
DELIVERED ELECTRONICALLY

February 4, 2022

Mr. Nick Kahm, Managing Partner
The Kahm Clinic
70 S. Winooski Ave, Suite 2C
Burlington, VT 05445

RE: Docket No. GMCB-009-21con, The Kahm Clinic, Eating Disorder Treatment Program

Dear Mr. Kahm:

Thank you for your responses to our first set of questions regarding your intent to develop an Intensive Outpatient Program and a Partial Hospitalization Program for treatment of eating disorders at the existing Kahm Clinic. At this time, please provide the following information:

Program/Services

1. Page 17-18: It is stated that Metabolic Testing Devices and Body Composition Devices are both useful in the treatment of eating disorders, noting that neither is widely used or available in the majority of hospitals.
 - a. Explain in more detail the specific information generated from each device.
 - b. Identify each traditional treatment modality and how information from each device is used and/or integrated into each treatment modality for eating disorders.
 - c. Explain in detail if and how the same kinds of information generated by each device can be obtained through other means such as through lab work, including comprehensive metabolic panels etc. for use in eating disorder treatment for adults and adolescents. Address the costs and the pros and cons of using these two devices to generate information relative to the cost of conducting lab work on a regular basis, including comprehensive metabolic panels, etc.
 - d. Explain in detail whether the IOP and PHP programs for adults and adolescents will also utilize regular lab work to include comprehensive metabolic panels. Explain how the results from lab work will be used the same



or differently for treatment of adults and adolescents in the IOP and PHP programs.

- e. Confirm whether the existing Kahm Clinic currently leases the Metabolic Testing and the Body Composition devices.
- f. Please include peer reviewed support for any assertion in the table below that a device is considered evidence-based practice.
- g. Please complete the table below.

| | Metabolic Testing Device | Body Composition Device |
|--|---------------------------------|--------------------------------|
| Is the device considered an evidence-based practice? Yes or No. | | |
| Average # of tests performed during treatment period for adults and adolescents and specify the number of months or weeks that comprise a treatment period for adults and adolescents. | | |
| Average cost per test. | \$ | \$ |
| Is test covered by commercial insurance? If not, explain why. | | |
| If not covered by commercial insurance, does the patient self-pay? Please explain. | | |
| If patient refuses testing on device for financial or other reasons, will the Kahm Clinic IOP and PHP programs for adults and adolescents still agree to take the patient and/or continue to provide treatment to the patient using traditional modalities and lab work? Explain. | | |

- 2. Provide the resumes for key staff including specialized training and experience in eating disorder treatment for adults and adolescents.
- 3. Explain in detail the program and components for adolescents including IOP and PHP.
- 4. Explain why the program for adolescents does not start until year 3.



5. In a table format, provide a detailed IOP and PHP Treatment Schedule by hour for: a) adults and b) adolescents. (NOTE: Treatment Schedules were provided in the application for IOP and PHP programs but it was not clear whether the schedules were only for the adult programs. Also, the IOP treatment schedule did not show treatment activities from 6:00 p.m. to 7:00 p.m.)
6. Family therapy is not reflected in the application for adult or adolescents. Please explain.
7. Provide the age range for participants in the adult IOP and PHP programs
8. Provide the age range for participants in the adolescent IOP and PHP programs.
9. Explain whether the adult IOP and PHP and adolescent IOP and PHP programs will screen for depression, PTSD, substance use disorder, and borderline personality disorder. If not, please explain.
10. Explain if you have contacted Department of Vermont Health Access (DVHA) to discuss a negotiated reimbursement schedule for IOP and PHP eating disorder treatment for adults and adolescents. If not, we strongly encourage you contact DVHA to determine whether an agreed upon rate could be negotiated.
AHS.DVHAReimbursement@vermont.gov

Financial

11. Tables 3B and 3C, Income Statement: In response to the first set of questions, it is represented that 2021-2022 expenses will increase by 15% across the board and 2023-2024 physician fees, salaries, contracts will increase by 24% in 2023 and 27% in 2024. Please explain these rates of annual increase.
12. Tables 3B and 3C, Income Statement: Identify and explain what is being expensed in the “Other Operating Expense” line item and whether expenses include lease payments, insurance, utilities etc. and whether owners receive a salary or any compensation and specify the amounts in each year.
13. Explain in much more detail the pro bono policy to be implemented in year 2. Provide a copy of the pro bono policy.
Tables 6B and 6C Revenue Sources: The pro bono projections must be included in these tables under the Free Care line item. Please revise and resubmit these tables.
14. Confirm whether the lease of the Metabolic Testing Device and Body Composition Device is an operating or capital lease and confirm the associated costs attributed to each and whether these costs are included in the financial tables submitted.
15. Table 4B and 4C Balance Sheet: Explain whether the owner(s) expect to take back capital investment and/or withdraw equity in any of the years shown.
16. Tables 4B and 4C (Balance Sheet): **Assets:** If the equipment in line item titled, “Assets” is and an operating lease from the existing Kahm Clinic, this lease expense should not be reported on the Balance Sheet of the IOP/PHP it should only be reported as an operating expense on Table 3B and 3C Income Statement. **Liabilities:** The Balance Sheet reports no liabilities which is unrealistic. Please explain and resubmit.
17. Confirm whether dividends and working capital are reflected in Tables 4B and 4C. Please explain, revise and resubmit these tables as appropriate.



In responding, restate the question in bold font and respond in unbolded font. Send an electronic copy to me at donna.jerry@vermont.gov and one hard copy (three-hole punched) with a Verification Under Oath to my attention at the Green Mountain Care Board, 144 State Street, Montpelier, Vermont 05602.

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

Sincerely,

s/ Donna Jerry

Senior Health Policy Analyst
Green Mountain Care Board

cc. Laura Beliveau
Staff Attorney

