CAPE COD HOSPITAL DON APPLICATION # CCHC-23122109-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

July 22, 2022

Crystal Bloom, Partner Husch Blackwell LLP One Beacon Street, Suite 1320 Boston, MA 02108-3106

VIA electronic mail Crystal.Bloom@huschblackwell.com

RE: Notice of Final Action DON Application # CCHC-22021416-HE

Dear Attorney Bloom,

At their meeting of July 13, 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 the Determination of Need application filed by Cape Cod Healthcare, Inc. (Applicant) located at 27 Park Street, Hyannis, MA 02601 for a Substantial Capital Expenditure to construct a new facility that will consist of the following: (1) relocated and expanded medical oncology department; (2) relocated radiation oncology department; (3) relocated medical/surgical unit consisting of 32 beds; and (4) shell space for future projects. 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 Determination of Need 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, the Department found that the Applicant has met each DoN factor with conditions and approves this Determination of Need application for a substantial capital expenditure for the Proposed Project of \$137,048,632.00. The total required Community Health Initiative (CHI) contribution is \$6,852,431.60.

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 \$6,852,431.60
 - a. \$1,678,845.74 will be directed to the CHI Statewide Initiative
 - b. \$5,036,537.23 will be dedicated to local approaches to the DoN Health Priorities
 - c. \$137,048.63 will be designated as the administrative fee.
- 2. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$1,678,845.74 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
 - i. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
 - ii. 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 – The Holder shall provide, in its annual report to the Department, the following outcome measures. These metrics will become part of the annual reporting on the approved DoN, required pursuant to 105 CMR 100.310(A)(12). Reporting will include a description of numerators and denominators.

OUTPATIENT MEDICAL ONCOLOGY QUALITY MEASURES

- 1. Patient Satisfaction: Patients that are satisfied with their care are more likely to seek additional treatment when necessary. CCH staff will review patient satisfaction scores from the Hospital Consumer Assessment of Healthcare Providers and Systems related to overall patient satisfaction
 - a. Measure: Staff will review responses pertaining to registration, wait times, changing room privacy, facility navigation, staff communication, and personal needs. Response options include Very Poor, Poor, Fair, Good, and Very Good.

Numerator: # of responses with highest score; *Denominator:* Total # of responses

- b. Baseline: 69.78% of patients responded with the highest score ("Top Box Score")
- c. Projections: Year 1: 71%; Year 2: 73%; Year 3: 74%
- d. Monitoring: Results will be reviewed annually by oncology leadership.

- 2. Hospital Readmissions: This measure will monitor the rate of patients who receive non-routine inpatient care at the Hospital within 30 days of chemotherapy.
 - a. Measure: The percent of Medical Oncology patients who are admitted within 30 days of receiving chemotherapy (number of patients admitted/number of chemotherapy patients within last 30 days). This is a rolling measure.

Numerator: # of patient admitted within 30 days of receiving chemotherapy; *Denominator:* # of patient receiving chemotherapy

b. Baseline: 5.6%

c. Projections: Year 1: ≤5.0%; Year 2: ≤4.5%; Year 3: ≤3.9%

d. Monitoring: Results will be reviewed annually by oncology leadership.

RADIATION ONCOLOGY QUALITY MEASURES

- 3. Patient Satisfaction: Patients that are satisfied with their care are more likely to seek additional treatment when necessary. CCH staff will review patient satisfaction scores from the Hospital Consumer Assessment of Healthcare Providers and Systems related to overall patient satisfaction
 - a. Measure: Staff will review responses pertaining to registration, wait times, changing room privacy, facility navigation, staff communication, and personal needs. Response options include Very Poor, Poor, Fair, Good, and Very Good.

Numerator: # of responses with highest score; Denominator: Total # of responses

- b. Baseline: 81.12% of patients responded with the highest score ("Top Box Score")
- c. Projections: Year 1: ≥82%; Year 2: ≥83.5%; Year 3: ≥85%
- d. Monitoring: Results will be reviewed annually by oncology leadership.

INPATIENT CARDIAC MEDICAL-SURGICAL QUALITY MEASURES¹

- 4. Patient Satisfaction: Patients that are satisfied with their care are more likely to seek additional treatment when necessary. CCH staff will review patient satisfaction scores from the Hospital Consumer Assessment of Healthcare Providers and Systems specific to the hospital environment.
 - a. Measure: Staff will review responses to "During this hospital stay, how often was the area around your room kept quiet at night?". Response options include: Never, Sometimes, Usually, and Always

Numerator: # of responses with highest score; Denominator: Total # of responses

- b. Baseline: 60% of patients responded with the highest score ("Top Box Score").
- c. Projections: Year 1: 62%; Year 2: 64%; Year 3: 65%
- d. Monitoring: Scores are reviewed quarterly.
- 5. Fall Prevention: This measure will monitor the rate of patient falls resulting in injury.
 - a. Measure: The number of patient falls with injury per 1000 acute patient days.

Numerator: # of patient falls with injury; Denominator: patient days/1000

b. Baseline: 0.29

c. Projections: Year 1: 0; Year 2: 0; Year 3: 0

d. Monitoring: The Department of Nursing will review falls data on a monthly basis.

¹ These projections are limited to the care to be provided in the proposed cardiac medical-surgical inpatient unit.

- 6. Hospital Readmissions: This measure will monitor the rate of patients who are re-admitted to the Hospital within 30 days of discharge.
 - a. Measure: The number of re-admissions/the number of discharges within a 30-day period. This is a rolling measure.

Numerator: # of patient admitted within 30 days; Denominator: # of patient discharges

b. Baseline: 0.7754

c. Projections: Year 1: ≤1; Year 2: ≤1; Year 3: ≤1 d. Monitoring: Scores are reviewed quarterly.

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,

Elizabeth Kelley

Stydesblelley

Director, Bureau of Health Care Safety and Quality

cc:

Stephen Davis, Division of Health Care Facility Licensure and Certification Daniel Gent, Division of Health Care Facility Licensure and Certification Rebecca Rodman, General Counsel's Office

Samuel Louis, Office of Health Equity

Jennica Allen, Division of Community Health Planning and 68Engagement Elizabeth Maffei, Division of Community Health Planning and Engagement Katelyn Teague, Division of Community Health Planning and Engagement Elizabeth Almanzor, Center for Health Information Analysis Katherine Mills, Health Policy Commission

Eric Gold, Attorney General's Office

Pavel Terpelets, MassHealth

Christopher King, Executive Office of Health and Human Services Tomaso Calicchio, Executive Office of Health and Human Services Hai Nguyen, Executive Office of Health and Human Services Karina Mejias, Executive Office of Health and Human Services Priscilla Portis, Executive Office of Health and Human Services

APPENDIX 5 NOTICE OF INTENT

Speech

- · Deerfield potato farmers Lisa and
- Deterned potato farmers. Lists and Jay Savage, who suffered major crop losses in the devastating floods that hit Massachusetts in 2023.
 Danita Mends, a Roxbury mother benefitting from MassReconnect, the governor's program offering free compositive of the control of t
- governor's program ortering free com-munity college to all residents over 25 who do not have a prior degree.

 Abelardo and Gabriela, Haverhill residents who had despaired of finding affordable housing to purchase in the state until they were connected to state programs that allowed them to realize their dreams
- Elaine Correia from New Bedford an 87-year-old grandmother who has faced tough financial decisions such as having to choose between gifts for her nine grandchildren, groceries or paying the heating bill.

Healey thanked the Legislature for collaboration in passing tax cuts, for in-cluding universal free meals for Massa-chusetts' public school students into the annual budget, for funding emergency disaster relief for farmers hard hit by climate emergencies and to help fund the rebuilding of Central Massachusetts communities after flash floods in September washed away roads, bridges and people's vards.

people's yards.

Discussing the weather-related disasters and climate change, Healey applauded the initiative of Sen. Jo Comerford, D-Northampton, and Rep. Natalie
Blais, D-Deerfield, to create a permanent disaster relief fund so that Massachweath zeichdert, businesse and my. chusetts residents, businesses and municipalities do not have to rely on the

federal government.

In her remarks, Healey failed to mention the six months of dismal tax revenue that fell short of expectations and triggered a \$350 million cut to the bud-

triggered a \$350 million cut to the bud-get, mostly to social service programs and mental health care services. The state will also seek some \$700 million, diverting interest payments from investments, to plug gaps in the budget

In discussing the influx of migrants and the subsequent strain on the state's emergency shelter system, Healey did not mention the shortfall in funding, which had been set to support half the current 7.500 families lodged in emergency shelters through June 2024. The Legislature has since allocated another \$250 million to the system. Healey also plans to dip into a special escrow fund and take \$700 million to subsidize the program through the end of the fiscal

Instead she talked about her success working with the federal government in obtaining working papers for 3,000 new Massachusetts residents and finding employment for some of those able to employment for some of those able to work. Some Massachusetts legislators have suggested the state's "Right to Shelter" law be revised to limit those eli-gible for the program to Massachusetts residents and citizens of the United

Sen. Peter Durant gives Republican response

In remarks billed as the Republican response to Healey's address, newly elected Sen. Peter Durant, R-Spencer, said the Right to Shelter law is being ex-

Ploited.

"You are bearing the economic burden," Durant said, speaking to state taxpayers. "We must work together to amend the Right to Shelter law to carry amend the Right to Shelter law to carry out the mission it was intended to 40 years ago when it was written: To serve residents of the commonwealth with emergency housing when they find themselves in distress.

"Without action, our state will conwithout action, our state will con-tinue to be a magnet for an influx of mi-grants, with far-reaching consequences that will impact you and future genera-

Durant called for education reform, Durant called for education reform, expanded investments in vocational education, a streamlined process to build new housing, increased use of natural gas to contain costs during the state's clean energy push, and strategies to ease burdens on middle-income residents who are forced to leave Massachusetts due to affordability woes.

Healey's priorities for 2024

The governor announced new initiatives: A \$4 billion housing bond bill and Literary Launch, a program to ensure that each of Massachusetts' 351 school districts has access to the best reading material incorporating it over the next

She said her fiscal 2025 state budget She said her inscal 2025 state budget will propose to, "double our support for MBTA (Massachusetts Bay Transporta-tion Authority) operations and tackle deferred maintenance," plus establish a "permanent reduced fare for low-income T riders.

come Tracers.

Neither Healey nor administration officials put specific figures on her proposed MBTA investments, but those commitments are likely to cost tens or hundreds of millions of dollars.

The governor also pledged to "in-crease funding for local roads and bridges to record levels, with special in-vestments dedicated to rural communi-ties," and convene a task force to rethink long-term transportation financing questions "in the clean energy era."

questions 'in the clean energy era."
She also called for investing in education, lowering child care costs and working with the state's vocational schools to support apprenticeships, internships and certificate programs offered through community colleges

Tuesday, Healey toured a child care center in Malden, taking the opportuni-ty to announce her Gateway to Pre-K program; designed to lower out-of-pocket child care costs and establish

pocker cniid care costs and establish universal pre-K in all 26 of Massachusetts' Gateway Cities.
Following her remarks, Brad Jones, R-North Reading, ranking House minority leader, pointed out that universal pre-K for Gateway Cities is "aspiration-al," and suggested that Massachusetts in the control of th al," and suggested that Massachusetts implement full-day kindergarten state-wide before seeking to implement pre-K. "Other residents in the common-wealth may need access to the same programs; maybe they should be income-based," rather than concentrated in the Contractory communities bouild be the Contractory communities bouild.

come-oased, raner than concentrated in the Gateway communities, he said.
"The ambitious goals laid out by the governor do not jibe with the (recent 9C) cuts to the budget," Jones said, also pointing out that her proposed spending would come on the heels of the \$1. billion in tax cuts offered by the gover-

In her speech, the governor promised continued full funding of the Student Opportunity Act and investments in early college programs and mental health services for the state's youth. She health services for the state's syouth. She touted the state's response to concerns about youth mental health including opening 26 community mental health centers and cutting emergency room stays for youth in crisis in half.

"That's a real impact," Healey said, adding her next budget will include \$10 million to provide services, including residential, for the state's most vulnerable worth.

residential, for the state's most vulner-able youth.

The governor touted the creation of the Federal Funds and Infrastructure Office and the use of Interest accrued from the \$8 billion rainy-day fund to chase every federal dollars available in grants and loans.

That effort, Healey said, has already borne fruit, attracting \$3 billion to build projects: \$100 million for the West-Fast

porties from the Mest-East Rail through Worcester, \$24 million to rebuild Leonard's Wharf in New Bed-ford, \$33 million for electric school bus-es, and \$372 million to finally start the replacement of Cape Cod bridges.

Massachusetts will become. Healey Massachusetts will become, Healey owed, the national leader in life sci-ences, and a climate change innovator with its investment in offshore wind electricity generation, investment in electric bus fleets and a push to get more

electric bus needs and a plus no get more motorists in electric vehicles.

We set high goals for our first year in office," Healey said. "And because we came together, and we acted with ur-gency, we delivered results and we met every one of our goals. Today, Massa-chusetts is more affordable, more competitive and more equitable than it was a year ago. And the state of our commonwealth, like the spirit of our people, is stronger than ever."

Legislative leaders rule out tax

Asked if he would consider proposals to raise taxes to pay for lofty spending promises with fiscal stormclouds gathering, House Speaker Ron Mariano said 'life goes on" and pointed to a tax cut

"lite goes on" and pointed to a tax cut package lawmakers and Healey passed last year.
"No we're not going to raise taxes. We just lowered taxes. We're not schizophrenic," the speaker said. "We've chosen the course of action and we think the competitiveness that the tax cut gets us is an important fact."

Mariano praised last year's tax re-forms, which figured prominently into

Healey's speech, saving they will "go a long way" to make living in Massachu-setts more affordable.

Senate President Karen Spilka also id her chamber is not considering

"That is not something that I believe we are looking at. I believe, you know, that we will take a look and closely monitor our revenue for the coming months, for the coming year, and we will take a look. We will take a look at the governor's budget and then the House will do its budget and we'll do ours. But we will closely monitor our revenue," Spilka said

The state budget has ballooned in re-cent years, in line with a surge in tax col-lections since the beginning of the CO-VID-19 pandemic. The budget in fiscal 2020 was slightly above \$43 billion, compared to the \$56 billion fiscal 2024 budget.

Just before the pandemic hit in 2020,

the House approved a package of tax and fee increases to increase funding for

and fee increases funding for the MBTA and transportation projects. The Senate didn't take up the bill and then Beacon Hill's priorities shifted to addressing the pandemic.

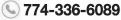
Wednesday night, Healey proposed doubling support for MBTA operations and addressing deferred maintenance on the system that has become increasingly unreliable and unsafe in the time since.

However, without raising taxes and with less general tax revenue to spend in the next budget than was originally appropriated for fiscal 2024, when asked how the state would afford Democrats' spending priorities both Mariano and Spilka said they look forward to seeing the details of Healey's budget proposal.



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Plymouth police report. Security footage showed a dark car, de-scribed as a Chevrolet Traverse or Equinox, carrying four people pulled into the employee park-ing lot around 2 a.m. on Nov. 7, 2022, according to

the report. Three people got out and walked towards the exhibits.

They returned about 18 minutes later carrying what appeared to be the reported missing items.
On Dec. 1, 2022, Ply-

mouth police received a box containing two bear skin rugs and two woven mats. A museum official

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items were the ones tak-en from the exhibit and said they appeared un-damaged.

Severed ties between tribe and museums

The incident comes The incident comes months after the Wampanoag tribe severed ties with Plimoth Patuxet
Museums, citing the direction of its programs
and approach to Native
American history

and approach to Native American history. In 2021, Weeden, then 28, became the youngest person elected chairman of the Mashpee Wampa-

noag Tribe.

Zane Razzaq writes
about housing and real
estate. Reach her at zrazzaq@capecodonline.com.
Follow her on Twitter

Public Announcement Concerning a Proposed Health Care Project

Price 7 reflects 5 \$400 \$ Savings per couple 1

Public Announcement Concerning a Proposed Health Care Project Cape Cod Healthcare, Inc (the "Applicant"), with a principal place of business at 27 Park Street, Hyannis, MA 02601, intends to file a request with the Massachusetts Department of Public Health for a Significant Change ("Application") by Cape Cod Hospital (the "Hospital") located at the same address. The previously issued Determination of Need (CCHC-22021416-HE) approved the construction of a new facility on the Hospital's main campus for outpatient oncology services, inpatient cardiac services, and shell space for future projects (collectively, the "Approved Project"). This Application now requests to build out approved shell space to accommodate 32 medical/surgical beds. The costs associated with the Application will increase the total value of the Project based on a maximum capital expenditure ("MCE") by \$14,666,613, for a total MCE of \$151,715,245. The Applicant does not anticipate any price or service impacts on the Applicant's existing patient panel as a result of the Proposed Project.

Public Notices

Public Notices 2

Public Notices

Public Announcement Concerning a Proposed Health Care Project

Public Announcement Concerning a Proposed Health Care Project Cape Cod Healthcare, Inc (the "Applicant"), with a principal place of business at 27 Park Street, Hyannis, MA 02601, intends to file a request with the Massachusetts Department of Public Health for a Significant Change ("Application") by Cape Cod Hospital (the "Hospital") located at the same address. The previously issued Determination of Need (CCHC-22021416-HE) approved the construction of a new facility on the Hospital's main campus for outpatient oncology services, inpatient cardiac services, and shell space for future projects (collectively, the "Approved Project"). This Application now requests to build out approved shell space to accommodate 32 medical/surgical beds. The costs associated with the Application will increase the total value of the Project based on a maximum capital expenditure ("MCE") by \$14,666.613, for a total MCE of \$151,715,245. The Applicant does not anticipate any price or service impacts on the Applicant's existing patient panel as a result of the Proposed Project.

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APPENDIX 6 CHANGE IN SERVICE



Massachusetts Department of Public Health Determination of Need Change in Service

Version: DI

DRAFT

Applica	ation Number: CCHC-23122109-AM Original Application Date: 02/02/2024														
Appli	icant Infor	rmation													
Applica	int Name: Ca	pe Cod Healthcare, Inc.													
Contac	t Person: Mi	chael Bachste	in					Title: Vice P	resident of Facil	ities					
Dhara		00525225				· ····································									
Phone:		5088525225 E-mail: MBachstein@capecodhealth.org													
Facili	ty: Comple	ete the tables	below for each	facility listed	n the Applica	tion Form									
1 Fac	cility Name: Ca	ape Cod Hosp	ital					CMS Number:	220135		Facility type: Ho	ospital			
											_				
Chan	ge in Serv	rice													
			existing and pla	nned service ch	anges Add ad	ditional services	with in each gro	uning if applic	ahle						
2.2 COI	Inpicte the chai	TO DOIOW WITH	Licensed Beds	Operating	-	umber of Beds	Number of Bed		Patient Days	Patient Dave	Occupancy rate	for Operating	Average	Number of	Number of
Add/De	ı		Licensed Beds Operatin		•	-/-) Completion (c				Tatient Days	atient Days Occupancy rate for C Beds		Length of	Discharges	Discharges
Rows			Existing	Existing	Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected	Stay (Days)	Actual	Projected
	Acute		LXISTING	LAISTING	Licensed	Operating	Licensed	Operating	Actual)	Trojected	Current beas	Frojected	(Days)	Actual	Trojected
	Medical/Sur	gical	197	197	32	. 32	229	229	70,078	72,163	97%	86%	4.7	16,960	17,255
	Obstetrics (M	Maternity)									0%	0%			
	Pediatrics										0%	0%			
	Neonatal Int	tensive Care									0%	0%			
	ICU/CCU/SIC	CU									0%	0%			
+ -											0%	0%			
	Total Acute		197	197	32	. 32	229	229	70,078	72,163	97%	86%	4.7	16,960	17,255
	Acute Rehab	ilitation									0%	0%			
+ -											0%	0%			
	Total Rehabili	itation									0%	0%			
	Acute Psychi	atric													

Add/Del Rows		Licensed Beds	Operating Beds		umber of Beds +/-)	Number of Be Completion	ds After Project n (calculated)	Patient Days (Current/	Patient Days	Occupancy rate Bec		Average Length of Stay	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating	Actual)	Projected	Current Beds		(Days)	Actual	Projected
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
+ -										0%	0%			
1	Total Acute Psychiatric									0%	0%			
(Chronic Disease									0%	0%			
+ -										0%	0%			
1	Total Chronic Disease									0%	0%			
9	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
+ -										0%	0%			
	Total Substance Abuse									0%	0%			
9	Skilled Nursing Facility			•			•			•				
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
+ -										0%	0%			
	Total Skilled Nursing									0%	0%			
	plete the chart below If th	nere are changes o	ther than those	e listed in table	above.									
Add/Del Rows	List other services if Ch	nanging e.g. OR, M	RI, etc						Existing Numb of Units	oer Change in Number +/		ed f Units Existin	ig Volume	Proposed Volume
+ -														
l														

 Change in Service
 Cape Cod Healthcare, Inc.
 CCHC-23122109-AM
 02/01/2024 12:38 pm
 Page 2 of 3

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:

 \boxtimes

Date/time Stamp: 02/01/2024 12:38 pm

E-mail submission to Determination of Need

Change in Service Cape Cod Healthcare, Inc. CCHC-23122109-AM 02/01/2024 12:38 pm Page 3 of 3

APPENDIX 7 AFFILIATED PARTIES



Massachusetts Department of Public Health Determination of Need Affiliated Parties

ersion: DRAFT 3-15-17

DRAFT

Applic	ation Date:	02/02/2024		Applic	ation Nu	ımber:	CCHC-23	122109-AI	М							
App	licant Inf	formatio	n													
Applic	ant Name:	Cape Cod He	ealthcare, Inc.													
Conta	ct Person:	: Michael Bachstein Title: Vice President of Facilities														
Phone	:	5088625225 Ext:					E-mail: MBachstein@capecodhealth.org									
Affil	iated Pa	rties														
	filiated Part t all officers,		the board of directo	ors, trustees,	stockho	olders, pa	artners, an	ıd other Pe	ersons	who have an equity or c	otherwise controlling intere	st in the appli	cation.			
Add/ Del Rows	Name (Last)	Name (First)	Mailin	g 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
+ -	Lauf	Michael	2 Meadow Spring Driv	/e		E. Sand	wich		MA	Cape Cod Healthcare, Inc.	President and CEO, CCHC CEO, Cape Cod Hospital			No	Cape Cod Hospital	Yes
+ -	Johnston	Alastari Bruce	2141 Oyster Harbors			Ostervil	lle		MA	Cape Cod Healthcare, Inc.	Chairman			No		No
+ -	Devereux	Robin	15 Peace Pipe Road			Falmou	th		MA	Cape Cod Healthcare, Inc.	Vice Chair			No		No
+ -	Ayer	Ramani	22 Horseshoe Lane, No	orth		South C	Orleans		MA	Cape Cod Healthcare, Inc.	Treasurer			No		No
+ -	Talerman	Robert A.	34 Wild Goose Way			Centerville		MA		Cape Cod Healthcare, Inc.	Clerk			No		No
+ -	Jones	Michael G.	65 Shady Lane			Hatchvi	Hatchville A	MA	MA	Cape Cod Healthcare, Inc.	Co-Clerk			No		Yes
+ -	Adduci, M.D.	Alexander	46 Greenwood Street			Sherbo	rn		MA	Cape Cod Healthcare, Inc.	Trustee			No	Cape Cod Hospital	Yes
+ -	Capodilupo	Lawrence	77 Geranium Drive			Chatham			MA	Cape Cod Healthcare, Inc.	Trustee			No		No
+ -	Gergyes, M.D.	Joseph	104 Old Kings Road			Cotuit			MA	Cape Cod Healthcare, Inc.	Trustee			No	Falmouth Hospital	Yes
+ -	Tilton Gibson	Linda	2139 Oyster Harbors			Osterville			MA	Cape Cod Healthcare, Inc.	Trustee			No		No
+ -	Hostetter, M.D.	John	30 Marvin Circle			Falmou	th	MA		Cape Cod Healthcare, Inc.	Trustee			No	Falmouth Hospital	Yes
+ -	Kennedy	Sharon	40 Fort Hill Road			East Sar	ndwich		MA	Cape Cod Healthcare, Inc.	Trustee			No		No
+ -	Mulchay, Jr.	Edward James	2037 Oyster Harbors			Osterville			MA	Cape Cod Healthcare, Inc.	Trustee			No		No

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
+ -	Rudman, M.D.	Nathan T.	48 Waterman Farm Road	Centerville	MA Cape Cod Healthcare, Inc.	Trustee			No	Cape Cod Hospital	Yes
		Kevin	103 Pine Tree Drive	Centerville	MA Cape Cod Healthcare, Inc.	Trustee			No	Cape Cod Hospital	Yes
	Wilsterman M.D	Robert	83 Cumloden Drive	Falmouth	MA Cape Cod Healthcare, Inc.	Trustee			No	Falmouth Hospital	Yes
+ -					MA						
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Date/time Stamp: 02/01/2024 10:16 am

E-mail submission to Determination of Need

Affiliated Parties Cape Cod Healthcare, Inc. 02/01/2024 10:16 am Page 2 of 2

APPENDIX 8

ARTICLES OF ORGANIZATION

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APPENDIX 9

AFFIDAVIT



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

Version: 7-6-17

e-mail to: d;	h.don@s	tate.ma.us Include all	attachments as requeste	d.	re ween conected, stan the oc	Authent and
Application	Number:	CCHC-23122109-AM		Origina	Application Date: 2/2/2024	4
Applicant Na	me: Ca	pe Cod Healthcare, Inc.				
Application 7	Гуре: Но	spital/Clinic Substantia	Capital Expenditure]		
5376		ype: Corporation			Trust LLCOthe	7070
Is the Applica	ant the so	le member or sole share	holder of the Health Fac	ility(ies) that are the sul	oject of this Application? Y	res No
The undersig	ned certif	ies under the pains and	penalties of perjury:			
				er of the Health Facility	ies) that are the subject of thi	is Application;
2. I hav	e read 10:	5 CMR 100.000, the Mass	sachusetts Determination	n of Need Regulation;	restator Productivas of September (1991) in the state of the control of the state o	
3. i uno	erstand a	nd agree to the expecte	d and appropriate condi	act of the Applicant pu	rsuant to 105 CMR J00.800;	
4. I hav	e r ead thi	s application for Determ	ination of Need includin	g all exhibits and attacl	nments, and certify that all of	the
info	mation c	ontained herein is accura	ate and true;	STORY NO TO PARTIES IN TRANSPORCE	discontract in the second of t	
5. I hav	e submitt	ed the correct Filing Fee	and understand it is not	refundable pursuant t	o 105 CMR 100.405(B);	
6. I hav	e submitt	ed the required copies o	f this application to the i	Determination of Need	Program, and, as applicable,	to all
			equired pursuant to 105			
					e submitted to all Parties of Re	ecord, and
all ca	rriers or ti	hird-party administrator	s, public and commercial	, for the payment of he	alth care services with which	the
Appi	cant cont	racts, and with Medicare	and Medicaid, as requir	ed by 105 CMR 100.405	i(C), et seq.;	
					Affairs pursuant to 105 CMR	
	05(E) and	301 CMR 11.00; will be	made if applicable	(- 0)	•	
				ed such Notice of Mate	rlai Change to the HPC - in	
accor	dance wit	th 105 CMR 100.405(G);			And total professional sections and the second section of the second section of the second sections of the second sections of the second section of the sectio	
10. Pursu	ant to 10	5 CMR 100.210(A)(3), I ce	ertify that both the Appli	cant and the Proposed	Project are in material and	
subst	antial con	npliance and good stand	ling with relevant federa	il, state, and local laws a	and regulations, as well as wit	th all
			tion of Need and the ter			
11. I have	reed and	understand the limitati	ons on solicitation of fur	iding from the general	public prior to receiving a No	itice of
Deter	mination	of Need as established I	n 105 CMR 100.415;	and water the second		
12. Lunde	erstand th	at, if Approved, the App	licant, as Holder of the D	ON, shall become oblig	pated to all Standard Condition	ns
pursu	ant to 10:	5 CMR 100.310, as well a	s any applicable Other C	onditions as outlined w	ithin 105 CMR 100.000 or tha	it
other	wise beco	me a part of the Final A	ction pursuant to 105 CM	NR 100.360;		
			fy that the Applicant has			
14. Pursu	ant to 105	CMR 100.705(A), I certif	fy that the Proposed Proj	ect is authorized under	r applicable zoning by-laws o	r
ordin		ether or not a special pe				
	a. If the			cable zoning by-laws or	r ordinances, a variance has b	een
			th Proposed Project; or,			
	b. The	Proposed Project is exer	npt from zoning by-laws	or ordinances.		
Corporation:						
	of Articles	of Organization/Incorp	nration as amended			
nttacii a copy	or mitacies	or organization micorpi	oration, as arrientaet			
9 Part - 1 1 / 1 - 1			makel	() 4	1-2.5-2	4
Michael K. Laui CEO for Corpo		ma•	Signature:	1	Date	
cco ioi corpo	iauvii Na	ille.	_0/		· -	
A. Bruce Johns	on		XIVI		1-25-24	8
Board Chair fo		tion Name:	Signature:	<u> </u>	Date	
	p m		9,			

^{*}been informed of the contents of

^{**}have been informed that

^{***}issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018

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Affidavit of Truthfulness Page 2 of 2