

Cambridge, Massachusetts 02138
November 15, 1982

Mr. Steven Sauter
Program Director
Department of Public Health
Determination of Need Program
80 Boylston Street
Boston, Massachusetts 02116

Dear Mr. Sauter:

Enclosed is the written response of five Ten Taxpayer Groups to the Staff Summary of Youville Hospital's Determination of Need application (IV-2989). We have responded to the Staff Summary by the original November 15 deadline. Although the Ten Taxpayer Groups started requesting extensions as early as Tuesday, November 9 (the day after we all received the Staff Summary), it was not until mid-afternoon on Friday, November 12, that the Determination of Need Program began notifying the Ten Taxpayer Groups that a two-day extension had been granted.

The original deadline provided us with an inadequate amount of time to arrange for architectural and other professional assistance in formulating our response to the Staff Summary. By the time we were notified of the extension, we had already substantially drafted our entire response. We had resigned ourselves to having to respond without expert advice.

Late Friday afternoon is, at best, a poor time to arrange professional consultations for the following Monday or Tuesday. By the end of the business day on Friday, for example, we were unable to contact an architect who was able to provide assistance on such short notice. As a result, the two-day extension was gratuitous. We have abided by the original deadline to emphasize our conviction that we were given an inadequate opportunity to respond in writing to the Staff Summary. Our response has been written as if the original November 15 deadline were in effect.

Although five Ten Taxpayer Groups have collaborated in producing this written response to the Staff Summary, the Groups do not hereby waive their right to speak separately at the Public Health Council hearing. Mr. Shufro has assured us that each Group would have a fair opportunity to present its views orally at the hearing.

Sincerely,

Kathryn J. Crecelius
Prof. Kathryn Crecelius
1578 Cambridge St.

F. Friedman
Mr. Fred Friedman
14 Magnolia Ave.

Judith Herman
Dr. Judith Herman
41 Magnolia Ave.

Mary McKinnon
Ms. Mary McKinnon
19 Leonard Ave.

Denise Rothschild
Ms. Denise Rothschild
20 Leonard Ave.

SUMMARY

Five Ten Taxpayer Groups have cooperated in preparing this written response to the Staff Summary of Youville Hospital's Determination of Need application for new construction. For the following reasons, these groups oppose approval by the Public Health Council of the recommendations of the Staff Summary:

- The Ten Taxpayer Groups were given an inadequate time to respond fully to the Staff Summary
- Youville Hospital remains insensitive to the concerns of local residents
- The Staff Summary's suggested condition that Youville Hospital agree to "consult" with Ten Taxpayer Groups provides these groups and local residents with no protection whatsoever
- The Staff Summary fails to demonstrate that there is a need for CD/R beds at Youville Hospital
- The Staff Summary fails to demonstrate that new construction is either less expensive or more efficient than renovation
- The Staff Summary fails to consider partial renovation, a considerably less expensive alternative than either complete renovation or new construction

Five Ten Taxpayer Groups have cooperated in preparing this response to the Staff Summary concerning Youville Hospital's Determination of Need application for new construction. These five groups include over 150 taxpayers, all of whom are either abutters or immediate neighbors of Youville Hospital.

Many members of these five Ten Taxpayer Groups have also been involved in negotiations with Cambridge City Hospital concerning its construction plans. As the amicable negotiations between Cambridge Hospital and local residents indicate, local residents are highly supportive of improving medical services and willing to make reasonable concessions in response to a hospital that pursues legitimate goals in cooperation with the local community. Indeed, individuals who are members of or involved with the present Ten Taxpayer Groups have themselves lobbied with both the Cambridge City Council and with state legislators in support of Cambridge Hospital's present construction plans. In the case of Youville Hospital's proposed construction plans, however, local residents view the Hospital's plans as an unjustified expenditure of funds. In addition, the Hospital has consistently proven to be unresponsive to the interests of local residents.

A careful examination of Youville Hospital's application for new construction is required for several reasons. First, since the cost of medical care in Massachusetts has

been increasing dramatically, new expenditures should be approved only if these are essential and unavoidable. Second, there is currently an exceedingly large surplus of CD/R beds, both on a regional and state-wide basis. Given this surplus, additional expenditures for CD/R beds is difficult to justify. Third, if Youville Hospital's application is approved, even in part, by the Public Health Council, the cost per day of CD/R beds at Youville will be very near the top of the range for CD/R beds in Massachusetts; the daily cost of CD/R beds at Youville will be approximately \$150.00 more than the lowest daily rate for such beds in the Commonwealth. The same level of capital expenditures at Youville may very well be more effectively used to improve other CD/R facilities (or even to create more Ll/l1 beds, of which there is a substantial state-wide shortage). Finally, new construction at Youville Hospital would have a significant and deleterious impact on a residential area that is already subject to diverse commercial and institutional encroachments.

As the following remarks demonstrate, we believe that the Staff Summary provides no adequate justification for new construction at Youville Hospital. In view of these inadequacies, and given the apparent political pressures on the DoN office (as evidenced by Program Analyst Mary Sweeney's remarks in October, 1982 to representatives of the Ten Taxpayer Groups), we believe that the Public Health Council should refuse to approve, conditionally or otherwise, the Youville application until further, more detailed analysis has been provided.

1. None of the Ten Taxpayer Groups received the Staff Summary before Monday, November 8, 1982. Because written comments must be received by the Program Director by November 15, the Taxpayer groups had only seven days to distribute copies of the Staff Summary to group members, meet together for discussion of the Staff Summary, analyze the Staff Summary, prepare a draft of written comments, discuss the draft with group members, type and photocopy these comments, and deliver the comments to the Program Director. Seven days is simply not enough time to prepare a satisfactory response to the Staff Summary of Youville Hospital's DoN application. This places an undue burden upon the Ten Taxpayer Groups, preventing us from preparing an adequate response to the Staff Summary. As a result, the Health Planning Council does not presently have all of the facts and information required to make an informed decision.

In view of the above considerations, four of the five Ten Taxpayer Groups submitting these comments requested an extension of time in which to respond to the Staff Summary. This request was denied in each case.*

The Staff Summary was required by law to be sent to all parties of record no later than November 2, 1982, three weeks before the meeting of the Public Health Council. If the Ten Taxpayer Groups had received the Staff Summary on November 3 or 4--as should have been expected--we would have

*A request made on Friday morning (November 12) was provisionally denied, pending further consideration.

had eleven or twelve days to prepare written comments. Presumably, this eleven or twelve day period represents the minimum time that is reasonably required to prepare minimally thoughtful and informative written comments on the Staff Summary. The seven days that the Taxpayer groups in fact had to prepare and deliver written comments is therefore drastically shorter than the reasonable minimum time built into the DoN Regulations. By denying the Ten Taxpayer Groups' requests for an extension of time to deliver written comments, the DoN has therefore denied us a fair opportunity to respond to the Staff Summary and also undermined the public interest in having all parties submit thoughtful and informative written comments.

Two additional points are worth noting. First, in a telephone conversation early this summer between Mary Sweeney and a representative of the Ten Taxpayer Groups, Ms. Sweeney said that we would have three weeks to formulate a response to the Staff Summary. This response, she indicated, would be made orally at the Public Health Council hearing. She made no mention of a written response, nor of the fact that this response would have to be submitted eight days before the hearing. Relying on Ms. Sweeney's presumably authoritative description of the DoN process, we were not prepared to respond in writing on such short notice to the Staff Summary.

Second, it is unusual, at best, that the Staff Summary was not received in Cambridge by any of the Ten Taxpayer Groups until November 8, six days after the Boston postage meter date of November 2, 1982 which appears on all of the envelopes.

This strongly suggests that the Staff Summary was postmarked on November 2 but not mailed until later in the week. If so, the Staff Summary was sent too late for the Youville Hospital DoN application to be considered at the November 23 Public Health Council hearing.

2. As the Staff Summary itself notes:

a reasonable dialogue between the Hospital and its neighbors prior to DoN submission did not take place. This lack of dialogue calls into question the Hospital's sensitivity toward the problems of local residents. (p. 5a of the Staff Summary)

The Hospital's insensitivity to the concerns of local residents has continued throughout the period following the DoN submission. A brief analysis of the meetings between the Hospital and representatives of the Ten Taxpayer Groups confirms the Hospital's unresponsiveness to the ^concerns of local residents.

At a January 27, 1982 meeting, the Taxpayer groups agreed to submit a written proposal for an agreement with the Hospital to protect local residents' interests during renovation or new construction (if either were eventually approved). On March 8, 1982, the Taxpayer groups submitted a draft proposal to the Hospital. After two months had passed, the Hospital had still not responded to the draft proposal. On May 14, 1982, the Taxpayer groups sent a letter to the DoN office concerning the Hospital's failure to respond. It was not until July 13, 1982 that a meeting was held at which the Hospital formally responded to the draft proposal submitted by the Taxpayer groups. Thus, whereas

it took the Ten Taxpayer groups less than six weeks to draft a proposed agreement, it took over four months for the Hospital to respond to this draft--and then only after the Taxpayer groups sent a letter to the DoN office indicating the Hospital's failure to cooperate.

At the July 13 meeting, the Hospital made no significant concessions to the interests of local residents, nor were any significant concessions made at an August 17 meeting. At first, the Taxpayer groups even had difficulty in getting Youville to agree to a clause that the Hospital and its contractors would obey the letter of the law (concerning environmental regulations, for example).

The Hospital's continuing failure to respond appropriately to the Taxpayer groups' draft proposals led us to write the DoN office on September 2. This letter indicated that no progress had been made in the Taxpayer groups' negotiations with the Hospital. This letter seems to have awakened the Hospital from its unresponsiveness, but only minimally. At a September 14 meeting between the Hospital and the Taxpayer groups (scheduled only after the Hospital received its copy of the September 2 Taxpayer groups' letter), the Hospital agreed to only one major concession--to move the location of its loading dock--but only on the condition that it was not "too expensive".

It was not until the September 29 meeting between the Hospital and the Taxpayer groups that the Hospital made its first written proposal. This was nine months after negotiations had begun and almost seven months after the Taxpayer

groups had submitted a written proposal to the Hospital.

At the September 29 meeting, the Hospital agreed to change the location of its loading dock (thus removing the condition left over from the September 14 meeting). This was the first time that the Hospital had agreed to anything beyond that which it was legally required to do anyway.

Although negotiations have proceeded more expeditiously since that time, there are important issues that remain unresolved. Tentative agreement, in principle only, has been

reached on some issues, particularly those involving reasonable limitations on construction in a residential neighborhood. ~~However,~~ ^{there remain unresolved} such substantive issues as (a) the composition and powers of a review committee, (b) methods of enforcing the agreement between the Taxpayer groups and the Hospital, (c) the roles of the City of Cambridge's Community Development Department and of other City agencies, (d) the need for residents and neighborhood institutions (e.g. Cambridge Hospital, Harvard Community Health Plan, Cambridge Rindge and Latin High School) to cooperatively resolve problems concerning parking in an already congested residential neighborhood, (e) protection of surrounding properties from the impact of construction and (f) protection against future expansion by the Hospital beyond the present Hospital site.

3. The Staff Summary recommends (p. 37) that a "written agreement between Youville Hospital and the Ten Taxpayer groups shall be submitted to the Department at the time of the final plans." This agreement "shall contain

assurances that the Ten Taxpayer groups will be consulted throughout the planning, design, and implementation phases of this project." Although we agree that a written agreement between the Hospital and the Ten Taxpayer groups is essential, the community, neighbors and abutters (as represented, in part, by the Ten Taxpayer Groups) must have stronger protection than merely being "consulted"; indeed, especially in light of the Hospital's poor record in the past of consulting with the City, the community and its closest residential neighbors, this is no protection whatsoever.

The condition as described in the Staff Summary is not only unfair to the Ten Taxpayer Groups, but also is entirely unresponsive to the history of negotiations that have been taking place between Youville Hospital and the Ten Taxpayer Groups. Although numerous important issues remain unresolved in these negotiations, the Hospital and the Taxpayer groups have very recently begun to discuss specific written limitations on construction and guarantees that will provide genuine protection for the interests of the Ten Taxpayer Groups and all local residents. We believe that a signed agreement arising out of these negotiations--and not mere assertions that the Ten Taxpayer Groups will be consulted--should be made a prerequisite of Public Health Council approval, if the application is approved at all. Such an agreement should include--but not be limited to--

the issues discussed in the previous section (2) of this written response to the Staff Summary.

4. Pages 6 through 14 of the Staff Summary are devoted to issues relating to the "Assessment of Need for Replacement of 180 CD/R Beds." This section is, in fact, quite incorrectly described. It is no more than a discussion of whether Youville Hospital can fill 180 CD/R beds. The issue of re-
placement is nowhere discussed in this section of the Staff Summary. Indeed, as will be shown, the issue of need is nowhere discussed either.

There are many substantive questions raised by this section of the Staff Summary. The Summary notes that Youville Hospital is a regional resource for HSA IV and HSA VI; about 90 percent of Youville's patients come from these two HSA regions. The Summary then notes that there is currently a 69 percent excess of CD/R beds (1,576 excess beds) in these two HSAs/ Since there are, as the Staff Summary notes, also 2,380 excess CD/R beds state-wide (an excess of 48 percent), the Summary concludes that there is an excess of CD/R beds on both a state-wide and regional basis. On this basis, the only reasonable conclusion to draw is that there is, in fact, no genuine need whatsoever for any CD/R beds at Youville Hospital. It is a glaring fault of the Staff Summary that it does not draw this obvious and unavoidable conclusion from its own discussion. This fault is thereafter incorporated into the rest of the arguments in the Staff Summary and systematically undermines its analysis. Nothing short of an entire reworking of the rest of the Staff Summary is required to avoid this systematic error.

The Staff Summary recommends that Youville's licensed CD/R beds be reduced from 305 to 255. In order to maintain this reduced number, the Staff Summary finds that there is a need to replace 130 of the requested 180 CD/R beds. This finding is inappropriate; the only conclusion to be drawn from the Staff Summary's analysis is that Youville is in a position to use 255 CD/R beds. This is the number of CD/R beds that Youville patients currently fill. There is no argument whatsoever that there is any independent or public need for this number of beds. And there is no argument that 130 CD/R beds need to be replaced. Though the Staff Summary assumes (p. 9) that Youville is a regional resource for HSA IV and HSA VI, there would be little or no impact on these regions if Youville's CD/R beds were simply eliminated.

Finally, it should be mentioned that Youville Hospital did not request that the Staff Summary address questions concerning L1/11 beds. These questions have been analyzed in the Staff Summary without any input from either the public (for example, the Ten Taxpayer Groups) or from Youville Hospital. It is clearly inappropriate for the Staff Summary to include findings pertaining to L1/11 beds and to recommend the establishment of a free-standing facility to include 50 L1/11 beds (presumably at the current Youville Hospital site). These findings and recommendations should be struck from the Staff Summary.

4. The Ten Taxpayer Groups are especially dissatisfied with the Staff Summary's discussion of renovation versus

new construction. When representatives of the Ten Taxpayer Groups met with Program Analyst Mary Sweeney in October, 1982, she indicated that independent professional architectural advice would be helpful in deciding whether renovation was feasible, both from the point of view of design and that of cost. Instead of seeking such advice, the analysis of the issues of renovation versus new construction was based entirely on Youville Hospital's own claims concerning design and cost. Although these claims may be accurate, they may equally well be biased, self-serving and quite inaccurate--especially given Youville's obvious commitment to new construction rather than renovation. Given (a) the Commonwealth's interest in avoiding unnecessary increases in medical costs, (b) the likely possibility that Youville's financial calculations concerning the two alternatives may not be accurate, (c) the utter lack of any indication that Youville or anyone else considered (other than cursorily) alternative ways of redesigning the interiors of the existing buildings*, and (d) the dramatic difference in the impact that these alternatives will have on the neighborhoods around the Hospital, we believe that the Staff Summary's discussion of renovation versus new construction entirely lacks an authoritative foundation; the Staff Summary's findings concerning these issues represent an uncritical and unjustified

*In the last decade dramatic advances have been made in the area of structural renovation. There is no indication that Youville or its architects, both of whom appear committed to new construction, considered new, creative and legitimate approaches to renovation.

acceptance of Youville's position. We believe that the Staff Summary is, in this regard, premature, irresponsible, and an abuse of discretion. The Public Health Council should refuse to approve the Youville application unless and until further analysis demonstrates that new construction is the only reasonable alternative.

There are many specific inadequacies with the Staff Summary. One of the most obvious concerns its superficial discussion of the appropriateness of the Main Wing for patient care areas (pp. 15-16). The Staff Summary notes that the Main Wing is not of "fire-resistive" construction. The Summary then notes that fire-resistive construction is required for buildings of over four stories which house patients. Attachment VIII to the Staff Summary (a memorandum from Emile Guy to Mary Sweeney) reports this fact about the Life Safety Code deficiencies. Presumably, since this memorandum is an attachment to the Staff Summary, this memorandum and the information in it are authoritative and reliable. This same memorandum also notes, however, two facts that totally undermine the Staff Summary's justification for dismissing the possibility of renovating the Main Wing: (a) the memorandum notes that the "construction type deficiency . . . would receive a routine waiver request and recommendation". The Main Wing is only five stories in height; it is essentially on the borderline between buildings that are covered by this section of the LSC and those that are not. Given that there would be a routine waiver request and re-

commendation, it is appropriate to consider whether the renovation of the Main Wing would result in a safe building. Is the structure sound or unsound? If the structure is sound, there is every reason to consider renovating the Main Wing and obtaining a waiver of the LSC deficiency. Given the information deemed authoritative in the Staff Summary, there is no finding that a renovated Main Wing would be inadequate or unsafe for patient care areas; and (b) the same memorandum includes the following paragraph:

Currently this office uses the Fire Safety Evaluation System (FSES) in conjunction with a standard life safety survey. FSES determines an equivalency factor by weighing both risk and safety parameters of each fire zone in a building. Some facilities pass FSES without doing any corrective action but in most cases, renovations are necessary. Under FSES the construction type information and the means of egress information receive point values. Once put into the system, these values are compiled with the other information of the facility and the equivalency factors are determined. In many cases, facilities pass FSES and provide a level of fire safety that is at least equivalent to that prescribed by the life safety code without changing the construction type or the means of egress in the building because other safety parameters can be altered. (emphasis added)

There is no discussion of FSES standards in the Staff Summary's superficial discussion of renovating the Main Wing. Without such a discussion, there is no rational basis of any kind for dismissing the possibility of renovating the Main Wing. If the Staff Summary had, in fact, fairly considered the possibility of renovating the Main Wing (as many as 82 beds), this could have had a systematic and substantial impact on the subsequent analysis of issues concerning renovation versus new construction.* If one were to conclude that the Main Wing

could be renovated, the subsequent analysis of alternatives to new construction would have to be entirely rewritten. At the very least, the Staff Summary is incomplete, totally ignoring important questions concerning the renovation of the Main Wing.

Attachment IX to the Staff Summary is Youville's summary of specific alternatives concerning renovation that were considered before the final DoN application was submitted. These alternatives are discussed on pages 17-19 of the Staff Summary, which uncritically adopts Youville's own analysis. Several points are worth noting. In none of the alternatives is the square footage per patient bed specified for renovated space (but only for new space). Presumably, the renovated rooms would have enlarged space for each patient, but no figures are presented. This leaves an incorrect impression that the renovated space will remain inadequate. The lack of any figures in this regard makes comparison of renovated versus new space impossible. The Staff Summary, therefore, does not provide us with an adequate basis for formulating a response.

This same attachment (IX) includes remarks that (1) "20 patients per floor is too small for economical staffing" and (2) "new buildings in conjunction with existing wings would form two 'L' shaped nursing units of 40 patients each,

*Even if the Main Wing's rooms are enlarged through renovation, it would still have at least 50 to 60 beds, which may well be more than an adequate number of beds, based upon the findings of the Staff Summary.

far too large to staff and again . . . too expensive for economical operation". It is worth noting, however, that the new plans for construction include widely divergent patient areas, including two contiguous areas of 5 and 6 beds, single areas of 11, 19, 22, 25 and 30 beds, and contiguous areas of 24 and 25, 25 and 29, and 28 and 32 beds. If one assumes that Youville's suggested patient areas can be efficiently operated, then so can the areas mentioned in the context of renovating the East and West Wings. Moreover, neither Youville's letter (Attachment IX) nor the Staff Summary provides any evidence of any kind from which one might conclude that new construction would be efficient or renovation inefficient. These are bare, unsubstantiated claims that require analysis, not uncritical acceptance. Finally, since the Staff Summary has recommended partial, not full, approval of Youville's application, it is quite unclear whether the partial funds approved would enable Youville to realize the purported efficiencies, if any, through the revised construction plans; the new structure, or structures, given only partial funding, may be less efficient than renovation. Again, since no tangible information is available, this points to the importance of reconsidering the entire Youville application at a later date after relevant information is available.

As claimed in Attachment IX, Youville's final construction scheme was submitted as "the most feasible solution, both from the standpoints of operational costs and

overall construction costs". The Staff Summary adopts this same position (pp. 18-19). There is, however, no impartial evidence whatsoever--either submitted by Youville or included in the Staff Summary--that new construction is either less expensive or more efficient than renovation. Not only is such evidence not provided or discussed in the Staff Summary, but the alternatives in Attachment IX (as well as other alternatives given the potential renovation of the Main Wing) must be reconsidered in the light of the Staff Summary's recommendation for only partial approval. Renovation may very well be a less expensive and more efficient alternative; there are certainly experienced professional architects who firmly believe this to be true in many cases. There is no justification for uncritically accepting Youville's position.

5. The list of alternatives to new construction (pp. 18-19) does not include what is certainly the least expensive alternative, assuming that there is even a need to replace the existing beds. This omission is unconscionable and undermines the entire analysis of the Staff Summary. The omitted alternative is that of relatively minor renovation: correcting Life Safety Code deficiencies and the other deficiencies mentioned in the JCAH Report of May 18-19, 1981. The feasibility of this option is suggested by a memorandum (dated November 30, 1981) from S. Shufro to S. Sauter (Attachment A):

Youville Hospital has asked whether we could review its DoN application in part--specifically the por-

tion dealing with JCAH/Life Safety Code requirements. C(a)n we split up our review to accomodate this (legally & programmatically (?)). Please advise as soon as possible.

This memorandum indicates that Youville acknowledges the possibility of correcting current JCAH/Life Safety Code deficiencies separately and without new construction. Furthermore, the memorandum indicates that the Department of Public Health knew of a substantially less expensive alternative almost a year before the Staff Summary was issued. Nonetheless, the Staff Summary totally ignores this alternative.

When representatives of the Ten Taxpayer Groups met with Mary Sweeney in October, 1982, they discussed this memorandum with her. Ms. Sweeney said that Youville was simply concerned about a short-term solution to the threat of losing its JCAH accreditation. Though we agree that this was probably Youville's concern, there is no justification for the Staff Summary's failure to address this alternative of approving funds specifically for the purpose of meeting JCAH/Life Safety Code violations. This alternative would enable Youville to maintain approximately the same number of CD/R beds (255 or perhaps less) while saving the enormous costs of total renovation or new construction. These costs seem quite excessive; there are currently large state-wide and regional excesses of CD/R beds, as the Staff Summary makes abundantly clear.

No one has claimed that Youville's patients receive inadequate medical care. Since the JCAH and Life Safety Code violations can be corrected without either complete renovation or new construction, this alternative of partial

renovation requires careful analysis. Without such analysis, the Staff Summary has simply failed to consider all reasonable alternatives to complete renovation or new construction.

Attachment A

COMMONWEALTH OF MASSACHUSETTS

TO: Joe Schindler
Steve Sauter, Gov

FROM: STEVEN M. SHUFRO, ASSISTANT COMMISSIONER

DATE: 11/30/81

<input type="checkbox"/> APPROVAL	<input type="checkbox"/> NOTE AND RETURN
<input type="checkbox"/> AS REQUESTED	<input type="checkbox"/> NOTE AND SEE ME
<input type="checkbox"/> COMMENT	<input type="checkbox"/> PER CONVERSATION
<input type="checkbox"/> FOR YOUR INFO	<input type="checkbox"/> REPLY DIRECTLY
<input type="checkbox"/> LET'S DISCUSS	<input type="checkbox"/> REVIEW
<input type="checkbox"/> NECESSARY ACTION	<input type="checkbox"/> SIGNATURE
<input type="checkbox"/> PREPARE REPLY FOR SIGNATURE OF _____	

COMMENTS: You Mr. Hagg has asked
whether we could review its own
application in part - specifically the
portion dealing with the 505H / w/ soft
code requirements. If we split in
our review to complete this (legal
+ programmatic). Please advise
as soon as possible

S-707A

Comm. from Prof. Kathryn Crecelius, Fred
Friedman, Dr. Judith Herman, et al, transmit-
ting a written response of five Ten Taxpayer
Groups to the Staff Summary of Youville Hos-
pital's Determination of Need Application
(IV-2989).

November 15, 1982