**APPLICATION FOR DETERMINATION OF NEED**

**TRANSFER OF SITE for MASSACHUSETTS GENERAL HOSPITAL**

**DON APPLICATION #MGB-22092215-TS**

**Submitted by**

**MASS GENERAL BRIGHAM INCORPORATED**

**800 Boylston Street**

**Boston, MA 02199**

**November 11, 2022**

HB: 4873-1022-8274.1

### MASS GENERAL BRIGHAM INCORPORATED

### DON APPLICATION #MGB-22092215-TS

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# APPENDIX 1

# APPLICATION FORM

 Version: 11-8-17

Massachusetts Department of Public Health  
Determination of Need  
Application Form

Application Type: Transfer of Site/Change in Designated Location

Application Date: 11/11/2022 2:24 pm

Applicant Name: Mass General Brigham

Mailing Address: 800 Boylston Street

City: Boston State: Massachusetts Zip Code: 02199

Contact Person: Crystal Bloom

Title: Attorney

Mailing Address: One Beacon Street, Ste 1320

City: Plymouth State: Massachusetts Zip Code: 02360

Phone: 6175986783 Ext: none

Email: [Crystal.Bloom@huschblackwell.com](mailto:Crystal.Bloom@huschblackwell.com)

**Facility Information**

**List each facility affected and or included in Proposed Project**

1. Facility Name: Mass General Hospital

Facility Address: 55 Fruit Street

City: Boston State: Massachusetts Zip Code: 02114

Facility type: Hospital CMS Number: 220071

2. Facility Name: MGH Waltham

Facility Address: 52 2nd Avenue

City: Waltham State: Massachusetts Zip Code: 02451

Facility type: Hospital CMS Number: [blank]

**1. About the Applicant**

1.1 Type of organization (of the Applicant): nonprofit

1.2 Applicant’s Business Type: Corporation

1.3 What is the acronym used by the Applicant’s Organization: MGB

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? Yes

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? Yes

1.5.a If yes, what is the legal name of that entity? Mass General Brigham Incorporated, inclusive of Mass General Brigham ACO, LLC

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? No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? 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

1.8a 1.8.a If yes, Please explain.: On September 27, 2022, the HPC approved MGB's proposed performance improvement plan

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

3.1.a If yes, under what section? Transfer of Site or change of a designated Location

**4. Conservation Project**

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

**6. Transfer of Ownership**

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

**7. Ambulatory Surgery**

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

**8. Transfer of Site**

8.1 Is this an application filed pursuant to 105 CMR 100.745? Yes

8.2 Current Location of Site

Facility Name: Massachusetts General Hospital

Physical Address: 55 Fruit Street

City: Boston

State: Massachusetts

Zip Code: [blank]

Facility Type: Hospital

8.3 Location of Proposed Site

Facility Name: Mass General Waltham

Physical Address: 52 2nd Ave

City: Waltham

State: Massachusetts

Zip Code: 02451

Facility Type: Hospital

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 |
| --- | --- | --- |
| +/- | Renovations at MGH Waltham | $962,124.00 |
| +/- |  |  |
| +/- |  |  |
| +/- |  |  |
|  | Total Cost | $962,124.00 |

**9. Research Exemption**

9.1 Is this an application for a Research Exemption? No

**10. Amendment**

10.1 Is this an application for a Amendment? No

**11. Emergency Application**

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? 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: $962,124.00

12.2 Total CHI commitment expressed in dollars: (calculated) $0.00

12.3 Filing Fee: (calculated) $0.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project: [blank]

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. [blank]

**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](mailto:DPH.DON@state.ma.us)

Affidavit of Truthfulness Form: check

Articles of Organization/Trust Agreement: check

**Documentation 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? Yes Date/time Stamp: 11/11/2022 2:24 pm

E-mail submission to Determination of Need

**Application Number: MGB-22092215-TS**

**Use this number on all communications regarding this application.**

# APPENDIX 2 NARRATIVE

#### 2.1 Project Description

Mass General Brigham Incorporated (“Applicant”), located at 800 Boylston Street, Boston, MA 02199, is filing a Notice of Transfer of Site (“Notice”) with the Massachusetts Department of Public Health (“Department”) for Massachusetts General Hospital (“MGH” or “Hospital”), located at 55 Fruit Street, Boston, MA (“Main Campus”) to relocate two endoscopy procedure rooms from the Hospital’s Main Campus to its satellite location, Mass General Waltham (“MG Waltham”), located at 52 2nd Ave, Waltham, MA 02451 (“Proposed Project”). The Proposed Project is needed to maintain access for the Applicant’s patient panel to outpatient endoscopy services as access to this service will be disrupted during renovations at the Main Campus. To that end, the Applicant respectfully requests a finding by the Department that this transaction does not require a DoN, either as a Substantial Capital Expenditure or Substantial Change in Service, pursuant to 105 CMR 100.715 in order for the Applicant to move forward with the proposed changes in designated location.

#### Transfer of Site

* 1. **Compare the scope of the project for each element below.**

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

* + 1. **Gross Square Feet (“GSF”).** Currently, the two endoscopy procedure rooms at the Hospital’s Main Campus occupy 400 GSF. Following the transfer of site, the procedure rooms will be located at MG Waltham and will occupy 4,850 GSF.
    2. **Primary Service Area Towns Served.** The Primary Service Area of MGH’s Main Campus includes the cities and towns of Boston, Charlestown, Chelsea, Dorchester, East Boston, Mattapan, Revere, Roxbury, and Winthrop; its full service area includes all of Eastern Massachusetts. MG Waltham’s Primary Service Area overlaps with that of the main campus and includes the cities and towns of Waltham, Lexington, Arlington, Cambridge, Newton, and Belmont.
    3. **Patient Population Demographics.[[1]](#footnote-1)** Please refer to the table below which captures patients of MGH who received endoscopy services at the Hospital’s Main Campus or MG Waltham in FY22.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GENDER** | **Boston** | **Waltham** | **Grand Total** | **Boston** | **Waltham** |
| Female | 11,406 | 757 | 12,163 | 52.6% | 59.2% |
| Male | 10,134 | 522 | 10,648 | 46.8% | 40.8% |
| Non-binary | 23 | 0 | 23 | 0.1% | 0.0% |
| Genderqueer/Queer | 13 | 0 | 13 | 0.1% | 0.0% |
| Questioning/Unsure | <11 | 0 | <11 | 0.0% | 0.0% |
| Other | <11 | 0 | <11 | 0.0% | 0.0% |
| Unknown/Chose not to disclose | 79 | <11 | 79 | 0.4% | 0.6% |
| **Grand Total** | **21665** | **1279** | **22944** | **100%** | **100%** |
| **AGE** | **Boston** | **Waltham** | **Grand Total** | **Boston** | **Waltham** |
| Under 30 | 1,732 | 65 | 1,797 | 8.0% | 5.1% |
| 30-45 | 2,717 | 175 | 2,892 | 12.5% | 13.7% |
| 46-60 | 7,190 | 512 | 7,702 | 33.2% | 40.0% |
| 61-75 | 7,695 | 439 | 8,134 | 35.5% | 34.3% |
| Over 75 | 2,331 | 88 | 2,419 | 10.8% | 6.9% |
| **Grand Total** | **21665** | **1279** | **22944** | **100%** | **100%** |
| **ETHNICITY** | **Boston** | **Waltham** | **Grand Total** | **Boston** | **Waltham** |
| Hispanic | 1,731 | 54 | 1,785 | 8.0% | 4.2% |
| Not Hispanic | 18,205 | 1,123 | 19,328 | 84.0% | 87.8% |
| Prefer not to say/Decline/Unavailable | 1,729 | 102 | 1,831 | 8.0% | 8.0% |
| **Grand Total** | **21665** | **1279** | **22944** | **100%** | **100%** |
| **RACE** | **Boston** | **Waltham** | **Grand Total** | **Boston** | **Waltham** |
| Asian | 1,215 | 144 | 1,359 | 5.6% | 11.3% |
| Black or African American | 1,030 | 21 | 1,051 | 4.8% | 1.6% |
| Native Hawaiian or Pacific Islander | 11 | <11 | 11 | 0.1% | 0.0% |
| American Indian or Alaska Native | 15 | <11 | 15 | 0.1% | 0.0% |
| Declined | 255 | 13 | 268 | 1.2% | 1.0% |
| White | 17,122 | 1,029 | 18,151 | 79.0% | 80.5% |
| Other | 2,017 | 72 | 2,089 | 9.3% | 5.6% |
| **Grand Total** | **21,665** | **1,279** | **22,944** | **100%** | **100%** |

* + 1. **Patient Access.** The Proposed Project is necessary to ensure that the patient panel’s access to outpatient endoscopy services is not adversely impacted while MGH undertakes needed renovations at the Hospital’s Main Campus. Relocating the right to operate two endoscopy rooms will ensure patients continue to have access to care. Without the relocation of the right to operate two of MGH’s endoscopy rooms, MGH patients will face increased wait times for outpatient endoscopy services while the Hospital’s Main Campus

capacity is reduced. To further promote patient access, MGH will take reasonable steps to offer patients services at their preferred location. As a result, MGH expects some patients that reside closer to Waltham than Boston will experience convenient access to endoscopy at MG Waltham.

* + 1. **Impact on Price.** The Proposed Project will have a positive impact on price due to lower reimbursement rates at MG Waltham when compared to Main Campus.
    2. **Total Medical Expenditure.** As described above, the Proposed Project is expected to reduce total medical expenditure through lower reimbursement rates.
    3. **Provider Costs.** The proposed transfer is expected to result in lower operating costs at MGH Main Campus while the two endoscopy rooms are offline for renovation. Conversely, MG Waltham will experience an increase in operating costs due to the operation of two additional endoscopy rooms at that location. MGH does not expect the impact to provider costs to be significant.

As outlined in the DoN Application Form, the cost associated with the Proposed Project is

$962,124. This capital expenditure represents the construction costs associated with renovating the proposed space at MG Waltham. The Applicant notes that the capital expenditure does not exceed the threshold for outpatient projects and, therefore, the Proposed Project does not rise to the level of a substantial capital expenditure. In addition, the Proposed Project is not a substantial change in service because MGH is not increasing total the number of endoscopy rooms on its hospital license.

**Description.** In 2019, MGH received approval from the Department to renovate and expand its Main Campus endoscopy services.[[2]](#footnote-2) Specifically, the approval was for three (3) additional treatment rooms, ten additional pre- and post-procedural bays, and the renovation existing administrative space. The renovations necessary to implement the DoN approval require the Hospital to discontinue use of its two outpatient endoscopy procedure rooms. As a result, access to outpatient endoscopy will be significantly reduced and MGH patients seeking outpatient endoscopy may experience increased wait times during construction. This will result in reduced access to endoscopy for MGH patients, resulting delays in diagnosis and treatment. To mitigate access concerns, MGH plans to transfer its right to operate two endoscopy procedure rooms from its Main Campus to MG Waltham.

MG Waltham is a licensed satellite of MGH that provides a broad array of comprehensive services including non-interventional endoscopy, oncology/infusion, blood laboratory, pharmacy, rheumatology, vascular, physical and occupational therapy, and ambulatory surgery services. MG Waltham also has unused spaced that could be minimally renovated to meet current licensure requirements. The scope of work includes patch and paint work, upgrades to information security and Biomed cabling, four (4) new pre procedure bays, and the conversion of (1) a clean supply room to soiled and (2) a staff bathroom to patient. Through the Proposed Project, MGH patients will continue to have timely access to outpatient endoscopy.

# APPENDIX 3

# AFFILIATED PARTIES

 draft version 3-15-2017

**Massachusetts Department of Public Health**

**Determination of Need**

**Affiliated Parties**

Application Date: 11/11/2022

Application Number: MGB-22092215-TS

**Applicant Information**

Applicant Name: Mass General Brigham Incorporated

Contact Person: Crystal Bloom

Title: Regulatory Counsel

Phone: 6175986783

E-mail: [crystal.bloom@huschblackwell.com](mailto: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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | Finucane | Anne Marie | 20 Trapelo Road | Lincoln | MA | Mass General Brigham Incorporated | Director |  | 0% | No | CVS (Minute Clinic in Rhode Island); Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | Yes |
| +/- | Fish | John | 776 Boylston Street, PH2A | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | Yes |
| +/- | Hockfield | Susan | 4 Berkeley Place | Cambridge | MA | Mass General Brigham Incorporated | Director |  | 0% | No |  | Yes |
| +/- | 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 |
| +/- | Klibanski, M.D. | Anne | 800 Boylston Street, Suite 1150 | Boston | MA | Mass General Brigham Incorporated | President & CEO |  | 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 |
| +/- | Partick | Diane | 472 Beacon Street, Apartment 2 | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Trustee) | Yes |
| +/- | Reeve | Pamela | 35 Swan Road | Winchester | MA | Mass General Brigham Incorporated | Director |  | 0% | No |  | No |
| +/- | Sperling | Scott | 4 Moore Road | Wayland | MA | Mass General Brigham Incorporated | Chairman |  | 0% | No |  | Yes |
| +/- | Thorndike | Alexander | 215 Warren Street | Brookline | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Brigham and Women's Hospital; Brigham and Women's Faulkner Hospital | Yes |
| +/- | Atchinson | Robert | 115 Commonwealth Ave. | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Massachusetts Eye and Ear Infirmary | No |
| +/- | Ives | David | 5 Cherry Hill Street | West Newbury | MA | Mass General Brigham Incorporated | Director |  | 0% | No | North Shore Medical Center | No |
| +/- | Ragon | Phillip | 8 Follen Street | Cambridge | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Trustee) | Yes |
| +/- | Goggin | Maureen | 730 Adams Street, Apartment #1 | Dorchester | MA | Mass General Brigham Incorporated | Secretary |  | 0% | No |  | No |
| +/- | Casper | Marc | 168 Third Avenue | Waltham | MA | TMass General Brigham Incorporated | Director |  | 0% | No |  | Yes |
| +/- | Colson, M.D. | Yolanda | Austen, 265 Charles Street | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Massachusetts General Hospital; The General Hospital Corporation (Trustee) | No |
| +/- | Cooper, M.D. | 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 |
| +/- | Gomez | Benjamin | 48 Cranmore Road | Wellesley | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Newton Wellesley Hospital | Yes |
| +/- | Gueye | Tiffany | 162 Central Ave | Milton | MA | Mass General Brigham Incorporated | Director |  | 0% | No |  | No |
| +/- | Nohria | Nitin | Harvard Business School | Boston | MA | Mass General Brigham Incorporated | Director |  | 0% | No | The General Hospital Corporation (Trustee) | No |
| +/- | Ness Speers | Paula | 187 Grove Street | Wellesley | MA | Mass General Brigham Incorporated | Director |  | 0% | No | Spaulding Rehabilitation Hospital; Spaulding Hospital - Cambridge; Spaulding Rehabilitation Hospital - Cape Cod; Spaulding Nurisng and Therapy Center Brighton | No |
| +/- | 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 |
| +/- | Vallone | Carol | 490 Summer Street | Manchester By-the-Sea | MA | Mass General Brigham Incorporated | Director |  | 0% | No | McLean Hospital | No |
| +/- | Higham, Esq. | John | 800 Boylston Street, Suite 1150 | Boston | MA | Mass General Brigham Incorporated | Assistant Secretary |  | 0% | No |  | No |
| +/- | LaLonde | Mary | 800 Boylston Street, Suite 1150 | Boston | MA | Mass General Brigham Incorporated | Assistant Secretary |  | 0% | No |  | No |
| +/- | Weden, III, CFA | David | 101 Merrimac Street, Suite 800 | Boston, MA 02114 | MA | Mass General Brigham Incorporated | Assistant Secretary |  | 0% | No |  | No |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |

**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? Yes

Date/time Stamp: [blank]

E-mail submission to Determination of Need

# APPENDIX 4 ARTICLES OF INCORPORATION

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Pat](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2009/0507/000279511/0012/020502088196_1.pdf) [h=CORP\_DRIVE1/2009/0507/000279511/0012/020502088196\_1.pdf](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&Pat](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2013/1023/000486352/0018/020502150409_1.pdf) [h=CORP\_DRIVE1/2013/1023/000486352/0018/020502150409\_1.pdf](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2013/1023/000486352/0018/020502150409_1.pdf)

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Pat](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2009/0507/000279511/0011/020503153684_1.pdf) [h=CORP\_DRIVE1/2009/0507/000279511/0011/020503153684\_1.pdf](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2009/0507/000279511/0011/020503153684_1.pdf)

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Pat](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2009/0507/000279511/0010/020503418276_1.pdf) [h=CORP\_DRIVE1/2009/0507/000279511/0010/020503418276\_1.pdf](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2009/0507/000279511/0010/020503418276_1.pdf)

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Pat](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2016/0420/000000000/1086/201680695540_1.pdf) [h=CORP\_DRIVE1/2016/0420/000000000/1086/201680695540\_1.pdf](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2016/0420/000000000/1086/201680695540_1.pdf)

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Pat](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2020/0423/001830448/0001/202085415470_1.pdf) [h=CORP\_DRIVE1/2020/0423/001830448/0001/202085415470\_1.pdf](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2020/0423/001830448/0001/202085415470_1.pdf)

# APPENDIX 5

**AFFIDAVIT OF TRUTHFULNESS AND COMPLIANCE**

 Version: 7-6-17

**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 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**](mailto:dph.don@state.ma.us)Include all attachments as requested.

Application Number: MGB-22092215-TS

Original Application Date: 11/11/2022

Applicant Name: Mass General Brigham Incorporated.

Application Type: Transfer of Site/Change in Designated Location

Applicant's Business Type: Corporation

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? Yes

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~~ [been informed of the contents of] 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~~ [been informed of the contents of] this application for Determination of Need including all exhibits and attachments, and ~~certify that~~ [have been informed 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(8);
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~~ [have been informed that] proper notification and submissions to the Secretary of Environ mental 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~~ [issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018];
11. I have ~~read~~ [been informed of the contents of] 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,
    1. 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,
    2. The Proposed Project is exempt from zoning by-laws or ordinances.

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| --- |
| **Corporation**  Attach a copy of Articles of Organization/Incorporation, as amended  Anne Klibanski, MD <Signature on File> 10/18/2022  CEO for Corporation Name: Signature: Date:  Scott Sperling  Board Chair for Corporation Name: Signature: Date |

**This document is ready to print:** [blank] **Date/time Stamp: [blank]**

 Version: 7-6-17

**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 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**](mailto:dph.don@state.ma.us)Include all attachments as requested.

Application Number: MGB-22092215-TS

Original Application Date: 11/11/2022

Applicant Name: Mass General Brigham Incorporated.

Application Type: Transfer of Site/Change in Designated Location

Applicant's Business Type: Corporation

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? Yes

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~~ [been informed of the contents of] 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~~ [been informed of the contents of] this application for Determination of Need including all exhibits and attachments, and ~~certify that~~ [have been informed 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(8);
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~~ [have been informed that] proper notification and submissions to the Secretary of Environ mental 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~~ [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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**This document is ready to print: Yes Date/time Stamp:** [blank]

Affidavit of Truthfulness Page 2 of 2

1. To ensure patient privacy, we have used the notation “<11” in any instance where the patient count for a demographic category included less than 11 individuals and the patient count has been reflected in another row. [↑](#footnote-ref-1)
2. *Please refer to DoN Application # PHS–19040915-HE.* [↑](#footnote-ref-2)