



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

**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

**MARYLOU SUDDERS**  
Secretary

**MARGRET R. COOKE**  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

May 6<sup>th</sup>, 2022

VIA electronic mail

Crystal Bloom, Partner  
Husch Blackwell LLP  
One Beacon Street, Suite 1320  
Boston, MA 02108-3106

Email: [Crystal.Bloom@huschblackwell.com](mailto:Crystal.Bloom@huschblackwell.com)

Notice of Final Action: UMass Memorial Medical Center  
DON Application # UMMHC-21120810-RE

Dear Attorney Bloom,

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 100.715, and 105 CMR 100.630, I hereby approve the application for Determination of Need (DoN) filed by UMass Memorial Health Care, Inc (Applicant) to expand CT services by one CT unit located in the emergency department of the UMass Memorial Medical Center's University Campus at 55 Lake Avenue North, Worcester, MA 01655. The capital expenditure for the Proposed Project is \$3,832,862.00; the Community Health Initiatives (CHI) contribution is \$191,643.10. This Notice of Final Action incorporates by reference the Memorandum 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 the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$18,397.74 to Health Resources in Action (the fiscal agent for

the CHI Statewide Initiative).

- a. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
- b. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.

Payment should be sent to:  
Health Resources in Action, Inc., (HRiA)  
2 Boylston Street, 4th Floor  
Boston, MA 02116  
Attn: Ms. Bora Toro

Sincerely,

[signature on file]

Margret Cooke  
Public Health Commissioner

cc: Elizabeth Kelley, Bureau of Health Care Safety and Quality  
Stephen Davis, Division of Health Care Facility Licensure and Certification  
Daniel Gent, Division of Health Care Facility Licensure and Certification  
Rebecca Rodman, General Counsel's Office  
Samuel Louis, Office of Health Equity  
Elizabeth Almanzor, Center for Health Information Analysis  
Katherine Mills, Health Policy Commission  
Eric Gold, Attorney General's Office  
Division of Community Health Planning and Engagement