



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

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

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

April 12, 2017

Via E-mail and first class mail

Crystal Bloom, Esq.
Donoghue Barrett & Singal
One Beacon Street, Suite 1320
Boston, MA 02108-3106
cbloom@dbslawfirm.com

RE: Notice of Final Action
Project Number 4 – 3C63
Mass. Eye and Ear Infirmary
MRI Expansion

Dear Ms. Bloom:

This shall serve as notification to you that pursuant to M.G.L. c.111, §25C and the regulations adopted thereunder, I hereby approve the application for Determination of Need ("DoN") filed by Mass. Eye and Ear Infirmary ("MEEI" or "Applicant") with respect to the expansion of its hospital-based Magnetic Resonance Imaging ("MRI") service to add a second MRI unit on the Hospital's main campus. This Notice of Final Action incorporates by reference the Staff Summary 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, using the MRI Guidelines, adopted by the Public Health Council on August 19, 1997 ("Guidelines"). In its review, Staff finds that the Applicant satisfied the standards applied under 105 CMR 100.533, subject to the mandatory terms and conditions set forth in 105 CMR 100.551 as well as the conditions discretionary with the Department pursuant to 105 CMR 100.552.

Those conditions of approval are as follows:

1. The Applicant shall accept the maximum capital expenditure of \$3,506,506 (January 2017 dollars as the final cost figure except for those increases allowed pursuant to 105 CMR 100.751 and 100.752.
2. The Applicant shall contribute 100% equity of the final approved maximum capital expenditure.
3. The Applicant shall not consider ability to pay or insurance status in selecting or scheduling patients for MRI services.

4. The Applicant shall operate MRI equipment that has pre-market approval by the Food and Drug Administration.
5. The Applicant shall provide language access services at MEEI with the improvements described in the document prepared by the Office of Health Equity ("OHE"), as amended from time to time by agreement of the Applicant and OHE, which is attached hereto as Attachment 1, and is incorporated herein by reference.
6. The Applicant shall provide \$35,065 per year over five years, for a total of \$175,325 (April 2017 dollars) to fund community health initiatives (CHI) in the Boston region. The Applicant will continue working with the Office of Community Health Planning and Engagement, the Boston Public Health Commission (BPHC), the Consortium of Boston Teaching Hospitals (COBTH) and other planning partners named by the Office to develop a specific plan and funding allocation in accordance with measures specified in Attachment 2.

Sincerely,



Monica Bharel, MD, MPH
Commissioner

cc: Sherman Lohnes, Director, Division of Health Care Facility Licensure and Certification
Rebecca Rodman, Deputy General Counsel
Daniel Gent, Health Care Facility Licensure and Certification
Mary Byrnes, Center for Health Information and Analysis
Stephen Sauter, MassHealth
Katherine Mills, Health Policy Commission
Eric Gold, Office of the Attorney General



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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

March 28, 2017

John Fernandez
President and CEO
Massachusetts Eye and Ear
243 Charles Street
Boston, MA 02114

Dear Mr. Fernandez:

Pursuant to Massachusetts Eye and Ear's Determination of Need (DoN) application for an expansion of MRI service, adding a 2nd MRI, Project # 4-3C63, Samuel Louis, Office of Health Equity, met with representatives from Massachusetts Eye and Ear to discuss language access services. Representing Massachusetts Eye and Ear were:

- Brendan Russell, Director of Clinical Services
- Amy Sands, Manager of Guest Services
- Becky Brown, Director of Patient Access
- Steve Record, Director of Revenue Cycle Operations

After conversation and review of documents, the Office of Health Equity has determined that Massachusetts Eye and Ear, including all sites operating under its license, shall continue to enhance its capacity to ensure the availability of timely and competent interpreter services and have in place the following elements of a professional medical interpreter services:

- Revise its policy and procedures to include:
 - Direct, clear, succinct, and simple language that reflects its models of operation for adherence by all users
 - Grievances procedures with internal and external contact information, and language that ensures continued quality in health services upon the filing of a grievance
 - Specific procedures on the use of telephonic and Video Remote Interpreter (VRI). Categories may include but are not limited to the types of medical situations or services that are optimal for either telephonic or VRI, nature of patients, and training
 - Availability of interpretation services 24/7

- Ensure that the revised Policies and Procedures are implemented throughout the hospital and all sites operating under its license
- Enhance its tracking mechanism to comprehensively monitor, assess utilization and impacts, analyze demands, capture all activities related to Interpreter Services, and look at its overall capacity to render timely and efficient interpretation services
- Continue to provide oversight and support to all sites operating under its license
- Obtain feedback from Interpreter Services patients regarding the use of video remote interpretation and provide a detailed report of its findings
- Identify and report on the different mechanisms and/or projects the hospital has and will continue to use the data collected on race, ethnicity, and language to improve patient care and eliminate health disparities
- Develop translation procedures and guidelines for developing timely, accurate, competent, and culturally appropriate patient educational materials
- Continue to provide on-going training to all staff, new hires, and volunteers on the appropriate use and services offered through the Interpreter Services Program and emerging issues
- Post signage at all points of contact and public points of entry informing patients of the availability of interpreter services at no charge
- Develop an implementation plan for the Language Access Services standards and follow recommended standards for Cultural Competent Care and Organizational Support for Cultural Competency for all sites operating under its license. Provide the Office of Health Equity with an updated plan that includes specific goals and objectives, action steps, targeted staff/departments, evaluation, and outcomes
- Report on the implementation of the Culturally and Linguistically Appropriate Service Initiative (CLAS) standards
- Include limited English proficient, non-English speaking, and American Sign Language patients in satisfaction surveys
- Identify and report on the different mechanisms and/or projects the hospital has and will continue to use the data collected on race, ethnicity, and language to improve patient care and eliminate health disparities
- Notify the Office of Health Equity of any substantial changes to its Interpreter Services Program

- Provide an Annual Progress Report to the Office of Health Equity within 45 days at the end of the Federal Fiscal Year
- Submit periodic progress reports on the aforementioned conditions

An implementation plan that addresses the aforementioned conditions and includes anticipated outcomes, actions steps, and evaluation is to be submitted within 30 days of DoN's approval to:

Preferred:

samuel.louis@state.ma.us

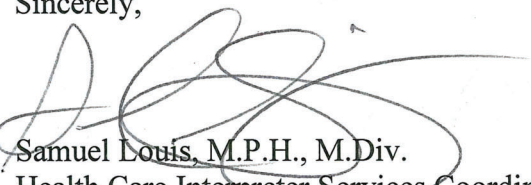
Or

Samuel Louis, M.P.H., M.Div.
Massachusetts Department of Public Health
Office of Health Equity
250 Washington Street, 5th Floor
Boston, MA 02108

It is imperative that Massachusetts Eye and Ear staff communicates with the Office of Health Equity to assure adequate monitoring, compliance, satisfactory implementation and progress to the implementation plan.

If you wish to discuss any of the conditions, or other areas covered at the visit, please contact me at (617) 624-5905 or at samuel.louis@state.ma.us.

Sincerely,



Samuel Louis, M.P.H., M.Div.
Health Care Interpreter Services Coordinator

Cc: Brendan Russell, Director of Clinical Services
Amy Sands, Manager of Guest Services
Becky Brown, Director of Patient Access
Steve Record, Director of Revenue Cycle Operations
Lydie Ultimo, Director, Office of Health Equity
Lynn Conover, Analyst, Determination of Need Program

MEEI MRI DoN4-3C63

Community Health Initiatives

Massachusetts Eye and Ear Infirmary (MEEI) has agreed to provide \$35,065 per year over five years, for a total of \$175,325 (April 2017 dollars) to fund community health initiatives (CHI) in the Boston region. The Applicant will work with the Office of Community Health Planning and Engagement, the Boston Public Health Commission (BPHC) and the Consortium of Boston Teaching Hospitals (COBTH) and other planning partners named by the Office to develop a specific plan and funding allocation. Funding will:

1. Provide support for the Boston Alliance for Community Health (BACH's) at a total of \$25,000 in a one-time payment to be made at the project's implementation date, for BACH's potential role in advancing collaborative community health planning activities in partnership with the BPHC and COBTH.
2. Provide support for community-based activities related to MEEI's community health needs assessment and priorities with a focus on: Strategy #3 Access to Services/Resources/Work Experience and sub-objectives:
 - a. Improve access to care for members of the designated community and target populations who may not be able to get the services they need for vision, hearing or head/neck conditions due to linguistic, transportation, or financial barriers or lack of information.
 - b. Increase job readiness opportunities for members of low-income communities and/or high risk groups.
3. In FY 18, \$10,000 will be for these CHNA priorities.
4. In funding years 2-5 the focus will primarily be on implementation of these activities however as COBTH's 2019 CHNA process unfolds resources may be re-directed in support of BACH or other activities aligned with the CHNA process.
5. MEEI, DPH, BPHC and BACH will convene in the fall of 2017 to finalize plans.

Funding will begin at the project's implementation date, estimated to be February 2018. MEEI will file all reports as required by the Department.