



Brattleboro Retreat

COMPREHENSIVE MENTAL HEALTH SERVICES SINCE 1834

April 26, 2024

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State St.
Montpelier VT 05602

Re: Docket No. GMCB 015-23con Brattleboro Retreat, Re-opening Paused Adolescent Residential Treatment Beds.

Dear Ms. Jerry:

On August 15, 2023, the Retreat submitted a request for jurisdictional determination in the above-captioned matter. On August 25, 2023, the Board determined that the project was not subject to certificate of need (CON) review. The Board did however require that the Retreat contact the Board if, as the Retreat proceeded with the project, there were changes in type, scope, services, or cost of the project.

The Brattleboro Retreat hereby provides updated information and respectfully suggests that the project described below still does not require a certificate of need.

Since the Board issued its letter, the Brattleboro Retreat has been notified that it was the presumptively successful bidder. However, the granting Departments also notified the Brattleboro Retreat that they would not have funding to pay for children placed in the program until State Fiscal Year 2024-25.

While the funding mechanisms have worked their way through the legislative process, the Retreat has participated in a robust multi-department collaborative process designed to create a program that will best serve the needs of Vermont's adolescents. In that process we have refined the types of services and the costs of the project. The Retreat therefore presents this supplemental letter to update the portions of its previous letter that now have more detail.

- 1. The project does not qualify as a new health care project under § 9434(b)(1) because it does not meet the capital or operating expense thresholds.**

Nothing has changed in terms of capital expenses since the previous letter, and therefore, the project does not meet the jurisdictional threshold.

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The operating costs for the project also have not increased significantly since the Retreat submitted its August letter; however, there have been some modest increases. Therefore, we provide you with an updated operating cost projection for this project.

As stated in our previous letter, at the time the program closed, the actual annual operating costs for the program were as follows.

YEAR	Operating Cost	Resident Days	Average Daily Census	FTEs
2020	\$2,393,852	1548	4.2	14.5

If this program had been operating at full capacity (which at the time was approximately 4745 resident days), the operating costs for 2020 would have been \$7,335,770.

The Retreat now projects that when the program re-opens, it will be able to serve youth to the full extent of its capacity (15 youth), and therefore, projected operating costs for the next three full fiscal years are as follows.

YEAR	Operating Cost	Resident Days	Average Daily Census	FTEs
2024*	3,615,461	2730	15	52
2025	7,433,897	5475	15	52
2025	7,805,592	5475	15	52
2027	8,195,871	5475	15	52

*The most optimistic projected start date for this project is September 1, 2024, and it is unlikely that the program would open with 15 residents. Therefore, we provide 2024 numbers solely for context. We anticipate that the first full year of operation will be FY2025, and we include FY 2027 for transparency, although the jurisdictional criteria only requires the first two full years of operation.

As previously noted, because this is the resumption of an existing service project or health care service, we have measured this jurisdictional threshold by the difference between operating costs when the service closed, with operating costs for the resumed service. Since operating expenses are less than \$1,230,000 per year more in the next two full fiscal years, than they were in the last year that the program operated, we do not believe the project does meets this threshold.

2. The Project does not qualify as a new health care project under § 9434(b)(2) and GMCB Rule 4.201 because the project does not propose to purchase a single piece of diagnostic equipment in excess of \$1,800,000.

Nothing has changed regarding this criteria.

3. The Project does not qualify as a new health care project under § 9434(b)(3) and GMCB Rule 4.202 because it is not a new health care service or technology.

The project does not propose to offer a new health care service or technology. The Brattleboro Retreat has delivered adolescent residential services continuously from at least the 1970s until 2021 when it suspended adolescent residential operations. The Retreat has maintained its adolescent inpatient and adolescent outpatient programs throughout the pandemic, demonstrating its ongoing commitment to the care of this population. In fact, the Retreat's strategic plan is aimed at strengthening the continuum of mental health services for children and adolescents. Resuming adolescent residential services is key to this vision.

Although the residential program closed temporarily from 2021 to 2024, the Retreat has maintained its license for children's residential services. Throughout the pandemic Retreat leadership stayed in close contact with leaders at the Department of Mental Health and the Department for Children and Families to discuss when it might be appropriate to re-open the paused adolescent residential program. Therefore, this adolescent program should not be considered a new program.

It is important to note that the Brattleboro Retreat does not intend to rigidly replicate the treatment that it provided in 2020, but rather has designed a treatment program that will better meet the needs of today's adolescents. We do not see the updated treatment program as a new healthcare service, but rather as a natural iteration of the service that the Retreat has provided for more than 50 years.

In that spirit, the Brattleboro Retreat will reopen its residential program as a psychiatric residential treatment facility ("PRTF"). The PRTF designation does not materially change the programming or care that will be offered within the residential program, but it does potentially change the payment mechanisms and licensing regimes. These will be explained in more detail below.

4. The Project does not qualify as a new health care project under § 9434(b)(4) because there is no change from one licensing period to the next in the number of licensed beds of a healthcare facility through addition, conversion, or through relocation from one physical facility or site to another.

The RFP to which the Brattleboro Retreat responded did not contain any reference to which department within the Agency of Human Services would license the residential program. Because the Brattleboro Retreat has maintained its adolescent residential program license (as described in our previous letter, it assumed that the Department for Children and Families would be the licensing department.

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The PRTF regulations allow PRTF services to be provided by a hospital or another treatment facility that is accredited by the Joint Commission. 42 C.F.R. § 441.151(a)(2). Thus, these regulations do not determine how the facility providing PRTF services is licensed.

The Retreat has been in discussions with various stakeholders within the agency. At the time of this writing, its best understanding is that DCF would prefer that the PRTF services be provided under the Retreat's hospital license (issued by the Vermont Department of Health) rather than under the Retreat's residential care home license (issued by the Department for Children and Families).

In either case, the program will not result in a change in the number of licensed beds. The Retreat currently holds a license for 149 hospital beds, and with the proposed PRTF, it would operate 116 beds. Should our partners at the Agency determine that DCF is the more appropriate licensing agency, the Retreat's paused 15 bed residential license is set for renewal as we described in our previous letter.

For these reasons, the project does not trigger this jurisdictional criteria.

5. The Project does not qualify as a new health care project under § 9434(b)(5) because it does not offer any home health service.

Again, at the risk of stating the obvious, the residential program does not contain any home health service components. Therefore, it does not trigger this jurisdictional criteria.

Conclusions

There is an ongoing need for capacity in the adolescent mental health system. Currently the Brattleboro Retreat operates 24 adolescent inpatient beds, and there are often young people waiting in emergency departments for those beds. Expanded capacity at the inpatient level has not, and is unlikely to completely resolve the demand for inpatient beds. This is because adolescents who have completed their inpatient treatment but who need a safe, step-down program do not have adequate placement options. Expanded capacity at the inpatient level, without expanding step-down options will likely increase the number of patients boarding in acute settings or being discharged to out-of-state programs.

Re-opening the Retreat's residential program will allow the Retreat to more effectively stabilize acutely ill adolescent patients and discharge them to appropriate settings, thereby relieving bottlenecks in the system. The PRTF program will also enable placing agencies to access residential care for adolescents before they need inpatient treatment—thus, providing an earlier intervention that will hopefully reduce the need for adolescent hospitalizations.

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Because this program has only been temporarily closed, the Retreat hopes that the Board will find that this project does not trigger CON jurisdiction.

Thank you, in advance for your time.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Wohl", with a long horizontal flourish extending to the right.

Elizabeth Wohl
General Counsel