

Certificate of Need Letters of Intent and Requests for Jurisdictional Determination

This instruction sheet is to assist health care project developers prepare their Letters of Intent and Requests for Jurisdictional Determination for the Green Mountain Care Board. It provides some statutory background, a submission checklist, and public notice information.

Authority & Purpose

Health care projects are subject to the jurisdiction of the Green Mountain Care Board (Board, or GMCB). The Certificate of Need (CON) process is intended to prevent unnecessary duplication of health care facilities and services and guide their establishment in order to best serve public needs, promote cost containment, and ensure the provision and equitable allocation of high-quality health care services and resources to all Vermonters. The GMCB is authorized to review, approve, approve with conditions, or deny CON applications pursuant to 18 V.S.A § 9434¹ and other applicable laws. Board oversight of the CON process is one of the ways Vermont ensures that changes in the state's health care system improve quality while stabilizing costs.

The threshold question for a health care project developer is whether the project is subject to CON review. Applicants who concede that their project is subject to review are encouraged to submit a *Letter of Intent* as a means of providing preliminary information to commence and facilitate the CON application process. While conceding applicants are not required by statute to submit a Letter of Intent, many applicants find that this step improves the quality and completeness of their eventual application.

Applicants who are unsure whether their project is subject to the GMCB's statutory jurisdiction must submit a *Request for Jurisdictional Determination*, pursuant to 18 V.S.A. § 9440 (c)(2)(A), and (B), to enable the Green Mountain Care Board to determine if a planned health project falls within its statutory jurisdiction.

Instructions

A completed Letter of Intent or Request for Jurisdictional Determination must provide information in sufficient detail to allow the Board to determine whether a proposed expenditure or action requires a Certificate of Need. In addition to completing this form, the Board may schedule, or you may request, a conference with GMCB staff to discuss a proposed project.

https://gmcboard.vermont.gov/sites/gmcb/files/documents/CON%20Bulletin%20004%20-%20Revised%20Monetary%20Jurisdictional%20Thresholds.pdf.



¹ The Monetary Jurisdictional Thresholds were updated on March 30, 2022:

Please fill out all portions of the form applicable to your project. Save the form and return the form electronically via email to <u>GMCB.CON@vermont.gov</u>. As needed, attach supporting documentation to the email and clearly identify each such attachment.

A. Title of Project

B.	Anticipated Application			
	Sta	indard CON \Box	Expedited CON \Box	Emergency CON \Box
C.	Applicant Information:			
	1.	1. Facility/Entity Name:		
		Facility/Entity Ad	dress:	
	2. Principal Contact Person:			
		Name		Title
		Address		

D. Narrative Summary of the Proposed Project

Include in your description the following items, if applicable:

□ specify if you are requesting a jurisdictional determination or submitting a letter of intent;

Email

 \Box description of organization and what services it currently provides and where;

 \Box the proposed project's components;

□ location(s) of the proposed project, facility or service, including primary, satellite, and

mobile locations;

Telephone

 \Box description of the proposed service area;

 \Box the need for the project (with supporting data);

 \Box services to be expanded, added, replaced, or reduced, identifying the proposed location of each;



 \Box table of staff providing services (services to be provided, level of provider, number of

FTEs for each service, and whether is each service is provided on or off site);

 \Box detailed description of any equipment to be purchased and/or replaced;

 \Box number of square feet of any construction/renovations;

□ total project cost that includes a) total annual operating expenses in Year 1, 2, and 3 and b)

total annual capitalized expenses for Year 1, 2, and 3;

 \Box how the project will be financed;

 \Box objective to be achieved by implementation of the proposed project;

 \Box anticipated impact on health care costs, access and quality, and

 \Box estimated beginning and completion date.

E. Projected Expenditures and Financial Information

Projected expenditures must be in sufficient detail to determine that all costs associated with making each component of the project fully operational are included. Please use Projected Project Costs spreadsheet located at <u>http://gmcboard.vermont.gov/con</u> to submit the financial data.

- Provide all line items and associated expenditures for the project.
- Provide itemized costs and a full budget for each of three years (current, year 1, 2, 3) from the proposed starting date, including all details for administrative and operating expenses.

Note: To expedite the Board's review, please attach institutional documentation relevant to the total project cost (e.g., financial data, proposed or approved budgets, or other itemized expenses), that was prepared for, presented to, or approved by the facility, administrator(s), governing authority, lending institution, or other similar person(s) or entity in anticipation of the proposed project

G. Public Notice of Letter of Intent

- If jurisdiction is determined, pursuant to 18 V.S.A. §9440(c)(2)(A), the Board shall post public notice of the letter of intent on its website.
- If **expedited review** is requested and the Board determines, pursuant to 18 V.S.A. §9440(c)(5), such review is appropriate, the Board shall post a public notice of the application and request for expedited review on its website.

The Board will send a copy of this public notice to the applicant.



(For Green Mountain Care Board use only)

Reference number:

Date of Submittal:

Date Decision due:

Notes:

