

Attachment 1:
Transfer of Site Notification Elements
105 CMR 100.745(D)

1. **Description of the Reasons for the Proposed/Requested Transfer of Site:** See application form, Section 2.1.

2. **Current and Proposed Sites-Gross Square Feet, Primary Service Areas:** Both the Athol MRI unit and the Heywood unit are housed in MRI trailers on a 410 SF pad. Currently, the mobile MRI at Athol is located on a dedicated parking pad, adjacent to the Emergency and Imaging Departments. At Heywood, the mobile MRI would temporarily be in a similar location, a dedicated parking pad near the Emergency and Imaging Departments. The Athol MRI unit serves only outpatients and has minimal demand. Upon relocation of the unit to Heywood Hospital, Athol patients and patients in Athol's primary service area will have timely access to the unit at Heywood, Athol's corporate affiliate, for their MRI services.

The following towns comprise Athol's primary service area: Athol, Erving, New Salem, Orange, Petersham, Phillipston, Royalston, Warwick, and Wendell. Heywood patients and patients in Heywood's primary service area will also have timely access to the unit. Heywood's primary service area is comprised of the following towns: Gardner, Hubbardston, Fitchburg, Leominster, Lunenburg, Ashburnham, Ashby, Townsend, Templeton, Winchendon, Westminster.

3. **Description/Comparison of Existing and Proposed Patient Population Served:** As indicated above, the MRI unit that currently services Athol is underutilized and serves outpatients only. Upon relocation of the unit to Heywood Hospital, Athol patients and patients in Athol's primary service area will have timely access to the unit at Heywood, Athol's corporate affiliate, for their MRI services.

4. **Description of Impact on Patient Access and on Price/Cost:** The proposed transfer of site will not adversely affect patient access. The patient needs at Athol will be met by the unit at Heywood, and the relocation will ensure continuity of MRI services for patients at Heywood during its surgical pavilion construction project, while also providing access for Athol patients. The transfer of site is not expected to have an adverse impact on price, total medical expenditure, provider costs, or other recognized measures of health care spending.

5. **Attestation of Anticipated Expenditures Associated with Proposed Transfer:** The only expenditures associated with the relocation of the Athol MRI unit to the Heywood Hospital campus are a total of approximately \$60,000 for dedicated electrical wiring, the construction of a temporary enclosure from the MRI trailer entry door to the Heywood building, and placement of a temporary pad under the trailer.

6. **Documentation of Sufficient Interest in the Proposed Site:** Heywood Hospital owns the site on which it is located. The site is appropriately zoned for the delivery of MRI services.

7. **Affidavit of Truthfulness.** See Attachment 2

Attachment 2:
Affidavit of Truthfulness

- SEE NEXT PAGE -



Massachusetts Department of Public Health Determination of Need Affidavit of Truthfulness and Compliance with Law and Disclosure Form 100.405(B)

Version: 7-6-17

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 Include all attachments as requested.

Application Number: Original Application Date:

Applicant Name:

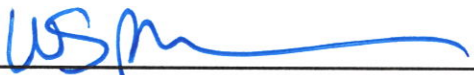
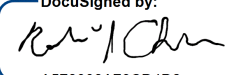
Application Type:

Applicant's Business Type: Corporation Limited Partnership Partnership Trust LLC Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? Yes No

This document is ready to print:

Date/time Stamp:

Corporation:		
<u>Winfield S. Brown</u> <i>President & CEO, Heywood Healthcare</i>		<u>1/25/2022</u> Date:
<u>Michael Abbatiello, MPPM, CPA, FACHE</u> <i>CFO, Heywood Healthcare</i>	Signature: DocuSigned by: <u>Mike Abbatiello</u> <small>98EE79C007E9454...</small>	<u>1/21/2022</u> Date:
<u>Bob Chauvin</u> <i>Board Chair, Heywood Healthcare</i>	Signature: DocuSigned by: 	<u>1/26/2022</u> Date:

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant/notifier is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application/notice;
2. I have been informed of the contents of 105 CMR 100.000, the Massachusetts Determination of Need Regulations;
3. I understand and agree to the expected and appropriate conduct of the Applicant/notifier pursuant to the Determination of Need Regulations;
4. I have read this notice of transfer of Site, and certify that all of the information contained herein is accurate and true;
5. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant/notifier and the Proposed transfer 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;
6. Pursuant to 105 CMR 100.705(A), I certify that the Applicant/notifier has Sufficient Interest in the Site or facility; and
7. Pursuant to 105 CMR 100.705(A), I certify that the Proposed transfer is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
 - a. If the Proposed transfer is not authorized under applicable zoning by-laws or ordinances, a variance will be obtained to permit such Proposed transfer; or,
 - b. The Proposed transfer is exempt from zoning by-laws or ordinances