



The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
HOSPITAL LICENSE

In accordance with the provisions of the General Laws, Chapter III, Sections 51-56 inclusive, and the regulations promulgated, thereunder, a license is hereby granted to:

UMass Memorial Medical Center, Inc.

Name of Applicant

for the maintenance of UMass Memorial Medical Center, Inc. at 55 Lake Avenue North, Worcester, MA 01655

and satellites as listed below. The license is valid until May 17, 2017 subject to revocation or suspension, either wholly

or with respect to a specific service or specific services, or a part or parts thereof.

SATELLITES (IF APPLICABLE)

| | Name of Satellite | Street Address | Floor/Suite | City or Town | Zip Code | Type of Services | |
|----|---|--|-------------|-----------------|----------|------------------|-----------|
| | | | | | | Outpatient | Inpatient |
| 1 | UMass Memorial Medical Center Hahnemann Campus | 281 Lincoln Street | | Worcester, MA | 01605 | X | |
| 2 | Hahnemann Family Health Center | 197 Lincoln Street | | Worcester, MA | 01605 | X | |
| 3 | Shrewsbury Radiology | 26 Julio Drive | Suite 104 | Shrewsbury, MA | 01545 | X | |
| 4 | Westboro Radiology | 154 East Main Street | Suite 5 | Westborough, MA | 01581 | X | |
| 5 | Radiology Program at HealthAlliance Regional Cancer Center | Cancer Center Building 275 Nichols Road | | Fitchburg, MA | 01420 | X | |
| 6 | Ronald McDonald Mobile | 119 Belmont Street | | Worcester, MA | 01605 | X | |
| 7 | Barre Family Health Center | 151 Worcester Road P.O. Box 908 | | Barre, MA | 01005 | X | |
| 8 | Tri-River Family Health Center | 281 East Hartford Avenue | | Uxbridge, MA | 01569 | X | |
| 9 | UMass Memorial Medical Center (UMMMC) | 214 Shrewsbury Street | | Worcester, MA | 01604 | X | |
| 10 | Plumley Village Health Services | 116 Belmont Street | Suite 11 | Worcester, MA | 01605 | X | |

LICENSE No

V111

May 18, 2015

Date Issued

Attachment 1



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH

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|----|--|---|--|-----------------|----------|------------------|-----------|
| | | | | | | Outpatient | Inpatient |
| 11 | UMass Memorial Endoscopy Center | 21 Eastern Avenue | 2nd Floor | Worcester, MA | 01605 | X | |
| 12 | UMass Memorial Medical Center - Milford Radiology | Milford Ambulatory Care Center 91 Water Street | 1st Floor | Milford, MA | 01757 | X | |
| 13 | UMass Memorial Ambulatory Care Center <i>23 obs beds (17 relocated from Host 4th)</i> | 55 Lake Avenue North <i>Inner 6 beds</i> | 2nd, 3rd, 4th, 5th, & 6th Floors | Worcester, MA | 01655 | X | |
| 14 | UMass Memorial Medical Center, Inc. Cancer Center at Marlborough | 157 Union Street | | Marlborough, MA | 01752 | X | |

LICENSE No

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The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
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CAMPUSES

UMass Memorial Medical Center
Memorial Campus
119 Belmont Street
Worcester, MA 01605

UMass Memorial Medical Center
University Campus
55 Lake Avenue North
Worcester, MA 01655

SATELLITE

UMass Memorial Medical Center
Psychiatric Treatment & Recovery
Center (PTRC)
26 Queen Street
Worcester, MA 01610

HOSPITAL SERVICES

BEDS

Medical/Surgical 188
Intensive Care Unit 9
Coronary Care Unit 14
Burn Unit
Pediatric Service
Pediatric Intensive Care Unit
Obstetrics Services 65 (Level III)
Neonatal Intensive Care Unit 27
Psychiatric Service

TOTAL NUMBER OF BEDS

303 - 14

BEDS

258
64
14
2
41
11
41

431 + 22

45

45

TOTAL BEDS

446
73
28
2
41
11
65
27
86

779

Well Infant Nursery Bassinets 47
Special Care Nursery Bassinets 22
Chronic Dialysis Service X
Ambulatory Care Services X
Emergency Service X
Cardiac Catheterization Services
Primary Stroke Service
Designated Trauma Service
Adult and Pediatric Hematopoietic
Progenitor/Stem Cell Service
Medical Control Service X

X
X
X
X
X
X

X

MBW

Commissioner of Public Health

May 18, 2015

Date Issued

June 6, 2016

Date Amended

LICENSE No V111

December 30, 2016

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& SINGAL

Via Email and Hand Delivery – Return Receipt Requested

Sherman Lohnes, Esq.
Bureau of Health Care Safety and Quality
Department of Public Health
99 Chauncy Street, 2nd Floor
Boston, MA 02111

Re: UMass Memorial Medical Center

Dear Attorney Lohnes:

We write on behalf of UMass Memorial Medical Center ("Medical Center") with respect to the inpatient psychiatric unit located at the University Campus. Pursuant to 105 CMR 130.122(C), the Medical Center hereby provides notice to the Department of Public Health ("Department") of its intent to decrease the size of the unit on or about June 1, 2017. We offer the following comments with respect to this matter.

With respect to the current plan for the University Campus psychiatric unit, the Medical Center plans to discontinue operation of 13 beds. This reduction in licensed psychiatric beds at the University Campus is in response to the addition of 260 inpatient psychiatric beds in the region (discussed below) and the Medical Center's need to expand the existing medical surgical unit that is located on the same floor as the psychiatric unit. The expansion of medical surgical beds is the subject of a separately pending Determination of Need filing.

The Medical Center determined that expansion of medical surgical bed capacity is necessary in order to reduce its high emergency department boarding rates and ensure that patients receive care on the most appropriate unit. After a space study of the University Campus and cost analysis, the Medical Center determined that expanding the medical surgical unit on the 8th floor into some of the space currently utilized by the psychiatric unit would be cost effective. The Medical Center believes that the recent introduction of new inpatient psychiatric hospitals in the region will provide adequate capacity to absorb this reduction in capacity. To ensure that the impact on access for patients is limited, the Medical Center also has taken steps to develop referral relationships with these new inpatient psychiatric hospitals to facilitate admission of patients presenting to the University Campus in need of psychiatric care.

While the Medical Center only plans to reduce the number of actual beds in operation by 13, the Medical Center is currently licensed for 86 inpatient psychiatric beds. The license currently reflects 41 beds at the University Campus and 45 beds at the Psychiatric Treatment & Recover Center on the Queen Street campus ("PTRC"). However, these bed counts include beds that have

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long been closed and for which there is no longer physical space to accommodate the beds. The total actual physical beds at these two locations is 53, with 27 beds at the University Campus and 26 beds at the PTRC. The 14 out of service beds on the University Campus reflect beds that were closed in 1999 at the Hahnemann campus. The 19 PTRC out of service beds were closed in 2009. Consistent with prior Department policy, the Medical Center has continued to record these beds as out of service on its annual bed capacity filings in an attempt to preserve the right to reopen them in the future. As such, the total bed counts listed on the Medical Center license include the closed beds. Based on current Department policy, these closed beds should no longer be carried on the license because there is no physical space for them. In addition to providing notice of its plan to close 13 beds at the University campus, the Medical Center also hereby requests that its license be updated to eliminate the out of service beds at both campuses. Accordingly, the Medical Center requests that its license be amended to reflect a total of 40 inpatient psychiatric beds between the University Campus (14 beds) and PTRC (26 beds).

In compliance with applicable requirements at 105 CMR 130.122(C), the Medical Center provides this written notice of the planned reduction of the above described essential health service. The following information regarding discontinuation of the 13 psychiatric beds is hereby provided for your review:

1. Current Utilization Rates. For fiscal year 2016, the Medical Center had a combined 1,709 discharges and 18,819 psychiatric inpatient days. Of this total, the University Campus had 877 discharges and 9,665 patient days. In fiscal year 2015, the University Campus had 901 discharges and 9,340 patient days and in fiscal year 2014, the University campus had 999 discharges and 9,366 patient days.
2. Impact of Discontinuance. The Medical Center does not anticipate an adverse impact on patient access, following the reduction in inpatient psychiatric beds at the University campus. The Medical Center has entered into an affiliation agreement with TaraVista Behavioral Health Center in Devens to facilitate patient referrals from the University Campus emergency department. TaraVista is a newly established psychiatric hospital with 152 licensed beds. In addition, the Medical Center anticipates an ability to refer patients to Signature Healthcare's 108 bed inpatient psychiatric hospital in nearby Westborough which is projected to open in Spring 2017. With a combined 260 new beds added in the central region of the state, there will be available capacity to handle the reduction of 13 beds at the Medical Center. Accordingly, patients in the central region should not be adversely impacted by the planned reduction in capacity at the Medical Center.

Sherman Lohnes, Esq.
Bureau of Health Care Safety and Quality
Department of Public Health
December 30, 2016
Page 3

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3. Date of Discontinuation. The Medical Center will discontinue its operation of the 13 psychiatric beds on or about June 1, 2017.
4. Health Care Coalitions and Community Groups. The Medical Center is not aware of any organized health care coalitions or community groups that could reasonably be expected to have an interest in the closure.

Your attention to this request is greatly appreciated. If you require further information with respect to this matter, please do not hesitate to contact Crystal Bloom or me. Thank you.

Sincerely,

Andrew Levine /CB

Andrew S. Levine

cc: S. Davis, DPH
R. Rodman, Esq. DPH
J. Ross, DMH
C. Lapriore
P. Muldoon
F. Smith, Esq.
G. Valcourt



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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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

February 23, 2017

Patrick L. Muldoon, FACHE
President
UMass Memorial Medical Center
University Campus
55 Lake Avenue North
Worcester, MA 01655

Dear Mr. Muldoon:

Pursuant to UMass Memorial Medical Centre University Campus' Determination of Need (DoN) application for the renovation of 53,458 gross square feet that includes: expansion of Medical/Surgical Unit, new Step-Down Sub-Unit, relocation and expansion of Observation Unit, renovations to Medical/Surgical Units for ADA compliance, renovations to BMT units, renovations to Cardiac Catheterization Lab, and relocation of Dialysis Unit, Project # 2-3C60, the Office of Health Equity has determined that UMass Memorial Medical Centre University Campus shall:

1. Continue to enhance its capacity to provide quality and timely interpreter services.
2. Revise its policy to include Grievances procedures with internal and external contact information, and language that ensures continued quality in health services upon the filing of a grievance.

An implementation plan that addresses the aforementioned conditions is to be submitted within 30 days of DoN's approval to:

Preferred:
samuel.louis@state.ma.us

Or

Samuel Louis, M.P.H., M.Div.
Massachusetts Department of Public Health
Office of Health Equity

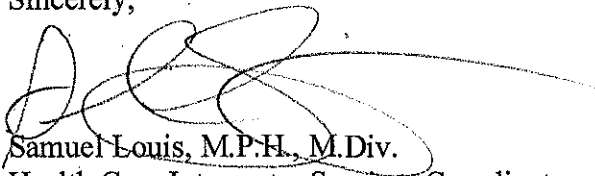
250 Washington Street, 5th Floor
Boston, MA 02108

It is imperative that UMass Memorial Medical Centre University Campus staff communicates with the Office of Health Equity to assure adequate monitoring, compliance, satisfactory implementation and progress to the implementation plan.

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

Of note, the Office of Health Equity commends UMass Memorial Medical Centre University leadership and staff, in particular, Ms. Connie Carmelo, for its strong commitment to quality service in medical interpretation. Prominent to its exemplary Medical Interpreter Services Program is the practice of data in planning and service delivery, use of different modalities, and continued commitment to program assessment.

Sincerely,

A handwritten signature in black ink, appearing to read 'Samuel Louis', with a long horizontal flourish extending to the right.

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

Cc: Carrie Carmelo, Director, Interpreter Services
Lydie Ultimo, MSW, Director, Office of Health Equity



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

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MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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

To: Commissioner Bharel and Members of the Public Health Council

From: Ben Wood, Bureau of Community Health and Prevention

Date: 2/27/2017

Re: Community Health Initiative (CHI) for Factor 9; UMass Memorial Medical Center; Project 2-3C60; Significant Renovations at University Campus; MCE: \$30,400,243; CHI: \$1,520,012

The Applicant, UMass Memorial Medical Center, is committed to contributing an amount reasonably related to this Project for programs that provide primary care and preventative health services to underserved populations in its service area. As such, the Applicant will contribute five percent (5%) of the MCE upon project implementation for the Factor 9 requirements. This project is expected to be implemented in January 2019.

Consistent with the policies and procedures set forth in the Department of Public Health Bulletin ("Bulletin") of February 11, 2009 and amended August 2014, The Applicant has worked with representatives of the Department of Public Health's Bureau of Community Health and Prevention (BCHAP) to identify community planning partners for the development of a specific funding plan for the Initiative(s) which includes at its core: the Coalition for a Healthy Greater Worcester (CHNA 8, the "Coalition") and the Worcester Division of Public Health/Central MA Regional Public Health Alliance, to ensure that the funds are directed to community health initiatives that will improve health for vulnerable populations, reduce health disparities, and create policy and system change. Specifically, \$1,520,012 will be distributed over five (5) years at \$304,002 per year, to fund community health initiatives to be agreed upon with BCHAP's Office of Community Health Planning and Engagement. Funding of the initiatives will begin within forty five (45) days of the project implementation and notification to the Office of Community Health Planning and Engagement at least three weeks prior to implementation of the project. The Applicant will also file all reports as required by the Department.

The Applicant, the Coalition, the Worcester Division of Public Health and community partners will select funding criteria based on the 2016 Greater Worcester Community Health Improvement (CHIP) plan. The CHIP has nine (9) Priority Areas (Substance Use, Access to Care, Mental Health, Economic Opportunity, Cultural Responsiveness, Access to Healthy Food, Physical Activity, Racism and Discrimination and Safety). Those priority areas and the 100

specific and measurable strategies therein were developed through a community-led planning process built off thousands of hours of community engagement and participation. The Coalition (which serves as the CHIP's steering committee) will work with its Resource and Development Sub-Committee (which the Applicant serves on) to identify the specific priority areas/strategies these CHI resources will address. Currently, the CHIP planning partners have identified strategy selection criteria that include level of current funding, impact on equity, and likelihood of sustainability as initial criteria and in keeping with the overall values of the Coalition (Invest First in the Community, Empower, Listen to and Respect Community Voice and Eliminate Gaps Between Services).

Once priorities are selected and appropriate strategies are identified, a detailed, five year community health initiative budget will be developed. Funds will be directed to continue implementation of CHIP priorities through high impact, collaborative initiatives that can be replicated, expanded, and/or leveraged. While this CHI planning process is not subject to the CHI Guidelines adopted in January 2017, the Applicant and community planning partners are committed to implementing strategies that impact the social determinants of health and that are evidence-informed. BCHAP staff will work with the Applicant to identify opportunities for using the new CHI Guidelines, including the DoN Health Priorities Guideline for this planning process. Additionally, a portion of funding (up to 20% with flexibility based on coalition need) will be directed to support Coalition infrastructure and community capacity building efforts, which may include staffing, training, conferences, and mini-grants. The planning partners are committed to identify non-CHI resources for ongoing Coalition support to maximize the amount of resources directed towards strategy implementation.

The final funding criteria will be developed through the Coalition's Resource and Development subcommittee with final approval by the Coalition's Steering Committee and the specific funding will be completed through a pre-determined scoring process overseen by the Resource & Development subcommittee. All final decisions are voted on by the Coalition Steering Committee. The Applicant and other planning partners are committed to a transparent and competitive request for proposal (RFP) process for identifying organizations to implement priority strategies.

The Applicant, the Coalition, the Worcester Division of Public Health and the Resource and Development Committee will meet on an annual basis to review the outcomes of funded initiatives and confirm subsequent year investments of the community health initiative budget. Any modifications to the Factor 9 budget must be approved in advance by BCHAP.

Consistent with 105 CMR 100.551(J), the applicant is required to file written reports to the department, annually through the duration of each approved project, including a) reporting period; b) funds expended; c) recipient(s) of funds; d) purpose(s) of expenditures; e) project outcomes to date; f) proposed changes, if any, to the approved CHI; g) balance of funds to be expended over the duration of the project; and h) name of applicant's representative, including complete contact information. Reports may but are not required to include copies of printed materials, media coverage, DVDs, etc. Reports should be submitted electronically to the Bureau of Community Health and prevention @ DONCHI@state.ma.us.



Attachment 4

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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
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To: Commissioner Bharel and Members of the Public Health Council

From: Ben Wood, Bureau of Community Health and Prevention

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May 18, 2017

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Via Email and Hand Delivery – Return Receipt Requested

Stephen Davis, Licensure Unit Manager
Bureau of Health Care Safety and Quality
Department of Public Health
99 Chauncy Street, 11th Floor
Boston, MA 02111

Re: UMass Memorial Medical Center- Essential Services Finding
Hospital's Second Response

Dear Mr. Davis:

We write on behalf of UMass Memorial Medical Center (the “Medical Center” or “UMMMC”) in response to your letter dated May 8, 2017 with respect to the Medical Center’s plan following its discontinuation of thirteen inpatient adult psychiatric beds at its University Campus. Specifically, your letter requests the Medical Center to reassess its proposed date for closure of the beds on June 1, 2017. In recognition of the importance of the issues and in response to your request, the Medical Center has reviewed and reassessed its plan in full consideration of the concerns stated in your letter. After careful consideration of these issues, the Medical Center has concluded that notwithstanding the closure of 13 beds on June 1, 2017, patient access to behavioral health services can be maintained in the central Massachusetts area. We offer the following information in response to the stated concerns.

(1) Inpatient Psychiatric Beds with Medical Capacity.

The Department of Public Health’s (“Department”) letter of May 8, 2017 indicates that the Department is concerned that the alternate sites will not be able to care for patients with co-occurring medical conditions and that delays in care will occur for such patients. As previously stated in our letter of April 28, 2017, the Medical Center is committed to caring for all patients that present to its emergency department in need of psychiatric care who have medical co-morbidities, as well as patients with no payor source. The Medical Center does not intend to transfer any medically complex psychiatric patients to the alternative DMH licensed psychiatric facilities. Following the closure of 13 beds, the Medical Center will continue to operate 14 psychiatric beds at the University Campus. Based on the Medical Center’s historical utilization, these 14 beds provide more than enough capacity to accommodate such patients.

On average, about 70% of the patients admitted to the University Campus unit do not require complex medical care, but rather could be well cared for by a free-standing psychiatric facility

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without medical supports. For example, on Friday April 14, 2017, with a census of 24 patients, only 7 patients required medical care in addition to psychiatric care. Similarly, on Friday, April 21, 2017, with a census of 27 patients, only 10 patients on the unit also required medical services.

In addition to the 14 inpatient beds that will not close, the University Campus also is able to care for mental health patients whose medical condition was of a higher complexity on its standard medical-surgical units in consultation with psychiatric clinicians. With the resources that will remain at the University campus, it will have adequate capacity to accept all medically compromised patients originating from its Emergency Department who do not require inpatient medical surgical treatment. In addition, the unit will be able to accommodate and accept all medically compromised patients originating from the University Campus medical surgical floors who meet inpatient psychiatric acuity requirements and no longer require inpatient medical care. Accordingly, the Medical Center believes that the 14 beds that will remain open at the University Campus will be able to accommodate patients of the service area requiring medical and psychiatric admission.

The Medical Center also operates 26 inpatient psychiatric beds at its Queen Street campus known as the Psychiatric Treatment and Recovery Center ("PTRC") which is also located in Worcester. Conditions typically cared for at the PTRC include (1) patients with chronic psychotic disorders with a high rate of medication non-compliance (chronic schizophrenia, schizoaffective disorder, bipolar disorder), (2) young adult and middle aged males who tend to have a major mental illness, personality disorders, as well as a violence history (antisocial and borderline personality disorder), or (3) patients with comorbid mental illness and substance abuse histories. If a patient admitted at the PTRC has a medical condition, the Medical Center provides services for these patients in a variety of ways. Specifically, a family medicine physician provides routine care for patients 3.5 days per week at the PTRC. In addition, Neuropsychiatry provides consultations for PTRC patients based on a standing schedule. Finally, if a patient has a medical problem requiring a higher level of medical care, the patient is transferred to the University Campus ED for higher-level medical services. Accordingly, the Medical Center is committed to meeting the medical needs of patients admitted for inpatient psychiatric services.

(2) Bed Availability at Alternate Sites.

The Department's letter of May 8, 2017 suggests that the alternate sites are not immediately available and questions the capacity to treat patients with serious medical needs. In addition, the Department states that it is concerned that the Medical Center's reliance on other facilities will strain regional capacity, thereby limiting access. As previously indicated, the Medical Center will not refer patients with serious medical needs to the alternative facilities that are not acute care hospitals. Moreover, the Medical Center has demonstrated that it will have adequate capacity to care for medically complex psychiatric patients with the 14 beds that will remain in operation at

Stephen Davis, Licensure Unit Manager
Bureau of Health Care Safety and Quality
Department of Public Health
May 18, 2017
Page 3

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the University Campus. Finally, the Medical Center is committed to admitting all psychiatric patients requiring free care and that such patients will not be transferred to a facility that would hold the patient responsible for reimbursement of care.

With respect to the alternative sites, the Medical Center wishes to clarify certain information with respect to the timing of when the new beds will become available. First, the Westboro facility is an existing building and is preparing to open in early August. Second, as stated in our prior letter, TaraVista in Devens is in the process of expanding its capacity to 54 beds in mid-June. Accordingly, this additional capacity will become available at approximately the same time that the Medical Center closes 13 beds. The 14 beds that are reserved for the Medical Center will come from this expansion by TaraVista.

Most importantly, with respect to Harrington Hospital, the Medical Center has confirmed that on average Harrington has 8-10 open beds per day. It is important to note that Harrington Hospital has two behavioral health units, one 14 bed unit located at its main campus in Southbridge and one 16 bed unit at its satellite location in Webster. As an acute care hospital, Harrington Hospital has the capability of caring for psychiatric patients with medical needs. In addition, the Hospital has indicated that its new chemical dependency unit located in Webster, will not be exclusive to patients with co-occurring substance use disorders and it also admits patients in need of psychiatric inpatient services that do not have substance use issues. As was stated in our prior letter, Harrington Hospital is going to participate in the daily bed huddle that occurs with the Medical Center to locate available beds for patients in need of transfer. In light of the Department's stated concerns and to further facilitate the transfer of patients as needed to the available beds at Harrington, the Medical Center is in the process of entering into an affiliation agreement with Harrington.

Finally, it is important to recognize that although 13 beds will no longer be available at the Medical Center, based on the Medical Center's historical census, as previously indicated, the Medical Center estimates that the closure will result in an average of 1.2 patients per day that cannot be accommodated by the 14 beds that will remain open at the Medical Center. With the significant number of beds coming on-line this summer, the Medical Center is confident that its transfer of an additional 1.2 patients per day to other facilities will not strain capacity in the region. This is evident by the fact that Harrington Hospital currently has 8-10 open beds per day and that is before the new DMH facilities are fully open. Moreover, the Medical Center will not transfer medically complex patients or patients requiring free care to other facilities. As a result, the Medical Center does not believe its closure of beds will strain capacity in the region.

(3) Community Engagement

In recognition of the Department's concerns with the need for ongoing community engagement, the Medical Center has developed a comprehensive plan to ensure that stakeholders remain informed with respect to the Medical Center's plans and the impact of the closure of its beds on access to care until the alternative delivery sites are in service. In addition to usual engagement and reporting out on this topic with the Patient and Family Advisory Council (PFAC) for behavioral health which meets monthly at the Medical Center, the Medical Center additionally commits to creating a community engagement committee, whose membership would include, but is not limited to, a NAMI representative, designated local political officials, Community Healthlink, a PFAC member, Medical Center leadership and the UMass Memorial Medical Group Department of Psychiatry.

As has been provided in the responses to the Department of Public Health throughout this Essential Services Filing process, the Medical Center is committed to creating a dashboard of measures that will be utilized with both the PFAC and the proposed advisory committee. Such measures on the dashboard may include the weekly census of the acuity of patients being cared for on the 8 East Unit, number of patients that were transferred from the Medical Center specifically to TaraVista, Harrington Hospital and Signature Health's Westboro Facility (as clinically appropriate), number of family members utilizing the transportation services provided by the Medical Center and a comment section regarding issues/concerns/opportunities relative to same.

(4) Transportation and Family Support

The Medical Center recognizes the importance of patient access to support systems as part of the treatment process. The Medical Center has reevaluated the need for such access in response to the Department's concern regarding the Medical Center's transportation plan. As previously stated, the Medical Center anticipates that an average of 1.2 patients per day will require transfer. In addition to public transportation (Worcester Regional Transit Authority) that is available from downtown Worcester to Webster, Southbridge and Westboro, to accommodate visitation for these patients, for a six month period, the Medical Center will institute a daily shuttle from and to the Medical Center that will round at TaraVista, the Harrington Hospital sites and the Westboro facility. This shuttle will run twice per day and will be available to those wishing to visit patients at the alternative facilities for a cost equivalent to public transit in the area. During this six month period, the Medical Center will assess the demand for such services and other options that may be available.

Stephen Davis, Licensure Unit Manager
Bureau of Health Care Safety and Quality
Department of Public Health
May 18, 2017
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Please know that the Medical Center appreciates the opportunity to provide additional information to ensure that stakeholders are fully informed regarding the impact that the closure will have on access for patients. Please contact Crystal Bloom, Esq. or me if you have additional questions.

Sincerely,



Andrew S. Levine

cc: E. Sheehan, DPH, BHCSQ
S. Cray, DPH, BHCSQ
L. Nelson, DPH, BHCSQ, DCFLC
S. Lohnes, Esq., DPH, BHCSQ
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C. Lapriore
V. Parikh
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F. Smith, Esq.

December 30, 2016

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Via Email and Hand Delivery – Return Receipt Requested

Sherman Lohnes, Esq.
Bureau of Health Care Safety and Quality
Department of Public Health
99 Chauncy Street, 2nd Floor
Boston, MA 02111

Re: UMass Memorial Medical Center

Dear Attorney Lohnes:

We write on behalf of UMass Memorial Medical Center (“Medical Center”) with respect to the inpatient psychiatric unit located at the University Campus. Pursuant to 105 CMR 130.122(C), the Medical Center hereby provides notice to the Department of Public Health (“Department”) of its intent to decrease the size of the unit on or about June 1, 2017. We offer the following comments with respect to this matter.

With respect to the current plan for the University Campus psychiatric unit, the Medical Center plans to discontinue operation of 13 beds. This reduction in licensed psychiatric beds at the University Campus is in response to the addition of 260 inpatient psychiatric beds in the region (discussed below) and the Medical Center's need to expand the existing medical surgical unit that is located on the same floor as the psychiatric unit. The expansion of medical surgical beds is the subject of a separately pending Determination of Need filing.

The Medical Center determined that expansion of medical surgical bed capacity is necessary in order to reduce its high emergency department boarding rates and ensure that patients receive care on the most appropriate unit. After a space study of the University Campus and cost analysis, the Medical Center determined that expanding the medical surgical unit on the 8th floor into some of the space currently utilized by the psychiatric unit would be cost effective. The Medical Center believes that the recent introduction of new inpatient psychiatric hospitals in the region will provide adequate capacity to absorb this reduction in capacity. To ensure that the impact on access for patients is limited, the Medical Center also has taken steps to develop referral relationships with these new inpatient psychiatric hospitals to facilitate admission of patients presenting to the University Campus in need of psychiatric care.

While the Medical Center only plans to reduce the number of actual beds in operation by 13, the Medical Center is currently licensed for 86 inpatient psychiatric beds. The license currently reflects 41 beds at the University Campus and 45 beds at the Psychiatric Treatment & Recover Center on the Queen Street campus (“PTRC”). However, these bed counts include beds that have

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long been closed and for which there is no longer physical space to accommodate the beds. The total actual physical beds at these two locations is 53, with 27 beds at the University Campus and 26 beds at the PTRC. The 14 out of service beds on the University Campus reflect beds that were closed in 1999 at the Hahnemann campus. The 19 PTRC out of service beds were closed in 2009. Consistent with prior Department policy, the Medical Center has continued to record these beds as out of service on its annual bed capacity filings in an attempt to preserve the right to reopen them in the future. As such, the total bed counts listed on the Medical Center license include the closed beds. Based on current Department policy, these closed beds should no longer be carried on the license because there is no physical space for them. In addition to providing notice of its plan to close 13 beds at the University campus, the Medical Center also hereby requests that its license be updated to eliminate the out of service beds at both campuses. Accordingly, the Medical Center requests that its license be amended to reflect a total of 40 inpatient psychiatric beds between the University Campus (14 beds) and PTRC (26 beds).

In compliance with applicable requirements at 105 CMR 130.122(C), the Medical Center provides this written notice of the planned reduction of the above described essential health service. The following information regarding discontinuation of the 13 psychiatric beds is hereby provided for your review:

1. Current Utilization Rates. For fiscal year 2016, the Medical Center had a combined 1,709 discharges and 18,819 psychiatric inpatient days. Of this total, the University Campus had 877 discharges and 9,665 patient days. In fiscal year 2015, the University Campus had 901 discharges and 9,340 patient days and in fiscal year 2014, the University campus had 999 discharges and 9,366 patient days.
2. Impact of Discontinuance. The Medical Center does not anticipate an adverse impact on patient access, following the reduction in inpatient psychiatric beds at the University campus. The Medical Center has entered into an affiliation agreement with TaraVista Behavioral Health Center in Devens to facilitate patient referrals from the University Campus emergency department. TaraVista is a newly established psychiatric hospital with 152 licensed beds. In addition, the Medical Center anticipates an ability to refer patients to Signature Healthcare's 108 bed inpatient psychiatric hospital in nearby Westborough which is projected to open in Spring 2017. With a combined 260 new beds added in the central region of the state, there will be available capacity to handle the reduction of 13 beds at the Medical Center. Accordingly, patients in the central region should not be adversely impacted by the planned reduction in capacity at the Medical Center.

Sherman Lohnes, Esq.
Bureau of Health Care Safety and Quality
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December 30, 2016
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3. Date of Discontinuation. The Medical Center will discontinue its operation of the 13 psychiatric beds on or about June 1, 2017.
4. Health Care Coalitions and Community Groups. The Medical Center is not aware of any organized health care coalitions or community groups that could reasonably be expected to have an interest in the closure.

Your attention to this request is greatly appreciated. If you require further information with respect to this matter, please do not hesitate to contact Crystal Bloom or me. Thank you.

Sincerely,



Andrew S. Levine

cc: S. Davis, DPH
R. Rodman, Esq. DPH
J. Ross, DMH
C. Lapriore
P. Muldoon
F. Smith, Esq.
G. Valcourt

April 28, 2017

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Via Email and Hand Delivery – Return Receipt Requested

Sherman Lohnes, Esq., Director
Bureau of Health Care Safety and Quality
Department of Public Health
99 Chauncy Street, 11th Floor
Boston, MA 02111

Re: UMass Memorial Medical Center- Essential Services Finding
Hospital's Response

Dear Attorney Lohnes:

We write on behalf of UMass Memorial Medical Center (the “Medical Center” or “UMMMC”) in response to your letter dated April 14, 2017 with respect to the Medical Center’s plan following its discontinuation of thirteen inpatient adult psychiatric beds at its University Campus. Specifically, your letter requests the Medical Center to submit a plan that details how access will be maintained, along with certain additional information based on testimony provided at the public hearing on this matter. For ease of review, we have restated the questions listed in the April 14th letter in bold print. We offer the following information response to your request.

Pursuant to 105-CMR 130.122(G), the Medical Center must submit a plan detailing how access to inpatient psychiatric beds will be maintained that includes the elements listed below:

(1) Information on utilization of the services prior to proposed closure;

The Medical Center provides inpatient psychiatric services on 27 adult bed unit. The following table provides utilization data for the first six months of fiscal year 2017.

| 8 East | FY 2017 | | | | | |
|-------------|---------|----------|----------|---------|----------|-------|
| | October | November | December | January | February | March |
| Discharges | 87 | 81 | 74 | 73 | 79 | 80 |
| Days | 819 | 757 | 799 | 813 | 679 | 774 |
| % Occupancy | 97.8% | 93.5% | 95.5% | 97.1% | 89.8% | 92.5% |

On average, about 70% of the patients admitted to the University Campus unit do not require complex medical care, but rather could be well cared for by a free-standing psychiatric facility without medical supports. For example, on Friday April 14, 2017, with a census of 24 patients,

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only 7 patients required medical care in addition to psychiatric care. Similarly, on Friday, April 21, 2017, with a census of 27 patients, only 10 patients on the unit also required medical services. Accordingly, the Medical Center believes that the fourteen beds that will remain open at the University Campus will be able to accommodate patients of the service area requiring medical and psychiatric admission.

(2) Information on the location and service capacity of alternative delivery sites. Include an explanation of the basis for the Hospital's determination that the alternative delivery sites *do* or *do not* have the capacity (necessary space, resources, etc.) to handle the increased patient volume at the identified sites. To support that assertion, please provide the following specific details:

- (a) Current utilization at these alternative sites;**
- (b) Type of services available at the alternative sites;**

There are four new alternative delivery sites that could accommodate patients that traditionally would have been admitted to the University Campus. These four sites represent new or proposed new capacity in the area. A summary of the current utilization and types of services available at these alternative sites is provided below.

TaraVista Behavioral Health Center (108 licensed beds at full occupancy)

- (a) Current Utilization: The facility presently operates with 24 beds, and per Management, utilization fluctuates based on availability of referrals. Average Daily Census for the month of March was reported to be 16.8, and for the first 27 days of April has increased to 22. To date, approximately 30% of the patients admitted to TaraVista were from Worcester County. TaraVista anticipates adding capacity during May and will open a second 24 bed unit mid-June 2017, allowing up to a maximum of 54 patients.
- (b) Types of Services: At present, TaraVista operates one 24-bed unit for patients above the age of 18 who are "experiencing a primary mental or emotional health crisis". In mid-June, the facility will open an additional 24-bed unit that will focus on transition-age youth. Later in the year, it will open a general population unit and thereafter a unit with a specialization in co-occurring substance use disorders.

Harrington Hospital (16 new beds; 14 existing beds)

- (a) Current Utilization: The hospital operates two inpatient psychiatric units. Its unit at Southbridge has 14 adult beds with an average daily census of 10-14 patients. In addition, the hospital recently opened a 16 adult bed Co-occurring Disorder Unit. Census data was not made available for this unit.

- (b) Types of Services: The Southbridge Unit treats adult behavioral health patients. The new Webster unit treats dual diagnosis patients in behavioral health and substance use issues, as well as behavioral health patients that do not have co-occurring substance use disorder.

Westborough Behavioral Healthcare Hospital (152 beds at full occupancy)

- (a) Current Census: Presently is not in operation but the facility will be prepared to admit patients in early August.
- (b) The initial unit that comes on line will be for an adult population. While all units will be able to address substance abuse disorders, consideration is being given to developing a specialty unit focused solely on behavioral health patients with substance abuse disorders. In addition, they are considering the development of units to address various special populations based on age, clinical presentation, and possibly issues of development.

St. Vincent's Hospital (13 existing beds; 7 planned new beds)

- (a) Current Utilization: The Hospital currently has a 13 bed inpatient unit and plans to open an additional 7 beds in mid to late 2017. Utilization data was not made available to the Medical Center.
- (b) Types of Services: The hospital currently serves adult patients requiring inpatient psychiatric care.

(c) Type of medical diagnoses accepted

This information is not publicly available and other than the types of services provided, the Medical Center was not able to obtain this information from the alternative delivery sites. Presently, this information is not publicly available. The Department of Mental Health is presently reviewing admission and exclusionary criteria for all Inpatient Psychiatry Units and it is assumed that all units/hospitals will comply.

(d) Adequacy of space and resources at the alternative sites

With the significant number of recently licensed and proposed psychiatric beds in the area, the Medical Center believes that there is adequate space and resources at the alternative sites to accommodate patients that traditionally would be admitted to the 13 beds that will close at the University Campus. Based on historical utilization of the unit, the Medical Center estimates that the closure of the 13 beds would displace approximately 431 inpatient psychiatric discharges annually. This means that on average 1.2 patients per day will be referred to alternative facilities/sites. The 275 new beds at alternative delivery sites identified will have sufficient capacity to accommodate the proposed closure.

It is important to recognize that the Medical Center believes that the University Campus will have sufficient capacity to accommodate its historical census of psychiatric patients with complex medical needs. Following the closure of 13 beds, the University campus will continue to maintain

access for psychiatric patients with complex medical needs. In addition to the 14 inpatient beds that will not close, the University Campus also is able to care for mental health patients whose medical condition was of a higher complexity on its standard medical-surgical units in consultation with psychiatric clinicians. With the resources that will remain at the University campus, it will have adequate capacity to accept all medically compromised patients originating from its Emergency Department who do not require inpatient medical surgical treatment. In addition, the unit will be able to accommodate and accept all medically compromised patients originating from the University Campus medical surgical floors who meet inpatient psychiatric acuity requirements and no longer require inpatient medical care.

(3) Travel times to alternative service delivery sites, for both peak and non-peak travel times, and an explanation as to the source for this information or what these estimates are based on;

The table below lists the travel times by car from UMass Memorial Medical Center to the alternate service delivery sites with new capacity. The information below is based on Google Maps direction search.

| Destination | Peak time (8am) | Non-peak time (1pm) | Peak time (5pm) |
|--|-----------------|---------------------|-----------------|
| Tara Vista Behavioral Health 85 Patton Rd, Devens, MA 01434 | 30 – 40 min | 31 min | 30 – 45 min |
| Westborough Behavioral Health Hospital 300 Friberg Parkway, Westborough, MA | 18 – 35 min | 21 min | 18 – 35 min |
| Harrington Chemical Dependency Unit 340 Thompson Road Webster, MA | 20 - 25 min | 20 min | 22 - 35 min |
| St. Vincent's Hospital 123 Summer St, Worcester, MA 01608 | 9 – 15 min | 10 min | 10 – 25 min |

In addition to the 14 inpatient psychiatry beds that will be preserved on 8 East, the Medical Center will also continue to operate its 26-bed inpatient psychiatric unit on its Queen Street Campus in Worcester known as the Psychiatric Treatment and Recovery Center (PTRC). Other UMass Memorial facilities for psychiatric patients in the region include UMass Memorial Marlborough Hospital (24 inpatient licensed beds), UMass Memorial Clinton Hospital (20 inpatient licensed beds) and Community Health Link on City Hospital Campus which operates adolescent and adult detox beds, post-detox clinical stabilization services, transitional support services, as well as mental health crisis stabilization beds.

(4) An assessment of transportation needs post discontinuance and a plan for meeting those needs;

For the period of time when the beds close on 8 East until the proposed UMass Memorial/Team Behavioral Health joint venture psychiatric hospital is open, UMass Memorial will operate a temporary shuttle service from the University Campus of the Medical Center to Tara Vista Behavioral Health in Devens (the organization with which the Medical Center has a formal affiliation agreement for 14 beds). While still in the planning stage, UMass Memorial Medical Center expects to operate a temporary shuttle service that will be available for any party (family members, physicians, employees, patients and whomever) as a means by which to get to Devens, MA. The service would be available for a nominal fee, and is estimated to operate two days/week, twice a day.

(5) A protocol that details mechanisms to maintain continuity of care for current patients of the discontinued service; and

The Medical Center will ensure that continuity of care is achieved for current patients. As part of this plan, the Unit will gradually downsize its licensed beds as patients are discharged. Consideration may be given to the inter-hospital transfer of a patient to the Psychiatric Treatment and Recovery Center (PTRC) who has been accepted for ultimate transfer to a DMH-sponsored, continuing care bed and where long length of stay is anticipated. Taking into consideration all appropriate staff notification requirements and timelines and the current staffing plan, over a two week or more timeframe, the 8 East unit would stop taking admissions and appropriately manage discharges accordingly.

(6) A protocol that describes how patients in the Hospital's service area will access the services at alternative delivery sites. The protocol should specifically address the following:

(a) The process that will be employed to effectively refer patients to other facilities or providers;

The Medical Center operates a robust service to facilitate the most appropriate placement of patients presenting to its emergency department with behavioral health needs. The Medical Center has established a successful process for determining appropriate placement of behavioral health patients. This process will continue following the closure of beds.

The University Campus' Emergency Mental Health Services (EMHS) is responsible for assessing all patients that present to the emergency department in need of behavioral health services once the patient is deemed medically stable. EMHS is located in close proximity to the emergency department and is staffed 24/7 by Department of Psychiatry licensed adult psychiatrists, licensed child and adolescent psychiatrists (on-site and on-call), and by hospital employed licensed nurses, licensed social workers, master's level clinicians and patient counselors. As it does today, the staff

of EMHS completes a daily bed huddle around 11:45AM to determine the most appropriate care setting for patients that are medically stabilized and for whom inpatient psychiatric care is required. At the beginning of huddle, all inpatient units and facilities participating in the huddle identify how many beds are currently available and how many beds are expected to become available later in the day. These facilities include all UMass Memorial Health Care behavioral health facilities and units, TaraVista and Harrington Hospital will also will be joining the huddle in the near future. Once bed availability has been determined, both EMHS and UMass Memorial Medical Center's Psychiatric Consultation Liaison Service will present the patients that need inpatient psychiatric placement, and transfers will be planned accordingly. Placement is determined based on the clinical needs of each patient, which may be within the UMass Memorial Health Care system, or other facilities inside or outside the Central Massachusetts region. All patients requiring inpatient psychiatric care who are transferred outside of the University Campus of the Medical Center are transported by either a chair van or ambulance.

In addition, interfacing with "non-participating bed huddle" hospitals already occurs in an efficient manner because EMHS is very familiar with all available Inpatient Psychiatry resources across the Commonwealth, including types of insurances accepted as well as clinical strengths. In CY 2016, EMHS had successfully referred 698 patients to "non-participating bed huddle" facilities/sites, the existing assessment and placement procedures already in place in EMHS should be well able to assume the additional volume of patients needing a referral to a "non-participating bed huddle" facility/site.

(b) The impact that this may have on the current occupancy rates at alternative delivery sites;

As previously noted, based on historical utilization of the unit, the Medical Center estimates that the closure of the 13 beds would displace approximately 431 inpatient psychiatric discharges annually. This means that on average 1.2 patients per day will be referred to alternative facilities/sites. The 275 new beds at alternative delivery sites identified will have sufficient capacity to accommodate the proposed closure. Moreover, the Medical Center has an arrangement with TaraVista for priority placement of patients transferred by the Medical Center that provides access to 14 beds for medically-appropriate patients. Following the closure of 13 beds at the University Campus, the EMHS bed huddle will recognize this available capacity in its placement decisions. In addition, following the opening of Westborough Behavioral Health Hospital in August, EMHS will also begin referring medically-appropriate patients to that facility. It is anticipated that these facilities will accept patients with a broad range of payor sources. The Medical Center is also in discussions with these facilities to develop mechanisms that could further streamline the referral and acceptance process. With the significant new capacity available in the

area, the Medical Center does not anticipate that the approximate 1.2 daily transfers that will result from its closure of 13 beds will have any adverse impact on alternative delivery sites.

(c) The ability of the alternative delivery sites to meet the needs of these patients

As previously discussed, the Medical Center anticipates that it will refer an average of 1.2 additional patients per day to the alternative delivery sites. The new facilities are continuing to add beds, creating additional capacity to care for patients. In addition, as some of the alternative delivery sites are newly licensed, they are in the process of contracting with insurers. Once fully operational, later in 2017, management of these facilities have indicated that they will accept a broad range of payors. Moreover, the Medical Center will continue to admit 100% of free care patients presenting to its emergency department and referred from EMHS. Finally, as previously noted, the Medical Center will accommodate all medically complex patients admitted through its emergency department or medical/surgical units. Accordingly, the Medical Center anticipates that the alternative delivery sites will be able to meet the needs of the patients referred from EMHS.

(d) Other alternatives if medical needs cannot be accommodated at the proposed alternative sites.

The Medical Center intends to admit 100% of the medically complex psychiatric patients presenting to the University campus to the remaining 14 beds on 8 East or to the standard medical-surgical units of the Medical Center if the medical acuity of the patient requires it. In fiscal year 2016, 634 behavioral health patients whose medical condition was of a higher complexity were cared for on medical-surgical units on the University Campus in consultation with psychiatric clinicians.

In addition to the regulatory elements listed above, and in light of the Department's review of testimony on the proposed closure, your plan must also address the following:

- (1) Cultural and Linguistic Needs: Information regarding the Hospital's plans to meet the cultural and linguistic needs of patients from the greater Worcester area community when referring these patients to alternate delivery sites outside the Worcester community.**

The Medical Center strives to provide clinical services in a culturally sensitive manner. This is evidenced through multiple lenses including hiring practices that assure that the Medical Center's workforce is not only highly qualified in each area of specialization but also diverse in its composition. In addition, the Medical Center provides qualified medical interpreters to patients and families who want to receive health information in a language other than English, including American Sign Language interpreters for patients who are deaf or hard of hearing. Interpreters are

available in person, over the phone and via remote video interpretation to ensure support for over 100 languages spoken by our patient population.

EMHS utilizes interpreter services in the same manner as is consistent throughout the Medical Center. EMHS utilizes live interpretation, phone interpretations and video link. When possible, and based on bed availability, EMHS is aware of cultural needs and works to refer/place patients based on linguistic and cultural facilities. For example, EMHS utilizes the deaf unit at WSH and Spanish units in the Boston area. However, the patient may and often goes to the first available bed in the Commonwealth. In these cases, EMHS also informs the facility to which the patient is transferred as to the patient's need for interpreter services. While efforts are made to identify a placement that will meet any cultural or linguistic needs of the patient, the Medical Center must rely on the licensure and certification standards set forth in federal and state law to ensure that patients that are transferred receive the required services at the accepting facility.

- (2) Transportation: Based on testimony submitted to the Department and presented at the March 30, 2017, hearing, concern was expressed that the lack of public transportation from Worcester to facilities other than the UMass Memorial Medical Center's inpatient unit will limit the ability of family and friends to visit and provide support. The plan which you are required to submit must address alternate methods of transportation for family and friends who wish to visit and will now have to travel outside the Worcester community once the beds have closed.**

For the period of time when the beds close on 8 East until the proposed UMass Memorial/Team Behavioral Health joint venture psychiatric hospital is open, UMass Memorial will operate a temporary shuttle service from the University Campus of the Medical Center to Tara Vista Behavioral Health in Devens (the organization with which the Medical Center has a formal affiliation agreement for 14 beds). While still in the planning stage, UMass Memorial Medical Center expects to operate a temporary shuttle service that will be available for any party (family members, physicians, employees, patients and whomever) as a means by which to get to Devens, MA. The service would be available for a nominal fee, and is estimated to operate two days/week, twice a day.

- (3) Re-open Out of Service Medical/Surgical Beds: Based on testimony submitted to the Department and presented at the March 30, 2017, hearing, concern was expressed that the Hospital has not adequately assessed the timing and impact of bringing two out of service Medical/Surgical units, West 1 and West 2, back into service. The plan which you are required to submit must address the Hospital's assessment for the re-opening of West 1 and West 2 and how that would impact the need to close and convert the 13 inpatient psychiatric beds at the University Campus to medical/surgical beds.**

At present, West 1 and West 2 are two former medical/surgical units located on the Memorial Campus. The impetus for re-opening these units resulted from a bed needs analysis conducted by the Medical Center. As a result of this analysis, the Medical Center developed a master plan that will take 5-7 years to fully implement. This master plan includes the University Campus and Memorial Campus projects.

The scope of work includes sprucing up the existing patient rooms, increasing the number of accessible (ADA/MAAB) patient rooms, number of private rooms, and modifications to the nursing stations on each unit. This plan includes minor renovations and finish upgrades to West 1 and West 2, which will be complete this summer. As these two units open, other units will be temporarily closed for renovation and upgrade. Upon completion of this master plan in 5-7 years, there will be a minimal increase in the number of medical surgical beds at the Memorial Campus.

On average, when beds are available, 6-21 medically appropriate patients are transferred from the emergency department of the University Campus to the Memorial Campus each week. It is important to note that the University Campus serves as the regional tertiary and Level I Trauma care center. Patients and patients presenting or transferred to University are not medically appropriate for the Memorial Campus. As a result, the renovation project at the Memorial campus cannot address the need for expanded medical/surgical capacity at the University campus.

- (4) Insurance Plans Accepted: Based on testimony presented at the hearing on March 30, 2017, it is unclear as to whether all insurance plans accepted at the Hospital will be accepted at the alternative service sites proposed. The plan which you are required to submit must address which insurance plans are now accepted at the Hospital, and in the event that insurance plans now accepted at the Hospital are not accepted at the alternative service sites, what will be done to mitigate the impact on patients.**

It is the Medical Center's understanding that the alternative delivery sites already or in the process of contracting with a variety of payors.

- TaraVista Hospital is presently in negotiations with all the primary payors in the Massachusetts market. To date, TaraVista has successfully contracted with MBHP, BCBS, Tufts Health Plan, Optum, out-of-network Beacon and is awaiting Medicare approval (anticipated in the next several weeks) and hopes to complete full in-network negotiations with all the payors associated with Medicaid products. They have also established out-of-network single case agreements with certain other payors that allow the admissions of covered patients while negotiations are completed.

- The Westborough Behavioral Health Hospital hopes to contract with all public supported payors as well as the major commercial payors in the Massachusetts market. These negotiations have begun but to date no contracts have been completed.
- The Harrington Hospital inpatient units operating under the hospital's license and is therefore available to all payor contracts already in place for the Hospital's existing inpatient unit in Southbridge. Harrington Hospital maintains contracts with all the publicly supported payors and the key commercial payors operating in the Massachusetts market.

Moreover, the Medical Center's EMHS clinicians are aware of the on-going insurance paneling issues. During the daily bed huddle, each patient's insurance is reviewed and patients with an insurance that offers limited hospital choices are prioritized to those hospitals. If placement of a patient is impossible because of an insurance issue, that patient will be treated as a free care patient and given priority status for admission to the Medical Center admission. Of note, the Medical Center will remain responsible for all inpatient psychiatric care for individuals without insurance as has been the case for many years.

(5) Engagement with Community Groups and Health Care Coalitions: Based on testimony submitted to the Department and presented at the March 30, 2017, hearing, concern was expressed that the Hospital has failed to appropriately identify and subsequently communicate effectively with community groups and health care coalitions regarding its plans to discontinue operation of 13 inpatient psychiatric beds and for ensuring access to care. The plan which you are required to submit must address the identification of and ongoing engagement with community groups and health care coalitions that are reasonably expected to have an interest in the beds closure and outreach through local elected officials, community leaders and with the community at large.

The Medical Center has and continues to communicate with community groups and health care coalitions regarding its plans. Specifically, in person meetings were held with the clinical and administration staff of 8 East and the Patient and Family Advisory Council/Committee (PFAC) ahead of both the Essential Services regulatory filing at the end of 2016 and/or ahead of the public hearing in March to explain the rationale for the contemplated closure of the 13 inpatient psychiatric beds and to listen to feedback. In addition, the Medical Center had a conference call meeting NAMI to explain the rationale of the contemplated closure of the 13 inpatient psychiatric beds on 8 East and to listen to their feedback. In addition, the presidents of all UMass Memorial hospitals have "signed on" to the NAMI CEO Stigma Pledge and the health care system looks forward to implementing the Pledge requirements. As with other interested parties, the leadership team of the Medical Center also met in person or via conference call technology with the bargaining units of both the Massachusetts Nurses Association and SHARE ahead of any public

Sherman Lohnes, Esq., Director
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announcement of the contemplated closure of the 13 inpatient psychiatric beds on 8 East to explain its rationale and to listen to feedback.

The leadership team of UMass Memorial Health Care also completed both in-person and conference call meetings with Massachusetts legislators and City of Worcester administration ahead of both the Essential Services regulatory filing at the end of 2016 and/or ahead of the public hearing in March to explain the rationale for the contemplated closure of the 13 inpatient psychiatric beds and to listen to feedback. The Worcester City Manager's Report to the Worcester City Council on the impact of the closure of inpatient psychiatry beds on the University Campus was submitted to the Council for its meeting on March 28, 2017. The report incorporates much of the information that Dr. Eric Dickson, President & CEO, UMass Memorial Health Care, provided in a letter to the City Manager on March 22, 2017. It is this report that Dr. Dickson was permitted to address at the Worcester City Council Meeting on Tuesday, March 28. Subsequently, at the Worcester City Council meeting the evening of March 28, the report was filed without any debate or discussion.

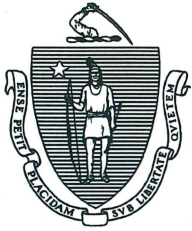
The Medical Center appreciates the opportunity to provide this information to the Department. Please contact Crystal Bloom or me if you have additional questions.

Sincerely,



Andrew S. Levine

cc: E. Sheehan, DPH, BHCSQ
S. Cray, DPH, BHCSQ
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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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Lieutenant Governor

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Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
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February 23, 2017

Patrick L. Muldoon, FACHE
President
UMass Memorial Medical Center
University Campus
55 Lake Avenue North
Worcester, MA 01655

Dear Mr. Muldoon:

Pursuant to UMass Memorial Medical Centre University Campus' Determination of Need (DoN) application for the renovation of 53,458 gross square feet that includes: expansion of Medical/Surgical Unit, new Step-Down Sub-Unit, relocation and expansion of Observation Unit, renovations to Medical/Surgical Units for ADA compliance, renovations to BMT units, renovations to Cardiac Catheterization Lab, and relocation of Dialysis Unit, Project # 2-3C60, the Office of Health Equity has determined that UMass Memorial Medical Centre University Campus shall:

1. Continue to enhance its capacity to provide quality and timely interpreter services.
2. Revise its policy to include Grievances procedures with internal and external contact information, and language that ensures continued quality in health services upon the filing of a grievance.

An implementation plan that addresses the aforementioned conditions is to be submitted within 30 days of DoN's approval to:

Preferred:
samuel.louis@state.ma.us

Or

Samuel Louis, M.P.H., M.Div.
Massachusetts Department of Public Health
Office of Health Equity

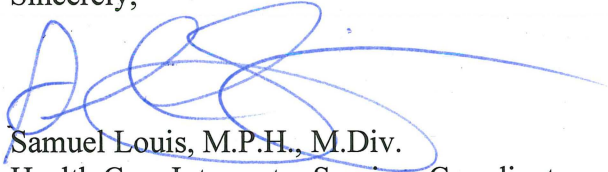
250 Washington Street, 5th Floor
Boston, MA 02108

It is imperative that UMass Memorial Medical Centre University Campus staff communicates with the Office of Health Equity to assure adequate monitoring, compliance, satisfactory implementation and progress to the implementation plan.

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

Of note, the Office of Health Equity commends UMass Memorial Medical Centre University leadership and staff, in particular, Ms. Connie Carmelo, for its strong commitment to quality service in medical interpretation. Prominent to its exemplary Medical Interpreter Services Program is the practice of data in planning and service delivery, use of different modalities, and continued commitment to program assessment.

Sincerely,



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

Cc: Carnie Carmelo, Director, Interpreter Services
Lydie Ultimo, MSW, Director, Office of Health Equity