

Green Mountain Care Board
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SENT ELECTRONICALLY

May 7, 2014

Ms. Gail Dahlstrom
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756

RE: Docket No. GMCB-005-15con, North Country Oncology Center in St. Johnsbury, Proposed Construction of a Second Vault to House a New Linear Accelerator and Maintenance of Existing Linear Accelerator to Provide Back-Up Service, Project Cost: \$4.8 million.

Dear Ms. Dahlstrom:

Thank you for your letter dated April 29, 2015 regarding the proposed construction of a second vault to house a new linear accelerator and maintenance of the existing linear accelerator for back-up service at the North Country Oncology Center in St. Johnsbury.

Prior to beginning work on the application, we strongly encourage you to schedule a meeting so we can explain the application process and information needed. To schedule an appointment please call me at 802-828-2918.

The application must include a detailed description of, and the need for, the proposed project, cost of individual components and total project cost, and an explanation of existing and new or expanded services to be offered, any purchase or lease arrangements that will be entered into, and a description of any renovation/construction and IT components included in the proposed project.

The application should address the Institute of Health Improvement 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. Pursuant to 18 V.S.A. § 9437(1), the application must be consistent with the current Health Resource Allocation Plan (HRAP); the applicable HRAP Standards for the proposed project are Standards 1.3, 1.4, 1.6, 1.7, 1.9, 1.10, 1.11, 1.12, 3.7, 3.20, 3.22, 3.23, 3.24, 3.25, and 3.26. In addition, the criteria set forth in 18 V.S.A. § 9437(2)-(6) and (8) apply to your application.



Sufficient financial information is also required to evaluate the impact of the project. Please submit standard financial tables 1, 2, 3-9 A, B, and C.

In responding to the HRAP standards and statutory criteria, please restate the standards and criteria verbatim in bolded font and respond to each in unbolded font. Please provide the original and three copies of the application, existing and proposed floor plans if renovations are anticipated, and any attachments as well as two copies of the Verification Under Oath, Form A. In addition, please send an electronic copy to donna.jerry@state.vt.us.

If you have any questions, please do not hesitate to call me at (802) 828-2918.

Sincerely,

s/ Donna Jerry

Donna Jerry
Health Policy Analyst

