



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
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DRAFT

Application Number: BCH-23090808-HS

Original Application Date: 09/26/2023

Applicant Information

Applicant Name: The Children's Medical Center Corporation

Contact Person: Donna M. Casey Title: SVP, Strategic Business Planning

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

1 Facility Name: The Children's Hospital CMS Number: 22-3302 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	(Days)	Actual	Projected
	Acute													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics	260	252	0	0	260	252	91,404	91,404	99%	99%	4.4	19,480	19,480
	Neonatal Intensive Care	30	30	0	0	30	30	8,847	8,847	81%	81%	22.9	293	293
	ICU/CCU/SICU	172	172	0	0	172	172	41,502	41,502	66%	66%	21.4	1,896	1,896
+ -	Waltham Pediatrics	23	23			23	23	4,401	4,401	52%	52%	1.02	843	843
	Total Acute	485	477	0	0	485	477	146,154	146,154	84%	84%	49.72	22,512	22,512
	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%			
	Adolescent									0%	0%			
	Pediatric	0	0	0	0	0	0			0%	0%			
	Geriatric									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Acute Psychiatric	0	0	0	0	0	0			0%	0%			
	Chronic Disease									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Skilled Nursing									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="button" value="+"/> <input type="button" value="-"/>						

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