**Massachusetts Department of Public Health Determination of Need**

**Change in Service**

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Application Number: Original Application Date:

5-10-2021

#BILH-19092415-RE

# Applicant Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility: Complete the tables below for each facility listed in the Application Form** | | | | | | | | | | | | | | | |
| **1** | Facility Name: Beth Israel Deaconess Medical Center, Inc. | | | |  |  |  | CMS Number: | 220086 |  | 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  Existing | Operating Beds  Existing | Change in Number of Beds ( +/-)  Licensed Operating | | Number of Beds After Project Completion (calculated)  Licensed Operating | | Patient Days  (Current/ Actual) | Patient Days  Projected | Occupancy rate for Operating Beds  Current Beds Projected | | Average Length of Stay (Days) | Number of Discharges  Actual | Number of Discharges  Projected |
|  | | **Acute** |  | | | | | | | | | | | | |
|  | | Medical/Surgical |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Obstetrics (Maternity) |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Pediatrics |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Neonatal Intensive Care |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | ICU/CCU/SICU |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| Add Button for Add/Delete Rows ColumnDelete Button for Add/Delete Rows Column+ | - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Total Acute |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| Add Button for Add/Delete Row ColumnDelete Button for Add/Delete Row Column+ | - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | **Acute Psychiatric** |  | | | | | | | | | | | | |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Add/Del Rows | | |  | | Licensed Beds  Existing | Operating Beds  Existing | Change in Number of Beds ( +/-)  Licensed Operating | | Number of Beds After Project Completion (calculated)  Licensed Operating | | Patient Days  (Current/ Actual) | Patient Days  Projected | | Occupancy rate for Operating Beds  Current Beds Projected | | | | Average Length of Stay (Days) | | Number of Discharges  Actual | | Number of Discharges  Projected |
|  | | | Adult | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Adolescent | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Pediatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Geriatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| + | - |  |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Acute Psychiatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Chronic Disease** | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| + | - |  |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Chronic Disease | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Substance Abuse** | |  | | | | | | | | | | | | | | | | | |
|  | | | detoxification | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | short-term intensive | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| + | - |  |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Substance Abuse | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Skilled Nursing Facility** | |  | | | | | | | | | | | | | | | | | |
| Blank square as part of formattingBlank square as part of formatting | | | Level II | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Level III | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Level IV | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| Blank square as part of formattingBlank square as part of formattingBlank square as part of formattingBlank square as part of formatting+ | - |  |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Skilled Nursing | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 Complete the chart below If there are changes other than those listed in table above. | | | | | | | | | | | | | | | | | | | | | | |
| Blank square as part of formattingBlank square as part of formattingAdd/Del Rows | | | | **List other services** if Changing e.g. OR, MRI, etc | | | | | | | | | Existing Number of Units1 | | Change in Number +/- | | Proposed Number of Units | | Existing Volume | | Proposed Volume | |
| + |  | - |  | Acquisition of a CT (Proposed Volume = Number of Scans) | | | | | | | | | 7 | | 1 | | 8 | | 62,000 | | 62,100 | |
|  | | | | | | | | | | | | | | | | | | | | | | |

Add Row Button on chartDelete Row Button on chart1 The existing number of units does not include the portable unit on BIDMC’s West Campus which is primarily dedicated for operating room patients receiving neuro-CT scans.

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5-10-2021

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