

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

**MASS GENERAL BRIGHAM INCORPORATED
DON APPLICATION #MGB-22092215-TS**

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APPLICATION FORM



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

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:	Boston	State:	Massachusetts
		Zip Code:	02108
Phone:	6175986783	Ext:	
E-mail:	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
		Add additional Facility	Delete this Facility	
2	Facility Name:	MGH Waltham		
	Facility Address:	52 2nd Avenue		
	City:	Waltham	State:	Massachusetts
			Zip Code:	02451
	Facility type:	Hospital	CMS Number:	
		Add additional Facility	Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	nonprofit
1.2 Applicant's Business Type:	<input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input type="radio"/> LLC <input type="radio"/> Other
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 ☐ 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

1.8.a If yes, Please explain.

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:	55 Fruit Street				
City:	Boston	State:	Massachusetts	Zip Code:	
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
<input type="checkbox"/> <input type="checkbox"/>	Renovations at MGH Waltham	\$962,124.00
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<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	\$962,124.00

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:

\$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:

\$0.00

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.

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
- ☒ 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: 11/11/2022 2:24 pm

E-mail submission to
Determination of Need

Application Number: MGB-22092215-TS

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form

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.

8. Transfer of Site

8.4 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 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%

4. **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

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.

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.

5. **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.
6. **Total Medical Expenditure.** As described above, the Proposed Project is expected to reduce total medical expenditure through lower reimbursement rates.
7. **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 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.

² Please refer to DoN Application # PHS-19040915-HE.

APPENDIX 3

AFFILIATED PARTIES



Massachusetts Department of Public Health

Determination of Need

Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

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 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"/>	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
<input type="checkbox"/> <input type="checkbox"/>	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
<input type="checkbox"/> <input type="checkbox"/>	Hockfield	Susan	4 Berkeley Place	Cambridge	MA	Mass General Brigham Incorporated	Director		0%	No		Yes
<input type="checkbox"/> <input type="checkbox"/>	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
<input type="checkbox"/> <input type="checkbox"/>	Klibanski, M.D.	Anne	800 Boylston Street, Suite 1150	Boston	MA	Mass General Brigham Incorporated	President & CEO		0%	No		No
<input type="checkbox"/> <input type="checkbox"/>	Kraft	Jonathan	One Patriot Place	Foxborough	MA	Mass General Brigham Incorporated	Director		0%	No	The General Hospital Corporation (Trustee)	No
<input type="checkbox"/> <input type="checkbox"/>	Martignetti	Carl	164 Chestnut Hill Road	Chestnut Hill	MA	Mass General Brigham Incorporated	Director		0%	No	The General Hospital Corporation (Trustee)	Yes
<input type="checkbox"/> <input type="checkbox"/>	Partick	Diane	472 Beacon Street, Apartment 2	Boston	MA	Mass General Brigham Incorporated	Director		0%	No	The General Hospital Corporation (Trustee)	Yes
<input type="checkbox"/> <input type="checkbox"/>	Reeve	Pamela	35 Swan Road	Winchester	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
 	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

<input type="checkbox"/>	<input type="checkbox"/>	Gandhi	Niyum	800 Boylston Street, Suite 1150	Boston	MA	Mass General Brigham Incorporated	Treasurer		0%	No	The Brigham and Women's Hospital, Inc. Brigham and Women's Faulkner Hospital, Inc. The General Hospital Corporation The Spaulding Rehabilitation Hospital Corporation Spaulding Hospital-Cambridge, Inc. Rehabilitation Hospital of the Cape and Islands Corporation Spaulding Nursing and Therapy Center Brighton, Inc.	Yes
<input type="checkbox"/>	<input type="checkbox"/>	Higham, Esq.	John	800 Boylston Street, Suite 1150	Boston	MA	Mass General Brigham Incorporated	Assistant Secretary		0%	No		No
<input type="checkbox"/>	<input type="checkbox"/>	LaLonde	Mary	800 Boylston Street, Suite 1150	Boston	MA	Mass General Brigham Incorporated	Assistant Secretary		0%	No		No
<input type="checkbox"/>	<input type="checkbox"/>	Weden, III, CFA	David	101 Merrimac Street, Suite 800	Boston, MA 02114	MA	Mass General Brigham Incorporated	Assistant Secretary		0%	No		No
<input type="checkbox"/>	<input type="checkbox"/>					MA							
<input type="checkbox"/>	<input type="checkbox"/>					MA							
<input type="checkbox"/>	<input type="checkbox"/>					MA							
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<input type="checkbox"/>	<input type="checkbox"/>					MA							
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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:
11/09/2022 12:38 pm

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 h=CORP_DRIVE1/2009/0507/000279511/0012/020502088196_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Pat h=CORP_DRIVE1/2013/1023/000486352/0018/020502150409_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Pat h=CORP_DRIVE1/2009/0507/000279511/0011/020503153684_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Pat h=CORP_DRIVE1/2009/0507/000279511/0010/020503418276_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Pat h=CORP_DRIVE1/2016/0420/000000000/1086/201680695540_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Pat h=CORP_DRIVE1/2020/0423/001830448/0001/202085415470_1.pdf

APPENDIX 5

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: ☒ Transfer of Site/Change in Designated Location ☐

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:

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

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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. 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:

Date

Scott Sperling

Board Chair for Corporation Name:

Signature:

Date

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