**MASS GENERAL BRIGHAM INCORPORATED**

**DON APPLICATION #MGB-22080909-AM SIGNIFICANT AMENDMENT**

**SALEM HOSPITAL**

**AUGUST 23, 2022**

**BY**

**MASS GENERAL BRIGHAM INCORPORATED 800 BOYLSTON STREET, SUITE 1150**

**BOSTON, MA 02199**

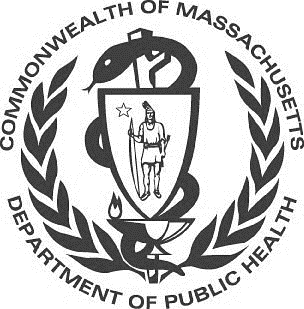
**MASS GENERAL BRIGHAM INCORPORATED DON APPLICATION #MGB-22080909-AM**

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# **APPENDIX 1**

# **APPLICATION FORM**

 Version: 11-8-17

Massachusetts Department of Public Health  
Determination of Need  
Application Form

Application Type: Amendment

Application Date: 08/23/2022 11:47 am

Applicant Name: Mass General Brigham Incorporated

Mailing Address: 800 Boylston Street, Suite 1150

City: Boston State: Massachusetts Zip Code: 02199

Contact Person: Andrew Levine

Title: Attorney

Mailing Address: One Beacon Street, Suite 1320

City: Boston State: Massachusetts Zip Code: 02118

Phone: 6175986758 Ext: none

Email: [andrew.levine@huschblackwell.com](mailto:andrew.levine@huschblackwell.com)

**Facility Information**

**List each facility affected and or included in Proposed Project**

1. Facility Name: Salem Hospital

Facility Address: 81 Highland Ave

City: Salem State: Massachusetts Zip Code: 01970

Facility type: Hospital CMS Number: 220035

**1. About the Applicant**

1.1 Type of organization (of the Applicant): nonprofit

1.2 Applicant’s Business Type: Corporation

1.3 What is the acronym used by the Applicant’s Organization: MGB

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? Yes

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? Yes

1.5a If yes, what is the legal name of that entity? Mass General Brigham Incorporated, inclusive of Mass General Brigham ACO, LLC

1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission? No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? No

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D § 9 and is thus, pursuant to M.G.L. c. 6D § 10 required to file a performance improvement plan with CHIA? Yes

1.8a If yes, Please explain.: The HPC has requested a PIP and the Applicant is working collaboratively with HPC staff in the process of complying with this request.

1.9 Complete the Affiliated Parties Form

**2. Project Description**

2.1 Provide a brief description of the scope of the project.: See attached Narrative

2.2 and 2.3 Complete the Change in Service Form

**3. Delegated Review**

3.1 Do you assert that this Application is eligible for Delegated Review? No

**4. Conservation Project**

4.1 Are you submitting this Application as a Conservation Project? No

**5. DoN-Required Services and DoN-Required Equipment**

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? No

**6. Transfer of Ownership**

6.1 Is this an application filed pursuant to 105 CMR 100.735? No

**7. Ambulatory Surgery**

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? No

**8. Transfer of Site**

8.1 Is this an application filed pursuant to 105 CMR 100.745? No

**9. Research Exemption**

9.1 Is this an application for a Research Exemption? No

**10. Amendment**

10.1 Is this an application for a Amendment? Yes

10.2 This Amendment is: Significant Change

10.3 Original Application number: #6-3C46

10.3a Original Application Type: Hospital/Clinic Substantial Capital Expenditure

10.3b Original Application filing date: 10/07/2015

10.3c Have there been any approved Amendments to the original Application? Yes

10.3.d For each approved Amendment list all Amendment Numbers, Amendment types, and Approval Dates.

|  |  |  |  |
| --- | --- | --- | --- |
| Add/Del  Row | Amendment Number | Amendment Change Type | Approval Date |
| +/- | 6-3C46.1 | Significant | 08/09/2017 |
| +/- | PHS-18050912-AM (6-3C46.2) | Significant | 09/12/2018 |

**For Significant Amendment Changes:**

10.5a Describe the proposed change.: See attached Narrative

10.5b Describe the associated cost implications to the Holder.: See attached Narrative

10.5c Describe the associated cost implications to the Holder’s existing Patient Panel.: See attached Narrative

10.5d Provide a detailed narrative, comparing the approved project to the proposed Significant Change, and the rationale for such change.: See attached Narrative

**The Holder hereby swears or affirms that the above statements with respect to the proposed Significant Change are True**.: Checked

**11. Emergency Application**

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? No

**12. Total Value and Filing Fee**

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

**Your project application is for: Significant Amendment**

**Filing Fee: $0**

12.1 Total Value of This project: $14,453,100.00

12.2 Total CHI commitment expressed in dollars: (calculated) $722,655.00

12.3 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.: [blank]

**13. Factors**

Required Information and supporting documentation consistent with 105 CMR 100.210

Some factors will not appear depending upon the type of license you are applying for. Text fields will expand to fit your response.

**Documentation Check List**

The Check List below will assist you in keeping track of additional documentation needed for your application.

Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: [DPH.DON@state.ma.us](mailto:DPH.DON@state.ma.us)

Copy of Notice of Intent: check

Affidavit of Truthfulness Form: check

Electronic copy of Staff Summary for Approved DoN: check

Electronic copy of Original Decision Letter for Approved DoN: check

Electronic Copy of any prior Amendments to the Approved DoN: check

Change in Service Tables Questions 2.2 and 2.3: check

Certification from an independent Certified Public Accountant: unchecked

Articles of Organization / Trust Agreement: check

**Documentation Ready for Filing**

When document is complete click on “document is ready to file”. This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the “document is ready to file” box. Edit document then lock file and submit

Keep a copy for your records. Click on the “Save” button at the bottom of the page.

To submit the application electronically, click on the “E-mail submission to Determination of Need” button.

This document is ready to file? Yes Date/time Stamp: 08/23/2022 11:47 am

E-mail submission to Determination of Need

**Application Number: MGB-22080909-AM**

**Use this number on all communications regarding this application.**

# **APPENDIX 2**

# **NARRATIVE**

1. **Project Description**

Mass General Brigham Incorporated (“Holder”) requests approval for a significant change to the previously issued DoN application #6-3C46 for new construction and renovation at Salem Hospital (“Hospital”) located at 81 Highland Avenue, Salem, MA 01970. The proposed change is to build out approved shell space to accommodate 24 medical/surgical beds (“Proposed Change”). With the concurrent closure of 11 medical/surgical beds in multi-bedded rooms, the Proposed Change will result in an additional 13 medical/surgical beds licensed to the Hospital. The Proposed Change will result in a capital expenditure of $14,453,100, for a new maximum capital expenditure (“MCE”) of $182,626,939.

**10. Amendment**

* + 1. **Describe the proposed change.**

The Holder is the sole corporate member of North Shore Medical Center, Inc., the owner and operator of the Hospital. To meet the needs of the Hospital’s patient panel for timely access to inpatient care, the Holder determined that it was prudent to build out the approved shell space to accommodate 24 private medical/surgical beds, which will provide the needed additional inpatient capacity and help to address emergency department (“ED”) boarding.

* + 1. **Describe the associated cost implications to the Holder.**

The Holder projects that the Proposed Change will increase the Hospital’s annual operating approximately $14.5M. The Proposed Change represents a cost-effective measure for adding inpatient capacity by building out existing shell space. This approach is less costly than building a new addition for beds at the Hospital. The increased operating costs and capital cost for the Proposed Change is financially feasible for the Holder.

* + 1. **Describe the associated cost implications to the Holder’s existing Patient Panel**

The Holder anticipates that its Patient Panel will not experience any impact to cost from the Proposed Change. The Hospital currently provides inpatient medical/surgical services, and the addition of 13 beds will not result in any change to price for the Holder’s existing patient panel.

* + 1. **Provide a detailed narrative, comparing the approved project to the proposed Significant Change, and the rationale for such change.**

Approved Project

The DoN approval was issued on October 7, 2016 and authorized the construction of a new building to accommodate both a relocated ED and 48 medical/surgical beds in two 24-bed units; construction of a new main entrance/reception/lobby; renovation of the vacated ED building; and renovation of the former Spaulding Hospital-North Shore facility adjacent to the Salem campus to accommodate expanded inpatient psychiatric services for pediatric, adult, and geriatric patients.

The MCE associated with the original DoN approval was $180,507,208 (2015 dollars).

A significant amendment was approved on August 9, 2017 to reduce the number of additional medical/surgical beds and psychiatric beds in the project and instead create shell space that could be built out in the future as needed to accommodate additional medical/surgical and psychiatry beds. The amendment also eliminated the new main entrance/reception/lobby. The MCE was reduced accordingly to $168,173,839 (2017 dollars). The Holder did not seek to reduce the Factor 9 community benefit contribution to align with the reduced MCE and elected to make the 5% contribution based on the original MCE of $180,507,208.

On September 12, 2018, a significant amendment was approved to allow for the build out of shell space authorized by the previous amendment to accommodate 30 psychiatric beds. This amendment did not require a change to the amended MCE due to cost savings achieved during construction of the initial project.

Proposed Change and Rationale

The Hospital proposes to build out existing shell space to accommodate 24 private medical/surgical beds. This will allow the Hospital to close multi-bedded rooms while increasing the total number of medical/surgical beds at the Hospital. As the community hospital serving Salem, Lynn, and the surrounding communities, the Hospital plays a critical role in meeting the health care needs of a service area that includes a significant number of low income and diverse residents. This is evidenced by the Hospital’s designation as a high public payer hospital, with a payer mix that includes 22.75% MassHealth and 43.84% Medicare. The Hospital also has implemented a robust interpreter services program to facilitate care and improve patient experience. The Proposed Change will improve the Hospital’s ability to ensure timely access to inpatient and ED care for the communities served by the Hospital.

The Hospital has experienced steady, increased demand for medical/surgical admissions, resulting in high occupancy rates and high rates of ED boarding due to the lack of available beds to admit patients from the ED. The Hospital has 199 licensed medical/surgical beds. However, the current number of operating beds is 188. With the Proposed Change, the Hospital’s licensed and operational bed count will be 212 beds because it will de-license 11 beds when the 24 beds are added for a net addition of 13 licensed medical/surgical beds. The Hospital’s medical/surgical bed occupancy rate for operating beds increased from 79% in 2019 to 88% in 2021.[[1]](#footnote-1) This trend continues with the Hospital’s operational beds at 95.4% occupancy from October 2021-March 2022. With an industry standard of 85% occupancy for optimal operating efficiency, the Hospital is operating well above this standard, impacting timely access to inpatient care.

The total number of patient days and average length of stay also have steadily increased from FY19-FY21. Patient days increased 1.6% from FY19-FY21. Based on FY22 patient days through

March 2022, the Hospital projects that patient days will increase by 6.9% from FY21-FY22.[[2]](#footnote-2) In addition, the ALOS for all patients occupying a medical/surgical bed increased from 3.30 to 3.45 days from FY19-FY21[[3]](#footnote-3). The length of stay for admitted patients is 4.78 for the first five months of FY22. This data suggests that patients requiring inpatient care at the Hospital are sicker than previously. As a result, beds remain occupied for longer periods each year leading to higher overall occupancy rates.

The Hospital’s high and growing medical/surgical utilization also has an adverse impact on the Hospital’s ability to efficiently run its ED and provide timely care to all patients presenting to the ED. The Hospital’s ED boarder hours for patients awaiting admission to a medical/surgical bed increased from 20,909 hours in FY20 to 27,644 hours just for the five-month period between October 2021-March 2022. When annualized, the Hospital is on track to have 68,368 boarder hours in FY22. The average boarding time also has more than doubled from 2.2 hours in FY20 to 5.6 hours for the first five months of 2022. While ED avoidance due to COVID may have depressed ED utilization in the second half of FY20, the current state of ED boarding at the Hospital must be addressed through additional medical/surgical bed capacity.

With the Proposed Change, the Hospital’s medical/surgical bed occupancy rate will fall within the industry standard of 85%. The Hospital projects the following utilization following the implementation of the Proposed Change:

| Year | Patient Days | Beds | Occupancy |
| --- | --- | --- | --- |
| FY25 | 63,795 | 212 | 82.4% |
| FY26 | 64,518 | 212 | 83.4% |
| FY27 | 65,049 | 212 | 84.1% |
| FY28 | 65,499 | 212 | 84.4% |
| FY29 | 65,680 | 212 | 84.9% |

The Hospital’s projections are based on prior year inpatient days and observation patient days, ED boarder days that will be eliminated through the new beds with those days instead becoming an inpatient day, as well as modest forecasted growth in the Hospital’s service area. The Proposed Change will allow for the Hospital to have capacity for future growth over time with a ramp up over a five-year period.

In summary, the Proposed Change will meet the needs of the patient panel and the underserved communities that rely on the Hospital. The rising medical/surgical occupancy rates at the Hospital are projected to continue and need to be addressed in order to improve access to inpatient care and ED boarding. Through the Proposed Change, the Hospital will be able to operate at a reasonable occupancy rate while providing capacity to meet future increases in demand. In addition, ED boarding will improve, resulting in timely access to care for patients requiring admission as well as all patients seeking ED services. The Proposed Change will not result in any adverse impacts on price and is a cost-effective means of addressing the identified need for improved access in a lower-cost community hospital setting.

# **APPENDIX 3**

# **COMMUNITY HEALTH INITIATIVE NARRATIVE**

**SALEM HOSPITAL DETERMINATION OF NEED AMENDMENT**

**Community Health Initiative Narrative**

* + - 1. Community Health Initiative Monies

The breakdown of Community Health Initiative (“CHI”) monies for the Proposed Project is as follows. Please note, all totals are presented in the order calculated, beginning with the Maximum Capital Expenditure (“MCE”).

|  | **Total** | **Description** |
| --- | --- | --- |
| **MCE** | $182,626,939.00 | Original MCE, adjusted with subsequent amendments |
| **Total CHI Monies** | $9,131,346.95 | (5% of Maximum Capital Expenditure) |
| **Previously Distributed CHI** | $9,025,360.95 | Originating from Salem Hospital’s Original 2015 DoN |
| **Remaining CHI Monies** | $105,986.00 | To be distributed through this Amendment |
| **Administrative Fee** | $4,239.44 | (4% of the CHI Monies, retained by Applicant) |
| **Remaining Monies** | $101,746.56 | (CHI Monies minus the Administrative fee) |
| **Statewide Initiative** | $10,174.66 | (10% of remaining monies, paid to State-wide fund) |
| **Local Initiative** | $91,571.90 | (90% of remaining monies) |
| **Evaluation Monies** | $9,157.19 | (10% of Local Initiative Monies, retained by Applicant) |
| **CHI Monies for Local Disbursement** | $82,414.71 |  |

* + - 1. Overview and Discussion of CHNA/DoN Processes

The CHI processes and community engagement for the proposed Determination of Need (“DoN”) Project[[4]](#footnote-4) will be conducted by Salem Hospital. Salem Hospital, a member of Mass General Brigham, is the North Shore’s largest healthcare provider and one of its largest employers. The Hospital offers a wide range of comprehensive care at its main hospital campus, ambulatory care sites, and physician offices throughout the service area.

In 2021, Salem Hospital led a highly participatory community health needs assessment (“CHNA”) in collaboration with neighboring communities to advance a shared vision of safe, thriving, and healthy neighborhoods. The 2021 CHNA informed a one-year plan in order to prioritize pandemic recovery strategies and to enable Salem Hospital to be in alignment with the triennial cycle of the other Mass General Brigham hospitals, which will allow for leveraging of resources to address common concerns across hospital service areas. To that end, Salem Hospital is currently finalizing its 2022 CHNA which will inform a three-year community health improvement plan for the coming years. Salem Hospital respectfully requests that its 2022 CHNA may serve as the basis for this CHI.

Salem Hospital’s CHNA process serves to:

* Identify and provide an update on the health needs and assets of Salem Hospital’s service area - Danvers, Lynn, Lynnfield, Marblehead, Nahant, Peabody, Salem, and Swampscott

- including information on social determinants of health;

* Identify the service area’s community needs for housing and transportation; and
* Understand how outreach activities may be more effectively coordinated and delivered by Salem Hospital and in collaboration with community partners.

As with the 2021 CHNA, the 2022 CHNA focused on eight communities: Danvers, Lynn, Lynnfield, Marblehead, Nahant, Peabody, Salem, and Swampscott. In 2021, Salem Hospital provided care to 111,922 residents of these priority communities (Danvers, Lynn, Lynnfield, Marblehead, Nahant, Peabody, Salem, and Swampscott), which comprised 61.3% of Salem Hospital patients. The CHNA employed a Social Determinants of Health (“SDoH”) framework to examine how factors like income, education, employment, food security, housing, access to affordable and quality health services impact the health of community members, particularly those most likely to experience inequities in SDoH.

The 2022 CHNA utilized updated data from the U.S. Census, Centers for Disease Control and Prevention, Massachusetts Departments of Public Health and Elementary and Secondary Education, the Federal Bureau of Investigation, and Mass General Brigham. Based on lessons learned from the 2021 CHNA, participation in the online 2022 CHNA focus groups was expanded from 50 to over 100 invitees to broaden the scope of organizations included in the process. An additional focus group for immigration issues was established. The nine 2022 focus groups represented the following sectors: Community Health Centers, behavioral health (mental health and substance use disorder) services, youth services, elder services, housing, food security, the faith community, health care advocacy, and immigration. The focus group data were analyzed for common and divergent themes about health concerns and SDoH.

The 2022 CHNA also included a multi-lingual community survey available on-line and in print. The survey was available in 9 different languages to reflect the linguistic diversity of the communities served by Salem Hospital. The purpose of the survey was to get input from community residents on the priority health needs and suggestions for Salem Hospital to address the needs. The Community Affairs and Health Access Committee played a critical role ensuring the survey was distributed to vulnerable, underserved members of the community.

Because Salem Hospital is seeking to permission to rely on its 2022 CHNA, Salem Hospital is similarly requesting an extension to the Self-Assessment Form to be provided to the Department upon approval by the Salem Hospital Board Trustees.

* + - 1. Oversight of the CHI Process

For this CHI, Salem Hospital will utilize its existing Community Affairs and Health Access Committee (“CAHAC”) to determine the use and oversight of the CHI funds.

The CAHAC of the Salem Hospital Board was established in 2004 to strengthen long-standing community relationships and advance our community health objectives. The Committee is comprised of 20 members including Board Trustees, clinical leaders, members of the Lynn Health Task Force, representatives from the local community health centers, and other community organizations (including local food pantries, YMCAs, children’s legal services, educational organizations, and elder services). Together they serve as our Community Benefit Advisory Committee with the responsibilities, functions and procedures outlined in the current Massachusetts Attorney General’s Community Benefit Guidelines.

The Committee meets quarterly and is responsible for:

* The review of the community needs assessment and other information related to access and the availability of healthcare
* The oversight, review and evaluation of the community affairs and community benefit programs and activities of Salem Hospital.
  + - 1. Advisory Committee Duties

Given that this is a Tier 1 CHI, the scope of work that the CAHAC will carry out includes:

* Ensuring appropriate engagement with residents from targeted communities and community partners around the CHI.
* Determining the Health Priorities for CHI funding based upon the needs identified in the 2022 CHNA/CHIP. The CAHAC will ensure that all Health Priorities are aligned with the Department of Public Health’s Health Priorities and the Executive Office of Health and Human Services’ Focus Areas.
* Providing oversight to the evaluator that is carrying out the evaluation of CHI-funded projects.
* Conducting a conflict of interest disclosure process to determine which members also will comprise the Allocation Committee (description).
* Reporting to the Department of Public Health on the DoN – CHI.
  + - 1. Allocation Committee Duties

The Allocation Committee is comprised of individuals from the CAHAC who do not have a conflict of interest in regard to funding. The scope of work that the Allocation Committee will carry out includes:

* Selecting Strategies for the noted Health Priorities.
* Completing and submitting the Health Priorities and Strategies Selection Form for approval by the Department of Public Health.
* Carrying out a formal request for proposal (“RFP”) process (or an equivalent, transparent process) for the disbursement of CHI funds.
* Engaging resources that can support and assist applicants with their responses to the RFP.
* Disbursement of CHI funding.
* Providing oversight to a third-party vendor that is selected to carry out the evaluation of CHI-funded projects.
  + - 1. Timeline for CHI Activities

Upon a Notice of Determination of Need being issued by the Public Health Council, the CAHAC will commence meeting and begin the CHI Process. The timeline for CHI activities is as follows:

* Six weeks post-approval: The CAHAC will begin meeting and reviewing the 2022 CHNA/CHIP to commence the process of selecting Health Priorities.
* Three – four months post-approval: The CAHAC has determined Health Priorities for funding.
* Four – five months post-approval: The Allocation Committee is selecting strategies for the Health Priorities.
* Five – six months post-approval: The Allocation Committee is determining the process to award funding, either through a direct funding model, inviting specific organizations to apply, or a public request for proposals (“RFP”).
* Seven months post-approval: The funding process opens.
* Nine months post-approval: Applications are due (depending on award process).
* Ten months post-approval: Funding decisions are made, and the disbursement of funds begins.
* Eighteen months to two years post-approval: Evaluator will begin evaluation work.
  + - 1. Evaluation Overview

Salem Hospital is seeking to use 10% of local CHI funding ($9,157.19) for evaluation efforts. These monies will allow Applicant to utilize an experienced party to carry out technical assistance and ensure appropriate evaluation of the CHI-funded projects.

* + - 1. Administrative Monies

Applicants submitting a Tier 1 CHI are eligible for a four percent (4%) administrative fee. Accordingly, Salem Hospital is requesting $4,239.44 in administrative funding. These monies will help pay for reporting and dissemination of promising practices and lessons learned, facilitation support for the CAHAC and Allocation Committee, costs associated with the development of communication materials and placement of procurement information in community newspapers.

# **APPENDIX 4**

# **ORIGINAL DON STAFF SUMMARY**

h[ttps://www.mass.gov/doc/north-shore-medical-center-application-attachments/download](http://www.mass.gov/doc/north-shore-medical-center-application-attachments/download)

[See pages 9-83](http://www.mass.gov/doc/north-shore-medical-center-application-attachments/download)

# **APPENDIX 5**

# **ORIGINAL DON NOTICE OF APPROVAL**

h[ttps://www.mass.gov/doc/north-shore-medical-center-application-attachments/download](http://www.mass.gov/doc/north-shore-medical-center-application-attachments/download)

[See pages 85-89](http://www.mass.gov/doc/north-shore-medical-center-application-attachments/download)

# **APPENDIX 6**

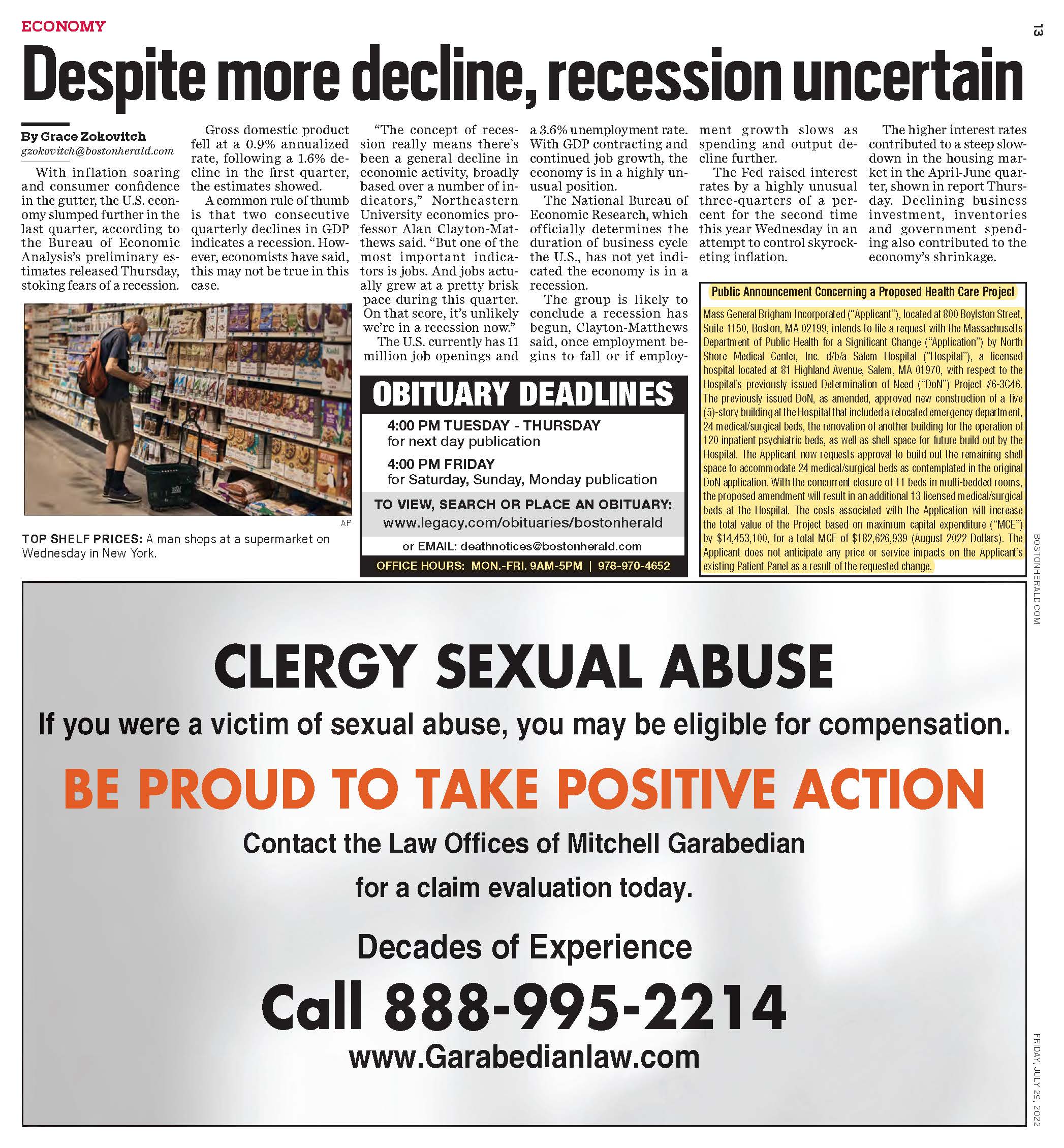
# **PRIOR AMENDMENT APPROVALS**

[https://www.mass.gov/doc/north-shore-medical-center-decision-letter/download](http://www.mass.gov/doc/north-shore-medical-center-decision-letter/download)

<https://www.mass.gov/doc/north-shore-medical-center-decision-letter-0/download>

# **APPENDIX 7**

# **NOTICE OF INTENT**





# **APPENDIX 8**

# **CHANGE IN SERVICE**

 Version 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need Change in Service**

Application Number: MGB-22080909-AM

Original Application Date: 08/23/2022

**Applicant Information:**

Applicant Name: Mass General Brigham Incorporated

Contact Person: Andrew Levine

Title: Attorney

Phone: 6175986758

E-mail: [andrew.levine@huschblackwell.com](mailto:andrew.levine@huschblackwell.com)

**Facility:**

Complete the tables below for each facility listed in the Application Form

1 Facility Name: Salem Hospital

CMS Number: 220035

Facility Type: Hospital

**Change in Service:**

2.2 Complete the chart below with existing and planned service changes. Add additional services within each grouping if applicable.

| **Add/ Del Rows** |  | **Licensed Beds** | **Operating Beds** | **Change in Number of Beds (+/-)** | | **Number of Beds After Project Completion (calculated)** | | **Patient Days** | **Patient Days** | **Occupancy Rate for Operating Beds** | | **Average Length of Stay** | **Number of Discharges** | **Number of Discharges** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Existing | Existing | Licensed | Operating | Licensed | Operating | (Current/ Actual) | Projected | Current Beds | Projected | (Days) | Actual | Projected |
|  | **Acute** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Medical/ Surgical | 199 | 188 | 13 | 24 | 212 | 212 | 60,714 | 65,680 | 88% | 85% | 3.45 | 17,614 | 19,055 |
|  | Obstetrics (Maternity) | 19 | 19 |  |  | 19 | 19 |  |  | 0% | 0% |  |  |  |
|  | Pediatrics | 0 | 0 |  |  | 0 | 0 |  |  | 0% | 0% |  |  |  |
|  | Neonatal Intensive Care | 12 | 12 |  |  | 12 | 12 |  |  | 0% | 0% |  |  |  |
|  | ICU/CCU/SICU | 20 | 20 |  |  | 20 | 20 |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Acute | 250 | 239 | 13 | 24 | 263 | 263 | 60,714 | 65,680 | 70% | 68% | 3.45 | 17,614 | 19,055 |
|  | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Psychatric** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adult | 60 | 60 |  |  | 60 | 60 |  |  | 0% | 0% |  |  |  |
|  | Adolescent |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatric | 30 | 30 |  |  | 30 | 30 |  |  | 0% | 0% |  |  |  |
|  | Geriatric | 30 | 30 |  |  | 30 | 30 |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Acute Psychiatric | 120 | 120 |  |  | 120 | 120 |  |  | 0% | 0% |  |  |  |
|  | **Chronic Disease** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Chronic Disease |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Substance Abuse** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Detoxification |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Short-term intensive |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Substance Abuse |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Skilled Nursing Facility** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Level II |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level III |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level IV |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Skilled Nursing |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |

Complete the chart below If there are changes other than those listed in table above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Add/Del Rows** | **List other services if Changing e.g. OR, MRI, etc** | **Existing Number of Units** | **Change in Number +/-** | **Proposed Number of Units** | **Existing Volume** | **Proposed Volume** |
| +/- |  |  |  |  |  |  |

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Email Submission to Determination of Need

# **APPENDIX 9**

# **AFFILIATED PARTIES FORM**

 draft version 3-15-2017

**Massachusetts Department of Public Health**

**Determination of Need**

**Affiliated Parties**

Application Date: 08/23/2022

Application Number: MGB-22080909-AM

**Applicant Information**

Applicant Name: Mass General Brigham Incorporated

Contact Person: Andrew Levine

Title: Attorney

Phone: 6175986758

E-mail: [andrew.levine@huschblackwell.com](mailto:andrew.levine@huschblackwell.com)

**Affiliated Parties**

1.9 Affiliated Parties: List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

| **Add/ Del Rows** | **Name (Last)** | **Name (First)** | **Mailing Address** | **City** | **State** | **Affiliation** | **Position with affiliated entity (or with Applicant)** | **Stock, shares, or partnership** | **Percent Equity (numbers only)** | **Convictions or violations** | **List other health care facilities affiliated with** | **Business relationship with Applicant** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | Finucane | Anne Marie | 20 Trapelo Road | Lincoln | MA | Mass General Brigham Incorporated | Director |  | 0% | No | CVS (Minute Clinic in Rhode Island); Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | Yes |
| +/- | Fish | John | 776 Boylston Street, PH2A | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | Yes |
| +/- | Hockfield | Susan | 4 Berkeley Place | Cambridge | MA | Mass General Brigham Incorporated | Director |  | 0% | No |  | Yes |
| +/- | Holman, III | Albert | 29A Chestnut Street | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | No |
| +/- | Klibanski, M.D. | Anne | 800 Boylston Street, Suite 1150 | Boston | MA | Mass General Brigham Incorporated | President & CEO |  | 0% | No |  | No |
| +/- | Kraft | Jonathan | One Patriot Place | Foxborough | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Director) | No |
| +/- | Martignetti | Carl | 164 Chestnut Hill Road | Chestnut Hill | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Director) | Yes |
| +/- | Partick | Diane | 472 Beacon Street, Apartment 2 | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Director) | Yes |
| +/- | Reeve | Pamela | 35 Swan Road | Winchester | MA | Mass General Brigham Incorporated | Director |  | 0% | No |  | No |
| +/- | Sperling | Scott | 4 Moore Road | Wayland | MA | Mass General Brigham Incorporated | Chairman |  | 0% | No |  | Yes |
| +/- | Thorndkie | Alexander | 215 Warren Street | Brookline | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | Yes |
| +/- | Atchinson | Robert | 115 Commonwealth Ave. | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Massachusetts Eye and Ear Infirmary | No |
| +/- | Ives | David | 5 Cherry Hill Street | West Newbury | MA | Mass General Brigham Incorporated | Director |  | 0% | No | North Shore Medical Center | No |
| +/- | Ragon | Phillip | 8 Follen Street | Cambridge | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Director) | Yes |
| +/- | Goggin | Maureen | 730 Adams Street, Apartment #1 | Dorchester | MA | Mass General Brigham Incorporated | Secretary |  | 0% | No |  | No |
| +/- | Casper | Marc | 168 Third Avenue | Waltham | MA | TMass General Brigham Incorporated | Director |  | 0% | No |  | Yes |
| +/- | Colson, M.D. | Yolanda | Austen, 265 Charles Street | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Massachusetts General Hospital | No |
| +/- | Cooper, M.D. | Zara | 70 Francis Street | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | No |
| +/- | Gomez | Benjamin | 48 Cranmore Road | Wellesley | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Newton Wellesley Hospital | Yes |
| +/- | Gueye | Tiffany | 162 Central Ave | Milton | MA | Mass General Brigham Incorporated | Director |  | 0% | No |  | No |
| +/- | Nohria | Nitin | Harvard Business School | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Director) | No |
| +/- | Ness Speers | Paula | 187 Grove Street | Wellesley | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Spaulding Rehabilitation Hospital; Spaulding Hospital - Cambridge; Spaulding Rehabilitation Hospital - Cape Cod; Spaulding Nurisng and Therapy Center Brighton | No |
| +/- | Taiclet | James | 6801 Rockledge Drive, Mail Point 200-5 | Bethesda | MD | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | No |
| +/- | Vallone | Carol | 490 Summer Street | Manchester By-the-Sea | MA | Mass General Brigham Incorporated | Director |  | 0% | No | McLean Hospital | No |
| +/- | Gandhi | Niyum | 800 Boylston Street, Suite 1150 | Boston | MA | Mass General Brigham Incorporated | Treasurer |  | 0% | No | The Brigham and Women’s Hospital, Inc.  Brigham and Women’s Faulkner Hospital, Inc. The General Hospital Corporation  The Spaulding Rehabilitation Hospital Corporation Spaulding Hospital- Cambridge, Inc.  Rehabilitation Hospital of the Cape and Islands Corporation Spaulding Nursing and Therapy Center Brighton, Inc. | Yes |
| +/- | Higham, Esq. | John | 800 Boylston Street, Suite 1150 | Boston | MA | Mass General Brigham Incorporated | Assistant Secretary |  | 0% | No |  | No |
| +/- | LaLonde | Mary | 800 Boylston Street, Suite 1150 | Boston | MA | Mass General Brigham Incorporated | Assistant Secretary |  | 0% | No |  | No |
| +/- | Weden, III, CFA | David | 101 Merrimac Street, Suite 800 | Boston, MA 02114 | MA | Mass General Brigham Incorporated | Assistant Secretary |  | 0% | No |  | No |

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Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the"E-mail submission to Determination of Need" button.

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# **APPENDIX 10**

# **ARTICLES OF INCORPORATION**

<https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?sysvalue=RikT1aVvunI7B73oL4ryYnTLq5kl8lWlOiih1YbdwTg->

Please see Articles of Organization and Articles of Amendment

# **APPENDIX 11**

# **AFFIDAVIT**

 Version: 7-6-17

**Massachusetts Department of Public Health**

**Determination of Need**

**Affidavit of Truthfulness and Compliance**

**with Law and Disclosure Form 100.405 (B)**

**Instructions:** Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: [**dph.don@state.ma.us**](mailto:dph.don@state.ma.us)Include all attachments as requested.

Application Number: MGB-22080909-AM

Original Application Date: [blank]

Applicant Name: Mass General Brigham Incorporated

Application Type: Amendment Significant

Applicant's Business Type: Corporation

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? Yes

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility(ies) that are the subject of this Application;
2. I have ~~read~~ [been informed of the contents of] 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have ~~read~~ [been informed of the contents of] this application for Determination of Need including all exhibits and attachments, and ~~certify that~~ [have been informed that] all of the information contained herein is accurate and true;
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
8. I ~~have caused~~ [have been informed that] proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made, if applicable.
9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all ~~previously issued~~ Notices of Determination of Need ~~and the terms and Conditions attached therein~~ [issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018];
11. I have ~~read~~ [been informed of the contents of] and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
    1. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
    2. The Proposed Project is exempt from zoning by-laws or ordinances.

|  |
| --- |
| **Corporation**  Attach a copy of Articles of Organization/Incorporation, as amended  Anne Kilbanski, MD <Signature on File> 8/8/2022  CEO for Corporation Name: Signature: Date:  Scott Sperling [blank signature] [blank date]  Board Chair for Corporation Name: Signature: Date |

 Version: 7-6-17

**Massachusetts Department of Public Health**

**Determination of Need**

**Affidavit of Truthfulness and Compliance**

**with Law and Disclosure Form 100.405 (B)**

**Instructions:** Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: [**dph.don@state.ma.us**](mailto:dph.don@state.ma.us)Include all attachments as requested.

Application Number: MGB-22080909-AM

Original Application Date: [blank]

Applicant Name: Mass General Brigham Incorporated

Application Type: Amendment Significant

Applicant's Business Type: Corporation

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? Yes

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility(ies) that are the subject of this Application;
2. I have ~~read~~ [been informed of the contents of] 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have ~~read~~ [been informed of the contents of] this application for Determination of Need including all exhibits and attachments, and ~~certify that~~ [have been informed that] all of the information contained herein is accurate and true;
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
8. I ~~have caused~~ [have been informed that] proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made, if applicable.
9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all ~~previously issued~~ Notices of Determination of Need ~~and the terms and Conditions attached therein~~ [issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018];
11. I have ~~read~~ [been informed of the contents of] and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
    1. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
    2. The Proposed Project is exempt from zoning by-laws or ordinances.

|  |
| --- |
| **Corporation**  Attach a copy of Articles of Organization/Incorporation, as amended  Anne Kilbanski, MD [blank signature] [blank date]  CEO for Corporation Name: Signature: Date:  Scott Sperling <Signature on File> 8/1/2022  Board Chair for Corporation Name: Signature: Date |

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1. The Hospital’s historical operational bed occupancy rate is higher than its occupancy rate based on licensed beds due to the number of beds that remained on the license but were permanently out of service. Prior to March 2022, the Hospital had 221 m/s beds in FY19 (206 operational) and 203 m/s beds from FY20-February of FY22 (188 operational). [↑](#footnote-ref-1)
2. 64,922 patient days for FY22 when annualized based on 32,461 patient days from October-March. [↑](#footnote-ref-2)
3. FY19-21 ALOS are based on both admitted patients and observation patients that occupied a medical/surgical bed. [↑](#footnote-ref-3)
4. The proposed project is an amendment to a previously issued DoN, which as amended, approved new construction of a five (5)- story building at the Hospital that included a relocated emergency department, 24 medical/surgical beds, the renovation of another building for the operation of 120 inpatient psychiatric beds, as well as shell space for future build out by the Hospital. Mass General Brigham now requests approval to build out the remaining shell space to accommodate 24 medical/surgical beds as contemplated in the original DoN application. [↑](#footnote-ref-4)