

**SENT ELECTRONICALLY**

February 11, 2021

Mr. Frank Reed, LICSW  
Director of Mental Health Services  
280 State Drive, NOB 2 North  
Waterbury, VT 05671

**RE: Docket No. GMCB-002-21con, Construction of Secure Residential Treatment Program for individuals requiring residential treatment program services for mental health conditions. Project cost: \$16,072,200**

Dear Mr. Reed:

Thank you for your letter of intent received on February 6, 2021 regarding the above-referenced project. The project as described is subject to Certificate of Need (CON) review under 18 V.S.A. § 9434(a)(1).

The application must include a detailed description of the proposed project, the need for the proposed project and service area; an explanation of how the proposed project meets the applicable statutory criteria in 18 V.S.A. § 9437; a description of all program components, services, and staffing; a description of any demolition/renovation/construction/fit-up components and associated costs; the cost of the individual project components and the total project cost; information on financing arrangements; a description of any health information technology components of the project and associated costs; an organizational chart and project timeline.

Note that the Board is currently working to update the Health Resource Allocation Plan (HRAP), which is referenced in one of the criteria, 18 V.S.A. § 9437(1)(C). Because the update is not yet completed, however, the application should address the following applicable HRAP standards from the current HRAP: 1.2, 1.3, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 3.3, 4.1, 4.6. Additionally, the statutory criteria set forth in 18 V.S.A. § 9437(1)-(5) and (7-9) apply to your application.

The application must also address the Institute for Healthcare Improvement's Triple Aims: 1) improving the individual experience of care, 2) improving the health of populations, and 3) reducing the per capita costs of care for populations.

The Board also requires submission of sufficient financial information to evaluate the project. For each of the financial documents noted below, specify the 12-month period for projected



Years 1, 2, and 3 and provide a summary of all financial assumptions that underlie the projections for each of the following:

- Profit and Loss Statements
- Revenue Projections
- Balance Sheets
- Cash Flows
- Operating Costs
- Most recent audited financial statement of parent entity (if applicable)

In addition, provide:

- Financial Table 1, Project Costs
- Financial Table 2, Financing Arrangement
- Financial Table 6A, 6B, and 6C, Revenue Source Projections
- Financial Table 7A, 7B, and 7C, Utilization Projections
- Financial Table 9A, 9B, and 9C, Staffing Projections

Once complete, please send your application to me electronically at [donna.jerry@vermont.gov](mailto:donna.jerry@vermont.gov), and provide a three-hole punched hard copy with a Verification Under Oath to the Green Mountain Care Board, 144 State Street, Montpelier, Vermont 05602, Attention: Donna Jerry.

If you have further questions, please do not hesitate to contact me at 802-760-8162.

Sincerely,

*s/ Donna Jerry*

Donna Jerry, Senior Health Policy Analyst  
Green Mountain Care Board

cc: Russ McCracken, Staff Attorney