37027
Phone: 615-369-6020		
Registration Number: RA009843		

31. **Project Completion Forecast.** Complete the following project completion forecast. It is important that you supply feasible and well-planned dates because if you do not complete your project or implement your project in a timely fashion, your Certificate of Need will be subject to revocation. For projects that do not involve construction, enter days and dates for those events that are applicable; for example, Equipment Installed and Final Progress Report Submitted.

PROJECT COMPLETION FORECAST		
Event	Days Required to Complete	Proposed Completion Date
1. Final Architectural Plans and Specifications	120	Nov-20
2. Plans approved by State Architect	90	Feb-21
3. Enforceable Construction Contract Signed	30	Mar-21
4. Building Permit Secured	30	Apr-21
5. Materials on Site	30	May-21
6. Site Preparation Completed	N/A	N/A
7. Construction 25% Complete	60	Jul-21
8. Construction 50% Complete	60	Sep-21
9. Construction 75% Complete	60	Nov-21
10. Equipment Installed (If Applicable)	15	Nov-21
11. Construction 100% Complete	60	Jan-22
12. License Obtained from DHR Office of Regulatory Services	30	Feb-22
13. New Institutional Health Service Offered	30	Mar-22
14. Final Progress Report Submitted	30	Apr-22

Architectural Documents	
1. Architect Certification	<p>Provide a letter from the architect certifying the construction and/or renovation costs for the project. The letter must include the total square footage, the total cost of construction, the cost per square foot for construction, and the cost per square foot for renovations. These amounts should match the amounts shown on Lines 1 through 5 of Question 22. <i>This letter must be prepared within 60 days of submission of the application.</i></p>
2. Schematic Plans	<p>Provide schematic plans for the project and include at least the following information:</p> <ul style="list-style-type: none"> • Plans for each floor that clearly show the relationship between departments and services and the room arrangements for each. Indicate the function of each room or space. • Proposed roads, walkways, service courts, entrance courts, parking, and orientation should be shown on either a plot plan or the first floor plan. • Provide a cross-sectional diagram that indicates the type of construction and building materials. • If the proposed construction is an addition or if it is otherwise related to existing buildings on the site, the schematic plans should show the facilities and the general arrangement of those buildings. <p> NOTE: <i>These plans should be provided on paper no larger than 8 1/2-in. by 11-in. If such plans cannot be reproduced legibly at this size, the plans must be submitted as a .pdf document on a CD-rom that is included with the application and each copy thereof.</i></p>
3. Plot Plan	<p>Provide a plot plan of the site including at least the following: dimensions of the property lines; the locations of major structures, easements, rights-of-way, and encroachments; the location of the proposed facility or expansion; and the relationship of the facility to additional structures, if any, on the campus.</p>

Rule 111-2-2-.09(1)(g): Financial Accessibility


The new institutional health service proposed is reasonably financially and physically accessible to the residents of the proposed service area and the Applicant assures there will be no discrimination by virtue of race, age, sex, handicap, color, creed, or ethnic affiliation.

33. In order for the Department to evaluate the extent to which each Applicant proposes to provide, or has provided, health care services for those unable to pay, address each of the following review considerations concerning such financial accessibility by providing written narrative as well as documentation:

- a. The Applicant should have policies and directives related to the acceptance of financially indigent, medically indigent, Medicaid, PeachCare, and Medicare patients for necessary treatment. Explain how the Applicant meets this requirement. Limit your response to the space provided.

SFH has policies in place related to the admission of patients. The Financial Assistance Policy, provided in APPENDIX J, states that SFH will offer financial assistance to qualified applicants who cannot afford to pay for medical services provided by SFH. This assistance is available for inpatient and outpatient services as well as related services provided in the offices of St. Francis employed physicians.

In 2018, 67.2 percent of SFH's admissions were Medicare, Medicaid and/or PeachCare patients and over 70 percent of its patient days were Medicare, Medicaid and/or PeachCare. Please refer to the 2018 Annual Hospital Questionnaire in APPENDIX L. In addition, SFH provide almost \$8,000,000 in unreimbursed indigent/charity care in 2018. Please see its 2018 Hospital Financial Survey in APPENDIX J.


 Attach the requested policies and directives as APPENDIX J.

- b. The Applicant should have policies ensuring that medical staff privileges allow a reasonable acceptance of referrals of Medicaid patients, PeachCare patients, and all other patients who are unable to pay all or a portion of their health care costs. Explain how the Applicant meets this requirement. Limit your response to the space provided.

It is SFH's policy to accept all inpatients and emergency patients regardless of sex, race, age, creed, color, national origin, disability, or on the basis of any other criteria unrelated to the delivery of quality patient care in the Hospital, to professional ability and judgment, or to community need. The Medical Staff General Rules and Regulations, Appendix B, Article 1 - Admission and Discharge of Patients, provide for any unassigned patient to be seen by appropriate physicians according to the Emergency Room call roster.

Any unassigned patient requiring evaluation for admission, who has no attending practitioner, will be assigned on a rotational basis to members of the Medical Staff in the Department to which the illness of the patient indicates assignment, according to the Emergency Room call roster. That physician is responsible for patient disposition, whether that disposition is admission, transfer or discharge. Failure to comply will result in peer review.

Please see APPENDIX J for a copy of the medical staff bylaws.

 Attach the requested policies and directives as APPENDIX J.

- c. The Applicant must provide evidence of specific efforts made to provide information to patients regarding arrangements for satisfying incurred health care charges. Explain how the Applicant meets this requirement. Limit your response to the space provided.

All patients are informed of SFH's financial policies during the pre-admission process. The hospital employs staff to assist and counsel patients/families in satisfying payments for services not covered. Arrangements and payment plan options are available for those who may need financial assistance. A copy of SFH's Financial Assistance Policy is provided in **APPENDIX J**.

- d. The Applicant should, if applicable, have documented records of funds received from the county, city, philanthropic agencies, donations, and any other source of funds (other than from direct operations) for the provision of health care services to indigent, Medicaid, and PeachCare patients. Explain how the Applicant meets this requirement. Limit your response to the space provided.

SFH does not receive any funding from sources other than from direct operations. Please see **APPENDIX J** for a copy of SFH's 2018 Annual Hospital Financial Survey.

- e. The Applicant should have documented records as evidence of the Applicant's commitment to participate in the Medicaid, Medicare, and PeachCare programs, as well as the Applicant's commitment to provide health care services to all presenters regardless of race, gender, disability, or ability to pay, and the Applicant's commitment to providing charity care. Explain how the Applicant meets this requirement. Limit your response to the space provided.

SFH has been and remains committed to participation in the Medicaid, Medicare and PeachCare programs. The hospital provides services to all patients regardless of race, gender, disability or ability to pay. All care is provided on a non-discriminatory basis. Please see **APPENDIX J**.

- f. The Applicant should have documented records as evidence that the levels of health care provided correspond to a reasonable proportion of those persons who are medically indigent and those who are eligible for Medicare, Medicaid or PeachCare within the service area. Attached records of care provided to patients unable to pay should include Medicare and Medicaid adjustments, PeachCare, other indigent care, and other itemized deductions from revenue, including bad debt. Explain how the Applicant meets this requirement. Limit your response to the space provided.

SFH has a history of providing care to indigent and charity care patients. During 2018, the hospital provided \$7,807,298 in uncompensated indigent and charity care, representing 1.8 percent of its adjusted gross revenue (AGR). Please see below.

Gross Patient Revenue	\$854,146,417
Medicare Contractual Adjustments	\$364,152,778
Medicaid Contractual Adjustments	\$46,402,865
Bad Debt	\$30,212,598
Indigent and Charity Care	\$7,807,298

 Attach any evidence directly supporting your explanation as APPENDIX J.

34. Has the Applicant made any previous indigent and charity care commitments associated with a previous Certificate of Need application?

YES NO

If YES → Complete the following table. Specify the information requested for each applicable facility and/or service. Also, attach sheets to indicate how the amount of the commitment was determined.

If NO → Continue to the next question.

Previous Indigent/Charity Care Commitments				
Facility/Service	Project Number	Date of Approval	Percent of Adjusted Gross Revenue	Outcome
Child Psych	1994-142	Unknown	3.0% (service-specific)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
Cardiac Cath	2009-079	Unknown	3.0% (service-specific)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
Basic Perinatal Service	2009-094	Unknown	3.0% (hospital-wide)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
			%	<input type="checkbox"/> Met <input type="checkbox"/> Not Met

35. Is the Applicant making an indigent and charity care commitment for **this** project?

YES NO

If YES → Complete the information requested below. Note that failure to meet an indigent and charity care commitment could result in fines and constitute grounds for an adverse ruling on a future Certificate of Need application.

If NO → Continue to the next question.

<p>Is the commitment voluntary, or is it required by a specific Certificate of Need rule?</p> <p><input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Mandatory</p> <p>Is the commitment service-specific or hospital-wide?</p> <p><input checked="" type="checkbox"/> Service-Specific <input type="checkbox"/> Hospital-Wide</p>
--

In the space provided below, describe the commitment and include its amount and effective date(s). Indicate what percentage of adjusted gross revenues the commitment represents.

<p>SFH commits to providing unreimbursed services for its adult psychiatry indigent and charity patients at a standard which meets or exceeds three percent of annual gross revenues for the program after provisions have been made for bad debt, and Medicaid and Medicare contractual adjustments have been deducted.</p>
--

Rule 111-2-2-.09(1)(h): Relationship to Health Care Delivery System

The proposed new institutional health service has a positive relationship to the existing health care delivery system in the service area.

36. In the space provided below, explain how the proposed new institutional health service will complement existing services, provide services for which there is a target population, provide an alternative to existing services, or provide services for which there is an unmet need. You may wish to list referral arrangements and working relationships with other providers.

NOTE: *If your explanation exceeds this blocked space, attach additional 8-½ by 11-inch pages, number the first sheet Page 31.1, the second Page 31.2 and so on. Do not alter the main page numbers of this application. Once printed, insert your additional pages 31.1, etc. behind this Page 31.*

Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you utilize in your analysis of the relationship of your project to the health care delivery system into **APPENDIX K**. All documents such as tables, charts, and maps that you wish to use to analyze the relationship with the health care delivery system and that are able to be inserted or created in MS Word format should be inserted following this page according to instructions in the note above.

SFH's proposal to relocate its geriatric psychiatry service to the Main Hospital campus will have a positive relationship to the existing healthcare delivery system. SFH operates the largest behavioral health service in the Chattahoochee Valley and works closely with DBHDD, the local Community Service Board ("CSB") and West Central Georgia Regional Hospital, the state psychiatric hospital serving West Central Georgia.

By relocating its geriatric psychiatry service from the Bradley Center to the Main Hospital, SFH will have sufficient space in The Bradley Center to expand its CSU and, thus, meet the state's need for short-term emergency crisis beds, interdisciplinary assessment and referral to appropriate follow-up care. SFH's project also ensures that its geriatric psychiatry services remain available and accessible to the community. In addition, the project enhances the overall quality of care for its geriatric psychiatry patients by placing the patient closer to the healthcare resources necessary to treat any medical co-morbidities, which can be common with a senior population.

SFH will continue to work closely with community mental health organizations and, to ensure that a continuum of coordinated mental health services are available and accessible throughout the community.

SFH's proposal to use underutilized capacity in its Main Hospital for its geriatric psychiatry service is a cost-effective alternative. Use of existing space allows SFH to complete the project with minimal capital expense while helping to maximize the use of its hospital facility.

Rule 111-2-2-.09(1)(i): Efficient Utilization

The proposed new institutional health service encourages more efficient utilization of the health care facility proposing such service.

37. State how your proposed project will enhance delivery of the services within your facility. Do not exceed the space provided for your response.

Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you utilize in your analysis of the effect your project on utilization into APPENDIX L.

SFH's proposal encourages more efficient utilization of both its Main Hospital and The Bradley Center. The project calls for the relocation of its geriatric psychiatry program from The Bradley Center to space in an unoccupied medical/surgical unit in the Main Hospital. Not only is this a cost-effective approach to achieving its planning objectives, use of the vacant medical/surgical unit will increase the utilization of the Main Hospital facility. In addition, by vacating space at The Bradley Center, SFH will be able to enhance utilization of that facility by expanding the size of its CSU to meet the growing needs of the state for short-term emergency psychiatric care, multidisciplinary assessment, and referral to appropriate follow-up care.

Rule 111-2-2-.09(1)(j): Non-Resident Services

The proposed new institutional health service provides, or would provide, a substantial portion of its services to individuals not residing in its defined service area or the adjacent service area.

38. State how your proposed project provides or will provide a substantial portion of the proposed services to individuals not residing in the defined service area or the adjacent service area. Limit your response to the space provided. If this consideration is not applicable, so state.

Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you wish to use to demonstrate how your project conforms to this rule into APPENDIX L.

SFH anticipates that the majority of its patients will reside within its defined service area.

Rule 111-2-2-.09(1)(k): Research Projects

The proposed new institutional health service conducts biomedical or behavioral research projects or a new service development, which is designed to meet a national, regional, or statewide need.

39. State how your proposed project includes research projects or develops new services that will meet a national, regional, or statewide need. Limit your response to the space provided. If not applicable, so state.

Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you wish to use to demonstrate how your project conforms with this rule on research projects into **APPENDIX L**.

SFH's proposed project will not include research projects or develop new services that will meet a national, regional or statewide need.

Rule 111-2-2-.09(1)(l): Assistance to Health Professional Programs

The proposed new institutional health service meets the clinical needs of health professional programs which request assistance.

40. State how your proposed project will meet the clinical needs of health professional programs, which request assistance. Limit your response to the space provided. If not applicable, so state.

Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you utilize in your analysis of how your project addresses the needs of health professional programs into **APPENDIX L**.

SFH is supportive of clinical training and education. In keeping with this support, SFH will continue its work with area health professional programs that request its assistance. Please see **APPENDIX L** for a list of SFH's clinical affiliations.

Rule 111-2-2-.09(1)(m): Improvements and Innovation

The proposed new institutional health service fosters improvements or innovations in the financing or delivery of health services, promotes health care quality assurance or cost effectiveness, or fosters competition that is shown to result in lower patient costs without a loss in the quality of care.

41. State how your proposed project fosters improvements or innovations in the financing or delivery of health services, promotes health care quality assurance or cost effectiveness, or fosters competition. Limit your response to the space provided.

Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you utilize to demonstrate your projects compliance with this rule consideration into **APPENDIX L**.

The project improves the delivery of behavioral health services in the area by enhancing the overall quality of care for its geriatric psychiatry patients by placing the patient closer to the healthcare resources necessary to treat any medical co-morbidities, which can be common with a senior population. In addition, the project allows SFH to expand its CSU, thus meeting a clinical need for the DBHDD, and improving behavioral health crisis services to the community.

Rule 111-2-2-.09(1)(n): Needs of HMOs

The proposed new institutional health service fosters the special needs and circumstances of health maintenance organizations.

42. State how your proposed project fosters the special needs of HMOs. Limit your response to the space provided. If not applicable, so state.


Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you utilize in your analysis of the effect of your project on the needs of HMOs into **APPENDIX L**.

SFH is committed to meeting the needs of health maintenance organizations (HMOs), as well as other payer groups, by providing a wide range of accessible, high quality and cost-effective services.

Rule 111-2-2-.09(1)(o): Minimum Quality Standards

The proposed new institutional health service meets the department's minimum quality Standards, including, but not limited to, standards relating to accreditation, volumes, quality improvements, assurance practices, and utilization review procedures.

43. State how your proposed new institutional health service meets the department's minimum quality standards. Limit your response to the space provided. If not applicable, so state.

 Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you utilize in your analysis into **APPENDIX L**.


SFH currently meets the department's minimum quality standards. SFH, including the behavioral health services at The Bradley Center, is accredited by The Joint Commission. Please see **APPENDIX L** for documentation of its accreditation.

SFH also conducts a very thorough quality improvement and utilization management process that includes assurance practices and procedures for utilization review. Please see **APPENDIX L** for a copy of its quality improvement and utilization management policies and procedures.

Rule 111-2-2-.09(1)(p): Necessary Resources

The proposed new institutional health service can obtain the necessary resources, including health care management personnel.

44. State how your proposed new institutional health service meets the department's requirement to be able to obtain the necessary resources. Limit your response to the space provided. If not applicable, so state.


 Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you utilize in your analysis into **APPENDIX L**.

As a current provider of inpatient psychiatric services, SFH has the necessary resources in place, including health care management personnel, to implement the proposed project. For documentation of these resources, please review the Audited Financial Statements in **APPENDIX G** as well as its 2018 AHQ, which SFH has provided in **APPENDIX J**.

Rule 111-2-2-.09(1)(q): Underrepresented Health Service

The proposed new institutional health service is an underrepresented health service, as determined annually by the department. The department shall, by rule, provide for an advantage to equally qualified applicants that agree to provide an underrepresented service in addition to the services for which the application was originally submitted.

45. State how your proposed new institutional health service meets the department's requirement regarding provision of an underrepresented health service. Limit your response to the space provided. If not applicable, so state.

 Attach any documentation, such as magazine articles, research papers, or any other document that cannot be reproduced or created in MS Word format and that you utilize in your analysis into **APPENDIX L**.

At this time, the Department has not identified any underrepresented health services.

Rule 111-2-2-.09(2): Destination Cancer Hospital

46. State how your proposed new institutional health service meets the department's requirements for a destination cancer hospital under the rule cited above. Include your response in **Appendix L**.

Response: Not applicable, SFH is not seeking approval to be a destination cancer hospital

Rule 111-2-2-.09(3): Basic Perinatal Services

47. State how your proposed new institutional health service meets the department's requirements for Basic Perinatal Services under the rule cited above. Include your response in **Appendix L**.

Response: Not applicable, SFH is not seeking approval to provide Basic Perinatal Services.


Section 4: Service-Specific Review Considerations

48. The following table documents the service-specific review considerations currently utilized by the Department.

- a) Carefully review this table and place a checkmark in the box provided for any and all service-specific review considerations that apply to your project.

SERVICE-SPECIFIC CONSIDERATIONS				
	Service	Rule Number	Check if Applicable & Included	Appendix Letter See instructions at (d) on next page
ACUTE CARE	Short Stay General Hospital Services	111-2-2-.20	<input type="checkbox"/>	
	Adult Cardiac Catheterization Services	111-2-2-.21	<input type="checkbox"/>	
	Open Heart Surgical Services	111-2-2-.22	<input type="checkbox"/>	
	Pediatric Cardiac Catheterization and Open Heart Services	111-2-2-.23	<input type="checkbox"/>	
	Perinatal Services	111-2-2-.24	<input type="checkbox"/>	
	Freestanding Birthing Center Services	111-2-2-.25	<input type="checkbox"/>	
	Psychiatric and Substance Abuse Inpatient Services	111-2-2-.26	<input checked="" type="checkbox"/>	N
LONG-TERM CARE	Skilled Nursing and Intermediate Care Facility Services	111-2-2-.30	<input type="checkbox"/>	
	Personal Care Home Services	111-2-2-.31	<input type="checkbox"/>	
	Home Health Services	111-2-2-.32	<input type="checkbox"/>	
	Continuing Care Retirement Communities	111-2-2-.33	<input type="checkbox"/>	
	Traumatic Brain Injury Services	111-2-2-.34	<input type="checkbox"/>	
	Comprehensive Inpatient Physical Rehabilitation Services	111-2-2-.35	<input type="checkbox"/>	
OTHER	Ambulatory Surgical Services	111-2-2-.40	<input type="checkbox"/>	
	Positron Emission Tomography Services	111-2-2-.41	<input type="checkbox"/>	
	MegaVoltage Radiation Therapy Services/Units	111-2-2-.42	<input type="checkbox"/>	

CONTINUED ON NEXT PAGE

- b) After reviewing the table above and indicating the applicable considerations by placing a check mark in the appropriate rows, obtain a copy of each set of service-specific review considerations that apply to this Certificate of Need application and project. These considerations are available on the Department's website at www.dch.georgia.gov.
- c) After obtaining the service-specific review considerations, the Applicant should document the project's compliance with each of the applicable rule standards. Attach the applicable considerations to this document. Number the pages of your service-specific considerations starting at Page 38.1, 38.2, etc. and insert them once printed behind this Page 38. If more than one set of service-specific considerations is applicable to your project include them behind this Page starting at Page 38.1 in the order that the considerations appear in the table above. Clearly label each new set of service-specific considerations at the top of page.
- d)  Attach all substantiating documents and supplemental information required by a set of service-specific review considerations in **APPENDIX N**. If addressing more than one set of service-specific considerations place the substantiating documents in response to the first set of service-specific considerations in **APPENDIX N**, documents relating to the second set in **APPENDIX O**, and so forth until each applicable set of service-specific considerations has its own appendix for substantiating documents and supplemental information. Enter the corresponding letter in the Appendix Letter column in the table on the previous page. Within each Appendix, place the documents and supplemental information in the order in which such items are asked for in the applicable service-specific review standards.

NOTE: The Appendices described in (d) above should only be utilized for substantiating documents and supplemental information required by the service-specific review considerations that cannot be reproduced or created as an MS Word document, e.g. QA Policies, Referral Agreements, etc. All documents such as tables, charts, and maps that you wish to use to utilize in your analysis of particular service-specific review considerations that are able to be inserted or created in MS Word format should be inserted following this page according to instructions in (c) above.

THE REMAINDER OF THIS PAGE LEFT BLANK.