



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY  
Governor

KIMBERLEY DRISCOLL  
Lieutenant Governor

KATHLEEN E. WALSH  
Secretary

ROBERT GOLDSTEIN, MD, PhD  
Commissioner

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August 8, 2024

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VIA Email: [CPVaughan@publicpolicylaw.com](mailto:CPVaughan@publicpolicylaw.com)

Final Action: Notice of Determination of Need – Shields and Atrius Health PET/CT at Dedham, LLC  
Required Equipment DoN # N/A-24031814-RE

Dear Attorney Vaughan,

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to M.G.L. c. 111, § 25C and the regulatory provisions of 105 CMR 100.000 et seq, including 105 CMR 100.630, I hereby approve the application for Determination of Need (DoN) filed by Shields and Atrius Health PET/CT at Dedham, LLC for the establishment of a part-time mobile positron emission tomography/ computed tomography diagnostic imaging service located at the existing Shields MRI Dedham clinic at 40 Allied Drive, Suite 112, Dedham, MA 02026, to operate one day per week. The capital expenditure for the Proposed Project is \$273,687.00 (March 2024 dollars); the Community Health Initiatives (CHI) contribution is \$13,684.35. This Notice of Final Action incorporates by reference the Staff Report concerning this Application and is subject to the conditions set forth therein.

In compliance with the provisions of 105 CMR 100.310 A (2) and (11) the Holder shall submit an acknowledgment of receipt to the Department (attached) and include a written attestation of participation or intent to participate in MassHealth.

In compliance with 105 CMR 100.310(A)(12), which requires a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all the factors.

Please notify the DoN Program at [DPH.DON@mass.gov](mailto:DPH.DON@mass.gov) of the anticipated completion date of all the components of the DoN-approved Project once it has been established. Additionally, please send an email confirming the Project's completion (licensure/ amended licensure approval date) and the first day of operations to determine the annual DoN reporting timeline.

**Other Conditions to the DoN**

1. Payment should be made out to the Massachusetts Community Health and Healthy Aging Funds in the full amount of \$13,684.35, and should be submitted within 30 days from the date of Notice of Approval to:

**Health Resources in Action, Inc., (HRiA)**

2 Boylston Street, 4th Floor

Boston, MA 02116

Attn: MACHHAF c/o Ms. Bora Toro

DoN project #: N/A-24031814-RE

2. Please also **send a PDF image of the check** (or confirmation of payment) to [DONCHI@mass.gov](mailto:DONCHI@mass.gov) and [dongrants@hria.org](mailto:dongrants@hria.org). If you should have any questions or concerns regarding payment, please contact the CHI team at [DONCHI@mass.gov](mailto:DONCHI@mass.gov).

Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Sincerely,



Robert Goldstein, MD, PhD

Commissioner, Massachusetts Department of Public Health

cc:

Dennis Renaud, Director Determination of Need Program

Antonio Sousa, Acting Director, Bureau of Health Care Safety and Quality

Rebecca Kaye, General Counsel's Office

Stephen Davis, Director, Division of Health Care Facility Licensure and Certification

Judy Bernice, Division of Health Care Facility Licensure and Certification

Hilary Ward, Health Care Facility Licensure and Certification

Samuel Louis, Office of Health Equity

Jennica Allen, Division of Community Health Planning and Engagement

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Katherine Mills, Health Policy Commission

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