



Health and Human Services

2027 Iowa Certificate of Need (CON) Application

Instructions: 1. Complete all the sections below. 2. Provide concise, evidence-based responses, with supporting documentation or data as needed. 3. Reference Iowa Code 135.63, as needed, to complete the application. 4. Upload additional documentation, as needed.

Primary Contact

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Facility Name

Encompass Health Rehabilitation Hospital of Iowa City, LLC d/b/a Iowa Health Network Rehabilitation Hospital, a venture with Encompass Health

Facility Type

Hospital

Facility Address

2450 Coral Court, Coralville, Iowa 52241

Project Title

Iowa Health Network Rehabilitation Hospital – Bed Expansion

Proposed Project

Add 20 private inpatient rehabilitation beds to existing 40-bed inpatient rehabilitation hospital in Coralville, Iowa

Total Project Cost

19,689,148

Equipment Cost

1,555,000

Project Type

Change in bed capacity

Is this project application for a Nursing Facility?

No

Project Start Date

10/7/2026

Project End Date

1/1/2029

1. Applicant and Facility Overview

a. Project Purpose and Objectives:

Iowa Health Network Rehabilitation Hospital (the "Rehab Hospital") currently

operates an existing 40-bed, all private room, inpatient rehabilitation hospital located in Coralville, Johnson County, IA. The Rehab Hospital is a joint venture (“JV”) between two health systems that provide high-quality health care to residents throughout Iowa: University of Iowa Health Care (“Iowa Health Care”) and Encompass Health Corporation (“Encompass Health” or “Encompass”).

University of Iowa Health Care is Iowa’s comprehensive academic health system spanning three patient care campuses comprising 1,095 staffed inpatient beds with over 40,000 inpatient admissions in 2025. Additionally, Iowa Health Care had 1.5 million clinic visits at its numerous outpatient and walk-in clinic locations in the Iowa City-Coralville area and communities across the state. As Iowa’s only tertiary care facility, Iowa Health Care serves as a referral center for highly specialized care, conducts research, and educates students and trainees in medicine and allied health professions.

Encompass is the nation’s leading owner and operator of inpatient rehab hospitals with 176 inpatient rehab hospitals in 39 states and Puerto Rico. Service area patients and their families benefit from Encompass’ proven high quality, cost-effective programs and services, including their rehab-specific hospital design, clinical equipment, and technology. It is important to note that 145 of Encompass Health’s inpatient rehab hospitals hold one or more disease-specific certifications from The Joint Commission’s Disease-Specific Care Certification Program in areas such as stroke, brain injury, or hip fracture rehabilitation. In total, Encompass Health hospitals hold a total of 300 Disease-Specific Certifications as of April 2025.

As detailed throughout this application, residents of Coralville and the surrounding communities benefit from the combination of complementary skills and expertise of Iowa Health Care and Encompass. In turn, these residents and their families benefit from the high-quality rehabilitation services offered at the Rehab Hospital. Iowa Health Network Rehab Hospital provides specialized state-of-the-art rehabilitative care to patients from a broad geographic area recovering from a wide array of injuries and illnesses, including stroke, traumatic brain injury, spinal cord injury, amputations, orthopedic surgery or injury, cardiac episodes, and pulmonary conditions. The Rehab Hospital helps patients regain independence through an interdisciplinary team approach to care that includes physical, speech, and occupational therapists, rehabilitation physicians, rehabilitation nurses, case managers, dietitians, pharmacists, and more. Patients receive at least three hours of therapy five days per week while under the constant care of registered nurses, many of whom specialize in rehabilitation, and frequent physician visits. The Rehab Hospital is accredited by The Joint Commission and holds a Disease-Specific Care Certification in Stroke Rehabilitation.

Because of its high-quality services, Iowa Health Network Rehabilitation Hospital is highly utilized and oftentimes full. Over the last three full calendar years (CY23-CY25), the Rehab Hospital has experienced high and increasing utilization with occupancy rates ranging from 83% to 87%. Further illustrating the high and increasing utilization at the Rehab Hospital is its 91.0% average occupancy during the first 5 months of CY26. Refer to Exhibit A for the Rehab Hospital’s historical utilization.

Because of this high and increasing utilization, the Rehab Hospital is unable to timely admit patients who have qualified for and would benefit from intensive inpatient rehabilitation therapy. Therefore, the Rehab Hospital is proposing to add 20 private inpatient rehabilitation beds to the existing 40-bed facility. The proposed 20-bed addition will enable the Rehab Hospital to admit patients in need of its high quality, intensive inpatient rehab care in a timely manner, benefiting patients in need of inpatient rehabilitation services as well as those patients waiting on the general acute care hospital bed.

The need for additional beds at the Rehab Hospital is also supported by the large, increasing, and aging population of Johnson County, the primary service area county and home county of the Rehab Hospital, and the surrounding service area counties. As detailed later in this application,

Johnson County is the fourth largest county in Iowa in terms of population and is among the fastest growing counties between now (2026) and 2031, ranking third fastest in Iowa in terms of numeric population increase.

The project will include new construction of 14,695 square feet to house the proposed 20-bed addition and associated support space. Please see the uploaded Site Plan and Floor Plan provided as Exhibit B. The proposed 20-beds will be located in all private rooms with private baths. Along with the space for twenty additional patient rooms, the proposed hospital expansion will include an additional nurses' station, day room, offices and support space, and other areas needed to accommodate additional patients. The project will also include enhancements to the outside spaces including 30 new parking spaces, a new ambulance canopy at patient transfer, fencing, sidewalk and covered walkway connections to the therapy gym. The total project cost estimate for the proposed 20-bed addition and support space is \$19,689,148.

b. Relationship to Long-Range Development Plan:

The proposed project is consistent with both Iowa Health Network Rehabilitation Hospital's and its ultimate parent company, Encompass Health's, long-term plans. Encompass Health believes that the demand for facility-based and home-based post-acute care will continue to increase as the U.S. population ages. Demographic trends of the 65+ population will also increase long-term demand for both facility-based and home-based post-acute care services, including intensive inpatient rehabilitation services ("IRF"), since that population is the highest user of IRF services compared to all other age cohorts.

As the demand for rehab services continues to increase nationally, the demand for rehab services locally is also increasing. As will be demonstrated further in this application, Iowa Health Network Rehabilitation Hospital is an existing, high-quality provider of inpatient rehabilitation services who has experienced this high demand firsthand.

Iowa Health Network Rehabilitation Hospital was constructed as a freestanding inpatient rehabilitation hospital and opened in 2020 with 40-private patient rooms. While the 40-private patient rooms were constructed to serve the unmet needs of the service area population at the time, Encompass Health believed that the demand for inpatient rehab services would grow as the population aged. Therefore, to prepare for this future demand, Encompass Health specifically chose a site location to construct the new hospital that would allow for expansion of the Rehab Hospital up to 80 patient beds as the need arises.

Since opening in 2020, the Rehab Hospital has continued to monitor the needs of the surrounding communities' residents and their families to ensure that the hospital has the appropriate programs, services and beds available to meet the current and future needs of its patient population. Along with Encompass Health's foresight in site acquisition and expandable design elements of its facilities, the Rehab Hospital's diligent long-term planning is now allowing the Rehab Hospital to meet the growing need for additional rehabilitation beds in an efficient and cost-effective manner. Thus, the proposed project to add 20 beds is consistent with the hospital's long-range development goals.

c. Description of Proposed Service/Program:

Iowa Health Network Rehab Hospital provides specialized state-of-the-art rehabilitative care to patients from a broad geographic area in southeastern Iowa recovering from a wide array of injuries and illnesses, including stroke, traumatic brain injury, spinal cord injury, amputations, orthopedic surgery or injury, cardiac episodes, and pulmonary conditions. The Rehab Hospital helps patients regain independence through an interdisciplinary team approach to care that includes physical, speech, and occupational therapists, rehabilitation physicians, rehabilitation nurses, case managers, dietitians, pharmacists, and more. Patients receive at least three hours of

therapy five days per week while under the constant care of registered nurses, many of whom specialize in rehabilitation, and frequent physician visits.

The proposed 20-bed addition will allow the Rehab Hospital to continue offering high-quality care to current and future patients in need of intensive inpatient rehabilitative and restorative services. Specific programs and services offered at Iowa Health Network Rehabilitation Hospital address a wide range of diagnoses including, but not limited to, the following.

- ♣ Stroke
- ♣ Brain injury
- ♣ Neurological conditions
- ♣ Joint replacement
- ♣ Orthopedic
- ♣ Hip fracture
- ♣ Spinal cord injury
- ♣ Amputee
- ♣ Parkinson's Disease
- ♣ Multiple sclerosis
- ♣ Burns
- ♣ Pulmonary/respiratory
- ♣ Pain management

The success of these programs and services is due in large part to the highly qualified and specially trained physicians and staff members who comprise a comprehensive, multidisciplinary team including:

- ♣ Medical Director: A Physical Medicine and Rehabilitation physician who frequently meets with the patient during the patient's inpatient stay and is ultimately responsible for implementing the patient's care plan as the multidisciplinary team leader.
- ♣ Rehabilitation nursing: Implements each patient's medical care program as directed by his or her physician.
- ♣ Occupational therapy: Designs and delivers activity-based therapy to promote independence in the areas of self-care, home management and community reintegration.
- ♣ Physical therapy: Evaluates and designs a treatment program to address limitations in physical function, mobility and safety.
- ♣ Respiratory therapy: Ensures proper respiratory function through services such as oxygen supplements and aerosol treatments.
- ♣ Speech-language pathology: Assesses and treats individuals with communication and comprehension disorders, cognitive difficulties and swallowing disorders.
- ♣ Dietary and nutritional counseling: Supervises all meals to ensure patients meet their required nutritional needs.
- ♣ Pharmacist: On-site pharmacists educate the patients regarding their medicines, including post-discharge care.
- ♣ Case management: Coordinates with the physician to ensure the patient's needs are met and involves the family and other caregivers in the patient's rehabilitation. The Case Manager is also responsible for:
 - o Working with the family prior to the patient's discharge to provide training to help family members care for patients after discharge.
 - o Visiting the patient's home prior to discharge to identify and then address any special needs (such as equipment) the patient will have upon returning home.
 - o Coordination and collaboration of services between the patient and community service providers who will be responsible for providing care to the patient post-discharge.

Patients benefit not only from the extensive array and number of staff members in place at the Rehab Hospital, but also from the unique patient-centric programs staff members institute at their facilities to ensure patients receive high-quality care.

A few employee-driven patient-centric programs that are in place at the Rehab Hospital, as they are at all Encompass facilities, include the following.

- ♣ No Pass Policy which ensures that any and all staff members must never pass by a patient's room when the nurse call light is on or when it is clear that, even without the call light on, the patient would benefit from assistance. Notably, this operational mandate applies to all staff members, not just nursing staff, so that any and all staff members ensure that patients and families' needs are the highest priority at all times.

- ♣ Welcome Announcement is one small way in which the staff members can make a new patient feel welcome and know that his/her admission to the hospital is recognized by all staff members as a new beginning. While the patient's name isn't announced so that the patient's privacy is protected, the announcement makes clear that a new patient in a specific room number has arrived, and will join the other patients in his/her journey along the road to rehabilitation and recovery.

- ♣ Patient's in-room information board is an often overlooked ubiquitous aspect of an inpatient's room at virtually every acute care hospital in the U.S. However, the staff members at Encompass recognized the full potential and importance of the in-room board to the patient, family, and staff members and so have focused on this tool as a means to enhance patient involvement, and thus ultimately quality of care.

For example, each patient can refer to the board for that day's rehabilitation schedule, any special daily activities in the Day Room, and a photograph of the physician who is responsible for his/her care during the inpatient stay, among other items. The patient and staff will also see reminders of any special precautions or needs, e.g., indication that an alarm will sound when the patient gets out of bed. In this way, the patient and staff have a visible reminder of the patient's activities and specific needs that goes beyond the typical in-room information board of general acute care hospitals, improving it to specifically meet the needs of inpatient rehab patients.

- ♣ Victory Bell that is in place at the entrance to the Therapy Gym is another way that the staff recognize individual patients and their success in rehabilitation. The Victory Bell is used by patients when they are being discharged from the hospital, signaling to other patients and all staff members that the patient has passed a significant milestone in his/her life, and that the other patients can too. (The Encompass Health hospital's Victory Bell is similar to the "Survivor Bell" that many oncology programs have in place for their patients to ring to announce the successful end of their treatment.)

The facility design supports and promotes the programs and services offered by Encompass hospitals, ensuring that Encompass staff members can provide high quality, intensive rehabilitation and restorative services in a cost-effective manner. The Rehab Hospital's proposed expansion will increase availability of these essential services to patients in need of care in the same high quality manner in which services are currently provided.

Moreover, the expansion of the Rehab Hospital will allow additional capacity to offer service area residents access to the benefits of Encompass' proven high quality, cost-effective programs that extensively utilize specialized staff and technology to deliver higher than expected clinical outcomes. A listing of select corporate programs and services that benefit the patients and families of the Rehab Hospital follows.

TeamWorks is a company-wide clinical initiative to continually improve quality of care through the identification, standardization, and implementation of best practices across all of Encompass' hospitals. Just two of the many ways this program has benefited patients include (1) a quicker admission process and (2) greater coordination pre-admission and post-discharge between community health care providers and Encompass hospitals.

Patient Safety Organization ("PSO") is comprised of employees across all regions and disciplines within the company. Based on information gathered from clinical staff at Encompass Health hospitals and industry experts, the PSO has developed, and continues to develop, impactful initiatives that address a wide range of issues, including but not limited to wound care safety, fall prevention, workplace violence prevention, psychological safety, wheelchair safety, medication reconciliation, Joint Commission standards, and geriatric syndrome.

Post-Acute Innovation Center is an example of Encompass' ongoing efforts to continually enhance quality of care. The Center was established in 2017 as a partnership with Cerner Corporation, a health information and EHR technologies company now known as Oracle Health, to develop clinical decision support tools that can more effectively and efficiently manage patients across multiple care settings, thus enhancing care coordination between a patient's providers, regardless of the provider's location.

National partnership with the American Heart Association/American Stroke Association to increase patient independence after a stroke and reduce stroke mortality through community outreach and information campaigns. This multi-year project is expected to accelerate adoption of the recent AHA/ASA Stroke Rehabilitation Guidelines, increase patient awareness of post-stroke options, and provide practical support to patients and their families to improve recovery outcomes.

National partnership with the Association of Rehabilitation Nurses (ARN), providing extensive opportunities and benefits to all Encompass Health's rehabilitation nursing staff. This partnership encourages access to valuable resources available through ARN and Encompass Health and promotes attendance at the ARN annual conference where attendees will receive Continuing Education Units (CEUs) for both certification as a Certified Rehabilitation Registered Nurse (CRRN) and license renewal as well as learn about best practices across the industry. Recent research indicates better clinical outcomes related to falls and wounds when a higher percentage of CRRNs are working at the patient's bedside.

Participation in The Joint Commission's Disease-Specific Care Certification Programs has resulted in 145 of Encompass Health's inpatient rehab hospitals currently holding one or more disease-specific certifications from The Joint Commission's Disease-Specific Care Certification Program in areas such as stroke, brain injury, or hip fracture rehabilitation. The Rehab Hospital is accredited by The Joint Commission and holds a Disease-Specific Care Certification in Stroke Rehabilitation.

Advanced Technology includes rehab-specific clinical equipment and technologies as well as the following corporate-wide information technology.

A proprietary rehab-specific clinical information system (ACE-IT) interfaces Encompass patients' clinical information with acute care hospitals' clinical information systems to facilitate patient transfers, reduce readmissions and enhance outcomes.

An internally-developed, real-time management reporting system (BEACON) enhances clinical and business processes to ensure that the high quality care provided

by Encompass hospitals is delivered in the most cost-efficient manner.

Predictive data analytic programs ReAct and Sepsis/SIRS Alert enhance patient quality of care by closely monitoring even the most subtle changes in a patient's status, reducing readmissions to acute care hospitals and ultimately enhancing quality of care.

The proven programs, services, staff, and facility design discussed above are integral to the delivery of high-quality care and are reflected at all Encompass Hospitals, including the Rehab Hospital. Further evidence of Encompass Health's provision of quality care is the percentage of patients discharged to the community versus to a skilled nursing facility ("SNF") or acute care hospital. As shown below, and in the Quality and Cost-Effective Care Documentation uploaded to this application as Exhibit C, Encompass has a proven track record of returning approximately 84.6% of its patients back to the community, outperforming other providers nationally.

Please see Figure 1 in the attached CON application.

Consistent with Encompass' success nationally in returning patients to their home/community upon discharge, the Rehab Hospital has discharge to community rates, i.e., post-acute care ("DTCPAC"), above the national average, as shown in the following table and in Exhibit C. Also known as Successful Return to Home or Community on the Medicare.gov Care-Compare site, this metric reflects the rate at which patients returned to home or community from a Post-Acute Care ("PAC") setting (in this instance IRF) and remained alive without any unplanned hospitalizations in the 31 days following discharge. For the current period, the Rehab Hospital's successful return to home and community metric is 71%, exceeding the national average of 67%. This measure is sourced from Medicare enrollment and claims data and is reported on the Medicare.gov Care-Compare site. Updates are provided quarterly. The successful rate of return reflects the Rehab Hospital's ability to return patients to independence following their inpatient stay at the hospital.

Please see Figure 2 in the attached CON application.

Please see Table 1 in the attached CON application.

Another important measure that is tracked on the Medicare.gov Care-Compare site and speaks to the high-quality care provided by the Rehab Hospital, thus improving the health outcomes and quality of life for patients, is the Functional Outcome Measure. This measure reflects the percentage of patients who are at or above an expected ability to care for themselves and move around at discharge. As indicated in the above table and in Exhibit C, the Rehab Hospital's rates for this measure far exceed the national average (91.4% compared to 66.0%). This measure relates to improving functional abilities, which is an important goal for IRF patients. For example, the percentage of patients who are at or above an expected ability to care for themselves at discharge estimates the percentage of the hospitals' patients whose self-care score at discharge is at or above the expected discharge score, adjusting for key patient characteristics. This is another measure that is reported with quarterly updates on the Medicare.gov Care-Compare site. This measure reflects a patient's improvement with self-care activities as a result of the therapy and treatment provided during their rehab stay.

Notably, all of these programs and services delivering high-quality patient outcomes are provided in a cost-effective manner. As shown below, and in Exhibit C, the implementation and use of Encompass' proven programs and services results in efficient and cost-effective care; thus the proposed project will allow for the most efficient functioning of the health care system possible.

Please see Figure 2 in the attached CON application.

In summary, Encompass Health leverages its demonstrated best practices, proven staffing models, comprehensive information technology, centralized administrative functions, supply chain efficiencies, economies of scale, and sole focus and commitment to the healthcare industry to ensure that its community-focused, local hospitals consistently provide the highest clinical outcomes in the most cost-effective manner.

d. Target Population: Specify geographic and demographic areas.

Geographic Service Area

The Rehab Hospital's Geographic Service Area ("GSA" or "Service Area") includes both the Primary Service Area ("PSA") and the Secondary Service Area ("SSA"). The PSA is Johnson County, the home county of the Rehab Hospital. The SSA includes eleven surrounding counties of Cedar, Des Moines, Henry, Iowa, Jefferson, Keokuk, Lee, Linn, Louisa, Muscatine, and Washington. Refer to Exhibit D for the Rehab Hospital's Service Area Map.

As is evidenced from the table below and uploaded as Exhibit E, the vast majority of The Rehab Hospital's patients reside within the service area, comprising 78.3% of total discharges during the most recent 12 months ending May 2026. Residents of Johnson County represent the largest single group of patients, comprising 41.2% of discharges during the same time period.

Please see Table 2 in the attached CON application.

Target Patient Population

The Rehab Hospital's target patient population are those patients requiring a hospital level of care to get back to living at home, following an illness, injury, or surgery. Patients who are being discharged from an acute care hospital, another rehabilitation facility, or who are struggling to remain independent at home come to the Rehab Hospital for customized rehabilitative care. Its patients receive two or more therapy modalities: (1) Occupational therapy for improved everyday living skills; (2) Physical therapy for increased strength and mobility; and/or (3) Speech and language therapy for improved communication.

While the average age for Encompass Health hospitals is 72 for all payor groups and 76 for Medicare patients, Encompass Health hospitals, including the Rehab Hospital, also treat patients under the age of 65. These patients typically suffer from traumatic incidents, including, but not limited to, brain and spinal cord injury, complex neurologic conditions and accidents with or without traumatic injury.

Service Area Demographics

As evidenced in the table below and provided as Exhibit F, the total population of the Rehab Hospital's service area as a whole is a large and growing area which is projected to comprise just over 623,500 people by 2031.

Please see Table 3 in the attached CON application.

Regarding the service area's total population, consider the following:

➤ Johnson County, the primary service area county, and home county of the Rehab Hospital is one of the largest and fastest growing counties in the State.

➤ Johnson County is the 4th largest county in Iowa in terms of total population with 161,996 residents in 2026.

➤ By 2031, Johnson County is projected to reach 168,444 people, growing by almost 6,500 people. This represents an increase of 4.0%, surpassing the state's growth of 1.5% during the same period.

➤ Johnson County is also among the state's fastest growing counties in terms of numeric population increase between now (2026) and 2031, ranking as the third fastest growing

county in Iowa.

Linn County is the 2nd largest county in Iowa in terms of total population with over 230,000 residents in 2026.

➤ Linn County is also the 6th fastest growing county in terms of numeric population, increasing by 3,083 people by 2031.

Of important consideration is the service area population ages 65 and over. The size and growth of the population ages 65 and over is important because patients in that age group (i.e., Medicare beneficiaries) are the primary users of IRF services. The table below (and provided in Exhibit F) details the service area counties' 65 and over population compared to the state of Iowa between 2026-2031.

Please see Table 4 in the attached CON application.

Regarding the service area's 65+ population, consider the following:

➤ Johnson County is projected to have the 5th largest increase in terms of numeric population for ages 65+ between now (2026) and 2031, representing an increase of 12.5% far exceeding the state of Iowa's percent increase at 10.5%.

➤ The surrounding secondary service area counties also have a much older population when compared to Johnson County and the state of Iowa.

By 2031, the secondary service area counties' 65+ population in aggregate are projected to represent 22.9% of the total population whereas the 65+ population of Johnson County and Iowa are projected to represent 15.8% and 21.4% of the total population respectively.

➤ 7 out of the 11 SSA counties' population 65 years of age and older represent more than a quarter of the county's total population, with the largest percentage being Jefferson County at 31.1% by 2031.

Thus, the size and growth of the population ages 65 and over are important indicators of increasing need for IRF services generally, and specifically at Iowa Health Network Rehab Hospital since that facility is consistently full. The proposed bed expansion project at the Rehab Hospital is supported by this large, increasing, and aging service area population.

e. Relation to Existing Provider Network: Summarize relationship with other health care providers/services in the region.

RESPONSE: The Rehab Hospital's high utilization and letters of support illustrate the hospital's positive established relationships with other health care providers and the community at large. In addition to referral relationships with numerous health care providers throughout Iowa, the Rehab Hospital has formal established transfer agreements in place as well. The result of the applicant's positive relationships to the existing health care delivery system is the need for additional beds to ensure that the Rehab Hospital can admit and care for rehab-appropriate patients referred to its facility.

Moreover, the proposed project will add needed inpatient rehab beds in a highly populated, growing, and aging service area. Patients and families in need of IRF services at the Rehab Hospital are unable to receive that care (either in a timely manner or at all) because the Rehab Hospital is oftentimes full. Thus, the project will directly benefit patients and their families by making needed services available and accessible at the Rehab Hospital, ensuring timely discharge to post-acute care services that provide the patient with the best chance of recovery.

At the same time, the project will benefit general acute care hospitals by providing an appropriate post-acute care discharge setting for their patients who are in need of, and will benefit from, intensive inpatient rehabilitative and restorative care. The project will allow general acute care hospitals to discharge patients appropriate for inpatient rehab services as soon as they are ready

for discharge, rather than delaying discharge of the patient because there is no available IRF bed. Not only does the timely discharge of the patient from the general acute care hospital benefit the hospital at that time by freeing up the hospital's limited resources (beds and staff, for example) to care for other patients in need of their general acute care services, but the general acute care hospital (and patient) will benefit in the mid- to long-term because the patient appropriately discharged to IRF rather than a lower level of rehab care (e.g., SNF or home health) is less likely to be readmitted and/or utilize the hospital's emergency services in the future.

- ♣ The Rehab Hospital works closely with local providers of healthcare, including hospitals and physicians in the community, to raise awareness of inpatient rehabilitation services and to ensure timely discharge of patients in need of IRF services to its hospital. Specifically:

The Rehab Hospital works closely with local hospital discharge planners to promote understanding of the level of rehabilitation services offered at its hospital, to promptly evaluate the best placement for patients who may benefit from these services, and to provide smooth transfer of patients who are in need of intensive inpatient rehabilitative care.

- ♣ The Rehab Hospital utilizes rehabilitation liaisons who are clinically trained and work closely with health care personnel and with families of patients to assess clinical needs and to coordinate a timely transfer from the acute care hospital to the inpatient rehabilitation hospital.

The Rehab Hospital's proven experience in establishing relationships with area healthcare providers, including acute care hospitals and community physicians, has benefitted and will continue to benefit the existing health care delivery system by timely admitting patients in need of IRF services.

The proposed project will also positively impact the existing health care delivery system because the Rehab Hospital will continue to utilize its care team members to not only care for patients and their families while the patients are in its facility, but to ensure that the patients and their families are appropriately cared for when the patient is discharged from its hospital.

The Rehab Hospital utilizes a care management program that focuses on promoting effective communication and coordination across care settings to ensure a smooth transition from hospital to community and seamless integration of services. A focus in the care management program is engaging patients and their caregivers in the discharge planning process to help move from the hospital to the next level of care safely and effectively. All patients have a case manager assigned on admission to provide care coordination and social services while the patient is in the hospital. The case manager also initiates discharge planning and begins coordination of services with the service providers that will care for the patient post-discharge.

The Rehab Hospital's rehabilitation philosophy entails including the family and patient in goal setting and education to ensure the best possible outcome and discharge to the community with a lowered risk of readmission to the acute care hospital. Thus, during the patient's hospital stay at the Rehab Hospital, the Encompass team spends a significant amount of time educating patients and caregivers by offering customized one-on-one education and training sessions and a wide range of written educational materials.

A rehabilitation physician leads weekly team meetings with the interdisciplinary clinical team assigned to the patient to discuss patients' progress toward the discharge goals, and solutions to any barriers to discharge. Patients and caregivers are kept abreast of the patient's progress by the case manager, and patient and family conferences are held with the physician and team when needed to discuss caregiver concerns and issues.

At the time of discharge, the case managers confirm that all necessary medical follow-up appointments are scheduled with the patient's primary care physician and/or specialists and that the rehabilitation physician sends necessary medical information regarding the patient's rehabilitation stay to the community physician who will follow the patient. If home health services are needed post-discharge, the case manager works with the home health agency to confirm that services are initiated as soon as possible.

After the patient is discharged, the case manager follows up to assure the discharge arrangements are implemented as planned and to answer questions the patient or caregiver has regarding the discharge instructions. In summary, the care management program at the Rehab Hospital ensures the continuum of care for the patient by coordinating the patient's care, working with the patient and families regarding plans for discharge, educational needs, care planning with goal development, and serving as a liaison between the patient, family, treatment team, and community agencies and providers.

Finally, the Rehab Hospital has an open medical staff that ensures that community-based physicians are available to care for patients' medical needs alongside the Physical Medicine & Rehabilitation ("PMR") physician caring for the patient's physical rehabilitative needs. For example, the Rehab Hospital works with community-based Internal Medicine physicians, Hospitalists, and other specialties (e.g., Neurology) to ensure that their inpatients have access to medical specialists as needed during their inpatient stay. As such, the open medical staff model is an integral component in the Rehab Hospital's ability to provide services to a wide array of patient diagnoses.

For all of the reasons stated above and throughout the application, the proposed project is beneficial to the existing health care delivery system in the immediate and long-term.

f. Funding Sources and Financial Resources: Identify and document sources of funding and financial viability.

Since the Rehab Hospital is a joint venture, the project will be funded by the applicant and its members (Encompass Health Corporation and the University of Iowa) using cash on hand. The most recent audited financial statements for Encompass Health Corporation reflecting the availability of the necessary funds for the project are provided as Exhibit J. Additionally, the University of Iowa Health Care 2025 Annual Report which includes consolidated financial information for Fiscal Year 2025 is provided as Exhibit P.

Current # of Beds (if changing)
40

Current bed type (if changing)
Rehab

Requested # of Beds (if changing)
60

Requested bed type (if changing)
Rehab

Document Upload

Exhibit A_Historical Utilization_Final_08.31.26.pdf
Exhibit M_Project Cost Estimate_Final_08.31.26.pdf
Exhibit H_Service Area Rehab Providers Utilization_Final_08.31.26.pdf
Exhibit E_Patient Origin Table_Final_08.31.26.pdf
Exhibit N_Detailed Equipment List_Final_08.31.26.pdf
Exhibit O_Detailed Staffing Plan_Final_08.31.26.pdf
Exhibit F_Service Area Population Tables_Final_08.31.26.pdf
Exhibit L_3 Year Budget Projections_Final_08.31.26.pdf
Exhibit G_CON Bed Utilization Statistics Form_Final_08.31.26.pdf
Exhibit K_Financial Assistance Policy_Final_08.31.26.pdf
Exhibit C_Quality and Cost-Effective Care Documentation_Final_08.31.26.pdf
Exhibit I_Letters of Support_Final_08.31.26.pdf
Exhibit D_Service Area Map_Final_08.31.26.pdf
Exhibit J_EHC Audited Financial Statements_Final_08.31.26.pdf
Exhibit B_Site Plan and Floor Plan_Final_08.31.26.pdf
Exhibit P_UIHC 2025 Annual Report_Final_08.31.26.pdf

2. Community Need and Service Gaps

a. Description of Need:

The need for the proposed 20-bed addition at the Rehab Hospital is demonstrated by its high occupancy and the number of patients in need of the Rehab Hospital's services but who were unable to receive that care because the hospital has too few beds.

As shown below (and in Exhibit A), the Rehab Hospital has experienced high and increasing utilization with occupancy rates ranging from 83% to 87% over the last three full calendar years (CY23-CY25). Further illustrating the high and increasing utilization at the Rehab Hospital is its 91.0% average occupancy during the first 5 months of CY26.

Please see Table 5 in the attached CON application.

The Rehab Hospital's high and increasing occupancy trend is expected to continue for all of the reasons stated throughout this application.

Further illustrating the need for additional beds at the Rehab Hospital are the patients who were in need of a bed at the Rehab Hospital but were unable to receive care there or had a delay in admission because the hospital had no bed available. These patients met the admission criteria for intensive inpatient rehabilitation services so are referred to as "rehab-appropriate patients" below and in the remainder of the application.

During CY25, the Rehab Hospital was unable to admit 11 patients due to no bed availability. Moreover, during only the first five months of CY26 the number of patients that were unable to be admitted was 17, that number far exceeding the total from the year prior and is expected to continue to increase by the end of this calendar year. Rehab-appropriate patients who are unable

to be admitted at the Rehab Hospital oftentimes choose other lower levels of post-acute care, such as skilled nursing or home health, or forego needed the intensive inpatient rehabilitation care altogether, neither of which is optimal or in the patients' and families' best interest.

Another subset of rehab-appropriate patients that have been affected by the Rehab Hospital's high occupancy levels are those patients who had a delay in their admission to the Rehab Hospital due to no bed availability. These patients are most often delayed in their discharges to needed intensive inpatient rehabilitation services and therefore remain in the general acute care hospital bed longer than necessary while awaiting an available bed. Delay in discharge of patients in need of intensive rehab services adversely impacts that patient because it means the patient does not start his/her intensive rehabilitative and restorative care as soon as possible following a medical crisis and/or surgery. The resulting delay may ultimately impact the patient's recovery and ability to return to his/her highest level of functioning and independence. For example, starting inpatient rehabilitation care as soon as possible is essential for stroke patients in order to regain maximum function because stroke is a condition where immediate and intensive rehabilitation intervention is highly effective at helping patients regain maximum function when compared to slower and less intensive rehabilitation.

Moreover, not only does a delay in timely acute care discharge to the next level of care place the patient at increased risk of developing hospital-acquired infections and other risks, but the stress of the hospital stay in general can cause a decline in the patient's mental and physical health, further negatively impacting the patient's long-term recovery, well-being, and quality of life. Furthermore, a delay in timely discharge also negatively impacts the flow of patients ready to be discharged from the acute care bed to rehab and delaying access to new patients that need a general acute care bed.

The need for additional beds at the Rehab Hospital is also supported by the large, growing, and aging population base of the service area counties. As detailed in response to Question 1.d., the total population of the Rehab Hospital's service area as a whole is large and growing and is projected to comprise just over 623,500 people by 2031. Notably, the service area population ages 65 and over is not only increasing faster than the total population but is also projected to comprise a material percentage (21%) of its total population in 2031, with numerous counties exceeding this percentage.

Absent this 20-bed addition and coupled with the increasing, aging population of the service area, the number of rehab-appropriate patients who are unable to be admitted (or delayed admission) to the Rehab Hospital will only continue to increase. The proposed project is needed to ensure that current and future patients in need of IRF services at the Rehab Hospital can access those services in a timely manner. Thus, the proposed 20-bed addition will enhance access to needed services for patients and families seeking care at the Rehab Hospital.

b. Assessment of Existing Services and Gaps:

There are seventeen (17) inpatient rehabilitation service providers in the state of Iowa. Of these, only four (4), including the applicant, are located in the defined service area. The remainder of the rehab providers are located over an hour away from the Rehab Hospital. The following table details the four service area rehab providers' utilization in CY2025.

Please see Table 6 in the attached CON application.

As shown above (and provided as Exhibit H) and detailed previously in this application, the Rehab Hospital is a highly utilized provider of rehabilitation services and is in need of additional rehab beds at its facility to ensure its current and future patients have access to its high-quality, specialized rehabilitation services.

With regard to the other service area rehab providers, their reported capacity is based on licensed beds derived from publicly available data. The specifics of these providers' room configurations, the number of set-up and staffed beds, and the types of services offered is not known. Despite the reported available capacity of licensed beds at these facilities, these rehab providers are not viable alternatives to this project because patients are choosing to go to the Rehab Hospital for its highquality, specialized rehabilitation services and programs, which are detailed above.

c. Alternatives Analysis:

One alternative to the project is to do nothing. However, doing nothing will not alleviate the high occupancy levels experienced by the Rehab Hospital. Maintaining the status quo will not address the growing need for quality inpatient rehabilitation services among the 65 and over population in the service area as this population continues to grow.

Another alternative that was considered and rejected was partnering with other facilities to utilize existing licensed bed capacity at other facilities in the service area. However, this alternative does not reflect patients' choice, which as demonstrated by the Rehab Hospital's high and increasing utilization, are overwhelmingly choosing the Rehab Hospital. Moreover, this alternative would likely negatively impact coordination and continuity of care.

The 20-bed addition is being proposed in response to the Rehab Hospital's high occupancy (i.e., the hospital is full) and to the fact that it has been unable to admit rehab-appropriate patients in need of IRF services because there was no available bed. This problem has increased significantly in 2026. Thus, there is not a viable alternative to the proposed project because the hospital simply cannot care for the population in need with its existing capacity. As such, the proposal in this application is not only a cost-effective expenditure designed to meet the health care needs of the population to be served, but it is the only viable option to meet the health care needs of the population being served and to be served.

Moreover, the proposed project will add needed beds in an economical manner because the beds will be added to an existing facility that has in place the infrastructure necessary to deliver specialized inpatient rehab programs and services (e.g., physician staff, management staff, therapy staff and gym, and kitchen and dining facilities). This proposal is the most cost-effective method considering the building was originally designed, and the site was selected, for future expansion. Because the addition will connect to the existing building at the end of a hallway, construction can occur quickly with less disruption to patients.

d. Accessibility Considerations:

Located near the intersection of Interstates 80 and 380 in eastern Iowa, the Rehab Hospital is easily accessible to residents of Johnson County and surrounding service area counties. The close proximity of the Rehab Hospital to these two main traffic arteries in eastern Iowa allows patients and families across the service area easy driving access to the hospital by car. Furthermore, there are urban and rural public transportation options throughout the service area counties including, but not limited to:

including, but not limited to:

- ♣ Coralville Transit: Bus service connecting businesses and residential areas with the University of Iowa, University of Iowa Hospital and Clinics, the VA Hospital, and other points of interest. ADA and Paratransit services are also available.
- ♣ SEATS Rural: Rural ride service for residents of Johnson County outside the city limits.
- ♣ River Bed Transit (RBT): Regional transit service for counties of Cedar, Clinton, Muscatine, Scott, and Illinois-Quad City Area.
- ♣ CorridorRides: Regional transit service for counties of Benton, Iowa, Johnson, Jones, Linn,

and Washington.

e. Community Input/Support:

The proposed 20-bed addition at the Rehab Hospital has the support of the community at large as evidenced by the letters of support provided in Exhibit I. These letters have been submitted by case managers, administrators, clinicians, former patients, and community members. The following is one of those letters of support, written by a former patient of the Rehab Hospital who experienced firsthand the high-quality care provided by the Rehab Hospital.

“As a recent patient of Iowa Health Network Rehabilitation Hospital, I am writing this letter in support of the hospital’s proposed project to expand its capacity by 20 beds, increasing the hospital from 40 to 60 rehabilitation beds. During my 14-day visit there this year, I have seen the benefits of timely admission to a high-quality inpatient rehabilitation hospital such as this. I know firsthand the high quality, hospital-level care and specialized, intensive physical rehabilitation care provided to patients at this hospital. They treat medically complex patients recovering from a wide array of injuries and illnesses, including those who have suffered from a stroke, traumatic brain injury, and neurological conditions requiring intense short-term rehabilitation. I am one of 3 family members who have been a patient there. We all experienced great results in our recoveries. My visit was related to my traumatic orthopedic and brain injury following a severe motor vehicle accident. The intensive therapy I received was instrumental to my ability to return to a decent quality of life and maximum physical function. The success I saw there with other patients, getting them to their highest level of functioning was amazing, all with the goal of returning home. The additional 20 beds will ensure that they can continue providing this high level of care in a timely manner to our community’s growing and aging population. I strongly support the addition of 20 beds at Iowa Health Network Rehabilitation Hospital. Thank you in advance for your consideration.”
- D. Lopez
Former Patient

Document Upload (if needed)

f. Non-discriminatory Access:

The Rehab Hospital and all Encompass Health hospitals operate in a manner that promotes health for a broad cross-section of the community. The Rehab Hospital is accessible to all patients who are medically eligible, regardless of age, race, ethnicity, sex, or handicap. While the majority of its patients are enrolled in Medicare, the Rehab Hospital also cares for low-income patients through the acceptance of Medicaid and by providing charity care to qualifying patients. Furthermore, the Rehab Hospital participates in the VA Community Care Network (VA CCN), which allows eligible veterans to receive rehabilitative care at its hospital. The Rehab Hospital’s team works closely with patients, caregivers, VA case managers, and community providers to make the referral and authorization process as smooth as possible, allowing veterans to regain strength and independence through its inpatient rehabilitation services. A copy of the Rehab Hospital’s Financial Assistance Policy is uploaded and provided as Exhibit K.

3. Impact on Existing Providers

a. Impact Assessment:

Since the Rehab Hospital proposes to add 20 beds to its facility in order to care for its current and future patients, there is no material negative impact of this project on any other

provider. Furthermore, the population base of the service area is large, increasing, and aging. Given this aging population, it is expected there will also be an increasing need for additional rehabilitation services in the future.

b. Community and Economic Impact: Broader system effect and value-added to the community.

The project will not only directly benefit patients and their families at the Rehab Hospital by making the services needed available and accessible, but it will benefit broader health care delivery system in the community. The project will allow general acute care hospitals to discharge patients appropriate for inpatient rehab services as soon as they are ready for discharge, rather than delaying discharge of the patient because there is no available IRF bed. Not only does the timely discharge of the patient from the general acute care hospital benefit the hospital at that time by freeing up the hospital's limited resources (beds and staff, for example) to care for other patients in need of their general acute care services, but the general acute care hospital (and patient) will benefit in the mid- to long-term because the patient appropriately discharged to IRF rather than a lower level of rehab care (e.g., SNF or home health) is less likely to be readmitted and/or utilize the hospital's emergency services in the future.

c. Efficiency in Use of Resources: Shared/cooperative arrangements to maximize efficiency.

As mentioned previously, the Rehab Hospital is a joint venture between two health systems that provide high-quality care to residents throughout Iowa: Encompass Health and the University of Iowa Health Care. Thus, service area residents benefit from the JV partners' collaboration and proven policies, procedures, resources, and infrastructure. This collaboration allows the Rehab Hospital to maximize efficiency in the use of resources needed to support this project.

Encompass health brings to the local market the resources and experience of a national post-acute company that has proven high quality, cost-effective programs and services along with the financial strength to ensure that its patients and specialized staff members have access to an extensive array of rehab-specific clinical equipment and technology. Through its corporate programs and services, Encompass Health ensures that each individual hospital, such as the Rehab Hospital, implements industry-leading best practices to delivery high quality, cost-effective care to patients in the communities served.

Additionally, both health systems continually engage in primary research to determine the best practices and protocols for a variety of diagnoses so that patients will always have the highest level of outcomes and quality care. The University of Iowa Health Care also conducts a variety of clinical trials and research activities as well as providing training to the next generation of health care professionals.

In summary, Encompass Health leverages its demonstrated best practices, proven staffing models, comprehensive information technology, centralized administrative functions, supply chain efficiencies, economies of scale, and sole focus and commitment to the healthcare industry to ensure that its community-focused, local hospitals such as the Rehab Hospital consistently provide the highest clinical outcomes in the most cost-effective and efficient manner.

4. Financial and Operational Feasibility

a. Financial Projections and Feasibility:

The proposed project is financially and operationally feasible as evidenced by the facility-wide budget projections for the first three operational years of the project. The following documents related to financial and operational feasibility have been uploaded with this application:

- ♣ Exhibit J – Audited Financial Statements
- ♣ Exhibit K – Financial Assistance Policy

- ♣ Exhibit L – 3-Year Budget Projections
- ♣ Exhibit M – Project Cost Estimate
- ♣ Exhibit N – Detailed Equipment List
- ♣ Exhibit O – Detailed Staffing Plan

Document Upload (3-year budget projections)

Exhibit L_3 Year Budget Projections_Final_08.31.26.pdf

b. Staffing and Operations:

The proposed project will utilize the Rehab Hospital's existing administrative, clinical, paraprofessional, and ancillary personnel, thus will require minimal additional staffing. It is anticipated that the incremental additional FTEs in Year 1 and Year 2 of the project will be 33.0 and 39.6, respectively. A detailed staffing plan is provided as Exhibit O.

For the additional staffing required, the Rehab Hospital will be able to successfully recruit needed staff without impacting any existing providers because both Encompass and the University of Iowa Health Care have in place numerous innovative approaches to recruit and retain staff members at their hospital facilities, including affiliations with colleges and universities throughout Iowa, the Midwest, and the nation.

The Rehab Hospital's clinical affiliations with universities and colleges for nursing, pharmacy, therapy, and other clinical care positions include:

- ♣ University of Iowa
- ♣ Des Moines University Osteopathic Medical Center
- ♣ Morningside University
- ♣ Indian Hills Community College
- ♣ College of Saint Mary
- ♣ Mount Mercy University
- ♣ Walden University
- ♣ A.T. Still University
- ♣ South College of Tennessee
- ♣ University of St. Augustine for Health Sciences
- ♣ Clarke University of Dubuque Iowa
- ♣ Kirkwood Community College
- ♣ Allen College
- ♣ Drake University
- ♣ Hawkeye Community College
- ♣ Concordia University, St. Paul
- ♣ Purdue University
- ♣ Creighton University

Examples of the Rehab Hospital's ability, as a rehab-centric organization, to recruit and retain needed staff for the proposed project include the following:

- ♣ Competitive Compensation and Benefits;
- ♣ National Recruitment Strategy; and,
- ♣ Relationships with Local Universities and Colleges.

Specific to the national recruitment strategy, Encompass has a dedicated recruitment team that utilizes various avenues to ensure job positions are marketed to the right individuals. One way that is achieved is through partnerships with national associations including, for example:

- ♣ American Physical Therapy Association Combined Sections Meeting (APTA CSM)
- ♣ Annual APTA events
- ♣ APTA National Student Conclave
- ♣ American Occupational Therapy Association (AOTA)
- ♣ AOTA National Student Conclave
- ♣ Association of Rehabilitation Nurses (ARN)
- ♣ American Speech-Language-Hearing Association (ASHA)
- ♣ American Academy of Physical Medicine and Rehabilitation (AAPM&R)
- ♣ National Black Nurses Association
- ♣ National Hispanic Nurses Association.

Additionally, Encompass leverages automated software to purchase, place, and optimize job searches throughout top media sources including various websites such as Indeed, Glassdoor, LinkUp, ZipRecruiter, Monster, SimplyHired, CollegeRecruiter, StartWire, and Jobs2Careers. Positions are also posted on EncompassHealth.com (search engine optimized), as well as Nexxt.com, indeed.com, linkedin.com, APTA, AOTA and CareerBuilder. Job positions are also posted on social media, utilizing Facebook, X (formerly known as Twitter), and LinkedIn. The Rehab Hospital's experience in recruiting and retaining highly-skilled, rehab-specific employees, along with the assistance of its parent organizations, will ensure the proposed project will be able to hire and retain personnel as needed, and to do so in a manner that does not adversely impact any existing provider of IRF services.

c. Short and Long-term Viability:

As discussed previously, the Rehab Hospital has been highly utilized over the past few years and has been unable to admit patients that medically qualify for rehabilitation services due to no bed available at the Rehab Hospital. As the population ages and its need for intensive, inpatient rehabilitation beds increases, it is expected this high utilization at the Rehab Hospital will continue. Absent this project, the number of patients who are unable to be admitted to the Rehab Hospital will continue to rise. This proposal will ensure that current and future patients and their families are able to access the high-quality care provided at The Rehab Hospital.

5. Community and Economic Impact

a. Community Engagement:

As an existing provider of rehab services, the Rehab Hospital plays an integral part in the Coralville community and is committed to ensuring Coralville residents have access to highquality inpatient rehabilitation services. As evidenced by the letters of support provided in Exhibit I, the proposed 20-bed addition is in response to expressed needs of the community to increase capacity at the Rehab Hospital in order to care for its current and future patient population. The Rehab Hospital also works closely with local providers of healthcare, including hospitals and physicians in the community, to raise awareness of inpatient rehabilitation services. It also takes part in community engagement and outreach by hosting community support groups, such as the Amputee Empowerment Group, hosting Continuing Education Lecture Series for clinical personnel and participating in Community Health Fairs and Wellness Events.

b. Resource Availability:

The proposed project will utilize the Rehab Hospital's existing administrative, clinical, paraprofessional, and ancillary personnel, thus will require minimal additional staffing. It does not anticipate having any problems or difficulties recruiting any additional staff required because it has numerous innovative approaches in place to recruit and retain staff members, including affiliation with colleges and universities throughout Iowa and the nation.

c. Organizational Relationships:

Encompass Health maintains clinical teaching affiliations with universities, colleges, and technical schools throughout the U.S. to provide physical therapy, occupational therapy, speech language pathology, and nursing students the opportunity to participate in clinical and technical rotations at its facilities around the country, such as the Rehab Hospital. Furthermore, Encompass and the University of Iowa Health Care have established relationships with local universities and colleges to provide training programs at their hospitals, as noted in the response to Question 4b.

6. Project Planning

a. Project Timeline:

The table below details the major milestones and projected timeline of the proposed project.

Duration (Days)	Date (mm/yyyy)
Iowa HHS Decision	- 10/2026
Design Process	240 06/2027
Permitting Process	243 02/2028
Construction	304 12/2028
Transition	31 01/2029
Project 100% Complete	- 01/2029

b. Innovative Components:

Through its corporate programs and services, Encompass Health ensures that each individual hospital, such as the Rehab Hospital, implements industry-leading best practices to deliver high quality, cost-effective care to patients in the communities served. Additionally, Encompass hospitals across the nation continually engage in primary research to determine the best practices and protocols for a variety of diagnoses so that patients will always have the highest level of outcomes and quality care.

A listing of select research at Encompass hospitals nationally follows.

- ♣ Western PA Patient Registry
- ♣ Audiology & Speech Language Registry
- ♣ Psych and Neuro of Spatial Cognition
- ♣ SDM-Stroke
- ♣ SDMM-Geriatric
- ♣ Incontinence Study
- ♣ Project Steady
- ♣ Speed and Distance
- ♣ Stroke Studies (several separate studies are underway at various facilities)
- ♣ Review of Stroke Patients that Return to Acute
- ♣ Stroke Rehabilitation Disparities
- ♣ Diff EIP
- ♣ Flexor Tendon Repair
- ♣ Fitness to Drive in Older Adults
- ♣ Home Modifications
- ♣ AO Spine
- ♣ Prolonging Safe Driving - Stroke
- ♣ Prism Adaptation Therapy
- ♣ Step-Hi
- ♣ Tele-rehab vs in-clinic therapy
- ♣ The Impact of Falls Prevention Education on Fall Rates

- ♣ Is The Ability To Detect A Foreign Accent Located In The Right Hemisphere?
- ♣ Bleeding in tracheotomy patients
- ♣ Dynamic Body-weight Support (DBWS) on Inpatient Rehabilitation
- ♣ Predicting D/C Destination in Hip Fractures
- ♣ IM Impact on Falls
- ♣ Acuity rating project
- ♣ MMJ Study
- ♣ Amputee Rehab Outcome Research

c. Regulatory Compliance:

The Rehab Hospital is committed to complying with all regulatory requirements. It is important to note that the existing hospital was constructed in compliance with ADA requirements, and the proposed addition will maintain that compliance with all current codes and access for people with disabilities.

Furthermore, the Rehab Hospital is accredited by The Joint Commission and has a Disease-Specific Certification in Stroke Rehabilitation.

7. Special Criteria for Specific Services:

a. Alternative Consideration (135.63(2)"a"):

Absent this 20-bed addition and coupled with the increasing, aging population of the service area, the number of rehab-appropriate patients who are unable to be admitted (or delayed admission) to the Rehab Hospital will only continue to increase. The proposed project is needed to ensure that current and future patients in need of IRF services at the Rehab Hospital can access those services in a timely manner. As such, the proposal in this application is not only a cost-effective expenditure designed to meet the health care needs of the population to be served, but it is the only viable option to meet the health care needs of the population being served and to be served.

b. Utilization of Similar Facilities (135.63(2)"b"):

Please refer to the response provided in question 2b.

c. Construction/Modernization (135.63(2)"c"):

The Rehab Hospital will draw on the national experience of Encompass Health to realize construction cost efficiencies for the proposed bed expansion project. One example of Encompass Health's unique and industry-leading efforts to maximize value during the construction phase is its relationship with modular construction company Blox, which has enabled Encompass Health to both standardize and expedite components of the construction process, resulting in cost and time savings. Furthermore, due to the nature and location of the proposed bed addition at the end of an existing hallway, there should be minimal to no disruption for current patients.

The proposed expansion will also include energy-efficient lighting, water-efficient devices and fixtures, as well as high-efficiency HVAC systems. Facility design also includes the use of natural daylight, which is beneficial for reducing energy utilization and also enhancing the patient environment.

d. Access Concerns (135.63(2)"d"):

The 20-bed addition is being proposed in response to the Rehab Hospital's high occupancy and to the fact that the Rehab Hospital has been unable to admit rehab-appropriate patients in need of IRF services because there was no available bed. Absent this project, the hospital simply would not be able to care for its patient population in need with its existing capacity, particularly when the size and aging populations of Johnson County and surrounding

counties are considered.

e. UIHC Special Role (135.63(3)):

Not Applicable.

Signature

Tara Hall

Additional Supporting Documents Upload

26.08.31 Iowa Health Network Rehab Hospital's CON Application.pdf

26.08.31 Exhibit List_Iowa Health Network Rehab Hosp.pdf