

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

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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

May 11, 2022

Via Email - 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 catheterization 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
 - a. \$22,972,109.42 will be directed to the CHI Statewide Initiative
 - b. \$68,916,328.24 will be dedicated to local approaches to the DoN Health Priorities

- c. \$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).
 - 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 – If the Holder submits any request for Significant Change to add any of the 94 new inpatient beds¹ related to the Proposed Project, the Holder must include the following data as part of its Application:

- a. Emergency Department (ED) boarders waiting for a medical/surgical (M/S) bed including
 - i. Number of patients and length of stay
 - ii. Location of bed (inpatient or observation)
- b. Post-Acute Care Unit (PACU) patient data including
 - i. Number of patients and length of stay
 - ii. Location of bed (inpatient or observation)
- c. Average daily number of blocked M/S beds
- d. Percentage (with numerator and denominator) of MGH inpatients who were part of MGB's Patient Panel prior to the MGH admission
- e. Operating capacity and occupancy rate
- f. Acuity level by case mix index, and number of discharges for M/S patients at MGH by service line:
 - i. Cancer
 - ii. Cardiac
 - iii. Other Adult M/S (with exclusion of obstetric, pediatric, and psychiatric discharges)
- g. 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

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.

$$\frac{\text{Number of transfers not accepted by Holder}}{\text{Number of requests for transfers to Holder}}$$

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

- a. 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.
- b. Wait times for PET/MR scans at MGH.
- c. Acuity by case mix index of patients receiving PET/MR scans at MGH.
- d. Average time per PET/MR scan.
- e. 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
 - a. Number of MRI, CT or PET/CT scans, by modality, for MGH Main Campus
 - b. Wait time for inpatients who require MRI, CT or PET/CT scans, by modality, at MGH Main Campus
 - c. Wait times for MRI, CT, or PET/CT scans, by modality, for units approved in this DoN, separated by inpatient and outpatient use
 - d. Wait times for the Somerville and Waltham sites for MRI, CT or PET/CT scans, by modality
 - e. Number of patients receiving MRI, CT or PET/CT scans at MGH Main Campus, by modality, for:
 - i. Inpatient
 - ii. Outpatient
 - iii. ED
 - f. Average time per MRI, CT or PET/CT scans at MGH Main Campus, by modality
 - g. Hours of operation, per unit, of all the MRI, CT and PET/CT units at MGH Main Campus
2. With respect to Cardiovascular services
 - a. The average wait times for ED patients, outpatients, and inpatients for cardiovascular procedures including utilization of all hybrid operating rooms measured by
 - i. Number of procedures by type (catheterization, interventional, electrophysiology, surgery)

- ii. Average time per procedure by type (see 2.a.i)
 - b. Acuity by case mix index of inpatients who have cardiovascular procedures performed at the new cardiac center approved in this DoN.
 - c. 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)

3. With respect to Oncology service

- a. The number of outpatient visits performed at the new cancer center approved in this DoN.
 - b. Average case mix for oncology admissions
 - c. Wait time for outpatient visits at the new cancer center.
 - d. Utilization (number and utilization rate) of infusion bays in the new cancer center by
 - i. General infusion
 - ii. Observation
 - e. 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

4. With respect to Inpatient

- a. Boarding
 - i. ED boarders waiting for a M/S bed including number of patients and length of stay
 - ii. PACU patient data including number of patients and length of stay
- b. Average daily number of blocked M/S beds
- c. Operating capacity
- d. Occupancy rate

- e. Acuity level by case mix index, and number of discharges for M/S patients at MGH by service line:
 - i. Cancer
 - ii. Cardiac
 - iii. Other Adult M/S (with exclusion of obstetric, pediatric, and psychiatric discharges)
- f. 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

$$\frac{\text{Number of transfers not accepted by Holder}}{\text{Number of requests for transfers to Holder}}$$

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

Showdown in mid-air

By Rick Sobey

rick.sobey@bostonherald.com

The American Airlines flight attendant accused of secretly recording a 14-year-old girl on a flight to Boston was confronted on the plane by the girl's "angry" father who "saw the color drain out of" the airline employee's face.

The 36-year-old male flight attendant, Estes Carter Thompson III, was arrested on Thursday for allegedly secretly recording the girl using an aircraft bathroom last September. The North Carolina man also allegedly had recordings of four other girl passengers using airplane lavatories.

"We take these allegations very seriously," American Airlines said in a statement. "They do not reflect our airline or our core mission of

caring for people.

"We have been fully cooperating with law enforcement in its investigation, as there is nothing more important than the safety and security of our customers and team," the airline added.

After the Sept. 2 incident on the flight to Boston Logan International Airport, Thompson was immediately withheld from American Airlines' service. He hasn't worked since.

According to the FBI Boston's affidavit for the case, the 14-year-old girl during the flight from Charlotte to Boston had found a concealed iPhone in the first-class bathroom after she had partially undressed and used the toilet.

Before the girl went to the bathroom, she had been waiting to use the main cabin bathroom when Thompson

told her that the first-class lavatory was unoccupied and that she could use it. Thompson also told her that before she could go in, he had to wash his hands. Also, he said the toilet seat was broken.

Then when the girl entered the bathroom, she saw red stickers on the underside of the toilet seat lid, which stated, "INOPERATIVE CATERING EQUIPMENT" and "REMOVE FROM SERVICE," and "SEAT BROKEN" was hand-written in black ink on one of the stickers. Beneath the red stickers, Thompson had allegedly concealed his iPhone to record a video.

When the girl was done using the bathroom, she stood up, dressed, and turned to flush the toilet. When she turned, she noticed that an iPhone was protruding out

from underneath the red stickers, and the flash of the iPhone was illuminated.

The girl took a photo of the concealed iPhone and told her parents what happened. The girl was reportedly "visibly shaking" when she told another flight attendant about the incident, according to the FBI affidavit.

The girl's father later approached the three flight attendants, including Thompson, in the rear galley.

"Minor A's father then engaged Thompson directly and demanded to see his phone," reads the affidavit. "He saw the color drain out of Thompson's face.

"Thompson responded that he did not know what Minor A's father was talking about," the affidavit continues. "Minor A's father again demanded to see Thompson's

phone."

Thompson then walked away quickly up the aisle, and accessed an overhead bin — removing his iPhone from his

suitcase.

As Thompson walked back to the girl's father, the flight attendant was scrolling through his phone.

Public Announcement Concerning a Proposed Health Care Project

Mass General Brigham Incorporated (the "Applicant"), with a principal place of business at 800 Boylston Street, Suite 1150, Boston, Massachusetts 02199 intends to file a request with the Massachusetts Department of Public Health for a Significant Change by The General Hospital Corporation d/b/a Massachusetts General Hospital ("MGH") located at 55 Fruit Street, Boston, Massachusetts 02114. The previously issued Determination of Need (#MGB-20121612-HE) approved, among other services, the construction of a new building on MGH's main campus that will contain 482 private beds, including 64 ICU beds and 418 medical/surgical beds ("Approved Project"). Further, the Approved Project requires MGH to close the same number of beds in existing buildings upon opening of the new building. Pursuant to the conditions of the DoN approval, the Applicant now requests a Significant Change to the Approved Project to allow MGH to retain 94 inpatient beds that are to be closed following the opening of the new building (the "Proposed Change"). The capital expenditure for the Proposed Change is \$0. The Applicant does not anticipate any price or service impacts on the Applicant's existing patient panel as a result of the Proposed Change.

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Application Deadline: March 1, 2024

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PROBATE CITATIONS

PROBATE CITATIONS

CITATION GIVING NOTICE OF PETITION FOR APPOINTMENT OF CONSERVATOR OR OTHER PROTECTIVE ORDER PURSUANT TO G. L. c. 190B, § 5-304 & § 5-405

Docket No. NO24P0081PM
Commonwealth of Massachusetts
Norfolk Probate and Family Court

35 Shawmut Road
Canton, MA 02021
(781)830-1200

In the matter of: Linda Pointer
Of: Norwood, MA,
RESPONDENT (Person to be Protected/Mi-
nor)

To the named Respondent and all other interested persons, a petition has been filed by Charlwell House Health And Rehab of Norwood, MA in the above captioned matter alleging that Linda Pointer is in need of a Conservator or other protective order and requesting that Jessica Libby, Esq. of Milton, MA

(or some other suitable person) be appointed as Conservator to serve With Surety on the bond.

The petition asks the court to determine that the Respondent is disabled, that a protective order or appointment of a Conservator is necessary, and that the proposed conservator is appropriate. The petition is on file with this court.

You have the right to object to this proceeding. If you wish to do so, you or your attorney must file a written appearance at this court on or before 10:00 A.M. on the return date of 02/21/2024. This day is NOT a hearing date, but a deadline date by which you have to file the written appearance if you object to the petition. If you fail to file the written appearance by the return date, action may be taken in this matter without further notice to you. In addition to filing the written appearance, you or your attorney must file a written affidavit stating the specific facts and grounds of your objection within 30 days after the return date.

IMPORTANT NOTICE
The outcome of this proceeding may limit or completely take away the above-named person's right to make decisions about personal affairs or financial affairs or both. The above-named person has the right to ask for a lawyer. Anyone may make this request on behalf of the above-named person. If the above-named person cannot afford a lawyer, one may be appointed at State expense.

WITNESS, Hon. Patricia Gorman, First Justice of this Court.
Date: January 16, 2024
Colleen M Brierley, Register of Probate
January 20
#NY0103371

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PROBATE CITATIONS

PROBATE CITATIONS

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court
Suffolk Division

Docket No. SU22P1595EA
INFORMAL PROBATE PUBLICATION
NOTICE

Estate of: Linda E Walcott

Date of Death: September 13, 2019
To all persons interested in the above captioned estate, by Petition of Petitioner Keith Walcott of Boston MA Keith Walcott of Boston MA has been informally appointed as the Personal Representative of the estate to serve without surety on the bond.

The estate is being administered under informal procedure by the Personal Representative under the Massachusetts Uniform Probate Code without supervision by the Court. Inventory and accounts are not required to be filed with the Court, but interested parties are entitled to notice regarding the administration from the Personal Representative and can petition the Court in any matter relating to the estate, including distribution of assets and expenses of administration. Interested parties are entitled to petition the Court to institute formal proceedings and to obtain orders terminating or restricting the powers of Personal Representatives appointed under informal procedure. A copy of the Petition and Will, if any, can be obtained from the Petitioner.
01/22/2024
#NY0103541

LEGAL NOTICES

LEGAL NOTICES

Public Announcement Concerning a Proposed Health Care Project

Mass General Brigham Incorporated (the "Applicant"), with a principal place of business at 800 Boylston Street, Suite 1150, Boston, Massachusetts 02199 intends to file a request with the Massachusetts Department of Public Health for a Significant Change by The General Hospital Corporation d/b/a Massachusetts General Hospital ("MGH") located at 55 Fruit Street, Boston, Massachusetts 02114. The previously issued Determination of Need (#MGB-20121612-HE) approved, among other services, the construction of a new building on MGH's main campus that will contain 482 private beds, including 64 ICU beds and 418 medical/surgical beds ("Approved Project"). Further, the Approved Project requires MGH to close the same number of beds in existing buildings upon opening of the new building. Pursuant to the conditions of the DoN approval, the Applicant now requests a Significant Change to the Approved Project to allow MGH to retain 94 inpatient beds that are to be closed following the opening of the new building (the "Proposed Change"). The capital expenditure for the Proposed Change is \$0. The Applicant does not anticipate any price or service impacts on the Applicant's existing patient panel as a result of the Proposed Change.

PROBATE CITATIONS

PROBATE CITATIONS

CITATION GIVING NOTICE OF PETITION FOR APPOINTMENT OF GUARDIAN FOR INCAPACITATED PERSON PURSUANT TO G. L. c. 190B, §5-30

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court

Norfolk Probate and Family Court
35 Shawmut Road
Canton, MA 02021
(781)830-1200

Docket No. NO24P0080GD

In the matter of: Linda Pointer
Of: Norwood, MA

RESPONDENT Alleged
Incapacitated Person to the named Respondent and all other interested persons, a petition has been filed by

Charlwell House Health And Rehab of Norwood, MA

in the above captioned matter alleging that Linda Pointer is in need of a Guardian and requesting that

Jessica Libby, Esq. of Milton, MA

(or some other suitable person) be appointed as Guardian to serve Without Surety on the bond.

The petition asks the court to determine that the Respondent is incapacitated, that the appointment of a Guardian is necessary, and that the proposed Guardian is appropriate. The petition is on file with this court and may contain a request for certain specific authority.

You have the right to object to this proceeding. If you wish to do so, you or your attorney must file a written appearance at this court on or before 10:00 A.M. on the return date of 02/21/2024. This day is NOT a hearing date, but a deadline date by which you have to file the written appearance if you object to the petition. If you fail to file the written appearance by the return date, action may be taken in this matter without further notice to you. In addition to filing the written appearance, you or your attorney must file a written affidavit stating the specific facts and grounds of your objection within 30 days after the return date.

IMPORTANT NOTICE
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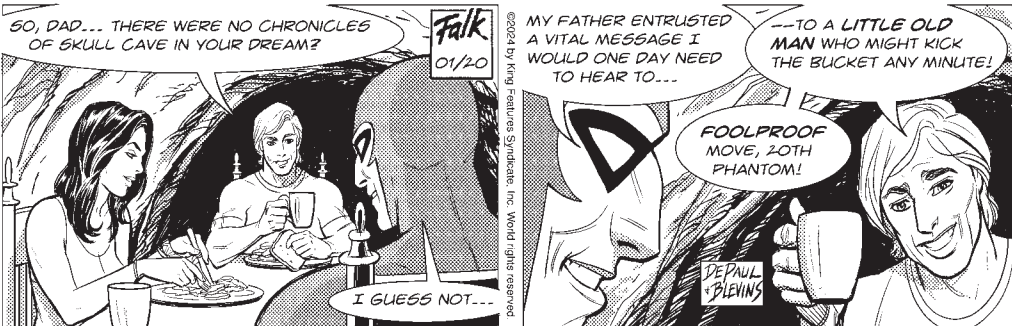
WITNESS, Hon. Patricia Gorman, First Justice of this Court.
Date: January 16, 2024

Colleen M Brierley, Register of Probate

January 20
#NY0103370

The Look. The Life.
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PHANTOM: By Lee Falk



JUMBLE
SOLUTION

ADAGE WOULD ACCORD WRITER
When the Jumble cartoonist began sketching people at the park, he
DREW A CROWD

CROSSWORD SOLUTION

P	O	T	T	S		U	R	S	A		Y	O	L	O
S	T	R	A	P		S	E	T	U	P	S	H	O	P
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I	N	D	O	O	R	C	A	T			R	O	N	D
T	E	A	M		D	E	W	Y			S	N	E	E

SUDOKU SOLUTION

3	9	1	5	2	7	4	8	6
7	2	4	8	3	6	9	1	5
8	5	6	1	9	4	3	7	2
9	6	7	3	4	2	8	5	1
1	8	2	7	5	9	6	3	4
5	4	3	6	1	8	2	9	7
4	3	5	2	8	1	7	6	9
2	7	8	9	6	5	1	4	3
6	1	9	4	7	3	5	2	8

APPENDIX 6

CHANGE IN SERVICE



Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT
6-14-17

DRAFT

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

Ext:

E-mail: 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 with in 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 (Days)	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												
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
<div>+ -</div>										0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
<div>+ -</div>										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds		Operating 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	
		Existing		Existing		Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected		Actual	Projected
	Adult											0%	0%			
	Adolescent											0%	0%			
	Pediatric											0%	0%			
	Geriatric											0%	0%			
<div><div>+</div><div>-</div></div>												0%	0%			
	Total Acute Psychiatric											0%	0%			
	Chronic Disease											0%	0%			
<div><div>+</div><div>-</div></div>												0%	0%			
	Total Chronic Disease											0%	0%			
	Substance Abuse															
	detoxification											0%	0%			
	short-term intensive											0%	0%			
<div><div>+</div><div>-</div></div>												0%	0%			
	Total Substance Abuse											0%	0%			
	Skilled Nursing Facility															
	Level II											0%	0%			
	Level III											0%	0%			
	Level IV											0%	0%			
<div><div>+</div><div>-</div></div>												0%	0%			
	Total Skilled Nursing											0%	0%			

2.3 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
<div><div>+</div><div>-</div></div>						

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: 02/23/2024 2:56 pm

E-mail 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

Phone: 617-598-6700

Ext.

Title: Attorney

Email: 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



Massachusetts Department of Public Health
Determination of Need
Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

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 Ext: E-mail: 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
<input type="checkbox"/> <input type="checkbox"/>	Atchinson	Robert	115 Commonwealth Ave.	Boston	MA	Mass General Brigham Incorporated	Director		0%	No	Massachusetts Eye and Ear Infirmary	No
<input type="checkbox"/> <input type="checkbox"/>	Casper	Marc	168 Third Avenue	Waltham	MA	Mass General Brigham Incorporated	Director		0%	No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Colson, MD	Yolanda	265 Charles Street	Boston	MA	Mass General Brigham Incorporated	Director		0%	No	Massachusetts General Hospital; The General Hospital Corporation (Trustee)	No
<input type="checkbox"/> <input type="checkbox"/>	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
<input type="checkbox"/> <input type="checkbox"/>	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
<input type="checkbox"/> <input type="checkbox"/>	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
<input type="checkbox"/> <input type="checkbox"/>	Gomez	Benjamin	48 Cranmore Road	Wellesley	MA	Mass General Brigham Incorporated	Director		0%	No	Newton Wellesley Hospital	Yes
<input type="checkbox"/> <input type="checkbox"/>	Gueye	Tiffany	162 Central Ave	Milton	MA	Mass General Brigham Incorporated	Director		0%	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
 	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 Strret	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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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.

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☒

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=PDF&Path=CORP_DRIVE1/2009/0507/000279511/0012/020502088196_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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https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2020/0423/001830448/0001/202085415470_1.pdf

APPENDIX 9

AFFIDAVIT



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: MGB-23120414-AM

Original Application Date: 02/07/2024

Applicant Name: Mass General Brigham Incorporated

Application Type: Amendment Significant

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

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~~^{*} 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~~^{*} this application for Determination of Need including all exhibits and attachments, and ~~certify 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~~^{**} 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;~~
11. I have ~~read~~^{*} 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,
 - a. 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,
 - b. 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:

01/31/2024

Date

Scott Sperling

Board Chair for Corporation Name:

Signature:

Date

*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



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

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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~~^{**} 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;~~
11. I have ~~read~~^{*} 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,
 - a. 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,
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Corporation:

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Anne Klibanski, MD

CEO for Corporation Name:

Signature:

Date

Scott Sperling

Board Chair for Corporation Name:

Signature:

1/31/2024

Date

*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

This document is ready to print: ☐

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