APPENDIX 6

CHANGE IN SERVICE

Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT 6-14-17

DRAFT

Application Number: UMMH-25041715-AM Original Application Date: 10/03/2025

Applicant Information

Applicant Name: UMass Memorial Health Care, Inc.

Contact Person: David Bierschied Title: Sr. Director of Strategic Financial Planning

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

1 Facility Name: UMass Memorial Medical Center CMS Number: 220613 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	Patient Days	Occupancy rate for Operating Beds		Average Length of Stay	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected	(Days)	Actual	Projected
	Acute													
	Medical/Surgical	539	539	24	24	563	563	164,580	196,916	84%	96%	6.1	29,175	37,059
	Obstetrics (Maternity)	65	65	0	0	65	65			0%	0%			
	Pediatrics	52	52	0	0	52	52			0%	0%			
	Neonatal Intensive Care	27	27	0	0	27	27			0%	0%			
	ICU/CCU/SICU	101	101			101	101			0%	0%			
+ -	Burn Unit	2	2	0	0	2	2			0%	0%			
	Total Acute	786	786	24	24	810	810	164,580	196,916	57%	67%	6.1	29,175	37,059
	Acute Rehabilitation									0%	0%			
+ -										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds Existing	Operating Beds Existing	Change in Number of Beds (+/-) Licensed	Operating	Number of Beds After Project Completion (calculated) Licensed	Operating	Patient Days (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
	Adult	40	40			40	40			0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
+ -										0%	0%			
	Total Acute Psychiatric	40	40			40	40			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													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
+ -										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
+ -						

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