



Green Mountain Care Board
89 Main Street
Montpelier, VT 05620

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Kevin Mullin, Chair
Cornelius Hogan
Jessica Holmes, PhD
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Executive Director

DELIVERED ELECTRONICALLY

_____, 2017

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

RE: Docket No. GMCB-_____

Dear Ms. Hart:

Thank you for the letter dated _____, 2017 regarding the above referenced project.

The application must include a detailed description of, and the need for, the proposed project, cost of the 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 of the 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 1.6, 1.7, 1.9, 1.10, 1.11, 1.12 (if applicable), 3.12, 4.7, 5.1, 5.2, 5.3, 5.4 and 5.12. 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 the following:

- Profit and Loss Statements: Include the actual for 12-month period for 2014, 2015, 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, 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, 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, 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, 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, and
- Personal financial statements reflecting all personal, health care and non-health care business interests for each individual purchasing the real estate and the operations of Facility.
- Provide the names and full contact information for all prospective owners and/or shareholders in the transaction, percent interest in the real estate and percent interest in the operations for each, and the dollar amount each member is contributing of the total equity contribution reflected on Financial Table 2, *Financing Arrangement*.
- In table formats, provide current (as of the date of submission) CMS overall star ratings (1-5) for overall rating, overall health/fire/safety inspections, staffing, RN staffing, penalties and quality measure ratings from the Centers for Medicare and Medicaid Services (CMS), *Nursing Home Compare* website for Facility and all other facilities in which the proposed buyers have an interest.
- For Facility and each of the facilities in which the applicants have an interest, list the 24 short and long-term quality measures from the CMS website that are worse than the state average, indicate the percent below the state average for each facility. Provide in a table format.

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 the attention of Donna Jerry at the Green Mountain Care Board, 89 Main Street, Montpelier, Vermont 05620, and an electronic copy to donna.jerry@vermont.gov. If you have further questions, please do not hesitate to contact Donna at 802-828-2918.

Sincerely,

s/ Kevin Mullin

Kevin Mullin, Chair

Green Mountain Care Board

