



# Massachusetts Department of Public Health

## Determination of Need

### Change in Service

Version: DRAFT  
6-14-17

**DRAFT**

Application Number: CG-18051612-HE

Original Application Date: 07/27/2018

#### Applicant Information

Applicant Name: CareGroup, Inc.

Contact Person: John T. Szum

Title: Treasurer and Chief Financial Officer

Phone: 6176671881

Ext:

E-mail: jszum@caregroup.org

#### 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	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	(Days)	Actual	Projected
	<b>Acute</b>													
	Medical/Surgical	493	493	39	39	532	532	159,775	171,888	89%	89%	5.94	25,664	27,754
	Obstetrics (Maternity)	62	62	0	0	62	62	18,887	19,676	83%	87%	3.76	5,023	5,205
	Pediatrics	0	0	0	0	0	0	0	0	0%	0%	0	0	0
	Neonatal Intensive Care	16	16	0	0	16	16			0%	0%			
	ICU/CCU/SICU	77	77	30	30	107	107	23,215	29,663	83%	76%			
<b>+</b>										0%	0%			
	Total Acute	648	648	69	69	717	717	201,877	221,227	85%	85%	9.7	30,687	32,959
	<b>Acute Rehabilitation</b>									0%	0%			
<b>+</b>										0%	0%			
	Total Rehabilitation									0%	0%			
	<b>Acute Psychiatric</b>													

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 Actual	Number of Discharges Projected
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected			
	Adult	25	25	0	0	25	25	8,316	8,437	91%	92%	11.6	717	709
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Acute Psychiatric	25	25	0	0	25	25	8,316	8,437	91%	92%	11.6	717	709
	<b>Chronic Disease</b>									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Chronic Disease									0%	0%			
	<b>Substance Abuse</b>													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Substance Abuse									0%	0%			
	<b>Skilled Nursing Facility</b>													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										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
<input type="button" value="+"/> <input type="button" value="-"/>						

## Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. 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.

**This document is ready to file:**



Date/time Stamp: 07/27/2018 12:19 pm

E-mail submission to  
Determination of Need