

APPLICANT QUESTIONS

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen

- 1. Factor 1 requires us to consider "evidence of sound community engagement and consultation throughout the development of the Proposed Project. Please share information on how many Campion residents and individuals from USA East Province were engaged in these discussions and the dates.**

As described in the Application, 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. Campion offers Jesuits Priests holistic, integrated care in a dynamic apostolic community setting. Campion is not open to the public; Campion only serves Priests who are in need of recuperation and restoration. Campion is the only skilled nursing facility serving the Jesuits in the USA East Province.

The Jesuits have been closely involved with the Proposed Project from the beginning. Because Campion's patient panel which consists solely of Priest who have taken a vow of poverty as part of their religious mission, the Jesuits leadership is responsible for the development of health care services for the Priests. 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.

Specifically, the Jesuit leadership in New York have been involved with the Proposed Project, including the Provincial and the Provincial Assistant who oversees the Jesuits health care administration. There were ongoing discussions with the Jesuit leadership regarding when the shift in focus of the project shifted from a skilled memory care unit to a long-term skilled unit. The Proposed Project has also been discussed at Campion board meetings. The Campion board of directors is comprised of Jesuit leadership both locally and from New York. As evidenced by the letter of support from the Jesuits that

is included with Factor 4, the Jesuits are committed to the Proposed Project and serving the patient population. With respect to the Proposed Project's budget and capital costs, the Jesuits Treasurer was regularly consulted.

The Priests are in favor of the Proposed Project and support the Jesuits continued focus on maintaining and expanding Campion's skilled nursing services so that they can receive care in a religious setting and be with their fellow brothers.

2. **The application stated that a majority of Priests use Campion's medical director as their Primary Care Physician, and when a Priest is discharged back into the community, Campion coordinates their care with a nurse at the college or university health services. Describe how continuity of care is maintained when a resident:**
 - a. **opts for a primary care provider outside of Campion**
 - b. **is transferred to a facility other than college or university (e.g., hospital)**

As discussed in the response to Question 1, the Jesuits support Campion and the Priests and continually work to ensure that the Priests have access to health care services. Because Campion's patient population serves only Priests and the facility is not open to the public, it is different from a nursing facility in the community. The Priests receive their primary care services from the Jesuits. Prior to coming to Campion for skilled nursing care, the Priests either receive care from the health services at Jesuit college or university where they placed or from local home care agencies at one of the handful of Jesuit congregate settings in the USA East Province. Once at Campion, Campion's medical director and his nurse practitioner serve as the Priest's primary care providers. If a Priest requires hospital level care while at Campion, the Facility's medical director would coordinate with the hospital. Similarly, if a Priest needs to see a community-based specialty provider (e.g. cardiologist, neurologists, surgeons) the Campion medical director and his nurse practitioner coordinates with these providers and implement their recommendations into a resident's care plan.

3. **In the application narrative, it mentions that Campion runs at capacity most of the time and at certain times has a waitlist. Please clarify if it is the facility or the Level II beds that run at capacity. Also, provide current and historical disaggregated data (2016-2020) on Level II bed and Level IV bed occupancy rates.**

Campion generally runs at capacity for its Level II skilled nursing beds. The overwhelming majority of the Priests are long-term residents. At any given time there are bed holds for Priests who out of the facility for a medical or therapeutic leave of absence, thus patients days does not always capture available beds. Priest come to Campion in two ways. First, Priests may come to Campion in need of a low level of care and are served in rest home unit. As the needs of Priests increase they are often

transferred from the rest home unit to the skilled nursing unit. Second, there are also Priests who come to Campion that are directly admitted to the skilled nursing unit. If there are no Level II skilled beds available, Campion will place a Priest temporarily at another Catholic nursing facility in Massachusetts until a bed is available and they can transfer the Priest to Campion. Alternatively, if an appropriate bed is not available, the Priest may continue to be in their congregate housing and receive agency services in the short term if that is appropriate until a bed becomes available.

Percentage Occupancy by Bed Level and Facility

	2020	2019	2018	2017	2016
Level II	89.57%	86.88%	90.25%	86%	91.53%
Level IV	60.80%	69.86%	65.85%	57.76%	46.14%
Facility Wide	74.77%	78.13%	77.70%	71.48%	68.19%

- 1. Factor 1 asks to describe the Patient Panel. In the follow-up response, it was mentioned a majority of the priests are long-term residents. What percent of all residents in the skilled nursing home unit are long-term residents?**

Over ninety percent (90%) of the residents in Campion's skilled nursing home units are long-term residents. As discussed in the Application, Campion sits on a 37-acre campus, which includes a full continuum of care for the Priests; it also creates a community for the Priests to retire to and age in place with their fellow brothers. Many of the Priest follow a similar trajectory and have a natural progression through the continuum of care on campus, as follows – First, a Priest moves to campus when he has completed his assignments and is transitioning into the next phase of his career. When the Priest arrives, he will live in independent housing and continue to be active in the community-at large with a semi-retired status. From here, as a Priest ages and is in need of more support with activities of daily living, he would move into the rest home. A Priest may live at this level of care for many years. However, once a Priest requires skilled medical care, he would transition to the skilled nursing units at Campion. The Priests living on the skilled nursing units have long-term chronic diseases. Campion as a CMS five-star rated facility and one that has significantly scored above the statewide average at 129 out of 132 in the Department's Nursing Home Survey Performance Tool has a demonstrated ability to provide high-quality skilled care, which results in the residents having positive health outcomes, high quality of life and long lengths of stay. In addition, Priests who come to Campion for short-term skilled care, often end up becoming long-term residents. Because Priests are independent, self-sufficient men who have dedicated their life to service, when they arrive at Campion for short-term rehab it is often the case that other conditions that require a higher level of care are identified and long-term stay may be required. The Jesuits are continually assessing the needs of the Priests, and Campion is continual communication with the Jesuit leadership about available beds.

- 2. Factor 1 also states to provide supporting information to demonstrate the need for the Proposed Project.**
 - a. Please share how you determined the need for 12 Level II beds.**

Campion, working with the Jesuit leadership, has identified that the current 34-level II beds available at the Facility are not sufficient to meet the current and future needs of the Priests. As discussed in response #1, there is a standard progression for a Priest when he arrives on campus. Because of the long-life expectancy resulting from the care the men receive at Campion, Campion can easily identify when a Priest is ready to transition from the rest home to the skilled unit, which helps manage Campion's occupancy. However, over the past five years the number of skilled beds at the facility has limited Campion's ability to timely and effectively manage this transition. Campion manages the men's care for as long as possible at the rest home level, which includes sending them to the hospital if need of short-term skilled care (e.g. IVs or wound care). Campion has already identified a number of men that will be ready or almost ready to transition after the proposed project is complete.

In addition, as discussed in Factor 5 of Campion’s application, Campion evaluated the need for a skilled nursing dementia special care unit (“DSCU”) but when it looked at the health status and needs of the Priests, it determined that there was not sufficient demand for this level of care. The Jesuit leadership also had concern that Priests, who are strong, independent individuals, would not be receptive to this level of care, which includes a locked unit. Campion has a successful history of treating residents with advanced dementia in its skilled nursing units and all facility staff undergo an initial 8 hours of dementia training plus 4 hours per annually thereafter. Ultimately, the Jesuits determined that there was greater flexibility to add 12 Level II beds, where they could continue to meet the needs of the residents with dementia as well as serve the other Priests with more general skilled needs.

b. What percent of residents from the rest home do you anticipate will transition to the skilled nursing unit?

As discussed above in Response #1, the rest home is part of continuum of care for the Priests. When a resident is admitted to the rest home, they either will continue to reside in the rest home on a permanent basis or will transition to the skilled nursing unit as a long-term resident. Overtime, Campion anticipates that 90-100% of the rest home population will transition to the skilled nursing units as long-term residents. Long-term residents at Campion in both the rest home and the skilled nursing facility are not discharged back into the community.

c. In the follow-up response, a table (below) showed the occupancy rates for Level II and Level IV beds. The table highlights that there has been a general upward trend in Level IV occupancy rates. What is the anticipated need for Level IV beds, and with the upgrade the classification of Level IV beds to Level II, will Campion also be able to meet the need for Level IV beds?

	2020	2019	2018	2017	2016
Level II	89.57%	86.88%	90.25%	86%	91.53%
Level IV	60.80%	69.86%	65.85%	57.76%	46.14%
Facility Wide	74.77%	78.13%	77.70%	71.48%	68.19%

As noted above, Campion, along with the Jesuit leadership, continually evaluate the needs of the Priests. They have determined that 24 level IV rest home beds are sufficient to meet the need for this level of care. For example, there are a number of Priests currently in the rest home who would be ready or near ready to transition to the skilled unit if there was an available bed. As these men transition to the nursing home, it opens up availability for men to move into the rest home from the independent housing or directly from their posts in the community or from other rest homes that the Jesuits maintain in the USA East Province.

Applicants must demonstrate as a component of Factor 1 the Proposed Project's public health value; specifically, the Project will improve health outcomes and quality of life of the Applicant's existing Patient Panel.

- d. **The application stated that Campion has a record of achieving improved health outcomes and quality of life for the Patient Panel. How will this Proposed Project help improve health outcomes and quality of life for the Patient Panel?**

The addition of a 12-bed Level II skilled nursing beds will increase both the quality of life and health outcomes of residents on the new skilled nursing unit. First, because more than 90% of residents at Campion are long-term residents, the addition of these beds will provide more timely access to Priests in the USA East Province who require either short-term rehabilitation or long-term skilled care. As we have discussed, Campion has a history of improving residents' care, which results in long lengths of stay and high levels of resident satisfaction. This not only ensures that Priests who are in need of care have access to it, but it also reduces the burden on the health care system as it keeps Priests at Campion where they can thrive and get the necessary rehabilitation, medical care and psychosocial supports that improve their quality of life and health outcomes. Second, the proposed project will enhance the mental well-being of the Priests, which in turn contributes to their physical health. Before coming to Campion, the Priests are fully engrossed in their service and often do not prioritize their own well-being. Campion offers the Priests a place to receive care not in isolation but alongside their peers, many whom they have known throughout their careers. This psychosocial component of the care along with the medical care provides a significant contribution to their improved quality of life. Third, as noted above, the proposed project will ensure more availability of beds, which will allow a resident to transition from the rest home to skilled unit, and thus reduce and/or eliminate the need for Priests to receive short-term skilled care outside of Campion in an environment that further isolates them from their community.

- e. **How will the modern skilled nursing unit increase efficiencies? Why will these efficiencies improve health outcomes and quality of life for the Patient Panel?**

The construction of a modern, state-of-the-art skilled nursing unit will enable Campion to increase access for Priests in the USA East Province who need skilled care, including intravenous therapy, wound care, skilled observation, and assessment. As noted in response #1, Campion has a history of high quality care that results in residents with chronic conditions having long lengths of stay and their conditions improve through skilled observation, effective care planning and evaluation, and physician oversight. Likewise, residents admitted to the new unit may have a higher acuity, more serious medical conditions or need post-operative care and will receive the same high standard of medical and nursing care that will lead to improved health outcomes.

The proposed project will also maximize efficiency and improve outcomes. It has been over 25 years since Campion has made substantial capital renovations to the facility. The new unit

includes various building system upgrades, which will enhance infection control measures through system improvements. The proposed project includes 12 privacy enhanced single occupancy suites, which ensures that the proposed project meets the higher standards of care and infection control implemented in EOHHS's Nursing Facility Accountability and Support Package 2.0.

3. Factor 2 focuses on the Proposed Project's impact on health more broadly (beyond the Patient Panel), such as Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

a. Explain how and why the Proposed Project will align with the cost containment goals of Massachusetts.

The proposed project aligns with the Commonwealth's cost containment goals because it will contribute to improved health outcomes of its residents, which in turn will result in reduced hospitalization. As noted above, Campion has a history of providing long-term care to residents in its skilled units. The hospitalization rate is low. Adding 12 level II beds will allow residents to transition from the rest home to a higher level of care, where they can receive intravenous (IV) treatment and would care. Without the proposed project, Campion's rest home residents will have to receive such care at the hospital and/or upon discharge from the hospital at other facilities in the community that are not as attuned to the spiritual and social needs of this unique resident population. Together, these factors are consistent with the Commonwealth's goals of cost-containment.

b. Please describe, with specifics, how the Proposed Project contributes to improved public health outcomes.

The proposed project has the goal of improving public health outcomes for the Priests in the USA East Province. Adding the 12 Level II beds will allow Campion to expand its care for the Priests and ensure that they are not placing a burden on the Commonwealth's health care system by occupying beds in other skilled nursing facilities that are open to the public. As discussed in response #2(d) and (e), the improved health outcomes that are currently achieved at Campion and will be increased by the increased access that will be added with proposed project will keep residents out of hospitals and decreases the burden on the health care system.

4. Integration of social services and community-based expertise is a goal of delivery transformation in Factor 2. Explain what social determinants of health (SDoH) needs are screened for and how those needs will be met and monitored.

Prior to arriving at Campion, the Priests serve in the community at-large. In these roles, the Priests are often isolated from the larger Jesuit community and focused on their service and not themselves. To ensure that there are supports and care coordination, the USA East Province has a Province Health Care Coordinator whose home base is at Campion. The Province Health Care Coordinator travels to the Priests in the community, evaluates them,

and identifies areas where they could use more support (e.g. nutrition, health care, supervision). The Province Health Care Coordinator is also important in helping the Priests in coordinating with the Jesuit leadership determine when it is appropriate for them to come to Campion's campus.

Because of the often-isolated nature of many Priests' placements and a mission-driven focus that does not prioritize one's own well-being, when a Priest arrives at Campion an overall assessment is completed. The first step at Campion is ensure that a Priest is stable and all aspects of care are coordinated. Given the nature of their livelihood, the Priests are also at high risk for depression and or other mental health diagnosis as they transition from their service to retirement. With this resident population, there is a greater tenancy to overlook failing health and there is a lack of openness about underlying conditions or symptoms. The goal of the Province Health Care Coordinator and Campion is to identify not only the Priests medical needs, but the social determinates of health that will prevent chronic conditions from progressing. In addition, having a facility that dedicated to solely serving Priests, gives the residents a sense of community and family as they transition from their service to a new environment. If Campion did not exist the Priests would be scattered in facilities throughout the Commonwealth, which would likely further contribute to their isolation and have a detrimental impact on their quality of life and health outcomes. Campion and the greater Jesuit community on the campus create an atmosphere that serves the Priests mental and social needs and prevents social isolation and depression while also providing them access to social determinates of health such as stable housing and nutrition.

5. For Factor 1 on the Patient Panel, Campion described that the priests are aging and one of the top diagnoses is dementia. How does Campion plan to address the growing aging population and specifically address dementia in meeting the Patient Panel's need?

As noted above in response # 2, Campion considered the alternative needed for a DSCU when evaluating the relative merit of the proposed project. Campion concluded Priests are strong, independent individuals who would not be receptive to a locked unit. Campion also identified that a DSCU unit would no longer feel like home for its residents. Therefore, looking at all the alternatives discussed in Factor 5 of the application, Campion selected to move forward with the proposed project of a 12-bed level II skilled unit that could meet the needs of all residents, including those with dementia. For the residents with a diagnosis of dementia, Campion develops a behavioral health care plan and works in concert with neuro psych. In addition, Campion maintains higher than average staff ratios and educates all staff at the facility (including housekeeping and kitchen) an initial 8 hours of dementia training plus 4 hours per annually thereafter. Because of the high staffing ratios and facility wide training, Campion is able to identify cognitive impairment in residents at an early stage and promptly address their medical and social needs, which in turn improves health outcomes of this population. The addition of the 12 new Level II beds will allow Campion to properly place residents with different levels of cognitive impairment in the correct level of care and

create more availability for other Priests with different needs throughout its continuum of care.

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