



# Massachusetts Department of Public Health Determination of Need Application Form

Version: 11-8-17

Application Type:  Application Date: 10/24/2018 8:46 am

Applicant Name:

Mailing Address:

City:  State:  Zip Code:

Contact Person:  Title:

Mailing Address:

City:  State:  Zip Code:

Phone:  Ext:  E-mail:

## Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:

Facility Address:

City:  State:  Zip Code:

Facility type:  CMS Number:

## 1. About the Applicant

1.1 Type of organization (of the Applicant):

1.2 Applicant's Business Type:  Corporation  Limited Partnership  Partnership  Trust  LLC  Other

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.

### A. FACILITY INFORMATION

The Applicant, Alliance Health of Southeastern Massachusetts, Inc. is under the auspices of Alliance Health and Human Services, and managed by Alliance Health Management Services, LLC. Alliance Health & Human Services is a registered 501 (c) 3 not-for-profit corporation that delivers health care and related services for elders and children. Alliance provides its services through the operations of its skilled nursing facilities for elders who need rehabilitation or skilled nursing care, and its specialized and therapeutic foster care programs for children with medical and/or emotional needs. Alliance owns and operates seven skilled nursing and rehabilitation facilities in Massachusetts. All of the facilities are dually certified by Medicare and Medicaid and are accredited by the Joint Commission (JCAHO).

Alliance Health at Braintree is a 101-bed Rehabilitation and Skilled Nursing Center located in Braintree, MA. They have been operating as a skilled nursing facility since 1997 specializing in short-term rehabilitation and long-term care.

### B. BACKGROUND

The facility was constructed in 1997 and at that time contained 82 Level II Licensed Beds. In 2005, 19 additional Level II beds were added to the first floor through renovation for a total of 101 licensed beds. The building is a 3-story facility containing 38,611 Gross Square Footage (GSF), and is a Type 1B Construction. Due to the age of the facility, the building is in need of upgrades to the building systems as many of the components are past their useful life, upgrades to the exterior finishes, upgrades to internal finishes as well as needed site work to correct parking shortages. These upgrades will create a more pleasant and safer environment for those that live at the facility and will improve the resident's quality of life.

Alliance Health Management Services had their architect evaluate and analyze the existing facility to identify deficiencies, systems past their useful life as well as energy conservation initiatives to develop a scope of work that will upgrade the existing building's environment to one that allows caregivers to provide more efficient, appropriate care to the residents, both long and short-term care. Retrofitting a facility that is 21 years old and will be 23 years old by the time the renovations have been completed is more cost-efficient than replacing the facility from the ground up. More importantly, the scope of work proposed will be less disruptive to the long-term care residents than other alternatives.

The current parking lot is not suitable for the volume of patient visitors. Alliance Health at Braintree has admitted 347 patients, year-to-date through June 2018, an average of 58 patient admissions per month. With only 47 regular parking spaces and 4 ADA Accessible parking spaces, only 1 of which is van accessible, the parking is inadequate to provide sufficient parking spaces for staff as well as visitors. The inability to park close to the facility has been a very frequent complaint from residents and their families, and deters regular visits, especially from elder visitors who have a difficult time with the long walk to the facility.

Part of the proposed DON project is the addition of an ADA Accessible van. This van will permit the facility to broaden activities which are offered by the facility to include off-site visits to all residents, including those who may be wheelchair bound and otherwise unable to participate in such activities.

Other components of the proposed project which will directly benefit the residents of Alliance Health at Braintree and provide a better experience include upgrading outdated finishes and furnishings within resident's rooms; replacing outdated very small televisions within the resident rooms with larger screen televisions; renovating the second floor resident bathing area; replacing PTAC units (pass-through air conditioning units) within resident rooms which are old and outdated and thus not functioning as well as they could or should be.

The proposed project also includes upgrades to the physical plant and systems which will allow the facility to operate more efficiently from a cost standpoint. For instance, replacing heating/AC boilers which are past their useful life with more energy efficient units; replacing makeup air systems (including rooftop units and units on the first floor which are original to the facility); replacing windows throughout the facility; replacing old lighting fixtures throughout the facility with new, energy efficient lighting, etc.

### C. SCOPE OF WORK

After the owner had the facility evaluated, and based on the code deficiencies and the needs found, the scope of the renovations will consist of the following:

#### SITWORK

The scope of work included in the site work will be to upgrade the driveways, walkways and to add a new parking area. This work is a key to providing safe access to and from the building despite the weather conditions. As identified during the review, the facility has insufficient parking and it was felt that the additional spaces would eliminate individuals parking on public streets, or in unauthorized spaces identified for the assisted living residents/visitors which is adjacent to this facility.

#### BUILDING ENVELOPE

Based on field observation, the windows in the facility are in need of replacement. Once done, this will attribute to energy conservation of the facility. Exterior siding and roofing were evaluated and require replacement as they are past their useful life. Replacement of the exterior siding, adding insulation to building envelope as well as increase the insulation value of the roof and replacement of the membrane roofing and flashing will make it weather-tight. This is also an energy conservation measure, which will reduce operational costs over the coming years. Replacement of finishes will include: exterior wood trim, decorative molding as well as egress doors and hollow metal frames.

#### INTERIOR OF FACILITY

The facility is showing wear and tear in a variety of areas: walls, floors and ceilings. Therefore, they will be either replaced, repaired or modified as required. Due to the age of the facility, the finishes need replacement in areas such as the residents' bedrooms and bathrooms and common areas, i.e.: dining/activity/sitting areas. Bathing is essential to the care of the residents; consequently, deficiencies were observed on the second floor due to water damage which is presently being experienced. This area shall be renovated, and finishes replaced.

#### MILLWORK RENOVATIONS

While these renovations are necessary due to many of the wall and base cabinets, counters and handrails being original, this work will be utilitarian, and provide the caregivers an upgrade that is needed to allow them to function adequately. The nursing station on the first floor finishes require upgrade and some of the cabinets in the station need to be replaced.

#### OTHER WORK TO BE COMPLETED

Based on the building system deficiencies observed in the field, the following require upgrading or replacement:

Heating/AC: Existing boilers are past their useful life and will be replaced with more energy-efficient units. This includes heating, domestic hot water, kitchen, laundry, etc.

Makeup Air Systems: The rooftop units are original to the facility as well as one located on the first floor, and they are approaching the end of their useful life. This has been identified by staff reporting spaces such as corridors, sitting areas and ground floor areas are uncomfortable to perform the necessary treatments and rehabilitation therapy. This will be corrected by upgrading the rooftop units.

PTAC Units: These are primarily located in bedrooms where the residents spend a substantial amount of their time, and the units have been reported to be under-performing. Consequently, to improve the environment and meet prevailing regulations, the PTACs will be reviewed/replaced since they are past their useful life.

Lighting: Replacement of ceiling lighting fixtures throughout, which will solve the problem of areas that are under-lit. Once this is done, it will provide better use of these various spaces and provide energy savings over the life of the building.

Fire Alarm: Devices will be added and upgraded, including the addition of CO2 detectors as required by code.

Telephone/Data/TV/Security: Upgrades will be made to make these systems more efficient and readily available to caregivers and residents.

Minor modifications will be needed to kitchen and laundry equipment as these spaces provide services to all the residents.

### D. PATIENT PANEL

Alliance Health at Braintree is dually-certified 101-bed skilled nursing facility located in Braintree, Massachusetts as stated earlier. The facility was originally constructed in 1997. The facility serves a population of both short and long stay patients who come principally from Braintree and several surrounding communities. Currently, the Applicant has 31 patients who are short stay (34.4%), expecting to return to a prior setting within two weeks, while 59 patients are long stay patients (65.6%).

Prior to admission to Alliance Health at Braintree, patients resided in the following Massachusetts cities and towns:

See Attached Patient Profile by Zip Code (Attachment 1). As indicated in this table, the vast majority of Alliance Health at Braintree's residents live or previously lived in Braintree and the immediately neighboring cities and towns (i.e. Weymouth, Quincy, Dorchester and Milton), although patients are admitted from cities and towns all over the Commonwealth.

As indicated on the Age Grouping Chart (Attachment 1), the vast majority of the facilities' residents are in their 80's (55.6% of the total) and 66.6% of the total residents are female.

As indicated on the Religious Affiliation Chart (Attachment 1), the vast majority of residents who responded as to religious affiliation at the point of admission describe their religious affiliation as Catholic. However, Alliance Health of Braintree does not discriminate in any fashion against any religion, and all are welcome. Of the 90 respondents, 44 or 48.9% listed their religion as Catholic with 38 or 42.2% listed their religion as none/unknown.

As indicated on the Payor Mix/Socioeconomic Profile Chart (Attachment 1), a majority of residents served at Alliance Health at Braintree are covered by public assistance (MassHealth, Hospice, etc.). These individuals are primarily long-term residents. In addition, residents who have a private pay payor source are typically long-term residents, who will spend down their private resources over time and then convert to public assistance. The majority of the Medicare A and Insurance/HMO patients are short-stay residents who are receiving care at the facility after a stay within an acute care setting. Many of these individuals will return safely home after rehabilitating with Alliance Health at Braintree.

As indicated on the Patient Acuity Statistics Chart (Attachment 1), the vast majority of the facility's patients (both skilled/short-term as well as long-term residents) are on the upper end of the acuity scale.

#### E. COMPETITION

As indicated on the Competition Chart (Attachment 1), Alliance Health at Braintree operates in a highly competitive market. There are 7 competitor facilities encompassing 1,106 beds within a 15 miles radius. Based on annual market studies that are conducted, Alliance is very competitive with all of its competitors in terms of daily rates on its private and semi-private room rate accommodations. Facility overall occupancy averages in the high 80% to low 90% range, which is at or above many of its competitors. The Applicant attributes this to the fact that the facility has a very strong survey history, and has very good clinical outcomes, which is well known to their acute care partners.

Because the facility has been successful in terms of continuing to attract a good percentage of short-stay patients (typically Medicare A and Insurance/HMO payor class), while at the same time maintaining an above average overall occupancy, the Applicant does not view this DoN project in any way as necessary in order to "attract" more short-term Medicare A/Insurance/HMO patients (and thus by default less Medicaid and publicly aided patients). Instead, they view the project primarily as a vehicle to improve the quality of the patient experience for all residents, irrespective of pay source. In addition, it will allow them to upgrade mechanical and electrical systems with newer and more energy efficient solutions, which will in turn reduce certain wasteful utility and building maintenance costs.

In conclusion, the proposed project calls for the following:

- Adding 28 parking spaces, upgrading to the drives and walkways all of which are vital to providing safe access to and from the building regardless of the weather conditions.
- Replacing all of the facility windows. Once done, this will attribute to energy conservation of the facility.
- Replacing finishes including exterior wood trim, decorative molding as well as egress doors and hollow metal frames.
- Repairing and replacing exterior siding and roofing as needed to eliminate moisture penetration into the facility.
- Replacing finishes in residents' bedrooms and bathrooms and common areas, i.e.: dining/activity/sitting to enhance the quality of the environment where the patients receive their care.
- Renovating the second floor bathing area to again, enhance the quality of patient environment.
- Replacing wall and base cabinets, counters and handrails all of which are original. This will provide for a safer and more enjoyable environment for our employees to work in.
- Replacing Heating/AC boilers which are past their useful life, with more energy-efficient units. This includes heating, domestic hot water, kitchen, laundry, etc.
- Replacing Makeup Air Systems. The rooftop units are original to the facility as well as one located on the first floor, and they are approaching the end of their useful life. This has been identified by staff who have reported spaces, such as corridors, sitting areas and ground floor areas, as uncomfortable when providing treatment and care.
- Replacing PTAC Units primarily located in patient bedrooms. They are past their useful life and are under-performing. This will improve the environment and meet prevailing regulations.
- Replacing ceiling lighting fixtures throughout the facility as some areas are under-lit. Once this is done, it will provide better use of

these various spaces and provide energy savings over the life of the building.

- Upgrading the Fire Alarm System by adding CO2 detectors as required by code.
- Replacing all resident room televisions. The current resident room televisions are small and dated. Providing larger televisions with modern technology will enhance our patient's viewing experience.
- Replacing the facility telephone system. The current system is original and replacement parts are non-existent.
- Purchasing an ADA Accessible Van that will be used for activity outings and general transportation.

Much of the proposed project will be a direct benefit to the entire resident population, and at the same time serve to upgrade the physical plant and mechanical systems, which will have the impact of reducing maintenance and utility related expenses.

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?

### 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Adding a new service?  | <input type="checkbox"/> Expanding a service?                 |
| <input type="checkbox"/> Modernizing the provision of a service?  | <input type="checkbox"/> Substituting a service?              |
| <input type="checkbox"/> Otherwise altering a serves's usage or designation, including patients served? |   |
| <input type="checkbox"/> Adding a new piece(s) of equipment   | <input type="checkbox"/> Modernizing a piece(s) of equipment? |
| <input type="checkbox"/> Expanding bed capacity?  | <input type="checkbox"/> Adding bed capacity?                 |
| <input type="checkbox"/> Otherwise altering bed capacity, usage, or designation?                        | <input type="checkbox"/> 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 105 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

### 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:** Conservation Long Term Care Project

12.1 Total Value of this project:

\$3,690,000.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$36,900.00

12.3 Filing Fee: (calculated)

\$7,380.00

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.



### Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
<input type="checkbox"/> + <input type="checkbox"/> -	2-1599	04/07/2016	Long Term Care Substantial Change in Service	Alliance Health of Brockton, Inc.



F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.				
	Category of Expenditure	New Construction	Renovation	Total (calculated)
	<b>Land Costs</b>			
	Land Acquisition Cost			
	Site Survey and Soil Investigation			
	Other Non-Depreciable Land Development		\$65000.	\$65000.
	<b>Total Land Costs</b>		\$65000.	\$65000.
	<b>Construction Contract (including bonding cost)</b>			
	Depreciable Land Development Cost			
	Building Acquisition Cost			
	Construction Contract (including bonding cost)		\$2650000.	\$2650000.
	Fixed Equipment Not in Contract			
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost		\$180000.	\$180000.
	Pre-filing Planning and Development Costs		\$45000.	\$45000.
	Post-filing Planning and Development Costs		\$130000.	\$130000.
Add/Del Rows	Other (specify)			
<input type="checkbox"/> + <input type="checkbox"/> -				
	Net Interest Expensed During Construction		\$115000.	\$115000.
	Major Movable Equipment		\$475000.	\$475000.
	<b>Total Construction Costs</b>		\$3595000.	\$3595000.
	<b>Financing Costs:</b>			
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc)		\$30000.	\$30000.
	Bond Discount			
Add/Del Rows	Other (specify)			
<input type="checkbox"/> + <input type="checkbox"/> -				
	<b>Total Financing Costs</b>		\$30000.	\$30000.
	<b>Estimated Total Capital Expenditure</b>		\$3690000.	\$3690000.

## 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](mailto:DPH.DON@state.ma.us)

- Copy of Notice of Intent
- Affidavit of Truthfulness Form
- Scanned copy of Application Fee Check
- Affiliated Parties Table Question 1.9
- Change in Service Tables Questions 2.2 and 2.3
- Certification from an independent Certified Public Accountant
- 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: 10/24/2018 8:46 am

E-mail submission to  
Determination of Need

**Application Number: -18102408-CL**

**Use this number on all communications regarding this application.**

Community Engagement-Self Assessment form