## **CARE REALTY, L.L.C.**

## **DON APPLICATION # LLC-22122011-CL**

## **for**

## **LONG-TERM CARE**

## **CONSERVATION PROJECT**

## **on behalf of**

## **CAREONE AT NEWTON**

## **Submitted on January 27, 2023**

## **BY**

## **CARE REALTY, L.L.C.**

## **173 BRIDGE PLAZA NORTH**

## **FORT LEE, NJ 07024**

## HB: 4858-7663-5972.7

**CARE REALTY, L.L.C.**

**DON APPLICATION # LLC-22122011-CL**

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**APPENDIX 1**

**APPLICATION FORM**

 Version: 11-8-17

Massachusetts Department of Public Health
Determination of Need
Application Form

Application Type: Conservation Long Term Care Project

Application Date: 01/27/2023 3:28 pm

Applicant Name: Care Realty, L.L.C.

Mailing Address: 173 Bridge Plaza North

City: Fort Lee State: New Jersey Zip Code: 07024

Contact Person: Fran Petricone

Title: Vice President Finance

Mailing Address: 57 Old Road to Nine Acre Corner

City: Concord State: Massachusetts Zip Code: 01742

Phone: 9788312123 Ext: none

Email: fpetricone@care-one.com

**Facility Information**

**List each facility affected and or included in Proposed Project**

1. Facility Name: CareOne at Newton

Facility Address: 2101 Washington Street

City: Newton State: Massachusetts Zip Code: 02466

Facility type: Long Term Care Facility CMS Number: 22-5268

**1. About the Applicant**

1.1 Type of organization (of the Applicant): for profit

1.2 Applicant’s Business Type: LLC

1.3 What is the acronym used by the Applicant’s Organization: [blank]

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

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? 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? No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? 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? No

1.9 Complete the Affiliated Parties Form

**2. Project Description**

2.1 Provide a brief description of the scope of the project.: See Attached at Appendix 2.

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

3.1a If yes, under what section? Conservation Projects

**4. Conservation Project**

4.1 Are you submitting this Application as a Conservation Project? Yes

4.2 Within the Proposed Project, is there any element that has the result of modernization, addition or expansion? Yes

4.2a If yes, How? Re-licensure of 40 previously licensed beds

4.3 Does the Proposed Project add or accommodate new or increased functionality beyond sustainment or restoration? No

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

Adding a new service? No

Expanding a service? No

Modernizing the provision of a service? No

Substituting a service? No

Otherwise altering a serves's usage or designation, including patients served? No

Adding a new piece(s) of equipment Modernizing a piece(s) of equipment? No

Expanding bed capacity? No

Adding bed capacity? Yes

Otherwise altering bed capacity, usage, or designation? No

Adding additional square footage? Yes

**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? No

**6. Transfer of Ownership**

6.1 Is this an application filed pursuant to 105 CMR 100.735? No

**7. Ambulatory Surgery**

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

**8. Transfer of Site**

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

**9. Research Exemption**

9.1 Is this an application for a Research Exemption? No

**10. Amendment**

10.1 Is this an application for a Amendment? No

**11. Emergency Application**

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? 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: $0.00

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: $0.00

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. $0.00

**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 |
| --- | --- | --- | --- | --- |
| +/- | N/A |  |  | N/A |

**Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs**

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant’s existing Patient Panel.

F4.a.i Capital Costs Chart:

For each Functional Area document the square footage and costs for New Construction and/or Renovations.

|  | Present Square Footage | Square Footage Involved in Project – New Construction | Square Footage Involved in Project – Renovation | Resulting Square Footage | Total Cost | Cost/Square Footage |
| --- | --- | --- | --- | --- | --- | --- |
| Add/Del Rows | Functional Areas | Net | Gross | Net | Gross | Net | Gross | Net | Gross | New Construction | Renovation | New Construction | Renovation |
| +/- | Lake wing - patient rooms | 0 | 0 | 0 | 0 | 0 | 0 |  | 3,850 | $0.00 | $0.00 | $0.00 | $0.00 |
| +/- | Bradford wing - patient rooms | 0 | 0 | 0 | 0 | 0 | 0 |  | 4,100 | $0.00 | $0.00 | $0.00 | $0.00 |
|  | Total: (calculated) | 0 | 0 | 0 | 0 | 0 | 0 |  | 7,950 | $0.00 | $0.00 | $0.00 | $0.00 |

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

|  | Category of Expenditure | New Construction | Renovation | Total (calculated) |
| --- | --- | --- | --- | --- |
|  | **Land Costs** |
|  | Land Acquisition Cost | $0 | $0 | $0 |
|  | Site Survey and Soil Investigation | $0 | $0 | $0 |
|  | Other Non-Depreciable Land Development | $0 | $0 | $0 |
|  | Total Land Costs | $0 | $0 | $0 |
|  | **Construction Contract (including bonding cost)** |
|  | Depreciable Land Development Cost | $0 | $0 | $0 |
|  | Building Acquisition Cost | $0 | $0 | $0 |
|  | Construction Contract (including bonding cost) | $0 | $0 | $0 |
|  | Fixed Equipment Not in Contract | $0 | $0 | $0 |
|  | Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost | $0 | $0 | $0 |
|  | Pre-filing Planning and Development Costs | $0 | $0 | $0 |
|  | Post-filing Planning and Development Costs | $0 | $0 | $0 |
| Add/Del Rows | Other (specify) |
| +/- |  | $0 | $0 | $0 |
|  | Net Interest Expensed During Construction | $0 | $0 | $0 |
|  | Major Movable Equipment | $0 | $0 | $0 |
|  | Total Construction Costs | $0 | $0 | $0 |
|  | **Financing Costs:** |
|  | Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc | $0 | $0 | $0 |
|  | Bond Discount | $0 | $0 | $0 |
|  | Other (specify | $0 | $0 | $0 |
|  | Total Financing Costs | $0 | $0 | $0 |
|  | **Estimated Total Capital Expenditure** | $0 | $0 | $0 |

**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: check

Affidavit of Truthfulness Form: check

Scanned copy of Application Fee Check: check

Affiliated Parties Table Question 1.9: check

Change in Service Tables Question 2.2 and 2.3: check

Certification from an independent Certified Public Accountant: check

Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office: unchecked

**Documentation 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? Yes Date/time Stamp: 01/27/2023 3:28 pm

E-mail submission to Determination of Need

**Application Number: LLC-22122011-CL**

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