



# Massachusetts Department of Public Health Determination of Need Application Form

Version: 11-8-17

Application Type:  Application Date: 01/23/2026 12:59 pm

Applicant Name:

Mailing Address:

City:  State:  Zip Code:

Contact Person:  Title:

Mailing Address:

City:  State:  Zip Code:

Phone:  Ext:  E-mail:

## Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:

Facility Address:

City:  State:  Zip Code:

Facility type:  CMS Number:

## 1. About the Applicant

1.1 Type of organization (of the Applicant):

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?

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.

The proposed request is filed with respect to DoN Project #4-4886, which established mobile PET/CT services at Baystate MRI and Imaging Center, LLC ("BMIC" or "Applicant") located at 80 Wason Avenue, Springfield, MA 01107. The service currently operates three days per week. The Application requests approval to add two days of PET/CT services at this location ("Proposed Project") for a total of five days.

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

5.2 If yes, is Applicant or any affiliated entity thereof a HPC-certified ACO?  Yes  No

5.2.a If yes, Please provide the date of approval and attach the approval letter:

5.3 See section on DoN-Required Services and DoN-Required Equipment in the Application Instructions

## 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 an Amendment?  Yes  No

10.2 This Amendment is:  Immaterial Change  Minor Change  Significant Change

10.3 Original Application number: 4-4886

10.3.a Original Application Type: DoN-Required Equipment

10.3.b Original Application filing date: 02/05/2002

10.3.c Have there been any approved Amendments to the original Application?  Yes  No

10.3.d For each approved Amendment list all Amendment Numbers, Amendment types, and Approval Dates.

Add/Del Row	Amendment Number	Amendment Change Type	Approval Date
<input type="checkbox"/> + <input type="checkbox"/> -	4-4886	Significant	04/03/2003
<input type="checkbox"/> + <input type="checkbox"/> -	4-4886	Significant	09/27/2005
<input type="checkbox"/> + <input type="checkbox"/> -	4-4886	Minor	08/09/2006
<input type="checkbox"/> + <input type="checkbox"/> -	4-4886	Significant	10/12/2011
<input type="checkbox"/> + <input type="checkbox"/> -	4-4886	Significant	02/13/2013
<input type="checkbox"/> + <input type="checkbox"/> -	4-4886	Significant	10/01/2018
<input type="checkbox"/> + <input type="checkbox"/> -	4-4886	Significant	03/31/2021
<input type="checkbox"/> + <input type="checkbox"/> -	4-4886	Significant	03/27/2023

**For Significant Amendment Changes:**

10.5.a Describe the proposed change.  
The Applicant currently operates a licensed, clinic that provides mobile PET/CT services three days per week at its primary location, 80 Wason Avenue, Springfield, MA 01107. The Proposed Project seeks approval to add two additional days per week of PET/CT services in Springfield, for a total of five days of operation per week.

10.5.b Describe the associated cost implications to the Holder.  
The Proposed Project will have no capital cost implications to the Applicant. The PET/CT service is an existing service operated by the Applicant, and the Proposed Project will not result in any additional capital costs to operate the PET/CT two additional days per week.

10.5.c Describe the associated cost implications to the Holder's existing Patient Panel.  
The Proposed Project will have no cost implications to the Applicant's patient panel. The Applicant currently provides PET/CT services in Springfield three days per week and upon DoN Approval will provide five days per week of service. All pricing will remain consistent with current charges per scan.

10.5.d Provide a detailed narrative, comparing the approved project to the proposed Significant Change, and the rationale for such change.  
Please see attached Narrative document.

**The Holder hereby swears or affirms that the above statements with respect to the proposed Significant Change are True.**

**11. Emergency Application**

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

## 12. Total Value for Significant Amendments

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 a: Significant Amendment**

**Filing Fee: \$0**

12.1 Proposed increase in total value of this project:

12.2 Total increase in CHI commitment expressed in dollars: (calculated)

\$0.00

12.3 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](mailto:DPH.DON@state.ma.us)

- Copy of Notice of Intent
- Affidavit of Truthfulness Form
- Electronic copy of Staff Summary for Approved DoN
- Electronic copy of Original Decision Letter for Approved DoN
- Electronic Copy of any prior Amendments to the Approved DoN
- Change in Service Tables Questions 2.2 and 2.3
- Certification from an independent Certified Public Accountant

## 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: 01/23/2026 12:59 pm

E-mail submission to  
Determination of Need

**Application Number: BMIC-26010717-AM**

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

Community Engagement-Self Assessment form