

September 30, 2019

**BARRETT
& SINGAL**

Via Email and Hand Delivery – Return Receipt Requested

Margo Michaels, MPH
Director, Determination of Need Program
Department of Public Health
250 Washington Street
Boston, MA 02108

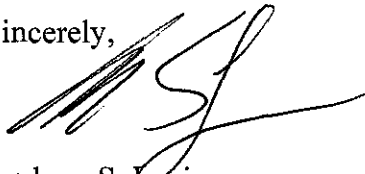
Re: Partners HealthCare System, Inc. Determination of Need Application
PHS-19093011-HS

Dear Ms. Michaels:

We write to provide additional documentation for the above-captioned Determination of Need (“DoN”) Application submitted to your office electronically on September 30, 2019. Please find enclosed the filing fee and the original Affidavit of Truthfulness for the Partners HealthCare System, Inc. Determination of Need Application (Application # PHS-19093011-HS).

We thank you for your assistance with this matter. Please do not hesitate to contact Crystal Bloom, Esq. or me if you have any questions or require additional information.

Sincerely,



Andrew S. Levine

Enclosures

cc: R. Rodman, Esq.
dph.don@state.ma.us

DATE					CHECK NO	
08/29/2019					0006100428	
VOUCHER	INVOICE NUMBER	INVOICE DATE	PO NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
28509338	DON-ASSEMBLYROW19	08/28/2019		29,967.15	0.00	29,967.15
COURIERED						
MM Client Services (617) 726-2142			AP 1300 MGB505	TOTAL AMOUNT	DISCOUNT	NET AMOUNT
				29,967.15	0.00	29,967.15

To Remove Document Fold and Tear Along This Perforation

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

PARTNERS
HealthCare

Bank of America, N.A.
South Portland, ME

52-153
112 ME

DATE
08/29/2019

0006100428

AMOUNT
\$29,967.15

PAY Twenty-Nine Thousand Nine Hundred Sixty-Seven and 15/100 Dollars

TO THE ORDER OF **COMMONWEALTH OF MASSACHUSETTS
DETERMINATION OF NEED PROGRAM
DEPT OF PUBLIC HLTH - 99 CHAUNCY ST-2ND FL
BOSTON MA**

Robert K. Marshall

AUTHORIZED SIGNATURE
VOID IF NOT CASHED WITHIN 90 DAYS

⑈0006100428⑈ ⑆011201539⑆ 000080056978⑈

See Reverse Side For Easy Opening Instructions

PARTNERS
P.O. Box 9127
Boston, MA 02129-9127

COMMONWEALTH OF MASSACHUSETTS
DETERMINATION OF NEED PROGRAM
DEPT OF PUBLIC HLTH - 99 CHAUNCY ST-2ND FL
BOSTON MA 02111



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-19093011-HS Original Application Date: 09/30/2019

Applicant Name: Partners HealthCare System, Inc.

Application Type: Hospital/Clinic Substantial Change in Service

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  09/26/2019

CEO for Corporation Name: _____ Signature: _____ Date: _____

Scott M. 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.

Affidavit of Truthfulness Partners HealthCare System, Inc.

08/21/2019 2:49 pm

Page 1 of 2



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

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Scott M. Sperling

09/26/2019

Board Chair for Corporation Name:

Signature:

Date

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