|  |  |  |  |
| --- | --- | --- | --- |
| ***SCHEDULE 5*** |  |  | **PROJECTED UTILIZATION** |
|  | **All Applicants** |  | **AFTER PROJECT COMPLETION** |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DATES** | **LICENSED BEDS** | | **PATIENT DAYS (1)** | | **PERCENT UTILIZATION** | |
|  |  |  |  |  |  |  |  |
|  |  | **NURSING HOME** | **OTHER** | **NURSING HOME** | **OTHER (1)** | **NURSING HOME** | **OTHER** |
|  |  |  |  |  |  |  |  |
| **FIRST YEAR OF OPERATION** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 1st Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| 2nd Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| 3rd Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| 4th Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|  | **TOTAL** | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |
| **SECOND YEAR OF OPERATION** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 1st Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| 2nd Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| 3rd Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| 4th Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|  | **TOTAL** | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |

(1) PROJECTS MEASURING UTILIZATION BY COUNTING ADMISSIONS (rather than patient days): Use only this column, and indicate the measurement used.

Attach an explanation of assumptions and the specific methodology used to project utilization.

FOR PROJECTS THAT MODIFY THE NUMBER OR TYPE OF LICENSED BEDS:

Indicate the type of licensed beds shown in the "Other" category above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SHOW PROJECTED UTILIZATION FOR THE **TOTAL** OF LICENSED BEDS AT YOUR FACILITY

**And**

**IF** THE PROJECT WILL INCREASE A BED TYPE THAT ALREADY EXISTS AT YOUR FACILITY (for example, an

increase in the number of nursing home beds), INCLUDE A DUPLICATE OF THIS FORM THAT SHOWS PROJECTED

UTILIZATION **ONLY** FOR THE BEDS THAT WILL BE EXPANDED OR INITIATED

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