



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Amendment	Application Date:	07/16/2023 2:43 pm
Applicant Name:	Long Term Centers of Wrentham, Inc.		
Mailing Address:	655 Dedham Street		
City:	Wrentham	State:	Massachusetts
		Zip Code:	02093
Contact Person:	Karen Koprowski	Title:	Regulatory Advisor
Mailing Address:	92 Montvale Avenue, Suite 2300		
City:	Stoneham	State:	Massachusetts
		Zip Code:	02180
Phone:	7742395885	Ext:	
E-mail:	kkoprowski@strategiccares.com		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Serenity Hill Nursing Center		
Facility Address:	655 Dedham Street		
City:	Wrentham	State:	Massachusetts
		Zip Code:	02093
Facility type:	Long Term Care Facility	CMS Number:	225752
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 checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input type="radio"/> LLC <input type="radio"/> Other
1.3 What is the acronym used by the Applicant's Organization?	NONE
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.

The applicant has pursued a more cost effective project by obtaining secured bids from several design/construction companies to determine feasibility. Based on the new bids, a design new plan was developed in conjunction with South Coast Improvement Company. This company had previously built a dining room addition to Serenity Hill, and therefore has familiarity with the physical plant of the facility based on this experience, which in turn would result in cost reduction.

The decrease in MCE is over 10% of the original approved MCE, thereby require the Amendment to be filed. Through this Amendment, the Applicant seeks approval for a decrease in the approved MCE for the Project to \$4,753,402.

The new plan reduces the Project footprint from 15,210 square feet to 12,000 square feet, but will bring Serenity Hill into compliance with the elimination of the DPH three (3) and four (4) bedded room regulation. The non-compliant beds will be moved to the new addition with the 12 bed one time regulatory allowance.

The comparison of Approved and Requested Capital Expenditures show the major differences in the project:

	Approved	Renovation	Requested	Difference
Depreciable Land Dev Cost	1,046,975		350, 918	
Construction Cost	3,768, 625		2,838,773	
Contingency	0		393,165	
Architectural Cost	348,500		99,414	
Management Fee	0		217,781	
Pre-Filling Planning & Dev Cost	879,150		673,351	
Other Upgrades		1,000,000		
TOTALS	\$6,043, 250	\$1,000,000	\$7,043,250	\$2,469,848

The proposed amendment is to secure approval for the decrease in Maximum Capital Expenditure for the project. The project continues to comply with the De-Densification regulation eliminating three (3) and four (4) bedded rooms. It preserves the fifteen (15) beds in three and four bedded rooms, and allows for twelve (12) additional beds under the facility's one-time regulatory allowance.

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

4.2.a If yes, How?

- 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?

<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

10.2 This Amendment is: ☐ Immaterial Change ☐ Minor Change ☒ Significant Change

10.3 Original Application number:

10.3.a Original Application Type:

10.3.b Original Application filing date:

10.3.c Have there been any approved Amendments to the original Application? ☐ Yes ☒ No

For Significant Amendment Changes:

10.5.a Describe the proposed change.

The Amendment is being filed for the purpose of requesting a decrease in the Project Cost from the time the DON was submitted. The project scope consists of a 12,000 square foot building addition with the additional size matching the allowable footprint of the existing site, while complying with the De-Densification Regulations.

10.5.b Describe the associated cost implications to the Holder.

This Amendment requests a decrease in the approved MCE associated with the approved project. The applicant is requesting approval for a MCE of \$4,573,402.00. As in the approved DON, there will be a new elevator, updated fire protection, including the fire alarm system. Operating expenses should be comparable when the project is completed. Savings are likely from the mechanical/energy/HVAC upgrades.

10.5.c Describe the associated cost implications to the Holder's existing Patient Panel.

There should be no or very modest cost implications to the existing Patient Panel. The facility cares for over 97% of Medicaid and Medicare patients who will not be impacted as patient paid amounts/co-pays are set. Private pay rates for the remaining 3% would increase annually based on inflation.

10.5.d Provide a detailed narrative, comparing the approved project to the proposed Significant Change, and the rationale for such change.

See Project Description

☒ **The Holder hereby swears or affirms that the above statements with respect to the proposed Significant Change are True.**

11. Emergency Application

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

☐ Yes

☒ No

12. Total Value for Significant Amendments

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 a: Significant Amendment

Filing Fee: \$0

12.1 Proposed increase in total value of this project:

(\$2,469,848.00)

12.2 Total increase in CHI commitment expressed in dollars: (calculated)

(\$123,492.40)

12.3 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
- ☒ Electronic copy of Staff Summary for Approved DoN
- ☒ Electronic copy of Original Decision Letter for Approved DoN
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Articles of Organization / Trust Agreement

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: 07/16/2023 2:43 pm

E-mail submission to
Determination of Need

Application Number: NONE-23040210-AM

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form