

Application Number:

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

**Change in Service**

Original Application Date:

20121712-TO

12/17/2020

Version: DRAFT

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6-14-17

#  Applicant Information

UMass Memorial Health Care, Inc.

Applicant Name:

Contact Person: Title:

Kathleen G. Healy

Legal Counsel

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| **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 BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | **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 BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | 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 |
| + - |  |  |  |  |  |  |
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