



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MARGRET R. COOKE  
Commissioner

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March 14, 2022

Kathleen Harrell, Esq  
Attorney  
Ascentria Care Alliance, Inc.  
10 Overlook Circle  
Plymouth, MA 02360

RE: Notice of Final Action Project No. ACA-21092912-CL  
Ascentria Care Alliance, Inc. Lutheran Housing Corporation-Brockton d/b/a Lutheran  
Rehabilitation and Skilled Care Center Long Term Care Conservation DoN

Dear Ms. Harrell,

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to M.G.L. c. 111, § 25C and the regulatory provisions of 105 CMR 100.000 et seq, including 105 CMR 100.630 (A)(1), I hereby approve the application for Determination of Need (“DoN”) filed by Ascentria Care Alliance, Inc. (Applicant) for renovations to restore its facilities, at their facility Lutheran Housing Corporation-Brockton d/b/a Lutheran Rehabilitation and Skilled Care Center. The capital expenditure for the project is \$7,450,550.00 (November 2021 dollars). The CHI contribution will be \$74,505.50 due at the time of receipt of a duly approved Notice of Determination of Need. Please reference the project number ACA-21092912-CL on the payment as well.

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 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.

**Additional Conditions**

1. The total required CHI contribution of \$74,505.50 will be directed to the Massachusetts Healthy Aging Fund.
2. To comply with the Holder’s obligation to contribute to the Massachusetts Healthy Aging Fund, the Holder must submit the first installment, a check for \$37,252.75, to Health

Resources in Action (the fiscal agent for the CHI Statewide Initiative).

- i. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
- ii. The Holder must submit the second installment of funds to HRiA within one year from the date of the Notice of Approval.
- iii. The Holder must promptly notify DPH (CHI contact staff) when each 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

This Notice of Final Action incorporates by reference the Amended Memorandum to the Commissioner, which has been updated to reflect minor factual clarifications as well as corrections regarding the Applicant's CHI contribution. These changes did not change the recommendation of the Memorandum.

Sincerely,



Margret R. Cooke  
Commissioner

cc:

Elizabeth D. Kelley, Director, Bureau of Health Care Safety and Quality  
Steven Davis, Director, Division of Health Care Facility Licensure and Certification  
Rebecca Rodman, General Counsel  
Daniel Gent, Health Care Facility Licensure and Certification  
Samuel Louis, Office of Health Equity  
Jennica Allen, Division of Community Health Planning and Engagement  
Elizabeth Maffei, Division of Community Health Planning and Engagement  
Suzanne Barry, Center for Health Information Analysis  
Katherine Mills, Health Policy Commission  
Eric Gold, Office of the Attorney General  
Zhao Zhang, MassHealth