Massachusetts Department of Public Health
Determination of Need
Application Form

Version: DRAFT 3-15-17b

DRAFT

Application Type: Amendment

Application Date: 07/17/2017 10:38 am

Applicant Information

Applicant Name: Alden Court Nursing Care & Rehabilitation Center

Mailing Address: 389 Alden Road

City: Fairhaven State: Massachusetts Zip Code: 02719

Contact Person: Mark Cummings Title: Principal

Mailing Address: 300 Crown Colony Drive, Suite 310

City: Quincy State: Massachusetts Zip Code: 02169

Phone: 617 984 8188 Ext: E-mail: mark.cummings@claconnect.com

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name: Alden Court Nursing Care & Rehabilitation Center

Facility Address: 389 Alden Road

City: Fairhaven State: Massachusetts Zip Code: 02719

Facility type: Long Term Care Facility CMS Number:

Add additional Facility Delete this Facility

1. About the Applicant

1.1 Type of organization (of the Applicant): nonprofit

1.2 Applicant's Business Type: (•) Corporation ( ) Limited Partnership ( ) Partnership ( ) Trust

1.3 What is the acronym used by the Applicant's Organization?

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? ( ) Yes (•) No

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? ( ) Yes (•) No

1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)? ( ) Yes (•) No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? ( ) Yes (•) No

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ○ Yes ◉ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

The application, as approved provides for renovation of the existing nursing facility to include an upgrade of the HVAC system and replacement of windows and siding as well as carpet, wall covering, doors, floors, and ceiling panels. The project will also improve ambulance accessibility at the facility by grading an entrance and adding a new canopy.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ◉ Yes ○ No

3.1.a If yes, under what section? Long Term Care Facility with a MCE under $3 million

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ◉ Yes ○ No

4.2 Within the Proposed Project, is there any element that has the result of modernization, addition or expansion? ○ Yes ◉ No

4.3 Does the Proposed Project add or accommodate new or increased functionality beyond sustainment or restoration ○ Yes ◉ No

4.4 As part of the Proposed Project, is the Applicant:

- ☐ Adding a new service?
- ☐ Expanding a service?
- ☐ Modernizing the provision of a service?
- ☐ Substituting a service?
- ☐ Otherwise altering a serves's usage or designation, including patients served?
- ☐ Adding a new piece(s) of equipment
- ☐ Modernizing a piece(s) of equipment?
- ☐ Expanding bed capacity?
- ☐ Adding bed capacity?
- ☐ Otherwise altering bed capacity, usage, or designation?
- ☐ Adding additional square footage?

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ○ Yes ◉ No

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 100 CMR 100.735? ○ Yes ◉ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ○ Yes ◉ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ○ Yes ◉ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ○ Yes ◉ No

10. Amendment

10.1 Is this an application for a Amendment? (●) Yes ( ) No

10.2 If Yes, Select one:	Minor
10.3 Original Application number:	5-1574
10.3.a Original Application Type:	Conservation Long Term Care Project
10.3.b Original Application filing date:	09/19/2013

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ( ) Yes (●) No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Amendment

12.1 Total Value of this project:	$2,596,143.00
12.2 Total CHI commitment expressed in dollars: (calculated)	$0.00
12.3 Filing Fee: (calculated)	$0.00
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	
12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.	

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application.

Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- [ ] Copy of Notice of Intent
- [ ] Affidavit of Truthfulness Form
- [ ] Affiliated Parties Table Question 1.9
- [ ] Change in Service Tables Questions 2.2 and 2.3
- [ ] Notification of Material Change
- [ ] Articles of Organization / Trust Agreement
- [ ] Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- [ ] Community Engagement Stakeholder Assessment form
- [ ] Community Engagement-Self Assessment form

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the"E-mail submission to Determination of Need" button.

This document is ready to file: ☒

Date/time Stamp: 07/17/2017 10:38 am

E-mail submission to Determination of Need

Application Number: -17070611-AM

Use this number on all communications regarding this application.