



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Determination of Need Program
250 Washington Street, Boston MA 02511

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Lieutenant Governor

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Secretary

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May 4, 2021

Emily B. Kretchmer, Esq.
Krokidas & Bluestein LLP
600 Atlantic Ave
Boston, MA 02210

VIA EMAIL
ekretchmer@kb-law.com

RE: Notice of Final Action DoN # 20111605-LS

Dear Ms. Kretchmer,

At their meeting of April 28, 2021, 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 (DoN) application filed by Campion Health & Wellness, Inc. located at 319 Concord Road, Weston, MA 02193 for a LTC Substantial Change in Service to renovate the third floor of their facility and upgrade classification of 12 Level IV rest home beds to Level II skilled nursing beds. 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 Change in Service 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 \$3,738,853.00 and the required CHI contribution is \$112,165.59.

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 to the DoN

1. The CHI contribution will be \$112,165.59 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.

To comply with the obligation to contribute to the Massachusetts Healthy Aging Fund, the Holder must submit a check for \$56,082.80 to Health Resources in Action (the fiscal agent for the Massachusetts Healthy Aging Fund) within 30 days from the date of the Notice of Approval. The Holder must promptly 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,
Lara Szent-Gyorgyi



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
Daniel Gent, Division of Health Care Facility Licensure and Certification
Rebecca Rodman, General Counsel's Office
Samuel Louis, Office of Health Equity
Suzanne Berry, Center for Health Information Analysis
Mary Byrnes, Center for Health Information Analysis
Pavel Terpelets, MassHealth
Katherine Mills, Health Policy Commission
Ben Wood, Office of Community Health Planning
Eric Gold, Attorney General's Office
Elizabeth Chen, Executive Office of Elder Affairs