### MASS GENERAL BRIGHAM INCORPORATED DON APPLICATION #MGB-23120414-AM

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# APPENDIX 4

**ORIGINAL DoN NOTICE OF APPROVAL**

 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

MARYLOU SUDDERS

Secretary

MARGRET R. COOKE

Commissioner

**Tel: 617-624-6000**

[**www.mass.gov/dph**](http://www.mass.gov/dph)

May 11, 2022

*Via Email -* [*Andrew.Levine@huschblackwell.com*](mailto:Andrew.Levine@huschblackwell.com)

Andrew Levine Partner

Husch Blackwell LLP One Beacon Street, Suite 1320

Boston, MA 02108

RE: Notice of Final Action DoN # MGB-20121612-HE Dear Mr. Levine,

At their meeting of May 4, 2022, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §25(c) and the regulations adopted

thereunder, to approve in part and with conditions, the Determination of Need application filed by Mass General Brigham, Inc. for a Proposed Project at Massachusetts General Hospital for the construction of a new tower on the MGH Main Campus that will contain the following:

* 388 private beds, of which, 364 existing semi-private M/S beds and 24 ICU beds (388 total) beds will be transferred from other buildings on MGH’s Main Campus. The Department did not approve the requested addition of 94 new licensed beds.
* Outpatient oncology services relocated from current buildings on the MGH Main Campus and expanded to include 100 oncology infusion bays and 120 oncology exam rooms.
* Cardiac services relocated from current buildings on the MGH Main Campus and expanded. Five (5) operating rooms (ORs) currently dedicated to cardiology and nine (9) rooms currently serving as catherization and electrophysiology (EP) rooms will be moved to the new tower as hybrid ORs. In addition, there will be one new OR dedicated to cardiology, eight (8) new hybrid ORs, and three (3) new procedure rooms dedicated to cardiology.
* New diagnostic imaging equipment. Two (2) new computed tomography (CT) units, two

(2) new magnetic resonance imaging (MRI) units, and two (2) new positron emission tomography-computed tomography (PET/CT) units. The Department did not approve the addition of a new PET/MR Unit.

* Other clinical services renovation projects at MGH’s Main Campus and licensed satellites.

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, § 25(c), 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 with additional conditions, with the exception of the request for 94 new licensed beds and a new PET/MR and approves in part this Determination of Need application for a substantial capital expenditure for the Proposed Project of $1,875,274,238.00 (January, 2021 dollars). The total required Community Health Initiative (CHI) contribution is $93,763,711.90.

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 Condition 1 – CHI Contribution

1. Of the total required CHI contribution of $93,763,711.90
   1. $22,972,109.42 will be directed to the CHI Statewide Initiative
   2. $68,916,328.24 will be dedicated to local approaches to the DoN Health Priorities
   3. $1,875,274.24 will be designated as the administrative allowance
2. To comply with the Holder’s obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for $22,972,109.42 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
3. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
4. The Holder must promptly notify DPH (CHI contact staff) when the 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

**Condition 2** – If the Holder submits any request for Significant Change to add any of the 94 new inpatient beds[[1]](#footnote-1) related to the Proposed Project, the Holder must include the following data as part of its Application:

* 1. Emergency Department (ED) boarders waiting for a medical/surgical (M/S) bed including
     1. Number of patients and length of stay
     2. Location of bed (inpatient or observation)
  2. Post-Acute Care Unit (PACU) patient data including
     1. Number of patients and length of stay
     2. Location of bed (inpatient or observation)
  3. Average daily number of blocked M/S beds
  4. Percentage (with numerator and denominator) of MGH inpatients who were part of MGB’s Patient Panel prior to the MGH admission
  5. Operating capacity and occupancy rate
  6. Acuity level by case mix index, and number of discharges for M/S patients at MGH by service line:
     1. Cancer
     2. Cardiac
     3. Other Adult M/S (with exclusion of obstetric, pediatric, and psychiatric discharges)
  7. Average monthly lost transfer number and rate (calculated as the number of transfers not accepted over the number of requests for transfers) from community hospitals

Number of transfers not accepted by Holder Number of requests for transfers to Holder

**Condition 3** – If the Holder submits any request for Significant Change to add a new PET/MR unit, the Holder must include the following:

1. Number of PET/MR scans conducted at MGH, separated by research and clinical scans. Include the number of scans broken out by PET/MR and MRI only.
2. Wait times for PET/MR scans at MGH.
3. Acuity by case mix index of patients receiving PET/MR scans at MGH.
4. Average time per PET/MR scan.
5. Hours current PET/MR scan is available for clinical use.

**Condition 4** – To ensure the Proposed Project is addressing inpatient Patient Panel need by reducing existing capacity constraints, one year after receiving the Notice of DoN, the Holder must provide as baseline data the below metrics, and as each part of the Proposed Project is implemented, begin reporting the following information as part of the annual report required by 105 CMR 100.310(A)(12):

1. With respect to Imaging
   1. Number of MRI, CT or PET/CT scans, by modality, for MGH Main Campus
   2. Wait time for inpatients who require MRI, CT or PET/CT scans, by modality, at MGH Main Campus
   3. Wait times for MRI, CT, or PET/CT scans, by modality, for units approved in this DoN, separated by inpatient and outpatient use
   4. Wait times for the Somerville and Waltham sites for MRI, CT or PET/CT scans, by modality
   5. Number of patients receiving MRI, CT or PET/CT scans at MGH Main Campus, by modality, for:
      1. Inpatient
      2. Outpatient
      3. ED
   6. Average time per MRI, CT or PET/CT scans at MGH Main Campus, by modality
   7. Hours of operation, per unit, of all the MRI, CT and PET/CT units at MGH Main Campus
2. With respect to Cardiovascular services
   1. The average wait times for ED patients, outpatients, and inpatients for cardiovascular procedures including utilization of all hybrid operating rooms measured by
      1. Number of procedures by type (catheterization, interventional, electrophysiology, surgery)
      2. Average time per procedure by type (see 2.a.i)
   2. Acuity by case mix index of inpatients who have cardiovascular procedures performed at the new cardiac center approved in this DoN.
   3. Percentage (with numerator and denominator) of patients who had a cardiovascular procedure, by procedure type (see 2.a.i), who were part of the MGB Patient Panel before the cardiovascular procedure (calculated for each procedure type as the number of patients who had (cardiovascular procedure type) who were part of the MGB Patient Panel as defined by regulation at the time of this approval over the total number of patients who had a cardiovascular procedure)

the number of patients who had (cardiovascular procedure type) who were part of the MGB Patient Panel

# of pts who had (cardiovascular procedure type)

1. With respect to Oncology service
   1. The number of outpatient visits performed at the new cancer center approved in this DoN.
   2. Average case mix for oncology admissions
   3. Wait time for outpatient visits at the new cancer center.
   4. Utilization (number and utilization rate) of infusion bays in the new cancer center by
      1. General infusion
      2. Observation
   5. Percentage (with numerator and denominator) of infusion patients who were part of the MGB Patient Panel (calculated as the number of patients who received an infusion who were part of the MGB Patient Panel as defined by regulation at the time of this approval over the total number of infusion patients)

# of infusion pts who were part of the MGB Patient Panel # of infusion pts

1. With respect to Inpatient
   1. Boarding
      1. ED boarders waiting for a M/S bed including number of patients and length of stay
      2. PACU patient data including number of patients and length of stay
   2. Average daily number of blocked M/S beds
   3. Operating capacity
   4. Occupancy rate
   5. Acuity level by case mix index, and number of discharges for M/S patients at MGH by service line:
      1. Cancer
      2. Cardiac
      3. Other Adult M/S (with exclusion of obstetric, pediatric, and psychiatric discharges)
   6. Average monthly lost transfer number and rate (calculated as the number of transfers not accepted over the number of requests for transfers) from community hospitals

Number of transfers not accepted by Holder Number of requests for transfers to Holder

The DoN program shall review the data received from MGB in accordance with Condition 4 to determine whether one or more of the following Referral Indicators is present:

Any of the following will be Referral Indicators:

1. A material increase in 1b, 1c, 1d, 2a, 3c, 4(a)(i), 4(b), 4f
2. A material decrease in 2b, 2c, 3b, 3d, 3e, 4d, 4e

If the DoN Program finds any one or more of the Referral Indicators, the matter shall be referred to the Public Health Council (PHC) for review to determine whether MGB is in violation of one or more of the conditions and thus out of compliance with the terms of this Notice of DoN. Upon referral to the PHC based upon any one or more of the Referral Indicators, MGB shall have an opportunity to show cause why the PHC shall not find one or more of the Referral Indicators.

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]

Elizabeth D. Kelley

Director, Bureau of Health Care Safety and Quality

cc:

Stephen Davis, Director, Division of Health Care Facility Licensure and Certification Rebecca Rodman, General Counsel

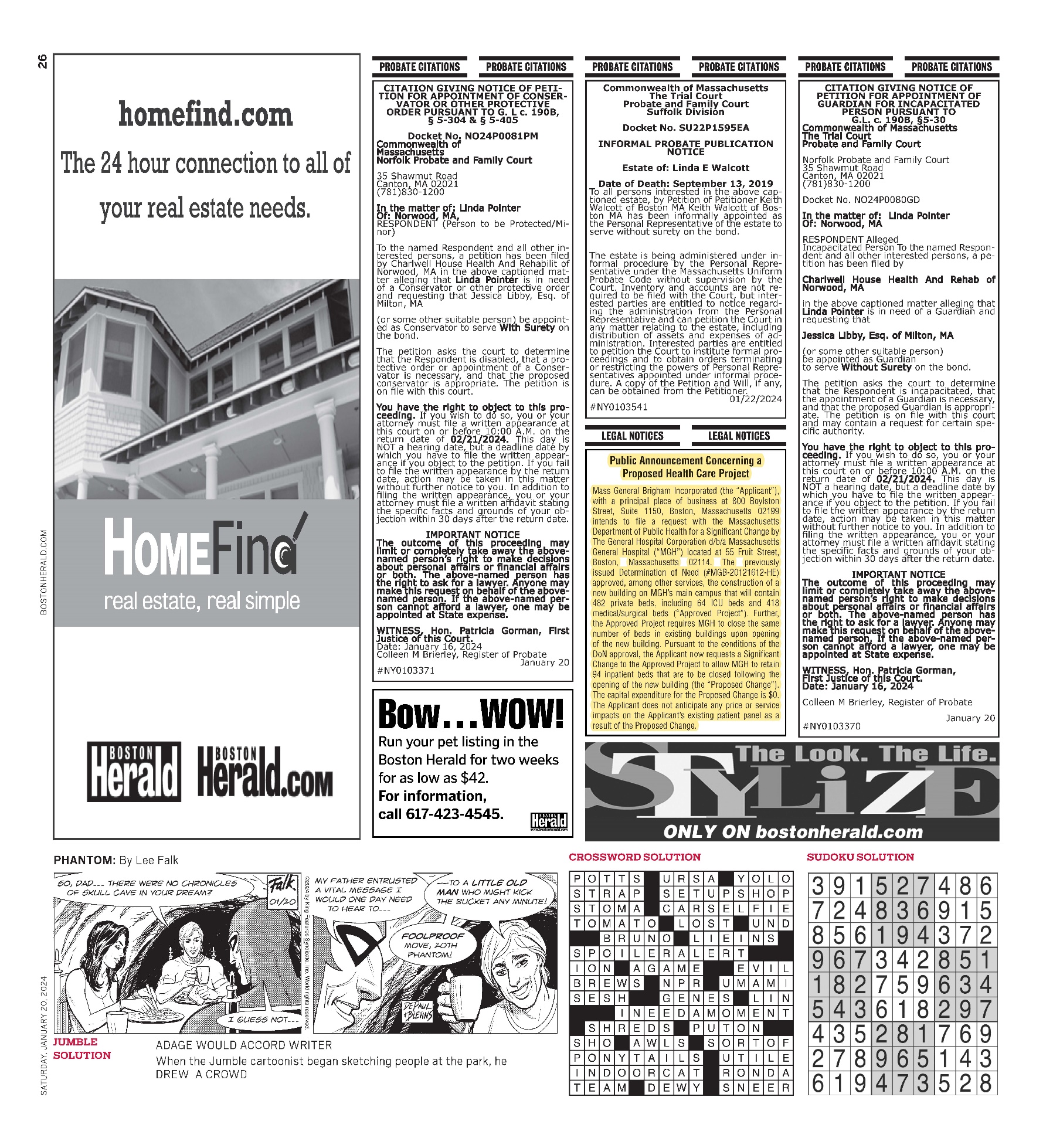
Daniel Gent, Health Care Facility Licensure and Certification Samuel Louis, Office of Health Equity

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

# APPENDIX 5 NOTICE OF INTENT





**APPENDIX 6 CHANGE IN SERVICE**

 Version 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need**

**Change in Service**

Application Number: MGB-23120414-AM

Original Application Date: 02/05/2024

**Applicant Information:**

Applicant Name: Mass General Brigham Incorporated

Contact Person: Crystal Bloom

Title: Attorney

Phone: 6175986700

E-mail: [crystal.bloom@huschblackwell.com](mailto:crystal.bloom@huschblackwell.com)

**Facility:**

Complete the tables below for each facility listed in the Application Form

1 Facility Name: Mass General Hospital

CMS Number: 220071

Facility Type: Hospital

**Change in Service:**

2.2 Complete the chart below with existing and planned service changes. Add additional services within each grouping if applicable.

| **Add/ Del Rows** |  | **Licensed Beds** | **Operating Beds** | **Change in Number of Beds (+/-)** | | **Number of Beds After Project Completion (calculated)** | | **Patient Days** | **Patient Days** | **Occupancy Rate for Operating Beds** | | **Average Length of Stay** | **Number of Discharges** | **Number of Discharges** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Existing | Existing | Licensed | Operating | Licensed | Operating | (Current/ Actual) | Projected | Current Beds | Projected | (Days) | Actual | Projected |
|  | **Acute** | Please see Appendix 6 | [rest of table blank] |  |  |  |  |  |  |  |  |  |  |  |
|  | Medical/ Surgical |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Obstetrics (Maternity) |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatrics |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Neonatal Intensive Care |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | ICU/CCU/SICU |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Psychatric** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adult |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Adolescent |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Geriatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Acute Psychiatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Chronic Disease** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Chronic Disease |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Substance Abuse** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Detoxification |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Short-term intensive |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Substance Abuse |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Skilled Nursing Facility** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Level II |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level III |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level IV |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Skilled Nursing |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |

Complete the chart below If there are changes other than those listed in table above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Add/Del Rows** | **List other services if Changing e.g. OR, MRI, etc** | **Existing Number of Units** | **Change in Number +/-** | **Proposed Number of Units** | **Existing Volume** | **Proposed Volume** |
| +/- |  |  |  |  |  |  |

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Email Submission to Determination of Need

Application Number: MGB-23120414-AM Original Application Date: 02/07/2024

|  |  |  |
| --- | --- | --- |
| **Applicant Information** |  |  |
| Applicant Name: Mass General Brigham Incorporated | | |
| Contact Person: Crystal Bloom |  | Title: Attorney |
| Phone: 617-598-6700 | Ext. | Email: [Crystal.Bloom@huschblackwell.com](mailto:Crystal.Bloom@huschblackwell.com) |

**Facility**: Complete the tables below for each facility listed in the Application Form

1. Facility Name: Massachusetts General Hospital CMS Number: 220071 Facility type: Hospital

|  | Licensed Beds | Operating Beds | Change in Number of Beds | Change in Number of Beds | Number of Beds After Project Completion (calculated) | | Patient Days | | Occupancy rate for Operating Beds | | Average Length of Stay (Days) | | Number of Discharges | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Inpatient** | **Existing** | **Existing** | **Licensed** | **Operating** | **Licensed** | **Operating** | **Current** | **Projected\*\*** | **Current** | **Projected** | **Current** | **Projected** | **Actual** | **Projected** |
| Medical/Surgical | 776\* | 752 | 54 | 24 | 830 | 830 |  |  |  |  |  |  |  |  |
| ICU | 101 | 101 | 40 | 0 | 141 | 141 |  |  |  |  |  |  |  |  |
| Coronary Care unit | 16 | 16 | 0 | 0 | 16 | 16 |  |  |  |  |  |  |  |  |
| Burn Unit | 7 | 7 | 0 | 0 | 7 | 7 |  |  |  |  |  |  |  |  |
| **Med/Surg/ICU Subtotal** | **900** | **876** | **94** | **24** | **994** | **994** | **292,078** | **312,989** | **91%** | **86%** | **7.85** | **7.99** | **37,198** | **39,157** |
| Obstetrics (Maternity) | 40 | 40 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
| Pediatrics | 46 | 46 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
| Pediatric ICU | 14 | 14 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
| Neonatal ICU | 21 | 21 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
| Psychiatry | 24 | 24 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
| **Total Inpatient** | **1045** | **1021** | **94** | **24** | **1,139** | **1139** |  |  |  |  |  |  |  |  |

|  |
| --- |
| \*12 beds shifted to Obstetrics (Maternal Newborn) |
| \*\* Projections provided for FY2032, five years from project completion |

# APPENDIX 7 AFFILIATED PARTIES

 draft version 3-15-2017

**Massachusetts Department of Public Health**

**Determination of Need**

**Affiliated Parties**

Application Date: 02/07/2024

Application Number: MGB-23120414-AM

**Applicant Information**

Applicant Name: Mass General Brigham Incorporated

Contact Person: Crystal Bloom

Title: Attorney

Phone: 6175986783

E-mail: [crystal.bloom@huschblackwell.com](mailto:crystal.bloom@huschblackwell.com)

**Affiliated Parties**

1.9 Affiliated Parties: List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

| **Add/ Del Rows** | **Name (Last)** | **Name (First)** | **Mailing Address** | **City** | **State** | **Affiliation** | **Position with affiliated entity (or with Applicant)** | **Stock, shares, or partnership** | **Percent Equity (numbers only)** | **Convictions or violations** | **List other health care facilities affiliated with** | **Business relationship with Applicant** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | Atchinson | Robert | 115 Commonwealth Ave | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Massachusetts Eye and Ear Infirmary | No |
| +/- | Casper | Marc | 168 Third Ave | Waltham | MA | Mass General Brigham Incorporated | Director |  | 0% | No |  | Yes |
| +/- | Colson, MD | Yolanda | 265 Charles Street | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Massachusetts General Hospital; The General Hospital Corporation (Trustee) | No |
| +/- | Cooper, MD | Zara | 70 Francis Street | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | No |
| +/- | Finucane | Anne | 20 Trapelo Road | Lincoln | MA | Mass General Brigham Incorporated | Director |  | 0% | No | CVS (MinuteClinic) in Rhode Island (Director); Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | Yes |
| +/- | Fish | John | 776 Boylston St, PH2A | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | Yes |
| +/- | Gomez | Benjamin | 48 Cranmore Road | Wellesley | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Newton Wellesley Hospital | Yes |
| +/- | Gueye | Tiffany | 162 Central Ave | Milton | MA | Mass General Brigham Incorporated | Director |  | 0% | No |  | No |
| +/- | Hockfield | Susan | 4 Berkeley Place | Cambridge | MA | Mass General Brigham Incorporated | Director |  | 0% | No |  | No |
| +/- | Holman, III | Albert | 29A Chestnut Street | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | No |
| +/- | Ives | David | 5 Cherry Hill Street | West Newbury | MA | Mass General Brigham Incorporated | Director |  | 0% | No | North Shore Medical Center | No |
| +/- | Klibanski, MD | Anne | 800 Boylston St., Suite 1150 | Boston | MA | Mass General Brigham Incorporated | Director/Officer |  | 0% | No |  | No |
| +/- | Kraft | Jonathan | One Patriot Place | Foxborough | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Trustee) | No |
| +/- | Martignetti | Carl | 164 Chestnut Hill Road | Chestnut Hill | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Trustee) | Yes |
| +/- | Nohria | Nitin | Harvard Business School | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Trustee) | No |
| +/- | Patrick | Diane | 472 Beacon St., Apt. 2 | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Trustee) | Yes |
| +/- | Ragon | Phillip | 8 Follen Street | Cambridge | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Trustee) | Yes |
| +/- | Speers | Paula | 187 Grove Street | Wellesley | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The Spaulding Rehabilitation Hospital Corporation (Chair and Trustee); Spaulding Hospital-Cambridge, Inc. (Chair and Trustee); Rehabilitation Hospital of the Cape and Islands Corporation (Chair and Trustee); Spaulding Nursing and Therapy Center Brighton, Inc. (Chair and Trustee). | Yes |
| +/- | Sperling | Scott | 4 Moore Road | Wayland | MA | Mass General Brigham Incorporated | Director/Officer |  | 0% | No |  | Yes |
| +/- | Taiclet | James | 6801 Rockledge Drive, Mail Point 200-5 | Bethesda | MD | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | No |
| +/- | Thorndike | Alexander | 215 Warren St. | Brookline | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | Yes |
| +/- | Vallone | Carol | 490 Summer Street | Manchester-By-the-Sea | MA | Mass General Brigham Incorporated | Director |  | 0% | No | McLean Hospital | No |
| +/- | Wilkins | Anne | 714 Stonewater Blvd | Nashville | TN | Mass General Brigham Incorporated | Director |  | 0% | No |  | No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

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This document is ready to file? Yes

Date/time Stamp: 02/05/2024 11:39 am

E-mail submission to Determination of Need

# APPENDIX 8

**ARTICLES OF INCORPORATION**

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2009/0507/000279511/0012/020502088196_1.pdf) [PDF&Pat](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2009/0507/000279511/0012/020502088196_1.pdf) [h=CORP\_DRIVE1/2009/0507/000279511/0012/020502088196\_1.pdf](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2009/0507/000279511/0012/020502088196_1.pdf)

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2013/1023/000486352/0018/020502150409_1.pdf) [PDF&Pat](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2013/1023/000486352/0018/020502150409_1.pdf) [h=CORP\_DRIVE1/2013/1023/000486352/0018/020502150409\_1.pdf](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2013/1023/000486352/0018/020502150409_1.pdf)

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# APPENDIX 9 AFFIDAVIT

 Version: 7-6-17

**Massachusetts Department of Public Health**

**Determination of Need**

**Affidavit of Truthfulness and Compliance**

**with Law and Disclosure Form 100.405 (B)**

**Instructions:** Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: [**dph.don@state.ma.us**](mailto:dph.don@state.ma.us)Include all attachments as requested.

Application Number: MGB-23120414-AM

Original Application Date: 02/07/2024

Applicant Name: Mass General Brigham Incorporated

Application Type: Amendment Significant

Applicant's Business Type: Corporation

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? Yes

Describe the role /relationship: Owner

|  |
| --- |
| The undersigned certifies under the pains and penalties of perjury:   1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application; 2. I have ~~read~~ [been informed of the contents of] 105 CMR 100.000, the Massachusetts Determination of Need Regulation; 3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800; 4. I have ~~read~~ [been informed of the contents of] this application for Determination of Need including all exhibits and attachments, and ~~certify that~~ [have been informed that] all of the information contained herein is accurate and true; 5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B); 6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B); 7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.; 8. I ~~have caused~~ [have been informed that] proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made, if applicable. 9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G); 10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all ~~previously issued~~ Notices of Determination of Need ~~and the terms and Conditions attached therein~~ [issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018]; 11. I have ~~read~~ [been informed of the contents of] and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415; 12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360; 13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and 14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,     1. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,     2. The Proposed Project is exempt from zoning by-laws or ordinances. |
| **Corporation**  Attach a copy of Articles of Organization/Incorporation, as amended  Anne Klibanski, MD <Signature on File> 01/31/24  CEO for Corporation Name: Signature: Date:  Scott Sperling  Board Chair for Corporation Name: Signature: Date |

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**Massachusetts Department of Public Health**

**Determination of Need**

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Applicant's Business Type: Corporation

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Describe the role /relationship: Owner

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| The undersigned certifies under the pains and penalties of perjury:   1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application; 2. I have ~~read~~ [been informed of the contents of] 105 CMR 100.000, the Massachusetts Determination of Need Regulation; 3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800; 4. I have ~~read~~ [been informed of the contents of] this application for Determination of Need including all exhibits and attachments, and ~~certify that~~ [have been informed that] all of the information contained herein is accurate and true; 5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B); 6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B); 7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.; 8. I ~~have caused~~ [have been informed that] proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made, if applicable. 9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G); 10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all ~~previously issued~~ Notices of Determination of Need ~~and the terms and Conditions attached therein~~ [issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018]; 11. I have ~~read~~ [been informed of the contents of] and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415; 12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360; 13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and 14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,     1. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,     2. The Proposed Project is exempt from zoning by-laws or ordinances. |
| **Corporation**  Attach a copy of Articles of Organization/Incorporation, as amended  Anne Klibanski, MD  CEO for Corporation Name: Signature: Date:  Scott Sperling<Signature on File> 01/31/24  Board Chair for Corporation Name: Signature: Date |

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1. The Applicant can request to add any of these beds via a Significant Change request and the beds may be located in any appropriate space on the MGH campus. [↑](#footnote-ref-1)