



Massachusetts Department of Public Health Determination of Need Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number:

Original Application Date:

Applicant Information

Applicant Name:

Contact Person: Title:

Phone: Ext: E-mail:

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

1 Facility Name: CMS Number: Facility type:

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		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 (Days)	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	260	252			260	252	91,404	91,404	99%	99%	4.4	19,480	19,480
	Neonatal Intensive Care	30	30			30	30	8,847	8,847	81%	81%	22.9	293	293
	ICU/CCU/SICU	172	172			172	172	41,502	41,502	66%	66%	21.4	1,896	1,896
<input type="checkbox"/>	Waltham Pediatrics	23	23			23	23	4,401	4,401	52%	52%	1.02	843	843
	Total Acute	485	477			485	477	146,154	146,154	84%	84%	49.72	22,512	22,512
Acute Rehabilitation														
<input type="checkbox"/>										0%	0%			
	Total Rehabilitation									0%	0%			
Acute Psychiatric														

Add/Del Rows		Licensed 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 (Days)	Number of Discharges	Number of Discharges
		Existing	Operating	Licensed	Operating	Licensed	Operating	(Current/Actual)	Projected	Current Beds	Projected	Actual	Projected	
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										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="checkbox"/> + <input type="checkbox"/> -	Waltham OR	0	0	0	0	0
<input type="checkbox"/> + <input type="checkbox"/> -	Lexington OR	0		0	0	0
<input type="checkbox"/> + <input type="checkbox"/> -	Needham OR	0	0	0	0	0
<input type="checkbox"/> + <input type="checkbox"/> -	Longwood OR	0	0	0	0	0
<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> + <input type="checkbox"/> -	Longwood MRI	0	0	0	0	0
<input type="checkbox"/> + <input type="checkbox"/> -	Peabody MRI	0	0	0	0	0
<input type="checkbox"/> + <input type="checkbox"/> -	Waltham MRI	0	0	0	0	0
<input type="checkbox"/> + <input type="checkbox"/> -	Needham MRI	0	0	0	0	0
<input type="checkbox"/> + <input type="checkbox"/> -	Weymouth MRI	0	0	0	0	0

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To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

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Date/time Stamp: 09/12/2023 9:59 am

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Determination of Need