

Royal Wayland Nursing Home, LLC

DoN #: NONE-22091314-CL

APPLICANT QUESTIONS

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- We accept answers on a rolling basis however, when providing the answer to the final question, submit all questions and answers in order in one final document.
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. **Whenever possible, include a table in data format (NOT pdf or picture) with the response.**

In order for us to review this project in a timely manner, please provide the responses by January 9, 2023.

1. The Applicant responses to *DoN Applicant Questions* noted that, "While there will be an increased focus on Medicare-funded short stay-rehabilitative services, Royal Wayland has been and will continue to be fully accessible to Medicaid-funded patients." Please provide a breakdown of the percentage of short term versus long term clients currently served and anticipated post-project. Please specify whether the 2022 data is by Fiscal Year or Calendar Year, remaining consistent with previous data submitted.

Admission Type	Admissions 2022	Anticipated Admissions Post-Project Completion (2023)
Short Term Rehabilitative Services	46%	63%
Long Term Care Services	54%	37%
Total	100%	100%

2. Your application states that the facility is a 40 bed, one unit facility. Would the resulting 52 bed facility be one unit or multiple units? If multiple units, please provide details.
Facility will consist of 1 (one) unit
3. Please provide the number of patients by payer for the previous and projected years. Fill in the chart below, specifying whether data is by Fiscal Year or Calendar Year, remaining consistent with previous data submitted.

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By Calendar Year

Payer	2019	2020	2021	2022	Year 1 Post-Project Operation	Year 2 Post-Project Operation	Year 3 Post-Project Operation
Medicaid	27.38	23.20	27.69	25.89	24.19	27.79	25.30
Medicare	1.06	1.70	1.02	1.64	3.02	5.56	6.56
Managed Care	.19	.44	.17	.65	1.35	2.78	3.75
Private Pay	2.74	2.88	3.89	4.59	5.04	10.19	11.24
Total	31.37	28.22	32.78	32.78	33.60	46.32	46.85