

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

Version: 7-6-17

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Instructions: Complete Information below. When complete check the box "This document is ready to	o print:".	This will date stamp and
lock the form. Print Form. Each person must sign and date the form. When all signatures have been o	collected,	scan the document and
e-mail to: dph.don@state.ma.us Include all attachments as requested.	and a second sec	

Application Nur	nber: AC	A-21092	912 - CL	· · · · · · · · · · · · · · · · · · ·		Origina	al Applicatio	on Date:	eptember	29,7021
Applicant Name	: Ascentria	Care Alliance, Ir	nc. (Lutheran R	ehabilitation	and Skilled C				/	
Application Typ	e: Conserva	ition Long Term	Care Project].				
Applicant's Bus	ness Type:	 Corporation 	C Limited F	Partnership	C Partners	hip C	Trust			
Is the Applicant	the sole me	mber or sole sha	reholder of th	e Health Facili	ty(ies) that a	ire the su	bject of this	Applicatio	on? í Yes	C No
 I have # I under. I have # I have # I have \$ I have \$ I have \$ I have \$ Parties I have \$ Applica I have \$ I have \$<th>olicant is the ead 105 CMI stand and ag ead this app ation contain ubmitted th ubmitted th of Record an aused, as rec ers or third-p nt contracts aused prope (E) and 301 ct to M.G.L. c ince with 10 of to 105 CM tial complia</th><th>ider the pains an e sole corporate i R 100.000, the M gree to the expec- lication for Dete- ned herein is acc- e correct Filing F e required copie od other parties a quired, notices o party administrat , and with Medic er notification an CMR 11.00; will c. 6D, § 13 and 95 5 CMR 100.405(C R 100.210(A)(3), nce and good st otices of Determ</th><td>member or sol assachusetts D cted and appro- rmination of N curate and true see and unders as of this applic as required pur of intent to be p tors, public and care and Medic ad submissions be made if app 58 CMR 7.00, 11 G); I certify that be canding with re</td><td>e shareholder Determination opriate condu- leed including s; stand it is non- sation to the D rsuant to 105 (oublished and d commercial, said, as requires to the Secret licable. have submitte oth the Applic elevant federa</td><td>of Need Reg ct of the App all exhibits a refundable p Determination CMR 100.405 I duplicate cc for the payn ed by 105 CM ary of Enviro ed such Notic cant and the I, state, and Ia</td><th>pulation; blicant pu and attac oursuant f n of Neec 5(B); opies to b nent of h /IR 100.40 nmental ce of Mate Proposec local laws</th><th>irsuant to 16 chments, an to 105 CMR d Program, a be submitte ealth care s 05(C), et seq Affairs purs erial Change d Project are and regula</th><td>05 CMR 10 d certify th 100.405(B) and, as app d to all Par ervices wit ; uant to 10 e to the HF e in materia tions, as w</td><td>0.800; hat all of the); licable, to al ties of Recor h which the 5 CMR PC - in al and</td><td>ll rd, and</td>	olicant is the ead 105 CMI stand and ag ead this app ation contain ubmitted th ubmitted th of Record an aused, as rec ers or third-p nt contracts aused prope (E) and 301 ct to M.G.L. c ince with 10 of to 105 CM tial complia	ider the pains an e sole corporate i R 100.000, the M gree to the expec- lication for Dete- ned herein is acc- e correct Filing F e required copie od other parties a quired, notices o party administrat , and with Medic er notification an CMR 11.00; will c. 6D, § 13 and 95 5 CMR 100.405(C R 100.210(A)(3), nce and good st otices of Determ	member or sol assachusetts D cted and appro- rmination of N curate and true see and unders as of this applic as required pur of intent to be p tors, public and care and Medic ad submissions be made if app 58 CMR 7.00, 11 G); I certify that be canding with re	e shareholder Determination opriate condu- leed including s; stand it is non- sation to the D rsuant to 105 (oublished and d commercial, said, as requires to the Secret licable. have submitte oth the Applic elevant federa	of Need Reg ct of the App all exhibits a refundable p Determination CMR 100.405 I duplicate cc for the payn ed by 105 CM ary of Enviro ed such Notic cant and the I, state, and Ia	pulation; blicant pu and attac oursuant f n of Neec 5(B); opies to b nent of h /IR 100.40 nmental ce of Mate Proposec local laws	irsuant to 16 chments, an to 105 CMR d Program, a be submitte ealth care s 05(C), et seq Affairs purs erial Change d Project are and regula	05 CMR 10 d certify th 100.405(B) and, as app d to all Par ervices wit ; uant to 10 e to the HF e in materia tions, as w	0.800; hat all of the); licable, to al ties of Recor h which the 5 CMR PC - in al and	ll rd, and
11. I have #	and und	lerstand the limi eed as establishe	tations on solid	citation of fun					ing a Notice	of
12. I under	stand that, if	Approved, the A R 100.310, as we	Applicant, as H	older of the D	oN, shall bec	come obl	igated to all within 105 (l Standard CMR 100 0	Conditions	
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Determination of Need
Affidavit of Truthfulness and Compliance
with Law and Disclosure Form 100.405(B) SEP 3.0 2021
Instructions: Complete Information below. When complete check the box "This document is ready to print:". This will date stamp an lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: dph.don@state.ma.us Include all attachments as requested.
Application Number: ACA - 21092912 - CL Original Application Date: September 29,1
Applicant Name: Ascentria Care Alliance, Inc. (Lutheran Rehabilitation and Skilled Care Center)
Application Type: Conservation Long Term Care Project
Applicant's Business Type:
Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? (• Yes (• No
The undersigned certifies under the pains and penalties of perjury:
1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application
 I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the
information contained herein is accurate and true;
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all
Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and
all carriers or third-party administrators, public and commercial, for the payment of health care services with which the
Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR
100.405(E) and 301 CMR 11.00; will be made if applicable.
 If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and
substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all
previously issued Notices of Determination of Need and the terms and Conditions attached therein;
11. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of
Determination of Need as established in 105 CMR 100.415;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions
pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that
otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or
ordinances, whether or not a special permit is required; or,
a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been
received to permit such Proposed Project; or,
b. The Proposed Project is exempt from zoning by-laws or ordinances.
Corporation: Attach a copy of Articles of Organization/Incorporation, as amended
Angela Bovill CEO for Corporation Name: William Mayo
William Mayo
Board Chair for Corporation Name: Signature: Date
* been informed of the contents of
* been informed of the contents of ** have been informed that

*** issued in compliance with 105 CMR 100.000, the Massachusetts Determination of Need regulation effective January 27, 2017 and amended December 28, 2018

BARRETT, HARRELL & FERRER LLC

Via Email - Read Receipt Requested and Overnight UPS - Signature Requested

September 29, 2021

Via E-Mail

Lara Szent-Gyorgyi, Director Determination of Need Program Department of Public Health 250 Washington Street Boston, MA 02108



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RE: Ascentria Care Alliance, Inc. – Lutheran Housing Corporation – Brockton d/b/a Lutheran Rehabilitation and Skilled Care Center Determination of Need Application # ACA-21092912-CL

Dear Ms. Szent-Gyorgyi:

We write to provide you with additional documentation for the above-captioned Determination of Need ("DoN") Application submitted to your office electronically on September 29, 2021. Please find enclosed the original Affidavit of Truthfulness (Exhibit 1) and the filing fee (Exhibit 2) for the Ascentria Care Alliance, Inc. – Lutheran Housing Corporation – Brockton d/b/a Lutheran Rehabilitation and Skilled Care Center DoN Application # ACA- 21092912-CL

We thank you for your assistance with this matter. Please do not hesitate to contact Amanda Beauregard, Esq. or me if you have any questions or require additional information.

Sincerely,

Kathleen Harrell, Esq.

Enclosure

cc: R. Rodman, Esq. dph.don@state.ma.us

EXHIBIT 1

COMM	CC	N	IM
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COMMONWEALTH OF MASSACHUSETTS

09/21/2021 5197

Invoice Number	Invoice Date	Description	Gross Amount	Discount Taken	Net Amount Paid
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			\$14,901.10	\$0.00	\$14,901.10

EXHIBIT 2

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