
DELIVERED ELECTRONICALLY

August 27, 2024

Shireen Hart
Primmer, Piper, Eggleston & Cramer, PC
30 Main St. Suite 500
Burlington, VT 05402

RE: Docket No. GMCB-021-24con, Proposed Renovations to The Pines at Brattleboro Center for Nursing and Rehabilitation, Project Cost: \$4,978,837

Dear Ms. Hart:

Thank you for your letter of intent received on August 14, 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) and Rule 4.000, Section 4.402 (3 (a)-(f).

The application must include a detailed description of the proposed project; the need for the proposed project within the 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 a 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: 1.8, 1.9, 1.10, 1.11, 1.12, 5.1, and 5 and.

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 tables must also be completed and submitted with the application.

Once complete, please send your application to me electronically at donna.jerry@vermont.gov, 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

