

Certificate of Need Application Form
Version 12.2012

Name of Applicant	Rhode Island Department of Behavioral Healthcare, Development Disabilities and Hospitals Eleanor Slater Hospital
Title of Application	Pastore Campus Consolidation Project
Date of Submission	April 1, 2013
Type of review	<input checked="" type="checkbox"/> Regular Review Change Order Request <input type="checkbox"/> Accelerated Review (provide letter from the state agency) <input type="checkbox"/> Expeditious Review (complete Appendix A)
Tax Status of Applicant	<input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit

Pursuant to Chapter 15, Title 23 of The General Laws of Rhode Island, 1956, as amended, and Rules and Regulations for Determination of Need for New Health Care Equipment and New Institutional Health Services (R23-15- CON).

All questions concerning this application should be directed to the Office of Health Systems Development at (401) 222-2788.

Please have the appropriate individual attest to the following:
"I hereby certify that the information contained in this application is complete, accurate and true."

signed and dated by the President or Chief Executive Officer

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PROJECT DESCRIPTION AND CONTACT INFORMATION

1.) Please provide below an Executive Summary of the proposal.

Overview

The Eleanor Slater Hospital is a long-term acute (chronic) care hospital treating patients with psychiatric disorders. The Hospital operates eleven patient care units at the John O. Pastore Center Campus in Cranston, RI. The Hospital recognizes the severity and chronic nature of the illnesses of its patients and endeavors to provide a treatment environment in which dignity, respect, and recovery are emphasized. Its goal is to provide comprehensive rehabilitative and long-term care services and to support patients and families to help patients to achieve a high quality of daily living. Its staff is committed to providing a safe, secure, and protective environment where the treatment focus recognizes each patient's individuality and right to dignified care.

On November 16, 2010, Eleanor Slater Hospital submitted a Certificate of Need application including a proposal to renovate the James Varley and Manuel Mathias buildings to consolidate inpatient psychiatric units for one hundred forty (140) beds in adjacent buildings. This proposal was approved on January 26, 2011 and was not implemented.

As further design investigation evolved and construction cost estimates were analyzed, the Varley Building (originally constructed in 1953) was found to contain major deficiencies and require major improvements to function acceptably as patient care space and it could not accommodate the full program.

Eleanor Slater Hospital is now seeking the approval for a Change Order Request to instead construct a new Forensic and Adult psychiatric facility to accommodate inpatient psychiatric units for one hundred forty (140) beds on the Pastore Campus. The scope of the change proposal will include demolition of the existing James Varley Building that will be vacated to allow for construction of the new facility. Mathias will remain in place to continue to house medical support functions that will serve the new facility.

The cost of this change proposal is conservatively estimated to cost approximately \$10 million less than what the 2010 proposal would have.

Change Order Request Proposal Summary

The Hospital operates patient care units in three (3) remotely-sited buildings – the Adolph Meyer Building, the Phillippe Pinel Building, and the Regan Building. Two of these buildings are significantly old and outdated having been built in 1938. Each building was designed for a different style and standard of patient care and has not been well-maintained. These buildings do not meet modern day hospital building standards, and would require significant infrastructure investment to bring them up to current code.

The logistics of supplying and supporting the remote site layout hinders the delivery of patient care in a timely manner. The relatively small unit size makes inefficient use of direct care staff. Both of these challenges increase operating costs.

The Hospital seeks to accomplish the following goals with this proposal:

- 1. Consolidate patient care services and relocate in proximity to essential medical support functions;**
- 2. Right-size space to current hospital building standards;**
- 3. Provide adequate modern space to improve the patient experience and enhance safety and security;**
- 4. Establish ideal adjacencies to improve efficiencies in staff delivery of patient care; and**
- 5. Integrate sustainable design principles and operations.**

The Capital Budget for FY2013, approved by the Governor and the General Assembly, authorized a \$34 million program to construct the New Psychiatric Forensic and Adult Psychiatric Facility. This has been carried forward into the Capital Budget for FY2014. The Adolph Meyer and the Phillippe Pinel buildings will be vacated as patient care spaces and will become available for alternate use and renovation to house the DCYF headquarters and the Girls' Training School (with an accompanying savings of current leasehold expense), and two resident substance abuse programs.

2.)

Capital Cost	\$34,000,000	From responses to Questions 10 and 11
Operating Cost	\$119,269,000	For the first full year after implementation, from response to Question 18
Date of Proposal Implementation	June / 2014	Month and year (construction contract award)

3.) Please provide the following information:

Information of the applicant:

Name:	Eleanor Slater Hospital	Telephone #:	401-462-3666
Address:	111 Howard Avenue, Cranston, RI	Zip Code:	02920

Information of the facility (if different from applicant): **Not Applicable**

Name:		Telephone #:	
Address:		Zip Code:	

Information of the Chief Executive Officer:

Name:	Paul J. Despres	Telephone #:	401-462-3666
Address:	111 Howard Avenue, Cranston, RI	Zip Code:	02920
E-Mail:	PDespres@bhddh.ri.gov	Fax #:	401-462-3679

Information for the person to contact regarding this proposal:

Name:	Paul J. Despres	Telephone #:	401-462-3666
Address:	111 Howard Avenue, Cranston, RI	Zip Code:	02920
E-Mail:	PDespres@bhddh.ri.gov	Fax #:	401-462-3679

4.) Select the category that best describes the facility named in Question 3.

Freestanding ambulatory surgical center Home Care Provider

Home Nursing Care Provider Hospital

Hospice Provider

Inpatient rehabilitation center (including drug/alcohol treatment centers)

Multi-practice physician ambulatory surgery center

Multi-practice podiatry ambulatory surgery center

Nursing facility Other (specify): _____

5.) Please select each and every category that describes this proposal.

A. ___ construction, development or establishment of a new healthcare facility;

B. X a capital expenditure for:

1. ___ health care equipment in excess of \$2,596,709;

2. X construction or renovation of a health care facility in excess of \$5,453,089;

3. ___ an acquisition by or on behalf of a health care facility or HMO by lease or donation;

4. ___ acquisition of an existing health care facility, if the services or the bed capacity of the facility will be changed;

C. ___ any capital expenditure which results in an increase in bed capacity of a hospital and inpatient rehabilitation centers (including drug and/or alcohol abuse treatment centers);

D. ___ any capital expenditure which results in an increase in bed capacity of a nursing facility in excess of 10 beds or 10% of facility's licensed bed capacity, whichever is greater, and for which the related capital expenditures do not exceed \$2,000,000

E. ___ the offering of a new health service with annualized costs in excess of \$1,558,025;

F. ___ predevelopment activities not part of a proposal, but which cost in excess of \$5,453,089;

G. ___ establishment of an additional inpatient premise of an existing inpatient health care facility;

H. ___ tertiary or specialty care services: full body MRI, CT, cardiac catheterization, positron emission tomography, linear accelerators, open heart surgery, organ transplantation, and neonatal intensive care services. Or, expansion of an existing tertiary or specialty care service involving capital and/or operating expenses for additional equipment or facilities;

HEALTH PLANNING AND PUBLIC NEED

6.) Please discuss the relationship of this proposal to any state health plans that may have been formulated by the state agency, including the Health Care Planning and Accountability Advisory Council, and any state plans for categorically defined programs. In your response, please identify all such priorities and how the proposal supports these priorities.

In 2004, Rhode Island adopted a plan entitled, “A Healthier Rhode Island by 2010” to promote the development of a healthier state population in concert with “Healthy People 2010”, a national health initiative. Within this plan, the State of Rhode Island specifically targeted two mental health objectives:

Objective 6-1: Increase the proportion of adults with recognized depression who receive treatment (National Objective 18-9b).

Objective 6-2: Reduce the suicide rate (National Objective 18-1).

At the time of its preparation, the plan noted that only 51% of Rhode Island adults with recognized depression received treatment; the objective seeks to raise that percentage to 75%. Further, the suicide rate in Rhode Island was 10 per 100,000 for all ages; the objective is to reduce that rate to 4 per 100,000.

The State’s interventions for accomplishing these objectives included the following:

- **Continue to build the science base;**
- **Overcome stigma;**
- **Ensure the supply of mental health services and providers;**
- **Ensure the delivery of state-of-the-art treatments;**
- **Facilitate entry into treatment;**
- **Further inter-agency collaboration;**
- **Enhance opportunities for professional training;**
- **Promote workforce diversity;**
- **Expand interdisciplinary training**
- **Improve coordination among service providers.**

While Eleanor Slater Hospital endorses the objectives and interventions cited, both “A Healthier Rhode Island by 2010” and “Healthy People 2010” address issues affecting the behavioral health needs of the general population, rather than those patients who require long term chronic psychiatric inpatient treatment.

This proposal sustains Eleanor Slater Hospital’s continued ability to provide quality, state-of-the-art treatment to our patients, and to provide continued entry to our treatment capacity.

7.) Please discuss the proposal and present the demonstration of the public need for this proposal. Description of the public need must include at least the following elements:

Project Narrative

The Hospital is planning to move its patient population currently housed in the existing Adolph Meyer and the Phillippe Pinel buildings to a centralized “hospital zone” footprint at the center of the Pastore Campus. The new hospital zone encompasses property under the custody and control of the Department of Behavioral Healthcare, Developmental Disabilities Hospitals (BHDDH) and is adjacent to the more up-to-date Regan hospital building where central medical services are located.

The Adult Psychiatric Units are located at the Adolph Meyer and Phillippe Pinel buildings. The Forensic Unit located at the Phillippe Pinel Building services individuals who are undergoing competency evaluation for fitness to stand trial, treats ACI inmates in need of hospital level care and provides services for people found not guilty by reason of insanity. Both of the Adolph Meyer and Phillippe Pinel buildings require significant infrastructure investment to bring up to current code. Even with code upgrades, the existing spaces are under-sized and the location is far from central medical services at the Regan building. Lastly, there is a need for beds for the Psycho-Geriatric population of the hospital patients who need significant medical and psychiatric treatment. The existing Psycho-Geriatric Units are currently located in the antiquated Adolph Meyer Building and the Regan Building. Although the existing Regan Building is more up-to-date, it was designed as a standard medical hospital which design does not support the psychiatric treatment needed for the Psycho-Geriatric patients.

The intent of this project is to replace undersized, remotely-site, antiquated patient care spaces with a modern, consolidated, right-sized facility designed with primarily private patient care spaces, adequate isolation rooms for infection control, and dedicated individual and group therapy rooms.

The following is a list of the existing patient care and infrastructure deficiencies that will be addressed with the construction of a new facility:

- Small patient care rooms
- Low ceiling and structural floor-to-floor heights
- Infection control complications associated with multiple patients per room.
- Inadequate family and visitor space
- Inadequate individual and group therapy rooms
- No safe psychiatric holding rooms
- Lack of storage and support space
- Poor patient privacy
- Overall patient flow and staff work flow inadequacies
- Poor patient satisfaction due to all of the above

The plan for the construction of the new psychiatric facility proposes the creation of a three (3) story building totaling approximately 80,000 gross square feet to accommodate the existing beds and support space that will be relocated from the older outdated buildings. The new

psychiatric facility will accommodate a Psychiatric Forensic Unit, an Adult Psychiatric Unit, and a Psycho-Geriatric Unit.

The project seeks to sustain current volume demands with private bedrooms within one hundred forty beds (140) and support spaces designed as follows:

- (40) Forensic High Security Beds
- (75) General Adult Beds
- (25) Psycho-Geriatric Beds
- Isolation Rooms
- Seclusion and Restraint Rooms
- Sensory Stimulation Rooms
- De-Escalation Rooms
- Dedicated Medication and Exam rooms
- Dedicated Individual and Group Therapy Rooms
- Lounge and Day Room spaces

This project will improve and enhance the quality of care of the Hospital’s patients and their families and provide an improved and efficient working environment for the staff.

A. Please identify the documented availability and accessibility problems, if any, of all existing facilities, equipments and services available in the state similar to the one proposed herein:

Name of Facility/Service Provider	List similar type of Service/Equipment	Documented Availability Problems (Y/N)	Documented Accessibility Problems (Y/N)	Distance from Applicant (in miles)
See below				

While acute psychiatric inpatient capacity for adults exists at Rhode Island Hospital, Butler Hospital, Kent Hospital, Newport Hospital, the Charter Care Facilities (Roger Williams and Our Lady of Fatima), and Landmark Hospital, none of these units are designed to deal with patients who require long-term (chronic) psychiatric care.

B. Please discuss the extent to which the proposed service or equipment, if implemented, will not result in any unnecessary duplication of similar existing services or equipment, including those identified in (A) above.

Eleanor Slater Hospital is a Long Term Acute Care Hospital; its psychiatric treatment programs are designed for patients who require long-term (chronic) psychiatric treatment. As such, it serves a unique niche, with the other psychiatric units in the State attending to the short-term acute population.

C. Please identify the cities and towns that comprise the primary and secondary service area of the facility. Identify the size of the population to be served by this proposal and (if applicable) the projected changes in the size of this population.

Eleanor Slater Hospital services a state-wide population. The psychiatric census served by the Hospital has fluctuated between one hundred thirty (130) to one hundred forty (140) patients for several years. This proposal supports an effective bed capacity of one hundred forty (140).

D. Please identify the health needs of the population in (C) relative to this proposal.

Eleanor Slater Hospital serves patients who have long-term (chronic) psychiatric treatment needs, many of whom represent a danger to themselves or others as a consequence of their self-injuring or assaultive behaviors. Their safety needs are met by close supervision on secure units, although many enjoy grounds privileges.

Most have experienced multiple failures of community placements, or have been Court-ordered to our care.

E. Please identify utilization data for the past three years (if existing service) and as projected through the next three years, after implementation, for each separate area of service affected by this proposal. Please identify the units of service used.

Actual (last 3 years)	FY2010	FY2011	FY2012
Hours of Operation	61,320	61,320	61,320
Utilization (#)	273.4	265	265
Throughput Possible (#)	285	275	275
Utilization Rate (%)	95.9	96.4	96.4

Projected	FY2013	FY2014	FY2015
Hours of Operation	61,320	61,320	61,320
Utilization	265	265	265
Throughput Possible	275	275	275
Utilization Rate (%)	96.4	96.4	96.4

F. Please identify what portion of the need for the services proposed in this project is not currently being satisfied, and what portion of that unmet need would be satisfied by approval and implementation of this proposal.

The Hospital currently satisfies demand for its core psychiatric population. Approval and implementation of this proposal assures that this capacity is not sacrificed because of chronic building deficiencies.

G. Please identify and evaluate alternative proposals to satisfy the unmet need identified in (F) above, including developing a collaborative approach with existing providers of similar services.

The Hospital considered several approaches to accommodating the project including renovating the three existing buildings on the Campus that house the psychiatric treatment programs (Adolph Meyer, Phillippe Pinel, and Johannes Virks). That approach was rejected for the following reasons:

- The estimated cost to bring the three buildings into code compliance were cost prohibitive;
- The unit size in the three buildings proposed were relatively small, ranging from twelve (12) to sixteen (16) beds, with only one unit holding twenty (20) patients, albeit a very cramped, poorly maintained space;
- Limited space to accommodate larger activity spaces; and
- The logistics of still having to supply and support psychiatric treatment services across three remotely-sited buildings on the Campus thus not solving the issue of inefficient use of direct care staff.

The approved 2010 Certificate of Need application outlined a proposal in favor of focusing renovations instead on the James Varley and the Manuel Mathias buildings because it allowed the consolidation of the psychiatric treatment programs into closely-sited or adjacent buildings connected by a continuous corridor allowing for improvement over logistics for the delivery of patient care. It also provided for better patient unit layout and larger activities spaces over what could be achieved in the three (3) remotely-sited buildings. However, considering the years the James Varley and the Manuel Mathias buildings were constructed, 1953 and 1958 respectively, as further design investigation evolved and construction cost estimates were analyzed, the Varley Building was found to contain major deficiencies and require major improvements to function acceptably as patient care space. Existing patient rooms were undersized and would require variances to remain as such, and MEP systems were lacking. The cost to renovate Varley only accommodated 60 patients (instead of the 140 patients) and associated support space which rendered the renovation of Mathias infeasible to accommodate the full program.

This new 2013 proposal is a change to the previous 2010 proposal to renovate the James Varley and the Manuel Mathias buildings with construction of a new psychiatric facility consistent with the Hospital's goals outlined in the Executive Summary above.

H. Please provide a justification for the instant proposal and the scope thereof as opposed to the alternative proposals identified in (G) above.

It is conservatively estimated that the current proposal will cost at a minimum approximately \$10,000,000 less than renovation of any of the existing buildings previously considered to achieve the modern day design and program requirements for the Hospital's patient care units. Additionally, the Hospital conservatively estimates a personnel savings (all or nearly all resulting from a reduction in overtime) of \$1,000,000, based on larger, more economically-sized units, as well as the costs associated with supporting scattered-site buildings. The Hospital also conservatively estimates an additional savings in building maintenance and utility costs of approximately \$1,300,000 from vacating the existing buildings upon relocation of the psychiatric treatment programs into the new facility. The State realizes other savings (not attributable to the operation of the Hospital) as a

consequence of making the existing buildings that will be vacated available for alternative use (savings of current leasehold expense).

HEALTH DISPARITIES AND CHARITY CARE

8.) The RI Department of Health defines health disparities as inequalities in health status, disease incidence, disease prevalence, morbidity, or mortality rates between populations as impacted by access to services, quality of services, and environmental triggers. Disparately affected populations may be described by race & ethnicity, age, disability status, level of education, gender, geographic location, income, or sexual orientation.

A. Please describe all health disparities in the applicant's service area. Provide all appropriate documentation to substantiate your response including any assessments and data that describe the health disparities.

The Rhode Island Department of Health has published “A Healthier Rhode Island by 2010”, which identifies health disparities that exist within the population of Rhode Island, one of which lies in the domain of mental health. Mental health issues, including the need for inpatient psychiatric care, cover the full range of the population.

B. Discuss the impact of the proposal on reducing and/or eliminating health disparities in the applicant's service area.

This proposal does not include new or additional service, but the construction of a new facility will help sustain the current inpatient psychiatric services currently provided by Eleanor Slater Hospital.

9.) Please provide a copy of the applicant’s charity care policies and procedures and charity care application form.

A copy of the Hospital Admission Policy is enclosed.

FINANCIAL ANALYSIS

10.) A) Please itemize the capital costs of this proposal. Present all amounts in thousands (e.g., \$112,527=\$113). If the proposal is going to be implemented in phases, identify capital costs by each phase.

CAPITAL EXPENDITURES		
	Amount	Percent of Total
Survey/Studies	\$0	0%
Fees/Permits	\$0	0%
Architect	\$2,400	7.1%
Owner's Program Manager	\$950	2.8%
"Soft" Construction Costs	\$3,350	9.9%
Site Preparation	\$1,000	2.9%
Demolition	\$500	.15%
Renovation	\$0	0%
New Construction	\$23,420	68.9%
Contingency	\$3,080	9.1%
"Hard" Construction Costs	\$28,000	82.3%
Furnishings	\$2,650	7.8%
Movable Equipment	NA	%
Fixed Equipment	NA	%
"Equipment" Costs	\$2,650	7.8%
Capitalized Interest	NA	%
Bond Costs/Insurance	NA	%
Debt Services Reserve ¹	NA	%
Accounting/Legal	NA	%
Financing Fees	NA	%
"Financing" Costs	NA	%
Land	NA	%
Other (specify _____)	NA	%
"Other" Costs	NA	%
TOTAL CAPITAL COSTS	\$34,000	100%

¹ Should not exceed the first full year's annual debt payment.

B.) Please provide a detailed description of how the contingency cost in (A) above was determined.

The contingency for the project was taken as a total percentage, at approximately 11%, of the total probable construction as is usually done when preparing preliminary cost estimates for a project. Contingencies typically range between 10%-15%.

C.) Given the above projection of the total capital expenditure of the proposal, please provide an analysis of this proposed cost. This analysis must address the following considerations:

- i. The financial plan for acquiring the necessary funds for all capital and operating expenses and income associated with the full implementation of this proposal, for the period of 6 months prior to, during and for three (3) years after this proposal is fully implemented, assuming approval.

All funding for this proposal, both capital and operating, is appropriated in the Rhode Island State Budget.

- ii. The relationship of the cost of this proposal to the total value of your facility's physical plant, equipment and health care services for capital and operating costs.

Not applicable. This proposal is for construction of a new facility to accommodate the patient care units. The existing physical plant will not be renovated.

- iii. A forecast for inflation of the estimated total capital cost of the proposal for the time period between initial submission of the application and full implementation of the proposal, assuming approval, including an assessment of how such inflation would impact the implementation of this proposal.

We currently estimate construction inflation will be at an approximate rate of three to three and a half percent (3%-3.5%) to contract award. However, our process includes a professional, independent cost estimate requirement. We will not know what the actual projected cost estimate will be until those services are performed. After that review, our capital plan will be adjusted. The cost estimate standard requires that the amounts be brought forward to the likely bidding date and include industry standards for expected inflation.

11.) Please indicate the financing mix for the capital cost of this proposal. **NOTE:** the Health Services Council’s policy requires a minimum 20% equity investment in CON projects (33% equity minimum for equipment-related proposals).

Source	Amount	Percent	Interest Rate	Terms (Yrs.)	List source(s) of funds (and amount if multiple sources)
Equity*	\$34,000,000	100%	NA	NA	Rhode Island Capital Funds, appropriated through the Rhode Island State Budget
Debt**	NA	NA	NA	NA	
Lease**	NA	NA	NA	NA	
TOTAL	\$34,000,000	100%			

* Equity means non-debt funds contributed towards the capital cost of an acquisition or project which are free and clear of any repayment obligation or liens against assets, and that result in a like reduction in the portion of the capital cost that is required to be financed or mortgaged (R23-15-CON).

** If debt and/or lease financing is indicated, please complete **Appendix F**.

12.) Will a fundraising drive be conducted to help finance this approval? Yes___ No__**X**__

13.) Has a feasibility study been conducted of fundraising potential? Yes___ No__**X**__

- If the response to Question 13 is ‘Yes’, please provide a copy of the feasibility study.

14.) Will the applicant apply for state and/or federal capital funding? Yes___ No__**X**__

- If the response to Question 14 is ‘Yes’, please provide the source: _____, amount: _____, and the expected date of receipt of those monies: _____.

15.) Please calculate the yearly amount of depreciation and amortization to be expensed.

Depreciation/Amortization Schedule - Straight Line Method					
	Improvements	Equipment		Amortization	Total
		Fixed	Movable		
Total Cost *1*	\$34,000,000	NA	NA	NA	\$34,000,000
(-) Salvage Value	\$0	NA	NA	NA	\$0
(=) Amount Expensed	\$34,000,000	NA	NA	NA	\$34,000,000
(/) Average Life (Yrs.)	37.7 years				
(=) Annual Depreciation *2*	\$1,313,750				

1 Must equal the total capital cost (Question 10 above) less the cost of land and less the cost of any assets to be acquired through lease financing

2 Must equal the incremental “depreciation/amortization” expense, column -5-, in Question 18 (below).

We will depreciate the building over forty years and depreciate the furnishings over 5 years for a combined rate of \$1,313,750 per year.

16.) For the first full operating year of the proposal (identified in Question 18 below), please identify the total number of FTEs (full time equivalents) and the associated payroll expense (including fringe benefits) required to staff this proposal. Please follow all instructions and present the payroll in thousands (e.g., \$42,575=\$43).

Personnel	Existing		Additions/(Reductions)		New Totals	
	# of FTEs	Payroll W/Fringes	# of FTEs	Payroll W/Fringes	# of FTEs	Payroll W/Fringes
Medical Director	1	\$ 271	NA	\$0	1	\$ 279
Physicians	20	\$ 3,750	NA	\$0	20	\$ 3,800
Administrator	11	\$ 1,640	NA	\$0	11	\$ 1,693
RNs	142	\$ 16,848	NA	\$0	142	\$ 17,595
LPNs	4	\$ 415	NA	\$0	4	\$ 427
Nursing Aides	331	\$ 23,047	NA	\$0	331	\$ 23,945
PTs	NA	\$	NA	\$0	NA	\$
OTs	NA	\$	NA	\$0	NA	\$
Speech Therapists	NA	\$	NA	\$0	NA	\$
Clerical	33	\$ 2,309	NA	\$0	33	\$ 2,378
Housekeeping	63	\$ 3,883	NA	\$0	63	\$ 3,997
Other: (specify)	300	\$ 28,654	NA	\$0	300	\$ 29,719
TOTAL	905	\$ 81,177		\$0	905	\$ 83,833

1 Must equal the incremental “payroll w/fringes” expense in column -5-, Question 18 (below).

INSTRUCTIONS:

- “FTEs” Full time equivalents are the equivalent of one employee working full time (i.e., 2,080 hours per year)
- “Additions” are NEW hires;
- “Reductions” are staffing economies achieved through attrition, layoffs, etc. It does **NOT** report the reallocation of personnel to other departments.

17.) Please describe the plan for the recruitment and training of personnel.

No recruitment is planned as a direct result of this proposal. It is probable that relocated staff will need to re-oriented, and trained in new practices and protocols that may develop over time.

18.) Please complete the following pro-forma income statement for each unit of service. Present all dollar amounts in thousands (e.g., \$112,527=\$113). Be certain that the information is accurate and supported by other tables in this worksheet (i.e., “depreciation” from Question 15 above, “payroll” from Question 16 above). If this proposal involved more than two separate “units of service” (e.g., pt. days, CT scans, outpatient visits, etc.), insert additional units as required.

PRO-FORMA P & L STATEMENT FOR WHOLE FACILITY					
	Actual Previous Year 2012_ (1)	Budgeted Current Year 2013_ (2)	<-- FIRST FULL OPERATING YEAR 2017_ -->		
			CON Denied (3)	CON Approved (4)	Incremental Difference *1* (5)
REVENUES:					
Net Patient Revenue	\$112,072	\$114,975	\$117,955	\$119,269	\$1,314
Other:	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$112,072	\$114,975	\$117,955	\$119,269	\$1,314
EXPENSES:					
Payroll w/Fringes	\$80,597	\$81,177	\$83,833	\$83,833	\$0
Bad Debt					
Supplies	\$18,794	\$21,065	\$21,128	\$21,128	\$0
Office Expenses	\$82	\$76	\$76	\$76	\$0
Utilities	\$415	\$455	\$456	\$456	\$0
Insurance	\$348	\$346	\$347	\$347	\$0
Interest	\$260	\$260	\$260	\$260	\$0
Depreciation/Amortization	\$2,820	\$2,820	\$2,820	\$4,134	\$1,314
Leasehold Expenses	\$134	\$154	\$154	\$154	\$0
Other: (specify _____)	\$8,622	\$8,622	\$8,881	\$8,881	\$0
Total Expenses	\$112,072	\$114,975	\$117,955	\$119,269	\$1,314
OPERATING PROFIT:	\$0	\$0	\$0	\$0	\$0

For each service to be affected by this proposal, please identify each service and provide: the utilization, average net revenue per unit of services and the average expense per unit of service.

We believe that this is not applicable to this proposal. Eleanor Slater Hospital utilizes an all-inclusive single per diem for all services, and does not distinguish between units and services.

Service Type:	Not Applicable				
Service (#s):					
Net Revenue Per Unit *8*	\$	\$	\$	\$	\$
Expense Per Unit	\$	\$	\$	\$	\$
Service Type:					
Service (#s):					
Net Revenue Per Unit *8*	\$	\$	\$	\$	\$
Expense Per Unit	\$	\$	\$	\$	\$

INSTRUCTIONS: Present all dollar amounts (except unit revenue and expense) in thousands.

- *1* The Incremental Difference (column -5-) represents the actual revenue and expenses associated with this CON. It does not include any already incurred allocated or overhead expenses. It is column -4- less column -3-.
- *2* Net Patient Revenue (column -5-) equals the different units of service times their respective unit reimbursement.
- *3* Payroll with fringe benefits (column -5-) equals that identified in Question 16 above.
- *4* Bad Debt is the same as that identified in column -4-.
- *5* Interest Expense equals the first full year's interest paid on debt.
- *6* Depreciation equals a full year's depreciation (Question 15 above), not the half year booked in the year of purchase.
- *7* Total Expense (column -5-) equals the operating expense of this proposal and is defined as the sum of the different units of service;
- *8* Net Revenue per unit (of service) is the actual average net reimbursement received from providing each unit of service; it is NOT the charge for that service.

19.) Please provide an analysis and description of the impact of the proposed new institutional health service or new health equipment, if approved, on the charges and anticipated reimbursements in any and all affected areas of the facility. Include in this analysis consideration of such impacts on individual units of service and on an aggregate basis by individual class of payer. Such description should include, at a minimum, the projected charge and reimbursement information requested above for the first full year after implementation, by payor source, and shall present alternate projections assuming (a) the proposal is not approved, and (b) the proposal is approved. If no additional (incremental) utilization is projected, please indicate this and complete this table reflecting the total utilization of the facility in the first full fiscal year.

Projected First Full Operating Year: FY 2017									
Payor Mix	Implemented			Not Implemented			Difference		
	Projected Utilization (patient days)		Total Revenue	Projected Utilization (patient days)		Total Revenue	Projected Utilization (patient days)		Total Revenue
	# units	% total	\$	# units	% total	\$	# units	% total	\$
Medicare	2,987	2.9	3,458,801	2,987	2.9	3,420,695	N/A	N/A	38,106
RI Medicaid	99,292	94.4	112,589,936	99,292	94.4	111,349,520	N/A	N/A	1,240,416
Non-RI Medicaid	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RiteCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United Hlth	206	.20	238,538	206	.20	235,910	N/A	N/A	2,628
Commercial	412	.40	477,076	412	.40	471,820	N/A	N/A	5,256
HMO's	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Self Pay	N/A	2.0	2,385,380	N/A	2.0	2,359,100	N/A	N/A	26,280
Charity Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
Other: DOC	103	.10	119,269	103	.10	117,955	N/A	N/A	1,314
TOTAL	103,000	100.0	119,269,000	103,000	100.0	117,955,000	0	0	1,314,000

20.) Please provide the following:

A. Please provide audited financial statements for the most recent year available.

Eleanor Slater Hospital is included in the State Single Audit. There are no separate audited financial statements.

B. Please discuss the impact of approval or denial of the proposal on the future viability of the (1) applicant and (2) providers of health services to a significant proportion of the population served or proposed to be served by the applicant.

Approval of this proposal sustains the core mission of the psychiatric treatment programs offered by the Eleanor Slater Hospital. Denial of this application would necessitate a fundamental re-thinking of the financial and economic viability of the Hospital services currently offered on the Cranston Campus.

21.) Please identify the derivable operating efficiencies, if any, (i.e., economies of scale or substitution of capital for personnel) which may result in lower total or unit costs as a result of this proposal.

The major operating efficiencies is an estimated reduction in utilization of overtime, conservatively estimated at approximately \$1,000,000 per year based on more efficiently sized patient care units and general efficiencies realized as a consequence of not having to transport patients and support personnel to remote buildings.

22.) Please describe on a separate sheet of paper all energy considerations incorporated in this proposal.

The newly constructed facility will utilize the steam and electricity from the combined cycle co-generation central plant. Steam is generated with waste heat boilers utilizing the exhaust of two gas combustion turbine generators (CTG) and an auxiliary boiler. The CTG's and steam turbines generate electricity and the system is capable to meet the needs of the entire Pastore Complex with National Grid operating in parallel for redundancy.

Heat will be provided from hot water generated from a steam converter. Air conditioning is provided by an absorption chilled water system. Electricity is provided from the central power plant operating in parallel with National Grid and back-up power is provided by an emergency generator. Domestic hot water is provided from a steam converter. Providence Water Supply provides domestic potable water with the pressure boosted by the central power plant.

The new facility will be designed to meet a LEED Silver or equal rating per existing legislative requirements for buildings. It will employ a thermally enhanced envelope to easily maintain an equalized interior environment. Envelope construction will utilize continuous rigid insulation to prevent thermal bridging; a continuous air/water barrier and spray foam sealant and flashings at all windows, doors, louvers and openings to minimize uncontrolled air

infiltration; and additional stud cavity insulation for better thermal mass. High performance windows and doors will also be used to ensure long-term performance.

23.) Please comment on the affordability of the proposal, specifically addressing the relative ability of the people of the state to pay for or incur the cost of the proposal, at the time, place and under the circumstances proposed. Additionally, please include in your discussion the consideration of the state's economy.

The Governor included and recommended this proposal for his Proposed Budget for FY2013; the General Assembly concurred, and appropriated the funds necessary to sustain the construction of the new facility. The approved funds will carry forward in the Proposed Budget for FY2014.

Based upon the special circumstance of this proposal originating with the State public hospital, we have solicited letters of support from both the Medicaid Single State Agency and the State Budget Office.

24.) Please address how the proposal will support optimizing health system performance with regards to the following three dimensions:

- a. Improving the patient experience of care (including quality and satisfaction)

The existing spaces presently occupied by patients are not conducive to patient privacy or promoting a therapeutic milieu. Several safety concerns will be addressed with the new layout that will allow for better visualization of patient by the hospital staff and more secure entry onto the units.

- b. Improving the health of populations; and

The existing buildings do not meet current hospital building standards, and the costs to upgrade them would be significant. The patient care environment will be improved to a modern day design. Building efficiency will be dramatically improved by “greener” systems design.

- c. Reducing the per capita cost of health care

The major operating efficiencies is an estimated reduction in utilization of overtime, conservatively estimated at approximately \$1,000,000 per year (based on more efficiently sized patient care units), plus general efficiencies realized as a consequence of not having to transport patients (for example to medical clinics) and support personnel (such as dietary) to remote buildings.

25.) Please identify any planned actions of the applicant to reduce, limit, or contain health care costs and improve the efficiency with which health care services are delivered to the citizens of this state.

All actions to reduce, limit or contain health care costs are referenced in Question 24. Reduction in operating costs savings will be realized for personnel as well as reduction in building maintenance and utility costs for antiquated inefficient buildings through the consolidation of patient care units into one newly constructed facility.

**QUALITY, TRACK RECORD, CONTINUITY OF CARE, AND
RELATIONSHIP TO THE HEALTH CARE SYSTEM**

26.) **A) If the applicant is an existing facility:**

Please identify and describe any outstanding cited health care facility licensure or certification deficiencies, citations or accreditation problems as may have been cited by appropriate authority. Please describe when and in what manner this licensure deficiency, citation or accreditation problem will be corrected.

There are no cited deficiencies as of this date.

B) If the applicant is a proposed new health care facility:

Please describe the quality assurance programs and/or activities which will relate to this proposal including both inter and intra-facility programs and/or activities and patient health outcomes analysis whether mandated by state or federal government or voluntarily assumed. In the absence of such programs and/or activities, please provide a full explanation of the reasons for such absence.

Not Applicable.

C) If this proposal involves construction or renovation:

Please describe your facility's plan for any temporary move of a facility or service necessitated by the proposed construction or renovation. Please describe your plans for ensuring, to the extent possible, continuation of services while the construction and renovation take place. Please include in this description your facility's plan for ensuring that patients will be protected from the noise, dust, etc. of construction.

The existing Varley building to be demolished for the construction of the new facility will be vacant and therefore will not require relocation of patients or services. During construction, measures will be taken to minimize impacts to patients in adjacent buildings from noise and dust related to the construction activities. A communication plan will be established with the hospital staff to coordinate times of construction activity and minimize the most disruptive activity during times that may be critical to patient care. A construction logistics plan will be developed and reviewed with the hospital staff and safety measures will be implemented including the use of construction site fencing, temporary signage and temporary pedestrian paths as necessary to ensure safe patient and visitor arrival and exit. Dust control methods will be implemented and all construction related activities will be performed in accordance with all applicable state and federal regulations.

27.) Please discuss the impact of the proposal on the community to be served and the people of the neighborhoods close to the health care facility who are impacted by the proposal.

This proposal consolidates all patient care on and near the center of the Pastore Campus. As such, the surrounding neighborhoods will not be directly impacted by the construction of the new facility.

28.) Please discuss the impact of the proposal on service linkages with other health care facilities/providers and on achieving continuity of patient care.

The Hospital maintains active and collegial linkages to the community hospitals and the network or community behavioral healthcare providers.

The psychiatric treatments services are, and will continue to be, an integral part of the services offered to Eleanor Slater patients.

29.) Please address the following:

A. How the applicant will ensure full and open communication with their patients' primary care providers for the purposes of coordination of care;

The Hospital Medical staff members function as the patients' primary care physicians.

B. Discuss the extent to which preventive services delivered in a primary care setting could prevent overuse of the proposed facility, medical equipment, or service and identify all such preventative services;

The populations served by Eleanor Slater Hospital – those with chronic long-term psychiatric treatment needs – are not typically susceptible to primary care interventions.

C. Describe how the applicant will make investments, parallel to the proposal, to expand supportive primary care in the applicant's service area.

Not Applicable

D. Describe how the applicant will use capitalization, collaboration and partnerships with community health centers and private primary care practices to reduce inappropriate Emergency Room use.

This proposal has no relation to Emergency Room use.

E. Identify unmet primary care needs in your service area, including "health professionals shortages", if any (information available at Office of Primary Care and Rural Health at <http://www.health.ri.gov/programs/primarycareandruralhealth/>).

Not Applicable

30.) Please discuss the relationship of the services proposed to be provided to the existing health care system of the state.

There are no new services covered by this proposal. The construction of the new facility covered by this proposal will assist Eleanor Slater Hospital to sustain one of its core functions, in providing long-term (chronic) psychiatric patient care.

31.) Please identify any state or federal licensure or certification citations and/or enforcement actions taken against the applicant and their affiliates within the past 3 years and the status or disposition of each.

There have been no state or federal licensure or certification citations and/or enforcement actions taken against the applicant and their affiliates within the past 3 years.

32.) Please provide a list of pending or adjudicated citations, violations or charges against the applicant and their affiliates brought by any governmental agency or accrediting agency within the past 3 years and the status or disposition of each.

There are no pending or adjudicated citations, violations or charges against the applicant and their affiliates brought by any governmental agency or accrediting agency within the past 3 years and the status or disposition of each.

33.) Please provide a list of any investigations by federal, state or municipal agencies against the applicant and their affiliates within the past 3 years and the status or disposition of each.

There have been no investigations by federal, state or municipal agencies against the applicant and their affiliates within the past 3 years.

Select and complete the Appendixes applicable to this application:

Appendix	Check off:	Required for:
A	Not Applicable	Accelerated review applications <i>This is a Change Order Request</i>
B	X	Applications involving provision of services to inpatients
C	Not Applicable	Nursing Home applications
D	X	All applications
E	Not Applicable	Applications with healthcare equipment costs in excess of \$2,596,709 and any tertiary/specialty care equipment
F	Not Applicable	Applications with debt or lease financing
G	X	All applications

Appendix A - NOT APPLICABLE – CHANGE ORDER REQUEST

Request for Expeditious Review

- 1.) Name of applicant:

- 2.) Indicate why an expeditious review of this application is being requested by marking at least one of the following with an ‘X’.
 - _____ a. for emergency needs documented in writing by the state fire marshal or other lawful authority with similar jurisdiction over the relevant subject matter;
 - _____ b. for the purpose of eliminating or preventing fire and/or safety hazards certified by the state fire marshal or other lawful authority with similar jurisdiction of the relevant subject matter as adversely affecting the lives and health of patients or staff;
 - _____ c. for compliance with accreditation standards failure to comply with which will jeopardize receipt of federal or state reimbursement;
 - _____ d. for such immediate and documented public health urgency as may be determined to exist by the Director of Health with the advice of the Health Services Council.

- 3.) For each response with an ‘X’ beside it in Question 2 above, furnish documentation as indicated:
 - 2.a: a written communication from the State Fire Marshal or other lawful authority with similar jurisdiction over the relevant subject matter setting forth the particular emergency needs cited and the measures required to meet the emergency;
 - 2.b: documentation from the State Fire Marshal or other lawful authority with similar jurisdiction of the relevant subject matter certifying that particular fire and/or safety hazards currently exist which adversely affect the life and health of patients or staff and outlining the measures which must be taken in order to alleviate these hazards;
 - 2.c: a written communication from the accrediting agency naming specific deficiencies and required remedies for situations failure of compliance with which will jeopardize receipt of federal or state reimbursement;
 - 2.d: a complete description and documentation of the immediate and documented public health urgency, which, in the applicant’s opinion, necessitates an expeditious review.

Appendix B

Provision of Health Services to Inpatients

1. Are there similar programmatic alternatives to the provision of institutional health services as proposed herein which are superior in terms of:
 - a. Cost ___ Yes **X** No
 - b. Efficiency ___ Yes **X** No
 - c. Appropriateness ___ Yes **X** No

2. For each No response in Question 1, discuss your finding that there are no programmatic alternatives superior to this proposal separately for each such finding.

The Hospital believes that no superior programmatic alternative exists. Alternatives have been exhausted for all types of renovation scenarios of existing building stock on campus. Those studies have yielded that given the age and condition of the existing buildings as well as the remote locations, the cost to renovate to bring into compliance with current life and safety standards as well as current industry standards for the delivery of modern patient care will be considerably more expensive than this proposal without achieving the full program requirement. Construction of a new treatment facility compared to all alternatives considered is seen to be the superior programmatic alternative.

3. For each Yes response in Question 1, identify the superior programmatic alternative to this proposal, and explain why that superior alternative was rejected in favor of this proposal separately for each such finding..
4. In the absence of proposed institutional health services proposed herein, will patients encounter serious problems in obtaining care of the type proposed in terms of:
 - a. Availability ___ Yes **X** No
 - b. Accessibility ___ Yes **X** No
 - c. Cost ___ Yes **X** No

5. For each Yes response in Question 4, please justify and provide supporting evidence separately for availability, accessibility and cost.

Appendix C - NOT APPLICABLE

Nursing Home Proposals

1. Provide the current patient census at the facility by payer source in the table below.
Date of Census ___/___/___, Licensed bed capacity_____.

Payor	Number of Patients	Percent of Total
Medicare		%
RI Medicaid		%
Non-RI Medicaid		%
Private Pay		%
Veterans		%
Other: (specify_____)		%
TOTAL:		100%

2. Please complete the following Medicaid per diem worksheet for the facility.

Expense	COSTS		REIMBURSEMENT		MAXIMUM RATE	
	Current FY 20__	First FY 20__ Project Approved (proposed)	Current FY 20__	First FY 20__ Project Approved (proposed)	Current FY 20__	First FY 20__ Project Approved (proposed)
Pass Through Cost Center						
Fair Rental Cost Center						
Direct Labor Cost Center						
Other Operating Expenses						
TOTAL:						

3. Pursuant to Section 5.8 of the Rules and Regulations for Licensing of Nursing Facilities (R23-17-NF), please demonstrate that the applicant or proposed license holder shall have sufficient resources to operate the nursing facility at licensed capacity for thirty (30) days, evidenced by an unencumbered line of credit, a joint escrow account established with the Department, or a performance bond secured in favor of the state or a similar form of security satisfactory to the Department, if applicable.

4. Complete the following itemization of projected utilization and net patient revenue for the first full operating year.

Payors	Implemented	Not Implemented	Incremental Difference
MEDICAID			
Per Diem Revenue			
Patient Days			
Total Revenue			
MEDICARE			
Per Diem Revenue			
Patient Days			
Total Revenue			
COMMERCIAL			
Per Diem Revenue			
Patient Days			
Total Revenue			
PRIVATE PAY			
Per Diem Revenue			
Patient Days			
Total Revenue			
VETERANS			
Per Diem Revenue			
Patient Days			
Total Revenue			
Other _____			
Per Diem Revenue			
Patient Days			
Total Revenue			
TOTAL PATIENT REVENUE			
TOTAL PATIENT DAYS			

5. Based on the format below, please provide a summary of the applicant’s administrative and operational policies and procedures to provide individualized and resident-centered care, services, and accommodations, and a sense of peace, safety, and community, and clearly identify how the proposal would advance these areas:

- a. Resident’s physical environment:
 - i. Accommodations for privacy vs. congregate and common areas;
 - ii. Choice and autonomy in personal space, fixtures, furniture;
 - iii. Access to and involvement in decentralized services, such as, community kitchen(s), laundry, activities;
 - iv. Access to outdoors and outdoor activities (e.g., sunrooms, patios, gardens and gardening);

- b. Resident-centered systems of care:
 - i. Security systems and care delivery systems to foster autonomy, choice, and negotiated risk;
 - ii. Individualized daily/nightly scheduling (e.g., daily rhythm, going to bed, waking);
 - iii. Dining flexibility (e.g., time, access to dining style and menu choice);
 - iv. Lifestyle/activities flexibility;

- c. Workforce administration:
 - i. How do staffing schedules and assignments ensure consistent delivery of resident services and foster relationship building?
 - ii. Administrative status strategies for dealing with licensed staff turn-over (e.g. Registered nurses, Licenses Practical nurses, Nursing Assistants)

Appendix D

All applications must be accompanied by responses to the questions posed herein.

1. Provide a description and schematic drawing of the contemplated construction or renovation or new use of an existing structure and complete the Change in Space Form.

Please see the enclosed conceptual plan for the new facility as well as a map of the Pastore Campus. Architectural Services for the new building design have been retained to advance the program and layout into schematic design. We envision only minor changes to the design concept.

2. Please provide a letter stating that a preliminary review by a Licensed architect indicates that the proposal is in full compliance with the current edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities" and identify the sections of the guidelines used for review. Please include the name of the consulting architect, and their RI Registration (license) number and RI Certification of Authorization number.

The final plans for the new facility will be reviewed by the Project Architect, design team consultants and the project code consultant to comply with the appropriate sections of the "2010 edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities". The Project Architect is Durkee Brown Viveiros & Werenfels Architects. RI License #3520, COA #A-14-104.

3. Provide assurance and/or evidence of compliance with all applicable federal, state and municipal fire, safety, use, occupancy, or other health facility licensure requirements.

The Hospital intends to comply with all applicable requirements, and so assures the Health Services Council. The appropriate documentation will be provided as soon as it is obtained from authorities having jurisdiction.

4. Does the construction, renovation or use of space described herein corrects any fire and life safety, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), U.S. Department of Health and Human Services (DHHS) or other code compliance problems: Yes No

- o If Yes, include specific reference to the code(s). For each code deficiency, provide a complete description of the deficiency and the corrective action being proposed, including considerations of alternatives such as seeking waivers, variances or equivalencies.

Building(s) were reviewed under the following codes: Joint Commission Environment of Care Standards (JCAHO-EC), 2010 Edition; Joint Commission Standards for Behavioral Health Care, 2011 Edition; RI State Building Code SBC-1, 2010 (IBC 2009); RI State Plumbing Code, SBC-3, 2010 (IBC 2009); RI State Mechanical Code, SBC-4, 2010 (IBC 2009); RI State Fuel and Gas Code, SBC-19, 2010 (IBC 2009); RI State Electrical Code, SBC-5, 2010 (NEC 2011); RI State Elevator Safety Code, 2012; RI State Energy Conservation Code, 2010 (IBC 2009); RI Life Safety Code (NFPA 101, 2012) Ch. 19, Existing Healthcare Occupancies & Ch. 18, New Healthcare Occupancies; RI Fire Code, 2013 (NFPA

1, 2012); RI Fire Alarm Code, 2013; RI State Accessibility Code, Chapter 11; NFPA 10 Standard for Portable Fire Extinguishers; NFPA 13 Standard for the Installation of Sprinkler Systems; NFPA 80 Standard for Fire Doors and Windows; Americans with Disability Act Accessibility Guidelines; 42 Code of Federal Regulation, Centers for Medicare and Medicaid Service (CMS) Regulations and Rules of the Administration, Conditions of Participation; 482.41.

We believe that the existing buildings that will be vacated are in substantial non-compliance with these standards. Development of construction documents for a new facility provides for designing and constructing a new facility that fully complies with all applicable fire, life safety and building codes.

5. Describe all the alternatives to construction or renovation which were considered in planning this proposal and explain why these alternatives were rejected.

No alternate space exists within the Pastore Campus to create a centralized hospital zone. The development of a central hospital zone at the Pastore Campus will allow for operational efficiencies and create a ready opportunity for patients to use shared rehabilitative services. Relocation of the hospital to the University of Rhode Island was considered but it was deemed cost prohibitive and consolidation at Eleanor Slater Hospital at Zambarano would have required at least a similar construction proposal.

6. Attach evidence of site control, a fee simple, or such other estate or interest in the site including necessary easements and rights of way sufficient to assure use and possession for the purpose of the construction of the project.

The site is owned by the State of Rhode Island and under the custody and control of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH).

7. If zoning approval is required, attach evidence of application for zoning approval.

The hospital is approved for its current use.

8. If this proposal involves new construction or expansion of patient occupancy, attach evidence from the appropriate state and/or municipal authority of an approved plan for water supply and sewage disposal.

Not Applicable.

9. Provide an estimated date of contract award for this construction project, assuming approval within a 120-day cycle.

It estimated that and award for this construction project will be made in June 2014.

10. Assuming this proposal is approved, provide an estimated date (month/year) that the service will be actually offered or a change in service will be implemented. If this service will be phased in, describe what will be done in each phase.

The new facility is currently scheduled for occupancy in December 2016.

Change in Space Form Instructions

The purpose of this form is to identify the major effects of your proposal on the amount, configuration and use of space in your facility.

Column 1

Column 1 is used to identifying discrete units of space within your facility, which will be affected by this proposal. Enter in Column 1 each discrete service (or type of bed) or department, which as a result of this proposal is:

- a.) to utilize newly constructed space
- b.) to utilize renovated or modernized space
- c.) to vacate space scheduled for demolition

In each of the Columns 3, 4, and 5, you are requested to disaggregate the construction, renovation and demolition components of this proposal by service or department. In each instance, it is essential that the total amount of space involved in new construction, renovation or demolition be totally allocated to these discrete services or departments listed in Column 1.

Column 2

For each service or department listed in Column 1, enter in this column the total amount of space assigned to that service or department at all locations in your facility whether or not the locations are involved in this proposal.

Column 3

For each service or department, please fill in the amount of space which that service or department is to occupy in proposed new construction. The figures in Column 3 should sum to the total amount of space of new construction in this proposal.

Column 4

For each service or department, please fill in the amount of space, which that service or department is to occupy in space to be modernized or renovated. The figures in column 4 should sum to the total amount of space of renovation and modernization in this proposal.

Column 5

For each service or department fill in the amount of currently occupied space which is proposed to be demolished. The figures in Column 5 should sum to the total amount of space of demolition specified in this proposal.

Column 6

For each service or department entered in Column 1, enter in this column the total amount of space which will, upon completion of this project, be assigned to that service or department at all locations in your facility whether or not the locations are involved in this proposal.

Column 7

Subtract from the amount of space shown in Column 6 the amount shown in Column 2. Show an increase or decrease in the amount of space.

Change in Space Form

Please identify and provide a definition for the method used for measuring the space (i.e. gross square footage, net square footage, etc.):

We have shown the approximate actual space to be utilized for patient care.

1. Service or Department Name	2. Current Space Amount	3. New Construction Space Amount	4. Renovation Space Amount	5. Amount of Space Currently Occupied to be Demolished	6. Proposed Space Amount	7. Change [(6)-(2)]
Adolph Meyer	73,288	0	0	NA	0	(73,288)
Phillipe Pinel	18,487	0	0	NA	0	(18,487)
New Facility	0	80,000	0	NA	80,000	80,000
TOTAL:	91,775	80,000	0	NA	80,000	(11,775)

Appendix E -- NOT APPLICABLE

**Acquisition of Health Care Equipment Valued in Excess of \$2,596,709 or
Tertiary/Specialty Care Equipment**

Complete separate copies of this appendix for each piece of such equipment contained in this application.

1. Identify the proposed equipment (and current if it is being replaced) and at least two similar alternative makes or models that were considered for acquisition in the following format

	Current Equipment	Proposed Equipment	Alternative 1	Alternative 2
Type of Equipment				
Name of Manufacturer				
Make and Model Number				
Capital Cost of Equipment				
Operating Cost				

2. Describe the clinical application for which the proposed equipment will be used.
3. Please identify the reasons the alternative two options were rejected in favor of the proposed equipment
4. If the proposal is to replace current existing equipment, please provide the following information:

	Current Equipment
Date of Acquisition	
Expected Salvage Value	
Remaining Useful Life	
Method of disposition	

5. Please state below the number of new full-time equivalent personnel by job category whom you will hire in order to operate the proposed equipment.

Job Category	Number of FTE's	Payroll Expense

6. Please describe below your anticipated utilization for this equipment for each of the three fiscal years following acquisition of this equipment.

Fiscal Year	20__	20__	20__
Hours of Operation			
Utilization			
Potential Throughput			
Utilization Rate (%)			

Appendix F -- NOT APPLICABLE

Financing

Applicants contemplating the incurrence of a financial obligation for full or partial funding of a certificate of need proposal must complete and submit this appendix.

1. Describe the proposed debt by completing the following:
 - a.) type of debt contemplated: _____
 - b.) term (months or years): _____
 - c.) principal amount borrowed _____
 - d.) probable interest rate _____
 - e.) points, discounts, origination fees _____
 - f.) likely security _____
 - g.) disposition of property (if a lease is revoked) _____
 - h.) prepayment penalties or call features _____
 - i.) front-end costs (e.g. underwriting spread, feasibility study, legal and printing expense, points etc.) _____
 - j.) debt service reserve fund _____
2. Compare this method of financing with at least two alternative methods including tax-exempt bond or notes. The comparison should be framed in terms of availability, interest rate, term, equity participation, front-end costs, security, prepayment provision and other relevant considerations.
3. If this proposal involves refinancing of existing debt, please indicate the original principal, the current balance, the interest rate, the years remaining on the debt and a justification for the refinancing contemplated.
4. Present evidence justifying the refinancing in Question 3. Such evidence should show quantitatively that the net present cost of refinancing is less than that of the existing debt, or it should show that this project cannot be financed without refinancing existing debt.
5. If lease financing for this proposal is contemplated, please compare the advantages and disadvantages of a lease versus the option of purchase. Please make the comparison using the following criteria: term of lease, annual lease payments, salvage value of equipment at lease termination, purchase options, value of insurance and purchase options contained in the lease, discounted cash flows under both lease and purchase arrangements, and the discount rate.
6. Present a debt service schedule for the chosen method of financing, which clearly indicates the total amount borrowed and the total amount repaid per year. Of the amount repaid per year, the total dollars applied to principal and total dollars applied to interest must be shown.
7. Please include herewith an annual analysis of your facility's cash flow for the period between approval of the application and the third year after full implementation of the project.

Appendix G

Ownership Information

All applications must be accompanied by responses to the questions posed herein.

1. List all officers, members of the board of directors, trustees, stockholders, partners and other individuals who have an equity or otherwise controlling interest in the applicant. For each individual, provide their home and business address, principal occupation, position with respect to the applicant, and amount, if any, of the percentage of stock, share of partnership, or other equity interest that they hold.

The Governing Body of Eleanor Slater Hospital is comprised of the following individuals, all of whom are State employees, who can be reached through the Office of the Director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) located at 14 Harrington Road, Cranston, RI 02920:

Craig S. Stenning, Chairperson (also the Director of the Department of Behavioral Healthcare, Development Disabilities and Hospitals)

Paul J. Despres, Chief Executive Officer

Charlene A. Tate, M.D., Chief of Medical Staff and Clinical Services

Helene Martin, R.N., Nurse Executive

Fritz Pluviose, M.D., representing the Rhode Island Employed State Employed Physician's Association

Maureen Wu, Associate Director for Financial Management, BHDDH

Deborah George, Esq., Human Resources Administrator, R.I. Department of Administration

Karen Grant, Administrator Regan Medical Services

Rick Marwell, Administrator Adult Psychiatric Services

Sharon Sousa, Administrator Zambarano

None of these employees has any ownership or equity interest in the Hospital.

2. For each individual listed in response to Question 1 above, list all (if any) other health care facilities or entities within or outside Rhode Island in which he or she is an officer, director, trustee, shareholder, partner, or in which he or she owns any equity or otherwise controlling interest. For each individual, please identify: A) the relationship to the facility and amount of

interest held, B) the type of facility license held (e.g. nursing facility, etc.), C) the address of the facility, D) the state license #, E) Medicare provider #, and F) any professional accreditation (e.g. JACHO, CHAP, etc.).

To the best of our belief or knowledge, none of the individuals listed in response to Question 1 above are officers, directors, trustees, shareholders, or partners, or have equity or other interest in any other health care facilities within or outside Rhode Island.

3. If any individual listed in response to Question 1 above, has any business relationship with the applicant, including but not limited to: supply company, mortgage company, or other lending institution, insurance or professional services, please identify each such individual and the nature of each relationship.

None of the individuals listed in response to Question 1 above have any such relationship with the Hospital.

4. Have any individuals listed in response to Question 1 above been convicted of any state or federal criminal violation within the past 20 years? Yes ___ No X__.

- If response is 'Yes', please identify each person involved, the date and nature of each offense and the legal outcome of each incident.

5. Please provide organization chart for the applicant, identifying all "parent" entities with direct or indirect ownership in or control of the applicant, all "sister" legal entities also owned or controlled by the parent(s), and all subsidiary entities owned by the applicant. Please provide a brief narrative clearly explaining the relationship of these entities, the percent ownership the principals have in each (if applicable), and the role of each and every legal entity that will have control over the applicant.

See enclosed.

6. Please list all licensed healthcare facilities (in Rhode Island or elsewhere) owned, operated or controlled by any of the entities identified in response to Question 5 above (applicant and/or its principals). For each facility, please identify: A) the entity, applicant or principal involved, B) the type of facility license held (e.g. nursing facility, etc.), C) the address of the facility, D) the state license #, E) Medicare provider #, and F) any professional accreditation (e.g. JACHO, CHAP, etc.).

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals does not own, operate, or control any other licenses healthcare facilities in Rhode Island.

7. Have any of the facilities identified in Question 5 or 6 above had: A) federal conditions of participation out of compliance, B) decertification actions, or C) any actions towards revocation of any state license? Yes ___ No X__

- If response is 'Yes', please identify the facility involved, the nature of each incident, and the resolution of each incident.

8. Have any of the facilities owned, operated or managed by the applicant and/or any of the entities identified in Question 5 or 6 above during the last 5-years had bankruptcies and/or were placed in receiverships? Yes___ No_**X**__

- If response is 'Yes', please identify the facility and its current status.

9. For applications involving establishment of a new entity or involving out of state entities, please provide the following documents:

- Certificate and Articles of Incorporation and By-Laws (for corporations)
- Certificate of Partnership and Partnership Agreement (for partnerships)
- Certificate of Organization and Operating Agreement (for limited liability corporations)

Not Applicable.

TAB A

ELEANOR SLATER HOSPITAL

ADMISSION, DISCHARGE and TRANSFER POLICY

ADMISSION POLICY:

The Eleanor Slater Hospital is a two-campus hospital in Rhode Island consisting of a Cranston campus and a Burrillville campus (called the Zambarano Unit). Medical services are available at both units. The majority of psychiatric and all ventilator services are available at the Cranston Unit. Although attempts are made to accommodate patient's wishes, the appropriate campus and unit for admission will be determined by the Chief of Medical Staff and Clinical Services or designee and the hospital admissions team.

Eleanor Slater Hospital provides services to patients with complex medical and psychiatric illness who require an intensive, interdisciplinary plan of care not available in community settings. Patients are admitted upon written order of a member of the Medical Staff of Eleanor Slater Hospital. Every patient admitted to the hospital shall be, and remains, under the care of a member of the medical staff as specified under the Medical Staff Bylaws and Rules and Regulations.

An applicant must be a legal permanent resident of Rhode Island. No person shall be denied admission because of race, color, religion, ancestry, sexual orientation, or national origin.

Patients whose needs can be met in an existing community setting will not be considered for admission.

The Chief of Medical Staff and Clinical Services or designee (the appointed Physician Reviewer) will make a preliminary determination as to the appropriate unit for a prospective patient and will refer the application to that unit's admissions team for detailed analysis and review.

The Eleanor Slater Hospital has the following admissions teams/services:

- Adult Psychiatry (Cranston campus)
- Geriatric Psychiatry Medical (Cranston campus)
- Forensic Psychiatry (Cranston campus)
- Internal Medicine (Cranston campus and Zambarano unit)

The Admissions Office is available 8:30 a.m. - 4:00 p.m., Monday through Friday, at (401) 462-3433. This office will coordinate a pre-admissions assessment, insurance verification and pre-certification.

Admission Procedure:

The admissions process begins with a referral (application) which must be completed and signed by a physician. Application forms may be obtained from the Admissions Office or online at www.BHDDH.ri.gov.

The completed application for admission must be signed by the applicant (patient) or legal proxy for consent.

The Admissions Office shall log when the application was received, from whom the application was received and attach an internal hospital cover sheet.

The Admissions Office forwards all applications to the Physician Reviewer that is appointed by the Chief of Medical Staff. If the patient is deemed to be potentially appropriate for admission, the application is then forwarded to the appropriate Admissions Team. If the patient is accepted for admission, the pre-admission screen is forwarded to the Office of Patients' Resources and Benefits for financial clearance.

Prior to admission, a personal interview with one or more Eleanor Slater Hospital team members and the patient (or an authorized representative of the applicant, if the applicant is incompetent) is scheduled. The agenda for the interview shall consist of a discussion of the hospital structure and function, a determination of the needs of the patient and whether or not they can be met, as well as a discussion of the patient's long-term goals. Also, a potential explanation of, and consent to, the following may begin:

- Admission Agreement Form
- Health Insurance Portability and Accountability Act (HIPAA)
- Patient's Rights and Responsibilities
- Advance Directive (Patient Self-Determination Act)

Admissions should arrive before 11:00 a.m. but no later than 1:00 p. m. (unless otherwise agreed upon by the team accepting the patient).

The Interagency Referral Form must accompany the applicant upon admission and be properly signed by the referring physician. Updated information must also accompany the applicant upon admission, i.e., Discharge Summary (but at a minimum, the latest medication list and progress notes).

Patients may be screened for resistant organisms prior to admission.

All patients will be informed of, and offered, advance directive upon admission, if not already completed. Informed consent will be signed by the patient or legal representative for diagnostic and treatment procedures, when required.

In case of incompetency (due to mental disability), or the inability of the applicant to provide consent, the following provisions apply:

1. A relative of the patient will be sought to obtain a written signature on the application. In the event that the relative resides out of State, the referring facility must make every attempt to contact the relative out of State and obtain a written signature on the application. The application process will be delayed if received without proper signature.
2. If a relative is estranged/refuses involvement, the referring facility should then proceed with alternative means to provide consent, i.e., court certification or appointment of a legal guardian.
3. When a patient is protesting admission, only a legally-appointed guardian can authorize consent for admission and treatment.

Medical Admissions:

Admission to a medical unit of Eleanor Slater Hospital is dependent upon multiple variables including medical appropriateness, potential to benefit from admission, and the Hospital's ability to meet the applicant's needs.

The following criteria are utilized to help determine appropriateness for medical admission:

- The presence of a medical condition(s) that prohibits the activities of daily living and self-preservation.
- The need for supervised nursing care 24 hours/day.
- Expected length of stay is at least one month.
- The applicant is 18 years of age or older.
- The applicant has been approved for admission via the Preadmission Screening Assessment process and is medically stable for transfer.
- The applicant's medical needs cannot be met in an existing community long-term care setting.
- Access to the volume/variety of services needed is precluded in the community by the applicant's medical condition(s).
- The applicant has concomitant behavioral problems that undermine safe medical care in a community setting.
- The applicant needs, and is likely to comply and benefit from, comprehensive long-term interdisciplinary medical/nursing/behavioral/rehabilitative and other services.
- The Hospital must be able to meet the applicant's medical, behavioral, and psychiatric needs as determined by the medical Pre-Admission Screening Assessment.
- The applicant and/or legal proxy consent to the Hospital's Admission Agreement.

A variety of medical conditions may meet the clinical criteria established for admission. These examples do not guarantee admission or the availability of needed services at any particular time:

- Ventilator Dependent Respiratory Insufficiency

- Respiratory Insufficiency requiring Tracheostomy
- Neurological conditions including neuromuscular/neurovascular/neurodegenerative disease
- Traumatic Brain Injury or other conditions caused by trauma
- Extensive wounds: pressure ulcers, surgical wounds, traumatic wounds and diabetic ulcers
- Infectious diseases, i.e., complications from meningitis, encephalitis or AIDS
- Multi system/organ failure
- Post-Operative complications resulting in the criteria above
- Conditions requiring PT, OT, Speech, neuro-cognitive rehabilitation
- Complications from Morbid Obesity such as PE, DVT, surgical complications, safety in the home, etc., provided medical and behavioral compliance has been established.

Psychiatry Admissions:

Adult Psychiatry admission is sometimes indicated for a variety of conditions including:

- Psychiatric symptoms (i.e., hallucinations, delusions, panic reaction, anxiety, agitation, depression) severe enough to cause disordered behavior (i.e., catatonia, mania, incoherence or psychomotor retardation) resulting in significant interference with activities of daily living.
- Disorientation or memory impairment severe enough to endanger the welfare of self or others.
- Behavior that has been refractory to acute hospital interventions.
- Behavior that has been refractory to outpatient treatment that may be appropriate for admission in certain circumstances including: self-mutilative behavior, poor impulse control, inability to maintain physical boundaries, destructive behavior (to property), sexually inappropriate behavior and assaultive behavior.

The following criteria must be met for admission to the Adult Psychiatry Services:

- Applicant has been screened by the appropriate community mental health center that shall be responsible for submitting the “Eleanor Slater Hospital Application for Admission to Adult Psychiatric Services” form.
- The acute care community psychiatric hospital shall be responsible for submitting the “Eleanor Slater Hospital Application for Admission” form.
- Applicant is severely psychiatrically impaired with chronic and persistent mental illness.
- Applicant has been previously hospitalized in an acute psychiatric facility and remains in need of hospital level psychiatric services. Both applications have been accepted and approved by the Chief of Psychiatric Services or designee with recommendation from the Adult Psychiatric Services Admission Team.
- If a person presents emergently or walks in seeking admission, they will be evaluated in accordance with Eleanor Slater Hospital Psychiatric Services Policy and Procedure: Psychiatric Assessment.
- Applicant is over 18 years of age and is medically stable.

Geriatric Psychiatry Admissions:

Geriatric psychiatry admission is sometimes indicated for:

- Alzheimer's dementia and related disorders
- Schizophrenia
- Schizoaffective disorder
- Bipolar illness
- Depression
- Concomitant behavioral problems that undermine safe psychiatric care in a community setting.

Forensic Psychiatry Admissions:

Forensic Psychiatry Admissions are court ordered and processed with the assistance of the Director of Forensic Services and the Eleanor Slater Hospital legal representative. Pursuant to the Rhode Island Forensic Statute, court ordered referrals include:

- Persons transferred from the Department of Corrections with a finding of incompetence to stand trial upon initial psychiatric evaluation.
- Person adjudicated incompetent to stand trial by the court.
- Persons ordered transferred by the court for specialized mental health care and psychiatric inpatient services, which cannot be provided in a correctional facility after application by the Department of Corrections or the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals.
- Persons found not guilty by reason of insanity.

DISCHARGE POLICY:

The Eleanor Slater Hospital provides safe and appropriate discharge planning for all patients who no longer require hospital services as determined by the Treatment Team. A social worker develops and supervises the development of the plan and the results are shared with the patient or legal proxy. The Eleanor Slater Hospital works closely and collaboratively with hospitals, mental health centers, group homes, nursing homes and other healthcare agencies, to facilitate optimal discharge planning.

Patients are discharged only upon written order of a Member of the Medical Staff of the Eleanor Slater Hospital. All discharges will occur at a specific time that is agreed upon by the unit social worker and the treatment team. At the appointed discharge time, the nurse will be sure that the patient is ready with all personal belongings packed. When appropriate, the social worker will ensure that the patient has cash available at the time of discharge. A check representing the remainder of the patient's account will be forwarded to the discharge destination within seven to ten days.

Designated hospital personnel shall complete the "Continuity of Care"/Interagency form for each patient discharged and Medication Reconciliation will occur. The unit nurse will ensure that all staff has completed their appropriate sections. Except in emergencies, this shall be completed 48 hours prior to discharge.

The Eleanor Slater Hospital will discharge any patient certified or admitted pursuant to the provisions of the Rhode Island Mental Health Law when:

1. suitable alternatives to certification or admission are available; or
2. the patient is, in the judgment of the treating psychiatrist and the Chief of Psychiatric Services or designee, recovered; or
3. the patient is not recovered, but discharge in the judgment of the treating psychiatrist and the Chief of Psychiatric Services or designee will not create a likelihood of serious harm to him/herself or others by reason of mental illness.

The Eleanor Slater Hospital discharges patients, when appropriate, as determined by the Treatment Team. Discharge may be initiated for reasons including:

1. Treatment team goals for hospitalization have been met.
2. Barriers to discharge have been addressed to the degree that the patient can be adequately managed in a less restrictive or less intensive care setting.
3. A community placement has become available that the patient's needs could be met in that setting.

Patients and their families are invited to participate in the discharge planning process when hospital level of care is no longer required as determined by the patient's treatment team and placement is being planned. When appropriate, the unit social worker shall notify the family that the patient has been identified with a specific date of discharge.

When appropriate, mental health center or group home representatives who have been involved on site in the discharge process may document the acceptance of the patient by a detailed plan and the appropriate dates regarding discharge on the *Discharge Coordination Form*. There shall be a mental health center appointment for follow up care documented in the medical record and on the interagency form prior to discharge.

The Eleanor Slater Hospital will provide no more than two week's worth of medications and prescriptions will be written at the time of discharge. Each patient will have an appointment documented with a physician preferably within two weeks after discharge. If the appointment with a physician cannot be scheduled within two weeks of discharge, the team will consider delaying the discharge to permit such a timely appointment. No prescriptions will be written for discharge to another hospital. The patient's current medications will be documented on the interagency form by the psychiatrist.

Copies of medical records required by an agency for discharge shall be released in accordance with hospital policy and requirements of HIPAA.

Patients seeking re-admission will be re-evaluated as soon as possible and if felt appropriate for readmission, will be given priority. They may require a brief stay in an acute care facility prior to readmission. Patients discharged longer than 30 days require a new application; updated medical records are required for those discharged less than 30 days.

Discharge Dispute Process:

I. All voluntary psychiatric patients admitted in accordance with the Rhode Island Mental Health Law have the right to request discharge from the psychiatric units of the Eleanor Slater Hospital. The nurse shall allow any voluntary patient, who expresses the intent to leave, the opportunity to sign the *Adult Voluntary Applicant's Notification of Intent to Leave* (form MHL 3) and notify the treating psychiatrist as per Eleanor Slater Hospital nursing policy. A voluntary patient shall be discharged no later than the end of the business day following his or her presenting a written notice of his or her intent to leave the facility, subject to the following:

1. If the psychiatrist deems the patient ready for discharge, the patient shall be discharged. If the psychiatrist deems the patient to be a danger to him/herself or others if unsupervised in the community, he/she shall not release the patient. The patient shall be notified of the reasons for refusal to discharge in writing (using form MHL 17) no later than 12 hours after the decision is made. The psychiatrist shall then initiate civil court certification procedures, and shall give the patient written notification of this decision (using Form MHL 5). If the patient has a legal guardian, the guardian shall be notified in writing as well (using Form MHL 6).
2. The psychiatrist shall initiate the civil court certification procedure in accordance with the Rhode Island Mental Health Law. The filing of this petition shall not exceed two (2) business days.
3. At no time will a patient's status or privileges change subsequent to a filing of a written intent to leave without clinical justification. This filing of an intent to leave shall not, in and of itself, be considered clinical justification for a change in status or privileges.

II. When a medical patient's request for discharge is not appropriate, the patient may leave against medical advice (AMA); or, the patient could be placed on 24-hour (business day) emergency hold while awaiting psychiatric assessment.

Whereby a patient and/or legal proxy does not agree with the plan for discharge, the patient, and/or legal proxy may request an appeal. Specific steps within the appeal/review process include:

1. A special team meeting is scheduled to focus on the specific plan for patient discharge. Appropriate family member(s) are sent a letter informing them of the date, time and place of the meeting. Family member(s) who indicate that they are not able to attend this meeting are allowed one opportunity to reschedule.
2. If family members demonstrate resistance to discharge by opposing discharge or failing to attend the scheduled discharge plan meeting, a letter is sent to them indicating that they may request a formal appeal and review of the plan for discharge. The letter requesting an appeal and review is to be sent to the Director of Social Work to allow for contact of appropriate individuals and establishment of a scheduled date and time for the formal review process.
3. A grid will be developed for use by the Director of Social Work to note contact times and dates pertinent to the appeal/review process and compliance with time frames connected to it, i.e., five business days for families to contact the Director of Social Work following receipt of appeal/review letter. The appeal/review meeting will be scheduled within no more than ten business days from the receipt of request for appeal/review.
4. The appeal/review meeting will be scheduled and appropriate parties notified by the Director of Social Work. The appeal/review meeting will allow for families to present their concerns to a physician selected by the hospital who will render a decision on the appeal. It is recommended that the individual selected to serve as the hospital appeal/review official be independent of the hospital treatment team connected to the specific patient.
5. In cases where hospital level care and Medicaid reimbursement become an issue, the appeal process may involve review by the Department of Human Services or other relevant agencies.

TRANSFER POLICY:

Patients shall be transferred only upon written order of a Member of the Medical Staff of the Eleanor Slater Hospital. All transfers are subject to the approval of the Chief of Medical Staff and Clinical Services or designee.

Transfers Outside Eleanor Slater Hospital:

The Eleanor Slater Hospital does not have an operating room for surgery, an intensive/cardiac care unit or an emergency room. Patients requiring these, or any other

unavailable services acutely, must be transferred to an acute community hospital by rescue or ambulance.

The ultimate decision to transfer is made in discussion between the patient/legal proxy and the treating physician of the risks and benefits of transfer.

Once the decision to transfer is made, the transferring nurse/physician directly contacts the transferring nurse/physician of the accepting facility to give verbal medical report/sign out. The physician and nurse complete an interagency form and attach copies of the most recent pertinent medical information: the patient's cover/demographic sheet, problem list, medication administration record, code status, one month of physician progress notes & orders, x-rays/other diagnostics and blood work results. Transfer follows via rescue or ambulance.

Patients transferred are accompanied by a photo identification card and an ID bracelet (when appropriate).

Transfers Within Eleanor Slater Hospital:

For transfers within the Eleanor Slater Hospital, the attending physician will communicate directly with the receiving physician regarding the need for transfer. Nursing leadership and Physician Administrators coordinate potential transfers between campuses. Special team meetings may take place if further input is required.

When a patient is deemed appropriate for transfer, the admissions team of that unit will be notified to help coordinate the transfer and the two teams will meet, either in person or through teleconference, so that there is thorough communication of the patients' needs between the two teams. A transfer note will be written by the physician transferring the patient and medication reconciliation will be performed by the nurse and accepting physician.

ELEANOR SLATER HOSPITAL
ADMISSIONS, DISCHARGE and TRANSFER POLICY

Helene C. Martin
Nurse Executive

Date

Charlene A. Tate, M.D.
Chief of Medical Staff and
Clinical Services

Date

Paul J. Despres
Chief Operating Officer

Date

Craig S. Stenning
Director, BHDDH

Date

Rev. 11/9/09 jeg
Rev. 10/15/10 jeg
Rev. 06/14/11 jeg

ELEANOR SLATER HOSPITAL
DISCHARGE NOTICE

Date: ____/____/____

Name of Patient: _____

Attending Physician _____ MR #: _____

Date: _____

Dear Patient:: (name of patient) _____

Your doctor and the hospital have determined that you no longer require care in the hospital and will be ready for discharge on:

____/____/____
Date

IF YOU AGREE with this decision, you will be discharged. Be sure you have already received your written discharge plan, which describes the arrangements for any future health care you may need when you leave the hospital.

IF YOU DO NOT AGREE and think you are not medically ready for discharge or that your discharge plan will not meet your health care needs, you or your representative may request an appeal to review the discharge decision ("Review") within five (5) business days of your receipt of this Discharge Notice. Contact the Hospital by phoning 462-3081 if you would like a Review of the discharge decision.

IF YOU CANNOT REQUEST THE REVIEW YOURSELF and you do not have a family member or friend to help you; you may call the hospital representative at 462-3081, who will request the Review for you.

IF YOU REQUEST A REVIEW, within five (5) business days of requesting a Review of the Notice of Discharge the following will happen:

1. You or your representative will be asked for your contact information and the reasons why you or your representative think you need to stay in the hospital.
2. After speaking with you or your representative and your doctor and after reviewing your medical record, the Reviewer will make a decision, which will be given to you in writing.
3. While this initial ESH Review is being conducted, you will not be financially responsible for Hospital days.

TAB B

***Insert Letter of Support from
Budget Office***

TAB C



FIRST FLOOR- [FORENSIC UNIT (40 PATIENTS), HOSPITAL ENTRANCE/COURTROOM]
26,441 sq. ft.

DEPARTMENT OF ADMINISTRATION
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT

TITLE: **HOSPITAL CONSOLIDATION PLAN**
FIRST FLOOR PLAN





LEGEND

- CORRIDOR
- WAIT ROOM
- OPERATIONAL SPACES
- NURSED STATION
- RECEPTION/RECEPTION
- LOBBY, CHANGELIMB, DAYROOM
- MED REC, PAY CO
- XEROX REC, PAY CO
- FOREIGN ASIAN
- COURTROOM
- CONTROL
- SIGN OFFICE
- APS ADMIN

SECOND FLOOR- [ADULT PSYCHIATRIC (50 PATIENTS), FORENSIC/ APS ADMIN.OFFICES]
25,637 sq. ft.

DEPARTMENT OF ADMINISTRATION
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT

TITLE: **HOSPITAL CONSOLIDATION PLAN**
SECOND FLOOR PLAN



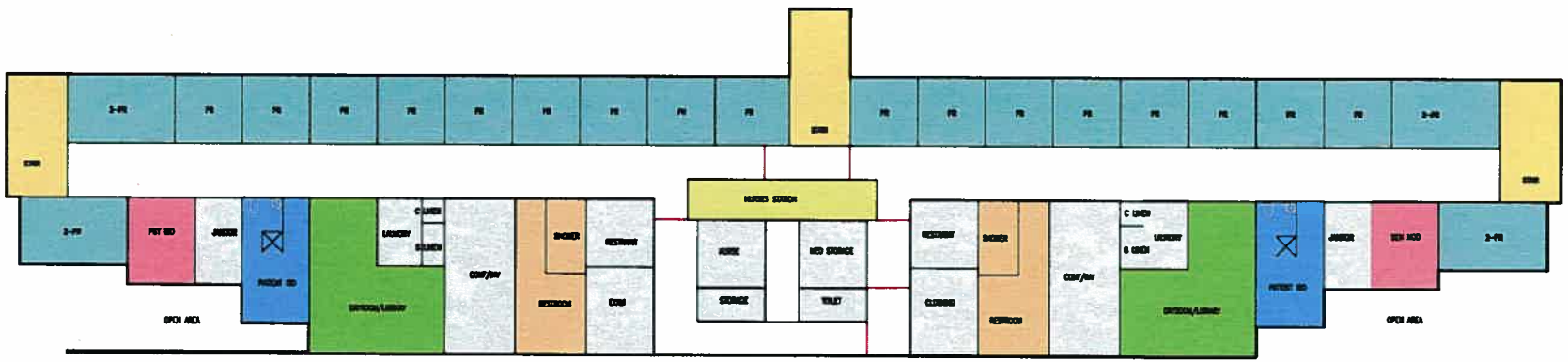
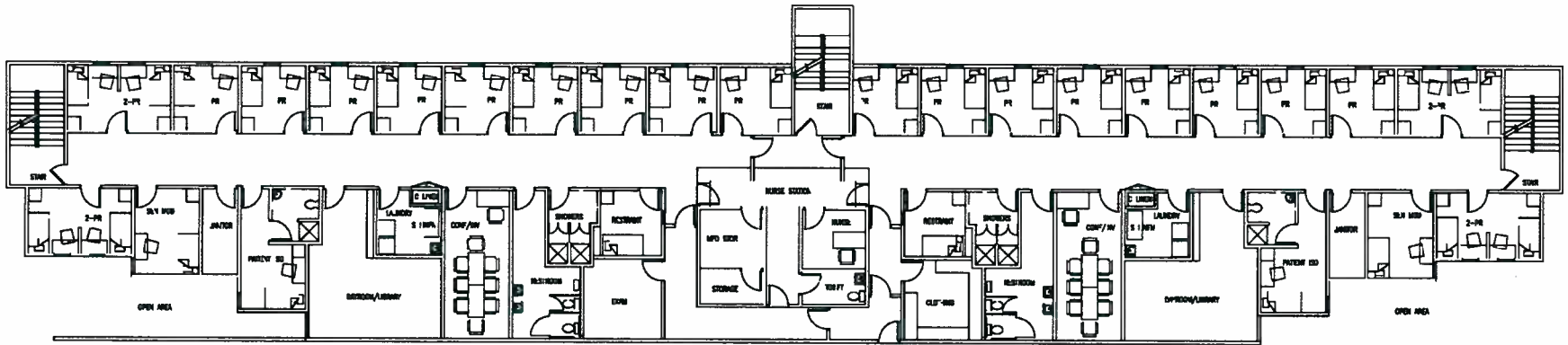


THIRD FLOOR- ADULT PSYCHIATRIC (25 PATIENTS), GERI-PSYCH (25 PATIENTS)
 COMMUNITY RESOURCE ROOM, APS STAFF
 25,637 sq. ft.

DEPARTMENT OF ADMINISTRATION
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT

TITLE: **HOSPITAL CONSOLIDATION PLAN**
THIRD FLOOR PLAN



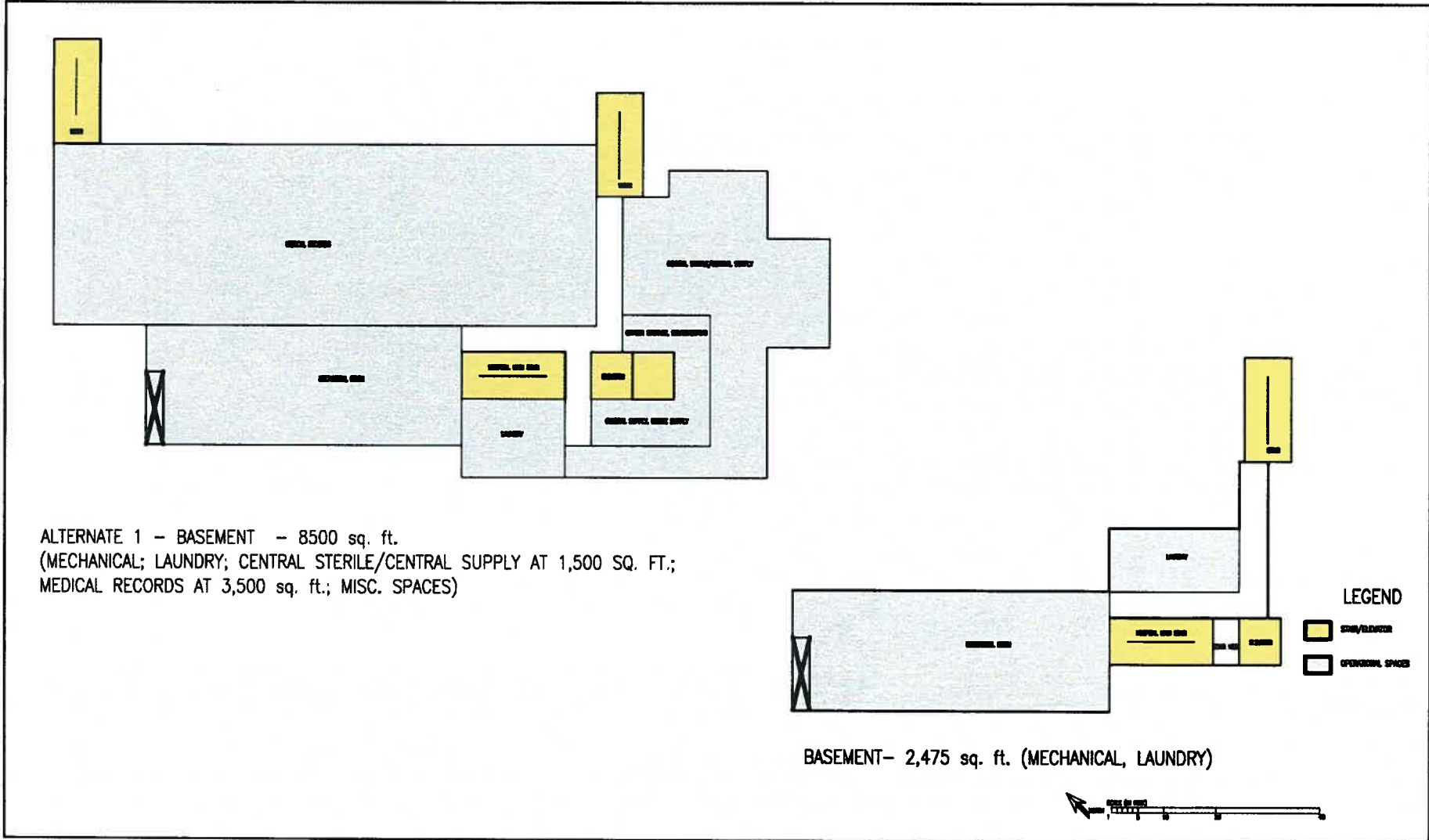


PARTIAL SECOND FLOOR- NORTH WARD [ADULT PSYCHIATRIC (25 PATIENTS)] BLOCK PLAN & LINE DRAWING

DEPARTMENT OF ADMINISTRATION
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT

TITLE: **HOSPITAL CONSOLIDATION PLAN**
LINE DRAWING PLAN



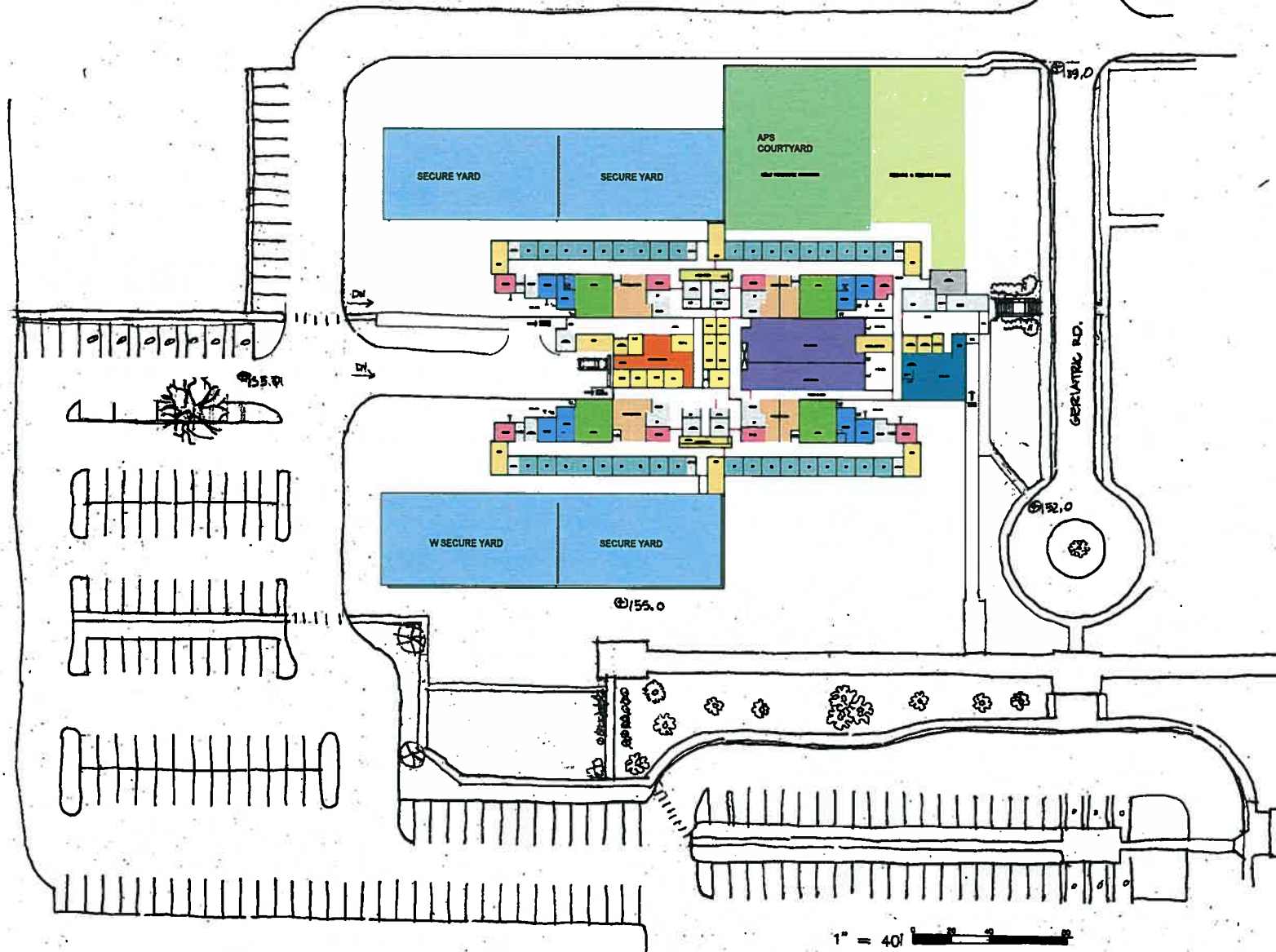


BASEMENT FLOOR- (MECHANICAL AND LAUNDRY- 2,475 sq. ft.)
 BASEMENT FLOOR – ALTERNATE 1 (MECHANICAL, LAUNDRY, CENTRAL
 STERILE/CENTRAL SUPPLY, MEDICAL RECORDS – 8,500 sq. ft.)

DEPARTMENT OF ADMINISTRATION
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT

TITLE: **HOSPITAL CONSOLIDATION PLAN**
BASEMENT FLOOR PLAN



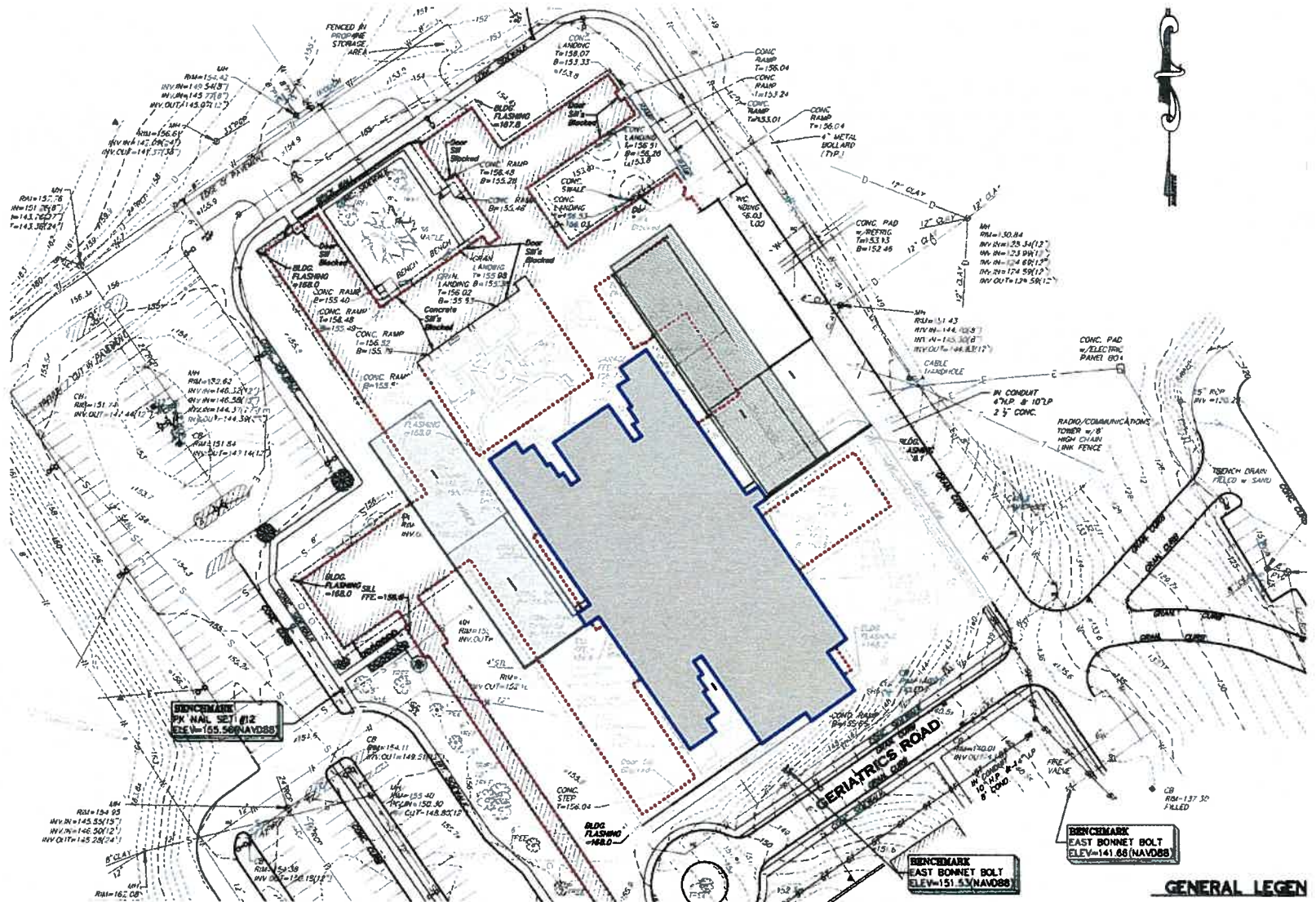


DEPARTMENT OF ADMINISTRATION
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT

TITLE: HOSPITAL CONSOLIDATION PLAN
COURTYARD ACCESS



Hospital Consolidation – New Building



DEPARTMENT OF ADMINISTRATION
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT

TITLE: HOSPITAL CONSOLIDATION PLAN
SITE PLAN





DEPARTMENT OF ADMINISTRATION
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT

TITLE: HOSPITAL CONSOLIDATION PLAN
PASTORE COMPLEX AERIAL VIEW



TAB D

*The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
Eleanor Slater Hospital*

Craig Stenng
Director/Governing Body

Paul J. Despres
Chief Executive Officer

Rick Marwell
*Adult Psychiatric/
Forensic Services*

Karen Ann Grant
Regan Administrator

Sharon L. Sousa
Zambarano Administrator

Charlene Tate, MD
*Chief of Medical Staff &
Clinical Services*

Helene C. Martin
Nurse Executive

Louis Pugliese
TJC Administrator

Cathy Hopkins
*Administrator of
Pharmacy Services*

Mark Malikowski
*Administrator of
Environment of Care*

Mary Ellen Benedict
*Professional Services
Coordinator*

Rena B. Mate, MD
*Assistant Medical
Director*

*Nurse
Specialists*

*Nurse
Managers*

*Performance
Improvement Office, Data
Collection & Analysis*

*Hospital Pharmacy
Services*

*Environmental
Services*

Social Services

*Clinical
Services*

*Long Term Care
Services*

*Infection
Control
Nurse*

*Long Term
Care*

*Utilization
Review*

Central Supply

*Preventive
Maintenance*

*Therapeutic Activities/
Volunteer Services*

*Laboratory
Services*

Acute Medical

*Nursing
Education*

*Adult Psychiatric
Services*

*Risk
Management*

*Respiratory Therapy
Services*

*Bio-Medical
Equipment Management*

*OT/PT &
Speech Services*

Radiology

*Adult
Psychiatric
Services*

*Employee's
Health Clinic*

*Acute Medical/
Psychiatric Medical*

Quality Monitoring

*Staff
Education*

*Dietary
Services*

Psychology Services

*Dental/Oral
Surgery*

*Psychiatric
Medical*

*Hairdressing/
Barber Services*

*Organizational
Development &
Improvement*

*Health Information
Management*

*Central Laundry/
Motor Pool*

Pastoral Care

*Infection
Control Services*

*Pulmonary
Care*

Maureen Wu
Chief Financial Officer

Business Office

Cost Unit

Billing

*Patient Resources/
Activities*

Budget

*Facilities and
Maintenance Liaison*

Safety

*Zambarano
Group Homes*

EKG

*Admissions
Office*

*Emergency
Management*