
DELIVERED ELECTRONICALLY

July 23, 2024

James Trimarchi, Director of Planning
Southwestern Vermont Medical Center
100 Hospital Drive
Bennington, VT 05201

RE: Docket No. GMCB-014-23con, Development of an Inpatient Mental Health Unit for Adolescents, Cost: \$9,543,006

Dear Mr. Trimarchi:

Thank you for your responses to the second set of questions received on June 24, 2024. We know you are in the process of responding to the third set of questions we sent you on July 3, 2024. Please also respond to the following:

1. On page 2 of your response to Q002 it is stated that: “The expansion of capacity at the Brattleboro Retreat since the development of the feasibility study alters the quantitative estimates of additional bed capacity needed.” The feasibility study conducted by TaraVista Health Partners assumed 10-14 inpatient beds at the Brattleboro Retreat (Retreat); however, the Retreat currently has 23 staffed inpatient psychiatric beds for adolescents that can flex to 27 beds. Therefore, please update the feasibility study to reflect the current number of beds at the Retreat and demonstrate the number of additional inpatient psychiatric beds that are needed in Vermont for individuals ages 12-17.
2. In a table format, based on projected monthly occupancy at 4, 5, 6, 7, 8, 9, 10, 11, 12 beds respectively, provide the estimated revenues, by payer, associated with each and the breakeven point and when a profitable margin is attained for Year 1, 2 and 3.
3. If beds were occupied by only Medicaid beneficiaries in Years 1, 2 and 3, show the projected Medicaid revenues that would be generated for 4, 5, 6, 7, 8, 9, 10, 11, and 12 occupied beds respectively, and at what point the Medicaid revenues are sufficient to cover the annual operating expenses in year 1, 2 and 3.
4. Your projections assume that the Medicaid per diem rate negotiated each year will match total operating expenses and that commercial payers per diem rate will equal the Medicaid



per diem. Please explain in detail your contingency plan if Medicaid and Commercial per diem rates do not keep pace with projected annual operating expenses in Years 1-3.

5. Explain in detail whether adolescents from out-of-state can be admitted to any of the 12 planned beds at SVMC or whether a specific number of beds must be reserved for Vermont residents only.
6. The RFP issued by the Vermont Department of Mental Health notes that “up to 12-beds could involve age specific units.” Please explain in detail whether the 12-bed facility SVMC is proposing requires any age specific units and if so, explain whether the proposed floor plan accommodates such units.
7. SVMC assumes an average length of stay of 15 days (Table 7B, Utilization Projections). Explain in detail how SVMC will assure no extended stays in SVMC’s inpatient unit given that there are limited residential and lower level of care mental health options available in the state for patient discharge. Explain SVMC’s plan to manage discharges to appropriate lower levels of care following an inpatient stay and available options in Vermont and out-of-state.
8. Based on Table 8B, Staffing Report, the proposed inpatient unit will require 44.1 non-MD FTEs and 1.9 MD FTEs. Explain in detail your plans for recruiting the numbers of FTEs by provider type required for the inpatient mental health unit. Additionally, address how your staff recruitment plan and strategy may impact staffing at the Retreat.
9. SVMC excluded May-September data in its assessment of need, but SVMC stated on pages 4-5 of its response to Q002 dated June 17, 2024, that the demand for inpatient beds typically declines during the summer months when schools are not in session. Explain in detail how excluding May-September occupancy data from the needs assessment does not result in the creation of excess capacity in the system. In your response, also address the issue of excess bed capacity and the related fixed costs that are incurred whether or not the beds are occupied.
10. In SVMC’s June 17, 2024, response to the Board’s question 6, SVMC indicated that, “it is not possible to calculate the duration of time a patient [in the emergency department] waits for an inpatient mental health bed” as opposed to discharge to a different level of care. If SVMC cannot quantify wait times for inpatient mental health beds relative to other appropriate levels of care, explain how SVMC has determined that access to additional inpatient mental health beds will reduce emergency room wait times.
11. In SVMC’s June 17, 2024, response to the Board’s question 3, please clarify whether the VAHHS report reflects monthly averages or individual patients and further clarify whether each of the patients in the VAHHS report was waiting for an inpatient bed.



12. If the monthly average number of youths waiting in EDs in Vermont in the month of May 2024 was 4 patients, and 50% of those waited more than 24 hours, it appears that two patients per day across all of the reporting hospitals waited in the ED for more than 24 hours. Please confirm that these numbers are factual and provide the source for this statistic.
13. Explain what SVMC or the State of Vermont has implemented in advance of this application to expand community-based services, improve discharge options, and reduce psychiatric inpatient hospital admissions.
14. For the adolescents waiting in EDs for placement, explain whether there is available data identifying the total number or percentage of adolescents awaiting placement monthly or annually and, of the total, the number of individuals who do not have co-occurring medical needs and could be provided appropriate psychiatric treatment in a residential treatment setting.
15. In response to question 11 on page 15 of your response to Q002 dated June 17, 2024, you addressed the question with regard to serving adolescents with co-morbid medical conditions but you did not address the question with regard to adolescents with co-morbid developmental disabilities. Please explain in more detail how SVMC's new inpatient program will serve adolescents with co-morbid developmental disabilities.
16. Explain in detail the specific "processes to maintain communication and connectivity with families" that SVMC is planning to implement.
17. Explain whether SVMC will evaluate travel challenges for Vermont families and create a plan to provide additional support and assistance for families beyond establishing processes to maintain communication and connectivity with families.
18. You have stated that SVMC's ED treated 98 adolescents (age 12-17) with a mental health primary diagnosis from October 1, 2023-April 30, 2024. Twenty-two percent of those adolescents were eventually transferred to an inpatient facility. Explain in detail whether those adolescent patients could have benefitted from crisis stabilization services or direct placement in a residential psychiatric treatment facility circumventing the need for inpatient treatment at a hospital.

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, 1 National Life-Davis 3, 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

