



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
Determination of Need Program  
250 Washington Street, Boston MA 02511

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](http://www.mass.gov/dph)

March 10, 2021

Andrew Levine, Esq.  
Summit Health Law Partners  
One Beacon Street, Suite 1320  
Boston, MA 02108

VIA EMAIL

[alevine@summithealthlawpartners.com](mailto:alevine@summithealthlawpartners.com)

RE: Notice of Final Action DoN # 20092415-HS

Dear Mr. Levine,

At their meeting of March 10, 2021, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §25C and the regulations adopted thereunder, to approve the Determination of Need (DoN) application filed by Steward Health Care System, LLC (Applicant or Steward) located at 1900 N. Pearl Street, Suite 2400, Dallas, TX 75201 for a Substantial Change in Service to add a 32-bed Level 4 Medically Managed Intensive Inpatient Unit for substance use disorder (SUD) treatment at Morton Hospital located at 88 Washington Street, Taunton, MA 02780. This Notice of Final Action incorporates by reference the Staff Report and the Public Health Council proceedings 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. Based upon a review of the materials submitted, the Department found that the Applicant has met each DoN factor and approves this Determination of Need application for a Substantial Change in Service subject to all standard conditions (105 CMR 100.310) and pursuant to 105 CMR 100.360, subject to Other Conditions listed below. The total capital expenditure for the Proposed Project is \$6,807,000 and the required CHI contribution is \$340,350.

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 the provisions of 105 CMR 100.310 A (12), which require 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 \$340,350.

- a. \$32,673.60 will be directed to the CHI Statewide Initiative
- b. \$294,062.40 will be dedicated to local approaches to the DoN Health Priorities
- c. \$13,614 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 \$32,673.60 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative) within 30 days from the date of the Notice of Approval. 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

3. Pursuant to 105 CMR 100.310(A)(12), ongoing reporting is required to DoN. In order to measure the impact of the Proposed Project, staff recommends the Applicant report annually the following metrics. The first full year will establish the baseline and the Applicant will then establish target measures for subsequent years:

1. **Access – Reduction in Transfers to Acute Care Hospital:** As the Proposed Project seeks to increase access to Level 4 services, the Applicant will measure access to Level 4 services through reductions in transfers to acute hospitals.

**Measure:** The Applicant will calculate and report on the number of instances, and overall percentage, of SUD patients who are transferred to an acute hospital from the ED or a patient care unit.

**Denominator** – Number of SUD patients who require Level 4 admission.

**Numerator** – Number of SUD patients transferred to an acute hospital other than Morton from the ED or a patient care unit.

2. **Outcome – Reduction of AMA Rate:** Through increased access to a higher level of care following implementation of the Proposed Project, the Applicant anticipates better outcomes through a reduction in SUD patients who leave against medical advice ("AMA"). The Applicant will review the rate of AMA patients.

**Measure:** The Applicant will track and report the number and overall percentage of SUD patients who leave the Level 4 SUD unit AMA.

**Denominator** – Number of SUD patients.

Numerator - Number of SUD patients who leave the Level 4 SUD unit AMA.

3. **Outcome – 30-Day Readmission Rates:** Through the Proposed Project, patients will have increased access to the appropriate level of care across the continuum of SUD services. This measure focuses on how many SUD patients are readmitted to the ED or the inpatient MORCAP unit within 30 days of a previous stay. As a result, the 30-Day Readmission Rate is expected to decline over time.

**Measure:** The Applicant will track and report the number and overall percentage of patients discharged from the Level 4 SUD unit that have a readmission within 30 days.

**Denominator** – Number of SUD patients discharged from the Level 4 SUD unit, excluding those leaving AMA.

**Numerator** – Number of SUD patients readmitted for SUD service within 30 days of discharge date.

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,  
Lara Szent-Gyorgyi



Director  
Determination of Need Program

cc:

Elizabeth Kelley, Bureau of Health Care Safety and Quality  
Sherman Lohnes, Division of Health Care Facility Licensure and Certification  
Daniel Gent, Division of Health Care Facility Licensure and Certification  
Rebecca Rodman, General Counsel's Office  
Samuel Louis, Office of Health Equity  
Mary Byrnes, Center for Health Information Analysis  
Zhao Zhang, MassHealth  
Katherine Mills, Health Policy Commission  
Ben Wood, Office of Community Health Planning  
Elizabeth Maffei, Office of Community Health Planning  
Jennica Allen, Office of Community Health Planning  
Eric Gold, Attorney General's Office