



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

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VIA Email: Crystal.Bloom@huschblackwell.com

Final Action: Notice of Determination of Need – Encompass Health Corporation
Substantial Capital Expenditure DoN # 23050511-HE

Dear Attorney Bloom,

At their meeting of January 10, 2024, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §51 and the regulations adopted thereunder, to approve the Determination of Need (DoN) application for a Substantial Capital Expenditure filed by Encompass Health at Encompass Health Rehabilitation Hospital of Western Massachusetts, LLC, a non-acute hospital licensed by the Department, located at 222 State Street, Ludlow, MA, 01056, for the addition of 17 rehabilitation beds and associated renovations.

This Notice of Final Action incorporates by reference the Staff Report and the Public Health Council proceedings concerning this application.

This application was reviewed pursuant to M.G.L. c. 111, §25C and the regulatory provisions of 105 CMR 100.000 et seq. Based upon a review of the materials submitted, the Department found that the Applicant has met each DoN factor and approves this Determination of Need application for a Substantial Capital Expenditure subject to all standard conditions (105 CMR 100.310) and pursuant to 105 CMR 100.360, subject to Other Conditions listed below. The total capital expenditure for the Proposed Project is \$5,862,759.00 (August 2023 dollars) and the required CHI contribution is \$293,137.95 to the Statewide Fund.

In compliance with the provisions of 105 CMR 100.310(A)(2) and (11), the Holder shall submit an acknowledgment of receipt to the Department (attached) and include a written attestation of participation or intent to participate in MassHealth.

In compliance with 105 CMR 100.310(A)(12), which requires a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all the factors.

Please notify the DoN Program at DPH.DON@mass.gov of the anticipated completion date of all the components of the DoN-approved Project once it has been established. Additionally, send an email confirming the Project's completion (licensure/ amended licensure approval date) and the first day of operations to determine the annual DoN reporting timeline.

Other Conditions to the DoN

1. The total required CHI contribution of \$293,137.95 will be directed to the Massachusetts Statewide Community Health Funds.
2. To comply with the Holder's obligation to contribute to the Massachusetts Statewide Community Health Funds, the Holder must submit the payment, in the amount of \$293,137.95 in one installment. Payment should be made out to the Massachusetts Community Health and Healthy Aging Funds (MACHHAF).
 - i. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
 - ii. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made. Please also send a PDF image of the check (or confirmation of payment) to: DONCHI@Mass.gov and dongrants@hria.org.

Payment should be sent to:
Health Resources in Action, Inc.,
(HRiA) 2 Boylston Street, 4th Floor
Boston, MA 02116
Attn: MACHHAF c/o Bora Toro
DoN project #: 23050511-HE

If you should have any questions or concerns regarding the CHI payment, please contact the CHI team at DONCHI@Mass.gov. Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Sincerely,

Dennis Renaud
Dennis Renaud
Director Determination of Need Program

cc:

Elizabeth D. Kelley, Director, Bureau of Health Care Safety and Quality
Rebecca Kaye, General Counsel's Office
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification
Judy Bernice, Division of Health Care Facility Licensure and Certification
Hilary Ward, Health Care Facility Licensure and Certification
Samuel Louis, Office of Health Equity
Jennica Allen, Division of Community Health Planning and Engagement
Elizabeth Maffei, Division of Community Health Planning and Engagement
Katelyn Teague, Division of Community Health Planning and Engagement
Elizabeth Almanzor, Center for Health Information Analysis
Katherine Mills, Health Policy Commission
Sandra Wolitsky, Office of the Attorney General
Tomaso Calicchio, Executive Office of Health and Human Services
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Karina Mejias, Executive Office of Health and Human Services
Priscilla Portis, Executive Office of Health and Human Services