



Massachusetts Department of Public Health
Determination of Need

Change in Service

DRAFT

Application Number:

BHS-23072710-OL

Original Application Date:

08/15/2023

Applicant Information

Applicant Name:

Berkshire Health Systems, Inc.

Contact Person:

Jared Barnes

Title:

Vice President and General Counsel

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Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name:

North Adams Regional Hospital

CMS Number:

Pending

Facility type:

Hospital

Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating		Projected	Current Beds	Projected		Actual	Projected
	Acute													
	Medical/Surgical	0	0	18	18	18	18		3,428	0%	52%	3		1,141
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
<div>+ -</div>										0%	0%			
	Total Acute	0	0	18	18	18	18		3,428	0%	52%	3		1,141
	Acute Rehabilitation									0%	0%			
<div>+ -</div>										0%	0%			

	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
<div><div>+</div><div>-</div></div>										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
<div><div>+</div><div>-</div></div>										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<div><div>+</div><div>-</div></div>										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<div><div>+</div><div>-</div></div>										0%	0%			
	Total Skilled Nursing									0%	0%			

2.3 Complete the chart below If there are changes other than those listed in table above.

Add/Del Rows	List other services if Changing e.g. OR, MRI, etc	Existing Number of Units	Change in Number +/-	Proposed Number of Units	Existing Volume	Proposed Volume**
<div><div>+</div><div>-</div></div>	Operating Rooms	2	2	4	322	1,248
<div><div>+</div><div>-</div></div>	Endoscopy Rooms	2	-2	0	1,300	0

Add additional Facility

Delete this Facility

**** The proposed volume assumes new inpatient volume consistent with the Applicant’s other critical access hospital, Fairview Hospital. It also assumes the following for the outpatient volume given staffing, a slight uptick in surgical procedures but a decline in endoscopy procedures due to the winding down and retirement of a provider. The Applicant is recruiting for replacement.**

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Date/time Stamp: 08/28/2023 1:09 pm

E-mail submission to
Determination of Need

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