

BAYSTATE MRI AND IMAGING CENTER, LLC

**DON APPLICATION # BMIC-21031112-TS
TRANSFER OF SITE
BAYSTATE MRI AND IMAGING CENTER &
BAYSTATE MRI AND IMAGING CENTER AT
BERKSHIRE MEDICAL CENTER**

MARCH 11, 2021

BY

**BAYSTATE MRI AND IMAGING CENTER, LLC
700 CONGRESS STREET, SUITE 204
QUINCY, MA 02169**

BAYSTATE MRI AND IMAGING CENTER, LLC
APPLICATION # BMIC-21031112-TS

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ATTACHMENT 1

DoN APPLICATION FORM



Massachusetts Department of Public Health Determination of Need Application Form

Version: 11-8-17

Application Type: Application Date: 03/11/2021 1:22 pm

Applicant Name:

Mailing Address:

City: State: Zip Code:

Contact Person: Title:

Mailing Address:

City: State: Zip Code:

Phone: Ext: E-mail:

Facility Information

List each facility affected and or included in Proposed Project

1	Facility Name:	<input type="text" value="Baystate MRI and Imaging Center at Berkshire Medical Center"/>		
	Facility Address:	<input type="text" value="725 North Street"/>		
	City:	<input type="text" value="Pittsfield"/>	State:	<input type="text" value="Massachusetts"/>
			Zip Code:	<input type="text" value="01201"/>
	Facility type:	<input type="text" value="Clinic"/>	CMS Number:	<input type="text" value="0018589"/>
		<input type="button" value="Add additional Facility"/>	<input type="button" value="Delete this Facility"/>	
2	Facility Name:	<input type="text" value="Baystate MRI and Imaging Center"/>		
	Facility Address:	<input type="text" value="80 Wason Avenue"/>		
	City:	<input type="text" value="Springfield"/>	State:	<input type="text" value="Massachusetts"/>
			Zip Code:	<input type="text" value="01107"/>
	Facility type:	<input type="text" value="Clinic"/>	CMS Number:	<input type="text" value="0018589"/>
		<input type="button" value="Add additional Facility"/>	<input type="button" value="Delete this Facility"/>	

1. About the Applicant

1.1 Type of organization (of the Applicant):

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

1.3 What is the acronym used by the Applicant's Organization?

- 1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? Yes No
- 1.5 Is Applicant or any affiliated entity an HPC-certified ACO? Yes No
- 1.5.a If yes, what is the legal name of that entity?
- 1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)? Yes No
- 1.7 Does the Proposed Project also require the filing of a MCN with the HPC? Yes No
- 1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? Yes No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? Yes No

3.1.a If yes, under what section?

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? Yes No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? Yes No

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? Yes No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? Yes No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? Yes No

8.2 Current location of Site

Facility Name:

Physical Address:

City:	Pittsfield	State:	Massachusetts	Zip Code:	01201
Facility type:	Clinic				
8.3 Location of Proposed Site					
Facility Name:	Baystate MRI and Imaging Center				
Physical Address:	80 Wason Avenue				
City:	Springfield	State:	Massachusetts	Zip Code:	01107
Facility type:	Clinic				

8.4 Compare the scope of the project for each element below:		
	Current Site	Proposed Site
Gross Square Feet	See Attached Narrative.	See Attached Narrative.
Primary Service Area Towns served	See Attached Narrative.	See Attached Narrative.
Patient Population (Demographics)	See Attached Narrative.	See Attached Narrative.
Patient Access	See Attached Narrative.	See Attached Narrative.
Impact on Price	See Attached Narrative.	See Attached Narrative.
Total Medical Expenditure	See Attached Narrative.	See Attached Narrative.
Provider Costs	See Attached Narrative.	See Attached Narrative.
Description	See Attached Narrative.	See Attached Narrative.

8.5 Detail all Anticipated Capital Expenditures to be incurred as a result of the proposed Transfer of Site.		
Add Del Row	Anticipated Capital Expenditure	Cost
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
	Total Cost	

9. Research Exemption

9.1 Is this an application for a Research Exemption? Yes No

10. Amendment

10.1 Is this an application for a Amendment? Yes No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? Yes No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Transfer of Site/Change in Designated Location

12.1 Total Value of this project:	<input type="text" value="\$0.00"/>
12.2 Total CHI commitment expressed in dollars: (calculated)	<input type="text" value="\$0.00"/>
12.3 Filing Fee: (calculated)	<input type="text" value="\$0.00"/>
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	<input type="text"/>
12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.	<input type="text"/>

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- Affidavit of Truthfulness Form
- Notification of Material Change

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: 03/11/2021 1:22 pm

E-mail submission to
Determination of Need

Application Number: BMIC-21031112-TS

Use this number on all communications regarding this application.

Community Engagement-Self Assessment form

ATTACHMENT 2

DoN NARRATIVE

2. Project Description

Baystate MRI and Imaging Center, LLC (“Applicant”) located at 700 Congress Street, Suite 204, Quincy, MA 02169 is filing a Notice of Determination of Need (“Application”) with the Massachusetts Department of Public Health (“Department”) for a transfer of site involving two of its licensed mobile PET/CT clinic locations: (1) Main Baystate MRI and Imaging Center (“BMIC”) location at 80 Wason Avenue, Springfield, MA 01199; and (2) BMIC’s satellite host location at Berkshire Medical Center (“Berkshire”), located at 725 North Street, Pittsfield, MA 01201. Specifically, the proposed project is for a transfer of site of one day of PET/CT services from Berkshire to BMIC (“Proposed Project”).

8. Transfer of Site

8.4 Compare the scope of the project for each element below.

In compliance with the elements set forth at 105 C.M.R. 100.745(D) and the Determination of Need Application Form, the following detailed information is provided relative to the transfer of site request:

1. **Description:** The Applicant currently provides mobile PET/CT imaging services at BMIC two days per week. The Applicant additionally holds Determination of Need approval to operate a satellite host location and provide mobile PET/CT imaging services one day per week at Berkshire. Notwithstanding this latter approval, the Applicant does not currently provide PET/CT at Berkshire, as this imaging service was replaced by a service operated by Shields PET-CT at Berkshire Medical Center, LLC in 2018. Based on discussion with the Determination of Need Program, the Applicant has the right to request to transfer this now unused day of service from Berkshire to BMIC.

The need for the transfer of this day of service to increase services at BMIC to three days per week is based on increased demand for PET/CT services at BMIC in response to new or prominent cancer screening programs and new imaging agents. Specifically, from the period of April 2019 to March 2020, BMIC has experienced an increase in lung cancer scans (16%) and early detection screening (23%). In that same timeframe, PET/CT scans related to women’s reproductive cancers have more than doubled, from 24 cases to 55 cases. Moreover, a new PET radioligand used in the detection of neuroendocrine tumors is being used at BMIC to support a recently added therapeutic program at Baystate Health, providing new access to PET/CT diagnostic services for this condition. This alone has resulted in PET/CT scans for more than 20 unique patients in a single year. Additionally, urology practices have begun addressing recurring prostate cancers through utilization of PET/CT, increasing the need for access to PET/CT for prostate cancer at BMIC. Finally, as PET/CT services are used in disease staging and treatment planning, timeliness of the scan is of utmost importance. The increased demand at BMIC has resulted in operation at 90% capacity.

In turn, this increased demand has resulted in longer wait times. Currently, the wait time for a scan appointment at BMIC is 10-14 days in comparison to a typical 5-10 day appointment availability. Many cases require a shorter time to appointment, which has been exacerbated by COVID-19 as patient access to care has been altered resulting in more acute cases upon presentation. Continued increased demand will lead to longer wait times for patients in need of PET/CT services.

Accordingly, to address the increased need for PET/CT services at BMIC and ensure timely access to such services, the Applicant proposes to relocate its right to operate one day of PET/CT services at Berkshire to BMIC. Following implementation of the Proposed Project, the Applicant will operate three days of PET/CT imaging services per week at BMIC.

2. **Gross Square Feet:** Currently, the Applicant’s single day of approved PET/CT services allocated for provision at Berkshire is unused, thereby not occupying any gross square footage (“GSF”). Following the transfer of site, PET/CT imaging services will be offered three days per week at BMIC. The space currently utilized for the provision of PET/CT services two days per week at BMIC is approximately 1,200 GSF. This space will remain the same following the addition of one day of service.

3. **Primary Service Area Towns Served:** As discussed above, the Applicant’s right to operate a single day of PET/CT services at Berkshire is currently unused. Accordingly, there is no existing Primary Service Area (“PSA”) for this service. However, the Applicant’s PET/CT services at Berkshire were replaced and are now provided by Shields PET-CT at Berkshire Medical Center, LLC. The towns included in that entity’s PSA are Pittsfield, North Adams, Great Barrington, Adams, Lenox, Dalton, Lee, Williamstown, and Hinsdale. The cities and towns in the BMIC PSA include the following: Springfield, Chicopee, West Springfield, Westfield, Holyoke, Agawam, Ludlow, Palmer, Greenfield, Longmeadow, South Hadley, Belchertown, Wilbraham, Ware, Montague, Southwick, Easthampton, and Monson.

4. **Patient Population Demographics:** The Applicant does not currently serve a patient population at Berkshire. However, in anticipation of the Proposed Project, the Applicant reviewed information regarding the patient population served by Shields PET-CT at Berkshire Medical Center, LLC and compared this patient population to the patient population served by the Applicant at BMIC. Given the difference in geographic location between Pittsfield and Springfield, the patient populations served by Shields PET-CT at Berkshire Medical Center, LLC and the Applicant at BMIC do not overlap. Nonetheless, there are no significant demographic differences between the two patient populations. Moreover, the two patient populations are similar with respect to the top disease categories treated, as outlined in the table below.

By Indication, Top 10 Largest to Smallest			
Shields PET-CT at Berkshire Medical Center, LLC		BMIC	
Lung	23%	Lung	20%
Lymphoma	15%	Lymphoma	15%
SPN	12%	SPN	13%
Head and Neck	9%	Head and Neck	9%
Breast	7%	Uterine	3%
Myeloma	5%	Cardiac	3%
Melanoma	3%	Colorectal	3%
Esophageal	3%	Melanoma	3%
Bladder	2%	Breast	3%
Colorectal	2%	Myeloma	2%
Other/Uncategorized	19%	Other/Uncategorized	26%

The proposed transfer of the right to operate an additional day of service at BMIC will ensure that there is sufficient capacity available to provide timely PET/CT services to the patient population residing in the BMIC PSA, thereby improving access for patients with the indications outlined above. At the same time, patients in the Berkshire PSA will continue to have timely access to PET/CT services through Shields PET-CT at Berkshire Medical Center, LLC. Overall, the Proposed Project will achieve a more efficient and productive use of the Applicant's existing resources for both its BMIC and Berkshire patient panels.

5. **Patient Access:** The proposed transfer of site will not adversely affect patient access. The patient needs at Berkshire are being met by the existing PET/CT services provided by Shields PET-CT at Berkshire Medical Center, LLC. The transfer of site to BMIC will provide necessary increased access to PET/CT for BMIC's patient population, ensuring timely access to the PET/CT services, which are necessary in disease staging and treatment planning.
6. **Impact on Price:** The proposed transfer of site will have no impact on price. The Applicant currently offers PET/CT services at BMIC, and all pricing will remain consistent with current charges upon approval.
7. **Total Medical Expenditure:** There is no total medical expenditure associated with the proposed transfer of site. The reallocation of one day of service from Berkshire to BMIC will meet patient demand. Moreover, as noted above, there will be no changes with respect to the cost of PET/CT services.
8. **Provider Costs:** PET/CT is an existing imaging service operated by the Applicant at BMIC. The additional day of service will result in a proportionate increase in operating costs which is mostly due to staffing costs to support an additional day of service.
9. **Documentation of Sufficient Interest in the Proposed Site:** BMIC is appropriately zoned to provide PET/CT imaging services and leases the required space from Baystate Medical Center for operation of its clinic which provides the PET/CT imaging services.

ATTACHMENT 3

CERTIFICATE OF ORGANIZATION

OPEN AIR OF SPRINGFIELD, LLC

CERTIFICATE OF ORGANIZATION

FILED

FEB 9 1999

SECRETARY OF THE COMMONWEALTH
CORPORATIONS DIVISION

Pursuant to the provisions of the Massachusetts Limited Liability Company Act (the "Act") the undersigned hereby certifies as follows:

1. *Name of the Limited Liability Company.* The name of the limited liability company formed hereby (the "LLC") is Open Air of Springfield, LLC.

2. *Office of the Limited Liability Company.* The address of the office of the LLC in The Commonwealth required to be maintained by § 5 of the Act is 265 Westgate Drive, Brockton, Massachusetts 02401.

3. *Agent for Services of Process.* The name and address of the resident agent for service of process for the LLC is Carmel A. Shields, 265 Westgate Drive, Brockton, Massachusetts 02401.

4. *Date of Dissolution.* The LLC is to have no specific date of dissolution.


5. *Manager.* At the time of formation of the LLC, the LLC has no managers.

6. *Execution of Documents.* Each of Carmel A. Shields and John M. Shields, acting singly, is authorized to execute any documents to be filed with the Secretary of State of The Commonwealth of Massachusetts.

7. *Business of the LLC.* The general character of the business of the LLC is to acquire, own, and invest in magnetic resonance imaging equipment; to acquire, own, invest in, develop, operate, and/or manage magnetic resonance imaging facilities; to provide management services to medical practices that provide magnetic resonance imaging services; and to carry on any lawful business, trade, purpose or activity.

8. *Execution of Documents Relating to Real Property.* Each of Carmel A. Shields and John M. Shields, acting singly, is authorized to execute, acknowledge, deliver, and record any recordable instrument on behalf of the LLC purporting to affect an interest in real property, whether to be recorded with a registry of deeds or a district office of the Land Court.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true, this 4th day of February, 1999.


Carmel A. Shields,
An Authorized Person

Ck.# 7012698

647833

The Commonwealth of Massachusetts
Limited Liability Company
(General Laws, Chapter 156C)

Filed this 9 day February, 1999.

FEE PAID

500-00

FEB 09 1999

CASHIERS
SECRETARY'S OFFICE

William Francis Galvin

SECRETARY OF THE
COMMONWEALTH
99 FEB - 9 PM 12:20
CORPORATION DIVISION

WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

Jim Roberti

Phone: 439.2242

051
021

FILED

JUN 24 1999

SECRETARY OF THE COMMONWEALTH
CORPORATIONS DIVISION

Certificate of Amendment
of
Certificate of Organization
of
OPEN AIR OF SPRINGFIELD, LLC

OPEN AIR OF SPRINGFIELD, LLC (the "Company"), a limited liability company organized and existing under and by virtue of the Massachusetts Limited Liability Company Act (the "Act"), does hereby certify as follows:

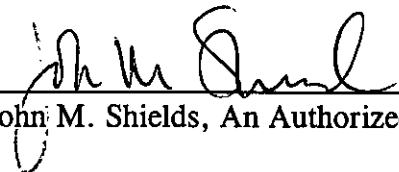
1. The federal employer identification number of the Company is 04-3454301.
2. The name of the limited liability company is "Open Air of Springfield, LLC".
3. The date of the filing of the Certificate of Organization is February 9, 1999.
4. The Certificate of Organization of the Company shall be amended as follows:
 - a) To change the name of the Company to "Baystate MRI & Imaging Center, LLC" and
 - b) To designate the following person as the sole Manager of the Company:

Shields Healthcare of Springfield, LLC
265 Westgate Drive
Brockton, MA 02401
 - c) To delete Section 7 of the Certificate of Organization (Business of the LLC) and insert in its place the following Section 7:
7. *Business of the LLC.* The general character of the business of the LLC is to acquire, own, and invest in magnetic resonance imaging and/or CT equipment; to acquire, own, invest in, develop, operate, and/or manage magnetic resonance imaging and/or CT facilities; to provide management services to medical practices that provide magnetic resonance imaging and/or CT services;

and to carry on any lawful business, trade, purpose or activity.

- d) In addition to the persons named in Section 6 of the Certificate of Organization, Shields Healthcare of Springfield, LLC, acting singly, is authorized to execute any documents to be filed with the Secretary of State of the Commonwealth of Massachusetts.
- e) In addition to the persons named in Section 8 of the Certificate of Organization, Shields Healthcare of Springfield, LLC, acting singly, is authorized to execute, acknowledge, deliver and record any recordable instrument on behalf of the LLC purporting to affect an interest in real property, whether to be recorded with a registry of deeds or a district office of the Land Court.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true this 17 day of June, 1999.



John M. Shields, An Authorized Person

CONSENT TO USE OF NAME

Baystate Health System, a Massachusetts charitable corporation, Baystate Medical Center, Inc., a Massachusetts charitable corporation, and Baystate Radiology and Imaging, LLC, a Massachusetts limited liability company, hereby consent to the use and registration of the name "Baystate MRI & Imaging Center, LLC" by the Massachusetts limited liability company presently named Open Air of Springfield, LLC, which was established on February 9, 1999.

BAYSTATE HEALTH SYSTEM

By:
Title:

Mark R. Pasley
Exec. V.P. 6/21/99

BAYSTATE MEDICAL CENTER, INC.

By:
Title:

J. Buchras

BAYSTATE RADIOLOGY
AND IMAGING, LLC

By:
Title:

J. Buchras

Dated: June 21, 1999

664508

Ck.# 4293

The Commonwealth of Massachusetts
Limited Liability Company
(General Laws, Chapter 156C)

Filed this 24 day June, 1999.

FEE PAID
\$100.00
JUN 24 1999

CASHIERS
SECRETARY'S OFFICE.

William Francis Galvin

WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

SECRETARY OF THE
COMMONWEALTH
99 JUN 24 PM 3:15
CORPORATION DIVISION

John Fitzpatrick

Phone: 438.2000



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Certificate of Amendment

(General Laws, Chapter)

Federal Employer Identification Number: 043454301 (must be 9 digits)

The date of filing of the original certificate of organization: 2/9/1999

1.a. Exact name of the limited liability company: BAYSTATE MRI & IMAGING CENTER, LLC

1.b. The exact name of the limited liability company as amended, is: BAYSTATE MRI & IMAGING CENTER, LLC

2a. Location of its principal office:

No. and Street: 700 CONGRESS STREET
 City or Town: QUINCY State: MA Zip: 02169 Country: USA

3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: CARMEL A. SHIELDS
 No. and Street: 265 WESTGATE DR.
 City or Town: BROCKTON State: MA Zip: 02401-0000 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	CARMEL A. SHIELDS	700 CONGRESS STREET QUINCY, MA 02169 USA
MANAGER	JOHN M. SHIELDS	700 CONGRESS STREET QUINCY, MA 02169 USA
MANAGER	SHIELDS HEALTHCARE OF SPRINGFIELD, LLC	700 CONGRESS STREET QUINCY, MA 02169 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	CARMEL A. SHIELDS	700 CONGRESS STREET QUINCY, MA 02169 USA
SOC SIGNATORY	JOHN M. SHIELDS	700 CONGRESS STREET QUINCY, MA 02169 USA
SOC SIGNATORY	SHIELDS HEALTHCARE OF SPRINGFIELD LLC	700 CONGRESS STREET QUINCY, MA 02169 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	CARMEL A. SHIELDS	700 CONGRESS STREET QUINCY, MA 02169 USA
REAL PROPERTY	JOHN M. SHIELDS	700 CONGRESS STREET QUINCY, MA 02169 USA
REAL PROPERTY	SHIELDS HEALTHCARE OF SPRINGFIELD LLC	700 CONGRESS STREET QUINCY, MA 02169 USA

9. Additional matters:

10. State the amendments to the certificate:

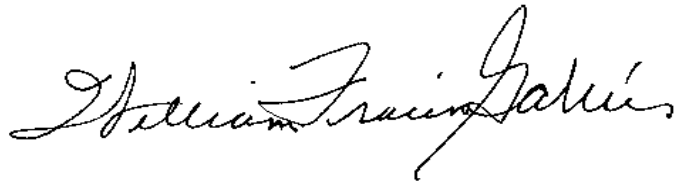
THE PRINCIAL OFFICE ADDRESS OF THE LIMITED LIABILITY COMPANY IS 700 CONGRESS STREET, QUINCY, MA 02169. THE MANAGERS OF THE LIMITED LIABILITY COMPANY ARE AS FOLLOWS: SHIELDS HEALTHCARE OF SPRINGFIELD, LLC, 700 CONGRESS STREET, QUINCY, MA 02169; JOHN M. SHIELDS, 700 CONGRESS STREET, QUINCY, MA 02169; AND CARMEL A. SHIELDS, 700 CONGRESS STREET, QUINCY, MA 02169

11. The amendment certificate shall be effective when filed unless a later effective date is specified:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 23 Day of April, 2009,
CARMEL A. SHIELDS , Signature of Authorized Signatory.**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

ATTACHMENT 4

AFFIDAVIT OF TRUTHFULNESS AND COMPLIANCE



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

The undersigned certifies under the pains and penalties of perjury:

- 1.a The Applicant Is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;
- 2.a I have ~~read~~* 105 CMR 100.000, the Massachusetts Determination of Need Regulation; a
- 3.a I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;a
- 4.a 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; a
- 5.a 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);a
- 6.a 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***~~; a
- 7.a 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;a
- 8.a Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest In the Site or facility; and a
- 9.a Pursuant to 1 OS 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.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.a

LLC
All parties must sign. Add additional names as needed.

Name : Thomas A. Shields
Signature: <Signature on File>
Date: 3/10/2021

This document is ready to print:

Date/time Stamp:

*been informed of the contents of a

**have been informed that a

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

Save

Print form

Reset form

Affidavit of Truthfulness

Page 1 of 1