

Attachment 4:
Notice of Intent

Patriot Ledger, The

Public Notice
Advertisement

Publication Name:

Patriot Ledger, The

Publication URL:

www.patriotledger.com/

Publication City and State:

Quincy, MA

Publication County:

Norfolk

Notice Popular Keyword Category:

Notice Keywords:

health care

Notice Authentication Number:

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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 02108. AD# 11011863 PL 02/07/2025

[Back](#)

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

Legal Clerk

Notary, State of WI, County of Brown

My commission expires

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 IS NOT AN INVOICE!

Please do not use this form for payment remittance.

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 02108.

AD# 11011863
PL 02/07/2025

VICKY FELTY
Notary Public
State of Wisconsin

Attachment 5:
Previous DoN Approval



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

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

RONALD PRESTON
SECRETARY

CHRISTINE C. FERGUSON
COMMISSIONER

April 10, 2003

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 Fourth Host Site to the
Mobile Positron Emission Tomography
Service

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

Dear Mr. Levine:

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.

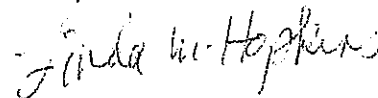
- 2 -

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,



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



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

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

November 17, 2005

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

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

Dear Mr. Levine:

At their meeting of September 27, 2005, 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 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.

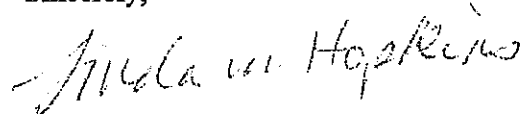
The reason for the Public Health Council's action is as follows:

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 CMR 100.756.

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,

A handwritten signature in cursive script, appearing to read "Linda M. Hopkins".

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



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

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

August 9, 2006

Andrew S. Levine
Donoghue Barrett and Singal, PC
One Beacon Street, Suite 1320
Boston, MA 02108

Re: Approved DoN Project No. 4-4886
Establish Mobile PET Service
Request for Minor Change

Dear Mr. Levine:

This is in response to your letter dated July 12, 2006, requesting a minor change to the 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.

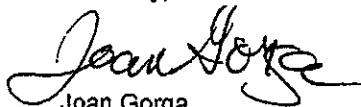
The minor change requested in your letter of July 12 involves the deletion of Shields Imaging of Massachusetts, LLC as the provider of service for this project in order to correctly specify the individual consortium members currently licensed to provide the mobile PET services. The reason given for the 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 100.755 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.

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

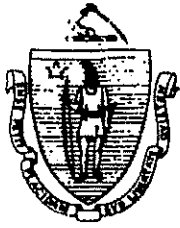
Sincerely,

A handwritten signature in black ink, appearing to read "Joan Gorga", with a stylized flourish at the end.

Joan Gorga
Director
Determination of Need Program

JMG/jmg

cc: Sherman Lohnes, DHCQ
Public File
Compliance
MIS



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

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

October 13, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
NOTICE OF PUBLIC HEALTH COUNCIL ACTION
PREVIOUSLY APPROVED PROJECT NUMBER 4-4886

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

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 MRI and Imaging Center, LLC. The approval provides for 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.

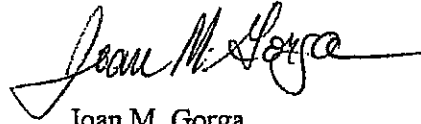
The reason for the Public Health Council's action is as follows:

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:

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

Sincerely,

A handwritten signature in black ink, appearing to read "Joan M. Gorga", with a long horizontal flourish extending to the right.

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



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JOHN W. POLANOWICZ
SECRETARY

LAUREN A. SMITH, MD, 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 COUNCIL
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 Imaging 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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Bernard Plovnick", written in a cursive style.

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_kK5h1Rwai01PHuH9.WoxGDyVF4QVK2t2AWirxgD1g-

Attachment 7:

Affidavit of Truthfulness &
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:

Applicant Name:

Application Type:

Applicant's Business Type: ☐ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☒ LLC ☐ Other

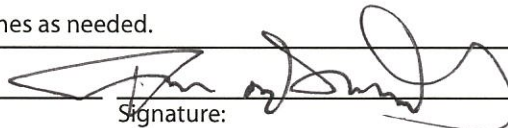
Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? ☒ Yes ☐ No

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 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.;
6. 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);
7. 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;
8. 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;
9. 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;
10. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
11. 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.

Thomas A. Shields		02/11/2025
Name:	Signature:	Date

This document is ready to print: ☒

Date/time Stamp: