

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

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APPENDIX 1

APPLICATION FORM



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

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:	
E-mail:	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
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	for profit
1.2 Applicant's Business Type:	<input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input checked="" type="radio"/> LLC <input type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.5 Is Applicant or any affiliated entity an HPC-certified ACO?	<input type="radio"/> Yes <input checked="" type="radio"/> 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)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.7 Does the Proposed Project also require the filing of a MCN with the HPC?	<input type="radio"/> Yes <input checked="" type="radio"/> 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.

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 ☐ No

- 3.1.a If yes, under what section? Conservation Projects

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

- 4.2.a 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 ☐ 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 checked="" type="checkbox"/> Adding bed capacity? |
| <input type="checkbox"/> Otherwise altering bed capacity, usage, or designation? | <input checked="" 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:	<input type="text" value="\$0.00"/>
12.2 Total CHI commitment expressed in dollars: (calculated)	<input type="text" value="\$0.00"/>
12.3 Filing Fee: (calculated)	<input type="text" value="\$0.00"/>
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	<input type="text" value="\$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.	<input type="text" value="\$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				Resulting Square Footage		Total Cost		Cost/Square Footage	
				New Construction		Renovation							
Add/Del Rows	Functional Areas	Net	Gross	Net	Gross	Net	Gross	Net	Gross	New Construction	Renovation	New Construction	Renovation
<div>+ -</div>	Lake wing - patient rooms	0	0	0	0	0	0		3,850	\$0.00	\$0.00	\$0.00	\$0.00
<div>+ -</div>	Bradford wing - patient rooms	0	0	0	0	0	0		4,100	\$0.00	\$0.00	\$0.00	\$0.00
<div>+ -</div>													
<div>+ -</div>													
	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)			
<input type="checkbox"/> + <input type="checkbox"/> -		\$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.
Add/Del Rows	Other (specify)			
<input type="checkbox"/> + <input type="checkbox"/> -		\$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
- ☒ 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
- ☐ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office

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: 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.

☐ Community Engagement-Self Assessment form