**APPENDIX 7:**

**CHANGE IN SERVICE FORM**

 Version DRAFT 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need Change in Service**

Application Number: TIM-25041809-RE

Original Application Date: 04/21/2025

**Applicant Information:**

Applicant Name: Tellica Imaging - Massachusetts, LLC

Contact Person: Brad Isaacson

Title: President and Chief Operating Officer

Phone: 6107727252

E-mail: brad.isaacson@tellicaimaging.com

**Facility:**

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

1 Facility Name: Tellica Imaging - Massachusetts, LLC (located in Bedford)

CMS Number: [blank]

Facility Type: Clinic

**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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Psychatric** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 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 Service (Proposed Volume = Number of Scans) | 0 | 1 | 1 | 0 | 5,040 |
| +/- | CT Service (Proposed Volume = Number of Scans) | 0 | 1 | 1 | 0 | 7,560 |

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