

Application Number:

**Massachusetts Department of Public Health Determination of Need**

**Change in Service**

Original Application Date:

20121712-TO

12/17/2020

Version: DRAFT

DRAFT

6-14-17

# Applicant Information

UMass Memorial Health Care, Inc.



Applicant Name:

Contact Person: Title:

Kathleen G. Healy

Legal Counsel

Phone: Ext: E-mail:

2072534710

[khealy@verrill-law.com](mailto:khealy@verrill-law.com)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility: Complete the tables below for each facility listed in the Application Form** | | | | | | | | | | | | | | | |
| **1** | Facility Name: UMass Memorial Health Care, Inc. (Projections include Harrington Memorial Hospital, Inc.) | | | | | | | CMS Number: 220019 | |  | 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  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 |
|  | | **Acute** |  | | | | | | | | | | | | |
|  | | Medical/Surgical | 598 | 586 | 92 | 92 | 690 | 678 | 162,081 | 202,467 | 76% | 82% | 4.5 | 36,250 | 41,818 |
|  | | Obstetrics (Maternity) | 84 | 84 |  |  | 84 | 84 | 17,209 | 18,607 | 56% | 61% | 3.2 | 5,336 | 5,371 |
|  | | Pediatrics | 41 | 41 | 5 | 5 | 46 | 46 | 4,364 | 8,316 | 29% | 50% | 2.3 | 1,913 | 2,079 |
|  | | Neonatal Intensive Care | 27 | 27 |  |  | 27 | 27 | 6,317 | 6,684 | 64% | 68% | 11.8 | 534 | 580 |
|  | | ICU/CCU/SICU | 132 | 132 | 8 | 8 | 140 | 140 | 39,529 | 41,085 | 82% | 80% | 14.9 | 2,645 | 2,999 |
| + - | | Newborns | 90 | 90 |  |  | 90 | 90 | 17,051 | 17,791 | 52% | 54% | 3.7 | 4,596 | 4,497 |
|  | | Total Acute | 972 | 960 | 105 | 105 | 1,077 | 1,065 | 246,551 | 294,950 | 70% | 76% | 40.4 | 51,274 | 57,344 |
|  | | **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 | | 82 | 82 | 30 | 30 | 112 | 112 | 25,450 | 35,730 | | 85% | | 87% | | 11.7 | | 2,172 | | 3,117 |
|  | Adolescent | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Pediatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Geriatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| + - |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | Total Acute Psychiatric | | 82 | 82 | 30 | 30 | 112 | 112 | 25,450 | 35,730 | | 85% | | 87% | | 11.7 | | 2,172 | | 3,117 |
|  | **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 | |
| + - | |  | | | | | | | | |  | |  | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | |

**Document Ready for Filing**

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box.

Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

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

**This document is ready to file:** Date/time Stamp:

E-mail submission to Determination of Need

12/17/2020 12:58 pm