

**Green Mountain Care Board**  
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**DELIVERED ELECTRONICALLY**

December 23, 2016

Ms. Shireen Hart, Esq.  
Primmer, Piper, Eggleston & Cramer, PC  
150 South Champlain St.  
PO Box 1489  
Burlington, VT 05402

**RE: Docket No. GMCB-006-16con, Proposed Purchase of Maple Lane Nursing Home in Barton, Union House Nursing Home in Glover and Pines Rehab and Health Care Center in Lyndonville, VT. Project cost: \$8,725,000.**

Dear Shireen:

Thank you for the application for the above referenced project. The information requested below is needed to complete our review. Please respond to the following:

1. Break out the gross and net patient revenues by payer for the Skilled Nursing Facility (SNF) and the Level III lines of service for each of the three facilities for 2016, 2017, 2018, and 2019.
2. Explain how expenses will be allocated between the SNF and Level III lines of service for each of the three facilities.
3. Identify the daily nursing hours per patient day used throughout the proforma, by position and by shift for 2016, 2017, 2018 and 2019.
4. Attachment 61; Attachment 62; Attachment 63: Identify the services that are included in the expense line item, Other Services for 2016, 2017, 2018 and 2019.
5. Detail and explain all Contracted Services and related expenses including Direct Care Contracted Services expense.
6. Accounts Payable decreased by half from 2016 to 2017. Please explain.
7. Identify the number of Medicare admissions for 2015, 2016, 2017, 2018 and 2019.



8. Identify the projected Medicare average length of stay used in the proforma for 2015, 2016, 2017, 2018 and 2019.
9. Explain the Bad Debt and Accounts Receivable amounts and calculation methodologies used in Attachment 61, 62 and 63.
10. Identify the sources for Level III service revenues. Explain whether the Medicaid Revenue includes only the SNF Medicaid revenue or whether the Level III Medicaid revenue is also included in the proforma. If combined, break out the Medicaid revenue between the SNF and Level III services for 2017, 2018, and 2019.
11. Explain whether Private and Other Revenue includes SNF revenue and Level III revenue. If yes, break out the Medicaid revenue for the SNF and for Level III lines of service.
12. The Personal Financial Statements for the individuals proposing to purchase Maple Lane/Union House/Pines Rehab were signed in August 2016. Identify the specific interests each has acquired in health care and non-health care facilities and/or businesses since the date each Personal Financial Statement was signed. If more acquisitions/interests have been made by the individuals since August 2016, please revise the Personal Financial Statements and resubmit.
13. Given the number of potential SNFs under ownership by the applicants, explain how you are complying with the Medicare Home Office provider status with the Centers for Medicare and Medicaid Services (CMS) and the Home Office Provider number. Provide a copy of the most recently filed and audited home office cost statement.
14. Provide the occupancy rate for January 1 to November 30, 2016 for Maple Lane, Union House and Pines Rehab.

In responding, restate the question in bold font and respond in unbolded font. Send the original and two hard copies (three-hole punch one hard copy) with a Verification Under Oath to my attention at the Green Mountain Care Board, 89 Main Street, Montpelier, Vermont 05620, and an electronic copy to me at [donna.jerry@vermont.gov](mailto:donna.jerry@vermont.gov).

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

Sincerely,

*s/ Donna Jerry*  
Donna Jerry  
Senior Health Policy Analyst

cc. Long Term Care Ombudsman

