



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

MAURA T. HEALEY  
Governor

KIMBERLEY DRISCOLL  
Lieutenant Governor

KATHLEEN E. WALSH  
Secretary

ROBERT GOLDSTEIN, MD, PhD  
Commissioner

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[www.mass.gov/dph](http://www.mass.gov/dph)

September 4, 2024

Via email: [Rebecca.Rodman@huschblackwell.com](mailto:Rebecca.Rodman@huschblackwell.com)

Rebecca Rodman  
Senior Counsel  
HUSCH BLACKWELL LLP  
One Beacon Street,  
Suite 1320  
Boston, MA 02108-3106

Dear Attorney Rodman,

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)(3), I hereby approve the application for Determination of Need (DoN) filed by Masonic Health System of Massachusetts, Inc. (Applicant) for a Long-term Care Facility with a maximum Capital Expenditure below \$3,000,000 at Overlook Masonic Health Center located at 88 Masonic Road Charlton, MA. The project is to re-design and renovate the facility, including renovating its short-term rehabilitation unit, dining room, nurse stations, therapy rooms, and additional clinical and ancillary services on the unit, and addressing deferred maintenance to the facility. Through the Proposed Project, the Applicant will close 21 Level II beds resulting in 146 beds, including 28 Level IV rest home beds and 118 Level II beds that are dually certified for Medicare and Medicaid and can be used interchangeably for long-term skilled nursing care or for short-term rehabilitation. The Applicant will designate 78 Level II beds for long-term care and 40 Level II beds for short-term rehabilitation. The capital expenditure for the Proposed Project is \$2,995,285.00 (March 2024 dollars); the Community Health Initiatives (CHI) contribution is \$89,858.55. This Notice of Final Action incorporates by reference the Memorandum concerning this Application and is subject to the conditions set forth therein.

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 105 CMR 100.310(A)(12), which requires 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.

Please notify the DoN Program at [DPH.DON@State.MA.US](mailto:DPH.DON@State.MA.US) of the anticipated completion date of all the components of the DoN-approved Project once it has been established. Additionally, send an email confirming the Project's completion (licensure/ amended licensure approval date) and the first day of operations to determine the annual DoN reporting timeline.

#### **Other Conditions to the DoN**

1. The total required CHI contribution of \$89,858.55 will be directed to the Massachusetts Statewide Healthy Aging Fund.
2. To comply with the Holder's obligation to contribute to the Massachusetts Statewide Community Health Funds, the Holder must submit payment to Health Resources in Action (HRiA), the fiscal agent for the CHI Statewide Initiative, in **two installments**.
  - a. The Holder must submit the first installment of \$44,929.27 to HRiA **within 30 days** from the date of the Notice of Approval.
  - b. The Holder must submit the second installment of \$44,929.28 to HRiA **within 12 months** from the date of the Notice of Approval.
3. Payments should be made out to:  
Health Resources in Action, Inc. (HRiA)  
2 Boylston Street, 4th Floor  
Boston, MA 02116  
Attn: MACHHAF c/o Bora Toro  
DoN project #: MHSM-24021310-LS
  - a. The **Holder must promptly notify DPH** (CHI contact staff) when each payment has been made. Please send a PDF image of the check or **confirmation of payment** to [DONCHI@Mass.gov](mailto:DONCHI@Mass.gov) and [dongrants@hria.org](mailto:dongrants@hria.org)
  - b. If you should have any questions or concerns regarding the payment, please contact the CHI team at [DONCHI@Mass.gov](mailto:DONCHI@Mass.gov).

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.

  
Robert Goldstein, MD, PhD  
Commissioner, Massachusetts Department of Public Health

cc:

Dennis Renaud, Director Determination of Need Program  
Antonio Sousa, Acting Director, Bureau of Health Care Safety and Quality  
Rebecca Kaye, General Counsel's Office  
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification  
Judy Bernice, Division of Health Care Facility Licensure and Certification  
Hilary Ward, Division of 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  
Katelyn Teague, Division of Community Health Planning and Engagement  
Emily Williamson, Center for Health Information and Analysis  
Katherine Mills, Health Policy Commission  
Eric Gold, Office of the Attorney General  
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