



Massachusetts Department of Public Health Determination of Need Application Form

Version: 8-15-17

Application Type: Application Date: 11/03/2017 4:10 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:

Facility Address:

City: State: Zip Code:

Facility type: CMS Number:

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

1.6 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.

See attached narrative.

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

9. Research Exemption

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

10. Amendment

10.1 Is this an application for an Amendment? Yes No

10.2 This Amendment is: Immaterial Change Minor Change Significant Change

10.3 Original Application number:

10.3.a Original Application Type:

10.3.b Original Application filing date:

10.3.c Have there been any approved Amendments to the original Application? Yes No

Add/Del Row	Amendment Number	Amendment Change Type	Approval Date
10.3.d For each approved Amendment list all Amendment Numbers, Amendment types, and Approval Dates.			
Add/Del Row	Amendment Number	Amendment Change Type	Approval Date
<input type="checkbox"/> + <input type="checkbox"/> -	Project #4-3C32	Significant	03/12/2015
<input type="checkbox"/> + <input type="checkbox"/> -	Project #4-3C32	Immaterial	07/06/2016
<input type="checkbox"/> + <input type="checkbox"/> -	Project #4-3C32	Minor	03/20/2017

For Immaterial or Minor Amendment changes:

10.4.a Briefly describe the Approved Project.

See attached narrative.

10.4.b Describe the proposed change and associated costs.

See attached narrative.

10.4.c Describe why this is reasonable and within the the approved project.

See attached narrative.

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)?

Yes No

12. Total Value for Immaterial or Minor Amendments

Your project application is for an: **Immaterial or Minor Amendment**

Filing Fee: \$0

No additional information is need for this section.

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

- Electronic copy of Staff Summary for Approved DoN
- Electronic copy of Original Decision Letter for Approved DoN
- Electronic Copy of any prior Amendments to the Approved DoN
- Certification from an independent Certified Public Accountant
- Articles of Organization / Trust Agreement

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: 11/03/2017 4:10 pm

E-mail submission to
Determination of Need

Application Number: BMC-17110316-AM

Use this number on all communications regarding this application.

Community Engagement-Self Assessment form