**STEWARD HEALTH CARE SYSTEM LLC**

**DON APPLICATION # 20121611 EMERGENCY DON NORWOOD HOSPITAL**

**July 30, 2021**

**BY**

**STEWARD HEALTH CARE SYSTEM LLC**

**1900 North Pearl Street, Suite 2400**

**Dallas, TX 75201**

808040.1

STEWARD HEALTH CARE SYSTEM LLC APPLICATION # 20121611

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# ATTACHMENT 1 APPLICATION FORM

**Massachusetts Department of Public Health Determination of Need**

**Application Form**

Version: 11-8-17

Application Type:

Emergency Application

Application Date:

07/30/2021

Applicant Name:

Steward Health Care System LLC

Mailing Address:

1900 N. Pearl Street, Suite 2400

City: State:

 Dallas

Texas

Zip Code:

Contact Person: Title:

75201

Andrew Levine, Esq.

Attorney

One Beacon Street, Suite 1320

Mailing Address: City:

Boston

State:

Zip Code:

Phone: Ext: E-mail:

Massachusetts

02108

6175986700

alevine@summithealthlawpartners.com

1 Facility Name:

Norwood Hospital

Facility Address: 800 Washington Street

City: Norwood

State: Massachusetts

Zip Code: 02062

Facility type:

Hospital

CMS Number: 220126

**Facility Information**

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

Delete this Facility

Add additional Facility

## About the Applicant

* 1. Type of organization (of the Applicant):

for profit

* 1. Applicant's Business Type: Corporation Limited Partnership Partnership Trust LLC Other
	2. What is the acronym used by the Applicant's Organization?
	3. Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? Yes No
	4. Is Applicant or any affiliated entity an HPC-certified ACO? Answer: **Yes**

1.5.a If yes, what is the legal name of that entity?

Steward Health Care Network, Inc.

* 1. Is Applicant or any affiliate thereof

Yes  No

Yes No

1.6 Is the 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)? Answer: **No**

* 1. Does the Proposed Project also require the filing of a MCN with the HPC?  Yes No

Application Form

Steward Health Care System LLC -20121611-

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* 1. 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

1. **Delegated Review**
	1. Do you assert that this Application is eligible for Delegated Review?

Yes

No

3.1.a If yes, under what section?

Emergency Application

1. **Conservation Project**
	1. Are you submitting this Application as a Conservation Project?

Yes

No

1. **DoN-Required Services and DoN-Required Equipment**
	1. Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service?

Yes

No

1. **Transfer of Ownership**
	1. Is this an application filed pursuant to 105 CMR 100.735?

Yes

No

1. **Ambulatory Surgery**
	1. Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery?

Yes

No

1. **Transfer of Site**
	1. Is this an application filed pursuant to 105 CMR 100.745?

Yes

No

1. **Research Exemption**
	1. Is this an application for a Research Exemption?

Yes

No

1. **Amendment**
	1. Is this an application for a Amendment?

Yes

No

1. **Emergency Application**
	1. Is this an application filed pursuant to 105 CMR 100.740(B)?

Yes

No

* 1. Is the emergency situation due to a government declaration?  Yes No
	2. If No, Please describe the destruction/substantial damage to the Applicant's Health Care Facility and its impact upon public health.

See Attached Narrative.

Application Form

Steward Health Care System LLC -20121611-

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## 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:

$325,700,000.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

$0.00

12.3 Filing Fee: (calculated)

$0.00

12.2 Total CHI commitment expressed in dollars: (calculated)

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.

Application Form

Steward Health Care System LLC -20121611-

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**13. Factors**

Application Form

Steward Health Care System LLC -20121611-

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.

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**Documentation Check List**

 Copy of Notice of Intent

 Certification from an independent Certified Public Accountant

Application Form

Steward Health Care System LLC -20121611-

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

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**Document Ready for Filing**

**This document is ready to file: **

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.

Date/time Stamp:

E-mail submission to Determination of Need

**Application Number: -20121611-**

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

 Community Engagement-Self Assessment form

Application Form

Steward Health Care System LLC -20121611-

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# ATTACHMENT 2 NARRATIVE

Steward Health Care Norwood Hospital

Emergency Determination of Need Application

### Identity of the Applicant

Steward Health Care System LLC (“Applicant”) located at 1900 N. Pearl Street, Suite 2400, Dallas, TX 75201 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 a substantial capital expenditure with respect to Norwood Hospital (“Hospital”) located at 800 Washington Street, Norwood, MA 02062. The Hospital is an acute care community hospital that primarily serves the southern Metrowest region. The Hospital historically provided emergency care, as well as inpatient and outpatient services at its main campus. However, an unprecedented storm caused catastrophic flood and storm damage to the Hospital, forcing the Hospital to evacuate patients and close services at the main campus of the Hospital. Throughout this period the Hospital provided services at its existing satellites located in Foxboro and Norwood, respectively. However, as a result of the damage to the Hospital’s main campus, based on expert consultations, the Hospital cannot be reasonably restored to safe and consistently reliable conditions. Therefore, the Hospital seeks to demolish the existing structure and rebuild the Hospital in the same location (“Proposed Project”).

As this is an emergency DoN filing, the Applicant respectfully requests that the Department allow for the publication of a legal notice for the Proposed Project that omits the standard language at 105 CMR 100.405(C)(2) regarding ten taxpayer registration on the Proposed Project.

### Nature of the Emergency

On June 28, 2020, the Hospital’s main campus sustained catastrophic damage during an unprecedented storm. The storm and floodwater damaged the Hospital’s roof and building envelopes and crippled critical mechanical and electrical systems. The Hospital was severely damaged by storm and flood water, destroying floors, walls, ceilings, fixtures, and finishes throughout the Hospital. Furthermore, numerous diagnostic and treatment equipment sustained irreparable damage.

Through the Hospital Incident Command System, emergency remediation measures were implemented immediately. Temporary power was established with the use of portable generators to assist in the immediate mitigation efforts including water removal and dehumidification. The immediate efforts during July and August 2020 included:

* + Pumping standing water from the basement and ground floor areas, as well as the parking/loading dock area.
	+ Installation of temporary emergency power, cooling/ventilation, and dehumidification equipment.
	+ Drying, cleaning, and stabilization of the basement environment.
	+ Removal of all wetted contents, including furniture, equipment, and construction materials from the basement and ground floors.
	+ Extensive environmental testing for contaminants related to the water intrusion, moisture mapping and identification of affected materials and systems by environmental consultants.
	+ Removal of chemicals and contaminated drugs from the basement pharmacy and ground floor labs.
	+ Temporary repair and reactivation of the fire alarm system.

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Steward Health Care Norwood Hospital

Emergency Determination of Need Application

Following immediate efforts to save the Hospital’s building, the Applicant also undertook multiple intermediate measures in the months following the storm and flood damage to preserve the remaining building and its contents. Such efforts included roof repair, temperature stabilization, and ongoing environmental and moisture mapping.

The Applicant hired several consultants to evaluate the extent of the damage and available options to re-open the Hospital. Based on these findings, it was determined that the Hospital and its critical systems could not be reasonably restored to safe and consistently reliable conditions.

### Nature, scope, location, and projected costs of the Proposed Project

The Proposed Project includes the construction of a 130-bed acute care hospital on the Hospital’s existing campus at 800 Washington Street, Norwood, MA. The new facility will include an Emergency Department (“ED”), 113 medical-surgical beds, three (3) pediatric beds, and 14 critical care beds.

Additionally, the Hospital will have five (5) inpatient operating rooms (“OR”), four (4) outpatient ORs, and five (5) endoscopy procedure rooms. The Proposed Project will include a cardiac catherization lab with two procedure rooms, radiology services including a magnetic resonance imaging (“MRI”) unit, which is a replacement of the Hospital’s previously licensed MRI unit as well as the replacement of its two existing two (2) computed tomography (“CT”) units. In addition, there will be outpatient services including, but not limited to the following: comprehensive breast care, diabetes & endocrine, gastroenterology, gynecology, neurology, nutrition & weight loss, ophthalmology, pulmonology, sleep medicine, spine care and urology. Finally, the Proposed Project includes shell space for future build-out as demand dictates to provide additional capacity for services.

In recognition of the benefits to both patients and hospital operations that is afforded by providing outpatient surgery in a dedicated outpatient surgical suite, the Hospital plans to update its complement of inpatient and outpatient operating rooms. The prior facility had three (3) outpatient ORs and seven

(7) inpatient ORs. All of its so-called “inpatient” ORs performed both inpatient and outpatient surgery. As indicated above, the Hospital determined that the new facility will have four (4) outpatient ORs and five (5) inpatient ORs. In effect, the Hospital will close two (2) inpatient ORs for the right to operate an additional outpatient OR. This will result in a net neutral change in its capacity to perform outpatient procedures while allowing outpatient surgery to be performed in a more efficient outpatient setting as outpatient cases are not impacted by the need to accommodate emergency surgery. This shift in the complement of outpatient and inpatient ORs will allow the Hospital to provide outpatient surgery in a more efficient manner and enhance patient experience as patients will receive all care within the outpatient surgical suite.

The cost of the Proposed Project is estimated to be $325.7 million.

### 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.

For the past 100 years the Applicant has been serving the Norwood community and remains committed to provide the full spectrum of community hospital services. In addition, the Applicant has remained committed to being a presence in Norwood and serving the health care needs of the community during this interim period by continuing to provide primary care, diagnostic imaging, comprehensive cancer

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Steward Health Care Norwood Hospital

Emergency Determination of Need Application

care, outpatient sleep testing, outpatient physical and occupational therapy as well as COVID-19 testing and vaccinations. Throughout this period, the Hospital has continuously provided outpatient care and Diagnostic Imaging services at its satellites in Norwood and Foxborough. A replacement hospital at its main campus in Norwood is needed to ensure patients have access to the full spectrum of community hospital services.

In Fiscal Year 2019, the last full fiscal year prior to the storm and flood damage, the Hospital provided services to 126,497 patients. Specifically, the Hospital treated 39,437 patients in the Emergency Department; performed 6,977 endoscopy procedures; 2,983 outpatient surgeries; and 1,321 inpatient surgeries. The Hospital’s Cardiac Catheterization Lab saw 428 cases while the Cardiac Rehabilitation Department provided care for over 4,000 visits. Additionally, the Hospital is accredited as a Gold Plus Stroke Center.

The majority of the Hospital’s patients reside in Norwood, followed by Walpole, Canton, Foxborough, Wrentham. and Sharon.[1](#_bookmark0) Moreover, it is a High Public Payer (“HPP”) hospital serving low-income patients. These patients may have difficulty accessing care due to lack of adequate transportation to community hospitals outside of the Norwood area. Members of the Applicant’s Accountable Care Organization (“ACO”) who previously received care at the Hospital must now travel significantly further for in-network care, as required by the terms of the ACO. Without locally available care, these patients may be delaying or foregoing care entirely.

More broadly, residents of the Hospital’s service area in need of emergency services must seek care further from home. While the Hospital’s ED remains closed, patients must seek emergency services at other hospitals, the closest of which is approximately 18 minutes away (Beth Israel Deaconess Needham), resulting in delayed access to emergent care. The other closest hospitals to Norwood Hospital are Good Samaritan Medical Center, Sturdy Memorial Hospital, and MetroWest Medical Center in Framingham, which each are close to or greater than 30 minutes driving time from Norwood. As the Hospital is a designated stroke center, patients who typically would have been transported to the Hospital now must be transported further for this care. The nearest cardiac catheterization center, located at Good Samaritan, is approximately 30 minutes away and drivers often experience traffic delays given the available routes along I-95. In the absence of the Hospital, patients are at an increased risk for adverse health outcomes due to the delay in accessing emergency care.

In addition, the closure of the Hospital’s ED has resulted in a significant adverse impact on timely access to emergency medical services ("EMS") in the community, particularly for EMS operated by towns such as Norwood. The EMS providers now must drive significantly further to transport residents in need of emergency services. The time that an ambulance is traveling to and from hospitals outside of Norwood is time that the ambulance is not available to other residents who may need transport. This is placing considerable strain on the Town’s medical emergency resources and adversely impacts access to timely emergency care for residents. The Proposed Project seeks to return emergency care within the community.

1 CHIA FY2019 – 19.5%, 9.2%, 6.6%, 6.19%, 4.5%, 4.4%

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Steward Health Care Norwood Hospital

Emergency Determination of Need Application

Accordingly, the replacement of the Hospital is necessary to ensure the community has convenient and cost effective access to a wide range of community hospital services that historically have been provided by Norwood Hospital.

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# ATTACHMENT 3 CHANGE IN SERVICE FORM



Application Number:

## Massachusetts Department of Public Health Determination of Need

**Change in Service**

Original Application Date:

20121611

07/30/2021

Version: DRAFT

**DRAFT**

6-14-17

 **Applicant Information**

Applicant Name:

Steward Health Care System LLC

Andrew Levine, Esq.

Title: Attorney

6175986700

Ext:

E-mail: alevine@summithealthlawpartners.com

Contact Person:

Phone:

|  |
| --- |
| **Facility: Complete the tables below for each facility listed in the Application Form** |
| **1** | Facility Name: Norwood Hospital |  |  |  |  | CMS Number: | 220126 |  | Facility type: Hospital |  |  |  |
| **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 BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | **Acute** |  |
|  | Medical/Surgical | 121 | 121 | -8 | -8 | 113 | 113 | 28,685 | 28,685 | 65% | 70% | 3.87 | 7,405 | 7,405 |
|  | Obstetrics (Maternity) | 0 | 0 | 0 | 0 | 0 | 0 |  |  | 0% | 0% |  |  |  |
|  | Pediatrics | 3 | 3 | 0 | 0 | 3 | 3 | 158 | 158 | 14% | 14% | 1.66 | 95 | 95 |
|  | Neonatal Intensive Care | 0 | 0 | 0 | 0 | 0 | 0 |  |  | 0% | 0% |  |  |  |
|  | ICU/CCU/SICU | 11 | 11 | 3 | 3 | 14 | 14 | 2,659 | 3,600 | 66% | 70% | 12.78 | 208 | 283 |
| + - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute | 135 | 135 | -5 | -5 | 130 | 130 | 31,502 | 32,443 | 64% | 68% | 18.31 | 7,708 | 7,783 |
|  | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Psychiatric** |  |

Change in Service Steward Health Care System LLC 20121611 Page 1 of 4



|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Add/Del Rows |  | Licensed BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | Adult | 0 | 0 | 0 | 0 | 0 | 0 |  |  | 0% | 0% |  |  |  |
|  | Adolescent | 0 | 0 | 0 | 0 | 0 | 0 |  |  | 0% | 0% |  |  |  |
|  | Pediatric | 0 | 0 | 0 | 0 | 0 | 0 |  |  | 0% | 0% |  |  |  |
|  | Geriatric | 0 | 0 | 0 | 0 | 0 | 0 |  |  | 0% | 0% |  |  |  |
| + | - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute Psychiatric | 0 | 0 | 0 | 0 | 0 | 0 |  |  | 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% |  |  |  |

Change in Service Steward Health Care System LLC 20121611 Page 2 of 4



|  |
| --- |
|  |
| 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 |
| + - | OR | 7 | -2 | 5 | 1,321 | 950 |
| + - | Outpatient OR | 3 | 1 | 4 | 2,983 | 3,800 |
| + - | CT | 2 | 0 | 2 | 15,284 | 15,284 |
| + - | MRI | 1 | 0 | 1 | 2,672 | 2,672 |
| + - | Endoscopy | 5 | 0 | 5 | 6,977 | 6,977 |
|  |

Change in Service Steward Health Care System LLC 20121611 Page 3 of 4

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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: Blank square** Date/time Stamp:

E-mail submission to Determination of Need

Change in Service Steward Health Care System LLC 20121611 Page 4 of 4

# ATTACHMENT 4 AFFILIATED PARTIES FORM

### Massachusetts Department of Public Health Determination of Need

Application Date: 7/30/2021

**Affiliated Parties**

Version: DRAFT

**DRAFT**

3-15-17

Application Number:

20121611

 **Applicant Information**

Applicant Name:

Steward Health Care System LLC

Andrew Levine

Title: Attorney

6175986700

Ext:

E-mail: alevine@summithealthlawpartners.com

Contact Person:

Phone:

 **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 withApplicant |
| + | - | de la Torre | Ralph | 1900 N. Pearl Street, Suite 2400 | Dallas | TX | Steward Health Care System LLC | Director/Officer |  |  | No |  |  |
|  |  |
| + | - | Doyle | John | 1900 N. Pearl Street, Suite 2400 | Dallas | TX | Steward Health Care System LLC | Officer |  |  | No |  |  |
|  |  |
| + | - | Holtz | Herbert | 1900 N. Pearl Street, Suite 2400 | Dallas | TX | Steward Health Care System LLC | Officer |  |  | No |  |  |
|  |  |
| + | - | Boehner | John | 1900 N. Pearl Street, Suite 2400 | Dallas | TX | Steward Health Care System LLC | Director |  |  | No |  |  |
|  |  |
| + | - | Callum | Michael | 1900 N. Pearl Street, Suite 2400 | Dallas | TX | Steward Health Care System LLC | Director |  |  | No |  |  |
|  |  |
| + | - | Karam | James | 1900 N. Pearl Street, Suite 2400 | Dallas | TX | Steward Health Care System LLC | Director |  |  | No |  | Yes |
|  |  |
| + | - | McMaster | Herbert | 1900 N. Pearl Street, Suite 2400 | Dallas | TX | Steward Health Care System | Director |  |  | No |  |  |
| + | - | Hernandez | Carlos | 1900 N. Pearl Street, Suite 2400 | Dallas | TX | Steward Health Care System | Director |  |  | 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.

Affiliated Parties Steward Health Care System LLC Page 1 of 2

**This document is ready to file: ** Date/time Stamp:

E-mail submission to Determination of Need

Affiliated Parties Steward Health Care System LLC Page 2 of 2

# ATTACHMENT 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:

20121611

7/30/2021

Applicant Name:

Steward Health Care System LLC

Application Type:

Hospital/Clinic Substantial Capital Expenditure

Emergency

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:

Sole member

●

\*CFFO JOGPSNFE PG UIF DPOUFOUT PG

|  |
| --- |
| The undersigned certifies under the pains and penalties of perjury:1. The Applicant is ;
2. I have r\*ead 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 re\*ad this application for Determination of Need including all exhibits and attachments, and ce\*r\*tify that all of the

information contained herein is accurate and true;1. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
2. 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);
3. I havF 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.;1. I h~~ave~~\*\*~~caused~~ proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR

100.405(E) and 301 CMR 11.00; XJMM CF NBEF JG BQQMJDBCMF1. 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);
2. 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 p~~reviously issued~~ Notices of Determination of Need and the terms and\*\*C\*onditions attached therein;1. I have re\*ad 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;1. 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;
2. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
3. 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.
 |
| **LLC**All parties must sign. Add additional names as needed. |
| Ralph de la Torre, M.D. July 15, 2021Name: Signature: Date |
|  |

\*\*IBWF CFFO JOGPSNFE UIBU

\*\*\*JTTVFE JO DPNQMJBODF XJUI 105 $.3 100.00, UIF .BTTBDIVTFUUT %FUFSNJOBUJPO

Affidavit of Truthfulness PG /FFE 3FHVMBUJPO FGGFDUJWF +BOVBSZ 27, 2017 BOE BNFOEFE %FDFNCFS 28, 2018

Page 1 of 2

|  |
| --- |
| Name: Signature: Date |

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