## **APPENDIX 6**

## **CHANGE IN SERVICE**



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

Version: DRAFT 6-14-17

DRAFT

Add/Del Rows     Beds     (+/-)     Completion (calculated)     Beds     Length of     Discharg       Stay     Stay     Stay     Stay     Stay     Stay     Stay		DF PUP														
Applicant Name:       Baystate Health, Inc         Contact Person:       Crystal Bloom       Title:       Attorney         Phone:       6175986783       Ext:       E-mail:       Crystal.Bloom@HuschBlackwell.com         Facility: Complete the tables below for each facility listed in the Application Form         Takility: Complete the tables below for each facility listed in the Application Form         Change in Service         2.2 Complete the charb below with existing and planned service changes. Add additional services with in each grouping if applicable.         Change in Service         2.2 Complete the charb below with existing and planned service changes. Add additional services with in each grouping if applicable.         Add/Del       Licensed Beds       Operating Beds       Change in Number of Beds After Project Completion (calculated) (Licensed Operating 	Application Number: BH-23102416-RE				Original Application Date: 12/18/2024											
Contact Person:       Crystal Bloom       Title:       Attorney         Phone:       6175986783       Ext.       E-mail:       Crystal.Bloom@HuschBlackwell.com         Facility: Complete the tables below for each facility listed in the Application Form         1       Facility.       Complete the tables below for each facility listed in the Application Form         CMS Number:         CMS Number:         CMS Number:         V         CMS Number:         V         CMS Number:         V         CMS Number:         V         CMS Number of Beds         Add additional services with in each grouping if applicable.         Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.         Add/Def         Rowse       Existing       Existing       Change in Number of Beds       Number of Beds       Patient Days       Occupancy rate for Operating       Average         Medical/Surgical       Existing       Existing       Existing       Licensed       Operating       Current/       Actual       O%       0%       O%       Dis	Appli	cant Informatio	on													
Phone: 6175986783 Ext: E-mail: CrystaLBloom@HuschBlackwell.com Facility: Complete the tables below for each facility listed in the Application Form 1 Facility: Complete the tables below for each facility listed in the Application Form 2 Facility: Complete the tables below for each facility listed in the Application Form 2 Facility: Complete the tables below with existing and planned service changes. Add additional services with in each grouping if applicable. 2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable. 2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable. 2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable. 2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable. 2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable. 2.4 Completion (calculated)	Applicar	nt Name: Baystate H	ealth, Inc													
Facility: Complete the tables below for each facility listed in the Application Form         1       Facility Name: Baystate Health and Wellness Center - Longmeadow       CMS Number: NA       Facility type: Physician Practice         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         Add/Del       Licensed Beds       Operating Beds       Change in Number of Beds (+/-)       Number of Beds After Project       Patient Days (Current/ Actual)       Patient Days Projected       Occupancy rate for Operating Beds       Average Licensed       Discharg (Days)         Acute            Operating Actual       Average (Days)       Number (Days)          Medical/Surgical	Contact Person: Crystal Bloom				Title: Attorney											
Actility Name:       Baystate Health and Wellness Center - Longmeadow       CMS Number;       NA       Facility type:       Physician Practice         Change in Service       Existing and planned service changes. Add additional services with in each grouping if applicable.       Patient Days       Patient Days       Occupancy rate for Operating Beds       Average Length of Stay (Days)       Number of Beds (Licensed Beds (Licensed Beds (Licensed Operating Existing Existing Existing Existing Existing Licensed Operating Licensed Operating Completion (calculated)       Patient Days       Patient Days (Current Actue)       Average Length of Stay (Days)       Number of Stay (Days)       Actual       Projected       Average (Licensed Beds Project (Days))       Number of Beds (Licensed Operating Completion (calculated)       Patient Days       Patient Days (Current Actue)       Average (Current Beds Projected Discharg)       Number of Beds (Current/ Actual)       Projected       Mericage (Current Beds Projected Discharg)       Number of Beds (Current/ Actual)       Projected       Operating (Current/ Beds Projected Discharg)       Average (Current Beds Projected Discharg)       Number of Beds (Current/ Actual)       Projected       Operating (Current/ Beds Projected Discharg)       Number of Beds (Current/ Beds Projected Discharg)       Number	Phone: 6175986783				rt: E-mail: Crystal.Bloom@HuschBlackwell.com											
Add/Del Rows       Licensed Beds       Operating Existing       Change in Number of Beds (+/-)       Number of Beds After Project Completion (calculated)       Patient Days (Current/ Actual)       Patient Days (Current Beds Projected)       Average Length of Stay       Number of Beds (-// Stay)       Number of Beds After Project       Patient Days (Current/ Beds Beds Stay)       Patient Days (Current Beds Beds Stay)       Average Length of Stay       Number of Beds Stay       Average Completion (calculated)       Patient Days (Current Beds Beds Stay)       Number of Beds After Project       Patient Days (Current Beds Beds Stay)       Average Length of Stay       Number of Beds After Project       Patient Days (Current Beds Beds Stay)       Average Length of Stay       Number of Beds After Project       Patient Days (Current Beds Projected Stay)       Average Length of Stay       Number of Beds After Project       Patient Days (Current Beds Projected Stay)       Number of Beds After Project Beds Beds Beds Beds Beds Beds Beds Beds	Facilit	ty: Complete the t	ables below for eacl	h facility listed	in the Applica	tion Form										
Add/Del Rows       Licensed Beds       Operating Beds       Change in Number of Beds (+/-)       Number of Beds After Project Completion (cluided)       Patient Days       Patient Days       Occupancy rate for Operating Beds       Average Length of Stay       Number of Beds After Project         Add/Del Rows       Existing       Existing       Licensed       Operating       Licensed       Operating       Patient Days       Occupancy rate for Operating Beds       Number of Beds After Project         Medical/Surgical       Existing       Licensed       Operating       Licensed       Operating       Current       Off       Off <td< td=""><td colspan="6"></td><td colspan="8">CMS Number: NA Facility type: Physician Practice</td></td<>							CMS Number: NA Facility type: Physician Practice									
Add/Del Rows       Licensed Beds       Operating Beds       Change in Number of Beds (+/-)       Number of Beds After Project Completion (calculated)       Patient Days (Current/ Actual)       Patient Days Projected       Patient Days Beds       Patient Days B	Chang	ge in Service														
Add/Del RowsKaistingBeds $(+/-)$ Completion (calculated) Licensed $(Current/Actual)in<in<$	2.2 Com	plete the chart below	with existing and pla	nned service ch	nanges. Add ac	ditional services	with in each gro	ouping if applica	able.							
LicensedOperatingActualProjectedCurrent BedsProjected(Days)ActualAcuteAcuteMedical/Surgical111<			Licensed Beds					,		Patient Days			Length of	Number of Discharges	Number of Discharges	
Medical/SurgicalImage: Subscription of the subscription of th	Rows		Existing	Existing	Licensed	Operating	Licensed	Operating		Projected	Current Beds	Projected		Actual	Projected	
Obstetrics (Maternity)         Image: Constraint of the constraint of		Acute														
PediatricsImage: Second se		Medical/Surgical									0%	0%				
Neonatal Intensive CareImage: Constraint of the second		Obstetrics (Maternit	y)								0%	0%				
ICU/CCU/SICU       ICU/CU/SICU       ICU/SICU       ICU/																
Image: space of the space of		Neonatal Intensive (	Care								0%	0%	L	L		
Total Acute         Image: Constraint of the system         Total Acute         Image: Constraint of the system         Image		ICU/CCU/SICU									0%	0%				
Acute Rehabilitation         Image: Constraint of the second	+ -										0%	0%				
		Total Acute									0%	0%				
		Acute Rehabilitation	1								0%	0%				
	+ -										0%	0%				
		Total Rehabilitation									0%	0%				

Acute Psychiatric

Change in Service Baystate Health, Inc

Add/Del Rows		Licensed Beds	Operating Beds Existing	Change in Number of Beds ( +/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/	Patient Days			Average Length of Stay	Number of Discharges	Number of Discharges
		Existing		Licensed	Operating	Licensed	Operating	Actual)	Projected	Current Beds		(Days)	Actual	Projected
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
+ -										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									Letter the second se				
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
+ -										0%	0%			
	Total Skilled Nursing									0%	0%			
2.3 Com	plete the chart below If the	ere are changes o	ther than those	e listed in table a	above.									
Add/De Rows	List other services if Changing e.g. OR, MRI, etc								Existing Numb of Units	ber Change ir Number +		ed Units	ng Volume	Proposed Volume
+ -	CT Unit									0	1	1	0	3,128
	1												I	

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