

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

MARGRET R. COOKE Commissioner

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March 21, 2023

VIA electronic mail

Crystal Bloom, Partner Husch Blackwell LLP One Beacon Street, Suite 1320 Boston, MA 02108-3106

VIA electronic mail: Crystal.Bloom@huschblackwell.com

Notice of Final Action: Baystate Health, Inc DON Application #-20121611-

Dear Attorney Bloom,

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to M.G.L. c. 111, § 25C and the regulatory provisions of 105 CMR 100.000 et seq, including 105 CMR 100.715, and 105 CMR 100.630, I hereby approve the application for Determination of Need (DoN) filed by Baystate Health, Inc (Applicant) to acquire a second computed tomography (CT) unit for operation at Baystate Noble Hospital, located at 115 West Silver Street, Westfield, MA 01085. The capital expenditure for the Proposed Project is \$1,218,286.00 (March 2023 dollars); the Community Health Initiatives (CHI) contribution is \$60,914.30. This Notice of Final Action incorporates by reference the Memorandum concerning this Application and is subject to the conditions set forth therein.

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.

In compliance with 105 CMR 100.310(A)(12), which requires a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all the factors.

Please notify the DoN Program at <u>DPH.DON@State.MA.US</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.

Oher Conditions to the DoN

- 1. Of the total required CHI contribution of \$60,914.30
 - a. \$5,847.77 will be directed to the CHI Statewide Initiative
 - b. \$52,629.96 will be dedicated to local approaches to the DoN Health Priorities
 - c. \$2,436.57 will be designated as the Administrative Allowance
- 2. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$5,847.77 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
 - i. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
 - ii. 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 Attn: Ms. Bora Toro

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,

Jennifer Barrelle Deputy Commissioner

Massachusetts Department of Public Health

cc:

Dennis Renaud, Director Determination of Need Program

Elizabeth Kelley, Director Bureau of Health Care Safety and Quality

Rebecca Rodman, General Counsel

Stephen Davis, Director, Division of Health Care Facility Licensure and Certification

Judy Bernice, Division of Health Care Facility Licensure and Certification

Daniel Gent, Health Care Facility Licensure and Certification

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Katherine Mills, Health Policy Commission

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