

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 KATHLEEN E. WALSH Secretary

KIMBERLEY DRISCOLL Lieutenant Governor MARGRET R. COOKE Commissioner

> Tel: 617-624-6000 www.mass.gov/dph

March 27, 2023

Kerry Whelan, VP of Government Affairs UMass Memorial MRI & Imaging Center, LLC 700 Congress Street, Suite 204 Qunicy, MA 02169

Via electronic mail – kerry@shields.com

Notice of Final Action: UMMIC-22122814-AM

Significant Amendment to DoN Project #4-4886

Dear Ms. Whelan,

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to 105 C.M.R. 100.635(A), I hereby approve the application for Determination of Need (DoN) filed by UMass Memorial MRI & Imaging Center, LLC (Applicant) to adds three additional days of service at the 214 Shrewsbury Street, Worcester, MA, 01604. There are no additional gross square feet or capital expenditures requested.

Based upon a review of the materials submitted the Department found that this request falls within the definition of Significant Change that includes " ... Any change, modification, or deletion of components within a previously issued Notice of Determination of Need that is not an Immaterial Change" and that the proposed change is both within the scope of the Notice of Determination of Need and is reasonable. This Notice of Final Action incorporates by reference the Application, and the Memorandum to the Commissioner.

Under 100.635(A) " ... Final Actions may include additional terms and Conditions to be attached to the Notice of Determination of Need." This approval is conditioned as described in the Memorandum, a copy of which is attached hereto and made a part hereof. All other conditions in DoN Project #4-4886 remain in effect.

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.

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.

Please notify the DoN Program at <u>DPH.DON@State.MA.US</u> of the anticipated completion date of all the components of the DoN-approved 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.

Sincerely,

Margret Cooke

Public Health Commissioner

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cc:

Dennis Renaud, Director Determination of Need Program

Elizabeth Kelley, Director Bureau of Health Care Safety and Quality

Rebecca Rodman, General Counsel

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

Judy Bernice, Division of Health Care Facility Licensure and Certification

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