



# Massachusetts Department of Public Health

## Determination of Need

### Application Form

Version: 11-8-17

Application Type:  Application Date: 08/18/2020 9:25 am

Applicant Name:

Mailing Address:

City:  State:  Zip Code:

Contact Person:  Title:

Mailing Address:

City:  State:  Zip Code:

Phone:  Ext:  E-mail:

### Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:

Facility Address:

City:  State:  Zip Code:

Facility type:  CMS Number:

### 1. About the Applicant

1.1 Type of organization (of the Applicant):

1.2 Applicant's Business Type: ☒ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☐ LLC ☐ Other

1.3 What is the acronym used by the Applicant's Organization?

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? ☐ Yes ☒ No

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? ☐ Yes ☒ No

1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)? ☐ Yes ☒ No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? ☐ Yes ☒ No

- 1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ☐ Yes ☒ No

1.9 Complete the Affiliated Parties Form

## 2. Project Description

2.1 Provide a brief description of the scope of the project.

Notre Dame Long Term Care:

Notre Dame Long Term Care and Rehabilitation Center is a licensed skilled nursing facility that provides traditional long term care, post-acute and short term rehabilitation, specialized memory care, and end of life care to achieve the individual's maximum quality of life and well being within the charitable mission of the Sisters of Notre Dame de Namur. Individualized care plans include physical, occupational, and speech therapy, therapeutic recreational programs, intravenous therapy, spiritual care, and medically related social services. Licensed nursing services are provided 24 hours per day to our capacity of 123 individuals.

The existing Notre Dame Long Term Care facility is a nearly 30 year old facility located in Worcester, MA, originally constructed in 1993. The existing facility has three 41 bed skilled nursing units or neighborhoods, as well as amenity spaces such as several dining and activity spaces, a family room, and an interior courtyard. The project includes a renovation of the entire building, including all resident spaces and staff and support spaces as well. The scope of the project is defined below:

Skilled Nursing Neighborhoods:

The scope of the renovations for each skilled nursing neighborhood includes refinishing work for the entire unit. The refinishing work includes new flooring, finishes, and lighting for each resident room. Resident bathroom refinishing work includes new toilet fixtures and sinks, new flooring, lighting and accessories. The corridor refinishing work includes new flooring, ceilings, lighting and wall protection. Nurse's stations and other support spaces will be renovated and provided with new finishes.

In addition, there will be minor modifications to the day rooms and dining areas. The current day rooms and dining spaces are separate spaces with partitions between each space. Where possible, the demising walls will be removed, and larger spaces will be created which can be used for dining and activity spaces on each neighborhood. The new spaces will have serving functions for decentralized food delivery, and will also have new flooring, ceilings, lighting and wall finishes. Bathing areas will be renovated and provided with new finishes and bathing fixtures.

Common Spaces & Support Spaces:

Renovations for the common spaces include the activity and main dining spaces, lobby, main corridors, and offices. These areas will be renovated with refinishing work including new flooring, ceilings, lighting and wall protection. Minor reconfiguration of the Activity space is anticipated to be included in the project.

The rehabilitation space will also be renovated and provided with refinishing work, including flooring, ceilings, and lighting. No reconfiguration of the OT/PT space is anticipated in the project.

Staff spaces will also be renovated. These areas include the staff lounge, laundry, main kitchen, and other support areas in the facility. These areas will be renovated and provided with new finishes, including flooring, ceilings, and lighting. New laundry equipment will also be provided. Renovations to the main kitchen will also include upgrades and replacement of select existing kitchen equipment

2.2 and 2.3 Complete the Change in Service Form

## 3. Delegated Review

- 3.1 Do you assert that this Application is eligible for Delegated Review? ☒ Yes ☐ No

3.1.a If yes, under what section?

## 4. Conservation Project



4.1 Are you submitting this Application as a Conservation Project? ☒ Yes ☐ No

4.2 Within the Proposed Project, is there any element that has the result of modernization, addition or expansion? ☐ Yes ☒ No

4.3 Does the Proposed Project add or accommodate new or increased functionality beyond sustainment or restoration ☐ Yes ☒ No

4.4 As part of the Proposed Project, is the Applicant:

- |  |   |
|--|---|
| <input type="checkbox"/> Adding a new service?   | <input type="checkbox"/> Expanding a service?                 |
| <input type="checkbox"/> Modernizing the provision of a service?   | <input type="checkbox"/> Substituting a service?              |
| <input type="checkbox"/> Otherwise altering a service's usage or designation, including patients served? |   |
| <input type="checkbox"/> Adding a new piece(s) of equipment  | <input type="checkbox"/> Modernizing a piece(s) of equipment? |
| <input type="checkbox"/> Expanding bed capacity?   | <input type="checkbox"/> Adding bed capacity?                 |
| <input type="checkbox"/> Otherwise altering bed capacity, usage, or designation?                         | <input type="checkbox"/> Adding additional square footage?    |

## 5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ☐ Yes ☒ No

## 6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ☐ Yes ☒ No

## 7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ☐ Yes ☒ No

## 8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ☐ Yes ☒ No

## 9. Research Exemption

9.1 Is this an application for a Research Exemption? ☐ Yes ☒ No

## 10. Amendment

10.1 Is this an application for a Amendment? ☐ Yes ☒ No

## 11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ☐ Yes ☒ No

## 12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

**Your project application is for:** Conservation Long Term Care Project

12.1 Total Value of this project:

\$8,031,475.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$80,314.75

12.3 Filing Fee: (calculated)

\$16,062.95

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

\$1,247,000.00

12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.

### 13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

### Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
<input type="checkbox"/> <input type="checkbox"/>	2-1491	08/01/2007	Long Term Care Substantial Change in Service	Notre Dame Health Care Center, Inc.

#### Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel.

##### F4.a.i Capital Costs Chart:

For each Functional Area document the square footage and costs for New Construction and/or Renovations.

Add/Del Rows	Functional Areas	Present Square Footage		Square Footage Involved in Project				Resulting Square Footage		Total Cost		Cost/Square Footage	
		Net	Gross	New Construction		Renovation		Net	Gross	New Construction	Renovation	New Construction	Renovation
				Net	Gross	Net	Gross						
<input type="checkbox"/> <input type="checkbox"/>	ACTIVITIES/Common	2,287	2,355			2,287	2,355	2,656	2,747				
<input type="checkbox"/> <input type="checkbox"/>	ADMINISTRATION	2,495	2,691			2,495	2,691	2,490	2,683				
<input type="checkbox"/> <input type="checkbox"/>	BATHING AND SHOWERS	691	766			691	766	641	714				
<input type="checkbox"/> <input type="checkbox"/>	BEAUTY PARLOR	250	266			250	266	250	266				
<input type="checkbox"/> <input type="checkbox"/>	CORRIDOR	11,406	11,960			11,406	11,960	11,342	11,918				
<input type="checkbox"/> <input type="checkbox"/>	DAY ROOM	1,440	1,528			1,440	1,528	1,831	1,885				
<input type="checkbox"/> <input type="checkbox"/>	DIETARY	1,614	1,704			1,614	1,704	1,792	1,894				
<input type="checkbox"/> <input type="checkbox"/>	DINING/MULTIFUNCTION	3,368	3,482			3,368	3,482	1,843	1,880				
<input type="checkbox"/> <input type="checkbox"/>	EXTERIOR ACTIVITY	9,437	9,775			9,437	9,775	9,437	9,775				
<input type="checkbox"/> <input type="checkbox"/>	HOUSEKEEPING/JANITOR	203	234			203	234	203	234				
<input type="checkbox"/> <input type="checkbox"/>	LAUNDRY/LINEN	782	848			782	848	782	848				
<input type="checkbox"/> <input type="checkbox"/>	MECHANICAL/ELECTRICAL	985	1,054			985	1,054	985	1,054				
<input type="checkbox"/> <input type="checkbox"/>	NURSING AREA	1,867	2,051			1,867	2,051	2,228	2,427				
<input type="checkbox"/> <input type="checkbox"/>	PHYSIOTHERAPY	590	624			590	624	862	916				
<input type="checkbox"/> <input type="checkbox"/>	PUBLIC TOILET	435	496			435	496	435	496				
<input type="checkbox"/> <input type="checkbox"/>	RECEPTION	214	230			214	230	214	230				
<input type="checkbox"/> <input type="checkbox"/>	SKILLED CARE	17,946	19,626			17,946	19,626	17,964	19,653				
<input type="checkbox"/> <input type="checkbox"/>	STAFF LOUNGES, LOCKERS	473	511			473	511	473	511				
<input type="checkbox"/> <input type="checkbox"/>	STORAGE, GENERAL	1,680	1,788			1,680	1,788	1,737	1,858				
<input type="checkbox"/> <input type="checkbox"/>													



F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
	<b>Land Costs</b>			
	Land Acquisition Cost			
	Site Survey and Soil Investigation			
	Other Non-Depreciable Land Development			
	<b>Total Land Costs</b>			
	<b>Construction Contract (including bonding cost)</b>			
	Depreciable Land Development Cost			
	Building Acquisition Cost			
	Construction Contract (including bonding cost)		\$6711025.	\$6711025.
	Fixed Equipment Not in Contract		\$153050.	\$153050.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost		\$377400.	\$377400.
	Pre-filing Planning and Development Costs		\$80000.	\$80000.
	Post-filing Planning and Development Costs		\$40000.	\$40000.
Add/Del Rows	Other (specify)			
<input type="checkbox"/> + <input type="checkbox"/> -				
	Net Interest Expensed During Construction		\$225000.	\$225000.
	Major Movable Equipment		\$300000.	\$300000.
	<b>Total Construction Costs</b>		<b>\$7886475.</b>	<b>\$7886475.</b>
	<b>Financing Costs:</b>			
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc)		\$145000.	\$145000.
	Bond Discount			
Add/Del Rows	Other (specify)			
<input type="checkbox"/> + <input type="checkbox"/> -				
	<b>Total Financing Costs</b>		<b>\$145000.</b>	<b>\$145000.</b>
	<b>Estimated Total Capital Expenditure</b>		<b>\$8031475.</b>	<b>\$8031475.</b>



## Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☐ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Articles of Organization / Trust Agreement
- ☐ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☐ Community Engagement Stakeholder Assessment form
- ☐ Community Engagement-Self Assessment form

## Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit

Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 08/18/2020 9:25 am

E-mail submission to  
Determination of Need

**Application Number: NDHC-20080409-CL**

**Use this number on all communications regarding this application.**

☐ Community Engagement-Self Assessment form