The Children’s Medical Center Corporation

 DoN Application No. BCH-23090808-HS

Attachments

### Substantial Capital Expenditure

Children’s Hospital Corporation

September 26, 2023

Submitted By

The Children’s Medical Center Corporation

300 Longwood Avenue

Boston, MA 02115

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Community Health Initiative Supplemental Information

* 1. 2022 Community Health Needs Assessment <https://www.childrenshospital.org/sites/default/files/2022-12/community-health-needs-2022-final-report.pdf>
	2. 990
	3. CHNA/CHIP – Self- Assessment Form Cover
	4. Community Health Initiative Narrative
	5. Community Engagement Plan

Community Health Initiative Narrative

Boston Children's Hospital will be filing a Community Health Initiative CHNA/CHIP Self-Assessment as well as a Community Health Initiative Community Engagement Plan as part of the September 2023 DoN for a Substantial Capital Expenditure. Boston Children's plans to focus its Community Health Initiative on eliminating the racial, ethnic and other health disparities for children and families in Boston. The Proposed Project, while focused on work occurring at its main campus in Boston, will ensure that the facility is able to serve children from a broad range of geographies, including all parts of the Commonwealth.

**Community Health Initiative Community Engagement Processes**

*Community Health Needs Assessment:*  Boston Children’s completed a Community Health Needs Assessment in 2022. That process included a broad focus on the needs of children and families in Boston, with a strong emphasis on social determinants of health. Through that process the following areas identified: Mental and behavioral health, Housing, Youth development, Early Childhood and Food Access.

Community Health Initiative Community Engagement Processes: The Boston Children’s Hospital Office of Community Health (“BCH OCH”), will work with its ongoing Community Advisory Board as the CHI Advisory Board. For this DoN. The Board has served in this role for previous conservation DoNs as well as for our triennial community health needs assessment and includes representation from neighborhoods across Boston.

During this time, Boston Children’s will also be participating, as a partner with Franciscan Children’s Hospital, in another SCE DoN (filed August 2023). A new CHI Advisory group will be developed for this process which will occur across both institutions, and include representatives from Allston/Brighton, as well as neighborhoods across Boston. We will use the findings from that process to also inform this smaller SCE DoN. As part of these processes, BCH will consult with the following organizations or organizational types: Boston Public Schools, Boston Public Health Commission, stakeholders in the sectors of Education, Housing, Social Services, and Community Health, and Community-based Organizations with expertise in children’s mental/behavioral health and child development.

The BCH OCH will ensure (1) appropriate community engagement throughout the planning, implementation, and evaluation of the CHI process, (2) transparency in CHI decision-making, and (3) accountability for planned CHI activities.

The overarching goal for the CHI Engagement Program is to focus on evidence-informed and impactful projects to address social determinants of health and reduction of health inequities for children who live in Boston, particularly for children and families of color, from low- and moderate-income households, LGTBQ children and adolescents, and other systematically underserved groups of children and adolescents. Anticipated areas of focus include: youth development, and mental and behavioral health.

*CHI Funding Allocation:* As a component of the overall CHI contribution, Boston Children's may include a contribution to one or more statewide initiatives focusing on policy or practice changes related to eliminating the racial, ethnic and other health disparities for the state's most systematically marginalized children and families.

**Community Health Initiative Funding**

The funding plan for this CHI will be focused on the health issues of children and their families identified in the Boston Children's 2022Community Health Needs Assessment. Funding will be dispensed over 2-3 years.

The breakdown of Community Health Initiative (“CHI”) monies for the Proposed Project is as follows. All totals are presented in the order calculated.

|  | Amounts | Description |
| --- | --- | --- |
| Substantial Capital Expenditure (“SCE”) | $34,020,000 |  |
| Community Health Initiative | $1,701,000 | 5% of MCE |
| Administrative Fee | $34,020 | 2% of CHI Monies retained by Applicant |
| CHI Less Administrative Fee | $1,666,980 | CHI Monies less Administrative Fee |
| Statewide Initiative | $416,745 | 25% of CHI Less Administrative Fee |
| Local Initiative | $1,250,235 | 75% of CHI Less Administrative Fee |

Please note that following the DoN Community Based Health Initiative Planning Guideline (issued in 2017), BCH is also including a two percent (2%) allowable administrative fee to assist with the development of the community engagement and allocation process.

Attachment 6

Notice of Intent



Attachment 7

Articles of Organization

<https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2004/0423/000076506/0001/020500035140_1.pdf>

Attachment 8

Affidavit of Truthfulness and Compliance

 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 Include all attachments as requested.

Application Number: BCH-23090808-HS

Original Application Date: 09/26/2023

Applicant Name: The Children’s Medical Center Corporation

Application Type: Hospital/Clinic Substantial Capital Expenditure

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 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 been informed of the contents of this application for Determination of Need including all exhibits and attachments, and 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 been informed of 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 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 amendedKevin B. Churchwell <Signature on File> 9/20/2023CEO for Corporation Name Signature: Date: Douglas A. Berthlaume <Signature on File> 9/20/2023Board Chair for Corporation Name Signature: Date:  |

Attachment 9

Filing Fee



September 26, 2023

By E-mail and First Class mail

Robert Goldstein, M.D.

Commissioner

Department of Public Health

250 Washington St.

Boston, MA 02108

Determination of Need

Boston Children’s Hospital

Project Number: BCH-23090808-HS

Dear Commissioner Goldstein:

On behalf of Children’s Medical Center Corporation, I am submitting a Determination of Need application for a project related to a Substantial Capital Expenditure at the Boston Children’s Hospital. The application was submitted online and the attachments were emailed according to the instructions. Attached to this letter, please find the check for the application fees.

Please feel free to contact me at 617-355-2683 with any questions regarding the application.

Sincerely,

Donna M. Casey

Senior Vice President, Strategic Business Planning

Boston Children’s Hospital

Donna.Casey@Childrens.Harvard.Edu 

Attachment 10

HPC ACO Certification Approval Letter

5/27/2021 The HPC Accountable Care Organization (ACO) Certification Program | Mass.gov



Atrius Health, Inc.

Baycare Health Partners, Inc., inclusive of Pioneer Valley Accountable Care, LLC; and Baystate Health Care Alliance, LLC

Beth Israel Lahey Performance Network, inclusive of Beth Israel Deaconess Physician Organization, LLC (Beth Israel Deaconess Care Organization); Lahey Clinical Performance Network, LLC; and Lahey Clinical Performance Accountable Care Organization, LLC

BMC Health System, Inc., inclusive of Boston Accountable Care Organization, Inc.; and BMC Integrated Care Services, Inc.

Cambridge Public Health Commission D/B/A Cambridge Health Alliance

Children’s Medical Center Corporation, inclusive of Children’s Hospital Corporation; and Boston Children’s Health Accountable Care Organization (Boston Children’s Accountable Care Organization)

Community Care Cooperative, Inc.

[https://www.mass.gov/service-details/the-hpc-accountable-care-organization-aco-certification-program](http://www.mass.gov/service-details/the-hpc-accountable-care-organization-aco-certification-program) 4/6

Attachment 11

Affiliated Parties

Attachment 12

Change in Service