



**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**  
Acting Commissioner

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October 25, 2021

Andrew S. Levine, Esq.  
Husch Blackwell, LLP  
One Beacon Street, Suite 1320  
Boston, MA 02108

VIA EMAIL: [Andrew.Levine@huschblackwell.com](mailto:Andrew.Levine@huschblackwell.com)

RE: Notice of Final Action: South Shore Health System, Inc.– Substantial Change in Service  
Application # 21040109-HS

Dear Attorney Levine:

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 (DoN-required Services and DoN-required Equipment), and 105 CMR 100.630(6), I hereby approve the application for Determination of Need (DoN) filed by South Shore Health System, Inc. (SSHS or Applicant) to add one magnetic resonance imaging (MRI) unit at South Shore Hospital's main campus. The capital expenditure for the Proposed Project is \$2,387,481.00 (May 2021 dollars). The Community Health Initiative (CHI) contribution is \$ \$119,374.05. 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 also include a written attestation of participation or intent to participate in MassHealth.

In compliance with the provisions of 105 CMR 100.310 A (12), which require 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.

**Other Conditions to the DoN:**

1. Of the total required CHI contribution of \$119,374.05
  - a. \$11,459.91 will be directed to the CHI Statewide Initiative
  - b. \$103,139.18 will be dedicated to local approaches to the DoN Health Priorities
  - c. \$4,774.96 will be designated as the administrative fee.
2. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$11,459.91 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
  - i. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
  - ii. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.

To comply with the obligation to contribute to the CHI Statewide Initiative, please submit a check for \$11,459.91 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative) **within 30 days** from the date of this Notice of Approval. Please 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

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,



Margret R. Cooke

Acting Commissioner

cc:

Elizabeth D. Kelley, Bureau of Health Care Safety and Quality  
Stephen Davis, Bureau of Health Care Safety and Quality  
Rebecca Rodman, General Counsel's Office  
Daniel Gent, Division of Health Care Facility Licensure and Certification  
Samuel Louis, Office of Health Equity  
Mary Byrnes, Center for Health Information Analysis  
Zhao Zhang, MassHealth  
Katherine Mills, Health Policy Commission  
Eric Gold, Office of the Attorney General  
Elizabeth Maffei, Division of Community Health Planning and Engagement