APPLICATION FOR DETERMINATION OF NEED

EMERGENCY APPLICATION

RADIATION THERAPY OF SOUTHEASTERN MA, LLC

DON APPLICATION # -24110114-EA

Submitted by

RADIATION THERAPY OF SOUTHEASTERN MA, LLC
375 LONGWOOD AVE, FLOOR 1
BOSTON, MA 02115

NOVEMBER 1, 2024

RADIATION THERAPY OF SOUTHEASTERN MA, LLC
DON APPLICATION # -24110114-EA

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APPENDIX 1

APPLICATION FORM

Massachusetts Department of Public Health
Determination of Need
Application Form

Version: 11-8-17

Application Type: Emergency Application

Application Date: 11/01/2024 4:19 pm

Applicant Name: Radiation Therapy of Southeastern MA, LLC

Mailing Address: 375 Longwood Ave, Floor 1

City: Boston State: Massachusetts Zip Code: 02115

Contact Person: Daphne Haas-Kogan, MD Title: Manager

Mailing Address: 375 Longwood Ave, Floor 1

City: Boston State: Massachusetts Zip Code: 02115

Phone: 6176322291 Ext: E-mail: dhaas-kogan@bwh.harvard.edu

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name: Brigham and Women's/Sturdy Hospital Radiation Therapy Center

Facility Address: 89 Forbes Boulevard

City: Mansfield State: Massachusetts Zip Code: 02048

Facility type: Clinic CMS Number: 0000569

Add additional Facility Delete this Facility

2 Facility Name: Norwood Hospital Cancer Center

Facility Address: 70 Walnut Street

City: Foxborough State: Massachusetts Zip Code: 02035

Facility type: Hospital CMS Number:

Add additional Facility Delete this Facility

1. About the Applicant

1.1 Type of organization (of the Applicant): for profit

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

1.5.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)? ○ 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? Emergency Application

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 a Amendment? ○ Yes ◉ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ◉ Yes ○ No

11.2 Is the emergency situation due to a government declaration? ○ Yes ◉ No

11.3 If No, Please describe the destruction/substantial damage to the Applicant's Health Care Facility and its impact upon public health.

See attached narrative

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: Emergency Application

12.1 Total Value of this project:	$0.00
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:	
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

- ☐ Copy of Notice of Intent
- ☐ Certification from an independent Certified Public Accountant

Document Ready for Filing

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E-mail submission to Determination of Need

Application Number: -24110114-EA

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form

APPENDIX 2

NARRATIVE

1. Identity of the Applicant.

Radiation Therapy of Southeastern MA, LLC ("Applicant") is filing a Notice of Determination of Need ("Application"), pursuant to *105 CMR 100.740: Emergency Applications,* with the Massachusetts Department of Public Health ("Department" or "DPH") for the expansion of radiation therapy services at its existing DPH licensed clinic, Brigham and Women's/Sturdy Hospital Radiation Therapy Center located at 89 Forbes Boulevard in Mansfield ("Clinic"). The approval of this request will ensure the continued access for the community to critically needed radiation therapy services at 70 Walnut Street in Foxboro ("Cancer Center"). The Cancer Center provides radiation oncology services on one linear accelerator ("linac") and one CT unit. The Applicant is requesting DoN approval to expand its radiation oncology service by licensing the Cancer Center as a satellite location. ("Proposed Project").

The Clinic provides radiation oncology services to patients throughout the region. The Clinic is jointly owned by Sturdy Memorial Hospital and Brigham and Women's Physicians Organization, bringing the combined resources and expertise of Sturdy Memorial Hospital and Brigham and Women's Radiation Oncology services to the community setting. The care team is comprised of board-certified radiation oncologists, highly skilled radiation therapists and physicists, and compassionate nurses who are trained to utilize the most advanced treatment technologies to provide expert, individualized cancer care. The Clinic is a freestanding facility that is not reimbursed at hospital rates, providing a low-cost option for patients in the region.

2. Nature of the Emergency.

On October 11, 2024, Norwood Hospital filed a Notice of Hospital Closure with DPH. The closure of Norwood Hospital includes the discontinuation of services at the Cancer Center, a licensed satellite of Norwood Hospital. The Cancer Center will officially close on November 5, 2024, contemporaneous with the expiration of the Norwood Hospital license. Steward plans to abandon the property and all equipment at the Satellites by November 5, 2024. As a result of the closure, patients from the region will no longer have access to radiation therapy services at the Cancer Center.

3. Nature, scope, location, and projected costs of the Proposed Project.

The Clinic is located 1.8 miles or a four (4) minute drive from the Cancer Center. The addition of the Cancer Center location to the Clinic's license will allow for improved care coordination for patients in the region. Through its affiliated locations, the Clinic already takes a regionalized approach to ensure that patients receive personalized, high quality cancer treatments close to home. This regionalized approach to care will be extended to the Cancer Center location by ensuring that patients are cared for on the most appropriate unit for their condition in a convenient location for the patient. Accordingly, the addition of the Cancer Center to the Clinic license will allow patients to continue to receive radiation oncology services close to home without disruption following the expiration of the Cancer Center's current license. Patients will not experience disruption in access and will not need to travel further for the same care.

The current unit at the Cancer Center will require replacement in the future. Over the long-term, the Clinic will explore the most appropriate, patient centric and cost-effective option for replacing the unit.

The cost associated with the Proposed Project is $0.

4. **Demonstrate that the Proposed Project will address the Emergency Situation, and without issuance of a Notice of Determination of Need, that the public health will be measurably harmed.**

The Proposed Project is necessary to ensure continued access to high-quality radiation therapy for the community. The Cancer Center will officially close on November 5, 2024 when the Norwood Hospital license expires. By licensing the Cancer Center as a satellite of the Clinic, radiation oncology services will continue to be available to patients locally. Moreover, because the Clinic operates a linear accelerator with additional capabilities 1.8 miles from the Cancer Center, the Clinic will be able to ensure that patients in the region receive care on the most appropriate unit for their diagnosis and condition. Through the Applicant's Proposed Project, the community will maintain access to convenient, safe, high-quality radiation oncology services without further disruption for a community that has already faced uncertainty and meaningful disruption in accessing health care services in recent years.

APPENDIX 3

CHANGE IN SERVICE

Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT 6-14-17

DRAFT

Application Number: -24110114-EA Original Application Date: 11/01/2024

Applicant Information

Applicant Name: Radiation Therapy of Southeastern MA, LLC

Contact Person: Daphne Haas-Kogan, MD Title: Manager

Phone: 6176322291 Ext: E-mail: dhaas-kogan@bwh.harvard.edu

Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name: Brigham and Women's/Sturdy Hospital Radiation Therapy Center CMS Number: 0000569 Facility type: Clinic

Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days	Patient Days	Occupancy rate for Operating Beds		Average Length of Stay	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected	(Days)	Actual	Projected
	Acute													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
+ -										0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
+ -										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds Existing	Operating Beds Existing	Change in Number of Beds (+/-) Licensed	Operating	Number of Beds After Project Completion (calculated) Licensed	Operating	Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds Current Beds	Projected	Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
+ -										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
+ -										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
+ -										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
+ -										0%	0%			
	Total Skilled Nursing									0%	0%			

2.3 Complete the chart below If there are changes other than those listed in table above.

Add/Del Rows	**List other services** if Changing e.g. OR, MRI, etc	Existing Number of Units	Change in Number +/-	Proposed Number of Units	Existing Volume	Proposed Volume
+ -	Linear Accelerator	1	1	2	9,338	13,000

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APPENDIX 4

AFFILIATED PARTIES

Massachusetts Department of Public Health
Determination of Need
Affiliated Parties

Version: DRAFT 3-15-17

DRAFT

Application Date: 11/01/2024 Application Number: -24110114-EA

Applicant Information

Applicant Name: Radiation Therapy of Southeastern MA, LLC

Contact Person: Daphne Haas-Kogan, M.D Title: Manager

Phone: 6176322291 Ext: E-mail: dhaas-kogan@bwh.harvard.edu

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
+ -	Hass-Kogan	Daphne	44 Binney Street	Boston	MA		LLC Manager				Brigham and Women's Hospital Massachusetts General Hospital Mass General Brigham	
+ -	Patel	Brian	211 Park Street	Attleboro	MA		LLC Manager				Sturdy Memorial Hospital	

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APPENDIX 5

CERTIFICATE OF FORMATION

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2006/0213/000160537/0008/200634354090_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2015/0225/000000000/4285/201517206840_1.pdf

APPENDIX 6

AFFIDAVIT

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: -24110114-EA

Original Application Date: 11/1/2024

Applicant Name: Radiation Therapy of Southeastern MA, LLC

Application Type: [ ] Emergency DoN

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

Describe the role /relationship: Owner

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is ;
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.

LLC

All parties must sign. Add additional names as needed.

Name:	Signature:	Date
Type name here Daphne Haas-Kogan, M.D., duly authorized	D. Haas-Kogan	10/29/2024

*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

Type name here		
Name:	Signature:	Date

This document is ready to print: ☐ Date/time Stamp: