



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

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Lieutenant Governor

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Secretary

MARGRET R. COOKE
Commissioner

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August 26, 2022

Via electronic mail - Crystal.Bloom@huschblackwell.com

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

Notice of Final Action: Beth Israel Lahey Health, Inc.
DoN Application #: BILH-21120709-RE

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 Beth Israel Lahey Health, Inc. (Applicant) to expand CT services by one CT unit at Beth Israel Deaconess Hospital – Milton located at 199 Reedsdale Road, Milton, MA 02186. The capital expenditure for the Proposed Project is \$1,589,750 (May 2022 dollars); the Community Health Initiatives (CHI) contribution is \$79,487.50. 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 also 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.

Other Conditions to the DoN

1. Of the total required CHI contribution of \$79,487.50
 - a. \$7,630.80 will be directed to the CHI Statewide Initiative
 - b. \$68,677.20 will be dedicated to local approaches to the DoN Health Priorities
 - c. \$3,179.50 will be designated as the administrative fee.
2. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$7,630.80 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,



Margret R. Cooke
Commissioner

cc:

Elizabeth D. Kelley, Director, Bureau of Health Care Safety and Quality
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification
Rebecca Rodman, General Counsel
Daniel Gent, 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
Elizabeth Almanzor, Center for Health Information Analysis
Katherine Mills, Health Policy Commission
Eric Gold, Office of the Attorney General