

June 20, 2018

Nora J. Mann, Esq.  
Director | Determination of Need Program  
Massachusetts Department of Public Health  
250 Washington Street, 6<sup>th</sup> floor  
Boston, MA 02108

Dear Nora,

Pursuant to 105 CMR 100.510 (C), I am writing on behalf of SunBridge Healthcare, LLC, the Applicant for Determination of Need Application NA-17112414-LE.

First, let me say that we appreciate the extensive review and deliberation conducted by the Department which resulted in the issuance of the Staff Report on June 11, 2018. While agreeing to compliance with all conditions, the Applicant would like to be on the record with a request for a modification of the language regarding Factor 6 in the Staff Report. Language which more accurately portrays the situation that we believe currently exists.

The Applicant recommends that the following language be set out for the published Factor 6 wording:

**Factor 6**

"As a condition of Approval the Applicant will agree to comply with requirements of 105 CMR 100.210(6), 105 CMR 100.715(B)(1), the *Determination of Need Community Health Initiative Planning Guideline* and any future applicable conditions, related to long-term care Facilities fulfilling requirements to contribute to the CHI Healthy Aging Fund. "

The recommended language accurately conveys two important points:

- That the Applicant is required to comply with current and future requirements for long-term care facility projects and the CHI Healthy Aging Fund; and
- The reality that as of June 20, 2018 - the CHI Healthy Aging Fund has not yet established a regulatory framework, policy, or substantive guidelines for long-term care facility projects.

Thank you and do not hesitate to contact me with any questions.

Sincerely,



Barbara J. Wyse  
Strategic Care Solutions