



# Massachusetts Department of Public Health Determination of Need Application Form

Version: 11-8-17

Application Type:  Application Date: 02/21/2018 9:06 pm

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.

The proposed minor change is due to a need to increase the cost of renovations associated with replacing outdated exterior windows for the entire facility and renovations to private bathrooms for \$199,122 and \$210,863, respectively totaling \$409,985. This would increase the project from \$8,952,402 to a total of \$9,362,387 with an overall increase of 4.57% (See Form 4 attached in e-mail).

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

## 4. Conservation Project

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

## 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

10.2 This Amendment is:  Immaterial Change  Minor Change  Significant Change

10.3 Original Application number:

10.3.a Original Application Type:

10.3.b Original Application filing date:

10.3.c Have there been any approved Amendments to the original Application?  Yes  No

10.3.d For each approved Amendment list all Amendment Numbers, Amendment types, and Approval Dates.

Add/Del Row	Amendment Number	Amendment Change Type	Approval Date
<input type="checkbox"/> + <input type="checkbox"/> -	4-1584.1	Significant	06/29/2016

**For Immaterial or Minor Amendment changes:**

10.4.a Briefly describe the Approved Project.

The original DON was submitted July 1, 2014 in the amount of \$5,571,038 to complete renovations to the existing facility including a new generator, hot water heaters, major changes and upgrades to the HVAC system and ventilation system. Also, included in these renovations was extensive work to electrical and plumbing systems as well as upgrades to paint, wall covering, and flooring throughout the facility. This DON was approved in July 2014. The approved significant change dated 6/29/2016 was for an increase in the amount of \$3,381,364 bringing the total project to \$8,952,402 due to significantly higher construction bids than originally estimated; extensive hazardous material remediation; increase in amount of phases needed to complete the construction without displacing residents; construction period interest; and additional soft costs (See approval support attached in e-mail).

10.4.b Describe the proposed change and associated costs.

The proposed minor change is due to a need to increase the cost of renovations associated with replacing outdated exterior windows for the entire facility and renovations to private bathrooms for \$199,122 and \$210,863, respectively totaling \$409,985. This would increase the project from \$8,952,402 to a total of \$9,362,387 with an overall increase of 4.57% (See Form 4 attached in e-mail).

10.4.c Describe why this is reasonable and within the the approved project.

The proposed project additional costs of \$409,985 have an overall increase of 4.57% compared to the total approved project of \$8,952,402. This request has been deemed to categorize as a minor change as it fits the criteria of the increase in capital expenditures of up to 10%. As noted before, the increase requested is only for 4.57%. There is now a need to increase the cost of renovations associated with replacing outdated exterior windows for the entire facility and renovations to private bathrooms. These further enhancements are intended to create energy efficiencies and improve the daily quality of living for the current residents. The renovations will not interrupt the daily living or displace any of the current residents. The new estimated capital expense for this project is \$9,362,387, an increase of \$409,985 from the approved amended DoN. Furthermore, the facility has posted a public announcement as of February 20, 2018 for the concerns of the taxpayers on their website (<http://reservoircenterrehab.com/2018/02/20/renovation-public-announcement/>).

## 11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)?

Yes  No

## 12. Total Value for Immaterial or Minor Amendments

Your project application is for an: **Immaterial or Minor Amendment**

**Filing Fee: \$0**

No additional information is need for this section.

## 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.

## 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](mailto:DPH.DON@state.ma.us)

- Electronic copy of Staff Summary for Approved DoN
- Electronic copy of Original Decision Letter for Approved DoN
- Electronic Copy of any prior Amendments to the Approved DoN
- Certification from an independent Certified Public Accountant

## 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: 02/21/2018 9:06 pm

E-mail submission to  
Determination of Need

**Application Number: -18022121-AM**

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

Community Engagement-Self Assessment form