

Mr. Dennis Renaud, Program Director  
Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street  
Marlborough, MA 01752

Dear Mr. Renaud,

I am William Kittler, the Kimball Farms Nursing Care Center administrator in Lenox, Massachusetts. I have been a licensed nursing home administrator since 1993. Kimball Farms is a C.M.S. 5-star rated and an AHCA Gold Quality Award recipient. We received recognition as ranking among the top 2,000 nursing homes in the U.S. from U.S. News and World Report in 2017-2018. Last year, we were awarded Top Employer by Align, a national employee survey company based on employee satisfaction and engagement scores.

I am writing about the proposed swing bed implementation at the North Adams Regional Hospital (N.A.R.H) site. Northern Berkshire County has two nursing homes suited for supporting long-term and rehabilitation needs. The two nursing homes I refer to are North Adams Commons (N.A.C.) and Williamstown Commons (W.T.C.). Each nursing home has only 50% of its Certified Nursing Home Positions filled. N.A.C. and W.T.C. staff these 50% openings with registry, travelers, and overtime. Both buildings can accept any post-acute resident who needs a bed, as each has excess capacity. With scarce nursing home labor resources and excess bed capacity, adding more nursing home beds under the guise of swing beds makes absolutely no sense.

I want to share my experience working in a nursing home experience over the past ten years, which has provided me with a rich experience in our labor challenges. Over the past 30 years, I have witnessed the erosion of direct caregiver staffing in nursing homes. Kimball Farms has 50% of its C.N.A. positions open. We have a competitive wage program and tremendous benefits, including full tuition for nursing school, and we also pay for C.N.A. class tuition. There is a shrinking pool of C.N.A.s in this county, which we serve principally due to having a prominent hospital 20 minutes away, which offers 10% more pay and benefits per hour (US Bureau of Labor Statistics), making it difficult to compete. Despite Kimball Farm's excellent salary and great benefits, I have only hired 8 C.N.A.s this year through September 30th, 2023.

Kimball Farms budgets 511 hours a week for direct care nurses. We only have 140 hours of our R.N.s per week to schedule for our residents. I am on the advisory boards for two local nursing schools, and both deans tell me that all their nurses either go to the hospital or home care. The last time I hired an R.N. was in 2017.

Over the next ten years, according to the U.S. Bureau of Labor Statistics (2021), the need for Nursing Home C.N.A. is 613,500, and Registered Nurses 70,900. The number of professionals entering the field is declining for all healthcare sectors, and the number of U.S. citizens over 65

will double by 2030. During these problematic staffing times, we are experiencing a regressing labor supply over the next decade.

In conclusion, please refrain from implementing the swing beds in NARH. North County does not need them. This plan will create a financial burden on the two nursing homes mentioned above due to lower census and staff, as NARH will be a draw for the team these two buildings already have. As described above, R.N.s and C.N.A. are depleting resources, and we need a healthy supply of staff for nursing homes, which this swing bed plan will inhibit. This idea needs to be better timed and inconsiderate of the bigger healthcare picture in this county, especially northern Berkshire County.

Thank you for your consideration.

Sincerely,

William Kittler  
Kimball Farms Nursing Care Center



**From:** [Bragdon Tricia](#)  
**To:** [DPH-DL - DoN Program](#)  
**Cc:** [Meehan Colleen](#)  
**Subject:** DON Application – Berkshire Health Systems, Inc. #BHS23072710-OL  
**Date:** Wednesday, November 1, 2023 1:01:34 PM

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Mr. Dennis Renaud, Program Director  
Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street  
Marlborough, MA 01752

Dear Mr. Renaud:

Thank you for allowing written testimony on this topic. My name is Tricia Bragdon. I was raised in Berkshire County and have worked in healthcare for the past 31 years serving Berkshire County and people across MA. I have been their social worker, a surveyor of the Department of Public Health, a nursing home administrator, a regional director of operations, a senior director of value-based care and now lead operations for Integritus Healthcare, who serves more than 2,300 individuals and employs more than 3,000 staff across Massachusetts. I have had the pleasure of working with many hospital system representatives and partners across the State and the continuum of care as we shift from a fee for service industry to one grounded in high value with sustainable costs.

I have worked collaboratively with several leaders from Berkshire Health Systems over the years on pilots, programs and services that have added value to the County's healthcare services. I was thrilled to hear of the plans to re-invigorate North Adams Regional Hospital (NARH). North County is lacking primary care physicians, physician extenders, behavioral health services (including, but not limited to substance abuse treatment), urgent care and home care services. Today, many of these services are provided over the state line. As a matter of fact, the medical directors of both North County Skilled Nursing Facilities work out of a practice in South County, an hour away (Suburban Medical).

What North County doesn't need is more skilled nursing beds. In 2020, Sweet Brook, a skilled nursing facility, closed due to low occupancy, particularly in the Medicare payor category. Skilled nursing facilities depend on this source of revenue to off set the \$40.00 per patient day shortfall we receive from Medicaid (which is 70%-80% of the total revenue for most MA SNFs). Oddly enough, this closure did not result in a lack of skilled nursing services in North County at all. The combined average daily census for Medicare in the two remaining skilled nursing facilities (SNFs) in Northern Berkshire County is (and has traditionally been) approximately 30 patients (using Medicare benefit). As I understand the DON application, if approved would allow NARH the use of 18 swing beds, which would effectively deplete the revenue necessary to reinvest in the staff, the environment, and the services necessary to continue to operate those skilled nursing facilities.

I'm sure most residents of Northern Berkshire County don't realize this complication and the hardship it will cause as it relates to travel for skilled nursing needs. The other complication

that is being under-stated is the vacancy rate for nursing and ancillary staff in Northern Berkshire County. It often takes several days for a nurse to be able to assess a resident in their home after discharge. Knowing this is not ideal, I assume there are vacancies in home care. The current vacancy rate in skilled nursing in northern Berkshire County for certified nursing aides (CNAs) and licensed nurses are 64% and 28% respectively, and 52% and 42% respectively in all of Berkshire County. For Integritus, this translates into needing to recruit 57 FTE's of certified nursing aides and 12 FTE's of licensed nurses to our skilled nursing facilities in Williamstown and North Adams. As a result of the reality that the skilled workforce is not available, Integritus currently employs several traveling nurses (C.N.A.s, LPNs and RNs) from other states who charge a premium of 70% or more with a cost of \$3.7M for the two northern Berkshire skilled nursing facilities. This is not sustainable for any length of time.

I'm honored to have seen Integritus Healthcare fund hundreds of CNAs and nurses over the years. Currently we continue to make considerable efforts to invest in the pipeline for CNAs and licensed staff (most notably our collaboration with McCann Technical School and our program to pay for class time as worked time, our support of the new MCLA nursing program and our long-term partnership with Berkshire Community College). These efforts take money and time to bear fruit and it is unclear how we will gain traction from these and other strategic efforts to recruit and retain staff in an environment that includes critical access designation only to the new acute care hospital. Given the reimbursement structure, I expect many of our existing staff will be able to make significantly more money and hour which will result in an incentive for them to migrate to NARH. We saw this dynamic in South County when Fairview Hospital opened their swing beds.

I can't say as I would blame them. The hospital's critical access designation will provide it the ability to receive reimbursement for allowable costs plus a 1% profit. This creates an opportunity for the hospital to pay wages that exceed what nursing homes can pay based on their reimbursement. This inequity, despite the acute and post-acute providers serving the same geography, provides the hospital an advantage in wages that will create incentives for our existing staff to migrate to the hospital for employment. I believe it will also destabilize the services at Williamstown Commons and North Adams Commons creating recruitment and retention challenges in an already challenging landscape.

At the heart of value-based care models, the future of healthcare being driven by CMS, is well coordinated, person centered care, in the right place, at the right time. For many, recovery can be done at home; for some, recovery in skilled nursing is the right place at the time. While we know most do not ever want to live long term in a skilled nursing facility, most are relieved this service is available when they need it. The existing plan to use 18 swing beds as skilled nursing beds at any given time will add to overall healthcare costs by retaining patients in a hospital setting instead of discharging them to a lower cost community setting, or a skilled nursing facility. Keep in mind there is no regulatory oversight by CMS for this type of service.

Please appreciate I'm not motivated to stop the reopening of NARH. I'm motivated to assure services are not duplicative and aimed at filling the existing gaps in the healthcare delivery system in Northern Berkshire County. As such I would ask the following of the Determination of Need program:

1. Limit the number of swing beds to 2 versus the current allowable number 18.
2. Extend critical access designation and reimbursement to all healthcare in Northern

Berkshire County along the continuum (acute care, skilled nursing, home care) so there is a level playing field as it relates to recruitment of staff in a labor market where there aren't enough to fill existing positions.

3. Ask for a community health needs assessment to be completed.

Sincerely,

*Trish*

**Tricia L. Bragdon, LICSW**

**VP-Operations**

Integritus Healthcare

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**From:** [RICHARD HERRICK](#)  
**To:** [DPH-DL - DoN Program](#)  
**Cc:** [Herrick Dick](#)  
**Subject:** Dennis Renaud, Program Director  
**Date:** Wednesday, November 1, 2023 4:50:41 PM

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## Dennis, Renaud, Program Director

Determination of Need Program  
Massachusetts Department of Health  
67 Forest Street  
Marlborough, MA 01752

RE: DON application - Berkshire Health Systems, Inc. # BHS23072710-0 L

Mr. Dennis Renaud: The following is my written testimony as a follow up on the public hearing held October 25 regarding the above stated DON.

While, being supportive of the restoration of acute care services to the North Adams region, there are significant concerns with the possibility of significant collateral damage, if some of the issues are not addressed. Some of those issues are as follows.

Allowing 18 of the 25 beds (70%) as swing beds (nursing home beds) if fully utilized could have the consequences of reducing the Acute care capacity of the operation resulting in the diversion of patients back to Pittsfield, while the local nursing homes have the capacity and capability of handling that service. This will be a direct contradiction of the intent of the DON. It is unclear from the DON application as submitted how the operation of the swing beds affect the overall financial feasibility, as well as regulatory compliance which beg the following questions.

1. When the swing beds are utilized do those days count towards the three day hospital stay in order for the patient to qualify for their SNF benefit under Medicare in the event that they subsequently have to go to nursing home. If not, the patient would then be denied a Medicare benefit, which they're entitled to.
2. Will the swing beds be surveyed annually as the nursing homes are by DPH and will it be done to the nursing home regulatory standards.
3. How many swing bed days are projected in the start up year as well as the stabilized year and of those days how many are Medicare days versus Medicaid days? Is Medicaid on the record as being prepared to pay potentially over \$1000 a day or more for nursing home patients? It appears these issues are not transparent in the DON application.
4. How will the impact on the already significant shortage of adequate labor in the North Adams region be addressed? Recently both Berkshire Health/Berkshire VNA, as well as North Adams YMCA have significantly limited their programs because of the inability to staff their programs. Both of which have been well documented in the Berkshire Eagle

In closing while being, supportive of the return of acute care services to North Adams region,

and my testimony, having more questions than answers. These issues must be addressed at a minimum by limiting the swing beds to no more than two and providing a period of labor transition to prevent predatory practices at the expense of existing healthcare providers. It should be noted that no other healthcare provider has the luxury of being guaranteed 100% of their cost +1% profit.

Thank you for considering my concerns.

Sincerely,

Richard J Herrick

A black rectangular redaction box covering the signature area.

11/1/23

Thanks Dick Herrick Sent from my iPhone 11

November 2, 2023

Dennis Renaud, Program Director  
Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street  
Marlborough, MA 01752

**Re: DON Application – Berkshire Health Systems, Inc. #BHS23072710-OL**

Dear Mr. Renaud:

Thank you for allowing me to submit my testimony and comments to you regarding the DON application submitted by Berkshire Health Systems, Inc. - #BHS23072710-OL. My name is Lisa Gaudet and I have been the Vice President of Strategy, Marketing and Business Development at Integritus Healthcare (formerly known as Berkshire Healthcare Systems) for the past 15 years. I have spent the vast majority of my forty-year career working in the not-for-profit post-acute industry ensuring that frail, disadvantaged and senior members of the community are able to access nursing care services close to home.

I have served as a delegate to the White House Conference on Aging, have spoken to the United Nations at their World Aging Conference and have served as a Commission Member for LeadingAge's Center for Aging Services Technologies. I have devoted my career to helping policy makers, providers and community members understand the aging demographic in the United States and the obligation and honor society has to protect and give a voice to that important demographic.

There is a general sense of happy anticipation in Berkshire County about the potential for North Adams Regional Hospital (NARH) to reopen as a Critical Access Hospital (CAH). The rural nature of this county, coupled with a lack of north/south interstate highways nor accessible, convenient transportation leaves residents navigating time and distance challenges for most of their personal needs. This includes everything from shopping to healthcare. So, as you might imagine, breathing new life into a hospital that closed several years ago will provide northern Berkshire County with convenient access to acute care services. But at what cost?

The ability of Berkshire Health Systems (BHS) to access CAH policy to swing hospital med/surg beds to nursing home beds, and to be reimbursed at a premium is threat to the survival of existing nursing home providers in this geography. The narrative within the DON application from BHS in that there will be "continuity of care" and "ease of access". This is not an accurate representation of the future state at all, and I believe a flawed view of the partnership and value that nursing homes provide alongside community hospitals.

What I have seen across my career is that acute care hospitals often don't fully appreciate the journey that families and seniors are on when they are navigating placement for nursing home care. For those families it is a priority for them to be able to be nearby their loved ones so they can visit them often, be involved in their care and help them adjust to what will be a new permanent or temporary "home" for them. If the stay is a short one, for recovery from an illness or surgery, it is important that family be close by to encourage the patient in their rehabilitation and eventual return to home. For those who come to live in a nursing home, the presence of family is critical to their social engagement and emotional health. Placement in nursing homes that are further away from their family or loved ones create tremendous hardship and stress for all involved.

Nursing homes, like Williamstown Commons (WTC) and North Adams Commons (NAC) in northern Berkshire County have been serving residents in these communities for more than 50 years. Each day they commit to providing a "home" for those who need long term care and pivot effectively to provide short term rehabilitation to those who need a short stay before returning home following an illness or hospitalization. Almost 68% of the combined 225 residents under their care are there under a Mass Health benefit which underfunds their care by \$47 a day. That underfunding for these two facilities alone is close to \$4M annually. That deficit is covered by patients who come to them under a Medicare or commercial insurance benefit. The Medicare reimbursement allows these nursing centers to cover the loss created through Mass Health while also allowing them to reinvest in their people through wages, their buildings through capital upgrades and their services through training and specialized clinical capabilities. Utilization of swing beds at NARH will effectively cannibalize the same population that WTC and NAC rely on to sustain their presence in the community.

Allowing NARH to access 18+ swing beds in this market would effectively dilute the financial viability of these community based, not-for-profit nursing homes. With the potential closure or downsizing of these centers a real possibility where will northern Berkshire County be when mom or dad need care that extends for months or years? The next closest nursing homes are over 20 miles away and a 45 minute drive. That drive to visit once a day is more than 90 minutes of travel in an area that has limited to non-existent public transportation.

The other potential hazard is the competition for labor in a market that currently does not have enough nurses and aides to cover all the vacancies and open hours that existing in northern Berkshire County and across the county as a whole. The hospital's reimbursement advantage of allowable costs plus a profit has the potential to create an incentive for staff at WTC and NAC to seek employment with the hospital due to more robust wage scales enabled through their reimbursement mechanisms. This could create further instability in this county's labor market which would place another crack in the system of care for these nursing homes.

At Integritus Healthcare we have pursued several paths to develop a stronger pipeline of clinical staff, but the process takes time and has yet to yield the benefits we need. Without a strong, consistent workforce we are forced to employ traveling agency staff from outside our

marketplace who charge exorbitant fees that further dilute the financial stability of the nursing home sector. It is an unsustainable equation that, with further disruption from the CAH, could tip the scales in a way that forces reductions in units or closures of these nursing homes leaving many residents of northern Berkshire County without access to the long-term care and short-term rehabilitation they need and want close to their homes.

I think it is worth noting that the nursing home sector in Berkshire County was not brought into the planning discussions for this DON submission. Without that insight and feedback the application is not representative of all community sectors that have the potential to be impacted by the re-emergence of NARH. I am not sure of the reason why, but the omission underscores the lack of understanding that may exist around the relevance of nursing home care within the local communities and their importance in the healthcare ecosystem we exist in.

I am asking that the DON program recommend the following conditions on the above-mentioned application:

1. A limitation on the number of swing beds that NARH can employ to no more than 2 at any given time.
2. A moratorium on hiring existing committed and agency staff from the nursing homes in northern Berkshire County and a requirement that NARH employ traveling agency staff for the first two years of operation to ensure workforce stability in the marketplace.

Please understand that my position is not based on trying to stop the reopening of NARH. I believe that this is an important service to return to the residents of this region of the state. I ask that you consider creating balance and equity in how this initiative comes to life by considering the continuum of healthcare services that many residents and staff who live in this region rely on each day and have for over 50 years. Access to nursing homes now and into the future is of equal importance in this equation.

Thank you for your consideration of my position.

Sincerely,  
Lisa A. Gaudet  
Vice President, Business Development  
Integrity Healthcare

**From:** [Coughlin Tara](#)  
**To:** [DPH-DL - DoN Program](#)  
**Cc:** [Meehan Colleen](#)  
**Subject:** DON Application-Berkshire Health Systems, Inc. #BHS23072710-OL  
**Date:** Thursday, November 2, 2023 10:49:03 AM

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Mr. Dennis Renaud, Program Director  
Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street  
Marlborough, MA 01752

Dear Mr. Renaud:

November 1, 2023

Thank you for allowing written testimony on this topic. My name is Tara Coughlin. I have been a nursing home administrator, a regional director of operations for about 30 years in Massachusetts. I currently work for Integritus Healthcare, who serves more than 2,300 individuals and employs more than 3,000 staff across Massachusetts.

I spent time as an Administrator in the Berkshires early in my career and Integritus was formally part of the Berkshire Medical Center umbrella, so I am familiar with the landscape in the Berkshires. Recently information was shared across our company about the possible impact in North Berkshire County. I understand that the new hospital is proposing to add up to 18 additional swing beds to the area, this could be devastating to an already stressed landscape in long term Care. I am not looking to stop the reopening of NARH. I would like to be assured services are not duplicative and aimed at filling the existing gaps in the healthcare delivery system in Northern Berkshire County. As such I would ask the following of the Determination of Need program:

1. Limit the number of swing beds that NARH can access and use to 2 versus the current allowable number 18.
2. Impose a 2-year moratorium on recruiting our staff by requiring NARH to staff with agency nursing so the labor market is not destabilized.
3. Ask for a community health needs assessment to be completed.

Sincerely,

*Tara Coughlin*

**Tara Coughlin, MBA, LNHA**  
**Regional Director of Operations**

Integritus Healthcare  
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November 3, 2023

Dennis Renaud, Program Director  
Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street  
Marlborough, MA 01752

Re: **DON Application – Berkshire Health Systems, Inc. #BHS23072710-OL**

Dear Mr. Renaud:

I hope this letter finds you well. I am writing to provide my comments and feedback on the Determination of Need (DoN) application recently submitted by Berkshire Health System which includes the proposed opening of North Adams Regional Hospital (NARH) as a Critical Access Hospital in North Adams, MA with up to twenty-five “swing” beds that could provide acute hospital care as well as post-acute skilled nursing services. As the administrator of North Adams Commons, one of two skilled nursing facilities serving Northern Berkshire County, it is vital to share my thoughts and concerns regarding aspects of this project.

First and foremost, I would like to acknowledge that I support this initiative and the proposed project to return critical hospital access to Northern Berkshire County residents. Providing local acute care services will most definitely positively contribute to the well-being of members of our community, enabling them to receive this level of care without having to travel 20+ miles to Berkshire Medical Center. I understand that the DoN process is designed to ensure that projects align with public health priorities and serve the best interests of the community. In reviewing the application, I have some thoughts and considerations that I believe should be considered.

North Adams Commons (NAC) has been providing post-acute short-term rehabilitation and long-term skilled nursing services to Northern Berkshire County residents along with our sister affiliate, neighboring Williamstown Commons (WTC), for 59 years. NAC has 99 licensed skilled nursing beds while neighboring Williamstown Commons has 154 beds. These numbers indicate that skilled nursing bed capacity is already sufficient in supporting the post-surgical/short-term rehabilitative needs of Northern Berkshire County residents. Because of this, I am concerned about the proposed addition of more post-acute beds (swing beds) to an already adequate, and at times, even excessive amount of available skilled nursing beds in the marketplace. To further my point, by adding more skilled nursing bed capacity outside of the two existing facilities, when the additional need or demand does not exist, it is reasonable to expect that there will be a decrease in post-acute Medicare referrals to NAC and/or WTC.

At NAC, traditional, long-term nursing care is typically utilized by more vulnerable patients who are more likely to be older, commonly have cognitive impairments, and to be totally dependent on assistance for activities of daily living such as bathing, eating and more. On average, these residents make up at least 75% our population, and the nursing home is their residence. Very few pay privately and, more typically, the majority depend on Medicaid to pay for their care.

Short-term patients seeking rehabilitative services, which, if implemented the swing beds at NARH will also be able to provide, are generally made up of younger, healthier patient who returns home after a brief stay and generally pay with Medicare or another commercial insurance product.

The sustainability of our long-term care business model relies heavily on these short term post-acute patients and Medicare reimbursement to balance the deficit caused by Medicaid. Medicaid is the primary payer for NAC, covering more than 65 percent of our residents on average. Historically, Mass Health underfunds the care of these individual by \$47 a day which equates to a 3.7M deficit annually for NAC and WTC. According to the Mass Senior Care Association, the Medicaid shortfall in Massachusetts is among the highest in the nation. This chronic gap in funding has resulted in shoestring budgets and ongoing operating losses. Historically, we rely on these short-term Medicare individuals to offset the shortfall in Medicaid payments and any additional loss of this revenue will make already slim operating margins crunched even further.

I would like you to consider the dilutive financial effect that these swing beds can have on northern Berkshire skilled nursing homes - NAC and WTC. Extracting patients that would normally come to us for post-acute services, that we have been providing for decades, at a less expensive cost than what will be provided by NARH through the critical access hospital designation (cost plus 1%), will most definitely cause a financial destabilization for the two existing northern Berkshire Skilled Nursing facilities.

The overall affect this can have on sustaining our future operational financial needs, is potential closure of one or both Skilled Nursing Facilities. If this occurs, northern Berkshire County residents will be forced to seek long-term care miles away. It will interrupt the continuum of care that currently exists for these residents. This will also have a reverse effect on the availability of post-acute beds as NARH will likely not be able to support all post-surgical/short term rehabilitative skilled nursing needs and therefore residents will need to seek skilled nursing facilities in other parts of Berkshire County.

In summary my request is regarding the swing bed capacity for NARH. I ask you to consideration a limit to the use of swing beds at NARH to two to prevent negative effects to the continuum of nursing home care being provided currently in northern Berkshire County.

Sincerely,

Robert Post  
Administrator  
North Adams Commons Nursing & Rehabilitation Center  
175 Franklin Street  
North Adams, MA. 01247  
rpost@integritus1.org  
(413) 664-4041

November 3, 2023

Dennis Renaud, Program Director  
Determination of Need Program  
Massachusetts Department of Health  
67 Forest Street  
Marlborough, MA 01752

Re: DON Application – Berkshire Health Systems, Inc. #BHS23072710-OL

Dear Mr. Renaud,

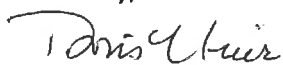
My name is Doris Meier and I am the VP of Information Technology at Integritus Healthcare in Pittsfield, MA. Integritus is the largest not for profit provider of senior living, nursing home and Hospice services in Massachusetts. I am writing to you regarding the request by Berkshire Health Systems to obtain approval to re-open the former North Adams Regional Hospital (NARH) as a Critical Access Hospital. The reopening of this facility would be of significant benefit to the residents of Northern Berkshire County and I am in full support. I do, however, have great concerns within the proposal to allow the use of 18 of the hospital beds to be utilized as swing beds. Integritus currently has two nursing homes in Northern Berkshire County that would be significantly impacted should this be approved. Furthermore, the reimbursement afforded under the CAH for swing beds is cost plus 1%, while our own nursing homes are reimbursed less than its cost. This is a huge disparity that would need to be corrected. We need to have a level playing field in reimbursement.

Of secondary concern is the current shortage of nursing personnel throughout Berkshire County and the impact the re-opening of NARH will have on retention of our current workforce. Current vacancy rates in northern Berkshire County are 64% for CNA's and 28% for licensed nurses. Our current vacancies have forced the use of highly compensated agency personnel and traveling nurses at a cost of millions of dollars just for our two facilities. This is an unsustainable model and the high potential for current Integritus employees to move their employment to the CAH will exacerbate our already fragile workforce.

Given the criticality of the situation Integritus is facing, I ask that the Determination of Need program put a limit on the number of swing beds that NARH can use to 2 versus the current 18. I also request that a 2-year moratorium be placed on the ability of BHS to recruit our staff through requiring their use of agency personnel to uphold the stability of the Northern Berkshire County labor market.

Thank you for your attention to this important matter and your consideration of these requests.

Sincerely,



Doris Meier  
VP Information Technology  
Integritus Healthcare, Inc.