Exhibit B.f

Change in Service Tables Questions 2.2 & 2.3



Massachusetts Department of Public Health Determination of Need Change in Service

ersion: DRAFT 6-14-17

Application Number:		NA-22091411-RE				Original Application Date:		09/14/2022									
Appli	cant Inform	nation													32.61		
Applica	licant Name: Tufts Medicine: Shields PET-CT, LLC																
Contact	Person: Court	ourtney Pasay Vaughan							Title: Attorney								
Phone:	9789	982464 E			d:	E-mail: cpvaughan@publicpolicylaw.com											
Facili	ty: Complete	e the table:	s below for each	facility listed	in the Appl	ication For	rm				DO BUT			Sign	D-100		
1 Facility Name: Tuft:		ifts Medicine: Shields PET-CT						CMS Number: NA				Facility type: Clinic					
Chan	ge in Servic	ce															
2.2 Com	plete the chart b	below with	existing and plan	ned service ci	nanges. Add	additional	services w	vith in each gro	uping if applica	ble.							
Add/Del Rows			Licensed Beds Operating Beds Existing Existing		Change i	in Number of Beds (+/-) d Operating		Number of Beds After Pro Completion (calculated Licensed Operatin		(Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds Current Beds Projected		Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected	
	Acute		Existing	Dusting	MACHIOCE	Орс	laung	Licerised	operating	riction	,	Curicin Seus	Hojected	(Odys)	rictodi	Trojecteo	
	Medical/Surgio	cal										0%	0%				
	Obstetrics (Ma	ternity)										0%	0%				
	Pediatrics						1					0%	0%				
	Neonatal Inter	nsive Care										0%	0%				
	ICU/CCU/SICU	1										0%	0%				
# =								The Late				0%	096				
	Total Acute							THE THE	THE RESERVE	TO HAVE LET		0%	0%			De la Principal	
	Acute Rehabilh	tation										0%	0%				
+ -												0%	0%				
	Total Rehabilitat	tion	The state of the s			19 11 1		-				0%	0%	THE SALE	10,100	E PLANT W	
	Acute Psychiati	ric										The state of the s					

Add/Del Rows		Licensed Beds Existing	Operating Beds Existing	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		(Current/		Occupancy rate for Operating Beds		erage Number of gth of Discharge stay	s Discharges
				Licensed	Operating	Licensed	Operating	Actual)	Projected			Pays) Actual	Projected
	Adult	t i								0%	0%		
	Adolescent					ULE INC.				0%	0%		
	Pediatric	-				- TO BE IN				0%	0%		
	Gerlatric					THE WAY				0%	0%		
+ -							CONTRACTOR			0%	0%		
	Total Acute Psychiatric		TO BE		No. of the last					0%	0%		
	Chronic Disease									0%	0%		
+1-1						THE PARTY				0%	0%		
	Total Chronic Disease			Blog Janes						0%	0%		The state of
1	Substance Abuse											1.	
	detoxification	1				MALE ST				0%	0%		
	short-term intensive									0%	096		
+ -							The latest			0%	096		
	Total Substance Abuse									0%	0%		T CT LOCAL TO
	Skilled Nursing Facility											1	
	Level II									0%	096		
	Level III									096	0%		
	Level IV									0%	096		
+ -										0%	096		
	Total Skilled Nursing		RIEG	DOM:						0%	096		Marie Control
2.3 Com	plete the chart below if the	nere are changes o	ther than thos	e listed in table	above.		1				,	1	1
Add/De Rows	Del List other services if Changing e.g. OR, MRI, etc								Existing Num of Units	ber Change In Number +/-	Proposed Number of Unit	Existing Volume	Proposed Volume
+ -	PET-CT									1 0		522	605
									-1			1	

 Change in Service
 Turts Medicine: Shields PET-CT, LLC
 NA-22091411-RE
 09/14/2022 2:56 pm
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Date/time Stamp: 09/14/2022 2:56 pm

E-mail submission to Determination of Need

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