

HMA/Cumming Recommendations and Cost Estimates for Review		
Areas of Need	Facilities Options and Notes	Est Cost
FACILITY PLANNING AND IMPLEMENTATION		
Medical Hospital 20 year estimate to meet similar percent of need (34%) ranges from 594 to 664 Note: Estimate created by extrapolation of JPS Connection population with lower and higher assumptions on LOS and admission reductions	2014 Proposed Construction Project Plan, 496 beds at completion plus two floors (120 beds) of shell space for future expansion. Cost includes necessary parking expansion and Central Energy Plant capacity to support new tower. <u>Estimate from Cumming 2017 final report.</u>	\$719mm
	Cost added to complete two shelled floors as inpatient M/S beds. No specific bed mix identified in bed need projection, consider cost premiums if beds are more specialized (i.e. ICU, Telemetry, etc.). Total beds 616. <u>Estimate from Cumming 2017 final report.</u>	\$783mm (Additional \$64mm)
	Cost added to add one fully completed bed floor to building, adding 60 additional M/S Beds (note bed mix comment above applies to this option as well). Total beds 676. <u>Estimate from 2017 Cumming Final Report.</u>	\$830mm (Additional \$47mm)
Ambulatory Care Infrastructure Patient-Centered Medical Home (PCMH) - primary care with integrated behavioral health and dental care. 5 year estimate to meet 50 percent of need for primary care. Re-visit in 5 years since ability to revise plans, build new health centers, and/or move health centers is much greater than ability to revise inpatient facilities	Funds to build 4 health centers. <u>2017 Estimate from JPS.</u>	\$80mm for 4 new PCMH
Ambulatory Surgery Center (ASC) on-campus	<u>Projected estimate from Blue Cottage Report escalated to 2017 costs.</u>	\$89mm
Medical Office Building (MOB) on campus	<u>Projected estimate from Blue Cottage Report escalated to 2017 costs.</u>	\$24mm
Note: Other ambulatory space needed on campus, e.g., Cancer Center relocation and final specialty clinic plans.		TBD
Psychiatric Hospital Current number of beds: 132, Current percent of defined need met: 37% 20 year population estimate to meet 50% of the defined need is aprox 516	Cost added to complete shell floors to add 50 beds for a total of 198 beds. <u>Estimate from 2017 Cumming Final Report.</u>	\$149mm
	Add two completed bed floors to add 100 additional beds at initial completion for a total of 298 beds. CAVEAT: This price estimate is extremely high level and does not consider additional infrastructure or other programmatic needs likely necessary to support expanded hospital. Further study is needed to vet the additional infrastructure, support space, parking and other issues which will have an impact on this cost.	\$203mm (Additional \$54mm)
PLANNING AND IMPLEMENTATION		
Outpatient, Behavioral Health Infrastructure County-wide Behavioral Health System Planning and Implementation	Note: JPS-driven, county-wide planning process. Integration of BH into existing and new Medical Homes, substance abuse services, jail diversion programs, strategically placed Psych Emergency Centers (PEC). Cost for central PEC planned for the new psychiatric hospital is included in hospital costs.	TBD
Integrated Delivery System (IDS) Capacity and capabilities to manage population under alternative payment methodologies	Note: JPS-driven convening of delivery system providers with an institutional interest in managing uninsured and other underserved populations to create county-wide infrastructure.	TBD
Workforce	Note: County-wide planning effort related to Graduate Medical Education and other health professions training and recruitment strategies.	TBD

Elder Care Planning and Implementation	Note: County-wide effort to ensure adequacy of the County's Long-Term Care Services and Supports infrastructure.	TBD
County-wide Planning on Prevention and Social Determinants of Health	Note: Tarrant County Public Health Department-driven.	TBD