

DELIVERED ELECTRONICALLY

May 2, 2024

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
1 National Life-Davis 3
Montpelier, VT 05633

**RE: Docket No. GMCB-006-24con, Mt. Ascutney Hospital and Health Center,
Replacement of Electronic Health Record, Project Cost: \$9,100,524**

Dear Ms. Jerry,

Mt. Ascutney Hospital and Health Center (MAHHC) has received the list of questions from your office of the Green Mountain Care Board regarding the above referenced Certificate of Need application (Docket No. GMCB-006-24con). This letter serves to respond to this list of questions and will be remitted to your office both electronically and by certified mail.

1. Revise and resubmit the table on page 15 by adding two additional columns to each existing column to show the total dollar amounts and the amounts attributed to Dartmouth-Hitchcock and Mt. Ascutney.

	Total Project Costs			FY 2024 Project Costs			FY 2025 Project Costs			FY 2026 Project Costs			FY 2027 Project Costs		
	DH Total	MAH Total		DH 2024	MAH 2024		DH 2025	MAH 2025		DH 2026	MAH 2026		DH 2027	MAH 2027	
Capital Expenditures (Labor)															
Total Project Costs	\$ 394,325	\$ 295,744	\$ 98,581	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 394,325	\$ 295,744	\$ 98,581	\$ -	\$ -	
1. Epic Rehab Module Initial Implementation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
2. Infrastructure - Extend DH Systems	\$ 584,939	\$ 438,704	\$ 146,235	\$ -	\$ -	\$ -	\$ 565,527	\$ 424,145	\$ 141,382	\$ 19,412	\$ 14,559	\$ 4,853	\$ -	\$ -	
3. ERP - Extend DH Systems	\$ 782,045	\$ 586,534	\$ 195,511	\$ -	\$ -	\$ -	\$ 782,045	\$ 586,534	\$ 195,511	\$ -	\$ -	\$ -	\$ -	\$ -	
4. CAAR - Extend DH Systems	\$ 2,515,804	\$ 1,886,853	\$ 628,951	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,515,804	\$ 1,886,853	\$ 628,951	\$ -	\$ -	
5. Archive Legacy Systems for Decommission	\$ 286,039	\$ 214,529	\$ 71,510	\$ -	\$ -	\$ -	\$ 128,519	\$ 96,389	\$ 32,130	\$ 94,512	\$ 70,884	\$ 23,628	\$ 63,008	\$ 47,256	
Capital Expenditures (Labor) Subtotal	\$ 4,563,152	\$ 3,422,364	\$ 1,140,788	\$ -	\$ -	\$ -	\$ 1,476,091	\$ 1,107,068	\$ 369,023	\$ 3,024,054	\$ 2,268,040	\$ 756,013	\$ 63,008	\$ 47,256	
Contingency (10%)	\$ 456,315	\$ 342,236	\$ 114,079	\$ -	\$ -	\$ -	\$ 147,609	\$ 110,707	\$ 36,902	\$ 302,405	\$ 226,804	\$ 75,601	\$ 6,301	\$ 4,726	
Capital Expenditures (Labor) Total	\$ 5,019,467	\$ 3,764,601	\$ 1,254,867	\$ -	\$ -	\$ -	\$ 1,623,700	\$ 1,217,775	\$ 405,925	\$ 3,326,459	\$ 2,494,844	\$ 831,615	\$ 69,309	\$ 51,981	
Operating Expenditures (Labor)															
Total Project Costs	\$ 44,262	\$ -	\$ 44,262	\$ 16,454	\$ -	\$ 16,454	\$ 27,808	\$ -	\$ 27,808	\$ -	\$ -	\$ -	\$ -	\$ -	
1. Epic Rehab Module Initial Implementation	\$ 89,323	\$ -	\$ 89,323	\$ 18,805	\$ -	\$ 18,805	\$ 56,414	\$ -	\$ 56,414	\$ 14,104	\$ -	\$ 14,104	\$ -	\$ -	
2. Infrastructure - Extend DH Systems	\$ 312,829	\$ -	\$ 312,829	\$ 56,414	\$ -	\$ 56,414	\$ 256,414	\$ -	\$ 256,414	\$ -	\$ -	\$ -	\$ -	\$ -	
3. ERP - Extend DH Systems	\$ 455,343	\$ -	\$ 455,343	\$ -	\$ -	\$ -	\$ 253,865	\$ -	\$ 253,865	\$ 201,478	\$ -	\$ 201,478	\$ -	\$ -	
Operating Expenditures (Labor) Subtotal	\$ 901,756	\$ -	\$ 901,756	\$ 91,673	\$ -	\$ 91,673	\$ 594,501	\$ -	\$ 594,501	\$ 215,582	\$ -	\$ 215,582	\$ -	\$ -	
Contingency (10%)	\$ 90,176	\$ -	\$ 90,176	\$ 9,167	\$ -	\$ 9,167	\$ 59,450	\$ -	\$ 59,450	\$ 21,558	\$ -	\$ 21,558	\$ -	\$ -	
Operating Expenditures (Labor) Total	\$ 991,932	\$ -	\$ 991,932	\$ 100,841	\$ -	\$ 100,841	\$ 653,951	\$ -	\$ 653,951	\$ 237,140	\$ -	\$ 237,140	\$ -	\$ -	
Capital Expenditures (Non-Labor)															
Total Project Costs	\$ 57,650	\$ 43,238	\$ 14,413	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 57,650	\$ 43,238	\$ 14,413	\$ -	\$ -	
1. Epic Rehab Module Initial Implementation	\$ 356,000	\$ 267,000	\$ 89,000	\$ -	\$ -	\$ -	\$ 356,000	\$ 267,000	\$ 89,000	\$ -	\$ -	\$ -	\$ -	\$ -	
2. Infrastructure - Extend DH Systems	\$ 200,000	\$ 150,000	\$ 50,000	\$ -	\$ -	\$ -	\$ 200,000	\$ 150,000	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -	
3. ERP - Extend DH Systems	\$ 1,997,645	\$ 1,498,234	\$ 499,411	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,997,645	\$ 1,498,234	\$ 499,411	\$ -	\$ -	
5. Archive Legacy Systems for Decommission	\$ 150,000	\$ 112,500	\$ 37,500	\$ -	\$ -	\$ -	\$ 50,000	\$ 37,500	\$ 12,500	\$ 60,000	\$ 45,000	\$ 15,000	\$ 40,000	\$ 30,000	
Capital Expenditures (Non-Labor) Subtotal	\$ 2,761,295	\$ 2,070,971	\$ 690,324	\$ -	\$ -	\$ -	\$ 606,000	\$ 454,500	\$ 151,500	\$ 2,115,295	\$ 1,586,471	\$ 528,824	\$ 40,000	\$ 30,000	
Contingency (10%)	\$ 276,130	\$ 207,097	\$ 69,032	\$ -	\$ -	\$ -	\$ 60,600	\$ 45,450	\$ 15,150	\$ 211,529	\$ 158,647	\$ 52,882	\$ 4,000	\$ 3,000	
Capital Expenditures (Non-Labor) Total	\$ 3,037,425	\$ 2,278,068	\$ 759,356	\$ -	\$ -	\$ -	\$ 666,600	\$ 499,950	\$ 166,650	\$ 2,326,824	\$ 1,745,118	\$ 581,706	\$ 44,000	\$ 33,000	
Operating Expenditures (Non-Labor)															
Total Project Costs	\$ 18,000	\$ -	\$ 18,000	\$ 18,000	\$ -	\$ 18,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
2. Infrastructure - Extend DH Systems	\$ 29,000	\$ -	\$ 29,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29,000	\$ -	\$ 29,000	\$ -	\$ -	
4. CAAR - Extend DH Systems	\$ 47,000	\$ -	\$ 47,000	\$ 18,000	\$ -	\$ 18,000	\$ -	\$ -	\$ -	\$ 29,000	\$ -	\$ 29,000	\$ -	\$ -	
Operating Expenditures (Non-Labor) Subtotal	\$ 47,000	\$ -	\$ 47,000	\$ 18,000	\$ -	\$ 18,000	\$ -	\$ -	\$ -	\$ 29,000	\$ -	\$ 29,000	\$ -	\$ -	
Contingency (10%)	\$ 4,700	\$ -	\$ 4,700	\$ 1,800	\$ -	\$ 1,800	\$ -	\$ -	\$ -	\$ 2,900	\$ -	\$ 2,900	\$ -	\$ -	
Operating Expenditures (Non-Labor) Total	\$ 51,700	\$ -	\$ 51,700	\$ 19,800	\$ -	\$ 19,800	\$ -	\$ -	\$ -	\$ 31,900	\$ -	\$ 31,900	\$ -	\$ -	
Total Project Expenditures (CAPEX vs. OPEX)															
Capital Expenditures Total:	\$ 7,324,447	\$ 5,493,335	\$ 1,831,112	\$ -	\$ -	\$ -	\$ 2,082,091	\$ 1,561,568	\$ 520,523	\$ 5,139,348	\$ 3,854,511	\$ 1,284,837	\$ 103,008	\$ 77,256	
Operating Expenditures Total:	\$ 732,445	\$ 549,334	\$ 183,111	\$ -	\$ -	\$ -	\$ 208,209	\$ 156,157	\$ 52,052	\$ 513,935	\$ 385,451	\$ 128,484	\$ 10,301	\$ 7,726	
Capital Expenditures Grand Total:	\$ 8,056,892	\$ 6,042,669	\$ 2,014,223	\$ -	\$ -	\$ -	\$ 2,290,300	\$ 1,717,725	\$ 572,575	\$ 5,653,283	\$ 4,239,962	\$ 1,413,321	\$ 113,309	\$ 84,981	
Operating Expenditures Grand Total:	\$ 948,756	\$ 549,334	\$ 183,111	\$ -	\$ -	\$ -	\$ 208,209	\$ 156,157	\$ 52,052	\$ 513,935	\$ 385,451	\$ 128,484	\$ 10,301	\$ 7,726	
Contingency (10%)	\$ 94,876	\$ -	\$ 94,876	\$ 10,967	\$ -	\$ 10,967	\$ 59,450	\$ -	\$ 59,450	\$ 24,458	\$ -	\$ 24,458	\$ -	\$ -	
Operating Expenditures Grand Total:	\$ 1,043,632	\$ -	\$ 1,043,632	\$ 120,641	\$ -	\$ 120,641	\$ 653,951	\$ -	\$ 653,951	\$ 269,040	\$ -	\$ 269,040	\$ -	\$ -	
Grand Total:	\$ 9,100,524	\$ 6,042,669	\$ 3,057,855	\$ 120,641	\$ -	\$ 120,641	\$ 2,944,251	\$ 1,717,725	\$ 1,226,526	\$ 5,922,323	\$ 4,239,962	\$ 1,682,361	\$ 113,309	\$ 84,981	

Please see Addendum A for a larger view.

2. In a table format, by line item, show all projected on-going annual operating expenses that Mt. Ascutney will be responsible for in each year for a five-year period following implementation. Include the costs associated with the annual service contract fee to manage archived legacy data and the shared service allocation (percentage of the system costs based on size/licensure).

Ongoing IT Expense without CON

	FY24	FY25	FY26	FY27	FY28	FY29	FY30
MAH Internal IT Budget:	\$ 1,625,823	\$ 1,674,598	\$ 1,724,836	\$ 1,776,581	\$ 1,829,878	\$ 1,884,775	\$ 1,941,318
DH System IT Budget:	\$80,155,902	\$82,560,579	\$85,037,397	\$87,588,519	\$90,216,174	\$92,922,659	\$95,710,339
MAH + DH IT Budget:	\$81,781,725	\$84,235,177	\$86,762,233	\$89,365,100	\$92,046,052	\$94,807,434	\$97,651,657
MAH Shared Service (2.5% of system)	\$ 2,044,543	\$ 2,105,879	\$ 2,169,056	\$ 2,234,127	\$ 2,301,151	\$ 2,370,186	\$ 2,441,291
(Less MAH Internal IT Budget)	\$(1,625,823)	\$(1,674,598)	\$(1,724,836)	\$(1,776,581)	\$(1,829,878)	\$(1,884,775)	\$(1,941,318)
Shared Service "Payment" to DH	\$ 418,720	\$ 431,282	\$ 444,220	\$ 457,547	\$ 471,273	\$ 485,411	\$ 499,974

	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Service Contracts with CON:	\$ 939,950	\$ 955,052	\$ 684,660	\$ 103,065	\$ 106,157	\$ 109,341	\$ 112,622

Ongoing IT Expense with CON

	FY24	FY25	FY26	FY27	FY28	FY29	FY30
MAH Internal IT Budget:	\$ 1,625,823	\$ 1,668,302	\$ 1,447,959	\$ 909,802	\$ 940,188	\$ 971,579	\$ 1,004,006
DH System IT Budget:	\$80,155,902	\$82,560,579	\$85,037,397	\$87,588,519	\$90,216,174	\$92,922,659	\$95,710,339
MAH + DH IT Budget:	\$81,781,725	\$84,228,882	\$86,485,356	\$88,498,321	\$91,156,363	\$93,894,238	\$96,714,346
MAH Shared Service (2.5% of system):	\$ 2,044,543	\$ 2,105,722	\$ 2,162,134	\$ 2,212,458	\$ 2,278,909	\$ 2,347,356	\$ 2,417,859
(Less MAH Internal IT Budget):	\$(1,625,823)	\$(1,668,302)	\$(1,447,959)	\$(909,802)	\$(940,188)	\$(971,579)	\$(1,004,006)
Shared Service "Payment" to DH:	\$ 418,720	\$ 437,420	\$ 714,175	\$ 1,302,656	\$ 1,338,721	\$ 1,375,777	\$ 1,413,852

	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Total Shared Service without CON:	\$ 2,044,543	\$ 2,105,879	\$ 2,169,056	\$ 2,234,127	\$ 2,301,151	\$ 2,370,186	\$ 2,441,291
Total Shared Service with CON:	\$ 2,044,543	\$ 2,105,722	\$ 2,162,134	\$ 2,212,458	\$ 2,278,909	\$ 2,347,356	\$ 2,417,859
Savings:	\$ -	\$ 157	\$ 6,922	\$ 21,669	\$ 22,242	\$ 22,830	\$ 23,433

In order to properly respond to this question, it will be helpful to briefly outline MAHHC’s current relationship with DH as it relates to IT support costs. While our current EMR, clinical, and business support systems are not the same as DH’s, they all reside within the DH firewall and network. This includes servers, security, desktop support, etc. While we pay for these limited services from DH, we continue to pay for MAHHC internal staff, MAHHC-specific software service contracts, etc. As a result, it is unwieldy for DH to properly assess the costs to MAHHC since we are “pieces and parts” of the total suite of services and equipment that DH provides. All of the other affiliates utilize DH IT for all services, devices, software, and support. Their budget resides within the DH IT system. In order to make the shared service calculations and assessments reasonable, as well as to prepare for the future (this project), the following methodology has been utilized:

DH IT budgets for all IT-related operating costs for the fully integrated affiliates and for MAHHC’s current (partial) level of service. MAHHC maintains its own internal operating budget for IT operating expenses not received through DH IT. In order to equitably assign costs, the MAHHC IT operating budget is incorporated (added) into the DH system IT budget and then allocated (shared services) across all entities in the system. MAHHC is approximately 2.5% of DH the system IT spend. This 2.5% is then reduced by the MAHHC internal budget, and the difference is due to DH, by MAHHC, for the services received by MAHHC from DH.

MAHHC has little or no influence on the system costs or budgeting, therefore it can only be estimated for the future. For the purposes of this response, a 3% inflationary increase was used for the two sets of cost. It should be noted that MAHHC has negotiated a 3% maximum inflationary increase on its current software service contracts. MAHHC will be receiving tertiary level technology from DH because DH must have best in class security given the current environment relative to cyber security and the fact that it is considered a rich target in that regard (think: UVMCC's recent cyber incident).

MAHHC's service contract costs will go down in FY26 and ongoing. MAHHC costs in this regard will be reduced from nearly \$1m per year to \$100,000 for ongoing legacy system support. Until discovery and implementation investigation are complete (pending CON approval), MAHHC has not been able to determine when the legacy support can be cut off completely. Federal record keeping (IRS, Medicare, Wage and Labor) and state-required reporting may require that we keep them running longer but the costs will be greatly reduced. The reduction of service contract costs from this proposed project will offset the system increases for shared services. Once the implementation planning is farther along, MAHHC may discover that the legacy systems can be terminated completely and sooner than projected in this response, further reducing the ongoing costs.

The one outlier that cannot be estimated at this point, that may be material, will be the effect of the affiliation of SVMC. Because they are a larger entity, our percentage of the system will shrink below 2.5% but it's not known if it will disproportionately increase the DH IT budget or not. For the purposes of this response, it is projected that costs will proportionately increase the DH IT budget, but MAHHC's share will go down as a percentage, therefore keeping MAHHC's share relatively consistent with the table provided.

A larger view of this table in Addendum B.

3. The tables on pages 30 and 32 show \$1,043,632 in annual operating expenses for the four-year implementation period and the table on page 15 shows \$948,756. Explain the discrepancy and revise and resubmit if necessary.

Please see the new table provided for question 1. The \$948,756 does not include any contingency. For this project a 10% contingency is budgeted. Operating expenses may be subject to contingency. Adding the 10% contingency to the operating expense brings us to the \$1,043,632, as shown on the new table at the bottom of MAH Total Column.

$$\$948,756 \times 1.1 = \$1,043,632$$

4. Explain in detail the potential increase in annual capital costs and/or annual operating expenses if there are changes made in the "areas of responsibility" during the discovery and planning process. (Pages 9, 13).

For the purposes of responding to this question, it is assumed that the following excerpts are the drivers of this question:

(Page 9) “Because the project has not officially (pending CON review and approval) kicked off, there may be adjustments to the names and areas of responsibility once discovery and planning is completed...”

(Page 13) “Assuming that Application is approved, the project implementation plan will be developed and finalized...”

These comments in the CON narrative were intended to clarify that the sample implementation and governance charts were samples based on prior DH IT implementations and were intended to be illustrative in nature...delineating areas of responsibility. Assuming the CON is approved within a typical timeframe, the charts will be revised to reflect the actual leaders, staff, and governance oversight of the organizations at that time. Changes in capital costs or operating expenses as a result of updating the implementation areas of responsibility are not expected. Contingency should cover any inflationary changes in the expected timeframe. Should the approval be delayed, it is possible that some capital costs or operating expenses may shift into another fiscal year, but should not exceed the CON total as applied.

5. It is represented that on-going costs, after implementation, will be in the form of a shared service allocation (percentage of the system costs based on size/licensure) and will be comparable to what the on-going costs would have been to support the legacy systems.

(Page 17) In a table format, show the projected legacy system costs, the projected shared service allocation costs, and percent difference each year for five years following project implementation.

Please see the table and explanation for question 2. The response for question 2 overlaps with this question since ongoing costs, the calculation for shared services, and the associated impact(s) are intertwined. MAHHC’s response to the previous question should address this question as well; the relationship and the impact has been delineated as best as we can at this point.

6. It is represented that a “nominal” service contract fee will be required to manage archived legacy data. Identify the amount of the projected service contract fee each year for five years following implementation. (Page 16)

	FY24	FY25	FY26	FY27	FY28	FY29	FY30
<u>Service Contracts with CON:</u>	\$ 939,950	\$ 955,052	\$ 684,660	\$ 103,065	\$ 106,157	\$ 109,341	\$ 112,622

Please see the table and explanation for question 2. The response for question 2 overlaps with this question since ongoing costs, the calculation for shared services, and the associated impact(s) are intertwined. MAHHC’s response to the previous question should address this question as well. The projected relationship and the impact are outlined to the extent possible. The excerpt provided immediately above outlines the legacy system runout, should the CON be approved, for all of the software being replaced as part of this project.

7. In the event project expenditures exceed current projections and the 10% contingency, explain Mt. Ascutney’s plan for covering any cost overruns, during and after implementation of the project. (page 17)

The CON application narrative mentioned that at the time of the application development, MAHHC had approximately 188 days cash on hand (DCOH). A DCOH equals approximately \$190,000 for MAHHC and is not restricted or encumbered in any way. MAHHC has been setting money aside for this project for a few years. Originally, MAHHC had anticipated a \$10m project so extra funds are available. Should the costs overrun the budget and contingency, MAHHC will access cash reserves and will not incur financing nor interest costs. The MAHHC portion of the project (\$3,057,855) will amount to approximately 16 days' cash, including contingency. The 10% contingency is approximately 1.5 days' cash. In the unlikely event that another 10% is needed, this would amount to another 1.5 days' cash for MAHHC or approximately \$280,000. This would leave approximately 171 DCOH, which is above the state median for Vermont hospitals. Operating cost overruns will be considered in the Medicare cost report filing and Medicare's share of these expenses will be reimbursed, mitigating some of the financial impact associated with any overrun beyond the CON budget. Medicare will also share in any increase in capital expenditures via depreciation expenses. There will likely not be a formal plan to replace these reserves beyond our normal budget process and financial indicator goals. Relative to the DH share of any overrun, it currently operates at 139 DCOH which equates to approximately \$9.3m per day. Any overruns on their share of capital expenditures will run at a small percentage of a DCOH. There will, obviously, be a potential loss of opportunity relative to earnings on these funds.

8. Based on Mt. Ascutney's budgeting model, this project alone will add an additional increase in rates of 0.5% in FY 2025 and a 1.0% increase in FY 2026. Explain in detail Mt. Ascutney's contingency plan for covering costs if future requests for additional rate increases are reduced or not approved by the Board.

As a general principle, MAHHC tries to budget an operating margin of approximately 1.5%. This margin has been an acceptable margin target for our Board of Trustees, the DH system, and the GMCB. It allows investment in our facilities, equipment and people. It is also reasonable in comparison to market, locally and nationally. The 0.5% and 1.0% additional price/rate increase for 2025 and 2026 allow MAHHC to maintain the necessary level of operating margin.

Historically, MAHHC's rate increases are at or below the Vermont hospital median. These additional rates of increase will likely keep MAHHC at, or slightly above the Vermont hospital median. When the operating expenses associated with implementation end with the completion of the project, MAHHC will likely migrate back to its normal position of rate requests within the state.

If these rate requests are not approved, it would lower MAHHC's margin (based on current budget model) to \$868,000 in FY2025 and \$327,000 in FY2026. This would be a 1.1% and 0.4% operating margin respectively. The FY2026 margin, specifically, would not be acceptable to our Board of Trustees nor the DH system. The costs of the project would be covered with current cash reserves set aside for the project. The only manageable relief to the lost margin would be found in reducing depreciation expense. MAHHC would need to postpone/delay other capital investments. This would be problematic given the fact that much of the capital plan already reflects delays from prior years due to supply chain delays, availability of contractors and equipment, and internal bandwidth post-pandemic. These delays have increased the age of plant and equipment and puts the organization at risk. Beyond delaying capital, there are no material changes that could be made in this environment. Wages and benefit pressures are the largest part of the expense structure and MAHHC has been running 10% below normal staffing levels since the pandemic with extensive use of travelers (as compared to pre-pandemic

historical levels). MAHHC already is effectively leveraging DH system supply chain opportunities. It should be noted that only ½ of the 0.5 and 1.0% increases would be realized by MAHHC given trending payer mix and the average impact on payer sources would be 0.25 and 0.5% for the two years respectively.

9. Mt. Ascutney represents (page 7) that its cash outlay is \$2.3 million. However, the tables on pages 30 and 32 show a contribution of \$3,057,855 (\$2,014,223 for CAPEX plus \$1,043,632 for OPEX, the latter of which is borne 100% by Mt. Ascutney). Confirm the correct amount of Mt. Ascutney’s cash outlay for this project for the four-year implementation period.

The tables referenced in the question are correct and the reference on page 7 was incorrect. The incorrect reference on page 7 should have been caught in the review of the draft narrative. It was put in as a placeholder and not updated along the way. Therefore, MAHHC’s share of capital expense will be \$2,014,223 (including \$183,111 of contingency). The MAHHC share (100%) of the implementation operating expense is estimated at 1,043,632 (including \$94, 876 of contingency). These two items total to \$3,057,855 including the 10% contingency of \$277,987.

10. Confirm that the cost associated with the additional 0.2 FTE in FY 2025 and 1.6 FTE in 2026 is included on all applicable standard financial tables submitted with the application and is also included in the operating expense of \$1,043,632 to be borne 100% by Mt. Ascutney for the four-year implementation period. If not, please explain in detail.

The impact of the FTE changes referenced in this question are incorporated in all of the CON reporting tables and projections as directed by GMCB staff in prior discussions. These are training costs and MAHHC will bear all the costs associated with these FTE’s and they will not be “cost-shared” with DH. They are incorporated in MAHHC’s profit and loss and they will not be ongoing costs beyond the project timeline.

We thank you in advance for your consideration and effort. Please advise us with any questions or concerns.

Sincerely,



F. Joseph Iannoni
Interim C.F.O.

cc: W. Brown
DH Information Technology
CON Files

Addendum A

	Total Project Costs													
	FY 2024 Project Costs			FY 2025 Project Costs			FY 2026 Project Costs			FY 2027 Project Costs				
	DH Total	MAH Total	FY 2024	DH 2024	MAH 2024	FY 2025	DH 2025	MAH 2025	FY 2026	DH 2026	MAH 2026	FY 2027	DH 2027	MAH 2027
Capital Expenditures (Labor)														
1. Epic Rehab Module Initial Implementation	\$ 394,325	\$ 295,744	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 394,325	\$ 295,744	\$ 98,581	\$ -	\$ -	\$ -
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	Total Project Costs													
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	DH Total	MAH Total	FY 2024	DH 2024	MAH 2024	FY 2025	DH 2025	MAH 2025	FY 2026	DH 2026	MAH 2026	FY 2027	DH 2027	MAH 2027
Operating Expenditures (Labor)														
1. Epic Rehab Module Initial Implementation	\$ 44,262	\$ -	\$ 16,454	\$ -	\$ 16,454	\$ 27,808	\$ -	\$ 27,808	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Infrastructure - Extend DH Systems	\$ 89,323	\$ -	\$ 18,805	\$ -	\$ 18,805	\$ 56,414	\$ -	\$ 56,414	\$ 14,104	\$ -	\$ 14,104	\$ -	\$ -	\$ -
3. ERP - Extend DH Systems	\$ 312,829	\$ -	\$ 56,414	\$ -	\$ 56,414	\$ 256,414	\$ -	\$ 256,414	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. CAAR - Extend DH Systems	\$ 455,343	\$ -	\$ 455,343	\$ -	\$ -	\$ 253,865	\$ -	\$ 253,865	\$ 201,478	\$ -	\$ 201,478	\$ -	\$ -	\$ -
Operating Expenditures (Labor) Subtotal	\$ 901,756	\$ -	\$ 91,673	\$ -	\$ 91,673	\$ 594,501	\$ -	\$ 594,501	\$ 215,582	\$ -	\$ 215,582	\$ -	\$ -	\$ -
Contingency (10%)	\$ 90,176	\$ -	\$ 9,167	\$ -	\$ 9,167	\$ 59,450	\$ -	\$ 59,450	\$ 21,558	\$ -	\$ 21,558	\$ -	\$ -	\$ -
Operating Expenditures (Labor) Total	\$ 991,932	\$ -	\$ 100,841	\$ -	\$ 100,841	\$ 653,951	\$ -	\$ 653,951	\$ 237,140	\$ -	\$ 237,140	\$ -	\$ -	\$ -

	Total Project Costs													
	FY 2024 Project Costs			FY 2025 Project Costs			FY 2026 Project Costs			FY 2027 Project Costs				
	DH Total	MAH Total	FY 2024	DH 2024	MAH 2024	FY 2025	DH 2025	MAH 2025	FY 2026	DH 2026	MAH 2026	FY 2027	DH 2027	MAH 2027
Capital Expenditures (Non-Labor)														
1. Epic Rehab Module Initial Implementation	\$ 57,650	\$ 43,238	\$ -	\$ -	\$ 14,413	\$ -	\$ -	\$ -	\$ 57,650	\$ 43,238	\$ 14,413	\$ -	\$ -	\$ -
2. Infrastructure - Extend DH Systems	\$ 356,000	\$ 267,000	\$ 89,000	\$ -	\$ -	\$ 356,000	\$ 267,000	\$ 89,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. ERP - Extend DH Systems	\$ 200,000	\$ 150,000	\$ 50,000	\$ -	\$ -	\$ 200,000	\$ 150,000	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. CAAR - Extend DH Systems	\$ 1,997,645	\$ 1,498,234	\$ 499,411	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,997,645	\$ 1,498,234	\$ 499,411	\$ -	\$ -	\$ -
5. Archive Legacy Systems for Decommission	\$ 150,000	\$ 112,500	\$ 37,500	\$ -	\$ -	\$ 50,000	\$ 37,500	\$ 12,500	\$ 60,000	\$ 45,000	\$ 15,000	\$ 40,000	\$ 30,000	\$ 10,000
Capital Expenditures (Non-Labor) Subtotal	\$ 2,761,295	\$ 2,070,971	\$ 690,324	\$ -	\$ -	\$ 606,000	\$ 454,500	\$ 151,500	\$ 2,115,295	\$ 1,586,471	\$ 528,824	\$ 40,000	\$ 30,000	\$ 10,000
Contingency (10%)	\$ 276,130	\$ 207,097	\$ 69,032	\$ -	\$ -	\$ 60,600	\$ 45,450	\$ 15,150	\$ 211,529	\$ 158,647	\$ 52,882	\$ 4,000	\$ 3,000	\$ 1,000
Capital Expenditures (Non-Labor) Total	\$ 3,037,425	\$ 2,278,068	\$ 759,356	\$ -	\$ -	\$ 666,600	\$ 499,950	\$ 166,650	\$ 2,326,824	\$ 1,745,118	\$ 581,706	\$ 44,000	\$ 33,000	\$ 11,000

	Total Project Costs													
	FY 2024 Project Costs			FY 2025 Project Costs			FY 2026 Project Costs			FY 2027 Project Costs				
	DH Total	MAH Total	FY 2024	DH 2024	MAH 2024	FY 2025	DH 2025	MAH 2025	FY 2026	DH 2026	MAH 2026	FY 2027	DH 2027	MAH 2027
Operating Expenditures (Non-Labor)														
2. Infrastructure - Extend DH Systems	\$ 18,000	\$ -	\$ 18,000	\$ -	\$ 18,000	\$ -	\$ -	\$ -	\$ 29,000	\$ -	\$ 29,000	\$ -	\$ -	\$ -
4. CAAR - Extend DH Systems	\$ 29,000	\$ -	\$ 29,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Operating Expenditures (Non-Labor) Subtotal	\$ 47,000	\$ -	\$ 47,000	\$ -	\$ 18,000	\$ -	\$ -	\$ -	\$ 29,000	\$ -	\$ 29,000	\$ -	\$ -	\$ -
Contingency (10%)	\$ 4,700	\$ -	\$ 4,700	\$ -	\$ 1,800	\$ -	\$ -	\$ -	\$ 2,900	\$ -	\$ 2,900	\$ -	\$ -	\$ -
Operating Expenditures (Non-Labor) Total	\$ 51,700	\$ -	\$ 51,700	\$ -	\$ 19,800	\$ -	\$ -	\$ -	\$ 31,900	\$ -	\$ 31,900	\$ -	\$ -	\$ -

	Total Project Costs													
	FY 2024 Project Costs			FY 2025 Project Costs			FY 2026 Project Costs			FY 2027 Project Costs				
	DH Total	MAH Total	FY 2024	DH 2024	MAH 2024	FY 2025	DH 2025	MAH 2025	FY 2026	DH 2026	MAH 2026	FY 2027	DH 2027	MAH 2027
Total Project Expenditures (CAPEX vs. OPEX)														
Capital Expenditures Total:	\$ 7,324,447	\$ 5,493,335	\$ 1,831,112	\$ -	\$ -	\$ 2,092,091	\$ 1,561,568	\$ 520,523	\$ 5,139,348	\$ 3,854,511	\$ 1,284,837	\$ 103,008	\$ 77,256	\$ 25,752
Operating Expenditures Total:	\$ 732,445	\$ 549,334	\$ 183,111	\$ -	\$ -	\$ 208,209	\$ 156,157	\$ 52,052	\$ 513,935	\$ 385,451	\$ 128,484	\$ 10,301	\$ 7,726	\$ 2,575
Capital Expenditures Grand Total:	\$ 8,056,892	\$ 6,042,669	\$ 2,014,223	\$ -	\$ -	\$ 2,299,300	\$ 1,717,725	\$ 572,575	\$ 5,653,283	\$ 4,239,962	\$ 1,413,321	\$ 113,309	\$ 84,981	\$ 28,327
Operating Expenditures Total:	\$ 948,756	\$ -	\$ 948,756	\$ -	\$ 109,673	\$ 594,501	\$ -	\$ 594,501	\$ 244,582	\$ -	\$ 244,582	\$ -	\$ -	\$ -
Operating Expenditures Contingency:	\$ 94,876	\$ -	\$ 94,876	\$ -	\$ 10,967	\$ 59,450	\$ -	\$ 59,450	\$ 24,458	\$ -	\$ 24,458	\$ -	\$ -	\$ -
Operating Expenditures Grand Total:	\$ 1,043,632	\$ -	\$ 1,043,632	\$ -	\$ 120,641	\$ 653,951	\$ -	\$ 653,951	\$ 269,040	\$ -	\$ 269,040	\$ -	\$ -	\$ -
Grand Total:	\$ 9,100,524	\$ 6,042,669	\$ 3,057,855	\$ 120,641	\$ 120,641	\$ 2,944,251	\$ 1,717,725	\$ 1,226,526	\$ 5,922,323	\$ 4,239,962	\$ 1,682,361	\$ 113,309	\$ 84,981	\$ 28,327

Addendum B

Ongoing IT Expense without CON										
	FY24	FY25	FY26	FY27	FY28	FY29	FY30			
MAH Internal IT Budget:	\$ 1,625,823	\$ 1,674,598	\$ 1,724,836	\$ 1,776,581	\$ 1,829,878	\$ 1,884,775	\$ 1,941,318			
DH System IT Budget:	\$ 80,155,902	\$ 82,560,579	\$ 85,037,397	\$ 87,588,519	\$ 90,216,174	\$ 92,922,659	\$ 95,710,339			
MAH + DH IT Budget:	\$ 81,781,725	\$ 84,235,177	\$ 86,762,233	\$ 89,365,100	\$ 92,046,052	\$ 94,807,434	\$ 97,651,657			
MAH Shared Service (2.5% of system)	\$ 2,044,543	\$ 2,105,879	\$ 2,169,056	\$ 2,234,127	\$ 2,301,151	\$ 2,370,186	\$ 2,441,291			
(Less MAH Internal IT Budget)	\$ (1,625,823)	\$ (1,674,598)	\$ (1,724,836)	\$ (1,776,581)	\$ (1,829,878)	\$ (1,884,775)	\$ (1,941,318)			
Shared Service "Payment" to DH	\$ 418,720	\$ 431,282	\$ 444,220	\$ 457,547	\$ 471,273	\$ 485,411	\$ 499,974			
Service Contracts with CON:	FY24	FY25	FY26	FY27	FY28	FY29	FY30			
	\$ 939,950	\$ 955,052	\$ 684,660	\$ 103,065	\$ 106,157	\$ 109,341	\$ 112,622			
Ongoing IT Expense with CON										
	FY24	FY25	FY26	FY27	FY28	FY29	FY30			
MAH Internal IT Budget:	\$ 1,625,823	\$ 1,668,302	\$ 1,447,959	\$ 909,802	\$ 940,188	\$ 971,579	\$ 1,004,006			
DH System IT Budget:	\$ 80,155,902	\$ 82,560,579	\$ 85,037,397	\$ 87,588,519	\$ 90,216,174	\$ 92,922,659	\$ 95,710,339			
MAH + DH IT Budget:	\$ 81,781,725	\$ 84,228,882	\$ 86,485,356	\$ 88,498,321	\$ 91,156,363	\$ 93,894,238	\$ 96,714,346			
MAH Shared Service (2.5% of system):	\$ 2,044,543	\$ 2,105,722	\$ 2,162,134	\$ 2,212,458	\$ 2,278,909	\$ 2,347,356	\$ 2,417,859			
(Less MAH Internal IT Budget):	\$ (1,625,823)	\$ (1,668,302)	\$ (1,447,959)	\$ (909,802)	\$ (940,188)	\$ (971,579)	\$ (1,004,006)			
Shared Service "Payment" to DH:	\$ 418,720	\$ 437,420	\$ 714,175	\$ 1,302,656	\$ 1,338,721	\$ 1,375,777	\$ 1,413,852			
Total Shared Service without CON:	FY24	FY25	FY26	FY27	FY28	FY29	FY30			
	\$ 2,044,543	\$ 2,105,879	\$ 2,169,056	\$ 2,234,127	\$ 2,301,151	\$ 2,370,186	\$ 2,441,291			
Total Shared Service with CON:	\$ 2,044,543	\$ 2,105,722	\$ 2,162,134	\$ 2,212,458	\$ 2,278,909	\$ 2,347,356	\$ 2,417,859			
Savings:	\$ -	\$ 157	\$ 6,922	\$ 21,669	\$ 22,242	\$ 22,830	\$ 23,433			

Verification Under Oath
STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re:)
) Docket No. GMCB-006-24CON
)
)

Verification Under Oath to file with Certificate of Need Application, correspondence and additional information subsequent to filing an Application.

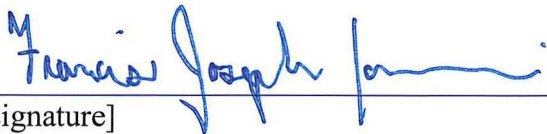
[Officer or other deponent], being duly sworn, states on oath as follows:

1. My name is Francis Joseph Iannoni. I am the Interim Chief Financial Officer of Mt. Ascutney Hospital and Health Center. I have reviewed the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions).
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
4. The following individuals have provided information or documents to me in connection with Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable,


that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

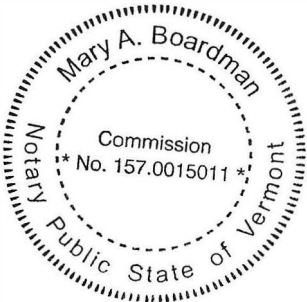
David C. Sanville, former Chief Financial Officer
Andrew Garami, Director of Finance

5. In the event that the information contained in the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.


[signature]

On May 2, 2024 Francis Joseph Iannoni, appeared before me and swore to the truth, accuracy and completeness of the foregoing.


Notary public
My commission expires **January 31, 2025**
[seal]



Verification Under Oath

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re:

)
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)
)

Docket No. GMCB-006-24CON

Verification Under Oath to file with Certificate of Need Application, correspondence and additional information subsequent to filing an Application.

[Officer or other deponent], being duly sworn, states on oath as follows:

1. My name is Winfield Brown. I am the Interim Chief Executive Officer of Mt. Ascutney Hospital and Health Center. I have reviewed the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions).
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
4. The following individuals have provided information or documents to me in connection with Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable,

that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

David C. Sanville, former Chief Financial Officer
Andrew Garami, Director of Finance

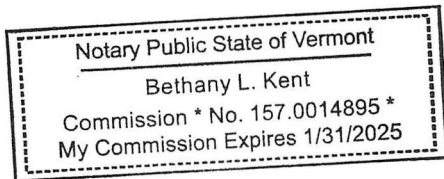
5. In the event that the information contained in the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.


[signature]

On 4/30/24, Winfield Brown, appeared before me and swore to the truth, accuracy and completeness of the foregoing.


Notary public

My commission expires [date] 1/31/25
[seal]



Verification Under Oath

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re:)
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Docket No. GMCB-006-24CON

Verification Under Oath to file with Certificate of Need Application, correspondence and additional information subsequent to filing an Application.

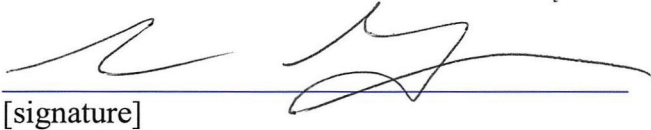
[Officer or other deponent], being duly sworn, states on oath as follows:

1. My name is Andrew Garami. I am Director of Finance of Mt. Ascutney Hospital and Health Center. I have reviewed the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions).
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
4. The following individuals have provided information or documents to me in connection with Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable,


that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

Andrew Garami, Director of Finance

5. In the event that the information contained in the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.


[signature]

On April 30, 2024, Andrew Garami, appeared before me and swore to the truth, accuracy and completeness of the foregoing.


Notary public
My commission expires **January 31, 2025**
[seal]



Verification Under Oath

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re:)
) Docket No. GMCB-006-24CON
)
)

Verification Under Oath to file with Certificate of Need Application, correspondence and additional information subsequent to filing an Application.

[Officer or other deponent], being duly sworn, states on oath as follows:

1. My name is David Sanville. I am former Chief Financial Officer of Mt. Ascutney Hospital and Health Center. I have reviewed the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions).
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
4. The following individuals have provided information or documents to me in connection with Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable,

that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

Andrew Garami, Director of Finance

5. In the event that the information contained in the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the Certificate of Need application, supporting documents, and workpapers (Docket No. GMCB-006-24CON, Mt. Ascutney Hospital and Health Center Electronic Health Record Replacement, Project Cost: \$9,100,524; more specifically the response to the Q001 CON Questions) as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



[signature]

On April 30, 2024 David Sanville, appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Mary A. Boardman
Notary public
My commission expires January 31, 2025
[seal]

