

# The Commonwealth of Massachusetts

Executive Office of Health and Human Services Department of Public Health 250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY Governor

KIMBERLEY DRISCOLL Lieutenant Governor KATHLEEN E. WALSH Secretary

ROBERT GOLDSTEIN, MD, PhD Commissioner

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April 9, 2024

Donna M. Casey Senior Vice President, Strategic Business Planning Office of Emerging Medical Discoveries Business & Market Analytics Boston Children's Hospital 300 Longwood Avenue BY483 Boston, MA 02115

VIA Email: Donna.Casey@childrens.harvard.edu

### Final Action: Notice of Determination of Need –The Childrens Medical Center Corporation Substantial Capital Expenditure DoN # BCH-23082514-HE

Dear Ms. Casey,

At their meeting of March 13, 2024, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §51 and the regulations adopted thereunder, to approve the Determination of Need (DoN) application for a Substantial Capital Expenditure filed by The Children's Medical Center Corporation ("CMCC") at Franciscan Hospital for Children, Inc. ("Franciscan") located at 30 Warren Street, Brighton, MA, that includes 1) construction of a replacement facility to enable an improvement in the delivery of mental health services and post-acute rehabilitation services that includes replacement of 112 licensed beds and the addition of 4 new licensed beds; 2) consolidation of mental health services including relocating 12 operational psychiatric beds and an approved but not yet implemented partial hospitalization program from The Children's Hospital Corporation (d/b/a/Boston Children's Hospital, Inc.) in Waltham; 3) renovation of an ambulatory dental surgical suite and adding a fourth operating room. The Maximum Capital Expenditure is \$481,371,000; the Community Health Initiative commitment is \$24,068,550.

This Notice of Final Action incorporates by reference the Staff Report and the Public Health Council proceedings concerning this application.

This application was reviewed pursuant to M.G.L. c. 111, §25C and the regulatory provisions of 105 CMR 100.000 et seq. Based upon a review of the materials submitted, the Department found that the Applicant has met each DoN factor and approves this Determination of Need application for a Substantial Capital Expenditure subject to all standard conditions (105 CMR 100.310) and pursuant to 105 CMR 100.360, subject to Other Conditions listed below.

In compliance with the provisions of 105 CMR 100.310(A)(2) and (11), the Holder shall submit an acknowledgment of receipt to the Department (attached) and include a written attestation of participation or intent to participate in MassHealth.

Continuing for a period of five years after the Proposed Project is complete, as part of the annual report addressing assertions with respect to all factors as required by 105 CMR 100.310(A)(12), the Holder shall provide the following information, items a-e, (referenced on page 35 of the Staff Report and as agreed to by the Applicant during the March 13, 2024 Public Health Council meeting) and the measures provided in Appendix 1, below.

- a) The number of patients who transfer from all referring facilities to Franciscan or to other facilities, by facility, service and by payor mix, by quarter.
- b) The number of patients who transfer from Franciscan to BCH or to other facilities by facility, service and by payor mix, by quarter.
- c) The number and percent of patients clinically eligible to transfer from BCH to Franciscan who do not transfer to Franciscan for lack of capacity with average wait times, by quarter.
- d) The Applicant will report on the Applicant's progress and findings regarding the Applicant's stated vision at both Franciscan and BCH: *The Applicant envisions establishing an integrated network of mental health service providers, supporting workforce development, improving staffing ability for mental health services, and expanding mental health research and anticipates that these efforts will result in improved outcomes.*

APPENDIX 1	Current Baseline	
Measure	BCH	Franciscan
1. The daily average of staffed beds for mental health services at		
BCH and Franciscan		
2. The daily average of staffed beds for post-acute rehabilitation		
services at Franciscan.		
3. The daily average of emergency department admissions at BCH.		
4. The number of rehabilitation/post-acute patients transferred		
from BCH to Franciscan.		

e) The number of patients from the Brighton-Allston zip codes.

APPENDIX 1	Current Baseline	
Measure	BCH	Franciscan
5. The number of children who obtain dental services at BCH and		
Franciscan.		

Please notify the DoN Program at <u>DPH.DON@mass.gov</u> of the anticipated completion date of all the components of the DoN-approved Project once it has been established. Additionally, send an email confirming the Project's completion (licensure/ amended licensure approval date) and the first day of operations to determine the annual DoN reporting timeline.

#### **Other Conditions to the DoN**

#### Conditions

- 1. Of the total required CHI contribution of \$24,068,550.00
  - a. \$5,896,794.75 will be directed to the CHI Statewide Initiative
  - b. \$17,690,384,25 will be dedicated to local approaches to the DoN Health Priorities
  - c. \$481,371.00 will be designated as the administrative allowance
- 2. Within 12 months of the CHI Advisory Board's first meeting, the Applicant will ensure the Board members complete stakeholder assessment to provide to DPH.
- 3. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$5,896,794.75 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
  - a. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
  - b. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made. Payment should be sent to: Health Resources in Action, Inc. (HRiA)
    2 Boylston Street, 4th Floor Boston, MA 02116

Please notify the CHI team at <u>DONCHI@Mass.gov</u> with questions or concerns regarding the CHI payment. Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Sincerely,

## Dennis Renaud

Dennis Renaud Director Determination of Need Program

cc:

Elizabeth D. Kelley, Director, Bureau of Health Care Safety and Quality Rebecca Kaye, General Counsel's Office Stephen Davis, Director, Division of Health Care Facility Licensure and Certification Judy Bernice, Division of Health Care Facility Licensure and Certification Hilary Ward, Health Care Facility Licensure and Certification Samuel Louis, Office of Health Equity Jennica Allen, Division of Community Health Planning and Engagement Elizabeth Maffei, Division of Community Health Planning and Engagement Katelyn Teague, Division of Community Health Planning and Engagement Elizabeth Almanzor, Center for Health Information Analysis Katherine Mills, Health Policy Commission Sandra Wolitsky, Office of the Attorney General Tomaso Calicchio, Executive Office of Health and Human Services Hai Nguyen, Executive Office of Health and Human Services Karina Mejias, Executive Office of Health and Human Services Priscilla Portis, Executive Office of Health and Human Services