

## NOTICE

### THIS NOTICE INCLUDES IMPORTANT INFORMATION REGARDING YOUR FACILITY'S APPRAISAL FOR RATE SETTING

The WV DHHR Bureau for Medical Services has contracted with Borris Professional Services, doing business as Vandalia Real Estate, to appraise your facility this year. The appraisal is an important part of establishing the payment rates for your facility, in accordance with the WV State Medicaid Plan.

#### Site Visit

Vandalia Real Estate will contact your designated representative to schedule a date/time to tour your facility. During this tour, Vandalia Real Estate will take measurements, photographs, and notes. Depending on the facility size, the quality of the floorplans provided, and quality of the prior appraisals supplied, the tour could take a couple hours to all day.

#### Document / Information Requests

The appraisal process requires a great deal of research. Each facility is asked to complete the Facility Questionnaire and to supply the requested documentation. The Facility Questionnaire can be completed in two ways:

1. Return the Facility Questionnaire attached to this Notice, along with supporting documentation, to [sam@vandalia.com](mailto:sam@vandalia.com) **OR**
2. Complete the Facility Questionnaire through our website [www.vandalia.com/myappraisal](http://www.vandalia.com/myappraisal). On our website, you can answer the questions and upload the requested documentation. **We strongly encourage completing the Questionnaire using our website.**

The Facility Questionnaire will ask for the following information:

1. Floorplans. It is important that you provide a high-quality set of your facility's floorplans.
2. Site surveys, if readily available.
3. A description of any major improvements, additions, or alterations to the property in the past five years and associated costs (electrical, plumbing, HVAC, roof, windows, etc.). This information can usually be found in your accounting system as capital improvements or depreciation schedule. Why are we asking for this? This information helps assess the condition, quality of construction, depreciation, and deferred maintenance of your facility, as part of your appraisal.
4. A ledger of all items of equipment and personal property. This information can usually be found on your facility's balance sheet, depreciation schedule, or other asset tracking ledgers. Include items such as: beds, computer systems, tables, furniture, carts, etc. Why are we asking for this? This information helps determine the total capital assets of your facility, as part of your appraisal.
5. A prior appraisal from Southwestern Appraisal Company (Years 2019 or earlier).
6. A prior appraisal from OHC Advisors (Year 2020 – 2022).

All of this information can be provided to us through our website, [www.vandalia.com/myappraisal](http://www.vandalia.com/myappraisal). Please complete the Facility Questionnaire and supply the requested documentation by **02/07/2023**. If you know where the above requested information is stored on your computer, completing the Facility Questionnaire should only take 20 minutes.

## Vandalia Real Estate Representatives

The appraisal process is being managed by two main individuals.



**Elliott Borris**

Principal

Certified General Appraiser, CG576

Cell: (304) 545-8657

Email: [elliott@vandalia.com](mailto:elliott@vandalia.com)



**Sam McMinn**

Project Manager

Certified Property Inspector

Cell: (304) 993-2134

Email: [sam@vandalia.com](mailto:sam@vandalia.com)

Sam will be your primary point of contact for site tour scheduling and documentation requests.

### The Next Steps

Please begin gathering the information and documentation requested above. You can communicate with us via email. Whenever you correspond with Vandalia Real Estate, please include your facility's NPI Number.

Thank you in advance for your assistance. We look forward to working with you.

Sincerely,



**Elliott F. Borris**

Principal

## Facility Appraisal Questionnaire

The WV DHHR Bureau for Medical Services has contracted with Borris Professional Services, doing business as Vandalia Real Estate, to appraise your facility this year. The appraisal is an important part of establishing the payment rates for your facility, in accordance with the WV State Medicaid Plan.

This questionnaire is an important part of the appraisal process. This questionnaire helps ensure a timely and accurate appraisal of your facility.

Alternatively, you can complete the questionnaire, and upload requested documentation, on our website: [www.vandalia.com/myappraisal](http://www.vandalia.com/myappraisal). We strongly encourage facilities to use the website.

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### A. GENERAL

1. Name of Facility: \_\_\_\_\_
2. Facility Address: \_\_\_\_\_
3. Facility NPI #: \_\_\_\_\_
4. Administrator Name: \_\_\_\_\_
5. Administrator Phone Number: \_\_\_\_\_
6. Administrator Email: \_\_\_\_\_
7. Name of Point of Contact (POC) for Access: \_\_\_\_\_
8. POC Phone Number: \_\_\_\_\_
9. POC Email: \_\_\_\_\_

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### B. FUNCTIONAL PROGRAMMING

1. What services does your facility provide and what care populations does your facility serve (check all that apply)?

<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Speech / Hearing Therapy
<input type="checkbox"/> Skilled Nursing Facility	<input type="checkbox"/> Therapy Pool
<input type="checkbox"/> Individuals of Size	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Dementia / Alzheimer's	<input type="checkbox"/> ICF / IID
<input type="checkbox"/> Physical / Occupational Therapy	<input type="checkbox"/> Other _____
<input type="checkbox"/> Prosthetics / Orthotics	<input type="checkbox"/> Other _____
2. How many nursing units does the facility have? \_\_\_\_\_
3. How many nursing stations does the facility have? \_\_\_\_\_
4. How many licensed beds do you have? \_\_\_\_\_

5. How many certified beds do you have? \_\_\_\_\_
6. Are any beds not used? \_\_\_\_\_
7. How many resident rooms do you have? \_\_\_\_\_
8. How many single-resident rooms do you have? \_\_\_\_\_
9. How many double-resident rooms do you have? \_\_\_\_\_
10. Do any rooms have more than 2 residents?      Yes    No
  - a. If yes, please describe: \_\_\_\_\_
11. Do you have any patient rooms that are not equipped or used?    Yes    No
12. How many day-time employees do you have? \_\_\_\_\_
13. Describe on-site laundry facilities: \_\_\_\_\_
14. If none, is laundry taken off site? \_\_\_\_\_
15. Do you use a centralized or decentralized dining program? \_\_\_\_\_
16. Do you use a centralized or decentralized nursing program? \_\_\_\_\_
17. Are you required to carry flood insurance? \_\_\_\_\_

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### **C. UPDATES / MODIFICATIONS**

Please describe any major improvements, additions, or alterations to the property in the past five years and provide associated costs (electrical, plumbing, HVAC, roof, windows, etc.). This information can usually be found in your accounting system as capital improvements or on a depreciation schedule. Why are we asking for this? This information helps assess the condition, quality of construction, depreciation, and deferred maintenance of your facility, as part of your appraisal. Attach a separate document, if easier and/or necessary.

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**D. EQUIPMENT, PERSONAL PROPERTY**

Please provide/attach a ledger of all items of equipment and personal property. This information can usually be found on your facility's balance sheet or other asset tracking ledgers. Include items such as: beds, computer systems, tables, furniture, carts, etc. Please include date of purchase and purchase amount. Why are we asking for this? This information helps determine the total capital assets of your facility, as part of your appraisal. Attach a separate document, if easier and/or necessary.

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**E. CONSTRUCTION COSTS, IF APPLICABLE**

If your facility was constructed in the past ten years, please provide a detailed breakdown of construction costs.

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**F. BUILDING SYSTEMS**

1. What is the approximate construction year of your facility? \_\_\_\_\_
2. When did your facility open/begin operations? \_\_\_\_\_
3. When was your facility last substantially renovated, if ever? \_\_\_\_\_
4. Please provide the approximate age for the following systems:
  - a. Roof \_\_\_\_\_
  - b. HVAC \_\_\_\_\_
  - c. Windows \_\_\_\_\_
  - d. Nurse Call System \_\_\_\_\_
  - e. Flooring \_\_\_\_\_
  - f. Paint / Wall Coverings \_\_\_\_\_

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## G. OTHER DOCUMENTATION REQUESTED

Please supply:

1. Floorplans. It is important that you provide the highest quality floorplans you have.
2. Site surveys, if readily available.
3. *If not completed above*, a list of any major improvements, additions, or alterations to the property in the past five years and associated costs (electrical, plumbing, HVAC, roof, windows, etc.). This information can usually be found in your accounting system as capital improvements or depreciation schedule.
4. *If not completed above*, a ledger of all items of equipment and personal property. This information can usually be found on your facility's balance sheet, depreciation schedule, or other asset tracking ledgers. Include items such as: beds, computer systems, tables, furniture, carts, etc. Please include date of purchase and purchase amount.
5. A prior appraisal from Southwestern Appraisal Company (2019 or earlier).
6. A prior appraisal from OHC Advisors (2020 – 2022).

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## H. SUBMISSION

This form was completed by: \_\_\_\_\_

This form was completed on: \_\_\_\_\_

Please send this completed form and any additional documentation/schedules to:

[sam@vandalia.com](mailto:sam@vandalia.com) AND [admin@vandalia.com](mailto:admin@vandalia.com)

**If you completed this form using your computer, be sure to Save As a new file.**

**Alternatively, you can complete this questionnaire, and upload requested documentation, on our website: [www.vandalia.com/myappraisal](http://www.vandalia.com/myappraisal).**

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## I. CONTACT / SUPPORT

If you have questions regarding this form, please contact us.

1. Elliott Borris (304) 545-8657 [elliott@vandalia.com](mailto:elliott@vandalia.com)
2. Sam McMinn (304) 993-2134 [sam@vandalia.com](mailto:sam@vandalia.com)