

APPLICATION FOR DETERMINATION OF NEED

EMERGENCY APPLICATION

**NORTHEAST HOSPITAL CORPORATION
D/B/A BEVERLY HOSPITAL**

DON APPLICATION # BILH-24060314-EA

**BY
BETH ISRAEL LAHEY HEALTH, INC.
20 UNIVERSITY DRIVE, SUITE 700
CAMBRIDGE, MA 02138**

June 6, 2024

BETH ISRAEL LAHEY HEALTH, INC.
DON APPLICATION #BILH-24060314-
EA JUNE 6, 2024

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APPENDIX 1:
DON APPLICATION FORM



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Emergency Application	Application Date:	06/06/2024 12:18 pm
Applicant Name:	Beth Israel Lahey Health, Inc.		
Mailing Address:	20 University Rd., Ste. 700		
City:	Cambridge	State:	Massachusetts
		Zip Code:	02138
Contact Person:	Meg Cosgrove, Esq.	Title:	Sr. Associate General Counsel
Mailing Address:	529 Main St., 5th floor		
City:	Charlestown	State:	Massachusetts
		Zip Code:	02129
Phone:	6175717345	Ext:	
E-mail:	meghan.cosgrove@bilh.org		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Northeast Hospital Corporation d/b/a Beverly Hospital		
Facility Address:	85 Herrick St.		
City:	Beverly	State:	Massachusetts
		Zip Code:	01915
Facility type:	Hospital	CMS Number:	220033
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	nonprofit
1.2 Applicant's Business Type:	<input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input type="radio"/> LLC <input type="radio"/> Other
1.3 What is the acronym used by the Applicant's Organization?	BILH
1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5 Is Applicant or any affiliated entity an HPC-certified ACO?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5.a If yes, what is the legal name of that entity?	Beth Israel Lahey Health Performance Network
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)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.7 Does the Proposed Project also require the filing of a MCN with the HPC?	<input type="radio"/> Yes <input checked="" type="radio"/> 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 ☒ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

See Appendix 2: DoN 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? ☒ Yes ☐ No

3.1.a If yes, under what section? Emergency Application

4. Conservation Project

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

6. Transfer of Ownership

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

7. Ambulatory Surgery

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

8. Transfer of Site

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

9. Research Exemption

9.1 Is this an application for a Research Exemption? ☐ Yes ☒ No

10. Amendment

10.1 Is this an application for a Amendment? ☐ Yes ☒ No

11. Emergency Application

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

11.2 Is the emergency situation due to a government declaration? ☐ Yes ☒ No

11.3 If No, Please describe the destruction/substantial damage to the Applicant's Health Care Facility and its impact upon public health.

See Appendix 2: DoN Narrative

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: Emergency Application

12.1 Total Value of this project:	\$0.00
12.2 Total CHI commitment expressed in dollars: (calculated)	\$0.00
12.3 Filing Fee: (calculated)	\$0.00
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	
12.5 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.	

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

- ☐ Copy of Notice of Intent
- ☐ Certification from an independent Certified Public Accountant
- ☐ Articles of Organization / Trust Agreement

Document 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:



Date/time Stamp: 06/06/2024 12:18 pm

E-mail submission to
Determination of Need

Application Number: BILH-24060314-EA

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form

APPENDIX 2:
DON NARRATIVE

In accordance with the provisions set forth at 105 C.M.R. § 100.740: Emergency Applications, Beth Israel Lahey Health, Inc. (“BILH” or the “Applicant”), with a principal place of business at 20 University Road, Suite 700, Cambridge, MA 02138, is filing this Notice of Determination of Need (“Application”) with the Massachusetts Department of Public Health (“Department”) on behalf of Northeast Hospital Corporation d/b/a Beverly Hospital (“Beverly” or the “Hospital”).

To avoid an imminent crisis in access to healthcare services in the Merrimack Valley and the potential to close needed behavioral health beds in the Commonwealth, the Applicant proposes to close the adult and child inpatient psychiatry beds at Anna Jaques Hospital (“AJH”) and add the same exact number and type of adult and child inpatient psychiatry beds to the Beverly Hospital license. The unique confluence of circumstances, described in detail below, creates significant jeopardy to behavioral health inpatient services in the Merrimack Valley requiring immediate action to ensure sustained access to inpatient behavioral health services deemed critical at this moment in time. The Applicant submits this request for the addition of thirty-six (36) inpatient psychiatry beds (20 adult and 16 pediatric) currently operated/licensed by Anna Jaques Hospital to the Beverly Hospital license in order to ensure continued access to inpatient adult and pediatric behavioral health services within the greater North Shore/Merrimack Valley communities.

A. Identity of the Applicant

The Applicant is an integrated health care delivery system of teaching and community hospitals, physician groups, behavioral health providers, post-acute care providers and other caregivers serving patients in Greater Boston¹ and the surrounding communities in Eastern Massachusetts and Southeastern New Hampshire. Its member hospitals include Addison Gilbert Hospital; Anna Jaques Hospital; Beth Israel Deaconess Medical Center; Beth Israel Deaconess Hospital-Milton; Beth Israel Deaconess Hospital-Needham; Beth Israel Deaconess Hospital-Plymouth; Beverly Hospital; Exeter Hospital; Lahey Hospital & Medical Center; Lahey Medical Center, Peabody; Mount Auburn Hospital; New England Baptist Hospital; and Winchester Hospital.

Beverly Hospital is a 337-bed Massachusetts non-profit community hospital that provides compassionate healthcare ranging from primary and preventive care, behavioral health care, and specialty services. As a multi-campus hospital, care is delivered by Beverly at its main campus located at 85 Herrick Street in Beverly, MA (“Beverly Hospital”), a second acute care hospital campus located at 298 Washington Street in Gloucester, MA (“Addison Gilbert Hospital”), and a freestanding psychiatric hospital located at 60 Granite Street in Lynn, MA (“BayRidge Hospital”). Beverly also maintains numerous on and off-campus outpatient services in Beverly, Gloucester, and Lynn as well as in Danvers and Burlington. Beverly supports various educational, outreach, community health improvement and health system strengthening activities in the region including through its close affiliations with several local health centers and public health and social service organizations. This furthers a key focus of Beverly to improve the health status of low-income,

¹ Greater Boston includes the following cities/towns: Acton, Arlington, Ashland, Bedford, Belmont, Boston, Boxborough, Braintree, Brighton, Brookline, Burlington, Cambridge, Canton, Carlisle, Chelsea, Cohasset, Concord, Dedham, Dorchester, Dover, Foxboro, Framingham, Hingham, Holbrook, Holliston, Hopkinton, Hudson, Hull, Lexington, Lincoln, Littleton, Marlborough, Maynard, Medfield, Millis, Milton, Natick, Needham, Newton, Norfolk, Northborough, Norwell, Norwood, Quincy, Randolph, Revere, Roslindale, Scituate, Sharon, Sherborn, Somerville, Southborough, Stow, Sudbury, Walpole, Waltham, Watertown, Wayland, Wellesley, Westborough, Weston, Westwood, Weymouth, Wilmington, Winchester, Winthrop, Woburn, and Wrentham.

underserved populations living in the North Shore community.

Beverly Hospital has a long history as a distinguished high-quality provider of behavioral health care in the Commonwealth. Currently, the Hospital operates one hundred (100) inpatient psychiatric beds comprised of: (i) an 18-bed adult unit for medically frail psychiatric patients on its main campus at 85 Herrick Street in Beverly, MA (“Leland”); (ii) a 20-bed NICHE-designated (Nurses Improving Care for Health system Elders) psychiatric unit which provides care to seniors with acute psychiatric symptoms and/or substance use disorders at the Hospital’s campus at 298 Washington Street in Gloucester, MA (the “Senior Adult Unit”); and (iii) a 62-bed adult psychiatric hospital providing treatment for psychotic and affective disorders as well as dual diagnosis (mental health and substance use disorder) at the Hospital’s campus at 60 Granite Street in Lynn, MA (“BayRidge Hospital”). In addition to the diversity of its inpatient psychiatric services, the Hospital also offers a number of outpatient behavioral health services including but not limited to an intensive outpatient program, a newly reopened partial hospitalization program, and buprenorphine induction to eligible patients in its Emergency Department along with take home opioid treatment medication kits to bridge patients to their next appointment.

B. Nature of the Emergency Situation

AJH is unable to support further operation of the behavioral health inpatient services currently operated by the hospital; without immediate action, these services and potentially others will not be available to patients in the region. In the past 30 days, BILH has identified multiple issues which are interconnected that have created an emergency situation thus necessitating this request. This includes but is not limited to a material operational loss impacting AJH, an urgent and costly ongoing physical plant issue at a campus of Beverly Hospital as a result of two floods which has taken a significant number of behavioral health beds offline, and a projected loss of Medicaid volume in fiscal year 2024 that may severely limit Beverly Hospital’s ability to continue to care for low-income and uninsured patients. Additionally, the likelihood of imminent closure of the Steward Holy Family Hospital behavioral health inpatient services in Haverhill and Methuen creates a more extreme need to find ways to proactively stabilize access to services in the Merrimack Valley. This constellation of facts has created an emergency that requires BILH to act quickly in order to stave off the closure of these behavioral health services and, thus by extension, prevent an extreme and untenable behavioral health access crisis in the northeast region of the state.

To forestall such a crisis and ensure access to pediatric and adult inpatient behavioral health services, swift action must be taken well before the end of this fiscal year to stabilize and maximize the operation of the existing inpatient behavioral health beds. By expeditiously transitioning the operation of these beds to Beverly, the Applicant is seeking to ensure that its current capacity of inpatient psychiatry services offered are able to be maintained in a fiscally prudent and operationally efficient manner. The loss of even one inpatient psychiatry bed in the Commonwealth, in particular a child and adolescent bed, would further exacerbate an already under-resourced and difficult to access continuum of behavioral healthcare not only for the residents of Newburyport, Amesbury, Beverly and Gloucester but also for the Commonwealth.

By placing these inpatient beds under the operation of Beverly by July 7th, this will immediately

ensure continued and sustained access to pediatric and adult inpatient behavioral health services in the Merrimack Valley, it will also provide critical financial relief to further support services at AJH, ensure Beverly Hospital has additional, available behavioral health capacity as a backup should certain of its behavioral health beds remain offline, and avoid a loss of Medicaid volume to Beverly Hospital in this fiscal year that may otherwise severely limit its ability to continue to care for low-income and uninsured patients.

C. Nature, scope, location, and projected costs of the Proposed Project

In response to the Emergency Situation described above, the Applicant is proposing to expand Beverly's current inpatient psychiatric beds by obtaining a license for Beverly to operate a twenty (20) bed adult inpatient psychiatry unit located at AJH's main campus in Newburyport as well as a sixteen (16) bed pediatric inpatient psychiatry unit in Amesbury ("Proposed Project"). The Proposed Project does not involve any changes to the location, type, or complement of these two inpatient psychiatry Units; rather, the goal is to maintain the Units in their current state but under the oversight, leadership, and operational expertise of Beverly.

The twenty (20) bed adult unit is located on the second floor of the main AJH hospital building at 25 Highland Avenue in Newburyport (the "Adult Unit"). The Adult Unit currently conforms with the required architectural standards for an inpatient psychiatry unit; therefore, no modifications are necessary to continue operations of the unit for inpatient psychiatry services by Beverly. The sixteen (16) bed child and adolescent unit is located off of AJH's campus at 24 Morrill Place in Amesbury (the "Child Unit"; the Adult Unit and the Child Unit may be referred to collectively herein as the "Units"). The Child Unit currently conforms with the required architectural standards for an inpatient psychiatry unit; therefore, no modifications are necessary to continue operations of the unit for inpatient psychiatry services by Beverly. Both Units were last subject to survey by the Department of Mental Health ("DMH") in November of 2023 and subsequent to that survey AJH's 2 year DMH license for the Units was renewed.

Following implementation of the Proposed Project, Beverly will operate the Adult Unit in Newburyport and the Child Unit in Amesbury alongside its existing 100 inpatient psychiatric beds. This expansion to Beverly's license will ensure that inpatients of the Adult and Child Unit have access to the broader continuum of outpatient and community-based services Beverly offers and, in doing so, will create significant economies of scale as it relates to the staffing of the 136 inpatient beds.

The projected costs for the Proposed Project are \$0.00.

D. Demonstration that the Proposed Project will address the Emergency Situation, and that without issuance of a Notice of Determination of Need, the public health will be measurably harmed

The expansion of psychiatric beds at Beverly is critical to ensure the financial viability of Beverly and AJH and avoid the closure of beds and significant reductions in inpatient and outpatient services. The Proposed Project will ensure continued access to inpatient psychiatry beds in the North Shore/Merrimack Valley, particularly for children, with no loss in available capacity. In

fact, the Applicant expects that it will be able to increase the average daily census of both of these Units and thereby expand the currently available capacity for inpatient behavioral health in the North Shore/Merrimack Valley. Given the imminent Emergency Situation described above, failure to issue a Notice of Determination of Need may result in the closure of some or all of the Unit's inpatient psychiatric beds.

APENDIX 3:
AFILIATED PARTIES FORM



Massachusetts Department of Public Health
Determination of Need
Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

Application Date: 06/06/2024 Application Number: BILH-24060314-EA

Applicant Information

Applicant Name: Beth Israel Lahey Health, Inc.
Contact Person: Meg Cosgrove, Esq. Title: Sr. Associate General Counsel
Phone: 6175717345 Ext: E-mail: megan.cosgrove@bilh.org

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
<div>+ -</div>	Hornidge	Ann-Ellen	9 Wilsendale Street	Dover	MA	Beth Israel Lahey Health, Inc.	Trustee/Officer			No		No
<div>+ -</div>	Kimball, M.D.	Alexa	4 Monmouth Street	Brookline	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div>+ -</div>	Canepa	John	83 Church Street	Watertown	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div>+ -</div>	Jick	Daniel J.	15 Lawrence Road	Chestnut Hill	MA	Beth Israel Lahey Health, Inc.	Trustee/Officer			No		No
<div>+ -</div>	Walsh	Jane	89 Turnpike Street	North Andover	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div>+ -</div>	Sullivan, M.D.	Mary Anna	2529 Mystic Valley Parkway	Somerville	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div>+ -</div>	Liesching, M.D.	Timothy	21 Fernway	Winchester	MA	Beth Israel Lahey Health, Inc.	Trustee			No	Care Dimensions	No
<div>+ -</div>	Valetta	Robert	112 Captains Road	Mashpee	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div>+ -</div>	Tabb, M.D.	Kevin	64 Beethoven Ave.	Waban	MA	Beth Israel Lahey Health, Inc.	Trustee/Officer			No		Yes
<div>+ -</div>	Norman, M.D.	Nancy	71 Alban Street	Dorchester	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div>+ -</div>	Linde	Doug	One Baldwin Circle	Weston	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div>+ -</div>	Gupta	Yogesh	451 Malborough St., Unit 3E	Boston	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div>+ -</div>	Grant	Tom H.	One Reach Street, #5	Beverly	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div>+ -</div>	Francisco	Betty	137 Park Street, 37	Dorchester	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No

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
<div><div>+</div><div>-</div></div>	O'Hanley	Ronald	27 Jackson Street, Apt. 240	Lowell	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div><div>+</div><div>-</div></div>	McCullough, M.D.	Daniel	900 Cummings Center	Beverly	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div><div>+</div><div>-</div></div>	Hannon	Trish	15288 Devon Green Lane	Naples	FL	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div><div>+</div><div>-</div></div>	Mandell, MD	James	47 Chatham Street	Brookline	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div><div>+</div><div>-</div></div>	McKenna	Margaret	100 Belvidere Street	Boston	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div><div>+</div><div>-</div></div>	Kington, MD, PhD	Raynard S.	189 Main Street	Andover	MA	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div><div>+</div><div>-</div></div>	Rios	Cindy	20 University Road Suite 700	Cambridge	MA	Beth Israel Lahey Health, Inc.	Officer			No		No
<div><div>+</div><div>-</div></div>	Eberle	Rob	1064 Ocean Blvd	Hampton	NH	Beth Israel Lahey Health, Inc.	Trustee			No		No
<div><div>+</div><div>-</div></div>	Katz	Jamie	18 Barberry Road	Lexington	MA	Beth Israel Lahey Health, Inc.	Officer			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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Date/time Stamp: 06/06/2024 12:21 pm

E-mail submission to
Determination of Need

APPENDIX 4:
CHANGE IN SERVICE FORM



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: BILH-24060314-EA

Original Application Date: 06/06/2024

Applicant Information

Applicant Name: Beth Israel Lahey Health, Inc.

Contact Person: Meg Cosgrove Title: Sr. Associate General Counsel

Phone: 6175717345 Ext: E-mail: megan.cosgrove@bilh.org

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

1 Facility Name: Beverly Hospital CMS Number: 220033 Facility type: Hospital

Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in 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 (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected	(Days)	Actual	Projected
	Acute													
	Medical/Surgical	197	197	0	0	197	197	62,981	62,981	88%	88%	5.66	16,966	16,966
	Obstetrics (Maternity)	31	31	0	0	31	31	6,317	6,317	56%	56%	2.66	2,374	2,374
	Pediatrics	11	11	0	0	11	11	824	824	21%	21%	1.74	474	474
	Neonatal Intensive Care	12	12	0	0	12	12	2,418	2,418	55%	55%	10.38	233	233
	ICU/CCU/SICU	18	14	0	0	18	14	3,240	3,240	63%	63%	12.18	266	266
<div>+ -</div>										0%	0%			
	Total Acute	269	265	0	0	269	265	75,780	75,780	78%	78%	32.62	20,313	20,313
	Acute Rehabilitation									0%	0%			
<div>+ -</div>										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Adult	80	80	20	20	100	100	26,843	27,769	92%	76%	12.35	2,478	2,478
	Adolescent									0%	0%			
	Pediatric	0	0	16	16	16	16	0	3,225	0%	55%	10.34	0	312
	Geriatric									0%	0%			
<div>+ -</div>										0%	0%			
	Total Acute Psychiatric	80	80	36	36	116	116	26,843	30,994	92%	73%	22.69	2,478	2,790
	Chronic Disease									0%	0%			
<div>+ -</div>										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<div>+ -</div>										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<div>+ -</div>										0%	0%			
	Total Skilled Nursing									0%	0%			

2.3 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
<div>+ -</div>						

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

This document is ready to file:

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Date/time Stamp:

E-mail submission to
Determination of Need

APPENDIX 5:

AFFIDAVIT OF TRUTHFULNESS AND COMPLIANCE



Massachusetts Department of Public Health

Determination of Need

Affidavit of Truthfulness and Compliance

with Law and Disclosure Form 100.405(B)

Version: 7-6-17

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** Include all attachments as requested.

Application Number: BILH-24060314-EA

Original Application Date: 06/06/2024

Applicant Name: Beth Israel Lahey Health, Inc.

Application Type: Emergency Application

Applicant's Business Type: ☒ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☐ LLC ☐ Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? ☒ Yes ☐ No

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 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 this application for Determination of Need including all exhibits and attachments, and certify 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 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;
11. I have read 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,
 - a. 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,
 - b. The Proposed Project is exempt from zoning by-laws or ordinances.

Corporation:

Attach a copy of Articles of Organization/Incorporation, as amended

Kevin Tabb, MD

CEO for Corporation Name:

Signature:

06/03/2024

Date

Ann-Ellen Hornidge, JD

Board Chair for Corporation Name:

Signature:

06/03/2024

Date

*been informed of the contents of

**have been informed that

***issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018

This document is ready to print: ☒

Date/time Stamp:
