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March 16, 2021

Ms. Shireen Hart, Esq.
Primmer, Piper, Eggleston & Cramer, PC
150 South Champlain St.
PO Box 1489
Burlington, VT 05402

**RE: Docket No. GMCB-004-21con, Proposed Renovations to Pine Heights at
Brattleboro Center for Nursing and Rehabilitation**

Dear Ms. Hart:

Thank you for your letter dated March 10, 2021, acknowledging that the above-referenced project is subject to Certificate of Need (CON) review under 18 V.S.A. § 9434.

The application must include a detailed description of the proposed renovation/construction project, the need for the project, the cost of the individual project components and the total project cost, and any financing arrangements. The application must also include an explanation of existing and new or expanded services or change(s) in the number of beds to be offered, as well as a description of any health information technology components of the project.

Note that the Board is currently working to update the Health Resource Allocation Plan (HRAP), referenced in 18 V.S.A. § 9437(1)(C). Because the update is not yet completed, the application should address the following applicable standards from the current HRAP: 1.9, 1.10, 1.11, 1.12, 5.2 (if applicable), 5.3, and 5.4. Additionally, the statutory criteria set forth in 18 V.S.A. § 9437(1)-(5) and (9) are applicable and (8) may be applicable as well.

The application must 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 impact of the project. For this application, specify the 12-month period for each individual year, submit profit and loss statements, revenue projections, balance sheets, cash flows, and operating costs for: (a) actual 2018, 2019, 2020, (b) budgeted 2021, (c) projected Years 1, 2, and 3. Additionally, provide a summary of all financial assumptions that underlie the projections.

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
- Current Owner's Most Recent Audited Financial Statement

Please send your response electronically to donna.jerry@vermont.gov and 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

cc. Michael Barber, General Counsel