

**Green Mountain Care Board**  
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**DELIVERED ELECTRONICALLY**

October 5, 2016

Mr. Patrick Bernal, Esq.  
Woolmington, Campbell, Bernal & Bent, P.C.  
P.O. Box 2748  
Manchester, VT 05255

**RE: Development of Manchester Emergency Medical Center, PLLC, Docket No. GMCB-016-16con**

Dear Mr. Bernal,

Thank you for your Letter of Intent received on September 6, 2016.

The project as represented in the Letter of Intent is subject to Certificate of Need (CON) review. The application should begin with a project summary detailing the scope of the proposed project and project components, identification of the service area, a detailed explanation of the need for the proposed project including supporting data, a detailed description of all services to be offered and the level of providers to be available on site, the cost of individual project components and total project cost as well as a description of construction and/or renovation components. Construction and/or renovation components should include an explanation of any changes or upgrades in the capacity of existing systems and shielding requirements for the CT scanner.

Under separate cover, I forwarded you a copy of the of the CON Standards from the Health Resource Allocation Plan (HRAP). As discussed by phone, the following CON Standards apply: 1.2, 1.3, 1.4, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.1, 2.2, 3.6, 3.18, 3.19, 3.20, and 3.23. In addition, statutory criteria found at 18 V.S.A. § 9437(2)-(8) apply to the project. The application must include a plan indicating dimension lines for each room/area representing the length, width and square footage of each space (Dimension Plan). As applicable, provide site, cross-section and exterior elevation plans.

Sufficient financial information is also required to evaluate the impact of the project. Please submit the following:

- **Profit and Loss Statements:** Include for the same twelve-month period for Proposed Year 1, Proposed Year 2, and Proposed Year 3 (specify the 12- month period and year for each). Include a summary of all financial assumptions that underlie projections;
- **Revenue Projections:** Include the same twelve-month period for Proposed Year 1, Proposed Year 2, and Proposed Year 3 (specify the 12-month period and year for each). Include a summary of all financial assumptions that underlie projections;



- Balance Sheets: Include the same twelve-month period for Proposed Year 1, Proposed Year 2, and Proposed Year 3 (specify the 12-month period and year for each). Include a summary of all financial assumptions that underlie projections;
- Cash Flows: Include the same twelve-month period for Proposed Year 1, Proposed Year 2, and Proposed Year 3 (specify the 12-month period and year for each). Include a summary of all financial assumptions that underlie projections;
- Operating Costs: Indicate the same twelve-month period for Proposed Year 1, Proposed Year 2, and Proposed Year 3 (specify the 12-month period and year for each). Include a summary of all financial assumptions that underlie projections.
- Financial Table 1, Project Costs;
- Financial Table 2, Financing Arrangement;
- Financial Table 6B, Revenue Source Projections;
- Financial Table 7B, Utilization Projections;
- Financial Table 8B, Utilization Projections for CT Procedures; and
- Financial Table 9B, Staffing Projections;
- Personal financial statements reflecting all personal and business interests in health care and non-health care sectors for all individual investors.
- Provide the names and full contact information for all prospective individual investors, percent interest in the proposed project and the dollar amount each member is contributing of the total equity contribution reflected on Financial Table 2, Financing Arrangement.

In responding to the HRAP standards and statutory criteria, please restate the standards and criteria verbatim in bolded font and respond to each in unbolded font. Please provide the original and three copies of the application, proposed floor plans (Dimension Plan) for construction/renovations, and any attachments as well as two copies of the Verification Under Oath. In addition, please send an electronic copy to [donna.jerry@vermont.gov](mailto:donna.jerry@vermont.gov). If you have any questions, please do not hesitate to call me at (802) 828-2918.

Sincerely,

*s/ Donna Jerry*

Donna Jerry  
Senior Health Policy Analyst

cc: Lila Richardson, Health Care Advocate

