

APPLICANT QUESTIONS

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- We accept answers on a rolling basis however, when providing the final answers, submit all questions and answers in order in one final document.
- Submit responses in an accessible format in WORD or EXCEL. **Include a table in data format (NOT pdf or picture) with the response. For HIPAA compliance Do not include numbers <11.**

In order for us to review this project in a timely manner, please provide the responses by November 7, 2023.

1. In order to better understand the proposed changes to your Mental Health Services, for CMCC (each location) and for Franciscan provide a chart of the current licensed, approved but not yet licensed, and proposed bed configuration by service that includes the current location (e.g. Boston, Waltham, Franciscan...), and those being transferred. Table 2(below) from # BCH-22031810 Transfer of Ownership may be used as a model- For headings, use the clinical terms consistent with those used in the Application (rather than just BH).

| | CMCC at BCH | | | | Franciscan |
|-----------------------------------|-------------|--------|---------------------------|------------------|------------|
| | Current | Jul-22 | DoN Approved ¹ | | Current |
| Longwood | | | | Warren St | |
| Med/Surg/ICU | 388 | 446 | 455 | Rehab | 48 |
| Behavioral Health Specify Type | 16 | 16 | 20 | BH | 32 |
| Subtotal | 404 | 462 | 475 | | 80 |
| | | | | | |
| Waltham | | | | | |
| Med/Surg | 11 | 11 | 11 | | |
| BH Specify Type | 12 | 12 | 12 | | |
| Subtotal | 23 | 23 | 23 | | |
| | | | | | |
| TOTAL | 427 | 485 | 498 | | 80 |
| | | | | | |
| CBAT Separate License | 12 | 12 | 12 | | 18 |

Note: Franciscan bed count reflects current capacity. It holds a license for 112 beds.

¹ DoN 4-3C47 approved in 2016

Answer: We have created a series of exhibits in a format that BCH has used with the DPH licensure staff to help demonstrate the layout of DPH hospital licensed beds. Exhibit A outlines the licensed beds by service for Boston Children's Hospital as of August 18, 2023. BCH is currently licensed for 485 beds. The proposed future state for Boston Children's Hospital is 473 licensed beds, a change of 12 pediatric and adolescent psychiatric beds located on the Waltham campus shifted to the proposed Franciscan clinical building (Exhibit B). Exhibit C outlines the licensed beds by service for Franciscan Hospital for Children as of August 18, 2023 with a license of 112 beds. Exhibit D describes the proposed future state for Franciscan Hospital for Children, a change of 4 beds including the shift of the 12 pediatric and adolescent psychiatric beds located on the Waltham campus shifted to the proposed Franciscan clinical building. There may be additional changes to the bed licensure counts reflected in future DoN filings or updates to a BCH existing/approved DoN.

2. Please explain how you arrived at the requested number of new beds by service.
 - a. Explain further the frequency and impact of blocked beds due to age, gender, diagnosis, other that you described. Do you track the number of beds blocked, the wait-times for admissions from EDs and acute care facilities? Explain further how that impacts both BCH and FC.

Answer: For FC's inpatient psychiatric program, wait times from referring institutions are not tracked. This is because FC is responding to requests from emergency rooms for kids in crisis who are in immediate need of a bed. Referring emergency rooms are in touch with multiple facilities simultaneously and go to the next facility if FC is unable to admit a patient. FC does not track bed blocking. With FC's multiple occupancy rooms, the program rearranges beds, rooms, and roommates daily to try and accommodate as many patients as possible from those being referred. However, roommate matching constraints in FC's current facility arising from the patient's gender, clinical presentation, upper respiratory symptoms, or other factors do lead to reduced access and admissions that are turned away.

On FC's medical units, patients are co-horted by developmental age and infection control status for ages 0-3 to ensure they have appropriate roommates. For ages 3-22, patients are co-horted based on developmental age, gender, and infection control status. These variables are tracked in real-time by the clinical team. On average in the last few months, FC has had 3 doubles blocked off between two medical units at any given time. Referrals and wait times are fluid due to rooms available and changing clinical presentation of the medically complex patient population being referred and served on our units.

- b. Will these bed counts eliminate the "2-month waitlist for psychiatric care, a 6-12 month waitlist for outpatient therapy, and a 9-12 month waitlist for neuropsychological testing." Will these diminish the long wait times Children spend in ED's? If not what other measures are you taking to meet the need for Mental Health services?

Answer: The planned clinical expansion of mental health services on the FC campus is designed to provide expanded capacity to address the access delays for pediatric patients with mental health disorders. In particular, the addition of an 8 bed unit for patients with Intellectual Developmental Disorders and its companion partial hospitalization program will provide much needed access for this population. Those with co-occurring medical/psychiatric needs will also have their needs addressed through intermediate levels of care including new partial hospitalization/intensive outpatient programs targeted to this patient population. In addition, BCH and FC continue to support all efforts to expand community services and school based programs to reach children before they progress to a crisis stage requiring inpatient services.

c. Provide 5- year volume projections for each service impacted by the Proposed Project.

Answer: 5 Year volume projections for each service is summarized below:

| <u>Average Daily Census</u> | <u>2022</u> | <u>Year 1</u> | <u>Year 2</u> | <u>Year 3</u> | <u>Year 4</u> |
|--|-------------|---------------|---------------|---------------|---------------|
| Medical Rehab | 37.5 | 41.6 | 44.7 | 48.0 | 48.0 |
| Behavioral Health | 18.9 | 35.9 | 43.1 | 50.4 | 50.4 |
| Licensed by DPH | 56.4 | 77.5 | 87.8 | 98.4 | 98.4 |
| CBAT | 12.6 | 12.6 | 12.6 | 12.6 | 12.6 |
| Total Services | 69.0 | 90.1 | 100.4 | 111.0 | 111.0 |
| Licensed Beds by DPH* | 112.0 | 116.0 | 116.0 | 116.0 | 116.0 |
| Occupancy of DPH Licensed Beds | 50.4% | 66.8% | 75.7% | 84.8% | 84.8% |
| Ambulatory Surgery Cases | 2,713 | 3,174 | 3,635 | 4,096 | 4,096 |
| Average Daily Census for Partial Hospitalization Program | 0 | 10.4 | 20.8 | 20.8 | 20.8 |

*FC is currently licensed for 112 beds; operational beds are approximately 80-90 beds depending upon age/sex distribution of patients.

3. Update Table 1 from # BCH-22031810 Transfer of Ownership. We note that Table 8 includes FY 22 that appears to be unique patients (and not total volume) and that the number of unique patients transferred declined from 91 to 55 (from FY 21 to 22); please explain.

| <i>Transfers from Franciscan to CMCC</i> | <i>FY2018</i> | <i>FY2019</i> | <i>FY2020</i> | <i>FY2021</i> | <i>FY2022</i> |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| <i>Behavioral Health</i> | <i>2</i> | <i>4</i> | <i>3</i> | <i>2</i> | |
| <i>Non-Behavioral Health</i> | <i>138</i> | <i>100</i> | <i>132</i> | <i>150</i> | |
| <i>Total</i> | <i>140</i> | <i>104</i> | <i>135</i> | <i>152</i> | |
| | | | | | |
| <i>CMCC Discharges to Franciscan</i> | | | | | |
| Behavioral Health | 17 | 25 | 38 | 37 | |
| Post-Acute Medical Discharges | 144 | 139 | 200 | 228 | |
| Total | 161 | 164 | 238 | 265 | |
| <i>Unique CMCC Rehab Patients Transferred to FHC</i> | <i>63</i> | <i>69</i> | <i>109</i> | <i>91</i> | <i>55</i> |
| | | | | | |

Answer: Table 1 from #BCH-22031810 Transfer of Ownership is updated through 2022 and reflected as Table 6 in the CMCC-Franciscan-BCH-23082514-HE application.

The number of transfers from FC to CMCC spiked during the COVID -19 pandemic based on clinical needs. Coming out of the pandemic the number of transfers have normalized to pre-pandemic levels. As part of its integration efforts, BCH will be deploying technical staff in audiology and EEG to perform testing on the FC campus, thereby, eliminating a need to transfer certain patients requiring this testing via ambulance.

The number of transfers from CMCC to FC in 2022 and 2023 have normalized to pre-pandemic levels as well. Please note that BCH patients who board with behavioral health disorders are not easily identified as behavioral health patients and are captured as post- acute medical discharges given than they are discharged from a medical unit.

Finally, the number of unique patients in the local market who were transferred from CMCC to FC has also normalized to pre-pandemic levels. The spike during the pandemic related to the influx of respiratory patients who required medical rehabilitation services prior to discharge to home.

| Transfers from Franciscan to CMCC | FY2018 | FY2019 | FY2020 | FY2021 | FY2022 | FY2023 |
|-----------------------------------|--------|--------|--------|--------|--------|--------|
| Total | 99 | 73 | 120 | 128 | 82 | 54 |

| CMCC Discharges to Franciscan | FY2018 | FY2019 | FY2020 | FY2021 | FY2022 | FY2023 |
|-------------------------------|--------|--------|--------|--------|--------|--------|
| Total | 105 | 103 | 178 | 196 | 100 | 97 |

| | | | | | | |
|--|----|----|-----|----|----|----|
| Unique CMCC Rehab Patients Transferred to FHC | 63 | 69 | 109 | 91 | 54 | 53 |
|--|----|----|-----|----|----|----|

4. You explain that both FC and BCH currently operate mental health programs in public schools; that FC operates in 18 Boston Public Schools, and the Boston Children's Hospital Neighborhood Partnerships Program partnered with 11 schools in 2020-2021 to provide mental health services to 1,469 students and 1,500 hours of training and consultation to Boston school staff, and you state that 'Greater investment will allow both parties to expand their capacity to address the currently unmet medical needs, with a focus on mental health care needs in additional schools.'

Please explain further the extent of the investment, and does it include a capital component; how these two programs operate; how the greater investment will be used; how the program will be expanded, and will the two programs be consolidated into one? How will you measure outcomes?

Answer:

We are committed to ongoing investment and expansion of school-based behavioral health. We anticipate a range of investments, including integration of the programs, best practice sharing, data-collection and evidence-based program enhancements. We also plan to make investments staff including recruiting, training, ongoing professional development and staff mental health. We do not anticipate making capital investments.

FC and BCH provide complimentary models of school-base care. Specifically, the BCHNP program does not provide direct care provision, is fully supported through philanthropy and school-base contracts. In contrast FC program provides onsite direct care provision, supported primarily through a fee for service model funded by MassHealth, in addition to philanthropy and grants (e.g., Boston Public Health Commission Expansion of Behavioral Health Workforce Grant). In addition, FC provides onsite direct care provision to the Melvin King School, the Boston Public School's complex of intensive therapeutic schools.

We are currently evaluating the best integration model and further working to develop enhanced lines of communication between our clinical teams not located in the schools (e.g., the outpatient and inpatient settings) with the school based providers to support transitions back to school or

to work with the school based teams to strengthen interventions at the school to prevent youth needing a higher level of care.

Growing acuity and demand for mental health services has severely challenged the ability of the clinical care teams to provide services. This has been compounded by high clinician turnover and burnout. The integration of the programs will enhance the ability to provide peer support and supervision and collaborative learning environments. One example of the integration that is already occurring is that the social work team hired by FC and working within those schools will be integrated into the peer mentoring network created by BCHNP. The expectation of this approach is to decrease attrition in clinical providers in the FC supported schools.

BCH continues to leverage philanthropic support to sustain BCHNP and FC currently financially supplements the existing school based programs. We are currently evaluating an integrated leadership model as well as coordinating on training programs and support services for clinicians at both BCH and FC. In addition we expect to create unified outcome measures for the school based programs with the expectation that this will lead to a greater understanding of what works best at each school recognizing that each school is a unique microenvironment. Adoption of a common EMR between BCH and FC will allow providers access to clinical notes across care settings (e.g. school, inpatient, outpatient) while reducing clinician documentation burden and challenges communicating with other providers.

Finally, we have begun to make important clinical leadership investments, including recruiting a Franciscan Children's Chief Behavioral Health Officer who will also serve a leadership role within the Department of Psychiatry and Behavioral Health at BCH. This unique role will ensure effective cross system integration for both the school based programs and the other clinical services well in advance of the completion of the physical building.

5. You state that BCH specializes in certain aspects of the psychiatric continuum of care model, including expertise in complex psychiatric inpatient and outpatient care, and strong links with schools and community programs. However, you state there are acknowledged gaps, such as staffing shortfalls and needed infrastructure investment. Further you state that 'Through the Proposed Project, the Applicant will invest in staffing models that will enable a more expedited transfer to the right care setting for each individual patient and timely, equitable access to mental health services.' Please describe the staffing model/s that you anticipate using and how it/they will be implemented for both FC and BCH. How will you ensure that you have sufficient staffing to accommodate the increased bed counts?

Answer: Currently neither FC nor BCH offer intermediate levels of care, e.g. partial programs or intensive outpatient programs, making it challenging to provide seamless care across the entire continuum. BCH and FC will invest in the creation of a single point of entry triage system to help

families navigate the behavioral health system and access the correct level of care and support services.

In addition, co-location of programs will allow more flexible staffing models, including cross coverage and deploying staff based on acuity and need. For example if one unit has extremely high acuity, staff from another unit can be deployed to augment the team. Alternatively, staff members working in intense high acuity environments could be moved to lower acuity outpatient programs to help reduce stress and fatigue. These types of flexible models have been demonstrated to improve employee retention reduce burnout.

The integration of the program will also permit enhanced recruitment and retention by offering professional opportunities across a comprehensive care continuum not found in other settings. The presence of the continuum in one location will also allow seamless “warm handoffs” and huddles around patients to increase clinical decision making about the best level of care. Having direct access to the providers at the alternative level of care will also strengthen the support for the clinician by decreasing the effort to gather relevant treatment and outcome information from other levels of care.

6. Under Public Health Value, please explain whether and how the obstacles you describe “including (a) the need for significant investment in existing facilities and infrastructure, (b) staffing shortfalls in part driven by poor reimbursement, (c) obstacles to coordination of care across the continuum, and (d) lack of a robust community-based provider network,” will be ameliorated through the proposed project, and how will these improve Public Health Value.

Answer: The current FC physical environment leads to challenges in care (power outages, inadequate high-speed internet and electronic medical record systems). To enhance the provision of the highest quality of acute and in patient care space that is intentionally designed using the most recently established best practices for physical space with data related to improved mental health, decreased aggression, and enhanced well-being of staff (to decrease burnout and attrition) is necessary. Current facilities were modified from existing spaces and not intentionally designed for mental and behavioral health, as such physical environmental adjustments, light, physical distance, unique spaces for de-escalation and calming modalities are inadequate to provide the best level of care for the current high acuity of patients requiring in patient care. For example, the CBAT unit sits on multiple floors in a building that was originally built for housing of the Franciscan nuns. This space design drives inefficiency, staff retention and burnout. The same poor physical environment contributes to staff burnout due to elevated risk of injury by patients, decreased effectiveness of the therapeutic environment and decreased staff well-being due to inadequate spaces for staff’s own coping and calming strategies. The intentional integration of spaces for community engagement, initial and continued training of mental and behavioral health providers, and space for collaborative learning communities is expected to enhance recruitment, decrease attrition from the workforce, both for providers at

FC/BCH and the community. By providing regular trainings at the FC campus to community practitioners we expect to enhance collaborative efforts between community providers and FC/BCH. We further expect to integrate our community outreach programs to connect with community providers and increase the flow of information related to points of access across the continuum of care and care coordination.

7. Under Competition, explain further if, and by how much, the impact of the proposed project will impact prices, costs and competition.

Answer:

Behavioral and mental health services has been chronically underfunded. BCH is making investments to stabilize access to these services. The provision of these services has not been a competitive environment rather one where there has been a chronic lack of capacity and more demand for services than capacity. BCH's investment in FC is an effort to increase capacity for these much needed services.

Massachusetts providers continue to rely on FC for its unique critical services as part of the larger care continuum for children with significant mental health needs or medical complexity requiring post-acute care. The Proposed Project will add capacity to the health care system across the health care continuum in pursuit of reducing the number of children who present in a state of mental health crisis in emergency rooms and spend days waiting for care. Through the expansion of services offered, FC will reduce the number of patients in acute beds who require intensive but not acute medical and nursing services and/or mental health services as well as create operational efficiencies throughout the health care system. Typical cost differentials between a patient in an acute intermediate care bed vs a post-acute medical bed range from \$600-800 per day. There are positive financial and clinical impacts associated with providing timely access to care and moving patients from the resource-intensive acute care settings to rehabilitative and mental health settings.

Additionally, studies have found that children with comorbid mental and physical health conditions have significantly higher annual total health care costs (\$2,631 in 2013 dollars) compared with children not having mental health conditions.² Early detection and addressing mental health conditions will ultimately lower this cost differential. Multigenerational approaches to care, which focus on the health and social needs of the whole family, and coordination with sectors outside health care, such as social services, could have a major impact on children's short-term social and educational needs as well as their long-term health.

² See Suryavanshi MS, Yang Y, *Clinical and Economic Burden of Mental Disorders Among Children With Chronic Physical Conditions, United States, 2008–2013*. [Erratum appears in PREV. CHRONIC DIS. 2016;13. http://www.cdc.gov/pcd/issues/2016/15_0535e.htm.] PREV. CHRONIC DIS. (2016), 13:150535 available at <http://dx.doi.org/10.5888/pcd13.150535>.

Furthermore, research has found that investment in child well-being may yield long-term returns for the well-being of children, and in turn, generate a longitudinal societal benefit.³ Individual-level registry data from Denmark for patients with bipolar disorder suggests that universal access to treatment could save \$88 million in wages per year, roughly 9 percent of total healthcare costs associated with mental health in Denmark.⁴ Addressing mental health conditions in children before it becomes a debilitating condition for life will generate long term societal benefits.

From a competitive perspective, FC is the only pediatric chronic disease and rehabilitation hospital in Massachusetts and has specialized capacity to care for the most medically complex children, including (i) newborn babies on ventilators, (ii) children with mental health conditions requiring inpatient, short-term residential, school-based, ambulatory and/or community-based services, (iii) children who need specialized dental services, including dental surgeries under general anesthesia, and (iv) children with specialized educational needs due to their physical and/or cognitive condition. FC's patients and students arrive from acute care hospitals, emergency departments, mobile crisis teams, school systems, and other providers from across the Commonwealth. FC is in the process of converting to EPIC as its common electronic medical platform, thereby facilitating a more seamless handoff of patients amongst all referral sources who have adopted Epic as their electronic medical record system. The Proposed Project will compete on the basis of price, total medical expenses ("TME"), provider costs, and other recognized measures of health care spending, and will meaningfully contribute to Massachusetts' goals for cost containment by ensuring timely and equitable access to pediatric rehabilitative and mental health services.

³ See Brykman K, Houston R, Bailey M, *Value-Based Payment to Support Children's Health and Wellness* (September 2021), available at https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2021-09/Value-Based%20Pmt_Childrens-Health_ExSum_FINAL.pdf.

⁴ See Biasi B, Dahl M, Moser P, *Career Effects of Mental Health* (July 2021) available at [Microsoft Word - bip210630 FULL.docx \(nber.org\)](#)

CMCC-Franciscan- BCH-23082514-HE

EXHIBIT A

APPLICATION for HOSPITAL LICENSURE**Bed Capacity/Services (as of 08/18/2023)**

| SERVICES <i>See 105 CMR 130.020</i> | TOTAL NUMBER OF BEDS PER SERVICE | NUMBER OF BEDS PER UNIT | LOCATION (BLDG./WING, FLOOR, UNIT, CAMPUS – If applicable) | (If applicable) NUMBER OF BEDS TEMPORARILY OUT-OF-SERVICE (INCLUDED IN LICENSED BED CAPACITY) (Identify month/day/year out-of- service) | COMMENTS |
|--|--|---|--|--|--|
| MEDICAL/SURGICAL SERVICE | 0 | 0 | N/A | N/A | |
| INTENSIVE CARE UNIT <i>*See Pediatric ICU</i> | 0 | 0 | N/A | N/A | |
| CORONARY CARE UNIT | 64 | 32 32 | Hale 7 Hale 8 | N/A | |
| BURN UNIT | 0 | 0 | N/A | N/A | |
| PEDIATRIC SERVICE: LEVEL I OR LEVEL II | 283 | 260 Main* 23 Waltham** | <u>Main Campus</u> Main Bldg: 6 NE = 30 7 W = 19, 9 E = 31, 9S = 24, 9 NW = 31 | | <i>*Includes 16 inpatient psych beds (Bader 5): In accordance with 2015 DON – future plan to add 4 additional inpatient psychiatric beds to Bader; upon completion Bader</i> |

| | | | | | |
|---|-----|----------|---|-------------------------------------|--|
| | | | <p>10 NW = 43, 10S = 23</p> <p>Mandell Bldg:</p> <p>8 Mandel = 11</p> <p>Hale Bldg:</p> <p>9 Hale = 32</p> <p>Bader Bldg:</p> <p>Bader 5 = 16*</p> <p><u>Waltham Campus</u></p> <p>5W = 12**</p> <p>3W = 11</p> | | <p><i>will increase from 16 to 20 beds</i></p> <p>**Includes 12 inpatient psych unit beds (5W)</p> <p><i>Note: DPH has historically listed the BCH psychiatric beds as Subspecialty Pediatric Psychiatric Service beds due to the provision of both medical and psychiatric services to this population</i></p> |
| PEDIATRIC INTENSIVE CARE UNIT: LEVEL III | 108 | 108 Main | <p>Berthiaume 7 MSICU (7S) = 24</p> <p>Berthiaume 8 MSICU (8S) = 16</p> <p>Berthiaume 11 MICU (11S) = 22</p> <p>6W BMT = 14</p> <p>Hale 10 = 24</p> | Berthiaume 8: 8 beds out of service | <p><i>Note: Total of 108 includes 8 beds temporarily OOS on Berthiaume 8 for construction purposes - approximately 7/2022-9/2024</i></p> |

APPLICATION for HOSPITAL LICENSURE**Bed Capacity/Services**

| SERVICES <i>See 105 CMR 130.020</i> | TOTAL NUMBER OF BEDS PER SERVICE | NUMBER OF BEDS PER UNIT | LOCATION (BLDG./WING, FLOOR, UNIT, CAMPUS – If applicable) | (If applicable) NUMBER OF BEDS TEMPORARILY OUT-OF-SERVICE (INCLUDED IN LICENSED BED CAPACITY) (Identify month/day/year out- of-service) | COMMENTS |
|--|---|---------------------------------------|--|---|---|
| MATERNAL SERVICE: ANTEPARTUM POSTPARTUM LDRP (LABOR-DELIVERY- RECOVERY-POST- PARTUM) | 0 | 0 | N/A | N/A | |
| NEONATAL INTENSIVE CARE UNIT: LEVEL III | 30 | 30 | Hale 11 | N/A | |
| PSYCHIATRIC SERVICE | 0 | 0 | N/A | N/A | <i>Pediatric Service Includes:</i> • <i>12 inpatient psych unit beds located in Waltham - 5W</i> |

CMCC-Franciscan- BCH-23082514-HE

| | | | | | |
|--|---|---|-----|-----|--|
| | | | | | <ul style="list-style-type: none"> 16 inpatient psych beds located in Boston - Bader 5. <p>Note: DPH has historically listed the BCH psychiatric beds as Subspecialty Pediatric Psychiatric Service beds due to the provision of both medical and psychiatric services to this population</p> |
| SUBSTANCE ABUSE SERVICE | 0 | 0 | N/A | N/A | |
| CHRONIC CARE SERVICE | 0 | 0 | N/A | N/A | |
| REHABILITATION SERVICE | 0 | 0 | N/A | N/A | |
| SKILLED NURSING FACILITY SERVICE (only if licensed prior to 4/21/88) | 0 | 0 | N/A | N/A | |
| INTERMEDIATE CARE FACILITY SERVICE (only if licensed prior to 4/21/88) | 0 | 0 | N/A | N/A | |

IDENTIFY THE TOTAL LICENSED INPATIENT BED CAPACITY: BEDS 485

NOTE: There are 12 residential Community Based Acute Treatment (CBAT) beds licensed by the Executive Office of Education, Department of Early Education and Care in Waltham, 4 East. These DEEC licensed residential beds are not licensed by DPH.

3 of 3

APPLICATION for HOSPITAL LICENSURE

Bed Capacity/Services

| NEWBORN SERVICES <i>See 105 CMR 130.601</i> | TOTAL NUMBER OF BASSINETS | LOCATION (BLDG.,/WING, FLOOR, UNIT, CAMPUS – If applicable) | NUMBER OF BASSINETS PER NURSERY | (If applicable) NUMBER OF BASSINETS TEMPORARILY OUT-OF-SERVICE (INCLUDED IN LICENSED BASSINET CAPACITY) (Identify month/day/year out-of- service) | COMMENTS |
|--|---------------------------------|---|---------------------------------------|---|----------|
| LEVEL I: WELL INFANT NURSERY | 0 | 0 | N/A | N/A | |
| LEVEL IB: CONTINUING CARE NURSERY (CCN) | 0 | 0 | N/A | N/A | |

CMCC-Franciscan- BCH-23082514-HE

| | | | | | |
|--|---|---|-----|-----|--|
| LEVEL IIA: SPECIAL CARE NURSERY (SCN) | 0 | 0 | N/A | N/A | |
| LEVEL IIB: SPECIAL CARE NURSERY (SCN) | 0 | 0 | N/A | N/A | |

TOTAL BASSINETS: WELL/INFANT 0 TOTAL CCN 0 TOTAL SCN 0

I attest that the above is an accurate listing of the bed capacity and services at:

Facility Name: Boston Children's Hospital

Administrator: _____

Date: August 2023

CMCC-Franciscan- BCH-23082514-HE

EXHIBIT B



Where the world
comes for answers

Boston Children's Hospital (Lic #2139)

Future State: Following Franciscan DON approval

Note: This form represents BCH current state as of 8/18/2023, and future state for purposes of the Franciscan DoN filing to reflect delicensing 12 IPS beds from Waltham and adding 12 new licensed IPS beds in Franciscan. This form does not reflect future changes to bed licensure, that may be needed due to prior and future DoN filings.

| | | Effective 1/12/2023 | Proposed Future State (Franciscan DON) | | | | | |
|-----------------------------------|---------------|------------------------|--|-------------|-----|-----------------|--------------------------------------|--|
| Service | Unit | # of Beds | | Net Change | | Quota change | Total # of Beds per Service | Comments |
| | | From | To | From | To | | | |
| CCU (Coronary Care Unit) | Hale 7 (ACCU) | 32 | 32 | 32 | 32 | 0 | 64 | No change |
| | Hale 8 (ACCU) | 32 | 32 | | | | | |
| Pediatric Service (Level I/II) | Main Campus | | | Main Campus | | -12** | 271 | *The total of 271 Pediatric Service beds Includes 16 subspecialty Pediatric Psychiatric Service beds located in Boston, Bader 5 |
| | BA 5* | 16 | 16 | | | | | |
| | 6 NE | 30 | 30 | 260 | 260 | | | |
| | 7 W | 19 | 19 | | | | | |
| | 8 Mandell | 11 | 11 | | | | | |

CMCC-Franciscan- BCH-23082514-HE

| | | | | | | | | |
|------------------------------|---------------------------|------------|------------|------------------|-----|----------|------------|--|
| | 9 S ICP | 24 | 24 | | | | | **The decrease in quota from 283 to 271 Pediatric Service beds is the result of the delicensing of 12 subspecialty Pediatric Psychiatric Service beds in Waltham which are being relocated to Franciscan Hospital for Children. |
| | 9 E | 31 | 31 | | | | | |
| | 9 NW | 31 | 31 | | | | | |
| | 10 S | 23 | 23 | | | | | |
| | 10 NW | 43 | 43 | | | | | |
| | 9 Hale | 32 | 32 | | | | | |
| | Waltham Campus | | | Satellite | | | | |
| | 3 W | 11 | 11 | 23 | 11 | | | |
| | 5 W** | 12 | 0 | | | | | |
| PICU (Level III) | 6 West BMT | 14 | 14 | | | | | Total of 108 includes 8 beds temporarily OOS on Berthiaume 8 (formerly 8 South) |
| | Berthiaume 7 (7 S) MSICU | 24 | 24 | | | | | |
| | Berthiaume 8 (8 S) MSICU | 24 | 24 | 108 | 108 | 0 | 108 | |
| | Berthiaume 11 (11 S) MICU | 22 | 22 | | | | | |
| | Hale 10 | 24 | 24 | | | | | |
| NICU | 11 Hale | 30 | 30 | 30 | 30 | 0 | 30 | |
| FROM TOTAL # OF BEDS: | | 485 | 473 | | | | | |

Total licensed inpatient capacity

From: **485**

To: **473**

DQ: **12 BEDS**

| <u>Hospital Services</u> | <u>Hospital Beds</u> | <u>Satellite Beds</u> | <u>Total Beds</u> |
|-----------------------------|--------------------------|---------------------------|-----------------------|
| Coronary Care Unit | 64 | 0 | 64 |
| Pediatric Service | 260* | 11 | 271 |
| Pediatric Intensive Care | 108 | 0 | 108 |
| Neonatal Intensive Care | 30 | 0 | 30 |
| <hr/> | | | |
| TOTAL NUMBER OF BEDS | 462* | 11 | 473 |

**Including (16) Subspecialty Pediatric Psychiatric Service Beds - Boston*

Revised: 8/18/2023

CMCC-Franciscan- BCH-23082514-HE

Exhibit C

CMCC-Franciscan- BCH-23082514-HE
BED CAPACITY/SERVICES - DIRECTIONS

1. Please refer to Hospital Licensure Regulations 105 CMR 130.020 regarding definitions of services.
2. Complete one form for each campus and one form for the total beds at all campuses. For each category of service: identify the unit, building, wing, floor, and **campus**, (if there is more than one). Identify the number of beds **on each unit**, in addition to the total number of beds within the service. If beds are out of service, identify the location (unit), the number of beds, and the exact date the beds were taken out of service.
3. For Pediatric Services, please circle the level of the Pediatric Service (Level I or Level II). Additionally, please identify any specialty services (e.g., rehabilitation).
4. For Psychiatric Services, please identify adult and Pediatric Psychiatric Service beds.
5. For Intensive Care Units, please identify any specialty care units (e.g., transplantation).

Complete information for Skilled Nursing and/or Intermediate Care Facility Services **only if those services were licensed prior to April 21, 1988**. Please note that Long Term Care beds licensed since April 21, 1988, are separately licensed as a Long-Term Care Facility and **are not included** on this hospital license form.

1 of 3

APPLICATION for HOSPITAL LICENSURE

Bed Capacity/Services (as of 08/18/2023)

| SERVICES <i>See 105 CMR 130.020</i> | TOTAL NUMBER OF BEDS PER SERVICE | NUMBER OF BEDS PER UNIT | LOCATION (BLDG/WING, FLOOR, UNIT, CAMPUS – If applicable) | (If applicable) NUMBER OF BEDS TEMPORARILY OUT-OF-SERVICE (INCLUDED IN LICENSED BED CAPACITY) (Identify month/day/year out-of- service) | COMMENTS |
|--|--|---------------------------------------|---|--|----------|
| MEDICAL/SURGICAL SERVICE | 0 | 0 | N/A | N/A | |

| | | | | | |
|--|-----|----|---|-----|--|
| INTENSIVE CARE UNIT <i>*See Pediatric ICU</i> | 0 | 0 | N/A | N/A | |
| CORONARY CARE UNIT | 0 | 0 | N/A | N/A | |
| BURN UNIT | 0 | 0 | N/A | N/A | |
| PEDIATRIC SERVICE: LEVEL I OR LEVEL II | 40* | 40 | Building 4: 2nd/3rd Floor, Units 2 and 3 | N/A | <i>*Note, while these beds are licensed as Pediatric Service beds, the hospital has been operating these beds as a Pediatric Specialty Service (Level II) by providing rehabilitation services to long-term stay medically complex patients in these beds.</i> |
| PEDIATRIC INTENSIVE CARE UNIT: LEVEL III | 0 | 0 | N/A | N/A | |

APPLICATION for HOSPITAL LICENSURE**Bed Capacity/Services**

CMCC-Franciscan- BCH-23082514-HE

| SERVICES <i>See 105 CMR 130.020</i> | TOTAL NUMBER OF BEDS PER SERVICE | NUMBER OF BEDS PER UNIT | LOCATION (BLDG/WING, FLOOR, UNIT, CAMPUS – If applicable) | (If applicable) NUMBER OF BEDS TEMPORARILY OUT-OF-SERVICE (INCLUDED IN LICENSED BED CAPACITY) (Identify month/day/year out-of- service) | COMMENTS |
|--|---|---|---|---|----------|
| MATERNAL SERVICE: ANTEPARTUM POSTPARTUM LDRP (LABOR-DELIVERY- RECOVERY-POST- PARTUM) | 0 | 0 | N/A | N/A | |
| NEONATAL INTENSIVE CARE UNIT: LEVEL III | 0 | 0 | N/A | N/A | |
| PSYCHIATRIC SERVICE | 32 | 32 | Building 5: 2 nd Floor, Unit 1 | N/A | |
| SUBSTANCE ABUSE SERVICE | 0 | 0 | N/A | N/A | |
| CHRONIC CARE SERVICE | 0 | 0 | N/A | N/A | |

CMCC-Franciscan- BCH-23082514-HE

| | | | | | |
|--|-----|----|--|--|---|
| REHABILITATION SERVICE | 40* | 40 | Building 4: 2nd/3rd Floor, Units 2 and 3 | 32 beds are temporarily out of service | <i>*Note, while these beds are licensed as Rehabilitative Beds, the hospital has been operating these beds as a Pediatric Specialty Service (Level II) and flexing capacity for rehabilitation services to long-term stay medically complex patients in these beds.</i> |
| | | | | | |
| SKILLED NURSING FACILITY SERVICE (only if licensed prior to 4/21/88) | 0 | 0 | N/A | N/A | |
| INTERMEDIATE CARE FACILITY SERVICE (only if licensed prior to 4/21/88) | 0 | 0 | N/A | N/A | |

IDENTIFY THE TOTAL LICENSED INPATIENT BED CAPACITY: BEDS 112

NOTE: There are 18 residential Community Based Acute Treatment (CBAT) beds licensed by the Executive Office of Education, Department of Early Education and Care in Building 7. These DEEC licensed residential beds are not hospital level of care licensed by DPH

APPLICATION for HOSPITAL LICENSURE**Bed Capacity/Services**

| NEWBORN SERVICES <i>See 105 CMR 130.601</i> | TOTAL NUMBER OF BASSINETS | LOCATION (BLDG/WING, FLOOR, UNIT, CAMPUS – If applicable) | NUMBER OF BASSINETS PER NURSERY | (If applicable) NUMBER OF BASSINETS TEMPORARILY OUT-OF-SERVICE (INCLUDED IN LICENSED BASSINET CAPACITY) (Identify month/day/year out-of- service) | COMMENTS |
|--|---------------------------------|--|---------------------------------------|---|----------|
| LEVEL I: WELL INFANT NURSERY | 0 | 0 | N/A | N/A | |
| LEVEL IB: CONTINUING CARE NURSERY (CCN) | 0 | 0 | N/A | N/A | |
| LEVEL IIA: SPECIAL CARE NURSERY (SCN) | 0 | 0 | N/A | N/A | |

CMCC-Franciscan- BCH-23082514-HE

| | | | | | |
|--|---|---|-----|-----|--|
| | | | | | |
| LEVEL IIB: SPECIAL CARE NURSERY (SCN) | 0 | 0 | N/A | N/A | |

TOTAL BASSINETS: WELL/INFANT 0 TOTAL CCN 0 TOTAL SCN 0

I attest that the above is an accurate listing of the bed capacity and services at:

Facility Name: Franciscan Hospital for Children

Administrator: _____

Date: August 2023

Exhibit D

Franciscan Hospital for Children (Lic #2221)

Future State: Following Franciscan DON approval and construction of proposed hospital building

| | | Effective 7/1/2023 | Proposed Future State (Franciscan DON) | | | | | |
|-----------------------------------|------------|-----------------------|--|------------|----|--------------|-----------------------------|--|
| Service | Unit | # of Beds | | Net Change | | Quota change | Total # of Beds per Service | Comments |
| | | From | To | From | To | | | |
| Pediatric Service (Level I/II) | Building 4 | | | 40 | 60 | + 20 | 60 | <p>The licensed Pediatric Service beds have been operating as a Pediatric Specialty Service (Level II) with beds flexing to provide pulmonary rehabilitation and other rehabilitation services to long-term stay medically complex patients as clinically appropriate.</p> <p>Following the DON approval, the current Pediatric Service and Rehabilitation</p> |

CMCC-Franciscan- BCH-23082514-HE

| | | | | | | | | |
|----------------------------|---------------------------------------|----|----|----|----|------------|-----------|---|
| | 2nd Floor, Unit 2; 3rd Floor, Unit 3 | 40 | 0 | | | | | Service beds will be consolidated as Pediatric Specialty Service (Level II), providing non-acute rehabilitation services. |
| | Building 7 (New Clinical Bldg) | | | | | | | |
| | Unit A | 0 | 20 | | | | | |
| | Unit B | 0 | 20 | | | | | |
| | Unit C | 0 | 20 | | | | | |
| Psychiatric Service | Building 5 | | | 32 | 56 | +24 | 56 | <p>*Units A-D will be licensed for Psychiatric Services, providing dual medical/psychiatric care. This will include an increase in 16 new licensed beds to reflect the delicensing of 12 beds at the BCH Waltham Campus that will be licensed at Franciscan. In addition, the DoN will also include the request to add 4 new inpatient psychiatric licensed beds.</p> <p>**Unit E will be designated for a Specialty Population with intellectual and/or developmental disabilities who</p> |

| | | | | | | | | |
|--------------------------------|--|----|----|----|---|------|---|--|
| | 2nd Floor, Unit 1 | 32 | 0 | | | | | may also have concurrent complex medical needs (e.g., autism) for the provision of specialized services and treatment structure |
| | Building 7* (New Clinical Bldg) | | | | | | | |
| | Unit A | 0 | 12 | | | | | |
| | Unit B | 0 | 12 | | | | | |
| | Unit C | 0 | 12 | | | | | |
| | Unit D | 0 | 12 | | | | | |
| | Unit E** | 0 | 8 | | | | | |
| Rehabilitation Services | Building 4 | | | 40 | 0 | - 40 | 0 | All licensed Rehabilitation beds had been operating as a Pediatric Specialty Service (Level II) providing rehabilitation services as clinically appropriate. |
| | 2nd Floor, Unit 2; 3rd Floor, Unit 3 | 40 | 0 | | | | | |

| | | | | | | | |
|--|-----------------------|-----|-----|--|--|--|--|
| | | | | | | | |
| | FROM TOTAL # OF BEDS: | 112 | 116 | | | | |

Total licensed inpatient capacity **From 112** **To: 116** **DQ: 4 BEDS**
:

| <u>Hospital Services</u> | <u>Hospital Beds</u> | <u>Total Beds</u> |
|-----------------------------|----------------------|-------------------|
| Pediatric Service | 60* | 60* |
| Psychiatric | 56** | 56** |
| TOTAL NUMBER OF BEDS | 116 | 116 |

** Represents 60 Pediatric Level II Specialty Service beds providing Non-Acute Rehabilitation Services*

*** Represents 48 inpatient beds providing dual medical/psychiatric services*

Revised: 8/18/2023

BLANK