

APPENDIX 7

CHANGE IN SERVICE



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: -20121611-

Original Application Date: 11/1/2022

Applicant Information

Applicant Name: Baystate Health, Inc.

Contact Person: Bill Kern

Title: Sr. Director, Finance

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

1 Facility Name: Baystate Noble Hospital

CMS Number: 220065

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		Operating Beds		Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing		Existing		Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Acute															
	Medical/Surgical					0		0				0%	0%			
	Obstetrics (Maternity)					0		0				0%	0%			
	Pediatrics					0		0				0%	0%			
	Neonatal Intensive Care					0		0				0%	0%			
	ICU/CCU/SICU					0		0				0%	0%			
+	-											0%	0%			
	Total Acute					0		0				0%	0%			
	Acute Rehabilitation											0%	0%			
+	-											0%	0%			
	Total Rehabilitation											0%	0%			
	Acute Psychiatric															

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	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing		Existing		Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Adult					0		0				0%	0%			
	Adolescent					0		0				0%	0%			
	Pediatric					0		0				0%	0%			
	Geriatric					0		0				0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Acute Psychiatric					0		0				0%	0%			
	Chronic Disease					0		0				0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Chronic Disease					0		0				0%	0%			
	Substance Abuse															
	detoxification					0		0				0%	0%			
	short-term intensive					0		0				0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Substance Abuse					0		0				0%	0%			
	Skilled Nursing Facility															
	Level II					0		0				0%	0%			
	Level III					0		0				0%	0%			
	Level IV					0		0				0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -												0%	0%			
	Total Skilled Nursing					0		0				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
<input type="checkbox"/> + <input type="checkbox"/> -	Addition of one Computed Tomography Unit	1	1	2	14,249	19,993

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Determination of Need