



# Massachusetts Department of Public Health

## Determination of Need

### Application Form

Version: 11-8-17

|                   |   |                   |                                  |
|-------------------|---|-------------------|----------------------------------|
| Application Type: | Conservation Hospital/Clinic Project      | Application Date: | 09/12/2023 10:03 am              |
| Applicant Name:   | The Children's Medical Center Corporation |                   |                                  |
| Mailing Address:  | 300 Longwood Avenue                       |                   |                                  |
| City:             | Boston                                    | State:            | Massachusetts                    |
|                   |   | Zip Code:         | 02115                            |
| Contact Person:   | Donna M. Casey                            | Title:            | SVP, Strategic Business Planning |
| Mailing Address:  | 300 Longwood Avenue BY483                 |                   |                                  |
| City:             | Boston                                    | State:            | Massachusetts                    |
|                   |   | Zip Code:         | 02115                            |
| Phone:            | 6173552683                                | Ext:              |                                  |
| E-mail:           | Donna.Casey@Childrens.Harvard.Edu         |                   |                                  |

### Facility Information

List each facility affected and or included in Proposed Project

|   |                                     |                                      |               |
|---|-------------------------------------|--------------------------------------|---------------|
| 1 Facility Name:                        | The Children's Hospital Corporation |                                      |               |
| Facility Address:                       | 300 Longwood Avenue                 |                                      |               |
| City:                                   | Boston                              | State:                               | Massachusetts |
|   |                                     | Zip Code:                            | 02115         |
| Facility type:                          | Hospital                            | CMS Number:                          | 22-3302       |
| <a href="#">Add additional Facility</a> |                                     | <a href="#">Delete this Facility</a> |               |

### 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?   | BCH  |
| 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?  | Boston Children Health Accountable Care Organization   |
| 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?  | <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.

Please 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? ☒ Yes ☐ No

3.1.a If yes, under what section? Conservation Projects

## 4. Conservation Project

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

4.2 Within the Proposed Project, is there any element that has the result of modernization, addition or expansion? ☐ Yes ☒ No

4.3 Does the Proposed Project add or accommodate new or increased functionality beyond sustainment or restoration ☐ Yes ☒ No

4.4 As part of the Proposed Project, is the Applicant:

- |  |   |
|--|---|
| <input type="checkbox"/> Adding a new service?   | <input type="checkbox"/> Expanding a service?                 |
| <input type="checkbox"/> Modernizing the provision of a service?   | <input type="checkbox"/> Substituting a service?              |
| <input type="checkbox"/> Otherwise altering a service's usage or designation, including patients served? |   |
| <input type="checkbox"/> Adding a new piece(s) of equipment  | <input type="checkbox"/> Modernizing a piece(s) of equipment? |
| <input type="checkbox"/> Expanding bed capacity?   | <input type="checkbox"/> Adding bed capacity?                 |
| <input type="checkbox"/> Otherwise altering bed capacity, usage, or designation?                         | <input type="checkbox"/> Adding additional square footage?    |

## 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

## 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:** Conservation Hospital/Clinic Project

12.1 Total Value of this project:

\$26,498,000.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$662,450.00

12.3 Filing Fee: (calculated)

\$52,996.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

\$0.00

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.

\$0.00

### 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.

### Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

| Add/Del Rows                                      | Project Number   | Date Approved | Type of Notification                          | Facility Name                    |
|---|------------------|---------------|---|----------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> | 4-3C47           | 10/27/2016    | Hospital/Clinic Substantial Change in Service | Boston Children's Hospital       |
| <input type="checkbox"/> <input type="checkbox"/> | DoN 20040309-CL  | 02/13/2021    | Conservation Hospital/Clinic Project          | Boston Children's Hospital       |
| <input type="checkbox"/> <input type="checkbox"/> | Emergency DoN    | 01/15/2021    | Emergency Application                         | Boston Children's Hospital       |
| <input type="checkbox"/> <input type="checkbox"/> | BCH-21072306-CH  | 02/04/2022    | Conservation Hospital/Clinic Project          | Boston Children's Hospital       |
| <input type="checkbox"/> <input type="checkbox"/> | BCH-20171411-HE  | 12/19/2022    | Hospital/Clinic Substantial Change in Service | Boston Children's Hospital       |
| <input type="checkbox"/> <input type="checkbox"/> | BCH-22031810-TO  | 08/10/2022    | Transfer of Ownership                         | Franciscan Hospital for Children |
| <input type="checkbox"/> <input type="checkbox"/> | BCH-230825140-HE |               | Hospital/Clinic Substantial Change in Service | Franciscan Hospital for Children |

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel.

F4.a.i Capital Costs Chart:

For each Functional Area document the square footage and costs for New Construction and/or Renovations.

|                |   | Present Square Footage |           | Square Footage Involved in Project |       |            |           | Resulting Square Footage |           | Total Cost       |                 | Cost/Square Footage |            |
|----------------|---|------------------------|-----------|------------------------------------|-------|------------|-----------|--------------------------|-----------|------------------|-----------------|---------------------|------------|
|                |   |                        |           | New Construction                   |       | Renovation |           |                          |           |                  |                 |                     |            |
| Add/Del Rows   | Functional Areas                            | Net                    | Gross     | Net                                | Gross | Net        | Gross     | Net                      | Gross     | New Construction | Renovation      | New Construction    | Renovation |
| <div>+ -</div> | Infrastructure - Boston Campus              |                        | 2,076,015 |                                    |       |            | 2,076,015 |                          | 2,076,015 |                  | \$9,060,000.00  |                     | \$4.36     |
| <div>+ -</div> | Infrastructure-Waltham Campus               |                        | 375,000   |                                    |       |            | 375,000   |                          | 375,000   |                  | \$500,000.00    |                     | \$1.33     |
| <div>+ -</div> | Radiology Department                        |                        | 26,310    |                                    |       |            | 26,310    |                          | 26,310    |                  | \$6,235,000.00  |                     |            |
| <div>+ -</div> | Design fees for Various Outpatient Services |                        | 24,862    |                                    |       |            | 24,862    |                          | 24,862    |                  | \$747,000.00    |                     | \$30.04    |
| <div>+ -</div> | Sterile Processing - Waltham Campus         |                        | 2,556     |                                    |       |            | 2,556     |                          | 2,556     |                  | \$9,956,000.00  |                     | \$3,895.15 |
| <div>+ -</div> |   |                        |           |                                    |       |            |           |                          |           |                  |                 |                     |            |
| <div>+ -</div> |   |                        |           |                                    |       |            |           |                          |           |                  |                 |                     |            |
| <div>+ -</div> |   |                        |           |                                    |       |            |           |                          |           |                  |                 |                     |            |
| <div>+ -</div> |   |                        |           |                                    |       |            |           |                          |           |                  |                 |                     |            |
| <div>+ -</div> |   |                        |           |                                    |       |            |           |                          |           |                  |                 |                     |            |
| <div>+ -</div> |   |                        |           |                                    |       |            |           |                          |           |                  |                 |                     |            |
| <div>+ -</div> |   |                        |           |                                    |       |            |           |                          |           |                  |                 |                     |            |
| <div>+ -</div> |   |                        |           |                                    |       |            |           |                          |           |                  |                 |                     |            |
| <div>+ -</div> |   |                        |           |                                    |       |            |           |                          |           |                  |                 |                     |            |
|                | Total: (calculated)                         |                        | 2,504,743 |                                    |       |            | 2,504,743 |                          | 2,504,743 |                  | \$26,498,000.00 |                     | \$3,930.88 |

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

|   | Category of Expenditure   | New Construction | Renovation  | Total<br>(calculated) |
|---|---|------------------|-------------|-----------------------|
|   | <b>Land Costs</b>   |                  |             |                       |
|   | Land Acquisition Cost   |                  |             |                       |
|   | Site Survey and Soil Investigation  |                  |             |                       |
|   | Other Non-Depreciable Land Development  |                  |             |                       |
|   | Total Land Costs  |                  |             |                       |
|   | <b>Construction Contract (including bonding cost)</b>   |                  |             |                       |
|   | Depreciable Land Development Cost   |                  |             |                       |
|   | Building Acquisition Cost   |                  |             |                       |
|   | Construction Contract (including bonding cost)  |                  | \$11459000. | \$11459000.           |
|   | Fixed Equipment Not in Contract   |                  | \$6467000.  | \$6467000.            |
|   | Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost                       |                  | \$8572000.  | \$8572000.            |
|   | Pre-filing Planning and Development Costs   |                  |             |                       |
|   | Post-filing Planning and Development Costs  |                  |             |                       |
| Add/Del Rows  | Other (specify)   |                  |             |                       |
| <input type="button" value="+"/> <input type="button" value="-"/> |   |                  |             |                       |
|   | Net Interest Expensed During Construction   |                  |             |                       |
|   | Major Movable Equipment   |                  |             |                       |
|   | Total Construction Costs  |                  | \$26498000. | \$26498000.           |
|   | <b>Financing Costs:</b>   |                  |             |                       |
|   | Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc |                  |             |                       |
|   | Bond Discount   |                  |             |                       |
| Add/Del Rows  | Other (specify)   |                  |             |                       |
| <input type="button" value="+"/> <input type="button" value="-"/> |   |                  |             |                       |
|   | Total Financing Costs   |                  |             |                       |
|   | <b>Estimated Total Capital Expenditure</b>  |                  | \$26498000. | \$26498000.           |

## Factor 6: Community Based Health Initiatives

F6 Does your existing CHNA/CHIP meet the minimum standards outlined in the Community Engagement Standards for Community health Planning Guideline?

☒ Yes ☐ No

## 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
- ☐ Affidavit of Truthfulness Form
- ☐ Scanned copy of Application Fee Check
- ☐ Affiliated Parties Table Question 1.9
- ☐ Change in Service Tables Questions 2.2 and 2.3
- ☐ Certification from an independent Certified Public Accountant
- ☐ Notification of Material Change
- ☐ Articles of Organization / Trust Agreement
- ☐ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☐ Community Engagement Stakeholder Assessment form
- ☐ Community Engagement-Self Assessment form

## 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: 09/12/2023 10:03 am

E-mail submission to  
Determination of Need

**Application Number: BCH-23082615-CH**

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

☐ Community Engagement-Self Assessment form