

Application Number:

# Massachusetts Department of Public Health Determination of Need

**Change in Service**

Original Application Date:

NONE-20111605-LS

11/16/2020

Version: DRAFT 6-14-17

**DRAFT**

**Applicant Information**

Applicant Name:

Campion Health & Wellness, Inc.

Emily B. Kretchmer, Esq.

Legal Counsel

Contact Person:

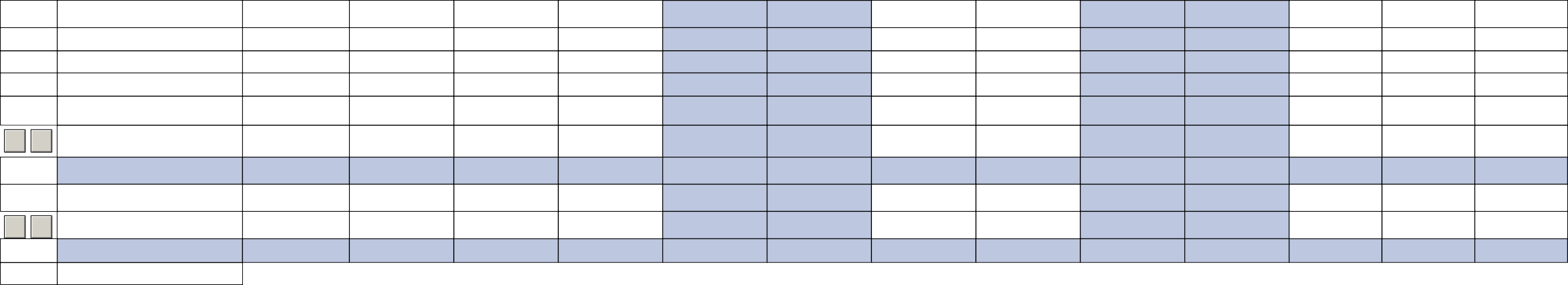
6174827211

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility: Complete the tables below for each facility listed in the Application Form**  **1** Facility Name: Campion Health & Wellness CMS Number: 225656 Facility type: Long Term Care Facility | | | | | | | | | | | |
| **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%  + - 0% 0%  Total Acute 0% 0%  **Acute Rehabilitation** 0% 0%  + - 0% 0%  Total Rehabilitation 0% 0% | | | | | | | | | | | |
| **Acute Psychiatric** | |  | | | | | | | | | |

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

Level II 34 12 46 11,069 15,526 0% 0% 161 103 119

Level III 0% 0%

Level IV 36 -12 24 8,029 8,029 0% 0% 176 111 105

+ - 0% 0%

Total Skilled Nursing 70 0 70 19,098 23,555 0% 0% 337 214 224

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

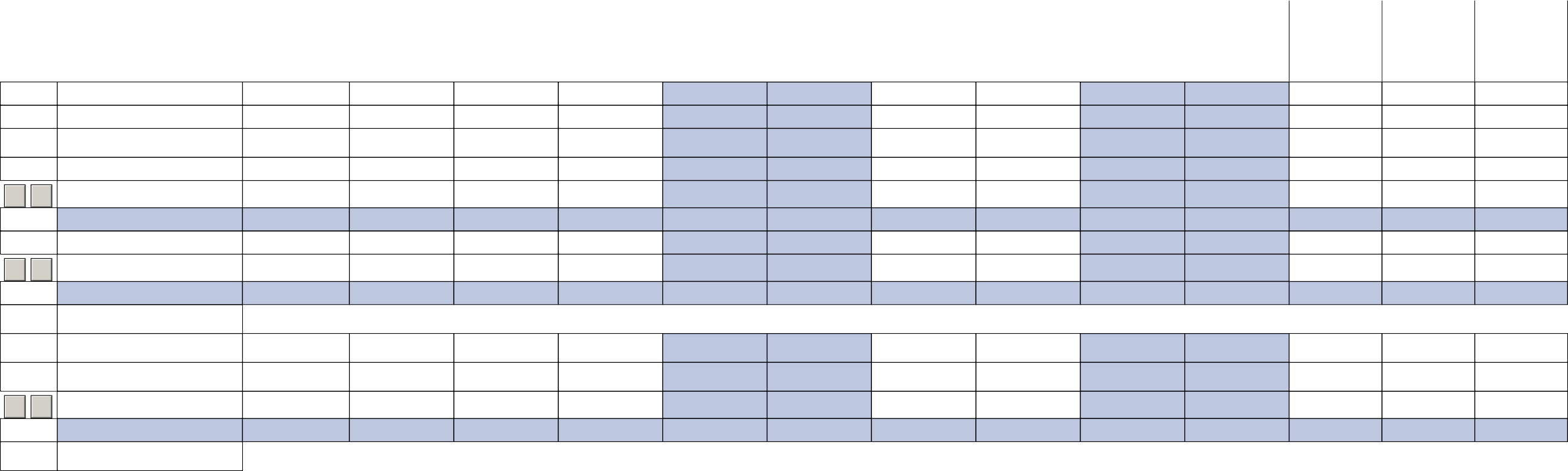
+ -

Existing Number of Units

Change in Number +/-

Proposed Existing Volume Number of Units

Proposed Volume



Add additional Facility

Delete this Facility

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Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the"E-mail submission to Determination of Need" button.

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