

## 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:	PHS-19040915-HE		Original Application Date	: 04/26/2019
Applicant Name: Partners HealthCare System, Inc.				
Application Type: Hos	pital/Clinic Substantial Capital	Expenditure		
Applicant's Business T	ype: • Corporation C Lim	ited Partnership 🧷	Partnership ( Trust ( ) LLC	C Other
Is the Applicant the so	le member or sole shareholder	of the Health Facility(ie	s) that are the subject of this Appli	cation? • Yes
1. The Applicant 2. I have read 10 3. I understand a 4. I have read the information of th	is CMR 100.000, the Massachus and agree to the expected and is application for Determination contained herein is accurate an ted the correct Filing Fee and uted the required copies of this ord and other parties as required, as required, notices of intentity and interest, and with Medicare and proper notification and submited 301 CMR 11.00; will be A.G.L. c. 6D, § 13 and 958 CMR with 105 CMR 100.405(G); 05 CMR 100.210(A)(3), I certify ompliance and good standing the Modices of Determination and understand the limitations of the Need as established in 100 that, if Approved, the Applicar 105 CMR 100.310, as well as any ecome a part of the Final Action 105 CMR 100.705(A), I certify the Institute of the Institute	or sole shareholder of the setts Determination of Nappropriate conduct of not Need including all did true; understand it is nonreful application to the Dete ed pursuant to 105 CMF to be published and dublic and commercial, for Medicaid, as required by its in the Secretary made if applications to the Secretary made if applications of Need and the terms of Need and the terms on solicitation of funding to CMR 100.415; as Holder of the Dony applicable Other Concapursuant to 105 CMR 1 at the Applicant has Su	the Applicant pursuant to 105 CM exhibits and attachments, and exhibits and attachments, and exhibits and attachments, and exhibits and attachments, and exhibits and Read Program, and, at 100.405(B); colicate copies to be submitted to a the payment of health care service y 105 CMR 100.405(C), et seq.; of Environmental Affairs pursuant to ble such Notice of Material Change to the and the Proposed Project are in mate, and local laws and regulations and Conditions attached therein; g from the general public prior to a shall become obligated to all Standitions as outlined within 105 CMR 00.360; ficient Interest in the Site or facility	R 100.800;  Ify that all of the  05(B); s applicable, to all  Il Parties of Record, and is with which the  to 105 CMR  The HPC - in  The aterial and is well as with all is ecceiving a Notice of ite and is with all is well as with all is receiving a Notice of ite and ite
ordinances, v a. If b. Ti	whether or not a special permit	t is required; or, thorized under applicat roposed Project; or,	is authorized under applicable zoo le zoning by-laws or ordinances, a ordinances.	
Corporation:	les of Organization/Incorporat	ion as amonded		
	· ·	ion, as amended		11/2 -1-2
Anne Klibans	•		<b>W</b>	7 <u>P</u> )   9
Acting CEO as Corporation Scott M. Sperling	nd President for Name:	Signature:		Date
Board Chair for Corporation Name: Signature:		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
Affidavit of Truthfulness Partners HealthCare System, Inc.

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## **Massachusetts Department of Public Health Determination of Need Affidavit of Truthfulness and Compliance**

Version: 7-6-17

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with Law and Disclosure Form 100.405(B)

Application Number	: РНS-19040915-НЕ	Original Application Date: 04/26/2019				
Applicant Name: P	artners HealthCare System, Inc.					
Application Type: H	ospital/Clinic Substantial Capital Expenditure					
Applicant's Business	Type: 🍞 Corporation 🦵 Limited Partnership 🤇	Partnership C Trust C LLC C Other				
	sole member or sole shareholder of the Health Facility	/(ies) that are the subject of this Application? ( Yes No				
	tifies under the pains and penalties of perjury:	Call 11 del E 111 Call 1 de a call de la Call Annilla de				
		of the Health Facility[ies] that are the subject of this Application;				
	105 CMR 100.000, the Massachusetts Determination of					
	d and agree to the expected and appropriate conduct	all exhibits and attachments, and certify that all of the				
	n contained herein is accurate and true;	all exhibits and attachments, and <del>certify marall</del> of the				
	nitted the correct Filing Fee and understand it is nonre	of undable nursuant to 105 CMP 100 405/B)				
		etermination of Need Program, and, as applicable, to all				
	ecord and other parties as required pursuant to 105 C					
		duplicate copies to be submitted to all Parties of Record, and				
		for the payment of health care services with which the				
	ontracts, and with Medicare and Medicaid, as regulre					
	ed proper notification and submissions to the Secreta					
100 405(F)	and 301 CMR 11.00; will be made if appli	cable				
	o M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted					
	with 105 CMR 100.405(G);	a sacrification of material change to the fire and				
	o 105 CMR 100.210(A)(3), I certify that both the Applica	ant 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;					
- previously	issued Notices of Determination of Need and the terr	ns and Conditions attached therein:				
11. I have read	and understand the limitations on solicitation of fun-	ding from the general public prior to receiving a Notice of				
	tion of Need as established in 105 CMR 100.415;					
		oN, 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					
	become a part of the Final Action pursuant to 105 CM					
	o 105 CMR 100.705(A), I certify that the Applicant has					
	s, whether or not a special permit is required; or,					
a.	If the Proposed Project is not authorized under applic	cable 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:						
1	ticles of Organization/Incorporation, as amended					
Anne Kliban						
Acting CEO and President for Signature: Date						
Corporation Name:						
Scott M. Sperling	11/1/8-					
Board Chair for Co	•	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 28,3/12/20195:32 pm

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