Children's Hospital Corporation Don Application # BCH-20040309-CH Exhibits

Health Care Conservation Project
Boston Children's Hospital
April 3, 2020

Submitted By

Children's Hospital Corporation 300 Longwood Avenue Boston, MA 02115

Children's Hospital Corporation

DoN Application: Health Care Conservation Project

April 3, 2020

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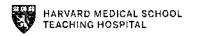
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Exhibit 1: Cover Letter





April 3, 2020

By E-mail and First Class mail

Dr. Monica Bharel, MD, MPH Commissioner Department of Public Health 250 Washington St. Boston, MA 02108

Health Care Conservation Project Determination of Need Boston Children's Hospital Project Number BCH-20040309-CH

Dear Dr. Bharel,

On behalf of Children's Hospital Corporation, I am submitting a Determination of Need application for a proposed Health Care Conservation Project. The application was submitted online and the attachments were emailed according to the instructions. Attached to this letter, please find the check for the application fees.

Please note, there are no forms or information attached regarding the Community Engagement "Self-Assessment Form" or the "Stakeholder Assessment Form". Both documents are listed in the documentation checklist as required documents to include with the conservation application. However, pursuant to the DoN Community Engagement Guidelines, those forms are only required when an applicant is required to complete the Health Priorities (Factor 2) requirements. Pursuant to the DoN regulations, a conservation application is not required to complete Factor 2. As a result, it is not possible for these forms to be completed and are not included with this application.

Please feel free to contact me at 617-355-2683 with any questions regarding the application.

Sincerely,

Donna M. Casey

Vice President, Strategic Business Planning, Analysis & Budget

Boston Children's Hospital

Donna.Casey@Childrens.Harvard.Edu

Exhibit 2: Project Description

Project Description

The Children's Medical Center Corporation ("Applicant"), located at 300 Longwood Avenue, Boston, MA 02115 is filing a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health for its facility The Children's Hospital Corporation (d/b/a/ Boston Children's Hospital or "hospital"), a Massachusetts charitable corporation, for projects that meet the definition of a Conservation Project. The Hospital engages in the delivery of pediatric care, research, training and community service. The Hospital's clinicians deliver care throughout an owned network of licensed facilities, as well as staffing partnerships with affiliated providers in the community. This Application includes projects that will impact those areas under the Hospital licensure located at the main campus ("Longwood Campus") as well as our Lexington and Waltham satellite locations. The Longwood campus includes inpatient, outpatient, research and administrative space and serves approximately 22,500 discharges and 378,000 outpatient visits, annually. The Waltham campus includes surgical inpatient beds supported by six operating rooms and additional outpatient specialty services. The Waltham campus serves approximately 1,030 discharges and 135,000 outpatient visits, annually. The Lexington campus includes outpatient specialty services and serves approximately 24,900 outpatient visits, annually.

The projects included in this Application are designed to keep the licensed hospital space in good working order. The maximum capital expenditure for this conservation application is \$32,971,000. Specifically, the projects are intended to sustain and restore facility components that include the following areas:

- 1. Emergency Department (\$2,150,000)
- 2. Pharmacy (\$12,915,000)
- 3. Radiology (\$536,000)
- 4. Building Restoration (\$17,370,000)

Emergency Department

The Emergency Department resides on the facility's Longwood campus. The emergency department provides 60,700 visits, annually. The Emergency Department is the largest pediatric emergency service in the state and a Level 1 trauma center for the most complex trauma cases. The Hospital initiated a multi-year phased renovation project to the emergency department in 2017. The scope of the renovation which did not expand the footprint of the department included fresh paint, millwork, replacement of furniture and equipment. The project spanned 4 years in order to ensure that clinical operations could safely proceed unimpeded by the renovation work. The project is in its last year of work with renovation to its triage area to ensure a better system for incoming patients regarding flow, HIPAA /privacy concerns and regulations, and the installation of lockers for parents to hold personal possessions while accompanying their children. The capital required to complete this project is \$2,150,000.

Pharmacy

Federal and State legal and regulatory medication compounding requirements have drastically impacted minimum necessary standards for Pharmacy practice to comply with the Board of Registration in Pharmacy requirements regarding USP 797 and USP 800, and proposed 247 CMR 17. Hazardous

medications must be compounded in a separate area from non-hazardous medications. Sterile medications must be compounded using a containment hood and other approved equipment in an appropriately ventilated area. Sterile and non-sterile hazardous medication room air and containment hood air must be exhausted to outside of the building. Pediatric pharmacies are uniquely affected due to much higher compounding activity. Pediatric sterile and non-sterile medications vary in size of dosing, doses are patient specific, and 70% of all doses need to be compounded and dispensed very close to administration time. Sterile medications are reconstituted and diluted.

In May 2017, the Board of Trustees of the Hospital approved a multi-year renovation project to ensure compliance with the USP 797 and USP 800 requirement. The Hospital has three distinct locations on the Longwood campus that require renovation in order to restore the facility to regulatory compliance.

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Lauration/Service		Square iect	
 			7 44 77
Mandell 7 Critical Care Services		700	
Main 6 Inpatient Uncology Searin	(C)	3,200	
farley 4 Outpatient Infusion		7,450	

The capital required to complete this project is \$12,915,000. All pharmacy locations have an anticipated completion date of 2022.

Radiology Department

The Hospital has a multi-year operational, facility and financial plan to renovate its current radiology suite on both the Longwood and Waltham campuses. The plan allows the Hospital to effectively renew its current imaging services as they pass end of life capabilities while allowing for the delivery of care to continue. Any renovation associated with DoN Required Equipment will be submitted separately. The scope of this project covers the upgrade of two diagnostic radiology rooms in Waltham from cassette to digital radiography. The work was initiated and largely completely prior to October 1, 2019. The capital required to complete this project is \$75,000. Additionally, the Hospital is including \$461,000 in architectural and design fees as it continues to develop plans for the future renewal of the imaging suites.

·		

Building Restoration

A small number of children's hospitals provide highly specialized pediatric care; these regional quaternary care centers comprise the peer group for the Hospital. The following chart provides benchmarking information about the size and physical plant of the Hospital and its peers. The information in the chart demonstrates that the Hospital is older than that of comparable institutions and therefore, requires capital annually to maintain the usefulness of the building and ensure compliance with modern day regulations.

institution	Bods		Average age of physical plant (in yea	arsi
Boston Children's Hospital	415		13.8	
Children's Healthcare of Atlanta	614		30.2	·
Children's Hospital of Philadelphia	542	:	9.2	
Cincinnati Children's Hospital Wedical Center	634	:	9.2	
Seattle Children's Hospital	361		8.8	
Teras Children's Hospital	797		8.6	

Therefore, bi-annually, the Hospital engages in an in-depth evaluation of all major components of its buildings (substructure, superstructure, exterior enclosures, roofing, etc) considered in the Infrastructure Condition Index (ICI) as defined by the U.S. Department of Commerce. The evaluation produces a series of priority recommendations to guide management of projects that need immediate action to future needs over the next five to ten years. Management uses this information to ensure that funds from the annual capital routine budget are directed to renovation projects with the highest priority in the context of its annual preventive maintenance and renewal of its facilities. Generally, the facilities are showing wear and tear in a variety of areas including walls, floors, ceilings and millwork. These items will be replaced, repaired or modified as required. Heating and AC systems will be replaced with more energy efficient units.

The evaluation of the Longwood campus has demonstrated that \$14,224,000 of capital is required for replacement and upgrades to utilities, transformers, air handlers, nurse call and facility automation systems.

The evaluation of our Lexington campus has demonstrated that \$201,000 of capital is required for repair of the roof.

The evaluation of the Waltham facilities has demonstrated that \$1,945,000 of capital is required for upgrades to roofs, stairwells, hot water systems, sprinklers, flooring, and renewal of the utility substation, replacement of a transformer, and other small projects to maintain the facility.

Finally, the Applicant has a submitted a \$1m contingency request to address unforeseen issues that arise during the normal course of business. The Applicant will supply a detailed accounting of any such use of that \$1m contingency during the reporting period upon request from the Department of Health.

In general, the proposed projects are necessary for the Applicant to comply with either Federal or State regulations or standard upkeep of its facilities.

Exhibit 3: Notice of Intent

public hearing will be held on April 8, 2020, at \$15 A.M. In Commence with the Fourth Amendment to the Development Plan for Planned Dewelopment Area No. 67, Olmsted Green Planned Amendment Area No. 67, Olmsted Green Planned Amendment Amendment Amendment Planning & Development Agency. Commissioners will green in Boorn \$101. Booting City Hall. Presenters will meet and present in Room \$101. Bootin City Hall. Presenters will meet and present in Room \$100. Bootin City Hall. Presenters will meet and present in Room \$100. Bootin City Hall. and members of the public will observe and participate from the Winter Chambers at 25 Court Street, 1st Floor, Boston.

Said Fourth Amendment would altiminate the originally approved ap-proximately 4.2-acre Urban Farm and Food Retail componients on the East Carmus and to allow for the creation of restricted often space and recreation component and/or passive recreational space.

A copy petition, the Fourth Amendment, and a map of the area to volved may be viewed at the office of the Lonlog Commission, Room 952. Boston, City Hall, between 9:00 A.M. and Sciti P.M. any day axcept Saturdays, Sundays, and legal holidays.

For the Commission Jeffrey M. Hampton Executive Secretary

Mar 15

Sale of abandoned property under MGLC.255 A39A Owner intent to sell at public auction on March 26, 2020 At 10:00am. A&B Towing, Inc. 150B Freeport St. Dorchester, MA 02122 2007 Audi A6 green Vin# WAUDH74FX7N093332 owner Saxon Scheifhaudt 2016 Toyota Camry black Vin# 471BF1FK2GU569601 owner Serah Thomas 2011 BMW, X3 white 2011 BMW X3 white Vin#SUYWX5C55BLT02003 owner Gustavo Rosario mercallo

Mar 5 12 19

at 617-423-4545

COMMONWEALTH OF MASSACHUSETTS
LAND COURT
DEPARTMENT OF THE TRIAL COURT ORDER OF NOTICE

Osman Vincent Nei, Jr.

and to all persons entitled to the benefit of the Servicemembers Civil Relief Act. SO U.S.C. c. 50 § 3901 (et seq)

Massachusetts Housing Finance Agency

claiming to have an interest in a Mortgage claiming to have an interest in a Mortgage covering real property in Boston (Dorchester), numbered 86 Lyndhurst Street, given by Osman Vincent Nei, Ir, to "MERS", Mortgage Electronic Registration Systems, Inc., a separate corporation that is acting solely as nominee for GMH Mortgage Services as nominee for Givin Mortgage Services LLC, "Lender"; and its successors and assigns, dated May 16, 2016, and recorded in the Suffolk County Registry of Deeds in Book 56126, Page 244, as affected by Mortgage Modification Agreement dated December 28, 1018 2018 and recorded with said Registry in Book 60613, Page 64, and now held by Plaintiff by assignment, has/have filed with this court a complaint for determination of Defendant's/ Defendants' Servicemembers status.

If you now are, or recently have been, in the active military service of the United States of America, then you may be entitled to the benefits of the Servicementers Civil Relief Act. If you object to a foreclosure of the above-mentioned property on that basis, then you or your attorney must file a writ-ten appearance and answer in this court at Tiree Pemberton Square, Boston, MA 02108 on or before April 13, 2020 or you may lose the opportunity to challenge the foreclosure on the ground of noncompliance with the Act.

Witness, Gordon H. Piper, Chief Justice of this Court on February 26, 2020

Attest

Deborah J. Patterson Recorder

For mortgager's(\$') little see deed recorded with Suffolk County Reg-latry of Deeds in Book 24324, Page 315.

Containing according to said plan, 3995 square feet.

SOUTHWESTERLY BY FORM by the South and Z4/100 (19/100 (50.04) feet. MORTHEASTERLY by the 3 on said plan fifty and 04/100 (50.04) feet. SOUTHEASTERLY by Bismark Street; eighty two and 15/100 (82.15)

These premises will be sold and conveyed subject to and with the benefit of all rights, rights of way, restrictions, essements, coverants, leans or claims in the patter of liens, improvements, public assessments, any and all sinpain taxes, tax thies, tax liens, water and sewer sens and any, other municipal assessments or liens, or existing encurrishments of record which are in force and are applicable, having priority over said mortgage, whether or not reference to such restrictions, easements, improvements, liens or commissions is made in the deed.

TERMS OF SALE:

A deposit of Ten Thousand (\$10,000.00) Dollars by certified or bank check will be required to be paid, by the purchaser at the time and place of sale. The balance is to be paid by certified or bank check at Harmon Law Offices, P.C., 150 California St., Newton, Massachusetts 02458, or by mail to P.O. Box 5,0389, Newton Highlands, Massachusetts 02461-0389, within thirty (30) days from the date of sale. Deed will be provided to purchaser for recording upon receipt in full of the purchase price. The description of the premises contained in said mortgage shall control in the event of an error in this publication.

Other terms, if any, to be announced at the sale.

JPMORGAN CHASE BANK, N.A. Present holder of said mortgage By its Attorneys, HARMON LAW OFFICES, P.C. 150 California St. Newton, MA 02458 (617)558-0500 2010090969

Mar 12, 19, 26

Herald

We Can Help:
Looking for tenanys? Filling
a job? Selling a home? The
Boston Herald Classified
Adventising Department

ZONING HEARING

The Zoning Commission of the City of Boston hereby gives notice, in accordance with Chapter 655 of the Acts of 1956, as amended, that a public hearing will be held on April 8, 2020, at 9:45 A.M., in connection with Text Amendment Application No. 492, filed by the Boston Redevelopment Authority d/b/a the Boston Planning & Development Agency, Commissioners will meet in Room 801, Boston City Half, Presenters will meet and present in Room 900, Boston City Half, and members of the public will observe and participate from the Winter Chambers at 26 Court Street, 1st Floor, Boston. The Zoning Commission of the City of Bos-

Said text amendment would amend Article II, Signs, specifically Section 11-7 (Electronic Signs) of the Boston Zoning Code, with re-spect to Zoning Spard of Appeal relief and hours of operation.

A copy petition may be viewed at the office of the Zoning Commission, Room 952, Bos-ton, City Hall, between 9:00 A.M. and 5:00 P.M. any day except Saturdays, Sundays, and legal hólidays.

For the Commission Jeffrey M. Hampton Executive Secretary

Mar 19

For convenient home delivery of the Boston Herald, call (800) 882-1211.

ZONING HEARING

The Zoning Commission of the City of Bos-The Zoning Commission of the City of Boston hereby gives notice, in accordance with Chapter 655 of the Acts of 1956, as amended, that a public hearing will be held on April 8, 2020, at 9:30 A.M., in connection with Map Amendment Application No. 726, filed by the Boston Redevelopment Authority d/b/a the Boston Planning & Development Agency. Commissioners will meet in Room 801, Boston City Hall, Presenters will meet and present in Room 900, Boston City Hall, and members of the public will observe and participate from the Winter Chambers at 26 Court Street, 1st Floor, Boston.

Said map amendment would amend Map 1G, Chinatown District, by adding the designa-tion "U*." indicating an Urban Renewal Area tion "U"," indicating an Urban Renewal Area overlay district to the existing zoning of the parcels of land located at 210-262 and 288 Harrison Avenue in the South Cove Urban Renewal Area.

A copy petition and a map of the area in volved may be viewed at the office of the Zoning Commission, Room 952, Boston, City Hall, between 9:00 A.M. and 5:00 P.M. and day except Saturdays, Sundays, and legal holidays.

For the Commission Jeffrey M. Hampton Executive Secretary

Mar 19

617.423.4545

to place your classified ad.

Southeasterry: on

Southwesterly: by the remaining part of Lot Q on said plan, one hun-dred (100) feet, and containing 5.000 square feet more or less.

Meaning and intending to convey and hereby conveying the same premises conveyed to me/us by deed dated 08/11/2006 and recorded with Suffolk Registry of Deeds in Book 40/85, Page 311. For mortigagor's Ittle see deed recorded with the Suffolk County Registry of Deeds in Book 40/85, Page 311.

The premises will be sold subject to any and all unpaid taxes and other municipal assessments and liens, and subject to prior liens or other enforceable encumbrances of record entitled to precedence over this mortgage, and subject to and with the benefit of all easements, restrictions, reservations and conditions of record and subject to all tenancies and/or rights of parties in possession.

ferms of the Sale: Cash, cashier's or certified check in the sum of Terms of the Sale: Cash, cashiers or certified check in the sum of \$5,000:00 as a deposit must be shown at the time and place of the sale in order to qualify as a bidder (the mortgage holder and its designee(s) are exempt from this requirement); high bidder to sign written Memorandum of Sale upon acceptance of bid; balance of purchase price payable in cash or by certified check in thirty (30) days from the date of the sale at the offices of mortgages's attorney. Korde & Associates, P.C., 900 Chelmsford Street, Suite 3102, Lowell, MA 01851 or such other time as may be designated by murtgages. The description for the premises contained in said mortgage shall control in the event of a typographical error in this publication.

Other terms to be announced at the sale.
U.S. Bank National Association, as Trustee under the Pooling and Servicing Agreement dated as of March 1.
2007, GSAMP Trust 2007-HE2, Mortgage Pass-Through Certificates, Series 2007-HE2
Korde & Associates, P.C.

900 Chelmsford Street Suite 3102 Lowell, MA 01851 (978) 256-1500 Stevens, Elmore 16-025640

March 12 19 26

Public Announcement Concerning a Proposed Health Care Project

The Children's Hospital Corporation located at 300 Longwood Avenue, Boston, MA 02115 intends to File a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health for a conservation project by Boston Children's Hospital located at 300 Longwood Avenue, Boston, MA 02115. The application requests approval for the following: (1) renovations to the emergency department, (2) renovations to pharmaceutical areas in order to ensure compliance with USP 800, (3) renovations to the radiology department, and (4) hospital wide building renewals to maintain current operations. The total value of the Proposed Conservation Project is \$32,971,000. This Application includes projects at the Longwood Campus as well as our Lexington and Waltham satellite locations. The Apolicant does not anticipate any price or service impacts on the Ap-Campus as wen as our texington and waltham satellite statistics. The Applicant does not anticipate any price or service impacts on the Applicant's existing Patient Panel as a result of the Proposed Conservation Project. Any ten Taxpayers of Massachusetts may register in connection with the intended Application by not later than May 4, 2020 or 30 days from the Filing Date, whichever Is later, by contacting the Department of Public Health, Determination of Need Program.

250 Washington Street, 6 th Floor, Boston, MA 02108.

Mar 19

PUBLIC NOTICE: Cellco Partnership and its controlled affiliates doing business as Verizon Wireless are proposing to build a new 85-foot COW/COLT Communications Tower near 100 Summit Avenue, Chelsea, Suffolk County, MA 02150. Public comments regarding potential effects from this site on historic properties may be submitted within 30 days from the date of this publication to 20 days from the date of this publication to 20 days from the date of this publication to 20 days from the days of the publication to 20 days from the da

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Mar 19

NEWS BRIEFS

Lexington Scholarship Fund applications accepted until

The Lexington Scholarship Fund application is now available at https://lexing

available of https://exing-tensebolar ship.org. Scholarships are primarily need-based and available to students who are Lexington residents at the time of their graduation from Lexington High School or Minutenan High School or Minutenan High School. The application deadline is April 16. Each year, the Lexington Scholarship in Just Computit

Each year, the Lexington Scholarship Fund Gemathtee awards approximately 70 scholarships, \$1,500 \$3,000, it a graduating high school seniors and those currently entrolled at post-secondary educational schools. The scholarships are used to help defray the cost of certificate programs or two and four year institutions.

This year, a new scholarship, the Emily and Frant Smiddy Scholarship (Frunk is a 11th graduate, Class of

is a LHS graduate, Class of 1977), will be awarded to

discipling at college and have demonstrated finan-cial need. If criteria around atter the freshman year, th scholarship will cenew and increase each year the stu-dent is enrolled in college.

dent is encolled in college.
For Information about scholarships, in download an application, or to donate, email on chairs Pania Antonevich or Cindy Wilson at less chairships gmail.com or wish https://lexhglenscholarship.org.

GWLL course on astronomy to hegân April 16

17. Proce Ward, afrequent OWIL instructor, is offer-ing a feur-week class tiffed "Locking For Life in All the Right Places" from 110 3430 p.in. Thursdays starting Aprillo.

Eis course will draw upon indines that have emerced

findings that have emerged from recent missions to other planets and to their moons, and will compare annilitions that led in life on Earth to those in these other acttings. Using discovery-based activities, the class 1979), with the awarding to praduating seniors from all based activities, the class cadenide backgrounds who will investigate the positive of life existing in

the solar system. In the end, this course may reshape how people see life on Earth. Ward is a retired estron-

Wardis a retired extrem-omy educator from the Hayward-Shillbachian Center for Astrophysics. For useally three decades, he directed National Sci-nece Foundation projects in astronomy and astronomy education, He has a strong commitment to making the nature of science accessible to the general public. This course is for anyone, particularly "non-science, folks" who are colous about the possibility of life existing elsewhere.

the possibility of life existing elsewhere.

OWLL is an errorym for Dider, Wiser, Litelong Learners. Its compess are open to all, for a fee of \$25 for residents and \$50 for nonresidents. All classes are held in the Lexington Community Content. animity Center.

Lexington LifeTimes accepting submission through April 3

The summer 2020 addition "Lexingtop LifeTi A Creative Asta locatual" is underway and its editorial

beard is new accepting sub-missions through April 3. The journal, which started

in 2017 with a Bright Ideas grant from the Friends of the Lexington Council on Aping, showcases the creative output of Lexington seriors. output of Lesington seniors. To view the winter 2000 editions, with this profiles editions, with this profiles editions, with this profile editions, or the winter 2000 edition mention available for viewing in the Commonity Center Ubrary and at Cary Mentical I, bray, Combritutors to the joromal must live or work in Lesington and can submit written work, including prose or pestry, and

and can subsult written work, including prosect poetry, and artistly work, including Blustratiers, paintings, certoms explosion pains. Submissions must be received by April 3 to be considered for including the painting of the application. Form are available on the FCOA website at https://friend-antibeco.agr. anotheonalorg.

Seeking Lexington residents who lived through WWII outside of USA

A Lexington committee has been created to mark

the 75th anniversary of the end of World War II. More than 50 oral histo-ries of World War II have been made since 2005 by a variety of World War II

a variety of World War II Lexington residents.
The committee is now searching for current Lexington residents who ware impacted by the war in parts of the world other than the USA to record their personal memoties of World War II for pestarity. The plants to conduct and encode on futerview with The plant's to conduct and remord an Interview with each volunteer. A format for the Interview will be are the Interview. The interview will be transcribed into a written form that would be codited by the Interviewer to ensure the accountry and acceptability of the record. Prospective volunteers should contact WWTWO-lexingtoxings and contact WWTWO-lexings and contact WWTWO-lexingtoxings and contact WWTWO-lexings and contact WWTW

Lexington@gmail.com.

Nominces sought for 2020 Minuteman Cane Award

Noatinees are currently being sought for the 2020 Minuteman Cane Award. Nominees should be at 781-760-9148.

at least 80-years-old, a 15-year resident of Lex-ington, actively invoived in the community and

in the community and an implication to others while excibiting a creative approach to life through a thome of either account course, who have ovolunteerism).

Nomination forms are variable at the Community Center, the Town Clerk Office in Town their, and in Lexington Center at the following locations: Michael Control with the Community Wales Copy Center and Cary Library. The form is also seveiable on its town websites at Lexington which as Lexington as the control town websites at Lexington. on the town website at Lexon the lower website at Lex-ingtournages. This award's presented on Patriols' Day after the Merring Ferode during the coremotios on the Battle Green. Completed forms should be submitted for Mindieman Caue Committee, 25 Jes-maton Committee, 25 Jes-maton Committee Center.

ington Community Center, 39 Mayett Road, Lexington, MA 02421 by noon March

For information, contact the Minuteman Cane Com-mittee by calling Maria Hill

Lexington musician retires but to keep music part of special needs' lives

The inflowing article was submitted to the Lexington.

Minuteman Roger Palin, a resident ni Roger Dain, a resident of Localization, subsect instru-mental in bringing joyful music to the individual living at 9 Foots St., Lex-ington for nearly 10 years. Tulin and his wife, Maria, are parents of these daughters. Their notions of the daughter, Claire, resides at Forcet Street with five hemacraties, of with special needs.

all with special needs. Claire loves to sing with Clairs loves to sing with her dad when he plays his guiter and their duets quickly became group sing-a-longs at Forest Street involving all the residents, their guests and CHS staff.

two nours, Housemate Brian would often accompany the group on the harmonica and Tem provided a tambourine least

Tulin has officially retired from the guitar to focus on his least he guitar to focus on his least he promises to keep mustic a special part of the lives of Caire and the friends at Forest Street, Incorporated in 1981, Cooperative for Human services on, is a private, muprofit, luman services organization devoted to

Every Tuesday evening, providing programs and services to adults with spa-schedium of songs rang-ing from "Risp of Fie" by Johnsy Cash to Bill With-ers' Team on Me" for about residential, equived beath two hours, Housemats Briming, community- based Services include included: support Associate, 24-hour residential, acquired brain injury, community insaed day programs, composite guardienships, shared living and ramby anyport in over 40 easters. Massachusetts communities.

For information, visit http://cooperative/orbs. org.

Roger Tolia, far riolit. accompanies the Forest Street residents on a Tuesday



EDUCATION ACHIEVERS

UMass/Lowell

The following Lexington students were named to the dear's list for the fall 2019 gemester at IIMass/ Lowell for achieving 12 or more predits and a GPA of moje predjis and a GPA of 2.25 or higher: Tania Abedi of Lexington, majoring In public realth; Malkah Bukich of Lexington, major-ing in psychology: Shanna Charles of Lexington, major-ing in psychology: major-ing in psychology major-Galvan Murilla of textination. majering in environmental engineering; Andreas Seorge of Lexicutes, majoring in of Lexington, majoring in briglish Cyros Chorbani of Lexington, majoring in mechanical engineering; Martin Kane of Lexing-ton, majoring in business

administration: Antonios Vamounas of Lexington majoring in business: Frida Nilesen of Lexington, majoring in bus ness admin-istration; Tihan Perera of Schalten, Than Peren of Landagton, rapidrin in secre-dise adriance; Billian Sear of Learners, male day in computer science; Veng Min Seng of Learners, male day in computer science; Veng Min Seng is Bloral arts, Alexander Warg of Learners, majoring in Judicines Sadministration of Learners in Judicines Sadministration, majoring in critical Justices United Zapaciski of Learners Learners (Learners of Learners of Learners Company of the propertion). ton, majoring in psychology: Bevig Akhian of Lexington, majoring in business admin-istration: Alex Banks of istration; Alex transs or Lexington, majoring in elec-trical angineering; William Goldle of Lexington, majoring

in computer science; Claudia Han of Lexington, majoring in liberal arts: Gilbert Hoer-mann of Lexington, majoring in business administration; Jack Ministri, of Legingsen, Jack Minists of lesingren, major of hocotomics; acitya Pandoy of Lexingren, major of in spychologic richard Shaw of Lexingren, majoring in civil engineer-ing; and Africa Steckhause of Lexingfor, majoring in busi-nees administration.

Washington University

Noah Hinkelstein, of Lexington, was named to the dean's list for the fall 2016 semester at Washington University In St. Louis, Missouri, for achieving 14 or more credit and a GPA of 3.6 or higher,

"Cemp Vsahoča,

CAMP, SCHOOL AND ACTIVITIES DIRECTORY

Summer Camp Experiences Teach Life Lessons

Stimmer Camp Disperiences Feach Life Lessons

Presided by the described Europe Association, New England

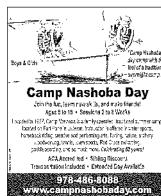
A fill's represent day and lifecule than the stool grant. There has been supported and of stemp programing residence on day and lifecule than the stool grant. The state and the stool and information of any analysis of stemp regionality and a state of the state of

All camps operated



I-866-NO-ATTACKS the white or several his ship would be supplied between his a providing to a darking





LEGAL NOTICES

Public Augusticement Concerning a Proposed Health Care Project

The DESIGN Popular Constraint is bound at 10 for popular Account Contracting to the Contraction of New Association of New Assoc



ACADEMICS & SPORTS FOR BOYS & GIRLS AGES 5-17 Math · Science · English · SAT Test Frep Art Workshops • Multi-Sports • Baskethall Field Hackey • Flag Pootball • Lacrosse Baseball - Seccer - Strength & Conditioning

vvividhelmonthilling/ormintee programs assitive see Stort, E. Barro MA (for gay 100)

in Massachusetts must comply with regulations of the Massachusetts Department of Public Health and be licensed by the board of health of the city or town in which they are located

TO ADVERTISE IN THIS DIRECTORY PLEASE CALL BRIAN AT 781-433-7945



Some bloom among the gloom

Ny Donna Laire Galleight

These me incredibly trying times. Every day we get more had news about COVID-19. the novel caranavirus, and how the pandemic is affecting people not only close to us but worldwide. close to us but wordwide. Small trusties so waters, beauty workers, independent contractors, echocis, therebes, event desbigs, stock market deedness - all of us are affected by the virus in one way or another. Dr. Ashisa Ilin, director of the Harwid Globial Health Institute, recently said "Ethink we men in for a said." Sink we men in for a

said "L'iliak we ate to for very tough year. I think this is going consume a large churik of 2020. This is not churk of 2020. This is not a story that is going to be gone by early April or even May." These are words we may not want to hear had must acknowledge. Our Eves will be changed for the foreseeable future motil the virus is under control. The curbook for 2020 hooks well april on the control of the foresee will be under control. The curbook for 2020 hooks well as all only.

pretty gloomy.
So, dars linterject a ray of spinshine into all of this doon and gloom? Like most of you insed a respite from of your Inself a respite from the sober twee of each day. A meaning escape Something that brings hope. I am very tacky in that I don't have in go far to find it. Future the tacked wolk around my year! which is exactly what I did notay, we string a light sweathful. Dribbe had year at this time when we had heartly a foot

BHRC

From Page 54

estatituent work and other matters toot are important to freir districts. Office say that the Legis lature does not

most regularly or long enough to debate and vote in public view on the thousands of

elects of legislation that have

peor filed. They note that the infreedency and brieffergan

of snow to contend with, the sno shore Drightly and the then notater read by degrees. That in their would be enough to make me smile, but there was lots watting for me.

All of the hellebores in my shade had one bloom.

waiting for me, All of the heldebroes in my shade bad are himoming. Their beauty was not immediately circleus due to immediately circleus due to ihe many downed branches and leaves that novered the area after recent high-wind, events, still and all, I was curicled to see the charteness, yellow, down purela, and cose flowers that persist tense, yellow, down purela, and cose flowers that persist tense, yellow, down purela, and cose flowers that persist the part of the purel was the persist tense bed, the yellow junguis were smilling up at nie. According to my journal needs from the last two years, they are about time weeks early. Mast not he activity in early spouls of males to several weeks early. Mast of the activity in early spouls to of males tooking for females to make with. The mules came; sting so I do not worry about them and, while the females content when and, while the females content of measures for lot of structure.

can sting, they seldent do unless handled (or disturbed

unies bandid (or disturbed by knymnowers, former bandicaper complained). Because of his lack of precipitation in recom weeks, my pand is extremely low acts will need to be traped off, but at its cument feed? Eve any for me to see the accumulation of leaves that meet on a channel of the traped on the traped on the traped on the see the accumulation of leaves that meet to a channel out. Despite everything, the Hy

Monday, March 9

pads are beginning to rise to the auriane and the lish appear no worse for their neglect.

The bed in front of the shed is covered with both narcissi (deffodis) getting ready to bleont and things best mine to unfor their beginning to unfusi their foliage. The raised heds are: foliage. The raised heats are in serious need of regain but Thin not going to warry about that today. The beds on the side of the house are loaded with buds and greens, from the the optimises to the narchest, alliminated lifts. Attid, starpfishiply, the front beds are alive with the blooms of Pusch-limits (striped sputh), see Bidling Hond Greepitulips and minimum Tete-a-Tele deffectlies.

deffectile.

Making a list of what iteeds to be done to prepare for the season took my noted off of the day's news. initial of for the day's news, and socing the early spring blooms lifted my spirits and reminded use that no matter what is againg on to the world, we can all find some measure of passe — and large — if we focus on the and lifeys around us every day.

.علنكds:fo

day.

P.S. Keep gatting those hands dirty, but ... den't forget to wash them, too!

Dania Lane curs Lane Intertiers & Gordens, is a moster gardener, past president of the Novacad Running Garden Club, and an active member of many other korticultural organizations. You can reach Dania of addict-addardance flowerison, and addict-addardance flowerison, and a childrendardance flowerison flowerison. edgardener@verizon.net.

No Senate session

Bob Kgizan welcomes

of sessions are inisopided and Tresslay, March 18 idad ta frrespansible late-night sessions and a mad rush to act No Senata session sesting and a mathush to act on docest of bills in the pays immediately proceeding the end of an annual certificial buring the week of Metro. But in the week of Metro. But, the House met for a total of feet from and 21 minutes while the Senate morthma. Lotal of five thous and eight minutes. No Senara session Wednesday, March III No house sees on No Senara session Thursday, March I2 House 1100 a.m. to 400 p.m. Senate 1101 a.m. to 4408 p.m. Priday, March I3 No Moreo session



House 1105 a.m. to 1102 z.m. feedback of bob(6)be Schate 1104 a.m. to 11028 a.m. conhibraticons

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Public Announcement Concerning a Proposed Health Care Project

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Legal Notices

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Legal Notices

LEGAL NOTICE Public Announcement Concerning a Proposed Health Care Project

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Michael L. J. Chlasson Orek, Boxes of Survey and Flancing AE#13878699 5/79/3/10, 3/28/2020

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JUPERTANT NOTICE
Any person may appear for the pearson may appear for the potition by CH
ing an appearance at Middlesse
Profeste with Family Court before
16:00 A.U. on the return day of
044955.29

WITHUSS, Hors Maureen H Monke. First Justice of this Goort.

Jese, March, St., 2020



Find a personal trainer.

Check out the Service Directory in Community Classifieds today. From therapists and trainers to landscapers and painters, the service directory is the best service to find local professionals.

community**classifieds**

Exhibit 4: Affidavit of Truthfulness Form



Massachusetts Department of Public Health **Determination of Need** Affidavit of Truthfulness and Compliance with Law and Disclosure Form 100.405(B)

Version: 7-6-17

lock the form.	Complete Information below. W Print Form. Each person must sig Ion@state.ma.us Include all atta	n and date the form. When a	"This document is ready to prid Il signatures have been collect	nt:". This will date stamp and ed, scan the document and e-
Application N	umber:		Original Application	on Date:
Applicant Nan	ne: The Children's Medical Cent	er Corporation		
Application T	ype: Conservation Hospital/Clin	ic Project		
Applicant's Bu	usiness Type:	C Limited Partnership C	`Partnership (`Trust	(LLC (Other
Is the Applica	nt the sole member or sole sharel	holder of the Health Facility(ies) that are the subject of this	Application? (6 Yes (* No
1. The A 2. I have 3. I und 4. I have 5. I have 6. I have	ned certifies under the pains and applicant is the sole corporate mean been informed of the contents of erstand and agree to the expected been informed of the contents of the contents of the contents of the submitted the correct Filing Feen as submitted the required copies of the cord and other parties as respected.	ember or sole shareholder of if 105 CMR 100.000, the Mas d and appropriate conduct of if this application for Determ that all of the information co and understand it is nonre f this application to the Dete required pursuant to 105 CM	sachusetts Determination of N f the Applicant pursuant to 105 ination of Need including all ex ontained herein is accurate and fundable pursuant to 105 CM rmination of Need Program, ar R 100.405(B);	eed Regulation; CMR 100.800; thibits and I true; R 100.405(B); ad, as applicable, to all
all cal Appli 8. I have	e caused, as required, notices of ir rriers or third-party administrator cant contracts, and with Medicare a been informed that proper notif	s, public and commercial, for e and Medicaid, as required b ication and submissions to th	the payment of health care se by 105 CMR 100.405(C), etseq.	rvices with which the ;
9, If sub	5 CMR 100.405(E) and 301 CMR 1: ject to M.G.L. c. 6D, § 13 and 958 dance with 105 CMR 100.405(G);		such Notice of Material Chang	e to the HPC - in
subst Notic	nant to 105 CMR 100.210(A)(3), I cantial compliance and good stand es of Determination of Need issue regulations effective January 27,	ling with relevant federal, sta ed in compliance with 105 CN	ite, and local laws and regulation 100.00 and the Massachuse	ons, as wefl as with all
!	e been informed and understand to se of Determination of Need as est			ublic prior to receiving a
12. Lund pursi	erstand that, if Approved, the Ap Jant to 105 CMR 100.310, as well rwise become a part of the Final	plicant, as Holder of the Dof as any applicable Other Con	N, shall become obligated to al ditions as outlined within 105	
1.4. Purst	received to permit su	tify that the Proposed Projec ermit is required; or, ot authorized under applicab uch Proposed Project; or,	t is authorized under applicable le zoning by-laws or ordinance:	e zoning by-laws or
Corporation	b. The Proposed Project is ex-	empt from zoning by-laws o	r ordinances.	
	· of Articles of Organization/Incorp	oration, as amended	,	
 Sandra L Fenv	vick	Soudy &	luch	3/11/2020
	pration Name:	Signature:		Date
Douglas A Bei	rthi a ume	Dandus.	Berthiaume	$\frac{3/11/2020}{\text{Date}}$ $\frac{3/19/2020}{3/19/2020}$
	or Corporation Name:	Signature:		Date

Save

Reset form

Exhibit 5: Scanned Copy of Application Fee Check



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INV	VOICE NO.	DATE	P.O. NO.	GROSS AMOUNT	DISCOUNT	NET AMOUNT
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Boston Children's
Until every child is well

Bank of America, Boston, MA

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Check No. 0001332846 5-13/110 Date: March 19, 2020

PAY

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Pay Amount ******

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PAY TO THE COMMONWEALTH OF MASSACHUSETTS

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Boston Children's Hospital
Until every child is well

300 Longwood Avenue, Boston, MA 02115

COMMONWEALTH OF MASSACHUSETTS WIRE TRANSFER

UNITED STATES

Exhibit 6: Affiliated Parties table Question 1.9



Massachusetts Department of Public Health Determination of Need Affiliated Parties

Appl	ication Date:	04/03/2020	Applic	ation Numbe	r: <u>j</u> BCH-200	40309-CH							
App	olicant In	formatio	n		_								
Appl	icant Name:	The Children	n's Medical Center Corporation										
Cont	act Person;	Donna Case	У	Title: Vice President, Strategic Business Planning & Budget									
Phon	ie:	6173552683	3	Ext:	E-mail:	donna.case	y@childrens.harvard.edu						
Affi	liated Pa	rties											
1	ffiliated Par ist all officers		the board of directors, trustees,	stockholders	, partners, an	d other Perso	ns who have an equity or o	therwise controlling intere	st in the appli	cation.	·		
Add, Del Rows	Name (Lact)	Name (First)	Mailing Address		City	Sta	te Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions of violations	List other health care facilities affiliated with	Business relationship with Applicant
+ :-	Berthiaume	Douglas	18 Buttonwood Drive	An	dover	M	A The Children's Medical Center Corporation	Director/Officer		0%	Na		No
1	Bufferd	Allan	8 Whitney Road	, Ne	wtonville		A The Children's Medical Center Corporation	Director	<u> </u>	0%	No	.,	Na
+-	Chuchwell	Kevin	14 Baldpate Hill Road	Ne	vton Center	м	A The Children's Medical Center Corporation	Director/Officer	,	0%	No		No
+	Fenwick	Sandra	51 Doublet Hill Road	····	ston	M	A The Children's Medical Center Corporation	Director/Officer		0%	No		No
II -	Fleisher	Gary	101 Waban Park	Ne	vton	M	A The Children's Medical Center Corporation	Director	1	0%	No		No.
E	Garvin	Michele	640 Harland Street	Mil	ton		A The Children's Medical Center Corporation	Officer		0%	No		No
#	Henderson	Winston	70 Northampton Street, Apt 101	Ros	:bury	M	A The Children's Medical Center Corporation	Director		0%	No		No
Œ.	Катр	Stephen	3 Possum Road	We	ston	M	A The Children's Medical Center Corporation	: Director/Officer	1	0%	No	Nantucket Cottage Hospital	Мо
HE	Kaser	James	9 Vesta Road	Na	ick	м	A The Children's Medical Center Corporation	Director	1	0%	No		Na
+-	Krichmar	5teven	5 Preston Circle	An	dover	M	A The Children's Medical Center Corporation	Director	<u> </u>	0%	No		No
1	l,anger	Robert	98 Montvale Road	Ne	vton	M	A The Children's Medical Center Corporation	Director		0%	No		No

Affiliated Parties

The Children's Medical Center Corporation

04/03/2020 9:33 am

Page 1 of 2

Add/ Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Fquity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
Ŧ-	Lodish	Harvey	12 Seaver Street, Unit C202	Brookline	МА	The Children's Medical Center Corposation	Director	J-:	0%	No		No
+-	Loveman	Gary	5 Sabrine Farm Road	Wellesley	MA	The Children's Medical Center Corporation	Director		0%	No		No
田山	Martin	Ralph	154 Moss Hill Road	Jemaica Pleis	MA	I'he Children's Medical Center Corporation	Director		0%	No		No
+-	Melendez	ĭhomas	RR Execter Street	West newton	МА	The Children's Medical Center Corporation	Director		0%	No		No
ŦΞ	Proctor	Mark	4/0 Commonwealth Avenue	Newton	MA	The Children's Medical Center Corporation	Director		0%	No		No
	Regan	Kathleen	72 Willow Street	Brooklyn	NY	The Children's Medical Center Corporation	Director		0%r	Nυ		No
+-	1	Robert	35 Carisbrooke Road	Wellesley	MA	The Children's Medical Center Corporation	Director/Officer		0%	No		No
#=	Taunton- Rigby	Alison	8 Farrar Road	Lincoln	MA	The Children's Medical Center Corporation	Director		0%	No		No
1	Vanderslice	Doug	76 Hollis Street	Sherborne	MA	The Children's Medical Center Corporation	Officer		0%	No		No
#-	Wolpow	Marc	17 Clark Road	Wellesley	MA	The Children's Medical Center Corporation	Director		0%	No		No
+=		Laura	59 South Cottage Road	Belmont	MA	The Children's Medical Center Corporation	Director		0%	No		Nα
1	Young	Gregoty	4 Sundance Way	Natick	MA	The Children's Medical Center Corporation	Director		0%	No		Na
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Determination of Need

Affiliated Parties The Children's Medical Center Corporation 94/03/2020 9:33 am Page 2 of 2

Exhibit 7: Change in Service Tables Questions 2.2 and 2.3



Massachusetts Department of Public Health **Determination of Need Change in Service**

Version:

Applicat	tion Number:	8CH-200403	309-CH			Original A	Application Date:	04/03/2020							
Appli	cant Info	rmation													
Applica	nt Name: Th	e Children's H	ospital Corporați	ion							7				
Contact	Person: Do	onna M. Casey						Title: Vice Pi	esident, Strateg	jíc Business Plar	nning & Budget				
Phone:	61	73552683		Ext	:	E-mail: donna	.casey@childrens.	harvard edu							
Facili	ty: Comple	ete the tables	below for each												
		oston Childrei						CMS Number;	22-3302		Facility type: Ho	ospital			
Chan	ge in Serv	/ice							<u></u>						
2.2 Com	plete the cha	rt below with	existing and plar	ned service cha	inges. Add a	additional service	s with in each gro	uping if applica	ble.	_					
Add/Del Rows			Licensed Beds	Operating Beds	_	Number of Beds (+/-)	Number of Bed Completion		Patient Days (Current/	Patient Days	Occupancy rate Be		Average Length of Stay	Number of Discharges	Number of Discharges
			Existing	Existing	Licensed	Operating	Licensed	Operating	Actual)	Projected	Current Beds	Projected	(Days)	Actual	Projected
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	ICU/CCU/SK		108	97		+	108	97	31,540	31,540	<u> </u>	89%	22.4		1,408
						_					89%		22.4	···-	
+ -	Waltham Ped	natrics	11	11			11	11	1,058	1,058	26%	26%	1	1,017	1,017
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+ -								, d			0%	0%			
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	Acute Psychi	iatric													

Change in Service The Children's Hospital Corporation

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04/03/2020 9:36 am

Page 1 of 3

dd/Del		Licensed Beds	Operating Beds		umber of Beds +/-)		ds After Project (calculated)		Patient Days C		te for Operating eds	Average Length of	Number of Discharges	Number of Discharges
Rows j		Existing	Existing	Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Red	s Projected	Stay (Days)	Actual	Projected
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Pedi	iatric	Ţ — Ţ								0%	0%		÷	†
Geria	iatric			· ·			f			0%	0%			
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	other services if Cha	anging e.g. OR, ME	R1, etc						of Units	Number		Units	ig V olu me	Volume
+ Not	t Applicable									,				

Change in Service The Children's Hospital Corporation BCH-20040309-CH 04/03/2020 9:36 am Page 2 of 3

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Change in Service The Children's Hospital Corporation BCH-20040309-CH 04/03/2020 9:36 am Page 3 of 3

Exhibit 8: Certification from an Independent Certified Public Accountant

Analysis of the Reasonableness of Assumptions Used For and Feasibility of Projected Financials of:

Children's Medical Center Corporation

For the Years Ending September 30, 2019 Through September 30, 2023





Tel: 617-422-0700 Fax: 617-422-0909 www.bdo.com One International Place Boston, MA 02110-1745

March 20, 2020

Donna M. Casey Vice President Boston Children's Hospital 300 Longwood Avenue BY483 Boston, MA 02215

RE: Analysis of the Reasonableness of Assumptions and Projections Used to Support the Financial Feasibility and Sustainability of the Proposed Projects

Dear Ms. Casey:

Enclosed is a copy of our report on the reasonableness of assumptions used for and feasibility of the financial projections for Children's Medical Center Corporation. Please contact me to discuss this report once you have had an opportunity to review.

Sincerely,

TABLE OF CONTENTS

		Page
ŀ.	EXECUTIVE SUMMARY	. 1
11.	RELEVANT BACKGROUND INFORMATION	. 2
III.	SCOPE OF REPORT	. 4
IV.	SOURCES OF INFORMATION UTILIZED	. 6
V.	REVIEW OF THE PROJECTIONS	. 8
VI.	FEASIBILITY	. 15



Tel: 617-422-0700 Fax: 617-422-0909 www.bdo.com

March 20, 2020

Donna M. Casey Vice President Boston Children's Hospital 300 Longwood Avenue BY483 Boston, MA 02215

RE: Analysis of the Reasonableness of Assumptions and Projections Used to Support the Financial Feasibility and Sustainability of the Proposed Projects

Dear Ms. Casey:

We have performed an analysis related to the reasonableness and feasibility of the financial projections (the "Projections") of Children's Medical Center Corporation ("Children's" or "the Applicant") related to its fiscal year 2020 ("FY20") Determination of Need ("DON") filing which will include the proposed conservation projects (the "Proposed Projects"), described further below. This report details our analysis and findings with regards to the reasonableness of assumptions used in the preparation of the Projections and feasibility of the projected financial results prepared by the management of Children's ("Management"). This report is to be used by Children's in connection with its DON Application - Factor 4 and should not be distributed or relied upon for any other purpose.

I. EXECUTIVE SUMMARY

The scope of our review was limited to an analysis of the five-year financial projections for the Applicant for the fiscal years ending 2019 through 2023 prepared by Management and the supporting documentation in order to render an opinion as to the reasonableness of assumptions used in the preparation and feasibility of the Projections.

BDO

The Projections exhibit a cumulative operating EBITDA surplus of approximately 10.3 percent of cumulative projected revenue for Children's for the five years from fiscal year ("FY") 2019 through 2023. Based upon our review of the relevant documents and analysis of the Projections, we determined the anticipated operating EBITDA surplus is a reasonable expectation and based upon feasible financial assumptions. Accordingly, we determined that the Projections are reasonable and feasible, and not likely to have a negative impact on the Applicant's patient panel or result in a liquidation of Children's assets. A detailed explanation of the basis for our determination of reasonableness and feasibility is contained within this report.

II. RELEVANT BACKGROUND INFORMATION

Children's, doing business as Boston Children's Hospital, includes (1) Children's Hospital (the "Hospital"), which engages in pediatric patient care, research, training, and community service, (2) 15 tax-exempt physician foundations (the "Foundations"), which are organized for charitable, scientific, and educational purposes and operate for the benefit of the Children's Hospital and Harvard Medical School, (3) the Physicians' Organization at Children's Hospital (the "PO"), which provides coordination and general oversight of the clinical and medical practices and related health care services of the Foundations, (4) CHB Properties, Inc., which owns and operates real estate and distributes the net income of such property to Children's, (5) Longwood Research Institute, Inc., which holds real property for the benefit of the Hospital to further its research mission, (6) Longwood Corporation, which owns and operates real property and distributes the net income of such property to Children's, (7) Boston Children's Health Physicians, a fully integrated health care community that provides pediatric inpatient

BDO

and outpatient care to patients in New York, Connecticut, and New Jersey, (8) Blood Research

Institute, Inc. and (9) Boston Children's Health International, LLC.

The Applicant proposes to complete a series of conservation / renovation projects to its

Longwood Medical Area Core Campus, Lexington Campus, and Waltham Campus. The Longwood

campus includes inpatient, outpatient, research and administrative space and serves

approximately 22,500 discharges and 378,000 outpatient visits annually. The Waltham campus

includes surgical inpatient beds supported by six operating rooms and additional outpatient

specialty services and serves approximately 1,030 discharges and 135,000 outpatient visits

annually. The Lexington campus includes outpatient specialty services and serves

approximately 24,900 outpatient visits annually. The renovation projects are designed to

improve access to and quality of existing services and facilities and include (1) renovations to

the emergency department, (2) renovations to the pharmacies, (3) renovations to radiology,

and (4) building renewals.

The renovations to the emergency department relate to the last year of a four-year renovation

project to (1) improve the triage area to ensure a better system for incoming patients, (2)

address certain Health Insurance Portability and Accountability Act ("HIPAA")/privacy concerns

and regulations, and (3) the installation of lockers for parents to hold personal possessions while

accompanying their children.

The renovations to the pharmacies relate to Federal and state legal and regulatory medication

compounding requirements which requires hazardous medications to be compounded in a

separate area from non-hazardous medications. Sterile medications must be compounded using

BDO

a containment hood and other approved equipment in an appropriately vented area. Sterile

and non-sterile hazardous medication room air and containment hood air must be exhausted to

outside of the building. The Applicant has three areas on the Longwood campus that require

renovation to restore the facility to regulatory compliance.

The renovations to the radiology department relate to an existing multi-year plan to renew its

current imaging services as they pass end of life capabilities while allowing for the delivery of

care to continue. The scope of the renovations included as part of the Proposed Projects

includes the upgrade of two diagnostic radiology rooms on the Waltham campus from cassette

to digital radiology.

Building renewals included as part of the Proposed Projects relates to the replacement and

upgrades to utilities, transformers, air handlers, nurse call and facility automation systems on

the Longwood campus, repair of the roof at the Lexington campus, and upgrades to the roof,

stairwells, hot water systems, sprinklers, flooring, and renewal of the utility substation, and

replacement of a transformer at the Waltham campus.

III. SCOPE OF REPORT

The scope of this report is limited to an analysis of the five-year financial projections for

Children's, the Applicant, for the fiscal years ending 2019 through 2023, prepared by

Management, and the supporting documentation in order to render an opinion as to the

reasonableness of assumptions used in the preparation and feasibility of the Projections.

Reasonableness is defined within the context of this report as supportable and proper, given

BDO

the underlying information. Feasibility is defined as based on the assumptions used the

Proposed Projects are not likely to result in a liquidation of the underlying assets or the need

for reorganization.

This report is based on prospective financial information provided to us by Management. BDO

understands the prospective financial information was developed as of January 11, 2019,

represented the most current version of detailed multi-year prospective financial information

available at the time BDO performed its procedures, and is still representative of Management's

expectations as of the drafting of this report. BDO has not audited or performed any other form

of attestation services on the projected financial information related to the operations of

Children's.

If BDO had audited the underlying data, matters may have come to our attention that would

have resulted in our using amounts that differ from those provided. Accordingly, we do not

express an opinion or any other assurances on the underlying data presented or relied upon in

this report. We do not provide assurance on the achievability of the results forecasted by the

Applicant because events and circumstances frequently do not occur as expected, and the

achievement of the forecasted results are dependent on the actions, plans, and assumptions of

Management. We reserve the right to update our analysis in the event that we are provided

with additional information.



IV. SOURCES OF INFORMATION UTILIZED

In formulating our opinions and conclusions contained in this report, we reviewed documents produced by Management as well as third party industry data sources. The documents and information upon which we relied are identified below or are otherwise referenced in this report:

- Financial Model for the Applicant for the periods ending September 30, 2016 through September 30, 2023;
- 2. Volume Metrics by Program and Location for FY 2018 and FY 2017;
- 3. Case Mix Dashboard Summary for FY 2018 and FY 2017;
- 4. Key Metrics for FY 2018 and FY 2017;
- 5. FY19 Operating and Capital Budgets presented to the Finance Committee, dated September 6, 2018;
- 6. Financial Performance Report for the Period Ended August 31, 2019;
- 7. Long Term Plan Presentation to the Finance Committee, dated January 16, 2019;
- 8. FY20 Operating and Capital Budgets presented to the Finance Committee, dated September 12, 2019;
- Audited Consolidated Financial Statements and Supplementary Information for Boston Children's Hospital and Subsidiaries for Years Ended September 30, 2018 and 2017⁴;
- 10. Children's Hospital Consolidated Balance Sheet for September 30, 2019 and September 30, 2018;

¹ BDO was not provided with the Audited Consolidated Financial Statements and Supplementary Information for Boston Children's Hospital and Subsidiaries for Years Ended September 30, 2019. We understand this information was unavailable when BDO began its procedures in November 2019.



- Children's Hospital Comparative Statement of Revenues and Expenses for Period Ended
 September 30, 2019;
- 12. Draft Physicians' Organization at Children's Hospital, Inc. and Affiliated Foundations Financial Statements for September 30, 2019;
- 13. Supporting Tables for Sources & Uses;
- 14. Tracking OE Initiatives for FY18, Presentation to Operational Effectiveness Executive Committee, dated November 8, 2018;
- 15. Tracking OE Initiatives for FY19, Presentation to Operational Effectiveness Executive Committee, dated November 5, 2019;
- 16. Summary Balance Sheet by Business Unit as of September 30, 2018;
- 17. Detail of Board Designated Funds for the Period Ended September 30, 2018;
- 18. Yearly Bed Projection by Service Line, dated January 8, 2019;
- 19. Gain from Operations Actual to Budget Comparison for FY 2009 through FY 2019;
- 20. Draft Project Description;
- 21. Draft DON Application;
- 22. Farley 4 Pharmacy Floor Plan;
- 23. MA6 Floor Plan;
- 24. Mandell 7 Pharmacy Floor Plan;
- 25. RMA Annual Statement Studies, published by The Risk Management Association;
- 26. Definitive Healthcare data;
- 27. IBISWorld Industry Report, Hospitals in the US, dated November 2019; and
- 28. Determination of Need Application Instructions dated March 2017.



V. REVIEW OF THE PROJECTIONS

This section of our report summarizes our review of the reasonableness of the assumptions used and feasibility of the Projections.

The following tables present the Key Metrics, as defined below, which compare the operating results of the Projections to market information from RMA Annual Studies ("RMA"), IBISWorld, and Definitive Healthcare as well as the Applicant's historical performance, to assess the reasonableness of the projections.

Key Financial Metrics and Ratios		Projected					
Children's Medical Center Corporation		2019	2020	2021	2022	2023	
Profitability							
Operating Margin (%)		3.9%	4.2%	3.1%	3.1%	3.1%	
Excess Margin (%)		8.6%	7.0%	6.3%	6.3%	5.1%	
Debt Service Coverage Ratio (x)		7.8x	10.6x	10,5x	7,2x	7.9x	
Liquidity							
Days Available Cash and Investments on Hand (#)		573.0	506.1	461.3	435.4	419.0	
Operating Cash Flow (%)		10.3%	10.4%	9.3%	10.5%	10.9%	
Solvency		.					
Current Ratio (x)		1.3x	1.2x	1.2x	1.2x	1.2x	
Ratio of Long Term Debt to Total Capitalization (%)		18.8%	18.5%	18.2%	17.9%	17.5%	
Ratio of Cash Flow to Long Term Debt (%)		22.0%	23.1%	21.2%	24.7%	26.5%	
Unrestricted Not Assets (\$ in millions)	\$	5,312 \$	5,434 \$	5,518 \$	5,663 \$	5,807	
Total Not Assets (\$ in millions)	\$	6,133 \$	6,254 \$	6,339 \$	6,484 \$	6,628	



Key Financial Metrics and Ratios		Actual				Industry Data (1)			
•						RMA - Medical and	IBIS - Hospítals	Definitive	
Children's Medical Center Corporation		2016	2017		2018 Surgical He	Surgical Hospitals	in the US	Healthcare	
Profitability									
Operating Margin (%)		1.3%	2.2%		3.2%	1.8%	8.6%	-5.4%	
Excess Margin (%)		5.8%	13.6%	—…	16.7%	1.0%	NA NA	1.3% (2	
Debt Service Coverage Ratio (x)		5.5x	5.5x		6.1x	NA	7,3x	NĀ	
Liquidity									
Days Available Cash and Investments on Hand (#)		534.1	604,0		631.0	АМ	NÁ	32.6	
Operating Cash Flow (%)		8.3%	9.2%		10.1%	NA.	6.0%	NA	
Solvency									
Current Ratio (x)		1.6x	1.4x		1.4x	1.4X	1.9x	2,5x	
Ratio of Long Term Debt to Total Capitalization (%)		17.5%	20.4%		19.0%	37.8%	NA	NA	
Ratio of Cash Flow to Long Term Debt (%)		21.7%	18./%		21.3%	NA	NA	МА	
Unrestricted Net Assets (\$ in millions)	\$	4,102 \$	4,729	\$	5,234	NA	NA	NA	
Total Net Assets (\$ in millions)	\$	4,851 \$	5,502	\$	6,054	\$516	NA	NA	

Footnates:

The Key Metrics fall into three primary categories: profitability, liquidity, and solvency. Profitability metrics are used to assist in the evaluation of management performance in how efficiently resources are utilized. Liquidity metrics, including common ratios such as "days of available cash and investments on hand", measure the quality and adequacy of assets to meet current obligations as they come due. Solvency metrics measure the company's ability to take on and service debt obligations. Additionally, certain metrics can be applicable to multiple categories. The table below shows how each of the Key Metrics are calculated.

⁽¹⁾ Industry data ratios based on each data source's respective definitions and may differ from the ratio definitions listed below.

⁽²⁾ Profit before taxes stargin from RMA data and net income margin from Definitive Healthcare data treated as an equivalent to excess sargin.



Ratio Definitions	Calculation
Profitability	
Operating Margin (*)	Gain from Operations Divided by Total Operating Revenue
Excess Margin (%)	Excess of Revenue over Expenses Divided by (Total Operating Revenue + Total Nonoperating Gains)
Debt Service Coverage Ratio (x)	(Gains from Operations) Depreciation and Amortization + Interest) Divided by Interest (1)
Liquidity	
Days Available Cash and Investments on Hand (#)	(Cash and Unrestricted as to Use Investments) Multiplied by 365 DMded by (Total Operating Expenses Less Depreciation and Amortization)
Operating Cash Flow (%)	(Gains from Operations Pbis Depreciation, Amortization and Interest) Divided by Total Operating Revenue
Solvency	
Current Ratio (x)	Current Assets Divided by Current Liabilities
Ratio of Long Term Debt to Total Capitaüzation (%)	Long Term Debt Divided by Total Capitalization (Long Term Debt and Unrestricted Net Assets)
Ratio of Cash Flow to Long Term Debt (%)	(Gabis from Operations Plus Depreciation, Amortization and Interest) Divided by Long Term Debt
Unrestricted Net Assets (\$ in thousands)	Total Unrestricted Net Assets
Total Net Assets (\$ in thousands)	Total Net Assets

Footpotes:

(1) Per Management, there are no principal repayments in the historical or projected period reviewed.

1. Revenue

We analyzed the projected revenue within the Projections. Revenue for the Applicant includes net patient service revenue, research grants and contracts, recovery of indirect costs on grants and contracts, other operating revenue, unrestricted contributions net of fundraising expenses, teaching, administration, and supervision revenue, and net assets released from restriction used for operation.

Approximately 79.0 percent of revenue is derived from net patient service revenue. Net patient service revenue is projected to grow between 2.0 percent and 3.4 percent annually over the projection period which is below actual growth of 7.5 percent in FY 2017 and 6.0 percent in FY 2018. Of the net patient service revenue, approximately 66.0 percent is derived from the

BDO

Hospital, approximately 28.0 percent is from the PO, and the remainder from other subsidiaries.

Management held net patient service revenue from the PO flat to FY 2018 levels throughout

the projection period. Based upon our discussions with Management and the documents

provided, the projected net patient service revenue for the Hospital was estimated based upon

Management's anticipated changes in the following categories:

Statistics

Inpatient and outpatient statistics are based on the approved fiscal year 2019 budget.

Statistics for FY 2020 through FY 2023 are based on projected number of bedded patient

days. Bedded patient days increased between 0.0 percent and 2.2 percent per year over

the projections, which falls within the historical range observed for FY 2017 and FY 2018

of -1.5 percent to 4.0 percent.

Gross Charges per Statistic

Gross charge per statistic for FY 2019 is based on the approved FY 2019 budget. Beyond

FY 2019, gross charges increase at a rate of 3.0 percent per year, which is consistent with

the Applicant's long-term plan presented to and approved by the Board (the "Board

Approved Plan").

Payment on Account Factor ("PAF")

The PAF for FY 2019 is based on the approved FY 2019 budget. Beyond FY 2019, the PAF

is based on the prior year's PAF, and updated to reflect charge increase and anticipated

changes in payer rates. The charge increase is 3.0 percent annually, which is consistent

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with the Board Approved Plan, while the change in payer rates varies by payer; however,

ranges from 1.0 to 3.0 percent annually.

As discussed above, the Proposed Projects reflect conservation or renovation of existing spaces

to maintain or come into compliance with various regulations. As such, incremental revenue is

not expected nor projected within the Projections.

In order to determine the reasonableness of the projected revenue, we reviewed the underlying

assumptions upon which Management relied. Based upon our review, Management relied upon

the historical operations and anticipated market movements. The five-year compound annual

growth rate ("CAGR") for total operating revenue in the Projections of 3.1 percent falls below

Children's revenue growth rates in the prior two fiscal years. Based upon the foregoing, it is

our opinion that the revenue growth projected by Management is based on reasonable

assumptions and is feasible for Children's.

2. Operating Expenses

We analyzed each of the categorized operating expenses for reasonableness and feasibility as

it related to the Projections.

The operating expenses in the analysis include salaries and benefits, supplies and other

expenses, direct research expenses of grants, depreciation and amortization, costs related to

asset dispositions, and interest and net interest rate swap cash flows. Salaries and benefits

account for approximately 56.0 percent of total operating expenses and supplies and other

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expenses account for approximately 25.0 percent of total operating expenses throughout the

projection period.

Salaries and benefits were projected to increase annually between 2.3 percent and 3.3 percent

over the projection period. Approximately 54.0 percent of the Applicant's total salaries and

benefits relate to the Hospital. Management held salaries and benefits flat to FY 2018 for the

other components of the Applicant. Growth in salaries and benefits for the Hospital was

determined based on growth in full time equivalents ("FTEs") and change in wages. FTEs were

determined based on the growth in adjusted patient days. Wages were grown 2.5 percent

annually, which is consistent with the Applicant's long-term plan.

Supplies were projected to increase annually between 0.3 percent and 7.3 percent.

Approximately 92.0 percent of the Applicant's total supplies and other expenses relate to the

Hospital. Similar to the increase in salaries and benefits, supplies were projected to increase

based on adjusted patient days and expense per FTE. Expense per FTE was grown by 2.0 percent

(or 3.0 percent for drugs and pharmacy expenses), which is consistent with the Board Approved

Plan.

Based upon the foregoing, it is our opinion that the operating expenses projected by

Management reflects are based on reasonable assumptions and are feasible for the Applicant.

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3. Improvement Plan

Management incorporates an improvement plan within its financial forecast for FY 2020 through

FY 2023. This improvement plan reflects future initiatives and strategic plans which are not yet

identified and therefore, not allocable to detailed line items in the income statement. We

understand based on discussions with Management that the Applicant undergoes this process as

a part of its regular forecasting. We reviewed the Applicant's actual gain from operations in

comparison to the Applicant's budget for each of the prior 15 fiscal years and noted the

Applicant met or exceeded budget in 13 out of 15 years. As such, it is feasible that the Applicant

will continue to achieve the improvement plan targets included in the Projections.

4. Capital Expenditures and Proposed Projects Financing

We reviewed the project costs within the Projections related to the Proposed Projects of which

\$32,971,000 are classified as maximum capital expenditures per the DON regulations. The

project costs related to the Proposed Projects are included within the Projections in routine

capital in FY 2020 and reflects approximately 36.6 percent of the total routine capital budget

of \$90.0 million for the year. Renovations to the emergency department are estimated at \$2.2

million, renovations to the pharmacy are estimated at \$12.9 million, renovations to radiology

are estimated at \$0.5 million, and building renewals are estimated at \$17.4 million.

In addition to capital expenditures, we also reviewed the proposed financing of the projects. It

is our understanding that the expenditures related to the Proposed Projects are expected to be

funded through the Applicant's net assets and cash flows. The capital expenditures are included

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within the Applicant's cash flows with no additional debt financing anticipated. We note that the Projections include cumulative routine capital expenditures of \$441.0 million and major project expenditures of \$1,713.0 million for a total cumulative capital expenditure of \$2,154.0 million over the projection period. The capital expenditures subject to the Proposed Projects represents 1.5 percent of the total capital expenditures over the five years. We note the model indicates total cash on the balance of greater than \$194.0 million in each year, before considering the Applicant's various investments. Therefore, it appears that the Applicant will be able to finance the Proposed Projects within its normal capital expenditures without the need for debt financing.

VI. <u>FEASIBILITY</u>

We analyzed the Projections and Key Metrics for the Proposed Projects. In preparing our analysis we considered multiple sources of information including industry metrics, historical results, and Management expectations. It is important to note that the Projections do not account for any anticipated changes in accounting standards. These standards, which may have a material impact on individual future years, are not anticipated to have a material impact on the aggregate Projections.

Within the projected financial information, the Projections exhibit a cumulative operating EBITDA surplus of approximately 10.3 percent of cumulative projected operating revenue for the five years from 2019 through 2023. Based upon our review of the relevant documents and analysis of the Projections, we determined the anticipated operating surplus is a reasonable expectation and based upon feasible financial assumptions. Accordingly, we determined that





the Projections are reasonable and feasible, and not likely to have a negative impact on the patient panel or result in a liquidation of assets of Children's.

Respectively submitted,

Erik Lynch

Partner, BDO USA LLP

Elm Jul

Exhibit 9: Articles of Organization/Trust Agreement





The Commonwealth of Massachusetts

MICHAEL JOSEPH CONNOLLY

Secretary of State
ONE ASHBURTON PLACE, BOSTON, MASS. 02108

ARTICLES OF ORGANIZATION

(Under G.L. Ch. 180) Incorporators

NAME

RESIDENCE

Include given name in full in case of natural persons; in case of a corporation, give state of incorporation,

David S. Weiner

28 Norwich Road Wellesley, MA 02181

106917

The above-named incorporator(s) do hereby associate (themselves) with the intention of forming a corporation under the provisions of General Laws, Chapter 180 and hereby state(s):

1. The name by which the corporation shall be known is:

The Children's Hospital Corporation

2. The purposes for which the corporation is formed is as follows:

To provide medical and surgical care and treatment to infants, children, adolescents and young adults.

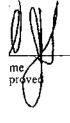
To instruct, supervise and train physicians, nurses, technicians and others in the care, treatment and prevention of disease of infants, children, adolescents and young adults.

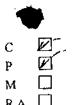
To operate and conduct a hospital or hospitals, together with affiliated institutions, research laboratories and other services where all the resources of medical and related sciences will be combined to provide quality care for infants, children, adolescents and young adults, and to determine new and improved methods for the treatment and prevention of diseases, and to disseminate information about suchimatters.

To participate to the extent desirable or practical, in any activity designed and carried on to promote the general health of the community.

To do all things necessary or advisable to carry out any or all of the foregoing purposes.

Note: If the space provided under any article or item on this form is insufficient, additions shall be set forth on separate 8 1/2 x 11 sheets of paper leaving a left hand margin of at least 1 inch for binding. Additions to more than one article may be continued on a single sheet so long as each article requiring each such addition is clearly indicated.





3. If the corporation has more than one class of members, the designation of such classes, the manner of election or appointment, the duration of membership and the qualification and rights, including voting rights, of the members of each class, are as follows: -
Not Applicable
*4. Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:
See pages 4A through 4D attached hereto and made a part hereof.
·

*If there are no provisions state "None".

- 4. The corporation shall have the following powers in furtherance of its corporate purposes:
- (a) The corporation shall have perpetual succession in its corporate name.
 - (b) The corporation may sue and be sued.
- (c) The corporation may have a corporate seal which it may alter at pleasure.
- (d) The corporation may elect or appoint directors, officers, employees and other agents, fix their compensation and define their duties and obligations.
- (e) The corporation may purchase, receive or take by grant, gift, devise, bequest or otherwise, lease, or otherwise acquire, own, hold, improve, employ, use and otherwise deal in and with, real or personal property, or any interest therein, wherever situated, in an unlimited amount.
- (f) The corporation may solicit and receive contributions from any and all sources and may receive and hold, in trust or otherwise, funds received by gift or bequest.
- (g) The corporation may sell, convey, lease, exchange, transfer or otherwise dispose of, or mortgage, pledge, encumber or create a security interest in, all or any of its property, or any interest therein, wherever situated.
- (h) The corporation may purchase, take, receive, subscribe for, or otherwise acquire, own, hold, vote, employ, sell, lend, lease, exchange, transfer, or otherwise dispose of, mortgage, pledge, use and otherwise deal in and with, bonds and other obligations, shares, or other securities or interests issued by others, whether engaged in similar or different business, governmental, or other activities.
- (i) The corporation may make contracts, give guarantees and incur liabilities, borrow money at such rates of interest as the corporation may determine, issue its notes, bonds and other obligations, and secure any of its obligations by mortgage, pledge or encumbrance of, or security interest in, all or any of its property or any interest therein, wherever situated.
- (j) The corporation may lend money, invest and reinvest its funds, and take and hold real and personal property as security for the payment of funds so loaned or invested.

- (k) The corporation may do business, carry on its operations, and have offices and exercise the powers granted by Massachusetts General Laws, Chapter 180, in any jurisdiction within or without the United States, although the corporation shall not be operated for the primary purpose of carrying on for profit a trade or business unrelated to its tax exempt purposes.
- (1) The corporation may pay pensions, establish and carry out pension, savings, thrift and other retirement and benefit plans, trusts and provisions for any or all of its directors, officers and employees.
- (m) The corporation may make donations in such amounts as the members or directors shall determine, irrespective of corporate benefit, for the public welfare or for community fund, hospital, charitable, religious, educational, scientific, civic or similar purposes, and in time of war or other national emergency in aid thereof; provided that, as long as the corporation is entitled to exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code, it shall make no contribution for other than religious, charitable, scientific, testing for public safety, literary, or educational purposes or for the prevention of cruelty to children or animals.
- (n) The corporation may be an incorporator of other corporations of any type or kind.
- (o) The corporation may be a partner in any business enterprise which it would have power to conduct by itself.
- (p) The directors may make, amend or repeal the by-laws in whole or in part, except with respect to any provision thereof which by law or the by-laws requires action by the members.
- (q) Meetings of the members may be held anywhere in the United States.
- (r) No part of the assets of the corporation and no part of any net earnings of the corporation shall be divided among or inure to the benefit of any officer or director of the corporation or any private individual or be appropriated for any purposes other than the purposes of the corporation as herein set forth; and no substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation except to the extent that the corporation makes expenditures for purposes of influencing legislation in conformity with the requirements of Section 501(h) of the Internal Revenue Code; and the corporation shall not

participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office. It is intended that the corporation shall be entitled to exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code and shall not be a private foundation under Section 509(a) of the Internal Revenue Code.

- (s) Upon the liquidation or dissolution of the corporation, after payment of all of the liabilities of the corporation or due provision therefor, all of the assets of the corporation shall be disposed of to The Children's Medical Center Corporation, a Massachusetts corporation, so long as it is then exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or if it is not then so exempt, to one or more organizations exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.
- (t) In the event that the corporation is a private foundation as that term is defined in Section 509 of the Internal Revenue Code, then notwithstanding any other provisions of the articles of organization or the by-laws of the corporation, the following provisions shall apply:

The directors shall distribute the income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code.

The directors shall not engage in any act of self dealing as defined in Section 4941(d) of the Internal Revenue Code; nor retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code; nor make any investments in such manner as to incur tax liability under Section 4944 of the Internal Revenue Code; nor make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code.

(u) The corporation shall have and may exercise all powers necessary or convenient to effect any or all of the purposes for which the corporation is formed; provided, however, that no such power shall be exercised in a manner inconsistent with Massachusetts General Laws, Chapter 180 or any other chapter of the General Laws of The Commonwealth of Massachusetts; and provided, further, that the corporation shall not engage in any activity or exercise any power which would deprive it of any exemption from federal income tax which the corporation may receive under Section 501(c)(3) of the Internal Revenue Code.

(v) All references herein: (i) to the Internal Revenue Code shall be deemed to refer to the Internal Revenue Code of 1954, as now in force or hereafter amended; (ii) to the General Laws of The Commonwealth of Massachusetts, or any chapter thereof, shall be deemed to refer to said General Laws or chapter as now in force or hereafter amended; and (iii) to particular sections of the Internal Revenue Code or the General Laws of The Commonwealth of Massachusetts shall be deemed to refer to similar or successor provisions hereafter adopted.

THE CHILDREN'S HOSPITAL CORPORATION

BOARD OF TRUSTEES

Name	Residence	Post Office Address
Aldo Castaneda, M.D.	121 Monodnock Rd. Chestnut Hill, MA 0216	300 Longwood Avenue
Nancy Kaplan	96 Country Club Lane Belmont, MA 02178	
George Kidder	110 Spencer Brook Rd. Concord, MA 01742	Hemenway & Barnes 60 State Street Boston, MA 02109
John Kirkpatrick, M.D.	34 Lowell Rd. Wellesley, MA 02181	300 Longwood Avenue Boston, MA 02115
David Kosowsky, Sc.D.	100 Dudley Rd. Newton Ctre, MA 02159	Damon, Inc. 115 4th Avenue Needham, MA 02194
LaWare, John P.	100 Codman Rd. Brookline, MA 02145	Shawmut Bank of Boston One Federal Street Boston, MA 02211
David A. Mittell	22 Chestnut Pl. 1988 Brookline, MA 02146	Davenport & Peters Co. 177 Milk Street Boston, MA 02109
E. James Morton	ll Rockridge Road Wellesley, MA 02181	John Hancock Mutual Life Ins. Co. P. O. Box 111 Boston, MA 02117
George W. Phillips	12 Tophet Rd. Lynnfield, MA 01940	The Boston Company One Boston Place Boston, MA 02106
Hon. Joseph L. Tauro	47 Nanepashemet St. Marblehead, MA 01945	U.S. District Court P.O. Court House Building Room 1615 Boston, MA 02109

David S. Weiner

We

28 Norwich Rd. Wellesley, MA 02181 300 Longwood Avenue Boston, MA 02115

William W. Wolbach

377 Summer Street Manchester, MA 01944

One Boston Place Suite 923 Boston, MA 02108



The Children's Hospital Medical Center

300 Longwood Avenue, Boston, Massachusetts 02115, Telephone: (617) 735-6433

David S. Weiner President

August 11, 1982

Secretary of State Corporations Division One Ashburton Place Boston, MA 02202

· Gentlemen:

The Children's Hospital Medical Center Corporation, a corporation organized under the laws of Massachusetts in 1869, hereby consents to the use of the name The Children's Hospital Corporation by a corporation soon to be organized under Chapter 180 of the General Laws. The Children's Hospital Medical Center Corporation further states its intention to change its name before The Children's Hospital Corporation begins active operations.

THE CHILDREN'S HOSPITAL MEDICAL CENTER CORPORATION

DSW:mok

- 5. By-laws of the corporation have been duly adopted and the initial directors, president, treasurer and clerk or other presiding, financial or recording officers whose names are set out below, have been duly elected.
- 6. The effective date of organization of the corporation shall be the date of filing with the Secretary of the Commonwealth or if later date is desired, specify date, (not more than 30 days after date of filing).
- The following information shall not for any purpose be treated as a permanent part of the Articles of Organization of the corporation.
 - a. The post office address of the initial principal office of the corporation in Massachusetts is:

 300 Longwood Avenue, Boston, Massachusetts 02115
 - b. The name, residence, and post office address of each of the initial directors and following officers of the corporation are as follows:

NAME RESIDENCE POST OFFICE ADDRESS David S. Weiner 28 Norwich Road 300 Longwood Ave. President: Wellesley, MA 02181 Boston, MA 02115 George W. Phillips 12 Tophet Road The Boston Company Treasurer: Lynnfield, MA 01940 One Boston Place Boston, MA 02106 Secretary: Jane L. O'Neill CXXXX: 1802 Massachusetts Ave 300 Longwood Ave. Cambridge, MA 02140 Boston, MA 02115 Directors: (or officers having the powers of directors)

See pages 7A through 7B attached hereto and made a part hereof.

c. The date initially adopted on which the corporation's fiscal year ends is:

September 30 of each year.

d. The date initially fixed in the by-laws for the annual meeting of members of the corporation is:

Fourth Tuesday in October.

e. The name and business address of the resident agent, if any, of the corporation is:

None

IN WITNESS WHEREOF, and under the penalties of perjury the INCORPORATOR(S) sign(s) these Articles of Organization this 11 TH day of AUGUST .19 82

I/We the below signed INCORPORATORS do hereby certify under the pains and penalties of perjury that I/We have not been convicted of any crimes relating to alcohol or gaming within the past ten years; I/We do hereby further certify that to the best of my/our knowledge the above named principal officers have not been similarly convicted. If so convicted, explain.

David S. Weine

The signature of each incorporator which is not a natural person must be by an individual who shall show the capacity in which he acts and by signing shall represent under the penalties of perjury that he is duly authorized on its behalf to sign these Articles of Organization.

SECRETARY OF THE COMMONWEALTH

1982 AUG 12 PM 3: 33

GORPORATIONE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF ORGANIZATION GENERAL LAWS, CHAPTER 180

I hereby certify that, upon an examination of the within written articles of organization, duly submitted to me, it appears that the provisions of the General Laws relative to the organization of corporations have been complied with, and I hereby approve said articles; and the filing fee in the amount of \$30.00 having been paid, said articles are deemed to have been filed with me this

Effective date

MICHAEL JOSEPH CONNOLLY

Secretary of State

TO BE FILLED IN BY CORPORATION . PHOTO COPY OF ARTICLES OF ORGANIZATION TO BE SENT

TO:	
	Ronald B. Schram
	Ropes & Gray
	225 Franklin St., Boston, MA 02110
Teleph	one (617) 423-6100

Exhibit 10: Current IRS Form, 990 Schedule H CHNA/CHIP

SCHEDULE H (Form 990)

Department of the Treasury internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
 ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	c or are organization					C. COR C. L.	inout	011 TIG	(III)
l Francis		n's Hospital C		nit Danstite -4	O	04-2774441			
Pai	t I Financial Assistance	and Gertain O	ther Commu	nity Benefits at	Cost			1	
								Yes	No
	Did the organization have a financial	-	-				. 1a	X	
Ь	If "Yes," was it a written policy? If the organization had multiple hospital facilities	indicate which of the fo	llowing hest describes	application of the financia	al assistance noticy to its	Variatie hashital	1b	X	
2	facilities during the tax year,								
	Applied uniformly to all hospital	al facilities	Ll Appl	ied uniformly to mo:	st hospital facilities	5			
	Generally tailored to individual	l hospital facilities							
3	Answer the following based on the financial assi	stance eligibility criteria	that applied to the larg	est number of the organize	ation's patients during th	e tax year,	1		l
а	Did the organization use Federal Po-	verty Guidelines (F	PG) as a factor in	n determining eligibi	lity for providing fr	9 0 care?	l		1
	If "Yes," indicate which of the follow	ing was the FPG f	amily income limi	t for eligibility for fre	e care:		За	X	
	100% 150%	X 200%	Other	%					
ъ	Did the organization use FPG as a fa	actor in determinin	g eligibility for pro	oviding <i>discounted o</i>	care? If "Yes," indi	cate which		Į	1
	of the following was the family incom	ne limit for eligibilit	y for discounted	care:			3b	x	(
	200%	300%	350% X		ther 9	6			
c	if the organization used factors other	er than FPG in dete	erminina eliaibility	. describe in Part V	the criteria used t	for determining		ĺ	
	eligibility for free or discounted care						ļ]]
	threshold, regardless of income, as	a factor în determi	ning eligibility for	free or discounted	care.				1
4	Did the organization's financial assistance policy medically indigent*?			nts during the tax year pro		ad care to the	4	x	1
5a	Did the organization budget amounts for					x vear?	5a	х	┢
	If "Yes," did the organization's finan					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b	ļ	x
	If "Yes" to line 5b, as a result of bud							\vdash	╁──
·	care to a patient who was eligible for						5c		
6-2	Did the organization prepare a common pr						6a		 -
	If "Yes," did the organization make i						6b	x	┢
	Complete the following table using the workshe						-00	 	
				not submit thees workshi	sets with the agreedule h	'	١	Ь	
- <u>'</u> -	Financial Assistance and Certain Ot Financial Assistance and	(a) Number of	(b) Persons	(C) Total community	(d) Direct offsetting	(e) Net community	1	Perce	nt -
Mo	ans-Tested Government Programs	activities or programs (optional)	served (optional)	benefit expense	reventie	benefit expense		of total expense	
	Financial Assistance at cost (from		<u> </u>	- -			┧──		
a	•		ļ	28,854,222.	18,451,698.	10,402,524.	!	.5	9%
h	Worksheet 1) Medicaid (from Worksheet 3,		 	10,051,222,		20,702,000	 		
b	•			382 104 795	264,829,371.	117 275 424		6.6	28
_	column a)			302,204,755.	204,023,371.	211,213,124			
C	Costs of other means-tested			t					
	government programs (from		1	1			1		
	Worksheet 3, column b)					<u> </u>	├─		
a	Total Financial Assistance and			410,959,017.	202 201 064	127,677,948.		7.2	19
	Means-Tested Government Programs	 		410,555,017.	203,201,003.	127,077,540.	 		
	Other Benefits								
е	Community health	_							
	improvement services and								
	community benefit operations	1		£ 020 000	210 000	E 014 464		•	29
	(from Worksheet 4)	ļ <u> </u>	-	6,030,073.	219,975.	5,810,098.	 	. 3	3%
f	Health professions education			20 400 865	7 944 FCC	20 244 444			กลิ
	(from Worksheet 5)	-	ļ	39,420,709.	7,209,593.	32,211,116.	 	1.8	44
g	Subsidized health services	1	[40.000		1	_	~ 0
	(from Worksheet 6)		ļ	29,310,510.	23,703,084.	5,607,426.	 	3	
	Research (from Worksheet 7)		 	395,614,086.	383,759,188.	11,854,898,	 		/ %
i	Cash and in-kind contributions		1			[
	for community benefit (from		l						
	Worksheet 8)			1,712,643.		1,712,643,	 		08
	Total. Other Benefits			472,088,021.			<u> </u>	3,2	
k	Total. Add lines 7d and 7i		ļ	883,047,038.	698,172,909.	184,874,129.	.]	10.4	5%

732091 11-28-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

			dren's Hospital					277444		Pa	age 2
Pai		ommunity Building								uring	the
	ta	x year, and describe in Par	t VI now its commu	(b) Peasing activ	/ities promoted ti	ne nealth of the				Percent	
			activities of programs (optional)	servod (optichal)	community building expense	offsetting ruve		unity	• • •	al exper	
1	Physical in	inprovements and housing	, <u></u>					·			
2	<u></u>	c development			_						
3		ity support	27		1,773,903	3.	1.77	3,903.		,11	
4		ental improvements	1 1		<u> </u>	1	<u> </u>				
-5		nip development and	† · · · · · · · · · · · · · · · · · · ·				_				
~		or community members	!		ļ.		ļ		İ		
6	Coalition					-			· · · · · · · · · · · · · · · · · · ·		
-5		ity health improvement			 	 		-			
,		•	11		657,266	5	65	7,266.		. 04	4.4
	advocacy	e development			33,,23,			-,			
9	Other	в авлеюфинент					-				
10			38		2,431,169		2 43	1,169.		.1.	4.9.
Pai	Total 1111 Fi	ad Debt, Medicare,		actices	2,431,100	' ·]	2,43	1,202,		į iki	
			a Concollon 1	800000						Yes	No
		d Debt Expense rganization report bad deb						ı			140
1		•	•			_	Sociation				x
_	Statemer	nt No. 15?						,,,,,,,,	1		
2		amount of the organization				[_]	£ 3.5	4 253			
_		logy used by the organizat				2	6,43	4,653.			
3		estimated amount of the o	-	•							
	•	eligible under the organizat				9			1		
		logy used by the organizat						_			
		ling this portion of bad deb						٥.			
4		n Part VI the text of the foo	-				debt				
	,	or the page number on wh	ich this footnote is	contained in the a	attached financia	d statements.					
Sect	ion B. Me					1 1					
5		al revenue received from M						8,311.			l
6		dicare allowable costs of c						6,677.	l		1
7	Subtract	line 6 from line 5. This is th	ie surplus (or shortf	all)		7	-13	8,366.			
8	Describe	in Part VI the extent to wh	ich any shortfall rep	orted in line 7 sh	ould be treated a	is community t	enefit.				
		cribe in Part VI the costing		urce used to dete	rmine the amour	nt reported on I	ine 6.				
	·	e box that describes the m	r: —	,	1						}
	X Co	st accounting system	Cost to chan	ge ratio 🔛	→ Other						
		llection Practices									
		rganization have a written							9a	X	
h		d the organization's collection					ntain provisions o	on the			
		practices to be followed for pa							9b	Х	L
Pai	rt IV N	lanagement Compai	nies and Joint	Ventures (owner	10% or more by affic	ers, directors, truste	ass, key omployees, a	and paysidi	ians - co	e instru	ctions)
	(a)	Name of entity	(b) Des	cription of primar	y (c)	Organization's	(d) Officers, d	firect-	(e) Pł	nysicia	ıns'
	•	·	ac	tivity of entity		ofit % or stock	ors, trustees		•	fit%	or
						ownership %	profit % or s			tock	n.c
							ownership		OWN	ership	%
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Schedule H (Form 990) 2017 Children's Hospital Corporation									04-2774441	Page 3
Part V Facility Information										
Section A. Hospital Facilities	T	<u>_</u>	Π	Teaching hospital	豆					T
(fist in order of size, from largest to smallest)	l	ig.	<u></u>	_	ig.	Ī	1			
How many hospital facilities did the organization operate	重	ij	[器	薑	2	[≩	ŀ			
during the tax year?	180	~8	ŞÕ	180	ess	힣	S			
Name, address, primary website address, and state license number	icensed hospital	lica	's	Ę	8	유	ä	_		Facility
(and if a group return, the name and EIN of the subordinate hospital	1 8	E E	9	툳	त्त्	arc	4 P	를!	•	reporting
(and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	9	Ĕ	[문	ag S	Ę	l g	6	ļ į		group
1 Boston Children's Hospital	 =	Ö	10	<u>ٿرا</u>	Ö	Œ	並		Other (describe)	
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300 Longwood Avenue	4	ļ	ļ		1	ļ				}
Boston, MA 02115	4									i
www.childrenshospital.org	-				1					
MA LICENSE #2139	X	Х	Х	X	_	x	Х			
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Part V | Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Boston Children's Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No			
C	ommunity Health Needs Assessment		:				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the						
	current tax year or the immediately preceding tax year?	1		Х			
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or	ĺ					
the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C							
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a	. 1		İ			
	community health needs assessment (CHNA)? If "No," skip to line 12	3	X				
	If "Yes," indicate what the CHNA report describes (check all that apply):						
а							
ь	Demographics of the community	1	:				
C	Existing health care facilities and resources within the community that are available to respond to the health needs						
	of the community						
C							
e	, , , , , , , , , , , , , , , , , , ,		:				
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority	. 1					
	groups						
9	· 						
h							
į	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)						
j	Other (describe in Section C)						
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 15						
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad						
	interests of the community served by the hospital facility, including those with special knowledge of or expertise in public						
	health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the	_	x				
٥.	community, and identify the persons the hospital facility consulted	5	<u> </u>				
ps	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	ا ہے ا		x			
	hospital facilities in Section C	6a		<u> </u>			
E.	b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	C 1.		x			
,	list the other organizations in Section C Did the hospital facility make its CHNA report widely available to the public?	6b 7	х				
ſ	If 'Yes," indicate how the CHNA report was made widely available (check all that apply):	····					
	Hospital facility's website (list url): www.childrenshospital.org						
b							
		1					
_	Did the hospital facility adopt an implementation strategy to meet the significant community health needs						
Ŭ	identified through its most recently conducted CHNA? If "No," skip to line 11	8	х				
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 16						
	is the hospital facility's most recently adopted implementation strategy posted on a website?	10	x				
	of "Yes," (list url): childrenshospital.org/about-us/community-mission/community-needs-assessment			_			
	or if "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b					
	Describe in Section C how the hospital facility is addressing the significant needs identified in its most						
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why						
	such needs are not being addressed.						
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a						
	CHNA as required by section 501(r)(3)?	12a		Х			
k	o If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b					
	: If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720						
	for all of its hospital facilities? \$		į				

732094 11-28-17

Sche		(Form 990) 2017		4-2774441	_	_Pa	ge 5
Pai	ťV	Facility Informa	tion (continued)				
Finar		ssistance Policy (FAI					
			· · · · · · · · · · · · · · · · · · ·			_	
Nam	e of ho	spital facility or lette	r of facility reporting group Boston Children's Hospital				
					TY	řes	No
	Did the	hospitat facility have:	in place during the tax year a written financial assistance policy that:		\neg	7	
		•	or financial assistance, and whether such assistance included free or discounted care?	1:	э	x	
			y criteria explained in the FAP:		\top		
а	Х			%	ĺ	İ	
			me limit for eligibility for discounted care of%				
b			nan FPG (describe in Section C)	1	Ì	Ì	
C		Asset level					
d		Medical indigency		ļ	ł	j	
e	X	Insurance status		ļ		ŀ	
f	Х	Underinsurance state	US	ļ	- 1	1	
g		Residency		†	-	}	
ħ		Other (describe in Se	ection C)		1		
	Explai		elating amounts charged to patients?	1	4	x !	
			plying for financial assistance?		_	x	
			spital facility's FAP or FAP application form (including accompanying instructions)		_		
			plying for financial assistance (check all that apply):			- 1	
а	X		nation the hospital facility may require an individual to provide as part of his or her application	ation	- {	- (
Ь	X		orting documentation the hospital facility may require an individual to submit as part of his	I		- 1	
		or her application	,		-	- 1	
c	Х	• •	t information of hospital facility staff who can provide an individual with information			- 1	
			AP application process	Ì	-		
d			t information of nonprofit organizations or government agencies that may be sources			- 1	
		of assistance with FA		}		ļ	
e	X	Other (describe in Se					
16	Was w	•	the community served by the hospital facility?	1	6	x	
			spital facility publicized the policy (check all that apply):		丁		
а	Х		available on a website (list url): www.childrenshospital.org/financialassist	ance		ļ	
ь	X		form was widely available on a website (list url): See Part V, Page 8				
c	X		mmary of the FAP was widely available on a website (list un); See Part V, Page 8		-	Į	
ď	X		ole upon request and without charge (in public locations in the hospital facility and by ma	ail)	[ĺ	
e	Х	The FAP application	form was available upon request and without charge (in public locations in the hospital	Ī	-	Į	
		facility and by mail)		İ	İ	į	
f	X	A plain language sun	mmary of the FAP was available upon request and without charge (in public locations in	1	ļ		
		the hospital facility a	nd by mail)	1	İ	1	
g	X	Individuats were noti	ified about the FAP by being offered a paper copy of the plain language summary of the	FAP,	1	j	
		by receiving a consp	sicuous written notice about the FAP on their billing statements, and via conspicuous pu	blic	1	ļ	
		displays or other me	asures reasonably calculated to attract patients' attention	1	1	Ì	
				1	1	į	
h	Х		the community who are most likely to require financial assistance about availability of th		Ì	į	
i	Х		cation form, and plain language summary of the FAP were translated into the primary lan	guage(s)	Į	Į	
	,	spoken by LEP popu		†	ł	i	
i_	X	Other (describe in Se	ection C)				

Sche	edule H (Form 990) 2017 Children's Hospital Corporation 04-2774441	-	Pa	age 6
Pa	rt V Facility Information (continued)			
Billir	ng and Collections			
Nam	e of hospital facility or letter of facility reporting group Boston Children's Hospital			
			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon	ł		-
	honpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:	- 1		•
2	Reporting to credit agency(ies)			
b	Setting an individual's debt to another party	- 1		
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			l
d	Actions that require a legal or judicial process	- 1		
е	Other similar actions (describe in Section C)	1		1
f	None of these actions or other similar actions were permitted			<u> </u>
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		х
	If "Yes," check all actions in which the hospital facility or a third party engaged:			1
а	Heporting to credit agency(ies)			
b	Selling an individual's debt to another party			
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
d	Actions that require a legal or judicial process			
e	Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not checked) in line 19 (check all that apply):			
a	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
	FAP at least 30 days before initiating those ECAs			
b				
С	Processed incomplete and complete FAP applications			
ď				
e	Other (describe in Section C)			
f	None of these efforts were made			
Polic	by Relating to Emergency Medical Gare			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care			
	that required the hospital facility to provide, without discrimination, care for emergency medical conditions to			
	individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Х.	 -
	If "No," indicate why:			1
а	The hospital facility did not provide care for any emergency medical conditions			1
b	,			1
C				
d	Other (describe in Section C)			

Sch	edule H (Form 990) 2017 Children's Hospital Corporation 04-	2774441	Pa	age 7
Pa	art V Facility Information (continued)			
Cha	rges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Nan	ne of hospital facility or letter of facility reporting group Boston Children's Hospital			
			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-elicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-elicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-elicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-elicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-elicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-elicate how the hospital facility determined in the hospital facility determined.	gible		
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period	r		
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all privat health insurers that pay claims to the hospital facility during a prior 12-month period	e	!	!
С	with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior	ion		
d	12-month period The hospital facility used a prospective Medicare or Medicaid method	j		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had			
	insurance covering such care? If "Yes," explain in Section C.	23		Х
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for a service provided to that individual?	ny 24		x
	If "Yes," explain in Section C.			

Schedule H (Form 990) 2017 Children's Hospital Corporation	04-2774441	Page 8
Part V Facility Information (continued) Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lin 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A name of hospital facility.	lity in a facility reporti	ng
Boston Children's Hospital:		
Part V, Section B, Line 5: For the 2016 CHNA, Boston Children's Hospital		
used a participatory, collaborative approach and examined health in its		
broadest context. As part of the CHNA, Boston Children's sought input from		
its Community Advisory Board (CAB) members and engaged youth to design,		
collect and analyze data on youth perceptions of needs and opportunities.		
The assessment process also included synthesizing existing data on social,		
economic, and health indicators in Boston. Eight stakeholder interviews	,	
and two focus groups with community residents were also conducted to		
explore perceptions of the community, health and social challenges for		
children and families, and recommendations for how to address these	· _	
concerns. Additionally, Boston Children's collaborated with other		
hospitals through the Conference of Boston Teaching Hospitals to gather		
information on community needs via four focus groups hosted by community		
coalitions. Boston Children's also gathered information on challenges		***
faced by children with special needs and their families by attending a		
focus group listening session facilitated by Health Care for All, Lastly,		
the CHNA was informed by results from Boston Children's Determination of		
Need community engagement process. This process, which was guided by an		
Advisory Group that met in person six times, included conducting seven		
facilitated open community engagement sessions across the city of Boston.		
Four targeted small group discussions were also held with communities that		
were under-represented in the larger community sessions.		
A formal and comprehensive needs assessment is only one part of Boston		

Schedule H (Form 990) 2017

Children's approach to understanding the complex health needs and vital

Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
resources within the community. Boston Children's is constantly listening
and learning from patient families, community leaders and staff. The staff
rely on ongoing conversations with the hospital's key partners-community
health centers and community-based organizations, as well as the Boston
Public Health Commission and the Boston Public Schools.
Through the CAB, which meets on a quarterly basis, Boston Children's has a
direct link to expertise on Boston neighborhoods, community organizations
and current health needs. The CAB is instrumental in providing feedback
throughout the year and in the development and execution of Boston
Children's formal assessment process.
· · · · · · · · · · · · · · · · · · ·
Boston Children's Hospital:
Part V, Section B, Line 7d: A comprehensive report on Boston Children's
CHNA is available on the hospital's website. In addition, a special
report on the CHNA was created to share the process, top findings and
Boston Children's plan to address community-identified concerns. The
special report was distributed by mail and by email to key stakeholders
and all external participants involved in the community process. Boston
Children's also distributed the report widely to internal staff. The
complete assessment and special report can be found on our Website at
Bostonchildrens.org/community
Boston Children's Hospital:
Part V, Section B, Line 11: Boston Children's addresses the health and
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Schedule H (Form 990) 2017 Children's hospital Colporation	04-21/4141	rageo
Part V Facility Information (continued)		
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital fa group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," name of hospital facility.	acility in a facility reporti	ng
social needs identified in a comprehensive community health assessment		
process through our clinical care, services and programs and in		<u> </u>
collaboration with community partners. Below is a summary of the needs		
identified and Boston Children's efforts. For the complete Community		
Health and Benefits Plan, visit bostonchildrens.org/community.	·····	
Behavioral health and issues related to substance abuse		
- Offering training and education for school and health center staff		
- Providing education and direct services in schools and community health		
locations for children and families		
- Advocating for changes to improve systems of care		
Asthma management, education and treatment		
- Improving health and quality of life outcomes for children with asthma		
through home visiting and case management services		
- Developing cost-effective program models that help families to better	·····	
control asthma		
- Advocating for changes to improve asthma care		
Obesity with a focus on healthy eating and access to physical fitness		
opportunities		
- Offering prevention and treatment efforts		
- Supporting children and families and connecting them to community		
resources.		
- Building capacity in community settings to help children improve		
nutrition and increase physical activity		

Other issues that affect the health of children and families such as

Part V	Facility Information (continued)
13h, 15 group, c	C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and hospital facility.
housing	, jobs, food and safety
- Suppo	rting, funding and working closely with partners and coalitions
working	on these issues
Boston (Children's Hospital:
Part: V,	Section B, Line 15e: The Financial Assistance Policy provides as
follows	
Patient	Farent will be referred to a Hospital Financial counselor for
determin	nation of eligibility for public assistance or Hospital financial
assista	nce programs. For patients not qualifying for public assistance,
informat	tion collected will be provided to the Director, Financial
Clearan	ce and Financial Counseling, for determination of eligibility in
the Hos	pital Financial Assistance Program, Patients who potentially
qualify	for financial assistance will be approved by the Hospital Chief
Financia	al Officer, Sr. Director Patient Financial Services and/or
Directo	r, Financial Clearance and Financial Counseling, with consultation
and app	roval of the appropriate Foundation Chief or a designee as
appropr	iate.
Boston	Children's Hospital
Part V,	Jine 16b, FAR Application website:
www.chi	ldrenshospital.org/financialassistance
Boston	Children's Hospital
Part V,	line 16c, FAF Plain Language Summary website:
	Columbia Li / Form 000\ 001

P	art V	Facility	Information	10	20	וונ	tinu	ed)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

4	list ir	ı order	of size,	from	largest	to sma	llest)

Name and address	Type of Facility (describe)
Boston Children's at Waltham	
9 Hope Ave	
Waltham, MA 02453	Outpatient Satellite Facility
2 Boston Children's at Lexington	
482 Bedford Street	
Lexington, MA 02173	Outpatient Satellite Facility
Martha Eliot Health Center	
75 Bickford Street	Outpatient Community Health
Boston, MA 02130	Center
Boston Children's at Peabody	
1 Essex Center Drive	
Peabody, MA 01960	Outpatient Satellite Facility
Boston Children's at North Dartmouth	
500 Faunce Corner Road	
North Dartmouth, MA 02747	Outpatient Satellite Facility
S Boston Children's at 333 Longwood Ave	
333 Longwood Avenue	
Boston, MA 02115	Outpatient Pediatric Clinic
- 100	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B,
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Fart I, Line 3c:	
Children's, based on its participation in the state of Massachusetts	
Health Safety Net, utilizes Federal Poverty Guidelines for determining	
eligibility for free care and discounted care to low income individuals.	
For purposes of discounted care, Children's offers discounts to	
individuals, regardless of income, who are uninsured and are ineligible	
for free care or other public programs.	
Part I, Line 6a:	
Children's files an annual community benefits report with the Attorney	
General's Office (AG) in Massachusetts. There are significant differences	
between the AG and IRS requirements for reporting community benefits	
expenditures. The IRS counts the following as community benefits while	
the AG does not: Medicaid shortfalls, indirect costs, health professions	
education, and research funded by tax-exempt and government sources.	
Children's AG Report is publicly available and can be accessed directly on	
the AG's web site, www.mase.gov/AG and Children's web site,	
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Part VI Supplemental Information (Continuation)		
www.childrenshospital.org.		

Fart I, Line 7:		
Children's used an internal cost accounting system for purposes of		
reporting certain amounts on Part I, line 7. The system is designed to		·
address all segments of patient care (inpatient, outpatient and emergency)		
day on the state of the state o		
and assigns costs to patients from all payer sources (Medicaid, Medicare,		
managed care, commercial, uninsured and self-pay). The cost of charity		
care was determined based on the overall relationship of hospital costs as		
a percentage of hospital charges, applied to charges that qualified as		
charity care.		
diazza, odaca,	·	
Children's provides charity care to all children in need who meet the		
hospital's charity care standards, which are in alignment with all state		
mandated regulations.		·····
Nearly 30% of children who receive their care at Children's are insured		
through Medicaid programs in a number of states including Massachusetts.		
The second by Mediguid programs do not be brightness the huggital few the		
In aggregate, Medicaid programs do not reimburse the hospital for the		
total costs of providing care to these children.		
Children's has a strong commitment to improving the health status of the		
children in our local community. Based on a tri-annual community needs		
assessment, Children's supports a variety of programs and partners both		
assessment, thirdren a supports a variety of programs and partners both		
internal and external that are addressing the needs of Boston children.		
Children's has also identified four major health focus areas in which it		
concentrates its efforts. For children in Boston, asthma, mental health,		
obesity and child development are major concerns. Children's has		
	Schedule	H (Form 990)

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Part VI Supplemental Information (Continuation)		
community based programs in each of these issue areas. The hospital also	·	
has an Office of Child Advocacy that provides support to these programs.		
Obildnen's in a loaden in education and training for healthcase	- · · · · · · · · · · · · · · · · · · ·	
Children's is a leader in education and training for healthcare		
professionals.		
Children's subsidizes services that are either limited or unavailable in		
the broader community. Examples include psychiatry, primary care, and	-	
dental care.		
Children's is home to the world's largest and most active research		
	· . <u>-</u> <u>-</u>	
enterprise at a pediatric center.		
Recognizing that Children's does not have the capacity to meet all the		· - -
needs of the children of Boston, it supports (through financial		
contributions and in kind services) a large number of community based		
organizations who are providing these important services. Beneficiaries		
range from full service community health centers to Head Start programs		
for pre-school caildren.		
		-
		·
For more information, visit www.childrenshospital.org/community.		<u></u>
Paxt I, Line 7g:		
Children's docs not subsidize physician services; thus there are none		
reported in the dollar amount for subsidized health services.		
Fart I, Ln 7 Col(f):		
The total bad debt expense of \$31,375,695 is included in Form 990, Fart	Schedule	H (Form 990)

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Part VI Supplemental Information (Continuation)		
IX, line 25 column (A), but subtracted for purposes of calculating the	_18.88.41.1	
percentage in this column.		
Part II, Community Building Activities:	<u> </u>	
In FY18, Children's reported two types of community building activities:	· · · · · · · · · · · · · · · · · · ·	
\$1,773,903 for 27 community support programs and \$657,266 for community		
health improvement advocacy. Children's community building activities are		
designed specifically to address health disparities and improve the health		
of children, families and communities. According to public health	·	
literature (see Ambulatory Pediatrics and Health Affairs), initiatives		
that address disparities for children across four different levels; the		
individual, systemic, community and society can lead to meaningful		
improvements in health.		
As described in Form 990, Part III Program Service Accomplishments,		
Children's takes a multi-pronged approach to tackle the most pressing		
health issues facing Boston children. At the same time, Children's		
addresses non-health or social determinants of health issues such as		
violence, workforce development and education, which also impact a child's		<u></u>
health. Therefore, Children's directs its community building activities in		
the following areas:		
- Children's public policy advocacy efforts help to improve access to		,
health care for all individuals and ensure high-quality pediatric		
services.		
- As a major employer in Massachusetts and civic leader in Boston,	<u> </u>	
Children's supports efforts to ensure a diverse and culturally competent		
health care workforce as well as promotes economic health in the		
	Schedule l	1 (Form 990)

Schedulo H (Form 990) Children's Hospital Corporation	04-2774441	Page 10
Part VI Supplemental Information (Continuation)		
surrounding communities.		
Buttomoring Communities,		
- To improve life in local neighborhoods, Children's has targeted support		
towards community based organizations that do not focus specifically on	 	
health, but rather on the Vibrancy of the community. Contributions to		<u></u>
groups such as the Fenway Community Development Corporation and Sociedad		
Latina are as important as partnerships with community health centers.		
For more information, visit		
http://www.childrenshospital.org/about-us/community-mission.		
Part III, Line 2:		
Bad debt expense reflects patient charges that have been deemed	·	
uncollectible, converted to cost based on the ratio of patient care cost		
to charges from Worksheet 2.		
Part III, Line 3:		
There is not any amount of bad debt reflected as charity care, because it		
can't be quantified accurately at this time. However, some bad debts		
would be charity care.		
Part III, Line 4:		
Children's Mcdical Center and Subsidiaries' Audited Financial Statements		
contain the following bad debt footnote:	<u></u>	
"The provision for uncollectible accounts is based upon management's		31
assessment of expected net collections considering economic conditions,		
historical experience, trends in health care coverage, and other	··· <u> </u>	
collection indicators. Accounts receivable are reduced by an allowance for	Sekadula I	J (Eorm 990)

Schedule H (Form 990) Children's Hospital Corporation	04-2774441	Page 10
Part VI Supplemental Information (Continuation)		
uncollectible accounts. Periodically throughout the year, management		
assesses the adequacy of the allowance for uncollectible accounts based		
upon historical write-off experience by payor category, including those		
amounts not covered by insurance. After satisfaction of amounts due from		
insurance and reasonable efforts to collect from the patient have been		
exhausted, the Medical Center follows established guidelines for placing		
certain past-dus patient balances with collection agencies, subject to the		
terms of certain restrictions on collection efforts as determined by the		
Medical Center, Accounts receivable are written off after collection		
efforts have been followed in accordance with the Medical Center's		
policies."	,	
Part III, Line 8:		
Medicare allowable costs are obtained directly from the Medicare Cost		
Report and are determined in accordance with Medicare principles of		
reimbursement.		
Part III, Line 9b:		
Children's makes reasonable and diligent efforts to collect each patient's		
insurance and other information and to verify coverage for health care		
services. Children's applies collection actions to all patients in the		
same manner, irrespective of their insurance status. Children's does not		<u> </u>
(and does not permit its agents to) engage in collection action of any		
kind, including billing, with respect to patients/guarantors that are		
exempt from collection action under Children's Credit and Collection		
Policy and under Massachusetts regulations governing the Health Safety Net		
program. All patients/guarantors who are not exempt from collection	Schedide l	1 (Farm 990)

Schedule H (Form 990) Children's Hospital Corporation	04-2774441	Page_10_
Part VI Supplemental Information (Continuation)		
action are advised in all billing-related communications of the		
availability of free care and financial assistance, including assistance		
in applying for public programs and the availability of charity care.		
Children's does not (and does not permit its agents to) engage in legal		 -
action against patients/guarantors, including liens, wage garnishments, or		
lawsuits, or report patients/guarantors to credit bureaus or credit	<u> </u>	
agencies without specific, case-by-case authorization by Children's Board		_
of Trustees. No legal action occurred during the year. Children's Credit		-
and Collection Policy is filed with the Massachusetts Division of Health		
Care Finance and Folicy. That policy and related policies are also		
available to patients upon request and on the Hospital's website.	<u> </u>	
		<u> </u>
Part VI, Line 2:		
Boston Children's assesses the community needs on an ongoing basis through		<u> </u>
centinuous dialogue with the community, participation on committees,	<u>. </u>	
working groups, and task forces, as Well as input from Community Advisory	<u> </u>	
Board and partners.		
For more information, visit	<u> </u>	
www.childrenshospital.org/about-us/community-mission/community-needs-asses		
Part VI, %ine 3:		
Children's provides patients with information about financial assistance		
programs that are available through the Commonwealth of Mausachusetts or		
through the hospital's own financial assistance program.		
		
For those patients that request financial assistance, Children's assists		
patients by screening them for eligibility in an available public program	Cabadida	H (Form 000)
	ouncuule	H (Form 990)

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Part VI Supplemental Information (Continuation)		
and assisting them in applying for the program. All patients/guarantors		
who are not exempt from collection action are advised in all		
billing-related communications of the availability of free care and		
financial assistance, including assistance in applying for public programs		
and the availability of charity care. The screening and application		
process for a financial assistance programs is done through either the		
Virtual Gateway (which is an internet portal designed by the Massachusetts		
Executive Office of Health and Human Services to provide an online		
application for the programs offered by the state) or through a standard		
paper application. All Virtual Gateway and paper applications are		
reviewed and processed by the Massachusetts Office of Medicaid. Hospitals		
have no role in the determination of program eligibility made by the		
state, but at the patient's request may take a direct role in appealing or		
seeking information related to the coverage decisions.	<u></u> -	
		
Part VI, Line 4:		
Boston Children's conducted a community health needs assessment to ensure		
that it was addressing the most pressing health concerns across Boston and		
its four priority neighborhoods- Roxbury, Mission Hill, Fenway and Jamaica		
Plain.		
FINDINGS:		······································
The residents of Boston Children's priority neighborhoods are ethnically		
and linguistically diverse, with wide variations in socioeconomic levels.		
Minority and low-income residents are disproportionately affected by the		
social and economic context in which they live.		
Demographic Characteristics: Residents and stakeholders commented on the		

Schedule H (Form 990) Children's Hospital Corporation	042774441	Page 10
Part VI Supplemental Information (Continuation)		
variety of cultures represented in the communities served by Boston	<u>.</u>	
Children's. Quantitative data illustrate that radial and ethnic diversity	· · · · · · · · · · · · · · · · · · ·	
Varies across Boston Children's priority neighborhoods and citywide.	<u> </u>	
While the majority of residents in Roxbury/Mission Hill self-identify as		
Black (60.9%), Ferway and Jamaica Plain have a larger proportion of White		
residents (70.2% and 62.0%, respectively) compared to the city (53.9%).		
Poverty, Income, and Employment: Economic data demonstrate that among the		
priority neighborhoods, a greater proportion of families in		
Roxbury/Mission Hill (31.0%) were living in poverty compared to families		
citywide (16.0%). Additionally, nearly half of female headed households		
with children under five years of age in Boston were living in poverty	 	
(46.7%),		
Education: Quantitative data show that educational attainment across the		· .
priority neighborhoods ranges from 71.0% of Fenway residents with a		
bachelor's degree or higher to 25.0% of Roxbury/Mission Hill adults.		
Additionally, Black and Hispanic students graduate at lower rates than		
their White and Asian counterparts.		
Housing: Housing concerns disproportionately affect renters, who		<u> </u>
represent the majority in Boston; 42.4% of renters in Boston contribute		
35% or more of their income to housing costs.		
Neighborhood Crime and Perceptions of Safety: Quantitative data validate		
residents' concerns; between January and June 2013, Boston Children's	·····	
priority neighborhoods collectively accounted for approximately 40% of the		_
total crimes reported citywide during this time period, the majority of		
which were classified as larceny or attempted larceny. Furthermore, over		
half of all homicides occurred in Roxbury/Mission Hill.		

Schedule H (Form 990) Children's Hospital Corporation	04-2774441	Page 10
Part VI Supplemental Information (Continuation)	785-11	
neighborhoods.		
	•	
There are 22 Census Tracks that fall under 2 different MUA/P areas that		
are within the Boston Children's Hospital priority areas.		
Massachusetts has a low rate of uninsured children.		
0.5 years 1.1% uninsured - 35.9% on Medicaid	XIII OI B DIIXIIB	
6-18 years 1.5% uninsured - 30.6% on Medicaid		
V 10 X 2 HT 3 1.3 8 HITHOUSE SUI, ON SIX MEDICALE		
19-25 yrs-7% uninsured - 18.9% on Medicaid		·
Part VI, Line 5:		
As the only free-standing children's hospital in the state, Children's		
treats 90% of the sickest kids in Massachusetts and offers a range of		
services that are unavailable elsewhere in the region, including pediatric		
transplants, critical care transport services, a level 1 Rediatric Trauma		
James John Market Control of the Port of t		
Unit and a level 3 Neonatal Intensive Care Unit. Children's also qualifies		
for DSH payments as the state's largest provider of pediatric care to		
low-income families. Approximately 30% of its patients are covered by		
Medicaid, including patients insured by out-of-state Medicaid programs.		
The Addition of the transfer of the state of		
In addition, Children's has an open medical staff model.		
Children's is also a leader in education and training for healthcare		
professionals. It sponsors 38 Accreditation Council for Graduate Medical		
Education-accredited training programs, one American Dental Association		
accredited training program and 15 non-accredited subspecialty fellowships		
with 512 residents/clinical fellows enrolled in these programs. Children's		
partners with 27 schools of nursing throughout Massachusetts and New		
parameter area for something emongroup Aubarchinosters one Rew		
England to provide clinical experiences in pediatrics.		
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Part VI Supplemental Information (Continuation)		
Children's offers a variety of continuing education courses designed for		
health care professionals in pediatric practice. The courses are		
accredited by the Office of Continuing Education at Harvard Medical School		
and each hour of instruction is approved for Category 1 credits towards		
the AMA Physician's Recognition Award. Topics include autism, eating		
disorders, sports injuries, endometriosis, substance abuse, concussions,	<u>-</u>	
strabismus, Type II Diabetes and vascular anomalies. Children's also	. <u> </u>	
offers half-day programs titled Pediatric Health Care Summits that are		<u>.</u>
held at local hospitals, such as Beverly Hospital, Lawrence General and		
South Shore Hospital (Weymouth). Additionally, Children's partners with	<u></u>	
area community hospitals such as Good Samaritan Medical Center, Holy	<u> </u>	
Family, Lawrence General, South Shore, St. Anne's and St. Joseph's to		<u></u>
sponsor Community Hospital Pediatrics Grand Rounds with monthly lectures		
provided by faculty in medical and surgical sub-specialties.		
Children's also operates "Career Opportunity Advancement Children's	<u> </u>	
Hospital", a seven-week program for Boston youth to explore health care	<u>. </u>	<u> </u>
careers while having a safe and meaningful summer and the program "Student	<u> </u>	
Career Opportunity Outreach Program", designed by Children's nurses to		
introduce young people to nursing career opportunities.		
	<u></u>	
Children's is home to the world's largest and most active research	<u>-</u>	
enterprise at a pediatric center. Children's research mission encompasses		
basic research, clinical research, community service programs and the		
postdoctoral training of new scientists.	·· <u>-</u>	
	· · · · · · · · · · · · · · · · · · ·	
Children's has a twenty-four person voluntary Board of Trustees.		

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Part VI Supplemental Information (Continuation)		
Twenty-one of the Board members are not direct employees of the hospital		
and all of them live in the hospital's service area. The Board oversees		
the hospital's endowment and follows a 4.5% spending rule in keeping with		
the industry standard of the responsible management of assets. Reserves		
are invested back into patient care, teaching, research, patient safety		
and quality initiatives, equipment, facilities, community benefits and to		
subsidize vital services that run a deficit.		
Part VI, Line 6:		
Although Children's does not have true affiliates as defined by the IRS,		
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it does have other affiliations.		
As the largest pediatric referral center in the region, Children's		
mintains a majety of volationalism with respect to heart 1		
maintains a variety of relationships with community hospitals and othex		
smaller pediatric programs throughout New England. These relationships		
include seven community hospitals in eastern Massachusetts where		
Children's physicians have formal arrangements to provide on-site		
CHITATER & PAYALLIAND HAVE FORMEL ARLANGEMENTS to provide on-Bite	***************************************	
emergency medicine, inpatient, neonatal and/or outpatient pediatric		
specialty services. Children's also owns and operates five cutpatient		
facilities in Waltham, Lexington, Peabody, North Dartmouth and Jamaica		
Plain that offer access to pediatric specialty care in a wide array of		
subspecialties. Children's provides assistance to other pediatric		
facilities (Nasbro, RI, Dartmouth Hitchcock, NH, and Boston Medical		
Center) in the region through training, recruitment, consultations,		
on-site care and referrals for care that is not otherwise available.		
In addition, the Fediatric Physicians' Organization at Children's brings		
together pediatricians, pediatric medical groups and pediatric specialists		

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Schedule H (Form 990) Children's Hospital Corporation Part VI Supplemental Information (Continuation)	····	
at Children's,	·····	
Part VI, Line 7, List of States Receiving Community Benefit Report:		
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