

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Application of Silver Pines,)
Medically Supervised Withdrawal) GMCB-016-19con
Treatment Center for Substance)
Use Disorder in Stowe, VT)
_____)

CERTIFICATE OF NEED

In accordance with Title 18, Chapter 221, Subchapter 5, other applicable laws, and the Statement of Decision and Order in this matter, the Green Mountain Care Board issues this certificate of need to Silver Pines, LLC (the applicant), subject to the conditions set forth below.

Project Description and Scope

The applicant seeks to develop a 32-bed (16 double rooms) medically supervised withdrawal treatment center for adults with substance use disorder at 3430 Mountain Road in Stowe, Vermont. The project is outlined in greater detail in the Statement of Decision and Order in this docket, incorporated herein and issued today by the Board.

Project Conditions

The project as proposed, subject to the following conditions, meets the statutory criteria set forth in 18 V.S.A. § 9437:

1. The applicant shall develop and operate the project in strict compliance with its scope as described in the application, in other materials in the record submitted by the applicant, and in strict conformance with the Statement of Decision and Order issued today in this docket. This certificate of need is limited to the project and activities described therein.
2. Noncompliance with any provision of this certificate of need or with applicable ordinances, rules, laws and regulations constitutes a violation of this certificate of need and may be cause for enforcement action pursuant to 18 V.S.A. §§ 9445, 9374(i), (j), and any other applicable law.
3. The project shall be fully implemented within four (4) years of the date of issuance of this certificate of need.
4. In accordance with representations the applicant made in the application materials, the applicant shall actively recruit clinical providers outside of Vermont. In each of the implementation reports described in paragraph 11 below, the applicant shall

- a. provide a detailed overview of and identify the specific advertising outlets it has used to recruit for positions at Silver Pines; and
 - b. in a table format, list each of the positions, licensure requirements, and FTE level, and describe the status of each position (e.g., filled or vacant) and, if filled, whether the position is held by someone who, immediately prior, worked in a SUD treatment facility in Vermont.
5. The applicant shall consult with the Vermont Division of Alcohol and Drug Abuse Programs (ADAP) on the development of training and materials for Silver Pines staff and shall establish connections to other treatment providers within Vermont's substance use disorder community/systems of care, including providers participating in Vermont's Hub and Spoke system for treatment of opioid use disorder. In each of the implementation reports described in paragraph 11 below, the applicant shall provide a detailed overview of all activities.
6. The applicant shall establish referral connections with inpatient psychiatric treatment facilities, hospitals, and community mental health providers in Vermont and in other states where patients may be referred following discharge. In each of the implementation reports described in paragraph 11 below, the applicant shall provide a detailed overview of all activities.
7. The applicant shall work with ADAP and the Vermont Department of Mental Health (DMH) to explore the potential for sharing data and findings from the Silver Pines program. Upon request by ADAP or DMH, the applicant shall share aggregate or de-identified data and findings at the times and in formats specified by these agencies. In each of the implementation reports described in paragraph 11 below, the applicant shall provide a detailed overview of all activities.
8. In accordance with representations it made in the application materials, the applicant shall offer an admissions preference to Vermonters who meet Silver Pines' admissions criteria. In each of the implementation reports described in paragraph 11 below, the applicant shall provide the number of Vermonters who met admissions criteria but were not accepted to the program.
9. The applicant shall engage in negotiations with Blue Cross and Blue Shield of Vermont, Cigna, and MVP for coverage of the Silver Pines program. Following the conclusion of negotiations, the applicant shall include in its next implementation report an update on the outcome of the negotiations.
10. In accordance with representations it made in the application materials, the applicant shall distribute annually no less than 1% of its annual net revenues to Vermont community organizations and programs addressing substance use disorder. In each implementation report, the applicant shall provide a summary of the development and membership of the independent board that will be established to review and recommend disbursements to Vermont SUD organizations; identify the total dollar amount available

for disbursement and the total amount dispersed; identify the recipients, the amount of funds dispersed to each organization; and the purpose of the distribution.

11. The applicant shall file implementation reports with the Board beginning six months from the date of this certificate of need and at six-month intervals thereafter for a four-year period from the time the facility is fully operational. The implementation reports shall include the following:
 - a. An overview of the project, including any changes in financing, and information and analysis demonstrating that the project fully complies with the scope as approved by the Board in this certificate of need.
 - b. A spreadsheet separately listing each individual line item in the approved annual operating expense, and for each expenditure: 1) the total dollar amount approved by the Board; 2) the dollar amount spent through previous reporting periods; 3) the dollar amount spent during this reporting period; 4) the cumulative dollar amount spent to date; 5) the amount remaining in dollars; and 6) the amount remaining as a percentage.
 - c. The information required in Conditions 4 – 10 of this certificate of need.
 - d. A spreadsheet showing, by line item, the projected, actual, and cumulative revenues for the reporting period and a spreadsheet showing, by line item, the projected, actual, and cumulative expenses for the reporting period.
 - e. In a table format, the number and percentage of program participants who are Vermont residents and who are not Vermont residents.
 - f. In a table format, for the reporting period and cumulatively, and broken down by Vermont residents and non-Vermont residents, 1) the number of emergency transports made to hospital emergency departments (specify hospitals); 2) the number of referrals for admission to inpatient psychiatric units; and 3) the number of referrals made to Vermont Community/Systems of Care by type of service.
 - g. An update on the amount of compensation paid to the CEO of Silver Pines and whether the compensation is included in the expense spreadsheet noted above.
 - h. A spreadsheet showing the equity distributions paid to investors.
 - i. An update on status of licensure of the 32 beds through the Department of Disabilities, Aging and Independent Living.
12. This certificate of need is not transferable or assignable and is issued only for the premises and entity named in the application.

13. If the applicant contemplates or becomes aware of a nonmaterial change, as defined in 18 V.S.A. § 9432(12), or a material change as defined in 18 V.S.A. § 9432(11), to the scope or cost of the project described in its application and as designated in this certificate of need, the applicant shall file a notice of such change immediately with the Board. The Board shall thereafter advise the applicant whether the proposed change is subject to additional review.
14. The Board may, after the applicant is provided notice and an opportunity to be heard, make such further orders as are necessary or desirable to accomplish the purposes of this certificate of need and to ensure compliance with its terms and conditions.
15. All reports, notices, forms, information or submissions of any kind required to be submitted to the Board as a condition of this certificate of need shall be signed and verified by the applicant's chief executive officer, or by his or her designated representative.
16. The conditions contained in this certificate of need shall remain in effect for the duration of the reporting period set forth in Condition 11, above.

SO ORDERED.

Dated: June 23, 2020 at Montpelier, Vermont.

s/ <u>Kevin Mullin, Chair</u>)	
)	GREEN MOUNTAIN
s/ <u>Jessica Holmes</u>)	CARE BOARD
)	OF VERMONT
s/ <u>Maureen Usifer</u>)	

Filed: June 23, 2020

Attest: /s/ Jean Stetter, Administrative Services Director