VERMONT
GREEN MOUNTAIN CARE BOARD

144 State Street
Montpelier, VT 05602
802-828-2177

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SENT ELECTRONICALLY

May 21, 2021

Ms. Susan Ridzon
PO Box 2124
South Burlington, VT 05407

**RE: Docket No. GMCB-008-21con, Development of an Ambulatory Surgical Center in
Colchester. Project cost: $3,000,000 for Renovation of Existing Building.**

Dear Ms. Ridzon:

Thank you for your letter of intent received on May 13, 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), (6).

The application must include a detailed description of the proposed project including:
- the need for the proposed project;
- the anticipated geographic area to be served;
- the number of proposed operating and procedure rooms;
- procedures and surgeries to be performed;
- total square footage of facility;
- ownership structure
    - what entity will own the building and land upon which the facility sits;
    - what entity will own the common area (both inside the building and the outside grounds) shared with the Green Mountain Surgery Center
    - what entity operates the facility;
- an explanation of how the proposed project meets the applicable statutory criteria in 18 V.S.A. § 9437;
    - One of the criteria references the Health Resource Allocation Plan (HRAP). While the Board is working to update the HRAP, please address the following applicable standards from the current HRAP: 1.2, 1.3, 1.4, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11. 1.12, 2.2, 3.13, 3.14, 3.15, 3.16, 3.17, 3.24
- a list of all medical equipment to be purchased for surgeries/procedures to be performed;
- a description all services and staffing/FTEs;
- a description of any renovation/construction/fit-up components and associated costs;
- the costs of each individual project component and the total project;

- information on financing arrangements, including loans, investor contributions, and equity contributions;
- a description of any health information technology components of the project and associated costs (if applicable);
- an organizational chart and project timeline.

Please include:
- an electronic file (PDF/CAD) of scalable schematic level drawings;
- a dimension plan of all clinical and non-clinal spaces;
- a chart depicting the most recent FGI (Facilities Guidelines Institute);
- a description of proposed mechanical/electrical/plumbing/ and fire protection for the facility;
- a furniture and equipment plan and associated costs.

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 requires submission of sufficiently detailed financial information to evaluate the project. For each of the financial documents noted below, specify the 12-month period for latest actual and 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

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, 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: Michael Barber, General Counsel