

## Massachusetts Department of Public Health Determination of Need Change in Service

ersion: DRA 6-14

**DRAFT** 

Applica	tion Number: NEWCO-1	: NEWCO-17082413TO				Original Application Date:		09/08/2017								
Appli	icant Information															
Applica	nt Name: Lahey Health S	: Lahey Health System, Inc. (the parent of Lahey Clinic Hospital, Inc., Northeast Hospital Corp. and Winchester Hospital), CareGroup, Inc. (the paren														
Contact	t Person: C/O David Spa	n: C/O David Spackman					Title: Lahey	Health System,	General Couns	neral Counsel and SVP Governmental Affairs						
Phone:	7817443466	7817443466 Ext:			-mail: David.G.Spackman@lahey.org											
Facili	<b>ty:</b> Complete the tabl	es below for eacl	h facility listed	in the Applica	ation Form											
1 Facility Name: Beth Israel Deaconess Hospital-Milton, Inc.							CMS Number:	CMS Number: 22108			Facility type: Hospital					
Chan	ge in Service															
2.2 Con	nplete the chart below wit	h existing and pla	nned service ch	anges. Add ac	dditional services	with in each gro	ouping if applica	able.								
Add/Del		Licensed Beds Operation Beds		Change in Number of Beds (+/-)			ds After Project (calculated)	Patient Days (Current/	Patient Days	Occupancy rate for Operating Beds		Average Length of Stay	Number of Discharges	Number of Discharges		
ROWS		Existing	Existing	Licensed	Operating	Licensed	Operating	Actual)	Projected	Current Beds	Projected	(Days)	Actual	Projected		
	Acute															
	Medical/Surgical	80	80			80	80			0%	0%					
	Obstetrics (Maternity)	0				0				0%	0%					
	Pediatrics	0	_			0				0%	0%					
	Neonatal Intensive Care	0	0		+	0	0			0%	0%		<u> </u>			
	ICU/CCU/SICU	8	8			8	8			0%	0%					
+ -										0%	0%					
	Total Acute	88	88			88	88			0%	0%					
	Acute Rehabilitation									0%	0%					
+ -										0%	0%					
	Total Rehabilitation									0%	0%					
	Acute Psychiatric															

d/Del ows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/	Patient Days	Occupancy rate for Operating Beds		Average Length of Stay	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating	Actual)	Projected	Current Beds	Projected	(Days)	Actual	Projected
Ac	dult									0%	0%			
Ac	dolescent									0%	0%			
Pe	ediatric									0%	0%			
Ge	eriatric									0%	0%			
-										0%	0%			
Tota	tal Acute Psychiatric									0%	0%			
Chr	ronic Disease									0%	0%			
_										0%	0%			
Tota	tal Chronic Disease									0%	0%			
Sub	bstance Abuse													
de	etoxification									0%	0%			
sh	hort-term intensive									0%	0%			
][-]										0%	0%			
	tal Substance Abuse									0%	0%			
Skil	illed Nursing Facility						1							
Le	evel II									0%	0%			
Le	evel III									0%	0%			
Le	evel IV									0%	0%			
11-1										0%	0%			
	tal Skilled Nursing									0%	0%			
	ete the chart below If th	ere are changes o	ther than those	e listed in table	above.									
ld/Del Rows	List other services if Changing e.g. OR, MRI, etc								Existing Numl of Units	oer Change ir Number +		sed of Units	ng Volume	Proposed Volume
ld/Del Rows				e listed in table	above.						n Propo /- Number o	sed of Units	ıg Vo	ilume

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E-mail submission to Determination of Need

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