

From: [Kowal Andrew](#)
To: [DPH-DL - DoN Program](#)
Cc: [Meehan Colleen](#)
Subject: DON Application – Berkshire Health Systems, Inc. #BHS23072710-OL
Date: Friday, November 3, 2023 1:00:45 PM

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Dear Mr. Renaud:

As the Director of a long-term care pharmacy, and as a pharmacist with over thirty years of experience exclusively serving nursing facilities in a consultative and operational role, I can provide insight on changes in Berkshire County over the years.

When I first began a consultant pharmacist practice in Berkshire County in the 1990's and 2000's, I worked with a progressive pharmacy with a rural charm and appeal, McClelland Health Systems based in Lee, MA. This business is now closed.

One of our biggest customers was Sweet Brook in Williamstown, MA. At its height, around 180 residents were cared for at Sweet Brook. It closed in 2020.

Great Barrington Health Nursing and Rehab Center, another busy facility, ceased operating in 2000. Back at the time of the closing, the administrator reported to the Berkshire Eagle that on average the facility was being reimbursed by Medicaid \$38 per person per day below their costs. Even though this was a three-nursing unit facility that used to have a full census, at the time of closing, they had only 28 residents.

Regarding North Adams Regional Hospital, I also provided consulting pharmacy services when it was an active acute-care hospital. At the time, they created a transitional care wing (essentially, a twenty-bed nursing home unit for short-term care set in the hospital). The hospital wasn't viable and closed.

Berkshire Medical Center had its own transitional care center which was also around twenty beds, and it was set in its own building on the Pittsfield campus. I provided consulting services during the start-up until it ceased operating.

Despite these changes, consolidations, closings, access to nursing facility care has not been affected. Skilled beds in Berkshire County are empty now. Medicare census is below capacity.

Certainly, one can appreciate how hospitals see the same downward trends I describe and would like to hedge their bets with a new revenue stream at the expense of operating skilled nursing facilities.

How is it fair hospitals can compete with nursing facilities through a "critical access designation" and receive reimbursement for allowable costs plus a 1% profit?

What makes this Determination of Need proposal particularly confusing is how anyone could argue there is a need for more skilled beds when the facts don't bear this out.

Best Regards,

Andy

Andrew H. Kowal, RPh

**Director of Pharmacy
Pharmacist Manager of Record
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11/1/23

Dennis Renaud, Program Director
Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 10752

DPH.DON@State.MA.US

Dear Mr. Renaud

Hello, Mr. Renaud, my name is Monique Tanguay RN, the Director of Clinical Network Development for Integritus Healthcare. We are the largest non-for-profit health care continuum providing Senior Living options, Rehabilitation Services and Hospice care in the Commonwealth. While we span the state and provide services from border to border, we are heavily weighted in Berkshire County.

Integritus Healthcare is a long-time collaborative partner with Berkshire Medical center and we see the reinvigoration of North Adams Regional Hospital as a positive impact on the community. It will improve access challenges, extend services in the community, provide choice, employment opportunities and improve patient outcomes, but I ask, have you considered the impact to all healthcare sectors? The very positive impact the opening of the regional hospital is expected to have on northern Berkshire county outshines an unintended or overlooked negative impact looming over the skilled nursing facilities in the area. Please consider the few points below.

While residents and staff of the county will enjoy a shorter commute to North Adams Regional for care the guidelines of the policy do not address their access to aftercare at a local Skilled Nursing Care Center. As the CAH policy is written it does not take into account how the opening of swing beds and already lean staffing force will Skilled Nursing Care in northern Berkshire County. The swing beds take vital business from SNF's. These SNF's are dependent on the MCR revenue to cover the gap in underfunded Medicaid payments. Complicated with an inability to staff without the use of travel nurses who come at a premium cost, this pinch will force SNF to make tough decision. If the local affiliates see a loss in vital revenue, staff transitioning to the hospital and an increased need for staff at a premium cost they would not be able to sustain and local resident would then need to look for care outside or northern Berkshire County. They would be in the same position and their challenges of access to appropriate healthcare is at risk.

I urge you to reconsider a few things that would help to mitigate the hardships and negative impact the CAH policy guidelines will inflict on the healthcare continuum. Please reconsider the number of swing beds the hospital could access. We ask you limit it to 2 and allow the SNF to provide the right care in the right setting. The payment structure is also an area of concern. For the same licensed beds the hospital's reimbursement structure is cost plus 1%. We are not entitled to the same cost structure and with Medicaid underfunding the cost of care the gap will continue to grow for Skilled Nursing. Finally, if

you could rereview guidelines around staffing. We are already concerned with the shortage of nurses and lack of ancillary support in the community. To cover our current employment gap we need to hire 57 full time employees in Norther Berkshire county alone. If North Adams Regional Hospital would commit to not pilfering our staff for 2 years we could continue to hire and fill necessary gaps to continue to be a good collaborating partner.

As stated earlier, Intergritus Healthcare, the community and I are jazzed about the reinvigoration of North Adams Regional Hospital, we just ask that you consider the economic impact of the skilled nursing facility and how that will impact the community.

Thank you for taking the time to review our concerns we are confident that this oversight will be amended to include the entire healthcare continuum.

Sincerely,
Monique Tanguay
Director of Clinical Network Development

November 3, 2023

VIA EMAIL

Massachusetts Department of Public Health
Determination of Need Program
E-Mail: DPH.DON@State.MA.US

Re: Written Statement in Response to Berkshire Health Systems, Inc.'s Determination of Need Application

To Whom It May Concern:

Thank you for the opportunity to submit written statement in response to Berkshire Health Systems, Inc.'s ("BHS's") Determination of Need ("DoN") application, which contemplates a new hospital facility in Berkshire County. My name is Ryan Cuthbertson of Hooper, Lundy & Bookman, P.C., and I am writing on behalf of the Massachusetts Senior Care Association ("MSCA") to express our concern about the impact that the proposed project will have on the regional long term care system.

During the public hearing held on October 25, 2023, we heard from several long term care operational experts who voiced concern that the project parameters, as described in the DoN application, will jeopardize access to critical long term care services for the region's residents and family members. In BHS's community engagement presentation, it stated that healthcare is a balancing act, balancing the needs of the community against financial sustainability. BHS stressed to the community that it is "always working to maintain this balance so that we can advance health and wellness for our whole community."

However, had BHS's community engagement efforts included other key stakeholders, such as local long term care providers, it would have received valuable insight into the role of those providers in maintaining that community-wide balance. It is clear that Berkshire County contains an ever-increasingly sick and aging population, whose needs extend beyond just acute care – long term care is another critical and irreplaceable function on the healthcare continuum for these residents. Maximizing the number of lucrative swing beds may address BHS's financial sustainability, but it would come at the cost of sacrificing the needs of the community by hampering access to critical long term care services.

The MSCA, on behalf of its members, is therefore respectfully requesting that this project be approved only with certain important conditions aimed to sustain the balance of the healthcare ecosystem in Berkshire County. These conditions are intended to address both of the major issues that would exacerbate the long term care access problem: **financial impact** and **staffing**.

To address the financial harm to local long term care facilities, MSCA requests that the number of beds authorized for swing bed designation be capped at two beds. This would mitigate harm to the local post-acute and long term care infrastructure, while still allowing the ability to provide adequate post-acute care at the hospital location.

To address the seemingly inevitable impact to the already-strained staffing resources at area SNFs, MSCA requests that BHS agree not to actively solicit clinical or ancillary staff from skilled nursing facilities located within a 25-mile radius of the hospital, effective from the date of DoN approval and continuing for two years after the hospital commences operations. This would provide a reasonable transition period for the SNFs to plan for and mitigate staffing impacts and avoid a devastatingly abrupt staff exodus that would immediately threaten SNF capacity in the area. The hospital would still have access to existing staff and the use of fixed-contract staffing arrangements, which are now common among healthcare facilities given unabated staffing shortages, but are more challenging for SNFs to use with the noted financial disparities.

Additionally, MSCA requests that the Health Policy Commission conduct a Cost and Impact Market Review in connection with the proposed project.

While it appears that everyone can agree on the merits of the underlying need of the project, MSCA is asking that you consider in your analysis of factors 1 and 2 (related to the Commonwealth's broader objectives for improving public health outcomes and continuity and coordination of care) the potential inadvertent upset to the community healthcare infrastructure in Berkshire County as a whole by imposing these conditions on the proposed project.

Thank you again for your consideration.

Very truly yours,



Ryan J. Cuthbertson

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. # BHS-23072710-OL

On behalf of the Massachusetts Senior Care Association Ten Taxpayer Group (MSCATTG), we appreciate the opportunity to comment on the Determination of Need (DoN) Application filed by Berkshire Health Systems to operate a Medicare certified critical access hospital (CAH) at 71 Hospital Avenue in North Adams, Massachusetts.

The applicant is requesting 18 acute care medical/surgical beds and proposes to have all 18 of these beds licensed and certified for use as so-called swing beds for subacute care, at its North Adams facility.

We appreciate and fully support the intent of the applicant to increase the availability of acute care services for residents of Northern Berkshire County, however, we are highly concerned that this project will have unintended, negative consequences that will threaten both choice and access to long term care services in Berkshire County just as demand for these vital services is growing.

Specifically, we are concerned that permitting the applicant to use all its 18 acute care beds as so-called swing beds will put the 13 Berkshire County nursing facilities at a disadvantage and may result in nursing facility closures. Swing beds is the term used to describe a hospital room that can switch from in-patient acute care status to skilled nursing care status. The use of swing beds has the practical result of keeping patients who need skilled nursing facility level of care in the hospital instead of discharging to a local nursing facility. This is sometimes necessary when there are no nearby skilled nursing facilities, but that is not the case in Berkshire County. Typically, this nursing facility level of care is funded by Medicare, which is exactly the revenue that nursing facilities rely on to offset severe Medicaid underfunding. The irrefutable data and facts are that nursing facilities with less Medicare revenue are more likely to close, experience lower staffing levels and poorer outcomes.

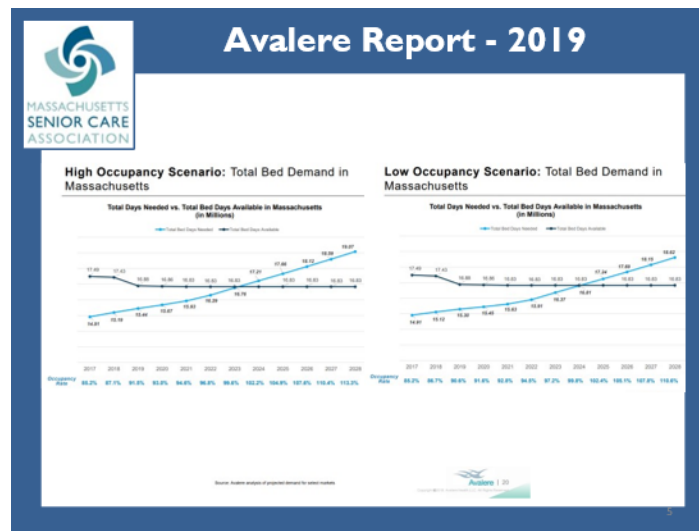
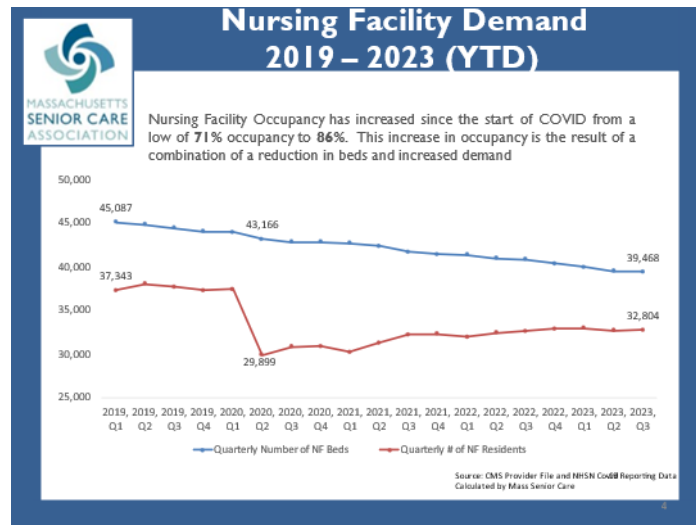
To add to this, we are concerned that our already scarce and invaluable clinical and ancillary staff will be recruited away from Berkshire County long term care facilities to work at this newly established acute care center. We learned during the Covid-19 pandemic that the single

biggest barrier to building additional acute and post-acute capacity is hiring the workforce necessary to staff these facilities. Since North Adams Regional Hospital, through its critical access designation, will have unlimited access to government funding to offer competitive wages that are well above the pay rates at nursing facilities and frankly all other employers in the region, we believe that Berkshire County nursing facilities are acutely disadvantaged and at severe risk for being unable to retain the staff necessary to maintain operations. This alarming inequity is due to two key reasons: 1. Both Medicare and Medicaid reimburse critical access hospitals at their full costs, plus a profit; and 2. By stark contrast, the state's Medicaid program, according to the federal agency MACPAC, vastly underfunds - by \$47 per resident per day - the cost of quality nursing facility care, which means that Berkshire Health Systems has an astounding economic competitive advantage over all other employers in the region, including long term care facilities.

By approving this application, as proposed, we are concerned that DPH will be placing the 13 Berkshire County nursing facilities at an even greater disadvantage to compete for staff and to ensure the safety and well-being of the residents we serve. It is also worth noting that nursing facilities are inspected and regulated by the DPH and the federal CMS at a much greater level than acute care hospitals, which again is an inequity and we believe that if a hospital is providing skilled nursing services, similar to those at a skilled nursing facility, then they should be subjected to the same level of oversight, inspection and reporting requirements.

Access

The state's 356 nursing facilities provide a core government service to frail elders and disabled individuals who can no longer be cared for safely at home, as determined by the Executive Office of Elder Affairs' regional Aging Service Access Points (ASAPs). Nursing facilities are the ultimate safety net and there is growing consumer demand for these services. Currently over 86% of licensed nursing facility beds are occupied. And the need for nursing facility care is only expected to grow sharply over the next decade. According to a report by the University of Massachusetts Donahue Institute, the percentage of the state population age 65 or older will increase to 21 percent in 2030, representing one out of every five people in the state. This will result in an increased demand for long term care services, both in the community and in a nursing facility. And as demand increases, it will become increasingly challenging to place a loved one in a local nursing facility. A 2019 Avalere analysis showed that it is not a matter of if demand exceeds capacity, but when will the Commonwealth reach the inflection point at which there is more demand than there are available beds. The point is that the Commonwealth's fragile health care continuum cannot withstand voluntary nursing facility closures, which we believe could be the collateral result, if this project is approved, as proposed. The addition of 18 swing beds in the region could have the unintended impact of further destabilizing an already fragile long term care system, with the potential for facility closures, which means that consumers and their families would have limited access and choice when selecting a quality long term care facility in their communities. The number of beds that would come off-line due to these closures would vastly exceed the new swing beds, further exacerbating access to quality skilled nursing facility care.



The reality is that there is no viable, affordable alternative to the short and long term care that skilled nursing facilities provide to 33,000 vulnerable individuals daily. Nursing facilities provide 24-hour medical care, therapy, housing, food, supervision, social engagement, activities and additional services.

The typical **long term care** nursing facility resident is:

- Female, Age 86
- Typically relies on **MassHealth** to pay for care.
- Has exhausted community-based Long Term Services and Supports (LTSS), as determined by the state's ASAPs
- Widowed and lived alone prior to entering a nursing facility
- Is likely to have dementia or be cognitively impaired
- Totally dependent on assistance with activities of daily living (ADLs), including bathing, toileting, and walking

In recent years, nursing facilities have been increasingly caring for younger patients and patients with behavioral needs.

The typical short term patient seeking rehabilitative services is:

Admitted from the hospital following:

- Surgical Procedures
- Hip/Knee replacements
- Cardiac
- Medical Conditions
- Stroke
- Pneumonia
- Intensive short term skilled nursing care and rehabilitation services
- Physical Therapy
- Occupational Therapy
- Speech – Language Pathology

Typically relies on **Medicare** to pay for care.

Annually, about 70,000 patients are discharged from nursing facilities to the community within one month after a successful, short term rehabilitative stay.

There are currently 1,347 federally-certified skilled nursing facility beds among the 13 Berkshire County skilled nursing facilities with an overall median occupancy of 92% for the county as of October 8, 2023. (Source: CMS NHSN Weekly Data).

Nursing Facility Median Occupancy %, Berkshire County, October 8, 2023 (Source: CMS NHSN Weekly Data)					
Provider Name	City	Number of All Beds	Total Number of Occupied Beds	Occupancy %	
BERKSHIRE PLACE	PITTSFIELD	54	46	85%	
BERKSHIRE REHABILITATION & SKILLED CARE CENTER	SANDISFIELD	57	54	95%	
CRANEVILLE REHABILITATION AND SKILLED CARE CENT	DALTON	69	64	93%	
FAIRVIEW COMMONS NURSING & REHABILITATION CENTER	GREAT BARRINGTON	146	121	83%	
HILLCREST COMMONS NURSING & REHABILITATION CENTER	PITTSFIELD	252	233	92%	
KIMBALL FARMS NURSING CARE CENTER	LENOX	74	69	93%	
LEE HEALTHCARE	LEE	88	52	59%	
MOUNT CARMEL CARE CENTER	LENOX	69	64	93%	
MT GREYLOCK EXTENDED CARE FACILITY	PITTSFIELD	100	95	95%	
NORTH ADAMS COMMONS NURSING & REHABILITATION CENTE	NORTH ADAMS	105	91	87%	
SPRINGSIDE REHABILITATION AND SKILLED CARE CENTER	PITTSFIELD	112	95	85%	
TIMBERLYN HEIGHTS NURSING AND REHABILITATION	GREAT BARRINGTON	71	65	92%	
WILLIAMSTOWN COMMONS NURSING & REHAB	WILLIAMSTOWN	150	127	85%	
Total (Berkshire County)		1347	1176	92%	Median

The applicant references a 2015 Stroudwater Associates report that found the “Northern Berkshire County medical landscape is above the state average in maladies like asthma, cancer and heart disease; surrounded by high percentages of people who are overweight, disabled, or in poor general health; and serving an aging, low-income population in need of access to health care.”

As the report references, Northern Berkshire County has a growing aging population that will require access to not just acute care services, but also a strong continuum of care that includes ambulatory and specialty care service, and community based and residential long term care services and supports to manage and treat their “maladies.”

The applicant suggests that the additional swing beds will serve to alleviate the problem with clogged hospital beds. We strongly caution against the long term validity of this argument and believe that the swing beds will in fact worsen the current throughput challenges. More simply stated, we believe that the introduction of 18 swing beds is more likely to have the unintended effect of resulting in additional nursing facility closures in Berkshire County. Within a 25-mile radius of the proposed hospital, there are eight nursing facilities totaling 911 beds that are most vulnerable to the potential negative impact of the 18 swing beds. Even if the smallest nursing facility (54 beds) in proximity to the applicant closes, this would dwarf any narrow impact from the North Adams Regional Hospital new swing beds as it would potentially have a devastating impact on the local community members who are seeking a long-term placement for a loved one. In fact, the closure of a community nursing facility would also exacerbate the overall system-wide hospital throughput crisis as documented monthly by the Massachusetts Hospital Association.

FINANCIAL VIABILITY

Nursing facilities receive reimbursement from a number of different payor sources, including Medicare, Medicaid and private pay. The majority of the government funding is from the Medicaid program, which pays for the care of 70% of nursing facility residents in Massachusetts. The second primary source of funding is Medicare, which covers 15% of nursing facility residents’ care.

There is a strong relationship between the financial viability of a nursing facility and its payor mix.

Medicaid: In regard to Medicaid reimbursement, a January 2023 Medicaid and CHIP Payment and Access Commission (MACPAC) federal government analysis documented that the Massachusetts Medicaid nursing facility reimbursement system covers only 82% of allowable costs for Medicaid residents. The result is a **\$47 per day funding gap** for each MassHealth resident.

Medicare: To cover the Medicaid shortfall, nursing facilities are highly dependent on Medicare revenue. Since 2020, average Medicare nursing facility margins have totaled over 10%, or over \$70 per day in 2023 (Source: MEDPAC 2023 Annual Report to Congress). In combination with

private pay revenue, these positive Medicare margins help to partially offset the dramatic negative Medicaid margins (\$47 per day). The Medicare and private pay revenues are crucial to a nursing facility's financial viability. Any reduction in these two payor sources will have a devastating impact on the sector's sustainability.

Brandeis University economist Christine E. Bishop highlighted this critical relationship between Medicare utilization and sustainability in a 2014 report that included the following findings:

- Nursing homes serving long-stay Medicaid-funded residents are more likely to close.
- Multivariate statistical analysis identified characteristics of the nursing homes in 2004 associated with a higher risk of closure. Service to MassHealth residents was the most important factor predicting closure.
- In the past, payments for non-Medicaid services (Medicare, private pay) have apparently been sufficient to cover overhead not covered by Medicaid. If this had not been the case, many more nursing homes would likely have gone out of business.

As documented above, the manner in which a nursing facility manages its Medicaid shortfall is critical to its viability. In fact, nursing facilities operate on very thin margins. The most recent Centers for Health Information and Analysis (CHIA) data indicate that the typical nursing facility struggles to cover its costs, with over half operating at negative margins over the last 3 years of reported data – negative 1.7% in 2019, positive 1.3% in 2020 and negative 0.9% in 2021 (CHIA Annual Report 2023).

In regard to Berkshire County, currently 17% of the total residents in community nursing facilities are covered by Medicare. Even with this current payer mix, the Centers for Health Information and Analysis (CHIA) cost reports for calendar year 2022 show that Berkshire County nursing facilities are under extreme financial pressure with the median (midpoint) showing the typical facility operating at almost a \$100,000 annual loss with a negative 1% margin.

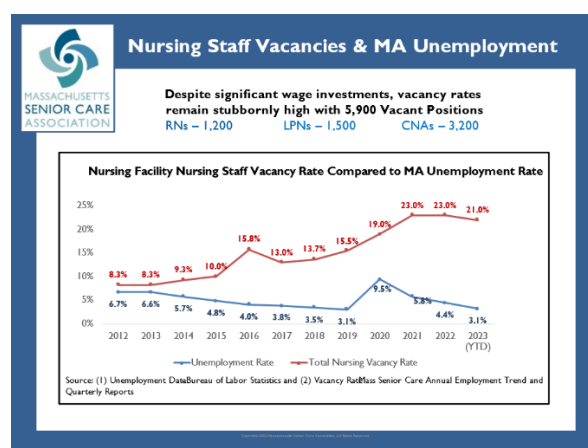
If the application is approved with 18 swing beds, the critical access hospital will reduce the volume of Medicare patients at community nursing facilities. This will have an unintended result of increasing the Medicaid dependency for the community nursing facilities which will negatively impact the sustainability of these facilities. As Bishop's study indicates, Medicaid dependent facilities have a higher rate of closure. And, separate analyses have further documented that higher Medicaid nursing facilities are associated with lower staffing levels and lower quality scores.

Workforce

Given the dependency of our residents for assistance with daily care needs and the projected increase in demand for our services, the long-term care workforce is unquestionably essential. Today, over 33,000 residents living in Massachusetts nursing facilities require assistance completing self-care and other activities of daily living due to physical, cognitive, developmental and/or behavioral conditions. To meet their personal care needs, residents rely first and foremost upon the 17,500 Certified Nurse Aides (CNAs) who work under the supervision of licensed nurses. CNAs assist older adults and people with disabilities to eat, bathe, dress, and engage in life enriching activities. Rounding out the caregiving team are Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) who together with CNAs are responsible for the safety and wellbeing of some the state's most vulnerable citizens. Quality of care and quality of life for individuals living in nursing facilities is directly dependent upon an adequate number of caregivers at a time when demand critically outpaces supply.

Nursing facilities are experiencing an unprecedented workforce shortage with an immediate need to hire and retain 7,000 interdisciplinary direct care team members. Despite the nursing facility sector's best efforts to retain and hire staff by significantly raising wages over the last three years, we increasingly are unable to compete in a very tight labor market.

In order to meet the care needs of current residents, the vast majority of directly employed staff are working overtime and the use of temporary nursing staff (TNS) has escalated from 2% in 2019 to currently over 11% of total nursing hours. This high use of TNS negatively impacts resident care and employee morale.



Federal CMS data show that Berkshire County nursing facilities currently operate at an average of 3.54 Hours Per Patient Day (HPPD). Mass Senior Care surveys document that there is an immediate need to hire 120 licensed nurses and over 200 nurse aides. The reported vacancy rate is over 20% for this county, which is concerning, but not surprising given Berkshire County's overall low 2.9 unemployment rate. Nursing facilities are working to fill these vacant positions by contracting with costly temporary nursing agencies and by relying on staff to work overtime.

We believe that the proposed hospital swing beds will only exacerbate the current workforce shortage in Berkshire County due to the inherent Medicare and Medicaid reimbursement payment advantages for swing beds that are not available to local community nursing facilities.

As such, we are highly concerned that this reimbursement advantage provided to critical access hospitals will enable the hospital to offer significantly higher wages to recruit away existing long term care staff, making it even more difficult for local community facilities to hire new staff.

As previously noted, a nursing facility's ability to invest in our workforce and resident care is directly tied to adequate government funding. 70% of our residents have their care paid for by MassHealth, which underfunds nursing facility care by \$47 per patient per day. The Executive Office of Health and Human Services utilizes a Direct Care Cost-Quotient measure to review a facility's allocation of financial resources to direct care. The typical nursing facility spends more than 83% of its total adjusted revenue on direct care, far exceeding the state's requirement to spend at least 75% of revenues on direct care. This leaves less than 17% for all other critical care items, including supplies, food, housekeeping, investments in infrastructure and technology, administrative leadership and other vital services and supports.

In addition, we are concerned that the hospital's ability to offer significantly higher wages will negatively impact the Commonwealth's cost containment goals in the region.

The information highlighted above demonstrates the potential unintended impact of allowing the North Adams Regional Hospital to operate 18 swing beds. From our perspective, the Department, in collaboration with the Health Policy Commission, must review and factor in the overall impact on access, workforce and cost to the greater Berkshire County healthcare system. We respectfully urge DPH to include certain conditions on this application, that will meet the twin needs of enhancing necessary hospital level services while maintaining the supply of community nursing facility beds to ensure timely access to these important services.

Proposed Solutions (conditions on DON)

We respectfully request DPH to use its authority to appropriately impose the following conditions to the approval of the DoN that seek to preserve vital long term care services in Berkshire County:

- That the number of beds authorized for swing bed designation be capped at 2 beds. This would mitigate harm to the local post-acute and long term care infrastructure, while still providing the ability to provide adequate post-acute care at the hospital location.
- That the applicant agrees not to actively solicit clinical or ancillary staff from skilled nursing facilities located within a 25-mile radius of the hospital, with the restriction taking effect on the date of DoN approval and continuing for two years after the hospital commences operations. During the restricted period, the hospital would have access to existing Berkshire Health System staff and the use of fixed-contract staffing

arrangements. This restriction would provide a reasonable transition period for affected skilled nursing facilities to plan and prepare for potential staffing impacts.

From: [sherry roberts](#)
To: [DPH-DL - DoN Program](#)
Cc: [Smith Lauren](#)
Subject: Submitting Testimony for BHS's Determination of Need Public Hearing.
Date: Sunday, November 5, 2023 5:22:38 PM

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My name is Sherry Roberts and I am a resident of Richmond, MA.

For years, pain in my hip has been an issue and I always knew that a hip replacement was inevitable, but I delayed it as long as possible because I lived alone. I did not know how I would be able to care for myself post-surgery. As the pain grew, I noticed that I was staying home more and more and seeing fewer people. I was hoping it would go away or get better, but finally I could not walk to the end of the block and scheduled the surgery in 2022.

Following the surgery, some minor complications held back my recovery and extended my stay at Berkshire Medical Center. When the doctor said I was ready to leave the next day, I had a lot of anxiety about how I was going to maneuver and take care of myself. I was scared I would fall and there would be no one to help me.

Family members suggested that I explore the Swing Bed Program at Fairview. It kind of felt closer to home to me and so we pursued it. I found it was just what I needed to get back home and feel confident that I could take care of myself. It made me feel safe even though it was during COVID and I could only have limited visitors.

They asked questions about how I live and what I do every day. Their friendliness and listening to me made me feel heard. The night nurse asked me about my hobbies, and I told her I was a puzzler, usually completing puzzles up to 500 pieces. I had used puzzles to occupy my time as I was increasingly stuck in the house.

The next day, two men from the hospital rolled in a round 42" table and brought me a 1000-piece puzzle. Over the next 5 days, the staff encouraged me as I worked on the puzzle with the occupational therapist. The therapists taught me how to get up and sit down and all kinds of tricks that people can use to make living at home easier. They checked my home and removed small rugs and made it safe for me. I was petrified before I went to Fairview's Swing Bed Program but after 5 days at Fairview, I felt comfortable about making the move. When I went home, I was ready to go home.

The friendly and familiar environment and the knowledge and strength I gained in the Swing Bed Program was pivotal in helping remove the anxiety I felt after my surgery. On my last day, I put in the last two pieces into that puzzle! When I first saw it, I had thought that puzzle was out of reach, but when I saw I could do this, I had a comfort level that I could return home as well.

Today, I am back to my active life. I do yard work, tend my garden plot, and play golf again. I am a strong believer in the importance of the Swing Bed Program in a rural community. We have a lot of older people who live alone and don't have someone or a partner who is available to help. Fairview's Swing Bed Program really helps people here and a similar program would be just as valuable in North County.

Sincerely,

Sherry Roberts

Sent from my iPhone

From: [Michael & Lauren Smith](#)
To: [DPH-DL - DoN Program](#)
Cc: [Michael & Lauren Smith](#)
Subject: Subject : Submitting Testimony for BHS Determination of Need
Date: Sunday, November 5, 2023 5:58:34 PM

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Good afternoon,

The Swing Bed Program at Fairview Hospital represents an invaluable asset to our community, as it is so valued by patients, and it eases the burden on the families that are there to care for them.

My parents moved to Great Barrington in their late 70's to be closer to me and my family. My mother, Valerie, was plagued with a host of complex medical issues, including the history of Guillaume Barre, and recurring bouts of pancreatitis. Her primary care physician was here in Great Barrington, but all of the specialists were in Hartford, where she had raised our family, and so whenever one of the bouts occurred, she would go to Fairview's Emergency Department and inevitably get sent to the specialist team in Hartford Hospital who oversaw her care. These trips were hard on her and my father who was left alone, and my wife and I had the additional responsibility of going to Hartford each day, checking in on my father, as well as trying to raise 4 kids and hold 2 full-time jobs.

The first time she had "an episode" as we called them, we were at Hartford for two weeks and really afraid of how to bring her home in a way that was safe. The day before she was designated for discharge, she longed more than anything to go home, but my wife and I (also residents of Great Barrington) knew fully that this was not a safe or viable option for her at that time. Her medical needs were such that she would need one-on-one attention to get her back to a level that was safe to return home. We had been so busy juggling the situation that we didn't know what was needed or have anyone in place to step in to assist her.

The option of the Swing Bed Program was offered and it turned out to be a seamless and timely discharge from Hartford Hospital and admission to Fairview Hospital. She was able to stay at Fairview for approximately a week, during which time she regained not only her strength and capacity to resume her independent life at home, but more importantly the confidence to believe that she could do so. We could bring her husband up to visit her and it gave us, her family, the time to get the necessary services in place to support her return home.

We used the program throughout the years she was alive and felt so lucky to have it. She had access to a team of medical professionals to oversee her care when she didn't need the intensity of the Critical Care and Med-Surg Units of a city hospital, but still needed close attention which she got from the entire team.

My wife and I gained peace of mind that we had an extraordinary partner in my mom's care right in our own backyard. The Swing Bed Program at Fairview Hospital is a life affirming program that would be a great gift to the northern Berkshires community as well.

Michael Smith

Great Barrington

November 6, 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 am writing this letter to express concerns related to the Declaration of Need (DoN) application submitted by Berkshire Health Systems for the reopening of North Adams Regional Hospital (NARH) in North Adams, MA. As the Administrator of Williamstown Commons, one of two existing skilled nursing homes that provide much needed post-acute short and long-term care to the residents northern Berkshire County as well as southern Vermont, I am deeply worried about the impact that the proposed facility will have on the already strained healthcare system in our area regarding staffing.

Williamstown Commons has been committed to providing the highest quality of care to the northern Berkshire community for more than 30 years. It is no secret that Massachusetts, like many other regions in the United States, is facing a severe nursing and nursing aide shortages. This situation is exacerbated even further in Berkshire County given the rural geography, demographics, and reality of the limited number of available people in the workforce. We fight daily at Williamstown Commons to meet the highly regulated staffing requirements of our industry. As you know, the COVID pandemic created even more of a strain on the operations of healthcare providers across the country over the last several years, especially in the skilled nursing center sector. Although Williamstown Commons was not immune to the impact of the pandemic, our core staff has been relentless in their commitment to providing compassionate and quality care to our residents whom we consider family. Having said this, the continued labor shortage has made it imperative for us to rely heavily on traveling nurse staffing agencies to supplement our shortage. These travelers come from outside the region at great expense. This, however, is not a long-term sustainable solution as it creates an incredible strain on our operational costs.

Williamstown Commons along with its parent company, Integritus Healthcare, has been highly involved in collaborative efforts with local employment agencies and nursing schools to build back the nursing pipeline that was diluted due to the pandemic. And although this is yielding some good results, we are not close to being in a stabilized position when it comes to recruitment and staffing. The vacancy rate in our region for nursing aides is well above 50% and for licensed nurses is above 40%.

The addition of another healthcare facility, while most definitely beneficial in some respects, will only exacerbate the existing staffing problem as described. It will further strain the limited pool of healthcare professionals, making it even more difficult to attract and retain skilled nurses and support staff. In this competitive environment, the new facility may draw resources away from existing healthcare providers, leading to a potential decline in the quality of care we can offer. This could have dire consequences for the health and well-being of our community members and specifically those that are vulnerable and rely

on us for all their activities of daily living. The enhanced reimbursement rate that NARH will enjoy, allowable costs plus a 1% profit, could serve to enhance wage rates at the hospital. Despite being located in the same geography and serving the same community and relying on the same labor pool, Williamstown Commons and North Adams Commons will not have the benefit of similar reimbursement rates. Staff attrition from these nursing homes to positions at the hospital is a very real threat that could destabilize an already fragile system of care that suffers from an inadequate labor pool.

I kindly request that you consider the long-term consequences of approving this DON application on an already challenged recruiting environment for licensed nurses and certified nurse's aides. It is my sincere desire for our community to work together to find solutions that will strengthen our existing healthcare system and alleviate the nursing healthcare shortages that are currently affecting our community. Please consider conditions within the approval of the DON that account for a measured, balanced approach to recruitment in this market so that residents in nursing homes can rely on consistent staffing that ensures their quality care.

Thank you for your attention to this matter, and I urge you to make a decision that will ultimately benefit the well-being of our community. I look forward to your thoughtful evaluation of the DON application and its potential impact on our healthcare system.

Sincerely,

Kathleen Coburn
Administrator
Williamstown Commons Nursing & Rehabilitation Center
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(413) 458-2111