

**APPLICATION FOR DETERMINATION OF NEED
EMERGENCY APPLICATION
BMC BROCKTON BEHAVIORAL HEALTH CENTER
DoN APPLICATION # BMCHS-23030111-EA**

BY

**BMC HEALTH SYSTEM, INC.
ONE BOSTON MEDICAL CENTER PLACE
BOSTON, MA 02118**

MARCH 9, 2023

BMC HEALTH SYSTEM, INC.
DON APPLICATION # BMCHS-23030111-EA
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APPENDIX 1:
DoN APPLICATION FORM



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 7-10-2020
mi. corr.

Application Type:	Emergency Application	Application Date:	03/09/2023 6:36 am
Applicant Name:	BMC Health System, Inc.		
Mailing Address:	One Boston Medical Center Place		
City:	Boston	State:	Massachusetts
		Zip Code:	02118
Contact Person:	Nicole Sexton, Esq.	Title:	Associate General Counsel
Mailing Address:	One Boston Medical Center Place		
City:	Boston	State:	Massachusetts
		Zip Code:	02118
Phone:	6176387918	Ext:	
E-mail:	nicole.sexton@bmc.org		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	BMC Brockton Behavioral Health Center		
Facility Address:	34 North Pearl Street		
City:	Brockton	State:	Massachusetts
		Zip Code:	02301
Facility type:	Hospital Inpatient Satellite	CMS Number:	22S031
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?	BMCHS
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?	BMC Health System, Inc., inclusive of Boston Accountable Care Organization, Inc.; and BMC Integrated Care Services, Inc.
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 checked="" type="radio"/> Yes <input type="radio"/> No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? ☐ Yes ☒ 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 100.715 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. Significant Amendment

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

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740? ☒ 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

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Describe supporting data in your responses below, in addition, submit numeric data and charts in an Excel attachment.

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

- ☐ Certification from an independent Certified Public Accountant
- ☐ Articles of Organization / Trust Agreement
- ☐ A Copy of Current License

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: 03/09/2023 6:36 am

E-mail submission to
Determination of Need

Application Number: BMCHS-23030111-EA

Use this number on all communications regarding this application.

APPENDIX 2:
DoN NARRATIVE

In accordance with the provisions set forth at 105 CMR 740: Emergency Applications, BMC Health System, Inc. ("Applicant") is filing this Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health ("Department"). On February 7, 2023, a 10-alarm fire occurred at Signature Healthcare Brockton Hospital ("Signature"), located at 680 Centre Street in Brockton. The fire resulted in the closure of all inpatient services, including twenty-two (22) inpatient psychiatry beds. In response to this Emergency Situation, the Applicant submits this request for the addition of twenty-four (24) inpatient psychiatry beds at its licensed BMC Brockton Behavioral Health Center inpatient satellite located at 34 North Pearl Street in Brockton in order to ensure continued access to inpatient behavioral health services within the greater Brockton community.

A. Identity of the Applicant

The Applicant is a Massachusetts non-profit integrated health care system with a principal office located at One Boston Medical Center Place, Boston, MA 02118. The Applicant provides primary, specialty, and tertiary care through its subsidiaries, affiliates, and community health care center partners. It also provides access to a managed care organization, an accountable care organization ("ACO"), and other health related programs. Many of the patients served by the Applicant and its affiliates are associated with under-resourced populations that are underserved by existing health care services throughout the Greater Boston community and Massachusetts.

Boston Medical Center Corporation d/b/a Boston Medical Center ("BMC") is the Applicant's academic safety net hospital. BMC's main campus is located at One Boston Medical Center Place in Boston. Additionally, BMC operates an inpatient satellite known as BMC Brockton Behavioral Health Center at 34 North Pearl Street in Brockton ("BBHC"). In total, BMC is currently licensed to operate 570 beds. It is the largest safety net hospital in New England as well as the busiest trauma and emergency services center in New England. BMC is the primary teaching affiliate for the Boston University Chobanian & Avedisian School of Medicine. BMC provides a wide range of emergency, outpatient, and inpatient services, with over seventy (70) medical specialties and subspecialties.

BBHC opened in October 2022 to address the ongoing need in the Commonwealth of Massachusetts for inpatient behavioral health capacity exacerbated by the COVID-19 pandemic. BMC is licensed to operate fifty-six (56) inpatient psychiatry beds at BBHC, which are dually licensed by the Department and the Department of Mental Health. In addition, BBHC is the site of a twenty-six (26) bed Clinical Stabilization Service ("CSS") certified by the Bureau of Substance Addiction Services. BMC has steadily been ramping up BBHC to full capacity as of February 28, 2023.

B. Nature of the Emergency Situation

As previously stated, a 10-alarm fire occurred at Signature on February 7, 2023. The fire resulted in the closure of all inpatient services at Signature. The closure includes Signature's twenty-two (22) inpatient psychiatry beds. Signature's inpatient hospital services, including its psychiatry beds, are projected to be offline for some time, requiring assessment of and renovations to the hospital facility to address damage caused by the fire.

The resulting loss of inpatient psychiatry volume creates a substantial hardship not only for the greater Brockton community but also for the Commonwealth. Inpatient psychiatry beds continue to be in high demand. Patients in need of behavioral health services continue to face long boarding times in emergency departments across the region as they wait for an available bed to open. With the Signature inpatient psychiatry beds closed, the Commonwealth is facing a net loss in inpatient psychiatry beds, which will only lengthen wait times for open beds. Longer wait times for available inpatient psychiatry beds is unacceptable given the unique and complex care needs of this vulnerable patient population. Furthermore, the loss of beds in the Brockton area will require patients to travel farther or be treated in facilities further from their home communities, which could result in lack of engagement in care or care disruptions following discharge.

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

In response to the Emergency Situation described above, the Applicant is proposing to convert the existing CSS unit at BBHC to a twenty-four (24) bed inpatient psychiatry unit ("Proposed Project"). As previously stated, BBHC is located at 34 North Pearl Street in Brockton. Both BBHC and Signature are located in Brockton and are approximately 4.5 miles apart.

The CSS unit is located in a wing of the first floor of BBHC. At the time of construction, the Applicant built out the CSS unit to conform with the required architectural standards for an inpatient psychiatry unit; therefore, minimal modifications are necessary to convert the unit to an inpatient psychiatry unit. Following implementation of the Proposed Project, BMC will operate the unit as a third inpatient psychiatry unit at BBHC, utilizing available resources currently in use at the facility. The unit will contain twenty-four (24) beds.

The projected costs for the Proposed Project are \$1,300,000.

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 Proposed Project will ensure continued access to inpatient psychiatry beds in the greater Brockton area with no loss in available capacity. Due to the ongoing shortage of available inpatient psychiatry beds across the Commonwealth, public health in the greater Brockton community is measurably harmed as a result of the fire at Signature. This harm will persist until Signature is able to bring its licensed inpatient psychiatry beds back into service, which will take some time. The Applicant's Proposed Project will ensure continued availability of inpatient psychiatry beds. Furthermore, the implementation of additional beds at BBHC will guarantee that beds continue to be available in Brockton to serve the needs of patients in the community without disruption. The Applicant's Proposed Project will provide necessary availability of behavioral health services to meet the needs of patients and prevent lengthening delays for this level of care.

APPENDIX 3:
AFFILIATED PARTIES FORM

Pending/To Be Provided

APPENDIX 4:
CHANGE IN SERVICE FORM

Pending/To Be Provided

APPENDIX 5:
NOTICE OF INTENT

Pending/To Be Provided

APPENDIX 6:

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: BMCHS-23030111-EA

Original Application Date: 3/9/2023

Applicant Name: BMC Health System, 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

Alastair Bell, MD, MBA

Interim CEO for Corporation Name:

Signature:

3/6/2023

Date

Mark Nunnelly

Board Chair for Corporation Name:

Signature:

Date

* been informed of the contents of

** have been informed that

*** issued in compliance with 105 CMR 100.000, the Massachusetts Determination of Need regulation effective January 27, 2017 and amended December 28, 2018



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

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Signature:

Date

Mark Nunnally

Board Chair for Corporation Name:

Signature:

Date

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Date/time Stamp: 03/01/2023 2:24 pm

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