

Application Number:

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

**Change in Service**

Original Application Date:

PAM-21111018-TO

11/12/2021

Version: DRAFT 6-14-17

DRAFT

# Applicant Information

Applicant Name:

PAM Cubed, LLC

Contact Person: Title:

Emily Kretchmer, Esquire

Attorney

Phone: Ext: E-mail:

6174827211

[ekretchmer@kb-law.com](mailto:ekretchmer@kb-law.com)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility: Complete the tables below for each facility listed in the Application Form** | | | | | | | | | | | | | | | |
| **1** | Facility Name: Curahealth Stoughton | | |  |  |  |  | CMS Number: | 222002 |  | 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% |  |  |  |
| inactive add and delete rows buttoninactive add and delete rows button | | ICU/CCU/SICU |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + | - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Total Acute |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| inactive add and delete rows buttoninactive add and delete rows button | | **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 | | 41 | 41 | 0 | 0 | 41 | 41 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Adolescent | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Pediatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Geriatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| inactive add row buttoninactive delete row button+ | - |  |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Acute Psychiatric | | 41 | 41 | 0 | 0 | 41 | 41 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Chronic Disease** | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| inactive add row buttoninactive delete row button+ | - |  |  | | 157 | 47 | 0 | 0 | 157 | 47 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Chronic Disease | | 157 | 47 | 0 | 0 | 157 | 47 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Substance Abuse** | |  | | | | | | | | | | | | | | | | | |
|  | | | detoxification | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | short-term intensive | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| inactive add row buttoninactive delete row button+ | - |  |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Substance Abuse | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Skilled Nursing Facility** | |  | | | | | | | | | | | | | | | | | |
|  | | | Level II | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Level III | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Level IV | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| inactive add row buttoninactive delete row button+ | - |  |  | |  |  |  |  |  |  |  |  | | 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 | |
| + |  | - |  |  | | | | | | | | |  | |  | |  | |  | |  | |
|  |  |  |  | |  |  |  | Add additional Facility | |  | Delete this Facility | | |  |  |  |  |  |  |  |  |  |

inactive add row buttoninactive delete row button

**Document Ready for Filing**

**This document is ready to file:**

E-mail submission to Determination of Need

Date/time Stamp: 11/12/2021 8:07 am

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.