



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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February 14, 2022

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 # PAM-21111018-TO

Dear Ms. Kretchmer,

At their meeting of February 9, 2022, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §51 and the regulations adopted thereunder, to approve the Determination of Need (DoN) application filed by PAM Cubed, LLC located at 909 Sumner Street, Stoughton, MA 02072 for a transfer of ownership of Curahealth Stoughton, LLC, a long-term acute care hospital. 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, §51 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 Transfer of Ownership subject to all applicable standard conditions (105 CMR 100.310) and pursuant to 105 CMR 100.360, subject to Other Conditions listed below. The total value for the Proposed Project is \$7,500,000.00.

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

The Holder shall provide, in its annual report to the Department, outcome measures as described in the staff report. These metrics will become part of the annual reporting on the approved DoN, required pursuant to 105 CMR 100.310(A)(12).

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
Stephen Davis, 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
Elizabeth Almanzor, Center for Health Information Analysis
Pavel Terpelets, MassHealth
Katherine Mills, Health Policy Commission
Jennica Allen, Office of Community Health Planning
Elizabeth Maffei, Office of Community Health Planning
Eric Gold, Attorney General's Office
Christopher King, Executive Office of Health and Human Services
Tomaso Calicchio, Executive Office of Health and Human Services
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