**Massachusetts Department of Public Health Determination of Need**



**Application Form**

Version: 11-8-17

Application Type:

Long Term Care Substantial Change in Service

Application Date: 11/16/2020 11:38 am

Applicant Name:

Campion Health & Wellness, Inc.

Mailing Address:

319 Concord Rd.

Weston

Massachusetts

02193

City:

State:

Zip Code:

Contact Person:

Title:

Mailing Address:

Emily Kretchmer, Esq.

Legal Counsel

600 Atlantic Avenue

Boston

Massachusetts

02210

City:

[ekretchmer@kb-law.com](mailto:ekretchmer@kb-law.com)

State:

Zip Code:

Phone:

6174827211

Ext: E-mail:

Add additional Facility

Delete this Facility

1 Facility Name: Campion Health & Wellness Facility Address: 319 Concord Rd.

City: Weston State: Massachusetts Zip Code: 02193 Facility type: Long Term Care Facility CMS Number: 225656

**Facility Information**

**List each facility affected and or included in Proposed Project**

**1. About the Applicant**

* 1. Type of organization (of the Applicant):

nonprofit

* 1. Applicant's Business Type: Corporation Limited Partnership Partnership Trust LLC Other
  2. What is the acronym used by the Applicant's Organization?

CHW

* 1. Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? Yes No
  2. Is Applicant or any affiliated entity an HPC-certified ACO?
  3. 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)?

Yes No

Yes No

* 1. Does the Proposed Project also require the filing of a MCN with the HPC? Yes No
  2. 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.

The Campion Health & Wellness, Inc. (“Campion” or the “Applicant”) sits on a 37 acre campus in Weston, Massachusetts. Campion was founded in 1977 by the USA East Province of the Society of Jesus (the “Jesuits”), a religious order of the Roman Catholic Church, to offer Jesuit priests, brothers and scholastics (collectively the “Priests”) five levels of holistic, integrated care in a dynamic apostolic community setting: independent living, sub-acute independent living assistance, rehabilitation, assisted living, skilled nursing care including palliative care hospice. The Jesuits use an interdisciplinary, person-centered approach, cura personalis, to healing and integrative medicine that includes nursing and rehabilitation medicine but also encompasses mind-body fitness, nutrition, spiritual care and health management.

Campion includes a DPH licensed long-term care facility that is comprised of a five story, 53,717 gross square footage (“GSF”) building that includes 70 licensed beds (34 Level II and 36 Level IV). The 34 Level II beds are on the first and second floor. The 36 Level IV beds are on the third and fourth floor. Campion is not open to the public; Campion only serves Priests who are in need of recuperation and restoration. As discussed in more detail in Factor 1, Campion is the only skilled nursing facility serving the Jesuits in the USA East Province and there is a growing need for skilled care. This is a unique application as Campion does not have to be licensed as a skilled nursing facility in Massachusetts pursuant to M.G.L. c.111, §73B but has elected to be licensed by the Massachusetts Department of Public Health.

Campion proposes to renovate the third floor of the facility and to seek approval to upgrade the classification of 12 Level IV rest home beds to 12 Level II skilled nursing beds (the “Proposed Project”). The Proposed Project will include a gut renovation of the North wing of the third floor to allow for a skilled nursing unit with 12 private rooms with dedicated accessible bathrooms and showers and all required support spaces. The remaining part of the third floor will be renovated as necessary to provide for a six (6) bed rest home unit with single rooms and all required support space. The Proposed Project will also include updated HVAC and mechanicals for the third floor. There would be no expansion of GSF of the facility. The Proposed Project does not result in any change to Campion’s licensed bed capacity, but will allow the Jesuits to address the growing need for skilled care to be available for the Priests.

|  |  |  |
| --- | --- | --- |
| 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 |
| **4. Conservation Project** |  |  |
| 4.1 Are you submitting this Application as a Conservation Project? | Yes | No |
| **5. DoN-Required Services and DoN-Required Equipment** |  |  |
| 5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? | Yes | No |
| **6. Transfer of Ownership** |  |  |
| 6.1 Is this an application filed pursuant to 105 CMR 100.735? | Yes | No |
| **7. Ambulatory Surgery** |  |  |
| 7.1 Is this an application filed pursuant to 105 CMR 100.740(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:** Long Term Care Substantial Change in Service

12.2 Total CHI commitment expressed in dollars: (calculated) $112,165.59

12.3 Filing Fee: (calculated) $7,477.71

12.1 Total Value of this project:

$3,738,853.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

$1,119,000.00

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.

|  |
| --- |
| **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 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives** |

F1.a.i **Patient Panel:**

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

See attached

F1.a.ii **Need by Patient Panel:**

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

There is a demonstrated need for the provision of skilled nursing facility services as part of the full range of care available to the Priests. As noted above, Campion is the only skilled nursing facility serving the USA East Province. The Jesuits have projected that as the Priests continue to age over the next five to seven years that the Priests acuity will increase and there will be a greater demand for skilled care. It is the Jesuits’ goal to be able to provide that care at Campion where the Priests remain together with their fellow brothers, have access to religious activities and spiritual life including twice daily Mass, and receive quality care. The Proposed Project will assist in meeting this need.

F1.a.iii **Competition:**

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

As members of a religious order, the Priests take a vow of poverty, chastity and obedience. This is a unique application and the Applicant believes that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. Campion’s skilled nursing facility is the only skilled nursing facility serving the USA East Province and as demonstrated in Section F1.a.i. there is demand from the existing Patient Panel. In addition, the Applicant’s mission ensures that Priests who have dedicated their lives to service and to the Church have access to skilled nursing and health care services that they need.

Campion is rated a five-star facility by the Centers for Medicare & Medicaid Services (CMS), recognized by U.S. News & World Report and its most recent infection control audits scored 28 out of 28 on core competencies. Most recently, the Applicant supported by the Jesuits has dedicated significant time and resources to implementing COVID-19 policies, practices and procedures and educating and training the staff on personal protective equipment and infection control. The Applicant is also focused on the mind-body healing through the Applicant’s spirituality.

As noted in the Project Description, Campion only serves the Priests who have as part of their priesthood taken a vow of poverty and is not open to the public. Campion’s average daily census on the skilled nursing facility units are 95%. The government payor mix for the skilled nursing beds is 70% (6% Medicare; 64% Medicaid) and 71% Emergency Assistance to Elderly, Disabled and Children for the rest home beds.

## F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

Campion provides a continuum of care to the Priests and includes five levels of holistic, integrated care in a dynamic apostolic community setting: independent living, sub-acute independent living assistance, rehabilitation, assisted living, skilled nursing care including palliative care hospice. To determine if Campion is an appropriate setting for a Priest, a Priest is referred the Provincial Assistant for Healthcare, who is a registered nurse, to evaluate the Priest’s health care needs and whether Campion is the appropriate setting. If it is determined that a Priest is appropriate for Campion skilled nursing facility, Campion’s Director of Nurse Services (DNS) reviews referral information. If there are no beds available at Campion’s skilled nursing facility, a Priest may be referred to an outside facility and be given the option to transfer to Campion when an appropriate bed becomes available.

## F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

Campion’s skilled nursing facility is licensed by the Department of Public Health and participates in the Medicare and MassHealth programs. DPH, CMS and the Campion’s own quality improvement program will continue to assess the health outcomes, quality of life and health equity of the skilled nursing services Campion provides.

## F1.b.iii Public Health Value /Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need- base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

It is the Applicant’s mission to provide high quality post-acute and long-term care services to the Priests. The Applicant is committed to providing a continuum of care in an environment that promotes optimal functional ability and interdisciplinary care. Consistent with Applicant’s mission and the Jesuits’ person-centered approach to care, the Proposed Project aims to serve all men in the USA East Province and provide them with equal access to long-term care services.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

The Proposed Project will add a modern, skilled nursing unit to the facility, which has not had any updates in over 25 years. The new unit will increase efficiency, which in turn will add to improved health outcomes and quality of life for the Patient Panel. In addition, the Applicant has a record of achieving improved health outcomes and quality of life for its Patient Panel. Prior to arriving at Campion, Priests are typically high functioning and often receiving fragmented care. Once at Campion, health outcomes and quality of life greatly improve. All Priests in the USA East Provence are eligible for care at Campion as described F1.b.i.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

The majority of Priests receiving care at Campion use Campion’s medical director as their primary care physician. From time-to-time, Priests may opt to have an outside primary care provider. For Priests receiving short-term rehabilitation and who will be discharged back into the Community, the Applicant coordinates their care with a nurse at the college or university health services where the Priest is returning to after his stay at the facility (e.g. Boston College or Holy Cross).

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

The Applicant and its representatives have had discussions with the Department of Public Health, including personnel at the Plan Review Office, Licensure and Certification and Determination of Need.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline.* With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

The Applicant had discussions with the Jesuits in residence at Campion concerning the Proposed Project. The Applicant also had discussions with the USA East Province and is regularly updated on the status of the Proposed Project. The most recent meeting was on April 8, 2020 and there are regular, ongoing email communications.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the “Public Health Value” of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to “Patient Panel” need; and Linking the Proposed Project to “Public Health Value”.

The Applicant had discussions with the Jesuits in residence at Campion concerning the Proposed Project. The Applicant also had discussions with the USA East Province and is regularly updated on the status of the Proposed Project. The most recent meeting was on April 8, 2020 and there are regular, ongoing email communications.

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

**Factor 2: Health Priorities**

F2.a **Cost Containment:**

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

The Proposed Project will allow more Priests to receive a full continuum of care at Campion, focused on cost containment and person- centered care. The Proposed Project also creates private rooms, which are ideal for infection control.

F2.b **Public Health Outcomes:**

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

The Proposed Project will provide the aging Patient Panel with more access to skilled nursing facility services, which in turn will allow them to continue to receive care across the continuum at Campion where they can continue to dedicate their lives to the Priesthood and serving the Jesuit mission.

F2.c **Delivery System Transformation:**

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

Because the Applicant is a religious skilled nursing facility the Priests at the Campion lead Mass, provide educational and spiritual sessions for the other Priests and from time-to-time lead Mass at other skilled nursing facilities and convents.

As noted in Section F1.c, when a Priest receiving short-term care is discharged from Campion, the Applicant will coordinate with a nurse at the college or university where the Priest is located to coordinate any necessary follow-up care or other social determinates of health. Because the Applicant is a religious skilled nursing facility the Priests at the Campion lead Mass, provide educational and spiritual sessions for the other Priests and from time-to-time lead Mass at other skilled nursing facilities and convents.

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

+ -

**Factor 3: Compliance**

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.

**Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs**

Application Form Campion Health & Wellness, Inc.

11/16/2020 11:38 am

NONE-20111605-LS

Page 8 of 13

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
| + - | See attached capital costs chart |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
| + - |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total: (calculated) |  |  |  |  |  |  |  |  |  |  |  |  |

Application Form Campion Health & Wellness, Inc.

11/16/2020 11:38 am

NONE-20111605-LS

Page 9 of 13

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

Category of Expenditure New Construction Renovation Total

(calculated)

## Land Costs

Land Acquisition Cost

Site Survey and Soil Investigation

Other Non-Depreciable Land Development Total Land Costs

## Construction Contract (including bonding cost)

Depreciable Land Development Cost Building Acquisition Cost

Construction Contract (including bonding cost) $2990980. $2990980. Fixed Equipment Not in Contract

Architectural Cost (Including fee, Printing, supervision etc.) and

Engineering Cost

$502873. $502873.

Pre-filing Planning and Development Costs $80000. $80000.

Post-filing Planning and Development Costs $40000. $40000.

Add/Del Other (specify) Rows

# + -

Net Interest Expensed During Construction

Major Movable Equipment $125000. $125000.

Total Construction Costs $3738853. $3738853.

## Financing Costs:

Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc

Bond Discount

Add/Del Other (specify Rows

# + -

Total Financing Costs

**Estimated Total Capital Expenditure** $3738853. $3738853.

**Factor 5: Relative Merit**

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Add additional Alternative Project

Delete this Alternative Project

**Proposal:**

See attached

**Quality:**

**Efficiency:**

**Capital Expense:**

**Operating Costs:**

List alternative options for the Proposed Project:

**Alternative Proposal:**

**Alternative Quality:**

**Alternative Efficiency:**

**Alternative Capital Expense:**

**Alternative Operating Costs:**

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

See attached

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)

**Documentation Check List**

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 Articles of Organization / Trust Agreement

Limited Liability Company agreement Partnership agreement

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

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.

**Document Ready for Filing**

## This document is ready to file:

Date/time Stamp: 11/16/2020 11:38 am

E-mail submission to Determination of Need

**Application Number: NONE-20111605-LS**

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

Community Engagement-Self Assessment form