**APPENDIX 7 CHANGE IN SERVICE**

 Version 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need Change in Service**

Application Number: UMMHC-22042514-HE

Original Application Date: 06/10/2022

**Applicant Information:**

Applicant Name: UMass Memorial Health Care, Inc.

Contact Person: David Bierschied

Title: Sr. Director of Strategic Financial Planning

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**Facility:**

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

1 Facility Name: UMass Memorial Medical Center

CMS Number: 22-0163

Facility Type: Hospital

**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 | 462 | 462 | 91 | 91 | 553 | 553 | 153,013 | 178,756 | 91% | 89% | 5.7 | 26,676 | 31,439 |
|  | Obstetrics (Maternity) | 65 | 65 | 0 | 0 | 65 | 65 |  |  | 0% | 0% |  |  |  |
|  | Pediatrics | 41 | 41 | 0 | 0 | 41 | 41 |  |  | 0% | 0% |  |  |  |
|  | Neonatal Intensive Care | 27 | 27 | 0 | 0 | 27 | 27 |  |  | 0% | 0% |  |  |  |
|  | ICU/CCU/SICU | 114 | 114 | 0 | 0 | 114 | 114 |  |  | 0% | 0% |  |  |  |
| +/- | Psychiatric | 40 | 40 | 0 | 0 | 40 | 40 |  |  | 0% | 0% |  |  |  |
|  | Total Acute | 749 | 749 | 91 | 91 | 840 | 840 | 153,013 | 178,756 | 56% | 58% | 5.7 | 26,676 | 31,439 |
|  | **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** |
| +/- | CT | 6 | 1 | 7 | 85,730 | 97,665 |

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