



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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April 27, 2020

Mark Cummings, Principal
CliftonLarsonAllen LLP
300 Crown Colony Drive, Suite 310
Quincy, MA 02169

VIA EMAIL

RE: Notice of Final Action DoN # 19090415-LE

Dear Mr. Cummings:

At their meeting of April 23, 2020, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §25C and the regulations adopted thereunder, to approve the Determination of Need application filed by Belmont Manor Nursing Home, Inc. for a Substantial Capital Expenditure to construct a two-story addition with a basement/cellar to the existing facility at 34 Agassiz Avenue, Belmont MA 02478. This Notice of Final Action incorporates by reference the Staff Report and the Public Health Council proceedings concerning this application.

This application was reviewed pursuant to M.G.L. c. 111, §25C and the regulatory provisions of 105 CMR 100.000 et seq. Based upon a review of the materials submitted, the Department found that the Applicant has met each DoN factor and approves this Determination of Need application for a Substantial Capital Expenditure subject to all standard conditions (105 CMR 100.310) and pursuant to 105 CMR 100.360, subject to Other Conditions listed below. The total capital expenditure for the Proposed Project is \$5,412,084.00 and the required CHI contribution is \$162,362.52.

In compliance with the provisions of 105 CMR 100.310 A (2) and (11) the Holder shall submit an acknowledgment of receipt to the Department (attached) and also include a written attestation of participation or intent to participate in MassHealth.

In compliance with the provisions of 105 CMR 100.310 A (12), which require a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall

address its assertions with respect to all the factors.

Other Conditions:

In order to demonstrate that the Proposed Project will add measurable public health value in terms of providing reasonable assurances of health equity, the Holder shall, within three months of the Lifting of the State of Emergency:

1. Consult with the Department's Office of Health Equity **and** implement, to the Office's satisfaction, any corrective measures needed regarding its Interpreter Services.

The CHI contribution will be \$162,362.52 paid in two equal payments with the first payment due at the time of receipt of a duly-approved Notice of Determination of Need (or upon receipt of a payment letter from DPH), and the second, on the first anniversary of the Notice.

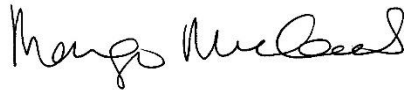
Contact for submitting contribution to the Massachusetts Healthy Aging Fund:

To comply with the obligation to contribute to the Massachusetts Healthy Aging Fund, please submit a check for \$81,181.26 to Health Resources in Action (the fiscal agent for the Massachusetts Healthy Aging Fund) **within 30 days** from the date of this Notice of Approval. Please notify DPH (CHI contact staff) when the payment has been made. Payment should be sent to:

Health Resources in Action, Inc., (HRiA)
2 Boylston Street, 4th Floor
Boston, MA 02116
Attn: Ms. Bora Toro

Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Sincerely,



Margo Michaels MPH
Director
Determination of Need Program

cc:

Elizabeth Kelley, Bureau of Health Care Safety and Quality
Sherman Lohnes, Division of Health Care Facility Licensure and Certification
Rebecca Rodman, Deputy General Counsel
Daniel Gent, Health Care Facility Licensure and Certification
Samuel Louis, Office of Health Equity

Ben Wood, Division of Community Health Planning and Engagement
Suzanne Barry, Center for Health Information and Analysis
Pavel Terpelets, MassHealth
Katherine Mills, Health Policy Commission
Eric Gold, Office of the Attorney General
Elizabeth Chen, Executive Office of Elder Affairs

**Acknowledgment of Receipt of Determination of Need and
Attestation Regarding Participation in MassHealth**

Pursuant to 105 C.M.R. § 100.310(A)(2) we, the undersigned chief executive officer and board chair of _____ (the "Holder"), hereby acknowledge that the Holder is in receipt of the Determination of Need Notice of Final Action, dated _____, issued by the Massachusetts Department of Public Health (the "Department") with respect to Application No. _____. This attestation is being provided to the Department and to all Parties of Record within thirty (30) days of the Determination of Need Notice of Final Action.

In addition, pursuant to 105 CMR 100.310(A)(11), we hereby attest that _____ (the Health Care Facility or Facilities for which the Notice of Determination has been issued) [participates, or intends to participate] in MassHealth pursuant to 130 CMR 400.000 through 499.000.

IN WITNESS WHEREOF, the undersigned have duly executed this Attestation on this _____ (date)

Name, Chief Executive Officer and signature

Name, Board Chair and signature