

Attachment 4:

Notice of Intent

## AFFIDAVIT OF PUBLICATION

STATE OF MASSACHUSETTS,  
Suffolk County ss:  
City of Boston

**Michele Sisco-Martin** residing in Kingston, NY, being duly sworn, deposes and says that she is the Regional Legal Clerk of **Media News Group**, a Corporation duly organized under the laws of the State of Massachusetts; that said Corporation is the publisher of **The Boston Herald**, a daily newspaper published in the City of Boston, County of Suffolk and State of Massachusetts, and that the notice of which the annexed is a printed copy, has been regularly published in **The Boston Herald**.

**Once Daily for One Day**

To wit: 11/08/24

**Public Announcement Concerning a Proposed Health Care Project**  
Shields Signature Imaging, 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 #5-4958, to add one additional day of PET/CT services at Shields Signature Imaging, LLC located at 680 Center Street, Brockton, MA 02302. 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 November 22, 2024 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.  
November 8, 2024  
#NY0129773

Michele Sisco-Martin

Sworn to before me this

11/08/24

Kathi L Davis  
Notary Public

2660498 - kerry@shields.com  
Kerry Whelan  
700 Congress Street, Suite 204  
Quincy, MA 02169

KATHI L DAVIS  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01DA6410130  
Qualified in Ulster County  
Commission Expires October 19, 2028

Attachment 5:  
Previous DoN Approval

STAFF SUMMARY FOR DETERMINATION OF NEED  
BY THE PUBLIC HEALTH COUNCIL  
December 16, 2015

APPLICANT: Shields Signature Imaging, LLC

PROGRAM ANALYST: Lynn Conover

LOCATION: 680 Center Street  
Brockton, MA 02703

DATE OF APPLICATION: July 31, 2015

REGION: HSA V

PROJECT NUMBER: 5- 4958

PROJECT DESCRIPTION: Provide mobile PET-CT service one day per week to Signature Healthcare Brockton Hospital.

ESTIMATED MAXIMUM CAPITAL EXPENDITURE:

Requested:	\$290, 500 (July 2015 dollars)
Recommended:	\$290,500 (July 2015 dollars)

ESTIMATED FIRST YEAR INCREMENTAL OPERATING COST:

Requested:	\$362,267 (July 2015 dollars)
Recommended:	\$362,267 (July 2015 dollars)

LEGAL STATUS: A regular application for substantial changes in service pursuant to M.G.L. c.111, s.25C and the regulations adopted thereunder.

ENVIRONMENTAL STATUS: No environmental notification form or environmental impact report is required to be submitted for this project, which is exempted under 301 Code of Massachusetts Regulations 11.00, promulgated by the Executive Office of Environmental Affairs pursuant to Massachusetts General Laws, Chapter 30, Sections 61-62H. As a result of this exemption, the project has, therefore, been determined to cause no significant damage to the environment.

OTHER PENDING APPLICATION: None

COMPARABLE APPLICANTS: Shields Sturdy PET-CT, LLC

COMMENTS BY THE CENTER FOR HEALTH INFORMATION AND ANALYSIS: None submitted

COMMENTS BY THE DIVISION OF MEDICAL ASSISTANCE: None submitted

COMMENTS BY THE HEALTH POLICY COMMISSION: None submitted

TEN TAXPAYER GROUP(S): None

RECOMMENDATION: Approval with conditions

## I. BACKGROUND AND PROJECT DESCRIPTION

Shields Signature Imaging, LLC (“Shields Signature” or “Applicant”) has filed a Determination of Need (“DoN”) for a mobile Positron Emission Tomography-Computed Tomography (“PET-CT”) service one day per week. The project includes the renovation of 5,228 gross square feet (“GSF”) for related support space at the member hospital and has an associated Maximum Capital Expenditure (“MCE”) of \$290,500.

The Applicant is a Limited Liability Corporation (“LLC”) established between Signature Healthcare Brockton Hospital (“Hospital”) and Shields Imaging, MA, LLC (“Shields”) for the purposes of providing this PET-CT service one day per week. This service is currently provided by Alliance Imaging with the Hospital renting the docking station and pad to them; which in turn performs all of the scheduling, billing and scanning independently. According to the applicant, the current arrangement does not adequately afford the Hospital the ability to integrate PET-CT with other Hospital services, most relevantly, its cancer services. Additionally, this arrangement does not afford the Hospital control over quality management, and scheduling. As a result, the hospital sought an experienced imaging provider, Shields, to partner with and operate a licensed clinic at their facility. Based on the Hospital’s current and projected demand the applicant elected to submit this DoN.

A DoN has been filed as a substantial change in service since the LLC is a new entity despite the current service has been provided at the Hospital by an independent provider, Alliance Imaging.

## II. STAFF ANALYSIS

The application was reviewed for compliance with the November 24, 1998, *Determination of Need Guidelines for Positron Emission Tomography* (“Guidelines”). Since the PET Guidelines were developed in 1998, a number of new clinical applications for PET-CT have been approved for reimbursement by the Center for Medicare and Medicaid Services (“CMS”), which is considered the standard for reimbursement by other third-party payors. As of January 28, 2005, the Medicare Program covers the use of PET-CT for the initial staging and subsequent restaging of a number of cancers as well as for some cardiac and neurological applications.

The combined PET-CT machine uses the capabilities of both diagnostic modalities. CT locates masses in the body, but cannot determine if they are cancerous, while PET can detect cancerous cells using radiopharmaceutical tracers, but cannot precisely pinpoint their location. The current medical literature indicates that the fusion and correlation of these two imaging modalities has resulted in improved surgical planning, assessment of therapeutic response, and radiotherapy planning.

### A. Health Planning Process

Through a comprehensive long-range planning process, the member hospital determined that a comprehensive approach to oncology care was needed to better meet the needs of their patients, with PET-CT services being a component of the spectrum of care.

The planning process undertaken by the Applicant included multidisciplinary meetings among clinical and administrative staff from both LLC member parties, a review of the PET-CT medical literature, a need analysis, an estimate of projected volume at the Hospital, and financial analyses.

The Guidelines also stipulate that an applicant for PET services, whether a multi-institutional system or a single hospital, involve a tertiary teaching hospital. The hospital has underscored that, while licensed as a single community hospital, it has a clinical affiliation with a tertiary provider, Beth Israel Deaconess Medical Center, thereby providing access to a full range of services. To further assure the high quality of its services, the Applicant has developed a tertiary agreement with UMass Memorial Medical Center for planning and ongoing consultation of this service.

Based on the above analysis, Staff finds the project in conformance with the health planning process of the Guidelines.

## **B. Health Care Requirements**

The Guidelines recommend that applicants proposing to establish a PET service document need for a statewide service area of at least 1.6 million people to demonstrate a minimum demand of 1,250 PET scans annually, and present additional data to supplement the demand analysis. However, Staff notes that in the seventeen years since the Guidelines were promulgated (November 1998), the clinical applications for PET have increased significantly, to the point that reliance on a patient population of 1.6 million to demonstrate need for a single PET unit may underestimate the number of patients who would benefit from PET services. As mentioned previously, CMS has expanded the number of indications for PET that are reimbursable, including coverage when participating in clinical studies for certain cancers not previously indicated.

### **1. Current Volume at Signature Healthcare Brockton Hospital**

Given the above mentioned changes in clinical applications and potential for increased volume, Shields Signature has relied instead solely on its actual patient volume (Table 1, below) to determine its ability to meet the minimum volume demand of 1,250 annual scans for the proposed PET unit. When applying the minimum volume requirements of the Guidelines to a one day per week mobile service that volume is 178.6 scans per year.

**Table 1**

Actual Scans	
Fiscal Year	Volume
2012	218
2013	209
2014	214

As demonstrated in the table above, the Hospital's current volume exceeds the minimum standards of the Guidelines.

### **2. Service Area**

The Hospital reports that 90% of its discharges derive from 17 towns in Southeastern Massachusetts encircled by Routes 128, 93, 485 and 139. This population of 382,057 is projected to grow 3% in the next five years to 393,177.

### **3. Estimated Number of Scans**

a. Cancer Indications

To estimate the demand for PET-CT scans involving cancer patients at Signature Hospital, utilization rates that are widely accepted by CMS and the health care industry, were applied by type of cancer to actual 2014 patient encounters at the Hospital. The table below estimates the expected/potential number of scans using this methodology.

**Table 2**

<b>Cancer Type</b>	<b>FY 2014 Patient Encounters<sup>1</sup></b>	<b>PET/CT Use Rate per Incidence<sup>2</sup></b>	<b>Scans Projected</b>
Breast	104	0.5	52
Cervical	19	0.7	13.3
Colorectal	48	1	48
Pancreas	5	1	5
Lung	59	1.8	106.2
Melanoma	5	1.8	9
Lymphoma	10	2	20
Esophageal	6	1.3	7.8
Head and Neck Oral Cavity	17	1.3	22.1
Thyroid	10	0.25	2.5
Brain	2	1	2
Renal	31	0.5	15.5
Ovary	4	1	4
Myeloma	1	1	1
Other Solid Tumor	0	1	0
<b>Total</b>	<b>283</b>		<b>308.4</b>

As seen above, the table illustrates the number of potential oncology-based scans at the Hospital is approximately 308 scans which is above the number of actual scans performed at the hospital. Staff notes

<sup>1</sup> Number of patients from Signature Brockton Hospital Tumor Registry FY 2014

<sup>2</sup> Innovations Center, Health Care Advisory Board, New Technology Brief PET/CT Imaging, 2005 and PET Use Rates based on Innovations Center, Health Care Advisory Board, New Technology Brief PET/CT Imaging, 2005 and CareCore National, Criteria for Imaging, August 13, 2014

that using this historical volume with a modest projected annual increase is a reasonable approach to projecting the volume for this service. This methodology does not draw from the service volume of other hospitals in the service area and will not impact market share.

**b. Other Clinical Indications**

In addition to the projected cancer care related scans detailed above, the Applicant anticipates it will provide PET-CT scans to patients with other clinical indications.

PET-CT imaging is a recognized modality in the diagnosis of certain neurological and psychiatric disorders including dementia and seizure disorders. In 2014, the Hospital identified 565 patients falling within these diagnostic categories. While there is yet to be an accepted industry standard use-rate within these diagnoses, the Hospital's neurological and psychiatric caseload indicates that there is a patient sub-group that it did not quantify who would benefit from PET-CT scans in addition to their oncology caseload.

Although the Hospital determined that there is cardiology based demand for PET-CT based on their existing patient encounters, the Applicant did not utilize this data to project demand because clinical best practices indicate that PET-CT scans for cardiac disease performed in a mobile device are not a reliable means for diagnosis.

**c. Total Projected Scans**

Table 3 below shows that the Applicant would provide an estimate of 218 PET-CT scans in FY 2016, a value exceeding the previously discussed minimum volume requirements of the Guidelines which at one day per week is 178.6 per year. Staff again notes that this estimate does not include any of the volume of scans that will be performed for Psychiatric and Neurological patients. The projected increases may be gained due to the anticipated increases in efficiencies gained by the Hospital having more overall control of scheduling, service delivery, as well as neurological, psychiatric and new applications.

**Table 3**

PET-CT Projections		
Fiscal Year	Volume	% Increase
2016	218	-
2017	240	10%
2018	256	7%
2019	269	5%

**3. Existing Resources**

Of the approximately 23 existing approved PET or PET-CT scanners in the state, 18 are hospital-based units and five are freestanding mobile units. Staff's review determined that there would be little impact on the projected volume at other hospitals, since the volume associated with the previous DoN approvals was based on each institution's existing case mix data specific to each of those projects, and did not rely on referrals from other providers to meet the minimum volume requirements. Staff has further determined that more than half of the existing PET services are located in the Greater Boston area.

#### 4. Conclusion on Need

Based on the above analysis, Staff finds there is a need for the PET-CT unit proposed by the Applicant. Staff finds that, based upon utilization rates derived from the industry practices for PET and PET-CT, and the historical and estimated utilization for the Applicant's proposed PET-CT mobile service, their projections are reasonable and exceed the minimum volume of 1,250 scans required by the Guidelines when apportioned to a one day per week service.

Moreover, in keeping with the non-duplication of service standards of the Guidelines, Staff notes that the proposed project should not have a negative impact on previously approved DoN PET-CT scanners, since the demand for each of the approved PET-CT services, including that proposed by the Applicant, will be generated primarily by patients already served by each institution.

#### C. Operational Objectives

The Applicant has provided documentation that the proposed PET-CT unit will meet the Standards of the Guidelines.

Staffing Measures of the Guidelines including a Medical Director who is board certified in radiology and experienced in PET –CT technology and radiochemistry.

The service will be staffed to include appropriate levels of full-time equivalents ("FTE's") for a one day per week service that are trained in CPR and who receive ongoing education in PET-CT. Radiologic technologists with documented training in PET-CT imaging will provide support in the areas of Patient preparation, technology operation, and imaging analysis. Trained radiologists will be responsible for reviewing images and interpreting scans.

Since the Applicant's service is a mobile unit, it does not include an onsite cyclotron for preparation of radiopharmaceuticals. As such, the applicant has provided a referral agreement with an independent licensed laboratory.

The Applicant reports that a Clinical Oversight Committee for this service will have responsibilities as outlined in the Guidelines, including the task of reviewing scan quality, providing information on utilization data, clinical data and reporting on clinical efficacy. The Committee will be comprised of representatives from radiology, cardiology, neurology, and oncology with an unaffiliated physician from UMass Memorial Medical Center. None of the committee members will have an equity interest in the Applicant.

The mobile PET-CT scanner, which the Applicant plans to lease, has received pre-market approval from the Food and Drug Administration.

Support services to patients and families during the course of treatment will be available through the Hospital. Signature also provides SPECT, CT, MRI, ultrasound, diagnostic radiology, oncology, and radiation oncology services on-site, as required by the Guidelines. Additionally, all tertiary services are available through a referral agreement with Beth Israel Deaconess Medical Center.

The Applicant has indicated that all clinically appropriate patients will have access to the PET-CT unit regardless of ability to pay. To ensure patient access to the PET-CT unit, Staff is recommending a condition of approval that ability to pay or insurance status should not be considered in selecting or scheduling patients for the service.

Shields Signature Imaging, LLC has agreed to work with the Office of Health Equity (“OHE”) regarding the provision of medical interpreter services. Specifically the Applicant shall:

- a) Submit a high priority plan that ensures their capacity to provide timely and competent interpreter services to the OHE three months prior to their inaugural;
- b) Contact the OHE to review their interpreter services operations within the first six months of operations; and,
- c) Enter into agreement with the OHE to provide language access services consistent with the recommendations of the OHE.

Staff finds that the proposed project, with adherence to a certain condition, meets the operational objectives of the Guidelines.

#### D. Compliance Standards

Shields Signature states that its proposed PET-CT unit will meet all applicable safety and operations standards. Minor renovations will be required at the hospital site which has an existing pad for use by the mobile PET-CT unit.

Staff finds that the proposed project meets the compliance standards of the Guidelines.

#### E. Reasonableness of Expenditures and Cost

##### 1. Maximum Capital Expenditure

The requested and recommended MCE is \$290,500 (July 2015 dollars) itemized as follows:

Total Land	\$	-
Building Acquisition Cost		74,500
Construction Contract		18,000
Fixed Equipment NOT in Contract		-
Architectural Cost		34,500
Post-filing Planning & Development		5,000
Major Movable Equipment		158,500
TOTAL CONSTRUCTION COSTS	\$	290,500
Total Financing Costs		-
TOTAL	\$	290,500

The proposed mobile PET-CT scanner will require only minor renovations since the space is compliant with current standards. Staff finds the MCE, \$10.04 per GSF, to be reasonable based upon previously approved projects.

##### 2. Reasonableness of Incremental Operating Costs

The requested and recommended incremental operating costs of \$2,018,000 (February 2003 dollars) for the new PET-CT scanner's first full year of operation (FY 2007), are itemized below in Table 2, and were based on an estimated 1,625 scans. As previously discussed, Staff has calculated that the future demand for PET-CT scans at Shields Signature Imaging, LLC may far exceed this number as a result of the extension of Medicare reimbursement for PET to a broader number of diagnostic categories.

Salaries, Wages, Fringe Benefits	\$ 50,501
Purchased Services	23,027
Supplies and Other Expenses	273,489
Depreciation	<u>15,250</u>
Total Operating Expenses	\$362,267

Other Expenses include contracted physician services, radio-pharmaceuticals to be purchased from Cardinal Health, a commercial supplier to New England area providers.

Staff has determined that net revenue per scan will be approximately \$2,112 for the first full year of operations (FY 2016). Based on a projected 218 scans, Staff has calculated a cost per scan of \$1,661 and an anticipated break-even point of 171 scans for the new PET-CT unit in its first full year of operation.

Based on the above analysis, Staff finds the requested incremental operating costs reasonable when compared with similar, previously approved projects.

#### F. Financial Feasibility and Capability

Shields Signature Imaging, LLC will contribute 100% in equity of the requested and recommended MCE with 50% coming from each member party.

Staff finds the project financially feasible and within the financial capability of the Applicant.

#### G. Relative Merit

The Applicant states that it considered the following alternatives to the proposed project:

1. Maintaining Status Quo: A relationship with an existing mobile provider of PET-CT services
2. Establishing its own PET-CT Service under its hospital license
3. A relationship with a different existing mobile provider of PET-CT services.

After exploring the potential for developing a relationship with an existing hospital PET-CT provider, The Hospital determined that this would do little to improve access within its service area. The Hospital also rejected the alternative of developing an arrangement with a different mobile PET-CT provider on the basis of the limited control it would exert over location and scheduling. The Applicant also noted concerns with conditions placed by potential providers on certain types of patients, notably inpatients and Medicaid beneficiaries.

Finally, Signature Healthcare Brockton Hospital determined the alternative of establishing a formal Limited Liability Corporation with a reputable PET-CT provider, Shields Imaging to be the optimal solution both in terms of improving patient coordination with their existing cancer treatment center and improved patient access.

Staff finds that the proposed PET-CT service meets the relative merit provisions of the Guidelines.

#### H. Community Health Initiatives

Shields Signature Imaging, LLC has agreed to provide a total of \$14,525 (November 2015 dollars) in one payment to fund community health initiatives (CHI) based on a current needs assessment and in support of a community health improvement plan for the region (as defined by the Office of Community Health Planning and Engagement in collaboration with planning partners). The Applicant will work with the Office of Community Health Planning and Engagement, the Office of Local and Regional Health and other planning partners named by the Office to develop a specific plan and funding allocation which will be consistent with community health improvement planning processes.

Staff found this to be consistent with the Guidelines and has included this provision as a condition of approval for this application.

#### V. COMPARABILITY ANALYSIS

In reviewing the two comparable applications, the Applicant's and Shields Sturdy PET-CT, LLC, Staff found that both applicants are proposing to establish PET-CT services only one day per week. Based on each hospital's current service volume, staff notes that each service is independent of the other and therefore finds justification for both projects.

Both of the comparable applications meet, at a minimum, all of the following review factors of the Guidelines: Health Planning Process, Health Care Requirements, Operational Objectives, Standards Compliance, Reasonableness of Expenditures and Cost, Financial Feasibility, Relative Merit and Community Health Initiatives as elaborated elsewhere; therefore a more detailed comparability analysis was deemed not necessary and not undertaken.

#### VI. STAFF FINDINGS

1. Shields Signature Imaging, LLC proposes to lease a mobile Positron Emission Tomography-Computed Tomography ("PET-CT") service one day per week.
2. The project meets the health planning requirements that are consistent with the *Guidelines for Positron Emission Tomography* ("Guidelines").
3. Shields Signature Imaging, LLC has demonstrated demand for the proposed PET-CT service, as under the Health Care Requirements factor of the Staff Summary.
4. The project, with adherence to a certain condition, meets the operational objectives of the Guidelines.
5. The project meets the compliance standards of the Guidelines.
6. The recommended maximum capital expenditure of \$290,500 (July 2015 dollars) is reasonable, based upon on similar, previously approved projects.
7. The recommended incremental operating costs of \$362,267 (July 2015 dollars) are reasonable for a mobile PET-CT unit.
8. The project is financially feasible and within the financial capability of the Applicant.
9. The project meets the relative merit provisions of the Guidelines.

10. The project, with adherence to a certain condition, meets the community health service initiatives of the DoN Regulations.

11. This project is one of two comparable applications filed for single day PET-CT services. When considered alone, each of these applications is capable of being approved, since each has demonstrated demand for PET-CT services. Therefore, an extensive comparability analysis was not undertaken.

## VII. STAFF RECOMMENDATION

Based on the above analysis and findings, Staff recommends approval with conditions of Project Number 5-4958 submitted by Shields Signature Imaging, LLC Hospitals Group to establish a Positron Emission Tomography (PET) service through acquisition of a mobile, combination PET/Computerized Axial Tomography (CT) scanner. Failure of the Applicant to comply with the conditions may result in Department sanctions, including possible fines and/or revocation of the DoN. The recommended conditions are as follows:

1. Shields Signature Imaging, LLC shall accept the MCE of \$290,500 (July 2015 dollars) as the final cost figure, except for those increases allowed pursuant to 105 CMR 100.751 and 100.752.
2. Shields Signature Imaging, LLC shall contribute 100% in equity toward the final approved MCE.
3. Shields Signature Imaging, LLC shall not consider ability to pay or insurance status in selecting or scheduling patients for PET-CT services.
4. Shields Signature Imaging, LLC has agreed to provide a total of \$14,525 (November 2015 dollars) in one payment to fund community health initiatives to be agreed upon with the Office of Community Health Planning and Engagement and other planning partners named by the Office. Payment will be made in November 2016 with notification to the Office of Community Health Planning and Engagement. Shields Signature Imaging, LLC will also file all reports as required by the Department.
5. Shields Signature, LLC shall submit to the DoN Program Director, documentation of the clinical oversight activities of its PET-CT clinical oversight committee for a period of two years following the date of project approval.
6. With regards to its Medical Interpreter Service, Shields Signature Imaging, LLC shall:
  - a. Submit a high priority plan that ensures their capacity to provide timely and competent interpreter services to the OHE three months prior to their inaugural;
  - b. Contact the OHE to review their interpreter services operations within the first six months of operations; and,
  - c. Enter into agreement with the OHE to provide language access services consistent with the recommendations of the OHE.
7. Unless otherwise approved by the Department, Shields Signature Imaging, LLC shall provide services only at the approved site, and only for one day indicated in this approval. Any request for change in either number of days or specific site served shall require the DoN Director's approval.

The Applicant has agreed to these conditions.

Attachment 6:  
Certificate of Organization

**Secretary of the Commonwealth of Massachusetts**  
William Francis Galvin

## Business Entity Summary

**ID Number:** 001182733

[Request certificate](#)

[New search](#)

**Summary for:** SHIELDS SIGNATURE IMAGING, LLC

**The exact name of the Domestic Limited Liability Company (LLC):** SHIELDS SIGNATURE IMAGING, LLC

**Entity type:** Domestic Limited Liability Company (LLC)

**Identification Number:** 001182733

**Date of Organization in Massachusetts:** 07-23-2015 **Date of Revival:**

**Last date certain:**

**The location or address where the records are maintained** (A PO box is not a valid location or address):

Address: 700 CONGRESS ST. STE. 204

City or town, State, Zip code, QUINCY, MA 02169 USA  
Country:

**The name and address of the Resident Agent:**

Name: SHIELDS HEALTH CARE GROUP, INC.

Address: 700 CONGRESS ST. STE. 204

City or town, State, Zip code, QUINCY, MA 02169 USA  
Country:

**The name and business address of each Manager:**

Title	Individual name	Address

**In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:**

Title	Individual name	Address
SOC SIGNATORY	THOMAS A. SHIELDS	700 CONGRESS ST. STE. 204 QUINCY, MA 02169 USA
SOC SIGNATORY	KRISTEN DELMORE	700 CONGRESS STREET QUINCY, MA 02169 USA

**The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:**

Title	Individual name	Address
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## 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: N/A-24102913-AM

Original Application Date: 07/31/2015

Applicant Name: Shields Signature Imaging, LLC

Application Type: DoN-Required Equipment

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

Describe the role /relationship: NA

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is ;
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 submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. 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.;
8. I have ~~caused~~ proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00;
9. 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);
10. 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~~;
11. 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;
12. 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;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. 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 Shields

Name:

Signature:

Date

10/30/24

\*been informed of the contents of

\*\*have been informed that

\*\*\*issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018

Attachment 8:

ACO Certification Letter



DEBORAH DEVAUX  
CHAIR

The Commonwealth of Massachusetts  
HEALTH POLICY COMMISSION  
50 MILK STREET, 8TH FLOOR  
BOSTON, MASSACHUSETTS 02109  
(617) 979-1400

DAVID M. SELTZ  
EXECUTIVE DIRECTOR

December 27, 2023

Dr. David Drinkwater  
Signature Healthcare Corporation  
680 Centre Street  
Brockton, MA 02302

RE: ACO LEAP Re-Certification

Dear Dr. Drinkwater:

Congratulations! The Health Policy Commission (HPC) is pleased to inform you that Signature Healthcare Corporation meets the requirements for ACO Certification under our Learning, Equity, and Patient-Centeredness (LEAP) standards. This certification is effective from January 1, 2024, through December 31, 2025.

The ACO Certification program, in alignment with other state agencies including MassHealth, is designed to accelerate care delivery transformation in Massachusetts and promote a high quality, efficient health system. ACOs participating in the program have met a set of objective criteria focused on core ACO capabilities demonstrating dedication to patient-centered care, use of evidence-based and data-driven strategies to improve care delivery, and commitment to addressing long-standing health inequities. Signature Healthcare Corporation meets those criteria.

The HPC will promote Signature Healthcare Corporation as a Certified ACO on our website and in our marketing and public materials. Enclosed you will find an ACO Certification logo for your organization to use in accordance with the attached Terms of Use. We hope you will use the logo on promotional materials when you highlight your ACO Certification to your patients, payers, and others.

The HPC looks forward to your continued engagement in the ACO Certification program over the next two years.

Thank you for your dedication to providing accountable, coordinated health care to your patients, and to continued learning and improvement over time. If you have any questions about this letter or the ACO Certification program, please do not hesitate to contact Mike Stanek, Associate Director, at [HPC-Certification@mass.gov](mailto:HPC-Certification@mass.gov) or (617) 757-1649.

Best wishes,

A handwritten signature in blue ink, reading "David Seltz".

David Seltz  
Executive Director