

Green Mountain Care Board
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Sent Electronically

July 26, 2016

Mr. Patrick McKee
Wake Robin Corporation
200 Wake Robin Drive
Shelburne, VT 05482

RE: Docket No. GMCB-024-15con, Proposed Renovation of Skilled Nursing Facility (SNF) and Addition of Six SNF Rooms, \$8,170,130

Dear Mr. McKee:

Thank you for the Letter of Intent received on July 14, 2016 regarding the proposed construction/renovation project planned for Wake Robin.

The application should include a detailed description of, and the need for, the proposed project; a detailed description of each component, scope of renovation or construction planned, including temporary and permanent displacements; the cost associated with each component, and total project cost; an explanation of existing and new or expanded services to be offered; any purchase or lease arrangements to be entered into, if applicable; and a description of any IT components or changes or upgrades in the capacity of existing systems, including IT systems.

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, 1.9, 1.10, 1.11, 1.12, 3.12, 4.7, 5.2, 5.3, and 5.4. In addition, the criteria set forth in 18 V.S.A. § 9437(2)-(6) and (8) apply to your application. Provide existing and proposed floor plans with dimensions indicated throughout the entire plan for each function that complies with the FGI 2014 guidelines for Residential Health, Care, and Support Facilities. The application should include site plan, cross sections, and exterior elevations, as applicable.

Sufficient financial information is also required to evaluate the impact of the project. Please submit the following:



- Profit and Loss Statements: Include the actual for 12-month period for 2014, 2015, budget 2016, Proposed Year 1, Proposed Year 2, and Proposed Year 3 (specify the 12-month period for each). Include a summary of all financial assumptions that underlie projections;
- Revenue Projections: Include the actual for 12-month period for 2014, 2015, budget 2016, Proposed Year 1, Proposed Year 2, and Proposed Year 3 (specify the 12-month period for each). Include a summary of all financial assumptions that underlie projections;
- Balance Sheets: Include the actual for 12-month period for 2014, 2015, budget 2016, Proposed Year 1, Proposed Year 2, and Proposed Year 3 (specify the 12-month period for each). Include a summary of all financial assumptions that underlie projections;
- Cash Flows: Include the actual for 12-month period for 2014, 2015, budget 2016, Proposed Year 1, Proposed Year 2, and Proposed Year 3 (specify the 12-month period for each). Include a summary of all financial assumptions that underlie projections;
- Operating Costs: Indicate actual by line item for a 12- month period for 2014, 2015, budget 2016, Proposed Year 1, Proposed Year 2, and Proposed Year 3 (specify the 12-month period for each). Include a summary of all financial assumptions that underlie projections.
- Financial Table 1, Project Costs;
- Financial Table 2, Financing Arrangement;
- Financial Table 6A, 6B, and 6C, Revenue Source Projections;
- Financial Table 7A, 7B, and 7C, Utilization Projections;
- Financial Table 9A, 9B, and 9C, Staffing Projections; and
- Current Owner's Most Recent Audited Financial Statement.

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 two 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. In addition, please send an electronic copy to donna.jerry@vermont.gov.



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

Sincerely,

s/ Donna Jerry

Donna Jerry

Senior Health Policy Analyst

