
DELIVERED ELECTRONICALLY

May 9, 2023

Ms. Shireen Hart
Primmer, Piper, Eggleston & Cramer, PC
30 Main Street
Suite 500, P.O. Box 1489
Burlington, VT 05402

**RE: Docket No. GMCB-006-23con, Proposed Purchase by Integrative Life Network LLC
of 100% Ownership Interest in Silver Pines Partners, LLC**

Dear Ms. Hart:

Thank you for your call today requesting guidance regarding your submission of an Emergency Certificate of Need application pursuant to GMCB Rule 4.000 § 4.303 (Emergency Certificate of Need).

Please provide the following information:

1. Explain how the proposed project meets the criteria of 18 V.S.A. § 9440 by providing sufficient information to show that there are circumstances beyond the control of the applicant that require action in less time than normally required for review.
2. Provide a summary of the proposed transaction and any anticipated changes in program, staffing, charges, and reimbursements.
3. Copy and paste Statutory Criteria 1-9 from 18 V.S.A. § 9437 in bolded font and address in sufficient detail each criterion in unbolded font.
4. Provide the most recent audited Profit and Loss Statement (P & L) for Integrative Life Network, LLC (ILN). If ILN does not have an audited P & L statement, please explain why not and provide ILN's most recent Profit and Loss Statement (identify period covered, months and year) and explain who produced the P & L and how it was created, including but not limited to, whether it is cash or accrual based, etc. Please provide in PDF and in Excel formats.



5. Revise and resubmit the Proforma reflecting the most recent year (state the year and 12 months covered) of actuals, and three projected years specifying the year and same months covered for each year. Also include the assumptions that underlie the Proforma. Provide in PDF and Excel formats.
6. Fully explain the capital plan for financing the purchase of 100% ownership interest in Silver Pines Partners, LLC.
7. In a table format, provide both the current daily charge and projected daily charge in projected years 1, 2 and 3 following purchase by ILN for: 1) medically supervised withdrawal (ASAM Level 3.7) treatment services; and 2) residential treatment services (ASAM Level 3.5) and the actual and projected average daily reimbursement from commercial payers and from private payers in projected years 1, 2, and 3.
8. In a table format, provide the total number of patients currently and for proposed year 1, 2 and 3, and of the totals, the percent Vermont residents served or to be served and the number and percent of out-of-state residents served or to be served.
9. Explain whether ILN intends to add payors beyond the current commercial and private payor mix.

Please send an electronic copy (PDF) and as well as the requested financial documents in Excel format as well attached to an e-mail 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 05633.

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, GMCB

