

144 State Street Montpelier, VT 05602 802-828-2177 Kevin Mullin, Chair Jessica Holmes, Ph.D. Robin Lunge, J.D., MHCDS Tom Pelham Susan J. Barrett, J.D., Executive Director

DELIVERED ELECTRONICALLY

November 18, 2021

Elizabeth R. Wohl, Esq. Down Rachlin Martin PLLC 132 Main St. Suite 212, P.O. Box 9 Brattleboro, VT 05302

RE: Docket No. GMCB-021-21con, Benchmark Senior Living, LLC, Change in the Number of Licensed Beds

Dear Ms. Wohl:

Thank you for your letter dated November 15, 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 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 and change(s) in the number of beds to be offered, as well as a description of any renovation or fit-up components and 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: 1.8, 1.9-1.12 if applicable, 4.7 and 5.1 - 5.4. Additionally, the statutory criteria set forth in 18 V.S.A. § 9437(1)-(5) and (9).

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 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
- Current Owner's Most Recent Audited Financial Statement

Once complete, please send your application to me electronically at <u>donna.jerry@vermont.gov</u>, 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,

<u>s/</u>Donna Jerry Donna Jerry Senior Health Policy Analyst

cc. Michael Barber, General Counsel