



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: DRAFT
3-15-17b

DRAFT

Application Type: Amendment

Application Date: 07/31/2017 2:21 pm

Applicant Information

Applicant Name: Webster Park Operator, LLC

Mailing Address: 54 Webster Street

City: Rockland

State: Massachusetts

Zip Code: 02370

Contact Person: Mark Cummings

Title: Principal

Mailing Address: 300 Crown Colony Drive, Suite 310

City: Quincy

State: Massachusetts

Zip Code: 02169

Phone: 6179848188

Ext:

E-mail: mark.cummings@claconnect.com

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name: Webster Park Rehabilitation and Nursing Center

Facility Address: 54 Webster Street

City: Rockland

State: Massachusetts

Zip Code: 02370

Facility type: Long Term Care Facility

CMS Number: 225184

Add additional Facility

Delete this Facility

1. About the Applicant

1.1 Type of organization (of the Applicant): for profit

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

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.

Renovations and small new construction to existing facility.

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 checked="" 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 100 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 If Yes, Select one:

Minor

10.3 Original Application number:

5-1302

10.3.a Original Application Type:

Long Term Care Substantial Capital Expenditure

10.3.b Original Application filing date:

09/26/1995

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: Amendment

12.1 Total Value of this project:

\$7,929,593.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$0.00

12.3 Filing Fee: (calculated)

\$0.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

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.

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
- ☐ Affiliated Parties Table Question 1.9
- ☐ Change in Service Tables Questions 2.2 and 2.3
- ☐ Notification of Material Change
- ☐ 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: 07/31/2017 2:21 pm

E-mail submission to
Determination of Need

Application Number: -17073114-AM

Use this number on all communications regarding this application.