



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Long Term Care Substantial Capital Expenditure	Application Date:	09/04/2019 3:33 pm
Applicant Name:	Belmont Manor Nursing Home, Inc.		
Mailing Address:	34 Agassiz Avenue		
City:	Belmont	State:	Massachusetts
		Zip Code:	02478
Contact Person:	Mark Cummings	Title:	Principal
Mailing Address:	300 Crown Colony Drive		
City:	Quincy	State:	Massachusetts
		Zip Code:	02169
Phone:	6179848100	Ext:	8154
E-mail:	mark.cummings@claconnect.com		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Belmont Manor Nursing Home, Inc.		
Facility Address:	34 Agassiz Avenue		
City:	Belmont	State:	Massachusetts
		Zip Code:	02478
Facility type:	Long Term Care Facility	CMS Number:	225419
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?	
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.

Belmont Manor is an existing 3-story, 59,214 gross square footage ("GSF") building that includes a full basement and two residential floors. The facility has 54 existing parking spaces and is currently licensed for 135 patients. The Applicant proposes to construct a two story addition with a cellar to the northeasterly portion of the nursing home, which will allow for important renovations within the facility, including an improved bedroom layout and a new laundry facility in the basement. The footprint of the new addition will be approximately 1,710 square feet, with the second and third floors each comprised of approximately 1,710 square feet for a total of 5,130 additional square footage. The second and third floors will include two (2) new single rooms and two (2) new double rooms. The addition will enable the Applicant to eliminate the remaining triple rooms on two units, and to similarly increase the number of single and double rooms with the addition of six new beds. The addition maintains the existing architectural character of Belmont Manor, and the roof will be similar to that of the existing building. See Attachment I for the existing bedroom configuration and the proposed bedroom configuration.

The addition will enable the Applicant to eliminate the remaining six (6) triple rooms and increase the number of single and double rooms with the addition of six new beds. The new space will also allow for additional visiting, dining, and common social areas, which will significantly enhance the quality of life for the residents.

The renovation will also add a much-needed new laundry facility as well as additional common areas for the residents. In this way, the proposed renovations will allow Belmont Manor Nursing Home to remain in the forefront of high-quality, state of the art nursing care facilities.

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

4. Conservation Project

- 4.1 Are you submitting this Application as a Conservation Project? ☐ Yes ☒ No

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: Long Term Care Substantial Capital Expenditure

12.1 Total Value of this project:

\$5,412,084.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$162,362.52

12.3 Filing Fee: (calculated)

\$10,824.17

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

\$2,469.00

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.

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 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

For the purposes of determining its patient panel, the Applicant reviewed its resident information for the period 2017 to 2019. The Applicant had a total of 48,215 resident days in 2017, 47,934 days in 2018, and 15,641 days in 2019, through April 30, 2019. The resident days can be further broken down by resident type.

All of the residents are in the 65+ age cohort. The resident mix is 38% male and 62% female and 78% of their current patient panel is from Middlesex County. The religious affiliation is 54% Catholic, 27% Jewish and the remaining 19% of various religion affiliations. The breakdown of residents based on race/national origin is 98% Caucasian, 1% African American, and 1% Asian.

The Facility's payor mix consists of Medicare, MassHealth, and private payors. 5% of the patient panel consists of Medicare beneficiaries. Another 27% of the patient panel is comprised of MassHealth beneficiaries. The remaining 68% of the payor mix is attributable to commercial payors and private pay. The Applicant does not expect the payor mix to change after project completion.

The patient panel has various activities of daily living (ADL) needs; 14.4% of the patient panel are independent with transferring while 85.6% of the patient panel is either an assist of one or two staff members or dependent on staff for transferring. All of the patient panel is an assist of one or two staff or dependent in bathing and dressing. However, 51% are independent with eating while 49% are an assist of one or two staff members or dependent on staff.

Patients generally require admission for one of two reasons: they either are in need of short-term rehabilitation following an acute-care hospital stay, or they are in need of skilled care that cannot be provided in a home setting. Residents who are admitted for skilled nursing care also may require the specialty services the Applicant offers for memory-care residents on its Alzheimer's unit. Understanding the very specialized attention required by residents with Alzheimer's, the Applicant has established a 32-bed Special Care Unit. In order to be attuned to the specific needs of their Alzheimer's residents, the Applicant's staff receives intensive training. Residents currently enjoy the protection and security of a closely monitored environment which encourages freedom of expression and movement. The Special Care Unit has its own separate activities/dining area, a full-time program director and individual programs and care plans to match a patient's activities and interest, reinforcing the desire to stay independent. Among the many programming options that they offer their memory impaired population include; one on one painting, music and memory where each resident is provided with an iPod uploaded with music from their past, and they partner with the Alzheimer's Association in the Boston/Cambridge area and participate in many activities including the annual walk.

The Applicant does not anticipate that these proposed changes will impact their patient panel negatively and does not anticipate a change in payer mix nor do they anticipate any significant increase in health care costs. Payers for the patient panel include Medicaid, Medicare, private pay, and other third party payers. The Applicant doesn't anticipate a large increase in reimbursement rates for any of these payers except the Medicaid capital rate add-on derived from this application, and inflationary increases for the other payer classes.

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

There is demonstrated need for the provision of nursing facility services as part of the full range of care options available to individuals managing and treating their care needs. The Facility is the only skilled nursing facility located in Belmont and has been since 1967. As a result, it is the immediate facility of choice for those residents who wish to receive care in a community-based setting. This lack of availability of skilled nursing services in the community accounts for continued, ongoing demand for the Facility's services.

Built environments are referred to as building or renovating areas in an effort to improve the community's well-being through construction of "aesthetically, health improved, and environmentally improved landscapes and living structures". Alzheimer's disease changes how seniors interpret their environment. Names, places and people they know become unfamiliar, leading to disorientation, stress and isolation. But creating a positive environment, conducive to a senior's comforts and needs, can help reinforce well-being.

Elimination of 3-bedded rooms has a very positive impact on the built environment for skilled nursing facility residents. Residents in a nursing home have already given up some independence so not having to share a room with more than one other person allows the resident to have greater independence. Having single and double rooms helps with infection control, reduction of medical errors, increased privacy, provision of personalized spaces, and noise control.

Although it is not a cure, offering person-centered care and a positive environment can help lift seniors with Alzheimer's. If they can live in a positive, dementia-friendly environment, one that supports their health, independence and safety, seniors with Alzheimer's will experience more personal control. They are more likely to remain active and engage in activities familiar to them, which will help them live well for as long as possible.

According to census projections, Massachusetts is expected to see an increase in the population of adults age sixty-five and older, from 15% in 2015 to 21% in 2030. (1) The fastest growth is expected among those aged eighty-five and older, a population with increasingly complex health needs. (2)

Based on US Census 2010 reporting, the Massachusetts population has seen a 24.4% increase in adults over eighty-five and an increase of 4.9 % in adults sixty-five and over since 2000.(3) According to the Massachusetts Health Aging Data Report, two out of three older adults have at least four or more chronic conditions, and one in eight older adults has dementia.(4) Almost 80% of adults age sixty or older have a chronic disease, most of which are treatable or manageable with the appropriate health care services.(5)

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

The Applicant believes the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. The Facility is the only licensed nursing home located in Belmont. While there are nursing facilities located in the neighboring communities, the Applicant's mission is quite different than that of their competitors, they are committed to providing a continuum of care in an environment that promotes optimal functional ability, interdisciplinary care, and the integration and provision of community resources and education. The continued availability of the Applicant's services ensures access to nursing facility services, Alzheimer care and rehabilitation services.

Demand for the Applicant's nursing facility services remains high. As demonstrated in Section F1.a.ii, there is ongoing, increased demand for the Applicant's services based on census projection and disease progression.

Nursing Home Compare allows you to find and compare nursing homes certified by Medicare and Medicaid. The website contains quality of resident care and staffing information for more than 15,000 nursing homes around the country. Nursing homes provide skilled care to people who can't be cared for at home and need 24-hour nursing care. Skilled care includes skilled nursing or rehabilitation services to manage, observe, or assess a resident's care. Examples of skilled care include occupational therapy, wound care, intravenous (IV) therapies, and physical therapy.

The information on Nursing Home Compare can help you learn:

- How nursing homes have performed on health and fire safety inspections
- How the nursing home is staffed with nurses and other healthcare providers
- How well nursing homes care for their residents

CMS creates the overall star rating for nursing homes from 3 parts: 1) Health inspections 2) Quality of resident care measures and 3) Staffing. Star ratings for each part and for the overall rating range from 1 star to 5 stars, with more stars indicating better quality.

The Applicant has six competitor facilities within a three mile radius, one is a 5 star, 2 are 4 stars, 2 are 3 stars and 1 is a 2 star. The Applicant is a 5 star and is the only facility of the seven that is family run and has had the same leadership since its inception in 1967.

As you will see in the Factor 4 information, the costs at Belmont Manor are slightly higher than their competitors in the Skilled Nursing Facility arena but the cost are significantly lower than the Acute Care setting.

F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

To those who have fought hard to build alternatives to nursing homes, all this attention to alternatives ignores the vital role that nursing facilities play in the health care of people with frailty, multiple co-morbidities and complex conditions. For example, where else can fragile individuals go after a hospital stay? They must leave the hospital setting once their care is not acute, and this is appropriate for both safety and cost-effectiveness. However, many people – especially older adults – cannot tolerate the rigors of rehabilitation

hospitals, and require a 24/7 recovery option that consolidates multiple therapies and supports after a hospitalization. Only SNFs can fill this role.

Another vital role that cannot be filled elsewhere in the nation's healthcare system is the care of those who are especially frail or dealing with multiple disabilities and conditions. Patients on more than a dozen medications, with advanced dementia, ventilator-dependent, incontinent, or with other complex clinical conditions or disabilities often cannot be safely attended to in private homes or assisted living, and deserve good skilled nursing care to maximize their strengths and abilities.

Additionally, nursing homes often serve as a hub for an array of community services for the "nursing home-eligible" individual, including medical day care, various home health care programs and assisted living programs. With a physical facility serving as the point-of-contact for seniors and their caregivers/agents seeking services, effective community-based long-term care – those valuable alternatives that can delay or avoid institutionalization – become more accessible.

There are many other roles – both currently and potentially – that skilled nursing facilities fill in our health care system, and they are here to stay. First, consider these facts:

1. There are 15,000 nursing homes serving 1.7 million people in the U.S. annually.
2. More than 17% of Americans over the age of 85 live in nursing facilities.(6) This age group is the fastest-growing cohort, the demand for good skilled nursing care will only increase.
3. About half of all people turning 65 will enter a nursing home in their lifetime.(7)

The increase in the number of individuals diagnosed and living with dementia impacts nursing homes, which work to develop appropriate services to respond to this increase. As of October 2017, dementia affected 5.4 million Americans and over 120,000 Massachusetts residents.(8) Research suggests that as people are living longer, the number of adults with dementia will rise to 16 million nationwide by the year 2050.(9) The statewide rate of dementia in older adults in Massachusetts is 14%, which is higher than the national average of 11%. The rate varies by community, with rates in some areas as high as 24%.(10) Seventy-two of the 351 cities and towns in Massachusetts are implementing programs to become more age-friendly; however, many communities have not embraced such efforts and thus leave older adults under served.(11) Estimates also put the number of informal caregivers in Massachusetts at 332,000, often resulting in worse health outcomes and higher rates of depression, stress levels, and cardiovascular reactivity.(12)

In accordance with the requirements of 105 CMR 150.00: Standards for Long Term Care Facilities, nursing home employees are required to complete initial and annual dementia-specific training.(13) Belmont Manor is one of the facilities who has complied with this regulation. Since the requirement was implemented in 2014, sixty-four nursing homes have not complied with the training requirement, thereby highlighting the need for skilled nursing facilities who can provide the appropriate level of care.(14) According to the National Alzheimer's Association, more than 50% of residents in nursing homes have some form of dementia or cognitive impairment.(15) Belmont has nearly 80% of their patient panel who has some form of dementia or Alzheimer's Disease. Well-trained staff members who best understand how to care for those with dementia and organizations with meaningful activities can help to dramatically improve residents' quality of life.(16)

Rates of hospitalization among older adults with dementia is approximately three times higher than older adults without dementia, and rates are even greater among those with co-existing conditions.

The addition will provide significant quality of life improvements for Belmont Manor residents as the renovations will increase the number of single and double rooms, rather than triple rooms. The addition will allow the Applicant to eliminate the last of the triple rooms within two units. These units are on the west side of the building and the residents that live there are unable to leave the floor due to either infirmity or dementia. The new space, which is next to the only multi-purpose room on each of the units, will allow for additional visiting and dining areas, which will significantly enhance the built environment which will increase physical activity among the residents and increase social interaction. These are behaviors that support and promote good health and increase the likelihood of positive health outcomes. The renovations will also add a much needed new laundry facility as well as additional common areas for the residents. From a programming perspective the new laundry will be more efficient, as the service components are centrally located. The addition of a laundry chute will decrease the risk of cross contamination, as soiled linens will no longer be transported through various parts of the building. The new laundry chute will also minimize the risk for workplace injuries do to moving heavy bags of laundry.

F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

The impact of the proposed project will allow the existing patient panel to have greater amount of space for visiting and dining and will be assessed by analyzing patient outcomes. Also, resident/family satisfaction surveys will convey the impact of these proposed changes as well as savings on electricity. The addition of the state of the art laundry facility will be a more efficient use of space. As mentioned

above, from a programming perspective the new laundry will be more efficient, as the service components are centrally located. The addition of a laundry chute will decrease the risk of cross contamination, as soiled linens will no longer be transported through various parts of the building. The new laundry chute will also minimize the risk for workplace injuries as staff will no longer be required to move heavy bags of laundry.

F1.b.iii Public Health Value /Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

As discussed previously in the application, Belmont Manor is the only skilled nursing facility in Belmont. Additionally, as a participant in the Medicare/Medicaid program, certified provider is bound by the conditions of participation with the program and are prohibited to discriminate any person on the basis of race, color, national origin, disability, sex (or gender identity), or age. The Applicant is committed to adhere to and embrace these conditions and serve as the community leader in providing quality driven care in the lower cost post acute setting to all residents of the community.

These factors of quality care and access will continue to be reviewed and assessed through the Applicants Continuous Quality Improvement programs, CMS 5-star rating process and Department of Public Health state surveys.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

It is the mission of the Applicant to be a community leader in providing quality-driven post-acute and long-term care services. They are committed to providing a continuum of care in an environment that promotes optimal functional ability, interdisciplinary care, and the integration and provision of community resources and education. It is their intent to provide these services without regard to sex, race, creed, national origin, age, disability, or payer class. The promote a challenging, dynamic, and professional work environment through on-going staff education and Continuous Quality Improvement programs, which meet the needs of an ever changing health care population.

The Applicant fulfills its mission by:

- Providing inpatient medical, nursing and rehabilitative care for those individuals who are unable to live in an alternative community setting, but who do not need the diagnostic or surgical services normally provided by acute care hospitals.
- Improving the quality of life for residents by assisting them in achieving their maximum level of independence. This is accomplished through supporting resident's psychological and social needs, maintaining resident self-respect, providing a home environment and respecting resident needs, Bill of Rights and privacy.
- Providing rehabilitation and health maintenance to each resident as deemed appropriate by the interdisciplinary health team: nursing, physical therapy, attending physician, occupational therapy, therapeutic recreation, dietary and social services.
- Maintaining their commitment to an on-going Continuous Quality Improvement program that encourages a re-evaluation of the environment and the operating systems and procedures to enhance the quality of life for the residents.
- Decrease the likelihood of hospitalization or re-hospitalization and the resulting high cost setting of providing care in an acute care setting.
- the impact on the resident's psycho/social well-being is improved by no longer placing them into a three-bedded room and by having the additional space to move around freely in enhanced space.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

The Applicant has had long standing relationships with their healthcare partners who provide services to their residents. They will continue to collaborate with these providers on care transitions and access to healthcare, as well as, working with the additional healthcare systems in the Belmont area. The Applicant also has a long standing relation with the Belmont Council on Aging with whom they partner on various functions, i.e. sponsoring meals among others.

The new space and environment will lead to an improved social and built environment, thus increased quality of life for the residents and thus they would be less likely to leave.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or-the Proposed Project.

The Applicant has meet with referral sources to tell them what they are planning for this proposed project.

In addition to its meetings with neighbors, the Applicant has also met with municipal officials to discuss and review the Project. The Applicant met with Chief Kenneth Gardiner of the Belmont Fire Department and also met with members of the Office of Community Development on multiple occasions.

The Applicant or its representatives have had numerous discussions with the Department of Public Health to include personnel at the Plan Review Office, Licensure and Determination of Need.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

The Applicant has discussed the proposed project with their residents and families to let them know what changes will be taking place in the future and to get an additional input on design and plan. In addition, from the very early stages of the Project, the Applicant has reached out to, and communicated extensively with, its neighbors about the Project - seeking their input on design and proposed mitigation. The Applicant met with neighbors and other town officials as noted in F1.d, offering information about the Project and an opportunity for comment and discussion, on multiple dates.

During these discussions with the patient panel, their families and the neighbors in the community, the Applicant determined the need and desire to have renovations completed in this facility to enhance the social and built environments.

The Applicant sent out over 69 invitations to its open house held on November 2, 2017.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

Throughout the development of the proposed project, the Applicant consulted stakeholders in the community at every stop along the way. As noted previously throughout this application, the Applicant consulted the Patient Panel, its neighbors, and other representatives in the community regarding the design of the project and benefits to the community and Patient Panel. Improving the quality of life for the patient panel through improvements in their built and social environments were among the topics discussed at the many meetings involving the community and patient panel. Additionally, if approved and implemented at the site, the proposed project will allow the Applicant to continue to provide the vital services in the community at the lower cost post acute setting. This will allow the community to continue to have an alternative option to the higher cost acute care setting and contribute to the reduction and containment of the total cost of care, thus providing Public Health Value.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

The new state of the art laundry will be at the forefront of cost containment and efficiency. The addition of the beds will not create much in additional costs (see Factor 4) but will allow for the Applicant to care for more frail elders in the community. Although staffing will increase slightly this and the overall project will improve the wellbeing of the patient panel and their overall health and will help avoid or reduce higher cost acute hospitalization stays.

F2.b **Public Health Outcomes:**

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

With the changes in the bed configuration and expanded visitation and dining space will create an increased quality of life for all residents of Belmont Manor but will significantly impact the Alzheimer's population and will continue to expand greatly needed services as explained earlier in the application in this community.

F2.c **Delivery System Transformation:**

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

This facility has been operational for many years and has many linkages to provide care for their long term residents internally and for their short term patients as they discharge them back to the community. Failure to sustain the linkage to the community already established would be detrimental to delivery system as whole and disrupt overall coordination of care in the community. Every individual admitted to the SNF is assessed and services are set up as needed. The interdisciplinary care planning process includes all aspects of the patient's care including, but not limited to the, social, psychosocial, and spiritual wellbeing of each individual. Many patients may experience an illness, and may not already have services connected to their local community. Whether the individual is already service connected, or not, our seasoned care coordinators and social workers have access and relationships with local resources and supports to ensure adequate services are set up prior to discharging back to the community.

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"/>	4-1497	08/07/2007	Long Term Care Substantial Change in Service	Belmont Manor Nursing Home, Inc.

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.

[illegible]

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			
	Site Survey and Soil Investigation			
	Other Non-Depreciable Land Development			
	Total Land Costs			
Construction Contract (including bonding cost)				
	Depreciable Land Development Cost	\$169721.	\$5000.	\$174721.
	Building Acquisition Cost			
	Construction Contract (including bonding cost)	\$2777549.	\$1030165.	\$3807714.
	Fixed Equipment Not in Contract		\$275945.	\$275945.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost	\$259472.	\$90694.	\$350166.
	Pre-filing Planning and Development Costs	\$73035.	\$25528.	\$98563.
	Post-filing Planning and Development Costs	\$37050.	\$12950.	\$50000.
Add/Del Rows	Other (specify)			
<input type="checkbox"/> <input type="checkbox"/>	Laundry Equipment	\$194337.		\$194337.
	Net Interest Expensed During Construction	\$109923.	\$51520.	\$161443.
	Major Movable Equipment	\$41916.	\$225000.	\$266916.
	Total Construction Costs	\$3663003.	\$1716802.	\$5379805.
Financing Costs:				
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc	\$21978.	\$10301.	\$32279.
	Bond Discount			
Add/Del Rows	Other (specify)			
<input type="checkbox"/> <input type="checkbox"/>				
	Total Financing Costs	\$21978.	\$10301.	\$32279.
	Estimated Total Capital Expenditure	\$3684981.	\$1727103.	\$5412084.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

The Applicant proposes to construct a two story addition with a cellar to the northeasterly portion of the nursing home, which will allow for important renovations within the facility, including an improved bedroom layout and a new laundry facility in the cellar.

Quality:

The addition will enable the Applicant to eliminate the remaining triple rooms on two units, and to similarly increase the number of single and double rooms with the addition of six beds. The new space will allow for additional visiting and dining areas, which will significantly enhance the quality of life for the residents. Within this proposal the Applicant will also update existing shower and bathing facilities to also enhance the quality of life for the residents.

Efficiency:

The addition of the new laundry space with new equipment will be more efficient and cost effective to operate

Capital Expense:

The cost of adding square footage to the existing location will be far less costly and less disruptive to their residents than if they were to replace the facility at the current location or a new location.

Operating Costs:

Operating cost will not change with the exception of an additional FTE in nursing as well as some minor increases to food and supply accounts for the additional six beds.

List alternative options for the Proposed Project:

Alternative Proposal:

There are no alternative proposals as this provider has been in the community for over 50 years and is the only long term care provider in Belmont and has consistently through the years completed capital renovations to the existing site to keep the building updated and efficient.

Alternative Quality:

There would be no alternative quality, if the Applicant is unable to complete renovations they are unable to provide the quality of services they are proposing in this application and they would operate inefficiently as any upgrades to their existing site would create operational efficiencies.

Alternative Efficiency:

There is no alternative efficiency, alterations are necessary to align this facility with the identified healthcare needs of this community as identified in this application.

Alternative Capital Expense:

N/A

Alternative Operating Costs:

N/A

Add additional Alternative Project

Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

In consideration of this project the Applicant, with its Management Team and other advisory parties considered many options to meet the existing patient panel needs, the needs of future patients and the needs of the community at large. Renovating the existing building to update the structure was found to be the only acceptable move. The only other alternative would be replacement of the

existing facility but this could only be accomplished via new construction at a different site and the cost would have been more expensive and would not meet the immediate needs of the Belmont Community. Renovating the existing building and site is the best alternative, since it was cheaper than the total replacement, as cost effective and efficient as a new facility and the quality of life for the residents will be improved.

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
- ☒ 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: 09/04/2019 3:33 pm

E-mail submission to
Determination of Need

Application Number: -19090415-LE

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form