



**GREEN MOUNTAIN CARE BOARD**

**89 Main Street  
Montpelier, VT 05620  
802-828-2177**

**Certificate of Need  
Letter of Intent**

Pursuant to 18 V.S.A. § 9440 (c)(2)(A), and (2), applicants planning to request a Certificate of Need (CON) are required to first submit a Letter of Intent to enable the Green Mountain Care Board (Board, or GMCB) to determine if a planned health project falls within its statutory jurisdiction. In those instances where an applicant acknowledges that a project is subject to the Board’s jurisdiction under 18 V.S.A. § 9434, however, and the applicant is not required by statute to submit a Letter of Intent, the applicant may complete this form as a means of providing the Board preliminary information to commence the CON process.

*If you do not believe your project falls within the Board’s CON jurisdiction, you do not have to complete this form in full. Please provide the Board with information concerning proposed expenditures and scope of project (see sections E and F) sufficient for the Board to make such determination and notify you, in writing, of its decision.*

**Authority & Purpose**

The Green Mountain Care Board (the “Board”) is authorized to review, approve, approve with conditions, or deny applications for Certificates of Need pursuant to 18 V.S.A §§ 9375(b)(8), 9431(b), 9433 and other applicable laws. The Certificate of Need process is intended to prevent unnecessary duplication of health care facilities and services, guide their establishment in order to best serve public needs, promote cost containment, and to ensure the provision and equitable allocation of high quality health care services and resources to all Vermonters. Oversight of the CON process is one of the ways the Board is working to ensure that changes in Vermont’s health care system improve quality while stabilizing costs.

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**Instructions**

A completed Letter of Intent 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.

Please fill out all portions of the form applicable to your project. Save the form and return the form electronically via email to [GMCB.CON@state.vt.us](mailto:GMCB.CON@state.vt.us). As needed, attach supporting documentation to the email and clearly identify each such attachment.

**A. Title of Project:** Turn Center for Acceptance and Change (New Intensive Outpatient Program)

**B. Anticipated Application (check one):**

Standard CON  Expedited CON  Emergency CON

**C. Applicant Information:**

1. Facility/Entity Name Turn Center for Acceptance and Change  
Facility/Entity Address 38 Grove Street Essex Junction, VT 05452

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2. Facility/Entity Administrator

Name Jodie Bisson, MA Title Co-founder, member of PLLC  
Address 180 Furgeson Ave, So. Burlington, VT  
Telephone (802) 881-4593 Email jbissonvt@gmail.com

3. Principal Contact Person

Name Megan Johnson Dunston, LCMHC Title Co-founder, member of PLLC  
Address 38 Grove Street, Essex Junction, VT  
Telephone (802) 355-6299 Email meganjohnson1978@gmail.com

**D. Ownership Information**

Type of ownership (individual, partnership, corporation, etc.)

For profit  not for profit

Names of owners

Megan Johnson Dunston and Jodie Bisson

Accreditations

Will be working towards CARF accreditation within first year of operation.

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**E. Summary Project Description:**

*Include in your description the following items, if applicable:*

- location(s) of the proposed project, facility or service, including primary, satellite, and mobile locations;
- services to be expanded, added, replaced, or reduced, identifying the proposed location of each;
- description of the proposed service area;
- detailed description of any equipment to be purchased and/or replaced;
- number of square feet of any construction/renovations;
- total project cost;
- how the project will be financed;
- the need for the project (with supporting data);
- objective to be achieved by implementation of the proposed project;
- anticipated impact on health care costs, access and quality, and
- estimated beginning and completion date.

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**F. 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 <http://gmcboard.vermont.gov/certificateofneed> 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:**

- An applicant **NOT** seeking expedited review shall place, within 2 weeks after filing a Letter of Intent, a public notice in newspapers having general circulation in the region of the state affected by the proposed health care project (see 18 V.S.A. § 9440(c)(2)).

*Please provide the Board a copy of the public notice as it appeared in the paper(s).*

- 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 place a public notice of the proposed project in the newspapers.

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

**G. Certification of Accuracy**

*I certify that the information contained in this application, and all documents that have been submitted with this application, are accurate and complete to the best of my knowledge. I understand that any false statements or failure to disclose information may be sufficient grounds for the Board to deny Certificate of Need approval.*

Name	Megan Johnson Dunston	Title	Turn Center for Acceptance & Change Co-founder
Signature	<i>Megan Johnson Dunston</i>	Date	4/13/2015

*(For Green Mountain Care Board use only)*

Reference number:

Date of Submittal:

Date Decision due:

Notes: