

INSTRUCTIONS

Close Instructions

Print Instructions

Filling in Form: This form should be completed and submitted on line using Adobe Acrobat Reader Version 9 or higher. Go to Adobe.com if you do not have the latest version.

Save completed form for your reference (Use the "Save" option only, "Save as" will remove your ability to enter data.)
Reset button will clear all data from the form. **Print button** will print a hard copy of the form.

General Rules for Filling in Forms

Radio Button

Radio Button: Select only one answer from the group.

Check Box

Check Box: Select all the answers that apply from the group.

+

-

Button

Button: Clicking on a button will perform the task listed on the label. Plus and minus buttons will add or delete a row in a table.

Date/Time Field

Date Field: Click on calendar for arrow to appear, select date. If you type in the date be sure to use this format: MM/DD/YYYY.

Drop-down List

Drop Down List: Click on the arrow and select a response from the items supplied. Some drop down lists will allow you to type in custom information.

Text Field

Text Field: Type response in the area provided. Answers that require large amounts of text will grow as you type. You can cut and paste text from MS Products or another PDF form.

Numeric Field

Numeric Field: Enter numbers only. No \$ signs, % signs or commas. If you enter anything other than a number the field will appear blank.

Required

Required Entry: Fields with red boxes are required to have a response before form is submitted.

Signature Field

Signature Fields: Click on field to sign and date stamp the form with your electronic signature. Signing the form usually locks data entered on the form to prevent change. To change the data on the form delete the signature.

Application Instructions

1. Be sure that you are using the most current version of this Application. www.mass.gov/dph/don Additional forms for Affidavit of Truthfulness, Affiliated Parties, Change in Service and Factor 6 can also be found on this site.
2. You can only select a single Application Type. The Application Type selected will determine what documents are needed to complete. Choose the type that best describes the Proposed Project.
3. If you have questions please contact the Determination of Need program at 617- 624- 5690 or via e-mail at dph.don@state.ma.us



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: DRAFT
3-15-17b

DRAFT

Application Type:

Application Date: 05/19/2017 10:41 am

Applicant Information

Applicant Name:

Mailing Address:

City: State: Zip Code:

Contact Person: Title:

Mailing Address:

City: State: Zip Code:

Phone: Ext: E-mail:

Facility Information

List each facility affected and or included in Proposed Project

1	Facility Name:	<input type="text" value="Chelsea Jewish Nursing Home"/>		
	Facility Address:	<input type="text" value="17 Lafayette Avenue"/>		
	City:	<input type="text" value="Chelsea"/>	State:	<input type="text" value="Massachusetts"/>
			Zip Code:	<input type="text" value="02150"/>
	Facility type:	<input type="text" value="Long Term Care Facility"/>	CMS Number:	<input type="text"/>
		<input type="button" value="Add additional Facility"/>	<input type="button" value="Delete this Facility"/>	

1. About the Applicant

1.1 Type of organization (of the Applicant):

1.2 Applicant's Business Type: Corporation Limited Partnership Partnership Trust

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? Yes No

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? Yes 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)? Yes No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? Yes 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.

We write on behalf of Chelsea Jewish Nursing Home, Inc. (the "Applicant"), the holder of the approved and in process Determination of Need ("DoN") Project #4-1514("Project"). The facility has partially implemented the DoN and as a result of the more detailed planning related to the implementation; it determined that the original and amended approvals require certain modifications prior to full implementation. As a result, the Applicant hereby respectfully requests a significant change to its DoN authorization pursuant to 105 C.M.R. 100.635 (A)(3). At the same time, the Applicant is filing for final cost approval.

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

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 100 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 If Yes, Select one:

Substantial

10.3 Original Application number:

4-1514

10.3.a Original Application Type:

Amendment

10.3.b Original Application filing date:

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: Amendment

12.1 Total Value of this project:	<input type="text" value="\$14,749,356.00"/>
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"/>
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"/>

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
- Affiliated Parties Table Question 1.9
- Change in Service Tables Questions 2.2 and 2.3
- Notification of Material Change
- 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: 05/19/2017 10:41 am

E-mail submission to
Determination of Need

Application Number: -17051909-AM

Use this number on all communications regarding this application.