



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
Division of Health Care Facility Licensure and Certification  
67 Forest Street, Marlborough, MA 01752

MAURA T. HEALEY  
Governor

KIMBERLEY DRISCOLL  
Lieutenant Governor

KATHLEEN E. WALSH  
Secretary

ROBERT GOLDSTEIN, MD, PhD  
Commissioner

September 11, 2023

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

Rebecca Rodman  
Husch Blackwell  
One Beacon Street, Suite 1320  
Boston, MA 02108  
[Rebecca.Rodman@huschblackwell.com](mailto:Rebecca.Rodman@huschblackwell.com)

BY EMAIL ONLY

**Re:** **Essential Services Finding**  
**Facility:** Baystate Noble Hospital  
**Services:** Inpatient Psychiatric Service  
**Ref. #:** 2076-800

Dear Attorney Rodman:

On August 24, 2023, the Department of Public Health (the "Department") held a public hearing in response to the notification received from you on behalf of Baystate Noble Hospital Corporation regarding their proposed plans to discontinue the Inpatient Psychiatric Unit and the partial hospitalization program ("PHP") at Baystate Noble Hospital (the "Hospital") in Westfield, MA, effective sometime between late October and early December. As a result of its review, the Department has made a finding that the services provided by the Hospital are in fact necessary for preserving access and health status within the Hospital's service area.

Accordingly, pursuant to 105 CMR 130.122(F), the Hospital is required to prepare a plan that details how access to Inpatient Psychiatric Service will be maintained for the residents of the service area. The plan must be submitted to the Department no later than 15 calendar days of receipt of this letter. The Hospital's plan must include the elements specified in 105 CMR 130.122(F) as listed below:

- (1) Information on utilization of the services prior to proposed closure;
- (2) Information on the location and service capacity of alternative delivery sites. Include an explanation of the basis for the Hospital's determination that the alternative delivery sites **do** or **do not** have the capacity (necessary space, resources, etc.) to handle the increased patient volume at the identified sites. To support that assertion, please provide the following specific details:
  - (a) Current utilization at these alternative sites;
  - (b) Type of services available at the alternative sites;
  - (c) Type of medical diagnoses accepted; and
  - (d) Adequacy of space and resources at the alternative sites.
- (3) Travel times to alternative service delivery sites, for both peak and non-peak travel times, and an explanation as to the source for this information or what these estimates are based on;
- (4) An assessment of transportation needs post discontinuance and a plan for meeting those needs;
- (5) A protocol that details mechanisms to maintain continuity of care for current patients of the discontinued service; and
- (6) A protocol that describes how patients in the Hospital's service area will access the services at alternative delivery sites. The protocol should specifically address the following:
  - (a) The process that will be employed to effectively refer patients to other facilities or providers;
  - (b) The impact that this may have on the current occupancy rates at alternative delivery sites;
  - (c) The ability of the alternative delivery sites to meet the needs of these patients; and
  - (d) Other alternatives if medical needs cannot be accommodated at the proposed alternative sites.

In addition to the regulatory elements listed above, and in light of the Department's review of the Hospital's *90 Day Notice of Closure of Certain Services*, your plan must also address the following:

- 1. Medically Complex Inpatients:** In the Hospital's *90 Day Notice of Closure of Certain Services*, the Hospital stated that, "Medically complex behavioral health patients will continue to be served at the main campus of Baystate Medical Center, Baystate Health's tertiary care academic medical center." The plan which you are required to submit must include information on how the Hospital will manage medically complex inpatients at the time of transition.

Under the provisions of 105 CMR 130.122(G), the plan the Hospital submits to the Department will be reviewed to determine if it appropriately assures access to the essential services in question following the plans to discontinue operation of the Inpatient Psychiatric Unit and partial hospitalization program at Baystate Noble Hospital.

Thank you for your continued cooperation in this process. If you have any questions, please contact Stephen Davis at [Stephen.Davis@Mass.Gov](mailto:Stephen.Davis@Mass.Gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Davis". The signature is fluid and cursive, with the first name "Stephen" written in a larger, more prominent script than the last name "Davis".

Stephen Davis  
Division Director

cc: E. Kelley, DPH  
S. Davis, DPH  
J. Bernice, DPH  
R. Kaye, DPH  
J. Gagne, DPH  
J. O. Boeh-Ocansey, Jr., DPH  
M. Callahan, DPH  
C. Bloom, Husch Blackwell