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July 21, 2014

Ms. Donna Jerry
Green Mountain Care Board
89 Main Street
Montpelier, VT 05620-3101

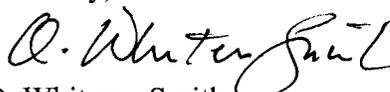
Re: *In re Fletcher Allen Health Care, Inc., Burlington Property Acquisition*
Docket No. GMCB-015-14con

Dear Donna:

Enclosed for filing in the above matter please find the original of the Questions Submitted to the Green Mountain Care Board on behalf of the HowardCenter, Inc.

Thank you for your time and attention to this matter.

Sincerely,


O. Whitman Smith

OWS:gf

Enclosure

cc: Michael N. Donofrio, Esq. (pdf format)
Spencer R. Knapp, Esq. (pdf format)
Steven J. Klein, Esq. (pdf format)
Lila Richardson, Esq. (pdf format)
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Robert W. Bick, Director



STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

IN RE FLETCHER ALLEN HEALTH)
CARE, INC., BURLINGTON PROPERTY) Docket No. GMCB-015-14con
ACQUISITION)
)

QUESTIONS SUBMITTED TO THE GREEN MOUNTAIN CARE BOARD

NOW COMES HowardCenter, Inc. (“HowardCenter”) and hereby proposes that the Green Mountain Care Board (“GMCB”) propound the following questions to the Applicant, Fletcher Allen Health Care, Inc. (“FAHC”):

1. State with specificity how the current Certificate of Need (“CON”) Application “will help meet the needs of medically underserved groups and the goals of universal access to health services.” Please provide copies of all studies, scope-of-service and volume-of-service information, utilization information, and other empirical data in support of FAHC’s position.

2. On page two of Attorney Spencer Knapp’s letter of July 1, 2014, to the Chair of the GMCB, he notes the “absence of any specific plans for the South Burlington site. . .” and “the lack of any specific plans for how the South Burlington property might be used in the future. . . .” In view of the acknowledged lack of specificity as to the prospective use of the South Burlington properties in question, please explain in detail the following:

(a) how “the project will improve the quality of health care in the state or provide greater access to health care for Vermont’s residents, or both. . .”;

(b) how “the project will not have an undue adverse impact on any other existing services

provided by” FAHC;

(c) how “the project will serve the public good”; and

(d) how the project will promote or advance the integration of behavioral health services with primary health care services. For purposes of this and any other questions, the term “behavioral health care services” refers to any mental health and/or substance abuse treatment services provided to adults or minors including, but not limited to, psychiatric and/or psychological services and/or all related forms of assessment, counseling, and treatment services. For each question listed above, please provide copies of all studies, scope-of-service and volume-of-service information, utilization information, and other empirical data in support of FAHC’s position.

3. 18 V.S.A. § 9437(7) obligates an applicant to demonstrate that it “has adequately considered the availability of affordable, accessible patient transportation services to the facility. . .” Please specify in detail all the actions taken by FAHC to satisfy this criterion. Please provide copies of all studies, scope-of-service and volume-of-service information, utilization information, and other empirical data in support of FAHC’s position.

4. What is FAHC’s current service area?

5. Please provide information as to the following patient-population characteristics for those currently served at FAHC’s existing in-patient and out-patient campuses:

(a) the number and percentage of patients by Vermont town of residence;

(b) the number and percentage of patients by payer such as Medicaid, Medicare, private insurance, and/or some combination or other alternative;

(c) the number and percentage of patients who receive services at no cost; and

(d) the number and percentage of patients lacking reliable transportation by private automobile.

6. Did FAHC consider any options other than that described in the present CON Application that was based, in whole or in part, within the City of Burlington? If so, what and where were they, and what were the reasons for FAHC's rejection of them?

7. FAHC's Community Health Needs Assessment of 2013 ("CHNA") stated at page 2 that "[i]nadequate transportation was . . . seen as a significant need in our community." It went on at pages 22-23 to list one new FAHC initiative in this area, Neighbor Rides, which involved transportation for seniors and adults with disabilities. What is the status of this initiative, and what is the financial commitment of FAHC to it? Has FAHC developed and implemented any other initiatives in this area subsequent to the CHNA? If so, what are they, what is the target population, what is the current status, and what is the financial commitment of FAHC to any such initiative?

8. FAHC's CHNA affirmed at page 1 that "[a]ccess and availability of mental health care, especially for youth" was a distinct area of need. It went on to state at page 2 that "[t]imely access to treatment for all ages and early detection of mental health issues for children and teens were also noted as high needs in our community." At page 21, the CHNA listed two new initiatives in this area. What is the status of those initiatives, and what is the financial commitment of FAHC to them? Has FAHC developed and implemented any other initiatives in this area subsequent to the CHNA? If so, what are they, what is the target population, what is the current status, and what is the financial commitment of FAHC to any such initiative?

Dated at Burlington, Vermont this 21st day of July, 2014.



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