



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

Tel: 617-624-6000
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DATE: July 20, 2022

Via email - EKretchmer@kb-law.com

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

RE: Next Step Healthcare LLC
DoN #NSH-22031320-CL

Dear Attorney Kretchmer,

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 Next Step Healthcare LLC for renovations to restore and sustain Westborough Healthcare (located at 8 Colonial Drive Westborough, MA). This Notice of Final Action incorporates by reference the Memorandum to the Commissioner.

The capital expenditure for the project is \$ \$6,730,000.00 (March 2022 dollars). The CHI contribution will be \$67,300.00. Please reference the project number NSH-22031320-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 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.

Additional Conditions

1. All Standard Conditions apply except 105 CMR 100.310(A)(10).
2. Of the total CHI contribution of \$67,300.00, the full amount will be directed to the CHI Healthy Aging Fund in accordance with the payment schedule outlined below in Condition 3.
3. To comply with the Holder's obligation to contribute to the Healthy Aging Fund, the Holder must submit payment to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative) in two equal installments of \$33,650 as follows:
 - a. The Holder must submit the first check for \$33,650 to HRiA within 30 days from the date of the approved Notice of Determination of Need.
 - b. The Holder must submit the second check for \$33,650 to HRiA on the first anniversary of the approved Notice of Determination of Need.
 - c. 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

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,



Margret R. Cooke
Commissioner

cc:

Elizabeth D. Kelley, Director, Bureau of Health Care Safety and Quality
Stephen 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