

## **APPENDIX 5**

### **CHANGE IN SERVICE**



# Massachusetts Department of Public Health

## Determination of Need

### Change in Service

Version: DRAFT  
6-14-17

**DRAFT**

Application Number: 23050511-HE

Original Application Date: 08/25/2023

#### Applicant Information

Applicant Name: Encompass Health Corporation

Contact Person: John Hunt

Title: CEO of Encompass Health Rehabilitation Hospital of Western Massachusetts

Phone: 4133083300

Ext:

E-mail: John.Hunt@encompasshealth.com

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

1 Facility Name: Encompass Health Rehabilitation Hospital of Western Massachusetts

CMS Number: 227611

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 (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected	(Days)	Actual	Projected
	<b>Acute</b>													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
<b>+</b>	<b>-</b>									0%	0%			
	<b>Total Acute</b>									0%	0%			
	<b>Acute Rehabilitation</b>									0%	0%			
<b>+</b>	<b>-</b>													
	Encompass Health Rehabil	53	53	17	17	70	70	18,327	21,145	95%	83%	12.7	1,440	1,661
	<b>Total Rehabilitation</b>	53	53	17	17	70	70	18,327	21,145	95%	83%	12.7	1,440	1,661
	<b>Acute Psychiatric</b>													

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			
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	<b>Total Acute Psychiatric</b>									0%	0%			
	<b>Chronic Disease</b>									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	<b>Total Chronic Disease</b>									0%	0%			
	<b>Substance Abuse</b>													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	<b>Total Substance Abuse</b>									0%	0%			
	<b>Skilled Nursing Facility</b>													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	<b>Total Skilled Nursing</b>									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="button" value="+"/> <input type="button" value="-"/>						

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Date/time Stamp: 08/04/2023 2:58 pm

E-mail submission to  
Determination of Need