**Attachment 7:**

**Change in Service Table**

 Version 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need Change in Service**

Application Number: BILH-24080714-HE

Original Application Date: 10/01/2024

**Applicant Information:**

Applicant Name: Beth Israel Lahey Health

Contact Person: Lisa Neveling

Title: AVP, Strategy

Phone: 9788822514

E-mail: lisa.neveling@bilh.org

**Facility:**

Complete the tables below for each facility listed in the Application Form

1 Facility Name: Beth Israel Deaconess Medical Center

CMS Number: 220086

Facility Type: Hospital Outpatient Center

**Change in Service:**

2.2 Complete the chart below with existing and planned service changes. Add additional services within 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** | **Patient Days** | **Occupancy Rate for Operating Beds** | **Average Length of Stay**  | **Number of Discharges** | **Number of Discharges** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Existing | Existing | Licensed | Operating | Licensed | Operating | (Current/ Actual) | Projected | Current Beds | Projected | (Days) | Actual | 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** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adult |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Adolescent |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Geriatric |  |  |  |  |  |  |  |  | 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 |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level III |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level IV |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Skilled Nursing |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |

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** |
| +/- | MRI | 9  | 1 | 10 | 33,692 | 37,464 |
| +/- | CT Scanner | 9 | 1 | 10 | 50,424 | 55,672 |
| +/- | Infusion Chairs | 119 | 58 | 177 | 80,000 | 121,000 |

**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? Yes

Date/Time Stamp: 09/28/2024 10:16 am

Email Submission to Determination of Need