



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

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Commissioner

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February 10, 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 Project No. PHC-21052014-LE
Wellman Healthcare Group, Inc. Long-term Care Substantial Capital Expenditure DoN

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, § 25C and the regulatory provisions of 105 CMR 100.000 et seq, including 105 CMR 100.715 (Substantial Capital Expenditure), to approve the application for Determination of Need (DoN) filed by Wellman Healthcare Group, Inc. (Applicant) to expand their long-term care facility through construction of a 46,225 gross square foot (gsf) replacement facility with 82 beds (of which 21 will be new beds). This Notice of Final Action incorporates by reference the Staff Report and the Public Health Council proceedings concerning this Application, all of which are incorporated herein by reference.

This Application was reviewed pursuant to M.G.L. c. 111, § 25C 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 substantial capital expenditure for the Proposed Project of \$18,838,384.00 (October 2021 dollars). The total required Community Health Initiative (CHI) contribution is \$565,151.52.

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.

Other Conditions to the DoN

1. The total required CHI contribution of \$565,151.52 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 \$282,575.76, to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
 - i. The Holder must submit the funds to HRiA within 6 months 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

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,

<signature on file>

Lara Szent-Gyorgyi
Director Determination of Need Program

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
Elizabeth Almanzor, Center for Health Information Analysis
Katherine Mills, Health Policy Commission
Eric Gold, Office of the Attorney General
Zhao Zhang, MassHealth
Elizabeth Chen, Executive Office of Elder Affairs