



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									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -	Observation	12	8	-4	0	8	8	1,183	2,287	41%	78%	0	1,510	2,920
<input type="checkbox"/> + <input type="checkbox"/> -	Special Care Nursery	12	12	4	4	16	16	3,596	5,059	82%	87%	12.3	293	347
	Total Acute	24	20	0	4	24	24	4,779	7,346	65%	84%	12.3	1,803	3,267
Acute Rehabilitation														
<input type="checkbox"/> + <input type="checkbox"/> -				0	0	0	0			0%	0%			
	Total Rehabilitation			0	0	0	0			0%	0%			

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 Actual	Number of Discharges Projected
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected			
	Acute Psychiatric													
	Adult	45	45	0	0	45	45	9,832	9,832	60%	60%	13.7	718	718
	Adolescent	0	0	0	0	0	0	0	0	0%	0%			
	Pediatric	0	0	0	0	0	0	0	0	0%	0%			
	Geriatric	0		0	0	0	0	0	0	0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Acute Psychiatric	45	45	0	0	45	45	9,832	9,832	60%	60%	13.7	718	718
	Chronic Disease	0	0	0	0	0	0	0	0	0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Chronic Disease	0	0	0	0	0	0	0	0	0%	0%			
	Substance Abuse													
	detoxification	0	0	0	0	0	0	0	0	0%	0%			
	short-term intensive	0	0	0	0	0	0	0	0	0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Substance Abuse	0	0	0	0	0	0	0	0	0%	0%			
	Skilled Nursing Facility													
	Level II	0	0	0	0	0	0	0	0	0%	0%			
	Level III	0	0	0	0	0	0	0	0	0%	0%			
	Level IV	0	0	0	0	0	0	0	0	0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Skilled Nursing	0	0	0	0	0	0	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"/> -	Acquisition of Cardiac CT	0	1	1	0	1,000
<input type="checkbox"/> + <input type="checkbox"/> -	Renovation and expansion of endoscopy unit	8	1	9	13,792	14,526

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

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E-mail submission to
Determination of Need