

DELIVERED ELECTRONICALLY

April 8, 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 phone call on April 7, 2022, regarding changes you are anticipating relative to Medicaid participation and a possible increase in the total cost of the project which changes your response to the set of questions you submitted on April 5, 2022, regarding your intent to develop an Intensive Outpatient Program (IOP) and a Partial Hospitalization Program (PHP) for the treatment of eating disorders.

Please provide the information requested below.

Please respond in detail to the following:

1. In a table format, for the PHP adult program and the IOP adult program and the IOP adolescent program, broken down by the average number of weeks in each program (week 1, 2, 3 etc.,) specify the number of minutes each participant will receive in: (a) individual therapy; (b) group therapy; (c) family therapy; and (d) with the dietician; in each week of the program.
2. Specify the frequency of use and the justification that supports the frequency of use for the Metabolic Testing Device and for the Body Composition Analysis Testing Device for participants in the adult PHP program, the adult IOP program and the adolescent IOP program. Please address concerns that measurements can be a “triggering” event for a participant with an eating disorder and explain how the Kahm Clinic will recognize and minimize such distress if encountered with participants in the PHP and IOP programs.



3. Given that the Metabolic Testing device and the Body Composition Analysis device are not widely used in the treatment of eating disorders, explain in more detail the specific information generated by each device, how that specific information will be applied and how it improves quality and the informs the course of treatment for adults and adolescents in the IOP and PHP programs, and whether such information is shared with participants and their families. To the extent possible, provide objective standards that professionals use to interpret and apply the information and data generated by each device and medical resources used to inform those standards.
4. Provide a detailed description of your contacts with Vermont Medicaid, the dates of contact, and the content of what was discussed. Provide copies of all documents you submitted to Vermont Medicaid. This must include requests made for reimbursement rates and codes for all services and the use of the two devices in both the adult PHP and the adult and adolescent IOP programs and specify whether the rates you requested included or excluded the charges per appointment or per week for both the Metabolic Testing device and the Body Composition Analysis device. Specify the frequency of use per patient for the Metabolic Testing device and the Body Composition Analysis device and whether that frequency of use is covered in the Medicaid rates you have negotiated with Vermont Medicaid. If not, please explain why the charges for the two devices were not included in the requested Medicaid rate. Provide a copy of signed letter of agreement with the Department of Vermont Health Access for the provision of services to Medicaid Members.
5. If you accept Medicaid, all affected financial tables must be revised to reflect Medicaid members and revenues. You also mentioned that you may wish to increase the total cost of the project due to on-going inflation. If so, please revise and resubmit financial tables 1; 2; 3 B, C; 4 B, C; 5 B, C; 6 B, C; 7 B, C; 8 B, C; 9 B, C; and the Annual Operating Expense Detail table to reflect the addition of Medicaid as well as any increase you are adding to the total cost of the project. Please make certain that the Excel version of the tables are identical to the PDF version submitted.

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

