

144 State Street Montpelier, VT 05633-3601 802-828-2177 Owen Foster, Chair Jessica Holmes, Ph.D. Robin Lunge, J.D., MHCDS David Murman, M.D. Thom Walsh, Ph.D., MS, MSPT Susan J. Barrett, J.D., Executive Director

DELIVERED ELECTRONICALLY

August 2, 2023

Judi Fox Rutland Regional Medical Center 160 Allen Street Rutland, VT 05701

RE: Docket No. GMCB-017-24con, Replacement of Linear Accelerator, Project Cost: \$3,178,856.

Dear Ms. Fox:

Thank you for your letter of intent received on July 29, 2024, regarding the above-referenced project. The project as described is subject to Certificate of Need (CON) review under 18 V.S.A. § 9434(b)(1).

The application must include a detailed description of the proposed project, the need for the proposed project and service area; an explanation of how the proposed project meets the applicable statutory criteria in 18 V.S.A. § 9437; a description of all program components, services, and staffing; a description of any demolition/renovation/construction/fit-up components/related facility modifications and upgrades and associated costs; a description of any temporary and permanent displacement of services or functions and associated costs; the cost of the individual project components and the total project cost; information on financing arrangements; a description of any health information technology components of the project and associated costs; an organizational chart and project timeline.

Note that the Board is currently working to update the Health Resource Allocation Plan (HRAP), which is referenced in one of the criteria, 18 V.S.A. § 9437(1)(C). Because the update is not yet completed, however, the application should address the following applicable HRAP standards from the current HRAP: 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 3.4, 3.7, 3.19, 3.20, 3.22, 3.23, 3.24 3.25, 3.26. Additionally, please address the statutory criteria set forth in 18 V.S.A. § 9437(1)-(5) and (7)-(9).



The application must also address the Institute for Healthcare Improvement's Triple Aims: 1) improving the individual experience of care, 2) improving the health of populations, and 3) reducing the per capita costs of care for populations.

Detailed financial information must be provided for the project and explain the impact of the project on: a) change in charges and b) future rate increases for commercial payers filed with the Green Mountain Care Board. The required financial tables can be downloaded from and uploaded to Workday Adaptive Planning (FKA Adaptive Insights) when completed. Please contact Matthew Sutter at matthew.sutter@vermont.gov with any questions regarding the financial tables or Workday Adaptive Planning.

Once complete, please send your application to me electronically at <u>donna.jerry@vermont.gov</u>, and provide a three-hole punched hard copy with a Verification Under Oath to the Green Mountain Care Board, 144 State Street, Montpelier, Vermont 05602, Attention: Donna Jerry.

If you have further questions, please do not hesitate to contact me at 802-760-8162. Sincerely,

s/ Donna Jerry

Donna Jerry, Senior Health Policy Analyst Green Mountain Care Board

cc: Laura Beliveau, Staff Attorney

