

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, VT 05602

May 12, 2023

Re: Docket No. GMCB-003-23con, Construction of a New Primary Care Practice Building and Demolition of the Stratton House/North Clinic Building, Project Cost: \$19,152,993

Dear Ms. Jerry:

In response to your questions received on May 1, 2023, Grace Cottage Family Health & Hospital provides the following:

Financial

1. Pages 7 and 8 of the application note an increase in exam rooms that would allow for the addition of two to three new providers. Table 8B (Staffing Report), shows only 0.75 additional non-MD FTEs to be added in year 3 of the project (2026). Identify the level of the two to three providers to be added and the year in which the two to three new providers would be added. Confirm that the number of new FTEs you have included in Table 8 (Staffing Report) is correct and that associated costs are reflected in the financial tables submitted with the application.

We plan to have one full-time non-MD, an Advanced Practice Provider (APP), ready to start when the move is made into the new building, projected to be January 1st of year 3 (2026). Since the FTE will only be here 9 months of that fiscal year, it equates to 0.75 FTE for that year. As that provider's panel becomes full, we will assess the need for an additional provider and add as necessary and as patient volumes demand. Demand for primary care in our service area continues to grow. This plan allows us to respond methodically to demand if it increases. Thus, the FTE number included in Table 8 is correct, and all associated costs for that APP are included in the financial tables submitted with the application.

2. On page 10, it is stated that Grace Cottage has a long history of generous community support. In a table format, for each fundraising project undertaken in the past 15 years, identify: 1) the purpose of the fundraising project; 2) period covered; 3) the dollar goal; and 4) actual amount received.

Please see Attachment A – Fundraising History.

3. On Table 2 (Debt Financing/Uses of Funds), of the \$15,000,000 in the Fundraising line item, specify the dollar goal from fundraising and the dollar goal from grants and identify the probable sources and dollar amounts for all grants.

Please see Table 2; see also Attachment B – Probable Funding Sources.

4. Explain in detail the timeline for the fundraising campaign and for the grant writing efforts and your contingency plan for covering project costs if your fundraising campaign and/or grant writing efforts do not raise \$15,000,000.

Fundraising efforts have begun, effective immediately, and we have a number of significant pledges already in hand. Our goal is to raise 75% of the budget before starting construction. We aim to begin construction early next year. We will continue our fundraising efforts in earnest until the project is paid for. In addition to pledges from donors, we plan to apply for grants as indicated on Attachment B. Our request for a federal appropriation is currently being considered by Congress. Based on the success of our fundraising/grant writing/appropriation request efforts, we will determine if and how much additional funding will be required through bank financing. We have been working with the VT/NH USDA officials from the start of this project, to assure that we are eligible to apply for a USDA loan.

5. (Page 15 of application) Explain in detail what the original 1844 Otis House will be repurposed for, identify the timing relative to the proposed project and cost associated with repurposing of this space, and whether these costs are included or excluded in the financial tables submitted with the application.

The non-clinical functions located in the existing clinic building to be removed (Stratton House) will be relocated to the lower level of the Otis House. This will occur after the new Medical Office Building is complete and before the removal of the Stratton House. Please refer to Attachment C – Otis House Backfill Plan.

There are no plans for interior renovation of the Otis House beyond relocating offices from the Stratton House to existing Otis House spaces. The only work that needs to be done to the Otis House is closing in the wall after the attached Stratton House is removed and installing an exterior door there. These costs are included in the new construction costs.

6. On page 15 of the application, the construction cost is represented as \$15,483,725. However, the construction cost on financial Table 1 is \$16,374,614. The difference appears to be the \$890,890 in Line Item 8, titled “Other” shown on Table 1. If the \$16,374,614 total construction cost is correct, please revise and resubmit the breakdown of construction costs on page 15.

As indicated in Response to Question 7 below, the \$890,890 is an overall Project Contingency, and would be used for any unforeseen items across all aspects of the project (design, permitting, FFE, etc). Therefore, the construction cost of \$15,483,725 as indicated on page 15 is correct and the \$890,890 originally listed on Table 1, line 8 under Construction Costs has been moved to line 10 under Related Project Costs on the attached revised Table 1.

7. In Table 1 (Project Costs), identify the components and associated dollar amounts that make up the \$890,890 in line Item 8, titled “Other”. If the \$890,890 is all for “Project

Contingency” as noted in Table 1, Line 8 “Other”, then please explain its inclusion in addition to the standard Design/Bidding Contingency and the Construction Contingency.

The \$890,890 is an overall Project Contingency (above and beyond the standard Design/Bidding Contingency and the Construction Contingency) to cover any unforeseen item on the project.

8. In Tables 1 and 2, specify the cost associated with the demolition of the existing building and the line item where that cost is included. If not included, explain in detail.

Tables 1 and 2 showed the amount of \$211,807 as renovation work – actually, it is the existing building demolition work. See revised Table 1 and 2 (attached).

Architectural

9. Table 1 (Project Costs), shows no cost associated with the “Construction Manager Fee.” However, the construction cost breakdown on page 15 of the application shows \$637,830 for “CM Insurance, Bond and Fees”. Please revise and resubmit Tables 1 and 2 and the breakdown on page 15 to reflect the correct “Construction Manager Fee.”

See revised Table 1 and 2 (attached).

10. Provide a site plan and floor plans for existing building(s) that will remain with any connecting elements to the new building.

Please refer to Attachment D, which includes the follow drawings:

1. EXISTING CONDITIONS PLAN (SITE PLAN)
2. CONCEPT SITE PLAN
3. FLOOR PLANS FOR EXISTING BUILDINGS THAT WILL REMAIN WITH CONNECTING ELEMENTS.

11. Submit the CSI estimate format prepared by a Construction Manager or a professional estimating company.

Attachment E is the construction estimate report totaling \$15,483,724 taken from the November 2, 2022, SD estimate package. This detailed report is in CSI format as requested.

12. FGI Check List; 2.2-2 Accommodations for care of patients of size. Explain in detail how this requirement will be met in the new facility.

There will be one patient toilet and one exam / treatment room that are designed to meet the design criteria for individuals of size. Please refer to drawing labeled Attachment F- “Accommodation Individuals of Size.”

For both rooms, the doors will be 48” wide with room clearance for a portable patient lift.

Please refer to the updated FGI check list (attached).

13. FGI Check list; 2.1-7.2.2.9 Grab Bars: Explain why this item is checked as “No”. Explain in detail what other accommodation will be made so staff can assist the patient during the double transfer. In addition, explain why there is a question mark noted on item (2) indicating the required 800 pounds of concentrated load for anchoring requirements.

Please refer to drawing labeled Attachment F- “Accommodation Individuals of Size.” The floor plan has been revised to include a patient toilet room complying with the access requirements for an individual of size. The revised plan provides room for a double transfer. The revision will also comply with the 800-pound concentrated load requirement. Please refer to the updated FGI check list (attached).

14. FGI Check List: 2.1-4.1 Laboratory Services: Explain in detail the types of tests that will be provided at the point of care.

Point of Care Labs

Lab Tests that Rural Health Clinics are required to provide:

- Urine exam – stick
- Hemoglobin
- Glucose (Blood Sugar)
- Pregnancy test
- Primary culture to send to a lab

Additional Point of Care Lab Tests Provided at Grace Cottage Family Health

- Rapid Strep test
- Lead screening
- Rapid Respiratory Syncytial Virus test
- Urine toxicology screen
- Rapid Influenza A and B

15. In Appendix I, many other items on the FGI Chart have been marked as “will be determined during the next phase”. Even at the schematic level plan review, these requirements are typically completed. Explain whether your architect can go back and complete these items on the FGI Chart so that our consulting architect can review for compliance with each requirement. If yes, please revise and resubmit.

Please refer to the updated FGI Chart (attached) for edits to items marked as “will be determined during the next phase”.

Ms. Donna Jerry
Senior Health Policy Analyst
May 12, 2023
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Sincerely,



Elizabeth Wohl

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cc:

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