## Attachment 4: Notice of Intent

2/10/25, 9:39 AM

**Patriot Ledger, The**

masspublicnotices.org/(S(hlmmo3z1kgccnoiv5Idp45bv))/DetailsPrint.aspx?SID=hlmmo3z1kgccnoiv5Idp45bv&ID=705644

Publication Name:

**Patriot Ledger, The**

Publication URL:

[**www.natriotledger.com/**](http://www.natriotledger.com/)

Publication City and State:

**Quincy, MA**

Publication County:

**Norfolk**

Notice Popular Keyword Category:

Notice Keywords:

**health care**

Notice Authentication Number:

###### 202502100839012167213

**3223283816**

Notice URL:

Back

Notice Publish Date:

Friday, February 07, 2025

Notice Content

55 Fogg Road, South Weymouth LEGAL NOTICE Public Announcement Concerning a Proposed Health Care Project Shields Imaging of Eastern Massachusetts, LLC {"Applicant") located at 700 Congress Street, Suite 204, Quincy, MA 02169 intends to file a Notice of Determination of Need for a Significant Change ("Application") with respect to DON Project #4-4886, to add five additional days of PET/CT services at Shields Imaging of Massachusetts, LLC located at 55 Fogg Road, South Weymouth, MA 02190. There is no cost associated with this Application and therefore no change to the total value of the Project based on the approved maximum capital expenditure. The Applicant does not anticipate any price or service impacts on the Applicant's existing Patient Panel as a result of the Proposed Project. Any ten Taxpayers of Massachusetts may register in connection with the intended Application by no later than March 9, 2025 or 30 days from the Filing Date, whichever is later, by contacting the Department of Public Health, Determination of Need Program, 250 Washington Street, 6th Floor, Boston, MA 02106. AD# 11011863 PL 02/07/2025

Back

[httos://www.massoublicnotices.orq/(S(hlmmo3z1koccnoiv5Ido45bv))/DetailsPrint.asox?SID=hlmmo3z1kqccnoiv5Jdp45bv&ID=705644](http://www.massoublicnotices.orq/(S(hlmmo3z1koccnoiv5Ido45bv))/DetailsPrint.asox?SID=hlmmo3z1kqccnoiv5Jdp45bv&ID=705644) 1/1

LOCALiQ

NEW ENGLAND PO Box 631210 Cincinnati, OH 45263-1210

###### AFFIDAVIT OF PUBLICATION

Kerry Whelan

Shields Health Care Group

700 Congress ST # 204

Quincy MA 02169-0928

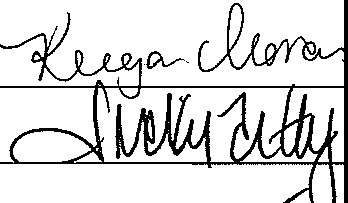
**STATE OF MASSACHUSETTS, COUNTY OF NORFOLK**

The Patriot Ledger, a newspaper printed and published in the city of Quincy, and of general circulation in the County of Norfolk, State of Massachusetts, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue:

02/07/2025

and that the fees charged are legal.

Sworn to and subscribed before on 02/07/2025



Notary, State of WI, Cou°l *f*

Legal Clerk

*q,"*

My commission expires

*11*

|  |  |  |
| --- | --- | --- |
| Publication Cost: | $248.36 |  |
| Tax Amount: | $0.00 |
| Payment Cost: | $248.36 |
| Order No: | 11011863 | # of Copies: |
| Customer No: | 1511235 | 0 |
| PO#: | DON Project #4-4886 |  |

THIS rs NOT AN INVOICE!

*Please do not use this form for payment remillance.*

55 Fogg Road, South Weymouth

LEGAL NOTICE

Public Announcement Concerning a Proposed Health Care Project

Shields Imaging of Eastern Massachusetts, LLC ("Appli­ cant") located at 700 Congress Street, Suite 204, Quincy, MA 02169 intends to file a Notice of Determina­ tion of Need for a Significant Change ("Application") with respect to DON Project #4- 4886, to add five additional days of PET/CT services at Shields Imaging of Massa­ chusetts, LLC located at 55 Fogg Road, South Weymouth, MA 02190. There is no cost associated with this APPiication and there­ fore no change to the total value of the Project based on the approved maximum capital expenditure. The Applicant does not anticipate any price or service impacts on the Applicant's existing Patient Panel as a result of the Proposed Project. Any ten Taxpayers of Massachu­ setts may register in connec­ tion with the intended Appli­ cation by no later than March 9, 2025 or 30 days from the Filing Date, whichever is later, by contacting the Department of Public Health, Determina­ tion of Need Program, 250 Washington Street, 6th Floor, Boston, MA 02108.

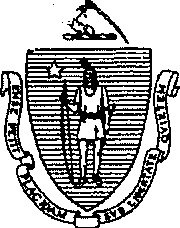
AD# 11011863

PL 02/07/2025

Vicky Felty
Notary Public
State of Wisconsin

Page 1 of 1

# Attachment 5: Previous DoN Approval

MITT ROMNEY

**GOVERNOR**

KERRY HEALEY

LIEUTENANT GOVERNOR

RONALD PRESTON

SECRETARY

CHRISTINE C. FERGUSON

**COMMISSIONER**

#### The Commonwealth of Massachusetts

Executive Office of Health and Human Services Department of Public Health

Determination of Need Program

250 Washington Street, Boston, MA 02108-4619

(617) 624-5002

April 10, 2003

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Andrew S. Levine

Donoghue Barrett & Singal, P.C One Beacon Street

Boston, MA 02108 Dear Mr. Levine:

NOTICE OF PUBLIC HEALTH COUNCIL ACTION

PREVIOUSLY APPROVED PROJECT NUMBER 4-4886

Shields Imaging of Massachusetts. LLC Request to Add a Fourth Host Site to the Mobile Positron Emission Tomography Service

At their meeting of April 3, 2003, the Commissioner and the Public Health Council,

acting together as the Department, voted pursuant to M.G.L. c.111, s. 25C and the Regulations adopted thereunder to approve with condition a significant change to DoN Project No. 4-4886 filed by Shields Imaging of Massachusetts, LLC. The approval provides for the addition of Berkshire Medical Center located at 725 North Street, Pittsfield, MA as a fourth host site to the mobile Positron Emission Tomography service. One day of mobile service per month will be provided at the fourth site.

The reasons for the Public Health Council's action are as follows:

1. The Department found that pursuant to 105 CMR 100.753(A) of the Determination of Need Regulations, the significant change meets the Procedures for Significant Changes set forth at 105 CMR 100.756.
2. The Department found that after careful consideration, the comments submitted by Alliance Imaging, Inc. provided no basis for the recommendation of denial.

Shields Imaging of Massachusetts, Inc. -2- Project No. 4-4886 The condition accompanying this approval is as follows:

All conditions attached to the original and amended approval of Project No. 4- 4886 shall remain in effect.

Sincerely,

[signature on file]

Linda Hopkins

Secretary for the Public Health Council

LH/jj

cc: Sherman Lohnes, DHCQ

Donna Allen, DHCQ

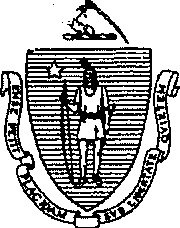
Steve McCabe, Division of Health Care Finance and Policy

Elizabeth Pressman, Division of Medical Assistance

Public File

Decision Letter File

MIS

MITT ROMNEY

**GOVERNOR**

KERRY HEALEY

LIEUTENANT GOVERNOR

TIMOTHY R MURPHY

SECRETARY

PAUL J. COTE, JR

**COMMISSIONER**

#### The Commonwealth of Massachusetts

Executive Office of Health and Human Services Department of Public Health

Determination of Need Program

250 Washington Street, Boston, MA 02108-4619

(617) 624-5002

November 17, 2005

Andrew S. Levine

Donoghue Barrett & Singal, P.C

One Beacon Street

Boston, MA 02108 Dear Mr. Levine:

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NOTICE OF PUBLIC HEALTH COUNCIL ACTION

PREVIOUSLY APPROVED PROJECT NUMBER 4-4886

Shields Imaging of Massachusetts. LLC

Request to Add a Fifth Host Site to the Mobile Positron Emission Tomography Service

At their meeting of September 27, 2005, the Commissioner and the Public Health Council, acting together (as the Department, voted pursuant to M.B.L. c. l l 1, s. 25C arid the Regulations adopted thereunder, to approve with conditions a significant change to DoN Project No. 4-4886 filed by Shields Imaging of Massachusetts, LLC. The approval provides for the addition of the Burbank campus of HealthAlliance Hospital located at 275 Nichols Road, Fitchburg, MA as a fifth host site to the mobile Positron Emission Tomography service. One day of mobile service per week of the three days per week currently allocated to UMass Memorial Medical Center in Worcester month will be provided at the fifth site.

The reason for the Public Health Council's action is as follows:

The Department found that pursuant to 105 CMR 100.753(A) of the Determination of Need Regulations, the significant change meets the Procedures for Significant Changes set forth at 105 CMR100.756.

The condition accompanying this approval is as follows:

Shields Imaging of Massachusetts, Inc. -2- Project No. 4-4886

All conditions attached to the original and amended approval of Project No. 4- 4886 shall remain in effect.

Sincerely,

[signature on file]

Linda Hopkins

Secretary for the Public Health Council

LH/jj

cc: Sherman Lohnes, DHCQ

Jill Mazzola, DHCQ

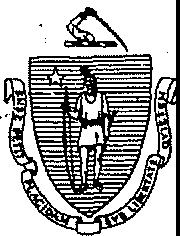
Steve McCabe, Division of Health Care Finance and Policy

Elizabeth Pressman, Division of Medical Assistance

Public File

Decision Letter File

MIS

MITT ROMNEY

**GOVERNOR**

KERRY HEALEY

**LIEUTENANT GOVERNOR**

TIMOTHY R. MURPHY

**SECRETARY**

·PAULJ.COTE,JR.

.**COMMISSIONER**

### . The Commonwealth of Massachusetts

Executive Office of Health and Human Services Department of Public Health

Determination of Need Program.,.. 2 Boylston Street, Boston, MA 02116

(617) 753-7340-

FAX (617) 753-7349

August 9, 2006

Andrew S. Levine

Donoghue Barrett and Slngal, PC One Beacon Street, Suite 1320 Boston, MA 02108

Dear Mr. Levine:

Re: Approved DoN Project No. 4-4886 Establish Mobile PET Service

Request for Minor Change

This is in response to your letter dated July 12, 2006, requesting a minor change to !lie approved DoN Project No. 4-4886 referenced above. Shields Imaging of Massachusetts, LLC, (Shields Imaging) a consortium comprised of Shields Imaging of Eastern Massachusetts, LLC, Shields Imaging of Worcester, LLC and Shields Imaging of Springfield, LLC was approved on February 5, 2002 to provide PET Services through acquisition of a mobile PET scanner and related equipment. As stated in the DoN decision letter, the services were to be provided at three host sites: Baystate Medical Center, UMass Memorial Medical Center and South Shore Hospital. These sites were subsequently licensed as three separate clinics, one for each of the consortium members and the current licensees are: Baystate MRI and Imaging Center, LLC, UMass Memorial MRI and Imaging Center, LLC and Shields Imaging of Eastern Mass, LLC.

The minor change requested in your letter of July 12 involves the deletion of Shields Imaging of Massachusetts, LLC as the provider of service for this project in order to correctly specify the individual consortium members currently licensed to provide the mobile PET services. The reason given for the minor change is that the deletion of Shields Imaging will correctly reflect the three clinics, Baystate MRI and Imaging Center, LLC; UMass Memorial MRI and Imaging Center, LLC and Shields Imaging of Eastern Mass, LLC., as the providers of services under the DoN and all subsequent amendments.

Pursuant to 105 CMR 100.752 of the Determination of Need Regulations, I hereby approve the minor change to Project No.4-4886 as requested for the following reasons:

1. All criteria set forth-in 105 CMR 100.75!5 of the Determination of Need Regulations have been satisfied.
2. The minor change involves no change in the scope of the project or maximum capital expenditure.

Shields Imaging of Massachusetts 2 Project Number 4-4886

Please note that all terms and conditions attached to the original approval of Determination of Need Project No.4-4886 shall remain in effect.

Sincerely,

[signature on file]

Joan Gorga

Director

Determination of Need Program

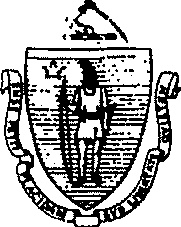
JMG/jmg

cc: Shennan Lohnes, DHCQ

Public File

Compliance

MIS

DEVAL L. PATRICK

**GOVERNOR**

TIMOTHY P. MURRAY

**LIEUTENANT GOVERNOR**

JUDYANN BIGBY, MD

**SECRETARY**

**JOHN AUERBACH**

**COMMISSIONER**

**The Commonwealth of Massachusetts Executive Office of.Health and Human Services Department of Public Health**

**Determination of Need Program**

**99 Chauncy Street, 2nd Floor, Boston, MA 02111 617-753-7340**

**FAX 617-753-7349**

October 13, 2011

Andrew S. Levine

Donoghue Barrett & SingaL P.C One Beacon Street

Boston, MA 02108

CERTIFIED MAlL

RETURN RECEIPT REQUESTED

NOTICE OF PUBLIC HEALTH COUNCIL ACTION PREVIOUSLY APPROVED PROJECT NUMBER 4-4886

UMass Memorial :MRI and Imaging Center, LLC Request to Add a Sixth Host Site to the

Mobile Positron Emission Tomography Service

Dear Mr. Levine:

At their meeting of October 12, 2011, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, s. 25C and the Regulations adopted thereunder to approve with condition a significant change to DoN Project No. 4-4886 filed by UMass Memorial lVIRI and Imaging Center, LLC. The approval provides fur the addition of the Wing Memorial Hospital and Medical Center located at 40 Wright Street, Palmer, MA as a sixth host site to the mobile Positron Emission Tomography service. One half-day of mobile service every two weeks will be provided at the sixth site.

The reason for the Public Health Council's action is as follows:

The Department found that pursuant to 105 CMR 100.753(A) of the Determination of Need Regulations, the significant change meets the Procedures for Significant Changes set forth at 105 CMR 100.756.

The condition accompanying this approval is as follows: .

UMass Memorial MRI and Imaging, LLC -2- Project No. 4-4886

All conditions attached to the original and a.mended approval of Project No. 4- 4886 shall remain in effect.

Sincerely,

[signature on file]

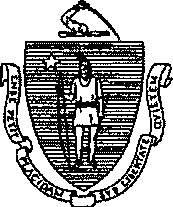
Joan M. Gorga

Director, Determination of Need

cc: Sherman Lohnes, DHCQ Paul DiNatale, DHCQ

Steve McCabe, Division of Health Care Finance and Policy Terri Yannetti, Division of Medical Assistance

Public File Decision Letter File



DEVALL. PATRICK

**GOVERNOR**

TIMOTHY P. MURRAY

**LIEUTENANT GOVERNOR**

JOHN W. POLANOWICZ

**SECRETARY**

LAUREN A. SMITH, MO, MPH

**INTERIM COMMISSIONER**

#### The Commonwealth of Massachusetts

Executive Office of Health and Human Services Department of Public Health

Bureau of Health Care Safety and Quality Determination of Need Program

99 Chauncy Street, Boston, MA 02111

617-753-7340

February 14, 2013

Andrew S. Levine, Esq. Donoghue, Barrett & Singal, P.C. One Beacon Street, Suite 1320 Boston, MA 02108

NOTICE OF PUBLIC HEALTH COUNCJL ACTION

PREVIOUSLY APPROVED DON #4-4886

Baystate MRI and Imaging Center, LLC. Request for Significant Change

Dear Mr. Levine:

At their meeting of February 13, 2013, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c. 111, § 25C and the regulations adopted thereunder, to approve with conditions a significant change to approved Determination of Need ("DoN") Project Number 4-4886 of Baystate MRI and Imaging Center, LLC ("BMIC" or "Holder"). The change authorizes establishment of an additional host site for the BMIC mobile PET service at Berkshire Medical Center ("Berkshire"), 725 North Street in Pittsfield. The DoN is held jointly by BMIC, Shields Imaging of Eastern Massachusetts, LLC, and UMass Memorial MRI and fmaging Center and currently operates at South Shore Hospital in Weymouth, Baystate Medical Center in Springfield, and at three UMass Memorial Medical Center campuses in Worcester, Fitchburg, and Palmer.

As approved, the significant change will result in one day of PET services per week at Berkshire and a reduction in service at the Springfield host site from two days to one day per week. This change has an associated capital expenditure estimated at $200,000.

The conditions accompanying this approval are as follows:

1. Upon implementation of the Berkshire Medical Center site for the mobile PET service, Baystate MRI and Imaging Center, LLC shall contribute an additional $10,000 to fund community health initiatives in the greater Pittsfield area to be approved by the Office of Healthy Communities ("OHC") in consultation with the Community Health Network of Berkshire County (CHNA 1). BMIC shall contact OHC at least three months prior to implementation of the project to begin the planning process

Baystate MRI and hnaging Center, LLC -2- Significant Change to Approved

DoN Project Number 4-4886

2. All other conditions attached to the original and amended approvals of this project shall remain in effect.

Sincerely,

[signature on file]

Bernard Plovnick, Director Determination of Need Program

cc: Steve McCabe, DHCFP Sherman Lohnes, DHCQ Paul DiNatale, DHCQ Daniel Gent, DHCQ Cathy O'Connor, OHC

Kristin Golden, Commissioner's Office

# Attachment 6: Certificate of Organization

**ARTICLES OF ORGANIZATION**

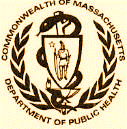
**Shields Imaging of Eastern Massachusetts, LLC**

Articles of Organization (2001):

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?sysvalue=k kK.Sh1 Rwai0 1PHuH9.WoxGDyVF4OVK2t2AWirxgDl g-](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?sysvalue=k%20kK.Sh1%20Rwai0%201PHuH9.WoxGDyVF4OVK2t2AWirxgDl%20g-)

## Attachment 7: Affidavit of Truthfulness &

Compliance

 Version: 7-6-17

**Massachusetts Department of Public Health**

**Determination of Need**

**Affidavit of Truthfulness and Compliance**

**with Law and Disclosure Form 100.405 (B)**

**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](mailto:dph.don@state.ma.us) Include all attachments as requested.

Application Number: 25020312-AM

Original Application Date: 02/01/2001

Applicant Name: Shields Imaging of Eastern Massachusetts, LLC

Application Type: Amendment Significant

Applicant's Business Type: LLC

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? Yes

Describe the role/relationship: NA

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 100.40S(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;
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 100.40S(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 100310, 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 100.70S(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.  Thomas Shields <Signature on File> 02/11/2025  Name: Signature: Date: |

**This document is ready to print:** check **Date/time Stamp:** 3-11-25