



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

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February 28, 2025

Via email - [kerry@shields.com](mailto:kerry@shields.com)

Kerry Whelan  
Vice President of Government Affairs  
Shields Health  
700 Congress Street, Suite 204  
Quincy, MA 02169

Final Action: Notice of Determination of Need  
N/A-24121012-AM (Amendment)  
Significant Amendment to DoN Application #5-4958

Dear Ms. Whelan,

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 (A)(1), I hereby approve the application for Determination of Need (DoN) filed by Shields Signature Imaging, LLC (Applicant) for approval to add one additional day of PET/CT services at Signature Healthcare Brockton Hospital, 680 Centre Street, Brockton, MA, for a total of two days of operation. There is no capital expenditure associated with the Proposed Change and therefore no change to the Community Health Initiatives (CHI) contribution.

Based upon the information submitted, and information in the record<sup>1</sup>, the Department found that the Significant Change is “within the scope of the Notice of Determination of Need as previously approved by the Department and ... is reasonable” under 105 C.M.R. 100.635(A), which are the requirements for approval of an Amendment. This Notice of Final Action incorporates by reference the Memorandum concerning this Application and is subject to the conditions set forth therein.

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<sup>1</sup> Staff Report and Notice of Final Action for Project #5-4958.


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.

Please notify the DoN Program at [DPH.DON@State.MA.US](mailto:DPH.DON@State.MA.US) of the anticipated completion date of all the components of the Amendment Project once it has been established. Additionally, 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.

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.

### **Conditions to the DoN**

1. The Holder, Shields Signature Imaging, LLC, shall provide services only at the approved site, and only for two days indicated in this approval. Any request for change in either number of days or specific site served shall require the Department's approval. Any request to increase the number of days of operation shall include but not be limited to the following:
  - a. Maximum scan capacity per day and per week of operation,
  - b. Annual number of scans completed per day and per week of operation,
  - c. Annual number of Unique Patients,
  - d. Average wait times for scans, and
  - e. Projected scan volume.

  
Robert Goldstein, MD, PhD  
Commissioner, Massachusetts Department of Public Health

**cc:**

Dennis Renaud, Director Determination of Need Program  
Teryl Smith, Director, Bureau of Health Care Safety and Quality  
Jaclyn Gagné, General Counsel's Office  
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