

Green Mountain Care Board
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DELIVERED ELECTRONICALLY

December 8, 2017

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

RE: Docket No. GMCB-014-17con, Proposed Purchase of Birchwood Terrace in Burlington, VT.
Project Cost: \$ 3,527,206

Dear Shireen:

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

1. Confirm whether any of the three proposed buyers have other personal, professional, non-health care or health care interests under any other personal name or business name not reflected on the Personal Financial Statements submitted with the application. If so, revise and resubmit the Personal Financial Statements to reflect these interests and associated assets and liabilities.
2. Revise and resubmit Mr. Ostreicher's Personal Financial Statement to reflect the assets and liabilities associated with the other facilities in which he has interests. Provide separate Verifications Under Oath from each of the three buyers to accompany their Personal Financial Statements.
3. Provide the annual fee the current owner of Birchwood Terrace pays to Ventas Realty, LP to lease the property on which the facility is built, the annual fee the new owners will pay, and the terms of the assignment of the leasehold interest. Explain whether and where these costs are included in the total project cost in Tab 11, Table 1; if they are not included, explain and revise the table, if needed. Also verify whether the annual fee is included in the projected financials in Tab 35.
4. Explain whether any of the three proposed buyers also manage or have management agreements with any other facilities. If yes, provide the name and address of each facility.
5. Explain what funding options, other than the financing by HHC Finance at a 7.24% interest rate, were explored by the applicants and why they were not selected.



6. Identify the contingency plan if HHC Finance does not provide the loan you are seeking. Fully explain the financial stability of the facility if the applicants cannot obtain HUD financing in five years when payments balloon.
7. Provide the documents withheld in Attachments 32 (Operations Transfer Agreement) and 33 (Amended and Restated Assignment and Assumption Agreement). The Board's review of the project cannot be completed without these documents.
8. Provide a readable e-copy and readable hard copy of the 2017 actuals in Attachment 15.
9. Revise Attachments 25-28 to cover the most recent 6-month period for Achieve Rehabilitation and Nursing Center (Achieve), Beacon Nursing and Rehabilitation (Beacon), Highland Care Center (Highland) and Birchwood.
10. Explain the reasons for low CMS star ratings for Overall Staffing and RN Staffing at Achieve, Beacon and Highland.
11. Provide detailed information, implementation timeline and costs (including the costs and whether and where such costs are included in budget and staffing projections), for each of the following facility improvements and program expansions:
 - a. expanded programs for behavioral health, renal failure and parenteral nutrition;
 - b. expanded on-site psychological services;
 - c. more aggressive program for the Alzheimer Unit; and
 - d. revised admission policy to accept residents now ineligible for admission.
12. Explain how the applicants will achieve these facility improvements and program expansions without adding additional staff and/or training in projected years 1-3, as shown in Attachment 11, Table 9.
13. Birchwood Terrace falls below the state average in 12 of 24 CMS quality measures. *See* Attachment 29. In a table format, identify the quality measures that fall below the state average and explain how the applicants will seek to improve each, and the timetable for improvement.
14. Provide the three most recent surveys conducted for Birchwood Terrace and the Highland, Achieve and Beacon facilities.
15. Isaac Rubin's resume states that he "excels at leading 'troubled' facilities to excellence." Provide specific information regarding his leadership experience at other facilities, his title and the time period in which he was involved with each facility, and the facility's name and location.
16. In a table format, provide the occupancy rates for the most recent 12-month period by month for Birchwood Terrace and for Highland, Achieve and Beacon.
17. Provide a copy of the admission policy, as referred to on page 10 of the application.



18. Correct the error on page 21 that references “Silverbrook Corporation” and explain, relative to Birchwood Terrace, why no less expensive alternatives exist, would be unsatisfactory or are not feasible or appropriate for the proposed project.
19. Provide a letter from DAIL to satisfy HRAP Standards 5.2 and 5.3.
20. Explain why, relative to Tabs 16 and 17, there are no members of the LLC.

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.

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