

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
Division of Health Care Facility Licensure & Certification  
67 Forest Street, Marlborough, MA 01752

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

May 15, 2020

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

Deborah Bitsoli  
President  
Mercy Medical Center  
271 Carew Street  
Springfield, MA 01104

BY EMAIL ONLY

**Re: Essential Services Finding**

**Facility:** Providence Behavioral Health Hospital  
**Services:** 50 Bed Inpatient Psychiatric Service,  
24 bed Inpatient Pediatric Service  
**Ref. #:** 2150-138

Dear Ms. Bitsoli:

On April 30, 2020, the Department of Public Health (the "Department") held a public hearing in response to the notification received from you on behalf of Mercy Medical Center (the "Hospital") regarding the proposed plans to discontinue operation of its 50 bed inpatient Psychiatric Service and 24 bed inpatient Pediatric Service at Providence Behavioral Health Hospital (the "Facility"), effective June 30, 2020. As a result of its review, including testimony presented at the hearing, the Department has made a finding that the services provided by the Hospital are in fact necessary for preserving access and health status within the Hospital's service area.

Accordingly, pursuant to 105 CMR 130.122(F), the Hospital is required to prepare a plan that details how access to inpatient psychiatric and pediatric beds will be maintained for the residents of the service area. The plan must be submitted to the Department no later than 15 calendar days of receipt of this letter. The Hospital's plan must include the elements specified in 105 CMR 130.122(F) as listed below:

- (1) Information on utilization of the services prior to proposed closure;
- (2) Information on the location and service capacity of alternative delivery sites. Include an explanation of the basis for the Hospital's determination that the alternative delivery sites **do** or **do not** have the capacity (necessary space,

- resources, etc.) to handle the increased patient volume at the identified sites. To support that assertion, please provide the following specific details:
- (a) Current utilization at these alternative sites;
  - (b) Type of services available at the alternative sites;
  - (c) Type of medical diagnoses accepted; and
  - (d) Adequacy of space and resources at the alternative sites.
- (3) Travel times to alternative service delivery sites, for both peak and non-peak travel times, and an explanation as to the source for this information or what these estimates are based on;
  - (4) An assessment of transportation needs post discontinuance and a plan for meeting those needs;
  - (5) A protocol that details mechanisms to maintain continuity of care for current patients of the discontinued service; and
  - (6) A protocol that describes how patients in the Hospital's service area will access the services at alternative delivery sites. The protocol should specifically address the following:
    - (a) The process that will be employed to effectively refer patients to other facilities or providers;
    - (b) The impact that this may have on the current occupancy rates at alternative delivery sites;
    - (c) The ability of the alternative delivery sites to meet the needs of these patients; and
    - (d) Other alternatives if medical needs cannot be accommodated at the proposed alternative sites.

In addition to the regulatory elements listed above, and in light of the Department's review of testimony on the proposed closure, your plan must also address the following:

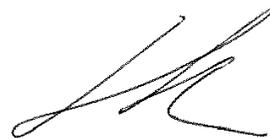
- (1) **Transportation:** Based on testimony submitted to the Department and presented at the hearing on April 30, 2020, concern was expressed regarding the distance from Hampden County to facilities in Central Massachusetts and Connecticut. The plan which you are required to submit must address methods of transportation for patients who need access to inpatient care after the closure of the hospital as well as family and friends who wish to visit and will now have to travel out of the Holyoke/Springfield area.
- (2) **Insurance Plans Accepted:** Based on testimony presented at the hearing on April 30, 2020, it is unclear as to whether patients with MassHealth will be covered for care in out-of-state hospitals. The plan which you are required to submit must address how patients are to find out if an out-of-state hospital accepts MassHealth to avoid periods of extended emergency department boarding.

- (3) **Cultural and Linguistic Needs:** Information regarding the Hospital's plans to meet the cultural and linguistic needs of patients from the Hampden County area community when referring these patients to alternate delivery sites outside of Hampden County.
- (4) **Steps Taken to Recruit Psychiatrists:** Testimony presented at the hearing on April 30, 2020 questioned steps taken by the Hospital to hire and retain psychiatrists. You must include in your response details as to the steps taken by the Hospital to fill psychiatrist positions at Providence Behavioral Health Hospital over the course of the last year.

Under the provisions of 105 CMR 130.122(G), the plan the Hospital submits to the Department will be reviewed to determine if it appropriately assures access to the essential services in question following the plans to discontinue operation of 50 inpatient psychiatric beds and 24 inpatient pediatric beds.

Thank you for your continued cooperation in this process. If you have any questions, please contact Stephen Davis at (617) 753-8134.

Sincerely,



Sherman Lohnes  
Division Director

cc: E. Kelley, DPH  
M. Callahan, DPH  
S. Davis, DPH  
K. Haynes, DPH