



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  
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KIMBERLEY DRISCOLL  
Lieutenant Governor

KATHLEEN E. WALSH  
Secretary

ROBERT GOLDSTEIN, MD, PhD  
Commissioner

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May 12, 2023

VIA electronic mail: [CPVaughan@publicpolicylaw.com](mailto:CPVaughan@publicpolicylaw.com)

Courtney Pasay Vaughan, Esq.  
Health Care Counsel  
Smith, Costello & Crawford  
One State Street, 15th Floor  
Boston, MA 02109

Final Action: Notice of Determination of Need- UMass Memorial MRI & Imaging Center, LLC  
at Harrington Hospital DON Application UMMIC-22103111-RE

Dear Attorney Pasay Vaughan,

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 MRI & Imaging Center, LLC, Inc. (Applicant) for a Substantial Change in Service for DoN Required Equipment to provide Mobile PET-CT one day per week, at a new satellite clinic located at UMass Memorial Health - Harrington Hospital at Southbridge, 100 South Street, Southbridge, MA 01550. The capital expenditure for the Proposed Project is \$700,687.00 (May 2023 dollars); the Community Health Initiatives (CHI) contribution is \$35,034.35. This 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 \$35,034.35 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.
- c. 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,



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

cc:

Dennis Renaud, Director Determination of Need Program  
Elizabeth Kelley, Director Bureau of Health Care Safety and Quality  
Rebecca Kaye, General Counsel's Office  
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification  
Judy Bernice, Division of Health Care Facility Licensure and Certification  
Daniel Gent, Health Care Facility Licensure and Certification  
Samuel Louis, Office of Health Equity  
Jennica Allen, Division of Community Health Planning and Engagement  
Elizabeth Maffei, Division of Community Health Planning and Engagement  
Katelyn Teague, Division of Community Health Planning and Engagement  
Elizabeth Almanzor, Center for Health Information Analysis  
Katherine Mills, Health Policy Commission  
Eric Gold, Office of the Attorney General  
Tomaso Calicchio, Executive Office of Health and Human Services  
Hai Nguyen, Executive Office of Health and Human Services  
Karina Mejias, Executive Office of Health and Human Services  
Priscilla Portis, Executive Office of Health and Human Services